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Current Estimates From the National Health Interview Survey, 1995

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Cooperation of the U.S. Bureau of the Census

Under the legislation establishing the National Health Survey, the Public Health Service is authorized to use, insofar as possible, the services or facilities of other Federal, State, or private agencies.

In accordance with specifications established by the National Center for Health Statistics, the U.S. Bureau of the Census, under a contractual arrangement, participated in planning the survey and collecting the data.

In memory of
Dr. Owen T. Thornberry, Jr.
1938-1996
Director, National Health Interview Survey



We are saddened by the loss of our friend and colleague, *Dr. Owen T. Thornberry*, who passed away October 31, 1996. He served as *Director of the Division of Health Interview Statistics* for more than 10 years, and led the government's largest ongoing survey of the health of the American population. Under his guidance, the compilation of key findings--*Current Estimates from the National Health Interview Survey*--was published on an annual basis. This publication is widely used by government officials, academicians, researchers, journalists, and others who need the latest data to track the patterns of illness, disability, and use of health services in the United States.

During his 20-year career at the *National Center for Health Statistics*, Dr. Thornberry led efforts to conduct the first nationwide surveys of health promotion and disease prevention and AIDS knowledge and attitudes. He published widely on methodological issues related to conducting large surveys and is recognized for his contributions in the area of data quality in telephone surveys. An award honoring his management ability and leadership qualities has been established and will be awarded each year to an NCHS employee who demonstrates managerial excellence.

We are proud to honor his contributions to the *National Health Interview Survey* and to dedicate this report to him.

Contents

Abstract	1
Introduction	1
Source and Limitations of Data	2
Selected Results and Uses of Tables	3
Acute Conditions: Incidence, Medical Attention, and Associated Restriction in Activity	3
Episodes of Persons Injured	4
Restricted Activity Associated with Injury and Impairment due to Injury	4
Prevalence of Reported Chronic Conditions	5
Limitation of Activity Due to Chronic Conditions	5
Restricted Activity Due to Acute and Chronic Conditions	5
Respondent-Assessed Health Status	5
Physician Contacts: Rate and Interval Since Last Contact	5
Hospitalization: Episodes and Days for Persons; Discharges and Average Length of Stay	6
References	6
Appendix I	125
Technical Notes on Methods	125
Background	125
Statistical Design of the NHIS	125
Collection and Processing of Data	126
Estimation Procedures	127
Types of Estimates	128
Reliability of the Estimates	129
Appendix II	131
Definitions of Certain Terms Used in This Report	131
Terms Relating to Conditions	131
Terms Relating to Disability	132
Terms Relating to Persons Injured	133
Terms Relating to Accidents	133
Terms Relating to Physician Contacts	134
Terms Relating to Hospitalization	134
Demographic Terms	135
Appendix III	137
Questionnaires and Flashcards	137

Detailed Tables

Incidence of Acute Conditions

Rates

1. Number of acute conditions per 100 persons per year, by age and type of condition: United States, 1995 8
2. Number of acute conditions per 100 persons per year, by sex, age, and type of condition: United States, 1995 9

3.	Number of acute conditions per 100 persons per year, by race, age, and type of condition: United States, 1995	10
4.	Number of acute conditions per 100 persons per year, by family income, age, and type of condition: United States, 1995	11
5.	Number of acute conditions per 100 persons per year, by geographic region, place of residence, and type of condition: United States, 1995	13

Frequencies

6.	Number of acute conditions, by age and type of condition: United States, 1995	14
7.	Number of acute conditions, by sex, age, and type of condition: United States, 1995	15
8.	Number of acute conditions, by race, age, and type of condition: United States, 1995	16
9.	Number of acute conditions, by family income, age, and type of condition: United States, 1995	17
10.	Number of acute conditions, by geographic region, place of residence, and type of condition: United States, 1995	19

Percent of Acute Conditions Medically Attended

11.	Percent of acute conditions medically attended, by age and type of condition: United States, 1995	20
12.	Percent of acute conditions medically attended, by sex, age, and type of condition: United States, 1995	21
13.	Percent of acute conditions medically attended, by race, age, and type of condition: United States, 1995	22
14.	Percent of acute conditions medically attended, by family income, age, and type of condition: United States, 1995	23
15.	Percent of acute conditions medically attended, by geographic region, place of residence, and type of condition: United States, 1995	25

Restricted Activity Associated with Acute Conditions

Restricted-activity days: Rates

16.	Number of restricted-activity days associated with acute conditions per 100 persons per year, by age and type of condition: United States, 1995	26
17.	Number of restricted-activity days associated with acute conditions per 100 persons per year, by sex, age, and type of condition: United States, 1995	27
18.	Number of restricted-activity days associated with acute conditions per 100 persons per year, by race, age, and type of condition: United States, 1995	28
19.	Number of restricted-activity days associated with acute conditions per 100 persons per year, by family income, age, and type of condition: United States, 1995	29
20.	Number of restricted-activity days associated with acute conditions per 100 persons per year, by geographic region, place of residence, and type of condition: United States, 1995	31

Restricted-Activity Days: Frequencies

21.	Number of restricted-activity days associated with acute conditions, by age and type of condition: United States, 1995	32
22.	Number of restricted-activity days associated with acute conditions, by sex, age, and type of condition: United States, 1995	33
23.	Number of restricted-activity days associated with acute conditions, by race, age, and type of condition: United States, 1995	34
24.	Number of restricted-activity days associated with acute conditions, by family income, age, and type of condition: United States, 1995	35
25.	Number of restricted-activity days associated with acute conditions, by geographic region, place of residence, and type of condition: United States, 1995	37

Bed Days: Rates

26.	Number of bed days associated with acute conditions per 100 persons per year, by age and type of condition: United States, 1995	38
27.	Number of bed days associated with acute conditions per 100 persons per year, by sex, age, and type of condition: United States, 1995	39
28.	Number of bed days associated with acute conditions per 100 persons per year, by race, age, and type of condition: United States, 1995	40

29.	Number of bed days associated with acute conditions per 100 persons per year, by family income, age, and type of condition: United States, 1995	41
30.	Number of bed days associated with acute conditions per 100 persons per year, by geographic region, place of residence, and type of condition: United States, 1995	43

Bed Days: Frequencies

31.	Number of bed days associated with acute conditions, by age and type of condition: United States, 1995	44
32.	Number of bed days associated with acute conditions, by sex, age, and type of condition: United States, 1995	45
33.	Number of bed days associated with acute conditions, by race, age, and type of condition: United States, 1995	46
34.	Number of bed days associated with acute conditions, by family income, age, and type of condition: United States, 1995	47
35.	Number of bed days associated with acute conditions, by geographic region, place of residence, and type of condition: United States, 1995	49

Work-Loss Days: Rates

36.	Number of work-loss days associated with acute conditions per 100 currently employed persons 18 years of age and over, by age and type of condition: United States, 1995	50
37.	Number of work-loss days associated with acute conditions per 100 currently employed persons 18 years of age and over, by sex, age, and type of condition: United States, 1995	51
38.	Number of work-loss days associated with acute conditions per 100 currently employed persons 18 years of age and over, by race, age, and type of condition: United States, 1995	52
39.	Number of work-loss days associated with acute conditions per 100 currently employed persons 18 years of age and over, by family income, age, and type of condition: United States, 1995	53
40.	Number of work-loss days associated with acute conditions per 100 currently employed persons 18 years of age and over, by geographic region, place of residence, and type of condition: United States, 1995	54

Work-Loss Days: Frequencies

41.	Number of work-loss days associated with acute conditions for currently employed persons 18 years of age and over, by age and type of condition: United States, 1995	55
42.	Number of work-loss days associated with acute conditions for currently employed persons 18 years of age and over, by sex, age, and type of condition: United States, 1995	56
43.	Number of work-loss days associated with acute conditions for currently employed persons 18 years of age and over, by race, age, and type of condition: United States, 1995	57
44.	Number of work-loss days associated with acute conditions for currently employed persons 18 years of age and over, by family income, age, and type of condition: United States, 1995	58
45.	Number of work-loss days associated with acute conditions for currently employed persons 18 years of age and over, by geographic region, place of residence, and type of condition: United States, 1995	59

School-Loss Days: Rates

46.	Number of school-loss days associated with acute conditions per 100 youths 5–17 years of age, by sex, race, family income, and type of condition: United States, 1995	60
47.	Number of school-loss days associated with acute conditions per 100 youths 5–17 years of age, by geographic region, place of residence, and type of condition: United States, 1995	61

School-Loss Days: Frequencies

48.	Number of school-loss days associated with acute conditions for youths 5–17 years of age, by sex, race, family income, and type of condition: United States, 1995	62
49.	Number of school-loss days associated with acute conditions for youths 5–17 years of age, by geographic region, place of residence, and type of condition: United States, 1995	63

Incidence of Acute Conditions by Quarter

50.	Number of acute conditions per 100 persons per quarter and number of acute conditions, by quarter and type of condition: United States, 1995	64
-----	--	----

Episodes of Persons Injured and Associated Restriction of Activity

51.	Number of episodes of persons injured per 100 persons per year, by whether in moving motor vehicle, whether at work, place of accident, and sociodemographic characteristics: United States, 1995	65
52.	Number of episodes of persons injured, by whether in moving motor vehicle, whether at work, place of accident, and sociodemographic characteristics: United States, 1995	67
53.	Number of restricted-activity days associated with episodes of persons injured per 100 persons per year, by whether in moving motor vehicle, whether at work, place of accident, and sociodemographic characteristics: United States, 1995	69
54.	Number of restricted-activity days associated with episodes of persons injured, by whether in moving motor vehicle, whether at work, place of accident, and sociodemographic characteristics: United States, 1995	71
55.	Number of bed days associated with episodes of persons injured per 100 persons per year, by whether in moving motor vehicle, whether at work, place of accident, and sociodemographic characteristics: United States, 1995	73
56.	Number of bed days associated with episodes of persons injured, by whether in moving motor vehicle, whether at work, place of accident, and sociodemographic characteristics: United States, 1995	75

Prevalence of Chronic Conditions

Rates

57.	Number of selected reported chronic conditions per 1,000 persons, by age: United States, 1995	77
58.	Number of selected reported chronic conditions per 1,000 persons, by sex and age: United States, 1995	79
59.	Number of selected reported chronic conditions per 1,000 persons, by race and age: United States, 1995	81
60.	Number of selected reported chronic conditions per 1,000 persons, by family income and age: United States, 1995	83
61.	Number of selected reported chronic conditions per 1,000 persons, by geographic region and place of residence: United States, 1995	87

Frequencies

62.	Number of selected reported chronic conditions, by age: United States, 1995	89
63.	Number of selected reported chronic conditions, by sex and age: United States, 1995	91
64.	Number of selected reported chronic conditions, by race and age: United States, 1995	93
65.	Number of selected reported chronic conditions, by family income and age: United States, 1995	95
66.	Number of selected reported chronic conditions, by geographic region and place of residence: United States, 1995	99

Limitation of Activity Due to Chronic Conditions

67.	Percent distribution of persons by degree of activity limitation due to chronic conditions, according to sociodemographic characteristics: United States, 1995	101
68.	Number of persons by degree of activity limitation due to chronic conditions and sociodemographic characteristics: United States, 1995	103

Restricted Activity Associated with Acute and Chronic Conditions

69.	Number of days per person per year and number of days of activity restriction due to acute and chronic conditions, by type of restriction and sociodemographic characteristics: United States, 1995	105
-----	---	-----

Respondent-Assessed Health Status

70.	Number of persons and percent distribution by respondent-assessed health status, according to sociodemographic characteristics: United States, 1995	107
-----	---	-----

Physician Contacts

71.	Number per person per year and number of physician contacts, by place of contact and sociodemographic characteristics: United States, 1995	109
72.	Percent distribution and number of persons by interval since last physician contact, according to sociodemographic characteristics: United States, 1995	111

Hospitalization

73.	Percent distribution of living persons by number of short-stay hospital episodes during the year preceding interview for all causes and excluding deliveries, according to sociodemographic characteristics: United States, 1995	113
74.	Number of living persons, by number of short-stay hospital episodes during the year preceding interview for all causes and excluding deliveries and by sociodemographic characteristics: United States, 1995	115
75.	Number of short-stay hospital days during the year preceding interview per living person hospitalized for all causes and excluding deliveries, by number of episodes and sociodemographic characteristics: United States, 1995	117
76.	Number of short-stay hospital days during the year preceding interview for living persons hospitalized for all causes and excluding deliveries, by number of episodes and sociodemographic characteristics: United States, 1995	119
77.	Number per 100 persons per year and annual number of short-stay hospital discharges, average length of stay, and annual number of hospital days for living persons hospitalized for all causes and excluding deliveries, by sociodemographic characteristics: United States, 1995	121

Population

78.	Number of persons of all ages and number of currently employed persons 18 years of age and over, by sociodemographic characteristics: United States, 1995	123
-----	---	-----

Appendix tables

I.	The 88 poststratification age-sex-race-ethnicity cells in the National Health Interview Survey	128
II.	Estimated standard error parameters and 30-percent relative standard error cut-off points for the National Health Interview Survey, 1995	130

Objectives

This report presents data on national estimates of the incidence of acute conditions, percent of medically attended acute conditions, number of disability days (including restricted activity and bed days, and work- or school-loss days), number of episodes of persons injured and associated activity restriction, prevalence of selected chronic conditions, number of activity limitations due to chronic conditions, number of restricted activity days associated with acute and chronic conditions, respondent-assessed health, number of physician contacts, and short-stay hospitalizations.

Methods

The National Health Interview Survey (NHIS) is a complex, multi-stage, probability sample survey conducted annually by trained interviewers of the U.S. Bureau of the Census for the National Center for Health Statistics. Information is collected during in-home interviews of the civilian noninstitutionalized U.S. population on a variety of health issues.

Results

The NHIS estimates that in 1995, there were 174.4 acute conditions per 100 persons. Of these, 67.3 percent were medically attended and this resulted in 674.6 days of restricted activity per 100 persons. Of acute injuries, 91.2 percent were medically attended. The most frequently reported rates for chronic conditions per 1,000 persons included sinusitis (141.3), arthritis (124.7), and deformity and orthopedic impairment (121.4). Some degree of activity limitation due to chronic conditions was reported by 14 percent of persons. There were about six physician contacts per person per year and 7.5 percent of the population had at least one hospitalization in the past year.

Keywords: *National Health Interview Survey • acute conditions • chronic conditions • physician contacts • hospitalizations*

Current Estimates From the National Health Interview Survey, 1995

by *Veronica Benson and Marie A. Marano, Division of Health Interview Statistics*

Introduction

This report provides detailed data from the 1995 National Health Interview Survey (NHIS) on the health of the civilian noninstitutionalized population. Estimates are presented on acute conditions, episodes of persons injured, restriction in activity, prevalence of chronic conditions, limitation of activity due to chronic conditions, respondent-assessed health status, and the use of medical services—including physician contacts and short-stay hospitalization.

Estimates of these health characteristics are shown in tables 1–78 for various groups in the population, including those defined by age, sex, race, and family income (each shown for specific age groups), and by geographic region and place of residence. Estimates for other characteristics of special relevance to particular health measures are also included. For example, estimates of physician contacts are shown by the place where the contact occurred.

The “Results” section includes a brief definition of each health characteristic included in tables 1–78 and reports the 1995 estimate for each characteristic. Previous issues of this

annual report have included text tables that presented comparisons of the corresponding estimates from the previous 2 years and standardized rates for each of the major health characteristics. Because the primary focus of this report is to provide data from the current survey, these tables have been eliminated. However, selected significant differences between the 1995 and 1994 estimates are presented in the text.

The NHIS data are often used to monitor trends. Such analyses must address changes in the survey design over time. In 1982, the NHIS questionnaire and data preparation procedures of the survey were extensively revised. The basic concepts of NHIS changed in some cases, and in other cases the concepts were measured in a different way. Comparisons with earlier results should not be undertaken without carefully examining these changes. A more complete explanation of these changes is in appendix IV of Series 10, No. 150 (1). In 1985, a new sample for NHIS and a different method of presenting sampling errors were introduced (2). Lastly, another change in the sampling frame was introduced in 1995, including the oversampling of black and Hispanic persons (3). During 1995, other factors, including the Federal Government shutdown, affected

This report was prepared in the Division of Health Interview Statistics. Viona Brown of the Systems and Programming Branch and Van L. Parsons of the Office of Research Methodology produced estimated parameters and relative standard errors. Steve Botman and Van L. Parsons of the Office of Research Methodology contributed to the technical notes on methods. Nancy Gagne, Richard H. Coles, Mira L.B. Shanks, Luong Tonthat, and Jane Page of the Systems and Programming Branch did the computer programming for the report. This report was edited by Klaudia M. Cox and typeset by Annette F. Holman of the Publications Branch, Division of Data Services.

data collection. Therefore, the technical material is important to readers accustomed to using data from NHIS prior to 1985 (2) and 1985 (see appendix I).

Although published reports are one of the primary methods of disseminating estimates from the NHIS, data also are available in standardized microdata tapes. Tapes containing information from the NHIS Core questionnaires from 1969 through 1995 are available for purchase from the National Technical Information Service (NTIS), 5285 Port Royal Road, Springfield, VA 22161. Public use tapes also are available for special topics included in NHIS from 1973 through 1995. Information about the cost and availability of these tapes can be obtained from the National Center for Health Statistics, Division of Health Interview Statistics, Systems and Programming Branch, 6525 Belcrest Road, Hyattsville, MD 20782. Public use microdata on compact disk read-only memory (CD-ROM) are available for the NHIS core and special topic data for 1987 through 1995. They can be purchased through the NTIS, or from the Government Printing Office (GPO), Superintendent of Documents, U.S. Government Printing Office, Washington, DC 20402. Questions about CD-ROM data files should be directed to the National Center for Health Statistics (NCHS), Data Dissemination Branch, at 301-436-8500. Information on recent publications are available on the NCHS homepage on the Internet at <http://www.cdc.gov/nchswww>. For NHIS specific information, such as description of the survey, queried topics, variables, selected data highlights, and questionnaires, among other items, the Internet address is <http://www.cdc.gov/nchswww/about/major/nhis/nhis.htm>.

The special topics included in the 1995 NHIS covered the following five areas:

Childhood immunizations (including hepatitis b);

Disability (including sensory, communication, and mobility problems; health conditions; activities of daily living and independent activities of daily living; functional limitations; mental health; services and benefits; special

health needs of children; early child development; education; relationship to respondent; and perceived disability, a continuation of the disability data collection begun in 1994.);

Family resources (including access to care, health insurance, and detailed income);

Year 2000 objectives (including tobacco, nutrition, clinical preventive services, mental health, and physical activity and fitness); and

Acquired immunodeficiency syndrome (AIDS) knowledge and attitudes (including sources of AIDS information, knowledge of AIDS virus transmission, blood donation experience, personal acquaintance with persons with AIDS or the AIDS virus, a general question on AIDS risk behaviors, and self-assessed knowledge of tuberculosis).

Data from the special health topics and Core in 1995 were collected throughout the entire year except for a brief Government shutdown during the fourth quarter of 1995. The immunization questionnaire collected information on a sample child under age 6 years and on all children 19–35 months of age in each family with age-eligible children. The disability and family resources questionnaires asked about all family members. All other health topics were asked of one sample adult 18 years of age and over in each household. A split sample was utilized whereby half of the respondents were asked the Year 2000 Objectives questions and the remainder were asked the AIDS questions.

In 1995, there was also a followback survey based on responses to the NHIS disability survey, including separate questionnaires for children under 18 years of age with disabilities, adults 18 years of age and over with disabilities, and persons 18 years of age and over who reported having polio. The followback survey was conducted several months after the initial NHIS interview.

In the 1995 adult disability followback survey, questions regarding conditions and impairments, health opinions and behaviors, and community services (formerly sections L, M, and N of the 1994 version of this questionnaire) were not asked.

Therefore, these sections were deleted from appendix III of this report.

Source and Limitations of Data

Information from the National Health Interview Survey (NHIS) in this report is based on data collected in a continuing nationwide survey by household interview. Each week a probability sample of the civilian noninstitutionalized population of the United States is interviewed by personnel of the U.S. Bureau of the Census. Information is obtained about the health and other characteristics of each member of the household.

Because of a Federal furlough in 1995, the NHIS was fielded only for 48 of the 52 calendar weeks in 1995. This resulted in a slightly smaller sample size. The interviewed sample for 1995 consisted of 39,239 households containing 102,467 persons. The total noninterview rate was 6.2 percent: 4.4 percent was the result of respondent refusal, and the remainder was primarily the result of failure to locate an eligible respondent at home after repeated calls as described in appendix I.

In 1995, the following changes were made to the basic health and demographic questionnaire:

The cover page of the questionnaire was revised to accommodate the new sample design and methodology;

The introduction and hospital probe questions were moved from section A (questions 5–7b) to immediately follow section A;

The Hispanic origin questions and the questions on race were moved from section L (questions 3a and 3b, questions 4a–4c) to section A (questions 5a–6c). These items were moved to assist in oversampling black and Hispanic persons through household screening;

Two questions were added to the end of section L (questions 17–18). These questions ask if the household had been without telephone service for more than 1 week during the past 12 months, and for how long the household

had been without telephone service in the past 12 months.

For a detailed list of changes to the basic health and demographic questionnaire that have occurred since 1985, see appendix I. A description of the new 1995 survey design, along with methods used in estimation and general qualifications of the data obtained from the survey, are also presented in appendix I. The new design includes a greater number of primary sampling units (PSU's) (from 198 in 1994 to 358 in 1995), and a more complicated nonresponse adjustment based on household screening and oversampling of black and Hispanic persons for more reliable estimates of these groups. Additionally, the 1995 population estimates were adjusted to the national population estimates by age, sex, and race/ethnicity, based on projections from the 1990 U.S. Census.

Prior *Current Estimates* reports for data years 1982–1994 gave an overestimate of reported episodes of injury and associated days. Only estimates of the number of *episodes* and days associated with injury were affected, not the number of injuries. In particular, multiple injuries resulting from one incident, i.e., “an episode,” were sometimes counted incorrectly as separate multiple injury episodes and not as one episode of injury involving multiple injuries. The scope of the resultant overestimates was generally small, but would be larger for types of episodes that frequently caused multiple injuries, such as those involving a motor vehicle.

All information collected in the survey is from reports by responsible family members residing in the household. When possible, all adult family members participate in the interview. However, proxy responses are accepted for family members who are not at home and are required for all children and for family members who are physically or mentally incapable of responding for themselves. Although a considerable effort is made to ensure accurate reporting, the information from both proxy respondents and self-respondents may be inaccurate because the respondent is unaware of relevant information, has forgotten it,

does not wish to reveal it to an interviewer, or does not understand the intended meaning of a question.

Because the estimates in this report are based on a sample of the population, they are subject to sampling errors. Therefore, readers should pay particular attention to “Reliability of the estimates” in appendix I of this report, which shows formulas for calculating standard errors along with instructions for their use. The estimated standard error parameters and relative standard error cut-off points presented in this report were derived from 1995 data.

In this report, terms such as “similar” and “no difference” mean that there is no statistically significant difference between the measures being compared. Terms relating to difference (for example, “greater than” or “less than”) indicate that differences are statistically significant. Individual *t*-tests, with a critical value of 1.96 (0.05 level of significance), were used to test all comparisons. These tests do not take multiple comparisons into account. Lack of comment regarding the difference between any two statistics does not mean the difference was tested and found to be not significant.

The major concepts for these estimates are described in appendix II, and the questionnaires and flashcards used in the interview are shown in appendix III. Illnesses and injuries are coded using a slight modification of the ninth revision of the *International Classification of Diseases* (4). The Division of Health Interview Statistics of NCHS should be contacted for information about the coding and editing procedures used to produce the final data file from which the estimates shown are derived.

Selected Results and Uses of Tables

In the following sections, each of the health-related characteristics included in this report is defined and the overall 1995 estimates are presented. Although previous issues of this report included tables comparing current

estimates with those from earlier years, they have been eliminated in this report. However, some comparisons are noted where large differences have been observed between the 1995 and 1994 estimates for the same characteristic. Readers wanting more extensive comparisons for the 1994 estimates should refer to Series 10, No. 193 (5).

Readers comparing subgroups of the population in tables 1–78 may want to consider the possible effect of age in comparing subgroups. For sociodemographic characteristics for which the age distribution of the subgroups differs significantly (such as sex, race, and family income), the results are shown for specific age groups. However, for geographic region and place of residence, there is little difference in the age distributions of the subgroups. Therefore, these results are not shown for specific age groups.

Tables 1–77 show detailed results for health characteristics. The population figures used to calculate the rates are in table 78.

Acute Conditions: Incidence, Medical Attention, and Associated Restriction in Activity

An acute condition is defined for the National Health Interview Survey (NHIS) as a type of illness or injury that ordinarily lasts less than 3 months, was first noticed less than 3 months before the reference date of the interview, and was serious enough to have had an impact on behavior. Only two types of impact are considered: (a) the illness or injury caused the person to cut down on daily activities for at least half a day, or (b) a physician was contacted regarding the illness or injury.

Incidence

Incidence rates for acute conditions by type of condition and sociodemographic characteristics are shown in tables 1–5 and incidence (number) is shown in tables 6–10. The 1995 rate of 174.4 acute conditions per 100 persons per year was not significantly higher than the 1994 rate of 171.5.

For broad types of acute conditions, the 1995 incidence rates per 100 persons per year rank as follows: respiratory conditions (85.2), injuries (24.7), infective and parasitic diseases (20.1), and digestive system conditions (6.0). Although the 1995 rate (85.2) for respiratory conditions appears slightly higher than in 1994 (80.5), primarily due to more influenza activity in the first and last quarters of 1995, no statistical difference was found overall for respiratory conditions. However, the rate for influenza (41.2) is higher than the corresponding rate for 1994 (34.8).

Medical Attention

Estimates of the percent of acute conditions that were medically attended are shown in tables 11–15. During 1995, an estimated 67.3 percent of acute conditions reported in the NHIS were medically attended. Of the broad types of acute conditions, injuries were proportionately most often medically attended (91.2 percent) and respiratory conditions were least often medically attended (51.0 percent).

Restricted Activity Associated with Acute Conditions

Four types of restricted activity resulting from illness, injury, or impairment are measured in the NHIS: days lost from work for currently employed persons 18 years of age and over, school days missed by youths 5–17 years of age, days spent in bed (which may overlap either of the preceding types), and other days on which a person cuts down on daily activities. Estimates of “cut-down” days are not presented separately, but are included in the generic concept of “restricted-activity days.” The other three types of restricted activity, which are also included in the generic concept “restricted activity,” are also shown separately in this report. A person may restrict activities on a given day as a result of more than one condition, and these conditions may be acute or chronic. “Restricted activity associated with acute conditions” includes days on which one or more acute conditions caused the activity restriction. It also

includes days on which one or more acute conditions and one or more chronic conditions caused the activity restriction. In the latter case, because the restriction in activity was the result of both acute and chronic conditions, the cause cannot be attributed solely to an acute condition. Therefore, the term “associated with” rather than “caused by” is used to describe restricted activity.

Incidence rates of restricted activity associated with acute conditions by type of condition and sociodemographic characteristics are shown in tables 16–20 and incidence (number) is shown in tables 21–25. The 1995 rate per 100 persons per year of restricted activity days is 674.6, and the 1994 rate is 693.3. The difference in these rates is not statistically significant. The rates of bed disability days (281.2) and school-loss days for youths 5–17 years of age (323.2) are not significantly lower than the corresponding rates for 1994 (287.6 and 331.2, respectively). The 1995 rate of work-loss days for currently employed persons 18 years of age and over is 284.5, which is lower than the rate for 1994 (312.2). Detailed rates and frequencies for bed days, work-loss days, and school-loss days are shown in tables 26–49.

Incidence by Quarter

The 1995 incidence rate and incidence of acute conditions by quarter are shown in table 50. The estimated rate for the first quarter of 1995 is 57.2, for the second quarter it is 34.7, for the third quarter it is 32.8, and for the fourth quarter it is 49.8. The rate for the first quarter (57.2) of 1995 is significantly higher than for 1994 (51.5), primarily due to the result of more influenza activity in 1995. The rates for the other quarters of 1995 are similar to the rates observed in 1994.

Episodes of Persons Injured

Injury data may be analyzed in three ways: (a) the total number of injuries sustained during episodes involving injury, (b) the number of episodes involving injury during a given

period of time, or (c) the number of persons involved in one or more episodes in which injury occurred during a period of time. The estimated number of injuries (measured above) that occurred during 1995 is shown in tables 1–50. Tables 51 and 52 present the number of episodes that occurred during 1995 that involved one or more injuries (measure b). Because of the short reference period used to collect injury data in the NHIS (2 weeks), the number of persons involved in one or more episodes during any given year (measure c) cannot be estimated.

NCHS recently discovered that the tabulation method used for the injury data from 1982–94 inadvertently overestimated the reported number of episodes of injury. Beginning with this 1995 report, the tabulation of the number of episodes of injury has been revised to correct this overestimation. Only the estimates of the number of *episodes* of injury and associated days are affected, *not the number of injuries*. Corrected tables 51–56 for episodes of injury for 1982 through 1994 are available from the NCHS. Please refer to the “Source and Limitations of Data” section and appendix I for a further explanation.

Table 51 shows the incidence rate of episodes of persons injured and table 52 shows the incidence of such episodes by sociodemographic characteristics by whether a moving motor vehicle was involved and, if so, whether this occurred in traffic. The table also shows episodes classified by where the episode occurred and for persons 18 years of age and over by whether they were working at a job or business at the time the episode occurred. The 1995 rate of episodes of persons injured per 100 persons per year is 23.4.

Restricted Activity Associated with Injury and Impairment Due to Injury

An injury may have health-related effects for many years after its occurrence or even for a lifetime (for example, a person who suffered a dislocated back due to an accident). The

estimates of activity restriction (tables 53–54) and of bed days (tables 55–56) are based on the current effects of injuries regardless of when they occurred. Thus, these estimates include the days shown in earlier tables for acute injuries and also include days of restricted activity during 1995 that are attributable to the effects of injuries suffered prior to 1995. In many cases, these old injuries have become impairments and any restricted activity during 1995 that was caused by an injury-related impairment is also included.

The 1995 rate for restricted activity days associated with episodes of persons injured is 254.8 per 100 persons per year, which is significantly lower than the comparable corrected episodes of persons-injured data from 1994 (284.1 restricted activity days per 100 persons per year). The 1995 rate for bed days associated with episodes of persons injured is 76.8 per 100 persons per year.

Prevalence of Reported Chronic Conditions

Chronic conditions are defined as conditions that either (a) were first noticed 3 months or more before the reference date of the interview or (b) belong to a group of conditions (including heart disease and diabetes) that are considered chronic regardless of when they began. To estimate the prevalence of reported chronic conditions, the NHIS sample is divided into six representative subsamples. Respondents in each subsample are administered one of six checklists of types of chronic conditions. Respondents are asked to indicate the presence or absence of each condition specified on the particular list assigned to them. Because the presence or absence of many types of chronic conditions is often difficult to ascertain, several “impact” questions are asked about each condition reported. Information is elicited on whether the person has been hospitalized for the condition and the number of days he or she stayed in bed because of the condition during the 12 months prior to the interview.

Totals for all chronic conditions are not shown because the NHIS only measures the prevalence of selected chronic conditions for each person. Because a person may have more than one chronic condition, the sum of conditions that are counted may exceed the sum of persons having those conditions.

Prevalence rates for selected chronic conditions are shown in tables 57–61, and the prevalence (number) is shown in tables 62–66. As shown in table 57, the reported conditions with the highest prevalence rates were sinusitis, arthritis, deformity or orthopedic impairment, hypertension, and hay fever or allergic rhinitis without asthma (with rates per 1,000 persons of 141.3, 124.7, 121.4, 114.4, and 98.2, respectively).

Limitation of Activity Due to Chronic Conditions

Limitation of activity refers to long-term reduction in activity resulting from chronic disease or impairment. The NHIS measurement of limitation of activity permits one to distinguish among (a) persons unable to carry on their usual activity, (b) persons limited in the amount or kind of their usual activity, (c) persons limited but not in their usual activity, and (d) persons not limited. The category of persons limited in their major activity includes those in the first two groups, that is, those unable to carry on usual activities for their age group, whether it is working, keeping house, going to school, or living independently, and those restricted in the amount or kind of usual activity for their age group. Persons limited, but not in their major activity, include persons restricted in other activities such as civic, church, or recreational activities.

The 1995 estimate of the percent of persons limited in activity due to chronic conditions is 14.7 percent and the estimate of persons limited in their major activity (categories (a) and (b) discussed in the previous paragraph) is 10.1 percent. The percent distributions and frequencies for limitation in activity are shown by sociodemographic characteristics in tables 67–68.

Restricted Activity Due to Acute and Chronic Conditions

Earlier, estimates of restricted activity days associated with acute conditions (tables 16–49) and the relationship between the types of restricted activity days were discussed. The estimates shown in table 69 are for person days of restricted activity resulting from all conditions, either acute, chronic, or both.

The 1995 estimated days of restricted activity per person per year are as follows: 15.6 days for all types of restricted activity, 6.1 days of bed disability, 5.3 days lost from work for currently employed persons, and 4.5 days lost from school for youths 5–17 years of age. The estimates for each type of restricted activity day are shown by sociodemographic characteristics in table 69.

Respondent-Assessed Health Status

Data on assessed health status are obtained by asking respondents to assess their own health or that of family members living in the same household as excellent, very good, good, fair, or poor. The percent distribution for these categories, according to sociodemographic characteristics, is shown in table 70. The health of most persons in the civilian noninstitutionalized population is assessed as “excellent” (37.4 percent) or “very good” (29.2 percent). Only 2.9 percent are assessed as “poor.”

Physician Contacts: Rate and Interval Since Last Contact

A contact is defined as a consultation with a physician, in person or by telephone, for examination, diagnosis, treatment, or advice. The visit is considered a physician contact if the service is provided by the physician or by another person working under the physician’s supervision.

Annual Rate

As shown in table 71, the rate of physician contacts reported for 1995 is 5.9 doctor visits per person per year. In addition to the sociodemographic characteristics, the rates and frequencies also are shown by the place of contact in table 71. The rate is highest for doctor's office (3.3 per person per year) and is less than one contact per person per year via telephone and hospital while "other" place is about one contact per person per year.

Interval Since Last Contact

The percent distribution and number of persons by time interval since the person last had a physician contact are shown in table 72. Whereas the estimates for the rate of physician contacts do not include contacts while a person was an overnight patient in a hospital, such contacts are included in the definitions of the interval since a person last saw or talked to a physician or a physician's assistant. During 1995, an estimated 79.1 percent of the civilian noninstitutionalized population had contact with a physician during the year preceding the interview.

Other estimates of ambulatory medical care services by physicians are provided by data from the National Ambulatory Medical Care Survey, a probability sample survey conducted periodically by the Division of Health Care Statistics of the National Center for Health Statistics. A summary of 1995 survey results, the most recent available, is in *Advance data from vital and health statistics*, No. 286 (6).

Hospitalization: Episodes and Days for Persons; Discharges and Average Length of Stay

The NHIS respondents are asked to describe any hospitalizations that involved at least a 1-night stay during the year preceding the interview. Two measures obtained through this series of questions are the number of times and the number of days spent in short-stay hospitals in the 12 months prior to the

interview. Because persons who died or were institutionalized in a given reference period are not included in the NHIS, the rates and frequencies shown in this report will vary from those based on surveys that get information on all overnight patients who entered a short-stay hospital during any given period of time. The difference will be greater for older persons.

Estimates of hospitalizations are presented for episodes and for discharges. Episode estimates focus on the person's hospital experience during the 12 months preceding the interview. The tables showing these estimates classify people on the basis of whether they were hospitalized during the reference period and, if so, the number of times they were hospitalized. Discharge estimates focus on hospital stays as the unit of analysis rather than on persons.

Hospital Episodes and Days

The distribution of short-stay hospital episodes (first including and then excluding deliveries) by the number of times a person was hospitalized during the year preceding the interview and sociodemographic characteristics are shown by percent distribution (table 73) and frequency (table 74). The category "delivery" is based on the reason the woman entered the hospital or whether surgery related to delivery was performed. The percent of persons in 1995 with one hospital episode or more during the year preceding the interview is 7.5 percent and is 27 percent lower than the 1982 estimate of 10.3 percent (1).

The total number of days the person spent as a patient in the hospital is associated with the number of times a person was in a short-stay hospital during the year preceding the interview. In 1995, persons with one hospitalization or more spent an average of 6.9 days in the hospital in the year preceding the interview. Estimated rates and numbers of hospital days by the number of times people were hospitalized (including and excluding deliveries) and sociodemographic characteristics are shown in tables 75 and 76.

Hospital Discharges and Average Length of Stay

Rates and numbers of hospital discharges, the average length of stay, and the number of hospital discharge days by sociodemographic characteristics and by whether a delivery was involved in the hospitalization are shown in table 77. Based on data collected during 1995, there are 10.5 discharges per 100 persons, and the average length of stay per discharge is 5.3 days.

Examining longer-term trends, the 1995 hospital discharge rate of 10.5 is about 26 percent lower than the rate estimated by the NHIS in 1981 (14.2), and the average length of stay, 5.3 days, is about 28 percent lower than in 1981 (7.4) (7).

This trend probably reflects the following two phenomena: (a) some medical procedures, once performed as inpatient hospital care, are now performed in outpatient medical facilities, and (b) the Health Care Financing Administration (which operates the Medicare program), some States, and some third-party payers now reimburse hospitals for inpatient care using a preestablished payment schedule based on patients' diagnosis-related groups.

Information also is collected on hospital discharges from hospital records through the National Hospital Discharge Survey (NHDS) conducted by the National Center for Health Statistics. Estimates from the NHDS, published in *Advance data* or Series 13 publications of *Vital and Health Statistics*, are somewhat higher than those presented here because of differences in collection procedures, population sampled, and definitions used. In recent years, the NHDS has experienced a decline in its hospital discharge rates, and the NHDS estimates of average length of stay for all persons also have declined. Thus, the trend data from the two surveys are consistent. The most recent national estimates of short-stay hospitalization based on the NHDS are summarized in *Vital and Health Statistics*, Series 13, no. 133 (8).

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Table 1. Number of acute conditions per 100 persons per year, by age and type of condition: United States, 1995

[Data are based on household interviews of the civilian noninstitutionalized population. The survey design, general qualifications, and information on the reliability of the estimates are given in appendix I. Definitions of terms are given in appendix II]

Type of acute condition	All ages	Under 5 years	5-17 years	18-24 years	25-44 years	45 years and over		
						Total	45-64 years	65 years and over
Number of acute conditions per 100 persons per year								
All acute conditions	174.4	364.4	236.4	158.4	156.9	112.9	119.0	103.0
Infective and parasitic diseases	20.1	52.0	39.6	18.3	13.5	7.6	8.7	5.9
Common childhood diseases	1.2	7.6	2.6	*0.6	*0.1	*-	*-	*-
Intestinal virus, unspecified	4.8	11.7	8.7	4.7	3.9	1.5	*2.0	*0.9
Viral infections, unspecified	6.4	16.5	12.8	4.7	4.0	3.1	3.4	*2.4
Other	7.7	16.1	15.5	8.3	5.4	3.0	3.3	*2.6
Respiratory conditions	85.2	159.5	122.8	79.7	80.5	50.5	57.6	39.0
Common cold	23.1	53.7	33.0	21.8	18.6	14.6	16.1	12.2
Other acute upper respiratory infections	12.1	29.5	20.6	9.0	9.7	6.1	7.3	4.1
Influenza	41.2	53.6	59.4	43.1	45.2	22.7	28.0	14.0
Acute bronchitis	5.1	12.7	5.1	4.4	4.4	4.0	3.2	5.3
Pneumonia	2.0	*4.4	*2.1	*0.3	1.4	2.3	2.3	*2.2
Other respiratory conditions	1.7	5.5	2.5	*1.1	*1.2	*0.9	*0.7	*1.2
Digestive system conditions	6.0	11.7	7.3	6.3	5.0	4.8	4.5	5.4
Dental conditions	1.3	*4.6	*0.4	*0.7	2.0	*0.6	*0.9	*0.3
Indigestion, nausea, and vomiting	2.8	*2.2	6.0	*4.1	1.6	1.8	*1.9	*1.5
Other digestive conditions	1.9	*4.8	*0.9	*1.6	1.4	2.4	*1.7	3.6
Injuries	24.7	27.0	30.2	25.1	23.4	21.9	23.3	19.7
Fractures and dislocations	3.1	*1.3	4.3	*3.0	3.4	2.7	2.8	*2.5
Sprains and strains	4.9	*0.7	6.0	6.4	5.4	4.5	5.6	*2.7
Open wounds and lacerations	4.7	8.1	6.4	5.3	4.5	3.0	3.5	*2.3
Contusions and superficial injuries	4.7	*3.7	7.2	*3.4	4.4	4.1	4.0	4.3
Other current injuries	7.2	13.1	6.4	7.1	5.7	7.7	7.5	7.9
Selected other acute conditions	25.8	88.6	30.2	19.9	21.7	13.7	12.5	15.6
Eye conditions	0.9	*1.3	*0.8	*0.5	*0.9	*1.1	*0.6	*1.8
Acute ear infections	9.0	62.9	13.0	*1.9	3.3	*1.3	*1.8	*0.4
Other ear conditions	1.3	*4.8	*1.2	*1.2	*0.9	*0.8	*1.0	*0.6
Acute urinary conditions	2.7	*1.5	*1.9	*3.1	2.7	3.4	2.7	4.5
Disorders of menstruation	0.6	...	*0.7	*1.2	*0.9	*0.1	*0.2	*-
Other disorders of female genital tract	0.8	*-	*-	*1.3	1.9	*0.4	*0.3	*0.4
Delivery and other conditions of pregnancy and puerperium	1.4	...	*0.3	5.2	2.6	*-	*-	...
Skin conditions	2.1	*3.2	2.7	*1.6	2.0	1.6	*1.2	*2.4
Acute musculoskeletal conditions	3.0	*-	*1.5	*1.1	4.4	3.8	3.8	4.0
Headache, excluding migraine	1.6	*0.7	3.1	*2.0	1.5	*0.8	*0.8	*0.9
Fever, unspecified	2.4	14.1	4.9	*0.8	*0.6	*0.3	*0.1	*0.6
All other acute conditions	12.7	25.7	6.4	9.0	12.8	14.3	12.5	17.3

* Figure does not meet standard of reliability or precision.

*- Figure does not meet standard of reliability or precision and quantity zero.

... Category not applicable.

NOTES: Excluded from these estimates are conditions involving neither medical attention nor activity restriction. The standard errors and relative standard errors (RSE's) can be computed by using parameter set I of table II, the frequencies of table 6 and the formula presented in rule 2 of appendix I.

Table 2. Number of acute conditions per 100 persons per year, by sex, age, and type of condition: United States, 1995

[Data are based on household interviews of the civilian noninstitutionalized population. The survey design, general qualifications, and information on the reliability of the estimates are given in appendix I. Definitions of terms are given in appendix II]

Type of acute condition	Male					Female				
	All ages	Under 5 years	5-17 years	18-44 years	45 years and over	All ages	Under 5 years	5-17 years	18-44 years	45 years and over
Number of acute conditions per 100 persons per year										
All acute conditions	164.6	377.6	230.4	134.5	104.1	183.8	350.6	242.7	179.4	120.4
Infective and parasitic diseases	18.6	54.0	37.3	11.8	5.9	21.5	49.9	41.9	17.3	9.1
Common childhood diseases	1.4	*8.4	*3.0	*0.4	*-	0.9	*6.8	*2.1	*0.1	*-
Intestinal virus, unspecified	4.6	12.7	8.3	3.8	*1.0	4.9	*10.6	9.0	4.4	*2.0
Viral infections, unspecified	5.7	17.0	11.2	3.1	*2.4	7.2	16.1	14.5	5.2	3.6
Other	6.9	15.9	14.8	4.5	*2.5	8.4	16.4	16.2	7.6	3.5
Respiratory conditions	80.5	163.3	116.3	69.5	49.1	89.6	155.4	129.6	90.9	51.8
Common cold	22.3	56.8	32.4	16.7	13.9	23.9	50.6	33.6	21.9	15.3
Other acute upper respiratory infections	10.6	29.0	19.4	6.5	5.4	13.5	30.0	21.9	12.4	6.6
Influenza	39.0	54.1	53.9	40.8	22.4	43.4	53.0	65.3	48.6	23.0
Acute bronchitis	4.6	11.9	5.6	3.3	3.9	5.5	13.5	4.6	5.5	4.1
Pneumonia	2.4	*5.2	*3.3	*1.2	*2.5	1.6	*3.6	*0.9	*1.1	*2.1
Other respiratory conditions	1.6	*6.4	*1.7	*1.0	*1.0	1.8	*4.7	*3.3	*1.4	*0.8
Digestive system conditions	5.7	*8.7	6.9	5.8	3.8	6.4	14.8	7.7	4.9	5.7
Dental conditions	1.6	*2.8	*0.5	2.2	*1.0	1.1	*6.6	*0.2	*1.2	*0.3
Indigestion, nausea, and vomiting	2.6	*2.0	5.9	*2.0	*1.4	3.0	*2.5	6.1	2.4	*2.1
Other digestive conditions	1.5	*4.0	*0.5	*1.6	*1.4	2.3	*5.7	*1.4	*1.3	3.3
Injuries	27.2	31.7	36.4	26.9	20.2	22.3	22.0	23.7	20.8	23.3
Fractures and dislocations	3.8	*2.3	6.6	3.4	3.0	2.5	*0.3	*2.0	3.1	*2.4
Sprains and strains	5.1	*0.7	5.5	6.2	4.4	4.8	*0.7	6.4	5.1	4.5
Open wounds and lacerations	5.7	*8.3	7.5	6.5	*2.7	3.8	*7.9	5.3	2.9	3.3
Contusions and superficial injuries	5.2	*3.8	8.2	5.4	3.4	4.2	*3.6	6.1	3.0	4.6
Other current injuries	7.3	16.7	8.6	5.3	6.7	7.0	*9.5	*4.0	6.7	8.5
Selected other acute conditions	21.0	86.3	27.9	11.2	12.0	30.4	91.1	32.6	31.1	15.0
Eye conditions	*0.8	*1.6	*0.6	*0.6	*1.0	1.0	*1.0	*1.0	*1.1	*1.1
Acute ear infections	8.7	57.6	12.8	*1.9	*2.1	9.3	68.3	13.3	4.0	*0.6
Other ear conditions	1.3	*5.0	*1.4	*0.8	*0.8	1.3	*4.7	*1.0	*1.1	*0.8
Acute urinary conditions	1.0	*0.6	*0.6	*0.8	*1.9	4.3	*2.5	*3.3	4.8	4.6
Disorders of menstruation . . . . .	...	...	...	...	...	1.1	...	*1.4	*2.0	*0.2
Other disorders of female genital tract . . . . .	...	...	...	...	...	1.6	*-	*-	3.4	*0.7
Delivery and other conditions of pregnancy and puerperium . . . . .	...	...	...	...	...	2.7	...	*0.7	6.3	*-
Skin conditions	1.8	*2.6	*2.6	*1.7	*1.2	2.3	*3.8	*2.9	2.1	*2.0
Acute musculoskeletal conditions	3.3	*-	*1.9	3.9	4.4	2.7	*-	*1.1	3.4	3.4
Headache, excluding migraine	1.2	*0.3	*3.3	*1.0	*0.5	1.9	*1.2	*3.0	2.2	*1.1
Fever, unspecified	2.8	18.5	4.8	*0.6	*0.1	2.1	*9.5	4.9	*0.7	*0.6
All other acute conditions	11.7	33.5	5.6	9.3	13.1	13.7	17.5	7.2	14.5	15.4

* Figure does not meet standard of reliability or precision.

*- Figure does not meet standard of reliability or precision and quantity zero.

... Category not applicable.

NOTES: Excluded from these estimates are conditions involving neither medical attention nor activity restriction. The standard errors and relative standard errors (RSE's) can be computed by using parameter set I of table II, the frequencies of table 7, and the formula presented in rule 2 of appendix I.

Table 3. Number of acute conditions per 100 persons per year, by race, age, and type of condition: United States, 1995

[Data are based on household interviews of the civilian noninstitutionalized population. The survey design, general qualifications, and information on the reliability of the estimates are given in appendix I. Definitions of terms are given in appendix II]

Type of acute condition	White				Black			
	All ages	Under 18 years	18-44 years	45 years and over	All ages	Under 18 years	18-44 years	45 years and over
	Number of acute conditions per 100 persons per year							
All acute conditions	181.3	293.1	163.5	116.3	139.2	186.2	132.5	83.0
Infective and parasitic diseases	21.2	47.9	14.8	8.3	17.6	27.1	18.3	*2.7
Common childhood diseases	1.2	4.6	*0.1	*-	*1.2	*2.0	*1.2	*-
Intestinal virus, unspecified	5.0	10.6	4.3	1.6	4.0	*6.3	*4.5	*-
Viral infections, unspecified	6.6	14.7	4.2	3.4	7.1	12.9	*5.6	*1.5
Other	8.3	18.0	6.2	3.4	5.3	*6.0	*7.1	*1.1
Respiratory conditions	88.3	140.9	85.6	50.8	63.9	94.4	51.7	41.4
Common cold	22.0	35.9	19.7	13.9	26.9	48.1	15.5	16.5
Other acute upper respiratory infections	13.1	26.4	10.3	6.3	5.7	*7.6	*4.1	*5.9
Influenza	44.0	63.8	48.2	23.5	26.5	31.7	28.9	14.6
Acute bronchitis	5.4	8.0	4.8	4.0	*3.2	*5.2	*1.5	*3.2
Pneumonia	2.1	3.2	*1.2	2.3	*1.1	*0.7	*1.3	*1.1
Other respiratory conditions	1.8	3.7	1.3	*0.9	*0.6	*1.1	*0.4	*-
Digestive system conditions	5.7	8.5	4.6	4.7	9.6	10.1	10.7	*7.0
Dental conditions	1.1	*1.6	*1.2	*0.7	*3.1	*2.3	*5.2	*0.6
Indigestion, nausea, and vomiting	2.7	4.8	2.0	1.9	3.7	*5.7	*3.5	*1.1
Other digestive conditions	1.8	2.2	1.4	2.1	*2.8	*2.0	*2.0	*5.3
Injuries	26.1	31.9	24.8	23.2	18.1	20.1	20.0	*11.8
Fractures and dislocations	3.5	4.0	3.7	2.8	*0.9	*0.8	*0.4	*1.6
Sprains and strains	5.1	4.7	5.7	4.7	4.4	*3.3	*6.8	*1.9
Open wounds and lacerations	5.1	7.5	5.1	3.1	3.5	*5.0	*3.3	*1.6
Contusions and superficial injuries	5.0	7.2	4.2	4.5	*2.8	*3.0	*2.8	*2.3
Other current injuries	7.4	8.6	6.1	8.2	6.5	*7.9	*6.7	*4.3
Selected other acute conditions	26.8	51.1	21.5	14.6	19.3	26.5	20.0	*7.7
Eye conditions	1.0	*1.1	*0.7	*1.2	*0.6	*-	*1.2	*0.5
Acute ear infections	9.9	31.0	3.4	*1.5	4.8	12.4	*1.2	*-
Other ear conditions	1.3	2.3	*1.0	*0.8	*1.1	*1.8	*1.1	*-
Acute urinary conditions	2.9	2.1	2.8	3.6	*1.4	*0.6	*2.3	*1.1
Disorders of menstruation	0.6	*0.4	*1.0	*0.1	*0.5	*0.9	*0.4	*-
Other disorders of female genital tract	1.0	*-	2.1	*0.4	*0.2	*-	*-	*0.7
Delivery and other conditions of pregnancy and puerperium	1.3	*0.2	3.0	*-	*2.5	*0.5	*5.5	*-
Skin conditions	2.2	3.0	2.1	1.7	*1.3	*1.4	*1.2	*1.4
Acute musculoskeletal conditions	2.8	*0.6	3.3	4.0	4.3	*3.1	*5.5	*4.0
Headache, excluding migraine	1.5	2.2	1.5	*0.9	*2.0	*3.9	*1.5	*-
Fever, unspecified	2.4	8.2	*0.4	*0.4	*0.7	*2.1	*-	*-
All other acute conditions	13.2	12.8	12.2	14.7	10.7	*8.1	11.9	*12.3

* Figure does not meet standard of reliability or precision.

*- Figure does not meet standard of reliability or precision and quantity zero.

NOTES: Excluded from these estimates are conditions involving neither medical attention nor activity restriction. The standard errors and relative standard errors (RSE's) can be computed by using parameter set I of table II, the frequencies of table 8, and the formula presented in rule 2 of appendix I.

Table 4. Number of acute conditions per 100 persons per year, by family income, age, and type of condition: United States, 1995

[Data are based on household interviews of the civilian noninstitutionalized population. The survey design, general qualifications, and information on the reliability of the estimates are given in appendix I. Definitions of terms are given in appendix II]

Type of acute condition	Family income							
	Less than \$10,000				\$10,000-\$19,999			
	All ages	Under 18 years	18-44 years	45 years and over	All ages	Under 18 years	18-44 years	45 years and over
	Number of acute conditions per 100 persons per year							
All acute conditions	215.7	304.3	216.4	135.4	172.6	258.8	165.0	110.2
Infective and parasitic diseases	21.6	39.2	20.5	*7.2	21.6	41.5	19.0	*8.2
Common childhood diseases	*2.3	*8.1	*-	*-	*1.3	*4.1	*0.5	*-
Intestinal virus, unspecified	*3.5	*6.6	*3.6	*0.4	5.5	*6.6	*6.7	*3.0
Viral infections, unspecified	5.8	*11.6	*2.5	*4.5	8.3	17.3	*5.0	*4.5
Other	10.1	*13.0	14.4	*2.2	6.6	13.5	*6.7	*0.7
Respiratory conditions	103.0	145.4	106.8	60.2	81.4	127.2	82.7	42.1
Common cold	30.1	41.9	31.4	18.0	21.8	40.0	18.0	11.2
Other acute upper respiratory infections	12.9	20.7	*12.5	*6.5	10.2	18.4	8.3	*5.5
Influenza	47.7	66.2	52.3	25.5	39.7	54.7	47.0	18.8
Acute bronchitis	6.3	*7.7	*6.0	*5.5	5.7	*8.8	*5.9	*2.7
Pneumonia	*2.9	*4.9	*1.9	*2.2	*1.8	*1.1	*1.1	*3.3
Other respiratory conditions	*3.0	*4.0	*2.8	*2.4	*2.2	*4.2	*2.3	*0.5
Digestive system conditions	11.2	*13.8	13.2	*6.6	6.4	*9.0	*4.3	*6.7
Dental conditions	*2.3	*2.0	*4.4	*-	*1.4	*2.9	*1.3	*0.4
Indigestion, nausea, and vomiting	5.4	*7.6	*4.9	*4.1	*2.9	*3.4	*3.1	*2.3
Other digestive conditions	*3.5	*4.2	*3.8	*2.4	*2.1	*2.7	*-	*4.0
Injuries	29.1	26.1	37.3	21.5	24.3	28.0	24.0	21.7
Fractures and dislocations	*2.9	*2.8	*1.6	*4.6	*2.4	*2.8	*2.4	*2.0
Sprains and strains	*4.2	*3.9	*6.1	*2.0	3.4	*0.6	*5.7	*3.0
Open wounds and lacerations	8.2	*7.0	*12.0	*4.5	3.5	*7.0	*3.6	*0.5
Contusions and superficial injuries	6.2	*4.1	*9.8	*3.5	5.4	*5.0	*4.7	*6.5
Other current injuries	7.7	*8.3	*7.7	*7.0	9.7	12.6	7.6	9.7
Selected other acute conditions	34.8	61.6	28.2	18.9	27.1	42.8	25.0	16.5
Eye conditions	*1.5	*1.9	*1.9	*0.6	*1.4	*0.8	*1.0	*2.3
Acute ear infections	9.4	26.9	*3.6	*0.9	8.3	24.9	*2.5	*1.3
Other ear conditions	*1.2	*1.4	*2.0	*-	*0.9	*2.2	*0.2	*0.6
Acute urinary conditions	*4.1	*2.2	*4.2	*5.5	*1.5	*0.9	*1.8	*1.6
Disorders of menstruation	*0.9	*2.2	*0.7	*-	*2.2	*0.9	*5.0	*-
Other disorders of female genital tract	*0.9	*-	*0.6	*2.0	*0.4	*-	*1.1	*-
Delivery and other conditions of pregnancy and puerperium	*2.1	*0.8	*4.6	*-	*1.9	*-	*5.0	*-
Skin conditions	*2.4	*4.2	*1.6	*1.7	3.4	*2.6	*3.8	*3.8
Acute musculoskeletal conditions	*4.8	*1.1	*5.8	*6.9	*2.7	*1.2	*2.2	*4.7
Headache, excluding migraine	*1.8	*2.9	*2.4	*-	*1.3	*0.6	*1.5	*1.6
Fever, unspecified	5.9	17.9	*0.8	*1.3	3.0	*8.8	*0.9	*0.7
All other acute conditions	16.0	18.1	*10.3	21.1	11.7	*10.1	10.0	15.0

See footnotes and notes at end of table.

Table 4. Number of acute conditions per 100 persons per year, by family income, age, and type of condition: United States, 1995—Con.
 [Data are based on household interviews of the civilian noninstitutionalized population. The survey design, general qualifications, and information on the reliability of the estimates are given in appendix I. Definitions of terms are given in appendix II]

Type of acute condition	Family income							
	\$20,000–\$34,999				\$35,000 or more			
	All ages	Under 18 years	18–44 years	45 years and over	All ages	Under 18 years	18–44 years	45 years and over
	Number of acute conditions per 100 persons per year							
All acute conditions	175.9	280.2	160.4	109.6	178.4	286.1	152.9	111.7
Infective and parasitic diseases	18.2	37.5	13.8	8.1	22.2	50.3	13.3	8.2
Common childhood diseases	*0.7	*2.3	*0.2	*–	1.2	3.9	*0.2	*–
Intestinal virus, unspecified	5.0	*5.6	6.6	*2.5	5.4	14.0	2.7	*1.0
Viral infections, unspecified	4.9	12.8	*2.2	*2.2	7.3	15.4	4.9	*3.0
Other	7.5	16.7	4.9	*3.4	8.3	16.9	5.5	4.2
Respiratory conditions	89.4	141.4	84.8	52.2	87.2	134.1	80.5	51.7
Common cold	26.0	40.7	22.6	18.2	20.6	35.4	16.3	12.4
Other acute upper respiratory infections	12.7	27.7	9.4	*4.6	14.1	24.4	10.9	8.6
Influenza	41.6	56.7	45.4	23.7	44.8	61.6	48.2	23.7
Acute bronchitis	5.0	9.2	*3.7	*3.3	5.0	7.0	4.0	4.4
Pneumonia	2.1	*3.4	*2.0	*1.0	1.6	*2.6	*0.6	*2.2
Other respiratory conditions	2.1	*3.7	*1.7	*1.5	1.2	*3.2	*0.5	*0.4
Digestive system conditions	5.1	9.2	*2.0	*6.1	5.4	7.3	5.2	4.0
Dental conditions	*1.2	*2.4	*0.7	*1.0	1.3	*0.7	*1.8	*1.0
Indigestion, nausea, and vomiting	2.8	*5.6	*1.2	*2.7	2.1	4.8	*1.1	*1.0
Other digestive conditions	*1.1	*1.2	*0.1	*2.4	2.0	*1.8	*2.3	*1.9
Injuries	26.0	29.4	25.6	23.5	24.3	32.3	21.4	20.7
Fractures and dislocations	3.0	*3.3	*3.5	*2.0	3.2	*3.6	3.9	*1.7
Sprains and strains	6.8	*7.2	6.1	7.3	5.3	5.9	4.9	5.2
Open wounds and lacerations	5.9	*6.8	7.1	*3.4	4.5	7.3	3.4	*3.4
Contusions and superficial injuries	3.9	*5.0	*2.5	*4.8	5.2	8.3	4.5	*3.3
Other current injuries	6.5	*7.1	6.5	*6.0	6.1	7.1	4.7	7.0
Selected other acute conditions	26.3	49.9	23.7	10.0	25.7	49.5	18.9	12.8
Eye conditions	*0.8	*0.5	*0.3	*1.7	*1.0	*1.2	*1.1	*0.8
Acute ear infections	10.7	32.5	*4.7	*0.8	9.7	29.5	*2.1	*1.8
Other ear conditions	*1.4	*3.5	*0.7	*0.5	1.2	*2.0	*1.0	*0.9
Acute urinary conditions	3.0	*0.8	*4.6	*2.6	2.7	*2.5	*2.2	3.7
Disorders of menstruation	*0.8	*0.7	*0.9	*0.6	*0.0	*–	*0.0	*–
Other disorders of female genital tract	*0.9	*–	*2.1	*–	*0.9	*–	*2.2	*–
Delivery and other conditions of pregnancy and puerperium	*1.0	*0.2	*2.3	*–	1.2	*0.2	2.6	*–
Skin conditions	*2.0	*2.7	*2.4	*0.9	2.0	*3.2	*1.8	*1.0
Acute musculoskeletal conditions	2.2	*1.1	*2.6	*2.7	3.0	*0.8	4.0	3.7
Headache, excluding migraine	*1.4	*2.4	*1.8	*–	2.0	3.7	*1.6	*1.0
Fever, unspecified	2.0	*5.5	*1.3	*0.1	1.8	6.3	*0.2	*–
All other acute conditions	10.9	12.9	10.4	9.8	13.5	12.6	13.6	14.3

* Figure does not meet standard of reliability or precision.

*– Figure does not meet standard of reliability or precision and quantity zero.

0.0 Quantity more than zero but less than 0.05.

NOTES: Excluded from these estimates are conditions involving neither medical attention nor activity restriction. The standard errors and relative standard errors (RSE's) can be computed by using parameter sets I and X of table II, the frequencies of tables 9 and 78 and the formula presented in rule 4 of appendix I.

Table 5. Number of acute conditions per 100 persons per year, by geographic region, place of residence, and type of condition: United States, 1995

[Data are based on household interviews of the civilian noninstitutionalized population. The survey design, general qualifications, and information on the reliability of the estimates are given in appendix I. Definitions of terms are given in appendix II]

Type of acute condition	Geographic region				Place of residence			
	Northeast	Midwest	South	West	MSA ¹			Not MSA ¹
					All MSA ¹	Central city	Not central city	
	Number of acute conditions per 100 persons per year							
All acute conditions	160.3	197.1	157.6	190.0	177.3	176.8	177.7	162.8
Infective and parasitic diseases	23.7	16.5	25.0	12.6	19.6	17.9	20.5	22.2
Common childhood diseases	*1.1	*1.7	*1.1	*0.7	1.3	1.6	1.1	*0.9
Intestinal virus, unspecified	6.8	*1.7	7.9	*1.1	4.8	5.4	4.4	4.5
Viral infections, unspecified	7.2	5.5	8.8	2.8	6.5	4.9	7.5	6.1
Other	8.5	7.6	7.1	8.0	7.0	6.0	7.6	10.6
Respiratory conditions	69.9	104.1	68.6	105.5	87.4	86.2	88.1	76.1
Common cold	21.1	23.8	20.4	28.7	24.3	27.1	22.6	18.4
Other acute upper respiratory infections	8.9	14.6	11.3	13.5	12.7	13.1	12.4	9.7
Influenza	31.4	55.3	29.3	54.5	41.9	39.2	43.6	38.4
Acute bronchitis	5.0	6.5	4.7	4.2	4.9	4.5	5.2	5.6
Pneumonia	2.2	2.5	1.5	*1.9	2.1	*1.2	2.5	*1.6
Other respiratory conditions	*1.4	*1.4	1.4	2.6	1.5	*1.2	1.7	2.4
Digestive system conditions	5.5	6.0	5.9	6.8	6.1	7.7	5.2	5.7
Dental conditions	*0.9	1.8	1.4	*1.1	1.5	1.8	1.3	*0.8
Indigestion, nausea, and vomiting	2.6	2.3	3.0	3.3	2.9	3.8	2.3	2.5
Other digestive conditions	*2.0	1.9	1.6	2.4	1.8	2.1	1.6	2.4
Injuries	24.2	29.7	21.8	24.3	24.8	25.0	24.7	24.2
Fractures and dislocations	2.5	3.1	3.3	3.6	3.2	2.7	3.4	3.0
Sprains and strains	6.3	5.6	3.5	5.3	4.7	5.1	4.5	5.7
Open wounds and lacerations	5.1	5.7	4.5	3.8	4.5	4.5	4.6	5.5
Contusions and superficial injuries	4.6	5.0	4.4	4.9	4.8	4.8	4.8	4.3
Other current injuries	5.8	10.3	6.1	6.7	7.5	7.8	7.4	5.6
Selected other acute conditions	25.3	26.8	24.1	27.9	26.3	26.0	26.5	23.8
Eye conditions	*1.2	*1.0	*0.9	*0.7	1.0	*1.2	0.8	*0.8
Acute ear infections	10.4	8.5	8.8	8.6	9.1	7.2	10.3	8.5
Other ear conditions	*0.9	2.1	*0.7	*1.6	1.3	*1.2	1.4	*1.0
Acute urinary conditions	*1.6	2.6	3.2	3.0	2.7	2.9	2.6	2.9
Disorders of menstruation	*0.4	*0.8	*0.4	*0.8	0.6	*0.7	*0.6	*0.6
Other disorders of female genital tract	*0.4	*1.1	*0.8	*1.0	0.7	*0.5	0.9	*1.3
Delivery and other conditions of pregnancy and puerperium	*1.3	*1.4	1.2	*1.6	1.6	1.8	1.4	*0.7
Skin conditions	2.3	2.1	2.1	*1.8	2.0	2.4	1.8	2.5
Acute musculoskeletal conditions	3.2	3.4	2.9	2.5	2.9	3.1	2.8	3.3
Headache, excluding migraine	*1.5	*1.7	1.3	2.0	1.8	2.1	1.6	*0.7
Fever, unspecified	2.2	2.1	1.7	4.1	2.6	3.0	2.4	*1.6
All other acute conditions	11.6	14.0	12.2	13.0	13.1	14.0	12.7	10.9

* Figure does not meet standard of reliability or precision.

¹MSA is metropolitan statistical area.

NOTES: Excluded from these estimates are conditions involving neither medical attention nor activity restriction. The standard errors and relative standard errors (RSE's) can be computed by using parameter sets I and X of table II, the frequencies of tables 10 and 78 and the formula presented in rule 4 of appendix I.

Table 6. Number of acute conditions, by age and type of condition: United States, 1995

[Data are based on household interviews of the civilian noninstitutionalized population. The survey design, general qualifications, and information on the reliability of the estimates are given in appendix I. Definitions of terms are given in appendix II]

Type of acute condition	All ages	Under 5 years	5-17 years	18-24 years	25-44 years	45 years and over		
						Total	45-64 years	65 years and over
Number of acute conditions in thousands								
All acute conditions	456,874	73,890	119,156	39,485	130,406	93,938	61,540	32,397
Infective and parasitic diseases	52,605	10,545	19,942	4,564	11,199	6,355	4,490	1,866
Common childhood diseases	3,105	1,547	1,286	150	122	—	—	—
Intestinal virus, unspecified	12,447	2,375	4,365	1,175	3,247	1,284	1,015	269
Viral infections, unspecified	16,875	3,353	6,474	1,177	3,318	2,552	1,782	770
Other	20,179	3,270	7,817	2,062	4,512	2,519	1,692	827
Respiratory conditions	223,037	32,333	61,875	19,880	66,901	42,048	29,785	12,262
Common cold	60,564	10,895	16,633	5,423	15,434	12,180	8,349	3,832
Other acute upper respiratory infections	31,687	5,981	10,380	2,251	8,021	5,052	3,762	1,290
Influenza	108,009	10,862	29,958	10,742	37,570	18,878	14,477	4,401
Acute bronchitis	13,250	2,571	2,570	1,102	3,689	3,318	1,651	1,667
Pneumonia	5,113	898	1,071	83	1,171	1,890	1,207	684
Other respiratory conditions	4,413	1,125	1,264	279	1,016	729	340	389
Digestive system conditions	15,828	2,370	3,678	1,574	4,189	4,017	2,311	1,706
Dental conditions	3,503	940	195	170	1,677	521	440	81
Indigestion, nausea, and vomiting	7,323	455	3,011	1,015	1,352	1,489	1,002	487
Other digestive conditions	5,003	974	472	389	1,160	2,007	869	1,138
Injuries	64,619	5,467	15,226	6,268	19,434	18,225	12,024	6,201
Fractures and dislocations	8,200	273	2,183	745	2,790	2,209	1,433	776
Sprains and strains	12,961	142	2,999	1,586	4,520	3,714	2,871	844
Open wounds and lacerations	12,417	1,637	3,223	1,331	3,704	2,522	1,785	737
Contusions and superficial injuries	12,295	750	3,614	837	3,694	3,400	2,048	1,352
Other current injuries	18,746	2,665	3,208	1,768	4,726	6,379	3,886	2,492
Selected other acute conditions	67,540	17,970	15,218	4,955	18,040	11,356	6,451	4,905
Eye conditions	2,431	262	400	134	758	876	309	567
Acute ear infections	23,568	12,745	6,569	477	2,717	1,061	949	112
Other ear conditions	3,340	981	603	296	771	690	506	184
Acute urinary conditions	7,089	314	954	762	2,259	2,800	1,383	1,417
Disorders of menstruation	1,531	...	350	299	779	104	104	—
Other disorders of female genital tract	2,197	—	—	324	1,554	318	180	138
Delivery and other conditions of pregnancy and puerperium	3,634	...	174	1,299	2,161	—	—	...
Skin conditions	5,474	651	1,381	394	1,690	1,357	609	748
Acute musculoskeletal conditions	7,866	—	754	265	3,645	3,202	1,945	1,257
Headache, excluding migraine	4,128	152	1,585	496	1,224	672	392	280
Fever, unspecified	6,282	2,866	2,448	208	483	276	75	201
All other acute conditions	33,245	5,206	3,217	2,244	10,642	11,936	6,480	5,457

— Quantity zero.

... Category not applicable.

NOTES: Excluded from these estimates are conditions involving neither medical attention nor activity restriction. The standard errors and relative standard errors (RSE's) can be computed by using parameter set 1 of table II and the formula presented in rule 1 of appendix I. An estimate of 9.7 million has a 10-percent RSE; of 2.4 million, a 20-percent RSE; and of 1.1 million, a 30-percent RSE.

Table 7. Number of acute conditions, by sex, age, and type of condition: United States, 1995

[Data are based on household interviews of the civilian noninstitutionalized population. The survey design, general qualifications, and information on the reliability of the estimates are given in appendix I. Definitions of terms are given in appendix II]

Type of acute condition	Male					Female				
	All ages	Under 5 years	5-17 years	18-44 years	45 years and over	All ages	Under 5 years	5-17 years	18-44 years	45 years and over
Number of acute conditions in thousands										
All acute conditions	209,959	39,174	59,428	71,674	39,684	246,915	34,717	59,727	98,217	54,254
Infective and parasitic diseases	23,776	5,606	9,627	6,282	2,261	28,830	4,939	10,316	9,481	4,094
Common childhood diseases	1,841	874	774	194	—	1,263	673	513	78	—
Intestinal virus, unspecified	5,864	1,322	2,138	2,023	382	6,583	1,054	2,227	2,400	902
Viral infections, unspecified	7,227	1,759	2,894	1,652	921	9,648	1,593	3,580	2,843	1,631
Other	8,843	1,651	3,821	2,413	958	11,336	1,619	3,995	4,160	1,561
Respiratory conditions	102,653	16,946	29,983	37,017	18,707	120,384	15,387	31,892	49,765	23,340
Common cold	28,437	5,888	8,355	8,894	5,300	32,127	5,007	8,278	11,963	6,881
Other acute upper respiratory infections	13,528	3,008	4,995	3,469	2,057	18,159	2,974	5,386	6,804	2,996
Influenza	49,752	5,612	13,897	21,723	8,520	58,257	5,249	16,061	26,589	10,358
Acute bronchitis	5,919	1,236	1,438	1,760	1,485	7,331	1,336	1,132	3,031	1,832
Pneumonia	3,003	541	853	653	957	2,110	357	218	601	934
Other respiratory conditions	2,014	661	446	518	389	2,400	464	819	777	340
Digestive system conditions	7,239	902	1,786	3,106	1,444	8,590	1,467	1,892	2,658	2,573
Dental conditions	2,005	286	141	1,191	386	1,498	654	53	656	135
Indigestion, nausea, and vomiting	3,327	205	1,522	1,074	526	3,995	250	1,489	1,293	963
Other digestive conditions	1,907	412	122	840	533	3,096	562	350	709	1,475
Injuries	34,687	3,291	9,381	14,312	7,702	29,932	2,176	5,844	11,389	10,523
Fractures and dislocations	4,904	243	1,701	1,831	1,129	3,295	29	482	1,704	1,080
Sprains and strains	6,474	72	1,423	3,304	1,675	6,486	70	1,576	2,801	2,039
Open wounds and lacerations	7,294	857	1,922	3,468	1,046	5,124	781	1,301	1,566	1,476
Contusions and superficial injuries	6,695	390	2,120	2,872	1,312	5,600	359	1,494	1,659	2,088
Other current injuries	9,320	1,729	2,216	2,836	2,538	9,427	936	992	3,658	3,840
Selected other acute conditions	26,735	8,951	7,207	5,993	4,584	40,804	9,019	8,011	17,002	6,772
Eye conditions	1,023	164	142	318	399	1,408	98	258	575	477
Acute ear infections	11,078	5,978	3,307	1,000	792	12,490	6,767	3,261	2,193	269
Other ear conditions	1,644	520	362	446	316	1,696	461	241	621	373
Acute urinary conditions	1,338	62	152	408	716	5,752	252	802	2,613	2,085
Disorders of menstruation . . . . .	...	...	...	...	...	1,531	...	350	1,078	104
Other disorders of female genital tract . . . . .	...	...	...	...	...	2,197	—	—	1,878	318
Delivery and other conditions of pregnancy and puerperium . . . . .	...	...	...	...	...	3,634	...	174	3,460	—
Skin conditions	2,319	272	658	926	463	3,155	379	723	1,158	895
Acute musculoskeletal conditions	4,235	—	488	2,065	1,682	3,631	—	266	1,845	1,520
Headache, excluding migraine	1,583	32	850	510	191	2,546	120	736	1,210	480
Fever, unspecified	3,515	1,923	1,247	320	25	2,766	943	1,201	371	251
All other acute conditions	14,870	3,478	1,444	4,964	4,984	18,375	1,728	1,773	7,922	6,952

— Quantity zero.

... Category not applicable.

NOTES: Excluded from these estimates are conditions involving neither medical attention nor activity restriction. The standard errors and relative standard errors (RSE's) can be computed by using parameter set I of table II and the formula presented in rule 1 of appendix I. An estimate of 9.7 million has a 10-percent RSE; of 2.4 million, a 20-percent RSE; and of 1.1 million, a 30-percent RSE.

Table 8. Number of acute conditions, by race, age, and type of condition: United States, 1995

[Data are based on household interviews of the civilian noninstitutionalized population. The survey design, general qualifications, and information on the reliability of the estimates are given in appendix I. Definitions of terms are given in appendix II]

Type of acute condition	White				Black			
	All ages	Under 18 years	18-44 years	45 years and over	All ages	Under 18 years	18-44 years	45 years and over
Number of acute conditions in thousands ¹								
All acute conditions	393,819	164,701	144,945	84,173	45,579	20,867	18,277	6,435
Infective and parasitic diseases	45,992	26,908	13,096	5,987	5,777	3,039	2,528	209
Common childhood diseases	2,681	2,571	109	—	386	224	162	—
Intestinal virus, unspecified	10,878	5,948	3,805	1,126	1,320	703	618	—
Viral infections, unspecified	14,403	8,251	3,720	2,432	2,340	1,445	775	120
Other	18,030	10,138	5,463	2,430	1,730	667	973	89
Respiratory conditions	191,845	79,184	75,909	36,751	20,915	10,576	7,126	3,213
Common cold	47,755	20,178	17,496	10,082	8,807	5,393	2,131	1,283
Other acute upper respiratory infections	28,533	14,836	9,172	4,526	1,865	847	559	460
Influenza	95,540	35,822	42,735	16,983	8,676	3,553	3,987	1,136
Acute bronchitis	11,659	4,511	4,280	2,868	1,041	586	207	248
Pneumonia	4,502	1,788	1,074	1,640	344	78	180	87
Other respiratory conditions	3,856	2,051	1,153	653	181	119	62	—
Digestive system conditions	12,275	4,784	4,095	3,396	3,143	1,127	1,473	543
Dental conditions	2,380	877	1,029	474	1,016	258	711	46
Indigestion, nausea, and vomiting	5,887	2,689	1,797	1,401	1,211	641	482	88
Other digestive conditions	4,008	1,219	1,269	1,520	916	228	280	409
Injuries	56,698	17,917	21,960	16,820	5,920	2,249	2,756	916
Fractures and dislocations	7,554	2,220	3,319	2,015	279	91	61	127
Sprains and strains	11,057	2,618	5,024	3,415	1,455	374	932	148
Open wounds and lacerations	11,008	4,238	4,504	2,266	1,139	559	454	128
Contusions and superficial injuries	10,962	4,022	3,718	3,221	905	341	385	179
Other current injuries	16,116	4,819	5,396	5,902	2,143	884	923	336
Selected other acute conditions	58,314	28,699	19,041	10,573	6,321	2,972	2,752	597
Eye conditions	2,083	591	656	836	207	—	167	40
Acute ear infections	21,507	17,425	3,021	1,061	1,563	1,391	172	—
Other ear conditions	2,838	1,320	918	599	346	197	149	—
Acute urinary conditions	6,342	1,206	2,514	2,623	464	62	319	83
Disorders of menstruation	1,209	221	885	104	159	101	57	—
Other disorders of female genital tract	2,141	—	1,878	263	55	—	—	55
Delivery and other conditions of pregnancy and puerperium	2,749	121	2,627	—	814	52	762	—
Skin conditions	4,807	1,671	1,883	1,253	418	152	162	105
Acute musculoskeletal conditions	6,143	322	2,934	2,888	1,414	344	756	314
Headache, excluding migraine	3,237	1,231	1,334	672	646	438	208	—
Fever, unspecified	5,257	4,591	391	276	234	234	—	—
All other acute conditions	28,696	7,208	10,843	10,645	3,503	905	1,641	956

— Quantity zero.

¹Totals for white and black do not sum to total acute conditions because other races are not included.

NOTES: Excluded from these estimates are conditions involving neither medical attention nor activity restriction. The standard errors and relative standard errors (RSE's) can be computed by using parameter set I of table II and the formula presented in rule 1 of appendix I. An estimate of 9.7 million has a 10-percent RSE; of 2.4 million, a 20-percent RSE; and of 1.1 million, a 30-percent RSE.

Table 9. Number of acute conditions, by family income, age, and type of condition: United States, 1995

[Data are based on household interviews of the civilian noninstitutionalized population. The survey design, general qualifications, and information on the reliability of the estimates are given in appendix I. Definitions of terms are given in appendix II]

Type of acute condition	Family income							
	Less than \$10,000				\$10,000–\$19,999			
	All ages	Under 18 years	18–44 years	45 years and over	All ages	Under 18 years	18–44 years	45 years and over
	Number of acute conditions in thousands ¹							
All acute conditions	46,691	18,849	18,470	9,372	65,352	27,218	24,057	14,077
Infective and parasitic diseases	4,681	2,431	1,754	495	8,186	4,370	2,767	1,049
Common childhood diseases	500	500	—	—	500	428	72	—
Intestinal virus, unspecified	749	408	310	31	2,065	698	984	383
Viral infections, unspecified	1,251	719	217	314	3,131	1,820	730	581
Other	2,181	804	1,226	150	2,489	1,424	981	84
Respiratory conditions	22,292	9,007	9,119	4,166	30,819	13,383	12,056	5,380
Common cold	6,523	2,595	2,682	1,245	8,268	4,208	2,624	1,435
Other acute upper respiratory infections	2,802	1,284	1,067	451	3,852	1,935	1,215	702
Influenza	10,326	4,100	4,462	1,764	15,020	5,759	6,857	2,404
Acute bronchitis	1,368	475	509	384	2,148	930	867	351
Pneumonia	624	306	164	153	695	114	158	423
Other respiratory conditions	650	247	235	168	836	437	335	64
Digestive system conditions	2,433	855	1,124	454	2,429	947	630	851
Dental conditions	504	126	378	—	533	302	185	46
Indigestion, nausea, and vomiting	1,173	469	418	286	1,095	360	446	290
Other digestive conditions	755	259	328	168	800	285	—	515
Injuries	6,291	1,619	3,184	1,488	9,221	2,949	3,496	2,776
Fractures and dislocations	633	176	140	316	891	291	348	251
Sprains and strains	901	239	523	138	1,278	68	824	386
Open wounds and lacerations	1,769	435	1,025	309	1,329	732	530	67
Contusions and superficial injuries	1,332	255	834	242	2,044	530	680	834
Other current injuries	1,657	514	661	482	3,681	1,328	1,114	1,239
Selected other acute conditions	7,534	3,818	2,411	1,305	10,262	4,506	3,647	2,110
Eye conditions	319	120	158	40	523	86	142	295
Acute ear infections	2,034	1,667	308	59	3,156	2,620	368	168
Other ear conditions	257	86	171	—	341	231	36	73
Acute urinary conditions	877	137	360	379	555	91	261	203
Disorders of menstruation	192	134	57	—	817	90	727	—
Other disorders of female genital tract	191	—	53	138	161	—	161	—
Delivery and other conditions of pregnancy and puerperium	448	52	395	—	724	—	724	—
Skin conditions	516	261	140	115	1,303	272	547	484
Acute musculoskeletal conditions	1,047	71	494	481	1,040	123	317	600
Headache, excluding migraine	383	181	202	—	494	66	225	204
Fever, unspecified	1,271	1,108	71	93	1,148	927	137	84
All other acute conditions	3,461	1,119	878	1,463	4,435	1,064	1,461	1,910

See footnotes and notes at end of table.

Table 9. Number of acute conditions, by family income, age, and type of condition: United States, 1995—Con.

[Data are based on household interviews of the civilian noninstitutionalized population. The survey design, general qualifications, and information on the reliability of the estimates are given in appendix I. Definitions of terms are given in appendix II]

Type of acute condition	Family income							
	\$20,000–\$34,999				\$35,000 or more			
	All ages	Under 18 years	18–44 years	45 years and over	All ages	Under 18 years	18–44 years	45 years and over
	Number of acute conditions in thousands ¹							
All acute conditions	96,092	39,901	37,666	18,525	190,758	86,137	69,782	34,838
Infective and parasitic diseases	9,945	5,338	3,242	1,364	23,743	15,140	6,059	2,544
Common childhood diseases	375	334	41	—	1,277	1,179	98	—
Intestinal virus, unspecified	2,758	797	1,546	414	5,744	4,213	1,219	312
Viral infections, unspecified	2,698	1,822	506	370	7,798	4,645	2,217	936
Other	4,114	2,385	1,149	580	8,924	5,103	2,525	1,296
Respiratory conditions	48,857	20,133	19,907	8,817	93,283	40,392	36,756	16,135
Common cold	14,182	5,795	5,316	3,071	21,994	10,666	7,448	3,880
Other acute upper respiratory infections	6,925	3,939	2,213	773	15,027	7,338	4,998	2,691
Influenza	22,720	8,067	10,653	4,000	47,913	18,537	21,993	7,383
Acute bronchitis	2,732	1,316	860	556	5,299	2,107	1,833	1,358
Pneumonia	1,124	485	476	163	1,762	784	277	701
Other respiratory conditions	1,174	531	389	254	1,288	959	206	123
Digestive system conditions	2,807	1,304	476	1,026	5,794	2,184	2,369	1,240
Dental conditions	662	336	162	164	1,360	209	840	310
Indigestion, nausea, and vomiting	1,548	803	285	460	2,267	1,442	502	323
Other digestive conditions	597	166	29	401	2,167	533	1,028	607
Injuries	14,179	4,189	6,018	3,973	25,937	9,712	9,760	6,466
Fractures and dislocations	1,628	466	816	346	3,402	1,092	1,779	531
Sprains and strains	3,690	1,020	1,430	1,240	5,640	1,766	2,253	1,622
Open wounds and lacerations	3,212	975	1,666	571	4,810	2,206	1,532	1,072
Contusions and superficial injuries	2,105	713	586	806	5,596	2,502	2,050	1,044
Other current injuries	3,545	1,016	1,519	1,010	6,489	2,146	2,146	2,197
Selected other acute conditions	14,363	7,103	5,578	1,682	27,510	14,910	8,610	3,991
Eye conditions	435	71	70	294	1,061	364	522	175
Acute ear infections	5,866	4,628	1,098	140	10,418	8,893	961	564
Other ear conditions	772	504	176	92	1,322	592	446	284
Acute urinary conditions	1,634	120	1,083	431	2,924	760	1,000	1,164
Disorders of menstruation	411	98	210	104	21	—	21	—
Other disorders of female genital tract	493	—	493	—	1,010	—	1,010	—
Delivery and other conditions of pregnancy and puerperium	572	27	545	—	1,275	72	1,203	—
Skin conditions	1,098	381	572	145	2,089	975	802	312
Acute musculoskeletal conditions	1,220	154	614	451	3,258	250	1,842	1,165
Headache, excluding migraine	759	340	418	—	2,178	1,119	733	326
Fever, unspecified	1,102	779	298	25	1,954	1,885	70	—
All other acute conditions	5,941	1,833	2,445	1,663	14,490	3,799	6,229	4,463

— Quantity zero.

¹Totals for income categories do not sum to total acute conditions because persons with unknown family income are not included.

NOTES: Excluded from these estimates are conditions involving neither medical attention nor activity restriction. The standard errors and relative standard errors (RSE's) can be computed by using parameter set I of table II and the formula presented in rule 1 of appendix I. An estimate of 9.7 million has a 10-percent RSE; of 2.4 million, a 20-percent RSE; and of 1.1 million, a 30-percent RSE.

Table 10. Number of acute conditions, by geographic region, place of residence, and type of condition: United States, 1995

[Data are based on household interviews of the civilian noninstitutionalized population. The survey design, general qualifications, and information on the reliability of the estimates are given in appendix I. Definitions of terms are given in appendix II]

Type of acute condition	Geographic region				Place of residence			
	Northeast	Midwest	South	West	MSA ¹			
					All MSA ¹	Central city	Not central city	Not MSA ¹
Number of acute conditions in thousands								
All acute conditions	82,454	122,697	145,639	106,084	371,809	138,284	233,525	85,065
Infective and parasitic diseases	12,201	10,289	23,076	7,040	41,031	14,023	27,008	11,575
Common childhood diseases	572	1,073	1,061	398	2,651	1,241	1,410	454
Intestinal virus, unspecified	3,514	1,069	7,271	593	10,070	4,237	5,833	2,377
Viral infections, unspecified	3,724	3,423	8,169	1,558	13,677	3,870	9,806	3,198
Other	4,390	4,724	6,575	4,491	14,633	4,675	9,959	5,546
Respiratory conditions	35,971	64,809	63,372	58,884	183,286	67,464	115,822	39,750
Common cold	10,856	14,832	18,845	16,032	50,953	21,200	29,753	9,611
Other acute upper respiratory infections	4,589	9,097	10,471	7,529	26,595	10,247	16,348	5,091
Influenza	16,142	34,388	27,032	30,446	87,926	30,646	57,280	20,083
Acute bronchitis	2,555	4,032	4,324	2,339	10,336	3,510	6,826	2,914
Pneumonia	1,108	1,557	1,387	1,061	4,298	954	3,344	815
Other respiratory conditions	722	902	1,312	1,477	3,178	907	2,271	1,236
Digestive system conditions	2,830	3,733	5,497	3,769	12,836	5,987	6,848	2,993
Dental conditions	447	1,140	1,301	616	3,079	1,370	1,710	424
Indigestion, nausea, and vomiting	1,334	1,413	2,743	1,834	6,021	2,962	3,058	1,302
Other digestive conditions	1,049	1,180	1,453	1,320	3,735	1,655	2,081	1,267
Injuries	12,451	18,465	20,119	13,584	51,977	19,551	32,426	12,642
Fractures and dislocations	1,283	1,906	3,018	1,992	6,631	2,130	4,501	1,569
Sprains and strains	3,229	3,515	3,235	2,982	9,957	4,022	5,935	3,004
Open wounds and lacerations	2,612	3,531	4,172	2,103	9,535	3,496	6,039	2,883
Contusions and superficial injuries	2,360	3,103	4,083	2,750	10,028	3,773	6,255	2,267
Other current injuries	2,968	6,411	5,610	3,757	15,826	6,130	9,696	2,921
Selected other acute conditions	13,021	16,665	22,298	15,555	55,115	20,342	34,773	12,425
Eye conditions	595	614	828	394	2,037	935	1,101	395
Acute ear infections	5,337	5,308	8,143	4,779	19,118	5,634	13,484	4,450
Other ear conditions	457	1,315	651	918	2,821	927	1,894	519
Acute urinary conditions	840	1,598	2,975	1,677	5,588	2,232	3,356	1,502
Disorders of menstruation	206	494	365	465	1,239	517	723	292
Other disorders of female genital tract	194	710	732	561	1,527	367	1,161	669
Delivery and other conditions of pregnancy and puerperium	691	881	1,153	909	3,255	1,446	1,810	378
Skin conditions	1,167	1,323	1,960	1,024	4,190	1,866	2,324	1,283
Acute musculoskeletal conditions	1,655	2,094	2,716	1,401	6,126	2,433	3,693	1,740
Headache, excluding migraine	748	1,042	1,222	1,117	3,757	1,624	2,132	372
Fever, unspecified	1,132	1,287	1,551	2,311	5,457	2,361	3,096	825
All other acute conditions	5,980	8,736	11,278	7,251	27,565	10,917	16,648	5,679

¹MSA is metropolitan statistical area.

NOTES: Excluded from these estimates are conditions involving neither medical attention nor activity restriction. The standard errors and relative standard errors (RSE's) can be computed by using parameter set I of table II and the formula presented in rule 1 of appendix I. An estimate of 9.7 million has a 10-percent RSE; of 2.4 million, a 20-percent RSE; and of 1.1 million, a 30-percent RSE.

Table 11. Percent of acute conditions medically attended, by age and type of condition: United States, 1995

[Data are based on household interviews of the civilian noninstitutionalized population. The survey design, general qualifications, and information on the reliability of the estimates are given in appendix I. Definitions of terms are given in appendix II]

Type of acute condition	All ages	Under 5 years	5-17 years	18-24 years	25-44 years	45 years and over		
						Total	45-64 years	65 years and over
	Percent							
All acute conditions	67.3	86.4	59.5	62.0	62.0	71.6	67.0	80.3
Infective and parasitic diseases	66.2	83.4	65.7	55.1	57.3	62.8	57.6	75.3
Common childhood diseases	68.7	77.4	*51.6	*100.0	*100.0	*-	*-	*-
Intestinal virus, unspecified	40.2	63.2	39.6	*10.4	34.0	*42.8	*35.9	*68.8
Viral infections, unspecified	58.3	88.5	54.5	*43.2	36.0	64.3	64.9	*63.1
Other	88.4	95.7	91.8	84.0	88.6	71.5	*63.1	*88.8
Respiratory conditions	51.0	80.0	46.8	42.3	42.4	52.5	47.9	63.8
Common cold	41.8	77.9	37.1	31.6	28.9	36.8	28.7	54.5
Other acute upper respiratory infections	80.0	97.0	73.0	84.4	74.1	81.5	76.0	97.8
Influenza	39.0	66.9	35.6	32.6	34.4	41.4	41.1	42.4
Acute bronchitis	90.6	89.3	97.4	*85.7	85.7	93.2	94.5	92.0
Pneumonia	95.8	*100.0	*100.0	*100.0	*86.8	96.7	94.8	*100.0
Other respiratory conditions	90.7	100.0	*78.6	*100.0	*86.1	*100.0	*100.0	*100.0
Digestive system conditions	64.1	81.7	*27.1	71.1	63.6	85.2	76.8	96.5
Dental conditions	76.1	*77.2	*80.5	*80.0	78.4	*63.7	*57.0	*100.0
Indigestion, nausea, and vomiting	39.2	*76.3	*17.4	*58.4	*24.0	*72.7	*65.4	*87.7
Other digestive conditions	92.0	*88.6	*66.9	*100.0	*88.5	100.0	*100.0	100.0
Injuries	91.2	97.8	87.7	92.8	93.0	89.7	92.4	84.4
Fractures and dislocations	95.6	*100.0	96.7	*85.1	96.2	96.8	95.0	*100.0
Sprains and strains	84.3	*100.0	84.2	88.8	85.3	80.6	88.3	*54.5
Open wounds and lacerations	98.1	97.9	93.7	100.0	100.0	100.0	100.0	*100.0
Contusions and superficial injuries	90.2	*100.0	81.6	*100.0	91.7	93.3	93.2	93.5
Other current injuries	90.1	96.7	85.4	90.8	94.0	86.5	90.7	80.1
Selected other acute conditions	87.5	93.6	77.5	91.1	87.7	89.6	86.6	93.4
Eye conditions	97.1	*100.0	*82.3	*100.0	*100.0	*100.0	*100.0	*100.0
Acute ear infections	97.6	99.1	98.1	*66.7	94.2	*100.0	*100.0	*100.0
Other ear conditions	90.6	*100.0	*63.2	*100.0	*100.0	*86.7	*81.8	*100.0
Acute urinary conditions	97.6	*100.0	*100.0	*100.0	96.5	96.8	100.0	93.5
Disorders of menstruation	*57.6	...	*25.7	*100.0	*63.3	*-	*-	*-
Other disorders of female genital tract	100.0	*-	*-	*100.0	100.0	*100.0	*100.0	*100.0
Delivery and other conditions of pregnancy and puerperium	99.4	...	*100.0	100.0	98.9	*-	*-	...
Skin conditions	99.4	*100.0	100.0	*100.0	97.9	100.0	*100.0	*100.0
Acute musculoskeletal conditions	88.3	*-	*95.5	*100.0	86.7	87.5	79.4	100.0
Headache, excluding migraine	41.3	*100.0	*21.7	*85.3	*36.4	*50.4	*50.3	*50.7
Fever, unspecified	48.2	64.2	*40.1	*-	*21.1	*39.5	*-	*54.2
All other acute conditions	92.1	97.1	85.4	93.3	88.9	94.3	91.5	97.5

* Figure does not meet standard of reliability or precision.

*- Figure does not meet standard of reliability or precision and quantity zero.

... Category not applicable.

NOTES: Excluded from these estimates are conditions involving neither medical attention nor activity restriction. The standard errors and relative standard errors (RSE's) can be computed by using parameter set 1 of table II, the frequencies of table 6 and the formula presented in rule 3 of appendix I.

Table 12. Percent of acute conditions medically attended, by sex, age, and type of condition: United States, 1995

[Data are based on household interviews of the civilian noninstitutionalized population. The survey design, general qualifications, and information on the reliability of the estimates are given in appendix I. Definitions of terms are given in appendix II]

Type of acute condition	Male					Female				
	All ages	Under 5 years	5-17 years	18-44 years	45 years and over	All ages	Under 5 years	5-17 years	18-44 years	45 years and over
	Percent									
All acute conditions	67.2	87.2	60.1	59.5	72.0	67.3	85.5	59.0	63.7	71.3
Infective and parasitic diseases	65.8	81.6	65.7	54.9	57.5	66.5	85.5	65.6	57.8	65.8
Common childhood diseases	*56.0	*67.3	*32.3	*100.0	*-	87.3	*90.5	*80.7	*100.0	*-
Intestinal virus, unspecified	43.5	*65.4	*39.9	*34.8	*34.6	37.2	*60.5	*39.3	*21.8	*46.2
Viral infections, unspecified	56.9	83.7	53.8	*36.1	*52.7	59.4	93.8	55.1	39.0	70.9
Other	90.0	100.0	96.0	81.0	*71.2	87.2	91.3	87.8	90.8	71.7
Respiratory conditions	50.6	82.2	45.0	38.9	53.9	51.3	77.6	48.5	45.0	51.4
Common cold	41.9	81.7	32.9	24.6	41.2	41.7	73.4	41.3	33.4	33.4
Other acute upper respiratory infections	80.9	96.7	78.0	72.4	79.0	79.3	97.3	68.3	78.3	83.2
Influenza	38.0	68.3	30.3	33.4	42.2	39.9	65.3	40.1	34.5	40.8
Acute bronchitis	91.1	94.6	100.0	82.7	89.4	90.2	84.4	*94.2	87.4	96.5
Pneumonia	94.9	*100.0	*100.0	*76.6	*100.0	97.0	*100.0	*100.0	*100.0	*93.1
Other respiratory conditions	93.8	*100.0	*77.6	*95.4	*100.0	88.0	*100.0	*79.0	*84.9	*100.0
Digestive system conditions	65.0	*91.4	*27.9	70.9	81.6	63.3	75.8	*26.3	59.5	87.2
Dental conditions	74.1	*100.0	*73.8	*71.5	*63.0	78.9	*67.3	*100.0	*91.5	*65.9
Indigestion, nausea, and vomiting	42.0	*61.5	*23.5	*47.6	*76.4	36.9	*88.4	*11.1	*31.4	*70.7
Other digestive conditions	95.5	*100.0	*30.3	*100.0	*100.0	89.8	*80.2	*79.7	*81.2	100.0
Injuries	91.3	98.9	88.1	91.4	91.7	91.1	96.0	86.9	94.9	88.3
Fractures and dislocations	95.6	*100.0	95.8	92.1	100.0	95.6	*100.0	*100.0	95.7	*93.3
Sprains and strains	82.4	*100.0	80.5	83.3	81.5	86.2	*100.0	87.5	89.7	79.9
Open wounds and lacerations	99.5	*95.9	100.0	100.0	*100.0	96.0	*100.0	*84.3	100.0	100.0
Contusions and superficial injuries	89.1	*100.0	76.8	91.7	100.0	91.6	*100.0	88.5	95.8	89.1
Other current injuries	90.2	100.0	87.5	89.4	86.9	89.9	*90.7	*80.7	96.0	86.3
Selected other acute conditions	86.9	90.9	81.1	84.1	92.2	87.9	96.4	74.3	90.0	87.7
Eye conditions	*100.0	*100.0	*100.0	*100.0	*100.0	95.0	*100.0	*72.5	*100.0	*100.0
Acute ear infections	97.3	98.5	98.2	*84.6	*100.0	97.9	99.6	97.9	92.7	*100.0
Other ear conditions	95.1	*100.0	*77.6	*100.0	*100.0	86.3	*100.0	*41.5	*100.0	*75.3
Acute urinary conditions	100.0	*100.0	*100.0	*100.0	*100.0	97.0	*100.0	*100.0	97.0	95.6
Disorders of menstruation . . . . .	...	...	...	...	...	*57.6	...	*25.7	*73.5	*-
Other disorders of female genital tract . . . . .	...	...	...	...	...	100.0	*-	*-	100.0	*100.0
Delivery and other conditions of pregnancy and puerperium . . . . .	...	...	...	...	...	99.4	...	*100.0	99.4	*-
Skin conditions	100.0	*100.0	*100.0	*100.0	*100.0	98.9	*100.0	*100.0	97.0	*100.0
Acute musculoskeletal conditions	92.1	*-	*100.0	95.0	86.3	83.9	*-	*87.2	79.2	88.9
Headache, excluding migraine	*25.3	*100.0	*23.9	*19.8	*34.0	51.2	*100.0	*19.3	*63.4	*57.1
Fever, unspecified	54.8	62.2	*54.0	*10.0	*100.0	39.9	*68.3	*25.6	*18.9	*33.5
All other acute conditions	93.9	99.2	89.9	90.6	94.7	90.6	92.9	81.8	89.0	93.9

* Figure does not meet standard of reliability or precision.

*- Figure does not meet standard of reliability or precision and quantity zero.

... Category not applicable.

NOTES: Excluded from these estimates are conditions involving neither medical attention nor activity restriction. The standard errors and relative standard errors (RSE's) can be computed by using parameter set 1 of table II, the frequencies of table 7 and the formula presented in rule 3 of appendix I.

Table 13. Percent of acute conditions medically attended, by race, age, and type of condition: United States, 1995

[Data are based on household interviews of the civilian noninstitutionalized population. The survey design, general qualifications, and information on the reliability of the estimates are given in appendix I. Definitions of terms are given in appendix II]

Type of acute condition	White				Black			
	All ages	Under 18 years	18-44 years	45 years and over	All ages	Under 18 years	18-44 years	45 years and over
	Percent							
All acute conditions	66.8	69.6	61.0	71.2	70.2	70.2	68.5	74.8
Infective and parasitic diseases	64.8	70.5	54.5	61.9	75.3	81.7	65.5	*100.0
Common childhood diseases	63.7	62.2	*100.0	*-	*100.0	*100.0	*100.0	*-
Intestinal virus, unspecified	38.7	48.4	*22.7	*42.1	*54.3	*50.2	*58.9	*-
Viral infections, unspecified	55.6	62.2	36.5	62.6	72.8	85.7	*44.6	*100.0
Other	88.1	92.3	88.0	70.5	89.1	*100.0	*80.6	*100.0
Respiratory conditions	50.0	57.6	41.5	50.9	54.8	58.7	47.1	59.0
Common cold	39.9	53.3	28.1	33.5	47.8	53.2	*39.4	*39.4
Other acute upper respiratory infections	79.7	81.4	76.2	81.0	87.3	*94.9	*78.9	*83.3
Influenza	37.5	41.8	33.0	39.9	47.3	50.8	40.8	*59.2
Acute bronchitis	89.7	93.6	83.9	92.2	*95.0	*91.1	*100.0	*100.0
Pneumonia	95.2	100.0	*85.8	96.2	*100.0	*100.0	*100.0	*100.0
Other respiratory conditions	89.3	86.7	*87.7	*100.0	*100.0	*100.0	*100.0	*-
Digestive system conditions	64.4	49.5	65.8	83.8	65.1	*50.0	*66.9	*91.5
Dental conditions	77.4	*84.5	*74.7	*70.0	*70.7	*55.0	*81.0	*-
Indigestion, nausea, and vomiting	40.5	*22.4	*43.9	*71.0	*40.2	*42.1	*27.0	*100.0
Other digestive conditions	91.9	*84.2	89.5	100.0	*91.8	*66.7	*100.0	*100.0
Injuries	91.3	90.9	92.7	90.0	88.5	83.9	92.5	*87.8
Fractures and dislocations	95.2	96.8	93.4	96.5	*100.0	*100.0	*100.0	*100.0
Sprains and strains	84.5	83.8	86.0	83.0	83.4	*87.2	*85.0	*64.9
Open wounds and lacerations	97.8	94.4	100.0	100.0	100.0	*100.0	*100.0	*100.0
Contusions and superficial injuries	89.4	84.4	91.7	92.9	*96.0	*89.4	*100.0	*100.0
Other current injuries	91.0	94.3	92.9	86.5	81.1	*68.4	*93.1	*81.8
Selected other acute conditions	87.9	86.4	89.4	89.3	89.8	88.5	91.1	*90.1
Eye conditions	100.0	*100.0	*100.0	*100.0	*100.0	*-	*100.0	*100.0
Acute ear infections	97.4	98.6	89.6	*100.0	100.0	100.0	*100.0	*-
Other ear conditions	88.9	*83.3	*100.0	*84.6	*100.0	*100.0	*100.0	*-
Acute urinary conditions	97.3	100.0	96.9	96.5	*100.0	*100.0	*100.0	*100.0
Disorders of menstruation	*59.5	*28.5	*74.1	*-	*-	*-	*-	*-
Other disorders of female genital tract	100.0	*-	100.0	*100.0	*100.0	*-	*-	*100.0
Delivery and other conditions of pregnancy and puerperium	99.2	*100.0	99.2	*-	*100.0	*100.0	*100.0	*-
Skin conditions	99.3	100.0	98.2	100.0	*100.0	*100.0	*100.0	*100.0
Acute musculoskeletal conditions	89.1	*89.4	89.8	88.2	87.6	*100.0	*84.5	*81.2
Headache, excluding migraine	37.7	*19.3	*48.3	*50.4	*61.0	*58.9	*64.9	*-
Fever, unspecified	47.0	50.7	*8.2	*39.5	*74.4	*74.4	*-	*-
All other acute conditions	92.2	91.9	89.9	94.9	91.7	*96.2	89.7	*91.0

* Figure does not meet standard of reliability or precision.

*- Figure does not meet standard of reliability or precision and quantity zero.

NOTES: Excluded from these estimates are conditions involving neither medical attention nor activity restriction. The standard errors and relative standard errors (RSE's) can be computed by using parameter set I of table II, the frequencies of table 8 and the formula presented in rule 3 of appendix I.

Table 14. Percent of acute conditions medically attended, by family income, age, and type of condition: United States, 1995

[Data are based on household interviews of the civilian noninstitutionalized population. The survey design, general qualifications, and information on the reliability of the estimates are given in appendix I. Definitions of terms are given in appendix II]

Type of acute condition	Family income							
	Less than \$10,000				\$10,000-\$19,999			
	All ages	Under 18 years	18-44 years	45 years and over	All ages	Under 18 years	18-44 years	45 years and over
	Percent							
All acute conditions	69.5	73.8	62.5	74.6	69.4	71.2	61.9	78.7
Infective and parasitic diseases	77.1	78.7	74.9	*77.4	64.2	73.7	49.1	*64.3
Common childhood diseases	*72.4	*72.4	*-	*-	*64.6	*58.6	*100.0	*-
Intestinal virus, unspecified	*50.7	*59.1	*34.8	*100.0	*33.9	*45.7	*24.7	*36.0
Viral infections, unspecified	*63.9	*70.2	*42.4	*64.3	61.0	71.4	*21.6	*78.0
Other	94.8	*100.0	90.7	*100.0	93.3	94.9	*90.3	*100.0
Respiratory conditions	52.0	63.5	39.7	54.3	55.1	59.8	45.7	64.4
Common cold	43.9	66.1	*26.8	*34.5	52.7	65.1	*39.1	*41.3
Other acute upper respiratory infections	84.2	86.8	*84.3	*76.5	81.9	86.3	*72.2	*86.6
Influenza	38.7	48.9	27.2	*44.3	40.4	37.8	35.9	59.4
Acute bronchitis	89.5	*69.7	*100.0	*100.0	86.9	*92.8	*75.1	*100.0
Pneumonia	*88.0	*100.0	*54.9	*100.0	*100.0	*100.0	*100.0	*100.0
Other respiratory conditions	*92.9	*100.0	*80.9	*100.0	*100.0	*100.0	*100.0	*100.0
Digestive system conditions	72.0	*66.8	*73.8	*77.1	61.1	*50.1	*42.1	*87.5
Dental conditions	*88.1	*70.6	*93.9	*-	*52.5	*50.3	*69.2	*-
Indigestion, nausea, and vomiting	*47.1	*47.8	*35.2	*63.3	*40.2	*20.3	*30.7	*79.3
Other digestive conditions	*100.0	*100.0	*100.0	*100.0	*95.5	*87.7	*-	*100.0
Injuries	90.7	84.4	92.4	94.0	92.4	91.0	91.9	94.6
Fractures and dislocations	*82.3	*100.0	*20.0	*100.0	*100.0	*100.0	*100.0	*100.0
Sprains and strains	*78.6	*73.6	*75.3	*100.0	*77.2	*100.0	*82.9	*61.4
Open wounds and lacerations	100.0	*100.0	*100.0	*100.0	97.4	*95.4	*100.0	*100.0
Contusions and superficial injuries	90.3	*49.4	*100.0	*100.0	96.4	*86.0	*100.0	*100.0
Other current injuries	90.9	*88.1	*100.0	*81.3	91.9	88.3	*87.2	100.0
Selected other acute conditions	86.0	86.1	83.9	89.6	87.4	87.2	88.7	85.5
Eye conditions	*100.0	*100.0	*100.0	*100.0	*100.0	*100.0	*100.0	*100.0
Acute ear infections	100.0	100.0	*100.0	*100.0	93.7	95.0	*81.5	*100.0
Other ear conditions	*100.0	*100.0	*100.0	*-	*78.6	*100.0	*100.0	*-
Acute urinary conditions	*100.0	*100.0	*100.0	*100.0	*100.0	*100.0	*100.0	*100.0
Disorders of menstruation	*-	*-	*-	*-	*74.5	*100.0	*71.4	*-
Other disorders of female genital tract	*100.0	*-	*100.0	*100.0	*100.0	*-	*100.0	*-
Delivery and other conditions of pregnancy and puerperium	*100.0	*100.0	*100.0	*-	*100.0	*-	*100.0	*-
Skin conditions	*100.0	*100.0	*100.0	*100.0	100.0	*100.0	*100.0	*100.0
Acute musculoskeletal conditions	*77.5	*100.0	*61.1	*91.1	*91.0	*100.0	*100.0	*84.3
Headache, excluding migraine	*68.7	*70.7	*67.3	*-	*66.4	*57.6	*100.0	*32.4
Fever, unspecified	*60.3	*69.1	*-	*-	*51.7	*55.0	*-	*100.0
All other acute conditions	95.1	*94.5	*91.8	97.5	93.4	*100.0	90.6	91.9

See footnotes and notes at end of table.

Table 14. Percent of acute conditions medically attended, by family income, age, and type of condition: United States, 1995—Con.

[Data are based on household interviews of the civilian noninstitutionalized population. The survey design, general qualifications, and information on the reliability of the estimates are given in appendix I. Definitions of terms are given in appendix II.]

Type of acute condition	Family income							
	\$20,000–\$34,999				\$35,000 or more			
	All ages	Under 18 years	18–44 years	45 years and over	All ages	Under 18 years	18–44 years	45 years and over
	Percent							
All acute conditions	64.8	70.3	60.4	61.8	67.5	70.2	62.1	71.8
Infective and parasitic diseases	61.5	75.4	41.4	*55.2	65.1	68.7	60.1	55.7
Common childhood diseases	*54.7	*49.1	*100.0	*—	*79.2	*77.4	*100.0	*—
Intestinal virus, unspecified	*29.3	*45.0	*17.8	*42.0	42.8	44.5	*36.8	*44.2
Viral infections, unspecified	68.5	72.2	*48.6	*77.3	52.5	61.4	*37.6	*43.9
Other	79.1	91.6	*67.8	*50.3	88.4	93.4	89.5	*68.9
Respiratory conditions	49.3	57.4	43.7	43.2	51.1	59.6	41.3	52.4
Common cold	38.2	49.4	30.2	*30.7	41.1	53.1	25.9	37.2
Other acute upper respiratory infections	81.8	85.5	71.6	*92.5	79.3	80.7	79.7	74.9
Influenza	37.1	38.8	37.7	31.9	39.6	47.3	32.8	40.6
Acute bronchitis	88.7	95.1	*83.3	*81.7	91.9	96.9	87.0	90.9
Pneumonia	*93.0	*100.0	*83.4	*100.0	96.4	*100.0	*100.0	*90.9
Other respiratory conditions	*93.1	*84.7	*100.0	*100.0	94.3	*92.4	*100.0	*100.0
Digestive system conditions	58.1	*54.1	*26.3	*78.0	63.9	*33.8	79.4	*87.3
Dental conditions	*68.9	*81.0	*59.3	*54.3	87.7	*100.0	*88.1	*78.4
Indigestion, nausea, and vomiting	*37.3	*33.4	*—	*67.4	*27.7	*10.6	*48.8	*71.8
Other digestive conditions	*100.0	*100.0	*100.0	*100.0	86.7	*70.5	*87.1	*100.0
Injuries	88.7	92.3	95.2	75.1	93.1	91.9	92.8	95.4
Fractures and dislocations	84.8	*84.8	*87.0	*79.2	100.0	*100.0	100.0	*100.0
Sprains and strains	88.8	*92.4	100.0	*73.1	82.4	81.2	81.1	85.3
Open wounds and lacerations	100.0	*100.0	100.0	*100.0	96.6	92.5	100.0	*100.0
Contusions and superficial injuries	77.3	*75.7	*82.9	*74.6	92.3	88.4	93.2	*100.0
Other current injuries	87.0	*100.0	94.5	*62.6	97.0	100.0	93.7	97.3
Selected other acute conditions	87.5	88.0	85.0	93.9	88.4	86.7	90.8	89.6
Eye conditions	*83.7	*—	*100.0	*100.0	*100.0	*100.0	*100.0	*100.0
Acute ear infections	97.5	99.6	*88.4	*100.0	97.9	98.9	*87.5	*100.0
Other ear conditions	*100.0	*100.0	*100.0	*100.0	86.6	*73.1	*100.0	*93.3
Acute urinary conditions	100.0	*100.0	*100.0	*100.0	97.3	*100.0	*92.2	100.0
Disorders of menstruation	*51.1	*—	*100.0	*—	*—	*—	*—	*—
Other disorders of female genital tract	*100.0	*—	*100.0	*—	*100.0	*—	*100.0	*—
Delivery and other conditions of pregnancy and puerperium	*100.0	*100.0	*100.0	*—	100.0	*100.0	100.0	*—
Skin conditions	*96.8	*100.0	*93.9	*100.0	100.0	*100.0	*100.0	*100.0
Acute musculoskeletal conditions	*84.3	*77.9	*74.4	*100.0	89.6	*100.0	92.7	*82.6
Headache, excluding migraine	*26.4	*10.6	*39.2	*—	*32.9	*26.4	*39.7	*40.2
Fever, unspecified	*46.1	*57.9	*10.7	*100.0	*53.5	*51.7	*100.0	*—
All other acute conditions	88.8	89.7	86.1	91.8	93.0	90.3	92.0	96.8

* Figure does not meet standard of reliability or precision.

*— Figure does not meet standard of reliability or precision and quantity zero.

NOTES: Excluded from these estimates are conditions involving neither medical attention nor activity restriction. The standard errors and relative standard errors (RSE's) can be computed by using parameter set I of table II, the frequencies of table 9 and the formula presented in rule 3 of appendix I.

Table 15. Percent of acute conditions medically attended, by geographic region, place of residence, and type of condition: United States, 1995

[Data are based on household interviews of the civilian noninstitutionalized population. The survey design, general qualifications, and information on the reliability of the estimates are given in appendix I. Definitions of terms are given in appendix II]

Type of acute condition	Place of residence							
	Geographic region				MSA ¹			
	Northeast	Midwest	South	West	All MSA ¹	Central city	Not central city	Not MSA ¹
	Percent							
All acute conditions	69.7	66.5	69.6	63.2	67.0	65.2	68.1	68.4
Infective and parasitic diseases	72.0	74.4	55.2	80.2	65.0	65.5	64.7	70.3
Common childhood diseases	*73.1	*69.6	*65.1	*69.6	66.2	*63.8	*68.2	*83.5
Intestinal virus, unspecified	55.9	*35.8	31.2	*65.1	42.1	45.1	39.9	*32.4
Viral infections, unspecified	56.0	67.3	49.6	90.0	58.7	68.3	55.0	56.5
Other	98.2	89.5	86.9	79.8	86.5	82.3	88.4	93.5
Respiratory conditions	52.6	48.4	57.0	46.3	50.9	48.1	52.5	51.4
Common cold	42.4	39.2	45.3	39.6	42.5	35.7	47.4	37.9
Other acute upper respiratory infections	81.8	82.3	81.1	74.5	78.6	76.3	80.0	87.2
Influenza	40.0	34.9	47.7	35.5	39.2	39.2	39.1	38.5
Acute bronchitis	91.9	90.9	89.2	91.0	89.9	90.9	89.3	93.0
Pneumonia	*94.3	100.0	89.0	*100.0	95.0	*100.0	93.5	*100.0
Other respiratory conditions	*100.0	*91.2	86.6	89.4	91.6	*94.9	90.2	*88.3
Digestive system conditions	60.8	76.2	59.9	60.5	62.8	66.9	59.3	69.5
Dental conditions	*68.0	*86.1	*70.1	*75.8	78.8	91.6	68.4	*56.8
Indigestion, nausea, and vomiting	*32.4	*48.3	*37.9	*39.1	36.8	40.6	*33.1	*50.4
Other digestive conditions	*94.0	100.0	92.4	*82.9	91.6	93.3	90.2	93.3
Injuries	92.6	92.1	90.8	89.2	92.1	90.6	93.0	87.6
Fractures and dislocations	88.9	100.0	96.5	94.4	95.6	91.4	97.6	95.5
Sprains and strains	83.8	86.7	86.6	79.4	84.8	88.6	82.3	82.5
Open wounds and lacerations	100.0	100.0	97.3	94.1	97.5	99.0	96.6	100.0
Contusions and superficial injuries	92.2	95.6	82.3	94.3	92.5	89.6	94.3	80.2
Other current injuries	97.7	86.6	91.5	87.8	91.5	87.4	94.2	82.1
Selected other acute conditions	86.3	87.8	90.7	83.8	86.6	84.2	87.9	91.9
Eye conditions	*100.0	*88.4	*100.0	*100.0	96.5	*92.4	100.0	*100.0
Acute ear infections	97.1	97.4	97.7	98.3	98.1	96.1	99.0	95.5
Other ear conditions	*100.0	*83.1	*85.9	*100.0	93.9	*89.3	96.1	*72.8
Acute urinary conditions	*100.0	100.0	94.3	100.0	96.9	95.9	97.6	100.0
Disorders of menstruation	*32.5	*73.7	*38.4	*67.1	*61.0	*69.6	*54.8	*43.2
Other disorders of female genital tract	*100.0	*100.0	*100.0	*100.0	100.0	*100.0	100.0	*100.0
Delivery and other conditions of pregnancy and puerperium	*100.0	*100.0	100.0	*97.6	99.3	98.5	100.0	*100.0
Skin conditions	100.0	100.0	100.0	*96.6	99.2	100.0	98.5	100.0
Acute musculoskeletal conditions	92.1	93.2	86.2	80.8	85.0	76.7	90.5	100.0
Headache, excluding migraine	*17.5	*44.0	*62.2	*31.8	40.9	*48.1	*35.4	*44.9
Fever, unspecified	*34.3	*42.7	*63.3	48.1	45.8	51.6	41.4	*64.4
All other acute conditions	88.0	92.4	94.3	91.6	92.8	89.2	95.2	88.4

* Figure does not meet standard of reliability or precision.

¹MSA is metropolitan statistical area.

NOTES: Excluded from these estimates are conditions involving neither medical attention nor activity restriction. The standard errors and relative standard errors (RSE's) can be computed by using parameter set I of table II, the frequencies of table 10 and the formula presented in rule 3 of appendix I.

Table 16. Number of restricted-activity days associated with acute conditions per 100 persons per year, by age and type of condition: United States, 1995

[Data are based on household interviews of the civilian noninstitutionalized population. The survey design, general qualifications, and information on the reliability of the estimates are given in appendix I. Definitions of terms are given in appendix II]

Type of acute condition	All ages	Under 5 years	5-17 years	18-24 years	25-44 years	45 years and over		
						Total	45-64 years	65 years and over
Number of restricted-activity days per 100 persons per year								
All acute conditions	674.6	866.0	600.1	533.6	639.5	750.3	677.8	869.5
Infective and parasitic diseases	59.9	156.9	100.9	40.6	37.1	39.8	38.6	41.9
Common childhood diseases	7.3	43.2	15.2	*4.7	*1.8	*-	*-	*-
Intestinal virus, unspecified	9.4	*23.0	15.4	*11.1	*7.6	*3.6	*4.9	*1.5
Viral infections, unspecified	19.0	47.3	31.7	*7.3	10.5	16.4	16.5	*16.1
Other	24.2	43.5	38.5	*17.4	17.2	19.8	17.1	24.3
Respiratory conditions	286.6	424.7	322.7	215.1	261.7	277.4	269.7	289.9
Common cold	58.3	109.4	72.2	49.3	48.2	50.2	48.1	53.7
Other acute upper respiratory infections	33.1	56.7	44.9	*28.0	25.5	29.3	32.5	24.2
Influenza	136.5	170.5	169.5	116.9	138.0	112.6	119.4	101.4
Acute bronchitis	25.3	54.6	17.5	*15.6	23.3	27.9	19.8	41.2
Pneumonia	25.4	*23.2	*12.5	*3.2	21.3	44.5	35.9	58.8
Other respiratory conditions	8.0	*10.3	*6.0	*2.2	*5.4	12.8	*14.1	*10.6
Digestive system conditions	25.9	*25.2	14.9	*22.1	25.9	33.8	30.8	38.8
Dental conditions	5.3	*10.4	*3.1	*5.7	*4.6	*6.1	*5.3	*7.3
Indigestion, nausea, and vomiting	5.6	*9.7	*7.9	*5.6	*4.1	*4.6	*3.3	*6.6
Other digestive conditions	15.0	*5.2	*3.9	*10.8	17.1	23.2	22.1	24.9
Injuries	151.3	*24.6	90.2	171.9	141.6	222.8	198.8	262.3
Fractures and dislocations	51.1	*4.1	35.0	63.4	40.7	79.1	59.2	111.7
Sprains and strains	37.8	*-	20.1	55.2	37.8	52.6	63.6	34.6
Open wounds and lacerations	7.9	*9.1	*8.1	*8.0	10.4	*5.0	*7.0	*1.9
Contusions and superficial injuries	15.3	*1.4	*11.8	*12.9	13.4	23.3	17.0	33.6
Other current injuries	39.2	*10.0	15.2	32.5	39.2	62.8	52.0	80.5
Selected other acute conditions	103.0	185.6	58.0	70.6	130.2	92.7	67.7	133.8
Eye conditions	*2.3	*1.3	*0.6	*0.3	*1.7	*4.9	*0.2	*12.8
Acute ear infections	20.9	134.4	25.9	*3.7	11.0	*5.3	*8.6	*-
Other ear conditions	*1.2	*3.4	*1.6	*0.1	*0.7	*1.3	*2.0	*-
Acute urinary conditions	10.6	*8.0	*4.8	*8.7	*8.0	17.8	*8.5	33.2
Disorders of menstruation	*1.0	...	*0.9	*0.8	*2.3	*0.1	*0.2	*-
Other disorders of female genital tract	5.3	*-	*1.9	*7.4	11.2	*2.1	*3.3	*-
Delivery and other conditions of pregnancy and puerperium	19.6	...	*3.4	36.6	48.6	*-	*-	...
Skin conditions	4.8	*2.3	*2.7	*1.8	*5.8	*6.7	*5.9	*8.0
Acute musculoskeletal conditions	28.4	*-	*3.5	*6.6	36.6	48.8	34.8	71.8
Headache, excluding migraine	3.1	*-	*4.7	*1.1	*3.0	*3.7	*2.2	*6.2
Fever, unspecified	5.7	*36.1	*8.0	*3.6	*1.2	*2.0	*2.0	*1.9
All other acute conditions	47.9	48.9	*13.4	*13.3	43.1	83.8	72.3	102.6

* Figure does not meet standard of reliability or precision.

*- Figure does not meet standard of reliability or precision and quantity zero.

... Category not applicable.

NOTE: The standard errors and relative standard errors (RSE's) can be computed by using parameter set II of table II, the frequencies of table 21 and the formula presented in rule 2 of appendix I.

Table 17. Number of restricted-activity days associated with acute conditions per 100 persons per year, by sex, age, and type of condition: United States, 1995

[Data are based on household interviews of the civilian noninstitutionalized population. The survey design, general qualifications, and information on the reliability of the estimates are given in appendix I. Definitions of terms are given in appendix II]

Type of acute condition	Male					Female				
	All ages	Under 5 years	5-17 years	18-44 years	45 years and over	All ages	Under 5 years	5-17 years	18-44 years	45 years and over
Number of restricted-activity days per 100 persons per year										
All acute conditions	595.7	812.9	583.7	487.2	696.4	749.5	921.5	617.2	739.6	795.9
Infective and parasitic diseases	50.8	139.0	104.3	25.2	26.5	68.4	175.7	97.2	50.4	51.1
Common childhood diseases	9.3	*49.1	*18.8	*3.7	*-	*5.4	*37.0	*11.5	*1.3	*-
Intestinal virus, unspecified	7.8	*17.1	*14.6	*6.9	*2.1	10.8	*29.2	*16.4	*9.9	*4.9
Viral infections, unspecified	17.6	*39.3	31.4	*6.9	*17.3	20.3	*55.6	32.0	*12.6	*15.6
Other	16.0	*33.5	39.6	*7.7	*7.0	31.9	*53.9	37.3	26.5	30.7
Respiratory conditions	261.9	432.3	301.8	204.4	269.0	310.0	416.7	344.6	296.3	284.5
Common cold	54.3	113.9	70.9	43.7	41.7	62.1	104.7	73.6	53.1	57.4
Other acute upper respiratory infections	28.5	*50.9	40.4	*14.1	34.7	37.4	*62.7	49.7	37.7	24.8
Influenza	123.5	157.5	152.6	116.2	104.8	148.9	184.2	187.3	149.6	119.1
Acute bronchitis	21.7	*71.8	*13.9	15.2	22.6	28.7	*36.6	*21.4	27.6	32.4
Pneumonia	25.6	*27.8	*19.2	*13.7	46.2	25.2	*18.3	*5.5	20.5	43.1
Other respiratory conditions	8.2	*10.5	*5.0	*1.5	*18.9	7.8	*10.1	*7.2	*7.7	*7.6
Digestive system conditions	23.8	*12.6	*14.7	22.9	34.3	27.8	*38.5	*15.1	27.0	33.4
Dental conditions	*5.8	*8.0	*2.2	*6.2	*7.0	*4.9	*12.8	*4.1	*3.6	*5.3
Indigestion, nausea, and vomiting	*4.4	*4.2	*8.6	*3.5	*2.7	6.7	*15.4	*7.3	*5.4	*6.1
Other digestive conditions	13.7	*0.4	*4.0	*13.2	24.6	16.2	*10.2	*3.8	18.1	21.9
Injuries	157.4	*20.7	103.9	170.2	212.9	145.6	*28.7	75.8	127.5	231.2
Fractures and dislocations	54.0	*7.2	42.8	52.4	76.5	48.4	*0.9	*26.8	39.7	81.3
Sprains and strains	40.2	*-	*17.6	50.7	51.6	35.6	*-	*22.7	33.1	53.5
Open wounds and lacerations	10.1	*5.4	*13.4	*12.9	*5.3	5.8	*12.9	*2.6	*6.9	*4.8
Contusions and superficial injuries	15.9	*0.8	*9.2	16.3	24.1	14.6	*2.1	*14.4	*10.5	22.6
Other current injuries	37.3	*7.4	*20.9	38.0	55.4	41.0	*12.8	*9.3	37.3	69.1
Selected other acute conditions	64.4	155.2	46.4	39.7	86.2	139.7	217.3	70.1	191.1	98.2
Eye conditions	*1.0	*2.6	*0.3	*1.0	*1.1	*3.6	*-	*0.8	*1.7	*8.2
Acute ear infections	16.2	103.1	*21.8	*3.1	*7.2	25.4	167.1	*30.2	15.4	*3.8
Other ear conditions	*1.5	*3.0	*2.4	*0.6	*2.0	*0.9	*3.9	*0.9	*0.5	*0.7
Acute urinary conditions	7.0	*4.1	*1.3	*1.2	*19.6	14.0	*12.1	*8.5	14.9	*16.3
Disorders of menstruation . . . . .	...	...	...	...	...	*2.0	...	*1.8	*3.9	*0.2
Other disorders of female genital tract . . . . .	...	...	...	...	...	10.3	*-	*3.8	20.3	*3.8
Delivery and other conditions of pregnancy and puerperium . . . . .	...	...	...	...	...	38.1	...	*6.9	90.5	*-
Skin conditions	*4.8	*-	*3.3	*2.8	*9.8	*4.9	*4.8	*2.0	*7.0	*4.0
Acute musculoskeletal conditions	24.2	*-	*2.6	26.9	41.7	32.4	*-	*4.4	32.4	54.8
Headache, excluding migraine	*3.1	*-	*6.3	*1.8	*3.5	*3.2	*-	*3.1	*3.4	*3.9
Fever, unspecified	6.6	*42.5	*8.4	*2.4	*1.3	*4.9	*29.3	*7.7	*1.2	*2.5
All other acute conditions	37.3	*53.0	*12.5	24.7	67.5	58.0	*44.6	*14.3	47.4	97.5

* Figure does not meet standard of reliability or precision.

*- Figure does not meet standard of reliability or precision and quantity zero.

... Category not applicable.

NOTE: The standard errors and relative standard errors (RSE's) can be computed by using parameter set II of table II, the frequencies of table 22 and the formula presented in rule 2 of appendix I.

Table 18. Number of restricted-activity days associated with acute conditions per 100 persons per year, by race, age, and type of condition: United States, 1995

[Data are based on household interviews of the civilian noninstitutionalized population. The survey design, general qualifications, and information on the reliability of the estimates are given in appendix I. Definitions of terms are given in appendix II]

Type of acute condition	White				Black			
	All ages	Under 18 years	18-44 years	45 years and over	All ages	Under 18 years	18-44 years	45 years and over
Number of restricted-activity days per 100 persons per year								
All acute conditions	691.5	719.6	616.6	761.6	596.2	515.7	645.3	625.2
Infective and parasitic diseases	61.8	129.1	34.2	43.5	56.8	83.2	56.8	*18.5
Common childhood diseases	6.5	24.1	*0.8	*-	*13.5	*25.4	*11.3	*-
Intestinal virus, unspecified	9.7	19.0	8.8	*3.4	*9.6	*14.2	*9.2	*3.7
Viral infections, unspecified	19.8	39.0	9.5	17.7	*19.9	*31.2	*15.8	*10.9
Other	25.8	47.0	15.1	22.4	*13.8	*12.5	*20.4	*3.9
Respiratory conditions	294.8	362.5	263.1	281.0	241.8	293.6	193.3	253.3
Common cold	55.2	72.0	50.2	48.4	77.4	134.9	*39.8	*61.3
Other acute upper respiratory infections	36.3	57.4	26.6	31.8	*16.5	*8.1	*25.6	*12.2
Influenza	139.3	178.8	136.8	111.7	117.2	121.9	113.1	117.7
Acute bronchitis	27.6	30.3	24.0	29.9	*14.8	*20.0	*9.7	*16.3
Pneumonia	28.2	15.6	20.5	47.5	*7.4	*6.9	*2.0	*17.6
Other respiratory conditions	8.1	*8.4	*5.1	11.7	*8.5	*1.7	*3.0	*28.2
Digestive system conditions	24.7	16.4	23.3	32.9	33.8	*28.8	*43.5	*23.7
Dental conditions	4.5	*3.4	*4.5	*5.4	*12.3	*15.5	*9.1	*13.4
Indigestion, nausea, and vomiting	5.6	*8.8	*3.9	*5.2	*6.4	*7.1	*9.2	*0.5
Other digestive conditions	14.6	*4.1	14.8	22.3	*15.1	*6.2	*25.2	*9.9
Injuries	158.2	78.8	152.1	227.5	110.5	*44.0	148.6	138.7
Fractures and dislocations	53.7	28.0	47.7	80.9	29.6	*14.5	*34.0	*43.7
Sprains and strains	38.0	16.0	41.2	51.2	37.8	*10.1	59.4	*39.5
Open wounds and lacerations	8.9	*8.9	11.7	*5.3	*3.6	*8.4	*1.8	*-
Contusions and superficial injuries	16.8	*10.9	12.8	26.2	*8.8	*0.9	*17.3	*5.1
Other current injuries	40.9	15.0	38.6	63.9	30.6	*10.1	*36.1	*50.4
Selected other acute conditions	103.7	103.8	110.7	95.2	95.7	*63.0	142.5	*59.8
Eye conditions	*2.6	*0.6	*1.6	*5.6	*0.6	*0.7	*0.8	*-
Acute ear infections	22.8	65.5	9.5	*6.1	*10.8	*26.2	*4.4	*-
Other ear conditions	*1.4	*2.7	*0.5	*1.5	*0.3	*-	*0.8	*-
Acute urinary conditions	11.2	*5.6	9.1	18.0	*10.1	*7.9	*4.5	*23.2
Disorders of menstruation	*1.1	*0.5	*2.2	*0.1	*0.8	*1.2	*0.9	*-
Other disorders of female genital tract	5.4	*1.7	11.0	*1.5	*4.2	*-	*10.1	*-
Delivery and other conditions of pregnancy and puerperium	16.2	*1.3	38.8	*-	34.6	*8.6	75.1	*-
Skin conditions	4.7	*2.9	*4.2	*6.8	*6.4	*1.6	*9.4	*8.1
Acute musculoskeletal conditions	29.1	*1.3	29.9	49.8	*22.8	*9.4	*34.3	*21.6
Headache, excluding migraine	*2.9	*3.1	*2.3	*3.4	*4.2	*5.0	*2.0	*6.9
Fever, unspecified	6.2	18.5	*1.6	*2.3	*0.9	*2.3	*0.3	*-
All other acute conditions	48.2	29.0	33.3	81.6	57.6	*3.0	60.6	131.2

* Figure does not meet standard of reliability or precision.

*- Figure does not meet standard of reliability or precision and quantity zero.

NOTE: The standard errors and relative standard errors (RSE's) can be computed by using parameter set II of table II, the frequencies of table 23 and the formula presented in rule 2 of appendix I.

Table 19. Number of restricted-activity days associated with acute conditions per 100 persons per year, by family income, age, and type of condition: United States, 1995

[Data are based on household interviews of the civilian noninstitutionalized population. The survey design, general qualifications, and information on the reliability of the estimates are given in appendix I. Definitions of terms are given in appendix II]

Type of acute condition	Family income							
	Less than \$10,000				\$10,000-\$19,999			
	All ages	Under 18 years	18-44 years	45 years and over	All ages	Under 18 years	18-44 years	45 years and over
	Number of restricted-activity days per 100 persons per year							
All acute conditions	963.4	865.6	892.7	1138.2	800.7	698.9	789.9	896.7
Infective and parasitic diseases	73.8	159.4	*32.9	*47.6	71.0	119.5	58.0	*45.9
Common childhood diseases	*15.1	*52.7	*_	*_	*9.9	*30.0	*4.2	*_
Intestinal virus, unspecified	*7.2	*17.0	*4.9	*1.3	*13.3	*12.4	*17.3	*9.4
Viral infections, unspecified	*19.3	*31.3	*7.6	*23.2	28.2	*52.9	*11.5	*26.8
Other	*32.2	*58.5	*20.5	*23.0	*19.6	*24.2	*25.1	*9.6
Respiratory conditions	420.4	490.5	359.8	432.3	301.5	350.9	276.5	289.4
Common cold	113.6	173.3	99.2	*78.1	64.6	91.4	*47.8	61.7
Other acute upper respiratory infections	43.5	*37.8	*60.7	*27.2	31.4	*40.1	*25.7	*30.6
Influenza	193.1	212.4	156.9	220.5	139.7	161.1	162.1	96.5
Acute bronchitis	35.4	*34.8	*24.0	*50.2	32.3	*44.8	*20.4	*35.6
Pneumonia	*21.5	*13.4	*13.4	*38.7	22.4	*5.6	*13.8	*46.1
Other respiratory conditions	*13.3	*18.9	*5.6	*17.6	*11.2	*7.9	*6.7	*18.8
Digestive system conditions	50.4	*17.4	*63.1	*64.2	32.8	*23.4	*31.3	*42.1
Dental conditions	*8.2	*1.2	*6.2	*17.0	*9.8	*11.2	*10.5	*7.8
Indigestion, nausea, and vomiting	*11.2	*12.4	*4.0	*18.9	*6.9	*5.7	*8.5	*6.2
Other digestive conditions	*31.0	*3.7	*52.9	*28.3	*16.0	*6.5	*12.4	*28.1
Injuries	180.1	*49.8	181.9	294.6	209.4	*48.4	275.3	266.6
Fractures and dislocations	62.8	*17.2	*35.2	137.7	78.6	*6.0	98.4	115.7
Sprains and strains	39.0	*4.3	*48.5	*58.5	36.8	*2.2	63.8	*34.3
Open wounds and lacerations	*4.9	*3.7	*6.9	*3.5	*9.2	*9.2	*15.9	*1.6
Contusions and superficial injuries	*32.6	*18.8	*36.5	*40.2	25.7	*9.4	*22.3	*43.2
Other current injuries	40.8	*5.8	*54.9	*54.6	59.1	*21.6	74.9	71.9
Selected other acute conditions	143.6	*119.4	168.4	134.6	138.6	134.6	131.5	149.8
Eye conditions	*5.8	*1.1	*8.2	*6.9	*3.2	*_	*_	*9.5
Acute ear infections	*12.6	*41.9	*1.5	*_	34.7	91.5	*10.4	*15.6
Other ear conditions	*0.8	*2.8	*_	*_	*1.3	*0.8	*1.3	*1.7
Acute urinary conditions	*21.4	*5.4	*12.8	*46.4	*10.8	*11.1	*9.2	*12.5
Disorders of menstruation	*1.8	*2.2	*2.9	*_	*2.2	*0.6	*5.3	*_
Other disorders of female genital tract	*18.1	*7.9	*31.0	*11.3	*7.3	*4.3	*15.9	*_
Delivery and other conditions of pregnancy and puerperium	*33.5	*14.1	*74.8	*_	*16.4	*6.8	*37.8	*_
Skin conditions	*9.9	*0.6	*18.1	*8.1	*10.1	*1.5	*6.3	*21.5
Acute musculoskeletal conditions	*23.4	*_	*16.6	*52.8	43.1	*1.8	*36.8	84.3
Headache, excluding migraine	*3.2	*1.5	*0.8	*7.7	*3.9	*2.6	*4.2	*4.7
Fever, unspecified	*13.1	*41.9	*1.7	*1.3	*5.5	*13.7	*4.4	*_
All other acute conditions	95.1	*29.0	*86.5	165.0	47.5	*22.1	*17.1	103.0

See footnotes and note at end of table.

Table 19. Number of restricted-activity days associated with acute conditions per 100 persons per year, by family income, age and type of condition: United States, 1995—Con.

[Data are based on household interviews of the civilian noninstitutionalized population. The survey design, general qualifications, and information on the reliability of the estimates are given in appendix I. Definitions of terms are given in appendix II]

Type of acute condition	Family income							
	\$20,000–\$34,999				\$35,000 or more			
	All ages	Under 18 years	18–44 years	45 years and over	All ages	Under 18 years	18–44 years	45 years and over
	Number of restricted-activity days per 100 persons per year							
All acute conditions	687.8	705.7	588.4	811.0	575.4	610.6	562.7	560.0
Infective and parasitic diseases	47.9	104.5	*25.6	*31.3	60.2	120.0	35.5	38.8
Common childhood diseases	*4.8	*18.0	*0.2	*–	*6.1	*17.5	*2.8	*–
Intestinal virus, unspecified	*11.0	*10.5	*14.7	*6.2	9.4	*24.3	*4.9	*1.7
Viral infections, unspecified	*10.4	*27.5	*4.0	*4.9	20.9	37.7	*12.0	*17.5
Other	21.8	*48.4	*6.7	*20.2	23.8	40.4	*15.7	*19.6
Respiratory conditions	304.5	366.9	259.8	314.1	250.1	300.9	248.5	203.3
Common cold	65.1	73.4	60.0	65.2	40.5	57.8	39.1	25.7
Other acute upper respiratory infections	33.0	67.3	*23.9	*16.7	32.5	37.4	27.6	34.8
Influenza	138.7	172.5	126.5	127.3	127.8	160.1	136.5	84.0
Acute bronchitis	22.6	*21.2	*15.1	*34.3	23.7	25.2	27.2	*17.2
Pneumonia	34.9	*19.1	*30.4	54.7	19.8	*18.3	*13.2	31.0
Other respiratory conditions	*10.1	*13.4	*3.9	*15.9	*5.8	*2.2	*5.0	*10.6
Digestive system conditions	16.4	*23.7	*10.0	*18.9	23.0	*9.2	26.7	30.8
Dental conditions	*3.2	*6.9	*1.8	*1.9	*4.8	*2.2	*4.3	*8.1
Indigestion, nausea, and vomiting	*4.0	*8.4	*1.7	*3.6	*3.6	*6.2	*3.7	*0.9
Other digestive conditions	*9.2	*8.4	*6.5	*13.5	14.6	*0.8	18.7	*21.8
Injuries	146.2	86.3	115.4	239.5	129.9	75.7	127.0	186.4
Fractures and dislocations	50.4	*32.6	50.9	64.5	39.3	31.7	34.3	54.0
Sprains and strains	40.0	*17.5	*21.1	85.4	39.2	*21.0	45.2	48.1
Open wounds and lacerations	*9.9	*9.2	*11.6	*7.9	7.7	*8.2	*7.4	*7.5
Contusions and superficial injuries	15.4	*10.0	*12.6	*23.9	10.5	*7.4	*10.0	*14.1
Other current injuries	30.6	*17.0	*19.1	57.8	33.2	*7.4	30.2	62.7
Selected other acute conditions	125.0	100.9	146.5	115.3	75.3	81.2	93.2	43.3
Eye conditions	*4.8	*1.6	*–	*14.3	*0.8	*0.2	*1.7	*–
Acute ear infections	25.3	60.9	*21.9	*–	16.9	49.4	*5.7	*2.0
Other ear conditions	*1.5	*1.6	*0.8	*2.2	*1.2	*2.5	*0.2	*1.5
Acute urinary conditions	*13.3	*7.2	*8.2	*25.8	*6.1	*4.6	*8.0	*4.6
Disorders of menstruation	*1.0	*0.9	*1.4	*0.6	*0.8	*0.3	*1.7	*–
Other disorders of female genital tract	*5.6	*–	*10.6	*3.5	*1.0	*–	*2.4	*–
Delivery and other conditions of pregnancy and puerperium	24.2	*0.8	55.8	*–	15.9	*–	37.2	*–
Skin conditions	*6.6	*6.7	*9.8	*2.1	*2.1	*2.3	*1.2	*3.4
Acute musculoskeletal conditions	31.9	*0.2	32.8	57.4	23.7	*5.1	31.8	29.7
Headache, excluding migraine	*4.4	*4.1	*2.4	*7.4	*3.2	*4.6	*3.2	*1.7
Fever, unspecified	*6.3	*17.0	*2.8	*2.1	*3.7	*12.2	*0.2	*0.5
All other acute conditions	47.9	*23.4	*31.0	91.9	36.9	*23.5	31.8	57.5

* Figure does not meet standard of reliability or precision.

*– Figure does not meet standard of reliability or precision and quantity zero.

NOTE: The standard errors and relative standard errors (RSE's) can be computed by using parameter sets II and X of table II, the frequencies of tables 24 and 78 and the formula presented in rule 4 of appendix I.

Table 20. Number of restricted-activity days associated with acute conditions per 100 persons per year, by geographic region, place of residence, and type of condition: United States, 1995

[Data are based on household interviews of the civilian noninstitutionalized population. The survey design, general qualifications, and information on the reliability of the estimates are given in appendix I. Definitions of terms are given in appendix II]

Type of acute condition	Geographic region				Place of residence			
	Northeast	Midwest	South	West	MSA ¹			Not MSA ¹
					All MSA ¹	Central city	Not central city	
Number of restricted-activity days per 100 persons per year								
All acute conditions	645.6	652.1	650.6	765.9	682.0	705.0	668.2	644.9
Infective and parasitic diseases	76.5	52.0	65.2	44.4	61.7	58.9	63.4	52.3
Common childhood diseases	*8.2	*11.4	*6.4	*3.5	8.4	10.4	7.1	*3.0
Intestinal virus, unspecified	15.1	*4.8	13.8	*1.7	9.9	11.2	9.2	*7.1
Viral infections, unspecified	19.1	16.3	24.3	*13.2	18.9	13.4	22.2	19.3
Other	34.1	19.6	20.7	26.0	24.5	23.9	24.9	22.8
Respiratory conditions	252.1	310.1	245.0	361.0	291.8	308.4	281.9	265.7
Common cold	65.1	55.5	47.8	72.7	63.1	77.7	54.3	39.3
Other acute upper respiratory infections	22.3	33.5	29.0	49.2	35.3	41.0	31.9	24.3
Influenza	114.2	156.3	112.1	175.3	136.5	139.9	134.5	136.3
Acute bronchitis	27.3	29.4	23.5	22.0	25.6	23.0	27.1	24.2
Pneumonia	17.2	28.3	23.5	32.9	24.7	20.5	27.2	28.2
Other respiratory conditions	*6.0	*7.1	9.2	*8.8	6.6	*6.3	6.8	*13.4
Digestive system conditions	21.3	23.2	31.3	24.2	23.7	29.2	20.5	34.4
Dental conditions	*4.5	*5.4	*7.3	*2.9	5.7	*5.2	6.0	*3.8
Indigestion, nausea, and vomiting	*4.6	*4.3	*5.7	*7.7	5.7	*7.3	*4.7	*5.2
Other digestive conditions	*12.3	13.5	18.3	13.6	12.3	16.7	9.8	25.5
Injuries	144.5	128.6	158.3	171.5	151.6	151.1	152.0	150.1
Fractures and dislocations	43.5	25.1	64.0	65.9	50.9	45.2	54.4	51.8
Sprains and strains	38.5	41.7	36.1	35.8	38.1	38.9	37.6	36.8
Open wounds and lacerations	*10.8	*8.7	*4.2	*10.7	8.3	11.7	6.3	*6.2
Contusions and superficial injuries	15.9	*11.6	17.2	15.5	15.4	21.1	12.1	14.5
Other current injuries	35.9	41.6	36.8	43.6	38.8	34.2	41.6	40.7
Selected other acute conditions	100.2	99.2	95.6	122.1	104.2	106.3	102.9	98.3
Eye conditions	*4.1	*2.9	*1.9	*0.8	*1.4	*0.9	*1.6	*6.3
Acute ear infections	23.3	19.6	16.9	26.8	21.0	25.7	18.2	20.6
Other ear conditions	*0.4	*1.0	*1.8	*1.2	*1.1	*1.6	*0.8	*1.6
Acute urinary conditions	*5.2	*12.0	12.5	*10.7	11.1	10.0	11.7	*8.6
Disorders of menstruation	*1.5	*0.5	*0.6	*1.9	*1.0	*1.4	*0.8	*1.1
Other disorders of female genital tract	*8.0	*0.7	*7.3	*4.4	4.9	*8.0	*3.0	*6.7
Delivery and other conditions of pregnancy and puerperium	*13.6	24.3	14.9	27.6	20.3	24.2	17.9	16.7
Skin conditions	*4.5	*2.9	*6.8	*4.2	5.5	*3.6	6.6	*2.2
Acute musculoskeletal conditions	33.7	27.2	25.7	29.4	28.5	18.5	34.5	28.0
Headache, excluding migraine	*2.1	*3.5	*3.1	*3.9	*3.0	*3.5	*2.8	*3.6
Fever, unspecified	*4.0	*4.6	*4.0	*11.4	6.4	*8.8	*4.9	*3.0
All other acute conditions	50.9	39.1	55.2	42.8	48.9	51.0	47.6	44.1

* Figure does not meet standard of reliability or precision.

¹MSA is metropolitan statistical area.

NOTE: The standard errors and relative standard errors (RSE's) can be computed by using parameter sets II and X of table II, the frequencies of tables 25 and 78 and the formula presented in rule 4 of appendix I.

Table 21. Number of restricted-activity days associated with acute conditions, by age and type of condition: United States, 1995

[Data are based on household interviews of the civilian noninstitutionalized population. The survey design, general qualifications, and information on the reliability of the estimates are given in appendix I. Definitions of terms are given in appendix II]

Type of acute condition	All ages	Under 5 years	5-17 years	18-24 years	25-44 years	45 years and over		
						Total	45-64 years	65 years and over
Number of restricted-activity days in thousands								
All acute conditions	1,766,723	175,589	302,433	133,032	531,535	624,135	350,550	273,584
Infective and parasitic diseases	156,774	31,822	50,830	10,112	30,868	33,142	19,954	13,188
Common childhood diseases	19,138	8,759	7,677	1,178	1,523	-	-	-
Intestinal virus, unspecified	24,564	4,663	7,780	2,769	6,342	3,011	2,543	468
Viral infections, unspecified	49,745	9,585	15,973	1,829	8,732	13,626	8,547	5,079
Other	63,327	8,815	19,401	4,335	14,272	16,504	8,864	7,641
Respiratory conditions	750,587	86,115	162,643	53,630	217,488	230,712	139,485	91,228
Common cold	152,737	22,188	36,393	12,291	40,100	41,766	24,881	16,885
Other acute upper respiratory infections	86,672	11,489	22,631	6,987	21,159	24,405	16,785	7,620
Influenza	357,473	34,579	85,438	29,130	114,703	93,623	61,726	31,897
Acute bronchitis	66,309	11,071	8,832	3,878	19,331	23,198	10,225	12,973
Pneumonia	66,534	4,700	6,304	791	17,684	37,056	18,555	18,501
Other respiratory conditions	20,863	2,089	3,045	554	4,511	10,665	7,313	3,351
Digestive system conditions	67,778	5,118	7,518	5,500	21,527	28,115	15,904	12,211
Dental conditions	13,992	2,103	1,555	1,410	3,860	5,063	2,759	2,303
Indigestion, nausea, and vomiting	14,590	1,963	4,004	1,393	3,438	3,793	1,711	2,081
Other digestive conditions	39,196	1,052	1,959	2,697	14,228	19,260	11,434	7,826
Injuries	396,355	4,994	45,454	42,858	117,680	185,369	102,822	82,547
Fractures and dislocations	133,893	835	17,616	15,797	33,850	65,795	30,636	35,159
Sprains and strains	99,066	-	10,140	13,750	31,385	43,791	32,892	10,900
Open wounds and lacerations	20,763	1,839	4,092	1,990	8,656	4,185	3,602	584
Contusions and superficial injuries	39,965	287	5,923	3,227	11,179	19,350	8,790	10,560
Other current injuries	102,668	2,034	7,683	8,093	32,610	52,248	26,903	25,345
Selected other acute conditions	269,736	37,623	29,226	17,606	108,176	77,106	34,989	42,117
Eye conditions	6,148	267	289	74	1,411	4,106	78	4,028
Acute ear infections	54,802	27,245	13,056	929	9,134	4,438	4,438	-
Other ear conditions	3,152	696	821	20	559	1,056	1,056	-
Acute urinary conditions	27,686	1,624	2,422	2,179	6,634	14,826	4,392	10,435
Disorders of menstruation	2,668	...	446	192	1,927	104	104	-
Other disorders of female genital tract	13,781	-	940	1,851	9,276	1,713	1,713	-
Delivery and other conditions of pregnancy and puerperium	51,226	...	1,693	9,114	40,418	-	-	...
Skin conditions	12,684	475	1,357	441	4,857	5,554	3,050	2,504
Acute musculoskeletal conditions	74,407	-	1,765	1,636	30,422	40,584	17,977	22,607
Headache, excluding migraine	8,247	-	2,381	265	2,523	3,078	1,135	1,944
Fever, unspecified	14,935	7,314	4,055	905	1,014	1,646	1,048	599
All other acute conditions	125,492	9,916	6,762	3,327	35,797	69,690	37,396	32,294

- Quantity zero.

... Category not applicable.

NOTE: The standard errors and relative standard errors (RSE's) can be computed by using parameter set II of table II and the formula presented in rule 1 of appendix I. An estimate of 68.3 million has a 10-percent RSE; of 16.8 million, a 20-percent RSE; and of 7.5 million, a 30-percent RSE.

Table 22. Number of restricted-activity days associated with acute conditions, by sex, age, and type of condition: United States, 1995

[Data are based on household interviews of the civilian noninstitutionalized population. The survey design, general qualifications, and information on the reliability of the estimates are given in appendix I. Definitions of terms are given in appendix II]

Type of acute condition	Male					Female				
	All ages	Under 5 years	5-17 years	18-44 years	45 years and over	All ages	Under 5 years	5-17 years	18-44 years	45 years and over
Number of restricted-activity days in thousands										
All acute conditions	759,960	84,343	150,544	259,652	265,421	1,006,763	91,246	151,889	404,915	358,714
Infective and parasitic diseases	64,838	14,425	26,907	13,413	10,092	91,936	17,397	23,923	27,566	23,049
Common childhood diseases	11,912	5,097	4,846	1,969	—	7,225	3,662	2,831	733	—
Intestinal virus, unspecified	10,010	1,771	3,753	3,676	810	14,555	2,892	4,026	5,435	2,201
Viral infections, unspecified	22,444	4,077	8,087	3,680	6,600	27,301	5,508	7,886	6,881	7,027
Other	20,472	3,480	10,220	4,088	2,683	42,855	5,335	9,180	14,518	13,822
Respiratory conditions	334,120	44,855	77,842	108,917	102,506	416,467	41,260	84,800	162,201	128,207
Common cold	69,321	11,818	18,284	23,316	15,903	83,416	10,369	18,110	29,075	25,863
Other acute upper respiratory infections	36,421	5,279	10,411	7,494	13,238	50,250	6,210	12,221	20,652	11,167
Influenza	157,519	16,336	39,349	61,909	39,926	199,954	18,244	46,089	81,924	53,697
Acute bronchitis	27,721	7,448	3,576	8,095	8,603	38,588	3,623	5,256	15,114	14,595
Pneumonia	32,723	2,885	4,940	7,279	17,619	33,811	1,814	1,364	11,196	19,437
Other respiratory conditions	10,415	1,089	1,284	824	7,218	10,448	1,000	1,761	4,240	3,447
Digestive system conditions	30,410	1,309	3,796	12,223	13,081	37,368	3,809	3,722	14,803	15,034
Dental conditions	7,381	831	558	3,311	2,681	6,611	1,272	998	1,959	2,382
Indigestion, nausea, and vomiting	5,551	436	2,206	1,881	1,028	9,039	1,527	1,798	2,950	2,765
Other digestive conditions	17,478	42	1,032	7,031	9,373	21,718	1,010	926	9,894	9,887
Injuries	200,834	2,151	26,798	90,734	81,151	195,522	2,844	18,655	69,804	104,219
Fractures and dislocations	68,835	747	11,026	27,920	29,143	65,058	88	6,590	21,727	36,652
Sprains and strains	51,233	—	4,541	27,007	19,685	47,832	—	5,598	18,128	24,106
Open wounds and lacerations	12,908	562	3,463	6,853	2,030	7,855	1,277	629	3,794	2,155
Contusions and superficial injuries	20,313	79	2,371	8,681	9,182	19,653	208	3,552	5,724	10,168
Other current injuries	47,545	763	5,398	20,272	21,111	55,124	1,270	2,286	20,431	31,137
Selected other acute conditions	82,109	16,106	11,968	21,181	32,854	187,627	21,517	17,258	104,601	44,252
Eye conditions	1,301	267	81	545	407	4,847	—	208	939	3,700
Acute ear infections	20,714	10,697	5,618	1,654	2,745	34,088	16,548	7,438	8,408	1,693
Other ear conditions	1,971	310	608	301	752	1,181	386	213	278	304
Acute urinary conditions	8,869	423	337	630	7,479	18,818	1,201	2,085	8,184	7,348
Disorders of menstruation . . . . .	...	...	...	...	...	2,668	...	446	2,119	104
Other disorders of female genital tract . . . . .	...	...	...	...	...	13,781	—	940	11,127	1,713
Delivery and other conditions of pregnancy and puerperium . . . . .	...	...	...	...	...	51,226	...	1,693	49,532	—
Skin conditions	6,076	—	863	1,473	3,739	6,608	475	493	3,825	1,814
Acute musculoskeletal conditions	30,907	—	677	14,335	15,895	43,500	—	1,089	17,723	24,688
Headache, excluding migraine	3,907	—	1,622	954	1,331	4,341	—	759	1,834	1,748
Fever, unspecified	8,365	4,408	2,163	1,288	506	6,570	2,906	1,893	630	1,140
All other acute conditions	47,649	5,497	3,231	13,185	25,737	77,843	4,419	3,531	25,940	43,953

— Quantity zero.

... Category not applicable.

NOTE: The standard errors and relative standard errors (RSE's) can be computed by using parameter set II of table II and the formula presented in rule 1 of appendix I. An estimate of 68.3 million has a 10-percent RSE; of 16.8 million, a 20-percent RSE; and of 7.5 million, a 30-percent RSE.

Table 23. Number of restricted-activity days associated with acute conditions, by race, age, and type of condition: United States, 1995

[Data are based on household interviews of the civilian noninstitutionalized population. The survey design, general qualifications, and information on the reliability of the estimates are given in appendix I. Definitions of terms are given in appendix II]

Type of acute condition	White				Black			
	All ages	Under 18 years	18-44 years	45 years and over	All ages	Under 18 years	18-44 years	45 years and over
Number of restricted-activity days in thousands ¹								
All acute conditions	1,502,053	404,301	546,713	551,039	195,271	57,796	88,985	48,490
Infective and parasitic diseases	134,321	72,544	30,312	31,465	18,598	9,327	7,836	1,435
Common childhood diseases	14,210	13,514	696	—	4,410	2,847	1,563	—
Intestinal virus, unspecified	20,997	10,676	7,838	2,483	3,146	1,587	1,273	286
Viral infections, unspecified	43,087	21,926	8,380	12,781	6,522	3,496	2,180	845
Other	56,026	26,429	13,398	16,200	4,520	1,397	2,819	304
Respiratory conditions	640,248	203,682	233,255	203,312	79,199	32,903	26,650	19,645
Common cold	119,920	40,454	44,482	34,984	25,368	15,125	5,486	4,757
Other acute upper respiratory infections	78,819	32,270	23,554	22,995	5,394	911	3,534	948
Influenza	302,592	100,479	121,266	80,848	38,389	13,660	15,602	9,127
Acute bronchitis	59,940	17,009	21,263	21,668	4,845	2,240	1,340	1,265
Pneumonia	61,318	8,778	18,203	34,336	2,413	777	271	1,364
Other respiratory conditions	17,660	4,693	4,486	8,481	2,791	190	417	2,184
Digestive system conditions	53,652	9,199	20,643	23,810	11,073	3,232	5,998	1,842
Dental conditions	9,823	1,921	4,015	3,887	4,036	1,737	1,256	1,043
Indigestion, nausea, and vomiting	12,194	4,966	3,470	3,758	2,103	796	1,273	35
Other digestive conditions	31,635	2,312	13,158	16,164	4,933	699	3,469	765
Injuries	343,684	44,247	134,841	164,596	36,180	4,935	20,490	10,755
Fractures and dislocations	116,596	15,737	42,322	58,537	9,704	1,626	4,691	3,386
Sprains and strains	82,523	9,004	36,501	37,018	12,388	1,136	8,185	3,067
Open wounds and lacerations	19,249	4,989	10,401	3,859	1,188	942	248	—
Contusions and superficial injuries	36,445	6,108	11,381	18,956	2,881	102	2,388	394
Other current injuries	88,871	8,409	34,236	46,226	10,019	1,130	4,982	3,908
Selected other acute conditions	225,345	58,316	98,177	68,852	31,349	7,061	19,649	4,639
Eye conditions	5,742	333	1,380	4,028	186	81	105	—
Acute ear infections	49,623	36,797	8,389	4,438	3,543	2,940	603	—
Other ear conditions	3,043	1,517	470	1,056	109	—	109	—
Acute urinary conditions	24,275	3,162	8,089	13,025	3,313	885	626	1,802
Disorders of menstruation	2,401	309	1,989	104	267	137	130	—
Other disorders of female genital tract	11,796	940	9,736	1,120	1,391	—	1,391	—
Delivery and other conditions of pregnancy and puerperium	35,161	731	34,431	—	11,319	963	10,357	—
Skin conditions	10,288	1,649	3,717	4,922	2,109	183	1,294	632
Acute musculoskeletal conditions	63,281	710	26,534	36,036	7,453	1,055	4,724	1,674
Headache, excluding migraine	6,243	1,755	2,011	2,477	1,367	558	277	532
Fever, unspecified	13,490	10,414	1,431	1,646	294	259	35	—
All other acute conditions	104,802	16,311	29,486	59,005	18,873	337	8,362	10,174

— Quantity zero.

¹Totals for white and black do not sum to total restricted-activity days because other races are not included.

NOTE: The standard errors and relative standard errors (RSE's) can be computed by using parameter set II of table II and the formula presented in rule 1 of appendix I. An estimate of 68.3 million has a 10-percent RSE; of 16.8 million, a 20-percent RSE; and of 7.5 million, a 30-percent RSE.

Table 24. Number of restricted-activity days associated with acute conditions, by family income, age, and type of condition: United States, 1995

[Data are based on household interviews of the civilian noninstitutionalized population. The survey design, general qualifications, and information on the reliability of the estimates are given in appendix I. Definitions of terms are given in appendix II]

Type of acute condition	Family income							
	Less than \$10,000				\$10,000-\$19,999			
	All ages	Under 18 years	18-44 years	45 years and over	All ages	Under 18 years	18-44 years	45 years and over
	Number of restricted-activity days in thousands ¹							
All acute conditions	208,586	53,615	76,197	78,775	303,216	73,513	115,156	114,547
Infective and parasitic diseases	15,974	9,874	2,809	3,291	26,889	12,569	8,462	5,858
Common childhood diseases	3,264	3,264	—	—	3,763	3,154	610	—
Intestinal virus, unspecified	1,560	1,050	418	92	5,022	1,302	2,518	1,203
Viral infections, unspecified	4,187	1,936	646	1,606	10,662	5,564	1,673	3,425
Other	6,963	3,625	1,746	1,592	7,441	2,550	3,661	1,230
Respiratory conditions	91,015	30,382	30,712	29,921	114,189	36,910	40,313	36,966
Common cold	24,602	10,732	8,465	5,405	24,466	9,617	6,969	7,880
Other acute upper respiratory infections	9,408	2,343	5,180	1,885	11,874	4,215	3,746	3,912
Influenza	41,811	13,158	13,390	15,263	52,896	16,944	23,631	12,321
Acute bronchitis	7,673	2,153	2,049	3,471	12,231	4,711	2,968	4,552
Pneumonia	4,652	827	1,148	2,677	8,497	589	2,015	5,894
Other respiratory conditions	2,869	1,169	480	1,220	4,224	834	984	2,407
Digestive system conditions	10,908	1,078	5,384	4,446	12,413	2,463	4,569	5,381
Dental conditions	1,784	75	531	1,178	3,706	1,182	1,528	996
Indigestion, nausea, and vomiting	2,418	771	339	1,308	2,632	601	1,238	792
Other digestive conditions	6,706	232	4,514	1,960	6,076	681	1,803	3,592
Injuries	39,004	3,087	15,530	20,387	79,283	5,090	40,139	34,054
Fractures and dislocations	13,600	1,067	3,005	9,528	29,754	630	14,346	14,778
Sprains and strains	8,453	266	4,138	4,049	13,924	236	9,306	4,382
Open wounds and lacerations	1,059	231	585	243	3,490	968	2,323	200
Contusions and superficial injuries	7,062	1,164	3,113	2,785	9,747	987	3,248	5,512
Other current injuries	8,830	359	4,690	3,781	22,368	2,270	10,915	9,183
Selected other acute conditions	31,085	7,395	14,377	9,313	52,471	14,159	19,177	19,135
Eye conditions	1,245	66	699	480	1,213	—	—	1,213
Acute ear infections	2,726	2,598	127	—	13,141	9,629	1,514	1,999
Other ear conditions	172	172	—	—	493	80	192	220
Acute urinary conditions	4,641	337	1,094	3,210	4,095	1,163	1,336	1,596
Disorders of menstruation	383	134	249	—	831	63	768	—
Other disorders of female genital tract	3,915	490	2,646	779	2,773	451	2,322	—
Delivery and other conditions of pregnancy and puerperium	7,262	874	6,388	—	6,218	713	5,505	—
Skin conditions	2,146	35	1,549	562	3,814	153	917	2,744
Acute musculoskeletal conditions	5,072	—	1,416	3,657	16,326	191	5,371	10,765
Headache, excluding migraine	695	96	67	532	1,488	274	616	598
Fever, unspecified	2,827	2,593	142	93	2,080	1,444	635	—
All other acute conditions	20,600	1,799	7,383	11,419	17,970	2,321	2,495	13,154

See footnotes and note at end of table.

