| Book                               | of books                                                                                              | Batch number                                                    | RT 10 Coder s                                                                  | tatus                                  | 8                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                              |                                         | OM                                              | B No                           | 0920-0214 <sup>.</sup> Ar                                              | oproval Expires                                                                 | : 03/31/97                                   |
|------------------------------------|-------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|--------------------------------------------------------------------------------|----------------------------------------|----------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------------------|-------------------------------------------------|--------------------------------|------------------------------------------------------------------------|---------------------------------------------------------------------------------|----------------------------------------------|
| Noti<br>for p<br>(42 L             | ice – Information contained on<br>purposes stated for this study, a<br>JSC 242m). Public reporting bu | and will not be disclosed or<br>orden for this collection of in | nit identification of any<br>released to others with<br>formation is estimated | out the co<br>to average               | nsent of the<br>0 30 minut | te individual or the establishr<br>tes per response including the<br>Send comments regarding thi                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | nent in<br>e time<br>s burde | accordanc<br>for reviewi<br>en estimate | hat it will<br>be with se<br>ng instruc         | be hel<br>ction 3<br>ctions,   | d in strict confid<br>308(d) of the Pub<br>searching existi            | ence, will be use<br>lic Health Servic<br>ng data sources,<br>ection of informa | d only<br>e Act<br>ation.                    |
| inclu<br>1.1                       |                                                                                                       | this burden, to PHS Reports<br>Suffix 3. We                     | ek <b>4.</b> Se                                                                | <u>[N: PRA (0</u><br>gment  <br>] Area |                            | Hubert H. Humphrey Buildir<br>FORM <b>HIS-1 (1996)</b><br>(8-1-95)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | g, Roo                       | <u>m 737-F, 21</u>                      | 00 Indepe                                       | ndenc                          | e Avenue, SW; \                                                        | Washington, DC :                                                                | 20201.                                       |
|                                    | Control number<br>PSU \$segment_Suffix                                                                | Serial Suffix                                                   | 2 🗌                                                                            | Permit                                 |                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | A(<br>DEPAR                  | CTING AS CO<br>TMENT OF<br>PUBLI        | AU OF THE<br>DLLECTING<br>F HEALTH<br>IC HEALTH | CENSI<br>AGEN<br>AND<br>SERVIO | JS<br>T FOR THE<br>HUMAN SERVIC<br>CE                                  |                                                                                 |                                              |
|                                    | 7-21 22-25 26-27                                                                                      | _i28-29 _i30<br>I I                                             | <b>31</b><br>2                                                                 |                                        | 32                         | NATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                              |                                         | AL<br>JRV                                       |                                |                                                                        | RVIEV                                                                           | V                                            |
| RT 11<br>3<br>S. T.<br>(Item<br>4) | <b>7a. What is your ex</b><br>No., or other ider                                                      | act address? (Incluentification; county an                      | ding House No., /<br>d ZIP Code)<br>                                           | Apt.<br>9-119                          |                            | NG 0 Neighbor oc<br>ET 1 Screened<br>2 Eligible p                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | rs not<br>I out b<br>er ne   | contacted<br>by neighb<br>ighbor        | d<br>ors                                        | rk if                          | "S" in item 6                                                          | 5)                                                                              | 55                                           |
| h                                  | City                                                                                                  | State County                                                    |                                                                                | de<br>RT                               | _  She                     | If and the second secon | v rea                        | ison                                    | )                                               | of ra                          | cate best estin<br>ace/ethnicity fo<br>n Type A                        | or:                                                                             | 56-57<br>58                                  |
|                                    | specify if different; ind                                                                             | clude county and ZIF                                            |                                                                                | □ Sa                                   | me as 7                    | 02 🗌 No one H<br>a 03 🛄 Tempora<br>04 🛄 Languag<br>05 🗍 Other <i>(S</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | rily al<br>e prot            | osent<br>olem                           | calls                                           | . 2 🗌                          | Black/Hispani<br>Not Black/His<br>Unknown                              |                                                                                 | 3<br>) as<br>able;                           |
|                                    | City                                                                                                  | State                                                           | County                                                                         | ZIP                                    | Code                       | ТҮРЕ                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                              |                                         | /                                               | · <u> </u>                     | TYPI                                                                   |                                                                                 |                                              |
| C.                                 | . GQ name                                                                                             | 84-117                                                          | I Sample unit No                                                               | р. I Тур<br>I                          | be code                    | 08 🗌 Occupied                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | easor                        | nal                                     |                                                 |                                | 18 Unuse<br>of listi<br>sheet<br>19 Demo                               | ng                                                                              |                                              |
| 8.                                 | YEAR BUILT (Area set<br>Ask (Except for group of<br>and other units not in set<br>Do not ask          | -                                                               | trailers, tents, boats                                                         | ,<br>,                                 |                            | URE<br>09 Occupied<br>by AF m<br>10 Occupied<br>out by h                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | embei<br>I – scr             | rs<br>reened                            |                                                 |                                | 20 House<br>trailer<br>21 Outsic<br>segme                              | eor<br>d<br>de                                                                  |                                              |
|                                    | When was this structure<br>Before 4-1-90 (Continu<br>After 4-1-90 (Complete                           | e interview)                                                    |                                                                                |                                        |                            | <sup></sup> 11 □ Occupied<br>out by n<br>12 □ Unfit or<br>demolisi                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | eighbo<br>o be               | eened<br>ors                            | Fill ite                                        | ems                            | bound<br>22 Conve<br>to<br>perma                                       | laries<br>erted<br>inent                                                        | Fill<br>items<br>1–7a,<br>9c if              |
| 9.                                 | COVERAGE QUESTIO                                                                                      | NS                                                              |                                                                                |                                        |                            | 13 Under co<br>not read<br>14 Converte<br>tempora<br>business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | /<br>d to<br>y               | ction –                                 | 1–7a,<br>8–10 a<br>applic<br>11, 13             | able;                          | $1 23 \square Merge$<br>$1 24 \square Conde$<br>$1 25 \square Built a$ | ed<br>emned<br>after                                                            | marked;<br>13–17,<br>send<br>Inter-<br>Comm. |
| a.                                 | Are there any other l<br>or vacant — in this b                                                        |                                                                 | •                                                                              |                                        | (Fill Tabl                 | – – storage<br>e X) 15 🗌 Unoccup<br>for mobi<br>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | e hor                        |                                         |                                                 |                                | April<br>26 🗌 Other<br>(Spect                                          | 1, 1990<br>ify) <i>≩</i>                                                        |                                              |
| b                                  | Are there any other l<br>or vacant — on this f                                                        | living quarters — eithe<br>loor?<br>                            |                                                                                | Yes                                    | (Fill Tabl                 | e X) 16 Permit g<br>construc<br>started<br>17 Other (S                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ion n                        | ot                                      |                                                 |                                |                                                                        |                                                                                 |                                              |
|                                    | · · · · · · · · · · · · · · · · · · ·                                                                 | ilding, mobile home, o<br>– on this property for                | or trailer — either<br>people to live in?                                      | I 🗌 Yes                                | (Fill Tabl                 | e X)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | -                            | _)                                      |                                                 |                                | <br>                                                                   | )                                                                               | 59-69                                        |
| 10a.                               | LAND USE<br>1 ☐ URBAN (11)                                                                            |                                                                 |                                                                                |                                        |                            | RT 10 33                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ·                            | 17. Reco                                | ord of o                                        | Γ                              |                                                                        |                                                                                 | Com-                                         |
|                                    |                                                                                                       | Ω. units coded 92-N or 93<br>d 92-N or 93-N in 7c – <i>M</i>    |                                                                                |                                        | askina                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                              | Month                                   | Date.                                           | P                              | Beginning<br>time                                                      | Ending<br>time<br>a.m                                                           | pleted<br>Mark<br>(X)                        |
| b.                                 | During the past 12                                                                                    | months, did sales (                                             | of crops, livesto                                                              | ock, an                                |                            | <br>r                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 1                            |                                         | <br>                                            | T<br>P                         | a.m.<br>p.m.<br>a.m.                                                   | p.m<br>a.m                                                                      | •                                            |
|                                    | 1 🗌 Yes<br>2 🗌 No } (11)                                                                              | -                                                               |                                                                                |                                        |                            | 34                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                              |                                         | <br> <br> <br>                                  | T<br>P<br>T                    | p.m.<br>a.m.<br>p.m.                                                   | p.m<br>a.m<br>p.m                                                               | •                                            |
| 11.                                | CLASSIFICATION OF                                                                                     | LIVING QUARTERS -                                               | - Mark by observ                                                               | ation                                  |                            | ·····                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                              |                                         |                                                 | P<br>T                         | a.m.                                                                   | a.m                                                                             | •                                            |
| a.                                 | LOCATION of unit                                                                                      | 3                                                               | 5 b. Access                                                                    |                                        |                            | 30                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                              |                                         | <br>                                            | P                              | p.m.<br>a.m.                                                           | p.m<br>a.m                                                                      |                                              |
|                                    | Unit is:<br>1 In Group Quarters –<br>4-7 through 4-15 of                                              | the 11-8, FR Listing and                                        | with u                                                                         | gh anoth<br>nit throu                  | igh which                  | Not a separate HU; comb<br>access is gained. (Apply                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | le                           |                                         | <br> <br>                                       | T<br>P<br>T                    | p.m.<br>a.m.<br>p.m.                                                   | p.m<br>a.m<br>p.m                                                               | •                                            |
|                                    | Coverage Manual; to<br>2                                                                              | hen complete 11c or d                                           |                                                                                |                                        | rocedures<br>ed separa     | if additional living quart<br>tely.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ers i                        |                                         |                                                 |                                | mbers of per<br>icks, and ind                                          |                                                                                 | 70-77                                        |

| c. HOUSING unit (Mark one)                                       | d. GROUP QU                                                       | ARTERS (GQ) (     | unit (Mark one,  | ) 37-38            | rea        | son(s).        | None          |                |          |                |                          |
|------------------------------------------------------------------|-------------------------------------------------------------------|-------------------|------------------|--------------------|------------|----------------|---------------|----------------|----------|----------------|--------------------------|
| 01 🗌 House, apartment, flat                                      |                                                                   |                   | s not HU in room | Person<br>No.      | S.S<br>No. | Other          | Person<br>No. | S.S<br>No.     | Other    |                |                          |
| 02 HU in nontransient hotel, motel, etc.                         |                                                                   |                   | •                | ansient hotel, mo  |            |                |               |                |          |                |                          |
| 03 HU-permanent in transient hotel, motel                        | , etc.                                                            |                   |                  | ile home, trailer, | or tent    |                |               |                |          |                |                          |
| 04 🔲 HU in rooming house                                         |                                                                   |                   |                  |                    |            |                |               | -              | 1        |                |                          |
| 05 🔲 Mobile home or trailer with no permanent                    | room a                                                            | dded 12 🗌 GQ unit | not specified ab | ove – Describe 📕   | ?          |                |               |                | 1        |                |                          |
| 06 Mobile home or trailer with one or more permanent rooms added |                                                                   |                   | -                |                    |            | <b>19.</b> Red | cord of a     | additional     | contacts | ; L            | 78-81                    |
| 07 🗌 HU not specified above – <i>Describe</i>                    |                                                                   | 39 Δrea co        | do/numbor        | <u></u>            | 40-49      | Month          | l<br>  Date   | Beginr<br>time |          | Ending<br>time | Com-<br>pleted<br>Person |
| 12a. What is the telephone number her                            | 97                                                                |                   | ode/number       |                    | 40-40      |                | 1             |                |          |                | No.                      |
| 0 🗌 None                                                         |                                                                   | 1                 |                  |                    |            |                | 1             | Р              | a.m.     | a.m.           |                          |
|                                                                  | -                                                                 | 50                | 10 1             |                    | 51         | 1              |               | T              | p.m.     | p.m.           |                          |
| b. Is there any working telephone                                |                                                                   | 50                | 13. Interview    |                    | 51         |                | 1             | P              | a.m.     | a.m.           |                          |
| located INSIDE your home? 1                                      | Yes                                                               | 2 🗌 No            | 1 🗌 Yes          | 2 🗌 No             |            | 2              | <br>          | Т              | p.m.     | p.m.           |                          |
| <b>14a.</b> Field representative's name                          | Code                                                              | 52-53 b. Land     | juage of interv  | view               | 54         | 1              | i             | Р              | a.m.     | a.m.           |                          |
|                                                                  | 0000                                                              |                   | -                |                    |            | 3              |               | Т              | p.m.     | p.m.           |                          |
|                                                                  | 1 🗌 English 3 🗍 Both English and Spanish<br>2 🗌 Spanish 8 🗍 Other |                   |                  |                    |            |                | 1             | Р              | a.m.     | a.m.           |                          |
|                                                                  |                                                                   | 2                 | Spanish 8 🗌 C    | Other              |            | 4              | 1             | T              | p.m.     | p.m.           |                          |

|                                                                                                                                                                 |              | Old age Cov. In name                                                                                                               |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|------------------------------------------------------------------------------------------------------------------------------------|
| A. HOUSEHOLD COMPOSITION PAGE<br>a. What are the names of all persons living or staying here? Start with the name of the person or                              | 1.           | First name Mid. init. Age                                                                                                          |
| one of the persons who owns or rents this home. Enter name in REFERENCE PERSON column.                                                                          |              | Last name Sex                                                                                                                      |
| b. What are the names of all other persons living or staying here?<br>Enter names in columns.                                                                   |              | 1 🗌 M<br>2 🗌 F                                                                                                                     |
| c. I have listed <u>(read names)</u> . Have I missed: Yes No                                                                                                    | 2.           | Relationship<br>REFERENCE PERSON                                                                                                   |
| – any babies or small children?                                                                                                                                 | 3.           | Date of birth<br>Month Date Year                                                                                                   |
| <ul> <li>any lodgers, boarders, or persons you employ who live here?</li> <li>anyone who USUALLY lives here but is now away from home</li> </ul>                |              |                                                                                                                                    |
| traveling or in a hospital?                                                                                                                                     |              | HOSP. WORK RD 2-WK. DV                                                                                                             |
|                                                                                                                                                                 | C1           |                                                                                                                                    |
| <b>d. Do all of the persons you have named usually live here?</b>                                                                                               | ,            | Number 2000 Number                                                                                                                 |
| Probe if necessary:<br>RULES. Delete nonhousehold members<br>by an "X" from 1–C2 and enter reason.)                                                             | ; <b> C2</b> |                                                                                                                                    |
| Does – – usually live somewhere else?<br>Ask for all persons beginning with column 2:                                                                           | _            |                                                                                                                                    |
| What is – – relationship to (reference person)?                                                                                                                 |              |                                                                                                                                    |
| What is – – date of birth? (Enter date and age and mark sex.)                                                                                                   |              |                                                                                                                                    |
| REFERENCE PERIODS                                                                                                                                               |              |                                                                                                                                    |
|                                                                                                                                                                 |              |                                                                                                                                    |
| 2-WEEK PERIOD                                                                                                                                                   | _            |                                                                                                                                    |
| <b>A1</b> 12-MONTH DATE                                                                                                                                         |              | LA TRA TOV TINJ. TOL LTR HS CONT                                                                                                   |
|                                                                                                                                                                 | -            |                                                                                                                                    |
| 13-MONTH HOSPITAL DATE                                                                                                                                          |              |                                                                                                                                    |
| A2 ASK CONDITION LIST                                                                                                                                           |              | LA RA DV INJ. CL LTR HS CONE                                                                                                       |
|                                                                                                                                                                 |              |                                                                                                                                    |
|                                                                                                                                                                 | - 1 1        |                                                                                                                                    |
| A3 Refer to ages of all HH members.                                                                                                                             | <b>A</b> 3   | ☐ All persons 65 and over <i>(5)</i><br>☐ Other <i>(4a)</i>                                                                        |
| a. Are any of the persons in this household now on full-time                                                                                                    |              | <u> </u>                                                                                                                           |
| active duty with the armed forces?                                                                                                                              |              |                                                                                                                                    |
| b. Who is this?<br>Mark "AF member" box in person's column                                                                                                      | 4b.          | AF member                                                                                                                          |
| c. Anyone else?                                                                                                                                                 |              |                                                                                                                                    |
| Ask for each person with "AF member" box marked in 4b.                                                                                                          |              | Living at home (Exclude from                                                                                                       |
| a. Where does – – usually live and sleep, here or somewhere else?                                                                                               | 4d.          | <ul> <li>health questions)</li> <li>Not living at home (Delete from household by an "X" from 1–C2)</li> </ul>                      |
| Mark box in person's column.                                                                                                                                    |              | household by an "X" from 1–C2)                                                                                                     |
| HAND CARD O.                                                                                                                                                    |              | 1 🗌 Yes (5b)                                                                                                                       |
| a. Are any of those groups – – National origin or ancestry? (Where did – – ancestors come from?)                                                                | 5a.<br>b.    | ~2 🗆 No ( <i>NP</i> )                                                                                                              |
| D. Please give me the number of the group. Circle all that apply.         1 – Puerto Rican       3 – Mexican/Mexicano       5 – Chicano       7 – Other Spanish | <b>D</b> .   | 1 2 3 4 5 6 7                                                                                                                      |
| 2 – Cuban 4 – Mexican American 6 – Other Latin American                                                                                                         | <u> </u>     |                                                                                                                                    |
| HAND CARD R. Ask first alternative for first person; ask second alternative for other persons.                                                                  |              | ,<br>                                                                                                                              |
| .[What is the number of the group or groups which represents – – race?]<br> What is – – race?                                                                   | 6a.          | 1 2 3 4 5 6 7 8 9                                                                                                                  |
| Circle all that apply. ASIAN OR PACIFIC ISLANDER (API)                                                                                                          |              | 10 11 10 1                                                                                                                         |
| 1 – White4 – Eskimo6 – Chinese10 – Vietnamese14 – Guamanian2 – Black/African American5 – Aleut7 – Filipino11 – Japanese15 – Other API – Specify                 |              | 10 11 12 13 14 157 167                                                                                                             |
| 3 – Indian (American) 8 – Hawaiian 12 – Asian Indian 16 – Other race – <i>Specify</i><br>9 – Korean 13 – Samoan                                                 | ,            | (Specify)                                                                                                                          |
| Ask if multiple entries in 6a:                                                                                                                                  |              | 1 2 3 4 5 6 7 8 9                                                                                                                  |
| . Which of those groups, that is, (entries in 6a) would you say BEST represents race?                                                                           | b.           |                                                                                                                                    |
| , which of those groups, that is, <u>termies in our</u> would you suy been represents a rule.                                                                   |              | 10 11 12 12 14 15 - 16                                                                                                             |
|                                                                                                                                                                 |              |                                                                                                                                    |
|                                                                                                                                                                 |              | (Specify)                                                                                                                          |
|                                                                                                                                                                 | <br>c.       | (Specify)                                                                                                                          |
|                                                                                                                                                                 | C.           |                                                                                                                                    |
| . Mark observed race of respondent(s) only.                                                                                                                     |              | (Specify)<br>1 🗌 W 2 🗌 B 3 🗌 O                                                                                                     |
| . Mark observed race of respondent(s) only.                                                                                                                     | с.<br>А4     | (Specify)<br>1 🗌 W 2 🗌 B 3 🗌 O<br>S (Item A5)<br>I (Next page)                                                                     |
| A A Refer to item 6 "Status" on the Household Page.                                                                                                             | A4           | (Specify)<br>1 🗌 W 2 🗌 B 3 🗌 O<br>🗌 S (Item A5)                                                                                    |
| A Refer to item 6 "Status" on the Household Page.                                                                                                               |              | (Specify)<br>1                                                                                                                     |
| A Refer to 5a and 6a above for all household members.                                                                                                           | A4<br>A5     | (Specify)<br>1   W 2   B 3   0<br>  S (Item A5)<br>  I (Next page)<br>  Any "Yes" in 5a (Next page)<br>  Any "2" in 6a (Next page) |

|            |                                                                                            |     |               |              |              |      |            |      |                 |        |          |                   |              |        |       |                 |     |          |           |       |        |                 |          |                                  |      |          |                 |                 | ļ      |           |          |           |                         |      |             |                 |                 |
|------------|--------------------------------------------------------------------------------------------|-----|---------------|--------------|--------------|------|------------|------|-----------------|--------|----------|-------------------|--------------|--------|-------|-----------------|-----|----------|-----------|-------|--------|-----------------|----------|----------------------------------|------|----------|-----------------|-----------------|--------|-----------|----------|-----------|-------------------------|------|-------------|-----------------|-----------------|
|            |                                                                                            |     |               |              |              |      |            |      |                 |        |          |                   |              |        |       |                 |     |          |           |       |        |                 |          |                                  |      |          |                 |                 |        |           |          |           |                         |      |             |                 |                 |
| 4b.        |                                                                                            |     | ∧ E ⊷         | nemb         |              |      | • • •      | ~ ~  |                 | ~ ~    |          | <br>F mem         | ~ ~ ^<br>bar | ~ ~ ~  | ~ ~   |                 | ~ ~ | <b>4</b> | lb.       | <br>I |        | ~ ~<br>4F m     |          | ~~~~<br>\                        | ~ ~  |          | ~ ~             | ~ ~ ~           |        | · · · · · |          | <br>nembe | <br>>r                  |      |             |                 | ~ ~             |
|            | - 7                                                                                        |     | ⊷r Π<br>~ ~   |              | ei<br>•••••• |      |            | ~~~  | ~ ~             | <br>   |          | ~ ~ ~ ~           |              |        | ~ ~   |                 | ~~  |          |           | ,<br> | ~~     |                 | enno<br> | , <b></b>                        | ~~~  | ~ ~      | ~ ~             |                 |        | ~~~       |          | ~ ~ ^     |                         | ~~~  | ~~~         | · • •           | · <b>~</b> ·    |
| <b> </b>   |                                                                                            |     | ມີ ແ<br>Livin | ມີມີ<br>cati | <br>nome     | (Exc | lude       | from |                 |        | Ĩ        | ving at           | <br>: hom    | e (Ex  | clude | e fron          |     | 4-       |           |       | ت      |                 | a at     | home                             | (Exc | <br>lude | e fron          |                 |        | -<br>     | <br>ivin | g at h    | iome                    | (Exc | ي ي<br>lude | from            | ~ ~ ~           |
| 4d.        |                                                                                            | 1   | heah          | th qu        | estior       | าร)  |            |      |                 |        | h        | ealth q           | uestic       | ons)   |       |                 |     | 4        | ŀd.       |       | 1      | healti          | ĥ qu     | <i>estioi</i><br>gatho<br>d by a | ns)  |          |                 |                 |        | h         | ealt     | th que    | estion<br>at ho<br>by a | s)   |             |                 |                 |
|            | Not living at home (Delete from household by an "X" from1–C2) household by an "X" from1–C2 |     |               | l            |              |      | <br>       | hous | ehol            | d by a | an "X    | " fro             | om1–C        | ;2)    | ļ     | h               | ous | sehold   | l by a    | י "X' | ' fror | n1–C            | 2)       |                                  |      |          |                 |                 |        |           |          |           |                         |      |             |                 |                 |
|            |                                                                                            |     | Yes<br>No (/  |              |              |      |            |      |                 |        |          | es (5b)<br>o (NP) |              |        |       |                 |     |          |           |       |        | Yes (:<br>No (N |          |                                  |      |          |                 |                 | 1      |           |          |           |                         |      |             |                 |                 |
| 5a.<br>b.  |                                                                                            | ·   |               | — — ·        |              |      |            |      |                 |        |          |                   |              |        |       |                 |     |          | 5a.<br>b. |       |        |                 |          |                                  |      |          |                 |                 |        |           |          |           |                         |      |             |                 | ·               |
|            | 1                                                                                          | 2   | 3             | 4            | 5            | 6    | 7          |      |                 | 1      | 2        | 3 4               | 15           | 6      | 7     |                 |     |          |           | 1     | 2      | 3               | 4        | 5                                | 6    | 7        |                 |                 | 1      | 2         | 3        | 4         | 5                       | 6    | 7           |                 |                 |
|            | l<br>1                                                                                     |     |               |              |              |      |            |      |                 | !<br>I |          |                   |              |        |       |                 |     |          |           |       |        |                 |          |                                  |      |          |                 |                 | 1<br>T |           |          |           |                         |      |             |                 |                 |
| 6a.        | 1                                                                                          | 2   | 3             |              | 5            | 6    | 7          | 0    | 9               | 1      | 2        | 2                 | 1 5          | 6      | 7     | 8               | 9   | e        | ba.       | 1     | 2      | 3               | Л        | 5                                | 6    | 7        | 8               | 9               | 1      | 2         | 3        | Л         | 5                       | 6    | 7           | 8               | 9               |
|            |                                                                                            | 2   | J             |              | U            | U    | ,          | U    | 5               |        | <b>L</b> | J .               | • 0          | 0      | ,     | Ū               | 5   |          |           | 1     | 2      | 5               | 4        | Ū                                | Ū    | ,        | U               | -               |        | 2         | U        | -         | Ū                       | Ũ    | ,           | υ.              | 0               |
|            | 10                                                                                         | 1   | 11            | 12           | 13           | 14   | 1 1        | 5₹   | <sup>16</sup> ₹ | 10     | 11       | 12                | 13           | 3 1    | 4     | <sup>15</sup> ∡ | 16  | 7        |           | 10    | 1      | 1               | 12       | 13                               | 14   | •        | <sup>15</sup> ₽ | <sup>16</sup> ₽ | 10     | 1         | 1        | 12        | 13                      | 14   | 1           | <sup>15</sup> ¥ | <sup>16</sup> ∡ |
|            |                                                                                            |     |               |              | (Spec        | ify) |            |      | _ ,             |        |          |                   | (Spe         | ecify) |       |                 |     |          |           | -     | _      |                 |          | (Spec                            | ify) | ••••••   |                 | <u> </u>        |        | <u> </u>  |          | (         | Speci                   | fy)  |             |                 |                 |
|            | 1                                                                                          | 2   | 3             | 4            | 5            | 6    | 7          | 8    | 9               |        | 2        | 3 4               |              | 6      | 7     | 8               | 9   |          |           | 1     | 2      | 3               | 4        | 5                                | 6    | 7        | 8               | 9               | 1      | 2         | 3        | 4         | 5                       | 6    | 7           | 8               | 9               |
| <b>b</b> . |                                                                                            |     |               |              |              |      |            |      |                 |        |          |                   |              |        |       |                 |     |          | b.        |       |        |                 |          |                                  |      |          |                 |                 |        |           |          |           |                         |      |             |                 |                 |
|            | 10                                                                                         | 1   | 11            | 12           | 13           | 14   | <b>1</b> 1 | 15₽  | 16 <sub>¥</sub> | 10     | 11       | 12                | 13           | 31     | 4     | <sup>15</sup> ₽ | 16  | 7        |           | 10    | 1      | 1               | 12       | 13                               | 14   | Ļ        | 157             | <sup>16</sup> ¥ | 10     | ) 1       | 1        | 12        | 13                      | 14   |             | <sup>15</sup> ∡ | <sup>16</sup> ∡ |
|            |                                                                                            |     |               |              | (Spec        | ify) |            |      |                 |        |          |                   | (Spe         | ecify) |       |                 |     |          |           |       |        |                 |          | (Spec                            | ify) |          |                 |                 |        |           |          | (         | Speci                   | fy)  |             |                 |                 |
| с.         | 1                                                                                          |     | w             |              | 2 🗆 В        |      | 3 [        | □o   |                 | 1      |          | /                 | 2 🗌          | В      | 3     | з 🗌 с           | )   |          | с.        | 1     |        | w               |          | 2 🗌 E                            | 3    |          |                 |                 |        | 1 🗆 V     | V        | 2         | В                       |      | 3           | <u>_</u> o      |                 |
| FOC        | )TN                                                                                        | ΟΤΙ | ES            |              |              |      |            |      |                 |        |          |                   |              |        |       |                 |     |          |           |       |        |                 |          |                                  |      |          |                 |                 |        |           |          |           |                         |      |             |                 |                 |
|            |                                                                                            |     |               |              |              |      |            |      |                 |        |          |                   |              |        |       |                 |     |          |           |       |        |                 |          |                                  |      |          |                 |                 |        |           |          |           |                         |      |             |                 |                 |
|            |                                                                                            |     |               |              |              |      | ÷          |      |                 |        |          |                   |              |        |       |                 |     |          |           |       |        |                 |          |                                  |      |          |                 |                 |        |           |          |           |                         |      |             |                 |                 |
|            |                                                                                            |     |               |              |              |      |            |      |                 |        |          |                   |              | -      |       |                 |     |          |           |       |        |                 |          |                                  |      |          |                 |                 |        |           |          |           |                         |      |             |                 |                 |
|            |                                                                                            |     |               |              |              |      |            | ÷    |                 |        |          |                   |              |        |       |                 |     |          |           |       |        |                 |          |                                  |      |          |                 |                 |        |           |          |           |                         |      |             |                 |                 |

