Appendix III Questionnaires and Flashcards

Book ___ of ___ books | Batch number RT 10 3-7 | Coder status 8

OMB No. 0920-0214: Approval Expires 03/31/97

Notice – Information contained on this form which would permit identification of any individual or establishment has been collected with a guarantee that it will be held in strict confidence, will be used only for purposes stated for this study, and will not be disclosed or released to others without the consent of the individual or the establishment in accordance with section 308(d) of the Public Health Service Act (42 USC 242m). Public reporting burden for this collection of information is estimated to average 30 minutes per response including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to PHS Reports Clearance Officer, ATTN: PRA (0920-0214); Hubert H. Humphrey Building, Room 737-F, 200 Independence Avenue, SW; Washington, DC 20201.

1. RO 9-10

2. Sample 11-13 Suffix 14

3. Week 15-16

4. Segment type
1 ☐ Area
2 ☐ Permit

FORM **HIS-1 (1996)**
(8-1-95)

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

NATIONAL HEALTH INTERVIEW SURVEY

5. Control number

PSU	Segment	Suffix	Serial	Suffix	Check digit
17-21	22-26	26-27	28-29	30	31

6. Screening status 32
1 ☐ S
2 ☐ I

RT 11 3 S. T. (Item 4)

7a. What is your exact address? *(Including House No., Apt. No., or other identification; county and ZIP Code)* 4-8 9-119

LISTING SHEET | Sheet | Line No.

City | State | County | ZIP Code

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

City | State | County | ZIP Code

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

8. YEAR BUILT (Area segments only)
☐ Ask *(Except for group quarters, mobile homes, trailers, tents, boats, and other units not in structures.)*
☐ Do not ask

When was this structure originally built?
☐ Before 4-1-90 *(Continue interview)*
☐ After 4-1-90 *(Complete 9c when required; END interview)*

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

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

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

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

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

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

11. CLASSIFICATION OF LIVING QUARTERS – *Mark by observation*

a. LOCATION of unit 35
Unit is:
1 ☐ In Group Quarters – *Refer to GQ Table on pages 4-7 through 4-15 of the 11-8, FR Listing and Coverage Manual; then complete 11c or d*
2 ☐ NOT in Group Quarters *(11b)*

b. Access 36
1 ☐ Direct *(11c)*
2 ☐ Through another unit – *Not a separate HU; combine with unit through which access is gained. (Apply merged unit procedures if additional living quarters space was listed separately.)*

c. HOUSING unit *(Mark one)*
01 ☐ House, apartment, flat
02 ☐ HU in nontransient hotel, motel, etc.
03 ☐ HU-permanent in transient hotel, motel, etc.
04 ☐ HU in rooming house
05 ☐ Mobile home or trailer with no permanent room added
06 ☐ Mobile home or trailer with one or more permanent rooms added
07 ☐ HU not specified above – *Describe*

d. GROUP QUARTERS (GQ) unit *(Mark one)* 37-38
08 ☐ Quarters not HU in rooming or boarding house
09 ☐ Unit not permanent in transient hotel, motel, etc.
10 ☐ Unoccupied site for mobile home, trailer, or tent
11 ☐ Student quarters in college dormitory
12 ☐ GQ unit not specified above – *Describe*

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

b. Is there any working telephone located INSIDE your home? 50
1 ☐ Yes 2 ☐ No

13. Interview observed? 51
1 ☐ Yes 2 ☐ No

14a. Field representative's name | Code 52-53

b. Language of interview 54
1 ☐ English 3 ☐ Both English and Spanish
2 ☐ Spanish 8 ☐ Other

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

16. Noninterview reason 56-57

TYPE A
01 ☐ Refused
02 ☐ No one home, repeated calls
03 ☐ Temporarily absent
04 ☐ Language problem
05 ☐ Other *(Specify)*

Indicate best estimate of race/ethnicity for each Type A 58
1 ☐ Black/Hispanic
2 ☐ Not Black/Hispanic
3 ☐ Unknown

Fill items 1–7a, 8 and 10 as applicable; 11, 13–17.

TYPE B
06 ☐ Vacant, nonseasonal
07 ☐ Vacant, seasonal
08 ☐ Occupied entirely by URE
09 ☐ Occupied entirely by AF members
10 ☐ Occupied – screened out by household
11 ☐ Occupied – screened out by neighbors
12 ☐ Unfit or to be demolished
13 ☐ Under construction – not ready
14 ☐ Converted to temporary business or storage
15 ☐ Unoccupied site for mobile home, trailer, or tent
16 ☐ Permit granted – construction not started
17 ☐ Other *(Specify)*

Fill items 1–7a, 8–10 as applicable; 11, 13–17.

