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Plan and Operation of the HANES I Augmentation Survey of Adults 25-74 Years

United States, **1974-1975**

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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 participated in the design and selection of the sample and carried out the household interview stage of the data collection and certain parts of the statistical processing.

The Center for Disease Control acted as laboratory consultants and performed a series of biochemical, hematological, and serological assessments on blood speciments of persons participating in the survey.

The U.S. Environmental Protection Agency supervised the chemical analyses of the water samples collected at each household.

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SYMBOLS

Data not available	- - -
Category not applicable	. . .
Quantity zero	-
Quantity more than 0 but less than 0.05	0.0
Figure does not meet standards of reliability or precision	*

PLAN AND OPERATION OF THE HANES I AUGMENTATION SURVEY OF ADULTS 25-74 YEARS

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INTRODUCTION

In the Health Examination Survey (HES), a major program of the National Center for Health Statistics (NCHS), data are collected by direct physical examination, tests, and measurements performed on the sample population studied. The National Health Survey was authorized under the National Health Survey Act of 1956 by the 84th Congress to be a continuous public health service activity to monitor the health status of the American population. Information has been obtained on the prevalence of certain medically defined illnesses and the distribution of a variety of physical, physiological, and psychological measurements. The Survey provides this information for the U.S. civilian noninstitutionalized population and simultaneously provides the demographic and socioeconomic data necessary for analysis. In recent years, procedures to measure either directly or indirectly the impact of the environment on individuals and to delineate met and unmet health care needs have been employed in the Survey.

The first three national surveys conducted between 1959 and 1970 had specific age groupings as their target populations. These were adults ages 18-79 years, children ages 6-11, and youths ages 12-17.[1-3] The fourth survey program, the first Health and Nutrition Examination Survey (HANES I) was conducted between April 1971 and June 1974 on a probability sample of the U.S. noninstitutionalized civilian population, ages 1-74. An extensive nutrition examination and special examinations by ophthalmologists, dermatologists, and dentists were given to every sample person who was examined. Additional examination components focused on other aspects of health were administered to a subsample of adults (25-74 years), about one-fifth of all the examinees. These additional components were designated as the "detailed" components, in contrast with the somewhat simpler nutrition examinations.

A reduction in the magnitude of resources available for conducting the field operation made it necessary to cut back the number of field teams from three to two in January 1973. It had originally been anticipated that the detailed components would be continued into a second HANES program. Due to the reduction in field teams, HANES I required 3 years instead of 2. In order to speed up the availability of the data from detailed components, it was decided to devote the 15-month period, July 1974 through September 1975, to approximately double the number of people examined for the detailed health component. The larger sample size would facilitate analysis of the examination findings by smaller demographic groupings. In addition, the prolonged period of data collection would also provide more time for planning the design of the next projected Health and Nutrition Examination Survey (HANES II) so as to take greater advantage of information and experience gained from HANES I. This 15-month operation was referred to as the "Augmentation Survey" for the detailed component.

For the 15-month augmentation phase of the detailed component of HANES I, a number of changes were made in both the content of the examination and the sample design. The operation of the survey proceeded in roughly the same manner as it did in the first part of HANES I. The purpose of this report is to supplement the program description of HANES I[4] by describing the modifications in procedures, program content, sampling, and other data collection activities that were made for the augmentation phase of HANES I. Stand sequencing, scheduling, professional and public relations, logistical arrangements, household interviewing, appointment procedures, quality control, examination procedures, and the composition of the field staff are described in the HANES I program report. Most of the components of the detailed examination were continued with little or no modification. For a detailed discussion of the components in the following listing, reference to the HANES I program description[4] is advised. A description of the nutrition and special examinations given in HANES I and copies of the forms used in HANES I are also included. Copies of the forms used in the HANES I Augmentation Survey are found in appendix III of this report. Detailed instructions and procedures used in HANES I and the HANES I Augmentation Survey are described in the staff instruction manuals, which are available upon request.[5-7]

Components of the HANES I Detailed Examination Survey that were continued in the HANES I Augmentation Survey include:

1. A physician's examination.
2. Spirometry.
3. Single-breath carbon monoxide test for pulmonary diffusion.
4. A 12-lead electrocardiogram (ECG).
5. Pure-tone audiometry at 500, 1,000, 2,000, and 4,000 cycles.
6. Anthropometric measurements.
7. Medical History, General Medical History Supplement, Health Care Needs, Arthritis, Respiratory, and Cardiovascular questionnaires.
8. A schedule for measuring psychological well-being.
9. Hand-wrist X-rays processed for bone density and cortical thickness and hip and knee X-rays assessed for the presence of arthritis.
10. Laboratory tests--Serum: Measurements of SCOT, alkaline phosphatase, bilirubin, uric acid, folates, cholesterol, calcium, phosphorus, and serology tests for measles, German measles, polio, tetanus, diphtheria, and amebiasis were performed. Whole ***blood:*** Hematocrit, hemoglobin, red and white cell counts, and white cell differential count were continued. Hemoglobinopathy screening that was instituted during the conduct of HANES I was also continued in the Augmentation Survey.

NEW PROCEDURES

Hearing Test for Speech

The purpose of this test was to provide a measure of the ability of the U.S. population to hear and understand conversational speech.

Recommendations for the addition of the test came from a number of speech and hearing authorities who attended an advisory meeting at NCHS. These included Hallowell Davis, Central Institute for the Deaf; Leo Doeffler, Stanley Zerling, and Ralph Nauton, University of Chicago; and Eldon Eagles, Associate Director for the National Institute of Neurological and Communicative Disorders and Stroke, National Institutes of Health.

The stimuli used in the test consisted of the revised Central Institute for the Deaf Sentences supplied by Dr. Davis. The material was developed by a working group of the Committee on Hearing and Bioacoustics of the National Research Council. The following criteria were followed in developing 10 lists of 10 sentences each:

Vocabulary appropriate to adults.

Words that appear with high frequency as cited in one or more of the well-known word counts of the English language.

Exclusion of proper names and proper nouns.

Free use of common nonslang idioms and constructions.

Avoidance of phonetic loading and tongue twisting.

High redundancy.

Low level of abstraction.

Grammatical construction that varies freely.

The sentences in each list contained 50 keywords (appendix III, forms Q and R). The keywords are shown in capital letters in each of the sentences. The recordings of the sentences made under contract at the University of Maryland by Dr. G. Donald Causey were examined at the National Bureau of Standards and judged to be of excellent technical quality.

In the test format, the initial list of sentences was presented at a level 10-15 decibels (dB) below the 100-cycle pure-tone threshold unless that threshold was 25 dB or lower. In that case, testing always began at the 20-dB level. Depending on the results of the initial presentation, the next list was presented at either 10 dB higher or 10 dB lower. The end-point for terminating the test was the correct identification of 90 percent of the keywords in a particular list. A different list was presented at each 10-dB level within the range of 20 dB to 80 dB, as determined by the degree of hearing loss.

Vision Testing

The inclusion of visual acuity tests in the HANES I Augmentation Survey was for the purpose of comparing objective tests of visual disability with a series of questions designed for the same purpose. The near-vision test used in the examination was designed to measure one's ability to read printed selections. Keeney and Sloan cards had different style typefaces and different reading selections. Using both Keeney and Sloan cards together provided a wide range of type sizes for testing near-vision acuity. An adaptation of the test provided some information on near vision for illiterate persons.

Distance visual acuity was measured in previous examination programs by using devices that simulated the recommended 20-foot distance—by optical methods such as the use of mirrors. Since some inaccuracies are introduced by the use of distance simulation devices, it was decided to use Good-lite charts at an actual 20-foot distance. Carefully controlled direct and background lighting was used to ensure accuracy. Both binocular and monocular distance vision were tested.

Water Sample Collaborative Study (HANES-National Institutes of Health-Environmental Protection Agency)

This study was undertaken to evaluate the possible relationships among bulk constituents, hardness, and trace metals in household tapwater with certain risk factors of cardiovascular disease. Water samples were collected from taps or wells and from public water distribution supplies. The samples are being analyzed by the Environmental Protection Agency to measure their hardness, alkalinity, and the total amount of solute present. They are also being tested for the presence and concentration of sizable numbers of trace minerals. In addition to the water sample collection, a questionnaire (appendix III, form C) was administered to the sample persons detailing personal consumption of water and the source of the water supplied to the household. The water pipes under the sink were examined to determine their composition.

Additional Questionnaire Material

During the Health Interview Survey (HIS), conducted annually by NCHS, approximately 40,000 households are interviewed to obtain a wide variety of health information. Sets of questions on vision and hearing developed for HIS were included in the HANES exam. This would enable HIS to provide a better basis for interpretation of the relationship of a person's answers to questionnaires in these fields to clinical findings. In short, the questionnaire items provide a scaled index of impairment for hearing, distance visual acuity, and reading ability (appendix III, form B).

A portion of the 1975 HIS schedule on hypertension was included so that it could be correlated with the clinical data obtained in the HANES I Augmentation Survey. A final addition

was a 20-question depression scale that the National Institute of Mental Health recommended to be included. This scale had been used in two large community studies. Since depression is an exceedingly common and important condition for study, the epidemiological relationship of it to various other health factors is of considerable interest.

Additional Laboratory Procedures

Because of continuous interest in monitoring the prevalence of venereal disease in the U.S. population, serological tests for syphilis were added to the survey. These tests, performed at the Center for Disease Control consisted of the ART, VDRL, and FTA. Another study subject was hemoglobinopathies. Tests for hemoglobinopathies were actually begun on a special pilot basis at the 37th location of HANES I. Although considerable information is available from local studies, interest was shown in developing estimates for the U.S. population. The laboratory procedure performed involved the phenotyping of red cells. On the SMA 12/60, the additional determinations of blood urea nitrogen (BUN), creatinine, sodium, and potassium were done. The BUN and serum creatinine levels served as indicators of kidney impairment in the population.

SAMPLE DESIGN

The sample design for the HANES I Augmentation Survey of Adults had two basic requirements: The sample of persons selected for examination in locations 66-100 would constitute a national probability sample of the target population and, when considered jointly with those receiving the detailed examination in HANES I locations 1-65, the sample would be a 100-PSU (primary sampling unit), national probability sample. All 100 of the HANES sample locations are listed in appendix II by geographic region and probability design. As indicated in appendix II, 10 of the PSU's were included in both the Augmentation Survey sample and in the initial 65-PSU design, so that actually there were only 90 distinct sample PSU's. The sample design specifications, selection procedures, and data collection procedures for the first 65 PSU's are described elsewhere.[4] Definitions relating to the sample design and selection of locations remained constant throughout the 100 survey locations.

The HANES I Augmentation Survey sample was designed to meet the following goals:

1. To examine a national probability sample of adults 25-74 years of age which represents the civilian noninstitutionalized population of the contiguous United States, excluding those living on lands set aside for use by American Indians.
2. To complete the survey of approximately 4,300 sample persons in a 12- to 15-month period.
3. To sample the target population in proportion to its representation in the population-with no oversampling of special groups.
4. To produce two kinds of estimates from the survey: (a) distributions of the population by specified characteristics such as blood pressure and selected biochemical determinations; and (b) prevalence in the population of selected chronic conditions, particularly arthritic, respiratory, and cardiovascular conditions.
5. To set maximum tolerances for variability for these key statistics permitting a general analysis by broad geographic regions and by other major demographic subgroups such as income, race, age, and sex.

Selection of Primary Sampling Units

The program description of HANES I[4] describes the contiguous United States as divided into 1,900 geographic areas or PSU's. These 1,900 PSU's were collapsed into 357 strata for HIS and collapsed again into 40 superstrata for HANES. Of these 40 superstrata, 15 are composed of only 1 very large metropolitan area of more than 2 million people and were drawn into the HANES 65-PSU design with certainty. However, in the Augmentation Survey only five of

them were drawn into the sample with certainty :

Essex, Morris, Union, Somerset, Hudson, Middlesex, N. J.

Essex, Middlesex, Norfolk, Plymouth, Suffolk, Mass.

Allegheny, Beaver, Washington, Westmoreland, Pa.

Macomb, Oakland, Wayne, Mich.

Alameda, Contra-Costa, San Mateo, San Francisco, Solano, Calif.

The other 10 superstrata that were drawn into the 65-PSU design with certainty were collapsed into 5 groups of two each, only 1 of which was chosen for the Augmentation Survey with a probability of 0.5:

Nassau, Queens, Suffolk, N.Y.

Bronx, N.Y.

Bucks, Chester, Delaware, Montgomery, Philadelphia, Pa.

Lake, Porter, Cook, Will, Kane, Ill.

Orange, Los Angeles, Calif.

However, when these five locations are considered as part of the 100-PSU design they are selected with certainty.

In each of the 25 remaining noncertainty strata, defined as they were for the HANES I 65-PSU design," a selection of a PSU was made with probability proportional to size in a controlled selection procedure, independent of its selection status in the 65-PSU design. Only two PSU's in the noncertainty strata were included in both surveys:

St. Bernard, Jefferson, Orleans, La.

Hancock, Hamblen, Hawkins, Claiborne, Tenn.

Sample Selection Within Primary Sampling Units

Within PSU's, using 1970 census data, enumeration districts (ED's) were divided into segments of an expected eight housing units each. In urban areas where listing units were well defined in 1970, this division was quite accurate, since the sampling frame was comprised of listings that resulted from the 19 70 census. For ED's not covered by the listing books, area sampling was employed, and consequently, some variation in segment size occurred. To make the sample representative of the current population of the United States, the listed segments were supplemented by a sample of housing units that had been constructed since 1970. Then a systematic sample of segments in each PSU was selected. Randomly selected reserve segments were drawn to provide a minimum of 105 sample persons per PSU.

After the sample segments had been identified, a list of all current addresses within the segment boundaries was made, and the household interviews were conducted to determine the age of each household member, as well as to obtain other demographic and socioeconomic information required for the survey. After listing the household members according to specified rules of relationship to the head of the household, those 25-74 years of age were then added to the appropriate Sample Person Selection Sheet (figure 1) from which one of every two eligible persons was selected for participation in the survey. The sheet illustrates one of two possible sampling patterns with selection of the first listed person in the segment, third, and so forth. The patterns were randomly assigned to segments in order to effectively remove sampling bias from the selection process. The census interviewer proceeded to arrange an examination appointment for all sample persons who indicated a willingness to be examined.

Logistical arrangements, household interviewing procedures, appointment and transportation procedures, and general mobile examination center procedures are described elsewhere.4

DATA COLLECTION

Census interviewers replaced Health Examination Representatives in administering most of the material in the medical history forms as a part of the initial household interview phase of the survey. Because of this change in interviewers, the task of asking certain "sensitive" questions (e.g., those relating to kidney and

FORM HES-28A (Cycle IV)
(5-13-74)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

SAMPLE PERSON SELECTION SHEET
HEALTH EXAMINATION SURVEY

a. HES Stand Name	b. HES Stand Number
c. Interviewer's Name	

Part I – SAMPLE PERSON SELECTION

Line No. (1)	HH EP's Line No. (2)	Serial No. (3)	Segment No. (4)	Line No. (1)	HH EP's Line No. (2)	Serial No. (3)	Segment No. (4)	Line No. (1)	HH EP's Line No. (2)	Serial No. (3)	Segment No. (4)
1				15				29			
2				16				30			
3				17				31			
4				18				32			
5				19				33			
6				20				34			
7				21				35			
8				22				36			
9				23				37			
10				24				38			
11				25				39			
12				26				40			
13				27				41			
14				28				42			

Part II – CALL BACK HOUSEHOLDS *(Cross off when household is interviewed)*

Segment No. (1)	Serial No. (2)	EP's (Est.) (3)	Segment No. (1)	Serial No. (2)	EP's (Est.) (3)	Segment No. (1)	Serial No. (2)	E P's (Est.) (3)	Remarks

Figure 1. Sample Person Selection Sheet

bowel function) was given to the examining physician. There were also small modifications in the mobile units, such as the installation of 'special lighting and recording equipment. In place of scheduling 10 examinees (2 for the detailed and 8 for the nutrition exams scheduled for each of the 2 daily sessions of HANES I), 6 examinees, all for the detailed, were scheduled for each session. The average number of examinees scheduled at each location in the Augmentation Survey was 120. The lengths of time spent in different locations were roughly equal, in contrast to HANES I in which some locations had a much larger sample size than others and so required a longer stay. Because of the dropping of the dental, dermatological, and ophthalmological exams, none of the personnel responsible for these parts of the exam was present in the detailed Augmentation Survey. Nutritionists were also not needed, since the Augmentation Survey did not include a dietary history.

Quality control measures were in general similar to those outlined in ***Plan and Operation of the Health and Nutrition Examination Survey,*** Series 1, No. 10a.[4] Some additional procedures had been worked out during HANES I and were applied in the detailed exam for the Augmentation Survey sample as follows:

1. ***X-ray technique:*** Chest X-ray films were reviewed by a supervisory technician who furnished a checklist of particular errors of technique (figure 2). These were used for further instruction of the technicians. The hip and knee X-rays were graded for quality by one of the expert readers at the same time the film was being examined for pathology. In addition, listings of errors in technique in hip and knee films and in the hand-wrist X-ray films were also provided by the respective contractors on a regular

POSTERIOR-ANTERIOR CHEST FILM																
Stand ______ / Sample number	Date	Tech number	Apices not shown or cut off	Costophrenic angles not shown or cut off	Rotation of examinee	Exposure not on full inspir. (no 10 ribs)	Underexposed	Overexposed	Movement or breathing	Artifacts	Marker not shown or number incorrect	2 films taken	3 films taken	WORKSHEET A	For Chief Health Technician COMMENTS	Technician signature
1																
2																
3																
4																
5																
6																
7																
8																
9																
10																
11																
12																
13																
14																
15																
16																
17																
18																

Figure 2. Quality control review form

basis. Field evaluations of the X-ray units included checking the horizontal accuracy of the X-ray beams at the beginning of a stand and using metal wedges and bone phantoms for checking the calibration of the X-ray machines for the hand and wrist bone density determinations.

2. *Spirometry:* The spirometry output was monitored on an oscilloscope. Based on morphology and reproducibility of the forced expiration trials, various corrective actions were undertaken by the technician. About 4 months after the continuation exams began, the acquisition of two-channel Gould Records provided the means of ensuring a more accurate check on the quality of the recordings.

3. ***Carbon monoxide (CO) diffusion test:*** The tracings from the test were reviewed to determine whether the trials were acceptable. The trials were reviewed for such items as inspiration time, breath-holding time, inspired volume/vital capacity ratio, minimum dead space washout, minimum volume of gas collected, presence of inhalation artifacts.

4. ***ECG tracings:*** These tracings were checked for "noise," correct lead placement, machine problems, calibration standards, and baseline shift in the field, and also on a spot basis at headquarters.

5. ***Body measurements:*** Body measurements were replicated as in the first 65 locations of HANES I. In addition, a random assignment of examinees to technicians within a field team was coupled with computer monitoring to compare results among technicians for bodv measurements.

6. ***Audiometry:*** The random assignment of examinees to technicians and the monitoring of technician differences were also used to compare pure-tone audiometry results. In addition, the results of the speech test were reviewed at headquarters for each stand on a regular basis and compared with the results of the pure-tone audiometry.

7. ***Leg length measurements:*** This X-ray determination was part of the arthritis exam. In order to ensure the accuracy of leg length determinations by X-ray, a metal stand on which the examinee stood was verified as level every day by means of two spirit levels. A computer program was used for monitoring this by comparing left and right leg measurements for each stand.

8. ***General Well-Being Schedule:*** Each copy of the General Well-Being (GWB) questionnaire was reviewed at headquarters. In addition, every form was checked in the field, and an examiner's observation sheet was filled out giving reasons for not obtaining a full, acceptable GWB. Also included was the interviewer's impression of the degree of comprehension of the interviewee in filling out the GWB.

9. ***Laboratory procedures:*** Generally, a 10-percent nonrandom sample of blind duplicates was selected for all blood chemistries and serologies. The single exception was the T_3 T_4 determinations for which the lo-percent sample of blind duplicates was chosen in a random fashion. (The nonrandom selection was from the first batch of blood specimens in the first daily session.) The quality control procedures in hematology included the use of Coulter controls. Control results were plotted daily. Blood indices were calculated and used in quality control.

The data collection of the Augmentation Survey was completed in September 1975 with medical histories and household information completed on 94 percent of the 4,288 sample persons; 71 percent of sample persons were examined.

The nonexamined sample persons are of major concern in interpreting the results of the survey. The potential biasing effects of excluding information for nonexamined sample persons are evaluated in the development of each

report, and the findings are presented in published reports. In the development of national estimates, imputation procedures to estimate missing data are selected to minimize potential bias in the final results. Imputation procedures used on the data are presented in substantive reports to inform the user of the amount of missing data for which estimated values were substituted and how the values were estimated.

PLANS FOR ANALYSIS AND PUBLICATION OF DATA

Analytical and descriptive reports published by NCHS on HANES findings are usually written by the analytical staff of the Division of Health Examination Statistics, often in collaboration with experts in particular fields.

Before the data are ready for analysis, several preliminary steps must be taken. In some cases, such as reading X-rays, further processing of a data unit is necessary. Data must then be reduced to machine-readable form. A considerable amount of time is usually spent editing data to detect errors in data collection and preparation. For example, examination of cholesterol data in HANES I revealed a large number of greatly elevated cholesterol values in one location. An extra serum vial for these persons was used to repeat the tests; the original values were found to be erroneous, and the repeated tests values were used instead. Editing may also involve comparison of results for variables that are highly correlated, such as body measurements or hematocrit-hemoglobin determinations.

Because of the large amount of data available, it is to be expected that everything cannot be analyzed and published very soon after the end of the survey. Priorities for analyses are governed by such factors as the importance of the data, the necessity of timeliness of publication of particular data, the degree of interest of different groups in the data, and the relative difficulties involved in editing data. Some reports involving the relationships of several data items will require processing of all the involved items before analysis. Most of them should be published in the 5 years following completion of the survey. As in other HES cycles, a set of cornputer tapes containing the edited data is being prepared for the use of investigators at organizations other than NCHS, for example, universities and other Government agencies. In general, NCHS publishes the results in the Vital and Health Statistics Series 2 and 11 reports. To a lesser extent, information is made available in journal articles and in papers presented at professional meetings.

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APPENDIX I

TECHNICAL NOTES ON THE SAMPLE DESIGN

Definition of Terms

Standard **metropolitan statistical area** (SMSA).-An SMSA consists of a county or group of contiguous counties (except in New England) which contains at least one central city of 50,000 people or more, or "twin cities" with a combined population of at least 50,000 population. In addition, other contiguous counties are included in an SMSA if, according to certain criteria, they are socially and economically integrated with the central city. Definitions of SMSA's which identify the composition and structure of each appear in a U.S. Bureau of the Census publication.[8]

Geographic regions.-For purposes of HES, the 48 contiguous States and the District of Columbia are divided into 4 regions of about the same population size, shown in table I.

Controlled selection.-This term refers to a scheme that permits some element of subjective determination in obtaining a "better balanced" or "more representative" sample, while retaining all the elements of true probability sampling. The procedure is described in a number of publications.[9,10] The control variables used for this sample design are "State groups" and "rate of population change" and are defined as follows:

> Separate groups were formed within geographic regions, as shown in table I. To form the State groups, the HIS design strata were classified as belonging to the State in which the HIS sample PSU was located. If a sample PSU was within two States, it was put in the State with the greater proportion of the population.

NOTE: A list of references follows the text.

Table I. State groups by geographic region

Region	State group number	States in group
Northeast..........	1	New York
	2	Pennsylvania and New Jersey
	3	Maine, New Hampshire, Vermont, Massachusetts, Connecticut, and Rhode Island
Midwest............	1	Ohio
	2	Michigan
	3	Indiana and Illinois
	4	Missouri
	5	Kansas, Nebraska, Iowa, and North Dakota
	6	Wisconsin and Minnesota
South................	1	Maryland, Delaware, and District of Columbia
	2	Virginia and West Virginia
	3	Kentucky and Tennessee
	4	North Carolina and South Carolina
	5	Georgia
	6	Alabama and Mississippi
	7	Florida
	8	Arkansas, Louisiana, and Texas
West..................	1	California and Nevada
	2	Texas
	3	Washington, Oregon, Idaho, and Montana
	4	Oklahoma, Arkansas, and Louisiana
	5	Wyoming, Utah, Colorado, New Mexico, and Arizona
	6	North Dakota, South Dakota, Nebraska, Kansas, Minnesota, and Missouri

Rate of population change. -Groups were defined differently for each region as indicated in table II. In the Northeast Region, for example, PSU's with less than a S-percent increase in population between 1950 and 1960 were classified in group 1, while this class in the Midwest

Table 11. Ranges for rate-of-population-change control groups by geographic region, 1950-60

Rate-of-population-change group number	Region			
	Northeast	Midwest	South	West
	Percent population change, 1950-60			
1	3 and under	0 and under	–10 and under	–5 and under
2	5-11	1-15	–9-0	–2-0
3	12-23	16-23	1-8	4-21
4	25-58	24-30	9-16	24-39
5		34-81	19-26	40-59
6			27-36	73-167
7			37-47	
8		-	50-301	

Region included only those PSU's with a loss or with no gain in population.

Population density groups. -In general, this term refers to the proportion of the population that lives in urban areas. The density groups are defined somewhat differently for each geographic region.[4] For the very large SMSA's, except those in the South Region, the criterion for inclusion was population size; these SMSA's were chosen for the sample with certainty. In the South Region, the largest SMSA's were defined in the same way as "other large SMSA's," but were put in a different stratum for sampling puposes.

APPENDIX II

SAMPLE LOCATIONS OF THE HEALTH AND NUTRITION EXAMINATION SURVEY OF ADULTS, BY REGION, COUNTY, STATE, AND PROBABILITY DESIGN

Region, county,[1] and State	Probability design		
	1-35	1-65	66400
Northeast			
Essex, Morris, Union, Somerset, Hudson, Middlesex, N.J.	X	X	X
Nassau, Queens, Suffolk, N.Y.	X	X	X
Bronx, N.Y.	X	X	X
Kings, Richmond, N.Y.		X	
Westchester, Rockland, N.Y.: Bergen, Passaic, N.J.		X	
Bucks, Chester, Delaware, Montgomery, Philadelphia, Pa.	X	X	X
Philadelphia, Pa: Camden, Gloucester, Burlington, N.J.		X	
Essex, Middlesex, Norfolk, Plymouth, Suffolk, Mass.	X	X	X
Allegheny, Beaver, Washington, Westmoreland, Pa.	X	X	X
Albany, Schenectady, Rensselaer, Saratoga, N.Y.	X	X	
Lackawanna, Pa.		X	
Holyoke, Chicopee, Springfield, Mass.	X	X	
Bristol, Newport, Providence, Kent, Washington, R.I.		X	
Hartford, Tolland, Conn.	X	X	
Chemung, Tioga, Tompkins, N.Y.		X	
Mercer, Pa.	X	X	
Bedford, Fulton, Pa.		X	
Monroe, N.Y.			X
Blair, Pa.			X
Middlesex, New Haven, Conn.			X
Warren, N.Y.			X
Midwest			
Lake, Porter, Cook, Will, Kane, Ill.	X	X	X
Cook, DuPage, Kane, Lake, McHenry, Ill.		X	
Macomb, Oakland, Wayne, Mich.	X	X	X
Milwaukee, Waukesha, Wis.	X	X	
Hennepin, Ramsey, Anoka, Dakota, Washington, Minn.		X	
Lake, Cuyahoga, Ohio	X	X	
Franklin, Ohio		X	
Buchanan, Mo.	X	X	
Cass, N.Dak.: Clay, Minn.		X	
Jefferson, St. Charles, St. Louis, Mo.: Madison, St. Clair, Ill.		X	
Bay, Mich.	X	X	
DeKalb-Stueben, Ind.: Branch, Mich.	X	X	
Cass, St. Joseph, Mich.		X	
Fayette, Ross, Ohio		X	
LaPorte, Marshall, Starke, Ind.	X	X	
Boone, Greene, Iowa	X	X	

[1]County, parish, or borough.

Region, county,[1] and State	Probability design		
	1-35	1-65	66400
Midwest—Con.			
Howard, Iowa: Fillmore, Minn.		X	
Cass, Clay, Jackson, Platte, Mo.			X
Marion, Ind.			X
Montgomery, Greene, Miami, Ohio			X
Jackson, Mich.			X
Jefferson, Leavenworth, Kans.: Platt, Mo.			X
Brown, Clinton, Ohio			X
Rusk, Wis.			X
South			
St. Bernard, Jefferson, Orleans, La.		X	X
Washington, D.C.: Fairfax, Arlington, Va.: Prince Georges, Montgomery, Md.	X	X	
Richland, Lexington, S.C.	X	X	
Knox, Anderson, Blount, Tenn.		X	
Roanoke, Va.		X	
Chatham, Ga.	X	X	
Hillsborough, Pinellas, Fla.		X	
Palm Beach, Fla.	X	X	
Natchitoches, La.		X	
Lamar, Marion, Miss.	X	X	
Cabarrus, Stanley, Union, N.C.	X	X	
Hancock, Hamblen, Hawkins, Claiborne, Tenn.		X	X
Barbour, Ala.	X	X	
Bullock. Jenkins, Ga.		X	
Sussex, Del.: Worcester, Md.	X	X	
Fayette, W. Va.		X	
Greenville, S.C.			X
New Castle, Del.			X
Jefferson, Ala.			X
Volusia, Fla.			X
Edgefield, Saluda, S.C.			X
Clay, Calhoun, Roane, W. Va.			X
West			
Orange, Los Angeles, Calif.	X	X	X
Los Angeles, Calif.		X	
Alameda, Contra-Costa, San Mateo, San Francisco, Solano, Calif.	X	X	X
Collin, Denton, Dallas, Ellis, Tex.		X	
Bexar, Tex.	X	X	
Pima, Ariz.	X	X	
Douglas, Nebr.: Pottawattamie, Iowa		X	
San Diego, Calif.		X	
Fresno, Calif.	X	X	
Monterey, Calif.		X	
Clallum, San Juan, Wash.	X	X	
Grant, Wash.	X	X	
Gila, Ariz.		X	
Avoyelles, La.	X	X	
Ottertail, Minn.		X	
Adams, Arapahoe, Denver, Jefferson, Boulder, Colo.			X
Sacramento, Calif.			X
Hunt, Rains, Tex.			X
Mason, Thurston, Wash.			X
Greeley, Nance, Nebr.			X
Camadian, Cleveland, Oklahoma, Okla.			X

[1] County, parish, or borough.

APPENDIX III

QUESTIONNAIRES AND EXAMINATION FORMS

A. Household Card

FORM HES-5A (CYCLE IV)
5-15-74
U.S. DEPARTMENT OF COMMERCE
SOCIAL AND ECONOMIC STATISTICS ADMINISTRATION
BUREAU OF THE CENSUS
ACTING AS COLLECTING AGENT FOR THE
U.S. PUBLIC HEALTH SERVICE
HOUSEHOLD CARD
HEALTH EXAMINATION SURVEY

NOTICE – All information which would permit identification of the individual will be held in strict confidence, will be used only by persons engaged in and for the Purposes of the survey, and will not be disclosed or released to others for any purposes.

1. Stand number	2. Identification code	3. Control number PSU	Segment	Serial	4. Card ___ of ___ cards

5a. What is your exact address? (Include House No., Apt. No., or other identification and ZIP code)
City | State | ZIP code
Listing Sheet | Sheet No. | Line No.

b. Is this your mailing address? Mark box or specify if different. Include ZIP code. [ ] Same as 5a
City | State | ZIP code

c. Special place name | Sample unit number | Type code

6. YEAR BUILT – Ask → [ ] Do NOT Ask
When was this structure originally built?
[ ] Before 4-1-70 (Continue interview) [ ] After 4-1-70 (Go to 8c, complete if required and end interview)

7. Type of living quarters 1 [ ] Housing unit 2 [ ] OTHER unit

8. Area segments ONLY
[ ] a. Are there any occupied or vacant living quarters besides your own in this building?
Y (fill Table X) N
b. Are there any occupied or vacant living quarters besides your own on this floor?
Y (fill Table X) N
c. Is there any other building on this property for people to live in – either occupied or vacant?
Y (fill Table X) N
d. None

9. Land use 2 [ ] RURAL (Go to 10) 1 [ ] ALL OTHER (19, back)
- Regular units coded 82 or 84 in item 2.
- Special place units coded 82 or 84 in item 2 AND coded 85-89 in item 5c.