Table 24. Number of restricted-activity days associated with acute conditions, by family income, age, and type of condition: United States, 1995—Con.

[Data are based on household interviews of the civilian noninstitutionalized population. The survey design, general qualifications, and information on the reliability of the estimates are given in appendix I. Definitions of terms are given in appendix II]

Type of acute condition	Family income							
	\$20,000–\$34,999				\$35,000 or more			
	All ages	Under 18 years	18–44 years	45 years and over	All ages	Under 18 years	18–44 years	45 years and over
	Number of restricted-activity days in thousands ¹							
All acute conditions	375,706	100,486	138,201	137,019	615,384	183,853	256,861	174,670
Infective and parasitic diseases	26,177	14,875	6,009	5,293	64,432	36,135	16,195	12,102
Common childhood diseases	2,608	2,568	41	–	6,567	5,277	1,291	–
Intestinal virus, unspecified	5,985	1,499	3,445	1,041	10,078	7,329	2,223	525
Viral infections, unspecified	5,686	3,912	940	834	22,316	11,356	5,494	5,465
Other	11,898	6,897	1,583	3,418	25,471	12,173	7,186	6,111
Respiratory conditions	166,315	52,241	61,013	53,061	267,458	90,619	113,441	63,398
Common cold	35,568	10,450	14,099	11,019	43,263	17,397	17,837	8,029
Other acute upper respiratory infections	18,030	9,588	5,617	2,825	34,715	11,272	12,591	10,852
Influenza	75,779	24,565	29,703	21,512	136,693	48,199	62,298	26,196
Acute bronchitis	12,338	3,016	3,535	5,788	25,354	7,596	12,395	5,363
Pneumonia	19,088	2,715	7,139	9,234	21,189	5,500	6,032	9,656
Other respiratory conditions	5,511	1,906	921	2,684	6,245	655	2,287	3,302
Digestive system conditions	8,936	3,379	2,357	3,201	24,546	2,770	12,186	9,591
Dental conditions	1,724	983	413	328	5,124	656	1,956	2,511
Indigestion, nausea, and vomiting	2,210	1,201	408	600	3,833	1,872	1,690	271
Other digestive conditions	5,002	1,194	1,535	2,273	15,590	241	8,539	6,809
Injuries	79,862	12,285	27,114	40,462	138,926	22,791	57,996	58,138
Fractures and dislocations	27,505	4,645	11,967	10,894	42,066	9,557	15,660	16,849
Sprains and strains	21,872	2,486	4,963	14,422	41,920	6,313	20,611	14,997
Open wounds and lacerations	5,381	1,311	2,735	1,335	8,190	2,474	3,380	2,336
Contusions and superficial injuries	8,414	1,423	2,952	4,038	11,209	2,234	4,566	4,409
Other current injuries	16,691	2,421	4,497	9,773	35,541	2,214	13,780	19,548
Selected other acute conditions	68,270	14,374	34,419	19,477	80,521	24,459	42,542	13,520
Eye conditions	2,637	224	–	2,414	836	51	786	–
Acute ear infections	13,815	8,669	5,146	–	18,101	14,882	2,588	631
Other ear conditions	795	229	195	372	1,289	741	83	464
Acute urinary conditions	7,288	1,022	1,915	4,351	6,493	1,392	3,666	1,435
Disorders of menstruation	569	133	332	104	857	88	770	–
Other disorders of female genital tract	3,085	–	2,492	593	1,077	–	1,077	–
Delivery and other conditions of pregnancy and puerperium	13,222	107	13,115	–	16,986	–	16,986	–
Skin conditions	3,597	949	2,301	347	2,277	696	531	1,051
Acute musculoskeletal conditions	17,424	34	7,695	9,696	25,302	1,541	14,501	9,261
Headache, excluding migraine	2,396	583	567	1,245	3,375	1,397	1,450	528
Fever, unspecified	3,440	2,425	661	354	3,928	3,671	105	152
All other acute conditions	26,146	3,332	7,289	15,525	39,500	7,078	14,501	17,921

– Quantity zero.

¹Totals for income categories do not sum to total restricted-activity days because persons with unknown family income are not included.

NOTE: The standard errors and relative standard errors (RSE's) can be computed by using parameter set II of table II and the formula presented in rule 1 of appendix I. An estimate of 68.3 million has a 10-percent RSE; of 16.8 million, a 20-percent RSE; and of 7.5 million, a 30-percent RSE.

Table 25. Number of restricted-activity days associated with acute conditions, by geographic region, place of residence, and type of condition: United States, 1995

[Data are based on household interviews of the civilian noninstitutionalized population. The survey design, general qualifications, and information on the reliability of the estimates are given in appendix I. Definitions of terms are given in appendix II]

Type of acute condition	Place of residence							
	Geographic region				MSA ¹			
	Northeast	Midwest	South	West	All MSA ¹	Central city	Not central city	Not MSA ¹
	Number of restricted-activity days in thousands							
All acute conditions	332,175	405,897	601,100	427,551	1,429,773	551,483	878,290	336,950
Infective and parasitic diseases	39,379	32,393	60,229	24,773	129,450	46,111	83,339	27,324
Common childhood diseases	4,227	7,071	5,891	1,948	17,550	8,168	9,381	1,588
Intestinal virus, unspecified	7,789	3,014	12,789	972	20,851	8,752	12,099	3,713
Viral infections, unspecified	9,828	10,129	22,431	7,357	39,658	10,472	29,186	10,087
Other	17,534	12,179	19,118	14,496	51,391	18,718	32,672	11,936
Respiratory conditions	129,717	192,980	226,380	201,510	611,776	241,259	370,516	138,811
Common cold	33,474	34,534	44,145	40,585	132,200	60,770	71,430	20,537
Other acute upper respiratory infections	11,488	20,881	26,822	27,480	73,975	32,063	41,912	12,696
Influenza	58,781	97,265	103,566	97,861	286,275	109,460	176,815	71,198
Acute bronchitis	14,049	18,291	21,690	12,278	53,670	18,029	35,640	12,639
Pneumonia	8,848	17,601	21,698	18,387	51,796	16,034	35,761	14,738
Other respiratory conditions	3,077	4,407	8,460	4,919	13,860	4,902	8,958	7,003
Digestive system conditions	10,952	14,433	28,895	13,497	49,787	22,859	26,928	17,991
Dental conditions	2,292	3,381	6,721	1,598	12,020	4,087	7,933	1,972
Indigestion, nausea, and vomiting	2,344	2,676	5,275	4,295	11,895	5,718	6,176	2,695
Other digestive conditions	6,316	8,376	16,900	7,604	25,872	13,054	12,818	13,324
Injuries	74,341	80,026	146,279	95,709	317,919	118,179	199,741	78,436
Fractures and dislocations	22,379	15,615	59,123	36,776	106,811	35,355	71,456	27,083
Sprains and strains	19,797	25,941	33,348	19,980	79,818	30,401	49,417	19,248
Open wounds and lacerations	5,534	5,402	3,875	5,952	17,500	9,183	8,317	3,263
Contusions and superficial injuries	8,172	7,201	15,935	8,657	32,375	16,519	15,856	7,590
Other current injuries	18,459	25,867	33,998	24,344	81,416	26,721	54,695	21,252
Selected other acute conditions	51,575	61,720	88,300	68,141	218,398	83,160	135,238	51,338
Eye conditions	2,104	1,810	1,786	447	2,845	679	2,166	3,303
Acute ear infections	11,980	12,230	15,647	14,944	44,019	20,101	23,918	10,783
Other ear conditions	229	619	1,650	654	2,293	1,261	1,032	859
Acute urinary conditions	2,657	7,471	11,586	5,973	23,207	7,854	15,352	4,480
Disorders of menstruation	759	285	552	1,072	2,115	1,126	989	553
Other disorders of female genital tract	4,136	448	6,752	2,445	10,299	6,293	4,006	3,482
Delivery and other conditions of pregnancy and puerperium	6,972	15,146	13,723	15,384	42,496	18,940	23,556	8,730
Skin conditions	2,295	1,774	6,294	2,321	11,556	2,851	8,705	1,128
Acute musculoskeletal conditions	17,313	16,935	23,747	16,412	59,804	14,435	45,369	14,603
Headache, excluding migraine	1,074	2,155	2,868	2,151	6,387	2,703	3,684	1,861
Fever, unspecified	2,055	2,846	3,695	6,338	13,377	6,918	6,459	1,558
All other acute conditions	26,211	24,344	51,017	23,920	102,444	39,915	62,529	23,048

¹MSA is metropolitan statistical area.

NOTE: The standard errors and relative standard errors (RSE's) can be computed by using parameter set II of table II and the formula presented in rule 1 of appendix I. An estimate of 68.3 million has a 10-percent RSE; of 16.8 million, a 20-percent RSE; and of 7.5 million, a 30-percent RSE.

Table 26. Number of bed days associated with acute conditions per 100 persons per year, by age and type of condition: United States, 1995

[Data are based on household interviews of the civilian noninstitutionalized population. The survey design, general qualifications, and information on the reliability of the estimates are given in appendix I. Definitions of terms are given in appendix II]

Type of acute condition	All ages	Under 5 years	5-17 years	18-24 years	25-44 years	45 years and over		
						Total	45-64 years	65 years and over
Number of bed days per 100 persons per year								
All acute conditions	281.2	428.4	280.7	240.3	251.7	287.5	261.1	330.9
Infective and parasitic diseases	27.3	74.3	49.3	*21.5	13.9	17.5	*14.2	*22.9
Common childhood diseases	*2.7	*19.0	*4.6	*2.0	*0.4	*-	*-	*-
Intestinal virus, unspecified	4.6	*9.0	*7.5	*5.4	*3.7	*2.3	*3.4	*0.5
Viral infections, unspecified	9.7	*21.6	16.4	*5.8	*4.9	*8.8	*7.2	*11.5
Other	10.3	*24.7	20.9	*8.4	*4.9	*6.4	*3.7	*10.8
Respiratory conditions	135.9	210.9	172.5	104.4	122.4	118.5	119.0	117.6
Common cold	21.9	38.3	33.2	*21.2	15.6	17.5	17.5	*17.5
Other acute upper respiratory infections	13.0	*27.8	21.5	*7.7	11.0	*7.8	*10.8	*2.8
Influenza	73.7	105.4	100.9	61.7	75.2	51.5	58.0	40.8
Acute bronchitis	11.3	*18.1	*9.7	*11.9	9.2	12.5	*7.6	*20.7
Pneumonia	12.1	*14.7	*4.5	*0.4	9.5	22.1	17.6	29.4
Other respiratory conditions	4.0	*6.6	*2.7	*1.5	*1.9	*7.1	*7.4	*6.5
Digestive system conditions	11.8	*12.2	*8.2	*7.9	12.9	13.9	*14.5	*13.0
Dental conditions	*1.4	*3.5	*1.8	*0.7	*1.1	*1.3	*1.3	*1.4
Indigestion, nausea, and vomiting	2.9	*8.7	*3.8	*2.9	*2.3	*1.6	*1.2	*2.2
Other digestive conditions	7.4	*-	*2.5	*4.4	9.6	11.0	*12.0	*9.4
Injuries	46.6	*7.8	19.1	67.9	44.8	68.2	57.8	85.4
Fractures and dislocations	17.4	*-	*4.5	*23.8	11.5	33.4	24.8	47.6
Sprains and strains	9.1	*-	*5.0	*22.9	10.8	*8.0	*8.4	*7.2
Open wounds and lacerations	*1.7	*1.5	*2.2	*1.6	*2.7	*0.6	*0.8	*0.2
Contusions and superficial injuries	5.4	*-	*3.2	*6.7	*4.9	*8.1	*7.5	*9.2
Other current injuries	13.1	*6.4	*4.2	*13.0	15.0	18.1	16.3	*21.1
Selected other acute conditions	40.4	85.3	27.2	31.3	45.6	35.1	26.9	48.5
Eye conditions	*0.3	*-	*0.6	*-	*0.3	*0.3	*-	*0.7
Acute ear infections	9.2	56.1	*13.5	*0.8	*4.7	*2.3	*3.6	*-
Other ear conditions	*0.6	*-	*1.0	*0.1	*0.4	*0.8	*1.3	*-
Acute urinary conditions	4.9	*7.7	*2.5	*3.1	*2.6	*8.5	*3.7	*16.4
Disorders of menstruation	*0.3	...	*0.2	*0.4	*0.5	*0.1	*0.2	*-
Other disorders of female genital tract	*2.0	*-	*0.1	*1.7	*4.9	*0.8	*1.3	*-
Delivery and other conditions of pregnancy and puerperium	7.8	...	*2.0	*17.2	18.1	*-	*-	...
Skin conditions	*1.9	*0.9	*0.2	*1.5	*1.8	*3.4	*3.9	*2.5
Acute musculoskeletal conditions	8.9	*-	*0.9	*4.7	11.0	15.1	*10.0	*23.4
Headache, excluding migraine	*1.4	*-	*1.6	*0.6	*0.7	*2.5	*0.8	*5.1
Fever, unspecified	3.2	*20.6	*4.7	*1.3	*0.6	*1.4	*2.0	*0.3
All other acute conditions	19.2	37.8	*4.5	*7.3	12.1	34.4	28.7	43.6

* Figure does not meet standard of reliability or precision.

*- Figure does not meet standard of reliability or precision and quantity zero.

... Category not applicable.

NOTE: The standard errors and relative standard errors (RSE's) can be computed by using parameter set II of table II, the frequencies of table 31 and the formula presented in rule 2 of appendix I.

Table 27. Number of bed days associated with acute conditions per 100 persons per year, by sex, age, and type of condition: United States, 1995

[Data are based on household interviews of the civilian noninstitutionalized population. The survey design, general qualifications, and information on the reliability of the estimates are given in appendix I. Definitions of terms are given in appendix II]

Type of acute condition	Male					Female				
	All ages	Under 5 years	5-17 years	18-44 years	45 years and over	All ages	Under 5 years	5-17 years	18-44 years	45 years and over
Number of bed days per 100 persons per year										
All acute conditions	242.3	393.8	257.1	178.5	280.4	318.2	464.6	305.5	317.8	293.6
Infective and parasitic diseases	24.9	*70.6	50.8	*10.6	*14.9	29.5	78.2	47.8	20.6	19.6
Common childhood diseases	*3.0	*18.3	*4.8	*1.3	*-	*2.4	*19.8	*4.3	*0.3	*-
Intestinal virus, unspecified	*3.8	*11.3	*7.4	*2.7	*0.8	*5.3	*6.6	*7.6	*5.5	*3.6
Viral infections, unspecified	9.4	*22.0	*14.6	*2.9	*11.6	10.0	*21.2	*18.2	*7.3	*6.5
Other	8.8	*19.0	*24.0	*3.8	*2.6	11.8	*30.7	*17.7	*7.5	*9.6
Respiratory conditions	119.2	194.0	152.4	87.3	120.9	151.8	228.5	193.5	148.3	116.4
Common cold	18.7	*33.4	31.4	*13.9	*12.8	24.9	*43.5	35.1	19.9	21.4
Other acute upper respiratory infections	12.0	*24.4	*20.4	*5.6	*11.8	14.0	*31.3	*22.7	14.8	*4.4
Influenza	62.2	80.7	83.9	55.7	51.5	84.6	131.3	118.6	88.0	51.6
Acute bronchitis	8.6	*24.9	*7.7	*5.5	*9.2	13.8	*10.9	*11.8	14.0	*15.3
Pneumonia	13.5	*23.9	*7.1	*5.9	25.5	10.7	*5.1	*1.7	*8.8	19.2
Other respiratory conditions	*4.3	*6.7	*1.8	*0.8	*10.1	*3.8	*6.5	*3.6	*2.8	*4.5
Digestive system conditions	10.8	*7.3	*7.6	*11.6	*12.7	12.7	*17.3	*8.8	*11.9	*14.9
Dental conditions	*1.5	*4.8	*1.3	*1.3	*0.9	*1.4	*2.2	*2.4	*0.7	*1.7
Indigestion, nausea, and vomiting	*2.2	*2.6	*3.6	*2.1	*1.3	*3.6	*15.1	*4.0	*2.8	*1.9
Other digestive conditions	7.2	*-	*2.7	*8.2	*10.6	7.7	*-	*2.3	*8.5	*11.4
Injuries	43.3	*7.0	*22.1	44.9	65.3	49.8	*8.7	*16.0	55.2	70.7
Fractures and dislocations	17.8	*-	*8.2	*12.4	36.8	16.9	*-	*0.5	16.1	30.6
Sprains and strains	7.2	*-	*4.8	*10.9	*5.7	10.9	*-	*5.3	16.1	*9.9
Open wounds and lacerations	*1.9	*2.3	*3.3	*2.4	*-	*1.6	*0.6	*1.0	*2.4	*1.1
Contusions and superficial injuries	*5.5	*-	*1.8	*6.4	*8.1	*5.3	*-	*4.7	*4.2	*8.1
Other current injuries	10.9	*4.8	*4.0	*12.7	*14.8	15.1	*8.0	*4.4	16.3	21.0
Selected other acute conditions	26.3	74.2	*21.5	14.2	33.3	53.9	96.9	33.1	69.6	36.6
Eye conditions	*0.3	*-	*0.3	*0.2	*0.5	*0.3	*-	*0.8	*0.3	*0.1
Acute ear infections	7.6	*45.9	*11.8	*1.2	*3.3	10.8	*66.7	*15.2	*6.3	*1.4
Other ear conditions	*0.8	*-	*1.3	*0.5	*1.0	*0.4	*-	*0.6	*0.2	*0.6
Acute urinary conditions	*3.3	*3.5	*-	*0.3	*9.7	6.4	*12.1	*5.1	*5.1	*7.5
Disorders of menstruation . . . . .	...	...	...	...	...	*0.6	...	*0.5	*1.0	*0.2
Other disorders of female genital tract . . . . .	...	...	...	...	...	*3.9	*-	*0.3	*8.2	*1.4
Delivery and other conditions of pregnancy and puerperium . . . . .	...	...	...	...	...	15.1	...	*4.0	35.3	*-
Skin conditions	*2.0	*-	*0.3	*0.9	*5.3	*1.8	*1.9	*0.1	*2.5	*1.7
Acute musculoskeletal conditions	7.2	*-	*0.5	*9.5	*10.5	10.5	*-	*1.2	*9.5	19.0
Headache, excluding migraine	*1.5	*-	*2.1	*0.5	*3.0	*1.3	*-	*1.1	*0.9	*2.0
Fever, unspecified	*3.6	*24.9	*5.3	*1.2	*-	*2.9	*16.1	*4.1	*0.3	*2.5
All other acute conditions	17.9	*40.5	*2.7	*9.9	33.2	20.5	*35.0	*6.4	*12.1	35.3

* Figure does not meet standard of reliability or precision.

*- Figure does not meet standard of reliability or precision and quantity zero.

... Category not applicable.

NOTE: The standard errors and relative standard errors (RSE's) can be computed by using parameter set II of table II, the frequencies of table 32 and the formula presented in rule 2 of appendix I.

Table 28. Number of bed days associated with acute conditions per 100 persons per year, by race, age, and type of condition: United States, 1995

[Data are based on household interviews of the civilian noninstitutionalized population. The survey design, general qualifications, and information on the reliability of the estimates are given in appendix I. Definitions of terms are given in appendix II]

Type of acute condition	White				Black			
	All ages	Under 18 years	18-44 years	45 years and over	All ages	Under 18 years	18-44 years	45 years and over
	Number of bed days per 100 persons per year							
All acute conditions	283.3	335.6	245.9	288.6	271.8	263.8	283.6	262.6
Infective and parasitic diseases	28.2	59.9	15.5	19.0	28.6	*51.0	*22.3	*7.6
Common childhood diseases	*2.4	*8.3	*0.5	*-	*5.5	*12.6	*2.9	*-
Intestinal virus, unspecified	4.6	*8.0	*4.7	*1.9	*4.5	*8.3	*1.8	*3.7
Viral infections, unspecified	10.0	17.6	*5.1	*10.0	*11.3	*23.2	*7.4	*1.0
Other	11.2	26.1	*5.2	*7.0	*7.3	*6.8	*10.2	*2.9
Respiratory conditions	136.8	186.8	120.8	117.4	123.8	153.4	103.6	117.1
Common cold	19.3	29.5	16.9	14.3	34.8	*55.9	*17.6	*34.7
Other acute upper respiratory infections	13.6	27.3	9.4	*8.0	*8.0	*2.4	*15.6	*2.5
Influenza	75.0	107.7	73.8	51.1	62.9	77.6	59.2	*48.4
Acute bronchitis	11.7	*11.6	10.0	14.0	*8.4	*13.6	*8.9	*-
Pneumonia	13.3	*6.2	8.8	24.1	*3.9	*2.6	*1.1	*10.5
Other respiratory conditions	3.9	*4.5	*1.8	*5.9	*5.9	*1.1	*1.2	*21.0
Digestive system conditions	10.9	*9.3	10.8	12.1	*14.0	*11.7	*21.2	*4.3
Dental conditions	*1.0	*1.4	*0.7	*1.2	*4.2	*7.6	*3.2	*1.2
Indigestion, nausea, and vomiting	*2.9	*5.7	*2.1	*1.8	*3.5	*4.1	*4.7	*0.5
Other digestive conditions	6.9	*2.3	*8.0	*9.2	*6.2	*-	*13.4	*2.6
Injuries	47.5	15.5	50.4	69.0	44.8	*12.4	60.1	*64.5
Fractures and dislocations	18.0	*1.9	16.0	32.8	*11.0	*0.7	*8.5	*30.3
Sprains and strains	8.3	*3.7	11.4	*8.2	*16.5	*4.0	*30.9	*8.9
Open wounds and lacerations	*2.0	*2.4	*2.8	*0.7	*0.5	*0.3	*1.0	*-
Contusions and superficial injuries	5.7	*2.8	*5.0	*9.0	*4.0	*0.6	*7.4	*3.0
Other current injuries	13.5	*4.7	15.2	18.3	*12.8	*6.9	*12.3	*22.3
Selected other acute conditions	39.6	46.8	38.0	35.9	44.1	*33.3	61.2	*29.5
Eye conditions	*0.2	*0.1	*0.3	*0.3	*0.2	*0.7	*-	*-
Acute ear infections	9.6	29.3	*2.8	*2.6	*5.7	*11.3	*4.4	*-
Other ear conditions	*0.7	*0.9	*0.4	*0.9	*-	*-	*-	*-
Acute urinary conditions	5.1	*3.4	*2.7	*9.3	*5.3	*7.9	*3.6	*4.5
Disorders of menstruation	*0.3	*0.2	*0.6	*0.1	*0.2	*-	*0.4	*-
Other disorders of female genital tract	*1.5	*0.1	*3.5	*0.1	*4.0	*-	*9.6	*-
Delivery and other conditions of pregnancy and puerperium	6.3	*0.3	15.2	*-	*14.3	*7.2	*28.1	*-
Skin conditions	*2.0	*0.5	*1.8	*3.3	*2.1	*-	*2.1	*5.1
Acute musculoskeletal conditions	9.2	*0.2	9.6	15.6	*8.5	*2.7	*10.8	*12.9
Headache, excluding migraine	*1.1	*1.1	*0.4	*2.0	*3.0	*1.6	*2.0	*6.9
Fever, unspecified	3.5	*10.6	*0.7	*1.6	*0.7	*1.8	*0.3	*-
All other acute conditions	20.4	17.2	10.4	35.2	*16.5	*2.0	*15.2	*39.7

* Figure does not meet standard of reliability or precision.

*- Figure does not meet standard of reliability or precision and quantity zero.

NOTE: The standard errors and relative standard errors (RSE's) can be computed by using parameter set II of table II, the frequencies of table 33 and the formula presented in rule 2 of appendix I.

Table 29. Number of bed days associated with acute conditions per 100 persons per year, by family income, age, and type of condition: United States, 1995

[Data are based on household interviews of the civilian noninstitutionalized population. The survey design, general qualifications, and information on the reliability of the estimates are given in appendix I. Definitions of terms are given in appendix II]

Type of acute condition	Family income							
	Less than \$10,000				\$10,000-\$19,999			
	All ages	Under 18 years	18-44 years	45 years and over	All ages	Under 18 years	18-44 years	45 years and over
	Number of bed days per 100 persons per year							
All acute conditions	429.2	416.3	407.0	468.2	352.1	315.6	360.9	372.0
Infective and parasitic diseases	35.6	*84.1	*12.0	*21.3	30.8	*51.0	*26.5	*19.0
Common childhood diseases	*8.4	*29.3	*-	*-	*2.6	*6.0	*2.5	*-
Intestinal virus, unspecified	*4.5	*13.2	*1.9	*-	*5.4	*4.8	*7.3	*3.8
Viral infections, unspecified	*10.1	*20.3	*3.9	*8.7	*12.1	*24.0	*5.3	*10.2
Other	*12.5	*21.3	*6.1	*12.6	*10.6	*16.2	*11.4	*5.0
Respiratory conditions	218.0	242.3	194.3	225.6	139.1	163.1	145.8	111.5
Common cold	52.5	*80.7	*43.2	*38.8	21.1	*36.0	*18.4	*11.9
Other acute upper respiratory infections	*15.8	*17.0	*28.9	*1.1	*10.6	*18.0	*11.4	*3.5
Influenza	107.3	128.4	94.3	*104.6	78.7	87.0	94.4	*53.9
Acute bronchitis	*15.4	*2.3	*15.0	*27.6	*12.4	*13.3	*11.0	*13.2
Pneumonia	*17.1	*4.7	*9.2	*37.8	*12.4	*3.8	*9.1	*23.2
Other respiratory conditions	*9.9	*9.2	*5.6	*15.8	*4.0	*5.0	*1.6	*5.8
Digestive system conditions	*9.3	*2.4	*11.3	*12.9	*15.9	*9.4	*11.6	*26.2
Dental conditions	*1.6	*-	*0.8	*4.0	*2.7	*5.5	*2.0	*1.3
Indigestion, nausea, and vomiting	*2.4	*2.4	*1.4	*3.8	*2.0	*1.8	*2.5	*1.5
Other digestive conditions	*5.3	*-	*9.1	*5.2	*11.2	*2.1	*7.0	*23.4
Injuries	73.0	*13.9	*78.5	118.9	86.5	*17.8	109.0	117.5
Fractures and dislocations	*23.3	*-	*9.6	*60.9	39.1	*3.2	*35.3	73.1
Sprains and strains	*17.3	*1.5	*29.0	*16.8	*15.9	*1.1	*34.5	*6.8
Open wounds and lacerations	*2.9	*3.7	*4.5	*-	*4.6	*5.5	*8.0	*-
Contusions and superficial injuries	*12.9	*4.2	*13.9	*19.3	*14.8	*3.3	*11.9	*27.6
Other current injuries	*16.7	*4.5	*21.5	*21.9	*12.1	*4.7	*19.4	*10.0
Selected other acute conditions	56.5	*50.6	*75.1	*38.9	51.8	*57.3	61.0	*36.9
Eye conditions	*1.0	*1.1	*1.7	*-	*0.6	*-	*-	*1.7
Acute ear infections	*4.3	*14.1	*0.7	*-	*9.9	*28.6	*3.1	*2.2
Other ear conditions	*0.8	*2.8	*-	*-	*1.1	*-	*1.3	*1.7
Acute urinary conditions	*5.0	*-	*5.9	*8.3	*8.2	*10.5	*6.7	*8.1
Disorders of menstruation	*0.7	*-	*1.8	*-	*-	*-	*-	*-
Other disorders of female genital tract	*2.6	*1.1	*5.2	*0.9	*3.7	*-	*9.7	*-
Delivery and other conditions of pregnancy and puerperium	*18.8	*5.9	*43.3	*-	*6.0	*5.4	*11.7	*-
Skin conditions	*3.6	*-	*2.6	*8.1	*4.9	*0.8	*4.0	*9.4
Acute musculoskeletal conditions	*9.2	*-	*13.0	*12.6	*12.2	*1.8	*19.8	*12.2
Headache, excluding migraine	*3.1	*1.3	*0.8	*7.7	*1.6	*1.9	*1.4	*1.5
Fever, unspecified	*7.4	*24.3	*-	*1.3	*3.5	*8.2	*3.3	*-
All other acute conditions	36.8	*23.0	*35.7	*50.4	27.9	*17.0	*7.0	60.9

See footnotes and note at end of table.

Table 29. Number of bed days associated with acute conditions per 100 persons per year, by family income, age, and type of condition: United States, 1995—Con.

[Data are based on household interviews of the civilian noninstitutionalized population. The survey design, general qualifications, and information on the reliability of the estimates are given in appendix I. Definitions of terms are given in appendix II]

Type of acute condition	Family income							
	\$20,000–\$34,999				\$35,000 or more			
	All ages	Under 18 years	18–44 years	45 years and over	All ages	Under 18 years	18–44 years	45 years and over
	Number of bed days per 100 persons per year							
All acute conditions	276.8	359.5	214.5	293.9	231.3	288.0	223.0	188.5
Infective and parasitic diseases	25.4	62.2	*11.7	*13.3	27.3	59.0	*14.6	*15.2
Common childhood diseases	*2.1	*7.7	*0.2	*—	*2.5	*8.2	*0.5	*—
Intestinal virus, unspecified	*5.4	*6.5	*4.5	*5.7	*4.9	*9.6	*4.3	*1.3
Viral infections, unspecified	*6.7	*17.7	*2.7	*3.1	10.4	*18.5	*5.6	*9.7
Other	*11.2	*30.4	*4.3	*4.4	9.4	*22.7	*4.1	*4.3
Respiratory conditions	138.2	205.7	111.1	119.1	120.7	164.9	110.9	92.2
Common cold	20.8	*33.4	*17.7	*14.5	15.6	*23.4	*13.2	*11.6
Other acute upper respiratory infections	*13.0	*31.4	*7.1	*5.6	13.0	*17.7	*10.6	*11.8
Influenza	77.5	117.6	70.1	53.9	68.3	97.6	70.0	37.5
Acute bronchitis	*11.1	*12.1	*6.1	*17.3	9.9	*13.8	*9.3	*6.9
Pneumonia	*12.3	*6.4	*8.3	*22.8	11.2	*11.2	*6.8	*17.5
Other respiratory conditions	*3.5	*4.8	*1.7	*4.9	*2.8	*1.1	*1.0	*6.9
Digestive system conditions	*10.9	*14.7	*7.0	*13.2	10.3	*4.6	*16.0	*7.4
Dental conditions	*1.4	*3.5	*0.4	*1.1	*0.9	*0.4	*1.0	*1.4
Indigestion, nausea, and vomiting	*2.3	*5.2	*0.6	*2.3	*2.2	*3.9	*2.4	*0.2
Other digestive conditions	*7.2	*6.0	*6.0	*9.8	7.2	*0.2	*12.7	*5.8
Injuries	44.1	*16.5	*31.1	85.5	29.4	*10.6	44.2	25.8
Fractures and dislocations	16.2	*1.2	*14.6	*31.1	7.7	*1.3	*12.2	*7.2
Sprains and strains	*10.1	*3.1	*6.2	*21.5	*6.6	*5.4	*11.1	*1.4
Open wounds and lacerations	*1.6	*0.8	*1.7	*2.1	*0.9	*1.4	*1.1	*0.2
Contusions and superficial injuries	*4.1	*5.2	*2.6	*5.4	*2.6	*0.7	*4.7	*1.5
Other current injuries	*12.1	*6.2	*6.1	*25.5	11.5	*1.9	*15.1	*15.6
Selected other acute conditions	44.8	*52.1	45.2	*38.1	27.3	35.4	28.1	*18.4
Eye conditions	*0.4	*1.6	*—	*—	*0.1	*—	*0.2	*—
Acute ear infections	*13.1	*33.1	*10.4	*—	7.6	*22.9	*1.4	*2.0
Other ear conditions	*0.7	*—	*—	*2.2	*0.4	*0.8	*0.2	*0.2
Acute urinary conditions	*6.1	*6.0	*2.8	*10.8	*2.2	*2.4	*1.0	*3.8
Disorders of menstruation	*0.4	*—	*0.6	*0.6	*0.3	*0.3	*0.6	*—
Other disorders of female genital tract	*3.2	*—	*5.0	*3.5	*0.4	*—	*0.9	*—
Delivery and other conditions of pregnancy and puerperium	*8.2	*0.4	*18.9	*—	*5.3	*—	*12.3	*—
Skin conditions	*2.1	*1.3	*3.4	*0.9	*0.8	*—	*0.5	*2.1
Acute musculoskeletal conditions	*5.1	*—	*2.5	*13.1	7.6	*0.8	*10.4	*10.1
Headache, excluding migraine	*2.5	*—	*0.7	*7.0	*0.8	*1.8	*0.5	*0.2
Fever, unspecified	*2.9	*9.7	*0.9	*—	*1.9	*6.5	*0.1	*—
All other acute conditions	*13.4	*8.3	*8.4	*24.7	16.3	*13.5	*9.2	29.4

* Figure does not meet standard of reliability or precision.

*— Figure does not meet standard of reliability or precision and quantity zero.

NOTE: The standard errors and relative standard errors (RSE's) can be computed by using parameter sets II and X of table II, the frequencies of tables 34 and 78 and the formula presented in rule 4 of appendix I.

Table 30. Number of bed days associated with acute conditions per 100 persons per year, by geographic region, place of residence, and type of condition: United States, 1995

[Data are based on household interviews of the civilian noninstitutionalized population. The survey design, general qualifications, and information on the reliability of the estimates are given in appendix I. Definitions of terms are given in appendix II]

Type of acute condition	Place of residence							
	Geographic region				MSA ¹			
	Northeast	Midwest	South	West	All MSA ¹	Central city	Not central city	Not MSA ¹
	Number of bed days per 100 persons per year							
All acute conditions	264.7	256.6	282.7	321.6	279.4	298.5	268.0	288.8
Infective and parasitic diseases	31.3	21.9	34.5	17.7	27.7	26.2	28.6	25.6
Common childhood diseases	*2.0	*4.7	*2.3	*1.8	*3.1	*4.5	*2.3	*0.9
Intestinal virus, unspecified	*6.3	*3.3	*6.8	*0.7	4.4	*4.7	*4.3	*5.0
Viral infections, unspecified	*7.4	*7.7	14.8	*5.7	9.6	*6.5	11.4	*10.3
Other	15.7	*6.2	10.6	*9.6	10.6	10.5	10.6	*9.3
Respiratory conditions	119.3	138.4	123.0	169.9	134.8	134.5	135.0	140.4
Common cold	22.0	21.0	18.2	28.9	23.3	28.3	20.3	16.4
Other acute upper respiratory infections	*13.3	*11.6	10.6	18.2	13.3	12.8	13.7	*11.6
Influenza	60.1	82.0	65.3	90.7	72.6	71.5	73.3	77.9
Acute bronchitis	*11.6	*10.2	12.2	*10.8	11.1	11.7	10.7	*12.1
Pneumonia	*10.6	*11.5	10.3	17.0	11.3	*6.4	14.3	14.9
Other respiratory conditions	*1.7	*2.1	*6.4	*4.3	*3.2	*3.9	*2.8	*7.4
Digestive system conditions	*9.4	*8.4	14.9	*12.6	10.4	13.6	8.5	17.4
Dental conditions	*2.5	*0.1	*2.0	*1.0	*1.6	*1.3	*1.8	*0.8
Indigestion, nausea, and vomiting	*2.3	*2.7	*2.2	*4.8	*2.9	*3.7	*2.4	*3.0
Other digestive conditions	*4.6	*5.6	10.7	*6.8	5.9	*8.6	*4.3	*13.6
Injuries	50.4	29.8	51.4	54.1	47.2	56.7	41.4	44.5
Fractures and dislocations	17.3	*6.0	22.1	22.3	18.1	20.2	16.8	14.7
Sprains and strains	*6.8	*9.6	10.1	*9.0	9.4	13.0	7.2	*7.9
Open wounds and lacerations	*3.3	*0.4	*1.4	*2.1	*1.6	*2.2	*1.2	*2.2
Contusions and superficial injuries	*8.3	*2.3	*5.6	*5.9	5.0	*7.8	*3.3	*7.0
Other current injuries	14.7	*11.5	12.1	14.8	13.1	13.5	13.0	*12.7
Selected other acute conditions	32.3	40.7	38.0	51.6	40.3	44.7	37.7	40.9
Eye conditions	*0.2	*0.5	*0.3	*-	*0.3	*0.5	*0.1	*0.4
Acute ear infections	*9.6	*8.5	*6.0	15.0	8.8	12.7	6.5	*11.0
Other ear conditions	*-	*0.8	*0.9	*0.3	*0.6	*0.7	*0.5	*0.6
Acute urinary conditions	*4.5	*4.6	*5.1	*5.4	5.0	*5.0	*4.9	*4.7
Disorders of menstruation	*-	*0.1	*0.2	*1.0	*0.2	*0.4	*0.1	*0.6
Other disorders of female genital tract	*1.6	*0.6	*3.9	*0.8	*1.4	*1.5	*1.3	*4.3
Delivery and other conditions of pregnancy and puerperium	*1.7	*9.4	*7.2	*12.5	8.2	*8.8	7.8	*6.1
Skin conditions	*3.0	*2.0	*1.1	*2.0	*2.1	*1.2	*2.6	*1.2
Acute musculoskeletal conditions	*7.9	*11.1	8.8	*7.5	9.2	*7.1	10.4	*7.6
Headache, excluding migraine	*1.0	*1.4	*1.8	*1.0	*1.1	*1.8	*0.7	*2.5
Fever, unspecified	*2.7	*1.8	*2.7	*6.3	*3.6	*4.8	*2.8	*1.9
All other acute conditions	22.0	17.4	21.0	15.8	19.0	22.8	16.8	20.1

* Figure does not meet standard of reliability or precision.

*- Figure does not meet standard of reliability or precision and quantity zero.

¹MSA is metropolitan statistical area.

NOTE: The standard errors and relative standard errors (RSE's) can be computed by using parameter sets II and X of table II, the frequencies of tables 35 and 78 and the formula presented in rule 4 of appendix I.

Table 31. Number of bed days associated with acute conditions, by age and type of condition: United States, 1995

[Data are based on household interviews of the civilian noninstitutionalized population. The survey design, general qualifications, and information on the reliability of the estimates are given in appendix I. Definitions of terms are given in appendix II]

Type of acute condition	All ages	Under 5 years	5-17 years	18-24 years	25-44 years	45 years and over		
						Total	45-64 years	65 years and over
Number of bed days in thousands								
All acute conditions	736,601	86,860	141,485	59,909	209,170	239,176	135,046	104,130
Infective and parasitic diseases	71,418	15,072	24,864	5,358	11,573	14,551	7,357	7,193
Common childhood diseases	7,011	3,855	2,299	493	365	-	-	-
Intestinal virus, unspecified	11,941	1,825	3,768	1,349	3,073	1,926	1,759	167
Viral infections, unspecified	25,460	4,378	8,249	1,434	4,078	7,321	3,699	3,622
Other	27,006	5,014	10,548	2,083	4,058	5,304	1,899	3,405
Respiratory conditions	355,972	42,755	86,919	26,016	101,730	98,552	61,539	37,013
Common cold	57,335	7,773	16,742	5,280	12,992	14,548	9,044	5,504
Other acute upper respiratory infections	34,018	5,629	10,844	1,913	9,160	6,473	5,606	887
Influenza	192,924	21,372	50,828	15,392	62,463	42,870	30,017	12,853
Acute bronchitis	29,573	3,660	4,894	2,966	7,644	10,410	3,911	6,499
Pneumonia	31,594	2,983	2,256	92	7,891	18,373	9,113	9,260
Other respiratory conditions	10,528	1,339	1,356	374	1,580	5,879	3,848	2,030
Digestive system conditions	30,882	2,476	4,130	1,980	10,720	11,577	7,497	4,080
Dental conditions	3,791	711	929	163	888	1,100	655	445
Indigestion, nausea, and vomiting	7,626	1,765	1,935	722	1,888	1,316	633	683
Other digestive conditions	19,465	-	1,266	1,095	7,944	9,161	6,209	2,952
Injuries	122,124	1,590	9,622	16,924	37,227	56,762	29,886	26,876
Fractures and dislocations	45,517	-	2,244	5,923	9,543	27,807	12,816	14,991
Sprains and strains	23,807	-	2,532	5,699	8,949	6,627	4,346	2,281
Open wounds and lacerations	4,504	300	1,099	395	2,218	493	422	71
Contusions and superficial injuries	14,112	-	1,625	1,659	4,082	6,746	3,863	2,883
Other current injuries	34,184	1,290	2,122	3,248	12,434	15,090	8,439	6,651
Selected other acute conditions	105,839	17,294	13,685	7,814	37,885	29,161	13,913	15,248
Eye conditions	760	-	289	-	247	223	-	223
Acute ear infections	24,163	11,368	6,786	187	3,939	1,884	1,884	-
Other ear conditions	1,490	-	484	20	328	657	657	-
Acute urinary conditions	12,867	1,564	1,249	783	2,179	7,092	1,938	5,154
Disorders of menstruation	769	...	115	96	454	104	104	-
Other disorders of female genital tract	5,193	-	70	430	4,039	653	653	-
Delivery and other conditions of pregnancy and puerperium	20,307	...	992	4,284	15,032	-	-	...
Skin conditions	4,933	188	86	367	1,485	2,808	2,013	794
Acute musculoskeletal conditions	23,265	-	432	1,171	9,104	12,558	5,182	7,376
Headache, excluding migraine	3,610	-	811	152	607	2,041	433	1,608
Fever, unspecified	8,482	4,174	2,370	326	471	1,140	1,048	93
All other acute conditions	50,365	7,674	2,266	1,816	10,035	28,574	14,855	13,719

- Quantity zero.

... Category not applicable.

NOTE: The standard errors and relative standard errors (RSE's) can be computed by using parameter set II of table II and the formula presented in rule 1 of appendix I. An estimate of 68.3 million has a 10-percent RSE; of 16.8 million, a 20-percent RSE; and of 7.5 million, a 30-percent RSE.

Table 32. Number of bed days associated with acute conditions, by sex, age, and type of condition: United States, 1995

[Data are based on household interviews of the civilian noninstitutionalized population. The survey design, general qualifications, and information on the reliability of the estimates are given in appendix I. Definitions of terms are given in appendix II]

Type of acute condition	Male					Female				
	All ages	Under 5 years	5-17 years	18-44 years	45 years and over	All ages	Under 5 years	5-17 years	18-44 years	45 years and over
Number of bed days in thousands										
All acute conditions	309,155	40,856	66,313	95,121	106,865	427,446	46,004	75,172	173,958	132,312
Infective and parasitic diseases	31,773	7,326	13,105	5,647	5,695	39,645	7,746	11,759	11,284	8,856
Common childhood diseases	3,808	1,899	1,243	667	—	3,203	1,956	1,056	191	—
Intestinal virus, unspecified	4,788	1,173	1,899	1,415	301	7,153	652	1,869	3,007	1,625
Viral infections, unspecified	11,982	2,281	3,767	1,525	4,409	13,477	2,098	4,482	3,986	2,911
Other	11,194	1,974	6,196	2,040	984	15,812	3,040	4,351	4,101	4,320
Respiratory conditions	152,040	20,128	39,304	46,538	46,070	203,932	22,627	47,615	81,208	52,482
Common cold	23,850	3,468	8,099	7,398	4,885	33,484	4,305	8,642	10,874	9,663
Other acute upper respiratory infections	15,262	2,528	5,269	2,961	4,504	18,756	3,101	5,575	8,111	1,970
Influenza	79,298	8,374	21,642	29,671	19,611	113,627	12,998	29,186	48,184	23,259
Acute bronchitis	11,022	2,582	1,993	2,950	3,496	18,552	1,077	2,900	7,660	6,915
Pneumonia	17,180	2,481	1,841	3,139	9,720	14,413	502	415	4,844	8,653
Other respiratory conditions	5,428	695	459	420	3,854	5,100	644	897	1,535	2,024
Digestive system conditions	13,779	762	1,972	6,187	4,858	17,104	1,714	2,158	6,513	6,719
Dental conditions	1,861	494	334	695	338	1,930	216	594	357	762
Indigestion, nausea, and vomiting	2,784	268	941	1,098	478	4,842	1,498	994	1,512	838
Other digestive conditions	9,134	—	696	4,395	4,042	10,332	—	569	4,644	5,119
Injuries	55,248	731	5,690	23,921	24,906	66,876	859	3,932	30,229	31,856
Fractures and dislocations	22,756	—	2,114	6,628	14,013	22,761	—	129	8,839	13,793
Sprains and strains	9,230	—	1,235	5,808	2,187	14,577	—	1,297	8,840	4,440
Open wounds and lacerations	2,387	236	851	1,300	—	2,117	64	247	1,313	493
Contusions and superficial injuries	6,967	—	460	3,431	3,076	7,145	—	1,166	2,310	3,670
Other current injuries	13,909	495	1,030	6,754	5,630	20,275	795	1,092	8,928	9,461
Selected other acute conditions	33,501	7,702	5,542	7,574	12,682	72,338	9,592	8,142	38,125	16,479
Eye conditions	356	—	81	99	176	404	—	208	148	48
Acute ear infections	9,710	4,759	3,047	651	1,253	14,453	6,609	3,739	3,474	631
Other ear conditions	970	—	334	265	372	519	—	151	83	285
Acute urinary conditions	4,250	363	—	180	3,708	8,617	1,201	1,249	2,782	3,385
Disorders of menstruation . . . . .	...	...	...	...	...	769	...	115	550	104
Other disorders of female genital tract . . . . .	...	...	...	...	...	5,193	—	70	4,469	653
Delivery and other conditions of pregnancy and puerperium . . . . .	...	...	...	...	...	20,307	...	992	19,316	—
Skin conditions	2,561	—	67	460	2,034	2,372	188	19	1,392	773
Acute musculoskeletal conditions	9,184	—	126	5,060	3,998	14,080	—	306	5,215	8,560
Headache, excluding migraine	1,919	—	531	247	1,141	1,691	—	280	511	900
Fever, unspecified	4,550	2,580	1,357	613	—	3,931	1,594	1,013	184	1,140
All other acute conditions	22,814	4,207	701	5,252	12,654	27,551	3,467	1,566	6,599	15,919

— Quantity zero.

... Category not applicable.

NOTE: The standard errors and relative standard errors (RSE's) can be computed by using parameter set II of table II and the formula presented in rule 1 of appendix I. An estimate of 68.3 million has a 10-percent RSE; of 16.8 million, a 20-percent RSE; and of 7.5 million, a 30-percent RSE.

Table 33. Number of bed days associated with acute conditions, by race, age, and type of condition: United States, 1995

[Data are based on household interviews of the civilian noninstitutionalized population. The survey design, general qualifications, and information on the reliability of the estimates are given in appendix I. Definitions of terms are given in appendix II]

Type of acute condition	White				Black			
	All ages	Under 18 years	18-44 years	45 years and over	All ages	Under 18 years	18-44 years	45 years and over
Number of bed days in thousands ¹								
All acute conditions	615,408	188,564	218,053	208,791	89,044	29,566	39,113	20,366
Infective and parasitic diseases	61,156	33,675	13,761	13,719	9,373	5,714	3,069	589
Common childhood diseases	5,118	4,666	452	—	1,817	1,412	406	—
Intestinal virus, unspecified	10,056	4,480	4,177	1,398	1,464	933	244	286
Viral infections, unspecified	21,631	9,888	4,497	7,245	3,693	2,603	1,014	75
Other	24,351	14,641	4,635	5,076	2,399	766	1,405	228
Respiratory conditions	297,049	104,961	107,143	84,945	40,556	17,189	14,287	9,079
Common cold	41,932	16,601	14,997	10,334	11,389	6,267	2,429	2,692
Other acute upper respiratory infections	29,501	15,317	8,366	5,818	2,612	274	2,145	193
Influenza	162,920	60,501	65,482	36,936	20,617	8,700	8,165	3,752
Acute bronchitis	25,495	6,506	8,844	10,144	2,751	1,526	1,225	—
Pneumonia	28,782	3,495	7,828	17,460	1,266	295	155	816
Other respiratory conditions	8,419	2,541	1,625	4,253	1,921	127	168	1,626
Digestive system conditions	23,624	5,228	9,614	8,782	4,570	1,315	2,924	331
Dental conditions	2,269	786	612	872	1,389	854	440	95
Indigestion, nausea, and vomiting	6,338	3,177	1,880	1,281	1,137	461	642	35
Other digestive conditions	15,017	1,266	7,122	6,629	2,043	—	1,843	201
Injuries	103,281	8,731	44,662	49,888	14,688	1,393	8,291	5,005
Fractures and dislocations	39,013	1,076	14,219	23,718	3,605	80	1,176	2,350
Sprains and strains	18,110	2,089	10,085	5,936	5,398	443	4,264	691
Open wounds and lacerations	4,338	1,366	2,479	493	167	33	134	—
Contusions and superficial injuries	12,466	1,559	4,392	6,515	1,324	66	1,027	230
Other current injuries	29,355	2,641	13,487	13,227	4,195	772	1,690	1,733
Selected other acute conditions	85,919	26,285	33,676	25,958	14,458	3,727	8,445	2,286
Eye conditions	536	66	247	223	81	81	—	—
Acute ear infections	20,806	16,470	2,451	1,884	1,870	1,267	603	—
Other ear conditions	1,490	484	348	657	—	—	—	—
Acute urinary conditions	11,084	1,928	2,415	6,742	1,733	885	498	350
Disorders of menstruation	712	115	493	104	57	—	57	—
Other disorders of female genital tract	3,276	70	3,146	60	1,323	—	1,323	—
Delivery and other conditions of pregnancy and puerperium	13,651	186	13,464	—	4,683	805	3,878	—
Skin conditions	4,246	274	1,565	2,408	687	—	287	399
Acute musculoskeletal conditions	19,966	126	8,540	11,299	2,797	306	1,487	1,004
Headache, excluding migraine	2,468	634	394	1,440	985	176	277	532
Fever, unspecified	7,684	5,931	613	1,140	241	206	35	—
All other acute conditions	44,379	9,683	9,198	25,498	5,399	228	2,096	3,076

— Quantity zero.

¹Totals for white and black do not sum to total bed days because other races are not included.

NOTE: The standard errors and relative standard errors (RSE's) can be computed by using parameter set II of table II and the formula presented in rule 1 of appendix I. An estimate of 68.3 million has a 10-percent RSE; of 16.8 million, a 20-percent RSE; and of 7.5 million, a 30-percent RSE.

Table 34. Number of bed days associated with acute conditions, by family income, age, and type of condition: United States, 1995

[Data are based on household interviews of the civilian noninstitutionalized population. The survey design, general qualifications, and information on the reliability of the estimates are given in appendix I. Definitions of terms are given in appendix II]

Type of acute condition	Family income							
	Less than \$10,000				\$10,000-\$19,999			
	All ages	Under 18 years	18-44 years	45 years and over	All ages	Under 18 years	18-44 years	45 years and over
	Number of bed days in thousands ¹							
All acute conditions	92,924	25,784	34,739	32,402	133,328	33,197	52,614	47,518
Infective and parasitic diseases	7,703	5,209	1,021	1,474	11,656	5,363	3,868	2,425
Common childhood diseases	1,817	1,817	—	—	999	633	366	—
Intestinal virus, unspecified	979	818	161	—	2,054	503	1,070	482
Viral infections, unspecified	2,192	1,255	337	601	4,601	2,526	772	1,303
Other	2,715	1,319	523	873	4,002	1,701	1,660	641
Respiratory conditions	47,207	15,006	16,583	15,617	52,669	17,161	21,262	14,246
Common cold	11,370	4,998	3,689	2,682	7,989	3,791	2,678	1,521
Other acute upper respiratory infections	3,425	1,052	2,297	76	4,005	1,894	1,662	449
Influenza	23,238	7,955	8,047	7,236	29,801	9,154	13,756	6,891
Acute bronchitis	3,335	140	1,283	1,912	4,689	1,397	1,603	1,690
Pneumonia	3,695	292	788	2,615	4,685	402	1,324	2,959
Other respiratory conditions	2,144	569	480	1,095	1,499	524	240	735
Digestive system conditions	2,011	148	967	896	6,023	991	1,688	3,344
Dental conditions	344	—	67	277	1,039	576	298	165
Indigestion, nausea, and vomiting	529	148	120	261	742	191	365	186
Other digestive conditions	1,138	—	781	358	4,242	225	1,025	2,992
Injuries	15,798	861	6,705	8,232	32,765	1,870	15,888	15,007
Fractures and dislocations	5,038	—	819	4,218	14,811	336	5,140	9,334
Sprains and strains	3,735	95	2,477	1,163	6,019	120	5,033	866
Open wounds and lacerations	619	231	388	—	1,741	580	1,161	—
Contusions and superficial injuries	2,786	260	1,188	1,338	5,604	344	1,732	3,527
Other current injuries	3,622	276	1,832	1,513	4,591	490	2,822	1,279
Selected other acute conditions	12,239	3,136	6,411	2,692	19,635	6,028	8,891	4,716
Eye conditions	214	66	148	—	223	—	—	223
Acute ear infections	939	875	64	—	3,744	3,006	454	285
Other ear conditions	172	172	—	—	413	—	192	220
Acute urinary conditions	1,078	—	504	573	3,121	1,104	981	1,036
Disorders of menstruation	153	—	153	—	—	—	—	—
Other disorders of female genital tract	571	70	441	60	1,409	—	1,409	—
Delivery and other conditions of pregnancy and puerperium	4,066	367	3,699	—	2,277	572	1,706	—
Skin conditions	784	—	222	562	1,865	86	579	1,200
Acute musculoskeletal conditions	1,984	—	1,113	871	4,637	191	2,891	1,555
Headache, excluding migraine	680	81	67	532	604	203	204	197
Fever, unspecified	1,598	1,506	—	93	1,342	867	475	—
All other acute conditions	7,965	1,423	3,051	3,491	10,580	1,783	1,017	7,780

See footnotes and note at end of table.

Table 34. Number of bed days associated with acute conditions, by family income, age, and type of condition: United States, 1995—Con.

[Data are based on household interviews of the civilian noninstitutionalized population. The survey design, general qualifications, and information on the reliability of the estimates are given in appendix I. Definitions of terms are given in appendix II]

Type of acute condition	Family income							
	\$20,000–\$34,999				\$35,000 or more			
	All ages	Under 18 years	18–44 years	45 years and over	All ages	Under 18 years	18–44 years	45 years and over
	Number of bed days in thousands ¹							
All acute conditions	151,226	51,188	50,387	49,651	247,329	86,726	101,808	58,794
Infective and parasitic diseases	13,848	8,855	2,748	2,246	29,155	17,757	6,652	4,747
Common childhood diseases	1,130	1,090	41	—	2,707	2,465	242	—
Intestinal virus, unspecified	2,953	920	1,064	969	5,269	2,887	1,983	400
Viral infections, unspecified	3,671	2,517	629	526	11,121	5,560	2,547	3,014
Other	6,093	4,328	1,015	750	10,058	6,846	1,880	1,333
Respiratory conditions	75,505	29,294	26,093	20,117	129,056	49,663	50,630	28,764
Common cold	11,378	4,762	4,169	2,448	16,699	7,058	6,032	3,610
Other acute upper respiratory infections	7,098	4,478	1,670	951	13,880	5,327	4,859	3,664
Influenza	42,317	16,742	16,473	9,103	73,037	29,389	31,966	11,682
Acute bronchitis	6,067	1,717	1,425	2,925	10,544	4,163	4,227	2,154
Pneumonia	6,714	908	1,949	3,857	11,955	3,381	3,112	5,461
Other respiratory conditions	1,929	687	408	834	2,942	345	434	2,163
Digestive system conditions	5,971	2,094	1,645	2,232	11,009	1,379	7,319	2,311
Dental conditions	756	494	84	178	1,003	127	446	431
Indigestion, nausea, and vomiting	1,281	747	142	392	2,339	1,181	1,093	65
Other digestive conditions	3,934	853	1,419	1,662	7,667	71	5,781	1,815
Injuries	24,114	2,353	7,309	14,452	31,447	3,201	20,188	8,058
Fractures and dislocations	8,848	177	3,424	5,247	8,198	383	5,571	2,243
Sprains and strains	5,522	436	1,452	3,635	7,105	1,612	5,067	427
Open wounds and lacerations	866	114	397	355	998	434	497	67
Contusions and superficial injuries	2,257	745	602	910	2,818	211	2,152	455
Other current injuries	6,621	881	1,435	4,305	12,327	561	6,901	4,866
Selected other acute conditions	24,458	7,412	10,616	6,431	29,236	10,673	12,825	5,738
Eye conditions	224	224	—	—	99	—	99	—
Acute ear infections	7,162	4,716	2,446	—	8,162	6,894	637	631
Other ear conditions	372	—	—	372	388	240	83	65
Acute urinary conditions	3,326	850	649	1,828	2,356	727	439	1,190
Disorders of menstruation	236	—	133	104	352	88	264	—
Other disorders of female genital tract	1,765	—	1,172	593	399	—	399	—
Delivery and other conditions of pregnancy and puerperium	4,492	53	4,438	—	5,620	—	5,620	—
Skin conditions	1,140	188	807	145	893	—	244	649
Acute musculoskeletal conditions	2,808	—	597	2,211	8,147	241	4,767	3,138
Headache, excluding migraine	1,340	—	162	1,178	829	527	237	65
Fever, unspecified	1,593	1,381	212	—	1,991	1,956	35	—
All other acute conditions	7,330	1,180	1,976	4,174	17,425	4,053	4,194	9,177

— Quantity zero.

¹Totals for income categories do not sum to total bed days because persons with unknown family income are not included.

NOTE: The standard errors and relative standard errors (RSE's) can be computed by using parameter set II of table II and the formula presented in rule 1 of appendix I. An estimate of 68.3 million has a 10-percent RSE; of 16.8 million, a 20-percent RSE; and of 7.5 million, a 30-percent RSE.

Table 35. Number of bed days associated with acute conditions, by geographic region, place of residence, and type of condition: United States, 1995

[Data are based on household interviews of the civilian noninstitutionalized population. The survey design, general qualifications, and information on the reliability of the estimates are given in appendix I. Definitions of terms are given in appendix II]

Type of acute condition	Place of residence							
	Geographic region				MSA ¹			
	Northeast	Midwest	South	West	All MSA ¹	Central city	Not central city	Not MSA ¹
	Number of bed days in thousands							
All acute conditions	136,207	159,678	261,183	179,533	585,706	233,524	352,182	150,895
Infective and parasitic diseases	16,101	13,602	31,839	9,875	58,046	20,503	37,543	13,372
Common childhood diseases	1,011	2,905	2,116	980	6,523	3,514	3,008	488
Intestinal virus, unspecified	3,235	2,048	6,286	371	9,324	3,691	5,633	2,617
Viral infections, unspecified	3,800	4,820	13,667	3,172	20,063	5,090	14,973	5,397
Other	8,055	3,829	9,770	5,352	22,136	8,207	13,929	4,871
Respiratory conditions	61,376	86,148	113,620	94,828	282,641	105,189	177,452	73,331
Common cold	11,297	13,099	16,814	16,125	48,770	22,118	26,652	8,565
Other acute upper respiratory infections	6,848	7,201	9,831	10,138	27,971	9,977	17,994	6,047
Influenza	30,939	51,057	60,319	50,609	152,206	55,915	96,291	40,718
Acute bronchitis	5,971	6,336	11,231	6,036	23,231	9,148	14,083	6,342
Pneumonia	5,447	7,141	9,493	9,513	23,794	5,016	18,778	7,800
Other respiratory conditions	874	1,314	5,932	2,408	6,669	3,014	3,655	3,859
Digestive system conditions	4,835	5,225	13,789	7,033	21,810	10,649	11,161	9,073
Dental conditions	1,264	79	1,874	575	3,390	1,015	2,375	402
Indigestion, nausea, and vomiting	1,209	1,667	2,071	2,679	6,055	2,918	3,136	1,571
Other digestive conditions	2,362	3,479	9,845	3,780	12,365	6,716	5,650	7,100
Injuries	25,951	18,528	47,451	30,195	98,858	44,388	54,470	23,266
Fractures and dislocations	8,889	3,751	20,404	12,474	37,857	15,796	22,060	7,660
Sprains and strains	3,516	5,948	9,346	4,997	19,659	10,197	9,461	4,148
Open wounds and lacerations	1,712	263	1,338	1,191	3,334	1,759	1,575	1,170
Contusions and superficial injuries	4,260	1,419	5,156	3,277	10,444	6,091	4,352	3,668
Other current injuries	7,574	7,148	11,207	8,255	27,564	10,544	17,021	6,620
Selected other acute conditions	16,622	25,349	35,067	28,801	84,464	34,941	49,523	21,375
Eye conditions	99	338	323	—	564	388	176	196
Acute ear infections	4,963	5,265	5,582	8,354	18,433	9,931	8,502	5,730
Other ear conditions	—	477	868	145	1,154	542	612	336
Acute urinary conditions	2,305	2,870	4,683	3,010	10,403	3,941	6,462	2,464
Disorders of menstruation	—	88	145	537	437	352	85	332
Other disorders of female genital tract	826	379	3,564	423	2,947	1,190	1,757	2,246
Delivery and other conditions of pregnancy and puerperium	889	5,849	6,613	6,957	17,128	6,879	10,248	3,180
Skin conditions	1,567	1,215	1,052	1,100	4,318	956	3,361	616
Acute musculoskeletal conditions	4,074	6,883	8,093	4,214	19,298	5,564	13,734	3,967
Headache, excluding migraine	513	895	1,657	546	2,320	1,413	908	1,290
Fever, unspecified	1,386	1,091	2,488	3,517	7,463	3,786	3,678	1,018
All other acute conditions	11,322	10,825	19,417	8,801	39,886	17,854	22,033	10,479

— Quantity zero.

¹MSA is metropolitan statistical area.

NOTES: The standard errors and relative standard errors (RSE's) can be computed by using parameter set II of table II and the formula presented in rule 1 of appendix I. An estimate of 68.3 million has a 10-percent RSE; of 16.8 million, a 20-percent RSE; and of 7.5 million, a 30-percent RSE.

Table 36. Number of work-loss days associated with acute conditions per 100 currently employed persons 18 years of age and over, by age and type of condition: United States, 1995

[Data are based on household interviews of the civilian noninstitutionalized population. The survey design, general qualifications, and information on the reliability of the estimates are given in appendix I. Definitions of terms are given in appendix II]

Type of acute condition	All ages 18 years and over	18-44 years			45 years and over	
		Total	18-24 years	25-44 years	Total	45-64 years
Number of work-loss days per 100 currently employed persons per year						
All acute conditions	284.5	285.7	258.9	292.4	281.9	284.0
Infective and parasitic diseases	21.3	22.5	*27.2	21.4	18.8	20.4
Common childhood diseases	*1.7	*2.5	*6.3	*1.5	*-	*-
Intestinal virus, unspecified	5.2	*6.4	*8.9	*5.7	*2.9	*3.2
Viral infections, unspecified	4.8	*3.9	*3.6	*4.0	*6.6	*6.9
Other	9.6	9.7	*8.5	10.1	*9.4	*10.4
Respiratory conditions	107.8	116.3	103.9	119.3	90.2	90.7
Common cold	17.2	18.7	*20.6	18.2	14.0	*14.2
Other acute upper respiratory infections	9.2	9.8	*11.4	9.4	*8.0	*6.8
Influenza	60.1	66.3	60.2	67.9	47.0	48.7
Acute bronchitis	8.8	11.3	*9.1	11.8	*3.6	*3.5
Pneumonia	9.5	8.1	*0.5	10.0	*12.5	*12.0
Other respiratory conditions	*3.0	*2.1	*2.1	*2.1	*5.0	*5.5
Digestive system conditions	16.8	13.7	*13.9	13.7	23.2	23.0
Dental conditions	*3.1	*2.9	*2.8	*2.9	*3.7	*3.9
Indigestion, nausea, and vomiting	*2.2	*1.5	*3.0	*1.1	*3.8	*1.9
Other digestive conditions	11.4	9.4	*8.1	9.7	15.7	17.1
Injuries	78.8	73.4	73.7	73.3	90.1	90.5
Fractures and dislocations	25.1	25.1	*21.8	25.9	25.0	21.5
Sprains and strains	25.2	21.9	*27.6	20.5	32.3	34.0
Open wounds and lacerations	5.8	*5.6	*0.9	*6.7	*6.3	*7.0
Contusions and superficial injuries	6.8	6.5	*10.7	*5.5	*7.5	*7.6
Other current injuries	15.8	14.3	*12.7	14.7	19.1	20.4
Selected other acute conditions	39.9	46.5	*29.8	50.6	26.0	24.5
Eye conditions	*0.7	*1.0	*0.4	*1.1	*0.2	*0.2
Acute ear infections	*2.6	*3.0	*1.4	*3.4	*1.8	*2.0
Other ear conditions	*0.9	*0.6	*0.1	*0.7	*1.5	*1.7
Acute urinary conditions	5.2	*4.3	*3.5	*4.5	*7.0	*3.9
Disorders of menstruation	*0.2	*0.1	*-	*0.2	*0.3	*0.3
Other disorders of female genital tract	*2.8	*4.0	*2.0	*4.6	*0.1	*0.1
Delivery and other conditions of pregnancy and puerperium	10.4	15.4	*16.1	15.3	*-	*-
Skin conditions	*1.5	*2.0	*1.1	*2.3	*0.3	*0.2
Acute musculoskeletal conditions	14.2	14.3	*3.0	17.1	14.0	15.3
Headache, excluding migraine	*0.9	*0.9	*1.1	*0.9	*0.8	*0.9
Fever, unspecified	*0.6	*0.8	*0.9	*0.8	*-	*-
All other acute conditions	19.9	13.3	*10.3	14.1	33.7	34.9

* Figure does not meet standard of reliability or precision.

*- Figure does not meet standard of reliability or precision and quantity zero.

NOTE: The standard errors and relative standard errors (RSE's) can be computed by using parameter sets III and X of table II, the frequencies of tables 41 and 78 and the formula presented in rule 4 of appendix I.

Table 37. Number of work-loss days associated with acute conditions per 100 currently employed persons 18 years of age and over, by sex, age, and type of condition: United States, 1995

[Data are based on household interviews of the civilian noninstitutionalized population. The survey design, general qualifications, and information on the reliability of the estimates are given in appendix I. Definitions of terms are given in appendix II]

Type of acute condition	Male			Female		
	All ages 18 years and over	18-44 years	45 years and over	All ages 18 years and over	18-44 years	45 years and over
	Number of work-loss days per 100 currently employed persons per year					
All acute conditions	252.4	231.4	296.4	322.3	349.8	265.1
Infective and parasitic diseases	14.1	14.7	*12.9	29.8	31.8	*25.7
Common childhood diseases	*2.1	*3.0	*-	*1.2	*1.8	*-
Intestinal virus, unspecified	*4.4	*5.4	*2.3	*6.2	*7.5	*3.5
Viral infections, unspecified	*3.8	*2.8	*6.0	*6.0	*5.3	*7.3
Other	*3.8	*3.4	*4.7	16.5	17.2	*14.9
Respiratory conditions	96.6	98.0	93.7	121.0	137.8	86.0
Common cold	16.1	18.0	*12.1	18.4	19.5	*16.1
Other acute upper respiratory infections	*7.4	*6.8	*8.7	11.3	*13.2	*7.3
Influenza	53.0	56.8	44.9	68.5	77.6	49.5
Acute bronchitis	*6.9	*9.4	*1.6	11.0	*13.5	*6.0
Pneumonia	9.2	*5.3	*17.6	9.9	*11.5	*6.7
Other respiratory conditions	*4.0	*1.7	*8.8	*1.8	*2.5	*0.5
Digestive system conditions	16.8	*11.4	28.2	16.8	16.4	*17.4
Dental conditions	*3.8	*3.2	*5.0	*2.4	*2.4	*2.3
Indigestion, nausea, and vomiting	*1.7	*1.7	*1.7	*2.9	*1.2	*6.2
Other digestive conditions	11.3	*6.5	*21.5	11.5	*12.8	*8.9
Injuries	87.1	79.5	103.1	69.0	66.2	74.8
Fractures and dislocations	28.2	25.2	34.6	21.3	25.0	*13.7
Sprains and strains	28.3	24.0	37.4	21.6	19.4	*26.2
Open wounds and lacerations	8.1	*8.2	*8.0	*3.1	*2.5	*4.3
Contusions and superficial injuries	*6.6	*7.2	*5.5	*7.1	*5.8	*9.8
Other current injuries	15.8	14.9	*17.6	15.9	*13.6	*20.8
Selected other acute conditions	22.3	19.0	29.1	60.6	78.9	*22.5
Eye conditions	*0.3	*0.2	*0.4	*1.2	*1.8	*-
Acute ear infections	*1.2	*1.8	*-	*4.2	*4.4	*3.9
Other ear conditions	*0.8	*0.4	*1.7	*0.9	*0.7	*1.2
Acute urinary conditions	*3.9	*1.0	*10.2	*6.6	*8.2	*3.3
Disorders of menstruation . . . . .	...	...	...	*0.4	*0.3	*0.6
Other disorders of female genital tract . . . . .	...	...	...	*6.0	*8.8	*0.2
Delivery and other conditions of pregnancy and puerperium . . . . .	...	...	...	22.7	33.7	*-
Skin conditions	*1.0	*1.4	*0.3	*2.0	*2.8	*0.4
Acute musculoskeletal conditions	13.7	12.9	*15.3	14.8	15.9	*12.5
Headache, excluding migraine	*0.9	*0.8	*1.2	*0.8	*1.0	*0.4
Fever, unspecified	*0.3	*0.5	*-	*0.8	*1.2	*-
All other acute conditions	15.5	*8.8	29.4	25.1	18.6	38.7

* Figure does not meet standard of reliability or precision.

*- Figure does not meet standard of reliability or precision and quantity zero.

... Category not applicable.

NOTE: The standard errors and relative standard errors (RSE's) can be computed by using parameter sets III and X of table II, the frequencies of tables 42 and 78 and the formula presented in rule 4 of appendix I.

Table 38. Number of work-loss days associated with acute conditions per 100 currently employed persons 18 years of age and over, by race, age, and type of condition: United States, 1995

[Data are based on household interviews of the civilian noninstitutionalized population. The survey design, general qualifications, and information on the reliability of the estimates are given in appendix I. Definitions of terms are given in appendix II]

Type of acute condition	White			Black		
	All ages 18 years and over	18-44 years	45 years and over	All ages 18 years and over	18-44 years	45 years and over
	Number of work-loss days per 100 currently employed persons per year					
All acute conditions	279.1	277.7	281.8	308.0	353.3	185.4
Infective and parasitic diseases	19.1	19.1	19.3	*31.4	*35.5	*20.5
Common childhood diseases	*0.6	*0.9	*-	*7.7	*10.6	*-
Intestinal virus, unspecified	5.4	*6.9	*2.3	*5.7	*4.9	*7.9
Viral infections, unspecified	*4.7	*3.4	*7.2	*7.9	*9.2	*4.2
Other	8.5	7.8	*9.9	*10.1	*10.7	*8.4
Respiratory conditions	107.6	118.0	86.6	107.0	113.1	*90.5
Common cold	16.0	17.7	*12.6	*23.5	*24.6	*20.4
Other acute upper respiratory infections	8.7	9.3	*7.5	*7.5	*8.7	*4.5
Influenza	60.3	68.4	44.1	59.7	64.5	*46.9
Acute bronchitis	9.0	11.4	*4.2	*6.1	*8.3	*-
Pneumonia	11.0	9.3	*14.4	*2.0	*2.8	*-
Other respiratory conditions	*2.5	*1.9	*3.8	*8.1	*4.3	*18.6
Digestive system conditions	15.1	11.5	22.3	*31.4	*35.3	*20.7
Dental conditions	*2.8	*2.3	*3.8	*6.0	*7.7	*1.3
Indigestion, nausea, and vomiting	*2.1	*1.1	*4.3	*3.8	*5.2	*-
Other digestive conditions	10.1	8.1	*14.2	*21.6	*22.4	*19.5
Injuries	77.8	73.5	86.4	71.9	81.2	*46.7
Fractures and dislocations	24.7	24.6	24.8	*23.6	*26.0	*17.0
Sprains and strains	23.7	20.7	29.9	*29.4	*34.7	*15.1
Open wounds and lacerations	6.7	*6.6	*6.9	*-	*-	*-
Contusions and superficial injuries	7.3	*6.7	*8.6	*5.7	*7.9	*-
Other current injuries	15.3	14.8	16.2	*13.1	*12.6	*14.6
Selected other acute conditions	39.0	44.0	28.7	49.0	65.2	*5.2
Eye conditions	*0.8	*1.1	*-	*-	*-	*-
Acute ear infections	*2.9	*3.4	*2.1	*1.2	*1.7	*-
Other ear conditions	*0.9	*0.5	*1.7	*0.8	*1.1	*-
Acute urinary conditions	5.6	*4.5	*7.9	*3.6	*4.3	*1.8
Disorders of menstruation	*0.2	*0.2	*0.3	*-	*-	*-
Other disorders of female genital tract	*3.3	*4.8	*0.1	*-	*-	*-
Delivery and other conditions of pregnancy and puerperium	8.8	13.2	*-	*19.9	*27.2	*-
Skin conditions	*0.8	*1.0	*0.4	*5.4	*7.4	*-
Acute musculoskeletal conditions	14.3	13.8	*15.4	*17.8	*23.1	*3.4
Headache, excluding migraine	*1.0	*1.1	*0.9	*-	*-	*-
Fever, unspecified	*0.3	*0.5	*-	*0.3	*0.4	*-
All other acute conditions	20.6	11.7	38.5	*17.3	*23.0	*1.8

* Figure does not meet standard of reliability or precision.

*- Figure does not meet standard of reliability or precision and quantity zero.

NOTE: The standard errors and relative standard errors (RSE's) can be computed by using parameter sets III and X of table II, the frequencies of tables 43 and 78 and the formula presented in rule 4 of appendix I.

Table 39. Number of work-loss days associated with acute conditions per 100 currently employed persons 18 years of age and over, by family income, age, and type of condition: United States, 1995

[Data are based on household interviews of the civilian noninstitutionalized population. The survey design, general qualifications, and information on the reliability of the estimates are given in appendix I. Definitions of terms are given in appendix II]

Type of acute condition	Family income								
	Less than \$10,000			\$10,000-\$24,999			\$25,000 or more		
	All ages 18 years and over	18-44 years	45 years and over	All ages 18 years and over	18-44 years	45 years and over	All ages 18 years and over	18-44 years	45 years and over
Number of work-loss days per 100 currently employed persons per year									
All acute conditions	443.1	433.3	*479.7	353.5	358.0	341.9	266.7	260.6	278.9
Infective and parasitic diseases	*18.9	*24.0	*-	30.0	*32.6	*23.0	17.8	17.9	*17.5
Common childhood diseases	*-	*-	*-	*2.7	*3.7	*-	*1.3	*2.0	*-
Intestinal virus, unspecified	*5.1	*6.5	*-	*10.4	*13.2	*3.2	*4.4	*5.0	*3.2
Viral infections, unspecified	*3.4	*4.3	*-	*3.9	*3.6	*4.9	*5.3	*4.2	*7.6
Other	*10.4	*13.2	*-	*12.9	*12.2	*14.9	*6.7	*6.7	*6.7
Respiratory conditions	152.4	144.8	*180.8	148.3	168.0	96.7	99.9	105.8	88.2
Common cold	*29.0	*32.4	*16.3	*22.5	*25.2	*15.3	16.4	17.3	*14.5
Other acute upper respiratory infections	*22.1	*26.1	*7.2	*10.1	*8.8	*13.7	9.2	*9.6	*8.6
Influenza	*80.6	*65.2	*138.5	91.0	104.6	*55.4	53.5	59.9	40.9
Acute bronchitis	*13.3	*11.9	*18.7	*9.4	*12.9	*0.4	8.9	11.8	*3.4
Pneumonia	*7.4	*9.3	*-	*9.8	*11.6	*5.0	9.3	*6.1	*15.4
Other respiratory conditions	*-	*-	*-	*5.5	*4.9	*6.9	*2.6	*1.1	*5.4
Digestive system conditions	*55.5	*50.3	*75.0	*13.9	*17.3	*4.9	16.4	11.0	27.0
Dental conditions	*2.8	*3.6	*-	*3.7	*4.4	*1.8	*3.2	*2.2	*5.2
Indigestion, nausea, and vomiting	*9.4	*3.8	*30.3	*1.8	*2.5	*-	*1.3	*1.3	*1.4
Other digestive conditions	*43.3	*43.0	*44.7	*8.4	*10.4	*3.1	11.9	*7.5	20.4
Injuries	123.3	*104.0	*195.5	99.4	91.7	119.6	72.2	65.0	86.6
Fractures and dislocations	*17.4	*16.9	*19.0	34.9	36.3	*31.3	21.2	20.8	22.1
Sprains and strains	*13.8	*12.6	*18.1	37.1	*31.0	*53.2	22.9	19.5	29.6
Open wounds and lacerations	*3.9	*5.0	*-	*5.6	*6.1	*4.2	7.3	*6.6	*8.5
Contusions and superficial injuries	*38.7	*29.1	*74.6	*10.0	*6.1	*20.0	*5.1	*5.8	*3.6
Other current injuries	*49.5	*40.4	*83.8	*11.8	*12.2	*10.9	15.8	12.2	22.8
Selected other acute conditions	*58.7	*74.4	*-	45.1	41.0	*55.9	39.2	47.1	23.8
Eye conditions	*2.9	*3.7	*-	*-	*-	*-	*0.9	*1.2	*0.3
Acute ear infections	*-	*-	*-	*2.8	*1.8	*5.3	*3.1	*4.0	*1.5
Other ear conditions	*-	*-	*-	*2.2	*1.7	*3.5	*0.7	*0.4	*1.4
Acute urinary conditions	*-	*-	*-	*10.2	*4.0	*26.4	*4.3	*4.9	*3.0
Disorders of menstruation	*-	*-	*-	*-	*-	*-	*0.3	*0.2	*0.4
Other disorders of female genital tract	*-	*-	*-	*5.0	*6.9	*-	*1.7	*2.6	*-
Delivery and other conditions of pregnancy and puerperium	*32.7	*41.4	*-	*7.2	*9.9	*-	9.6	14.4	*-
Skin conditions	*14.3	*18.1	*-	*1.6	*2.1	*-	*1.0	*1.2	*0.5
Acute musculoskeletal conditions	*4.6	*5.9	*-	*14.7	*12.3	*20.7	16.4	16.8	*15.5
Headache, excluding migraine	*1.3	*1.7	*-	*0.7	*0.9	*-	*1.1	*1.1	*1.2
Fever, unspecified	*2.8	*3.6	*-	*1.0	*1.3	*-	*0.1	*0.2	*-
All other acute conditions	*34.2	*35.8	*28.5	*16.8	*7.3	*41.7	21.2	13.8	35.7

* Figure does not meet standard of reliability or precision.

*- Figure does not meet standard of reliability or precision and quantity zero.

NOTE: The standard errors and relative standard errors (RSE's) can be computed by using parameter sets III and X of table II, the frequencies of tables 44 and 78 and the formula presented in rule 4 of appendix I.

Table 40. Number of work-loss days associated with acute conditions per 100 currently employed persons 18 years of age and over, by geographic region, place of residence, and type of condition: United States, 1995

[Data are based on household interviews of the civilian noninstitutionalized population. The survey design, general qualifications, and information on the reliability of the estimates are given in appendix I. Definitions of terms are given in appendix II]

Type of acute condition	Geographic region				Place of residence			
	Northeast	Midwest	South	West	MSA ¹			Not MSA ¹
					All MSA ¹	Central city	Not central city	
Number of work-loss days per 100 currently employed persons per year								
All acute conditions	280.1	271.9	287.3	298.9	283.3	297.8	275.1	289.5
Infective and parasitic diseases	*21.2	18.2	26.6	*16.1	23.0	30.3	18.9	*14.1
Common childhood diseases	*1.8	*1.4	*1.9	*1.4	*2.1	*3.8	*1.1	*-
Intestinal virus, unspecified	*4.7	*2.2	*10.3	*0.6	5.5	*7.6	*4.3	*4.1
Viral infections, unspecified	*3.5	*2.9	*7.9	*3.1	*4.4	*3.0	*5.3	*6.4
Other	*11.2	*11.7	*6.5	*11.0	11.0	16.0	*8.3	*3.6
Respiratory conditions	104.3	127.1	91.2	116.6	109.1	119.0	103.5	102.6
Common cold	*15.6	20.9	12.9	21.6	17.9	23.2	14.9	*14.3
Other acute upper respiratory infections	*7.9	*10.1	*9.1	*9.5	9.2	*11.1	*8.2	*9.1
Influenza	57.1	73.9	48.1	67.0	61.5	64.7	59.7	54.1
Acute bronchitis	*11.4	*8.6	*6.9	*9.8	9.8	*11.0	9.1	*4.5
Pneumonia	*9.8	*11.9	*8.4	*8.4	8.8	*6.4	10.2	*12.6
Other respiratory conditions	*2.6	*1.8	*5.7	*0.2	*1.8	*2.5	*1.5	*8.0
Digestive system conditions	24.8	*8.8	19.9	*13.4	16.9	21.3	14.4	*16.3
Dental conditions	*4.5	*3.0	*3.0	*2.1	*3.3	*2.1	*3.9	*2.6
Indigestion, nausea, and vomiting	*4.3	*1.5	*1.8	*1.8	*2.6	*2.8	*2.5	*0.6
Other digestive conditions	*15.9	*4.3	15.1	*9.4	11.0	16.4	*8.0	*13.1
Injuries	77.7	67.1	76.4	98.2	76.1	81.5	73.0	90.4
Fractures and dislocations	23.0	*9.5	28.6	39.6	22.8	21.5	23.5	34.8
Sprains and strains	23.6	29.8	24.0	23.5	26.0	31.0	23.2	*21.9
Open wounds and lacerations	*8.4	*7.0	*1.5	*9.3	6.2	*7.1	*5.7	*4.2
Contusions and superficial injuries	*7.0	*7.9	*4.0	*10.3	5.8	*7.6	*4.8	*11.3
Other current injuries	*15.7	*12.9	18.2	*15.5	15.3	*14.3	15.9	*18.1
Selected other acute conditions	28.8	38.6	51.7	31.6	36.7	28.9	41.1	53.1
Eye conditions	*0.4	*0.7	*1.1	*0.3	*0.7	*0.5	*0.9	*0.6
Acute ear infections	*2.9	*4.3	*2.3	*1.0	*2.9	*4.1	*2.3	*1.4
Other ear conditions	*-	*-	*2.2	*0.3	*0.5	*0.7	*0.4	*2.4
Acute urinary conditions	*1.5	*5.7	*6.3	*6.0	5.5	*1.5	*7.7	*3.8
Disorders of menstruation	*-	*-	*0.3	*0.3	*0.1	*0.3	*-	*0.4
Other disorders of female genital tract	*2.5	*0.7	*4.2	*3.1	*1.4	*2.0	*1.1	*8.4
Delivery and other conditions of pregnancy and puerperium	*3.4	*15.1	*11.2	*10.1	9.6	*11.7	8.4	*13.9
Skin conditions	*1.0	*0.6	*2.9	*0.7	*1.2	*-	*2.0	*2.5
Acute musculoskeletal conditions	*16.6	*9.5	20.4	*7.0	13.1	*5.8	17.3	*18.7
Headache, excluding migraine	*0.5	*0.9	*0.6	*1.6	*1.0	*1.5	*0.7	*0.3
Fever, unspecified	*-	*1.0	*0.2	*1.3	*0.5	*0.8	*0.4	*0.6
All other acute conditions	23.4	*12.1	21.5	23.1	21.5	16.8	24.2	*13.0

* Figure does not meet standard of reliability or precision.

*- Figure does not meet standard of reliability or precision and quantity zero.

¹MSA is metropolitan statistical area.

NOTE: The standard errors and relative standard errors (RSE's) can be computed by using parameter sets III and X of table II, the frequencies of tables 45 and 78 and the formula presented in rule 4 of appendix I.

Table 41. Number of work-loss days associated with acute conditions for currently employed persons 18 years of age and over, by age and type of condition: United States, 1995

[Data are based on household interviews of the civilian noninstitutionalized population. The survey design, general qualifications, and information on the reliability of the estimates are given in appendix I. Definitions of terms are given in appendix II]

Type of acute condition	All ages 18 years and over	18-44 years			45 years and over	
		Total	18-24 years	25-44 years	Total	45-64 years
Number of work-loss days in thousands						
All acute conditions	355,338	241,489	43,519	197,970	113,849	103,337
Infective and parasitic diseases	26,638	19,040	4,576	14,464	7,598	7,439
Common childhood diseases	2,087	2,087	1,052	1,035	-	-
Intestinal virus, unspecified	6,534	5,382	1,502	3,881	1,152	1,152
Viral infections, unspecified	6,001	3,337	600	2,737	2,664	2,505
Other	12,016	8,234	1,422	6,812	3,782	3,782
Respiratory conditions	134,676	98,262	17,469	80,793	36,413	32,986
Common cold	21,456	15,817	3,460	12,357	5,638	5,160
Other acute upper respiratory infections	11,501	8,254	1,914	6,340	3,247	2,459
Influenza	75,063	56,073	10,116	45,957	18,990	17,726
Acute bronchitis	10,981	9,511	1,529	7,982	1,470	1,272
Pneumonia	11,914	6,849	92	6,757	5,065	4,366
Other respiratory conditions	3,761	1,758	358	1,399	2,004	2,004
Digestive system conditions	20,968	11,593	2,334	9,259	9,375	8,364
Dental conditions	3,919	2,413	467	1,946	1,506	1,425
Indigestion, nausea, and vomiting	2,783	1,255	503	751	1,528	706
Other digestive conditions	14,266	7,925	1,364	6,561	6,341	6,233
Injuries	98,429	62,063	12,396	49,666	36,367	32,920
Fractures and dislocations	31,311	21,236	3,668	17,568	10,076	7,839
Sprains and strains	31,537	18,514	4,638	13,877	13,023	12,359
Open wounds and lacerations	7,253	4,710	154	4,555	2,543	2,543
Contusions and superficial injuries	8,553	5,522	1,803	3,719	3,030	2,757
Other current injuries	19,775	12,081	2,133	9,947	7,695	7,421
Selected other acute conditions	49,785	39,279	5,009	34,270	10,506	8,926
Eye conditions	885	807	74	733	78	78
Acute ear infections	3,278	2,549	239	2,310	729	729
Other ear conditions	1,071	470	20	450	601	601
Acute urinary conditions	6,436	3,612	596	3,015	2,824	1,433
Disorders of menstruation	219	115	-	115	104	104
Other disorders of female genital tract	3,461	3,419	330	3,089	42	42
Delivery and other conditions of pregnancy and puerperium	13,041	13,041	2,711	10,330	-	-
Skin conditions	1,865	1,727	184	1,543	138	66
Acute musculoskeletal conditions	17,737	12,070	506	11,564	5,667	5,551
Headache, excluding migraine	1,099	776	192	584	323	323
Fever, unspecified	692	692	157	535	-	-
All other acute conditions	24,842	11,252	1,735	9,517	13,590	12,702

- Quantity zero.

NOTE: The standard errors and relative standard errors (RSE's) can be computed by using parameter set III of table II and the formula presented in rule 1 of appendix I. An estimate of 49.0 million has a 10-percent RSE; of 12.1 million, a 20-percent RSE; and of 5.4 million, a 30-percent RSE.

Table 42. Number of work-loss days associated with acute conditions for currently employed persons 18 years of age and over, by sex, age, and type of condition: United States, 1995

[Data are based on household interviews of the civilian noninstitutionalized population. the survey design, general qualifications, and information on the reliability of the estimates are given in appendix I. Definitions of terms are given in appendix II]

Type of acute condition	Male			Female		
	All ages 18 years and over	18-44 years	45 years and over	All ages 18 years and over	18-44 years	45 years and over
	Number of work-loss days in thousands					
All acute conditions	170,521	105,978	64,543	184,817	135,511	49,306
Infective and parasitic diseases	9,532	6,712	2,820	17,106	12,328	4,778
Common childhood diseases	1,395	1,395	—	692	692	—
Intestinal virus, unspecified	2,992	2,495	498	3,542	2,888	654
Viral infections, unspecified	2,576	1,270	1,305	3,426	2,067	1,359
Other	2,569	1,552	1,017	9,447	6,682	2,765
Respiratory conditions	65,280	44,873	20,406	69,396	53,389	16,007
Common cold	10,879	8,245	2,635	10,576	7,573	3,003
Other acute upper respiratory infections	5,029	3,134	1,896	6,472	5,121	1,351
Influenza	35,793	26,009	9,784	39,270	30,064	9,206
Acute bronchitis	4,650	4,292	358	6,331	5,219	1,112
Pneumonia	6,228	2,405	3,823	5,686	4,444	1,242
Other respiratory conditions	2,701	790	1,911	1,060	967	93
Digestive system conditions	11,360	5,229	6,131	9,608	6,365	3,244
Dental conditions	2,555	1,475	1,079	1,364	938	426
Indigestion, nausea, and vomiting	1,148	774	374	1,635	481	1,154
Other digestive conditions	7,657	2,979	4,678	6,609	4,946	1,663
Injuries	58,857	36,400	22,457	39,572	25,662	13,910
Fractures and dislocations	19,082	11,550	7,532	12,229	9,686	2,543
Sprains and strains	19,155	11,002	8,152	12,382	7,512	4,870
Open wounds and lacerations	5,496	3,748	1,748	1,757	961	796
Contusions and superficial injuries	4,479	3,278	1,202	4,073	2,245	1,829
Other current injuries	10,645	6,822	3,823	9,130	5,259	3,871
Selected other acute conditions	15,050	8,721	6,329	34,735	30,558	4,177
Eye conditions	177	99	78	708	708	—
Acute ear infections	843	843	—	2,435	1,707	729
Other ear conditions	573	192	381	498	278	220
Acute urinary conditions	2,662	450	2,212	3,774	3,162	612
Disorders of menstruation . . . . .	...	...	...	219	115	104
Other disorders of female genital tract . . . . .	...	...	...	3,461	3,419	42
Delivery and other conditions of pregnancy and puerperium . . . . .	...	...	...	13,041	13,041	—
Skin conditions	701	636	66	1,164	1,091	73
Acute musculoskeletal conditions	9,258	5,919	3,338	8,479	6,151	2,329
Headache, excluding migraine	626	371	255	473	405	68
Fever, unspecified	211	211	—	481	481	—
All other acute conditions	10,443	4,043	6,400	14,400	7,210	7,190

— Quantity zero.

... Category not applicable.

NOTE: The standard errors and relative standard errors (RSE's) can be computed by using parameter set III of table II and the formula presented in rule 1 of appendix I. An estimate of 49.0 million has a 10-percent RSE; of 12.1 million, a 20-percent RSE; and of 5.4 million, a 30-percent RSE.

Table 43. Number of work-loss days associated with acute conditions for currently employed persons 18 years of age and over, by race, age, and type of condition: United States, 1995

[Data are based on household interviews of the civilian noninstitutionalized population. The survey design, general qualifications, and information on the reliability of the estimates are given in appendix I. Definitions of terms are given in appendix II]

Type of acute condition	White			Black		
	All ages 18 years and over	18-44 years	45 years and over	All ages 18 years and over	18-44 years	45 years and over
	Number of work-loss days in thousands ¹					
All acute conditions	295,763	196,753	99,010	41,198	34,500	6,698
Infective and parasitic diseases	20,281	13,499	6,783	4,205	3,465	741
Common childhood diseases	610	610	—	1,035	1,035	—
Intestinal virus, unspecified	5,693	4,902	791	766	480	286
Viral infections, unspecified	4,951	2,437	2,514	1,051	900	151
Other	9,027	5,550	3,478	1,354	1,049	304
Respiratory conditions	113,989	83,565	30,425	14,318	11,050	3,268
Common cold	16,954	12,520	4,434	3,141	2,405	737
Other acute upper respiratory infections	9,218	6,595	2,623	1,010	848	162
Influenza	63,941	48,439	15,502	7,993	6,296	1,696
Acute bronchitis	9,563	8,093	1,470	813	813	—
Pneumonia	11,643	6,578	5,065	271	271	—
Other respiratory conditions	2,671	1,341	1,331	1,090	417	673
Digestive system conditions	15,983	8,144	7,839	4,198	3,449	749
Dental conditions	2,989	1,662	1,327	797	751	46
Indigestion, nausea, and vomiting	2,275	747	1,528	508	508	—
Other digestive conditions	10,718	5,735	4,984	2,893	2,190	703
Injuries	82,404	52,063	30,341	9,614	7,926	1,688
Fractures and dislocations	26,126	17,429	8,697	3,156	2,541	614
Sprains and strains	25,168	14,676	10,492	3,936	3,389	547
Open wounds and lacerations	7,126	4,710	2,417	—	—	—
Contusions and superficial injuries	7,786	4,756	3,030	767	767	—
Other current injuries	16,198	10,492	5,706	1,756	1,228	528
Selected other acute conditions	41,290	31,194	10,096	6,554	6,366	188
Eye conditions	807	807	—	—	—	—
Acute ear infections	3,112	2,383	729	166	166	—
Other ear conditions	963	362	601	109	109	—
Acute urinary conditions	5,949	3,189	2,760	487	422	65
Disorders of menstruation	219	115	104	—	—	—
Other disorders of female genital tract	3,461	3,419	42	—	—	—
Delivery and other conditions of pregnancy and puerperium	9,329	9,329	—	2,657	2,657	—
Skin conditions	859	721	138	719	719	—
Acute musculoskeletal conditions	15,140	9,741	5,399	2,381	2,258	123
Headache, excluding migraine	1,099	776	323	—	—	—
Fever, unspecified	353	353	—	35	35	—
All other acute conditions	21,815	8,288	13,526	2,309	2,245	64

— Quantity zero.

¹Totals for white and black do not sum to total work-loss days because other races are not included.

NOTE: The standard errors and relative standard errors (RSE's) can be computed by using parameter set III of table II and the formula presented in rule 1 of appendix I. An estimate of 49.0 million has a 10-percent RSE; of 12.1 million, a 20-percent RSE; and of 5.4 million, a 30-percent RSE.

Table 44. Number of work-loss days associated with acute conditions for currently employed persons 18 years of age and over, by family income, age, and type of condition: United States, 1995

[Data are based on household interviews of the civilian noninstitutionalized population. The survey design, general qualifications, and information on the reliability of the estimates are given in appendix I. Definitions of terms are given in appendix II]

Type of acute condition	Family income								
	Less than \$10,000			\$10,000–\$24,999			\$25,000 or more		
	All ages 18 years and over	18–44 years	45 years and over	All ages 18 years and over	18–44 years	45 years and over	All ages 18 years and over	18–44 years	45 years and over
	Number of work-loss days in thousands ¹								
All acute conditions	22,282	17,197	5,085	80,466	58,919	21,547	212,487	137,558	74,929
Infective and parasitic diseases	952	952	–	6,823	5,372	1,450	14,178	9,469	4,709
Common childhood diseases	–	–	–	610	610	–	1,048	1,048	–
Intestinal virus, unspecified	257	257	–	2,373	2,169	204	3,537	2,664	873
Viral infections, unspecified	172	172	–	896	586	310	4,247	2,207	2,040
Other	524	524	–	2,943	2,007	937	5,345	3,550	1,795
Respiratory conditions	7,663	5,747	1,916	33,744	27,652	6,092	79,558	55,852	23,705
Common cold	1,458	1,285	173	5,110	4,144	967	13,041	9,140	3,901
Other acute upper respiratory infections	1,112	1,035	76	2,306	1,445	861	7,361	5,052	2,309
Influenza	4,054	2,586	1,468	20,708	17,219	3,489	42,617	31,626	10,991
Acute bronchitis	669	471	198	2,148	2,122	26	7,123	6,209	913
Pneumonia	370	370	–	2,227	1,911	316	7,370	3,238	4,132
Other respiratory conditions	–	–	–	1,245	812	433	2,046	587	1,459
Digestive system conditions	2,793	1,998	795	3,164	2,853	311	13,064	5,801	7,263
Dental conditions	141	141	–	841	725	116	2,528	1,139	1,390
Indigestion, nausea, and vomiting	472	151	321	417	417	–	1,072	687	385
Other digestive conditions	2,180	1,706	474	1,906	1,711	195	9,463	3,975	5,488
Injuries	6,201	4,128	2,072	22,633	15,095	7,538	57,549	34,287	23,262
Fractures and dislocations	873	672	201	7,937	5,967	1,970	16,917	10,976	5,941
Sprains and strains	692	501	192	8,455	5,099	3,356	18,227	10,283	7,944
Open wounds and lacerations	198	198	–	1,273	1,007	266	5,781	3,504	2,277
Contusions and superficial injuries	1,947	1,156	791	2,273	1,012	1,261	4,066	3,088	978
Other current injuries	2,490	1,602	888	2,695	2,011	684	12,558	6,436	6,122
Selected other acute conditions	2,951	2,951	–	10,274	6,748	3,526	31,263	24,864	6,399
Eye conditions	148	148	–	–	–	–	737	659	78
Acute ear infections	–	–	–	626	291	335	2,486	2,092	394
Other ear conditions	–	–	–	499	278	220	573	192	381
Acute urinary conditions	–	–	–	2,328	662	1,665	3,415	2,610	805
Disorders of menstruation	–	–	–	–	–	–	219	115	104
Other disorders of female genital tract	–	–	–	1,129	1,129	–	1,390	1,390	–
Delivery and other conditions of pregnancy and puerperium	1,642	1,642	–	1,632	1,632	–	7,620	7,620	–
Skin conditions	719	719	–	353	353	–	793	655	138
Acute musculoskeletal conditions	233	233	–	3,337	2,031	1,306	13,046	8,869	4,176
Headache, excluding migraine	67	67	–	152	152	–	880	557	323
Fever, unspecified	142	142	–	220	220	–	105	105	–
All other acute conditions	1,722	1,420	302	3,828	1,199	2,629	16,876	7,285	9,591

– Quantity zero.

¹Totals for income categories do not sum to total work-loss days because persons with unknown family income are not included.

NOTE: The standard errors and relative standard errors (RSE's) can be computed by using parameter set III of table II and the formula presented in rule 1 of appendix I. An estimate of 49.0 million has a 10-percent RSE; of 12.1 million, a 20-percent RSE; and of 5.4 million, a 30-percent RSE.

Table 45. Number of work-loss days associated with acute conditions for currently employed persons 18 years of age and over, by geographic region, place of residence, and type of condition: United States, 1995

[Data are based on household interviews of the civilian noninstitutionalized population. The survey design, general qualifications, and information on the reliability of the estimates are given in appendix I. Definitions of terms are given in appendix II]

Type of acute condition	Geographic region				Place of residence			
					MSA ¹			
	Northeast	Midwest	South	West	All MSA ¹	Central city	Not central city	Not MSA ¹
Number of work-loss days in thousands								
All acute conditions	68,335	83,760	126,740	76,503	286,206	108,443	177,764	69,132
Infective and parasitic diseases	5,167	5,593	11,755	4,123	23,262	11,034	12,229	3,376
Common childhood diseases	442	429	856	360	2,087	1,395	692	—
Intestinal virus, unspecified	1,145	681	4,545	164	5,549	2,754	2,795	985
Viral infections, unspecified	847	891	3,483	781	4,480	1,076	3,404	1,522
Other	2,733	3,593	2,871	2,819	11,147	5,809	5,338	869
Respiratory conditions	25,447	39,162	40,226	29,840	110,172	43,315	66,857	24,503
Common cold	3,808	6,435	5,677	5,536	18,052	8,444	9,608	3,404
Other acute upper respiratory infections	1,919	3,112	4,034	2,435	9,327	4,044	5,283	2,174
Influenza	13,927	22,747	21,235	17,154	62,134	23,578	38,556	12,928
Acute bronchitis	2,771	2,663	3,031	2,516	9,900	4,009	5,891	1,081
Pneumonia	2,397	3,663	3,717	2,138	8,911	2,340	6,570	3,003
Other respiratory conditions	626	542	2,532	61	1,848	899	949	1,913
Digestive system conditions	6,044	2,718	8,787	3,419	17,075	7,763	9,312	3,893
Dental conditions	1,109	930	1,343	537	3,292	768	2,524	627
Indigestion, nausea, and vomiting	1,048	477	792	467	2,648	1,027	1,621	135
Other digestive conditions	3,887	1,311	6,653	2,416	11,135	5,968	5,167	3,131
Injuries	18,948	20,669	33,687	25,125	76,849	29,688	47,162	21,580
Fractures and dislocations	5,611	2,941	12,629	10,130	22,990	7,831	15,159	8,322
Sprains and strains	5,749	9,167	10,598	6,023	26,298	11,297	15,002	5,239
Open wounds and lacerations	2,039	2,161	667	2,386	6,254	2,583	3,671	999
Contusions and superficial injuries	1,710	2,437	1,778	2,627	5,856	2,775	3,081	2,697
Other current injuries	3,838	3,963	8,015	3,959	15,452	5,202	10,250	4,324
Selected other acute conditions	7,020	11,889	22,791	8,085	37,099	10,518	26,581	12,686
Eye conditions	99	222	486	78	737	173	564	148
Acute ear infections	703	1,332	995	249	2,944	1,488	1,456	335
Other ear conditions	—	—	985	86	498	258	240	573
Acute urinary conditions	358	1,759	2,781	1,538	5,525	555	4,970	911
Disorders of menstruation	—	—	145	74	115	115	—	104
Other disorders of female genital tract	603	215	1,847	796	1,444	717	727	2,017
Delivery and other conditions of pregnancy and puerperium	837	4,664	4,953	2,587	9,722	4,266	5,456	3,319
Skin conditions	249	180	1,267	169	1,261	—	1,261	603
Acute musculoskeletal conditions	4,042	2,938	8,977	1,779	13,282	2,096	11,186	4,455
Headache, excluding migraine	128	280	281	410	1,020	550	470	79
Fever, unspecified	—	299	73	320	550	300	250	142
All other acute conditions	5,709	3,729	9,494	5,911	21,748	6,126	15,623	3,094

— Quantity zero.

¹MSA is metropolitan statistical area.

NOTE: The standard errors and relative standard errors (RSE's) can be computed by using parameter set III of table II and the formula presented in rule 1 of appendix I. An estimate of 49.0 million has a 10-percent RSE; of 12.1 million, a 20-percent RSE; and of 5.4 million, a 30-percent RSE.

Table 46. Number of school-loss days associated with acute conditions per 100 youths 5–17 years of age, by sex, race, family income, and type of condition: United States, 1995

[Data are based on household interviews of the civilian noninstitutionalized population. The survey design, general qualifications, and information on the reliability of the estimates are given in appendix I. Definitions of terms are given in appendix II]

Type of acute condition	All ages 5–17 years	Sex		Race		Family income				
		Male	Female	White	Black	Less than \$10,000	\$10,000– \$19,999	\$20,000– \$34,999	\$35,000 or more	
Number of school-loss days per 100 youths per year										
All acute conditions	323.2	299.7	347.8	338.2	273.4	450.2	282.5	353.5	313.0	
Infective and parasitic diseases	59.5	61.9	56.9	66.0	*39.2	*71.8	*61.5	*49.4	69.3	
Common childhood diseases	*8.9	*11.4	*6.3	*9.6	*7.9	*6.8	*26.3	*8.2	*6.5	
Intestinal virus, unspecified	*10.5	*10.8	*10.1	*11.5	*6.8	*8.9	*1.8	*4.4	*16.9	
Viral infections, unspecified	17.4	*16.3	*18.6	19.2	*11.8	*16.0	*21.1	*11.5	*21.4	
Other	22.6	23.4	*21.8	25.7	*12.6	*40.1	*12.3	*25.4	24.6	
Respiratory conditions	191.7	171.4	213.0	195.5	179.6	277.9	157.0	193.0	182.1	
Common cold	43.0	44.8	41.0	35.3	76.8	*93.0	*29.6	*35.5	32.7	
Other acute upper respiratory infections	27.2	23.2	31.4	32.4	*2.5	*16.8	*29.4	*37.3	26.1	
Influenza	105.8	87.5	125.1	110.2	90.5	151.6	90.1	104.7	105.4	
Acute bronchitis	*7.7	*7.1	*8.3	*8.5	*5.6	*6.2	*3.2	*5.9	*10.4	
Pneumonia	*5.4	*7.5	*3.2	*5.9	*4.3	*7.2	*0.9	*6.6	*6.0	
Other respiratory conditions	*2.7	*1.4	*4.0	*3.3	–	*3.1	*3.6	*3.1	*1.5	
Digestive system conditions	*9.8	*6.4	*11.2	*9.4	*12.6	*13.3	*15.8	*10.2	*6.6	
Dental conditions	*2.1	*1.1	*3.1	*1.3	*6.6	*1.9	*6.4	–	*0.4	
Indigestion, nausea, and vomiting	*5.7	*5.4	*6.1	*5.6	*6.0	*11.5	*5.2	*4.8	*5.6	
Other digestive conditions	*2.0	*1.9	*2.0	*2.5	–	–	*4.2	*5.4	*0.7	
Injuries	26.6	28.4	24.8	28.1	*24.4	*14.8	*14.2	*54.1	*22.7	
Fractures and dislocations	*7.4	*12.2	*2.3	*7.2	*10.1	–	*3.3	*11.3	*7.9	
Sprains and strains	*7.2	*5.0	*9.4	*7.6	*7.1	*1.2	*1.7	*19.2	*6.4	
Open wounds and lacerations	*2.1	*2.8	*1.4	*2.4	*1.4	–	–	*1.9	*3.3	
Contusions and superficial injuries	*4.9	*3.8	*6.1	*5.9	*1.3	*11.4	*4.9	*10.6	*2.0	
Other current injuries	*5.1	*4.7	*5.6	*5.1	*4.5	*2.2	*4.3	*11.1	*3.1	
Selected other acute conditions	28.7	25.4	32.2	30.8	*16.8	*55.7	*33.1	*30.6	27.8	
Eye conditions	*0.2	–	*0.5	*0.1	–	*1.1	–	*0.7	–	
Acute ear infections	12.5	*12.9	*12.0	14.9	–	*7.9	*13.9	*19.1	*12.5	
Other ear conditions	*1.2	*1.7	*0.6	*1.5	–	*4.3	–	–	*1.6	
Acute urinary conditions	*1.6	*0.3	*3.0	*2.0	–	*1.7	*0.8	*0.9	*2.7	
Disorders of menstruation	*0.8	–	*1.7	*0.8	*1.3	*3.3	*0.9	*1.0	*0.4	
Other disorders of female genital tract	*1.3	–	*2.7	*1.7	–	*8.7	*4.6	–	–	
Delivery and other conditions of pregnancy and puerperium	*1.1	–	*2.3	*0.4	*5.3	*13.0	–	*0.5	–	
Skin conditions	*0.7	*0.7	*0.7	*0.4	*2.3	–	*0.9	*2.6	*0.2	
Acute musculoskeletal conditions	*0.9	*0.7	*1.0	*0.5	*3.1	–	*2.7	–	*1.1	
Headache, excluding migraine	*2.7	*2.8	*2.6	*2.4	*4.1	*2.4	*1.1	*3.2	*3.8	
Fever, unspecified	*5.6	*6.2	*5.0	*6.1	*0.7	*13.3	*8.1	*2.6	*5.5	
All other acute conditions	*6.9	*4.2	*9.7	*8.4	*1.0	*16.7	*1.1	*16.2	*4.6	

* Figure does not meet standard of reliability or precision.

– Figure does not meet standard of reliability or precision and quantity zero.

... Category not applicable.

NOTES: The standard errors (SE's) and relative standard errors (RSE's) for columns 1–5 can be computed by using parameter set III of table II, the frequencies of table 48 and the formula presented in rule 2 of appendix I. The SE's and RSE's for columns 6–9 can be computed by using parameter sets III and X of table II, the frequencies of tables 48 and 78 and the formula presented in rule 4 of appendix I.

Table 47. Number of school-loss days associated with acute conditions per 100 youths 5–17 years of age, by geographic region, place of residence, and type of condition: United States, 1995

[Data are based on household interviews of the civilian noninstitutionalized population. The survey design, general qualifications, and information on the reliability of the estimates are given in appendix I. Definitions of terms are given in appendix II]

Type of acute condition	Geographic region				Place of residence			
	Northeast	Midwest	South	West	MSA ¹			
					All MSA ¹	Central city	Not central city	Not MSA ¹
Number of school-loss days per 100 youths per year								
All acute conditions	348.1	330.0	278.1	367.9	328.7	363.4	309.3	303.1
Infective and parasitic diseases	97.3	49.3	61.7	*35.0	59.2	47.6	65.6	60.6
Common childhood diseases	*11.6	*18.5	*5.2	*2.5	*10.0	*15.4	*7.0	*5.1
Intestinal virus, unspecified	*31.7	*2.3	*10.3	*1.5	*11.4	*9.6	*12.4	*7.2
Viral infections, unspecified	*18.8	*6.2	31.7	*5.2	17.1	*8.8	21.8	*18.5
Other	*35.2	*22.3	*14.4	*25.7	20.7	*13.8	24.5	*29.9
Respiratory conditions	151.4	225.0	151.8	254.6	193.3	215.1	181.1	185.8
Common cold	*38.9	47.2	37.0	51.6	44.5	61.7	35.0	*37.3
Other acute upper respiratory infections	*16.2	*23.8	*27.3	*39.7	28.8	40.8	22.1	*21.2
Influenza	89.2	132.3	77.2	137.8	104.1	97.0	108.1	112.1
Acute bronchitis	*3.1	*14.0	*4.5	*9.9	*7.8	*9.4	*6.9	*7.1
Pneumonia	*-	*4.7	*4.4	*12.3	*5.9	*5.8	*6.0	*3.4
Other respiratory conditions	*4.0	*2.9	*1.4	*3.3	*2.1	*0.5	*3.1	*4.6
Digestive system conditions	*5.6	*7.1	*12.6	*11.6	*10.1	*8.7	*10.9	*8.5
Dental conditions	*0.4	*0.7	*3.9	*2.1	*2.6	*0.8	*3.7	*-
Indigestion, nausea, and vomiting	*4.4	*5.7	*6.1	*6.2	*6.4	*7.3	*5.8	*3.4
Other digestive conditions	*0.8	*0.7	*2.6	*3.3	*1.1	*0.6	*1.4	*5.2
Injuries	*52.5	*15.2	*24.5	*20.6	29.1	44.2	*20.7	*17.6
Fractures and dislocations	*5.4	*2.1	*11.8	*7.4	*8.5	*8.5	*8.5	*3.3
Sprains and strains	*17.4	*6.4	*3.5	*5.2	*7.9	*9.3	*7.1	*4.4
Open wounds and lacerations	*4.1	*2.0	*1.3	*1.8	*1.6	*1.1	*1.9	*4.0
Contusions and superficial injuries	*14.4	*2.0	*2.9	*3.2	*5.6	*12.6	*1.7	*2.1
Other current injuries	*11.2	*2.7	*5.0	*2.9	*5.5	*12.7	*1.5	*3.8
Selected other acute conditions	*28.2	*26.7	*22.2	*41.7	28.9	*35.8	25.0	*28.0
Eye conditions	*-	*0.6	*0.2	*-	*0.3	*0.8	*-	*-
Acute ear infections	*11.1	*4.8	*10.2	*25.5	*10.5	*8.3	*11.8	*19.6
Other ear conditions	*-	*2.1	*1.5	*0.6	*1.3	*1.7	*1.1	*0.7
Acute urinary conditions	*0.9	*3.4	*1.8	*-	*1.4	*3.1	*0.5	*2.3
Disorders of menstruation	*-	*1.3	*0.9	*0.9	*0.7	*1.1	*0.5	*1.2
Other disorders of female genital tract	*7.2	*-	*-	*-	*1.7	*4.7	*-	*-
Delivery and other conditions of pregnancy and puerperium	*1.1	*4.0	*-	*-	*1.5	*3.7	*0.2	*-
Skin conditions	*0.8	*0.6	*1.2	*-	*0.9	*1.8	*0.4	*-
Acute musculoskeletal conditions	*0.6	*1.6	*-	*1.7	*1.0	*-	*1.5	*0.5
Headache, excluding migraine	*1.4	*3.4	*1.4	*5.2	*3.1	*4.0	*2.6	*1.4
Fever, unspecified	*5.1	*4.9	*4.9	*7.8	*6.5	*6.6	*6.4	*2.3
All other acute conditions	*13.1	*6.7	*5.3	*4.5	*8.1	*12.0	*5.9	*2.5

* Figure does not meet standard of reliability or precision.

*- Figure does not meet standard of reliability or precision and quantity zero.

¹MSA is metropolitan statistical area.

NOTE: The standard errors and relative standard errors (RSE's) can be computed by using parameter sets III and X of table II, the frequencies of tables 49 and 78 and the formula presented in rule 4 of appendix I.

Table 48. Number of school-loss days associated with acute conditions for youths 5–17 years of age, by sex, race, family income, and type of condition: United States, 1995

[Data are based on household interviews of the civilian noninstitutionalized population. The survey design, general qualifications, and information on the reliability of the estimates are given in appendix I. Definitions of terms are given in appendix II]

Type of acute condition	All ages 5–17 years ¹	Sex		Race		Family income				
		Male	Female	White	Black	Less than \$10,000	\$10,000– \$19,999	\$20,000– \$34,999	\$35,000 or more	
Number of school-loss days in thousands										
All acute conditions	162,884	77,289	85,595	136,132	21,687	18,129	19,926	35,165	70,130	
Infective and parasitic diseases	29,976	15,966	14,010	26,567	3,105	2,891	4,340	4,918	15,528	
Common childhood diseases	4,504	2,949	1,555	3,874	630	272	1,853	812	1,447	
Intestinal virus, unspecified	5,274	2,778	2,496	4,645	540	359	129	439	3,777	
Viral infections, unspecified	8,784	4,196	4,588	7,715	933	644	1,491	1,144	4,795	
Other	11,415	6,043	5,372	10,334	1,002	1,616	867	2,524	5,510	
Respiratory conditions	96,612	44,196	52,415	78,702	14,242	11,192	11,070	19,200	40,799	
Common cold	21,664	11,564	10,100	14,206	6,089	3,745	2,091	3,535	7,330	
Other acute upper respiratory infections	13,694	5,973	7,721	13,038	195	678	2,075	3,706	5,841	
Influenza	53,328	22,555	30,774	44,341	7,178	6,106	6,353	10,410	23,624	
Acute bronchitis	3,860	1,826	2,034	3,419	441	249	227	583	2,320	
Pneumonia	2,718	1,927	791	2,378	340	288	67	658	1,340	
Other respiratory conditions	1,348	352	996	1,321	–	125	256	309	345	
Digestive system conditions	4,918	2,157	2,761	3,787	1,000	537	1,111	1,018	1,480	
Dental conditions	1,046	283	763	521	525	75	450	–	79	
Indigestion, nausea, and vomiting	2,879	1,381	1,498	2,273	475	462	364	478	1,245	
Other digestive conditions	993	493	500	993	–	–	297	540	156	
Injuries	13,426	7,335	6,091	11,316	1,932	594	998	5,378	5,080	
Fractures and dislocations	3,710	3,142	568	2,907	802	–	231	1,125	1,766	
Sprains and strains	3,606	1,299	2,307	3,040	566	47	120	1,912	1,444	
Open wounds and lacerations	1,065	723	342	956	109	–	–	188	729	
Contusions and superficial injuries	2,461	971	1,490	2,359	102	460	344	1,050	458	
Other current injuries	2,585	1,201	1,384	2,054	353	88	302	1,104	684	
Selected other acute conditions	14,469	6,539	7,930	12,383	1,331	2,243	2,332	3,042	6,222	
Eye conditions	115	–	115	44	–	44	–	71	–	
Acute ear infections	6,286	3,330	2,956	5,987	–	319	982	1,897	2,800	
Other ear conditions	597	446	151	597	–	172	–	–	352	
Acute urinary conditions	813	67	745	813	–	67	59	86	600	
Disorders of menstruation	410	...	410	309	101	134	63	98	88	
Other disorders of female genital tract	672	...	672	672	–	350	322	–	–	
Delivery and other conditions of pregnancy and puerperium	577	...	577	158	419	524	–	53	–	
Skin conditions	362	179	183	179	183	–	67	256	40	
Acute musculoskeletal conditions	438	189	249	189	249	–	191	–	247	
Headache, excluding migraine	1,378	728	651	985	325	96	75	317	859	
Fever, unspecified	2,821	1,600	1,222	2,450	53	537	573	263	1,236	
All other acute conditions	3,481	1,094	2,387	3,376	76	672	75	1,610	1,021	

– Quantity zero.

... Category not applicable.

¹Includes other races and unknown family income.

NOTE: The standard errors and relative standard errors (RSE's) can be computed by using parameter set III of table II and the formula presented in rule 1 of appendix I. An estimate of 49.0 million has a 10-percent RSE; of 12.1 million, a 20-percent RSE; and of 5.4 million, a 30-percent RSE.

Table 49. Number of school-loss days associated with acute conditions for youths 5–17 years of age, by geographic region, place of residence, and type of condition: United States, 1995

[Data are based on household interviews of the civilian noninstitutionalized population. The survey design, general qualifications, and information on the reliability of the estimates are given in appendix I. Definitions of terms are given in appendix II]

Type of acute condition	Geographic region				Place of residence			
	Northeast	Midwest	South	West	MSA ¹			Not MSA ¹
					All MSA ¹	Central city	Not central city	
	Number of school-loss days in thousands							
All acute conditions	32,593	39,176	50,099	41,015	130,162	51,602	78,560	32,721
Infective and parasitic diseases	9,110	5,856	11,113	3,898	23,433	6,759	16,674	6,543
Common childhood diseases	1,085	2,195	943	281	3,958	2,192	1,766	546
Intestinal virus, unspecified	2,970	271	1,861	172	4,502	1,359	3,142	773
Viral infections, unspecified	1,758	741	5,706	579	6,784	1,253	5,530	2,000
Other	3,297	2,648	2,603	2,866	8,190	1,955	6,236	3,224
Respiratory conditions	14,179	26,707	27,345	28,381	76,555	30,545	46,011	20,057
Common cold	3,641	5,605	6,662	5,756	17,642	8,754	8,888	4,022
Other acute upper respiratory infections	1,519	2,823	4,926	4,425	11,405	5,788	5,617	2,289
Influenza	8,351	15,709	13,909	15,359	41,222	13,767	27,455	12,106
Acute bronchitis	294	1,658	803	1,104	3,089	1,333	1,756	770
Pneumonia	—	562	787	1,369	2,346	827	1,519	372
Other respiratory conditions	373	349	258	368	850	75	775	497
Digestive system conditions	524	840	2,264	1,290	3,998	1,235	2,763	920
Dental conditions	38	79	694	235	1,046	117	929	—
Indigestion, nausea, and vomiting	414	681	1,097	687	2,516	1,038	1,478	363
Other digestive conditions	72	81	472	369	436	81	355	558
Injuries	4,913	1,808	4,413	2,293	11,524	6,278	5,246	1,902
Fractures and dislocations	506	253	2,124	826	3,356	1,206	2,150	353
Sprains and strains	1,627	764	635	580	3,132	1,317	1,815	474
Open wounds and lacerations	383	235	242	205	635	160	474	430
Contusions and superficial injuries	1,347	240	520	354	2,231	1,795	437	229
Other current injuries	1,049	315	892	328	2,170	1,799	370	415
Selected other acute conditions	2,638	3,172	4,006	4,653	11,443	5,084	6,358	3,027
Eye conditions	—	71	44	—	115	115	—	—
Acute ear infections	1,036	568	1,840	2,841	4,166	1,178	2,988	2,120
Other ear conditions	—	251	274	72	518	244	274	78
Acute urinary conditions	86	409	317	—	565	436	129	248
Disorders of menstruation	—	150	164	96	285	156	129	125
Other disorders of female genital tract	672	—	—	—	672	672	—	—
Delivery and other conditions of pregnancy and puerperium	105	473	—	—	577	524	53	—
Skin conditions	73	67	223	—	362	250	112	—
Acute musculoskeletal conditions	58	189	—	191	380	—	380	58
Headache, excluding migraine	130	409	261	578	1,230	569	660	149
Fever, unspecified	479	584	883	875	2,572	939	1,632	250
All other acute conditions	1,228	793	959	501	3,209	1,701	1,508	272

— Quantity zero.

¹MSA is metropolitan statistical area.

NOTE: The standard errors and relative standard errors (RSE's) can be computed by using parameter set III of table II and the formula presented in rule 1 of appendix I. An estimate of 49.0 million has a 10-percent RSE; of 12.1 million, a 20-percent RSE; and of 5.4 million, a 30-percent RSE.

Table 50. Number of acute conditions per 100 persons per year and number of acute conditions, by quarter and type of condition: United States, 1995

[Data are based on household interviews of the civilian noninstitutionalized population. The survey design, general qualifications, and information on the reliability of the estimates are given in appendix I. Definitions of terms are given in appendix II]

Type of acute condition	Quarter							
	Jan.–March	April–June	July–Sept.	Oct.–Dec.	Jan.–March	April–June	July–Sept.	Oct.–Dec.
	Number per 100 persons per year				Number in thousands			
All acute conditions	57.2	34.7	32.8	49.8	149,203	90,854	85,888	130,930
Infective and parasitic diseases	6.4	4.7	3.8	5.2	16,682	12,417	9,892	13,615
Common childhood diseases	0.4	0.5	*0.1	*0.1	1,106	1,338	287	374
Intestinal virus, unspecified	1.7	1.0	0.9	1.1	4,476	2,718	2,335	2,918
Viral infections, unspecified	2.1	1.4	1.2	1.7	5,453	3,725	3,187	4,510
Other	2.2	1.8	1.6	2.2	5,647	4,636	4,083	5,813
Respiratory conditions	31.2	13.8	12.4	27.9	81,395	35,974	32,412	73,256
Common cold	7.7	3.8	3.9	7.8	20,103	9,835	10,122	20,504
Other acute upper respiratory infections	4.5	2.3	2.3	3.1	11,673	6,020	5,916	8,078
Influenza	15.9	5.8	4.9	14.6	41,534	15,241	12,744	38,490
Acute bronchitis	2.0	1.0	0.8	1.3	5,110	2,648	2,116	3,376
Pneumonia	0.6	0.5	*0.2	0.6	1,668	1,225	588	1,632
Other respiratory conditions	0.5	*0.4	*0.4	0.4	1,306	1,006	926	1,175
Digestive system conditions	1.6	1.4	1.2	1.8	4,302	3,661	3,057	4,808
Dental conditions	*0.3	*0.2	*0.3	0.5	708	590	917	1,289
Indigestion, nausea, and vomiting	0.8	0.7	0.5	0.8	2,172	1,853	1,285	2,012
Other digestive conditions	0.5	0.5	*0.3	0.6	1,423	1,218	855	1,507
Injuries	6.0	5.7	6.7	6.3	15,731	14,856	17,600	16,432
Fractures and dislocations	0.8	0.7	1.1	0.6	2,116	1,717	2,817	1,549
Sprains and strains	1.3	1.1	1.2	1.3	3,407	2,998	3,054	3,502
Open wounds and lacerations	1.1	1.4	1.3	1.0	2,933	3,542	3,336	2,607
Contusions and superficial injuries	1.0	0.9	1.4	1.4	2,518	2,405	3,758	3,614
Other current injuries	1.8	1.6	1.8	2.0	4,756	4,195	4,635	5,160
Selected other acute conditions	8.3	6.0	5.6	5.9	21,763	15,599	14,593	15,585
Eye conditions	*0.3	*0.2	*0.2	*0.2	871	460	604	497
Acute ear infections	3.2	1.9	1.6	2.2	8,430	4,955	4,296	5,887
Other ear conditions	0.4	*0.3	*0.1	*0.4	1,141	818	385	997
Acute urinary conditions	0.8	0.6	0.8	0.5	2,132	1,631	1,991	1,336
Disorders of menstruation	*0.2	*0.1	*0.2	*0.1	620	292	488	132
Other disorders of female genital tract	*0.2	*0.2	*0.2	*0.2	466	609	549	573
Delivery and other conditions of pregnancy and puerperium	*0.3	0.5	*0.2	*0.3	753	1,405	629	846
Skin conditions	0.6	0.6	0.5	*0.3	1,672	1,667	1,353	782
Acute musculoskeletal conditions	0.9	0.7	0.8	0.6	2,374	1,932	2,020	1,540
Headache, excluding migraine	0.6	*0.4	*0.4	*0.2	1,507	992	1,085	545
Fever, unspecified	0.7	*0.3	0.5	0.9	1,798	839	1,193	2,452
All other acute conditions	3.6	3.2	3.2	2.8	9,331	8,347	8,333	7,234

* Figure does not meet standard of reliability or precision.

NOTES: Excluded from these estimates are conditions involving neither medical attention nor activity restriction. The standard errors (SE's) and relative standard errors (RSE's) for columns 1–4 can be computed by using parameter set I of table II, the frequencies of table 50 and the formula presented in rule 2 of appendix I. The SE's and RSE's for columns 5–8 can be computed by using parameter set I of table II and the formula presented in rule 1 of appendix I. An estimate of 9.7 million has a 10-percent RSE; of 2.4 million, a 20-percent RSE; and of 1.1 million, a 30-percent RSE.

Table 51. Number of episodes of persons injured per 100 persons per year, by whether in moving motor vehicle, whether at work, place of accident, and sociodemographic characteristics: United States, 1995

[Data are based on household interviews of the civilian noninstitutionalized population. The survey design, general qualifications, and information on the reliability of the estimates are given in appendix I. Definitions of terms are given in appendix II]

Characteristic	All episodes ¹	Moving motor vehicle?			At work? ²		Place of accident			
		Yes		No	Yes	No	At home	Street or highway	Industrial place	Other
		Total	Traffic							
Number of episodes of persons injured per 100 persons per year										
All persons ³	23.4	1.4	1.3	21.8	4.1	11.5	6.9	2.6	1.8	6.4
Age										
Under 5 years	27.0	*-	*-	27.0	...	...	12.1	*-	*0.3	*3.8
5-17 years	28.6	*1.7	*1.3	26.8	...	...	7.5	3.9	*-	13.7
18-24 years	23.2	*2.6	*2.6	20.7	4.0	15.1	6.2	5.1	*2.7	5.8
25-44 years	22.5	1.6	1.4	20.8	5.4	12.2	6.2	2.6	3.1	6.0
45-64 years	21.3	*1.2	*1.2	19.7	4.5	8.9	5.4	*1.7	2.9	3.8
65 years and over	18.8	*1.0	*0.8	17.8	*-	11.0	7.2	*1.7	*-	*2.1
Sex and age										
Male:										
All ages	25.9	1.5	1.2	24.3	4.9	12.4	7.5	2.9	2.6	7.7
Under 18 years	34.2	*1.7	*1.1	32.4	...	...	11.4	3.4	*-	12.8
18-44 years	25.7	*1.4	*1.4	24.0	5.8	15.2	6.7	3.4	4.2	7.6
45 years and over	18.4	*1.4	*1.2	17.0	3.7	8.4	5.1	*1.7	2.7	3.0
Female:										
All ages	21.0	1.4	1.3	19.5	3.3	10.6	6.2	2.3	1.1	5.2
Under 18 years	21.8	*0.7	*0.7	21.1	...	...	6.2	*2.2	*0.2	8.9
18-44 years	19.7	2.1	2.0	17.5	4.3	10.5	5.7	3.0	1.8	4.4
45 years and over	22.0	*1.0	*1.0	20.7	2.0	10.8	6.9	*1.7	*1.0	3.4
Race and age										
White:										
All ages	24.6	1.5	1.3	23.0	4.2	11.9	7.4	2.7	1.9	6.6
Under 18 years	30.5	*1.4	*1.1	29.1	...	...	10.2	3.2	*0.1	11.8
18-44 years	23.5	1.7	1.6	21.6	5.3	13.3	6.5	3.1	3.0	6.3
45 years and over	21.5	1.3	*1.2	19.9	2.9	10.1	6.3	1.9	2.0	3.1
Black:										
All ages	17.7	*1.4	*1.0	16.3	*3.1	9.3	4.2	*1.7	*1.8	5.2
Under 18 years	19.6	*0.6	*-	19.0	...	...	*3.7	*1.2	*-	*7.7
18-44 years	19.5	*2.8	*2.4	16.7	*3.7	10.9	*4.8	*3.2	*4.2	*3.8
45 years and over	11.8	*-	*-	11.8	*2.0	*6.5	*3.7	*-	*-	*3.9

See footnotes and notes at end of table.

Table 51. Number of episodes of persons injured per 100 persons per year, by whether in moving motor vehicle, whether at work, place of accident, and sociodemographic characteristics: United States, 1995—Con.

[Data are based on household interviews of the civilian noninstitutionalized population. The survey design, general qualifications, and information on the reliability of the estimates are given in appendix I. Definitions of terms are given in appendix II]

Characteristic	All episodes ¹	Moving motor vehicle?			Place of accident					
		Yes			At work? ²		At home	Street or highway	Industrial place	Other
		Total	Traffic	No	Yes	No				
Family income and age										
Under \$10,000:										
Number of episodes of persons injured per 100 persons per year										
All ages	25.9	*1.8	*1.1	24.1	*4.0	17.5	9.4	*2.4	*1.6	8.1
Under 18 years	26.1	*0.3	*-	25.8	...	...	*8.7	*1.2	*1.0	*9.9
18-44 years	31.8	*3.5	*2.0	28.3	*6.3	21.4	*9.7	*3.6	*3.4	11.6
45 years and over	18.4	*0.9	*0.9	17.4	*1.1	*12.6	*9.6	*1.9	*-	*2.2
\$10,000-\$19,999:										
All ages	23.3	*1.0	*1.0	22.0	3.6	11.1	7.5	2.6	*1.5	4.6
Under 18 years	25.7	*0.8	*0.8	24.8	...	...	8.8	*3.4	*-	*5.6
18-44 years	23.5	*0.7	*0.7	22.3	*4.8	12.8	8.5	*3.0	*2.7	*5.2
45 years and over	21.0	*1.6	*1.6	19.4	*2.2	9.1	*5.2	*1.6	*1.3	*3.1
\$20,000-\$34,999:										
All ages	25.1	*0.9	*0.7	24.1	5.1	12.1	7.1	2.3	2.8	6.6
Under 18 years	28.9	*1.5	*1.0	27.1	...	...	11.2	*1.7	*-	9.9
18-44 years	25.0	*0.7	*0.7	24.2	6.8	13.2	6.1	*3.4	4.9	6.2
45 years and over	22.1	*0.8	*0.4	21.3	*2.8	10.5	*5.1	*1.3	*2.3	*4.2
\$35,000 or more:										
All ages	23.0	1.7	1.6	21.1	3.6	10.5	6.2	2.9	1.6	7.2
Under 18 years	30.6	*1.5	*1.3	29.1	...	...	8.7	3.9	*-	13.4
18-44 years	20.5	2.2	2.2	18.1	3.9	11.4	4.6	3.1	2.2	5.6
45 years and over	19.3	*1.1	*1.1	17.6	3.2	9.2	6.1	*1.5	*2.2	3.4
Geographic region										
Northeast	22.2	1.9	*1.8	20.3	3.4	11.7	6.8	3.5	*1.1	5.3
Midwest	28.6	*1.1	*0.9	27.4	6.4	11.2	7.4	2.0	2.8	8.8
South	20.5	1.4	1.2	18.9	3.6	10.5	6.5	2.2	1.9	5.3
West	23.5	*1.5	*1.4	21.9	2.8	13.2	7.0	3.1	*1.4	6.6
Place of residence										
MSA ⁴	23.6	1.3	1.2	22.1	4.0	11.3	6.7	2.8	1.8	6.3
Central city	24.0	1.8	1.6	22.2	3.7	12.3	6.4	3.5	1.9	5.7
Not central city	23.3	1.1	1.0	22.0	4.2	10.7	6.9	2.3	1.8	6.7
Not MSA ⁴	22.7	1.8	*1.4	20.7	4.4	12.1	7.6	2.0	1.9	6.9

* Figure does not meet standard of reliability or precision.

*- Figure does not meet standard of reliability or precision and quantity zero.

... Category not applicable.

¹Includes unknowns for each characteristic.

²For currently employed persons 18 years of age and over only.

³Includes other races and unknown family income.

⁴MSA is metropolitan statistical area.

NOTES: Injuries coded 800-999 in the 9th revision, *International Classification of Diseases, (4)* and impairments resulting from an accident are included. Injuries involving neither medical attention nor activity restriction are excluded. The standard errors (SE's) and relative standard errors (RSE's) for age, sex and age, and race and age can be computed by using parameter set IV of table II, the frequencies of table 52 and the formula presented in rule 2 of appendix I. The SE's and RSE's for family income and age, geographic region, and place of residence can be computed by using parameter sets IV and X of table II, the frequencies of tables 52 and 78 and the formula presented in rule 4 of appendix I. The tabulation of the number of episodes of persons injured has been revised from previous current estimates reports. Past years of data, 1982-1994, overestimated the number of injury episodes. Refer to the Source and Limitations of Data" section and appendix I for information about the revision.

Table 52. Number of episodes of persons injured, by whether in moving motor vehicle, whether at work, place of accident, and sociodemographic characteristics: United States, 1995

[Data are based on household interviews of the civilian noninstitutionalized population. The survey design, general qualifications, and information on the reliability of the estimates are given in appendix I. Definitions of terms are given in appendix II]

Characteristic	All episodes ¹	Moving motor vehicle?					Place of accident				
		Yes			No		At work? ²	At home	Street or highway	Industrial place	Other
		Total	Traffic	No	Yes	No					
Number of episodes of persons injured in thousands											
All persons ³	61,304	3,753	3,334	57,194	7,764	21,929	17,994	6,807	4,807	16,785	
Age											
Under 5 years	5,467	—	—	5,467	...	...	2,449	—	63	779
5-17 years	14,411	851	631	13,518	...	...	3,792	1,959	—	6,908
18-24 years	5,793	642	642	5,152	985	3,758	1,554	1,259	675	1,442	
25-44 years	18,704	1,300	1,176	17,259	4,454	10,102	5,126	2,202	2,576	5,010	
45-64 years	11,025	646	646	10,208	2,325	4,622	2,792	854	1,493	1,989	
65 years and over	5,904	313	239	5,591	—	3,447	2,280	533	—	657	
Sex and age											
Male:											
All ages	33,092	1,901	1,556	31,005	4,513	11,315	9,614	3,660	3,288	9,795	
Under 18 years	12,357	607	386	11,709	...	...	4,107	1,216	—	4,618
18-44 years	13,724	771	721	12,808	3,108	8,103	3,557	1,804	2,260	4,046	
45 years and over	7,010	523	449	6,487	1,405	3,211	1,950	640	1,029	1,131	
Female:											
All ages	28,212	1,852	1,778	26,189	3,251	10,615	8,381	3,147	1,519	6,990	
Under 18 years	7,520	245	245	7,276	...	...	2,134	744	63	3,069
18-44 years	10,774	1,171	1,097	9,602	2,331	5,757	3,123	1,657	991	2,406	
45 years and over	9,918	436	436	9,311	920	4,857	3,123	746	465	1,515	
Race and age											
White:											
All ages	53,499	3,226	2,929	49,915	6,812	19,116	16,043	5,960	4,167	14,434	
Under 18 years	17,151	780	631	16,329	...	...	5,710	1,824	63	6,604
18-44 years	20,824	1,487	1,413	19,192	4,705	11,835	5,763	2,750	2,676	5,619	
45 years and over	15,524	959	885	14,394	2,107	7,280	4,570	1,387	1,428	2,212	
Black:											
All ages	5,804	451	330	5,353	669	2,007	1,368	573	575	1,701	
Under 18 years	2,201	72	—	2,129	...	...	419	136	—	868
18-44 years	2,688	380	330	2,308	517	1,503	664	437	575	530	
45 years and over	916	—	—	916	152	504	285	—	—	304	

See footnotes and notes at end of table.

Table 52. Number of episodes of persons injured, by whether in moving motor vehicle, whether at work, place of accident, and sociodemographic characteristics: United States, 1995—Con.

[Data are based on household interviews of the civilian noninstitutionalized population. The survey design, general qualifications, and information on the reliability of the estimates are given in appendix I. Definitions of terms are given in appendix II]

Characteristic	All episodes ¹	Moving motor vehicle?					Place of accident			
		Yes			At work? ²		At home	Street or highway	Industrial place	Other
		Total	Traffic	No	Yes	No				
Family income and age										
Under \$10,000:										
Number of episodes of persons injured in thousands										
All ages	5,606	381	239	5,225	613	2,703	2,033	515	355	1,753
Under 18 years	1,619	19	—	1,600	...	...	541	75	63	611
18–44 years	2,714	297	173	2,417	540	1,829	829	310	292	989
45 years and over	1,273	65	65	1,207	73	873	664	130	—	153
\$10,000–\$19,999:										
All ages	8,812	396	396	8,348	985	3,030	2,834	991	567	1,754
Under 18 years	2,700	88	88	2,613	...	...	926	354	—	589
18–44 years	3,428	102	102	3,258	702	1,865	1,238	432	396	764
45 years and over	2,684	206	206	2,478	283	1,165	669	206	171	402
\$20,000–\$34,999:										
All ages	13,721	512	373	13,138	2,073	4,874	3,876	1,276	1,538	3,580
Under 18 years	4,121	215	149	3,865	...	...	1,596	249	—	1,408
18–44 years	5,862	156	156	5,677	1,593	3,100	1,426	804	1,142	1,459
45 years and over	3,738	142	68	3,597	481	1,773	855	223	396	714
\$35,000 or more:										
All ages	24,561	1,801	1,736	22,541	2,770	8,053	6,619	3,057	1,673	7,656
Under 18 years	9,214	459	394	8,755	...	...	2,620	1,177	—	4,043
18–44 years	9,338	1,006	1,006	8,284	1,774	5,187	2,085	1,418	986	2,565
45 years and over	6,009	336	336	5,502	996	2,866	1,915	463	686	1,048
Geographic region										
Northeast	11,411	968	903	10,443	1,289	4,489	3,494	1,800	579	2,705
Midwest	17,792	681	541	17,070	2,929	5,101	4,599	1,265	1,712	5,448
South	18,974	1,249	1,109	17,456	2,418	7,055	6,011	2,012	1,713	4,936
West	13,128	855	781	12,225	1,128	5,284	3,890	1,730	803	3,696
Place of residence										
MSA ⁴	49,437	2,791	2,586	46,356	6,113	17,360	14,026	5,771	3,809	13,189
Central city	18,782	1,391	1,250	17,392	2,118	7,071	5,020	2,723	1,448	4,447
Not central city	30,655	1,401	1,336	28,965	3,995	10,289	9,005	3,049	2,362	8,742
Not MSA ⁴	11,867	961	748	10,838	1,651	4,570	3,969	1,035	998	3,596

— Quantity zero.

... Category not applicable.

¹Includes unknowns for each characteristic.

²For currently employed persons 18 years of age and over only.

³Includes other races and unknown family income.

⁴MSA is metropolitan statistical area.

NOTES: Injuries coded 800–999 in the 9th Revision, *International Classification of Diseases*, (4) and impairments resulting from an accident are included. Injuries involving neither medical attention nor activity restriction are excluded. The standard errors and relative standard errors (RSE's) can be computed by using parameter set IV of table II and the formula presented in rule 1 of appendix I. An estimate of 8.3 million has a 10-percent RSE; of 2.1 million, a 20-percent RSE; and of 909,000, a 30-percent RSE. The tabulation of the number of episodes of persons injured has been revised from previous current estimates reports. Past years of data, 1982–1994, overestimated the number of injury episodes. Refer to the "Source and Limitations of Data" section and appendix I for information about the revision.

Table 53. Number of restricted-activity days associated with episodes of persons injured per 100 persons per year, by whether in moving motor vehicle, whether at work, place of accident, and sociodemographic characteristics: United States, 1995

[Data are based on household interviews of the civilian noninstitutionalized population. The survey design, general qualifications, and information on the reliability of the estimates are given in appendix I. Definitions of terms are given in appendix II]

Characteristic	All episodes ¹	Moving motor vehicle?			Place of accident					
		Yes			At work? ²		At home	Street or highway	Industrial place	Other
		Total	Traffic	No	Yes	No				
Number of restricted-activity days per 100 persons per year										
All persons ³	254.8	48.1	41.6	204.9	84.6	171.4	58.5	55.9	43.0	63.9
Age										
Under 5 years	*24.4	*-	*-	*24.4	...	...	*15.8	*-	*-	*1.1
5-17 years	91.1	*11.2	*7.8	80.0	...	...	21.3	15.6	*-	49.1
18-24 years	171.0	58.2	55.2	109.1	33.7	96.7	*18.6	71.4	*25.4	45.4
25-44 years	276.7	62.9	53.4	212.5	99.4	132.3	42.5	64.1	61.7	77.4
45-64 years	374.9	70.8	62.6	298.7	115.6	177.0	71.0	84.8	85.9	78.9
65 years and over	476.8	53.4	45.8	423.4	35.0	324.7	198.9	75.1	33.2	82.0
Sex and age										
Male:										
All ages	261.6	49.1	39.1	209.7	116.1	143.0	39.9	56.3	60.2	75.4
Under 18 years	79.7	*7.9	*4.0	71.8	...	...	*19.5	*13.2	*-	40.6
18-44 years	287.3	66.9	51.7	216.7	116.7	121.9	29.6	70.2	80.2	87.8
45 years and over	398.3	63.3	54.6	330.9	115.3	172.5	73.8	77.7	89.3	90.9
Female:										
All ages	248.4	47.1	44.0	200.4	55.8	197.4	76.1	55.5	26.6	52.9
Under 18 years	63.9	*8.0	*7.2	55.9	...	...	*20.0	*9.0	*-	29.8
18-44 years	218.3	56.9	55.9	161.3	52.7	126.2	44.1	61.5	27.1	52.8
45 years and over	426.3	64.9	57.6	358.4	59.6	283.9	157.9	84.0	46.2	70.9
Race and age										
White:										
All ages	254.0	43.8	38.0	208.3	79.3	167.5	60.3	52.9	41.2	63.5
Under 18 years	79.3	*8.9	*6.8	70.4	...	...	22.8	*12.7	*-	39.3
18-44 years	247.7	59.4	54.0	186.6	80.6	119.6	32.5	65.8	52.8	68.3
45 years and over	397.5	51.7	42.7	341.9	77.6	226.1	123.4	68.3	58.9	76.5
Black:										
All ages	248.8	61.8	51.4	187.0	118.8	176.3	38.0	65.6	55.1	66.5
Under 18 years	*45.1	*5.5	*1.1	*39.6	...	...	*0.6	*6.9	*-	*25.8
18-44 years	300.1	89.3	69.4	210.8	104.9	156.9	63.3	82.5	*51.5	82.4
45 years and over	452.0	*94.1	*92.1	357.9	143.5	210.8	*47.2	120.4	141.1	97.0

See footnotes and notes at end of table.

Table 53. Number of restricted-activity days associated with episodes of persons injured per 100 persons per year, by whether in moving motor vehicle, whether at work, place of accident, and sociodemographic characteristics: United States, 1995—Con.

[Data are based on household interviews of the civilian noninstitutionalized population. The survey design, general qualifications, and information on the reliability of the estimates are given in appendix I. Definitions of terms are given in appendix II]

Characteristic	All episodes ¹	Moving motor vehicle?				Place of accident				
		Yes		No	At work? ²		At home	Street or highway	Industrial place	Other
		Total	Traffic		Yes	No				
Family income and age										
Under \$10,000:										
Number of restricted-activity days per 100 persons per year										
All ages	376.2	77.4	70.8	298.8	110.1	301.0	114.3	91.0	68.3	67.1
Under 18 years	*49.8	*-	*-	*49.8	...	...	*39.6	*-	*-	*4.4
18-44 years	356.1	115.0	99.1	241.1	98.0	197.9	*58.4	108.9	*62.8	*80.3
45 years and over	693.1	*100.3	*99.3	592.8	125.1	428.0	250.1	150.3	136.1	*106.7
\$10,000-\$19,999:										
All ages	377.4	89.4	82.0	288.1	131.1	264.9	83.0	103.6	66.4	79.2
Under 18 years	*60.5	*8.4	*8.4	*52.1	...	...	*17.0	*11.9	*-	*25.9
18-44 years	422.8	139.4	128.8	283.4	169.1	220.6	52.6	158.0	112.9	74.5
45 years and over	586.6	99.0	89.3	487.6	87.8	315.5	172.0	117.1	68.0	128.5
\$20,000-\$34,999:										
All ages	244.1	40.0	37.2	203.8	84.4	149.6	53.8	49.6	47.9	56.3
Under 18 years	81.1	*16.9	*16.9	64.3	...	...	*24.6	*18.2	*-	*33.1
18-44 years	223.0	*29.6	*28.4	192.8	72.7	108.5	48.2	35.2	50.0	69.3
45 years and over	410.9	74.1	66.5	336.8	100.7	206.6	86.2	95.9	85.3	57.7
\$35,000 or more:										
All ages	180.4	33.0	28.2	144.7	58.5	115.5	33.4	39.9	22.4	59.2
Under 18 years	75.3	*6.1	*2.2	69.2	...	...	*16.2	*8.9	*-	46.2
18-44 years	191.8	42.4	37.4	146.5	60.0	87.5	22.9	45.7	30.9	64.1
45 years and over	265.1	45.2	39.7	214.9	56.3	156.5	65.3	61.3	31.4	64.5
Geographic region										
Northeast	240.7	40.1	36.4	200.6	78.0	165.5	60.3	54.0	36.1	59.7
Midwest	216.7	27.9	20.2	186.0	100.1	112.1	43.8	27.4	42.7	69.5
South	260.3	53.0	47.5	205.6	69.4	187.5	64.7	61.9	42.6	56.1
West	301.5	69.7	60.4	228.9	98.9	217.6	63.0	79.5	50.2	74.1
Place of residence										
MSA ⁴	250.5	48.1	42.0	200.8	79.7	173.4	58.4	57.2	41.4	61.8
Central city	252.9	59.1	51.2	192.9	72.8	195.2	69.0	65.0	41.6	51.8
Not central city	249.1	41.5	36.6	205.5	83.9	160.4	52.2	52.6	41.2	67.8
Not MSA ⁴	272.2	47.9	39.7	221.4	104.4	163.1	58.7	50.6	49.2	72.0

* Figure does not meet standard of reliability or precision.

*- Figure does not meet standard of reliability or precision and quantity zero.

... Category not applicable.

¹Includes unknowns for each characteristic.²For currently employed persons 18 years of age and over only.³Includes other races and unknown family income.⁴MSA is metropolitan statistical area.

NOTES: The standard errors (SE's) and relative standard errors (RSE's) for age, sex and age, and race and age can be computed by using parameter set II of table II, the frequencies of table 54 and the formula presented in rule 2 of appendix I. The SE's and RSE's for family income and age, geographic region, and place of residence can be computed by using parameter sets II and X of table II, the frequencies of tables 54 and 78 and the formula presented in rule 4 of appendix I. The tabulation of the number of episodes of persons injured has been revised from previous current estimates reports. Past years of data, 1982-1994, overestimated the number of injury episodes. Refer to the "Source and Limitations of Data" section and appendix I for information about the revision.

Table 54. Number of restricted-activity days associated with episodes of persons injured, by whether in moving motor vehicle, whether at work, place of accident, and sociodemographic characteristics: United States, 1995

[Data are based on household interviews of the civilian noninstitutionalized population. The survey design, general qualifications, and information on the reliability of the estimates are given in appendix I. Definitions of terms are given in appendix II]

Characteristic	All episodes ¹	Moving motor vehicle?			At work? ²		Place of accident			
		Yes		No	Yes	No	At home	Street or highway	Industrial place	Other
		Total	Traffic							
Number of restricted-activity days in thousands										
All persons ³	667,442	125,866	108,866	536,728	161,825	327,766	153,172	146,416	112,500	167,244
Age										
Under 5 years	4,953	—	—	4,953	...	...	3,210	—	—	216
5-17 years	45,928	5,630	3,939	40,298	...	...	10,739	7,881	—	24,747
18-24 years	42,634	14,517	13,764	27,186	8,412	24,113	4,644	17,795	6,337	11,323
25-44 years	229,996	52,312	44,385	176,618	82,606	109,929	35,286	53,253	51,281	64,355
45-64 years	193,904	36,597	32,355	154,455	59,805	91,563	36,702	43,868	44,435	40,806
65 years and over	150,027	16,808	14,424	133,219	11,003	102,162	62,590	23,618	10,447	25,797
Sex and age										
Male:										
All ages	333,769	62,662	49,829	267,571	106,150	130,715	50,960	71,801	76,805	96,131
Under 18 years	28,833	2,868	1,459	25,965	...	...	7,041	4,790	—	14,690
18-44 years	153,141	35,657	27,564	115,487	62,188	64,962	15,796	37,393	42,762	46,800
45 years and over	151,795	24,137	20,806	126,120	43,962	65,753	28,123	29,618	34,043	34,641
Female:										
All ages	333,674	63,203	59,037	269,156	55,674	197,051	102,212	74,614	35,695	71,113
Under 18 years	22,048	2,762	2,480	19,286	...	...	6,908	3,090	—	10,272
18-44 years	119,490	31,173	30,585	88,317	28,829	69,080	24,135	33,655	14,856	28,879
45 years and over	192,136	29,269	25,973	161,553	26,845	127,971	71,169	37,869	20,839	31,963
Race and age										
White:										
All ages	551,792	95,090	82,644	452,390	127,622	269,659	130,937	114,922	89,488	138,011
Under 18 years	44,560	5,009	3,818	39,550	...	...	12,793	7,113	—	22,071
18-44 years	219,616	52,688	47,907	165,469	71,486	106,044	28,856	58,378	46,851	60,587
45 years and over	287,616	37,393	30,918	247,371	56,136	163,614	89,288	49,430	42,637	55,353
Black:										
All ages	81,496	20,232	16,837	61,264	25,592	37,984	12,461	21,486	18,054	21,780
Under 18 years	5,055	621	120	4,434	...	...	69	768	—	2,891
18-44 years	41,385	12,312	9,570	29,073	14,459	21,632	8,731	11,376	7,106	11,365
45 years and over	35,055	7,299	7,147	27,766	11,132	16,351	3,661	9,342	10,947	7,523

See footnotes and notes at end of table.

Table 54. Number of restricted-activity days associated with episodes of persons injured, by whether in moving motor vehicle, whether at work, place of accident, and sociodemographic characteristics: United States, 1995—Con.

[Data are based on household interviews of the civilian noninstitutionalized population. The survey design, general qualifications, and information on the reliability of the estimates are given in appendix I. Definitions of terms are given in appendix II]

Characteristic	Moving motor vehicle?					Place of accident				
	All episodes ¹	Yes			At work? ²		At home	Street or highway	Industrial place	Other
		Total	Traffic	No	Yes	No				
Family income and age										
Under \$10,000:										
Number of restricted-activity days in thousands										
All ages	81,450	16,756	15,332	64,694	17,020	46,521	24,746	19,698	14,777	14,517
Under 18 years	3,087	—	—	3,087	...	...	2,455	—	—	273
18–44 years	30,397	9,818	8,457	20,579	8,366	16,897	4,984	9,293	5,359	6,857
45 years and over	47,966	6,939	6,875	41,028	8,655	29,623	17,307	10,405	9,417	7,388
\$10,000–\$19,999:										
All ages	142,934	33,843	31,057	109,091	35,863	72,448	31,429	39,245	25,147	29,996
Under 18 years	6,362	879	879	5,483	...	...	1,791	1,253	—	2,725
18–44 years	61,641	20,320	18,777	41,321	24,652	32,152	7,663	23,033	16,456	10,854
45 years and over	74,931	12,644	11,401	62,287	11,211	40,296	21,975	14,958	8,692	16,416
\$20,000–\$34,999:										
All ages	133,351	21,863	20,305	111,342	34,101	60,397	29,411	27,070	26,150	30,746
Under 18 years	11,555	2,400	2,400	9,155	...	...	3,509	2,598	—	4,719
18–44 years	52,368	6,943	6,671	45,278	17,080	25,496	11,331	8,265	11,744	16,273
45 years and over	69,429	12,520	11,235	56,909	17,020	34,901	14,570	16,207	14,405	9,754
\$35,000 or more:										
All ages	192,924	35,316	30,136	154,719	44,935	88,758	35,721	42,647	23,926	63,313
Under 18 years	22,683	1,851	660	20,832	...	...	4,889	2,668	—	13,924
18–44 years	87,561	19,357	17,089	66,854	27,368	39,960	10,474	20,863	14,127	29,266
45 years and over	82,680	14,108	12,387	67,034	17,567	48,798	20,358	19,116	9,799	20,123
Geographic region										
Northeast	123,823	20,630	18,730	103,193	29,895	63,452	31,000	27,807	18,548	30,739
Midwest	134,866	17,377	12,584	115,744	45,645	51,091	27,260	17,069	26,579	43,274
South	240,465	48,977	43,855	190,002	46,771	126,295	59,757	57,161	39,371	51,870
West	168,288	38,882	33,697	127,789	39,513	86,927	35,155	44,379	28,001	41,362
Place of residence										
MSA ⁴	525,211	100,837	88,136	421,057	122,273	265,975	122,520	119,984	86,771	129,644
Central city	197,866	46,232	40,027	150,899	41,744	111,964	53,943	50,832	32,578	40,483
Not central city	327,345	54,605	48,109	270,158	80,529	154,011	68,578	69,152	54,194	89,160
Not MSA ⁴	142,231	25,029	20,730	115,671	39,551	61,791	30,652	26,432	25,728	37,601

— Quantity zero.

... Category not applicable.

¹Includes unknowns for each characteristic.

²For currently employed persons 18 years of age and over only.

³Includes other races and unknown family income.

⁴MSA is metropolitan statistical area.

NOTES: The standard errors and relative standard errors (RSE's) can be computed by using parameter set II of table II and the formula presented in rule 1 of appendix I. An estimate of 68.3 million has a 10-percent RSE; of 16.8 million, a 20-percent RSE; and of 7.5 million, a 30-percent RSE. The tabulation of the number of episodes of persons injured has been revised from previous current estimates reports. Past years of data, 1982–1994, overestimated the number of injury episodes. Refer to the "Source and Limitations of Data" section and appendix I for information about the revision.

Table 55. Number of bed days associated with episodes of persons injured per 100 persons per year, by whether in moving motor vehicle, whether at work, place of accident, and sociodemographic characteristics: United States, 1995

[Data are based on household interviews of the civilian noninstitutionalized population. The survey design, general qualifications, and information on the reliability of the estimates are given in appendix I. Definitions of terms are given in appendix II]

Characteristic	All episodes ¹	Moving motor vehicle?			Place of accident					
		Yes		No	At work? ²		At home	Street or highway	Industrial place	Other
		Total	Traffic		Yes	No				
Number of bed days per 100 persons per year										
All persons ³	76.8	15.0	13.5	61.1	22.6	56.2	19.4	19.3	11.0	15.9
Age										
Under 5 years	*7.8	*-	*-	*7.8	...	...	*1.5	*-	*-	*0.9
5-17 years	19.1	*3.8	*3.7	15.3	...	...	*3.1	*5.3	*-	*8.4
18-24 years	62.3	*18.6	*18.6	42.0	*16.7	30.8	*9.8	*22.6	*14.9	*13.9
25-44 years	77.8	16.3	14.3	61.3	23.1	38.1	12.4	17.9	13.0	21.1
45-64 years	111.6	25.2	21.6	84.0	29.0	62.7	26.2	30.7	22.3	21.2
65 years and over	165.2	*19.1	*18.4	146.1	*15.6	113.6	71.9	36.5	*8.6	*16.6
Sex and age										
Male:										
All ages	74.0	13.1	11.2	59.5	30.3	41.9	11.4	17.4	15.9	18.2
Under 18 years	*17.0	*2.0	*1.8	*15.0	...	...	*4.4	*3.1	*-	*6.2
18-44 years	72.6	14.9	*12.1	56.7	28.9	28.1	*5.6	17.9	20.8	20.1
45 years and over	130.0	21.0	*18.7	105.8	32.4	61.3	26.1	30.1	24.0	26.9
Female:										
All ages	79.4	16.8	15.7	62.6	15.6	69.3	27.0	21.1	6.3	13.7
Under 18 years	*14.6	*3.4	*3.4	*11.2	...	...	*0.9	*4.4	*-	*6.3
18-44 years	75.7	18.8	18.4	56.9	14.6	44.4	17.8	20.0	*6.2	18.8
45 years and over	133.4	24.5	21.8	108.9	16.7	99.5	58.2	35.2	*11.3	*13.1
Race and age										
White:										
All ages	74.3	12.9	11.5	60.5	19.2	54.3	20.1	17.5	10.1	14.5
Under 18 years	15.3	*3.2	*3.1	*12.1	...	...	*1.4	*4.5	*-	*6.9
18-44 years	72.6	17.0	16.1	54.9	19.0	35.0	10.4	19.2	12.8	18.4
45 years and over	122.1	15.4	12.5	105.0	19.4	77.9	46.5	25.5	14.6	15.6
Black:										
All ages	81.1	*14.9	*14.9	66.2	36.8	58.2	*14.8	*20.6	*15.0	*21.6
Under 18 years	*13.5	*1.1	*1.1	*12.4	...	...	*0.3	*1.1	*-	*4.7
18-44 years	84.0	*12.9	*12.9	71.1	*33.4	*43.5	*25.2	*19.1	*11.5	*21.7
45 years and over	173.8	*38.6	*38.6	135.2	*42.8	*84.2	*17.1	*51.4	*42.7	*45.8

See footnotes and notes at end of table.

Table 55. Number of bed days associated with episodes of persons injured per 100 persons per year, by whether in moving motor vehicle, whether at work, place of accident, and sociodemographic characteristics: united states, 1995—Con.

[Data are based on household interviews of the civilian noninstitutionalized population. The survey design, general qualifications, and information on the reliability of the estimates are given in appendix I. Definitions of terms are given in appendix II]

Characteristic	All episodes ¹	Moving motor vehicle?			At work? ²		Place of accident			
		Yes		No	Yes	No	At home	Street or highway	Industrial place	Other
		Total	Traffic							
Family income and age										
Under \$10,000:										
All ages Number of bed days per 100 persons per year										
All ages	138.9	*27.7	*23.3	111.2	54.7	111.1	36.2	*34.6	*25.2	35.7
Under 18 years	*13.9	*-	*-	*13.9	...	...	*6.2	*-	*-	*3.2
18-44 years	136.1	*44.2	*32.9	92.0	*43.6	*68.7	*23.8	*36.4	*27.0	*37.7
45 years and over	254.3	*32.1	*32.1	222.1	*68.5	163.3	*78.3	*63.2	*45.6	*62.4
\$10,000-\$19,999:										
All ages	136.2	37.1	32.3	99.1	44.2	109.4	26.8	44.1	27.2	25.1
Under 18 years	*16.6	*4.0	*4.0	*12.5	...	...	*1.5	*7.3	*-	*3.8
18-44 years	152.2	*45.8	*42.0	106.4	52.5	89.9	*19.3	59.5	*39.0	*29.7
45 years and over	216.4	*54.2	*44.5	162.2	*34.7	131.7	*56.3	*56.8	*36.1	*37.4
\$20,000-\$34,999:										
All ages	77.9	14.6	14.2	63.3	19.1	57.7	24.4	20.2	*11.1	*8.2
Under 18 years	*16.1	*9.6	*9.6	*6.5	...	...	*0.9	*9.6	*-	*2.9
18-44 years	55.5	*3.6	*3.6	51.9	*12.8	*25.0	*17.0	*5.2	*8.9	*10.6
45 years and over	161.1	*34.1	*32.8	127.0	*27.8	103.3	54.5	49.9	*23.5	*9.4
\$35,000 or more:										
All ages	40.9	*6.5	*5.9	32.7	10.6	23.2	*6.1	8.7	*2.8	13.7
Under 18 years	*11.2	*0.4	*0.2	*10.8	...	...	*0.4	*0.5	*-	*8.7
18-44 years	52.7	*9.2	*9.2	42.2	*10.8	22.2	*7.1	*10.1	*4.9	18.3
45 years and over	52.2	*8.5	*6.4	39.8	*10.4	24.7	*10.0	*14.4	*2.6	*11.6
Geographic region										
Northeast	71.8	*12.5	*12.3	59.3	20.3	47.6	15.9	18.2	*4.2	19.4
Midwest	61.4	*7.2	*3.9	53.5	22.8	40.4	21.5	*5.3	*11.3	14.3
South	82.1	14.9	14.8	66.0	22.5	63.7	22.0	21.2	14.2	13.8
West	89.6	25.9	23.1	63.3	24.9	70.0	16.0	32.6	*11.6	17.8
Place of residence										
MSA ⁴	74.5	13.1	12.2	61.3	22.7	54.6	20.1	18.3	10.5	15.5
Central city	88.3	18.0	18.0	70.1	24.0	73.2	26.5	23.9	13.8	13.8
Not central city	66.3	10.2	8.8	56.0	21.9	43.5	16.3	15.0	8.5	16.5
Not MSA ⁴	85.8	22.3	18.6	60.6	22.5	62.8	16.7	23.0	*13.0	17.4

* Figure does not meet standard of reliability or precision.
 *- Figure does not meet standard of reliability or precision and quantity zero.
 ... Category not applicable.
¹Includes unknowns for each characteristic.
²For currently employed persons 18 years of age and over only.
³Includes other races and unknown family income.
⁴MSA is metropolitan statistical area.

NOTES: The standard errors (SE's) and relative standard errors (RSE's) for age, sex and age, and race and age for columns 1-4 and 7-10 can be computed by using parameter set II of table II, the frequencies of table 56 and the formula presented in rule 2 of appendix I. The SE's and RSE's for columns 5 and 6 can be computed by using parameter sets II and X of table II, the frequencies of tables 56 and 78 and the formula presented in rule 4 of appendix I. The SE's and RSE's for family income and age, geographic region, and place of residence can be computed by using parameter sets II and X of table II, the frequencies of tables 56 and 78 and the formula presented in rule 4 of appendix I. The tabulation of the number of episodes of persons injured has been revised from previous current estimates reports. Past years of data, 1982-1994, overestimated the number of injury episodes. Refer to "Source and Limitations of Data" section and appendix I for information about the revision.