TYPE C
18 ☐ Unused line of listing sheet
19 ☐ Demolished
20 ☐ House or trailer moved
21 ☐ Outside segment boundaries
22 ☐ Converted to permanent business or storage
23 ☐ Merged
24 ☐ Condemned
25 ☐ Built after April 1, 1990
26 ☐ Other *(Specify)*

Fill items 1–7a, 9c if marked; 13–17, send Inter-Comm.

17. Record of calls 59-69

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

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

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

19. Record of additional contacts 78-81

	Month	Date		Beginning time	Ending time	Completed Person No.
1			P	a.m.	a.m.	
			T	p.m.	p.m.	
2			P	a.m.	a.m.	
			T	p.m.	p.m.	
3			P	a.m.	a.m.	
			T	p.m.	p.m.	
4			P	a.m.	a.m.	
			T	p.m.	p.m.	

☐ Old age ☐ Cov. ☐ In name

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:**

If "Yes," enter names in columns

	Yes	No
— 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:

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

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

1. First name | Mid. init. | Age
Last name | Sex 1 ☐ M 2 ☐ F

2. Relationship
REFERENCE PERSON

3. Date of birth
Month | Date | Year

C1

HOSP.	WORK	RD	2-WK. DV
00 ☐ None	1 ☐ Wa	1 ☐ Yes	00 ☐ None
Number	2 ☐ Wb	2 ☐ No	Number

C2

LA | RA | DV | INJ. | CL LTR | HS | COND.

LA | RA | DV | INJ. | CL LTR | HS | COND.

LA | RA | DV | INJ. | CL LTR | HS | COND.

LA | RA | DV | INJ. | CL LTR | HS | COND.

LA | RA | DV | INJ. | CL LTR | HS | COND.

A1 **REFERENCE PERIODS**

2-WEEK PERIOD ____________

12-MONTH DATE ____________

13-MONTH HOSPITAL DATE

A2 **ASK CONDITION LIST ____ .**

A3 *Refer to ages of all HH members.*

A3 ☐ All persons 65 and over *(5)*
☐ Other *(4a)*

4a. Are any of the persons in this household now on full-time active duty with the armed forces? ☐ Yes *(4b)* ☐ No *(5)*

b. Who is this? *Mark "AF member" box in person's column*

4b. ☐ AF member

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

Ask for each person with "AF member" box marked in 4b.

d. Where does – – usually live and sleep, here or somewhere else?
Mark box in person's column.

4d. ☐ Living at home *(Exclude from health questions)*
☐ Not living at home *(Delete from household by an "X" from 1–C2)*

HAND CARD O.

5a. Are any of those groups – – National origin or ancestry? (Where did – – ancestors come from?)

5a. 1 ☐ Yes *(5b)*
2 ☐ No *(NP)*

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

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

b. 1 2 3 4 5 6 7

HAND CARD R. Ask first alternative for first person; ask second alternative for other persons.

6a. [**What is the number of the group or groups which represents – – race?**]
[**What is – – race?**]

Circle all that apply.

1 – White
2 – Black/African American
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*
16 – Other race – *Specify*

6a. 1 2 3 4 5 6 7 8 9
10 11 12 13 14 15 16
____________ *(Specify)*

Ask if multiple entries in 6a:

b. Which of those groups, that is, *(entries in 6a)* **would you say BEST represents – – race?**

b. 1 2 3 4 5 6 7 8 9
10 11 12 13 14 15 16
____________ *(Specify)*

c. *Mark observed race of respondent(s) only.*

c. 1 ☐ W 2 ☐ B 3 ☐ O

A4 *Refer to item 6 "Status" on the Household Page.*

A4 ☐ S *(Item A5)*
☐ I *(Next page)*

A5 *Refer to 5a and 6a above for all household members. Mark (X) first appropriate box.*

A5 ☐ Any "Yes" in 5a *(Next page)*
☐ Any "2" in 6a *(Next page)*
☐ All others *(7)*

7. *Enter person number of the respondent and then read:*

Not every household in our survey is asked all questions. I have all the information about your household that I need at this time.

