B. LIMITATION OF ACTIVITIES PAGE

B1 *Refer to age.*	B1	1 ☐ 18–69 *(1)* 2 ☐ Other *(NP)*
1. What was -- doing MOST OF THE PAST 12 MONTHS; working at a job or business, keeping house, going to school, or something else? *Priority if 2 or more activities reported: (1) Spent the most time doing; (2) Considers the most important.*	1.	1 ☐ Working *(2)* 2 ☐ Keeping house *(3)* 3 ☐ Going to school *(5)* 4 ☐ Something else *(5)*
2a. Does any impairment or health problem NOW keep -- from working at a job or business?	2a.	1 ☐ Yes *(7)* ☐ No
b. Is -- limited in the kind OR amount of work -- can do because of any impairment or health problem?	b.	2 ☐ Yes *(7)* 3 ☐ No *(6)*
3a. Does any impairment or health problem NOW keep -- from doing any housework at all?	3a.	4 ☐ Yes *(4)* No
b. Is -- limited in the kind OR amount of housework -- can do because of any impairment or health problem?	b.	5 ☐ Yes *(4)* 6 No *(5)*
4a. What (other) condition causes this? *Ask if injury or operation:* **When did [the** *(injury)* **occur?/--have the operation?]** *Ask if operation over 3 months ago:* **For what condition did -- have the operation?** *If pregnancy/delivery or 0–3 months injury or operation –* *Reask question 3 where limitation reported, saying:* **Except for --** *(condition)*, . . .? *OR reask 4b/c.*	4a.	*(Enter condition in C2, THEN 4b)* 1 ☐ Old age *(Mark "Old age" box, THEN 4c)*
b. Besides *(condition)* **is there any other condition that causes this limitation?**	b.	☐ Yes *(Reask 4a and b)* ☐ No *(4d)*
c. Is this limitation caused by any (other) specific condition?	c.	☐ Yes *(Reask 4a and b)* ☐ No
Mark box if only one condition. **d. Which of these conditions would you say is the MAIN cause of this limitation?**	d.	☐ Only 1 condition Main cause
5a. Does any impairment or health problem keep -- from working at a job or business?	5a.	1 ☐ Yes *(7)* ☐ No
b. Is -- limited in the kind OR amount of work -- could do because of any impairment or health problem?	b.	2 ☐ Yes *(7)* 3 ☐ No
B2 *Refer to questions 3a and 3b.*	B2	1 ☐ "Yes" in 3a or 3b *(NP)* 2 ☐ Other *(6)*
6a. Is -- limited in ANY WAY in any activities because of an impairment or health problem?	6a.	1 ☐ Yes 2 ☐ No *(NP)*
b. In what way is -- limited? *Record limitation, not condition.*	b.	Limitation
7a. What (other) condition causes this? *Ask if injury or operation:* **When did [the** *(injury)* **occur?/--have the operation?]** *Ask if operation over 3 months ago:* **For what condition did -- have the operation?** *If pregnancy/delivery or 0–3 months injury or operation –* *Reask question 2, 5, or 6 where limitation reported, saying:* **Except for --** *(condition)*, . . .? *OR reask 7b/c.*	7a.	*(Enter condition in C2, THEN 7b)* 1 ☐ Old age *(Mark "Old age" box, THEN 7c)*
b. Besides *(condition)* **is there any other condition that causes this limitation?**	b.	☐ Yes *(Reask 7a and b)* ☐ No *(7d)*
c. Is this limitation caused by any (other) specific condition?	c.	☐ Yes *(Reask 7a and b)* ☐ No
Mark box if only one condition. **d. Which of these conditions would you say is the MAIN cause of this limitation?**	d.	☐ Only 1 condition Main cause

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B. LIMITATION OF ACTIVITIES PAGE, Continued

B3 *Refer to age.*	B3	0 ☐ Under 5 *(10)* 1 ☐ 5–17 *(11)* 2 ☐ 18–69 *(NP)* 3 ☐ 70 and over *(8)*
8. What was -- doing MOST OF THE PAST 12 MONTHS; working at a job or business, keeping house, going to school, or something else? *Priority if 2 or more activities reported: (1) Spent the most time doing; (2) Considers the most important.*	8.	1 ☐ Working 2 ☐ Keeping house 3 ☐ Going to school 4 ☐ Something else
9a. Because of any impairment or health problem, does -- need the help of other persons with -- personal care needs, such as eating, bathing, dressing, or getting around this home?	9a.	1 ☐ Yes *(13)* ☐ No
b. Because of any impairment or health problem, does -- need the help of other persons in handling -- routine needs, such as everyday household chores, doing necessary business, shopping, or getting around for other purposes?	b.	2 ☐ Yes *(13)* 3 ☐ No *(12)*
10a. Is -- able to take part AT ALL in the usual kinds of play activities done by most children -- age?	10a.	☐ Yes 0 ☐ No *(13)*
b. Is -- limited in the kind OR amount of play activities -- can do because of any impairment or health problem?	b.	1 ☐ Yes *(13)* 2 ☐ No *(12)*
11a. Does any impairment or health problem NOW keep -- from attending school?	11a.	1 ☐ Yes *(13)* ☐ No
b. Does -- attend a special school or special classes because of any impairment or health problem?	b.	2 ☐ Yes *(13)* ☐ No
c. Does -- need to attend a special school or special classes because of any impairment or health problem?	c.	3 ☐ Yes *(13)* ☐ No
d. Is -- limited in school attendance because of -- health?	d.	4 ☐ Yes *(13)* 5 ☐ No
12a. Is -- limited in ANY WAY in any activities because of an impairment or health problem?	12a.	1 ☐ Yes 2 ☐ No *(NP)*
b. In what way is -- limited? *Record limitation, not condition.*	b.	_____ Limitation
13a. What (other) condition causes this? *Ask if injury or operation:* **When did [the (*injury*) occur?/--have the operation?]** *Ask if operation over 3 months ago:* **For what condition did -- have the operation?** *If pregnancy/delivery or 0–3 months injury or operation –* *Reask question where limitation reported, saying:* **Except for -- (*condition*), . . .?** *OR reask 13b/c.*	13a.	*(Enter condition in C2, THEN 13b)* 1 ☐ Old age *(Mark "Old age" box, THEN 13c)*
b. Besides (*condition*) is there any other condition that causes this limitation?	b.	☐ Yes *(Reask 13a and b)* ☐ No *(13d)*
c. Is this limitation caused by any (other) specific condition?	c.	☐ Yes *(Reask 13a and b)* ☐ No
Mark box if only one condition. **d. Which of these conditions would you say is the MAIN cause of this limitation?**	d.	☐ Only 1 condition _____ Main cause

FOOTNOTES

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B. LIMITATION OF ACTIVITIES PAGE, Continued

