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# Vital and Health Statistics

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Current Estimates  
From the National  
Health Interview  
Survey, 1993

Series 10:  
Data From the National Health Survey  
No. 190

Includes estimates on incidence of acute conditions, episodes of persons injured, disability days, physician contacts, prevalence of chronic conditions, limitation of activity, hospitalizations, and assessed health status.

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U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Public Health Service  
Centers for Disease Control and Prevention  
National Center for Health Statistics

Hyattsville, Maryland  
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### *Cooperation of the U.S. Bureau of the Census*

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

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

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# Appendixes

## Contents

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# Appendix III Questionnaires and flashcards

OMB No. 0920-0214; Approval Expires 3/31/95

**NOTICE** — Information contained on this form which would permit identification of any individual or establishment has been collected with a guarantee that it will be held in strict confidence, will be used only for purposes stated for this study, and will not be disclosed or released to others without the consent of the individual or the establishment in accordance with section 308(d) of the Public Health Service Act (42 USC 242m). Public reporting burden for this collection of information is estimated 30 average minutes per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to PHS Reports Clearance Officer, ATTN: PRA; Humphrey Building, Room 721-H, 200 Independence Avenue, SW, Washington, DC 20201; and to the Office of Management and Budget, Paperwork Reduction Project (0920-0214), Washington, DC 20503.

<p><b>FORM HIS-1 (1993)</b> 18-4-92)</p> <p style="text-align: center;">U.S. DEPARTMENT OF COMMERCE BUREAU OF THE CENSUS ACTING AS COLLECTING AGENT FOR THE U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES PUBLIC HEALTH SERVICE</p> <p style="text-align: center;"><b>NATIONAL HEALTH INTERVIEW SURVEY</b></p>	<p><b>1.</b> Book ___ of ___ books</p>	<p><b>2.</b> R.O. number</p>	<p><b>3.</b> Sample</p>																																			
<p><b>6a.</b> What is your exact address? (Include House No., Apt. No., or other identification; county and ZIP Code)</p> <p>City _____ State _____ County _____ ZIP Code _____</p> <p><b>b.</b> Is this your mailing address? (Mark box or specify if different. Include county and ZIP Code.) <input type="checkbox"/> Same as 6a</p> <p>City _____ State _____ County _____ ZIP Code _____</p> <p><b>c.</b> Special place name _____ Sample unit number _____ Type code _____</p>	<p><b>4.</b> Segment type <input type="checkbox"/> Area <input type="checkbox"/> Permit <input type="checkbox"/> Block</p>	<p><b>5.</b> Control number PSU   Segment   Serial</p>																																				
<p style="text-align: center;">AREA AND BLOCK SEGMENTS</p> <p><b>7.</b> YEAR BUILT <input type="checkbox"/> Ask <input type="checkbox"/> Do not ask</p> <p><b>When was this structure originally built?</b> <input type="checkbox"/> Before 4-1-80 (Continue interview) <input type="checkbox"/> After 4-1-80 (Complete item 8c when required; end interview)</p>	<p><b>14.</b> Noninterview reason</p> <p><b>TYPE A</b></p> <p>01 <input type="checkbox"/> Refusal — Describe in footnotes 02 <input type="checkbox"/> No one at home, repeated calls 03 <input type="checkbox"/> Temporarily absent — Footnote 04 <input type="checkbox"/> Other (Specify) _____</p> <p><b>TYPE B</b></p> <p>05 <input type="checkbox"/> Vacant — nonseasonal 06 <input type="checkbox"/> Vacant — seasonal 07 <input type="checkbox"/> Occupied entirely by persons with URE 08 <input type="checkbox"/> Occupied entirely by Armed Forces members 09 <input type="checkbox"/> Unfit or to be demolished 10 <input type="checkbox"/> Under construction, not ready 11 <input type="checkbox"/> Converted to temporary business or storage 12 <input type="checkbox"/> Unoccupied site for mobile home, trailer, or tent 13 <input type="checkbox"/> Permit granted, construction not started 14 <input type="checkbox"/> Other (Specify) _____</p> <p><b>TYPE C</b></p> <p>15 <input type="checkbox"/> Unused line of listing sheet 16 <input type="checkbox"/> Demolished 17 <input type="checkbox"/> House or trailer moved 18 <input type="checkbox"/> Outside segment 19 <input type="checkbox"/> Converted to permanent business or storage 20 <input type="checkbox"/> Merged 21 <input type="checkbox"/> Condemned 22 <input type="checkbox"/> Built after April 1, 1980 23 <input type="checkbox"/> Other (Specify) _____</p>																																					
<p><b>8.</b> COVERAGE QUESTIONS <input type="checkbox"/> Ask items that are marked <input type="checkbox"/> Do not ask</p> <p><b>a.</b> <input type="checkbox"/> Are there any occupied or vacant living quarters besides your own in this building? <input type="checkbox"/> Yes (Fill Table X) <input type="checkbox"/> No</p> <p><b>b.</b> <input type="checkbox"/> Are there any occupied or vacant living quarters besides your own on this floor? <input type="checkbox"/> Yes (Fill Table X) <input type="checkbox"/> No</p> <p><b>c.</b> <input type="checkbox"/> Is there any other building on this property for people to live in, either occupied or vacant? <input type="checkbox"/> Yes (Fill Table X) <input type="checkbox"/> No</p>	<p><b>15.</b> Record of calls</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Month</th> <th>Date</th> <th>Beginning time</th> <th>Ending time</th> <th>Completed Mark (X)</th> </tr> </thead> <tbody> <tr><td>1</td><td></td><td>P T</td><td>a.m. p.m.</td><td>a.m. p.m.</td></tr> <tr><td>2</td><td></td><td>P T</td><td>a.m. p.m.</td><td>a.m. p.m.</td></tr> <tr><td>3</td><td></td><td>P T</td><td>a.m. p.m.</td><td>a.m. p.m.</td></tr> <tr><td>4</td><td></td><td>P T</td><td>a.m. p.m.</td><td>a.m. p.m.</td></tr> <tr><td>5</td><td></td><td>P T</td><td>a.m. p.m.</td><td>a.m. p.m.</td></tr> <tr><td>6</td><td></td><td>P T</td><td>a.m. p.m.</td><td>a.m. p.m.</td></tr> </tbody> </table>			Month	Date	Beginning time	Ending time	Completed Mark (X)	1		P T	a.m. p.m.	a.m. p.m.	2		P T	a.m. p.m.	a.m. p.m.	3		P T	a.m. p.m.	a.m. p.m.	4		P T	a.m. p.m.	a.m. p.m.	5		P T	a.m. p.m.	a.m. p.m.	6		P T	a.m. p.m.	a.m. p.m.
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5		P T	a.m. p.m.	a.m. p.m.																																		
6		P T	a.m. p.m.	a.m. p.m.																																		
<p><b>9a.</b> LAND USE 1 <input type="checkbox"/> URBAN (10) 2 <input type="checkbox"/> RURAL — Reg. units and SP, PL, units coded 85—88 in 6c — Ask item 9b — SP, PL, units not coded 85—88 in 6c — Mark "No" in item 9b without asking</p> <p><b>b.</b> During the past 12 months did sales of crops, livestock, and other farm products from this place amount to \$1,000 or more? 1 <input type="checkbox"/> Yes } (10) 2 <input type="checkbox"/> No }</p>	<p><b>16.</b> List column numbers of persons requiring callbacks, and indicate reason(s). <input type="checkbox"/> None</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Person No.</th> <th>S.S. No.</th> <th>Other</th> <th>Person No.</th> <th>S.S. No.</th> <th>Other</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>			Person No.	S.S. No.	Other	Person No.	S.S. No.	Other																													
Person No.	S.S. No.	Other	Person No.	S.S. No.	Other																																	
<p><b>10.</b> CLASSIFICATION OF LIVING QUARTERS — Mark by observation</p> <p><b>a.</b> LOCATION of unit Unit is: <input type="checkbox"/> In a Special Place — Refer to Table A in Part C of manual; then complete 10c or d <input type="checkbox"/> NOT in a Special Place (10b)</p> <p><b>b.</b> Access <input type="checkbox"/> Direct (10c) <input type="checkbox"/> Through another unit — Not a separate HU; combine with unit through which access is gained. (Apply merged unit procedures if additional living quarters space was listed separately.)</p> <p><b>c.</b> HOUSING unit (Mark one, THEN page 2) 01 <input type="checkbox"/> House, apartment, flat 02 <input type="checkbox"/> HU in nontransient hotel, motel, etc. 03 <input type="checkbox"/> HU-permanent in transient hotel, motel, etc. 04 <input type="checkbox"/> HU in rooming house 05 <input type="checkbox"/> Mobile home or trailer with no permanent room added 06 <input type="checkbox"/> Mobile home or trailer with one or more permanent rooms added 07 <input type="checkbox"/> HU not specified above — Describe in footnotes</p> <p><b>d.</b> OTHER unit (Mark one) 08 <input type="checkbox"/> Quarters not HU in rooming or boarding house 09 <input type="checkbox"/> Unit not permanent in transient hotel, motel, etc. 10 <input type="checkbox"/> Unoccupied site for mobile home, trailer, or tent 11 <input type="checkbox"/> Student quarters in college dormitory 12 <input type="checkbox"/> OTHER unit not specified above — Describe in footnotes</p>	<p><b>17.</b> Record of additional contacts</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Month</th> <th>Date</th> <th>Beginning time</th> <th>Ending time</th> <th>Completed Person No.</th> </tr> </thead> <tbody> <tr><td>1</td><td></td><td>P T</td><td>a.m. p.m.</td><td>a.m. p.m.</td></tr> <tr><td>2</td><td></td><td>P T</td><td>a.m. p.m.</td><td>a.m. p.m.</td></tr> <tr><td>3</td><td></td><td>P T</td><td>a.m. p.m.</td><td>a.m. p.m.</td></tr> <tr><td>4</td><td></td><td>P T</td><td>a.m. p.m.</td><td>a.m. p.m.</td></tr> </tbody> </table>			Month	Date	Beginning time	Ending time	Completed Person No.	1		P T	a.m. p.m.	a.m. p.m.	2		P T	a.m. p.m.	a.m. p.m.	3		P T	a.m. p.m.	a.m. p.m.	4		P T	a.m. p.m.	a.m. p.m.										
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4		P T	a.m. p.m.	a.m. p.m.																																		
<b>GO TO HOUSEHOLD COMPOSITION PAGE</b>																																						
<p><b>11.</b> What is the telephone number here? <input type="checkbox"/> None Area code/number _____</p>	<p><b>12.</b> Interview observed? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>																																					
<p><b>13a.</b> Field representative's name _____ Code _____</p>	<p><b>b.</b> Language of interview 1 <input type="checkbox"/> English 3 <input type="checkbox"/> Both English and Spanish 2 <input type="checkbox"/> Spanish 8 <input type="checkbox"/> Other</p>																																					

**A. HOUSEHOLD COMPOSITION PAGE**

**1**

**1a. What are the names of all persons living or staying here? Start with the name of the person or one of the persons who owns or rents this home. Enter name in REFERENCE PERSON column.**

**b. What are the names of all other persons living or staying here? Enter names in columns.**

**c. I have listed (read names). Have I missed:**

- any babies or small children? .....
- any lodgers, boarders, or persons you employ who live here? .....
- anyone who USUALLY lives here but is now away from home traveling or in a hospital? .....
- anyone else staying here? .....

**d. Do all of the persons you have named usually live here?**  Yes (2)  No (APPLY HOUSEHOLD MEMBERSHIP RULES. Delete nonhousehold members by an "X" from 1-C2 and enter reason.)

Probe if necessary:  
Does -- usually live somewhere else?

Ask for all persons beginning with column 2:

If "Yes," enter names in columns	
Yes	No
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

**1.** First name \_\_\_\_\_ Mid. init. \_\_\_\_\_ Age \_\_\_\_\_  
Last name \_\_\_\_\_ Sex  M  F

**2.** Relationship \_\_\_\_\_ **REFERENCE PERSON**

**3.** Date of birth \_\_\_\_\_  
Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

HOSP.	WORK	RD	2-WK. DV
<input type="checkbox"/> None	<input type="checkbox"/> Wa	<input type="checkbox"/> Yes	<input type="checkbox"/> None
Number	<input type="checkbox"/> Wb	<input type="checkbox"/> No	Number

**2. What is -- relationship to (reference person)?**

**3. What is -- date of birth? (Enter date and age and mark sex.)**

REFERENCE PERIODS	
<b>A1</b>	2-WEEK PERIOD
	12-MONTH DATE
	13-MONTH HOSPITAL DATE
<b>A2</b>	ASK CONDITION LIST _____

**C1**

LA	IRA	DV	TINJ.	TCLLTR	HSTCOND.

**C2**

LA	IRA	DV	TINJ.	TCLLTR	HSTCOND.

**C3**

LA	IRA	DV	TINJ.	TCLLTR	HSTCOND.

**C4**

LA	IRA	DV	TINJ.	TCLLTR	HSTCOND.

**A3** Refer to ages of all related HH members.

**A3**  All persons 65 and over (4e)  Other (4a)

**4a. Are any of the persons in this family now on full-time active duty with the armed forces?**  Yes  No (4e)

**b. Who is this?** Delete column number(s) \_\_\_\_\_ by an "X" from 1-C2.

**c. Anyone else?**  Yes (Reask 4b and c)  No

Ask for each person in armed forces:  
**d. Where does -- usually live and sleep, here or somewhere else?** Mark box in person's column.

**4d.**  Living at home  Not living at home

Hand Card O. Ask for each nondeleted family member, including Armed Forces members living at home.  
**4e. Are any of those groups -- National origin or ancestry? (Where did -- ancestors come from?)**

**f. Please give me the number of the group. Circle all that apply.**

1 - Puerto Rican    3 - Mexican/Mexicano    5 - Chicano    7 - Other Spanish  
2 - Cuban    4 - Mexican American    6 - Other Latin American

**4e.** 1  Yes (4f) 2  No (NP)

**f.** 1 2 3 4 5 6 7

**A4** If unrelated person or group, skip to 5; otherwise, refer to 4f above and item 3 "Sample" on household page. Codes 1-7 circled for any 18+ family member?

**A4** 1  Yes (4g) 2  No - Sample 931-934 (5) 3  No - Sample 921-924 (Type B noninterview)

**4g. Did (Reference person) live at this address on (today's date) last year?**

**4g.** 1  Yes (A5) 2  No - Sample 931-934 (5) 3  No - Sample 921-924 (Type B noninterview)

**A5** Refer to 4f for reference person. Codes 1-7 circled for reference person?

**4h. Did any of the following family members live at this address on (today's date) last year? (Read names of all 18+ persons with codes 1-7 in 4f.)**

**A5** 1  Yes (5) 2  No (4h)

**4h.** 1  Yes (5) 2  No - Sample 931-934 (5) 3  No - Sample 921-924 (Type B noninterview)

If related persons 17 and over are listed in addition to the respondent and are not present, say:  
**5. We would like to have all adult family members who are at home take part in the interview. Are (names of persons 17 and over) at home now? If "Yes," ask: Could they join us? (Allow time)**

Read to respondent(s):  
**This survey is being conducted to collect information on the nation's health. I will ask about hospitalizations, disability, visits to doctors, illness in the family, and other health related items.**

**HOSPITAL PROBE**

**6a. Since (13-month hospital date) a year ago, was -- a patient in a hospital OVERNIGHT?**

**b. How many different times did -- stay in any hospital overnight or longer since (13-month hospital date) a year ago?**

**6a.** 1  Yes (6b) 2  No (Mark "HOSP." box, THEN NP)

**b.** \_\_\_\_\_ } (Make entry in "HOSP." box THEN NP)  
Number of times

Ask for each child under one:  
**7a. Was -- born in a hospital?**

Ask for mother and child:  
**b. Have you included this hospitalization in the number you gave me for --?**

**7a.** 1  Yes (7b) 2  No (NP)

**b.**  Yes (NP)  No (Correct 6 and "HOSP." box)

**B. LIMITATION OF ACTIVITIES PAGE**

<b>B1</b>	Refer to age.	<b>B1</b>	1 <input type="checkbox"/> 18-69 (1) 2 <input type="checkbox"/> Other (NP)
<b>1.</b>	<b>What was — doing MOST OF THE PAST 12 MONTHS; working at a job or business, keeping house, going to school, or something else?</b> <i>Priority if 2 or more activities reported: (1) Spent the most time doing; (2) Considers the most important.</i>	<b>1.</b>	1 <input type="checkbox"/> Working (2) 2 <input type="checkbox"/> Keeping house (3) 3 <input type="checkbox"/> Going to school (5) 4 <input type="checkbox"/> Something else (5)
<b>2a.</b>	<b>Does any impairment or health problem NOW keep — from working at a job or business?</b>	<b>2a.</b>	1 <input type="checkbox"/> Yes (7) <input type="checkbox"/> No
<b>b.</b>	<b>Is — limited in the kind OR amount of work — can do because of any impairment or health problem?</b>	<b>b.</b>	2 <input type="checkbox"/> Yes (7)      3 <input type="checkbox"/> No (6)
<b>3a.</b>	<b>Does any impairment or health problem NOW keep — from doing any housework at all?</b>	<b>3a.</b>	4 <input type="checkbox"/> Yes (4) <input type="checkbox"/> No
<b>b.</b>	<b>Is — limited in the kind OR amount of housework — can do because of any impairment or health problem?</b>	<b>b.</b>	5 <input type="checkbox"/> Yes (4)      6 <input type="checkbox"/> No (5)
<b>4a.</b>	<b>What (other) condition causes this?</b> <i>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.</i>	<b>4a.</b>	<i>(Enter condition in C2, THEN 4b)</i> 1 <input type="checkbox"/> Old age (Mark "Old age" box, THEN 4c)
<b>b.</b>	<b>Besides (condition) is there any other condition that causes this limitation?</b>	<b>b.</b>	<input type="checkbox"/> Yes (Reask 4a and b) <input type="checkbox"/> No (4d)
<b>c.</b>	<b>Is this limitation caused by any (other) specific condition?</b>	<b>c.</b>	<input type="checkbox"/> Yes (Reask 4a and b) <input type="checkbox"/> No
<b>d.</b>	<b>Which of these conditions would you say is the MAIN cause of this limitation?</b>	<b>d.</b>	<input type="checkbox"/> Only 1 condition
	<i>Mark box if only one condition.</i>		Main cause
<b>5a.</b>	<b>Does any impairment or health problem keep — from working at a job or business?</b>	<b>5a.</b>	1 <input type="checkbox"/> Yes (7) <input type="checkbox"/> No
<b>b.</b>	<b>Is — limited in the kind OR amount of work — could do because of any impairment or health problem?</b>	<b>b.</b>	2 <input type="checkbox"/> Yes (7)      3 <input type="checkbox"/> No
<b>B2</b>	Refer to questions 3a and 3b.	<b>B2</b>	1 <input type="checkbox"/> "Yes" in 3a or 3b (NP) 2 <input type="checkbox"/> Other (6)
<b>6a.</b>	<b>Is — limited in ANY WAY in any activities because of an impairment or health problem?</b>	<b>6a.</b>	1 <input type="checkbox"/> Yes      2 <input type="checkbox"/> No (NP)
<b>b.</b>	<b>In what way is — limited?</b> <i>Record limitation, not condition.</i>	<b>b.</b>	Limitation
<b>7a.</b>	<b>What (other) condition causes this?</b> <i>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.</i>	<b>7a.</b>	<i>(Enter condition in C2, THEN 7b)</i> 1 <input type="checkbox"/> Old age (Mark "Old age" box, THEN 7c)
<b>b.</b>	<b>Besides (condition) is there any other condition that causes this limitation?</b>	<b>b.</b>	<input type="checkbox"/> Yes (Reask 7a and b) <input type="checkbox"/> No (7d)
<b>c.</b>	<b>Is this limitation caused by any (other) specific condition?</b>	<b>c.</b>	<input type="checkbox"/> Yes (Reask 7a and b) <input type="checkbox"/> No
<b>d.</b>	<b>Which of these conditions would you say is the MAIN cause of this limitation?</b>	<b>d.</b>	<input type="checkbox"/> Only 1 condition
	<i>Mark box if only one condition.</i>		Main cause

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



**B. LIMITATION OF ACTIVITIES PAGE, Continued**

<p><b>B4</b></p>	<p>Refer to age.</p>	<p><b>B4</b></p>	<p>0 <input type="checkbox"/> Under 5 (NP)    2 <input type="checkbox"/> 60-69 (14)          1 <input type="checkbox"/> 5-59 (B5)    3 <input type="checkbox"/> 70 and over (NP)</p>
<p><b>B5</b></p>	<p>Refer to "Old age" and "LA" boxes. Mark first appropriate box.</p>	<p><b>B5</b></p>	<p><input type="checkbox"/> "Old age" box marked (14)  <input type="checkbox"/> Entry in "LA" box (14)  <input type="checkbox"/> Other (NP)</p>
<p><b>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?</b>  <i>If under 18, skip to next person; otherwise ask:</i>  <b>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></p>		<p><b>14a.</b></p>	<p>1 <input type="checkbox"/> Yes (15)    <input type="checkbox"/> No          2 <input type="checkbox"/> Yes    3 <input type="checkbox"/> No (NP)</p>
<p><b>15a. What (other) condition causes this?</b>  <i>Ask if injury or operation: When did [the (injury) occur?] --- have the operation?</i>  <i>Ask if operation over 3 months ago: For what condition did --- have the operation?</i>  <i>If pregnancy/delivery or 0-3 months injury or operation -</i>  <i>Reask question 14 where limitation reported, saying: Except for --- (condition), ...?</i>  <i>OR reask 15b/c.</i>  <b>b. Besides (condition) is there any other condition that causes this limitation?</b>  <b>c. Is this limitation caused by any (other) specific condition?</b>  <i>Mark box if only one condition.</i>  <b>d. Which of these conditions would you say is the MAIN cause of this limitation?</b></p>		<p><b>15a.</b></p>	<p>(Enter condition in C2, THEN 15b)          1 <input type="checkbox"/> Old age (Mark "Old age" box, THEN 15c)  <b>b.</b> <input type="checkbox"/> Yes (Reask 15a and b)  <input type="checkbox"/> No (15d)  <b>c.</b> <input type="checkbox"/> Yes (Reask 15a and b)  <input type="checkbox"/> No  <b>d.</b> <input type="checkbox"/> Only 1 condition          _____          Main cause</p>
<p>FOOTNOTES</p>			

**D. RESTRICTED ACTIVITY PAGE PERSON 1**

*Hand calendar.*

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

**D1**

Refer to age.

- Under 5 (4)     5-17 (3)     18 and over (1)

**1 a. 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)

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

- Yes    oo  No (4)

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

- oo  None (4)     (4)

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

- Yes    oo  No (4)

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

- oo  None

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

- Yes    oo  No (6)

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

- oo  None (6)     (D2)

**D2**

Refer to 2b and 3b.

- No days in 2b or 3b (6)  
 1 or more days in 2b or 3b (5)

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

- oo  None

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

**6 a. (Not counting the day(s) [missed from work missed from school (and) in bed],**

**Was there any (OTHER) time during those 2 weeks that -- cut down on the things -- usually does because of illness or injury?**

- Yes    oo  No (D3)

**b. (Again, not counting the day(s) [missed from work missed from school (and) in bed],**

**During that period, how many (OTHER) days did -- cut down for more than half of the day because of illness or injury?**

- oo  None

**D3**

Refer to 2-6.