END INTERVIEW

Person number ____________
Respondent

FORM HIS-1 (5-1-95)

INTRODUCTION AND HOSPITAL PROBE

If related persons 17 and over are listed in addition to the respondent and are not present, say:
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

Question	Item	Response
1a. Since *(13-month hospital date)* **a year ago, was – – a patient in a hospital OVERNIGHT?**	**1a.**	1 □ Yes *(1b)* 2 □ No *(Mark "HOSP." box, THEN NP)*
b. How many different times did – – stay in any hospital overnight or longer since *(13-month hospital date)* **a year ago?**	**b.**	______ Number of times } *(Make entry in "HOSP." box THEN NP)*
Ask for each child under one: **2a. Was – – born in a hospital?**	**2a.**	1 □ Yes *(2b)* 2 □ No *(NP)*
Ask for mother and child: **b. Have you included this hospitalization in the number you gave me for – –?**	**b.**	1 □ Yes *(NP)* 2 □ No *(Correct 1 and "HOSP." box)*

FOOTNOTES

FORM HIS-1 (8-12-94)

B. LIMITATION OF ACTIVITIES PAGE

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

FORM HIS-1 (1994) (8-2-93)

B. LIMITATION OF ACTIVITIES PAGE, Continued

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

FOOTNOTES

B. LIMITATION OF ACTIVITIES PAGE, Continued

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

FOOTNOTES

D. RESTRICTED ACTIVITY PAGE PERSON 1

Hand calendar.

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

D1 *Refer to age.*

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

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

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

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

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

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

□ Yes 00 □ No *(4)*

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

00 □ None *(4)* No. of work-loss days ____ *(4)*

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

□ Yes 00 □ No *(4)*

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

00 □ None No. of school-loss days ____

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

□ Yes 00 □ No *(6)*

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

00 □ None *(6)* No. of bed days ____ *(D2)*

D2 *Refer to 2b and 3b.*

□ 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?

00 □ None ____ No. of days

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

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

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

□ Yes 00 □ No *(D3)*

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

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

00 □ None No. of cut-down days ____

D3 *Refer to 2–6.*

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

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

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

(Enter condition in C2, THEN 7b)

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

1 □ Yes *(Reask 7a and b)* 2 □ No

FOOTNOTES

E. 2-WEEK DOCTOR VISITS PROBE PAGE

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

E1 *Refer to age.*

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

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

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

1a. and b. 00 □ None; ____ Number of times } *(NP)*

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

□ Yes □ No *(3a)*

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

2b. □ DR Visit

c. Anyone else?

□ Yes *(Reask 2b and c)* □ No

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

d. How many times did – – receive this care during that period?

d. ____ Number of times

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

□ Yes □ No *(E2)*

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

3b. □ Phone call

c. Were there any calls about anyone else?

□ Yes *(Reask 3b and c)* □ No

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

d. How many telephone calls were made about – –?

d. ____ Number of calls

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

FOOTNOTES

F. 2-WEEK DOCTOR VISITS PAGE	DR VISIT 1
Refer to C1, "2-WK. DV" box.	**PERSON NUMBER** ______
F1 *Refer to age.*	**F1** ☐ Under 14 *(1b)* ☐ 14 and over *(1a)*
1a. On what (other) date(s) during those 2 weeks did — — see or talk to a medical doctor, nurse, or doctor's assistant? **b. On what (other) date(s) during those 2 weeks did anyone see or talk to a medical doctor, nurse, or doctor's assistant about — —?**	**1a. and b.** ____ Month ____ Date OR 7777☐ Last week 8888☐ Week before
Ask after last DR visit column for this person: **c. Were there any other visits or calls for — — during that period?** *Make necessary correction to 2-Wk. DV box in C1.*	**c.** 1☐ Yes *(Reask 1a or b and c)* 2☐ No *(Ask 2–6 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 — —?**	**3a. and b.** 1☐ Yes *(3f)* 2☐ No *(3c)* 8☐ DK if M.D. *(3c)* 9☐ DK who was seen *(3f)*
c. What type of medical person or assistant was talked to?	**c.** ______ Type 99☐ DK
d. Does the *(entry in 3c)* **work with or for ONE doctor or MORE than one doctor?**	**d.** 1☐ One *(3f)* 2☐ More 3☐ None *(4)* 9☐ DK
e. For this [visit/call] what kind of doctor was the *(entry in 3c)* **working with or for — a general practitioner or a specialist?** **f. Is that doctor a general practitioner or a specialist?**	**e. and f.** 1☐ GP *(4)* 2☐ Specialist *(3g)* 9☐ DK *(4)*
g. What kind of specialist?	**g.** ______ Kind of specialist
Ask 4b if under 14. **4a. For what condition did — — see or talk to the [doctor/** *(entry in 3c)* **] on** *(date in 1)***?** *Mark first appropriate box.* **b. For what condition did anyone see or talk to the [doctor/** *(entry in 3c)* **] about — — on** *(date in 1)***?** *Mark first appropriate box.*	**4a. and b.** 1☐ Condition *(Item C2, THEN 4g)* 2☐ Pregnancy *(4e)* 3☐ Test(s) or examination *(4c)* 8☐ Other *(Specify)* ______ *(4g)*
c. Was a condition found as a result of the [test(s)/examination]?	**c.** ☐ Yes *(4h)* ☐ No
d. Was this [test/examination] because of a specific condition — — had?	**d.** ☐ Yes *(4h)* ☐ No *(4g)*
e. During the past 2 weeks was — — sick because of her pregnancy?	**e.** ☐ Yes ☐ No *(4g)*
f. What was the matter?	**f.** ______ Condition *(Item C2, THEN 4g)*
g. During this [visit/call] was the [doctor/ *(entry in 3c)* **] talked to about any (other) condition?**	**g.** ☐ Yes ☐ No *(5)*
h. What was the condition?	**h.** ☐ Pregnancy *(4e)* ______ Condition *(Item C2, THEN 4g)*
Mark box if "Telephone" in 2. **5a. Did — — have any kind of surgery or operation during this visit, including bone settings and stitches?**	**5a.** 0☐ Telephone in 2 *(Next Dr. visit)* 1☐ Yes 2☐ No *(6)*
b. What was the name of the surgery or operation? *If name of operation not known, describe what was done.*	**b.** (1) ______ (2) ______
c. Was there any other surgery or operation during this visit?	**c.** ☐ Yes *(Reask 5b and c)* ☐ No
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 ______ / ______