10. Do you own or rent this place? Own [ ] Rent [ ] Rent for free

11a. Does this place you (own/rent/rent for free) have 10 acres or more? 1 Y 2 N (11c)
b. During the past 12 months did sales of crops, livestock, and other farm products from this place amount to $50 or more? 1 Y (19 back) 2 N (19 back)
c. During the past 12 months did sales of crops, livestock, and other farm products from this place amount to $250 or more? 1 Y 2 N

▶ GO TO QUESTION 19 ON THE REVERSE SIDE

12. What is the telephone number here? None | Area code | Number

13. Interviewer's name | Code

▶ NOTE: BEFORE LEAVING HOUSEHOLD, CHECK THAT 16 HAS AN ENTRY.
Determine the best time for callbacks for Supplements and sample persons,

FOOTNOTES

14. Noninterview reason

TYPE A
[ ] Refusal – Describe in a footnote
[ ] No one at home – repeated calls
[ ] Temporarily absent – Footnote
[ ] Other (Specify)
} Fill items 6-8, 11a-c as applicable 13-15 and 18

TYPE B
[ ] Vacant – nonseasonal
[ ] Vacant – seasonal
[ ] Usual residence elsewhere
[ ] Armed Forces
[ ] Other (Specify)
} Fill items 6-8, 11a-c as applicable, 13-15

TYPE C
[ ] Unused line of listing sheet
[ ] Demolished
[ ] Merged
[ ] Outside segment
[ ] Built after April 1, 1970
[ ] Other (Specify)
} Fill items 8c if marked, and 13-15

15. Record of calls

	Date	Time Beginning	Time Ending	Completed
1		a.m. p.m.	a.m. p.m.	
2		a.m. p.m.	a.m. p.m.	
3		a.m. p.m.	a.m. p.m.	
4		a.m. p.m.	a.m. p.m.	
5		a.m. p.m.	a.m. p.m.	
6		a.m. p.m.	a.m. p.m.	

16. List line numbers of sample persons not interviewed during initial interview.
[ ] None

Line number			

17. Record of additional personal calls

	Date	Time Beginning	Time Ending	Line Nos. completed
1		a.m. p.m.	a.m. p.m.	
2		a.m. p.m.	a.m. p.m.	
3		a.m. p.m.	a.m. p.m.	

▶ NOTE: Footnote reason for noninterviews for sample persons in same detail as in item 14.

18. For "final" Type A noninterviews enter names, approximate ages, and sex of household members,

	Name	Age	Sex
1			
2			
3			
4			
5			
6			

WASHINGTON USE ONLY	Total number of persons	Total number of sampled persons

NCHS Serial Number	Census Use	Name (Last, first) (20a)	How is — related to — (head of household)? (20b) Relationship	Household member (20c)	How old was — on his last birthday? (20d) Age	What is the month, date, and year of —'s birth? Use card to check birth date and age for consistency. (20e) Month			Enter code W–1 N–2 Ot–3 (20f) Race	Enter code M–1 F–2 (20g) Sex	Is — now married, widowed, divorced, separated, or never married? M–2 W–3 D–5 S–6 N–4 (20h) Marital Status	Mark (X) the box for all Persons aged 25–74 (20i)	Refer to HES-28 for all EP's to determine if there are any Sample Persons. Enter SP on the line for each Sample Person, then go to HES-5B (20j)
						Month	Date	Year					
		1		Y N								☐ EP	1
		2		Y N								☐ EP	2
		3		Y N								☐ EP	3
		4		Y N								☐ EP	4
		5		Y N								☐ EP	5
		6		Y N								☐ EP	6
		7		Y N								☐ EP	7
		8		Y N								☐ EP	8
		9		Y N								☐ EP	9
		10		Y N								☐ EP	10

19a. **What is the name of the head of this household?** – *Enter name in first column.*

b. **What are the names of all other persons who live here?** – *List all persons who live here.*

c. **I have listed** *(Read names)* **Is there anyone else staying here now, such as friends, relatives, or roomers?**

d. **Have I missed anyone who USUALLY lives here but is now away from home?**

e. **Do any of the people in this household have a home anywhere else?**

If any adult males listed, ask:

f. **Are any of the persons in his household now on full-time active duty with the Armed Forces of the United States?** . . . . . ☐ Yes → line(s) _____ (Delete) ☐ No

Footnote

E

If this questionnaire is for an EXTRA unit, enter Control Number of original sample unit → ______

If in AREA SEGMENT, also enter for FIRST unit listed on property →

LISTING SHEET	
Sheet number	Line number

TABLE X – LIVING QUARTERS DETERMINATIONS AT LISTED ADDRESS

Line No. (1)	LOCATION OF UNIT: **Where are these quarters located?** *Enter exact description or location, e.g., basement, 2nd floor, rear.* (2)	• If listed, enter sheet and line number, STOP Table X, and continue interview for original sample unit. • If unlisted, go to 4. (3)	• If outside AREA SEGMENT boundary; mark box below, STOP Table X, and go to Household Page, item 8 or 9; or Medical History, question 1 (as applicable). (4)	**Are these** *(specify location)* **quarters for more than one group of people?** *If "Yes," fill one line for each group.* (5)	USE OR CHARACTERISTICS — OCCUPIED: **Do the occupants of these** *(specify location)* **quarters live and eat with any other group of people?** (6)	ALL QUARTERS — Do these quarters in *(specify location)* have: **Direct access from the outside or through a common hall?** (7)	**Complete kitchen facilities for this unit only?** (8)	CLASSIFICATION: N – Not a separate unit – Add occupants to this questionnaire. *(Complete a separate questionnaire for each unrelated person or family group.)* HU, OT – Separate unit – interview on a separate questionnaire. (9)
1		S___ L___	☐ Outside segment boundary	Yes No	Yes – *Go to 9 and circle N* No	Yes No	Yes No	N HU OT
2		S___ L___	☐ Outside segment boundary	Yes No	Yes – *Go to 9 and circle N* No	Yes No	Yes No	N HU OT
3		S___ L___	☐ Outside segment boundary	Yes No	Yes – *Go to 9 and circle N* No	Yes No	Yes No	N HU OT

NOTE: Be sure to continue interview for original sample unit.

FORM HES-5A (CYCLE IV) (5-15-74)

B. Sample Person Supplement

FORM HES-5B (CYCLE IV)
(10-25-74)

U.S. DEPARTMENT OF COMMERCE
SOCIAL AND ECONOMIC STATISTICS ADMINISTRATION
BUREAU OF THE CENSUS
ACTING AS COLLECTING AGENT FOR THE
U.S. PUBLIC HEALTH SERVICE

SAMPLE PERSON SUPPLEMENT

HEALTH EXAMINATION SURVEY

Form Approved
O.M.B. No. 68-R1184

NOTICE -All information which woul[illegible] permit identification of the individua[illegible] will be held in strict confidence, will b[illegible] used only by persons engaged in an[illegible] for the purposes of the survey, and wil[illegible] not be disclosed or released to other[illegible] for any purposes.

a. PSU	b. Segment number	c. Serial number	d. Person number	e. NCHS SERIAL NUMBER

Comments

Question		Item	Code	Responses
1. In what State were you born? Enter the name of the State or foreign country.		1.	101	State or foreign country
2a. What is the highest grade or year of regular school you have ever attended?		2a.	102	0 ☐ None Elementary 1 2 3 4 5 6 7 8 High School 9 10 11 12
			103	College 1 2 3 4 5+
b. Did you finish the -- grade (year)?		b.	104	1 ☐ Yes 2 ☐ No
3. What is your origin or descent?		3.	105	0 ☐ German 2 ☐ Italian 1 ☐ Irish 3 ☐ French 4 ☐ Polish 5 ☐ Russian 6 ☐ English 15 ☐ Scottish 15 ☐ Welsh 8 ☐ Mexican-American 8 ☐ Chicano 8 ☐ Mexican 8 ☐ Mexicano 7 ☐ Puerto Rican 7 ☐ Cuban 7 ☐ Central or South American 7 ☐ Other Spanish 12 ☐ Negro 12 ☐ Black 15 ☐ Other – Specify ↗
4a. What were you doing MOST of the past 3 months (For males): working or doing something else? (For females): keeping house, working, or doing something else?		4a.	106	1 ☐ Working (4d) 2 ☐ Keeping house (4c) 3 ☐ Something else
b. What were you doing?		b.	107	0 ☐ Layoff 1 ☐ Retired 2 ☐ Student 4 ☐ Ill 5 ☐ Staying home 6 ☐ Looking for work 7 ☐ Unable to work 3 ☐ Other – Specify ____
c. Did you work at a lob or business AT ANY TIME during the past 3 months?		c.	108	1 ☐ Yes 2 ☐ No (5b)
d. When you were working, did you usually work full time or port time?		d.	109	1 ☐ Full time 2 ☐ Part time
5a. Did you work at any time last week or the week before? (For females): not counting work around the house?		5a.	110	1 ☐ Yes (6) 2 ☐ No
b. Even though you did not work during that time, do you have a lob or business?		b.	111	1 ☐ Yes 2 ☐ No
c. Were you looking for work or on layoff from a lob?		c.	112	1 ☐ [illegible] 2 ☐ No (Instructions for Q-6)
d. Which – looking for work or on layoff from a lob?		d.	113	1 ☐ Looking 2 ☐ Layoff 3 ☐ Both
Ask for all persons with a "Yes" in 5a, b, or c. If "Yes" in 5c only, questions 6a through 6d apply to this person's LAST full-time civilian job.	6a. For whom did you work? Name of company, business, organization, or other employer.	6a.		Employer
	b. What kind of business or industry is this? For example, TV and radio manufacturing, retail shoe store, State Labor Department, farm.	b.	114	Industry
	c. What kind of work were you doing? For example, electrical engineer, stock clerk, typist, farmer.	c.	115	Occupation
	d. Class of worker (Fill from entries in 60-c; if not clear, read list.)	d.	116	1 ☐ Private paid 2 ☐ Gov. Federal 3 ☐ Gov. other } (7) 4 ☐ Own 5 ☐ Nonpaid 6 ☐ Never worked } (7)
	If self-employed in "OWN" business and not a farm, ask: e. Is the business incorporated?	e.	117	1 ☐ Yes 2 ☐ No

Now I have some questions about your medical history.

Question	Item	Code	Responses
7. Would you say your health in general is excellent, very good, good, fair, or poor?	7.	(118)	1 ☐ Excellent 2 ☐ Very good 3 ☐ Good 4 ☐ Fair 5 ☐ Poor
8a. Do you have any health problems now that you would like to talk to a doctor about?	8a.	(119)	1 ☐ Yes 2 ☐ No (9)
b. What are the problems? ________ ________	b.		DATA PREPARATION USE ONLY (120) 1 ☐ 2 ☐ 3 ☐ 4 ☐ (121) 1 ☐ 2 ☐ 3 ☐ 4 ☐ (122) 1 ☐ * 2 ☐ 3 ☐ 4 ☐ (123) 1 ☐ * 2 ☐ 3 ☐
9a. Have you had a cold, flu, or "the virus" during the past month?	9a.	(124)	1 ☐ Yes 2 ☐ No (10)
b. Do you still have it?	b.	(125)	1 ☐ Yes 2 ☐ No
10. IN THE PAST 5 YEARS have you had a back injury?	10.	(126)	1 ☐ Yes 2 ☐ No

Now I have some questions about HEARING.

Question	Item	Code	Responses
11a. At any time over the past few years, have you ever noticed ringing in your ears, or have you been bothered by other funny noises in your ears?	11a.	(127)	1 ☐ Yes 2 ☐ No (12)
b. How often – every few days or less often?	b.	(128)	1 ☐ Every few days 2 ☐ Less often
c. When it does occur, does it bother you quite a bit, just a little, or not at all?	c.	(129)	1 ☐ Quite a bit 2 ☐ Just a little 3 ☐ Not at all
12a. Have you EVER had a running ear or any discharge from your ears (not counting wax in the ears)?	12a.	(130)	1 ☐ Yes 2 ☐ No } (13) 9 ☐ DK } (13)
b. How often have you had a running ear or any discharge from your ears?	b.	(131)	1 ☐ Once only 2 ☐ Twice 3 ☐ 3 or more times 9 ☐ DK
c. Did you visit a doctor because of this condition?	c.	(132)	1 ☐ Yes 2 ☐ No } (13) 9 ☐ DK } (13)
d. Did a doctor give you anything for this condition?	d.	(133)	1 ☐ Yes 2 ☐ No 9 ☐ DK
13a. Have you EVER had deafness or trouble hearing with one or both ears? Do not include any problems which lasted just a short period of time such as colds.	13a.	(134)	1 ☐ Yes 2 ☐ No (14)
b. Did you ever see a doctor about it?	b.	(135)	1 ☐ Yes 2 ☐ No
c. How old were you when you first began having trouble hearing?	c.	(136)	1 ☐ 0-4 years old 2 ☐ 5-9 years old 3 ☐ 10-19 years old 4 ☐ 20-29 years old 5 ☐ 30-39 years old 6 ☐ 40-49 years old 7 ☐ 50 years old or older
d. Since this trouble began, has it gotten worse, better, or stayed about the same?	d.	(137)	1 ☐ Gotten worse 2 ☐ Gotten better 3 ☐ Stayed about the same

e. Was the cause of your hearing trouble or deafness – (Read list)

	Yes (429)	No (430)	DK (431)
Ear infection	1 ☐	1 ☐	1 ☐
Born with it	2 ☐	2 ☐	2 ☐
Loud noise such as that from machinery, gunfire blasts, or explosions	3 ☐	3 ☐	3 ☐
Ear surgery	4 ☐	4 ☐	4 ☐
Ear injury	5 ☐	5 ☐	5 ☐
Other – Specify ________	6 ☐	6 ☐	6 ☐

HEARING – Continued

Question	Item	Response
13f. How would you rate your hearing in your RIGHT ear – good, a little decreased, a lot decreased, or are you deaf?	13f.	(139) 1 ☐ Good 2 ☐ A little decreased 3 ☐ A lot decreased 4 ☐ Deaf
g. How would you rate your hearing in your LEFT ear – good, a little decreased, a lot decreased, or are you deaf?	g.	(140) 1 ☐ Good 2 ☐ A little decreased 3 ☐ A lot decreased 4 ☐ Deaf
h. Have you ever attended a school or class for those with poor hearing or a school for the deaf?	h.	(141) 1 ☐ Yes 2 ☐ No
i. Have you ever had any training in lip reading?	i.	(142) 1 ☐ Yes 2 ☐ No
j. Have you ever had any training in speech or in speech *correction* because of poor hearing?	j.	(143) 1 ☐ Yes 2 ☐ No
k. Have you ever had any training in how to use your hearing?	k.	(144) 1 ☐ Yes 2 ☐ No
l. Have you ever had an operation on your ears?	l.	(145) 1 ☐ Yes 2 ☐ No
m. Have you ever had your hearing tested?	m.	(146) 1 ☐ Yes 2 ☐ No (*13p*)
n. How old were you when your hearing was first tested?	n.	(147) 1 ☐ 0–9 years old 2 ☐ 10–19 years old 3 ☐ 20–29 years old 4 ☐ 30 years old or older
o. How often do you now have your hearing tested?	o.	(148) 1 ☐ Twice a year 2 ☐ Once a year 3 ☐ Once every 2 years 4 ☐ Less often than once every 2 years
p. Have you ever used a hearing aid?	p.	(149) 1 ☐ Yes 2 ☐ No (*14*)
q. Which ear?	q.	(150) 1 ☐ Right 2 ☐ Left 3 ☐ Both
r. Do you use a hearing aid now?	r.	(151) 1 ☐ Yes 2 ☐ No (*14*)
s. How well satisfied are you with your present hearing aid? Does it help a lot, a little, very little, or not at all?	s.	(152) 1 ☐ Helps a lot 2 ☐ Helps a little 3 ☐ Helps very little 4 ☐ Does not help at all

● If "Yes" in *13p* ask *14a–g* using the parenthetical phrase "Without a hearing aid."

Question	Item	Response
14a. (Without a hearing aid) Can you usually HEAR AND UNDERSTAND what a person says without seeing his face if that person WHISPERS to you from across a quiet room?	*14a.*	(153) 1 ☐ Yes (*15*) 2 ☐ No
b. (Without a hearing aid) Can you usually HEAR AND UNDERSTAND what a person says without seeing his face if that person TALKS IN A NORMAL VOICE to you from across a quiet room?	b.	(154) 1 ☐ Yes (*15*) 2 ☐ No
c. (Without a hearing aid) Can you usually HEAR AND UNDERSTAND what a person says without seeing his face if that person SHOUTS to you from across a quiet room?	c.	(155) 1 ☐ Yes (*15*) 2 ☐ No
d. (Without a hearing aid) *Can* you usually HEAR AND UNDERSTAND a person if that person SPEAKS LOUDLY into your better ear?	d.	(156) 1 ☐ Yes (*15*) 2 ☐ No
e. (Without a hearing aid) Can you usually tell the sound of speech from other sounds and noises?	e.	(157) 1 ☐ Yes (*15*) 2 ☐ No
f. (Without a hearing aid) Can you usually tell one kind of noise from another?	f.	(158) 1 ☐ Yes (*15*) 2 ☐ No
g. (Without a hearing aid) Can you hear loud noises?	g.	(159) 1 ☐ Yes 2 ☐ No

The following series of questions will be about specific medical problems or conditions you might have had in the past or might even have at the present time. Please answer "Yes" or "No" to each question.

Have you EVER had –

Question	Item	Code	Response
15a. Pain or aching in any of your joints on most days for AT LEAST 1 MONTH?	15a.	(160)	1 ☐ Yes 2 ☐ No
b. Pain in your neck or back on most days for AT LEAST 1 MONTH?	b.	(161)	1 ☐ Yes 2 ☐ No
c. Pain in or around either hip joint including the buttock, groin, and side of the upper thigh on most days for AT LEAST 1 MONTH?	c.	(162)	1 ☐ Yes 2 ☐ No
d. Pain in or around the knee including the back of the knee on most days for AT LEAST 1 MONTH?	d.	(163)	1 ☐ Yes 2 ☐ No
e. Swelling at a joint, with pain present in the joint when touched on most days for AT LEAST 1 MONTH?	e.	(164)	1 ☐ Yes 2 ☐ No
f. Stiffness in the joints and muscles when getting out of bed in the morning lasting for AT LEAST 15 MINUTES?	f.	(165)	1 ☐ Yes 2 ☐ No

Have you EVER had –

Question	Item	Code	Response
g. Trouble with recurring persistent cough attacks?	g.	(166)	1 ☐ Yes 2 ☐ No
h. A cough first thing in the morning in the winter? (Count a cough with first smoking or on first going out of doors; exclude clearing of throat or a single cough.)	h.	(167)	1 ☐ Yes 2 ☐ No
i. A cough first thing in the morning in the summer?	i.	(168)	1 ☐ Yes 2 ☐ No
j. Any phlegm from your chest first thing in the morning in the winter? (Count phlegm with the first smoke or on going out of doors; exclude phlegm from the nose. Count swallowed phlegm.)	j.	(169)	1 ☐ Yes 2 ☐ No
k. Any phlegm from your chest the first thing in the morning in the summer?	k.	(170)	1 ☐ Yes 2 ☐ No
l. During the past 3 years have you had a period of increased cough and phlegm lasting for 3 weeks or more?	l.	(171)	1 ☐ Yes – How many times? 7 2 ☐ No (15m)
		(172)	1 ☐ 1 time 2 ☐ 2 times 3 ☐ More than 2 times

Have you EVER had –

Question	Item	Code	Response
m. Trouble with shortness of breath, when hurrying on the level or walking up a slight hill?	m.	(173)	1 ☐ Yes 2 ☐ No
n. Wheezy or whistling sounds in your chest?	n.	(174)	1 ☐ Yes 2 ☐ No
o. Trouble with any pain or discomfort in your chest?	o.	(175)	1 ☐ Yes 2 ☐ No
p. Trouble with any pressure or heavy sensation in your chest?	p.	(176)	1 ☐ Yes 2 ☐ No
q. Severe pain across the front of your chest lasting for half an hour or more?	q.	(177)	1 ☐ Yes 2 ☐ No
r. Pains in either leg when walking?	r.	(178)	1 ☐ Yes 2 ☐ No
s. Heart failure, or "weak heart" of any degree of severity?	s.	(179)	1 ☐ Yes 2 ☐ No
t. Infections of the kidneys or bladder?	t.	(180)	1 ☐ Yes 2 ☐ No
u. Loss of vision or blindness lasting from several minutes to several days?	u.	(181)	1 ☐ Yes 2 ☐ No
v. Difficulty in speaking or very slurred speech lasting from several minutes to several days?	v.	(182)	1 ☐ Yes 2 ☐ No

Have you EVER had -

Question	Item	Code	Response
15w. Prolonged weakness or paralysis of one or both sides of the body lasting up to several months?	**15w.**	(183)	1 ☐ Yes 2 ☐ No
x. Lass of sensation or numbness or tingling sensations lasting several minutes to several days?	x.	(184)	1 ☐ Yes 2 ☐ No
y. A severe head injury leading to unconsciousness lasting for more than 5 minutes?	y.	(185)	1 ☐ Yes 2 ☐ No

DIABETES

Question	Item	Code	Response
16a. Do you have any reason to think that you may have diabetes, sometimes called sugar diabetes or sugar disease?	16a.	(186)	1 ☐ Yes 2 ☐ No *(17)*
b. Did a doctor tell you that you had it?	b.	(187)	1 ☐ Yes 2 ☐ No (*1*7)
c. How long ago did you start having it?	c.	(188)	1 ☐ Less than I year ago 2 ☐ I-4 years ago 3 ☐ 5 or more years ago
d. Do you take insulin shots?	**d.**	(189)	1 ☐ Yes 2 ☐ No
e. Do you take any medicine by mouth for diabetes?	e.	(190)	1 ☐ Yes 2 ☐ No (17)
f. What is the name of the medicine? ______________________			

GOITER/THYROID

Question	Item	Code	Response
17a. Have you ever had a goiter or any other thyroid trouble?	170.	(191)	1 ☐ Yes 2 ☐ No (18)
b. Who told you that you had goiter or thyroid trouble?	b.	(192)	1 ☐ A doctor 2 ☐ A nurse 3 ☐ Other
c. Is, or was, your thyroid: Overactive (hyperactive) or underactive (hypoactive)?	c.	(193)	1 ☐ Overactive 2 ☐ Underactive 3 ☐ Neither 9 ☐ DK
d. How long ago did you first have this trouble?	**d.**	(194)	1 ☐ Less than I year ago 2 ☐ I-4 years ago 3 ☐ 5-9 years ago 4 ☐ IO or more years ago
e. Have you been treated by a doctor for goiter or for thyroid trouble?	e.	(195)	1 ☐ Yes 2 ☐ No (18)
f. Were you treated for this condition by a doctor with - (Reod list *and mark all* that apply)	f.	(196) *	1 ☐ Medicines 2 ☐ Surgery 3 ☐ Radiation 4 ☐ Anything else - Specify ↗ ______
g. Are you currently being treated for this problem?	**g.**	(197)	1 ☐ [illegible] 2 ☐ No
h. Are you currently taking any pills or **medicine** to help you lose or gain **weight?**	h.	(198)	1 ☐ Yes 2 ☐ No
i. When was the last **time** you saw a doctor about **goiter** or thyroid trouble?	i.	(199)	1 ☐ Less than I month ago 2 ☐ I-3 months ago 3 ☐ 4-6 months ago 4 ☐ 7-I I months ago 5 ☐ I or more years ago 9 ☐ DK

Question	Response
Now I would like to ask you some questions about your TEETH.	
18a. Have you lost all your teeth from your upper jaw?	18a. (200) 1 ☐ Yes 2 ☐ No *(19)*
b. Da you have a plate for your upper jaw?	b. (201) 1 ☐ Yes 2 ☐ No *(18d)*
c. How long have you had your plate?	c. (202) 1 ☐ Less than I year 2 ☐ I-4 years 3 ☐ 5-9 years 4 ☐ IO-19 years 5 ☐ 20 or more years } *(19)*
d. Have you ever had a dental plate for your upper jaw?	d. (203) 1 ☐ Yes 2 ☐ No
• . How long has it been since you had any natural or false teeth to chew with in your upper jaw?	e. (204) 1 ☐ Less than I year 2 ☐ I-4 years 3 ☐ 5-9 years 4 ☐ IO-19 years 5 ☐ 20 or more years
19a. Have you lost all your teeth from your lower jaw?	190. (205) 1 ☐ Yes 2 ☐ No (20)
b. Do you have a plate for your lower jaw?	b. (206) 1 ☐ Yes 2 ☐ No *(19d)*
c. How long have you had your plate?	c. (207) 1 ☐ Less than I year 2 ☐ I-4 years 3 ☐ 5-9 years 4 ☐ 10-19 years 5 ☐ 20 or more years } (20)
d. Have you ever had a dental plate for your lower jaw?	d. (208) 1 ☐ Yes 2 ☐ No
e. How long has it been since you had any natural or false teeth to chew with in your lower jaw?	e. (209) 1 ☐ Less than I year 2 ☐ I-4 years 3 ☐ 5-9 years 4 ☐ IO-19 years 5 ☐ 20 or more years
• *If* "Yes" in *18b* or *19b* ask question 20; otherwise skip to instructions above question 21.	
20a. Do you usually wear your plate(s) while eating?	200. (210) 1 ☐ Yes 2 ☐ No
b. Do you usually wear your plate(s) when not eating?	b. (211) 1 ☐ Yes 2 ☐ No
c. Do you usually use denture powder or cream to help keep your plate(s) in place?	c. (212) 1 ☐ Yes 2 ☐ No
d. Do you think you need a new plate or that the one(s) you have need(s) refitting?	d. (213) 1 ☐ No 2 ☐ Yes, one 3 ☐ Yes, both 9 ☐ DK
• *If* "Yes" to questions *18a* ond *19a,* GO to question 32; otherwise ask:	
21. How would you describe the condition of your TEETH – excellent, good, fair, or poor?	21. (214) 1 ☐ Excellent 2 ☐ Good 3 ☐ Fair 4 ☐ Poor
22. How would you describe the condition of your GUMS – ● xcollont, good, fair, or poor?	22. (215) 1 ☐ Excellent 2 ☐ Good 3 ☐ Fair 4 ☐ Poor
23. How many times a day do you usually brush your teeth?	23. (216) _____ Times

TEETH – Continued

Question		Item	Response
24. Do you think that you ought to go to a dentist now or very soon for a checkup?	24.	217	1 ☐ Yes No 2 ☐ DK
25. Do you now have an appointment to see a dentist?	25.	218	1 ☐ Yes 2 ☐ No
26. Do you think you have any teeth that need filling?	26.	219	1 ☐ Yes 2 ☐ No 9 ☐ DK
27a. Do you think you have any teeth that need to be pulled?	27a.	220	1 ☐ Yes 2 ☐ No } (28) 9 ☐ DK } (28)
b. Do you think that all of them need to be pulled?	b.	221	1 ☐ Yes 2 ☐ No
28a. Have you ever had your teeth cleaned by a dentist or dental hygienist?	28a.	222	1 ☐ Yes 2 ☐ No *(28c)*
b. When was the last time they were cleaned?	b.	223	1 ☐ Less than I year ago 2 ☐ I–2 years ago 3 ☐ 3–4 years ago 4 ☐ 5 or more years ago
c. Do you think that your teeth need cleaning now by a dentist or dental hygienist?	c.	224	1 ☐ Yes 2 ☐ No 9 ☐ DK
29. Do you have a dentist you usually go to?	29.	225	1 ☐ Yes 2 ☐ No
30. How long has it been since you last saw a dentist about yourself?	30.	226 227	o ____ Months R ____ Years (32) o ☐ Less than I month 77 ☐ Never (32)
31. Do you go to a dentist AS OFTEN as once every year?	31.	228	1 ☐ Yes 2 ☐ No
32a. Do you have an illness which has recently cut down your appetite? **b. What is the name of the illness?** ____________	32.	229	1 ☐ Yes 2 ☐ No (33)
33. Do you have difficulty in swallowing at least 3 days per month? (Don't count the difficulty in swallowing that goes with a cold, sore throat, or flu.)	33.	230	1 ☐ Yes 2 ☐ No
34. Have you **ever** had yellow **jaundice** (which made your skin or ● yor turn **yellow)?**	34.	231	1 ☐ Yes 2 ☐ No
35a. Have you ever had an abdominal **operation** for – *(Read* list and murk *all that apply)*	35.	232	1 ☐ Ulcers 2 ☐ Gal lstones 3 ☐ Hiatus **hernia** of the diaphragm 4 ☐ Any other condition – Specify ____ ☐ None
36a. In **the** past **year** have you rtayed in a hospital overnight or longer?	36a.	233	1 ☐ Yes 2 ☐ No (37)
b. For what condition? (1) First ____ (2) Second ____ (3) Third ____	b.	234 235 236	**▶ DATA PREPARATION USE ONLY ◀** ____ ____ ____
c. How long were you in the hospital? (1) First condition	c.	237	____ **Weeks** o ☐ **Less than I week**
(2) Second condition		238	____ Weeks o ☐ Less than I week
(3) Third condition		239	____ Weeks o ☐ Less than I week

37a. Has a doctor ever that you had any following conditio

- If "Yes" to any of the following conditions, ask 37b and 37c for those conditions.

37b. Do you still have it?

37c. How many years ago did you first have it?