Table 56. Number of bed days associated with episodes of persons injured, by whether in moving motor vehicle, whether at work, place of accident, and sociodemographic characteristics: United States, 1995

[Data are based on household interviews of the civilian noninstitutionalized population. The survey design, general qualifications, and information on the reliability of the estimates are given in appendix I. Definitions of terms are given in appendix II]

Characteristic	All episodes ¹	Moving motor vehicle?			At work? ²		Place of accident			
		Yes		No	Yes	No	At home	Street or highway	Industrial place	Other
		Total	Traffic							
Number of bed days in thousands										
All persons ³	201,027	39,177	35,337	160,076	43,264	107,509	50,815	50,480	28,733	41,578
Age										
Under 5 years	1,590	-	-	1,590	...	...	304	-	-	174
5-17 years	9,611	1,919	1,854	7,692	...	...	1,587	2,651	-	4,240
18-24 years	15,526	4,633	4,633	10,462	4,164	7,678	2,433	5,630	3,726	3,461
25-44 years	64,637	13,559	11,911	50,936	19,212	31,629	10,309	14,855	10,767	17,529
45-64 years	57,693	13,056	11,150	43,437	14,980	32,448	13,574	15,863	11,541	10,944
65 years and over	51,970	6,010	5,788	45,960	4,909	35,755	22,609	11,481	2,699	5,230
Sex and age										
Male:										
All ages	94,404	16,658	14,245	75,972	27,741	38,347	14,537	22,161	20,244	23,201
Under 18 years	6,158	733	668	5,425	...	...	1,578	1,122	-	2,257
18-44 years	38,714	7,917	6,454	30,223	15,388	14,989	3,001	9,559	11,096	10,689
45 years and over	49,532	8,008	7,123	40,324	12,353	23,358	9,958	11,480	9,148	10,255
Female:										
All ages	106,623	22,516	21,092	84,104	15,523	69,162	36,278	28,319	8,489	16,377
Under 18 years	5,043	1,185	1,185	3,857	...	...	312	1,529	-	2,158
18-44 years	41,450	10,275	10,091	31,175	7,988	24,317	9,742	10,925	3,397	10,301
45 years and over	60,131	11,058	9,815	49,072	7,536	44,845	26,225	15,864	5,092	5,918
Race and age										
White:										
All ages	161,279	28,040	25,008	131,465	30,879	87,434	43,579	37,980	21,928	31,473
Under 18 years	8,600	1,799	1,734	6,801	...	...	770	2,531	-	3,882
18-44 years	64,355	15,089	14,250	48,692	16,879	31,052	9,194	17,016	11,390	16,278
45 years and over	88,324	11,152	9,024	75,972	14,001	56,382	33,616	18,433	10,538	11,313
Black:										
All ages	26,579	4,893	4,893	21,686	7,924	12,533	4,838	6,742	4,897	7,079
Under 18 years	1,513	120	120	1,393	...	...	33	120	-	532
18-44 years	11,587	1,782	1,782	9,805	4,606	6,002	3,477	2,634	1,583	2,996
45 years and over	13,479	2,991	2,991	10,488	3,318	6,531	1,328	3,988	3,314	3,551

See footnotes and notes at end of table.

Table 56. Number of bed days associated with episodes of persons injured, by whether in moving motor vehicle, whether at work, place of accident, and sociodemographic characteristics: United States, 1995—Con.

[Data are based on household interviews of the civilian noninstitutionalized population. The survey design, general qualifications, and information on the reliability of the estimates are given in appendix I. Definitions of terms are given in appendix II]

Characteristic	All episodes ¹	Moving motor vehicle?			Place of accident					
		Yes		No	At work? ²		At home	Street or highway	Industrial place	Other
		Total	Traffic		Yes	No				
Family income and age										
Under \$10,000:										
Number of bed days in thousands										
All ages	30,077	5,993	5,037	24,084	8,460	17,165	7,838	7,481	5,465	7,734
Under 18 years	861	—	—	861	...	...	387	—	—	198
18–44 years	11,618	3,769	2,812	7,849	3,723	5,860	2,031	3,105	2,307	3,218
45 years and over	17,598	2,224	2,224	15,373	4,738	11,305	5,420	4,376	3,158	4,318
\$10,000–\$19,999:										
All ages	51,582	14,033	12,229	37,549	12,093	29,930	10,157	16,702	10,294	9,512
Under 18 years	1,742	423	423	1,318	...	...	153	767	—	404
18–44 years	22,194	6,682	6,120	15,512	7,659	13,102	2,813	8,679	5,686	4,333
45 years and over	27,647	6,928	5,685	20,718	4,434	16,829	7,191	7,256	4,608	4,774
\$20,000–\$34,999:										
All ages	42,544	7,976	7,754	34,568	7,717	23,317	13,331	11,014	6,051	4,483
Under 18 years	2,289	1,368	1,368	921	...	...	133	1,368	—	412
18–44 years	13,044	849	849	12,195	3,014	5,870	3,989	1,218	2,081	2,480
45 years and over	27,211	5,759	5,537	21,452	4,703	17,447	9,208	8,428	3,970	1,591
\$35,000 or more:										
All ages	43,716	6,986	6,258	34,956	8,180	17,844	6,491	9,257	3,029	14,615
Under 18 years	3,383	127	62	3,255	...	...	129	143	—	2,623
18–44 years	24,066	4,215	4,215	19,277	4,942	10,126	3,232	4,607	2,224	8,372
45 years and over	16,268	2,644	1,981	12,424	3,238	7,718	3,131	4,506	804	3,621
Geographic region										
Northeast	36,921	6,412	6,347	30,509	7,763	18,227	8,161	9,386	2,160	9,992
Midwest	38,232	4,503	2,449	33,297	10,406	18,410	13,404	3,270	7,002	8,911
South	75,839	13,783	13,668	60,956	15,153	42,918	20,302	19,619	13,121	12,733
West	50,035	14,479	12,873	35,314	9,943	27,954	8,949	18,205	6,450	9,942
Place of residence										
MSA ⁴	156,191	27,521	25,602	128,428	34,760	83,715	42,089	38,472	21,963	32,503
Central city	69,038	14,071	14,071	54,868	13,766	41,968	20,729	18,734	10,785	10,764
Not central city	87,153	13,450	11,530	73,560	20,994	41,747	21,360	19,738	11,178	21,739
Not MSA ¹	44,836	11,656	9,735	31,648	8,504	23,795	8,726	12,008	6,770	9,075

— Quantity zero.

... Category not applicable.

¹Includes unknowns for each characteristic.

²For currently employed persons 18 years of age and over only.

³Includes other races and unknown family income.

⁴MSA is metropolitan statistical area.

NOTES: The standard errors and relative standard errors (RSE's) can be computed by using parameter set II of table II and the formula presented in rule 1 of appendix I. An estimate of 68.3 million has a 10-percent RSE; of 16.8 million, a 20-percent RSE; and of 7.5 million, a 30-percent RSE. The tabulation of the number of episodes of persons injured has been revised from previous current estimates reports. Past years of data, 1982–1994, overestimated the number of injury episodes. Refer to "Source and Limitations of Data" section and appendix I for information about the revision.

Table 57. Number of selected reported chronic conditions per 1,000 persons, by age: United States, 1995

[Data are based on household interviews of the civilian noninstitutionalized population. The survey design, general qualifications, and information on the reliability of the estimates are given in appendix I. Definitions of terms are given in appendix II]

Type of chronic condition	All ages	Under 45 years				65 years and over		
		Total	Under 18 years	18-44 years	45-64 years	Total	65-74 years	75 years and over
Selected skin and musculoskeletal conditions								
Number of chronic conditions per 1,000 persons								
Arthritis	124.7	29.2	*2.1	46.9	232.9	489.5	447.9	548.5
Gout, including gouty arthritis	9.5	2.4	*-	3.9	22.9	27.8	30.5	24.0
Intervertebral disc disorders	22.6	14.1	*0.5	23.0	46.4	32.1	30.2	34.8
Bone spur or tendinitis, unspecified	10.5	5.5	*0.5	8.7	25.6	14.2	12.7	16.5
Disorders of bone or cartilage	6.8	2.8	*2.5	3.0	11.1	22.9	21.2	25.5
Trouble with bunions	12.5	5.9	*1.1	9.1	23.9	30.8	28.3	34.2
Bursitis, unclassified	20.5	10.4	*0.6	16.8	38.9	47.8	54.0	39.1
Sebaceous skin cyst	4.9	4.5	*0.9	6.8	7.2	*3.8	*2.3	*5.8
Trouble with acne	20.4	28.0	26.4	29.0	6.2	*0.5	*0.9	*-
Psoriasis	9.5	6.5	*2.9	8.8	16.7	14.9	16.0	*13.5
Dermatitis	35.6	36.9	35.2	38.0	35.8	28.4	29.5	26.8
Trouble with dry (itching) skin, unclassified	24.6	18.9	13.9	22.2	30.2	47.5	44.1	52.4
Trouble with ingrown nails	20.5	15.3	8.0	20.1	28.9	36.4	31.4	43.5
Trouble with corns and calluses	16.6	8.3	*1.3	12.9	28.7	43.8	33.2	58.8
Impairments								
Visual impairment	32.5	20.3	7.0	28.9	48.3	76.0	54.5	106.4
Color blindness	11.3	9.2	3.0	13.2	18.3	11.9	*7.7	17.9
Cataracts	23.9	1.5	*0.2	2.3	19.3	158.7	105.4	234.5
Glaucoma	9.5	*1.1	*-	*1.8	12.3	52.3	41.0	68.5
Hearing impairment	85.8	33.8	14.9	46.2	144.7	283.9	236.5	351.2
Tinnitus	26.0	10.3	*1.3	16.1	54.8	67.9	72.6	61.3
Speech impairment	10.5	11.4	18.1	7.0	9.1	7.8	*8.0	*7.5
Absence of extremities (excludes tips of fingers or toes only)	4.6	2.8	*0.3	4.4	8.8	7.6	*11.1	*2.8
Paralysis of extremities, complete or partial	5.8	3.4	*2.5	3.9	7.2	17.0	18.4	*14.9
Deformity or orthopedic impairment	121.4	95.7	29.8	138.8	175.6	178.1	167.6	192.9
Back	70.5	55.6	10.4	85.1	106.4	96.0	84.9	111.9
Upper extremities	17.4	11.8	*2.2	18.1	28.4	31.4	35.0	26.2
Lower extremities	51.2	40.1	17.9	54.6	74.2	76.7	67.8	89.3
Selected digestive conditions								
Ulcer	16.4	11.2	*1.2	17.8	28.7	25.6	30.4	19.0
Hernia of abdominal cavity	17.8	7.1	*2.0	10.4	32.4	54.8	54.5	55.2
Gastritis or duodenitis	14.0	8.0	*2.0	12.0	22.5	33.8	29.4	39.8
Frequent indigestion	27.5	20.7	3.3	32.2	41.2	43.2	42.5	44.2
Enteritis or colitis	9.2	6.1	*2.0	8.7	16.3	15.4	15.1	*15.8
Spastic colon	9.3	6.8	*1.5	10.3	15.3	13.6	14.9	*11.8
Diverticula of intestines	8.1	1.3	*-	2.1	11.5	41.2	43.7	37.6
Frequent constipation	13.9	8.6	4.5	11.3	17.1	38.6	22.5	61.4

See footnotes and note at end of table.

Table 57. Number of selected reported chronic conditions per 1,000 persons, by age: United States, 1995—Con.

[Data are based on household interviews of the civilian noninstitutionalized population. The survey design, general qualifications, and information on the reliability of the estimates are given in appendix I. Definitions of terms are given in appendix II]

Type of chronic condition	All ages	Under 45 years				65 years and over		
		Total	Under 18 years	18–44 years	45–64 years	Total	65–74 years	75 years and over
Selected conditions of the genitourinary, nervous, endocrine, metabolic, and blood and blood-forming systems		Number of chronic conditions per 1,000 persons						
Goiter or other disorders of the thyroid	17.3	8.3	*1.2	12.9	30.1	47.2	47.8	46.3
Diabetes	33.2	7.9	*2.6	11.4	63.8	126.4	133.0	117.1
Anemias	15.9	14.3	7.2	19.0	18.8	20.4	12.2	32.1
Epilepsy	5.5	5.1	4.0	5.8	6.4	*6.5	*8.1	*4.1
Migraine headache	45.4	46.2	12.7	68.1	58.0	20.2	26.3	*11.5
Neuralgia or neuritis, unspecified	1.4	*0.5	*—	*0.9	*1.6	*6.3	*6.6	*5.8
Kidney trouble	11.5	8.7	*2.7	12.7	15.4	21.2	24.6	*16.2
Bladder disorders	15.8	8.9	*2.8	12.9	19.8	48.3	37.5	63.7
Diseases of prostate	9.9	*1.0	*—	*1.6	16.8	49.3	55.7	40.1
Disease of female genital organs	20.5	19.8	*2.3	31.2	28.2	11.6	14.4	*7.5
Selected circulatory conditions								
Rheumatic fever with or without heart disease	8.3	4.6	*1.0	7.0	15.9	16.5	17.1	*15.5
Heart disease	80.6	29.0	18.6	35.8	120.8	307.7	268.1	363.9
Ischemic heart disease	29.6	3.1	*0.4	4.9	55.0	138.6	122.0	162.2
Heart rhythm disorders	34.1	20.2	13.7	24.5	44.3	95.8	92.2	100.8
Tachycardia or rapid heart	8.8	3.2	*0.8	4.8	12.9	33.3	34.8	31.1
Heart murmurs	17.6	14.6	11.5	16.7	20.3	30.2	31.1	28.8
Other and unspecified heart rhythm disorders	7.7	2.4	*1.4	3.0	11.1	32.4	26.3	41.0
Other selected diseases of heart, excluding hypertension	16.9	5.7	4.6	6.3	21.5	73.3	53.8	100.9
High blood pressure (hypertension)	114.4	32.2	*0.6	52.8	222.7	403.4	391.9	419.7
Cerebrovascular disease	12.7	1.7	*0.8	2.3	14.9	71.3	51.9	98.8
Hardening of the arteries	7.0	*0.4	*—	*0.6	9.3	41.1	28.8	58.7
Varicose veins of lower extremities	28.2	13.7	*—	22.7	46.2	81.3	77.2	87.0
Hemorrhoids	34.7	22.6	*0.9	36.7	63.6	55.7	54.2	57.9
Selected respiratory conditions								
Chronic bronchitis	55.5	51.5	53.6	50.2	63.9	64.1	66.0	61.4
Asthma	56.8	60.8	74.9	51.6	53.3	39.8	45.8	31.3
Hay fever or allergic rhinitis without asthma	98.2	97.8	66.2	118.4	115.3	72.9	80.9	61.4
Chronic sinusitis	141.3	128.2	75.6	162.6	179.0	153.4	156.7	148.8
Deviated nasal septum	6.5	5.3	*0.9	8.2	10.2	7.2	*8.5	*5.5
Chronic disease of tonsils or adenoids	10.3	13.4	18.5	10.1	4.8	*1.8	*3.1	*—
Emphysema	7.1	*0.7	*—	*1.2	13.0	34.1	35.9	31.5

* Figure does not meet standard of reliability or precision.

*— Figure does not meet standard of reliability or precision and quantity zero.

NOTE: The standard errors and relative standard errors (RSE's) can be computed by using parameter set V of table II, the frequencies of table 62 and the formula presented in rule 2 of appendix I.

Table 58. Number of selected reported chronic conditions per 1,000 persons, by sex and age: United States, 1995

[Data are based on household interviews of the civilian noninstitutionalized population. The survey design, general qualifications, and information on the reliability of the estimates are given in appendix I. Definitions of terms are given in appendix II]

Type of chronic condition	Male					Female				
	Under 45 years	45-64 years	65 years and over			Under 45 years	45-64 years	65 years and over		
			Total	65-74 years	75 years and over			Total	65-74 years	75 years and over
Selected skin and musculoskeletal conditions										
Number of chronic conditions per 1,000 persons										
Arthritis	22.4	176.7	404.7	385.5	437.0	36.0	285.4	550.2	498.2	616.1
Gout, including gouty arthritis	3.8	35.7	42.5	48.4	*32.6	*0.9	10.8	17.3	*16.1	*18.8
Intervertebral disc disorders	16.7	51.1	35.5	27.9	48.1	11.5	42.0	29.6	32.0	26.7
Bone spur or tendinitis, unspecified	4.3	21.4	*10.3	*10.7	*9.6	6.7	29.6	17.1	*14.3	*20.6
Disorders of bone or cartilage	3.0	*4.7	*7.7	*4.9	*12.4	2.6	17.0	33.9	34.4	33.2
Trouble with bunions	2.5	10.2	*14.0	*18.6	*6.3	9.4	36.6	42.8	36.2	51.3
Bursitis, unclassified	7.9	29.9	48.1	57.6	*32.2	12.9	47.3	47.6	51.0	43.2
Sebaceous skin cyst	5.0	*8.4	*3.4	*2.7	*4.5	3.9	*6.1	*4.0	*2.1	*6.4
Trouble with acne	25.3	*4.1	*_	*_	*_	30.6	8.3	*0.9	*1.6	*_
Psoriasis	5.4	19.9	19.6	*17.4	*23.6	7.6	13.7	*11.5	*14.9	*7.3
Dermatitis	33.3	25.1	26.6	*23.6	*31.8	40.5	45.8	29.7	34.2	*23.8
Trouble with dry (itching) skin, unclassified	16.0	26.8	42.5	38.0	50.1	21.9	33.4	51.1	49.1	53.6
Trouble with ingrown nails	15.6	20.4	29.5	*20.8	44.0	15.0	36.9	41.4	39.9	43.2
Trouble with corns and calluses	5.7	15.5	25.9	*21.4	*33.4	11.0	41.0	56.6	42.8	74.1
Impairments										
Visual impairment	27.7	60.3	93.7	68.7	135.6	12.8	37.1	63.2	43.1	88.7
Color blindness	16.7	32.9	22.5	*15.8	*34.0	*1.7	*4.6	*4.3	*1.3	*8.2
Cataracts	*1.8	16.8	125.1	72.1	214.0	*1.1	21.6	182.8	132.1	247.0
Glaucoma	*0.9	*8.4	54.3	37.8	82.1	*1.3	15.9	50.9	43.5	60.4
Hearing impairment	41.4	203.6	366.8	332.8	423.5	26.3	89.7	224.5	159.0	307.3
Tinnitus	13.2	66.3	84.7	94.2	68.8	7.3	44.1	55.9	55.3	56.7
Speech impairment	16.2	13.9	*12.1	*15.3	*6.5	6.5	*4.6	*4.7	*2.1	*8.0
Absence of extremities (excludes tips of fingers or toes only)	5.2	13.1	*13.0	*18.7	*3.7	*0.4	*4.7	*3.7	*4.9	*2.2
Paralysis of extremities, complete or partial	4.6	10.1	23.4	*24.4	*22.0	*2.2	*4.5	12.3	*13.6	*10.6
Deformity or orthopedic impairment	90.0	186.6	165.9	167.1	163.9	101.3	165.2	186.8	168.0	210.5
Back	42.4	110.3	77.8	69.9	91.0	68.8	102.6	109.1	96.9	124.5
Upper extremities	12.3	35.8	35.2	41.9	*23.8	11.2	21.4	28.6	29.4	27.7
Lower extremities	45.4	81.7	77.9	73.2	86.1	34.8	67.3	75.7	63.5	91.2
Selected digestive conditions										
Ulcer	10.4	29.9	19.2	*19.9	*17.9	12.0	27.7	30.3	38.7	*19.6
Hernia of abdominal cavity	9.2	29.1	62.0	67.0	53.6	5.0	35.4	49.7	44.6	56.1
Gastritis or duodenitis	5.5	17.6	31.7	30.9	*33.2	10.6	27.1	35.2	28.2	44.0
Frequent indigestion	24.9	33.5	53.4	55.9	49.1	16.6	48.3	36.0	31.9	41.1
Enteritis or colitis	5.8	14.9	*6.1	*5.7	*6.7	6.3	17.5	22.0	22.6	*21.3
Spastic colon	2.5	*7.2	*5.7	*6.4	*4.7	11.1	22.8	19.3	21.8	*16.1
Diverticula of intestines	*1.4	*5.2	20.8	26.7	*10.8	*1.2	17.4	55.8	57.3	53.9
Frequent constipation	2.7	*7.2	21.9	*9.4	*43.0	14.5	26.4	50.5	33.0	72.6

See footnotes and note at end of table.

Table 58. Number of selected reported chronic conditions per 1,000 persons, by sex and age: United States, 1995—Con.

[Data are based on household interviews of the civilian noninstitutionalized population. The survey design, general qualifications, and information on the reliability of the estimates are given in appendix I. Definitions of terms are given in appendix II]

Type of chronic condition	Male					Female				
	Under 45 years	45–64 years	65 years and over			Under 45 years	45–64 years	65 years and over		
			Total	65–74 years	75 years and over			Total	65–74 years	75 years and over
Selected conditions of the genitourinary, nervous, endocrine, metabolic, and blood and blood-forming systems										
Number of chronic conditions per 1,000 persons										
Goiter or other disorders of the thyroid	*2.3	10.7	19.0	*19.4	*18.3	14.2	48.3	67.3	70.6	63.3
Diabetes	6.2	62.1	123.6	131.4	110.6	9.7	65.4	128.4	134.3	121.1
Anemias	3.7	*5.1	*15.5	*15.2	*16.1	25.0	31.6	23.9	*9.9	41.8
Epilepsy	6.3	8.7	*11.0	*13.4	*7.1	3.9	*4.2	*3.2	*3.9	*2.2
Migraine headache	21.8	31.7	*14.7	*15.2	*13.8	70.7	82.6	24.1	35.2	*10.1
Neuralgia or neuritis, unspecified	*0.1	*0.6	*3.6	*4.0	*2.9	*0.9	*2.6	*8.2	*8.7	*7.7
Kidney trouble	5.7	18.3	23.2	*25.5	*19.3	11.7	12.7	19.7	23.9	*14.3
Bladder disorders	*1.9	*6.1	28.5	*22.5	*38.7	16.0	32.5	62.5	49.5	78.8
Diseases of prostate	*1.9	34.9	118.0	125.0	106.1	...	...	...	...	...
Disease of female genital organs . . . . .	...	...	...	...	...	39.7	54.5	19.9	25.9	*12.1
Selected circulatory conditions										
Rheumatic fever with or without heart disease	2.4	9.2	*13.5	*12.4	*15.3	6.9	22.1	18.6	20.8	*15.7
Heart disease	24.0	143.1	362.4	316.3	439.4	34.0	100.0	268.5	229.3	318.0
Ischemic heart disease	3.9	79.5	182.8	162.4	217.1	*2.4	32.0	106.9	89.5	128.9
Heart rhythm disorders	15.4	34.3	95.1	87.6	107.7	25.1	53.7	96.3	96.0	96.6
Tachycardia or rapid heart	2.6	9.3	30.9	34.0	*25.9	3.9	16.2	34.9	35.5	34.2
Heart murmurs	9.9	14.0	26.3	26.1	*26.7	19.3	26.2	32.9	35.2	30.1
Other and unspecified heart rhythm disorders	2.8	11.0	38.0	27.6	55.4	*1.9	11.2	28.4	25.3	32.2
Other selected diseases of heart, excluding hypertension	4.7	29.3	84.4	66.4	114.6	6.6	14.2	65.3	43.9	92.5
High blood pressure (hypertension)	34.0	233.2	349.3	352.0	344.5	30.3	212.9	442.1	423.8	465.3
Cerebrovascular disease	*1.2	16.3	79.5	59.4	113.0	*2.1	13.6	65.4	45.8	90.2
Hardening of the arteries	*0.5	12.8	44.7	31.5	67.0	*0.3	*6.1	38.6	26.6	53.7
Varicose veins of lower extremities	4.1	17.1	44.7	46.9	*41.1	23.3	73.4	107.5	101.6	115.0
Hemorrhoids	20.9	63.8	52.4	49.0	58.2	24.2	63.4	58.1	58.4	57.7
Selected respiratory conditions										
Chronic bronchitis	44.2	37.4	53.4	58.1	45.6	58.9	88.7	71.8	72.4	70.9
Asthma	60.7	31.4	36.2	47.8	*16.9	61.0	73.6	42.3	44.3	40.0
Hay fever or allergic rhinitis without asthma	96.0	96.4	70.7	76.1	61.7	99.5	133.0	74.4	84.8	61.2
Chronic sinusitis	114.9	139.6	134.5	129.2	143.4	141.6	215.8	167.0	178.8	152.1
Deviated nasal septum	6.0	9.5	*10.6	*10.2	*11.2	4.6	10.9	*4.9	*7.0	*2.1
Chronic disease of tonsils or adenoids	11.4	*4.1	*3.0	*4.9	*—	15.5	*5.4	*0.9	*1.7	*—
Emphysema	*0.6	10.7	54.6	58.6	47.9	*0.8	15.1	19.4	*17.7	*21.6

* Figure does not meet standard of reliability or precision.

*— Figure does not meet standard of reliability or precision and quantity zero.

... Category not applicable.

NOTE: The standard errors and relative standard errors (RSE's) can be computed by using parameter set V of table II, the frequencies of table 63 and the formula presented in rule 2 of appendix I.

Table 59. Number of selected reported chronic conditions per 1,000 persons, by race and age: United States, 1995

[Data are based on household interviews of the civilian noninstitutionalized population. The survey design, general qualifications, and information on the reliability of the estimates are given in appendix I. Definitions of terms are given in appendix II]

Type of chronic condition	White					Black				
	Under 45 years	45-64 years	65 years and over			Under 45 years	45-64 years	65 years and over		
			Total	65-74 years	75 years and over			Total	65-74 years	75 years and over
Number of chronic conditions per 1,000 persons										
Selected skin and musculoskeletal conditions										
Arthritis	29.2	234.2	487.2	443.0	548.0	32.0	250.2	573.2	538.6	641.4
Gout, including gouty arthritis	2.3	20.2	21.5	21.2	21.8	*3.2	*38.2	*82.7	*99.8	*47.9
Intervertebral disc disorders	16.0	49.5	34.5	34.3	35.0	*5.6	*30.7	*8.7	*-	*25.7
Bone spur or tendinitis, unspecified	6.4	28.5	14.8	*12.4	18.1	*2.2	*8.4	*13.0	*19.6	*-
Disorders of bone or cartilage	3.2	11.4	25.1	23.1	27.9	*0.6	*10.2	*6.3	*9.5	*-
Trouble with bunions	6.2	23.6	31.4	26.9	37.6	*4.0	*22.4	*20.1	*30.3	*-
Bursitis, unclassified	11.7	39.6	49.9	55.0	43.0	*5.9	43.9	*33.1	*49.9	*-
Sebaceous skin cyst	5.3	7.1	*3.4	*1.3	*6.3	*1.4	*10.7	*-	*-	*-
Trouble with acne	29.4	6.8	*-	*-	*-	21.2	*4.6	*6.3	*9.5	*-
Psoriasis	7.5	17.6	16.7	18.1	*14.8	*1.1	*7.5	*-	*-	*-
Dermatitis	39.3	37.0	29.9	30.3	29.5	28.7	*29.9	*20.5	*30.9	*-
Trouble with dry (itching) skin, unclassified	19.3	33.9	51.8	47.7	57.5	18.5	*7.7	*15.4	*23.2	*-
Trouble with ingrown nails	17.9	29.4	37.6	32.4	44.9	*2.4	*31.4	*28.3	*22.6	*39.7
Trouble with corns and calluses	7.8	26.4	41.7	27.2	61.7	11.0	56.9	*67.7	*81.9	*39.7
Impairments										
Visual impairment	21.8	45.6	71.7	47.9	104.4	11.9	67.9	105.9	*101.5	*115.7
Color blindness	10.3	17.2	12.8	*8.8	18.2	*2.4	*19.7	*6.7	*-	*19.9
Cataracts	*1.3	18.7	161.7	106.3	237.5	*1.9	*22.6	117.7	*96.2	*160.0
Glaucoma	*1.0	9.8	47.4	35.2	64.1	*2.3	*26.5	117.7	*108.7	*135.5
Hearing impairment	36.5	155.1	292.5	242.1	361.6	22.7	71.9	194.9	166.3	251.2
Tinnitus	10.8	58.3	68.8	75.2	59.9	8.6	*35.5	*39.0	*29.1	*58.4
Speech impairment	11.1	7.2	7.7	*7.3	*8.2	14.2	*15.7	*7.9	*11.9	*-
Absence of extremities (excludes tips of fingers or toes only)	2.8	9.9	7.5	*11.7	*1.9	*2.5	*2.5	*5.1	*-	*15.2
Paralysis of extremities, complete or partial	2.6	7.3	15.5	17.2	*13.0	*5.0	*-	*39.0	*35.0	*46.7
Deformity or orthopedic impairment	100.4	179.9	181.3	169.8	197.1	82.1	156.4	128.7	145.5	*95.8
Back	59.4	110.4	101.2	88.4	118.8	40.0	75.7	*53.5	*61.8	*37.4
Upper extremities	12.4	29.5	30.1	35.4	22.8	10.0	*19.0	*27.6	*24.3	*33.9
Lower extremities	41.3	74.8	78.4	68.8	91.7	41.4	74.8	*47.6	*59.4	*24.5
Selected digestive conditions										
Ulcer	11.8	26.8	24.7	28.4	19.6	9.5	49.1	*28.7	*34.4	*16.4
Hernia of abdominal cavity	7.6	31.8	57.1	55.3	59.6	*5.8	*37.4	*47.2	*64.1	*14.0
Gastritis or duodenitis	7.8	21.9	36.2	31.9	42.3	9.7	*33.0	*16.9	*14.8	*21.0
Frequent indigestion	21.9	42.0	44.6	45.8	43.0	12.6	42.9	*29.1	*24.9	*37.4
Enteritis or colitis	6.7	16.4	16.7	16.2	*17.3	*1.9	*19.0	*-	*-	*-
Spastic colon	7.9	17.3	15.3	16.9	*12.9	*1.8	*1.9	*-	*-	*-
Diverticula of intestines	*1.5	12.6	46.1	49.6	41.3	*0.7	*7.3	*-	*-	*-
Frequent constipation	8.4	15.1	41.1	22.9	65.9	10.9	*28.6	*23.6	*24.9	*21.0

See footnotes and note at end of table.

Table 59. Number of selected reported chronic conditions per 1,000 persons, by race and age: United States, 1995—Con.

[Data are based on household interviews of the civilian noninstitutionalized population. The survey design, general qualifications, and information on the reliability of the estimates are given in appendix I. Definitions of terms are given in appendix II]

Type of chronic condition	White					Black				
	Under 45 years	45–64 years	65 years and over			Under 45 years	45–64 years	65 years and over		
			Total	65–74 years	75 years and over			Total	65–74 years	75 years and over
Selected conditions of the genitourinary, nervous, endocrine, metabolic, and blood and blood-forming systems										
Number of chronic conditions per 1,000 persons										
Goiter or other disorders of the thyroid	9.4	29.6	49.0	49.8	48.0	*3.0	*29.9	*16.1	*24.3	*—
Diabetes	7.1	55.8	118.6	121.7	114.2	8.8	121.4	218.9	239.9	*177.6
Anemias	12.4	14.4	20.4	*10.9	33.4	25.8	58.3	*19.3	*29.1	*—
Epilepsy	4.8	6.0	*6.2	*8.4	*3.4	*8.4	*12.7	*11.0	*8.3	*16.4
Migraine headache	48.2	59.7	20.8	27.5	*11.6	42.8	56.6	*20.1	*22.0	*16.4
Neuralgia or neuritis, unspecified	*0.6	*1.8	*5.8	*6.8	*4.4	*—	*1.0	*14.2	*7.1	*28.0
Kidney trouble	9.5	15.8	21.5	24.9	*16.9	*6.9	*15.5	*23.6	*29.7	*12.9
Bladder disorders	9.7	20.2	52.0	41.3	66.8	*6.3	*24.7	*22.8	*12.5	*43.2
Diseases of prostate	*1.0	16.2	51.2	60.3	38.7	*0.6	*23.0	*36.6	*29.1	*51.4
Disease of female genital organs	21.5	28.5	12.7	15.8	*8.3	10.4	*37.8	*3.1	*4.8	*—
Selected circulatory conditions										
Rheumatic fever with or without heart disease	5.2	15.4	17.4	18.6	*15.9	*1.5	*16.9	*—	*—	*—
Heart disease	31.0	126.9	315.4	282.2	361.0	24.4	93.2	261.4	197.1	387.9
Ischemic heart disease	3.1	58.8	146.6	133.3	164.7	*2.7	*26.6	*81.9	*49.9	*144.9
Heart rhythm disorders	22.0	46.6	99.3	98.4	100.6	16.2	41.0	*57.5	*52.3	*67.8
Tachycardia or rapid heart	3.5	13.5	35.5	37.5	32.8	*2.2	*13.4	*18.9	*19.6	*17.5
Heart murmurs	15.7	21.6	29.4	31.7	26.3	13.4	*18.6	*23.6	*26.1	*17.5
Other and unspecified heart rhythm disorders	2.8	11.5	34.4	29.2	41.5	*0.5	*9.2	*15.4	*6.5	*32.7
Other selected diseases of heart, excluding hypertension	5.9	21.6	69.5	50.4	95.7	*5.6	*25.5	122.0	*95.6	*174.1
High blood pressure (hypertension)	30.1	207.8	394.7	381.5	412.8	46.1	344.7	533.5	561.8	477.8
Cerebrovascular disease	*1.0	13.3	70.7	51.4	97.3	*5.2	*27.0	*81.5	*73.0	*98.1
Hardening of the arteries	*0.4	9.9	44.8	32.0	62.3	*0.5	*5.8	*13.8	*5.9	*29.2
Varicose veins of lower extremities	15.3	49.5	85.5	81.4	91.2	*5.8	*24.0	*46.9	*51.7	*37.4
Hemorrhoids	24.5	67.6	60.1	58.3	62.6	17.2	*33.6	*20.1	*23.8	*12.9
Selected respiratory conditions										
Chronic bronchitis	55.0	65.0	64.4	66.0	62.3	38.5	59.6	*55.1	*46.9	*71.3
Asthma	61.0	52.5	37.0	42.1	30.1	69.0	60.0	*70.1	*83.7	*43.2
Hay fever or allergic rhinitis without asthma	102.2	120.0	76.3	84.1	65.5	75.0	94.5	*39.4	*49.3	*21.0
Chronic sinusitis	132.5	182.1	156.2	156.4	155.9	119.4	198.4	146.1	167.5	*104.0
Deviated nasal septum	5.5	10.9	7.6	*8.7	*6.1	*5.0	*8.6	*—	*—	*—
Chronic disease of tonsils or adenoids	14.8	*3.7	*2.0	*3.5	*—	8.5	*8.2	*—	*—	*—
Emphysema	*0.8	14.5	35.4	36.8	33.5	*0.7	*2.7	*21.7	*24.9	*15.2

* Figure does not meet standard of reliability or precision.

*— Figure does not meet standard of reliability or precision and quantity zero.

NOTE: The standard errors and relative standard errors (RSE's) can be computed by using parameter set V of table II, the frequencies of table 64 and the formula presented in rule 2 of appendix I.

Table 60. Number of selected reported chronic conditions per 1,000 persons, by family income and age: United States, 1995

[Data are based on household interviews of the civilian noninstitutionalized population. The survey design, general qualifications, and information on the reliability of the estimates are given in appendix I. Definitions of terms are given in appendix II]

Type of chronic condition	Family income									
	Less than \$10,000					\$10,000-\$19,999				
	Under 45 years	45-64 years	65 years and over			Under 45 years	45-64 years	65 years and over		
			Total	65-74 years	75 years and over			Total	65-74 years	75 years and over
Number of chronic conditions per 1,000 persons										
Selected skin and musculoskeletal conditions										
Arthritis	53.4	519.5	633.0	574.2	685.1	36.0	312.8	502.6	480.4	530.0
Gout, including gouty arthritis	*3.8	*48.5	*44.3	*57.8	*32.2	*3.5	*20.2	39.7	*44.2	*34.1
Intervertebral disc disorders	18.9	*64.4	*19.2	*16.4	*21.8	19.0	56.1	32.5	*33.7	*31.0
Bone spur or tendinitis, unspecified	*3.1	*49.6	*15.2	*15.9	*14.5	*7.2	*18.9	*13.5	*13.7	*13.3
Disorders of bone or cartilage	*2.2	*16.6	*16.8	*10.2	*22.7	*1.6	*7.8	*24.1	*19.2	*29.7
Trouble with bunions	*8.8	*13.7	54.6	*46.1	*62.2	*2.6	*29.1	*24.1	*11.2	*39.9
Bursitis, unclassified	*6.3	83.6	*34.9	*59.4	*13.2	10.0	*26.0	38.2	*39.7	*36.2
Sebaceous skin cyst	*4.3	*5.1	*3.4	*-	*6.4	*5.2	*18.6	*2.9	*5.2	*-
Trouble with acne	34.2	*5.1	*3.8	*8.2	*-	20.0	*3.4	*-	*-	*-
Psoriasis	*7.3	*20.6	*8.9	*18.9	*-	*6.3	*12.8	*15.1	*23.7	*4.3
Dermatitis	36.9	*38.7	*22.1	*33.8	*11.8	26.2	*30.3	34.4	*47.5	*18.3
Trouble with dry (itching) skin, unclassified	26.7	80.3	58.0	*28.1	*84.8	15.8	*21.1	54.7	66.0	*40.9
Trouble with ingrown nails	24.0	*75.3	*39.7	*42.5	*37.2	14.8	*20.0	31.9	*29.0	*35.6
Trouble with corns and calluses	*9.6	*40.9	64.9	*82.9	*49.0	9.8	*30.7	47.1	*31.2	66.9
Impairments										
Visual impairment	29.0	*62.6	132.8	*77.8	181.5	29.8	89.9	63.3	*49.2	80.8
Color blindness	*3.3	*11.6	*13.2	*-	*25.0	10.1	*30.1	*11.9	*3.5	*22.3
Cataracts	*5.5	*44.9	250.4	184.7	309.0	*0.7	*17.9	146.1	98.9	204.3
Glaucoma	*2.0	*33.6	56.5	*46.1	*65.8	*1.8	*11.9	58.6	*44.5	75.9
Hearing impairment	49.4	206.9	297.7	174.5	407.0	45.6	221.8	310.5	250.8	384.5
Tinnitus	18.5	115.1	71.7	*55.8	*85.8	13.3	95.7	69.8	72.9	65.9
Speech impairment	22.9	*17.0	*5.1	*-	*9.5	13.8	*29.8	*6.5	*7.7	*5.0
Absence of extremities (excludes tips of fingers or toes only)	*5.6	*29.3	*7.5	*-	*14.1	*3.8	*29.1	*10.6	*19.2	*-
Paralysis of extremities, complete or partial	*7.3	*10.1	*24.5	*37.9	*12.7	*3.9	*24.2	*22.0	*30.2	*11.8
Deformity or orthopedic impairment	109.6	302.8	251.8	228.8	272.2	125.8	262.6	196.2	184.1	211.1
Back	61.4	143.3	129.1	112.6	143.8	64.3	166.2	105.6	88.9	126.3
Upper extremities	18.4	*72.0	*33.2	*30.2	*35.8	19.6	50.4	45.1	*51.5	*37.2
Lower extremities	48.2	131.7	120.5	*89.6	148.4	62.2	138.2	89.6	81.4	99.7
Selected digestive conditions										
Ulcer	20.2	*50.3	68.3	*101.3	*39.0	16.9	48.5	*18.2	*29.0	*5.0
Hernia of abdominal cavity	*9.4	123.4	57.2	*87.5	*30.9	*6.6	54.1	55.0	55.5	*54.5
Gastritis or duodenitis	*9.4	*30.8	*43.8	*34.3	*52.2	13.3	*26.7	49.6	56.5	*41.2
Frequent indigestion	14.6	89.7	*50.7	*42.0	*58.5	25.5	61.9	56.4	64.0	*47.1
Enteritis or colitis	*6.7	*40.2	*26.5	*47.6	*7.7	*8.0	*28.7	*20.6	*12.7	*30.3
Spastic colon	*6.2	*22.4	*20.0	*33.8	*7.3	*2.7	*27.3	*9.8	*5.0	*15.8
Diverticula of intestines	*2.9	*23.5	*44.5	*58.3	*32.2	*-	*9.9	47.0	*37.7	*58.5
Frequent constipation	16.5	*52.1	57.0	*37.9	*74.0	10.9	39.9	47.8	*28.5	71.8

See footnotes and note at end of table.

Table 60. Number of selected reported chronic conditions per 1,000 persons, by family income and age: United States, 1995—Con.

[Data are based on household interviews of the civilian noninstitutionalized population. The survey design, general qualifications, and information on the reliability of the estimates are given in appendix I. Definitions of terms are given in appendix II]

Type of chronic condition	Family income									
	Less than \$10,000					\$10,000–\$19,999				
	Under 45 years	45–64 years	65 years and over			Under 45 years	45–64 years	65 years and over		
			Total	65–74 years	75 years and over			Total	65–74 years	75 years and over
Selected conditions of the genitourinary, nervous, endocrine, metabolic, and blood and blood-forming systems										
Number of chronic conditions per 1,000 persons										
Goiter or other disorders of the thyroid	15.2	*37.3	*33.9	*36.8	*31.3	*6.5	*26.9	41.9	56.0	*24.5
Diabetes	*13.0	139.3	211.9	194.0	227.8	*8.2	96.6	98.3	109.7	84.2
Anemias	32.9	*64.8	*41.1	*11.3	*67.6	18.0	*21.7	*11.6	*15.7	*6.5
Epilepsy	*7.3	*74.5	*—	*—	*—	9.5	*6.3	*7.1	*8.0	*5.9
Migraine headache	55.3	119.4	*25.0	*53.2	*—	50.7	49.4	*28.5	*37.0	*18.0
Neuralgia or neuritis, unspecified	*—	*1.8	*6.3	*13.3	*—	*0.8	*1.6	*3.7	*3.5	*4.3
Kidney trouble	*12.6	*32.2	*25.0	*37.4	*14.1	16.7	*32.5	*23.8	*33.2	*12.4
Bladder disorders	*9.7	*39.1	*37.5	*39.9	*35.4	*5.2	*18.2	62.8	*44.0	86.1
Diseases of prostate	*0.6	*32.2	*22.4	*13.8	*29.5	*0.7	*13.2	53.2	68.4	*34.4
Disease of female genital organs	27.4	*60.1	*4.1	*8.7	*—	13.7	*29.1	*16.2	*23.5	*7.1
Selected circulatory conditions										
Rheumatic fever with or without heart disease	*4.4	*24.2	*24.3	*37.4	*12.7	*5.5	*37.0	*9.3	*8.2	*10.5
Heart disease	40.5	242.4	333.3	241.6	415.2	28.8	207.0	307.8	294.8	323.8
Ischemic heart disease	*8.8	90.4	129.1	*94.7	159.7	*3.3	89.2	142.3	134.1	152.6
Heart rhythm disorders	29.2	78.5	99.6	*62.4	132.5	18.0	89.2	92.8	108.4	73.4
Tachycardia or rapid heart	*6.5	*40.9	*26.5	*—	*49.9	*3.5	*28.3	37.7	60.7	*9.3
Heart murmurs	17.9	*26.0	*27.4	*33.3	*22.2	13.6	40.1	*24.6	*25.5	*23.5
Other and unspecified heart rhythm disorders	*4.8	*11.9	*45.7	*29.7	*59.9	*0.9	*20.8	30.4	*22.2	*40.6
Other selected diseases of heart, excluding hypertension	*2.5	*73.4	104.9	*83.9	123.4	*7.5	*28.7	72.6	*52.5	97.8
High blood pressure (hypertension)	50.7	357.1	481.5	427.3	529.5	40.2	258.6	432.3	434.2	430.0
Cerebrovascular disease	*4.6	*43.8	91.4	*70.6	110.3	*4.2	*28.3	98.3	90.7	107.7
Hardening of the arteries	*—	*28.2	*40.2	*43.5	*37.2	*0.5	*5.6	*29.3	*8.5	*55.1
Varicose veins of lower extremities	15.9	*74.2	111.8	*104.9	118.0	20.0	73.1	89.5	88.7	90.1
Hemorrhoids	*10.3	93.0	78.4	*78.8	*78.0	24.1	73.8	79.6	90.7	65.9
Selected respiratory conditions										
Chronic bronchitis	59.9	105.6	92.1	*104.9	*80.8	55.7	105.4	55.7	62.5	*47.4
Asthma	79.2	101.7	63.3	*93.1	*36.8	65.9	65.9	44.5	*49.0	*38.7
Hay fever or allergic rhinitis without asthma	81.0	79.2	89.0	*107.0	*73.0	75.1	98.4	76.6	94.2	*54.8
Chronic sinusitis	126.4	141.8	187.8	177.6	196.9	111.2	200.5	193.6	188.9	199.1
Deviated nasal septum	*—	*—	*3.8	*—	*7.3	*3.7	*7.0	*5.0	*7.5	*1.9
Chronic disease of tonsils or adenoids	20.4	*10.9	*9.6	*20.5	*—	10.2	*7.8	*2.4	*4.2	*—
Emphysema	*—	*17.0	*49.5	*62.4	*37.7	*1.5	*34.1	36.5	*39.7	*32.5

See footnotes and note at end of table.

Table 60. Number of selected reported chronic conditions per 1,000 persons, by family income and age: United States, 1995—Con.

[Data are based on household interviews of the civilian noninstitutionalized population. The survey design, general qualifications, and information on the reliability of the estimates are given in appendix I. Definitions of terms are given in appendix II]

Type of chronic condition	Family income									
	\$20,000–\$34,999					\$35,000 or more				
	Under 45 years	45–64 years	65 years and over			Under 45 years	45–64 years	65 years and over		
			Total	65–74 years	75 years and over			Total	65–74 years	75 years and over
Number of chronic conditions per 1,000 persons										
Selected skin and musculoskeletal conditions										
Arthritis	30.8	262.1	442.5	418.6	485.0	24.6	174.8	413.0	348.5	554.4
Gout, including gouty arthritis	*4.9	*16.3	*24.9	*30.6	*14.7	*1.1	24.8	*26.3	*22.9	*33.3
Intervertebral disc disorders	12.2	51.3	42.9	45.5	*38.7	14.3	40.2	*31.7	*20.1	*57.2
Bone spur or tendinitis, unspecified	*5.2	32.0	*10.9	*12.3	*7.9	6.1	23.6	*27.0	*18.8	*45.0
Disorders of bone or cartilage	*3.6	*19.8	31.4	*24.5	*43.6	3.8	*6.7	*20.6	*17.8	*26.7
Trouble with bunions	*3.9	*16.3	*20.6	*25.5	*12.4	7.6	30.2	*31.7	*25.4	*46.1
Bursitis, unclassified	8.9	37.9	69.8	73.8	*63.1	13.5	44.7	55.2	55.4	*55.0
Sebaceous skin cyst	6.8	*—	*3.0	*—	*8.3	4.4	*8.0	*7.8	*5.6	*12.2
Trouble with acne	29.2	*11.0	*—	*—	*—	32.7	*5.6	*—	*—	*—
Psoriasis	6.7	25.7	*22.0	*13.2	*37.6	7.0	19.3	*20.2	*21.6	*17.2
Dermatitis	36.2	25.3	*23.6	*17.7	*34.2	46.7	47.1	*33.6	*24.4	*53.9
Trouble with dry (itching) skin, unclassified	17.0	*17.6	50.7	48.5	*54.8	21.4	31.4	36.9	*40.1	*30.0
Trouble with ingrown nails	19.1	39.1	37.8	*30.6	*50.3	13.4	22.7	*32.4	*27.4	*43.3
Trouble with corns and calluses	11.2	23.9	36.9	*26.0	*56.3	7.6	28.9	40.1	*17.3	*90.6
Impairments										
Visual impairment	23.1	68.1	72.1	50.6	110.1	15.6	36.4	74.8	*40.9	148.3
Color blindness	10.4	*17.1	*18.1	*8.9	*34.2	10.7	18.7	*15.2	*22.1	*—
Cataracts	*2.8	28.0	141.4	117.4	183.7	*0.5	15.1	177.1	113.8	315.0
Glaucoma	*0.8	*15.1	62.7	57.0	*72.9	*0.8	10.6	41.3	*23.6	*80.0
Hearing impairment	37.7	148.2	288.9	279.3	306.2	29.5	128.5	286.3	238.0	392.2
Tinnitus	10.9	49.5	85.3	95.3	*67.2	9.9	46.9	63.6	69.6	*50.6
Speech impairment	11.7	*4.1	*12.1	*10.6	*14.7	8.0	*5.4	*6.8	*4.6	*11.7
Absence of extremities (excludes tips of fingers or toes only)	*1.6	*5.1	*6.0	*9.4	*—	3.0	*3.6	*8.2	*10.7	*2.8
Paralysis of extremities, complete or partial	*2.9	*11.0	*15.9	*13.0	*20.7	*2.7	*4.2	*7.8	*10.2	*2.8
Deformity or orthopedic impairment	101.9	192.0	191.4	205.1	167.2	88.0	155.2	148.8	129.5	190.6
Back	65.9	126.6	110.7	118.3	97.3	48.3	90.4	80.2	66.8	*109.4
Upper extremities	11.2	34.1	31.8	*38.1	*21.0	10.3	22.4	*30.5	*33.5	*23.3
Lower extremities	40.3	74.7	65.9	63.0	*71.0	36.8	62.5	73.7	67.3	*88.3
Selected digestive conditions										
Ulcer	13.8	33.5	*20.0	*23.4	*13.9	6.2	18.8	*14.1	*16.3	*9.4
Hernia of abdominal cavity	8.1	26.1	55.8	45.7	*73.6	7.9	18.4	69.5	71.4	*65.6
Gastritis or duodenitis	9.6	25.6	33.0	*28.5	*40.9	6.7	19.6	*12.9	*13.2	*12.2
Frequent indigestion	25.2	52.0	58.8	56.2	*63.5	21.3	34.1	*24.4	*26.2	*20.6
Enteritis or colitis	*4.3	24.2	*11.3	*6.6	*19.5	6.6	10.3	*12.9	*17.5	*2.8
Spastic colon	8.7	*14.3	*18.2	*13.8	*26.3	7.9	13.4	*9.6	*9.9	*8.9
Diverticula of intestines	*0.5	*18.9	38.2	50.0	*17.7	*1.7	10.9	42.3	*38.4	*51.1
Frequent constipation	6.8	*9.2	52.8	*33.4	86.8	7.5	13.0	*17.6	*2.8	*50.0

See footnotes and note at end of table.

Table 60. Number of selected reported chronic conditions per 1,000 persons, by family income and age: United States, 1995—Con.

[Data are based on household interviews of the civilian noninstitutionalized population. The survey design, general qualifications, and information on the reliability of the estimates are given in appendix I. Definitions of terms are given in appendix II]

Type of chronic condition	Family income									
	\$20,000–\$34,999					\$35,000 or more				
	Under 45 years	45–64 years	65 years and over			Under 45 years	45–64 years	65 years and over		
			Total	65–74 years	75 years and over			Total	65–74 years	75 years and over
Selected conditions of the genitourinary, nervous, endocrine, metabolic, and blood and blood-forming systems										
Number of chronic conditions per 1,000 persons										
Goiter or other disorders of the thyroid	7.8	25.5	61.3	55.3	*71.8	8.6	30.8	40.1	*36.3	*48.3
Diabetes	7.4	68.7	144.4	132.1	166.4	7.5	44.1	94.1	116.8	*44.4
Anemias	15.9	*20.2	*26.9	*15.7	*47.0	8.4	13.9	*17.6	*13.2	*27.2
Epilepsy	*4.6	*1.5	*4.2	*6.6	*—	3.7	*1.6	*8.9	*8.1	*10.0
Migraine headache	43.9	70.6	*23.6	*25.3	*20.3	48.9	53.8	*18.1	*21.6	*10.6
Neuralgia or neuritis, unspecified	*0.7	*3.7	*8.6	*9.6	*6.4	*0.4	*1.4	*2.8	*4.1	*—
Kidney trouble	8.1	*14.3	*25.4	*27.0	*22.2	5.3	11.4	*15.3	*13.5	*19.4
Bladder disorders	9.8	34.3	60.0	51.5	*74.8	8.9	11.3	*22.7	*17.3	*35.0
Diseases of prostate	*0.2	*13.6	64.5	65.3	*63.1	*1.5	18.1	74.1	72.9	*76.7
Disease of female genital organs	22.6	29.2	*22.7	*29.6	*10.9	22.8	26.5	*3.3	*—	*10.6
Selected circulatory conditions										
Rheumatic fever with or without heart disease	*4.3	*17.7	*12.9	*6.6	*24.0	5.4	9.8	*11.5	*8.1	*18.9
Heart disease	33.3	137.9	335.3	312.3	375.7	28.7	86.8	228.7	183.9	327.2
Ischemic heart disease	*2.6	62.7	145.6	128.1	176.2	*2.2	41.9	126.9	96.3	193.9
Heart rhythm disorders	23.7	38.1	123.6	124.7	121.7	20.6	33.7	61.3	59.2	*66.1
Tachycardia or rapid heart	*4.6	*8.6	44.1	51.7	*30.8	*2.3	8.5	*19.5	*19.1	*20.6
Heart murmurs	17.3	*20.9	44.4	52.5	*30.1	15.0	14.8	*16.6	*13.7	*22.8
Other and unspecified heart rhythm disorders	*1.8	*8.5	35.2	*20.6	*60.9	3.3	10.5	*25.3	*26.4	*22.8
Other selected diseases of heart, excluding hypertension	7.0	37.0	66.0	59.6	*77.8	5.9	11.2	40.6	*28.4	*67.2
High blood pressure (hypertension)	32.5	255.7	381.4	404.8	340.0	26.5	200.5	327.6	320.3	343.9
Cerebrovascular disease	*—	*13.0	55.4	47.2	*69.9	*1.2	*7.6	53.0	*31.8	*98.9
Hardening of the arteries	*—	*7.3	38.7	*35.3	*45.1	*0.7	8.4	42.3	*27.9	*73.9
Varicose veins of lower extremities	13.0	40.4	70.8	68.1	*75.9	12.2	43.7	78.9	83.3	*68.9
Hemorrhoids	27.5	56.5	52.0	51.9	*52.2	24.7	67.5	*32.1	*28.4	*39.4
Selected respiratory conditions										
Chronic bronchitis	55.2	66.3	63.8	68.7	*55.2	53.3	57.2	75.8	57.2	*116.7
Asthma	53.6	39.9	29.2	*39.6	*10.9	61.9	54.1	*29.6	*33.3	*21.7
Hay fever or allergic rhinitis without asthma	94.7	106.0	78.8	70.8	93.2	123.4	135.5	106.0	120.9	*73.9
Chronic sinusitis	147.2	202.0	156.3	162.7	145.0	138.4	179.9	124.6	144.8	*80.6
Deviated nasal septum	7.2	*13.5	*3.7	*5.7	*—	6.2	14.1	*19.9	*20.8	*17.8
Chronic disease of tonsils or adenoids	12.3	*3.8	*—	*—	*—	14.6	*3.6	*—	*—	*—
Emphysema	*0.7	*18.1	38.7	*40.0	*36.1	*0.1	*7.7	*20.6	*22.1	*17.8

* Figure does not meet standard of reliability or precision.

*— Figure does not meet standard of reliability or precision and quantity zero.

NOTE: The standard errors and relative standard errors (RSE's) can be computed by using parameter set V of table II, the frequencies of tables 65 and 78 and the formula presented in rule 4 of appendix I.

Table 61. Number of selected reported chronic conditions per 1,000 persons, by geographic region and place of residence: United States, 1995

[Data are based on household interviews of the civilian noninstitutionalized population. The survey design, general qualifications, and information on the reliability of the estimates are given in appendix I. Definitions of terms are given in appendix II]

Type of chronic condition	Geographic region				Place of residence			
	Northeast	Midwest	South	West	MSA ¹			Not MSA ¹
					All MSA ¹	Central city	Not central city	
Number of chronic conditions per 1,000 persons								
Selected skin and musculoskeletal conditions								
Arthritis	124.7	122.7	130.3	117.6	119.0	119.4	118.8	147.5
Gout, including gouty arthritis	7.9	10.7	11.2	6.6	8.4	8.0	8.6	13.9
Intervertebral disc disorders	21.7	20.9	25.5	20.7	22.7	20.7	23.8	22.4
Bone spur or tendinitis, unspecified	10.0	13.1	8.2	11.8	11.3	10.8	11.6	7.2
Disorders of bone or cartilage	5.0	6.8	8.2	6.4	6.8	5.6	7.6	6.9
Trouble with bunions	14.7	15.1	10.1	11.4	12.9	11.6	13.6	10.8
Bursitis, unclassified	16.1	21.6	21.0	22.6	20.7	16.2	23.4	19.7
Sebaceous skin cyst	4.9	4.5	5.6	4.2	5.7	5.9	5.5	*2.0
Trouble with acne	14.8	24.1	15.5	29.6	21.3	21.5	21.2	16.6
Psoriasis	9.7	9.5	9.8	8.8	9.8	8.3	10.7	8.2
Dermatitis	38.5	34.1	31.3	41.8	38.4	39.6	37.6	24.7
Trouble with dry (itching) skin, unclassified	24.2	25.7	25.8	21.8	24.3	21.2	26.2	25.7
Trouble with ingrown nails	15.4	21.4	23.4	19.6	19.2	18.1	19.9	25.7
Trouble with corns and calluses	14.4	17.7	18.1	15.0	17.8	17.4	18.1	11.7
Impairments								
Visual impairment	23.7	34.9	34.7	34.2	32.8	36.4	30.7	31.3
Color blindness	8.2	13.2	10.7	13.1	11.8	11.3	12.0	9.6
Cataracts	20.0	24.5	26.0	23.4	22.2	22.4	22.1	30.6
Glaucoma	10.0	11.1	11.1	4.5	9.3	10.8	8.5	9.9
Hearing impairment	67.5	96.9	84.2	92.9	80.6	80.2	80.8	106.6
Tinnitus	20.0	26.3	26.7	30.0	24.9	25.4	24.6	30.3
Speech impairment	10.7	10.1	10.9	10.1	10.5	12.3	9.4	10.6
Absence of extremities (excludes tips of fingers or toes only)	*3.6	4.7	5.1	4.4	4.4	3.6	4.9	5.3
Paralysis of extremities, complete or partial	4.2	4.1	7.4	6.3	5.1	5.8	4.7	8.5
Deformity or orthopedic impairment	100.2	137.4	114.1	135.0	121.9	122.0	121.8	119.3
Back	59.5	77.6	64.6	82.3	71.5	70.5	72.1	66.4
Upper extremities	13.3	20.3	15.9	20.5	17.4	18.4	16.9	17.3
Lower extremities	39.8	56.8	50.9	56.1	50.8	54.0	48.9	52.9
Selected digestive conditions								
Ulcer	12.7	15.5	21.4	12.6	13.9	16.9	12.1	26.5
Hernia of abdominal cavity	17.6	20.1	19.8	12.3	16.1	16.8	15.7	24.6
Gastritis or duodenitis	10.3	13.1	16.5	14.3	14.6	15.2	14.3	11.5
Frequent indigestion	22.0	32.0	28.5	25.7	27.5	27.0	27.8	27.5
Enteritis or colitis	14.5	9.4	9.0	4.4	8.9	9.4	8.5	10.6
Spastic colon	9.0	9.5	10.1	8.0	9.0	8.0	9.6	10.4
Diverticula of intestines	8.6	9.0	8.1	6.6	8.0	7.8	8.1	8.5
Frequent constipation	9.0	9.8	18.4	15.7	12.8	12.9	12.7	18.5

See footnotes and note at end of table.

Table 61. Number of selected reported chronic conditions per 1,000 persons, by geographic region and place of residence: United States, 1995—Con.

[Data are based on household interviews of the civilian noninstitutionalized population. The survey design, general qualifications, and information on the reliability of the estimates are given in appendix I. Definitions of terms are given in appendix II]

Type of chronic condition	Geographic region				Place of residence			
	Northeast	Midwest	South	West	MSA ¹			
					All MSA ¹	Central city	Not central city	Not MSA ¹
Selected conditions of the genitourinary, nervous, endocrine, metabolic, and blood and blood-forming systems								
	Number of chronic conditions per 1,000 persons							
Goiter or other disorders of the thyroid	16.3	20.1	17.4	14.7	17.0	15.1	18.1	18.3
Diabetes	39.2	30.4	35.7	26.6	32.4	31.9	32.8	36.2
Anemias	17.8	15.0	15.4	16.2	16.2	20.0	14.0	14.8
Epilepsy	6.6	4.8	6.1	4.3	5.1	5.4	4.8	7.3
Migraine headache	35.3	47.1	46.3	51.3	45.3	43.2	46.5	45.9
Neuralgia or neuritis, unspecified	*1.5	*1.0	*2.0	*0.8	1.4	*0.9	1.7	*1.4
Kidney trouble	6.1	12.7	15.8	8.2	10.2	9.4	10.7	16.8
Bladder disorders	7.2	21.1	15.3	18.6	15.3	17.8	13.9	17.6
Diseases of prostate	9.9	9.9	10.2	9.5	9.6	8.4	10.3	11.0
Disease of female genital organs	20.8	19.8	20.0	21.6	20.7	20.1	21.1	19.4
Selected circulatory conditions								
Rheumatic fever with or without heart disease	11.0	7.5	8.8	5.9	7.5	5.3	8.9	11.2
Heart disease	90.6	78.5	82.3	71.1	79.1	73.8	82.2	86.8
Ischemic heart disease	32.6	30.6	30.4	24.5	29.4	26.7	31.0	30.5
Heart rhythm disorders	38.4	30.7	35.7	31.0	33.8	32.3	34.7	35.1
Tachycardia or rapid heart	7.4	7.3	10.9	8.2	8.4	7.3	9.1	10.1
Heart murmurs	21.8	16.7	16.9	16.0	17.3	15.9	18.2	18.7
Other and unspecified heart rhythm disorders	9.2	6.8	8.0	6.8	8.1	9.0	7.5	6.3
Other selected diseases of heart, excluding hypertension	19.6	17.1	16.1	15.6	15.8	14.8	16.5	21.2
High blood pressure (hypertension)	111.2	111.6	127.8	98.2	112.6	118.2	109.3	121.4
Cerebrovascular disease	9.0	16.1	12.8	12.0	12.7	13.6	12.2	12.3
Hardening of the arteries	8.3	7.6	5.5	7.8	6.5	6.5	6.5	9.2
Varicose veins of lower extremities	23.5	34.4	27.8	26.5	27.4	27.6	27.4	31.5
Hemorrhoids	33.1	33.0	38.0	32.3	33.4	33.3	33.4	39.9
Selected respiratory conditions								
Chronic bronchitis	52.6	60.2	57.5	49.6	54.9	52.5	56.3	58.1
Asthma	57.2	54.6	55.7	60.8	58.3	59.1	57.8	50.8
Hay fever or allergic rhinitis without asthma	90.8	88.8	104.9	104.5	100.9	92.5	105.9	87.5
Chronic sinusitis	104.7	143.9	184.4	100.7	135.6	125.7	141.4	164.2
Deviated nasal septum	6.9	5.3	8.1	5.0	7.3	6.4	7.9	*3.2
Chronic disease of tonsils or adenoids	5.4	9.1	12.4	12.8	10.3	12.2	9.2	10.3
Emphysema	5.4	7.1	8.7	6.1	6.8	6.4	7.0	8.7

* Figure does not meet standard of reliability or precision.

¹MSA is metropolitan statistical area.

NOTE: The standard errors and relative standard errors (RSE's) can be computed by using parameter set V of table II, the frequencies of tables 66 and 78 and the formula presented in rule 4 of appendix I.

Table 62. Number of selected reported chronic conditions, by age: United States, 1995

[Data are based on household interviews of the civilian noninstitutionalized population. The survey design, general qualifications, and information on the reliability of the estimates are given in appendix I. Definitions of terms are given in appendix II]

Type of chronic condition	All ages	Under 45 years			65 years and over			
		Total	Under 18 years	18-44 years	45-64 years	Total	65-74 years	75 years and over
Selected skin and musculoskeletal conditions		Number of chronic conditions in thousands						
Arthritis	32,663	5,215	148	5,067	12,047	15,402	8,269	7,133
Gout, including gouty arthritis	2,478	421	—	421	1,182	875	563	312
Intervertebral disc disorders	5,927	2,518	37	2,482	2,399	1,009	557	452
Bone spur or tendinitis, unspecified	2,750	976	37	938	1,326	448	234	214
Disorders of bone or cartilage	1,793	498	174	324	572	722	392	331
Trouble with bunions	3,262	1,060	79	981	1,234	968	523	445
Bursitis, unclassified	5,372	1,854	40	1,814	2,013	1,505	996	509
Sebaceous skin cyst	1,288	799	67	732	372	118	43	75
Trouble with acne	5,339	5,000	1,863	3,137	323	16	16	—
Psoriasis	2,489	1,156	205	951	863	470	295	175
Dermatitis	9,333	6,587	2,486	4,101	1,852	893	544	349
Trouble with dry (itching) skin, unclassified	6,440	3,383	982	2,401	1,561	1,496	815	681
Trouble with ingrown nails	5,371	2,731	564	2,167	1,496	1,145	579	566
Trouble with corns and calluses	4,347	1,487	91	1,396	1,482	1,378	613	765
Impairments								
Visual impairment	8,511	3,623	495	3,127	2,498	2,390	1,006	1,384
Color blindness	2,966	1,644	213	1,431	947	376	143	233
Cataracts	6,256	263	14	249	998	4,995	1,945	3,050
Glaucoma	2,478	195	—	195	636	1,647	756	891
Hearing impairment	22,465	6,048	1,054	4,994	7,484	8,933	4,366	4,567
Tinnitus	6,805	1,833	92	1,741	2,834	2,138	1,341	797
Speech impairment	2,747	2,033	1,277	756	470	245	147	97
Absence of extremities (excludes tips of fingers or toes only)	1,195	502	23	479	453	239	204	36
Paralysis of extremities, complete or partial	1,509	601	176	425	374	534	340	194
Deformity or orthopedic impairment	31,784	17,102	2,103	14,999	9,079	5,603	3,094	2,509
Back	18,454	9,932	734	9,198	5,500	3,022	1,567	1,455
Upper extremities	4,563	2,108	154	1,954	1,468	987	646	341
Lower extremities	13,421	7,170	1,266	5,903	3,839	2,412	1,252	1,161
Selected digestive conditions								
Ulcer	4,297	2,004	86	1,918	1,486	807	561	247
Hernia of abdominal cavity	4,664	1,264	142	1,122	1,676	1,725	1,007	718
Gastritis or duodenitis	3,663	1,438	139	1,299	1,164	1,062	543	518
Frequent indigestion	7,198	3,708	233	3,475	2,129	1,360	785	575
Enteritis or colitis	2,409	1,084	142	943	841	484	279	205
Spastic colon	2,437	1,219	109	1,110	789	429	275	153
Diverticula of intestines	2,121	229	—	229	597	1,296	806	489
Frequent constipation	3,644	1,544	319	1,225	886	1,214	415	799

See footnotes and note at end of table.

Table 62. Number of selected reported chronic conditions, by age: United States, 1995—Con.

[Data are based on household interviews of the civilian noninstitutionalized population. The survey design, general qualifications, and information on the reliability of the estimates are given in appendix I. Definitions of terms are given in appendix II]

Type of chronic condition	All ages	Under 45 years				65 years and over		
		Total	Under 18 years	18-44 years	45-64 years	Total	65-74 years	75 years and over
Selected conditions of the genitourinary, nervous, endocrine, metabolic, and blood and blood-forming systems								
Number of chronic conditions in thousands								
Goiter or other disorders of the thyroid	4,521	1,480	82	1,398	1,557	1,484	882	602
Diabetes	8,693	1,416	185	1,231	3,299	3,978	2,455	1,523
Anemias	4,177	2,562	510	2,053	973	642	225	417
Epilepsy	1,443	909	285	623	331	203	150	53
Migraine headache	11,897	8,261	900	7,361	3,001	635	485	150
Neuralgia or neuritis, unspecified	373	92	—	92	83	198	122	76
Kidney trouble	3,022	1,559	188	1,371	798	666	455	211
Bladder disorders	4,135	1,594	199	1,395	1,022	1,520	692	828
Diseases of prostate	2,591	170	—	170	871	1,550	1,029	521
Disease of female genital organs	5,362	3,541	166	3,375	1,458	364	265	98
Selected circulatory conditions								
Rheumatic fever with or without heart disease	2,166	827	70	757	821	518	315	202
Heart disease	21,114	5,185	1,316	3,869	6,247	9,682	4,949	4,732
Ischemic heart disease	7,763	559	26	534	2,842	4,362	2,252	2,110
Heart rhythm disorders	8,922	3,616	965	2,651	2,291	3,014	1,703	1,311
Tachycardia or rapid heart	2,293	580	56	524	666	1,047	643	404
Heart murmurs	4,613	2,613	812	1,801	1,052	949	574	374
Other and unspecified heart rhythm disorders	2,016	424	97	326	574	1,019	486	533
Other selected diseases of heart, excluding hypertension	4,429	1,010	325	684	1,113	2,306	994	1,312
High blood pressure (hypertension)	29,954	5,746	40	5,706	11,516	12,692	7,234	5,458
Cerebrovascular disease	3,314	298	54	244	773	2,243	958	1,285
Hardening of the arteries	1,845	69	—	69	482	1,294	531	763
Varicose veins of lower extremities	7,398	2,449	—	2,449	2,390	2,558	1,426	1,132
Hemorrhoids	9,077	4,033	64	3,969	3,290	1,754	1,001	753
Selected respiratory conditions								
Chronic bronchitis	14,533	9,211	3,789	5,422	3,305	2,018	1,219	798
Asthma	14,878	10,871	5,294	5,577	2,754	1,253	845	407
Hay fever or allergic rhinitis without asthma	25,730	17,474	4,682	12,792	5,964	2,293	1,494	799
Chronic sinusitis	37,003	22,917	5,345	17,572	9,258	4,827	2,893	1,935
Deviated nasal septum	1,705	948	66	882	529	228	156	72
Chronic disease of tonsils or adenoids	2,706	2,403	1,308	1,096	246	57	57	—
Emphysema	1,870	127	—	127	671	1,072	662	410

— Quantity zero.

NOTE: The standard errors and relative standard errors (RSE's) can be computed by using parameter set V of table II and the formula presented in rule 1 of appendix I. An estimate of 1.9 million has a 10-percent RSE; of 476,000, a 20-percent RSE; and of 212,000, a 30-percent RSE.

Table 63. Number of selected reported chronic conditions, by sex and age: United States, 1995

[Data are based on household interviews of the civilian noninstitutionalized population. The survey design, general qualifications, and information on the reliability of the estimates are given in appendix I. Definitions of terms are given in appendix II]

Type of chronic condition	Male					Female				
	Under 45 years	45-64 years	65 years and over			Under 45 years	45-64 years	65 years and over		
			Total	65-74 years	75 years and over			Total	65-74 years	75 years and over
Number of chronic conditions in thousands										
Selected skin and musculoskeletal conditions										
Arthritis	2,000	4,414	5,317	3,172	2,146	3,215	7,632	10,084	5,098	4,987
Gout, including gouty arthritis	340	892	558	398	160	81	290	317	165	152
Intervertebral disc disorders	1,492	1,277	466	230	236	1,026	1,122	543	327	216
Bone spur or tendinitis, unspecified	381	535	135	88	47	595	791	313	146	167
Disorders of bone or cartilage	270	118	101	40	61	228	454	621	352	269
Trouble with bunions	223	255	184	153	31	837	979	785	370	415
Bursitis, unclassified	704	747	632	474	158	1,150	1,266	873	522	350
Sebaceous skin cyst	449	210	45	22	22	350	162	73	21	52
Trouble with acne	2,267	102	—	—	—	2,733	221	16	16	—
Psoriasis	481	497	258	143	116	676	367	211	152	59
Dermatitis	2,977	626	349	194	156	3,611	1,226	544	350	193
Trouble with dry (itching) skin, unclassified	1,427	670	559	313	246	1,956	892	937	502	434
Trouble with ingrown nails	1,392	509	387	171	216	1,339	987	758	408	350
Trouble with corns and calluses	507	386	340	176	164	980	1,096	1,038	438	600
Impairments										
Visual impairment	2,476	1,506	1,231	565	666	1,146	993	1,159	441	718
Color blindness	1,494	822	296	130	167	150	124	79	13	66
Cataracts	162	420	1,644	593	1,051	101	578	3,350	1,352	1,999
Glaucoma	78	209	714	311	403	117	426	933	445	489
Hearing impairment	3,700	5,084	4,819	2,739	2,080	2,348	2,400	4,114	1,627	2,487
Tinnitus	1,182	1,655	1,113	775	338	651	1,180	1,025	566	459
Speech impairment	1,449	347	159	126	32	584	123	86	21	65
Absence of extremities (excludes tips of fingers or toes only)	468	326	171	154	18	34	127	68	50	18
Paralysis of extremities, complete or partial	408	253	308	201	108	193	121	225	139	86
Deformity or orthopedic impairment	8,056	4,661	2,180	1,375	805	9,046	4,418	3,423	1,719	1,704
Back	3,795	2,755	1,022	575	447	6,137	2,745	2,000	992	1,008
Upper extremities	1,104	895	462	345	117	1,004	573	525	301	224
Lower extremities	4,065	2,040	1,024	602	423	3,104	1,799	1,388	650	738
Selected digestive conditions										
Ulcer	934	746	252	164	88	1,070	740	555	396	159
Hernia of abdominal cavity	819	727	814	551	263	445	948	910	456	454
Gastritis or duodenitis	495	440	417	254	163	943	724	645	289	356
Frequent indigestion	2,224	837	701	460	241	1,484	1,292	659	326	333
Enteritis or colitis	520	373	80	47	33	564	468	404	231	172
Spastic colon	224	180	75	53	23	995	609	353	223	130
Diverticula of intestines	122	131	273	220	53	107	466	1,022	586	436
Frequent constipation	246	180	288	77	211	1,298	706	926	338	588

See footnotes and note at end of table.

Table 63. Number of selected reported chronic conditions, by sex and age: United States, 1995—Con.

[Data are based on household interviews of the civilian noninstitutionalized population. The survey design, general qualifications, and information on the reliability of the estimates are given in appendix I. Definitions of terms are given in appendix II]

Type of chronic condition	Male					Female				
	Under 45 years	45-64 years	65 years and over			Under 45 years	45-64 years	65 years and over		
			Total	65-74 years	75 years and over			Total	65-74 years	75 years and over
Selected conditions of the genitourinary, nervous, endocrine, metabolic, and blood and blood-forming systems										
Number of chronic conditions in thousands										
Goiter or other disorders of the thyroid	210	266	250	160	90	1,269	1,291	1,234	722	512
Diabetes	551	1,551	1,624	1,081	543	865	1,748	2,354	1,374	980
Anemias	329	127	204	125	79	2,234	846	438	101	338
Epilepsy	560	218	145	110	35	348	113	58	40	18
Migraine headache	1,950	792	193	125	68	6,310	2,210	442	360	82
Neuralgia or neuritis, unspecified	9	14	47	33	14	83	69	151	89	62
Kidney trouble	512	458	305	210	95	1,047	340	361	245	116
Bladder disorders	167	152	375	185	190	1,427	869	1,145	507	638
Diseases of prostate	170	871	1,550	1,029	521	...	...	...	...	...
Disease of female genital organs . . . . .	...	...	...	...	...	3,541	1,458	364	265	98
Selected circulatory conditions										
Rheumatic fever with or without heart disease	212	231	178	102	75	615	590	340	213	127
Heart disease	2,148	3,573	4,762	2,603	2,158	3,038	2,674	4,920	2,346	2,574
Ischemic heart disease	349	1,985	2,402	1,336	1,066	211	857	1,959	916	1,043
Heart rhythm disorders	1,376	857	1,250	721	529	2,240	1,435	1,764	982	782
Tachycardia or rapid heart	236	232	406	280	127	344	434	640	363	277
Heart murmurs	888	349	345	215	131	1,724	702	603	360	244
Other and unspecified heart rhythm disorders	252	275	499	227	272	172	299	520	259	281
Other selected diseases of heart, excluding hypertension	422	732	1,109	546	563	587	381	1,197	449	749
High blood pressure (hypertension)	3,042	5,823	4,590	2,897	1,692	2,703	5,693	8,102	4,337	3,766
Cerebrovascular disease	109	408	1,044	489	555	189	365	1,199	469	730
Hardening of the arteries	41	319	587	259	329	28	163	707	272	435
Varicose veins of lower extremities	368	428	587	386	202	2,082	1,962	1,971	1,040	931
Hemorrhoids	1,871	1,594	688	403	286	2,162	1,696	1,065	598	467
Selected respiratory condition										
Chronic bronchitis	3,952	933	702	478	224	5,259	2,371	1,315	741	574
Asthma	5,426	785	476	393	83	5,445	1,969	776	453	324
Hay fever or allergic rhinitis without asthma	8,591	2,408	929	626	303	8,883	3,556	1,364	868	495
Chronic sinusitis	10,281	3,487	1,767	1,063	704	12,636	5,771	3,061	1,830	1,231
Deviated nasal septum	538	238	139	84	55	411	291	89	72	17
Chronic disease of tonsils or adenoids	1,019	102	40	40	—	1,384	144	17	17	—
Emphysema	52	268	717	482	235	75	403	355	181	175

— Quantity zero.

... Category not applicable.

NOTE: The standard errors and relative standard errors (RSE's) can be computed by using parameter set V of table II and the formula presented in rule 1 of appendix I. An estimate of 1.9 million has a 10-percent RSE; of 476,000, a 20-percent RSE; and of 212,000, a 30-percent RSE.

Table 64. Number of selected reported chronic conditions, by race and age: United States, 1995

[Data are based on household interviews of the civilian noninstitutionalized population. The survey design, general qualifications, and information on the reliability of the estimates are given in appendix I. Definitions of terms are given in appendix II]

Type of chronic conditions	White					Black				
	Under 45 years	45-64 years	65 years and over			Under 45 years	45-64 years	65 years and over		
			Total	65-74 years	75 years and over			Total	65-74 years	75 years and over
Number of chronic conditions in thousands ¹										
Selected skin and musculoskeletal conditions										
Arthritis	4,232	10,363	13,693	7,202	6,491	800	1,305	1,456	907	549
Gout, including gouty arthritis	340	895	603	344	258	81	199	210	168	41
Intervertebral disc disorders	2,317	2,191	970	557	414	140	160	22	—	22
Bone spur or tendinitis, unspecified	921	1,261	415	201	214	54	44	33	33	—
Disorders of bone or cartilage	464	504	706	376	331	15	53	16	16	—
Trouble with bunlons	903	1,044	883	437	445	100	117	51	51	—
Bursitis, unclassified	1,689	1,753	1,403	894	509	148	229	84	84	—
Sebaceous skin cyst	763	315	95	21	75	36	56	—	—	—
Trouble with acne	4,258	299	—	—	—	529	24	16	16	—
Psoriasis	1,088	777	470	295	175	27	39	—	—	—
Dermatitis	5,696	1,636	841	492	349	718	156	52	52	—
Trouble with dry (itching) skin, unclassified	2,796	1,498	1,457	776	681	463	40	39	39	—
Trouble with ingrown nails	2,596	1,299	1,058	526	532	61	164	72	38	34
Trouble with corns and calluses	1,129	1,168	1,172	442	731	274	297	172	138	34
Impairments										
Visual impairment	3,157	2,016	2,015	779	1,236	297	354	269	171	99
Color blindness	1,496	761	359	143	216	60	103	17	—	17
Cataracts	194	827	4,543	1,729	2,813	47	118	299	162	137
Glaucoma	138	435	1,332	573	759	58	138	299	183	116
Hearing impairment	5,293	6,864	8,220	3,937	4,283	567	375	495	280	215
Tinnitus	1,558	2,579	1,934	1,223	710	214	185	99	49	50
Speech impairment	1,602	318	215	118	97	355	82	20	20	—
Absence of extremities (excludes tips of fingers or toes only)	405	440	212	190	22	63	13	13	—	13
Paralysis of extremities, complete or partial	382	325	435	280	154	125	—	99	59	40
Deformity or orthopedic impairment	14,540	7,959	5,096	2,761	2,335	2,053	816	327	245	82
Back	8,604	4,887	2,844	1,437	1,407	1,001	395	136	104	32
Upper extremities	1,793	1,305	847	576	270	250	99	70	41	29
Lower extremities	5,980	3,308	2,204	1,118	1,086	1,036	390	121	100	21
Selected digestive conditions										
Ulcer	1,713	1,187	695	462	232	237	256	73	58	14
Hernia of abdominal cavity	1,099	1,406	1,605	899	706	144	195	120	108	12
Gastritis or duodenitis	1,133	971	1,018	518	501	243	172	43	25	18
Frequent indigestion	3,179	1,859	1,252	744	509	316	224	74	42	32
Enteritis or colitis	974	725	469	264	205	48	99	—	—	—
Spastic colon	1,146	765	429	275	153	44	10	—	—	—
Diverticula of intestines	211	559	1,296	806	489	18	38	—	—	—
Frequent constipation	1,221	669	1,154	372	781	272	149	60	42	18

See footnotes and note at end of table.

Table 64. Number of selected reported chronic conditions, by race and age: United States, 1995—Con.

[Data are based on household interviews of the civilian noninstitutionalized population. The survey design, general qualifications, and information on the reliability of the estimates are given in appendix I. Definitions of terms are given in appendix II]

Type of chronic conditions	White					Black				
	Under 45 years	45-64 years	65 years and over			Under 45 years	45-64 years	65 years and over		
			Total	65-74 years	75 years and over			Total	65-74 years	75 years and over
Selected conditions of the genitourinary, nervous, endocrine, metabolic, and blood and blood-forming systems										
Number of chronic conditions in thousands ¹										
Goiter or other disorders of the thyroid	1,368	1,310	1,377	809	568	76	156	41	41	—
Diabetes	1,035	2,467	3,332	1,979	1,353	220	633	556	404	152
Anemias	1,796	635	573	177	396	646	304	49	49	—
Epilepsy	700	265	175	136	40	209	66	28	14	14
Migraine headache	6,984	2,643	584	447	137	1,071	295	51	37	14
Neuralgia or neuritis, unspecified	92	79	162	111	52	—	5	36	12	24
Kidney trouble	1,369	700	605	405	200	173	81	60	50	11
Bladder disorders	1,407	893	1,462	671	791	158	129	58	21	37
Diseases of prostate	139	715	1,438	980	458	15	120	93	49	44
Disease of female genital organs	3,108	1,261	356	257	98	259	197	8	8	—
Selected circulatory conditions										
Rheumatic fever with or without heart disease	755	681	490	302	188	37	88	—	—	—
Heart disease	4,496	5,617	8,864	4,588	4,276	611	486	664	332	332
Ischemic heart disease	453	2,600	4,119	2,168	1,951	67	139	208	84	124
Heart rhythm disorders	3,191	2,061	2,791	1,600	1,191	404	214	146	88	58
Tachycardia or rapid heart	508	596	999	610	389	54	70	48	33	15
Heart murmurs	2,272	955	826	515	311	336	97	60	44	15
Other and unspecified heart rhythm disorders	410	510	966	475	491	13	48	39	11	28
Other selected diseases of heart, excluding hypertension	852	957	1,954	820	1,134	141	133	310	161	149
High blood pressure (hypertension)	4,356	9,195	11,092	6,203	4,889	1,153	1,798	1,355	946	409
Cerebrovascular disease	148	589	1,988	835	1,153	129	141	207	123	84
Hardening of the arteries	56	436	1,259	521	738	13	30	35	10	25
Varicose veins of lower extremities	2,223	2,189	2,403	1,323	1,080	144	125	119	87	32
Hemorrhoids	3,548	2,993	1,689	948	742	431	175	51	40	11
Selected respiratory conditions										
Chronic bronchitis	7,965	2,875	1,811	1,073	738	963	311	140	79	61
Asthma	8,834	2,323	1,041	685	356	1,726	313	178	141	37
Hay fever or allergic rhinitis without asthma	14,807	5,309	2,143	1,368	776	1,876	493	100	83	18
Chronic sinusitis	19,199	8,058	4,389	2,543	1,846	2,984	1,035	371	282	89
Deviated nasal septum	802	483	214	142	72	126	45	—	—	—
Chronic disease of tonsils or adenoids	2,151	163	57	57	—	213	43	—	—	—
Emphysema	110	643	995	598	397	17	14	55	42	13

— Quantity zero.

¹Totals for white and black do not sum to total chronic conditions because other races are not included.

NOTE: The standard errors and relative standard errors (RSE's) can be computed by using parameter set V of table II and the formula presented in rule 1 of appendix I. An estimate of 1.9 million has a 10-percent RSE; of 476,000, a 20-percent RSE; and of 212,000, a 30-percent RSE.

Table 65. Number of selected reported chronic conditions, by family income and age: United States, 1995

[Data are based on household interviews of the civilian noninstitutionalized population. The survey design, general qualifications, and information on the reliability of the estimates are given in appendix I. Definitions of terms are given in appendix II]

Type of chronic condition	Family income									
	Less than \$10,000					\$10,000-\$19,999				
	Under 45 years	45-64 years	65 years and over			Under 45 years	45-64 years	65 years and over		
			Total	65-74 years	75 years and over			Total	65-74 years	75 years and over
Number of chronic conditions in thousands ¹										
Selected skin and musculoskeletal conditions										
Arthritis	787	1,436	2,632	1,122	1,510	903	1,733	3,635	1,923	1,712
Gout, including gouty arthritis	56	134	184	113	71	88	112	287	177	110
Intervertebral disc disorders	279	178	80	32	48	478	311	235	135	100
Bone spur or tendinitis, unspecified	45	137	63	31	32	181	105	98	55	43
Disorders of bone or cartilage	32	46	70	20	50	40	43	174	77	96
Trouble with bunions	130	38	227	90	137	65	161	174	45	129
Bursitis, unclassified	93	231	145	116	29	251	144	276	159	117
Sebaceous skin cyst	64	14	14	-	14	131	103	21	21	-
Trouble with acne	504	14	16	16	-	501	19	-	-	-
Pсориаis	108	57	37	37	-	157	71	109	95	14
Dermatitis	544	107	92	66	26	658	168	249	190	59
Trouble with dry (itching) skin, unclassified	393	222	241	55	187	396	117	396	264	132
Trouble with ingrown nails	354	208	165	83	82	371	111	231	116	115
Trouble with corns and calluses	141	113	270	162	108	247	170	341	125	216
Impairments										
Visual impairment	427	173	552	152	400	747	498	458	197	261
Color blindness	49	32	55	-	55	254	167	86	14	72
Cataracts	81	124	1,041	361	681	18	99	1,057	396	660
Glaucoma	30	93	235	90	145	46	66	424	178	245
Hearing impairment	727	572	1,238	341	897	1,144	1,229	2,246	1,004	1,242
Tinnitus	273	318	298	109	189	335	530	505	292	213
Speech impairment	337	47	21	-	21	347	165	47	31	16
Absence of extremities (excludes tips of fingers or toes only)	83	81	31	-	31	96	161	77	77	-
Paralysis of extremities, complete or partial	107	28	102	74	28	99	134	159	121	38
Deformity or orthopedic impairment	1,614	837	1,047	447	600	3,158	1,455	1,419	737	682
Back	904	396	537	220	317	1,614	921	764	356	408
Upper extremities	271	199	138	59	79	492	279	326	206	120
Lower extremities	710	364	501	175	327	1,560	766	648	326	322
Selected digestive conditions										
Ulcer	297	139	284	198	86	424	269	132	116	16
Hernia of abdominal cavity	139	341	238	171	68	165	300	398	222	176
Gastritis or duodenitis	139	85	182	67	115	333	148	359	226	133
Frequent indigestion	215	248	211	82	129	639	343	408	256	152
Enteritis or colitis	98	111	110	93	17	201	159	149	51	98
Spastic colon	91	62	83	66	16	69	151	71	20	51
Diverticula of intestines	43	65	185	114	71	-	55	340	151	189
Frequent constipation	243	144	237	74	163	273	221	346	114	232

See footnotes and note at end of table.

Table 65. Number of selected reported chronic conditions, by family income and age: United States, 1995—Con.

[Data are based on household interviews of the civilian noninstitutionalized population. The survey design, general qualifications, and information on the reliability of the estimates are given in appendix I. Definitions of terms are given in appendix II]

Type of chronic condition	Family income									
	Less than \$10,000					\$10,000–\$19,999				
	Under 45 years	45–64 years	65 years and over			Under 45 years	45–64 years	65 years and over		
			Total	65–74 years	75 years and over			Total	65–74 years	75 years and over
Selected conditions of the genitourinary, nervous, endocrine, metabolic, and blood and blood-forming systems										
Number of chronic conditions in thousands ¹										
Goiter or other disorders of the thyroid	224	103	141	72	69	162	149	303	224	79
Diabetes	192	385	881	379	502	205	535	711	439	272
Anemias	485	179	171	22	149	452	120	84	63	21
Epilepsy	108	206	—	—	—	239	35	51	32	19
Migraine headache	815	330	104	104	—	1,272	274	206	148	58
Neuralgia or neuritis, unspecified	—	5	26	26	—	21	9	27	14	14
Kidney trouble	185	89	104	73	31	418	180	172	133	40
Bladder disorders	143	108	156	78	78	131	101	454	176	278
Diseases of prostate	9	89	93	27	65	17	73	385	274	111
Disease of female genital organs	403	166	17	17	—	343	161	117	94	23
Selected circulatory conditions										
Rheumatic fever with or without heart disease	65	67	101	73	28	138	205	67	33	34
Heart disease	596	670	1,386	472	915	723	1,147	2,226	1,180	1,046
Ischemic heart disease	129	250	537	185	352	84	494	1,029	537	493
Heart rhythm disorders	430	217	414	122	292	452	494	671	434	237
Tachycardia or rapid heart	96	113	110	—	110	88	157	273	243	30
Heart murmurs	263	72	114	65	49	342	222	178	102	76
Other and unspecified heart rhythm disorders	70	33	190	58	132	23	115	220	89	131
Other selected diseases of heart, excluding hypertension	37	203	436	164	272	187	159	525	210	316
High blood pressure (hypertension)	747	987	2,002	835	1,167	1,008	1,433	3,127	1,738	1,389
Cerebrovascular disease	68	121	380	138	243	105	157	711	363	348
Hardening of the arteries	—	78	167	85	82	13	31	212	34	178
Varicose veins of lower extremities	234	205	465	205	260	502	405	647	355	291
Hemorrhoids	151	257	326	154	172	604	409	576	363	213
Selected respiratory conditions										
Chronic bronchitis	883	292	383	205	178	1,398	584	403	250	153
Asthma	1,166	281	263	182	81	1,654	365	322	196	125
Hay fever or allergic rhinitis without asthma	1,193	219	370	209	161	1,884	545	554	377	177
Chronic sinusitis	1,862	392	781	347	434	2,790	1,111	1,400	756	643
Deviated nasal septum	—	—	16	—	16	93	39	36	30	6
Chronic disease of tonsils or adenoids	300	30	40	40	—	256	43	17	17	—
Emphysema	—	47	206	122	83	37	189	264	159	105

See footnotes and note at end of table.

Table 65. Number of selected reported chronic conditions, by family income and age: United States, 1995—Con.

[Data are based on household interviews of the civilian noninstitutionalized population. The survey design, general qualifications, and information on the reliability of the estimates are given in appendix I. Definitions of terms are given in appendix II]

Type of chronic condition	Family income									
	\$20,000–\$34,999					\$35,000 or more				
	Under 45 years	45–64 years	65 years and over			Under 45 years	45–64 years	65 years and over		
			Total	65–74 years	75 years and over			Total	65–74 years	75 years and over
Number of chronic conditions in thousands ¹										
Selected skin and musculoskeletal conditions										
Arthritis	1,161	2,498	3,258	1,968	1,291	1,861	4,450	2,370	1,372	998
Gout, including gouty arthritis	183	155	183	144	39	81	632	151	90	60
Intervertebral disc disorders	460	489	316	214	103	1,084	1,024	182	79	103
Bone spur or tendinitis, unspecified	195	305	80	58	21	464	600	155	74	81
Disorders of bone or cartilage	136	189	231	115	116	291	171	118	70	48
Trouble with bunions	149	155	152	120	33	574	768	182	100	83
Bursitis, unclassified	337	361	514	347	168	1,024	1,137	317	218	99
Sebaceous skin cyst	255	—	22	—	22	334	203	45	22	22
Trouble with acne	1,100	105	—	—	—	2,474	142	—	—	—
Psoriasis	253	245	162	62	100	531	491	116	85	31
Dermatitis	1,366	241	174	83	91	3,539	1,198	193	96	97
Trouble with dry (itching) skin, unclassified	640	168	373	228	146	1,624	798	212	158	54
Trouble with ingrown nails	720	373	278	144	134	1,015	579	186	108	78
Trouble with corns and calluses	422	228	272	122	150	575	735	230	68	163
Impairments										
Visual impairment	871	649	531	238	293	1,182	926	429	161	267
Color blindness	392	163	133	42	91	807	475	87	87	—
Cataracts	106	267	1,041	552	489	40	385	1,016	448	567
Glaucoma	31	144	462	268	194	64	270	237	93	144
Hearing impairment	1,424	1,413	2,127	1,313	815	2,235	3,271	1,643	937	706
Tinnitus	411	472	628	448	179	749	1,193	365	274	91
Speech impairment	443	39	89	50	39	607	138	39	18	21
Absence of extremities (excludes tips of fingers or toes only)	60	49	44	44	—	229	91	47	42	5
Paralysis of extremities, complete or partial	110	105	117	61	55	206	106	45	40	5
Deformity or orthopedic impairment	3,845	1,830	1,409	964	445	6,664	3,949	854	510	343
Back	2,487	1,207	815	556	259	3,660	2,301	460	263	197
Upper extremities	422	325	234	179	56	780	571	175	132	42
Lower extremities	1,520	712	485	296	189	2,789	1,592	423	265	159
Selected digestive conditions										
Ulcer	522	319	147	110	37	469	478	81	64	17
Hernia of abdominal cavity	306	249	411	215	196	602	469	399	281	118
Gastritis or duodenitis	363	244	243	134	109	505	499	74	52	22
Frequent indigestion	952	496	433	264	169	1,614	867	140	103	37
Enteritis or colitis	161	231	83	31	52	498	263	74	69	5
Spastic colon	330	136	134	65	70	598	340	55	39	16
Diverticula of intestines	18	180	281	235	47	131	278	243	151	92
Frequent constipation	258	88	389	157	231	566	331	101	11	90

See footnotes and note at end of table.

Table 65. Number of selected reported chronic conditions, by family income and age: United States, 1995—Con.

[Data are based on household interviews of the civilian noninstitutionalized population. The survey design, general qualifications, and information on the reliability of the estimates are given in appendix I. Definitions of terms are given in appendix II]

Type of chronic condition	Family income									
	\$20,000–\$34,999					\$35,000 or more				
	Under 45 years	45–64 years	65 years and over			Under 45 years	45–64 years	65 years and over		
			Total	65–74 years	75 years and over			Total	65–74 years	75 years and over
Selected conditions of the genitourinary, nervous, endocrine, metabolic, and blood and blood-forming systems										
Number of chronic conditions in thousands ¹										
Goiter or other disorders of the thyroid	296	243	451	260	191	650	784	230	143	87
Diabetes	278	655	1,063	621	443	568	1,123	540	460	80
Anemias	599	193	198	74	125	640	354	101	52	49
Epilepsy	175	14	31	31	—	280	41	51	32	18
Migraine headache	1,657	673	174	119	54	3,708	1,370	104	85	19
Neuralgia or neuritis, unspecified	25	35	63	45	17	32	35	16	16	—
Kidney trouble	307	136	187	127	59	400	291	88	53	35
Bladder disorders	370	327	442	242	199	678	287	130	68	63
Diseases of prostate	8	130	475	307	168	114	461	425	287	138
Disease of female genital organs	853	278	167	139	29	1,727	674	19	—	19
Selected circulatory conditions										
Rheumatic fever with or without heart disease	162	169	95	31	64	412	250	66	32	34
Heart disease	1,255	1,314	2,469	1,468	1,000	2,177	2,210	1,312	724	589
Ischemic heart disease	97	598	1,072	602	469	165	1,066	728	379	349
Heart rhythm disorders	893	363	910	586	324	1,562	858	352	233	119
Tachycardia or rapid heart	173	82	325	243	82	177	216	112	75	37
Heart murmurs	654	199	327	247	80	1,137	377	95	54	41
Other and unspecified heart rhythm disorders	67	81	259	97	162	248	266	145	104	41
Other selected diseases of heart, excluding hypertension	265	353	486	280	207	450	286	233	112	121
High blood pressure (hypertension)	1,228	2,437	2,808	1,903	905	2,010	5,104	1,880	1,261	619
Cerebrovascular disease	—	124	408	222	186	90	193	304	125	178
Hardening of the arteries	—	70	285	166	120	56	213	243	110	133
Varicose veins of lower extremities	491	385	521	320	202	921	1,112	453	328	124
Hemorrhoids	1,036	539	383	244	139	1,872	1,717	184	112	71
Selected respiratory conditions										
Chronic bronchitis	2,083	632	470	323	147	4,040	1,455	435	225	210
Asthma	2,023	380	215	186	29	4,688	1,378	170	131	39
Hay fever or allergic rhinitis without asthma	3,573	1,010	580	333	248	9,352	3,449	608	476	133
Chronic sinusitis	5,555	1,925	1,151	765	386	10,487	4,578	715	570	145
Deviated nasal septum	271	129	27	27	—	471	360	114	82	32
Chronic disease of tonsils or adenoids	463	36	—	—	—	1,109	92	—	—	—
Emphysema	25	173	285	188	96	10	196	118	87	32

— Quantity zero.

¹Totals for income categories do not sum to total chronic conditions because persons with unknown family income are not included.

NOTE: The standard errors and relative standard errors (RSE's) can be computed by using parameter set V of table II and the formula presented in rule 1 of appendix I. An estimate of 1.9 million has a 10-percent RSE; of 476,000, a 20-percent RSE; and of 212,000, a 30-percent RSE.

Table 66. Number of selected reported chronic conditions, by geographic region and place of residence: United States, 1995

[Data are based on household interviews of the civilian noninstitutionalized population. The survey design, general qualifications, and information on the reliability of the estimates are given in appendix I. Definitions of terms are given in appendix II]

Type of chronic condition	Geographic region				Place of residence			
					MSA ¹			
	Northeast	Midwest	South	West	All MSA ¹	Central city	Not central city	Not MSA ¹
Number of chronic conditions in thousands								
Selected skin and musculoskeletal conditions								
Arthritis	6,415	7,638	12,042	6,567	24,957	9,342	15,615	7,706
Gout, including gouty arthritis	408	664	1,039	367	1,751	627	1,125	726
Intervertebral disc disorders	1,116	1,302	2,352	1,157	4,756	1,623	3,133	1,171
Bone spur or tendinitis, unspecified	517	816	757	659	2,372	848	1,524	377
Disorders of bone or cartilage	256	422	756	357	1,434	436	998	359
Trouble with bunions	754	937	933	638	2,699	906	1,793	563
Bursitis, unclassified	828	1,346	1,939	1,259	4,341	1,267	3,074	1,031
Sebaceous skin cyst	253	281	519	235	1,185	462	723	103
Trouble with acne	760	1,498	1,430	1,650	4,474	1,683	2,790	865
Psoriasis	498	594	904	493	2,059	653	1,407	430
Dermatitis	1,980	2,124	2,894	2,335	8,041	3,098	4,943	1,292
Trouble with dry (itching) skin, unclassified	1,244	1,599	2,380	1,217	5,097	1,656	3,441	1,343
Trouble with ingrown nails	790	1,329	2,160	1,092	4,028	1,419	2,609	1,343
Trouble with corns and calluses	739	1,101	1,669	838	3,738	1,363	2,375	609
Impairments								
Visual impairment	1,221	2,173	3,206	1,910	6,877	2,848	4,029	1,634
Color blindness	420	821	990	734	2,464	886	1,578	502
Cataracts	1,027	1,523	2,399	1,307	4,656	1,752	2,904	1,600
Glaucoma	515	689	1,025	250	1,959	847	1,112	519
Hearing impairment	3,475	6,030	7,776	5,184	16,893	6,272	10,621	5,571
Tinnitus	1,028	1,634	2,470	1,673	5,224	1,988	3,236	1,581
Speech impairment	552	626	1,006	563	2,194	962	1,232	553
Absence of extremities (excludes tips of fingers or toes only)	184	294	469	247	919	278	641	276
Paralysis of extremities, complete or partial	218	255	685	350	1,067	452	615	442
Deformity or orthopedic impairment	5,155	8,552	10,543	7,534	25,550	9,540	16,010	6,234
Back	3,060	4,829	5,972	4,593	14,987	5,518	9,470	3,467
Upper extremities	686	1,262	1,469	1,145	3,657	1,438	2,219	906
Lower extremities	2,047	3,538	4,706	3,129	10,655	4,221	6,433	2,766
Selected digestive conditions								
Ulcer	653	963	1,980	701	2,912	1,323	1,589	1,385
Hernia of abdominal cavity	904	1,248	1,829	685	3,377	1,316	2,061	1,287
Gastritis or duodenitis	530	813	1,523	798	3,064	1,191	1,874	599
Frequent indigestion	1,133	1,994	2,634	1,437	5,761	2,109	3,652	1,437
Enteritis or colitis	748	584	831	246	1,856	739	1,117	553
Spastic colon	463	594	932	448	1,892	627	1,265	545
Diverticula of intestines	445	560	750	366	1,678	608	1,070	443
Frequent constipation	462	612	1,696	874	2,679	1,007	1,672	965

See footnotes and note at end of table.

Table 66. Number of selected reported chronic conditions, by geographic region and place of residence: United States, 1995—Con.

[Data are based on household interviews of the civilian noninstitutionalized population. The survey design, general qualifications, and information on the reliability of the estimates are given in appendix I. Definitions of terms are given in appendix II]

Type of chronic condition	Geographic region				Place of residence			
	Northeast	Midwest	South	West	MSA ¹			
					All MSA ¹	Central city	Not central city	Not MSA ¹
Selected conditions of the genitourinary, nervous, endocrine, metabolic, and blood and blood-forming systems								
Number of chronic conditions in thousands								
Goiter or other disorders of the thyroid	837	1,249	1,612	823	3,563	1,179	2,384	958
Diabetes	2,019	1,891	3,297	1,486	6,801	2,492	4,309	1,892
Anemias	915	935	1,427	902	3,403	1,566	1,837	775
Epilepsy	339	301	562	241	1,062	425	637	381
Migraine headache	1,817	2,932	4,281	2,866	9,497	3,383	6,114	2,400
Neuralgia or neuritis, unspecified	76	65	186	46	299	74	225	74
Kidney trouble	316	789	1,458	460	2,145	734	1,410	878
Bladder disorders	371	1,313	1,412	1,039	3,215	1,391	1,824	920
Diseases of prostate	507	617	939	528	2,017	659	1,359	574
Disease of female genital organs	1,071	1,234	1,852	1,206	4,350	1,574	2,776	1,012
Selected circulatory conditions								
Rheumatic fever with or without heart disease	564	465	809	327	1,579	412	1,167	587
Heart disease	4,660	4,883	7,601	3,970	16,580	5,770	10,810	4,534
Ischemic heart disease	1,677	1,904	2,813	1,369	6,169	2,089	4,080	1,594
Heart rhythm disorders	1,977	1,912	3,301	1,731	7,089	2,523	4,566	1,833
Tachycardia or rapid heart	380	452	1,003	458	1,766	573	1,193	526
Heart murmurs	1,122	1,040	1,558	893	3,635	1,245	2,390	978
Other and unspecified heart rhythm disorders	475	421	740	381	1,688	705	983	329
Other selected diseases of heart, excluding hypertension	1,006	1,066	1,487	870	3,322	1,157	2,164	1,107
High blood pressure (hypertension)	5,719	6,949	11,805	5,481	23,610	9,248	14,361	6,344
Cerebrovascular disease	461	1,005	1,180	668	2,672	1,064	1,608	642
Hardening of the arteries	426	475	507	438	1,363	509	853	483
Varicose veins of lower extremities	1,209	2,139	2,568	1,482	5,754	2,158	3,595	1,644
Hemorrhoids	1,704	2,056	3,514	1,803	6,993	2,606	4,387	2,083
Selected respiratory conditions								
Chronic bronchitis	2,704	3,748	5,310	2,771	11,500	4,105	7,395	3,033
Asthma	2,942	3,399	5,144	3,393	12,221	4,620	7,602	2,656
Hay fever or allergic rhinitis without asthma	4,674	5,529	9,695	5,832	21,159	7,239	13,920	4,571
Chronic sinusitis	5,389	8,957	17,037	5,620	28,422	9,836	18,586	8,580
Deviated nasal septum	355	328	745	277	1,536	504	1,032	168
Chronic disease of tonsils or adenoids	279	567	1,145	715	2,166	955	1,211	540
Emphysema	279	444	808	339	1,418	497	921	452

¹MSA is metropolitan statistical area.

NOTE: The standard errors and relative standard errors (RSE's) can be computed by using parameter set V of table II and the formula presented in rule 1 of appendix I. An estimate of 1.9 million has a 10-percent RSE; of 478,000, a 20-percent RSE; and of 212,000, a 30-percent RSE.

Table 67. Percent distribution of persons by degree of activity limitation due to chronic conditions according to sociodemographic characteristics: United States, 1995

[Data are based on household interviews of the civilian noninstitutionalized population. The survey design, general qualifications, and information on the reliability of the estimates are given in appendix I. Definitions of terms are given in appendix II]

Characteristic	Degree of activity limitation						
	All persons	With no activity limitation	With activity limitation	With limitation in major activity	Unable to carry on major activity	Limited in amount or kind of major activity	Limited, but not in major activity
	Percent distribution						
All persons ¹	100.0	85.3	14.7	10.1	4.6	5.5	4.6
Age							
Under 18 years	100.0	94.0	6.0	4.3	0.6	3.7	1.7
18-44 years	100.0	90.0	10.0	7.0	3.2	3.9	3.0
45-64 years	100.0	77.3	22.7	17.4	9.5	7.9	5.3
65 years and over	100.0	62.8	37.2	21.5	10.5	11.0	15.7
65-69 years	100.0	63.8	36.2	28.1	16.7	11.5	8.1
70 years and over	100.0	62.3	37.7	18.5	7.7	10.9	19.2
Sex and age							
Male:							
All ages	100.0	85.7	14.3	10.1	4.9	5.1	4.3
Under 18 years	100.0	92.6	7.4	5.5	0.7	4.8	2.0
18-44 years	100.0	90.0	10.0	7.3	3.4	3.8	2.8
45-64 years	100.0	78.3	21.7	17.3	10.7	6.6	4.5
65-69 years	100.0	62.5	37.5	31.5	20.8	10.7	6.0
70 years and over	100.0	63.7	36.3	14.3	6.6	7.8	22.0
Female:							
All ages	100.0	84.9	15.1	10.1	4.3	5.8	4.9
Under 18 years	100.0	95.4	4.6	3.1	0.5	2.6	1.5
18-44 years	100.0	90.0	10.0	6.8	2.9	3.9	3.2
45-64 years	100.0	76.4	23.6	17.5	8.4	9.1	6.0
65-69 years	100.0	64.9	35.1	25.2	13.1	12.1	9.9
70 years and over	100.0	61.4	38.6	21.3	8.4	12.9	17.3
Race and age							
White:							
All ages	100.0	85.2	14.8	9.9	4.4	5.5	4.9
Under 18 years	100.0	94.0	6.0	4.2	0.6	3.6	1.8
18-44 years	100.0	90.1	9.9	6.8	2.9	3.9	3.1
45-64 years	100.0	78.0	22.0	16.6	8.8	7.9	5.3
65-69 years	100.0	65.2	34.8	26.9	15.8	11.1	7.9
70 years and over	100.0	62.4	37.6	18.1	7.4	10.7	19.5
Black:							
All ages	100.0	84.1	15.9	12.2	6.3	5.8	3.7
Under 18 years	100.0	92.8	7.2	5.5	0.9	4.6	1.8
18-44 years	100.0	87.8	12.2	9.6	5.3	4.3	2.6
45-64 years	100.0	70.0	30.0	24.7	16.0	8.7	5.3
65-69 years	100.0	46.9	53.1	43.0	26.6	16.4	10.1
70 years and over	100.0	58.7	41.3	23.4	10.2	13.1	17.9

See footnotes and note at end of table.

Table 67. Percent distribution of persons by degree of activity limitation due to chronic conditions according to sociodemographic characteristics: United States, 1995—Con.

[Data are based on household interviews of the civilian noninstitutionalized population. The survey design, general qualifications, and information on the reliability of the estimates are given in appendix I. Definitions of terms are given in appendix II]

Characteristic	Degree of activity limitation						
	All persons	With no activity limitation	With activity limitation	With limitation in major activity	Unable to carry on major activity	Limited in amount or kind of major activity	Limited, but not in major activity
Family income and age							
Under \$10,000:	Percent distribution						
All ages	100.0	71.8	28.2	21.4	11.4	10.0	6.8
Under 18 years	100.0	90.8	9.2	6.8	1.2	5.6	2.4
18-44 years	100.0	79.6	20.4	15.7	8.3	7.4	4.8
45-64 years	100.0	38.3	61.7	53.3	37.6	15.7	8.5
65-69 years	100.0	40.7	59.2	50.3	32.9	17.4	9.0
70 years and over	100.0	52.7	47.3	28.5	10.2	18.3	18.9
\$10,000-\$19,999:							
All ages	100.0	77.9	22.1	15.8	7.7	8.0	6.3
Under 18 years	100.0	91.0	9.0	7.0	1.0	6.0	1.9
18-44 years	100.0	85.0	15.0	11.6	6.0	5.6	3.4
45-64 years	100.0	59.2	40.8	34.6	22.0	12.6	6.2
65-69 years	100.0	56.1	43.9	34.3	21.2	13.2	9.5
70 years and over	100.0	59.6	40.4	18.3	6.3	12.1	22.1
\$20,000-\$34,999:							
All ages	100.0	85.1	14.9	10.0	4.4	5.6	4.9
Under 18 years	100.0	93.5	6.5	4.8	0.6	4.1	1.7
18-44 years	100.0	90.3	9.7	6.5	2.7	3.8	3.1
45-64 years	100.0	75.3	24.7	19.1	9.8	9.4	5.6
65-69 years	100.0	62.4	37.6	28.3	14.8	13.5	9.2
70 years and over	100.0	66.1	33.9	14.6	7.8	6.9	19.2
\$35,000 or more:							
All ages	100.0	90.8	9.2	5.7	1.9	3.7	3.5
Under 18 years	100.0	95.3	4.7	3.0	0.4	2.6	1.7
18-44 years	100.0	92.9	7.1	4.4	1.4	3.0	2.7
45-64 years	100.0	86.3	13.7	8.9	3.4	5.5	4.8
65-69 years	100.0	77.1	22.9	16.8	8.5	8.3	6.2
70 years and over	100.0	67.7	32.3	13.8	6.6	7.2	18.5
Geographic region							
Northeast	100.0	86.0	14.0	9.6	4.2	5.4	4.4
Midwest	100.0	85.2	14.8	10.2	4.2	5.9	4.7
South	100.0	84.8	15.2	10.7	5.2	5.5	4.5
West	100.0	85.6	14.4	9.4	4.4	5.0	5.0
Place of residence							
MSA ²	100.0	85.7	14.3	9.8	4.4	5.3	4.6
Central city	100.0	84.7	15.3	10.8	5.1	5.8	4.5
Not central city	100.0	86.3	13.7	9.1	4.0	5.1	4.6
Not MSA ²	100.0	83.7	16.3	11.4	5.4	6.0	4.9

¹Includes other races and unknown family income.

²MSA is metropolitan statistical area.

NOTES: The standard errors (SE's) and relative standard errors (RSE's) for age, sex and age, and race and age can be computed by using parameter set X of table II, the frequencies of table 68 and the formula presented in rule 2 of appendix I. The SE's and RSE's for family income and age, geographic region, and place of residence can be computed by using parameter set X of table II, the frequencies of table 68 and the formula presented in rule 3 of appendix I.

Table 68. Number of persons by degree of activity limitation due to chronic conditions and sociodemographic characteristics: United States, 1995

[Data are based on household interviews of the civilian noninstitutionalized population. The survey design, general qualifications, and information on the reliability of the estimates are given in appendix I. Definitions of terms are given in appendix II]

Characteristic	Degree of activity limitation						
	All persons	With no activity limitation	With activity limitation	With limitation in major activity	Unable to carry on major activity	Limited in amount or kind of major activity	Limited, but not in major activity
	Number in thousands						
All persons ¹	261,903	223,380	38,523	26,419	12,076	14,344	12,103
Age							
Under 18 years	70,675	66,408	4,267	3,048	436	2,612	1,219
18-44 years	108,046	97,244	10,802	7,601	3,423	4,178	3,200
45-64 years	51,716	39,982	11,734	9,004	4,927	4,078	2,729
65 years and over	31,466	19,746	11,720	6,766	3,290	3,476	4,954
65-69 years	9,777	6,237	3,540	2,749	1,629	1,120	791
70 years and over	21,689	13,509	8,180	4,017	1,661	2,356	4,164
Sex and age							
Male:							
All ages	127,577	109,292	18,285	12,824	6,269	6,555	5,461
Under 18 years	36,164	33,486	2,678	1,972	251	1,721	706
18-44 years	53,299	47,948	5,351	3,883	1,838	2,045	1,468
45-64 years	24,974	19,544	5,430	4,312	2,674	1,638	1,118
65-69 years	4,510	2,819	1,691	1,422	940	481	269
70 years and over	8,629	5,494	3,135	1,235	566	669	1,900
Female:							
All ages	134,326	114,088	20,238	13,595	5,806	7,789	6,642
Under 18 years	34,511	32,922	1,588	1,075	185	890	513
18-44 years	54,746	49,295	5,451	3,719	1,585	2,134	1,733
45-64 years	26,743	20,438	6,304	4,693	2,253	2,440	1,612
65-69 years	5,267	3,418	1,850	1,328	689	639	522
70 years and over	13,060	8,015	5,045	2,781	1,095	1,686	2,263
Race and age							
White:							
All ages	217,207	185,055	32,152	21,583	9,573	12,009	10,569
Under 18 years	56,186	52,840	3,346	2,354	330	2,023	993
18-44 years	88,669	79,912	8,757	6,026	2,571	3,456	2,731
45-64 years	44,249	34,523	9,726	7,364	3,877	3,487	2,362
65-69 years	8,551	5,574	2,977	2,304	1,351	953	672
70 years and over	19,552	12,206	7,346	3,535	1,445	2,090	3,811
Black:							
All ages	32,755	27,544	5,210	3,989	2,074	1,916	1,221
Under 18 years	11,208	10,398	810	612	97	515	199
18-44 years	13,790	12,110	1,680	1,317	729	587	364
45-64 years	5,216	3,653	1,564	1,289	837	452	275
65-69 years	909	426	483	391	242	149	92
70 years and over	1,631	958	673	381	167	214	292

See footnotes and note at end of table.

Table 68. Number of persons by degree of activity limitation due to chronic conditions and sociodemographic characteristics: United States, 1995—Con.

[Data are based on household interviews of the civilian noninstitutionalized population. The survey design, general qualifications, and information on the reliability of the estimates are given in appendix I. Definitions of terms are given in appendix II.]

Characteristic	Degree of activity limitation						
	All persons	With no activity limitation	With activity limitation	With limitation in major activity	Unable to carry on major activity	Limited in amount or kind of major activity	Limited, but not in major activity
Family income and age							
Under \$10,000:							
Number in thousands							
All ages	21,651	15,546	6,105	4,625	2,464	2,161	1,480
Under 18 years	6,194	5,623	571	421	73	348	150
18–44 years	8,536	6,792	1,744	1,336	708	628	408
45–64 years	2,764	1,058	1,706	1,472	1,039	433	234
65–69 years	973	396	576	489	320	169	88
70 years and over	3,185	1,677	1,508	907	324	583	601
\$10,000–\$19,999:							
All ages	37,871	29,493	8,377	5,980	2,933	3,047	2,397
Under 18 years	10,519	9,575	944	738	103	635	205
18–44 years	14,578	12,397	2,181	1,690	869	821	491
45–64 years	5,541	3,280	2,261	1,916	1,220	696	345
65–69 years	1,936	1,087	850	665	410	255	184
70 years and over	5,296	3,154	2,142	971	331	639	1,172
\$20,000–\$34,999:							
All ages	54,624	46,494	8,130	5,454	2,411	3,043	2,677
Under 18 years	14,240	13,316	924	680	92	588	245
18–44 years	23,488	21,220	2,269	1,535	641	894	733
45–64 years	9,532	7,178	2,354	1,824	931	892	530
65–69 years	2,466	1,540	926	699	366	333	227
70 years and over	4,897	3,239	1,658	717	381	336	941
\$35,000 or more:							
All ages	106,951	97,163	9,787	6,054	2,050	4,004	3,733
Under 18 years	30,112	28,696	1,415	916	124	793	499
18–44 years	45,649	42,406	3,243	2,004	640	1,364	1,239
45–64 years	25,452	21,958	3,495	2,270	863	1,408	1,225
65–69 years	2,354	1,814	540	395	200	195	145
70 years and over	3,383	2,289	1,094	468	224	244	626
Geographic region							
Northeast	51,450	44,270	7,179	4,939	2,166	2,773	2,240
Midwest	62,240	53,005	9,235	6,333	2,635	3,699	2,901
South	92,391	78,342	14,049	9,886	4,797	5,089	4,162
West	55,823	47,763	8,060	5,261	2,478	2,782	2,799
Place of residence							
MSA ²	209,657	179,657	30,000	20,452	9,240	11,212	9,547
Central city	78,225	66,228	11,997	8,486	3,982	4,505	3,510
Not central city	131,432	113,429	18,003	11,966	5,258	6,707	6,037
Not MSA ²	52,246	43,723	8,523	5,967	2,836	3,132	2,556

¹Includes other races and unknown family income.

²MSA is metropolitan statistical area.

NOTE: The standard errors and relative standard errors (RSE's) can be computed by using parameter set X of table II and the formula presented in rule 1 of appendix I. An estimate of 357,000 has a 10-percent RSE; of 89,000, a 20-percent RSE; and of 40,000, a 30-percent RSE.

Table 69. Number of days per person per year and number of days of activity restriction due to acute and chronic conditions, by type of restriction and sociodemographic characteristics: United States, 1995

[Data are based on household interviews of the civilian noninstitutionalized population. The survey design, general qualifications, and information on the reliability of the estimates are given in appendix I. Definitions of terms are given in appendix II]

Characteristic	Type of restriction					
	All types	Bed disability	Work or school ¹	All types	Bed disability	Work or school loss ¹
	Number of days per person			Number of days in thousands		
All persons ²	15.6	6.1	5.1	4,097,095	1,593,029	885,577
Age						
Under 5 years	9.9	4.9	...	201,513	99,224	...
5-17 years	8.4	3.5	4.5	424,859	177,537	228,973
18 years and over	18.1	6.9	5.3	3,470,724	1,316,268	656,604
18-24 years	9.1	3.7	4.0	225,995	92,688	66,412
25-44 years	13.6	4.9	5.1	1,130,576	406,470	346,255
45-64 years	21.4	7.8	6.0	1,107,878	405,111	216,821
65 years and over	32.0	13.1	6.8	1,006,274	411,999	27,115
Sex and age						
Male:						
All ages	13.7	5.3	4.4	1,747,638	677,813	414,858
Under 5 years	10.5	5.1	...	108,997	52,760	...
5-17 years	8.1	3.1	4.2	208,566	80,662	107,455
18 years and over	15.6	6.0	4.5	1,430,075	544,390	307,403
18-24 years	6.9	2.8	3.1	86,034	34,907	27,368
25-44 years	11.4	3.9	4.1	465,931	160,191	149,963
45-64 years	20.0	7.4	5.9	498,813	183,806	113,706
65 years and over	28.9	12.6	7.0	379,297	165,486	16,366
Female:						
All ages	17.5	6.8	5.7	2,349,458	915,217	470,719
Under 5 years	9.3	4.7	...	92,516	46,464	...
5-17 years	8.8	3.9	4.9	216,293	96,875	121,517
18 years and over	20.4	7.7	6.1	2,040,649	771,878	349,201
18-24 years	11.2	4.6	5.0	139,962	57,781	39,044
25-44 years	15.7	5.8	6.4	664,645	246,279	196,292
45-64 years	22.8	8.3	6.1	609,065	221,305	103,115
65 years and over	34.2	13.5	6.5	626,977	246,514	10,750
Race and age						
White:						
All ages	15.6	5.9	4.9	3,391,786	1,288,777	721,857
Under 5 years	10.5	4.9	...	167,701	77,834	...
5-17 years	8.8	3.6	4.6	353,788	144,848	186,007
18 years and over	17.8	6.6	5.1	2,870,296	1,066,095	535,850
18-24 years	9.4	3.6	4.1	187,920	72,812	57,627
25-44 years	13.2	4.7	4.8	907,388	321,157	274,196
45-64 years	20.1	7.3	5.8	891,503	321,455	181,511
65 years and over	31.4	12.5	6.2	883,485	350,671	22,515
Black:						
All ages	17.0	7.3	6.1	557,998	238,554	130,617
Under 5 years	8.0	4.9	...	26,303	16,125	...
5-17 years	7.5	3.2	4.5	59,216	25,695	35,747
18 years and over	21.9	9.1	7.1	472,479	196,734	94,870
18-24 years	8.7	4.8	3.8	30,918	17,147	7,395
25-44 years	17.2	6.5	7.3	175,846	66,719	57,539
45-64 years	32.3	12.7	7.9	168,574	66,333	26,383
65 years and over	38.2	18.3	*13.0	97,141	46,535	3,554

See footnotes and note at end of table.

Table 69. Number of days per person per year and number of days of activity restriction due to acute and chronic conditions, by type of restriction and sociodemographic characteristics: United States, 1995—Con.

[Data are based on household interviews of the civilian noninstitutionalized population. The survey design, general qualifications, and information on the reliability of the estimates are given in appendix I. Definitions of terms are given in appendix I.]

Characteristic	Type of restriction					
	All types	Bed disability	Work or school loss ¹	All types	Bed disability	Work or school loss ¹
	Number of days per person			Number of days in thousands		
Family income and age						
Under \$10,000:						
All ages	30.0	13.2	7.9	649,479	285,679	71,473
Under 5 years	12.3	6.9	...	26,719	14,950	...
5–17 years	13.9	5.8	8.7	55,948	23,408	34,929
18 years and over	36.7	16.0	7.3	566,812	247,321	36,544
18–24 years	13.1	5.7	4.6	49,866	21,761	8,571
25–44 years	30.6	13.8	7.9	145,063	65,248	16,651
45–64 years	63.6	29.6	12.1	175,926	81,920	9,970
65 years and over	47.1	18.9	*5.8	195,957	78,392	1,352
\$10,000–\$19,999:						
All ages	21.0	8.4	6.0	793,876	318,336	125,430
Under 5 years	13.3	6.0	...	46,193	20,788	...
5–17 years	8.0	3.6	4.5	56,736	25,220	31,468
18 years and over	25.3	10.0	6.7	690,948	272,329	93,962
18–24 years	11.6	4.9	5.9	50,429	21,550	16,961
25–44 years	19.1	7.6	6.9	195,406	78,162	50,659
45–64 years	36.7	14.1	7.4	203,570	78,176	21,912
65 years and over	33.4	13.1	*5.7	241,542	94,440	4,429
\$20,000–\$34,999:						
All ages	15.1	6.0	5.2	823,638	330,332	192,183
Under 5 years	9.7	5.2	...	41,650	22,180	...
5–17 years	8.4	3.7	4.5	83,343	37,164	44,514
18 years and over	17.3	6.7	5.5	698,645	270,988	147,669
18–24 years	7.6	2.9	3.4	37,551	14,458	12,633
25–44 years	12.8	4.6	5.1	236,829	85,013	80,001
45–64 years	21.6	7.6	6.7	205,644	72,343	43,246
65 years and over	29.7	13.5	11.5	218,621	99,174	11,788
\$35,000 or more:						
All ages	10.6	3.7	4.6	1,133,083	395,698	389,881
Under 5 years	8.4	4.1	...	64,759	31,203	...
5–17 years	7.6	3.1	4.1	170,976	70,097	91,333
18 years and over	11.7	3.8	4.8	897,348	294,399	298,547
18–24 years	7.0	2.8	3.4	53,833	21,385	20,183
25–44 years	10.5	3.4	4.8	400,232	128,882	163,282
45–64 years	13.0	3.8	5.4	330,376	97,700	112,618
65 years and over	19.7	8.1	*2.0	112,908	46,432	2,465
Geographic region						
Northeast	14.7	5.6	5.0	754,468	289,925	167,509
Midwest	13.9	5.0	4.8	864,689	313,638	206,074
South	16.9	7.1	5.2	1,561,006	651,991	324,920
West	16.4	6.0	5.1	916,932	337,475	187,074
Place of residence						
MSA ³	15.6	6.0	5.1	3,275,141	1,266,885	711,247
Central city	16.7	6.9	5.2	1,309,446	537,587	264,690
Not central city	15.0	5.5	5.0	1,965,695	729,298	446,557
Not MSA ³	15.7	6.2	5.0	821,955	326,144	174,329

... Category not applicable.

* Figure does not meet standard of reliability or precision.

¹Sum of school-loss days for children 5–17 years of age and work-loss days for currently employed persons 18 years of age and over. School-loss days are shown for the age group 5–17 years; work-loss days are shown for the age group 18 years and over and each older age group.

²Includes other races and unknown family income.

³MSA is metropolitan statistical area.

NOTES: The standard errors (SE's) and relative standard errors (RSE's) for age, sex and age, and race and age for columns 1 and 2 can be computed by using parameter set II of table II, the frequencies of table 69 and the formula presented in rule 2 of appendix I. The SE's and RSE's for family income and age, geographic region, and place of residence for columns 1 and 2 can be computed by using parameter sets II and X of table II, the frequencies of tables 69 and 78 and the formula presented in rule 4 of appendix I. The SE's and RSE's for column 3 (work-loss) can be computed by using parameter sets III and X of table II, the frequencies of tables 69 and 78 and the formula presented in rule 4 of appendix I. The SE's and RSE's for age, sex and age, and race and age for column 3 (school-loss) can be computed by using parameter set III of table II, the frequencies of table 69 and the formula presented in rule 2 of appendix I. The SE's and RSE's for family income and age, geographic region, and place of residence for column 3 (school-loss) can be computed by using parameter sets III and X of table II, the frequencies of tables 69 and 78 and the formula presented in rule 4 of appendix I. The SE's and RSE's for columns 4 and 5 can be computed by using parameter set II of table II and the formula presented in rule 1 of appendix I. The SE's and RSE's for column 6 can be computed by using parameter set III of table II and the formula presented in rule 1 of appendix I. For restricted-activity and bed-days, an estimate of 68.3 million has an RSE of 10 percent; 16.8 million, of 20 percent; and 7.5 million, of 30 percent. For work- or school-loss days, an estimate of 49.0 million has an RSE of 10 percent; 12.1 million, of 20 percent; and 5.4 million, of 30 percent.

Table 70. Number of persons and percent distribution by respondent-assessed health status, according to sociodemographic characteristics: United States, 1995

[Data are based on household interviews of the civilian noninstitutionalized population. The survey design, general qualifications, and information on the reliability of the estimates are given in appendix I. Definitions of terms are given in appendix II.]

Characteristic	Respondent-assessed health status						
	All persons ¹	All health statuses ²	Excellent	Very good	Good	Fair	Poor
	Number in thousands		Percent distribution				
All persons ³	261,903	100.0	37.4	29.2	23.2	7.3	2.9
Age							
Under 5 years	20,276	100.0	53.0	27.8	16.4	2.4	0.4
5-17 years	50,398	100.0	52.0	28.1	17.4	2.2	0.3
18-24 years	24,929	100.0	41.6	32.8	21.1	3.9	0.7
25-44 years	83,116	100.0	38.1	32.2	22.5	5.6	1.7
45-64 years	51,716	100.0	27.6	28.3	27.4	11.0	5.7
65 years and over	31,466	100.0	15.1	22.9	33.6	19.6	8.8
Sex and age							
Male:							
All ages	127,577	100.0	40.0	29.1	21.8	6.4	2.7
Under 5 years	10,375	100.0	51.8	28.0	16.9	2.9	*0.3
5-17 years	25,790	100.0	52.2	28.2	17.2	2.1	0.3
18-24 years	12,393	100.0	46.4	31.2	19.0	2.8	0.6
25-44 years	40,906	100.0	41.3	31.5	21.1	4.7	1.5
45-64 years	24,974	100.0	30.1	28.7	25.5	10.0	5.7
65 years and over	13,139	100.0	15.5	22.7	33.0	19.4	9.4
Female:							
All ages	134,326	100.0	35.0	29.4	24.5	8.1	3.0
Under 5 years	9,902	100.0	54.2	27.6	15.9	1.8	0.5
5-17 years	24,609	100.0	51.9	28.0	17.7	2.2	0.3
18-24 years	12,536	100.0	36.8	34.4	23.2	4.9	0.7
25-44 years	42,210	100.0	35.0	32.9	23.9	6.4	1.8
45-64 years	26,743	100.0	25.4	27.9	29.2	11.9	5.7
65 years and over	18,327	100.0	14.9	23.1	34.0	19.7	8.3
Race and age							
White:							
All ages	217,207	100.0	38.3	29.7	22.4	6.9	2.7
Under 5 years	15,936	100.0	55.0	28.0	14.5	2.1	0.4
5-17 years	40,250	100.0	54.1	27.9	15.8	1.9	0.3
18-24 years	19,986	100.0	42.6	33.5	20.1	3.4	0.6
25-44 years	68,683	100.0	39.2	33.0	21.4	4.9	1.5
45-64 years	44,249	100.0	29.0	29.0	26.8	10.0	5.2
65 years and over	28,103	100.0	15.7	23.4	33.8	18.9	8.2
Black:							
All ages	32,755	100.0	31.6	26.6	27.8	10.1	3.9
Under 5 years	3,278	100.0	44.2	27.9	23.5	3.8	*0.6
5-17 years	7,931	100.0	42.3	27.8	26.3	3.2	*0.4
18-24 years	3,558	100.0	36.7	28.5	26.5	7.1	1.3
25-44 years	10,231	100.0	30.6	28.4	28.1	10.4	2.5
45-64 years	5,216	100.0	16.8	23.1	32.1	18.2	9.9
65 years and over	2,540	100.0	9.6	18.8	29.7	26.1	15.7

See footnotes and note at end of table.

Table 70. Number of persons and percent distribution by respondent-assessed health status, according to sociodemographic characteristics: United States, 1995—Con.

[Data are based on household interviews of the civilian noninstitutionalized population. The survey design, general qualifications, and information on the reliability of the estimates are given in appendix I. Definitions of terms are given in appendix II]

Characteristic	Respondent-assessed health status						
	All persons ¹	All health statuses ²	Excellent	Very good	Good	Fair	Poor
Family income and age		Percent distribution					
Under \$10,000:							
All ages	21,651	100.0	23.0	25.8	28.3	15.1	7.7
Under 5 years	2,167	100.0	38.3	28.6	27.8	4.6	*0.7
5–17 years	4,027	100.0	33.2	28.7	31.7	5.3	1.0
18–24 years	3,795	100.0	34.0	36.6	22.0	6.4	*1.0
25–44 years	4,741	100.0	19.3	25.5	30.3	17.8	7.2
45–64 years	2,764	100.0	9.0	13.3	26.5	27.6	23.5
65 years and over	4,158	100.0	8.9	20.5	29.9	26.7	13.9
\$10,000–\$19,999:							
All ages	37,871	100.0	27.3	26.7	28.7	12.1	5.1
Under 5 years	3,465	100.0	42.7	29.3	22.9	4.0	*1.0
5–17 years	7,053	100.0	39.0	30.3	25.5	4.5	0.6
18–24 years	4,358	100.0	35.6	32.5	25.9	5.3	*0.8
25–44 years	10,221	100.0	26.8	29.1	29.7	10.9	3.5
45–64 years	5,541	100.0	15.5	19.9	29.8	20.7	14.1
65 years and over	7,233	100.0	13.2	20.5	34.1	22.6	9.5
\$20,000–\$34,999:							
All ages	54,624	100.0	35.0	29.9	25.2	7.3	2.6
Under 5 years	4,293	100.0	52.3	29.5	15.6	2.3	*0.3
5–17 years	9,947	100.0	50.9	27.7	18.9	2.2	*0.3
18–24 years	4,939	100.0	40.5	33.4	21.4	4.2	*0.5
25–44 years	18,550	100.0	35.6	33.4	24.4	5.1	1.4
45–64 years	9,532	100.0	21.3	28.2	32.3	12.4	5.9
65 years and over	7,363	100.0	16.1	24.0	34.3	18.1	7.5
\$35,000 or more:							
All ages	106,951	100.0	47.4	30.6	17.8	3.3	0.9
Under 5 years	7,703	100.0	63.2	26.2	9.3	1.1	*0.2
5–17 years	22,408	100.0	62.1	26.7	10.2	0.9	*0.1
18–24 years	7,673	100.0	51.3	30.9	16.0	1.6	*0.2
25–44 years	37,976	100.0	46.2	33.0	17.6	2.6	0.5
45–64 years	25,452	100.0	35.8	32.2	24.7	5.8	1.6
65 years and over	5,738	100.0	23.3	27.7	32.3	12.3	4.4
Geographic region							
Northeast	51,450	100.0	37.5	30.6	22.9	6.6	2.4
Midwest	62,240	100.0	36.8	30.6	23.2	7.1	2.3
South	92,391	100.0	36.2	28.4	23.6	8.0	3.7
West	55,823	100.0	40.0	27.8	22.9	6.8	2.5
Place of residence							
MSA ⁴	209,657	100.0	38.3	29.4	22.8	6.9	2.6
Central city	78,225	100.0	35.3	29.0	24.8	8.1	2.9
Not central city	131,432	100.0	40.1	29.6	21.7	6.3	2.4
Not MSA ⁴	52,246	100.0	33.8	28.8	24.9	8.6	3.9

* Figure does not meet standard of reliability or precision.

¹Includes unknown health status.²Excludes unknown health status.³Includes other races and unknown family income.⁴MSA is metropolitan statistical area.

NOTES: The standard errors (SE's) and relative standard errors (RSE's) for family income and age, geographic region, and place of residence for column 1 can be computed by using parameter set X of table II and the formula presented in rule 1 of appendix I. The SE's and RSE's for age, sex and age, and race and age for columns 3–7 can be computed by using parameter set X of table II, the frequencies of table 70 and the formula presented in rule 2 of appendix I. The SE's and RSE's for family income and age, geographic region, and place of residence for columns 3–7 can be computed by using parameter set X of table II, the frequencies of table 70 and the formula presented in rule 3 of appendix I. An estimate of 357,000 has a 10-percent RSE; of 89,000, a 20-percent RSE; and of 40,000, a 30-percent RSE.

Table 71. Number per person per year and number of physician contacts, by place of contact and sociodemographic characteristics: United States, 1995

[Data are based on household interviews of the civilian noninstitutionalized population. The survey design, general qualifications, and information on the reliability of the estimates are given in appendix I. Definitions of terms are given in appendix II]

Characteristic	Place of contact											
	All places ¹					All places ¹						
	Telephone	Office	Hospital	Other	Telephone	Office	Hospital	Other	Telephone	Office	Hospital	Other
	Number per person per year					Number in thousands ²						
All persons ³	5.9	0.8	3.3	0.7	1.1	1,547,141	198,433	858,287	189,341	288,152		
Age												
Under 5 years	6.5	1.0	3.8	0.8	0.9	132,042	19,606	76,971	16,374	17,795		
5-17 years	3.4	0.4	2.0	0.4	0.5	171,619	22,649	101,372	21,419	24,614		
18-24 years	3.9	0.4	2.0	0.6	0.8	97,470	11,031	48,956	15,668	21,006		
25-44 years	5.2	0.8	2.9	0.6	0.8	430,407	63,461	240,972	52,334	69,600		
45-64 years	7.1	0.9	3.9	0.9	1.3	366,392	46,054	201,602	47,391	68,709		
65-74 years	9.8	1.1	5.6	1.2	1.9	181,608	19,474	104,226	22,611	34,307		
75 years and over	12.9	1.2	6.5	1.0	4.0	167,604	16,157	84,188	13,544	52,122		
Sex and age												
Male:												
All ages	4.9	0.6	2.7	0.7	0.9	625,588	73,273	345,854	83,464	116,969		
Under 18 years	4.4	0.6	2.6	0.6	0.6	160,049	22,304	95,317	19,918	21,038		
18-44 years	3.3	0.4	1.7	0.5	0.7	178,506	20,020	92,353	27,736	36,220		
45-64 years	6.0	0.7	3.2	0.8	1.2	150,667	18,142	80,111	21,033	30,034		
65 years and over	10.4	1.0	5.9	1.1	2.3	136,367	12,808	78,072	14,776	29,676		
Female:												
All ages	6.9	0.9	3.8	0.8	1.3	921,553	125,159	512,433	105,878	171,184		
Under 18 years	4.2	0.6	2.4	0.5	0.6	143,612	19,952	83,026	17,875	21,371		
18-44 years	6.4	1.0	3.6	0.7	1.0	349,371	54,473	197,575	40,266	54,385		
45-64 years	8.1	1.0	4.5	1.0	1.4	215,726	27,912	121,491	26,358	38,675		
65 years and over	11.6	1.2	6.0	1.2	3.1	212,845	22,823	110,342	21,379	56,753		
Race and age												
White:												
All ages	6.1	0.8	3.4	0.7	1.1	1,325,382	176,557	749,203	149,948	238,353		
Under 18 years	4.5	0.6	2.8	0.5	0.6	253,580	35,836	155,051	28,736	31,553		
18-44 years	5.0	0.7	2.8	0.6	0.8	444,652	66,440	248,984	51,394	73,309		
45-64 years	7.0	0.9	3.9	0.9	1.3	310,997	40,770	172,882	37,980	57,155		
65 years and over	11.2	1.2	6.1	1.1	2.7	316,152	33,511	172,287	31,839	76,335		
Black:												
All ages	5.2	0.5	2.5	1.0	1.2	169,757	15,817	81,897	32,211	38,430		
Under 18 years	3.5	0.5	1.6	0.7	0.7	39,090	5,089	17,549	7,789	8,299		
18-44 years	4.5	0.4	2.3	1.0	0.9	62,369	5,897	31,032	13,165	11,992		
45-64 years	8.0	0.6	4.0	1.4	1.9	41,824	3,173	20,827	7,348	10,122		
65 years and over	10.4	*0.7	4.9	1.5	3.2	26,474	1,658	12,489	3,909	8,017		
Family income and age												
Under \$10,000:												
All ages	8.2	0.9	3.6	1.3	2.5	178,542	18,418	76,998	27,255	54,022		
Under 18 years	5.0	0.6	2.4	0.7	1.2	30,745	3,565	14,664	4,435	7,731		
18-44 years	6.1	0.7	2.7	1.0	1.7	51,947	5,912	22,674	8,561	14,170		
45-64 years	13.8	1.4	5.4	2.8	4.0	38,059	3,999	15,020	7,740	11,054		
65 years and over	13.9	1.2	5.9	1.6	5.1	57,790	4,942	24,641	6,519	21,068		

See footnotes and note at end of table.

Table 71. Number per person per year and number of physician contacts, by place of contact and sociodemographic characteristics: United States, 1995—Con.

[Data are based on household interviews of the civilian noninstitutionalized population. The survey design, general qualifications, and information on the reliability of the estimates are given in appendix I. Definitions of terms are given in appendix II]

Characteristic	Place of contact									
	All places ¹	Telephone	Office	Hospital	Other	All places ¹	Telephone	Office	Hospital	Other
Family income and age—Con.										
	Number per person per year					Number in thousands ²				
\$10,000–\$19,999:										
All ages	7.0	0.8	3.6	1.0	1.6	263,861	28,847	136,458	35,986	60,437
Under 18 years	4.4	0.6	2.2	0.7	0.8	46,161	5,999	23,246	7,800	8,817
18–44 years	5.7	0.5	2.9	0.9	1.2	82,374	7,954	42,950	13,274	17,270
45–64 years	9.2	1.0	4.4	1.1	2.5	50,824	5,703	24,340	6,357	13,896
65 years and over	11.7	1.3	6.3	1.2	2.8	84,501	9,191	45,921	8,555	20,454
\$20,000–\$34,999:										
All ages	5.7	0.7	3.1	0.7	1.1	310,269	38,669	172,044	39,435	57,846
Under 18 years	3.9	0.5	2.2	0.5	0.6	56,020	7,624	31,688	7,435	8,639
18–44 years	4.5	0.6	2.4	0.6	0.8	104,980	14,307	55,236	15,046	19,823
45–64 years	7.3	0.7	4.3	1.0	1.2	69,342	6,625	41,210	9,655	11,443
65 years and over	10.9	1.4	6.0	1.0	2.4	79,926	10,114	43,910	7,299	17,941
\$35,000 or more:										
All ages	5.4	0.9	3.3	0.6	0.7	582,539	93,296	348,498	59,346	77,325
Under 18 years	4.6	0.7	2.9	0.5	0.5	139,420	21,850	88,570	14,054	14,001
18–44 years	5.1	0.9	3.0	0.5	0.6	231,598	40,481	138,153	22,921	28,016
45–64 years	6.0	0.9	3.5	0.6	0.9	152,585	23,782	88,750	16,495	22,693
65 years and over	10.3	1.3	5.8	1.0	2.2	58,936	7,183	33,026	5,875	12,616
Geographic region										
Northeast	5.8	0.8	3.5	0.7	0.8	299,924	39,497	180,207	36,190	40,825
Midwest	6.0	0.9	3.1	0.8	1.1	372,739	56,855	194,733	49,819	69,294
South	5.9	0.7	3.3	0.7	1.2	548,817	66,499	303,979	65,296	108,691
West	5.8	0.6	3.2	0.7	1.2	325,662	35,581	179,368	38,036	69,342
Place of residence										
MSA ⁴	6.0	0.8	3.3	0.7	1.1	1,254,043	165,625	699,257	156,687	222,349
Central city	5.9	0.7	3.0	0.9	1.2	460,582	57,673	238,254	66,905	93,421
Not central city	6.0	0.8	3.5	0.7	1.0	793,460	107,952	461,004	89,782	128,928
Not MSA ⁴	5.6	0.6	3.0	0.6	1.3	293,099	32,808	159,030	32,655	65,804

* Figure does not meet standard of reliability or precision.

¹Includes unknown place of contact.

²Does not include physician contacts while an overnight patient in a hospital.

³Includes other races and unknown family income.

⁴MSA is metropolitan statistical area.

NOTES: The standard errors (SE's) and relative standard errors (RSE's) for age, sex and age, and race and age for columns 1–5 can be computed by using parameter set VI of table II, the frequencies of table 71 and the formula presented in rule 2 of appendix I. The SE's and RSE's for family income and age, geographic region, and place of residence for columns 1–5 can be computed by using parameter sets VI and X of table II, the frequencies of tables 71 and 78 and the formula presented in rule 4 of appendix I. The SE's and RSE's for columns 6–10 can be computed by using parameter set VI of table II and the formula presented in rule 1 of appendix I. An estimate of 21.0 million has a 10-percent RSE; of 5.2 million, a 20-percent RSE; and of 2.3 million, a 30-percent RSE.

Table 72. Percent distribution and number of persons by interval since last physician contact, according to sociodemographic characteristics: United States, 1995

[Data are based on household interviews of the civilian noninstitutionalized population. The survey design, general qualifications, and information on the reliability of the estimates are given in appendix I. Definitions of terms are given in appendix II]

Characteristic	Interval since last contact									
	All intervals ¹	Less than 1 year	1 year to less than 2 years	2 years to less than 5 years	5 years or more	All intervals ²	Less than 1 year	1 year to less than 2 years	2 years to less than 5 years	5 years or more
	Percent distribution ³					Number in thousands ³				
All persons ⁴	100.0	79.1	9.4	8.0	3.4	261,903	201,704	24,064	20,472	8,605
Age										
Under 5 years	100.0	94.9	4.1	0.7	0.2	20,276	18,685	814	140	43
5-17 years	100.0	79.1	12.5	6.9	1.5	50,398	38,764	6,126	3,371	724
18-24 years	100.0	71.8	13.1	11.1	4.1	24,929	17,244	3,139	2,657	974
25-44 years	100.0	72.9	10.9	11.4	4.8	83,116	58,869	8,817	9,195	3,870
45-64 years	100.0	79.9	7.8	8.0	4.4	51,716	40,319	3,918	4,049	2,202
65-74 years	100.0	88.5	4.4	4.1	3.1	18,461	16,011	795	738	557
75 years and over	100.0	92.1	3.5	2.5	1.8	13,005	11,812	455	323	234
Sex and age										
Male:										
All ages	100.0	73.6	10.9	10.7	4.8	127,577	91,154	13,443	13,263	5,948
Under 18 years	100.0	83.5	10.4	4.9	1.2	36,164	29,341	3,636	1,731	416
18-44 years	100.0	62.3	13.9	16.5	7.3	53,299	32,026	7,134	8,464	3,777
45-64 years	100.0	75.1	8.8	10.5	5.6	24,974	18,304	2,135	2,557	1,370
65 years and over	100.0	88.9	4.2	4.0	3.0	13,139	11,482	537	511	384
Female:										
All ages	100.0	84.4	8.1	5.5	2.0	134,326	110,550	10,621	7,210	2,657
Under 18 years	100.0	83.8	9.9	5.3	1.0	34,511	28,108	3,304	1,780	351
18-44 years	100.0	82.6	9.0	6.3	2.0	54,746	44,087	4,822	3,388	1,068
45-64 years	100.0	84.3	6.8	5.7	3.2	26,743	22,015	1,783	1,492	831
65 years and over	100.0	90.7	4.0	3.1	2.3	18,327	16,341	712	550	407
Race and age										
White:										
All ages	100.0	79.3	9.3	8.0	3.4	217,207	167,814	19,758	16,927	7,117
Under 18 years	100.0	83.9	9.9	5.1	1.1	56,186	45,798	5,405	2,811	589
18-44 years	100.0	72.8	11.4	11.3	4.5	88,669	62,699	9,839	9,692	3,917
45-64 years	100.0	79.6	7.8	8.1	4.4	44,249	34,421	3,394	3,520	1,903
65 years and over	100.0	90.1	4.1	3.3	2.6	28,103	24,896	1,119	903	708
Black:										
All ages	100.0	80.0	10.0	7.4	2.5	32,755	25,392	3,187	2,357	797
Under 18 years	100.0	83.2	11.2	4.9	0.7	11,208	9,069	1,215	536	75
18-44 years	100.0	74.3	11.4	10.4	3.8	13,790	9,862	1,516	1,383	504
45-64 years	100.0	83.0	7.3	6.5	3.2	5,216	4,212	369	328	163
65 years and over	100.0	89.9	3.5	4.4	2.2	2,540	2,249	87	110	55
Family income and age										
Under \$10,000:										
All ages	100.0	81.2	8.5	7.2	3.1	21,651	17,148	1,805	1,513	652
Under 18 years	100.0	83.2	10.2	5.7	1.0	6,194	5,021	613	343	60
18-44 years	100.0	75.4	10.6	9.7	4.3	8,536	6,253	875	805	354
45-64 years	100.0	82.8	5.5	7.8	3.9	2,784	2,245	150	211	106
65 years and over	100.0	88.9	4.1	3.7	3.2	4,158	3,629	167	153	132
\$10,000-\$19,999:										
All ages	100.0	76.9	9.8	9.0	4.3	37,871	28,425	3,607	3,315	1,595
Under 18 years	100.0	80.1	11.0	7.2	1.7	10,519	8,132	1,119	729	174
18-44 years	100.0	68.2	12.8	13.3	5.8	14,578	9,668	1,810	1,882	822
45-64 years	100.0	77.0	7.2	8.7	7.1	5,541	4,194	391	471	388
65 years and over	100.0	89.8	4.0	3.3	2.9	7,233	6,431	287	233	211

See footnotes and note at end of table.

Table 72. Percent distribution and number of persons by interval since last physician contact, according to sociodemographic characteristics: United States, 1995—Con.

[Data are based on household interviews of the civilian noninstitutionalized population. The survey design, general qualifications, and information on the reliability of the estimates are given in appendix I. Definitions of terms are given in appendix II]

Characteristic	Interval since last contact									
	All intervals ¹	Less than 1 year	1 year to less than 2 years	2 years to less than 5 years	5 years or more	All intervals ²	Less than 1 year	1 year to less than 2 years	2 years to less than 5 years	5 years or more
Family income and age—Con.										
Percent distribution³										
Number in thousands³										
\$20,000—\$34,999:										
All ages	100.0	77.0	10.3	8.9	3.8	54,624	40,987	5,483	4,724	2,024
Under 18 years	100.0	81.4	11.2	5.8	1.6	14,240	11,256	1,550	801	225
18–44 years	100.0	70.2	12.3	12.6	4.9	23,488	16,023	2,799	2,876	1,123
45–64 years	100.0	76.8	8.9	8.8	5.4	9,532	7,150	827	822	506
65 years and over	100.0	90.3	4.2	3.1	2.3	7,363	6,557	307	225	170
\$35,000 or more:										
All ages	100.0	81.2	9.0	7.2	2.7	106,951	85,269	9,425	7,545	2,784
Under 18 years	100.0	86.8	8.7	3.9	0.6	30,112	25,654	2,580	1,145	181
18–44 years	100.0	75.8	10.6	9.8	3.7	45,649	33,938	4,759	4,389	1,665
45–64 years	100.0	81.9	7.6	7.2	3.3	25,452	20,512	1,896	1,803	831
65 years and over	100.0	91.1	3.4	3.7	1.9	5,738	5,165	191	208	107
Geographic region										
Northeast	100.0	82.9	7.9	6.2	3.0	51,450	41,540	3,954	3,110	1,510
Midwest	100.0	79.9	9.4	7.8	2.9	62,240	48,181	5,657	4,674	1,755
South	100.0	77.5	10.4	8.6	3.5	92,391	69,778	9,334	7,738	3,161
West	100.0	77.5	9.4	9.1	4.0	55,823	42,205	5,119	4,950	2,179
Place of residence										
MSA ⁵	100.0	79.7	9.3	7.8	3.3	209,657	162,745	18,904	15,865	6,750
Central city	100.0	78.9	9.6	8.2	3.4	78,225	60,069	7,278	6,236	2,577
Not central city	100.0	80.2	9.1	7.5	3.3	131,432	102,676	11,626	9,629	4,172
Not MSA ⁵	100.0	77.0	10.2	9.1	3.7	52,246	38,959	5,160	4,607	1,855

¹Excludes unknown interval.

²Includes unknown interval.

³Includes physician contacts while an overnight patient in a hospital.

⁴Includes other races and unknown family income.

⁵MSA is metropolitan statistical area.

NOTES: The standard errors (SE's) and relative standard errors (RSE's) for age, sex and age, and race and age for columns 2–5 can be computed by using parameter set X of table II, the frequencies of table 72 and the formula presented in rule 2 of appendix I. The SE's and RSE's for family income and age, geographic region, and place of residence for columns 2–5 can be computed by using parameter set X of table II, the frequencies of table 72 and the formula presented in rule 3 of appendix I. The SE's and RSE's for columns 6–10 can be computed by using parameter set X of table II and the formula presented in rule 1 of appendix I. An estimate of 357,000 has a 10-percent RSE; of 89,000, a 20-percent RSE; and of 40,000, a 30-percent RSE.

Table 73. Percent distribution of living persons by number of short-stay hospital episodes during the year preceding interview for all causes and excluding deliveries, according to sociodemographic characteristics: United States, 1995

[Data are based on household interviews of the civilian noninstitutionalized population. The survey design, general qualifications, and information on the reliability of the estimates are given in appendix I. Definitions of terms are given in appendix II]

Characteristic	All causes					Excluding deliveries ¹				
	All statuses	Number of episodes				All statuses	Number of episodes			
		None	1	2	3 or more		None	1	2	3 or more
					Percent distribution					
All persons ²	100.0	92.5	6.0	1.0	0.5	100.0	93.7	4.9	0.9	0.4
Age										
Under 5 years	100.0	94.4	4.8	0.6	0.2	100.0	94.4	4.8	0.6	0.2
5-17 years	100.0	97.8	1.9	0.2	*0.0	100.0	98.0	1.7	0.2	*0.0
18-24 years	100.0	92.8	6.4	0.6	0.2	100.0	96.4	3.1	0.4	*0.1
25-44 years	100.0	92.7	6.3	0.7	0.3	100.0	95.2	3.9	0.6	0.3
45-64 years	100.0	92.0	6.1	1.2	0.7	100.0	92.0	6.1	1.2	0.7
65-74 years	100.0	85.4	10.4	2.8	1.4	100.0	85.4	10.4	2.8	1.4
75 years and over	100.0	80.1	14.7	3.6	1.7	100.0	80.1	14.7	3.6	1.7
Sex and age										
Male:										
All ages	100.0	94.0	4.7	0.9	0.4	100.0	94.0	4.7	0.9	0.4
Under 18 years	100.0	96.7	2.9	0.3	*0.1	100.0	96.7	2.9	0.3	*0.1
18-44 years	100.0	96.2	3.1	0.5	0.2	100.0	96.2	3.1	0.5	0.2
45-64 years	100.0	91.5	6.4	1.3	0.8	100.0	91.5	6.4	1.3	0.8
65 years and over	100.0	82.1	12.5	3.7	1.7	100.0	82.1	12.5	3.7	1.7
Female:										
All ages	100.0	91.2	7.3	1.0	0.5	100.0	93.5	5.1	0.9	0.4
Under 18 years	100.0	97.0	2.6	0.3	*0.1	100.0	97.3	2.3	0.3	*0.1
18-44 years	100.0	89.4	9.4	0.9	0.4	100.0	94.8	4.3	0.6	0.3
45-64 years	100.0	92.3	5.8	1.2	0.7	100.0	92.4	5.8	1.2	0.7
65 years and over	100.0	84.1	11.9	2.8	1.3	100.0	84.1	11.9	2.8	1.3
Race and age										
White:										
All ages	100.0	92.5	6.0	1.0	0.5	100.0	93.6	5.0	1.0	0.4
Under 18 years	100.0	96.9	2.7	0.3	0.1	100.0	97.0	2.6	0.3	0.1
18-44 years	100.0	92.8	6.3	0.7	0.2	100.0	95.5	3.7	0.5	0.2
45-64 years	100.0	92.1	6.0	1.2	0.7	100.0	92.1	6.0	1.2	0.7
65 years and over	100.0	83.3	12.1	3.2	1.5	100.0	83.3	12.1	3.2	1.5
Black:										
All ages	100.0	92.1	6.4	0.9	0.5	100.0	93.5	5.1	0.9	0.5
Under 18 years	100.0	96.3	3.2	0.4	*0.1	100.0	96.8	2.8	0.4	*0.1
18-44 years	100.0	91.5	7.1	0.9	0.5	100.0	94.4	4.5	0.7	0.5
45-64 years	100.0	90.0	7.5	1.5	1.0	100.0	90.1	7.4	1.5	1.0
65 years and over	100.0	81.5	14.4	2.7	*1.4	100.0	81.5	14.4	2.7	*1.4
Family income and age										
Under \$10,000:										
All ages	100.0	87.9	9.0	2.1	1.0	100.0	89.4	7.6	2.0	1.0
Under 18 years	100.0	96.1	3.3	*0.4	*0.2	100.0	96.4	3.0	*0.4	*0.2
18-44 years	100.0	88.2	9.2	1.8	0.7	100.0	92.0	5.8	1.7	0.5
45-64 years	100.0	83.1	11.3	3.3	2.4	100.0	83.1	11.3	3.3	2.4
65 years and over	100.0	78.0	15.5	4.4	2.1	100.0	78.0	15.5	4.4	2.1
\$10,000-\$19,999:										
All ages	100.0	90.2	7.6	1.4	0.8	100.0	91.6	6.4	1.3	0.7
Under 18 years	100.0	95.5	3.7	0.6	*0.2	100.0	95.9	3.4	0.6	*0.2
18-44 years	100.0	91.0	7.6	0.9	0.5	100.0	94.3	4.6	0.7	0.4
45-64 years	100.0	88.4	7.8	2.2	1.6	100.0	88.5	7.8	2.2	1.6
65 years and over	100.0	82.2	13.1	3.1	1.6	100.0	82.2	13.1	3.1	1.6

See footnotes and note at end of table.

Table 73. Percent distribution of living persons by number of short-stay hospital episodes during the year preceding interview for all causes and excluding deliveries, according to sociodemographic characteristics: United States, 1995—Con.

[Data are based on household interviews of the civilian noninstitutionalized population. The survey design, general qualifications, and information on the reliability of the estimates are given in appendix I. Definitions of terms are given in appendix II]

Characteristic	All causes					Excluding deliveries ¹				
	All statuses	Number of episodes				All statuses	Number of episodes			
		None	1	2	3 or more		None	1	2	3 or more
Family income and age—Con.										
\$20,000–\$34,999:						Percent distribution				
All ages	100.0	92.4	6.1	0.9	0.5	100.0	93.7	5.0	0.9	0.5
Under 18 years	100.0	96.3	3.3	0.3	*0.1	100.0	96.5	3.1	0.3	*0.1
18–44 years	100.0	92.8	6.2	0.7	0.3	100.0	95.6	3.6	0.6	0.2
45–64 years	100.0	92.3	5.9	1.1	0.8	100.0	92.3	5.9	1.1	0.8
65 years and over	100.0	83.7	11.8	2.8	1.7	100.0	83.7	11.8	2.8	1.7
\$35,000 or more:										
All ages	100.0	94.5	4.7	0.6	0.2	100.0	95.5	3.7	0.6	0.2
Under 18 years	100.0	97.5	2.2	0.2	*0.0	100.0	97.6	2.1	0.2	*0.0
18–44 years	100.0	93.9	5.5	0.5	0.2	100.0	96.3	3.2	0.4	0.1
45–64 years	100.0	93.4	5.4	0.8	0.4	100.0	93.4	5.4	0.8	0.4
65 years and over	100.0	87.5	9.1	2.8	*0.7	100.0	87.5	9.1	2.8	*0.7
Geographic region										
Northeast	100.0	92.9	5.8	0.9	0.4	100.0	94.0	4.7	0.9	0.4
Midwest	100.0	92.1	6.5	0.9	0.5	100.0	93.4	5.3	0.9	0.5
South	100.0	92.0	6.3	1.1	0.5	100.0	93.2	5.3	1.0	0.5
West	100.0	93.5	5.2	0.8	0.4	100.0	94.8	4.0	0.8	0.4
Place of residence										
MSA ³	100.0	92.7	5.9	1.0	0.4	100.0	93.9	4.7	0.9	0.4
Central city	100.0	92.4	6.0	1.0	0.5	100.0	93.8	4.8	1.0	0.5
Not central city	100.0	92.9	5.8	0.9	0.4	100.0	94.0	4.7	0.9	0.4
Not MSA ³	100.0	91.8	6.5	1.1	0.6	100.0	92.9	5.6	1.0	0.6

* Figure does not meet standard of reliability or precision.

0.0 Quantity more than zero but less than 0.05.

¹Based on reason for admission or other indication of delivery.²Includes other races and unknown family income.³MSA is metropolitan statistical area.

NOTES: The standard errors (SE's) and relative standard errors (RSE's) for age, sex and age, and race and age can be computed by using parameter set X of table II, the frequencies of table 74 and the formula presented in rule 2 of appendix I. The SE's and RSE's for family income and age, geographic region, and place of residence can be computed by using parameter set X of table II, the frequencies of table 78 and the formula presented in rule 3 of appendix I.

Table 74. Number of living persons, by number of short-stay hospital episodes during the year preceding interview for all causes and excluding deliveries and by sociodemographic characteristics: United States, 1995

[Data are based on household interviews of the civilian noninstitutionalized population. The survey design, general qualifications, and information on the reliability of the estimates are given in appendix I. Definitions of terms are given in appendix II]

Characteristic	All causes					Excluding deliveries ¹				
	All statuses	Number of episodes				All statuses	Number of episodes			
		None	1	2	3 or more		None	1	2	3 or more
Number of persons in thousands										
All persons ²	261,903	242,369	15,739	2,571	1,223	261,903	245,457	12,836	2,445	1,165
Age										
Under 5 years	20,276	19,138	967	125	46	20,276	19,138	967	125	46
5-17 years	50,398	49,290	977	107	24	50,398	49,415	858	105	19
18-24 years	24,929	23,140	1,605	143	41	24,929	24,037	769	95	29
25-44 years	83,116	77,054	5,215	585	263	83,116	79,112	3,275	509	221
45-64 years	51,716	47,557	3,149	627	384	51,716	47,566	3,140	627	384
65-74 years	18,461	15,774	1,919	519	250	18,461	15,774	1,919	519	250
75 years and over	13,005	10,416	1,908	466	216	13,005	10,416	1,908	466	216
Sex and age										
Male:										
All ages	127,577	119,884	5,952	1,177	564	127,577	119,884	5,952	1,177	564
Under 18 years	36,164	34,969	1,039	119	36	36,164	34,969	1,039	119	36
18-44 years	53,299	51,269	1,668	261	101	53,299	51,269	1,668	261	101
45-64 years	24,974	22,863	1,597	316	198	24,974	22,863	1,597	316	198
65 years and over	13,139	10,783	1,647	481	228	13,139	10,783	1,647	481	228
Female:										
All ages	134,326	122,485	9,788	1,394	659	134,326	125,573	6,885	1,268	601
Under 18 years	34,511	33,460	904	113	34	34,511	33,585	786	111	29
18-44 years	54,746	48,925	5,152	467	203	54,746	51,879	2,376	342	149
45-64 years	26,743	24,694	1,552	311	186	26,743	24,703	1,543	311	186
65 years and over	18,327	15,406	2,180	504	237	18,327	15,406	2,180	504	237
Race and age										
White:										
All ages	217,207	200,885	13,131	2,180	1,011	217,207	203,352	10,809	2,083	963
Under 18 years	56,186	54,432	1,518	182	55	56,186	54,503	1,448	183	52
18-44 years	88,669	82,303	5,563	585	218	88,669	84,698	3,312	487	172
45-64 years	44,249	40,750	2,657	522	319	44,249	40,750	2,657	522	319
65 years and over	28,103	23,400	3,393	891	419	28,103	23,400	3,393	891	419
Black:										
All ages	32,755	30,176	2,099	308	172	32,755	30,625	1,683	279	168
Under 18 years	11,208	10,793	361	41	12	11,208	10,844	314	40	10
18-44 years	13,790	12,620	980	120	71	13,790	13,012	617	93	68
45-64 years	5,216	4,692	392	78	54	5,216	4,699	386	78	54
65 years and over	2,540	2,070	366	68	35	2,540	2,070	366	68	35
Family income and age										
Under \$10,000:										
All ages	21,651	19,025	1,952	448	226	21,651	19,365	1,639	437	210
Under 18 years	6,194	5,951	206	25	12	6,194	5,971	188	24	12
18-44 years	8,536	7,533	789	152	63	8,536	7,853	495	142	46
45-64 years	2,764	2,297	311	91	66	2,764	2,297	311	91	66
65 years and over	4,158	3,245	646	181	86	4,158	3,245	646	181	86

See footnotes and note at end of table.

Table 74. Number of living persons, by number of short-stay hospital episodes during the year preceding interview for all causes and excluding deliveries and by sociodemographic characteristics: United States, 1995—Con.