FORM HIS-1 (1994) (8-2-93)

G. HEALTH INDICATOR PAGE

1a. During the 2-week period outlined in red on that calendar, has anyone in the family had an injury from an accident or other cause that you have not yet told me about?

☐ Yes ☐ No *(2)*

Question	No.	Response
b. Who was this? *Mark "Injury" box in person's column.*	**1b.**	☐ Injury
c. What was —— injury? *Enter injury(ies) in person's column.*	**c.**	______ Injury
d. Did anyone have any other injuries during that period? ☐ Yes *(Reask 1b, c, and d)* ☐ No		
Ask for each injury in 1c: **e. As a result of the** *(injury in 1c)* **did [——/anyone] see or talk to a medical doctor or assistant (about ——) or did —— cut down on —— usual activities for more than half of a day?**	**e.**	☐ Yes *(Enter injury in C2, THEN 1e for next injury)* ☐ No *(1e for next injury)*
2. During the past 12 months, {that is, since *(12-month date)* **a year ago} ABOUT how many days did illness or injury keep —— in bed more than half of the day? (Include days while an overnight patient in a hospital.)**	**2.**	000 ☐ None ______ No. of days
3a. During the past 12 months, ABOUT how many times did [——/anyone] see or talk to a medical doctor or assistant (about ——)? (Do not count doctors seen while an overnight patient in a hospital.) (Include the *(number in 2-WK DV box)* **visit(s) you already told me about.)**	**3a.**	000 ☐ None *(3b)* 000 ☐ Only when overnight patient in hospital } *(NP)* ______ No. of visits } *(NP)*
b. About how long has it been since [——/anyone] last saw or talked to a medical doctor or assistant (about ——)? Include doctors seen while a patient in a hospital.	**b.**	1 ☐ Interview week *(Reask 3b)* 2 ☐ Less than 1 yr. *(Reask 3a)* 3 ☐ 1 yr., less than 2 yrs. 4 ☐ 2 yrs., less than 5 yrs. 5 ☐ 5 yrs. or more 0 ☐ Never
4. Would you say —— health in general is excellent, very good, good, fair, or poor?	**4.**	1 ☐ Excellent 2 ☐ Very good 3 ☐ Good 4 ☐ Fair 5 ☐ Poor
Mark box if under 18. **5a. About how tall is —— without shoes?**	**5a.**	☐ Under 18 *(NP)* ______ Feet ______ Inches
b. About how much does —— weigh without shoes?	**b.**	______ Pounds

FOOTNOTES

FORM HIS-1 (1994) (8-2-93)

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.

1

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

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

B. Paralysis of any kind?

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

C. Arthritis of any kind or rheumatism?
D. Gout?
E. Lumbago?
F. Sciatica?
G. A bone cyst or bone spur?
H. Any other disease of the bone or cartilage?
I. A slipped or ruptured disc?
J. REPEATED trouble with neck, back, or spine?
K. Bursitis?
L. Any disease of the muscles or tendons?

Reask 1d
M. A tumor, cyst, or growth of the skin?
N. Skin cancer?
O. Eczema or Psoriasis? (ek'sa-ma) or (so-rye'uh-sis)
P. TROUBLE with dry or itching skin?
Q. TROUBLE with acne?
R. A skin ulcer?
S. Any kind of skin allergy?
T. Dermatitis or any other skin trouble?
U. TROUBLE with ingrown toenails or fingernails?
V. TROUBLE with bunions, corns, or calluses?
W. Any disease of the hair or scalp?