	37a.	Yes	No	37b. Yes	No	Dk	37c.	
Arthritis	(240)	☐	2 ☐	1 ☐	3 ☐	9 ☐	(241)	____
Gout	(242)	☐	2 ☐	1 ☐	3 ☐	9 ☐	(243)	____
Asthma	(244)	☐	2 ☐	1 ☐	3 ☐	9 ☐	(245)	____
Chronic bronchitis or emphysema	(246)	☐	2 ☐	1 ☐	3 ☐	9 ☐	(247)	____
Tuberculosis	(248)	☐	2 ☐	1 ☐	3 ☐	9 ☐	(249)	____
Rheumatic fever	(250)	☐	2 ☐	1 ☐	3 ☐	9 ☐	(251)	____
Heart murmur	(252)	☐	2 ☐	1 ☐	3 ☐	9 ☐	(253)	____
Heart failure	(254)	☐	2 ☐	1 ☐	3 ☐	9 ☐	(255)	____
Heart attack	(256)	☐ (37c)	2 ☐				(257)	____
Stroke	(258)	☐ (37c)	2 ☐				(259)	____
A peptic, stomach, or duodenal ulcer	(260)	☐	2 ☐	1 ☐	3 ☐	9 ☐	(261)	____
Recurrent or chronic enteritis	(262)	☐	2 ☐	1 ☐	3 ☐	9 ☐	(263)	____
Colitis (spastic colon, mucous colitis)	(264)	☐	2 ☐	1 ☐	3 ☐	9 ☐	(265)	____
Gallstones	(266)	☐	2 ☐	1 ☐	3 ☐	9 ☐	(267)	____
Hepatitis	(268)	☐	2 ☐	1 ☐	3 ☐	9 ☐	(269)	____
Chronic cough	(270)	☐	2 ☐	1 ☐	3 ☐	9 ☐	(271)	____
Pleurisy	(272)	☐	2 ☐	1 ☐	3 ☐	9 ☐	(273)	____
Low blood pressure	(274)	☐	2 ☐	1 ☐	3 ☐	9 ☐	(275)	
Hay fever	(276)	☐	2 ☐	1 ☐	3 ☐	9 ☐	(277)	____
Allergies to food	(278)	☐	2 ☐	1 ☐	3 ☐	9 ☐	(279)	
Hives	(280)	☐	2 ☐	1 ☐	3 ☐	9 ☐	(281)	
Other allergies	(282)	☐	2 ☐	1 ☐	3 ☐	9 ☐	(283)	
Polio or paralysis	(284)	☐	2 ☐	1 ☐	3 ☐	9 ☐	(285)	____
Hiatus hernia of the diaphragm	(286)	☐	2 ☐	1 ☐	3 ☐	9 ☐	(287)	____
Kidney disease or kidney stones	(288)	☐	2 ☐	1 ☐	3 ☐	9 ☐	(289)	____
Malignant tumor or growth	(290)	☐	2 ☐	1 ☐	3 ☐	9 ☐	(291)	____
Benign tumor, growth, or cyst (except fat or skin)	(292)	☐	2 ☐	1 ☐	3 ☐	9 ☐	(293)	____
Trouble with blood not clotting properly	(294)	☐	2 ☐	1 ☐	3 ☐	9 ☐	(295)	9 5
Nervous breakdown	(296)	☐	2 ☐	1 ☐	3 ☐	9 ☐	(297)	____
Fracture of hip	(298)	☐	2 ☐	1 ☐	3 ☐	9 ☐	(299)	____
Fracture of wrist	(300)	☐	2 ☐	1 ☐	3 ☐	9 ☐	(301)	____
Fracture of spine	(302)	☐	2 ☐	1 ☐	3 ☐	9 ☐	(303)	____
Fracture of any other bone	(304)	☐	2 ☐	1 ☐	3 ☐	9 ☐	(305)	____

ANEMIA

38a. Have you ever had anemia, sometimes called "low blood?"	38a.	(306) 1 ☐ Yes 2 ☐ No } (39) 9 ☐ DK } (39)
b. How long ago did you first have it?	b.	(307) ______ Years oo ☐ Less than I year 99 ☐ Don't remember
c. Did o doctor ever tell you that you had anemia?		(308) 1 ☐ Yes 2 ☐ No (39)
d. Was the anemia caused by – (Read list) Poor diet. . . . . Childbirth . . . . Accidental loss of blood . . . . . . Illness . . . . Surgery . . . . Any other cause – Specify ______	d.	(432) 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ (433) 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ DK (434) 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐
e. Were you bated for this condition by o doctor?	e.	(310) 1 ☐ Yes 2 ☐ No (39)
f. Wos the treatment you used a – (Read list and mark all that apply)	f.	(311) 1 ☐ Better diet 2 ☐ Iron pills 3 ☐ Iron shots 4 ☐ Vitamin pills 5 ☐ Vitamin shots 6 ☐ Transfusions 7 ☐ Any other treatment – Specify ______
g. Are you still being treated for this condition?	g.	(312) 1 ☐ Yes 2 ☐ No

Now I have some questions about HYPERTENSION

39a. Have you EVER been told by o doctor that you had high blood pressure?	39a.	(313) 1 ☐ Yes (39c) 2 ☐ No
b. Another name for high blood pressure is hypertension. Hove you EVER been told by o doctor that you hod hypertension?	b.	(314) 1 ☐ Yes 2 ☐ No (47)
c. About how long ago were you FIRST told by o doctor that you hod (high blood pressure/hypertension)?	c.	(315) ______ Months (316) ______ Years 0 ☐ Less than I month
40. During the post 12 months about how many times have you seen or talked to o doctor about your (high blood pressure/hypertension)?	40.	(317) ______ Times 0 ☐ None
41. Has a doctor EVER advised you to lose weight BECAUSE OF (HIGH BLOOD PRESSURE/ HYPERTENSION)?	41.	(318) 1 ☐ Yes 2 ☐ No
42a. Do you now use more salt, less salt, or about the same amount of salt since you learned you hod (high blood pressure/hypertension)?	42a.	(319) 1 ☐ More 2 ☐ Less 3 ☐ Same
b. Were you EVER advised by o doctor, nurse, or other medical person to use loss salt?	b.	(320) 1 ☐ Yet 2 ☐ No
43a. Has a doctor EVER prescribed medicine for your (high blood pressure/hypertension)?	43a.	(321) 1 ☐ Yes 2 ☐ No (44)
b. Are you now taking any medicine prescribed by o doctor for your (high blood pressure/hypertension)?	b.	(322) 1 ☐ Yes 2 ☐ No (44) 3 ☐ No longer has high blood pressure (44)
c. How often are you supposed to take this medicine – more than once a day, once a day, or loss than once a day?	c.	(323) 1 ☐ More than once a day 2 ☐ Once a day 3 ☐ Less than once a day
d. How often do you take your medicine when you are supposed to – all the time, often, once in o while, or never?	d.	(324) 1 ☐ All the time 2 ☐ Often 3 ☐ Once in a while 4 ☐ Never 5 ☐ other – Specify ______

HYPERTENSION – Continued

44. ABOUT how many days during the past 12 months has (high blood pressure/hypsrtension) kept you in bed all or most of the day?

44. 325 ___ Days
0 ☐ None

• If "No longer has high blood pressure" in 43b, GO to 45d; otherwise ask:

45a. How often does your (high blood pressure/hypertension) bother you – all the time, often, once in a while, or never?

45a. 326
1 ☐ All the time
2 ☐ Often
3 ☐ Once in a while
4 ☐ Never (45c)
5 ☐ Other – Specify

b. When it does bother you, are you bothered a great deal, some, or very little?

b. 327
1 ☐ Great deal
2 ☐ Some
3 ☐ Very little
4 ☐ Other – Specify

• If "All the time" in 45a, GO to 46; otherwise ask:

c. Do you still have (high blood pressure/hypertension)?

c. 328
1 ☐ Yes (46)
2 ☐ No
9 ☐ DK

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

d. 329
1 ☐ Cured (47)
2 ☐ Under control

46. Can you tell when your blood pressure is high – that is, do you have any symptoms?

46. 330
1 ☐ Yes
2 ☐ No

47a. Has a doctor EVER talked to you about problems that can be caused by high blood pressure or hypertension?

47a. 331
1 ☐ Yes (48)
2 ☐ No

b. Has a nurse or other medical person EVER talked to you about problems that can be caused by high blood pressure or hypertension?

b. 332
1 ☐ Yes
2 ☐ No (48)

c. What type of medical person was this?

c. 333
1 ☐ Nurse
2 ☐ Other – Specify

48. ABOUT how long has it been since you LAST had your blood pressure taken?

48.
0 ☐ Less than 1 month
334 ___ Months
335 ___ Years
77 ☐ Never (51)

49. Were you told that your reading was high, low, normal, or were you not told?

49. 336
1 ☐ High
2 ☐ Low
3 ☐ Normal
4 ☐ Not told
5 ☐ Other – Specify

50. **During the past 12 months, how many times was your blood pressure taken? (Do not count times while a patient in a hospital.)**

50. 337 ___ Times

51a. ABOUT how long has it been since you had an electrocardiogram, which involves placing wires on the chest and arms?

51a.
0 ☐ Less than 1 year
338 ___ Years
77 ☐ Never

b. ABOUT how long has it been since you had a chest X-ray?

b.
0 ☐ Less than 1 year
339 ___ Years
77 ☐ Never

Now, I have some questions about VISION.

52. Are you blind in one or both eyes? — 52. (340) 1 ☐ Yes 2 ☐ No

53a. Do you now have any of the following conditions: Cataracts, glaucoma, detached retina, or any other condition of the retina? — 530. (341) 1 ☐ Cataracts 2 ☐ Glaucoma 3 ☐ Detached retina 4 ☐ Other condition of retina 5 ☐ No condition

b. Do you now have any (other) trouble seeing in one or both eyes even when wearing eyeglasses? — b. (342) 1 ☐ Yes 2 ☐ No

54a. Do you wear eyeglasses? — 54a. (343) 1 ☐ Yes 2 ☐ No

b. Do you wear contact lenses? — b. (344) 1 ☐ Yes 2 ☐ No

- *If* BOTH *54a* and *54b* ore "No," enter *B-2* in box in upper right corner and SKIP to Check Item I; otherwise continue with question 55.

55. How often do you use your (eyeglasses/contact lenses), all of the time, most of the time, some of the time, hardly ever, or never? — 55. (345) 1 ☐ All of the time *(Enter A-1 in box* in upper right corner and GO *to* Check Item *I.)* 2 ☐ Most of the time 3 ☐ Some of the time 4 ☐ Hardly ever 5 ☐ *Never (Enter B-2 in box and* GO to Check Item *I.)*

56. Do you use your (eyeglasses/contact lenses) for reading and other close work? — 56. (346) 1 ☐ Yes – A 2 ☐ No – B

57. Do you use your (eyeglasses/contact lenses) for seeing distant **objects** better? — 57. (347) 1 ☐ [illegible] 2 ☐ No – 2

- *If* both 56 and 57 ore "No" enter B-2 in the box and osk 58; otherwise record the letter and number from *56* and 57 in the box in upper right corner and GO to Check Item *I*.

58. Why do you wear (eyeglasses/contact lenses)?

____

▶ CHECK ITEM I ◀

- *If* A-l, or A-2, or 8-l is entered in upper right box, READ:

These first questions ore about how well you can see even when wearing eyeglasses or contact lenses. (Reod the phrase "When wearing ***eyeglasses/con*** tact lenses" in ***each*** of the following questions.)

- *If* B-2 READ:

These first questions are about how well you con see.

59a. (When wearing eyeglasses/contact lenses) How much trouble do you have seeing with your LEFT eye – a lot of trouble, o little trouble, or no trouble at all? — 590. (348) 1 ☐ A lot of trouble 2 ☐ A little trouble 3 ☐ No trouble } *(60)*

b. Are you blind in the left eye? — b. (349) 1 ☐ Yes 2 ☐ No

60a. (When wearing eyeglasses/contact lenses) How much trouble do you have seeing with your RIGHT eye – o let of trouble, a little trouble, or no trouble at all? — 60a. (350) 1 ☐ A lot of trouble 2 ☐ A little trouble 3 ☐ No trouble } *(61)*

b. Are you blind in the right eye? — b. (351) 1 ☐ Yes 2 ☐ No

- *If "Yes"* in *59b* and 606, GO to question 62; otherwise osk:

61a. (When wearing ● yeglosses/contoct lenses) In terms of total vision, how much trouble do you have seeing – a lot of trouble, a little trouble, or no trouble at all? — 61a. (352) 1 ☐ A lot of trouble 2 ☐ A little trouble *(62)* 3 ☐ No trouble *(Check Item II)*

b. Are you blind? — b. (353) 1 ☐ Yes 2 ☐ No

620. About how long have you had trouble seeing? — 62a. (354) ______ Months (355) ______ Years 1 ☐ Since birth (356) 9 ☐ DK } *(Check Item II)*

b. Has it been less than 3 months, or 3 months or more? — b. (357) 1 ☐ Less than 3 months 2 ☐ 3 months or more

▶ CHECK ITEM II ◀

- If A-l or 6-l in upper right box on page *12,* READ:

The next questions are about how well you can *see* in recognizing o friend from different distances. (Reod the phrase "When wearing eyeglasses/contact lenses" in *each* of the following questions.)

- If A-2 or B-2 in box, READ:

The next questions are about how well you can see in recognizing o friend from different distances.

Question	No.	Response
63. (When wearing eyeglasses/contact lenses) Can you SEE well enough to recognize a friend if you get close to his face?	63.	(358) 1 ☐ Yes 2 ☐ No
64. (When wearing eyeglasses/contact lenses) Can you SEE well enough to recognize a friend who is an arms length away?	64.	(359) 1 ☐ Yes 2 ☐ No (Check Item Ill)
65. (When wearing eyeglasses/contact lenses) Can you SEE well enough to recognize a friend across a room?	65.	(360) 1 ☐ Yes 2 ☐ No (Check Item Ill)
66a. (When wearing eyeglasses/contact lenses) Can you SEE well enough to recognize o friend across a street?	66a.	(361) 1 ☐ Yes 2 ☐ No (Check Item *III)*
b. Do you have any problems seeing distant objects?	b.	(362) 1 ☐ yes 2 ☐ No (Check Item Ill)
c. What types of problems do you have in seeing distant objects? ____________________	c.	

▶ CHECK ITEM Ill ◀

- If A-l or A-2 in the box, READ:

Now I'm going to ask about how well you con see things that are near to you. Please answer these questions in terms of when you are wearing glasses. *(Read* the phrase "When wearing *eyeglasses/contact* lenses" in each of the following questions where appropriate.)

- If *B-l* or B-2 in box, READ:

Now I'm going to ask about how well you con see things that are near to you.

Question	No.	Response
67a. Do you reod any newspapers, mogazines, or books?	67a.	(363) 1 ☐ Yes 2 ☐ No *(67c)*
b. (When wearing eyeglasses/contact lenses) Do you have any trouble at all seeing the print?	b.	(364) 1 ☐ Yes (68) 2 ☐ No (70)
c. Is this because you have trouble seeing?	c.	(365) 1 ☐ Y e s 2 ☐ No
680. (When wearing eyeglasses/contact lenses) Can you SEE well enough to read ordinary newspaper print?	68a.	(366) 1 ☐ Yes *(69)* 2 ☐ No
b. (When wearing eyeglasses/contact lenses) Con you SEE well enough to recognize letters in ordinary newsvaoer print?	b.	(367) 1 ☐ Yes 2 ☐ No (69b)
69a. In order to (read/recognize) ordinary newspaper print, must you use a hand magnifying glass?	69a.	(368) 1 ☐ Yes *(73)* 2 ☐ No *(70)*
b. Can you see well enough to read or recognize ordinary newspaper print if you use a hand magnifying glass?	b.	(369) 1 ☐ Yes *(71)* 2 ☐ No *(71)*

- *If 67c is* "Yes," GO to 70b; otherwise ask:

Question	No.	Response
70a. Do you have any problem seeing ORDINARY NEWSPAPER print (even when wearing eyeglasses)?	70a.	(370) 1 ☐ Yes 2 ☐ No (73)
b. What types of problems do you have in seeing the print? ____________________ *(73)*	b.	
71. (When you are wearing eyeglasses/contact lenses) Can you see large letters in a newspaper, such as the headlines?	71.	(371) 1 ☐ Yes *(73)* 2 ☐ No
720. If you are in a room, con you see well enough to tell if a light is on or off?	72a.	(372) 1 ☐ Yes 2 ☐ No (73)
b. Can you see welt enough to tell where the light is coming from?	b.	(373) 1 ☐ Yes 2 ☐ No

73. During the past 6 months, have you used any medicine, drugs, or pills internally for the following? (Include any over-the-counter medicine or prescription drugs.)

73.		Regularly	Occasionally	No
Sleep problems or insomnia	(374)	1 ☐	2 ☐	3 ☐
Headache	(375)	1 ☐	2 ☐	3 ☐
Other pains	(376)	1 ☐	2 ☐	3 ☐
Upset stomach or indigestion	(377)	1 ☐	2 ☐	3 ☐
Weakheart	(378)	1 ☐	2 ☐	3 ☐
Allergies	(379)	1 ☐	2 ☐	3 ☐
Nerves	(380)	1 ☐	2 ☐	3 ☐
Lack of pep (except thyroid pi lls)	(381)	1 ☐	2 ☐	3 ☐
Convulsions	(382)	1 ☐	2 ☐	3 ☐
Skin conditions	(383)	1 ☐	2 ☐	3 ☐
Fluid pills for water loss	(384)	1 ☐	2 ☐	3 ☐
Weight loss (except fluid pills)	(385)	1 ☐	2 ☐	3 ☐
Infection (antibiotic or sulfa pills or shots only)	(386)	1 ☐	2 ☐	3 ☐

74a. Are you on a special diet? — 74a. (387)
1 ☐ Yes
2 ☐ No (75)

b. Is this diet – (Reod *list* ond mark *all* that apply) — b. (388) *
1 ☐ To lose weight
2 ☐ For diabetes
3 ☐ For kidney failure
4 ☐ For ulcers
5 ☐ For allergies
6 ☐ For heart' trouble or high blood pressure
(389) *
1 ☐ For pregnancy
2 ☐ For any other reason – Specify ↗

c. Is this diet – (Read list ond *mark all* that apply) — c. (390) *
1 ☐ Low fat
2 ☐ Low protein
3 ☐ Low salt
4 ☐ Low carbohydrate
5 ☐ Low calorie
6 ☐ Some other type – *Specify* ↗

d. Was this **diet ordered** by a doctor? — d. (391)
1 ☐ **Yes**
2 ☐ No

75. In your usual day, **aside** from **recreation,** are you physically **very** active, **moderately active,** or **quite inactive?** — 75. (392)
1 ☐ Very active
2 ☐ Moderately active
3 ☐ Quite inactive

76. In things you do for **recreation,** for ● xamplo: sports, hiking, dancing, and so forth, do you got much **exercise,** moderato **exercise,** or **little** or no **exercise?** — 76. (393)
1 ☐ Much **exercise**
2 ☐ Moderate exercise
3 ☐ Little or no exercise

These next questions are about **the** use of TOBACCO.

77a. **Have** you **smoked** at **least** 100 **cigarettes during** your ● ntiro **life?** — 77a. (394)
1 ☐ Yes
2 ☐ No (78)

b. Do you smoke **cigarettes** now? — b. (395)
1 ☐ [illegible]
2 ☐ No (77d)

c. On the average, about how many a day do you **smoke?** — c. (396)
-Cigarettes per day (77e)

d. How long has it been since you smoked cigarettes fairly regularly? — d. (397)
-Years (77f)
77 ☐ Under one year
88 ☐ Never smoked cigarettes regularly (78)
99 ☐ DK

Question		Response
77e. On the average, about how many **cigarettes** a day **were** you smoking 12 months ago?	**77e.**	(398) ___ Cigarettes per day 88 ☐ Did not smoke 99 ☐ DK
f. During **the period when** you **were** smoking **the** most, about how many **cigarettes** a day did you **usually smoke?**	**f.**	(399) ___ Cigarettes per day 99 ☐ DK
g. About how old **were** you **when** you first **started** smoking **cigarettes** fairly **regularly?**	**g.**	(400) ___ Years old 88 ☐ Never smoked regularly 99 ☐ DK
78a. Have you smoked at **least** 50 cigars during your entire life?	**78a.**	(401) 1 ☐ Yes 2 ☐ No (79)
b. Do you smoke cigars now?	b.	(402) 1 ☐ Yes 2 ☐ No (78d)
c. About how many cigars a day do you smoke?	**c.**	(403) ___ Cigars per day (78e) (IF LESS THAN 1 PER DAY) 88 ☐ 3 to 6 per week (78e) 99 ☐ Less than 3 per week
d. About how long has it **been** since you smoked **three** or **more** cigars a week?	d.	(404) ___ Years (79) 77 ☐ Under 1 year 88 ☐ Never smoked 3 or more cigars a week (79) 99 ☐ DK
e. **Twelve** months ago, about how many cigars a day did you usually smoke?	e.	(405) ___ Cigars per day ***(IF*** LESS THAN 1 PER DAY) 77 ☐ 3 to 6 per week 88 ☐ Less than 3 per week 99 ☐ Did not smoke cigars
79a. **Have** you **smoked** at **least three** packages of pipe tobacco during your entire **life?**	79a.	(406) 1 ☐ Yes 2 ☐ No (80)
b. Do you smoke a pipe now?	b.	(407) 1 ☐ Yes 2 ☐ No (79d)
c. About how many pipesful of tobacco a day do you usually **smoke?**	**c.**	(408) ___ **Pipesful** per day (79e) (IF LESS THAN 1 PER DAY) 77 ☐ 3 to 6 per week (79e) 88 ☐ Less than 3 per week
d. About how long has it been since you smoked three or more pipesful a week?	**d.**	(409) ___ **Years** (80) 77 ☐ Under 1 year 88 ☐ Never smoked 3 or more pipesful a week (80) 99 ☐ DK
e. Twelve months ago, about how many pipesful a day did you smoke?	**e.**	(410) ___ Pipesful per day ***(IF*** LESS THAN ***1 PER DAY)*** 77 ☐ 3 to 6 per week 88 ☐ Less than 3 per week 99 ☐ Did not smoke a pipe
80. Do you presently use – (Read list *and* mark all that *apply)*	80.	(411) 1 ☐ Snuff 2 ☐ Chewing tobacco 3 ☐ Any other form of tobacco -Specify ___ ☐ None

Question	No.	Item	Response
81. How important do you think it is for people to have a regular physical check-up, very important, fairly important, or hardly important at all?	81.	412	1 ☐ Very important 2 ☐ Fairly important 3 ☐ Hardly important 9 ☐ DK
82. Is there ONE particular doctor or place you usually go to when you are sick or when you need advice about your health?	82.	413	1 ☐ Yes 2 ☐ No (84)
83. Where do you go for this care or advice, to a clinic, hospital, doctor's office, or some other place? If Hospital: Is this an outpatient clinic or the emergency room? If Clinic: Is this a hospital outpatient clinic, a company clinic, or some other kind of clinic?	83.	414	1 ☐ Private doctor's office 2 ☐ Home 3 ☐ Doctor's clinic 4 ☐ Group practice 5 ☐ Hospital Outpatient Clinic 6 ☐ Hospital Emergency Room 7 ☐ Company or industry Clinic 8 ☐ Other – Specify ↗
84. How long has it been since you last talked to any doctor about yourself?	84.	415 416	- Months OR - Years 0 ☐ Less than 1 month 77 ☐ Never (Check Item IV)
85. Do you get check-ups from a doctor AS OFTEN as once every 2 years?	85.	417	1 ☐ Yes 2 ☐ No
↗ CHECK ITEM IV ◀ Ask questions 86, 87, and 88 only once for each family. If already asked for this household, mark (X) the box and end questions. → ☐			
86a. Is any language other than English frequently spoken here in this home?	86a.	418	1 ☐ Yes 2 ☐ No (87)
b. What language(s)?	b.	419	Language(s) spoken
87. Please look at this card – (Show Flashcard) Which of these Income groups represents yours, your --'s etc., total combined family income for the past 12 months; that is, since (date) ____ a year ago? Include income from all sources such as wages, salaries, social security or retirement benefits, help from relatives, rent from property, and so forth.	87.	420	Group 11 ☐ A 15 ☐ E 19 ☐ I 12 ☐ B 16 ☐ F 20 ☐ J 13 ☐ C 17 ☐ G 21 ☐ K 14 ☐ D 18 ☐ H 22 ☐ L
88. May I see your box of table salt?	88.	421	1 ☐ Iodized 2 ☐ Not iodized 3 ☐ No box

Comments

Item
422
423
424
425
426
427
428

C. Water Usage Supplement

FORM HES-SC (10-24-74)

U.S. DEPARTMENT OF COMMERCE
SOCIAL AND ECONOMIC STATISTICS ADMINISTRATION
BUREAU OF THE CENSUS
ACTING AS COLLECTING AGENT FOR THE
U.S. PUBLIC HEALTH SERVICE

WATER USAGE SUPPLEMENT

HEALTH EXAMINATION SURVEY

NOTICE – All information which would permit identification of the individual will be held strictly confidential, will be used only by persons engaged in and for the purposes of the survey, and will not be disclosed or released to others for any other purposes.

a. PSU	b. Segment number	c. Serial number	d. Person number	e. NCHS Serial number

READ - The water a person drinks may affect his health. Each house has different water depending on such things as the pipes in the house and the service line to the house. I would like to ask you about your use of drinking water.

Question		Answer
• These next four questions are about water and drinks that you make from a faucet at this house. Do NOT include drinks made from water at other locations. 1a. About how many glasses of water do you drink here per day?	1a.	101 ________ glass(es) ☐ None
b. About how many glasses of cold drinks made from water such as powdered milk, Kool aide, Tang, frozen juice, iced tea, whiskey with water, etc., do you drink per day?	b.	102 ________ glass(es) ☐ None
c. About how many cups of coffee do you drink per day?	c.	103 ________ cup(s) ☐ None
d. About how mony cups of other hot drinks such as tea, soup, etc., do you drink per day?	d.	104 ________ cup(s) ☐ None
e. How long have you lived at this address?	e.	105 ________ month(s) 106 ________ year(s)
• Now we have some questions about drinks made from faucets at other locations such as work, restaurants, and so forth. 2a. About how many glasses of water do you drink per day at these places?	2a.	107 ________ glass(es) ☐ None
b. About how many glasses of cold drinks made from water such as powdered milk, Kool aide, Tang, frozen juice, iced tea, whiskey with water, etc., do you drink per day?	b.	108 ________ glass(es) ☐ None
c. About how many cups of coffee do you drink per day?	c.	109 ________ cup(s) ☐ None
d. About how many cups of other hot drinks such as tea, soup, etc., do you drink per day?	d.	110 ________ cup(s) ☐ None

► If an entry of glasses or cups in item 2a through d ask questions e and f; otherwise go to item 3.

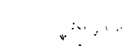
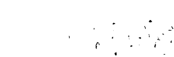
Question		Answer
e. What is the address of the place thot you used most in the last month? (Include number, street, city, Stote, and ZIP code)	e.	Address
f. How long hove you used woter ot . . . ?	f.	112 ________ month(s) 113 ________ year(s)

• Now we have some questions about drinks made from **commercial** bottled water. 30. 3a. About how many glasses of commercial bottled water do you drink per day?	114 ________ glass(es) 0 ☐ None
b. About how many glasses of cold drinks made from **commercial** bottled woter such os powdered milk, Kool aide, Tang, frozen juice, iced tea, whiskey with water, etc.,do you drink per day? b.	115 ________ glass(es) o ☐ None
c. About how many cups of coffee do you drink per day? c.	116 ________ cup(s) o ☐ None
d. About how many cups of other hot drinks such as tea, soup, etc.,do you drink per day? d.	117 ________ cup(s) o ☐ None
▶ If an entry of glasses or cups in item 3a through d ask questions e, f, and g; otherwise to to item 4.	
e. Whot brand of bottled water do you use? a.	Brand name
f. What type of water is this (e.g., mineral, distilled, etc.)? f.	118 1 ☐ Mineral 2 ☐ Distilled 3 ☐ Other (Specify) ↗ ________
g. How long have you used this type of water? g.	119 ________ month(s) 120 ________ year(s)
• The next questions are about drinks made from other sources such os a well, cistern, spring, etc., on the property but not connected to the house. 40. 4a. How many glasses of water do you drink per day?	121 ________ glass(es) o ☐ None
b. About how many glasses of cold drinks made from water such as powdered milk, Kool aide, Tong, frozen juice, iced tea, whiskey with water, etc.,do you drink per day? b.	122 ________ glass(es) o ☐ None
c. About how many cups of coffee do you drink per day? c.	123 ________ cup(s) o ☐ None
d. About how many cups of other hot drinks such as teo, soup, etc.,do you drink per day? d.	124 ________ cup(s) o ☐ None
▶ If an entry of glasses or cups in item 4a through d ask questions e and f; otherwise go to item 5.	
e. What type of source not connected to a faucet have you used most in the last month (e.g., well, cistern, spring, etc.)	125 1 ☐ Well 2 ☐ Cistern 3 ☐ Spring 4 ☐ Other (Specify) ↗ ________
f. Is this source located at home? f.	126 1 ☐ Yes 2 ☐ No

CHECK ITEM I

Ask questions 5 through 10 once for a household. If already asked for this household, mark (X) the box, end questions and go to Check Item II. → ☐ I

Question		Response
5. Does your faucet water come from a public water system or your own woter supply?	5.	(127) 1 ☐ No faucet water in structure *(10)* 2 ☐ Public water 3 ☐ Own supply (7)
6a. What is the name of the water company that supplies your house?	6a.	(128) Name of company
b. How long have you used water from this company?	b.	(129) ________ month(s) (130) ________ year(s) } *(8)*
7. What type of water line runs from your own water supply to the house? Mark (X) one box after reading list.	7.	(131) 1 ☐ Black iron 2 ☐ Galvanized 3 ☐ Plastic 4 ☐ Lead 5 ☐ Brass 6 ☐ Copper 7 ☐ Cement 8 ☐ Other *(Specify)* 9 ☐ Don't know
8a. Do you have a water softener or conditioner connected to the hot or cold water?	8a.	(132) 1 ☐ Yes 2 ☐ No (9) 9 ☐ Don't know (9)
b. Which one?	b.	(133) 1 ☐ Hot 2 ☐ Cold 3 ☐ Both 9 ☐ Don't know where connected
c. What brand is it?	c.	Brand name
9a. I would like to check the pipes where they are not painted or chrome-plated. May I check under the kitchen sink?	9a.	(134) 1 ☐ Kitchen 2 ☐ At water heater 3 ☐ Other location (Specify) (134) 4 ☐ Not checked (Enter *reason*)
b. Mark (X) the type of pipe.	b.	(136) 1 ☐ Black iron 2 ☐ Galvanized 3 ☐ Plastic 4 ☐ Lead 5 ☐ Brass 6 ☐ Copper 7 ☐ Other (Specify) 9 ☐ Don't know

10. We will be analyzing the water available to people for drinking or cooking in their homes. May I take a sample of the water from your kitchen faucet (well, cistern, spring, etc.)?

10.

SAMPLE OBTAINED

(137) 1 ☐ Household faucet

2 ☐ Source not connected to a faucet

SAMPLE NOT OBTAINED

3 ☐ Use bottled water only

4 ☐ Other (Specify) ↗

CHECK ITEM II

READ 77-E FOLLOWING:

Thank you very much for answering the questions about yourself. To determine more completely and precisely the health status and needs of the adult U.S. population, the U.S. Public Heolth Service also needs actual measurements and tests that can only be obtained by a health examination. For this, a special examination center has been set up and examinations will be conducted on the dates and times indicated on the sheet I will give you. The examination thot is given is very thorough and there are no procedures, such as an internal examination, that ore in any way embarrassing.

We very carefully select a sample of people to be representative of all parts of the population. You have been selected from many thousands of people similar to you with respect to your age, race, and sex, and the fact that we cannot substitute any other person for you makes your participation in the examination very important.

The examination is entirely free and you will receive a fee of $10.00 as on expression of appreciation for your help in this important survey and as compensation for your time and for any inconvenience. We provide transportation to and from the examination center or we reimburse you if you decide to drive your own car.

None of the results from the examination or answers to the questions I have just asked, will ever be disclosed to anyone for any purpose without the individual's written consent; this is required by law. However, since a valuable examination is being given, most people do request that the examination results be sent to their physician. I would very much like to make an appointment for you at a time that is convenient.

☐ Appointment made

☐ Appointment not made (Specify) ↗

Notes

D. Health Care Needs Questionnaire

HRA-11-6 (FORMERLY HSM-411-6)
8-75

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
PUBLIC HEALTH SERVICE
HEALTH RESOURCES ADMINISTRATION
NATIONAL CENTER FOR HEALTH STATISTICS
HEALTH AND NUTRITION EXAMINATION SURVEY

HEALTH CARE NEEDS

Form Approved
O.M.B. No. 68-R1184

ASSURANCE OF CONFIDENTIALITY
All information which would permit identification of the individual will be held strictly confidential, will be used only by persons engaged in and for the purposes of the survey, and will not be disclosed or released to others for any other purposes (22 F R 1687).

a. Name (Lost, first, middle)

b. Deck No.	c. Sample No.	d. Segment No.	e. Seri al No.	f. Column No.
181	— — — — —	— — — — — —	— —	— —

READ – I need to ask you a number of questions about doctors, dentists, hospitals, and other people who might give you medical core, just how you use them, ond what your opinion is on some questions about health core. Your answers will be kept confidential.

▶ DOCTORS

1. When was the last time you tolked to o doctor obout your own health . .

		Never	Less than 2 weeks ago	2 Weeks through 5 months ago	6 through 11 months ago	1 but less than 2 years ago	2 through 4 years ago	5 or more years ago
at a private doctor's office?	001	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐	7 ☐
at a hospital outpatient clinic? . . .	002	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐	7 ☐
at a city clinic?	003	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐	7 ☐
at a clinic at work?	004	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐	7 ☐
ot another type clinic?	005	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐	7 ☐
at a hospital emergency room?	006	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐	7 ☐
ot home?	007	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐	7 ☐
over the telephone?.	008	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐	7 ☐
in another woy? – Specify ____________	009	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐	7 ☐

2. What was the MAIN reason for your last visit with a doctor? (Check only one.)

010
1 ☐ A sickness or illness --What was the problem? ____________
2 ☐ An injury-- Whot was the problem? ____________
3 ☐ A follow-up visit
4 ☐ A regular checkup
5 ☐ An injection
6 ☐ For a prescription
7 ☐ Some other reason

Question		Code	Response
3a. For this lost visit, how long was it from the time you decided you should see a doctor until you actually sow him:	3a.	011	1 ☐ Less than one day 2 ☐ I-6 days 3 ☐ I but less than 2 weeks 4 ☐ 2-3 weeks 5 ☐ I-2 months 6 ☐ 3 months or more 9 ☐ Don't remember
b. Did you have an appointment to see him?	b.	012	1 ☐ Yes – Ask c 2 ☐ No – SKIP to 4
c. How long was it from the time ou made the appointment until you saw I im?	c.	013	1 ☐ Less than one day 2 ☐ 1–6 days 3 ☐ I but less than 2 weeks 4 ☐ 2-3 weeks 5 ☐ I-2 months 6 ☐ 3 months or more 9 ☐ Don't remember
d. War this time longer thon you would have liked?	d.	014	1 ☐ Yes 2 ☐ No 9 ☐ Don't remember
4. From whot place did you leave to go to the doctor?	4.	015	1 ☐ From home 2 ☐ From work 3 ☐ From some other place
5. How did you get from there to the doctor?	5.	016	1 ☐ Walked 2 ☐ Bus 3 ☐ Own car 4 ☐ Someone else's car 5 ☐ Cab 6 ☐ Ambulance 7 ☐ Other means
6. How long did it take to get there?	6.	017	1 ☐ Less than 15 minutes 2 ☐ 15–29 minutes 3 ☐ 30–59 minutes 4 ☐ I hour or mork 9 ☐ Don't remember
7a. At this last visit, about how mony minutes did you have to wait before being seen by the doctor?	70.	018	_ _ _ minutes
b. Do you think this woit was too long?	b.	019	1 ☐ Yes 2 ☐ No
8. How well satisfied were you with this visit?	8.	020	1 ☐ Satisfied 2 ☐ Not completely satisfied 3 ☐ Dissatisfied 4 ☐ No opinion

9a. During the past 12 months, have you hod a health problem which you would have liked to see a doctor about but did not for some reason?