- No days in 2-6 (Mark "No" in RD, THEN NP)  
 1 or more days in 2-6 (Mark "Yes" in RD, THEN 7)

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

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

(Enter condition in C2, THEN 7b)

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

- 1  Yes (Reask 7a and b)    2  No

FOOTNOTES

**E. 2-WEEK DOCTOR VISITS PROBE PAGE**

*Read to respondent(s):*

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

**E1**

*Refer to age.*

**E1**

- Under 14 (1b)  
 14 and over (1a)

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

**1 a. and b.**

- 00  None  
 } (NP)  
 Number of times

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

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

- Yes  No (3a)

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

**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

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

- Yes  No (E2)

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

**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

**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)

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

**1 a. and b.**

- Month \_\_\_\_\_ Date \_\_\_\_\_ OR { 7777  Last week  
8888  Week before

**c.**

- 1  Yes (Reask 1a or b and c)  
 2  No (Ask 2-6 for each visit)

- 2. Where did -- receive health care on (date in 1), at a doctor's office, clinic, hospital, some other place, or was this a telephone call?**  
*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(6)  
 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 --?**  
**c. What type of medical person or assistant was talked to?**  
**d. Does the (entry in 3c) work with or for ONE doctor or MORE than one doctor?**  
**e. For this [visit/call] what kind of doctor was the (entry in 3c) working with or for -- a general practitioner or a specialist?**  
**f. Is that doctor a general practitioner or a specialist?**  
**g. What kind of specialist?**

**3a. and b.**

- 1  Yes (3f) 8  DK if M.D. (3c)  
 2  No (3c) 9  DK who was seen (3f)

**c.**

\_\_\_\_\_ Type 99  DK

**d.**

- 1  One (3f) 2  More 3  None (4) 9  DK

**e. and f.**

- 1  GP (4) 2  Specialist (3g) 9  DK (4)

**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.**  
**c. Was a condition found as a result of the [test(s)/examination]?**  
**d. Was this [test/examination] because of a specific condition -- had?**  
**e. During the past 2 weeks was -- sick because of her pregnancy?**  
**f. What was the matter?**  
**g. During this [visit/call] was the [doctor/(entry in 3c)] talked to about any (other) condition?**  
**h. What was the condition?**

**4a. and b.**

- 1  Condition (Item C2, THEN 4g)  
 2  Pregnancy (4e)  
 3  Test(s) or examination (4c)  
 8  Other (Specify) ▾

**c.**

- Yes (4h)  No

**d.**

- Yes (4h)  No (4g)

**e.**

- Yes  No (4g)

**f.**

\_\_\_\_\_ (Item C2, THEN 4g)

**g.**

- Yes  No (5)

**h.**

- Pregnancy (4e)

\_\_\_\_\_ (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?**  
**b. What was the name of the surgery or operation? If name of operation not known, describe what was done.**  
**c. Was there any other surgery or operation during this visit?**

**5a.**

- 0  Telephone in 2 (Next Dr. visit) 1  Yes 2  No (6)

**b.**

(1) \_\_\_\_\_

(2) \_\_\_\_\_

**c.**

- Yes (Reask 5b and c)  No

- Go to next DV if "Home" in 2.*  
**6. In what city (town), county, and State is the (place in 2) located?**

**6.**

City/County \_\_\_\_\_ / \_\_\_\_\_  
 State/ZIP Code \_\_\_\_\_ / \_\_\_\_\_



## H. CONDITION LISTS 1 AND 2

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

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

<p><b>1</b></p> <p><b>1a. Does anyone in the family {read names} NOW HAVE —</b> If "Yes," ask 1b and c.</p> <p><b>b. Who is this?</b></p> <p><b>c. Does anyone else NOW have —</b> Enter condition and letter in appropriate person's column.</p> <p><b>A. PERMANENT stiffness or any deformity of the foot, leg, fingers, arm, or back?</b> (Permanent stiffness — joints will not move at all.)</p> <hr/> <p><b>B. Paralysis of any kind?</b></p> <p><b>1d. DURING THE PAST 12 MONTHS, did anyone in the family have —</b> If "Yes," ask 1e and f.</p> <p><b>e. Who was this?</b></p> <p><b>f. DURING THE PAST 12 MONTHS, did anyone else have —</b> Enter condition and letter in appropriate person's column. C—L are conditions affecting the bone and muscle. M—W are conditions affecting the skin.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;"><b>C. 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<b>J. A cleft palate or harelip?</b>	<b>W. A trick knee?</b>																																																						
<b>K. Stammering or stuttering?</b>	<b>X. PERMANENT stiffness or any deformity of the foot, leg, or back?</b> (Permanent stiffness — joints will not move at all.)																																																						
<b>L. Any other speech defect?</b>	<b>Y. PERMANENT stiffness or any deformity of the fingers, hand, or arm?</b>																																																						
<b>M. Loss of taste or smell which has lasted 3 months or more?</b>	<b>Z. Mental retardation?</b>																																																						
<b>N. A missing finger, hand, or arm; toe, foot, or leg?</b>	<b>AA. Any condition caused by an accident or injury which happened more than 3 months ago? If "Yes," ask: What is the condition?</b>																																																						

FORM HIS-1 (1991) (8-27-90)

### 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.**

<b>3</b>	<p><b>3a. DURING THE PAST 12 MONTHS, did anyone in the family {read names} have —</b> If "Yes," ask 3b and c.</p> <p><b>b. Who was this?</b></p> <p><b>c. DURING THE PAST 12 MONTHS, did anyone else have —</b> Enter condition and letter in appropriate person's column. Make no entry in item C2 for cold; flu; red, sore, or strep throat; or "virus" even if reported in this list. Conditions affecting the digestive system.</p>	<b>4</b>	<p><b>4a. DURING THE PAST 12 MONTHS, did anyone in the family {read names} have —</b> If "Yes," ask 4b and c.</p> <p><b>b. Who was this?</b></p> <p><b>c. DURING THE PAST 12 MONTHS, did anyone else have —</b> Enter condition and letter in appropriate person's column. A—B are conditions affecting the glandular system. C is a blood condition. D—I are conditions affecting the nervous system. J—Y are conditions affecting the genito-urinary system.</p>				
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			<p style="font-size: small;">*Ask only if males in family. **Ask only if females in family.</p>				

## 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.**

<p style="font-size: 24pt; font-weight: bold; text-align: center;">5</p> <p><b>5a. Has anyone in the family {read names} EVER had —</b> If "Yes," ask 5b and c.</p> <p><b>b. Who was this?</b></p> <p><b>c. Has anyone else EVER had —</b> Enter condition and letter in appropriate person's column. Conditions affecting the heart and circulatory system.</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr> <td style="width: 50%; padding: 2px;">A. Rheumatic fever?</td> <td style="width: 50%; padding: 2px;">G. A stroke or a cerebrovascular accident? (ser'a-bro vas ku-lar)</td> </tr> <tr> <td style="padding: 2px;">B. Rheumatic heart disease?</td> <td style="padding: 2px;">H. A hemorrhage of the brain?</td> </tr> <tr> <td style="padding: 2px;">C. Hardening of the arteries or arteriosclerosis?</td> <td style="padding: 2px;">I. Angina pectoris? (pek'to-ris)</td> </tr> <tr> <td style="padding: 2px;">D. Congenital heart disease?</td> <td style="padding: 2px;">J. A myocardial infarction?</td> </tr> <tr> <td style="padding: 2px;">E. Coronary heart disease?</td> <td style="padding: 2px;">K. Any other heart attack?</td> </tr> <tr> <td style="padding: 2px;">F. Hypertension, sometimes called high blood pressure?</td> <td style="padding: 2px;"></td> </tr> </table> <p><b>5d. DURING THE PAST 12 MONTHS, did anyone in the family have —</b> If "Yes," ask 5e and f.</p> <p><b>e. Who was this?</b></p> <p><b>f. DURING THE PAST 12 MONTHS, did anyone else have —</b> Enter condition and letter in appropriate person's column. Conditions affecting the heart and circulatory system.</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr> <td style="width: 50%; padding: 2px;">L. Damaged heart valves?</td> <td style="width: 50%; padding: 2px;">Q. Any blood clots?</td> </tr> <tr> <td style="padding: 2px;">M. Tachycardia or rapid heart?</td> <td style="padding: 2px;">R. 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Any other heart trouble?	T. Phlebitis or thrombophlebitis?	P. An aneurysm? (an yoo-rizm)	U. Any other condition affecting blood circulation?	<p style="font-size: 24pt; font-weight: bold; text-align: center;">6</p> <p><b>6a. DURING THE PAST 12 MONTHS, did anyone in the family {read names} have —</b> If "Yes," ask 6b and c.</p> <p><b>b. Who was this?</b></p> <p><b>c. DURING THE PAST 12 MONTHS, did anyone else have —</b> 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.</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr> <td style="width: 50%; padding: 2px;">A. Bronchitis?</td> <td style="width: 50%; padding: 2px;">Reask 6a. K. A missing lung?</td> </tr> <tr> <td style="padding: 2px;">B. Asthma?</td> <td style="padding: 2px;">L. Lung cancer?</td> </tr> <tr> <td style="padding: 2px;">C. 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A tumor or growth of the throat, larynx, or trachea?</td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">J. A tumor or growth of the bronchial tube or lung?</td> <td style="padding: 2px;"></td> </tr> </table> <p style="font-size: 10pt; margin-top: 10px;">*If reported in this list only, ask:</p> <p><b>1. How many times did — have (condition) in the past 12 months?</b> If 2 or more times, enter condition in item C2. If only 1 time, ask:</p> <p><b>2. How long did it last? If 1 month or longer, enter in item C2.</b> 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.</p>	A. Bronchitis?	Reask 6a. K. A missing lung?	B. Asthma?	L. Lung cancer?	C. Hay fever?	M. Emphysema?	D. Sinus trouble?	N. Pleurisy?	E. A nasal polyp?	O. Tuberculosis?	F. A deflected or deviated nasal septum?	P. 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**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)?**

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

**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)

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

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

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:

<b>Ailment</b>	<b>Cancer</b>	<b>Disease</b>	<b>Problem</b>
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:

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

**g. What part of the body is affected?** \_\_\_\_\_

(Specify)

Show the following detail:

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

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

- Infection      Sore      Soreness

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

(Specify) \_\_\_\_\_

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

- Tumor      Cyst      Growth

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

- 1  Malignant      2  Benign      9  DK

**5**

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

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

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

Ask probes as necessary:

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

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

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

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

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

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

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

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

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 3b)?**  
 1  Yes 2  No

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

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

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

**c. About how long did — have this condition before it was cured?**  
 000  Less than 1 month OR \_\_\_\_\_ Number { 1  Months  
 2  Years

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

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

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

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

Mark box if under 18.  Under 18 (16)

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

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

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

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

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

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

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

Part(s) of body *	Kind of injury

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

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

Part(s) of body *	Present effects **

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

**L. DEMOGRAPHIC BACKGROUND PAGE**

<p><b>L1</b> Refer to age.</p>	<p><b>L1</b></p> <p><input type="checkbox"/> Under 5 (NP)  <input type="checkbox"/> 5-17 (2)  <input type="checkbox"/> 18 and over (1)</p>																				
<p><b>1 a. Did --- EVER serve on active duty in the Armed Forces of the United States?</b></p> <p><b>b. When did --- serve?</b></p> <p><i>Mark box in descending order of priority. Thus, if person served in Vietnam and in Korea mark VN.</i></p> <p><b>c. Was --- EVER an active member of a National Guard or military reserve unit?</b></p> <p><b>d. Was ALL of --- active duty service related to National Guard or military reserve training?</b></p>	<p><b>1 a.</b></p> <p>1 <input type="checkbox"/> Yes  2 <input type="checkbox"/> No (2)</p> <p><b>b.</b></p> <p>1 <input type="checkbox"/> VN                      5 <input type="checkbox"/> PVN  2 <input type="checkbox"/> KW                      8 <input type="checkbox"/> OS  3 <input type="checkbox"/> WWII                    9 <input type="checkbox"/> DK  4 <input type="checkbox"/> WWI</p> <p><b>c.</b></p> <p><input type="checkbox"/> Yes   2 <input type="checkbox"/> No (2)   7 <input type="checkbox"/> DK (2)</p> <p><b>d.</b></p> <p>1 <input type="checkbox"/> Yes   3 <input type="checkbox"/> No            9 <input type="checkbox"/> DK</p>																				
<p><b>2 a. What is the highest grade or year of regular school --- has ever attended?</b></p> <p><b>b. Did --- finish the (number in 2a) [grade/year]?</b></p> <p><i>Ask for each person 12-21 years of age.</i></p> <p><b>c. Is --- now either going to school or on vacation from school?</b></p>	<p><b>2 a.</b></p> <p>00 <input type="checkbox"/> Never attended or kindergarten (NP)</p> <p>Elem: 1 2 3 4 5 6 7 8  High: 9 10 11 12  College: 1 2 3 4 5 6 +</p> <p><b>b.</b></p> <p>1 <input type="checkbox"/> Yes   2 <input type="checkbox"/> No</p> <p><b>c.</b></p> <p>1 <input type="checkbox"/> Yes, going to school  2 <input type="checkbox"/> Yes, on vacation from school  3 <input type="checkbox"/> No</p>																				
<p><i>Hand Card R. Ask first alternative for first person; ask second alternative for other persons.</i></p> <p><b>3 a. [What is the number of the group or groups which represents --- race?]  [What is --- race?]</b></p> <p><i>Circle all that apply</i></p> <table border="0"> <tr> <td>1 - White</td> <td>4 - Eskimo</td> <td>6 - Chinese</td> <td>10 - Vietnamese</td> <td>14 - Guamanian</td> </tr> <tr> <td>2 - Black</td> <td>5 - Aleut</td> <td>7 - Filipino</td> <td>11 - Japanese</td> <td>15 - Other API - <i>Specify</i></td> </tr> <tr> <td>3 - Indian (American)</td> <td></td> <td>8 - Hawaiian</td> <td>12 - Asian Indian</td> <td>16 - Other race - <i>Specify</i></td> </tr> <tr> <td></td> <td></td> <td>9 - Korean</td> <td>13 - Samoan</td> <td></td> </tr> </table> <p><i>Ask if multiple entries:</i></p> <p><b>b. Which of those groups; that is, (entries in 3a) would you say BEST represents --- race?</b></p> <p><b>c. Mark observed race of respondent(s) only.</b></p>	1 - White	4 - Eskimo	6 - Chinese	10 - Vietnamese	14 - Guamanian	2 - Black	5 - Aleut	7 - Filipino	11 - Japanese	15 - Other API - <i>Specify</i>	3 - Indian (American)		8 - Hawaiian	12 - Asian Indian	16 - Other race - <i>Specify</i>			9 - Korean	13 - Samoan		<p><b>3 a.</b></p> <p>1 2 3 4 5 6 7 8 9  10 11 12 13 14 15 ↓ 16 ↓</p> <p><i>(Specify)</i></p> <p>1 2 3 4 5 6 7 8 9  10 11 12 13 14 15 ↓ 16 ↓</p> <p><i>(Specify)</i></p> <p><b>c.</b></p> <p>1 <input type="checkbox"/> W   2 <input type="checkbox"/> B   3 <input type="checkbox"/> O</p>
1 - White	4 - Eskimo	6 - Chinese	10 - Vietnamese	14 - Guamanian																	
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		9 - Korean	13 - Samoan																		

**L. DEMOGRAPHIC BACKGROUND PAGE, Continued**

<b>L2</b>	<p>Refer to "Age" and "Wa/Wb" boxes in C1.</p>	<b>L2</b>	<p>0 <input type="checkbox"/> Under 18 (NP)          1 <input type="checkbox"/> Wa box marked (6a)          2 <input type="checkbox"/> Wb box marked (5a)          3 <input type="checkbox"/> Neither box marked (5b)</p>				
	<p><b>5a. Earlier you said that — has a job or business but did not work last week or the week before. Was — looking for work or on layoff from a job during those 2 weeks?</b></p> <p><b>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></p> <p><b>c. Which, looking for work or on layoff from a job?</b></p>		<p><b>5a.</b> 1 <input type="checkbox"/> Yes (5c)      2 <input type="checkbox"/> No (6b)</p> <p><b>b.</b> 1 <input type="checkbox"/> Yes                      2 <input type="checkbox"/> No (NP)</p> <p><b>c.</b> 1 <input type="checkbox"/> Looking (6c)      3 <input type="checkbox"/> Both (6b)          2 <input type="checkbox"/> Layoff (6b)</p>				
	<p><b>6a. Earlier you said that — worked last week or the week before. Ask 6b.</b></p> <p><b>b. For whom did — work? Enter name of company, business, organization, or other employer.</b></p> <p><b>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.</b></p> <p><b>d. What kind of business or industry is this? For example, TV and radio manufacturing, retail shoe store, State Labor Department, farm.</b></p> <p><i>If "AF" in 6b/c, mark "AF" box in person's column without asking.</i></p> <p><b>e. What kind of work was — doing? For example, electrical engineer, stock clerk, typist, farmer.</b></p> <p><b>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.</b></p> <p><i>Complete from entries in 6b—f. If not clear, ask:</i></p> <p><b>g. Was —</b></p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none;">                 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             </td> <td style="width:50%; border: none;">                 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             </td> </tr> </table>	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		<p><b>6b. and c.</b> Employer <input type="checkbox"/> NEV (6g)  <input type="checkbox"/> AF (6e)</p> <p><b>d.</b> Industry</p> <p><b>e.</b> Occupation <input type="checkbox"/> AF (NP)</p> <p><b>f.</b> Duties</p> <p><b>g.</b> Class of worker</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none;">                 1 <input type="checkbox"/> P                  2 <input type="checkbox"/> F                  3 <input type="checkbox"/> S                  4 <input type="checkbox"/> L             </td> <td style="width:50%; border: none;">                 5 <input type="checkbox"/> I                  6 <input type="checkbox"/> SE                  7 <input type="checkbox"/> WP                  8 <input type="checkbox"/> NEV             </td> </tr> </table>	1 <input type="checkbox"/> P 2 <input type="checkbox"/> F 3 <input type="checkbox"/> S 4 <input type="checkbox"/> L	5 <input type="checkbox"/> I 6 <input type="checkbox"/> SE 7 <input type="checkbox"/> WP 8 <input type="checkbox"/> NEV
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						
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FOOTNOTES

**L.DEMOGRAPHIC BACKGROUND PAGE, Continued**

<p><i>Mark box if under 14. If "Married" refer to household composition and mark accordingly.</i></p> <p><b>7. Is — now married, widowed, divorced, separated, or has — never been married?</b></p>		<p><b>7.</b></p> <p>0 <input type="checkbox"/> Under 14          1 <input type="checkbox"/> Married — spouse in HH          2 <input type="checkbox"/> Married — spouse not in HH          3 <input type="checkbox"/> Widowed          4 <input type="checkbox"/> Divorced          5 <input type="checkbox"/> Separated          6 <input type="checkbox"/> Never married</p>																														
<p><b>8a. Was the total combined FAMILY income during the past 12 months — that is, yours, <i>(read names, including Armed Forces members living at home)</i> 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.</b></p> <p><i>Read if necessary: Income is important in analyzing the health information we collect. For example, this information helps us to learn whether persons in one income group use certain types of medical care services or have certain conditions more or less often than those in another group.</i></p> <p><i>Read parenthetical phrase if Armed Forces member living at home or if necessary.</i></p> <p><b>b. Of those income groups, which letter best represents the total combined FAMILY income during the past 12 months (that is, yours, <i>(read names, including Armed Forces members living at home)</i>)? Include wages, salaries, and other items we just talked about.</b></p> <p><i>Read if necessary: Income is important in analyzing the health information we collect. For example, this information helps us to learn whether persons in one income group use certain types of medical care services or have certain conditions more or less often than those in another group.</i></p>		<p><b>8a.</b></p> <p>1 <input type="checkbox"/> \$20,000 or more <i>(Hand Card I)</i>          2 <input type="checkbox"/> Less than \$20,000 <i>(Hand Card J)</i></p> <hr/> <p><b>b.</b></p> <table border="0"> <tr> <td>00 <input type="checkbox"/> A</td> <td>10 <input type="checkbox"/> K</td> <td>20 <input type="checkbox"/> U</td> </tr> <tr> <td>01 <input type="checkbox"/> B</td> <td>11 <input type="checkbox"/> L</td> <td>21 <input type="checkbox"/> V</td> </tr> <tr> <td>02 <input type="checkbox"/> C</td> <td>12 <input type="checkbox"/> M</td> <td>22 <input type="checkbox"/> W</td> </tr> <tr> <td>03 <input type="checkbox"/> D</td> <td>13 <input type="checkbox"/> N</td> <td>23 <input type="checkbox"/> X</td> </tr> <tr> <td>04 <input type="checkbox"/> E</td> <td>14 <input type="checkbox"/> O</td> <td>24 <input type="checkbox"/> Y</td> </tr> <tr> <td>05 <input type="checkbox"/> F</td> <td>15 <input type="checkbox"/> P</td> <td>25 <input type="checkbox"/> Z</td> </tr> <tr> <td>06 <input type="checkbox"/> G</td> <td>16 <input type="checkbox"/> Q</td> <td>26 <input type="checkbox"/> ZZ</td> </tr> <tr> <td>07 <input type="checkbox"/> H</td> <td>17 <input type="checkbox"/> R</td> <td></td> </tr> <tr> <td>08 <input type="checkbox"/> I</td> <td>18 <input type="checkbox"/> S</td> <td></td> </tr> <tr> <td>09 <input type="checkbox"/> J</td> <td>19 <input type="checkbox"/> T</td> <td></td> </tr> </table>	00 <input type="checkbox"/> A	10 <input type="checkbox"/> K	20 <input type="checkbox"/> U	01 <input type="checkbox"/> B	11 <input type="checkbox"/> L	21 <input type="checkbox"/> V	02 <input type="checkbox"/> C	12 <input type="checkbox"/> M	22 <input type="checkbox"/> W	03 <input type="checkbox"/> D	13 <input type="checkbox"/> N	23 <input type="checkbox"/> X	04 <input type="checkbox"/> E	14 <input type="checkbox"/> O	24 <input type="checkbox"/> Y	05 <input type="checkbox"/> F	15 <input type="checkbox"/> P	25 <input type="checkbox"/> Z	06 <input type="checkbox"/> G	16 <input type="checkbox"/> Q	26 <input type="checkbox"/> ZZ	07 <input type="checkbox"/> H	17 <input type="checkbox"/> R		08 <input type="checkbox"/> I	18 <input type="checkbox"/> S		09 <input type="checkbox"/> J	19 <input type="checkbox"/> T	
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<b>R</b>	<p><b>a. Mark first appropriate box.</b></p>	<p><b>Ra.</b></p> <p>1 <input type="checkbox"/> Present for all questions          2 <input type="checkbox"/> Present for some questions          3 <input type="checkbox"/> Not present</p>																														
	<p><b>b. Enter person number of respondent.</b></p>	<p><b>b.</b></p> <p>_____</p> <p>Person number(s) of respondent(s)</p>																														
<b>L3</b>	<p>Enter person number of first parent listed or mark box.</p>	<p><b>L3</b></p> <p>_____</p> <p>Person number of parent</p> <p>00 <input type="checkbox"/> None in household</p>																														
<b>L4</b>	<p>Enter person number of spouse or mark box.</p>	<p><b>L4</b></p> <p>_____</p> <p>Person number of spouse</p> <p>00 <input type="checkbox"/> None in household</p>																														
<p>FOOTNOTES</p>																																

**L. DEMOGRAPHIC BACKGROUND PAGE, Continued**

		<b>RT61</b>									
<b>L5</b>	<i>Read to respondent(s):</i> <b>In order to determine how health practices and conditions are related to how long people live, we would like to refer to statistical records maintained by the National Center for Health Statistics.</b>	<b>3-4</b>									
<b>L6</b>	<i>Enter date of birth from question 3 on Household Composition page.</i>	<table border="1"> <tr> <td colspan="3" style="text-align: right;"><b>5-11</b></td> </tr> <tr> <td>Date of birth</td> <td>Month</td> <td>Date Year</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>	<b>5-11</b>			Date of birth	Month	Date Year			
<b>5-11</b>											
Date of birth	Month	Date Year									
<p><b>9a. In what State or country was — born?</b></p> <p><i>Print the full name of the State or mark the appropriate box if the person was not born in the United States.</i></p> <p>-----</p> <p><i>If born in U.S., ask 9b only; if born in foreign country, ask 9c only.</i></p> <p><b>b. Altogether, how many years has — lived in (State of present residence)?</b></p> <p>-----</p> <p><b>c. Altogether, how many years has — lived in the United States?</b></p>		<p><b>9a.</b> 99 <input type="checkbox"/> DK (L7) <span style="float: right;"><b>12-13</b></span></p> <p style="text-align: right;">State</p> <p>01 <input type="checkbox"/> Puerto Rico    05 <input type="checkbox"/> Cuba          02 <input type="checkbox"/> Virgin Islands    06 <input type="checkbox"/> Mexico          03 <input type="checkbox"/> Guam    98 <input type="checkbox"/> All other countries          04 <input type="checkbox"/> Canada</p> <p><b>b.</b> 1 <input type="checkbox"/> Less than 1 yr. <span style="float: right;"><b>14</b></span>          2 <input type="checkbox"/> 1 yr., less than 5          3 <input type="checkbox"/> 5 yrs., less than 10          4 <input type="checkbox"/> 10 yrs., less than 15          5 <input type="checkbox"/> 15 yrs. or more          9 <input type="checkbox"/> DK</p> <p><b>c.</b> 1 <input type="checkbox"/> Less than 1 yr. <span style="float: right;"><b>15</b></span>          2 <input type="checkbox"/> 1 yr., less than 5          3 <input type="checkbox"/> 5 yrs., less than 10          4 <input type="checkbox"/> 10 yrs., less than 15          5 <input type="checkbox"/> 15 yrs. or more          9 <input type="checkbox"/> DK</p>									
<b>L7</b>	<i>Print full name, including middle initial, from question 1 on Household Composition page.</i>	<table border="1"> <tr> <td>Last</td> <td style="text-align: right;"><b>16-35</b></td> </tr> <tr> <td>First</td> <td style="text-align: right;"><b>36-50</b></td> </tr> <tr> <td>Middle initial</td> <td style="text-align: right;"><b>51</b></td> </tr> </table>	Last	<b>16-35</b>	First	<b>36-50</b>	Middle initial	<b>51</b>			
Last	<b>16-35</b>										
First	<b>36-50</b>										
Middle initial	<b>51</b>										
<p><i>Verify for males; ask for females.</i></p> <p><b>10. What is — father's LAST name? Verify spelling. DO NOT write "Same."</b></p>		<p><b>10.</b> Father's LAST name <span style="float: right;"><b>52-71</b></span></p>									
<p><i>Read to respondent(s):</i> <b>We also need — Social Security Number to link with vital statistics and other records of the Department of Health and Human Services to perform health-related research. Providing this information is voluntary and collected under the authority of the Public Health Service Act. There will be no effect on — benefits if you do provide it and this number will not be given to any other government or nongovernment agency.</b></p> <p><i>Read if necessary:</i> <b>The Public Health Service Act is title 42, United States Code, section 242k.</b></p> <p><b>11. What is — Social Security Number?</b></p>		<p>999999999 <input type="checkbox"/> DK <span style="float: right;"><b>72-80</b></span></p> <p>□ □ □ - □ □ - □ □ □ □</p> <p>Social Security Number</p> <p><i>Mark if number obtained from</i> <span style="float: right;"><b>81</b></span></p> <p>0 <input type="checkbox"/> Does not have SSN    2 <input type="checkbox"/> Records          1 <input type="checkbox"/> Memory    7 <input type="checkbox"/> Refused</p>									
<b>L8</b>	<i>Mark box to indicate how Social Security number was or was not obtained.</i>	<p><b>L8</b> 1 <input type="checkbox"/> Self-personal <span style="float: right;"><b>82</b></span>          2 <input type="checkbox"/> Self-telephone          3 <input type="checkbox"/> Proxy-personal          4 <input type="checkbox"/> Proxy-telephone</p>									

**L. DEMOGRAPHIC BACKGROUND PAGE, Continued**

*Read to Hhld. respondent:* **The National Center for Health Statistics may wish to contact you again to obtain additional health related information. Please give me the name, address, and telephone number of a relative or friend who would know where you could be reached in case we have trouble reaching you. (Please give me the name of someone who is not currently living in the household.) Please print items 12-16.**

<b>12. Contact Person name</b> Last <span style="float:right; border: 1px solid black; padding: 2px;">3-4</span> First <span style="float:right; border: 1px solid black; padding: 2px;">25-39</span> Middle initial <span style="float:right; border: 1px solid black; padding: 2px;">40</span>	<b>14. Area code/telephone number</b> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <span style="margin: 0 5px;">-</span> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> </div> <div style="margin-top: 5px;"> <input type="checkbox"/> None <span style="float:right; border: 1px solid black; padding: 2px;">RT62 97-106</span>  <input type="checkbox"/> Refused  <input type="checkbox"/> DK <span style="float:right; border: 1px solid black; padding: 2px;">107</span> </div>
<b>13a. Address (Number and street)</b> <span style="float:right; border: 1px solid black; padding: 2px;">41-65</span>	
<b>b. City</b> <span style="float:right; border: 1px solid black; padding: 2px;">66-85</span> State <span style="float:right; border: 1px solid black; padding: 2px;">86-87</span> ZIP Code <span style="float:right; border: 1px solid black; padding: 2px;">88-96</span>	<b>15. Relationship to household respondent</b> <span style="float:right; border: 1px solid black; padding: 2px;">108-109</span>

**16. If you must be contacted again, what is the best time to call or visit?**

FOOTNOTES



<b>E</b>	If this questionnaire is for an EXTRA unit, enter Control Number of original sample unit → _____	If in AREA OR BLOCK SEGMENT, also enter for FIRST unit listed on property → _____	LISTING SHEET
			Sheet number _____ Line number _____

**TABLE X – LIVING QUARTERS DETERMINATIONS AT LISTED ADDRESS**

ADDRESS OF ADDITIONAL LIVING QUARTERS	LOCATION OF UNIT	SEPARATENESS AND FACILITIES		CLASSIFICATION	AREA AND BLOCK SEGMENTS	PERMIT SEGMENTS
If already listed, fill sheet and line number below and stop Table X. Otherwise, enter basic address and unit address, if any, OR description of location.	<b>Is this a unit in a special place?</b>	<b>Do the occupants (or intended occupants) of (address in column (1)) live and eat separately from all other persons on the property?</b>	<b>Does (address in col. (1)) have direct access from the outside or through a common hall?</b>	<b>N – Not a separate unit – Include on this questionnaire.</b>  <b>HU</b> <b>OT</b>	<b>Is this unit within the segment boundaries?</b>	<b>Is this unit within the same structure as the original sample unit?</b>
(1)	(2)	(3)	(4)	(5)	(6)	(7)
Sheet _____ Line _____	<input type="checkbox"/> Yes – Skip to column (5) and mark according to Table A in Part C of manual  <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No – Skip to column (5) and mark N	<input type="checkbox"/> Yes – Mark HU in column (5)  <input type="checkbox"/> No – Mark N in column (5)	<input type="checkbox"/> N – Stop Table X for this line <input type="checkbox"/> HU – Fill column (6) or (7), as appropriate <input type="checkbox"/> OT – Fill column (6) or (7), as appropriate	<input type="checkbox"/> Yes – Interview as an EXTRA unit  <input type="checkbox"/> No – Do not interview	<input type="checkbox"/> Yes – List on first available line of listing sheet. Interview if in sample.  <input type="checkbox"/> No – Do not interview
Sheet _____ Line _____	<input type="checkbox"/> Yes – Skip to column (5) and mark according to Table A in Part C of manual  <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No – Skip to column (5) and mark N	<input type="checkbox"/> Yes – Mark HU in column (5)  <input type="checkbox"/> No – Mark N in column (5)	<input type="checkbox"/> N – Stop Table X for this line <input type="checkbox"/> HU – Fill column (6) or (7), as appropriate <input type="checkbox"/> OT – Fill column (6) or (7), as appropriate	<input type="checkbox"/> Yes – Interview as an EXTRA unit  <input type="checkbox"/> No – Do not interview	<input type="checkbox"/> Yes – List on first available line of listing sheet. Interview if in sample.  <input type="checkbox"/> No – Do not interview
Sheet _____ Line _____	<input type="checkbox"/> Yes – Skip to column (5) and mark according to Table A in Part C of manual  <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No – Skip to column (5) and mark N	<input type="checkbox"/> Yes – Mark HU in column (5)  <input type="checkbox"/> No – Mark N in column (5)	<input type="checkbox"/> N – Stop Table X for this line <input type="checkbox"/> HU – Fill column (6) or (7), as appropriate <input type="checkbox"/> OT – Fill column (6) or (7), as appropriate	<input type="checkbox"/> Yes – Interview as an EXTRA unit  <input type="checkbox"/> No – Do not interview	<input type="checkbox"/> Yes – List on first available line of listing sheet. Interview if in sample.  <input type="checkbox"/> No – Do not interview

**NOTE:** Be sure to continue interview for original unit after completing Table X for all lines.

FOOTNOTES

FORM HIS-3 (1993)  
(6-1-93)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
ACTING AS COLLECTING AGENT FOR THE  
U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
U.S. PUBLIC HEALTH SERVICE

**NATIONAL HEALTH INTERVIEW  
SURVEY**

**1993 SUPPLEMENT BOOKLET**

**NOTICE** - Information contained on this form which would permit identification of any individual or establishment has been collected with a guarantee that it will be held in strict confidence, will be used only for purposes stated for this study, and will not be disclosed or released to others without the consent of the individual or the establishment in accordance with section 308(d) of the Public Health Service Act (42 USC 242m). Public reporting burden for this collection of information is estimated to vary from 40 to 60 minutes per response, with an average of 50 minutes per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to PHS Reports Clearance Officer; ATTN: PRA; Humphrey Building, Room 721-H, 200 Independence Avenue, SW; Washington, DC 20201; and to the Office of Management and Budget, Paperwork Reduction Project (0920-0214) Washington, DC 20503.