2

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

A. Deafness in one or both ears?
B. Any other trouble hearing with one or both ears?
C. Tinnitus or ringing in the ears?
D. Blindness in one or both eyes?
E. Cataracts?
F. Glaucoma?
G. Color blindness?
H. A detached retina or any other condition of the retina?
I. Any other trouble seeing with one or both eyes EVEN when wearing glasses?
J. A cleft palate or harelip?
K. Stammering or stuttering?
L. Any other speech defect?
M. Loss of taste or smell which has lasted 3 months or more?
N. A missing finger, hand, or arm; toe, foot, or leg?

Reask 2a
O. A missing joint?
P. A missing breast, kidney, or lung?
Q. Palsy or cerebral palsy? (ser'a-bral)
R. Paralysis of any kind?
S. Curvature of the spine?
T. REPEATED trouble with neck, back, or spine?
U. Any TROUBLE with fallen arches or flatfeet?
V. A clubfoot?
W. A trick knee?
X. PERMANENT stiffness or any deformity of the foot, leg, or back? *(Permanent stiffness —* **joints will not move at all.)**
Y. PERMANENT stiffness or any deformity of the fingers, hand, or arm?
Z. Mental retardation?
AA. Any condition caused by an accident or injury which happened more than 3 months ago? *If "Yes," ask:* **What is the condition?**

H. CONDITION LISTS 3 AND 4

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

3

3a. DURING THE PAST 12 MONTHS, did anyone in the family *{read names}* **have —**
If "Yes," ask 3b and c.

b. Who was this?

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

Enter condition and letter in appropriate person's column.

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

Conditions affecting the digestive system.

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

4

4a. DURING THE PAST 12 MONTHS, did anyone in the family *{read names}* **have —**
If "Yes," ask 4b and c.

b. Who was this?

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

Enter condition and letter in appropriate person's column.

A—B are conditions affecting the glandular system.
C is a blood condition.
D—I are conditions affecting the nervous system.
J—Y are conditions affecting the genito-urinary system.

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

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

FORM HIS-1 (1994) (8-2-93)

H. CONDITION LISTS 5 AND 6

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

5

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

If "Yes," ask 5b and c.

b. Who was this?

c. Has anyone else EVER had —

Enter condition and letter in appropriate person's column.

Conditions affecting the heart and circulatory system.

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

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

If "Yes," ask 5e and f.

e. Who was this?

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

Enter condition and letter in appropriate person's column.

Conditions affecting the heart and circulatory system.

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

6

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

If "Yes," ask 6b and c.

b. Who was this?

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

Enter condition and letter in appropriate person's column.

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

Conditions affecting the respiratory system.

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

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

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

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

If only 1 time, ask:

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

If less than 1 month, do not record.

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

FORM HIS-1 (1994) (8-2-93)

J. HOSPITAL PAGE

J. HOSPITAL PAGE		HOSPITAL STAY 1
1. *Refer to C1, "HOSP." box.*	**1.**	**PERSON NUMBER** ______
2. **You said earlier that — — was a patient in the hospital since** *(13-month hospital date)* **a year ago. On what date did — — enter the hospital ([the last time/the time before that])?** *Record each entry date in a separate Hospital Stay column.*	**2.**	Month / Date / Year 19 ___
3. **How many nights was — — in the hospital?**	**3.**	0000 □ None *(Next HS)* ______ Nights
4. **For what condition did — — enter the hospital?** • *For delivery ask:* **Was this a normal delivery?** *If "No," ask:* **What was the matter?** • *For newborn ask:* **Was the baby normal at birth?** *If "No," ask:* **What was the matter?** • *For initial "No condition" ask:* **Why did — — enter the hospital?** • *For tests, ask:* **What were the results of the tests?** *If no results, ask:* **Why were the tests performed?**	**4.**	1 □ Normal delivery 2 □ Normal at birth } *(5)* 3 □ No condition □ Condition ↘ ______
J1 *Refer to questions 2, 3, and 2-week reference period.*	**J1**	□ At least one night in 2-week reference period *(Enter condition in C2, THEN 5)* □ No nights in 2-week reference period *(5)*
5a. **Did — — have any kind of surgery or operation during this stay in the hospital, including bone settings and stitches?**	**5a.**	1 □ Yes 2 □ No *(6)*
b. **What was the name of the surgery or operation?** *If name of operation not known, describe what was done.*	**b.**	(1) ______ (2) ______ (3) ______
c. **Was there any other surgery or operation during this stay?**	**c.**	□ Yes *(Reask 5b and c)* □ No
6. **What is the name and address of this hospital?**	**6.**	Name Number and street City or County State