B4	*Refer to age.*	B4	0 ☐ Under 5 *(NP)* 2 ☐ 60–69 *(14)* 1 ☐ 5–59 *(B5)* 3 ☐ 70 and over *(NP)*
B5	*Refer to "Old age," and "LA" boxes. Mark first appropriate box.*	B5	☐ "Old age" box marked *(14)* ☐ Entry in "LA" box *(14)* ☐ Other *(NP)*
14a. Because of any impairment or health problem, does -- need the help of other persons with -- personal care needs, such as eating, bathing, dressing, or getting around this home?		14a.	1 ☐ Yes *(15)* ☐ No
If under 18, skip to next person; otherwise ask: b. Because of any impairment or health problem, does -- need the help of other persons in handling -- routine needs, such as everyday household chores, doing necessary business, shopping, or getting around for other purposes?		b.	2 ☐ Yes 3 ☐ No *(NP)*
15a. What (other) condition causes this? *Ask if injury or operation:* When did [the (*injury*) occur?/ -- have the operation?] *Ask if operation over 3 months ago:* For what condition did -- have the operation? *If pregnancy/delivery or 0–3 months injury or operation –* *Reask question 14 where limitation reported, saying:* Except for -- (condition), . . .? *OR reask 15b/c.*		15a.	*(Enter condition in C2, THEN 15b)* 1 ☐ Old age *(Mark "Old age" box, THEN 15c)*
b. Besides (condition) is there any other condition that causes this limitation?		b.	☐ Yes *(Reask 15a and b)* ☐ No *(15d)*
c. Is this limitation caused by any (other) specific condition?		c.	☐ Yes *(Reask 15a and b)* ☐ No
Mark box if only one condition. d. Which of these conditions would you say is the MAIN cause of this limitation?		d.	☐ Only 1 condition Main cause

FOOTNOTES

D. RESTRICTED ACTIVITY PAGE PERSON 1

Hand calendar.

{The next questions refer to the 2 weeks outlined in red on that calendar, beginning Monday, (date) and ending this past Sunday (date).}

D1 Refer to age.

1 Under 5 (4) 2 5–17 (3) 3 18 and over (1)

1a. DURING THOSE 2 WEEKS, did -- work at any time at a job or business, not counting work around the house? (Include unpaid work in the family [farm/business].)

1 Yes (Mark "Wa" box, THEN 2) 2 No

b. Even though -- did not work during those 2 weeks, did -- have a job or business?

1 Yes (Mark "Wb" box, THEN 2) 2 No (4)

2a. During those 2 weeks, did -- miss any time from a job or business because of illness or injury?

1 Yes 00 No (4)

b. During that 2-week period, how many days did -- miss more than half of the day from -- job or business because of illness or injury?

00 None (4) [No. of work-loss days] (4)

3a. During those 2 weeks, did -- miss any time from school because of illness or injury?

1 Yes 00 No (4)

b. During that 2-week period, how many days did -- miss more than half of the day from school because of illness or injury?

00 None [No. of school-loss days]

4a. During those 2 weeks, did -- stay in bed because of illness or injury?

1 Yes 00 No (6)

b. During that 2-week period, how many days did -- stay in bed more than half of the day because of illness or injury?

00 None (6) [No. of bed days] (D2)

D2 Refer to 2b and 3b.

0 No days in 2b or 3b (6)

1 1 or more days in 2b or 3b (5)

5. On how many of the (number in 2b or 3b) days missed from [work/school] did -- stay in bed more than half of the day because of illness or injury?

00 None [No. of days]

Refer to 2b, 3b, and 4b.

6a. (Not counting the day(s) [missed from work / missed from school / (and) in bed]), Was there any (OTHER) time during those 2 weeks that -- cut down on the things -- usually does because of illness or injury?

Yes 00 No (D3)

b. (Again, not counting the day(s) [missed from work / missed from school / (and) in bed]), During that period, how many (OTHER) days did -- cut down for more than half of the day because of illness or injury?

00 None [No. of cut-down days]

D3 Refer to 2–6.

0 No days in 2–6 (Mark "No" in RD, THEN NP)

1 1 or more days in 2–6 (Mark "Yes" in RD, THEN 7)

Refer to 2b, 3b, 4b, and 6b.

7a. What (other) condition caused -- to [miss work / miss school / (or) stay in bed / (or) cut down] during those 2 weeks?

(Enter condition in C2, THEN 7b)

b. Did any other condition cause -- to [miss work / miss school / (or) stay in bed / (or) cut down] during that period?

1 Yes (Reask 7a and b) 2 No

FOOTNOTES

FORM HIS-1 (1984) (8-9-83)

E. 2-WEEK DOCTOR VISITS PROBE PAGE

Read to respondent(s):

These next questions are about health care received during the 2 weeks outlined in red on that calendar.

E1 *Refer to age.*

E1 ☐ Under 14 *(1b)* ☐ 14 and over *(1a)*

1a. During those 2 weeks, how many times did -- see or talk to a medical doctor? (Include all types of doctors, such as dermatologists, psychiatrists, and ophthalmologists, as well as general practitioners and osteopaths.) (Do not count times while an overnight patient in a hospital.)

b. During those 2 weeks, how many times did anyone see or talk to a medical doctor about --? (Do not count times while an overnight patient in a hospital.)

1a. and b. 00 ☐ None ☐☐ Number of times *(NP)*

2a. (Besides the time(s) you just told me about) During those 2 weeks, did anyone in the family receive health care at home or go to a doctor's office, clinic, hospital or some other place? Include care from a nurse or anyone working with or for a medical doctor. Do not count times while an overnight patient in a hospital.

☐ Yes ☐ No *(3a)*

b. Who received this care? *Mark "DR Visit" box in person's column.* 2b. ☐ DR Visit

c. Anyone else? ☐ Yes *(Reask 2b and c)* ☐ No

Ask for each person with "DR Visit" in 2b:

d. How many times did -- receive this care during that period? d. ☐☐ Number of times

3a. (Besides the time(s) you already told me about) During those 2 weeks, did anyone in the family get any medical advice, prescriptions or test results over the PHONE from a doctor, nurse, or anyone working with or for a medical doctor?

☐ Yes ☐ No *(E2)*

b. Who was the phone call about? *Mark "Phone call" box in person's column.* 3b. ☐ Phone call

c. Were there any calls about anyone else? ☐ Yes *(Reask 3b and c)* ☐ No

Ask for each person with "Phone call" in 3b:

d. How many telephone calls were made about --? d. ☐☐ Number of calls

E2 *Add numbers in 1, 2d, and 3d for each person. Record total number of visits and calls in "2-WK. DV" box in item C1.*

FOOTNOTES

FORM HIS-1 (1984) 18-9-83

F. 2-WEEK DOCTOR VISITS PAGE

DR VISIT 1

Refer to C1, "2-WK. DV" box.

PERSON NUMBER_____

F1 Refer to age.

F1 ☐ Under 14 *(1b)* ☐ 14 and over *(1a)*

1a. On what (other) date(s) during those 2 weeks did -- see or talk to a medical doctor, nurse, or doctor's assistant?

b. On what (other) date(s) during those 2 weeks did anyone see or talk to a medical doctor, nurse, or doctor's assistant about --?