[Data are based on household interviews of the civilian noninstitutionalized population. The survey design, general qualifications, and information on the reliability of the estimates are given in appendix I. Definitions of terms are given in appendix II]

Characteristic	All causes					Excluding deliveries ¹				
	All statuses	Number of episodes				All statuses	Number of episodes			
		None	1	2	3 or more		None	1	2	3 or more
Family income and age—Con.										
\$10,000–\$19,999:										
Number of persons in thousands										
All ages	37,871	34,151	2,891	531	297	37,871	34,683	2,410	497	281
Under 18 years	10,519	10,047	393	59	19	10,519	10,089	355	58	17
18–44 years	14,578	13,262	1,112	131	73	14,578	13,747	673	98	59
45–64 years	5,541	4,898	434	120	89	5,541	4,902	430	120	89
65 years and over	7,233	5,944	951	221	116	7,233	5,944	951	221	116
\$20,000–\$34,999:										
All ages	54,624	50,488	3,352	505	279	54,624	51,161	2,709	488	266
Under 18 years	14,240	13,720	464	45	11	14,240	13,742	442	47	8
18–44 years	23,488	21,807	1,460	153	68	23,488	22,458	839	134	58
45–64 years	9,532	8,797	559	104	72	9,532	8,797	559	104	72
65 years and over	7,363	6,164	869	203	128	7,363	6,164	869	203	128
\$35,000 or more:										
All ages	106,951	101,016	5,046	654	235	106,951	102,132	3,989	607	223
Under 18 years	30,112	29,373	651	72	15	30,112	29,394	632	70	15
18–44 years	45,649	42,862	2,502	210	75	45,649	43,954	1,467	164	63
45–64 years	25,452	23,763	1,368	214	106	25,452	23,765	1,367	214	106
65 years and over	5,738	5,018	524	158	38	5,738	5,018	524	158	38
Geographic region										
Northeast	51,450	47,808	2,962	478	202	51,450	48,387	2,408	464	191
Midwest	62,240	57,339	4,015	574	312	62,240	58,111	3,272	562	295
South	92,391	85,026	5,845	1,050	470	92,391	86,064	4,911	959	457
West	55,823	52,195	2,918	469	240	55,823	52,896	2,246	460	222
Place of residence										
MSA ³	209,657	194,393	12,357	2,007	900	209,657	196,944	9,927	1,930	856
Central city	78,225	72,317	4,726	806	376	78,225	73,348	3,753	767	357
Not central city	131,432	122,076	7,632	1,201	523	131,432	123,596	6,174	1,164	499
Not MSA ³	52,246	47,976	3,382	565	324	52,246	48,513	2,910	515	309

¹Based on reason for admission or other indication of delivery.²Includes other races and unknown family income.³MSA is metropolitan statistical area.

NOTE: The standard errors (SE's) and relative standard errors (RSE's) can be computed by using parameter set X of table II and the formula presented in rule 1 of appendix I. An estimate of 357,000 has a 10-percent RSE; of 89,000, a 20-percent RSE; and of 40,000, a 30-percent RSE.

Table 75. Number of short-stay hospital days during the year preceding interview per living person hospitalized for all causes and excluding deliveries, by number of episodes and sociodemographic characteristics: United States, 1995

[Data are based on household interviews of the civilian noninstitutionalized population. The survey design, general qualifications, and information on the reliability of the estimates are given in appendix I. Definitions of terms are given in appendix II]

Characteristic	All causes				Excluding deliveries ¹			
	All statuses	Number of episodes			All statuses	Number of episodes		
		1	2	3 or more		1	2	3 or more
Days per person hospitalized								
All persons ²	6.9	4.4	13.1	25.1	7.7	5.0	13.4	25.8
Age								
Under 5 years	7.3	5.7	10.6	31.5	7.3	5.7	10.6	31.5
5-17 years	5.5	4.3	9.1	37.0	5.8	4.6	9.2	41.4
18-24 years	3.6	2.9	7.7	18.1	4.7	3.6	7.9	*22.1
25-44 years	4.6	3.2	10.0	21.2	5.7	3.8	10.6	23.3
45-64 years	7.9	4.8	12.6	25.5	7.9	4.8	12.6	25.5
65-74 years	9.3	5.6	16.2	23.2	9.3	5.6	16.2	23.2
75 years and over	10.8	7.0	17.3	29.7	10.8	7.0	17.3	29.7
Sex and age								
Male:								
All ages	8.2	5.3	13.8	26.2	8.2	5.3	13.8	26.2
Under 18 years	7.3	5.8	9.0	42.3	7.3	5.8	9.0	42.3
18-44 years	6.0	4.0	12.5	23.3	6.0	4.0	12.5	23.3
45-64 years	8.0	5.1	11.7	25.2	8.0	5.1	11.7	25.2
65 years and over	10.6	6.6	17.1	25.8	10.6	6.6	17.1	25.8
Female:								
All ages	6.0	3.9	12.5	24.1	7.3	4.7	13.0	25.4
Under 18 years	5.5	4.1	10.9	24.0	5.8	4.4	10.9	*24.7
18-44 years	3.8	2.8	7.9	19.5	5.2	3.6	8.4	23.1
45-64 years	7.8	4.5	13.5	25.8	7.8	4.5	13.5	25.8
65 years and over	9.5	6.1	16.4	26.7	9.5	6.1	16.4	26.7
Race and age								
White:								
All ages	6.7	4.3	13.2	24.5	7.5	4.8	13.5	25.3
Under 18 years	6.4	5.0	10.5	29.9	6.5	5.1	10.5	31.3
18-44 years	4.1	2.9	9.7	19.4	5.1	3.5	10.3	22.2
45-64 years	7.5	4.5	12.2	25.0	7.5	4.5	12.2	25.0
65 years and over	9.9	6.1	16.7	26.2	9.9	6.1	16.7	26.2
Black:								
All ages	7.6	5.3	12.4	27.3	8.6	5.9	13.2	27.1
Under 18 years	5.9	4.8	*7.4	*33.7	6.2	5.2	*7.5	*32.0
18-44 years	5.9	4.0	9.5	25.4	7.3	4.8	10.7	25.7
45-64 years	10.0	6.3	16.2	27.5	10.0	6.4	16.2	27.5
65 years and over	10.8	8.0	16.5	28.5	10.8	8.0	16.5	28.5
Family income and age								
Under \$10,000:								
All ages	8.7	5.8	13.1	24.6	9.5	6.5	13.2	25.3
Under 18 years	10.7	7.9	*9.2	62.3	11.4	8.4	*9.1	62.3
18-44 years	6.0	3.9	11.0	20.2	7.4	4.9	11.1	22.5
45-64 years	11.8	6.8	15.8	29.5	11.8	6.8	15.8	29.5
65 years and over	9.5	7.0	14.0	18.5	9.5	7.0	14.0	18.5
\$10,000-\$19,999:								
All ages	7.6	5.0	12.3	24.4	8.4	5.5	12.8	25.1
Under 18 years	7.1	5.1	*11.7	*34.4	7.3	5.4	*11.8	*33.5
18-44 years	4.7	3.3	8.8	18.7	6.0	4.1	10.2	21.5
45-64 years	10.7	6.8	12.5	27.2	10.7	6.8	12.5	27.2
65 years and over	9.1	6.0	14.3	24.1	9.1	6.0	14.3	24.1

See footnotes and note at end of table.

Table 75. Number of short-stay hospital days during the year preceding interview per living person hospitalized for all causes and excluding deliveries, by number of episodes and sociodemographic characteristics: United States, 1995—Con.

[Data are based on household interviews of the civilian noninstitutionalized population. The survey design, general qualifications, and information on the reliability of the estimates are given in appendix I. Definitions of terms are given in appendix II]

Characteristic	All causes				Excluding deliveries ¹			
	All statuses	Number of episodes			All statuses	Number of episodes		
		1	2	3 or more		1	2	3 or more
Family income and age—Con.								
\$20,000—\$34,999:								
Days per person hospitalized								
All ages	7.0	4.2	14.6	26.3	7.8	4.7	14.8	27.2
Under 18 years	5.5	4.6	*8.8	*31.2	5.7	4.7	*8.6	*41.5
18—44 years	4.7	3.3	10.2	23.9	6.1	4.0	10.5	26.4
45—64 years	8.1	4.8	14.0	25.3	8.1	4.8	14.0	25.3
65 years and over	10.1	5.3	19.5	27.8	10.1	5.3	19.5	27.8
\$35,000 or more:								
All ages	5.0	3.6	10.4	21.3	5.7	4.0	10.6	22.0
Under 18 years	5.4	4.7	10.4	*16.1	5.5	4.7	10.6	*16.1
18—44 years	3.6	2.6	8.3	22.9	4.5	3.1	8.8	25.7
45—64 years	5.6	3.9	9.6	20.4	5.6	3.9	9.6	20.4
65 years and over	8.8	6.2	14.1	23.1	8.8	6.2	14.1	23.1
Geographic region								
Northeast	8.4	5.2	19.8	27.3	9.4	5.9	20.0	28.2
Midwest	6.2	4.1	12.2	22.5	7.0	4.6	12.3	23.2
South	6.8	4.5	11.6	25.0	7.5	5.0	12.1	25.4
West	6.3	3.9	10.7	26.6	7.3	4.5	10.7	28.0
Place of residence								
MSA ³	7.0	4.5	13.8	26.0	7.9	5.1	14.1	26.7
Central city	7.3	4.8	12.7	26.7	8.3	5.5	13.0	27.4
Not central city	6.8	4.3	14.6	25.6	7.7	4.8	14.9	26.2
Not MSA ³	6.5	4.3	10.4	22.4	7.0	4.7	10.6	23.3

* Figure does not meet standard of reliability or precision.

¹Based on reason for admission or other indication of delivery.

²Includes other races and unknown family income.

³MSA is metropolitan statistical area.

NOTE: The standard errors (SE's) and relative standard errors (RSE's) can be computed by using parameter sets VII and X of table II, the frequencies of tables 74 and 76 and the formula presented in rule 4 of appendix I.

Table 76. Number of short-stay hospital days during the year preceding interview for living persons hospitalized for all causes and excluding deliveries, by number of episodes and sociodemographic characteristics: United States, 1995

[Data are based on household interviews of the civilian noninstitutionalized population. The survey design, general qualifications, and information on the reliability of the estimates are given in appendix I. Definitions of terms are given in appendix II]

Characteristic	All causes				Excluding deliveries ¹			
	All statuses	Number of episodes			All statuses	Number of episodes		
		1	2	3 or more		1	2	3 or more
	Number of days in thousands							
All persons ²	134,278	69,995	33,613	30,669	126,582	63,765	32,777	30,039
Age								
Under 5 years	8,304	5,535	1,319	1,450	8,304	5,535	1,319	1,450
5-17 years	6,103	4,238	978	887	5,728	3,980	961	787
18-24 years	6,435	4,591	1,103	741	4,168	2,779	748	641
25-44 years	27,926	16,496	5,850	5,580	22,900	12,365	5,386	5,149
45-64 years	32,758	15,078	7,885	9,795	32,730	15,050	7,885	9,795
65-74 years	24,888	10,655	8,429	5,804	24,888	10,655	8,429	5,804
75 years and over	27,864	13,402	8,049	6,413	27,864	13,402	8,049	6,413
Sex and age								
Male:								
All ages	62,718	31,710	16,248	14,760	62,718	31,710	16,248	14,760
Under 18 years	8,669	6,078	1,069	1,522	8,669	6,078	1,069	1,522
18-44 years	12,266	6,650	3,262	2,354	12,266	6,650	3,262	2,354
45-64 years	16,855	8,163	3,697	4,995	16,855	8,163	3,697	4,995
65 years and over	24,928	10,818	8,220	5,890	24,928	10,818	8,220	5,890
Female:								
All ages	71,560	38,286	17,365	15,909	63,864	32,056	16,529	15,279
Under 18 years	5,739	3,695	1,229	815	5,363	3,436	1,212	715
18-44 years	22,095	14,438	3,691	3,966	14,802	8,494	2,872	3,436
45-64 years	15,902	6,915	4,188	4,800	15,875	6,887	4,188	4,800
65 years and over	27,824	13,238	8,258	6,328	27,824	13,238	8,258	6,328
Race and age								
White:								
All ages	110,087	56,430	28,859	24,798	104,199	51,650	28,173	24,376
Under 18 years	11,147	7,583	1,918	1,646	10,976	7,432	1,915	1,629
18-44 years	26,123	16,221	5,681	4,221	20,406	11,592	4,999	3,815
45-64 years	26,333	12,023	6,343	7,968	26,333	12,023	6,343	7,968
65 years and over	46,483	20,603	14,916	10,964	46,483	20,603	14,916	10,964
Black:								
All ages	19,588	11,069	3,825	4,694	18,226	9,994	3,675	4,556
Under 18 years	2,449	1,742	302	404	2,254	1,635	298	320
18-44 years	6,856	3,914	1,139	1,804	5,714	2,971	993	1,750
45-64 years	5,230	2,480	1,263	1,487	5,205	2,455	1,263	1,487
65 years and over	5,054	2,933	1,121	999	5,054	2,933	1,121	999
Family income and age								
Under \$10,000:								
All ages	22,784	11,346	5,878	5,560	21,753	10,656	5,775	5,321
Under 18 years	2,699	1,623	229	747	2,549	1,583	219	747
18-44 years	6,025	3,085	1,665	1,275	5,044	2,436	1,571	1,037
45-64 years	5,497	2,107	1,442	1,949	5,497	2,107	1,442	1,949
65 years and over	8,663	4,531	2,542	1,590	8,663	4,531	2,542	1,590
\$10,000-\$19,999:								
All ages	28,094	14,342	6,511	7,241	26,721	13,312	6,349	7,061
Under 18 years	3,342	2,000	688	654	3,156	1,901	684	570
18-44 years	6,180	3,662	1,155	1,362	4,999	2,736	997	1,266
45-64 years	6,861	2,938	1,499	2,424	6,854	2,932	1,499	2,424
65 years and over	11,712	5,743	3,169	2,801	11,712	5,743	3,169	2,801

See footnotes and note at end of table.

Table 76. Number of short-stay hospital days during the year preceding interview for living persons hospitalized for all causes and excluding deliveries, by number of episodes and sociodemographic characteristics: United States, 1995—Con.

[Data are based on household interviews of the civilian noninstitutionalized population. The survey design, general qualifications, and information on the reliability of the estimates are given in appendix I. Definitions of terms are given in appendix II]

Characteristic	All causes				Excluding deliveries ¹			
	All statuses	Number of episodes			All statuses	Number of episodes		
		1	2	3 or more		1	2	3 or more
Family income and age—Con.								
Number of days in thousands								
\$20,000–\$34,999:								
All ages	28,857	14,134	7,378	7,345	27,171	12,695	7,232	7,243
Under 18 years	2,852	2,112	397	343	2,814	2,079	403	332
18–44 years	7,959	4,776	1,561	1,623	6,311	3,371	1,409	1,531
45–64 years	5,944	2,666	1,457	1,821	5,944	2,666	1,457	1,821
65 years and over	12,102	4,579	3,963	3,560	12,102	4,579	3,963	3,560
\$35,000 or more:								
All ages	29,929	18,154	6,774	5,002	27,419	16,062	6,456	4,901
Under 18 years	4,023	3,031	751	241	3,966	2,983	743	241
18–44 years	10,040	6,571	1,749	1,720	7,604	4,544	1,440	1,620
45–64 years	9,531	5,319	2,049	2,163	9,515	5,303	2,049	2,163
65 years and over	6,334	3,233	2,224	877	6,334	3,233	2,224	877
Geographic region								
Northeast	30,485	15,502	9,463	5,520	28,893	14,210	9,302	5,381
Midwest	30,608	16,593	7,008	7,007	28,867	15,085	6,930	6,851
South	50,359	26,455	12,142	11,762	47,560	24,339	11,628	11,593
West	22,825	11,445	5,000	6,380	21,262	10,131	4,917	6,215
Place of residence								
MSA ³	106,579	55,421	27,758	23,400	100,353	50,201	27,307	22,845
Central city	43,071	22,836	10,199	10,036	40,340	20,571	9,992	9,777
Not central city	63,508	32,585	17,559	13,364	60,013	29,630	17,315	13,068
Not MSA ³	27,699	14,575	5,855	7,269	26,229	13,564	5,470	7,194

¹Based on reason for admission or other indication of delivery.²Includes other races and unknown family income.³MSA is metropolitan statistical area.

NOTE: The standard errors and relative standard errors (RSE's) can be computed by using parameter set VII of table II and the formula presented in rule 1 of appendix I. An estimate of 8.0 million has a 10-percent RSE; of 1.7 million, a 20-percent RSE; and of 726,000, a 30-percent RSE.

Table 77. Number per 100 persons per year and annual number of short-stay hospital discharges, average length of stay and annual number of hospital days for living persons hospitalized for all causes and excluding deliveries by sociodemographic characteristics: United States, 1995

[Data are based on household interviews of the civilian noninstitutionalized population. The survey design, general qualifications, and information on the reliability of the estimates are given in appendix I. Definitions of terms are given in appendix II]

Characteristic	All causes ¹				Excluding deliveries ²			
	Hospital discharges		Hospital days		Hospital discharges		Hospital days	
	Number per 100 persons	Number in thousands	Average length of stay	Number in thousands	Number per 100 persons	Number in thousands	Average length of stay	Number in thousands
All persons ³	10.5	27,506	5.3	145,074	9.2	24,010	5.7	137,346
Age								
Under 5 years	7.2	1,464	5.2	7,592	7.2	1,464	5.2	7,592
5-17 years	3.1	1,576	4.5	7,150	2.8	1,415	4.7	6,629
18-24 years	8.2	2,042	2.9	5,985	4.3	1,071	3.7	3,988
25-44 years	9.3	7,690	3.8	29,258	6.4	5,335	4.5	24,060
45-64 years	12.3	6,338	5.6	35,544	12.2	6,329	5.6	35,532
65-74 years	23.5	4,341	6.5	28,308	23.5	4,341	6.5	28,308
75 years and over	31.2	4,055	7.7	31,237	31.2	4,055	7.7	31,237
Sex and age								
Male:								
All ages	9.0	11,436	6.0	68,326	9.0	11,436	6.0	68,326
Under 18 years	4.3	1,569	5.7	8,993	4.3	1,569	5.7	8,993
18-44 years	5.1	2,704	4.8	12,907	5.1	2,704	4.8	12,907
45-64 years	12.6	3,156	5.7	17,863	12.6	3,156	5.7	17,863
65 years and over	30.5	4,007	7.1	28,562	30.5	4,007	7.1	28,562
Female:								
All ages	12.0	16,070	4.8	76,748	9.4	12,574	5.5	69,020
Under 18 years	4.3	1,470	3.9	5,749	3.8	1,310	4.0	5,228
18-44 years	12.8	7,029	3.2	22,336	6.8	3,702	4.1	15,141
45-64 years	11.9	3,181	5.6	17,681	11.9	3,172	5.6	17,669
65 years and over	24.0	4,390	7.1	30,983	24.0	4,390	7.1	30,983
Race and age								
White:								
All ages	10.5	22,754	5.2	117,456	9.2	19,996	5.6	111,547
Under 18 years	4.1	2,318	4.6	10,682	4.0	2,224	4.7	10,445
18-44 years	8.8	7,798	3.4	26,473	5.8	5,134	4.1	20,801
45-64 years	11.8	5,235	5.5	28,589	11.8	5,235	5.5	28,589
65 years and over	26.3	7,403	7.0	51,712	26.3	7,403	7.0	51,712
Black:								
All ages	11.5	3,759	6.1	22,869	9.9	3,256	6.6	21,536
Under 18 years	5.3	598	5.4	3,245	4.8	540	5.5	2,981
18-44 years	11.0	1,518	4.8	7,220	7.8	1,077	5.7	6,158
45-64 years	16.8	875	6.8	5,950	16.7	871	6.8	5,943
65 years and over	30.2	768	8.4	6,454	30.2	768	8.4	6,454
Family income and age								
Under \$10,000:								
All ages	18.9	4,102	6.1	24,818	17.2	3,734	6.4	23,906
Under 18 years	6.5	402	7.6	3,061	6.1	375	7.9	2,979
18-44 years	16.2	1,381	4.4	6,145	12.2	1,040	5.1	5,315
45-64 years	30.9	853	6.8	5,828	30.9	853	6.8	5,828
65 years and over	35.3	1,466	6.7	9,784	35.3	1,466	6.7	9,784
\$10,000-\$19,999:								
All ages	14.0	5,317	5.4	28,791	12.5	4,733	5.8	27,481
Under 18 years	7.0	740	5.0	3,734	6.6	695	5.0	3,484
18-44 years	10.5	1,524	3.6	5,495	6.8	994	4.5	4,447
45-64 years	19.1	1,057	6.7	7,097	18.9	1,048	6.8	7,085
65 years and over	27.6	1,996	6.2	12,464	27.6	1,996	6.2	12,464

See footnotes and note at end of table.

Table 77. Number per 100 persons per year and annual number of short-stay hospital discharges, average length of stay and annual number of hospital days for living persons hospitalized for all causes and excluding deliveries by sociodemographic characteristics: United States, 1995—Con.

[Data are based on household interviews of the civilian noninstitutionalized population. The survey design, general qualifications, and information on the reliability of the estimates are given in appendix I. Definitions of terms are given in appendix II]

Characteristic	All causes ¹				Excluding deliveries ²			
	Hospital discharges		Hospital days		Hospital discharges		Hospital days	
	Number per 100 persons	Number in thousands	Average length of stay	Number in thousands	Number per 100 persons	Number in thousands	Average length of stay	Number in thousands
Family income and age—Con.								
\$20,000—\$34,999:								
All ages	10.6	5,783	5.7	33,139	9.3	5,068	6.2	31,461
Under 18 years	4.3	607	4.8	2,895	4.1	579	4.9	2,839
18–44 years	8.6	2,029	4.4	8,922	5.7	1,342	5.4	7,300
45–64 years	12.5	1,196	5.6	6,748	12.5	1,196	5.6	6,748
65 years and over	26.5	1,951	7.5	14,574	26.5	1,951	7.5	14,574
\$35,000 or more:								
All ages	7.3	7,779	4.0	31,465	6.0	6,431	4.5	28,696
Under 18 years	3.2	955	4.1	3,888	3.1	925	4.1	3,823
18–44 years	7.6	3,491	3.0	10,409	4.8	2,173	3.5	7,705
45–64 years	8.7	2,212	4.5	9,975	8.7	2,212	4.5	9,975
65 years and over	19.5	1,121	6.4	7,193	19.5	1,121	6.4	7,193
Geographic region								
Northeast	9.8	5,032	6.6	33,014	8.5	4,358	7.2	31,359
Midwest	10.6	6,608	4.7	30,841	9.2	5,744	5.1	29,096
South	11.6	10,722	5.2	56,104	10.3	9,526	5.6	53,243
West	9.2	5,144	4.9	25,115	7.8	4,381	5.4	23,648
Place of residence								
MSA ⁴	10.1	21,246	5.4	114,248	8.8	18,427	5.9	108,000
Central city	10.4	8,143	5.5	44,976	9.0	7,073	6.0	42,367
Not central city	10.0	13,103	5.3	69,272	8.6	11,355	5.8	65,632
Not MSA ⁴	12.0	6,260	4.9	30,826	10.7	5,583	5.3	29,347

¹Includes unknown cause; based on 6-month reference period.²Based on reason for admission or other indication of delivery.³Includes other races and unknown family income.⁴MSA is metropolitan statistical area.

NOTES: The standard errors (SE's) and relative standard errors (RSE's) for age, sex and age, and race and age for columns 1 and 5 can be computed by using parameter set VIII of table II, the frequencies of table 77 and the formula presented in rule 2 of appendix I. The SE's and RSE's for family income and age, geographic region, and place of residence for columns 1 and 5 can be computed by using parameter sets VIII and X of table II the frequencies of tables 77 and 78 and the formula presented in rule 4 of appendix I. The SE's and RSE's for columns 2 and 6 can be computed by using parameter set VIII of table II and the formula presented in rule 1 of appendix I. The SE's and RSE's for columns 4 and 8 can be computed by using parameter set IX of table II and the formula presented in rule 1 of appendix I. The SE's and RSE's for columns 3 and 7 can be computed by using parameter sets VIII and IX of table II, the frequencies of table 77 and the formula presented in rule 4 of appendix I. An estimate of 887,000 discharges has a 10-percent RSE; of 215,000, a 20-percent RSE; and of 95,000, a 30-percent RSE. An estimate of 24.7 million days has a 10-percent RSE; of 2.7 million, a 20-percent RSE; and of 1.1 million, a 30-percent RSE.

Table 78. Number of persons of all ages and number of currently employed persons 18 years of age and over, by sociodemographic characteristics: United States, 1995

[Data are based on household interviews of the civilian noninstitutionalized population. The survey design, general qualifications, and information on the reliability of the estimates are given in appendix I. Definitions of terms are given in appendix II]

Characteristic	All persons	Currently employed persons	Characteristic	All persons	Currently employed persons
Number in thousands			Race and age—Con.		
All persons ¹	261,903	124,906	Number in thousands		
Age			Black:		
Under 18 years	70,675	...	All ages	32,755	13,378
Under 5 years	20,276	...	Under 18 years	11,208	...
5–17 years	50,398	...	Under 5 years	3,278	...
18–44 years	108,046	84,526	5–17 years	7,931	...
18–24 years	24,929	16,811	18–44 years	13,790	9,766
25–44 years	83,116	67,715	18–24 years	3,558	1,931
45 years and over	83,183	40,381	45 years and over	7,756	3,613
45–64 years	51,716	36,384	45–64 years	5,216	3,338
65 years and over	31,466	3,997	65 years and over	2,540	274
65–69 years	9,777	2,184	65–69 years	909	148
70–74 years	8,684	1,119	70–74 years	775	80
75 years and over	13,005	693	75 years and over	856	46
Sex and age			Family income and age		
Male:			Under \$10,000:		
All ages	127,577	67,568	All ages	21,651	5,029
Under 18 years	36,164	...	Under 18 years	6,194	...
Under 5 years	10,375	...	Under 5 years	2,167	...
5–17 years	25,790	...	5–17 years	4,027	...
18–44 years	53,299	45,789	18–44 years	8,536	3,969
18–24 years	12,393	8,958	18–24 years	3,795	1,869
45 years and over	38,113	21,779	45 years and over	6,921	1,060
45–64 years	24,974	19,436	45–64 years	2,764	825
65 years and over	13,139	2,342	65 years and over	4,158	235
65–69 years	4,510	1,298	65–69 years	973	86
70–74 years	3,719	645	70–74 years	981	80
75 years and over	4,911	399	75 years and over	2,204	69
Female:			\$10,000–\$19,999:		
All ages	134,326	57,339	All ages	37,871	13,951
Under 18 years	34,511	...	Under 18 years	10,519	...
Under 5 years	9,902	...	Under 5 years	3,465	...
5–17 years	24,609	...	5–17 years	7,053	...
18–44 years	54,746	38,737	18–44 years	14,578	10,203
18–24 years	12,536	7,852	18–24 years	4,358	2,858
45 years and over	45,070	18,602	45 years and over	12,774	3,748
45–64 years	26,743	16,948	45–64 years	5,541	2,967
65 years and over	18,327	1,654	65 years and over	7,233	782
65–69 years	5,267	885	65–69 years	1,936	389
70–74 years	4,965	475	70–74 years	2,067	245
75 years and over	8,094	294	75 years and over	3,230	148
Race and age			\$20,000–\$24,999:		
White:			All ages	19,377	8,809
All ages	217,207	105,975	Under 18 years	4,656	...
Under 18 years	56,186	...	Under 5 years	1,387	...
Under 5 years	15,936	...	5–17 years	3,269	...
5–17 years	40,250	...	18–44 years	7,908	6,254
18–44 years	88,669	70,841	18–24 years	1,931	1,409
18–24 years	19,986	14,190	45 years and over	6,813	2,555
45 years and over	72,351	35,135	45–64 years	3,368	2,085
45–64 years	44,249	31,501	65 years and over	3,445	470
65 years and over	28,103	3,634	65–69 years	1,099	260
65–69 years	8,551	1,984	70–74 years	966	113
70–74 years	7,708	1,015	75 years and over	1,379	97
75 years and over	11,844	635			

Table 78. Number of persons of all ages and number of currently employed persons 18 years of age and over, by sociodemographic characteristics: United States, 1995—Con.

[Data are based on household interviews of the civilian noninstitutionalized population. The survey design, general qualifications, and information on the reliability of the estimates are given in appendix I. Definitions of terms are given in appendix II]

Characteristic	All persons	Currently employed persons	Characteristic	All persons	Currently employed persons
Family income and age—Con.			Geographic region and age—Con.		
Number in thousands			Number in thousands		
\$25,000–\$34,999:			South:		
All ages	35,247	17,894	All ages	92,391	44,113
Under 18 years	9,584	...	Under 5 years	7,011	...
Under 5 years	2,905	...	5–17 years	18,016	...
5–17 years	6,679	...	18 years and over	67,363	44,113
18–44 years	15,580	13,002	West:		
18–24 years	3,008	2,299	All ages	55,823	25,595
45 years and over	10,083	4,892	Under 5 years	4,722	...
45–64 years	6,164	4,333	5–17 years	11,147	...
65 years and over	3,919	559	18 years and over	39,954	25,595
65–69 years	1,366	292	Place of residence and age		
70–74 years	1,269	176	MSA²:		
75 years and over	1,284	91	All ages	209,657	101,025
\$35,000 or more:			Under 5 years	16,703	...
All ages	106,951	61,766	5–17 years	39,601	...
Under 18 years	30,112	...	18 years and over	153,354	101,025
Under 5 years	7,703	...	Central city:		
5–17 years	22,408	...	All ages	78,225	36,414
18–44 years	45,649	39,788	Under 5 years	6,670	...
18–24 years	7,673	5,914	5–17 years	14,199	...
45 years and over	31,190	21,978	18 years and over	57,356	36,414
45–64 years	25,452	20,751	Not central city:		
65 years and over	5,738	1,227	All ages	131,432	64,610
65–69 years	2,354	766	Under 5 years	10,032	...
70–74 years	1,583	303	5–17 years	25,402	...
75 years and over	1,800	157	18 years and over	95,998	64,610
Geographic region and age			Not MSA²:		
Northeast:			All ages	52,246	23,882
All ages	51,450	24,397	Under 5 years	3,574	...
Under 5 years	3,756	...	5–17 years	10,797	...
5–17 years	9,364	...	18 years and over	37,875	23,882
18 years and over	38,330	24,397	Midwest:		
Midwest:			All ages	62,240	30,801
All ages	62,240	30,801	Under 5 years	4,787	...
Under 5 years	4,787	...	5–17 years	11,871	...
5–17 years	11,871	...	18 years and over	45,582	30,801
18 years and over	45,582	30,801			

... Category not applicable.

¹Includes other races and unknown family income.

²MSA is metropolitan statistical area.

NOTES: The standard errors (SE's) and relative standard errors (RSE's) for currently employed persons, family income and age, geographic region and age, and place of residence and age can be computed by using parameter set X of table II and the formula presented in rule 1 of appendix I. An estimate of 357,000 has a 10-percent RSE; of 89,000, a 20-percent RSE; and of 40,000, a 30-percent RSE.

Appendix I

Technical Notes on Methods

Background

This report is one of a series of statistical reports published by the staff of the National Center for Health Statistics (NCHS). It is based on information collected in a continuing nationwide sample of households included in the National Health Interview Survey (NHIS). Data are obtained on the personal, sociodemographic, and health characteristics of the family members and unrelated individuals living in these households.

Field operations for the survey are conducted by the U.S. Bureau of the Census under specifications established by NCHS. The U.S. Bureau of the Census participates in the survey planning, selects the sample, and conducts the interviews. The data are then transmitted to NCHS for preparation, processing, and analysis.

Summary reports and reports on special topics for each year's data are prepared by the staff of the Division of Health Interview Statistics for publication in Series 10 publications of NCHS. Data are also tabulated for other reports published by NCHS staff and for use by other organizations and by researchers within and outside the Government.

Since 1969, public use tapes have been prepared for each year of data collection. Public use microdata also are available on compact disk read-only memory (CD-ROM) for 1987-95, and will be available for subsequent survey years in the future.

It should be noted that the health characteristics described by the NHIS estimates pertain only to the resident, civilian noninstitutionalized population of the United States living at the time of the interview. The sample does not include persons residing in nursing homes, members of the armed forces, institutionalized persons, or U.S. nationals living abroad.

Statistical Design of the NHIS

General Design

Data from the NHIS have been collected continuously since 1957. The sample design of the survey has undergone changes following each decennial census. This periodic redesign of the NHIS sample allows the incorporation of the latest population information and statistical methodology into the survey design. The data presented in this report are from the NHIS sample design first used in 1995. This design will be used until 2004.

The sample design plan of the NHIS follows a stratified, multistage probability design that permits a continuous sampling of the civilian noninstitutionalized population residing in the United States. The NHIS is designed to produce more reliable estimates for the black population and the Hispanic population than a national household survey of the same size where all households have the same probability of sample selection.

The survey is designed so that the sample scheduled for each week is representative of the target population, and the weekly samples are additive over time. This design permits reliable estimates for high-frequency measures or for large population groups to be produced from a short period of data collection. Reliable estimates for low-frequency measures or for smaller population subgroups can be obtained from a longer period of data collection. The annual sample is designed so that tabulations can be provided for each of the four major geographic regions. Because interviewing is done throughout the year, there is no seasonal bias for annual estimates.

The continuous data collection also has administrative and operational advantages because fieldwork can be handled on a continuing basis with an experienced, stable staff.

Sample Selection

The target population for NHIS is the civilian noninstitutionalized population residing in the United States.

For the first stage of the sample design, the United States is partitioned into approximately 1,900 geographically defined primary sampling units (PSU's). A PSU consists of a county, small group of contiguous counties, or a metropolitan statistical area. The PSU's collectively cover the 50 States and the District of Columbia.

First, the individual PSU's for the 52 largest metropolitan areas are defined to be self-representing strata. Within each State, the remaining PSU's are combined into strata. As part of this process, an additional 43 PSU's are also designated as self-representing strata. Thus, the NHIS sample has a total of 95 self-representing PSU's. The other PSU's in the universe are referred to as nonself-representing PSU's.

The NHIS PSU's are clustered into a total of 237 strata; 95 strata are self-representing and 142 strata are nonself-representing. In 121 of the nonself-representing strata, 2 PSU's were selected for the NHIS sample. In the remaining 21 nonself-representing strata, 1 was selected for the NHIS sample, usually because the stratum was relatively small in population size. Thus, the NHIS sample encompasses 358 PSU's.

Within a PSU, two types of second stage units (called segments) are used: area segments and permit area segments. Area segments are defined geographically and contain an expected 8 or 12 households. Permit area segments cover geographical areas containing housing units built after the 1990 census. The permit area segments are defined using updated lists of building permits issued in the PSU since 1990 and contain an expected four households.

NHIS accomplishes its objective to produce more reliable estimates for black and Hispanic people by oversampling. Segments located in areas with higher concentrations of black or Hispanic people are sampled at a higher rate. Furthermore, within a segment, all households with a black or Hispanic person are retained in the sample, while a probability subsample of the other households are retained. Occasionally, a sample segment may contain a substantially larger number of

households than expected. In this situation, all households are subsampled to provide a manageable interviewer workload.

The sample was designed so that a typical NHIS sample for the data collection years 1995–2004 will consist of approximately 7,000 segments containing about 70,000 addresses. Of these households, about 20 percent will be vacant, demolished, or occupied by persons not in the target population of the survey. After the screening for race and ethnicity and subsampling, a 52-week NHIS expected sample of 43,000 occupied households will yield a probability sample of about 111,000 persons. In 1995, NHIS was only in the field for 48 weeks. One week of NHIS is typically used as an interviewer training week, and 3 weeks were lost due to a Government shutdown. With these reductions, the 1995 NHIS sample contained about 39,000 households and 102,000 persons.

Features of the NHIS Sample Redesign

Starting in 1995, the NHIS design incorporated several new design features (3). The primary features in the 1990 NHIS sample design implemented in January 1995 include the following:

1. *Use of all-area sampling frame.* NHIS is based on an all-area sampling frame. This is in contrast to the Decennial Census address sampling frame used by other current surveys conducted by the U.S. Bureau of the Census (including the Current Population Survey, the National Crime Survey, and the Survey of Income and Program Participation). The use of an all-area frame sample permits NCHS to obtain the addresses in the NHIS sample. This address information is confidential and only used by NCHS contractors and collaborators for additional data collection. NHIS has been based on all-area sampling frame since 1985.
2. *NHIS has four panels.* Four national subdesigns, or panels, constitute the full NHIS. Each panel contains a representative sample of the U.S.

civilian noninstitutionalized population. Each of the four panels has the same sampling properties, and any combination of panels defines a national design. Panels were constructed to facilitate the linkage of NHIS to other surveys and also to efficiently make large reductions in the size of the sample by eliminating panels from the survey.

3. *Oversampling of black and Hispanic persons.* The NHIS sample implemented in 1995 oversamples black and Hispanic persons. This was accomplished with two features. First, segments at higher rates in areas with higher concentrations of black and Hispanic persons were selected. Second, within a segment a larger initial address sample than would be otherwise required was taken. In this larger sample, all households with a black or Hispanic person was retained in the survey; only a subsample of the other households were retained. The determination of a household's race/ethnicity status was accomplished through the administration of a brief interview.
4. *State stratification and increase in the number of primary sampling units (PSU's).* With few exceptions, the NHIS first-stage sampling strata do not straddle state boundaries. The exception occurs for some of the largest metropolitan areas that are self-representing PSU's and straddle State boundaries. For example, the New York-Northern New Jersey-Long Island NY-NJ-CT-PA Consolidated Metropolitan Area straddles four States. In these cases, NHIS second-stage samples were drawn independently within each State component of the PSU. This State stratification, taken together with a near doubling of the number of PSU's in the NHIS sample (over the 1985–94 NHIS), will facilitate the use of NHIS in a dual frame sample. The largest increase in the number of sample PSU's occurs in those representing nonmetropolitan areas. To maintain a sample size similar to the previous year, the average number of sampled

households assigned to such PSU's was reduced.

In 1995, the sample consisted of 6,315 segments containing 67,420 assigned households. Of the 41,824 households eligible for interview, 39,239 households were actually interviewed, resulting in a sample of 102,467 persons.

Collection and Processing of Data

The NHIS questionnaire contains two major parts. The first part consists of topics that remain relatively the same from year to year. Among these topics are the incidence of acute conditions, the prevalence of chronic conditions, persons limited in activity due to chronic conditions, restriction in activity due to impairment or health problems, and utilization of health care services involving physician care and short-stay hospitalization. Occasionally, new questions are incorporated into the main questionnaire. Since 1985, questions that ask the household member's city and State of birth, social security number, and father's last name have been included. In 1989, questions were added that ask the location (city, county, and State) of any physician contact whether by telephone or in person. That year, questions were also added that ask household members born in the United States how many years they have lived in the State of residence, and ask household members born in a foreign country how many years they have lived in the United States. In 1992, a question was added for persons 12–21 years of age asking whether they were either now going to school or on vacation from school. Although this question was retained in 1993, no data were collected and the question was deleted in 1994. In 1992, race was expanded into 15 detailed racial groupings and included an "other race" category. In 1994, this question was moved within section L from question 3 to question 4. In 1992, the Hispanic origin questions were moved from section L (questions 4a and 4b) to section A (questions 4e and 4f), and in 1994 they were returned to section L (questions 3a and 3b). In

1992, questions were added that asked about the Hispanic oversample's reference person or family member's status of previous year's residence (section A, questions 4g and 4h). Although these questions were retained in 1993, there was no Hispanic oversampling and no data were collected for these questions. They were deleted in 1994. In 1993, the NHIS added E-coding (Supplementary Classification of External Causes of Injury and Poisoning) for injuries including medical and therapeutic misadventures. Beginning in 1994, a question was added asking if there was a working telephone inside the home.

In 1995, the following changes also were made to the main questionnaire: the cover page of the questionnaire contains several revisions related to the necessary requirements of the sample redesign and methodology; the introduction and hospital probe questions were moved from section A (questions 5–7b) to immediately follow section A; the Hispanic origin questions were moved from section L (questions 3a and 3b) to section A (questions 5a and 5b); the questions on race were moved from section L (questions 4a–4c) to section A (questions 6a–6c) (these two items were inserted into the questionnaire earlier than previously to assist in oversampling black and Hispanic persons through household screening); and two questions were added to the end of section L (questions 17–18) that ask if the household had been without telephone service for more than 1 week during the past 12 months and for how long the household had been without telephone service in the past 12 months.

The second part of NHIS consists of special topics added as supplements to each year's questionnaire. The supplemental questionnaires included in 1995 are shown in appendix III.

Current Estimates reports for 1982–94 contained an overestimate of reported episodes of injury and associated days in tables 51–56. Only estimates of the number of episodes and days associated with injury were affected, *not the number of injuries*. For example, in some cases, if a single incident (“an episode”) involving a fall

resulted in multiple injuries such as a broken arm, a sprained ankle, and a cut on the head, it was incorrectly counted as three episodes involving injury rather than one episode of injury involving multiple injuries. The breadth of the resultant overestimates was generally small, but would be larger for types of episodes that frequently caused multiple injuries such as falls and incidents involving motor vehicles. NHIS strives to minimize such errors for data quality and accuracy by careful scrutiny and other quality control measures. Sometimes, regrettably, minor errors do occur. This information has been corrected on NHIS data files, and corrected *Current Estimates* tables are available upon request from DHIS.

Careful procedures are followed so that quality data are collected in the interview. Most households in the sample are contacted by mail before the interviewers arrive. Potential respondents are informed of the importance of the survey and assured that all information obtained in the interview will be held in strict confidence. Interviewers make repeated trips to a household when a respondent is not immediately found. The success of these procedures is indicated by the response rate for the survey, which has been between 93 and 96 percent over the years.

When contact is made, the interviewer attempts to have all family members of the household 19 years of age and over present during the interview. When this is not possible, proxy responses for absent adult family members are accepted. In most situations, proxy respondents are used for persons under 19 years of age. However, persons 17–18 years of age may respond for themselves.

Interviewers undergo extensive training and retraining. The quality of their work is checked by periodic observation and by reinterview. Their work is also evaluated by statistical studies of the data they obtain in their interviews. A field edit is performed on all completed interviews so that if there are any problems with the information on the questionnaire, respondents may be recontacted to solve the problem.

Completed questionnaires are sent from the U.S. Bureau of the Census field offices to NCHS for coding and editing. To ensure the accuracy of coding, a 5 percent sample of all questionnaires is recoded and keyed by other coders. A 100-percent verification procedure is used if certain error tolerances are exceeded. Staff of the Division of Health Interview Statistics then edit the files to remove impossible and inconsistent codes.

The interview, fieldwork, and data processing procedures summarized above are described in detail in Series 1, No. 18 (9).

Estimation Procedures

Because the design of NHIS is a complex multistage probability sample (10), it is necessary to reflect these complex procedures in the derivation of estimates (3). The estimates presented in this report are based upon 1995 sample person counts weighted to produce national estimates. The weight for each sample person is the product of four component weights:

1. *Probability of selection.* The basic weight for each person is obtained by multiplying the reciprocals of the probabilities of selection at each step in the design: PSU, segment, and household.
2. *Household nonresponse adjustment within segment.* In the NHIS, interviews are completed in about 94 percent of all eligible households. Because of household nonresponse, a weighting adjustment is required. The screening of minority households and the subsampling of nonblack/Hispanic households result in the nonresponse adjustment taking a somewhat more complicated form than that for the previous NHIS. The nonresponse adjustment weight is a ratio of the within-segment weighted number of sample households divided by the within-segment weighted number of actually interviewed households, both numbers exclusive of households with unknown black/Hispanic status. For segments

Table I. The 88 poststratification age-sex-race-ethnicity cells in the National Health Interview Survey

Age	Hispanic		Non-Hispanic Black		Non-Hispanic Other	
	Male	Female	Male	Female	Male	Female
Under 1 year	X	X	X	X	X	X
1-4 years	X	X	X	X	X	X
5-9 years	X	X	X	X	X	X
10-14 years	X	X	X	X	X	X
15-17 years	X	X	X	X	X	X
18-19 years	X	X	X	X	X	X
20-24 years	X	X	X	X	X	X
25-29 years	X	X	X	X	X	X
30-34 years	X	X	X	X	X	X
35-44 years	X	X	X	X	X	X
45-49 years	X	X	X	X	X	X
50-54 years	X	X	X	X	X	X
55-64 years	X	X	X	X	X	X
65-74 years ¹	X	X	X	X	X	X
75 years and over	X	X	X	X	X	X

¹Age categories 65-74 years and over were collapse into one category, 65 years and over, for Hispanic persons.

with nonresponding households of unknown black/Hispanic status, the previously mentioned factor was multiplied by the ratio of the number of segment households divided by the number of known status households. This adjustment reduces bias in an estimate to the extent that persons in the noninterviewed households have the same characteristics as the persons in the interviewed households in the same segment.

3. *First-stage ratio adjustment.* The weight for persons in the nonself-representing PSU's is ratio adjusted to the 1990 population within four race-residence classes of the nonself-representing strata within each geographic region.
4. *Poststratification by age-sex-race-ethnicity.* Within each of 88 age-sex-race-ethnicity cells (table I), a weight is constructed each quarter to ratio adjust the first-stage population estimate based on the NHIS to an independent estimate of the population of each cell. These independent estimates are prepared by the U.S. Bureau of the Census and are updated quarterly.

The main effect of the ratio-estimating process is to make the sample more closely representative of the target population by age, sex, race-ethnicity, and residence. The

poststratification adjustment helps to reduce the component of bias resulting from sampling frame undercoverage. Furthermore, this adjustment frequently reduces sampling variance.

Types of Estimates

As noted, the NHIS data were collected on a weekly basis, with each week's sample representing the resident, civilian noninstitutionalized population of the United States living during that week. The weekly samples are consolidated to produce quarterly files (each consisting of data for 13 weeks). Weights to adjust the data to represent the U.S. population are assigned to each of the four quarterly files. These quarterly files are later consolidated to produce the annual file, which is the basis of most tabulations of the NHIS data.

NHIS uses various reference periods to reduce the amount of bias associated with respondent memory loss. A 2-week reference period is used in collecting data on the incidence of acute conditions, restriction in activity due to a health problem, and physician contacts. Each of these measures health events that may be forgotten soon after they occur. Examples of such events are telephoning a physician about a minor illness, missing a day from work because of a routine health problem, or having a cold. Either a 12- or 6-month (depending on the type of statistic)

reference period is used for hospitalization data because hospitalization ordinarily involves a major event in a person's life and is not quickly forgotten. Chronic condition prevalence estimates are based on a 12-month reference period.

Because most NHIS estimates based on a 2-week reference period are designed to represent the number of health events for a 12-month period, these data must be adjusted to an annual basis. Data based on a 2-week reference period are multiplied by 6.5 to produce the 13-week estimate for the quarter. These reference period adjustments are made at the time that the quarterly files are produced. Therefore, the data can be used to produce estimates for each quarter and are used that way to study seasonal variation. The data from the four quarterly files (representing the number of events in each quarter) are summed to produce the annual estimate. Although these data are collected for only 2 weeks for each person included in the survey, any unusual event that may have occurred during a particular 2-week period does not bias the estimate because the quarterly estimate is a sum of the estimates produced for each week's sample during the entire quarter and the annual estimate is the sum of the four quarters.

For prevalence statistics, such as the number of persons limited in activity due to chronic conditions, the annual estimate results from summing the weighted quarterly files and dividing by 4. This division is necessary because, as noted above, each quarterly file has been weighted to produce an estimate of the number of persons in the U.S. population with a given characteristic. Summing the four quarters and dividing by 4 in effect averages these quarterly results for the year. Thus, the type of prevalence estimate ordinarily derived from the NHIS data is an annual average prevalence estimate.

For data related to short-stay hospital discharges that are based on a 6-month reference period, cases identified during any quarter of data collection are multiplied by 2 to produce a quarterly estimate of the annual number of characteristics associated with short-stay hospital discharges. The

NHIS average annual estimate of hospital discharges is derived by summing the four quarterly estimates and dividing by 4, just as the prevalence estimates are.

Reliability of the Estimates

Because the NHIS estimates are based on a sample, they may differ somewhat from the figures that would have been obtained if a complete census had been taken using the same survey and processing procedures. There are two types of errors possible in an estimate based on a sample survey: sampling and nonsampling errors. To the extent possible, these types of errors are kept to a minimum by methods built into the survey procedures described earlier (11). Although it is very difficult to measure the extent of bias in NHIS, several studies have been conducted to examine this problem. The results have been published in several reports (12–15).

Nonsampling Errors

Interviewing process—Information, such as the number of days of restricted activity caused by the condition, can be obtained more accurately from household members than from any other source because only the persons concerned are in a position to report this information. However, there are limitations to the accuracy of diagnostic and other information collected in household interviews. For example, for diagnostic information, the household respondent can usually pass on to the interviewer only the information the physician has given to the family. For conditions not medically attended, diagnostic information is often no more than a description of symptoms. Further, a respondent may not answer a question in the intended manner because he or she has not properly understood the question, has forgotten the event, does not know, or does not wish to divulge the answer. Regardless of the type of measure, all the NHIS data are estimates of health measures known to and willingly reported by the respondents.

Reference period bias—The NHIS estimates do not represent a complete

measure of any given topic during the specified calendar period because data are not collected in the interview for persons who died or became institutionalized during the reference period. For many types of statistics collected in the survey, the reference period is the 2 weeks prior to the interview week. For such a short period, the contribution by decedents to a total inventory of conditions or services should be very small. However, the contribution by decedents during a long reference period (such as 1 year) might be significant, especially for older persons.

Underreporting associated with a long reference period is most germane to data on hospitalization. Analysis has shown that there is an increase in underreporting of hospitalizations with an increase in the time interval between the discharge and the interview. Exclusive of the hospital experience of decedents, the net underreporting using a 12-month recall period is in the neighborhood of 10 percent (16). The underreporting of discharges within 6 months of the week of interview is estimated to be about 5 percent (16). For this reason, hospital discharge data are based on hospital discharges reported to have occurred within 6 months of the week of interview.

Because hospitalization is common in the period immediately preceding death or institutionalization and older persons are much more likely to die than younger ones, the data should not be used to estimate the volume of hospitalization of the elderly. However, the data can be used to measure characteristics of elderly people.

It should further be noted that although the reported frequencies and rates related to hospital episodes are presented by the year in which the data were collected, the estimates are, in most cases, based on hospitalizations that occurred during the year of data collection and the prior year. Overall, approximately one-half of the reported hospitalizations for the 12-month reference period occurred in the year prior to the year of data collection.

Population estimates—Some of the published tables include population figures for specified categories. Except

for overall totals for the 88 age, sex, and race-ethnicity groups, which are adjusted to independent estimates, these figures are based on the sample of households in NHIS. They are given primarily to provide denominators for rate computation, and for this purpose they are more appropriate for use with the accompanying measures of health characteristics than other population data that may be available. With the exception of the overall totals by age, sex, and race-ethnicity mentioned above, the population figures may differ from figures (which are derived from different sources) published in reports of the U.S. Bureau of the Census. Official population estimates are presented in U.S. Bureau of the Census reports in Series P-20, P-25, and P-60.

The population estimates for 1995 are inflated to national population controls by age, race-ethnicity, and sex. The population controls are based on the 1990 census beginning with the 1995 data year.

Rounding of numbers—In published tables, the figures are rounded to the nearest thousand, although they are not necessarily accurate to that detail. Derived statistics, such as rates and percent distributions, are computed after the estimates on which these are based have been rounded to the nearest thousand.

Combining data years—To reduce sampling error, data for number of years may be combined. However, in so doing, the questionnaire for each of the years should be checked because even a small change in the questionnaire design may lead to large changes in the derived estimates. This caution also applies to using the NHIS data on health measures where changes in other events, such as legislative changes, have occurred over time.

Sampling Errors

The standard error is primarily a measure of sampling error, that is, the variations that might occur by chance because only a sample of the population is surveyed. The chances are about 68 in 100 that an estimate from the sample would differ from a complete census by less than the standard error. The chances

are about 95 in 100 that the difference would be less than twice the standard error and about 99 in 100 that it would be less than 2 1/2 times as large.

Individual standard errors were not computed for each estimate in this report. Instead, standard errors were computed for a broad spectrum of estimates. Regression techniques were then applied to produce equations from which a standard error for any estimate can be approximated. The regression equations, represented by parameters *a* and *b*, are presented in table II. Also shown are the cut-off values, the estimated number of persons or events below which the relative standard error is greater than 30 percent and estimates do not meet the NHIS standards of statistical reliability. Rules explaining their use are presented in the section below.

The reader is cautioned that this procedure will give an approximate standard error of an estimate rather than the precise standard error. The reader is further cautioned that particular care should be exercised when the denominator is small.

General Rules for Determining Standard Errors

To produce approximate standard errors for the NHIS estimates, the reader must first determine the type of characteristic to be estimated, that is, the parameter set in table II to be used. The reader must then determine the type of estimate for which the standard error is

needed. The type of estimate corresponds to one of five general rules for determining standard errors.

Rule 1. Estimated number of people or events—For the estimated number of people or events published in this report, there are two cases to consider. For the first case, if the estimated number is any combination of the poststratification age-sex-race-ethnicity cells in table I, then its value has been adjusted to official U.S. Bureau of the Census figures and its standard error is assumed to be 0.0. This corresponds to parameter set XI in table II. As an example, this would be the case for the number of persons in the U.S. target population or the number of non-Hispanic black persons in the 18–35 year age group. Although the race/ethnicity class “white” is not specifically adjusted to U.S. Bureau of the Census figures, it dominates the poststratification “non-Hispanic other” race class; consequently, age-sex-“non-Hispanic other” race combinations of table I can be treated as age-sex-white combinations for the purpose of approximating standard errors.

For the second case, the standard errors for all other estimates of numbers of people or events, such as the number of people limited in activity or the number of acute conditions, are approximated by

using the parameters provided in table II and formula 1 below.

If the aggregate *x* for a characteristic has associated parameters *a* and *b*, then the approximate standard error for *x*, SE(*x*), can be computed by the formula

$$SE(x) = \sqrt{ax^2 + bx} \quad (1)$$

Example of rule 1. As shown in table 7, the estimated number of acute conditions for males is 209,959,000. From table II, parameter set I, the *a* and *b* parameters for the numbers of acute conditions are 0.000219 and 94,744, respectively. Using formula 1, the estimated standard error is

$$\begin{aligned} &\sqrt{(0.000219)(209,959,000)^2 + \\ &\quad (94,744)(209,959,000)} \\ &= 5,435,668. \end{aligned}$$

An approximate 95-percent confidence interval for the number of acute conditions for males is from 199,305,091 to 220,612,909 (209,959,000 ± 1.96(5,435,668)).

Examples are not provided for rules 2–5 or for approximating the relative standard error of an estimate. Readers are referred to appendix I of *Current Estimates from the National Health Interview Survey, 1992* (17) for examples using the 1992 estimates.

Rule 2. For rates, proportions, and percents when the denominator is generated by the poststratification age-sex-race-ethnicity classes (table I)—In this case,

Table II. Estimated standard error parameters and 30-percent relative standard error cut-off points for the National Health Interview Survey, 1995

Parameter set	Characteristic	Estimated parameters		30 percent RSE cutoff points ¹
		a	b	
I	Number of acute conditions	0.000219	94,744	1,100,000
II	Days of restricted activity or bed days	0.000223	667,113	7,500,000
III	Days lost from work or school	0.000223	478,752	5,400,000
IV	Number of episodes of persons injured	0.000142	81,685	909,000
V	Prevalence of chronic conditions	-0.0000729	19,093	212,000
VI	Number of physician contacts based on a 2-week reference period	0.0001604	205,941	2,300,000
VII	Hospital days based on a 12-month reference period	0.00196	63,896	726,000
VIII	Hospital discharges based on a 6-month reference period	0.000100	8,579	95,000
IX	Hospital discharge days based on a 6-month reference period	0.00646	87,458	1,100,000
X	Population estimates for demographic, socioeconomic, and health characteristics	-0.0000137	3,576	40,000
XI	Age-sex-race population based on combining the poststratification cells of table I	0.0	0.0	40,000

¹Estimates below the cutoff points have a relative standard error (RSE) of more than 30 percent and are considered to be statistically unreliable.

NOTE: The 1995 National Health Interview Survey was based on an almost full sample: 39,239 households were interviewed, resulting in a sample of 102,467 persons.

the denominator has no sampling error. For example, rule 2 would apply to the estimated number of bed days per person for black persons age 65 years and over because the denominator is a combination of the poststratification cells. Approximate standard errors for such estimates can be computed using table II *a* and *b* parameters associated with the numerator characteristics along with formula 2 below.

If the estimate of rate, proportion, or percent *p* is the ratio of two estimated numbers, $p = x/Y$ (where *p* may be inflated by 100 for percents or 1,000 for rates per 1,000 persons), with *Y* having no sampling error, then the approximate standard error for *p* is given by the formula

$$SE(p) = p \sqrt{a + \frac{b}{x}} \quad (2)$$

In this report, the value of the denominator *Y* is always provided, but in a few cases the numerator value *x* is not published. For these cases the value of *x* may be computed by the formula

$$x = \begin{cases} pY & \text{if } p \text{ is a proportion or rate per unit or} \\ \frac{pY}{100} & \text{if } p \text{ is a percent or rate per 100 units or} \\ \frac{pY}{1,000} & \text{if } p \text{ is a rate per 1,000 units} \end{cases}$$

Rule 3. *Proportions and percents when the denominator is not generated by the poststratification age-sex-race-ethnicity classes*—If *p* represents an estimated percent, *b* is the parameter from table II associated with the numerator characteristics, and *mdity* is the number of persons in the denominator upon which *p* is based, then the standard error of *p* may be approximated by

$$SE(p) = \sqrt{\frac{bp(100-p)}{y}} \quad (3)$$

(If *p* is a proportion, then the above formula can be used but with 100 replaced by 1.0.)

Rule 4. *Rates when the denominator is not generated by the poststratification age-sex-race-ethnicity classes*—If the estimated rate *p* is expressed as the ratio of two estimates, $p = x/y$ (inflated by 100 or 1,000 when appropriate), then the estimated standard error for *p* is given by the formula

$$SE(p) = p \sqrt{\frac{SE(x)^2}{x^2} + \frac{SE(y)^2}{y^2} - 2r \frac{SE(x)}{x} \frac{SE(y)}{y}} \quad (4)$$

where *SE(x)* and *SE(y)* are computed using rule 1 and *x* and *y* are obtained from the tables. No estimates of *r*, the correlation between the numerator and denominator, are presented in this report; therefore, only the first two terms are available. The reader must assume that $r = 0.0$. Assuming $r = 0.0$ will yield an overestimate of the standard error if *r* is actually positive and an underestimate if *r* is negative.

Rule 5. *Difference between two statistics (mean, rate, total, and proportion)*—If x_1 and x_2 are two estimates, then the standard error of the difference ($x_1 - x_2$) can be computed as follows:

$$SE(x_1 - x_2) = \sqrt{SE(x_1)^2 + SE(x_2)^2 - 2r SE(x_1)SE(x_2)} \quad (5)$$

where *SE(x₁)* and *SE(x₂)* are computed using rules 1–4 as appropriate and *r* is the correlation coefficient between x_1 and x_2 .

Assuming $r = 0.0$ will result in an accurate standard error if the two estimates are actually uncorrelated and will result in an overestimate of the standard error if the correlation is positive or an underestimate if the correlation is negative.

Relative Standard Errors

Prior to 1985, relative standard error (RSE) curves were present in *Current Estimates* for approximating relative standard errors. For readers who wish to continue using them, the following provides guidance. The RSE of an estimate is obtained by dividing the standard error (SE) of the estimate by the estimate *x* itself. This quantity is expressed as a percent of the estimate:

$$RSE = 100 \frac{SE(x)}{x}$$

Appendix II Definitions of Certain Terms Used in This Report

Terms Relating to Conditions

Condition—Condition is a general term that includes any specific illness, injury, or impairment. Condition data are derived from the survey in two ways. First, respondents are asked to identify any conditions that caused certain types of impact associated with health, such as a visit to a doctor or a day spent in bed. Second, respondents are read lists of selected chronic conditions and asked whether they or any family members have any of these conditions.

At a later point in the survey, a series of questions is asked about each of the conditions identified in either of the two ways just described. The information obtained on each condition helps to clarify the nature of the condition and whether medical services have been involved in its diagnosis or treatment. It also aids in the coding of the condition. All conditions except impairments are coded according to the ninth revision of the *International Classification of Diseases* (4), with certain modifications adopted to make the codes more suitable for information derived from a household survey. A special set of codes devised by the NHIS is used to code impairments.

Chronic condition—A condition is considered chronic if (a) the respondent indicates it was first noticed more than 3 months before the reference date of the interview, or (b) it is a type of condition that ordinarily has a duration of more than 3 months. Examples of conditions that are considered chronic regardless of their time of onset are diabetes, heart conditions, emphysema, and arthritis. A complete list of these conditions may be obtained by contacting the Division of Health Interview Statistics, National Center for Health Statistics.

Impairment—An impairment is a chronic or permanent defect, usually static in nature, that results from disease, injury, or congenital malformation. It represents a decrease in or loss of ability to perform various functions, particularly those of the musculoskeletal system and the sense organs. Impairments are grouped according to type of functional impairment and etiology in the special NHIS impairment codes.

Acute condition—A condition is considered acute if (a) it was first noticed no longer than 3 months before the reference date of the interview, and (b) it is not one of the conditions considered chronic regardless of the time of onset. (See definition of chronic condition.) However, any acute condition not associated with either at least one doctor visit or at least one day of restricted activity during the reference period is considered to be of minor consequence and is excluded from the final data produced by the survey.

Onset of condition—A condition is considered to have had its onset when it was first noticed. This could be the time the person first felt sick or became injured, or it could be the time the person or family was first told by a physician that the person had a condition of which he or she had been previously unaware.

Incidence of conditions—The incidence of a condition is the number of cases that had their onset during a specified period of time. A person may have more than one acute condition during a period of time or may have the same condition, such as a headache, more than once. Ordinarily, however, a chronic condition can begin only one

time during a given reference period.

Prevalence of conditions—The prevalence of a condition is the number of persons who have the condition at a given point in time. Although the prevalence of acute conditions is a meaningful concept, it is seldom used in health statistics, which generally focus on the incidence of acute conditions. If the prevalence of a chronic condition is measured during a period of time (for example, each week during a year), then the resulting estimate of prevalence is an average of 52 weekly prevalence estimates. This is called an average annual point prevalence estimate.

Terms Relating to Disability

Disability—Disability is a general term that refers to any long- or short-term reduction of a person's activity as a result of an acute or chronic condition. *Limitation of activity* refers to a long-term reduction in a person's capacity to perform the average kind or amount of activities associated with his or her age group. *Restriction of activity* refers to particular kinds of behavior usually associated with a reduction in activity due to either long- or short-term conditions. Thus limitation of activity refers to what a person is generally capable of doing, but restriction of activity ordinarily refers to a relatively short-term reduction in a person's activities below his or her normal capacity.

Limitation of activity because of chronic conditions—Persons are classified in terms of the major activity usually associated with their particular age group. The major activities for the age groups are (a) ordinary play for children under 5 years of age, (b) attending school for those 5–17 years of age, (c) working or keeping house for persons 18–69 years of age, and (d) capacity for independent living (e.g., the ability to bathe, shop, dress, and eat without needing the help of another person) for those 70 years of age and over. People aged 18–69 years who are classified as keeping house are also classified by their ability to work at a job or business. (In this report, the

major activity of persons 65–69 years is assumed to be working or keeping house; however, questions were also asked about the capacity for independent living in this age group, which would permit an alternative definition of limitation.)

In regard to these activities, each person is classified into one of four categories: (a) unable to perform the major activity, (b) able to perform the major activity, but limited in the kind or amount of this activity, (c) not limited in the major activity, but limited in the kind or amount of other activities, and (d) not limited in any way. In regard to these four categories, the NHIS publications often classify persons only by whether they are limited (groups a–c) or not limited (group d). Persons are not classified as limited in activity unless one or more chronic conditions are reported as the cause of the activity limitation. If more than one condition is reported, the respondent is asked to identify the condition that is the major cause of the limitation.

Restriction of activity—Four types of restricted activity are measured in the NHIS: bed days, work-loss days for currently employed persons 18 years of age and over, school-loss days for children 5–17 years of age, and cut-down days.

A *bed day* is one during which a person stayed in bed more than half a day because of illness or injury. All hospital days for inpatients are considered bed days even if the patient was not in bed more than half a day.

A *work-loss day* is one on which a currently employed person 18 years of age and over missed more than half a day from a job or business.

A *school-loss day* is one on which a student 5–17 years of age missed more than half a day from the school in which he or she was currently enrolled.

A *cut-down day* is a day on which a person cuts down for more than half a day on the things he or she usually does.

Work-loss, school-loss, and cut-down days refer to the short-term effects of illness or injury. However, bed days are a measure of both long- and short-term disability because a chronically ill bedridden person and a

person with a cold could both report having spent more than half a day in bed due to an illness.

The number of restricted-activity days is the number of days a person experienced at least one of the four types of activity restriction just described. It is the most inclusive measure of disability days and the least descriptive; 4 days of restricted activity may mean 4 bed days associated with serious illness or 4 days during which a person merely cut down on his or her activities due to a mild illness.

A single restricted-activity day may involve both a bed day and a work-loss or school-loss day. However, a cut-down day cannot overlap with any of these three types of disability days. In calculating the sum of restricted-activity days, each day is counted only once even if more than one type of activity restriction was involved.

Restricted-activity days may be associated with either persons or conditions. *Person days* are the number of days during which a person restricted his or her activity. *Condition days* are the number of days during which a condition caused a person to restrict his or her activity. A person day of restricted activity can be caused by more than one condition. In such a case, each condition causing restriction is associated with that day of restricted activity. Therefore, the number of condition days of restricted activity may exceed the number of person days of restricted activity. This relationship holds for each type of restricted-activity day.

When two or more conditions result in a day of restricted activity, the conditions may be (a) both (all) acute, (b) one (some) acute and the other (some) chronic, or (c) both (all) chronic. The number of restricted-activity days associated with acute conditions includes groups (a) and (b); the number of such days associated with chronic conditions includes groups (b) and (c). The phrase “associated with” rather than “caused by” is used to indicate that some days associated with acute or chronic conditions are not necessarily caused solely by that type of condition.

Assessed health status—The categories related to this concept result from asking the respondent, “Would you say _____’s health is excellent, very good, good, fair, or poor?” As such, it is based on a respondent’s opinion and not directly on any clinical evidence.

Terms Relating to Persons Injured

Injury condition—An injury condition, or simply an injury, is a condition of the type that is classified according to the nature-of-injury code numbers (800–999) in the ninth revision of the *International Classification of Diseases* (4). In addition to fractures, lacerations, contusions, burns, and so forth, which are commonly thought of as injuries, this group of codes includes poisonings and impairments caused by accidents or nonaccidental violence. Unless otherwise specified, the term injury is used to cover all of these.

A person may sustain more than one injury in a single accident (for example, a broken leg and laceration of the scalp), so the number of injury conditions may exceed the number of persons injured.

Statistics of acute injury conditions include only injuries that involved medical attendance or at least a half day of restricted activity.

E-codes and place of occurrence—Beginning in 1993, the NHIS began collecting additional data to create detailed cause-of-injury classifications called “E-codes” (Supplementary Classification of External Causes of Injury and Poisoning) for injuries, poisonings, and other adverse medical reactions along with place of occurrence.

Episodes of persons injured—Each time a person is involved in an accident or nonaccidental violence causing injury that results in medical attention or at least a half day of restricted activity, it is counted as a separate episode of a person injured. Therefore, one person may account for more than one episode of a person injured.

The number of episodes of persons injured is not equivalent to the number

of accidents for several reasons: (a) the term “accident” as commonly used may not involve injury at all; (b) more than one injured person may be involved in a single accident, so the number of accidents resulting in injury would be less than the number of persons injured in accidents; and (c) the term “accident” ordinarily implies an accidental origin, whereas “persons injured” as used in the NHIS includes persons whose injuries resulted from certain nonaccidental violence.

The number of episodes of persons injured in a specified time interval is equal to or less than the incidence of injury conditions because a person may incur more than one injury in a single accident.

Terms Relating to Accidents

Motor vehicle—A motor vehicle is any mechanically or electrically powered device, not operated on rails, on which or by which a person or property can be transported or drawn on a land highway. Any object being towed by a motor vehicle (such as a trailer, coaster, sled, or wagon) is considered a part of the motor vehicle. Devices used solely for moving persons or materials within the confines of a building and its premises are not counted as motor vehicles.

Moving motor vehicle accident—An accident is classified as “moving motor vehicle” if at least one of the motor vehicles involved in the accident was moving at the time of the accident. This category is divided into “traffic” and “nontraffic” accidents.

Traffic moving motor vehicle accident—An accident is in the “traffic” category if it occurred on a public street or highway. It is considered to have occurred on the highway if it occurred wholly on the highway, originated on the highway, terminated on the highway, or involved a vehicle partially on the highway. (See “street or highway.”)

Nontraffic moving motor vehicle accident—The accident is in the “nontraffic” category if it occurred entirely in any place other than a public street or highway.

Street or highway—“Street or highway” means the entire width between property lines of a way or place, any part of which is open for use by the public as a matter of right or custom. This includes more than just the traveled part of the road. “Street or highway” includes the entire right-of-way. Public sidewalks are part of the street, but private driveways, private lanes, private alleys, and private sidewalks are not considered part of the street.

Nonmoving motor vehicle accident—If the motor vehicle was not moving at the time of the accident, the accident is considered a “nonmoving motor vehicle” accident and is classified in the “other accident” category. (See “other accident.”)

Accident while at work—An accident is classified as “while at work” if the injured person was 18 years of age or over and was at work at a job or business at the time the accident happened.

Home accident—An accident is classified as “home accident” if the injury occurred either inside or outside the house. “Outside the house” refers to the yard, building, and sidewalks on the property. “Home” includes not only the person’s own home but also any other home in which the person may have been injured.

Industrial place—This category includes factory buildings, railway yards, warehouses, workshops, loading platforms of factories or stores, construction projects (houses, buildings, bridges, new roads, and the like), as well as buildings undergoing remodeling. However, accidents in private homes undergoing remodeling are classified as home accidents.

Other accident—This category includes injuries in public places (such as tripping and falling in a store or on a public sidewalk) and also nonaccidental injuries such as homicidal and suicidal attempts. The survey does not cover the military population, but current disability of various types resulting from prior injury that occurred while the person was in the armed forces is covered and is included in this class.

Terms Relating to Physician Contacts

Physician contact—A physician contact is defined as consultation with a physician, in person or by telephone, for examination, diagnosis, treatment, or advice. (Physician contacts with hospital inpatients are not included.) The contact is considered to be a physician contact if the service is provided directly by the physician or by a nurse or other person acting under a physician’s supervision. For the purpose of this definition, “physician” includes doctors of medicine and osteopathic physicians. The term “doctor” is used in the interview rather than “physician” because of popular usage. However, the concept toward which all instructions are directed is that which is described here.

Physician contacts for services provided on a mass basis are not included in the tabulations. A service received on a mass basis is defined as any service involving only a single test (such as a test for diabetes) or a single procedure (such as a measles inoculation) when this single service is administered identically to all persons who are at the place for this purpose. Hence obtaining a chest x ray in a tuberculosis chest x-ray trailer is not included as a physician contact. However, a special chest x ray given in a physician’s office or in an outpatient clinic is considered a physician contact.

If a physician is called to a house to see more than one person, the call is considered a separate physician contact for each person about whom the physician is consulted.

A physician contact is associated with the person about whom the advice is sought, even if that person does not actually see or consult the physician. For example, if a mother consults a physician about one of her children, the physician contact is ascribed to the child.

Place of contact—The place of contact is a classification of the type of place at which a physician contact took place. The definitions of the various categories are as follows:

Telephone. Refers to medically related matters discussed in a telephone call with a physician or physician’s assistant. Calls for nonmedically related matters (such as for an appointment) are not included.

Office. Refers to physician offices that are not located in a hospital.

Hospital. Involves three types of places in a hospital: emergency room, clinic, and doctor’s office.

Other. Any place not classified into one of the three categories specified above, including clinics and HMO’s not located in hospitals.

Interval since last physician contact—The interval since the last physician contact is the length of time prior to the week of interview since a physician was last consulted in person or by telephone for treatment or advice of any type whatever. A physician contact with a hospital inpatient can be counted as the last time a physician was seen even though it is not included in the “physician contact” category.

Terms Relating to Hospitalization

Hospital—For this survey, a hospital is defined as any institution either (a) named in the listing of hospitals in the current *American Hospital Association Guide to the Health Care Field* (18) or (b) found on the Master Facility Inventory List maintained by the National Center for Health Statistics.

Short-stay hospital—A short-stay hospital is one in which the type of service provided is general; maternity; eye, ear, nose, and throat; children’s; osteopathic; or it may be the hospital department of an institution.

Hospital day—A hospital day is a day on which a person is confined to a hospital. It is counted as a hospital day only if the patient stays overnight. Thus a patient who enters the hospital on Monday afternoon and leaves by Wednesday at noon is considered to have had two hospital days.

Hospital days during the year—The number of hospital days during the year is the total number for all hospital

episodes in the 12-month period prior to the interview week. For this estimate, episodes overlapping the beginning or end of the 12-month period are subdivided so that only those days falling within the period are included.

Hospital episode—A hospital episode is any continuous period of stay of one night or more in a hospital as an inpatient except the period of stay of a well newborn infant. A hospital episode is recorded for a family member whenever any part of that person's hospital stay is included in the 12-month period prior to the interview week.

Hospital discharge—A hospital discharge is the completion of any continuous period of stay of one night or more in a hospital as an inpatient except the period of stay of a well newborn infant. A hospital discharge is recorded whenever a present member of the household is reported to have been discharged from a hospital in the 12-month period prior to the interview week. (Estimates were based on discharges that occurred during the 6-month period prior to the interview.)

Length of hospital stay—The length of hospital stay is the duration in days, exclusive of the day of discharge, of a hospital discharge. (See "hospital discharge.")

Average length of stay—The average length of stay per discharged patient is computed by dividing the total number of hospital days for a specified group by the total number of discharges for that group.

Demographic Terms

Age—The age recorded for each person is the age at last birthday. Age is recorded in single years and grouped in a variety of distributions depending on the purpose of the table.

Geographic region—For the purpose of classifying the population by geographic area, the States are grouped into four regions. These regions, which correspond to those used by the U.S. Bureau of the Census, are as follows:

<i>Region</i>	<i>States included</i>
Northeast	Maine, Vermont, New Hampshire, Massachusetts, Connecticut, Rhode Island, New York, New Jersey, and Pennsylvania
Midwest	Ohio, Illinois, Indiana, Michigan, Wisconsin, Minnesota, Iowa, Missouri, North Dakota, South Dakota, Kansas, and Nebraska
South	Delaware, Maryland, District of Columbia, West Virginia, Virginia, Kentucky, Tennessee, North Carolina, South Carolina, Georgia, Florida, Alabama, Mississippi, Louisiana, Oklahoma, Arkansas, and Texas
West	Washington, Oregon, California, Nevada, New Mexico, Arizona, Idaho, Utah, Colorado, Montana, Wyoming, Alaska, and Hawaii

Place of residence—The place of residence of a member of the civilian noninstitutionalized population is classified as inside a metropolitan statistical area (MSA) or outside an MSA. Place of residence inside an MSA is further classified as either central city or not central city. Place of residence outside an MSA is further classified as either farm or nonfarm.

Metropolitan statistical area—The definition and titles of MSA's are established by the U.S. Office of Management and Budget with the advice of the Federal Committee on Metropolitan Statistical Areas. Generally speaking, an MSA consists of a county or group of counties containing at least one city (or twin cities) having a population of 50,000 or more plus adjacent counties that are metropolitan in character and are economically and socially integrated with the central city. In New England, towns and cities rather than counties are the units used in defining MSA's. There is no limit to the number of adjacent counties included in the MSA as long as they are integrated with the central city, nor is an MSA

limited to a single State; boundaries may cross State lines. The metropolitan population in this report is based on MSA's as defined in the 1990 census and does not include any subsequent additions or changes.

Central city of an MSA—The largest city in an MSA is always a central city. One or two additional cities may be secondary central cities in the MSA on the basis of either of the following criteria:

1. The additional city or cities must have a population one-third or more of that of the largest city and a minimum population of 25,000.
2. The additional city or cities must have at least 250,000 inhabitants.

Not central city of an MSA—This includes all of the MSA that is not part of the central city itself.

Not in MSA—This includes all other places in the country.

Race—The population was divided into three racial groups: "white," "black," and "all other." "All other" included Aleut, Eskimo or American Indian, Asian or Pacific Islander, and any other race not listed separately. Since 1992, NHIS has expanded race into 15 detailed racial groupings and an "other race" category (see appendix III, section A, question 6a). If a person reported more than one race and did not select one main race, then they are assigned "multiple race" in the data file. Race characterization is based on the respondent's description of his or her racial background as well as the racial background of each family member.

Income of family or of unrelated individuals—Each member of a family is classified according to the total income of the family of which he or she is a member. Within the household, all persons related to each other by blood, marriage, or adoption constitute a family. Unrelated individuals are classified according to their own incomes.

The income recorded is the total of all income received by members of the family (or by an unrelated individual) in the 12-month period preceding the week of interview. Income from all sources—for example, wages, salaries, rents from property, pensions,

government payments, and help from relatives—is included.

Currently employed—Persons 18 years of age and over who reported that at any time during the 2-week period covered by the interview they either worked at or had a job or business are currently employed. Current employment includes paid work as an employee of someone else; self-employment in business, farming, or professional practice; and unpaid work in a family business or farm. Persons who were temporarily absent from a job or business because of a temporary illness, vacation, strike, or bad weather are considered as currently employed if they expected to work as soon as the particular event causing the absence no longer existed.

Freelance workers are considered currently employed if they had a definite arrangement with one employer or more to work for pay according to a weekly or monthly schedule, either full time or part time.

Excluded from the currently employed population are persons who have no definite employment schedule but work only when their services are needed. Also excluded from the currently employed population are (a) persons receiving revenue from an enterprise, but not participating in its operation, (b) persons doing housework or charity work for which they receive no pay, (c) seasonal workers during the portion of the year they were not working, and (d) persons who were not working, even though having a job or business, but were on layoff and looking for work.

The number of currently employed persons estimated from the NHIS will differ from the estimates prepared from the *Current Population Survey (CPS)* of the U.S. Bureau of the Census for several reasons. In addition to sampling variability they include three primary conceptual differences. They are:

1. The NHIS estimates are for persons 18 years of age and over; CPS estimates are for persons 16 years of age and over.
2. The NHIS uses a 2-week reference period, while CPS uses a 1-week reference period.

3. The NHIS is a continuing survey with separate samples taken weekly; CPS is a monthly sample taken for the survey week that includes the 12th of the month.

The most detailed operational definitions of all of these terms are found in the *NHIS Field Representative's Manual (19)*. Instructions are given in the manual on how problem cases associated with each concept are to be handled.

Appendix III Questionnaires and Flashcards

Book of books Batch number RT 10 Coder status 8 OMB No. 0920-0214; Approval Expires 09/30/96

Netles - 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 306(d) of the Public Health Service Act (42 USC 242m). Public reporting burden for this collection of information is estimated to average 30 minutes per response. 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, Humphrey Building, Room 721-B, 200 Independence Avenue, SW, Washington, DC 20201; and to the Office of Management and Budget, Paperwork Reduction Project (0920-0214), Washington, DC 20503.

FORM HIS-1 (1995)
U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
ACTING AS COLLECTING AGENT FOR THE
U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
PUBLIC HEALTH SERVICE

NATIONAL HEALTH INTERVIEW SURVEY

1. RO **2. Sample** **Suffix** **3. Week** **4. Segment type**
 Area
 Permit

5. Control number **6. Screening status**
 S
 I

7a. What is your exact address? (Including House No., Apt. No., or other identification; county and ZIP Code) **4-8**
 LISTING SHEET
 City State County ZIP Code
 Line No.

b. Is this your mailing address? (Mark box or specify if different; include county and ZIP Code) **RT 12** **4-83**
 Same as 7a
 City State County ZIP Code

c. GQ name **84-117** Sample unit No. Type code **118-120**

8. YEAR BUILT (Area segments only)
 Ask (Except for group quarters, mobile homes, trailers, tents, boats, and other units not in structures.)
 Do not ask
When was this structure originally built?
 Before 4-1-90 (Continue interview)
 After 4-1-90 (Complete 9c when required; END interview)

9. COVERAGE QUESTIONS
 Ask items that are marked
 Do not ask

a. Are there any other living quarters — either occupied or vacant — in this building? Yes (Fill Table X) No

b. Are there any other living quarters — either occupied or vacant — on this floor? Yes (Fill Table X) No

c. Is there any other building, mobile home, or trailer — either occupied or vacant — on this property for people to live in? Yes (Fill Table X) No

10a. LAND USE **RT 10** **33**
 URBAN (11)
 RURAL
 Reg. units and G.Q. units coded 92-N or 93-N in 7c - Ask item 10b
 - GQ units not coded 92-N or 93-N in 7c - Mark "No" in item 10b without asking

b. During the past 12 months, did sales of crops, livestock, and other farm products from this place amount to \$1,000 or more?
 Yes } (11)
 No } **34**

11. CLASSIFICATION OF LIVING QUARTERS - Mark by observation

a. LOCATION of unit **35** **b. Access** **36**
 Unit is:
 In Group Quarters - Refer to GQ Table on pages 4-7 through 4-7c of the 1-8, FH Listing and Coverage Manual; then complete 11c or d
 NOT in Group Quarters (11b)
 Direct (11c)
 Through another unit - Not a separate HU; combine with unit through which access is gained. (Apply merged unit procedures if additional living quarters space was listed separately.)

c. HOUSING unit (Mark one) **d. GROUP QUARTERS (GQ) unit (Mark one)** **37-38**
 01 House, apartment, flat
 02 HU in nontransient hotel, motel, etc.
 03 HU-permanent in transient hotel, motel, etc.
 04 HU in rooming house
 05 Mobile home or trailer with no permanent room added
 06 Mobile home or trailer with one or more permanent rooms added
 07 HU not specified above - Describe
 08 Quarters not HU in rooming or boarding house
 09 Unit not permanent in transient hotel, motel, etc.
 10 Unoccupied site for mobile home, trailer, or tent
 11 Student quarters in college dormitory
 12 GQ unit not specified above - Describe

12a. What is the telephone number here? **39** Area code/number **40-49**
 None

b. Is there any working telephone located INSIDE your home? Yes No **50** **13. Interview observed?** Yes No **51**

14a. Field representative's name **Code** **52-53** **b. Language of interview** **54**
 English Both English and Spanish
 Spanish Other

15. Neighbor screening results (Mark if "S" in item 6) **55**
 Neighbors not contacted
 Screened out by neighbors
 Eligible per neighbor
 Undetermined by neighbors

16. Noninterview reason **56-57**
TYPE A
 Refused
 No one home, repeated calls
 Temporarily absent
 Language problem
 Other (Specify)
 Indicate best estimate of race/ethnicity for each Type A
 Black/Hispanic
 Not Black/Hispanic
 Unknown
 Fill items 1-7a, 8 and 10 as applicable; 11, 13-17.

TYPE B
 Vacant, nonseasonal
 Vacant, seasonal
 Occupied entirely by URE
 Occupied entirely by AF members
 Occupied - screened out by household
 Occupied - screened out by neighbors
 Unfit or to be demolished
 Under construction - not ready
 Converted to temporary business or storage
 Unoccupied site for mobile home, trailer, or tent
 Permit granted - construction not started
 Other (Specify)
 Fill items 1-7a, 8-10 as applicable; 11, 13-17.

TYPE C
 Unused line of listing sheet
 Demolished
 House or trailer moved
 Outside segment boundaries
 Converted to permanent business or storage
 Merged
 Condemned
 Built after April 1, 1990
 Other (Specify)
 Fill items 1-7a, 9c if marked; 13-17, Inter-Comm.

17. Record of calls **59-69**

Month	Date	Beginning time	Ending time	Completed Mark (X)
1		P a.m.	a.m.	
1		T p.m.	p.m.	
2		P a.m.	a.m.	
2		T p.m.	p.m.	
3		P a.m.	a.m.	
3		T p.m.	p.m.	
4		P a.m.	a.m.	
4		T p.m.	p.m.	
5		P a.m.	a.m.	
5		T p.m.	p.m.	
6		P a.m.	a.m.	
6		T p.m.	p.m.	

18. List column numbers of persons requiring callbacks, and indicate reason(s). None **70-77**

Person No.	S.S. No.	Other	Person No.	S.S. No.	Other

19. Record of additional contacts **78-81**

Month	Date	Beginning time	Ending time	Completed Person No.
1		P a.m.	a.m.	
1		T p.m.	p.m.	
2		P a.m.	a.m.	
2		T p.m.	p.m.	
3		P a.m.	a.m.	
3		T p.m.	p.m.	
4		P a.m.	a.m.	
4		T p.m.	p.m.	

Old age Cov. In name

A. HOUSEHOLD COMPOSITION PAGE		1	
<p>1a. What are the names of all persons living or staying here? Start with the name of the person or one of the persons who owns or rents this home. Enter name in REFERENCE PERSON column.</p> <p>b. What are the names of all other persons living or staying here? Enter names in columns.</p> <p>c. I have listed (read names). Have I missed:</p> <ul style="list-style-type: none"> — any babies or small children? — any lodgers, boarders, or persons you employ who live here? — anyone who USUALLY lives here but is now away from home traveling or in a hospital? — anyone else staying here? <p>d. Do all of the persons you have named usually live here? <input type="checkbox"/> Yes (2) <input type="checkbox"/> No (APPLY HOUSEHOLD MEMBERSHIP RULES. Delete nonhousehold members by an "X" from 1-C2 and enter reason.)</p> <p><i>Probe if necessary:</i> Does -- usually live somewhere else? <i>Ask for all persons beginning with column 2:</i></p>		<p>1. First name _____ Mid. Init. _____ Age _____</p> <p>Last name _____ Sex <input type="checkbox"/> M <input type="checkbox"/> F</p> <p>2. Relationship REFERENCE PERSON _____</p> <p>3. Date of birth Month _____ Date _____ Year _____</p> <p>HOSP. WORK RD 2-WK. DV <input type="checkbox"/> None <input type="checkbox"/> 1 Wa <input type="checkbox"/> 1 Yes <input type="checkbox"/> 00 <input type="checkbox"/> None <input type="checkbox"/> 2 Wb <input type="checkbox"/> 2 No _____ Number</p>	
<p>2. What is -- relationship to (reference person)?</p> <p>3. What is -- date of birth? (Enter date and age and mark sex.)</p>		<p>C1</p> <p>LA RA DV INJ. CL LTR HS COND.</p> <p>LA RA DV INJ. CL LTR HS COND.</p> <p>LA RA DV INJ. CL LTR HS COND.</p> <p>LA RA DV INJ. CL LTR HS COND.</p>	
REFERENCE PERIODS			
A1	2-WEEK PERIOD		
	12-MONTH DATE		
	13-MONTH HOSPITAL DATE		
A2	ASK CONDITION LIST _____		
A3	Refer to ages of all HH members.	A3	<input type="checkbox"/> All persons 65 and over (5) <input type="checkbox"/> Other (4a)
<p>4a. Are any of the persons in this household now on full-time active duty with the armed forces? <input type="checkbox"/> Yes (4b) <input type="checkbox"/> No (5)</p> <p>b. Who is this? Mark "AF member" box in person's column</p> <p>c. Anyone else? <input type="checkbox"/> Yes (Reask 4b and c) <input type="checkbox"/> No (4d)</p> <p><i>Ask for each person with "AF member" box marked in 4b.</i></p> <p>d. Where does -- usually live and sleep, here or somewhere else? Mark box in person's column.</p>		<p>4b. <input type="checkbox"/> AF member</p> <p>4d. <input type="checkbox"/> Living at home (Exclude from health questions) <input type="checkbox"/> Not living at home (Delete from household by an "X" from 1-C2)</p>	
<p>HAND CARD O.</p> <p>5a. Are any of those groups -- National origin or ancestry? (Where did -- ancestors come from?)</p> <p>b. Please give me the number of the group. Circle all that apply.</p> <p>1 - Puerto Rican 3 - Mexican/Mexicano 5 - Chicano 7 - Other Spanish 2 - Cuban 4 - Mexican American 6 - Other Latin American</p>		<p>5a. <input type="checkbox"/> Yes (5b) <input type="checkbox"/> No (NP)</p> <p>b. 1 2 3 4 5 6 7</p>	
<p>HAND CARD R. Ask first alternative for first person; ask second alternative for other persons.</p> <p>6a. What is the number of the group or groups which represents -- race? (What is -- race?)</p> <p>Circle all that apply.</p> <p>1 - White 4 - Eskimo ASIAN OR PACIFIC ISLANDER (API) 2 - Black/African American 5 - Aleut 6 - Chinese 10 - Vietnamese 14 - Guamanian 3 - Indian (American) 7 - Filipino 11 - Japanese 15 - Other API - Specify 8 - Hawaiian 12 - Asian Indian 16 - Other race - Specify 9 - Korean 13 - Samoan</p> <p><i>Ask if multiple entries in 6a:</i></p> <p>b. Which of those groups, that is, (entries in 6a) would you say BEST represents -- race?</p> <p>c. Mark observed race of respondent(s) only.</p>		<p>6a. 1 2 3 4 5 6 7 8 9</p> <p>10 11 12 13 14 15 16</p> <p>(Specify) _____</p> <p>b. 1 2 3 4 5 6 7 8 9</p> <p>10 11 12 13 14 15 16</p> <p>(Specify) _____</p> <p>c. <input type="checkbox"/> W <input type="checkbox"/> B <input type="checkbox"/> O</p>	
A4	Refer to item 6 "Status" on the Household Page.	A4	<input type="checkbox"/> S (Item A5) <input type="checkbox"/> I (Next page)
A5	Refer to 5a and 6a above for all household members. Mark (X) first appropriate box.	A5	<input type="checkbox"/> Any "Yes" in 5a (Next page) <input type="checkbox"/> Any "2" in 6a (Next page) <input type="checkbox"/> All others (7)
<p>7. Enter person number of the respondent and then read:</p> <p>Not every household in our survey is asked all questions. I have all the information about your household that I need at this time.</p> <p style="text-align: center;">END INTERVIEW</p>		<p>Person number _____ Respondent _____</p>	

INTRODUCTION AND HOSPITAL PROBE	
<p><i>If related persons 17 and over are listed in addition to the respondent and are not present, say:</i> We would like to have all adult family members who are at home take part in the interview. Are (names of persons 17 and over) at home now? If "Yes," ask: Could they join us? (Allow time)</p>	
<p><i>Read to respondent(s):</i> This survey is being conducted to collect information on the nation's health. I will ask about hospitalizations, disability, visits to doctors, illness in the family, and other health related items.</p>	
HOSPITAL PROBE	
<p>1a. Since (13-month hospital date) a year ago, was -- a patient in a hospital OVERNIGHT?</p>	<p>1a. 1 <input type="checkbox"/> Yes (1b) 2 <input type="checkbox"/> No (Mark "HOSP." box, THEN NP)</p>
<p>b. How many different times did -- stay in any hospital overnight or longer since (13-month hospital date) a year ago?</p>	<p>b. _____ } (Make entry in "HOSP." box THEN NP) Number of times</p>
<p><i>Ask for each child under one:</i></p> <p>2a. Was -- born in a hospital?</p>	<p>2a. 1 <input type="checkbox"/> Yes (2b) 2 <input type="checkbox"/> No (NP)</p>
<p><i>Ask for mother and child:</i></p> <p>b. Have you included this hospitalization in the number you gave me for --?</p>	<p>b. 1 <input type="checkbox"/> Yes (NP) 2 <input type="checkbox"/> No (Correct 1 and "HOSP." box)</p>
<p>FOOTNOTES</p>	

B. LIMITATION OF ACTIVITIES PAGE

B1	Refer to age.	B1	<input type="checkbox"/> 18-89(1) <input type="checkbox"/> Other (NP)
1.	What was — doing MOST OF THE PAST 12 MONTHS ; working at a job or business, keeping house, going to school, or something else? <i>Priority if 2 or more activities reported: (1) Spent the most time doing; (2) Considers the most important.</i>	1.	<input type="checkbox"/> Working (2) <input type="checkbox"/> Keeping house (3) <input type="checkbox"/> Going to school (5) <input type="checkbox"/> Something else (5)
2a.	Does any impairment or health problem NOW keep — from working at a job or business?	2a.	<input type="checkbox"/> Yes (7) <input type="checkbox"/> No
b.	Is — limited in the kind OR amount of work — can do because of any impairment or health problem?	b.	<input type="checkbox"/> Yes (7) <input type="checkbox"/> No (6)
3a.	Does any impairment or health problem NOW keep — from doing any housework at all?	3a.	<input type="checkbox"/> Yes (4) <input type="checkbox"/> No
b.	Is — limited in the kind OR amount of housework — can do because of any impairment or health problem?	b.	<input type="checkbox"/> Yes (4) <input type="checkbox"/> No (5)
4a.	What (other) condition causes this? Ask if injury or operation: When did [the (injury) occur?/— have the operation?] Ask if operation over 3 months ago: For what condition did — have the operation? If pregnancy/delivery or 0-3 months injury or operation — Reask question 3 where limitation reported, saying: Except for — (condition), . . . ? OR reask 4b/c.	4a.	(Enter condition in C2, THEN 4b) <input type="checkbox"/> Old age (Mark "Old age" box, THEN 4c)
b.	Besides (condition) is there any other condition that causes this limitation?	b.	<input type="checkbox"/> Yes (Reask 4a and b) <input type="checkbox"/> No (4d)
c.	Is this limitation caused by any (other) specific condition?	c.	<input type="checkbox"/> Yes (Reask 4a and b) <input type="checkbox"/> No
d.	Which of these conditions would you say is the MAIN cause of this limitation?	d.	<input type="checkbox"/> Only 1 condition Main cause _____
5a.	Does any impairment or health problem keep — from working at a job or business?	5a.	<input type="checkbox"/> Yes (7) <input type="checkbox"/> No
b.	Is — limited in the kind OR amount of work — could do because of any impairment or health problem?	b.	<input type="checkbox"/> Yes (7) <input type="checkbox"/> No
B2	Refer to questions 3a and 3b.	B2	<input type="checkbox"/> "Yes" in 3a or 3b (NP) <input type="checkbox"/> Other (6)
6a.	Is — limited in ANY WAY in any activities because of an impairment or health problem?	6a.	<input type="checkbox"/> Yes <input type="checkbox"/> No (NP)
b.	In what way is — limited? <i>Record limitation, not condition.</i>	b.	Limitation _____
7a.	What (other) condition causes this? Ask if injury or operation: When did [the (injury) occur?/— have the operation?] Ask if operation over 3 months ago: For what condition did — have the operation? If pregnancy/delivery or 0-3 months injury or operation — Reask question 2, 5, or 6 where limitation reported, saying: Except for — (condition), . . . ? OR reask 7b/c.	7a.	(Enter condition in C2, THEN 7b) <input type="checkbox"/> Old age (Mark "Old age" box, THEN 7c)
b.	Besides (condition) is there any other condition that causes this limitation?	b.	<input type="checkbox"/> Yes (Reask 7a and b) <input type="checkbox"/> No (7d)
c.	Is this limitation caused by any (other) specific condition?	c.	<input type="checkbox"/> Yes (Reask 7a and b) <input type="checkbox"/> No
d.	Which of these conditions would you say is the MAIN cause of this limitation?	d.	<input type="checkbox"/> Only 1 condition Main cause _____

B. LIMITATION OF ACTIVITIES PAGE, Continued

<p>B3 Refer to age.</p>	<p>B3 0 <input type="checkbox"/> Under 5 (10) 2 <input type="checkbox"/> 18-69 (NP) 1 <input type="checkbox"/> 5-17 (11) 3 <input type="checkbox"/> 70 and over (B)</p>
<p>8. What was -- doing MOST OF THE PAST 12 MONTHS; working at a job or business, keeping house, going to school, or something else? <i>Priority if 2 or more activities reported: (1) Spent the most time doing; (2) Considers the most important.</i></p>	<p>8. 1 <input type="checkbox"/> Working 2 <input type="checkbox"/> Keeping house 3 <input type="checkbox"/> Going to school 4 <input type="checkbox"/> Something else</p>
<p>9a. Because of any impairment or health problem, does -- need the help of other persons with -- personal care needs, such as eating, bathing, dressing, or getting around this home? b. Because of any impairment or health problem, does -- need the help of other persons in handling -- routine needs, such as everyday household chores, doing necessary business, shopping, or getting around for other purposes?</p>	<p>9a. 1 <input type="checkbox"/> Yes (13) <input type="checkbox"/> No b. 2 <input type="checkbox"/> Yes (13) 3 <input type="checkbox"/> No (12)</p>
<p>10a. Is -- able to take part AT ALL in the usual kinds of play activities done by most children -- age? b. Is -- limited in the kind OR amount of play activities -- can do because of any impairment or health problem?</p>	<p>10a. <input type="checkbox"/> Yes 0 <input type="checkbox"/> No (13) b. 1 <input type="checkbox"/> Yes (13) 2 <input type="checkbox"/> No (12)</p>
<p>11a. Does any impairment or health problem NOW keep -- from attending school? b. Does -- attend a special school or special classes because of any impairment or health problem? c. Does -- need to attend a special school or special classes because of any impairment or health problem? d. Is -- limited in school attendance because of -- health?</p>	<p>11a. 1 <input type="checkbox"/> Yes (13) <input type="checkbox"/> No b. 2 <input type="checkbox"/> Yes (13) <input type="checkbox"/> No c. 3 <input type="checkbox"/> Yes (13) <input type="checkbox"/> No d. 4 <input type="checkbox"/> Yes (13) 5 <input type="checkbox"/> No</p>
<p>12a. Is -- limited in ANY WAY in any activities because of an impairment or health problem? b. In what way is -- limited? <i>Record limitation, not condition.</i></p>	<p>12a. 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (NP) b. _____ Limitation</p>
<p>13a. What (other) condition causes this? <i>Ask if injury or operation: When did [the (injury) occur?]/ -- have the operation?</i> <i>Ask if operation over 3 months ago: For what condition did -- have the operation?</i> <i>If pregnancy/delivery or 0-3 months injury or operation --</i> <i>Reask question where limitation reported, saying: Except for -- (condition), ...?</i> <i>OR reask 13b/c.</i> b. Besides (condition) is there any other condition that causes this limitation? c. Is this limitation caused by any (other) specific condition? <i>Mark box if only one condition.</i> d. Which of these conditions would you say is the MAIN cause of this limitation?</p>	<p>13a. (Enter condition in C2, THEN 13b) 1 <input type="checkbox"/> Old age (Mark "Old age" box, THEN 13c) b. <input type="checkbox"/> Yes (Reask 13a and b) <input type="checkbox"/> No (13d) c. <input type="checkbox"/> Yes (Reask 13a and b) <input type="checkbox"/> No d. <input type="checkbox"/> Only 1 condition _____ Main cause</p>
<p>FOOTNOTES</p>	

B. LIMITATION OF ACTIVITIES PAGE, Continued		
B4	Refer to age.	B4 0 <input type="checkbox"/> Under 5 (NP) 2 <input type="checkbox"/> 60-69 (14) 1 <input type="checkbox"/> 5-59 (B5) 3 <input type="checkbox"/> 70 and over (NP)
B5	Refer to "Old age" and "LA" boxes. Mark first appropriate box.	B5 <input type="checkbox"/> "Old age" box marked (14) <input type="checkbox"/> Entry in "LA" box (14) <input type="checkbox"/> Other (NP)
14a.	Because of any impairment or health problem, does --- need the help of other persons with --- personal care needs, such as eating, bathing, dressing, or getting around this home? <i>If under 18, skip to next person; otherwise ask:</i>	14a. 1 <input type="checkbox"/> Yes (15) <input type="checkbox"/> No
b.	Because of any impairment or health problem, does --- need the help of other persons in handling --- routine needs, such as everyday household chores, doing necessary business, shopping, or getting around for other purposes?	b. 2 <input type="checkbox"/> Yes (15) 3 <input type="checkbox"/> No (NP)
15a.	What (other) condition causes this? Ask if injury or operation: When did [the (injury) occur?/--- have the operation?] Ask if operation over 3 months ago: For what condition did --- have the operation? If pregnancy/delivery or 0-3 months injury or operation --- Reask question 14 where limitation reported, saying: Except for --- (condition), ...? OR reask 15b/c.	15a. (Enter condition in C2, THEN 15b) 1 <input type="checkbox"/> Old age (Mark "Old age" box, THEN 15c)
b.	Besides (condition) is there any other condition that causes this limitation?	b. <input type="checkbox"/> Yes (Reask 15a and b) <input type="checkbox"/> No (15d)
c.	Is this limitation caused by any (other) specific condition?	c. <input type="checkbox"/> Yes (Reask 15a and b) <input type="checkbox"/> No
d.	Which of these conditions would you say is the MAIN cause of this limitation? <i>Mark box if only one condition.</i>	d. <input type="checkbox"/> Only 1 condition _____ Main cause
FOOTNOTES		

D. RESTRICTED ACTIVITY PAGE PERSON 1

Hand calendar.

{The next questions refer to the 2 weeks outlined in red on that calendar, beginning Monday, (date) and ending this past Sunday (date).}

D1

Refer to age.

- Under 5 (4) 5-17 (3) 18 and over (1)

1a. DURING THOSE 2 WEEKS, did --- work at any time at a job or business not counting work around the house? (Include unpaid work in the family [farm/business].)

- 1 Yes (Mark "Wa" box, THEN 2) 2 No

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

- 1 Yes (Mark "Wb" box, THEN 2) 2 No (4)

2a. During those 2 weeks, did --- miss any time from a job or business because of illness or injury?

- Yes oo No (4)

b. During that 2-week period, how many days did --- miss more than half of the day from --- job or business because of illness or injury?

- oo None (4) (4)

3a. During those 2 weeks, did --- miss any time from school because of illness or injury?

- Yes oo No (4)

b. During that 2-week period, how many days did --- miss more than half of the day from school because of illness or injury?

- oo None

4a. During those 2 weeks, did --- stay in bed because of illness or injury?

- Yes oo No (6)

b. During that 2-week period, how many days did --- stay in bed more than half of the day because of illness or injury?

- oo None (6) (D2)

D2

Refer to 2b and 3b.

- No days in 2b or 3b (6)
 1 or more days in 2b or 3b (5)

5. On how many of the (number in 2b or 3b) days missed from [work/school] did --- stay in bed more than half of the day because of illness or injury?

- oo None

Refer to 2b, 3b, and 4b.

6a. (Not counting the day(s) [missed from work missed from school (and) in bed],

Was there any (OTHER) time during those 2 weeks that --- cut down on the things --- usually does because of illness or injury?

- Yes oo No (D3)

b. (Again, not counting the day(s) [missed from work missed from school (and) in bed],

During that period, how many (OTHER) days did --- cut down for more than half of the day because of illness or injury?

- oo None

D3

Refer to 2-6.

- No days in 2-6 (Mark "No" in RD, THEN NP)
 1 or more days in 2-6 (Mark "Yes" in RD, THEN 7)

Refer to 2b, 3b, 4b, and 6b.

7a. What (other) condition caused --- to [miss work miss school (or) stay in bed (or) cut down] during those 2 weeks?

(Enter condition in C2, THEN 7b)

b. Did any other condition cause --- to [miss work miss school (or) stay in bed (or) cut down] during that period?

- 1 Yes (Reask 7a and b) 2 No

FOOTNOTES

E. 2-WEEK DOCTOR VISITS PROBE PAGE

Read to respondent(s):

These next questions are about health care received during the 2 weeks outlined in red on that calendar.

E1 Refer to age.

E1 Under 14 (1b)
 14 and over (1a)

1 a. During those 2 weeks, how many times did — see or talk to a medical doctor? (Include all types of doctors, such as dermatologists, psychiatrists, and ophthalmologists, as well as general practitioners and osteopaths.) (Do not count times while an overnight patient in a hospital.)

1 a. and b. None } (NP)
 }
Number of times

b. During those 2 weeks, how many times did anyone see or talk to a medical doctor about —? (Do not count times while an overnight patient in a hospital.)

2 a. (Besides the time(s) you just told me about) During those 2 weeks, did anyone in the family receive health care at home or go to a doctor's office, clinic, hospital or some other place? Include care from a nurse or anyone working with or for a medical doctor. Do not count times while an overnight patient in a hospital. Yes No (3a)

b. Who received this care? Mark "DR Visit" box in person's column.

2 b. DR Visit

c. Anyone else? Yes (Reask 2b and c) No

Ask for each person with "DR Visit" in 2b:

d. How many times did — receive this care during that period?

d.
Number of times

3 a. (Besides the time(s) you already told me about) During those 2 weeks, did anyone in the family get any medical advice, prescriptions or test results over the PHONE from a doctor, nurse, or anyone working with or for a medical doctor? Yes No (E2)

b. Who was the phone call about? Mark "Phone call" box in person's column.

3 b. Phone call

c. Were there any calls about anyone else? Yes (Reask 3b and c) No

Ask for each person with "Phone call" in 3b:

d. How many telephone calls were made about —?

d.
Number of calls

E2 Add numbers in 1, 2d, and 3d for each person. Record total number of visits and calls in "2-WK. DV" box in item C1.

FOOTNOTES

F. 2-WEEK DOCTOR VISITS PAGE		DR VISIT 1
Refer to C1, "2-WK. DV" box.		PERSON NUMBER _____
F1 Refer to age.	F1 <input type="checkbox"/> Under 14 (1b) <input type="checkbox"/> 14 and over (1a)	
1 a. On what (other) date(s) during those 2 weeks did — see or talk to a medical doctor, nurse, or doctor's assistant? b. On what (other) date(s) during those 2 weeks did anyone see or talk to a medical doctor, nurse, or doctor's assistant about —? <i>Ask after last DR visit column for this person:</i> c. Were there any other visits or calls for — during that period? Make necessary correction to 2-Wk. DV box in C1.	1 a. and b. Month _____ Date _____ OR { 7777 <input type="checkbox"/> Last week 8888 <input type="checkbox"/> Week before c. 1 <input type="checkbox"/> Yes (Reask 1a or b and c) 2 <input type="checkbox"/> No (Ask 2-6 for each visit)	
2. Where did — receive health care on (date in 1), at a doctor's office, clinic, hospital, some other place, or was this a telephone call? <i>If doctor's office: Was this office in a hospital?</i> <i>If hospital: Was it the outpatient clinic or the emergency room?</i> <i>If clinic: Was it a hospital outpatient clinic, a company clinic, a public health clinic, or some other kind of clinic?</i> <i>If lab: Was this lab in a hospital?</i> What was done during this visit? (Footnote)	2. 01 <input type="checkbox"/> Telephone Not in hospital: 02 <input type="checkbox"/> Home 03 <input type="checkbox"/> Doctor's office 04 <input type="checkbox"/> Co. or ind. clinic 05 <input type="checkbox"/> Other clinic 06 <input type="checkbox"/> Lab 07 <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Hospital: 08 <input type="checkbox"/> O.P. clinic 09 <input type="checkbox"/> Emergency room 10 <input type="checkbox"/> Doctor's office 11 <input type="checkbox"/> Lab 12 <input type="checkbox"/> Overnight patient (6) 88 <input type="checkbox"/> Other (Specify) <input type="checkbox"/>	
<i>Ask 3b if under 14.</i> 3a. Did — actually talk to a medical doctor? b. Did anyone actually talk to a medical doctor about —? c. What type of medical person or assistant was talked to? d. Does the (entry in 3c) work with or for ONE doctor or MORE than one doctor? e. For this (visit/call) what kind of doctor was the (entry in 3c) working with or for — a general practitioner or a specialist? f. Is that doctor a general practitioner or a specialist? g. What kind of specialist?	3a. and b. 1 <input type="checkbox"/> Yes (3f) 2 <input type="checkbox"/> No (3c) 8 <input type="checkbox"/> DK if M.D. (3c) 9 <input type="checkbox"/> DK who was seen (3f) c. _____ Type _____ 99 <input type="checkbox"/> DK d. 1 <input type="checkbox"/> One (3f) 2 <input type="checkbox"/> More 3 <input type="checkbox"/> None (4) 9 <input type="checkbox"/> DK e. and f. 1 <input type="checkbox"/> GP (4) 2 <input type="checkbox"/> Specialist (3g) 9 <input type="checkbox"/> DK (4) g. _____ Kind of specialist	
<i>Ask 4b if under 14.</i> 4a. For what condition did — see or talk to the [doctor/(entry in 3c)] on (date in 1)? Mark first appropriate box. b. For what condition did anyone see or talk to the [doctor/(entry in 3c)] about — on (date in 1)? Mark first appropriate box. c. Was a condition found as a result of the [test(s)/examination]? d. Was this [test/examination] because of a specific condition — had? e. During the past 2 weeks was — sick because of her pregnancy? f. What was the matter? g. During this (visit/call) was the [doctor/(entry in 3c)] talked to about any (other) condition? h. What was the condition?	4a. and b. 1 <input type="checkbox"/> Condition (Item C2, THEN 4g) 2 <input type="checkbox"/> Pregnancy (4a) 3 <input type="checkbox"/> Test(s) or examination (4c) 8 <input type="checkbox"/> Other (Specify) <input type="checkbox"/> c. <input type="checkbox"/> Yes (4h) <input type="checkbox"/> No (4g) d. <input type="checkbox"/> Yes (4h) <input type="checkbox"/> No (4g) e. <input type="checkbox"/> Yes <input type="checkbox"/> No (4g) f. _____ Condition (Item C2, THEN 4g) g. <input type="checkbox"/> Yes <input type="checkbox"/> No (5) h. _____ Condition (Item C2, THEN 4g)	
<i>Mark box if "Telephone" in 2.</i> 5a. Did — have any kind of surgery or operation during this visit, including bone settings and stitches? b. What was the name of the surgery or operation? If name of operation not known, describe what was done. c. Was there any other surgery or operation during this visit?	5a. 0 <input type="checkbox"/> Telephone in 2 (Next Dr. visit) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (6) b. (1) _____ (2) _____ c. <input type="checkbox"/> Yes (Reask 5b and c) <input type="checkbox"/> No	
6. In what city (town), county, and State is the (place in 2) located?	6. City/County _____ / _____ State/ZIP Code _____ / _____	

G. HEALTH INDICATOR PAGE	
<p>1a. During the 2-week period outlined in red on that calendar, has anyone in the family had an injury from an accident or other cause that you have not yet told me about? <input type="checkbox"/> Yes <input type="checkbox"/> No (2)</p> <p>b. Who was this? Mark "Injury" box in person's column.</p> <p>c. What was --- injury? Enter injury(ies) in person's column.</p> <p>d. Did anyone have any other injuries during that period? <input type="checkbox"/> Yes (Reask 1b, c, and d) <input type="checkbox"/> No</p> <p><i>Ask for each injury in 1c:</i></p> <p>e. As a result of the (injury in 1c) did [---/anyone] see or talk to a medical doctor or assistant (about ---) or did --- cut down on --- usual activities for more than half of a day?</p>	<p>1b. <input type="checkbox"/> Injury</p> <p>c. _____ Injury</p> <p>e. <input type="checkbox"/> Yes (Enter injury in C2, THEN 1e for next injury) <input type="checkbox"/> No (1e for next injury)</p>
<p>2. During the past 12 months, (that is, since (12-month date) a year ago) ABOUT how many days did illness or injury keep --- in bed more than half of the day? (Include days while an overnight patient in a hospital.)</p>	<p>2. 000 <input type="checkbox"/> None _____ No. of days</p>
<p>3a. During the past 12 months, ABOUT how many times did [---/anyone] see or talk to a medical doctor or assistant (about ---)? (Do not count doctors seen while an overnight patient in a hospital.) (Include the (number in 2-WK DV box) visit(s) you already told me about.)</p> <p>b. About how long has it been since [---/anyone] last saw or talked to a medical doctor or assistant (about ---)? Include doctors seen while a patient in a hospital.</p>	<p>3a. 000 <input type="checkbox"/> None (3b) 000 <input type="checkbox"/> Only when overnight patient in hospital } (NP) _____ No. of visits</p> <p>b. 1 <input type="checkbox"/> Interview week (Reask 3b) 2 <input type="checkbox"/> Less than 1 yr. (Reask 3a) 3 <input type="checkbox"/> 1 yr., less than 2 yrs. 4 <input type="checkbox"/> 2 yrs., less than 5 yrs. 5 <input type="checkbox"/> 5 yrs. or more 0 <input type="checkbox"/> Never</p>
<p>4. Would you say --- health in general is excellent, very good, good, fair, or poor?</p>	<p>4. 1 <input type="checkbox"/> Excellent 4 <input type="checkbox"/> Fair 2 <input type="checkbox"/> Very good 5 <input type="checkbox"/> Poor 3 <input type="checkbox"/> Good</p>
<p><i>Mark box if under 18.</i></p> <p>5a. About how tall is --- without shoes?</p> <p>b. About how much does --- weigh without shoes?</p>	<p>5a. <input type="checkbox"/> Under 18 (NP) _____ Feet _____ Inches</p> <p>b. _____ Pounds</p>
<p>FOOTNOTES</p>	

H. CONDITION LISTS 1 AND 2

Read to respondent(s) and ask list specified in A2:
 Now I am going to read a list of medical conditions. Tell me if anyone in the family has had any of these conditions, even if you have mentioned them before.

<p>1</p> <p>1a. Does anyone in the family {read names} NOW HAVE — If "Yes," ask 1b and c.</p> <p>b. Who is this?</p> <p>c. Does anyone else NOW have — Enter condition and letter in appropriate person's column.</p> <p>A. PERMANENT stiffness or any deformity of the foot, leg, fingers, arm, or back? (Permanent stiffness — Joints will not move at all.)</p> <p>B. Paralysis of any kind?</p> <p>1d. DURING THE PAST 12 MONTHS, did anyone in the family have — If "Yes," ask 1e and f.</p> <p>e. Who was this?</p> <p>f. DURING THE PAST 12 MONTHS, did anyone else have — Enter condition and letter in appropriate person's column. C—L are conditions affecting the bone and muscle. M—W are conditions affecting the skin.</p> <table border="1" style="width: 100%;"> <tr> <td style="width: 50%;">C. Arthritis of any kind or rheumatism?</td> <td style="width: 50%;"><i>Reask 1d</i> M. A tumor, cyst, or growth of the skin?</td> </tr> <tr> <td>D. Gout?</td> <td>N. Skin cancer?</td> </tr> <tr> <td>E. Lumbago?</td> <td>O. Eczema or Psoriasis? (ek'sa-ma) or (so-rye'uh-sis)</td> </tr> <tr> <td>F. Sciatica?</td> <td>P. TROUBLE with dry or itching skin?</td> </tr> <tr> <td>G. A bone cyst or bone spur?</td> <td>Q. TROUBLE with acne?</td> </tr> <tr> <td>H. Any other disease of the bone or cartilage?</td> <td>R. A skin ulcer?</td> </tr> <tr> <td>I. A slipped or ruptured disc?</td> <td>T. Dermatitis or any other skin trouble?</td> </tr> <tr> <td>J. REPEATED trouble with neck, back, or spine?</td> <td>U. TROUBLE with ingrown toenails or fingernails?</td> </tr> <tr> <td>K. Bursitis?</td> <td>V. TROUBLE with bunions, corns, or calluses?</td> </tr> <tr> <td>L. Any disease of the muscles or tendons?</td> <td>W. Any disease of the hair or scalp?</td> </tr> </table>	C. Arthritis of any kind or rheumatism?	<i>Reask 1d</i> M. A tumor, cyst, or growth of the skin?	D. Gout?	N. Skin cancer?	E. Lumbago?	O. Eczema or Psoriasis? (ek'sa-ma) or (so-rye'uh-sis)	F. Sciatica?	P. TROUBLE with dry or itching skin?	G. A bone cyst or bone spur?	Q. TROUBLE with acne?	H. Any other disease of the bone or cartilage?	R. A skin ulcer?	I. A slipped or ruptured disc?	T. Dermatitis or any other skin trouble?	J. REPEATED trouble with neck, back, or spine?	U. TROUBLE with ingrown toenails or fingernails?	K. Bursitis?	V. TROUBLE with bunions, corns, or calluses?	L. Any disease of the muscles or tendons?	W. Any disease of the hair or scalp?	<p>2</p> <p>2a. Does anyone in the family {read names} NOW HAVE — If "Yes," ask 2b and c.</p> <p>b. Who is this?</p> <p>c. Does anyone else NOW have — Enter condition and letter in appropriate person's column. A—L are conditions affecting { Hearing Vision Speech } Conditions M—AA are Impairments.</p> <table border="1" style="width: 100%;"> <tr> <td style="width: 50%;">A. Deafness in one or both ears?</td> <td style="width: 50%;"><i>Reask 2a</i> O. A missing joint?</td> </tr> <tr> <td>B. Any other trouble hearing with one or both ears?</td> <td>P. A missing breast, kidney, or lung?</td> </tr> <tr> <td>C. Tinnitus or ringing in the ears?</td> <td>Q. Palsy or cerebral palsy? (ser'a-bral)</td> </tr> <tr> <td>D. Blindness in one or both eyes?</td> <td>R. Paralysis of any kind?</td> </tr> <tr> <td>E. Cataracts?</td> <td>S. Curvature of the spine?</td> </tr> <tr> <td>F. Glaucoma?</td> <td>T. REPEATED trouble with neck, back, or spine?</td> </tr> <tr> <td>G. Color blindness?</td> <td>U. Any TROUBLE with fallen arches or flatfeet?</td> </tr> <tr> <td>H. A detached retina or any other condition of the retina?</td> <td>V. A clubfoot?</td> </tr> <tr> <td>I. Any other trouble seeing with one or both eyes EVEN when wearing glasses?</td> <td>W. A trick knee?</td> </tr> <tr> <td>J. A cleft palate or harelip?</td> <td>X. PERMANENT stiffness or any deformity of the foot, leg, or back? (Permanent stiffness — joints will not move at all.)</td> </tr> <tr> <td>K. Stammering or stuttering?</td> <td>Y. PERMANENT stiffness or any deformity of the fingers, hand, or arm?</td> </tr> <tr> <td>L. Any other speech defect?</td> <td>Z. Mental retardation?</td> </tr> <tr> <td>M. Loss of taste or smell which has lasted 3 months or more?</td> <td>AA. Any condition caused by an accident or injury which happened more than 3 months ago? If "Yes," ask: What is the condition?</td> </tr> <tr> <td>N. A missing finger, hand, or arm; toe, foot, or leg?</td> <td></td> </tr> </table>	A. Deafness in one or both ears?	<i>Reask 2a</i> O. A missing joint?	B. Any other trouble hearing with one or both ears?	P. A missing breast, kidney, or lung?	C. Tinnitus or ringing in the ears?	Q. Palsy or cerebral palsy? (ser'a-bral)	D. Blindness in one or both eyes?	R. Paralysis of any kind?	E. Cataracts?	S. Curvature of the spine?	F. Glaucoma?	T. REPEATED trouble with neck, back, or spine?	G. Color blindness?	U. Any TROUBLE with fallen arches or flatfeet?	H. 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C. Arthritis of any kind or rheumatism?	<i>Reask 1d</i> M. A tumor, cyst, or growth of the skin?																																																
D. Gout?	N. Skin cancer?																																																
E. Lumbago?	O. Eczema or Psoriasis? (ek'sa-ma) or (so-rye'uh-sis)																																																
F. Sciatica?	P. TROUBLE with dry or itching skin?																																																
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H. CONDITION LISTS 3 AND 4

Read to respondent(s) and ask list specified in A2:
 Now I am going to read a list of medical conditions. Tell me if anyone in the family has had any of these conditions, even if you have mentioned them before.

3	<p>3a. DURING THE PAST 12 MONTHS, did anyone in the family {read names} have — If "Yes," ask 3b and c.</p> <p>b. Who was this?</p> <p>c. DURING THE PAST 12 MONTHS, did anyone else have — Enter condition and letter in appropriate person's column. Make no entry in item C2 for cold; flu; red, sore, or strep throat; or "virus" even if reported in this list. Conditions affecting the digestive system.</p>	4	<p>4a. DURING THE PAST 12 MONTHS, did anyone in the family {read names} have — If "Yes," ask 4b and c.</p> <p>b. Who was this?</p> <p>c. DURING THE PAST 12 MONTHS, did anyone else have — Enter condition and letter in appropriate person's column. A—B are conditions affecting the glandular system. C is a blood condition. D—I are conditions affecting the nervous system. J—Y are conditions affecting the genito-urinary system.</p>																																																				
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H. CONDITION LISTS 5 AND 6

Read to respondent(s) and ask list specified in A2.
 Now I am going to read a list of medical conditions. Tell me if anyone in the family has had any of these conditions, even if you have mentioned them before.

5

5a. Has anyone in the family {read names} EVER had —
 If "Yes," ask 5b and c.

b. Who was this?

c. Has anyone else EVER had —
 Enter condition and letter in appropriate person's column.
 Conditions affecting the heart and circulatory system.

A. Rheumatic fever?	G. A stroke or a cerebrovascular accident? (sə'r's-bro vas ku-lar)
B. Rheumatic heart disease?	H. A hemorrhage of the brain?
C. Hardening of the arteries or arteriosclerosis?	I. Angina pectoris? (pek'to-ris)
D. Congenital heart disease?	J. A myocardial infarction?
E. Coronary heart disease?	K. Any other heart attack?
F. Hypertension, sometimes called high blood pressure?	

5d. DURING THE PAST 12 MONTHS, did anyone in the family have —
 If "Yes," ask 5e and f.

e. Who was this?

f. DURING THE PAST 12 MONTHS, did anyone else have —
 Enter condition and letter in appropriate person's column.
 Conditions affecting the heart and circulatory system.

L. Damaged heart valves?	Q. Any blood clots?
M. Tachycardia or rapid heart?	R. Varicose veins?
N. A heart murmur?	S. Hemorrhoids or piles?
O. Any other heart trouble?	T. Phlebitis or thrombophlebitis?
P. An aneurysm? (an yoo-rizm)	U. Any other condition affecting blood circulation?

6

6a. DURING THE PAST 12 MONTHS, did anyone in the family {read names} have —
 If "Yes," ask 6b and c.

b. Who was this?

c. DURING THE PAST 12 MONTHS, did anyone else have —
 Enter condition and letter in appropriate person's column.
 Make no entry in item C2 for cold; flu; red, sore, or strep throat; or "virus" even if reported in this list.
 Conditions affecting the respiratory system.

A. Bronchitis?	Reask 6a. K. A missing lung?
B. Asthma?	L. Lung cancer?
C. Hay fever?	M. Emphysema?
D. Sinus trouble?	N. Pleurisy?
E. A nasal polyp?	O. Tuberculosis?
F. A deflected or deviated nasal septum?	P. Any other work-related respiratory condition, such as dust on the lungs, silicosis, asbestosis, or pneu-mo-co-ni-o-sis?
G. *Tonsillitis or enlargement of the tonsils or adenoids?	Q. During the past 12 months did anyone (else) in the family have any other respiratory, lung, or pulmonary condition? If "Yes," ask: Who was this? — What was the condition? Enter in item C2, THEN reask Q.
H. *Laryngitis?	
I. A tumor or growth of the throat, larynx, or trachea?	
J. A tumor or growth of the bronchial tube or lung?	

**If reported in this list only, ask:*

1. How many times did — have (condition) in the past 12 months?
 If 2 or more times, enter condition in item C2.
 If only 1 time, ask:

2. How long did it last? If 1 month or longer, enter in item C2.
 If less than 1 month, do not record.

If tonsils or adenoids were removed during past 12 months, enter the condition causing removal in item C2.

J. HOSPITAL PAGE		HOSPITAL STAY 1			
<p>1. Refer to C1, "HOSP." box.</p>		1.	PERSON NUMBER _____		
<p>2. You said earlier that --- was a patient in the hospital since (13-month hospital date) a year ago. On what date did --- enter the hospital ([the last time/the time before that])? <i>Record each entry date in a separate Hospital Stay column.</i></p>		2.	Month	Date	
				Year 19 ____	
<p>3. How many nights was --- in the hospital?</p>		3.	0000 <input type="checkbox"/> None (Next HS) ____ Nights		
<p>4. For what condition did --- enter the hospital?</p> <ul style="list-style-type: none"> • For delivery ask: Was this a normal delivery? If "No," ask: What was the matter? • For newborn ask: Was the baby normal at birth? If "No," ask: What was the matter? • For initial "No condition" ask: Why did --- enter the hospital? • For tests, ask: What were the results of the tests? If no results, ask: Why were the tests performed? 		4.	1 <input type="checkbox"/> Normal delivery } (5) 2 <input type="checkbox"/> Normal at birth } 3 <input type="checkbox"/> No condition } <input type="checkbox"/> Condition ∇		
<p>J1 Refer to questions 2, 3, and 2-week reference period.</p>		J1	<input type="checkbox"/> At least one night in 2-week reference period (Enter condition in C2, THEN 5) <input type="checkbox"/> No nights in 2-week reference period (5)		
<p>5a. Did --- have any kind of surgery or operation during this stay in the hospital, including bone settings and stitches?</p> <hr style="border-top: 1px dashed black;"/> <p>b. What was the name of the surgery or operation? <i>If name of operation not known, describe what was done.</i></p> <hr style="border-top: 1px dashed black;"/> <p>c. Was there any other surgery or operation during this stay?</p>		5a.	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (6)		
			b.	(1) _____ (2) _____ (3) _____	
			c.	<input type="checkbox"/> Yes (Reask 5b and c) <input type="checkbox"/> No	
<p>6. What is the name and address of this hospital?</p>		6.	Name <hr/> Number and street <hr/> City or County State		
FOOTNOTES					

CONDITION 1	PERSON NO. _____																				
1. Name of condition _____																					
<p><i>Mark "2-wk. ref. pd." box without asking if "DV" or "HS" in C2 as source.</i></p>																					
2. When did [---/anyone] last see or talk to a doctor or assistant about --- (condition)?																					
0 <input type="checkbox"/> Interview week (Reask 2) 1 <input type="checkbox"/> 2-wk. ref. pd. 2 <input type="checkbox"/> Over 2 weeks, less than 6 mos. 3 <input type="checkbox"/> 6 mos., less than 1 yr. 4 <input type="checkbox"/> 1 yr., less than 2 yrs.	5 <input type="checkbox"/> 2 yrs., less than 5 yrs. 6 <input type="checkbox"/> 5 yrs. or more 7 <input type="checkbox"/> Dr. seen, DK when 8 <input type="checkbox"/> DK if Dr. seen 9 <input type="checkbox"/> Dr. never seen } (3b)																				
3a. (Earlier you told me about --- (condition) Did the doctor or assistant call the (condition) by a more technical or specific name?																					
1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK																					
<p><i>Ask 3b if "Yes" in 3a, otherwise transcribe condition name from item 1 without asking:</i></p>																					
b. What did he or she call it? _____ (Specify)																					
1 <input type="checkbox"/> Color Blindness (NC) 3 <input type="checkbox"/> Normal pregnancy, normal delivery, vasectomy } (5)	2 <input type="checkbox"/> Cancer (3a) 4 <input type="checkbox"/> Old age (NC) 8 <input type="checkbox"/> Other (3c)																				
c. What was the cause of --- (condition in 3b)? (Specify) ↘																					
<p><i>Mark box if accident or injury.</i> 0 <input type="checkbox"/> Accident/injury (Probe, then 5)</p>																					
d. Did the (condition in 3b) result from an accident or injury?																					
1 <input type="checkbox"/> Yes (Probe, then 5) (How did the accident happen?) 2 <input type="checkbox"/> No (What was --- doing at the time of the injury?)																					
<p><i>Ask 3e if the condition name in 3b includes any of the following words:</i></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 25%;">Allment</td> <td style="width: 25%;">Cancer</td> <td style="width: 25%;">Disease</td> <td style="width: 25%;">Problem</td> </tr> <tr> <td>Anemia</td> <td>Condition</td> <td>Disorder</td> <td>Rupture</td> </tr> <tr> <td>Asthma</td> <td>Cyst</td> <td>Growth</td> <td>Trouble</td> </tr> <tr> <td>Attack</td> <td>Defect</td> <td>Measles</td> <td>Tumor</td> </tr> <tr> <td>Bad</td> <td></td> <td></td> <td>Ulcer</td> </tr> </table>		Allment	Cancer	Disease	Problem	Anemia	Condition	Disorder	Rupture	Asthma	Cyst	Growth	Trouble	Attack	Defect	Measles	Tumor	Bad			Ulcer
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Bad			Ulcer																		
e. What kind of (condition in 3b) is it? _____ (Specify)																					
<p><i>Ask 3f only if allergy or stroke in 3b-e:</i></p>																					
f. How does the [allergy/stroke] NOW affect ---? (Specify) ↘																					
<p>_____</p> <p>_____</p>																					
<p><i>For Stroke, fill remainder of this condition page for the first present affect. Enter in item C2 and complete a separate condition page for each additional present affect.</i></p>																					

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

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

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

Show the following detail:

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

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

- Infection Sore Soreness

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

(Specify) _____

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

- Tumor Cyst Growth

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

- 1 Malignant 2 Benign 9 DK

5

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

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

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

Ask probes as necessary:

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

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

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

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

K1 Refer to RD and C2.
 1 "Yes" in "RD" box AND more than 1 condition in C2 (6)
 8 Other (K2)

6a. During the 2 weeks outlined in red on that calendar, did -- (condition) cause -- to cut down on the things -- usually does?
 Yes No (K2)

b. During that period, how many days did -- cut down for more than half of the day?
 00 None (K2) _____ Days

7. During those 2 weeks, how many days did -- stay in bed for more than half of the day because of this condition?
 00 None _____ Days

8. Ask if "Wa/Wb" box marked in C1:
 During those 2 weeks, how many days did -- miss more than half of the day from -- job or business because of this condition?
 00 None _____ Days

9. Ask if age 5-17:
 During those 2 weeks, how many days did -- miss more than half of the day from school because of this condition?
 00 None _____ Days

K2
 Condition has "CL LTR" in C2 as source (10)
 Condition does not have "CL LTR" in C2 as source (K4)

10. About how many days since (12-month date) a year ago, has this condition kept -- in bed more than half of the day? (Include days while an overnight patient in a hospital.)
 000 None _____ Days

11. Was -- ever hospitalized for -- (condition in 3b)?
 1 Yes 2 No

K3
 Missing extremity or organ (K4)
 Other (12)

12a. Does -- still have this condition?
 1 Yes (K4) No

b. Is this condition completely cured or is it under control?
 2 Cured 8 Other (Specify) (K4)
 3 Under control (K4)

c. About how long did -- have this condition before it was cured?
 000 Less than 1 month OR Number { 1 Months
 2 Years

d. Was this condition present at any time during the past 12 months?
 1 Yes 2 No

K4
 0 Not an accident/injury (NC)
 1 First accident/injury for this person (14)
 8 Other (13)

13. Is this (condition in 3b) the result of the same accident you already told me about?
 Yes (Record condition page number where accident questions first completed.) → _____ (NC) Page No.
 No

14. Where did the accident happen?
 1 At home (inside house)
 2 At home (adjacent premises)
 3 Street and highway (includes roadway and public sidewalk)
 4 Farm
 5 Industrial place (includes premises) (Specify) _____
 6 School (includes premises)
 7 Place of recreation and sports, except at school
 8 Other (Specify) ↓

Mark box if under 18. Under 18 (16)

15a. Was -- under 18 when the accident happened?
 1 Yes (16) No

b. Was -- in the Armed Forces when the accident happened?
 2 Yes (16) No

c. Was -- at work at -- job or business when the accident happened?
 3 Yes 4 No

16a. Was a car, truck, bus, or other motor vehicle involved in the accident in any way?
 1 Yes 2 No (17)

b. Was more than one vehicle involved?
 1 Yes 2 No

c. Was [it/either one] moving at the time?
 1 Yes 2 No

17a. At the time of the accident what part of the body was hurt? What kind of injury was it? Anything else?

Part(s) of body *	Kind of injury

Ask if box 3, 4, or 5 marked in Q. 5:

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

Part(s) of body *	Present effects **

* Enter part of body in same detail as for 3g.
 ** If multiple present effects, enter in C2 each one that is not the same as 3b or C2 and complete a separate condition page for it.

L. DEMOGRAPHIC BACKGROUND PAGE

L1	Refer to age.	L1	<input type="checkbox"/> Under 5 (NP) <input type="checkbox"/> 5-17 (2) <input type="checkbox"/> 18 and over (1)		
1a. Did -- EVER serve on active duty in the Armed Forces of the United States?		1a.	<input type="checkbox"/> Yes (1b) <input type="checkbox"/> No (2)		
b. When did -- serve? Mark box in descending order of priority. Thus, if person served in Vietnam and in Korea mark VN.		b.	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"> Vietnam Era (Aug. '64 to April '75) VN Korean War (June '50 to Jan. '55) KW World War II (Sept. '40 to July '47) WWII World War I (April '17 to Nov. '18) WWI Post Vietnam (May '75 to present) PVN Other Service (all other periods) OS </td> <td style="width: 50%; border: none;"> <input type="checkbox"/> VN <input type="checkbox"/> PVN <input type="checkbox"/> KW <input type="checkbox"/> OS <input type="checkbox"/> WWII <input type="checkbox"/> DK <input type="checkbox"/> WWI </td> </tr> </table>	Vietnam Era (Aug. '64 to April '75) VN Korean War (June '50 to Jan. '55) KW World War II (Sept. '40 to July '47) WWII World War I (April '17 to Nov. '18) WWI Post Vietnam (May '75 to present) PVN Other Service (all other periods) OS	<input type="checkbox"/> VN <input type="checkbox"/> PVN <input type="checkbox"/> KW <input type="checkbox"/> OS <input type="checkbox"/> WWII <input type="checkbox"/> DK <input type="checkbox"/> WWI
Vietnam Era (Aug. '64 to April '75) VN Korean War (June '50 to Jan. '55) KW World War II (Sept. '40 to July '47) WWII World War I (April '17 to Nov. '18) WWI Post Vietnam (May '75 to present) PVN Other Service (all other periods) OS	<input type="checkbox"/> VN <input type="checkbox"/> PVN <input type="checkbox"/> KW <input type="checkbox"/> OS <input type="checkbox"/> WWII <input type="checkbox"/> DK <input type="checkbox"/> WWI				
c. Was -- EVER an active member of a National Guard or military reserve unit?		c.	<input type="checkbox"/> Yes <input type="checkbox"/> No (2) <input type="checkbox"/> DK (2)		
d. Was ALL of -- active duty service related to National Guard or military reserve training?		d.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK		
2a. What is the highest grade or year of regular school -- has ever attended?		2a.	<input type="checkbox"/> Never attended or kindergarten (NP) Elem: 1 2 3 4 5 6 7 8 High: 9 10 11 12 College: 1 2 3 4 5 6+		
b. Did -- finish the (number in 2a) [grade/year]?		b.	<input type="checkbox"/> Yes <input type="checkbox"/> No		

FOOTNOTES

L. DEMOGRAPHIC BACKGROUND PAGE, Continued		
L2	Refer to "Age" and "Wa/Wb" boxes in C1.	L2 <input type="checkbox"/> Under 18 (NP) <input type="checkbox"/> Wa box marked (6a) <input type="checkbox"/> Wb box marked (5a) <input type="checkbox"/> Neither box marked (5b)
5a. Earlier you said that --- has a job or business but did not work last week or the week before. Was --- looking for work or on layoff from a job during those 2 weeks? ----- b. Earlier you said that --- didn't have a job or business last week or the week before. Was --- looking for work or on layoff from a job during those 2 weeks? ----- c. Which, looking for work or on layoff from a job?		5a. 1 <input type="checkbox"/> Yes (5c) 2 <input type="checkbox"/> No (6b) b. 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (NP) c. 1 <input type="checkbox"/> Looking (6c) 3 <input type="checkbox"/> Both (6b) 2 <input type="checkbox"/> Layoff (6b)
6a. Earlier you said that --- worked last week or the week before. Ask 6b. ----- b. For whom did --- work? Enter name of company, business, organization, or other employer. ----- c. For whom did --- work at --- last full-time job or business lasting 2 consecutive weeks or more? Enter name of company, business, organization, or other employer, or mark "NEV" or "AF" box in person's column. ----- d. What kind of business or industry is this? For example, TV and radio manufacturing, retail shoe store, State Labor Department, farm. ----- If "AF" in 6b/c, mark "AF" box in person's column without asking. e. What kind of work was --- doing? For example, electrical engineer, stock clerk, typist, farmer. ----- f. What were --- most important activities or duties at that job? For example, types, keeps account books, files, sells cars, operates printing press, finishes concrete. ----- Complete from entries in 6b-f. If not clear, ask: g. Was --- An employee of a PRIVATE company, business or individual for wages, salary, or commission? P A FEDERAL government employee? F A STATE government employee? S A LOCAL government employee? L Self-employed in OWN business, professional practice, or farm? Ask: Is the business incorporated? Yes I No SE Working WITHOUT PAY in family business or farm? WP - NEVER WORKED or never worked at a full-time job lasting 2 weeks or more NEV		6b. and c. Employer <input type="checkbox"/> NEV (6g) <input type="checkbox"/> AF (6e) d. Industry e. Occupation <input type="checkbox"/> AF (NP) f. Duties g. Class of worker 1 <input type="checkbox"/> P 6 <input type="checkbox"/> I 2 <input type="checkbox"/> F 7 <input type="checkbox"/> SE 3 <input type="checkbox"/> S 8 <input type="checkbox"/> WP 4 <input type="checkbox"/> L
FOOTNOTES		

L. DEMOGRAPHIC BACKGROUND PAGE, Continued

<p>Mark box if under 14. If "Married" refer to household composition and mark accordingly.</p> <p>7. Is — now married, widowed, divorced, separated, or has — never been married?</p>		<p>7.</p> <p>0 <input type="checkbox"/> Under 14 1 <input type="checkbox"/> Married — spouse in HH 2 <input type="checkbox"/> Married — spouse not in HH 3 <input type="checkbox"/> Widowed 4 <input type="checkbox"/> Divorced 5 <input type="checkbox"/> Separated 6 <input type="checkbox"/> Never married</p>																														
<p>8a. Was the total combined FAMILY income during the past 12 months — that is, yours, (read names, including Armed Forces members living at home) more or less than \$20,000? Include money from jobs, social security, retirement income, unemployment payments, public assistance, and so forth. Also include income from interest, dividends, net income from business, farm, or rent, and any other money income received.</p> <p><i>Read if necessary: Income is important in analyzing the health information we collect. For example, this information helps us to learn whether persons in one income group use certain types of medical care services or have certain conditions more or less often than those in another group.</i></p> <p><i>Read parenthetical phrase if Armed Forces member living at home or if necessary.</i></p> <p>b. Of those income groups, which letter best represents the total combined FAMILY income during the past 12 months (that is, yours, (read names, including Armed Forces members living at home))? Include wages, salaries, and other items we just talked about.</p> <p><i>Read if necessary: Income is important in analyzing the health information we collect. For example, this information helps us to learn whether persons in one income group use certain types of medical care services or have certain conditions more or less often than those in another group.</i></p>		<p>8a.</p> <p>1 <input type="checkbox"/> \$20,000 or more (Hand Card I) 2 <input type="checkbox"/> Less than \$20,000 (Hand Card J)</p> <p>b.</p> <table border="0"> <tr> <td>00 <input type="checkbox"/> A</td> <td>10 <input type="checkbox"/> K</td> <td>20 <input type="checkbox"/> U</td> </tr> <tr> <td>01 <input type="checkbox"/> B</td> <td>11 <input type="checkbox"/> L</td> <td>21 <input type="checkbox"/> V</td> </tr> <tr> <td>02 <input type="checkbox"/> C</td> <td>12 <input type="checkbox"/> M</td> <td>22 <input type="checkbox"/> W</td> </tr> <tr> <td>03 <input type="checkbox"/> D</td> <td>13 <input type="checkbox"/> N</td> <td>23 <input type="checkbox"/> X</td> </tr> <tr> <td>04 <input type="checkbox"/> E</td> <td>14 <input type="checkbox"/> O</td> <td>24 <input type="checkbox"/> Y</td> </tr> <tr> <td>05 <input type="checkbox"/> F</td> <td>15 <input type="checkbox"/> P</td> <td>25 <input type="checkbox"/> Z</td> </tr> <tr> <td>06 <input type="checkbox"/> G</td> <td>16 <input type="checkbox"/> Q</td> <td>26 <input type="checkbox"/> ZZ</td> </tr> <tr> <td>07 <input type="checkbox"/> H</td> <td>17 <input type="checkbox"/> R</td> <td></td> </tr> <tr> <td>08 <input type="checkbox"/> I</td> <td>18 <input type="checkbox"/> S</td> <td></td> </tr> <tr> <td>09 <input type="checkbox"/> J</td> <td>19 <input type="checkbox"/> T</td> <td></td> </tr> </table>	00 <input type="checkbox"/> A	10 <input type="checkbox"/> K	20 <input type="checkbox"/> U	01 <input type="checkbox"/> B	11 <input type="checkbox"/> L	21 <input type="checkbox"/> V	02 <input type="checkbox"/> C	12 <input type="checkbox"/> M	22 <input type="checkbox"/> W	03 <input type="checkbox"/> D	13 <input type="checkbox"/> N	23 <input type="checkbox"/> X	04 <input type="checkbox"/> E	14 <input type="checkbox"/> O	24 <input type="checkbox"/> Y	05 <input type="checkbox"/> F	15 <input type="checkbox"/> P	25 <input type="checkbox"/> Z	06 <input type="checkbox"/> G	16 <input type="checkbox"/> Q	26 <input type="checkbox"/> ZZ	07 <input type="checkbox"/> H	17 <input type="checkbox"/> R		08 <input type="checkbox"/> I	18 <input type="checkbox"/> S		09 <input type="checkbox"/> J	19 <input type="checkbox"/> T	
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<p>R</p>	<p>a. Mark first appropriate box.</p>	<p>Ra.</p> <p>1 <input type="checkbox"/> Present for all questions 2 <input type="checkbox"/> Present for some questions 3 <input type="checkbox"/> Not present</p>																														
	<p>b. Enter person number of respondent.</p>	<p>b.</p> <p>_____</p> <p>Person number(s) of respondent(s)</p>																														
<p>L3</p>	<p>Enter person number of first parent listed or mark box.</p>	<p>L3</p> <p>_____</p> <p>Person number of parent</p> <p>00 <input type="checkbox"/> None in household</p>																														
<p>L4</p>	<p>Enter person number of spouse or mark box.</p>	<p>L4</p> <p>_____</p> <p>Person number of spouse</p> <p>00 <input type="checkbox"/> None in household</p>																														
<p>FOOTNOTES</p>																																

L. DEMOGRAPHIC BACKGROUND PAGE, Continued		RT61
L5	<i>Read to respondent(s):</i> In order to determine how health practices and conditions are related to how long people live, we would like to refer to statistical records maintained by the National Center for Health Statistics.	3-4
L6	<i>Enter date of birth from question 3 on Household Composition page.</i>	L6 Date of birth 5-11 Month Date Year
9a. In what State or country was — born? <i>Print the full name of the State or mark the appropriate box if the person was not born in the United States.</i> ----- <i>If born in U.S., ask 9b only; if born in foreign country, ask 9c only.</i> b. Altogether, how many years has — lived in (State of present residence)? ----- c. Altogether, how many years has — lived in the United States?		9a. 99 <input type="checkbox"/> DK (L7) 12-13 State 01 <input type="checkbox"/> Puerto Rico 05 <input type="checkbox"/> Cuba 02 <input type="checkbox"/> Virgin Islands 06 <input type="checkbox"/> Mexico 03 <input type="checkbox"/> Guam 98 <input type="checkbox"/> All other countries 04 <input type="checkbox"/> Canada
		b. 1 <input type="checkbox"/> Less than 1 yr. 14 2 <input type="checkbox"/> 1 yr., less than 5 3 <input type="checkbox"/> 5 yrs., less than 10 4 <input type="checkbox"/> 10 yrs., less than 15 5 <input type="checkbox"/> 15 yrs. or more 9 <input type="checkbox"/> DK
		c. 1 <input type="checkbox"/> Less than 1 yr. 15 2 <input type="checkbox"/> 1 yr., less than 5 3 <input type="checkbox"/> 5 yrs., less than 10 4 <input type="checkbox"/> 10 yrs., less than 15 5 <input type="checkbox"/> 15 yrs. or more 9 <input type="checkbox"/> DK
L7	<i>Print full name, including middle initial, from question 1 on Household Composition page.</i>	L7 Last 16-35 First 36-50 Middle initial 51
<i>Verify for males; ask for females.</i> 10. What is — father's LAST name? Verify spelling. DO NOT write "Same."		10. Father's LAST name 52-71
<i>Read to respondent(s): We also need — Social Security Number to link with vital statistics and other records of the Department of Health and Human Services to perform health-related research. Providing this information is voluntary and collected under the authority of the Public Health Service Act. There will be no effect on — benefits if you do provide it and this number will not be given to any other government or nongovernment agency.</i> <i>Read if necessary: The Public Health Service Act is title 42, United States Code, section 242k.</i> 11. What is — Social Security Number?		11. 99999999 <input type="checkbox"/> DK 72-80 [] - [] - [] Social Security Number <i>Mark if number obtained from</i> 81 0 <input type="checkbox"/> Does not have SSN 2 <input type="checkbox"/> Records 1 <input type="checkbox"/> Memory 7 <input type="checkbox"/> Refused
L8	<i>Mark box to indicate how Social Security number was or was not obtained.</i>	L8 1 <input type="checkbox"/> Self-personal 82 2 <input type="checkbox"/> Self-telephone 3 <input type="checkbox"/> Proxy-personal 4 <input type="checkbox"/> Proxy-telephone

L. DEMOGRAPHIC BACKGROUND PAGE, Continued

Read to Hhld. respondent: **The National Center for Health Statistics may wish to contact you again to obtain additional health related information. Please give me the name, address, and telephone number of a relative or friend who would know where you could be reached in case we have trouble reaching you. (Please give me the name of someone who is not currently living in the household.) Please print items 12-16.**

<p>12. Contact Person name</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%; border-bottom: 1px solid black;">Last</td> <td style="width:25%; border-bottom: 1px solid black;">First</td> <td style="width:25%; border-bottom: 1px solid black;">Middle initial</td> </tr> <tr> <td style="font-size: small; text-align: center;">3-4 5-24</td> <td style="font-size: small; text-align: center;">25-39</td> <td style="font-size: small; text-align: center;">40</td> </tr> </table>	Last	First	Middle initial	3-4 5-24	25-39	40	<p>14. Area code/telephone number</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; text-align: center;">□ □ □</td> <td style="width:10%; text-align: center;">-</td> <td style="width:70%; text-align: center;">□ □ □ □ □ □ □ □</td> </tr> </table> <p>1 <input type="checkbox"/> None 2 <input type="checkbox"/> Refused 9 <input type="checkbox"/> DK</p>	□ □ □	-	□ □ □ □ □ □ □ □
Last	First	Middle initial								
3-4 5-24	25-39	40								
□ □ □	-	□ □ □ □ □ □ □ □								
<p>13a. Address (Number and street)</p> <hr style="border: 0.5px solid black;"/> <p>b. City</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%; border-bottom: 1px solid black;">City</td> <td style="width:20%; border-bottom: 1px solid black;">State</td> <td style="width:20%; border-bottom: 1px solid black;">ZIP Code</td> </tr> <tr> <td style="font-size: small; text-align: center;">66-85</td> <td style="font-size: small; text-align: center;">86-87</td> <td style="font-size: small; text-align: center;">88-96</td> </tr> </table>		City	State	ZIP Code	66-85	86-87	88-96	<p>15. Relationship to household respondent</p>		
City	State	ZIP Code								
66-85	86-87	88-96								

16. If you must be contacted again, what is the best time to call or visit?

FOOTNOTES

L. DEMOGRAPHIC BACKGROUND PAGE, Continued

17. During the past 12 months, has your household been without telephone service for more than one week?

If no phone, mark "Yes".

- 1 Yes (18)
- 2 No } (Supplement)
- 9 DK }

110

18. For how long was your household without telephone service in the past 12 months?

- 0123 Entire 12 months
- 0000 One week or less

- (Number) {
- 1 Day(s)
 - 2 Week(s)
 - 3 Month(s)

9999 DK

111-114

FOOTNOTES

TABLE X - DETERMINING IF AN ADDITIONAL LIVING QUARTERS QUALIFIES AS AN EXTRA UNIT

ADDRESS OF ADDITIONAL LIVING QUARTERS	AREA SEGMENT		PERMIT SEGMENT	SEPARATENESS		NUMBER OF EXTRA UNITS
<p><i>Check the listing sheet.</i></p> <p>Is the address already listed?</p> <p style="text-align: center;">(1)</p>	<p>Are the additional living quarters within the area segment boundaries?</p> <p style="text-align: center;">(2)</p>	<p>Are the additional living quarters in a Group Quarters (GQ)?</p> <p style="text-align: center;">(3)</p>	<p>Are the additional living quarters within the same structure and within the same space ^{1/} occupied by the original sample unit?</p> <p style="text-align: center;">(4)</p>	<p>Do the occupants or intended occupants of the additional living quarters live and eat separately from all other persons on the property?</p> <p style="text-align: center;">(5)</p>	<p>Do the occupants or intended occupants of the additional living quarters have direct access from the outside or through a common hall?</p> <p style="text-align: center;">(6)</p>	<p>Have you found more than 3 EXTRA units?</p> <p style="text-align: center;">(7)</p>
<p><input type="checkbox"/> Yes - Enter sheet and line no.: Stop Table X } Sheet _____ Line _____</p> <p><input type="checkbox"/> No - Enter address or description, then go to column (2) or (4) depending on Seg.</p> <p>_____</p>	<p><input type="checkbox"/> Yes - Go to column (3)</p> <p><input type="checkbox"/> No - Do not interview</p>	<p><input type="checkbox"/> Yes - Do not interview</p> <p><input type="checkbox"/> No - Skip to column (5)</p>	<p><input type="checkbox"/> Yes - Go to column (5)</p> <p><input type="checkbox"/> No - Do not interview</p>	<p><input type="checkbox"/> Yes - Go to column (6)</p> <p><input type="checkbox"/> No - Not a separate unit. Stop Table X. Include quarters with original unit.</p>	<p><input type="checkbox"/> Yes - An EXTRA unit. Go to column (7)</p> <p><input type="checkbox"/> No - Not a separate unit. Stop Table X. Include quarters with original unit.</p>	<p><input type="checkbox"/> Yes - Call your office for instructions on which units to interview. ^{2/}</p> <p><input type="checkbox"/> No - Enter address on listing sheet. Interview parent and EXTRA units.</p>
<p><input type="checkbox"/> Yes - Enter sheet and line no.: Stop Table X } Sheet _____ Line _____</p> <p><input type="checkbox"/> No - Enter address or description, then go to column (2) or (4) depending on Seg.</p> <p>_____</p>	<p><input type="checkbox"/> Yes - Go to column (3)</p> <p><input type="checkbox"/> No - Do not interview</p>	<p><input type="checkbox"/> Yes - Do not interview</p> <p><input type="checkbox"/> No - Skip to column (5)</p>	<p><input type="checkbox"/> Yes - Go to column (5)</p> <p><input type="checkbox"/> No - Do not interview</p>	<p><input type="checkbox"/> Yes - Go to column (6)</p> <p><input type="checkbox"/> No - Not a separate unit. Stop Table X. Include quarters with original unit.</p>	<p><input type="checkbox"/> Yes - An EXTRA unit. Go to column (7)</p> <p><input type="checkbox"/> No - Not a separate unit. Stop Table X. Include quarters with original unit.</p>	<p><input type="checkbox"/> Yes - Call your office for instructions on which units to interview. ^{2/}</p> <p><input type="checkbox"/> No - Enter address on listing sheet. Interview parent and EXTRA units.</p>
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<p>FOOTNOTES</p>						

* U.S. GOVERNMENT PRINTING OFFICE: 1994-08-415

FORM 195-1 (6-1991)

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

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

**NATIONAL HEALTH INTERVIEW
SURVEY**

1995 SUPPLEMENT BOOKLET

I. IMMUNIZATION

II. DISABILITY

NOTICE - Information contained on this form which would permit identification of any individual or establishment has been collected with a guarantee that it will be held in strict confidence, will be used only for purposes stated for this study, and will not be disclosed or released to others without the consent of the individual or the establishment in accordance with section 308(c) of the Public Health Service Act (42 USC 242m). Public reporting burden for this collection of information is estimated to average 50 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to PHS Reports Clearance Officer; ATTN: PRA (0920-0214); Hubert H. Humphrey Building, Room 737-F, 200 Independence Avenue, SW; Washington, DC 20201.

1. RO 9-10	2. Sample 11-13	Suffix 14	3. Week 15-18	4. Book ___ of books	RT 51 3-7 8
5. Control number PSU Segment Suffix Serial Suffix Check digit 17-21 22-25 26-27 28-29 30 31				6. Family number 32	
7. Field Representative's name				Code	33-35
8. Beginning time 38-39 40 1 <input type="checkbox"/> a.m. 2 <input type="checkbox"/> p.m.			9. Ending time 41-44 45 1 <input type="checkbox"/> a.m. 2 <input type="checkbox"/> p.m.		

SAMPLE CHILD LIST

**ITEM
11**

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

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

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

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

**ITEM
12A**

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

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

**ITEM
12B**

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

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

ELIGIBILITY CHART

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

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

Complete final status on Back Cover

		RT 92 3-4																																																											
ITEM X1	<p><i>Enter conditions reported in the Disability supplement in X1</i></p> <p><i>If insufficient space to enter multiple sources, continue in a footnote</i></p>	X1	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="7" style="text-align: center;">PERSON 1</th> </tr> <tr> <td style="width: 14.28%;">A</td> <td style="width: 14.28%;">C</td> <td style="width: 14.28%;">D</td> <td style="width: 14.28%;">E</td> <td style="width: 14.28%;">F</td> <td style="width: 14.28%;">G</td> <td style="width: 14.28%;"></td> </tr> <tr> <td colspan="7" style="height: 20px;"></td> </tr> <tr> <td>A</td> <td>C</td> <td>D</td> <td>E</td> <td>F</td> <td>G</td> <td></td> </tr> <tr> <td colspan="7" style="height: 20px;"></td> </tr> <tr> <td>A</td> <td>C</td> <td>D</td> <td>E</td> <td>F</td> <td>G</td> <td></td> </tr> <tr> <td colspan="7" style="height: 20px;"></td> </tr> <tr> <td>A</td> <td>C</td> <td>D</td> <td>E</td> <td>F</td> <td>G</td> <td></td> </tr> </table>			PERSON 1							A	C	D	E	F	G									A	C	D	E	F	G									A	C	D	E	F	G									A	C	D	E	F	G	
PERSON 1																																																													
A	C	D	E	F	G																																																								
A	C	D	E	F	G																																																								
A	C	D	E	F	G																																																								
A	C	D	E	F	G																																																								
ITEM X2	<p><i>Indicate ADL Limitations in X2</i></p>	X2		Help/ Remind	Spec. equip.	Difficulty/ Doesn't do																																																							
			Bathing																																																										
			Dressing																																																										
			Eating																																																										
			Bed/chair																																																										
			Toilet																																																										
			Getting around																																																										
ITEM X3	<p><i>Indicate IADL Limitations in X3</i></p>	X3		Help/ Supv.	Difficulty/ Doesn't do																																																								
			Prep. meals																																																										
			Shopping																																																										
			Managing money																																																										
			Telephone																																																										
			Heavy work																																																										
			Light work																																																										
Notes																																																													

Section I - IMMUNIZATION - Continued

RT 54
3-4
5-6

ITEM 13	Enter person number and first name of <u>sample child under 6</u> .	Person number _____	First name _____	
	Enter person number of respondent.	Person number _____		

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

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

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

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

	(1) A DTP/DT shot (some times called a DPT shot, diphtheria-tetanus-pertussis-shot, baby shot, or three-in-one shot)?	(2) A polio vaccine by mouth (pink drops) or a polio shot?	(3) A measles or MMR (Measles - Mumps - Rubella) shot? <i>If telephone ask: Was each shot measles only or MMR?</i>	RT 55	(4) An HIB shot? (This is for meningitis and called Haemophilus influenzae (HA-MA-FI-LUS IN-FLU-EN-ZI) HIB vaccine or H. flu vaccine)	(5) A Hepatitis B shot?
	9-10 Shots (Record dates) (Number) 00 <input type="checkbox"/> None } (Next vaccine) 99 <input type="checkbox"/> DK }	59-60 Shots (Record dates) (Number) 00 <input type="checkbox"/> None } (Next vaccine) 99 <input type="checkbox"/> DK }	5-8 Shots (Record dates) (Number) 00 <input type="checkbox"/> None } (Next vaccine) 99 <input type="checkbox"/> DK }	3-4 5-6	35-36 Shots (Record dates) (Number) 00 <input type="checkbox"/> None } (Next vaccine) 99 <input type="checkbox"/> DK }	61-62 Shots (Record dates, then 3) (Number) 00 <input type="checkbox"/> None } (3) 99 <input type="checkbox"/> DK }
1st	11-16 ____/____/19 MO DAY YR	61-66 ____/____/19 MO DAY YR	1 <input type="checkbox"/> Measles 2 <input type="checkbox"/> MMR 9 <input type="checkbox"/> DK ____/____/19 MO DAY YR	7 8-13	37-42 ____/____/19 MO DAY YR	63-68 ____/____/19 MO DAY YR
2nd	17-22 ____/____/19 MO DAY YR	67-72 ____/____/19 MO DAY YR	1 <input type="checkbox"/> Measles 2 <input type="checkbox"/> MMR 9 <input type="checkbox"/> DK ____/____/19 MO DAY YR	14 15-20	43-48 ____/____/19 MO DAY YR	69-74 ____/____/19 MO DAY YR
3rd	23-28 ____/____/19 MO DAY YR	73-78 ____/____/19 MO DAY YR	1 <input type="checkbox"/> Measles 2 <input type="checkbox"/> MMR 9 <input type="checkbox"/> DK ____/____/19 MO DAY YR	21 22-27	49-54 ____/____/19 MO DAY YR	75-80 ____/____/19 MO DAY YR
4th	29-34 ____/____/19 MO DAY YR	79-84 ____/____/19 MO DAY YR	1 <input type="checkbox"/> Measles 2 <input type="checkbox"/> MMR 9 <input type="checkbox"/> DK ____/____/19 MO DAY YR	28 29-34	55-60 ____/____/19 MO DAY YR	81-86 ____/____/19 MO DAY YR
5th	35-40 ____/____/19 MO DAY YR	85-90 ____/____/19 MO DAY YR				
6th	41-46 ____/____/19 MO DAY YR	91-96 ____/____/19 MO DAY YR				
7th	47-52 ____/____/19 MO DAY YR	97-102 ____/____/19 MO DAY YR				
8th	53-58 ____/____/19 MO DAY YR	103-108 ____/____/19 MO DAY YR				

Section I - IMMUNIZATION - Continued

3. Are all the immunizations that -- ever received included on this shot record?	1 <input type="checkbox"/> Yes (11) 2 <input type="checkbox"/> No } (4) 9 <input type="checkbox"/> DK	87
4a. Has -- ever received an additional DTP shot (sometimes called a DPT shot, diphtheria-tetanus-pertussis shot, baby shot, or three-in-one-shot)?	1 <input type="checkbox"/> Yes (4b) 2 <input type="checkbox"/> No } (5) 9 <input type="checkbox"/> DK	88
b. How many additional DTP shots has -- received?	_____ Shots (Number) 8 <input type="checkbox"/> All 9 <input type="checkbox"/> DK	89
5a. Has -- ever received an additional polio vaccine by mouth (pink drops) or a polio shot?	1 <input type="checkbox"/> Yes (5b) 2 <input type="checkbox"/> No } (6) 9 <input type="checkbox"/> DK	90
b. How many additional polio vaccines has -- received?	_____ Vaccines (Number) 8 <input type="checkbox"/> All 9 <input type="checkbox"/> DK	91
6a. Has -- ever received an additional measles or MMR (Measles-Mumps-Rubella) shot?	1 <input type="checkbox"/> Yes (6b) 2 <input type="checkbox"/> No } (7) 9 <input type="checkbox"/> DK	92
b. How many additional measles or MMR shots has -- received?	_____ Shots (Number) 8 <input type="checkbox"/> All 9 <input type="checkbox"/> DK	93
7a. Has -- ever received an additional HIB shot? This shot is for meningitis and called Haemophilus influenzae (HA-MA-FI-LUS IN-FLU-EN-ZI), HIB vaccine or H. flu vaccine.	1 <input type="checkbox"/> Yes (7b) 2 <input type="checkbox"/> No } (8) 9 <input type="checkbox"/> DK	94
b. How many additional HIB shots has -- received?	_____ Shots (Number) 8 <input type="checkbox"/> All 9 <input type="checkbox"/> DK	95

Section I - IMMUNIZATION - Continued

8a. Has -- ever received an additional Hepatitis B shot?	1 <input type="checkbox"/> Yes (8b) 2 <input type="checkbox"/> No } (11) 9 <input type="checkbox"/> DK }	96
b. How many additional Hepatitis B shots has -- received?	_____ Shots (Number) } (11) 8 <input type="checkbox"/> All 9 <input type="checkbox"/> DK	97

9. Has -- ever received an immunization (that is a shot or drops)?	1 <input type="checkbox"/> Yes (10) 2 <input type="checkbox"/> No } (Item 15 on page 6) 9 <input type="checkbox"/> DK }	98
---	---	----

10a. Has -- ever received:

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

10b. How many (vaccine) shots did -- ever receive?