9a. (021) 1 ❑ [illegible]
2 ❑ No – SKIP to 10

b. What was the reason you did not see a doctor?

b.		Yes	No
Lack of confidence in available doctors	(022)	1 ❑	2 ❑
Didn't have time	(023)	1 ❑	2 ❑
Would cost too much	(024)	1 ❑	2 ❑
Couldn't get an appointment	(025)	1 ❑	2 ❑
Would have to travel too far	(026)	1 ❑	2 ❑
Didn't have a way to get there	(027)	1 ❑	2 ❑
Was afraid of finding out what was wrong	(028)	1 ❑	2 ❑
Didn't have anyone to care for children or other family members	(029)	1 ❑	2 ❑
Other – Specify ______________	(030)	' c l	2 ❑

10a. When did you last have a general checkup or examination, not counting exams made during a visit for an illness?

10. (031)
1 ❑ Never – SKIP to 13
2 ❑ Less than 6 months ago
3 ❑ 6–1 l months ago
4 ❑ l but less than 2 years ago
5 ❑ 2 years ago of more
9 ❑ Don't remember

11. Where did you get-this general examination ?

11. (032)
1 ❑ Doctor's office
2 ❑ Hospital clinic
3 ❑ Another clinic
4 ❑ Some other place -Specify ______________

12. During this lost general examination, were you given –

12.		Yes	No	
a cardiogram?	(033)	1 ❑	2 ❑	
a blood pressure check?	(034)	1 ❑	2 ❑	
a chest x-ray?	(035)	1 ❑	2 ❑	
blood tests?	(036)	1 ❑	2 ❑	
a urinalysis?	(037)	1 ❑	2 ❑	
vision tests?	(038)	1 ❑	2 ❑	
hearing tests?	(039)	1 ❑	2 ❑	
a rectal examination?	(040)	1 ❑	2 ❑	
an internal examination (FEMALES ONLY)?	(041)	1 ❑	2 ❑	8 ❑ Not applicable

Question	Response
13a. When was the lost time you received any shots, immunizations or voccinotions to prevent on illness, excluding shots for allergy?	**13a.** (042) 1 ☐ Never – *SKIP* to 14 2 ☐ Less than 6 months ago 3 ☐ 6-11 months ago 4 ☐ 1-2 years ago 5 ☐ 3–5 years ago 6 ☐ 6-9 years ago 7 ☐ 10 years ago or more 9 ☐ Don't remember
b. Why did you get this shot?	**b.** (043) 1 ☐ Foreign travel 2 ☐ During military service 3 ☐ Participation in community or work-sponsored immunization campaign (for example, polio or flu) 4 ☐ Other – Specify ________
14a. Is there o particular doctor you see regularly or whom you would go to if something were bothering you?	**14a.** (044) 1 ☐ [illegible] 2 ☐ No – SKIP to 15
b. If you couldn't see this doctor, is there some other particular doctor you would want to see if something were bothering you?	**b.** (045) 1 ☐ Yes 2 ☐ No 9 ☐ Don't know
15. Except in an emergency, do you need to have on appointment in order to see a doctor?	**15.** (046) 1 ☐ Yes 2 ☐ No
16. When you go to a doctor, do you like the doctor to talk to you about your condition or do you like him just to treot it?	16. (047) 1 ☐ Talk 2 ☐ Just treat
17. Do the doctors you usually see talk to you obout your condition?	17. (048) 1 ☐ Yes 2 ☐ No
18. Do you try out home remedies or any that you can get without a prescription before going to your doctor about a problem?	**18.** (049) 1 ☐ Yes, often 2 ☐ Yes, sometimes 3 ☐ No

1

NOTES

DENTIST

19. Do you hove o dentist you usuolly go to? — 19 (050)
1 ☐ Yes
2 ☐ No

20. When wos the lost time you visited or talked with o dentist obout yourself. . . . . — 20.

		Never	Less than 6 months ago	6 through 11 months ago	1 but less than 2 years ago	2 through 4 years ago	5 or more years ago
ot a dentist's office?.	(051)	1 ☐	2 ☐	3 0	4 ☐	5 ☐	6 ☐
at a hospital dental clinic? . . .	(052)	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐
at o hospital emergency clinic?	(053)	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐
ot another clinic (work, school, etc.)	(054)	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐
over the telephone?	(055)	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐
in another way? – Specify ______________	(056)	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐

21. What was the MAIN reason for your lost visit or talk with o dentist at either his office or at a clinic? — 21. (057)
1 ☐ Adjustment or repair of dental plate
2 ☐ To have a dental plate made
3 ☐ loathache
4 ☐ Tooth pulled or other surgery
5 ☐ Trouble with gums
6 ☐ Regular checkup visit
7 ☐ For cleaning teeth
8 ☐ To have teeth fi I led
9 ☐ For a prescription
o ☐ Some other reason – Specify ______________

22. For this last visit, how long was it from the time you decided you needed or wanted to see o dentist until you actually saw him? — 22. (058)
1 ☐ Less than one day
2 ☐ 1–6 days
3 ☐ I week but less than 2 weeks
4 ☐ 2-3 weeks
5 ☐ I-2 months
6 ☐ 3 months or more
9 ☐ Don't remember

Question		Response
23a. At the time of this last visit or talk with a dentist did you have an **appointment?**	23a.	(059) 1 ☐ Yes – Ask 23b 2 ☐ No – SKIP to 24
b. How long was it from the time you made the **appointment** until you saw him?	b.	(060) 1 ☐ Less than one day 2 ☐ 1-6 days 3 ☐ 1 week but less than 2 weeks 4 ☐ 2-3 weeks 5 ☐ 1-2 months 6 ☐ 3 months or more 9 ☐ Don't remember
c. Was this wait longer than you would have liked it?	c.	(061) 1 ☐ Yes 2 ☐ No 9 ☐ Don't remember
24. How did you get to the dentist's office?	24.	(062) 1 ☐ Walked 2 ☐ Bus or subway 3 ☐ Car 4 ☐ Cab 5 ☐ Other means – Specify ______
25. How long did it take to get there?	25.	(063) 1 ☐ Less than 15 minutes 2 ☐ 15–29 minutes 3 ☐ 30–59 minutes 4 ☐ 1 hour or more 9 ☐ Don't remember
26a. At this last visit with a dentist, about how many minutes did you have to wait before being seen by the dentist?	26a.	(064) ___ minutes
b. Do you think this wait was too long?	b.	(065) 1 ☐ Yes 2 ☐ No
27. How well satisfied were you with this visit?	27.	(066) 1 ☐ Satisfied 2 ☐ Not completely satisfied 3 ☐ Dissatisfied 4 ☐ No opinion
28. Does your dentist or dental clinic call you or send you a note to remind you when your next regular checkup is due?	28.	(067) 1 ☐ Yes 2 ☐ No 9 ☐ Don't know
29a. During the past 12 months, have you had a dental problem which you would have liked to see a dentist **about** but you didn't see the dentist?	29a.	(068) 1 ☐ Yes – Ask 29b 2 ☐ No – SKIP to 30

29b. Why didn't you see bim?

29b.

	Yes	No
Didn't have time	(069) 1 ☐	2 ☐
Would cost too much	(070) 1 ☐	2 ☐
Couldn't get on appointment	(071) 1 ☐	2 ☐
Would have to travel too for	(072) 1 ☐	2 ☐
Didn't have a way to get there	(073) 1 ☐	2 ☐
Didn't have anyone to care for children or other family members	(074) 1 ☐	2 ☐
Some other reason	(075) 1 ☐	2 ☐

HOSPITAL

30. When was the lost time you stayed in a hospital overnight or longer?

30. (076)
1 ☐ Never – SKIP to 36
2 ☐ Less than I month ago
3 ☐ I-5 months ago
4 ☐ 6-I I months ago
5 ☐ One year ago or more
9 ☐ Don't remember

31. Was this stay in the hospital on account of on emergency or was it planned in advance?

(077)
1 ☐ Planned
2 ☐ Emergency

32. What was the MAIN reason you went into the hospital that time?

32. (078)
1 ☐ Sickness or illness
2 ☐ Injury
3 ☐ Surgery
4 ☐ Child birth } SKIP to 34
5 ☐ Checkup } SKIP to 34
6 ☐ Some other reason – Specify ond SKIP to 34

____

33a. When you went into the hospital for this______, just what was the problem?

____

____

b. How long was it from the time it was decided you needed to go into the hospital until you went in?

b. (079)
1 ☐ Less than one day
2 ☐ 1–6 days
3 ☐ I but less than 2 weeks
4 ☐ 2–3 weeks
5 ☐ I-2 months
6 ☐ 3 months or more
s ☐ Don't remember

34a. What part of the doctor's bill did you or your family have to pay out of your own pocket for the treatment the doctor gave you while you were in the hospital?

34a. (080)
1 ☐ None – SKIP to 35
2 ☐ Less than half
3 ☐ More than half, but not all
4 ☐ All
s ☐ Don't know – SK/P to 35

b. Did you get any of this money bock from your health insurance?

b. (081)
1 ☐ Yes
2 ☐ No

35a. What part of this hospital bill did you or your family have to pay out of your own pocket?	35a. (082)	1 ☐ None – SKIP to 36 2 ☐ Less than half 3 ☐ More than half, but not all 4 ☐ All 5 ☐ Don't know – SKIP to 36
b. Did you get any of this money back from your health insurance?	b. (083)	1 ☐ Yes 2 ☐ No
36a. When you see a doctor at his office or at a clinic, what part of the cost do you or your family usually have to pay out of your own pocket?	36a. (084)	1 ☐ Never been to a doctor – *SKIP* to 37 2 ☐ None – *SKIP* to 37 3 ☐ Less than half 4 ☐ More than half, but not all 5 ☐ All 9 ☐ Don't know – *SKIP* to 37
b. Do you get any of this money back from your health insurance?	b. (085)	1 ☐ Yes 2 ☐ No
37a. Whenever you see a dentist at either his office or at a clinic, what part of the cost do you or your family have to pay out of your own pocket?	37a. (086)	1 ☐ Never been to a dentist – *SKIP* to 38 2 ☐ None – *SKIP* to 38 3 ☐ Less than half 4 ☐ More than half, but not all 5 ☐ All 9 ☐ Don't know – SKIP to 38
b. Do you get any of this money back from your health insurance?	b. (087)	1 ☐ Yes 2 ☐ No
38a. What part of the cost of drugs and medicines prescribed by your doctor do you pay out of your own pocket?	38a. (088)	1 ☐ No drugs or medicines ever prescribed – SKIP to 39 2 ☐ None – SKIP to 39 3 ☐ Less than half 4 ☐ More than half, but not all 5 ☐ All 9 ☐ Don't know – SKIP to 39
b. Do you get any of this money back from your health insurance?	b. (089)	1 ☐ Yes 2 ☐ No

39. Do you have insurance or coverage for medical care under . . . .

39b. What part of your medical bills does it pay?

39.		Yes	No		Less than half	More than half but not all	All	Don't know
Medicare (for elderly) ?	(090)	1 ☐	2 ☐	(098)	1 ☐	2 ☐	3 ☐	9 ☐
Private medical insurance?	(091)	1 ☐	2 ☐	(099)	1 ☐	2 ☐	3 ☐	9 ☐
Insurance through your place of work?	(092)	1 ☐	2 ☐	(100)	1 ☐	2 ☐	3 ☐	9 ☐
Medicaid (for all ages) ?	(093)	1 ☐	2 ☐	(101)	1 ☐	2 ☐	3 ☐	9 ☐
Retired military privileges? . . .	(094)	1 ☐	2 ☐	(102)	1 ☐	2 ☐	3 ☐	9 ☐
Veterans medical care?	(095)	1 ☐	2 ☐	(103)	1 ☐	2 ☐	3 ☐	9 ☐
Some other government assistance program? – Specify ________	(096)	1 ☐	2 ☐	(104)	1 ☐	2 ☐	3 ☐	9 ☐
Some other way?	097	1 ☐	2 ☐	(105)	1 ☐	2 ☐	3 ☐	9 ☐

E. General Well-Being Questionnaire

H RA-1 I-7 (Formerly HSM-411-7) 1-74 DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE PUBLIC HEALTH SERVICE HEALTH RESOURCES ADMINISTRATION NATIONAL CENTER FOR HEALTH STATISTICS HEALTH EXAMINATION SURVEY **GENERAL WELL-BEING**	**Form Approved** **O.M.B. No. 68-R I 184** **ASSURANCE OF CONFIDENTIALITY** All information which would permit identification of the individual will be held strictly confidential, will be used only by persons engaged in and for the purposes of the survey, and will not be disclosed or released to others for any other purposes (22 FR 1687).

a. Name (Last, first, middle)	b. Deck No.	c. Sample No.	d. Sex	e. Age
	171	- - - - - -	1 ☐ Male 2 ☐ Female	— —

READ — **This section of the examination contains questions about how you feel and how things have been going with you. For each question, mark (X) the answer which best applies to you.**

1. How have you been feeling in general? (DURING THE PAST **MONTH)**

1. (001)
   - 1 ☐ In excellent spirits
   - 2 ☐ In very good spirits
   - 3 ☐ In good spirits mostly
   - 4 ☐ I have been up and down in spirits a lot
   - 5 ☐ In low spirits mostly
   - 6 ☐ In very low spirits

2. Have you been bothered by nervousness or your "nerves"? (DURING THE PAST MONTH)

2. (002)
   - 1 ☐ Extremely so -- to the point where I could not work or take care of things
   - 2 ☐ Very much so
   - 3 ☐ Quite a bit
   - 4 ☐ Some-- enough to bother me
   - 5 ☐ A little
   - 6 ☐ Not at all

3. Have you been in firm control of your behavior, thoughts, emotions OR feelings? (DURING THE PAST *MONTH)*

3. (003)
   - 1 ☐ Yes, definitely so
   - 2 ☐ Yes, for the most part
   - 3 ☐ Generally so
   - 4 ☐ Not too well
   - 5 ☐ No, and I am somewhat disturbed
   - 6 ☐ No, and I am very disturbed

4. Have you felt so sad, discouraged, hopeless, or had so many problems that you wondered if anything was worthwhile? *(DURING THE* PAST MONTH)

4. (004)
   - 1 ☐ Extremely so -- to the point that I have just about given up
   - 2 ☐ Very much so
   - 3 ☐ Quite a bit
   - 4 ☐ Some -- enough to bother me
   - 5 ☐ A little bit
   - 6 ☐ Not at all

5. Have you been under or felt you were under any strain, stress, or pressure? *(DURING* **THE PAST MONTH)**

5. (005)
   - 1 ☐ Yes -- almost more than I could bear or stand
   - 2 ☐ Yes -- quite a bit of pressure
   - 3 ☐ Yes -- some - more than usual
   - 4 ☐ Yes -- some - but about usual
   - 5 ☐ Yes - a little
   - 6 ☐ Not at all

6. How hoppy, satisfied, or pleased hove you been with your personal life? (DURING THE PAS7 MONTH)	6. (006) 1 ☐ Extremely happy -could not have been more satisfied or pleased 2 ☐ Very happy 3 ☐ Fairly happy 4 ☐ Satisfied -- pleased 5 ☐ Somewhat dissatisfied 6 ☐ Very di ssati sfi ed
7. Hove you had any reason to wonder if you were losing your mind, or losing control over the way you act, talk, think, feel, or of your memory? (DURING THE PAS7 MONTH)	7. (007) 1 ☐ Not at all 2 ☐ Only a little 3 ☐ Some-- but not enough to be concerned or worried about 4 ☐ Some and I have been a little concerned 5 ☐ Some and I am quite concerned 6 ☐ Yes, very much so and I am very concerned
8. Have you been anxious, worried, or upset? (DURING THE PAS7 MONTH)	8. (008) 1 ☐ Extremely so -- to the point of being sick or almost sick 2 ☐ Very much so 3 ☐ Quite a bit 4 ☐ Some -- enough to bother me 5 ☐ A little bit 6 ☐ Not at all
9. Hove you been woking up fresh ond rested? *(DURING THE PAS7 MONTH)*	9. (009) 1 ☐ Every day 2 ☐ Most every day 3 ☐ Fairly often 4 ☐ Less than half the time 5 ☐ Rarely 6 ☐ None of the time
10. Hove you been bothered by any illness, bodily disorder, poins, or fears obout your heolth? (DURING THE PAS7 MONTH)	10. (010) 1 ☐ All the time 2 ☐ Most of the time 3 ☐ A good bit of the time 4 ☐ Some of the time 5 ☐ A little of the time 6 ☐ None of the time
11. Has your doily life been full of things that were interesting to you? (DURING THE PAS7 MONTH)	11. (011) 1 ☐ All the time 2 ☐ Most of the time 3 ☐ A good bit of the time 4 ☐ Some of the time 5 ☐ A little of the time 6 ☐ None of the time
12. Hove you felt down-hearted and blue? (DURING THE PAS7 MONTH)	12. (012) 1 ☐ All of the time 2 ☐ Most of the time 3 ☐ A good bit of the time 4 ☐ Some of the time 5 ☐ A little of the time 6 ☐ None of the time

13. Have you been feeling emotionally stable and sure of yourself? (DURING THE PAS7 MONTH)

13. (013)
1 ☐ All of the time
2 ☐ Most of the time
3 ☐ A good bit of the time
4 ☐ Some of the time
5 ☐ A little of the time
6 ☐ None of the time

14. Have you felt tired, worn out, used-up, or exhausted? (DURING **THE** PAS7 MONTH)

14. (014)
1 ☐ All of the time
2 ☐ Most of the time
3 ☐ A good bit of the time
4 ☐ Some of the time
5 ☐ A l ittle of the time
6 ☐ None of the time

For each of the four scales below, note that the words ot each end of thq 0 to 10 scale describe opposite feelings. Circle any number along the bar which seems closest to how you have generally felt DURING THE PAST MONTH.

15. How **concerned or worried about your HEALTH hove you been?** (DURING THE PASTMONTH)

15. (015)

0	1	2	3	4	5	6	7	8	9	10
Not concerned at all										Very concerned

16. How **RELAXED or TENSE hove you been?** (DURING THE PAS7 MONTH)

16. (016)

o	1	2	3	4	5	6	7	8	9	10
Very relaxed										Very tense

17. How **much ENERGY, PEP, VITALITY have you felt?** (DURING THE PAST MONTH)

17. (017)

o	1	2	3	4	5	6	7	8	9	10
No energy AT ALL, listless										Very ENERGETIC, dynamic

18. How DEPRESSED or CHEERFUL have you been? (DURING THE PAS7 MONTH)

18. (018)

0	1	2	3	4	5	6	7	8	9	10
Very depressed										Very cheerful

19. Have you had severe enough personol, emotional, behavior, or mentol problems that you felt you needed help DURING THE PAS7 YEAR?

19. (019)
1 ☐ Yes, and I did seek professional help
2 ☐ Yes, but I did not seek professional help
3 ☐ I have had (or have now) severe personal problems, but have not felt I needed professional help
4 ☐ I have had very few personal problems of any serious concern
5 ☐ I have not been bothered at all by personal problems during the past year

Question		Response
20. Have you ever felt that you were going to have, or were close to having, a nervous breakdown?	20.	(020) 1 ☐ Yes -- during the past year 2 ☐ Yes -- more than a year ago 3 ☐ No
21. Have you ever had a nervous breakdown?	21.	(021) 1 ☐ Yes -- during the past year 2 ☐ Yes -- more than a year ago 3 ☐ No
22. Have you ever been a patient (or outpatient) at a mental hospital, a mental health ward of a hospital, or a mental health clinic, for any personal, emotional, behavior, or mental problem?	22.	(022) 1 ☐ Yes -- during the past year 2 ☐ Yes -- more than a year ago 3 ☐ No
23. Have you ever seen a psychiatrist, psychologist, or psychoanalyst about any personal, emotional, behavior, or mental problem concerning yourself?	23.	(023) 1 ☐ Yes -- during the past year 2 ☐ Yes -- more than a year ago 3 ☐ No
24. Have you talked with or had any connection with any of the following about some personal, emotional, behavior, mental problem, worries, or "nerves" CONCERNING YOURSELF *DURING THE* PAST YEAR?		
a. Regular medical doctor (except for definite physical conditions or routine check-ups)	24a.	(024) 1 ☐ Yes 2 ☐ No
b. Brain or nerve specialist	b.	(025) 1 ☐ Yes 2 ☐ No
c. Nurse (except for routine medical conditions)	c.	(026) 1 ☐ Yes 2 ☐ No
d. Lawyer (except for routine legal services)	d.	(027) 1 ☐ Yes 2 ☐ No
e. Police (except for simple traffic violations)	e.	(028) 1 ☐ Yes 2 ☐ No
f. Clergyman, minister, priest, rabbi, etc.	f.	(029) 1 ☐ Yes 2 ☐ No
g. Marriage Counselor	g.	(030) 1 ☐ Yes 2 ☐ No
h. Social Worker.	h.	(031) 1 ☐ Yes 2 ☐ No
i. Other formal assistance:	i.	(032) 1 ☐ Yes — What kind? ______ 2 ☐ No
25. Do you discuss your problems with ony members of your family or friends?	25.	(033) 1 ☐ Yes - and it helps a lot 2 ☐ Yes - and it helps some. 3 ☐ Yes - but it does not help at all 4 ☐ No - I do not have anyone I can talk with about my problems 5 ☐ No - no one cares to hear about my problems 6 ☐ No - I do not care to talk about my problems with anyone 7 ☐ No - I do not have any problems

Circle the number for each statement which best describes how often you felt or behaved this way-DURING THE PAST'WEEK.

DURING THE PAST WEEK:	Rarely or None of the Time (Less than 1 Day)	Some or a Little of the Time (1-2 Days)	Occasionally or a Moderate Amount of Time (3-4 Days)	Most or All of the Time (5-7 Days)
26. I was bothered by things that usually don't bother me	0	1	2	3
27. I did not feel like eating; my appetite was poor	0	1	2	3
28. I felt that I could not shake off the blues even with help from my family or friends	0	1	2	3
29. I felt that I was just as good as other people .	0	1	2	3
30. I had trouble keeping my mind on what I was doing . . , ...	0	1	2	3
31. I felt depressed.	0	1	2	3
32. I felt that everything I did was an effort . . .	0	1	2	3
33. I felt hopeful about the future	0	1	2	3
34. I thought my life had been a failure . . .	0	1	2	3
35. I felt fearful	0	1	2	3
36. My sleep was restless	0	1	2	3
37. I was happy	0	1	2	3
38. I talked less than usual	0	1	2	3
39. I felt lonely	0	1	2	3
40. People were unfriendly	0	1	2	3
41. I enjoyed life	0	1	2	3
42. I had crying spells	0	1	2	3
43. Ifeltsad	0	1	2	3
44. I felt that people disliked me	0	1	2	3
45. I could not get "going"	0	1	2	3

46 Filled out by: 1 ☐ Examinee 2 ☐ Interviewer 3 ☐ Mixed

t-IRA-1 1-7A
12/74

Form Approved
O.M.B. No. 68-R118

EXAMINER OBSERVATION SHEET

(Circle the number for the most appropriate observation for each alphabet set)

47.

A. Test qualifications

1. Refused at least one item
2. Couldn't comprehend at least one item
3. Simple error - missed item, skipped page, etc.
4, Time called, page missing, other non-examince factor
5. Feel this is a poor quality record of questionable value (other than above)
6. Other (describe) ____
*7. None - record complete, no qualifications

B. Reasons for not obtaining full, acceptable GWB (assessment limitations)

1. Lack of interviewers
2. Lack of time
3. Examinee failed to return to complete exam
4. Examinee too ill, drunk, etc.
5. Foregin language barrier
6. Seemed to be mentally retarded
7. Mental functioning or verbal comprehension too limited (o/t 5, 6)
8. Confused mental state, senile, etc.
9. Too emotionally disturbed or upset
10. Refused, non-cooperative, "difficult"
11. Other (describe) ____
* 12. None: obtained full, acceptable GWB

C. Indications of current problems from examinee

1. Direct reference to a current psychologic problems, i.e., under treatment for "nerves", taking tranquilizers, sedatives, sleeping pills, memory loss, delusions, senile. brain damage, retarded
2. Death of someone mentioned as negative affect or distressing
3. Distressing or limiting medical problem or condition mentioned
4. Medical or psychologic problem of someone else mentioned
5. Reference to problems of living, i.e., money, drug use or reaction, alcohol, limited physical movement, lonely, unhappy, job loss, unhappy love/sex condition, problems with children or spouse, etc.
6. Reference to problems of other family members, close friends, close associates
7. More than 2 year history mentioned for questions 20-23
8. Other (describe) ____
*9. No apparent problems

D. Interviewer impression of subjective distress or state (Any personal, situation, or condition mentioned or behavior, appearance, suggesting well being - distress)

0. Mentally or emotionally disturbed
1. Severely distressed
2. Moderately distressed
3. Mild distress
4. Some problems but apparently coping well or not distressed
5. Overly euphoric, hyperactive, or "pushing"
6. Highly restrained, tense, apprehensive, uncertain
7. Other (describe) ____
*8. Mild positive affect (feeling tone or state)
9. Strong positive affect

E. Interviewer impression of comprehension of task (filling-out GWB)

0. Could not do task (do not consider negative refusal)
1. Comprehension low
2. Comprehension questionable
3. Translator used or foreign language noted
4. Literacy level seemed low
5. Dialect or non-mainstream American-English
6. Mental processes seemed slow, uncertain
7. Speech slurred or hardly audible-difficult to understand
8. Some other problem (describe) ____
*9. No apparent limitations

NAME: Last, First, Middle ____

SAMPLE NO. ____

SEX: M F

AGE: ____

48. GWB examiner number ____
(If no examiner number, leave blank)

Comments:

____

____

49. Technician Observation

C.

2.
3.
4.

5.

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8.
*9.

D.

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5.
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7.
*8.
9.

Comments:

____

____

____

E.

0.
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2.
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4.
5.
6.
7.
8.
*9.

50. Technician's Examiner No. ____

F. Supplement A–Arthritis

HRA-1 I-2 (FORMERLY HSM-41 I-2) 6-75 DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE PUBLIC HEALTH SERVICE HEALTH RESOURCES ADMINISTRATION NATIONAL CENTER FOR HEALTH STATISTICS HEALTH AND NUTRITION EXAMINATION SURVEY **SUPPLEMENT A – ARTHRITIS**	Form Approved O.M.B. No. 68-R1184 ASSURANCE **OF CONFIDENTIALITY** All information which would permit identification of the individual will be held strictly confidential, will be used only by persons engaged in and for the purposes of the survey, and will not be disclosed or released to others for any other purposes (22 FR 1687).	
Name (Last, first, middle)	Deck No. 121	Sample No.

READ – **Earlier you mentioned having had either pain in a joint or in the back or neck, swelling of a joint, or morning stiffness in the joints or muscles, Here are some additional questions about it.**

1a. Have you had pain in either the back or neck on most days for at least one month?

(001)
1 ☐ [illegible]
2 ☐ [illegible] 2a

b. Has this pain in the back or neck been present on any one occasion for at least six weeks?

(002)
1 ☐ Yes
2 ☐ No

c. Where is the pain usually located?

		Yes	No
Neck	(003)	1 ☐	2 ☐
Upper back	(004)	1 ☐	2 ☐
Mid-back	(005)	1 ☐	2 ☐
Lower back	(006)	1 ☐	2 ☐

d. When you have this pain, where is it most intense?

		Yes	No
Neck	(007)	1 ☐	2 ☐
Upper back	(008)	1 ☐	2 ☐
Mid-back	(009)	1 ☐	2 ☐
Lower back	(010)	1 ☐	2 ☐

e. Is the pain present when you are resting at night?

(011)
1 ☐ Yes
2 ☐ No

f. When you have the pain, does it awaken you from sleep at night?

(012)
1 ☐ Yes
2 ☐ No

g. Does the pain in the back ever seem to spread?

(013)
1 ☐ Yes
2 ☐ No
3 ☐ Not applicable, no pain in back

h. Where does it spread to?

		Yes	No
To the back of the right leg	(014)	1 ☐	2 ☐
To the back of the left leg	(015)	1 ☐	2 ☐
To the back of both legs	(016)	1 ☐	2 ☐
To the top of the head	(017)	1 ☐	2 ☐
To the sides of the body	(018)	1 ☐	2 ☐

Item I (Continued)

Question		Code	Response
i. Hos pain in the neck ever seemed to spread?	**i.**	(019)	1 ☐ Yes 2 ☐ No 3 ☐ Not applicable, no pain in neck

j. Where does it spread to?	**j.**		Yes	No
To the top and bock of the head.		(020)	1 ☐	2 ☐
To either shoulder area		(021)	1 ☐	2 ☐
To the arms or hands		(022)	' c I	2 ☐
Other – Specify ______		(023)	1 ☐	2 ☐

k. Is your bock or neck pain made worse –	**k.**		Yes	No
by coughing, sneezing, or deep breathing?. . .		(024)	1 ☐	2 ☐
with bending or twisting motion?		(025)	1 ☐	2 ☐
after prolonged activity?		(026)	1 ☐	2 ☐
after prolonged sitting?		(027)	1 ☐	2 ☐
after prolonged standing?.		(028)	1 ☐	2 ☐

Question		Code	Response
l. How old were you when you first experienced this recurring back or neck pain?	**l.**	(029)	1 ☐ Less than 20 years old 2 ☐ 20 – 29 years old 3 ☐ 30 – 39 years old 4 ☐ 40 – 49 years old 5 ☐ 50 – 59 years old 6 ☐ 60 years old or older
m. When was the last time you had this pain?	**m.**	(030)	1 ☐ [illegible] 2 ☐ Less than I year ago but not now 3 ☐ I – 2 years ago 4 ☐ 3 – 5 years ago 5 ☐ 6 years ago or more
n. What is the longest episode of back or neck pain you have ever had?	**n.**	(031)	1 ☐ Less than one month 2 ☐ One but less than two months 3 ☐ 2 – 3 months 4 ☐ 4 – 5 months ☐ 6 months or more 9 ☐ Don't remember
o. Does this back or neck poin occur more frequently now than it used to occur?	**o.**	(032)	1 ☐ Yes 2 ☐ No
p. Have you ever had a sprained back due to some type of physical activity?	**p.**	(033)	1 ☐ Yes 2 ☐ [illegible]
q. Have you ever had a "whiplash" injury of the neck?	**q.**	(034)	1 ☐ Yes 2 ☐ No

1r. Hove you ever had a ruptured disc in either your bock or neck?	1r.	035 1 ☐ Yes 2 ☐ No – SKIP to v
s. At what age?	s.	036 _ _ years
t. Were you in traction?	t.	037 1 ☐ Yes 2 ☐ No
u. Wos surgery necessary?	u.	038 1 ☐ Yes 2 ☐ No
v. Hove you ever stayed overnight in a hospital for bock or neck pain?	v.	039 1 ☐ Yes 2 ☐ No
2a. Hove you had pain in or oround either hip joint (including the buttock, groin, and side of the upper thigh) on most days for at least one month?	2a.	040 1 ☐ Yes – Ask b 2 ☐ No – SKIP to 3a
b. Has this pain in the hip area been present on any one occasion for at leost six weeks?	b.	041 1 ☐ Yes 2 ☐ No
c. Where did you first notice it?	c.	042 1 ☐ Left hip 2 ☐ Right hip 3 ☐ Both hips

d. In the hip area, where is the pain usually most intense?