FOOTNOTES

CONDITION 1 | PERSON NO. ____

1. Name of condition

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

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

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

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

1 □ Yes 2 □ No 9 □ DK

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

b. What did he or she call it? ____________ *(Specify)*

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

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

Mark box if accident or injury. 0 □ Accident/injury *(Probe, then 5)*

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

1 □ Yes *(Probe, then 5)*
2 □ No

Ask probes as necessary. Record responses in 3c:
(How did the accident happen?)
(What was — — doing at the time of the injury?)

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

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

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

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

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

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

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

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

g. What part of the body is affected? ____________ *(Specify)*

Show the following detail:

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

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

Infection **Sore** **Soreness**

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

(Specify) ____________

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

Tumor **Cyst** **Growth**

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

1 □ Malignant 2 □ Benign 9 □ DK

5 a. When was — — *(condition in 3b/3f)* first noticed?
b. When did — — *(name of injury in 3b)*?

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

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

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)* 2 ☐ No

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

2 ☐ Cured
3 ☐ Under control *(K4)*
8 ☐ Other *(Specify)* ________________ *(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.)* → _______ Page No. *(NC)*
☐ No

14. Where did the accident happen?

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

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

15a. Was - - under 18 when the accident happened?

1 ☐ Yes *(16)* ☐ No

b. Was - - in the Armed Forces when the accident happened?

2 ☐ Yes *(16)* ☐ No

c. Was - - at work at - - job or business when the accident happened?

3 ☐ Yes 4 ☐ No

16a. Was a car, truck, bus, or other motor vehicle involved in the accident in any way?

1 ☐ Yes 2 ☐ No *(17)*

b. Was more than one vehicle involved?

1 ☐ Yes 2 ☐ No

c. Was [it/either one] moving at the time?

1 ☐ Yes 2 ☐ No

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

Part(s) of body *	Kind of injury

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

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

Part(s) of body *	Present effects **

* *Enter part of body in same detail as for 3g.*

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

FORM HIS-1 (8-1-95)

L. DEMOGRAPHIC BACKGROUND PAGE

L1	*Refer to age.*	**L1**	□ Under 5 *(NP)* □ 5–17 *(2)* □ 18 and over *(1)*
1a. Did – – EVER serve on active duty in the Armed Forces of the United States?		**1a.**	1 □ Yes *(1b)* 2 □ No *(2)*
b. When did – – serve? *Mark box in descending order of priority. Thus, if person served in Vietnam and in Korea mark VN.*	Vietnam Era (Aug. '64 to April '75) . . . . VN Korean War (June '50 to Jan. '55) . . . . KW World War II (Sept. '40 to July '47) . . . . WWII World War I (April '17 to Nov. '18) . . . . WWI Post Vietnam (May '75 to present) . . . . PVN Other Service (all other periods) . . . . OS	**b.**	1 □ VN 2 □ KW 3 □ WWII 4 □ WWI 5 □ PVN 8 □ OS 9 □ DK
c. Was – – EVER an active member of a National Guard or military reserve unit?		**c.**	□ Yes 2 □ No *(2)* 7 □ DK *(2)*
d. Was ALL of – – active duty service related to National Guard or military reserve training?		**d.**	1 □ Yes 3 □ No 9 □ DK
2a. What is the highest grade or year of regular school – – has ever attended?		**2a.**	00 □ Never attended or kindergarten *(NP)* Elem: 1 2 3 4 5 6 7 8 High: 9 10 11 12 College: 1 2 3 4 5 6+
b. Did – – finish the *(number in 2a)* **[grade/year]?**		**b.**	1 □ Yes 2 □ No