RT 65  
3-7  
8

1. Book \_\_\_\_\_ of \_\_\_\_\_ books

2. R.O. number		9-10	3. Sample		11-13
4. Control number		PSU	Segment	Serial	24-25
		14-16	17-23		
5. Family number					26
6. Field Representative's name					Code
					27-29
7. Beginning time HIS-3		30-33	34	8. Ending time HIS-3	
		1 <input type="checkbox"/> a.m.		(Record callbacks on HIS-1)	
		2 <input type="checkbox"/> p.m.		1 <input type="checkbox"/> a.m.	
				2 <input type="checkbox"/> p.m.	

**SAMPLE PERSON LIST**

9. Are there any nondeleted persons 18+ years old in this family?  Yes (List by age, oldest to youngest)  No (10)

RT 66	3-4	5-6	7			8	9
Line No.	Person No.	Age	Sex	Last name	First name	SP	List No.
1			1 <input type="checkbox"/> M 2 <input type="checkbox"/> F			1 <input type="checkbox"/>	1
2			1 <input type="checkbox"/> M 2 <input type="checkbox"/> F			1 <input type="checkbox"/>	1
3			1 <input type="checkbox"/> M 2 <input type="checkbox"/> F			1 <input type="checkbox"/>	1
4			1 <input type="checkbox"/> M 2 <input type="checkbox"/> F			1 <input type="checkbox"/>	1
5			1 <input type="checkbox"/> M 2 <input type="checkbox"/> F			1 <input type="checkbox"/>	1
6			1 <input type="checkbox"/> M 2 <input type="checkbox"/> F			1 <input type="checkbox"/>	1
7			1 <input type="checkbox"/> M 2 <input type="checkbox"/> F			1 <input type="checkbox"/>	1
8			1 <input type="checkbox"/> M 2 <input type="checkbox"/> F			1 <input type="checkbox"/>	1
9			1 <input type="checkbox"/> M 2 <input type="checkbox"/> F			1 <input type="checkbox"/>	1

Refer to the 18+ part of the sample person selection label and circle as applicable. Mark (X) the "SP" box in the column above for the selected sample person 18+. THEN, go to 10.

**SAMPLE CHILD LIST**

10. Are there any nondeleted persons 0 - 5 years old in this family?  Yes (List by age, oldest to youngest)  No (Go to Section AC on page 6)

RT 66	3-4	5-6	7			8	9
Line No.	Person No.	Age	Sex	Last name	First name	SC	List No.
1			1 <input type="checkbox"/> M 2 <input type="checkbox"/> F			1 <input type="checkbox"/>	2
2			1 <input type="checkbox"/> M 2 <input type="checkbox"/> F			1 <input type="checkbox"/>	2
3			1 <input type="checkbox"/> M 2 <input type="checkbox"/> F			1 <input type="checkbox"/>	2
4			1 <input type="checkbox"/> M 2 <input type="checkbox"/> F			1 <input type="checkbox"/>	2
5			1 <input type="checkbox"/> M 2 <input type="checkbox"/> F			1 <input type="checkbox"/>	2
6			1 <input type="checkbox"/> M 2 <input type="checkbox"/> F			1 <input type="checkbox"/>	2
7			1 <input type="checkbox"/> M 2 <input type="checkbox"/> F			1 <input type="checkbox"/>	2
8			1 <input type="checkbox"/> M 2 <input type="checkbox"/> F			1 <input type="checkbox"/>	2
9			1 <input type="checkbox"/> M 2 <input type="checkbox"/> F			1 <input type="checkbox"/>	2

Refer to the 0-5 part of the sample person selection label and circle as applicable. Mark (X) the "SC" box in the column above for the selected sample child under 6. THEN, go to Section IZ on page 2.

Notes

Complete final status and transcription items on Back Cover

**Section IZ - IMMUNIZATION**

<b>ITEM IZ1</b>	Enter person number and first name of sample child under 6.	Person number _____ First name _____	3-4
	Enter person number of respondent.	Person number _____	5-6

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

<b>ITEM IZ2</b>	Refer to shot record.	1 <input type="checkbox"/> Available (1) 2 <input type="checkbox"/> Not available (8)	7
-----------------	-----------------------	--	---

**1. Transcribe from shot record**

Shot	Immunization					RT 69		
	DTP/DT (Shot)	Polio (Drops or shots)	Measles/MMR (Shots)			3-4	HIB (Shot)	Hepatitis B
	8 1 <input type="checkbox"/> Yes (Record dates) 2 <input type="checkbox"/> No (Next vaccine)	57 1 <input type="checkbox"/> Yes (Record dates) 2 <input type="checkbox"/> No (Next vaccine)	5 1 <input type="checkbox"/> Yes (Record dates) 2 <input type="checkbox"/> No (Next vaccine)			5	34 1 <input type="checkbox"/> Yes (Record dates) 2 <input type="checkbox"/> No (Next vaccine)	59 1 <input type="checkbox"/> Yes (Record dates) 2 <input type="checkbox"/> No (2)
<b>1st</b>	9-14 ____/____/19 MO DAY YR	58-63 ____/____/19 MO DAY YR	6 7-12 1 <input type="checkbox"/> Measles 2 <input type="checkbox"/> MMR 9 <input type="checkbox"/> DK ____/____/19 MO DAY YR			35-40	____/____/19 MO DAY YR	60-65 ____/____/19 MO DAY YR
<b>2nd</b>	15-20 ____/____/19 MO DAY YR	64-69 ____/____/19 MO DAY YR	13 14-19 1 <input type="checkbox"/> Measles 2 <input type="checkbox"/> MMR 9 <input type="checkbox"/> DK ____/____/19 MO DAY YR			41-46	____/____/19 MO DAY YR	66-71 ____/____/19 MO DAY YR
<b>3rd</b>	21-26 ____/____/19 MO DAY YR	70-75 ____/____/19 MO DAY YR	20 21-26 1 <input type="checkbox"/> Measles 2 <input type="checkbox"/> MMR 9 <input type="checkbox"/> DK ____/____/19 MO DAY YR			47-52	____/____/19 MO DAY YR	72-77 ____/____/19 MO DAY YR
<b>4th</b>	27-32 ____/____/19 MO DAY YR	76-81 ____/____/19 MO DAY YR	27 28-33 1 <input type="checkbox"/> Measles 2 <input type="checkbox"/> MMR 9 <input type="checkbox"/> DK ____/____/19 MO DAY YR			53-58	____/____/19 MO DAY YR	78-83 ____/____/19 MO DAY YR
<b>5th</b>	33-38 ____/____/19 MO DAY YR	82-87 ____/____/19 MO DAY YR						
<b>6th</b>	39-44 ____/____/19 MO DAY YR	88-93 ____/____/19 MO DAY YR						
<b>7th</b>	45-50 ____/____/19 MO DAY YR	94-99 ____/____/19 MO DAY YR						
<b>8th</b>	51-56 ____/____/19 MO DAY YR	100-105 ____/____/19 MO DAY YR						

<b>2. Are all the immunizations that -- ever received included on this shot record?</b>	1 <input type="checkbox"/> Yes (10) 2 <input type="checkbox"/> No } (3) 9 <input type="checkbox"/> DK }	84
---	---	----

<b>3a. Has -- ever received an additional DTP shot (sometimes called a DPT shot, diphtheria-tetanus-pertussis shot, baby shot, or three-in-one-shot)?</b>	1 <input type="checkbox"/> Yes (3b) 2 <input type="checkbox"/> No } (4) 9 <input type="checkbox"/> DK }	85
---	---	----

<b>b. How many additional DTP shots has -- received?</b>	____ Shots (Number) 8 <input type="checkbox"/> All 9 <input type="checkbox"/> DK	86
--	---	----

<b>4a. Has -- ever received an additional polio vaccine by mouth (pink drops) or a polio shot?</b>	1 <input type="checkbox"/> Yes (4b) 2 <input type="checkbox"/> No } (5) 9 <input type="checkbox"/> DK }	87
--	---	----

<b>b. How many additional polio vaccines has -- received?</b>	____ Vaccines (Number) 8 <input type="checkbox"/> All 9 <input type="checkbox"/> DK	88
---	--	----

**Section IZ - IMMUNIZATION - Continued**

<b>5a. Has -- ever received an additional measles or MMR (Measles-Mumps-Rubella) shot?</b>		1 <input type="checkbox"/> Yes (5b) 2 <input type="checkbox"/> No } (6) 9 <input type="checkbox"/> DK	98	
<b>b. How many additional measles or MMR shots has -- received?</b>		____ Shots (Number) 8 <input type="checkbox"/> All 9 <input type="checkbox"/> DK	90	
<b>6a. Has -- ever received an additional HIB shot? This shot is for meningitis and called Haemophilus influenzae (HA-MA-FI-LUS IN-FLU-EN-ZI), HIB vaccine or H. flu vaccine.</b>		1 <input type="checkbox"/> Yes (6b) 2 <input type="checkbox"/> No } (7a) 9 <input type="checkbox"/> DK	91	
<b>b. How many additional HIB shots has -- received?</b>		____ Shots (Number) 8 <input type="checkbox"/> All 9 <input type="checkbox"/> DK	92	
<b>7a. Has -- ever received an additional Hepatitis B shot?</b>		1 <input type="checkbox"/> Yes (7b) 2 <input type="checkbox"/> No } (10) 9 <input type="checkbox"/> DK	93	
<b>b. How many additional Hepatitis B shots has -- received?</b>		____ Shots } (Number) } (10) 8 <input type="checkbox"/> All } 9 <input type="checkbox"/> DK }	94	
<b>8. Has -- ever received an immunization (that is a shot or drops)?</b>		1 <input type="checkbox"/> Yes (9) 2 <input type="checkbox"/> No } (Item IZ3) 9 <input type="checkbox"/> DK	95	
<b>9a. Has -- ever received --</b>				
<b>(1) A DTP/DT shot (sometimes called a DPT shot, diptheria-tetanus-pertussis-shot, baby shot, or three- in-one shot)?</b>	<b>(2) A polio vaccine by mouth (pink drops) or a polio shot?</b>	<b>(3) A measles or MMR (Measles - Mumps - Rubella) shot?</b>	<b>(4) An HIB shot? (This is for meningitis and called Haemophilus influenzae (HA-MA-FI-LUS IN-FLU-EN-ZI) HIB vaccine or H. flu vaccine)</b>	<b>(5) A Hepatitis B shot?</b>
1 <input type="checkbox"/> Yes (9b) <span style="float: right;">96</span> 2 <input type="checkbox"/> No } (Next vaccine) 9 <input type="checkbox"/> DK	1 <input type="checkbox"/> Yes (9b) <span style="float: right;">99</span> 2 <input type="checkbox"/> No } (Next vaccine) 9 <input type="checkbox"/> DK	1 <input type="checkbox"/> Yes (9b) <span style="float: right;">102</span> 2 <input type="checkbox"/> No } (Next vaccine) 9 <input type="checkbox"/> DK	1 <input type="checkbox"/> Yes (9b) <span style="float: right;">105</span> 2 <input type="checkbox"/> No } (Next vaccine) 9 <input type="checkbox"/> DK	1 <input type="checkbox"/> Yes (9b) <span style="float: right;">108</span> 2 <input type="checkbox"/> No } (10) 9 <input type="checkbox"/> DK
<b>9b. How many (vaccine) shots did -- ever receive?</b>				
(1) DTP/DT	(2) Polio	(3) Measles or MMR	(4) HIB	(5) Hepatitis B
97-98	100-101	103-104	106-107	109-110
____ Shots } (Number) } (9a, next vaccine) 88 <input type="checkbox"/> All } 99 <input type="checkbox"/> DK }	____ Shots } (Number) } (9a, next vaccine) 88 <input type="checkbox"/> All } 99 <input type="checkbox"/> DK }	____ Shots } (Number) } (9a, next vaccine) 88 <input type="checkbox"/> All } 99 <input type="checkbox"/> DK }	____ Shots } (Number) } (9a, next vaccine) 88 <input type="checkbox"/> All } 99 <input type="checkbox"/> DK }	____ Shots } (Number) } (10) 88 <input type="checkbox"/> All } 99 <input type="checkbox"/> DK }
<b>10. Are you the person who took -- for most of -- shots? (Most means at least 1/2 of the shots)</b>		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK		111
<b>11. In your opinion, has -- received all of the recommended shots for -- age?</b>		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK		112

**Section IZ – IMMUNIZATION – Continued**

**ITEM  
IZ3**

*About how often did the respondent appear to answer the questions in Immunization accurately?*

- 1  All the time
- 2  Most of the time
- 3  Some of the time
- 4  Rarely or never
- 9  DK

113

**ITEM  
IZ4**

*About how often did the respondent appear to answer the questions in Immunization honestly?*

- 1  All the time
- 2  Most of the time
- 3  Some of the time
- 4  Rarely or never
- 9  DK

114

**CONTINUE WITH SECTION AC ON PAGE 6**

Notes

Section AC – ACCESS TO CARE		RT 70
		PERSON 1
{The next questions are about medical care.}		3-4
<b>1a. Is there a particular person or place that -- USUALLY goes to when -- is sick or needs advice about -- health?</b>		5
----- <b>b. Is there ONE of those places that -- goes to MOST OFTEN when -- is sick or needs advice about -- health?</b>		6
<i>HAND CARD FR1. Read categories if telephone interview.</i> <b>2. Which of these is the MAIN reason -- does not have a usual source of medical care?</b> <i>Mark (X) only one.</i>		7-8
<b>ITEM AC1</b>	<i>Refer to question 1a above.</i>	9
<b>3. Is there ONE of those places that -- goes to MOST OFTEN when -- is sick or needs advice about -- health?</b>		10
<b>ITEM AC2</b>	<i>Refer to age.</i>	11
Notes		

**Section AC – ACCESS TO CARE – Continued**

**PERSON 1**

**4a. At ANY time in the past 12 months DID -- have a place that -- went to for medical care?**

**4a.** 12

- 1  Yes (4b)
- 2  No } (1a for NP, or
- 9  DK } 14 on page 14)

**b. What kind of place was it — a clinic, a health center, a hospital, a doctor's office, or some other place?**

**b.** 13-14

- 01  Doctor's office or private clinic
- 02  Company or school health clinic/center
- 03  Community/migrant/rural clinic/center
- 04  County/city/public hospital outpatient clinic
- 05  Private/other hospital outpatient clinic
- 06  Hospital emergency room
- 07  HMO (Health Maintenance Organization)/Prepaid group
- 08  Psychiatric hospital or clinic
- 09  VA hospital or clinic
- 10  Military health care facility
- 98  Some other place – Specify
- 99  DK

**c. If -- needed medical care NOW, would -- go to that (place in 4b)?**

**c.** 15

- 1  Yes (13 on page 14)
- 2  No (4d)
- 9  DK (13 on page 14)

*HAND CARD FR2. Read categories if telephone interview.*

**d. What is the MAIN reason -- would not use that place for medical care NOW?**

**d.** 16-17

- 01  Changed residence/moved
  - 02  Changed jobs
  - 03  Employer changed insurance coverage
  - 04  Former usual source left area
  - 05  Owed money to former usual source
  - 06  Dissatisfied with former source/liked new source better
  - 07  Medical care needs changed
  - 08  Former usual source stopped taking insurance/coverage
  - 98  Other – Specify
  - 99  DK
- (13 on page 14)

Notes

Section AC - ACCESS TO CARE - Continued		PERSON 1	
<b>5a. What kind of place is it -- a clinic, a health center, a hospital, a doctor's office, or some other place?</b>		<b>5a.</b>	18-19 01 <input type="checkbox"/> Doctor's office or private clinic 02 <input type="checkbox"/> Company or school health clinic/center 03 <input type="checkbox"/> Community/migrant/rural clinic/center 04 <input type="checkbox"/> County/city/public/county hospital outpatient clinic 05 <input type="checkbox"/> Private/other hospital outpatient clinic 06 <input type="checkbox"/> Hospital emergency room 07 <input type="checkbox"/> HMO (Health Maintenance Organization)/Prepaid group 08 <input type="checkbox"/> Psychiatric hospital or clinic 09 <input type="checkbox"/> VA hospital or clinic 10 <input type="checkbox"/> Military health care facility 98 <input type="checkbox"/> Some other place - Specify <input checked="" type="checkbox"/> _____ 99 <input type="checkbox"/> DK
<b>b. Is there a particular person -- usually sees when -- goes there?</b>		<b>b.</b>	20 1 <input type="checkbox"/> Yes (6) 2 <input type="checkbox"/> No } (AC3) 9 <input type="checkbox"/> DK }
<b>ITEM AC3</b>	Refer to age.	<b>AC 3</b>	21 1 <input type="checkbox"/> Under age 18 (8 on page 12) 2 <input type="checkbox"/> 18 or older (13 on page 14)
<b>6a. Is that person a doctor or nurse or some other health professional? Probe for type of health professional.</b>		<b>6a.</b>	22 1 <input type="checkbox"/> Doctor (6b) 2 <input type="checkbox"/> Nurse 3 <input type="checkbox"/> Nurse practitioner 4 <input type="checkbox"/> Physician's assistant 5 <input type="checkbox"/> Chiropractor 6 <input type="checkbox"/> Other - Specify <input checked="" type="checkbox"/> _____ } (AC4) 9 <input type="checkbox"/> DK
<b>b. Is this doctor a general practitioner or family doctor who treats a variety of illnesses and gives preventive care or is he or she a specialist who mainly treats just one type of health problem?</b>		<b>b.</b>	23 1 <input type="checkbox"/> Family doctor/general practitioner/internist/pediatrician 2 <input type="checkbox"/> Obstetrician/gynecologist 3 <input type="checkbox"/> Other specialist 9 <input type="checkbox"/> DK
<b>ITEM AC4</b>	Refer to age.	<b>AC 4</b>	24 1 <input type="checkbox"/> Under age 18 (7) 2 <input type="checkbox"/> 18 or older (13 on page 14)
<b>7. When was the last time -- went to the (place in 5a) for ANY kind of medical care? (This is the (place in 5a) that -- usually goes to for medical care.)</b>		<b>7.</b>	25 1 <input type="checkbox"/> Less than 3 months ago (8 on page 12) 2 <input type="checkbox"/> At least 3 months, but less than 6 months ago 3 <input type="checkbox"/> At least 6 months, but less than 1 year ago 4 <input type="checkbox"/> At least 1 year, but less than 2 years ago 5 <input type="checkbox"/> Two or more years ago 9 <input type="checkbox"/> DK (9 on page 12) } (AC5)



Section AC – ACCESS TO CARE – Continued		PERSON 1	
<b>8. Thinking about the last time -- visited the <i>(place in 5a)</i>, were you satisfied with –</b>		<b>8.</b>	26
<b>a. The waiting time to get an appointment?</b>		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	
<b>b. The waiting time to see the doctor?</b>		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Doesn't apply 9 <input type="checkbox"/> DK	27
<b>c. The way your questions were answered?</b>		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	28
<b>d. Your ability to get all the care you thought -- needed?</b>		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	29
<b>e. The overall care -- received?</b>		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	30
<b>ITEM AC5</b>	Refer to 5b.	<b>AC 5</b>	31
<b>9a. Is the <i>(person in 6a)</i> the person -- usually sees when -- needs routine or preventive medical care? (This is the <i>(person in 6a)</i> that -- usually goes to for medical care.)</b>		1 <input type="checkbox"/> "Yes" in 5b (9a) 2 <input type="checkbox"/> All other (9b)	32
<b>b. Is the <i>(place in 5a)</i> the place -- usually goes to when -- needs routine or preventive medical care? (This is the <i>(place in 5a)</i> that -- usually goes to for medical care.)</b>		1 <input type="checkbox"/> Yes (10) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (9b)	33
<b>10. Is that <i>(person in 6a)</i> –</b>			34
<b>a. Able to provide for most of -- needs when -- is sick?</b>		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	
<b>b. Able to make referrals to other health professionals when needed by --?</b>		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	35
<b>c. Able to provide care or arrange care for -- on evenings or weekends when -- is sick?</b>		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	36
<b>d. Able to provide advice about family concerns, such as stress?</b>		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (13 on page 14)	37
<b>11. Is the <i>(place in 5a)</i> –</b>			38
<b>a. Able to provide for most of -- needs when -- is sick?</b>		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	
<b>b. Able to make referrals to other health professionals when needed by --?</b>		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	39
<b>c. Able to provide care or arrange care for -- on evenings or weekends when -- is sick?</b>		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	40
<b>d. Able to provide advice about family concerns, such as stress?</b>		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (13 on page 14)	41

Section AC – ACCESS TO CARE – Continued		PERSON 1
<p><b>12. Is there a particular person or place that -- USUALLY goes to when -- has a minor health problem or needs routine or preventive medical care?</b></p>	<p><b>12.</b></p> <p>1 <input type="checkbox"/> Yes  2 <input type="checkbox"/> No  9 <input type="checkbox"/> DK</p>	42
<p><b>13. During the past 3 months, how many times did -- see ANY doctor or other health professional?</b></p>	<p><b>13.</b></p> <p>0 <input type="checkbox"/> None  1 <input type="checkbox"/> Once or twice  2 <input type="checkbox"/> 3-9 times  3 <input type="checkbox"/> 10 times or more  9 <input type="checkbox"/> DK</p> <p style="text-align: right;">(1a for NP or 14)</p>	43
<p><b>14a. At any time in the past 12 months did anyone in the family CHANGE the place to which he or she USUALLY goes for routine medical care?</b></p> <p>-----</p> <p><b>b. Who is this?</b>  Mark (X) "Changed usual source" box in person's column.</p> <p><b>c. Anyone else?</b>      <input type="checkbox"/> Yes (Reask 14b and c)      <input type="checkbox"/> No  HAND CARD FR2. Read categories if telephone interview.  Ask for each person marked in 14b.</p> <p><b>d. The LAST time this happened, what was the MAIN reason -- changed -- USUAL source of care?</b>  Mark (X) only one.</p>	<p><b>14a.</b></p> <p>1 <input type="checkbox"/> Yes (14b)  2 <input type="checkbox"/> No  9 <input type="checkbox"/> DK } (15 on page 16)</p> <p>-----</p> <p><b>b.</b></p> <p>1 <input type="checkbox"/> Changed usual source</p> <p>-----</p> <p><b>d.</b></p> <p>01 <input type="checkbox"/> Changed residence/moved  02 <input type="checkbox"/> Changed jobs  03 <input type="checkbox"/> Employer changed insurance coverage  04 <input type="checkbox"/> Former usual source left area  05 <input type="checkbox"/> Owed money to former usual source  06 <input type="checkbox"/> Dissatisfied with former source or liked new source better  07 <input type="checkbox"/> Medical care needs changed  08 <input type="checkbox"/> Former usual source stopped taking insurance/coverage  98 <input type="checkbox"/> Other – Specify _____  99 <input type="checkbox"/> DK</p>	44  45  46-47
Notes		