		Yes	No
Right buttock	043	1 ☐	2 ☐
Left buttock	044	1 ☐	2 ☐
Both buttocks	045	1 ☐	2 ☐
Right groin	046	1 ☐	2 ☐
Left groin	047	1 ☐	2 ☐
Both groins	048	1 ☐	2 ☐
Side of right thigh	049	1 ☐	2 ☐
Side of left thigh	050	1 ☐	2 ☐
Sides of both upper thighs	051	1 ☐	2 ☐
Other – Specify ______	052	1 ☐	2 ☐

e. From the hip, has the pain tended to spread to –

		Yes	No
the inside of your leg?	053	1 ☐	2 ☐
the front of your leg?	054	1 ☐	2 ☐
the outside of your leg?	055	1 ☐	2 ☐
the back of your leg?	056	1 ☐	2 ☐

f. Hove you hod pain in or oround the hip when either coughing or sneezing?	f.	057 1 ☐ Yes 2 ☐ No
g. When this hip pain is present, does it hurt at rest as well as when moving?	g.	058 1 ☐ Yes 2 ☐ No

Question	Item	Responses
2h. How old were you when you first experienced this recurring pain in the hip?	**2h.** (059)	1 ☐ Less than 20 years old 2 ☐ 20 – 29 years old 3 ☐ 30 – 39 years old 4 ☐ 40 – 49 years old 5 ☐ 50 – 59 years old 6 ☐ 60 years old or older
i. When was the last time you had the pain?	i. (060)	1 ☐ Now 2 ☐ Less than I year ago but not now 3 ☐ I – 2 years ago 4 ☐ 3 – 5 years ago 5 ☐ 6 years ago or more
j. What is the longest episode of hip pain you have ever had?	j. (061)	1 ☐ Less than one month 2 ☐ e but less than 2 months 3 ☐ 2 – 3 months 4 ☐ 4 – 5 months 5 ☐ months or more 9 ☐ Don't remember
k. Have you ever had a fractured hip?	k. (062)	1 ☐ Yes – Ask I 2 ☐ No – SKIP to *p*
l. Which hip was broken?	l. (063)	1 ☐ Right 2 ☐ Left 3 ☐ Both
m. How old were you when it happened?	m. (064)	__ __ Years
n. Was the hip in traction?	n. (065)	1 ☐ ✡♏♦ 2 ☐ ☠☐
o. Was there surgery?	o. (066)	1 ☐ Yes 2 ☐ No
p. Have you ever had o dislocated hip?	p. (067)	1 ☐ ✡♏♦ – ✋♦& q 2 ☐ No – *SKIP* to *3a*
q. Which hip was dislocated?	q. (068)	1 ☐ Right 2 ☐ Left 3 ☐ Both
r. How old were you when it happened?	r. (069)	__ __ Years
s. Wos the hip in traction?	s. (070)	1 ☐ Yes 2 ☐ No
t. Was there surgery?	t. (071)	1 ☐ Yes 2 ☐ No
3a. Have you hod pain in or oround the knee (including the back of the knee) on most days for at least one month?	**3a.** (072)	1 ☐ Yes – Ask b 2 ☐ No – SKIP to *4a*
b. Has this pain in the knee area been present on any one occasion for at least six weeks?	b. (073)	1 ☐ ✡♏♦ 2 ☐ No

Question		Item	Responses
3c. In which knee did you first have it?	3c.	(074)	1 ☐ Left knee 2 ☐ Right knee 3 ☐ Both knees 9 ☐ Don't remember
d. How old were you when you first experienced recurring pain in the knee?	d.	(075)	1 ☐ Less than 20 years old 2 ☐ 20-29 years old 3 ☐ 30-39 years old 4 ☐ 40-49 years old 5 ☐ SO-59 years old 6 ☐ 60 years old or older

e. When this knee pain is present, where is it most intense? e.

	Item	Yes	NO
Rightknee..........................	(076)	1 ☐	2 ☐
[illegible]	(077)	1 ☐	2 ☐
Both knees	(078)	1 ☐	2 ☐
Behind the right knee	(079)	1 ☐	2 ☐
Behind the left knee	(080)	1 ☐	2 ☐
Behind both knees	(081)	' c l	2 ☐

Question		Item	Responses
f. When this knee pain is present, does it hurt at rest as well as when moving?	f.	(082)	1 ☐ Yes 2 ☐ No
g. When this knee pain is present, is there also swelling of the knee joint?	g.	(083)	1 ☐ Yes 2 ☐ No
h. When this pain is present, have you every had "locking" of the knee?	h.	(084)	1 (Yes 2 ☐ No
i. Has either knee ever "given way" under you?	i.	(085)	1 ☐ Yes – *Ask* j 2 ☐ No – SK/P to *k*
j. Which knee?	j.	(086)	1 ☐ Right 2 ☐ Left 3 ☐ Both
k. When was the last time you had this knee pain?	k.	(087)	1 ☐ Now 2 ☐ Less than I year ago but not now 3 ☐ I-2 years ago 4 ☐ 3-5 years ago 5 ☐ 6 years ago or more
l. What was the longest episode of knee pain you have ever had?	l,	(088)	1 ☐ Less than one month 2 ☐ One but less than 2 months 3 ☐ 2-3 months 4 ☐ 4-5 months 5 ☐ 6 months or more 9 ☐ Don't remember
m. Have you ever hod a fractured knee?	m.	(089)	1 ☐ Yes – Ask n 2 ☐ No – SKIP to o
n. Which knee?	n.	(090)	1 ☐ Right 2 ☐ Left 3 ☐ Both

3o. Have you ever had a severe twisting of either knee with resultant sprain or swelling lasting more than two weeks? — 30. (091) 1 ☐ Yes – Ask p; 2 ☐ No – SKIP to q

p. Which knee? — p. (092) 1 ☐ Right; 2 ☐ Left; 3 ☐ Both

q. Have you ever hod any other knee injury? — q. (093) 1 ☐ Yes – Ask r; 2 ☐ No – SKIP to 4a

r. Which knee? — r. (094) 1 ☐ Right; 2 ☐ Left; 3 ☐ Both

4a. Have you ever had hip, knee, or back disease treated by an operation? — 40. (095) 1 ☐ Yes – Ask b; 2 ☐ No – SKIP to 5a

b. Which joint? — b, (096) 1 ☐ Hip; 2 ☐ Knee; 3 ☐ Baçk; 4 ☐ Hip and knee; 5 ☐ Back and knee; 6 ☐ Hip and back; 7 ☐ ALL

IF HIP:

(1) Which hip? — (1) (097) 1 ☐ Right; 2 ☐ Left; 3 ☐ Both

IF KNEE:

(2) Which knee? — (2) (098) 1 ☐ Right; 2 ☐ Left; 3 ☐ Both

c. What was the operation or procedure?
Specify

____

So. Have you had pain or aching in any joint other than the hip, back, or knee on most days for at least six weeks? — 5a. (099) 1 ☐ Yes – Ask b and c; 2 ☐ No – SKIP to 6a

b. Which joints were painful? — b. & c.

5c. If "Yes," – Which?

		Yes	No		Right	Left	Both
Fingers	(100)	1 ☐	2 ☐	(101)	1 ☐	2 ☐	3 ☐
Wrist	(102)	1 ☐	2 ☐	(103)	1 ☐	2 ☐	3 ☐
Elbow	(104)	1 ☐	2 ☐	(105)	1 ☐	2 ☐	3 ☐
Shoulder	(106)	1 ☐	2 ☐	(107)	1 ☐	2 ☐	3 ☐
Ankle	(108)	1 ☐	2 ☐	(109)	1 ☐	2 ☐	3 ☐
Foot	(110)	1 ☐	2 ☐	(111)	1 ☐	2 ☐	3 ☐

6a. Hove you ever had ony swelling of joints with pain present when the joint was touched on most days for at least one month? — 6a. (112) 1 ☐ Yes – Ask b; 2 ☐ No – SKIP to 7a

b. Has this swelling been present on any one occasion for at leost six weeks? — b. (113) 1 ☐; 2 ☐

6c. Which joints ore usually involved whenever you have this swelling and tenderness on touching? — **6c. & d.** → **6d.** *If* "Yes," – Which?

		Yes	No		Right	Left	Both
Fingers	(114)	1 ☐	2 ☐	(115)	1 ☐	2 ☐	3 ☐
Wrists	(116)	1 ☐	2 ☐	(117)	1 ☐	2 ☐	3 ☐
Elbows	(118)	1 ☐	2 ☐	(119)	1 ☐	2 ☐	3 ☐
Shoulders	(120)	1 ☐	2 ☐	121	1 ☐	2 ☐	3 ☐
Hips	(122)	1 ☐	2 ☐	(123)	1 ☐	2 ☐	3 ☐
Knees	(124)	1 ☐	2 ☐	(125)	1 ☐	2 ☐	3 ☐
Ankles	(126)	1 ☐	2 ☐	(127)	1 ☐	2 ☐	3 ☐
Feet	(128)	1 ☐	2 ☐	(129)	1 ☐	2 ☐	3 ☐

6e. How old were you when you first experienced this swelling of the joints? — **e.** (130)

1 ☐ Less than 20 years old
2 ☐ 20 – 29 years old
3 ☐ 30 – 39 years old
4 ☐ 40 – 49 years old
5 ☐ 50 – 59 years old
6 ☐ 60 years old or older

f. When was the last time you hod this? — **f.** (131)

1 ☐ Now
2 ☐ Less than I year ago but not now
3 ☐ I – 2 years ago
4 ☐ 3 -- 5 years ago
5 ☐ 6 years ago or mote

7a. Have you had stiffness in your joints and muscles when first getting out of bed in the morning on most mornings for at least one month? — **7a.** (132)

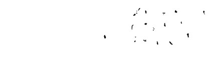
1 ☐ Yes – *Ask b*
2 ☐ No – *SKIP to 8a*

b. Has this morning stiffness been present on any one occasion for at least six weeks? — **b.** (133)

1 ☐ Yes
2 ☐ No

c. Which joints are usually involved whenever you have this morning stiffness) — **c. & d.** → **7d.** *If* "Yes," – Which?

		Yes	No		Right	Left	Both
Fingers	(134)	1 ☐	2 ☐	(135)	1 ☐	2 ☐	3 ☐
Wrists	(136)	1 ☐	2 ☐	(137)	1 ☐	2 ☐	3 ☐
Elbows	(138)	1 ☐	2 ☐	(139)	1 ☐	2 ☐	3 ☐
Shoulders	(140)	1 ☐	2 ☐	(141)	1 ☐	2 ☐	3 ☐
Hips	(142)	1 ☐	2	(143)	1 ☐	2 ☐	3 ☐
Knees	(144)	1 ☐	2 ☐	(145)	1 ☐	2 ☐	3 ☐
Ankles	(146)	1 ☐	2 ☐	(147)	1 ☐	2 ☐	3 ☐
Feat	(148)	1 ☐	2 ☐	(149)	1 ☐	2 ☐	3 ☐
Back	(150)	1 ☐	2 ☐				



Question		Code	Responses
7e. How long after getting up and moving around does the morning stiffness last?	7e.	(152)	1 ☐ Less than 15 minutes 2 ☐ 15 minutes to one half hour 3 ☐ More than one half hour but less than all day 4 ☐ All day
f. How old were you when you first experienced this morning stiffness of joints?	f.	(153)	1 ☐ Less than 20 years old 2 ☐ 20 -- 29 years old 3 ☐ 30 – 39 years old 4 ☐ 40 – 49 years old 5 ☐ 50 – 59 years old 6 ☐ 60 years old or older
g. When was the last time you had this?	g.	(154)	1 ☐ Now 2 ☐ Less than 1 year ago but not now 3 ☐ 1 – 3 years ago 4 ☐ 4 – 9 years ago 5 ☐ 10 years ago or more
8a. Have you ever had pain, swelling, or stiffness in a joint as the result of an accident or injury?	8a.	(155)	1 ☐ Yes – Ask *b* 2 ☐ No – *SKIP* to 9
b. Was this the cause of the pain, swelling, or stiffness mentioned previously, do you think?	b.	(156)	1 ☐ Yes 2 ☐ No 9 ☐ Don't know
c. Is this the cause of any pain, swelling, or stiffness which might still be present, do you think?	c.	(157)	1 ☐ Yes 2 ☐ No 9 ☐ Don't know

9. Have you ever been treated by any of the following people for your joint troubles?

	Code	Yes	No
General practitioner	(158)	1 ☐	2 ☐
Internist	(159)	1 ☐	2 ☐
Rheumatologist	(160)	1 ☐	2 ☐
Orthopedist	(161)	1 ☐	2 ☐
Chiropractor	(162)	1 ☐	2 ☐
Osteopath	(163)	1 ☐	2 ☐
Foot doctor (chiropodist or podiatrist)	(164)	1 ☐	2 ☐
Physical therapist	(165)	1 ☐	2 ☐
Occupational therapist	(166)	1 ☐	2 ☐
Other – Specify ______	(167)	1 ☐	2 ☐
Never been treated	(168)	9 ☐ *SKIP to 11a*	

Question		Response
10a. Are you currently being treated by a doctor for the troubles you have just described?	10a.	(169) 1 [ ] Yes – *Ask b* 2 [ ] No – *SKIP to 11*
b. What type of doctor is he?	b.	(170) 1 [ ] General practitioner 2 [ ] Internist 3 [ ] Rheumatologist 4 [ ] Orthopedist 5 [ ] Chiropractor 6 [ ] Osteopath 7 [ ] Other specialist 8 [ ] Other – *Specify* ________
c. What did he say the problem was? ________ ________ ________	c.	DATA *PREPARATION USE ONLY* (171) 1 [ ] (174) 1 [ ] (172) 1 [ ] (175) 1 [ ] (173) 1 [ ] (176) 1 [ ]
d. When was the last time you saw him?	d.	(177) 1 [ ] Less than 1 month ago 2 [ ] 1 – 3 months ago 3 [ ] 4 – 6 months ago 4 [ ] 7 – 11 months ago 5 [ ] 1 year ago or more 9 [ ] Don't know
e. Who originally referred you to this doctor?	e.	(178) 1 [ ] No one 2 [ ] He's the regular doctor 3 [ ] Another doctor 4 [ ] Family 5 [ ] Clinic 6 [ ] Health nurse 7 [ ] Friend 8 [ ] Other – Specify ________
f. Where do you usually see him?	f.	(179) 1 [ ] His office 2 [ ] At a clinic 3 [ ] At home 4 [ ] Other
g. How long will it be until your next visit to him?	g.	(180) 1 [ ] Less than 1 month 2 [ ] 1 – 2 months 3 [ ] 3 – 6 months 4 [ ] 7 – 11 months 5 [ ] 1 year or more 9 [ ] Don't know

11a. Have you ever used any of the following kinds of treatment for your joint troubles?	11a.	Yes	No	11b. Did it do you any good?	Yes	No
Splints or casts	(181)	1 [ ]	2 [ ]	(182)	1 [ ]	2 [ ]
Braces	(183)	1 [ ]	2 [ ]	(184)	1 [ ]	2 [ ]
Diathermy or paraffin	(185)	1 [ ]	2 [ ]	(186)	1 [ ]	2 [ ]
Hot packs or heating pads	(187)	1 [ ]	2 [ ]	(188)	1 [ ]	2 [ ]
Cold packs or ice	(189)	1 [ ]	2 [ ]	(190)	1 [ ]	2 [ ]
Rest	(191)	1 [ ]	2 [ ]	(192)	1 [ ]	2 [ ]
Traction	(193)	1 [ ]	2 [ ]	(194)	1 [ ]	2 [ ]
Exercises or physical therapy	(195)	1 [ ]	2 [ ]	(196)	1 [ ]	2 [ ]
Aspirin	(197)	1 [ ]	2 [ ]	(198)	1 [ ]	2 [ ]
Cane	(199)	1 [ ]	2 [ ]	(200)	1 [ ]	2 [ ]
Crutch	(201)	1 [ ]	2 [ ]	(202)	1 [ ]	2 [ ]
Stiff mattress	(203)	1 [ ]	2 [ ]	(204)	1 [ ]	2 [ ]
Bed board	(205)	1 [ ]	2 [ ]	(206)	1 [ ]	2 [ ]

c. *If* "Yes" to 11a or 11b – Do you use it regularly?	c.	Yes	No
Splints or casts	(207)	1 [ ]	2 [ ]
Braces	(208)	1 [ ]	2 [ ]
Diathermy or paraffin	(209)	1 [ ]	2 [ ]
Hot packs or heating pads	(210)	1 [ ]	2 [ ]
Cold packs or ice	(211)	1 [ ]	2 [ ]
Rest	(212)	1 [ ]	2 [ ]
Traction	(213)	1 [ ]	2 [ ]
Exercises or physical therapy	(214)	1 [ ]	2 [ ]
Aspirin	(215)	1 [ ]	2 [ ]
Cane	(216)	1 [ ]	2 [ ]
Crutch	(217)	1 [ ]	2 [ ]
Stiff mattress	(218)	1 [ ]	2 [ ]
Bed board	(219)	1 [ ]	2 [ ]

12a. Have you ever had injections into any of your joints?

12a. (220) 1 [ ] Yes → Ask b
2 [ ] No -- *SKIP to 13a*

b. Did they do you any good?

b. (221) 1 [ ] Yes
2 [ ] No

			Yes	No	Don't know
13a. Have you ever taken any of the following medications for your joints?	13a.				
Any cortisone-like medicine by mouth		(222)	1 [ ]	2 [ ]	9 [ ]
Butazolidin		(223)	1 [ ]	2 [ ]	9 [ ]
Darvon or Tylenol.		(224)	1 [ ]	2 [ ]	9 [ ]
Indocin..		(225)	1 [ ]	2 [ ]	9 [ ]
b. *If "Yes"* – Did it do any good?	b.		Yes	No	
Any cortisone-like medicine by mouth		(226)	1 [ ]	2 [ ]	
Butazolidin		(227)	1 [ ]	2 [ ]	
Darvon or Tylenol.		(228)	1 [ ]	2 [ ]	
Indocin..		(229)	1 [ ]	2 [ ]	
14. Con you do the following things without the help of someone else or the help of some special device?	14.		Yes	No	
Go up or down stairs		(230)	1 [ ]	2 [ ]	
Get into or out of a car		(231)	1 [ ]	2 [ ]	
Use washing facilities		(232)	1 [ ]	2 [ ]	
Dress yourself		(233)	1 [ ]	2 [ ]	
Feed yourself		(234)	1 [ ]	2 [ ]	
Get into or out of bed.		(235)	1 [ ]	2 [ ]	

15. At the present time, does your joint condition restrict your physical activity very little, quite a bit, or a whole lot?

15. (236)
1 [ ] Very little
2 [ ] Quite a bit
3 [ ] A whole lot

16. Have you ever had to stoy in bed at home for long periods of time because of your joints?

16. (237)
1 [ ] Yes
2 [ ] No

17. Have you ever stayed overnight in a hospital because of joint problems?

17. (238)
1 [ ] Yes
2 [ ] No

18. With respect to your joint trouble, would you say your condition is mild, moderate, or severe?

18. (239)
1 [ ] Mild
2 [ ] Moderate
3 [ ] Severe

19. What was your lob status one month before you first developed your joint condition?

19. (240)
1 [ ] Retired because of age
2 [ ] Retired because of disability
3 [ ] Unemployed
4 [ ] Working full-time
5 [ ] Working part-time
6 [ ] Housewife with full duties
7 [ ] Housewife with partial or no duties
8 [ ] Other – Specify

____

____

20a. As o result of your joint condition, has there been a change in your job status?	**20a.** (241) 1 [ ] Yes - Ask *b* 2 [ ] No – *SKIP* to 21
b. What is it now?	**b.** (242) 1 [ ] Retired because of disability 2 [ ] Unemployed 3 [ ] Changed to easier job 4 [ ] Working 5 [ ] Housewife with **partial** duties 6 [ ] Housewife with no duties 7 [ ] Other – Specify ______ ______
21. How many work days do you estimate that you lost during the past 12 months as a result of your joint condition?	**21.** (243) 1 [ ] None 2 [ ] 1 – 4 days 3 [ ] 5 – 9 days 4 [ ] 10 – 14 days 5 [ ] 15 – 19 days 6 [ ] 20 – 29 days 7 [ ] 30 days or more
	(244)
	(245)

NOTES

G. Supplement B—Respiratory

HRA-11-3 (Formerly HSM-411-3)
4/75

Form Approved
O.M.B. No. 68-RI 184

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
PUBLIC HEALTH SERVICE
HEALTH RESOURCES ADMINISTRATION
NATIONAL CENTER FOR HEALTH STATISTICS
HEALTH AND NUTRITION EXAMINATION SURVEY

SUPPLEMENT B – RESPIRATORY

ASSURANCE OF CONFIDENTIALITY
All information which would permit identification of the individual will be held strictly confidential, will be used only by persons engaged in and for the purposes of the survey, and will not be disclosed or released to others for any other purposes (22 FR 1687).

a. Name (Last, first, middle)	b. Deck No.	c. Sample No.
	131	-----

READ – Earlier you mentioned having had either persistent cough, phlegm, wheezing, shortness of breath, asthma, or hay fever. Here are some additional questions about this trouble.

PERSISTENT COUGHING

Question		Item	Response
Ia. Was your problem that of persistent coughing?	Ia,	(001)	1 ☐ Yes – Ask b 2 ☐ No – *SKIP* to *2a*
b. How long have you had this condition?	b.	(002)	1 ☐ Less than I year 2 ☐ I-3 years 3 ☐ 4–9 years 4 ☐ IO years or more
c. Have you been bothered by this within the past year?	c.	(003)	1 ☐ Yes 2 ☐ No
d. When you have this trouble, do you also have chest pains?	d.	(004)	1 ☐ Yes – Ask e 2 ☐ No – SKIP to *f*

e. Where?	Item	Yes	No
Upper back	(005)	1 ☐	2 ☐
Lower back	(006)	1 ☐	2 ☐
Upper chest	(007)	1 ☐	2 ☐
Along the rib edge	(008)	1 ☐	2 ☐
On the sides	(009)	1 ☐	2 ☐

Question		Item	Response
f. Do you bring up phelgm with the cough?	f.	(010)	1 ☐ Yes 2 ☐ No
g. Do you cough persistently like this on most days for as much as THREE months each year?	g.	(011)	1 ☐ Yes 2 ☐ No
h. Do any medicines you take help relieve the cough?	h.	(012)	1 ☐ Yes 2 ☐ No
i. What time of year do these coughing attacks seem at their worst?	i.	(013)	1 ☐ Winter 2 ☐ Summer 3 ☐ No difference

Question		Code	Response
2a. Have you had trouble with coughing spells when you first get up in the early morning? (Count a cough with first smoke or on first going out of doors; exclude clearing of throat or a single cough.)	2a.	014	1 ☐ Yes – Ask b 2 ☐ No – SKIP to 3a
b. How **long have you had this particular condition?**	b.	015	1 ☐ Less than I year 2 ☐ I-3 years 3 ☐ 4-9 years 4 ☐ 10 years or more 9 ☐ Don't know
c. **Do you have chest pains when you have morning coughing spells?**	c.	016	1 ☐ Yes – Ask d 2 ☐ No – SKIP to e

d. Where?	d.		Yes	No
Upper back		017	1 ☐	2 ☐
Lower back..		018	1 ☐	2 ☐
Upper chest.		019	1 ☐	2 ☐
Along the rib edge.		020	1 ☐	2 ☐
On the sides		021	1 ☐	2 ☐

Question		Code	Response
e. What time of year are these morning coughing spells at their worst?	e.	022	1 ☐ Winter 2 ☐ Summer 3 ☐ No difference
f. Do you have a morning cough like this on most days for as much as THREE months each year?	f.	023	1 ☐ Yes 2 ☐ No
g. Do you usually have a persistent cough at other times during the day or at night in the winter? (IGNORE AN OCCASIONAL COUGH.)	g.	024	1 ☐ Yes 2 ☐ No
h. Do **you usually have a persistent cough at other times during the day or at night in the summer?** (IGNORE AN OCCASIONAL COUGH.)	h.	025	1 ☐ Yes 2 ☐ No

PHLEGM

Question		Code	Response
3a. Do you usually bring up any phlegm from your chest first thing in the morning? (Count phelgm with the first smoke or on going out of doors. Exclude phlegm from the nose. Count swallowed phlegm.)	30.	026	1 ☐ Yes – Ask b 2 ☐ No – SKIP to 4a
b. How long have you had this condition?	b.	027	1 ☐ Less than I year 2 ☐ I-3 years 3 ☐ 4-9 years 4 ☐ IO years or more 9 ☐ Don't know

c. What color is the phlegm?

		Yes	No
Green.	(028)	1 ☐	2 ☐
Yellow.	(029)	1 ☐	2 ☐
Clear	(030)	1 ☐	2 ☐
Blood-streaked.	(031)	1 ☐	2 ☐

d. Do you also bring up any phlegm from your chest at other times during the day or at night, in the winter? (At *least* two times or more)

(032) 1 ☐ Yes
2 ☐ No

e. Do you also bring up any phlegm from your chest during the day, or at night, in the summer? (At *least* two *times* or more)

(033) 1 (Y e s
2 ☐ No

f. What time of year do you seem to bring up the most phlegm from your chest?

(034) 1 ☐ Winter
2 ☐ Summer
3 ☐ No difference

g. If you have brought up phlegm, do you bring it up on most days for as much as THREE months each year?

(035) 1 ☐ Y e s
2 ☐ No

SHORTNESS OF BREATH

4a. Have you had shortness of breath either when hurrying on the level or walking up ,a slight hill?

(036) 1 ☐ ✡♏♦ – Ask b
2 ☐ No – SKIP to 5a

b. Have you had this problem most days for as much as **THREE** months'each year?

(037) ☐ ✡♏♦
2 ☐ No

c. Do you get short of breath when walking with other people at an ordinary pace on the level?

(038) 1 ☐ Yes
2 ☐ No

d. Do you have to stop for breath when walking at your own pace on the level?

(039) 1 ☐ Yes
2 ☐ No

e. Do you have to stop for breath after walking about 100 yards or after a few minutes on the level?

(040) 1 ☐ Yes
2 ☐ ☐

f. How long ago did you first have this trouble with shortness of breath?

(041) 1 ☐ Less than I year ago
2 ☐ I-3 years ago
3 ☐ 4-9 years ago
4 ☐ IO years ago or more
9 ☐ Don't know

g. Have you gotten chest pains along with the shortness of breath?

(042) 1 ☐ Y e s – Ask *h*
2 ☐ No – *SKIP* to *i*

h. Where?

		Yes	No
Upper chest.	(043)	1 ☐	2 ☐
Upper back	(044)	1 ☐	2 ☐
Lower back..	(045)	1 ☐	2 ☐
Along the lower ribs	(046)	1 ☐	2 ☐
On the sides	(047)	1 ☐	2 ☐

Question		Code	Response
4i. Do you develop wheezing as well as shortness of breath?	4i.	048	1 ❑ ✡♏⬧ 2 ❑ ☠⌧
j. Have you ever felt like you were going to pass out from the shortness of breath?	j.	049	1 ☐ Yes 2 ☐ No

WHEEZING

Question		Code	Response
5a. Has your chest ever sounded wheezy or whistling?	5a.	050	1 ☐ Yes – Ask b 2 ☐ No – SKIP to *6a*
b. How long have you had this condition?	b.	051	1 ☐ Less than I year 2 ☐ I-3 years 3 ☐ 4-9 years 4 ☐ IO years or more
c. Do you get this wheezing or whistling with colds?	c.	052	1 ☐ Yes 2 ☐ No
d. Do you get this occasionally apart from colds?	d.	053	1 ☐ Yes 2 ☐ No
e. Does this usually occur daily?	e.	054	1 ☐ Yes 2 ☐ No
f. What time of year does it seem worst?	f.	055	1 ❑ Winter 2 ☐ Summer 3 ☐ No difference
g. Is this wheeziness present on most days for as much as THREE months each year?	g.	056	1 ❑ ✡♏⬧ 2 ❑ ☠⌧
h. Do you take any medicines for wheezing?	h.	057	1 ☐ Yes – *Ask i* 2 ☐ No – SKIP to *6a*
i. Do they help relieve the wheezing?	i.	058	1 ❑ Not at all 2 ❑ A small amount 3 ❑ A great deal

ASTHMA

Question		Code	Response
6a. Have you had, or do you now have asthma?	6a.	059	1 ☐ Yes – Ask b 2 ❑ No – SKIP to *7a*

b. What is it related to or due to? b.

	Code	Yes	No
Dust	060	1 ☐	2 ☐
Foods	061	1 ☐	2 ☐
Animal contacts	062	1 ☐	2 ☐
Drugs	063	1 ☐	2 ☐
Pollens	064	1 ☐	2 ☐
Molds	065	1 ❑	2 ☐
Other – Specify ______	066	1 ☐	2 ☐
Don't know	067	9 ☐	

6c. How long have you had this condition?	6c. (068)	1 ❑ Less than I year – *SKIP* to e 2 ❑ I–3 years – *SKIP* to e 3 ❑ 4–9 years ago – *SKIP* to e 4 ❑ IO years or more – Go to *d*
d, Since you were a child?	d. (069)	1 ❑ Yes 2 ❑ No
e. Do you have asthma symptoms on most days for as much as THREE months each year?	e. (070)	1 (Yes 2 ❑ ❑

f. What time of year is it worst?	f.	Yes	No
Spring	(071)	1 ❑	2 ❑
Summer	(072)	1 ❑	2 ❑
Fall	(073)	❑	2 ❑
Winter	(074)	1 ❑	2 ❑

g. Do you take any medicines for it?	g. (075)	1 (Yes 2 ❑ No

HAYFEVER

7a. Have you had, or do you now have, hayfever?	7a. (076)	1 ❑ Yes – Ask b 2 ❑ No – SKIP to *8a*

b. What is it related to or due to?	b.	Yes	No
Dust	(077)	1 ❑	2 ❑
Foods	(078)	1 ❑	2 ❑
Animal contacts	(079)	1 ❑	2 ❑
Drugs	(080)	c I	2 ❑
Pollens..	(081)	1 ❑	2 ❑
Molds	(082)	1 ❑	2 ❑
Air conditioners	(083)	1 ❑	2 ❑
Other – Specify ________	(084)	1 ❑	2 ❑
Don't know	(085)	9 ❑	

c* How long have you had this condition?	c. (086)	1 ❑ Less than I year – SKIP to e 2 ❑ I-3 years – SKIP to e 3 ❑ 4–9 years – SKIP to e 4 ❑ IO years or more – Ask *d*
d. Since you were a child?	d. (087)	1 ❑ Yes 2 ❑ No

7e. Do you have hayfever symptoms on most days for as much as THREE months each year?	7e. (088)	1 [ ] Yes 2 [ ] No
f. What time of the year is it worst?	f.	Yes / No
Spring..	(089)	1 [ ] 2 [ ]
Summer.	(090)	1 [ ] 2 [ ]
Fall	(091)	1 [ ] 2 [ ]
Winter	(092)	1 [ ] 2 [ ]
g. Do you take any medicines for it?	g. (093)	1 [ ] Yes 2 [ ] No

MEDICAL CARE

8a. Have you ever been tested for TB (tuberculosis)?	8a. (094)	1 [ ] Yes – Ask b 2 [ ] No – SKIP to 9a
b. How were you tested?	b.	Yes / No
A skin test	(095)	1 [ ] 2 [ ]
Chest x-ray	(096)	1 [ ] 2 [ ]
Sputum examination	(097)	1 [ ] 2 [ ]
Don't know	(098)	9 [ ]
c. How often are you tested?	c. (099)	1 [ ] Once every year 2 [ ] Once every two years 3 [ ] Once every 3-5 years 4 [ ] Less often than once every 5 years
d. How long ago were you last tested?	d. (100)	1 [ ] Less than I year ago 2 [ ] 1-2 years ago 3 [ ] 3-5 years ago 4 [ ] 6-9 years ago 5 [ ] 10 years ago or more 9 [ ] Don't know
9a. Have you seen a doctor or anyone else about the chest or lung conditions you mentioned previously?	9a. (101)	1 [ ] Yes – Ask b 2 [ ] No – SKIP to 10
b. What is the name of the doctor you see? ______		
c. What type of doctor is he?	c. (102)	1 [ ] General Practitioner 2 [ ] Internist 3 [ ] Osteopath 4 [ ] Surgeon 5 [ ] Lung specialist 6 [ ] Allergist 7 [ ] Other – Specify ______
d. Who initially referred you to this doctor?	d. (103)	1 [ ] No one 2 [ ] He's the regular doctor 3 [ ] Another physician 4 [ ] Health nurse 5 [ ] Clinic 6 [ ] Family 7 [ ] Other – Specify ______

		Code	Response
9e. How long after you first developed the problem did you see him?	9e.	104	1 ☐ 1-6 days 2 ☐ 1-7 weeks 3 ☐ 2-6 months 4 ☐ 7-11 months 5 ☐ One year or more 9 ☐ Don't know
f. What did he say the condition or conditions affecting your chest were? __________ __________ __________ __________ __________	f.		DATA PREPARATION USE ONLY 105 1 ☐ 110 1 ☐ 115 1 ☐ 106 1 ☐ 111 1 ☐ 107 1 ☐ 112 1 ☐ 108 1 ☐ 113 1 ☐ 109 1 ☐ 114 1 ☐
g. When you see the doctor about your chest condition, how often do you receive a chest x-ray?	g.	116	1 ☐ At every visit 2 ☐ At every other visit 3 ☐ Less often than every other visit
h. Does he prescribe the medicine for the condition?	h.	117	1 ☐ [illegible] 2 ☐ No – SKIP to j

i. How is the medicine taken? (i.)