| INT                                                        | RODUCTION AND HOSPITAL PROBE                                                                                                                                                                                    |             |                                                             |
|------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-------------------------------------------------------------|
| We would like to have all a                                | r are listed in addition to the respondent and are not present, say:<br>dult family members who are at home take part in the interview. Are<br>er) at home now? If "Yes," ask: Could they join us? (Allow time) |             |                                                             |
| hea                                                        | s survey is being conducted to collect information on the nation's<br>Ith. I will ask about hospitalizations, disability, visits to doctors,<br>ess in the family, and other health related items.              |             |                                                             |
| · · · · · · · · · · · · · · · · · · ·                      | HOSPITAL PROBE                                                                                                                                                                                                  |             |                                                             |
| 1a. Since (13-month hospital dat                           | <u>e)</u> a year ago, was – – a patient in a hospital OVERNIGHT?                                                                                                                                                | <b>1</b> a. | 1 🗌 Yes (1b)<br>2 🔲 No ( <i>Mark "HOSP." box, THEN NP</i> ) |
| b. How many different times<br>hospital date) a year ago?  | did – – stay in any hospital overnight or longer since <u>(13-month</u>                                                                                                                                         | b.          | Number of times (Make entry in THEN NP)                     |
| Ask for each child under one:                              |                                                                                                                                                                                                                 | 1           |                                                             |
| 2a. Was – – born in a hospital?                            |                                                                                                                                                                                                                 | 2a.         | 1 🗌 Yes (2b)<br>2 🗌 No (NP)                                 |
| Ask for mother and child:<br>b. Have you included this hos | spitalization in the number you gave me for – –?                                                                                                                                                                | b.          | 1  Yes (NP) 2  No (Correct 1 and "HOSP." box)               |
| FOOTNOTES                                                  | ······································                                                                                                                                                                          |             | I                                                           |

| 1a.       | 1                                                                 | 1 □ Yes (1b)<br>2 □ No (Mark "HOSP." box, THEN NP) | 1a.       | 1 ☐ Yes (1b)<br>2 ☐ No (Mark "HOSP." box, THEN NP) | 1 ☐ Yes (1b)<br>2 ☐ No (Mark "HOSP." box, THEN NP)     |
|-----------|-------------------------------------------------------------------|----------------------------------------------------|-----------|----------------------------------------------------|--------------------------------------------------------|
| b.        | Number of times (Make entry in<br>"HOSP." box<br>THEN NP)         | Number of times (Make entry in THEN NP)            | b.        | Number of times (Make entry in THEN NP)            | Number of times (Make entry in "HOSP." box<br>THEN NP) |
| 2         |                                                                   |                                                    |           |                                                    |                                                        |
| <b> </b>  |                                                                   | · · · · · · · · · · · · · · · · · · ·              | 1         |                                                    |                                                        |
| 2a.       | 1                                                                 | 1 □ Yes (2b)<br>2 □ No (NP)                        | 2a.       | 1 ☐ Yes ( <i>2b)</i><br>2 ☐ No ( <i>NP</i> )       | 1 □ Yes (2b)<br>2 □ No (NP)                            |
| 2a.<br>b. |                                                                   | 1 · · ·                                            | 2a.<br>b. |                                                    |                                                        |
| b.        | 2 🗌 No ( <i>NP</i> )<br>                                          | 2 🗌 No ( <i>NP</i> )<br>1 🗋 Yes ( <i>NP</i> )      |           | 2 🗆 No <i>(NP)</i><br>                             | 2 🗌 No <i>(NP)</i><br>                                 |
| b.        | 2 🗌 No (NP)<br>1 🗌 Yes (NP)<br>2 🗍 No (Correct 1 and "HOSP." box) | 2 🗌 No ( <i>NP</i> )<br>1 🗋 Yes ( <i>NP</i> )      |           | 2 🗆 No <i>(NP)</i><br>                             | 2 🗌 No <i>(NP)</i><br>                                 |
| b.        | 2 🗌 No (NP)<br>1 🗌 Yes (NP)<br>2 🗍 No (Correct 1 and "HOSP." box) | 2 🗌 No ( <i>NP</i> )<br>1 🗋 Yes ( <i>NP</i> )      |           | 2 🗆 No <i>(NP)</i><br>                             | 2 🗌 No <i>(NP)</i><br>                                 |

|                                                              | <b>B. LIMITATION OF ACTIVITIES PAGE</b>                                                                                                                                                                                                                                                           |        |                                                                                  |
|--------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|----------------------------------------------------------------------------------|
| <b>B1</b> Refer to age                                       | 9.                                                                                                                                                                                                                                                                                                | B1     | 1 🗌 18-69 <i>(1)</i><br>2 🗌 Other <i>(NP)</i>                                    |
|                                                              | ng MOST OF THE PAST 12 MONTHS; working at a job or business, keepin<br>chool, or something else?                                                                                                                                                                                                  | ig 1.  | 1                                                                                |
|                                                              | e activities reported: (1) Spent the most time doing; (2) Considers the most impor                                                                                                                                                                                                                | rtant. | 3 Going to school (5)<br>4 Something else (5)                                    |
| 2a. Does any impairn                                         | nent or health problem NOW keep – – from working at a job or business?                                                                                                                                                                                                                            | 2a.    | 1 🗌 Yes (7) 🗌 No                                                                 |
| b. Is – – limited in th<br>problem?                          | e kind OR amount of work – – can do because of any impairment or heal                                                                                                                                                                                                                             | th b.  | 2 Yes (7) 3 No (6)                                                               |
| 3a. Does any impairm                                         | nent or health problem NOW keep – – from doing any housework at all?                                                                                                                                                                                                                              | 3a.    | 4 🗌 Yes (4) 🗌 No                                                                 |
| b. Is – – limited in th<br>health problem?                   | e kind OR amount of housework – – can do because of any impairment o                                                                                                                                                                                                                              | r b.   | 5 🗌 Yes (4) 6 🗌 No (5)                                                           |
| Ask if operation ov                                          | dition causes this?<br>ration: When did [the <u>(injury)</u> occur?/ – – have the operation?]<br>er 3 months ago: For what condition did – – have the operation?<br>ry or 0–3 months injury or operation —<br>8 where limitation reported, saying: Except for – – <u>(condition),?</u>            | 4a.    | (Enter condition in C2, THEN 4b)<br>1 🗌 Old age (Mark "Old age" box,<br>THEN 4c) |
| OR reask 4b/c.                                               | is there any other condition that causes this limitation?                                                                                                                                                                                                                                         |        | Yes (Reask 4a and b)                                                             |
| c. Is this limitation                                        | caused by any (other) specific condition?                                                                                                                                                                                                                                                         | C.     | ☐ No (4d)<br>☐ Yes ( <i>Reask 4a and b</i> )<br>☐ No                             |
| Mark box if only of                                          | ne condition.<br>The modifien of this limitation?                                                                                                                                                                                                                                                 | d.     | Only 1 condition                                                                 |
|                                                              | nent or health problem keep – – from working at a job or business?                                                                                                                                                                                                                                |        | Main cause                                                                       |
|                                                              | ne kind OR amount of work – – could do because of any impairment or he                                                                                                                                                                                                                            |        | 1 Yes (7) No<br>2 Yes (7) 3 No                                                   |
| <b>B2</b> Refer to qu                                        | estions 3a and 3b.                                                                                                                                                                                                                                                                                | B2     | 1 □ "Yes" in 3a or 3b <i>(NP)</i><br>2 □ Other <i>(6)</i>                        |
| 6a. Is – – limited in A                                      | NY WAY in any activities because of an impairment or health problem?                                                                                                                                                                                                                              | ба.    | 1 🗌 Yes 2 🗌 No ( <i>NP</i> )                                                     |
| b. In what way is -                                          | - limited? Record limitation, not condition.                                                                                                                                                                                                                                                      | b.     | Limitation                                                                       |
| Ask if operation ov<br>If pregnancy/delive<br>Reask question | dition causes this?<br>eration: When did [the <u>(injury)</u> occur?/ – – have the operation?]<br>er 3 months ago: For what condition did – – have the operation?<br>ery or 0–3 months injury or operation —<br>2, 5, or 6 where limitation reported, saying: Except for – – <u>(condition),?</u> | 7a.    | (Enter condition in C2, THEN 7b)<br>1                                            |
| OR reask 7b/c.<br>b. Besides (condition                      | n) is there any other condition that causes this limitation?                                                                                                                                                                                                                                      |        | Yes ( <i>Reask 7a and b</i> )                                                    |
| c. Is this limitation                                        | caused by any (other) specific condition?                                                                                                                                                                                                                                                         |        | +                                                                                |
| Mark box if only o                                           | ne condition.                                                                                                                                                                                                                                                                                     | d.     | +                                                                                |
| d. Which of these c                                          | onditions would you say is the MAIN cause of this limitation?                                                                                                                                                                                                                                     |        | Main cause                                                                       |

| <b>B1</b> | 1 🗌 18–69 <i>(1)</i><br>2 🗌 Other <i>(NP)</i>                                         | 1 🗌 18–69 <i>(1)</i><br>2 🗌 Other <i>(NP)</i>                                                                         | <b>B1</b> | 1 🗌 18–69 <i>(1)</i><br>2 🔲 Other <i>(NP)</i>                                                                         | 1 🗌 18–69 <i>(1)</i><br>2 🔲 Other <i>(NP)</i>                                    |  |  |
|-----------|---------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|-----------|-----------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|--|--|
| 1.        | 1 Working (2)<br>2 Keeping house (3)<br>3 Going to school (5)<br>4 Something else (5) | 1  Working <i>(2)</i><br>2  Keeping house <i>(3)</i><br>3  Going to school <i>(5)</i><br>4  Something else <i>(5)</i> | 1.        | 1  Working <i>(2)</i><br>2  Keeping house <i>(3)</i><br>3  Going to school <i>(5)</i><br>4  Something else <i>(5)</i> | 1  Working (2) 2  Keeping house (3) 3  Going to school (5) 4  Something else (5) |  |  |
| 2a.       | 1 🗌 Yes (7) 🗌 No                                                                      | 1 🗌 Yes (7) 📃 No                                                                                                      | 2a.       | 1 🗌 Yes (7) 📃 No                                                                                                      | 1 🗌 Yes (7) 🔤 No                                                                 |  |  |
| b.        | 2 🗌 Yes (7) 3 🗌 No (6)                                                                | 2 🗌 Yes (7) 3 🗌 No (6)                                                                                                | b.        | 2 🗌 Yes (7) 3 🗌 No (6)                                                                                                | 2 🗌 Yes (7) 3 🗌 No (6)                                                           |  |  |
| 3a.       | 4 🗌 Yes (4) 🗌 No                                                                      | 4 🗌 Yes (4) 🗌 No                                                                                                      | 3a.       | 4 🗌 Yes (4)                                                                                                           | 4 🗌 Yes (4) 📃 No                                                                 |  |  |
| b.        | 5 🗌 Yes (4) 6 🗌 No (5)                                                                | 5 🗌 Yes (4) 6 🗌 No (5)                                                                                                | b.        | 5 🗌 Yes (4) 6 🗌 No (5)                                                                                                | 5 🗌 Yes (4) 6 🗌 No (5)                                                           |  |  |
| 4a.       | (Enter condition in C2, THEN 4b)                                                      | (Enter condition in C2, THEN 4b)                                                                                      | 4a.       | (Enter condition in C2, THEN 4b)                                                                                      | (Enter condition in C2, THEN 4b)                                                 |  |  |
|           | 1 ☐ Old age (Mark "Old age" box,<br>THEN 4c)                                          | 1 🗌 Old age (Mark "Old age" box,<br>THEN 4c)                                                                          |           | 1 🗌 Old age (Mark "Old age" box,<br>THEN 4c)                                                                          | 1 ☐ Old age <i>(Mark "Old age" box,</i><br>THEN 4c)                              |  |  |
| b.        | □ Yes ( <i>Reask 4a and b</i> )<br>□ No (4d)                                          |                                                                                                                       | b.        | ☐ Yes ( <i>Reask 4a and b</i> )<br>☐ No (4d)                                                                          | ☐ Yes ( <i>Reask 4a and b</i> )<br>☐ No (4d)                                     |  |  |
| с.        | No (40/                                                                               | No [44)<br>☐ Yes ( <i>Reask 4a and b</i> )<br>☐ No                                                                    | <br>c.    | No (+4)                                                                                                               | ☐ Yes ( <i>Reask 4a and b</i> )<br>☐ No                                          |  |  |
| d.        | Only 1 condition                                                                      | Only 1 condition                                                                                                      | d.        | Only 1 condition                                                                                                      | Only 1 condition                                                                 |  |  |
|           | Main cause                                                                            | Main cause                                                                                                            |           | Main cause                                                                                                            | Main cause                                                                       |  |  |
| 5a.       | 1 🗌 Yes (7) 🗌 No 🔥                                                                    | 1 🗌 Yes (7) 📃 No                                                                                                      | 5a.       | 1 🗌 Yes (7) 📃 No                                                                                                      | 1 Yes (7) No                                                                     |  |  |
| b.        | 2 🗌 Yes (7) 3 🗌 No                                                                    | 2 🗌 Yes (7) 3 🗌 No                                                                                                    | b.        | 2 🗌 Yes (7) 3 🗌 No                                                                                                    | 2 🗌 Yes (7) 3 🗌 No                                                               |  |  |
| <b>B2</b> | 1 🔲 "Yes" in 3a or 3b <i>(NP)</i><br>2 🗌 Other <i>(6)</i>                             | 1 🔲 "Yes" in 3a or 3b <i>(NP)</i><br>2 🗌 Other <i>(6)</i>                                                             | <b>B2</b> | 1 🔲 "Yes" in 3a or 3b <i>(NP)</i><br>2 🗌 Other <i>(6)</i>                                                             | 1                                                                                |  |  |
| 6a.       | 1 🗌 Yes 2 🗌 No (NP)                                                                   | 1 🗌 Yes 2 🗌 No ( <i>NP</i> )                                                                                          | 6a.       | 1 🗌 Yes 2 🗌 No ( <i>NP</i> )                                                                                          | 1 🗌 Yes 2 🗌 No ( <i>NP</i> )                                                     |  |  |
| b.        | Limitation                                                                            | Limitation                                                                                                            | b.        | Limitation                                                                                                            | Limitation                                                                       |  |  |
| 7a.       | (Enter condition in C2, THEN 7b)                                                      | (Enter condition in C2, THEN 7b)                                                                                      | 7a.       | (Enter condition in C2, THEN 7b)                                                                                      | (Enter condition in C2, THEN 7b)                                                 |  |  |
| -         | 1 Old age (Mark "Old age" box,<br>THEN 7c)                                            | 1 ☐ Old age (Mark "Old age" box,<br>THEN 7c)                                                                          |           | 1 ☐ Old age (Mark "Old age" box,<br>THEN 7c)                                                                          | 1  Old age (Mark "Old age" box,<br>THEN 7c)                                      |  |  |
| b.        | Yes ( <i>Reask 7a and b</i> )                                                         | Yes (Reask 7a and b)                                                                                                  | b.        |                                                                                                                       |                                                                                  |  |  |
| <br>C.    | ☐ No (7d)<br>☐ Yes (Reask 7a and b)                                                   | No (7d)                                                                                                               | C.        | Yes (Reask 7a and b)                                                                                                  | Yes (Reask 7a and b)                                                             |  |  |
| d.        | Only 1 condition                                                                      | No     Only 1 condition                                                                                               | d.        | No     Only 1 condition                                                                                               | No     Only 1 condition                                                          |  |  |
|           | Main cause                                                                            | Main cause                                                                                                            |           | Main cause                                                                                                            | Main cause                                                                       |  |  |

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

| <b>B</b> 3 | 0 Under 5 (10) 2 18-69 (NP)<br>1 5-17 (11) 3 70 and over (8)          | 0 	☐ Under 5 <i>(10)</i> 2 	☐ 18–69 <i>(NP)</i><br>1 	☐ 5–17 <i>(11)</i> 3 	☐ 70 and over <i>(8)</i> | <b>B</b> 3 | 0                                                                         | 0 Under 5 (10) 2 18–69 (NP)<br>1 5–17 (11) 3 70 and over (8)              |  |  |
|------------|-----------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|------------|---------------------------------------------------------------------------|---------------------------------------------------------------------------|--|--|
| 8.         | 1 Working<br>2 Keeping house<br>3 Going to school<br>4 Something else | 1  Working<br>2  Keeping house<br>3  Going to school<br>4  Something else                            | 8.         | 1  Working<br>2  Keeping house<br>3  Going to school<br>4  Something else | 1  Working<br>2  Keeping house<br>3  Going to school<br>4  Something else |  |  |
| 9a.        | 1 🗌 Yes (13) 🗌 No                                                     | 1 🗌 Yes (13) 🗌 No                                                                                    | 9a.        | 1 🗌 Yes ( <i>13</i> ) 🗌 No                                                | 1 🗌 Yes ( <i>13</i> ) 🗌 No                                                |  |  |
| b.         | 2 🗌 Yes (13) 3 🗌 No (12)                                              | 2 🗌 Yes (13) 3 🗌 No (12)                                                                             | b.         | 2 🗌 Yes (13) 3 🗌 No (12)                                                  | 2 🗌 Yes (13) 3 🗍 No (12)                                                  |  |  |
| 10a.       | □ Yes 0 □ No (13)                                                     | ☐ Yes 0 ☐ No (13)                                                                                    | 10a.       | ☐ Yes 0 ☐ No (13)                                                         | ☐ Yes 0 ☐ No (13)                                                         |  |  |
| b.         | 1 🗌 Yes (13) 2 🗌 No (12)                                              | 1 🗌 Yes (13) 2 🗌 No (12)                                                                             | b.         | 1 🗌 Yes ( <i>13</i> ) 2 🗌 No ( <i>12</i> )                                | 1 🗌 Yes (13) 2 🗌 No (12)                                                  |  |  |
| 11a.       | 1 🗌 Yes (13) 🗌 No                                                     | 1 🗌 Yes (13) 🗌 No                                                                                    | 11a.       | 1 🗍 Yes ( <i>13</i> ) 📃 No                                                | 1 🗌 Yes (13) 🔤 No                                                         |  |  |
| b.         | 2 🗌 Yes (13) 📃 No                                                     | 2 🗌 Yes (13) 📃 No                                                                                    | b.         | 2 🗌 Yes (13) 🔤 No                                                         | 2 🗌 Yes (13) 🔤 No                                                         |  |  |
| C.         | 3 🗌 Yes (13) 🗌 No                                                     | 3 🗌 Yes (13) 🔤 No                                                                                    | с.         | 3 🗌 Yes (13) 📃 No                                                         | 3 🗌 Yes (13) 🔤 No                                                         |  |  |
| d.         | 4 🗌 Yes (13) 5 🗌 No                                                   | 4 🗌 Yes <i>(13)</i> 5 🗌 No                                                                           | d.         | 4 🗌 Yes ( <i>13)</i> 5 🗌 No                                               | 4 🗌 Yes (13) 5 🗌 No                                                       |  |  |
| 12a.       | 1 🗌 Yes 2 🗐 No ( <i>NP</i> )                                          | 1 🗌 Yes 2 🗌 No ( <i>NP</i> )                                                                         | 12a.       | 1 🗌 Yes 2 🗌 No ( <i>NP</i> )                                              | 1 🗌 Yes 2 🗌 No ( <i>NP</i> )                                              |  |  |
| b.         | Limitation                                                            | Limitation                                                                                           | <b>b</b> . | Limitation                                                                | Limitation                                                                |  |  |
| 13a.       | (Enter condition in C2, THEN 13b)                                     | (Enter condition in C2, THEN 13b)                                                                    | 13a.       | (Enter condition in C2, THEN 13b)                                         | (Enter condition in C2, THEN 13b)                                         |  |  |
|            | 1 🗌 Old age (Mark "Old age" box,<br>THEN 13c)                         | 1  Old age (Mark "Old age" box,<br>THEN 13c)                                                         |            | 1 		Old age (Mark "Old age" box,<br>THEN 13c)                             | 1 🗌 Old age (Mark "Old age" box,<br>THEN 13c)                             |  |  |
| b.         | ☐ Yes ( <i>Reask 13a and b</i> )<br>☐ No ( <i>13d</i> )               | Yes ( <i>Reask 13a and b</i> )                                                                       | b.         | ☐ Yes ( <i>Reask 13a and b</i> )<br>☐ No ( <i>13d</i> )                   | ☐ Yes ( <i>Reask 13a and b</i> )<br>☐ No (13d)                            |  |  |
| C.         | Yes ( <i>Reask 13a and b</i> )                                        | ☐ Yes (Reask 13a and b)<br>☐ No                                                                      | c.         | ☐ Yes ( <i>Reask 13a and b</i> )<br>☐ No                                  | ☐ Yes ( <i>Reask 13a and b</i> )<br>☐ No                                  |  |  |
| d.         | Only 1 condition                                                      | Only 1 condition                                                                                     | d.         | Only 1 condition                                                          | Only 1 condition                                                          |  |  |
| FOO        | Main cause                                                            | Main cause                                                                                           | <u> </u>   | Main cause                                                                | Main cause                                                                |  |  |

|                  | <b>B. LIMITATION OF ACTIVITIES PAGE, Continued</b>                                                                                                                                                                                                                                                                                                                                         |            |                                                                                                      |
|------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------------------------------------------------------------------------------------------------|
| <b>B4</b>        | Refer to age.                                                                                                                                                                                                                                                                                                                                                                              | <b>B4</b>  | 0 ☐ Under 5 <i>(NP)</i> 2 ☐ 60–69 <i>(14)</i><br>1 ☐ 5–59 <i>(B5)</i> 3 ☐ 70 and<br>over <i>(NP)</i> |
| B5               | Refer to "Old age" and "LA" boxes. Mark first appropriate box.                                                                                                                                                                                                                                                                                                                             | <b>B</b> 5 | <ul> <li>"Old age" box marked (14)</li> <li>Entry in "LA" box (14)</li> <li>Other (NP)</li> </ul>    |
| ==               | cause 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. Be<br>ha      | nder 18, skip to next person; otherwise ask:<br>cause of any impairment or health problem, does – – need the help of other persons in<br>ndling – – routine needs, such as everyday household chores, doing necessary business,<br>opping, or getting around for other purposes?                                                                                                           | b.         | 2 🗌 Yes (15) 3 🗌 No (NP)                                                                             |
| As<br>As<br>If p | at (other) condition causes this?<br>( if injury or operation: When did [the <u>(injury)</u> occur?/ – – have the operation?]<br>( if operation over 3 months ago: For what condition did – – have the operation?<br>regnancy/delivery or 0–3 months injury or operation —<br>Reask question 14 where limitation reported, saying: Except for – – <u>(condition)</u> ,?<br>OR reask 15b/c. | 15a.       | (Enter condition in C2, THEN 15b)<br>1 □ Old age (Mark "Old age" box,<br>THEN 15c)                   |
| b. Be            | sides <u>(condition)</u> is there any other condition that causes this limitation?                                                                                                                                                                                                                                                                                                         | b.         | ☐ Yes ( <i>Reask 15a and b</i> )<br>☐ No (15d)                                                       |
| c. Is            | his limitation caused by any (other) specific condition?                                                                                                                                                                                                                                                                                                                                   | C.         | Yes ( <i>Reask 15a and b</i> )                                                                       |
|                  | rk box if only one condition.<br>ich of these conditions would you say is the MAIN cause of this limitation?                                                                                                                                                                                                                                                                               | d.         | Onlý 1 condition                                                                                     |
| FOOTNO           | ٠                                                                                                                                                                                                                                                                                                                                                                                          |            |                                                                                                      |
|                  |                                                                                                                                                                                                                                                                                                                                                                                            |            |                                                                                                      |
|                  |                                                                                                                                                                                                                                                                                                                                                                                            |            |                                                                                                      |
|                  |                                                                                                                                                                                                                                                                                                                                                                                            |            |                                                                                                      |
|                  |                                                                                                                                                                                                                                                                                                                                                                                            |            |                                                                                                      |
|                  |                                                                                                                                                                                                                                                                                                                                                                                            |            |                                                                                                      |
|                  |                                                                                                                                                                                                                                                                                                                                                                                            |            |                                                                                                      |

| <b>B4</b>  | 0 Under 5 ( <i>NP</i> ) 2 60–69 ( <i>14</i> )<br>1 5–59 ( <i>B5</i> ) 3 70 and<br>over ( <i>NP</i> )          | 0 Under 5 <i>(NP)</i> 2 60–69 <i>(14)</i><br>1 5–59 <i>(B5)</i> 3 70 and<br>over <i>(NP)</i>      | <b>B4</b>  | 0 ☐ Under 5 <i>(NP)</i> 2 ☐ 60–69 <i>(14)</i><br>1 ☐ 5–59 <i>(B5)</i> 3 ☐ 70 and<br>over <i>(NP)</i> | 0 Under 5 (NP) 2 60–69 (14)<br>1 5–59 (B5) 3 70 and<br>over (NP)                                  |
|------------|---------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|------------|------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|
| <b>B</b> 5 | <ul> <li>"Old age" box marked (14)</li> <li>Entry in "LA" box (14)<sup>1</sup></li> <li>Other (NP)</li> </ul> | <ul> <li>"Old age" box marked (14)</li> <li>Entry in "LA" box (14)</li> <li>Other (NP)</li> </ul> | <b>B</b> 5 | <ul> <li>"Old age" box marked (14)</li> <li>Entry in "LA" box (14)</li> <li>Other (NP)</li> </ul>    | <ul> <li>"Old age" box marked (14)</li> <li>Entry in "LA" box (14)</li> <li>Other (NP)</li> </ul> |
| 14a.       | 1 🗌 Yes (15) 📃 No                                                                                             | 1 🗌 Yes (15) 📃 No                                                                                 | 14a.       | 1 🗌 Yes (15) 📃 No                                                                                    | 1 🗌 Yes (15) 📃 No                                                                                 |
| b.         | 2 🗌 Yes (15) 3 🗌 No (NP)                                                                                      | 2 🗌 Yes (15) 3 🗌 No (NP)                                                                          | b.         | 2 🗌 Yes (15) 3 🗌 No (NP)                                                                             | 2 🗌 Yes (15) 3 🗌 No ( <i>NP</i> )                                                                 |
| 15a.       | (Enter condition in C2, THEN 15b)                                                                             | (Enter condition in C2, THEN 15b)                                                                 | 15a.       | (Enter condition in C2, THEN 15b)                                                                    | (Enter condition in C2, THEN 15b)                                                                 |
|            | 1 🗌 Old age (Mark "Old age" box,<br>THEN 15c)                                                                 | 1  Old age (Mark "Old age" box,<br>THEN 15c)                                                      |            | 1 🗍 Old age (Mark "Old age" box,<br>THEN 15c)                                                        | 1  Old age (Mark "Old age" box,<br>THEN 15c)                                                      |
| b.         | ☐ Yes ( <i>Reask 15a and b</i> )<br>☐ No ( <i>15d</i> )                                                       | ☐ Yes ( <i>Reask 15a and b</i> )<br>☐ No ( <i>15d</i> )                                           | b.         | ☐ Yes ( <i>Reask 15a and b</i> )<br>☐ No ( <i>15d</i> )                                              | ☐ Yes ( <i>Reask 15a and b</i> )<br>☐ No ( <i>15d</i> )                                           |
| C.         | Yes (Reask 15a and b) No                                                                                      | ☐ Yes ( <i>Reask 15a and b)</i><br>☐ No                                                           | c.         | ☐ Yes ( <i>Reask 15a and b</i> )<br>☐ No                                                             | ☐ Yes ( <i>Reask 15a and b</i> )<br>☐ No                                                          |
| d.         | Only 1 condition                                                                                              | ly 1 condition                                                                                    |            | Only 1 condition                                                                                     | Only 1 condition                                                                                  |
|            | Main cause                                                                                                    | Main cause                                                                                        |            | Main cause                                                                                           | Main cause                                                                                        |
| FOO        | TNOTES                                                                                                        |                                                                                                   |            |                                                                                                      |                                                                                                   |

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| D. | REST | RICTED | ACTIVITY | PAGE |
|----|------|--------|----------|------|
|    |      |        |          |      |

**PERSON 1** 

Refer to 2b and 3b.