Section AC – ACCESS TO CARE – Continued		PERSON 1
<p><b>15a. Sometimes people have difficulties in getting medical care when they need it. During the past 12 months, was there any time when someone in the family needed medical care or surgery, but did not get it?</b></p> <p><b>b. Who didn't get needed care?</b> <i>Mark (X) "Didn't get care" box in person's column.</i></p> <p><b>c. Anyone else?</b> <input type="checkbox"/> Yes (Reask 15b and c) <input type="checkbox"/> No <i>Ask 15d and e for each person marked in 15b.</i></p> <p><b>d. The LAST time -- did not get the care -- needed, what was the MAIN reason -- didn't get care?</b> <i>Mark (X) only one.</i></p> <p><b>e. At ANY TIME during the past 12 months was lack of insurance or money A reason why -- did not get the medical care -- needed?</b></p>	<p><b>15a.</b> 1 <input type="checkbox"/> Yes (15b) 2 <input type="checkbox"/> No } (16) 9 <input type="checkbox"/> DK }</p> <p><b>b.</b> 1 <input type="checkbox"/> Didn't get care</p> <p><b>d.</b> 01 <input type="checkbox"/> Could not afford it 02 <input type="checkbox"/> No insurance 03 <input type="checkbox"/> Doctor did not accept Medicaid/ insurance plan } (15d for NP with 15b marked) 04 <input type="checkbox"/> Not serious enough 05 <input type="checkbox"/> Wait too long in clinic/office 06 <input type="checkbox"/> Difficulty getting an appointment 07 <input type="checkbox"/> Doesn't like/trust/ believe in doctors 08 <input type="checkbox"/> No doctor available 09 <input type="checkbox"/> Didn't know where to go 10 <input type="checkbox"/> No way to get there } (15e) 11 <input type="checkbox"/> Hours not convenient 12 <input type="checkbox"/> Speak a different language 13 <input type="checkbox"/> Health of another family member interfered 98 <input type="checkbox"/> Other - Specify _____ 99 <input type="checkbox"/> DK</p> <p><b>e.</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p>	<p>48</p> <p>49</p> <p>50-51</p> <p>52</p>
<p><b>16a. During the past 12 months, has anyone in the family delayed seeking medical care because of worry about the cost?</b></p> <p><b>b. Who delayed getting needed care?</b> <i>Mark (X) "Delayed getting care" box in person's column.</i></p> <p><b>c. Anyone else?</b> <input type="checkbox"/> Yes (Reask 16b and c) <input type="checkbox"/> No</p>	<p><b>16a.</b> 1 <input type="checkbox"/> Yes (16b) 2 <input type="checkbox"/> No } (17) 9 <input type="checkbox"/> DK }</p> <p><b>b.</b> 1 <input type="checkbox"/> Delayed getting care</p>	<p>53</p> <p>54</p>
<p><b>17a. During the past 12 months, was there any time when someone in the family needed dental care but could not get it?</b></p> <p><b>b. Who is this?</b> <i>Mark (X) "Didn't get dental care" box in person's column.</i></p> <p><b>c. Anyone else?</b> <input type="checkbox"/> Yes (Reask 17b and c) <input type="checkbox"/> No</p>	<p><b>17a.</b> 1 <input type="checkbox"/> Yes (17b) 2 <input type="checkbox"/> No } (18 on page 18) 9 <input type="checkbox"/> DK }</p> <p><b>b.</b> 1 <input type="checkbox"/> Didn't get dental care</p>	<p>55</p> <p>56</p>
Notes		

Section AC - ACCESS TO CARE - Continued		PERSON 1	
<b>18a. During the past 12 months, was there any time when someone in the family needed prescription medicines but could not get them?</b>		<b>18a.</b>	<input type="checkbox"/> Yes (18b) <input type="checkbox"/> No <input type="checkbox"/> DK } (19)
<b>b. Who is this?</b> Mark (X) "Didn't get prescription" box in person's column.		<b>b.</b>	<input type="checkbox"/> Didn't get prescription
<b>c. Anyone else?</b> <input type="checkbox"/> Yes (Reask 18b and c) <input type="checkbox"/> No			
<b>19a. During the past 12 months, was there any time when someone in the family needed eyeglasses but could not get them?</b>		<b>19a.</b>	<input type="checkbox"/> Yes (19b) <input type="checkbox"/> No <input type="checkbox"/> DK } (20)
<b>b. Who is this?</b> Mark (X) "Didn't get eyeglasses" box in person's column.		<b>b.</b>	<input type="checkbox"/> Didn't get eyeglasses
<b>c. Anyone else?</b> <input type="checkbox"/> Yes (Reask 19b and c) <input type="checkbox"/> No			
<b>20a. During the past 12 months, was there any time when someone in the family needed mental health care but could not get it?</b>		<b>20a.</b>	<input type="checkbox"/> Yes (20b) <input type="checkbox"/> No <input type="checkbox"/> DK } (Item AC6)
<b>b. Who is this?</b> Mark (X) "Didn't get mental health care" box in person's column.		<b>b.</b>	<input type="checkbox"/> Didn't get mental health care
<b>c. Anyone else?</b> <input type="checkbox"/> Yes (Reask 20b and c) <input type="checkbox"/> No (Item AC6)			
<b>ITEM AC6</b>	<i>About how often did the respondent appear to answer the questions in Access to Care accurately?</i>	<b>AC 6</b>	<input type="checkbox"/> All the time <input type="checkbox"/> Most of the time <input type="checkbox"/> Some of the time <input type="checkbox"/> Rarely or never <input type="checkbox"/> DK
<b>ITEM AC7</b>	<i>About how often did the respondent appear to answer the questions in Access to Care honestly?</i>	<b>AC 7</b>	<input type="checkbox"/> All the time <input type="checkbox"/> Most of the time <input type="checkbox"/> Some of the time <input type="checkbox"/> Rarely or never <input type="checkbox"/> DK
<b>ITEM AC8</b>	<i>Enter the person number of the respondent. If more than one, enter the person number of the one who answered the most questions.</i>	<b>AC 8</b>	_____ Person number
<b>CONTINUE WITH SECTION FA</b>			
Notes			

**Section FA - HEALTH CARE COVERAGE**

**PERSON 1**

3-4

**ITEM FA1**

Refer to Household composition. Mark (X) for each person including those deleted in the HIS-1.

**FA 1**

- 1  Civilian
- 2  AF living at home
- 3  Deleted

5

The next questions are about health insurance coverage and the kinds and amounts of income that people receive. For this family, that includes (read names, including Armed Forces members living at home).

The answers to these questions will add greatly to our knowledge about the health problems of the American people, the types of health care they receive, and whether they can afford the care that they need. The information will help in planning health care services and finding ways to lower costs of care.

There are several government programs that provide medical care or help pay medical bills.

People covered by Medicare have a card that looks like this. SHOW MEDICARE CARD.

**1a. In (month), was anyone in the family, that is (read names), covered by Medicare?**

**1a.**

- 1  Yes (1b)
- 2  No } (2 on page 22)
- 9  DK }

6

**b. Who was covered?**

Mark (X) "Medicare" box in person's column.

**b.**

- 1  Medicare
- (Enter "Cov" on HIS-1.)

7

**c. Anyone else?**

- Yes (Reask 1b and c)
- No

Ask 1d-g as appropriate for each person with "Medicare" in 1b.

**d. May I please see the Medicare card(s) for -- (and --) to determine the type of coverage and to record the Health Insurance Claim Number. This number is needed to allow Medicare records to be easily and accurately located and identified for statistical research purposes. Providing the Health Insurance Claim Number is voluntary and collected under the authority of the Public Health Service Act. Whether the number is given or not, there will be no effect on benefits and no identifying information will be given to any other government or non-government agency.**

Read if necessary: **The Public Health Service Act is Title 42, United States Code, Section 242k.**  
Transcribe the number, then mark (X) the appropriate box.

Ask 1e-g for each person with "Card N.A." in 1d.

**d.**

- H.I.C. Number
- \_\_\_\_ - \_\_\_\_ - \_\_\_\_ ( ) ( )
- 1  Part A - Hospital only
  - 2  Part B - Medical only
  - 3  Both Part A & Part B
  - 4  Card N.A.

8-18

19

**e. Was -- covered by Part A, that part of Medicare that pays for hospital bills?**

**e.**

- 1  Yes
- 2  No
- 9  DK

20

**f. Was -- covered by Part B, that part of Medicare that pays for doctor's bills?**

Read if necessary: **This is the Part B Medicare plan for which -- or some agency or program must pay a certain amount each month.**

**f.**

- 1  Yes
- 2  No
- 9  DK

21

**ITEM FA2**

Refer to age.

**FA 2**

- 1  Under age 67 (1g)
- 2  Age 67 or older (NP)

22

**g. How long has -- been covered by Medicare?**

**g.**

- 1  Less than 6 months
- 2  6 months, but less than 1 year
- 3  1 year, but less than 2 years
- 4  2 years or more
- 9  DK

23

Notes

Section FA - HEALTH CARE COVERAGE - Continued		PERSON 1	
<p><b>There is a program called Medicaid that pays for health care for persons in need. In this State it is also called (State name).</b></p> <p><b>2a. Does anyone in the family NOW have a Medicaid or (state name) card?</b></p> <p><b>b. Who is this?</b> Mark (X) "Has card" box in person's column.</p> <p><b>c. Anyone else?</b> <input type="checkbox"/> Yes (Reask 2b and c) <input type="checkbox"/> No Ask 2d for each person with "Has card" box marked in 2b.</p> <p><b>d. May I please see -- (and --) card(s)?</b> Mark (X) appropriate box in person's column. Record expiration date for each Medicaid card seen.</p>		<p>1 <input type="checkbox"/> Yes (2b) <span style="float:right">24</span></p> <p>2 <input type="checkbox"/> No } (3)</p> <p>9 <input type="checkbox"/> DK }</p>	
<p><b>3a. In (month), was anyone in the family covered by Medicaid?</b></p> <p><b>b. Who was covered?</b> Mark (X) "Medicaid" box in person's column.</p> <p><b>c. Anyone else?</b> <input type="checkbox"/> Yes (Reask 3b and c) <input type="checkbox"/> No Ask 3d for each person with "Medicaid" box marked in 3b.</p> <p><b>d. How long has -- had Medicaid coverage?</b></p>		<p>1 <input type="checkbox"/> Yes (3b) <span style="float:right">25</span></p> <p>2 <input type="checkbox"/> No } (4)</p> <p>9 <input type="checkbox"/> DK }</p> <p>1 <input type="checkbox"/> Has card</p>	
<p><b>3a. In (month), was anyone in the family covered by Medicaid?</b></p> <p><b>b. Who was covered?</b> Mark (X) "Medicaid" box in person's column.</p> <p><b>c. Anyone else?</b> <input type="checkbox"/> Yes (Reask 3b and c) <input type="checkbox"/> No Ask 3d for each person with "Medicaid" box marked in 3b.</p> <p><b>d. How long has -- had Medicaid coverage?</b></p>		<p>1 <input type="checkbox"/> Medicaid card seen <span style="float:right">26</span></p> <p>Expiration date <input checked="" type="checkbox"/> <span style="float:right">27-28</span></p> <p>(Month)</p> <p><input type="checkbox"/> <span style="float:right">29-30</span></p> <p>(Day)</p> <p>2 <input type="checkbox"/> No card seen</p> <p>8 <input type="checkbox"/> Other card seen - Specify <input checked="" type="checkbox"/></p>	
<p><b>3a. In (month), was anyone in the family covered by Medicaid?</b></p> <p><b>b. Who was covered?</b> Mark (X) "Medicaid" box in person's column.</p> <p><b>c. Anyone else?</b> <input type="checkbox"/> Yes (Reask 3b and c) <input type="checkbox"/> No Ask 3d for each person with "Medicaid" box marked in 3b.</p> <p><b>d. How long has -- had Medicaid coverage?</b></p>		<p>1 <input type="checkbox"/> Yes (3b) <span style="float:right">31</span></p> <p>2 <input type="checkbox"/> No } (4)</p> <p>9 <input type="checkbox"/> DK }</p> <p>1 <input type="checkbox"/> Medicaid <span style="float:right">32</span></p> <p>(Enter "Cov" on HIS-1.)</p>	
<p><b>3a. In (month), was anyone in the family covered by Medicaid?</b></p> <p><b>b. Who was covered?</b> Mark (X) "Medicaid" box in person's column.</p> <p><b>c. Anyone else?</b> <input type="checkbox"/> Yes (Reask 3b and c) <input type="checkbox"/> No Ask 3d for each person with "Medicaid" box marked in 3b.</p> <p><b>d. How long has -- had Medicaid coverage?</b></p>		<p>1 <input type="checkbox"/> Less than 6 months <span style="float:right">33</span></p> <p>2 <input type="checkbox"/> 6 months, but less than a year</p> <p>3 <input type="checkbox"/> 1 year, but less than 2 years</p> <p>4 <input type="checkbox"/> 2 years, but less than 5 years</p> <p>5 <input type="checkbox"/> 5 years or more</p> <p>6 <input type="checkbox"/> On and off for less than 2 years</p> <p>7 <input type="checkbox"/> On and off for 2 years, but less than 5 years</p> <p>8 <input type="checkbox"/> On and off for 5 years or more</p> <p>9 <input type="checkbox"/> DK</p>	
<p><b>ITEM FA3</b> Refer to household composition and question 3a.</p>		<p><b>FA3</b> 1 <input type="checkbox"/> Single person family and "Yes" in 3a (5) <span style="float:right">34</span></p> <p>2 <input type="checkbox"/> Other (4)</p>	
<p><b>4a. During the past 12 months, has anyone in the family received health care that has been or will be paid for by Medicaid or (state name)?</b></p> <p><b>b. Who received this care in the past 12 months?</b> Mark (X) "Received Medicaid care" box in person's column.</p> <p><b>c. Anyone else?</b> <input type="checkbox"/> Yes (Reask 4b and c) <input type="checkbox"/> No</p>		<p>1 <input type="checkbox"/> Yes (4b) <span style="float:right">35</span></p> <p>2 <input type="checkbox"/> No } (5)</p> <p>9 <input type="checkbox"/> DK }</p> <p>1 <input type="checkbox"/> Received Medicaid care <span style="float:right">36</span></p>	
<p><b>5a. In (month), was anyone in the family covered by any OTHER public assistance program (other than Medicaid) that pays for health care? Do NOT include use of public or free clinics if that is the only source of care.</b></p> <p><b>b. Who was covered?</b> Mark (X) "Public assistance" box in person's column.</p> <p><b>c. Anyone else?</b> <input type="checkbox"/> Yes (Reask 5b and c) <input type="checkbox"/> No</p>		<p>1 <input type="checkbox"/> Yes (5b) <span style="float:right">37</span></p> <p>2 <input type="checkbox"/> No } (6)</p> <p>9 <input type="checkbox"/> DK }</p> <p>1 <input type="checkbox"/> Public assistance <span style="float:right">38</span></p> <p>(Enter "Cov" on HIS-1.)</p>	

**Section FA – HEALTH CARE COVERAGE – Continued**

**PERSON 1**

<p><b>6a. In (month), was anyone in the family covered by military health care, including armed forces retirement benefits, the VA (Department of Veterans' Affairs), CHAMPUS, or CHAMP-VA?</b></p>	<p><b>6a.</b> <span style="float:right">39</span>                  1 <input type="checkbox"/> Yes (6b)                  2 <input type="checkbox"/> No } (7)                  9 <input type="checkbox"/> DK }</p>
<p><b>b. Was this CHAMPUS or CHAMP-VA?</b>  <i>Read if necessary: CHAMPUS is a program of medical care for dependents of active or retired military personnel. CHAMP-VA is medical insurance for dependents or survivors of disabled veterans.</i></p>	<p><b>b.</b> <span style="float:right">40</span>                  1 <input type="checkbox"/> Yes (6c)                  2 <input type="checkbox"/> No (6f)                  9 <input type="checkbox"/> DK (6e)</p>
<p><b>c. Who was covered by CHAMPUS or CHAMP-VA?</b>  <i>Mark (X) "CHAMPUS/CHAMP-VA" box in person's column.</i></p>	<p><b>c.</b> <span style="float:right">41</span>                  1 <input type="checkbox"/> CHAMPUS/CHAMP-VA                  (Enter "Cov" on HIS-1.)</p>
<p><b>d. Anyone else?</b> <input type="checkbox"/> Yes (Reask 6c and d) <input type="checkbox"/> No</p>	
<p><b>e. In (month), was anyone in the family covered by any other military health care, including armed forces retirement benefits or the VA (Department of Veterans' Affairs)?</b></p>	<p><b>e.</b> <span style="float:right">42</span>                  1 <input type="checkbox"/> Yes (6f)                  2 <input type="checkbox"/> No } (7)                  9 <input type="checkbox"/> DK }</p>
<p><b>f. Who was covered by other military health care?</b>  <i>Mark (X) "Military" box in person's column.</i></p>	<p><b>f.</b> <span style="float:right">43</span>                  1 <input type="checkbox"/> Military                  (Enter "Cov" on HIS-1.)</p>
<p><b>g. Anyone else?</b> <input type="checkbox"/> Yes (Reask 6f and g) <input type="checkbox"/> No</p>	
<p><b>7a. In (month), was anyone in the family covered by the Indian Health Service?</b></p>	<p><b>7a.</b> <span style="float:right">44</span>                  1 <input type="checkbox"/> Yes (7b)                  2 <input type="checkbox"/> No } (8)                  9 <input type="checkbox"/> DK }</p>
<p><b>b. Who was covered?</b>  <i>Mark (X) "IHS" box in person's column.</i></p>	<p><b>b.</b> <span style="float:right">45</span>                  1 <input type="checkbox"/> IHS                  (Enter "Cov" on HIS-1.)</p>
<p><b>c. Anyone else?</b> <input type="checkbox"/> Yes (Reask 7b and c) <input type="checkbox"/> No</p>	
<p><b>8a. (Not counting the government health programs we just mentioned,) In (month) was anyone in the family covered by a private health insurance plan?</b>  <i>Read if necessary: Besides government programs, people also get health insurance through their job or union, through other private groups, or directly from an insurance company. A variety of types of plans are available, including health maintenance organizations (HMOs).</i></p>	<p><b>8a.</b> <span style="float:right">46</span>                  1 <input type="checkbox"/> Yes (8b)                  2 <input type="checkbox"/> No } (8 on page 34)                  9 <input type="checkbox"/> DK }</p>
<p><b>b. It's important that we have the complete and accurate name of each health insurance plan. What is the COMPLETE name of the plan? If "DK", probe: Do you have something with the plan name on it?</b>  <i>Record up to 4 plan names in Sec. FB, Table H.I. Then ask 8c.</i></p>	
<p><b>c. In (month), was anyone in the family covered by any OTHER private health insurance plan?</b></p>	<p><b>c.</b> <span style="float:right">47</span>                  1 <input type="checkbox"/> Yes (Reask 8b and c)                  2 <input type="checkbox"/> No (Section FB)</p>

Notes

Section FB - PRIVATE PLAN AND COVERAGE DETAIL

PERSON 1

3-4

TABLE H.I. - PLAN 1

PLAN 1 NAME

5-6

Now, I am going to ask some questions about the plan(s) you just told me about, (starting with (plan name).)

7

1a. Who was covered under this plan?

Mark (X) "Private insurance" box in person's column.

1a. 1 Private insurance (Enter "Cov" on HIS-1)

b. Anyone else? Yes (Reask 1a and b) No

2. In whose name is this plan?

Mark (X) "In name" box in person's column.

2. 1 In name 2 Person not in household

8

3a. Was this plan originally obtained through the workplace, that is through a present or former employer or union?

If "Yes", probe for employer or union.

- 1 Employer (3b)
2 Union (3b)
3 Through workplace, but DK whether employer or union (3b)
4 No (4)
9 DK (4)

9

b. Does the employer or union currently pay for all, some, or none of the cost of premiums for this health insurance plan?

Read if necessary: The cost of the plan refers to the premiums, which are regular payments for health insurance coverage only, not for health care services. Frequently, these payments are made by payroll deduction.

- 1 All (5)
2 Some (5)
3 None (5)
9 DK (5)

10

HAND CARD FR3. Read each category if telephone interview.

4. In (month), how much did [you/your family] spend for health insurance premiums for (plan name)? Please include payroll deductions for premiums.

- 1 Zero
2 \$1 - \$9
3 \$10 - \$19
4 \$20 - \$49
5 \$50 - \$99
6 \$100 - \$199
7 \$200 - \$499
8 \$500 or more
9 DK

11

5a. Does this plan pay for a variety of health care services or does it pay for ONLY ONE type of service or care?

- 1 Variety of services (6)
2 Only one type of service/care (5b)
9 DK (6)

12

b. What type of service or care does the plan pay for?

Mark (X) only one type of service.

- 01 Accidents
02 AIDS care
03 Cancer treatment
04 Catastrophic care
05 Dental care
06 Disability insurance (cash payments when unable to work for health reasons)
07 Hospice care
08 Hospitalization-only
09 Long term care (nursing home care)
10 Prescriptions
11 Vision care
98 Other - Specify
99 DK

13-14

GO TO 1a FOR NEXT HI PLAN; IF NO OTHER HI PLAN, GO TO 8a

Notes



	RT 72 3-4		RT 72 3-4		RT 72 3-4		RT 72 3-4		
PERSON 2		PERSON 3		PERSON 4		PERSON 5			
<b>1a.</b> <input type="checkbox"/> Private insurance (Enter "Cov" on HIS-1)	7	<b>1a.</b> <input type="checkbox"/> Private insurance (Enter "Cov" on HIS-1)	7	<b>1a.</b> <input type="checkbox"/> Private insurance (Enter "Cov" on HIS-1)	7	<b>1a.</b> <input type="checkbox"/> Private insurance (Enter "Cov" on HIS-1)	7		
<b>2.</b> <input type="checkbox"/> In name	8	<b>2.</b> <input type="checkbox"/> In name	8	<b>2.</b> <input type="checkbox"/> In name	8	<b>2.</b> <input type="checkbox"/> In name	8		
<b>6a. Is (plan name) an HMO (Health Maintenance Organization) or IPA (Individual Practice Association), or is it some other kind of plan?</b>  <i>Read if necessary: Health Maintenance Organizations, or HMO's and Individual Practice Associations, or IPA's, are plans whose members are required to use only those health care providers who work for or in association with the HMO or IPA. Sometimes there is an option to permit use of providers not associated with the Plan, but usually at greater cost to the enrollee. Generally, members do not have to submit claims for costs of medical care services.</i>				<input type="checkbox"/> HMO/ IPA <input type="checkbox"/> Other <input type="checkbox"/> DK				15	
<b>b. Under this plan can you choose ANY doctor or MUST you choose one from a specific group or list of doctors?</b>				<input type="checkbox"/> Any doctor (6c) <input type="checkbox"/> Select from group/list (6d) <input type="checkbox"/> DK (7)				16	
<b>c. Do you have the option of choosing a doctor from a preferred or select list at lower cost to you?</b>				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK } (7)				17	
<b>d. If you select a doctor who is not in the plan, will (plan name) pay for any part of the cost?</b>				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK				18	
<i>Ask if family has at least one person under the age of 18.</i>				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK				19	
<b>7a. Does (plan name) pay for any of the costs of well child care, that is visits when a child is NOT sick, but needs a check-up or immunization?</b>  <i>Ask if family has at least one female over the age of 39.</i>				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK				20	
<b>b. Does this plan pay for any part of the cost for mammograms?</b>  <i>Read if necessary: A mammogram is an x-ray taken only of the breasts by a machine that presses the breast against a plate.</i>				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK				20	
GO TO 1a FOR NEXT PLAN; IF NO OTHER PLAN GO TO 8a									
Notes									

Section FB – PRIVATE PLAN AND COVERAGE DETAIL – Continued		PERSON 1	
<b>8a. In the past 2 years, has anyone in the family been denied coverage, or had restricted or limited coverage, (under [this plan/any of the plans you just told me about]) because he or she already had a particular health condition, sometimes called a pre-existing condition?</b>		<b>8a.</b> <input type="checkbox"/> Yes (8b) <input type="checkbox"/> No <input type="checkbox"/> DK } (9) <span style="float: right;">69</span>	
<b>b. Who is this?</b> <i>Mark (X) "Pre-existing condition" box in person's column.</i>		<b>b.</b> <input type="checkbox"/> Pre-existing condition <span style="float: right;">70</span>	
<b>c. Anyone else?</b> <input type="checkbox"/> Yes (Reask 8b and c) <input type="checkbox"/> No <input type="checkbox"/> DK			
<b>9a. In the past 2 years, has anyone in the family applied for health insurance and not been able to get it?</b>		<b>9a.</b> <input type="checkbox"/> Yes (9b) <input type="checkbox"/> No <input type="checkbox"/> DK } (10) <span style="float: right;">71</span>	
<b>b. Who is this?</b> <i>Mark (X) "Turned down" box in person's column.</i>		<b>b.</b> <input type="checkbox"/> Turned down <span style="float: right;">72</span>	
<b>c. Anyone else?</b> <input type="checkbox"/> Yes (Reask 9b and c) <input type="checkbox"/> No <input type="checkbox"/> DK <i>Ask for each person with "Turned down" box marked in 9b.</i>			
<b>d. Why was -- unable to get that health insurance? Anything else?</b> <i>Mark (X) all that apply.</i>		<b>d.</b> <input type="checkbox"/> Because of pre-existing condition, as cancer or diabetes <span style="float: right;">73</span> <input type="checkbox"/> Because of health risk(s), such as smoking or overweight <span style="float: right;">74</span> <input type="checkbox"/> Because of work, such as construction worker, beautician, farm worker <span style="float: right;">75</span> <input type="checkbox"/> Because premiums were too high <span style="float: right;">76</span> <input type="checkbox"/> Other – Specify <input checked="" type="checkbox"/> <span style="float: right;">77</span> <input type="checkbox"/> DK <span style="float: right;">78</span>	
<b>10a. In the past two years or so, has anyone in the family decided to stay in one job rather than take another job mainly because of reasons related to health insurance?</b>		<b>10a.</b> <input type="checkbox"/> Yes (10b) <input type="checkbox"/> No <input type="checkbox"/> DK } (FB1) <span style="float: right;">79</span>	
<b>b. Who is this?</b> <i>Mark (X) "Stayed in job" box in person's column.</i>		<b>b.</b> <input type="checkbox"/> Stayed in job <span style="float: right;">80</span>	
<b>c. Anyone else?</b> <input type="checkbox"/> Yes (Reask 10b and c) <input type="checkbox"/> No <input type="checkbox"/> DK			
<b>ITEM FB1</b>	<i>Refer to age and Wa/Wb in HIS-1.  Mark (X) first appropriate box.</i>	<b>FB 1</b>	<input type="checkbox"/> 70+ (NP) <span style="float: right;">81</span> <input type="checkbox"/> Wa/Wb marked (Check Item FB2) <input type="checkbox"/> Other (NP)
<b>ITEM FB2</b>	<i>Refer to 2 for ALL plans in HI.</i>	<b>FB 2</b>	<input type="checkbox"/> Any "In name" (NP) <span style="float: right;">82</span> <input type="checkbox"/> Other (11)
<b>11. Was health insurance offered by -- employer?</b>		<b>11.</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK } (NP) <span style="float: right;">83</span>	
<b>ITEM FB3</b>	<i>Refer to Age and "Cov." on HIS-1.  Mark (X) first appropriate box.</i>	<b>FB 3</b>	<input type="checkbox"/> Covered (13) <span style="float: right;">84</span> <input type="checkbox"/> Not covered, under 65 <input type="checkbox"/> Not covered, 65+ } (12)
<b>If no other persons in the family, Skip to 14 on page 40</b>			

Section FB - PRIVATE PLAN AND COVERAGE DETAIL - Continued

PERSON 1

3-4

HAND CARD FR4. Read each category if telephone interview. If "Not covered 65 and over," include "or Medicare".

12a. Many people do not have health insurance for various reasons. Which of these statements describes why -- is not covered by any health insurance (or Medicare)?

Anything else?

Mark (X) all that apply.

12a.

- 01 Job layoff/loss/unemployment 5-6
02 Wasn't offered by employer 7-8
03 Not eligible because part time worker 9-10
04 Family coverage not offered by employer 11-12
05 Benefits from former employer ran out 13-14
06 Can't obtain because of poor health, illness, or age 15-16
07 Too expensive/Can't afford 17-18
08 Dissatisfied with previous insurance 19-20
09 Don't believe in insurance 21-22
10 Have usually been healthy, haven't needed insurance 23-24
11 Covered by some other plan 25-26
12 Too old for coverage under family plans 27-28
13 Free/inexpensive source of care readily available 29-30
98 Other reason - Specify 31-32
99 DK (12c) 33-34

Ask if more than one box is marked in 12a, otherwise transcribe number of box marked without asking.

b. What is the MAIN reason -- was not covered in (month) by any health insurance (or Medicare)?