	Code	Yes	No
Swallowed	118	1 ☐	2 ☐
Breathed	119	1 ☐	2 ☐
Injected	120	1 ☐	2 ☐
Other – Specify __________	121	1 ☐	2 ☐

j. Has he told you to do ony of these other things for it? (j.)

	Code	Yes	No
Breathing exercises	122	1 ☐	2 ☐
Use a breathing machine	123	1 ☐	2 ☐
Stop smoking	124	1 ☐	2 ☐
Decrease smoking	125	1 ☐	2 ☐
Regular checkup	126	1 ☐	2 ☐
Lots of rest	127	1 ☐	2 ☐
Decrease activity	128	1 ☐	2 ☐
Other – Specify __________	129	1 ☐	2 ☐

		Code	Response
k. When was the lost time you saw him?	k.	130	1 ☐ Less than 1 month ago 2 ☐ 1-3 months ago 3 ☐ 4–6 months ago 4 ☐ 7-11 months ago 5 ☐ 1 year ago or more 9 ☐ Don't know

9l. Where do you usually see him?	9l.	(131)	1 ☐ At his office 2 ☐ At a clinic 3 ☐ At home 4 ☐ Other – Specify ______
m. How long will it be until your next appointment?	m.	(132)	1 ☐ Less than I month 2 ☐ I-3 months 3 ☐ 4-6 months 4 ☐ 7-I I months 5 ☐ I year or more 9 ☐ Don't know
10. Within the past 12 months, has your chest condition gotten worse, gotten better, or stayed about the same?	10.	(133)	1 ☐ Gotten worse 2 ☐ Gotten better 3 ☐ Stayed about the same
11. Have you ever been disabled because of any chest condition?	11.	(134)	1 ☐ Yes 2 ☐ No
12. Have you ever stayed overnight in a hospital because of a chest condition?	12.	(135)	1 ☐ Yes 2 ☐ No
13. What was your job status one month before you first had a problem with a chest or lung condition?	13.	(136)	1 ☐ Retired because of age 2 ☐ Retired because of disability 3 ☐ Unemployed 4 ☐ Working ful l-time 5 ☐ Working part-time 6 ☐ Housewife with full duties 7 ☐ Housewife with partial or no duties 8 ☐ Other – Specify ______
14a. As a result of your chest or lung condition, has there been a change in your job status?	14a.	(137)	1 ☐ Yes – Ask b 2 ☐ No – SKIP to IS
b. What is it now?	b.	(138)	1 ☐ Retired because of di sabi l i ty 2 ☐ Unemployed 3 ☐ Working only part-time 4 ☐ Changed to easier job 5 ☐ Housewife with partial duties 6 ☐ Housewife with no duties 7 ☐ Other – Specify ______
15. How many work days would you estimate you have lost during the past 12 months because of your chest or lung condition, excluding colds or flu?	15.	(139)	1 ☐ None 2 ☐ l-4 days 3 ☐ 5-9 days 4 ☐ lO-14 days 5 ☐ 15–19 days 6 ☐ 20-29 days 7 ☐ 30 days or more

H. Supplement C—Cardiovascular

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REV. 5/71

Form Approved
O.M. B. No. 68-R I 184

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
PUBLIC HEALTH SERVICE
HEALTH SERVICES AND MENTAL HEALTH ADMINISTRATION
NATIONAL CENTER FOR HEALTH STATISTICS
HEALTH AND NUTRITION EXAMINATION SURVEY

SUPPLEMENT C - CARDIOVASCULAR

ASSURANCE OF CONFIDENTIALITY
All information which would permit identification of the individual will be held strictly confidential, will be used only by persons engaged in and for the purposes of the survey, and will not be disclosed or released to others for any other purposes (22 FR 1687).

a. Name (Last, first, middle)	b. Deck No.	c. Sample No.
	141	— ----

READ - Earlier you mentioned having a history of either chest pains, chest discomfort or heaviness, leg pains while walking, or heart failure. Here are some additional questions about it.

1a. Was the problem that of chest pains, chest discomfort, pressure, or heaviness?
1a. (001) 1 ☐ Yes - *Ask* b
2 ☐ No - *SKIP to 2a*

b. How would you best describe this pain or discomfort?

		Yes	No
Heaviness	(002)	1 ☐	2 ☐
Burning sensation	(003)	1 ☐	2 ☐
Tightness	(004)	1 ☐	2 ☐
Stabbing pain	(005)	1 ☐	2 ☐
Pressure	(006)	1 ☐	2 ☐
Sharp pain	(007)	1 ☐	2 ☐
Shooting pains	(008)	1 ☐	2 ☐

c. Have you had it more than THREE times?
c. (009) 1 ☐ Yes
2 ☐ No

d. Have you been bothered by this within the past 12 months?
d. (010) 1 ☐ Yes
2 ☐ No

e. How old were you when you first had it?
e. (011) 1 ☐ 10 - 19 years old
2 ☐ 20 - 29 years old
3 ☐ 30 - 39 years old
4 ☐ 40 - 49 years old
5 ☐ 50 - 59 years old
6 ☐ 60 years old or older

f. Do you get it if you walk at an ordinary pace on level ground?
f. (012) 1 ☐ Yes
2 ☐ No

g. Do you get it if you walk uphill or hurry?
g. (013) 1 ☐ Yes - *Ask h*
2 ☐ No - *SKIP to* k

Question		Code	Response
1h. What do you do if you get it while walking?	1h.		Yes / No
stop		014	1 ☐ / 2 ☐
Slow down		015	1 ☐ / 2 ☐
Continue at same pace		016	1 ☐ / 2 ☐
Take medicine		017	1 ☐ / 2 ☐
i. If you do stop or slow down, is it relieved or not?	i.	018	1 ☐ Relieved – Ask j 2 ☐ Not relieved – *SKIP* to *k*
j. How soon?	j.	019	1 ☐ Less than 10 minutes 2 ☐ 10 minutes or more
k. When you get pain or discomfort, where is it located?	k.		Yes / No
Upper middle chest		020	1 ☐ / 2 ☐
Lower middle chest		021	1 ☐ / 2 ☐
Left side of chest		022	1 ☐ / 2 ☐
Left arm		023	1 ☐ / 2 ☐
Right side of chest		024	1 ☐ / 2 ☐
Other – Specify ____		025	1 ☐ / 2 ☐
l. Do any of these things tend to bring it on?	l.		Yes / No
Excitement or emotion		026	1 ☐ / 2 ☐
Stooping over		027	1 ☐ / 2 ☐
Eating a heavy meal		028	1 ☐ / 2 ☐
Coughing spells		029	1 ☐ / 2 ☐
Cold wind		030	1 ☐ / 2 ☐
Exertion		031	1 ☐ / 2 ☐
2a. Have you ever had severe pain across the front of your chest lasting for half an hour or more?	2a.	032	1 ☐ Yes – Ask *b* 2 ☐ No – *SKIP* to *3a*
b. How many of these attacks have you had?	b.	033	1 ☐ One 2 ☐ 2 – 3 3 ☐ 4 or more
c. What was the date of your last attack?	c.	034	Month __ __ Year __ __
d. What was the duration of the pain during your last attack?	d.	035	1 ☐ 30 – 59 minutes 2 ☐ 1 – 2 hours 3 ☐ 3 – 5 hours 4 ☐ 6 – 11 hours 5 ☐ 12 – 23 hours 6 ☐ 24 – 47 hours 7 ☐ 2 days or more

Question		Responses
2e. Did you see a doctor about this lost attack?	2e.	(036) 1 [ ] Yes – *Ask f* 2 [ ] No – *SKIP* to 3a
f. What did he say it was? __________ __________ __________ __________	f.	DATA ***PREPARATION*** USE ONLY (037) 1 [ ] (041) 1 [ ] (038) 1 [ ] (042) 1 [ ] (039) 1 [ ] (043) 1 [ ] (040) 1 [ ] (044) 1 [ ]
3a. Do you get pain or discomfort in either leg while walking?	3a.	(045) 1 [ ] Yes – Ask *b* 2 [ ] No – *SKIP* to 4a
b. Do you also get this pain in your legs while standing still?	b.	(046) 1 [ ] Yes 2 [ ] No
c. In what parts of your leg do you feel this pain?	c.	(047) 1 [ ] Lower part (calf) 2 [ ] Upper part (thigh) 3 [ ] Both lower and upper parts
d. Do you get the pain in your legs while quiet or while sitting?	d.	(048) 1 [ ] Yes 2 [ ] No
e. Do you get it when you walk up a hill in a hurry?	e.	(049) 1 [ ] Yes 2 [ ] No
f. Do you get it when you walk at an ordinary pace on level ground?	f.	(050) 1 [ ] Yes 2 [ ] No
g. Does the pain in your legs come on after you have taken a few steps?	g.	(051) 1 [ ] Yes 2 [ ] No
h. Does the pain disappear while you ore still walking?	h.	(052) 1 [ ] Yes 2 [ ] ho
i. What do you do when you get'it while you are walking?	i.	Yes / No
stop.		(053) 1 [ ] 2 [ ]
Slow down		(054) 1 [ ] 2 [ ]
Continue at same pace.		(055) 1 [ ] 2 [ ]
Take medicine. . . . . , , , , .		(056) 1 [ ] 2 [ ]
j. If you stop, is it relieved or not?	j.	(057) 1 [I] Relieved – Ask *k* 2 [ ] Not relieved – *SKIP* to l
k. How soon after stopping?	k.	(058) 1 [ ] Less than IO minutes 2 [ ] IO minutes or more
l. Is the pain more likely to occur when you are hurrying than when you are walking at a slower, more even pace?	l.	(059) 1 [ ] Yes 2 [ ] No

4a. Have you ever seen a doctor about chest pains, chest discomfort, pains in the legs while walking, or heart failure?	4a.	(060) 1 ☐ Yes – Ask b 2 ☐ No – *SKIP* to 5
b. What is the name of the doctor? ________________		
c. What type of doctor is he?	c.	(061) 1 ☐ General practitioner 2 ☐ Osteopath 3 ☐ Heart specialist 4 ☐ Other specialist 5 ☐ Other – Specify ________ 9 ☐ Don't know
d. Who initially referred you to this doctor?	d.	Yes / No
No **one**.		(062) 1 ☐ 2 ☐
He's the regular doctor		(063) 1 ☐ 2 ☐
Another doctor		(064) 1 ☐ 2 ☐
Family..		(065) 1 ☐ 2 ☐
Clinic..		(066) 1 ☐ 2 ☐
Health nurse		(067) 1 ☐ 2 ☐
Other – Specify ________		(068) 1 ☐ 2 ☐
e. How long after this trouble first started did you first visit your doctor about it?	e.	(069) 1 ☐ Less than I day 2 ☐ 1 – 2 days 3 ☐ 3 – 6 days 4 ☐ I – 3 weeks 5 ☐ I – 5 months 6 ☐ 6 – I I months 7 ☐ I year or more 9 ☐ Don't remember
f. At that time, what did he say the problem was? ________________ ________________		
g. Did you have a cardiogram at the first visit?	g.	(070) 1 ☐ Yes 2 ☐ No
h. Did you have one at a later visit?	h.	(071) 1 ☐ Yes – Ask i 2 ☐ No – *SKIP* to 4j
i. How long was it from the time of the first visit?	i.	(072) 1 ☐ I – 2 days 2 ☐ 3 – 6 days 3 ☐ I – 3 weeks 4 ☐ I – 5 months 5 ☐ 6 – I I months 6 ☐ I year or more 9 ☐ Don't know

4j. Did you have a chest X-ray at the first visit? — **4j.** (073)
1 ☐ Yes
2 ☐ No

k. Did you have one at a later visit? — **k.** (074)
1 ☐ Yes – *Ask* l
2 ☐ No – *SKIP* to *m*

l. How long was it from the time of the first visit? — **l.** (075)
1 ☐ 1 – 2 days
2 ☐ 3 – 6 days
3 ☐ 1 – 3 weeks
4 ☐ 1 – 5 months
5 ☐ 6 – 11 months
6 ☐ 1 year or more
9 ☐ Don't know

m. Have you had any other tests for this condition? (such as blood or urine) — **m.** (076)
1 ☐ Yes
2 ☐ No

n. Did the doctor prescribe medicines to take for your condition? — **n.** (077)
1 ☐ Yes – *Ask* o
2 ☐ No – *SKIP* to p

o. How do you take the medicine? — **o.**

		Yes	No
Swallowed	(078)	1 ☐	2 ☐
Under the tongue	(079)	1 ☐	2 ☐
Injected	(080)	1 ☐	2 ☐
Other – Specify ______	(081)	1 ☐	2 ☐

p. Has he told you to do any of these other things? — **p.**

		Yes	No
Make regular visits	(082)	1 ☐	2 ☐
Have regular cardiograms	(083)	1 ☐	2 ☐
Decrease activity	(084)	1 ☐	2 ☐
Increase activity	(085)	1 ☐	2 ☐
Rest	(086)	1 ☐	2 ☐
Do exercises	(087)	1 ☐	2 ☐
Stop smoking	(088)	1 ☐	2 ☐
Other – Specify ______	(089)	1 ☐	2 ☐

q. When was the last time you saw him? — **q.** (090)
1 ☐ Less than 1 month ago
2 ☐ 1 – 3 months ago
3 ☐ 4 – 6 months ago
4 ☐ 7 – 11 months ago
5 ☐ 1 year ago or more
9 ☐ Don't remember

r. Where do you usually see him? — **r.** (0 1)
1 ☐ At his office
2 ☐ At a clinic
3 ☐ At home
4 ☐ Other – Specify ______

Question	No.	Code	Response
4s. How long will it be until your next visit?	4s.	(092)	1 ☐ Less than 1 month 2 ☐ 1 – 3 months 3 ☐ 4 – 6 months 4 ☐ 7 – 11 months 5 ☐ 1 year or more 9 ☐ Don't know
t. Would you say that the treatments you have had have done you any good?	t.	(093)	1 ☐ No, not at all 2 ☐ Yes, partly 3 ☐ Yes, quite a bit
5. Within the past 12 months, would you say that your condition has gotten worse, gotten better, or stayed about the same?	5.	(094)	1 ☐ Gotten worse 2 ☐ Gotten better 3 ☐ Stayed about the same
6. Have you ever been disabled because of chest pain, leg pain, or heart failure?	6.	(095)	1 ☐ Yes 2 ☐ No
7. Have you ever stayed overnight in a hospital because of chest pain, leg pain, or heart failure?	7.	(096)	1 ☐ Yes 2 ☐ No
8. What was your job status one month before you first developed chest pain, leg pain, or heart failure?	8.	(097)	1 ☐ Retired because of age 2 ☐ Retired because of disability 3 ☐ Unemployed 4 ☐ Working full-time 5 ☐ Working part-time 6 ☐ Housewife with full duties 7 ☐ Housewife with partial or no duties 8 ☐ Other – Specify ______
9a. As a result of your condition, has there been a change in your job status?	9a.	(098)	1 ☐ Yes – Ask b 2 ☐ No – *SKIP to 10*
b. What is it now?	b.	(099)	1 ☐ Retired because of disability 2 ☐ Unemployed 3 ☐ Working only part-time 4 ☐ Changed to easier job 5 ☐ Housewife with partial duties 6 ☐ Housewife with no duties 7 ☐ Other – Specify ______
10. How many work days would you estimate you have lost during the past 12 months because of your heart condition?	10.	(100)	1 ☐ None 2 ☐ 1 – 4 days 3 ☐ 5 – 9 days 4 ☐ 10 – 14 days 5 ☐ 15 – 19 days 6 ☐ 20 – 29 days 7 ☐ 30 days or more

J. Body Measurements

HRA-1-2-7A (Formerly HSM-425-7A)
'-74

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

PUBLIC HEALTH SERVICE
HEALTH RESOURCES ADMINISTRATION
NATIONAL CENTER FOR HEALTH STATISTICS

HEALTH EXAMINATION SURVEY

BODY MEASUREMENTS

Form Approved
O.M.B. No. 68-R1184

ASSURANCE OF CONFIDENTIALITY
All information which would permit identification of the individual will be held strictly confidential, will be used only by persons engaged in and for the purposes of the survey, and will not be disclosed or released to others for any other purposes (22 F R 1687).

a. Deck No.	b. Examiner No.	c. Recorder No.
111	__ __	

NOTE: Measuremknt in cm. unless otherwise specified.
Measure left side also if the last digit of examinee's sample number is 3 or 6.

Item		Right side	Left side
1. Bitrochanteric breadth	1.	(009) __ __ . __	
2. Elbow breadth	2.	(001) __ __ . __	(002) __ __ . __
3. Upper arm girth	3.	(003) __ __ . __	(004) __ __ . __
Chest circumference 4a. Full expiration	4a.	(018) __ __ __ . __	
b. Full inspiration	b.	(017) __ __ __ . __	
5. Triceps skinfold (mm.)	5.	(005) __ __ . __	(006) __ __ . __
6. Subscapular skinfold (mm.)	6.	(007) __ __ . __	(008) __ __ . __
7. Sitting height	7.	(010) __ __ . __	
When both sides ore measured 8. Is examinee right or left handed?	8.	(016) ☐ Right handed 2 ☐ Left handed 3 ☐ Uses both hands about the same 4 ☐ Not sure 8 ☐ Not applicable	
9. Weight (lbs.)	9.	(013) __ __ __ . __ __	
10a. Standing height (cm.)	10a.	(014) __ __ __ . __	
b. Standing height (inches)	b.	__ __ __/	

NOTES

Sample Number

№ 98743

K. General Medical Examination

HRA-12-3
FORMERLY HSM-425-3
(7/74)

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
PUBLIC HEALTH SERVICE
HEALTH RESOURCES ADMINISTRATION
NATIONAL CENTER FOR HEALTH STATISTICS

GENERAL MEDICAL EXAMINATION - AGES 25-74
HEALTH EXAMINATION SURVEY

Form Approved
O.M.B. No. 68-R1184

ASSURANCE OF CONFIDENTIALITY All information which would permit identification of the individual will be held strictly confidential, will be used only by persons engaged in and for the purposes of the survey, and will not be disclosed or released to others for any other purposes (22 FR 1687).

a. Name (Last, first, middle)	b. Deck No.	c. Pulse	d. Blood pressure Systolic	Diastolic
	231	(001) _ _ _	(002) _ _ _	(003) _ _ _

1. HEAD, EYES, EARS, NOSE, AND THROAT:
If findings, mark applicable box and continue with a.
If no findings, SKIP to 2a.

(004) 1 ☐ Findings
2 ☐ No findings

Yes
- a. Conjunctival injection . . . . . (010) 1 ☐
- b. Filiform papillary atrophy of tongue . . . . . (019) 1 ☐
- c. Fungiform papillary hypertrophy of tongue . . . . . (020) 1 ☐
- d. Fissures of tongue . . . . . (022) 1 ☐
- e. Serrations or swelling of tongue (023) 1 ☐
- f. Scarlet beefy tongue . . . . . (024) 1 ☐
- g. Other — Specify ________ (029) 1 ☐

2a. THYROID EVALUATION: (WHO Classification)
(030) 1 ☐ Group 0
2 ☐ Group I
3 ☐ Group 2
4 ☐ Group 3

b. OTHER THYROID FINDINGS:
(031) 1 ☐ Findings
2 ☐ No findings (GO to 3)

		R	L	Both
(1) Tenderness.	(032)	1 ☐	2 ☐	3 ☐
(2) Nodule.	(033)	1 ☐	2 ☐	3 ☐
(3) Isthmus	(034)	1 ☐		
(4) Other — Describe ________	(035)	1 ☐		

3. CARDIOVASCULAR EVALUATIONS:
If findings, mark applicable box and continue with a.
If no findings, SKIP to 4.

(043) 1 ☐ Findings
2 ☐ No findings

Yes
- a. Cyanosis . . . . . (044) 1 ☐
- b. Irregular pulse. . . . . (045) 1 ☐

4. ABDOMINAL EVALUATION:
If findings, mark applicable box and continue with a.
If no findings, SKIP to 5.

(048) 1 ☐ Findings
2 ☐ No findings

Yes
- a. Hepatomegaly. . . . . (049) 1 ☐
- b. Splenomegaly . . . . . (050) 1 ☐
- c. Uterine enlargement . . . . . (051) 1 ☐
- d. Umbilical hernia. . . . . (052) 1 ☐
- e. Mass(es). . . . . (054) 1 ☐
  - (1) Area(s) — Enter number(s) (055) _ _ _ _ _ _
  - (2) Other findings — Describe (056) 1 ☐
- f. Surgical scars . . . . . (057) 1 ☐
  - (1) Area(s) — Enter number(s) (058) _ _ _ _ _ _
  - (2) Other findings — Describe (059) 1 ☐

1 2 3
4 5 6
7 8 9

SAMPLE
No. 98743

5. MUSCUCOSKELETAL EVALUATION:

If findings, murk applicable box and describe.
If no findings, SKIP to 6.

Findings — Describe

065 1 ☐ Findings
2 ☐ No findings

Yes
066 1 ☐

6. NEUROLOGICAL EVALUATION:

If findings, mark applicable box ond continue with a.
If no findings, SKIP to 7.

067 1 ☐ Findings
2 ☐ No findings

Yes

a. Absent knee jerks .... 068 1 ☐

b. Absent ankle jerks .... 069 1 ☐

c. Other findings — Describe 073 1 ☐

7. SKIN EVALUATION:

If findings, mark applicable box and continue with a.
If no findings, SKIP to 8.

074 1 ☐ Findings
2 ☐ No findings

Yes

a. Petechiae — Describe 079 1 ☐

b. Ecchymoses — Describe 082 1 ☐

c. Other findings — Describe 083 1 ☐

8a. Obesity .... 093 1 ☐

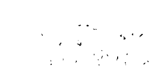
b. No obesity .... 2 ☐

9. Name of physician

Comments

SAMPLE NUMBER

N? 98743



HRA-12-4 (Page 1) (Formerly HSM-425-4 (Page 1))
7-74

Form Approved
O.M.B. No. 68-R1184

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
PUBLIC HEALTH SERVICE
HEALTH RESOURCES ADMINISTRATION
NATIONAL CENTER FOR HEALTH STATISTICS
HEALTH EXAMINATION SURVEY

ASSURANCE OF CONFIDENTIALITY
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GENERAL MEDICAL EXAMINATION

Deck No. 232

A. EXTERNAL EAR (Except canal)

	Right	Left
1. No findings – SKIP to B . . . . . 1.	(001) 1 ☐	(002) 1 ☐
2. Findings – Continue with 3 . . 2.	2 ☐	2 ☐
3. Operative scar . . . 3.	(003) 1 ☐	(004) 1 ☐
4. Other – Describe . 4. ________	(005) 1 ☐	(006) 1 ☐
5. Pierced ears . . . . 5.	(007) 1 ☐ Yes	2 ☐ No

B. AUDITORY CANAL

	Right	Left
1. No findings – SKIP to C . . . . . . 1.	(008) 1 ☐	(009) 1 ☐
2. Findings – Continue with 3 . . 2.	2 ☐	2 ☐
3. Occluded: a. Partially . . . . . 3a.	(010) 1 ☐	(011) 1 ☐
b. Completely . . . . b.	2 ☐	2 ☐
4. Occluded by: a. Cerumen . . . . . 4a.	(012) 1 ☐	(013) 1 ☐
b. Other – Describe b. ________	2 ☐	2 ☐

C. DRUM

	Right	Left
1. No findings – SKIP to D . . . . . . 1.	(014) 1 ☐	(015) 1 ☐
2. Findings – Continue with 4 . . . 2.	2 ☐	2 ☐
3. Not visible . . . . . 3.	3 ☐	3 ☐
4. Dull (Opaque) . . . 4.	(016) 1 ☐	(017) 1 ☐
5. Transparent . . . . . 5.	2 ☐	2 ☐
6. Bulging . . . . 6.	(018) 1 ☐	(019) 1 ☐
7. Retracted . . . . . . 7.	2 ☐	2 ☐
8. Calcium plaques . . 8.	(020) ☐	(021) 1 ☐
9. Other findings – Describe . . . . 9. ________	(022) 1 ☐	(023) 1 ☐

C. DRUM – Continued

	Right	Left
10. Red . . . . 10.	(024) 1 ☐	(025) 1 ☐
11. Other discolorations 11.	2 ☐	2 ☐
12. Fluid . . . . 12.	(026) 1 ☐	(027) 1 ☐
13. Scars . . . . 13.	(028) 1 ☐	(029) 1 ☐
14. Perforated		
a. With discharge 14a.	(030) 1 ☐	(031) 1 ☐
b. Without discharge . b.	2 ☐	2 ☐

D. NARES

	Right	Left
1. No findings – SKIP to E . . . . . . 1.	(032) 1 ☐	(033) 1 ☐
2. Findings – Continue with 3 . . 2.	2 ☐	2 ☐
3. Obstruction a. Acute . . . . 3a.	(034) 1 ☐	(035) 1 ☐
b. Chronic . . . . . . b.	2 ☐	2 ☐
4. Other significant findings – a. Deviated septum . 4a.	(036) 1 ☐	(037) 1 ☐
b. Swollen turbinates b.	(038) 1 ☐	(039) 1 ☐
c. Chronic inflammation c.	(040) 1 ☐	(041) 1 ☐
d. Other -Describe . d . ________	(042) 1 ☐	(043) 1 ☐

E. NECK

1. No findings – SKIP to F . . . . . . 1.	(044) 1 ☐
2. Findings – Continue with 3 . . 2.	2 ☐
3. Adenopathy . . . . . 3.	(045) 1 ☐
4. Tracheal deviation. 4.	(046) 1 ☐
5. Other – Describe. . 5. ________	(047) 1 ☐

Sample Number
№ 98743

F. CHEST

1. Auscultation

048 1 ☐ No findings – *SKIP to G*

2 ☐ Findings

	Dimin. brth. sounds	Absent b.s.	Bronchial b.s.	Rales	Rhonchi	Wheeze
Right chest Upper lobe	049 1 ☐	2 ☐	050 1 ☐	051 1 ☐	052 1 ☐	053 1 ☐
Middle lobe	054 1 ☐	2 ☐	055 1 ☐	056 1 ☐	057 1 ☐	058 1 ☐
Lower lobe	059 1 ☐	2 ☐	060 1 ☐	061 1 ☐	062 1 ☐	063 1 ☐
Left chest Upper lobe	064 1 ☐	2 ☐	065 1 ☐	066 1 ☐	067 1 ☐	068 1 ☐
Lower lobe	069 1 ☐	2 ☐	070 1 ☐	071 1 ☐	072 1 ☐	073 1 ☐

2. Other chest findings

074 1 ☐ **None** 2 ☐ Findings ______

G. HEART

1. P.M.I. . . . . 1. 075 1 ☐ Felt 2 ☐ Not felt

2. Interspace . . . . 2. 076 4 ☐ 5 ☐ 6 ☐ 7 ☐

3. Midclavicular line . . . . 3. 077 1 ☐ At 2 ☐ Inside 3 ☐ Outside

4. Thrills . . . . 4. 078 1 ☐ Absent 2 ☐ Present

a. Systolic. . . . . a. 079 1 ☐ Base 2 ☐ Apex

b. Diastolic . . . . b. 080 1 ☐ Base 2 ☐ Apex

5. Heart sounds

a. 1st heart sound . . . . 5a. 081 1 ☐ Normal 2 ☐ Accentuated 3 ☐ Diminished

b. 2nd heart sound . . . . b. 082 1 ☐ Normal 2 ☐ Accentuated 3 ☐ Diminished

6. Murmurs . . . . 6. 083 1 ☐ None – Skip to 7

	SYSTOLIC MURMUR(S)	DIASTOLIC MURMUR(S)
a. Type . . . . a.	084 1 ☐ Functional 2 ☐ Organic 9 ☐ Don't know	085 1 ☐ Functional 2 ☐ Organic 9 ☐ Don't know
b. Location	GRADE	GRADE
(1) Apex . . . . b(1)	086 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐	087 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐
(2) Midprecordium . . . . (2)	088 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐	089 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐
(3) Left base. . . . . (3)	090 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐	091 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐
(4) Right base . . . . (4)	092 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐	093 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐

Continue with 6c, "Origin" on Page 3

Sample Number

№ 98743

G. HEART – Continued

6. Murmurs – Continued

c. Origin

			Systolic	Diastolic	Both
(1) Mitral	6c.(1)	094	1 ☐	2 ☐	3 ☐
(2) Aortic	(2)	095	1 ☐	2 ☐	3 ☐
(3) Tricuspid	(3)	096	1 ☐	2 ☐	3 ☐
(4) Pulmonic	(4)	097	1 ☐	2 ☐	3 ☐
(5) ASD	(5)	098	1 ☐	2 ☐	3 ☐
(6) VSD	(6)	099	1 ☐	2 ☐	3 ☐
(7) Other	(7)	100	1 ☐	2 ☐	3 ☐
(8) Don't know	(8)	101	9 ☐		

7. Other cardiac or cardiovascular findings — 102 1 ☐ No – Skip to *H* 2 ☐ Yes – Continue with *7a*

a. Edema . . . . . 7a. — 103 1 ☐

b. Other – Describe . . . . . b. — 104 1 ☐

____

____

c. Neck vein distension . . . . . c. — 105 1 ☐

H. PULSE – ARTERIAL EVALUATION

1. Palpation

			Normal	Sclerotic	Tortuous	Sclerotic and Tortuous
a. Right radial	1a.	106	1 ☐	2 ☐	3 ☐	4 ☐
b. Right femoral	b.	107	1 ☐	2 ☐	3 ☐	4 ☐
c. Right dorsalis pedis	c.	108	1 ☐	2 ☐	3 ☐	4 ☐
d. Left radial	d.	109	1 ☐	2 ☐	3 ☐	4 ☐
e. Left femoral	e.	110	1 ☐	2 ☐	3 ☐	4 ☐
f. Left dorsalis pedis	f.	111	1 ☐	2 ☐	3 ☐	4 ☐

2. Pulsations

			Normal	Diminished	Bounding	Absent
a. Right radial	2a.	112	1 ☐	2 ☐	3 ☐	4 ☐
b. Right femoral	b.	113	1 ☐	2 ☐	3 ☐	4 ☐
c. Right dorsalis pedis	c.	114	1 ☐	2 ☐	3 ☐	4 ☐
d. Other – Describe	d.	115	1 ☐	2 ☐	3 ☐	4 ☐
e. Left radial	e.	116	1 ☐	2 ☐	3 ☐	4 ☐
f. Left femoral	f.	117	1 ☐	2 ☐	3 ☐	4 ☐
g. Left dorsalis pedis	g.	118	1 ☐	2 ☐	3 ☐	4 ☐
h. Other – Describe	h.	119	1 ☐	2 ☐	3 ☐	4 ☐

____

____

Sample Number

№ 98743

I. KNEES

(120) 1 ☐ Findings – Continue with 1
2 ☐ No findings – Skip to J

1. Bony irregularity			R	L	Both
a. Genu varum	1a.	(121)	1 ☐	2 ☐	3 ☐
b. Genu valgum	b.	(122)	1 ☐	2 ☐	3 ☐
c. Genu recurvatum	c.	(123)	1 ☐	2 ☐	3 ☐
d. Fixed flexion	d.	(124)	1 ☐	2 ☐	3 ☐
e. Other – Describe. ______	e.	(125)	1 ☐	2 ☐	3 ☐

2. Pain on motion			Act.	Pas.	Both	Tenderness	
a. Right medial	2a.	(126)	1 ☐	2 ☐	3 ☐	(127)	1 ☐
b. Right lateral	b.	(128)	1 ☐	2 ☐	3 ☐	(129)	1 ☐
c. Right diffuse	c.	(130)	1 ☐	2 ☐	3 ☐	(131)	1 ☐
d. Left medial	d.	(132)	1 ☐	2 ☐	3 ☐	(133)	1 ☐
e. Left lateral	e.	(134)	1 ☐	2 ☐	3 ☐	(135)	1 ☐
f. Left diffuse	f.	(136)	1 ☐	2 ☐	3 ☐	(137)	1 ☐
g. Right suprapatellar	g.					(138)	1 ☐
h. Left suprapatellar	h.					(139)	1 ☐
i. Right infrapatellar	i.					(140)	1 ☐
j. Left infrapatellar	j.					(141)	1 ☐