(1) DTP/DT	(2) Polio	(3) Measles or MMR	(4) HIB	(5) Hepatitis B
100-101	103-104	106-107	109-110	112-113
_____ Shots (Number) } (Next vaccine) 88 <input type="checkbox"/> All 99 <input type="checkbox"/> DK	_____ Shots (Number) } (Next vaccine) 88 <input type="checkbox"/> All 99 <input type="checkbox"/> DK	_____ Shots (Number) } (Next vaccine) 88 <input type="checkbox"/> All 99 <input type="checkbox"/> DK	_____ Shots (Number) } (Next vaccine) 88 <input type="checkbox"/> All 99 <input type="checkbox"/> DK	_____ Shots (Number) } (11) 88 <input type="checkbox"/> All 99 <input type="checkbox"/> DK

11. Are you the person who took -- for most of -- shots? (Most means at least 1/2 of the shots)	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	114
--	--	-----

12. In your opinion, has -- received all of the recommended shots for -- age?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	115
--	--	-----

Section I - IMMUNIZATION - Continued

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

Notes		1 Sample child	119

Section I - IMMUNIZATION - Continued

ITEM 18	Enter person number and first name of other 19-35 month old child.	Person number _____	First name _____	RT 54 3-4
	Enter person number of respondent.	Person number _____		5-6

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

ITEM 19	Refer to shot record.	1 <input type="checkbox"/> Available (14)	7
		2 <input type="checkbox"/> Not available (13)	

13.	Ask only on initial interview. On callback, skip to 21. We will need the shot record to complete this section of the interview. If I called you within the next few days, would you be able to have --'s shot record available?	1 <input type="checkbox"/> Yes (Arrange callback, then I10 on page 10)	8
		2 <input type="checkbox"/> No } (21)	
		9 <input type="checkbox"/> DK }	

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

	(1) A DTP/DT shot (some times called a DPT shot, diphtheria-tetanus-pertussis-shot, baby shot, or three-in-one shot)?	(2) A polio vaccine by mouth (pink drops) or a polio shot?	(3) A measles or MMR (Measles - Mumps - Rubella) shot? If telephone ask: Was each shot measles only or MMR?	RT 55 3-4 5-6	(4) An HIB shot? (This is for meningitis and called Haemophilus influenzae (HA-MA-FI-LUS IN-FLU-EN-ZI) HIB vaccine or H. flu vaccine)	(5) A Hepatitis B shot?
	9-10	59-60			35-36	61-62
	Shots (Record dates) (Number)	Shots (Record dates) (Number)	Shots (Record dates) (Number)		Shots (Record dates) (Number)	Shots (Record dates, then 15) (Number)
	00 <input type="checkbox"/> None } (Next vaccine) 99 <input type="checkbox"/> DK }	00 <input type="checkbox"/> None } (Next vaccine) 99 <input type="checkbox"/> DK }	00 <input type="checkbox"/> None } (Next vaccine) 99 <input type="checkbox"/> DK }		00 <input type="checkbox"/> None } (Next vaccine) 99 <input type="checkbox"/> DK }	00 <input type="checkbox"/> None } (15) 99 <input type="checkbox"/> DK }
	DTP/DT (Shot)	Polio (Drops or shots)	Measles/MMR (Shots)		HIB (Shot)	Hepatitis B
1st	11-16 ____/____/19 MO DAY YR	61-66 ____/____/19 MO DAY YR	1 <input type="checkbox"/> Measles 2 <input type="checkbox"/> MMR 9 <input type="checkbox"/> DK ____/____/19 MO DAY YR	7 8-13	37-42 ____/____/19 MO DAY YR	63-68 ____/____/19 MO DAY YR
2nd	17-22 ____/____/19 MO DAY YR	67-72 ____/____/19 MO DAY YR	1 <input type="checkbox"/> Measles 2 <input type="checkbox"/> MMR 9 <input type="checkbox"/> DK ____/____/19 MO DAY YR	14 15-20	43-48 ____/____/19 MO DAY YR	69-74 ____/____/19 MO DAY YR
3rd	23-28 ____/____/19 MO DAY YR	73-78 ____/____/19 MO DAY YR	1 <input type="checkbox"/> Measles 2 <input type="checkbox"/> MMR 9 <input type="checkbox"/> DK ____/____/19 MO DAY YR	21 22-27	49-54 ____/____/19 MO DAY YR	75-80 ____/____/19 MO DAY YR
4th	29-34 ____/____/19 MO DAY YR	79-84 ____/____/19 MO DAY YR	1 <input type="checkbox"/> Measles 2 <input type="checkbox"/> MMR 9 <input type="checkbox"/> DK ____/____/19 MO DAY YR	28 29-34	55-60 ____/____/19 MO DAY YR	81-88 ____/____/19 MO DAY YR
5th	35-40 ____/____/19 MO DAY YR	85-90 ____/____/19 MO DAY YR				
6th	41-46 ____/____/19 MO DAY YR	91-96 ____/____/19 MO DAY YR				
7th	47-52 ____/____/19 MO DAY YR	97-102 ____/____/19 MO DAY YR				
8th	53-58 ____/____/19 MO DAY YR	103-108 ____/____/19 MO DAY YR				

Section I - IMMUNIZATION - Continued

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

Section I - IMMUNIZATION - Continued

20a. Has -- ever received an additional Hepatitis B shot?	1 <input type="checkbox"/> Yes (20b) 2 <input type="checkbox"/> No } (23) 9 <input type="checkbox"/> DK	95
b. How many additional Hepatitis B shots has -- received?	_____ Shots } (Number) } (23) 8 <input type="checkbox"/> All 9 <input type="checkbox"/> DK	97

21. Has -- ever received an immunization (that is a shot or drops)?	1 <input type="checkbox"/> Yes (22) 2 <input type="checkbox"/> No } (Item 110) 9 <input type="checkbox"/> DK	98
--	--	----

22a. Has -- ever received:

(1) A DTP/DT shot (sometimes called a DPT shot, diphtheria-tetanus-pertussis-shot, baby shot, or three-in-one shot)? 1 <input type="checkbox"/> Yes (22b) 99 2 <input type="checkbox"/> No } (Next vaccine) 9 <input type="checkbox"/> DK	(2) A polio vaccine by mouth (pink drops) or a polio shot? 1 <input type="checkbox"/> Yes (22b) 102 2 <input type="checkbox"/> No } (Next vaccine) 9 <input type="checkbox"/> DK	(3) A measles or MMR (Measles - Mumps - Rubella) shot? 1 <input type="checkbox"/> Yes (22b) 105 2 <input type="checkbox"/> No } (Next vaccine) 9 <input type="checkbox"/> DK	(4) An HIB shot? (This is for meningitis and called Haemophilus influenzae (HA-MA-FI-LUS IN-FLU-EN-ZI) HIB vaccine or H. flu vaccine) 1 <input type="checkbox"/> Yes (22b) 108 2 <input type="checkbox"/> No } (Next vaccine) 9 <input type="checkbox"/> DK	(5) A Hepatitis B shot? 1 <input type="checkbox"/> Yes (22b) 111 2 <input type="checkbox"/> No } (23) 9 <input type="checkbox"/> DK
--	---	---	--	--

22b. How many (vaccine) shots did -- ever receive?

(1) DTP/DT	(2) Polio	(3) Measles or MMR	(4) HIB	(5) Hepatitis B
100-101	103-104	106-107	109-110	112-113
_____ Shots } (Number) } (Next vaccine) 88 <input type="checkbox"/> All 99 <input type="checkbox"/> DK	_____ Shots } (Number) } (Next vaccine) 88 <input type="checkbox"/> All 99 <input type="checkbox"/> DK	_____ Shots } (Number) } (Next vaccine) 88 <input type="checkbox"/> All 99 <input type="checkbox"/> DK	_____ Shots } (Number) } (Next vaccine) 88 <input type="checkbox"/> All 99 <input type="checkbox"/> DK	_____ Shots } (Number) } (23) 88 <input type="checkbox"/> All 99 <input type="checkbox"/> DK

23. Are you the person who took -- for most of -- shots? (Most means at least 1/2 of the shots)	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	114
--	--	-----

24. In your opinion, has -- received all of the recommended shots for -- age?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	115
--	--	-----

Section I - IMMUNIZATION - Continued

ITEM 110	<p>Refer to questions 14 and 22 for additional 19-35 month old. Mark (X) first appropriate box.</p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; border-right: 1px dashed black;"> <p>1 <input type="checkbox"/> Callback required 2 <input type="checkbox"/> Any immunizations 3 <input type="checkbox"/> No immunizations (Return to 16 on page 6)</p> </td> <td style="width: 40%; vertical-align: middle;"> <p>} (Fill HIS-2A, then 111)</p> </td> </tr> </table>	<p>1 <input type="checkbox"/> Callback required 2 <input type="checkbox"/> Any immunizations 3 <input type="checkbox"/> No immunizations (Return to 16 on page 6)</p>	<p>} (Fill HIS-2A, then 111)</p>	116					
<p>1 <input type="checkbox"/> Callback required 2 <input type="checkbox"/> Any immunizations 3 <input type="checkbox"/> No immunizations (Return to 16 on page 6)</p>	<p>} (Fill HIS-2A, then 111)</p>									
ITEM 111	<p>Status of HIS-2A for additional 19-35 month old. Mark (X) one in each column.</p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; border-right: 1px dashed black; text-align: center;"> <p><u>Provider</u></p> </td> <td style="width: 10%; text-align: center;">117</td> <td style="width: 40%; text-align: center;"> <p><u>Permission</u></p> </td> <td style="width: 10%; text-align: right;">118</td> </tr> <tr> <td style="border-right: 1px dashed black; vertical-align: top;"> <p>1 <input type="checkbox"/> Complete 2 <input type="checkbox"/> Refused 3 <input type="checkbox"/> Other (Explain in notes)</p> </td> <td></td> <td style="vertical-align: top;"> <p>0 <input type="checkbox"/> Not required 1 <input type="checkbox"/> Complete 2 <input type="checkbox"/> Refused 3 <input type="checkbox"/> Other (Explain in notes)</p> </td> <td style="vertical-align: middle;"> <p>} (Return to 16 on page 6)</p> </td> </tr> </table>	<p><u>Provider</u></p>	117	<p><u>Permission</u></p>	118	<p>1 <input type="checkbox"/> Complete 2 <input type="checkbox"/> Refused 3 <input type="checkbox"/> Other (Explain in notes)</p>		<p>0 <input type="checkbox"/> Not required 1 <input type="checkbox"/> Complete 2 <input type="checkbox"/> Refused 3 <input type="checkbox"/> Other (Explain in notes)</p>	<p>} (Return to 16 on page 6)</p>
<p><u>Provider</u></p>	117	<p><u>Permission</u></p>	118							
<p>1 <input type="checkbox"/> Complete 2 <input type="checkbox"/> Refused 3 <input type="checkbox"/> Other (Explain in notes)</p>		<p>0 <input type="checkbox"/> Not required 1 <input type="checkbox"/> Complete 2 <input type="checkbox"/> Refused 3 <input type="checkbox"/> Other (Explain in notes)</p>	<p>} (Return to 16 on page 6)</p>							

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

Section II - DISABILITY - Continued

Part A - SENSORY, COMMUNICATION AND MOBILITY - Continued

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

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

Section II - DISABILITY - Continued

Part A - SENSORY, COMMUNICATION AND MOBILITY - Continued

PERSON 1

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

Notes

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

Section II - DISABILITY - Continued

Part A - SENSORY, COMMUNICATION AND MOBILITY - Continued

PERSON 1

6a. Does anyone in the family now use a brace of any kind?

6a. Yes (6b)
 No } (7)
 DK

65

b. Who is this?

Ask if necessary: **On what part of the body is the brace worn? Is it worn on the back, neck, arm, hand, leg, foot or knee?**

Mark (X) appropriate box(es) in person's column.

b. Back
 Neck
 Arm
 Hand
 Leg
 Foot
 Knee
 Other

66
67
68
69
70
71
72
73

c. Does anyone else now use a brace?

Yes (Reask 6b and c) No

Ask 6d for each person with an entry in 6b.

d. Yes } (6d for NP with entry
 No } in 6b, or 7)
 DK

74

d. Has -- used or is -- expected to use [this brace/any of these braces] for 12 months or longer?

7a. (Does anyone in the family now use) an artificial leg, foot, arm or hand?

7a. Yes (7b)
 No } (A2 on page 24)
 DK

75

b. Who is this?

Ask if necessary: **Which does -- use - an artificial leg, foot, arm or hand?**

Mark (X) appropriate box(es) in person's column.

b. Artificial leg or foot
 Artificial arm or hand

76
77

c. Does anyone else now use an artificial limb?

Yes (Reask 7b and c) No (A2 on page 24)

Notes

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

Section II - DISABILITY - Continued

Part A - SENSORY, COMMUNICATION AND MOBILITY - Continued

PERSON 1

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

Section II – DISABILITY – Continued		RT 88
Part B – CONDITIONS		PERSON 1 3-4
<p>{I am going to read a list of medical conditions. Tell me if anyone in the family has any of these conditions, even if you have mentioned them before.}</p>		
<p>1a. Does anyone in the family, that is (<i>read names</i>) have –</p> <p>(1) A learning disability?</p> <p>-----</p> <p>(2) Cerebral palsy (cě Re' brāi pawl'zee)?</p> <p>-----</p> <p>(3) Cystic fibrosis (sis'tic fi brō'sis)?</p> <p>-----</p> <p>(4) Down syndrome?</p> <p>-----</p> <p>(5) Mental retardation?</p> <p>-----</p> <p>(6) Muscular dystrophy (dis' trō fee)?</p> <p>-----</p> <p>(7) Spina bifida (spīn' ah bif ī dah)?</p> <p>-----</p> <p>(8) Autism (aw'tism)?</p> <p>-----</p> <p>(9) Hydrocephalus (hī drō sef'ah lūs)?</p> <p>-----</p> <p>b. Who is this? <i>Mark (X) appropriate box in person's column.</i></p> <p>-----</p> <p>c. Anyone else? If "Yes" (<i>Reask 1b and c</i>) If "No" (<i>1a for NC, or 2</i>)</p>	<p>1a.</p> <p>5</p> <p>6</p> <p>7</p> <p>8</p> <p>9</p> <p>10</p> <p>11</p> <p>12</p> <p>13</p> <p>b.</p> <p>14</p> <p>15</p> <p>16</p> <p>17</p> <p>18</p> <p>19</p> <p>20</p> <p>21</p> <p>22</p>	<p>1 <input type="checkbox"/> Yes(1b) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p> <p>1 <input type="checkbox"/> Yes(1b) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p> <p>1 <input type="checkbox"/> Yes(1b) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p> <p>1 <input type="checkbox"/> Yes(1b) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p> <p>1 <input type="checkbox"/> Yes(1b) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p> <p>1 <input type="checkbox"/> Yes(1b) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p> <p>1 <input type="checkbox"/> Yes(1b) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p> <p>1 <input type="checkbox"/> Yes(1b) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p> <p>1 <input type="checkbox"/> Yes(1b) 2 <input type="checkbox"/> No(2) 9 <input type="checkbox"/> DK(2)</p> <p>1 <input type="checkbox"/> Learning disability</p> <p>2 <input type="checkbox"/> Cerebral Palsy</p> <p>3 <input type="checkbox"/> Cystic Fibrosis</p> <p>4 <input type="checkbox"/> Down Syndrome</p> <p>5 <input type="checkbox"/> Mental Retardation</p> <p>6 <input type="checkbox"/> Muscular Dystrophy</p> <p>7 <input type="checkbox"/> Spina Bifida</p> <p>8 <input type="checkbox"/> Autism</p> <p>9 <input type="checkbox"/> Hydrocephalus</p>
<p>2a. Was anyone in the family EVER told by a doctor that they had polio, whether or not it resulted in physical disability?</p> <p>-----</p> <p>b. Who is this? (Anyone else?) <i>Mark (X) "Polio" box in person's column.</i> Ask 2c for each person with "Polio" box marked in 2b.</p> <p>-----</p> <p>c. Did -- EVER have paralysis of any kind caused by polio?</p>	<p>2a.</p> <p>23</p> <p>24</p> <p>25</p>	<p>1 <input type="checkbox"/> Yes (2b) 2 <input type="checkbox"/> No } (Part C on page 30) 9 <input type="checkbox"/> DK }</p> <p>1 <input type="checkbox"/> Polio</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p>

Section II - DISABILITY - Continued

Part C - ADL / IADL

RT 67

PERSON 1

3-4

HAND CARD DC1.

These next questions refer only to (read names of persons 5+).

1a. Because of a physical, mental, or emotional problem, do (read names of persons 5+) GET HELP FROM ANOTHER PERSON in —

(1) Bathing or showering?

1 Yes(1b) 2 No 9 DK 5

(2) Dressing?

1 Yes(1b) 2 No 9 DK 6

(3) Eating?

1 Yes(1b) 2 No 9 DK 7

(4) Getting in and out of bed or chairs?

1 Yes(1b) 2 No 9 DK 8

(5) Using the toilet, including getting to the toilet?

1 Yes(1b) 2 No 9 DK 9

(6) Getting around inside the home?

1 Yes(1b) 2 No(2) 9 DK(2) 10

b. Who is this? (Anyone else?)

Mark (X) appropriate box in person's column AND in "Help/Remind" column in X2, then continue with 1a for next activity, or 2.

- b.**
- 1 Bathing or showering 11
 - 2 Dressing 12
 - 3 Eating 13
 - 4 Getting in/out bed or chairs 14
 - 5 Using the toilet, including getting to the toilet 15
 - 6 Getting around inside the home 16
- (Mark (X) appropriate box(es) in X2)

Refer to Card DC1. Read all categories in 2c if telephone interview.

2a. Because of a physical, mental, or emotional problem, do (read names of persons 5+) need to be reminded to do [any of these/any of the following] activities, or need to have someone close by when they do them?

2a.

- 1 Yes (2b)
- 2 No
- 9 DK

(3 on page 32) 17

b. Who is this? (Anyone else?)

Mark (X) "Remind/close" box in person's column.

Ask 2c for each person with "Remind/close" in 2b, then 3 on page 32.

Refer to Card DC1. Read each category if telephone interview.

c. For which activities does -- need to be reminded or to have someone close by? (Any others?)

Mark (X) all that apply in person's column AND in "Help/Remind" column in X2.

- b.**
- 1 Remind/close 18
- c.**
- 1 Bathing or showering 19
 - 2 Dressing 20
 - 3 Eating 21
 - 4 Getting in/out bed or chairs 22
 - 5 Using the toilet, including getting to the toilet 23
 - 6 Getting around inside the home 24
- (Mark (X) appropriate box(es) in X2)

Section II – DISABILITY – Continued			
Part C – ADL / IADL – Continued		PERSON 1	
<p>Refer to Card DC1. Read all categories in 3c if telephone interview.</p> <p>3a. Do (read names of persons 5+) use any SPECIAL EQUIPMENT to do any of [these/the following] activities?</p> <p>b. Who is this? (Anyone else?)</p> <p>Mark (X) "Equipment" box in person's column.</p> <p>Ask 3c for each person with "Equipment" in 3b, then go to C1.</p> <p>Refer to Card DC1. Read each category if telephone interview.</p> <p>C. For which activities does -- use special equipment? (Any others?)</p> <p>Mark (X) all that apply in person's column AND in "Spec. Equip." column in X2.</p>		<p>25</p> <p>1 <input type="checkbox"/> Yes (3b) 2 <input type="checkbox"/> No } (Item C1) 9 <input type="checkbox"/> DK }</p> <p>26</p> <p>1 <input type="checkbox"/> Equipment</p> <p>27 <input type="checkbox"/> Bathing or showering 28 <input type="checkbox"/> Dressing 29 <input type="checkbox"/> Eating 30 <input type="checkbox"/> Getting in/out bed or chairs 31 <input type="checkbox"/> Using the toilet, including getting to the toilet 32 <input type="checkbox"/> Getting around inside the home</p> <p>(Mark (X) appropriate box(es) in X2)</p>	
ITEM C1	<p>Refer to age and Item X2. Mark (X) first appropriate box.</p>	<p>33</p> <p>0 <input type="checkbox"/> Under 5 (NP, or C2 on page 38) 1 <input type="checkbox"/> One or more activities marked in X2 (4) 2 <input type="checkbox"/> No activities in X2 (5 on page 36)</p>	
<p>Mark (X) box 0 or ask:</p> <p>4a. Does -- have any difficulty bathing?</p> <p>If doesn't do, Ask: Is this because of a physical, mental, or emotional problem?</p> <p style="padding-left: 40px;">If "Yes", mark (X) box 3 "Doesn't do/health" If "No", mark (X) box 2 "No"</p> <p>b. How much difficulty does -- have bathing -- some, a lot, or is -- unable to do it?</p>		<p>34</p> <p>0 <input type="checkbox"/> Bathing in X2 (4c) 1 <input type="checkbox"/> Yes (Mark X2 then 4b) 2 <input type="checkbox"/> No (4c) 3 <input type="checkbox"/> Doesn't do/health (Mark X2, then 4c) 9 <input type="checkbox"/> DK (4c)</p> <p>35</p> <p>1 <input type="checkbox"/> Some 2 <input type="checkbox"/> A lot 3 <input type="checkbox"/> Unable 9 <input type="checkbox"/> DK</p>	
<p>Mark (X) box 0 or ask:</p> <p>c. Does -- have any difficulty dressing?</p> <p>If doesn't do, Ask: Is this because of a physical, mental, or emotional problem?</p> <p style="padding-left: 40px;">If "Yes", mark (X) box 3 "Doesn't do/health" If "No", mark (X) box 2 "No"</p>		<p>36</p> <p>0 <input type="checkbox"/> Dressing in X2 (4e on page 34) 1 <input type="checkbox"/> Yes (Mark X2 then 4d on page 34) 2 <input type="checkbox"/> No (4e on page 34) 3 <input type="checkbox"/> Doesn't do/health (Mark X2, then 4e on page 34) 9 <input type="checkbox"/> DK (4e on page 34)</p>	

Section II - DISABILITY - Continued

Part C - ADL / IADL-Continued

PERSON 1

4d. How much difficulty does -- have dressing -- some, a lot, or is -- unable to do it?

4d.

- 1 Some
- 2 A lot
- 3 Unable
- 9 DK

37

Mark (X) box 0 or ask:

e. Does -- have any difficulty eating?

If doesn't do, Ask: Is this because of a physical, mental, or emotional problem?

If "Yes", mark (X) box 3 "Doesn't do/health"
If "No", mark (X) box 2 "No"

e.

- 0 Eating in X2 (4g)
- 1 Yes (Mark X2 then 4f)
- 2 No (4g)
- 3 Doesn't do/health (Mark X2, then 4g)
- 9 DK (4g)

38

f. How much difficulty does -- have eating -- some, a lot, or is -- unable to do it?

f.

- 1 Some
- 2 A lot
- 3 Unable
- 9 DK

39

Mark (X) box 0 or ask:

g. Does -- have any difficulty getting in and out of bed or chairs?

If doesn't do, Ask: Is this because of a physical, mental, or emotional problem?

If "Yes", mark (X) box 3 "Doesn't do/health"
If "No", mark (X) box 2 "No"

g.

- 0 Bed/Chair in X2 (4i)
- 1 Yes (Mark X2 then 4h)
- 2 No (4i)
- 3 Doesn't do/health (Mark X2, then 4i)
- 9 DK (4i)

40

h. How much difficulty does -- have getting in and out of beds or chairs -- some, a lot, or is -- unable to do it?

h.

- 1 Some
- 2 A lot
- 3 Unable
- 9 DK

41

Mark (X) box 0 or ask:

i. Does -- have any difficulty using the toilet, including getting to the toilet?

If doesn't do, Ask: Is this because of a physical, mental, or emotional problem?

If "Yes", mark (X) box 3 "Doesn't do/health"
If "No", mark (X) box 2 "No"

i.

- 0 Toilet in X2 (4k on page 36)
- 1 Yes (Mark X2 then 4j)
- 2 No (4k on page 36)
- 3 Doesn't do/health (Mark X2, then 4k on page 36)
- 9 DK (4k on page 36)

42

j. How much difficulty does -- have using the toilet, including getting to the toilet -- some, a lot, or is -- unable to do it?

j.

- 1 Some
 - 2 A lot
 - 3 Unable
 - 9 DK
- (4k on page 36)

43

Section II - DISABILITY - Continued

Part C - ADL / IADL - Continued

PERSON 1

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

Section II - DISABILITY - Continued

Part C - ADL / IADL - Continued

PERSON 1

Ask only if box 5 "Using the toilet" in 5a; otherwise, skip to 5g.

5f. How much difficulty does -- have using the toilet, including getting to the toilet -- some, a lot, or is -- unable to do it?

- 5f.**
- 1 Some
 - 2 A lot
 - 3 Unable
 - 9 DK

57

Ask only if box 6 "Getting around inside" in 5a; otherwise, go to C1 on page 32 for NP, or C2.

g. How much difficulty does -- have getting around inside the home -- some, a lot, or is -- unable to do it?

- g.**
- 1 Some
 - 2 A lot
 - 3 Unable
 - 9 DK
- (C1 on page 32 for NP, or C2)*

58

ITEM C2

Refer to age and item X2. Mark (X) first appropriate box.

C2

- 0 Under 5 (NP, or 10 on page 56)
- 1 One or more activities marked in X2 (ADL table)
- 2 No activities in X2 (NP, or 10 on page 56)

59

If no more persons in family, skip to 10 on page 56.

Notes

Section II – DISABILITY – Continued

RT 68

Part C – ADL / IADL – Continued

ADL TABLE 1

ITEM C3	Enter person's number and name.	C3	Person number _____ Name _____	3-4		
ITEM C4	Refer to X2 for this person. Mark (X) first appropriate box.	C4	1 <input type="checkbox"/> "Help/Remind" (6) 2 <input type="checkbox"/> "Special equip." (7) 3 <input type="checkbox"/> "Difficulty/doesn't do" (8 on page 42)	5		
6a. You said that -- gets help, needs to be reminded, or needs someone close by when (activities with "help/remind" in X2). Who gives this help? Anyone else? Mark (X) all that apply. If ONLY help is from spouse/child(ren)/parent, mark (X) box 0; otherwise, ask:		6a. Household members <table style="width:100%; border:none;"> <tr> <td style="width:50%; border:none;"> 1 <input type="checkbox"/> Relative(s) 6 2 <input type="checkbox"/> Nonrelative(s) 7 </td> <td style="width:50%; border:none;"> Nonhousehold members 3 <input type="checkbox"/> Relative(s) 8 4 <input type="checkbox"/> Nonrelative(s) 9 </td> </tr> </table>			1 <input type="checkbox"/> Relative(s) 6 2 <input type="checkbox"/> Nonrelative(s) 7	Nonhousehold members 3 <input type="checkbox"/> Relative(s) 8 4 <input type="checkbox"/> Nonrelative(s) 9
1 <input type="checkbox"/> Relative(s) 6 2 <input type="checkbox"/> Nonrelative(s) 7	Nonhousehold members 3 <input type="checkbox"/> Relative(s) 8 4 <input type="checkbox"/> Nonrelative(s) 9					
b. Is any of this help paid for?		b. 0 <input type="checkbox"/> Spouse/child(ren)/parent only (7) 10 1 <input type="checkbox"/> Yes (6c) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (7)				
c. Which helpers are paid? Anyone else? Mark (X) all the apply.		c. Household members <table style="width:100%; border:none;"> <tr> <td style="width:50%; border:none;"> 1 <input type="checkbox"/> Relative(s) 11 2 <input type="checkbox"/> Nonrelative(s) 12 </td> <td style="width:50%; border:none;"> Nonhousehold members 3 <input type="checkbox"/> Relative(s) 13 4 <input type="checkbox"/> Nonrelative(s) 14 </td> </tr> </table>			1 <input type="checkbox"/> Relative(s) 11 2 <input type="checkbox"/> Nonrelative(s) 12	Nonhousehold members 3 <input type="checkbox"/> Relative(s) 13 4 <input type="checkbox"/> Nonrelative(s) 14
1 <input type="checkbox"/> Relative(s) 11 2 <input type="checkbox"/> Nonrelative(s) 12	Nonhousehold members 3 <input type="checkbox"/> Relative(s) 13 4 <input type="checkbox"/> Nonrelative(s) 14					
Ask 7a and b only if "Help/remind" and/or "Special equip." for Bathing ; otherwise, skip to 7c. 15		Ask 7c and d only if "Help/remind" and/or "Special equip." for Dressing ; otherwise, skip to 7e. 17				
7a. If -- did not [get help from another person/(and) use special equipment], how much difficulty would -- have bathing -- some, a lot, or would -- be completely unable to do this? 1 <input type="checkbox"/> Some 3 <input type="checkbox"/> Completely unable 2 <input type="checkbox"/> A lot 9 <input type="checkbox"/> DK		7c. If -- did not [get help from another person/(and) use special equipment], how much difficulty would -- have dressing -- some, a lot, or would -- be completely unable to do this? 1 <input type="checkbox"/> Some 3 <input type="checkbox"/> Completely unable 2 <input type="checkbox"/> A lot 9 <input type="checkbox"/> DK				
b. WITH [help from another person/(and) special equipment], how much difficulty does -- have bathing -- some, a lot, or is -- completely unable to do this? 0 <input type="checkbox"/> No difficulty 2 <input type="checkbox"/> A lot 9 <input type="checkbox"/> DK 1 <input type="checkbox"/> Some 3 <input type="checkbox"/> Completely unable		d. WITH [help from another person/(and) special equipment] how much difficulty does -- have dressing -- some, a lot, or is -- completely unable to do this? 0 <input type="checkbox"/> No difficulty 2 <input type="checkbox"/> A lot 9 <input type="checkbox"/> DK 1 <input type="checkbox"/> Some 3 <input type="checkbox"/> Completely unable				

Notes

Section II - DISABILITY - Continued

Part C - ADL / IADL - Continued

ADL TABLE 1 - Continued

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

19

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

- 1 Some 3 Completely unable
 2 A lot 9 DK

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

20

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

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

21

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

- 1 Some 3 Completely unable
 2 A lot 9 DK

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

22

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

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

23

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

- 1 Some 3 Completely unable
 2 A lot 9 DK

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

24

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

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

25

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

- 1 Some 3 Completely unable
 2 A lot 9 DK

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

26

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

(Go to 8 on page 42)

Notes

Section II - DISABILITY - Continued

Part C - ADL / IADL - Continued

ADL TABLE 1 - Continued

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

Section II - DISABILITY - Continued

Part C - ADL / IADL - Continued

ADL TABLE 1 - Continued

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

Notes

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

Section II - DISABILITY - Continued

Part C - ADL / IADL - Continued

PERSON 1

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

Section II – DISABILITY – Continued		PERSON 1
Part C – ADL / IADL – Continued		28
<p>Mark (X) box 0 or ask:</p> <p>11k. Does -- have any difficulty doing light work around the house?</p> <p><i>If doesn't do, ask: Is this because of a physical, mental, or emotional problem?</i></p> <p style="margin-left: 40px;"><i>If "Yes", mark (X) box 3 "Doesn't do/health"</i> <i>If "No", mark (X) box 2 "No"</i></p> <hr/> <p>l. How much difficulty does -- have doing light work around the house -- some, a lot, or is -- unable to do it?</p>	<p>11k.</p> <p>0 <input type="checkbox"/> Light work in X3 (C5 on page 58 for NP, or C6 on page 62)</p> <p>1 <input type="checkbox"/> Yes (Mark X3, then 11l)</p> <p>2 <input type="checkbox"/> No (C5 on page 56 for NP, or C6 on page 62)</p> <p>3 <input type="checkbox"/> Doesn't do/health (Mark X3, then C5 on page 56 for NP, or C6 on page 62)</p> <p>9 <input type="checkbox"/> DK (C5 on page 56 for NP, or C6 on page 62)</p> <hr/> <p>l.</p> <p>1 <input type="checkbox"/> Some 2 <input type="checkbox"/> A lot 3 <input type="checkbox"/> Unable 9 <input type="checkbox"/> DK</p> <p style="text-align: right; font-size: small;">(C5 on page 56 for NP, or C6 on page 62)</p>	<p style="border: 1px solid black; padding: 2px;">28</p>
Hand Card DC2.		
<p>12a. Because of a physical, mental, or emotional problem does -- have any difficulty with any of [these/the following] activities? Read categories if telephone interview.</p> <p><i>If "Yes", ask "Which?" and mark the appropriate box(es), in person's column AND in "Difficulty/doesn't do" column in X3.</i></p> <p><i>If doesn't do, ask: Is this because of a physical, mental, or emotional problem?</i></p> <p style="margin-left: 40px;"><i>If "Yes", mark the box for that activity</i> <i>If "No", do not make any entries</i></p> <p>Mark (X) box 0 only if no other box(es) are marked.</p> <p>Ask only if box 1 "Preparing meals" in 12a; otherwise, skip to 12c.</p> <hr/> <p>b. How much difficulty does -- have preparing -- own meals -- some, a lot, or is -- unable to do it?</p> <p>Ask only if box 2 "Shopping" in 12a; otherwise, skip to 12d.</p> <hr/> <p>c. How much difficulty does -- have shopping for personal items -- some, a lot, or is -- unable to do it?</p> <p>Ask only if box 3 "Managing money" in 12a; otherwise, skip to 12e.</p> <hr/> <p>d. How much difficulty does -- have managing money -- some, a lot, or is -- unable to do it?</p> <p>Ask only if box 4 "Using the telephone" in 12a; otherwise, skip to 12f on page 62.</p> <hr/> <p>e. How much difficulty does -- have using the telephone -- some, a lot, or is -- unable to do it?</p>	<p>12a.</p> <p>0 <input type="checkbox"/> No difficulty (C5 on page 56 for NP, or C6 on page 62)</p> <p>1 <input type="checkbox"/> Preparing meals</p> <p>2 <input type="checkbox"/> Shopping</p> <p>3 <input type="checkbox"/> Managing money</p> <p>4 <input type="checkbox"/> Using the telephone</p> <p>5 <input type="checkbox"/> Heavy housework</p> <p>6 <input type="checkbox"/> Light housework</p> <p style="font-size: small;">(Mark (X) appropriate box(es) in X3)</p> <hr/> <p>b.</p> <p>1 <input type="checkbox"/> Some 2 <input type="checkbox"/> A lot 3 <input type="checkbox"/> Unable 9 <input type="checkbox"/> DK</p> <hr/> <p>c.</p> <p>1 <input type="checkbox"/> Some 2 <input type="checkbox"/> A lot 3 <input type="checkbox"/> Unable 9 <input type="checkbox"/> DK</p> <hr/> <p>d.</p> <p>1 <input type="checkbox"/> Some 2 <input type="checkbox"/> A lot 3 <input type="checkbox"/> Unable 9 <input type="checkbox"/> DK</p> <hr/> <p>e.</p> <p>1 <input type="checkbox"/> Some 2 <input type="checkbox"/> A lot 3 <input type="checkbox"/> Unable 9 <input type="checkbox"/> DK</p> <p style="text-align: right; font-size: small;">(12f on page 62)</p>	<p style="border: 1px solid black; padding: 2px;">30</p> <p style="border: 1px solid black; padding: 2px;">31</p> <p style="border: 1px solid black; padding: 2px;">32</p> <p style="border: 1px solid black; padding: 2px;">33</p> <p style="border: 1px solid black; padding: 2px;">34</p> <p style="border: 1px solid black; padding: 2px;">35</p> <p style="border: 1px solid black; padding: 2px;">36</p> <hr/> <p style="border: 1px solid black; padding: 2px;">37</p> <hr/> <p style="border: 1px solid black; padding: 2px;">38</p> <hr/> <p style="border: 1px solid black; padding: 2px;">39</p> <hr/> <p style="border: 1px solid black; padding: 2px;">40</p>

Section II - DISABILITY - Continued

Part C - ADL / IADL - Continued

PERSON 1

Ask only if box 5 "Heavy housework" in 12a; otherwise, skip to 12g.

12f. How much difficulty does -- have doing heavy work around the house -- some, a lot, or is -- unable to do it?

- 12f.**
- 1 Some
 - 2 A lot
 - 3 Unable
 - 9 DK

41

Ask only if box 6 "Light housework" in 12a; otherwise, go to C5 on page 56 for NP, or C6.

g. How much difficulty does -- have doing light work around the house -- some, a lot, or is -- unable to do it?

- g.**
- 1 Some
 - 2 A lot
 - 3 Unable
 - 9 DK
- (C5 on page 56 for NP, or C6)*

42

ITEM C6

Refer to age and item X3. Mark (X) first appropriate box.

C6

- 0 Under 18 (NP, or Part D on page 80)
- 1 One or more activities marked in X3 (IADL table)
- 2 No activities in X3 (NP, or Part D on page 80)

43

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

Notes

Section II - DISABILITY - Continued

RT 70

Part C - ADL / IADL - Continued

IADL TABLE 1

ITEM C7	Enter person's number and name.	C7	Person number _____ Name _____	3-4												
ITEM C8	Refer to X3 for this person. Mark (X) first appropriate box.	C8	1 <input type="checkbox"/> "Help/supv." (13) 2 <input type="checkbox"/> "Difficulty/doesn't do" (15 on page 66)	5												
13a. You said that -- gets help or supervision with (activities with "help/supv." in X3). Who gives this help? Anyone else? Mark (X) all that apply. If ONLY help is from spouse/child(ren)/parent, mark (X) box 0; otherwise, ask: b. Is any of this help paid for? c. Which helpers are paid? Anyone else? Mark (X) all the apply.		13a. Household members <table style="display: inline-table; border: none;"> <tr><td>1 <input type="checkbox"/> Relative(s)</td><td style="border: 1px solid black; width: 30px; text-align: center;">6</td></tr> <tr><td>2 <input type="checkbox"/> Nonrelative(s)</td><td style="border: 1px solid black; text-align: center;">7</td></tr> </table> <table style="display: inline-table; border: none; margin-left: 20px;"> <tr><td colspan="2">Nonhousehold members</td></tr> <tr><td>3 <input type="checkbox"/> Relative(s)</td><td style="border: 1px solid black; width: 30px; text-align: center;">8</td></tr> <tr><td>4 <input type="checkbox"/> Nonrelative(s)</td><td style="border: 1px solid black; text-align: center;">9</td></tr> </table>		1 <input type="checkbox"/> Relative(s)	6	2 <input type="checkbox"/> Nonrelative(s)	7	Nonhousehold members		3 <input type="checkbox"/> Relative(s)	8	4 <input type="checkbox"/> Nonrelative(s)	9	10		
		1 <input type="checkbox"/> Relative(s)	6													
2 <input type="checkbox"/> Nonrelative(s)	7															
Nonhousehold members																
3 <input type="checkbox"/> Relative(s)	8															
4 <input type="checkbox"/> Nonrelative(s)	9															
		b. <table style="display: inline-table; border: none;"> <tr><td>0 <input type="checkbox"/> Spouse/child(ren)/parent only (14)</td><td style="border: none;"></td></tr> <tr><td>1 <input type="checkbox"/> Yes (13c)</td><td rowspan="3" style="font-size: 2em; vertical-align: middle;">}</td></tr> <tr><td>2 <input type="checkbox"/> No</td></tr> <tr><td>9 <input type="checkbox"/> DK</td></tr> </table> (14)		0 <input type="checkbox"/> Spouse/child(ren)/parent only (14)		1 <input type="checkbox"/> Yes (13c)	}	2 <input type="checkbox"/> No	9 <input type="checkbox"/> DK	10						
0 <input type="checkbox"/> Spouse/child(ren)/parent only (14)																
1 <input type="checkbox"/> Yes (13c)	}															
2 <input type="checkbox"/> No																
9 <input type="checkbox"/> DK																
		c. <table style="display: inline-table; border: none;"> <tr><td colspan="2">Household members</td><td colspan="2">Nonhousehold members</td></tr> <tr><td>1 <input type="checkbox"/> Relative(s)</td><td style="border: 1px solid black; width: 30px; text-align: center;">11</td><td>3 <input type="checkbox"/> Relative(s)</td><td style="border: 1px solid black; text-align: center;">13</td></tr> <tr><td>2 <input type="checkbox"/> Nonrelative(s)</td><td style="border: 1px solid black; text-align: center;">12</td><td>4 <input type="checkbox"/> Nonrelative(s)</td><td style="border: 1px solid black; text-align: center;">14</td></tr> </table>		Household members		Nonhousehold members		1 <input type="checkbox"/> Relative(s)	11	3 <input type="checkbox"/> Relative(s)	13	2 <input type="checkbox"/> Nonrelative(s)	12	4 <input type="checkbox"/> Nonrelative(s)	14	14
Household members		Nonhousehold members														
1 <input type="checkbox"/> Relative(s)	11	3 <input type="checkbox"/> Relative(s)	13													
2 <input type="checkbox"/> Nonrelative(s)	12	4 <input type="checkbox"/> Nonrelative(s)	14													

Ask 14a and b only if "Help/supv." for Preparing meals ; otherwise, skip to 14c. 14a. If -- did not get help or supervision from another person, how much difficulty would -- have preparing -- meals on -- own -- some, a lot, or would -- be completely unable to do this? 1 <input type="checkbox"/> Some 3 <input type="checkbox"/> Completely unable 2 <input type="checkbox"/> A lot 9 <input type="checkbox"/> DK	Ask 14c and d only if "Help or supv." for Shopping ; otherwise, skip to 14e. 14c. If -- did not get help or supervision from another person, how much difficulty would -- have shopping for personal items on -- own -- some, a lot, or would -- be completely unable to do this? 1 <input type="checkbox"/> Some 3 <input type="checkbox"/> Completely unable 2 <input type="checkbox"/> A lot 9 <input type="checkbox"/> DK
b. WITH help or supervision, how much difficulty does -- have preparing -- meals -- some, a lot, or is -- completely unable to do this? 0 <input type="checkbox"/> No difficulty 2 <input type="checkbox"/> A lot 9 <input type="checkbox"/> DK 1 <input type="checkbox"/> Some 3 <input type="checkbox"/> Completely unable	d. WITH help or supervision, how much difficulty does -- have shopping for personal items -- some, a lot, or is -- completely unable to do this? 0 <input type="checkbox"/> No difficulty 2 <input type="checkbox"/> A lot 9 <input type="checkbox"/> DK 1 <input type="checkbox"/> Some 3 <input type="checkbox"/> Completely unable

Notes

Section II - DISABILITY - Continued

Part C - ADL / IADL - Continued

IADL TABLE 1 - Continued

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

Section II - DISABILITY - Continued

Part C - ADL / IADL - Continued

IADL TABLE 1 - Continued

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

Section II - DISABILITY - Continued

Part C - ADL / IADL - Continued

IADL TABLE 1 - Continued

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

Notes

Section II - DISABILITY - Continued		RT 71
Part D - FUNCTIONAL LIMITATION		PERSON 1
ITEM D1	<i>Refer to ages of all family members.</i>	5
<p>These next few questions also refer to family members who are 18 years old or older, that is (read names of nondeleted persons 18+).</p> <p>1a. Do (names of persons 18+) have ANY difficulty lifting something as heavy as 10 pounds, such as a full bag of groceries?</p>		6
<p>1a. 1 <input type="checkbox"/> Yes (1b) 2 <input type="checkbox"/> No } (2 on page 82) 9 <input type="checkbox"/> DK</p>		7
<p>b. Who is this? Mark (X) "Difficulty lifting" box in person's column.</p>		8
<p>c. Anyone else? <input type="checkbox"/> Yes (Reask 1b and c) <input type="checkbox"/> No</p> <p>Ask 1d-g for each person with "Difficulty lifting" marked in 1b.</p>		9-10
<p>d. How much difficulty does -- have lifting 10 pounds, some, a lot, or is -- completely unable to do this?</p>		11
<p>e. At what age did -- first have difficulty doing this?</p> <p>_____ Years old OR 96 <input type="checkbox"/> Always had difficulty 97 <input type="checkbox"/> Never able 99 <input type="checkbox"/> DK</p>		12
<p>Ask only if "Completely unable" in 1d; otherwise, skip to 1g.</p>		13
<p>f. [Do you expect/ls -- expected] to remain unable to do this for at least 12 months longer?</p>		14
<p>g. Did this difficulty result from a motor vehicle accident?</p>		15
<p>1 <input type="checkbox"/> Yes } (1d for NP in 1b, or 2 on page 82) 2 <input type="checkbox"/> No } 9 <input type="checkbox"/> DK }</p>		16
Notes		

Section II - DISABILITY - Continued

Part D - FUNCTIONAL LIMITATION - Continued

PERSON 1

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

Notes

Section II - DISABILITY - Continued

Part D - FUNCTIONAL LIMITATION - Continued

PERSON 1

3a. Do (names of persons 18+) have any difficulty walking a quarter of a mile - about 3 city blocks?

3a. 20
 1 Yes (3b)
 2 No
 9 DK } (4 on page 86)

b. Who is this?

Mark (X) "Difficulty walking" box in person's column.

b. 21
 1 Difficulty walking

c. Anyone else?

Yes (Reask 3b and c) No

Ask 3d-g for each person with "Difficulty walking" marked in 3b.

d. 22
 1 Some difficulty
 2 A lot of difficulty
 3 Completely unable
 9 DK

d. How much difficulty does -- have walking a quarter of a mile, some, a lot, or is -- completely unable to do this?

e. At what age did -- first have difficulty doing this?

23-24
 _____ Years old
 OR
 96 Always had difficulty
 97 Never able
 99 DK

Ask only if "Completely unable" in 3d; otherwise, skip to 3g.

f. [Do you expect/ls -- expected] to remain unable to do this for at least 12 months longer?

f. 25
 1 Yes
 2 No
 9 DK

g. Did this difficulty result from a motor vehicle accident?

g. 26
 1 Yes } (3d for NP in 3b,
 2 No } or 4 on page 86)
 9 DK }

Notes

Section II - DISABILITY - Continued

Part D - FUNCTIONAL LIMITATION - Continued

PERSON 1

<p>4a. Do (names of persons 18+) have any difficulty standing for about 20 minutes?</p>	<p>4a. 27 <input type="checkbox"/> Yes (4b) <input type="checkbox"/> No <input type="checkbox"/> DK } (5 on page 88)</p>
<p>b. Who is this? Mark (X) "Difficulty standing" box in person's column.</p>	<p>b. 28 <input type="checkbox"/> Difficulty standing</p>
<p>c. Anyone else? <input type="checkbox"/> Yes (Reask 4b and c) <input type="checkbox"/> No Ask 4d-g for each person with "Difficulty standing" marked in 4b.</p>	<p>d. 29 <input type="checkbox"/> Some difficulty <input type="checkbox"/> A lot of difficulty <input type="checkbox"/> Completely unable <input type="checkbox"/> DK</p>
<p>e. At what age did -- first have difficulty doing this?</p>	<p>e. 30-31 _____ Years old OR <input type="checkbox"/> Always had difficulty <input type="checkbox"/> Never able <input type="checkbox"/> DK</p>
<p>f. [Do you expect/ls -- expected] to remain unable to do this for at least 12 months longer?</p>	<p>f. 32 <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK</p>
<p>g. Did this difficulty result from a motor vehicle accident?</p>	<p>g. 33 <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK } (4d for NP in 4b, or 5 on page 88)</p>

Notes

Section II - DISABILITY - Continued

Part D - FUNCTIONAL LIMITATION - Continued

PERSON 1

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

Notes

Section II - DISABILITY - Continued

Part D - FUNCTIONAL LIMITATION - Continued

PERSON 1

6a. Do (names of persons 18+) have any difficulty reaching up over the head or reaching out as if to shake someone's hand?

6a. 41
 1 Yes (6b)
 2 No } (7 on page 92)
 9 DK }

b. Who is this?

Mark (X) "Difficulty reaching" box in person's column.

b. 42
 1 Difficulty reaching

c. Anyone else?

Yes (Reask 6b and c) No

Ask 6d-g for each person with "Difficulty reaching" marked in 6b.

d. 43
 1 Some difficulty
 2 A lot of difficulty
 3 Completely unable
 9 DK

e. At what age did -- first have difficulty doing this?

Ask only if "Completely unable" in 6d; otherwise, skip to 6g.

e. 44-45
 _____ Years old
 OR
 96 Always had difficulty
 97 Never able
 99 DK

f. [Do you expect/Is -- expected] to remain unable to do this for at least 12 months longer?

f. 46
 1 Yes
 2 No
 9 DK

g. Did this difficulty result from a motor vehicle accident?

g. 47
 1 Yes } (6d for NP in 6b,
 2 No } or 7 on page 92)
 9 DK }

Notes

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

Notes

Section II - DISABILITY - Continued

Part D - FUNCTIONAL LIMITATION - Continued

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

Section II - DISABILITY - Continued

Part D - FUNCTIONAL LIMITATION - Continued

PERSON 1

**ITEM
D3**

Refer to age or HIS-1, Part B, Questions 2a/b and 5a/b (pages 6-7).

D3

- 64**
- 2 Under 18 (NP, or Part E on page 98)
 - 1 Yes in 2a/b or 5a/b (10)
 - 2 Other (NP, or Part E on page 98)

10. Earlier, I was told that -- was unable to work or was limited in the kind or amount of work -- could do because of an impairment or health problem. About how long has -- been unable to work or limited in the kind or amount of work -- can do?

If less than one month, enter 1 month.

10.

- 65-67**
- Number { 1 Months
 2 Years
- OR
- 3 Never able
- (D3 for NP, or Part E on page 98)*

Notes

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

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

Section II – DISABILITY – Continued
Part E – MENTAL HEALTH – Continued

PERSON 1

These next questions are about specific mental and emotional disorders. Again, I will only ask about (names of persons 18 years of age and older).

9a. During the past 12 months, did (names of persons 18+) have –

- | | |
|--|-----------|
| 9a. | 21 |
| (1) 1 <input type="checkbox"/> Yes (9b) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK | 22 |
| (2) 1 <input type="checkbox"/> Yes (9b) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK | 23 |
| (3) 1 <input type="checkbox"/> Yes (9b) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK | 24 |
| (4) 1 <input type="checkbox"/> Yes (9b) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK | 25 |
| (5) 1 <input type="checkbox"/> Yes (9b) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK | 26 |
| (6) 1 <input type="checkbox"/> Yes (9b) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK | 27 |
| (7) 1 <input type="checkbox"/> Yes (9b) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK | 28 |
| (8) 1 <input type="checkbox"/> Yes (9b) 2 <input type="checkbox"/> No (10) 9 <input type="checkbox"/> DK (10) | |

b. Who is this?

Mark (X) appropriate box in person's column and enter condition in X1.

- | | | |
|---|--|-----------|
| b. | | 29 |
| 1 <input type="checkbox"/> Schizophrenia | | 30 |
| 2 <input type="checkbox"/> Paranoid disorder | | 31 |
| 3 <input type="checkbox"/> Bipolar disorder | | 32 |
| 4 <input type="checkbox"/> Major depression | | 33 |
| 5 <input type="checkbox"/> Personality disorder | | 34 |
| 6 <input type="checkbox"/> Senility | | 35 |
| 7 <input type="checkbox"/> Alcohol abuse | | 36 |
| 8 <input type="checkbox"/> Drug abuse disorder | | |

(Enter condition in X1, then 9c)

C. Anyone else?

If "Yes" (Reask 9b and c)

If "No" (9a for next disorder, or 10 on page 104)

Notes

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

Section II - DISABILITY - Continued

Part F - SERVICES AND BENEFITS

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

Notes

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

Section II - DISABILITY - Continued

Part F - SERVICES AND BENEFITS - Continued

PERSON 1

3a. During the past 12 months, have (names of persons 18+) received any physical therapy?

3a. Yes (3b)
 No } (4a)
 DK }
15

b. Who is this?

(Anyone else?)

Mark (X) "Physical therapy" box in person's column.

Ask 3c-d for each person with box marked in 3b.

c. Has the condition for which -- gets physical therapy been going on or is it expected to go on for at least 12 months?

b. Physical therapy
16

c. Yes (3d)
 No } (NP with 3b, or 4)
 DK }
17

d. What is the main condition for which -- gets physical therapy?

d.
 (Enter condition in X1 and mark box)
 In C2 } (3c for NP with 3b, or 4)
 Not in C2 }
18

4a. During the past 12 months, have (names of persons 18+) received any occupational therapy?

4a. Yes (4b)
 No } (5 on page 112)
 DK }
19

b. Who is this?

(Anyone else?)

Mark (X) "Occupational therapy" box in person's column.

Ask 4c-d for each person with box marked in 4b.

c. Has the condition for which -- gets occupational therapy been going on or is it expected to go on for at least 12 months?

b. Occupational therapy
20

c. Yes (4d)
 No } (NP with 4b, or 5 on page 112)
 DK }
21

d. What is the main condition for which -- gets occupational therapy?

d.
 (Enter condition in X1 and mark box)
 In C2 } (4c for NP with 4b, or 5 on page 112)
 Not in C2 }
22

Notes

Section II - DISABILITY - Continued

Part F - SERVICES AND BENEFITS - Continued

PERSON 1

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

Section II - DISABILITY - Continued		RT 74
Part G - SPECIAL HEALTH NEEDS OF CHILDREN		PERSON 1
ITEM G1	<i>Refer to family composition.</i>	3-4 5
<p>The next questions refer to family members who are under 18 years old, that is <i>(read names of nondeleted persons under 18)</i>.</p> <p>1a. Do <i>(names of persons under 18)</i> NOW go to a medical doctor or specialist on a regular basis for anything other than routine physical exams?</p>		6 1 <input type="checkbox"/> Yes (1b) 2 <input type="checkbox"/> No } (2) 9 <input type="checkbox"/> DK
<p>b. Who is this? (Anyone else?) Mark (X) "Regular visits" box in person's column. Ask 1c-d for each person with box marked in 1b.</p>		7 1 <input type="checkbox"/> Regular visits
<p>c. Has any problem or condition for which -- sees a doctor regularly been going on or is it expected to go on for at least 12 months?</p> <p>Ask only if "Yes" in 1c.</p>		8 1 <input type="checkbox"/> Yes (1d) 2 <input type="checkbox"/> No } (NP with 1b, or 2) 9 <input type="checkbox"/> DK
<p>d. What is the main problem or condition for which -- goes to a doctor regularly?</p>		9 d. (Enter condition in X1 and mark box) 1 <input type="checkbox"/> In C2 } (1c for NP with 1b, or 2) 2 <input type="checkbox"/> Not in C2
<p>2a. Do you think that <i>(names of persons under 18)</i> have any significant problems or delays in physical development?</p>		10 1 <input type="checkbox"/> Yes (2b) 2 <input type="checkbox"/> No } (3 on page 116) 9 <input type="checkbox"/> DK
<p>b. Who is this? (Anyone else?) Mark (X) "Problem or delay" box in person's column. Ask 2c for each person with box marked in 2b.</p>		11 1 <input type="checkbox"/> Problem or delay
<p>c. Have any doctors or health care professionals discussed or mentioned -- problem or delay in physical development?</p>		12 1 <input type="checkbox"/> Yes } (NP with 2b, or 3 on page 116) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK
Notes		

Section II – DISABILITY – Continued

Part G – SPECIAL HEALTH NEEDS OF CHILDREN – Continued

PERSON 1

<p>3a. Do (names of persons under 18) NOW have a physical, mental, or emotional problem for which they regularly take prescription medication?</p>	<p>3a. 13 1 <input type="checkbox"/> Yes (3b) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (4)</p>
<p>b. Who is this? (Anyone else?) Mark (X) "Prescription medication" box in person's column. Ask 3c-d for each person with box marked in 3b.</p>	<p>b. 14 1 <input type="checkbox"/> Prescription medication</p>
<p>c. Has the problem or condition for which -- regularly takes prescription medication been going on or is it expected to go on for at least 12 months?</p>	<p>c. 15 1 <input type="checkbox"/> Yes (3d) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (NP with 3b, or 4)</p>
<p>d. What is the main problem or condition for which -- regularly takes prescription medication?</p>	<p>d. 16 (Enter condition in X1 and mark box) 1 <input type="checkbox"/> In C2 2 <input type="checkbox"/> Not in C2 } (3c for NP with 3b, or 4)</p>
<p>4a. Has (names of persons under 18) ever been a patient in a hospital overnight for a physical, mental, or emotional condition that they STILL HAVE or GET FROM TIME TO TIME?</p>	<p>4a. 17 1 <input type="checkbox"/> Yes (4b) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (5)</p>
<p>b. Who is this? (Anyone else?) Mark (X) "Hospital overnight" box in person's column. Ask 4c-d for each person with box marked in 4b.</p>	<p>b. 18 1 <input type="checkbox"/> Hospital overnight</p>
<p>c. Has the problem or condition for which -- was hospitalized been going on or is it expected to go on for at least 12 months?</p>	<p>c. 19 1 <input type="checkbox"/> Yes (4d) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (NP with 4b, or 5)</p>
<p>d. What is the main condition which caused -- hospitalization(s)?</p>	<p>d. 20 (Enter condition in X1 and mark box) 1 <input type="checkbox"/> In C2 2 <input type="checkbox"/> Not in C2 } (4c for NP with 4b, or 5)</p>
<p>5a. Do (names of persons under 18) NOW have any life-threatening allergic reactions to any foods?</p>	<p>5a. 21 1 <input type="checkbox"/> Yes (5b) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (6 on page 118)</p>
<p>b. Who is this? (Anyone else?) Mark (X) "Allergic reaction" box in person's column.</p>	<p>b. 22 1 <input type="checkbox"/> Allergic reaction</p>

Section II - DISABILITY - Continued

Part G - SPECIAL HEALTH NEEDS OF CHILDREN - Continued

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

Notes

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

Section II - DISABILITY - Continued

Part G - SPECIAL HEALTH NEEDS OF CHILDREN - Continued

PERSON 1

10a. During the past 12 months, have (names of persons under 18) received any occupational therapy?

10a. Yes (10b)
 No } (Item G2)
 DK }
38

b. Who is this? (Anyone else?)

Mark (X) "Occupational therapy" box in person's column.
 Ask 10c-d for each person with box marked in 10b.

b. Occupational therapy
39

c. Has the problem or condition for which -- gets occupational therapy been going on or is it expected to go on for at least 12 months?

Ask only if "Yes" in 10c.

c. Yes (10d)
 No } (NP with 10b, or G2)
 DK }
40

d. What is the main problem or condition for which -- gets occupational therapy?

d. (Enter condition in X1 and mark box)
 In C2 } (10c for NP with 10b, or G2)
 Not in C2 }

41

ITEM G2

Refer to age or 9c and 10c on pages 120-123 for each person.

G2 18+ (NP, or 14 on page 132)
 Yes in 9c or 10c (11)
 Other (NP, or 14 on page 132)
42

11a. Does -- NOW receive any physical or occupational therapy AT HOME? THIS INCLUDES THERAPY GIVEN BY YOU, OTHER FAMILY MEMBERS, FRIENDS, VOLUNTEERS, OR PAID PROFESSIONALS.

11a. Yes (11b)
 No } (12 on page 128)
 DK }

b. What are the names of all persons who give -- therapy at home?

b. (Record up to 4 names in Table T on page 124, then return to 11c)

Ask 11c and d only if 4 names were entered in Table T for this person; otherwise, go to 11e in Table T.

c. Are there any other persons who give -- physical or occupational therapy at home?

c. Yes (11d)
 No } (11e in Table T on page 124)
 DK }

d. How many others?

d. _____ Therapist(s)
 (Number) (11e in Table T on page 124)
45-46

Notes

Section II - DISABILITY - Continued		RT 75
Part G - SPECIAL HEALTH NEEDS OF CHILDREN - Continued		THERAPIST AT HOME
TABLE T		
	Child's name	
	Child's number	3-4
	Therapist name	5-6
<p>11e. Does (therapist) do physical or occupational therapy with --?</p> <p>-----</p> <p><i>HAND CARD DG1. Read categories if telephone interview.</i></p> <p>f. What is (therapist) relationship to --? Mark (X) only one.</p> <p>-----</p> <p>g. Is this therapy paid for?</p>	<p>11e.</p> <p>1 <input type="checkbox"/> Physical 2 <input type="checkbox"/> Occupational 3 <input type="checkbox"/> Both 9 <input type="checkbox"/> DK</p> <p style="text-align: right;">7</p> <hr/> <p>f.</p> <p>0 <input type="checkbox"/> Parent (11k) 1 <input type="checkbox"/> Other relative who lives here 2 <input type="checkbox"/> Other relative who does not live here 3 <input type="checkbox"/> Non-relative who lives here 4 <input type="checkbox"/> Friend/neighbor 5 <input type="checkbox"/> Unpaid volunteer from an organization or business (11j) 6 <input type="checkbox"/> Paid employee of an organization or business 7 <input type="checkbox"/> Paid employee of yours 8 <input type="checkbox"/> Other 9 <input type="checkbox"/> DK</p> <p style="text-align: right;">8</p> <hr/> <p>g.</p> <p>1 <input type="checkbox"/> Yes (11h on page 126) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p> <p style="text-align: right;">9</p>	
<p>Notes</p>		

Section II - DISABILITY - Continued

Part G - SPECIAL HEALTH NEEDS OF CHILDREN - Continued

THERAPIST AT HOME

TABLE T - Continued

HAND CARD DG2. Read categories if telephone interview.

11h. Who pays for this therapy?

(Anyone else?)

Mark (X) all that apply.

11h.

- 00 Parent 10-11
- 01 Other relative who lives here 12-13
- 02 Other relatives who do not live here 14-15
- 03 Private insurance 16-17
- 04 Rehabilitation program 18-19
- 05 Medicaid 20-21
- 06 Public school system 22-23
- 07 Other public source 24-25
- 08 Other private source 26-27
- 09 Other 28-29
- 99 DK or Refused 30-31

Ask 11i only if box 00 or 01 is marked in 11h; otherwise, skip to 11j.

i. How much did [you/the family] pay for this therapy during the past 2 weeks? Do not count money that will be reimbursed by insurance, an HMO, or other source.

If none, enter 0; otherwise, enter amount in whole dollars.

i. \$ _____ 32-35
(Dollars)

j. How satisfied are you with this therapy? Would you say very satisfied, somewhat satisfied, somewhat dissatisfied, or very dissatisfied?

If respondent is not a parent or guardian, explain, if necessary, that "you" refers to the family in general.

j. 36

- 1 Very satisfied
- 2 Somewhat satisfied
- 3 Somewhat dissatisfied
- 4 Very dissatisfied
- 9 DK

k. How many days during the past 2 weeks did (therapist) work with -- ?

k. 37-38

00 None in past 2 weeks

_____ Days
(Number)

l. Please estimate the hours per day that (therapist) did therapy with -- . Include therapy that is part of another activity such as play.

l. 39-40

_____ Hours/Day

00 Less than 1 hour/day

If another therapist in Table T for this person, ask 11e on page 124 for the next therapist; otherwise, continue with 12a on page 128 for this person.

Notes

Section II - DISABILITY - Continued		RT 76
Part G - SPECIAL HEALTH NEEDS OF CHILDREN - Continued		PERSON 1
<p>12a. Does -- receive any physical or occupational therapy at any other place, that is, OTHER THAN AT HOME?</p>	<p>12a.</p> <p>1 <input type="checkbox"/> Yes (12b) 2 <input type="checkbox"/> No 3 <input type="checkbox"/> DK } (G2 on page 122 for NP, or 14 on page 132)</p>	<p>5</p>
<p>b. Does -- receive this therapy at school, at a location other than school or both places? <i>Mark (X) only one.</i></p>	<p>b.</p> <p>1 <input type="checkbox"/> School (12c) 2 <input type="checkbox"/> Location other than school (13 on page 130) 3 <input type="checkbox"/> Both (12c)</p>	<p>6</p>
<p>c. Is the therapy -- receives at school physical therapy, occupational therapy or both? <i>Mark (X) only one.</i></p>	<p>c.</p> <p>1 <input type="checkbox"/> Physical therapy 2 <input type="checkbox"/> Occupational therapy 3 <input type="checkbox"/> Both</p>	<p>7</p>
<p>ITEM G3</p> <p><i>Refer to 12b for this person.</i></p>	<p>G3</p> <p>1 <input type="checkbox"/> School only (G2 on page 122 for NP, or 14 on page 132) 2 <input type="checkbox"/> All others (13 on page 130)</p>	<p>8</p>
<p>Notes</p>		

Section II - DISABILITY - Continued

Part G - SPECIAL HEALTH NEEDS OF CHILDREN - Continued

PERSON 1

9

These questions are about therapy that -- receives OTHER THAN AT HOME AND AT SCHOOL.

13a. Is this physical therapy, occupational therapy, or both?

13a.

- 1 Physical therapy
- 2 Occupational therapy
- 3 Both

Mark (X) only one.

b. During the past 2 weeks how often did -- receive [physical/(and)occupational] therapy NOT COUNTING THERAPY AT HOME OR SCHOOL?

b.

- 00 None 10-11
- _____ Times
(Number)

SHOW CARD DG2. Read categories if telephone interview.

c. Who pays for this therapy?

c.

- 00 Parent 12-13
- 01 Other family member in HH 14-15
- 02 Other family member not in HH 16-17
- 03 Private insurance 18-19
- 04 Rehabilitation program 20-21
- 05 Medicaid 22-23
- 06 Public school system 24-25
- 07 Other public source 26-27
- 08 Other private source 28-29
- 09 Other 30-31
- 99 DK or Refused 32-33

Mark (X) all that apply.

Ask 13d only if box 00 or 01 is marked in 13c; otherwise, skip to 13e.

d. How much did [you/the family] pay for this therapy during the past 2 weeks. Do not count money that will be reimbursed by insurance, an HMO, or other source.

d.

\$ _____
(Dollars)

If none, enter 0; otherwise enter amount in whole dollars.

e. How satisfied are you with this therapy? Would you say very satisfied, somewhat satisfied, somewhat dissatisfied, or very dissatisfied?

e.

- 1 Very satisfied
 - 2 Somewhat satisfied
 - 3 Somewhat dissatisfied
 - 4 Very dissatisfied
- (G2 on page 122 for NP, or 14 on page 132)

If respondent is not a parent or guardian, explain, if necessary, that "you" refers to the family in general.

Notes

Section II - DISABILITY - Continued			
Part G - SPECIAL HEALTH NEEDS OF CHILDREN - Continued		PERSON 1	
14a. (Besides physical or occupational therapy) do (names of persons under 18) NOW have any (other) medical or health procedures done AT HOME?		14a. 1 <input type="checkbox"/> Yes (14b) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (Item G4)	39
b. Who is this? (Anyone else?) Mark (X) "Medical Procedures" box in person's column. Ask 14c - d for each person with box marked in 14b.		b. 1 <input type="checkbox"/> Medical procedures	40
c. Has the problem or condition for which -- has (other) medical procedures done AT HOME been going on or is it expected to go on for at least 12 months? Ask only if "Yes" in 14c.		c. 1 <input type="checkbox"/> Yes (14d) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (NP with 14b, or G4)	41
d. What is the main problem or condition for which -- gets medical procedures done AT HOME?		d. (Enter condition in X1 and mark box) 1 <input type="checkbox"/> In C2 2 <input type="checkbox"/> Not in C2 } (14c for NP with 14b, or G4)	42
ITEM G4	Refer to ages of all family members.	G4 1 <input type="checkbox"/> Any 1-17 years (15) 2 <input type="checkbox"/> All others (Item G6 on page 136)	43
15a. Do you think that (names of persons 1-17 years old) NOW have any problems or delays in understanding things, that is, delays in cognitive or mental development?		15a. 1 <input type="checkbox"/> Yes (15b) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (16)	44
b. Who is this? (Anyone else?) Mark (X) "Mental development" box in person's column. Ask 15c for each person with box marked in 15b.		b. 1 <input type="checkbox"/> Mental development	45
c. Have any doctors or health care professionals discussed or mentioned -- problem or delay in understanding things?		c. 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (NP with 15b, or 16)	46
16a. Do you think that (names of persons 1-17 years old) NOW have any problems or delays in speech or language development?		16a. 1 <input type="checkbox"/> Yes (16b) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (17 on page 134)	47
b. Who is this? (Anyone else?) Mark (X) "Speech" box for each appropriate person. Ask 16c for each person with box marked in 16b.		b. 1 <input type="checkbox"/> Speech	48
c. Have any doctors or health care professionals discussed or mentioned -- problem or delay in speech or language development?		c. 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (NP with 16b, or 17 on page 134)	49

Section II - DISABILITY - Continued

Part G - SPECIAL HEALTH NEEDS OF CHILDREN - Continued

PERSON 1

<p>17a. Do you think that (names of persons 1-17 years old) NOW have any problems or delays in emotional or behavioral development?</p>	50	<p>17a.</p> <p>1 <input type="checkbox"/> Yes (17b) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (Item G5)</p>
<p>b. Who is this? (Anyone else?) Mark (X) "Behavior" box in person's column. Ask 17c for each person with box marked in 17b.</p>	51	<p>b.</p> <p>1 <input type="checkbox"/> Behavior</p>
<p>c. Have any doctors or health care professionals discussed or mentioned -- problem or delay in emotional or behavioral development?</p>	52	<p>c.</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (NP with 17b, or G5)</p>

ITEM G5	<p>Refer to ages of all family members.</p>	53	<p>G5</p> <p>1 <input type="checkbox"/> Any 2-17 (18) 2 <input type="checkbox"/> Others (Item G6 on page 136)</p>
----------------	---	-----------	---

<p>18a. Because of a physical, mental, or emotional problem, do (names of persons 2-17 years old) NOW have any difficulty participating in strenuous activity, such as running or swimming, compared to other children their age?</p>	54	<p>18a.</p> <p>1 <input type="checkbox"/> Yes (18b) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (19 on page 136)</p>
<p>b. Who is this? (Anyone else?) Mark (X) "Activity" box in person's column. Ask 18c-d for each person with box marked in 18b.</p>	55	<p>b.</p> <p>1 <input type="checkbox"/> Activity</p>
<p>c. Has the problem or condition which causes -- to have difficulty participating in strenuous activity been going on or is it expected to go on for at least 12 months?</p>	56	<p>c.</p> <p>1 <input type="checkbox"/> Yes (18d) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (NP with 18b, or 19 on page 136)</p>
<p>d. What is the main problem or condition which causes -- to have difficulty participating in strenuous activity?</p>	57	<p>d. (Enter condition in X1 and mark box)</p> <p>1 <input type="checkbox"/> In C2 2 <input type="checkbox"/> Not in C2 } (18c for NP with 18b, or 19 on page 136)</p>

<p>Notes</p>

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

Section II - DISABILITY - Continued

Part G - SPECIAL HEALTH NEEDS OF CHILDREN - Continued

PERSON 1

21a. Do (names of persons under age 5) NOW need special medical equipment to assist with eating or toileting?

21a. Yes (21b)
 No } (Part H on page 140)
 DK }
67

b. Who is this?
 (Anyone else?)

Mark (X) "Eating or toileting" box in person's column.

Ask 21c-d for each person with box marked in 21b.

b. Eating or toileting
68

c. Has the problem or condition which causes -- to need special medical equipment been going on or is it expected to go on for at least 12 months?

Ask only if "Yes" in 21c.

c. Yes (21d)
 No } (NP with 21b, or Part H
 DK } on page 140)
69

d. What is the main problem or condition which causes -- to need special medical equipment to assist with eating or toileting?

d. (Enter condition in X1 and mark box)
 In C2 } (21c for NP with
 Not in C2 } 21b, or Part H
 on page 140)
70

Notes

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

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

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

Section II - DISABILITY - Continued		RT 78
Part J - EDUCATION		PERSON 1
ITEM J1	<i>Refer to age for each family member.</i>	3-4 5
1a. Is -- now going to school or on vacation from school?		J1 1 <input type="checkbox"/> Under 3 (6 on page 150) 2 <input type="checkbox"/> 3-17 (1) 3 <input type="checkbox"/> 18+ (NP, or Part K on page 152)
<i>Hand Card DJ1. Read categories if telephone interview.</i>		6
b. Why isn't -- going to school? <i>Mark (X) only one.</i>		1a. 1 <input type="checkbox"/> Yes (2 on page 146) 2 <input type="checkbox"/> No (1b)
		7
		b. 1 <input type="checkbox"/> Not old enough yet } (3 on page 148) 2 <input type="checkbox"/> Illness 3 <input type="checkbox"/> Receiving home teaching by parents or others (1c) 4 <input type="checkbox"/> Permanently expelled/suspended from school 5 <input type="checkbox"/> Quit school to get a job 6 <input type="checkbox"/> Quit school for other reason } (J1 for NP, or Part K on page 152) 7 <input type="checkbox"/> Graduated 8 <input type="checkbox"/> Other 9 <input type="checkbox"/> DK
c. Is this because of a physical, mental, or emotional problem?		8
		c. 1 <input type="checkbox"/> Yes (1d) 2 <input type="checkbox"/> No (J1 for NP, or Part K on page 152)
d. Has -- had this problem for at least 12 months or is -- expected to have it for 12 months?		9
		d. 1 <input type="checkbox"/> Yes (3 on page 148) 2 <input type="checkbox"/> No (J1 for NP, or Part K on page 152)
Notes		

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

Section II - DISABILITY - Continued			
Part J - EDUCATION - Continued		PERSON 1	
<p>{Early Intervention Services are services designed to meet the needs of very young children with special needs. They are provided by the State or school system at no cost to the parent.}</p> <p>6. Does -- now receive Early Intervention Services?</p>		<p>6. 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p>	17
<p>{An Individual Family Service Plan (IFSP) is a written plan of goals and services for young children with special needs and their families.}</p> <p>7. Does -- now have an Individual Family Service Plan or IFSP?</p>		<p>7. 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p>	18
ITEM J2	<i>Refer to this child's age.</i>	<p>J2. 1 <input type="checkbox"/> 1-2 years (8) 2 <input type="checkbox"/> Other (J1 on page 148 for NP, or Part K on page 152)</p>	19
<p>8. Does -- now attend a special school or day camp for children with special needs?</p>		<p>8. 1 <input type="checkbox"/> Yes } (J1 on page 148 for NP, 2 <input type="checkbox"/> No } or Part K on page 152)</p>	20
<p>Notes</p>			

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

Section II – DISABILITY – Continued

Part K – RELATIONSHIPS TO RESPONDENT – Continued

PERSON 1

2a. Are you the person in the household who knows the MOST about -- health?

2a.

14

- 1 Yes (K1 on page 152 for NP, or Part L on page 156)
 2 No (2b)

b. Who in the household knows the MOST about -- health?

Enter name and person number, or mark (X) box.

b.

15-16

⁹⁹ No one in household or DK

Person number _____

First name _____ **17-36**

Last name _____ **37-56**

(K1 on page 152 for NP, or Part L on page 156)

Notes

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

Section II - DISABILITY - Continued

RT 31 3-4 5-6

Part M - CONDITION A

7

PERSON NO. _____

1. Name of condition 8

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

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

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

- Yes No DK

Ask 3b if "Yes" in 3a, otherwise transcribe condition name from item 1 without asking: 11-14

b. What did he or she call it? _____ (Specify) 15

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

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

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

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

- Yes (Probe, then 5) No

Ask as necessary. Record responses in 3c: (How did the accident happen?) (What was -- doing at the time of the injury?)

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

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

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

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

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

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

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

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

Show the following detail:

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

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

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

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

(Specify) _____

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

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

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

- Malignant Benign DK

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

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

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

Ask probes as necessary:

- (Was it on or since (first date of 2-week ref. period) or was it before that date?)
 (Was it less than 3 months or more than 3 months ago?)
 (Was it less than 1 year or more than 1 year ago?)
 (Was it less than 5 years or more than 5 years ago?)

Section II - DISABILITY - Continued

Part M - CONDITION A - Continued

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

RT 53

10. Response Status

a. Section I (Immunization)

0 No child 0-5

Interview:

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

Noninterview:

3 Refused } Explain in notes
 4 Other }

b. Section II (Disability)

Interview:

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

Noninterview:

3 Refused } Explain in notes
 4 Other }

Mode of interview:

All or most -

1 In person
 2 By telephone

Mode of interview:

All or most -

1 In person
 2 By telephone

Notes

<p>FORM HIS-3 (1995) (6-1-95)</p> <p style="text-align: center;">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</p> <p style="text-align: center;">NATIONAL HEALTH INTERVIEW SURVEY</p> <p style="text-align: center;">1995 SUPPLEMENT BOOKLET</p> <p>III. FAMILY RESOURCES IV. YEAR 2000 OBJECTIVES V. AIDS KNOWLEDGE AND ATTITUDES</p>	<p>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.</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">1. RO</td> <td style="width:15%;">2. Sample</td> <td style="width:10%;">Suffix</td> <td style="width:15%;">3. Week</td> <td style="width:25%;">4. Book _____ of _____ books</td> <td style="width:10%;">RT 84</td> </tr> <tr> <td style="text-align: center;">9-10</td> <td style="text-align: center;">11-13</td> <td style="text-align: center;">14</td> <td style="text-align: center;">15-16</td> <td></td> <td style="text-align: center;">3-7 8</td> </tr> <tr> <td colspan="4">5. Control number</td> <td colspan="2">6. Family number 32</td> </tr> <tr> <td style="text-align: center;">PSU 17-21</td> <td style="text-align: center;">Segment 22-25</td> <td style="text-align: center;">Suffix 26-27</td> <td style="text-align: center;">Serial 28-29</td> <td style="text-align: center;">Suffix 30</td> <td style="text-align: center;">Check digit 31</td> </tr> <tr> <td colspan="5">7. Field Representative's name</td> <td>Code 33-35</td> </tr> <tr> <td colspan="3">8. Beginning time</td> <td style="text-align: center;">36-39 40</td> <td colspan="2">9. Ending time</td> </tr> <tr> <td colspan="3"></td> <td style="text-align: center;">1 <input type="checkbox"/> a.m. 2 <input type="checkbox"/> p.m.</td> <td colspan="2"></td> </tr> <tr> <td colspan="3"></td> <td colspan="2"></td> <td style="text-align: center;">41-44 45</td> </tr> <tr> <td colspan="3"></td> <td colspan="2"></td> <td style="text-align: center;">1 <input type="checkbox"/> a.m. 2 <input type="checkbox"/> p.m.</td> </tr> </table>	1. RO	2. Sample	Suffix	3. Week	4. Book _____ of _____ books	RT 84	9-10	11-13	14	15-16		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			36-39 40	9. Ending time					1 <input type="checkbox"/> a.m. 2 <input type="checkbox"/> p.m.								41-44 45						1 <input type="checkbox"/> a.m. 2 <input type="checkbox"/> p.m.
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					1 <input type="checkbox"/> a.m. 2 <input type="checkbox"/> 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	Last name	First name	8	9
Line No.	Person No.	Age	Sex			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.}

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 }
 3 There is more than one (1b)
 9 DK (NP or A1)

5

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 }
 9 DK }

6

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?

Mark (X) only one.

- 2.** 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
- (4 on page 4)

8-9

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 }

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 }
 9 DK }

12

Notes

Part A – ACCESS TO CARE – Continued	PERSON 1
<p>4a. At ANY time in the past 12 months, DID -- have a place that -- went to for medical care?</p>	<p>4a. 13</p> <p>1 <input type="checkbox"/> Yes (4b) 2 <input type="checkbox"/> No (A1 for NP, or 10 on page 6) 9 <input type="checkbox"/> DK (10 on page 6)</p>
<p>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?</p> <p><i>Mark (X) only one.</i></p>	<p>b. 14-15</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 <i>z</i> _____ 99 <input type="checkbox"/> DK</p>
<p>c. If -- needed medical care NOW, would -- go to that (place in 4b)?</p>	<p>c. 16</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><i>HAND CARD FA2. Read categories if telephone interview.</i></p> <p>d. What is the MAIN reason -- would not use that place for medical care NOW?</p> <p><i>Mark (X) only one.</i></p>	<p>d. 17-18</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 <i>z</i> _____ 99 <input type="checkbox"/> DK</p> <p style="text-align: right; margin-right: 20px;">(A1 for NP, or 10 on page 6)</p>
<p>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?</p> <p><i>Mark (X) only one.</i></p>	<p>5a. 19-20</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 06 <input type="checkbox"/> Hospital outpatient clinic 07 <input type="checkbox"/> HMO (Health Maintenance Organization)/ Prepaid group } (5b) 08 <input type="checkbox"/> Military or VA health care facility 98 <input type="checkbox"/> Some other place - Specify <i>z</i> _____ 99 <input type="checkbox"/> DK</p>
<p>b. Is there a particular person -- usually sees when -- goes there?</p>	<p>b. 21</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 (7 on page 6)</p>

Part A – ACCESS TO CARE – Continued		PERSON 1
<p>6a. Is that person a doctor or nurse or some other health professional? <i>Mark (X) only one.</i></p>	6a.	<div style="text-align: right; border-bottom: 1px solid black; margin-bottom: 5px;">22</div> <p> <input type="checkbox"/> Doctor (6b) <input type="checkbox"/> Nurse <input type="checkbox"/> Nurse practitioner <input type="checkbox"/> Physician's assistant <input type="checkbox"/> Chiropractor <input type="checkbox"/> Other – Specify <i>z</i> _____ <input type="checkbox"/> DK </p>
<p>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? <i>Mark (X) only one.</i></p>	b.	<div style="text-align: right; border-bottom: 1px solid black; margin-bottom: 5px;">23</div> <p> <input type="checkbox"/> Family doctor/general practitioner/internist/pediatrician <input type="checkbox"/> Obstetrician/gynecologist <input type="checkbox"/> Other specialist <input type="checkbox"/> DK </p>
<p>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.) <i>Mark (X) only one.</i></p>	7.	<div style="text-align: right; border-bottom: 1px solid black; margin-bottom: 5px;">24</div> <p> <input type="checkbox"/> Hasn't been there yet/Never <input type="checkbox"/> Less than 3 months ago <input type="checkbox"/> At least 3 months, but less than 6 months ago <input type="checkbox"/> At least 6 months, but less than 1 year ago <input type="checkbox"/> At least 1 year, but less than 2 years ago <input type="checkbox"/> Two or more years ago <input type="checkbox"/> DK </p>
<p>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.)</p>	8.	<div style="text-align: right; border-bottom: 1px solid black; margin-bottom: 5px;">25</div> <p> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK </p>
<p>9. During the past 12 months, did -- go to any OTHER place for medical care?</p>	9.	<div style="text-align: right; border-bottom: 1px solid black; margin-bottom: 5px;">26</div> <p> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK </p> <p style="text-align: right; margin-right: 20px;">(A1 for NP, or 10)</p>
<p>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?</p>	10a.	<div style="text-align: right; border-bottom: 1px solid black; margin-bottom: 5px;">27</div> <p> <input type="checkbox"/> Yes (10b) <input type="checkbox"/> No <input type="checkbox"/> DK </p> <p style="text-align: right; margin-right: 20px;">(11 on page 8)</p>
<p>b. Who is this? <i>Mark (X) "Changed usual source" box in person's column.</i></p>	b.	<div style="text-align: right; border-bottom: 1px solid black; margin-bottom: 5px;">28</div> <p> <input type="checkbox"/> Changed usual source </p>
<p>c. Anyone else? <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>		<div style="text-align: right; border-bottom: 1px solid black; margin-bottom: 5px;">29-30</div>
<p>d. The LAST time this happened, what was the MAIN reason -- changed -- USUAL source of care? <i>Mark (X) only one.</i></p>	d.	<div style="text-align: right; border-bottom: 1px solid black; margin-bottom: 5px;">29-30</div> <p> <input type="checkbox"/> 01 Changed residence/moved <input type="checkbox"/> 02 Changed jobs <input type="checkbox"/> 03 Employer changed insurance coverage <input type="checkbox"/> 04 Former usual source not available <input type="checkbox"/> 05 Owed money to former usual source <input type="checkbox"/> 06 Dissatisfied with former source or liked new source better <input type="checkbox"/> 07 Medical care needs changed <input type="checkbox"/> 08 Former usual source stopped taking insurance/coverage <input type="checkbox"/> 09 Other – Specify <i>z</i> _____ <input type="checkbox"/> 99 DK </p> <p style="text-align: right; margin-right: 20px;">(10d for NP with 10b, or 11 on page 8)</p>

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

Part A – ACCESS TO CARE – Continued		PERSON 1
<p>14a. During the past 12 months, was there any time when someone in the family needed prescription medicines but could not get them?</p> <p>-----</p> <p>b. Who is this? Mark (X) "Didn't get prescription" box in person's column.</p> <p>-----</p> <p>c. Anyone else? <input type="checkbox"/> Yes (Reask 14b and c) <input type="checkbox"/> No (15)</p>	<p>14a. 40</p> <p>1 <input type="checkbox"/> Yes (14b) 2 <input type="checkbox"/> No } (15) 9 <input type="checkbox"/> DK</p> <hr/> <p>b. 41</p> <p>1 <input type="checkbox"/> Didn't get prescription</p>	
<p>15a. During the past 12 months, was there any time when someone in the family needed eyeglasses but could not get them?</p> <p>-----</p> <p>b. Who is this? Mark (X) "Didn't get eyeglasses" box in person's column.</p> <p>-----</p> <p>c. Anyone else? <input type="checkbox"/> Yes (Reask 15b and c) <input type="checkbox"/> No (16)</p>	<p>15a. 42</p> <p>1 <input type="checkbox"/> Yes (15b) 2 <input type="checkbox"/> No } (16) 9 <input type="checkbox"/> DK</p> <hr/> <p>b. 43</p> <p>1 <input type="checkbox"/> Didn't get eyeglasses</p>	
<p>16a. During the past 12 months, was there any time when someone in the family needed mental health care but could not get it?</p> <p>-----</p> <p>b. Who is this? Mark (X) "Didn't get mental health care" box in person's column.</p> <p>-----</p> <p>c. Anyone else? <input type="checkbox"/> Yes (Reask 16b and c) <input type="checkbox"/> No (Item A3)</p>	<p>16a. 44</p> <p>1 <input type="checkbox"/> Yes (16b) 2 <input type="checkbox"/> No } (Item A3) 9 <input type="checkbox"/> DK</p> <hr/> <p>b. 45</p> <p>1 <input type="checkbox"/> Didn't get mental health care</p>	
<p>ITEM A3 <i>About how often did the respondent appear to answer the questions in Part A accurately?</i></p>	<p>A3 46</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>	
<p>ITEM A4 <i>About how often did the respondent appear to answer the questions in Part A honestly?</i></p>	<p>A4 47</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>	
<p>ITEM A5 <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>A5 48-49</p> <p>_____ Person number</p>	
CONTINUE WITH PART B		
Notes		

Part B – HEALTH CARE COVERAGE		RT 88 3-4
ITEM B1	Refer to household composition. Mark (X) for each person including those deleted or excluded in the HIS-1.	PERSON 1 5
		1 <input type="checkbox"/> Civilian 2 <input type="checkbox"/> AF living at home 3 <input type="checkbox"/> Deleted
<p>The next questions are about health insurance coverage and the kinds and amounts of income that people receive. For this family, that includes <u>(read names, including Armed Forces members living at home).</u></p> <p>The answers to these questions will add greatly to our knowledge about the health problems of the American people, the types of health care they receive, and whether they can afford the care that they need. The information will help in planning health care services and finding ways to lower costs of care.</p> <p>There are several government programs that provide medical care or help pay medical bills.</p> <p>People covered by Medicare have a card that looks like this. <i>SHOW MEDICARE CARD.</i></p>		
<p>1a. In (month), was anyone in the family covered by Medicare?</p>		6
<p>1 <input type="checkbox"/> Yes (1b) 2 <input type="checkbox"/> No } (2 on page 14) 9 <input type="checkbox"/> DK }</p>		
<p>b. Who was covered?</p> <p>Mark (X) "Medicare" box in person's column and "Cov" on HIS-1.</p>		7
<p>1 <input type="checkbox"/> Medicare (Mark "Cov" box on HIS-1)</p>		
<p>c. Anyone else? <input type="checkbox"/> Yes (Reask 1b and c) <input type="checkbox"/> No (1d)</p> <p>Ask 1d-i as appropriate for each person with "Medicare" in 1b.</p>		8-18
<p>d. May I please see the Medicare card(s) for -- (and --) to determine the type of coverage and to record the Health Insurance Claim Number. This number is needed to allow Medicare records to be easily and accurately located and identified for statistical research purposes. Providing the Health Insurance Claim Number is voluntary and collected under the authority of the Public Health Service Act. Whether the number is given or not, there will be no effect on benefits and no identifying information will be given to any other government or non-government agency.</p> <p>Read if necessary: The Public Health Service Act is Title 42, United States Code, Section 242k. Transcribe the number, then mark (X) the appropriate box.</p> <p>Ask 1e-f for each person with "Card N.A." in 1d.</p>		19
<p>1 <input type="checkbox"/> Part A – Hospital only 2 <input type="checkbox"/> Part B – Medical only } (B2) 3 <input type="checkbox"/> Both Part A & Part B 4 <input type="checkbox"/> Card N.A. (1e)</p>		
<p>e. Was -- covered by Part A, that part of Medicare that pays for hospital bills?</p>		20
<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p>		
<p>f. Was -- covered by Part B, that part of Medicare that pays for doctor's bills?</p> <p>Read if necessary: This is the Part B Medicare plan for which -- or some agency or program must pay a certain amount each month.</p>		21
<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p>		
ITEM B2	Refer to age.	22
<p>g. How long has -- been covered by Medicare?</p>		23
<p>1 <input type="checkbox"/> Less than 6 months 2 <input type="checkbox"/> 6 months, but less than 1 year 3 <input type="checkbox"/> 1 year, but less than 2 years 4 <input type="checkbox"/> 2 years or more 9 <input type="checkbox"/> DK</p>		
ITEM B3	Refer to "States with Medicare Managed Care Plans" card and the address on the cover of the HIS-1. (Resident of State with Medicare managed care plans)	24
<p>1h. Can -- go to ANY doctor who will accept Medicare or must -- choose from a specific group or list of doctors?</p> <p>If doctor was assigned by the plan, mark box 2.</p>		25
<p>1 <input type="checkbox"/> Any doctor (1d for NP with 1b, or 2) 2 <input type="checkbox"/> Select from list/group (1i) 9 <input type="checkbox"/> DK (1d for NP with 1b, or 2)</p>		
<p>i. What is the specific name of -- Medicare health plan?</p> <p>_____</p> <p>_____ (1d for NP with 1b, or 2)</p> <p>_____</p>		26-27

Part B - HEALTH CARE COVERAGE - Continued		PERSON 1
<p>There is a program called Medicaid that pays for health care for persons in need. In this State it is also called (State name).</p> <p>2a. In (month), was anyone in the family covered by Medicaid?</p> <p>b. Who was covered? Mark (X) "Medicaid" in person's column and "Cov" on the HIS-1.</p> <p>c. Anyone else? <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>d. How long has -- had Medicaid coverage? Mark (X) only one.</p>		<p style="text-align: right;">28</p> <p>2a.</p> <p>1 <input type="checkbox"/> Yes (2b) 2 <input type="checkbox"/> No } (B5) 9 <input type="checkbox"/> DK }</p> <hr/> <p>b.</p> <p>1 <input type="checkbox"/> Medicaid (Mark "Cov" box on HIS-1)</p> <hr/> <p style="text-align: right;">29</p> <hr/> <p style="text-align: right;">30</p> <p>d.</p> <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>
ITEM B4	<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>	<p style="text-align: right;">31</p> <p>B4</p> <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>2e. Can -- go to ANY doctor who will accept Medicaid or MUST -- choose from a specific group or list of doctors? If doctor was assigned by the program, mark box 2.</p> <p>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)?</p>		<p style="text-align: right;">32</p> <p>2e.</p> <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> <hr/> <p style="text-align: right;">33</p> <p>f.</p> <p>1 <input type="checkbox"/> Yes } (2d for NP with 2b, or B5) 2 <input type="checkbox"/> No } 9 <input type="checkbox"/> DK }</p>
ITEM B5	<p>Refer to household composition and question 2a.</p>	<p style="text-align: right;">34</p> <p>B5</p> <p>1 <input type="checkbox"/> Single person family (4) 2 <input type="checkbox"/> Other (3)</p>
<p>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)?</p> <p>b. Who received this care in the past 12 months? Mark (X) "Received Medicaid care" in person's column.</p> <p>c. Anyone else? <input type="checkbox"/> Yes (Reask 3b and c) <input type="checkbox"/> No (4)</p>		<p style="text-align: right;">35</p> <p>3a.</p> <p>1 <input type="checkbox"/> Yes (3b) 2 <input type="checkbox"/> No } (4) 9 <input type="checkbox"/> DK }</p> <hr/> <p style="text-align: right;">36</p> <p>b.</p> <p>1 <input type="checkbox"/> Received Medicaid care</p>
<p>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.)</p> <p>b. Who was covered? Mark (X) "Public assistance" in person's column and "Cov" on HIS-1.</p> <p>c. Anyone else? <input type="checkbox"/> Yes (Reask 4b and c) <input type="checkbox"/> No (5 on page 16)</p>		<p style="text-align: right;">37</p> <p>4a.</p> <p>1 <input type="checkbox"/> Yes (4b) 2 <input type="checkbox"/> No } (5 on page 16) 9 <input type="checkbox"/> DK }</p> <hr/> <p style="text-align: right;">38</p> <p>b.</p> <p>1 <input type="checkbox"/> Public assistance (Mark "Cov" box on HIS-1)</p>
<p>Notes</p>		

Part B - HEALTH CARE COVERAGE - Continued	PERSON 1
5a. In (month), 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?	5a. 39 1 <input type="checkbox"/> Yes (5b) 2 <input type="checkbox"/> No } (6) 9 <input type="checkbox"/> DK }
b. Was this CHAMPUS or TRICARE, or CHAMP-VA? <i>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.</i>	b. 40 1 <input type="checkbox"/> Yes (5c) 2 <input type="checkbox"/> No (5f) 9 <input type="checkbox"/> DK (5e)
c. Who was covered by CHAMPUS or TRICARE, or CHAMP-VA? <i>Mark (X) "CHAMPUS/TRICARE/CHAMP-VA" in person's column and "Cov" on the HIS-1.</i>	c. 41 1 <input type="checkbox"/> CHAMPUS/TRICARE/CHAMP-VA <i>(Mark "Cov" box on HIS-1)</i>
d. Anyone else? <input type="checkbox"/> Yes (Reask 5c and d) <input type="checkbox"/> No (5e)	
e. In (month), was anyone in the family covered by any other military health care, including armed forces retirement benefits or the VA (Department of Veterans' Affairs)?	e. 42 1 <input type="checkbox"/> Yes (5f) 2 <input type="checkbox"/> No } (6) 9 <input type="checkbox"/> DK }
f. Who was covered by other military health care? <i>Mark (X) "Military" in person's column and "Cov" box on the HIS-1.</i>	f. 43 1 <input type="checkbox"/> Military <i>(Mark "Cov" box on HIS-1)</i>
g. Anyone else? <input type="checkbox"/> Yes (Reask 5f and g) <input type="checkbox"/> No (6)	
6a. In (month), was anyone in the family covered by the Indian Health Service?	6a. 44 1 <input type="checkbox"/> Yes (6b) 2 <input type="checkbox"/> No } (7) 9 <input type="checkbox"/> DK }
b. Who was covered? <i>Mark (X) "IHS" in person's column and "Cov" on the HIS-1.</i>	b. 45 1 <input type="checkbox"/> IHS <i>(Mark "Cov" box on HIS-1)</i>
c. Anyone else? <input type="checkbox"/> Yes (Reask 6b and c) <input type="checkbox"/> No (7)	
7a. (Not counting the government health programs we just mentioned) In (month) was anyone in the family covered by a health insurance plan? <i>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).</i>	7a. 46 1 <input type="checkbox"/> Yes (7b) 2 <input type="checkbox"/> No } (Part C, question 8 9 <input type="checkbox"/> DK } on page 26)
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? <i>Ask 7c after recording each plan. Record up to 4 plan names in Part C, Table H.I.</i>	
c. In (month), was anyone in the family covered by any OTHER health insurance plan?	c. 47 1 <input type="checkbox"/> Yes (Reask 7b and c) 2 <input type="checkbox"/> No (Part C on page 18)
Notes	

Part C - PRIVATE PLAN AND COVERAGE DETAIL		RT 89 3-4
TABLE H.I. - PLAN 1		
PLAN 1 NAME		5-6
<p>Now, I am going to ask some questions about the plan(s) you just told me about, (starting with (plan name).)</p> <p>1a. Who was covered under this plan?</p> <p>Mark (X) "Private insurance" in person's column and "Cov" on the HIS-1.</p>		7
<p>b. Anyone else? <input type="checkbox"/> Yes (Reask 1a and b) <input type="checkbox"/> No (2)</p>		
<p>2. In whose name is this plan?</p> <p>Mark (X) "In name" in person's column and also on the HIS-1.</p>		8
<p>3a. Was this plan originally obtained through the workplace, that is through a present or former employer or union?</p> <p>If "Yes", probe for employer or union.</p> <p>Mark (X) only one.</p>		9
<p>b. Does the employer or union currently pay for all, some, or none of the cost of premiums for this health insurance plan?</p> <p>Read if necessary: 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.</p>		10
<p><i>HAND CARD FC1. Read categories if telephone interview.</i></p> <p>4. In (month), how much did [you/your family] spend for health insurance premiums for (plan name)? Please include payroll deductions for premiums.</p> <p>Mark (X) only one.</p> <p>Read if necessary: 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.</p>		11
<p>5a. Does this plan pay for a variety of health care services or does it pay for ONLY ONE type of service or care?</p>		12
<p>b. What type of service or care does the plan pay for?</p> <p>Mark (X) only one type of service.</p>		13-14
<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>		
Notes		

	RT 89 3-4 PERSON 2	RT 89 3-4 PERSON 3	RT 89 3-4 PERSON 4	RT 89 3-4 PERSON 5
	7	7	7	7
1a.	<input type="checkbox"/> Private insurance <i>(Mark "Cov" box on HIS-1)</i>	<input type="checkbox"/> Private insurance <i>(Mark "Cov" box on HIS-1)</i>	<input type="checkbox"/> Private insurance <i>(Mark "Cov" box on HIS-1)</i>	<input type="checkbox"/> Private insurance <i>(Mark "Cov" box on HIS-1)</i>
2.	8	8	8	8
	<input type="checkbox"/> In name	<input type="checkbox"/> In name	<input type="checkbox"/> In name	<input type="checkbox"/> In name
6a. Is (plan name) an HMO (Health Maintenance Organization) or IPA (Individual Practice Association), or is it some other kind of plan?				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. Under this plan can you choose ANY doctor or MUST you choose one from a specific group or list of doctors?				16
				<input type="checkbox"/> Any doctor (6c) <input type="checkbox"/> Select from group/list (6d) <input type="checkbox"/> DK (7)
c. Do you have the option of choosing a doctor from a preferred or select list at lower cost to you?				17
				<input type="checkbox"/> Yes } (7) <input type="checkbox"/> No } <input type="checkbox"/> DK }
d. If you select a doctor who is not in the plan, will (plan name) pay for any part of the cost?				18
				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK
7a. Does (plan name) pay for any part of the cost for dental care?				19
				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK
<i>Mark (X) box or ask:</i>				20
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?				<input type="checkbox"/> No persons under 18 in family } <input type="checkbox"/> Yes } <input type="checkbox"/> No } <input type="checkbox"/> DK }
<i>Go to 1a for next plan; if no other plan go to 8 on page 26</i>				
Notes				

Part C - PRIVATE PLAN AND COVERAGE DETAIL - Continued		PERSON 1
<p>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?</p> <p>-----</p> <p>b. Who is this? Mark (X) "Pre-existing condition" in person's column.</p> <p>-----</p> <p>c. Anyone else? <input type="checkbox"/> Yes (Reask 8b and c) <input type="checkbox"/> No (9) <input type="checkbox"/> DK (9)</p>		<p>8a. 69</p> <p>1 <input type="checkbox"/> Yes (8b) 2 <input type="checkbox"/> No } (9) 9 <input type="checkbox"/> DK }</p> <hr/> <p>b. 70</p> <p>1 <input type="checkbox"/> Pre-existing condition</p>
<p>9a. In the past 2 years, has anyone in the family applied for health insurance and not been able to get it?</p> <p>-----</p> <p>b. Who is this? Mark (X) "Turned down" in person's column.</p> <p>-----</p> <p>c. Anyone else? <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.</p> <p>d. Why was -- unable to get that health insurance? Anything else? Mark (X) all that apply.</p>		<p>9a. 71</p> <p>1 <input type="checkbox"/> Yes (9b) 2 <input type="checkbox"/> No } (10) 9 <input type="checkbox"/> DK }</p> <hr/> <p>b. 72</p> <p>1 <input type="checkbox"/> Turned down</p> <hr/> <p>d.</p> <p>1 <input type="checkbox"/> Because of pre-existing condition (such as cancer or diabetes) 73</p> <p>2 <input type="checkbox"/> Because of health risk(s) (such as smoking or overweight) 74</p> <p>3 <input type="checkbox"/> Because of work (such as construction worker, beautician, farm worker) 75</p> <p>4 <input type="checkbox"/> Because premiums were too high 76</p> <p>8 <input type="checkbox"/> Other - Specify <input checked="" type="checkbox"/> 77</p> <p>9 <input type="checkbox"/> DK 78</p>
<p>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?</p> <p>-----</p> <p>b. Who is this? Mark (X) "Stayed in job" in person's column.</p> <p>-----</p> <p>c. Anyone else? <input type="checkbox"/> Yes (Reask 10b and c) <input type="checkbox"/> No (C1) <input type="checkbox"/> DK (C1)</p>		<p>10a. 79</p> <p>1 <input type="checkbox"/> Yes (10b) 2 <input type="checkbox"/> No } (C1) 9 <input type="checkbox"/> DK }</p> <hr/> <p>b. 80</p> <p>1 <input type="checkbox"/> Stayed in job</p>
<p>ITEM C1 Refer to age and Wa/Wb in HIS-1. Mark (X) first appropriate box.</p>		<p>C1 81</p> <p>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)</p>
<p>ITEM C2 Refer to "In name" box on HIS-1.</p>		<p>C2 82</p> <p>1 <input type="checkbox"/> "In name" (C1 for NP, or C3 on page 28) 8 <input type="checkbox"/> Other (11)</p>
<p>11. Was health insurance offered by -- employer?</p>		<p>11. 83</p> <p>1 <input type="checkbox"/> Yes } (C1 for NP, or C3 on page 28) 2 <input type="checkbox"/> No } 9 <input type="checkbox"/> DK }</p>
Notes		

Part C - PRIVATE PLAN AND COVERAGE DETAIL - Continued		PERSON 1	RT 90
ITEM C3	<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>	<p>1 <input type="checkbox"/> Covered (13 on page 30)</p> <p>2 <input type="checkbox"/> Not covered, under 65</p> <p>3 <input type="checkbox"/> Not covered, 65+ } (12)</p>	<p>3-4</p> <p>5</p>
<p>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)?</p> <p>(Anything else?)</p> <p>Mark (X) all that apply.</p>		<p>01 <input type="checkbox"/> Job layoff/loss/unemployment 6-7</p> <p>02 <input type="checkbox"/> Wasn't offered by employer 8-9</p> <p>03 <input type="checkbox"/> Not eligible because part time worker 10-11</p> <p>04 <input type="checkbox"/> Family coverage not offered by employer 12-13</p> <p>05 <input type="checkbox"/> Benefits from former employer ran out 14-15</p> <p>06 <input type="checkbox"/> Can't obtain because of poor health, illness, or age 16-17</p> <p>07 <input type="checkbox"/> Too expensive/ Can't afford 18-19</p> <p>08 <input type="checkbox"/> Dissatisfied with previous insurance 20-21</p> <p>09 <input type="checkbox"/> Don't believe in insurance 22-23</p> <p>10 <input type="checkbox"/> Have usually been healthy, haven't needed insurance 24-25</p> <p>11 <input type="checkbox"/> Covered by some other plan 26-27</p> <p>12 <input type="checkbox"/> Too old for coverage under family plans 28-29</p> <p>13 <input type="checkbox"/> Free/inexpensive source of care readily available 30-31</p> <p>98 <input type="checkbox"/> Other reason - Specify z 32-33</p> <p>99 <input type="checkbox"/> DK (12d) 34-35</p>	<p>36-37</p>
<p>Ask 12b if more than one box is marked in 12a, otherwise transcribe number of box marked without asking.</p> <p>b. What is the MAIN reason -- was not covered in (month) by any health insurance (or Medicare)?</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. Main reason _____</p>	<p>38</p>
<p>c. Was -- covered by a state sponsored health plan, a private health insurance plan, or some other type of health plan?</p> <p>Mark (X) only one.</p>		<p>c. 1 <input type="checkbox"/> State Plan</p> <p>2 <input type="checkbox"/> Private Plan</p> <p>3 <input type="checkbox"/> Other Plan } (C3 for NP, or 14 on page 30)</p> <p>9 <input type="checkbox"/> DK</p>	<p>39</p>
<p>d. When was the LAST time -- had health insurance? (Read categories if necessary.)</p> <p>Mark (X) only one.</p>		<p>d. 1 <input type="checkbox"/> Less than 6 months ago</p> <p>2 <input type="checkbox"/> 6 months ago, but less than 1 year ago</p> <p>3 <input type="checkbox"/> 1 year ago, but less than 3 years ago } (12e)</p> <p>4 <input type="checkbox"/> 3 or more years ago } (C3 for NP, or 14 on page 30)</p> <p>5 <input type="checkbox"/> Never had health insurance</p> <p>9 <input type="checkbox"/> DK (12f)</p>	<p>40-41</p>
<p>HAND CARD FC3. Read categories if telephone interview.</p> <p>e. What was the MAIN reason -- stopped being covered by health insurance?</p> <p>Mark (X) only one.</p>		<p>e. 01 <input type="checkbox"/> Lost job or changed employers</p> <p>02 <input type="checkbox"/> Spouse/parent lost job or changed employers</p> <p>03 <input type="checkbox"/> Death of spouse or parent</p> <p>04 <input type="checkbox"/> Became divorced or separated</p> <p>05 <input type="checkbox"/> Became ineligible because of age</p> <p>06 <input type="checkbox"/> Employer stopped offering coverage</p> <p>07 <input type="checkbox"/> Cut back to part time</p> <p>08 <input type="checkbox"/> Benefits from employer/former employer ran out</p> <p>98 <input type="checkbox"/> Other - Specify z</p> <p>99 <input type="checkbox"/> DK</p>	<p>(12f on page 30)</p>

Part C – PRIVATE PLAN AND COVERAGE DETAIL – Continued		PERSON 1
12f. At the time that -- stopped being covered by health insurance, did -- try to find some other type of health insurance?		12f. 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 }
g. What was the MAIN reason -- was unable to find some other type of health insurance? Mark (X) only one.		g. 43 1 <input type="checkbox"/> Could not afford 2 <input type="checkbox"/> Was rejected 3 <input type="checkbox"/> Other reason – Specify <u>z</u> 9 <input type="checkbox"/> DK } (C3 on page 28 for NP, or 14)
13a. In the past 12 months, was there any time that -- did NOT have ANY health insurance or coverage?		13a. 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. In how many of the past 12 months was -- without coverage? Mark (X) only one.		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.		46-47
c. What was the MAIN reason -- was without coverage? Mark (X) only one.		c. (C3 on page 28 for NP, or 14) 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
HAND CARD FC4. Read categories if telephone interview.		48
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. Mark (X) only one.		14. 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
ITEM C4	About how often did the Respondent appear to answer the questions in Parts B and C accurately?	C4 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
ITEM C5	About how often did the Respondent appear to answer the questions in Parts B and C honestly?	C5 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
ITEM C6	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.	C6 51-52 Person number _____

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

Part D - INCOME AND ASSETS - Continued	PERSON 1																
3a. In (month), how many hours per week did -- usually work in -- MAIN business?	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"></td> <td style="text-align: right; border: 1px solid black; padding: 2px;">29-30</td> </tr> <tr> <td colspan="2" style="text-align: right; padding: 2px;">Hours per week</td> </tr> <tr> <td colspan="2" style="text-align: right; padding: 2px;">(Number)</td> </tr> <tr> <td colspan="2" style="text-align: right; padding: 2px;">99 <input type="checkbox"/> DK</td> </tr> </table>		29-30	Hours per week		(Number)		99 <input type="checkbox"/> DK									
	29-30																
Hours per week																	
(Number)																	
99 <input type="checkbox"/> DK																	
b. In (month), how much income did -- receive from -- MAIN business? Report NET income, after business expenses. <i>Read if necessary: For farms, include any earnings as a tenant farmer or share cropper.</i>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"></td> <td style="text-align: right; border: 1px solid black; padding: 2px;">31</td> </tr> <tr> <td colspan="2" style="text-align: right; padding: 2px;">1 <input type="checkbox"/> Already included</td> </tr> <tr> <td colspan="2" style="text-align: right; padding: 2px;">0 <input type="checkbox"/> Loss</td> </tr> <tr> <td colspan="2" style="text-align: right; padding: 2px;">32</td> </tr> <tr> <td colspan="2" style="text-align: right; padding: 2px;">\$ _____</td> </tr> <tr> <td colspan="2" style="text-align: right; padding: 2px;">(Dollars)</td> </tr> <tr> <td colspan="2" style="text-align: right; padding: 2px;">9999999 <input type="checkbox"/> DK</td> </tr> <tr> <td colspan="2" style="text-align: right; border: 1px solid black; padding: 2px;">33-39</td> </tr> </table>		31	1 <input type="checkbox"/> Already included		0 <input type="checkbox"/> Loss		32		\$ _____		(Dollars)		9999999 <input type="checkbox"/> DK		33-39	
	31																
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(Dollars)																	
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33-39																	
c. How long has -- worked at this MAIN business? <i>Mark (X) only one.</i>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"></td> <td style="text-align: right; border: 1px solid black; padding: 2px;">40</td> </tr> <tr> <td colspan="2" style="text-align: right; padding: 2px;">1 <input type="checkbox"/> One year or less</td> </tr> <tr> <td colspan="2" style="text-align: right; padding: 2px;">2 <input type="checkbox"/> More than a year, but not more than 3 years</td> </tr> <tr> <td colspan="2" style="text-align: right; padding: 2px;">3 <input type="checkbox"/> More than 3 years, but not more than 5 years</td> </tr> <tr> <td colspan="2" style="text-align: right; padding: 2px;">4 <input type="checkbox"/> More than 5 years, but not more than 10 years</td> </tr> <tr> <td colspan="2" style="text-align: right; padding: 2px;">5 <input type="checkbox"/> More than 10 years</td> </tr> <tr> <td colspan="2" style="text-align: right; padding: 2px;">9 <input type="checkbox"/> DK</td> </tr> </table>		40	1 <input type="checkbox"/> One year or less		2 <input type="checkbox"/> More than a year, but not more than 3 years		3 <input type="checkbox"/> More than 3 years, but not more than 5 years		4 <input type="checkbox"/> More than 5 years, but not more than 10 years		5 <input type="checkbox"/> More than 10 years		9 <input type="checkbox"/> DK			
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9 <input type="checkbox"/> DK																	
d. In (month), how many hours per week did -- usually work at all OTHER businesses?	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"></td> <td style="text-align: right; border: 1px solid black; padding: 2px;">41-42</td> </tr> <tr> <td colspan="2" style="text-align: right; padding: 2px;">Hours per week (3e)</td> </tr> <tr> <td colspan="2" style="text-align: right; padding: 2px;">(Number)</td> </tr> <tr> <td colspan="2" style="text-align: right; padding: 2px;">88 <input type="checkbox"/> None, only worked at one business (3g)</td> </tr> <tr> <td colspan="2" style="text-align: right; padding: 2px;">99 <input type="checkbox"/> DK (3e)</td> </tr> </table>		41-42	Hours per week (3e)		(Number)		88 <input type="checkbox"/> None, only worked at one business (3g)		99 <input type="checkbox"/> DK (3e)							
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e. In (month), how much income did -- receive from all OTHER businesses? Report NET income, after business expenses.	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"></td> <td style="text-align: right; border: 1px solid black; padding: 2px;">43</td> </tr> <tr> <td colspan="2" style="text-align: right; padding: 2px;">1 <input type="checkbox"/> Already included</td> </tr> <tr> <td colspan="2" style="text-align: right; padding: 2px;">0 <input type="checkbox"/> Loss</td> </tr> <tr> <td colspan="2" style="text-align: right; padding: 2px;">44</td> </tr> <tr> <td colspan="2" style="text-align: right; padding: 2px;">\$ _____</td> </tr> <tr> <td colspan="2" style="text-align: right; padding: 2px;">(Dollars)</td> </tr> <tr> <td colspan="2" style="text-align: right; padding: 2px;">9999999 <input type="checkbox"/> DK</td> </tr> <tr> <td colspan="2" style="text-align: right; border: 1px solid black; padding: 2px;">45-51</td> </tr> </table>		43	1 <input type="checkbox"/> Already included		0 <input type="checkbox"/> Loss		44		\$ _____		(Dollars)		9999999 <input type="checkbox"/> DK		45-51	
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(Dollars)																	
9999999 <input type="checkbox"/> DK																	
45-51																	
f. In how many of the past 12 months was -- self-employed?	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"></td> <td style="text-align: right; border: 1px solid black; padding: 2px;">52-53</td> </tr> <tr> <td colspan="2" style="text-align: right; padding: 2px;">Months } If 01-11 (3g)</td> </tr> <tr> <td colspan="2" style="text-align: right; padding: 2px;">(Number) } If 12 (D1 on page 36)</td> </tr> <tr> <td colspan="2" style="text-align: right; padding: 2px;">12 <input type="checkbox"/> All</td> </tr> <tr> <td colspan="2" style="text-align: right; padding: 2px;">99 <input type="checkbox"/> DK } (D1 on page 36)</td> </tr> </table>		52-53	Months } If 01-11 (3g)		(Number) } If 12 (D1 on page 36)		12 <input type="checkbox"/> All		99 <input type="checkbox"/> DK } (D1 on page 36)							
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g. In how many of the past 12 months did -- have AT LEAST ONE job or business?	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"></td> <td style="text-align: right; border: 1px solid black; padding: 2px;">54-55</td> </tr> <tr> <td colspan="2" style="text-align: right; padding: 2px;">Months</td> </tr> <tr> <td colspan="2" style="text-align: right; padding: 2px;">(Number) } (D1 on page 36)</td> </tr> <tr> <td colspan="2" style="text-align: right; padding: 2px;">12 <input type="checkbox"/> All</td> </tr> <tr> <td colspan="2" style="text-align: right; padding: 2px;">99 <input type="checkbox"/> DK</td> </tr> </table>		54-55	Months		(Number) } (D1 on page 36)		12 <input type="checkbox"/> All		99 <input type="checkbox"/> DK							
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99 <input type="checkbox"/> DK																	
Notes																	

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

Part D - INCOME AND ASSETS - Continued	PERSON 1
<p><i>HAND CARD FD1. Read categories if telephone interview.</i></p> <p>5a. Thinking about -- (MAIN) job or business in (month), how many people are employed full and part time, including employees at all locations? Mark (X) only one.</p>	<div style="text-align: right; border-bottom: 1px solid black; margin-bottom: 5px;">100</div> <p>5a.</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 style="text-align: right; font-size: small;">(1a on page 32 for NP, or 6)</p>
<p>b. Thinking about the particular location where -- worked in (month), how many people are employed THERE full and part time? Mark (X) only one.</p>	<div style="text-align: right; border-bottom: 1px solid black; margin-bottom: 5px;">101</div> <p>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 style="text-align: right; font-size: small;">(1a on page 32 for NP, or 6)</p>
<p>6a. In (month), did anyone in the family receive Social Security or Railroad Retirement payments? <i>Read if necessary: 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.</i></p>	<div style="text-align: right; border-bottom: 1px solid black; margin-bottom: 5px;">102</div> <p>6a.</p> <p>1 <input type="checkbox"/> Yes (6b) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (7)</p>
<p>b. Who was this? Mark (X) "SS/RR" in person's column.</p>	<div style="text-align: right; border-bottom: 1px solid black; margin-bottom: 5px;">103</div> <p>b.</p> <p>1 <input type="checkbox"/> SS/RR</p>
<p>c. Anyone else? <input type="checkbox"/> Yes (Reask 6b and c) <input type="checkbox"/> No (6d) <input type="checkbox"/> DK (6d) <i>Ask 6d-g as appropriate for each person with "SS/RR" marked in 6b.</i></p>	
<p>d. How much income did -- receive in (month), from Social Security or Railroad Retirement?</p>	<div style="text-align: right; border-bottom: 1px solid black; margin-bottom: 5px;">104</div> <p>d.</p> <p>1 <input type="checkbox"/> Already included</p> <p>\$ (Dollars)</p> <p>9999 <input type="checkbox"/> DK</p> <div style="text-align: right; border-bottom: 1px solid black; margin-bottom: 5px;">105-108</div>
<p>e. How long has -- received Social Security or Railroad Retirement income?</p>	<div style="text-align: right; border-bottom: 1px solid black; margin-bottom: 5px;">109-110</div> <p>e.</p> <p>(Number) 1 <input type="checkbox"/> Months 2 <input type="checkbox"/> Years 99 <input type="checkbox"/> DK</p> <div style="text-align: right; border-bottom: 1px solid black; margin-bottom: 5px;">111</div>
<p><i>Ask 6f-g ONLY if person is under 65; otherwise, go to 6d for NP with "SS/RR" in 6b, or 7.</i></p>	
<p>f. Was -- Social Security or Railroad Retirement income received as a disability benefit?</p>	<div style="text-align: right; border-bottom: 1px solid black; margin-bottom: 5px;">112</div> <p>f.</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>g. Did -- receive this benefit because -- is disabled?</p>	<div style="text-align: right; border-bottom: 1px solid black; margin-bottom: 5px;">113</div> <p>g.</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>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.</p>	<div style="text-align: right; border-bottom: 1px solid black; margin-bottom: 5px;">114</div> <p>7a.</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. Who was this? Mark (X) "Applied for SSA" in person's column.</p>	<div style="text-align: right; border-bottom: 1px solid black; margin-bottom: 5px;">115</div> <p>b.</p> <p>1 <input type="checkbox"/> Applied for SSA</p>
<p>c. Anyone else? <input type="checkbox"/> Yes (Reask 7b and c) <input type="checkbox"/> No (7d) <input type="checkbox"/> DK (7d) <i>Ask 7d for each person with box marked in 7b.</i></p>	
<p>d. How many times has -- applied for disability benefits from Social Security?</p>	<div style="text-align: right; border-bottom: 1px solid black; margin-bottom: 5px;">116-117</div> <p>d.</p> <p>Times applied for SSA (Number) 99 <input type="checkbox"/> DK (7d for NP with 7b, or 8 on page 40)</p>

Part D – INCOME AND ASSETS – Continued		RT 92 3-4
<p>8a. In (month), did anyone in the family receive Supplemental Security Income or SSI? <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> <hr/> <p>b. Who was this? <i>Mark (X) "SSI" in person's column.</i></p> <hr/> <p>c. Anyone else? <input type="checkbox"/> Yes (Reask 8b and c) <input type="checkbox"/> No (8d) <input type="checkbox"/> DK (8d) <i>Ask 8d-e for each person with "SSI" marked in 8b.</i></p> <hr/> <p>d. How much income did -- receive in (month) for Supplemental Security Income or SSI?</p> <hr/> <p>e. How long has -- received Supplement Security Income?</p>	<p>8a. 5 1 <input type="checkbox"/> Yes (8b) 2 <input type="checkbox"/> No } (9) 9 <input type="checkbox"/> DK }</p> <hr/> <p>b. 6 1 <input type="checkbox"/> SSI</p> <hr/> <p>d. \$ _____ 7-10 (Dollars) 9999 <input type="checkbox"/> DK</p> <hr/> <p>e. 11-12 (Number) { 1 <input type="checkbox"/> Months } 13 { 2 <input type="checkbox"/> Years } 99 <input type="checkbox"/> DK <i>(8d for NP with 8b, or 9)</i></p>	
<p>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.</p> <hr/> <p>b. Who was this? <i>Mark (X) "Applied for SSI" in person's column.</i></p> <hr/> <p>c. Anyone else? <input type="checkbox"/> Yes (Reask 9b and c) <input type="checkbox"/> No (9d) <input type="checkbox"/> DK (9d) <i>Ask 9d for each person with box marked in 9b.</i></p> <hr/> <p>d. How many times has -- applied for Supplemental Security Income (SSI)?</p>	<p>9a. 14 1 <input type="checkbox"/> Yes (9b) 2 <input type="checkbox"/> No } (10) 9 <input type="checkbox"/> DK }</p> <hr/> <p>b. 15 1 <input type="checkbox"/> Applied for SSI</p> <hr/> <p>d. _____ Times applied for SSI 16-17 (Number) 99 <input type="checkbox"/> DK <i>(9d for NP with 9b, or 10)</i></p>	
<p>10a. In (month), did anyone in the family receive any disability pension (other than Social Security or Railroad Retirement)?</p> <hr/> <p>b. Who was this? <i>Mark (X) "Disability" in person's column.</i></p> <hr/> <p>c. Anyone else? <input type="checkbox"/> Yes (Reask 10b and c) <input type="checkbox"/> No (10d) <input type="checkbox"/> DK (10d) <i>Ask 10d for each person with "Disability" marked in 10b.</i></p> <hr/> <p>d. How much did -- receive in (month) BEFORE deductions from a disability pension?</p>	<p>10a. 18 1 <input type="checkbox"/> Yes (10b) 2 <input type="checkbox"/> No } (11 on page 42) 9 <input type="checkbox"/> DK }</p> <hr/> <p>b. 19 1 <input type="checkbox"/> Disability</p> <hr/> <p>d. 20 1 <input type="checkbox"/> Already included \$ _____ 21-24 (Dollars) 9999 <input type="checkbox"/> DK <i>(10d for NP with 10b, or 11 on page 42)</i></p>	
Notes		

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

Part D - INCOME AND ASSETS - Continued		PERSON 1
<p>13a. 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>13a.</p>	<p style="text-align: right;">45</p> <p>1 <input type="checkbox"/> Yes (13b) 2 <input type="checkbox"/> No } (14) 9 <input type="checkbox"/> DK</p>
<p>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.</p>	<p style="text-align: right;">46-49</p> <p>\$ _____ (Dollars) 9999 <input type="checkbox"/> DK</p>
<p>14a. 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.</p> <p><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>14a.</p>	<p style="text-align: right;">50</p> <p>1 <input type="checkbox"/> Yes (14b) 2 <input type="checkbox"/> No } (15 on page 46) 9 <input type="checkbox"/> DK</p>
<p>b. Who was this?</p> <p><i>Mark (X) "Interest" in person's column.</i></p>	<p>b.</p>	<p style="text-align: right;">51</p> <p>1 <input type="checkbox"/> Interest</p>
<p>c. Anyone else? <input type="checkbox"/> Yes (<i>Reask 14b and c</i>) <input type="checkbox"/> No (14d) <input type="checkbox"/> DK (14d)</p> <p><i>Ask 14d-f as appropriate for each person with "Interest" marked in 14b.</i></p>	<p>d.</p>	<p style="text-align: right;">52</p> <p>1 <input type="checkbox"/> Already included } (14d for NP with 14b, or 15 on page 46) 53-58 \$ _____ (Dollars) 9999 <input type="checkbox"/> DK (14e)</p>
<p>d. What is your best estimate of the total amount of interest -- earned in (<i>month</i>)?</p>	<p>e.</p>	<p style="text-align: right;">57</p> <p>1 <input type="checkbox"/> More than \$25 (14f) 2 <input type="checkbox"/> Less than \$25 } (14d for NP with 14b, or 15 on page 46) 3 <input type="checkbox"/> \$25 exactly 9 <input type="checkbox"/> DK</p>
<p>e. Was it more than \$25 or less than \$25?</p>	<p>f.</p>	<p style="text-align: right;">58</p> <p>1 <input type="checkbox"/> \$25-\$99, 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? } (14d for NP with 14b, or 15 on page 46) 9 <input type="checkbox"/> DK</p>
<p>f. Was it - <i>Read answer categories.</i></p>	<p>Notes</p>	

Part D - INCOME AND ASSETS - Continued		PERSON 1
<p>15a. In (<u>month</u>), did anyone in the family receive dividend income from stocks or mutual funds or income from rental property, royalties, estates, or trusts?</p> <p>b. Who was this? Mark (X) "Dividends" in person's column.</p> <p>c. Anyone else? <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.</p> <p>d. What is your best estimate of the total amount that -- received from dividends, NET rental property income, royalties, estates, or trusts in (<u>month</u>)?</p> <p>e. Was it more than \$25 or less than \$25?</p> <p>HAND CARD FD2.</p> <p>f. Was it - Read answer categories.</p>	<p>15a. <input type="checkbox"/> Yes (15b) <input type="checkbox"/> No <input type="checkbox"/> DK } (16) 59</p> <p>b. <input type="checkbox"/> Dividends 60</p> <p>d. <input type="checkbox"/> Already included } (15d for NP with 15b, or 16) 61 <input type="checkbox"/> Loss } 62 \$ _____ } 63-66 (Dollars) } 9999 <input type="checkbox"/> DK (15e)</p> <p>e. <input type="checkbox"/> More than \$25 (15f) <input type="checkbox"/> Less than \$25 } (15d for NP with 15b, or 16) 67 <input type="checkbox"/> \$25 exactly } <input type="checkbox"/> DK</p> <p>f. <input type="checkbox"/> \$25-\$99, } (15d for NP with 15b, or 16) 68 <input type="checkbox"/> \$100-\$499, } <input type="checkbox"/> \$500-\$999, } <input type="checkbox"/> \$1000-\$4999, or } <input type="checkbox"/> \$5000 or more? } <input type="checkbox"/> DK</p>	
<p>16a. In (<u>month</u>), 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.</p> <p>b. Who was this? Mark (X) "Other income" in person's column.</p> <p>c. Anyone else? <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.</p> <p>d. How much income did -- receive in (<u>month</u>) from ALL OTHER sources?</p> <p>e. Was it more than \$25 or less than \$25?</p> <p>HAND CARD FD2.</p> <p>f. Was it - Read answer categories.</p>	<p>16a. <input type="checkbox"/> Yes (16b) <input type="checkbox"/> No <input type="checkbox"/> DK } (17 on page 48) 69</p> <p>b. <input type="checkbox"/> Other income 70</p> <p>d. <input type="checkbox"/> Already included } (16d for NP with 16b, or 17 on page 48) 71 \$ _____ } 72-75 (Dollars) } 9999 <input type="checkbox"/> DK (15e)</p> <p>e. <input type="checkbox"/> More than \$25 (16f) <input type="checkbox"/> Less than \$25 } (16d for NP with 16b, or 17 on page 48) 76 <input type="checkbox"/> \$25 exactly } <input type="checkbox"/> DK</p> <p>f. <input type="checkbox"/> \$25-\$99, } (16d for NP with 16b, or 17 on page 48) 77 <input type="checkbox"/> \$100-\$499, } <input type="checkbox"/> \$500-\$999, } <input type="checkbox"/> \$1000-\$4999, or } <input type="checkbox"/> \$5000 or more? } <input type="checkbox"/> DK</p>	
Notes		

Part D - INCOME AND ASSETS - Continued		78
17a. Does anyone in the family own a car, truck, recreational vehicle, motorcycle, or boat?	<input type="checkbox"/> Yes (17b) <input type="checkbox"/> No <input type="checkbox"/> DK } (18)	78
<i>HAND CARD FD3. Read categories if telephone interview.</i>		79
b. Altogether, how much are they worth? 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	79
18a. Is this [house/apartment] now -	<input type="checkbox"/> Yes (18b) <input type="checkbox"/> No (Ask (2))	80
(1) Owned or being bought by you (or someone in the household)?	<input type="checkbox"/> Yes (18e) <input type="checkbox"/> No (Ask (3))	81
(2) Rented for money?	<input type="checkbox"/> Yes } <input type="checkbox"/> No } (19)	82
(3) Occupied without payment of money rent?	<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	83
<i>HAND CARD FD4. Read categories if telephone interview.</i>		83
b. About how much is this place worth on today's market? Mark (X) only one.	<input type="checkbox"/> Fully paid for, nothing is owed (19) <input type="checkbox"/> Still owe something (18d) <input type="checkbox"/> DK(19)	84
<i>HAND CARD FD5. Read categories if telephone interview.</i>		85
d. What is the monthly mortgage payment? 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 } (19)	85
<i>HAND CARD FD5. Read categories if telephone interview.</i>		86
e. What is the monthly rent? 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	86
f. Does the monthly rent include meals and/or utilities?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	87
19. [Do you/Does your family] own any other assets, such as another house, a business, or stocks and bonds?	<input type="checkbox"/> Yes (20) <input type="checkbox"/> No <input type="checkbox"/> DK } (Item D3)	88
20a. [Do you/Does your family] own other property, such as another home, rental property, or land?	<input type="checkbox"/> Yes (20b) <input type="checkbox"/> No <input type="checkbox"/> DK } (21)	89
<i>HAND CARD FD4. Read categories if telephone interview.</i>		90
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? 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	90

Part D – INCOME AND ASSETS – Continued

21a. (Besides this property) (Do you/Does your family) own part or all of a business, farm, or professional practice?

- 1 Yes (21b)
 2 No } (22)
 9 DK }

91

HAND CARD FD4. Read categories if telephone interview.

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?

Mark (X) only one.

- 1 Less than \$25,000
 2 \$25,000 – \$49,999
 3 \$50,000 – \$99,999
 4 \$100,000 – \$199,999
 5 \$200,000 – \$299,999
 6 \$300,000 – \$499,999
 7 \$500,000 or more
 9 DK

92

22a. (Do you/Does your family) have any other savings, assets, or property? Include stocks and bonds and certificates of deposit (CDs).

- 1 Yes (22b)
 2 No } (Item D3)
 9 DK }

93

HAND CARD FD4. Read categories if telephone interview.

b. Altogether, what is the present value of these other savings, assets, or property?

Mark (X) only one.

- 1 Less than \$25,000
 2 \$25,000 – \$49,999
 3 \$50,000 – \$99,999
 4 \$100,000 – \$199,999
 5 \$200,000 – \$299,999
 6 \$300,000 – \$499,999
 7 \$500,000 or more
 9 DK

94

ITEM D3

About how often did the Respondent appear to answer the questions in Part D, Income and Assets accurately?

- 1 All the time
 2 Most of the time
 3 Some of the time
 4 Rarely or never
 9 DK

95

ITEM D4

About how often did the Respondent appear to answer the questions in Part D, Income and Assets honestly?

- 1 All the time
 2 Most of the time
 3 Some of the time
 4 Rarely or never
 9 DK

96

ITEM D5

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.

Person number _____

97-98

Notes

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

Part B - NUTRITION		RT 94
		3-4
<p>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?</p> <p><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
HAND CARD YB1. Read categories if telephone interview.		
<p>2. Are you currently doing any of these things to control your weight?</p> <p><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> </u> _____ 00 <input type="checkbox"/> Nothing</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
ITEM B1	<p><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>
<p>3a. About how tall are you without shoes?</p> <p style="text-align: center;">____ (Feet) ____ (Inches)</p>		32 33-35
<p>b. About how much do you weigh without shoes?</p> <p><i>Read if SP is pregnant: Please give your usual weight before becoming pregnant.</i></p> <p style="text-align: center;">____ (Pounds)</p>		36-38
The next questions are about salt in your diet.		
<p>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?</p> <p><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. 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.</p> <p><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>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?</p> <p><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>	41
<p>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?)</p> <p><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

Part B - NUTRITION - Continued		
ITEM B2	<i>Refer to age.</i>	<div style="text-align: right; border: 1px solid black; width: 20px; float: right; margin-bottom: 5px;">43</div> 1 <input type="checkbox"/> 65+ (6) 2 <input type="checkbox"/> Under 65 (Part C on page 53)
6a. Do you have meals delivered to your home by an agency or organization like Meals on Wheels?		<div style="text-align: right; border: 1px solid black; width: 20px; float: right; margin-bottom: 5px;">44</div> 1 <input type="checkbox"/> Yes (Part C on page 53) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (6b)
b. Do you NEED to have meals delivered to your home (by an agency or organization like Meals on Wheels)?		<div style="text-align: right; border: 1px solid black; width: 20px; float: right; margin-bottom: 5px;">45</div> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK
7a. In the past 12 months, have you taken a class or attended a presentation on health topics?		<div style="text-align: right; border: 1px solid black; width: 20px; float: right; margin-bottom: 5px;">46</div> 1 <input type="checkbox"/> Yes (7b) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (8)
b. Where was the health class given — at a senior center, hospital, or some other place? <i>If multiple classes, probe for the location of the most recent. Mark (X) only one.</i>		<div style="text-align: right; border: 1px solid black; width: 20px; float: right; 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
8a. In the past 12 months, did you participate in an exercise class or exercise program?		<div style="text-align: right; border: 1px solid black; width: 20px; float: right; margin-bottom: 5px;">48</div> 1 <input type="checkbox"/> Yes (8b) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (Part C on page 53)
b. Where was the exercise class given — at a senior center, hospital, or some other place? <i>If multiple classes, probe for the location of the most recent. Mark (X) only one.</i>		<div style="text-align: right; border: 1px solid black; width: 20px; float: right; 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

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

Part D – MENTAL HEALTH

<p>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?</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>	<p>60</p>
<p>-----</p> <p>These next questions are about stress during the past 12 months.</p>		
<p>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?</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>	<p>61</p>
<p>2. During the past 12 months, how much effect has stress had on your health — a lot, some, hardly any, or none?</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>	<p>62</p>
<p>3. (During the past 12 months), have you taken any steps to control or reduce stress in your life?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p>	<p>63</p>
<p>4. (During the past 12 months), have you had any SERIOUS personal or emotional problems?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p>	<p>64</p>
<p>5a. During the past 12 months, did you seek help from family or friends for ANY personal or emotional problems?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p>	<p>65</p>
<p>b. (During the past 12 months), did you seek help from a therapist, counselor, or self-help group for ANY personal or emotional problems?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p>	<p>66</p>
<p>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?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p>	<p>67</p>

Notes

RT 95
3-4

Part E - PHYSICAL ACTIVITY AND FITNESS

These next questions are about physical exercise.

ITEM E1	<i>Mark from observation or previous information.</i>	<input type="checkbox"/> SP is physically handicapped (<i>Describe in notes, THEN 1</i>) <input type="checkbox"/> Other (<i>2 on page 57</i>)	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?		<input type="checkbox"/> Yes (<i>1b</i>) <input type="checkbox"/> No <input type="checkbox"/> DK } (<i>3 on page 58</i>)	6
b. What were they? <i>Record in 2a on page 57, THEN 1c.</i>			
c. Anything else?		<input type="checkbox"/> Yes (<i>Reask 1b and c</i>) <input type="checkbox"/> No (<i>Mark "No" for all remaining activities in 2a, then go to 2b</i>)	

Notes

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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.

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 —

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?)

YES	NO	7	8-9	10-12	13
(1) Walking for exercise? <input type="checkbox"/> YES <input type="checkbox"/> NO			(1) _____ Times	_____ Minutes	1 <input type="checkbox"/> Small 3 <input type="checkbox"/> Large 2 <input type="checkbox"/> Moderate 0 <input type="checkbox"/> No inc. 9 <input type="checkbox"/> DK
(2) Gardening or yard work? <input type="checkbox"/> YES <input type="checkbox"/> NO			(2) _____ Times	_____ Minutes	1 <input type="checkbox"/> Small 3 <input type="checkbox"/> Large 2 <input type="checkbox"/> Moderate 0 <input type="checkbox"/> No inc. 9 <input type="checkbox"/> DK
(3) Stretching exercises? <input type="checkbox"/> YES <input type="checkbox"/> NO			(3) _____ Times	_____ Minutes (Next activity)	
(4) Weightlifting or other exercises to increase muscle strength? <input type="checkbox"/> YES <input type="checkbox"/> NO			(4) _____ Times	_____ Minutes	1 <input type="checkbox"/> Small 3 <input type="checkbox"/> Large 2 <input type="checkbox"/> Moderate 0 <input type="checkbox"/> No inc. 9 <input type="checkbox"/> DK
(5) Jogging or running? <input type="checkbox"/> YES <input type="checkbox"/> NO			(5) _____ Times	_____ Minutes	1 <input type="checkbox"/> Small 3 <input type="checkbox"/> Large 2 <input type="checkbox"/> Moderate 0 <input type="checkbox"/> No inc. 9 <input type="checkbox"/> DK
(6) Aerobics or aerobic dancing? <input type="checkbox"/> YES <input type="checkbox"/> NO			(6) _____ Times	_____ Minutes	1 <input type="checkbox"/> Small 3 <input type="checkbox"/> Large 2 <input type="checkbox"/> Moderate 0 <input type="checkbox"/> No inc. 9 <input type="checkbox"/> DK
(7) Riding a bicycle or exercise bike? <input type="checkbox"/> YES <input type="checkbox"/> NO			(7) _____ Times	_____ Minutes	1 <input type="checkbox"/> Small 3 <input type="checkbox"/> Large 2 <input type="checkbox"/> Moderate 0 <input type="checkbox"/> No inc. 9 <input type="checkbox"/> DK
(8) Stair climbing for exercise? <input type="checkbox"/> YES <input type="checkbox"/> NO			(8) _____ Times	_____ Minutes	1 <input type="checkbox"/> Small 3 <input type="checkbox"/> Large 2 <input type="checkbox"/> Moderate 0 <input type="checkbox"/> No inc. 9 <input type="checkbox"/> DK
(9) Swimming for exercise? <input type="checkbox"/> YES <input type="checkbox"/> NO			(9) _____ Times	_____ Minutes	1 <input type="checkbox"/> Small 3 <input type="checkbox"/> Large 2 <input type="checkbox"/> Moderate 0 <input type="checkbox"/> No inc. 9 <input type="checkbox"/> DK
(10) Playing tennis? <input type="checkbox"/> YES <input type="checkbox"/> NO			(10) _____ Times	_____ Minutes	1 <input type="checkbox"/> Small 3 <input type="checkbox"/> Large 2 <input type="checkbox"/> Moderate 0 <input type="checkbox"/> No inc. 9 <input type="checkbox"/> DK
(11) Playing golf? <input type="checkbox"/> YES <input type="checkbox"/> NO			(11) _____ Times (Next activity)		
(12) Bowling? <input type="checkbox"/> YES <input type="checkbox"/> NO			(12) _____ Times (Next activity)		
(13) Playing baseball or softball? <input type="checkbox"/> YES <input type="checkbox"/> NO			(13) _____ Times	_____ Minutes	1 <input type="checkbox"/> Small 3 <input type="checkbox"/> Large 2 <input type="checkbox"/> Moderate 0 <input type="checkbox"/> No inc. 9 <input type="checkbox"/> DK
(14) Playing handball, racquetball, or squash? <input type="checkbox"/> YES <input type="checkbox"/> NO			(14) _____ Times	_____ Minutes	1 <input type="checkbox"/> Small 3 <input type="checkbox"/> Large 2 <input type="checkbox"/> Moderate 0 <input type="checkbox"/> No inc. 9 <input type="checkbox"/> DK
(15) Skiing? <input type="checkbox"/> Yes <input type="checkbox"/> No (16)			(a) _____ Times (Next activity)		
(a) Downhill? <input type="checkbox"/> YES <input type="checkbox"/> NO			(b) _____ Times	_____ Minutes	1 <input type="checkbox"/> Small 3 <input type="checkbox"/> Large 2 <input type="checkbox"/> Moderate 0 <input type="checkbox"/> No inc. 9 <input type="checkbox"/> DK
(b) Cross-country? <input type="checkbox"/> YES <input type="checkbox"/> NO			(c) _____ Times (Next activity)		
(c) Water? <input type="checkbox"/> YES <input type="checkbox"/> NO					
(16) Playing basketball? <input type="checkbox"/> YES <input type="checkbox"/> NO			(16) _____ Times	_____ Minutes	1 <input type="checkbox"/> Small 3 <input type="checkbox"/> Large 2 <input type="checkbox"/> Moderate 0 <input type="checkbox"/> No inc. 9 <input type="checkbox"/> DK
(17) Playing volleyball? <input type="checkbox"/> YES <input type="checkbox"/> NO			(17) _____ Times	_____ Minutes	1 <input type="checkbox"/> Small 3 <input type="checkbox"/> Large 2 <input type="checkbox"/> Moderate 0 <input type="checkbox"/> No inc. 9 <input type="checkbox"/> DK
(18) Playing soccer? <input type="checkbox"/> YES <input type="checkbox"/> NO			(18) _____ Times	_____ Minutes	1 <input type="checkbox"/> Small 3 <input type="checkbox"/> Large 2 <input type="checkbox"/> Moderate 0 <input type="checkbox"/> No inc. 9 <input type="checkbox"/> DK
(19) Playing football? <input type="checkbox"/> YES <input type="checkbox"/> NO			(19) _____ Times	_____ Minutes	1 <input type="checkbox"/> Small 3 <input type="checkbox"/> Large 2 <input type="checkbox"/> Moderate 0 <input type="checkbox"/> No inc. 9 <input type="checkbox"/> DK
(20) Have you done any (other) exercises, sports, or physically active hobbies in the past 2 weeks? <input type="checkbox"/> Yes - What were they? <input type="checkbox"/> No			(20a) _____ Times	_____ Minutes	1 <input type="checkbox"/> Small 3 <input type="checkbox"/> Large 2 <input type="checkbox"/> Moderate 0 <input type="checkbox"/> No inc. 9 <input type="checkbox"/> DK
Anything else? If activity listed above, mark "Yes" for it; otherwise, specify α			(20b) _____ Times	_____ Minutes	1 <input type="checkbox"/> Small 3 <input type="checkbox"/> Large 2 <input type="checkbox"/> Moderate 0 <input type="checkbox"/> No inc. 9 <input type="checkbox"/> DK
(a) _____					
(b) _____					

Part E - PHYSICAL ACTIVITY AND FITNESS - Continued

<p>3. About how long has it been since your last medical check-up? <i>Mark (X) only one.</i></p>	<div style="text-align: right; border: 1px solid black; width: 30px; float: right; margin-bottom: 5px;">51</div> <p> <input type="checkbox"/> Less than 1 year (4) <input type="checkbox"/> 1 year, less than 2 years <input type="checkbox"/> 2 years, less than 3 years <input type="checkbox"/> 3 years, less than 4 years <input type="checkbox"/> 4+ years <input type="checkbox"/> Never had a check-up <input type="checkbox"/> DK (4) </p> <p style="text-align: right; margin-top: 10px;">} (END interview)</p>
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<p>4. During your last check-up, did the doctor recommend that you BEGIN or CONTINUE to do any type of exercise or physical activity? <i>If "Yes", ask: Was that begin or continue?</i></p>	<div style="text-align: right; border: 1px solid black; width: 30px; float: right; margin-bottom: 5px;">52</div> <p> <input type="checkbox"/> Yes, to BEGIN <input type="checkbox"/> Yes, to CONTINUE <input type="checkbox"/> Yes, BOTH <input type="checkbox"/> No <input type="checkbox"/> DK </p> <p style="text-align: right; margin-top: 10px;">} (END interview)</p>
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Notes

Section V – AIDS KNOWLEDGE AND ATTITUDES

ITEM V1	Refer to sample person selection label.	<input type="checkbox"/> A (Item V2) <input type="checkbox"/> Y (End Interview)		
ITEM V2	Adult SP status. Begin here on Section V 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)		
These next questions are asked to determine what people know about the disease AIDS.				5
1. How much would you say you know about AIDS — a lot, some, a little, or nothing?	1 <input type="checkbox"/> A lot 2 <input type="checkbox"/> Some 3 <input type="checkbox"/> A little 4 <input type="checkbox"/> Nothing			
2. In the past month, have you – a. seen any Public Service Announcements about AIDS on television?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK			6
b. heard any Public Service Announcements about AIDS on the radio?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK			7
c. received any brochures about AIDS from your workplace? <i>Mark (X) only one.</i>	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			8
d. received any brochures about AIDS from a church or religious organization?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK			9
e. received any information about AIDS from the American Red Cross?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK			10
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? <i>Mark (X) only one.</i>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> It depends – <i>Specify</i> _____ 9 <input type="checkbox"/> DK			11
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.	True	False	Don't know	12
a. The AIDS virus can be passed on through sexual intercourse between a man and a woman.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	13
b. A man with the AIDS virus can pass it on to another man through sexual intercourse.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	14
c. A pregnant woman who has the AIDS virus can give it to her baby.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	15
d. There is a vaccine available to the public that protects a person from getting the AIDS virus.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	16
e. A person who has the AIDS virus can look well and healthy.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	17
f. Oil-based lubricants, like vaseline, cause latex condoms to break.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	17

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 -

a. using public toilets?

1

2

3

4

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

1

2

3

4

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

1

2

3

4

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

1

2

3

4

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

1

2

3

4

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

1

2

3

4

[REDACTED]

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

Section V – AIDS KNOWLEDGE AND ATTITUDES – Continued	
<p>16a. 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)</p> <p>_____ Times } (16c) (Number)</p> <p>99 <input type="checkbox"/> DK</p>
<p>b. Was it in the past 12 months?</p>	<p>1 <input type="checkbox"/> Yes } (17) 2 <input type="checkbox"/> No } 9 <input type="checkbox"/> DK</p>
<p>c. 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</p> <p>_____ Times in past 12 months (Number)</p> <p>99 <input type="checkbox"/> DK</p>
<p>17. In what month and year was your (last) blood test for the AIDS virus infection?</p>	<p>_____/_____/19____</p> <p>Month Year</p>
<p><i>HAND CARD A3. Read categories if telephone interview.</i></p> <p>18. 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</p> <p>02 <input type="checkbox"/> Because a doctor asked you to</p> <p>03 <input type="checkbox"/> Because the Health Department asked you to</p> <p>04 <input type="checkbox"/> Because a sex partner asked you to</p> <p>05 <input type="checkbox"/> For hospitalization or a surgical procedure</p> <p>06 <input type="checkbox"/> To apply for health or life insurance</p> <p>07 <input type="checkbox"/> To comply with guidelines for health workers</p> <p>08 <input type="checkbox"/> To apply for a new job</p> <p>09 <input type="checkbox"/> For military induction, separation or during military service</p> <p>10 <input type="checkbox"/> For immigration</p> <p>11 <input type="checkbox"/> For some other reason – Specify _____</p> <p>97 <input type="checkbox"/> Refused</p> <p>99 <input type="checkbox"/> DK</p>
<p>19. (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: What kind of clinic is that?</p>	<p>01 <input type="checkbox"/> AIDS clinic/counselling/testing site</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</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 _____</p> <p>97 <input type="checkbox"/> Refused</p> <p>99 <input type="checkbox"/> DK</p>
<p>20. When your blood was (last) tested for the AIDS virus, were you REQUIRED to give your name?</p>	<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>7 <input type="checkbox"/> Refused</p>
<p>21. (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>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>9 <input type="checkbox"/> DK</p>
<p>22. Did you get the results of your (last) blood test?</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>

Section V - AIDS KNOWLEDGE AND ATTITUDES - Continued	
23. How long did you wait to get the results?	<div style="text-align: right;">110-112</div> <div style="display: flex; justify-content: space-between;"> <div style="width: 80%;"> (Number) } <div style="display: flex; flex-direction: column; gap: 5px;"> <input type="checkbox"/> Days</div> <div style="display: flex; flex-direction: column; gap: 5px;"> <input type="checkbox"/> Weeks</div> <div style="display: flex; flex-direction: column; gap: 5px;"> <input type="checkbox"/> Months</div> </div> </div> <div style="width: 15%; text-align: center;"> <div style="border: 1px solid black; padding: 2px;">RT 98</div> <div style="border: 1px solid black; padding: 2px;">3-4</div> <div style="border: 1px solid black; padding: 2px;">5</div> </div>

 999 DK

Section V - AIDS KNOWLEDGE AND ATTITUDES - Continued

<p>29a. Have you ever known anyone personally who had AIDS or the AIDS virus?</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>	54
<p>b. Who was that — a friend, relative, co-worker, or someone else? 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 z</p>	55 56 57 58
<p>7 <input type="checkbox"/> Refused 9 <input type="checkbox"/> DK</p>		59 60
<p>30. What are your chances of GETTING the AIDS virus; would you say high, medium, low, or none? 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>	61
<p>HAND CARD A6.</p> <p>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. Read statements only if telephone interview.</p> <p>a. You have hemophilia and have received clotting factor concentrations.</p> <p>b. You are a man who has had sex with another man at some time since 1980, even one time.</p> <p>c. You have taken street drugs by needle at any time since 1980.</p> <p>d. You have traded sex for money or drugs at any time since 1980.</p> <p>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.</p>	<p>1 <input type="checkbox"/> Yes to at least one statement 2 <input type="checkbox"/> No to all statements</p>	62
<p>The next questions are about Tuberculosis, or TB.</p> <p>32. Are you worried about catching TB?</p>	<p>1 <input type="checkbox"/> Yes (33) 2 <input type="checkbox"/> No } (34) 9 <input type="checkbox"/> DK }</p>	63
<p>33. How worried are you about catching TB - a lot, some, a little, or not at all? 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>	64
<p>34a. How much would you say you know about Tuberculosis - a lot, some, a little, or nothing? 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>	65
<p>b. Do you know how TB is spread from one person to another?</p>	<p>1 <input type="checkbox"/> Yes (34c) 2 <input type="checkbox"/> No (V3 on page 65)</p>	66
<p>HAND CARD A7. Read categories if telephone interview.</p> <p>c. As you understand it, how is TB spread from one person to another? (Any other way?) 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 z</p>	67 68 69 70 71 72
	<p>9 <input type="checkbox"/> DK</p>	73

Section V – AIDS KNOWLEDGE AND ATTITUDES – Continued

ITEM V3	<i>Refer to age.</i>	1 <input type="checkbox"/> 59 or under (35) 2 <input type="checkbox"/> 60+ (End Interview)	74
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35.	HAND CARD A8. If telephone interview, end interview. This card shows seven methods of birth control. Which of these do you think is the MOST effective for preventing pregnancy? Mark (X) only one.	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 8 <input type="checkbox"/> DK	75
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36.	Refer to Card A8. Which of these do you think is the MOST effective for preventing sexually transmitted diseases such as syphilis, gonorrhea or AIDS? Mark (X) only one.	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 8 <input type="checkbox"/> DK	76
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RECORD FINAL STATUS ON BACK COVER.

Notes

RT 88
3-4

10. Response Status

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

Notes

FORM **DFS-1**
(7-1-84)

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 AND PREVENTION
NATIONAL CENTER FOR HEALTH STATISTICS

DISABILITY FOLLOWBACK SURVEY
(NHIS PHASE II)
CHILD'S QUESTIONNAIRE

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 vary from 40 to 50 minutes per response, with an average of 45 minutes per response. 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; Humphrey Building, Room 721-H, 200 Independence Avenue, SW; Washington, DC 20201; and to the Office of Management and Budget, Paperwork Reduction Project (0920-0214) Washington, DC 20503.

RT 01
3-7
8

RT 06
3-4

Part I - CALL RECORD

Mode	Date		Beginning time	Results	Ending time	Comments
	Month	Day				
5	6-7	8-9	10-14		15-19	
T P			a.m. p.m.		a.m. p.m.	
T P			a.m. p.m.		a.m. p.m.	
T P			a.m. p.m.		a.m. p.m.	
T P			a.m. p.m.		a.m. p.m.	
T P			a.m. p.m.		a.m. p.m.	

Part II - STATUS

A. Final Status	B. Mode	D. Field representative's name	Code 65-67
Interview 20-21 01 <input type="checkbox"/> Complete 02 <input type="checkbox"/> Partial (Explain in Notes) Noninterview 04 <input type="checkbox"/> Refused 05 <input type="checkbox"/> Unable to contact 06 <input type="checkbox"/> Unable to locate 07 <input type="checkbox"/> Deceased 10 <input type="checkbox"/> Moved o/s PSU, unable to phone 11 <input type="checkbox"/> Other noninterview	1 <input type="checkbox"/> Telephone 2 <input type="checkbox"/> Personal visit 22		
(Explain in Notes)	C. Respondent	Notes	
	Name 23-63		
	1 <input type="checkbox"/> Desired respondent (Name on label) 2 <input type="checkbox"/> Preferred respondent (Name in PR box on page 3) 3 <input type="checkbox"/> Other respondent 64		

Part III - NEW ADDRESS FOR CHILD

A. Address (Different from label)	RT 07
Number and street 5-29	3-4
City 30-49 State 50-51 ZIP Code 52-60	
B. Telephone (Different from label)	
Area code 61-63 Number 64-70	
1 <input type="checkbox"/> None 71 7 <input type="checkbox"/> Refused 9 <input type="checkbox"/> DK number	

INITIAL SCREENING - CHILDREN		RT 08 3-4
1. I need to talk to <i>(desired respondent)</i> about <i>(sample child)</i>. Do they both live here?	1 <input type="checkbox"/> Yes <i>(Go to 2)</i> 2 <input type="checkbox"/> No <i>(Skip to 6)</i>	5
2. May I speak with <i>(desired respondent)</i>?	1 <input type="checkbox"/> Yes <i>(Skip to A)</i> 2 <input type="checkbox"/> Not available <i>(Go to 3)</i>	6
3. Will <i>(desired respondent)</i> [be available/return] before <i>(closeout date)</i>?	1 <input type="checkbox"/> Yes <i>(Arrange callback)</i> 2 <input type="checkbox"/> No <i>(Go to 4)</i>	7
4. Why will <i>(desired respondent)</i> not be available before <i>(closeout date)</i>?	1 <input type="checkbox"/> Incapable 2 <input type="checkbox"/> Institutionalized } <i>(Skip to 8)</i> 3 <input type="checkbox"/> Temporarily absent <i>(Go to 5)</i> 4 <input type="checkbox"/> Other <i>(Skip to 8)</i>	8
5. How can I get in contact with <i>(desired respondent)</i>?	1 <input type="checkbox"/> Not possible <i>(Skip to 8)</i> 2 <input type="checkbox"/> Address/telephone no. given <i>(Record address and telephone no. on page 3)</i>	9
6a. Do EITHER of them still live here?	1 <input type="checkbox"/> Yes <i>(Go to 6b)</i> 2 <input type="checkbox"/> No <i>(Skip to 7)</i>	10
b. Who?	1 <input type="checkbox"/> <i>Desired respondent</i> } <i>(Skip to 8)</i> 2 <input type="checkbox"/> <i>Sample child</i>	11
7a. Did they move somewhere together?	1 <input type="checkbox"/> Yes <i>(Go to 7b)</i> 2 <input type="checkbox"/> No <i>(Skip to 8)</i>	12
b. Where do <i>(desired respondent)</i> and <i>(sample child)</i> live?	1 <input type="checkbox"/> DK <i>(END interview-noninterview)</i> 2 <input type="checkbox"/> Address/telephone no. given <i>(Record address and telephone no. on page 3)</i>	13
<i>Read with parenthetical first.</i> 8a. I need to speak to an adult [relative or guardian who lives with <i>(sample child)</i>] about <i>(sample child's)</i> health. Who would that be?	1 <input type="checkbox"/> Respondent } <i>(Record preferred respondent information on page 3. Go to 8b)</i> 2 <input type="checkbox"/> Other person } 3 <input type="checkbox"/> SC or SC's spouse <i>(Interview SC on DFS-2)</i> 4 <input type="checkbox"/> SC died <i>(Skip to 9)</i> 5 <input type="checkbox"/> SC institutionalized } <i>(Reask 8a without first parenthetical)</i> 6 <input type="checkbox"/> No one 9 <input type="checkbox"/> DK <i>(Skip to 8c)</i>	14
b. How [are you/is this person] related to <i>(sample child)</i>?	1 <input type="checkbox"/> Mother 2 <input type="checkbox"/> Father 3 <input type="checkbox"/> Brother/Sister 4 <input type="checkbox"/> Grandparent 5 <input type="checkbox"/> Other relative 6 <input type="checkbox"/> Nonrelative 9 <input type="checkbox"/> DK } <i>(Continue with A or arrange callback)</i>	15
c. Who would know who I should speak to about <i>(sample child's)</i> health?	1 <input type="checkbox"/> Person given – <i>(Record preferred respondent information on page 3)</i> 2 <input type="checkbox"/> No one <i>(End interview – noninterview)</i> 3 <input type="checkbox"/> DK <i>(End interview – noninterview)</i>	16
9. On what date did <i>(sample child)</i> die?	Date of Death ____/____/19____ 999999 <input type="checkbox"/> DK } <i>(Mark deceased on Cover Page)</i>	17-22
A	<i>Begin all interviews by asking:</i> When we conducted the interview several months ago, we recorded <i>(sample child's)</i> age as <i>(age from label)</i>. Is this still correct?	23
Notes		

INITIAL SCREENING - Continued									
NEW ADDRESS (First or only)				RT 09 3-4	Second (If appropriate)				RT 10 3-4
Name of place (If appropriate)				5-40	Name of place (If appropriate)				5-40
Number and street				41-64	Number and street				41-64
City		65-84	State	85-86	ZIP Code		87-95	City	
Telephone		Area code 96-98		Number 99-105		1 <input type="checkbox"/> None 9 <input type="checkbox"/> DK		106	
				7 <input type="checkbox"/> Refused		number			
PREFERRED RESPONDENT (From 8a or 8c)				RT 11 3-4	[REDACTED]				5-40
Name				41					
1 <input type="checkbox"/> Mark box if same address/phone as SC (Skip to A1 on page 5)				42-65					
Number and street									
City		66-85	State	86-87					ZIP Code		88-96
Telephone				Area code 97-99		Number 100-106		1 <input type="checkbox"/> None 9 <input type="checkbox"/> DK	
						7 <input type="checkbox"/> Refused		number	
GENERAL INSTRUCTIONS									
<ol style="list-style-type: none"> 1. Conduct all interviews by personal visit unless the only way to get an interview is by telephone. 2. After appropriate introductions, begin all interviews with A on page 2. 3. If the respondent is not within your normal assignment area, call your office for instructions. 4. Make minor corrections to address or phone number on the LABEL. Record new addresses and/or phone numbers above. 5. If a question is refused, enter "REF" in the answer space. If the respondent does not know the answer to a question, mark the "DK" box if there is one, or enter "DK" in the answer space. 					<ol style="list-style-type: none"> 6. The following symbols and print types are used throughout the questionnaire to standardize the asking of the questions: <ul style="list-style-type: none"> • Long dash (—) – Insert the appropriate words or names from the list. • Underlined italics in parentheses – Insert the specified words, name, date, etc. • Regular type in parentheses – Either read or do not read the parenthetical, depending on the situation and the context of the question. • Brackets with a slash ([/]) – Choose the appropriate words or phrase for the particular interview. • Bold capitals – Emphasize the word(s) when reading the question. 7. If the sample child is emancipated, interview the sample child on a DFS-2 questionnaire, transcribing all label information from the DFS-1 to the DFS-2. 				
Notes									

RT 12

Section A - HOME CARE SERVICES

READ TO RESPONDENT: Because of earlier participation by your family in the National Health Interview Survey, *(child)* has been selected for a special followup study on children's health. In order to get a complete picture of the health needs of U.S. children, we have included a wide range of children in this survey. For this reason, some of the questions may not seem relevant to *(child)*, but your honest responses will help us get an accurate description of the health status and health care needs of U.S. children.

Now I am going to ask you about any **SPECIAL HELP AND SUPERVISION** that *(child)* **NOW** receives at home. By this I mean help **BEYOND** what is needed by most children *(his/her)* age.

3-4

5

ITEM A1

Refer to child's age.

- 1 5+ years old (Go to 1a)
- 2 Other (Skip to 2)

6

1a. Does *(child)* NEED special help at home with personal care, that is, help with bathing, dressing, eating, toileting, getting in or out of bed or chairs, or getting around inside the home BEYOND WHAT IS NEEDED BY MOST CHILDREN [HIS/HER] AGE?

- 1 Yes (Go to 1b)
- 2 No
- 9 DK } (Skip to 3)

7

b. During the past 12 months, did *(child)* receive, as part of *(his/her)* care, training to increase *(his/her)* independence in daily living skills, such as bathing, dressing, eating, and toileting?

- 1 Yes
- 2 No
- 9 DK } (Skip to 3)

8

2. Because of any significant delays in development, does *(child)* need special help at home?

- 1 Yes
- 2 No
- 9 DK

9

3. Because of a physical, mental, or emotional problem, does *(child)* need constant supervision or need to be watched more closely than other children *(his/her)* age?

- 1 Yes
- 2 No
- 9 DK

10

ITEM A2

Refer to questions 1a, 2, and 3.
(Special help or supervision)

- 1 "Yes" in 1a, 2, and/or 3 (Go to 4a)
- 2 All other (Skip to 10 on page 10)

11

4a. You said *(child)* needs [special help/(and) supervision] at home. What are the names of all the people who helped with *(child's)* [personal care/(and) supervision] in the PAST TWO WEEKS? This includes [special help/(and) supervision] provided by you, other family members, friends, volunteers, or paid professionals. DO NOT INCLUDE PHYSICAL OR OCCUPATIONAL THERAPISTS.

(Record up to 4 names in Table H on pages 6 and 7. Return to 4b)

OR

- 0 None in past two weeks
- 9 DK } (Skip to 9 on page 8)

Anyone else?

Ask 4b only if 4 names in Table H; otherwise skip to 5a on page 6.

12

b. Besides helpers you just mentioned, has anyone else helped *(child)* AT HOME with personal care or supervision in the past two weeks?

- 1 Yes (Go to 4c)
- 2 No
- 9 DK } (Skip to 5a on page 6)

13-14

c. How many other people have helped?

- ____ Helper(s)
(Number)
- 00 None
 - 99 DK

15-16

d. How many of these additional helpers were paid?

- ____ Paid helper(s)
(Number)
- 00 None
 - 99 DK

Notes

Section A - HOME CARE SERVICES - Continued		HELPER 01	RT 13 3-4
TABLE H <i>Ask 5-8 separately for each helper listed.</i>		Helper name	5-6
<p>5a. Does (helper) help with (child's) personal care, supervision or both? <i>Mark (X) only one.</i></p> <p>----- <i>Verify and mark (X) if known or HAND CARD C1 and ask. Read categories if telephone interview.</i></p> <p>b. What is (helper's) relationship to (child)? <i>Mark (X) only one.</i></p>	<p>5a.</p> <p>1 <input type="checkbox"/> Personal care 2 <input type="checkbox"/> Supervision 3 <input type="checkbox"/> Both 9 <input type="checkbox"/> DK</p> <hr/> <p>b.</p> <p>0 <input type="checkbox"/> Parent (<i>Skip to 6g</i>) 1 <input type="checkbox"/> Other relative in HH 2 <input type="checkbox"/> Other relative not in HH } (<i>Go to 6a</i>) 3 <input type="checkbox"/> Non-relative in HH 4 <input type="checkbox"/> Friend/Neighbor 5 <input type="checkbox"/> Unpaid volunteer from an organization or business (<i>Skip to 6f</i>) 6 <input type="checkbox"/> Paid employee of an organization or business } (<i>Skip to 6b</i>) 7 <input type="checkbox"/> Paid employee of yours } 8 <input type="checkbox"/> Other } (<i>Go to 6a</i>) 9 <input type="checkbox"/> DK</p>	<p style="text-align: right;">7</p> <p style="text-align: right;">8</p>	
<p>6a. Is this help paid for?</p> <p>----- <i>HAND CARD C2. Read categories if telephone interview.</i></p> <p>b. Who pays for this help? (Anyone else?) <i>Mark (X) all that apply.</i></p> <p>----- <i>Ask if more than one box marked in 6b; if only one, transcribe the number of the box marked without asking.</i></p> <p>c. Who pays for most of this help? Record box number from 6b.</p> <p>----- <i>Ask 6d and e only, if box 00 or 01 marked in 6b; otherwise, skip to 6f.</i></p> <p>d. DURING THE PAST 12 MONTHS, about how much did the family pay for this help? Do not count any money that will be reimbursed by insurance or any other source.</p> <p>e. DURING THE PAST 2 WEEKS, about how much did the family pay for this help? Do not count any money that will be reimbursed by insurance or any other source.</p> <p>----- <i>ASK OR VERIFY:</i></p> <p>g. Is (helper) male or female?</p>	<p>6a.</p> <p>1 <input type="checkbox"/> Yes (<i>Go to 6b</i>) 2 <input type="checkbox"/> No } (<i>Skip to 6f</i>) 9 <input type="checkbox"/> DK</p> <hr/> <p>b.</p> <p>00 <input type="checkbox"/> Parent(s) 10-11 01 <input type="checkbox"/> Family in household 12-13 02 <input type="checkbox"/> Family NOT in household 14-15 03 <input type="checkbox"/> Private health insurance 16-17 04 <input type="checkbox"/> Medicaid 18-19 05 <input type="checkbox"/> Rehabilitation program 20-21 06 <input type="checkbox"/> Parent's employer 22-23 07 <input type="checkbox"/> School system 24-25 08 <input type="checkbox"/> VA program 26-27 09 <input type="checkbox"/> Other military 28-29 10 <input type="checkbox"/> Other private source 30-31 11 <input type="checkbox"/> Other public source 32-33 12 <input type="checkbox"/> No one/Free 34-35 99 <input type="checkbox"/> DK 36-37</p> <hr/> <p>c.</p> <p><input type="text"/> <input type="text"/> Paid most (Number) 99 <input type="checkbox"/> DK 38-39</p> <hr/> <p>d.</p> <p>00000 <input type="checkbox"/> None 40-44</p> <p>\$ _____ 00</p> <p>99999 <input type="checkbox"/> DK</p> <hr/> <p>e.</p> <p>00000 <input type="checkbox"/> None 45-49</p> <p>\$ _____ 00</p> <p>99999 <input type="checkbox"/> DK</p> <hr/> <p>f.</p> <p>1 <input type="checkbox"/> Very satisfied 50 2 <input type="checkbox"/> Somewhat satisfied 3 <input type="checkbox"/> Somewhat dissatisfied 4 <input type="checkbox"/> Very dissatisfied 9 <input type="checkbox"/> DK</p> <hr/> <p>g.</p> <p>1 <input type="checkbox"/> Male 51 2 <input type="checkbox"/> Female 9 <input type="checkbox"/> DK</p>	<p style="text-align: right;">9</p> <p style="text-align: right;">10-11 12-13 14-15 16-17 18-19 20-21 22-23 24-25 26-27 28-29 30-31 32-33 34-35 36-37 38-39</p> <p style="text-align: right;">40-44</p> <p style="text-align: right;">45-49</p> <p style="text-align: right;">50</p> <p style="text-align: right;">51</p>	
<p>7. How many days in the past 2 weeks did (helper) help?</p>	<p>7.</p> <p>00 <input type="checkbox"/> None (<i>Go to 5a for next helper, or A3 on page 8</i>) 52-53</p> <p>_____ Days</p> <p>14 <input type="checkbox"/> All 99 <input type="checkbox"/> DK</p>	<p style="text-align: right;">52-53</p>	
<p>8. How many hours per day did (helper) help in the past 2 weeks?</p>	<p>8.</p> <p>00 <input type="checkbox"/> None 54-56</p> <p>_____ Hours } (<i>Go to 5a for next helper, or A3 on page 8</i>) 96 <input type="checkbox"/> Less than one hour 99 <input type="checkbox"/> DK</p>	<p style="text-align: right;">54-56</p>	

Section A – HOME CARE SERVICES – Continued		RT 14 3-4
ITEM A3	Refer to question 5b for ALL HELPERS in Table H. (Any related household members)	1 <input type="checkbox"/> Box "0" or "1" marked (Go to 9) 2 <input type="checkbox"/> Other (Skip to 10 on page 10)
Respite care for children with special needs is care provided by a person or organization to relieve the parent or family caregivers. It can be provided at your home, someone else's home, a home run by an organization, a facility, or an institution.		6
9a. During the past 12 months, have you used any respite care for (child) so that you or your family could go out for a while, take a break, or go on vacation?		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK
b. During the past 12 months, have you NEEDED any (additional) respite care for (child)?		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK
ITEM A4	Refer to question 9a. (Respite care in past 12 months)	1 <input type="checkbox"/> "Yes" in 9a (Go to 9c) 2 <input type="checkbox"/> Other (Skip to 10 on page 10)
Ask 9c(1)–(5) before going to 9d–f.		8
9c. Was any of this respite care in the past 12 months provided by —		Ask 9d–f for each provider marked "Yes" in 9c.
(1) A relative, friend, or neighbor?	1 <input type="checkbox"/> Yes <input type="checkbox"/> 9 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	(1) _____ Days (Number) 99 <input type="checkbox"/> DK
(2) An unpaid volunteer from an organization or business?	1 <input type="checkbox"/> Yes <input type="checkbox"/> 19 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	(2) _____ Days (Number) 99 <input type="checkbox"/> DK
(3) A paid employee of an organization or business?	1 <input type="checkbox"/> Yes <input type="checkbox"/> 29 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	(3) _____ Days (Number) 99 <input type="checkbox"/> DK
(4) A paid employee of yours?	1 <input type="checkbox"/> Yes <input type="checkbox"/> 39 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	(4) _____ Days (Number) 99 <input type="checkbox"/> DK
(5) Any other source?	1 <input type="checkbox"/> Yes <input type="checkbox"/> 49 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	(5) _____ Days (Number) 99 <input type="checkbox"/> DK
Notes		

Section A - HOME CARE SERVICES - Continued

Read categories if necessary.