| Hand calend.<br>{The next qu                    | uestions refer to the 2 w                                                        | eeks outlined in red on                                      | D      | 2     | ☐ No days in 2b or 3b (<br>☐ 1 or more days in 2b                                      |             |                                              |                                       |
|-------------------------------------------------|----------------------------------------------------------------------------------|--------------------------------------------------------------|--------|-------|----------------------------------------------------------------------------------------|-------------|----------------------------------------------|---------------------------------------|
| that calend<br>Sunday <u>(dat</u>               | ar, beginning Monday, <u>(d</u><br><u>e)</u> .}                                  | <u>ate)</u> and ending this past                             | 1 [    | wor   | ow many of the <u>(numbe</u><br>k/school] did – – stay in<br>use of illness or injury? | bed more    | <u>3b)</u> days missed f<br>than half of the | rom<br>day                            |
| D1                                              | <i>to age.</i><br>der 5 (4) □ 5–17 (3)                                           | ☐ 18 and over <i>(1)</i>                                     |        | (     | 00 🗆 None                                                                              | o. of days  |                                              |                                       |
| business no                                     | OSE 2 WEEKS, did – – wo<br>ot counting work around<br>k in the family [farm/busi | rk at any time at a job or<br>the house? (Include<br>ness].) |        |       | r to 2b, 3b, and 4b. counting the day(s)                                               |             | d from work<br>d from school<br>n bed        | ),                                    |
| 1 🗌 Yes                                         | (Mark "Wa" box, THEN 2)                                                          | 2 🗆 No                                                       |        | Was   | there any (OTHER) time<br>n on the things – – usua                                     | e during ti | hose 2 weeks that                            | nt – – cut<br>s or injury?            |
| b. Even thoug<br>have a job o                   | h – – did not work during<br>or business?                                        | those 2 weeks, did – –                                       |        |       | □Yes                                                                                   | 00 □ N      |                                              |                                       |
|                                                 | : (Mark "Wb" box, THEN 2)<br>                                                    | •                                                            | - b. ( | (Aga  | in, not counting the da                                                                | y(s)        | missed from wo<br>missed from scl            |                                       |
| business be                                     | cause of illness or injury                                                       | ny time from a job or ?                                      |        | Duri  | ng that period, how ma                                                                 | _           | (and) in bed<br>B) days did – – ci           | L<br>awo t                            |
|                                                 | 00 🗌 No <i>(4)</i>                                                               |                                                              |        | for n | nore than half of the da                                                               | iys becaus  | se of illness or in                          | jury?                                 |
| b. During that<br>than half of<br>illness or in | the day from – – job or b                                                        | ny days did – – miss more<br>usiness because of              |        |       | 00 🗌 None                                                                              | ut-down day | /S                                           |                                       |
| 00 🗆 No                                         | · · · · · · · · · · · · · · · · · · ·                                            | (4)                                                          |        | 3     | Refer to 2–6.<br>□ No days in 2–6 (Mark<br>□ 1 or more days in 2–6                     |             |                                              |                                       |
| because of                                      | se 2 weeks, did – – miss a<br>illness or injury?                                 | ny time from school                                          | -      | Refe  | r to 2b, 3b, 4b, and 6b.                                                               |             | r miss work                                  | · · · · · · · · · · · · · · · · · · · |
|                                                 | 00 □ No (4)                                                                      |                                                              | 7a. 1  | Wha   | t (other) condition caus                                                               | sed – – to  | miss school<br>(or) stay in bed              | during<br>those                       |
| b. During that<br>than half of                  | 2-week period, how main<br>the day from school bec                               | y days did – – miss more<br>ause of illness or injury?       |        | (Ente | er condition in C2, THEN 7                                                             | 'b)         | (or) cuť down                                | 2 weeks?                              |
|                                                 | No. of school-loss d                                                             | ays                                                          |        |       |                                                                                        |             | miss work<br>miss school                     | during                                |
| 00 🗆 No                                         |                                                                                  | ]                                                            | b.<br> | Did   | any other condition cau                                                                | use – – to  | (or) stay in bed<br>(or) cut down            | that<br>period?                       |
| injury?                                         | se 2 weeks, ald – – stay ir                                                      | bed because of illness or                                    |        |       | ı⊡ Yes ( <i>Reask 7a and b</i> )                                                       | 2 🗆 N       | lo                                           | -                                     |
|                                                 | s 00 □ No <i>(6)</i>                                                             |                                                              | FOO    | TNO   | TES                                                                                    |             |                                              |                                       |
|                                                 | 2-week period, how main half of the day because o                                | ny days did – – stay in bed<br>f illness or injury?          |        |       |                                                                                        |             |                                              |                                       |
| 00 🗆 No                                         | No. of bed days                                                                  | (D2)                                                         |        |       |                                                                                        |             |                                              |                                       |

| D. RESTRICTED ACTIVITY PAGE PERSON 2                                                                                                                                   | Refer to 2b and 3b.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |  |  |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|
| Hand calendar.<br>{The next questions refer to the 2 weeks outlined in red on                                                                                          | <b>D2</b> □ No days in 2b or 3b (6)<br>□ 1 or more days in 2b or 3b (5)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |  |  |  |  |
| that calendar, beginning Monday, <u>(date)</u> and ending this past<br>Sunday <u>(date)</u> .}                                                                         | <ul> <li>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?</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |  |  |  |
| <b>D1</b> <i>Refer to age.</i> Under 5 (4)                                                                                                                             | 00 🗌 None No. of days                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |  |  |  |
| 1a. DURING THOSE 2 WEEKS, did – – work at any time at a job or<br>business not counting work around the house? (Include<br>unpaid work in the family [farm/business].) | Refer to 2b, 3b, and 4b.         6a. (Not counting the day(s)         (and) in bed                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |  |  |  |
| 1 □ Yes (Mark "Wa" box, THEN 2) 2 □ No                                                                                                                                 | Was there any (OTHER) time during those 2 weeks that cut<br>down on the things usually does because of illness or injury?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |  |  |  |
| b. Even though – – did not work during those 2 weeks, did – –<br>have a job or business?                                                                               | $\Box \text{ Yes} \qquad 00 \ \Box \text{ No} \ (D3)$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |  |  |  |
| 1 🗌 Yes ( <i>Mark "Wb" box, THEN 2</i> ) 2 🗌 No (4)                                                                                                                    | b. (Again, not counting the day(s) missed from school ),                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |  |  |  |  |
| <ul> <li>2a. During those 2 weeks, did miss any time from a job or business because of illness or injury?</li> <li>□ Yes 00 □ No (4)</li> </ul>                        | During that period, how many (OTHER) days did – – cut down<br>for more than half of the days because of illness or injury?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |  |  |  |
| b. During that 2-week period, how many days did – – miss more<br>than half of the day from – – job or business because of<br>illness or injury?                        | No. of cut-down days 00 □ None                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |  |
| 00 	None (4)                                                                                                                                                           | Refer to 2–6. <b>D3</b> □ No days in 2–6 (Mark "No" in RD, THEN NP)         □ 10         □ 10         □ 10         □ 10         □ 10         □ 10         □ 10         □ 10         □ 10         □ 10         □ 10         □ 10         □ 10         □ 10         □ 10         □ 10         □ 10         □ 10         □ 10         □ 10         □ 10         □ 10         □ 10         □ 10         □ 10         □ 10         □ 10         □ 10         □ 10         □ 10         □ 10         □ 10         □ 10         □ 10         □ 10         □ 10         □ 10         □ 10         □ 10         □ 10         □ 10         □ 10         □ 10         □ 10         □ 10         □ 10         □ 10         □ 10 </th                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |  |  |  |  |
| 3a. During those 2 weeks, did – – miss any time from school because of illness or injury?                                                                              | Refer to 2b, 3b, 4b, and 6b.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |  |  |  |
| □ Yes 00 □ No (4)                                                                                                                                                      | 7a. What (other) condition caused – – to<br>Ta. What (other) conditio |  |  |  |  |  |
| b. During that 2-week period, how many days did – – miss more<br>than half of the day from school because of illness or injury?                                        | (Enter condition in C2, THEN 7b)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |  |  |  |
| No. of school-loss days                                                                                                                                                | b. Did any other condition cause – – to miss work<br>miss school<br>(or) stay in bed<br>period?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |  |  |  |
| 4a. During those 2 weeks, did – – stay in bed because of illness or injury?                                                                                            | (or) cut down period?<br>1□ Yes ( <i>Reask 7a and b</i> ) 2 □ No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |  |  |  |
| □ Yes 00 □ No <i>(6)</i> `                                                                                                                                             | FOOTNOTES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |  |  |  |
| b. During that 2-week period, how many days did – – stay in bed<br>more than half of the day because of illness or injury?                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |  |  |  |
| 00 □ None (6) (D2)                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |  |  |  |

| D. | RESTRICTED | ) ACTIVI | TY PAGE |
|----|------------|----------|---------|
|    |            |          |         |

Hand calendar.

**PERSON 3** 

Refer to 2b and 3b. □ No days in 2b or 3b *(6)* 

| or | more | days | in | 2b | or | 3b | (5) |
|----|------|------|----|----|----|----|-----|

| Hand calendar.<br>{The next questions refer to the 2 weeks outlined in red on that calendar, beginning Manday, (dota) and anding this past. |                                                                                                                                                                    |         | )2       | <ul> <li>□ No days in 2b or 3b (6)</li> <li>□ 1 or more days in 2b or 3b (5)</li> </ul>                                                                |
|---------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|----------|--------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                                                                             | that calendar, beginning Monday, <u>(date)</u> and ending this past<br>Sunday <u>(date)</u> .}                                                                     | 5.      | [wo      | now many of the <u>(number in 2b or 3b)</u> days missed from<br>rk/school] did – – stay in bed more than half of the day<br>ause of illness or injury? |
| D                                                                                                                                           | Refer to age.         Under 5 (4)         5–17 (3)         18 and over (1)                                                                                         |         |          | 00 🗌 None No. of days                                                                                                                                  |
| 1a.                                                                                                                                         | DURING THOSE 2 WEEKS, did – – work at any time at a job or<br>business not counting work around the house? (Include<br>unpaid work in the family [farm/business].) | -<br>6a |          | r to 2b, 3b, and 4b.<br>counting the day(s) [missed from work<br>missed from school]),<br>(and) in bed                                                 |
|                                                                                                                                             | 1 □ Yes ( <i>Mark "Wa" box, THEN 2</i> ) 2 □ No                                                                                                                    |         |          | there any (OTHER) time during those 2 weeks that – – cut<br>n on the things – – usually does because of illness or injury?                             |
| b.                                                                                                                                          | Even though – – did not work during those 2 weeks, did – –<br>have a job or business?                                                                              |         | uow      | $\Box \text{ Yes} \qquad \qquad \text{oo} \ \Box \text{ No} \ (D3)$                                                                                    |
| 0.                                                                                                                                          | 1 Yes (Mark "Wb" box, THEN 2) 2 No (4)                                                                                                                             | Ь       | . (Aga   | ain, not counting the day(s) missed from work missed from school ),                                                                                    |
| <b>Za</b> .                                                                                                                                 | During those 2 weeks, did – – miss any time from a job or business because of illness or injury?                                                                   |         | <b>D</b> | [ (and) in bed ]                                                                                                                                       |
|                                                                                                                                             | □ Yes 00 □ No (4)                                                                                                                                                  |         | for      | ng that period, how many (OTHER) days did – – cut down<br>nore than half of the days because of illness or injury?                                     |
| b.                                                                                                                                          | During that 2-week period, how many days did – – miss more<br>than half of the day from – – job or business because of<br>illness or injury?                       |         |          | No. of cut-down days                                                                                                                                   |
| <b></b>                                                                                                                                     | 00 	None (4)                                                                                                                                                       |         | )3       | <i>Refer to 2–6.</i><br>□ No days in 2–6 <i>(Mark "No" in RD, THEN NP)</i><br>□ 1 or more days in 2–6 <i>(Mark "Yes" in RD, THEN 7)</i>                |
| sa.                                                                                                                                         | During those 2 weeks, did – – miss any time from school because of illness or injury?                                                                              | -       | Refe     | r to 2b, 3b, 4b, and 6b. r miss work 1                                                                                                                 |
|                                                                                                                                             | □ Yes 00 □ No (4)                                                                                                                                                  | 7a      | . Wha    | t (other) condition caused – – to miss school those those                                                                                              |
| b.                                                                                                                                          | During that 2-week period, how many days did – – miss more than half of the day from school because of illness or injury?                                          |         | (Ent     | er condition in C2, THEN 7b)                                                                                                                           |
|                                                                                                                                             | 00 🗆 None                                                                                                                                                          | b.      | Did      | any other condition cause – – to<br>(or) stay in bed<br>(or) cut down during<br>that<br>period?                                                        |
| <b>4</b> a.                                                                                                                                 | During those 2 weeks, did – – stay in bed because of illness or injury?                                                                                            |         |          | $\frac{1}{2} \text{ Yes } (\text{Reask 7a and b}) \qquad 2 \square \text{ No}.$                                                                        |
|                                                                                                                                             | □ Yes 00 □ No (6)                                                                                                                                                  | FO      | OTNC     | ITES                                                                                                                                                   |
| b.                                                                                                                                          | During that 2-week period, how many days did – – stay in bed<br>more than half of the day because of illness or injury?                                            |         |          |                                                                                                                                                        |
|                                                                                                                                             | 00 □ None (6) (D2)                                                                                                                                                 |         |          |                                                                                                                                                        |

|    | D.                                                                                                                                            | RESTRICTED                                              | ACTIVITY PAC                                                    | BE PERSON 4                                                   | j                                           | ,          | Refer to 2b and 3                                                         | b.                           | <i>.</i>                                             |                            |
|----|-----------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|-----------------------------------------------------------------|---------------------------------------------------------------|---------------------------------------------|------------|---------------------------------------------------------------------------|------------------------------|------------------------------------------------------|----------------------------|
|    | Hand calendar.<br>{The next questions refer to the 2 weeks outlined in red on<br>that calendar, beginning Monday, (date) and ending this past |                                                         | D                                                               | D2 □ No days in 2b or 3b (6) □ 1 or more days in 2b or 3b (5) |                                             | 1          |                                                                           |                              |                                                      |                            |
|    |                                                                                                                                               |                                                         | _                                                               |                                                               |                                             |            |                                                                           |                              |                                                      |                            |
|    |                                                                                                                                               | nday <u>(date)</u> .}                                   |                                                                 |                                                               | 5.                                          | [wo        | now many of the <u>(/</u><br>rk/school] did – – s<br>ause of illness or i | tay in bed mo                | o <u>r 3b)</u> days missed f<br>bre than half of the | rom<br>day                 |
| -  |                                                                                                                                               | Refer to age.                                           | ₹                                                               |                                                               |                                             |            | ∞ □ None                                                                  |                              |                                                      |                            |
| D  | 1                                                                                                                                             | 🗆 Under 5 (4)                                           | □ 5–17 <i>(3)</i>                                               | ☐ 18 and over <i>(1)</i>                                      |                                             |            |                                                                           | No. of days                  | · · · · · · · · · · · · · · · · · · ·                |                            |
|    | bus                                                                                                                                           | iness not counti                                        | /EEKS, did – – work<br>ng work around th<br>family [farm/busine | at any time at a job or<br>e house? (Include<br>ess].)        | 6a.                                         |            | er to 2b, 3b, and 4b.<br>It counting the day                              | (s) miss                     | ed from work<br>ed from school<br>) in bed           | ),                         |
|    |                                                                                                                                               | 1 □ Yes (Mark "V                                        | Va" box, THEN 2)                                                | 2 🗌 No                                                        |                                             | Was        | there any (OTHER                                                          | ) time during                | those 2 weeks that<br>because of illness             | nt – – cut<br>s or injury? |
| b. | Eve<br>hav                                                                                                                                    | en though – – did<br>ve a job or busine                 | not work during these?                                          | nose 2 weeks, did                                             | -                                           | , uow      | ☐ Yes                                                                     | -                            | No (D3)                                              | s or mjury:                |
|    |                                                                                                                                               | 1 □ Yes ( <i>Mark "V</i>                                | Vb" box, THEN 2)                                                | 2 🗌 No <i>(4)</i>                                             | h                                           |            |                                                                           |                              | missed from wo<br>missed from scl                    |                            |
|    |                                                                                                                                               |                                                         | ks, did – – miss any<br>f illness or injury?                    | time from a job or                                            |                                             | . \        | ani, not counting t                                                       | (and) in bed                 |                                                      |                            |
|    |                                                                                                                                               | 🗆 Yes                                                   | 00 🗌 No <i>(4)</i>                                              |                                                               |                                             | Dur<br>for | ing that period, ho<br>more than half of t                                | w many (OTH<br>the days beca | IER) days did – – cu<br>nuse of illness or in        | ıt down<br>jury?           |
|    | tha                                                                                                                                           | ring that 2-week<br>n half of the day<br>ess or injury? | period, how many<br>from – – job or bus                         | days did – – miss more<br>siness because of                   | -                                           |            | 00 🗆 None                                                                 | No. of cut-down c            | lays                                                 |                            |
|    |                                                                                                                                               | 00 🗌 None <i>(4)</i>                                    | No. of work-loss days                                           | ] (4)                                                         |                                             | )3         | Refer to 26.<br>□ No days in 2-6                                          |                              |                                                      |                            |
|    |                                                                                                                                               | ring those 2 wee<br>ause of illness o                   | ks, did – – miss any<br>r injury?                               | time from school                                              | 1 or more days in 2–6 (Mark "Yes" in RD, TH |            |                                                                           |                              | Yes" in RD, THEN 7)                                  | EN 7)                      |
|    |                                                                                                                                               | □ Yes                                                   | 00 🗌 No (4)                                                     |                                                               | 7a                                          |            | er to 2b, 3b, 4b, and a                                                   |                              | o miss work<br>miss school<br>(or) stay in bed       | during<br>those            |
| b. | Dur<br>tha                                                                                                                                    | ring that 2-week<br>n half of the day                   | period, how many<br>from school becau                           | days did – – miss more<br>use of illness or injury?           | -                                           | (Ent       | er condition in C2, T                                                     | HEN 7b)                      | (or) cut down                                        | 2 weeks?                   |
|    |                                                                                                                                               | 00 🗌 None                                               | No. of school-loss days                                         |                                                               | b.                                          | Did        | any other condition                                                       | on cause – – t               | (or) stay in bed                                     | during<br>that<br>period?  |
|    |                                                                                                                                               | ring those 2 wee<br>ary?                                | ks, did – – stay in b                                           | ed because of illness or                                      |                                             |            | 1□ Yes ( <i>Reask 7a i</i>                                                | and b) 2                     | <b>(or) cut down</b>                                 |                            |
|    |                                                                                                                                               | 🗌 Yes                                                   | 00 🗌 No <i>(6)</i>                                              |                                                               | FO                                          | OTNC       | DTES                                                                      |                              |                                                      |                            |
|    |                                                                                                                                               |                                                         | period, how many<br>ne day because of i                         | days did – – stay in bed<br>llness or injury?                 |                                             |            |                                                                           |                              |                                                      |                            |
|    |                                                                                                                                               | 00 🗌 None <i>(6)</i>                                    | No. of bed days                                                 | (D2)                                                          |                                             |            |                                                                           |                              |                                                      |                            |

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| D.           | RESTRICTED                                                |                                                               | E PERSON 5                                             |            | Refer to 2b and                                                  | ' 3b.                              |                                                     |                           |
|--------------|-----------------------------------------------------------|---------------------------------------------------------------|--------------------------------------------------------|------------|------------------------------------------------------------------|------------------------------------|-----------------------------------------------------|---------------------------|
| Hai          | nd calendar.                                              |                                                               |                                                        | D2         | □ No days in 2                                                   |                                    |                                                     |                           |
|              |                                                           |                                                               | ks outlined in red on                                  |            | l I or more da                                                   | ys in 2b or 3b <i>(5)</i>          |                                                     | •                         |
| tha<br>Su    | it calendar, begin<br>nday <u>(date)</u> .}               | ning Monday, <u>(date</u>                                     | e) and ending this past                                | [v         | n how many of the<br>/ork/school] did – -<br>ecause of illness o | <ul> <li>stay in bed mo</li> </ul> | <u>r 3b)</u> days missed to<br>bre than half of the | from<br>a day             |
|              | Refer to age.                                             |                                                               |                                                        |            |                                                                  | · ···j••• y ·                      |                                                     |                           |
| D1           | 🗌 Under 5 (4)                                             | □ 5–17 <i>(3)</i>                                             | ☐ 18 and over <i>(1)</i>                               |            | 00 🗆 None                                                        | No. of days                        |                                                     |                           |
| bu           | siness not countii                                        | EEKS, did – – work<br>ng work around th<br>amily [farm/busine | at any time at a job or<br>e house? (Include<br>ess].) |            | efer to 2b, 3b, and 4l<br>lot counting the da                    | r miss<br>ay(s) miss               | ed from work<br>ed from school<br>) in bed          | ),                        |
|              | 1 □ Yes ( <i>Mark</i> "M                                  | Va" box, THEN 2)                                              | 2 🗍 No                                                 | w          | as there any (OTH<br>own on the things                           | ER) time during                    | those 2 weeks the                                   | at – – cut                |
|              | en though – – did<br>ve a job or busine                   |                                                               | nose 2 weeks, did                                      |            | Yes                                                              | -                                  | No (D3)                                             | s or mjury:               |
|              | 1 □ Yes <i>(Mark "</i> M                                  | Vb" box, THEN 2)                                              | 2 🗋 No <i>(4)</i>                                      | – .        | gain, not counting                                               |                                    | missed from wo                                      |                           |
| a. Du<br>bu  | ring those 2 weel<br>siness because of                    | <s, any<br="" did="" miss="" –="">illness or injury?</s,>     | time from a job or                                     |            |                                                                  |                                    | (and) in bed                                        | 1                         |
|              | □ Yes                                                     | 00 🗆 No (4)                                                   |                                                        | fo         | uring that period,<br>In more than half o                        | how many (OTH<br>If the days beca  | IER) days did – – cu<br>use of illness or in        | it down<br>ijury?         |
| tha          | ring that 2-week<br>an half of the day<br>less or injury? | period, how many<br>from – – job or bus                       | days did – – miss more<br>iness because of             | -          | 00 🗌 None                                                        | No. of cut-down d                  | ays                                                 |                           |
|              |                                                           | No. of work-loss days                                         |                                                        |            | Refer to 2–6.                                                    |                                    |                                                     |                           |
|              | 00 🗆 None <i>(4)</i>                                      |                                                               | (4)                                                    | <b>D</b> 3 |                                                                  | 6 (Mark "No" in                    |                                                     |                           |
| a. Du<br>be  | ring those 2 weel<br>cause of illness o                   | ks, did – – miss any<br>r injury?                             | time from school                                       |            | efer to 2b, 3b, 4b, an                                           |                                    | Yes" in RD, THEN 7)                                 |                           |
|              | □ Yes                                                     | 00 🗌 No <i>(4)</i>                                            |                                                        |            | hat (other) conditi                                              |                                    | miss work<br>miss school                            | during those              |
| b. Du<br>tha | ring that 2-week<br>an half of the day                    | period, how many<br>from school becau                         | days did – – miss more<br>ise of illness or injury?    | -          | nter condition in C2,                                            |                                    | (or) stay in bed<br>(or) cut down                   | 2 weeks                   |
|              |                                                           | No. of school-loss days                                       |                                                        |            |                                                                  |                                    | r miss work                                         |                           |
|              | 00 🗆 None                                                 |                                                               |                                                        | b. D       | id any other condi                                               | tion cause – – to                  | miss school<br>(or) stay in bed                     | during<br>that<br>period? |
|              | ring those 2 weel<br>ury?                                 | ks, did – – stay in b                                         | ed because of illness or                               |            | 1⊡ Yes <i>(Reask</i> 7                                           | (a and b) $2\Box$                  | l (or) cut down                                     |                           |
|              | □ Yes                                                     | 00 🗆 No <i>(6)</i>                                            |                                                        | FOOT       | NOTES                                                            | <u> </u>                           | · · · · · · · · · · · · · · · · · · ·               |                           |
|              |                                                           | period, how many<br>e day because of i                        | days did – – stay in bed<br>Ilness or injury?          |            |                                                                  |                                    |                                                     |                           |
|              |                                                           | No. of bed days                                               | 7                                                      |            |                                                                  |                                    |                                                     |                           |
|              | 00 🗌 None <i>(6)</i>                                      |                                                               | (D2)                                                   |            |                                                                  |                                    |                                                     |                           |

## FOOTNOTES

FORM HIS-1 (8-1-95)

| E. 2-WEEK DOCTOR V                                                                                                                                                                                           | ISITS PROBE PAGE                                                            |                             |                  |                                                     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|-----------------------------|------------------|-----------------------------------------------------|
|                                                                                                                                                                                                              | out health care received during the                                         | 3                           |                  |                                                     |
| E1 Refer to age.                                                                                                                                                                                             |                                                                             |                             | E1               | ☐ Under 14 <i>(1b)</i><br>☐ 14 and over <i>(1a)</i> |
| 1a. During those 2 weeks, how many times did – – se<br>types of doctors, such as dermatologists, psychia<br>general practitioners and osteopaths.} (Do not co<br>hospital.)                                  | atrists, and ophthalmologists, as w                                         | vell as                     | 1a.<br>and<br>b. | 00 🗌 None                                           |
| b. During those 2 weeks, how many times did anyo<br>(Do not count times while an overnight patient in                                                                                                        | ne see or talk to a medical doctor a<br>a hospital.)                        | about – –?                  |                  | Number of times                                     |
| 2a. (Besides the time(s) you just told me about) Durir<br>receive health care at home or go to a doctor's of<br>Include care from a nurse or anyone working wit<br>while an overnight patient in a hospital. | ffice, clinic, hospital or some othe<br>h or for a medical doctor. Do not c | r place?<br>count times     |                  |                                                     |
| <b>b. Who received this care?</b> Mark "DR Visit" box in pers                                                                                                                                                |                                                                             |                             | 2b.              |                                                     |
| c. Anyone else?                                                                                                                                                                                              |                                                                             |                             |                  |                                                     |
| Ask for each person with "DR Visit" in 2b:                                                                                                                                                                   |                                                                             |                             | d.               |                                                     |
| d. How many times did – – receive this care during t                                                                                                                                                         | hat period?                                                                 |                             |                  | Number of times                                     |
| 3a. (Besides the time(s) you already told me about) D<br>get any medical advice, prescriptions or test resu<br>anyone working with or for a medical doctor?                                                  | uring those 2 weeks, did anyone is ults over the PHONE from a doctor        | n the family<br>, nurse, or |                  |                                                     |
| ٥                                                                                                                                                                                                            | □ Yes                                                                       | 🗌 No <i>(E2)</i>            |                  |                                                     |
| b. Who was the phone call about? Mark "Phone call" I                                                                                                                                                         | box in person's column.                                                     |                             | <b>3b.</b>       | Phone call                                          |
| c. Were there any calls about anyone else?                                                                                                                                                                   | □ Yes (Reask 3b and c)                                                      | □ No                        |                  |                                                     |
| Ask for each person with "Phone call" in 3b:                                                                                                                                                                 |                                                                             |                             | d.               | [] ·                                                |
| d. How many telephone calls were made about – -?                                                                                                                                                             |                                                                             |                             |                  |                                                     |
|                                                                                                                                                                                                              |                                                                             |                             |                  | Number of calls                                     |
|                                                                                                                                                                                                              |                                                                             |                             |                  |                                                     |
| <b>E2</b> Add numbers in 1, 2d, and 3d for each person.                                                                                                                                                      | Record total number of visits and call                                      | s in "2-WK. DV"             | box in lt        | em C1.                                              |
| FOOTNOTES                                                                                                                                                                                                    |                                                                             |                             |                  |                                                     |
|                                                                                                                                                                                                              |                                                                             |                             |                  |                                                     |
|                                                                                                                                                                                                              |                                                                             |                             |                  |                                                     |
|                                                                                                                                                                                                              |                                                                             |                             |                  |                                                     |
|                                                                                                                                                                                                              |                                                                             |                             |                  |                                                     |
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|------------------|-----------------------------------------------------|-----------------------------------------------------|------------------|-------------------------------------------------|-----------------------------------------------------|
|                  |                                                     |                                                     |                  |                                                 |                                                     |
| E1               | ☐ Under 14 <i>(1b)</i><br>☐ 14 and over <i>(1a)</i> | ☐ Under 14 <i>(1b)</i><br>☐ 14 and over <i>(1a)</i> | E1               | Under 14 ( <i>1b)</i> It and over ( <i>1a</i> ) | ☐ Under 14 <i>(1b)</i><br>☐ 14 and over <i>(1a)</i> |
| 1a.<br>and<br>b. | 00 🗌 None                                           | 00 🗆 None ( <i>NP</i> )                             | 1a.<br>and<br>b. | 00 🗌 None                                       | 00 🗌 None ( <i>NP</i> )                             |
|                  | Number of times                                     | Number of times                                     |                  | Number of times                                 | Number of times                                     |
|                  |                                                     |                                                     |                  |                                                 |                                                     |
|                  |                                                     |                                                     |                  |                                                 |                                                     |
| 2b.              | DR Visit                                            | DR Visit                                            | 2b.              | DR Visit                                        | DR Visit                                            |
| d.               |                                                     | <br>                                                | d.               | ·                                               |                                                     |
|                  | Number of times                                     | Number of times                                     |                  | Number of times                                 | Number of times                                     |
|                  |                                                     |                                                     |                  |                                                 |                                                     |
| 3b.              |                                                     |                                                     | 3b.              |                                                 |                                                     |
|                  | Phone call                                          | Phone call                                          | _  <br>          | Phone call                                      | Phone call                                          |
| d.               |                                                     | · · · · · · · · · · · · · · · · · · ·               | d.               |                                                 |                                                     |
|                  | Number of calls                                     | Number of calls                                     |                  | Number of calls                                 | Number of calls                                     |
| E                | 2 Add numbers in 1, 2d, and 3c                      | l for each person. Record total numb                | er of v          | risits and calls in "2-WK. DV" box in I         | tem C1.                                             |
| FOO              | TNOTES                                              |                                                     |                  |                                                 |                                                     |
|                  |                                                     |                                                     |                  |                                                 |                                                     |
|                  |                                                     |                                                     |                  |                                                 | •                                                   |
|                  |                                                     |                                                     |                  |                                                 |                                                     |
| 1                |                                                     |                                                     |                  |                                                 |                                                     |