Record number from Card FR4.

c. When was the LAST time -- had health insurance?

b.

Main reason

c.

- 1 Less than 6 months ago
2 6 months ago, but less than 1 year ago
3 1 year ago, but less than 3 years ago
4 3 or more years ago
5 Never had health insurance
9 DK (12e)

HAND CARD FR5. Read categories if telephone interview.

d. What was the MAIN reason -- stopped being covered by health insurance?

Mark (X) only one.

d.

- 01 Lost job or changed employers
02 Spouse/parent lost job or changed employers
03 Death of spouse or parent
04 Became divorced or separated
05 Became ineligible because of age
06 Employer stopped offering coverage
07 Cut back to part time
08 Benefits from employer/former employer ran out
98 Other - Specify

e. At the time that -- stopped being covered by health insurance, did -- try to find some other type of health insurance?

e.

- 1 Yes (12f)
2 No
9 DK

f. What was the MAIN reason -- was unable to find some other type of health insurance?

f.

- 1 Could not afford
2 Was rejected
8 Other reason - Specify
9 DK

Section FB – PRIVATE PLAN AND COVERAGE DETAIL – Continued		PERSON 1		
<b>13a. In the past 12 months, was there any time that -- did NOT have ANY health insurance or coverage?</b>		<b>13a.</b>	<input type="checkbox"/> Yes (13b) <input type="checkbox"/> No <input type="checkbox"/> DK } (FB3 for NP)	42
<b>b. In how many of the past 12 months was -- without coverage?</b>		<b>b.</b>	<input type="checkbox"/> 1 month or less <input type="checkbox"/> 2–3 months <input type="checkbox"/> 4–6 months <input type="checkbox"/> More than 6 months <input type="checkbox"/> DK	43
<i>HAND CARD FR5. Read each category if telephone interview.</i>				44-45
<b>c. What was the MAIN reason -- was without coverage?</b>		<b>c.</b>	<input type="checkbox"/> 01 Lost job or changed employers <input type="checkbox"/> 02 Spouse/parent lost job or changed employers <input type="checkbox"/> 03 Death of spouse or parent <input type="checkbox"/> 04 Became divorced or separated <input type="checkbox"/> 05 Became ineligible because of age <input type="checkbox"/> 06 Employer stopped offering coverage <input type="checkbox"/> 07 Cut back to part time <input type="checkbox"/> 08 Benefits from employer/ former employer ran out <input type="checkbox"/> 98 Other – Specify <input checked="" type="checkbox"/> <input type="checkbox"/> 99 DK	(FB 3 for NP)
<i>HAND CARD FR6. Read each category if telephone interview.</i>				46
<b>14. During the past 12 months, about how much did [you/your family] spend for medical care? Do NOT include the cost of over-the-counter remedies, the cost of health insurance premiums, or any costs for which you expect to be reimbursed.</b>		<b>14.</b>	<input type="checkbox"/> Zero <input type="checkbox"/> Less than \$500 <input type="checkbox"/> \$500 – \$1999 <input type="checkbox"/> \$2,000 – \$2,999 <input type="checkbox"/> \$3,000 – \$4,999 <input type="checkbox"/> \$5,000 or more <input type="checkbox"/> DK	46
<b>ITEM FB4</b>	About how often did the Respondent appear to answer the questions in Sections FA and FB accurately?	<b>FB 4</b>	<input type="checkbox"/> All the time <input type="checkbox"/> Most of the time <input type="checkbox"/> Some of the time <input type="checkbox"/> Rarely or never <input type="checkbox"/> DK	47
<b>ITEM FB5</b>	About how often did the Respondent appear to answer the questions in Sections FA and FB honestly?	<b>FB 5</b>	<input type="checkbox"/> All the time <input type="checkbox"/> Most of the time <input type="checkbox"/> Some of the time <input type="checkbox"/> Rarely or never <input type="checkbox"/> DK	48
<b>ITEM FB6</b>	<i>Enter the person number of the Respondent. If more than one, enter the person number of the one who answered the most questions in Sections FA and FB.</i>	<b>FB 6</b>	Person number _____	49-50
Notes				

**Section FC – INCOME AND ASSETS**

**PERSON 1**

3-4

Mark (X) box or ask for each nondeleted family member, including Armed Forces members living at home.

**1a. In (month), did -- have a job or business?**

**1a.**

- 0  Under 14 (NP or 6)  
 1  Yes (1b)  
 2  No } (NP or 6)  
 9  DK }

5

**b. In (month), was -- working for an employer, was -- self-employed, or both?**

**b.**

Read if necessary: **Examples of self-employment include business, professional practice, or farm.**

- 1  Employer only (2a)  
 2  Self-employed only (3)  
 3  Both (4)  
 9  DK (NP or 6)

6

**2a. In (month), how many hours per week did -- usually work in -- MAIN job?**

**2a.**

\_\_\_\_ Hours per week  
 (Number)  
 99  DK

7-8

**b. Was -- paid by the hour at this MAIN job?**

**b.**

- 1  Yes  
 2  No  
 9  DK

9

**c. In (month), how much income did -- receive BEFORE deductions from -- MAIN job? Include any tips, bonuses, overtime pay, and commissions.**

**c.**

\$ \_\_\_\_\_  
 (Dollars)  
 9999999  DK

10-16

**d. How long has -- worked at this MAIN job?**

**d.**

- 1  One year or less  
 2  More than a year, but not more than 3 years  
 3  More than 3 years, but not more than 5 years  
 4  More than 5 years, but not more than 10 years  
 5  More than 10 years  
 9  DK

17

**e. In (month), how many hours per week did -- usually work at all OTHER jobs?**

**e.**

\_\_\_\_ Hours per week (2f)  
 (Number)  
 88  None, only worked one job (2g)  
 99  DK (2f)

18-19

**f. In (month), how much income did -- receive BEFORE deductions in all OTHER jobs? Include any tips, bonuses, overtime pay, and commissions.**

**f.**

\$ \_\_\_\_\_  
 (Dollars)  
 9999999  DK

20-26

**g. In how many of the past 12 months did -- have AT LEAST ONE job or business?**

**g.**

\_\_\_\_ Months  
 (Number) } (FC1)  
 12  All  
 99  DK

27-28

Notes

**Section FC - INCOME AND ASSETS - Continued**

**PERSON 1**

<p><b>3a. In (month), how many hours per week did -- usually work in -- MAIN business?</b></p>	<p><b>3a.</b> <span style="float:right">29-30</span></p> <p style="text-align: right;">Hours per week (Number)</p> <p>99 <input type="checkbox"/> DK</p>
<p><b>b. In (month), how much income did -- receive from -- MAIN business? Report NET income, after business expenses.</b></p> <p><i>Read if necessary: For farms, include any earnings as a tenant farmer or share cropper.</i></p>	<p><b>b.</b></p> <p>1 <input type="checkbox"/> Already included <span style="float:right">31</span></p> <p>0 <input type="checkbox"/> Loss <span style="float:right">32</span></p> <p>\$ <span style="float:right">33-39</span></p> <p style="text-align: center;">(Dollars)</p> <p>9999999 <input type="checkbox"/> DK</p>
<p><b>c. How long has -- worked at this MAIN business?</b></p>	<p><b>c.</b> <span style="float:right">40</span></p> <p>1 <input type="checkbox"/> One year or less</p> <p>2 <input type="checkbox"/> More than a year, but not more than 3 years</p> <p>3 <input type="checkbox"/> More than 3 years, but not more than 5 years</p> <p>4 <input type="checkbox"/> More than 5 years, but not more than 10 years</p> <p>5 <input type="checkbox"/> More than 10 years</p> <p>9 <input type="checkbox"/> DK</p>
<p><b>d. In (month), how many hours per week did -- usually work at all OTHER businesses?</b></p>	<p><b>d.</b> <span style="float:right">41-42</span></p> <p style="text-align: right;">Hours per week (3e) (Number)</p> <p>88 <input type="checkbox"/> None, only worked at one business (3g)</p> <p>99 <input type="checkbox"/> DK (3e)</p>
<p><b>e. In (month), how much income did -- receive from all OTHER businesses? Report NET income, after business expenses.</b></p>	<p><b>e.</b></p> <p>1 <input type="checkbox"/> Already included <span style="float:right">43</span></p> <p>0 <input type="checkbox"/> Loss <span style="float:right">44</span></p> <p>\$ <span style="float:right">45-51</span></p> <p style="text-align: center;">(Dollars)</p> <p>9999999 <input type="checkbox"/> DK</p>
<p><b>f. In how many of the past 12 months was -- self-employed?</b></p>	<p><b>f.</b> <span style="float:right">52-53</span></p> <p style="text-align: right;">Months } { If 01-11 (3g) (Number) } { If 12 (FC1)</p> <p>12 <input type="checkbox"/> All } (FC1)</p> <p>99 <input type="checkbox"/> DK }</p>
<p><b>g. In how many of the past 12 months did -- have AT LEAST ONE job or business?</b></p>	<p><b>g.</b> <span style="float:right">54-55</span></p> <p style="text-align: right;">Months } (Number) } (FC1)</p> <p>12 <input type="checkbox"/> All</p> <p>99 <input type="checkbox"/> DK</p>

Notes

Section FC - INCOME AND ASSETS - Continued		PERSON 1	
<b>4a. In (month), how many hours per week did -- usually work in -- MAIN job or business?</b>		<b>4a.</b>	<div style="text-align: right;">56-57</div> Hours per week (Number) 99 <input type="checkbox"/> DK
<b>b. Was this a job or business?</b>		<b>b.</b>	<div style="text-align: right;">58</div> 1 <input type="checkbox"/> Job (4c) 2 <input type="checkbox"/> Business (4e) 9 <input type="checkbox"/> DK (4c)
<b>c. Was -- paid by the hour at this MAIN job?</b>		<b>c.</b>	<div style="text-align: right;">59</div> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK
<b>d. In (month), how much income did -- receive BEFORE deductions from -- MAIN job? Include any tips, bonuses, overtime pay, and commissions.</b>		<b>d.</b>	<div style="text-align: right;">60-66</div> \$ _____ (Dollars) } (4f) 9999999 <input type="checkbox"/> DK
<b>e. In (month), how much income did -- receive from -- MAIN business? Report NET income, after business expenses.</b>  <i>Read if necessary: For farms, include any earnings as a tenant farmer or share cropper.</i>		<b>e.</b>	<div style="text-align: right;">67</div> 1 <input type="checkbox"/> Already included <div style="text-align: right;">68</div> 0 <input type="checkbox"/> Loss  <div style="text-align: right;">69-75</div> \$ _____ (Dollars) 9999999 <input type="checkbox"/> DK
<b>f. How long has -- worked at this MAIN [job/business]?</b>		<b>f.</b>	<div style="text-align: right;">76</div> 1 <input type="checkbox"/> One year or less 2 <input type="checkbox"/> More than a year, but not more than 3 years 3 <input type="checkbox"/> More than 3 years, but not more than 5 years 4 <input type="checkbox"/> More than 5 years, but not more than 10 years 5 <input type="checkbox"/> More than 10 years 9 <input type="checkbox"/> DK
<b>g. In (month), how many hours per week did -- usually work at all OTHER jobs or businesses?</b>		<b>g.</b>	<div style="text-align: right;">77-78</div> Hours per week (Number) 99 <input type="checkbox"/> DK
<b>h. In (month), how much income did -- receive from all OTHER businesses? Report NET income, after business expenses.</b>  <i>Read if necessary: For farms, include any earnings as a tenant farmer or share cropper.</i>		<b>h.</b>	<div style="text-align: right;">79</div> 1 <input type="checkbox"/> Already included <div style="text-align: right;">80</div> 0 <input type="checkbox"/> Loss  <div style="text-align: right;">81-87</div> \$ _____ (Dollars) 9999998 <input type="checkbox"/> No other business 9999999 <input type="checkbox"/> DK
<b>i. In (month), how much income did -- receive BEFORE deductions from all OTHER jobs? Include any tips, bonuses, overtime pay, and commissions.</b>		<b>i.</b>	<div style="text-align: right;">88-94</div> \$ _____ (Dollars) 9999998 <input type="checkbox"/> No other job 9999999 <input type="checkbox"/> DK
<b>j. In how many of the past 12 months was -- self-employed?</b>		<b>j.</b>	<div style="text-align: right;">95-96</div> _____ Months } (If 01-11 (4k)) (Number) } (If 12 (FC1)) 12 <input type="checkbox"/> All } (FC1) 99 <input type="checkbox"/> DK }
<b>k. In how many of the past 12 months did -- have AT LEAST ONE job or business?</b>		<b>k.</b>	<div style="text-align: right;">97-98</div> _____ Months (Number) 12 <input type="checkbox"/> All 99 <input type="checkbox"/> DK
<b>ITEM FC1</b>  <i>Refer to age.</i>		<b>FC 1</b>	<div style="text-align: right;">99</div> 1 <input type="checkbox"/> 18+ (5) 8 <input type="checkbox"/> Other (1a for NP or 6)

<b>Section FC – INCOME AND ASSETS – Continued</b>		<b>PERSON 1</b>	
<i>HAND CARD FR7. Read each category if telephone interview.</i>			100
<b>5a. Thinking about -- (MAIN) job or business in (month), how many people are employed full and part time, including employees at all locations?</b>	<b>5a.</b> 1 <input type="checkbox"/> 1-9 employees 2 <input type="checkbox"/> 10-24 employees 3 <input type="checkbox"/> 25-49 employees 4 <input type="checkbox"/> 50-99 employees 5 <input type="checkbox"/> 100-499 employees 6 <input type="checkbox"/> 500-999 employees 7 <input type="checkbox"/> 1,000 or more employees 9 <input type="checkbox"/> DK (5b)	} (1a for NP or 6)	
<b>b. Thinking about the particular location where -- worked in (month), how many people are employed THERE full and part time?</b>	<b>b.</b> 1 <input type="checkbox"/> 1-9 employees 2 <input type="checkbox"/> 10-24 employees 3 <input type="checkbox"/> 25-49 employees 4 <input type="checkbox"/> 50-99 employees 5 <input type="checkbox"/> 100-499 employees 6 <input type="checkbox"/> 500-999 employees 7 <input type="checkbox"/> 1,000 or more employees 9 <input type="checkbox"/> DK	} (1a for NP or 6)	101
<b>6a. In (month), did anyone in the family receive Social Security or Railroad Retirement payments?</b>  <i>Read if necessary: Social Security checks are either automatically deposited in the bank or mailed to arrive on the 3rd of every month. If mailed, they are sent in a gold colored envelope.</i>	<b>6a.</b> 1 <input type="checkbox"/> Yes (6b) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (7)		102
<b>b. Who was this?</b>  <i>Mark (X) "SS/RR" box in person's column.</i>	<b>b.</b> 1 <input type="checkbox"/> SS/RR		103
<b>c. Anyone else?</b> <input type="checkbox"/> Yes (Reask 6b and c) <input type="checkbox"/> No  <i>Mark (X) 6d-g as appropriate for each person with "SS/RR" box marked in 6b.</i>			
<b>d. How much income did -- receive in (month), from Social Security or Railroad Retirement?</b>	<b>d.</b> 1 <input type="checkbox"/> Already included \$ _____ (Dollars) 9999 <input type="checkbox"/> DK		104 105-108
<b>e. How long has -- received Social Security or Railroad Retirement income?</b>  <i>Ask 6f-g ONLY if person is under 65.</i>	<b>e.</b> 1 <input type="checkbox"/> Months 2 <input type="checkbox"/> Years 99 <input type="checkbox"/> DK		109-110 111
<b>f. Was -- Social Security or Railroad Retirement income received as a disability benefit?</b>	<b>f.</b> 1 <input type="checkbox"/> Yes (6g) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (6d for NP with "SS/RR" in 6b)		112
<b>g. Did -- receive this benefit because -- is disabled?</b>	<b>g.</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK		113
<b>7a. (Besides --) Has anyone in the family EVER APPLIED for disability benefits from Social Security? This includes people who applied for benefits even if the claim was denied.</b>	<b>7a.</b> 1 <input type="checkbox"/> Yes (7b) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (8)		114
<b>b. Who was this?</b>  <i>Mark (X) "Applied for SSA" box in person's column.</i>	<b>b.</b> 1 <input type="checkbox"/> Applied for SSA		115
<b>c. Anyone else?</b> <input type="checkbox"/> Yes (Reask 7b and c) <input type="checkbox"/> No  <i>Ask 7d for each person marked in 7b.</i>			
<b>d. How many times has -- applied for disability benefits from Social Security?</b>	<b>d.</b> _____ Times applied for SSA (Number)		116-117



Section FC - INCOME AND ASSETS - Continued

PERSON 1

8a. In (month), did anyone in the family receive Supplemental Security Income or SSI?
Read if necessary: Federal SSI are either automatically deposited in the bank or mailed to arrive on the first of every month. If mailed, they are sent in a blue colored envelope.

8a. 1 Yes (8b)
2 No
9 DK (9)

5

b. Who was this?
Mark (X) "SSI" box in person's column.

b. 1 SSI

6

c. Anyone else? Yes (Reask 8b and c) No

Ask 8d-e for each person with "SSI" box marked in 8b.

7-10

d. How much income did -- receive in (month) for Supplemental Security Income or SSI?

d. \$ (Dollars)
9999 DK

e. How long has -- received Supplement Security Income?

e. 1 Months 11-12
2 Years 13
99 DK

9a. (Besides --) Has anyone in the family EVER applied for Supplemental Security Income or SSI? This includes people who applied for benefits even if the claim was denied.

9a. 1 Yes (9b)
2 No
9 DK (10)

14

b. Who was this?
Mark (X) "Applied for SSI" box in person's column.

b. 1 Applied for SSI

15

c. Anyone else? Yes (Reask 9b and c) No

Ask 9d for each person marked in 9b.

16-17

d. How many times has -- applied for Supplemental Security Income (SSI)?

d. Times applied for SSI (Number)

10a. In (month), did anyone in the family receive any disability pension (other than Social Security or Railroad Retirement)?

10a. 1 Yes (10b)
2 No
9 DK (11)

18

b. Who was this?
Mark (X) "Disability" box in person's column.

b. 1 Disability

19

c. Anyone else? Yes (Reask 10b and c) No

Ask 10d for each person with "Disability" box marked in 10b.

d. How much did -- receive in (month) BEFORE deductions from a disability pension?

d. 1 Already included 20
\$ (Dollars) 21-24
9999 DK

Notes

Section FC – INCOME AND ASSETS – Continued		PERSON 1	
<p><b>11a. (In (month), did anyone in the family receive) Any retirement or survivor pension (other than [Social Security or Railroad Retirement/(or) disability pension])?</b></p> <p>-----</p> <p><b>b. Who was this?</b> Mark (X) "Pension" box in person's column.</p> <p>-----</p> <p><b>c. Anyone else?</b>      <input type="checkbox"/> Yes (Reask 11b and c)      <input type="checkbox"/> No Ask 11d for each person with "Pension" box marked in 11b.</p> <p>-----</p> <p><b>d. How much income did -- receive BEFORE deductions from retirement or survivor pensions (other than [Social Security or Railroad Retirement/(or) disability pension]) in (month)?</b></p>	<p><b>11a.</b> <span style="float: right;">25</span> 1 <input type="checkbox"/> Yes (11b) 2 <input type="checkbox"/> No } (FC2) 9 <input type="checkbox"/> DK }</p> <hr/> <p><b>b.</b> <span style="float: right;">26</span> 1 <input type="checkbox"/> Pension</p> <hr/> <p><b>d.</b> <span style="float: right;">27</span> 1 <input type="checkbox"/> Already included \$ _____ <span style="float: right;">28-33</span> (Dollars) 999999 <input type="checkbox"/> DK</p>		
<p><b>ITEM FC2</b>      <i>Refer to family composition and income in 8a on page 46 of HIS-1.</i></p>	<p style="text-align: right;">34</p> <p><b>FC 2</b> 1 <input type="checkbox"/> Single person household and family income = \$20,000 or more (14) 2 <input type="checkbox"/> Married couple only and family income = \$20,000 or more (14) 8 <input type="checkbox"/> Other (12)</p>		
<p><b>12a. In (month), did anyone in the family receive public assistance or welfare payments from the state or local welfare office? Do not include SSI.</b></p> <p>-----</p> <p><b>b. Who was this?</b> Mark (X) "Welfare" box in person's column.</p> <p>-----</p> <p><b>c. Anyone else?</b>      <input type="checkbox"/> Yes (Reask 12b and c)      <input type="checkbox"/> No Ask 12d-f for each person with "Welfare" box marked in 12b.</p> <p>-----</p> <p><b>d. Did -- receive Aid to Families with Dependent Children, sometimes called AFDC or ADC, or some other type of assistance payments in (month)?</b></p> <p>-----</p> <p><b>e. In how many of the past 12 months did -- receive these payments?</b></p> <p>-----</p> <p><b>f. How much income did -- receive from public assistance or welfare in (month)?</b></p>	<p><b>12a.</b> <span style="float: right;">35</span> 1 <input type="checkbox"/> Yes (12b) 2 <input type="checkbox"/> No } (13) 9 <input type="checkbox"/> DK }</p> <hr/> <p><b>b.</b> <span style="float: right;">36</span> 1 <input type="checkbox"/> Welfare</p> <hr/> <p><b>d.</b> <span style="float: right;">37</span> 1 <input type="checkbox"/> AFDC 2 <input type="checkbox"/> Other 3 <input type="checkbox"/> Both 9 <input type="checkbox"/> DK</p> <hr/> <p><b>e.</b> <span style="float: right;">38-39</span> 12 <input type="checkbox"/> All ____ Months (Number) 99 <input type="checkbox"/> DK</p> <hr/> <p><b>f.</b> <span style="float: right;">40</span> 1 <input type="checkbox"/> Already included \$ _____ <span style="float: right;">41-44</span> (Dollars) 9999 <input type="checkbox"/> DK</p>		
Notes			

Section FC – INCOME AND ASSETS – Continued		PERSON 1
<p><b>13a. In (month), did anyone in the family receive food stamps?</b></p> <p>-----</p> <p><b>b. Did this food stamp allotment include anyone who lived here who was NOT in your family?</b></p> <p>-----</p> <p><b>c. How many OTHER persons who lived here in (month) besides your family were included in this food stamp allotment?</b></p> <p>-----</p> <p><b>d. What was the total value of the food stamp allotment received in (month)?</b></p>	<p><b>13a.</b> <span style="float: right;">45</span></p> <p>1 <input type="checkbox"/> Yes (13b)  2 <input type="checkbox"/> No } (14)  9 <input type="checkbox"/> DK }</p> <hr/> <p><b>b.</b> <span style="float: right;">46</span></p> <p>1 <input type="checkbox"/> Yes (13c)  2 <input type="checkbox"/> No } (13d)  9 <input type="checkbox"/> DK }</p> <hr/> <p><b>c.</b> <span style="float: right;">47-48</span></p> <p>_____ Persons  (Number)  99 <input type="checkbox"/> DK</p> <hr/> <p><b>d.</b> <span style="float: right;">49-52</span></p> <p>\$ _____  (Dollars)  9999 <input type="checkbox"/> DK</p>	
<p><b>14a. In (month), did anyone in the family have money in any kind of savings or other bank account that EARNED interest? Do not include dividends.</b></p> <p><i>Read if necessary: Include saving accounts, money market funds, treasury notes, IRA's or certificates of deposit, interest earning checking accounts, bonds or any other investments that earn interest.</i></p> <p>-----</p> <p><b>b. Who was this?</b></p> <p><i>Mark (X) "Interest" box in person's column.</i></p> <p>-----</p> <p><b>c. Anyone else?</b>      <input type="checkbox"/> Yes (Reask 14b and c)      <input type="checkbox"/> No</p> <p><i>Ask 14d-f as appropriate for each person with "Interest" box marked in 14b.</i></p> <p>-----</p> <p><b>d. What is your best estimate of the total amount of interest -- earned in (month)?</b></p> <p>-----</p> <p><b>e. Was it more than \$25 or less than \$25?</b></p> <p>-----</p> <p><i>HAND CARD FR8.</i></p> <p><b>f. Was it – Read answer categories.</b></p>	<p><b>14a.</b> <span style="float: right;">53</span></p> <p>1 <input type="checkbox"/> Yes (14b)  2 <input type="checkbox"/> No } (15)  9 <input type="checkbox"/> DK }</p> <hr/> <p><b>b.</b> <span style="float: right;">54</span></p> <p>1 <input type="checkbox"/> Interest</p> <hr/> <p><b>d.</b> <span style="float: right;">55</span></p> <p>1 <input type="checkbox"/> Already included } (NP with "Interest" in 14b)  \$ _____ } <span style="float: right;">56-59</span>  (Dollars)  9999 <input type="checkbox"/> DK (14e)</p> <hr/> <p><b>e.</b> <span style="float: right;">60</span></p> <p>1 <input type="checkbox"/> More than \$25 (14f)  2 <input type="checkbox"/> Less than \$25 } (NP with "Interest" in 14b)  3 <input type="checkbox"/> \$25 exactly }  9 <input type="checkbox"/> DK }</p> <hr/> <p><b>f.</b> <span style="float: right;">61</span></p> <p>1 <input type="checkbox"/> \$25-\$99,  2 <input type="checkbox"/> \$100-\$499,  3 <input type="checkbox"/> \$500-\$999,  4 <input type="checkbox"/> \$1000-\$4999, or  5 <input type="checkbox"/> \$5000 or more?  9 <input type="checkbox"/> DK</p>	
Notes		

**Section FC – INCOME AND ASSETS – Continued**

**PERSON 1**

**15a. Did anyone in the family receive dividend income from stocks or mutual funds or income from rental property, royalties, estates, or trusts in (month)?**

**15a.** 62  
 1  Yes (15b)  
 2  No } (16)  
 9  DK

**b. Who was this?**

Mark (X) "Dividends" box in person's column.

**b.** 63  
 1  Dividends

**c. Anyone else?**

Yes (Reask 15b and c)  No

Ask 15d-f as appropriate for each person with "Dividends" box marked in 15b.

**d. What is your best estimate of the total amount that -- received from dividends, NET rental property income, royalties, estates, or trusts in (month)?**

**d.** 64  
 1  Already included } (NP with  
 0  Loss } "Dividends"  
 in 15b) 65  
 \$ \_\_\_\_\_ 66-69  
 (Dollars)  
 9999  DK (15e)

**e. Was it more than \$25 or less than \$25?**

**e.** 70  
 1  More than \$25 (15f)  
 2  Less than \$25 } (NP  
 3  \$25 exactly } with  
 9  DK } "Dividends"  
 in 15b)

HAND CARD FR8.

**f. Was it -- Read answer categories.**

**f.** 71  
 1  \$25-\$99,  
 2  \$100-\$499,  
 3  \$500-\$999,  
 4  \$1000-\$4999, or  
 5  \$5000 or more?  
 9  DK

**16a. In (month), did anyone in the family receive income from ANY OTHER sources, such as veterans payments, worker's or unemployment compensation, child support or alimony? Do not include lump payments, such as money from an inheritance or sale of a home.**

**16a.** 72  
 1  Yes (16b)  
 2  No } (17)  
 9  DK

**b. Who was this?**

Mark (X) "Other income" box in person's column.