9e. On the day(s) that you used this care, on the average how many hours did you use it?

Round fractions to the nearest whole hour.

- (1)** 1 Less than 1 hour
 2 1-2 hours
 3 3-11 hours
 4 12-24 hours
 9 DK

12

9f. Where was this care provided?

Anywhere else?

Mark (X) all that apply

- (1)** 1 Child's home
 2 Home run by organization
 3 Other private home
 4 Facility or institution
 5 Other
 9 DK

- 13
14
15
16
17
18

- (2)** 1 Less than 1 hour
 2 1-2 hours
 3 3-11 hours
 4 12-24 hours
 9 DK

22

- (2)** 1 Child's home
 2 Home run by organization
 3 Other private home
 4 Facility or institution
 5 Other
 9 DK

- 23
24
25
26
27
28

- (3)** 1 Less than 1 hour
 2 1-2 hours
 3 3-11 hours
 4 12-24 hours
 9 DK

32

- (3)** 1 Child's home
 2 Home run by organization
 3 Other private home
 4 Facility or institution
 5 Other
 9 DK

- 33
34
35
36
37
38

- (4)** 1 Less than 1 hour
 2 1-2 hours
 3 3-11 hours
 4 12-24 hours
 9 DK

42

- (4)** 1 Child's home
 2 Home run by organization
 3 Other private home
 4 Facility or institution
 5 Other
 9 DK

- 43
44
45
46
47
48

- (5)** 1 Less than 1 hour
 2 1-2 hours
 3 3-11 hours
 4 12-24 hours
 9 DK

52

- (5)** 1 Child's home
 2 Home run by organization
 3 Other private home
 4 Facility or institution
 5 Other
 9 DK

- 53
54
55
56
57
58

Notes

Section A - HOME CARE SERVICES - Continued

<p>10. Does (child's) health require that [he/she] be left only with a person trained to handle MEDICAL EMERGENCIES or perform special procedures?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p>	<p>59</p>
<p>11a. Does (child) regularly receive any shots or injections at home?</p>	<p>1 <input type="checkbox"/> Yes (Go to 11b) 2 <input type="checkbox"/> No } (Skip to 12) 9 <input type="checkbox"/> DK }</p>	<p>60</p>
<p>b. Who gives the shots? Anyone else? Mark (X) all that apply.</p>	<p>1 <input type="checkbox"/> Parent 2 <input type="checkbox"/> Child (him/herself) 3 <input type="checkbox"/> Doctor/Nurse 4 <input type="checkbox"/> Other 9 <input type="checkbox"/> DK</p>	<p>61 62 63 64 65</p>
<p><i>HAND CARD C4. Read categories if telephone interview.</i></p> <p>12. Did you have any of these problems trying to get help at home for (child) during the past 12 months? (Anything else?) Mark (X) all that apply.</p>	<p>00 <input type="checkbox"/> Did not try to get home care services 01 <input type="checkbox"/> Service not available 02 <input type="checkbox"/> Had trouble finding the right kind of service 03 <input type="checkbox"/> Medicaid not accepted 04 <input type="checkbox"/> Insurance did not cover 05 <input type="checkbox"/> Too expensive/can't afford 06 <input type="checkbox"/> Difficulty arranging it 07 <input type="checkbox"/> Helpers not reliable 08 <input type="checkbox"/> Helpers not properly trained or equipped 09 <input type="checkbox"/> Helpers hours not convenient 10 <input type="checkbox"/> Could not take off from work to arrange it 11 <input type="checkbox"/> Other problem 12 <input type="checkbox"/> No problem getting help 99 <input type="checkbox"/> DK</p>	<p>66-67 68-69 70-71 72-73 74-75 76-77 78-79 80-81 82-83 84-85 86-87 88-89 90-91 92-93</p>

Notes

Section B – WORK/CHILD CARE		RT 15
		3-4
1a. Have you worked at a job or business for pay in the past month?	<input type="checkbox"/> 1 Yes (<i>Go to 1b</i>) <input type="checkbox"/> 2 No (<i>Skip to 2</i>)	5
b. How many hours do you usually work each week?	_____ Number of hours worked each week <input type="checkbox"/> 99 DK	6-7
2a. Did you attend school in the past month?	<input type="checkbox"/> 1 Yes (<i>Go to 2b</i>) <input type="checkbox"/> 2 No (<i>Skip to Item B1</i>)	8
b. How many hours do you usually attend school each week?	_____ Number of hours in school each week <input type="checkbox"/> 99 DK	9-10
ITEM B1 <i>Refer to questions 1a and 2a above. (Work and/or attend school)</i>	<input type="checkbox"/> 1 "Yes" in 1a or 2a (<i>Go to Item B2</i>) <input type="checkbox"/> 2 All other (<i>Skip to Section C on page 12</i>)	11
ITEM B2 <i>Refer to child's age on label.</i>	<input type="checkbox"/> 1 3 + years old (<i>Go to 3</i>) <input type="checkbox"/> 2 Other (<i>Skip to 4</i>)	12
3. Did (child) attend school during the past month? (Include preschool, nursery school, and kindergarten, as well as regular schools.)	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> 9 DK	13
4a. (Not counting (child's) regular school hours) who took care of (child) MOST OFTEN when you were at [work/(or) school] during the past month? <i>Mark (X) only one.</i>	<input type="checkbox"/> 01 MOTHER/FATHER only works during school hours <input type="checkbox"/> 02 MOTHER cares for child <input type="checkbox"/> 03 FATHER cares for child <input type="checkbox"/> 04 CHILD cares for self (<i>Go to 4b</i>) <input type="checkbox"/> 05 OTHER RELATIVES care for child (<i>Skip to 4c</i>) <input type="checkbox"/> 06 UNRELATED BABYSITTER (<i>Skip to 4d</i>) <input type="checkbox"/> 07 Care provided at SCHOOL <input type="checkbox"/> 08 DAY CARE CENTER <input type="checkbox"/> 09 DAY CAMP <input type="checkbox"/> 10 Other (<i>Skip to 4d</i>) <input type="checkbox"/> 99 DK (<i>Skip to Section C on page 12</i>)	14-15
b. Approximately how many hours did (child) take care of [himself/herself] LAST WEEK?	<input type="checkbox"/> 00 None _____ Number of hours <input type="checkbox"/> 99 DK	16-17
c. How is this person related to (child)?	<input type="checkbox"/> 1 Brother/sister <input type="checkbox"/> 2 Grandparent <input type="checkbox"/> 3 Other <input type="checkbox"/> 9 DK	18
d. Where was (child) cared for most often, at home or somewhere else?	<input type="checkbox"/> 1 Child's home <input type="checkbox"/> 2 Somewhere else <input type="checkbox"/> 9 DK	19
e. Approximately how many hours was (child) cared for by (answer in 4a) while you [worked/(or) went to school] LAST WEEK?	<input type="checkbox"/> 00 None _____ Number of hours <input type="checkbox"/> 99 DK	20-21
f. Do you pay for this child care?	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> 9 DK	22
g. How satisfied are you with this child care? Are you very satisfied, somewhat satisfied, somewhat dissatisfied, or very dissatisfied?	<input type="checkbox"/> 1 Very satisfied <input type="checkbox"/> 2 Somewhat satisfied <input type="checkbox"/> 3 Somewhat dissatisfied <input type="checkbox"/> 4 Very dissatisfied <input type="checkbox"/> 9 DK	23

Section C - MEDICAL SERVICES

<p>The following questions concern medical care for <i>(child)</i>. Do not count visits for counseling or mental health therapy.</p> <p>1. During the past 12 months, has <i>(child)</i> had ANY visits to a doctor's office, clinic, hospital, or some other place for health care?</p>	<p style="text-align: right;">24</p> <p>1 <input type="checkbox"/> Yes (Go to 2) 2 <input type="checkbox"/> No } (Skip to Section D on page 13) 9 <input type="checkbox"/> DK }</p>
<p><i>HAND CARD C5. Read categories if telephone interview.</i></p> <p>2. Why did <i>(child)</i> LAST go to a clinic, health center, hospital, doctor's office, or other medical facility?</p> <p>(Anything else?)</p> <p><i>Mark (X) all that apply.</i></p>	<p style="text-align: right;">25 26 27 28 29</p> <p>1 <input type="checkbox"/> Well child care such as a physical or immunization 2 <input type="checkbox"/> Care for an illness, injury or specific condition 3 <input type="checkbox"/> Consultation 4 <input type="checkbox"/> Other 9 <input type="checkbox"/> DK</p>
<p>3. During the past 12 months, how many times has <i>(child)</i> been to a hospital emergency room?</p>	<p style="text-align: right;">30-31</p> <p>00 <input type="checkbox"/> None</p> <p style="text-align: center;">____ Times (Number)</p> <p>99 <input type="checkbox"/> DK</p>
<p>4. During the past 12 months, has <i>(child)</i> received any treatments AT A HOSPITAL ON A REGULAR BASIS?</p> <p><i>Read if necessary: For example, dialysis, IV treatments, radiation treatments, chemotherapy, transfusions, or physical therapy.</i></p>	<p style="text-align: right;">32</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p>
<p>Notes</p>	

Section D – ASSISTIVE DEVICES AND TECHNOLOGIES

The next questions are about medical devices and implants.

Ask 1a–o before going to 2.

Ask for each "Yes" in 1.

1. In the past 12 months, did (child) use any of the following medical devices or supplies?

2. Did (child) use (device) in the past two weeks?

	Yes	No	DK		Yes	No	DK	
a. A tracheotomy tube?	a. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	5	a. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	6
b. A respirator?	b. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	7	b. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	8
c. An ostomy bag?	c. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	9	c. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	10
d. Catheterization equipment?	d. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	11	d. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	12
e. A glucose monitor?	e. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	13	e. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	14
f. Diabetic equipment or supplies?	f. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	15	f. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	16
g. An inhaler?	g. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	17	g. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	18
h. A nebulizer?	h. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	19	h. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	20
i. A hearing aid?	i. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	21	i. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	22
j. A feeding tube?	j. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	23	j. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	24
k. A wheelchair?	k. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	25	k. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	26
l. A scooter?	l. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	27	l. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	28
m. Crutches?	m. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	29	m. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	30
n. A Cane?	n. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	31	n. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	32
o. A Walker?	o. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	33	o. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	34

ITEM D1

Refer to question 1 above.
(Devices used in the past 12 months)

1 Yes, one or more used (Go to 3)
2 Other (Skip to 4)

3. During the past 12 months, about how much did the family pay for [this device/these devices]? Do not include money reimbursed by insurance or any other source.

00000 None

\$ _____ 00

99999 DK

4. Does (child) now have any of the following implants?

	Yes	No	DK	
a. An ear vent tube?	a. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	41
b. Any shunt that drains away fluid?	b. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	42
c. An artificial joint?	c. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	43
d. Implanted lens?	d. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	44
e. Implanted pin, screw, nail, wire, rod, or plate?	e. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	45
f. An artificial heart valve?	f. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	46
g. A pacemaker?	g. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	47
h. Silicone implant?	h. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	48
i. Infusion pump?	i. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	49
j. A cochlear (kōk'lē-ər) implant?	j. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	50
k. Any other organ implant?	k. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	51

Notes

	A	B
Section E - OTHER SERVICES	A	B
The next questions are about other services (child) may have received.	01 A physical therapist	02 An occupational therapist
1a. During the past 12 months, did (child) receive any services from _____?	1 <input type="checkbox"/> Yes (Skip to 2a) 7 2 <input type="checkbox"/> No } (Go to 1b) 9 <input type="checkbox"/> DK }	1 <input type="checkbox"/> Yes (Skip to 2a) 7 2 <input type="checkbox"/> No } (Go to 1b) 9 <input type="checkbox"/> DK }
b. Did (child) need the services of _____ in the past 12 months?	1 <input type="checkbox"/> Yes (Skip to 5) 8 2 <input type="checkbox"/> No } (Go to 1 for next service) 9 <input type="checkbox"/> DK }	1 <input type="checkbox"/> Yes (Skip to 5) 8 2 <input type="checkbox"/> No } (Go to 1 for next service) 9 <input type="checkbox"/> DK }
2a. During the past 12 months, in how many months did (child) receive services from _____?	_____ Months 9-10 (Number) 99 <input type="checkbox"/> DK	_____ Months 9-10 (Number) 99 <input type="checkbox"/> DK
b. What was the total number of times (child) received services from _____ during [that/those] month(s)?	_____ Times 11-12 (Number) 99 <input type="checkbox"/> DK	_____ Times 11-12 (Number) 99 <input type="checkbox"/> DK
<i>HAND CARD C2. Read categories if telephone interview.</i>		
3a. Who paid or will pay for the services (child) received from _____ in the past 12 months? (Anyone else?) <i>Mark (X) all that apply.</i>	3a. 00 <input type="checkbox"/> Parent(s) 13-14 01 <input type="checkbox"/> Family in household 15-16 02 <input type="checkbox"/> Family NOT in household 17-18 03 <input type="checkbox"/> Private health insurance 19-20 04 <input type="checkbox"/> Medicaid 21-22 05 <input type="checkbox"/> Rehabilitation program 23-24 06 <input type="checkbox"/> Parent's employer 25-26 07 <input type="checkbox"/> School system 27-28 08 <input type="checkbox"/> VA program 29-30 09 <input type="checkbox"/> Other military 31-32 10 <input type="checkbox"/> Other private source 33-34 11 <input type="checkbox"/> Other public source 35-36 12 <input type="checkbox"/> No one/ Free } (Skip to 4) 37-38 99 <input type="checkbox"/> DK } 39-40	3a. 00 <input type="checkbox"/> Parent(s) 13-14 01 <input type="checkbox"/> Family in household 15-16 02 <input type="checkbox"/> Family NOT in household 17-18 03 <input type="checkbox"/> Private health insurance 19-20 04 <input type="checkbox"/> Medicaid 21-22 05 <input type="checkbox"/> Rehabilitation program 23-24 06 <input type="checkbox"/> Parent's employer 25-26 07 <input type="checkbox"/> School system 27-28 08 <input type="checkbox"/> VA program 29-30 09 <input type="checkbox"/> Other military 31-32 10 <input type="checkbox"/> Other private source 33-34 11 <input type="checkbox"/> Other public source 35-36 12 <input type="checkbox"/> No one/ Free } (Skip to 4) 37-38 99 <input type="checkbox"/> DK } 39-40
b. Who paid most of the cost for the services received from _____ in the past 12 months? Record number of main source. <i>Ask if more than one box marked in 3a. If only one, transcribe number of box marked without asking.</i>	b. <input type="checkbox"/> <input type="checkbox"/> Paid most (Number) 99 <input type="checkbox"/> DK 41-42	b. <input type="checkbox"/> <input type="checkbox"/> Paid most (Number) 99 <input type="checkbox"/> DK 41-42
c. DURING THE PAST 12 MONTHS, about how much did (child's) family pay for the services received from _____? Do not count any money that has been or will be reimbursed by insurance or any other source. <i>Ask only if box 00 or 01 marked in 3a; otherwise, skip to 4.</i>	c. 00000 <input type="checkbox"/> None (Skip to 4) 43-47 \$ _____ 00 99999 <input type="checkbox"/> DK	c. 00000 <input type="checkbox"/> None (Skip to 4) 43-47 \$ _____ 00 99999 <input type="checkbox"/> DK
d. DURING THE PAST 2 WEEKS, about how much did the family pay for services from _____?	d. 00000 <input type="checkbox"/> None 48-52 \$ _____ 00 99999 <input type="checkbox"/> DK	d. 00000 <input type="checkbox"/> None 48-52 \$ _____ 00 99999 <input type="checkbox"/> DK
4. During (month) did (child) receive services from _____?	4. 1 <input type="checkbox"/> Yes (Skip to 1 for next service) 53 2 <input type="checkbox"/> No (Go to 5) 9 <input type="checkbox"/> DK (Skip to 1 for next service)	4. 1 <input type="checkbox"/> Yes (Skip to 1 for next service) 53 2 <input type="checkbox"/> No (Go to 5) 9 <input type="checkbox"/> DK (Skip to 1 for next service)
<i>HAND CARD A7. Read categories if telephone interview.</i>		
5. Why didn't (child) receive services from _____ [in (month)] in the past 12 months? (Anything else?) <i>Mark (X) all that apply.</i>	5. 00 <input type="checkbox"/> Didn't need services 54-55 01 <input type="checkbox"/> Provider thinks no longer needed 56-57 02 <input type="checkbox"/> Too expensive/ can't afford 58-59 03 <input type="checkbox"/> Insurance doesn't cover 60-61 04 <input type="checkbox"/> Insurance no longer covers 62-63 05 <input type="checkbox"/> No longer on Medicaid 64-65 06 <input type="checkbox"/> Provider not available 66-67 07 <input type="checkbox"/> Didn't like provider 68-69 08 <input type="checkbox"/> Transportation problems 70-71 09 <input type="checkbox"/> Could not take time off from work 72-73 10 <input type="checkbox"/> Other 74-75 99 <input type="checkbox"/> DK 76-77	5. 00 <input type="checkbox"/> Didn't need services 54-55 01 <input type="checkbox"/> Provider thinks no longer needed 58-57 02 <input type="checkbox"/> Too expensive/ can't afford 58-59 03 <input type="checkbox"/> Insurance doesn't cover 60-61 04 <input type="checkbox"/> Insurance no longer covers 62-63 05 <input type="checkbox"/> No longer on Medicaid 64-65 06 <input type="checkbox"/> Provider not available 66-67 07 <input type="checkbox"/> Didn't like provider 68-69 08 <input type="checkbox"/> Transportation problems 70-71 09 <input type="checkbox"/> Could not take time off from work 72-73 10 <input type="checkbox"/> Other 74-75 99 <input type="checkbox"/> DK 76-77

C		RT 17	D		RT 17	E		RT 17	F		RT 17
03 An audiologist		3-4	04 A speech therapist or pathologist		3-4	05 A recreational therapist		3-4	06 A visiting nurse		3-4
1a.		7	1a.		7	1a.		7	1a.		7
1 <input type="checkbox"/> Yes (Skip to 2a)		} (Go to 1b)	1 <input type="checkbox"/> Yes (Skip to 2a)		} (Go to 1b)	1 <input type="checkbox"/> Yes (Skip to 2a)		} (Go to 1b)	1 <input type="checkbox"/> Yes (Skip to 2a)		} (Go to 1b)
2 <input type="checkbox"/> No			2 <input type="checkbox"/> No			2 <input type="checkbox"/> No			2 <input type="checkbox"/> No		
9 <input type="checkbox"/> DK			9 <input type="checkbox"/> DK			9 <input type="checkbox"/> DK			9 <input type="checkbox"/> DK		
b.		8	b.		8	b.		8	b.		8
1 <input type="checkbox"/> Yes (Skip to 5)		} (Go to 1 for next service)	1 <input type="checkbox"/> Yes (Skip to 5)		} (Go to 1 for next service)	1 <input type="checkbox"/> Yes (Skip to 5)		} (Go to 1 for next service)	1 <input type="checkbox"/> Yes (Skip to 5)		} (Go to 1 for next service on page 16)
2 <input type="checkbox"/> No			2 <input type="checkbox"/> No			2 <input type="checkbox"/> No			2 <input type="checkbox"/> No		
9 <input type="checkbox"/> DK			9 <input type="checkbox"/> DK			9 <input type="checkbox"/> DK			9 <input type="checkbox"/> DK		
2a.		9-10	2a.		9-10	2a.		9-10	2a.		9-10
____ Months (Number)		} (Go to 1b)	____ Months (Number)		} (Go to 1b)	____ Months (Number)		} (Go to 1b)	____ Months (Number)		} (Go to 1b)
99 <input type="checkbox"/> DK			99 <input type="checkbox"/> DK			99 <input type="checkbox"/> DK			99 <input type="checkbox"/> DK		
b.		11-12	b.		11-12	b.		11-12	b.		11-12
____ Times (Number)		} (Go to 1b)	____ Times (Number)		} (Go to 1b)	____ Times (Number)		} (Go to 1b)	____ Times (Number)		} (Go to 1b)
99 <input type="checkbox"/> DK			99 <input type="checkbox"/> DK			99 <input type="checkbox"/> DK			99 <input type="checkbox"/> DK		
3a.		13-14	3a.		13-14	3a.		13-14	3a.		13-14
00 <input type="checkbox"/> Parent(s)		} (Skip to 4)	00 <input type="checkbox"/> Parent(s)		} (Skip to 4)	00 <input type="checkbox"/> Parent(s)		} (Skip to 4)	00 <input type="checkbox"/> Parent(s)		} (Skip to 4)
01 <input type="checkbox"/> Family in household			01 <input type="checkbox"/> Family in household			01 <input type="checkbox"/> Family in household			01 <input type="checkbox"/> Family in household		
02 <input type="checkbox"/> Family NOT in household			02 <input type="checkbox"/> Family NOT in household			02 <input type="checkbox"/> Family NOT in household			02 <input type="checkbox"/> Family NOT in household		
03 <input type="checkbox"/> Private health insurance			03 <input type="checkbox"/> Private health insurance			03 <input type="checkbox"/> Private health insurance			03 <input type="checkbox"/> Private health insurance		
04 <input type="checkbox"/> Medicaid			04 <input type="checkbox"/> Medicaid			04 <input type="checkbox"/> Medicaid			04 <input type="checkbox"/> Medicaid		
05 <input type="checkbox"/> Rehabilitation program			05 <input type="checkbox"/> Rehabilitation program			05 <input type="checkbox"/> Rehabilitation program			05 <input type="checkbox"/> Rehabilitation program		
06 <input type="checkbox"/> Parent's employer			06 <input type="checkbox"/> Parent's employer			06 <input type="checkbox"/> Parent's employer			06 <input type="checkbox"/> Parent's employer		
07 <input type="checkbox"/> School system			07 <input type="checkbox"/> School system			07 <input type="checkbox"/> School system			07 <input type="checkbox"/> School system		
08 <input type="checkbox"/> VA program			08 <input type="checkbox"/> VA program			08 <input type="checkbox"/> VA program			08 <input type="checkbox"/> VA program		
09 <input type="checkbox"/> Other military			09 <input type="checkbox"/> Other military			09 <input type="checkbox"/> Other military			09 <input type="checkbox"/> Other military		
10 <input type="checkbox"/> Other private source			10 <input type="checkbox"/> Other private source			10 <input type="checkbox"/> Other private source			10 <input type="checkbox"/> Other private source		
11 <input type="checkbox"/> Other public source			11 <input type="checkbox"/> Other public source			11 <input type="checkbox"/> Other public source			11 <input type="checkbox"/> Other public source		
12 <input type="checkbox"/> No one/Free		12 <input type="checkbox"/> No one/Free		12 <input type="checkbox"/> No one/Free		12 <input type="checkbox"/> No one/Free					
99 <input type="checkbox"/> DK		99 <input type="checkbox"/> DK		99 <input type="checkbox"/> DK		99 <input type="checkbox"/> DK					
b.		41-42	b.		41-42	b.		41-42	b.		41-42
____ Paid most (Number)		} (Skip to 4)	____ Paid most (Number)		} (Skip to 4)	____ Paid most (Number)		} (Skip to 4)	____ Paid most (Number)		} (Skip to 4)
99 <input type="checkbox"/> DK			99 <input type="checkbox"/> DK			99 <input type="checkbox"/> DK			99 <input type="checkbox"/> DK		
c.		43-47	c.		43-47	c.		43-47	c.		43-47
00000 <input type="checkbox"/> None (Skip to 4)		} (Skip to 4)	00000 <input type="checkbox"/> None (Skip to 4)		} (Skip to 4)	00000 <input type="checkbox"/> None (Skip to 4)		} (Skip to 4)	00000 <input type="checkbox"/> None (Skip to 4)		} (Skip to 4)
\$ _____			\$ _____			\$ _____			\$ _____		
99999 <input type="checkbox"/> DK		99999 <input type="checkbox"/> DK		99999 <input type="checkbox"/> DK		99999 <input type="checkbox"/> DK		99999 <input type="checkbox"/> DK		99999 <input type="checkbox"/> DK	
d.		48-52	d.		48-52	d.		48-52	d.		48-52
00000 <input type="checkbox"/> None		} (Skip to 4)	00000 <input type="checkbox"/> None		} (Skip to 4)	00000 <input type="checkbox"/> None		} (Skip to 4)	00000 <input type="checkbox"/> None		} (Skip to 4)
\$ _____			\$ _____			\$ _____			\$ _____		
99999 <input type="checkbox"/> DK		99999 <input type="checkbox"/> DK		99999 <input type="checkbox"/> DK		99999 <input type="checkbox"/> DK		99999 <input type="checkbox"/> DK		99999 <input type="checkbox"/> DK	
4.		53	4.		53	4.		53	4.		53
1 <input type="checkbox"/> Yes (Skip to 1 for next service)		} (Skip to 1 for next service)	1 <input type="checkbox"/> Yes (Skip to 1 for next service)		} (Skip to 1 for next service)	1 <input type="checkbox"/> Yes (Skip to 1 for next service)		} (Skip to 1 for next service)	1 <input type="checkbox"/> Yes (Skip to 1 for next service on page 16)		} (Skip to 1 for next service on page 16)
2 <input type="checkbox"/> No (Go to 5)			2 <input type="checkbox"/> No (Go to 5)			2 <input type="checkbox"/> No (Go to 5)			2 <input type="checkbox"/> No (Go to 5)		
9 <input type="checkbox"/> DK (Skip to 1 for next service)			9 <input type="checkbox"/> DK (Skip to 1 for next service)			9 <input type="checkbox"/> DK (Skip to 1 for next service)			9 <input type="checkbox"/> DK (Skip to 1 for next service on page 16)		
5.		54-55	5.		54-55	5.		54-55	5.		54-55
00 <input type="checkbox"/> Didn't need services		} (Skip to 1 for next service)	00 <input type="checkbox"/> Didn't need services		} (Skip to 1 for next service)	00 <input type="checkbox"/> Didn't need services		} (Skip to 1 for next service)	00 <input type="checkbox"/> Didn't need services		} (Skip to 1 for next service on page 16)
01 <input type="checkbox"/> Provider thinks no longer needed			01 <input type="checkbox"/> Provider thinks no longer needed			01 <input type="checkbox"/> Provider thinks no longer needed			01 <input type="checkbox"/> Provider thinks no longer needed		
02 <input type="checkbox"/> Too expensive/can't afford			02 <input type="checkbox"/> Too expensive/can't afford			02 <input type="checkbox"/> Too expensive/can't afford			02 <input type="checkbox"/> Too expensive/can't afford		
03 <input type="checkbox"/> Insurance doesn't cover			03 <input type="checkbox"/> Insurance doesn't cover			03 <input type="checkbox"/> Insurance doesn't cover			03 <input type="checkbox"/> Insurance doesn't cover		
04 <input type="checkbox"/> Insurance no longer covers			04 <input type="checkbox"/> Insurance no longer covers			04 <input type="checkbox"/> Insurance no longer covers			04 <input type="checkbox"/> Insurance no longer covers		
05 <input type="checkbox"/> No longer on Medicaid			05 <input type="checkbox"/> No longer on Medicaid			05 <input type="checkbox"/> No longer on Medicaid			05 <input type="checkbox"/> No longer on Medicaid		
06 <input type="checkbox"/> Provider not available			06 <input type="checkbox"/> Provider not available			06 <input type="checkbox"/> Provider not available			06 <input type="checkbox"/> Provider not available		
07 <input type="checkbox"/> Didn't like provider			07 <input type="checkbox"/> Didn't like provider			07 <input type="checkbox"/> Didn't like provider			07 <input type="checkbox"/> Didn't like provider		
08 <input type="checkbox"/> Transportation problems			08 <input type="checkbox"/> Transportation problems			08 <input type="checkbox"/> Transportation problems			08 <input type="checkbox"/> Transportation problems		
09 <input type="checkbox"/> Could not take time off from work			09 <input type="checkbox"/> Could not take time off from work			09 <input type="checkbox"/> Could not take time off from work			09 <input type="checkbox"/> Could not take time off from work		
10 <input type="checkbox"/> Other			10 <input type="checkbox"/> Other			10 <input type="checkbox"/> Other			10 <input type="checkbox"/> Other		
99 <input type="checkbox"/> DK			99 <input type="checkbox"/> DK			99 <input type="checkbox"/> DK			99 <input type="checkbox"/> DK		

Section E - OTHER SERVICES - Continued		RT 17		RT 17	
		G		H	
		3-4		3-4	
		07 A personal care attendant (other than family or a friend)		08 A reader or interpreter	
		5-6		5-6	
1a. During the past 12 months, did (child) receive any services from ____?		1a. 1 <input type="checkbox"/> Yes (Skip to 2a) 2 <input type="checkbox"/> No (Go to 1b) 9 <input type="checkbox"/> DK		1a. 1 <input type="checkbox"/> Yes (Skip to 2a) 2 <input type="checkbox"/> No (Go to 1b) 9 <input type="checkbox"/> DK	
		7		7	
b. Did (child) need the services of ____ in the past 12 months?		b. 1 <input type="checkbox"/> Yes (Skip to 5) 2 <input type="checkbox"/> No (Go to 1 for next service) 9 <input type="checkbox"/> DK		b. 1 <input type="checkbox"/> Yes (Skip to 5) 2 <input type="checkbox"/> No (Go to 1 for next service) 9 <input type="checkbox"/> DK	
		8		8	
2a. During the past 12 months, in how many months did (child) receive services from ____?		2a. _____ Months (Number) 99 <input type="checkbox"/> DK		2a. _____ Months (Number) 99 <input type="checkbox"/> DK	
		9-10		9-10	
b. What was the total number of times (child) received services from ____ during [that/those] months?		b. _____ Times (Number) 99 <input type="checkbox"/> DK		b. _____ Times (Number) 99 <input type="checkbox"/> DK	
		11-12		11-12	
HAND CARD C2. Read categories if telephone interview.					
3a. Who paid or will pay for the services (child) received from ____ in the past 12 months? (Anyone else?) Mark (X) all that apply.		3a. 00 <input type="checkbox"/> Parent(s) 01 <input type="checkbox"/> Family in household 02 <input type="checkbox"/> Family NOT in household 03 <input type="checkbox"/> Private health insurance 04 <input type="checkbox"/> Medicaid 05 <input type="checkbox"/> Rehabilitation program 06 <input type="checkbox"/> Parent's employer 07 <input type="checkbox"/> School system 08 <input type="checkbox"/> VA program 09 <input type="checkbox"/> Other military 10 <input type="checkbox"/> Other private source 11 <input type="checkbox"/> Other public source 12 <input type="checkbox"/> No one/Free 99 <input type="checkbox"/> DK		3a. 00 <input type="checkbox"/> Parent(s) 01 <input type="checkbox"/> Family in household 02 <input type="checkbox"/> Family NOT in household 03 <input type="checkbox"/> Private health insurance 04 <input type="checkbox"/> Medicaid 05 <input type="checkbox"/> Rehabilitation program 06 <input type="checkbox"/> Parent's employer 07 <input type="checkbox"/> School system 08 <input type="checkbox"/> VA program 09 <input type="checkbox"/> Other military 10 <input type="checkbox"/> Other private source 11 <input type="checkbox"/> Other public source 12 <input type="checkbox"/> No one/Free 99 <input type="checkbox"/> DK	
		13-14 15-16 17-18 19-20 21-22 23-24 25-26 27-28 29-30 31-32 33-34 35-36 37-38 39-40		13-14 15-16 17-18 19-20 21-22 23-24 25-26 27-28 29-30 31-32 33-34 35-36 37-38 39-40	
Ask if more than one box marked in 3a. If only one, transcribe number of box marked without asking.					
b. Who paid most of the cost for the services received from ____ in the past 12 months? Record number of main source.		b. <input type="checkbox"/> Paid most (Number) 99 <input type="checkbox"/> DK		b. <input type="checkbox"/> Paid most (Number) 99 <input type="checkbox"/> DK	
		41-42		41-42	
Ask only if box 00 or 01 marked in 3a; otherwise, skip to 4.					
c. DURING THE PAST 12 MONTHS, about how much did (child's) family pay for the services received from ____? Do not count any money that has been or will be reimbursed by insurance or any other source.		c. 00000 <input type="checkbox"/> None (Skip to 4) \$ _____ 99999 <input type="checkbox"/> DK		c. 00000 <input type="checkbox"/> None (Skip to 4) \$ _____ 99999 <input type="checkbox"/> DK	
		43-47		43-47	
d. DURING THE PAST 2 WEEKS, about how much did the family pay for services from ____?		d. 00000 <input type="checkbox"/> None \$ _____ 99999 <input type="checkbox"/> DK		d. 00000 <input type="checkbox"/> None \$ _____ 99999 <input type="checkbox"/> DK	
		48-52		48-52	
4. During (month) did (child) receive services from ____?		4. 1 <input type="checkbox"/> Yes (Skip to 1 for next service) 2 <input type="checkbox"/> No (Go to 5) 9 <input type="checkbox"/> DK (Skip to 1 for next service)		4. 1 <input type="checkbox"/> Yes (Skip to 1 for next service) 2 <input type="checkbox"/> No (Go to 5) 9 <input type="checkbox"/> DK (Skip to 1 for next service)	
		53		53	
HAND CARD A7. Read categories if telephone interview.					
5. Why didn't (child) receive services from ____ [in (month)] in the past 12 months? (Anything else?) Mark (X) all that apply.		5. 00 <input type="checkbox"/> Didn't need services 01 <input type="checkbox"/> Provider thinks no longer needed 02 <input type="checkbox"/> Too expensive/can't afford 03 <input type="checkbox"/> Insurance doesn't cover 04 <input type="checkbox"/> Insurance no longer covers 05 <input type="checkbox"/> No longer on Medicaid 06 <input type="checkbox"/> Provider not available 07 <input type="checkbox"/> Didn't like provider 08 <input type="checkbox"/> Transportation problems 09 <input type="checkbox"/> Could not take time off from work 10 <input type="checkbox"/> Other 99 <input type="checkbox"/> DK		5. 00 <input type="checkbox"/> Didn't need services 01 <input type="checkbox"/> Provider thinks no longer needed 02 <input type="checkbox"/> Too expensive/can't afford 03 <input type="checkbox"/> Insurance doesn't cover 04 <input type="checkbox"/> Insurance no longer covers 05 <input type="checkbox"/> No longer on Medicaid 06 <input type="checkbox"/> Provider not available 07 <input type="checkbox"/> Didn't like provider 08 <input type="checkbox"/> Transportation problems 09 <input type="checkbox"/> Could not take time off from work 10 <input type="checkbox"/> Other 99 <input type="checkbox"/> DK	
		54-55 56-57 58-59 60-61 62-63 64-65 66-67 68-69 70-71 72-73 74-75 76-77		54-55 56-57 58-59 60-61 62-63 64-65 66-67 68-69 70-71 72-73 74-75 76-77	

		RT 17
I		3-4
		Notes
09 Home visits from a doctor		5-6
1a.	1 <input type="checkbox"/> Yes (Skip to 2a)	7
	2 <input type="checkbox"/> No } (Go to 1b)	
	9 <input type="checkbox"/> DK }	
b.	1 <input type="checkbox"/> Yes (Skip to 5)	8
	2 <input type="checkbox"/> No } (Go to 1 for next service on page 18)	
	9 <input type="checkbox"/> DK }	
2a.	_____ Months (Number)	9-10
	99 <input type="checkbox"/> DK	
b.	_____ Times (Number)	11-12
	99 <input type="checkbox"/> DK	
3a.	00 <input type="checkbox"/> Parent(s)	13-14
	01 <input type="checkbox"/> Family in household	15-16
	02 <input type="checkbox"/> Family NOT in household	17-18
	03 <input type="checkbox"/> Private health insurance	19-20
	04 <input type="checkbox"/> Medicaid	21-22
	05 <input type="checkbox"/> Rehabilitation program	23-24
	06 <input type="checkbox"/> Parent's employer	25-26
	07 <input type="checkbox"/> School system	27-28
	08 <input type="checkbox"/> VA program	29-30
	09 <input type="checkbox"/> Other military	31-32
	10 <input type="checkbox"/> Other private source	33-34
	11 <input type="checkbox"/> Other public source	35-36
12 <input type="checkbox"/> No one/Free } (Skip to 4)	37-38	
99 <input type="checkbox"/> DK }	39-40	
		41-42
b.	<input type="checkbox"/> Paid most (Number)	
	99 <input type="checkbox"/> DK	
c.	00000 <input type="checkbox"/> None (Skip to 4)	43-47
	\$ _____	00
		99999 <input type="checkbox"/> DK
d.	00000 <input type="checkbox"/> None	48-52
	\$ _____	00
		99999 <input type="checkbox"/> DK
4.	1 <input type="checkbox"/> Yes (Skip to 1 for next service on page 18)	53
	2 <input type="checkbox"/> No (Go to 5)	
	9 <input type="checkbox"/> DK (Skip to 1 for next service on page 18)	
5.	00 <input type="checkbox"/> Didn't need services	54-55
	01 <input type="checkbox"/> Provider thinks no longer needed	56-57
	02 <input type="checkbox"/> Too expensive/can't afford	58-59
	03 <input type="checkbox"/> Insurance doesn't cover	60-61
	04 <input type="checkbox"/> Insurance no longer covers	62-63
	05 <input type="checkbox"/> No longer on Medicaid	64-65
	06 <input type="checkbox"/> Provider not available	66-67
	07 <input type="checkbox"/> Didn't like provider	68-69
	08 <input type="checkbox"/> Transportation problems	70-71
	09 <input type="checkbox"/> Could not take time off from work	72-73
	10 <input type="checkbox"/> Other	74-75
99 <input type="checkbox"/> DK	76-77	

Section E - OTHER SERVICES - Continued		J	RT 17 3-4	K	RT 17 3-4	
The next questions are about other services (child) may have received.		10 Services from a center for independent living	5-6	11 Respiratory therapy services	5-6	
1a. During the past 12 months, did (child) receive _____ ?	1a.	1 <input type="checkbox"/> Yes (Skip to 2a) 2 <input type="checkbox"/> No } (Go to 1b) 9 <input type="checkbox"/> DK }	7	1a.	1 <input type="checkbox"/> Yes (Skip to 2a) 2 <input type="checkbox"/> No } (Go to 1b) 9 <input type="checkbox"/> DK }	7
b. Did (child) need _____ in the past 12 months?	b.	1 <input type="checkbox"/> Yes (Skip to 5) 2 <input type="checkbox"/> No } (Go to 1 for next service) 9 <input type="checkbox"/> DK }	8	b.	1 <input type="checkbox"/> Yes (Skip to 5) 2 <input type="checkbox"/> No } (Go to 1 for next service) 9 <input type="checkbox"/> DK }	8
2a. During the past 12 months, in how many months did (child) receive _____ ?	2a.	_____ Months (Number) 99 <input type="checkbox"/> DK	9-10	2a.	_____ Months (Number) 99 <input type="checkbox"/> DK	9-10
b. What was the total number of times (child) received _____ during [that/those] months?	b.	_____ Times (Number) 99 <input type="checkbox"/> DK	11-12	b.	_____ Times (Number) 99 <input type="checkbox"/> DK	11-12
HAND CARD C2. Read categories if telephone interview.						
3a. Who paid or will pay for the services (child) received from _____ in the past 12 months? (Anyone else?) Mark (X) all that apply.	3a.	00 <input type="checkbox"/> Parent(s) 13-14 01 <input type="checkbox"/> Family in household 15-16 02 <input type="checkbox"/> Family NOT in household 17-18 03 <input type="checkbox"/> Private health insurance 19-20 04 <input type="checkbox"/> Medicaid 21-22 05 <input type="checkbox"/> Rehabilitation program 23-24 06 <input type="checkbox"/> Parent's employer 25-26 07 <input type="checkbox"/> School system 27-28 08 <input type="checkbox"/> VA program 29-30 09 <input type="checkbox"/> Other military 31-32 10 <input type="checkbox"/> Other private source 33-34 11 <input type="checkbox"/> Other public source 35-36 12 <input type="checkbox"/> No one/Free } (Skip to 4) 37-38 99 <input type="checkbox"/> DK } 39-40	41-42	3a.	00 <input type="checkbox"/> Parent(s) 13-14 01 <input type="checkbox"/> Family in household 15-16 02 <input type="checkbox"/> Family NOT in household 17-18 03 <input type="checkbox"/> Private health insurance 19-20 04 <input type="checkbox"/> Medicaid 21-22 05 <input type="checkbox"/> Rehabilitation program 23-24 06 <input type="checkbox"/> Parent's employer 25-26 07 <input type="checkbox"/> School system 27-28 08 <input type="checkbox"/> VA program 29-30 09 <input type="checkbox"/> Other military 31-32 10 <input type="checkbox"/> Other private source 33-34 11 <input type="checkbox"/> Other public source 35-36 12 <input type="checkbox"/> No one/Free } (Skip to 4) 37-38 99 <input type="checkbox"/> DK } 39-40	41-42
Ask if more than one box marked in 3a. If only one, transcribe number of box marked without asking.						
b. Who paid most of the cost for _____ in the past 12 months? Record number of main source.	b.	<input type="checkbox"/> <input type="checkbox"/> Paid most (Number) 99 <input type="checkbox"/> DK	43-47	b.	<input type="checkbox"/> <input type="checkbox"/> Paid most (Number) 99 <input type="checkbox"/> DK	43-47
Ask only if box 00 or 01 marked in 3a; otherwise, skip to 4.						
c. DURING THE PAST 12 MONTHS, about how much did (child's) family pay for _____ ? Do not count any money that has been or will be reimbursed by insurance or any other source.	c.	00000 <input type="checkbox"/> None (Skip to 4) 00 \$ _____ 99999 <input type="checkbox"/> DK	48-52	c.	00000 <input type="checkbox"/> None (Skip to 4) 00 \$ _____ 99999 <input type="checkbox"/> DK	48-52
d. DURING THE PAST 2 WEEKS, about how much did the family pay for _____ ?	d.	00000 <input type="checkbox"/> None 00 \$ _____ 99999 <input type="checkbox"/> DK	53	d.	00000 <input type="checkbox"/> None 00 \$ _____ 99999 <input type="checkbox"/> DK	53
4. During (month) did (child) receive _____ ?	4.	1 <input type="checkbox"/> Yes (Skip to 1 for next service) 2 <input type="checkbox"/> No (Go to 5) 9 <input type="checkbox"/> DK (Skip to 1 for next service)	53	4.	1 <input type="checkbox"/> Yes (Skip to 1 for next service) 2 <input type="checkbox"/> No (Go to 5) 9 <input type="checkbox"/> DK (Skip to 1 for next service)	53
HAND CARD A7. Read categories if telephone interview.						
5. Why didn't (child) receive _____ [in (month)] in the past 12 months? (Anything else?) Mark (X) all that apply.	5.	00 <input type="checkbox"/> Didn't need services 54-55 01 <input type="checkbox"/> Provider thinks no longer needed 56-57 02 <input type="checkbox"/> Too expensive/can't afford 58-59 03 <input type="checkbox"/> Insurance doesn't cover 60-61 04 <input type="checkbox"/> Insurance no longer covers 62-63 05 <input type="checkbox"/> No longer on Medicaid 64-65 06 <input type="checkbox"/> Provider not available 66-67 07 <input type="checkbox"/> Didn't like provider 68-69 08 <input type="checkbox"/> Transportation problems 70-71 09 <input type="checkbox"/> Could not take time off from work 72-73 10 <input type="checkbox"/> Other 74-75 99 <input type="checkbox"/> DK 76-77	54-55	5.	00 <input type="checkbox"/> Didn't need services 54-55 01 <input type="checkbox"/> Provider thinks no longer needed 56-57 02 <input type="checkbox"/> Too expensive/can't afford 58-59 03 <input type="checkbox"/> Insurance doesn't cover 60-61 04 <input type="checkbox"/> Insurance no longer covers 62-63 05 <input type="checkbox"/> No longer on Medicaid 64-65 06 <input type="checkbox"/> Provider not available 66-67 07 <input type="checkbox"/> Didn't like provider 68-69 08 <input type="checkbox"/> Transportation problems 70-71 09 <input type="checkbox"/> Could not take time off from work 72-73 10 <input type="checkbox"/> Other 74-75 99 <input type="checkbox"/> DK 76-77	54-55

L		RT 17 3-4	M		RT 17 3-4	Notes
12 Social work services		5-6	13 Transportation services		5-6	
1a.	1 <input type="checkbox"/> Yes (Skip to 2a) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (Go to 1b)	7	1a.	1 <input type="checkbox"/> Yes (Skip to 2a) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (Go to 1b)	7	
b.	1 <input type="checkbox"/> Yes (Skip to 5) 2 <input type="checkbox"/> No } (Go to 1 for next service) 9 <input type="checkbox"/> DK	8	b.	1 <input type="checkbox"/> Yes (Skip to 5) 2 <input type="checkbox"/> No } (Skip to 6 on page 20) 9 <input type="checkbox"/> DK	8	
2a.	_____ Months (Number) 99 <input type="checkbox"/> DK	9-10	2a.	_____ Months (Number) 99 <input type="checkbox"/> DK	9-10	
b.	_____ Times (Number) 99 <input type="checkbox"/> DK	11-12	b.	_____ Times (Number) 99 <input type="checkbox"/> DK	11-12	
3a.	00 <input type="checkbox"/> Parent(s)	13-14	3a.	00 <input type="checkbox"/> Parent(s)	13-14	
	01 <input type="checkbox"/> Family in household	15-16		01 <input type="checkbox"/> Family in household	15-16	
	02 <input type="checkbox"/> Family NOT in household	17-18		02 <input type="checkbox"/> Family NOT in household	17-18	
	03 <input type="checkbox"/> Private health insurance	19-20		03 <input type="checkbox"/> Private health insurance	19-20	
	04 <input type="checkbox"/> Medicaid	21-22		04 <input type="checkbox"/> Medicaid	21-22	
	05 <input type="checkbox"/> Rehabilitation program	23-24		05 <input type="checkbox"/> Rehabilitation program	23-24	
	06 <input type="checkbox"/> Parent's employer	25-26		06 <input type="checkbox"/> Parent's employer	25-26	
	07 <input type="checkbox"/> School system	27-28		07 <input type="checkbox"/> School system	27-28	
	08 <input type="checkbox"/> VA program	29-30		08 <input type="checkbox"/> VA program	29-30	
	09 <input type="checkbox"/> Other military	31-32		09 <input type="checkbox"/> Other military	31-32	
	10 <input type="checkbox"/> Other private source	33-34		10 <input type="checkbox"/> Other private source	33-34	
	11 <input type="checkbox"/> Other public source	35-36		11 <input type="checkbox"/> Other public source	35-36	
12 <input type="checkbox"/> No one/Free } (Skip to 4)	37-38	12 <input type="checkbox"/> No one/Free } (Skip to 4)	37-38			
99 <input type="checkbox"/> DK	39-40	99 <input type="checkbox"/> DK	39-40			
b.	<input type="checkbox"/> Paid most (Number) 99 <input type="checkbox"/> DK	41-42	b.	<input type="checkbox"/> Paid most (Number) 99 <input type="checkbox"/> DK	41-42	
c.	00000 <input type="checkbox"/> None (Skip to 4) \$ _____ . <input type="text" value="00"/> 99999 <input type="checkbox"/> DK	43-47	c.	00000 <input type="checkbox"/> None (Skip to 4) \$ _____ . <input type="text" value="00"/> 99999 <input type="checkbox"/> DK	43-47	
d.	00000 <input type="checkbox"/> None \$ _____ . <input type="text" value="00"/> 99999 <input type="checkbox"/> DK	48-52	d.	00000 <input type="checkbox"/> None \$ _____ . <input type="text" value="00"/> 99999 <input type="checkbox"/> DK	48-52	
4.	1 <input type="checkbox"/> Yes (Skip to 1 for next service) 2 <input type="checkbox"/> No (Go to 5) 9 <input type="checkbox"/> DK (Skip to 1 for next service)	53	4.	1 <input type="checkbox"/> Yes (Skip to 6 on page 20) 2 <input type="checkbox"/> No (Go to 5) 9 <input type="checkbox"/> DK (Skip to 6 on page 20)	53	
5.	00 <input type="checkbox"/> Didn't need services	54-55	5.	00 <input type="checkbox"/> Didn't need services	54-55	
	01 <input type="checkbox"/> Provider thinks no longer needed	56-57		01 <input type="checkbox"/> Provider thinks no longer needed	56-57	
	02 <input type="checkbox"/> Too expensive/can't afford	58-59		02 <input type="checkbox"/> Too expensive/can't afford	58-59	
	03 <input type="checkbox"/> Insurance doesn't cover	60-61		03 <input type="checkbox"/> Insurance doesn't cover	60-61	
	04 <input type="checkbox"/> Insurance no longer covers	62-63		04 <input type="checkbox"/> Insurance no longer covers	62-63	
	05 <input type="checkbox"/> No longer on Medicaid	64-65		05 <input type="checkbox"/> No longer on Medicaid	64-65	
	06 <input type="checkbox"/> Provider not available	66-67		06 <input type="checkbox"/> Provider not available	66-67	
	07 <input type="checkbox"/> Didn't like provider	68-69		07 <input type="checkbox"/> Didn't like provider	68-69	
	08 <input type="checkbox"/> Transportation problems	70-71		08 <input type="checkbox"/> Transportation problems	70-71	
	09 <input type="checkbox"/> Could not take time off from work	72-73		09 <input type="checkbox"/> Could not take time off from work	72-73	
	10 <input type="checkbox"/> Other	74-75		10 <input type="checkbox"/> Other	74-75	
99 <input type="checkbox"/> DK	76-77	99 <input type="checkbox"/> DK	76-77			

Section E - OTHER SERVICES - Continued		RT 18														
		3-4														
<i>HAND CARD C6. Read categories in 6b if telephone interview.</i>		5														
<p>6a. Is (child) currently on a waiting list for any of these services?</p>	<p>1 <input type="checkbox"/> Yes (Go to 6b) 2 <input type="checkbox"/> No } (Skip to Section F on page 21) 9 <input type="checkbox"/> DK }</p>															
<p>b. For which ones is (child) on a waiting list?</p> <p>Anything else?</p> <p><i>Mark (X) all that apply.</i></p>	<p>01 <input type="checkbox"/> A physical therapist 02 <input type="checkbox"/> An occupational therapist 03 <input type="checkbox"/> An audiologist 04 <input type="checkbox"/> A speech therapist or pathologist 05 <input type="checkbox"/> A recreational therapist 06 <input type="checkbox"/> A visiting nurse 07 <input type="checkbox"/> A personal care attendant, other than family or a friend 08 <input type="checkbox"/> A reader or interpreter 09 <input type="checkbox"/> Home visits from a doctor 10 <input type="checkbox"/> Services from a center for independent living 11 <input type="checkbox"/> Respiratory therapy services 12 <input type="checkbox"/> Social work services 13 <input type="checkbox"/> Transportation services 99 <input type="checkbox"/> DK</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="text-align: center;">6-7</td></tr> <tr><td style="text-align: center;">8-9</td></tr> <tr><td style="text-align: center;">10-11</td></tr> <tr><td style="text-align: center;">12-13</td></tr> <tr><td style="text-align: center;">14-15</td></tr> <tr><td style="text-align: center;">16-17</td></tr> <tr><td style="text-align: center;">18-19</td></tr> <tr><td style="text-align: center;">20-21</td></tr> <tr><td style="text-align: center;">22-23</td></tr> <tr><td style="text-align: center;">24-25</td></tr> <tr><td style="text-align: center;">26-27</td></tr> <tr><td style="text-align: center;">28-29</td></tr> <tr><td style="text-align: center;">30-31</td></tr> <tr><td style="text-align: center;">32-33</td></tr> </table>	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	32-33
6-7																
8-9																
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26-27																
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30-31																
32-33																

Notes

Section F – EDUCATIONAL SERVICES		RT 19
		3-4
ITEM F1	<i>Refer to child's age on label.</i>	5
<p>Special education is a program designed to meet the individual needs of children with special needs. It is paid for by the public school system and may take place at a regular school, a special school, a private school, at home, or at a hospital.</p> <p>1a. DURING THE PAST 12 MONTHS, has (child) received any type of special education services or benefits? Do not include gifted or talented programs.</p> <p><i>HAND CARD A15. Read categories if telephone interview.</i></p>		6
<p>1a. DURING THE PAST 12 MONTHS, has (child) received any type of special education services or benefits? Do not include gifted or talented programs.</p> <p><i>HAND CARD A15. Read categories if telephone interview.</i></p>		6
<p>b. During the past 12 months, which of these services or benefits did (child) receive through special education programs?</p> <p>(Anything else?)</p> <p><i>Mark (X) all that apply.</i></p>		7-8 9-10 11-12 13-14 15-16 17-18 19-20 21-22 23-24 25-26 27-28 29-30 31-32 33-34 35-36 37-38 39-40 41-42 43-44
<p><i>HAND CARD A16. Read categories if telephone interview.</i></p> <p>c. During the past 12 months, has (child) received special education for any of these conditions?</p> <p>(Anything else?)</p> <p><i>Mark (X) all that apply.</i></p>		45-46 47-48 49-50 51-52 53-54 55-56 57-58 59-60 61-62 63-64 65-66 67-68 69-70 71-72 73-74
<p><i>HAND CARD A17. Read categories if telephone interview.</i></p> <p>d. During the past 12 months, where did (child) receive these special education services?</p> <p>(Anywhere else?)</p> <p><i>Mark (X) all that apply.</i></p>		75-76 77-78 79-80 81-82 83-84 85-86 87-88 89-90 91-92 93-94
<p>e. Has (child) received any special education services during the past month?</p>		95
<p>f. Why hasn't (child) received any special education services in the past month?</p> <p>Anything else?</p> <p><i>Mark (X) all that apply.</i></p>		96 97 98 99 100 101 102 103 104

Section F - EDUCATIONAL SERVICES - Continued		
ITEM F2	Refer to child's age on label.	<div style="text-align: right;">105</div> 1 <input type="checkbox"/> 16+ years old (Go to 2) 2 <input type="checkbox"/> Other (Skip to 3)
2. During the past 12 months, did (child) receive any instruction through special education about how to get and keep a job?		<div style="text-align: right;">106</div> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK <div style="text-align: right; border: 1px solid black; padding: 2px;">RT 20</div> <div style="text-align: right; border: 1px solid black; padding: 2px;">3-4</div> <div style="text-align: right; border: 1px solid black; padding: 2px;">5</div>
3a. During the past 12 months, have you tried to get any (additional) special education services for (child)?		<div style="text-align: right;">5</div> 1 <input type="checkbox"/> Yes (Go to 3b) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (Skip to 4)
----- HAND CARD A15. Read categories if telephone interview.		
b. What (additional) special education services did you try to get for (child)? (Anything else?)		<div style="text-align: right;">6-7</div> 01 <input type="checkbox"/> Transportation services <div style="text-align: right;">8-9</div> 02 <input type="checkbox"/> Speech/Language therapy <div style="text-align: right;">10-11</div> 03 <input type="checkbox"/> Audiology services for hearing problems (such as testing, evaluation, and training) <div style="text-align: right;">12-13</div> 04 <input type="checkbox"/> Mental health or counseling services <div style="text-align: right;">14-15</div> 05 <input type="checkbox"/> Developmental testing <div style="text-align: right;">16-17</div> 06 <input type="checkbox"/> Physical therapy <div style="text-align: right;">18-19</div> 07 <input type="checkbox"/> Occupational therapy <div style="text-align: right;">20-21</div> 08 <input type="checkbox"/> Recreational therapy <div style="text-align: right;">22-23</div> 09 <input type="checkbox"/> Respiratory therapy <div style="text-align: right;">24-25</div> 10 <input type="checkbox"/> Social work services <div style="text-align: right;">26-27</div> 11 <input type="checkbox"/> Eyeglasses <div style="text-align: right;">28-29</div> 12 <input type="checkbox"/> Hearing aids <div style="text-align: right;">30-31</div> 13 <input type="checkbox"/> Wheelchair <div style="text-align: right;">32-33</div> 14 <input type="checkbox"/> Other assistive devices and training in their use <div style="text-align: right;">34-35</div> 15 <input type="checkbox"/> Medical services for diagnostic and evaluation purposes <div style="text-align: right;">36-37</div> 16 <input type="checkbox"/> Communication services (such as reader, interpreter, or writer) <div style="text-align: right;">38-39</div> 17 <input type="checkbox"/> Nursing services <div style="text-align: right;">40-41</div> 18 <input type="checkbox"/> Other <div style="text-align: right;">42-43</div> 99 <input type="checkbox"/> DK
c. During the past 12 months, was (child) on a waiting list for any special education services?		<div style="text-align: right;">44</div> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK
----- HAND CARD C7. Read categories if telephone interview.		
d. What problems did you have trying to get (additional) special education services for (child) during the past 12 months? (Anything else?)		<div style="text-align: right;">45-46</div> 00 <input type="checkbox"/> No problem getting services <div style="text-align: right;">47-48</div> 01 <input type="checkbox"/> Service is not available <div style="text-align: right;">49-50</div> 02 <input type="checkbox"/> Had trouble finding the right kind of service <div style="text-align: right;">51-52</div> 03 <input type="checkbox"/> Services available are inadequate <div style="text-align: right;">53-54</div> 04 <input type="checkbox"/> School did not think child needed the service <div style="text-align: right;">55-56</div> 05 <input type="checkbox"/> School would not test child for disabilities <div style="text-align: right;">57-58</div> 06 <input type="checkbox"/> School would not help in finding services <div style="text-align: right;">59-60</div> 07 <input type="checkbox"/> Could not take time off from work to arrange it <div style="text-align: right;">61-62</div> 08 <input type="checkbox"/> Other problems <div style="text-align: right;">63-64</div> 99 <input type="checkbox"/> DK
4. Overall, how satisfied are you with the educational services that (child) receives? Are you very satisfied, somewhat satisfied, somewhat dissatisfied, or very dissatisfied?		<div style="text-align: right;">65</div> 0 <input type="checkbox"/> Does not receive educational services 1 <input type="checkbox"/> Very satisfied 2 <input type="checkbox"/> Somewhat satisfied 3 <input type="checkbox"/> Somewhat dissatisfied 4 <input type="checkbox"/> Very dissatisfied 9 <input type="checkbox"/> DK <div style="float: right; margin-top: 10px;">} (Skip to Section G on page 25)</div>
Notes		

Section F - EDUCATIONAL SERVICES - Continued

66

Special education is a program designed to meet the individual needs of infants and very young children who have special needs. It is provided free and may include services at home, at a hospital, or somewhere else.

5a. During the past 12 months, has (child) received any type of special education services?

- 1 Yes (Go to 5b)
- 2 No } (Skip to 6 on page 24)
- 9 DK }

HAND CARD C8. Read categories if telephone interview.

b. During the past 12 months, which of these special education services did (child) receive?

(Anything else?)

Mark (X) all that apply.

- 01 Transportation services 67-68
- 02 Speech/Language therapy 69-70
- 03 Audiology services for hearing problems (such as testing, evaluation, and training) 71-72
- 04 Family training, counseling and home visits 73-74
- 05 Nursing or health services 75-76
- 06 Physical therapy 77-78
- 07 Occupational therapy 79-80
- 08 Nutrition services 81-82
- 09 Social work services 83-84
- 10 Psychological services 85-86
- 11 Service coordination/case management 87-88
- 12 Special instruction 89-90
- 13 Vision services, including eye testing and obtaining glasses 91-92
- 14 Other assistive devices and training in their use 93-94
- 15 Medical services for diagnostic and evaluation purposes 95-96
- 16 Other early intervention services 97-98
- 99 DK 99-100

c. During the past 12 months, has (child) received special education for a developmental delay, other health condition, or some other problem?

Mark (X) all that apply.

- 1 Developmental delay 101
 - 2 Other health condition 102
 - 3 Other problem 103
 - 4 DK 104
- RT 21
3-4

d. During the past 12 months, where did (child) receive these special education services?

Anywhere else?

Mark (X) all that apply.

- 01 Home 5-6
- 02 Family daycare 7-8
- 03 Regular nursery school/daycare center 9-10
- 04 Outpatient services facility 11-12
- 05 Early intervention classroom/center 13-14
- 06 Hospital as inpatient 15-16
- 07 Provider's office 17-18
- 08 Residential facility 19-20
- 09 Other place 21-22
- 99 DK 23-24

e. Has (child) received any special education services during the past MONTH?

- 1 Yes (Skip to 6 on page 24)
- 2 No (Go to 5f)
- 9 DK (Skip to 6 on page 24)

25

f. Why didn't (child) receive special education services during the past MONTH?

Anything else?

Mark (X) all that apply.

- 0 Child did not need the service during the past month 26
- 1 Provider/school thinks services no longer necessary 27
- 2 Child on vacation from school 28
- 3 Provider/service no longer available 29
- 4 Didn't like provider/service 30
- 5 Transportation problems 31
- 6 Could not take time off from work to arrange it 32
- 7 Other reason 33
- 9 DK 34

Notes

Section F - EDUCATIONAL SERVICES - Continued	
<p>6a. During the past 12 months, have you tried to get any (additional) special education services for <u>(child)</u>?</p>	<p>1 <input type="checkbox"/> Yes (Go to 6b) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (Skip to 7)</p>
<p><i>HAND CARD C8. Read categories if telephone interview.</i></p>	
<p>b. What (additional) special education services did you try to get for <u>(child)</u>? (Anything else?) <i>Mark (X) all that apply.</i></p>	<p>01 <input type="checkbox"/> Transportation services 02 <input type="checkbox"/> Speech/Language therapy 03 <input type="checkbox"/> Audiology services for hearing problems (such as testing, evaluation, and training) 04 <input type="checkbox"/> Family training, counseling and home visits 05 <input type="checkbox"/> Nursing or health services 06 <input type="checkbox"/> Physical therapy 07 <input type="checkbox"/> Occupational therapy 08 <input type="checkbox"/> Nutrition services 09 <input type="checkbox"/> Social work services 10 <input type="checkbox"/> Psychological services 11 <input type="checkbox"/> Service coordination/case management 12 <input type="checkbox"/> Special instruction 13 <input type="checkbox"/> Vision services, including eye testing and obtaining glasses 14 <input type="checkbox"/> Other assistive devices and training in their use 15 <input type="checkbox"/> Medical services for diagnostic and evaluation purposes 16 <input type="checkbox"/> Other early intervention services 99 <input type="checkbox"/> DK</p>
<p style="text-align: right;">35</p>	
<p>36-37 38-39 40-41 42-43 44-45 46-47 48-49 50-51 52-53 54-55 56-57 58-59 60-61 62-63 64-65 66-67 68-69</p>	
<p>c. During the past 12 months, was <u>(child)</u> on a waiting list for any special education services?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p>
<p><i>HAND CARD C7. Read categories if telephone interview.</i></p>	
<p>d. What problems did you have trying to get special education services for <u>(child)</u> during the past 12 months? (Anything else?) <i>Mark (X) all that apply.</i></p>	<p>00 <input type="checkbox"/> No problem getting services 01 <input type="checkbox"/> Service is not available 02 <input type="checkbox"/> Had trouble finding the right kind of service 03 <input type="checkbox"/> Services available are inadequate 04 <input type="checkbox"/> School did not think child needed the service 05 <input type="checkbox"/> School would not test child for disabilities 06 <input type="checkbox"/> School would not help in finding services 07 <input type="checkbox"/> Could not take time off from work to arrange it 08 <input type="checkbox"/> Other problems 99 <input type="checkbox"/> DK</p>
<p style="text-align: right;">70</p>	
<p>71-72 73-74 75-76 77-78 79-80 81-82 83-84 85-86 87-88 89-90</p>	
<p>7. Overall, how satisfied are you with the education services that <u>(child)</u> receives? Are you very satisfied, somewhat satisfied, somewhat dissatisfied, or very dissatisfied?</p>	<p>0 <input type="checkbox"/> Did not receive any educational services 1 <input type="checkbox"/> Very satisfied 2 <input type="checkbox"/> Somewhat satisfied 3 <input type="checkbox"/> Somewhat dissatisfied 4 <input type="checkbox"/> Very dissatisfied 9 <input type="checkbox"/> DK</p>
<p style="text-align: right;">91</p>	
<p>Notes</p>	

RT 22
3-4

Section G - COORDINATION OF SERVICES

1a. Is there any one doctor who you think of as the one who coordinates (child's) overall medical care? By coordinating, I mean one who keeps in touch with the different doctors or therapists who (child) sees, who knows the results of all tests and treatments that (child) has, and who is aware of (child's) different prescription medicines.

- 1 Yes
- 2 No
- 9 DK

5

b. Do (child's) doctors talk to each other about [his/her] health and the care [he/she] gets, including any tests or medications?

- 1 Yes
- 2 No
- 3 Only one doctor
- 9 DK

6

2a. Is there anyone who is NOT a doctor who coordinates (child's) medical care?

- 1 Yes (Go to 2b)
- 2 No } (Skip to 3)
- 9 DK }

7

b. Who does this for (child)?

Anyone else?

Mark (X) all that apply.

- 0 Parent/Guardian
- 1 Friend/Family member
- 2 Nurse
- 3 Therapist
- 4 Social worker
- 5 Hospital discharge planner
- 6 Case manager
- 7 Other
- 9 DK

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3a. Does any physician or someone in a physician's office help with arranging (child's) non-medical care, like social services and personal care services?

- 1 Yes (Go to 3b)
- 2 No } (Skip to 4)
- 9 DK }

17

b. Is this person, or does this person work for a general care physician or a specialist?

- 1 General care physician
- 2 Specialist
- 3 Someone else
- 9 DK

18

c. Is this person a —

Mark (X) all that apply.

- 1 Physician?
- 2 Therapist?
- 3 Nurse?
- 4 Social worker?
- 5 Hospital discharge planner?
- 6 Case manager?
- 7 Something else?
- 9 DK

19

20

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26

4a. Does anyone NOT in a physician's office help with arranging (child's) non-medical services?

- 1 Yes (Go to 4b)
- 2 No } (Skip to G1)
- 9 DK }

27

b. Who does this for (child)?

Anyone else?

Mark (X) all that apply.

- 0 Parent/Guardian
- 1 Friend/Family member
- 2 Nurse
- 3 Therapist
- 4 Social worker
- 5 Hospital discharge planner
- 6 Case manager
- 7 Other
- 9 DK

28

29

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36

ITEM G1

Refer to 1a, 2a, 3a and 4a.
(Coordinates/arranges)

- 1 "Yes" in any (Go to 5 on page 26)
- 2 All other (Skip to 9 on page 26)

37

Notes

Section G - COORDINATION OF SERVICES - Continued

<p><i>HAND CARD C9. Read categories if telephone interview.</i></p> <p>5. What kinds of medical or non-medical services [does this person/do these persons] provide for <u>(child)</u>? (Anything else?) Mark (X) all that apply.</p>		<p>01 <input type="checkbox"/> Helps make medical appointments with (other) doctors</p> <p>02 <input type="checkbox"/> Makes appointments with nurses/therapists/dieticians</p> <p>03 <input type="checkbox"/> Follows up to be sure appointments are kept</p> <p>04 <input type="checkbox"/> Arranges transportation to appointments</p> <p>05 <input type="checkbox"/> Makes referrals to doctors</p> <p>06 <input type="checkbox"/> Makes referrals to nurses/therapists/dieticians</p> <p>07 <input type="checkbox"/> Checks to see if child's needs or conditions have changed</p> <p>08 <input type="checkbox"/> Makes sure that child is doing exercises or following diet</p> <p>09 <input type="checkbox"/> Reviews medications</p> <p>10 <input type="checkbox"/> Explains medical procedures and terms to child and family</p> <p>11 <input type="checkbox"/> Helps with insurance or other benefits</p> <p>12 <input type="checkbox"/> Tries to find volunteers to help child</p> <p>13 <input type="checkbox"/> Tries to find workers or agencies to help child</p> <p>14 <input type="checkbox"/> Arranges home delivered meals for child</p> <p>15 <input type="checkbox"/> Makes sure that friends/family are able to help child</p> <p>16 <input type="checkbox"/> Arranges for care at home</p> <p>17 <input type="checkbox"/> Helps develop a personal care plan</p> <p>18 <input type="checkbox"/> Evaluates need for services</p> <p>19 <input type="checkbox"/> Arranges special education services</p> <p>20 <input type="checkbox"/> Arranges vocational rehabilitation services</p> <p>21 <input type="checkbox"/> Other</p> <p>99 <input type="checkbox"/> DK</p>	<p>38-39</p> <p>40-41</p> <p>42-43</p> <p>44-45</p> <p>46-47</p> <p>48-49</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> <p>70-71</p> <p>72-73</p> <p>74-75</p> <p>76-77</p> <p>78-79</p> <p>80-81</p>	
<p>ITEM G2</p> <p><i>Refer to 4b on page 25.</i> (Arranges non-medical services)</p>	<p>1 <input type="checkbox"/> Only box "0" and/or box "1" marked (Skip to 9)</p> <p>2 <input type="checkbox"/> Other (Go to 6)</p>		<p>82</p>	
<p>6a. Was the help coordinating <u>(child's)</u> non-medical services paid for?</p> <p><i>HAND CARD C2. Read categories if telephone interview.</i></p>		<p>1 <input type="checkbox"/> Yes (Go to 6b)</p> <p>2 <input type="checkbox"/> No } (Skip to 7)</p> <p>9 <input type="checkbox"/> DK }</p>		<p>83</p>
<p>b. Who paid or will pay for this help? (Anyone else?) Mark (X) all that apply.</p>		<p>00 <input type="checkbox"/> Parent(s)</p> <p>01 <input type="checkbox"/> Family in household</p> <p>02 <input type="checkbox"/> Family NOT in household</p> <p>03 <input type="checkbox"/> Private health insurance</p> <p>04 <input type="checkbox"/> Medicaid</p> <p>05 <input type="checkbox"/> Rehabilitation program</p> <p>06 <input type="checkbox"/> Parent's employer</p> <p>07 <input type="checkbox"/> School system</p> <p>08 <input type="checkbox"/> VA program</p> <p>09 <input type="checkbox"/> Other military</p> <p>10 <input type="checkbox"/> Other private source</p> <p>11 <input type="checkbox"/> Other public source</p> <p>12 <input type="checkbox"/> No one/Free</p> <p>99 <input type="checkbox"/> DK</p>		<p>84-85</p> <p>86-87</p> <p>88-89</p> <p>90-91</p> <p>92-93</p> <p>94-95</p> <p>96-97</p> <p>98-99</p> <p>100-101</p> <p>102-103</p> <p>104-105</p> <p>106-107</p> <p>108-109</p> <p>110-111</p>
<p>c. Who paid the most for the cost of this help? <i>Record number of main source.</i></p>		<p><input type="checkbox"/> <input type="checkbox"/> Paid most (Number)</p> <p>99 <input type="checkbox"/> DK</p>		<p>112-113</p>
<p>7. In the past 6 months, about how many times did you see or talk to the person(s) who help(s) arrange <u>(child's)</u> non-medical services?</p>		<p>000 <input type="checkbox"/> None</p> <p>(Number) { 1 <input type="checkbox"/> Per week 2 <input type="checkbox"/> Per month 3 <input type="checkbox"/> Per six months</p> <p>999 <input type="checkbox"/> DK</p>		<p>114-116</p>
<p>8. Overall, are you very satisfied, somewhat satisfied, somewhat dissatisfied, or very dissatisfied with the job [the person has/these people have] done to help in coordinating <u>(child's)</u> non-medical services? Mark (X) only one.</p>		<p>1 <input type="checkbox"/> Very satisfied</p> <p>2 <input type="checkbox"/> Somewhat satisfied</p> <p>3 <input type="checkbox"/> Somewhat dissatisfied } (Skip to 10a on page 27)</p> <p>4 <input type="checkbox"/> Very dissatisfied</p> <p>9 <input type="checkbox"/> DK</p>		<p>117</p>
<p>9. During the past 12 months have you felt that you NEEDED someone to help arrange or coordinate <u>(child's)</u> personal care or social services?</p>		<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>3 <input type="checkbox"/> Never thought about it</p> <p>9 <input type="checkbox"/> DK</p>		<p>118</p>

Section G - COORDINATION OF SERVICES - Continued

10a. Do you need help filling out (child's) insurance forms or benefit applications?

- 1 Yes (Go to 10b)
 - 2 No
 - 3 Never filled out forms/applications
- } (Skip to Section H on page 28)

5

b. Who helps you fill out (child's) insurance forms or applications for public programs or benefits?

Mark (X) all that apply.

- 0 No one
- 1 Household member
- 2 Friend/other relative not in household
- 3 Paid caregiver
- 4 Volunteer from an organization
- 5 Other
- 9 DK

6
7
8
9
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Notes

Section H - PHYSICAL ACTIVITY	
<p>1. During the past 12 months, has (<i>child</i>) been limited in the kind or amount of physical activity (he/she) can do during play because of a physical, mental, or emotional problem?</p>	<p>1 <input type="checkbox"/> Yes (Go to 2) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (Skip to 4)</p> <p style="text-align: right;">13</p>
<p><i>HAND CARD C10. Read categories if telephone interview.</i></p>	
<p>Sometimes things other than a person's health limit or prevent participation in physical education or recreational programs.</p> <p>2. During the past 12 months, was (<i>child's</i>) participation in physical education or recreation programs limited or prevented for any of these reasons?</p> <p>(Anything else)?</p> <p><i>Mark (X) all that apply.</i></p>	<p>0 <input type="checkbox"/> Did not try to find programs 1 <input type="checkbox"/> Lack of nearby facilities or programs 2 <input type="checkbox"/> Facilities not adapted to child's needs 3 <input type="checkbox"/> Inadequate transportation 4 <input type="checkbox"/> Cost is too high 5 <input type="checkbox"/> Not prevented or limited for any of these reasons 9 <input type="checkbox"/> DK</p> <p style="text-align: right;">14 15 16 17 18 19 20</p>
<p>3. During the past 12 months, has (<i>child</i>) participated in any physical education or recreation adapted for children with special needs?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p> <p style="text-align: right;">21</p>
<p>4. During the past 12 months, has (<i>child</i>) participated in any ORGANIZED GROUP activities (outside of school) that have adult supervision? Please include any group recreational or educational activities such as group lessons, sports teams, scout troops, and clubs.</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p> <p style="text-align: right;">22</p>
<p>5. During the past 12 months, did (<i>child</i>) go to any kind of summer camp?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p> <p style="text-align: right;">23</p>
<p>Notes</p>	

Section I - PERSONAL ADJUSTMENT AND ROLE SKILLS (PARS)

ITEM 11

Refer to child's age on label.

1 6+ year old (Go to 1)
2 Other (Skip to Section J on page 31)

In the next questions, I'll ask about *(child's)* social behaviors and activities.
HAND CARD C11.

1. During the past 30 days, has *(child)* —
- a. Spent time with friends? Would you say — *(Read all categories?)*
 - b. Made friends without difficulty? (Would you say — *(Read all categories?)*)
 - c. Joined others of *(his/her)* own accord? (Would you say — *(Read all categories?)*)
 - d. Had many different friends? (Would you say — *(Read all categories?)*)
 - e. Wanted help in things *(he/she)* could have done on own? (Would you say — *(Read all categories?)*)
 - f. Been unable to decide things for *(his/her)* self? (Would you say — *(Read all categories?)*)
 - g. Asked for help when *(he/she)* could have figured things out? (Would you say — *(Read all categories?)*)
 - h. Asked unnecessary questions instead of working on own? (Would you say — *(Read all categories?)*)
 - i. Done things for attention even though punished for it? (Would you say — *(Read all categories?)*)
 - j. Flared up when *(he/she)* couldn't have *(his/her)* own way? (Would you say — *(Read all categories?)*)
 - k. Became upset if others did not agree with *(him/her)*? (Would you say — *(Read all categories?)*)
 - l. Ignored warnings to stop unacceptable behavior? (Would you say — *(Read all categories?)*)
 - m. Told lies? (Would you say — *(Read all categories?)*)
 - n. Not responded to discipline? (Would you say — *(Read all categories?)*)
 - o. Stayed with tasks or assignments until finished? (Would you say — *(Read all categories?)*)
 - p. Made full use of abilities? (Would you say — *(Read all categories?)*)
 - q. Done work without being pushed or punished? (Would you say — *(Read all categories?)*)
 - r. Kept on with tasks even when difficult? (Would you say — *(Read all categories?)*)
 - s. Complained about problems? (Would you say — *(Read all categories?)*)
 - t. Seemed restless, tense? (Would you say — *(Read all categories?)*)
 - u. Said people didn't care about *(him/her)*? (Would you say — *(Read all categories?)*)

Never or rarely	Sometimes	Often	Always
			6
a. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
			7
b. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
			8
c. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
			9
d. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
			10
e. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
			11
f. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
			12
g. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
			13
h. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
			14
i. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
			15
j. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
			16
k. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
			17
l. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
			18
m. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
			19
n. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
			20
o. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
			21
p. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
			22
q. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
			23
r. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
			24
s. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
			25
t. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
			26
u. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

Section I - PERSONAL ADJUSTMENT AND ROLE SKILLS (PARS) - Continued

	Never or rarely	Sometimes	Often	Always	
During the past 30 days, has (child) —				27	
v. Seemed sad? (Would you say — (Read all categories)?)	v. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	28
w. Said [he/she] couldn't do things right? (Would you say — (Read all categories)?)	w. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	29
x. Acted afraid or apprehensive? (Would you say — (Read all categories)?)	x. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	30
y. Sat and stared without doing anything? (Would you say — (Read all categories)?)	y. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	31
z. Appeared listless and apathetic? (Would you say — (Read all categories)?)	z. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	32
aa. Seemed unaware of things going on around [him/her]? (Would you say — (Read all categories)?)	aa. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	33
bb. Shown little interest in things, had to be pushed into activity? (Would you say — (Read all categories)?)	bb. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	

Notes

Section J - IMPACT ON THE FAMILY

1a. For reasons related to <i>(child's)</i> health, has anyone in the family EVER:	Yes	No	DK	
(0) Not taken a job in order to care for <i>(child)</i> ?	(0) 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	34
(1) Quit working other than normal maternity leave?	(1) 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	35
(2) Changed jobs?	(2) 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	36
(3) Changed work hours to a different time of day?	(3) 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	37
(4) Turned down a better job or promotion?	(4) 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	38
(5) Worked fewer hours?	(5) 1 <input type="checkbox"/> (Go to 1b)	2 <input type="checkbox"/> (Skip to 2)	9 <input type="checkbox"/> (Skip to 2)	39
<hr/>				
b. Right BEFORE the family member changed hours the last time, how many hours a week did he or she work?	_____ Hours (Number)			40-41
<hr/>				
c. AFTER the family member changed hours, how many hours a week did he or she work?	_____ Hours (Number)			42-43
<hr/>				
2. During the past 12 months, because of <i>(child's)</i> health, has anyone in the family had to change sleeping patterns for more than a few nights at a time?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK			44
<hr/>				
3. During the past 12 months, has the family had severe financial problems because of <i>(child's)</i> health?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK			45

Notes

Section K - MENTAL HEALTH		RT 25 3-4
ITEM K1	Refer to child's age on label.	5 1 <input type="checkbox"/> 3+ years old (Go to 1) 2 <input type="checkbox"/> Other (Skip to Section L on page 36)
1a. During the past 12 months, did (child) stay OVERNIGHT in a hospital or other place to receive services for mental health or substance abuse?		6 1 <input type="checkbox"/> Yes (Go to 1b) 2 <input type="checkbox"/> No } (Skip to 3 on page 33) 9 <input type="checkbox"/> DK }
b. Was this for mental health, substance abuse or both? <i>Mark (X) only one.</i>		7 1 <input type="checkbox"/> Mental health 2 <input type="checkbox"/> Substance abuse 3 <input type="checkbox"/> Both 9 <input type="checkbox"/> DK
c. Where did (child) receive inpatient [mental health/(and) substance abuse] services during the past 12 months? (Anywhere else?) <i>Mark (X) all that apply.</i>		8 9 10 11 12 13 14-15 1 <input type="checkbox"/> Private or public psychiatric hospital 2 <input type="checkbox"/> Psychiatric service in a general hospital 3 <input type="checkbox"/> Other hospital 4 <input type="checkbox"/> Residential treatment center 5 <input type="checkbox"/> Other place 9 <input type="checkbox"/> DK
d. During the past 12 months, altogether how many times was (child) admitted to (place(s) in 1c) for [mental health/(and) substance abuse] services?		16-17 _____ Times admitted (Number) 99 <input type="checkbox"/> DK
e. Altogether how many nights did (child) spend in the (place(s) in 1c) during the past 12 months?		_____ Nights (Number) 99 <input type="checkbox"/> DK
ITEM K2	Refer to 1d. (Number of admissions)	18 1 <input type="checkbox"/> 1 admission (Go to 2a) 2 <input type="checkbox"/> 2 or more admissions (Skip to 2b) 9 <input type="checkbox"/> DK (Skip to 2c)
2a. Was that admission on an emergency basis?		19 1 <input type="checkbox"/> Yes } 2 <input type="checkbox"/> No } (Skip to 2e) 9 <input type="checkbox"/> DK }
b. How many of the (number in 1d) admissions were on an emergency basis?		20-21 00 <input type="checkbox"/> None _____ Emergency admissions } (Skip to 2e) (Number) 99 <input type="checkbox"/> DK }
c. Were any of the admissions in the past 12 months on an emergency basis?		22 1 <input type="checkbox"/> Yes (Go to 2d) 2 <input type="checkbox"/> No } (Skip to 2e) 9 <input type="checkbox"/> DK }
d. How many admissions were on an emergency basis?		23-24 _____ Emergency admissions (Number) 99 <input type="checkbox"/> DK
e. Who paid, or will pay, for the inpatient [mental health/(and) substance abuse] services (child) received during the past 12 months? (Anyone else?) <i>Mark (X) all that apply.</i>		25-26 27-28 29-30 31-32 33-34 35-36 37-38 39-40 41-42 43-44 45-46 47-48 49-50 51-52 53-54 00 <input type="checkbox"/> Parent(s) 01 <input type="checkbox"/> Family in household 02 <input type="checkbox"/> Family NOT in household 03 <input type="checkbox"/> Private health insurance 04 <input type="checkbox"/> Medicaid 05 <input type="checkbox"/> Rehabilitation program 06 <input type="checkbox"/> Parent's employer 07 <input type="checkbox"/> School system 08 <input type="checkbox"/> VA program 09 <input type="checkbox"/> Other military 10 <input type="checkbox"/> Other private source 11 <input type="checkbox"/> Other public source 12 <input type="checkbox"/> No one/Free } (Skip to 3 on page 33) 99 <input type="checkbox"/> DK
f. Who paid for MOST of the cost of the inpatient [mental health/(and) substances abuse] services? <i>Record number of main source.</i>		55-59 _____ Paid most (Number) 99 <input type="checkbox"/> DK
g. During the past 12 months, about how much did the family pay for (child's) inpatient [mental health/(and) substance abuse] services? Do not include costs that were or will be reimbursed by insurance or another source.		00000 <input type="checkbox"/> None \$ _____ <input type="checkbox"/> 00 99999 <input type="checkbox"/> DK

Section K – MENTAL HEALTH – Continued		60	
<p>3a. During the past 12 months, did (child) receive any OUTPATIENT mental health or substance abuse services, including mental health or substance abuse services received from a general practitioner or any other health professional? Do not include treatment for smoking cessation.</p>	<p>1 <input type="checkbox"/> Yes (Go to 3b) 2 <input type="checkbox"/> No } (Skip to 5 on page 34) 9 <input type="checkbox"/> DK</p>		
<p>b. Was this for mental health, substance abuse or both? Mark (X) only one.</p>	<p>1 <input type="checkbox"/> Mental health 2 <input type="checkbox"/> Substance abuse 3 <input type="checkbox"/> Both 9 <input type="checkbox"/> DK</p>	61	
HAND CARD A10. Read categories if telephone interview.			
<p>c. From whom did (child) receive outpatient [mental health/ (and) substance abuse] services during the past 12 months? (Anyone else?) Mark (X) all that apply.</p>	<p>1 <input type="checkbox"/> Psychiatrist 2 <input type="checkbox"/> Psychologist 3 <input type="checkbox"/> Nurse 4 <input type="checkbox"/> Social worker 5 <input type="checkbox"/> Other mental health counselor or therapist 6 <input type="checkbox"/> General practitioner or other medical doctor 7 <input type="checkbox"/> Other health professional 9 <input type="checkbox"/> DK</p>	62 63 64 65 66 67 68 69	
HAND CARD A11. Read categories if telephone interview.			
<p>d. Where did (child) receive outpatient [mental health/(and) substance abuse] services during the past 12 months? (Anywhere else?) Mark (X) all that apply.</p>	<p>1 <input type="checkbox"/> Doctor's/Other health professional's office, NOT a clinic 2 <input type="checkbox"/> Outpatient mental health clinic, such as a community mental health center 3 <input type="checkbox"/> Outpatient medical clinic 4 <input type="checkbox"/> HMO 5 <input type="checkbox"/> Other place 9 <input type="checkbox"/> DK</p>	70 71 72 73 74 75	
<p>e. During the past 12 months, in how many MONTHS did (child) receive outpatient [mental health/(and) substance abuse] services?</p>	<p>_____ Months (Number) 99 <input type="checkbox"/> DK</p>	76-77	
<p>f. What was the total number of times (child) received [mental health/(and) substance abuse] services during those months?</p>	<p>_____ Times (Number) 99 <input type="checkbox"/> DK</p>	78-79	
ITEM K3	<p>Refer to 3f. (Number of times)</p>	<p>1 <input type="checkbox"/> 1 time (Go to 4a) 2 <input type="checkbox"/> 2 or more times (Skip to 4b) 9 <input type="checkbox"/> DK (Skip to 4c)</p>	80
<p>4a. Was that visit on an emergency basis?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } (Skip to 4e on page 34) 9 <input type="checkbox"/> DK</p>	81	
<p>b. How many of the (number in 3f) visits were on an emergency basis?</p>	<p>00 <input type="checkbox"/> None _____ Emergency } (Skip to 4e on page 34) (Number) 99 <input type="checkbox"/> DK</p>	82-83	
<p>c. Were any of the visits in the past 12 months on an emergency basis?</p>	<p>1 <input type="checkbox"/> Yes (Go to 4d) 2 <input type="checkbox"/> No } (Skip to 4e on page 34) 9 <input type="checkbox"/> DK</p>	84	
<p>d. How many visits were on an emergency basis?</p>	<p>_____ Emergency } (Go to 4e on page 34) (Number) 99 <input type="checkbox"/> DK</p>	85-86	
Notes			

Section K - MENTAL HEALTH - Continued

HAND CARD C2. Read categories if telephone interview.

4e. Who paid, or will pay for the outpatient [mental health/(and) substance abuse] services (child) received during the past 12 months?

(Anyone else?)

Mark (X) all that apply.

- 00 Parent(s)
- 01 Family in household
- 02 Family NOT in household
- 03 Private health insurance
- 04 Medicaid
- 05 Rehabilitation program
- 06 Parent's employer
- 07 School system
- 08 VA program
- 09 Other military
- 10 Other private source
- 11 Other public source
- 12 No one/Free
- 99 DK

(Skip to 5)

- 87-88
- 89-90
- 91-92
- 93-94
- 95-96
- 97-98
- 99-100
- 101-102
- 103-104
- 105-106
- 107-108
- 109-110
- 111-112
- 113-114

Ask if more than one box marked in 4e; if only one, transcribe the number of the box marked without asking.

f. Who paid for MOST of the cost of the outpatient [mental health/(and) substance abuse] services?

Record number of main source.

Paid most (Number)

99 DK

- RT 26
- 3-4
- 5-6

Ask if box 00 or 01 marked in 4e; otherwise, skip to 5.

g. During the past 12 months, about how much did the family pay for (child's) outpatient [mental health/(and) substance abuse] services? Do not include costs that were or will be reimbursed by insurance or another source.

00000 None

\$ _____ 00

99999 DK

7-11

5. During the past 12 months, did (child) receive any services from a mental health community support program?

Read if necessary: A community support program for clients with mental or emotional problems is a program that makes available mental health, health, social and support services based on individual need.

- 1 Yes
- 2 No
- 9 DK

12

6. During the past 12 months, was (child) on a waiting list for outpatient mental health or substance abuse services?

- 1 Yes, mental health services
- 2 Yes, substance abuse services
- 3 Both
- 4 No
- 9 DK

13

ITEM K4

Refer to questions 1a, 3a, and 5. (Received mental health/substance abuse services)

- 1 Yes in 1a, 3a, or 5 (Go to 7)
- 2 Other (Skip to 8 on page 35)

14

7a. Did (child) receive any inpatient or outpatient mental health or substance abuse services during the past MONTH? Again, do not include treatment for smoking cessation.

- 1 Yes (Skip to 8 on page 35)
- 2 No
- 9 DK

(Go to 7b)

15

HAND CARD A7. Read categories if telephone interview.

b. Why didn't (child) get mental health or substance abuse services during the past month?

Any other reason?

Mark (X) all that apply.

- 00 Didn't need services
- 01 Provider thinks no longer needed
- 02 Too expensive/can't afford
- 03 Insurance doesn't cover
- 04 Insurance no longer covers
- 05 No longer on Medicaid
- 06 Provider not available
- 07 Didn't like provider
- 08 Transportation problems
- 09 Could not take time off from work
- 10 Other
- 99 DK

- 16-17
- 18-19
- 20-21
- 22-23
- 24-25
- 26-27
- 28-29
- 30-31
- 32-33
- 34-35
- 36-37
- 38-39

Notes

Section K - MENTAL HEALTH - Continued

8a. During the past 12 months, has (child) NEEDED any mental health or substance abuse services or counseling that [he/she] HAS NOT RECEIVED?

- 1 Yes (Go to 8b)
- 2 No } (Skip to 9)
- 9 DK }

40

HAND CARD A12. Read categories if telephone interview.

b. Which of these statements explains why (child) did not receive the mental health or substance abuse services [he/she] needed?

(Anything else?)

Mark (X) all that apply.

- 00 Did not try to get mental health services during the past 12 months
- 01 Too expensive/can't afford
- 02 Didn't know where to go to get services
- 03 No mental health services nearby
- 04 No nearby provider accepts Medicaid
- 05 Private insurance does not cover the services
- 06 Did not have insurance
- 07 Transportation problems
- 08 Trouble finding the right kind of mental health professional
- 09 Language barrier
- 10 Could not take time off from work
- 11 Other reasons
- 99 DK

41-42

43-44

45-46

47-48

49-50

51-52

53-54

55-56

57-58

59-60

61-62

63-64

65-66

9. Because of a physical, mental or emotional problem, during the past 12 months, did (child) receive any TRAINING in social skills, such as making and keeping friends or how to interact with other people?

- 1 Yes
- 2 No
- 9 DK

67

Notes

Section L - HOUSING AND TRANSPORTATION		RT 27
		3-4
<i>READ: These next questions are about the place (child) lives.</i>		5
1a. Is it NECESSARY to use any stairs to get into this home from outside?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	
<i>ASK OR VERIFY:</i>		6
b. Counting basements and stepdown living areas as separate levels, does this home have more than one floor or level?	1 <input type="checkbox"/> Yes (Go to 1c) 2 <input type="checkbox"/> No (Skip to 2) 9 <input type="checkbox"/> DK (Go to 1c)	
c. Does this home have a bathroom, bedroom and kitchen ALL on the SAME floor or level?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	7
2. Because of a physical impairment or health problem, does (child) have any difficulty:		
	Yes No DK	
a. Entering or leaving your home?	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	8
b. Opening or closing any of the doors in your home?	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	9
c. Reaching or opening cabinets in your home?	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	10
d. Using the bathroom in your home?	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	11
3. Does this home have any of these special features:		
	Yes No DK	
a. Widened doorways or hallways?	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	12
b. Ramps or street level entrances?	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	13
c. Railings?	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	14
d. Automatic or easy to open doors?	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	15
e. Accessible parking or drop-off site?	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	16
f. Bathroom modifications?	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	17
g. Kitchen modifications?	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	18
h. Elevator, chair lift, or stair glide?	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	19
i. Alerting devices?	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	20
j. Any other special features?	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	21
4. Does (child) NEED any of these special features to get around the home?		
	Yes No DK	
a. Widened doorways or hallways?	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	22
b. Ramps or street level entrances?	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	23
c. Railings?	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	24
d. Automatic or easy to open doors?	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	25
e. Accessible parking or drop-off site?	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	26
f. Bathroom modifications?	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	27
g. Kitchen modifications?	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	28
h. Elevator, chair lift, or stair glide?	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	29
i. Alerting devices?	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	30
j. Any other special features?	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	31
5. DURING THE PAST 12 MONTHS, were you ever refused housing or rental accommodations because of any impairment or health problem that (child) has or did you not look for housing in the past 12 months?		32
	0 <input type="checkbox"/> Did not look 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	

Section L - HOUSING AND TRANSPORTATION - Continued

<p>6a. Do you have any special equipment on your car or other motor vehicle because of an impairment or health problem that <u>(child)</u> has?</p>	<p>1 <input type="checkbox"/> Yes (Go to 6b) 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't have a car } (Skip to 6c)</p>	<p>33</p>
<p>b. What special equipment do you have because of <u>(child's)</u> impairment or health problem?</p> <p>Anything else?</p> <p><i>Mark (X) all that apply.</i></p>	<p>1 <input type="checkbox"/> Hand controls 2 <input type="checkbox"/> Hand rails, straps, specialized handles, ramps, or lifts 3 <input type="checkbox"/> Power controls for windows, mirrors, seat, or steering 4 <input type="checkbox"/> Automatic transmission 5 <input type="checkbox"/> Air conditioning 6 <input type="checkbox"/> A button that opens the door 7 <input type="checkbox"/> A large trunk or storage area 8 <input type="checkbox"/> Other special features 9 <input type="checkbox"/> DK</p>	<p>34 35 36 37 38 39 40 41 42</p>
<p>c. Did you NEED any (other) special equipment or features on a car or other motor vehicle because of any impairment or health problem that <u>(child)</u> has?</p>	<p>1 <input type="checkbox"/> Yes (Go to 6d) 2 <input type="checkbox"/> No (Skip to Section M on page 38)</p>	<p>43</p>
<p>d. What (other) equipment or features do you need?</p> <p>Anything else?</p> <p><i>Mark (X) all that apply.</i></p>	<p>1 <input type="checkbox"/> Hand controls 2 <input type="checkbox"/> Hand rails, straps, specialized handles, ramps, or lifts 3 <input type="checkbox"/> Power controls for windows, mirrors, seat, or steering 4 <input type="checkbox"/> Automatic transmission 5 <input type="checkbox"/> Air conditioning 6 <input type="checkbox"/> A button that opens the door 7 <input type="checkbox"/> A large trunk or storage area 8 <input type="checkbox"/> Other special features 9 <input type="checkbox"/> DK</p>	<p>44 45 46 47 48 49 50 51 52</p>

Notes

RT 28
3-4

Section M - HEALTH INSURANCE

<p>The next questions are about health insurance coverage.</p> <p>There is a program called Medicaid that pays for health care for persons in need. In this state, it is also called <i>(state name)</i>.</p> <p>1a. In <i>(month)</i>, was <i>(child)</i> covered by Medicaid or <i>(state name)</i>?</p> <p>1 <input type="checkbox"/> Yes <i>(Go to 1b)</i> 2 <input type="checkbox"/> No } <i>(Skip to 2)</i> 9 <input type="checkbox"/> DK }</p>		<p>5</p>
<p>b. How long has <i>(child)</i> been covered by Medicaid or <i>(state name)</i>?</p> <p><i>Read categories if necessary.</i></p> <p><i>Mark (X) only one.</i></p> <p>1 <input type="checkbox"/> Less than 6 months 2 <input type="checkbox"/> 6 months, but less than 1 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>		<p>6</p>
<p>2. In <i>(month)</i>, was <i>(child)</i> 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 <i>(child's)</i> only source of care.</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p>		<p>7</p>
<p>3a. In <i>(month)</i>, was <i>(child)</i> covered by military care, including armed forces retirement benefits, the VA (Department of Veterans' Affairs), CHAMPUS, or CHAMP-VA?</p> <p>1 <input type="checkbox"/> Yes <i>(Go to 3b)</i> 2 <input type="checkbox"/> No } <i>(Go to 4)</i> 9 <input type="checkbox"/> DK }</p>		<p>8</p>
<p>b. Was this CHAMPUS or CHAMP-VA?</p> <p><i>Read if necessary: CHAMPUS is a program of medical care for dependents of active duty or retired military personnel. CHAMP-VA is medical insurance for dependents or survivors of disabled veterans.</i></p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p>		<p>9</p>
<p>c. In <i>(month)</i>, was <i>(child)</i> covered by any other military health care, including armed forces retirement benefits, or the VA (Department of Veterans' Affairs)?</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p>		<p>10</p>
<p>4. In <i>(month)</i>, was <i>(child)</i> covered by the Indian Health Service?</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p>		<p>11</p>
<p>5a. (Not counting the Government health programs we just mentioned), in <i>(month)</i> was <i>(child)</i> covered by a private health insurance plan?</p> <p><i>Read if necessary: Beside government programs, people also get health insurance through their jobs or union, through other private groups, or directly from an insurance company. A variety of types of plans are available, including Health Maintenance Organizations or HMOs.</i></p> <p>1 <input type="checkbox"/> Yes <i>(Go to 5b)</i> 2 <input type="checkbox"/> No } <i>(Skip to Section N on page 39)</i> 9 <input type="checkbox"/> DK }</p>		<p>12</p>
<p>b. Was any of this private health insurance obtained originally through a workplace, that is through a parent's employer or union?</p> <p>1 <input type="checkbox"/> Employer 2 <input type="checkbox"/> Union 3 <input type="checkbox"/> Through workplace, DK which 4 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p>		<p>13</p>
<p>Notes</p>		

FORM **DFS-2**
(7-1-94)

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 AND PREVENTION
NATIONAL CENTER FOR HEALTH STATISTICS

DISABILITY FOLLOWBACK SURVEY
(NHIS PHASE II)
ADULT'S QUESTIONNAIRE

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 306(d) of the Public Health Service Act (42 USC 242m). Public reporting burden for this collection of information is estimated to vary from 40 to 50 minutes per response, with an average of 45 minutes per response. 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; Humphrey Building, Room 721-H, 200 Independence Avenue, SW; Washington, DC 20201; and to the Office of Management and Budget, Paperwork Reduction Project (0920-0214) Washington, DC 20503.

RT 31
3-7
8

RT 37
3-4

Part I - CALL RECORD

Mode	Date		Beginning time	Results	Ending time	Comments
	Month	Day				
5	6-7	8-9	10-14		15-19	
T			a.m.		a.m.	
P			p.m.		p.m.	
T			a.m.		a.m.	
P			p.m.		p.m.	
T			a.m.		a.m.	
P			p.m.		p.m.	
T			a.m.		a.m.	
P			p.m.		p.m.	

Part II - STATUS

A. Final Status 20-21 Interview 01 <input type="checkbox"/> Complete 02 <input type="checkbox"/> Partial (Explain in Notes) Noninterview 03 <input type="checkbox"/> SP refused 04 <input type="checkbox"/> Proxy refused 05 <input type="checkbox"/> Unable to contact 06 <input type="checkbox"/> Unable to locate 07 <input type="checkbox"/> Deceased 08 <input type="checkbox"/> Institutionalized, no proxy 09 <input type="checkbox"/> Incapable, no proxy 10 <input type="checkbox"/> Moved o/s PSU, unable to phone 11 <input type="checkbox"/> Other noninterview		B. Mode 22 1 <input type="checkbox"/> Telephone 2 <input type="checkbox"/> Personal visit	C. Respondent 64 1 <input type="checkbox"/> Self 2 <input type="checkbox"/> Proxy \checkmark Reason for proxy 1 <input type="checkbox"/> SP incapable 2 <input type="checkbox"/> SP institutionalized 3 <input type="checkbox"/> SP unavailable 4 <input type="checkbox"/> Other - Specify \checkmark
(Explain in Notes)		D. Proxy Name 23-63	
		E. Field Representative's Name Code 66-68	

65
(Fill I.I.D.)

Part III - NEW ADDRESS

RT 38
3-4
Notes

A. Address (Different from label)					
Number and street					5-29
City	30-49	State	50-51	ZIP Code	52-60
B. Telephone (Different from label)					
Area code	61-63	Number	64-70	71	
		1 <input type="checkbox"/> None		71	
		7 <input type="checkbox"/> Refused		9 <input type="checkbox"/> DK number	

INITIAL SCREENING		RT 39 3-4									
1. May I please speak with <u>(sample person)</u>?	<input type="checkbox"/> Yes (Go to A below) <input type="checkbox"/> No (Go to 2)	5									
2. Why is <u>(sample person)</u> not available to be interviewed?	<input type="checkbox"/> SP deceased (Skip to 6) <input type="checkbox"/> SP moved (Skip to 4) <input type="checkbox"/> SP temporarily absent/unavailable (Go to 3) <input type="checkbox"/> SP incapable } (Skip to 5) <input type="checkbox"/> Other	6									
3. Will <u>(sample person)</u> [return/be available] before <u>[closeout date]</u>?	<input type="checkbox"/> Yes (Schedule appointment) <input type="checkbox"/> No } (Go to 4) <input type="checkbox"/> DK	7									
4a. Has <u>(sample person)</u> moved to a new residence or is [he/she] in a health facility, group home, or some other place?	<input type="checkbox"/> SP moved (Record new address and telephone no.) <input type="checkbox"/> SP in health facility/group home (Go to 4b) <input type="checkbox"/> SP in jail (Skip to 5) <input type="checkbox"/> SP in prison (END interview – noninterview) <input type="checkbox"/> SP on vacation/visiting/temporarily absent (Skip to 4d)	8									
b. What type of facility or group home is this? <i>Mark (X) first appropriate box.</i>	<table style="width: 100%;"> <tr> <td style="width: 80%;"> <input type="checkbox"/> Hospital <input type="checkbox"/> Nursing/convalescent home } (Go to 4c) <input type="checkbox"/> Retirement home <input type="checkbox"/> Group home <input type="checkbox"/> Supervised apartment <input type="checkbox"/> Halfway house <input type="checkbox"/> Board and Care home <input type="checkbox"/> Developmental Center <input type="checkbox"/> Other supervised group residence or facility <input type="checkbox"/> Other </td> <td style="width: 20%; vertical-align: middle;"> (Record new address and telephone no.) </td> </tr> </table>	<input type="checkbox"/> Hospital <input type="checkbox"/> Nursing/convalescent home } (Go to 4c) <input type="checkbox"/> Retirement home <input type="checkbox"/> Group home <input type="checkbox"/> Supervised apartment <input type="checkbox"/> Halfway house <input type="checkbox"/> Board and Care home <input type="checkbox"/> Developmental Center <input type="checkbox"/> Other supervised group residence or facility <input type="checkbox"/> Other	(Record new address and telephone no.)	9-10							
<input type="checkbox"/> Hospital <input type="checkbox"/> Nursing/convalescent home } (Go to 4c) <input type="checkbox"/> Retirement home <input type="checkbox"/> Group home <input type="checkbox"/> Supervised apartment <input type="checkbox"/> Halfway house <input type="checkbox"/> Board and Care home <input type="checkbox"/> Developmental Center <input type="checkbox"/> Other supervised group residence or facility <input type="checkbox"/> Other	(Record new address and telephone no.)										
c. Refer to age on label.	<input type="checkbox"/> Under 69 (Skip to 5) <input type="checkbox"/> 69+ (Go to 4d)	11									
d. Is it possible to interview <u>(sample person)</u> at the [facility/present location]?	<input type="checkbox"/> Yes (Record address and telephone no.) <input type="checkbox"/> No (Go to 5)	12									
5. Since I won't be able to interview <u>(sample person)</u>, I need to talk to the person who knows the most about <u>(sample person's)</u> health. Who would that be?	<input type="checkbox"/> Respondent (Go to A below) <input type="checkbox"/> Other person (Record person's name, address, and telephone no.) <input type="checkbox"/> No one } (END interview – noninterview) <input type="checkbox"/> DK/Ref	13									
6. On what date did <u>(sample person)</u> die?	<table style="width: 100%;"> <tr> <td style="text-align: center;"> <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <th style="padding: 2px;">Month</th> <th style="padding: 2px;">Day</th> <th style="padding: 2px;">Year</th> </tr> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> </td> <td style="font-size: 2em; vertical-align: middle;">}</td> <td style="vertical-align: middle;">(Go to 7)</td> </tr> </table> 999999 <input type="checkbox"/> DK	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <th style="padding: 2px;">Month</th> <th style="padding: 2px;">Day</th> <th style="padding: 2px;">Year</th> </tr> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>	Month	Day	Year				}	(Go to 7)	14-19
<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <th style="padding: 2px;">Month</th> <th style="padding: 2px;">Day</th> <th style="padding: 2px;">Year</th> </tr> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>	Month	Day	Year				}	(Go to 7)			
Month	Day	Year									
7. Did <u>(sample person)</u> die at home, in a hospital, in a nursing or convalescent home, or some other place?	<input type="checkbox"/> At home <input type="checkbox"/> In hospital <input type="checkbox"/> In nursing/convalescent home } (END interview – noninterview) <input type="checkbox"/> Other place <input type="checkbox"/> DK	20									
A	Begin interview by asking: When we conducted the interview several months ago, we recorded <u>(sample person's)</u> age as <u>(age from label)</u>. Is this still correct?	21									
Notes											

INITIAL SCREENING - Continued																			
NEW ADDRESS (First or only)					RT 40	Second (if appropriate)					RT 41								
					3-4						3-4								
Name of place (if appropriate)					5-40	Name of place (if appropriate)					5-40								
Number and street					41-64	Number and street					41-64								
City		65-84	State		85-86	ZIP Code		87-95		City		65-84	State		85-86	ZIP Code		87-95	
Telephone					Telephone														
Area code		96-98	Number		99-105	<input type="checkbox"/> None <input type="checkbox"/> DK <input type="checkbox"/> Refused number		106		Area code		96-98	Number		99-105	<input type="checkbox"/> None <input type="checkbox"/> DK <input type="checkbox"/> Refused number		106	
PROXY RESPONDENT					RT 42						RT 41								
Name					3-4						3-4								
					5-40						5-40								
<input type="checkbox"/> Mark box if same address/phone as SP (Skip to A1 on page 4)					41						41								
Number and street					42-65						42-65								
City		66-85	State		86-87	ZIP Code		88-96		City		66-85	State		86-87	ZIP Code		88-96	
Telephone					Telephone														
Area code		97-99	Number		100-106	<input type="checkbox"/> None <input type="checkbox"/> DK <input type="checkbox"/> Refused number		107		Area code		97-99	Number		100-106	<input type="checkbox"/> None <input type="checkbox"/> DK <input type="checkbox"/> Refused number		107	

GENERAL INSTRUCTIONS

- | | |
|--|---|
| <ol style="list-style-type: none"> 1. Conduct all interviews by personal visit unless the only way to get an interview is by telephone. 2. After appropriate introductions, begin all interviews with A on page 2. 3. If the sample person (or proxy) is not within your normal assignment area, call your office for instructions. 4. Make minor corrections to the sample person's address or phone number on the LABEL. Record new addresses and/or phone numbers above. 5. If a question is refused, enter "REF" in the answer space. If the respondent does not know the answer to a question, mark the "DK" box if there is one, or enter "DK" in the answer space. | <ol style="list-style-type: none"> 6. The following symbols and print types are used throughout the questionnaire to standardize the asking of the questions: <ul style="list-style-type: none"> • Long dash (—) – Insert the appropriate words or names from the list. • Underlined italics in parentheses – Insert the specified words, name, date, etc. • Regular type in parentheses – Either read or do not read the parenthetical, depending on the situation and the context of the question. • Brackets with a slash ([/]) – Choose the appropriate words or phrase for the particular interview. • Bold capitals – Emphasize the word(s) when reading the question. 7. If interviewing a proxy, substitute the sample person's name (or appropriate pronoun) for the word "You" in the questions. |
|--|---|

Notes

Section A – HOUSING AND LONG-TERM CARE SERVICES

ITEM A1	Status of Sample Person (SP).	1 <input type="checkbox"/> Institutionalized <i>(Skip to 6 on page 5)</i> 2 <input type="checkbox"/> All others <i>(Go to 1)</i>	5
These first questions are about the place you live.		00 <input type="checkbox"/> Less than 1 year _____ Years (Number) 99 <input type="checkbox"/> DK	6-7
1. How long have you been living here?			
2a. Is it NECESSARY to use any steps or stairs to get into this home from the outside?		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	8
b. Counting basements and step down living areas as separate levels, does this home have more than one floor or level?		1 <input type="checkbox"/> Yes <i>(Go to 2c)</i> 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } <i>(Skip to 3)</i>	9
c. Does this home have a bathroom, bedroom, and kitchen ALL on the SAME floor or level?		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	10
3. Because of a physical impairment or health problem, do you have any difficulty —		Yes No DK	
a. Entering or leaving your home?		a. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	11
b. Opening or closing any of the doors in your home?		b. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	12
c. Reaching or opening cabinets in your home?		c. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	13
d. Using the bathroom in your home?		d. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	14
4. Some residences have special features to assist persons who have physical impairments or health problems. Whether you use them or not, does your residence have any of these features?		5. Which special features do you NEED to get around this home, but do not have?	
		<i>If all "Yes" in 4, skip to 6 on page 5; otherwise, ask 5 only for those features NOT marked "Yes" in 4.</i>	
		Yes No DK	Yes No DK
a. Widened doorways or hallways?		a. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/> 15	a. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/> 15
b. Ramps or street level entrances?		b. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/> 17	b. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/> 18
c. Railings?		c. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/> 19	c. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/> 20
d. Automatic or easy to open doors?		d. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/> 21	d. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/> 22
e. Accessible parking or drop-off site?		e. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/> 23	e. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/> 24
f. Bathroom modifications?		f. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/> 25	f. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/> 26
g. Kitchen modifications?		g. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/> 27	g. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/> 28
h. Elevator, chair lift, or stair glide?		h. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/> 29	h. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/> 30
i. Alerting devices?		i. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/> 31	i. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/> 32
j. Any other special features?		j. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/> 33	j. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/> 34
Notes			

Section A - HOUSING AND LONG-TERM CARE SERVICES - Continued

6. DURING THE PAST 12 MONTHS, were you ever refused housing or rental accommodations because of any impairment or health problem that you have, or did you not look for housing in the past 12 months?	<input type="checkbox"/> Did not look <input type="checkbox"/> Yes, refused housing <input type="checkbox"/> No, not refused housing <input type="checkbox"/> DK	35
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ASK OR VERIFY: 7a. Is this place a — (Read all categories) Mark (X) only one.	<input type="checkbox"/> 01 Single family house or townhouse that is not part of a retirement community, (Skip to 10 on page 6) <input type="checkbox"/> 02 Single family house, townhouse, or apartment that is part of a retirement community, (Skip to 8) <input type="checkbox"/> 03 Regular apartment, (Skip to 10 on page 6) <input type="checkbox"/> 04 Supervised apartment, <input type="checkbox"/> 05 Group home, <input type="checkbox"/> 06 Halfway house, <input type="checkbox"/> 07 Personal care or board and care home, <input type="checkbox"/> 08 Developmental center, <input type="checkbox"/> 09 Some other type of supervised group residence or facility, <input type="checkbox"/> 10 Assisted living facility, <input type="checkbox"/> 11 Nursing or convalescent home, <input type="checkbox"/> 12 Retirement home, <input type="checkbox"/> 13 Center for Independent Living, or <input type="checkbox"/> 14 Something else? <input type="checkbox"/> 99 DK	36-37
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ASK OR VERIFY: b. Does this place primarily or exclusively serve people who are elderly?	<input type="checkbox"/> 1 Yes (Skip to Item A2) <input type="checkbox"/> 2 No } (Go to 7c) <input type="checkbox"/> 9 DK }	38
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ASK OR VERIFY: c. Does this place primarily or exclusively serve persons with hearing or vision impairments, mental illness, mental retardation, or developmental disabilities?	<input type="checkbox"/> 1 Yes (Go to 7d) <input type="checkbox"/> 2 No } (Skip to Item A2) <input type="checkbox"/> 9 DK }	39
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ASK OR VERIFY: d. Which? Mark (X) all that apply.	<input type="checkbox"/> 1 Hearing impairments <input type="checkbox"/> 2 Vision impairments <input type="checkbox"/> 3 Mental retardation/developmental disabilities <input type="checkbox"/> 9 DK	40 41 42 43
--	--	----------------------

ITEM A2	Status of SP.	<input type="checkbox"/> 1 Institutionalized (Skip to 11 on page 6) <input type="checkbox"/> 2 All others (Go to 8)	44
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8. Whether you use them or not, does this place routinely provide services such as meals, help with housework or personal care, transportation, or recreation?	<input type="checkbox"/> 1 Yes (Go to 9 on page 6) <input type="checkbox"/> 2 No } (Skip to 10 on page 6) <input type="checkbox"/> 9 DK }	45
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Notes	
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Section A - HOUSING AND LONG-TERM CARE SERVICES - Continued

9. Whether you use them or not, does this place routinely provide —		Yes	No	DK	
a. Group meals for residents?	a.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	46
b. Housekeeping or maid service?	b.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	47
c. Nursing or medical care?	c.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	48
d. Supervision of residents who give themselves their own medication?	d.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	49
e. Help with bathing, eating, or dressing?	e.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	50
f. Help with walking or getting about?	f.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	51
g. Help with shopping?	g.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	52
h. Planned social activities or trips?	h.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	53
i. Educational or training programs?	i.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	54
j. Help with laundry?	j.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	55
k. Help with money management?	k.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	56
l. Transportation?	l.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	57
m. Protective oversight?	m.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	58
10. Are you planning a move in order to receive any (additional) personal help, assistance or services?		1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No	9 <input type="checkbox"/> DK	59
<i>Mark "Yes" if SP is currently living in a nursing home; otherwise ask:</i>					60
11a. Have you EVER been a resident or patient in a nursing home?		1 <input type="checkbox"/> Yes (Go to 11b)	2 <input type="checkbox"/> No	9 <input type="checkbox"/> DK } (Skip to 13 on page 8)	
b. How many DIFFERENT TIMES have you been a resident or patient in a nursing home (including the current time)?		_____ Times (Number)			61-62
		99 <input type="checkbox"/> DK			
c. On what date were you admitted (the FIRST time)?		_____/ 19____ Month Year			63-65
<i>If date not known, ask: Was it within the past 12 months?</i>		0001 <input type="checkbox"/> In past 12 months 0002 <input type="checkbox"/> Not in past 12 months 9999 <input type="checkbox"/> DK			
<i>Mark box if "Now in nursing home"; otherwise ask:</i>		0000 <input type="checkbox"/> Now in nursing home			67-70
d. On what date were you discharged (the LAST time)?		_____/ 19____ Month Year			
<i>If date not known, ask: Was it within the past 12 months?</i>		0001 <input type="checkbox"/> In past 12 months 0002 <input type="checkbox"/> Not in past 12 months 9999 <input type="checkbox"/> DK			
e. How long [were you/have you been] in the nursing home [the LAST time/THIS time)?		00 <input type="checkbox"/> Less than 1 month			71-72
		_____ Months (Number)			
		99 <input type="checkbox"/> DK			
<i>Ask if date in 11d is within the past 12 months, including "Now in". If not within the past 12 months, skip to 13 on page 8.</i>		00 <input type="checkbox"/> Less than 1 week			73-74
f. How many weeks in the past 12 months [were you/have you been] in a nursing home?		_____ Weeks (Number)			
		99 <input type="checkbox"/> DK			

Section A – HOUSING AND LONG-TERM CARE SERVICES – Continued

HAND CARD A1. Read categories if telephone interview.

12a. Who paid or will pay for your nursing home stays in the past 12 months?

(Anyone else?)

Mark (X) all that apply.

- 01 Self or family in household
 - 02 Family NOT in household
 - 03 Private health insurance
 - 04 Medicare
 - 05 Medicaid
 - 06 Rehabilitation program
 - 07 Employer
 - 08 School system
 - 09 VA program
 - 10 Other military
 - 11 Other private source
 - 12 Other public source
 - 13 No one/Free
 - 99 DK
- (Skip to 13 on page 8)

- 75-76
- 77-78
- 79-80
- 81-82
- 83-84
- 85-86
- 87-88
- 89-90
- 91-92
- 93-94
- 95-96
- 97-98
- 99-100
- 101-102

Ask if more than one source in 12a. If only one source in 12a, transcribe the number of the box marked without asking.

103-104

b. Who paid or will pay the most for your nursing home stays in the past 12 months?

Record number of the main source.

Paid most
(Number)

99 DK

Ask only if box 01 marked in 12a; otherwise, skip to 13 on page 8.

105-110

c. During the past 12 months, about how much did you or your family pay for your nursing home stays? Do not count any money that has been or will be reimbursed by insurance or any other source.

000000 None

\$ _____ .

999999 DK

Notes

Section A – HOUSING AND LONG-TERM CARE SERVICES – Continued

		RT 44	3-4		RT 44	3-4
<p>Ask 13 for places A-F before going to 14.</p> <p>13. Have you EVER lived in —</p>	01	A	5-6	B	02	5-6
		A convalescent home?		A facility or group home for persons with mental illness?		
	13.	<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>9 <input type="checkbox"/> DK</p>	7	<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>9 <input type="checkbox"/> DK</p>	13.	7
<p>Ask 14a-e for each "Yes" in 13.</p> <p>If more than one stay, these questions refer to the most recent.</p> <p>14a. When did you last leave (place)?</p> <p>If DK, probe: Was it within the past 12 months?</p>	14a.	<p>0000 <input type="checkbox"/> Now in</p> <p>_____/19 Month Year</p> <p>0001 <input type="checkbox"/> In past 12 months</p> <p>0002 <input type="checkbox"/> Not in past 12 months</p> <p>9999 <input type="checkbox"/> DK</p>	8-11	<p>0000 <input type="checkbox"/> Now in</p> <p>_____/19 Month Year</p> <p>0001 <input type="checkbox"/> In past 12 months</p> <p>0002 <input type="checkbox"/> Not in past 12 months</p> <p>9999 <input type="checkbox"/> DK</p>	14a.	8-11
<p>b. How long did you stay at (place)?</p>	b.	<p>000 <input type="checkbox"/> Less than 1 month</p> <p>Number { 1 <input type="checkbox"/> Months 2 <input type="checkbox"/> Years</p> <p>999 <input type="checkbox"/> DK</p>	12-14	<p>000 <input type="checkbox"/> Less than 1 month</p> <p>Number { 1 <input type="checkbox"/> Months 2 <input type="checkbox"/> Years</p> <p>999 <input type="checkbox"/> DK</p>	b.	12-14
<p>HAND CARD A1. Read categories if telephone interview.</p> <p>c. Who paid or will pay for your stay at (place)?</p> <p>(Anyone else?)</p> <p>Mark (X) all that apply.</p>	c.	<p>01 <input type="checkbox"/> Self or family in household 15-16</p> <p>02 <input type="checkbox"/> Family NOT in household 17-18</p> <p>03 <input type="checkbox"/> Private health insurance 19-20</p> <p>04 <input type="checkbox"/> Medicare 21-22</p> <p>05 <input type="checkbox"/> Medicaid 23-24</p> <p>06 <input type="checkbox"/> Rehabilitation program 25-26</p> <p>07 <input type="checkbox"/> Employer 27-28</p> <p>08 <input type="checkbox"/> School system 29-30</p> <p>09 <input type="checkbox"/> VA program 31-32</p> <p>10 <input type="checkbox"/> Other military 33-34</p> <p>11 <input type="checkbox"/> Other private source 35-36</p> <p>12 <input type="checkbox"/> Other public source 37-38</p> <p>13 <input type="checkbox"/> No one/Free (Skip to 14a for next "Yes" in 13) 39-40</p> <p>99 <input type="checkbox"/> DK 41-42</p>	43-44	<p>01 <input type="checkbox"/> Self or family in household 15-16</p> <p>02 <input type="checkbox"/> Family NOT in household 17-18</p> <p>03 <input type="checkbox"/> Private health insurance 19-20</p> <p>04 <input type="checkbox"/> Medicare 21-22</p> <p>05 <input type="checkbox"/> Medicaid 23-24</p> <p>06 <input type="checkbox"/> Rehabilitation program 25-26</p> <p>07 <input type="checkbox"/> Employer 27-28</p> <p>08 <input type="checkbox"/> School system 29-30</p> <p>09 <input type="checkbox"/> VA program 31-32</p> <p>10 <input type="checkbox"/> Other military 33-34</p> <p>11 <input type="checkbox"/> Other private source 35-36</p> <p>12 <input type="checkbox"/> Other public source 37-38</p> <p>13 <input type="checkbox"/> No one/Free (Skip to 14a for next "Yes" in 13) 39-40</p> <p>99 <input type="checkbox"/> DK 41-42</p>	c.	43-44
<p>Ask if more than one source in 14c. If only one source in 14c, transcribe number of the box marked without asking.</p> <p>d. Who paid or will pay for most of the cost for your stay at (place)?</p> <p>Record number of the main source.</p>	d.	<p><input type="text"/> Paid most (Number)</p> <p>99 <input type="checkbox"/> DK</p>	45-50	<p><input type="text"/> Paid most (Number)</p> <p>99 <input type="checkbox"/> DK</p>	d.	45-50
<p>Ask only if box 01 marked in 14c AND any part of the stay was in the past 12 months; otherwise, ask 14a for next "Yes" in 13.</p> <p>e. During the past 12 months, about how much did you or your family pay for your stay at (place)? Do not count any money that has been or will be reimbursed by insurance or any other source.</p>	e.	<p>000000 <input type="checkbox"/> None</p> <p>\$ _____ . <input type="text"/> <input type="text"/></p> <p>999999 <input type="checkbox"/> DK</p>	45-50	<p>000000 <input type="checkbox"/> None</p> <p>\$ _____ . <input type="text"/> <input type="text"/></p> <p>999999 <input type="checkbox"/> DK</p>	e.	45-50

Notes

Section A - HOUSING AND LONG-TERM CARE SERVICES - Continued

C		RT 44	3-4	D		RT 44	3-4	E		RT 44	3-4	F		RT 44	3-4
03		5-6		04		5-6		05		5-6		06		5-6	
A board and care home?				A facility for persons with mental retardation?				An assisted living facility?				Any other long-term care facility?			
1 <input type="checkbox"/> Yes		7		1 <input type="checkbox"/> Yes		7		1 <input type="checkbox"/> Yes		7		1 <input type="checkbox"/> Yes		7	
2 <input type="checkbox"/> No				2 <input type="checkbox"/> No				2 <input type="checkbox"/> No				2 <input type="checkbox"/> No			
9 <input type="checkbox"/> DK				9 <input type="checkbox"/> DK				9 <input type="checkbox"/> DK				9 <input type="checkbox"/> DK			
13.				13.				13.				13.			
0000 <input type="checkbox"/> Now in		8-11		0000 <input type="checkbox"/> Now in		8-11		0000 <input type="checkbox"/> Now in		8-11		0000 <input type="checkbox"/> Now in		8-11	
_____/_____/19		Month Year		_____/_____/19		Month Year		_____/_____/19		Month Year		_____/_____/19		Month Year	
0001 <input type="checkbox"/> In past 12 months				0001 <input type="checkbox"/> In past 12 months				0001 <input type="checkbox"/> In past 12 months				0001 <input type="checkbox"/> In past 12 months			
0002 <input type="checkbox"/> Not in past 12 months				0002 <input type="checkbox"/> Not in past 12 months				0002 <input type="checkbox"/> Not in past 12 months				0002 <input type="checkbox"/> Not in past 12 months			
9999 <input type="checkbox"/> DK				9999 <input type="checkbox"/> DK				9999 <input type="checkbox"/> DK				9999 <input type="checkbox"/> DK			
14a.				14a.				14a.				14a.			
b.		12-14		b.		12-14		b.		12-14		b.		12-14	
000 <input type="checkbox"/> Less than 1 month				000 <input type="checkbox"/> Less than 1 month				000 <input type="checkbox"/> Less than 1 month				000 <input type="checkbox"/> Less than 1 month			
Number		<input type="checkbox"/> 1 Months <input type="checkbox"/> 2 Years		Number		<input type="checkbox"/> 1 Months <input type="checkbox"/> 2 Years		Number		<input type="checkbox"/> 1 Months <input type="checkbox"/> 2 Years		Number		<input type="checkbox"/> 1 Months <input type="checkbox"/> 2 Years	
999 <input type="checkbox"/> DK				999 <input type="checkbox"/> DK				999 <input type="checkbox"/> DK				999 <input type="checkbox"/> DK			
c.				c.				c.				c.			
01 <input type="checkbox"/> Self or family in household		15-16		01 <input type="checkbox"/> Self or family in household		15-16		01 <input type="checkbox"/> Self or family in household		15-16		01 <input type="checkbox"/> Self or family in household		15-16	
02 <input type="checkbox"/> Family NOT in household		17-18		02 <input type="checkbox"/> Family NOT in household		17-18		02 <input type="checkbox"/> Family NOT in household		17-18		02 <input type="checkbox"/> Family NOT in household		17-18	
03 <input type="checkbox"/> Private health insurance		19-20		03 <input type="checkbox"/> Private health insurance		19-20		03 <input type="checkbox"/> Private health insurance		19-20		03 <input type="checkbox"/> Private health insurance		19-20	
04 <input type="checkbox"/> Medicare		21-22		04 <input type="checkbox"/> Medicare		21-22		04 <input type="checkbox"/> Medicare		21-22		04 <input type="checkbox"/> Medicare		21-22	
05 <input type="checkbox"/> Medicaid		23-24		05 <input type="checkbox"/> Medicaid		23-24		05 <input type="checkbox"/> Medicaid		23-24		05 <input type="checkbox"/> Medicaid		23-24	
06 <input type="checkbox"/> Rehabilitation program		25-26		06 <input type="checkbox"/> Rehabilitation program		25-26		06 <input type="checkbox"/> Rehabilitation program		25-26		06 <input type="checkbox"/> Rehabilitation program		25-26	
07 <input type="checkbox"/> Employer		27-28		07 <input type="checkbox"/> Employer		27-28		07 <input type="checkbox"/> Employer		27-28		07 <input type="checkbox"/> Employer		27-28	
08 <input type="checkbox"/> School system		29-30		08 <input type="checkbox"/> School system		29-30		08 <input type="checkbox"/> School system		29-30		08 <input type="checkbox"/> School system		29-30	
09 <input type="checkbox"/> VA program		31-32		09 <input type="checkbox"/> VA program		31-32		09 <input type="checkbox"/> VA program		31-32		09 <input type="checkbox"/> VA program		31-32	
10 <input type="checkbox"/> Other military		33-34		10 <input type="checkbox"/> Other military		33-34		10 <input type="checkbox"/> Other military		33-34		10 <input type="checkbox"/> Other military		33-34	
11 <input type="checkbox"/> Other private source		35-36		11 <input type="checkbox"/> Other private source		35-36		11 <input type="checkbox"/> Other private source		35-36		11 <input type="checkbox"/> Other private source		35-36	
12 <input type="checkbox"/> Other public source		37-38		12 <input type="checkbox"/> Other public source		37-38		12 <input type="checkbox"/> Other public source		37-38		12 <input type="checkbox"/> Other public source		37-38	
13 <input type="checkbox"/> No one/Free		39-40		13 <input type="checkbox"/> No one/Free		39-40		13 <input type="checkbox"/> No one/Free		39-40		13 <input type="checkbox"/> No one/Free		39-40	
99 <input type="checkbox"/> DK		41-42		99 <input type="checkbox"/> DK		41-42		99 <input type="checkbox"/> DK		41-42		99 <input type="checkbox"/> DK		41-42	
(Skip to 14a for next "Yes" in 13)				(Skip to 14a for next "Yes" in 13)				(Skip to 14a for next "Yes" in 13)				(Skip to 14a for next "Yes" in 13)			
43-44				43-44				43-44				43-44			
d.				d.				d.				d.			
(Number) Paid most				(Number) Paid most				(Number) Paid most				(Number) Paid most			
99 <input type="checkbox"/> DK				99 <input type="checkbox"/> DK				99 <input type="checkbox"/> DK				99 <input type="checkbox"/> DK			
e.				e.				e.				e.			
000000 <input type="checkbox"/> None		45-50		000000 <input type="checkbox"/> None		45-50		000000 <input type="checkbox"/> None		45-50		000000 <input type="checkbox"/> None		45-50	
\$ _____ .00				\$ _____ .00				\$ _____ .00				\$ _____ .00			
999999 <input type="checkbox"/> DK				999999 <input type="checkbox"/> DK				999999 <input type="checkbox"/> DK				999999 <input type="checkbox"/> DK			

Notes

Section A - HOUSING AND LONG-TERM CARE SERVICES - Continued		RT 45
		3-4
<p><i>HAND CARD A2.</i></p> <p>15a. Are you currently on a waiting list for any of these facilities? Read categories in 15b if telephone interview.</p>	<p>1 <input type="checkbox"/> Yes <i>(Go to 15b)</i></p> <p>2 <input type="checkbox"/> No } <i>(Skip to 16)</i></p> <p>9 <input type="checkbox"/> DK }</p>	5
<p>b. For which facilities are you on a waiting list?</p> <p>Anywhere else?</p> <p><i>Read categories if necessary.</i></p> <p><i>Mark (X) all that apply.</i></p>	<p>1 <input type="checkbox"/> Nursing home</p> <p>2 <input type="checkbox"/> Convalescent home</p> <p>3 <input type="checkbox"/> Facility or group home for persons with mental illness</p> <p>4 <input type="checkbox"/> Board and care home</p> <p>5 <input type="checkbox"/> Facility for persons with mental retardation</p> <p>6 <input type="checkbox"/> Assisted living facility</p> <p>7 <input type="checkbox"/> Any other long-term care facility</p> <p>9 <input type="checkbox"/> DK</p>	<p>6</p> <p>7</p> <p>8</p> <p>9</p> <p>10</p> <p>11</p> <p>12</p> <p>13</p>
<p>16. Are you on a waiting list for publicly funded home care or community-based care?</p>	<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>9 <input type="checkbox"/> DK</p>	14
<p>Notes</p>		

Section B - TRANSPORTATION		RT 48									
		3-4									
These next questions are about getting around outside your home.		5									
<p>1. How frequently do you drive a car or other motor vehicle? Would you say — <i>(Read all categories)</i> <i>Mark (X) only one.</i></p>	<p> <input type="checkbox"/> Everyday or almost everyday, <input type="checkbox"/> Occasionally, <input type="checkbox"/> Seldom, or <input type="checkbox"/> Never? <i>(Go to 2)</i> <input type="checkbox"/> DK <i>(Skip to 3)</i> </p>	} <i>(Skip to 3)</i>									
<p>2. Is this because of an impairment or health problem?</p>	<p> <input type="checkbox"/> Yes } <input type="checkbox"/> No } <i>(Skip to 4)</i> <input type="checkbox"/> DK } </p>	6									
<p>3a. Because of an impairment or health problem, do you have any special equipment on your car or other motor vehicle?</p>	<p> <input type="checkbox"/> Yes <i>(Go to 3b)</i> <input type="checkbox"/> No <input type="checkbox"/> Don't have a car } <i>(Skip to 3c)</i> <input type="checkbox"/> DK </p>	7									
<p>b. What special equipment do you have? Anything else? <i>Mark (X) all that apply.</i></p>	<p> <input type="checkbox"/> Hand controls <input type="checkbox"/> Hand rails, straps, specialized handles, ramps, or lifts <input type="checkbox"/> Power controls for windows, mirrors, seat, or steering <input type="checkbox"/> Automatic transmission <input type="checkbox"/> Air conditioning <input type="checkbox"/> A button that opens the door <input type="checkbox"/> A large trunk or storage area <input type="checkbox"/> Other special features <input type="checkbox"/> DK </p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="text-align: center;">8</td></tr> <tr><td style="text-align: center;">9</td></tr> <tr><td style="text-align: center;">10</td></tr> <tr><td style="text-align: center;">11</td></tr> <tr><td style="text-align: center;">12</td></tr> <tr><td style="text-align: center;">13</td></tr> <tr><td style="text-align: center;">14</td></tr> <tr><td style="text-align: center;">15</td></tr> <tr><td style="text-align: center;">16</td></tr> </table>	8	9	10	11	12	13	14	15	16
8											
9											
10											
11											
12											
13											
14											
15											
16											
<p>c. Do you need any (other) special equipment or features on a car or other motor vehicle because of an impairment or health problem?</p>	<p> <input type="checkbox"/> Yes <i>(Go to 3d)</i> <input type="checkbox"/> No <input type="checkbox"/> DK } <i>(Skip to 4)</i> </p>	17									
<p>d. What (other) equipment or features do you need? Anything else? <i>Mark (X) all that apply.</i></p>	<p> <input type="checkbox"/> Hand controls <input type="checkbox"/> Hand rails, straps, specialized handles, ramps, or lifts <input type="checkbox"/> Power controls for windows, mirrors, seat, or steering <input type="checkbox"/> Automatic transmission <input type="checkbox"/> Air conditioning <input type="checkbox"/> A button that opens the door <input type="checkbox"/> A large trunk or storage area <input type="checkbox"/> Other special features <input type="checkbox"/> DK </p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="text-align: center;">18</td></tr> <tr><td style="text-align: center;">19</td></tr> <tr><td style="text-align: center;">20</td></tr> <tr><td style="text-align: center;">21</td></tr> <tr><td style="text-align: center;">22</td></tr> <tr><td style="text-align: center;">23</td></tr> <tr><td style="text-align: center;">24</td></tr> <tr><td style="text-align: center;">25</td></tr> <tr><td style="text-align: center;">26</td></tr> </table>	18	19	20	21	22	23	24	25	26
18											
19											
20											
21											
22											
23											
24											
25											
26											
<p>4a. Some communities have special bus, cab or van services for people who have difficulty using the regular public transportation service. When using this special service, people can call ahead and ask to be picked up. Is such a service available in your area?</p>	<p> <input type="checkbox"/> Yes <i>(Go to 4b)</i> <input type="checkbox"/> No } <i>(Skip to 6 on page 12)</i> <input type="checkbox"/> DK </p>	27									
<p>b. Is this special service operated by a transit authority, government program or some other private source? <i>Mark (X) all that apply.</i></p>	<p> <input type="checkbox"/> Transit authority <input type="checkbox"/> Government program <input type="checkbox"/> Other private source <input type="checkbox"/> DK </p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="text-align: center;">28</td></tr> <tr><td style="text-align: center;">29</td></tr> <tr><td style="text-align: center;">30</td></tr> <tr><td style="text-align: center;">31</td></tr> </table>	28	29	30	31					
28											
29											
30											
31											
<p>Notes</p>											

Section B – TRANSPORTATION – Continued

<p>5a. Have you used this special service in the past 12 months?</p>	<p>1 <input type="checkbox"/> Yes (Skip to 5c) 2 <input type="checkbox"/> No (Go to 5b) 9 <input type="checkbox"/> DK (Skip to 6)</p> <p style="text-align: right;">32</p>
<p>b. Why haven't you used this service in the past 12 months? Anything else? Mark (X) all that apply.</p>	<p>01 <input type="checkbox"/> Don't know how to use 02 <input type="checkbox"/> Need help from another person 03 <input type="checkbox"/> Can't use alone 04 <input type="checkbox"/> Can't use phone 05 <input type="checkbox"/> Don't have phone 06 <input type="checkbox"/> Can't read 07 <input type="checkbox"/> Illness 08 <input type="checkbox"/> Can't get reservation for service 09 <input type="checkbox"/> Hours of service inadequate 10 <input type="checkbox"/> Pickup unreliable/inconvenient 11 <input type="checkbox"/> Cost 12 <input type="checkbox"/> Denied use of service 13 <input type="checkbox"/> Service not needed/wanted 14 <input type="checkbox"/> Other reason 99 <input type="checkbox"/> DK</p> <p style="text-align: right;">(Skip to 6)</p> <p style="text-align: right;">33-34 35-36 37-38 39-40 41-42 43-44 45-46 47-48 49-50 51-52 53-54 55-56 57-58 59-60 61-62</p>
<p>c. About how many times have you used this service in the PAST 12 MONTHS?</p>	<p>_____ Times in past 12 months (Number) 999 <input type="checkbox"/> DK</p> <p style="text-align: right;">63-65</p>
<p>d. About how many times have you used this service in the PAST WEEK?</p>	<p>_____ Times in past week (Number) 00 <input type="checkbox"/> None 99 <input type="checkbox"/> DK</p> <p style="text-align: right;">66-67</p>
<p>6a. During the past 12 months, have you used local public transportation, such as a regular bus line, rapid transit, subway, or street car? Mark (X) only one.</p>	<p>0 <input type="checkbox"/> No public system available (Skip to 8 on page 13) 1 <input type="checkbox"/> Yes (Skip to 6c) 2 <input type="checkbox"/> No (Go to 6b) 9 <input type="checkbox"/> DK (Go to 6b)</p> <p style="text-align: right;">68</p>
<p>b. Does an impairment or health problem prevent or limit your use of the public transportation service? Mark (X) only one.</p>	<p>0 <input type="checkbox"/> No public system available (Skip to 8 on page 13) 1 <input type="checkbox"/> Yes (Skip to 6e) 2 <input type="checkbox"/> No } (Skip to 7 on page 13) 9 <input type="checkbox"/> DK }</p> <p style="text-align: right;">69</p>
<p>c. During the past 12 months, how often did you use the local public transportation service? Would you say — (Read all categories) Mark (X) only one.</p>	<p>1 <input type="checkbox"/> Everyday or almost everyday, 2 <input type="checkbox"/> Occasionally, or 3 <input type="checkbox"/> Seldom? 9 <input type="checkbox"/> DK</p> <p style="text-align: right;">70</p>
<p>d. Because of an impairment or health problem, during the past 12 months, did you have any difficulty using the local public transportation service?</p>	<p>1 <input type="checkbox"/> Yes (Go to 6e) 2 <input type="checkbox"/> No } (Skip to 7 on page 13) 9 <input type="checkbox"/> DK }</p> <p style="text-align: right;">71</p>
<p>e. What types of difficulties [did/would] you have using the public transportation service? Anything else? Mark (X) all that apply.</p>	<p>01 <input type="checkbox"/> Cognitive/mental problems (remembering where to go/knowing how to avoid trouble) 02 <input type="checkbox"/> Fear 03 <input type="checkbox"/> Vision 04 <input type="checkbox"/> Hearing 05 <input type="checkbox"/> Weather 06 <input type="checkbox"/> Difficulty walking/can't walk 07 <input type="checkbox"/> Wheelchair/scooter/access problems 08 <input type="checkbox"/> Problems with other medical/assistive devices 09 <input type="checkbox"/> Need help from another person 10 <input type="checkbox"/> Hours inadequate 11 <input type="checkbox"/> Cost 12 <input type="checkbox"/> Other 99 <input type="checkbox"/> DK</p> <p style="text-align: right;">72-73 74-75 76-77 78-79 80-81 82-83 84-85 86-87 88-89 90-91 92-93 94-95 96-97</p>
<p>Ask 6f only if box 01 marked in 6e; otherwise, skip to 7 on page 13.</p> <p>f. If you were given mobility training about how to use the public transportation service, such as what stop to get off, how to transfer or how to pay the fare, would you use the service?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p> <p style="text-align: right;">98</p>

Section B - TRANSPORTATION - Continued		RT 47
		3-4
<p>7. In general, how difficult is it for you to get to and use public transportation? Would you say it is — <i>(Read all categories)</i></p> <p><i>Mark (X) only one.</i></p>	<p>0 <input type="checkbox"/> No public system available 1 <input type="checkbox"/> Very difficult. 2 <input type="checkbox"/> Somewhat difficult, 3 <input type="checkbox"/> A little difficult, or 4 <input type="checkbox"/> Not at all difficult? 9 <input type="checkbox"/> DK</p>	5
<p>8a. Do you have any (other) problems getting around outside your home due to an impairment or health problem?</p>	<p>1 <input type="checkbox"/> Yes <i>(Go to 8b)</i> 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } <i>(Skip to 9)</i></p>	6
<p>b. What (other) problems do you have getting around outside your home?</p> <p>Anything else?</p> <p><i>Mark (X) all that apply.</i></p>	<p>01 <input type="checkbox"/> Cognitive or mental problems (remembering where to go, knowing how to avoid trouble) 02 <input type="checkbox"/> Fear 03 <input type="checkbox"/> Vision 04 <input type="checkbox"/> Hearing 05 <input type="checkbox"/> Weather 06 <input type="checkbox"/> Difficulty walking/can't walk 07 <input type="checkbox"/> Wheelchair/scooter/access problems 08 <input type="checkbox"/> Problems with other medical/assistive devices 09 <input type="checkbox"/> Need help from another person 10 <input type="checkbox"/> Other 99 <input type="checkbox"/> DK</p>	7-8 9-10 11-12 13-14 15-16 17-18 19-20 21-22 23-24 25-26 27-28
<p>9. DURING THE PAST 6 MONTHS, have you traveled by car, airplane, bus, train, or boat?</p>	<p>1 <input type="checkbox"/> Yes <i>(Go to 10)</i> 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } <i>(Skip to Section C on page 15)</i></p>	29
<p>10. IN THE PAST WEEK, about how many times did you —</p>		
<p>a. Drive a car?</p>	<p>a. _____ Times (Number)</p>	<p>00 <input type="checkbox"/> None 99 <input type="checkbox"/> DK</p>
<p>b. Ride as a passenger in a car?</p>	<p>b. _____ Times (Number)</p>	<p>00 <input type="checkbox"/> None 99 <input type="checkbox"/> DK</p>
<p>IN THE PAST WEEK, about how many times did you ride —</p>		
<p>c. A regular bus?</p>	<p>c. _____ Times (Number)</p>	<p>00 <input type="checkbox"/> None 99 <input type="checkbox"/> DK</p>
<p>d. An accessible bus?</p>	<p>d. _____ Times (Number)</p>	<p>00 <input type="checkbox"/> None 99 <input type="checkbox"/> DK</p>
<p>e. A subway?</p>	<p>e. _____ Times (Number)</p>	<p>00 <input type="checkbox"/> None 99 <input type="checkbox"/> DK</p>
<p>f. Some other rail system?</p>	<p>f. _____ Times (Number)</p>	<p>00 <input type="checkbox"/> None 99 <input type="checkbox"/> DK</p>
<p>g. A ferry boat?</p>	<p>g. _____ Times (Number)</p>	<p>00 <input type="checkbox"/> None 99 <input type="checkbox"/> DK</p>
<p>IN THE PAST WEEK, about how many times did you ride in a —</p>		
<p>h. Social service agency van?</p>	<p>h. _____ Times (Number)</p>	<p>00 <input type="checkbox"/> None 99 <input type="checkbox"/> DK</p>
<p>i. Regular taxi, in which you paid the fare?</p>	<p>i. _____ Times (Number)</p>	<p>00 <input type="checkbox"/> None 99 <input type="checkbox"/> DK</p>
<p>Notes</p>		

Section B – TRANSPORTATION – Continued

<p>11a. IN THE PAST 6 MONTHS, about how many times did you fly in an airplane?</p>	<p>01 <input type="checkbox"/> One (Skip to 11f)</p> <p>_____ Times (Go to 11b) (Number)</p> <p>00 <input type="checkbox"/> None } (Skip to 12) 99 <input type="checkbox"/> DK</p>	48-49
<p>b. About how many of these times were on a large airplane with 200 or more seats?</p>	<p>_____ Times (Number)</p> <p>00 <input type="checkbox"/> None 99 <input type="checkbox"/> DK</p>	50-51
<p>c. (About how many of these times were) on a medium sized airplane with 100 to 199 seats?</p>	<p>_____ Times (Number)</p> <p>00 <input type="checkbox"/> None 99 <input type="checkbox"/> DK</p>	52-53
<p>d. (About how many of these times were) on a small airplane with 19 to 99 seats?</p>	<p>_____ Times (Number)</p> <p>00 <input type="checkbox"/> None 99 <input type="checkbox"/> DK</p>	54-55
<p>e. (About how many of these times were) on an airplane with fewer than 19 seats?</p>	<p>_____ Times (Number) } (Skip to 12) 00 <input type="checkbox"/> None 99 <input type="checkbox"/> DK</p>	56-57
<p>f. Was that flight in — (Read all categories)</p>	<p>1 <input type="checkbox"/> A large airplane with 200 or more seats, 2 <input type="checkbox"/> A medium sized airplane with 100-199 seats, 3 <input type="checkbox"/> A small airplane with 19-99 seats, or 4 <input type="checkbox"/> An airplane with fewer than 19 seats? 9 <input type="checkbox"/> DK</p>	58
<p>12a. IN THE PAST 6 MONTHS, about how many times did you ride a long-distance bus, such as Greyhound or Trailways?</p>	<p>_____ Times (Number)</p> <p>00 <input type="checkbox"/> None 99 <input type="checkbox"/> DK</p>	59-60
<p>b. (IN THE PAST 6 MONTHS, about how many times did you) take a trip on a train, such as Amtrak?</p>	<p>_____ Times (Number)</p> <p>00 <input type="checkbox"/> None 99 <input type="checkbox"/> DK</p>	61-62
<p>c. (IN THE PAST 6 MONTHS, about how many times did you) take a trip on a cruise ship or boat?</p>	<p>_____ Times (Number)</p> <p>00 <input type="checkbox"/> None 99 <input type="checkbox"/> DK</p>	63-64

Notes

Section C – SOCIAL ACTIVITY		RT 48
		3-4
ITEM C1	Status of SP.	5
		1 <input type="checkbox"/> Institutionalized (Skip to Section D on page 16) 2 <input type="checkbox"/> All others (Go to 1)
<p>These next questions are about various activities you may have participated in.</p> <p>Ask 1a-g before going to question 2.</p>		<p>Ask 2 for each "Yes" in 1.</p> <p>2. DURING THE PAST 2 WEEKS, how many times did you (activity)?</p>
1. DURING THE PAST 2 WEEKS, did you —		6
a. Get together socially with friends or neighbors?	a. 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	a. _____ Times (Number) 99 <input type="checkbox"/> DK
b. Talk with friends or neighbors on the telephone?	b. 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	b. _____ Times (Number) 99 <input type="checkbox"/> DK
c. Get together with ANY relatives not including those living with you?	c. 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	c. _____ Times (Number) 99 <input type="checkbox"/> DK
d. Talk with ANY relatives on the telephone not including those living with you?	d. 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	d. _____ Times (Number) 99 <input type="checkbox"/> DK
e. Go to church, temple, or another place of worship for services or other activities?	e. 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	e. _____ Times (Number) 99 <input type="checkbox"/> DK
f. Go to a show or movie, sports event, club meeting, class, or other group event?	f. 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	f. _____ Times (Number) 99 <input type="checkbox"/> DK
g. Go out to eat at a restaurant?	g. 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	g. _____ Times (Number) 99 <input type="checkbox"/> DK
3. How many days in the past two weeks did you leave your home for any reason?		27-28
14 <input type="checkbox"/> Every day 00 <input type="checkbox"/> None _____ Days (Number) 99 <input type="checkbox"/> DK		
If proxy respondent, skip to Section D on page 16; otherwise ask: 4. Regarding your present social activities, do you feel that you are doing about enough, too much, or would you like to be doing more? Mark (X) only one.		29
		1 <input type="checkbox"/> About enough 2 <input type="checkbox"/> Too much 3 <input type="checkbox"/> Would like to be doing more 9 <input type="checkbox"/> DK
Notes		

Section D – WORK HISTORY/EMPLOYMENT		RT 49 3-4																																									
<p>These next questions are about working for pay or profit, and about unpaid volunteer work.</p> <p>1. Have you EVER worked at a job or business?</p>	<p>1 <input type="checkbox"/> Yes (Skip to 16 on page 18) 2 <input type="checkbox"/> No } (Go to 2) 9 <input type="checkbox"/> DK }</p>	5																																									
<p>2. Does an ongoing health problem, impairment or disability ENTIRELY prevent you from working?</p>	<p>1 <input type="checkbox"/> Yes (Go to 3) 2 <input type="checkbox"/> No } (Skip to 8) 9 <input type="checkbox"/> DK }</p>	6																																									
<p>3. If enough accommodations were made in transportation and at the work place, would you be able to work?</p>	<p>1 <input type="checkbox"/> Yes (Go to 4) 2 <input type="checkbox"/> No } (Skip to 6) 9 <input type="checkbox"/> DK }</p>	7																																									
<p>4. IN ORDER TO WORK, would you NEED any of these special features at your worksite —</p>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 5%;"></th> <th style="width: 10%; text-align: center;">Yes</th> <th style="width: 10%; text-align: center;">No</th> <th style="width: 10%; text-align: center;">DK</th> <th style="width: 15%;"></th> </tr> </thead> <tbody> <tr> <td>a. Handrails or ramps?</td> <td>a. 1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>9 <input type="checkbox"/></td> <td style="text-align: right; border: 1px solid black;">8</td> </tr> <tr> <td>b. Accessible parking or an accessible transportation stop close to the building?</td> <td>b. 1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>9 <input type="checkbox"/></td> <td style="text-align: right; border: 1px solid black;">9</td> </tr> <tr> <td>c. An elevator?</td> <td>c. 1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>9 <input type="checkbox"/></td> <td style="text-align: right; border: 1px solid black;">10</td> </tr> <tr> <td>d. An elevator designed for persons with special needs?</td> <td>d. 1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>9 <input type="checkbox"/></td> <td style="text-align: right; border: 1px solid black;">11</td> </tr> <tr> <td>e. A work station specially adapted for your use?</td> <td>e. 1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>9 <input type="checkbox"/></td> <td style="text-align: right; border: 1px solid black;">12</td> </tr> <tr> <td>f. A restroom designed for persons with special needs?</td> <td>f. 1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>9 <input type="checkbox"/></td> <td style="text-align: right; border: 1px solid black;">13</td> </tr> <tr> <td>g. An automatic door?</td> <td>g. 1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>9 <input type="checkbox"/></td> <td style="text-align: right; border: 1px solid black;">14</td> </tr> </tbody> </table>		Yes	No	DK		a. Handrails or ramps?	a. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	8	b. Accessible parking or an accessible transportation stop close to the building?	b. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	9	c. An elevator?	c. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	10	d. An elevator designed for persons with special needs?	d. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	11	e. A work station specially adapted for your use?	e. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	12	f. A restroom designed for persons with special needs?	f. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	13	g. An automatic door?	g. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	14		
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<p>5. Because of an ongoing health problem, impairment, or disability, would you NEED any other special equipment, assistance or work arrangement in order to work?</p>	<p>1 <input type="checkbox"/> Yes (Skip to 13b on page 18) 2 <input type="checkbox"/> No } (Go to 6) 9 <input type="checkbox"/> DK }</p>	15																																									
<p>6. DURING THE PAST 12 MONTHS, were you involved in unpaid volunteer work such as teaching or coaching, office work, or providing care?</p>	<p>1 <input type="checkbox"/> Yes (Go to 7) 2 <input type="checkbox"/> No } (Skip to Section E on page 31) 9 <input type="checkbox"/> DK }</p>	16																																									
<p>7. How many days did you do volunteer work in the past 12 months?</p>	<p>_____ (Days) { 1 <input type="checkbox"/> Per week 2 <input type="checkbox"/> Per month 3 <input type="checkbox"/> Per year } (Skip to Section E on page 31)</p> <p>9999 <input type="checkbox"/> DK</p>	17-20																																									
<p>8. Does an ongoing health problem, impairment or disability limit your ability to work?</p>	<p>1 <input type="checkbox"/> Yes (Go to 9) 2 <input type="checkbox"/> No (Skip to 14 on page 18) 9 <input type="checkbox"/> DK (Go to 9)</p>	21																																									
<p>9. Have you looked for work in the past two years?</p>	<p>1 <input type="checkbox"/> Yes (Skip to 11 on page 17) 2 <input type="checkbox"/> No (Go to 10 on page 17) 9 <input type="checkbox"/> DK (Skip to 11 on page 17)</p>	22																																									
<p>Notes</p>																																											

Section D – WORK HISTORY/EMPLOYMENT – Continued

10. Some people have encountered barriers which have discouraged them from looking for work. Did you not look for work because you were concerned that —				
	Yes	No	DK	
a. You would lose your SSI, SSDI, or other sources of income if you went to work?	a. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	23
b. You would lose your housing if you went to work?	b. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	24
c. You would lose your health insurance or Medicaid coverage if you went to work?	c. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	25
d. Your family or friends discouraged you from going to work?	d. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	26
e. Family responsibilities prevented you from going to work?	e. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	27
f. Appropriate information about jobs was not available to you?	f. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	28
g. If you went to work you would be refused a promotion or transfer?	g. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	29
h. If you went to work, you would be refused access to training?	h. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	30
i. Your training was not adequate?	i. 1 <input type="checkbox"/>	<input type="checkbox"/>	9 <input type="checkbox"/>	31
j. You lacked transportation that you were able to get to and use?	j. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	32
k. There were no appropriate jobs available?	k. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	33
11. Do you think you will look for work at any time in the next six months?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK			34
12. In order to work, would you NEED any of these special features at your worksite —				
	Yes	No	DK	
a. Handrails or ramps?	a. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	35
b. Accessible parking or an accessible transportation stop close to the building?	b. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	36
c. An elevator?	c. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	37
d. An elevator designed for persons with special needs? ...	d. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	38
e. A work station specially adapted for your use?	e. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	39
f. A restroom designed for persons with special needs?	f. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	40
g. An automatic door?	g. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	41

Notes

Section D – WORK HISTORY/EMPLOYMENT – Continued

13a. Because of an ongoing health problem, impairment, or disability, would you NEED any (other) special equipment, assistance or work arrangement in order to do your job?	1 <input type="checkbox"/> Yes (Go to 13b) 2 <input type="checkbox"/> No } (Skip to 14) 9 <input type="checkbox"/> DK	42																																																							
b. In order to work, would you NEED —	<table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:50%;"></th> <th style="width:10%; text-align: center;">Yes</th> <th style="width:10%; text-align: center;">No</th> <th style="width:10%; text-align: center;">DK</th> <th style="width:10%;"></th> </tr> </thead> <tbody> <tr> <td style="padding: 2px;">(1) A voice synthesizer, telecommunication device for the deaf (T.D.D.), infrared system, or other technical devices?</td> <td style="text-align: center;">(1) 1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">9 <input type="checkbox"/></td> <td style="text-align: right; vertical-align: bottom;">43</td> </tr> <tr> <td style="padding: 2px;">(2) Braille, enlarged print, special lighting or audio tape?</td> <td style="text-align: center;">(2) 1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">9 <input type="checkbox"/></td> <td style="text-align: right; vertical-align: bottom;">44</td> </tr> <tr> <td style="padding: 2px;">(3) A reader, oral or sign language interpreter to assist you at work?</td> <td style="text-align: center;">(3) 1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">9 <input type="checkbox"/></td> <td style="text-align: right; vertical-align: bottom;">45</td> </tr> <tr> <td style="padding: 2px;">(4) A job coach to help train you and supervise your work?</td> <td style="text-align: center;">(4) 1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">9 <input type="checkbox"/></td> <td style="text-align: right; vertical-align: bottom;">46</td> </tr> <tr> <td style="padding: 2px;">(5) A personal assistant to help with job related activities?</td> <td style="text-align: center;">(5) 1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">9 <input type="checkbox"/></td> <td style="text-align: right; vertical-align: bottom;">47</td> </tr> <tr> <td style="padding: 2px;">(6) Special pens or pencils, chairs, or other office supplies?</td> <td style="text-align: center;">(6) 1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">9 <input type="checkbox"/></td> <td style="text-align: right; vertical-align: bottom;">48</td> </tr> <tr> <td style="padding: 2px;">(7) Job redesign, that is, modification of difficult job duties or slowing the pace of tasks?</td> <td style="text-align: center;">(7) 1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">9 <input type="checkbox"/></td> <td style="text-align: right; vertical-align: bottom;">49</td> </tr> <tr> <td style="padding: 2px;">(8) Reduced work hours to allow for more breaks or rest periods?</td> <td style="text-align: center;">(8) 1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">9 <input type="checkbox"/></td> <td style="text-align: right; vertical-align: bottom;">50</td> </tr> <tr> <td style="padding: 2px;">(9) Reduced or part-time work hours?</td> <td style="text-align: center;">(9) 1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">9 <input type="checkbox"/></td> <td style="text-align: right; vertical-align: bottom;">51</td> </tr> <tr> <td style="padding: 2px;">(10) Some other equipment, help, or work arrangements? ..</td> <td style="text-align: center;">(10) 1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">9 <input type="checkbox"/></td> <td style="text-align: right; vertical-align: bottom;">52</td> </tr> </tbody> </table>		Yes	No	DK		(1) A voice synthesizer, telecommunication device for the deaf (T.D.D.), infrared system, or other technical devices?	(1) 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	43	(2) Braille, enlarged print, special lighting or audio tape?	(2) 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	44	(3) A reader, oral or sign language interpreter to assist you at work?	(3) 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	45	(4) A job coach to help train you and supervise your work?	(4) 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	46	(5) A personal assistant to help with job related activities?	(5) 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	47	(6) Special pens or pencils, chairs, or other office supplies?	(6) 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	48	(7) Job redesign, that is, modification of difficult job duties or slowing the pace of tasks?	(7) 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	49	(8) Reduced work hours to allow for more breaks or rest periods?	(8) 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	50	(9) Reduced or part-time work hours?	(9) 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	51	(10) Some other equipment, help, or work arrangements? ..	(10) 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	52	
	Yes	No	DK																																																						
(1) A voice synthesizer, telecommunication device for the deaf (T.D.D.), infrared system, or other technical devices?	(1) 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	43																																																					
(2) Braille, enlarged print, special lighting or audio tape?	(2) 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	44																																																					
(3) A reader, oral or sign language interpreter to assist you at work?	(3) 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	45																																																					
(4) A job coach to help train you and supervise your work?	(4) 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	46																																																					
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(10) Some other equipment, help, or work arrangements? ..	(10) 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	52																																																					
14. DURING THE PAST 12 MONTHS, were you involved in unpaid volunteer work such as teaching or coaching, office work, or providing care?	1 <input type="checkbox"/> Yes (Go to 15) 2 <input type="checkbox"/> No } (Skip to Section E on page 31) 9 <input type="checkbox"/> DK	53																																																							
15. How many days did you do volunteer work in the past 12 months?	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; vertical-align: top;"> _____ (Days) 9999 <input type="checkbox"/> DK </td> <td style="width:50%; vertical-align: top;"> <table style="font-size: 2em; vertical-align: middle;"> <tr> <td style="font-size: 1.5em;">{</td> <td style="padding: 0 5px;">1 <input type="checkbox"/> Per week</td> </tr> <tr> <td style="font-size: 1.5em;">{</td> <td style="padding: 0 5px;">2 <input type="checkbox"/> Per month</td> </tr> <tr> <td style="font-size: 1.5em;">{</td> <td style="padding: 0 5px;">3 <input type="checkbox"/> Per year</td> </tr> </table> } (Skip to Section E on page 31) </td> </tr> </table>	_____ (Days) 9999 <input type="checkbox"/> DK	<table style="font-size: 2em; vertical-align: middle;"> <tr> <td style="font-size: 1.5em;">{</td> <td style="padding: 0 5px;">1 <input type="checkbox"/> Per week</td> </tr> <tr> <td style="font-size: 1.5em;">{</td> <td style="padding: 0 5px;">2 <input type="checkbox"/> Per month</td> </tr> <tr> <td style="font-size: 1.5em;">{</td> <td style="padding: 0 5px;">3 <input type="checkbox"/> Per year</td> </tr> </table> } (Skip to Section E on page 31)	{	1 <input type="checkbox"/> Per week	{	2 <input type="checkbox"/> Per month	{	3 <input type="checkbox"/> Per year	54-57																																															
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16. Do you NOW work at a job or business?	1 <input type="checkbox"/> Yes (Go to 17) 2 <input type="checkbox"/> No } (Skip to 37 on page 22) 9 <input type="checkbox"/> DK	58																																																							
17. Are you limited in the kind or amount of work you can do because of an ongoing health problem, impairment, or disability?	1 <input type="checkbox"/> Yes (Go to 18) 2 <input type="checkbox"/> No } (Skip to 27 on page 20) 9 <input type="checkbox"/> DK	59																																																							
18. About how many hours a week do you usually work at your current job? <i>(Note: If more than one job, include all jobs.)</i>	_____ Hours per week (Number) 99 <input type="checkbox"/> DK	60-61																																																							
19. Because of an ongoing health problem, impairment or disability have you EVER changed —	<table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:50%;"></th> <th style="width:10%; text-align: center;">Yes</th> <th style="width:10%; text-align: center;">No</th> <th style="width:10%; text-align: center;">DK</th> <th style="width:10%;"></th> </tr> </thead> <tbody> <tr> <td style="padding: 2px;">a. The KIND of work you do?</td> <td style="text-align: center;">a. 1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">9 <input type="checkbox"/></td> <td style="text-align: right; vertical-align: bottom;">62</td> </tr> <tr> <td style="padding: 2px;">b. The AMOUNT of work you do?</td> <td style="text-align: center;">b. 1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">9 <input type="checkbox"/></td> <td style="text-align: right; vertical-align: bottom;">63</td> </tr> <tr> <td style="padding: 2px;">c. Your job?</td> <td style="text-align: center;">c. 1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">9 <input type="checkbox"/></td> <td style="text-align: right; vertical-align: bottom;">64</td> </tr> </tbody> </table>		Yes	No	DK		a. The KIND of work you do?	a. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	62	b. The AMOUNT of work you do?	b. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	63	c. Your job?	c. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	64																																				
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20a. Does an ongoing health problem, impairment or disability now make it difficult for you to change jobs?	1 <input type="checkbox"/> Yes (Go to 20b) 2 <input type="checkbox"/> No } (Skip to 21 on page 19) 9 <input type="checkbox"/> DK	65																																																							
b. Would you say very difficult or somewhat difficult?	1 <input type="checkbox"/> Very difficult 2 <input type="checkbox"/> Somewhat difficult 9 <input type="checkbox"/> DK	66																																																							