FOOTNOTES

L. DEMOGRAPHIC BACKGROUND PAGE, Continued

L2	*Refer to "Age" and "Wa/Wb" boxes in C1.*	**L2**	0□ Under 18 *(NP)* 1□ Wa box marked *(6a)* 2□ Wb box marked *(5a)* 3□ Neither box marked *(5b)*
5a.	**Earlier you said that –– has a job or business but did not work last week or the week before. Was –– looking for work or on layoff from a job during those 2 weeks?**	**5a.**	1□ Yes *(5c)* 2□ No *(6b)*
b.	**Earlier you said that –– didn't have a job or business last week or the week before. Was –– looking for work or on layoff from a job during those 2 weeks?**	**b.**	1□ Yes 2□ No *(NP)*
c.	**Which, looking for work or on layoff from a job?**	**c.**	1□ Looking *(6c)* 3□ Both *(6b)* 2□ Layoff *(6b)*
6a.	**Earlier you said that –– worked last week or the week before.** *Ask 6b.*		
b.	**For whom did –– work?** *Enter name of company, business, organization, or other employer.*	**6b. and c.**	Employer □ NEV *(6g)* □ AF *(6e)*
c.	**For whom did –– work at –– last full-time job or business lasting 2 consecutive weeks or more?** *Enter name of company, business, organization, or other employer, or mark "NEV" or "AF" box in person's column.*		
d.	**What kind of business or industry is this?** *For example, TV and radio manufacturing, retail shoe store, State Labor Department, farm.*	**d.**	Industry
e.	*If "AF" in 6b/c, mark "AF" box in person's column without asking.* **What kind of work was –– doing?** *For example, electrical engineer, stock clerk, typist, farmer.*	**e.**	Occupation □ AF *(NP)*
f.	**What were –– most important activities or duties at that job?** *For example, types, keeps account books, files, sells cars, operates printing press, finishes concrete.*	**f.**	Duties
g.	*Complete from entries in 6b–f. If not clear, ask:* **Was ––** **An employee of a PRIVATE company, business or individual for wages, salary, or commission?** .... **P** **A FEDERAL government employee?** .... **F** **A STATE government employee?** .... **S** **A LOCAL government employee?** .... **L** **Self-employed in OWN business, professional practice, or farm?** *Ask:* **Is the business incorporated?** Yes .... **I** No .... **SE** **Working WITHOUT PAY in family business or farm?** .... **WP** **— NEVER WORKED or never worked at a full-time job lasting 2 weeks or more** .... **NEV**	**g.**	Class of worker 1□ P 5□ I 2□ F 6□ SE 3□ S 7□ WP 4□ L 8□ NEV

FOOTNOTES

L. DEMOGRAPHIC BACKGROUND PAGE, Continued

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

FOOTNOTES

FORM HIS-1 (1994) (8-2-93)

L. DEMOGRAPHIC BACKGROUND PAGE, Continued

RT 61

L5	*Read to respondent:* **In order to determine how health practices and conditions are related to how long people live, we would like to refer to statistical records maintained by the National Center for Health Statistics.**			3–4
L6	*Enter date of birth from question 3 on Household Composition page.*	**L6**	Date of birth Month / Date / Year	5–11
9a.	**In what State or country was -- born?** *Print the full name of the State or mark the appropriate box if the person was not born in the United States.*	**9a.**	99 □ DK *(L7)* ______ State 01 □ Puerto Rico 02 □ Virgin Islands 03 □ Guam 04 □ Canada 05 □ Cuba 06 □ Mexico 98 □ All other countries	12–13
b.	*If born in U.S., ask 9b only; if born in foreign country, ask 9c only.* **Altogether, how many years has -- lived in** *(State of present residence)***?**	**b.**	1 □ Less than 1 yr. 2 □ 1 yr., less than 5 3 □ 5 yrs., less than 10 4 □ 10 yrs., less than 15 5 □ 15 yrs. or more 9 □ DK	14
c.	**Altogether, how many years has -- lived in the United States?**	**c.**	1 □ Less than 1 yr. 2 □ 1 yr., less than 5 3 □ 5 yrs., less than 10 4 □ 10 yrs., less than 15 5 □ 15 yrs. or more 9 □ DK	15
L7	*Print full name, including middle initial, from question 1 on Household Composition page.*	**L7**	Last First Middle initial	16–35 36–50 51
10.	*Verify for males; ask for females.* **What is -- father's LAST name?** *Verify spelling. DO NOT write "Same".*	**10.**	Father's LAST name	52–71
11.	*Read to respondent:* **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.** *Read if necessary:* **The Public Health Service Act is title 42, United States Code, Section 242k.** **What is -- Social Security Number?**	**11.**	999999999 □ DK □□□-□□-□□□□ Social Security Number *Mark if number obtained from* 0 □ Does not have SSN 1 □ Memory 2 □ Records 7 □ Refused	72–80 81
L8	*Mark box to indicate how Social Security number was or was not obtained.*	**L8**	1 □ Self-personal 2 □ Self-telephone 3 □ Proxy-personal 4 □ Proxy-telephone	82