**b.** 73  
 1  Other income

**c. Anyone else?**

Yes (Reask 16b and c)  No

Ask 16d-f as appropriate for each person with "Other Income" box marked in 16b.

**d. How much income did -- receive in (month) from ALL OTHER sources?**

**d.** 74  
 1  Already included } (NP  
 with  
 "Other  
 income"  
 in 16b) 75-78  
 \$ \_\_\_\_\_  
 (Dollars)  
 9999  DK (15e)

**e. Was it more than \$25 or less than \$25?**

**e.** 79  
 1  More than \$25 (16f)  
 2  Less than \$25 } (NP  
 3  \$25 exactly } with  
 9  DK } "Other  
 income"  
 in 16b)

HAND CARD FR8.

**f. Was it -- Read answer categories.**

**f.** 80  
 1  \$25-\$99,  
 2  \$100-\$499,  
 3  \$500-\$999,  
 4  \$1000-\$4999, or  
 5  \$5000 or more?  
 9  DK

Notes

**Section FC - INCOME AND ASSETS - Continued**

<b>17a. Does anyone in the family own a car, truck, recreational vehicle, motorcycle, or boat?</b>	<input type="checkbox"/> Yes (17b) <input type="checkbox"/> No } (18) <input type="checkbox"/> DK }	<b>81</b>
----- HAND CARD FR9.		
<b>b. Altogether, how much are they worth?</b>	<input type="checkbox"/> Less than \$2,000 <input type="checkbox"/> \$2,000 - \$4,999 <input type="checkbox"/> \$5,000 - \$9,999 <input type="checkbox"/> \$10,000 - \$19,999 <input type="checkbox"/> \$20,000 - \$49,999 <input type="checkbox"/> \$50,000 - \$99,999 <input type="checkbox"/> \$100,000 or more <input type="checkbox"/> DK	<b>82</b>
<b>18a. Is this [house/apartment] now -</b>  <b>(1) Owned or being bought by you (or someone in the household)?</b>	<input type="checkbox"/> Yes (18b) <input type="checkbox"/> No (Ask (2))	<b>83</b>
<b>(2) Rented for money?</b>	<input type="checkbox"/> Yes (18e) <input type="checkbox"/> No (Ask (3))	<b>84</b>
<b>(3) Occupied without payment of money rent?</b>	<input type="checkbox"/> Yes } (19) <input type="checkbox"/> No }	<b>85</b>
----- HAND CARD FR10.		
<b>b. About how much is this place worth on today's market?</b>	<input type="checkbox"/> Less than \$25,000 <input type="checkbox"/> \$25,000 - \$49,999 <input type="checkbox"/> \$50,000 - \$99,999 <input type="checkbox"/> \$100,000 - \$199,999 <input type="checkbox"/> \$200,000 - \$299,999 <input type="checkbox"/> \$300,000 - \$499,999 <input type="checkbox"/> \$500,000 or more <input type="checkbox"/> DK	<b>86</b>
<b>c. Is it fully paid for or do you still owe something?</b>	<input type="checkbox"/> Fully paid for, nothing is owed (19) <input type="checkbox"/> Still owe something (18d) <input type="checkbox"/> DK(19)	<b>87</b>
----- HAND CARD FR11.		
<b>d. What is the monthly mortgage payment?</b>	<input type="checkbox"/> Less than \$500 <input type="checkbox"/> \$500 - \$999 <input type="checkbox"/> \$1,000 - \$1,999 <input type="checkbox"/> \$2,000 or more <input type="checkbox"/> DK } (19)	<b>88</b>
----- HAND CARD FR11.		
<b>e. What is the monthly rent?</b>	<input type="checkbox"/> Less than \$500 <input type="checkbox"/> \$500 - \$999 <input type="checkbox"/> \$1,000 - \$1,999 <input type="checkbox"/> \$2,000 or more <input type="checkbox"/> DK	<b>89</b>
<b>f. Does the monthly rent include meals and/or utilities?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<b>90</b>
<b>19. [Do you/Does your family] own any other assets, such as another house, a business, or stocks and bonds?</b>	<input type="checkbox"/> Yes (20) <input type="checkbox"/> No } (Item FC3) <input type="checkbox"/> DK }	<b>91</b>
<b>20a. [Do you/Does your family] own other property, such as another home, rental property, or land?</b>	<input type="checkbox"/> Yes (20b) <input type="checkbox"/> No } (21) <input type="checkbox"/> DK }	<b>92</b>
----- HAND CARD FR10.		
<b>b. If [ you/your family] sold this other property now and paid off any debts on it, about how much would [you/your family] get?</b>	<input type="checkbox"/> Less than \$25,000 <input type="checkbox"/> \$25,000 - \$49,999 <input type="checkbox"/> \$50,000 - \$99,999 <input type="checkbox"/> \$100,000 - \$199,999 <input type="checkbox"/> \$200,000 - \$299,999 <input type="checkbox"/> \$300,000 - \$499,999 <input type="checkbox"/> \$500,000 or more <input type="checkbox"/> DK	<b>93</b>

**Section FC – INCOME AND ASSETS – Continued**

<p><b>21a. (Besides this property) [Do you/Does your family] own part or all of a business, farm, or professional practice?</b></p>	<p>1 <input type="checkbox"/> Yes (21b)                  2 <input type="checkbox"/> No } (22)                  9 <input type="checkbox"/> DK }</p>	94	
<p><i>Hand card FR10.</i></p> <p><b>b. If [you/your family] sold this business, farm, or professional practice now and paid off any debts on it, about how much would [you/your family] get?</b></p>	<p>1 <input type="checkbox"/> Less than \$25,000                  2 <input type="checkbox"/> \$25,000 – \$49,999                  3 <input type="checkbox"/> \$50,000 – \$99,999                  4 <input type="checkbox"/> \$100,000 – \$199,999                  5 <input type="checkbox"/> \$200,000 – \$299,999                  6 <input type="checkbox"/> \$300,000 – \$499,999                  7 <input type="checkbox"/> \$500,000 or more                  9 <input type="checkbox"/> DK</p>	95	
<p><b>22a. [Do you/Does your family] have any other savings, assets, or property? Include stocks and bonds and certificates of deposit (CDs).</b></p>	<p>1 <input type="checkbox"/> Yes (22b)                  2 <input type="checkbox"/> No } (Item FC 3)                  9 <input type="checkbox"/> DK }</p>	96	
<p><i>Hand card FR10.</i></p> <p><b>b. Altogether, what is the present value of these other savings, assets, or property?</b></p>	<p>1 <input type="checkbox"/> Less than \$25,000                  2 <input type="checkbox"/> \$25,000 – \$49,999                  3 <input type="checkbox"/> \$50,000 – \$99,999                  4 <input type="checkbox"/> \$100,000 – \$199,999                  5 <input type="checkbox"/> \$200,000 – \$299,999                  6 <input type="checkbox"/> \$300,000 – \$499,999                  7 <input type="checkbox"/> \$500,000 or more                  9 <input type="checkbox"/> DK</p>	97	
<p><b>ITEM FC3</b></p>	<p>About how often did the Respondent appear to answer the questions in Section FC, Income and Assets accurately?</p>	<p>1 <input type="checkbox"/> All the time                  2 <input type="checkbox"/> Most of the time                  3 <input type="checkbox"/> Some of the time                  4 <input type="checkbox"/> Rarely or never                  9 <input type="checkbox"/> DK</p>	98
<p><b>ITEM FC4</b></p>	<p>About how often did the Respondent appear to answer the questions in Section FC, Income and Assets honestly?</p>	<p>1 <input type="checkbox"/> All the time                  2 <input type="checkbox"/> Most of the time                  3 <input type="checkbox"/> Some of the time                  4 <input type="checkbox"/> Rarely or never                  9 <input type="checkbox"/> DK</p>	99
<p><b>ITEM FC5</b></p>	<p><i>Enter the person number of the Respondent. If more than one, enter the person number of the one who answered the most questions in Section FC.</i></p>	<p>Person number _____</p>	100-101

Notes

## Section Y2 - YEAR 2000 OBJECTIVES

## YA - ENVIRONMENTAL HEALTH

3-4

5

ITEM  
YA1

Adult SP status.  
Begin here on Section Y2 callback.

- 1  Available (1)  
2  Callback required (Household page of HIS-1)  
3  Noninterview (Response status on Back Cover)

These next questions are about this home.

Mark (X) by observation or ask.

## 1. Which of the following best describes your home?

Read answer categories.

- 1  Single home, duplex, townhouse  
2  Basement, first or second floor apartment or condominium  
3  Apartment or condominium above second floor  
4  Trailer/Mobile home  
8  Other - Specify z  
\_\_\_\_\_
- 9  DK

6

## 2. Does ANYONE smoke cigarettes, cigars, or pipes ANYWHERE INSIDE this home?

- 1  Yes (3)  
2  No } (4)  
9  DK }

7

## 3. On the average, about how many days per week is there smoking ANYWHERE INSIDE this home?

- 0  Less than 1 day per week/Rarely  
\_\_\_\_\_ Days per week  
(Number)
- 9  DK

8

## 4. How many smoke detectors are installed in this home?

- 01  Only 1  
\_\_\_\_\_ Smoke detectors  
(Number)
- 00  None  
99  DK

9-10

## 5. Was your home built before 1950?

- 1  Yes (6)  
2  No (7)  
9  DK (6)

11

## 6. Has paint from this home EVER been analyzed for lead content?

Read if necessary: This can be done by sending paint chips to a laboratory for testing, having a measurement by an x-ray fluorescence or XRF machine or having a chemical spot test on the wall.

- 1  Yes  
2  No  
9  DK

12

## 7. Have you ever heard of radon, a gas that is found in the air in some homes?

- 1  Yes (8)  
2  No } (Part YB)  
9  DK }

13

## 8. Has your household air been tested for the presence of radon?

- 1  Yes (9)  
2  No } (Part YB)  
9  DK }

14

## 9a. Was the radon level from that test above or below the EPA radon guidelines of 4 picocuries (pi-ko-kurees) per liter?

Read if necessary: What was the radon level from the last test BEFORE any corrective action was taken?

- 1  Above the EPA guideline (9b)  
2  At or below the EPA guideline } (Part YB)  
6  DK results yet  
9  DK level

15

## b. What was the radon level from that test, in picocuries per liter?

- \_\_\_\_\_ Picocuries per liter  
(Number)
- 9999  DK

16-19

## 10. Has anything been done in this home to reduce the level of radon exposure?

- 1  Yes  
2  No  
9  DK

20

**YB - TOBACCO**

<p><b>These next questions are about cigarette smoking.</b></p>		
<p><b>1. Have you smoked at least 100 cigarettes in your entire life?</b> <i>If asked: approximately 5 packs</i></p>	<p>1 <input type="checkbox"/> Yes (2) 2 <input type="checkbox"/> No } (8) 9 <input type="checkbox"/> DK }</p>	5
<p><b>2. Around this time LAST YEAR, were you smoking cigarettes every day, some days, or not at all?</b></p>	<p>1 <input type="checkbox"/> Every day 2 <input type="checkbox"/> Some days 3 <input type="checkbox"/> Not at all 9 <input type="checkbox"/> DK</p>	6
<p><b>3. Do you NOW smoke cigarettes every day, some days, or not at all?</b></p>	<p>1 <input type="checkbox"/> Every day (4) 2 <input type="checkbox"/> Some days (6) 3 <input type="checkbox"/> Not at all (8)</p>	7
<p><b>4. On the average, how many cigarettes do you now smoke a day?</b></p>	<p>_____ Cigarettes a day (Number) 99 <input type="checkbox"/> DK</p>	8-9
<p><b>5. During the past 12 months, have you quit smoking for one day or longer.</b></p>	<p>1 <input type="checkbox"/> Yes } (7) 2 <input type="checkbox"/> No } 9 <input type="checkbox"/> DK }</p>	10
<p><b>6a. On how many of the past 30 days did you smoke cigarettes?</b></p>	<p>00 <input type="checkbox"/> None (7)  _____ Days } (6b) (Number) 99 <input type="checkbox"/> DK }</p>	11-12
<p><b>b. On the average, when you smoked during the past 30 days, about how many cigarettes did you smoke a day?</b></p>	<p>_____ Cigarettes a day (Number) 99 <input type="checkbox"/> DK</p>	13-14
<p><b>7. Would you like to completely stop smoking cigarettes?</b></p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p>	15
<p><b>8. Do you use snuff now?</b></p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p>	16
<p><b>9. Do you use chewing tobacco now?</b></p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p>	17

Notes



**YC - NUTRITION**

<p><b>1. Are you NOW trying to lose weight, gain weight, stay about the same, or are you not trying to do anything about your weight?</b></p>	<p>1 <input type="checkbox"/> Lose weight (2)                  2 <input type="checkbox"/> Gain weight (YC1)                  3 <input type="checkbox"/> Stay about the same (2)                  4 <input type="checkbox"/> Not trying to do anything (YC1)</p>	<p>5</p>
<p><i>HAND CARD S1. Read each category if telephone interview.</i></p> <p><b>2. Are you currently doing any of these things to control your weight?</b></p> <p><i>Mark (X) each that applies.</i></p>	<p>01 <input type="checkbox"/> Joined a weight loss program                  02 <input type="checkbox"/> Eating fewer calories                  03 <input type="checkbox"/> Eating special products, such as canned or powdered food supplements                  04 <input type="checkbox"/> Exercising more                  05 <input type="checkbox"/> Fasting for 24 hours or longer                  06 <input type="checkbox"/> Skipping meals                  07 <input type="checkbox"/> Taking diet pills                  08 <input type="checkbox"/> Taking laxatives                  09 <input type="checkbox"/> Taking water pills or diuretics                  10 <input type="checkbox"/> Vomiting                  11 <input type="checkbox"/> Eating less fat                  98 <input type="checkbox"/> Something else - <i>Specify</i> _____                  00 <input type="checkbox"/> Nothing</p>	<p>6-7 8-9 10-11 12-13 14-15 16-17 18-19 20-21 22-23 24-25 26-27 28-29 30-31</p>
<p><b>ITEM YC1</b></p> <p><i>Refer to HIS-1.</i></p>	<p>1 <input type="checkbox"/> SP was respondent for HIS-1 (<i>Transcribe question 5 from HIS-1, page 20-21, then ask 4a</i>)                  2 <input type="checkbox"/> SP was not respondent for HIS-1 (3)</p>	<p>32</p>
<p><b>3a. About how tall are you without shoes?</b></p>	<p>_____ (Feet)      _____ (Inches)</p>	<p>33-35</p>
<p><b>b. About how much do you weigh without shoes?</b></p> <p><i>Read if SP is pregnant: Please give your usual weight before becoming pregnant.</i></p>	<p>_____ (Pounds)</p>	<p>36-38</p>
<p><b>4a. How often do you or the person who shops for your food buy items that are labeled "low salt," or "low sodium" - would you say always, often, sometimes, rarely, or never?</b></p>	<p>1 <input type="checkbox"/> Always                  2 <input type="checkbox"/> Often                  3 <input type="checkbox"/> Sometimes                  4 <input type="checkbox"/> Rarely                  5 <input type="checkbox"/> Never                  9 <input type="checkbox"/> DK</p>	<p>39</p>
<p><b>b. How often do you add salt to your food at the table - would you say always, often, sometimes, rarely, or never? Do not include salt substitutes.</b></p>	<p>1 <input type="checkbox"/> Always                  2 <input type="checkbox"/> Often                  3 <input type="checkbox"/> Sometimes                  4 <input type="checkbox"/> Rarely                  5 <input type="checkbox"/> Never                  9 <input type="checkbox"/> DK</p>	<p>40</p>
<p><b>5a. When you buy a food item for the first time, how often would you say you read the INGREDIENT list on the package - would you say always, often, sometimes, rarely, or never?</b></p>	<p>0 <input type="checkbox"/> Don't buy food (YC2)                  1 <input type="checkbox"/> Always                  2 <input type="checkbox"/> Often                  3 <input type="checkbox"/> Sometimes                  4 <input type="checkbox"/> Rarely                  5 <input type="checkbox"/> Never                  9 <input type="checkbox"/> DK</p>	<p>41</p>
<p><b>b. When you buy a food for the first time, how often would you say you read the information about calories, fat and/or cholesterol content sometimes listed on the label - would you say always, often, sometimes, rarely, or never?</b></p>	<p>1 <input type="checkbox"/> Always                  2 <input type="checkbox"/> Often                  3 <input type="checkbox"/> Sometimes                  4 <input type="checkbox"/> Rarely                  5 <input type="checkbox"/> Never                  9 <input type="checkbox"/> DK</p>	<p>42</p>
<p><b>ITEM YC2</b></p> <p><i>Refer to age.</i></p>	<p>1 <input type="checkbox"/> 65+ (6)                  2 <input type="checkbox"/> Under 65 (Part YD)</p>	<p>43</p>
<p><b>6a. Do you have meals delivered to your home by an agency or organization like Meals on Wheels?</b></p>	<p>1 <input type="checkbox"/> Yes (Part YD)                  2 <input type="checkbox"/> No } (6b)                  9 <input type="checkbox"/> DK }</p>	<p>44</p>
<p><b>b. Do you NEED to have meals delivered to your home by an agency or organization like Meals on Wheels?</b></p>	<p>1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No                  9 <input type="checkbox"/> DK</p>	<p>45</p>

**YD – OCCUPATIONAL SAFETY AND HEALTH**

<p><b>ITEM YD1</b></p>	<p>Refer to "Wa/Wb" boxes in C1 on HIS-1.</p>	<p>1 <input type="checkbox"/> Wa or Wb box marked (Item YD2) 2 <input type="checkbox"/> Other (Part YE)</p>	<p>5</p>
<p><b>ITEM YD2</b></p>	<p>Refer to 6g on page 44 or 45 on HIS-1.</p>	<p>1 <input type="checkbox"/> Entry of P, F, S or L (1) 2 <input type="checkbox"/> Other (Part YE)</p>	<p>6</p>
<p><b>These next questions are about health and safety in the work place.</b></p>		<p>7</p>	
<p><b>1a. [You told me/I was told] that you were employed during the past two weeks. Is that correct?</b></p>	<p>1 <input type="checkbox"/> Yes (1b) 2 <input type="checkbox"/> No } (Part YE) 9 <input type="checkbox"/> DK }</p>		<p>7</p>
<p><b>b. Altogether, does your employer have 50 or more employees?</b></p>	<p>1 <input type="checkbox"/> Yes (1c) 2 <input type="checkbox"/> No } (1d) 9 <input type="checkbox"/> DK }</p>		<p>8</p>
<p><b>c. Does your employer have 50 or more employees at the building or location where you work?</b></p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p>		<p>9</p>
<p><b>d. How many hours did you work at your main job during the past TWO WEEKS?</b></p>	<p>_____ Hours (Number)  00 <input type="checkbox"/> Did not work in past 2 weeks (3) 99 <input type="checkbox"/> DK</p>		<p>10-11</p>
<p><b>2a. During the past 2 weeks, did you drive or travel in a motor vehicle AS PART OF YOUR JOB? Do not count air travel or time spent traveling to and from work.</b></p>	<p>1 <input type="checkbox"/> Yes (2b) 2 <input type="checkbox"/> No } (3) 9 <input type="checkbox"/> DK }</p>		<p>12</p>
<p><b>b. Does your employer require you to use vehicle safety devices, such as seat belts, helmets, or other types of protection? Do not count use when traveling to and from your job.</b></p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p>		<p>13</p>
<p>HAND CARD T1. Read all categories if telephone interview.</p>		<p>14</p>	
<p><b>The next few questions are about smoking at work.</b></p>		<p>1 <input type="checkbox"/> Work mainly indoors (4)</p>	
<p><b>3. Which of these best describes the area in which you work most of the time?</b>  Mark (X) only one.</p>	<p>2 <input type="checkbox"/> Work mainly outdoors 3 <input type="checkbox"/> Travel to different buildings or sites 4 <input type="checkbox"/> In a motor vehicle 8 <input type="checkbox"/> Other – Specify _____  9 <input type="checkbox"/> DK</p>		<p>(5)</p>
<p><b>4a. Does your employer have an official policy that restricts smoking in any way?</b></p>	<p>1 <input type="checkbox"/> Yes (4b) 2 <input type="checkbox"/> No } (5) 9 <input type="checkbox"/> DK }</p>		<p>15</p>
<p>HAND CARD T2. Read all categories if telephone interview.</p>		<p>16</p>	
<p><b>b. Which of these best describes your employer's smoking policy for indoor public or common areas, such as lobbies, rest rooms, and lunch rooms?</b>  Mark (X) only one.</p>	<p>1 <input type="checkbox"/> Not allowed in ANY indoor or common public areas 2 <input type="checkbox"/> Allowed in SOME public areas, including designated smoking areas 3 <input type="checkbox"/> Allowed in ALL indoor or common public areas 9 <input type="checkbox"/> DK</p>		<p>16</p>
<p>HAND CARD T3. Read all categories if telephone interview.</p>		<p>17</p>	
<p><b>c. Which of these best describes your employer's smoking policy for work areas?</b>  Mark (X) only one.</p>	<p>1 <input type="checkbox"/> Not allowed in ANY work areas 2 <input type="checkbox"/> Allowed in SOME work areas 3 <input type="checkbox"/> Allowed in ALL work areas 9 <input type="checkbox"/> DK</p>		<p>17</p>
<p><b>5. Does your employer offer a quit smoking program or any other help to employees who want to quit smoking?</b></p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p>		<p>18</p>

**YD – OCCUPATIONAL SAFETY AND HEALTH – Continued**

*HAND CARD T4. Read each category if telephone interview.*

**6a. Which of these exercise programs are made available to you by your employer?**

**Anything else?**

*Mark (X) each that applies.*

- |  |       |
|--|-------|
| 01 <input type="checkbox"/> Walking group                                    | 19-20 |
| 02 <input type="checkbox"/> Jogging/Running group                            | 21-22 |
| 03 <input type="checkbox"/> Biking/Cycling group                             | 23-24 |
| 04 <input type="checkbox"/> Aerobics classes                                 | 25-26 |
| 05 <input type="checkbox"/> Swimming classes                                 | 27-28 |
| 06 <input type="checkbox"/> Non-aerobic exercise classes                     | 29-30 |
| 07 <input type="checkbox"/> Weight lifting classes                           | 31-32 |
| 08 <input type="checkbox"/> Fully paid membership in health/fitness club     | 33-34 |
| 09 <input type="checkbox"/> Partially paid membership in health/fitness club | 35-36 |
| 10 <input type="checkbox"/> Physical activity or exercise competitions       | 37-38 |
| 98 <input type="checkbox"/> Other – <i>Specify</i> <u>      </u>             | 39-40 |
|  |       |
| 00 <input type="checkbox"/> No programs                                      | 41-42 |
| 99 <input type="checkbox"/> DK   | 43-44 |

*HAND CARD T5. Read each category if telephone interview.*

**b. Which of these exercise facilities are made available to you by your employer, on the premises?**

**Anything else?**

*Mark (X) each that applies.*

- |  |       |
|--|-------|
| 01 <input type="checkbox"/> Gymnasium/Exercise room              | 45-46 |
| 02 <input type="checkbox"/> Weight lifting equipment             | 47-48 |
| 03 <input type="checkbox"/> Exercise equipment                   | 49-50 |
| 04 <input type="checkbox"/> Walking/Jogging path                 | 51-52 |
| 05 <input type="checkbox"/> Parcours/Fitness trails              | 53-54 |
| 06 <input type="checkbox"/> Bike path                            | 55-56 |
| 07 <input type="checkbox"/> Bike racks                           | 57-58 |
| 08 <input type="checkbox"/> Swimming pool                        | 59-60 |
| 09 <input type="checkbox"/> Showers                              | 61-62 |
| 10 <input type="checkbox"/> Lockers                              | 63-64 |
| 98 <input type="checkbox"/> Other – <i>Specify</i> <u>      </u> | 65-66 |
|  |       |
| 00 <input type="checkbox"/> No facilities                        | 67-68 |
| 99 <input type="checkbox"/> DK                                   | 69-70 |

Notes

**YE - HEART DISEASE AND STROKE**

<p>These next questions are about certain health conditions.</p>		
<p><b>1. Have you EVER been told by a doctor or other health professional that you had hypertension, sometimes called high blood pressure?</b></p>	<p>0 <input type="checkbox"/> Borderline (2)                  1 <input type="checkbox"/> Yes (2)                  2 <input type="checkbox"/> No (6)                  3 <input type="checkbox"/> Only during pregnancy (6)                  9 <input type="checkbox"/> DK (3)</p>	5
<p><b>2. Were you told two or more DIFFERENT times that you had high blood pressure?</b></p>	<p>1 <input type="checkbox"/> Yes } (3)                  2 <input type="checkbox"/> No }                  3 <input type="checkbox"/> Only during pregnancy (6)                  9 <input type="checkbox"/> DK (3)</p>	6
<p><b>3a. Has a doctor or other health professional EVER advised you to go on a diet or change your eating habits to help lower your blood pressure?</b></p>	<p>1 <input type="checkbox"/> Yes (3b)                  2 <input type="checkbox"/> No } (4)                  9 <input type="checkbox"/> DK }</p>	7
<p><b>b. Are you NOW following this advice?</b></p>	<p>1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No                  9 <input type="checkbox"/> DK</p>	8
<p><b>4a. Was any medication EVER prescribed by a doctor to help you lower your blood pressure?</b></p>	<p>1 <input type="checkbox"/> Yes (4b)                  2 <input type="checkbox"/> No } (5)                  9 <input type="checkbox"/> DK }</p>	9
<p><b>b. Are you NOW taking this medication?</b></p>	<p>1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No                  9 <input type="checkbox"/> DK</p>	10
<p><b>5a. Do you NOW have high blood pressure?</b></p>	<p>1 <input type="checkbox"/> Yes (6)                  2 <input type="checkbox"/> No } (5b)                  9 <input type="checkbox"/> DK }</p>	11
<p><b>b. Is this condition completely cured or is it under control?</b></p>	<p>1 <input type="checkbox"/> Cured                  2 <input type="checkbox"/> Under control                  9 <input type="checkbox"/> DK</p>	12
<p><b>6. About how long has it been since you had your blood pressure checked by a doctor or other health professional?</b></p>	<p>000 <input type="checkbox"/> Never (8)</p> <p>(Number) <math>\left\{ \begin{array}{l} 1 \text{ <input type="checkbox"/> Days} \\ 2 \text{ <input type="checkbox"/> Weeks} \\ 3 \text{ <input type="checkbox"/> Months} \\ 4 \text{ <input type="checkbox"/> Years} \end{array} \right\}</math> (7)</p> <p>999 <input type="checkbox"/> DK</p>	13-15
<p><b>7. At that time, did the doctor or other health professional say your blood pressure was high, low, or normal?</b></p>	<p>1 <input type="checkbox"/> Not told                  2 <input type="checkbox"/> High                  3 <input type="checkbox"/> Low                  4 <input type="checkbox"/> Normal                  5 <input type="checkbox"/> Borderline                  8 <input type="checkbox"/> Other - Specify <u>        </u>                  9 <input type="checkbox"/> DK</p>	16
<p>These next questions are about blood cholesterol.                  HAND CARD U1.</p>		
<p><b>8. When was the last time you had your blood cholesterol checked by a doctor or other health professional?</b></p>	<p>0 <input type="checkbox"/> Never (Part YF on page 66)                  1 <input type="checkbox"/> Less than 1 year ago                  2 <input type="checkbox"/> 1 year, less than 2 years ago                  3 <input type="checkbox"/> 2 years, less than 5 years ago } (9)                  4 <input type="checkbox"/> 5+ years ago                  9 <input type="checkbox"/> DK</p>	17
<p>Notes</p>		