Section D - WORK HISTORY/EMPLOYMENT - Continued

21a. Does an ongoing health problem, impairment, or disability make it difficult for you to advance at your present job?	<input type="checkbox"/> Yes (Go to 21b) <input type="checkbox"/> No } (Skip to 22) <input type="checkbox"/> DK	67
b. Would you say very difficult or somewhat difficult?	<input type="checkbox"/> Very difficult <input type="checkbox"/> Somewhat difficult <input type="checkbox"/> DK	68

<i>Ask all of 22a(1)-(7) before going to 22b.</i>	<i>Ask for each "Yes" in 22a.</i>																																																																								
22a. In order to work, would you NEED any of these special features at your worksite, regardless of whether or not you actually have them —	b. Do you have (feature) at work?																																																																								
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:40%;"></th> <th style="width:10%;">Yes</th> <th style="width:10%;">No</th> <th style="width:10%;">DK</th> <th style="width:10%;"></th> <th style="width:10%;">Yes</th> <th style="width:10%;">No</th> <th style="width:10%;">DK</th> <th style="width:10%;"></th> </tr> </thead> <tbody> <tr> <td>(1) Handrails or ramps?</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td style="border: 1px solid black; text-align: center;">69</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td style="border: 1px solid black; text-align: center;">70</td> </tr> <tr> <td>(2) Accessible parking or an accessible transportation stop close to the building?</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td style="border: 1px solid black; text-align: center;">71</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td style="border: 1px solid black; text-align: center;">72</td> </tr> <tr> <td>(3) An elevator?</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td style="border: 1px solid black; text-align: center;">73</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td style="border: 1px solid black; text-align: center;">74</td> </tr> <tr> <td>(4) An elevator designed for persons with special needs?</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td style="border: 1px solid black; text-align: center;">75</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td style="border: 1px solid black; text-align: center;">76</td> </tr> <tr> <td>(5) A work station specially adapted for your use?</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td style="border: 1px solid black; text-align: center;">77</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td style="border: 1px solid black; text-align: center;">78</td> </tr> <tr> <td>(6) A restroom designed for persons with special needs?</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td style="border: 1px solid black; text-align: center;">79</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td style="border: 1px solid black; text-align: center;">80</td> </tr> <tr> <td>(7) An automatic door?</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td style="border: 1px solid black; text-align: center;">81</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td style="border: 1px solid black; text-align: center;">82</td> </tr> </tbody> </table>		Yes	No	DK		Yes	No	DK		(1) Handrails or ramps?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	69	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	70	(2) Accessible parking or an accessible transportation stop close to the building?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	71	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	72	(3) An elevator?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	73	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	74	(4) An elevator designed for persons with special needs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	75	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	76	(5) A work station specially adapted for your use?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	77	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	78	(6) A restroom designed for persons with special needs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	79	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	80	(7) An automatic door?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	81	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	82	
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23a. Because of an ongoing health problem, impairment, or disability, do you NEED any (other) special equipment, assistance or work arrangements in order to do your job?	<input type="checkbox"/> Yes (Go to 23b) <input type="checkbox"/> No } (Skip to 24a on page 20) <input type="checkbox"/> DK	83																																																																																																		
<i>Ask all of 23b(1)-(10) before going to 23c.</i>	<i>Ask for each "Yes" in 23b.</i>																																																																																																			
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Notes

Section D – WORK HISTORY/EMPLOYMENT – Continued		RT 50 3-4																									
<p>24a. How do you USUALLY get to work?</p> <p><i>Read list if necessary.</i></p> <p><i>Mark (X) all that apply.</i></p> <p><i>Ask 24b only if box 01 marked in 24a; otherwise, skip to 25.</i></p>	<p>01 <input type="checkbox"/> Car</p> <p>02 <input type="checkbox"/> Work at home</p> <p>03 <input type="checkbox"/> Rapid transit, subway, metro or regular bus</p> <p>04 <input type="checkbox"/> Specialized bus or van service for persons with disabilities</p> <p>05 <input type="checkbox"/> Commuter train</p> <p>06 <input type="checkbox"/> Taxi</p> <p>07 <input type="checkbox"/> Bicycle</p> <p>08 <input type="checkbox"/> Walk</p> <p>09 <input type="checkbox"/> Scooter/wheelchair</p> <p>10 <input type="checkbox"/> Other</p> <p>99 <input type="checkbox"/> DK</p>	<p>5-6</p> <p>7-8</p> <p>9-10</p> <p>11-12</p> <p>13-14</p> <p>15-16</p> <p>17-18</p> <p>19-20</p> <p>21-22</p> <p>23-24</p> <p>25-26</p> <p>27</p>																									
<p>b. Who USUALLY drives this car?</p> <p><i>Mark (X) only one.</i></p>	<p>1 <input type="checkbox"/> Self</p> <p>2 <input type="checkbox"/> Other family member</p> <p>3 <input type="checkbox"/> Carpool</p> <p>4 <input type="checkbox"/> Other</p> <p>9 <input type="checkbox"/> DK</p>																										
<p>25. IN THE PAST FIVE YEARS, have you been fired from a job, laid off, or told to resign because of an ongoing health problem, impairment, or disability?</p>	<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>3 <input type="checkbox"/> Not sure</p> <p>9 <input type="checkbox"/> DK</p>	<p>28</p>																									
<p>26a. IN THE PAST FIVE YEARS, because of an ongoing health problem, impairment, or disability, have you been —</p>	<table style="width:100%; border: none;"> <tr> <td style="width: 30%;"></td> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> <td style="text-align: center;">DK</td> <td></td> </tr> <tr> <td>(1) Refused employment?</td> <td>(1) 1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>9 <input type="checkbox"/></td> <td style="text-align: right;">29</td> </tr> <tr> <td>(2) Refused a promotion?</td> <td>(2) 1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>9 <input type="checkbox"/></td> <td style="text-align: right;">30</td> </tr> <tr> <td>(3) Refused a transfer?</td> <td>(3) 1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>9 <input type="checkbox"/></td> <td style="text-align: right;">31</td> </tr> <tr> <td>(4) Refused access to training programs?</td> <td>(4) 1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>9 <input type="checkbox"/></td> <td style="text-align: right;">32</td> </tr> </table>		Yes	No	DK		(1) Refused employment?	(1) 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	29	(2) Refused a promotion?	(2) 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	30	(3) Refused a transfer?	(3) 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	31	(4) Refused access to training programs?	(4) 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	32	<p>33</p>
	Yes	No	DK																								
(1) Refused employment?	(1) 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	29																							
(2) Refused a promotion?	(2) 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	30																							
(3) Refused a transfer?	(3) 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	31																							
(4) Refused access to training programs?	(4) 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	32																							
<p>b. DURING THE PAST 12 MONTHS, were you involved in unpaid volunteer work such as teaching or coaching, office work, or providing care?</p>	<p>1 <input type="checkbox"/> Yes (<i>Go to 26c</i>)</p> <p>2 <input type="checkbox"/> No } (<i>Skip to Section E on page 31</i>)</p> <p>9 <input type="checkbox"/> DK }</p>																										
<p>c. How many days did you do volunteer work in the past 12 months?</p>	<p>(Days) { 1 <input type="checkbox"/> Per week</p> <p> { 2 <input type="checkbox"/> Per month</p> <p> { 3 <input type="checkbox"/> Per year } (<i>Skip to Section E on page 31</i>)</p> <p>9999 <input type="checkbox"/> DK</p>	<p>34-37</p>																									
<p>27. About how many hours a week do you work at your current job?</p> <p><i>Note: If more than one job, include all jobs.</i></p>	<p>_____ Hours per week</p> <p>(Number)</p> <p>99 <input type="checkbox"/> DK</p>	<p>38-39</p>																									
<p>28. Because of an ongoing health problem, impairment or disability have you EVER changed —</p>	<table style="width:100%; border: none;"> <tr> <td style="width: 30%;"></td> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> <td style="text-align: center;">DK</td> <td></td> </tr> <tr> <td>a. The KIND of work you do?</td> <td>a. 1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>9 <input type="checkbox"/></td> <td style="text-align: right;">40</td> </tr> <tr> <td>b. The AMOUNT of work you do?</td> <td>b. 1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>9 <input type="checkbox"/></td> <td style="text-align: right;">41</td> </tr> <tr> <td>c. Your job?</td> <td>c. 1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>9 <input type="checkbox"/></td> <td style="text-align: right;">42</td> </tr> </table>		Yes	No	DK		a. The KIND of work you do?	a. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	40	b. The AMOUNT of work you do?	b. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	41	c. Your job?	c. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	42	<p>43</p>					
	Yes	No	DK																								
a. The KIND of work you do?	a. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	40																							
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c. Your job?	c. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	42																							
<p>29a. Does an ongoing health problem, impairment or disability now make it difficult for you to change jobs?</p>	<p>1 <input type="checkbox"/> Yes (<i>Go to 29b</i>)</p> <p>2 <input type="checkbox"/> No } (<i>Skip to 30 on page 21</i>)</p> <p>9 <input type="checkbox"/> DK }</p>																										
<p>b. Would you say very difficult or somewhat difficult?</p>	<p>1 <input type="checkbox"/> Very difficult</p> <p>2 <input type="checkbox"/> Somewhat difficult</p> <p>9 <input type="checkbox"/> DK</p>	<p>44</p>																									
<p>Notes</p>																											

Section D - WORK HISTORY/EMPLOYMENT - Continued

30a. Does an ongoing health problem, impairment, or disability make it difficult for you to advance at your present job?	<input type="checkbox"/> Yes (Go to 30b) <input type="checkbox"/> No } (Skip to 31) <input type="checkbox"/> DK }	45
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b. Would you say very difficult or somewhat difficult?	<input type="checkbox"/> Very difficult <input type="checkbox"/> Somewhat difficult <input type="checkbox"/> DK	46
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<i>Ask all of 32a(1)-(7) before going to 32b.</i>	<i>Ask for each "Yes" in 31a.</i>										
31a. In order to work, do you NEED any of these special features at your worksite, regardless of whether or not you actually have them —	b. Do you have (feature) at work?										
	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;"></td> <td style="width:10%; text-align: center;">Yes</td> <td style="width:10%; text-align: center;">No</td> <td style="width:10%; text-align: center;">DK</td> <td style="width:10%;"></td> <td style="width:10%; text-align: center;">Yes</td> <td style="width:10%; text-align: center;">No</td> <td style="width:10%; text-align: center;">DK</td> <td style="width:10%;"></td> </tr> </table>		Yes	No	DK		Yes	No	DK		
	Yes	No	DK		Yes	No	DK				
(1) Handrails or ramps?	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; text-align: center;">(1)</td> <td style="width:10%; text-align: center;">1 <input type="checkbox"/></td> <td style="width:10%; text-align: center;">2 <input type="checkbox"/></td> <td style="width:10%; text-align: center;">9 <input type="checkbox"/></td> <td style="width:10%; text-align: center;">47</td> <td style="width:10%; text-align: center;">(1)</td> <td style="width:10%; text-align: center;">1 <input type="checkbox"/></td> <td style="width:10%; text-align: center;">2 <input type="checkbox"/></td> <td style="width:10%; text-align: center;">9 <input type="checkbox"/></td> <td style="width:10%; text-align: center;">48</td> </tr> </table>	(1)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	47	(1)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	48
(1)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	47	(1)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	48		
(2) Accessible parking or an accessible transportation stop close to the building?	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; text-align: center;">(2)</td> <td style="width:10%; text-align: center;">1 <input type="checkbox"/></td> <td style="width:10%; text-align: center;">2 <input type="checkbox"/></td> <td style="width:10%; text-align: center;">9 <input type="checkbox"/></td> <td style="width:10%; text-align: center;">49</td> <td style="width:10%; text-align: center;">(2)</td> <td style="width:10%; text-align: center;">1 <input type="checkbox"/></td> <td style="width:10%; text-align: center;">2 <input type="checkbox"/></td> <td style="width:10%; text-align: center;">9 <input type="checkbox"/></td> <td style="width:10%; text-align: center;">50</td> </tr> </table>	(2)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	49	(2)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	50
(2)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	49	(2)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	50		
(3) An elevator?	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; text-align: center;">(3)</td> <td style="width:10%; text-align: center;">1 <input type="checkbox"/></td> <td style="width:10%; text-align: center;">2 <input type="checkbox"/></td> <td style="width:10%; text-align: center;">9 <input type="checkbox"/></td> <td style="width:10%; text-align: center;">51</td> <td style="width:10%; text-align: center;">(3)</td> <td style="width:10%; text-align: center;">1 <input type="checkbox"/></td> <td style="width:10%; text-align: center;">2 <input type="checkbox"/></td> <td style="width:10%; text-align: center;">9 <input type="checkbox"/></td> <td style="width:10%; text-align: center;">52</td> </tr> </table>	(3)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	51	(3)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	52
(3)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	51	(3)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	52		
(4) An elevator designed for persons with special needs?	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; text-align: center;">(4)</td> <td style="width:10%; text-align: center;">1 <input type="checkbox"/></td> <td style="width:10%; text-align: center;">2 <input type="checkbox"/></td> <td style="width:10%; text-align: center;">9 <input type="checkbox"/></td> <td style="width:10%; text-align: center;">53</td> <td style="width:10%; text-align: center;">(4)</td> <td style="width:10%; text-align: center;">1 <input type="checkbox"/></td> <td style="width:10%; text-align: center;">2 <input type="checkbox"/></td> <td style="width:10%; text-align: center;">9 <input type="checkbox"/></td> <td style="width:10%; text-align: center;">54</td> </tr> </table>	(4)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	53	(4)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	54
(4)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	53	(4)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	54		
(5) A work station specially adapted for your use?	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; text-align: center;">(5)</td> <td style="width:10%; text-align: center;">1 <input type="checkbox"/></td> <td style="width:10%; text-align: center;">2 <input type="checkbox"/></td> <td style="width:10%; text-align: center;">9 <input type="checkbox"/></td> <td style="width:10%; text-align: center;">55</td> <td style="width:10%; text-align: center;">(5)</td> <td style="width:10%; text-align: center;">1 <input type="checkbox"/></td> <td style="width:10%; text-align: center;">2 <input type="checkbox"/></td> <td style="width:10%; text-align: center;">9 <input type="checkbox"/></td> <td style="width:10%; text-align: center;">56</td> </tr> </table>	(5)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	55	(5)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	56
(5)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	55	(5)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	56		
(6) A restroom designed for persons with special needs?	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; text-align: center;">(6)</td> <td style="width:10%; text-align: center;">1 <input type="checkbox"/></td> <td style="width:10%; text-align: center;">2 <input type="checkbox"/></td> <td style="width:10%; text-align: center;">9 <input type="checkbox"/></td> <td style="width:10%; text-align: center;">57</td> <td style="width:10%; text-align: center;">(6)</td> <td style="width:10%; text-align: center;">1 <input type="checkbox"/></td> <td style="width:10%; text-align: center;">2 <input type="checkbox"/></td> <td style="width:10%; text-align: center;">9 <input type="checkbox"/></td> <td style="width:10%; text-align: center;">58</td> </tr> </table>	(6)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	57	(6)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	58
(6)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	57	(6)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	58		
(7) An automatic door?	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; text-align: center;">(7)</td> <td style="width:10%; text-align: center;">1 <input type="checkbox"/></td> <td style="width:10%; text-align: center;">2 <input type="checkbox"/></td> <td style="width:10%; text-align: center;">9 <input type="checkbox"/></td> <td style="width:10%; text-align: center;">59</td> <td style="width:10%; text-align: center;">(7)</td> <td style="width:10%; text-align: center;">1 <input type="checkbox"/></td> <td style="width:10%; text-align: center;">2 <input type="checkbox"/></td> <td style="width:10%; text-align: center;">9 <input type="checkbox"/></td> <td style="width:10%; text-align: center;">60</td> </tr> </table>	(7)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	59	(7)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	60
(7)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	59	(7)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	60		

32. Because of an ongoing health problem, impairment, or disability, do you need any (other) special equipment, assistance or work arrangements in order to do your job?	<input type="checkbox"/> Yes (Go to 33) <input type="checkbox"/> No } (Skip to 34a on page 22) <input type="checkbox"/> DK }	61
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<i>Ask all of 33a(1)-(10) before going to 33b.</i>	<i>Ask for each "Yes" in 33a.</i>										
33a. In order to work, do you NEED —	b. Do you have ("Yes" response) at work?										
	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;"></td> <td style="width:10%; text-align: center;">Yes</td> <td style="width:10%; text-align: center;">No</td> <td style="width:10%; text-align: center;">DK</td> <td style="width:10%;"></td> <td style="width:10%; text-align: center;">Yes</td> <td style="width:10%; text-align: center;">No</td> <td style="width:10%; text-align: center;">DK</td> <td style="width:10%;"></td> </tr> </table>		Yes	No	DK		Yes	No	DK		
	Yes	No	DK		Yes	No	DK				
(1) A voice synthesizer, telecommunications device for the deaf (T.D.D.), infrared system, or other technical devices?	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; text-align: center;">(1)</td> <td style="width:10%; text-align: center;">1 <input type="checkbox"/></td> <td style="width:10%; text-align: center;">2 <input type="checkbox"/></td> <td style="width:10%; text-align: center;">9 <input type="checkbox"/></td> <td style="width:10%; text-align: center;">62</td> <td style="width:10%; text-align: center;">(1)</td> <td style="width:10%; text-align: center;">1 <input type="checkbox"/></td> <td style="width:10%; text-align: center;">2 <input type="checkbox"/></td> <td style="width:10%; text-align: center;">9 <input type="checkbox"/></td> <td style="width:10%; text-align: center;">63</td> </tr> </table>	(1)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	62	(1)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	63
(1)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	62	(1)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	63		
(2) Braille, enlarged print, special lighting or audio tape?	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; text-align: center;">(2)</td> <td style="width:10%; text-align: center;">1 <input type="checkbox"/></td> <td style="width:10%; text-align: center;">2 <input type="checkbox"/></td> <td style="width:10%; text-align: center;">9 <input type="checkbox"/></td> <td style="width:10%; text-align: center;">64</td> <td style="width:10%; text-align: center;">(2)</td> <td style="width:10%; text-align: center;">1 <input type="checkbox"/></td> <td style="width:10%; text-align: center;">2 <input type="checkbox"/></td> <td style="width:10%; text-align: center;">9 <input type="checkbox"/></td> <td style="width:10%; text-align: center;">65</td> </tr> </table>	(2)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	64	(2)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	65
(2)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	64	(2)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	65		
(3) A reader, oral or sign language interpreter to assist you at work?	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; text-align: center;">(3)</td> <td style="width:10%; text-align: center;">1 <input type="checkbox"/></td> <td style="width:10%; text-align: center;">2 <input type="checkbox"/></td> <td style="width:10%; text-align: center;">9 <input type="checkbox"/></td> <td style="width:10%; text-align: center;">66</td> <td style="width:10%; text-align: center;">(3)</td> <td style="width:10%; text-align: center;">1 <input type="checkbox"/></td> <td style="width:10%; text-align: center;">2 <input type="checkbox"/></td> <td style="width:10%; text-align: center;">9 <input type="checkbox"/></td> <td style="width:10%; text-align: center;">67</td> </tr> </table>	(3)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	66	(3)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	67
(3)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	66	(3)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	67		
(4) A job coach to help train you and supervise your work?	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; text-align: center;">(4)</td> <td style="width:10%; text-align: center;">1 <input type="checkbox"/></td> <td style="width:10%; text-align: center;">2 <input type="checkbox"/></td> <td style="width:10%; text-align: center;">9 <input type="checkbox"/></td> <td style="width:10%; text-align: center;">68</td> <td style="width:10%; text-align: center;">(4)</td> <td style="width:10%; text-align: center;">1 <input type="checkbox"/></td> <td style="width:10%; text-align: center;">2 <input type="checkbox"/></td> <td style="width:10%; text-align: center;">9 <input type="checkbox"/></td> <td style="width:10%; text-align: center;">69</td> </tr> </table>	(4)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	68	(4)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	69
(4)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	68	(4)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	69		
(5) A personal assistant to help you with job related activities?	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; text-align: center;">(5)</td> <td style="width:10%; text-align: center;">1 <input type="checkbox"/></td> <td style="width:10%; text-align: center;">2 <input type="checkbox"/></td> <td style="width:10%; text-align: center;">9 <input type="checkbox"/></td> <td style="width:10%; text-align: center;">70</td> <td style="width:10%; text-align: center;">(5)</td> <td style="width:10%; text-align: center;">1 <input type="checkbox"/></td> <td style="width:10%; text-align: center;">2 <input type="checkbox"/></td> <td style="width:10%; text-align: center;">9 <input type="checkbox"/></td> <td style="width:10%; text-align: center;">71</td> </tr> </table>	(5)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	70	(5)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	71
(5)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	70	(5)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	71		
(6) Special pens or pencils, chairs, or other office supplies?	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; text-align: center;">(6)</td> <td style="width:10%; text-align: center;">1 <input type="checkbox"/></td> <td style="width:10%; text-align: center;">2 <input type="checkbox"/></td> <td style="width:10%; text-align: center;">9 <input type="checkbox"/></td> <td style="width:10%; text-align: center;">72</td> <td style="width:10%; text-align: center;">(6)</td> <td style="width:10%; text-align: center;">1 <input type="checkbox"/></td> <td style="width:10%; text-align: center;">2 <input type="checkbox"/></td> <td style="width:10%; text-align: center;">9 <input type="checkbox"/></td> <td style="width:10%; text-align: center;">73</td> </tr> </table>	(6)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	72	(6)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	73
(6)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	72	(6)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	73		
(7) Job redesign, that is, modification of difficult job duties or slowing the pace of tasks?	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; text-align: center;">(7)</td> <td style="width:10%; text-align: center;">1 <input type="checkbox"/></td> <td style="width:10%; text-align: center;">2 <input type="checkbox"/></td> <td style="width:10%; text-align: center;">9 <input type="checkbox"/></td> <td style="width:10%; text-align: center;">74</td> <td style="width:10%; text-align: center;">(7)</td> <td style="width:10%; text-align: center;">1 <input type="checkbox"/></td> <td style="width:10%; text-align: center;">2 <input type="checkbox"/></td> <td style="width:10%; text-align: center;">9 <input type="checkbox"/></td> <td style="width:10%; text-align: center;">75</td> </tr> </table>	(7)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	74	(7)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	75
(7)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	74	(7)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	75		
(8) Reduced work hours to allow for more breaks or rest periods?	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; text-align: center;">(8)</td> <td style="width:10%; text-align: center;">1 <input type="checkbox"/></td> <td style="width:10%; text-align: center;">2 <input type="checkbox"/></td> <td style="width:10%; text-align: center;">9 <input type="checkbox"/></td> <td style="width:10%; text-align: center;">76</td> <td style="width:10%; text-align: center;">(8)</td> <td style="width:10%; text-align: center;">1 <input type="checkbox"/></td> <td style="width:10%; text-align: center;">2 <input type="checkbox"/></td> <td style="width:10%; text-align: center;">9 <input type="checkbox"/></td> <td style="width:10%; text-align: center;">77</td> </tr> </table>	(8)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	76	(8)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	77
(8)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	76	(8)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	77		
(9) Reduced or part-time work hours?	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; text-align: center;">(9)</td> <td style="width:10%; text-align: center;">1 <input type="checkbox"/></td> <td style="width:10%; text-align: center;">2 <input type="checkbox"/></td> <td style="width:10%; text-align: center;">9 <input type="checkbox"/></td> <td style="width:10%; text-align: center;">78</td> <td style="width:10%; text-align: center;">(9)</td> <td style="width:10%; text-align: center;">1 <input type="checkbox"/></td> <td style="width:10%; text-align: center;">2 <input type="checkbox"/></td> <td style="width:10%; text-align: center;">9 <input type="checkbox"/></td> <td style="width:10%; text-align: center;">79</td> </tr> </table>	(9)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	78	(9)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	79
(9)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	78	(9)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	79		
(10) Some other equipment, help, or work arrangements?	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; text-align: center;">(10)</td> <td style="width:10%; text-align: center;">1 <input type="checkbox"/></td> <td style="width:10%; text-align: center;">2 <input type="checkbox"/></td> <td style="width:10%; text-align: center;">9 <input type="checkbox"/></td> <td style="width:10%; text-align: center;">80</td> <td style="width:10%; text-align: center;">(10)</td> <td style="width:10%; text-align: center;">1 <input type="checkbox"/></td> <td style="width:10%; text-align: center;">2 <input type="checkbox"/></td> <td style="width:10%; text-align: center;">9 <input type="checkbox"/></td> <td style="width:10%; text-align: center;">81</td> </tr> </table>	(10)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	80	(10)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	81
(10)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	80	(10)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	81		

Notes

Section D - WORK HISTORY/EMPLOYMENT - Continued

34a. How do you USUALLY get to work?

Read list if necessary.

Mark (X) all that apply.

- 01 Car
- 02 Work at home
- 03 Rapid transit, subway, metro or regular bus
- 04 Specialized bus, van, or taxi service for persons with disabilities
- 05 Commuter train
- 06 Regular taxi
- 07 Bicycle
- 08 Walk
- 09 Scooter/wheelchair
- 10 Other
- 99 DK

- 82-83
- 84-85
- 86-87
- 88-89
- 90-91
- 92-93
- 94-95
- 96-97
- 98-99
- 100-101
- 102-103

Ask 34b only if box 01 marked in 34a; otherwise, skip to 35.

b. Who USUALLY drives this car?

Mark (X) only one.

- 1 Self
- 2 Other family member
- 3 Carpool
- 4 Other
- 9 DK

104

35. IN THE PAST FIVE YEARS, have you been fired from a job, laid off, or told to resign because of an ongoing health problem, impairment, or disability?

- 1 Yes
- 2 No
- 3 Not sure
- 9 DK

105

36a. IN THE PAST FIVE YEARS, because of an ongoing health problem, impairment, or disability, have you been —

(1) Refused employment?

- Yes No DK
- (1)** 1 2 9

106

(2) Refused a promotion?

- (2)** 1 2 9

107

(3) Refused a transfer?

- (3)** 1 2 9

108

(4) Refused access to training programs?

- (4)** 1 2 9

109

b. DURING THE PAST 12 MONTHS, were you involved in unpaid volunteer work such as teaching or coaching, office work, or providing care?

- 1 Yes (Go to 36c)
- 2 No
- 9 DK } (Skip to Section E on page 31)

110

c. How many days did you do volunteer work in the past 12 months?

- (Days) { 1 Per week
2 Per month
3 Per year } (Skip to Section E on page 31)
- 9999 DK

111-114

37. Are you looking for work or on layoff from a job?

- 1 Yes (Go to 38)
- 2 No
- 9 DK } (Skip to 54 on page 25)

115

38. Are you limited in the kind or amount of work you can do because of an ongoing health problem, impairment, or disability?

- 1 Yes (Go to 39)
- 2 No
- 9 DK } (Skip to 48 on page 24)

116

39. In what year did you stop working at your last job?

19 _____ Year

99 DK

117-118

40. Does an ongoing health problem, impairment or disability make it difficult for you to look for work?

- 1 Yes
- 2 No
- 9 DK

119

Notes

RT 51
3-4

Section D - WORK HISTORY/EMPLOYMENT - Continued

		Yes	No	DK	
41. Some people have encountered barriers which have discouraged them from looking for work. Did you not look for work because you were concerned that —					
a. You would lose your SSI, SSDI, or other sources of income if you went to work?	a.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	<input type="text" value="5"/>
b. You would lose your housing if you went to work?	b.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	<input type="text" value="6"/>
c. You would lose your health insurance or Medicaid coverage if you went to work?	c.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	<input type="text" value="7"/>
d. Your family or friends discouraged you from going to work?	d.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	<input type="text" value="8"/>
e. Family responsibilities prevented you from going to work?	e.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	<input type="text" value="9"/>
f. Appropriate information about jobs was not available to you?	f.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	<input type="text" value="10"/>
g. If you went to work you would be refused a promotion or transfer?	g.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	<input type="text" value="11"/>
h. If you went to work, you would be refused access to training?	h.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	<input type="text" value="12"/>
i. Your training was not adequate?	i.	1 <input type="checkbox"/>	<input type="checkbox"/>	9 <input type="checkbox"/>	<input type="text" value="13"/>
j. You lacked transportation that you were able to get to and use?	j.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	<input type="text" value="14"/>
k. There were no appropriate jobs available?	k.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	<input type="text" value="15"/>
42. In order to work, would you NEED any of these special features at your worksite —					
a. Handrails or ramps?	a.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	<input type="text" value="16"/>
b. Accessible parking or an accessible transportation stop close to the building?	b.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	<input type="text" value="17"/>
c. An elevator?	c.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	<input type="text" value="18"/>
d. An elevator designed for persons with special needs?	d.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	<input type="text" value="19"/>
e. A work station specially adapted for your use?	e.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	<input type="text" value="20"/>
f. A restroom designed for persons with special needs?	f.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	<input type="text" value="21"/>
g. An automatic door?	g.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	<input type="text" value="22"/>

Notes

Section D - WORK HISTORY/EMPLOYMENT - Continued

43a. Because of an ongoing health problem, impairment, or disability, would you NEED any (other) special equipment, assistance or work arrangement in order to do your job?	1 <input type="checkbox"/> Yes (Go to 43b) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (Skip to Item D1)	23	
b. In order to work, would you NEED —			
(1) A voice synthesizer, telecommunication device for the deaf (T.D.D.), infrared system, or other technical devices?	Yes No DK (1) 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	24	
(2) Braille, enlarged print, special lighting, or audio tape?	(2) 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	25	
(3) A reader, oral or sign language interpreter to assist you at work?	(3) 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	26	
(4) A job coach to help train you and supervise your work?	(4) 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	27	
(5) A personal assistant to help with job related activities?	(5) 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	28	
(6) Special pens or pencils, chairs, or other office supplies?	(6) 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	29	
(7) Job redesign, that is, modification of difficult job duties or slowing the pace of tasks?	(7) 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	30	
(8) Reduced work hours to allow for more breaks or rest periods?	(8) 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	31	
(9) Reduced or part-time work hours?	(9) 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	32	
(10) Some other equipment, help, or work arrangements?	(10) 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	33	
ITEM D1	Refer to question 39 on page 22. (Year last worked)	1 <input type="checkbox"/> 1989 or after (Go to 44) 2 <input type="checkbox"/> Before 1989 (Skip to 46) 9 <input type="checkbox"/> DK (Go to 44)	34
44. IN THE PAST FIVE YEARS, have you been fired from a job, laid off, or told to resign because of an ongoing health problem, impairment, or disability?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Not sure 9 <input type="checkbox"/> DK	35	
45. IN THE PAST FIVE YEARS, because of an ongoing health problem, impairment, or disability, have you been —	Yes No DK		
a. Refused employment?	a. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	36	
b. Refused a promotion?	b. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	37	
c. Refused a transfer?	c. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	38	
d. Refused access to training programs?	d. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	39	
46. DURING THE PAST 12 MONTHS, were you involved in unpaid volunteer work such as teaching or coaching, office work, or providing care?	1 <input type="checkbox"/> Yes (Go to 47) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (Skip to Section E on page 31)	40	
47. How many days did you do volunteer work in the past 12 months?	_____ (Days) { 1 <input type="checkbox"/> Per week 2 <input type="checkbox"/> Per month 3 <input type="checkbox"/> Per year } (Skip to Section E on page 31) 9999 <input type="checkbox"/> DK	41-44	
48. In what year did you stop working at your last job?	19 _____ Year 99 <input type="checkbox"/> DK	45-46	
49. Does an ongoing health problem, impairment, or disability now make it difficult for you to look for work?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	47	

Section D - WORK HISTORY/EMPLOYMENT - Continued																						
ITEM D2	Refer to question 48 on page 24. (Year last worked)	1 <input type="checkbox"/> 1989 or after (Go to 50) 2 <input type="checkbox"/> Before 1989 (Skip to 52) 9 <input type="checkbox"/> DK (Go to 50)																				
50. IN THE PAST FIVE YEARS, have you been fired from a job, laid off, or told to resign because of an ongoing health problem, impairment or disability?		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Not sure 9 <input type="checkbox"/> DK																				
51. IN THE PAST FIVE YEARS, because of an ongoing health problem, impairment, or disability, have you been —		<table style="width:100%; border: none;"> <tr> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> <td style="text-align: center;">DK</td> <td></td> </tr> <tr> <td style="border: none;">a. Refused employment?</td> <td style="border: none;">a. 1 <input type="checkbox"/></td> <td style="border: none;">2 <input type="checkbox"/></td> <td style="border: none;">9 <input type="checkbox"/> 50</td> </tr> <tr> <td style="border: none;">b. Refused a promotion?</td> <td style="border: none;">b. 1 <input type="checkbox"/></td> <td style="border: none;">2 <input type="checkbox"/></td> <td style="border: none;">9 <input type="checkbox"/> 51</td> </tr> <tr> <td style="border: none;">c. Refused a transfer?</td> <td style="border: none;">c. 1 <input type="checkbox"/></td> <td style="border: none;">2 <input type="checkbox"/></td> <td style="border: none;">9 <input type="checkbox"/> 52</td> </tr> <tr> <td style="border: none;">d. Refused access to training programs?</td> <td style="border: none;">d. 1 <input type="checkbox"/></td> <td style="border: none;">2 <input type="checkbox"/></td> <td style="border: none;">9 <input type="checkbox"/> 53</td> </tr> </table>	Yes	No	DK		a. Refused employment?	a. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/> 50	b. Refused a promotion?	b. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/> 51	c. Refused a transfer?	c. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/> 52	d. Refused access to training programs?	d. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/> 53
Yes	No	DK																				
a. Refused employment?	a. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/> 50																			
b. Refused a promotion?	b. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/> 51																			
c. Refused a transfer?	c. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/> 52																			
d. Refused access to training programs?	d. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/> 53																			
52. DURING THE PAST 12 MONTHS, were you involved in unpaid volunteer work such as teaching or coaching, office work, or providing care?		1 <input type="checkbox"/> Yes (Go to 53) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (Skip to Section E on page 31)																				
53. How many days did you do volunteer work in the past 12 months?		<table style="width:100%; border: none;"> <tr> <td style="border: none;">_____ (Days)</td> <td style="border: none;"> <table style="display: inline-table; vertical-align: middle;"> <tr> <td style="border: none;">1 <input type="checkbox"/> Per week</td> <td rowspan="3" style="font-size: 2em; vertical-align: middle;">}</td> <td rowspan="3" style="border: none;">(Skip to Section E on page 31)</td> </tr> <tr> <td style="border: none;">2 <input type="checkbox"/> Per month</td> </tr> <tr> <td style="border: none;">3 <input type="checkbox"/> Per year</td> </tr> </table> </td> <td style="border: none; text-align: right; border: 1px solid black; padding: 2px;">55-58</td> </tr> <tr> <td style="border: none;">9999 <input type="checkbox"/> DK</td> <td></td> <td></td> </tr> </table>	_____ (Days)	<table style="display: inline-table; vertical-align: middle;"> <tr> <td style="border: none;">1 <input type="checkbox"/> Per week</td> <td rowspan="3" style="font-size: 2em; vertical-align: middle;">}</td> <td rowspan="3" style="border: none;">(Skip to Section E on page 31)</td> </tr> <tr> <td style="border: none;">2 <input type="checkbox"/> Per month</td> </tr> <tr> <td style="border: none;">3 <input type="checkbox"/> Per year</td> </tr> </table>	1 <input type="checkbox"/> Per week	}	(Skip to Section E on page 31)	2 <input type="checkbox"/> Per month	3 <input type="checkbox"/> Per year	55-58	9999 <input type="checkbox"/> DK											
_____ (Days)	<table style="display: inline-table; vertical-align: middle;"> <tr> <td style="border: none;">1 <input type="checkbox"/> Per week</td> <td rowspan="3" style="font-size: 2em; vertical-align: middle;">}</td> <td rowspan="3" style="border: none;">(Skip to Section E on page 31)</td> </tr> <tr> <td style="border: none;">2 <input type="checkbox"/> Per month</td> </tr> <tr> <td style="border: none;">3 <input type="checkbox"/> Per year</td> </tr> </table>	1 <input type="checkbox"/> Per week	}	(Skip to Section E on page 31)	2 <input type="checkbox"/> Per month			3 <input type="checkbox"/> Per year	55-58													
1 <input type="checkbox"/> Per week	}	(Skip to Section E on page 31)																				
2 <input type="checkbox"/> Per month																						
3 <input type="checkbox"/> Per year																						
9999 <input type="checkbox"/> DK																						
54a. Have you retired on disability?		1 <input type="checkbox"/> Yes (Go to 54b) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (Skip to 57)																				
b. How old were you when you retired on disability?		_____ Age 99 <input type="checkbox"/> DK																				
c. If enough accommodations were made at the work place or in transportation, would you have been able to continue working?		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (Go to 55)																				
55. DURING THE PAST 12 MONTHS, were you involved in unpaid volunteer work such as teaching or coaching, office work, or providing care?		1 <input type="checkbox"/> Yes (Go to 56) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (Skip to Section E on page 31)																				
56. How many days did you do volunteer work in the past 12 months?		<table style="width:100%; border: none;"> <tr> <td style="border: none;">_____ (Days)</td> <td style="border: none;"> <table style="display: inline-table; vertical-align: middle;"> <tr> <td style="border: none;">1 <input type="checkbox"/> Per week</td> <td rowspan="3" style="font-size: 2em; vertical-align: middle;">}</td> <td rowspan="3" style="border: none;">(Skip to Section E on page 31)</td> </tr> <tr> <td style="border: none;">2 <input type="checkbox"/> Per month</td> </tr> <tr> <td style="border: none;">3 <input type="checkbox"/> Per year</td> </tr> </table> </td> <td style="border: none; text-align: right; border: 1px solid black; padding: 2px;">64-67</td> </tr> <tr> <td style="border: none;">9999 <input type="checkbox"/> DK</td> <td></td> <td></td> </tr> </table>	_____ (Days)	<table style="display: inline-table; vertical-align: middle;"> <tr> <td style="border: none;">1 <input type="checkbox"/> Per week</td> <td rowspan="3" style="font-size: 2em; vertical-align: middle;">}</td> <td rowspan="3" style="border: none;">(Skip to Section E on page 31)</td> </tr> <tr> <td style="border: none;">2 <input type="checkbox"/> Per month</td> </tr> <tr> <td style="border: none;">3 <input type="checkbox"/> Per year</td> </tr> </table>	1 <input type="checkbox"/> Per week	}	(Skip to Section E on page 31)	2 <input type="checkbox"/> Per month	3 <input type="checkbox"/> Per year	64-67	9999 <input type="checkbox"/> DK											
_____ (Days)	<table style="display: inline-table; vertical-align: middle;"> <tr> <td style="border: none;">1 <input type="checkbox"/> Per week</td> <td rowspan="3" style="font-size: 2em; vertical-align: middle;">}</td> <td rowspan="3" style="border: none;">(Skip to Section E on page 31)</td> </tr> <tr> <td style="border: none;">2 <input type="checkbox"/> Per month</td> </tr> <tr> <td style="border: none;">3 <input type="checkbox"/> Per year</td> </tr> </table>	1 <input type="checkbox"/> Per week	}	(Skip to Section E on page 31)	2 <input type="checkbox"/> Per month			3 <input type="checkbox"/> Per year	64-67													
1 <input type="checkbox"/> Per week	}	(Skip to Section E on page 31)																				
2 <input type="checkbox"/> Per month																						
3 <input type="checkbox"/> Per year																						
9999 <input type="checkbox"/> DK																						
57a. Have you retired from a job or business?		1 <input type="checkbox"/> Yes (Go to 57b) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (Skip to 61 on page 26)																				
b. How old were you when you retired the last time?		_____ Age 99 <input type="checkbox"/> DK																				
58. Did you retire because of an ongoing health problem, impairment, or disability?		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK																				
59. DURING THE PAST 12 MONTHS, were you involved in unpaid volunteer work such as teaching or coaching, office work, or providing care?		1 <input type="checkbox"/> Yes (Go to 60 on page 26) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (Skip to Section E on page 31)																				

Section D – WORK HISTORY/EMPLOYMENT – Continued				
60. How many days did you do volunteer work in the past 12 months?		(Days) } <div style="display: inline-block; vertical-align: middle; margin-left: 10px;"> <input type="checkbox"/> Per week <input type="checkbox"/> Per month <input type="checkbox"/> Per year </div> (Skip to Section E on page 31)	73-76	
9999 <input type="checkbox"/> DK				
61. Does an ongoing health problem, impairment, or disability ENTIRELY prevent you from working?		<input type="checkbox"/> Yes (Go to 62) <input type="checkbox"/> No } (Skip to 73 on page 27) <input type="checkbox"/> DK }	77	
62. If enough accommodations were made in transportation and at the work place, would you be able to work?		<input type="checkbox"/> Yes (Go to 63) <input type="checkbox"/> No } (Skip to 71 on page 27) <input type="checkbox"/> DK }	78	
63. In what year did you last work at a job or business, even for a few days?		19 ____ Year 99 <input type="checkbox"/> DK	79-80	
64. Does an ongoing health problem impairment or disability now make it difficult for you to look for work?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	81	
65. Some people have encountered barriers which have discouraged them from looking for work. Did you not look for work because you were concerned that —				
a. You would lose your SSI, SSDI, or other sources of income if you went to work?	Yes	No	DK	
b. You would lose your housing if you went to work?	a. <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	82
c. You would lose your health insurance or Medicaid coverage if you went to work?	b. <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	83
d. Your family or friends discouraged you from going to work?	c. <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	84
e. Family responsibilities prevented you from going to work?	d. <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	85
f. Appropriate information about jobs was not available to you?	e. <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	86
g. If you went to work you would be refused a promotion or transfer?	f. <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	87
h. If you went to work, you would be refused access to training?	g. <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	88
i. Your training was not adequate?	h. <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	89
j. You lacked transportation that you were able to get to and use?	i. <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	90
k. There were no appropriate jobs available?	j. <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	91
k. There were no appropriate jobs available?	k. <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	92
66. Do you think you will look for work at any time in the next six months?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	93	
67. In order to work, would you NEED any of these special features at your worksite —				
a. Handrails or ramps?	Yes	No	DK	
b. Accessible parking or an accessible transportation stop close to the building?	a. <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	94
c. An elevator?	b. <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	95
d. An elevator designed for persons with special needs?	c. <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	96
e. A work station specially adapted for your use?	d. <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	97
f. A restroom designed for persons with special needs?	e. <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	98
g. An automatic door?	f. <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	99
g. An automatic door?	g. <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	100

Section D – WORK HISTORY/EMPLOYMENT – Continued		RT 52
		3-4
68a. Because of an ongoing health problem, impairment, or disability, would you NEED any (other) special equipment, assistance or work arrangement in order to do your job?	1 <input type="checkbox"/> Yes (Go to 68b) 2 <input type="checkbox"/> No } (Skip to Item D3) 9 <input type="checkbox"/> DK	5

b. In order to work, would you NEED —		
(1) A voice synthesizer, telecommunication device for the deaf (T.D.D.), infrared system, or other technical devices?	Yes No DK (1) 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	6
(2) Braille, enlarged print, special lighting, or audio tape?	(2) 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	7
(3) A reader, oral or sign language interpreter to assist you at work?	(3) 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	8
(4) A job coach to help train you and supervise your work?	(4) 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	9
(5) A personal assistant to help with job related activities?	(5) 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	10
(6) Special pens or pencils, chairs, or other office supplies?	(6) 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	11
(7) Job redesign, that is, modification of difficult job duties or slowing the pace of tasks?	(7) 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	12
(8) Reduced work hours to allow for more breaks or rest periods?	(8) 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	13
(9) Reduced or part-time work hours?	(9) 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	14
(10) Some other equipment, help, or work arrangements?	(10) 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	15

ITEM D3	Refer to question 63 on page 26. (Year last worked)	1 <input type="checkbox"/> 1989 or after (Go to 69) 2 <input type="checkbox"/> Before 1989 (Skip to 71) 9 <input type="checkbox"/> DK (Go to 69)

69. IN THE PAST FIVE YEARS, have you been fired from a job, laid off, or told to resign because of an ongoing health problem, impairment or disability?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Not sure 9 <input type="checkbox"/> DK	17

70. IN THE PAST FIVE YEARS, because of an ongoing health problem, impairment, or disability, have you been —		
a. Refused employment?	Yes No DK a. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	18
b. Refused a promotion?	b. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	19
c. Refused a transfer?	c. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	20
d. Refused access to training programs?	d. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	21

71. DURING THE PAST 12 MONTHS, were you involved in unpaid volunteer work such as teaching or coaching, office work, or providing care?	1 <input type="checkbox"/> Yes (Go to 72) 2 <input type="checkbox"/> No } (Skip to Section E on page 31) 9 <input type="checkbox"/> DK	22

72. How many days did you do volunteer work in the past 12 months?	_____ (Days) { 1 <input type="checkbox"/> Per week 2 <input type="checkbox"/> Per month 3 <input type="checkbox"/> Per year } (Skip to Section E on page 31) 9999 <input type="checkbox"/> DK	23-26

73. Are you limited in the kind or amount of work you can do because of an ongoing health problem, impairment, or disability?	1 <input type="checkbox"/> Yes (Go to 74) 2 <input type="checkbox"/> No } (Skip to 85 on page 29) 9 <input type="checkbox"/> DK	27

74. If enough accommodations were made in transportation and at the work place, would you be able to work?	1 <input type="checkbox"/> Yes (Go to 75 on page 28) 2 <input type="checkbox"/> No } (Skip to 83 on page 29) 9 <input type="checkbox"/> DK	28

Section D – WORK HISTORY/EMPLOYMENT – Continued

75. In what year did you last work at a job or business, even for a few days?	29-30
19 ____ Year 99 <input type="checkbox"/> DK	

76. Does an ongoing health problem now make it difficult for you to look for work?	31
1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	

77. Some people have encountered barriers which have discouraged them from looking for work. Did you not look for work because you were concerned that —	
	Yes No DK
a. You would lose your SSI, SSDI, or other sources of income if you went to work?	a. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>
b. You would lose your housing if you went to work?	b. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>
c. You would lose your health insurance or Medicaid coverage if you went to work?	c. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>
d. Your family or friends discouraged you from going to work?	d. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>
e. Family responsibilities prevented you from going to work?	e. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>
f. Appropriate information about jobs was not available to you?	f. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>
g. If you went to work you would be refused a promotion or transfer?	g. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>
h. If you went to work, you would be refused access to training?	h. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>
i. Your training was not adequate?	i. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>
j. You lacked transportation that you were able to get to and use?	j. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>
k. There were no appropriate jobs available?	k. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>

78. Do you think you will look for work at any time in the next six months?	43
1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	

79. In order to work, would you NEED any of these special features at your worksite —	
	Yes No DK
a. Handrails or ramps?	a. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>
b. Accessible parking or an accessible transportation stop close to the building?	b. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>
c. An elevator?	c. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>
d. An elevator designed for persons with special needs?	d. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>
e. A work station specially adapted for your use?	e. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>
f. A restroom designed for persons with special needs?	f. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>
g. An automatic door?	g. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>

Notes

Section D – WORK HISTORY/EMPLOYMENT – Continued

80a. Because of an ongoing health problem, impairment, or disability, would you NEED any (other) special equipment, assistance or work arrangement in order to do your job?	1 <input type="checkbox"/> Yes (Go to 80b) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (Skip to Item D4)	51
b. In order to work, would you NEED —		
(1) A voice synthesizer, telecommunication device for the deaf (T.D.D.), infrared system, or other technical devices?	Yes No DK (1) 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	52
(2) Braille, enlarged print, special lighting, or audio tape?	(2) 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	53
(3) A reader, oral or sign language interpreter to assist you at work?	(3) 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	54
(4) A job coach to help train you and supervise your work?	(4) 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	55
(5) A personal assistant to help with job related activities?	(5) 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	56
(6) Special pens or pencils, chairs, or other office supplies?	(6) 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	57
(7) Job redesign, that is, modification of difficult job duties or slowing the pace of tasks?	(7) 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	58
(8) Reduced work hours to allow for more breaks or rest periods?	(8) 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	59
(9) Reduced or part-time work hours?	(9) 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	60
(10) Some other equipment, help, or work arrangements?	(10) 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	61
ITEM D4	Refer to question 75 on page 28. (Year last worked)	1 <input type="checkbox"/> 1989 or after (Go to 81) 2 <input type="checkbox"/> Before 1989 (Skip to 83) 9 <input type="checkbox"/> DK (Go to 81)
81. IN THE PAST FIVE YEARS, have you been fired from a job, laid off, or told to resign because of an ongoing health problem, impairment or disability?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Not sure 9 <input type="checkbox"/> DK	63
82. IN THE PAST FIVE YEARS, because of an ongoing health problem, impairment, or disability, have you been —	Yes No DK	
a. Refused employment?	a. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	64
b. Refused a promotion?	b. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	65
c. Refused a transfer?	c. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	66
d. Refused access to training programs?	d. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	67
83. DURING THE PAST 12 MONTHS, were you involved in unpaid volunteer work such as teaching or coaching, office work, or providing care?	1 <input type="checkbox"/> Yes (Go to 84) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (Skip to Section E on page 31)	68
84. How many days did you do volunteer work in the past 12 months?	_____ (Days) { 1 <input type="checkbox"/> Per week 2 <input type="checkbox"/> Per month 3 <input type="checkbox"/> Per year } (Skip to Section E on page 31) 9999 <input type="checkbox"/> DK	69-72
85. Because of an ongoing health problem, impairment or disability have you EVER changed —	Yes No DK	
a. The KIND of work you do?	a. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	73
b. The AMOUNT of work you do?	b. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	74
c. Your job?	c. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	75

RT 53
3-4

Section E - VOCATIONAL REHABILITATION

READ: These next questions are about vocational rehabilitation. Vocational rehabilitation services are designed to help people find a job, get back to work, or simply function better in their everyday activities.

Ask all of 1a(1)-(15) before going to 1b.

Ask for each "Yes" in 1a.

1a. Have you ever received any of these vocational rehabilitation services?

b. Was the (service) arranged or provided by a state rehabilitation agency.

	Yes	No	DK		Yes	No	DK	
(1) On-the-job training?	(1) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5	(1) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6
(2) Job placement?	(2) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7	(2) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8
(3) Training in job seeking skills?	(3) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9	(3) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10
(4) Vocational or business school training?	(4) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11	(4) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12
(5) College or university training?	(5) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	13	(5) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	14
(6) Personal adjustment training?	(6) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	15	(6) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	16
(7) Physical therapy?	(7) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	17	(7) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	18
(8) Occupational therapy?	(8) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	19	(8) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	20
(9) Other medical treatment?	(9) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	21	(9) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	22
(10) Special aids or technology such as wheelchairs, hearing aids, or computers?	(10) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	23	(10) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	24
(11) Training in homemaking or in self-care?	(11) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	25	(11) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	26
(12) Sheltered workshop?	(12) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	27	(12) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	28
(13) Supported employment?	(13) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	29	(13) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	30
(14) Driver training?	(14) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	31	(14) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	32
(15) Any other rehabilitation services?	(15) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	33	(15) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	34

ITEM E1

Refer to question 1a. (Received rehabilitation services)

- Any "Yes" (Go to 2)
- All others (Skip to 4 on page 32)

35

2. In what year did you LAST receive vocational rehabilitation services?

- 19 ____ Year
- 99 DK
- 00 Now in rehabilitation program

36-37

3. Have the vocational rehabilitation services you received —

	Yes	No	DK	
a. Helped you in getting a job?	a. <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	38
b. Helped you in getting a better job?	b. <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	39
c. Improved your ability to do your old job?	c. <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	40
d. Improved your self-confidence and outlook?	d. <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	41
e. Improved your ability to get around?	e. <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	42
f. Improved your ability to take care of yourself?	f. <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	43
g. Improved your ability to take care of your home?	g. <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	44
h. Improved your communication skills?	h. <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	45
i. Helped you in some other way?	i. <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	46

Notes

Section E – VOCATIONAL REHABILITATION – Continued

4. Do you need (additional) vocational rehabilitation services?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	47
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ITEM E2	Refer to SP's age.	1 <input type="checkbox"/> 70+ (Skip to Section F on page 33) 2 <input type="checkbox"/> Under 70 (Go to 5)	48
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<i>HAND CARD A4. Ask all of 5a(1)-(12) before going to 5b.</i>		<i>Ask for each "Yes" in 5a.</i>	
5a. Which of the following describe your current job or other activities?		b. How many hours a week do you usually spend on (activity)?	
(1) COMPETITIVE EMPLOYMENT; that is working at a regular job or business for at least minimum wage?	(1) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	(1) 00 <input type="checkbox"/> Less than 1 hour ____ Hours per week (Number) 99 <input type="checkbox"/> DK	49 50-51
(2) Working with a paid JOB COACH?	(2) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	(2) 00 <input type="checkbox"/> Less than 1 hour ____ Hours per week (Number) 99 <input type="checkbox"/> DK	52 53-54
(3) A WORK CREW, which consists of people with disabilities working as a team to provide services such as janitorial or lawn care in the community?	(3) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	(3) 00 <input type="checkbox"/> Less than 1 hour ____ Hours per week (Number) 99 <input type="checkbox"/> DK	55 56-57
(4) AN ENCLAVE; that is, working in a group with disabled persons in a regular business?	(4) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	(4) 00 <input type="checkbox"/> Less than 1 hour ____ Hours per week (Number) 99 <input type="checkbox"/> DK	58 59-60
(5) Any other SUPPORTED EMPLOYMENT not listed above?	(5) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	(5) 00 <input type="checkbox"/> Less than 1 hour ____ Hours per week (Number) 99 <input type="checkbox"/> DK	61 62-63
(6) A SHELTERED WORKSHOP; that is, working for piece rate wages below minimum wage?	(6) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	(6) 00 <input type="checkbox"/> Less than 1 hour ____ Hours per week (Number) 99 <input type="checkbox"/> DK	64 65-66
(7) A WORK ACTIVITY CENTER that teaches independent living and work skills?	(7) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	(7) 00 <input type="checkbox"/> Less than 1 hour ____ Hours per week (Number) 99 <input type="checkbox"/> DK	67 68-69
(8) A DAY ACTIVITY CENTER that teaches independent living, non-vocational or pre-vocational skills, where one does not work or get paid?	(8) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	(8) 00 <input type="checkbox"/> Less than 1 hour ____ Hours per week (Number) 99 <input type="checkbox"/> DK	70 71-72
(9) ATTENDING SCHOOL?	(9) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	(9) 00 <input type="checkbox"/> Less than 1 hour ____ Hours per week (Number) 99 <input type="checkbox"/> DK	73 74-75
(10) A FORMAL JOB TRAINING PROGRAM, not yet mentioned?	(10) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	(10) 00 <input type="checkbox"/> Less than 1 hour ____ Hours per week (Number) 99 <input type="checkbox"/> DK	76 77-78
(11) VOLUNTEER WORK?	(11) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	(11) 00 <input type="checkbox"/> Less than 1 hour ____ Hours per week (Number) 99 <input type="checkbox"/> DK	79 80-81
<i>Ask if all "No" in 5a (1-11); otherwise, go to Section F on page 33.</i>			82
(12) No STRUCTURED ACTIVITY?	(12) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK		

RT 54
3-4

Section F - ASSISTIVE DEVICES AND TECHNOLOGIES

The next questions are about medical devices and implants.

Ask all of 1a-o before going to 2.

Ask for each "Yes" in 1.

2. Did you use (device) in the past two weeks?

1. During the past 12 months, did you use any of the following medical devices or supplies?

- a. A tracheotomy tube?
- b. A respirator?
- c. An ostomy bag?
- d. Catheterization equipment?
- e. A glucose monitor?
- f. Diabetic equipment or supplies?
- g. An inhaler?
- h. A nebulizer?
- i. A hearing aid?
- j. Crutches?
- k. A cane?
- l. A walker?
- m. A wheelchair?
- n. A scooter?
- o. A feeding tube?

Yes	No	DK	
a. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	5
b. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	7
c. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	9
d. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	11
e. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	13
f. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	15
g. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	17
h. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	19
i. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	21
j. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	23
k. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	25
l. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	27
m. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	29
n. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	31
o. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	33

Yes	No	DK	
a. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	6
b. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	8
c. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	10
d. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	12
e. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	14
f. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	16
g. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	18
h. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	20
i. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	22
j. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	24
k. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	26
l. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	28
m. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	30
n. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	32
o. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	34

ITEM F1

Refer to question 1 above.
(Devices used)

- 1 Any "Yes" in 1 (Go to 3)
- 2 All other (Skip to 4)

36

3. During the past 12 months, about how much did you or your family pay for [this device/these devices]? Do not count any money that has been or will be reimbursed by insurance or any other source.

00000 None

\$ _____ 00

99999 DK

36-40

4. Do you now have any of the following implants?

- a. Any shunt that drains away fluid?
- b. An artificial joint?
- c. Implanted lens?
- d. Implanted pin, screw, nail, wire, rod, or plate?
- e. An artificial heart valve?
- f. A pacemaker?
- g. Silicone implant?
- h. Infusion pump?
- i. Implanted catheter?
- j. An organ implant?
- k. A cochlear (kōk' lē-er) implant?

Yes	No	DK	
a. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	41
b. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	42
c. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	43
d. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	44
e. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	45
f. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	46
g. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	47
h. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	48
i. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	49
j. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	50
k. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	51

Notes

Section G - HEALTH INSURANCE

<p>The next questions are about health insurance coverage.</p> <p>There are several government programs that provide medical care or help pay medical bills.</p> <p>People covered by Medicare have a card that looks like this.</p> <p><i>SHOW MEDICARE CARD.</i></p>		<p>5</p>
<p>1a. In (month), were you covered by Medicare?</p>	<p>1 <input type="checkbox"/> Yes (Go to 1b) 2 <input type="checkbox"/> No } (Skip to 2) 9 <input type="checkbox"/> DK }</p>	
<p>b. How long have you been covered by Medicare?</p> <p><i>Read categories if necessary.</i></p> <p><i>Mark (X) only one.</i></p>	<p>1 <input type="checkbox"/> Less than 6 months 2 <input type="checkbox"/> 6 months, but less than 1 year 3 <input type="checkbox"/> 1 year, but less than 2 years 4 <input type="checkbox"/> 2 years or more 9 <input type="checkbox"/> DK</p>	<p>6</p>
<p>There is a program called MEDICAID that pays for health care for persons in need. In this state, it is also called (state name).</p>		<p>7</p>
<p>2a. In (month), were you covered by MEDICAID or (state name)?</p>	<p>1 <input type="checkbox"/> Yes (Go to 2b) 2 <input type="checkbox"/> No } (Skip to 3) 9 <input type="checkbox"/> DK }</p>	
<p>b. How long have you had MEDICAID or (state name) coverage?</p> <p><i>Read categories if necessary.</i></p> <p><i>Mark (X) only one.</i></p>	<p>1 <input type="checkbox"/> Less than 6 months 2 <input type="checkbox"/> 6 months, but less than 1 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>	<p>8</p>
<p>3. In (month), were you 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 your ONLY source of care.</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p>	<p>9</p>
<p>4a. In (month), were you covered by military health care, including armed forces retirement benefits, the VA (Department of Veterans' Affairs), CHAMPUS, or CHAMP-VA?</p>	<p>1 <input type="checkbox"/> Yes (Go to 4b) 2 <input type="checkbox"/> No } (Skip to 5) 9 <input type="checkbox"/> DK }</p>	<p>10</p>
<p>b. Was this CHAMPUS, or CHAMP-VA?</p> <p><i>Read if necessary: CHAMPUS is a program of medical care for dependents of active duty or retired military personnel. CHAMP-VA is medical insurance for dependents or survivors of disabled veterans.</i></p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p>	<p>11</p>
<p>c. In (month), were you covered by any other military health care, including armed forces retirement benefits, or the VA (Department of Veterans' Affairs)?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p>	<p>12</p>
<p>5. In (month), were you covered by the Indian Health Service?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p>	<p>13</p>
<p>6a. (Not counting the government health programs we just mentioned), in (month), were you covered by a private health insurance plan?</p> <p><i>Read if necessary: Besides government programs, people also get health insurance through their jobs or union, through other private groups, or directly from an insurance company. A variety of types of plans are available, including Health Maintenance Organizations or HMOs.</i></p>	<p>1 <input type="checkbox"/> Yes (Go to 6b) 2 <input type="checkbox"/> No } (Skip to Section H on page 35) 9 <input type="checkbox"/> DK }</p>	<p>14</p>
<p>b. Was any of this private health insurance obtained originally through the workplace, that is through a present or former employer or union?</p> <p><i>Mark (X) only one.</i></p>	<p>1 <input type="checkbox"/> Employer 2 <input type="checkbox"/> Union 3 <input type="checkbox"/> Through workplace, DK which 4 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p>	<p>15</p>

RT 56
3-4

Section H – ASSISTANCE WITH KEY ACTIVITIES

READ TO RESPONDENT: The next questions are about how well you are able to do certain activities. Please tell me if you have ANY difficulty when you do the following.

Ask 1a-j before asking 2 and 3.

Ask 2 and 3 for each "Yes" in 1a-j.

1. By yourself and not using aids, do you have any difficulty —		2. How much difficulty do you have (activity), some, a lot, or are you unable to do it?	3. For how long have you [had some difficulty/had a lot of difficulty/been unable to] (activity)?
a. Walking for a quarter of a mile, (that is about 2 or 3 blocks)?	1 <input type="checkbox"/> Yes 5 2 <input type="checkbox"/> No 9 <input type="checkbox"/> NA/DK	1 <input type="checkbox"/> Some 6 2 <input type="checkbox"/> A lot 3 <input type="checkbox"/> Unable 9 <input type="checkbox"/> DK	00 <input type="checkbox"/> Less than 1 year 7-8 99 <input type="checkbox"/> DK _____ Number of years
b. Walking up 10 steps without resting?	1 <input type="checkbox"/> Yes 9 2 <input type="checkbox"/> No 9 <input type="checkbox"/> NA/DK	1 <input type="checkbox"/> Some 10 2 <input type="checkbox"/> A lot 3 <input type="checkbox"/> Unable 9 <input type="checkbox"/> DK	00 <input type="checkbox"/> Less than 1 year 11-12 99 <input type="checkbox"/> DK _____ Number of years
c. Standing or being on your feet for about 2 hours?	1 <input type="checkbox"/> Yes 13 2 <input type="checkbox"/> No 9 <input type="checkbox"/> NA/DK	1 <input type="checkbox"/> Some 14 2 <input type="checkbox"/> A lot 3 <input type="checkbox"/> Unable 9 <input type="checkbox"/> DK	00 <input type="checkbox"/> Less than 1 year 15-16 99 <input type="checkbox"/> DK _____ Number of years
d. Sitting for about 2 hours?	1 <input type="checkbox"/> Yes 17 2 <input type="checkbox"/> No 9 <input type="checkbox"/> NA/DK	1 <input type="checkbox"/> Some 18 2 <input type="checkbox"/> A lot 3 <input type="checkbox"/> Unable 9 <input type="checkbox"/> DK	00 <input type="checkbox"/> Less than 1 year 19-20 99 <input type="checkbox"/> DK _____ Number of years
By yourself and not using aids, do you have any difficulty — e. Stooping, crouching, or kneeling?	1 <input type="checkbox"/> Yes 21 2 <input type="checkbox"/> No 9 <input type="checkbox"/> NA/DK	1 <input type="checkbox"/> Some 22 2 <input type="checkbox"/> A lot 3 <input type="checkbox"/> Unable 9 <input type="checkbox"/> DK	00 <input type="checkbox"/> Less than 1 year 23-24 99 <input type="checkbox"/> DK _____ Number of years
f. Reaching up over your head?	1 <input type="checkbox"/> Yes 25 2 <input type="checkbox"/> No 9 <input type="checkbox"/> NA/DK	1 <input type="checkbox"/> Some 26 2 <input type="checkbox"/> A lot 3 <input type="checkbox"/> Unable 9 <input type="checkbox"/> DK	00 <input type="checkbox"/> Less than 1 year 27-28 99 <input type="checkbox"/> DK _____ Number of years
g. Reaching out (as if to shake someone's hand)?	1 <input type="checkbox"/> Yes 29 2 <input type="checkbox"/> No 9 <input type="checkbox"/> NA/DK	1 <input type="checkbox"/> Some 30 2 <input type="checkbox"/> A lot 3 <input type="checkbox"/> Unable 9 <input type="checkbox"/> DK	00 <input type="checkbox"/> Less than 1 year 31-32 99 <input type="checkbox"/> DK _____ Number of years
h. Using your fingers to grasp or handle?	1 <input type="checkbox"/> Yes 33 2 <input type="checkbox"/> No 9 <input type="checkbox"/> NA/DK	1 <input type="checkbox"/> Some 34 2 <input type="checkbox"/> A lot 3 <input type="checkbox"/> Unable 9 <input type="checkbox"/> DK	00 <input type="checkbox"/> Less than 1 year 35-36 99 <input type="checkbox"/> DK _____ Number of years
By yourself and not using any aids, do you have any difficulty — i. Lifting or carrying something as heavy as 25 pounds, (such as two full bags of groceries)?	1 <input type="checkbox"/> Yes (Go to j) 37 2 <input type="checkbox"/> No (Skip to 2) 9 <input type="checkbox"/> NA/DK (Go to j)	1 <input type="checkbox"/> Some 38 2 <input type="checkbox"/> A lot 3 <input type="checkbox"/> Unable 9 <input type="checkbox"/> DK	00 <input type="checkbox"/> Less than 1 year 39-40 99 <input type="checkbox"/> DK _____ Number of years
j. Lifting or carrying something as heavy as 10 pounds?	1 <input type="checkbox"/> Yes 41 2 <input type="checkbox"/> No 9 <input type="checkbox"/> NA/DK	1 <input type="checkbox"/> Some 42 2 <input type="checkbox"/> A lot 3 <input type="checkbox"/> Unable 9 <input type="checkbox"/> DK	00 <input type="checkbox"/> Less than 1 year 43-44 99 <input type="checkbox"/> DK _____ Number of years

Notes

Section H - ASSISTANCE WITH KEY ACTIVITIES - Continued

READ TO RESPONDENT: These questions are about some other activities and how well you are able to do them by yourself and without using special equipment.

	(A) <small>RT 57</small> 3-4		(B) <small>RT 58</small> 3-4		(C) <small>RT 59</small> 3-4	
	Bathing or showering?		Dressing?		Eating?	
<p>4. Because of a health or physical problem, do you have ANY difficulty —</p> <p><i>Ask if "Doesn't do": Is this because of a HEALTH or PHYSICAL problem? If "Yes", mark box 1; if "No" mark box 3.</i></p>	4.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Doesn't do for other reason <input type="checkbox"/> DK	5	4.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Doesn't do for other reason <input type="checkbox"/> DK	5

	(A)		(B)		(C)	
ITEM H1	Bathing or showering		Dressing		Eating	
H1	6	Refer to question 4. <input type="checkbox"/> "Yes" marked (Go to 5) <input type="checkbox"/> All other (Go to H1 for next activity)	6	6	6	Refer to question 4. <input type="checkbox"/> "Yes" marked (Go to 5) <input type="checkbox"/> All other (Go to H1 for next activity)
<p>5. By yourself and without using special equipment, how much difficulty do you have (activity), some, a lot, or are you unable to do it?</p>	5.	<input type="checkbox"/> Some } (Go to 6) <input type="checkbox"/> A lot } <input type="checkbox"/> Unable (H1 for next activity) <input type="checkbox"/> DK (Go to 6)	7	5.	<input type="checkbox"/> Some } (Go to 6) <input type="checkbox"/> A lot } <input type="checkbox"/> Unable (H1 for next activity) <input type="checkbox"/> DK (Go to 6)	7
<p>6. When you DO NOT HAVE HELP OR USE SPECIAL EQUIPMENT, is (activity) by yourself —</p> <p>(1) Very tiring? (2) Does (activity) take a long time? (3) Is it very painful?</p>	6.	<input type="checkbox"/> Never do without help or special equipment (H1 for next activity) (1) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input style="width:20px;" type="text"/> 9 (2) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input style="width:20px;" type="text"/> 10 (3) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input style="width:20px;" type="text"/> 11 (Go to H1 for next activity)	8	6.	<input type="checkbox"/> Never do without help or special equipment (H1 for next activity) (1) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input style="width:20px;" type="text"/> 9 (2) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input style="width:20px;" type="text"/> 10 (3) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input style="width:20px;" type="text"/> 11 (Go to H1 for next activity)	8

	(A)		(B)		(C)	
ITEM H2	Bathing or showering		Dressing		Eating	
H2	12	Refer to question 4. <input type="checkbox"/> Box 3 marked (H2 for next activity) <input type="checkbox"/> All other (Go to 7)	12	12	12	Refer to question 4. <input type="checkbox"/> Box 3 marked (H2 for next activity) <input type="checkbox"/> All other (Go to 7)
<p>7a. Do you use any special equipment or aids in (activity)?</p>	7a.	<input type="checkbox"/> Yes (Go to 7b) <input type="checkbox"/> No (H2 for next activity)	13	7a.	<input type="checkbox"/> Yes (Go to 7b) <input type="checkbox"/> No (H2 for next activity)	13
<p>b. What special equipment or aids do you use?</p> <p>Anything else?</p> <p><i>Mark (X) all that apply.</i></p>	b.	<input type="checkbox"/> Stool, seat or chair <input style="width:20px;" type="text"/> 14 <input type="checkbox"/> Handbar or rail <input style="width:20px;" type="text"/> 15 <input type="checkbox"/> Other <input style="width:20px;" type="text"/> 16 <input type="checkbox"/> DK <input style="width:20px;" type="text"/> 17	14 15 16 17	b.	<input type="checkbox"/> Special clothes <input style="width:20px;" type="text"/> 14 <input type="checkbox"/> Special fasteners <input style="width:20px;" type="text"/> 15 <input type="checkbox"/> Cord, string, zipper pull <input style="width:20px;" type="text"/> 16 <input type="checkbox"/> Orthopedic shoes <input style="width:20px;" type="text"/> 17 <input type="checkbox"/> Other <input style="width:20px;" type="text"/> 18 <input type="checkbox"/> DK <input style="width:20px;" type="text"/> 19	14 15 16 17 18 19
<p>c. When you USE SPECIAL EQUIPMENT AND DO NOT HAVE HELP, is (activity) —</p> <p>(1) Very tiring? (2) Does (activity) take a long time? (3) Is it very painful?</p>	c.	<input type="checkbox"/> Never do without help (Go to H2 for next activity) (1) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input style="width:20px;" type="text"/> 19 (2) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input style="width:20px;" type="text"/> 20 (3) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input style="width:20px;" type="text"/> 21 (Go to H2 for next activity)	18	c.	<input type="checkbox"/> Never do without help (Go to H2 for next activity) (1) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input style="width:20px;" type="text"/> 21 (2) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input style="width:20px;" type="text"/> 22 (3) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input style="width:20px;" type="text"/> 23 (Go to H2 for next activity)	20
<p>c. When you USE SPECIAL EQUIPMENT AND DO NOT HAVE HELP, is (activity) —</p> <p>(1) Very tiring? (2) Does (activity) take a long time? (3) Is it very painful?</p>	c.	<input type="checkbox"/> Never do without help (Go to H2 for next activity) (1) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input style="width:20px;" type="text"/> 20 (2) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input style="width:20px;" type="text"/> 21 (3) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input style="width:20px;" type="text"/> 22 (Go to H2 for next activity)	19	c.	<input type="checkbox"/> Oversized eating equipment <input style="width:20px;" type="text"/> 14 <input type="checkbox"/> Bed or lap tray <input style="width:20px;" type="text"/> 15 <input type="checkbox"/> Covered cup/modified bowl <input style="width:20px;" type="text"/> 16 <input type="checkbox"/> Other <input style="width:20px;" type="text"/> 17 <input type="checkbox"/> DK <input style="width:20px;" type="text"/> 18	19

Section H - ASSISTANCE WITH KEY ACTIVITIES - Continued

(D) RT 60 3-4		(E) RT 61 3-4		(F) RT 62 3-4		(G) RT 63 3-4		
Getting in and out of bed or chairs?		Walking?		Getting outside?		Using the toilet, including getting to the toilet?		
4.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Doesn't do for other reason <input type="checkbox"/> DK	5	4.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Doesn't do for other reason <input type="checkbox"/> DK	5	4.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Doesn't do for other reason <input type="checkbox"/> DK	5
(D) Getting in and out of bed or chairs		(E) Walking		(F) Getting outside		(G) Using the toilet, including getting to the toilet		
H1	Refer to question 4. <input type="checkbox"/> "Yes" marked (Go to 5) <input type="checkbox"/> All other (Go to H1 for next activity)	6	H1	Refer to question 4. <input type="checkbox"/> "Yes" marked (Go to 5) <input type="checkbox"/> All other (Go to H1 for next activity)	6	H1	Refer to question 4. <input type="checkbox"/> "Yes" marked (Go to 5) <input type="checkbox"/> All other (Skip to H2 for activity (A))	6
5.	<input type="checkbox"/> Some } (Go to 6) <input type="checkbox"/> A lot } <input type="checkbox"/> Unable (H1 for next activity) <input type="checkbox"/> DK (Go to 6)	7	5.	<input type="checkbox"/> Some } (Go to 6) <input type="checkbox"/> A lot } <input type="checkbox"/> Unable (H1 for next activity) <input type="checkbox"/> DK (Go to 6)	7	5.	<input type="checkbox"/> Some } (Go to 6) <input type="checkbox"/> A lot } <input type="checkbox"/> Unable (H2 for activity (A)) <input type="checkbox"/> DK (Go to 6)	7
6.	<input type="checkbox"/> Never do without help or special equipment (H1 for next activity) (1) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> 9	8	6.	<input type="checkbox"/> Never do without help or special equipment (H1 for next activity) (1) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> 9	8	6.	<input type="checkbox"/> Never do without help or special equipment (H2 for activity (A)) (1) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> 9	8
(2)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> 10	10	(2)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> 10	10	(2)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> 10	10
(3)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> 11 (Go to H1 for next activity)	11	(3)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> 11 (Go to H1 for next activity)	11	(3)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> 11 (Go to H2 for activity (A))	11
(D) Getting in and out of bed or chairs		(E) Walking		(F) Getting outside		(G) Using the toilet, including getting to the toilet		
H2	Refer to question 4. <input type="checkbox"/> Box 3 marked (H2 for next activity) <input type="checkbox"/> All other (Go to 7)	12	H2	Refer to question 4. <input type="checkbox"/> Box 3 marked (H2 for next activity) <input type="checkbox"/> All other (Go to 7)	12	H2	Refer to question 4. <input type="checkbox"/> Box 3 marked (Skip to H3 on page 38) <input type="checkbox"/> All other (Go to 7)	12
7a.	<input type="checkbox"/> Yes (Go to 7b) <input type="checkbox"/> No (H2 for next activity)	13	7a.	<input type="checkbox"/> Yes (Go to 7b) <input type="checkbox"/> No (H2 for next activity)	13	7a.	<input type="checkbox"/> Yes (Go to 7b) <input type="checkbox"/> No (Skip to H3 on page 38)	13
b.	<input type="checkbox"/> Cane or walking stick <input type="checkbox"/> 14 <input type="checkbox"/> Walker <input type="checkbox"/> 15 <input type="checkbox"/> Extra/special cushions <input type="checkbox"/> 16 <input type="checkbox"/> Special "raising seat" chair/lift chair <input type="checkbox"/> 17 <input type="checkbox"/> Hospital bed <input type="checkbox"/> 18 <input type="checkbox"/> Trapeze/sling <input type="checkbox"/> 19 <input type="checkbox"/> Ramp <input type="checkbox"/> 20 <input type="checkbox"/> Other <input type="checkbox"/> 21 <input type="checkbox"/> DK <input type="checkbox"/> 22	14-22	b.	<input type="checkbox"/> 01 Cane or walking stick <input type="checkbox"/> 14-15 <input type="checkbox"/> 02 Walker <input type="checkbox"/> 16-17 <input type="checkbox"/> 03 Crutch or crutches <input type="checkbox"/> 18-19 <input type="checkbox"/> 04 Wheelchair <input type="checkbox"/> 20-21 <input type="checkbox"/> 05 Artificial leg <input type="checkbox"/> 22-23 <input type="checkbox"/> 06 Brace <input type="checkbox"/> 24-25 <input type="checkbox"/> 07 Guide dog <input type="checkbox"/> 26-27 <input type="checkbox"/> 08 Oxygen/special breathing equipment <input type="checkbox"/> 28-29 <input type="checkbox"/> 09 Other <input type="checkbox"/> 30-31 <input type="checkbox"/> 99 DK <input type="checkbox"/> 32-33	14-33	b.	<input type="checkbox"/> 01 Cane or walking stick <input type="checkbox"/> 14-15 <input type="checkbox"/> 02 Walker <input type="checkbox"/> 16-17 <input type="checkbox"/> 03 Crutch or crutches <input type="checkbox"/> 18-19 <input type="checkbox"/> 04 Wheelchair <input type="checkbox"/> 20-21 <input type="checkbox"/> 05 Artificial leg <input type="checkbox"/> 22-23 <input type="checkbox"/> 06 Brace <input type="checkbox"/> 24-25 <input type="checkbox"/> 07 Guide dog <input type="checkbox"/> 26-27 <input type="checkbox"/> 08 Bed pan <input type="checkbox"/> 28-29 <input type="checkbox"/> 09 Raised toilet seat <input type="checkbox"/> 30-31 <input type="checkbox"/> 10 Special toilet/portable toilet <input type="checkbox"/> 32-33 <input type="checkbox"/> 11 Hand holds/rails near toilet <input type="checkbox"/> 34-35 <input type="checkbox"/> 12 Other <input type="checkbox"/> 36-37 <input type="checkbox"/> 99 DK <input type="checkbox"/> 38-39	14-40
c.	<input type="checkbox"/> Never do without help (Go to H2 for next activity) (1) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> 24	23	c.	<input type="checkbox"/> Never do without help (Go to H2 for next activity) (1) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> 35	34	c.	<input type="checkbox"/> Never do without help (Go to H3 on page 38) (1) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> 41	34
(2)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> 25	25	(2)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> 36	36	(2)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> 42	36
(3)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> 26 (Go to H2 for next activity)	26	(3)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> 37 (Go to H2 for next activity)	37	(3)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> 43 (Go to H3 on page 38)	37

Section H - ASSISTANCE WITH KEY ACTIVITIES - Continued

	(A) Bathing or showering	(B) Dressing	(C) Eating
	RT 57	RT 58	RT 59
ITEM H3	Refer to question 4 on page 36. 1 <input type="checkbox"/> Box 3 marked (Go to H3 for next activity) 2 <input type="checkbox"/> All other (Go to 8)	Refer to question 4 on page 36. 1 <input type="checkbox"/> Box 3 marked (Go to H3 for next activity) 2 <input type="checkbox"/> All other (Go to 8)	Refer to question 4 on page 36. 1 <input type="checkbox"/> Box 3 marked (Go to H3 for next activity) 2 <input type="checkbox"/> All other (Go to 8)
8a. Do you receive help from another person in (activity)?	1 <input type="checkbox"/> Yes (Go to 8b) 2 <input type="checkbox"/> No } (Skip to 8e) 9 <input type="checkbox"/> DK	1 <input type="checkbox"/> Yes (Go to 8b) 2 <input type="checkbox"/> No } (Skip to 8e) 9 <input type="checkbox"/> DK	1 <input type="checkbox"/> Yes (Go to 8b) 2 <input type="checkbox"/> No } (Skip to 8e) 9 <input type="checkbox"/> DK
b. Is this hands-on help?	1 <input type="checkbox"/> Yes (Go to 8c) 2 <input type="checkbox"/> No } (Skip to 8e) 9 <input type="checkbox"/> DK	1 <input type="checkbox"/> Yes (Go to 8c) 2 <input type="checkbox"/> No } (Skip to 8e) 9 <input type="checkbox"/> DK	1 <input type="checkbox"/> Yes (Go to 8c) 2 <input type="checkbox"/> No } (Skip to 8e) 9 <input type="checkbox"/> DK
c. When you HAVE HANDS-ON HELP FROM ANOTHER PERSON, is (activity) —	0 <input type="checkbox"/> Never does activity (Go to 8e) (1) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK (2) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK (3) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	0 <input type="checkbox"/> Never does activity (Go to 8e) (1) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK (2) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK (3) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	0 <input type="checkbox"/> Never does activity (Go to 8e) (1) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK (2) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK (3) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK
d. How often do you have hands-on help with (activity)? Would you say always, sometimes, or rarely?	1 <input type="checkbox"/> Always 2 <input type="checkbox"/> Sometimes 3 <input type="checkbox"/> Rarely 9 <input type="checkbox"/> DK	1 <input type="checkbox"/> Always 2 <input type="checkbox"/> Sometimes 3 <input type="checkbox"/> Rarely 9 <input type="checkbox"/> DK	1 <input type="checkbox"/> Always 2 <input type="checkbox"/> Sometimes 3 <input type="checkbox"/> Rarely 9 <input type="checkbox"/> DK
e. Do you need (more) hands-on help with (activity)?	1 <input type="checkbox"/> Yes } (Go to H3 for next activity) 2 <input type="checkbox"/> No } 9 <input type="checkbox"/> DK	1 <input type="checkbox"/> Yes } (Go to H3 for next activity) 2 <input type="checkbox"/> No } 9 <input type="checkbox"/> DK	1 <input type="checkbox"/> Yes } (Go to H3 for next activity) 2 <input type="checkbox"/> No } 9 <input type="checkbox"/> DK

	(A) Bathing or showering	(B) Dressing	(C) Eating
ITEM H4	Refer to H3 and 8b above. 1 <input type="checkbox"/> Box 1 marked in H3 (Go to H4 for next activity) 2 <input type="checkbox"/> "Yes" in 8b (Go to H4 for next activity) 3 <input type="checkbox"/> All other (Go to 9)	Refer to H3 and 8b above. 1 <input type="checkbox"/> Box 1 marked in H3 (Go to H4 for next activity) 2 <input type="checkbox"/> "Yes" in 8b (Go to H4 for next activity) 3 <input type="checkbox"/> All other (Go to 9)	Refer to H3 and 8b above. 1 <input type="checkbox"/> Box 1 marked in H3 (Go to H4 for next activity) 2 <input type="checkbox"/> "Yes" in 8b (Go to H4 for next activity) 3 <input type="checkbox"/> All other (Go to 9)
9a. Do you have someone who supervises you or stays nearby when you are (activity)?	1 <input type="checkbox"/> Yes (Go to 9b) 2 <input type="checkbox"/> No } (Skip to 11) 9 <input type="checkbox"/> DK	1 <input type="checkbox"/> Yes (Go to 9b) 2 <input type="checkbox"/> No } (Skip to 11) 9 <input type="checkbox"/> DK	1 <input type="checkbox"/> Yes (Go to 9b) 2 <input type="checkbox"/> No } (Skip to 11) 9 <input type="checkbox"/> DK
b. Does this person provide —			
(1) Supervisory help, such as making sure the activity is performed correctly when you are (activity)?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK
(2) Standby help, such as observing to see if any help is needed when you are (activity)?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK
10. How often do you have supervision or standby help when you are (activity)? Would you say always, sometimes, or rarely?	1 <input type="checkbox"/> Always 2 <input type="checkbox"/> Sometimes 3 <input type="checkbox"/> Rarely 9 <input type="checkbox"/> DK	1 <input type="checkbox"/> Always 2 <input type="checkbox"/> Sometimes 3 <input type="checkbox"/> Rarely 9 <input type="checkbox"/> DK	1 <input type="checkbox"/> Always 2 <input type="checkbox"/> Sometimes 3 <input type="checkbox"/> Rarely 9 <input type="checkbox"/> DK
11. Do you need (more) supervision or standby help with (activity)?	1 <input type="checkbox"/> Yes } (Go to H4 for next activity) 2 <input type="checkbox"/> No } 9 <input type="checkbox"/> DK	1 <input type="checkbox"/> Yes } (Go to H4 for next activity) 2 <input type="checkbox"/> No } 9 <input type="checkbox"/> DK	1 <input type="checkbox"/> Yes } (Go to H4 for next activity) 2 <input type="checkbox"/> No } 9 <input type="checkbox"/> DK

Section H – ASSISTANCE WITH KEY ACTIVITIES – Continued

(D) Getting in and out of bed or chairs		RT 60	(E) Walking		RT 61	(F) Getting outside		RT 62	(G) Using the toilet, including getting to the toilet		RT 63
H3	Refer to question 4 on page 37. 1 <input type="checkbox"/> Box 3 marked (Go to H3 for next activity) 2 <input type="checkbox"/> All other (Go to 8)	27	H3	Refer to question 4 on page 37. 1 <input type="checkbox"/> Box 3 marked (Go to H3 for next activity) 2 <input type="checkbox"/> All other (Go to 8)	38	H3	Refer to question 4 on page 37. 1 <input type="checkbox"/> Box 3 marked (Go to H3 for next activity) 2 <input type="checkbox"/> All other (Go to 8)	38	H3	Refer to question 4 on page 37. 1 <input type="checkbox"/> Box 3 marked (Skip to H4 for activity (A)) 2 <input type="checkbox"/> All other (Go to 8)	44
8a.	1 <input type="checkbox"/> Yes (Go to 8b) 2 <input type="checkbox"/> No } (Skip to 8e) 9 <input type="checkbox"/> DK }	28	8a.	1 <input type="checkbox"/> Yes (Go to 8b) 2 <input type="checkbox"/> No } (Skip to 8e) 9 <input type="checkbox"/> DK }	39	8a.	1 <input type="checkbox"/> Yes (Go to 8b) 2 <input type="checkbox"/> No } (Skip to 8e) 9 <input type="checkbox"/> DK }	39	8a.	1 <input type="checkbox"/> Yes (Go to 8b) 2 <input type="checkbox"/> No } (Skip to 8e) 9 <input type="checkbox"/> DK }	45
b.	1 <input type="checkbox"/> Yes (Go to 8c) 2 <input type="checkbox"/> No } (Skip to 8e) 9 <input type="checkbox"/> DK }	29	b.	1 <input type="checkbox"/> Yes (Go to 8c) 2 <input type="checkbox"/> No } (Skip to 8e) 9 <input type="checkbox"/> DK }	40	b.	1 <input type="checkbox"/> Yes (Go to 8c) 2 <input type="checkbox"/> No } (Skip to 8e) 9 <input type="checkbox"/> DK }	40	b.	1 <input type="checkbox"/> Yes (Go to 8c) 2 <input type="checkbox"/> No } (Skip to 8e) 9 <input type="checkbox"/> DK }	46
c.	0 <input type="checkbox"/> Never does activity (Go to 8e)	30	c.	0 <input type="checkbox"/> Never does activity (Go to 8e)	41	c.	0 <input type="checkbox"/> Never does activity (Go to 8e)	41	c.	0 <input type="checkbox"/> Never does activity (Go to 8e)	47
(1)	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	31	(1)	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	42	(1)	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	42	(1)	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	48
(2)	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	32	(2)	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	43	(2)	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	43	(2)	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	49
(3)	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	33	(3)	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	44	(3)	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	44	(3)	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	50
d.	1 <input type="checkbox"/> Always 2 <input type="checkbox"/> Sometimes 3 <input type="checkbox"/> Rarely 9 <input type="checkbox"/> DK	34	d.	1 <input type="checkbox"/> Always 2 <input type="checkbox"/> Sometimes 3 <input type="checkbox"/> Rarely 9 <input type="checkbox"/> DK	45	d.	1 <input type="checkbox"/> Always 2 <input type="checkbox"/> Sometimes 3 <input type="checkbox"/> Rarely 9 <input type="checkbox"/> DK	45	d.	1 <input type="checkbox"/> Always 2 <input type="checkbox"/> Sometimes 3 <input type="checkbox"/> Rarely 9 <input type="checkbox"/> DK	51
e.	1 <input type="checkbox"/> Yes } (Go to H3 for next activity) 2 <input type="checkbox"/> No } 9 <input type="checkbox"/> DK }	35	e.	1 <input type="checkbox"/> Yes } (Go to H3 for next activity) 2 <input type="checkbox"/> No } 9 <input type="checkbox"/> DK }	46	e.	1 <input type="checkbox"/> Yes } (Go to H3 for next activity) 2 <input type="checkbox"/> No } 9 <input type="checkbox"/> DK }	46	e.	1 <input type="checkbox"/> Yes } (Go to H4 for activity (A)) 2 <input type="checkbox"/> No } 9 <input type="checkbox"/> DK }	52

(D) Getting in and out of bed or chairs		(E) Walking	(F) Getting outside	(G) Using the toilet, including getting to the toilet							
H4	Refer to H3 and 8b above. 1 <input type="checkbox"/> Box 1 marked in H3 (Go to H4 for next activity) 2 <input type="checkbox"/> "Yes" in 8b (Go to H4 for next activity) 3 <input type="checkbox"/> All other (Go to 9)	36	H4	Refer to H3 and 8b above. 1 <input type="checkbox"/> Box 1 marked in H3 (Go to H4 for next activity) 2 <input type="checkbox"/> "Yes" in 8b (Go to H4 for next activity) 3 <input type="checkbox"/> All other (Go to 9)	47	H4	Refer to H3 and 8b above. 1 <input type="checkbox"/> Box 1 marked in H3 (Go to H4 for next activity) 2 <input type="checkbox"/> "Yes" in 8b (Go to H4 for next activity) 3 <input type="checkbox"/> All other (Go to 9)	47	H4	Refer to H3 and 8b above. 1 <input type="checkbox"/> Box 1 marked in H3 (Go to H5 on page 40) 2 <input type="checkbox"/> "Yes" in 8b (Go to H5 on page 40) 3 <input type="checkbox"/> All other (Go to 9)	53
9a.	1 <input type="checkbox"/> Yes (Go to 9b) 2 <input type="checkbox"/> No } (Skip to 11) 9 <input type="checkbox"/> DK }	37	9a.	1 <input type="checkbox"/> Yes (Go to 9b) 2 <input type="checkbox"/> No } (Skip to 11) 9 <input type="checkbox"/> DK }	48	9a.	1 <input type="checkbox"/> Yes (Go to 9b) 2 <input type="checkbox"/> No } (Skip to 11) 9 <input type="checkbox"/> DK }	48	9a.	1 <input type="checkbox"/> Yes (Go to 9b) 2 <input type="checkbox"/> No } (Skip to 11) 9 <input type="checkbox"/> DK }	54
b.	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	38	b.	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	49	b.	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	49	b.	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	55
(2)	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	39	(2)	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	50	(2)	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	50	(2)	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	56
10.	1 <input type="checkbox"/> Always 2 <input type="checkbox"/> Sometimes 3 <input type="checkbox"/> Rarely 9 <input type="checkbox"/> DK	40	10.	1 <input type="checkbox"/> Always 2 <input type="checkbox"/> Sometimes 3 <input type="checkbox"/> Rarely 9 <input type="checkbox"/> DK	51	10.	1 <input type="checkbox"/> Always 2 <input type="checkbox"/> Sometimes 3 <input type="checkbox"/> Rarely 9 <input type="checkbox"/> DK	51	10.	1 <input type="checkbox"/> Always 2 <input type="checkbox"/> Sometimes 3 <input type="checkbox"/> Rarely 9 <input type="checkbox"/> DK	57
11.	1 <input type="checkbox"/> Yes } (Go to H4 for next activity) 2 <input type="checkbox"/> No } 9 <input type="checkbox"/> DK }	41	11.	1 <input type="checkbox"/> Yes } (Go to H4 for next activity) 2 <input type="checkbox"/> No } 9 <input type="checkbox"/> DK }	52	11.	1 <input type="checkbox"/> Yes } (Go to H4 for next activity) 2 <input type="checkbox"/> No } 9 <input type="checkbox"/> DK }	52	11.	1 <input type="checkbox"/> Yes } (Go to H5 on page 40) 2 <input type="checkbox"/> No } 9 <input type="checkbox"/> DK }	58

Section H - ASSISTANCE WITH KEY ACTIVITIES - Continued

		(A) RT 57	(B) RT 58	(C) RT 59
		Bathing or showering	Dressing	Eating
ITEM H5		Refer to 8a, 8e, 9a and 11 on page 38. 37 1 <input type="checkbox"/> Any "Yes" (Go to 12) 2 <input type="checkbox"/> All other (Go to H5 for activity (B))	Refer to 8a, 8e, 9a and 11 on page 38. 39 1 <input type="checkbox"/> Any "Yes" (Go to 12) 2 <input type="checkbox"/> All other (Go to H5 for activity (C))	Refer to 8a, 8e, 9a and 11 on page 38. 38 1 <input type="checkbox"/> Any "Yes" (Go to 12) 2 <input type="checkbox"/> All other (Go to H5 for activity (D))
	12a.	How often do you have a complete bath? This could be a tub bath, shower, sink bath or bed bath. Would you say — (Read categories) 1 <input type="checkbox"/> Everyday, 38 2 <input type="checkbox"/> 2-3 times per week, 3 <input type="checkbox"/> Once a week, or 4 <input type="checkbox"/> Less than once a week? 9 <input type="checkbox"/> DK	Do you get dressed for the day — (Read categories) 1 <input type="checkbox"/> Everyday, (Skip to 13) 40 2 <input type="checkbox"/> 2-3 times per week, 3 <input type="checkbox"/> Once a week, or 4 <input type="checkbox"/> Do you stay in night clothes? } (Go to 12b) 9 <input type="checkbox"/> DK	During the past month, were there times you were unable to eat when you were hungry because no one was available to help you eat? 1 <input type="checkbox"/> Yes 39 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK
	b.	How often do you have a partial bath? Would you say — (Read categories) 1 <input type="checkbox"/> Everyday, 39 2 <input type="checkbox"/> 2-3 times per week, 3 <input type="checkbox"/> Once a week, or 4 <input type="checkbox"/> Less than once a week? 9 <input type="checkbox"/> DK	How often do you change your night clothes? Would you say — (Read categories) 1 <input type="checkbox"/> Everyday, 41 2 <input type="checkbox"/> 2-3 times per week, 3 <input type="checkbox"/> Once a week, or 4 <input type="checkbox"/> Less than once a week? 9 <input type="checkbox"/> DK	During the past month, have you — (1) Lost any weight because you were on a diet? 1 <input type="checkbox"/> Yes 40 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK
	13a.	During the past month, did you experience discomfort because you were not able to bathe as often as you would have liked? <i>If necessary: That can be either physical or emotional discomfort.</i> 1 <input type="checkbox"/> Yes 40 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	During the past month, did you experience discomfort because you were not able to change your clothes as often as you would have liked because you did not have help? 1 <input type="checkbox"/> Yes } (Go to H5 for activity (C)) 42 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	(2) Lost weight even though you were not on a diet? 1 <input type="checkbox"/> Yes 41 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK
	b.	During the past month, did you experience a burn or scald caused by bathing with water that was too hot? 1 <input type="checkbox"/> Yes } (Go to H5 for activity (B)) 41 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK		(3) Been dehydrated, that is not had enough liquid in your diet? 1 <input type="checkbox"/> Yes } (Go to H5 for activity (D)) 42 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK <i>If necessary: If you were dehydrated, you might have been thirsty or lost body fluids.</i>

Notes

Section H – ASSISTANCE WITH KEY ACTIVITIES – Continued

(D) RT 60		(E) RT 61		(G) RT 63	
Getting in and out of bed or chairs		Walking		Using the toilet, including getting to the toilet	
H5	Refer to 8a, 8e, 9a and 11 on page 39. 42 1 <input type="checkbox"/> Any "Yes" (Go to 12) 2 <input type="checkbox"/> All other (Go to H5 for activity (E))	H5	Refer to 8a, 8e, 9a and 11 on page 39. 53 1 <input type="checkbox"/> Any "Yes" (Go to 12) 2 <input type="checkbox"/> All other (Go to H5 for activity (G))	H5	Refer to 8a, 8e, 9a and 11 on page 39. 59 1 <input type="checkbox"/> Any "Yes" (Go to 12) 2 <input type="checkbox"/> All other (Skip to H6 on page 42)
12a.	Because of a health or physical problem, do you usually stay in bed all or most of the time? 1 <input type="checkbox"/> Yes (Go to H5 for activity (E)) 43 2 <input type="checkbox"/> No } (Go to 12b) 9 <input type="checkbox"/> DK }	12a.	How often do you move around your [house/ apartment/room]? Would you say — (Read categories) 1 <input type="checkbox"/> Whenever you want. 54 2 <input type="checkbox"/> Often enough to stretch and have a change of scenery now and then. 3 <input type="checkbox"/> Often enough to take care of toileting needs but not much more than that, or 4 <input type="checkbox"/> Not often enough even to use the bathroom? 9 <input type="checkbox"/> DK (Go to H5 for activity (G))	12a.	During the past month, did you experience discomfort because you did not have help getting to the bathroom or changing soiled clothing as often as you needed to? If necessary: That can be either physical or emotional discomfort. 1 <input type="checkbox"/> Yes 60 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK
b.	Because of a health or physical problem, do you usually stay in a chair all or most of the time? 1 <input type="checkbox"/> Yes 44 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK			b.	During the past month, did you wet or soil yourself because you did not have help getting to the bathroom, using a bed pan or using a commode? 1 <input type="checkbox"/> Yes (Go to 12c) 61 2 <input type="checkbox"/> No } (Skip to 12d) 9 <input type="checkbox"/> DK }
c.	How often do you get out of bed? Would you say — (Read categories) 1 <input type="checkbox"/> Everyday, 45 2 <input type="checkbox"/> 2-3 times per week, 3 <input type="checkbox"/> Once a week, or 4 <input type="checkbox"/> Less than once a week? 9 <input type="checkbox"/> DK (Go to H5 for activity (E))			c.	During the past month, did you experience skin problems such as a rash or irritation because of this? 1 <input type="checkbox"/> Yes 62 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK
				d.	During the past month, did you use a commode or bed pan because no help was available? 1 <input type="checkbox"/> Yes 63 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK (Go to H6 on page 42)

Notes

Section H – ASSISTANCE WITH KEY ACTIVITIES – Continued

ITEM H6	<p><i>Refer to question 4 for activities A–G on pages 36 and 37. Indicate the activities marked "Yes".</i></p> <p><i>Insert these marked activities when asking 14.</i></p>	<p><input type="checkbox"/> A. Bathing or showering</p> <p><input type="checkbox"/> B. Dressing</p> <p><input type="checkbox"/> C. Eating</p> <p><input type="checkbox"/> D. Getting in and out of bed or chairs</p> <p><input type="checkbox"/> E. Walking</p> <p><input type="checkbox"/> F. Getting outside</p> <p><input type="checkbox"/> G. Using the toilet, including getting to the toilet</p> <p><input type="checkbox"/> No activities marked (<i>Skip to 16</i>)</p>
<p><i>Insert activities marked in H6.</i></p> <p>14a. What (other) condition causes the trouble in (activities)?</p> <p><i>Record conditions and ask 14b.</i></p> <p><i>Ask if operation:</i></p> <p>For what condition did you have the operation?</p> <p><i>Record up to 5 conditions.</i></p>		<p>00 <input type="checkbox"/> No condition (<i>Skip to 16</i>)</p> <p>01 <input type="checkbox"/> Old age (<i>Go to 14c</i>)</p> <p>(a) _____</p> <p>(b) _____</p> <p>(c) _____</p> <p>(d) _____</p> <p>(e) _____</p>
<p>b. Besides (condition), is there any other condition which causes this trouble in (activities)?</p>		<p>1 <input type="checkbox"/> Yes (<i>Reask 14a and 14b</i>)</p> <p>2 <input type="checkbox"/> No } (<i>Skip to 15</i>)</p> <p>9 <input type="checkbox"/> DK }</p>
<p>c. Is this trouble in (activities) caused by any specific condition?</p>		<p>1 <input type="checkbox"/> Yes (<i>Reask 14a and 14b</i>)</p> <p>2 <input type="checkbox"/> No } (<i>Go to 15</i>)</p> <p>9 <input type="checkbox"/> DK }</p>
<p>15. [Was this/Were any of these] condition(s) a result of a motor vehicle accident?</p>		<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>9 <input type="checkbox"/> DK</p>
<p>16. During the past 12 months, did you receive training to increase your independence in daily living skills such as bathing, eating, or toileting?</p>		<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>9 <input type="checkbox"/> DK</p>
<p>17a. Do you have difficulty controlling your bowels?</p>		<p>1 <input type="checkbox"/> Yes (<i>Go to 17b</i>)</p> <p>2 <input type="checkbox"/> No } (<i>Skip to 17c</i>)</p> <p>9 <input type="checkbox"/> DK }</p>
<p>b. How frequently do you have this difficulty — daily, several times a week, once a week, or less than once a week?</p> <p><i>Mark (X) only one.</i></p>		<p>1 <input type="checkbox"/> Daily</p> <p>2 <input type="checkbox"/> Several times a week</p> <p>3 <input type="checkbox"/> Once a week</p> <p>4 <input type="checkbox"/> Less than once a week</p> <p>9 <input type="checkbox"/> DK</p>
<p>c. Do you have a colostomy or a device to help control bowel movements?</p>		<p>1 <input type="checkbox"/> Yes (<i>Go to 17d</i>)</p> <p>2 <input type="checkbox"/> No } (<i>Skip to 18a on page 43</i>)</p> <p>9 <input type="checkbox"/> DK }</p>
<p>d. Do you need help from another person in taking care of this device?</p>		<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>9 <input type="checkbox"/> DK</p>

Notes

Section H – ASSISTANCE WITH KEY ACTIVITIES – Continued

18a. Do you have difficulty controlling urination?	<input type="checkbox"/> Yes (<i>Go to 18b</i>) <input type="checkbox"/> No } (<i>Skip to 18c</i>) <input type="checkbox"/> DK }	27
b. How frequently do you have this difficulty — daily, several times a week, once a week, or less than once a week? <i>Mark (X) only one.</i>	<input type="checkbox"/> Daily <input type="checkbox"/> Several times a week <input type="checkbox"/> Once a week <input type="checkbox"/> Less than once a week <input type="checkbox"/> DK	28
c. Do you have a urinary catheter or a device to help control urination?	<input type="checkbox"/> Yes (<i>Go to 18d</i>) <input type="checkbox"/> No } (<i>Skip to Item H8</i>) <input type="checkbox"/> DK }	29
d. Do you need help from another person in taking care of this device?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	30
ITEM H8	Status of SP. <input type="checkbox"/> Institutionalized (<i>Skip to 31 on page 50</i>) <input type="checkbox"/> All others (<i>Go to 19 on page 44</i>)	31

Notes

Section H - ASSISTANCE WITH KEY ACTIVITIES - Continued

READ TO RESPONDENT: These questions are about some other activities. Please tell me about doing them by yourself.

<p>Ask questions 19(H)-(O) before continuing to Item H9.</p> <p>19. Because of a health or physical problem, do you have ANY difficulty —</p> <p>Ask if "Doesn't do": Is this because of a HEALTH or PHYSICAL problem?</p> <p>If "Yes", mark box 1; if "No" mark box 3.</p>	<p>(H) RT 65 3-4</p> <p>Preparing your own meals?</p>	<p>(I) RT 66 3-4</p> <p>Shopping for groceries and personal items, such as toilet items or medicines?</p>	<p>(J) RT 67 3-4</p> <p>Managing your money, such as keeping track of expenses or paying bills.</p>
	<p>19. 1 <input type="checkbox"/> Yes 5</p> <p>2 <input type="checkbox"/> No</p> <p>3 <input type="checkbox"/> Doesn't do for other reason <i>z</i></p> <p>Does someone else regularly do this for you?</p> <p>4 <input type="checkbox"/> Yes 6</p> <p>5 <input type="checkbox"/> No</p>	<p>1 <input type="checkbox"/> Yes 5</p> <p>2 <input type="checkbox"/> No</p> <p>3 <input type="checkbox"/> Doesn't do for other reason <i>z</i></p> <p>Does someone else regularly do this for you?</p> <p>4 <input type="checkbox"/> Yes 6</p> <p>5 <input type="checkbox"/> No</p>	<p>1 <input type="checkbox"/> Yes 5</p> <p>2 <input type="checkbox"/> No</p> <p>3 <input type="checkbox"/> Doesn't do for other reason <i>z</i></p> <p>Does someone else regularly do this for you?</p> <p>4 <input type="checkbox"/> Yes 6</p> <p>5 <input type="checkbox"/> No</p>
ITEM H9	<p>(H) Preparing your own meals</p> <p>H9 Refer to 19. 7</p> <p>1 <input type="checkbox"/> Box 1 "Yes" marked (Go to 20)</p> <p>2 <input type="checkbox"/> All other (Go to H9 for next activity)</p>	<p>(I) Shopping for groceries and personal items</p> <p>Refer to 19. 7</p> <p>1 <input type="checkbox"/> Box 1 "Yes" marked (Go to 20)</p> <p>2 <input type="checkbox"/> All other (Go to H9 for next activity)</p>	<p>(J) Managing your money</p> <p>Refer to 19. 7</p> <p>1 <input type="checkbox"/> Box 1 "Yes" marked (Go to 20)</p> <p>2 <input type="checkbox"/> All other (Go to H9 for next activity)</p>
<p>20. By yourself, how much difficulty do you have (activity), — some, a lot, or are you unable to do it?</p>	<p>20. 1 <input type="checkbox"/> Some } (Go to 21) 8</p> <p>2 <input type="checkbox"/> A lot } (Go to 21)</p> <p>3 <input type="checkbox"/> Unable (Go to H9 for next activity)</p> <p>9 <input type="checkbox"/> DK (Go to 21)</p>	<p>1 <input type="checkbox"/> Some } (Go to 21) 8</p> <p>2 <input type="checkbox"/> A lot } (Go to 21)</p> <p>3 <input type="checkbox"/> Unable (Go to H9 for next activity)</p> <p>9 <input type="checkbox"/> DK (Go to 21)</p>	<p>1 <input type="checkbox"/> Some } (Go to 21) 8</p> <p>2 <input type="checkbox"/> A lot } (Go to 21)</p> <p>3 <input type="checkbox"/> Unable (Go to H9 for next activity)</p> <p>9 <input type="checkbox"/> DK (Go to 21)</p>
<p>21. When you DO NOT HAVE HELP, is (activity) by yourself —</p> <p>a. Very tiring?</p> <p>b. Does (activity) take a long time?</p> <p>c. Is it very painful?</p>	<p>21a. 0 <input type="checkbox"/> Never do without help (Go to H9 for next activity) 9</p> <p>Yes No DK</p> <p>1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/> 10</p> <p>b. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/> 11</p> <p>c. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/> 12</p> <p>(Go to H9 for next activity)</p>	<p>0 <input type="checkbox"/> Never do without help (Go to H9 for next activity) 9</p> <p>Yes No DK</p> <p>1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/> 10</p> <p>1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/> 11</p> <p>1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/> 12</p> <p>(Go to H9 for next activity)</p>	<p>0 <input type="checkbox"/> Never do without help (Go to H9 for next activity) 9</p> <p>Yes No DK</p> <p>1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/> 10</p> <p>1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/> 11</p> <p>1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/> 12</p> <p>(Go to H9 for next activity)</p>

Notes

Section H - ASSISTANCE WITH KEY ACTIVITIES - Continued

	(K) RT 68 3-4	(L) RT 69 3-4	(M) RT 70 3-4	(N) RT 71 3-4	(O) RT 72 3-4
	Using the telephone?	Doing heavy housework, like scrubbing floors, or washing windows?	Doing light housework, like doing dishes, straightening up, or light cleaning?	Getting to places outside of walking distance?	Managing your medication?
19.	1 <input type="checkbox"/> Yes 5 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Doesn't do for other reason \neq Does someone else regularly do this for you? 4 <input type="checkbox"/> Yes 6 5 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 5 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Doesn't do for other reason \neq Does someone else regularly do this for you? 4 <input type="checkbox"/> Yes 6 5 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 5 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Doesn't do for other reason \neq Does someone else regularly do this for you? 4 <input type="checkbox"/> Yes 6 5 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 5 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Doesn't do for other reason \neq Does someone else regularly do this for you? 4 <input type="checkbox"/> Yes 6 5 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 5 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Doesn't do for other reason \neq Does someone else regularly do this for you? 4 <input type="checkbox"/> Yes 6 5 <input type="checkbox"/> No

	(K)	(L)	(M)	(N)	(O)
	Using the telephone	Doing heavy housework	Doing light housework	Getting to places outside of walking distance	Managing your medication
H9	Refer to 19. 7 1 <input type="checkbox"/> Box 1 "Yes" marked (Go to 20) 2 <input type="checkbox"/> All other (Go to H9 for next activity)	Refer to 19. 7 1 <input type="checkbox"/> Box 1 "Yes" marked (Go to 20) 2 <input type="checkbox"/> All other (Go to H9 for next activity)	Refer to 19. 7 1 <input type="checkbox"/> Box 1 "Yes" marked (Go to 20) 2 <input type="checkbox"/> All other (Go to H9 for next activity)	Refer to 19. 7 1 <input type="checkbox"/> Box 1 "Yes" marked (Go to 20) 2 <input type="checkbox"/> All other (Go to H9 for next activity)	Refer to 19. 7 1 <input type="checkbox"/> Box 1 "Yes" marked (Go to 20) 2 <input type="checkbox"/> All other (Skip to H10 on page 46)
20.	1 <input type="checkbox"/> Some } (Go to 21) 8 2 <input type="checkbox"/> A lot } 3 <input type="checkbox"/> Unable (Go to H9 for next activity) 9 <input type="checkbox"/> DK (Go to 21)	1 <input type="checkbox"/> Some } (Go to 21) 8 2 <input type="checkbox"/> A lot } 3 <input type="checkbox"/> Unable (Go to H9 for next activity) 9 <input type="checkbox"/> DK (Go to 21)	1 <input type="checkbox"/> Some } (Go to 21) 8 2 <input type="checkbox"/> A lot } 3 <input type="checkbox"/> Unable (Go to H9 for next activity) 9 <input type="checkbox"/> DK (Go to 21)	1 <input type="checkbox"/> Some } (Go to 21) 8 2 <input type="checkbox"/> A lot } 3 <input type="checkbox"/> Unable (Go to H9 for next activity) 9 <input type="checkbox"/> DK (Go to 21)	1 <input type="checkbox"/> Some } (Go to 21) 8 2 <input type="checkbox"/> A lot } 3 <input type="checkbox"/> Unable (Skip to H10 on page 46) 9 <input type="checkbox"/> DK (Go to 21)
21a.	0 <input type="checkbox"/> Never do without help (Go to H9 for next activity) 9 Yes No DK 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/> 10	0 <input type="checkbox"/> Never do without help (Go to H9 for next activity) 9 Yes No DK 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/> 10	0 <input type="checkbox"/> Never do without help (Go to H9 for next activity) 9 Yes No DK 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/> 10	0 <input type="checkbox"/> Never do without help (Go to H9 for next activity) 9 Yes No DK 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/> 10	0 <input type="checkbox"/> Never do without help (Skip to H10 on page 46) 9 Yes No DK 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/> 10
b.	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/> 11	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/> 11	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/> 11	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/> 11	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/> 11
c.	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/> 12 (Go to H9 for next activity)	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/> 12 (Go to H9 for next activity)	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/> 12 (Go to H9 for next activity)	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/> 12 (Go to H9 for next activity)	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/> 12 (Go to H10 on page 46)

Notes

Section H – ASSISTANCE WITH KEY ACTIVITIES – Continued

	(H) <small>RT 65</small>	(I) <small>RT 66</small>	(J) <small>RT 67</small>
	Preparing your own meals	Shopping for groceries and personal items	Managing your money
ITEM H10	Refer to 19 on page 44. 13 1 <input type="checkbox"/> Box 3 marked (Go to H10 for next activity) 2 <input type="checkbox"/> All others (Go to 22)	Refer to 19 on page 44. 13 1 <input type="checkbox"/> Box 3 marked (Go to H10 for next activity) 2 <input type="checkbox"/> All others (Go to 22)	Refer to 19 on page 44. 13 1 <input type="checkbox"/> Box 3 marked (Go to H10 for next activity) 2 <input type="checkbox"/> All others (Go to 22)
22a. Do you receive help from another person in (activity)?	22a. 14 1 <input type="checkbox"/> Yes (Go to 22b) 2 <input type="checkbox"/> No } (Skip to 22e) 9 <input type="checkbox"/> DK	1 <input type="checkbox"/> Yes (Go to 22b) 2 <input type="checkbox"/> No } (Skip to 22e) 9 <input type="checkbox"/> DK	1 <input type="checkbox"/> Yes (Go to 22b) 2 <input type="checkbox"/> No } (Skip to 22e) 9 <input type="checkbox"/> DK
b. Is this hands-on help?	b. 15 1 <input type="checkbox"/> Yes (Go to 22c) 2 <input type="checkbox"/> No } (Skip to 22e) 9 <input type="checkbox"/> DK	1 <input type="checkbox"/> Yes (Go to 22c) 2 <input type="checkbox"/> No } (Skip to 22e) 9 <input type="checkbox"/> DK	1 <input type="checkbox"/> Yes (Go to 22c) 2 <input type="checkbox"/> No } (Skip to 22e) 9 <input type="checkbox"/> DK
c. When you HAVE HANDS-ON HELP FROM ANOTHER PERSON, is (activity):	c. 16 0 <input type="checkbox"/> Never does activity (Go to 22e) Yes No DK (1) Very tiring? (1) 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/> 17 (2) Does (activity) take a long time? (2) 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/> 18 (3) Is it very painful? (3) 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/> 19	0 <input type="checkbox"/> Never does activity (Go to 22e) Yes No DK 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/> 17 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/> 18 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/> 19	0 <input type="checkbox"/> Never does activity (Go to 22e) Yes No DK 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/> 17 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/> 18 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/> 19
d. How often do you have hands-on help with (activity)? Would you say always, sometimes, or rarely?	d. 20 1 <input type="checkbox"/> Always 2 <input type="checkbox"/> Sometimes 3 <input type="checkbox"/> Rarely 9 <input type="checkbox"/> DK	1 <input type="checkbox"/> Always 2 <input type="checkbox"/> Sometimes 3 <input type="checkbox"/> Rarely 9 <input type="checkbox"/> DK	1 <input type="checkbox"/> Always 2 <input type="checkbox"/> Sometimes 3 <input type="checkbox"/> Rarely 9 <input type="checkbox"/> DK
e. Do you need (more) hands-on help with (activity)?	e. 21 1 <input type="checkbox"/> Yes } (Go to H10 for next activity) 2 <input type="checkbox"/> No } 9 <input type="checkbox"/> DK }	1 <input type="checkbox"/> Yes } (Go to H10 for next activity) 2 <input type="checkbox"/> No } 9 <input type="checkbox"/> DK }	1 <input type="checkbox"/> Yes } (Go to H10 for next activity) 2 <input type="checkbox"/> No } 9 <input type="checkbox"/> DK }

	(H) <small>RT 65</small>	(I) <small>RT 66</small>	(J) <small>RT 67</small>
	Preparing your own meals	Shopping for groceries and personal items	Managing your money
ITEM H11	Refer to H10 and 22b: 22 1 <input type="checkbox"/> Box 1 marked in H10 (Go to H11 for next activity) 2 <input type="checkbox"/> "Yes" marked in 22b (Go to H11 for next activity) 3 <input type="checkbox"/> Other (Go to 23)	Refer to H10 and 22b: 22 1 <input type="checkbox"/> Box 1 marked in H10 (Go to H11 for next activity) 2 <input type="checkbox"/> "Yes" marked in 22b (Go to H11 for next activity) 3 <input type="checkbox"/> Other (Go to 23)	Refer to H10 and 22b: 22 1 <input type="checkbox"/> Box 1 marked in H10 (Go to H11 for next activity) 2 <input type="checkbox"/> "Yes" marked in 22b (Go to H11 for next activity) 3 <input type="checkbox"/> Other (Go to 23)
23a. Do you have someone who supervises you or stays nearby when you are (activity)?	23a. 23 1 <input type="checkbox"/> Yes (Go to 23b) 2 <input type="checkbox"/> No } (Skip to 25) 9 <input type="checkbox"/> DK	1 <input type="checkbox"/> Yes (Go to 23b) 2 <input type="checkbox"/> No } (Skip to 25) 9 <input type="checkbox"/> DK	1 <input type="checkbox"/> Yes (Go to 23b) 2 <input type="checkbox"/> No } (Skip to 25) 9 <input type="checkbox"/> DK
b. Does this person provide —	b. 24 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK
c. Stand-by help, such as observing to see if any help is needed when you are (activity)?	c. 25 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK
24. How often do you have supervision or standby help when you are (activity)? Would you say always, sometimes, or rarely?	24. 26 1 <input type="checkbox"/> Always 2 <input type="checkbox"/> Sometimes 3 <input type="checkbox"/> Rarely 9 <input type="checkbox"/> DK	1 <input type="checkbox"/> Always 2 <input type="checkbox"/> Sometimes 3 <input type="checkbox"/> Rarely 9 <input type="checkbox"/> DK	1 <input type="checkbox"/> Always 2 <input type="checkbox"/> Sometimes 3 <input type="checkbox"/> Rarely 9 <input type="checkbox"/> DK
25. Do you need (more) supervision or standby help with (activity)?	25. 27 1 <input type="checkbox"/> Yes } (Go to H11 for next activity) 2 <input type="checkbox"/> No } 9 <input type="checkbox"/> DK }	1 <input type="checkbox"/> Yes } (Go to H11 for next activity) 2 <input type="checkbox"/> No } 9 <input type="checkbox"/> DK }	1 <input type="checkbox"/> Yes } (Go to H11 for next activity) 2 <input type="checkbox"/> No } 9 <input type="checkbox"/> DK }

Notes

Section H – ASSISTANCE WITH KEY ACTIVITIES – Continued

(K) RT 68		(L) RT 69		(M) RT 70		(N) RT 71		(O) RT 72	
Using the telephone		Doing heavy housework		Doing light housework		Getting to places outside of walking distance		Managing your medication	
H10 Refer to 19 on page 45. 13 1 <input type="checkbox"/> Box 3 marked (Go to H10 for next activity) 2 <input type="checkbox"/> All others (Go to 22)		Refer to 19 on page 45. 13 1 <input type="checkbox"/> Box 3 marked (Go to H10 for next activity) 2 <input type="checkbox"/> All others (Go to 22)		Refer to 19 on page 45. 13 1 <input type="checkbox"/> Box 3 marked (Go to H10 for next activity) 2 <input type="checkbox"/> All others (Go to 22)		Refer to 19 on page 45. 13 1 <input type="checkbox"/> Box 3 marked (Go to H10 for next activity) 2 <input type="checkbox"/> All others (Go to 22)		Refer to 19 on page 45. 13 1 <input type="checkbox"/> Box 3 marked (Skip to H11 for activity (H)) 2 <input type="checkbox"/> All others (Go to 22)	
22a. 1 <input type="checkbox"/> Yes (Go to 22b) 2 <input type="checkbox"/> No } (Skip to 22e) 9 <input type="checkbox"/> DK		1 <input type="checkbox"/> Yes (Go to 22b) 2 <input type="checkbox"/> No } (Skip to 22e) 9 <input type="checkbox"/> DK		1 <input type="checkbox"/> Yes (Go to 22b) 2 <input type="checkbox"/> No } (Skip to 22e) 9 <input type="checkbox"/> DK		1 <input type="checkbox"/> Yes (Go to 22b) 2 <input type="checkbox"/> No } (Skip to 22e) 9 <input type="checkbox"/> DK		1 <input type="checkbox"/> Yes (Go to 22b) 2 <input type="checkbox"/> No } (Skip to 22e) 9 <input type="checkbox"/> DK	
b. 1 <input type="checkbox"/> Yes (Go to 22c) 2 <input type="checkbox"/> No } (Skip to 22e) 9 <input type="checkbox"/> DK		1 <input type="checkbox"/> Yes (Go to 22c) 2 <input type="checkbox"/> No } (Skip to 22e) 9 <input type="checkbox"/> DK		1 <input type="checkbox"/> Yes (Go to 22c) 2 <input type="checkbox"/> No } (Skip to 22e) 9 <input type="checkbox"/> DK		1 <input type="checkbox"/> Yes (Go to 22c) 2 <input type="checkbox"/> No } (Skip to 22e) 9 <input type="checkbox"/> DK		1 <input type="checkbox"/> Yes (Go to 22c) 2 <input type="checkbox"/> No } (Skip to 22e) 9 <input type="checkbox"/> DK	
c. 0 <input type="checkbox"/> Never does activity (Go to 22e) Yes No DK		0 <input type="checkbox"/> Never does activity (Go to 22e) Yes No DK		0 <input type="checkbox"/> Never does activity (Go to 22e) Yes No DK		0 <input type="checkbox"/> Never does activity (Go to 22e) Yes No DK		0 <input type="checkbox"/> Never does activity (Go to 22e) Yes No DK	
(1) 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/> 17		1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/> 17		1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/> 17		1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/> 17		1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/> 17	
(2) 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/> 18		1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/> 18		1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/> 18		1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/> 18		1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/> 18	
(3) 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/> 19		1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/> 19		1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/> 19		1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/> 19		1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/> 19	
d. 1 <input type="checkbox"/> Always 2 <input type="checkbox"/> Sometimes 3 <input type="checkbox"/> Rarely 9 <input type="checkbox"/> DK		1 <input type="checkbox"/> Always 2 <input type="checkbox"/> Sometimes 3 <input type="checkbox"/> Rarely 9 <input type="checkbox"/> DK		1 <input type="checkbox"/> Always 2 <input type="checkbox"/> Sometimes 3 <input type="checkbox"/> Rarely 9 <input type="checkbox"/> DK		1 <input type="checkbox"/> Always 2 <input type="checkbox"/> Sometimes 3 <input type="checkbox"/> Rarely 9 <input type="checkbox"/> DK		1 <input type="checkbox"/> Always 2 <input type="checkbox"/> Sometimes 3 <input type="checkbox"/> Rarely 9 <input type="checkbox"/> DK	
e. 1 <input type="checkbox"/> Yes } (Go to H10 for next activity) 2 <input type="checkbox"/> No } 9 <input type="checkbox"/> DK		1 <input type="checkbox"/> Yes } (Go to H10 for next activity) 2 <input type="checkbox"/> No } 9 <input type="checkbox"/> DK		1 <input type="checkbox"/> Yes } (Go to H10 for next activity) 2 <input type="checkbox"/> No } 9 <input type="checkbox"/> DK		1 <input type="checkbox"/> Yes } (Go to H10 for next activity) 2 <input type="checkbox"/> No } 9 <input type="checkbox"/> DK		1 <input type="checkbox"/> Yes } (Skip to H11 for activity (H)) 2 <input type="checkbox"/> No } 9 <input type="checkbox"/> DK	
(K) RT 68		(L) RT 69		(M) RT 70		(N) RT 71		(O) RT 72	
Using the telephone		Doing heavy housework		Doing light housework		Getting to places outside of walking distance		Managing your medication	
H11 Refer to H10 and 22b: 22 1 <input type="checkbox"/> Box 1 marked in H10 (Go to H11 for next activity) 2 <input type="checkbox"/> "Yes" marked in 22b (Go to H11 for next activity) 3 <input type="checkbox"/> Other (Go to 23)		Refer to H10 and 22b: 22 1 <input type="checkbox"/> Box 1 marked in H10 (Go to H11 for next activity) 2 <input type="checkbox"/> "Yes" marked in 22b (Go to H11 for next activity) 3 <input type="checkbox"/> Other (Go to 23)		Refer to H10 and 22b: 22 1 <input type="checkbox"/> Box 1 marked in H10 (Go to H11 for next activity) 2 <input type="checkbox"/> "Yes" marked in 22b (Go to H11 for next activity) 3 <input type="checkbox"/> Other (Go to 23)		Refer to H10 and 22b: 22 1 <input type="checkbox"/> Box 1 marked in H10 (Go to H11 for next activity) 2 <input type="checkbox"/> "Yes" marked in 22b (Go to H11 for next activity) 3 <input type="checkbox"/> Other (Go to 23)		Refer to H10 and 22b: 22 1 <input type="checkbox"/> Box 1 marked in H10 (Skip to H12 on page 48) 2 <input type="checkbox"/> "Yes" marked in 22b (Skip to H12 on page 48) 3 <input type="checkbox"/> Other (Go to 23)	
23a. 1 <input type="checkbox"/> Yes (Go to 23b) 2 <input type="checkbox"/> No } (Skip to 25) 9 <input type="checkbox"/> DK		1 <input type="checkbox"/> Yes (Go to 23b) 2 <input type="checkbox"/> No } (Skip to 25) 9 <input type="checkbox"/> DK		1 <input type="checkbox"/> Yes (Go to 23b) 2 <input type="checkbox"/> No } (Skip to 25) 9 <input type="checkbox"/> DK		1 <input type="checkbox"/> Yes (Go to 23b) 2 <input type="checkbox"/> No } (Skip to 25) 9 <input type="checkbox"/> DK		1 <input type="checkbox"/> Yes (Go to 23b) 2 <input type="checkbox"/> No } (Skip to 25) 9 <input type="checkbox"/> DK	
b. 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	
c. 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	
24. 1 <input type="checkbox"/> Always 2 <input type="checkbox"/> Sometimes 3 <input type="checkbox"/> Rarely 9 <input type="checkbox"/> DK		1 <input type="checkbox"/> Always 2 <input type="checkbox"/> Sometimes 3 <input type="checkbox"/> Rarely 9 <input type="checkbox"/> DK		1 <input type="checkbox"/> Always 2 <input type="checkbox"/> Sometimes 3 <input type="checkbox"/> Rarely 9 <input type="checkbox"/> DK		1 <input type="checkbox"/> Always 2 <input type="checkbox"/> Sometimes 3 <input type="checkbox"/> Rarely 9 <input type="checkbox"/> DK		1 <input type="checkbox"/> Always 2 <input type="checkbox"/> Sometimes 3 <input type="checkbox"/> Rarely 9 <input type="checkbox"/> DK	
25. 1 <input type="checkbox"/> Yes } (Go to H11 for next activity) 2 <input type="checkbox"/> No } 9 <input type="checkbox"/> DK		1 <input type="checkbox"/> Yes } (Go to H11 for next activity) 2 <input type="checkbox"/> No } 9 <input type="checkbox"/> DK		1 <input type="checkbox"/> Yes } (Go to H11 for next activity) 2 <input type="checkbox"/> No } 9 <input type="checkbox"/> DK		1 <input type="checkbox"/> Yes } (Go to H11 for next activity) 2 <input type="checkbox"/> No } 9 <input type="checkbox"/> DK		1 <input type="checkbox"/> Yes } (Skip to H12 on page 48) 2 <input type="checkbox"/> No } 9 <input type="checkbox"/> DK	

Notes

Section H – ASSISTANCE WITH KEY ACTIVITIES – Continued

	(H) <small>RT 65</small>	(I) <small>RT 66</small>
	Preparing your own meals	Shopping for groceries and personal items
ITEM H12	<p>Refer to 22a, 22e, 23a, and 25 on page 46. 28</p> <p>1 <input type="checkbox"/> Any "Yes" (Go to 26)</p> <p>2 <input type="checkbox"/> All other (Go to H12 for activity (I))</p>	<p>Refer to 22a, 22e, 23a, and 25 on page 46. 28</p> <p>1 <input type="checkbox"/> Any "Yes" (Go to 26)</p> <p>2 <input type="checkbox"/> All other (Go to H12 for activity (L))</p>
	<p>26a. During the past month, did you experience discomfort because you were unable to eat when you were hungry because no one was available to prepare food? 29</p> <p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>9 <input type="checkbox"/> DK</p>	<p>26a. During the past month, were you unable to follow a special diet because you needed help shopping? 29</p> <p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>9 <input type="checkbox"/> DK</p>
	<p>b. During the past month, were you unable to follow a special diet because you needed help cooking? 30</p> <p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>9 <input type="checkbox"/> DK</p>	<p>b. During the past month, did you miss a meal because you were unable to shop? 30</p> <p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>9 <input type="checkbox"/> DK } (Go to H12 for activity (L))</p>
	<p>c. During the past month, were you unable to eat the kind of food you are used to and you prefer because you needed help cooking? 31</p> <p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>9 <input type="checkbox"/> DK } (Go to H12 for activity (I))</p>	

	(H) <small>RT 65</small>	(I) <small>RT 66</small>	(J) <small>RT 67</small>
	Prepare your own meals	Shop for groceries and personal items	Manage your money
ITEM H13	<p>Refer to 19 on page 44. 32</p> <p>1 <input type="checkbox"/> Box 3 marked (Go to H13 for next activity)</p> <p>2 <input type="checkbox"/> All other (Go to 27)</p>	<p>Refer to 19 on page 44. 31</p> <p>1 <input type="checkbox"/> Box 3 marked (Go to H13 for next activity)</p> <p>2 <input type="checkbox"/> All other (Go to 27)</p>	<p>Refer to 19 on page 44. 28</p> <p>1 <input type="checkbox"/> Box 3 marked (Go to H13 for activity (L))</p> <p>2 <input type="checkbox"/> All other (Go to 27)</p>
27. In your household, how often do YOU (activity)? Would you say always, sometimes, rarely, or never?	<p>27. 33</p> <p>1 <input type="checkbox"/> Always</p> <p>2 <input type="checkbox"/> Sometimes</p> <p>3 <input type="checkbox"/> Rarely</p> <p>4 <input type="checkbox"/> Never</p> <p>9 <input type="checkbox"/> DK } (Go to H13 for next activity)</p>	<p>27. 32</p> <p>1 <input type="checkbox"/> Always</p> <p>2 <input type="checkbox"/> Sometimes</p> <p>3 <input type="checkbox"/> Rarely</p> <p>4 <input type="checkbox"/> Never</p> <p>9 <input type="checkbox"/> DK } (Go to H13 for next activity)</p>	<p>27. 29</p> <p>1 <input type="checkbox"/> Always</p> <p>2 <input type="checkbox"/> Sometimes</p> <p>3 <input type="checkbox"/> Rarely</p> <p>4 <input type="checkbox"/> Never</p> <p>9 <input type="checkbox"/> DK } (Go to H13 for activity (L))</p>

Notes

Section H - ASSISTANCE WITH KEY ACTIVITIES - Continued

		(L) RT 69	(M) RT 70	(N) RT 71
		Doing heavy housework	Doing light housework	Getting to places outside of walking distance
		Refer to 22a, 22e, 23a, and 25 on page 47. 28	Refer to 22a, 22e, 23a, and 25 on page 47. 28	Refer to 22a, 22e, 23a, and 25 on page 47. 28
H12	1 <input type="checkbox"/> Any "Yes" (Go to 26) 2 <input type="checkbox"/> All other (Go to H12 for activity (M))		H12	1 <input type="checkbox"/> Any "Yes" (Go to 26) 2 <input type="checkbox"/> All other (Skip to H13 for activity (H))
26.	During the past month, did you experience distress because you were not able to wash clothes or clean up around the house? 1 <input type="checkbox"/> Yes } (Go to H12 for next activity (M)) 29 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK		26.	During the past month, did you experience distress because you were not able to do dishes or straighten up around the house? 1 <input type="checkbox"/> Yes } (Go to H12 for next activity (N)) 29 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK
				b. During the past month, were you unable to go places you wanted to for fun or recreation because you did not have transportation? 1 <input type="checkbox"/> Yes 30 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK
				c. During the past month, did you run out of food because you were unable to get to the store? 1 <input type="checkbox"/> Yes } (Go to H13 for activity (H)) 31 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK

		(L) RT 69	(M) RT 70	
		Do heavy housework	Do light housework	
		Refer to 19 on page 45. 30	Refer to 19 on page 45. 30	
H13	1 <input type="checkbox"/> Box 3 marked (Go to H13 for activity (M)) 2 <input type="checkbox"/> All other (Go to 27)		H13	1 <input type="checkbox"/> Box 3 marked (Skip to H14 on page 50) 2 <input type="checkbox"/> All other (Go to 27)
27.	1 <input type="checkbox"/> Always 2 <input type="checkbox"/> Sometimes 3 <input type="checkbox"/> Rarely 4 <input type="checkbox"/> Never 9 <input type="checkbox"/> DK } (Go to H13 for next activity) 31		27.	1 <input type="checkbox"/> Always 2 <input type="checkbox"/> Sometimes 3 <input type="checkbox"/> Rarely 4 <input type="checkbox"/> Never 9 <input type="checkbox"/> DK } (Go to H14 on page 50) 31

Notes

Section H – ASSISTANCE WITH KEY ACTIVITIES – Continued

ITEM H14	<p>Refer to question 19 for activities H–O on pages 44 and 45. Indicate the activities marked "Yes".</p> <p>Insert these marked activities when asking 28.</p>	<p><input type="checkbox"/> H. Preparing your own meals</p> <p><input type="checkbox"/> I. Shopping for groceries and personal items</p> <p><input type="checkbox"/> J. Managing your money</p> <p><input type="checkbox"/> K. Using the telephone</p> <p><input type="checkbox"/> L. Doing heavy housework</p> <p><input type="checkbox"/> M. Doing light housework</p> <p><input type="checkbox"/> N. Getting to places outside of walking distance</p> <p><input type="checkbox"/> O. Managing your medication</p> <p><input type="checkbox"/> No activities marked (Skip to 30)</p>
<p>Insert activities marked in H14.</p> <p>28a. What (other) condition causes the trouble in (activities)?</p> <p>Record conditions and ask 28b.</p> <p>Ask if operation:</p> <p>For what condition did you have the operation?</p> <p>Record up to 5 conditions.</p>		<p>00 <input type="checkbox"/> No condition (Skip to 30) 5-6</p> <p>01 <input type="checkbox"/> Old age (Skip to 28c) 7-8</p> <p>(a) _____ 9-10</p> <p>(b) _____ 11-12</p> <p>(c) _____ 13-14</p> <p>(d) _____ 15-16</p> <p>(e) _____ 17-18</p>
<p>b. Besides (condition), is there any other condition which causes this trouble in (activities)?</p>		<p>1 <input type="checkbox"/> Yes (Reask 28a and b) 19</p> <p>2 <input type="checkbox"/> No } (Skip to 29)</p> <p>9 <input type="checkbox"/> DK }</p>
<p>c. Is this trouble in (activities) caused by any specific condition?</p>		<p>1 <input type="checkbox"/> Yes (Reask 28a and b) 20</p> <p>2 <input type="checkbox"/> No } (Go to 29)</p> <p>9 <input type="checkbox"/> DK }</p>
<p>29. [Was this/Were any of these] condition(s) a result of a motor vehicle accident?</p>		<p>1 <input type="checkbox"/> Yes 21</p> <p>2 <input type="checkbox"/> No</p> <p>9 <input type="checkbox"/> DK</p>
<p>30. During the past 12 months, did you receive training to increase your independence in life skills such as managing money, preparing meals, or doing housework?</p>		<p>1 <input type="checkbox"/> Yes 22</p> <p>2 <input type="checkbox"/> No</p> <p>9 <input type="checkbox"/> DK</p>
<p>31a. During the past 12 months, that is, since (today's date) a year ago, have you fallen?</p>		<p>1 <input type="checkbox"/> Yes (Go to 31b) 23</p> <p>2 <input type="checkbox"/> No } (Skip to Item H16 on page 51)</p> <p>9 <input type="checkbox"/> DK }</p>
<p>b. Have you fallen more than once in the past 12 months?</p>		<p>1 <input type="checkbox"/> Yes 24</p> <p>2 <input type="checkbox"/> No</p> <p>9 <input type="checkbox"/> DK</p>
<p>c. Were you injured as a result of the fall(s)?</p>		<p>1 <input type="checkbox"/> Yes (Go to 31d) 25</p> <p>2 <input type="checkbox"/> No } (Skip to 31e)</p> <p>9 <input type="checkbox"/> DK }</p>
<p>d. What kind of injuries did you have — a fracture, bruise, scrape or cut; did you lose consciousness, or did you have some other injury?</p> <p>Mark (X) all that apply.</p>		<p>1 <input type="checkbox"/> Fracture 26</p> <p>2 <input type="checkbox"/> Bruise, cut, or scrape 27</p> <p>3 <input type="checkbox"/> Lost consciousness 28</p> <p>4 <input type="checkbox"/> Other 29</p> <p>9 <input type="checkbox"/> DK 30</p>
<p>e. [Did you fall/Were any of your falls] because you did not have help getting around or because your helper could not prevent you from falling?</p>		<p>1 <input type="checkbox"/> Yes 31</p> <p>2 <input type="checkbox"/> No</p> <p>9 <input type="checkbox"/> DK</p>
<p>f. [Did you fall/Were any of these falls] because you felt dizzy?</p>		<p>1 <input type="checkbox"/> Yes 32</p> <p>2 <input type="checkbox"/> No</p> <p>9 <input type="checkbox"/> DK</p>

Notes

Section H – ASSISTANCE WITH KEY ACTIVITIES – Continued

ITEM H16	Status of SP.	1 <input type="checkbox"/> Institutionalized (<i>Skip to 55 on page 56</i>) 2 <input type="checkbox"/> All others (<i>Go to 32</i>)	33
32a. During the past three months, did you experience bedsores or pressure sores?		1 <input type="checkbox"/> Yes (<i>Go to 32</i>) 2 <input type="checkbox"/> No } (<i>Skip to 33</i>) 9 <input type="checkbox"/> DK }	34
b. Were any of these NEW bedsores or pressure sores?		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	35
33a. During the past three months, did you experience contractures, that is, joints that won't straighten out?		1 <input type="checkbox"/> Yes (<i>Go to 33b</i>) 2 <input type="checkbox"/> No } (<i>Skip to Item H17</i>) 9 <input type="checkbox"/> DK }	36
b. Were any of these NEW contractures?		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	37
ITEM H17	Refer to question 8a on pages 38 and 39, columns A, D, and G. (<i>Receives help</i>) Mark (X) all that apply.	1 <input type="checkbox"/> "Yes" in 8a for A. Bathing 2 <input type="checkbox"/> "Yes" in 8a for D. Getting in/out of bed/chairs } (<i>Go to 34</i>) 3 <input type="checkbox"/> "Yes" in 8a for G. Using the toilet 4 <input type="checkbox"/> All others (<i>Skip to 35</i>)	38 39 40 41
34. You said that you receive help with [bathing/(and) getting in or out of a bed or chair/(and) using the toilet]. Is the person who helps you most with [this/these activities] strong enough to give you the help you need or is helping physically difficult for him or her?		1 <input type="checkbox"/> Yes, strong enough 2 <input type="checkbox"/> No, physically difficult 9 <input type="checkbox"/> DK	42
<i>If proxy respondent, ask; otherwise, skip to H18.</i>			43
35. Does (sample person) need supervision to ensure [his/her] personal safety or the safety of others?		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	
ITEM H18	Refer to questions 8a and 9a on pages 38 and 39 and questions 22a and 23a on pages 46 and 47. (<i>Receives help and/or supervision</i>) Mark (X) all that apply.	<input type="checkbox"/> "Yes" in 8a or 9a for A. Bathing <input type="checkbox"/> "Yes" in 8a or 9a for B. Dressing <input type="checkbox"/> "Yes" in 8a or 9a for C. Eating <input type="checkbox"/> "Yes" in 8a or 9a for D. Getting in/out of bed/chairs <input type="checkbox"/> "Yes" in 8a or 9a for E. Walking <input type="checkbox"/> "Yes" in 8a or 9a for F. Getting outside <input type="checkbox"/> "Yes" in 8a or 9a for G. Using the toilet <input type="checkbox"/> "Yes" in 22a or 23a for H. Preparing your own meals <input type="checkbox"/> "Yes" in 22a or 23a for I. Shopping <input type="checkbox"/> "Yes" in 22a or 23a for J. Managing your money <input type="checkbox"/> "Yes" in 22a or 23a for K. Using the telephone <input type="checkbox"/> "Yes" in 22a or 23a for L. Doing heavy housework <input type="checkbox"/> "Yes" in 22a or 23a for M. Doing light housework <input type="checkbox"/> "Yes" in 22a or 23a for N. Getting places <input type="checkbox"/> "Yes" in 22a or 23a for O. Managing your medication <input type="checkbox"/> All others (<i>Skip to Item H20 on page 55</i>)	(<i>Insert marked activities when asking question 36 on page 52</i>)
Notes			

Section H – ASSISTANCE WITH KEY ACTIVITIES – Continued		RT 74 3-4																																							
36. Who usually helps you with (activities marked in H18)? Anyone else? Enter the name or description of each helper in separate columns.	36.	(01) _____ First helper																																							
Ask 37-41 for each helper in 36. ASK OR VERIFY: 37. Which activities does (Helper) help you with? Mark (X) all that apply.	37.	<table style="width:100%; border-collapse: collapse;"> <tr><td>01 <input type="checkbox"/> Bathing or showering</td><td style="text-align: right;">7-8</td></tr> <tr><td>02 <input type="checkbox"/> Dressing</td><td style="text-align: right;">9-10</td></tr> <tr><td>03 <input type="checkbox"/> Eating</td><td style="text-align: right;">11-12</td></tr> <tr><td>04 <input type="checkbox"/> Getting in or out of bed/chairs</td><td style="text-align: right;">13-14</td></tr> <tr><td>05 <input type="checkbox"/> Walking</td><td style="text-align: right;">15-16</td></tr> <tr><td>06 <input type="checkbox"/> Getting outside</td><td style="text-align: right;">17-18</td></tr> <tr><td>07 <input type="checkbox"/> Using or getting to the toilet</td><td style="text-align: right;">19-20</td></tr> <tr><td>08 <input type="checkbox"/> Preparing your own meals</td><td style="text-align: right;">21-22</td></tr> <tr><td>09 <input type="checkbox"/> Shopping for groceries</td><td style="text-align: right;">23-24</td></tr> <tr><td>10 <input type="checkbox"/> Managing your money</td><td style="text-align: right;">25-26</td></tr> <tr><td>11 <input type="checkbox"/> Using the telephone</td><td style="text-align: right;">27-28</td></tr> <tr><td>12 <input type="checkbox"/> Doing heavy housework</td><td style="text-align: right;">29-30</td></tr> <tr><td>13 <input type="checkbox"/> Doing light housework</td><td style="text-align: right;">31-32</td></tr> <tr><td>14 <input type="checkbox"/> Getting to places</td><td style="text-align: right;">33-34</td></tr> <tr><td>15 <input type="checkbox"/> Managing your medications</td><td style="text-align: right;">35-36</td></tr> <tr><td>99 <input type="checkbox"/> DK</td><td style="text-align: right;">37-38</td></tr> </table>	01 <input type="checkbox"/> Bathing or showering	7-8	02 <input type="checkbox"/> Dressing	9-10	03 <input type="checkbox"/> Eating	11-12	04 <input type="checkbox"/> Getting in or out of bed/chairs	13-14	05 <input type="checkbox"/> Walking	15-16	06 <input type="checkbox"/> Getting outside	17-18	07 <input type="checkbox"/> Using or getting to the toilet	19-20	08 <input type="checkbox"/> Preparing your own meals	21-22	09 <input type="checkbox"/> Shopping for groceries	23-24	10 <input type="checkbox"/> Managing your money	25-26	11 <input type="checkbox"/> Using the telephone	27-28	12 <input type="checkbox"/> Doing heavy housework	29-30	13 <input type="checkbox"/> Doing light housework	31-32	14 <input type="checkbox"/> Getting to places	33-34	15 <input type="checkbox"/> Managing your medications	35-36	99 <input type="checkbox"/> DK	37-38							
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99 <input type="checkbox"/> DK	37-38																																								
ASK OR VERIFY: HAND CARD A5. Read answers if telephone interview. 38a. Which of these best describes (Helper)? Mark (X) only one.	38a.	<table style="width:100%; border-collapse: collapse;"> <tr><td>01 <input type="checkbox"/> Spouse</td><td rowspan="2" style="font-size: 2em; vertical-align: middle;">}</td><td rowspan="2">In household</td></tr> <tr><td>02 <input type="checkbox"/> Child</td></tr> <tr><td>03 <input type="checkbox"/> Parent</td><td rowspan="3" style="font-size: 2em; vertical-align: middle;">}</td><td rowspan="3">Not in household</td></tr> <tr><td>04 <input type="checkbox"/> Spouse</td></tr> <tr><td>05 <input type="checkbox"/> Child</td></tr> <tr><td>06 <input type="checkbox"/> Parent</td><td></td><td></td></tr> <tr><td>07 <input type="checkbox"/> Other HH relative</td><td></td><td></td></tr> <tr><td>08 <input type="checkbox"/> Non-HH relative</td><td></td><td></td></tr> <tr><td>09 <input type="checkbox"/> HH non-relative</td><td></td><td></td></tr> <tr><td>10 <input type="checkbox"/> Friend/Neighbor</td><td></td><td></td></tr> <tr><td>11 <input type="checkbox"/> Unpaid volunteer from organization/business</td><td></td><td></td></tr> <tr><td>12 <input type="checkbox"/> Paid employee of organization/business</td><td></td><td></td></tr> <tr><td>13 <input type="checkbox"/> Paid employee of yours</td><td></td><td></td></tr> <tr><td>14 <input type="checkbox"/> Other</td><td></td><td></td></tr> <tr><td>99 <input type="checkbox"/> DK</td><td></td><td></td></tr> </table>	01 <input type="checkbox"/> Spouse	}	In household	02 <input type="checkbox"/> Child	03 <input type="checkbox"/> Parent	}	Not in household	04 <input type="checkbox"/> Spouse	05 <input type="checkbox"/> Child	06 <input type="checkbox"/> Parent			07 <input type="checkbox"/> Other HH relative			08 <input type="checkbox"/> Non-HH relative			09 <input type="checkbox"/> HH non-relative			10 <input type="checkbox"/> Friend/Neighbor			11 <input type="checkbox"/> Unpaid volunteer from organization/business			12 <input type="checkbox"/> Paid employee of organization/business			13 <input type="checkbox"/> Paid employee of yours			14 <input type="checkbox"/> Other			99 <input type="checkbox"/> DK		
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13 <input type="checkbox"/> Paid employee of yours																																									
14 <input type="checkbox"/> Other																																									
99 <input type="checkbox"/> DK																																									
ASK OR VERIFY: b. Is (Helper) male or female?	b.	<table style="width:100%; border-collapse: collapse;"> <tr><td>1 <input type="checkbox"/> Male</td><td style="text-align: right;">41</td></tr> <tr><td>2 <input type="checkbox"/> Female</td><td></td></tr> <tr><td>9 <input type="checkbox"/> DK</td><td></td></tr> </table>	1 <input type="checkbox"/> Male	41	2 <input type="checkbox"/> Female		9 <input type="checkbox"/> DK																																		
1 <input type="checkbox"/> Male	41																																								
2 <input type="checkbox"/> Female																																									
9 <input type="checkbox"/> DK																																									
If parent, child, spouse, or unpaid volunteer in 38a, skip to 40; otherwise ask: 39a. Is (Helper) paid? HAND CARD A1. Read answers if telephone interview.	39a.	<table style="width:100%; border-collapse: collapse;"> <tr><td>1 <input type="checkbox"/> Yes (Go to 39b)</td><td style="text-align: right;">42</td></tr> <tr><td>2 <input type="checkbox"/> No (Skip to 40)</td><td></td></tr> </table>	1 <input type="checkbox"/> Yes (Go to 39b)	42	2 <input type="checkbox"/> No (Skip to 40)																																				
1 <input type="checkbox"/> Yes (Go to 39b)	42																																								
2 <input type="checkbox"/> No (Skip to 40)																																									
b. Who pays for this help? (Anyone else?) Mark (X) all that apply.	b.	<table style="width:100%; border-collapse: collapse;"> <tr><td>01 <input type="checkbox"/> Self or family in household</td><td style="text-align: right;">43-44</td></tr> <tr><td>02 <input type="checkbox"/> Family NOT in household</td><td style="text-align: right;">45-46</td></tr> <tr><td>03 <input type="checkbox"/> Private health insurance</td><td style="text-align: right;">47-48</td></tr> <tr><td>04 <input type="checkbox"/> Medicare</td><td style="text-align: right;">49-50</td></tr> <tr><td>05 <input type="checkbox"/> Medicaid</td><td style="text-align: right;">51-52</td></tr> <tr><td>06 <input type="checkbox"/> Rehabilitation program</td><td style="text-align: right;">53-54</td></tr> <tr><td>07 <input type="checkbox"/> Employer</td><td style="text-align: right;">55-56</td></tr> <tr><td>08 <input type="checkbox"/> School system</td><td style="text-align: right;">57-58</td></tr> <tr><td>09 <input type="checkbox"/> VA program</td><td style="text-align: right;">59-60</td></tr> <tr><td>10 <input type="checkbox"/> Other military</td><td style="text-align: right;">61-62</td></tr> <tr><td>11 <input type="checkbox"/> Other private source</td><td style="text-align: right;">63-64</td></tr> <tr><td>12 <input type="checkbox"/> Other public source</td><td style="text-align: right;">65-66</td></tr> <tr><td>13 <input type="checkbox"/> No one/Free</td><td style="text-align: right;">67-68</td></tr> <tr><td>99 <input type="checkbox"/> DK</td><td style="text-align: right;">69-70</td></tr> </table>	01 <input type="checkbox"/> Self or family in household	43-44	02 <input type="checkbox"/> Family NOT in household	45-46	03 <input type="checkbox"/> Private health insurance	47-48	04 <input type="checkbox"/> Medicare	49-50	05 <input type="checkbox"/> Medicaid	51-52	06 <input type="checkbox"/> Rehabilitation program	53-54	07 <input type="checkbox"/> Employer	55-56	08 <input type="checkbox"/> School system	57-58	09 <input type="checkbox"/> VA program	59-60	10 <input type="checkbox"/> Other military	61-62	11 <input type="checkbox"/> Other private source	63-64	12 <input type="checkbox"/> Other public source	65-66	13 <input type="checkbox"/> No one/Free	67-68	99 <input type="checkbox"/> DK	69-70											
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11 <input type="checkbox"/> Other private source	63-64																																								
12 <input type="checkbox"/> Other public source	65-66																																								
13 <input type="checkbox"/> No one/Free	67-68																																								
99 <input type="checkbox"/> DK	69-70																																								
40. DURING THE PAST 2 WEEKS, how many days did (Helper) help you?	40.	<table style="width:100%; border-collapse: collapse;"> <tr><td>00 <input type="checkbox"/> None in past 2 weeks</td><td style="text-align: right;">71-72</td></tr> <tr><td>_____ Days</td><td></td></tr> <tr><td>(Number)</td><td></td></tr> <tr><td>99 <input type="checkbox"/> DK</td><td></td></tr> </table>	00 <input type="checkbox"/> None in past 2 weeks	71-72	_____ Days		(Number)		99 <input type="checkbox"/> DK																																
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(Number)																																									
99 <input type="checkbox"/> DK																																									
41. On the days you receive help from (Helper), about how many hours per day does [he/she] usually help you?	41.	<table style="width:100%; border-collapse: collapse;"> <tr><td>_____ Hours/day</td><td rowspan="2" style="font-size: 2em; vertical-align: middle;">}</td><td rowspan="2">(Go to 37 for next helper, or H19)</td></tr> <tr><td>(Number)</td></tr> <tr><td>99 <input type="checkbox"/> DK</td><td></td><td></td></tr> </table>	_____ Hours/day	}	(Go to 37 for next helper, or H19)	(Number)	99 <input type="checkbox"/> DK																																		
_____ Hours/day	}	(Go to 37 for next helper, or H19)																																							
(Number)																																									
99 <input type="checkbox"/> DK																																									
ITEM H19 Refer to 36 above. (Number of helpers)	H19	<table style="width:100%; border-collapse: collapse;"> <tr><td><input type="checkbox"/> Only one helper (Skip to 43 on page 54)</td></tr> <tr><td><input type="checkbox"/> More than one helper (Go to 42 on page 54)</td></tr> </table>	<input type="checkbox"/> Only one helper (Skip to 43 on page 54)	<input type="checkbox"/> More than one helper (Go to 42 on page 54)																																					
<input type="checkbox"/> Only one helper (Skip to 43 on page 54)																																									
<input type="checkbox"/> More than one helper (Go to 42 on page 54)																																									

RT 75
3-4

Section H - ASSISTANCE WITH KEY ACTIVITIES - Continued

42. You said that (Read all helpers) assist you. Who helps you the most? If 2 or more equally, ask the respondent to specify who he/she considers the main helper. 5-6

Helper No. _____

Name : _____

43a. During the past 12 months, has someone other than (main helper) stayed with you or assisted you so that (main helper) could go out for a while, take a break, or go on vacation? 7

1 Yes (Go to 43b)
2 No } (Skip to 44)
9 DK

b. How many days in the past 12 months? 8-10

(Days) _____

999 DK

Ask 44 about only helper in 36 or main helper in 42.

	Very satisfied	Somewhat satisfied	Somewhat dissatisfied	Very dissatisfied	DK
44. How satisfied are you with —					
a. (Helper's) scheduled hours or availability when you need (him/her)? Would you say very satisfied, somewhat satisfied, somewhat dissatisfied, or very dissatisfied?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	9 <input type="checkbox"/> 11
b. The amount of assistance (helper) provides? (Would you say — (Read categories)?)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	9 <input type="checkbox"/> 12
c. (Helper's) willingness to do what you ask? (Would you say — (Read categories)?)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	9 <input type="checkbox"/> 13
d. (Helper's) ability to do what you need (him/her) to do? (Would you say — (Read categories)?) if helper is present or related to SP, skip to 45; otherwise, ask:	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	9 <input type="checkbox"/> 14
e. (Helper's) reliability? (Would you say — (Read categories)?)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	9 <input type="checkbox"/> 15
f. (Helper's) trustworthiness? (Would you say — (Read categories)?)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	9 <input type="checkbox"/> 16
g. How (helper) treats you? (Would you say — (Read categories)?)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	9 <input type="checkbox"/> 17

45. Are you EVER home alone for more than two hours at a time? 18

1 Yes (Skip to 47)
2 No } (Go to 46)
9 DK

46. Would it be a problem for you to be alone at home for more than two hours at a time because you would need help or feel afraid? 19

1 Yes } (Skip to 48)
2 No
9 DK

47. If it could be arranged, would it be better if you did not have to stay alone for as long as two hours? 20

1 Yes
2 No
9 DK

48a. Including the other persons living here, is there a friend, relative, or neighbor who would take care of you for a few DAYS, if necessary? 21

1 Yes (Go to 48b)
2 No } (Skip to Item H20 on page 55)
9 DK

b. Who is this person? 22

Probe for description if necessary.

Mark (X) only one.

1 HH member - related
2 HH member - unrelated
3 Non HH member - related
4 Non HH member - unrelated
9 DK

49a. Again, including the other persons living here, is there a friend, relative, or neighbor who would take care of you for a few WEEKS, if necessary? 23

1 Yes (Go to 49b)
2 No } (Skip to Item H20 on page 55)
9 DK

b. Who is this person? 24

Probe for description if necessary.

Mark (X) only one.

1 HH member - related
2 HH member - unrelated
3 Non HH member - related
4 Non HH member - unrelated
9 DK

Section H – ASSISTANCE WITH KEY ACTIVITIES – Continued

ITEM H20	Refer to questions 8e and 11 for activities A–G on pages 38 and 39. (Need [more] help or supervision)	1 <input type="checkbox"/> Any "Yes" in questions 8e or 11 (Skip to 50) 2 <input type="checkbox"/> All other (Go to Item H21)	25
ITEM H21	Refer to questions 22e for activities H–O on pages 46 and 47. (Need [more] help)	1 <input type="checkbox"/> Any "Yes" in question 22e (Skip to 50) 2 <input type="checkbox"/> All other (Go to Item H22)	26
ITEM H22	Refer to question 25 for activities H–O on pages 46 and 47. (Need [more] supervision)	1 <input type="checkbox"/> Any "Yes" in question 25 (Go to 50) 2 <input type="checkbox"/> All other (Skip to 53)	27
50a. You mentioned earlier that you need help or more help with certain activities. Have you or someone else ever tried to hire help or get someone from a program or agency to help you?		1 <input type="checkbox"/> Yes (Skip to 51) 2 <input type="checkbox"/> No (Go to 50b) 3 <input type="checkbox"/> DK (Skip to 52)	28
----- b. Why not? Anything else? Read categories if necessary. Mark (X) all that apply.		01 <input type="checkbox"/> Did not want stranger for helper 02 <input type="checkbox"/> Too expensive/can't afford 03 <input type="checkbox"/> Not sick enough to get help from agency 04 <input type="checkbox"/> Income too high to get help from agency 05 <input type="checkbox"/> Type of help needed probably not available 06 <input type="checkbox"/> Quality help not available 07 <input type="checkbox"/> Did not know where to look for help 08 <input type="checkbox"/> Too sick to look for help 09 <input type="checkbox"/> Other 99 <input type="checkbox"/> DK	} (Skip to 52) 29-30 31-32 33-34 35-36 37-38 39-40 41-42 43-44 45-46 47-48
51. What problems have you had in trying to find help? Anything else? Read categories if necessary. Mark (X) all that apply.		0 <input type="checkbox"/> No problems 1 <input type="checkbox"/> Too expensive 2 <input type="checkbox"/> Can't locate right type of help 3 <input type="checkbox"/> Can't locate adequately trained helper 4 <input type="checkbox"/> Can't locate helper who is available when needed 5 <input type="checkbox"/> Not sick enough to get help from agency 6 <input type="checkbox"/> Income is too high to get help from agency 7 <input type="checkbox"/> Other 9 <input type="checkbox"/> DK	49 50 51 52 53 54 55 56 57
52. Has any agency or organization tried to find someone to help you?		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> DK	58
53. Have you ever hired someone or received help from a public agency or a non-profit agency?		1 <input type="checkbox"/> Yes (Go to 54a) 2 <input type="checkbox"/> No } (Skip to 55) 3 <input type="checkbox"/> DK }	59
54a. Did you stop getting help from the person or agency even though you still needed it?		1 <input type="checkbox"/> Yes (Skip to 54b) 2 <input type="checkbox"/> No } (Skip to 55) 3 <input type="checkbox"/> DK }	60
----- b. Why did you stop getting help? Any other reason? Read categories if necessary. Mark (X) all that apply.		1 <input type="checkbox"/> Too expensive 2 <input type="checkbox"/> Inadequate training 3 <input type="checkbox"/> Unavailable when needed 4 <input type="checkbox"/> No longer sick enough to qualify for public agency or non-profit agency help 5 <input type="checkbox"/> Income too high to get help from public or non-profit agency 6 <input type="checkbox"/> Unreliable 7 <input type="checkbox"/> Language problems 8 <input type="checkbox"/> Other 9 <input type="checkbox"/> DK	61 62 63 64 65 66 67 68 69
Notes			

Section H - ASSISTANCE WITH KEY ACTIVITIES - Continued

55a. [In the past 12 months/in the 12 months prior to moving to this (type of institution)], did you experience problems of any kind because you were home by yourself? 70

1 Yes (Go to 55b)
 2 No } (Skip to 56)
 3 DK }

b. What kind of problems did you have?

Anything else?

Read categories if necessary.

Mark (X) all that apply.