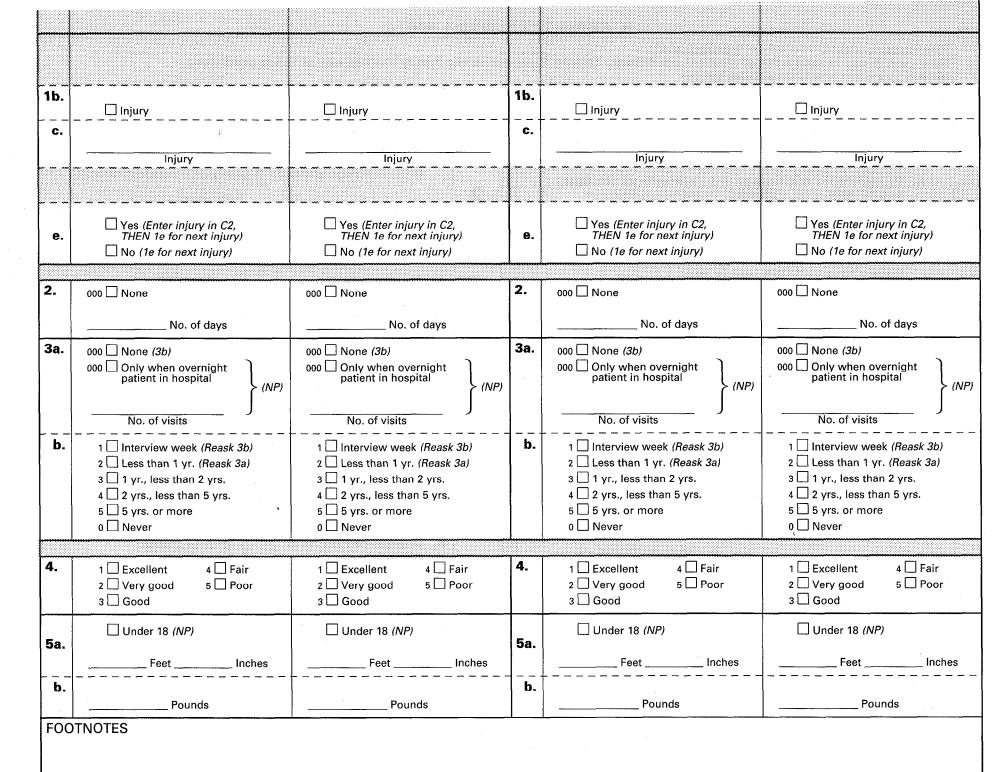
| F. 2-WEEK DOCTOR VISITS PAGE                                                                                                                                                                                                                                                                                                               | DR V            | DR VISIT 1                                                                                                                                                                                                         |  |  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|
| Refer to C1, "2-WK. DV" box. PERSON NUMBER                                                                                                                                                                                                                                                                                                 |                 |                                                                                                                                                                                                                    |  |  |  |
| <b>F1</b> Refer to age.                                                                                                                                                                                                                                                                                                                    | <b>F1</b>       | ☐ Under 14 <i>(1b)</i><br>☐ 14 and over <i>(1a)</i>                                                                                                                                                                |  |  |  |
| 1a. On what (other) date(s) during those 2 weeks did – – see or talk to a medical doctor,<br>nurse, or doctor's assistant?                                                                                                                                                                                                                 | 1a.<br>and      |                                                                                                                                                                                                                    |  |  |  |
| <ul> <li>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?</li> </ul>                                                                                                                                                                                        | b.              | Month Date OR { 7777 🗌 Last week 8888 🗌 Week before                                                                                                                                                                |  |  |  |
| Ask after last DR visit column for this person:<br><b>c. Were there any other visits or calls for – – during that period?</b><br>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)                                                                                                                                                        |  |  |  |
| <ol> <li>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?</li> </ol>                                                                                                                                                                              | 2.              | 01                                                                                                                                                                                                                 |  |  |  |
| If doctor's office: Was this office in a hospital?<br>If hospital: Was it the outpatient clinic or the emergency room?<br>If clinic: Was it a hospital outpatient clinic, a company clinic, a public health clinic, or<br>some other kind of clinic?<br>If lab: Was this lab in a hospital?<br>What was done during this visit? (Footnote) |                 | $02$ Home $08$ O. P. clinic $03$ Doctor's office $09$ Emergency room $04$ Co. or Ind. clinic $10$ Doctor's office $05$ Other clinic $11$ Lab $06$ Lab $12$ Overnight patient (6) $07$ Other (Specify) $\mathbf{v}$ |  |  |  |
| Ask 3b if under 14.<br><b>3a. Did actually talk to a medical doctor?</b>                                                                                                                                                                                                                                                                   | 3a.<br>and      | 1 🗌 Yes (3f) 8 🗌 DK if M.D. (3c)<br>2 🗍 No (3c) 9 🗍 DK who was seen (3f)                                                                                                                                           |  |  |  |
| <ul> <li>b. Did anyone actually talk to a medical doctor about?</li> <li>c. What type of medical person or assistant was talked to?</li> </ul>                                                                                                                                                                                             | <u>b.</u><br>c. | 99 🗌 DK                                                                                                                                                                                                            |  |  |  |
|                                                                                                                                                                                                                                                                                                                                            |                 |                                                                                                                                                                                                                    |  |  |  |
| d. Does the <u>(entry in 3c)</u> work with or for ONE doctor or MORE than one doctor?                                                                                                                                                                                                                                                      | <u>d.</u>       | 1 One (3f) 2 More 3 None (4) 9 DK                                                                                                                                                                                  |  |  |  |
| e. For this [visit/call] what kind of doctor was the <u>(entry in 3c)</u> working with or for — a general practitioner or specialist?                                                                                                                                                                                                      | e.<br>and       | 1 🗋 GP(4) 2 🗋 Specialist (3g) 9 🗍 DK (4)                                                                                                                                                                           |  |  |  |
| f. Is that doctor a general practitioner or a specialist?                                                                                                                                                                                                                                                                                  | <b>f</b> .      |                                                                                                                                                                                                                    |  |  |  |
| g. What kind of specialist?                                                                                                                                                                                                                                                                                                                | g.              | Kind of specialist                                                                                                                                                                                                 |  |  |  |
| Ask 4b if under 14.<br><b>4a. For what condition did</b> – – <b>see or talk to the [doctor/</b> <u>(entry in 3c)</u> ] on <u>(date in 1)</u> ?<br>Mark first appropriate box.                                                                                                                                                              | 4a.<br>and      | 1 Condition (Item C2, THEN 4g)<br>2 Pregnancy (4e)<br>3 Test(s) or examination (4c)                                                                                                                                |  |  |  |
| b. For what condition did anyone see or talk to the [doctor/(entry in 3c)] about on (date in 1)? Mark first appropriate box.                                                                                                                                                                                                               | <b>b</b> .      | 8 🗌 Other (Specify) 🙀 (4g)                                                                                                                                                                                         |  |  |  |
| c. Was a condition found as a result of the [test(s)/examination]?                                                                                                                                                                                                                                                                         | <b>c.</b>       | ☐ 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.              | (Item C2,<br>Condition 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?                                                                                                                                                                                                                                                                                                                 | <b>h</b> .      | Pregnancy (4e)                                                                                                                                                                                                     |  |  |  |
|                                                                                                                                                                                                                                                                                                                                            |                 | (Item C2,<br>Condition THEN 4g)                                                                                                                                                                                    |  |  |  |
| Mark box if "Telephone" in 2.<br>5a. Did – – have any kind of surgery or operation during this visit, including bone settings and stitches?                                                                                                                                                                                                | 5a.             | 0 Telephone in 2 1 Yes 2 No (6)<br>(Next Dr. visit)                                                                                                                                                                |  |  |  |
| b. What was the name of the surgery or operation?<br>If name of operation not known, describe what was done.                                                                                                                                                                                                                               | b.              | (1)                                                                                                                                                                                                                |  |  |  |
| c. Was there any other surgery or operation during this visit?                                                                                                                                                                                                                                                                             | с.              | Yes (Reask 5b and c)                                                                                                                                                                                               |  |  |  |
| Go to next DV if "Home" in 2.                                                                                                                                                                                                                                                                                                              |                 | City/County//                                                                                                                                                                                                      |  |  |  |
| 6. In what city (town), county, and State is the (place in 2) located?                                                                                                                                                                                                                                                                     | 6.              | State/ZIP Code/<br>FORM HIS-1 (8-1-90                                                                                                                                                                              |  |  |  |

| DRV              | VISIT 2                                                                                                                                                                                                                                                                                                                                                                                                    | DR \             | /ISIT 3                                                                                                                                                                                                                                                                                                                                                                                            | DR               | VISIT 4                                                                                                                                                                                                                                                                                                                                                                                                                   |
|------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| PEF              | SON NUMBER                                                                                                                                                                                                                                                                                                                                                                                                 | PEF              | RSON NUMBER                                                                                                                                                                                                                                                                                                                                                                                        | PE               | RSON NUMBER                                                                                                                                                                                                                                                                                                                                                                                                               |
| F1               | Under 14 (1b) I 14 and over (1a)                                                                                                                                                                                                                                                                                                                                                                           | <b>F1</b>        | Under 14 (1b) I 14 and over (1a)                                                                                                                                                                                                                                                                                                                                                                   | <b>F1</b>        | ☐ Under 14 ( <i>1b</i> )<br>☐ 14 and over ( <i>1a</i> )                                                                                                                                                                                                                                                                                                                                                                   |
| 1a.<br>and<br>b. | Month Date OR { 7777 [] Last week                                                                                                                                                                                                                                                                                                                                                                          | 1a.<br>and<br>b. | Month Date OR { 7777 🗌 Last week 8888 🗋 Week before                                                                                                                                                                                                                                                                                                                                                | 1a.<br>and<br>b. | Month Date OR { 7777 🗌 Last week                                                                                                                                                                                                                                                                                                                                                                                          |
| C.               | 1 		Yes (Reask 1a or b and c)<br>2 		No (Ask 2–6 for each visit)                                                                                                                                                                                                                                                                                                                                           | C.               | 1 		Yes (Reask 1a or b and c)<br>2 		No (Ask 2–6 for each visit)                                                                                                                                                                                                                                                                                                                                   | с.               | 1  Yes (Reask 1a or b and c)<br>2  No (Ask 2–6 for each visit)                                                                                                                                                                                                                                                                                                                                                            |
| 2.               | 01       Telephone         Not in hospital:       Hospital         02       Home       08       O. P. clinic         03       Doctor's office       09       Emergency room         04       Co. or Ind. clinic       10       Doctor's office         05       Other clinic       11       Lab         06       Lab       12       Overnight patient (6)         07       Other (Specify)       V       V | 2.               | 01       Telephone         Not in hospital:       Hospital         02       Home       08       O. P. clinic         03       Doctor's office       09       Emergency room         04       Co. or Ind. clinic       10       Doctor's office         05       Other clinic       11       Lab         06       Lab       12       Overnight patient (6)         07       Other (Specify)       ✓ | 2.               | 01       Telephone         Not in hospital:       Hospital         02       Home       08       O. P. clinic         03       Doctor's office       09       Emergency room         04       Co. or Ind. clinic       10       Doctor's office         05       Other clinic       11       Lab         06       Lab       12       Overnight patient (6)         07       Other (Specify)       88       Other (Specify) |
| 3a.<br>and<br>b. | 1 □ Yes ( <i>3f</i> ) 8 □ DK if M.D. ( <i>3c</i> )<br>2 □ No ( <i>3c</i> ) 9 □ DK who was seen ( <i>3f</i> )                                                                                                                                                                                                                                                                                               | 3a.<br>and<br>b. | 1 🗌 Yes ( <i>3f</i> ) 8 🗌 DK if M.D. ( <i>3c</i> )<br>2 🗌 No ( <i>3c</i> ) 9 🗍 DK who was seen ( <i>3f</i> )                                                                                                                                                                                                                                                                                       | 3a.<br>and<br>b. | 1                                                                                                                                                                                                                                                                                                                                                                                                                         |
| C.               | 99 🗌 DK                                                                                                                                                                                                                                                                                                                                                                                                    | C.               | 99 🗍 DK                                                                                                                                                                                                                                                                                                                                                                                            |                  | 99 🗌 DK                                                                                                                                                                                                                                                                                                                                                                                                                   |
| d.               | 1 One ( <i>3f</i> ) 2 More 3 None ( <i>4</i> ) 9 DK                                                                                                                                                                                                                                                                                                                                                        | d.               | 1 One ( <i>3f</i> ) 2 More 3 None ( <i>4</i> ) 9 DK                                                                                                                                                                                                                                                                                                                                                | d.               | 1 One (3f) 2 More 3 None (4) 9 DK                                                                                                                                                                                                                                                                                                                                                                                         |
| e.<br>and<br>f.  | 1 GP(4) 2 Specialist (3g) 9 DK (4)                                                                                                                                                                                                                                                                                                                                                                         | e.<br>and<br>f.  | 1 GP(4) 2 Specialist (3g) 9 DK (4)                                                                                                                                                                                                                                                                                                                                                                 | e.<br>and<br>f.  | $1 \square GP(4)$ $2 \square Specialist (3a) 9 \square DK (4)$                                                                                                                                                                                                                                                                                                                                                            |
| g.               | Kind of specialist                                                                                                                                                                                                                                                                                                                                                                                         | g.               | Kind of specialist                                                                                                                                                                                                                                                                                                                                                                                 | g.               | Kind of specialist                                                                                                                                                                                                                                                                                                                                                                                                        |
| 4a.<br>and<br>b. | 1 ☐ Condition (Item C2, THEN 4g)<br>2 ☐ Pregnancy (4e)<br>3 ☐ Test(s) or examination (4c)<br>8 ☐ Other (Specify)<br>(4g)                                                                                                                                                                                                                                                                                   | 4a.<br>and<br>b. | 1 Condition (Item C2, THEN 4g)<br>2 Pregnancy (4e)<br>3 Test(s) or examination (4c)<br>8 Other (Specify) $\overrightarrow{k}$<br>(4g)                                                                                                                                                                                                                                                              | 4a.<br>and<br>b. | 1 ☐ Condition ( <i>Item C2, THEN 4g</i> )<br>2 ☐ Pregnancy ( <i>4e</i> )<br>3 ☐ Test(s) or examination ( <i>4c</i> )<br>8 ☐ Other ( <i>Specify</i> )<br>(4g)                                                                                                                                                                                                                                                              |
|                  | ☐ Yes (4h) ☐ No                                                                                                                                                                                                                                                                                                                                                                                            | c.               |                                                                                                                                                                                                                                                                                                                                                                                                    | <br>C.           | Yes (4h) □ No                                                                                                                                                                                                                                                                                                                                                                                                             |
| - <u></u><br>d.  | □ Yes (4h) □ No (4g)                                                                                                                                                                                                                                                                                                                                                                                       | d.               | $\Box \operatorname{Yes}(4h) \qquad \Box \operatorname{No}(4g)$                                                                                                                                                                                                                                                                                                                                    | d.               | $\Box \operatorname{Yes}(4h) \qquad \Box \operatorname{No}(4g)$                                                                                                                                                                                                                                                                                                                                                           |
| - <u></u><br>e.  | □ Yes □ No (4g)                                                                                                                                                                                                                                                                                                                                                                                            | e.               | Yes □ No (4g)                                                                                                                                                                                                                                                                                                                                                                                      | - <br>e.         | Yes □ No (4g)                                                                                                                                                                                                                                                                                                                                                                                                             |
| f.               | ( <i>Item C2,</i><br>Condition                                                                                                                                                                                                                                                                                                                                                                             | f.               | ( <i>Item C2</i> ,<br>ConditionTHEN 4g)                                                                                                                                                                                                                                                                                                                                                            | f.               | ( <i>Item C2,</i><br>Condition                                                                                                                                                                                                                                                                                                                                                                                            |
| <b>g</b> .       | ☐ Yes ☐ No (5)                                                                                                                                                                                                                                                                                                                                                                                             | g.               | ☐ Yes ☐ No (5)                                                                                                                                                                                                                                                                                                                                                                                     | g.               | □ Yes □ No (5)                                                                                                                                                                                                                                                                                                                                                                                                            |
| h.               | Condition (Item C2,<br>THEN 4g)                                                                                                                                                                                                                                                                                                                                                                            | h.               | Pregnancy (4e)     (Item C2,     THEN 4g)                                                                                                                                                                                                                                                                                                                                                          | h.               | Pregnancy (4e)<br>(Item C2,<br>Condition THEN 4g)                                                                                                                                                                                                                                                                                                                                                                         |
| 5a.              | 0                                                                                                                                                                                                                                                                                                                                                                                                          | 5a.              | 0 Telephone in 2 1 Yes 2 No (6)<br>(Next Dr. visit)                                                                                                                                                                                                                                                                                                                                                | 5a.              | 0 Telephone in 2 1 Yes 2 No (6)<br>(Next Dr. visit)                                                                                                                                                                                                                                                                                                                                                                       |
| b.               | (1)<br>(2)                                                                                                                                                                                                                                                                                                                                                                                                 | b.               | (1)(2)                                                                                                                                                                                                                                                                                                                                                                                             | b.               | (1)<br>(2)                                                                                                                                                                                                                                                                                                                                                                                                                |
| с.               | Yes ( <i>Reask 5b and c</i> )                                                                                                                                                                                                                                                                                                                                                                              | с.               | Yes (Reask 5b and c)                                                                                                                                                                                                                                                                                                                                                                               | C.               | Yes (Reask 5b and c)                                                                                                                                                                                                                                                                                                                                                                                                      |
|                  | City/County/                                                                                                                                                                                                                                                                                                                                                                                               | 6                | City/County/                                                                                                                                                                                                                                                                                                                                                                                       |                  | City/County/                                                                                                                                                                                                                                                                                                                                                                                                              |
| 6.               | State/ZIP Code//                                                                                                                                                                                                                                                                                                                                                                                           | 6.               | State/ZIP Code/                                                                                                                                                                                                                                                                                                                                                                                    | 6.               | State/ZIP Code/                                                                                                                                                                                                                                                                                                                                                                                                           |

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| G. HEALTH INDICATOR PAGE<br>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)                                                                                                                                                                                                                                                           | 1   |                                                                                                                                    |
| <b>b. Who was this?</b> Mark "Injury" box in person's column.                                                                                                                                                                                                            | 1b. | □ Injury                                                                                                                           |
| c. What was – – injury?<br>Enter injury(ies) in person's column.                                                                                                                                                                                                         | с.  |                                                                                                                                    |
|                                                                                                                                                                                                                                                                          |     | Injury                                                                                                                             |
| <b>d. Did anyone have any other injuries during that period?</b>                                                                                                                                                                                                         |     |                                                                                                                                    |
| Ask for each injury in 1c:                                                                                                                                                                                                                                               |     | ······································                                                                                             |
| e. As a result of the <u>(injury in 1c)</u> did [ /anyone] see or talk to a medical doctor or assistant<br>(about – –) or did – – cut down on – – usual activities for more than half of a day?                                                                          | e.  | <ul> <li>Yes (Enter injury in C2,<br/>THEN 1e for next injury)</li> <li>No (1e for next injury)</li> </ul>                         |
|                                                                                                                                                                                                                                                                          | \$l |                                                                                                                                    |
| <ol> <li>During the past 12 months, {that is, since (12-month date) a year ago} ABOUT how many days did<br/>illness or injury keep – – in bed more than half of the day? (Include days while an overnight<br/>patient in a hospital.)</li> </ol>                         | 2.  | 000                                                                                                                                |
| 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)<br>000 Only when overnight<br>patient in hospital                                                                    |
| b. About how long has it been since [– – /anyone] last saw or talked to a medical doctor or                                                                                                                                                                              | b.  | No. of visits                                                                                                                      |
| assistant (about – –)? Include doctors seen while a patient in a hospital.                                                                                                                                                                                               |     | 2  Less than 1 yr. <i>(Reask 3a)</i><br>3  1 yr., less than 2 yrs.<br>4  2 yrs., less than 5 yrs.<br>5  5 yrs. or more<br>0  Never |
|                                                                                                                                                                                                                                                                          |     | [                                                                                                                                  |
| 4. Would you say – – health in general is excellent, very good, good, fair, or poor?                                                                                                                                                                                     | 4.  | 1 🗌 Excellent 4 🗌 Fair<br>2 🗍 Very good 5 🗌 Poor<br>3 🗌 Good                                                                       |
| Mark box if under 18.<br>5a. About how tall is – – without shoes?                                                                                                                                                                                                        | 5a. | Under 18 <i>(NP)</i> Feet Inches                                                                                                   |
| b. About how much does – – weigh without shoes?                                                                                                                                                                                                                          | b.  | Pounds                                                                                                                             |
| FOOTNOTES                                                                                                                                                                                                                                                                | . I | 1                                                                                                                                  |
|                                                                                                                                                                                                                                                                          |     |                                                                                                                                    |
|                                                                                                                                                                                                                                                                          |     |                                                                                                                                    |
|                                                                                                                                                                                                                                                                          |     |                                                                                                                                    |
|                                                                                                                                                                                                                                                                          |     |                                                                                                                                    |
|                                                                                                                                                                                                                                                                          |     |                                                                                                                                    |
|                                                                                                                                                                                                                                                                          |     |                                                                                                                                    |



## **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. 1a. Does anyone in the family {read names} NOW HAVE -2a. Does anyone in the family {read names} NOW HAVE ---If "Yes," ask 1b and c. If "Yes," ask 2b and c. b. Who is this? b. Who is this? c. Does anyone else NOW have --c. Does anyone else NOW have — Enter condition and letter in appropriate person's column. Enter condition and letter in appropriate person's column. A. PERMANENT stiffness or any deformity of the foot, 2 leg. fingers, arm, or back? (Permanent stiffness -1 Hearing joints will not move at all.) A-L are conditions affecting Vision Speech B. Paralysis of any kind? Conditions M-AA are impairments. 1d. DURING THE PAST 12 MONTHS, did anyone in the family have - If "Yes," ask 1e and f. Reask 2a. A. Deafness in one or e. Who is this? both ears? **O.** A missing joint? f. DURING THE PAST 12 MONTHS, did anyone else have ---P. A missing breast, **B.** Any other trouble kidney, or lung? Enter condition and letter in appropriate person's column. hearing with one or Q. Palsy or cerebral both ears? *C–L* are conditions affecting the bone and muscle. palsy? (ser'a-bral) M–W are conditions affecting the skin. C. Tinnitus or ringing in the ears? **R. Paralysis of any kind?** Reask 1d. D. Blindness in one or S. Curvature of the C. Arthritis of any kind M. A tumor, cyst, or both eves? spine? or rheumatism? growth of the skin? T. REPEATED trouble E. Cataracts? with neck, back, or N. Skin cancer? D. Gout? spine? F. Glaucoma? **U. Any TROUBLE with** O. Eczema or Psoriasis? (ek'sa-ma) or fallen arches or E. Lumbago? G. Color blindness? flatfeet? (so-rye'uh-sis) H. A detached retina or V. A clubfoot? P. TROUBLE with dry or any other condition F. Sciatica? itching skin? of the retina? W. A trick knee? I. Any other trouble Q. TROUBLE with acne? G. A bone cyst or bone X. PERMANENT stiffness seeing with one or spur? or any deformity of both eves EVEN when the foot, leg, or back? R. A skin ulcer? wearing glasses? H. Any other disease of joints will not move S. Any kind of skin J. A cleft palate or the bone or cartilage? harelip? at all.) allergy? Y. PERMANENT T. Dermatitis or any K. Stammering or I. A slipped or ruptured stiffness or any stuttering? disc? other skin trouble? deformity of the fingers, hand, or arm? L. Any other speech J. REPEATED trouble U. TROUBLE with defect? ingrown toenails or with neck, back, or Z. Mental retardation? fingernails? spine? M. Loss of taste or smell AA. Any condition caused V. TROUBLE with which has lasted 3 by an accident or bunions, corns, or K. Bursitis? months or more? injury which calluses? happened more than N. A missing finger, 3 months ago? L. Any disease of the W. Any disease of the hand, or arm; toe, If " Yes ," ask: What is muscles or tendons? hair or scalp? foot, or leg? the condition?

| wl         | o respondent(s) and ask list<br>am going to read a list of<br>f you have mentioned the     | medi       | cal conditions. Tell me if anyo                                                                | ne in the fa | amily has had any of these                                                                    | e conditions,                                                         |
|------------|--------------------------------------------------------------------------------------------|------------|------------------------------------------------------------------------------------------------|--------------|-----------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|
| 3a.        | DURING THE PAST 12 N<br>family {read names} have                                           | IONTH      | S, did anyone in the                                                                           | 4a           | . DURING THE PAST 12 N<br>family <u>{read names}</u> have<br>If " <b>Yes</b> ," ask 4b and c. | IONTHS, did anyone in the                                             |
|            | Enter condition and letter i                                                               | n appr     |                                                                                                | C            | . Who was this?<br>. DURING THE PAST 12 N                                                     | <b>NONTHS, did anyone else hav</b><br>in appropriate person's column. |
|            | Make no entry in item C2 f<br>throat; or "virus" even if re<br>Conditions affecting the di | ported     | in this list.                                                                                  | 4            | A–B are conditions affectil<br>C is a blood condition.                                        | ng the glandular system.                                              |
| А.         | Galistones?                                                                                |            | Reask 3a.                                                                                      |              | D–I are conditions affectin<br>J–Y are conditions affectir                                    | g the nervous system.<br>ng the genito-urinary system.<br>Reask 4a.   |
| B.         | Any other gallbladder                                                                      | - 1        | Enteritis?<br>Diverticulitis?                                                                  | A            | A goiter or other thyroid trouble?                                                            | N. Any other kidney<br>trouble?                                       |
|            | trouble?                                                                                   |            | (Dye-ver-tic-yoo-lye'tis)                                                                      | B            | Diabetes?                                                                                     | O. Bladder trouble?                                                   |
| с.         | Cirrhosis of the liver?                                                                    | P.<br>     | Colitis?                                                                                       | C            | Anemia of any kind?                                                                           | P. Any disease of the genital organs?                                 |
| <b>D</b> . | Fatty liver?                                                                               | <b>Q</b> . | A spastic colon?                                                                               | D            | . Epilepsy?                                                                                   | Q. A missing breast?                                                  |
| E.         | Hepatitis?                                                                                 | R.         | FREQUENT<br>constipation?                                                                      | E            | . REPEATED seizures,                                                                          | R. Breast cancer?                                                     |
| F.         | Yellow jaundice?                                                                           | . S.       | Any other bowel trouble?                                                                       |              | convulsions, or<br>blackouts?                                                                 | S. * Cancer of the prostate?                                          |
| G.         | Any other liver trouble?                                                                   | <br>  т.   | Any other intestinal trouble?                                                                  | F            | . Multiple sclerosis?                                                                         | T. * Any other prostate<br>- trouble?                                 |
| н.         | An ulcer?                                                                                  |            | Cancer of the stomach, intestines,                                                             |              | . Migraine?                                                                                   | U. ** Trouble with<br>menstruation?                                   |
|            |                                                                                            |            | colon, or rectum?                                                                              | H            | . FREQUENT<br>headaches?                                                                      | V. ** A hysterectomy?                                                 |
|            | A hernia or rupture?                                                                       | -  v.      |                                                                                                |              | . Neuralgia or neuritis?                                                                      | a hysterectomy?                                                       |
| <b>J</b> . | Any disease of the esophagus?                                                              |            | months, did anyone<br>(else) in the family<br>have any other                                   | J J          | . Nephritis?                                                                                  | W. ** A tumor, cyst, or<br>growth of the uterus<br>or ovaries?        |
| к.         | Gastritis?                                                                                 |            | condition of the digestive system?                                                             | K            | . Kidney stones?                                                                              | X. ** Any other disease<br>- of the uterus or                         |
| L.         | FREQUENT<br>indigestion?                                                                   |            | If "Yes," ask: Who was<br>this? — What was the<br>condition? Enter in<br>item C2. THEN reach V |              | REPEATED kidney<br>infections?                                                                | V. **Any other female<br>trouble?                                     |
| м.         | Any other stomach trouble?                                                                 | +          | item C2, THEN reask V.                                                                         | M            | . A missing kidney?                                                                           | *Ask only if males in fam<br>**Ask only if females in fam             |

| ad to respondent(s) and ask list s<br>w I am going to read a list of<br>en if you have mentioned ther | medic     | al conditions. Tell me in                              | ····· |                                                                                                            | <u> </u>                                                      | conditions,                                                                                                           |  |
|-------------------------------------------------------------------------------------------------------|-----------|--------------------------------------------------------|-------|------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|--|
| 5a. Has anyone in the family<br>If "Yes," ask 5b and c.                                               |           |                                                        |       | 6a.                                                                                                        | DURING THE PAST 12 M family {read names} have                 | ONTHS, did anyone in the                                                                                              |  |
| b. Who was this?                                                                                      |           |                                                        |       |                                                                                                            | If " <b>Yes</b> ," ask 6b and c.                              |                                                                                                                       |  |
| c. Has anyone else EVER ha                                                                            | d         |                                                        |       | <b>b</b> .                                                                                                 | Who was this?                                                 |                                                                                                                       |  |
| -                                                                                                     |           |                                                        |       | c.                                                                                                         | <b>DURING THE PAST 12 M</b>                                   | ONTHS, did anyone else have                                                                                           |  |
| Enter condition and letter in                                                                         | n appro   | priate person's column.                                | 6     |                                                                                                            |                                                               | n appropriate person's column.                                                                                        |  |
| Conditions affecting the hea                                                                          | art and   | circulatory system.                                    | U     |                                                                                                            |                                                               | or cold; flu; red, sore, or strep                                                                                     |  |
| A. Rheumatic fever?                                                                                   |           | A _1l                                                  |       |                                                                                                            | throat; or "virus" even if re                                 | ported in this list.                                                                                                  |  |
|                                                                                                       | G.        | A stroke or a<br>cerebrovascular                       |       |                                                                                                            | Conditions affecting the rea                                  | spiratory system.                                                                                                     |  |
| B. Rheumatic heart                                                                                    |           | accident?                                              |       |                                                                                                            |                                                               | Reask 6a.                                                                                                             |  |
| disease?                                                                                              |           | (ser'a-bro vas ku-lar)                                 |       | Α.                                                                                                         | Bronchitis?                                                   | K. A missing lung?                                                                                                    |  |
| Hardening of the arteries or arteriosclerosis?                                                        | Н.        | A hemorrhage of the brain?                             |       | <br>B.                                                                                                     | Asthma?                                                       | L. Lung cancer?                                                                                                       |  |
| . Congenital heart<br>disease?                                                                        |           | Angina pectoris?<br>(pek'to-ris)                       |       | C.                                                                                                         | Hay fever?                                                    | M. Emphysema?                                                                                                         |  |
| . Coronary heart<br>disease?                                                                          | <br>J.    | A myocardial infarction?                               |       | <b>D</b> .                                                                                                 | Sinus trouble?                                                | N. Pleurisy?                                                                                                          |  |
| <ul> <li>Hypertension,<br/>sometimes called high<br/>blood pressure?</li> </ul>                       | <br>К.    | Any other heart attack?                                |       |                                                                                                            | A nasal polyp?                                                | O. Tuberculosis?                                                                                                      |  |
| 5d. DURING THE PAST 12 M<br>family have —                                                             | )<br>ONTH | S, did anyone in the                                   |       | <b>F</b> .                                                                                                 | A deflected or<br>deviated nasal<br>septum?                   | P. Any other work-<br>related respiratory<br>condition, such as dust                                                  |  |
| If " <b>Yes</b> ," ask 5e and f.<br>e. Who was this?                                                  |           |                                                        |       | G.                                                                                                         | * Tonsilitis or<br>enlargement of the<br>tonsils or adenoids? | on the lungs, silicosis,<br>asbestosis, or<br>pneu-mo-co-ni-o-sis?                                                    |  |
| f. DURING THE PAST 12 M                                                                               | ONTH      | S, did anyone else have                                | -     |                                                                                                            |                                                               |                                                                                                                       |  |
| Enter condition and letter in                                                                         |           |                                                        |       | H.                                                                                                         | * Laryngitis?                                                 | Q. During the past 12<br>months did anyone<br>(else) in the family                                                    |  |
| Conditions affecting the hea                                                                          | art and   | l circulatory system.                                  |       | 1.                                                                                                         | A tumor or growth of<br>the throat, larynx, or<br>trachea?    | <ul> <li>have any other<br/>respiratory, lung, or<br/>pulmonary condition?</li> <li>If "Yes," ask: Who was</li> </ul> |  |
| L. Damaged heart<br>valves?                                                                           | 0.<br>    | Any blood clots?                                       |       | J.                                                                                                         | A tumor or growth of<br>the bronchial tube or<br>lung?        | this? — What was the<br>condition? Enter in<br>item C2, THEN reask Q.                                                 |  |
| M. Tachycardia or rapid                                                                               | B.        | Varicose veins?                                        |       |                                                                                                            | * If reported in this list onl                                |                                                                                                                       |  |
| heart?                                                                                                |           |                                                        |       | 1                                                                                                          | •                                                             | y, ask.<br>have (condition) in the past                                                                               |  |
|                                                                                                       | - ]       |                                                        |       |                                                                                                            | 12 months?                                                    |                                                                                                                       |  |
| N. A heart murmur?                                                                                    | S.        | Hemorrhoids or piles?                                  |       |                                                                                                            | If 2 or more times, enter co                                  | ondition in item C2.                                                                                                  |  |
|                                                                                                       |           |                                                        |       |                                                                                                            | If only 1 time, ask:                                          |                                                                                                                       |  |
| 0. Any other heart                                                                                    | т.        | Phlebitis or                                           |       | 2                                                                                                          | •                                                             | month or longer enter in item                                                                                         |  |
| trouble?                                                                                              |           | thrombophlebitis?                                      |       | <b>2. How long did it last?</b> If 1 month or longer, enter in item C If less than 1 month, do not record. |                                                               |                                                                                                                       |  |
| P. An aneurysm?<br>(an yoo-rizm)                                                                      | υ.        | Any other condition<br>affecting blood<br>circulation? |       |                                                                                                            |                                                               | removed during past 12 month                                                                                          |  |