**YE - HEART DISEASE AND STROKE - Continued**

<p><b>9a. Has a doctor or other health professional EVER advised you to go on a diet or change your eating habits to lower your cholesterol?</b></p>	<p>1 <input type="checkbox"/> Yes (9b)                  2 <input type="checkbox"/> No                  9 <input type="checkbox"/> DK } (10)</p>	<p align="right">18</p>
<p><b>b. Are you NOW following this advice?</b></p>	<p>1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No                  9 <input type="checkbox"/> DK</p>	<p align="right">19</p>
<p><b>10. Have you ever been told by a doctor or other health professional that your blood cholesterol level was high?</b></p>	<p>1 <input type="checkbox"/> Yes (11)                  2 <input type="checkbox"/> No                  9 <input type="checkbox"/> DK } (Part YF)</p>	<p align="right">20</p>
<p><b>11a. Was any medication EVER prescribed by a doctor to help lower your cholesterol level?</b></p>	<p>1 <input type="checkbox"/> Yes (11b)                  2 <input type="checkbox"/> No                  9 <input type="checkbox"/> DK } (Part YF)</p>	<p align="right">21</p>
<p><b>b. Are you NOW taking this medication?</b></p>	<p>1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No                  9 <input type="checkbox"/> DK</p>	<p align="right">22</p>

Notes

**YF – OTHER CHRONIC AND DISABLING CONDITIONS**

<p><b>1. Have you EVER been told by a doctor that you had diabetes? Do not include pre, potential, or borderline diabetes.</b></p>	<p>1 <input type="checkbox"/> Yes (2)                  2 <input type="checkbox"/> No } (5)                  9 <input type="checkbox"/> DK }</p>	<p align="right">23</p>
<p><i>Ask if female, otherwise go to 4.</i></p>		
<p><b>2. Were you pregnant when you were first told that you had diabetes?</b></p>	<p>1 <input type="checkbox"/> Yes (3)                  2 <input type="checkbox"/> No } (4)                  9 <input type="checkbox"/> DK }</p>	<p align="right">24</p>
<p><b>3. Other than during pregnancy, did a doctor EVER tell you that you had diabetes? Do not include pre, potential, or borderline diabetes.</b></p>	<p>1 <input type="checkbox"/> Yes (4)                  2 <input type="checkbox"/> No } (5)                  9 <input type="checkbox"/> DK }</p>	<p align="right">25</p>
<p><b>4. Have you ever taken a course or class in how to manage your diabetes yourself?</b></p>	<p>1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No                  9 <input type="checkbox"/> DK</p>	<p align="right">26</p>
<p><b>5a. Have you ever been told by a doctor that you have asthma?</b></p>	<p>1 <input type="checkbox"/> Yes (5b)                  2 <input type="checkbox"/> No } (Part YG)                  9 <input type="checkbox"/> DK }</p>	<p align="right">27</p>
<p><b>b. Have you ever taken a course or class in how to manage your asthma yourself?</b></p>	<p>1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No                  9 <input type="checkbox"/> DK</p>	<p align="right">28</p>

Notes

**YG – CLINICAL AND PREVENTIVE SERVICES**

<p>The next questions are about prevention of injury and illness.</p>			5
<p><b>1a. When driving or riding in the front seat of a car, do you wear a seat belt all or most of the time, some of the time, once in awhile, or never?</b></p>	<p>1 <input type="checkbox"/> All or most of the time                  2 <input type="checkbox"/> Some of the time                  3 <input type="checkbox"/> Once in awhile                  4 <input type="checkbox"/> Never                  5 <input type="checkbox"/> Don't ride in front seat                  6 <input type="checkbox"/> Don't ride in a car (2)                  9 <input type="checkbox"/> DK (1b)</p>	<p>} (1b)</p>	
<p><b>b. When riding in the back seat of a car, do you wear a seat belt all or most of the time, some of the time, once in awhile, or never?</b></p>	<p>1 <input type="checkbox"/> All or most of the time                  2 <input type="checkbox"/> Some of the time                  3 <input type="checkbox"/> Once in awhile                  4 <input type="checkbox"/> Never                  5 <input type="checkbox"/> Don't ride in back seat                  6 <input type="checkbox"/> Don't ride in a car                  9 <input type="checkbox"/> DK</p>		6
<p><b>2. About how long has it been since your last routine check-up by a medical doctor or other health professional?</b></p>	<p>1 <input type="checkbox"/> Less than 1 year                  2 <input type="checkbox"/> 1 year, less than 2 years                  3 <input type="checkbox"/> 2 years, less than 3 years                  4 <input type="checkbox"/> 3 years, less than 4 years                  5 <input type="checkbox"/> 4+ years                  6 <input type="checkbox"/> Never (6)                  9 <input type="checkbox"/> DK (3)</p>	<p>} (3)</p>	7
<p><b>3. During this last check-up, were you asked about –</b></p>	<p>Yes No DK</p>		
<p><b>a. Your diet and eating habits?</b> .....</p>	<p>1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/></p>		8
<p><b>b. The amount of physical activity or exercise you get?</b> .....</p>	<p>1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/></p>		9
<p><b>c. Whether you smoke cigarettes or use other forms of tobacco?</b> .....</p>	<p>1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/></p>		10
<p><b>d. How much and how often you drink alcohol?</b> .....</p>	<p>1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/></p>		11
<p><b>e. Whether you use marijuana, cocaine, or other drugs?</b> .....</p>	<p>1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/></p>		12
<p><b>f. Sexually transmitted diseases?</b> .....</p>	<p>1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/></p>		13
<p><i>Ask ONLY IF SP is less than 50 otherwise, skip to 4.</i></p>	<p>Yes No DK</p>		
<p><b>g. The use of contraceptives?</b> .....</p>	<p>1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/></p>		14
<p><b>4. During this last check-up, did you have –</b></p>	<p>Yes No DK</p>		
<p><b>a. Your blood pressure checked?</b> .....</p>	<p>1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/></p>		15
<p><b>b. Your cholesterol level checked?</b> .....</p>	<p>1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/></p>		16
<p><b>c. Your height checked?</b> .....</p>	<p>1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/></p>		17
<p><b>d. Your weight checked?</b> .....</p>	<p>1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/></p>		18
<p><b>ITEM YG1</b></p>	<p><i>Refer to age.</i></p>	<p>1 <input type="checkbox"/> SP is 65+ (5)                  8 <input type="checkbox"/> Other (6)</p>	19
<p><b>5. During this last check-up, did you have –</b></p>	<p>Yes No DK</p>		
<p><b>a. A vision test to see how well you see?</b> .....</p>	<p>1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/></p>		20
<p><b>b. A hearing test?</b> .....</p>	<p>1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/></p>		21
<p><b>c. A urine test?</b> .....</p>	<p>1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/></p>		22
<p><b>d. A blood test to check your thyroid function?</b> .....</p>	<p>1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/></p>		23
<p><b>e. A stool test to check for blood in the stool?</b> .....</p>	<p>1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/></p>		24
<p>Notes</p>			

**YG - CLINICAL AND PREVENTIVE SERVICES - Continued**

<b>6. During the past 12 months, have you had a flu shot?</b>		25
Read if necessary: <b>This vaccination is usually given in the fall and protects against influenza for the flu season.</b>		
1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK		
<b>7. Have you EVER had a pneumonia vaccination? This shot is given only once in a person's lifetime.</b>		26
1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK		
<b>8. During the past TEN years, have you had a tetanus shot?</b>		27
1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK		
<b>ITEM YG2</b>	<i>Refer to sex.</i>	28
1 <input type="checkbox"/> Male (Part YH) 2 <input type="checkbox"/> Female (9)		
<b>9. About how long has it been since you had a Pap smear test? Was it within the past year, between 1 and 3 years ago, or over 3 years ago?</b>		29
Read if necessary: <b>A Pap smear is a routine gynecologic test in which the doctor examines the cervix and sends a cell sample to the lab.</b>		
0 <input type="checkbox"/> Never had a Pap smear test 1 <input type="checkbox"/> Within the past year 2 <input type="checkbox"/> 1 to 3 years ago 3 <input type="checkbox"/> Over 3 years ago 9 <input type="checkbox"/> DK		
<b>10. Have you had a hysterectomy?</b>		30
1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		
<b>ITEM YG3</b>	<i>Refer to age.</i>	31
1 <input type="checkbox"/> Under 30 (Part YH) 2 <input type="checkbox"/> 30 and over (11)		
<b>11. A mammogram is an x-ray taken only of the breasts by a machine that presses the breast against a plate.</b>		32
<b>About how long has it been since you had a mammogram? Was it within the past year, between 1 and 2 years ago, or over 2 years ago?</b>		
0 <input type="checkbox"/> Never had a mammogram 1 <input type="checkbox"/> Within the past year 2 <input type="checkbox"/> 1 to 2 years ago 3 <input type="checkbox"/> Over 2 years ago 9 <input type="checkbox"/> DK		
<b>12. About how long has it been since you had a breast physical exam done by a doctor or other health care professional? Was it within the past year, 1 to 2 years ago, or over 2 years ago?</b>		33
<b>A breast physical exam is when the breast is felt for lumps by a doctor or medical assistant.</b>		
0 <input type="checkbox"/> Never had a breast physical exam 1 <input type="checkbox"/> Within the past year 2 <input type="checkbox"/> 1 to 2 years ago 3 <input type="checkbox"/> Over 2 years ago 9 <input type="checkbox"/> DK		

Notes



**YH – MENTAL HEALTH**

These next questions are about stress.

**1a. During the past 2 weeks, would you say that you experienced a lot of stress, a moderate amount of stress, relatively little stress, or almost no stress at all?**

- 1  A lot
- 2  Moderate
- 3  Relatively little
- 4  Almost none
- 5  DK what stress is (3a)
- 9  DK (1b)

} (1b)

34

**b. During the past YEAR, would you say that you experienced a lot of stress, a moderate amount of stress, relatively little stress, or almost no stress at all?**

- 1  A lot
- 2  Moderate
- 3  Relatively little
- 4  Almost none
- 9  DK

35

**2. In the past YEAR, how much effect has stress had on your health – a lot, some, hardly any, or none?**

- 1  A lot
- 2  Some
- 3  Hardly any or none
- 9  DK

36

**3a. In the past year, did you think about seeking help from family or friends for any personal or emotional problems?**

- 1  Yes
- 2  No
- 9  DK

37

**b. In the past year, did you think about seeking help from a therapist, counselor or self-help group for any personal or emotional problems?**

- 1  Yes
- 2  No
- 9  DK

38

**ITEM  
YH1**

Refer to 3a and b.

- 1  "No" in 3a and 3b (Part YJ)
- 2  Other (4)

**4. Did you actually seek any help?**

- 1  Yes
- 2  No
- 9  DK

39

Notes

**YJ – ORAL HEALTH**

These next questions are about oral health.

40-41

**1. During the past 12 months, that is, since (12-month date) a year ago, about how many visits did you make to a dentist?**

00  None

\_\_\_\_\_ Dental visits  
(Number)

99  DK

**2. Have you lost ALL of your UPPER natural teeth?**

1  Yes

2  No

42

**3. Have you lost ALL of your LOWER natural teeth?**

1  Yes

2  No

43

**4. Would you say your health in general is excellent, very good, good, fair, or poor?**

1  Excellent

2  Very good

3  Good

4  Fair

5  Poor

44

**ITEM  
YJ1**

*About how often did the respondent appear to answer the questions in Year 2000 Objectives (YA-YJ) accurately?*

1  All the time

2  Most of the time

3  Some of the time

4  Rarely or never

9  DK

45

**ITEM  
YJ2**

*About how often did the respondent appear to answer the questions in Year 2000 Objectives (YA-YJ) honestly?*

1  All the time

2  Most of the time

3  Some of the time

4  Rarely or never

9  DK

46

**CONTINUE WITH SECTION AI**

Notes

**Section AI – AIDS KNOWLEDGE AND ATTITUDES**

HAND CARD A. Read categories if telephone interview.

**1. Of these four diseases, which ONE do you think is the country's most serious health problem?**

- 1  Heart disease
- 2  AIDS
- 3  Diabetes
- 4  Cancer
- 9  DK

5

**These next questions are asked to determine what people know about AIDS or the AIDS virus, also called Acquired Immunodeficiency Syndrome.**

**2. How much would you say you know about AIDS -- a lot, some, a little, or nothing?**

- 1  A lot
- 2  Some
- 3  A little
- 4  Nothing

6

**3. In the past month, have you –**

**a. seen any Public Service Announcements about AIDS on television?**

- 1  Yes
- 2  No
- 9  DK

7

**b. heard any Public Service Announcements about AIDS on radio?**

- 1  Yes
- 2  No
- 9  DK

8

**c. received any information about AIDS from brochures distributed at your workplace?**

- 1  Yes
- 2  No
- 3  Do not work
- 9  DK

9

**d. received any information about AIDS from brochures distributed at a church or religious organization?**

- 1  Yes
- 2  No
- 9  DK

10

**e. received any information about AIDS from the American Red Cross?**

- 1  Yes
- 2  No
- 9  DK

11

**4a. DO YOU THINK that people with AIDS or the AIDS virus are denied their rights?**

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

12

**b. In what way do you think they are denied their rights?**

Mark (X) all that apply.

- 01  Cannot live anywhere they wish
- 02  Cannot get health insurance coverage
- 03  Cannot get life insurance
- 04  Cannot get jobs
- 05  Fired from jobs
- 06  Job discrimination
- 07  Cannot get health care
- 98  Other – Specify

13-14  
15-16  
17-18  
19-20  
21-22  
23-24  
25-26  
27-28

**c. DO YOU THINK people with AIDS or the AIDS virus are denied their rights more, less, or about the same NOW as they were five years ago?**

- 1  More
- 2  Same
- 3  Less
- 9  DK

29

Notes

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

<b>5. DO YOU THINK that doctors, nurses, dentists, and other health care workers should be allowed to REFUSE care to a person infected with the AIDS virus?</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> It depends – <i>Specify</i> _____  9 <input type="checkbox"/> DK	30
---	--	----

<b>6. Have you ever heard the AIDS virus called by the name "HIV"?</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	31
--	--	----

<b>7. I'm going to read some statements about AIDS. After I read each, tell me whether you think the statement is true or false or you don't know.</b>				True	False	Don't know
<b>a. A man with the AIDS virus can pass it on to another man through sexual intercourse.</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>			32
<b>b. The AIDS virus can be passed on through sexual intercourse between a man and a woman.</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>			33
<b>c. A pregnant woman who has the AIDS virus can give it to her baby.</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>			34
<b>d. A person who has the AIDS virus can look well and healthy.</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>			35
<b>e. There is a vaccine available to the public that protects a person from getting the AIDS virus.</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>			36

*HAND CARD B. Read introduction if telephone interview.*

<b>8. (For the next statements, tell me if you think it is very likely, somewhat likely, somewhat unlikely, very unlikely, definitely not possible, or if you don't know how likely it is that a person will get the AIDS virus infection that way.)</b>  <b>(Now look at Card B.) In general, how likely do you think it is that a person will get AIDS or the AIDS virus from –</b>	Very likely	Somewhat likely	Somewhat unlikely	Very unlikely	Def. not possible	Don't know
<b>a. getting a blood transfusion, that is, receiving blood donated by someone else?</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>
<b>b. working near or with someone with the AIDS virus?</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>
<b>c. sharing plates, forks, or glasses with someone who has the AIDS virus?</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>
<b>d. sharing needles for drug use with someone who has the AIDS virus?</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>
<b>e. using public toilets?</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>
<b>f. being coughed or sneezed on by someone who has the AIDS virus?</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>
<b>g. attending school with a child who has the AIDS virus?</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>
<b>h. being cared for by a nurse, doctor, dentist, or other health-care worker who has the AIDS virus?</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>

Notes

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

<p><b>9. Do you have any children aged 10 through 17?</b></p>	<p>1 <input type="checkbox"/> Yes (10) 2 <input type="checkbox"/> No (12)</p>	<p align="right">45</p>
<p><b>10. Have you ever discussed AIDS with any of your children aged 10 through 17?</b></p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>	<p align="right">46</p>
<p><b>11. Have any of these children had instruction at school about AIDS?</b></p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p>	<p align="right">47</p>
<p><b>Now, I am going to ask some questions about giving blood donations to a blood bank, like the American Red Cross. This does NOT include blood drawn at a doctor's office for laboratory analysis.</b></p>		
<p><b>12. How likely is it that a person will get the AIDS virus WHILE GIVING OR DONATING BLOOD to a blood bank? Would you say very likely, somewhat likely, or not at all likely?</b></p>	<p>1 <input type="checkbox"/> Very likely 2 <input type="checkbox"/> Somewhat likely 3 <input type="checkbox"/> Not at all likely 9 <input type="checkbox"/> DK</p>	<p align="right">48</p>
<p><b>13. Have you ever given or donated blood?</b></p>	<p>1 <input type="checkbox"/> Yes (14a) 2 <input type="checkbox"/> No } (14c) 9 <input type="checkbox"/> DK }</p>	<p align="right">49</p>
<p><b>14a. Have you donated blood since March 1985?</b></p>	<p>1 <input type="checkbox"/> Yes (14b) 2 <input type="checkbox"/> No } (14c) 9 <input type="checkbox"/> DK }</p>	<p align="right">50</p>
<p><b>b. In what month and year did you last donate blood?</b></p>	<p align="right">51-54</p> <p align="center">____ / <b>19</b> Month      Year</p>	
<p><b>c. Do you expect to donate blood in the next 12 months?</b></p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p>	<p align="right">55</p>
<p><b>The next questions are about the blood test for the AIDS virus infection. No questions will ask what the results are of any tests you may have had.</b></p>		
<p><b>15. To the best of your knowledge, are blood donations to a blood bank routinely tested for the AIDS virus infection?</b></p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p>	<p align="right">56</p>
<p><b>16. (Except for tests you may have had as part of blood donations,) Have you ever had your blood tested for the AIDS virus infection?</b></p>	<p>1 <input type="checkbox"/> Yes (17) 2 <input type="checkbox"/> No } (28) 9 <input type="checkbox"/> DK }</p>	<p align="right">57</p>
<p><b>17a. How many times, in total, have you had your blood tested for the AIDS virus infection, (NOT including blood donations)?</b></p>	<p align="right">58-59</p> <p>01 <input type="checkbox"/> One time (17b)</p> <p>____ Times } (17c) (Number)</p> <p>99 <input type="checkbox"/> DK</p>	
<p><b>b. Was it in the past 12 months?</b></p>	<p align="right">60</p> <p>1 <input type="checkbox"/> Yes } (18) 2 <input type="checkbox"/> No } 9 <input type="checkbox"/> DK }</p>	
<p><b>c. In the past 12 months, how many times have you had your blood tested for the AIDS virus infection?</b></p>	<p align="right">61-62</p> <p>00 <input type="checkbox"/> None in past 12 months</p> <p>____ Times in past 12 months (Number)</p> <p>99 <input type="checkbox"/> DK</p>	
<p><b>18. In what month and year was your (last) blood test for the AIDS virus infection?</b></p>	<p align="right">63-66</p> <p align="center">____ / <b>19</b> Month      Year</p>	

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

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

**19. Which of these would you say were the reasons for your (last) AIDS blood test (NOT including blood donations)? (Just tell me the numbers of your answers.)**

**(Anything else?)**

*Mark (X) each that applies.*

- |  |       |
|--|-------|
| 01 <input type="checkbox"/> Just to find out if you were infected                | 67-68 |
| 02 <input type="checkbox"/> For hospitalization or a surgical procedure          | 69-70 |
| 03 <input type="checkbox"/> To apply for health insurance                        | 71-72 |
| 04 <input type="checkbox"/> To apply for life insurance                          | 73-74 |
| 05 <input type="checkbox"/> To comply with guidelines for health workers         | 75-76 |
| 06 <input type="checkbox"/> To comply with regulations for other type(s) of work | 77-78 |
| 07 <input type="checkbox"/> To apply for a new job                               | 79-80 |
| 08 <input type="checkbox"/> For military induction or military service           | 81-82 |
| 09 <input type="checkbox"/> For immigration                                      | 83-84 |
| 10 <input type="checkbox"/> Because a doctor asked you to                        | 85-86 |
| 11 <input type="checkbox"/> Because the Health Department asked you to           | 87-88 |
| 12 <input type="checkbox"/> Because a sex partner asked you to                   | 89-90 |
| 13 <input type="checkbox"/> Because it was part of the blood donation process    | 91-92 |
| 98 <input type="checkbox"/> For some other reason – <i>Specify</i> _____         | 93-94 |
|  |       |
| 97 <input type="checkbox"/> Refused  | 95-96 |
| 99 <input type="checkbox"/> DK   | 97-98 |

**20. (Not including a blood donation) Where did you have your (last) blood test for the AIDS virus?**

*Mark (X) only one.*

- |   |        |
|---|--------|
| 01 <input type="checkbox"/> AIDS clinic/counselling/testing site        | 99-100 |
| 02 <input type="checkbox"/> Community health clinic                     |        |
| 03 <input type="checkbox"/> Clinic run by employer                      |        |
| 04 <input type="checkbox"/> Doctor/HMO                                  |        |
| 05 <input type="checkbox"/> Hospital/emergency room/outpatient clinic   |        |
| 06 <input type="checkbox"/> STD clinic                                  |        |
| 07 <input type="checkbox"/> Family planning/prenatal clinic             |        |
| 08 <input type="checkbox"/> Other public clinic                         |        |
| 09 <input type="checkbox"/> Other clinic                                |        |
| 10 <input type="checkbox"/> Drug treatment/detox facility               |        |
| 11 <input type="checkbox"/> Military induction or military service site |        |
| 12 <input type="checkbox"/> Immigration site                            |        |
| 13 <input type="checkbox"/> At home/home visit by nurse/health worker   |        |
| 98 <input type="checkbox"/> Other location – <i>Specify</i> _____       |        |
|   |        |
| 99 <input type="checkbox"/> DK  |        |

**The next questions concern COUNSELLING about the AIDS virus infection, that is, discussing transmission, prevention or treatment of AIDS virus infection or the meaning of the test.**

101

**21. Again not including blood donations, did you receive any counselling AT THE TIME they drew blood for your (last) test for the AIDS virus infection?**

- 1  Yes  
2  No  
9  DK

**22. Did you get the results of your (last) blood test?**

102

- 1  Yes (24)  
2  No } (23)  
9  DK }

**23. Was this because you decided you didn't want the results or was it because you were unable to GET the results?**

*Mark (X) all that apply.*

- |  |        |     |
|--|--------|-----|
| 1 <input type="checkbox"/> Didn't want results                       | } (28) | 103 |
| 2 <input type="checkbox"/> Unable to get results                     |        | 104 |
| 3 <input type="checkbox"/> They give results only if you're positive |        | 105 |
| 8 <input type="checkbox"/> Other – <i>Specify</i> _____              |        | 106 |
|  |        |     |
| 9 <input type="checkbox"/> DK  |        | 107 |

**24. How long did you wait to get the results?**

108-110

- (Number) { 1  Days  
2  Weeks  
3  Months  
99  DK

Notes

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

<p><b>25a. Did you also receive any counseling about the AIDS virus when you received the results of your (last) test?</b></p> <p style="text-align: right;">1 <input type="checkbox"/> Yes (25b) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (26)</p> <hr style="border-top: 1px dashed black;"/> <p><i>HAND CARD D. Read categories if telephone interview.</i></p> <p><b>b. What kind of topics were covered in the counselling? (Anything else?)</b></p> <p><i>Mark (X) each that applies.</i></p>	<p>01 <input type="checkbox"/> How AIDS is transmitted 02 <input type="checkbox"/> How to prevent transmission 03 <input type="checkbox"/> The correct use of condoms 04 <input type="checkbox"/> Needle cleaning/using clean needles 05 <input type="checkbox"/> Needle sharing 06 <input type="checkbox"/> Abstinence from sex 07 <input type="checkbox"/> Contraception 08 <input type="checkbox"/> Safe sex practices 98 <input type="checkbox"/> Other – <i>Specify</i> _____</p> <hr style="border-top: 1px solid black;"/> <p>99 <input type="checkbox"/> DK/Don't remember</p>	<p>5</p> <hr style="border-top: 1px solid black;"/> <p>6-7 8-9 10-11 12-13 14-15 16-17 18-19 20-21 22-23</p> <hr style="border-top: 1px solid black;"/> <p>24-25</p>
<p><b>26. Were the results given to you in person, by telephone, by mail, or in some other way?</b></p> <p><i>Mark (X) only one.</i></p>	<p>1 <input type="checkbox"/> In person 2 <input type="checkbox"/> By telephone 3 <input type="checkbox"/> By mail 8 <input type="checkbox"/> In some other way</p>	<p>26</p>
<p><b>27a. Did you tell ANYONE the results of your (last) test for the AIDS virus infection?</b></p> <p style="text-align: right;">1 <input type="checkbox"/> Yes (27b) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (28)</p> <hr style="border-top: 1px dashed black;"/> <p><i>HAND CARD E. Read categories if telephone interview.</i></p> <p><b>b. To whom did you tell the results? (Anyone else?)</b></p> <p><i>Mark (X) each that applies.</i></p>	<p>0 <input type="checkbox"/> Spouse 1 <input type="checkbox"/> Fiancée 2 <input type="checkbox"/> Sex partner, other than spouse or fiancée 3 <input type="checkbox"/> Health professional 4 <input type="checkbox"/> Friend 5 <input type="checkbox"/> Clergy/minister/pastor/priest/rabbi 6 <input type="checkbox"/> Employer 7 <input type="checkbox"/> Other relative 8 <input type="checkbox"/> Other – <i>Specify</i> _____</p> <hr style="border-top: 1px solid black;"/> <p>9 <input type="checkbox"/> DK/Refused</p>	<p>27</p> <hr style="border-top: 1px solid black;"/> <p>28 29 30 31 32 33 34 35 36</p> <hr style="border-top: 1px solid black;"/> <p>37</p>
<p><b>28. Do you expect to have [a/another] blood test for the AIDS virus infection in the next 12 months, not including through blood donation?</b></p> <p style="text-align: right;">1 <input type="checkbox"/> Yes (29) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (31)</p>	<p>1 <input type="checkbox"/> Yes (29) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (31)</p>	<p>38</p>
<p><i>HAND CARD F. Read intro and categories if telephone interview.</i></p> <p><b>29. (I'm going to read some reasons people might have the blood test for the AIDS virus infection.)</b></p> <p><b>Tell me which of these statements explain WHY YOU expect to have the blood test in the next 12 months. (Anything else?)</b></p> <p><i>Mark (X) each that applies.</i></p>	<p>01 <input type="checkbox"/> Because you want to find out if you are infected 02 <input type="checkbox"/> Because it will be part of hospitalization or surgery you expect to have 03 <input type="checkbox"/> Because you expect to apply for life or health insurance 04 <input type="checkbox"/> Because you expect to apply for a job 05 <input type="checkbox"/> Because you expect to join the military 06 <input type="checkbox"/> Because of guidelines for health care workers 07 <input type="checkbox"/> Because it will be a required part of some other activity that includes automatic AIDS testing 08 <input type="checkbox"/> Because it is required in your non-health care employment 98 <input type="checkbox"/> For some other reason – <i>Specify</i> _____</p> <hr style="border-top: 1px solid black;"/> <p>99 <input type="checkbox"/> DK/Refused</p>	<p>39-40 41-42 43-44 45-46 47-48 49-50 51-52 53-54 55-56</p> <hr style="border-top: 1px solid black;"/> <p>57-58</p>
<p>Notes</p>		