1a. and b. Month _____ Date _____ OR 7777 ☐ Last week 8888 ☐ Week before

Ask after last DR visit column for this person:

c. Were there any other visits or calls for -- during that period? *Make necessary correction to 2-WK.DV box in C1.*

c. 1 ☐ Yes *(Reask 1a or b and c)* 2 ☐ No *(Ask 2–5 for each visit)*

2. Where did -- receive health care on *(date in 1)*, at a doctor's office, clinic, hospital, some other place, or was this a telephone call?

If doctor's office: Was this office in a hospital?

If hospital: Was it the outpatient clinic or the emergency room?

If clinic: Was it a hospital outpatient clinic, a company clinic, a public health clinic, or some other kind of clinic?

If lab: Was this lab in a hospital?

What was done during this visit? *(Footnote)*

2. 01 ☐ Telephone

Not in hospital: 02 ☐ Home; 03 ☐ Doctor's office; 04 ☐ Co. or Ind. clinic; 05 ☐ Other clinic; 06 ☐ Lab; 07 ☐ Other *(Specify)* ↙

Hospital: 08 ☐ O.P. clinic; 09 ☐ Emergency room; 10 ☐ Doctor's office; 11 ☐ Lab; 12 ☐ Overnight patient *(Next DR visit)*; 88 ☐ Other *(Specify)* ↙

Ask 3b if under 14.

3a. Did -- actually talk to a medical doctor?

b. Did anyone actually talk to a medical doctor about --?

3a. and b. 1 ☐ Yes *(3f)* 2 ☐ No *(3c)* 8 ☐ DK if M.D. *(3c)* 9 ☐ DK who was seen *(3f)*

c. What type of medical person or assistant was talked to?

c. _____ Type 99 ☐ DK

d. Does the *(entry in 3c)* work with or for ONE doctor or MORE than one doctor?

d. 1 ☐ One *(3f)* 2 ☐ More 3 ☐ None *(4)* 9 ☐ DK

e. For this [visit/call] what kind of doctor was the *(entry in 3c)* working with or for -- a general practitioner or a specialist?

f. Is that doctor a general practitioner or a specialist?

e. and f. 1 ☐ GP *(4)* 2 ☐ Specialist *(3g)* 9 ☐ DK *(4)*

g. What kind of specialist?

g. _____ Kind of specialist

Ask 4b if under 14.

4a. For what condition did -- see or talk to the [doctor/*(entry in 3c)*] on *(date in 1)*? *Mark first appropriate box.*

b. For what condition did anyone see or talk to the [doctor/*(entry in 3c)*] about -- on *(date in 1)*? *Mark first appropriate box.*

4a. and b. 1 ☐ Condition *(Item C2, THEN 4g)* 2 ☐ Pregnancy *(4e)* 3 ☐ Test(s) or examination *(4c)* 8 ☐ Other *(Specify)* ↙ _____ *(4g)*

c. Was a condition found as a result of the [test(s)/examination]?

c. ☐ Yes *(4h)* ☐ No

d. Was this [test/examination] because of a specific condition -- had?

d. ☐ Yes *(4h)* ☐ No *(4g)*

e. During the past 2 weeks was -- sick because of -- pregnancy?

e. ☐ Yes ☐ No *(4g)*

f. What was the matter?

f. _____ Condition *(Item C2, THEN 4g)*

g. During this [visit/call] was the [doctor/*(entry in 3c)*] talked to about any (other) condition?

g. ☐ Yes ☐ No *(5)*

h. What was the condition?

h. ☐ Pregnancy *(4e)* _____ Condition *(Item C2, THEN 4g)*

Mark box if "Telephone" in 2.

5a. Did -- have any kind of surgery or operation during this visit, including bone settings and stitches?

5a. 0 ☐ Telephone in 2 *(Next DR visit)* 1 ☐ Yes 2 ☐ No *(Next DR visit)*

b. What was the name of the surgery or operation? *If name of operation not known, describe what was done.*

b. (1) _____ (2) _____

c. Was there any other surgery or operation during this visit?

c. ☐ Yes *(Reask 5b and c)* ☐ No

FORM HIS-1 (1984) R-V RJ

G. HEALTH INDICATOR PAGE

1a. During the 2-week period outlined in red on that calendar, has anyone in the family had an injury from an accident or other cause that you have not yet told me about?
[ ] Yes [ ] No (2)

b. Who was this? *Mark "Injury" box in person's column.* — 1b. [ ] Injury

c. What was -- injury?
Enter injury(ies) in person's column. — c. _____ Injury

d. Did anyone have any other injuries during that period?
[ ] Yes *(Reask 1b, c, and d)* [ ] No

Ask for each injury in 1c:

e. As a result of the *(injury in 1c)* did [--/anyone] see or talk to a medical doctor or assistant (about --) or did -- cut down on -- usual activities for more than half of a day? — e. [ ] Yes *(Enter injury in C2, THEN 1e for next injury)* [ ] No *(1e for next injury)*

---

2. During the past 12 months, (that is, since *(12-month date)* a year ago) ABOUT how many days did illness or injury keep -- in bed more than half of the day? (Include days while an overnight patient in a hospital.) — 2. 000 [ ] None; _____ No. of days

3a. During the past 12 months, ABOUT how many times did [--/anyone] see or talk to a medical doctor or assistant (about --)? (Do not count doctors seen while an overnight patient in a hospital.) (Include the *(number in 2-WK DV box)* visit(s) you already told me about.) — 3a. 000 [ ] None *(3b)*; 000 [ ] Only when overnight patient in hospital *(NP)*; _____ No. of visits

b. About how long has it been since [--/anyone] last saw or talked to a medical doctor or assistant (about --)? Include doctors seen while a patient in a hospital. — b.
1 [ ] Interview week *(Reask 3b)*
2 [ ] Less than 1 yr. *(Reask 3a)*
3 [ ] 1 yr., less than 2 yrs.
4 [ ] 2 yrs., less than 5 yrs.
5 [ ] 5 yrs. or more
0 [ ] Never

---

4. Would you say -- health in general is excellent, very good, good, fair, or poor? — 4.
1 [ ] Excellent
2 [ ] Very good
3 [ ] Good
4 [ ] Fair
5 [ ] Poor

Mark box if under 18.

5a. About how tall is -- without shoes? — 5a. [ ] Under 18 *(NP)*; _____ Feet _____ Inches

b. About how much does -- weigh without shoes? — b. _____ Pounds

FOOTNOTES

H. CONDITION LISTS 1 AND 2

Read to respondent(s) and ask list specified in A2:

Now I am going to read a list of medical conditions. Tell me if anyone in the family has any of these conditions, even if you have mentioned them before.

1

1a. Does anyone in the family (*read names*) NOW have –
If "Yes," ask 1b and c.
b. Who is this?
c. Does anyone else NOW have –
Enter condition and letter in appropriate person's column.

A. PERMANENT stiffness or any deformity of the foot, leg, fingers, arm, or back? *(Permanent stiffness – joints will not move at all.)*

B. Paralysis of any kind?

1d. DURING THE PAST 12 MONTHS, did anyone in the family have – *If "Yes," ask 1e and f.*
e. Who was this?
f. DURING THE PAST 12 MONTHS, did anyone else have –
Enter condition and letter in appropriate person's column.
C–L are conditions affecting the bone and muscle.
M–W are conditions affecting the skin.