1

## FOOTNOTES

| J. HOSPITAL PAGE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ноя      | SPITAL STAY                                     | 1                                                                        |                   |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|-------------------------------------------------|--------------------------------------------------------------------------|-------------------|
| 1. Refer to C1, "HOSP." box.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 1.       | PERSON N                                        | IUMBER                                                                   |                   |
| 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])?                                                                                                                                                                                                                                                                                                                                                                                         | 2.       | Month                                           | Date                                                                     | Year              |
| Record each entry date in a separate Hospital Stay column.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |          |                                                 |                                                                          | 19                |
| 3. How many nights was – – in the hospital?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 3.       | 0000 🗌 None (                                   |                                                                          |                   |
| <ul> <li>4. For what condition did enter the hospital? <ul> <li>For delivery ask:</li> <li>For newborn ask:</li> <li>For newborn ask:</li> <li>For initial "No condition" ask:</li> <li>Why did enter the hospital?</li> <li>Why did enter the hospital?</li> <li>For tests, ask:</li> <li>What was the matter?</li> <li>What was the matter?</li> </ul> </li> <li>4. For what condition did enter the hospital?</li> <li>For tests, ask:</li> <li>What were the results of the tests?</li> <li>If no results, ask:</li> <li>Why were the tests performed?</li> </ul> | 4.       | 1 🗌 Norma<br>2 🗍 Norma<br>3 🗍 No con<br>Conditi | l delivery<br>l at birth<br>dition                                       |                   |
| <b>J1</b> <i>Refer to questions 2, 3, and 2-week reference period.</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | J1       | period                                          | t one night in 2-we<br><i>(Enter condition ir</i><br>hts in 2-week refer | n C2, THEN 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 <i>(6)</i> |
| <b>b. What was the name of the surgery or operation?</b><br>If name of operation not known, describe what was done.                                                                                                                                                                                                                                                                                                                                                                                                                                                   | b.       | (2)                                             |                                                                          |                   |
| c. Was there any other surgery or operation during this stay?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | C.       |                                                 | eask 5b and c)                                                           | No                |
| 6. What is the name and address of this hospital?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 6.       | Name<br>Number and stre                         | eet                                                                      |                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |          | City or County                                  |                                                                          | Stat              |
| FOOTNOTES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <u> </u> |                                                 | ······································                                   |                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |          |                                                 |                                                                          |                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |          |                                                 |                                                                          |                   |

| ноз | PITAL STAY                                       | 2                                                                          |            | HOS | SPITAL STAY                                       | 3                                                                   |                   | ноз | SPITAL STAY                                                                                                             | 4               |                   |
|-----|--------------------------------------------------|----------------------------------------------------------------------------|------------|-----|---------------------------------------------------|---------------------------------------------------------------------|-------------------|-----|-------------------------------------------------------------------------------------------------------------------------|-----------------|-------------------|
| 1.  | PERSON N                                         |                                                                            |            | 1.  | PERSON N                                          | IUMBER                                                              |                   | 1.  | PERSON                                                                                                                  |                 |                   |
| 2.  | Month                                            | Date                                                                       | Year<br>19 | 2.  | Month                                             | Date                                                                | Year<br><b>19</b> | 2.  | Month                                                                                                                   | Date            | Year<br>19        |
| 3.  | 0000 🗌 None                                      |                                                                            |            | 3.  | 0000 🗌 None (/                                    |                                                                     |                   | 3.  | 0000 🗌 None                                                                                                             | (Next HS)       |                   |
| 4.  | 1 🗌 Norma<br>2 🗌 Norma<br>3 🗌 No cor<br>🗌 Condit | ndition                                                                    |            | 4.  | 1 🗌 Norma<br>2 🗌 Norma<br>3 🔲 No con<br>🗌 Conditi | l at birth } (5)                                                    |                   | 4.  |                                                                                                                         |                 |                   |
| J1  |                                                  | st one night in 2-we<br>( <i>Enter condition ir</i><br>ghts in 2-week refe |            | J1  |                                                   | t one night in 2-v<br><i>(Enter condition</i><br>hts in 2-week refe |                   | J1  | At least one night in 2-week reference<br>period (Enter condition in C2, THEN S<br>No nights in 2-week reference period |                 |                   |
| 5a. | 1 🗌 Yes                                          |                                                                            | 2 🗌 No (6) | 5a. | 1 🗌 Yes                                           |                                                                     | 2 🗌 No <i>(6)</i> | 5a. | 1 🗌 Yes                                                                                                                 |                 | 2 🗌 No <i>(6)</i> |
| b.  | (1)                                              |                                                                            |            | b.  | (1)                                               |                                                                     | ······            | b.  | (1)                                                                                                                     |                 |                   |
| C.  |                                                  | Reask 5b and c)                                                            | No         | с.  | Ves (Re                                           | eask 5b and c)                                                      | □ No              | C.  | 🗌 Yes (                                                                                                                 | Reask 5b and c) | 🗌 No              |
| 6.  | Name<br>Number and stre                          |                                                                            |            | 6.  | Name<br>Number and stre                           | et                                                                  |                   | 6.  | Name<br>Number and st                                                                                                   | reet            |                   |
|     | City or County                                   |                                                                            | State      |     | City or County                                    | <u> </u>                                                            | State             |     | City or County                                                                                                          |                 | State             |

FOOTNOTES

|     |                                      | COND                                          | ITION 1                           |                                           | PERSON                        | I NO                      |      | Ask 3g if there is an impairn<br>following entries in 3b–f:                                          | nent (refer to Ca                                      | rd CP2) or any of the                                                             |
|-----|--------------------------------------|-----------------------------------------------|-----------------------------------|-------------------------------------------|-------------------------------|---------------------------|------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------|-----------------------------------------------------------------------------------|
| 1.  | Name of Mark "2-w                    |                                               | box without a                     | asking if "DV                             | ' or "HS"                     |                           |      | Abscess<br>Ache (except head or ear)<br>Bleeding (except menstrual)                                  | Growth<br>Hemorrhage<br>Infection                      | Rupture<br>Sore(ness)<br>Stiff(ness)                                              |
| 2.  | in C2 as so<br>When did<br>about – – | ource.<br>[– –/anyor<br>(condition)           | ne] last see (<br>?               | or talk to a                              | doctor or a                   |                           |      | Blood clot<br>Boil<br>Cancer<br>Cramps (except menstrual)<br>Cyst                                    | Inflammation<br>Neuralgia<br>Neuritis<br>Pain<br>Palsy | Tumor<br>Ulcer<br>Varicose veins<br>Weak(ness)                                    |
|     |                                      | w week <i>(Rea</i><br>eference perio          |                                   | 5 🛄 2 yrs., li<br>6 🛄 5 yrs. o            | ess than 5 yrs.<br>r moro     |                           |      | Damage                                                                                               | Paralysis                                              |                                                                                   |
|     |                                      | weeks, less t                                 |                                   | 7 🗌 5 yrs. 6                              |                               |                           | a.   | What part of the body is a                                                                           | affected?                                              |                                                                                   |
|     |                                      | less than 1 y<br>ss than 2 yrs                |                                   | 8 🗌 DK if Dr<br>9 🗌 Dr. neve              | L L                           | (3b)                      | , J. | Show the following detail:                                                                           |                                                        | (Specify)                                                                         |
| 3a. | . (Earlier yo<br>call the <u>(c</u>  | ou told me                                    | about <u>(co</u><br>y a more tecl | <u>ndition)</u> ) Did<br>mical or spe     | the doctor                    | or assistant              |      | Head<br>Back/spine/vertebrae<br>Side                                                                 |                                                        | upper, middle, lower                                                              |
|     | 1 🗌 Yes                              | 2                                             | No                                | 9 🗌 DK                                    |                               |                           |      | Ear                                                                                                  |                                                        |                                                                                   |
|     | Ask 3b if "                          |                                               | otherwise tra                     |                                           | dition name                   | from                      |      | Arm shoulder, upp<br>Hand                                                                            | oer, elbow, lower                                      | or wrist; left, right, or both                                                    |
| b   |                                      | -                                             | <br>call it?                      |                                           |                               |                           |      | Leghip, up                                                                                           |                                                        |                                                                                   |
|     |                                      |                                               |                                   |                                           | (Specify)                     |                           |      | Foot enti                                                                                            | re foot, arch, or to                                   | oes only; left, right, or both                                                    |
|     | 3 🗌 Norma                            | Blindness (NC<br>I pregnancy,<br>y, vasectomy | normal                            | 2 🗌 Cancer<br>4 🗌 Old age<br>8 🗌 Other (J | (NC)                          |                           |      | Except for eyes, ears, or int<br>the following entries in 3b-                                        |                                                        | k 3h if there are any of                                                          |
| C   | . What was                           | s the caus                                    | e of – – <u>(con</u>              | dition in 3b) <b>7</b>                    | (Specify) 🖌                   |                           | h    | Infection Sore Sor<br>What part of the <u>(part of t</u><br>[infection/sore/soreness]<br>other part? | eness<br>body in 3b–g) is<br>– the skin, mu            | affected by the<br>scle, bone, or some                                            |
|     | Mark box                             | if accident                                   | or injury.                        | o 🗌 Accide                                | ent/injury ( <i>Pi</i>        | robe, then 5)             |      | (Specify)                                                                                            |                                                        |                                                                                   |
| d   | l. Did the 🥧                         | condition ir                                  | <u>3b)</u> result f               | rom an acci                               | ident or inj                  | ury?                      |      | Ask if there are any of the f                                                                        | ollowing entries                                       | in 3b–f:                                                                          |
|     |                                      |                                               | •                                 |                                           |                               | sponses in 3c:            | l    |                                                                                                      | owth                                                   |                                                                                   |
|     | 1 🗋 Yes (Pi<br>2 🗌 No                | robe, then 5)                                 |                                   | he accident                               |                               | the injury?)              | 4.   | Is this [tumor/cyst/growt                                                                            | _                                                      | r benign?                                                                         |
|     |                                      | the conditio                                  |                                   |                                           |                               | wing words:               |      | _                                                                                                    | Benign                                                 | э 🗌 DК                                                                            |
|     | Ailment<br>Anemia<br>Asthma          | Attack<br>Bad<br>Cancer                       | Condition<br>Cyst<br>Defect       | Disease<br>Disorder<br>Growth             | Measies<br>Problem<br>Rupture | Trouble<br>Tumor<br>Ulcer | 5.   | a. When was – – <u>(conditio</u><br>first noticed?                                                   | n in 3b/3f)                                            | 1 🗌 2-wk. ref. pd.<br>2 🗌 Over 2 weeks to 3 months<br>3 🗌 Over 3 months to 1 year |
| е   | . What kin                           | d of <u>(cond</u>                             | ition in 3b) is                   | it?                                       |                               | ····                      |      | b. When did (name of                                                                                 | injury in 3b)?                                         | 4 🗌 Over 1 year to 5 years                                                        |
|     |                                      |                                               |                                   |                                           | (Specify)                     |                           |      |                                                                                                      |                                                        | 5 🗌 Over 5 years                                                                  |
| 2   |                                      |                                               | or stroke in 3<br>rgy/stroke]     |                                           | ) (Specif                     | 5v)                       |      | Ask probes as necessary:                                                                             |                                                        |                                                                                   |
| T.  | . now uoe                            | s the lane                                    | rgy/strokej i                     | NOW affect                                |                               | ¥1 🖌                      |      | (Was it on or since <u>(first c</u><br>or was it before that date                                    | late of 2-week re<br>e?)                               | f. period)                                                                        |
|     |                                      | · · · · · · · · · · · · · · · · · · ·         |                                   |                                           |                               |                           |      | (Was it less than 3 montl                                                                            | ns or more that                                        | n 3 months ago?)                                                                  |
|     | <u> </u>                             |                                               |                                   |                                           |                               |                           | 1    | (Was it less than 1 year o                                                                           | or more than 1                                         | year ago?)                                                                        |
|     | For stroke                           | e, fill remail<br>ter in item                 | nder of this c                    | ondition pag                              | e for the firs                | t present                 |      | (Was it less than 5 years                                                                            | or more than 5                                         | i vears ago?)                                                                     |

| b.         | 8 Other (K2)         During the 2 weeks outlined in red on that calendar, did         (condition) cause to cut down on the things usually does?         Yes       No (K2)         During that period, how many days did cut down for more than half of the day?         00 None (K2)       Days | 14. 1<br>14. 1<br>2<br>3 | Is this (condition in 3b) the result of the same accident you already told me about? Yes (Record condition page number where                                                              |
|------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|            | 00 🗌 None Days Ask if "Wa/Wb" box marked in C1: During those 2 weeks, how many days did – – miss more than                                                                                                                                                                                      | <del>,</del>             | s                                                                                                                                                                                         |
| . <u> </u> | half of the day from – – job or business because of this condition?<br><sup>00</sup> None Days                                                                                                                                                                                                  |                          | Mark box if under 18.<br>Under 18 (16)<br>Was – – under 18 when the accident happened?                                                                                                    |
|            | Ask if age 5–17:<br>During those 2 weeks, how many days did – – miss more than<br>half of the day from school because of this condition?<br><sup>00</sup> $\square$ None $\_$ $\_$ Days                                                                                                         | b. V                     | I     Yes (16)     I     No       Nas in the Armed Forces when the accident happened?       Yes (16)     I                                                                                |
| K          | 2 Condition has "CL LTR" in C2 as source (10)                                                                                                                                                                                                                                                   |                          | Was at work at job or business when the accident happened?     3 Yes                                                                                                                      |
| 10.        | About how many days since <u>(12-month date)</u> a year ago, has this condition kept – – in bed more than half of the day? (Include days while an overnight patient in a hospital.)                                                                                                             |                          | Was a car, truck, bus, or other motor vehicle involved in the accident in any way?<br>1 □ Yes 2 □ No (17)<br>Was more than one vehicle involved?                                          |
| 11.        | Was ever hospitalized for (condition in 3b)?           1 □ Yes         2 □ No                                                                                                                                                                                                                   |                          | Nas more than one venicle involved?       1 Pes       2 No       Nas [it/either one] moving at the time?                                                                                  |
| K          | 3 ☐ Missing extremity or organ (K4)<br>☐ Other (12)                                                                                                                                                                                                                                             |                          | 1 🗌 Yes 2 🗌 No                                                                                                                                                                            |
| 12a.       | Does still have this condition?           1 □ Yes (K4)         2 □ No                                                                                                                                                                                                                           | ۱ ا                      | At the time of the accident what part of the body was hurt?<br>What kind of injury was it?<br>Anything else?                                                                              |
| b.         | Is this condition completely cured or is it under control?<br>2 Cured 8 Other (Specify)<br>3 Under control (K4) (K4)                                                                                                                                                                            |                          | Part(s) of body * Kind of injury                                                                                                                                                          |
| C.         | About how long did have this condition before it was cured?         000 □ Less than 1 month       OR         Number          1 □ Months         2 □ Years                                                                                                                                       | b. \<br>                 | Ask if box 3, 4, or 5 marked in Q. 5:<br><b>What part of the body is affected now?</b><br>How is – – <u>(part of body)</u> affected?<br>Is – – affected in any other way?                 |
| d.         | Was this condition present at any time during the past 12 months?<br>1 9 Yes 2 10 No                                                                                                                                                                                                            |                          | Part(s) of body * Present effects **                                                                                                                                                      |
| K          | <ul> <li>0 □ Not an accident/injury (NC)</li> <li>1 □ First accident/injury for this person (14)</li> <li>8 □ Other (13)</li> </ul>                                                                                                                                                             |                          | * Enter part of body in same detail as for 3g.<br>** If multiple present effects, enter in C2 each one that is not the<br>same as 3b or C2 and complete a separate condition page for it. |

| Mark "2-w<br>n C2 as so          | condition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           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| effect. Ent                      | er in item C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  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                                                                                                                                                                                                                                                                                                                                                                                   |
|                                  | Call the <u>(ca</u><br>Call the <u>(ca</u><br>Ask 3b if "<br>tern 1 with<br>Nhat did<br>Color B<br>Color B<br>Color B<br>Normal<br>delivery<br>Nhat was<br>Mark box<br>Did the <u>(ca</u><br>Call Yes (Pro-<br>Call Yes ( | call the (condition) by         Yes       2         Ask 3b if "Yes" in 3a,         item 1 without asking         Nhat did he or she         Color Blindness (NC,         Normal pregnancy, r         delivery, vasectomy         Nhat was the cause         Mark box if accident of         Did the (condition in         Yes (Probe, then 5)         No         Ask 3e if the condition         Asthma         Cancer         What kind of (condi         Ask 3f only if allergy         How does the [aller         For stroke, fill remain         each additional prese | call the (condition) by a more tec         Yes       2 □ No         Ask 3b if "Yes" in 3a, otherwise traiter 1 without asking:         What did he or she call it?         Color Blindness (NC)         Normal pregnancy, normal delivery, vasectomy (5)         What was the cause of (con         Mark box if accident or injury.         Did the (condition in 3b) result 1         Ask probes         Yes (Probe, then 5)         (How did to a concer Defect)         Ask 3e if the condition name in 3h         Asthma         Cancer         Defect         What kind of (condition in 3b) is         Ask 3f only if allergy or stroke in thow does the [allergy/stroke]         For stroke, fill remainder of this ce         effect. Enter in item C2 and compeach additional present effect. | call the (condition) by a more technical or spectrum (condition) by a more tech | call the (condition) by a more technical or specific name)         Yes       2       No       9       DK         Ask 3b if "Yes" in 3a, otherwise transcribe condition name tern 1 without asking:         What did he or she call it? | Ask 3b if "Yes" in 3a, otherwise transcribe condition name from tem 1 without asking:   Nhat did he or she call it?   (Specify)   □   □   □   □   □   □   □   □   □   □   □   □   □   □   □   □   □   □   □   □   □   □   □   □   □   □   □   □   □   □   □   □   □   □   □    □   □    □   □    □    □    □    □   □    □   □    □    □    □    □    □    □    □    □    □    □    □    □    □    □    □    □    □    □    □    □    □    □    □    □    □    □    □    □   □ | sail the (condition) by a more technical or specific name?       Side         I Yes       2 □ No       9 □ DK         Ask 3b if "Yes" in 3a, otherwise transcribe condition name from 1 without asking:       Side       Eye         Nhat did he or she call it?       (Specify)       Foot       Foot         I ○ Color Blindness (NC)       2 □ Cancer (3e)       Foot       Foot         I ○ Color Blindness (NC)       2 □ Cancer (3e)       Except for e the following       Foot         I ○ Color Blindness (NC)       2 □ Cancer (3e)       Except for e the following       Imfection         I ○ Color Blindness (NC)       2 □ Cancer (3e)       Imfection       Imfection         I ○ Color Blindness (NC)       2 □ Cancer (3e)       Imfection       Imfection         I ○ Normal pregnancy, normal 4 □ Old age (NC)       B ○ Other (3c)       Imfection       Imfection         Mark box if accident or injury.       • 0 □ Accident/injury (Probe, then 5)       Imfection       Imfection         Mark box if accident or injury.       • 0 □ Accident for injury?       Ask if there         Mark box if accident or injury.       • 0 □ Accident fappen?)       Ask if there         Mark box if accident or injury.       • 0 □ Accident fappen?)       Ask if there         Mark box if accident or injury.       • 0 □ Accident fappen?) <td< td=""><td>sail the (condition) by a more technical or specific name?       Side         □ Yes       2 □ No       9 □ DK         □ Status       3 a, otherwise transcribe condition name from tem 1 without asking:       Arm         Nhat did he or she call it?       (Specify)         □ Color Blindness (NC)       2 □ Cancer (3e)         □ Color Blindness (NC)       2 □ Cancer (3e)         □ Other (3e)       Side         Nhat was the cause of (condition in 3b)? (Specify) r       Foot         Nhat was the cause of (condition in 3b)? (Specify) r       Infection Sore S         Nhat was the cause of (condition in 3b)? (Specify) r       Nhat was the cause of (condition in 3b)? (Specify) r         Mark box if accident or injury.       • □ Accident/injury (Probe, then 5)         Did the (condition in 3b) result from an accident or injury?       Ask probes as necessary. Record responses in 3c:         □ Yes (Probe, then 5)       (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:         Aitment Attack       Condition in 3b) is it?         Gamemia Bad       Cyst         Ask 3f only if allergy or stroke in 3b-e:         How does the [allergy/stroke] NOW affect? (Specify)         Ask probes as necessary:         Fo</td><td>Side       Side         □ ves       2 □ No       9 □ 0K         Ask 3b if "Yes" in 3a, otherwise transcribe condition name from       Side         Ask 3b if "Yes" in 3a, otherwise transcribe condition name from       Arm         Ask 3b if "Yes" in 3a, otherwise transcribe condition name from       Arm         Ask 3b if "Yes" in 3a, otherwise transcribe condition name from       Arm         Ask 3b if "Yes" in 3a, otherwise transcribe condition name from       Arm         Ask 3b if "Yes" in 3a, otherwise transcribe condition name from       Arm         Color Blindness (NC)       2 □ Cancer (3e)         Dormal pregnancy, normal       4 □ Ota age (NC)         delivery, vasectomy (5)       8 □ Other (3c)         Mark box if accident or injury.       • □ □ Accident/injury (Probe, then 5)         Did the (condition in 3b) result from an accident or injury?       Ask probes as necessary. Record responses in 3c:         I ves (Probe, then 5)       (How did the accident happen?)         (What was doing at the time of the injury?)       Ask if there are any of the following entries         Astima       Condition name in 3b includes any of the following words:         Alternal       Condition in 3b) is it?         Mark bax 3f only if allergy or stroke in 3b-e:       (Specify)         Ask 3f only if allergy or stroke in 3b-e:         Ho</td></td<> | sail the (condition) by a more technical or specific name?       Side         □ Yes       2 □ No       9 □ DK         □ Status       3 a, otherwise transcribe condition name from tem 1 without asking:       Arm         Nhat did he or she call it?       (Specify)         □ Color Blindness (NC)       2 □ Cancer (3e)         □ Color Blindness (NC)       2 □ Cancer (3e)         □ Other (3e)       Side         Nhat was the cause of (condition in 3b)? (Specify) r       Foot         Nhat was the cause of (condition in 3b)? (Specify) r       Infection Sore S         Nhat was the cause of (condition in 3b)? (Specify) r       Nhat was the cause of (condition in 3b)? (Specify) r         Mark box if accident or injury.       • □ Accident/injury (Probe, then 5)         Did the (condition in 3b) result from an accident or injury?       Ask probes as necessary. Record responses in 3c:         □ Yes (Probe, then 5)       (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:         Aitment Attack       Condition in 3b) is it?         Gamemia Bad       Cyst         Ask 3f only if allergy or stroke in 3b-e:         How does the [allergy/stroke] NOW affect? (Specify)         Ask probes as necessary:         Fo | Side       Side         □ ves       2 □ No       9 □ 0K         Ask 3b if "Yes" in 3a, otherwise transcribe condition name from       Side         Ask 3b if "Yes" in 3a, otherwise transcribe condition name from       Arm         Ask 3b if "Yes" in 3a, otherwise transcribe condition name from       Arm         Ask 3b if "Yes" in 3a, otherwise transcribe condition name from       Arm         Ask 3b if "Yes" in 3a, otherwise transcribe condition name from       Arm         Ask 3b if "Yes" in 3a, otherwise transcribe condition name from       Arm         Color Blindness (NC)       2 □ Cancer (3e)         Dormal pregnancy, normal       4 □ Ota age (NC)         delivery, vasectomy (5)       8 □ Other (3c)         Mark box if accident or injury.       • □ □ Accident/injury (Probe, then 5)         Did the (condition in 3b) result from an accident or injury?       Ask probes as necessary. Record responses in 3c:         I ves (Probe, then 5)       (How did the accident happen?)         (What was doing at the time of the injury?)       Ask if there are any of the following entries         Astima       Condition name in 3b includes any of the following words:         Alternal       Condition in 3b) is it?         Mark bax 3f only if allergy or stroke in 3b-e:       (Specify)         Ask 3f only if allergy or stroke in 3b-e:         Ho |