3. Other findings			R	L	Both
a. Swelling	3a.	(142)	1 ☐	2 ☐	3 ☐
b. Fluid	b.	(143)	1 ☐	2 ☐	3 ☐
c. Soft tissue proliferation	c.	(144)	1 ☐	2 ☐	3 ☐
d. Subpatellar crepitus	d.	(145)	1 ☐	2 ☐	3 ☐
e. Muscular wasting thigh	e.	(146)	1 ☐	2 ☐	3 ☐
f. Other – Describe ______	f.	(147)	1 ☐	2 ☐	3 ☐

J. HIPS

(148) 1 ☐ Findings – Continue with 1
2 ☐ No findings – Skip to K

1. Pain on motion		ACTIVE	R	L	Both	PASSIVE	R	L	Both
a. Extension	1a.	(149)	1 ☐	2 ☐	3 ☐	(150)	1 ☐	2 ☐	3 ☐
b. Flexion	b.	(151)	1 ☐	2 ☐	3 ☐	(152)	1 ☐	2 ☐	3 ☐
c. Abduction	c.	(153)	1 ☐	2 ☐	3 ☐	(154)	1 ☐	2 ☐	3 ☐
d. Adduction	d.	(155)	1 ☐	2 ☐	3 ☐	(156)	1 ☐	2 ☐	3 ☐
e. Ext. rot.	e.	(157)	1 ☐	2 ☐	3 ☐	(158)	1 ☐	2 ☐	3 ☐
f. Int. rot	f.	(159)	1 ☐	2 ☐	3 ☐	(160)	1 ☐	2 ☐	3 ☐

Sample Number
№ 98743

J. HIPS – Continued

1. Other findings

			R	L	Both
a. Muscle wasting (glutea)	1a.	(161)	1 ☐	2 ☐	3 ☐
b. Trochanter tenderness	b.	(162)	1 ☐	2 ☐	3 ☐
c. Groin tenderness	c.	(163)	1 ☐	2 ☐	3 ☐
d. Other – *Describe* ______		(164)	1 ☐	2 ☐	3 ☐

K. JOINTS

(165) 1 ☐ No findings – *Skip to L*

2 ☐ Findings – *Describe and continue with 1* ______

Other joints	Tender		Swelling		Deformity		Limitation		Heberden's nodes		Pain on motion		Other	
1. Shoulder	(166) 1 ☐R 3 ☐B 2 ☐L		(167) 1 ☐R 3 ☐B 2 ☐L		(168) 1 ☐R 3 ☐B 2 ☐L		(169) 1 ☐R 3 ☐B 2 ☐L				(170) 1 ☐R 3 ☐B 2 ☐L		(171) 1 ☐R 3 ☐B 2 ☐L	
2. Elbow	(172) 1 ☐R 3 ☐B 2 ☐L		(173) 1 ☐R 3 ☐B 2 ☐L		(174) 1 ☐R 3 ☐B 2 ☐L		(175) 1 ☐R 3 ☐B 2 ☐L				(176) 1 ☐R 3 ☐B 2 ☐L		(177) 1 ☐R 3 ☐B 2 ☐L	
3. Wrist	(178) 1 ☐R 3 ☐B 2 ☐L		(179) 1 ☐R 3 ☐B 2 ☐L		(180) 1 ☐R 3 ☐B 2 ☐L		(181) 1 ☐R 3 ☐B 2 ☐L				(182) 1 ☐R 3 ☐B 2 ☐L		(183) 1 ☐R 3 ☐B 2 ☐L	
	RIGHT	LEFT	RIGHT	LEFT	RIGHT	LEFT	RIGHT	LEFT			RIGHT	LEFT	RIGHT	LEFT
4. Metacarpo-phalangeal (No. involved)	(184) 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐	(185) ☐ ☐ ☐ ☐ ☐	(186) 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐	(187) 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐	(188) 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐	(189) 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐	(190) 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐	(191) 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐			(192) 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐	(193) 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐	(194) 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐	(195) 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐
5. Proximal-inter-phalangeal (No. involved)	(196) 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐	(197) ☐ ☐ ☐ ☐ ☐	(198) 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐	(199) 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐	(200) 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐	(201) 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐	(202) 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐	(203) 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐			(204) 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐	(205) 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐	(206) 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐	(207) 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐
									RIGHT	LEFT				
6. Distalinter-phalangeal (No. involved)	(208) 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐	(209) ☐ ☐ ☐ ☐ ☐	(210) 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐	(211) 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐	(212) 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐	(213) 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐	(214) 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐	(215) 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐	(216) 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐	(217) 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐	(218) 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐	(219) 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐	(220) 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐	(221) 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐
7. Ankle	(222) 1 ☐R 3 ☐B 2 ☐L		(223) 1 ☐R 3 ☐B 2 ☐L		(224) 1 ☐R 3 ☐B 2 ☐L		(225) 1 ☐R 3 ☐B 2 ☐L				(226) 1 ☐R 3 ☐B 2 ☐L		(227) 1 ☐R 3 ☐B 2 ☐L	
8. Feet	(228) 1 ☐R 3 ☐B 2 ☐L		(229) 1 ☐R 3 ☐B 2 ☐L		(230) 1 ☐R 3 ☐B 2 ☐L		(231) 1 ☐R 3 ☐B 2 ☐L				(232) 1 ☐R 3 ☐B 2 ☐L		(233) 1 ☐R 3 ☐B 2 ☐L	

L BACK

(234) 1 ☐ No findings – Skip to M
2 ☐ Findings – Continue with 1

Item		Code	
1. Scoliosis	1.	(235)	1 ☐
2. Kyphosis	2.	(236)	1 ☐
3. Lordosis	3.	(237)	1 ☐

4. Tenderness

Item		Code			
a. Sciatic notch	4a.	(238)	1 ☐ R	2 ☐ L	3 ☐ Both
b. Sacroiliac	b.	(239)	1 ☐ R	2 ☐ L	3 ☐ Both
c. Other – Describe		240	1 ☐		

5. Limitation of motion

Item		Code	
a. Cervical spine	5a.	(241)	1 ☐
b. Thoracic spine	b.	(242)	1 ☐
c. Lumbar spine flexion . .	c.	(243)	1 ☐
d. Lumbar spine, right lateral flexion.	d.	(244)	1 ☐
e. Lumbar spine, left lateral flexion	e.	(245)	1 ☐
f. Full extension	f.	(246)	1 ☐

6. Pain on motion .... 6. (247) 1 ☐ Negative 2 ☐ Positive

		Cervical	Thoracic	Low back	Diffuse	Uncertain
7. Flexion	7.	(248) 1 ☐	(249) 1 ☐	250 1 ☐	(251) 1 ☐	252 1 ☐
8. Extension	8.	(253) 1 ☐	(254) 1 ☐	(255) 1 ☐	(256) 1 ☐	257 1 ☐
9. Right lateral bending ...	9.	(258) 1 ☐	(259) 1 ☐	(260) 1 ☐	(261) 1 ☐	(262) 1 ☐
10. Left lateral bending	10.	(263) 1 ☐	(264) 1 ☐	(265) 1 ☐	(266) 1 ☐	(267) 1 ☐
11. Right rotation.	11.	(268) 1 ☐	(269) 1 ☐	(270) 1 ☐	(271) 1 ☐	(272) 1 ☐
12. Left rotation	12.	(273) 1 ☐	(274) 1 ☐	275 1 ☐	(276) 1 ☐	(277) 1 ☐

M. STRAIGHT-LEG-RAISING TEST

Item		Code		
1. Right leg.	1.	(278)	1 ☐ Neg.	2 ☐ Pos.
2. Left leg	2.	(280)	1 ☐ Neg.	2 ☐ Pos.

3. Increase –

Item		Code		
a. On ankle (right leg) ...	3a.	(279)	1 ☐ Yes	2 ☐ No
b. Dorsiflexion (Left leg)		(281)	1 ☐ Yes	2 ☐ No

N. OTHER SYSTEMS
(Reticulo endcthelial, G.I., etc.)

(282) 1 ☐ No findings – Skip to 0
2 ☐ Findings – Describe →

Sample Number

No. 98743

O. BLOOD PRESSURE

		TIME		SYSTOLIC	DIASTOLIC
1. Recumbent	1.	(283)	1 ☐ A.M.	0 204 — — —	0 285 — — —
2. Sitting	2.		2 ☐ P.M.	0 207 — — —	0 288 — - -

P. SUMMARY OF DIAGNOSTIC IMPRESSIONS

(289) 1 ☐ Normal; no abnormal findings
2 ☐ Abnormal significant findings noted below

		Severity Min.	Mod.	Sev.	Certainty (0–9)	ICD code
1. Cardiovascular						
a. ______	1a. (290)	1 ☐	2 ☐	3 ☐	0 291 —	0 292 - - -
b. ______	b. (293)	1 ☐	2 ☐	3 ☐	0 294 —	0 295 — — —
c. ______	c. (296)	1 ☐	2 ☐	3 ☐	0 297 —	0 298 — — —
2. Musculo-skeletal						
a. ______	2a. (299)	1 CI	2 ☐	3 ☐	0 300 —	0 301 - - -
b. ______	b. (302)	1 ☐	2 ☐	3 ☐	0 303 —	(304) — — —
c. ______	c. (305)	1 ☐	2 ☐	3 ☐	(306) —	(307) — — —
3. Respiratory						
a. ______	3a. (308)	1 ☐	2 ☐	3 ☐	(309) —	(310) — — —
b. ______	b. (311) 311	1 ☐	2 ☐	3 ☐	(312) —	(313) - - -
c. ______	c. (314)	1 ☐	2 ☐	3 ☐	(315) —	(316) — — —
4. Other systems – *Specify*						
a. ______	4a. (317)	1 ☐	2 ☐	3 ☐	(318) —	(319) — — —
b. ______	b. (320)	1 ☐	2 ☐	3 ☐	(321) —	(322) — — —
c. ______	c. (323)	1 ☐	2 ☐	3 ☐	(324) —	0 325 — — —
5. ______						
a. ______	5a.	(326)	2 ☐	3 ☐	(327) —	(328) — — —
b. ______	b. (329)	1 ☐	2 ☐	3 ☐	(330) —	(331) - - -
c. ______	c (332)	1 ☐	2 ☐	3 ☐	(333) —	(334) — — —

Name of physician	Sample Number N? 98743

L. Audiometry (Air)

HRA-12-10
FORMERLY HSM-425-10
(7-74)

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
PUBLIC HEALTH SERVICE
HEALTH RESOURCES ADMINISTRATION
NATIONAL CENTER FOR HEALTH STATISTICS

Form Approved
O.M.B. No. 68-RI 184

ASSURANCE OF CONFIDENTIALITY
All information which would permit identification of the individual will be held strictly confidential, will be used only by persons engaged in and for the purposes of the survey, and will not be disclosed or released to others for any other purposes (22 FR 1687).

AUDIOMETRY (AIR)

HEALTH EXAMINATION SURVEY

a. Deck No.	b. Audio No.	c. Examiner No.
241	001 _ _ _ _ _	002 - -

START *HERE IF SAMPLE NUMBER* EVEN

1. AIR CONDUCTION – RIGHT EAR

Retest R with masking on L* (a)	Frequency (Hz) (b)	Hearing level (c)
003	1000	004
009	2000	010
015	4000	016
021	500	022
027	1000	028

START HERE IF SAMPLE *NUMBER ODD*

2. AIR CONDUCTION - LEFT EAR

Retest L with masking on R* (a)	Frequency (Hz) (b)	Hearing level (c)
031	1000	032
037	2000	038
043	4000	044
049	500	050
055	1000	056

3. CONDITION AFFECTING TEST RESULTS

Mark (X) only one

059

1 ☐ None
2 ☐ Cold or sinusitis now
3 ☐ Ear discharge
4 ☐ Ringing or other noises in ears
5 ☐ Equipment defect**
6 ☐ Cold or sinusitis within one week
7 ☐ Earache within week
8 ☐ Other – *Describe* **

*Retest poorer ear with *A/C* masking on better ear only if differences in *A/C-HL* between the two ears is 40 *dB* or more

** Specify *frequencies* affected and describe

Comments

SAMPLE NUMBER

№ 98743

M. Respiratory Function Tests

HRA-12-9 (Formerly HSM-425-9)
'-74

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
PUBLIC HEALTH SERVICE
HEALTH RESOURCES ADMINISTRATION
NATIONAL CENTER FOR HEALTH STATISTICS
HEALTH EXAMINATION SURVEY

RESPIRATORY FUNCTION TESTS

Form Approved
O.M.B. No. 68-R1184

-ASSURANCE OF CONFIDENTIALITY
All information which would permit identification of the individual will be held strictly confidential, will be used only by persons engaged in and for the purposes of the survey, and will not be disclosed or released to others for any other purposes (22 FR 1687).

Deck No. 251	Room temperature (001) __ __ °C

A. SPIROMETER

1. Was test satisfactory? . . . . . 1. (002) 1 ☐ Yes 2 ☐ No – Explain

B. SINGLE BREATH DIFFUSING CAPACITY

		Trial #1	Trial #2	Trial #3
1. inspired Co. . . . . 1.	1 0 0%			
2. Small spirometer temperature . . . . . 2.	(003) __ __ °C			
3a. Uncorrected barometric pressure . . . . . 3a.	(004) __ __ __ . __ mm. Hg.			
b. Barometer temperature . . . . . b.	(021) __ __ °C			
4. inspired helium. . . . . 4.		(005) __ __ . __ __	(010) __ __ . __ __	(015) __ __ . __ __
5. Expired helium percent. . . . . 5.		(006) __ . __ __	(011) __ . __ __	(016) __ . __ __
6. Expired Co meter reading . . . . . 6.		(007) __ __ . __	(012) __ __ . __	(017) __ __ . __
7. Breath holding time *cm . . . . . 7.		(008) __ __ . __	(013) __ __ . __	(018) __ __ . __
8. Volume inspired V.C. (ATPS) ml . . . . . 8.		(009) __ __ __ __	(014) __ __ __ __	(019) __ __ __ __
9. Was test satisfactory? . . . . . 9.	(020) 1 ☐ Yes 2 ☐ No – Explain			

• From tracing – ½ inspiration point measured to onset of expiration

NOTES

Sample Number

Nº 98743

N. Physician's Supplement

HRA-12-24
(/74)

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
PUBLIC HEALTH SERVICE
HEALTH RESOURCES ADMINISTRATION
NATIONAL CENTER FOR HEALTH STATISTICS

PHYSICIAN'S SUPPLEMENT
HEALTH EXAMINATION SURVEY

Form Approved
O.M.B. No. 68-W 184

ASSURANCE OF CONFIDENTIALITY
All information which would permit identification of the individual will be held strictly confidential, will be used only by persons engaged in and for the purposes of the survey, and will not be disclosed or released to pthers for any other purposes (22 FR 1687).

Deck No. **082**

1. **Ocular fundi**

			Right	Left	Both	
a. **Normal**	la.	(101)	1 ☐	2 ☐	3 ☐ →	If box 3 marked, SKIP to 2a
b. **Fundus** not visualized	b.	(102)	1 ☐	2 ☐	3 ☐	If box(es) I, 2, or 3 marked, SKIP to Im
c. Globe absent	c.	(103)	1 ☐	2 ☐	3 ☐ →	If box 3 marked, SKIP to 2a
d. Increased light reflex	d.	(104)	1 ☐	2 ☐	3 ☐	
e. N&row orterioles	e.	(105)	1 ☐	2 ☐	3 ☐	
f. Tortuous arterioles	f	(106)	1 ☐	2 ☐	3 ☐	
g. AV compression	g.	(107)	1 ☐	2 ☐	3 ☐	
h. Hemorrhage	h.	(108)	1 ☐	2 ☐	3 ☐	
i. Exudate	i.	(109)	1 ☐	2 ☐	3 ☐	
j. Venous engorgement	j.	(110)	1 ☐	2 ☐	3 ☐	
k. Popilledema	k.	(111)	1 ☐	2 ☐	3 ☐	
I. Disc **abnormal**	I.	(112)	1 ☐	2 ☐	3 ☐	
m. Lens opacities	m.	(113)	1 ☐	2 ☐	3 ☐	
n. Iritis	n.	(114)	1 ☐	2 ☐	3 ☐	
0. Othei – *Specify*	o.	(115)	1 ☐	2 ☐	3 ☐	

2a. Did a doctor ever tell you that you had protein, olbumin, blood or sugar in your urine? — 2a. (116)
1 ☐ Yes – Ask b
2 ☐ No – SKIP to 3

b. Which? — b.

		Yes	No
Protein	(117)	1 ☐	2 ☐
Albumin.	(118)	1 ☐	2 ☐
Blood	(119)	1 ☐	2 ☐
Sugar	(120)	1 ☐	2 ☐

3. During the past 6 months have you had parasites or worms in your stools? — 3. (121)
1 ☐ Yes
2 ☐ No
9 ☐ Don't know

SAMPLE NUMBER
№ 98743

Question		Code	Response
4a. Do you have trouble with your bowels which makes you constipated or gives you diarrhea?	**4a.**	(122)	1 ☐ Yes – constipated 2 ☐ Yes – diarrhea 3 ☐ No
b. How often do you usually have a bowel movement?	b.	(123)	1 ☐ Once a week or less often 2 ☐ 2-3 times a week 3 ☐ 4-6 times a week 4 ☐ Once a day s ☐ 2-3 times a day 6 ☐ 4 or more times a day
c. Have your movements ever been white, gray, dark black, or streaked with blood?	c.	(124)	1 ☐ Yes – Ask d 2 ☐ No – SKIP to 5a
d. Which?	d.		Yes / No
White		(125)	1 ☐ 2 ☐
Gray		(126)	1 ☐ 2 ☐
Dark block		(127)	1 ☐ 2 ☐
Streaked with blood		(128)	1 ☐ 2 ☐
5a. Has a doctor ever told you that you had loss of blood from the stomach or bowels?	**5a.**	(129)	1 ☐ Yes – Ask b 2 ☐ No – SKIP to 6a
b. Do you still have it?	b.	(130)	1 ☐ Yes 2 ☐ No s ☐ Don't know
c. How many years ago did you first have it?	c.	(131)	__ __ Years ago
6a. Have you ever had an abdominal operotion?	**6a.**	(132)	1 ☐ Yes – Ask b 2 ☐ No – SKIP to 7
b. Was it for . . .	**b.**		Yes / No
Tumor of the stomach, bowel, or colon?		(133)	1 ☐ 2 ☐
Tumor or cyst of the womb or ovaries?		(134)	1 ☐ 2 ☐
7. Do you have episodes (or "spells") of pain or discomfort in **your abdomen or stomach of at least 3 days per month? (Don't count ones that go with a cold, sore throat, flu,** or (for women) menstrual **periods.)**	7.	(135)	1 ☐ Yes 2 ☐ No
8. Do you have episodes (or "spells") of vomiting of at least 3 days per month? **(Don't count ones that go with colds,** sore throats, flu, or (for women) menstrual periods.)	8.	(136)	1 ☐ Yes 2 ☐ No

SAMPLE NUMBER

N? 98743

Question		Item	Response
9a. During the past year, have you had at least one drink of beer, wine, or liquor?	**9a.**	(137)	1 ☐ Yes – Ask *b* 2 ☐ No – *SKIP to Check* Item
b. How often do you drink?	**b.**	(138)	1 ☐ Every day 2 ☐ Just about every day 3 ☐ About 2 or 3 times a week 4 ☐ About 1–4 times a month 5 ☐ More than 3 but less than 12 times a year 6 ☐ No more than 2 or 3 times a year – *SKIP to Check* Item
c. Which do you most frequently drink -- beer, wine, or liquor?	c.	(139)	1 ☐ Beer 2 ☐ Wine 3 ☐ Liquor
d. When you drink (beer/wine/liquor), how much do you usually drink over 24 hours? (Enter an amount only for the one marked in 9c.)	d.	(140)	___ ___Glasses of beer ___ ___Glasses of wine ___ ___Drinks of liquor
CHECK ITEM		(141)	1 ☐ Female–*Ask 10a* 2 ☐ Male – *END OF* QUESTIONNAIRE
10a. How old were you when your periods or menstrual cycles started?	**10a.**	(142)	Years - Ask b 02 ☐ Haven't started yet – *END OF QUESTIONNAIRE*
b. Have they entirely stopped?	b.	(143)	1 ☐ Yes - Ask c 2 ☐ [illegible] – *SKIP* [illegible]
c. At what age?	c.	(144)	___ -Years
11a. Have you taken birth control pills during the past 6 months?	11a.	(145)	1 ☐ Yes – *Ask b* 2 ☐ No - SKIP to *12a*
b. Are you taking them now?	**b.**	(146)	1 ☐ Yes 2 ☐ No
12a. Are you or have you ever been pregnant?	**12a.**	(147)	1 ☐ Yes – Ask b 2 ☐ No – END Of QUESTIONNAIRE
b. What is the totol number of pregnancies you have had?	b.	(148)	___ -Number
c. What is the total number of miscarriages you have had?	c.	(149)	___ -Number
d. What is the total number of live births you have had?	d.	(150)	___ -Number
e. Are you pregnant now?	**e.**	(151)	1 ☐ Yes -Ask *f* 2 ☐ No 9 ☐ Don't know
f. Which month of pregnancy are you in?	**f.**	(152)	___ -Month

SAMPLE NUMBER
N° 98743

O. Report of Physical Findings

Confidentiality has been assured examinees as set forth in 22 F.R. 1687

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

PUBLIC HEALTH SERVICE
NATIONAL CENTER FOR HEALTH STATISTICS
ROCKVILLE, MD. 20852

HEALTH EXAMINATION SURVEY

REPORT OF PHYSICAL FINDINGS

Dear Doctor:

Recently the person named below was a sample person who voluntarily participated as an examinee in the Health Examination Survey conducted at special facilities of the U.S. Public Health Service. The objectives of the Survey are to obtain information on the health status of the U.S. population. The examination is not, and was not intended to be, a substitute for a visit to the examinee's physician, nor was it intended to be a complete examination. At the request of the examinee, however, we do send a report of certain selected procedures to his/her physician.

Reported below are physical findings which our physicians thought were significant and should be brought to your attention (i.e., for which no treatment had been sought and/or no history given). Also reported are some test reports and/or laboratory data. Although we are not engaged in follow-up or treatment of our findings, we appreciate the cooperation of our examinees and hope that we can contribute to their medical care by making this information available to you.

In addition to items listed below a separate letter will be sent reporting any significant conditions found on knee and hip X-rays if any are present.

Sincerely,

Arnold Engel

Arnold Engel, M.D.
Medical Advisor

Examinee's name and address ▶	Date of examination	Age	Height	Chest X-ray	EKG
		Sex	Weight	☐ Encl. ☐ Not done	☐ Encl. ☐ Not done

MEDICAL	VISUAL ACUITY
☐ No *new significant findings*	R Eye L Eye 20 /___ 20 /___ ☐ Without glasses ☐ With glasses ☐ With contacts ☐ Not tested

BLOOD PRESSURE	
Systolic	Diastolic

AUDIOGRAM - Decibels				
CPS	500	1000	2000	4000
Right				
Left				

Hematocrit ____________ vol %
Hemoglobin ____________ gm %
RBC count ____________ mill/cc
WBC count ____________ thou/cc

URINE	Neg	TR	1	2	3	4
Albumin						
Sugar						

Ph ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9

Blood ☐ Pos ☐ Neg

SAMPLE NUMBER
No 98743

☐ *SEE REVERSE SIDE FOR NOTES ON TESTS AND PROCEDURES*

NOTES ON TESTS AND PROCEDURES

Medical Examination – The physician's examination included the head and neck, chest (cardiopulmonary), abdomen, and extremities (musculoskeletal and neurological) - however, rectal, pelvic, and breast examinations were excluded.

X-Rays and EKG – A 12 lead EKG and A-P plus Lateral Chest X-rays were taken unless contraindicated. Knee and hip plus low back A–P X-rays were taken except on females age 49 or less. Copies enclosed are without interpretation – HES interpretations will be made later and used only as survey data.

Hematology – Screening limits *

Determination	Micro-hematocrit Vol. %	Cyanmet-hemoglobin Hgb Gm%	Coulter counter RBC/cc	Coulter counter WBC/cc
Adult Males	41 – 52	14.0 - 16.5	4.6 – 6.2 mill.	4.3 – 10 thou.
Adult Females	36 - 48	12.0 - 14.5	4.2 – 5.4 mill.	4.3 - 10 thou.
Pregnant Females	33 - 42	10.5 – 14.0	3.7 – 4.9 mill.	5.0 - 12 thou.

Urinalysis – Dip and read method using Ames Multistix.

Audiometry – Air conduction readings are reported in decibels with respect to audiometric zero (ISO - 1964), which is considered normal.

ROUGH GUIDELINES FOR dB REPORT AT 500 – 2000 cps.

25 **dB or less** – Hearing normal or more acute
30 – 40 dB – Near normal (difficulty with faint speech)
45 – 55 dB – Mild (difficulty with normal speech)
60 – 70 dB – Moderate (difficulty with loud speech)
75 – 100 dB – Severe (hears only amplified speech)
105 or more – Profound (usually cannot understand amplified speech)

Clinical Chemistry – Laboratory tests on blood are performed by a central laboratory. Results shown below, if any, are those received from the laboratory prior to the time this report was mailed. Additional results, if any, will be forwarded to you promptly when received.

BLOOD

Test	Result	Screening limits *	Test	Result	Screening limits *
Folate (s)	________ mug%	5 – 30 mug%	T4	________	3.0 - 7.5 mcg%
Vitamin C (P)	________ mg%	0.2 - 4.0 mg%	Murph –Pattee Test (if in&at ed)	________	5.0 – 14.5 mcg%
Cholesterol	________ mg%	260 or less	Total bilirubin (S)	________ mg%	0.2 – 1.0 mg%
BUN	________ mg%	30 mg% or less	SGOT (S)	________ units	10 – 40 units
Creatinine	________ mg%	1.50 mg% or less	Alk. phos. (S)	________ I.U.	30 – 80 I.U. (SMA)
Sodium	________ mEg/1	135 – 155	Uric acid (S) .	________ mg%	2.5 - 7.0 mg%
Potassium	________ mEg/1	3.5 – 5.0	Calcium (S)	________ mg%	9.0 – 11.0 mg%
T3 Euthy.	________	0.88 – 1.10	Phosphrous (SorP)	________ mg%	2.5 – 4.8 mg%
Hypo.	________	Over – 1.10	(P) = Plasma		(S) = Serum
Hyper.	________	Less – 0.88			

* Results outside the screening limits are considered to warrant further investigation of the examinee.

HRA-12-22
(8-23-74)

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
PUBLIC HEALTH SERVICE
HEALTH RESOURCES ADMINISTRATION
NATIONAL CENTER FOR HEALTH STATISTICS

VISION TEST

HEALTH EXAMINATION SURVEY

ASSURANCE OF CONFIDENTIALITY – All information which would permit identification of the individual will be held strictly confidential, will only be used only by persons engaged in and for the purposes of the survey, and will not be disclosed or released to others for any other purposes (22 FR 1687).

a. Deck No. **163**	b. Name *(Last, first, middle)*	
c. Age __ __	d. Sex 1 ☐ Male 2 ☐ Female	e. Sample No. __ __ __ __ __
f. Examiner No. (Distance) __ __	g. Name of Examiner (Distance)	
h. Examiner No. (Near) __ __	i. Name of Examiner (Near)	

A. DISTANCE VISION

1. With or without correction (099)
Mark (X) one →
1 ☐ Wears glasses for test
2 ☐ Wears contact lenses for test
3 ☐ Forgot (glasses, contact lenses)
4 ☐ Does not wear either glasses or contact lenses

2. INSTRUCTION – *Draw a diagonal line through each letter missed. Draw a horizontal line through sections of line not attempted and through top full line not attempted.*

a. With correction — Both eyes

Chart (a)	Line (b)	Number of errors allowed (c)	Score Mark (X) only one box (d)
Big L			(100)
K	400	0	00 ☐
K	200	0	01 ☐
DV	160	0	02 ☐
ZS	125	0	03 ☐
ORN —KH	100	2	04 ☐
DV	80	0	05 ☐
HVC	60	1	06 ☐
ZHVD	50	1	07 ☐
OCVR	40	1	08 ☐
HOCRDS	30	2	09 ☐
KDVRZCOS	25	2	10 ☐
VRNHZDCSKO	20	3	11 ☐
ZSVDKHNORC	16	3	12 ☐

b. Without correction — Both eyes

Chart (a)	Line (b)	Number of errors allowed (c)	Score Mark (X) only one box (d)
Big L			(101)
K	400	0	00 ☐
K	200	0	01 ☐
DV	160	0	02 ☐
ZS	125	0	03 ☐
ORN —KH	100	2	04 ☐
DV	80	0	05 ☐
HVC	60	1	06 ☐
ZHVD	50	1	07 ☐
OCVR	40	1	08 ☐
HOCRDS	30	2	09 ☐
KDVRZCOS	25	2	10 ☐
VRNHZDCSKO	20	3	11 ☐
ZSVDKHNORC	16	3	12 ☐

c. With usual correction

(1) Left eye – *(Odd numbers first)*

Chart (a)	Line (b)	Number of errors allowed (c)	Score Mark (X) only one box (d)
Big L			(102)
K	400	0	00 ☐
K	200	0	01 ☐
DV	160	0	02 ☐
ZS	125	0	03 ☐
ORN —KH	100	2	04 ☐
DV	80	0	05 ☐
HVC	60	1	06 ☐
ZHVD	50	1	07 ☐
OCVR	40	1	08 ☐
HOCRDS	30	2	09 ☐
KDVRZCOS	25	2	10 ☐
VRNHZDCSKO	20	3	11 ☐
ZSVDKHNORC	16	3	12 ☐

(2) Right eye – *(Even numbers first)*

Chart (a)	Line (b)	Number of errors allowed (c)	Score Mark (X) only one box (d)
Big L			(103)
K	400	0	00 ☐
K	200	0	01 ☐
DV	160	0	02 ☐
ZS	125	0	03 ☐
ORN —KH	100	2	04 ☐
DV	80	0	05 ☐
HVC	60	1	06 ☐
ZHVD	50	1	07 ☐
OCVR	40	1	08 ☐
HOCRDS	30	2	09 ☐
KDVRZCOS	25	2	10 ☐
VRNHZDCSKO	20	3	11 ☐
ZSVDKHNORC	16	3	12 ☐

3. Test results: (104)
Mark (X) one →
1 ☐ Test not done – *Specify* __________
2 ☐ Test unsatisfactory – *Specify* __________

B. NEAR VISION

1. With or without correction:

105 1 [ ] Wears glasses for test
2 [ ] Wears contact lenses for test
3 [ ] Forgot (glasses, contact lenses)
4 [ ] Does not wear either glasses or contact lenses

2. Test using Sloan reading cards (both eyes) – *Put horizontal line through words read correctly.*

Selection (a)	Attempted (b)	Distance (cm) (c)	Smallest selection read satisfactorily *Mark (X) one* (d)	Number wrong (e)
500	106 1 [ ]	107 ___	108 1 [ ]	109 ___
350	110 1 [ ]	111 ___	112 1 [ ]	113 ___
250	114 1 [ ]	115 ___	116 1 [ ]	117 ___
200	118 1 [ ]	119 ___	120 1 [ ]	121 ___
150	122 1 [ ]	123 ___	124 1 [ ]	125 ___
125	126 1 [ ]	127 ___	128 1 [ ]	129 ___
100	130 1 [ ]	131 ___	132 1 [ ]	133 ___
75	134 1 [ ]	135 ___	136 1 [ ]	137 ___
50	138 1 [ ]	139 ___	140 1 [ ]	141 ___

3. Test using Keeney reading cards (both eyes) – *Put horizontal line through words read correctly.*

Selection (a)	Attempted (b)	Distance (cm) (c)	Smallest selection read satisfactorily *Mark (X) one* (d)	Number wrong (e)
130	142 1 [ ]	143 ___	144 1 [ ]	145 __
120	146 1 [ ]	147 ___	148 1 [ ]	149 __
85	150 1 [ ]	151 ___	152 1 [ ]	153 __
65	154 1 [ ]	155 ___	156 1 [ ]	157 __
50	158 1 [ ]	159 ___	160 1 [ ]	161 __
40	162 1 [ ]	163 ___	164 1 [ ]	165 __
30	166 1 [ ]	167 ___	168 1 [ ]	169 __
20	170 1 [ ]	171 ___	172 1 [ ]	173 __

4. Conditions interfering with test:

174 1 [ ] Cannot read English
2 [ ] Cannot read
3 [ ] Difficulty speaking
4 [ ] Other – *Specify* ______

C. NEAR VISION (FOR NON-ENGLISH OR ILLITERATES)

1. With or without correction:

(175) 175

1 ☐ Wears glasses for test

2 ☐ Wears contact lenses for test

3 ☐ Forgot (glasses, contact lenses)