C. Arthritis of any kind or rheumatism?

D. Gout?

E. Lumbago?

F. Sciatica?

G. A bone cyst or bone spur?

H. Any other disease of the bone or cartilage?

I. A slipped or ruptured disc?

J. REPEATED trouble with neck, back, or spine?

K. Bursitis?

L. Any disease of the muscles or tendons?

Reask 1d

M. A tumor, cyst, or growth of the skin?

N. Skin cancer?

O. Eczema or psoriasis? (ek'sa-ma) or (so-rye-uh-sis)

P. TROUBLE with dry or itching skin?

Q. TROUBLE with acne?

R. A skin ulcer?

S. Any kind of skin allergy?

T. Dermatitis or any other skin trouble?

U. TROUBLE with ingrown toenails or fingernails?

V. TROUBLE with bunions, corns, or calluses?

W. Any disease of the hair or scalp?

2

2a. Does anyone in the family (*read names*) NOW have –
If "Yes," ask 2b and c.
b. Who is this?
c. Does anyone else NOW have –
Enter condition and letter in appropriate person's column.
A–L are conditions affecting {*Hearing* / *Vision* / *Speech*}
M-AA are impairments.

A. Deafness in one or both ears?

B. Any other trouble hearing with one or both ears?

C. Tinnitus or ringing in the ears?

D. Blindness in one or both eyes?

E. Cataracts?

F. Glaucoma?

G. Color blindness?

H. A detached retina or any other condition of the retina?

I. Any other trouble seeing with one or both eyes EVEN when wearing glasses?

J. A cleft palate or harelip?

K. Stammering or stuttering?

L. Any other speech defect?

M. Loss of taste or smell which has lasted 3 months or more?

N. A missing finger, hand, or arm; toe, foot, or leg?

Reask 2a

O. A missing joint?

P. A missing breast, kidney, or lung?

Q. Palsy or cerebral palsy? (ser'a-bral)

R. Paralysis of any kind?

S. Curvature of the spine?

T. REPEATED trouble with neck, back, or spine?

U. Any TROUBLE with fallen arches or flatfeet?

V. A clubfoot?

W. A trick knee?

X. PERMANENT stiffness or any deformity of the foot, leg, or back? *(Permanent stiffness – joints will not move at all.)*

Y. PERMANENT stiffness or any deformity of the fingers, hand, or arm?

Z. Mental retardation?

AA. Any condition caused by an accident or injury which happened more than 3 months ago? *If "Yes," ask:* **What is the condition?**

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H. CONDITION LISTS 3 AND 4

Read to respondent(s) and ask list specified in A2:
Now I am going to read a list of medical conditions. Tell me if anyone in the family has had any of these conditions, even if you have mentioned them before.

3

3a. DURING THE PAST 12 MONTHS, did anyone in the family {*read names*} have –

If "Yes," ask 3b and c.

b. Who was this?

c. DURING THE PAST 12 MONTHS, did anyone else have –

Enter condition and letter in appropriate person's column.

Make no entry in item C2 for cold; flu; red, sore, or strep throat; or "virus" even if reported in this list.

Conditions affecting the digestive system.

A. Gallstones?		*Reask 3a* N. Enteritis?	
B. Any other gallbladder trouble?		O. Diverticulitis? (Dye-ver-tic-yoo-lye'tis)	
C. Cirrhosis of the liver?		P. Colitis?	
D. Fatty liver?		Q. A spastic colon?	
E. Hepatitis?		R. FREQUENT constipation?	
F. Yellow jaundice?		S. Any other bowel trouble?	
G. Any other liver trouble?		T. Any other intestinal trouble?	
H. An ulcer?		U. Cancer of the stomach, intestines, colon or rectum?	
I. A hernia or rupture?			
J. Any disease of the esophagus?		V. During the past 12 months, did anyone (else) in the family have any other condition of the digestive system? *If "Yes," ask:* Who was this? – What was the condition? *Enter in item C2, THEN reask V.*	
K. Gastritis?			
L. FREQUENT indigestion?			
M. Any other stomach trouble?			

4

4a. DURING THE PAST 12 MONTHS, did anyone in the family {*read names*} have –

If "Yes," ask 4b and c.

b. Who was this?

c. DURING THE PAST 12 MONTHS, did anyone else have –

Enter condition and letter in appropriate person's column.

A–B are conditions affecting the glandular system

C is a blood condition

D–I are conditions affecting the nervous system

J–Y are conditions affecting the genito-urinary system

A. A goiter or other thyroid trouble?		*Reask 4a* N. Any other kidney trouble?	
B. Diabetes?		O. Bladder trouble?	
C. Anemia of any kind?		P. Any disease of the genital organs?	
D. Epilepsy?		Q. A missing breast?	
E. REPEATED seizures, convulsions, or blackouts?		R. Breast cancer?	
F. Multiple sclerosis?		S. * Cancer of the prostate?	
G. Migraine?		T. * Any other prostate trouble?	
H. FREQUENT headaches?		U. ** Trouble with menstruation?	
I. Neuralgia or neuritis?		V. ** A hysterectomy? *If "Yes," ask:* For what condition did -- have a hysterectomy?	
J. Nephritis?			
K. Kidney stones?		W. ** A tumor, cyst, or growth of the uterus or ovaries?	
L. REPEATED kidney infections?		X. ** Any other disease of the uterus or ovaries?	
M. A missing kidney?		Y. ** Any other female trouble?	

*Ask only if males in family.
**Ask only if females in family.

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H. CONDITION LISTS 5 AND 6

Read to respondent(s) and ask list specified in A2.
Now I am going to read a list of medical conditions. Tell me if anyone in the family has had any of these conditions, even if you have mentioned them before.

5

5a. Has anyone in the family {*read names*} EVER had –

If "Yes," ask 5b and c.

b. Who was this?

c. Has anyone else EVER had –

Enter condition and letter in appropriate person's column.

Conditions affecting the heart and circulatory system.

A. Rheumatic fever?		**G. A stroke or a cerebrovascular accident? (ser'a-bro vas ku-lar)**	
B. Rheumatic heart disease?			
C. Hardening of the arteries or arteriosclerosis?		**H. A hemorrhage of the brain?**	
D. Congenital heart disease?		**I. Angina pectoris? (pek'to-ris)**	
E. Coronary heart disease?		**J. A myocardial infarction?**	
F. Hypertension, sometimes called high blood pressure?		**K. Any other heart attack?**	

5d. DURING THE PAST 12 MONTHS, did anyone in the family have –

If "Yes," ask 5e and f.

e. Who was this?

f. DURING THE PAST 12 MONTHS, did anyone else have –

Enter condition and letter in appropriate person's column.

Conditions affecting the heart and circulatory system.