| <b>К</b> ′<br>6а. | Refer to RD and C2.<br>1                                                                                                          | <ul> <li>13. Is this (condition in 3b) the result of the same accident you already told me about?</li> <li>□ Yes (Record condition page number where</li></ul> |
|-------------------|-----------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                   | (condition) cause to cut down on the things usually does?                                                                         |                                                                                                                                                                |
| _                 |                                                                                                                                   | 14. Where did the accident happen?                                                                                                                             |
|                   | During that period, how many days did – – cut down for more than half of the day?                                                 | 1 🛄 At home (inside house)<br>2 🔲 At home (adjacent premises)                                                                                                  |
|                   | 00 🗌 None <i>(K2)</i> Days                                                                                                        | 3 🗌 Street and highway (includes roadway and public sidewalk)                                                                                                  |
| 7.                | During those 2 weeks, how many days did – – stay in bed for<br>more than half of the day because of this condition?               | 4                                                                                                                                                              |
|                   | Ask if "Wa/Wb" box marked in C1:                                                                                                  | $8 \square$ Other (Specify) $$                                                                                                                                 |
| 8.                | During those 2 weeks, how many days did – – miss more than<br>half of the day from – – job or business because of this condition? |                                                                                                                                                                |
|                   | 00 🗌 None Days                                                                                                                    | Mark box if under 18.                                                                                                                                          |
|                   | Ask if age 5–17:                                                                                                                  | 15a. Was – – under 18 when the accident happened?                                                                                                              |
| 9.                | During those 2 weeks, how many days did – – miss more than                                                                        | 1 🗌 Yes (16)                                                                                                                                                   |
|                   | half of the day from school because of this condition?                                                                            | b. Was – – in the Armed Forces when the accident happened?                                                                                                     |
|                   | 00 🗌 None Days                                                                                                                    | 2 🗌 Yes (16)                                                                                                                                                   |
| K                 | Condition has "CL LTR" in C2 as source (10)                                                                                       | c. Was at work at job or business when the accident happened?                                                                                                  |
|                   |                                                                                                                                   | 3 🗌 Yes 4 🗌 No                                                                                                                                                 |
| 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   | 16a. Was a car, truck, bus, or other motor vehicle involved in the accident in any way?                                                                        |
|                   | days while an overnight patient in a hospital.)                                                                                   | 1 🗌 Yes 2 🗌 No (17)                                                                                                                                            |
|                   |                                                                                                                                   | b. Was more than one vehicle involved?                                                                                                                         |
| 11.               | Was – – ever hospitalized for – – <u>(condition in 3b)</u> ?                                                                      | 1 🗌 Yes 2 🗌 No                                                                                                                                                 |
|                   | 1 🗌 Yes .2 🗌 No                                                                                                                   | c. Was [it/either one] moving at the time?                                                                                                                     |
| K                 | 3 Missing extremity or organ (K4)                                                                                                 | 1 🗌 Yes 2 🗌 No                                                                                                                                                 |
| 12a.              | Does – – still have this condition?                                                                                               | 17a. At the time of the accident what part of the body was hurt?<br>What kind of injury was it?                                                                |
|                   | 1 🗌 Yes <i>(K4)</i> 2 🗌 No                                                                                                        | Anything else?                                                                                                                                                 |
| b.                | Is this condition completely cured or is it under control?                                                                        | Part(s) of body * Kind of injury                                                                                                                               |
|                   | 2 Cured 8 Other (Specify)                                                                                                         |                                                                                                                                                                |
|                   | 3 Under control (K4)                                                                                                              |                                                                                                                                                                |
|                   | (K4)                                                                                                                              | - Ask if box 3, 4, or 5 marked in Q. 5:                                                                                                                        |
| с.                | . About how long did – – have this condition before it was cured?                                                                 | b. What part of the body is affected now?                                                                                                                      |
|                   | 000 🗌 Less than 1 month OR { 1 🗋 Months 2 🗌 Years                                                                                 | How is – – <u>(part of body)</u> affected?                                                                                                                     |
|                   | Number 2 🗌 Years                                                                                                                  | Is – – affected in any other way?<br>Part(s) of body * Present effects **                                                                                      |
| d.                | . Was this condition present at any time during the past 12 months?                                                               |                                                                                                                                                                |
|                   | 1 🗌 Yes 2 🗌 No                                                                                                                    |                                                                                                                                                                |
|                   | 0 🔲 Not an accident/injury <i>(NC)</i>                                                                                            | * Enter part of body in same detail as for 3g.                                                                                                                 |
| K                 | 4 1 First accident/injury for this person (14)<br>8 Other (13)                                                                    | ** If multiple present effects, enter in C2 each one that is not the<br>same as 3b or C2 and complete a separate condition page for it.                        |

|                             | <b>CONDITION 3</b>                                                      |                                           | PERSON                        | I NO                      |    | Ask 3g if there is an impairm                                                      | nent (refer to Ca                           | rd CP2) or any of the                                                             |
|-----------------------------|-------------------------------------------------------------------------|-------------------------------------------|-------------------------------|---------------------------|----|------------------------------------------------------------------------------------|---------------------------------------------|-----------------------------------------------------------------------------------|
| 1. Name of                  | condition                                                               |                                           |                               |                           |    | following entries in 3b–f:<br>Abscess                                              | Growth                                      | Rupture                                                                           |
| Mark "2-w<br>in C2 as s     | k. ref. pd." box without<br>ource.                                      | asking if "DV                             | " or "HS"                     |                           | 1  | Ache (except head or ear)<br>Bleeding (except menstrual)<br>Blood clot             | Hemorrhage<br>Infection<br>Inflammation     | Sore(ness)<br>Stiff(ness)<br>Tumor                                                |
| 2. When did<br>about        | [/anyone] last see (condition)?                                         | or talk to a                              | doctor or a                   | ssistant                  |    | Boil<br>Cancer<br>Cramps (except menstrual)                                        | Neuralgia<br>Neuritis<br>Pain               | Ulcer<br>Varicose veins<br>Weak(ness)                                             |
|                             | w week <i>(Reask 2)</i><br>eference period                              | 5 🗌 2 yrs., li<br>6 🗌 5 yrs. o            | ess than 5 yrs.<br>r more     | ·                         |    | Cyst<br>Damage                                                                     | Palsy<br>Paralysis                          |                                                                                   |
|                             | weeks, less than 6 mos.                                                 | 7 🛄 Dr. seer                              | n, DK when                    |                           | g. | What part of the body is a                                                         | affected?                                   |                                                                                   |
|                             | less than 1 yr.<br>ss than 2 yrs.                                       | 8 🗌 DK if Dı<br>9 🗌 Dr. nev               | <u> </u>                      | (3b)                      |    | Show the following detail:                                                         |                                             | (Specify)                                                                         |
| 3a. (Earlier yo             | ou told me about (co                                                    | ondition)) Did                            | the doctor                    | or assistant              |    | Head<br>Back/spine/vertebrae<br>Side                                               |                                             | upper, middle, lower                                                              |
|                             | <u>ondition)</u> by a more tec                                          | nnical of spe                             | ecific name:                  | ſ                         |    | Ear                                                                                |                                             | _                                                                                 |
| 1 🗌 Yes                     | 2 🗌 No                                                                  | 9 🗌 DK                                    |                               |                           | 1  | Eye                                                                                |                                             |                                                                                   |
| Ask 3b if '<br>item 1 wit   | Yes" in 3a, otherwise tr<br>hout asking:                                | anscribe con                              | dition name                   | from                      |    | Arm shoulder, upp<br>Hand en                                                       | ntire hand or fing                          | ers only; left, right, or both                                                    |
| b. What did                 | he or she call it?                                                      |                                           |                               |                           |    | Leghip, upp                                                                        |                                             | _                                                                                 |
| _                           |                                                                         |                                           | (Specify)                     |                           |    | Foot entir                                                                         | e toot, arch, or to                         | des only; lett, right, or both                                                    |
| 3 🗌 Norma                   | Blindness <i>(NC)</i><br>I pregnancy, normal<br>y, vasectomy <i>(5)</i> | 2 🗌 Cancer<br>4 🗌 Old age<br>8 🗌 Other () | e (NC)                        |                           |    | Except for eyes, ears, or inte<br>the following entries in 3b-f                    |                                             | A if there are any of                                                             |
|                             |                                                                         |                                           |                               |                           |    | Infection Sore Sore                                                                | eness                                       |                                                                                   |
| c. What was                 | s the cause of – – <u>(con</u>                                          | aition in 3b) <b>f</b>                    | (Specity) 📈                   |                           | h  | . What part of the <u>(part of b</u><br>[infection/sore/soreness] ·<br>other part? | <u>ody in 3b–g)</u> is a<br>– the skin, mus | affected by the<br>scle, bone, or some                                            |
| <br>Mark box                | if accident or injury.                                                  | . 0 🗆 Accide                              | ent/injury (Pr                |                           | -  | (Specify)                                                                          |                                             | ·                                                                                 |
| d. Did the <u>(</u>         | <u>condition in 3b)</u> <b>result</b> (                                 | from an acci                              | ident or inju                 | ury?                      |    | Ask if there are any of the fo                                                     | ollowing entries                            | in 3b-f:                                                                          |
| _                           |                                                                         | s as necessar                             | y. Record re                  | sponses in 3c:            |    |                                                                                    |                                             |                                                                                   |
|                             |                                                                         | the accident                              |                               |                           | 1  | Tumor Cyst Gro                                                                     |                                             | . t                                                                               |
| 2 🗌 No                      | (What was                                                               | s – – doing at                            | the time of                   | the injury?)              | 4. | ls this [tumor/cyst/growth                                                         | nj malignant ol                             | · benign?                                                                         |
|                             | the condition name in 3                                                 |                                           |                               | Ū                         |    | 1 🗌 Malignant 2 🗌                                                                  | Benign                                      | 9 🗌 DK                                                                            |
| Ailment<br>Anemia<br>Asthma | Attack Condition<br>Bad Cyst<br>Cancer Defect                           | Disease<br>Disorder<br>Growth             | Measles<br>Problem<br>Rupture | Trouble<br>Tumor<br>Ulcer | 5. | a. When was <u>(condition</u><br>first noticed?                                    | n in 3b/3f)                                 | 1 🗌 2-wk. ref. pd.<br>2 🗋 Over 2 weeks to 3 months<br>3 🗍 Over 3 months to 1 year |
| e. What kin                 | d of <u>(condition in 3b)</u> is                                        | s it?                                     | (Specify)                     |                           |    | b. When did <u>(name of i</u>                                                      | njury in 3b) <b>?</b>                       | 4 Over 1 year to 5 years<br>5 Over 5 years                                        |
| Ack of on                   |                                                                         | 3h_e,                                     |                               |                           | ·  | Ask probes as necessary:                                                           |                                             |                                                                                   |
|                             | s the [allergy/stroke]                                                  |                                           | <b>?</b> (Specif              | y) 📈                      |    | (Was it on or since <u>(first d</u><br>or was it before that date                  |                                             | f. period)                                                                        |
| <b></b>                     |                                                                         |                                           |                               |                           |    | (Was it less than 3 month                                                          | -                                           | 3 months ago?)                                                                    |
|                             |                                                                         |                                           |                               |                           |    | (Was it less than 1 year o                                                         |                                             | _                                                                                 |
| effect. En                  | e, fill remainder of this c<br>ter in item C2 and comp                  |                                           |                               |                           |    | (Was it less than 5 years of                                                       |                                             | -                                                                                 |
| each addi                   | tional present effect.                                                  |                                           |                               |                           |    | · · · · · · · · · · · · · · · · · · ·                                              | ·                                           | FORM HIS-1 (8-1-                                                                  |

| <b>K</b><br>6a. | Refer to RD and C2.<br>1                                                                                                                                                              | 13. | Is this <u>(condition in 3b)</u> the result of<br>already told me about?<br>Yes (Record condition page number w<br>accident questions first completed<br>No | ·                                     |
|-----------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
|                 | □ Yes □ No ( <i>K2</i> )                                                                                                                                                              | 14. | Where did the accident happen?                                                                                                                              | · · · · · · · · · · · · · · · · · · · |
| b.              | During that period, how many days did – – cut down for more<br>than half of the day?                                                                                                  |     | <ul> <li>1 At home (inside house)</li> <li>2 At home (adjacent premises)</li> <li>3 Street and highway (includes roadway)</li> </ul>                        | and public sidewalk)                  |
| 7.              | During those 2 weeks, how many days did – – stay in bed for<br>more than half of the day because of this condition?                                                                   |     | 4                                                                                                                                                           |                                       |
|                 | Ask if "Wa/Wb" box marked in C1:<br>During those 2 weeks, how many days did – – miss more than<br>half of the day from – – job or business because of this condition?<br>00           |     | 8 □ Other (Specify)<br>Mark box if under 18. □ Ut                                                                                                           | nder 18 <i>(16)</i>                   |
|                 |                                                                                                                                                                                       | 15a | . Was – – under 18 when the accide                                                                                                                          |                                       |
|                 | Ask if age 5–17:<br>During those 2 weeks, how many days did – – miss more than                                                                                                        |     | 1 🗌 Yes (16)                                                                                                                                                |                                       |
|                 | half of the day from school because of this condition?                                                                                                                                | b   | . Was in the Armed Forces whe                                                                                                                               | n the accident happened?              |
|                 | 00 🗌 None Days                                                                                                                                                                        |     | 2 🗌 Yes (16)                                                                                                                                                |                                       |
| K               | 2 Condition has "CL LTR" in C2 as source (10)                                                                                                                                         | ] c | . Was – – at work at – – job or busine<br>3 🗌 Yes 4 🛄 No                                                                                                    |                                       |
| 10.             | About how many days since ( <u>12-month date</u> ) a year ago, has this condition kept – – in bed more than half of the day? (Include days while an overnight patient in a hospital.) |     | - Was a car, truck, bus, or other m<br>accident in any way?                                                                                                 | . (17)                                |
| 11.             | Was – – ever hospitalized for – – (condition in 3b)?                                                                                                                                  | b   | . Was more than one vehicle involv<br>1 □ Yes 2 □ No                                                                                                        |                                       |
|                 | 1 🗌 Yes 2 🗌 No                                                                                                                                                                        |     |                                                                                                                                                             |                                       |
| K               | 3 Missing extremity or organ (K4)                                                                                                                                                     | C C | . Was [it/either one] moving at the         1 □ Yes       2 □ Nc                                                                                            |                                       |
| 12a.            | Does still have this condition?           1 □ Yes (K4)         2 □ No                                                                                                                 | 17a | At the time of the accident what<br>What kind of injury was it?<br>Anything else?                                                                           | part of the body was hurt?            |
| b.              | Is this condition completely cured or is it under control?                                                                                                                            |     | Part(s) of body *                                                                                                                                           | Kind of injury                        |
|                 | 2 □ Cured 8 □ Other (Specify)<br>3 □ Under control (K4)(K4)                                                                                                                           |     | Ach if how 2.4 or 5 marked in O. 5.                                                                                                                         |                                       |
| c.              | About how long did have this condition before it was cured?         000 $\Box$ Less than 1 month       OR         Number $\begin{cases} 1 \Box$ Months         2 $\Box$ Years         | b   | Ask if box 3, 4, or 5 marked in Q. 5:<br>What part of the body is affected<br>How is – – (part of body) affected?<br>Is – – affected in any other way?      |                                       |
| d.              | Was this condition present at any time during the past 12 months?                                                                                                                     | 1   | Part(s) of body *                                                                                                                                           | Present effects **                    |
|                 | 1 🗋 Yes 2 🗌 No                                                                                                                                                                        |     | · ·                                                                                                                                                         |                                       |
| <b>K</b>        | Q □ Not an accident/injury (NC)<br>1 □ First accident/injury for this person (14)<br>8 □ Other (13) IS-1 (8-1-95)                                                                     |     | * Enter part of body in same detail<br>** If multiple present effects, enter i<br>same as 3b or C2 and complete a                                           | n C2 each one that is not the         |

|          |                                                                                                                                |                                                                                                                            | ITION 4                                                                                                                                                              |                                                                                                                                  | PERSON                                                                                                                                                | <u> </u>                                                                                             |      | Ask 3g if there is an impai<br>following entries in 3b–f:                                                                                                                                                                                                                                                                         | rment (reter to Ca                                                                                                                                                                          | ira CP2) or any of the                                                                                                                                                                                             |
|----------|--------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|          | in C2 as so                                                                                                                    | k. ref. pd."<br>burce.                                                                                                     | box without                                                                                                                                                          | -<br>-                                                                                                                           |                                                                                                                                                       | ssistant                                                                                             |      | Abscess<br>Ache (except head or ear)<br>Bleeding (except menstrual)<br>Blood clot<br>Boil                                                                                                                                                                                                                                         | Inflammation<br>Neuralgia                                                                                                                                                                   | Rupture<br>Sore(ness)<br>Stiff(ness)<br>Tumor<br>Ulcer                                                                                                                                                             |
|          | about (<br>0 - Interview<br>1 - 2-wk. ref                                                                                      | (condition                                                                                                                 | ] <b>?</b><br>ask 2)                                                                                                                                                 | 5 🗌 2 yrs., le<br>6 🗌 5 yrs. o                                                                                                   | ess than 5 yrs.<br>r more                                                                                                                             |                                                                                                      |      | Cancer<br>Cramps (except menstrual)<br>Cyst<br>Damage                                                                                                                                                                                                                                                                             | Neuritis<br>Pain<br>Palsy<br>Paralysis                                                                                                                                                      | Varicose veins<br>Weak(ness)                                                                                                                                                                                       |
|          | 2 🗌 Over 2 v<br>3 🗌 6 mos., I<br>4 🗌 1 yr., les                                                                                | less than 1                                                                                                                | yr.                                                                                                                                                                  | 7 _ Dr. seer<br>8 _ DK if Dr<br>9 _ Dr. neve                                                                                     | seen ک                                                                                                                                                | (3b)                                                                                                 |      | Nhat part of the body is<br>Show the following detail:<br>Head                                                                                                                                                                                                                                                                    |                                                                                                                                                                                             | (Specify)                                                                                                                                                                                                          |
| Ba.      | call the (co                                                                                                                   | ondition) <b>b</b>                                                                                                         | about – – <u>(co</u><br>y a more tecl                                                                                                                                | nnical or spe                                                                                                                    | the doctor<br>cific name                                                                                                                              | or assistant<br>?                                                                                    |      | Side                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                             |                                                                                                                                                                                                                    |
|          | Ask 3b if "\<br>item 1 with                                                                                                    | Yes" in 3a,                                                                                                                | otherwise tra                                                                                                                                                        | anscribe cond                                                                                                                    | dition name                                                                                                                                           |                                                                                                      |      | Arm shoulder, u<br>Hand                                                                                                                                                                                                                                                                                                           | oper, elbow, lower<br>entire hand or fing                                                                                                                                                   | left, right, or both<br>or wrist; left, right, or both<br>Jers only; left, right, or both                                                                                                                          |
| b.       | What did I                                                                                                                     | he or she                                                                                                                  | call it?                                                                                                                                                             | · · · · · · · · · · · · · · · · · · ·                                                                                            | (Specify)                                                                                                                                             |                                                                                                      |      | Leghip, u<br>Footen                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                             |                                                                                                                                                                                                                    |
|          | 1 🗌 Color Bl<br>3 🗌 Normal<br>delivery                                                                                         |                                                                                                                            | normal                                                                                                                                                               | 2 🗌 Cancer<br>4 🗌 Old age<br>8 🗌 Other (3                                                                                        | (3e)<br>(NC)                                                                                                                                          |                                                                                                      |      | Except for eyes, ears, or ir<br>the following entries in 3b                                                                                                                                                                                                                                                                       |                                                                                                                                                                                             | k 3h if there are any of                                                                                                                                                                                           |
|          |                                                                                                                                |                                                                                                                            |                                                                                                                                                                      |                                                                                                                                  |                                                                                                                                                       |                                                                                                      |      |                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                             |                                                                                                                                                                                                                    |
| C.       | What was                                                                                                                       | the caus                                                                                                                   | se of <u>(con</u>                                                                                                                                                    | dition in 3b) <b>?</b>                                                                                                           |                                                                                                                                                       | · · · · · · · · · · · · · · · · · · ·                                                                | h. 1 | nfection Sore So<br>What part of the <u>(part of</u><br>[infection/sore/soreness<br>other part?                                                                                                                                                                                                                                   | oreness<br><u>body in 3b-g)</u> is<br>] – the skin, mu                                                                                                                                      | affected by the<br>scle, bone, or some                                                                                                                                                                             |
| C.       |                                                                                                                                |                                                                                                                            | ·                                                                                                                                                                    | · · · · · · · · · · · · · · · · · · ·                                                                                            | (Specify) 🚽                                                                                                                                           |                                                                                                      | h.   | What part of the <u>(part of</u><br>[infection/sore/soreness<br>other part?                                                                                                                                                                                                                                                       | <u>body in 3b–g)</u> is<br>] – the skin, mu                                                                                                                                                 | scle, bone, or some                                                                                                                                                                                                |
|          | Mark box i                                                                                                                     |                                                                                                                            | or injury.                                                                                                                                                           | o 🗌 Accide                                                                                                                       | (Specify)                                                                                                                                             | robe, then 5)                                                                                        | h. \ | What part of the <u>(part of</u><br>(infection/sore/soreness<br>other part?<br>(Specify)                                                                                                                                                                                                                                          | <u>body in 3b–g)</u> is<br>] – the skin, mu                                                                                                                                                 | scle, bone, or some                                                                                                                                                                                                |
|          | Mark box i                                                                                                                     |                                                                                                                            | or injury.<br>n 3b) <b>result f</b>                                                                                                                                  | ₀ □ Accide<br>rom an acci                                                                                                        | (Specify)                                                                                                                                             | robe, then 5)<br>ury?                                                                                | h. \ | What part of the <u>(part of</u><br>[infection/sore/soreness<br>other part?                                                                                                                                                                                                                                                       | <u>body in 3b–g)</u> is<br>] – the skin, mu                                                                                                                                                 | scle, bone, or some                                                                                                                                                                                                |
|          | Mark box i                                                                                                                     | if accident                                                                                                                | or injury.<br><u>n 3b)</u> <b>result f</b><br>Ask probes<br>( <b>How did t</b>                                                                                       | o □ Accide<br>rom an acci<br>as necessar<br>he accident                                                                          | (Specify)                                                                                                                                             | robe, then 5)                                                                                        | h. 1 | What part of the <u>(part of</u><br>(infection/sore/soreness<br>other part?<br>(Specify)<br>Ask if there are any of the                                                                                                                                                                                                           | <u>body in 3b–g)</u> is<br>] – the skin, mu<br>following entries<br>rowth                                                                                                                   | scle, bone, or some                                                                                                                                                                                                |
|          | Mark box i<br>Did the (c.<br>1 ] Yes (Pro<br>2 ] No                                                                            | if accident<br>ondition in<br>obe, then 5)                                                                                 | or injury.<br><u>n 3b)</u> <b>result f</b><br>Ask probes<br>(How did t<br>(What was                                                                                  | o □ Accide<br>rom an acci<br>as necessar<br>he accident<br>– – doing at                                                          | (Specify)<br>ent/injury (Pr<br>dent or inj<br>y. Record re<br>happen?)<br>the time of                                                                 | robe, then 5)<br>ury?<br>sponses in 3c:                                                              | h.   | What part of the <u>(part of</u><br>[infection/sore/soreness<br>other part?<br>(Specify)<br>Ask if there are any of the<br>Tumor Cyst Gi<br>Is this [tumor/cyst/grow                                                                                                                                                              | <u>body in 3b–g)</u> is<br>] – the skin, mu<br>following entries<br>rowth                                                                                                                   | scle, bone, or some                                                                                                                                                                                                |
|          | Mark box i<br>Did the (c.<br>1 ] Yes (Pro<br>2 ] No                                                                            | if accident<br>ondition in<br>obe, then 5)                                                                                 | or injury.<br><u>n 3b)</u> <b>result f</b><br>Ask probes<br>(How did t<br>(What was                                                                                  | o □ Accide<br>rom an acci<br>as necessar<br>he accident<br>– – doing at                                                          | (Specify)<br>ent/injury (Pr<br>dent or inj<br>y. Record re<br>happen?)<br>the time of                                                                 | robe, then 5)<br>ury?<br>sponses in 3c:<br>the injury?)                                              | h.   | What part of the <u>(part of</u><br>[infection/sore/soreness<br>other part?<br>(Specify)<br>Ask if there are any of the<br>Fumor Cyst Gi<br>Is this [tumor/cyst/grow                                                                                                                                                              | body in 3b-g) is<br>- the skin, mu<br>following entries<br>rowth<br>th] malignant o<br>Benign                                                                                               | scle, bone, or some<br><i>in 3b-f:</i><br><b>r benign?</b><br>9 □ DK<br>1 □ 2-wk. ref. pd.<br>2 □ Over 2 weeks to 3 mont                                                                                           |
| d.       | Mark box i<br>Did the <u>(c</u><br>1 ] Yes (Pro<br>2 ] No<br>Ask 3e if th<br>Ailment<br>Anemia<br>Asthma                       | if accident<br>ondition in<br>obe, then 5)<br>he condition<br>Attack<br>Bad<br>Cancer                                      | or injury.<br><u>n 3b)</u> result f<br>Ask probes<br>(How did t<br>(What was<br>on name in 3b<br>Condition<br>Cyst                                                   | o □ Accide<br>rom an acci<br>as necessar<br>he accident<br>doing at<br>o includes an<br>Disease<br>Disorder<br>Growth            | (Specify)<br>ent/injury (Pi<br>dent or inj<br>y. Record re<br>happen?)<br>the time of<br>y of the follo<br>Measles<br>Problem                         | robe, then 5)<br>ury?<br>sponses in 3c:<br>the injury?)<br>owing words:<br>Trouble<br>Tumor          | h.   | What part of the <u>(part of</u><br>(infection/sore/soreness<br>other part?<br>(Specify)<br>Ask if there are any of the<br>Tumor Cyst Gi<br>Is this [tumor/cyst/grow<br>1                                                                                                                                                         | body in 3b-g) is<br><b>body in 3b-g)</b> is<br><b>con in 3b/3f)</b>                                                                                                                         | scle, bone, or some<br><i>in 3b-f:</i><br><b>r benign?</b><br>9 □ DK<br>1 □ 2-wk. ref. pd.<br>2 □ Over 2 weeks to 3 mont                                                                                           |
| d.<br>e. | Mark box i<br>Did the (c.<br>1 ) Yes (Pro<br>2 ) No<br>Ask 3e if th<br>Ailment<br>Anemia<br>Asthma<br>What kinc<br>Ask 3f only | if accident<br>ondition in<br>obe, then 5)<br>he condition<br>Attack<br>Bad<br>Cancer<br>d of <u>(conc</u><br>y if allergy | or injury.<br><u>n 3b)</u> result f<br>Ask probes<br>(How did t<br>(What was<br>on name in 3k<br>Condition<br>Cyst<br>Defect<br>lition in 3b) is<br>v or stroke in 3 | o 🗌 Accide<br>rom an acci<br>as necessar<br>he accident<br>– – doing at<br>o includes an<br>Disease<br>Disorder<br>Growth<br>it? | (Specify)<br>ent/injury (Pi<br>dent or inj<br>y. Record re<br>happen?)<br>the time of<br>y of the follo<br>Measles<br>Problem<br>Rupture<br>(Specify) | robe, then 5)<br>ury?<br>sponses in 3c:<br>the injury?)<br>owing words:<br>Trouble<br>Tumor<br>Ulcer | h. 1 | What part of the <u>(part of</u><br>(infection/sore/soreness<br>other part?<br>(Specify)<br>Ask if there are any of the<br>Fumor Cyst Gi<br>Is this [tumor/cyst/grow<br>1 		 Malignant 2 [<br>a. When was <u>(conditing</u> )                                                                                                     | body in 3b-g) is<br><b>body in 3b-g)</b> is<br><b>con in 3b/3f)</b>                                                                                                                         | scle, bone, or some<br>in 3b-f:<br>r benign?<br>9 	DK<br>1 	2-wk. ref. pd.<br>2 	Over 2 weeks to 3 mont<br>3 	Over 3 months to 1 year<br>4 	Over 1 year to 5 years                                                 |
| d.<br>e. | Mark box i<br>Did the (c.<br>1 ) Yes (Pro<br>2 ) No<br>Ask 3e if th<br>Ailment<br>Anemia<br>Asthma<br>What kinc<br>Ask 3f only | if accident<br>ondition in<br>obe, then 5)<br>he condition<br>Attack<br>Bad<br>Cancer<br>d of <u>(conc</u><br>y if allergy | or injury.<br><u>n 3b)</u> result f<br>Ask probes<br>(How did t<br>(What was<br>on name in 3k<br>Condition<br>Cyst<br>Defect<br>lition in 3b) is                     | o 🗌 Accide<br>rom an acci<br>as necessar<br>he accident<br>– – doing at<br>o includes an<br>Disease<br>Disorder<br>Growth<br>it? | (Specify)<br>ent/injury (Pi<br>dent or inj<br>y. Record re<br>happen?)<br>the time of<br>y of the follo<br>Measles<br>Problem<br>Rupture<br>(Specify) | robe, then 5)<br>ury?<br>sponses in 3c:<br>the injury?)<br>owing words:<br>Trouble<br>Tumor<br>Ulcer | h.   | What part of the <u>(part of</u><br>(infection/sore/soreness<br>other part?<br>(Specify)<br>Ask if there are any of the<br>Tumor Cyst Gi<br>Is this [tumor/cyst/grow<br>1                                                                                                                                                         | body in 3b–g) is<br><b>body in 3b–g)</b> is<br><b>colowing entries</b><br>following entries<br>rowth<br>th] malignant o<br>Benign<br>fon in 3b/3f)<br>f injury in 3b)?                      | scle, bone, or some<br>in 3b-f:<br>r benign?<br>9 	DK<br>1 	2-wk. ref. pd.<br>2 	Over 2 weeks to 3 mont<br>3 	Over 3 months to 1 year<br>4 	Over 1 year to 5 years<br>5 	Over 5 years                              |
| d.<br>e. | Mark box i<br>Did the (c.<br>1 ) Yes (Pro<br>2 ) No<br>Ask 3e if th<br>Ailment<br>Anemia<br>Asthma<br>What kinc<br>Ask 3f only | if accident<br>ondition in<br>obe, then 5)<br>he condition<br>Attack<br>Bad<br>Cancer<br>d of <u>(conc</u><br>y if allergy | or injury.<br><u>n 3b)</u> result f<br>Ask probes<br>(How did t<br>(What was<br>on name in 3k<br>Condition<br>Cyst<br>Defect<br>lition in 3b) is<br>v or stroke in 3 | o 🗌 Accide<br>rom an acci<br>as necessar<br>he accident<br>– – doing at<br>o includes an<br>Disease<br>Disorder<br>Growth<br>it? | (Specify)<br>ent/injury (Pi<br>dent or inj<br>y. Record re<br>happen?)<br>the time of<br>y of the follo<br>Measles<br>Problem<br>Rupture<br>(Specify) | robe, then 5)<br>ury?<br>sponses in 3c:<br>the injury?)<br>owing words:<br>Trouble<br>Tumor<br>Ulcer | h.   | What part of the <u>(part of</u><br>[infection/sore/soreness<br>other part?<br>(Specify)<br>Ask if there are any of the<br>Tumor Cyst G<br>Is this [tumor/cyst/grow<br>1 □ Malignant 2 [<br>a. When was <u>(conditi</u><br>first noticed?<br>b. When did <u>(name o</u><br>Ask probes as necessary:<br>(Was it on or since (first | body in 3b-g) is<br>body in 3b-g) is<br>following entries<br>rowth<br>th] malignant o<br>Benign<br>fon in 3b/3f)<br>f injury in 3b)?<br>date of 2-week reter<br>te?)                        | scle, bone, or some<br>in 3b-f:<br>r benign?<br>9 DK<br>1 2-wk. ref. pd.<br>2 Over 2 weeks to 3 mont<br>3 Over 3 months to 1 year<br>4 Over 1 year to 5 years<br>5 Over 5 years<br>ef. period)                     |
| d.<br>e. | Mark box i<br>Did the (c.<br>1 ) Yes (Pro<br>2 ) No<br>Ask 3e if th<br>Ailment<br>Anemia<br>Asthma<br>What kinc<br>Ask 3f only | if accident<br>ondition in<br>obe, then 5)<br>he condition<br>Attack<br>Bad<br>Cancer<br>d of <u>(conc</u><br>y if allergy | or injury.<br><u>n 3b)</u> result f<br>Ask probes<br>(How did t<br>(What was<br>on name in 3k<br>Condition<br>Cyst<br>Defect<br>lition in 3b) is<br>v or stroke in 3 | o 🗌 Accide<br>rom an acci<br>as necessar<br>he accident<br>– – doing at<br>o includes an<br>Disease<br>Disorder<br>Growth<br>it? | (Specify)<br>ent/injury (Pi<br>dent or inj<br>y. Record re<br>happen?)<br>the time of<br>y of the follo<br>Measles<br>Problem<br>Rupture<br>(Specify) | robe, then 5)<br>ury?<br>sponses in 3c:<br>the injury?)<br>owing words:<br>Trouble<br>Tumor<br>Ulcer | h.   | What part of the <u>(part of</u><br>[infection/sore/soreness<br>other part?<br>(Specify)                                                                                                                                                                                                                                          | body in 3b-g) is<br>body in 3b-g) is<br>following entries<br>rowth<br>th] malignant o<br>Benign<br>f injury in 3b/3f)<br>f injury in 3b/?<br>date of 2-week re-<br>te?)<br>ths or more that | scle, bone, or some<br>in 3b-f:<br>r benign?<br>9 DK<br>1 2-wk. ref. pd.<br>2 Over 2 weeks to 3 month<br>3 Over 3 months to 1 yea<br>4 Over 1 year to 5 years<br>5 Over 5 years<br>ef. period)<br>m 3 months ago?) |