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.*

RT62

12. Contact Person name 3–4
Last 5–24 | First 25–39 | Middle initial 40

13a. Address *(Number and street)* 41–65

b. City 66–85 | State 86–87 | ZIP Code 88–96

14. Area code/telephone number 97–106

□□□ □□□ - □□□□

107
1 □ None
2 □ Refused
9 □ DK

15. Relationship to household respondent 108–109

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

FOOTNOTES

L. DEMOGRAPHIC BACKGROUND PAGE, Continued

17. During the past 12 months, has your household been without telephone service for more than one week? *If no phone, mark "Yes".*	1 □ Yes *(18)* 2 □ No } *(Item L9)* 9 □ DK }	110
18. For how long was your household without telephone service in the past 12 months?	0123 □ Entire 12 months 0000 □ One week or less _______ (Number) { 1 □ Day(s) 2 □ Week(s) 3 □ Month(s) 9999 □ DK	111-114
L9 *Refer to question 3 on the Household Composition page.*	□ Any children under 6 years old *(Go to HIS-2)* □ Other *(Skip to HIS-3)*	

FOOTNOTES

TABLE X – DETERMINING IF AN ADDITIONAL LIVING QUARTERS QUALIFIES AS AN EXTRA UNIT

ADDRESS OF ADDITIONAL LIVING QUARTERS	AREA SEGMENT		PERMIT SEGMENT	SEPARATENESS		NUMBER OF EXTRA UNITS
Check the listing sheet. **Is the address already listed?**	**Are the additional living quarters within the area segment boundaries?**	**Are the additional living quarters in a Group Quarters (GQ)?**	**Are the additional living quarters within the same structure and within the same space 1/ occupied by the original sample unit?**	**Do the occupants or intended occupants of the additional living quarters live and eat separately from all other persons on the property?**	**Do the occupants or intended occupants of the additional living quarters have direct access from the outside or through a common hall?**	**Have you found more than 3 EXTRA units?**
(1)	(2)	(3)	(4)	(5)	(6)	(7)
☐ Yes – *Enter sheet and line no.: Stop Table X* } Sheet ____ Line ____ ☐ No – *Enter address or description, then go to column (2) or (4) depending on Seg.* ________________	☐ Yes – *Go to column (3)* ☐ No – *Do not interview*	☐ Yes – *Do not interview* ☐ No – *Skip to column (5)*	☐ Yes – *Go to column (5)* ☐ No – *Do not interview*	☐ Yes – *Go to column (6)* ☐ No – *Not a separate unit. Stop Table X. Include quarters with original unit.*	☐ Yes – *An EXTRA unit. Go to column (7)* ☐ No – *Not a separate unit. Stop Table X. Include quarters with original unit.*	☐ Yes – *Call your office for instructions on which units to interview.* 2/ ☐ No – *Enter address on listing sheet. Interview parent and EXTRA units.*
☐ Yes – *Enter sheet and line no.: Stop Table X* } Sheet ____ Line ____ ☐ No – *Enter address or description, then go to column (2) or (4) depending on Seg.* ________________	☐ Yes – *Go to column (3)* ☐ No – *Do not interview*	☐ Yes – *Do not interview* ☐ No – *Skip to column (5)*	☐ Yes – *Go to column (5)* ☐ No – *Do not interview*	☐ Yes – *Go to column (6)* ☐ No – *Not a separate unit. Stop Table X. Include quarters with original unit.*	☐ Yes – *An EXTRA unit. Go to column (7)* ☐ No – *Not a separate unit. Stop Table X. Include quarters with original unit.*	☐ Yes – *Call your office for instructions on which units to interview.* 2/ ☐ No – *Enter address on listing sheet. Interview parent and EXTRA units.*
☐ Yes – *Enter sheet and line no.: Stop Table X* } Sheet ____ Line ____ ☐ No – *Enter address or description, then go to column (2) or (4) depending on Seg.* ________________	☐ Yes – *Go to column (3)* ☐ No – *Do not interview*	☐ Yes – *Do not interview* ☐ No – *Skip to column (5)*	☐ Yes – *Go to column (5)* ☐ No – *Do not interview* 1/ *Occupation of the same space occurs if a housing unit has been split into two or more separate housing units.*	☐ Yes – *Go to column (6)* ☐ No – *Not a separate unit. Stop Table X. Include quarters with original unit.*	☐ Yes – *An EXTRA unit. Go to column (7)* ☐ No – *Not a separate unit. Stop Table X. Include quarters with original unit.*	☐ Yes – *Call your office for instructions on which units to interview.* 2/ ☐ No – *Enter address on listing sheet. Interview parent and EXTRA units.* 2/ *When your RO has determined which units to interview, enter the addresses on the listing sheets and proceed with the interviews.*

FOOTNOTES

☆U.S. GOVERNMENT PRINTING OFFICE: 1994—382-815

FORM HIS-1 (8-12-94)