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

<p><b>30. Where will you have a blood test for the AIDS virus infection?</b> <i>Mark (X) only one.</i></p>	<p>01 <input type="checkbox"/> AIDS clinic/counselling/testing site                  02 <input type="checkbox"/> Community Health Clinic                  03 <input type="checkbox"/> Clinic run by employer                  04 <input type="checkbox"/> Doctor/HMO                  05 <input type="checkbox"/> Hospital/emergency room/outpatient clinic                  06 <input type="checkbox"/> STD clinic                  07 <input type="checkbox"/> Family planning/prenatal clinic                  08 <input type="checkbox"/> Public clinic                  09 <input type="checkbox"/> Other clinic                  10 <input type="checkbox"/> Drug treatment facility                  11 <input type="checkbox"/> Military induction or military service site                  12 <input type="checkbox"/> Red Cross/blood bank/blood drive                  13 <input type="checkbox"/> At home/in a visit by the nurse/health practitioner                  98 <input type="checkbox"/> Other location - <i>Specify</i> _____                   99 <input type="checkbox"/> DK</p>	<p>59-60</p>
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<p><b>31. Tell me whether you think each of the following statements is true or false or if you don't know.</b></p> <p><b>a. After a person becomes infected with the AIDS virus, it can be weeks before a blood test shows the infection.</b></p> <p><b>b. There are drugs available which can postpone the onset of AIDS in a person infected with the AIDS virus.</b></p> <p><b>c. There is no cure for AIDS at present.</b></p>				<p>True</p> <p>1 <input type="checkbox"/></p> <p>1 <input type="checkbox"/></p> <p>1 <input type="checkbox"/></p>	<p>False</p> <p>2 <input type="checkbox"/></p> <p>2 <input type="checkbox"/></p> <p>2 <input type="checkbox"/></p>	<p>Don't know</p> <p>9 <input type="checkbox"/></p> <p>9 <input type="checkbox"/></p> <p>9 <input type="checkbox"/></p>	<p>61</p> <p>62</p> <p>63</p>
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<p><b>32. Here are some methods people use to prevent becoming infected with the AIDS virus. Tell me if you think the method is very effective, somewhat effective, not at all effective, or you don't know how effective it is.</b> <b>How effective is -</b></p> <p><b>a. two uninfected people having sex only with each other?</b></p> <p><b>b. use of a condom?</b></p>	<p>1 <input type="checkbox"/> Very effective                  2 <input type="checkbox"/> Somewhat effective                  3 <input type="checkbox"/> Not at all effective                  4 <input type="checkbox"/> Don't know how effective</p> <p>1 <input type="checkbox"/> Very effective                  2 <input type="checkbox"/> Somewhat effective                  3 <input type="checkbox"/> Not at all effective                  4 <input type="checkbox"/> Don't know how effective                  9 <input type="checkbox"/> Don't know method</p>	<p>64</p> <p>65</p>
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<p><b>33. What are your chances of GETTING the AIDS virus; would you say high, medium, low, or none?</b></p>	<p>1 <input type="checkbox"/> High                  2 <input type="checkbox"/> Medium                  3 <input type="checkbox"/> Low                  4 <input type="checkbox"/> None                  5 <input type="checkbox"/> Already have AIDS or AIDS virus                  7 <input type="checkbox"/> Refused                  9 <input type="checkbox"/> DK</p>	<p>66</p>
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<p><b>34. Have you ever known anyone personally who had AIDS or the AIDS virus?</b></p>	<p>1 <input type="checkbox"/> Yes (35)                  2 <input type="checkbox"/> No                  9 <input type="checkbox"/> Don't know if has/had AIDS or the AIDS virus } (36)</p>	<p>67</p>
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<p><b>35. Who was that - a friend, relative, co-worker, or someone else?</b> <i>Mark (X) each that applies.</i></p>	<p>1 <input type="checkbox"/> Friend                  2 <input type="checkbox"/> Relative                  3 <input type="checkbox"/> Co-worker                  7 <input type="checkbox"/> Refused                  8 <input type="checkbox"/> Someone else - <i>Specify</i> _____                   9 <input type="checkbox"/> DK</p>	<p>68</p> <p>69</p> <p>70</p> <p>71</p> <p>72</p> <p>73</p>
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Notes



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

<b>36. Have you ever sought professional mental health treatment or counseling because of your concern about AIDS virus infection?</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	74
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<i>HAND CARD G. Read statements only if telephone interview.</i>		
<b>37. (I'm going to read five statements. AFTER I have read them all.) Tell me if ANY of these statements is true for YOU. Do NOT tell me WHICH statement or statements are true for you. Just IF ANY of them are.</b>  <b>a. You have hemophilia or another blood clotting disorder and have received clotting factor concentrations since 1977.</b>  <b>b. You are a man who has had sex with another man at some time since 1977, even one time.</b>  <b>c. You have taken illegal drugs by needle at any time since 1977?</b>  <b>d. You have traded sex for money or drugs at any time since 1977?</b>  <b>e. Since 1977, you are or have been the sex partner of any person who would answer "Yes" to any of the items I have read.</b>	1 <input type="checkbox"/> Yes to at least one statement 2 <input type="checkbox"/> No to all statements	75

<b>ITEM AI1</b>	<i>Refer to sex and age.</i> Female age 44 or under?	1 <input type="checkbox"/> Yes (Item AI2) 2 <input type="checkbox"/> No (Item AI3)	76
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<b>ITEM AI2</b>	<i>Refer to current marital status in question 7 on page 46-47 of the HIS-1.</i>	1 <input type="checkbox"/> Married 2 <input type="checkbox"/> Widowed/separated/divorced } (38) 3 <input type="checkbox"/> Never married (39)	77
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<b>38. (Including your present marriage,) How many times have you been married?</b>	_____ Times (Number)	78-79
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<i>HAND CARD H. If telephone interview, skip to 41.</i>		
<b>39. This card shows seven methods of birth control. Please look at the card and tell me which you think is the most effective for preventing pregnancy?</b>  <i>Mark (X) only one.</i>	1 <input type="checkbox"/> Diaphragm 2 <input type="checkbox"/> Condom (rubber) 3 <input type="checkbox"/> IUD (loop, coil) 4 <input type="checkbox"/> Rhythm (safe period by calendar) 5 <input type="checkbox"/> Foam 6 <input type="checkbox"/> Birth control pill 7 <input type="checkbox"/> Withdrawal (pulling out) 9 <input type="checkbox"/> DK	80

<i>HAND CARD K.</i>		
<b>40. This card lists services that may be provided to women for their family planning needs.</b>  <b>Have you EVER visited a counselor, a clinic or a doctor for ANY of these family planning services?</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	81

<b>41. Are you now pregnant?</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	82
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<b>ITEM AI3</b>	About how often did the respondent appear to answer the questions in AIDS Knowledge accurately?	1 <input type="checkbox"/> All the time 2 <input type="checkbox"/> Most of the time 3 <input type="checkbox"/> Some of the time 4 <input type="checkbox"/> Rarely or never 9 <input type="checkbox"/> DK	83
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<b>ITEM AI4</b>	About how often did the respondent appear to answer the questions in AIDS Knowledge honestly?	1 <input type="checkbox"/> All the time 2 <input type="checkbox"/> Most of the time 3 <input type="checkbox"/> Some of the time 4 <input type="checkbox"/> Rarely or never 9 <input type="checkbox"/> DK	84
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**RECORD FINAL STATUS AND TRANSCRIPTION ITEMS ON BACK COVER**

RT 83	3-4	5		
<b>Sample Person Number</b> _____		<b>Sample Person Type</b> 1 <input type="checkbox"/> SP		
<b>11. Transcription from completed HIS-1</b>				
<b>a. Education of SP (Page 42 or 43, question 2a)</b> <span style="float:right;">6-7</span> <input type="checkbox"/> Never attended or kindergarten  Elem.    1   2   3   4   5   6   7   8  High:    9   10   11   12  College: 1(13) 2(14) 3(15) 4(16) 5(17) 6+(18) Finish grade/year (Question 2b) _____ <span style="float:right;">8</span> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	<b>b. Main race of SP (Page 42 or 43, question 3a/b)</b> <span style="float:right;">9-10</span> 1 2 3 4 5 6 7 8  9 10 11 12 13 14 15 16 97 <input type="checkbox"/> Refused 99 <input type="checkbox"/> Unknown	<b>d. Marital status of SP (Page 46 or 47, question 7)</b> <span style="float:right;">13</span> 1 <input type="checkbox"/> Married – spouse in HH 2 <input type="checkbox"/> Married – spouse not in HH 3 <input type="checkbox"/> Widowed 4 <input type="checkbox"/> Divorced 5 <input type="checkbox"/> Separated 6 <input type="checkbox"/> Never married 7 <input type="checkbox"/> Refused 9 <input type="checkbox"/> Unknown  <i>If required and NOT already completed, transcribe height and weight for the SP from page 20 – 21, question 5 in the HIS-1 to question 3 on page 61.</i>		
		<b>c. Hispanic origin (Page 2 or 3, question 4e and 4f)</b> <span style="float:right;">11</span> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No Which? _____ <span style="float:right;">12</span> 1 2 3 4 5 6 7		
RT 83	3-4	5		
<b>Sample Child Number</b> _____		<b>Sample Person Type</b> 2 <input type="checkbox"/> SC		
<b>12. Transcription from completed HIS-1</b>				
<b>a. Education of SC (Page 42 or 43, question 2a)</b> <span style="float:right;">6-7</span> <input type="checkbox"/> Under 5 <input type="checkbox"/> Never attended or kindergarten  Elem.    1   2   3   4   5   6   7   8  Finish grade/year (Question 2b) _____ <span style="float:right;">8</span> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	<b>b. Main race of SC (Page 42 or 43, question 3a/b)</b> <span style="float:right;">9-10</span> 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 97 <input type="checkbox"/> Refused 99 <input type="checkbox"/> Unknown	<b>c. Hispanic origin (Page 2 or 3, question 4e and 4f)</b> <span style="float:right;">11</span> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No Which? _____ <span style="float:right;">12</span> 1 2 3 4 5 6 7		
RT 84	3-4			
<b>13. Transcription from completed HIS-1</b>				
<b>a. Family income (Page 46, question 8b)</b> <span style="float:right;">5-6</span> 00 <input type="checkbox"/> <b>A</b> 07 <input type="checkbox"/> <b>H</b> 14 <input type="checkbox"/> <b>O</b> 21 <input type="checkbox"/> <b>V</b> 01 <input type="checkbox"/> <b>B</b> 08 <input type="checkbox"/> <b>I</b> 15 <input type="checkbox"/> <b>P</b> 22 <input type="checkbox"/> <b>W</b> 02 <input type="checkbox"/> <b>C</b> 09 <input type="checkbox"/> <b>J</b> 16 <input type="checkbox"/> <b>Q</b> 23 <input type="checkbox"/> <b>X</b> 03 <input type="checkbox"/> <b>D</b> 10 <input type="checkbox"/> <b>K</b> 17 <input type="checkbox"/> <b>R</b> 24 <input type="checkbox"/> <b>Y</b> 04 <input type="checkbox"/> <b>E</b> 11 <input type="checkbox"/> <b>L</b> 18 <input type="checkbox"/> <b>S</b> 25 <input type="checkbox"/> <b>Z</b> 05 <input type="checkbox"/> <b>F</b> 12 <input type="checkbox"/> <b>M</b> 19 <input type="checkbox"/> <b>T</b> 26 <input type="checkbox"/> <b>ZZ</b> 06 <input type="checkbox"/> <b>G</b> 13 <input type="checkbox"/> <b>N</b> 20 <input type="checkbox"/> <b>U</b>  <i>(Transcribe from 8a if 8b blank)</i> 27 <input type="checkbox"/> \$20,000 or more    97 <input type="checkbox"/> Refused 28 <input type="checkbox"/> Less than \$20,000    99 <input type="checkbox"/> Unknown	<b>b. Telephone number (Household page, question 11)</b> <span style="float:right;">7</span> 1 <input type="checkbox"/> Yes, telephone 2 <input type="checkbox"/> No telephone 3 <input type="checkbox"/> Phone, but no number listed or number refused 9 <input type="checkbox"/> DK  Area code    Number [ ][ ] [ ][ ] - [ ][ ][ ][ ] <span style="float:right;">8-17</span>			
<b>14. From Cover page, item 9, of HIS-3</b>		<b>From Cover page, item 10, of HIS-3</b>		
<b>a. Number of non-deleted persons 18+ years old in this family</b> ..... <span style="float:right;">18</span>	<b>b. Number of non-deleted children 0 – 5 years old in this family</b> ..... <span style="float:right;">19</span>			
<b>15. Response Status</b>				
<b>a. Section IZ (Immunization)</b> <span style="float:right;">20</span> <input type="checkbox"/> No child 0–5  <b>Interview:</b> 1 <input type="checkbox"/> Complete 2 <input type="checkbox"/> Partial  <b>Noninterview:</b> 3 <input type="checkbox"/> Refused } Explain in notes 8 <input type="checkbox"/> Other }	<b>b. Section AC (Access to Care)</b> <span style="float:right;">21</span>  <b>Interview:</b> 1 <input type="checkbox"/> Complete 2 <input type="checkbox"/> Partial  <b>Noninterview:</b> 3 <input type="checkbox"/> Refused } Explain in notes 8 <input type="checkbox"/> Other }	<b>c. Sections FA–FC (Health Care, Income and Assets)</b> <span style="float:right;">22</span>  <b>Interview:</b> 1 <input type="checkbox"/> Complete 2 <input type="checkbox"/> Partial  <b>Noninterview:</b> 3 <input type="checkbox"/> Refused } Explain in notes 8 <input type="checkbox"/> Other }	<b>d. Section Y2 (Year 2000 Objectives)</b> <span style="float:right;">23</span> <input type="checkbox"/> No person 18+  <b>Interview:</b> 1 <input type="checkbox"/> Complete 2 <input type="checkbox"/> Partial  <b>Noninterview:</b> 3 <input type="checkbox"/> Refused 4 <input type="checkbox"/> SP Temp. Absent 5 <input type="checkbox"/> SP Incapable 8 <input type="checkbox"/> Other } Explain in notes	<b>e. Section AI (AIDS)</b> <span style="float:right;">24</span> <input type="checkbox"/> No person 18+  <b>Interview:</b> 1 <input type="checkbox"/> Complete 2 <input type="checkbox"/> Partial  <b>Noninterview:</b> 3 <input type="checkbox"/> Refused 4 <input type="checkbox"/> SP Temp. absent 5 <input type="checkbox"/> SP Incapable 8 <input type="checkbox"/> Other } Explain in notes

**CARD O  
ORIGIN**

1. Puerto Rican
2. Cuban
3. Mexican/Mexicano
4. Mexican American
5. Chicano
6. Other Latin American
7. Other Spanish

**CARD R**

1. White
2. Black
3. Indian (American)
4. Eskimo
5. Aleut
- Asian or Pacific Islander (API)
6. Chinese
7. Filipino
8. Hawaiian
9. Korean
10. Vietnamese
11. Japanese
12. Asian Indian
13. Samoan
14. Guamanian
15. Other API (*Specify*)

O  
R

(Cut along broken lines)

**CARD I  
INCOME**

- U ... \$20,000 - \$24,999
- V ... \$25,000 - \$29,999
- W ... \$30,000 - \$34,999
- X ... \$35,000 - \$39,999
- Y ... \$40,000 - \$44,999
- Z ... \$45,000 - \$49,999
- ZZ ... \$50,000 and over

**CARD J  
INCOME**

- A ... Less than \$1,000 (including loss)
- B ... \$1,000 - \$1,999
- C ... \$2,000 - \$2,999
- D ... \$3,000 - \$3,999
- E ... \$4,000 - \$4,999
- F ... \$5,000 - \$5,999
- G ... \$6,000 - \$6,999
- H ... \$7,000 - \$7,999
- I ... \$8,000 - \$8,999
- J ... \$9,000 - \$9,999
- K ... \$10,000 - \$10,999
- L ... \$11,000 - \$11,999
- M ... \$12,000 - \$12,999
- N ... \$13,000 - \$13,999
- O ... \$14,000 - \$14,999
- P ... \$15,000 - \$15,999
- Q ... \$16,000 - \$16,999
- R ... \$17,000 - \$17,999
- S ... \$18,000 - \$18,999
- T ... \$19,000 - \$19,999

I  
J

(Cut along broken lines)

**CARD FR1**

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

Explanation  
(SP)  
FR1

(Cut along broken lines)

**CARD FR2**

- 01. Changed residence/moved
- 02. Changed jobs
- 03. Employer changed insurance coverage
- 04. Former usual source left area
- 05. Owed money to former usual source
- 06. Dissatisfied with former source/liked new source better
- 07. Medical care needs changed
- 08. Former usual source stopped taking insurance/coverage
- 98. Other (Specify)

**MEDICARE**

<b>Health Insurance</b>	
SOCIAL SECURITY ACT	
NAME OF BENEFICIARY <b>JOHN Q PUBLIC</b>	
CLAIM NUMBER <b>000-00-0000-A</b>	SEX <b>MALE</b>
IS ENTITLED TO <b>HOSPITAL INSURANCE</b>	EFFECTIVE DATE <b>7-1-66</b>
<b>MEDICAL INSURANCE</b>	<b>7-1-66</b>
SIGN HERE <i>John Q. Public</i>	

FR2  
Medicare

(Cut along broken lines)

**STATE NAMES FOR MEDICAID**

**MEDI — CAL**

California

**MEDI — KAN**

Kansas

**HEALTH CARE COST CONTAINMENT SYSTEM (HCCCS)**

Arizona

**MEDICAL ASSISTANCE**

All other States

**CARD FR3**

- 1. Zero
- 2. \$ 1 – \$ 9
- 3. \$ 10 – \$ 19
- 4. \$ 20 – \$ 49
- 5. \$ 50 – \$ 99
- 6. \$100 – \$199
- 7. \$200 – \$499
- 8. \$500 or more

State names  
for Medicaid  
FR3

(Cut along broken lines)

**CARD FR4**

- 01. Job layoff/loss/unemployment
- 02. Wasn't offered by employer
- 03. Not eligible because part time worker
- 04. Family coverage not offered by employer
- 05. Benefits from former employer ran out
- 06. Can't obtain because of poor health, illness, or age
- 07. Too expensive/Can't afford
- 08. Dissatisfied with previous insurance
- 09. Don't believe in insurance
- 10. Have usually been healthy, haven't needed insurance
- 11. Covered by some other plan
- 12. Too old for coverage under family plans
- 13. Free/inexpensive source of care readily available
- 98. Other reason (Specify)

**CARD FR5**

- 01. Lost job or changed employers
- 02. Spouse/parent lost job or changed employers
- 03. Death of spouse or parent
- 04. Became divorced or separated
- 05. Became ineligible because of age
- 06. Employer stopped offering coverage
- 07. Cut back to part time
- 08. Benefits from employer/former employer ran out
- 98. Other (Specify)

FR4

FR5

(Cut along broken lines)

**CARD FR6**

- 1. Zero
- 2. Less than \$500
- 3. \$ 500 – \$1,999
- 4. \$2,000 – \$2,999
- 5. \$3,000 – \$4,999
- 6. \$5,000 or more

**CARD FR7**

1. **1 – 9 employees**
2. **10 – 24 employees**
3. **25 – 49 employees**
4. **50 – 99 employees**
5. **100 – 499 employees**
6. **500 – 999 employees**
7. **1000 or more employees**

FR6  
FR7

(Cut along broken lines)

**CARD FR8**

1. **\$ 25 – \$ 99**
2. **\$ 100 – \$ 499**
3. **\$ 500 – \$ 999**
4. **\$1,000 – \$4,999**
5. **\$5,000 or more**

**CARD FR9**

1. **Less than \$ 2,000**
2. **\$ 2,000 – \$ 4,999**
3. **\$ 5,000 – \$ 9,999**
4. **\$10,000 – \$19,999**
5. **\$20,000 – \$49,999**
6. **\$50,000 – \$99,999**
7. **\$100,000 or more**

FR8  
FR9

(Cut along broken lines)

**CARD FR10**

1. **Less than \$25,000**
2. **\$ 25,000 – \$ 49,999**
3. **\$ 50,000 – \$ 99,999**
4. **\$100,000 – \$199,999**
5. **\$200,000 – \$299,999**
6. **\$300,000 – \$499,999**
7. **\$500,000 or more**

**CARD FR11**

- 1. Less than \$500**
- 2. \$ 500 – \$ 999**
- 3. \$1,000 – \$1,999**
- 4. \$2,000 or more**

FR10

FR11

(Cut along broken lines)

**CARD S1**

- 01. Joined a weight loss program**
- 02. Eating fewer calories**
- 03. Eating special products, such as  
canned or powdered food  
supplements**
- 04. Exercising more**
- 05. Fasting for 24 hours or longer**
- 06. Skipping meals**
- 07. Taking diet pills**
- 08. Taking laxatives**
- 09. Taking water pills or diuretics**
- 10. Vomiting**
- 11. Eating less fat**
- 98. Something else (Specify)**
- 00. Nothing**

**CARD T1**

- 1. Work mainly indoors**
- 2. Work mainly outdoors**
- 3. Travel to different buildings or sites**
- 4. In a motor vehicle**
- 8. Other (Specify)**

S1

T1

(Cut along broken lines)

**CARD T2**

- 1. Not allowed in ANY indoor or  
common public areas**
- 2. Allowed in SOME public areas,  
including designated smoking areas**
- 3. Allowed in ALL indoor or common  
public areas**

**CARD T3**

- 1. Not allowed in ANY work areas**
- 2. Allowed in SOME work areas**
- 3. Allowed in ALL work areas**

T2  
T3

(Cut along broken lines)

**CARD T4**

- 01. Walking group**
- 02. Jogging/Running group**
- 03. Biking/Cycling group**
- 04. Aerobics classes**
- 05. Swimming classes**
- 06. Non-aerobic exercise classes**
- 07. Weight lifting classes**
- 08. Fully paid membership in health/fitness club**
- 09. Partially paid membership in health/fitness club**
- 10. Physical activity or exercise competitions**
- 98. Other (Specify)**
- 00. No Programs**

**CARD T5**

- 01. Gymnasium/Exercise room**
- 02. Weight lifting equipment**
- 03. Exercise equipment**
- 04. Walking/Jogging path**
- 05. Parcours/Fitness trails**
- 06. Bike path**
- 07. Bike racks**
- 08. Swimming pool**
- 09. Showers**
- 10. Lockers**
- 98. Other (Specify)**
- 00. No facilities**

T4  
T5

(Cut along broken lines)

**CARD U1**

- 0. Never**
- 1. Less than 1 year ago**
- 2. 1 year, less than 2 years ago**
- 3. 2 years, less than 5 years ago**
- 4. 5+ years ago**



**CARD A**

- 1. Heart Disease**
- 2. AIDS**
- 3. Diabetes**
- 4. Cancer**

U1  
A

(Cut along broken lines)

**CARD B**

- 1. Very likely**
- 2. Somewhat likely**
- 3. Somewhat unlikely**
- 4. Very unlikely**
- 5. Definitely not possible**

**CARD C**

- 01. Just to find out if you were infected**
- 02. For hospitalization or a surgical procedure**
- 03. To apply for health insurance**
- 04. To apply for life insurance**
- 05. To comply with guidelines for health workers**
- 06. To comply with regulations for other type(s) of work**
- 07. To apply for a new job**
- 08. For military induction or military service**
- 09. For immigration**
- 10. Because a doctor asked you to**
- 11. Because the Health Dept. asked you to**
- 12. Because a sex partner asked you to**
- 13. Because it was part of the blood donation process**
- 98. For some other reason** *(Please specify the other reason or reasons)*

C  
B

(Cut along broken lines)

**CARD D**

- 01. How AIDS is transmitted**
- 02. How to prevent transmission**
- 03. The correct use of condoms**
- 04. Needle cleaning/using clean needles**
- 05. Needle sharing**
- 06. Abstinence from sex**
- 07. Contraception**
- 08. Safe sex practices**
- 98. Other** *(Please specify what other topics)*

**CARD E**

- 0. Spouse**
- 1. Fiance**
- 2. Sex partner other than spouse or fiance**
- 3. Health professional**
- 4. Friend**
- 5. Clergy/minister/pastor/priest/rabbi**
- 6. Employer**
- 7. Other relative**
- 8. Other** *(Please specify what other person)*

D \_\_\_\_\_  
 E \_\_\_\_\_  
 (Cut along broken lines)

**CARD F**

- 01. Because you want to find out if you are infected**
- 02. It will be part of hospitalization or surgery you expect to have**
- 03. Because you expect to apply for life or health insurance**
- 04. Because you expect to apply for a job**
- 05. Because you expect to join the military**
- 06. Because of guidelines for health care workers**
- 07. Because it will be a required part of some other activity that includes automatic AIDS testing**
- 08. Because it is required in your non-health care employment**
- 98. Some other reason** *(Please specify what other reason or reasons)*

**CARD G**

- a. You have hemophilia or another blood clotting disorder and have received clotting factor concentrations since 1977.**
- b. You are a man who has had sex with another man at some time since 1977, even one time.**
- c. You have taken illegal drugs by needle at any time since 1977.**
- d. You have traded sex for money or drugs at any time since 1977.**
- e. Since 1977, you are or have been the sex partner of any person who would answer "Yes" to any of the items above on this card.**

F \_\_\_\_\_  
 G \_\_\_\_\_  
 (Cut along broken lines)

**CARD H**

- 1. Diaphragm**
- 2. Condom (rubber)**
- 3. IUD (loop, coil)**
- 4. Rhythm (safe period by calendar)**
- 5. Foam**
- 6. Birth control pill**
- 7. Withdrawal (pulling out)**

**CARD K**

**To get a pregnancy test**

**To continue a method of birth control you were already using, like getting a new prescription or replacing an IUD**

**To get a new method of birth control or a prescription for a method**

**To get a sterilization operation**

**To get a check-up or medical test for –**

**The correct use, fit, or position of a birth control method**

**Health problems from using a birth control method**

**To get advice or counselling on –**

**Birth Control**

**Any problems or worries about sexual intercourse**

**An unwanted pregnancy or one that occurred at a bad time**

**Having a sterilization operation**

**Whether or not to have an abortion**

H  
K

(Card along broken lines)