- 01 Fall 71-72
- 02 Other accident or injury 73-74
- 03 Incontinence - no reminders 75-76
- 04 Incontinence - unable to get to toilet 77-78
- 05 Confinement to bed or chairs 79-80
- 06 Hunger or thirst 81-82
- 07 Fire on stove/left stove on 83-84
- 08 Fell asleep while smoking 85-86
- 09 Got lost/wandered off 87-88
- 10 Forgot medications 89-90
- 11 Took wrong dose of medication (too much/little) 91-92
- 12 Fear 93-94
- 13 Other 95-96
- 99 DK 97-98

56. Because of YOUR health, did anyone in your family EVER —

Yes No DK

- | | | | | | |
|--|-----------|----------------------------|----------------------------|----------------------------|-----|
| a. Quit a job or retire early? | a. | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 9 <input type="checkbox"/> | 99 |
| b. Change jobs? | b. | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 9 <input type="checkbox"/> | 100 |
| c. Change or reduce work hours? | c. | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 9 <input type="checkbox"/> | 101 |
| d. Not take a job in order to care for you? | d. | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 9 <input type="checkbox"/> | 102 |

Notes

Section I - OTHER SERVICES

ITEM 11	Status of SP.	1 <input type="checkbox"/> Institutionalized (<i>Skip to Section K on page 78</i>) 2 <input type="checkbox"/> All others (<i>Go to 1</i>)	5
The next questions are about medical care received at home. 1. DURING THE PAST 3 MONTHS, did you get any medical treatments at home such as injections, therapy, blood or urine testing, or catheter care?		1 <input type="checkbox"/> Yes (<i>Go to 2</i>) 2 <input type="checkbox"/> No } (<i>Skip to 7</i>) 9 <input type="checkbox"/> DK }	6
2. Do you need more help or a different kind of help with your medical treatments at home?		1 <input type="checkbox"/> Yes (<i>Go to 3</i>) 2 <input type="checkbox"/> No } (<i>Skip to 4</i>) 9 <input type="checkbox"/> DK }	7
3. Have you experienced any problems because you did not have enough help or the right kind of help with home medical treatments?		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	8
4. Do family members or friends help you with medical treatments at home?		1 <input type="checkbox"/> Yes (<i>Go to 5</i>) 2 <input type="checkbox"/> No } (<i>Skip to 7</i>) 9 <input type="checkbox"/> DK }	9
5. Have these friends or family members been trained by a health care professional to administer these medical treatments?		1 <input type="checkbox"/> Yes, all have been trained 2 <input type="checkbox"/> Yes, some have been trained 3 <input type="checkbox"/> No, none have been trained 9 <input type="checkbox"/> DK	10
6a. Do you receive any home medical treatments from friends or relatives that you feel should be administered by a health professional?		1 <input type="checkbox"/> Yes (<i>Go to 6b</i>) 2 <input type="checkbox"/> No } (<i>Skip to 7</i>) 9 <input type="checkbox"/> DK }	11
----- b. Why aren't you getting this help from a health professional? Any other reason? Mark (X) all that apply.		1 <input type="checkbox"/> Don't know where to go for help 2 <input type="checkbox"/> Looked for help, help not available 3 <input type="checkbox"/> No insurance coverage 4 <input type="checkbox"/> Cannot afford, even with insurance coverage 5 <input type="checkbox"/> Don't want the treatment 6 <input type="checkbox"/> Getting new helper/in between helpers 7 <input type="checkbox"/> Other 9 <input type="checkbox"/> DK	12 13 14 15 16 17 18 19
7. Are there any home medical treatments that have been prescribed for you but you are not getting?		1 <input type="checkbox"/> Yes (<i>Go to 8</i>) 2 <input type="checkbox"/> No } (<i>Skip to 9</i>) 9 <input type="checkbox"/> DK }	20
8. Why aren't you getting this treatment? Any other reason? Mark (X) all that apply.		1 <input type="checkbox"/> Don't know where to go for help 2 <input type="checkbox"/> Looked for help, help not available 3 <input type="checkbox"/> No insurance coverage 4 <input type="checkbox"/> Cannot afford, even with insurance coverage 5 <input type="checkbox"/> Don't want the treatment 6 <input type="checkbox"/> Getting new helper/in between helpers 7 <input type="checkbox"/> Other 9 <input type="checkbox"/> DK	21 22 23 24 25 26 27 28
Now I would like to ask about prescription medicines. 9. How many different prescription medicines are you supposed to use? Please count ones you should use each day and those that you use regularly but not every day. Include injections, eye drops, suppositories, creams, ointments, and skin patches, but not vitamins, oxygen, or medicines you get through an IV. Mark (X) only one.		0 <input type="checkbox"/> None (<i>Skip to 17 on page 58</i>) 1 <input type="checkbox"/> One or two 2 <input type="checkbox"/> Three-five 3 <input type="checkbox"/> Six-nine } (<i>Go to 10</i>) 4 <input type="checkbox"/> Ten or more 9 <input type="checkbox"/> DK	29
The next questions are about these prescription medicines. 10. Would you say that you use medicine(s) as prescribed by the doctor — (<i>Read all categories</i>) Mark (X) only one.		1 <input type="checkbox"/> All of the time, (<i>Skip to 14 on page 58</i>) 2 <input type="checkbox"/> Most of the time, 3 <input type="checkbox"/> Some of the time, 4 <input type="checkbox"/> Rarely, or, 5 <input type="checkbox"/> Never? } (<i>Skip to 11 on page 58</i>) 9 <input type="checkbox"/> DK	30

Section I – OTHER SERVICES – Continued																																					
11. Are there any prescription medicines that you are supposed to use, but — a. did not get when first prescribed because of the cost? b. did not get the entire prescription filled because of the cost? c. did not refill when you ran out because of the cost? d. use less often than prescribed in order to stretch them out because of the cost? e. sometimes forget to use? f. don't use as prescribed because of the side effects? g. cannot pick up from the drug store or get delivered? h. don't use because you think you don't need it?	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center; padding: 2px;">Yes</td> <td style="text-align: center; padding: 2px;">No</td> <td style="text-align: center; padding: 2px;">DK</td> <td style="width: 20px;"></td> </tr> <tr> <td style="padding: 2px;">a. 1 <input type="checkbox"/></td> <td style="padding: 2px;">2 <input type="checkbox"/></td> <td style="padding: 2px;">9 <input type="checkbox"/></td> <td style="text-align: right; border: 1px solid black; padding: 2px;">31</td> </tr> <tr> <td style="padding: 2px;">b. 1 <input type="checkbox"/></td> <td style="padding: 2px;">2 <input type="checkbox"/></td> <td style="padding: 2px;">9 <input type="checkbox"/></td> <td style="text-align: right; border: 1px solid black; padding: 2px;">32</td> </tr> <tr> <td style="padding: 2px;">c. 1 <input type="checkbox"/></td> <td style="padding: 2px;">2 <input type="checkbox"/></td> <td style="padding: 2px;">9 <input type="checkbox"/></td> <td style="text-align: right; border: 1px solid black; padding: 2px;">33</td> </tr> <tr> <td style="padding: 2px;">d. 1 <input type="checkbox"/></td> <td style="padding: 2px;">2 <input type="checkbox"/></td> <td style="padding: 2px;">9 <input type="checkbox"/></td> <td style="text-align: right; border: 1px solid black; padding: 2px;">34</td> </tr> <tr> <td style="padding: 2px;">e. 1 <input type="checkbox"/></td> <td style="padding: 2px;">2 <input type="checkbox"/></td> <td style="padding: 2px;">9 <input type="checkbox"/></td> <td style="text-align: right; border: 1px solid black; padding: 2px;">35</td> </tr> <tr> <td style="padding: 2px;">f. 1 <input type="checkbox"/></td> <td style="padding: 2px;">2 <input type="checkbox"/></td> <td style="padding: 2px;">9 <input type="checkbox"/></td> <td style="text-align: right; border: 1px solid black; padding: 2px;">36</td> </tr> <tr> <td style="padding: 2px;">g. 1 <input type="checkbox"/></td> <td style="padding: 2px;">2 <input type="checkbox"/></td> <td style="padding: 2px;">9 <input type="checkbox"/></td> <td style="text-align: right; border: 1px solid black; padding: 2px;">37</td> </tr> <tr> <td style="padding: 2px;">h. 1 <input type="checkbox"/></td> <td style="padding: 2px;">2 <input type="checkbox"/></td> <td style="padding: 2px;">9 <input type="checkbox"/></td> <td style="text-align: right; border: 1px solid black; padding: 2px;">38</td> </tr> </table>	Yes	No	DK		a. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	31	b. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	32	c. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	33	d. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	34	e. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	35	f. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	36	g. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	37	h. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	38
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h. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	38																																		
12. Have you experienced any problems because you forgot to use your medicine or didn't use your medicine as prescribed?	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">1 <input type="checkbox"/> Yes (Go to 13)</td> <td rowspan="3" style="font-size: 2em; padding: 0 5px;">}</td> <td rowspan="3" style="padding: 2px;">(Skip to 14)</td> <td style="width: 20px;"></td> </tr> <tr> <td style="padding: 2px;">2 <input type="checkbox"/> No</td> </tr> <tr> <td style="padding: 2px;">9 <input type="checkbox"/> DK</td> <td style="text-align: right; border: 1px solid black; padding: 2px;">39</td> </tr> </table>	1 <input type="checkbox"/> Yes (Go to 13)	}	(Skip to 14)		2 <input type="checkbox"/> No	9 <input type="checkbox"/> DK	39																													
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9 <input type="checkbox"/> DK			39																																		
13. What problems did you experience? Anything else? <i>Mark (X) all that apply.</i>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">01 <input type="checkbox"/> Pain/Discomfort</td> <td style="text-align: right; border: 1px solid black; padding: 2px;">40-41</td> </tr> <tr> <td style="padding: 2px;">02 <input type="checkbox"/> Dizziness/Fainting</td> <td style="text-align: right; border: 1px solid black; padding: 2px;">42-43</td> </tr> <tr> <td style="padding: 2px;">03 <input type="checkbox"/> Disorientation</td> <td style="text-align: right; border: 1px solid black; padding: 2px;">44-45</td> </tr> <tr> <td style="padding: 2px;">04 <input type="checkbox"/> Overdose/Withdrawal</td> <td style="text-align: right; border: 1px solid black; padding: 2px;">46-47</td> </tr> <tr> <td style="padding: 2px;">05 <input type="checkbox"/> Change in blood pressure, breathing, or other vital signs</td> <td style="text-align: right; border: 1px solid black; padding: 2px;">48-49</td> </tr> <tr> <td style="padding: 2px;">06 <input type="checkbox"/> Condition for which medicine prescribed got worse</td> <td style="text-align: right; border: 1px solid black; padding: 2px;">50-51</td> </tr> <tr> <td style="padding: 2px;">07 <input type="checkbox"/> Other condition(s) got worse</td> <td style="text-align: right; border: 1px solid black; padding: 2px;">52-53</td> </tr> <tr> <td style="padding: 2px;">08 <input type="checkbox"/> Had to be admitted to hospital</td> <td style="text-align: right; border: 1px solid black; padding: 2px;">54-55</td> </tr> <tr> <td style="padding: 2px;">09 <input type="checkbox"/> Had to go to doctor/emergency room</td> <td style="text-align: right; border: 1px solid black; padding: 2px;">56-57</td> </tr> <tr> <td style="padding: 2px;">10 <input type="checkbox"/> Drug reaction</td> <td style="text-align: right; border: 1px solid black; padding: 2px;">58-59</td> </tr> <tr> <td style="padding: 2px;">11 <input type="checkbox"/> Other</td> <td style="text-align: right; border: 1px solid black; padding: 2px;">60-61</td> </tr> <tr> <td style="padding: 2px;">99 <input type="checkbox"/> DK</td> <td style="text-align: right; border: 1px solid black; padding: 2px;">62-63</td> </tr> </table>	01 <input type="checkbox"/> Pain/Discomfort	40-41	02 <input type="checkbox"/> Dizziness/Fainting	42-43	03 <input type="checkbox"/> Disorientation	44-45	04 <input type="checkbox"/> Overdose/Withdrawal	46-47	05 <input type="checkbox"/> Change in blood pressure, breathing, or other vital signs	48-49	06 <input type="checkbox"/> Condition for which medicine prescribed got worse	50-51	07 <input type="checkbox"/> Other condition(s) got worse	52-53	08 <input type="checkbox"/> Had to be admitted to hospital	54-55	09 <input type="checkbox"/> Had to go to doctor/emergency room	56-57	10 <input type="checkbox"/> Drug reaction	58-59	11 <input type="checkbox"/> Other	60-61	99 <input type="checkbox"/> DK	62-63												
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11 <input type="checkbox"/> Other	60-61																																				
99 <input type="checkbox"/> DK	62-63																																				
14. Do you receive help using your medications? This includes reminding you or measuring the medicines, and setting them up for you, OR do you use ALL of your medicine completely by yourself? <i>Mark (X) only one.</i>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">1 <input type="checkbox"/> Receive help</td> <td rowspan="3" style="width: 20px;"></td> <td style="text-align: right; border: 1px solid black; padding: 2px;">64</td> </tr> <tr> <td style="padding: 2px;">2 <input type="checkbox"/> All by self</td> </tr> <tr> <td style="padding: 2px;">9 <input type="checkbox"/> DK</td> </tr> </table>	1 <input type="checkbox"/> Receive help		64	2 <input type="checkbox"/> All by self	9 <input type="checkbox"/> DK																															
1 <input type="checkbox"/> Receive help		64																																			
2 <input type="checkbox"/> All by self																																					
9 <input type="checkbox"/> DK																																					
15. Not counting financial help, do you NEED (more) help with your medicine?	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">1 <input type="checkbox"/> Yes (Go to 16)</td> <td rowspan="3" style="font-size: 2em; padding: 0 5px;">}</td> <td rowspan="3" style="padding: 2px;">(Skip to 17)</td> <td style="width: 20px;"></td> </tr> <tr> <td style="padding: 2px;">2 <input type="checkbox"/> No</td> </tr> <tr> <td style="padding: 2px;">9 <input type="checkbox"/> DK</td> <td style="text-align: right; border: 1px solid black; padding: 2px;">65</td> </tr> </table>	1 <input type="checkbox"/> Yes (Go to 16)	}	(Skip to 17)		2 <input type="checkbox"/> No	9 <input type="checkbox"/> DK	65																													
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2 <input type="checkbox"/> No																																					
9 <input type="checkbox"/> DK			65																																		
16. What do you NEED (more) help with? Anything else? <i>Mark (X) all that apply.</i>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">1 <input type="checkbox"/> Ordering/Shopping for/Getting medicines from pharmacy</td> <td style="text-align: right; border: 1px solid black; padding: 2px;">66</td> </tr> <tr> <td style="padding: 2px;">2 <input type="checkbox"/> Reminder/Monitoring/Measuring/Setting up/Taking medicines</td> <td style="text-align: right; border: 1px solid black; padding: 2px;">67</td> </tr> <tr> <td style="padding: 2px;">3 <input type="checkbox"/> Other</td> <td style="text-align: right; border: 1px solid black; padding: 2px;">68</td> </tr> <tr> <td style="padding: 2px;">9 <input type="checkbox"/> DK</td> <td style="text-align: right; border: 1px solid black; padding: 2px;">69</td> </tr> </table>	1 <input type="checkbox"/> Ordering/Shopping for/Getting medicines from pharmacy	66	2 <input type="checkbox"/> Reminder/Monitoring/Measuring/Setting up/Taking medicines	67	3 <input type="checkbox"/> Other	68	9 <input type="checkbox"/> DK	69																												
1 <input type="checkbox"/> Ordering/Shopping for/Getting medicines from pharmacy	66																																				
2 <input type="checkbox"/> Reminder/Monitoring/Measuring/Setting up/Taking medicines	67																																				
3 <input type="checkbox"/> Other	68																																				
9 <input type="checkbox"/> DK	69																																				
These next questions are about your sources of medical care. 17. Do you have a general practitioner, internist, or family doctor whom you see regularly?	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">1 <input type="checkbox"/> Yes (Go to 18)</td> <td rowspan="3" style="font-size: 2em; padding: 0 5px;">}</td> <td rowspan="3" style="padding: 2px;">(Skip to 26 on page 59)</td> <td style="width: 20px;"></td> </tr> <tr> <td style="padding: 2px;">2 <input type="checkbox"/> No</td> </tr> <tr> <td style="padding: 2px;">9 <input type="checkbox"/> DK</td> <td style="text-align: right; border: 1px solid black; padding: 2px;">70</td> </tr> </table>	1 <input type="checkbox"/> Yes (Go to 18)	}	(Skip to 26 on page 59)		2 <input type="checkbox"/> No	9 <input type="checkbox"/> DK	70																													
1 <input type="checkbox"/> Yes (Go to 18)	}	(Skip to 26 on page 59)																																			
2 <input type="checkbox"/> No																																					
9 <input type="checkbox"/> DK			70																																		
18. Which do you see most often — a general practitioner, an internist, or family doctor? <i>Mark (X) only one.</i>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">1 <input type="checkbox"/> General practitioner</td> <td rowspan="5" style="width: 20px;"></td> <td style="text-align: right; border: 1px solid black; padding: 2px;">71</td> </tr> <tr> <td style="padding: 2px;">2 <input type="checkbox"/> Internist</td> </tr> <tr> <td style="padding: 2px;">3 <input type="checkbox"/> Family doctor</td> </tr> <tr> <td style="padding: 2px;">4 <input type="checkbox"/> DK specialty/title</td> </tr> <tr> <td style="padding: 2px;">9 <input type="checkbox"/> DK which seen most often</td> </tr> </table>	1 <input type="checkbox"/> General practitioner		71	2 <input type="checkbox"/> Internist	3 <input type="checkbox"/> Family doctor	4 <input type="checkbox"/> DK specialty/title	9 <input type="checkbox"/> DK which seen most often																													
1 <input type="checkbox"/> General practitioner		71																																			
2 <input type="checkbox"/> Internist																																					
3 <input type="checkbox"/> Family doctor																																					
4 <input type="checkbox"/> DK specialty/title																																					
9 <input type="checkbox"/> DK which seen most often																																					
19. Have you seen this [(provider in 18)/doctor] in the past 12 months?	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">1 <input type="checkbox"/> Yes (Go to 20)</td> <td rowspan="3" style="font-size: 2em; padding: 0 5px;">}</td> <td rowspan="3" style="padding: 2px;">(Skip to 25 on page 59)</td> <td style="width: 20px;"></td> </tr> <tr> <td style="padding: 2px;">2 <input type="checkbox"/> No</td> </tr> <tr> <td style="padding: 2px;">9 <input type="checkbox"/> DK</td> <td style="text-align: right; border: 1px solid black; padding: 2px;">72</td> </tr> </table>	1 <input type="checkbox"/> Yes (Go to 20)	}	(Skip to 25 on page 59)		2 <input type="checkbox"/> No	9 <input type="checkbox"/> DK	72																													
1 <input type="checkbox"/> Yes (Go to 20)	}	(Skip to 25 on page 59)																																			
2 <input type="checkbox"/> No																																					
9 <input type="checkbox"/> DK			72																																		
20. In the past 3 months, how many times have you seen this [(provider in 19)/doctor]?	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">00 <input type="checkbox"/> None (Skip to 22 on page 59)</td> <td rowspan="3" style="font-size: 2em; padding: 0 5px;">}</td> <td rowspan="3" style="padding: 2px;">(Go to 21 on page 59)</td> <td style="width: 20px;"></td> </tr> <tr> <td style="padding: 2px;">(Number) Times</td> </tr> <tr> <td style="padding: 2px;">99 <input type="checkbox"/> DK</td> <td style="text-align: right; border: 1px solid black; padding: 2px;">73-74</td> </tr> </table>	00 <input type="checkbox"/> None (Skip to 22 on page 59)	}	(Go to 21 on page 59)		(Number) Times	99 <input type="checkbox"/> DK	73-74																													
00 <input type="checkbox"/> None (Skip to 22 on page 59)	}	(Go to 21 on page 59)																																			
(Number) Times																																					
99 <input type="checkbox"/> DK			73-74																																		

Section I – OTHER SERVICES – Continued		RT 77
		3-4
21. Did this [(provider in 18)/doctor] ask to see you for more [than the (number in 20) visit(s)/visits]?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	5
22. In the past 3 months, did this [(provider in 18)/doctor] refer you to another doctor, therapist, or medical professional, or send you for tests or x-rays?	<input type="checkbox"/> Yes (Go to 23) <input type="checkbox"/> No } (Skip to Item I2) <input type="checkbox"/> DK }	6
23. Did you or will you go for all, some, or none of the visits or tests recommended by this [(provider in 18)/doctor]? <i>Mark (X) only one.</i>	<input type="checkbox"/> All (Go to Item I2) <input type="checkbox"/> Some } (Skip to 24) <input type="checkbox"/> None } <input type="checkbox"/> DK (Go to Item I2)	7
ITEM I2 Refer to question 21. (Additional visits recommended)	<input type="checkbox"/> "Yes" in 21 (Go to 24) <input type="checkbox"/> All others (Skip to 25)	8
<i>HAND CARD A6. Read categories if telephone interview.</i>		
24. Why did you not go for (all) your recommended visits or tests? (Anything else?) <i>Mark (X) all that apply.</i>	<input type="checkbox"/> 01 Waiting for upcoming appointment <input type="checkbox"/> 02 Did not like doctor or doctor's advice <input type="checkbox"/> 03 Went to another doctor instead <input type="checkbox"/> 04 Problems at place — long wait, no bathroom, not accessible <input type="checkbox"/> 05 Clinic/Office in unsafe neighborhood <input type="checkbox"/> 06 No insurance <input type="checkbox"/> 07 Insurance did not cover <input type="checkbox"/> 08 Can't afford it <input type="checkbox"/> 09 Transportation problem <input type="checkbox"/> 10 Could not get convenient appointment <input type="checkbox"/> 11 Thought problem would go away, or problem went away <input type="checkbox"/> 12 Used home remedy <input type="checkbox"/> 13 Health got worse <input type="checkbox"/> 14 Health of other family member interfered <input type="checkbox"/> 15 Other reason <input type="checkbox"/> 99 DK	9-10 11-12 13-14 15-16 17-18 19-20 21-22 23-24 25-26 27-28 29-30 31-32 33-34 35-36 37-38 39-40
25. How would you rate this [(provider in 18)/doctor] in terms of overall quality of care and services? Would you say excellent, good, fair, or poor? <i>Mark (X) only one.</i>	<input type="checkbox"/> 1 Excellent <input type="checkbox"/> 2 Good <input type="checkbox"/> 3 Fair <input type="checkbox"/> 4 Poor <input type="checkbox"/> 9 DK	41
Now, I'd like to ask about the (other) types of doctors you see most often.		RT 78
26a. What types of specialists do you see regularly? Any others? <i>Read categories if necessary.</i> <i>Mark (X) all that apply.</i> ----- <i>Ask only if more than one specialist in 26a. If only one, transcribe the number of the box in 26b without asking.</i> b. Which of these specialists have you seen most often? <i>Mark (X) only one.</i>	26a. Regularly <input type="checkbox"/> 00 None (Skip to 35 on page 61) <input type="checkbox"/> 01 Allergist/Immunologist (Allergy doctor) <input type="checkbox"/> 02 Cardiologist (Heart doctor) <input type="checkbox"/> 03 Dermatologist (Skin doctor) <input type="checkbox"/> 04 Endocrinologist (Gland/Hormone doctor) <input type="checkbox"/> 05 Gastroenterologist (Stomach doctor) <input type="checkbox"/> 06 Hematologist (Blood doctor) <input type="checkbox"/> 07 Nephrologist (Kidney doctor) <input type="checkbox"/> 08 Neurologist/Neuropathologist (Nervous system doctor) <input type="checkbox"/> 09 Neurosurgeon (Nervous system surgeon) <input type="checkbox"/> 10 Obstetrician/Gynecologist (OB/GYN) <input type="checkbox"/> 11 Oncologist (Cancer doctor) <input type="checkbox"/> 12 Ophthalmologist (Eye doctor) <input type="checkbox"/> 13 Orthopedist/Orthopedic surgeon (Bone and Muscle doctor) <input type="checkbox"/> 14 Otolaryngologist/Otorhinolaryngologist (Ear, nose, throat doctor) <input type="checkbox"/> 15 Physical medicine/Rehabilitation specialist (Physical therapy) <input type="checkbox"/> 16 Podiatrist (Foot doctor) <input type="checkbox"/> 17 Psychiatrist (Mental health doctor) <input type="checkbox"/> 18 Pulmonary/Lung specialist (Respiratory doctor) <input type="checkbox"/> 19 Radiologist (X-Ray/Nuclear medicine doctor) <input type="checkbox"/> 20 Rheumatologist (Joint doctor) <input type="checkbox"/> 21 Urologist (Urinary tract doctor) <input type="checkbox"/> 22 Other <input type="checkbox"/> 99 Specialist – DK type	26b. Most often <input type="checkbox"/> 53-54 Specialist
		3-4

Section I - OTHER SERVICES - Continued		RT 79
		3-4
27. Have you seen this [(specialist in 26b)/doctor] in the past 12 months?	<input type="checkbox"/> Yes (Go to 28) <input type="checkbox"/> No } (Skip to 29) <input type="checkbox"/> DK }	5
28. In the past 3 months, how many times have you seen this [(specialist in 26b)/doctor]? Do not count times while an overnight patient in a hospital.	<input type="checkbox"/> None (Skip to 30) <input type="checkbox"/> Only while overnight patient } _____ Times } (Go to 29) (Number) <input type="checkbox"/> DK	6-7
29. Did this [(specialist in 26b)/doctor] ask to see you for more [than the (number in 28) visit(s)/visits]?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	8
30. In the past 3 months, did this [(specialist in 26b)/doctor] refer you to another doctor, therapist, or medical professional, or send you for tests or x-rays?	<input type="checkbox"/> Yes (Go to 31) <input type="checkbox"/> No } (Skip to Item 13) <input type="checkbox"/> DK }	9
31. Did you or will you go for all, some, or none of the visits or tests recommended by this [(specialist in 26b)/doctor]? Mark (X) only one.	<input type="checkbox"/> All (Go to Item 13) <input type="checkbox"/> Some } (Skip to 32) <input type="checkbox"/> None } <input type="checkbox"/> DK (Go to Item 13)	10
ITEM 13 Refer to question 29. (Additional visits recommended)	<input type="checkbox"/> "Yes" in 29 (Go to 32) <input type="checkbox"/> All others (Skip to 33)	11
<i>HAND CARD A6. Read categories if telephone interview.</i>		
32. Why did you not go for (all) your recommended visits or tests? (Anything else?) Mark (X) all that apply.	<input type="checkbox"/> 01 Waiting for upcoming appointment <input type="checkbox"/> 02 Did not like doctor or doctor's advice <input type="checkbox"/> 03 Went to another doctor instead <input type="checkbox"/> 04 Problems at place — long wait, no bathroom, not accessible <input type="checkbox"/> 05 Clinic/Office in unsafe neighborhood <input type="checkbox"/> 06 No insurance <input type="checkbox"/> 07 Insurance did not cover <input type="checkbox"/> 08 Can't afford it <input type="checkbox"/> 09 Transportation problem <input type="checkbox"/> 10 Could not get convenient appointment <input type="checkbox"/> 11 Thought problem would go away, or problem went away <input type="checkbox"/> 12 Used home remedy <input type="checkbox"/> 13 Health got worse <input type="checkbox"/> 14 Health of other family member interfered <input type="checkbox"/> 15 Other reason <input type="checkbox"/> 99 DK	12-13 14-15 16-17 18-19 20-21 22-23 24-25 26-27 28-29 30-31 32-33 34-35 36-37 38-39 40-41 42-43
33. How would you rate this [(specialist in 26b)/doctor] in terms of overall quality of care and services? Would you say excellent, good, fair, or poor? Mark (X) only one.	<input type="checkbox"/> 1 Excellent <input type="checkbox"/> 2 Good <input type="checkbox"/> 3 Fair <input type="checkbox"/> 4 Poor <input type="checkbox"/> 9 DK	44
<i>Refer to questions 19 and 27, then ASK or VERIFY:</i>		
34. During the past 12 months, which doctor have you seen the most often — the (provider in 18) or the (specialist in 26b)?	<input type="checkbox"/> Neither seen in past 12 months (Skip to 37 on page 62) <input type="checkbox"/> GP/Internist/Family doctor } (Go to 35 on page 61) <input type="checkbox"/> Specialist } <input type="checkbox"/> 9 DK	45
Notes		

Section I - OTHER SERVICES - Continued

35. Now, I'm going to read you a list of items which concern visits to the doctor you see most often.

For each item, tell me if you would rate it as excellent, good, fair, or poor.

Excellent	Good	Fair	Poor	NA	DK
					46
a. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>
					47
b. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>
					48
c. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>
					49
d. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>
					50
e. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>
					51
f. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>
					52
g. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>
					53
h. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>
					54
i. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>
					55
j. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>
					56
k. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>
					57
l. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>

36. Has a medical professional told you that because you did not have follow-up care —

	Yes	No	DK
a. Your condition worsened?	a. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>
b. You need to be hospitalized?	b. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>
c. You need more medical care?	c. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>

Notes

Notes

Section I - OTHER SERVICES - Continued		RT 80 3-4	RT 80 3-4
		A	B
The next questions are about other services you may have received.		01	02
		A physical therapist	An occupational therapist
37a. During the past 12 months, did you receive any services from _____?		37a. 1 <input type="checkbox"/> Yes (Skip to 38) 7 2 <input type="checkbox"/> No } (Go to 37b) 9 <input type="checkbox"/> DK }	37a. 1 <input type="checkbox"/> Yes (Skip to 38) 7 2 <input type="checkbox"/> No } (Go to 37b) 9 <input type="checkbox"/> DK }
----- b. Did you need the services of _____ in the past 12 months?		b. 1 <input type="checkbox"/> Yes (Skip to 41) 8 2 <input type="checkbox"/> No } (Go to 37a for next service) 9 <input type="checkbox"/> DK }	b. 1 <input type="checkbox"/> Yes (Skip to 41) 8 2 <input type="checkbox"/> No } (Go to 37a for next service) 9 <input type="checkbox"/> DK }
38a. During the past 12 months, in how many months did you receive services from _____?		38a. _____ Months 9-10 (Number) 99 <input type="checkbox"/> DK	38a. _____ Months 9-10 (Number) 99 <input type="checkbox"/> DK
----- b. What was the total number of times you received services from _____ during [that/those] month(s)?		b. _____ Times 11-12 (Number) 99 <input type="checkbox"/> DK	b. _____ Times 11-12 (Number) 99 <input type="checkbox"/> DK
<i>HAND CARD A1. Read categories if telephone interview.</i>			
39a. Who paid or will pay for the services received from _____ in the past 12 months? (Anyone else?) <i>Mark (X) all that apply.</i>		39a. 01 <input type="checkbox"/> Self or family in household 13-14 02 <input type="checkbox"/> Family NOT in household 15-16 03 <input type="checkbox"/> Private health insurance 17-18 04 <input type="checkbox"/> Medicare 19-20 05 <input type="checkbox"/> Medicaid 21-22 06 <input type="checkbox"/> Rehabilitation program 23-24 07 <input type="checkbox"/> Employer 25-26 08 <input type="checkbox"/> School system 27-28 09 <input type="checkbox"/> VA program 29-30 10 <input type="checkbox"/> Other military 31-32 11 <input type="checkbox"/> Other private source 33-34 12 <input type="checkbox"/> Other public source 35-36 13 <input type="checkbox"/> No one/ Free } (Skip to 40) 37-38 99 <input type="checkbox"/> DK } 39-40	39a. 01 <input type="checkbox"/> Self or family in household 13-14 02 <input type="checkbox"/> Family NOT in household 15-16 03 <input type="checkbox"/> Private health insurance 17-18 04 <input type="checkbox"/> Medicare 19-20 05 <input type="checkbox"/> Medicaid 21-22 06 <input type="checkbox"/> Rehabilitation program 23-24 07 <input type="checkbox"/> Employer 25-26 08 <input type="checkbox"/> School system 27-28 09 <input type="checkbox"/> VA program 29-30 10 <input type="checkbox"/> Other military 31-32 11 <input type="checkbox"/> Other private source 33-34 12 <input type="checkbox"/> Other public source 35-36 13 <input type="checkbox"/> No one/ Free } (Skip to 40) 37-38 99 <input type="checkbox"/> DK } 39-40
----- b. Who paid most of the cost for the services received from _____ in the past 12 months? Record number of main source. <i>Ask if more than one source in 39a. If only one, transcribe number of box marked without asking.</i>		b. <input type="checkbox"/> Paid most (Number) 41-42 99 <input type="checkbox"/> DK	b. <input type="checkbox"/> Paid most (Number) 41-42 99 <input type="checkbox"/> DK
----- c. During the past 12 months, about how much did you or your family pay for the services received from _____? Do not count any money that has been or will be reimbursed by insurance or any other source. <i>Ask only if box 01 marked in 39a; otherwise, skip to 40.</i>		c. 00000 <input type="checkbox"/> None 43-47 \$ _____ 00 99999 <input type="checkbox"/> DK	c. 00000 <input type="checkbox"/> None 43-47 \$ _____ 00 99999 <input type="checkbox"/> DK
40. During (month), did you receive services from _____?		40. 1 <input type="checkbox"/> Yes (Skip to 37a for next service) 48 2 <input type="checkbox"/> No (Go to 41) 9 <input type="checkbox"/> DK (Skip to 37a for next service)	40. 1 <input type="checkbox"/> Yes (Skip to 37a for next service) 48 2 <input type="checkbox"/> No (Go to 41) 9 <input type="checkbox"/> DK (Skip to 37a for next service)
<i>HAND CARD A7. Read categories if telephone interview.</i>			
41. Why didn't you receive services from _____ [in (month)] in the past 12 months? (Anything else?) <i>Mark (X) all that apply.</i>		41. 00 <input type="checkbox"/> Didn't need services 49-50 01 <input type="checkbox"/> Provider thinks no longer needed 51-52 02 <input type="checkbox"/> Too expensive/ can't afford 53-54 03 <input type="checkbox"/> Insurance doesn't cover 55-56 04 <input type="checkbox"/> Insurance no longer covers 57-58 05 <input type="checkbox"/> No longer on Medicaid 59-60 06 <input type="checkbox"/> Provider not available 61-62 07 <input type="checkbox"/> Didn't like provider 63-64 08 <input type="checkbox"/> Transportation problems 65-66 09 <input type="checkbox"/> Could not take time off from work 67-68 10 <input type="checkbox"/> Other 69-70 99 <input type="checkbox"/> DK 71-72	41. 00 <input type="checkbox"/> Didn't need services 49-50 01 <input type="checkbox"/> Provider thinks no longer needed 51-52 02 <input type="checkbox"/> Too expensive/ can't afford 53-54 03 <input type="checkbox"/> Insurance doesn't cover 55-56 04 <input type="checkbox"/> Insurance no longer covers 57-58 05 <input type="checkbox"/> No longer on Medicaid 59-60 06 <input type="checkbox"/> Provider not available 61-62 07 <input type="checkbox"/> Didn't like provider 63-64 08 <input type="checkbox"/> Transportation problems 65-66 09 <input type="checkbox"/> Could not take time off from work 67-68 10 <input type="checkbox"/> Other 69-70 99 <input type="checkbox"/> DK 71-72

	RT 80 3-4		RT 80 3-4		RT 80 3-4		RT 80 3-4
C		D		E		F	
03	5-6	04	5-6	05	5-6	06	5-6
An audiologist		A speech therapist or pathologist		A recreational therapist		A visiting nurse	
37a. 1 <input type="checkbox"/> Yes (Skip to 38) 2 <input type="checkbox"/> No } (Go to 37b) 9 <input type="checkbox"/> DK }	7	37a. 1 <input type="checkbox"/> Yes (Skip to 38) 2 <input type="checkbox"/> No } (Go to 37b) 9 <input type="checkbox"/> DK }	7	37a. 1 <input type="checkbox"/> Yes (Skip to 38) 2 <input type="checkbox"/> No } (Go to 37b) 9 <input type="checkbox"/> DK }	7	37a. 1 <input type="checkbox"/> Yes (Skip to 38) 2 <input type="checkbox"/> No } (Go to 37b) 9 <input type="checkbox"/> DK }	7
b. 1 <input type="checkbox"/> Yes (Skip to 41) 2 <input type="checkbox"/> No } (Go to 37a for next service) 9 <input type="checkbox"/> DK }	8	b. 1 <input type="checkbox"/> Yes (Skip to 41) 2 <input type="checkbox"/> No } (Go to 37a for next service) 9 <input type="checkbox"/> DK }	8	b. 1 <input type="checkbox"/> Yes (Skip to 41) 2 <input type="checkbox"/> No } (Go to 37a for next service) 9 <input type="checkbox"/> DK }	8	b. 1 <input type="checkbox"/> Yes (Skip to 41) 2 <input type="checkbox"/> No } (Go to 37a for next service) 9 <input type="checkbox"/> DK }	8
38a. _____ Months (Number) 99 <input type="checkbox"/> DK	9-10	38a. _____ Months (Number) 99 <input type="checkbox"/> DK	9-10	38a. _____ Months (Number) 99 <input type="checkbox"/> DK	9-10	38a. _____ Months (Number) 99 <input type="checkbox"/> DK	9-10
b. _____ Times (Number) 99 <input type="checkbox"/> DK	11-12	b. _____ Times (Number) 99 <input type="checkbox"/> DK	11-12	b. _____ Times (Number) 99 <input type="checkbox"/> DK	11-12	b. _____ Times (Number) 99 <input type="checkbox"/> DK	11-12
39a. 01 <input type="checkbox"/> Self or family in household 13-14 02 <input type="checkbox"/> Family NOT in household 15-16 03 <input type="checkbox"/> Private health insurance 17-18 04 <input type="checkbox"/> Medicare 19-20 05 <input type="checkbox"/> Medicaid 21-22 06 <input type="checkbox"/> Rehabilitation program 23-24 07 <input type="checkbox"/> Employer 25-26 08 <input type="checkbox"/> School system 27-28 09 <input type="checkbox"/> VA program 29-30 10 <input type="checkbox"/> Other military 31-32 11 <input type="checkbox"/> Other private source 33-34 12 <input type="checkbox"/> Other public source 35-36 13 <input type="checkbox"/> No one/Free } (Skip to 40) 99 <input type="checkbox"/> DK } 37-38 39-40	41-42	39a. 01 <input type="checkbox"/> Self or family in household 13-14 02 <input type="checkbox"/> Family NOT in household 15-16 03 <input type="checkbox"/> Private health insurance 17-18 04 <input type="checkbox"/> Medicare 19-20 05 <input type="checkbox"/> Medicaid 21-22 06 <input type="checkbox"/> Rehabilitation program 23-24 07 <input type="checkbox"/> Employer 25-26 08 <input type="checkbox"/> School system 27-28 09 <input type="checkbox"/> VA program 29-30 10 <input type="checkbox"/> Other military 31-32 11 <input type="checkbox"/> Other private source 33-34 12 <input type="checkbox"/> Other public source 35-36 13 <input type="checkbox"/> No one/Free } (Skip to 40) 99 <input type="checkbox"/> DK } 37-38 39-40	41-42	39a. 01 <input type="checkbox"/> Self or family in household 13-14 02 <input type="checkbox"/> Family NOT in household 15-16 03 <input type="checkbox"/> Private health insurance 17-18 04 <input type="checkbox"/> Medicare 19-20 05 <input type="checkbox"/> Medicaid 21-22 06 <input type="checkbox"/> Rehabilitation program 23-24 07 <input type="checkbox"/> Employer 25-26 08 <input type="checkbox"/> School system 27-28 09 <input type="checkbox"/> VA program 29-30 10 <input type="checkbox"/> Other military 31-32 11 <input type="checkbox"/> Other private source 33-34 12 <input type="checkbox"/> Other public source 35-36 13 <input type="checkbox"/> No one/Free } (Skip to 40) 99 <input type="checkbox"/> DK } 37-38 39-40	41-42	39a. 01 <input type="checkbox"/> Self or family in household 13-14 02 <input type="checkbox"/> Family NOT in household 15-16 03 <input type="checkbox"/> Private health insurance 17-18 04 <input type="checkbox"/> Medicare 19-20 05 <input type="checkbox"/> Medicaid 21-22 06 <input type="checkbox"/> Rehabilitation program 23-24 07 <input type="checkbox"/> Employer 25-26 08 <input type="checkbox"/> School system 27-28 09 <input type="checkbox"/> VA program 29-30 10 <input type="checkbox"/> Other military 31-32 11 <input type="checkbox"/> Other private source 33-34 12 <input type="checkbox"/> Other public source 35-36 13 <input type="checkbox"/> No one/Free } (Skip to 40) 99 <input type="checkbox"/> DK } 37-38 39-40	41-42
b. _____ Paid most (Number) 99 <input type="checkbox"/> DK	43-47	b. _____ Paid most (Number) 99 <input type="checkbox"/> DK	43-47	b. _____ Paid most (Number) 99 <input type="checkbox"/> DK	43-47	b. _____ Paid most (Number) 99 <input type="checkbox"/> DK	43-47
c. 00000 <input type="checkbox"/> None \$ _____ 99999 <input type="checkbox"/> DK	43-47	c. 00000 <input type="checkbox"/> None \$ _____ 99999 <input type="checkbox"/> DK	43-47	c. 00000 <input type="checkbox"/> None \$ _____ 99999 <input type="checkbox"/> DK	43-47	c. 00000 <input type="checkbox"/> None \$ _____ 99999 <input type="checkbox"/> DK	43-47
40. 1 <input type="checkbox"/> Yes (Skip to 37a for next service) 2 <input type="checkbox"/> No (Go to 41) 9 <input type="checkbox"/> DK (Skip to 37a for next service)	48	40. 1 <input type="checkbox"/> Yes (Skip to 37a for next service) 2 <input type="checkbox"/> No (Go to 41) 9 <input type="checkbox"/> DK (Skip to 37a for next service)	48	40. 1 <input type="checkbox"/> Yes (Skip to 37a for next service) 2 <input type="checkbox"/> No (Go to 41) 9 <input type="checkbox"/> DK (Skip to 37a for next service)	48	40. 1 <input type="checkbox"/> Yes (Skip to 37a for next service) 2 <input type="checkbox"/> No (Go to 41) 9 <input type="checkbox"/> DK (Skip to 37a for next service)	48
41. 00 <input type="checkbox"/> Didn't need services 49-50 01 <input type="checkbox"/> Provider thinks no longer needed 51-52 02 <input type="checkbox"/> Too expensive/can't afford 53-54 03 <input type="checkbox"/> Insurance doesn't cover 55-56 04 <input type="checkbox"/> Insurance no longer covers 57-58 05 <input type="checkbox"/> No longer on Medicaid 59-60 06 <input type="checkbox"/> Provider not available 61-62 07 <input type="checkbox"/> Didn't like provider 63-64 08 <input type="checkbox"/> Transportation problems 65-66 09 <input type="checkbox"/> Could not take time off from work 67-68 10 <input type="checkbox"/> Other 69-70 99 <input type="checkbox"/> DK 71-72	49-72	41. 00 <input type="checkbox"/> Didn't need services 49-50 01 <input type="checkbox"/> Provider thinks no longer needed 51-52 02 <input type="checkbox"/> Too expensive/can't afford 53-54 03 <input type="checkbox"/> Insurance doesn't cover 55-56 04 <input type="checkbox"/> Insurance no longer covers 57-58 05 <input type="checkbox"/> No longer on Medicaid 59-60 06 <input type="checkbox"/> Provider not available 61-62 07 <input type="checkbox"/> Didn't like provider 63-64 08 <input type="checkbox"/> Transportation problems 65-66 09 <input type="checkbox"/> Could not take time off from work 67-68 10 <input type="checkbox"/> Other 69-70 99 <input type="checkbox"/> DK 71-72	49-72	41. 00 <input type="checkbox"/> Didn't need services 49-50 01 <input type="checkbox"/> Provider thinks no longer needed 51-52 02 <input type="checkbox"/> Too expensive/can't afford 53-54 03 <input type="checkbox"/> Insurance doesn't cover 55-56 04 <input type="checkbox"/> Insurance no longer covers 57-58 05 <input type="checkbox"/> No longer on Medicaid 59-60 06 <input type="checkbox"/> Provider not available 61-62 07 <input type="checkbox"/> Didn't like provider 63-64 08 <input type="checkbox"/> Transportation problems 65-66 09 <input type="checkbox"/> Could not take time off from work 67-68 10 <input type="checkbox"/> Other 69-70 99 <input type="checkbox"/> DK 71-72	49-72	41. 00 <input type="checkbox"/> Didn't need services 49-50 01 <input type="checkbox"/> Provider thinks no longer needed 51-52 02 <input type="checkbox"/> Too expensive/can't afford 53-54 03 <input type="checkbox"/> Insurance doesn't cover 55-56 04 <input type="checkbox"/> Insurance no longer covers 57-58 05 <input type="checkbox"/> No longer on Medicaid 59-60 06 <input type="checkbox"/> Provider not available 61-62 07 <input type="checkbox"/> Didn't like provider 63-64 08 <input type="checkbox"/> Transportation problems 65-66 09 <input type="checkbox"/> Could not take time off from work 67-68 10 <input type="checkbox"/> Other 69-70 99 <input type="checkbox"/> DK 71-72	49-72

Section I - OTHER SERVICES - Continued	RT 80 3-4	G	RT 80 3-4	H	RT 80 3-4
		07 A personal care attendant (other than family or a friend)	5-6	08 A reader or interpreter	5-6
37a. During the past 12 months, did you receive any services from _____?		37a. 1 <input type="checkbox"/> Yes (Skip to 38) 2 <input type="checkbox"/> No } (Go to 37b) 9 <input type="checkbox"/> DK }	7	37a. 1 <input type="checkbox"/> Yes (Skip to 38) 2 <input type="checkbox"/> No } (Go to 37b) 9 <input type="checkbox"/> DK }	7
b. Did you need the services of _____ in the past 12 months?		b. 1 <input type="checkbox"/> Yes (Skip to 41) 2 <input type="checkbox"/> No } (Go to 37a for next service) 9 <input type="checkbox"/> DK }	8	b. 1 <input type="checkbox"/> Yes (Skip to 41) 2 <input type="checkbox"/> No } (Go to 37a for next service) 9 <input type="checkbox"/> DK }	8
38a. During the past 12 months, in how many months did you receive services from _____?		38a. _____ Months (Number) 99 <input type="checkbox"/> DK	9-10	38a. _____ Months (Number) 99 <input type="checkbox"/> DK	9-10
b. What was the total number of times you received services from _____ during [that/those] month(s)?		b. _____ Times (Number) 99 <input type="checkbox"/> DK	11-12	b. _____ Times (Number) 99 <input type="checkbox"/> DK	11-12
<i>HAND CARD A1. Read categories if telephone interview.</i>					
39a. Who paid or will pay for the services received from _____ in the past 12 months? (Anyone else?) Mark (X) all that apply.		39a. 01 <input type="checkbox"/> Self or family in household 02 <input type="checkbox"/> Family NOT in household 03 <input type="checkbox"/> Private health insurance 04 <input type="checkbox"/> Medicare 05 <input type="checkbox"/> Medicaid 06 <input type="checkbox"/> Rehabilitation program 07 <input type="checkbox"/> Employer 08 <input type="checkbox"/> School system 09 <input type="checkbox"/> VA program 10 <input type="checkbox"/> Other military 11 <input type="checkbox"/> Other private source 12 <input type="checkbox"/> Other public source 13 <input type="checkbox"/> No one/Free } (Skip to 40) 99 <input type="checkbox"/> DK }	13-14 15-16 17-18 19-20 21-22 23-24 25-26 27-28 29-30 31-32 33-34 35-36 37-38 39-40	39a. 01 <input type="checkbox"/> Self or family in household 02 <input type="checkbox"/> Family NOT in household 03 <input type="checkbox"/> Private health insurance 04 <input type="checkbox"/> Medicare 05 <input type="checkbox"/> Medicaid 06 <input type="checkbox"/> Rehabilitation program 07 <input type="checkbox"/> Employer 08 <input type="checkbox"/> School system 09 <input type="checkbox"/> VA program 10 <input type="checkbox"/> Other military 11 <input type="checkbox"/> Other private source 12 <input type="checkbox"/> Other public source 13 <input type="checkbox"/> No one/Free } (Skip to 40) 99 <input type="checkbox"/> DK }	13-14 15-16 17-18 19-20 21-22 23-24 25-26 27-28 29-30 31-32 33-34 35-36 37-38 39-40
<i>Ask if more than one source in 39a. If only one, transcribe number of box marked without asking.</i>		b. <input type="checkbox"/> Paid most (Number) 99 <input type="checkbox"/> DK	41-42	b. <input type="checkbox"/> Paid most (Number) 99 <input type="checkbox"/> DK	41-42
<i>Ask only if box 01 marked in 39a; otherwise, skip to 40.</i>		c. 00000 <input type="checkbox"/> None \$ _____ 99999 <input type="checkbox"/> DK	43-47	c. 00000 <input type="checkbox"/> None \$ _____ 99999 <input type="checkbox"/> DK	43-47
40. During (month), did you receive services from _____?		40. 1 <input type="checkbox"/> Yes (Skip to 37a for next service) 2 <input type="checkbox"/> No (Go to 41) 9 <input type="checkbox"/> DK (Skip 37a for next service)	48	40. 1 <input type="checkbox"/> Yes (Skip to 37a for next service) 2 <input type="checkbox"/> No (Go to 41) 9 <input type="checkbox"/> DK (Skip to 37a for next service)	48
<i>HAND CARD A7. Read categories if telephone interview.</i>					
41. Why didn't you receive services from _____ [in (month)] in the past 12 months? (Anything else?) Mark (X) all that apply.		41. 00 <input type="checkbox"/> Didn't need services 01 <input type="checkbox"/> Provider thinks no longer needed 02 <input type="checkbox"/> Too expensive/can't afford 03 <input type="checkbox"/> Insurance doesn't cover 04 <input type="checkbox"/> Insurance no longer covers 05 <input type="checkbox"/> No longer on Medicaid 06 <input type="checkbox"/> Provider not available 07 <input type="checkbox"/> Didn't like provider 08 <input type="checkbox"/> Transportation problems 09 <input type="checkbox"/> Could not take time off from work 10 <input type="checkbox"/> Other 99 <input type="checkbox"/> DK	49-50 51-52 53-54 55-56 57-58 59-60 61-62 63-64 65-66 67-68 69-70 71-72	41. 00 <input type="checkbox"/> Didn't need services 01 <input type="checkbox"/> Provider thinks no longer needed 02 <input type="checkbox"/> Too expensive/can't afford 03 <input type="checkbox"/> Insurance doesn't cover 04 <input type="checkbox"/> Insurance no longer covers 05 <input type="checkbox"/> No longer on Medicaid 06 <input type="checkbox"/> Provider not available 07 <input type="checkbox"/> Didn't like provider 08 <input type="checkbox"/> Transportation problems 09 <input type="checkbox"/> Could not take time off from work 10 <input type="checkbox"/> Other 99 <input type="checkbox"/> DK	49-50 51-52 53-54 55-56 57-58 59-80 61-62 63-64 65-66 67-68 69-70 71-72

	RT 90				
I	3-4	Notes			
09	An adult day care center or day activity center			5-6	
37a.	<input type="checkbox"/> Yes (Skip to 38) <input type="checkbox"/> No } (Go to 37b) <input type="checkbox"/> DK }			7	
b.	<input type="checkbox"/> Yes (Skip to 41) <input type="checkbox"/> No } (Go to 42 for next service on page 66) <input type="checkbox"/> DK }			8	
38a.	_____ Months (Number) <input type="checkbox"/> DK			9-10	
b.	_____ Times (Number) <input type="checkbox"/> DK			11-12	
39a.	<input type="checkbox"/> Self or family in household <input type="checkbox"/> Family NOT in household <input type="checkbox"/> Private health insurance <input type="checkbox"/> Medicare <input type="checkbox"/> Medicaid <input type="checkbox"/> Rehabilitation program <input type="checkbox"/> Employer <input type="checkbox"/> School system <input type="checkbox"/> VA program <input type="checkbox"/> Other military <input type="checkbox"/> Other private source <input type="checkbox"/> Other public source <input type="checkbox"/> No one/Free } (Skip to 40) <input type="checkbox"/> DK }			13-14	
				15-16	
				17-18	
				19-20	
				21-22	
				23-24	
				25-26	
				27-28	
				29-30	
				31-32	
				33-34	
				35-36	
				37-38	
				39-40	
				41-42	
b.	<input type="checkbox"/> Paid most (Number) <input type="checkbox"/> DK				
c.	00000 <input type="checkbox"/> None \$ _____ <input type="checkbox"/> DK			43-47	
40.	<input type="checkbox"/> Yes (Skip to 42 for next service on page 66) <input type="checkbox"/> No (Go to 41) <input type="checkbox"/> DK (Skip to 42 for next service on page 66)			48	
41.	<input type="checkbox"/> Didn't need services <input type="checkbox"/> Provider thinks no longer needed <input type="checkbox"/> Too expensive/can't afford <input type="checkbox"/> Insurance doesn't cover <input type="checkbox"/> Insurance no longer covers <input type="checkbox"/> No longer on Medicaid <input type="checkbox"/> Provider not available <input type="checkbox"/> Didn't like provider <input type="checkbox"/> Transportation problems <input type="checkbox"/> Could not take time off from work <input type="checkbox"/> Other <input type="checkbox"/> DK			49-50	
				51-52	
				53-54	
				55-56	
				57-58	
				59-60	
				61-62	
				63-64	
				65-66	
				67-68	
				69-70	
				71-72	

Section I - OTHER SERVICES - Continued		RT 80 3-4	RT 80 3-4		
		J	K		
		10	11		
		Services for alcohol or drug abuse	Services from a center for independent living		
<p>42a. During the past 12 months, did you receive ____?</p> <p>-----</p> <p>b. Did you need ____ in the past 12 months?</p>	<p>42a.</p> <p>1 <input type="checkbox"/> Yes (Skip to 43) 7 2 <input type="checkbox"/> No } (Go to 42b) 9 <input type="checkbox"/> DK }</p> <p>b.</p> <p>1 <input type="checkbox"/> Yes (Skip to 46) 8 2 <input type="checkbox"/> No } (Go to 42a for 9 <input type="checkbox"/> DK } next service)</p>	<p>42a.</p> <p>1 <input type="checkbox"/> Yes (Skip to 43) 7 2 <input type="checkbox"/> No } (Go to 42b) 9 <input type="checkbox"/> DK }</p> <p>b.</p> <p>1 <input type="checkbox"/> Yes (Skip to 46) 8 2 <input type="checkbox"/> No } (Go to 42a for 9 <input type="checkbox"/> DK } next service)</p>	<p>43a. During the past 12 months in how many months did you receive ____?</p> <p>-----</p> <p>b. What was the total number of times you received ____ during [that/those] month(s)?</p>	<p>43a.</p> <p>____ Months 9-10 (Number) 99 <input type="checkbox"/> DK</p> <p>b.</p> <p>____ Times 11-12 (Number) 99 <input type="checkbox"/> DK</p>	<p>43a.</p> <p>____ Months 9-10 (Number) 99 <input type="checkbox"/> DK</p> <p>b.</p> <p>____ Times 11-12 (Number) 99 <input type="checkbox"/> DK</p>
<p><i>HAND CARD A1. Read categories if telephone interview.</i></p>					
<p>44a. Who paid or will pay for ____ in the past 12 months? (Anyone else?)</p> <p>Mark (X) all that apply.</p> <p>-----</p> <p>b. Who paid most of the cost for ____ in the past 12 months? Record number of main source.</p> <p>-----</p> <p>Ask only if box 01 marked in 44a; otherwise, skip to 45.</p> <p>c. During the past 12 months, about how much did you or your family pay for ____? Do not count any money that has been or will be reimbursed by insurance or any other source.</p>	<p>44a.</p> <p>01 <input type="checkbox"/> Self or family in household 13-14 02 <input type="checkbox"/> Family NOT in household 15-16 03 <input type="checkbox"/> Private health insurance 17-18 04 <input type="checkbox"/> Medicare 19-20 05 <input type="checkbox"/> Medicaid 21-22 06 <input type="checkbox"/> Rehabilitation program 23-24 07 <input type="checkbox"/> Employer 25-26 08 <input type="checkbox"/> School system 27-28 09 <input type="checkbox"/> VA program 29-30 10 <input type="checkbox"/> Other military 31-32 11 <input type="checkbox"/> Other private source 33-34 12 <input type="checkbox"/> Other public source 35-36 13 <input type="checkbox"/> No one/Free } (Skip to 45) 99 <input type="checkbox"/> DK } 37-38 39-40</p> <p>b.</p> <p><input type="checkbox"/> Paid most (Number) 41-42 99 <input type="checkbox"/> DK</p> <p>c.</p> <p>00000 <input type="checkbox"/> None 43-47 \$ _____ 00 99999 <input type="checkbox"/> DK</p>	<p>44a.</p> <p>01 <input type="checkbox"/> Self or family in household 13-14 02 <input type="checkbox"/> Family NOT in household 15-16 03 <input type="checkbox"/> Private health insurance 17-18 04 <input type="checkbox"/> Medicare 19-20 05 <input type="checkbox"/> Medicaid 21-22 06 <input type="checkbox"/> Rehabilitation program 23-24 07 <input type="checkbox"/> Employer 25-26 08 <input type="checkbox"/> School system 27-28 09 <input type="checkbox"/> VA program 29-30 10 <input type="checkbox"/> Other military 31-32 11 <input type="checkbox"/> Other private source 33-34 12 <input type="checkbox"/> Other public source 35-36 13 <input type="checkbox"/> No one/Free } (Skip to 45) 99 <input type="checkbox"/> DK } 37-38 39-40</p> <p>b.</p> <p><input type="checkbox"/> Paid most (Number) 41-42 99 <input type="checkbox"/> DK</p> <p>c.</p> <p>00000 <input type="checkbox"/> None 43-47 \$ _____ 00 99999 <input type="checkbox"/> DK</p>	<p>45. During (month), did you receive ____?</p> <p>-----</p> <p>1 <input type="checkbox"/> Yes (Skip to 42a for next service) 48 2 <input type="checkbox"/> No (Go to 46) 9 <input type="checkbox"/> DK (Skip to 42a for next service)</p>	<p>45.</p> <p>1 <input type="checkbox"/> Yes (Skip to 42a for next service) 48 2 <input type="checkbox"/> No (Go to 46) 9 <input type="checkbox"/> DK (Skip to 42a for next service)</p>	
<p><i>HAND CARD A7. Read categories if telephone interview.</i></p>					
<p>46. Why didn't you receive ____ [in (month)] in the past 12 months? (Anything else?)</p> <p>Mark (X) all that apply.</p>	<p>46.</p> <p>00 <input type="checkbox"/> Didn't need services 49-50 01 <input type="checkbox"/> Provider thinks no longer needed 51-52 02 <input type="checkbox"/> Too expensive/can't afford 53-54 03 <input type="checkbox"/> Insurance doesn't cover 55-56 04 <input type="checkbox"/> Insurance no longer covers 57-58 05 <input type="checkbox"/> No longer on Medicaid 59-60 06 <input type="checkbox"/> Provider not available 61-62 07 <input type="checkbox"/> Didn't like provider 63-64 08 <input type="checkbox"/> Transportation problems 65-66 09 <input type="checkbox"/> Could not take time off from work 67-68 10 <input type="checkbox"/> Other 69-70 99 <input type="checkbox"/> DK 71-72</p>	<p>46.</p> <p>00 <input type="checkbox"/> Didn't need services 49-50 01 <input type="checkbox"/> Provider thinks no longer needed 51-52 02 <input type="checkbox"/> Too expensive/can't afford 53-54 03 <input type="checkbox"/> Insurance doesn't cover 55-56 04 <input type="checkbox"/> Insurance no longer covers 57-58 05 <input type="checkbox"/> No longer on Medicaid 59-60 06 <input type="checkbox"/> Provider not available 61-62 07 <input type="checkbox"/> Didn't like provider 63-64 08 <input type="checkbox"/> Transportation problems 65-66 09 <input type="checkbox"/> Could not take time off from work 67-68 10 <input type="checkbox"/> Other 69-70 99 <input type="checkbox"/> DK 71-72</p>			

	RT 80		RT 80		RT 80	
L	3-4	M	3-4	N	3-4	Notes
12	5-6	13	5-6	14	5-6	
Respiratory therapy services		Social work services		Transportation services		
42a. 1 <input type="checkbox"/> Yes (Skip to 43) } 2 <input type="checkbox"/> No } (Go to 42b) 9 <input type="checkbox"/> DK }	7	42a. 1 <input type="checkbox"/> Yes (Skip to 43) } 2 <input type="checkbox"/> No } (Go to 42b) 9 <input type="checkbox"/> DK }	7	42a. 1 <input type="checkbox"/> Yes (Skip to 43) } 2 <input type="checkbox"/> No } (Go to 42b) 9 <input type="checkbox"/> DK }	7	
b. 1 <input type="checkbox"/> Yes (Skip to 46) } 2 <input type="checkbox"/> No } (Go to 42a for 9 <input type="checkbox"/> DK } next service)	8	b. 1 <input type="checkbox"/> Yes (Skip to 46) } 2 <input type="checkbox"/> No } (Go to 42a for 9 <input type="checkbox"/> DK } next service)	8	b. 1 <input type="checkbox"/> Yes (Skip to 46) } 2 <input type="checkbox"/> No } (Skip to 47 on 9 <input type="checkbox"/> DK } page 68)	8	
43a. _____ Months (Number) 99 <input type="checkbox"/> DK	9-10	43a. _____ Months (Number) 99 <input type="checkbox"/> DK	9-10	43a. _____ Months (Number) 99 <input type="checkbox"/> DK	9-10	
b. _____ Times (Number) 99 <input type="checkbox"/> DK	11-12	b. _____ Times (Number) 99 <input type="checkbox"/> DK	11-12	b. _____ Times (Number) 99 <input type="checkbox"/> DK	11-12	
44a. 01 <input type="checkbox"/> Self or family in household } 02 <input type="checkbox"/> Family NOT in household } 03 <input type="checkbox"/> Private health insurance } 04 <input type="checkbox"/> Medicare } 05 <input type="checkbox"/> Medicaid } 06 <input type="checkbox"/> Rehabilitation program } 07 <input type="checkbox"/> Employer } 08 <input type="checkbox"/> School system } 09 <input type="checkbox"/> VA program } 10 <input type="checkbox"/> Other military } 11 <input type="checkbox"/> Other private source } 12 <input type="checkbox"/> Other public source } 13 <input type="checkbox"/> No one/Free } (Skip to 45) 99 <input type="checkbox"/> DK }	13-14 15-16 17-18 19-20 21-22 23-24 25-26 27-28 29-30 31-32 33-34 35-36 37-38 39-40	44a. 01 <input type="checkbox"/> Self or family in household } 02 <input type="checkbox"/> Family NOT in household } 03 <input type="checkbox"/> Private health insurance } 04 <input type="checkbox"/> Medicare } 05 <input type="checkbox"/> Medicaid } 06 <input type="checkbox"/> Rehabilitation program } 07 <input type="checkbox"/> Employer } 08 <input type="checkbox"/> School system } 09 <input type="checkbox"/> VA program } 10 <input type="checkbox"/> Other military } 11 <input type="checkbox"/> Other private source } 12 <input type="checkbox"/> Other public source } 13 <input type="checkbox"/> No one/Free } (Skip to 45) 99 <input type="checkbox"/> DK }	13-14 15-16 17-18 19-20 21-22 23-24 25-26 27-28 29-30 31-32 33-34 35-36 37-38 39-40	44a. 01 <input type="checkbox"/> Self or family in household } 02 <input type="checkbox"/> Family NOT in household } 03 <input type="checkbox"/> Private health insurance } 04 <input type="checkbox"/> Medicare } 05 <input type="checkbox"/> Medicaid } 06 <input type="checkbox"/> Rehabilitation program } 07 <input type="checkbox"/> Employer } 08 <input type="checkbox"/> School system } 09 <input type="checkbox"/> VA program } 10 <input type="checkbox"/> Other military } 11 <input type="checkbox"/> Other private source } 12 <input type="checkbox"/> Other public source } 13 <input type="checkbox"/> No one/Free } (Skip to 45) 99 <input type="checkbox"/> DK }	13-14 15-16 17-18 19-20 21-22 23-24 25-26 27-28 29-30 31-32 33-34 35-36 37-38 39-40	
b. _____ Paid most (Number) 99 <input type="checkbox"/> DK	41-42	b. _____ Paid most (Number) 99 <input type="checkbox"/> DK	41-42	b. _____ Paid most (Number) 99 <input type="checkbox"/> DK	41-42	
c. 00000 <input type="checkbox"/> None } \$ _____ } 99999 <input type="checkbox"/> DK }	43-47	c. 00000 <input type="checkbox"/> None } \$ _____ } 99999 <input type="checkbox"/> DK }	43-47	c. 00000 <input type="checkbox"/> None } \$ _____ } 99999 <input type="checkbox"/> DK }	43-47	
45. 1 <input type="checkbox"/> Yes (Skip to 42a for next service) 2 <input type="checkbox"/> No (Go to 46) 9 <input type="checkbox"/> DK (Skip to 42a for next service)	48	45. 1 <input type="checkbox"/> Yes (Skip to 42a for next service) 2 <input type="checkbox"/> No (Go to 46) 9 <input type="checkbox"/> DK (Skip to 42a for next service)	48	45. 1 <input type="checkbox"/> Yes (Skip to 47 on page 68) 2 <input type="checkbox"/> No (Go to 46) 9 <input type="checkbox"/> DK (Skip to 47 on page 68)	48	
46. 00 <input type="checkbox"/> Didn't need services } 01 <input type="checkbox"/> Provider thinks no longer needed } 02 <input type="checkbox"/> Too expensive/can't afford } 03 <input type="checkbox"/> Insurance doesn't cover } 04 <input type="checkbox"/> Insurance no longer covers } 05 <input type="checkbox"/> No longer on Medicaid } 06 <input type="checkbox"/> Provider not available } 07 <input type="checkbox"/> Didn't like provider } 08 <input type="checkbox"/> Transportation problems } 09 <input type="checkbox"/> Could not take time off from work } 10 <input type="checkbox"/> Other } 99 <input type="checkbox"/> DK }	49-50 51-52 53-54 55-56 57-58 59-60 61-62 63-64 65-66 67-68 69-70 71-72	46. 00 <input type="checkbox"/> Didn't need services } 01 <input type="checkbox"/> Provider thinks no longer needed } 02 <input type="checkbox"/> Too expensive/can't afford } 03 <input type="checkbox"/> Insurance doesn't cover } 04 <input type="checkbox"/> Insurance no longer covers } 05 <input type="checkbox"/> No longer on Medicaid } 06 <input type="checkbox"/> Provider not available } 07 <input type="checkbox"/> Didn't like provider } 08 <input type="checkbox"/> Transportation problems } 09 <input type="checkbox"/> Could not take time off from work } 10 <input type="checkbox"/> Other } 99 <input type="checkbox"/> DK }	49-50 51-52 53-54 55-56 57-58 59-60 61-62 63-64 65-66 67-68 69-70 71-72	46. 00 <input type="checkbox"/> Didn't need services } 01 <input type="checkbox"/> Provider thinks no longer needed } 02 <input type="checkbox"/> Too expensive/can't afford } 03 <input type="checkbox"/> Insurance doesn't cover } 04 <input type="checkbox"/> Insurance no longer covers } 05 <input type="checkbox"/> No longer on Medicaid } 06 <input type="checkbox"/> Provider not available } 07 <input type="checkbox"/> Didn't like provider } 08 <input type="checkbox"/> Transportation problems } 09 <input type="checkbox"/> Could not take time off from work } 10 <input type="checkbox"/> Other } 99 <input type="checkbox"/> DK }	49-50 51-52 53-54 55-56 57-58 59-60 61-62 63-64 65-66 67-68 69-70 71-72	

Section I - OTHER SERVICES - Continued		RT 81 3-4
<i>HAND CARD A8.</i>		5
<p>47a. Are you currently on a waiting list for any of these services? <i>Read categories in 47b if telephone interview.</i></p>	<p>1 <input type="checkbox"/> Yes (<i>Go to 47b</i>) 2 <input type="checkbox"/> No } (<i>Skip to 48</i>) 9 <input type="checkbox"/> DK }</p>	
<p>b. For which of these services are you on a waiting list? (Any others?) Mark (X) all that apply.</p>	<p>01 <input type="checkbox"/> A physical therapist 02 <input type="checkbox"/> An occupational therapist 03 <input type="checkbox"/> An audiologist 04 <input type="checkbox"/> A speech therapist or pathologist 05 <input type="checkbox"/> A recreational therapist 06 <input type="checkbox"/> A visiting nurse 07 <input type="checkbox"/> A personal care attendant, other than a family member or friend 08 <input type="checkbox"/> A reader or interpreter 09 <input type="checkbox"/> An adult day care center or day activity center 10 <input type="checkbox"/> Services for alcohol or drug abuse 11 <input type="checkbox"/> Services from a center for independent living 12 <input type="checkbox"/> Respiratory therapy services 13 <input type="checkbox"/> Social work services 14 <input type="checkbox"/> Transportation services 99 <input type="checkbox"/> DK</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 32-33 34-35</p>
<i>HAND CARD A9. Read categories if telephone interview.</i>		36
<p>48a. During the past 12 months, did you stay OVERNIGHT in a hospital or other facility to receive mental health services? <i>Do not include treatment for substance abuse.</i></p>	<p>1 <input type="checkbox"/> Yes (<i>Go to 48b</i>) 2 <input type="checkbox"/> No } (<i>Skip to 52 on page 69</i>) 9 <input type="checkbox"/> DK }</p>	
<p>b. Where did you receive inpatient mental health services in the past 12 months? (Anywhere else?) Mark (X) all that apply.</p>	<p>1 <input type="checkbox"/> Private or public psychiatric hospital 2 <input type="checkbox"/> Psychiatric services in a general hospital 3 <input type="checkbox"/> Other hospital 4 <input type="checkbox"/> Residential treatment center 5 <input type="checkbox"/> Other place 9 <input type="checkbox"/> DK</p>	<p>37 38 39 40 41 42</p>
49a. During the past 12 months, how many times altogether were you admitted to (place(s) in 48b) for mental health care?		43-44
<p>_____ Times admitted (Number)</p> <p>99 <input type="checkbox"/> DK</p>		
b. During the past 12 months, how many nights altogether did you spend in the (place(s) in 48b)?		45-47
<p>_____ Nights (Number)</p> <p>999 <input type="checkbox"/> DK</p>		
ITEM 14	<p><i>Refer to question 49a.</i> (Number of admissions)</p>	48
<p>1 <input type="checkbox"/> 1 admission (<i>Go to 50a</i>) 2 <input type="checkbox"/> 2 or more admissions (<i>Skip to 50b</i>) 3 <input type="checkbox"/> All other (<i>Skip to 50c</i>)</p>		
50a. Was that admission on an emergency basis?		49
<p>1 <input type="checkbox"/> Yes } (<i>Skip to 51 on page 69</i>) 2 <input type="checkbox"/> No } 9 <input type="checkbox"/> DK }</p>		
<p>b. How many of the (number in 49a) admissions were on an emergency basis?</p>		50-51
<p>00 <input type="checkbox"/> None _____ Emergency admissions } (<i>Skip to 51 on page 69</i>) (Number) 99 <input type="checkbox"/> DK</p>		
<p>c. Were any of the admissions in the past 12 months on an emergency basis?</p>		52
<p>1 <input type="checkbox"/> Yes (<i>Go to 50d</i>) 2 <input type="checkbox"/> No } (<i>Skip to 51 on page 69</i>) 9 <input type="checkbox"/> DK }</p>		
<p>d. How many admissions were on an emergency basis?</p>		53-54
<p>_____ Emergency admissions (Number)</p> <p>99 <input type="checkbox"/> DK</p>		

Section I - OTHER SERVICES - Continued

<p><i>HAND CARD A1. Read categories if telephone interview.</i></p> <p>51a. Who paid or will pay for the inpatient mental health services you received during the past 12 months?</p> <p>(Anyone else?)</p> <p>Mark (X) all that apply.</p>		<p>01 <input type="checkbox"/> Self or family in household 55-56</p> <p>02 <input type="checkbox"/> Family NOT in household 57-58</p> <p>03 <input type="checkbox"/> Private health insurance 59-60</p> <p>04 <input type="checkbox"/> Medicare 61-62</p> <p>05 <input type="checkbox"/> Medicaid 63-64</p> <p>06 <input type="checkbox"/> Rehabilitation program 65-66</p> <p>07 <input type="checkbox"/> Employer 67-68</p> <p>08 <input type="checkbox"/> School system 69-70</p> <p>09 <input type="checkbox"/> VA program 71-72</p> <p>10 <input type="checkbox"/> Other military 73-74</p> <p>11 <input type="checkbox"/> Other private source 75-76</p> <p>12 <input type="checkbox"/> Other public source 77-78</p> <p>13 <input type="checkbox"/> No one/Free } (Skip to 52) 79-80</p> <p>99 <input type="checkbox"/> DK 81-82</p>
<p><i>Ask if more than one source in 51a. If only one source, transcribe number of box marked without asking.</i></p> <p>b. Who paid most of the cost for the inpatient mental health services?</p> <p>Record number of main source.</p>		<p><input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> Paid most (Number)</p> <p>99 <input type="checkbox"/> DK 83-84</p>
<p><i>Ask only if box 01 marked in 51a; otherwise, skip to 52.</i></p> <p>c. During the past 12 months, about how much did you or your family pay for your inpatient mental health services? Do not count any money that has been or will be reimbursed by insurance or any other source.</p>		<p>00000 <input type="checkbox"/> None 85-89</p> <p>\$ _____ <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/></p> <p>99999 <input type="checkbox"/> DK</p>
<p>52a. During the past 12 months, did you receive any outpatient mental health services, including mental health services received from a general practitioner? Do not include treatment for substance abuse or smoking cessation.</p>		<p>1 <input type="checkbox"/> Yes (Go to 52b) 90</p> <p>2 <input type="checkbox"/> No } (Skip to 56 on page 70)</p> <p>9 <input type="checkbox"/> DK</p>
<p><i>HAND CARD A10. Read categories if telephone interview.</i></p> <p>b. From whom did you receive outpatient mental health services during the past 12 months?</p> <p>(Anyone else?)</p> <p>Mark (X) all that apply.</p>		<p>1 <input type="checkbox"/> Psychiatrist 91</p> <p>2 <input type="checkbox"/> Psychologist 92</p> <p>3 <input type="checkbox"/> Nurse 93</p> <p>4 <input type="checkbox"/> Social worker 94</p> <p>5 <input type="checkbox"/> Other mental health counselor or therapist 95</p> <p>6 <input type="checkbox"/> General practitioner or other medical doctor 96</p> <p>7 <input type="checkbox"/> Other health professional 97</p> <p>9 <input type="checkbox"/> DK 98</p>
<p><i>HAND CARD A11. Read categories if telephone interview.</i></p> <p>c. Where did you receive outpatient mental health services during the past 12 months?</p> <p>(Anywhere else?)</p> <p>Mark (X) all that apply.</p>		<p>1 <input type="checkbox"/> Doctor's/Other health professional's office, NOT a clinic 99</p> <p>2 <input type="checkbox"/> Outpatient mental health clinic, such as a community mental health center 100</p> <p>3 <input type="checkbox"/> Outpatient medical clinic 101</p> <p>4 <input type="checkbox"/> HMO 102</p> <p>5 <input type="checkbox"/> Other place 103</p> <p>9 <input type="checkbox"/> DK 104</p>
<p>53a. During the past 12 months, in how many months did you receive outpatient mental health services?</p>		<p>_____ Month(s) (Number)</p> <p>99 <input type="checkbox"/> DK 105-106</p>
<p>b. Altogether, how many outpatient mental health visits did you make during [that/those] (number in 53a) month(s)?</p>		<p>_____ Outpatient visit(s) (Number)</p> <p>999 <input type="checkbox"/> DK 107-109</p>
<p>ITEM 15</p>	<p>Refer to question 53b. (Number of visits)</p>	<p>1 <input type="checkbox"/> 1 visit (Go to 54a on page 70)</p> <p>2 <input type="checkbox"/> 2 or more visits (Skip to 54b on page 70)</p> <p>9 <input type="checkbox"/> All other (Skip to 54c on page 70) 110</p>

Notes

Section I - OTHER SERVICES - Continued		RT 82
		3-4
54a. Was that visit on an emergency basis?	<input type="checkbox"/> 1 Yes } (Skip to 55) <input type="checkbox"/> 2 No } <input type="checkbox"/> 9 DK }	5
b. How many of the (number in 53b) visits were on an emergency basis?	000 <input type="checkbox"/> None } (Skip to 55) _____ Emergency visits } (Number) 999 <input type="checkbox"/> DK	6-8
c. Were any of the visits in the past 12 months on an emergency basis?	<input type="checkbox"/> 1 Yes (Go to 54d) <input type="checkbox"/> 2 No } (Skip to 55) <input type="checkbox"/> 9 DK }	9
d. How many visits were on an emergency basis?	_____ Emergency visits (Number) 999 <input type="checkbox"/> DK	10-12
<i>HAND CARD A1. Read categories if telephone interview.</i>		
55a. Who paid or will pay for the outpatient mental health services you received during the past 12 months? (Anyone else?) Mark (X) all that apply.	<input type="checkbox"/> 01 Self or family in household <input type="checkbox"/> 02 Family NOT in household <input type="checkbox"/> 03 Private health insurance <input type="checkbox"/> 04 Medicare <input type="checkbox"/> 05 Medicaid <input type="checkbox"/> 06 Rehabilitation program <input type="checkbox"/> 07 Employer <input type="checkbox"/> 08 School system <input type="checkbox"/> 09 VA program <input type="checkbox"/> 10 Other military <input type="checkbox"/> 11 Other private source <input type="checkbox"/> 12 Other public source <input type="checkbox"/> 13 No one/Free } (Skip to 56) <input type="checkbox"/> 99 DK	13-14 15-16 17-18 19-20 21-22 23-24 25-26 27-28 29-30 31-32 33-34 35-36 37-38 39-40
b. Who paid for most of the cost of the outpatient mental health services? Record number of the main source. Ask only if box 01 marked in 55a; otherwise, skip to 56.	[] [] Paid most (Number) 99 <input type="checkbox"/> DK	41-42
c. During the past 12 months, about how much did you or your family pay for the outpatient mental health services? Do not count any money that has been or will be reimbursed by insurance or any other source.	00000 <input type="checkbox"/> None \$ _____ . [00] 99999 <input type="checkbox"/> DK	43-47
56. During the past 12 months, did you receive any services from a mental health community support program? Read if necessary: A community support program for clients with mental or emotional problems makes available mental health, health, social and support services based on individual need.	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> 9 DK	48
57. During the past 12 months, were you on a waiting list for outpatient mental health services?	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> 9 DK	49
ITEM 16	Refer to questions 48a on page 68, 52a on page 69, and question 56 above. (Any mental health services)	<input type="checkbox"/> 1 "Yes" in 48a, 52a, or 56 (Go to 58 on page 71) <input type="checkbox"/> 2 All other (Skip to 59 on page 71)
Notes		

Section I - OTHER SERVICES - Continued

<p>58a. Did you receive any mental health services during (month)? Do not include treatment for substance abuse or smoking cessation.</p> <p><i>HAND CARD A7. Read categories if telephone interview.</i></p>	<p>1 <input type="checkbox"/> Yes (<i>Skip to 59</i>)</p> <p>2 <input type="checkbox"/> No (<i>Go to 58b</i>)</p> <p>9 <input type="checkbox"/> DK (<i>Skip to 59</i>)</p>	51
<p>b. Why didn't you get mental health services during (month)? (Any other reason?)</p> <p><i>Mark (X) all that apply.</i></p>	<p>00 <input type="checkbox"/> Didn't need services</p> <p>01 <input type="checkbox"/> Provider thinks no longer needed</p> <p>02 <input type="checkbox"/> Too expensive/can't afford</p> <p>03 <input type="checkbox"/> Insurance does not cover</p> <p>04 <input type="checkbox"/> Insurance no longer covers</p> <p>05 <input type="checkbox"/> No longer on Medicaid</p> <p>06 <input type="checkbox"/> Provider not available</p> <p>07 <input type="checkbox"/> Didn't like provider</p> <p>08 <input type="checkbox"/> Transportation problems</p> <p>09 <input type="checkbox"/> Could not take time off from work</p> <p>10 <input type="checkbox"/> Other reasons</p> <p>99 <input type="checkbox"/> DK</p>	52-53 54-55 56-57 58-59 60-61 62-63 64-65 66-67 68-69 70-71 72-73 74-75
<p>59a. During the past 12 months, have you needed any mental health services or counseling that you have not received?</p> <p><i>HAND CARD A12. Read categories if telephone interview.</i></p>	<p>1 <input type="checkbox"/> Yes (<i>Go to 59b</i>)</p> <p>2 <input type="checkbox"/> No } (<i>Skip to 60</i>)</p> <p>9 <input type="checkbox"/> DK }</p>	76
<p>b. Which of these statements explain why you did not receive the mental health services you needed? (Any other reason?)</p> <p><i>Mark (X) all that apply.</i></p>	<p>00 <input type="checkbox"/> Did not try to get mental health services during the past 12 months</p> <p>01 <input type="checkbox"/> Too expensive/can't afford</p> <p>02 <input type="checkbox"/> Didn't know where to go to get services</p> <p>03 <input type="checkbox"/> No mental health services nearby</p> <p>04 <input type="checkbox"/> No nearby provider who accepts Medicaid</p> <p>05 <input type="checkbox"/> Private insurance does not cover the services</p> <p>06 <input type="checkbox"/> Did not have insurance</p> <p>07 <input type="checkbox"/> Transportation problems</p> <p>08 <input type="checkbox"/> Trouble finding the right kind of mental health professional</p> <p>09 <input type="checkbox"/> Language barrier</p> <p>10 <input type="checkbox"/> Could not take time off from work</p> <p>11 <input type="checkbox"/> Other reasons</p> <p>99 <input type="checkbox"/> DK</p>	77-78 79-80 81-82 83-84 85-86 87-88 89-90 91-92 93-94 95-96 97-98 99-100 101-102
<p>60. Because of a physical, mental or emotional problem, did you receive any training during the past 12 months in social skills, such as making and keeping friends or how to interact with other people?</p>	<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>9 <input type="checkbox"/> DK</p>	103
<p>The next questions are about the coordination of services.</p>		
<p>61a. Is there any one doctor who you think of as the one who coordinates your overall medical care? By coordinating, I mean one who keeps in touch with the different doctors or therapists whom you see, who knows the results of all tests and treatments that you have, and who is aware of your different prescription medicines?</p>	<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>9 <input type="checkbox"/> DK</p>	104
<p>b. Do your doctors talk to each other about your health and the care you get, including any tests or medications?</p>	<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>3 <input type="checkbox"/> Only one doctor</p> <p>9 <input type="checkbox"/> DK</p>	105
<p>62a. Is there anyone who is not a doctor who coordinates your medical care?</p>	<p>1 <input type="checkbox"/> Yes (<i>Go to 62b</i>)</p> <p>2 <input type="checkbox"/> No</p> <p>3 <input type="checkbox"/> Does by self } (<i>Skip to 63 on page 72</i>)</p> <p>9 <input type="checkbox"/> DK }</p>	106
<p>b. Who does this for you? (Anyone else?)</p> <p><i>Mark (X) all that apply.</i></p>	<p>0 <input type="checkbox"/> Self</p> <p>1 <input type="checkbox"/> Friend/Family member</p> <p>2 <input type="checkbox"/> Nurse</p> <p>3 <input type="checkbox"/> Therapist</p> <p>4 <input type="checkbox"/> Social worker</p> <p>5 <input type="checkbox"/> Hospital discharge planner</p> <p>6 <input type="checkbox"/> Case manager</p> <p>7 <input type="checkbox"/> Other</p> <p>9 <input type="checkbox"/> DK</p>	107 108 109 110 111 112 113 114 115

Section I - OTHER SERVICES - Continued		RT 83 3-4	
<p>63a. Does any physician or someone in a physician's office help you with arranging non-medical care, like social services and personal care?</p>	<p>1 <input type="checkbox"/> Yes (Go to 63b) 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Does by self } (Skip to 64) 9 <input type="checkbox"/> DK</p>	5	
<p>b. Is this person or does this person work for a general care physician or a specialist? Mark (X) only one.</p>	<p>1 <input type="checkbox"/> General care physician 2 <input type="checkbox"/> Specialist 3 <input type="checkbox"/> Someone else 9 <input type="checkbox"/> DK</p>	6	
<p>c. Is this person a — (Read each category) Mark (X) all that apply.</p>	<p>1 <input type="checkbox"/> Physician? 2 <input type="checkbox"/> Therapist? 3 <input type="checkbox"/> Nurse? 4 <input type="checkbox"/> Social worker? 5 <input type="checkbox"/> Hospital discharge planner? 6 <input type="checkbox"/> Case manager? 7 <input type="checkbox"/> Something else? 9 <input type="checkbox"/> DK</p>	7 8 9 10 11 12 13 14	
<p>64a. Does anyone NOT in a physician's office help you with arranging non-medical services?</p>	<p>1 <input type="checkbox"/> Yes (Go to 64b) 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Does by self } (Skip to Item 17) 9 <input type="checkbox"/> DK</p>	15	
<p>b. Who does this for you? Anyone else? Mark (X) all that apply.</p>	<p>0 <input type="checkbox"/> Self 1 <input type="checkbox"/> Friend/Family member 2 <input type="checkbox"/> Nurse 3 <input type="checkbox"/> Therapist 4 <input type="checkbox"/> Social worker 5 <input type="checkbox"/> Hospital discharge planner 6 <input type="checkbox"/> Case manager 7 <input type="checkbox"/> Other 9 <input type="checkbox"/> DK</p>	16 17 18 19 20 21 22 23 24	
<p>ITEM 17</p>	<p>Refer to questions 61a and 62a on page 71, 63a and 64a above. (Service coordinator)</p>	<p>1 <input type="checkbox"/> "Yes" marked in 61a and/or 63a (Skip to 65) 2 <input type="checkbox"/> "Yes" marked in 62a and/or 64a (Go to Item 18) 3 <input type="checkbox"/> All others (Skip to 69 on page 73)</p>	25
<p>ITEM 18</p>	<p>Refer to questions 62b on page 71 and 64b above. (Who arranges services)</p>	<p>1 <input type="checkbox"/> Anyone other than "Self" marked in 62b or 64b (Go to 65) 2 <input type="checkbox"/> "Self" only in 62b and 64b (Skip to 70 on page 73)</p>	26
<p><i>HAND CARD A13. Read categories if telephone interview.</i></p> <p>65. What kinds of medical or non-medical services are provided for you? (Anything else?) Mark (X) all that apply.</p>		<p>01 <input type="checkbox"/> Helps make medical appointments with (other) doctors 02 <input type="checkbox"/> Makes appointments with nurses/therapists/dieticians 03 <input type="checkbox"/> Follows up to be sure appointments are kept 04 <input type="checkbox"/> Arranges transportation to appointments 05 <input type="checkbox"/> Makes referrals to doctors 06 <input type="checkbox"/> Makes referrals to nurses/therapists/dieticians 07 <input type="checkbox"/> Checks to see if needs or conditions have changed 08 <input type="checkbox"/> Makes sure I am doing exercises or following diet 09 <input type="checkbox"/> Reviews medications 10 <input type="checkbox"/> Explains medical procedures or terms 11 <input type="checkbox"/> Helps with insurance or other benefits 12 <input type="checkbox"/> Arranges for home care 13 <input type="checkbox"/> Arranges for vocational rehabilitation services 14 <input type="checkbox"/> Helps develop a personal care plan 15 <input type="checkbox"/> Evaluates need for services 16 <input type="checkbox"/> Arranges special education services 17 <input type="checkbox"/> Tries to find volunteers to help me 18 <input type="checkbox"/> Tries to find workers/agencies to help me 19 <input type="checkbox"/> Arranges for home delivered meals 20 <input type="checkbox"/> Makes sure friends/family are able to help me 21 <input type="checkbox"/> Other 99 <input type="checkbox"/> DK</p>	27-28 29-30 31-32 33-34 36-38 37-38 39-40 41-42 43-44 45-46 47-48 49-50 51-52 53-54 55-56 57-58 59-60 61-62 63-64 65-66 67-68 69-70
<p>ITEM 19</p>	<p>Refer to questions 64b above. (Who arranges services)</p>	<p>1 <input type="checkbox"/> Any of boxes 2-9 marked (Go to 66 on page 73) 2 <input type="checkbox"/> All others (Skip to 70 on page 73)</p>	71

Section I - OTHER SERVICES - Continued

<p>66a. You said that someone not in a physician's office helps you with arranging non-medical services. Was any of this help paid for?</p>	<p>1 <input type="checkbox"/> Yes (Go to 66b) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (Skip to 68)</p>	<p>72</p>
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<p><i>HAND CARD A1. Read categories if telephone interview.</i></p> <p>b. Who paid or will pay for this help? (Anyone else?) Mark (X) all that apply.</p>	<p>01 <input type="checkbox"/> Self or family in household 02 <input type="checkbox"/> Family NOT in household 03 <input type="checkbox"/> Private health insurance 04 <input type="checkbox"/> Medicare 05 <input type="checkbox"/> Medicaid 06 <input type="checkbox"/> Rehabilitation program 07 <input type="checkbox"/> Employer 08 <input type="checkbox"/> School system 09 <input type="checkbox"/> VA program 10 <input type="checkbox"/> Other military 11 <input type="checkbox"/> Other private source 12 <input type="checkbox"/> Other public source 99 <input type="checkbox"/> DK (Skip to 67)</p>	<p>72-74 75-76 77-78 79-80 81-82 83-84 85-86 87-88 89-90 91-92 93-94 95-96 97-98</p>
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<p><i>Ask if more than one source in 66b. If only one source, transcribe the number of the box marked without asking.</i></p> <p>c. Who paid for most of the cost of this help? Record number of the main source.</p>	<p><input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> Paid most (Number)</p> <p>99 <input type="checkbox"/> DK</p>	<p>99-100</p>
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<p>67. In the past 6 months, about how many times did you see or talk to the person or persons who help arrange your non-medical services?</p>	<p>000 <input type="checkbox"/> None _____ (Number) 999 <input type="checkbox"/> DK</p> <p style="margin-left: 100px;"> { 1 <input type="checkbox"/> Per week 2 <input type="checkbox"/> Per month 3 <input type="checkbox"/> Per six months</p>	<p>101-102</p>
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<p>68. Overall, how satisfied are you with the job the person or persons have done to help with arranging your non-medical services? Would you say very satisfied, somewhat satisfied, somewhat dissatisfied, or very dissatisfied? Mark (X) only one.</p>	<p>1 <input type="checkbox"/> Very satisfied 2 <input type="checkbox"/> Somewhat satisfied 3 <input type="checkbox"/> Somewhat dissatisfied 4 <input type="checkbox"/> Very dissatisfied 9 <input type="checkbox"/> DK</p> <p style="margin-left: 100px;">} (Skip to 70)</p>	<p>104</p>
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<p>69. During the past 12 months, have you felt that you NEEDED someone to arrange or coordinate personal care or social services?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Never thought about it 9 <input type="checkbox"/> DK</p>	<p>106</p>
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<p>70a. Do you NEED help filling out insurance forms or benefit applications? Mark (X) only one.</p>	<p>1 <input type="checkbox"/> Yes } (Go to 70b) 2 <input type="checkbox"/> No } 3 <input type="checkbox"/> Never filled forms/applications (Skip to Item 110 on page 74) 9 <input type="checkbox"/> DK (Go to 70b)</p>	<p>106</p>
<p>b. Who helps you fill out insurance forms or applications for public programs or benefits? Mark (X) all that apply.</p>	<p>0 <input type="checkbox"/> No one 1 <input type="checkbox"/> Household member 2 <input type="checkbox"/> Friend/Other relative not in household 3 <input type="checkbox"/> Paid caregiver 4 <input type="checkbox"/> Volunteer from organization 5 <input type="checkbox"/> Other 9 <input type="checkbox"/> DK</p>	<p>107 108 109 110 111 112 113</p>

Notes

Section I – OTHER SERVICES – Continued			RT 84
			3-4
ITEM			5
ITEM 110	Refer to question 42a, Service K on page 66. (Center for Independent Living)	1 <input type="checkbox"/> "Yes" in 42a for K (Go to 71) 2 <input type="checkbox"/> All others (Skip to Item 111)	
71. Did you receive any of the following services from the Center for Independent Living —		Yes No DK	
a. Peer counseling?	a. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>		6
b. Employment counseling, training, or referral?	b. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>		7
c. Help with accommodations at home?	c. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>		8
d. Help with accommodations at work?	d. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>		9
e. Help with accommodations in transportation?	e. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>		10
f. Legal rights counseling?	f. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>		11
g. Attendant referral or personal assistant services?	g. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>		12
h. Recreational services?	h. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>		13
i. Transportation services?	i. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>		14
j. Getting assistive technology?	j. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>		15
k. Advocacy services?	k. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>		16
			17
ITEM 111	Refer to 37a, Service I on page 65. (Adult Day Care)	1 <input type="checkbox"/> "Yes" in 37a for I (Go to 72) 2 <input type="checkbox"/> All others (Skip to Section J on page 75)	
72. Which services did you receive from an adult day care center or day activities center? (Anything else?) Mark (X) all that apply.		01 <input type="checkbox"/> Transportation 02 <input type="checkbox"/> Socialization 03 <input type="checkbox"/> Recreational activities 04 <input type="checkbox"/> Recreational therapy 05 <input type="checkbox"/> Speech therapy 06 <input type="checkbox"/> Physical therapy 07 <input type="checkbox"/> Occupational therapy 08 <input type="checkbox"/> Social services 09 <input type="checkbox"/> Nutritional services 10 <input type="checkbox"/> Meals 11 <input type="checkbox"/> Counseling for participants or families 12 <input type="checkbox"/> Referrals to outside services 13 <input type="checkbox"/> Nursing services 14 <input type="checkbox"/> Monitoring medications 15 <input type="checkbox"/> Coordinating care with physicians 16 <input type="checkbox"/> Personal care services (such as bathing, feeding) 17 <input type="checkbox"/> Vocational rehabilitation services 18 <input type="checkbox"/> Other 00 <input type="checkbox"/> None 99 <input type="checkbox"/> DK	18-19 20-21 22-23 24-25 26-27 28-29 30-31 32-33 34-35 36-37 38-39 40-41 42-43 44-45 46-47 48-49 50-51 52-53 54-55 56-57
Notes			

Section J - SELF DIRECTION

Reminder: If SP is institutionalized, skip to Section K on page 78.

<p>1a. Do you give your own consent for medical care, or does someone else do that for you?</p>	<p>1 <input type="checkbox"/> Gives own consent (<i>Skip to Item J1</i>) 2 <input type="checkbox"/> Someone else gives consent } (<i>Go to 1b</i>) 3 <input type="checkbox"/> It varies 9 <input type="checkbox"/> DK (<i>Skip to Item J1</i>)</p>	<p>5</p>	
<p>b. Who generally gives medical consent for you? <i>Mark (X) only one.</i></p>	<p>1 <input type="checkbox"/> Family member 2 <input type="checkbox"/> Legal guardian 3 <input type="checkbox"/> Agency or school staff member 4 <input type="checkbox"/> Someone else 9 <input type="checkbox"/> DK</p>	<p>6</p>	
<p>ITEM J1</p>	<p><i>Refer to SP's age.</i></p>	<p>1 <input type="checkbox"/> Under 21 (<i>Go to 2</i>) 2 <input type="checkbox"/> Age 21 and over (<i>Skip to Section K on page 78</i>)</p>	<p>7</p>
<p>2. Do you now have an Individual Education Plan or IEP?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p>	<p>8</p>	
<p>3. Do you currently have an Individual Written Rehabilitation Plan or IWRP?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p>	<p>9</p>	

Notes

Section J - SELF DIRECTION - Continued

Special education is a program designed to meet the individual needs of persons with special needs. It is paid for by the public school system and may take place at a regular school, a special school, a private school, at home, or at a hospital.

10

4a. DURING THE PAST 12 MONTHS, have you received any type of services or benefits through special education? Do not include gifted or talented programs.

- 1 Yes (Go to 4b)
- 2 No
- 9 DK } (Skip to 5 on page 77)

HAND CARD A15. Read categories if telephone interview.

b. DURING THE PAST 12 MONTHS, which of these services or benefits did you receive through special education programs?

(Anything else?)

Mark (X) all that apply.

- 01 Transportation services 11-12
- 02 Speech/Language therapy 13-14
- 03 Audiology services for hearing problems (such as testing, evaluation, and training) 15-16
- 04 Mental health or counseling services 17-18
- 05 Developmental testing 19-20
- 06 Physical therapy 21-22
- 07 Occupational therapy 23-24
- 08 Recreational therapy 25-26
- 09 Respiratory therapy 27-28
- 10 Social work services 29-30
- 11 Eyeglasses 31-32
- 12 Hearing aids 33-34
- 13 Wheelchair 35-36
- 14 Other assistive devices and training in their use 37-38
- 15 Medical services for diagnostic and evaluation purposes 39-40
- 16 Communication services (such as a reader, interpreter, or writer) 41-42
- 17 Nursing services 43-44
- 18 Other 45-46
- 99 DK 47-48

HAND CARD A16. Read categories if telephone interview.

c. DURING THE PAST 12 MONTHS, have you received special education for any of these conditions?

(Anything else?)

Mark (X) all that apply.

- 01 Learning disabilities 49-50
- 02 Speech or language problems 51-52
- 03 Mental retardation 53-54
- 04 Emotional disturbances 55-56
- 05 Deaf and blind 57-58
- 06 Hearing, including deafness or hard of hearing 59-60
- 07 Visual, including blindness and other problems 61-62
- 08 Orthopedic problems 63-64
- 09 Autism 65-66
- 10 Traumatic brain injury 67-68
- 11 Developmental delay 69-70
- 12 Multiple disabilities 71-72
- 13 Other health problem 73-74
- 14 Not a specific condition 75-76
- 99 DK 77-78

HAND CARD A17. Read categories if telephone interview.

d. During the past 12 months, where did you receive these special education services?

Mark (X) all that apply.

- 01 Regular classroom setting 79-80
- 02 Resource room in regular school 81-82
- 03 Separate class all day or part of a day in regular school 83-84
- 04 Special school-day school 85-86
- 05 Special school-residential school 87-88
- 06 Home 89-90
- 07 Hospital or institution 91-92
- 08 Provider's office 93-94
- 09 Other 95-96
- 99 DK 97-98

e. Have you received any of these special education services during the past month?

- 1 Yes (Skip to 5 on page 77)
- 2 No (Go to 4f)
- 9 DK (Skip to 5 on page 77)

99

f. Why haven't you received any special education services in the past month?

Any other reason?

Mark (X) all that apply.

- 0 Did not need the service during the past month 100
- 1 Provider/school thinks services no longer necessary 101
- 2 On vacation from school 102
- 3 Provider/service no longer available 103
- 4 Didn't like provider/service 104
- 5 Transportation problems 105
- 6 Could not take time off from work to arrange it 106
- 7 Other reason 107
- 9 DK 108

Section J – SELF DIRECTION – Continued		RT 86
		3-4
<p>5. DURING THE PAST 12 MONTHS, did you receive any instruction through special education about how to get and keep a job?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p>	5
<p>6a. DURING THE PAST 12 MONTHS, have you tried to get any (additional) special education services?</p>	<p>1 <input type="checkbox"/> Yes (Go to 6b) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (Skip to 7)</p>	6
<p><i>HAND CARD A15. Read categories if telephone interview.</i></p>		
<p>b. What (additional) special education services did you try to get? (Anything else?) Mark (X) all that apply.</p>	<p>01 <input type="checkbox"/> Transportation services 02 <input type="checkbox"/> Speech/Language therapy 03 <input type="checkbox"/> Audiology services for hearing problems (such as testing, evaluation, and training) 04 <input type="checkbox"/> Mental health or counseling services 05 <input type="checkbox"/> Developmental testing 06 <input type="checkbox"/> Physical therapy 07 <input type="checkbox"/> Occupational therapy 08 <input type="checkbox"/> Recreational therapy 09 <input type="checkbox"/> Respiratory therapy 10 <input type="checkbox"/> Social work services 11 <input type="checkbox"/> Eyeglasses 12 <input type="checkbox"/> Hearing aids 13 <input type="checkbox"/> Wheelchair 14 <input type="checkbox"/> Other assistive devices and training in their use 15 <input type="checkbox"/> Medical services for diagnostic and evaluation purposes 16 <input type="checkbox"/> Communication services (such as reader, interpreter, writer) 17 <input type="checkbox"/> Nursing services 18 <input type="checkbox"/> Other 99 <input type="checkbox"/> DK</p>	<p>7-8 9-10 11-12 13-14 15-16 17-18 19-20 21-22 23-24 25-26 27-28 29-30 31-32 33-34 35-36 37-38 39-40 41-42 43-44</p>
<p>c. During the past 12 months were you on a waiting list for any special education services?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p>	45
<p><i>HAND CARD A18. Read categories if telephone interview.</i></p>		
<p>d. What problems did you have trying to get (additional) special education services during the past 12 months? (Anything else?) Mark (X) all that apply.</p>	<p>0 <input type="checkbox"/> No problem getting services 1 <input type="checkbox"/> Service is not available 2 <input type="checkbox"/> Had trouble finding the right kind of service 3 <input type="checkbox"/> Services available are inadequate 4 <input type="checkbox"/> School did not think services were needed 5 <input type="checkbox"/> School would not test for disabilities 6 <input type="checkbox"/> School would not help in finding services 7 <input type="checkbox"/> Could not take time off from work to arrange it 8 <input type="checkbox"/> Other problems 9 <input type="checkbox"/> DK</p>	<p>46 47 48 49 50 51 52 53 54 55</p>
<p>7. Overall, how satisfied are you with the educational services that you receive? Are you very satisfied, somewhat satisfied, somewhat dissatisfied, or very dissatisfied?</p>	<p>0 <input type="checkbox"/> Does not receive any educational services 1 <input type="checkbox"/> Very satisfied 2 <input type="checkbox"/> Somewhat satisfied 3 <input type="checkbox"/> Somewhat dissatisfied 4 <input type="checkbox"/> Very dissatisfied 9 <input type="checkbox"/> DK</p>	56
<p>Notes</p>		

Section K - FAMILY STRUCTURE, RELATIONSHIPS, AND LIVING ARRANGEMENTS		RT 87	
		3-4	
<p>1. Are you now married, widowed, divorced, separated, or have you never been married?</p> <p><i>If married, probe as necessary to determine if the spouse is a current household member.</i></p> <p><i>Mark (X) only one.</i></p>	<p>1 <input type="checkbox"/> Married - spouse in HH } (Go to 2a)</p> <p>2 <input type="checkbox"/> Married - spouse not in HH }</p> <p>3 <input type="checkbox"/> Widowed } (Go to 2b)</p> <p>4 <input type="checkbox"/> Divorced }</p> <p>5 <input type="checkbox"/> Separated }</p> <p>6 <input type="checkbox"/> Never married } (Skip to Item K1)</p> <p>9 <input type="checkbox"/> DK }</p>	5	
<p>2a. How long have you been married to your current spouse?</p>	<p>00 <input type="checkbox"/> Less than 1 year } (Skip to Item K1)</p> <p>_____ Years } (Number)</p> <p>99 <input type="checkbox"/> DK }</p>	6-7	
<p>b. How long have you been [widowed/divorced/separated]?</p>	<p>00 <input type="checkbox"/> Less than 1 year</p> <p>_____ Years (Number)</p> <p>99 <input type="checkbox"/> DK</p>	8-9	
ITEM K1	Status of SP.	<p>1 <input type="checkbox"/> Institutionalized (Skip to 5 on page 79)</p> <p>2 <input type="checkbox"/> All others (Go to 3)</p>	10
<p>3. Including yourself, how many people altogether live in this household?</p>	<p>01 <input type="checkbox"/> SP only (Skip to 5 on page 79)</p> <p>_____ Household members (Go to 4) (Number)</p> <p>99 <input type="checkbox"/> DK (Go to 4a)</p>	11-12	
<p>4a. What are the names of all persons living in your household?</p> <p><i>Enter SP on line 1, all others on subsequent lines.</i></p> <p><i>If more than 9 household members, continue listing in the Notes space.</i></p> <p>b. If necessary, ask: What is (name's) sex?</p> <p>c. If necessary, ask: How is (name) related TO YOU? Record relationship to sample person.</p>			RT 88
Line No.	4a. Name (First/Middle initial/Last)	b. Sex	c. Relationship to SP
3-4 5-6 01	7-57	58 1 <input type="checkbox"/> M 2 <input type="checkbox"/> F	59-60 77 <input type="checkbox"/> SAMPLE PERSON
3-4 5-6 02	7-57	58 1 <input type="checkbox"/> M 2 <input type="checkbox"/> F	59-60
3-4 5-6 03	7-57	58 1 <input type="checkbox"/> M 2 <input type="checkbox"/> F	59-60
3-4 5-6 04	7-57	58 1 <input type="checkbox"/> M 2 <input type="checkbox"/> F	59-60
3-4 5-6 05	7-57	58 1 <input type="checkbox"/> M 2 <input type="checkbox"/> F	59-60
3-4 5-6 06	7-57	58 1 <input type="checkbox"/> M 2 <input type="checkbox"/> F	59-60
3-4 5-6 07	7-57	58 1 <input type="checkbox"/> M 2 <input type="checkbox"/> F	59-60
3-4 5-6 08	7-57	58 1 <input type="checkbox"/> M 2 <input type="checkbox"/> F	59-60
3-4 5-6 09	7-57	58 1 <input type="checkbox"/> M 2 <input type="checkbox"/> F	59-60

Section K - FAMILY STRUCTURE, RELATIONSHIPS, AND LIVING ARRANGEMENTS - Continued

<p>5a. Including step and adopted children, how many LIVING SONS do you have?</p>	<p>00 <input type="checkbox"/> None _____ Sons (Number) 99 <input type="checkbox"/> DK</p>	<p>5-6</p>
<p>b. Including step and adopted children, how many LIVING DAUGHTERS do you have?</p>	<p>00 <input type="checkbox"/> None _____ Daughters (Number) 99 <input type="checkbox"/> DK</p>	<p>7-8</p>
<p>ITEM K2 Refer to 5a and 5b above. (Living children)</p>	<p>1 <input type="checkbox"/> 1+ living children (Go to Item K3) 2 <input type="checkbox"/> All others (Skip to Item K4 on page 80)</p>	<p>9</p>
<p>ITEM K3 Refer to question 4 on page 78. (Household composition)</p>	<p>1 <input type="checkbox"/> Any of SP's child(ren) in HH (Skip to 7) 2 <input type="checkbox"/> All others (Go to 6)</p>	<p>10</p>
<p>6a. How quickly can [any of your children/your son/your daughter] get here? <i>If asked, "Here" means where the SP resides.</i></p>	<p>_____ (Number) { 1 <input type="checkbox"/> Minutes 2 <input type="checkbox"/> Hours 3 <input type="checkbox"/> Days 999 <input type="checkbox"/> DK</p>	<p>11-13</p>
<p>b. How often do you see [any of your children/your son/your daughter]?</p>	<p>000 <input type="checkbox"/> Less than once a year/never _____ (Times) { 1 <input type="checkbox"/> Per day 2 <input type="checkbox"/> Per week 3 <input type="checkbox"/> Per month 4 <input type="checkbox"/> Per year 999 <input type="checkbox"/> DK</p>	<p>14-16</p>
<p>c. How often do you talk on the telephone with [any of your children/your son/your daughter]?</p>	<p>000 <input type="checkbox"/> Less than once a year/never _____ (Times) { 1 <input type="checkbox"/> Per day 2 <input type="checkbox"/> Per week 3 <input type="checkbox"/> Per month 4 <input type="checkbox"/> Per year 999 <input type="checkbox"/> DK</p>	<p>17-19</p>
<p>d. How often do you get mail from [any of your children/your son/your daughter]?</p>	<p>000 <input type="checkbox"/> Less than once a year/never _____ (Times) { 1 <input type="checkbox"/> Per day 2 <input type="checkbox"/> Per week 3 <input type="checkbox"/> Per month 4 <input type="checkbox"/> Per year 999 <input type="checkbox"/> DK</p>	<p>20-22</p>
<p>7. [Do your children/Does your son/Does your daughter] routinely give you money to help with your living expenses or pay your bills?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> DK</p>	<p>23</p>

Notes

Section K - FAMILY STRUCTURE, RELATIONSHIPS, AND LIVING ARRANGEMENTS - Continued												
ITEM K4	Refer to question 4 on page 78. (Household composition) Mark (X) first appropriate box.	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; border-right: 1px dashed black; padding: 2px;">1 <input type="checkbox"/></td> <td style="padding: 2px;">SP is institutionalized</td> <td rowspan="4" style="font-size: 2em; vertical-align: middle; padding: 0 10px;">}</td> <td rowspan="4" style="vertical-align: middle;">(Skip to 11)</td> </tr> <tr> <td style="border-right: 1px dashed black; padding: 2px;">2 <input type="checkbox"/></td> <td style="padding: 2px;">SP lives alone</td> </tr> <tr> <td style="border-right: 1px dashed black; padding: 2px;">3 <input type="checkbox"/></td> <td style="padding: 2px;">SP lives w/spouse only</td> </tr> <tr> <td style="border-right: 1px dashed black; padding: 2px;">4 <input type="checkbox"/></td> <td style="padding: 2px;">Other (Go to 8)</td> </tr> </table>	1 <input type="checkbox"/>	SP is institutionalized	}	(Skip to 11)	2 <input type="checkbox"/>	SP lives alone	3 <input type="checkbox"/>	SP lives w/spouse only	4 <input type="checkbox"/>	Other (Go to 8)
1 <input type="checkbox"/>	SP is institutionalized	}	(Skip to 11)									
2 <input type="checkbox"/>	SP lives alone											
3 <input type="checkbox"/>	SP lives w/spouse only											
4 <input type="checkbox"/>	Other (Go to 8)											
8.	(Other than your spouse) [is/are any of] the person(s) living with you 18 years of age or older?	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; border-right: 1px dashed black; padding: 2px;">1 <input type="checkbox"/></td> <td style="padding: 2px;">Yes (Go to 9)</td> </tr> <tr> <td style="border-right: 1px dashed black; padding: 2px;">2 <input type="checkbox"/></td> <td style="padding: 2px;">No</td> </tr> <tr> <td style="border-right: 1px dashed black; padding: 2px;">9 <input type="checkbox"/></td> <td style="padding: 2px;">DK</td> </tr> </table> (Skip to 11)	1 <input type="checkbox"/>	Yes (Go to 9)	2 <input type="checkbox"/>	No	9 <input type="checkbox"/>	DK				
1 <input type="checkbox"/>	Yes (Go to 9)											
2 <input type="checkbox"/>	No											
9 <input type="checkbox"/>	DK											
9.	Do you live with [these people/this person] NOW because YOU need to share living expenses?	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; border-right: 1px dashed black; padding: 2px;">1 <input type="checkbox"/></td> <td style="padding: 2px;">Yes</td> </tr> <tr> <td style="border-right: 1px dashed black; padding: 2px;">2 <input type="checkbox"/></td> <td style="padding: 2px;">No</td> </tr> <tr> <td style="border-right: 1px dashed black; padding: 2px;">9 <input type="checkbox"/></td> <td style="padding: 2px;">DK</td> </tr> </table>	1 <input type="checkbox"/>	Yes	2 <input type="checkbox"/>	No	9 <input type="checkbox"/>	DK				
1 <input type="checkbox"/>	Yes											
2 <input type="checkbox"/>	No											
9 <input type="checkbox"/>	DK											
10.	Do you live with [these people/this person] NOW because of a health or physical problem YOU have?	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; border-right: 1px dashed black; padding: 2px;">1 <input type="checkbox"/></td> <td style="padding: 2px;">Yes</td> </tr> <tr> <td style="border-right: 1px dashed black; padding: 2px;">2 <input type="checkbox"/></td> <td style="padding: 2px;">No</td> </tr> <tr> <td style="border-right: 1px dashed black; padding: 2px;">9 <input type="checkbox"/></td> <td style="padding: 2px;">DK</td> </tr> </table>	1 <input type="checkbox"/>	Yes	2 <input type="checkbox"/>	No	9 <input type="checkbox"/>	DK				
1 <input type="checkbox"/>	Yes											
2 <input type="checkbox"/>	No											
9 <input type="checkbox"/>	DK											
11.	Including step and adopted brothers, how many LIVING brothers do you have?	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; border-right: 1px dashed black; padding: 2px;">00 <input type="checkbox"/></td> <td style="padding: 2px;">None</td> </tr> <tr> <td style="border-right: 1px dashed black; padding: 2px;"></td> <td style="padding: 2px;">_____ Brothers (Number)</td> </tr> <tr> <td style="border-right: 1px dashed black; padding: 2px;">99 <input type="checkbox"/></td> <td style="padding: 2px;">DK</td> </tr> </table>	00 <input type="checkbox"/>	None		_____ Brothers (Number)	99 <input type="checkbox"/>	DK				
00 <input type="checkbox"/>	None											
	_____ Brothers (Number)											
99 <input type="checkbox"/>	DK											
12.	Including step and adopted sisters, how many LIVING sisters do you have?	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; border-right: 1px dashed black; padding: 2px;">00 <input type="checkbox"/></td> <td style="padding: 2px;">None</td> </tr> <tr> <td style="border-right: 1px dashed black; padding: 2px;"></td> <td style="padding: 2px;">_____ Sisters (Number)</td> </tr> <tr> <td style="border-right: 1px dashed black; padding: 2px;">99 <input type="checkbox"/></td> <td style="padding: 2px;">DK</td> </tr> </table>	00 <input type="checkbox"/>	None		_____ Sisters (Number)	99 <input type="checkbox"/>	DK				
00 <input type="checkbox"/>	None											
	_____ Sisters (Number)											
99 <input type="checkbox"/>	DK											
<i>ASK OR VERIFY:</i>												
13a.	Is your mother still living?	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; border-right: 1px dashed black; padding: 2px;">1 <input type="checkbox"/></td> <td style="padding: 2px;">Yes</td> </tr> <tr> <td style="border-right: 1px dashed black; padding: 2px;">2 <input type="checkbox"/></td> <td style="padding: 2px;">No</td> </tr> <tr> <td style="border-right: 1px dashed black; padding: 2px;">9 <input type="checkbox"/></td> <td style="padding: 2px;">DK</td> </tr> </table>	1 <input type="checkbox"/>	Yes	2 <input type="checkbox"/>	No	9 <input type="checkbox"/>	DK				
1 <input type="checkbox"/>	Yes											
2 <input type="checkbox"/>	No											
9 <input type="checkbox"/>	DK											
b.	Is your father still living?	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; border-right: 1px dashed black; padding: 2px;">1 <input type="checkbox"/></td> <td style="padding: 2px;">Yes</td> </tr> <tr> <td style="border-right: 1px dashed black; padding: 2px;">2 <input type="checkbox"/></td> <td style="padding: 2px;">No</td> </tr> <tr> <td style="border-right: 1px dashed black; padding: 2px;">9 <input type="checkbox"/></td> <td style="padding: 2px;">DK</td> </tr> </table>	1 <input type="checkbox"/>	Yes	2 <input type="checkbox"/>	No	9 <input type="checkbox"/>	DK				
1 <input type="checkbox"/>	Yes											
2 <input type="checkbox"/>	No											
9 <input type="checkbox"/>	DK											
Notes												

Section K – FAMILY STRUCTURE, RELATIONSHIPS, AND LIVING ARRANGEMENTS – Continued

ITEM K5	Refer to Item K4. (SP's living arrangements)	1 <input type="checkbox"/> Box 1, 2, or 3 marked (Go to 14) 2 <input type="checkbox"/> Box 4 marked (Skip to 15)	34
The next few questions are about contact you have with family members (other than your spouse or children).			35-37
14a. How quickly can any member of your family (other than your spouse or children) get here? If asked, "Here" means where the SP resides.		000 <input type="checkbox"/> No other family (Skip to Section L on page 82) _____ { (Number) 1 <input type="checkbox"/> Minutes 2 <input type="checkbox"/> Hours 3 <input type="checkbox"/> Days 999 <input type="checkbox"/> DK	
b. How often do you see any member of your family (other than your spouse or children)?		000 <input type="checkbox"/> Less than once a year/Never _____ { (Times) 1 <input type="checkbox"/> Per day 2 <input type="checkbox"/> Per week 3 <input type="checkbox"/> Per month 4 <input type="checkbox"/> Per year 999 <input type="checkbox"/> DK	38-40
c. How often do you talk on the telephone with any member of your family (other than your spouse or children)?		000 <input type="checkbox"/> Less than once a year/Never _____ { (Times) 1 <input type="checkbox"/> Per day 2 <input type="checkbox"/> Per week 3 <input type="checkbox"/> Per month 4 <input type="checkbox"/> Per year 999 <input type="checkbox"/> DK	41-43
d. How often do you get mail from any member of your family (other than your spouse or children)?		000 <input type="checkbox"/> Less than once a year/Never _____ { (Times) 1 <input type="checkbox"/> Per day 2 <input type="checkbox"/> Per week 3 <input type="checkbox"/> Per month 4 <input type="checkbox"/> Per year 999 <input type="checkbox"/> DK	44-46
15. Do any members of your family (other than your spouse or children) routinely give you money to help with your living expenses or pay your bills?		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	47
Notes			

RT 93
3-4

Section O - UPDATE CONTACT PERSON INFORMATION

The National Center for Health Statistics may wish to contact you again to obtain additional health related information.

**ITEM
O1**

Refer to CP on label.

5

- 1 CP on label (Ask 1a)
- 2 No CP on label (Ask 1b)

1a. The last time a Census Bureau interviewer talked to you or your family, we were told that (CP on label) will always know how to get in touch with you if we want to contact you again. Is (CP on label) still the best person to contact if we are unable to reach you?

6

- 1 Yes (Verify CP's address and phone number. If incorrect, enter correct information in 2 below.)
- 2 No (Go to 1b)

b. The National Center for Health Statistics would like the name, address, and telephone number of a relative or friend who would know where you could be reached in case we need additional health information in the future but cannot reach you. Please give me the name of someone who is not currently living in the household.

(Record information in 2.)

2. Contact Person current information

Last name 7-26 First name 27-41 MI 42

Number and street 43-67

City 68-87 State 88-89 ZIP Code 90-98

Telephone

Area code 99-101 Number 102-108
 1 None 9 DK 109
 7 Refused

Notes

Section P - INTERVIEWER OBSERVATIONS

ITEM P1	<i>Mark (X) the one that best represents this interview.</i>	1 <input type="checkbox"/> Self response without assistance (<i>Skip to Item P2</i>) 2 <input type="checkbox"/> Self response with assistance (<i>Go to 1a</i>) 3 <input type="checkbox"/> Proxy (<i>Skip to 1b</i>)	5
ASK OR VERIFY: 1a. How is <i>(assistant)</i> related to you? <i>If more than one assistant, indicate the relationship of the one you consider to be the main assistant.</i>		00 <input type="checkbox"/> Parent 01 <input type="checkbox"/> Spouse 02 <input type="checkbox"/> Son/Daughter 03 <input type="checkbox"/> Son-in-law/Daughter-in-law 04 <input type="checkbox"/> Grandchild/Great grandchild 05 <input type="checkbox"/> Brother/Sister 06 <input type="checkbox"/> Brother-in-law/Sister-in-law 07 <input type="checkbox"/> Aunt/Uncle/Cousin 08 <input type="checkbox"/> Niece/Nephew 09 <input type="checkbox"/> Other relative 10 <input type="checkbox"/> Roommate/Friend/Neighbor 11 <input type="checkbox"/> Other non-relative	6-7
----- b. How are you related to <i>(sample person)</i>? <i>If more than one proxy, direct this question to the one you consider to be the main proxy.</i>		00 <input type="checkbox"/> Parent 01 <input type="checkbox"/> Spouse 02 <input type="checkbox"/> Son/Daughter 03 <input type="checkbox"/> Son-in-law/Daughter-in-law 04 <input type="checkbox"/> Grandchild/Great grandchild 05 <input type="checkbox"/> Brother/Sister 06 <input type="checkbox"/> Brother-in-law/Sister-in-law 07 <input type="checkbox"/> Aunt/Uncle/Cousin 08 <input type="checkbox"/> Niece/Nephew 09 <input type="checkbox"/> Other relative 10 <input type="checkbox"/> Roommate/Friend/Neighbor 11 <input type="checkbox"/> Other non-relative	8-9
ASK OR VERIFY: c. Do(es) <i>[you/(assistant)]</i> live here?		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	10
Mark each to indicate why a proxy/assistant was needed.		Yes No	
2a.	Sample person hospitalized	a. 1 <input type="checkbox"/> 2 <input type="checkbox"/>	11
b.	Sample person institutionalized	b. 1 <input type="checkbox"/> 2 <input type="checkbox"/>	12
c.	Sample person's hearing problem	c. 1 <input type="checkbox"/> 2 <input type="checkbox"/>	13
d.	Sample person's speech problem	d. 1 <input type="checkbox"/> 2 <input type="checkbox"/>	14
e.	Sample person's language problem	e. 1 <input type="checkbox"/> 2 <input type="checkbox"/>	15
f.	Sample person's poor memory, senility, or confusion	f. 1 <input type="checkbox"/> 2 <input type="checkbox"/>	16
g.	Sample person's Alzheimer's disease	g. 1 <input type="checkbox"/> 2 <input type="checkbox"/>	17
h.	Sample person's other mental condition	h. 1 <input type="checkbox"/> 2 <input type="checkbox"/>	18
i.	Sample person's other physical illness and/or disability	i. 1 <input type="checkbox"/> 2 <input type="checkbox"/>	19
j.	Other non-health related reason	j. 1 <input type="checkbox"/> 2 <input type="checkbox"/>	20
			21
ITEM P2	<i>Refer to SP's age.</i>	1 <input type="checkbox"/> 70+ (<i>Go to 3</i>) 2 <input type="checkbox"/> Under 70 (<i>END interview</i>)	
The "respondent" in the following items refers to the sample person if he/she answered questions with or without assistance, or to the proxy if the sample person was not interviewed.		Yes No DK	
3.	Do you feel the —		
a.	Respondent was intellectually capable of responding?	a. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	22
b.	Respondent's answers were reasonably accurate?	b. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	23
c.	Respondent understood the questions?	c. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	24

Section P – INTERVIEWER OBSERVATIONS – Continued

<p>4a. Was there a section which seemed to be particularly upsetting or problematic to the respondent?</p>	<p>1 <input type="checkbox"/> Yes (<i>Go to 4b</i>) 2 <input type="checkbox"/> No (<i>Skip to 5</i>)</p>	<p>25</p>
<p>b. Which section(s)? Mark (X) all that apply.</p>	<p>01 <input type="checkbox"/> A. Housing and long-term care services 02 <input type="checkbox"/> B. Transportation 03 <input type="checkbox"/> C. Social activity 04 <input type="checkbox"/> D. Work history/employment 05 <input type="checkbox"/> E. Vocational rehabilitation 06 <input type="checkbox"/> F. Assistive devices and technologies 07 <input type="checkbox"/> G. Health insurance 08 <input type="checkbox"/> H. Assistance with key activities 09 <input type="checkbox"/> I. Other services 10 <input type="checkbox"/> J. Self direction 11 <input type="checkbox"/> K. Family structure, relationships, and living arrangements 12 <input type="checkbox"/> L. Conditions and impairments 13 <input type="checkbox"/> M. Health opinions and behaviors 14 <input type="checkbox"/> N. Community services 15 <input type="checkbox"/> O. Contact person</p>	<p>26-27 28-29 30-31 32-33 34-35 36-37 38-39 40-41 42-43 44-45 46-47 48-49 50-51 52-53 54-55</p>
<p>5. How tiring did the interview seem to be for the respondent?</p>	<p>1 <input type="checkbox"/> Very tiring 2 <input type="checkbox"/> A little tiring 3 <input type="checkbox"/> Not tiring</p>	<p>56</p>
<p>6. Did the respondent have difficulty hearing you during the interview?</p>	<p>1 <input type="checkbox"/> Yes (<i>Go to 7</i>) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (<i>END interview</i>)</p>	<p>57</p>
<p>7. Do you feel the respondent's hearing difficulty affected the interview?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>	<p>58</p>

Notes

FORM **DFS-4**
(7-1-94)

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 AND PREVENTION
NATIONAL CENTER FOR HEALTH STATISTICS

DISABILITY FOLLOWBACK SURVEY
(NHIS PHASE II)
POLIO SURVIVOR QUESTIONNAIRE

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RT 70
3-7
8

RT 76
3-4

Part I – CALL RECORD

Mode	Date		Beginning time	Results	Ending time	Comments
	Month	Day				
5	6-7	8-9	10-14		15-19	
T			a.m.		a.m.	
P			p.m.		p.m.	
T			a.m.		a.m.	
P			p.m.		p.m.	
T			a.m.		a.m.	
P			p.m.		p.m.	
T			a.m.		a.m.	
P			p.m.		p.m.	

Notes

RT 77
3-4

Part II - STATUS

A. Final Status

Interview

- 00 Never had polio
- 01 Complete
- 02 Partial (Explain in notes)

Noninterview

- 03 SP refused
- 04 Proxy refused
- 05 Unable to contact
- 06 Unable to locate
- 07 Deceased
- 08 Institutionalized, no proxy
- 09 Incapable, no proxy
- 10 Moved o/s PSU, unable to phone
- 11 Other noninterview

(Explain in notes)

5-6

C. Respondent

- 1 Self
- 2 Proxy

8

Reason for proxy

- 1 SP incapable
- 2 SP institutionalized
- 3 SP unavailable
- 4 Other - Specify

9

(Fill II.D)

D. Proxy

Name

Relationship to SP

7

10-11

B. Mode

- 1 Telephone
- 2 Personal visit

Part III - NEW ADDRESS

A. Address (Different from label)

Number and street				12-36
City	37-56	State	57-58	ZIP Code 59-67

B. Telephone (Different from label)

Area code 68-70	Number 71-77	1 <input type="checkbox"/> None	9 <input type="checkbox"/> DK number	78
		7 <input type="checkbox"/> Refused		

Notes

RT 78

POLIO SURVIVORS

3-4

5-7

Earlier, we were told that you had polio. The following questions deal with the time when you were first sick with polio, that is the first week or two of the illness.

1. How old were you when you got polio?

- 000 Less than 1 month
- (Age) { 1 Months
2 Years
- 888 Never had polio (End Interview)
- 999 DK

2. In what year did you get polio?

Year

99 DK

8-9

3. In what month of the year did this illness start?

Enter number in 2-digit numerals: 01-January through 12-December.

Month

99 DK

10-11

ITEM P1

Refer to question 1 above:
(Age when respondent got polio.)

- 1 Less than 5 years old (Read intro to question 4)
- 2 Five years or more (Ask question 4 without intro)
- 9 DK (Read intro to question 4)

12

I'm going to ask some questions about the first two weeks of your illness. Because you may have been too young to remember much, just answer the best you can based on what your parents or other family members and friends told you.

4. During the first two weeks you had polio, did you experience —

- a. Fever?**
- b. Headache?**
- c. Stiff neck?**
- d. Diarrhea?**
- e. Muscle pains?**
- f. Skin rash?**

- | | Yes | No | DK |
|-----------|----------------------------|----------------------------|----------------------------|
| a. | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 9 <input type="checkbox"/> |
| b. | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 9 <input type="checkbox"/> |
| c. | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 9 <input type="checkbox"/> |
| d. | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 9 <input type="checkbox"/> |
| e. | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 9 <input type="checkbox"/> |
| f. | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 9 <input type="checkbox"/> |

13

14

15

16

17

18

Notes

POLIO SURVIVORS - Continued

12a. Beginning about one month after you got polio, did you go through a period of rehabilitation? This would include a time when you might have had physical therapy, doctor's checkups, and/or surgical procedures to help you recover from polio.

- 1 Yes (Go to 12b)
 2 No } (Skip to 20 on page 8)
 9 DK

37

b. About how long would you say this period of rehabilitation lasted?

- 000 Less than 1 month
 (Number) { 1 Months
 2 Years
 999 DK

38-40

HAND CARD P1.

The next few questions deal with this period of REHABILITATION.

13. Beginning approximately two months after you got polio, that is, after the initial phase of your illness had passed:

a. How weakened was your right hip, thigh and knee? Would you say — (Read all categories)?

	Not weakened	Mildly weakened	Moderately weakened	Severely weakened	Completely paralyzed	DK
a. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>	41
b. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>	42
c. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>	43
d. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>	44
e. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>	45
f. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>	46
g. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>	47
h. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>	48
i. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>	49
j. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>	50
k. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>	51
l. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>	52
m. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>	53

b. How weakened was your right calf, ankle and foot? (Would you say — (Read all categories)?)

c. How weakened was your left hip, thigh and knee? (Would you say — (Read all categories)?)

d. How weakened was your left calf, ankle and foot? (Would you say — (Read all categories)?)

e. How weakened was your right shoulder, upper arm and elbow? (Would you say — (Read all categories)?)

f. How weakened was your right forearm, wrist and hand? (Would you say — (Read all categories)?)

g. How weakened was your left shoulder, upper arm and elbow? (Would you say — (Read all categories)?)

h. How weakened was your left forearm, wrist and hand? (Would you say — (Read all categories)?)

i. How weakened were your breathing muscles? (Would you say — (Read all categories)?)

j. How weakened were your swallowing muscles? (Would you say — (Read all categories)?)

k. How weakened were your face muscles? (Would you say — (Read all categories)?)

l. How weakened were your back muscles? (Would you say — (Read all categories)?)

m. How weakened were your stomach muscles? (Would you say — (Read all categories)?)

POLIO SURVIVORS - Continued		
ITEM P2	Refer to question 1 on page 3. (Age when respondent got polio)	<div style="text-align: right; border: 1px solid black; padding: 2px;">54</div> 1 <input type="checkbox"/> Less than 12 months old (Skip to 18 on page 7) 2 <input type="checkbox"/> 12 months or older (Go to 14) 3 <input type="checkbox"/> DK (Go to 14)
<i>HAND CARD P2.</i>		<div style="text-align: right; border: 1px solid black; padding: 2px;">55</div> 1 <input type="checkbox"/> Able to walk without a limp, 2 <input type="checkbox"/> Able to walk WITH a limp, 3 <input type="checkbox"/> Unable to walk WITHOUT leg braces or other assistive devices, or 4 <input type="checkbox"/> Unable to walk at all? 5 <input type="checkbox"/> Can't remember 9 <input type="checkbox"/> DK
<i>HAND CARD P3. Read categories if telephone interview.</i>		<div style="text-align: right; border: 1px solid black; padding: 2px;">56-57</div> 00 <input type="checkbox"/> No exercise or physical therapy (Skip to 20 on page 8)
14. Beginning approximately two months after you got polio, how well could you walk? Would you say you were — (Read all categories) 15. During your rehabilitation, what kind of physical therapy or exercise did you use to strengthen your muscles? (Anything else?) <i>Mark (X) all that apply.</i>		<div style="text-align: right; border: 1px solid black; padding: 2px;">58-59</div> <div style="text-align: right; border: 1px solid black; padding: 2px;">60-61</div> <div style="text-align: right; border: 1px solid black; padding: 2px;">62-63</div> <div style="text-align: right; border: 1px solid black; padding: 2px;">64-65</div> <div style="text-align: right; border: 1px solid black; padding: 2px;">66-67</div> <div style="text-align: right; border: 1px solid black; padding: 2px;">68-69</div> <div style="text-align: right; border: 1px solid black; padding: 2px;">70-71</div> <div style="text-align: right; border: 1px solid black; padding: 2px;">72-73</div> <div style="text-align: right; border: 1px solid black; padding: 2px;">74-75</div> <div style="text-align: right; border: 1px solid black; padding: 2px;">76</div> <div style="text-align: right; border: 1px solid black; padding: 2px;">77-78</div>
15. During your rehabilitation, what kind of physical therapy or exercise did you use to strengthen your muscles?		01 <input type="checkbox"/> Stretching exercises 02 <input type="checkbox"/> Massage/heat 03 <input type="checkbox"/> Yoga 04 <input type="checkbox"/> Swimming 05 <input type="checkbox"/> Weight lifting/medicine ball 06 <input type="checkbox"/> Push-ups/pull-ups 07 <input type="checkbox"/> Other - Specify _____ _____ _____
16. During your rehabilitation, how often did you do physical therapy or exercise to stretch or strengthen your muscles? Would you say — regularly or only occasionally, such as less than twice a month?		1 <input type="checkbox"/> Regularly } (Go to 17) 2 <input type="checkbox"/> Occasionally } 9 <input type="checkbox"/> DK (Skip to 20 on page 8)
17. For how many years did you continue your physical therapy or exercise schedule?		00 <input type="checkbox"/> Less than 1 year _____ Years (Number) 99 <input type="checkbox"/> DK
Notes		

POLIO SURVIVORS - Continued

20. For the next few questions, please think about the period when you were at your PHYSICAL BEST after having polio. By physical best we mean the period when you had the greatest strength and endurance and were in the best condition to carry on the various activities of daily living such as working, housework, walking, driving, dressing, bathing, and so forth.

After having polio, at what age, or between what ages, were you at your physical best?

Enter age(s) in whole years or mark (X) box.

to Years of age } (Go to 21)

- 9977 Presently at physical best
- 9988 Never had a physical best } (Skip to 41 on page 15)
- 9999 DK

92-95

HAND CARD P4.

21. During the period of your physical best AFTER THE ONSET OF POLIO, which phrase best describes the extent of your disability? Would you say — (Read all categories)

Mark (X) only one.

- 1 No disability, (Skip to 29 on page 10)
- 2 No noticeable disability,
- 3 Mild disability,
- 4 Moderate disability, or
- 5 Severe disability? } (Go to 22)
- 9 DK

96

HAND CARD P2.

22. During the period of your physical best after the onset of polio, how well could you walk?

If telephone interview, read: **Would you say you were — (Read all categories)**

Mark (X) only one.

- 1 Able to walk without a limp } (Go to 23)
- 2 Able to walk WITH a limp
- 3 Unable to walk WITHOUT leg braces or other assistive devices (Skip to 24)
- 4 Unable to walk at all (Skip to 26 on page 9)
- 5 Can't remember } (Go to 23)
- 9 DK

97

HAND CARD P5.

23. During the period of your physical best after the onset of your polio, what was the farthest you could walk WITHOUT using assistive devices and WITHOUT stopping?

If telephone interview, read: **Would you say you — (Read all categories)**

Mark (X) only one.

- 1 Couldn't walk at all
- 2 Could walk across a room
- 3 Could walk up and down the street } (Go to 24)
- 4 Could walk around the block
- 5 Could walk a mile or more (Skip to 25 on page 9)
- 9 DK (Go to 24)

98

HAND CARD P5.

24. How about WITH a leg brace or assistive devices such as a cane or walker? What was the farthest you could walk WITHOUT stopping during the period of your physical best?

If telephone interview, read: **Would you say that you — (Read all categories)**

Mark (X) only one.

- 1 Couldn't walk at all (Skip to 26)
- 2 Could walk across a room
- 3 Could walk up and down the street } (Go to 25 on page 9)
- 4 Could walk around the block
- 5 Could walk a mile or more
- 9 DK

99

POLIO SURVIVORS - Continued

3-4

25. During the period of your physical best after the onset of your polio, how well could you climb stairs? Would you say you — (Read all categories)

Mark (X) only one.

- 1 Could climb stairs easily without using a railing,
- 2 Could climb stairs using a railing, or
- 3 Could not climb stairs at all?
- 9 DK

5

26. During the period of your physical best after the onset of your polio, how easily would you tire while performing your usual daily activities? Would you say you — (Read all categories)

Mark (X) only one.

- 1 Tired VERY easily during the day, requiring five or more rest periods,
- 2 Tired easily during the day, requiring two to four rest periods,
- 3 Tired slowly and required one rest period a day, or
- 4 Tired only after strenuous exercise or before bedtime?
- 9 DK

6

27. I am going to read a list of assistive devices. Please tell me if you used each device at any time during your period of physical best.

Read list.

Mark (X) an answer for each type of device.

Yes No DK

a. A cane or canes?

a. 1 2 9

7

b. A crutch or crutches?

b. 1 2 9

8

c. Walker?

c. 1 2 9

9

d. Wheel chair or electric cart?

d. 1 2 9

10

e. Left leg brace?

e. 1 2 9

11

f. Right leg brace?

f. 1 2 9

12

g. Left arm splint or brace?

g. 1 2 9

13

h. Left hand splint or brace?

h. 1 2 9

14

i. Right arm splint or brace?

i. 1 2 9

15

j. Right hand splint or brace?

j. 1 2 9

16

k. Breathing aids?

k. 1 2 9

17

l. Back brace or corset?

l. 1 2 9

18

m. Special shoes, or shoe lifts?

m. 1 2 9

19

n. Another type of device?

n. 1 2 9

20

Specify _____

POLIO SURVIVORS - Continued

HAND CARD P1.		Not weakened	Mildly weakened	Moderately weakened	Severely weakened	Completely paralyzed	DK
28. At the time of your physical best:							21
a. How weakened was your right hip, thigh and knee? Would you say — (Read all categories)?	a. 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
b. How weakened was your right calf, ankle and foot? (Would you say — (Read all categories)?)	b. 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
c. How weakened was your left hip, thigh and knee? (Would you say — (Read all categories)?)	c. 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
d. How weakened was your left calf, ankle and foot? (Would you say — (Read all categories)?)	d. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>	25
e. How weakened was your right shoulder, upper arm and elbow? (Would you say — (Read all categories)?)	e. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>	26
f. How weakened was your right forearm, wrist and hand? (Would you say — (Read all categories)?)	f. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>	27
g. How weakened was your left shoulder, upper arm and elbow? (Would you say — (Read all categories)?)	g. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>	28
h. How weakened is your left forearm, wrist and hand? (Would you say — (Read all categories)?)	h. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>	29
i. How weakened were your breathing muscles? (Would you say — (Read all categories)?)	i. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>	30
j. How weakened were your swallowing muscles? (Would you say — (Read all categories)?)	j. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>	31
k. How weakened were your face muscles? (Would you say — (Read all categories)?)	k. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>	32
l. How weakened were your back muscles? (Would you say — (Read all categories)?)	l. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>	33
m. How weakened were your stomach muscles? (Would you say — (Read all categories)?)	m. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>	34-36
29. About how much did you weigh during the time of your physical best?	_____ Pounds						
<i>Enter weight in whole pounds only.</i>	999 <input type="checkbox"/> DK						
Now I am going to ask some questions about the period AFTER your physical best.							37
30. At the present time, do you feel you are STILL at your physical best?	1 <input type="checkbox"/> Yes (Skip to 41 on page 15) 2 <input type="checkbox"/> No } (Go to 31 on page 11) 9 <input type="checkbox"/> DK }						
Notes							

POLIO SURVIVORS - Continued	
<p>31. Since the period when you were at your physical best have you experienced any DECREASE in your ability to carry out your routine activities of daily living such as working, housework, walking, driving, dressing, bathing, and so forth?</p> <p><i>If "Yes," ask: Would you say that your ability has decreased some or a lot?</i></p>	<p style="text-align: right;">38</p> <p>1 <input type="checkbox"/> Yes, decreased some 2 <input type="checkbox"/> Yes, decreased a lot 3 <input type="checkbox"/> No, no decrease 9 <input type="checkbox"/> DK</p>
<p>32. Since the time of your physical best, do you NOW weigh more, less, or about the same?</p>	<p style="text-align: right;">39</p> <p>1 <input type="checkbox"/> More } (Go to 33) 2 <input type="checkbox"/> Less } 3 <input type="checkbox"/> About the same } (Skip to 34) 9 <input type="checkbox"/> DK</p>
<p>33. How many pounds have you [gained/lost]?</p> <p><i>Enter gain or loss in whole pounds only.</i></p>	<p style="text-align: right;">40-42</p> <p>_____ Pounds</p> <p>999 <input type="checkbox"/> DK</p>
<p>34. Since the time of your physical best, have you had any severe injuries which have limited your ability to carry out your daily activities?</p>	<p style="text-align: right;">43</p> <p>1 <input type="checkbox"/> Yes (Go to 35) 2 <input type="checkbox"/> No } (Skip to 36) 9 <input type="checkbox"/> DK</p>
<p>35. What were the injuries and how old were you when they occurred?</p> <p>Any others?</p> <p><i>Enter age in whole years.</i></p> <p><i>Describe the injury, NOT the accident.</i></p> <p><i>(Example: Enter "Broken hip" not "fell")</i></p>	<p style="text-align: right;">44-45</p> <p><input type="text"/> <input type="text"/> Age 99 <input type="checkbox"/> DK age (Years)</p> <p>Injury <u> </u></p> <p>799 <input type="checkbox"/> DK injury</p>
	<p style="text-align: right;">46-48</p> <p><input type="text"/> <input type="text"/> Age 99 <input type="checkbox"/> DK age (Years)</p> <p>Injury <u> </u></p> <p>799 <input type="checkbox"/> DK injury</p>
	<p style="text-align: right;">49-50</p> <p><input type="text"/> <input type="text"/> Age 99 <input type="checkbox"/> DK age (Years)</p> <p>Injury <u> </u></p> <p>799 <input type="checkbox"/> DK injury</p>
	<p style="text-align: right;">51-53</p> <p><input type="text"/> <input type="text"/> Age 99 <input type="checkbox"/> DK age (Years)</p> <p>Injury <u> </u></p> <p>799 <input type="checkbox"/> DK injury</p>
	<p style="text-align: right;">54-55</p> <p><input type="text"/> <input type="text"/> Age 99 <input type="checkbox"/> DK age (Years)</p> <p>Injury <u> </u></p> <p>799 <input type="checkbox"/> DK injury</p>
	<p style="text-align: right;">56-58</p> <p><input type="text"/> <input type="text"/> Age 99 <input type="checkbox"/> DK age (Years)</p> <p>Injury <u> </u></p> <p>799 <input type="checkbox"/> DK injury</p>
<p style="text-align: right;">59-60</p> <p><input type="text"/> <input type="text"/> Age 99 <input type="checkbox"/> DK age (Years)</p> <p>Injury <u> </u></p> <p>799 <input type="checkbox"/> DK injury</p>	
<p style="text-align: right;">61-63</p> <p><input type="text"/> <input type="text"/> Age 99 <input type="checkbox"/> DK age (Years)</p> <p>Injury <u> </u></p> <p>799 <input type="checkbox"/> DK injury</p>	
<p>36. Compared with your physical best, has your ability to swallow solid food gotten better, gotten worse, or stayed about the same?</p>	<p style="text-align: right;">64</p> <p>1 <input type="checkbox"/> Gotten better 2 <input type="checkbox"/> Gotten worse 3 <input type="checkbox"/> Stayed about the same 9 <input type="checkbox"/> DK</p>

POLIO SURVIVORS - Continued

40c. Compared with your physical best, have you experienced any NEW muscle PAIN?

- 1 Yes (Go to 40d)
 2 No } (Skip to 40e)
 9 DK }

76

HAND CARD P6.

d. Which of the following muscles are involved?

Yes No DK

(1) Left arm or hand? (1) 1 2 9 77

(2) Right arm or hand? (2) 1 2 9 78

(3) Left leg or foot? (3) 1 2 9 79

(4) Right leg or foot? (4) 1 2 9 80

(5) Stomach, back or torso? (5) 1 2 9 81

(6) Neck or face? (6) 1 2 9 82

e. Compared with your physical best, have you experienced any NEW JOINT pains?

- 1 Yes (Go to 40f)
 2 No } (Skip to 40g)
 9 DK }

83

HAND CARD P7.

f. Which of the following joints are involved?

Yes No DK

(1) Left shoulder, elbow, or wrist? (1) 1 2 9 84

(2) Right shoulder, elbow, or wrist? (2) 1 2 9 85

(3) Left hip, knee, or ankle? (3) 1 2 9 86

(4) Right hip, knee, or ankle? (4) 1 2 9 87

(5) Neck or spine? (5) 1 2 9 88

Notes

POLIO SURVIVORS - Continued

40g. Compared with your physical best, have you noticed any change in the size of muscles FORMERLY WEAKENED by polio?

- 1 Yes (Go to 40h)
 - 2 No
 - 9 DK
- } (Skip to 41 on page 15)

89

h. Have the muscles increased or decreased in size?

Mark (X) only one.

- 1 Increased in size
- 2 Decreased in size
- 3 Some increased/some decreased
- 9 DK

90

HAND CARD P6.

i. Which of the following muscles are involved?

- (1) Left arm or hand?
- (2) Right arm or hand?
- (3) Left leg or foot?
- (4) Right leg or foot?
- (5) Stomach, back or torso?
- (6) Neck or face?

Yes No DK

- (1) 1 2 9
- (2) 1 2 9
- (3) 1 2 9
- (4) 1 2 9
- (5) 1 2 9
- (6) 1 2 9

91

92

93

94

95

96

Notes

POLIO SURVIVORS - Continued

HAND CARD P1.

The following questions deal with the PRESENT TIME that is, over the past few weeks.

41. At the present time,

a. How weakened is your right hip, thigh and knee? Would you say — (Read all categories)?

Not weakened	Mildly weakened	Moderately weakened	Severely weakened	Completely paralyzed	DK
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5

a. 1 2 3 4 5 9

6

b. How weakened is your right calf, ankle and foot? (Would you say — (Read all categories)?)

b. 1 2 3 4 5 9

7

c. How weakened is your left hip, thigh and knee? (Would you say — (Read all categories)?)

c. 1 2 3 4 5 9

8

d. How weakened is your left calf, ankle and foot? (Would you say — (Read all categories)?)

d. 1 2 3 4 5 9

9

e. How weakened is your right shoulder, upper arm and elbow? (Would you say — (Read all categories)?)

e. 1 2 3 4 5 9

10

f. How weakened is your right forearm, wrist and hand? (Would you say — (Read all categories)?)

f. 1 2 3 4 5 9

11

g. How weakened is your left shoulder, upper arm and elbow? (Would you say — (Read all categories)?)

g. 1 2 3 4 5 9

12

h. How weakened is your left forearm, wrist and hand? (Would you say — (Read all categories)?)

h. 1 2 3 4 5 9

13

i. How weakened are your breathing muscles? (Would you say — (Read all categories)?)

i. 1 2 3 4 5 9

14

j. How weakened are your swallowing muscles? (Would you say — (Read all categories)?)

j. 1 2 3 4 5 9

15

k. How weakened are your face muscles? (Would you say — (Read all categories)?)

k. 1 2 3 4 5 9

16

l. How weakened are your back muscles? (Would you say — (Read all categories)?)

l. 1 2 3 4 5 9

17

m. How weakened are your stomach muscles? (Would you say — (Read all categories)?)

m. 1 2 3 4 5 9

18

HAND CARD P8.

42. At the present time, what is the farthest you can walk WITHOUT using assistive devices and WITHOUT stopping? Would you say you — (Read all categories)

- 1 Cannot walk at all,
- 2 Can walk across a room,
- 3 Can walk up and down the street,
- 4 Can walk around the block, or
- 5 Can walk a mile or more?
- 9 DK

43. At the present time, how well can you climb stairs? Would you say you — (Read all categories)

- 1 Can climb stairs easily without using a railing,
- 2 Can climb stairs with a railing, or
- 3 Cannot climb stairs at all?
- 9 DK

19

POLIO SURVIVORS - Continued

44. Do you NOW use any of the following assistive devices?

Mark (X) an answer for each type of device.

Read list.

	Yes	No	DK	
a. A cane or canes?	a. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	20
b. A crutch or crutches?	b. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	21
c. Walker?	c. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	22
d. Wheel chair or electric cart?	d. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	23
e. Left leg brace?	e. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	24
f. Right leg brace?	f. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	25
g. Left arm splint or brace?	g. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	26
h. Left hand splint or brace?	h. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	27
i. Right arm splint or brace?	i. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	28
j. Right hand splint or brace?	j. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	29
k. Breathing aids?	k. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	30
l. Back brace or corset?	l. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	31
m. Special shoes, or shoe lifts?	m. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	32
n. Another type of device?	n. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	33

Specify _____

45. During the past few weeks, how easily did you tire while performing your usual daily activities? Would you say you — (Read all categories)

Mark (X) only one.

- 1 **Tire VERY easily during the day, requiring five or more rest periods in the day,**
- 2 **Tire easily during the day, requiring two to four rest periods,**
- 3 **Tire slowly and require one rest period a day, or**
- 4 **Tire only after strenuous exercise or before bedtime?**
- 9 **DK**

34

Notes

POLIO SURVIVORS - Continued

46. At present, do you feel your general health is improving, declining, or staying about the same?

- 1 Improving *(Skip to 50 on page 18)*
- 2 Declining *(Go to 47)*
- 3 About the same } *(Skip to 50 on page 18)*
- 9 DK

35

47. What do you think is the main cause of this decline?

Mark (X) only one.

- 1 Aging
- 2 Sedentary lifestyle
- 3 Return of old problems/conditions
- 4 New chronic conditions
- 5 Other new illness
- 6 Late effects of polio *(Go to 48)*
- 7 Other } *(Skip to 50 on page 18)*
- 9 DK

36

Mark (X) box "0" or ask.

HAND CARD P9. Read categories if telephone interview.

48. Which statement best describes how you feel about your physical condition?

- 0 Proxy *(Skip to 50 on page 18)*
- 1 I do not feel disabled
- 2 I feel disabled for the first time in my life
- 3 Now I feel like I have a second disability
- 4 None of the above
- 9 DK

37

49. To what extent do you feel that your earlier experience with polio has prepared you to deal with this decline? Would you say —
(Read all categories)

- 1 Not at all,
- 2 Somewhat, or
- 3 A lot?
- 9 DK

38

Notes

POLIO SURVIVORS - Continued

50. Now I want to ask some questions about other health problems.

Read each condition and mark (X) box. Then proceed to question 51.

Has a doctor ever told you that you had —

Ask for each condition marked "Yes" in 50.

51. Are you currently taking medication for your (condition)?

	50. Has a doctor ever told you that you had —			51. Are you currently taking medication for your (condition)?		
	Yes	No	DK	Yes	No	DK
			39			40
a. Diabetes? -----	a. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	a. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>
			41			42
b. Emphysema? -----	b. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	b. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>
			43			44
c. Chronic bronchitis? -----	c. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	c. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>
			45			46
d. Asthma? -----	d. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	d. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>
			47			48
e. Heart problems? -----	e. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	e. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>
			49			50
f. Circulation problems in your arms or legs? -----	f. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	f. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>
			51			52
g. Hypertension? -----	g. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	g. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>
			53			54
h. A stroke? -----	h. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	h. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>
			55			56
i. Stomach ulcers? -----	i. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	i. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>
			57			58
j. Gallbladder problems? -----	j. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	j. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>
			59			60
k. Urinary tract problems? -----	k. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	k. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>
			61			62
l. Kidney stones? -----	l. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	l. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>
			63			64
m. Arthritis? -----	m. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	m. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>
			65			66
n. Other joint problems? -----	n. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	n. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>
			67			68
o. Cancer or leukemia? -----	o. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	o. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>
			69			70
p. A nerve or muscle disorder other than polio? -----	p. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	p. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>
			71			72
q. A sleep disorder? -----	q. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	q. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>
			73			74
r. (Males only) Prostate problems? -----	r. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	r. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>

POLIO SURVIVORS - Continued

52. Has a doctor ever told you that you are suffering from post-polio syndrome?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	75
--	--	----

53. Post-polio syndrome is NEW weakness, NEW pain or NEW tiredness in people who previously had polio. Do YOU think you have post-polio syndrome?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	76
--	--	----

If proxy interview, skip to 56, otherwise, read the appropriate statement.

If personal visit, HAND CARD P10 and read: Please read the statements on this card.

If telephone interview, read: Now, I am going to read some statements.

	Not true	Somewhat true	Very true	DK
54. For each one, please tell me whether it is <u>not</u> true, <u>somewhat</u> true, or <u>very</u> true for you.				77
a. I've always felt that I could make of my life pretty much what I wanted to make of it. Is that not true, somewhat true, or very true for you?	a. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	9 <input type="checkbox"/>
b. Once I make up my mind to do something, I stay with it until the job is completely done. (Is that not true, somewhat true, or very true for you?)	b. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	9 <input type="checkbox"/>
c. I don't let my personal feelings get in the way of getting a job done. (Is that not true, somewhat true, or very true for you?)	c. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	9 <input type="checkbox"/>
d. It's important for me to be able to do things in the way I want to do them rather than in the way other people want me to do them. (Is that not true, somewhat true, or very true for you?)	d. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	9 <input type="checkbox"/>
e. Sometimes I feel that if anything is going to be done right, I have to do it myself. (Is that not true, somewhat true, or very true for you?)	e. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	9 <input type="checkbox"/>
f. I like doing things that other people thought could not be done. (Is that not true, somewhat true, or very true for you?)	f. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	9 <input type="checkbox"/>
g. I feel like I am the kind of person who stands for what she/he believes in, regardless of the consequences. (Is that not true, somewhat true, or very true for you?)	g. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	9 <input type="checkbox"/>
h. Hard work is the best possible way for a young person to get ahead in life. (Is that not true, somewhat true, or very true for you?)	h. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	9 <input type="checkbox"/>
i. People have made fun of me because of the physical effects of polio. (Is that not true, somewhat true, or very true for you?)	i. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	9 <input type="checkbox"/>
j. I have been discriminated against because of the physical effects of polio. (Is that not true, somewhat true, or very true for you?)	j. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	9 <input type="checkbox"/>

55. On a scale from 1 to 7, with 1 being VERY SATISFIED and 7 being VERY UNSATISFIED, how satisfied or unsatisfied are you with your life as a whole these days?	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/>	87
<i>Repeat if necessary. Mark (X) only one.</i>	Very satisfied → Very unsatisfied	

POLIO SURVIVORS - Continued

ITEM P3

Refer to other DFS questionnaires for this sample person.

- 1 Any DFS 1, 2, or 3 completed (Skip to 58a on page 21)
- 2 None completed (Go to Intro)

88

INTRO

The National Center for Health Statistics may wish to contact you again to obtain additional health related information.

ITEM P4

Refer to CP on label.

- 1 CP on label (Ask 56a)
- 2 No CP on label (Ask 56b)

89

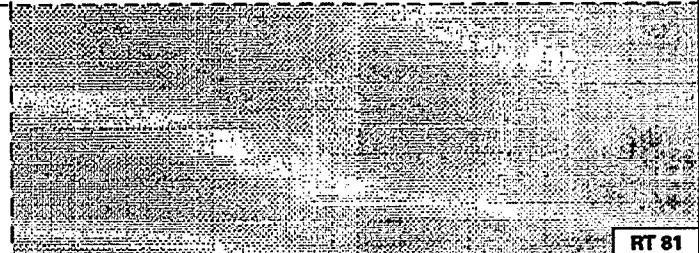
56a. The last time a Census Bureau interviewer talked to you or your family, we were told that (CP on label) will always know how to get in touch with you if we want to contact you again. Is (CP on label) still the best person to contact if we are unable to reach you?

- 1 Yes (Verify CP's address and phone number. If incorrect, enter correct information in 57 below)
- 2 No (Go to 56b)

90

b. The National Center for Health Statistics would like the name, address, and telephone number of a relative or friend who would know where you could be reached in case we need additional health information in the future but cannot reach you. Please give me the name of someone who is not currently living in the household.

(Record information in 57)



RT 81

57. Contact person current information

Last name	3-4 5-24	First name	25-39	Middle initial	40
Address (Number and street)					41-65
City	66-85	State	86-87	ZIP Code	88-96
Telephone:	Area code	97-99	Number	100-106	1 <input type="checkbox"/> None 7 <input type="checkbox"/> Refused 9 <input type="checkbox"/> DK
					107

Notes

POLIO SURVIVORS - Continued

READ: The last few questions deal with locating medical records.

5

58a. The physicians who designed this questionnaire have a special interest in post-polio syndrome and would like to review the past medical records of as many polio survivors as possible. Could we have your permission to get copies of your medical records?

- 1 Yes (Go to 58b)
- 2 No (END INTERVIEW)
- 9 DK (Go to 58b)

b. What is the name and address of the hospital to which you were first admitted when you got polio?

6

- 0 None (Go to 58c)
- 1 Name of hospital/facility

Address (Number and street)		
City/Town	State	ZIP Code

- 9 DK

c. What are the names and addresses of any other hospitals or medical facilities to which you were admitted for rehabilitation or surgery related to your illness?

7

- 0 None (Go to 59)
- 1 Name of hospital/facility

Address (Number and street)		
City/Town	State	ZIP Code

- 9 DK

- 0 None (Go to 59)
- 1 Name of hospital/facility

8

Address (Number and street)		
City/Town	State	ZIP Code

- 9 DK

59a. Are there additional persons, physicians, physical therapists, and so forth, who may have records of your polio illness?

9

- 1 Yes (Go to 59b on page 22)
- 2 No } (Skip to Item P5a on page 22)
- 9 DK }

POLIO SURVIVORS - Continued

59b. What are their names and addresses?

10

Any other?

- 0 None
- 1 Name

Address (Number and street)		
City/Town	State	ZIP Code
Telephone number	Area code ()	Number

11

- 0 None
- 1 Name

Address (Number and street)		
City/Town	State	ZIP Code
Telephone number	Area code ()	Number

12

- 0 None
- 1 Name

Address (Number and street)		
City/Town	State	ZIP Code
Telephone number	Area code ()	Number

13

ITEM P5a

Mode of interview

- 1 Telephone
- 2 Personal visit

14

ITEM P5b

Respondent status

- 1 Adult self response (Go to 60)
- 2 Adult - Proxy (END INTERVIEW)

15

60. So that we might obtain your records, will you sign a form consenting to the release of records relating to your polio illness? Your confidentiality will be carefully safeguarded and no personal information will be made available at any time.

- 1 Yes (Provide form on page 23 for signature. If telephone interview, mail page 23 to respondent for signature)
- 2 No (END INTERVIEW)

CARD O

ORIGIN

- 1. Puerto Rican
- 2. Cuban
- 3. Mexican/Mexicano
- 4. Mexican American
- 5. Chicano
- 6. Other Latin American
- 7. Other Spanish

CARD R

- 1. White
- 2. Black
- 3. Indian (American)
- 4. Eskimo
- 5. Aleut
- Asian or Pacific Islander (API)
- 6. Chinese
- 7. Filipino
- 8. Hawaiian
- 9. Korean
- 10. Vietnamese
- 11. Japanese
- 12. Asian Indian
- 13. Samoan
- 14. Guamanian
- 15. Other API (*Specify*)

CCT Agency Worksheet

CARD I

INCOME

- U ... \$20,000 - \$24,999
- V ... \$25,000 - \$29,999
- W ... \$30,000 - \$34,999
- X ... \$35,000 - \$39,999
- Y ... \$40,000 - \$44,999
- Z ... \$45,000 - \$49,999
- ZZ ... \$50,000 and over

CARD J

INCOME

- A.... Less than \$1,000 (including loss)
- B.... \$1,000 - \$1,999
- C.... \$2,000 - \$2,999
- D.... \$3,000 - \$3,999
- E.... \$4,000 - \$4,999
- F.... \$5,000 - \$5,999
- G.... \$6,000 - \$6,999
- H.... \$7,000 - \$7,999
- I.... \$8,000 - \$8,999
- J.... \$9,000 - \$9,999
- K.... \$10,000 - \$10,999
- L.... \$11,000 - \$11,999
- M.... \$12,000 - \$12,999
- N.... \$13,000 - \$13,999
- O.... \$14,000 - \$14,999
- P.... \$15,000 - \$15,999
- Q.... \$16,000 - \$16,999
- R.... \$17,000 - \$17,999
- S.... \$18,000 - \$18,999
- T.... \$19,000 - \$19,999

CCT Agency Worksheet

CARD DA1

1. A Cane
2. Crutches
3. A walker
4. Medically prescribed shoes
5. A manual wheelchair
6. An electric wheelchair
7. A scooter

CARD DC1

1. Bathing or showering
2. Dressing
3. Eating
4. Getting in and out of bed or chairs
5. Using the toilet, including getting to the toilet
6. Getting around inside your home

Card DA1
Card DC1

(Cut along broken lines)

CARD DC2

1. Preparing their own meals
2. Shopping for personal items, such as toilet items or medicines
3. Managing money, such as keeping track of expenses or paying bills
4. Using the telephone
5. Doing HEAVY work around the house like scrubbing floors, washing windows, doing heavy yard work
6. Doing LIGHT work around the house like doing dishes, straightening up, light cleaning, or taking out the trash

CARD DG1

0. Parent
1. Other relative who lives here
2. Other relative who does not live here
3. Non-relative who lives here
4. Friend / Neighbor
5. Unpaid volunteer from an organization or business
6. Paid employee of an organization or business
7. Paid employee of yours
8. Other

Card DC2
Card DG1

(Cut along broken lines)

CARD DG2

- 0. Parent**
- 1. Other relative who lives here**
- 2. Other relative who does not live here**
- 3. Private insurance**
- 4. Rehabilitation program**
- 5. Medicaid**
- 6. Public school system**
- 7. Other public source**
- 8. Other private source**
- 9. Other**

CARD DH1

- 1. Under 4 months**
- 2. 4-8 months**
- 3. 9-15 months**
- 4. 16-29 months**
- 5. 30-59 months**

Card DG2
Card DH1

(For Along Student Only)

CARD DJ1

- 1. Not old enough yet**
- 2. Illness**
- 3. Receiving home teaching by parents or others**
- 4. Permanently expelled / suspended from school**
- 5. Quit school to get a job**
- 6. Quit school for other reason**
- 7. Graduated**
- 8. Other**

CARD DJ2

- A. Understanding instructional materials**
- B. Paying attention in class**
- C. Following rules or controlling his/her behavior**
- D. Communicating with teachers and other students**

Card DJ1
Card DJ2

(For Along Student Only)

CARD FC2

1. Job layoff / loss / unemployment
2. Wasn't offered by employer
3. Not eligible because part time worker
4. Family coverage not offered by employer
5. Benefits from former employer ran out
6. Can't obtain because of poor health, illness, or age
7. Too expensive / Can't afford
8. Dissatisfied with previous insurance
9. Don't believe in insurance
10. Have usually been healthy, haven't needed insurance
11. Covered by some other plan
12. Too old for coverage under family plans
13. Free / inexpensive source of care readily available
98. Other reason (Specify)

CARD FC3

1. Lost job or changed employers
2. Spouse / parent lost job or changed employers
3. Death of spouse or parent
4. Became divorced or separated
5. Became ineligible because of age
6. Employer stopped offering coverage
7. Cut back to part time
8. Benefits from employer / former employer ran out
98. Other (Specify)

Card FC2
Card FC3

(Cut along broken line)

CARD FC4

1. Zero
2. Less than \$500
3. \$ 500 - \$1,999
4. \$2,000 - \$2,999
5. \$3,000 - \$4,999
6. \$5,000 or more

CARD FD1

1. 1 - 9 employees
2. 10 - 24 employees
3. 25 - 49 employees
4. 50 - 99 employees
5. 100 - 499 employees
6. 500 - 999 employees
7. 1000 or more employees

Card FC4
Card FD1

(Cut along broken line)

CARD FD2

- 1. \$ 25 - \$ 99
- 2. \$ 100 - \$ 499
- 3. \$ 500 - \$ 999
- 4. \$1,000 - \$4,999
- 5. \$5,000 or more

CARD FD3

- 1. Less than \$ 2,000
- 2. \$ 2,000 - \$ 4,999
- 3. \$ 5,000 - \$ 9,999
- 4. \$10,000 - \$19,999
- 5. \$20,000 - \$49,999
- 6. \$50,000 - \$99,999
- 7. \$100,000 or more

Card FD2
Card FD3

(Cut along broken lines)

CARD FD4

- 1. Less than \$25,000
- 2. \$ 25,000 - \$ 49,999
- 3. \$ 50,000 - \$ 99,999
- 4. \$100,000 - \$199,999
- 5. \$200,000 - \$299,999
- 6. \$300,000 - \$499,999
- 7. \$500,000 or more

CARD FD5

- 1. Less than \$500
- 2. \$ 500 - \$ 999
- 3. \$1,000 - \$1,999
- 4. \$2,000 or more

Card FD4
Card FD5

(Cut along broken lines)

CARD YB1

1. **Joined a weight loss program**
2. **Eating fewer calories**
3. **Eating special products such as canned or powdered food supplements**
4. **Exercising more**
5. **Eating less fat**
6. **Skipping meals**
7. **Taking diet pills**
8. **Taking laxatives**
9. **Taking water pills or diuretics**
10. **Vomiting**
11. **Fasting for 24 hours or longer**
98. **Something else (Specify)**

CARD A1

1. **Very likely**
2. **Somewhat likely**
3. **Somewhat unlikely**
4. **Very unlikely**
5. **Definitely not possible**

Card YB1
Card A1

(Cut along dashed line)

CARD A2

1. **A church or other religious organization**
2. **A family planning clinic or STD clinic**
3. **A hospital, HMO clinic or other health facility**
4. **A school**
5. **A social or civic club**
6. **Your workplace**
7. **Some other place (Specify)**
8. **Attended no programs**

CARD A3

1. **Just to find out / Worried that you were infected**
2. **Because a doctor asked you to**
3. **Because the Health Dept. asked you to**
4. **Because a sex partner asked you to**
5. **For hospitalization or a surgical procedure**
6. **To apply for health or life insurance**
7. **To comply with guidelines for health workers**
8. **To apply for a new job**
9. **For military induction, separation or during military service**
10. **For immigration**
11. **For some other reason (Please specify)**

Card A2
Card A3

(Cut along dashed line)

CARD A4

1. How AIDS is transmitted
2. How to prevent transmission
3. The correct use of condoms
4. Needle cleaning / using clean needles
5. Dangers of needle sharing
6. Abstinence from sex
7. Contraception
8. Safe sex practices
9. Other *(Please specify)*

CARD A5

1. Because you want to find out if you are infected
2. It will be part of hospitalization or surgery you expect to have
3. Because you expect to apply for life or health insurance
4. Because you expect to apply for a job
5. Because you expect to join the military
6. Because of guidelines for health care workers
7. Because it will be a required part of some other activity that includes automatic AIDS testing
8. Because it is required in your non-health care employment
9. Because you plan to have / begin a sexual relationship
10. Some other reason *(Please specify)*

Card A4
Card A5

(Cut along broken line)

CARD A6

- a. You have hemophilia and have received clotting factor concentrations.
- b. You are a man who has had sex with another man at some time since 1980, even one time.
- c. You have taken street drugs by needle at any time since 1980.
- d. You have traded sex for money or drugs at any time since 1980.
- e. Since 1980, you are or have been the sex partner of any person who would answer "Yes" to any of the items above on this card.

CARD A7

1. Breathing the air around a person who is sick with TB
2. Through food and water
3. By sexual intercourse
4. It is inherited from parents
5. From mosquito or other insect bites
6. Other *(Specify)*

Card A6
Card A7

(Cut along broken line)

CARD A8

- 0. Diaphragm**
- 1. Condom (rubber)**
- 2. IUD (loop, coil)**
- 3. Rhythm (safe period by calendar)**
- 4. Foam**
- 5. Pill**
- 6. Withdrawal (pulling out)**

HE 94 LECTURE 10 12 94

Page 44

Vital and Health Statistics series descriptions

- SERIES 1. Programs and Collection Procedures**—These reports describe the data collection programs of the National Center for Health Statistics. They include descriptions of the methods used to collect and process the data, definitions, and other material necessary for understanding the data.
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For answers to questions about this report or for a list of reports published in these series, contact:

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