L. Damaged heart valves?		**Q. Any blood clots?**	
M. Tachycardia or rapid heart?		**R. Varicose veins?**	
N. A heart murmur?		**S. Hemorrhoids or piles?**	
O. Any other heart trouble?		**T. Phlebitis or thrombophlebitis?**	
P. An aneurysm? (an yoo-rizm)		**U. Any other condition affecting blood circulation?**	

6

6a. DURING THE PAST 12 MONTHS, did anyone in the family {*read names*} have –

If "Yes," ask 6b and c.

b. Who was this?

c. DURING THE PAST 12 MONTHS, did anyone else have –

Enter condition and letter in appropriate person's column.

Make no entry in item C2 for cold; flu; red, sore, or strep throat; or "virus" even if reported in this list.

Conditions affecting the respiratory system.

		Reask 6a.	
A. Bronchitis?		**K. A missing lung?**	
B. Asthma?		**L. Lung cancer?**	
C. Hay fever?		**M. Emphysema?**	
D. Sinus trouble?		**N. Pleurisy?**	
E. A nasal polyp?		**O. Tuberculosis?**	
F. A deflected or deviated nasal septum?		**P. Any other work-related respiratory condition, such as dust on the lungs, silicosis, asbestosis, or pneu-mo-co-ni-o-sis?**	
G. * Tonsillitis or enlargement of the tonsils or adenoids?		**Q. During the past 12 months did anyone (else) in the family have any other respiratory, lung, or pulmonary condition?** *If "Yes," ask:* **Who was this?—What was the condition?** *Enter in item C2, THEN reask Q.*	
H. * Laryngitis?			
I. A tumor or growth of the throat, larynx, or trachea?			
J. A tumor or growth of the bronchial tube or lung?			

**If reported in this list only, ask:*

1. How many times did –– have (*condition*) in the past 12 months?

If 2 or more times, enter condition in item C2.

If only 1 time, ask:

2. How long did it last? *If 1 month or longer, enter in item C2.*

If less than 1 month, do not record.

If tonsils or adenoids were removed during past 12 months, enter the condition causing removal in item C2.

FORM HIS-1 (1984) (8-9-83)

J. HOSPITAL PAGE

HOSPITAL STAY 1

1. *Refer to C1, "HOSP." box.*

1. PERSON NUMBER _____

2. **You said earlier that -- was a patient in the hospital since** *(13-month hospital date)* **a year ago. On what date did -- enter the hospital ([the last time/the time before that])?**
Record each entry date in a separate Hospital Stay column.

2. Month | Date | Year 19 ___

3. **How many nights was -- in the hospital?**

3. 0000 ☐ None *(Next HS)*
_____ Nights

4. **For what condition did -- enter the hospital?**
- *For delivery ask:* **Was this a normal delivery?** *If "No," ask:* **What was the matter?**
- *For newborn ask:* **Was the baby normal at birth?** *If "No," ask:* **What was the matter?**
- *For initial "No condition" ask:* **Why did -- enter the hospital?**
- *For tests, ask:* **What were the results of the tests?** *If no results, ask:* **Why were the tests performed?**

4. 1 ☐ Normal delivery
2 ☐ Normal at birth
3 ☐ No condition
} *(5)*
☐ Condition
_____

J1 *Refer to questions 2, 3, and 2-week reference period.*

J1 ☐ At least one night in 2-week reference period *(Enter condition in C2, THEN 5)*
☐ No nights in 2-week reference period *(5)*

5a. **Did -- have any kind of surgery or operation during this stay in the hospital, including bone settings and stitches?**

5a. 1 ☐ Yes 2 ☐ No *(6)*

b. **What was the name of the surgery or operation?**
If name of operation not known, describe what was done.

b. (1) _____
(2) _____
(3) _____

c. **Was there any other surgery or operation during this stay?**

c. ☐ Yes *(Reask 5b and c)* ☐ No

6. **What is the name and address of this hospital?**

6. Name
Number and street
City or County State

FOOTNOTES

FORM HIS-1 (1984) (8-9-83)

CONDITION 1 | **PERSON NO.____**

1. Name of condition

Mark "2-wk. ref. pd." box without asking if "DV" or "HS" in C2 as source.

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

0 ☐ Interview week *(Reask 2)*
1 ☐ 2-wk. ref. pd. –
2 ☐ Over 2 weeks, less than 6 mos.
3 ☐ 6 mos., less than 1 yr.
4 ☐ 1 yr., less than 2 yrs.
5 ☐ 2 yrs., less than 5 yrs.
6 ☐ 5 yrs. or more
7 ☐ Dr. seen, DK when
8 ☐ DK if Dr. seen } *(3b)*
9 ☐ Dr. never seen }

3a. (Earlier you told me about -- (condition)) Did the doctor or assistant call the (condition) by a more technical or specific name?

1 ☐ Yes 2 ☐ No 9 ☐ DK

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

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

1 ☐ Color Blindness *(NC)*
2 ☐ Cancer *(3e)*
3 ☐ Normal pregnancy, normal delivery, vasectomy } *(5)*
4 ☐ Old age *(NC)*
8 ☐ Other *(3c)*

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

_____

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

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

1 ☐ Yes *(5)* 2 ☐ No

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

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

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

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

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

_____

_____

For Stroke, fill remainder of this condition page for the first present effect. Enter in item C2 and complete a separate condition page for each additional present effect.

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

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

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

Show the following detail:

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

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

Infection Sore Soreness

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

Specify _____

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

Tumor Cyst Growth

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

1 ☐ Malignant 2 ☐ Benign 9 ☐ DK

5

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

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

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

Ask probes as necessary:

(Was it on or since (first date of 2-week ref. period) or was it before that date?)
(Was it less than 3 months or more than 3 months ago?)
(Was it less than 1 year or more than 1 year ago?)
(Was it less than 5 years or more than 5 years ago?)

FORM HIS-1 (1984) (8-9-83)

K1 *Refer to RD and C2.*
☐ "Yes" in "RD" box AND more than 1 condition in C2 *(6)*
☐ Other *(K2)*

6a. During the 2 weeks outlined in red on that calendar, did -- (condition) cause -- to cut down on the things -- usually does?
☐ Yes ☐ No *(K2)*

b. During that period, how many days did -- cut down for more than half of the day?
00 ☐ None *(K2)* _____ Days

7. During those 2 weeks, how many days did -- stay in bed for more than half of the day because of this condition?
00 ☐ None _____ Days

Ask if "Wa/Wb" box marked in C1:

8. During those 2 weeks, how many days did -- miss more than half of the day from -- job or business because of this condition?
00 ☐ None _____ Days

Ask if age 5–17:

9. During those 2 weeks, how many days did -- miss more than half of the day from school because of this condition?
00 ☐ None _____ Days

K2
☐ Condition has "CL LTR" in C2 as source *(10)*
☐ Condition does not have "CL LTR" in C2 as source *(K4)*

10. About how many days since (12-month date) a year ago, has this condition kept -- in bed more than half of the day? (Include days while an overnight patient in a hospital.)
000 ☐ None _____ Days