| K   | <ul> <li>0 □ Not an accident/injury (NC)</li> <li>1 □ First accident/injury for this person (14)</li> <li>8 □ Other (13)</li> </ul>                                                 |                                                                                                                        | * Enter part of body in same detail as for 3g.<br>** If multiple present effects, enter in C2 each one that is not the<br>same as 3b or C2 and complete a separate condition page for it. |     |  |  |
|-----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|--|--|
| d   | Was this condition present at any time during the past 12 months?         1 I Yes       2 I No                                                                                      |                                                                                                                        |                                                                                                                                                                                           |     |  |  |
|     | 000 🗌 Less than 1 month OR { 1 🗌 Months 2 🗌 Years                                                                                                                                   | þ                                                                                                                      | b. What part of the body is affected now?<br>How is – – <u>(part of body)</u> affected?<br>Is – – affected in any other way?<br>Part(s) of body * Present effects **                      |     |  |  |
|     | 3 Under control (K4) (K4)                                                                                                                                                           |                                                                                                                        | Ask if box 3, 4, or 5 marked in Q. 5:                                                                                                                                                     |     |  |  |
| b   | Is this condition completely cured or is it under control?<br>2 $\Box$ Cured 8 $\Box$ Other (Specify) $\nabla$                                                                      |                                                                                                                        | Part(s) of body * Kind of injury                                                                                                                                                          |     |  |  |
| 128 | Does still have this condition?           1 □ Yes (K4)         2 □ No                                                                                                               |                                                                                                                        | What kind of injury was it?<br>Anything else?                                                                                                                                             |     |  |  |
| K   | <b>O</b> Other (12)                                                                                                                                                                 | 17a                                                                                                                    | a. At the time of the accident what part of the body was hurt?                                                                                                                            |     |  |  |
|     |                                                                                                                                                                                     | - c.                                                                                                                   | c. Was [it/either one] moving at the time?                                                                                                                                                |     |  |  |
| 11. | Was – – ever hospitalized for – – <u>(condition in 3b)</u> ?<br>1 □ Yes 2 □ No                                                                                                      | i<br>i                                                                                                                 | 1 🗌 Yes 2 🗌 No                                                                                                                                                                            |     |  |  |
|     | 000 🗌 None Days                                                                                                                                                                     | b.                                                                                                                     | b. Was more than one vehicle involved?                                                                                                                                                    |     |  |  |
| 10. | About how many days since <u>(12-month date)</u> a year ago, has this condition kept – – in bed more than half of the day? (Include days while an overnight patient in a hospital.) | 16a.                                                                                                                   | <ul> <li>a. Was a car, truck, bus, or other motor vehicle involved in the accident in any way?</li> <li>1 Yes 2 No (17)</li> </ul>                                                        |     |  |  |
|     |                                                                                                                                                                                     | <u> </u>                                                                                                               | 3 🗌 Yes 4 🗌 No                                                                                                                                                                            |     |  |  |
| К   | Condition has "CL LTR" in C2 as source (10)                                                                                                                                         | с.                                                                                                                     | c. Was – – at work at – – job or business when the accident happen                                                                                                                        | ∍d? |  |  |
|     | 00 🗌 None Days                                                                                                                                                                      | <sup>D.</sup>                                                                                                          | $2 \square Yes (16) \square No$                                                                                                                                                           |     |  |  |
| 9.  | During those 2 weeks, how many days did – – miss more than half of the day from school because of this condition?                                                                   |                                                                                                                        | 1 🗌 Yes (16) 🗌 No<br>b. Was – – in the Armed Forces when the accident happened?                                                                                                           |     |  |  |
|     | Ask if age 5–17:                                                                                                                                                                    | 15a.                                                                                                                   | a. Was – – under 18 when the accident happened?                                                                                                                                           |     |  |  |
| 8.  | During those 2 weeks, how many days did – – miss more than<br>half of the day from – – job or business because of this condition?                                                   |                                                                                                                        | Mark box if under 18.                                                                                                                                                                     |     |  |  |
|     | 00 🗌 None Days Days                                                                                                                                                                 |                                                                                                                        | <ul> <li>6 School (includes premises)</li> <li>7 Place of recreation and sports, except at school</li> <li>8 Other (Specify) </li> </ul>                                                  |     |  |  |
| 7.  | During those 2 weeks, how many days did – – stay in bed for more than half of the day because of this condition?                                                                    | 4 - Farm<br>5 - Industrial place (includes premises) <i>(Specify)</i>                                                  |                                                                                                                                                                                           |     |  |  |
|     | than half of the day?<br>00 None ( <i>K2</i> ) Days                                                                                                                                 | <ul> <li>2 At home (adjacent premises)</li> <li>3 Street and highway (includes roadway and public sidewalk)</li> </ul> |                                                                                                                                                                                           |     |  |  |
| b.  | During that period, how many days did – – cut down for more                                                                                                                         |                                                                                                                        | 1 🗌 At home (inside house)                                                                                                                                                                |     |  |  |
|     | Yes No (K2)                                                                                                                                                                         | 14.                                                                                                                    | . Where did the accident happen?                                                                                                                                                          |     |  |  |
| 6a. | During the 2 weeks outlined in red on that calendar, did – –<br>(condition) cause – – to cut down on the things – – usually does?                                                   |                                                                                                                        | Yes (Record condition page number where (NC) accident questions first completed.) Page No.                                                                                                |     |  |  |
| К   | Refer to RD and C2.<br>1                                                                                                                                                            | 13.                                                                                                                    | . Is this <u>(condition in 3b)</u> the result of the same accident you already told me about?                                                                                             |     |  |  |

| CON                                                                                                | DITION 5                                    |                                                          | PERSON                        | I NO                                  | Ask 3g if there is an impairment (refer to Card CP2) or any of the                                                                                                            |                                         |
|----------------------------------------------------------------------------------------------------|---------------------------------------------|----------------------------------------------------------|-------------------------------|---------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|
| 1. Name of conditio                                                                                | n                                           |                                                          |                               |                                       | following entries in 3b-f: Abscess Growth Rupture                                                                                                                             |                                         |
| Mark "2-wk. ref. pd<br>in C2 as source.                                                            |                                             | 2                                                        |                               |                                       | Ache (except head or ear) Hemorrhage Sore(ness)<br>Bleeding (except menstrual) Infection Stiff(ness)<br>Blood clot Inflammation Tumor<br>Boil Neuralgia Ulcer                 | e Sore(ness)<br>Stiff(ness)<br>on Tumor |
| 2. When did [/any<br>about <u>(conditio</u>                                                        | onel last see or<br><u>n)</u> ?             | ταικ το α σ                                              | loctor or a                   | SSISTANT                              | Cramps (except menstrual) Pain Weak(ness)                                                                                                                                     |                                         |
| 0 - Interview week (R<br>1 - 2-wk. reference pe<br>2 - Over 2 weeks, less<br>3 - 6 mos., less than | eriod<br>s than 6 mos.                      | 5 2 yrs., le<br>6 5 yrs. or<br>7 Dr. seen<br>8 DK if Dr. | , DK_when                     | · · · · · · · · · · ·                 | Cyst Palsy<br>Damage Paralysis<br>g. What part of the body is affected?                                                                                                       |                                         |
| 4 🗌 1 yr., less than 2 y                                                                           | ,                                           | 9 DK if Dr.<br>9 Dr. neve                                | L. L.                         | (3b)                                  | Show the following detail:                                                                                                                                                    |                                         |
| <b>3a. (Earlier you told m</b> call the <u>(condition)</u>                                         | by a more techn                             | ical or spe                                              | the doctor o<br>cific name?   | or assistant                          | Headskull, scalp, f<br>Back/spine/vertebraeupper, middle, lov<br>Sideleft or ri<br>Earinner or outer; left, right, or b                                                       | wer<br>ght                              |
| 1 🗌 Yes                                                                                            |                                             |                                                          |                               |                                       | Eye                                                                                                                                                                           | oth                                     |
| Ask 3b if "Yes" in 3<br>item 1 without aski                                                        |                                             | scribe cond                                              | lition name                   | from                                  | Arm                                                                                                                                                                           | oth                                     |
| b. What did he or sh                                                                               | e call it?                                  | /                                                        | Specify)                      |                                       | Leg                                                                                                                                                                           |                                         |
| 1 🗌 Color Blindness <i>(I</i><br>3 🗌 Normal pregnanc<br>delivery, vasector                         | y, normal                                   | 2 Cancer (<br>4 Old age<br>8 Other (3                    | (3e)<br>(NC)                  |                                       | Except for eyes, ears, or internal organs, ask 3h if there are any of the following entries in 3b–f:                                                                          |                                         |
| c. What was the cau                                                                                | <b>ise of – –</b> <u>(condit</u>            | tion in 3b) <b>?</b>                                     | (Specify) <sub>¥</sub>        | · · · · · · · · · · · · · · · · · · · | Infection Sore Soreness<br>h. What part of the <u>(part of body in 3b-g)</u> is affected by the<br>[infection/sore/soreness] – the skin, muscle, bone, or some<br>other part? |                                         |
| Mark box if accide                                                                                 | nt or injury.                               | o 🗌 Accide                                               | nt/injury (Pr                 | obe, then 5)                          | (Specify)                                                                                                                                                                     | _                                       |
| d. Did the (condition                                                                              | <u>in 3b)</u> result fro                    | m an acci                                                | dent or inju                  | ury?                                  | Ask if there are any of the following entries in 3b–f:                                                                                                                        |                                         |
| 1 🗌 Yes (Probe, then s                                                                             | _, _,                                       | -                                                        |                               | sponses in 3c:                        | Tumor Cyst Growth                                                                                                                                                             |                                         |
| $2 \square No$                                                                                     | <sup>5)</sup> (How did the<br>(What was – · |                                                          |                               | the injury?)                          | 4. Is this [tumor/cyst/growth] malignant or benign?                                                                                                                           |                                         |
| Ask 3e if the condi                                                                                | tion name in 3b ii                          | ncludes any                                              | / of the follo                | wing words:                           | 1 🗌 Malignant 2 🗌 Benign 9 🗌 DK                                                                                                                                               |                                         |
| Ailment Attack<br>Anemia Bad<br>Asthma Cancer                                                      | Condition<br>Cyst<br>Defect                 | Disease<br>Disorder<br>Growth                            | Measles<br>Problem<br>Rupture | Trouble<br>Tumor<br>Ulcer             | <ul> <li>a. When was (condition in 3b/3f) first noticed?</li> <li>1 2-wk. ref. pd.</li> <li>2 Over 2 weeks to 3 m</li> <li>3 Over 3 months to 1</li> </ul>                    |                                         |
| e. What kind of <u>(cor</u>                                                                        | ndition in 3b) is it                        | .? ?                                                     | (Specify)                     |                                       | <b>b. When did</b> – – (name of injury in 3b)?<br>$5 \square$ Over 1 year to 5 years                                                                                          |                                         |
| Ask 3f only if allerg                                                                              |                                             |                                                          |                               |                                       | Ask probes as necessary:                                                                                                                                                      |                                         |
| f. How does the [all                                                                               | ergy/stroke] NC                             | DW affect                                                | – –? (Specify                 | V) 🖌                                  | (Was it on or since <u>(first date of 2-week ref. period)</u><br>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?)                                                                                                                            |                                         |
| For stroke, fill rema<br>effect. Enter in iten<br>each additional pre                              | n C2 and complet                            |                                                          |                               |                                       | (Was it less than 5 years or more than 5 years ago?)                                                                                                                          |                                         |

| K   |                                                                                                                                                                       | <ul> <li>13. Is this (condition in 3b) the result of the same accident you already told me about?</li> <li>□ Yes (Record condition page number where</li></ul>        |                                                                                                             |                                                                    |  |
|-----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|--|
| 6a. | During the 2 weeks outlined in red on that calendar, did<br>(condition) cause to cut down on the things usually does?                                                 |                                                                                                                                                                       |                                                                                                             |                                                                    |  |
|     | ☐ Yes ☐ No ( <i>K</i> 2)                                                                                                                                              | 14.                                                                                                                                                                   | Where did the accident happen                                                                               | 2                                                                  |  |
| b.  | During that period, how many days did – – cut down for more than half of the day?                                                                                     |                                                                                                                                                                       | 1 🗌 At home (inside house)<br>2 🗌 At home (adjacent premises)                                               |                                                                    |  |
|     | 00 🗌 None (K2) Days                                                                                                                                                   |                                                                                                                                                                       | 3 Street and highway (includes roadwa                                                                       | ay and public sidewalk)                                            |  |
| 7.  | During those 2 weeks, how many days did – – stay in bed for<br>more than half of the day because of this condition?                                                   | 4 Farm<br>5 Industrial place (includes premises) (Specify)<br>6 School (includes premises)<br>7 Place of recreation and sports, except at school<br>8 Other (Specify) |                                                                                                             |                                                                    |  |
| 8.  | Ask if "Wa/Wb" box marked in C1:<br>During those 2 weeks, how many days did – – miss more than<br>half of the day from – – job or business because of this condition? |                                                                                                                                                                       |                                                                                                             |                                                                    |  |
|     | 00 🗌 Nonc Days                                                                                                                                                        |                                                                                                                                                                       |                                                                                                             | Jnder 18 <i>(16)</i>                                               |  |
|     | Ask if age 5–17:                                                                                                                                                      | 15a.                                                                                                                                                                  | . Was – – under 18 when the acci                                                                            |                                                                    |  |
| 9.  | During those 2 weeks, how many days did – – miss more than half of the day from school because of this condition?                                                     |                                                                                                                                                                       | 1 🗌 Yes (16)                                                                                                |                                                                    |  |
|     |                                                                                                                                                                       | b,                                                                                                                                                                    | . Was – – in the Armed Forces wh                                                                            |                                                                    |  |
|     | 00 🗌 None Days                                                                                                                                                        | 4                                                                                                                                                                     | 2 Yes (16)                                                                                                  |                                                                    |  |
| K   | 2 Condition has "CL LTR" in C2 as source (10)                                                                                                                         | C.                                                                                                                                                                    | . Was – – at work at – – job or busin                                                                       |                                                                    |  |
|     | Condition does not have "CL LTR" in C2 as source (K4) About how many days since (12-month date) a year ago, has this                                                  |                                                                                                                                                                       | 3 🗌 Yes 4 🗌 f                                                                                               |                                                                    |  |
| 10. | condition kept in bed more than half of the day? (Include                                                                                                             | 16a                                                                                                                                                                   | . Was a car, truck, bus, or other accident in any way?                                                      | notor vehicle involved in the                                      |  |
|     | days while an overnight patient in a hospital.)                                                                                                                       |                                                                                                                                                                       | 1 🗌 Yes 2 🗌 1                                                                                               | No <i>(17)</i>                                                     |  |
|     | 000 🗌 None Days                                                                                                                                                       | - ь                                                                                                                                                                   | . Was more than one vehicle invo                                                                            | lved?                                                              |  |
| 11. | Was – – ever hospitalized for – – (condition in 3b)?                                                                                                                  |                                                                                                                                                                       | 1 🗌 Yes 2 🗌 I                                                                                               | Νο                                                                 |  |
|     | 1 🗌 Yes 2 🗌 No                                                                                                                                                        | _ c                                                                                                                                                                   | . Was [it/either one] moving at th                                                                          | e time?                                                            |  |
| K   | 3 Missing extremity or organ (K4)                                                                                                                                     |                                                                                                                                                                       | 1 🗌 Yes 2 🛄 I                                                                                               |                                                                    |  |
| 12a | Does – – still have this condition?                                                                                                                                   | <b>17a</b>                                                                                                                                                            | At the time of the accident what what kind of injury was it?                                                | at part of the body was hurt?                                      |  |
|     | 1 🗌 Yes (K4) 2 🗌 No                                                                                                                                                   |                                                                                                                                                                       | Anything else?                                                                                              |                                                                    |  |
| b   | Is this condition completely cured or is it under control?                                                                                                            | 1                                                                                                                                                                     | Part(s) of body *                                                                                           | Kind of injury                                                     |  |
|     | 2 □ Cured 8 □ Other (Specify)<br>3 □ Under control (K4)(K4)                                                                                                           |                                                                                                                                                                       |                                                                                                             |                                                                    |  |
|     |                                                                                                                                                                       | -                                                                                                                                                                     | Ask if box 3, 4, or 5 marked in Q. 5                                                                        |                                                                    |  |
| C   | About how long did have this condition before it was cured?         000 □ Less than 1 month       OR:         Number                                                  | b                                                                                                                                                                     | What part of the body is affected<br>How is – – (part of body) affected<br>Is – – affected in any other way | 17                                                                 |  |
|     |                                                                                                                                                                       |                                                                                                                                                                       | Part(s) of body *                                                                                           | Present effects **                                                 |  |
| d   | Was this condition present at any time during the past 12 months?         1 I Yes       2 I No                                                                        |                                                                                                                                                                       |                                                                                                             |                                                                    |  |
|     | 0 Not an accident/injury (NC)                                                                                                                                         |                                                                                                                                                                       | * Enter part of body in same deta                                                                           | -                                                                  |  |
| K   | 1                                                                                                                                                                     |                                                                                                                                                                       | ** If multiple present effects, enter<br>same as 3b or C2 and complete                                      | r in C2 each one that is not the a separate condition page for it. |  |

|            | CONDITION                                                                                           | 6                                                        | PERSON                        | N NO                      | Ask 3g if there is an impairment (refer to Card CP2) or any of the                                                                                                                                 |
|------------|-----------------------------------------------------------------------------------------------------|----------------------------------------------------------|-------------------------------|---------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1.         | Name of condition                                                                                   |                                                          |                               |                           | following entries in 3b–f: Abscess Growth Rupture                                                                                                                                                  |
|            | Mark "2-wk. ref. pd." box with<br>in C2 as source.                                                  | nout asking if "DV                                       | " or "HS"                     | <u> </u>                  | Ache (except head or ear) Hemorrhage Sore(ness)<br>Bleeding (except menstrual) Infection Stiff(ness)<br>Blood clot Inflammation Tumor                                                              |
| 2.         | When did [/anyone] last<br>about <u>(condition)</u> ?                                               | see or talk to a                                         | doctor or a                   | ssistant                  | Boil Neuralgia Ulcer<br>Cancer Neuritis Varicose veins<br>Cramps (except menstrual) Pain Weak(ness)                                                                                                |
|            | 0 🗌 Interview week <i>(Reask 2)</i><br>1 🔲 2-wk. reference period                                   | 6 🗌 5 yrs. o                                             |                               |                           | Cyst Palsy<br>Damage Paralysis                                                                                                                                                                     |
|            | 2 Over 2 weeks, less than 6 mo<br>3 6 mos., less than 1 yr.<br>4 1 yr., less than 2 yrs.            | s. <u>7 Dr. se</u> e<br>8 DK if D<br>9 Dr. nev           | r. seen 2                     | (3b)                      | <b>g. What part of the body is affected?</b> (Specify) Show the following detail:                                                                                                                  |
| 3a.        | . (Earlier you told me about -<br>call the (condition) by a more                                    | – <u>(condition)</u> ) Did<br>technical or sp            | the doctor                    | or assistant              | Head                                                                                                                                                                                               |
|            | 1 🗌 Yes 2 🗌 No                                                                                      | 9 🗌 DK                                                   |                               |                           | Ear                                                                                                                                                                                                |
|            | Ask 3b if "Yes" in 3a, otherwi<br>item 1 without asking:                                            | se transcribe con                                        | dition name                   | from                      | Arm           shoulder, upper, elbow, lower or wrist; left, right, or both           Hand           entire hand or fingers only; left, right, or both                                              |
| b.         | . What did he or she call it?                                                                       |                                                          | (Specify)                     |                           | Leg                                                                                                                                                                                                |
|            | 1 Color Blindness <i>(NC)</i><br>3 Normal pregnancy, normal<br>delivery, vasectomy <i>(5)</i>       | 2                                                        | e (NC)                        |                           | Except for eyes, ears, or internal organs, ask 3h if there are any of the following entries in 3b–f:                                                                                               |
| C.         | . What was the cause of – –                                                                         |                                                          |                               |                           | <ul> <li>Infection Sore Soreness</li> <li>h. What part of the (part of body in 3b-g) is affected by the<br/>[infection/sore/soreness] – the skin, muscle, bone, or some<br/>other part?</li> </ul> |
|            | Mark box if accident or injury                                                                      | /. ₀₀ □ Accide                                           | ent/injury (Pr                | robe, then 5)             | (Specify)                                                                                                                                                                                          |
| d          | . Did the <u>(condition in 3b)</u> res                                                              |                                                          | -                             | -                         | Ask if there are any of the following entries in 3b–f:                                                                                                                                             |
|            | 1 Yes (Probe, then 5) (How                                                                          | obes as necessar<br>did the accident<br>was – – doing at | happen?)                      |                           | Tumor Cyst Growth<br>4. Is this [tumor/cyst/growth] malignant or benign?                                                                                                                           |
|            | Ask 3e if the condition name                                                                        | in 3b includes an                                        | y of the follo                | owing words:              | 1 🗌 Malignant 2 🗌 Benign 9 🗍 DK                                                                                                                                                                    |
|            | Ailment Attack Condit<br>Anemia Bad Cyst<br>Asthma Cancer Defect                                    | Disorder                                                 | Measles<br>Problem<br>Rupture | Trouble<br>Tumor<br>Ulcer | <ul> <li>a. When was (condition in 3b/3f) first noticed?</li> <li>1 2-wk. ref. pd.</li> <li>2 Over 2 weeks to 3 mont</li> <li>3 0ver 3 months to 1 year</li> </ul>                                 |
| e          | . What kind of <u>(condition in 3</u>                                                               | 3b) is it?                                               | (Specify)                     |                           | <b>b. When did – –</b> <u>(name of injury in 3b)</u> ? 4 Over 1 year to 5 years 5 Over 5 years                                                                                                     |
|            | Ask 3f only if allergy or strok                                                                     |                                                          |                               |                           | Ask probes as necessary:                                                                                                                                                                           |
| <b>Т</b> . | . How does the [allergy/stro                                                                        | okej NOW attect                                          | f (Specif                     | Y) 🖌                      | (Was it on or since <u>(first date of 2-week ref. period)</u><br>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?)                                                                                                                                                 |
|            | For stroke, fill remainder of t<br>effect. Enter in item C2 and c<br>each additional present effect | omplete a separa                                         |                               |                           | (Was it less than 5 years or more than 5 years ago?)                                                                                                                                               |

| <b>K</b> 1<br>6a.                                                                                                                                         | Refer to RD and C2.<br>1                                                                                                                                              | 13.   | Is this <u>(condition in 3b)</u> the result of<br>already told me about?<br>Yes (Record condition page number w<br>accident questions first completed<br>No |                                |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|
|                                                                                                                                                           | $\square Yes \square No (K2)$                                                                                                                                         | 14.   |                                                                                                                                                             |                                |
| 1                                                                                                                                                         | During that period, how many days did – – cut down for more<br>than half of the day?<br>00 🗌 None ( <i>K2</i> ) Days                                                  |       | <ul> <li>1 At home (inside house)</li> <li>2 At home (adjacent premises)</li> <li>3 Street and highway (includes roadway</li> <li>4 Farm</li> </ul>         | and public sidewalk)           |
| 7.                                                                                                                                                        | During those 2 weeks, how many days did – – stay in bed for<br>more than half of the day because of this condition?<br>00 	[ None 	[ Days                             |       | <ul> <li>5 Industrial place (includes premises) (S</li> <li>6 School (includes premises)</li> <li>7 Place of recreation and sports, except</li> </ul>       |                                |
| 8                                                                                                                                                         | Ask if "Wa/Wb" box marked in C1:<br>During those 2 weeks, how many days did – – miss more than<br>half of the day from – – job or business because of this condition? | -<br> | 8 Other (Specify) V<br>Mark box if under 18.                                                                                                                | nder 18 <i>(16)</i>            |
|                                                                                                                                                           | 00 None Days                                                                                                                                                          | 15a   | . Was – – under 18 when the accid                                                                                                                           |                                |
|                                                                                                                                                           | Ask if age 5–17:<br>During those 2 weeks, how many days did – – miss more than                                                                                        |       | 1 🗌 Yes (16)                                                                                                                                                |                                |
| 5.                                                                                                                                                        | half of the day from school because of this condition?                                                                                                                | b     | Was in the Armed Forces whe                                                                                                                                 | n the accident happened?       |
|                                                                                                                                                           | 00 🗌 None Days                                                                                                                                                        |       | 2 🗌 Yes (16)                                                                                                                                                | )                              |
| K                                                                                                                                                         | Condition has "CL LTR" in C2 as source (10)                                                                                                                           | C.    | . Was – – at work at – – job or busine                                                                                                                      | ss when the accident happened? |
|                                                                                                                                                           |                                                                                                                                                                       | -     | 3 🗌 Yes 4 🗌 No                                                                                                                                              |                                |
| 1                                                                                                                                                         | About how many days since <u>(12-month date)</u> a year ago, has this condition kept – – in bed more than half of the day? (Include                                   | 16a   | . Was a car, truck, bus, or other m<br>accident in any way?                                                                                                 | otor vehicle involved in the   |
|                                                                                                                                                           | days while an overnight patient in a hospital.)                                                                                                                       |       | 1 🗌 Yes 2 🗌 No                                                                                                                                              | o (17)                         |
| 1                                                                                                                                                         | 000 None Days                                                                                                                                                         | Ь     | . Was more than one vehicle invol                                                                                                                           |                                |
| 11.                                                                                                                                                       | Was – – ever hospitalized for – – <u>(condition in 3b)</u> ?                                                                                                          |       | 1 🗌 Yes 2 🗌 No                                                                                                                                              | )<br>                          |
|                                                                                                                                                           | 1 🗌 Yes 2 🗌 No                                                                                                                                                        | _     | . Was [it/either one] moving at the                                                                                                                         |                                |
| <b>K</b> :                                                                                                                                                | <ul> <li>Missing extremity or organ (K4)</li> <li>Other (12)</li> </ul>                                                                                               |       | 1 🗌 Yes 2 🗌 No                                                                                                                                              | 0                              |
| 12a.                                                                                                                                                      | Does still have this condition?           1 □ Yes (K4)         2 □ No                                                                                                 | 17a   | At the time of the accident what<br>What kind of injury was it?<br>Anything else?                                                                           | t part of the body was hurt?   |
| h                                                                                                                                                         | Is this condition completely cured or is it under control?                                                                                                            | -     | Part(s) of body *                                                                                                                                           | Kind of injury                 |
|                                                                                                                                                           | 2 □ Cured 8 □ Other (Specify)<br>3 □ Under control (K4)(K4)                                                                                                           |       | Ash if how 2.4 or 5 more din O. Fr                                                                                                                          |                                |
| c. About how long did have this condition before it was cured?         000 □ Less than 1 month       OR         Number       1 □ Months         2 □ Years |                                                                                                                                                                       | b     | Ask if box 3, 4, or 5 marked in Q. 5:<br>What part of the body is affected<br>How is – – (part of body) affected?<br>Is – – affected in any other way?      | •                              |
| Ь                                                                                                                                                         | Was this condition present at any time during the past 12 months?                                                                                                     | 1     | Part(s) of body *                                                                                                                                           | Present effects **             |
| u.                                                                                                                                                        | 1 Pres   2 No                                                                                                                                                         |       |                                                                                                                                                             |                                |
| K                                                                                                                                                         | <ul> <li>0 □ Not an accident/injury (NC)</li> <li>1 □ First accident/injury for this person (14)</li> <li>8 □ Other (13)</li> </ul>                                   |       | * Enter part of body in same detai<br>** If multiple present effects, enter<br>same as 3b or C2 and complete a                                              | in C2 each one that is not the |