4 ☐ Does not wear either glasses or contact lenses

2. Test using Sloan letters (both eyes)

Selection (a)	Distance (cm) (b)	Sloan letters *Draw* **a** *diagonal line through every letter missed. Draw a* ***horizontal*** *line through sections of line not attempted* and *through top full line not attempted.* (c)								Errors allowed (d)	Score Mark (X) one (e)
500	(176) 176 ___ ___ ___	IT	IS	VY	HT	IN	TE	SN	TY	4	(177) 1 ☐
350	(178) 178 ___ ___ ___	CR	TE	TP	WH	CR	CS	AD	BN	4	(179) 1791 ☐
250	(180) 180 ___ ___ ___	HE	YU	MD	TE	LR	YU	WE	TO	4	(181) 1811 ☐
200	(182) 182 ___ ___ ___	OE	IN	LG	WE	AS	GT	TT	HE	4	(183) 183 1 ☐
150	(184) 184 ___ ___ ___	TE	WR	BU	FS	CR	TS	FR	TT	4	(185) 185 1 ☐
125	(186) 186 ___ ___ ___	TE	FS	AE	ED	TO	CE	FM	TE	4	(187) 187 1 ☐
100	(188) 188 ___ ___ ___	OE	DY	MY	NR	AD	ME	IF	HD	4	(189) 189 1 ☐
75	(190) 190 ___ ___ ___	VS	TO	FA	CS	GE	AE	ON	AD	4	(191) 1911 ☐
50	(192) 192 ___ ___ ___	BW	TS	AE	OF	TO	KS	TE	TT	4	(193) 1931 ☐

3. Test using Keeney letters (both eyes)

Selection (a)	Distance (cm) (b)	Keeney letters *Draw a* ***diagonal*** *line through every letter* ***missed.*** *Draw a horizontal* **line** *through sections of line not attempted and through top full iine* **not** *attempted.* (c)								Errors al lowed (d)	Score Murk (X) one (e)
130	(194) 194 ___ ___ ___	WN	IN	TE	CE	GF	HN	ES	IT	4	(195) 195 1 ☐
120	(196) 196 ___ ___ ___	OE	PE	TO	DE	TE	PL	BS	WH	4	(197) 1971 ☐
85	(198) 198 ___ ___ ___	WH	AR	AD	TO	AE	AG	TE	PS	'4	(199) 1991 ☐
60	(200) 200 ___ ___ ___	WH	TE	LS	OF	NE	AD	OF	NS	4	(201) 1 ☐
so	(202) 202 ___ ___ ___	CS	WH	IL	TM	TO	TE	SN	WE	4	(203) 203 1 ☐
40	(204) 204 ___ ___ ___	RS	TT	AG	TE	AE	LE	LY	AD	4	(205) 205 1 ☐
30	(206) 206 ___ ___ ___	TT	WR	AY	FO	OF	GT	BS	DE	4	(207) 1 ☐
20	(208) 208 ___ ___ ___	ET	TR	SY	AD	HS	PE	ID	WL'	4	(209) 209 1 ☐

NAME ______________________ SAMPLE NUMBER ____________

NEAR VISION TEST CARD

130 WHEN IN THE COURSE OF HUMAN EVENTS, IT BECOMES NECESSARY FOR

120 ONE PEOPLE TO DISSOLVE THE POLITICAL BANDS WHICH HAVE CONNECTED THEM

85 WITH ANOTHER, AND TO ASSUME AMONG THE POWERS OF THE EARTH, THE SEPARATE AND EQUAL STATION TO

60 WHICH THE LAWS OF NATURE AND OF NATURE'S GOD ENTITLE THEM, A DECENT RESPECT TO THE OPINIONS OF MANKIND REQUIRES THAT THEY SHOULD DECLARE THE

50 CAUSES WHICH IMPEL THEM TO THE SEPARATION. WE HOLD THESE TRUTHS TO BE SELF-EVIDENT, THAT ALL MEN ARE CREATED EQUAL, THAT THEY ARE ENDOWED BY THEIR CREATOR WITH CERTAIN UNALIENABLE

40 RIGHTS, THAT AMONG THESE ARE LIFE, LIBERTY, AND THE PURSUIT OF HAPPINESS. THAT TO SECURE THESE RIGHTS, GOVERNMENTS ARE INSTITUTED AMONG MEN, DERIVING THEIR JUST POWERS FROM THE CONSENT OF THE GOVERNED

30 THAT, WHENEVER ANY FORM OF GOVERNMENT BECOMES DESTRUCTIVE OF THESE ENDS, IT IS THE RIGHT OF THE PEOPLE TO ALTER OR TO ABOLISH IT, AND TO INSTITUTE NEW GOVERNMENT, LAYING ITS FOUNDATION ON SUCH PRINCIPLES AND ORGANIZING ITS POWERS IN SUCH FORM, AS TO THEM SHALL SEEM MOST LIKELY TO

20 EFFECT THEIR SAFETY AND HAPPINESS. PRUDENCE INDEED, WILL DICTATE THAT GOVERNMENTS LONG ESTABLISHED SHOULD NOT BE CHANGED FOR LIGHT AND TRANSIENT CAUSES, AND ACCORDINGLY ALL EXPERIENCE HATH SHOWN, THAT MANKIND ARE MORE DISPOSED TO SUFFER, WHILE EVILS ARE SUFFERABLE, THAN TO RIGHT THEMSELVES BY ABOLISHING THE FORMS TO WHICH THEY ARE ACCUSTOMED. BUT WHEN A LONG TRAIN OF ABUSES AND USURPATIONS

NAME ______________________ SAMPLE NUMBER ______________

SLOAN NEAR VISION TEST CARD

500 IT IS VERY HOT IN THE SUN TODAY

350 COVER THE TOP WITH CRACKER CRUMBS AND BROWN IN A HOT OVEN.

250 HAVE YOU MAILED THE LETTER YOU WROTE TO YOUR NEPHEW? HE WILL EXPECT TO HEAR FROM YOU TOMORROW.

200 ONCE IN A LONG WHILE, AS A GREAT TREAT, HE TOOK ME DOWN TO HIS OFFICE. THIS COULD HAPPEN ONLY ON A SATURDAY MORNING WHEN THERE WAS NO SCHOOL.

150 THE WEATHER BUREAU FORECASTS COLDER TEMPERATURES FOR TONIGHT AND TOMORROW, WITH A WARMING TREND SETTING IN BY THURSDAY. LOW TEMPERATURES TONIGHT WILL BE IN THE LOW 30'S IN THIS AREA. TOMORROW'S HIGH WILL HIT ABOUT 37 DEGREES.

125 THE FUNDS ARE EXPECTED TO COME FROM THE SALE OF A TRACT OF LAND IN HERRING PARK. THE MONEY WILL NOT BECOME AVAILABLE UNTIL THE FIRST OF NEXT YEAR BUT OFFICIALS STATE THAT THEY CAN BEGIN ON SOME PARTS OF THE PROJECT AT ONCE.

100 ONE DAY MY NEIGHBOR ASKED ME IF I HAD MET THE WIDOW WHO HAD JUST MOVED INTO THE NEXT BLOCK. THAT NIGHT I HOBBLED DOWN THE STREET AND KNOCKED UPON HER DOOR. I EXPECTED TO FIND SOME SWEET, ALTHOUGH TOTTERING, LADY OF 80, BUT WHAT OPENED THE DOOR WAS THIS BLONDE. I PROPOSED TO HER IMMEDIATELY. SHE HAD A BETTER TELEVISION SET IN HER HOUSE THAN THE ONE I HAD IN MY COTTAGE.

75 VISITORS TO A FLORIDA CITRUS GROVE ARE OFTEN AMAZED TO SEE FULLY RIPE ORANGES BEING PICKED FROM A TREE WHICH IS ALSO FILLED WITH CLUSTERS OF FRAGRANT WHITE ORANGE BLOSSOMS--A GRAPHIC ILLUSTRATION OF THE TIME NATURE REQUIRES TO PRODUCE CITRUS FRUIT. UNLIKE MOST OTHER TYPES OF FRUIT, WHICH USUALLY NEED ONLY THREE TO FOUR MONTHS TO COMPLETE THEIR CYCLE FROM BLOSSOM TO MATURITY, CITRUS FRUITS REQUIRE TEN TO TWELVE MONTHS--AND THEY HAVE TO BE MONTHS OF SUNSHINE. THAT IS WHY A RELATIVELY SMALL SECTION, KNOWN AS THE "CITRUS BELT," WHICH EXTENDS ACROSS THE WAIST OF FLORIDA--AND WHERE THE SUN SHINES ALMOST EVERY DAY IN THE YEAR--PRODUCES NEARLY TWO-THIRDS OF ALL THE CITRUS FRUIT CONSUMED IN THE U.S.

50 BOW TIES ARE OF TWO KINDS, THOSE THAT ARE READY TIED AND THOSE THAT HAVE TO BE TIED. BOW TIES THAT HAVE TO BE TIED ARE PREFERRED, SINCE THE READY TIED ARE TOO PERFECT. IMPERFECTIONS IN THE TIE THAT HAS TO BE TIED SHOW THAT IT IS NOT MACHINE-MADE BUT HAND-WROUGHT. WHILE THE TIE THAT HAS TO BE TIED IS IMPERFECT IT SHOULD NOT BE TOO IMPERFECT. THAT IS TO SAY, ONE SIDE SHOULD NOT BE LONGER THAN THE OTHER SIDE, AND THE TIE SHOULD SIT HORIZONTALLY AND NOT AT AN ANGLE OF 45 DEGREES. TYING A BOW TIE DOES NOT COME NATURALLY.

HRA-12-23A
(7/74)

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
PUBLIC HEALTH SERVICE
HEALTH RESOURCES ADMINISTRATION
NATIONAL CENTER FOR HEALTH STATISTICS

SPEECH TEST
HEALTH EXAMINATION SURVEY

ASSURANCE OF CONFIDENTIALITY
All information which would permit identification of the individual will be held strictly confidential, will be used only by persons engaged in and for the purposes of this survey, and will not be disclosed or released to others for any other purposes (22 FR 1687).

a. Name (*Last, first, middle*)

b. Deck No. **242**

c. Sample No.

d. Segment No.

e. Serial No.

f. Column No.

INSTRUCTIONS
Draw a horizontal line through all correct words. If after completing a list six or more words are missed, proceed to next list and increase decibel level by 10 until level 70 is reached. When 70 is reached go to Deck 243 (Blue paper).

g. List No. (101) **01**

h. Decibels – *Mark (X) one* (102) 1 ☐ 20 2 ☐ 30 3 ☐ 40 4 ☐ 50 5 ☐ 60

i. Ear tested (103) 1 ☐ Right 2 ☐ Left

(104) * 1. WALKING'S MY FAVORITE EXERCISE.
(105) * 2. HERE'S a NICE QUIET PLACE to REST.
(106) * 3. OUR JANITOR SWEEPS the FLOORS EVERY NIGHT.
(107) * 4. it WOULD be MUCH EASIER IF EVERYONE would HELP.
(108) * 5. WE say GOOD MORNING and BEGIN to WORK.
(109) * 6. OPEN the WINDOW BEFORE you GO to BED.
(110) * 7. DO you THINK SHE SHOULD STAY HERE?
(111) * 8. HOW DO you FEEL about CHANGING?
(112) * 9. WHEN the TIME comes WE will GO.
(113) * 10. IT'S too LATE to MOVE OUT of the WAY.

RECORDER: (114) 1 ☐ ← *Mark (X) only if this is the final level given.* Enter number of words missed →

j. List No. (115) **02**

k. Decibels – *Mark (X) one* (116) 1 ☐ 20 2 ☐ 30 3 ☐ 40 4 ☐ 50 5 ☐ 60

l. Ear tested (117) 1 ☐ Right 2 ☐ Left

(118) * 1. the WATER'S TOO COLD for SWIMMING.
(119) * 2. WHY SHOULD I GET up SO EARLY?
(120) * 3. SHINE YOUR own SHOES THIS TIME.
(121) * 4. IT'S RAINING right HERE in the ROOM.
(122) * 5. WHERE ARE you GOING this MORNING?
(123) * 6. YOU SHOULD COME HERE WHEN I CALL.
(124) * 7. DON'T TRY to GET OUT OF IT.
(125) * 8. WE LET LITTLE CHILDREN GO to the MOVIES.
(126) * 9. THERE ISN'T ENOUGH PAINT to FINISH.
(127) * 10. DO you WANT EGGS for BREAKFAST?

RECORDER: (128) 1 ☐ ← *Mark (X) only if this is the final level given.* Enter number of words missed →

m. List No.	n. Decibels – *Mark (X) one*			o. Ear tested
(129) **03**	(130) 1 ☐ 20	3 ☐ 40	5 ☐ 60	(131) 1 ☐ Right
	2 ☐ 30	4 ☐ 50		2 ☐ Left

(132) 1. EVERYBODY should BRUSH TEETH BEFORE MEALS.

(133) 2. ONCE a YEAR EVERYTHING'S all RIGHT.

(134) 3. DON'T USE UP ALL the LETTER PAPER.

(135) 4. ANYTHING like THAT'S all RIGHT with me.

(136) 5. THOSE PEOPLE OUTSIDE OUGHT to SEE a DOCTOR.

(137) 6. the WINDOWS are SO DIRTY this MONTH i CAN'T see.

(138) 7. PLEASE PASS the BREAD and BUTTER FIRST.

(139) 8. DON'T FORGET to WRITE and PAY YOUR BILL.

(140) 9. DON'T LET the DOG OUT of the HOUSE.

(141) 10. THERE'S a GOOD BALLGAME this AFTERNOON.

RECORDER: (142) 1 ☐ ← *Mark (X) only if this is the final level given.* Enter number of words missed →

p. List No.	q. Decibels – *Mark (X) one*			r. Ear tested
(143) **04**	(144) 1 ☐ 20	3 ☐ 40	5 ☐ 60	(145) 1 ☐ Right
	2 ☐ 30	4 ☐ 50		2 ☐ Left

(146) * 1. IF you WANT to GO IT'S all right.

(147) * 2. THROW THESE OLD TIME MAGAZINES OUT.

(148) * 3. DO you WANT to WASH UP in the STREAM?

(149) * 4. it's a REAL DARK NIGHT SO WATCH your DRIVING.

(150) * 5. I'LL CARRY YOUR PACKAGE for YOU.

(151) * 6. DON'T YOU FORGET to SHUT OFF the WATER.

(152) * 7. MOUNTAIN FISHING is my IDEA of a GOOD TIME.

(153) * 8. FATHERS USED to SPEND more TIME with their CHILDREN.

(154) * 9. BE CAREFUL NOT to BREAK the GLASSES.

(155) * 10. I'M SORRIER THAN you for the mistake.

RECORDER: (156) 1 ☐ ← *Mark (X) only if this is the final level given.* Enter number of words missed →

s. List No.	t. Decibels – *Mark (X) one*	u. Ear tested
(157) **05**	(158) 1 ☐ 20 2 ☐ 30 3 ☐ 40 4 ☐ 50 5 ☐ 60	(159) 1 ☐ Right 2 ☐ Left

(160) 1. YOU CAN CATCH the BUS ACROSS the STREET.

(161) 2. TELL HER the NEWS on the PHONE.

(162) 3. I'LL CATCH UP with YOU LATER.

(163) 4. I'LL THINK it OVER AND CALL HER.

(164) 5. I DON'T WANT to GO to the MOVIES.

(165) 6. SEE a DENTIST IF YOUR TOOTH HURTS.

(166) 7. PUT THAT COOKIE BACK in the BOX.

(167) 8. you OUGHT to STOP FOOLING AROUND so MUCH.

(168) 9. TONIGHT THAT extra TIME'S U:

(169) 10. HOW do you SPELL YOUR NAME?

RECORDER:

(170) 1 ← *Mark (X) only if this is the final level given.*

Enter number of words missed →

v. List No.	w. Decibels – *Mark (X) one*	x. Ear tested
(171) **06**	(172) 1 ☐ 20 2 ☐ 30 3 ☐ 40 4 ☐ 50 5 ☐ 60	(173) 1 ☐ Right 2 ☐ Left

(174) 1. MUSIC ALWAYS MAKES me ω EER U:

(175) 2. my BROTHER'S in TOWN for a SHORT WHILE.

(176) 3. WE ¯ VE a FEW MILES off the MAIN ROAD.

(177) 4. THIS SUIT NEEDS to GO to the CLEANERS.

(178) 5. THEY ATE ENOUGH GREEN APPLES.

(179) 6. have YOU BEEN SICK ALL THIS WEEK?

(180) 7. WHERE HAV≤ YOU been WORKING LATELY?

(181) 8. there's NOT ENOUω TABLE ROOM in the KITω ≤~?

(182) 9. it's ¯ARD to see WHERE ¯≤ IS.

(183) 10. LOOK OUT FOR NEW BUSINESS.

RECORDER:

(184) 1 ☐ ← *Mark (X) only if this is the final level given.*

Enter number of words missed →

y. List No.	z. Decibels – *Mark (X) one*	aa. Ear tested
(185) 07	(186) 1 ☐ 20 2 ☐ 30 3 ☐ 40 4 ☐ 50 5 ☐ 60	(187) 1 ☐ Right 2 ☐ Left

Item	Sentence
(188)*	1. i'll SEE YOU RIGHT AFTER LUNCH.
(189)*	2. i'll SEE YOU LATER this AFTERNOON.
(190)*	3. WHITE SHOES are AWFUL to KEEP CLEAN.
(191)*	4. YOU STAND OVER THERE UNTIL i MOVE.
(192)*	5. THERE'S a PIECE of CAKE LEFT for DINNER TONIGHT.
(193)*	6. DON'T WAIT for ME AT the FRONT CORNER.
(194)*	7. IT'S NO TROUBLE at ALL to TELL.
(195)*	8. HURRY UP with the MORNING PAPER.
(196)*	9. it DIDN'T SAY ANYTHING about a BIG RAIN.
(197)*	10. that DRUGSTORE PHONE CALL'S for YOU.

RECORDER:

(198) 1 ☐ ← *Mark (X) only if this is the final level given.* | Enter number of words missed →

bb. List No.	cc. Decibels – *Mark (X) one*	dd. Ear tested
(199) 08	(200) 1 ☐ 20 2 ☐ 30 3 ☐ 40 4 ☐ 50 5 ☐ 60	(201) 1 ☐ Right 2 ☐ Left

Item	Sentence
(202)*	1. BELIEVE ME it's TOO LATE.
(203)*	2. LET'S GET THAT CUP of COFFEE.
(204)*	3. LET'S get OUT of HERE BEFORE long.
(205)*	4. i HATE DRIVING IF IT'S at NIGHT.
(206)*	5. THERE WAS WATER in the CELLAR YESTERDAY.
(207)*	6. SHE'LL ONLY be GONE a FEW MINUTES.
(208)*	7. HOW do YOU KNOW WE'LL HAVE it SOON?
(209)*	8. CHILDREN LIKE CANDY AFTER HEAVY meals.
(210)*	9. NO GRASS grows when we DON'T GET RAIN.
(211)*	10. THEY'RE NOT LISTED in the NEW PHONE BOOK.

RECORDER:

(212) 1 ☐ ← *Mark (X) only if this is the final level given.* | Enter number of words missed →

ee. List No. (213) **09**

ff. Decibels – *Mark (X) one* (214) 1 ☐ 20 2 ☐ 30 3 ☐ 40 4 ☐ 50 5 ☐ 60

gg. Ear tested (215) 1 ☐ Right 2 ☐ Left

(216)* 1. WHERE CAN I FIND a PLACE to PARK?

(217)* 2. I LIKE THOSE BIG RED APPLES.

(218)* 3. YOU'LL get FAT by EATING CANDY.

(219)* 4. the COLOR SHOW'S OVER in the FALL.

(220)* 5. WHY DON'T they PAINT THEIR OTHER WALLS?

(221)* 6. HOW COME you ALWAYS GET to GO FIRST?

(222)* 7. WHAT ARE you HIDING UNDER your COAT?

(223)* 8. I SHOULD ALWAYS buy NEW cars.

(224)* 9. WHAT'S wrong with SUGAR and CREAM in my COFFEE?

(225)* 10. I'LL WAIT JUST ONE MINUTE.

RECORDER:

(226) 1 ☐ ← *Mark (X) only if this is the final level given.*

Enter number of words missed ⟶

hh. List No. (227) **10**

ii. Decibels – *Mark (X) one* (228) 1 ☐ 20 2 ☐ 30 3 ☐ 40 4 ☐ 50 5 ☐ 60

jj. Ear tested (229) 1 ☐ Right 2 ☐ Left

(230)* 1. BUT we WON'T be READY to START.

(231)* 2. i DON'T KNOW what's WRONG WITH the CAR.

(232)* 3. it SURE TAKES a SHARP KNIFE to CUT MEAT.

(233)* 4. i HAVEN'T READ a NEWSPAPER SINCE we got TELEVISION.

(234)* 5. the WEEDS ARE SPOILING THIS YARD.

(235)* 6. CALL ME a LITTLE LATER for BREAKFAST.

(236)* 7. DO you HAVE CHANGE for a FIVE-DOLLAR BILL?

(237)* 8. HOW ARE the things WE BOUGHT?

(238)* 9. i'd LIKE SOME ICE cream WITH MY PIE.

(239)* 10. i DON'T THINK I'LL HAVE DESSERT.

RECORDER:

(240) 1 ☐ ← *Mark (X) only if this is the final level given.*

Enter number of words missed ⟶

HRA-12-23B
(7-74)

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
PUBLIC HEALTH SERVICE
HEALTH RESOURCES ADMINISTRATION
NATIONAL CENTER FOR HEALTH STATISTICS

SPEECH TEST
HEALTH EXAMINATION SURVEY

ASSURANCE OF CONFIDENTIALITY
All information which would permit identification of the individual will be held strictly confidential, will be used only by persons engaged in and for the purposes of the survey, and will not be disclosed or released to others for any other purposes (22 FR 1687).

a. Name (*Last, first, middle*)

b. Deck No. **243**

c. Sample No. | d. Segment No. | e. Serial No. | f. Column No.

INSTRUCTIONS
Draw a horizontal line through all correct words. If after completing a list six or more words are missed, proceed to next list and increase decibel level by 10 until level 80 is reached. After 80 is complete (END TEST).

g. List No.	h. Decibels – *Mark (X) one*	i. Ear tested
(301) **01**	(302) 1 ☐ 70 2 ☐ 80	(303) 1 ☐ Right 2 ☐ Left

(304)* 1. WALKING'S MY FAVORITE EXERCISE.
(305)* 2. THERE'S a NICE QUIET PLACE to REST.
(306)* 3. OUR JANITOR SWEEPS the FLOORS EVERY NIGHT.
(307)* 4. it WOULD be MUCH EASIER IF EVERYONE would HELP.
(308)* 5. WE say GOOD MORNING and BEGIN to WORK.
(309)* 6. OPEN the WINDOW BEFORE you GO to BED.
(310)* 7. DO you THINK SHE SHOULD STAY HERE?
(311)* 8. HOW DO you FEEL about CHANGING?
(312)* 9. WHEN the TIME comes WE will GO.
(313)* 10. IT'S too LATE to MOVE OUT of the WAY.

RECORDER: (314) 1 ☐ ← *Mark (X) only if this is the final level given.* Enter number of words missed ⟶

j. List No.	k. Decibels – *Mark (X) one*	l. Ear tested
(315) **02**	(316) 1 ☐ 70 2 ☐ 80	(317) 1 ☐ Right 2 ☐ Left

(318)* 1. the WATER'S TOO COLD for SWIMMING.
(319)* 2. WHY SHOULD I GET up SO EARLY?
(320)* 3. SHINE YOUR own SHOES THIS TIME.
(321)* 4. IT'S RAINING right HERE in the ROOM.
(322)* 5. WHERE ARE you GOING this MORNING?
(323)* 6. YOU SHOULD COME HERE WHEN I CALL.
(324)* 7. DON'T TRY to GET OUT OF IT.
(325)* 8. WE LET LITTLE CHILDREN GO to the MOVIES.
(326)* 9. THERE ISN'T ENOUGH PAINT to FINISH.
(327)* 10. DO you WANT EGGS for BREAKFAST?

RECORDER: (328) 1 ☐ ← *Mark (X) only if this is the final level given.* Enter number of words missed ⟶

m. List No.	n. Decibels – *Mark (X) one*	o. Ear tested
(329) **03**	(330) 1 ☐ 70 2 ☐ 80	(331) 1 ☐ Right 2 ☐ Left

Item	Sentence
(332) *	1. EVERYBODY should BRUSH TEETH BEFORE MEALS.
(333) *	2. ONCE a YEAR EVERYTHING'S all RIGHT.
(334) *	3. DON'T USE UP ALL the LETTER PAPER.
(335) *	4. ANYTHING like THAT'S all RIGHT with me.
(336) *	5. THOSE PEOPLE OUTSIDE OUGHT to SEE a DOCTOR.
(337) *	6. the WINDOWS are SO DIRTY this MONTH I CAN'T see.
(338) *	7. PLEASE PASS the BREAD and BUTTER FIRST.
(339) *	8. DON'T FORGET to WRITE and PAY YOUR BILL.
(340) *	9. DON'T LET the DOG OUT of the HOUSE.
(341) *	10. THERE'S a GOOD BALLGAME this AFTERNOON.

RECORDER:

(342) 1 ☐ ← *Mark (X) only if this is the final level given.*

Enter number of words missed →

p. List No.	q. Decibels – *Mark (X) one*	r. Ear tested
(343) **04**	(344) 1 ☐ 70 2 ☐ 80	(345) 1 ☐ Right 2 ☐ Left

Item	Sentence
(346) *	1. IF you WANT to GO IT'S all right.
(347) *	2. THROW THESE OLD TIME MAGAZINES OUT.
(348) *	3. DO you WANT to WASH UP in the STREAM?
(349) *	4. it's a REAL DARK NIGHT SO WATCH your DRIVING.
(350) *	5. I'LL CARRY YOUR PACKAGE for YOU.
(351) *	6. DON'T YOU FORGET to SHUT OFF the WATER.
(352) *	7. MOUNTAIN FISHING is my IDEA of a GOOD TIME.
(353) *	8. FATHERS USED to SPEND more TIME with their CHILDREN.
(354) *	9. BE CAREFUL NOT to BREAK the GLASSES.
(355) *	10. I'M SORRIER THAN you for the mistake.

RECORDER:

(356) 1 ☐ ← *Mark (X) only if this is the final level given.*

Enter number of words missed →

s. List No.	t. Decibels – *Mark (X) one*	u. Ear tested
(357) 05	(358) 1 ☐ 70 2 ☐ 80	(359) 1 ☐ Right 2 ☐ Left

(360) * 1. YOU CAN CATCH the BUS ACROSS the STREET.

(361) * 2. TELL HER the NEWS on the PHONE.

(362) * 3. I'LL CATCH UP with YOU LATER.

(363) * 4. I'LL THINK it OVER AND CALL HER.

(364) * 5. I DON'T WANT to GO to the MOVIES.

(365) * 6. SEE a DENTIST IF YOUR TOOTH HURTS.

(366) * 7. PUT THAT COOKIE BACK in the BOX.

(367) * 8. you OUGHT to STOP FOOLING AROUND so MUCH.

(368) * 9. TONIGHT THAT extra TIME'S UP.

(369) * 10. HOW do you SPELL YOUR NAME?

RECORDER:

(370) 1 ☐ ← *Mark (X) only if this is the final level given.* | Enter number of words missed →

v. List No.	w. Decibels – *Mark (X) one*	x. Ear tested
(371) 06	(372) 1 ☐ 70 2 ☐ 80	(373) 1 ☐ Right 2 ☐ Left

(374) * 1. MUSIC ALWAYS MAKES me CHEER UP.

(375) * 2. my BROTHER'S in TOWN for a SHORT WHILE.

(376) * 3. WE LIVE a FEW MILES off the MAIN ROAD.

(377) * 4. THIS SUIT NEEDS to GO to the CLEANERS.

(378) * 5. THEY ATE ENOUGH GREEN APPLES.

(379) * 6. have YOU BEEN SICK ALL THIS WEEK?

(380) * 7. WHERE HAVE YOU been WORKING LATELY?

(381) * 8. there's NOT ENOUGH TABLE ROOM in the KITCHEN.

(382) * 9. it's HARD to see WHERE HE IS.

(383) * 10. LOOK OUT FOR NEW BUSINESS.

RECORDER:

(384) 1 ☐ ← *Mark (X) only if this is the final level given.* | Enter number of words missed →

y. List No. (385) 07	z. Decibels – *Mark (X) one* (386) 1 ☐ 70 2 ☐ 80	aa. Ear tested (387) 1 ☐ Right 2 ☐ Left

[illegible]* 1. i'll SEE YOU RIGHT AFTER LUNCH.

(389)* 2. i'll SEE YOU LATER this AFTERNOON.

(390)* 3. WHITE SHOES are AWFUL to KEEP CLEAN.

(391)* 4. YOU STAND OVER THERE UNTIL i MOVE.

(392)* 5. THERE'S a PIECE of CAKE LEFT for DINNER TONIGHT.

(393)* 6. DON'T WAIT for ME AT the FRONT CORNER.

(394)* 7. IT'S NO TROUBLE at ALL to TELL.

(395)* 8. HURRY UP with the MORNING PAPER.

(396)* 9. it DIDN'T SAY ANYTHING about a BIG RAIN.

(397)* 10. that DRUGSTORE PHONE CALL'S for YOU.

RECORDER:

(398) 1 ☐ ← *Mark (X) only if this is the final level given.*

Enter number of words missed →

bb. List No. (399) 08	cc. Decibels – *Mark (X) one* (400) 1 ☐ 70 2 ☐ 80	dd. Ear tested (401) 1 ☐ Right 2 ☐ Left

(402)* 1. BELIEVE ME it's TOO LATE.

(403)* 2. LET'S GET THAT CUP of COFFEE.

(404)* 3. LET'S get OUT of HERE BEFORE long.

(405)* 4. i HATE DRIVING IF IT'S at NIGHT.

(406)* 5. THERE WAS WATER in the CELLAR YESTERDAY.

(407)* 6. SHE'LL ONLY be GONE a FEW MINUTES.

(408)* 7. HOW do YOU KNOW WE'LL HAVE it SOON?

(409)* 8. CHILDREN LIKE CANDY AFTER HEAVY meals.

(410)* 9. NO GRASS grows when we DON'T GET RAIN.

(411)* 10. THEY'RE NOT LISTED in the NEW PHONE BOOK.

RECORDER:

(412) 1 ☐ ← *Mark (X) only if this is the final level given.*

Enter number of words missed →

ee. List No. (413) 09	ff. Decibels – *Mark (X) one* (414) 1 ☐ 70 2 ☐ 80	gg. Ear tested (415) 1 ☐ Right 2 ☐ Left

(416)* 1. WHERE CAN I FIND a PLACE to PARK?

(417)* 2. I LIKE THOSE BIG RED APPLES.

(418)* 3. YOU'LL get FAT by EATING CANDY.

(419)* 4. the COLOR SHOW'S OVER in the FALL.

(420)* 5. WHY DON'T they PAINT THEIR OTHER WALLS?

(421)* 6. HOW COME you ALWAYS GET to GO FIRST?

(422)* 7. WHAT ARE you HIDING UNDER your COAT?

(423)* 8. I SHOULD ALWAYS buy NEW cars.

(424)* 9. WHAT'S wrong with SUGAR and CREAM in my COFFEE?

(425)* 10. I'LL WAIT JUST ONE MINUTE.

RECORDER: (426) 1 ☐ ← *Mark (X) only if this is the final level given.* Enter number of words missed →

hh. List No. (427) 10	ii. Decibels – *Mark (X) one* (428) 1 ☐ 70 2 ☐ 80	jj. Ear tested (429) 1 ☐ Right 2 ☐ Left

(430)* 1. BUT we WON'T be READY to START.

(431)* 2. i DON'T KNOW what's WRONG WITH the CAR.

(432)* 3. it SURE TAKES a SHARP KNIFE to CUT MEAT.

(433)* 4. i HAVEN'T READ a NEWSPAPER SINCE we got TELEVISION.

(434)* 5. the WEEDS ARE SPOILING THIS YARD.

(435)* 6. CALL ME a LITTLE LATER for BREAKFAST.

(436)* 7. DO you HAVE CHANGE for a FIVE DOLLAR BILL?

(437)* 8. HOW ARE the things WE BOUGHT?

(438)* 9. i'd LIKE SOME ICE cream WITH MY PIE.

(439)* 10. i DON'T THINK I'LL HAVE DESSERT.

RECORDER: (440) 1 ☐ ← *Mark (X) only if this is the final level given.* Enter number of words missed →

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