11. Was -- ever hospitalized for -- (condition in 3)?
1 ☐ Yes 2 ☐ No

K3
☐ Missing extremity or organ *(K4)*
☐ Other *(12)*

12a. Does -- still have this condition?
1 ☐ Yes *(K4)* ☐ No

b. Is this condition completely cured or is it under control?
2 ☐ Cured 8 ☐ Other *(Specify)* _____ *(K4)*
3 ☐ Under control *(K4)*

c. About how long did -- have this condition before it was cured?
☐ Less than 1 month **OR** _____ Number { ☐ Months ☐ Years

d. Was this condition present at any time during the past 12 months?
1 ☐ Yes 2 ☐ No

K4
0 ☐ Not an accident/injury *(NC)*
1 ☐ First accident/injury for this person *(14)*
8 ☐ Other *(13)*

13. Is this (condition in 3b) the result of the same accident you already told me about?
☐ Yes *(Record condition page number where accident questions first completed.)* → _____ *(NC)* Page No.
☐ No

14. Where did the accident happen?
1 ☐ At home (inside house)
2 ☐ At home (adjacent premises)
3 ☐ Street and highway (includes roadway and public sidewalk)
4 ☐ Farm
5 ☐ Industrial place (includes premises)
6 ☐ School (includes premises)
7 ☐ Place of recreation and sports, except at school
8 ☐ Other *(Specify)*

Mark box if under 18. ☐ Under 18 *(16)*

15a. Was -- under 18 when the accident happened?
1 ☐ Yes *(16)* ☐ No

b. Was -- in the Armed Forces when the accident happened?
2 ☐ Yes *(16)* ☐ No

c. Was -- at work at -- job or business when the accident happened?
3 ☐ Yes 4 ☐ No

16a. Was a car, truck, bus, or other motor vehicle involved in the accident in any way?
1 ☐ Yes 2 ☐ No *(17)*

b. Was more than one vehicle involved?
1 ☐ Yes 2 ☐ No

c. Was [it/either one] moving at the time?
1 ☐ Yes 2 ☐ No

17a. At the time of the accident what part of the body was hurt?
What kind of injury was it?
Anything else?

Part(s) of body *	Kind of injury

Ask if box 3, 4, or 5 marked in Q.5:

b. What part of the body is affected now?
How is -- (part of body) affected?
Is -- affected in any other way?

Part(s) of body *	Present effects **

* Enter part of body in same detail as for 3g.
** If multiple present effects, enter in C2 each one that is not the same as 3b or C2 and complete a separate condition page for it.

FORM HIS-1 (1984) 18-9-83)

L. DEMOGRAPHIC BACKGROUND PAGE

L1 *Refer to age.*

L1
- ☐ Under 5 *(NP)*
- ☐ 5–17 *(2)*
- ☐ 18 and over *(1)*

1a. Did -- EVER serve on active duty in the Armed Forces of the United States? — 1a.
1 ☐ Yes – *(Mark "AF" box, THEN 1b)*
2 ☐ No *(2)*

b. When did -- serve?

Mark box in descending order of priority. Thus, if person served in Vietnam and in Korea, mark VN.

- Vietnam Era (Aug. '64 to April '75) . . . . . VN
- Korean War (June '50 to Jan. '55) . . . . . KW
- World War II (Sept. '40 to July '47) . . . . . WWII
- World War I (April '17 to Nov. '18) . . . . . WWI
- Post Vietnam (May '75 to present) . . . . . PVN
- Other Service (all other periods) . . . . . OS

b.
1 ☐ VN — 5 ☐ PVN
2 ☐ KW — 8 ☐ OS
3 ☐ WWII — 9 ☐ DK
4 ☐ WWI

c. Was -- EVER an active member of a National Guard or military reserve unit? — c
1 ☐ Yes 2 ☐ No *(2)* 7 ☐ DK *(2)*

d. Was ALL of -- active duty service related to National Guard or military reserve training? — d
1 ☐ Yes 3 ☐ No 9 ☐ DK

2a. What is the highest grade or year of regular school -- has ever attended? — 2a.
00 ☐ Never attended or kindergarten *(NP)*
Elem: 1 2 3 4 5 6 7 8
High: 9 10 11 12
College: 1 2 3 4 5 6+

b. Did -- finish the *(number in 2a)* **[grade/year]?** — b.
1 ☐ Yes 2 ☐ No

Hand Card R. Ask first alternative for first person; ask second alternative for other persons.

3a. [What is the number of the group or groups which represents -- race? / What is -- race?] — 3a.
1 2 3 4 5 ↘

Circle all that apply
1 – Aleut, Eskimo, or American Indian
2 – Asian or Pacific Islander
3 – Black
4 – White
5 – Another group not listed – Specify

Specify _____

Ask if multiple entries:

b. Which of those groups; that is, *(entries in 3a)* **would you say BEST represents -- race?** — b.
1 2 3 4 5 ↘

Specify _____

c. *Mark observed race of respondent(s) only.* — c.
1 ☐ W 2 ☐ B 3 ☐ O

Hand Card O.

4a. Are any of those groups -- national origin or ancestry? (Where did -- ancestors come from?) — 4a.
1 ☐ Yes 2 ☐ No *(NP)*

b. Please give me the number of the group.

Circle all that apply
1 – Puerto Rican
2 – Cuban
3 – Mexican/Mexicano
4 – Mexican American
5 – Chicano
6 – Other Latin American
7 – Other Spanish

b. 1 2 3 4 5 6 7

FORM HIS-1 (1984) (8-9-83)

L. DEMOGRAPHIC BACKGROUND PAGE, Continued

L2 — *Refer to "Age" and "Wa/Wb" boxes in C1.*

L2
- 0 ☐ Under 18 *(NP)*
- 1 ☐ Wa box marked *(6a)*
- 2 ☐ Wb box marked *(5a)*
- 3 ☐ Neither box marked *(5b)*

5a. Earlier you said that -- has a job or business but did not work last week or the week before. Was -- looking for work or on layoff from a job during those 2 weeks? — 5a. 1 ☐ Yes *(5c)* 2 ☐ No *(6b)*

b. Earlier you said that -- didn't have a job or business last week or the week before. Was -- looking for work or on layoff from a job during those 2 weeks? — b. 1 ☐ Yes 2 ☐ No *(NP)*

c. Which, looking for work or on layoff from a job? — c. 1 ☐ Looking *(6c)* 2 ☐ Layoff *(6b)* 3 ☐ Both *(6b)*

6a. Earlier you said that -- worked last week or the week before. *Ask 6b.*

b. For whom did -- work? *Enter name of company, business, organization, or other employer.*

c. For whom did -- work at -- last full-time job or business lasting 2 consecutive weeks or more? *Enter name of company, business, organization, or other employer or mark "NEV" or "AF" box in person's column*

6b. and c. — Employer ☐ NEV *(6g)* ☐ AF *(6e)*

d. What kind of business or industry is this? *For example, TV and radio manufacturing, retail shoe store, State Labor Department, farm.*

d. Industry

e. What kind of work was -- doing? *For example, electrical engineer, stock clerk, typist, farmer. If "AF" in 6b/c, mark "AF" box in person's column without asking.*

e. Occupation ☐ AF *(NP)*

f. What were -- most important activities or duties at that job? *For example, types, keeps account books, files, sells cars, operates printing press, finishes concrete.*

f. Duties

Complete from entries in 6b–f. If not clear, ask:

g. Was --

- **An employee of a PRIVATE company, business or individual for wages, salary, or commission?** ..... P
- **A FEDERAL government employee?** ..... F
- **A STATE government employee?** ..... S
- **A LOCAL government employee?** L
- **Self-employed in OWN business, professional practice, or farm?**
  - *Ask:* **Is the business incorporated?**
    - Yes I
    - No ..... SE
- **Working WITHOUT PAY in family business or farm?** ..... WP
- **NEVER WORKED** or never worked at a full-time job lasting 2 weeks or more ..... NEV

g. Class of worker
- 1 ☐ P
- 2 ☐ F
- 3 ☐ S
- 4 ☐ L
- 5 ☐ I
- 6 ☐ SE
- 7 ☐ WP
- 8 ☐ NEV

FOOTNOTES

FORM HIS-1 (1984) (8-9-83)

L. DEMOGRAPHIC BACKGROUND PAGE, Continued

Mark box if under 14. If "Married" refer to household composition and mark accordingly.

7. Is -- now married, widowed, divorced, separated, or has -- never been married?

7.

0 ☐ Under 14
1 ☐ Married – spouse in HH
2 ☐ Married – spouse not in HH
3 ☐ Widowed
4 ☐ Divorced
5 ☐ Separated
6 ☐ Never married

8a. Was the total combined FAMILY income during the past 12 months – that is, yours, (*read names, including Armed Forces members living at home*) more or less than $20,000? Include money from jobs, social security, retirement income, unemployment payments, public assistance, and so forth. Also include income from interest, dividends, net income from business, farm, or rent, and any other money income received.

Read if necessary: **Income is important in analyzing the health information we collect. For example, this information helps us to learn whether persons in one income group use certain types of medical care services or have certain conditions more or less often than those in another group.**

8a.

1 ☐ $20,000 or more *(Hand Card I)*
2 ☐ Less than $20,000 *(Hand Card J)*

Read parenthetical phrase if Armed Forces member living at home or if necessary.

b. Of those income groups, which letter best represents the total combined FAMILY income during the past 12 months (that is, yours, (*read names, including Armed Forces members living at home*))? Include wages, salaries, and the other items we just talked about.

Read if necessary: **Income is important in analyzing the health information we collect. For example, this information helps us to learn whether persons in one income group use certain types of medical care services or have certain conditions more or less often than those in another group.**

b.

00 ☐ A	10 ☐ K	20 ☐ U
01 ☐ B	11 ☐ L	21 ☐ V
02 ☐ C	12 ☐ M	22 ☐ W
03 ☐ D	13 ☐ N	23 ☐ X
04 ☐ E	14 ☐ O	24 ☐ Y
05 ☐ F	15 ☐ P	25 ☐ Z
06 ☐ G	16 ☐ Q	26 ☐ ZZ
07 ☐ H	17 ☐ R	
08 ☐ I	18 ☐ S	
09 ☐ J	19 ☐ T	

R

a. *Mark first appropriate box.*

Ra.

0 ☐ Under 17
1 ☐ Present for all questions
2 ☐ Present for some questions
3 ☐ Not present

b. *Enter person number of respondent.*

b. _____ Person number(s) of respondent(s)

FOOTNOTES

FORM HIS-1 (1984) (8-9-83)

M. HEALTH INSURANCE PAGE

Read to respondent(s):

Medicare is a Social Security health insurance program for disabled persons and for persons 65 years old and over. People covered by Medicare have a card that looks like this.

Show card.

1a. Is anyone in this family, that is *(read names)*, **now covered by Medicare?** ☐ Yes ☐ No *(4)* ☐ DK

b. Is — — now covered? — **1b.** 1 ☐ Covered 9 ☐ DK; 2 ☐ Not covered

Ask for each person with "Covered" in 1b:

2a. Is — — now covered by the part of Social Security Medicare which pays for hospital bills? *Mark box in person's column.* — **2a.** 1 ☐ Yes 9 ☐ DK; 2 ☐ No

b. Is — — now covered by that part of Medicare which pays for doctor's bills? This is the Medicare plan for which — — or some agency must pay a certain amount each month. *Mark box in person's column.* — **b.** 1 ☐ Yes 9 ☐ DK; 2 ☐ No

Ask for each person with "DK" in 2a and/or b:

3. May I please see the Social Security Medicare card(s) for — — (and — —) to determine the type of coverage? *Transcribe the information from the card or mark the "Card N.A." box.* — **3.** 1 ☐ Hospital; 2 ☐ Medical; 3 ☐ Card N.A.

We are interested in all kinds of health insurance plans except those which pay only for accidents.

4a. (Not counting Medicare) Is anyone in the family now covered by a health insurance plan which pays any part of a hospital, doctor's or surgeon's bill? ☐ Yes ☐ No *(M1)* ☐ DK *(M1)*

b. What is the name of the plan? *Record in Table H.I.*

c. Is anyone in the family now covered by any other health insurance plan which pays any part of a hospital, doctor's or surgeon's bill? ☐ Yes *(Reask 4b and c)* ☐ No *(5)*

TABLE H.I.

	6a. Does this plan pay any part of hospital expenses? / b. Does this plan pay any part of doctor's or surgeon's bills for operations?	7. Is — — covered under this *(name)* plan?	7.
PLAN 1 **5a. Was this** *(name)* **plan obtained through an employer or union?** 1 ☐ Yes 2 ☐ No *(6)* 9 ☐ DK *(6)* **b. Is it now carried through an employer or union?** 1 ☐ Yes 2 ☐ No 9 ☐ DK	a. 1 ☐ Yes 2 ☐ No 9 ☐ DK b. 1 ☐ Yes 2 ☐ No 9 ☐ DK		1 ☐ Covered *(NP)* 2 ☐ Not covered *(NP)*
PLAN 2 **5a. Was this** *(name)* **plan obtained through an employer or union?** 1 ☐ Yes 2 ☐ No *(6)* 9 ☐ DK *(6)* **b. Is it now carried through an employer or union?** 1 ☐ Yes 2 ☐ No 9 ☐ DK	a. 1 ☐ Yes 2 ☐ No 9 ☐ DK b. 1 ☐ Yes 2 ☐ No 9 ☐ DK		1 ☐ Covered *(NP)* 2 ☐ Not covered *(NP)*
PLAN 3 **5a. Was this** *(name)* **plan obtained through an employer or union?** 1 ☐ Yes 2 ☐ No *(6)* 9 ☐ DK *(6)* **b. Is it now carried through an employer or union?** 1 ☐ Yes 2 ☐ No 9 ☐ DK	a. 1 ☐ Yes 2 ☐ No 9 ☐ DK b. 1 ☐ Yes 2 ☐ No 9 ☐ DK		1 ☐ Covered *(NP)* 2 ☐ Not covered *(NP)*

M1 *Review 1 and 7 for each person and determine if "Covered" by either Medicare and/or insurance, or "Not covered."* — **M1** 1 ☐ Covered *(NP)*; 2 ☐ Not covered under 65 *(NP)*; 3 ☐ Not covered 65 and over *(NP)*

Ask for each person "Not covered" in M1. If "Not covered 65 and over," include "or Medicare."

8a. Many people do not carry health insurance for various reasons. *Hand Card M.* **Which of those statements describes why — — is not covered by any health insurance (or Medicare)? Any other reason?** *Circle all reasons given.* — **8a.** 1 2 3 4 5 6 7 8 *Specify*

Mark box if only one reason. If "Not covered 65 and over," in M1, include "or Medicare."

b. What is the MAIN reason — — is not covered by any health insurance (or Medicare)? — **b.** 00 ☐ Only one reason; 1 2 3 4 5 6 7 8 *Specify*

FORM HIS-1 (1984) (8-9-83)

M. HEALTH INSURANCE PAGE, Continued

Ask only if persons under 20 in family:

9a. **Does anyone in this family now receive assistance through the "Aid to Families with Dependent Children" Program, sometimes called "AFDC" or "ADC"?**

☐ Yes ☐ No *(10)* ☐ DK

b. **Does — — now receive AFDC or ADC?**

9b. 1 ☐ Yes 2 ☐ No 9 ☐ DK

10a. **Does anyone in this family now receive the "Supplemental Security Income" or "SSI" gold-colored check?**

☐ Yes ☐ No *(11)* ☐ DK

b. **Does — — now receive this check?**

10b. 1 ☐ Yes 2 ☐ No 9 ☐ DK

11a. **There is a national program called Medicaid which pays for health care for persons in need. (In this State it is also called *(name)*).**

During the past 12 months, has anyone in this family received health care which has been or will be paid for by Medicaid (or *(name)*)?

☐ Yes ☐ No *(12)* ☐ DK

b. **Has — — received this care in the past 12 months?**

11b. 1 ☐ Yes 2 ☐ No 9 ☐ DK

12a. **Does anyone in the family now have a Medicaid (or *(name)*) card which looks like this?** *Show Medicaid card(s).*

☐ Yes ☐ No *(13)* ☐ DK

b. **Does — — now have this card?**

12b. 1 ☐ Yes 2 ☐ No 9 ☐ DK

Ask for each person with "Yes" in 12b:

c. **May I please see — — (and — —) card(s)?**

Mark appropriate box(es) in person's column.

c. ☐ Medicaid card seen
1 ☐ Current
2 ☐ Expired
3 ☐ No card seen
8 ☐ Other card seen

Specify

13a. **Is anyone in the family now covered by any other public assistance program that pays for health care?**

☐ Yes ☐ No *(Next page)* ☐ DK

b. **Is — — now covered?**

13b. 1 ☐ Yes 2 ☐ No 9 ☐ DK

FORM HIS-1 (1984) (8-9-83)

M. HEALTH INSURANCE PAGE, Continued

14a. Does anyone in the family now receive military retirement payments from any branch of the Armed Forces or a pension from the Veterans Administration? Do not include VA disability compensation.

☐ Yes ☐ No *(15)* ☐ DK

b. Does — — now receive military retirement or a VA pension? — **14b.**
1 ☐ Yes
2 ☐ No
9 ☐ DK

Ask for each person with "Yes" in 14b:

c. Which does — — receive — the Armed Forces retirement, the VA pension or both? — **c.**
Mark box in person's column.
1 ☐ Armed Forces
2 ☐ VA
3 ☐ Both

15a. Is anyone in the family now covered by CHAMP–VA, which is medical insurance for dependents or survivors of disabled veterans?

☐ Yes ☐ No *(16)* ☐ DK

b. Is — — now covered by CHAMP–VA? — **15b.**
1 ☐ Yes
2 ☐ No
9 ☐ DK

16a. Is anyone in the family now covered by any other program that provides health care for military dependents or survivors of military persons?

☐ Yes ☐ No *(M2)* ☐ DK

b. Is — — now covered? — **16b.**
1 ☐ Yes
2 ☐ No
9 ☐ DK

M2 *Refer to "AF" box above person's column.* — **M2**
1 ☐ AF box marked *(17)*
2 ☐ Other *(NP)*

17a. Does — — have a disability related to — — service in the Armed Forces of the United States? — **17a.**
1 ☐ Yes
2 ☐ No *(NP)*

b. Does — — now receive compensation for this disability from the Veterans Administration? — **b.**
1 ☐ Yes
2 ☐ No

FOOTNOTES

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M. HEALTH INSURANCE PAGE, Continued

18a. **During the past 12 months, that is since** *(12-month date)* **a year ago, have** *(read names of related HH members 18 or over)* **been laid off from a job or lost a job?**

☐ Yes ☐ No *(M4)* ☐ DK *(M4)*

b. **Who was this?**
Mark "Laid off/lost job" box in person's column.

18b. 1 ☐ Laid off/lost job

c. **Anyone else?**

☐ Yes *(Reask 18b and c)* ☐ No

Ask 18d, e, and f for each person with "Laid off/lost job" in 18b.

d. **How many times has — — been laid off or lost a job during the past 12 months?**

d. _____ Times

e. **In what month was — — laid off or did — — lose a job ([the last time/the time before that])?**

e. ☐ Time 1
☐ Time 2
☐ Time 3

f. **For ANYTIME during [that/those] job layoff(s) or job loss(es), did — — receive unemployment insurance benefits?**

1 ☐ Yes
2 ☐ No

19a. **Because of** *(names of persons in 18b)* **job layoff(s) or job loss(es), did anyone in the family lose any health insurance coverage that had been carried through [that/those] job(s)?**

☐ Yes ☐ No *(M4)* ☐ DK *(M4)*

b. **Who was this?**
Mark "Lost coverage" box in person's column.

19b. 1 ☐ Lost coverage

c. **Anyone else?**

☐ Yes *(Reask 19b and c)* ☐ No

M3 *Refer to 19b and mark appropriate box.*

M3 1 ☐ Lost coverage *(20)*
2 ☐ Did not lose coverage *(NP)*

20a. **For ANYTIME during [that/those] job layoff(s) or job loss(es), was — — without any type of health insurance coverage? (Do not include health care programs, such as Medicaid, AFDC, or military benefit programs, as health insurance coverage.)**

20a. 1 ☐ Yes
2 ☐ No *(NP)*

b. **For how long was — — without some type of health insurance coverage?**
(How many months is that?)

b. 00 ☐ Less than 1 month
_____ Months

21a. **For ANYTIME during [that/those] job layoff(s) or job loss(es), was — — covered by any health care program, such as Medicaid, AFDC, or a military benefit program?**

21a. 1 ☐ Yes
2 ☐ No *(NP)*

b. **For how long was — — covered by some health care program?**
(How many months is that?)

b. 00 ☐ Less than 1 month
_____ Months

M4 *Refer to age(s) and mark appropriate box.*

M4 1 ☐ No person 55+ in family *(HH pg.)*
8 ☐ Other *(Supplement on Aging)*

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