|                                       | CONDITIO                                                                | N 7                                                | PERSON                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | I NO                                                                                                                                                                                                  | A          | sk 3g if there is an impairr                                                                    | nent (refer to Ca                               | rd CP2) or any of the                                                       |
|---------------------------------------|-------------------------------------------------------------------------|----------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-------------------------------------------------------------------------------------------------|-------------------------------------------------|-----------------------------------------------------------------------------|
| 1. Name of                            | condition                                                               |                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                       |            | llowing entries in 3b-f:<br>pscess<br>the (except head or ear)                                  | Growth<br>Hemorrhage                            | Rupture<br>Sore(ness)                                                       |
| Mark "2-w<br>in C2 as se              |                                                                         | ithout asking if "DV                               | " or "HS"                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                       | BI<br>BI   | eeding (except menstrual)<br>ood clot                                                           | Infection<br>Inflammation                       | Stiff(ness)<br>Tumor<br>Ulcer<br>Varicose veins<br>Weak(ness)               |
|                                       | [/anyone] las<br>(condition)?                                           | t see or talk to a                                 | doctor or a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ssistant                                                                                                                                                                                              | C          | incer<br>amps (except menstrual)                                                                | Neuralgia<br>Neuritis<br>Pain                   |                                                                             |
|                                       | ew week <i>(Reask 2)</i><br>eference period                             | 5 🗌 2 yrs.,<br>6 🗌 5 yrs. c                        | less than 5 yrs.<br>or more                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                       |            | vst<br>image                                                                                    | Palsy<br>Paralysis                              |                                                                             |
|                                       | weeks, less than 6 m                                                    |                                                    | n, DK_when                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                       | g. W       | hat part of the body is                                                                         | affected?                                       |                                                                             |
|                                       | , less than 1 yr.<br>ess than 2 yrs.                                    | 8 🛄 DK if D<br>9 🛄 Dr. nev                         | <u> </u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | (3b)                                                                                                                                                                                                  |            | how the following detail:                                                                       |                                                 | (Specify)                                                                   |
| 3a. (Earlier yo<br>call the <u>(c</u> | ou told me about<br>condition) by a mo                                  | – – <u>(condition)</u> ) Did<br>re technical or sp | the doctor of the contract of | or assistant                                                                                                                                                                                          | Ba<br>Si   | ad<br>nck/spine/vertebrae<br>de                                                                 |                                                 | upper, middle, lower                                                        |
| 1 🗌 Yes                               | 2 🗌 No                                                                  | 9 🗌 DK                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                       |            | if                                                                                              |                                                 |                                                                             |
|                                       | "Yes" in 3a, otherw<br>hout asking:                                     | wise transcribe con                                | dition name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | from                                                                                                                                                                                                  | A<br>Ha    | rm shoulder, upj<br>and e                                                                       | per, elbow, lower o<br>ntire hand or finge      | or wrist; left, right, or both<br>ers only; left, right, or both            |
| b. What did                           | he or she call it                                                       | .?                                                 | (Specify)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                       |            | g hip, up<br>oot enti                                                                           |                                                 |                                                                             |
| 3 Norma                               | Blindness <i>(NC)</i><br>I pregnancy, normal<br>y, vasectomy <i>(5)</i> | 2 🗌 Cancer<br>4 🗌 Old ag                           | (3e)<br>e (NC)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                       |            | cept for eyes, ears, or int<br>e following entries in 3b–                                       |                                                 | 3h if there are any of                                                      |
|                                       |                                                                         | – (condition in 3b)                                | ? (Specify) 🚽                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | · <b> _ </b> - <b>_</b> - <b>_</b> -                                                                                                                                                                  | h. W<br>[i | fection Sore Soi<br>/hat part of the <u>(part of l</u><br>nfection/sore/soreness]<br>ther part? | reness<br>body in 3b–g) is a<br>– the skin, mus | iffected by the<br>cle, bone, or some                                       |
| Mark box                              | if accident or inju                                                     | <i>iry.</i> ₀ ₀ □ Accid                            | ent/injury (Pr                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | obe, then 5)                                                                                                                                                                                          | (5         | Specify)                                                                                        |                                                 |                                                                             |
| d. Did the <u>(</u>                   | condition in 3b) <b>r</b> e                                             | esult from an acc                                  | ident or inju                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ury?                                                                                                                                                                                                  | A          | sk if there are any of the f                                                                    | ollowing entries                                | in 3b–f:                                                                    |
| _                                     |                                                                         | probes as necessa                                  | ry. Record res                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | sponses in 3c:                                                                                                                                                                                        |            | -                                                                                               | -                                               |                                                                             |
| 1 ∐ Yes <i>(Pi</i><br>2 ∏ No          |                                                                         | v did the accident<br>at was – – doing at          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | the iniury?)                                                                                                                                                                                          |            | umor Cyst Gro<br>this [tumor/cyst/growt                                                         | owth<br>h] malignant or                         | benign?                                                                     |
| <br>Ask 3e if t                       |                                                                         | ne in 3b includes ar                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                       | 1          | Alignant 2                                                                                      | Benign                                          | 9 🗍 DK                                                                      |
| Ailment<br>Anemia<br>Asthma           | Attack Conc<br>Bad Cyst<br>Cancer Defe                                  |                                                    | Measies<br>Problem<br>Rupture                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Trouble<br>Tumor<br>Ulcer                                                                                                                                                                             | 5. a       | When was – – <u>(conditio</u><br>first noticed?                                                 | on in 3b/3f)                                    | 1 2-wk. ref. pd.<br>2 0ver 2 weeks to 3 months<br>3 0ver 3 months to 1 year |
| e. What kin                           | <b>d of</b> <u>(condition ir</u>                                        | <u>3b)</u> is it?                                  | (Specify)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                       |            | When did – – <u>(name of</u>                                                                    | injury in 3b)?                                  | 4 🗌 Over 1 year to 5 years<br>5 🔲 Over 5 years                              |
|                                       | ly if allergy or str                                                    |                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                       | A          | sk probes as necessary:                                                                         |                                                 |                                                                             |
| t. How doe                            | s the [allergy/st                                                       | roke] NOW affect                                   | t – –r (Specity                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Y) 🖌                                                                                                                                                                                                  |            | Vas it on or since <u>(first c</u><br>r was it before that dat                                  |                                                 | f. period)                                                                  |
| ·····                                 |                                                                         |                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, _,, _ | 0          | Vas it less than 3 mont                                                                         | hs or more thar                                 | 3 months ago?)                                                              |
|                                       |                                                                         |                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                       | 0          | Was it less than 1 year o                                                                       | or more than 1                                  | /ear ago?)                                                                  |
| effect. En                            |                                                                         | f this condition pag<br>l complete a separa        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                       | ()         | Nas it less than 5 years                                                                        | or more than 5                                  | years ago?)                                                                 |
| each audi                             | ποπαι present θΠ                                                        |                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                       |            |                                                                                                 |                                                 | FOBM HIS-1 (8-1                                                             |

| <b>K</b><br>6a. | Refer to RD and C2.         1 I "Yes" in "RD" box AND more than 1 condition in C2 (6)         8 Other (K2)         During the 2 weeks outlined in red on that calendar, did (condition) cause to cut down on the things usually does? | <ul> <li>13. Is this (condition in 3b) the result of the same accident you already told me about?</li> <li>☐ Yes (Record condition page number where</li></ul>                            |
|-----------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                 | □ Yes □ No (K2)                                                                                                                                                                                                                       | 14. Where did the accident happen?                                                                                                                                                        |
| b.              | During that period, how many days did – – cut down for more than half of the day?                                                                                                                                                     | 1 	☐ At home (inside house)<br>2 	☐ At home (adjacent premises)                                                                                                                           |
|                 | 00 🗌 None ( <i>K2</i> ) Days                                                                                                                                                                                                          | 3 🗌 Street and highway (includes roadway and public sidewalk)                                                                                                                             |
| 7.              | During those 2 weeks, how many days did stay in bed for                                                                                                                                                                               | 4                                                                                                                                                                                         |
|                 | more than half of the day because of this condition?                                                                                                                                                                                  | 6 🗔 School (includes premises)                                                                                                                                                            |
|                 | Ask if "Wa/Wb" box marked in C1:                                                                                                                                                                                                      | 7 $\Box$ Place of recreation and sports, except at school<br>8 $\Box$ Other (Specify) $\mathbf{z}$                                                                                        |
| 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                                                                                                                                                                                                                        | Mark box if under 18.                                                                                                                                                                     |
|                 | Ask if age 5–17:                                                                                                                                                                                                                      | 15a. Was – – under 18 when the accident happened?                                                                                                                                         |
| 9.              | During those 2 weeks, how many days did – – miss more than half of the day from school because of this condition?                                                                                                                     | 1 🗌 Yes (16)                                                                                                                                                                              |
|                 | 00 🗌 None Days                                                                                                                                                                                                                        | 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?                                                                                                                     |
| K               | Condition does not have "CL LTR" in C2 as source (K4)                                                                                                                                                                                 | 3 🗌 Yes 4 🗌 No                                                                                                                                                                            |
| 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.)                                                       | 16a. Was a car, truck, bus, or other motor vehicle involved in the accident in any way?                                                                                                   |
|                 | 000 🗌 None Days                                                                                                                                                                                                                       | 1 🗍 Yes 2 🗍 No (17)                                                                                                                                                                       |
| 11.             | Was – – ever hospitalized for – – (condition in 3b)?                                                                                                                                                                                  | b. Was more than one vehicle involved?                                                                                                                                                    |
|                 | 1 🗌 Yes 2 🗋 No                                                                                                                                                                                                                        | 1 🗌 Yes 2 🛄 No                                                                                                                                                                            |
| 17              | Missing extremity or organ (K4)                                                                                                                                                                                                       | c. Was [it/either one] moving at the time?                                                                                                                                                |
| K               | <b>3</b> Other (12)                                                                                                                                                                                                                   |                                                                                                                                                                                           |
| 12a.            | Does still have this condition?           1 □ Yes (K4)         2 □ No                                                                                                                                                                 | 17a. At the time of the accident what part of the body was hurt?<br>What kind of injury was it?<br>Anything else?                                                                         |
| b.              | Is this condition completely cured or is it under control?                                                                                                                                                                            | Part(s) of body * Kind of injury                                                                                                                                                          |
|                 | 2 Cured 8 Other (Specify)                                                                                                                                                                                                             |                                                                                                                                                                                           |
|                 | 3 Under control (K4) (K4)                                                                                                                                                                                                             |                                                                                                                                                                                           |
| C.              | About how long did – – have this condition before it was cured?                                                                                                                                                                       | Ask if box 3, 4, or 5 marked in Q. 5:                                                                                                                                                     |
| 5               | 000 🗌 Less than 1 month OR {1 🗋 Months 2 🗌 Years                                                                                                                                                                                      | <ul> <li>b. What part of the body is affected now?</li> <li>How is (part of body) affected?</li> <li>Is affected in any other way?</li> </ul>                                             |
|                 |                                                                                                                                                                                                                                       | Part(s) of body * Present effects **                                                                                                                                                      |
| d.              | Was this condition present at any time during the past 12 months?1 □ Yes2 □ No                                                                                                                                                        |                                                                                                                                                                                           |
| К               | <ul> <li>4 0 □ Not an accident/injury (NC)</li> <li>1 □ First accident/injury for this person (14)</li> <li>8 □ Other (13)</li> </ul>                                                                                                 | * Enter part of body in same detail as for 3g.<br>** If multiple present effects, enter in C2 each one that is not the<br>same as 3b or C2 and complete a separate condition page for it. |

| L. DEMOGRAPHIC BACKGROUND PAGE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |            |                                                                                                                       |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-----------------------------------------------------------------------------------------------------------------------|
| L1 Refer to age.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | L1         | Under 5 <i>(NP)</i><br>5-17 <i>(2)</i><br>18 and over <i>(1)</i>                                                      |
| 1a. Did – – EVER serve on active duty in the Armed Forces of the United States?                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1a.        | 1 🗌 Yes (1b)<br>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)         Vietnam Era (Aug. '64 to April '75)         Vietnam Era (Aug. '64 to April '75)         Vietnam War (June '50 to Jan. '55)         Vietnam War (June '50 to July '47)         Vietnam War II (Sept. '40 to July '47)         Vietnam (May '75 to present)         Post Vietnam (May '75 to present)         Other Service (all other periods) | <u></u> b. | 1  VN 5  PVN<br>2  KW 8  OS<br>3  WWII 9  DK<br>4  WWI                                                                |
| 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?<br>b. Did – – finish the <u>(number in 2a)</u> [grade/year]?                                                                                                                                                                                                                                                                                                                                                                                                    | 2a.        | 00 ☐ Never attended or<br>kindergarten (NP)<br>Elem: 1 2 3 4 5 6 7 8<br>High: 9 10 11 12<br>College: 1 2 3 4 5 6+<br> |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |                                                                                                                       |
| FOOTNOTES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |            |                                                                                                                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |                                                                                                                       |

| L | .1     | Under 5 <i>(NP)</i><br>5–17 <i>(2)</i><br>18 and over <i>(1)</i> | ☐ Under 5 ( <i>NP</i> )<br>☐ 5–17 <i>(2)</i><br>☐ 18 and over <i>(1)</i>                                               | L1  | Under 5 <i>(NP)</i> 5–17 <i>(2)</i> 18 and over <i>(1)</i>                                                     | ☐ Under 5 <i>(NP)</i><br>☐ 517 <i>(2)</i><br>☐ 18 and over <i>(1)</i> |
|---|--------|------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|-----|----------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|
| 1 | a.     | 1 ☐ Yes <i>(1b)</i><br>2 ☐ No <i>(2)</i>                         | 1                                                                                                                      | 1a. | 1 ☐ Yes (1b)<br>2 ☐ No (2)                                                                                     | 1 ☐ Yes <i>(1b)</i><br>2 ☐ No <i>(2)</i>                              |
|   | <br>b. | 1  VN 5  PVN<br>2  KW 8  OS<br>3  WWII 9  DK<br>4  WWI           | 1    VN 5    PVN<br>2    KW 8    OS<br>3    WWII 9    DK<br>4    WWI                                                   | b.  | 1 □ VN 5 □ PVN<br>2 □ KW 8 □ OS<br>3 □ WWII 9 □ DK<br>4 □ WWI                                                  | 1 VN 5 PVN<br>2 KW 8 OS<br>3 WWII 9 DK<br>4 WWI                       |
|   | с.     | □ Yes 2 □ No (2) 7 □ DK (2)                                      | Yes 2 No (2) 7 DK (2)                                                                                                  | c.  | □ Yes 2 □ No (2) 7 □ DK (2)                                                                                    | □ Yes 2 □ No (2) 7 □ DK (2)                                           |
|   | d.     | 1 🗌 Yes 3 🗍 No 9 🗍 DK                                            | 1 🗍 Yes 3 🗌 No 9 🗍 DK                                                                                                  | d.  | 1 🗌 Yes 3 🗌 No 9 🗌 DK                                                                                          | 1 ☐ Yes 3 ☐ No 9 ☐ DK                                                 |
| 2 | а.     | 00                                                               | 00 Never attended or<br>kindergarten <i>(NP)</i><br>Elem: 1 2 3 4 5 6 7 8<br>High: 9 10 11 12<br>College: 1 2 3 4 5 6+ | 2a. | 00  Never attended or<br>kindergarten <i>(NP)</i> Elem: 1 2 3 4 5 6 7 8 High: 9 10 11 12 College: 1 2 3 4 5 6+ | 00                                                                    |
|   | b.     | 1 □ Yes 2 □ No                                                   | 1 🗌 Yes 2 🗌 No                                                                                                         | b.  | 1 🗌 Yes 2 🗌 No                                                                                                 | 1 🗍 Yes 2 🗌 No                                                        |
| F | 00     | TNOTES                                                           |                                                                                                                        |     |                                                                                                                |                                                                       |
|   |        |                                                                  |                                                                                                                        |     |                                                                                                                |                                                                       |
|   | ·      |                                                                  |                                                                                                                        |     |                                                                                                                |                                                                       |
|   |        | 16 1 (9-1.96)                                                    |                                                                                                                        |     |                                                                                                                |                                                                       |

|                      | L. DEMOGRAPHIC BACKG                                                                                                                                           | ROUND PAGE, Continued                                                                                                   |                                                                                              |                                                                                                                              |                                      |
|----------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|
| L2                   | Refer to "Age" and "Wa/Wb" boxes in C1.                                                                                                                        | L2                                                                                                                      | 0 Under 18 (NP)<br>1 Wa box marked (6a)<br>2 Wb box marked (5a)<br>3 Neither box marked (5b) |                                                                                                                              |                                      |
|                      | ier you said that – – has a job or business but<br>– – looking for work or on layoff from a job                                                                | t did not work last week or the week before.<br>during those 2 weeks?                                                   | 5a.                                                                                          | 1 🗌 Yes <i>(5c)</i>                                                                                                          | 2 🗌 No <i>(6b)</i>                   |
|                      | ier you said that – – didn't have a job or busi<br>s – – looking for work or on layoff from a job                                                              |                                                                                                                         | b.                                                                                           | 1 🗌 Yes                                                                                                                      | 2 🗌 No (NP)                          |
| c. Whi               | ch, looking for work or on layoff from a job?                                                                                                                  |                                                                                                                         | с.                                                                                           | 1 🗌 Looking <i>(6c)</i><br>2 🗍 Layoff <i>(6b)</i>                                                                            | 3 🗌 Both <i>(6b)</i>                 |
| 6a. Earl             | ier you said that – – worked last week or the                                                                                                                  | week before. Ask 6b.                                                                                                    |                                                                                              |                                                                                                                              |                                      |
|                      | whom did – – work? Enter name of company, b                                                                                                                    |                                                                                                                         | and                                                                                          | liter de la la la la de la<br>Beneficier | □ NEV (6g)<br>□ AF (6e)              |
| Ente                 | whom did – – work at – – last full-time job or<br>er name of company, business, organization, or or<br>con's column.                                           | C.                                                                                                                      |                                                                                              |                                                                                                                              |                                      |
|                      | at kind of business or industry is this? For exace, State Labor Department, farm.                                                                              | ample, TV and radio manufacturing, retail shoe                                                                          | d.                                                                                           | Industry                                                                                                                     |                                      |
|                      | F" in 6b/c, mark "AF" box in person's column with<br>at kind of work was – – doing? For example, el                                                            | e.                                                                                                                      | Occupation                                                                                   |                                                                                                                              |                                      |
| f. Wha               | at were – – most important activities or dutie<br>ks, files, sells cars, operates printing press, finish                                                       | <b>is at that job?</b> For example, types, keeps account es concrete.                                                   | <br>f.                                                                                       | Duties                                                                                                                       |                                      |
| Con                  | nplete from entries in 6b–f. If not clear, ask:                                                                                                                |                                                                                                                         |                                                                                              | Class of worker                                                                                                              |                                      |
| indi<br>A FE<br>A Si | S – –<br>employee of a PRIVATE company, business or<br>vidual for wages, salary, or commission? P<br>DERAL government employee? F<br>FATE government employee? | Self-employed in OWN business, professional<br>practice, or farm?<br>Ask: Is the business incorporated?<br>YesI<br>NoSE | g.                                                                                           | 1 🗋 P<br>2 🗋 F<br>3 🗋 S<br>4 🗍 L                                                                                             | 5 🗌 I<br>6 🗍 SE<br>7 🗍 WP<br>8 🗍 NEV |
|                      |                                                                                                                                                                | Working WITHOUT PAY in family business<br>or farm?                                                                      |                                                                                              |                                                                                                                              |                                      |
| FOOTN                | OTES                                                                                                                                                           |                                                                                                                         |                                                                                              | 9-2                                                                                                                          | <u> </u>                             |
|                      |                                                                                                                                                                |                                                                                                                         |                                                                                              |                                                                                                                              |                                      |
|                      |                                                                                                                                                                |                                                                                                                         |                                                                                              |                                                                                                                              |                                      |
|                      |                                                                                                                                                                |                                                                                                                         |                                                                                              |                                                                                                                              |                                      |

| L2               | 2 □ Under 18 ( <i>NP</i> )<br>1 □ Wa box marked ( <i>6a</i> )<br>2 □ Wb box marked ( <i>5a</i> )<br>3 □ Neither box marked ( <i>5b</i> ) |                                          | 0  Under 18 ( <i>NP</i> ) 1  Wa box marked ( <i>6a</i> ) 2  Wb box marked ( <i>5a</i> ) 3  Neither box marked ( <i>5b</i> ) |                                      | L2               | 0 🗌 Under 18 <i>(NP)</i><br>1 🔲 Wa box marked<br>2 🔲 Wb box marked<br>3 🗌 Neither box mar | (5a)                                  | 0 Under 18 <i>(NP)</i><br>1 Wa box marked <i>(6a)</i><br>2 Wb box marked <i>(5a)</i><br>3 Neither box marked <i>(5b)</i> |                                       |
|------------------|------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|--------------------------------------|------------------|-------------------------------------------------------------------------------------------|---------------------------------------|--------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| 5a.              | 1 🗌 Yes (5c)                                                                                                                             | 2 🗌 No <i>(6b)</i>                       | 1 🗌 Yes <i>(5c)</i>                                                                                                         | 2 🗌 No <i>(6b)</i>                   | 5a.              | 1 🗌 Yes <i>(5c)</i>                                                                       | 2 🗌 No <i>(6b)</i>                    | 1 🗌 Yes <i>(5c)</i>                                                                                                      | 2 🗌 No <i>(6b)</i>                    |
| b.               | 1 🗌 Yes                                                                                                                                  | 2 🗌 No ( <i>NP</i> )                     | 1 🗌 Yes                                                                                                                     | 2 🗌 No ( <i>NP</i> )                 | b.               | 1 🗌 Yes                                                                                   | 2 🗌 No ( <i>NP</i> )                  | 1 🗌 Yes                                                                                                                  | 2 🗌 No ( <i>NP</i> )                  |
| c.               | 1 🗌 Looking <i>(6c)</i><br>2 🗌 Layoff <i>(6b)</i>                                                                                        | 3 🗌 Both <i>(6b)</i>                     | 1 🗌 Looking <i>(6c)</i><br>2 🗌 Layoff <i>(6b)</i>                                                                           | 3 🗌 Both <i>(6b)</i>                 | с.               | 1 🗌 Looking <i>(6c)</i><br>2 🗌 Layoff <i>(6b)</i>                                         | 3 🗌 Both <i>(6b)</i>                  | 1 🗌 Looking <i>(6c)</i><br>2 🗌 Layoff <i>(6b)</i>                                                                        | 3 🗌 Both <i>(6b)</i>                  |
|                  |                                                                                                                                          |                                          |                                                                                                                             |                                      |                  |                                                                                           |                                       |                                                                                                                          |                                       |
| 6b.<br>and<br>c. | Employer                                                                                                                                 | □ NEV (6g)<br>□ AF (6e)                  | Employer                                                                                                                    | ☐ NEV (6g)<br>☐ AF (6e)              | 6b.<br>and<br>c. | Employer                                                                                  | ☐ NEV (6g)<br>☐ AF (6e)               | Employer                                                                                                                 | ☐ NEV (6g)<br>☐ AF (6e)               |
| d.               | Industry                                                                                                                                 |                                          | Industry                                                                                                                    |                                      | d.               | Industry                                                                                  | · · · · · ·                           | Industry                                                                                                                 |                                       |
| е.               | Occupation                                                                                                                               | □ AF ( <i>NP</i> )                       | Occupation                                                                                                                  | □ AF ( <i>NP</i> )                   | е.               | Occupation                                                                                | □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ | Occupation                                                                                                               | AF ( <i>NP</i> )                      |
| f.               | Duties                                                                                                                                   |                                          | Duties                                                                                                                      | <b></b>                              | f.               | Duties                                                                                    |                                       | <br>Duties                                                                                                               |                                       |
|                  | Class of worker                                                                                                                          |                                          | Class of worker                                                                                                             |                                      |                  | Class of worker                                                                           | · ·- ·- ·- ·- ·- ·- ·- ··             | Class of worker                                                                                                          |                                       |
| g.               | 1 🗌 P<br>2 🗋 F<br>3 🗋 S<br>- 4 🗌 L                                                                                                       | 5     <br>6    SE<br>7    WP<br>8    NEV | 1 🗌 P<br>2 🗌 F<br>3 🗋 S<br>4 🗋 L                                                                                            | 5 🗌 I<br>6 🗌 SE<br>7 🛄 WP<br>8 🗍 NEV | g.               | 1 🗌 P<br>2 🗋 F<br>3 🗋 S<br>4 🗍 L                                                          | 5 🗌 I<br>6 🗌 SE<br>7 🗍 WP<br>8 🗍 NEV  | 1 🗌 P<br>2 🗋 F<br>3 🗋 S<br>4 🗌 L                                                                                         | 5 🗌 I<br>6 🗍 SE<br>7 🗍 WP<br>8 🗍 NEV  |
| FOC              | TNOTES                                                                                                                                   |                                          |                                                                                                                             |                                      |                  |                                                                                           |                                       |                                                                                                                          | · · · · · · · · · · · · · · · · · · · |
|                  |                                                                                                                                          |                                          |                                                                                                                             |                                      |                  |                                                                                           |                                       |                                                                                                                          |                                       |
| 1                |                                                                                                                                          |                                          |                                                                                                                             |                                      |                  |                                                                                           |                                       |                                                                                                                          |                                       |

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|                  | L. DEMOGRAPHIC BACKGROUND PAGE, Continued                                                                                                                                                                                                                                                                                                                                                                                     |     |                                                                                                                                     |
|------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-------------------------------------------------------------------------------------------------------------------------------------|
|                  | <i>Mark box if under 14. If "Married" refer to household composition and mark accordingly.</i><br>s – – now married, widowed, divorced, separated, or has – – never been married?                                                                                                                                                                                                                                             | 7.  | 0 Under 14<br>1 Married — spouse in HH<br>2 Married — spouse not in HH<br>3 Widowed<br>4 Divorced<br>5 Separated<br>6 Never married |
| i<br>J<br>f<br>a | Vas the total combined FAMILY income during the past 12 months — that is, yours, <u>(read names, ncluding Armed Forces members living at home)</u> more or less than \$20,000? Include money from obs, social security, retirement income, unemployment payments, public assistance, and so orth. Also include income from interest, dividends, net income from business, farm, or rent, and iny other money income received. | 8a. | 1                                                                                                                                   |
| t                | Read if necessary: Income is important in analyzing the health information we collect. For example,<br>his information helps us to learn whether persons in one income group use certain types of<br>nedical care services or have certain conditions more or less often than those in another group.                                                                                                                         |     |                                                                                                                                     |
| b. C             | Read parenthetical phrase if Armed Forces member living at home or if necessary.<br>Of those income groups, which letter best represents the total combined FAMILY income during<br>he past 12 months (that is, yours, <u>(read names, including Armed Forces members living at home)</u> ?<br>Include wages, salaries, and other items we just talked about.                                                                 | ь.  | 00 A 10 K 20 U<br>01 B 11 L 21 V<br>02 C 12 M 22 W<br>03 D 13 N 23 X                                                                |
| t                | Read if necessary: Income is important in analyzing the health information we collect. For example,<br>his information helps us to learn whether persons in one income group use certain types of<br>nedical care services or have certain conditions more or less often than those in another group.                                                                                                                         |     | 04 E 14 0 24 Y<br>05 F 15 P 25 Z<br>06 G 16 0 26 ZZ<br>07 H 17 R<br>08 I 18 S<br>09 J 19 T                                          |
| R                | <b>a.</b> Mark first appropriate box.                                                                                                                                                                                                                                                                                                                                                                                         | Ra. | <ul> <li>1 Present for all questions</li> <li>2 Present for some questions</li> <li>3 Not present</li> </ul>                        |
|                  | <b>b.</b> Enter person number of respondent.                                                                                                                                                                                                                                                                                                                                                                                  | b.  | Person number(s) of respondent(s)                                                                                                   |
| L                | <b>B</b> Enter person number of first parent listed or mark box.                                                                                                                                                                                                                                                                                                                                                              | L3  | Person number of parent<br>00                                                                                                       |
| L                | Enter person number of spouse or mark box.                                                                                                                                                                                                                                                                                                                                                                                    | L4  | Person number of spouse                                                                                                             |
| FOO              | TNOTES                                                                                                                                                                                                                                                                                                                                                                                                                        |     | · · · · · · · · · · · · · · · · · · ·                                                                                               |
|                  |                                                                                                                                                                                                                                                                                                                                                                                                                               |     |                                                                                                                                     |
|                  |                                                                                                                                                                                                                                                                                                                                                                                                                               |     |                                                                                                                                     |

| 7.  | 0 Under 14<br>1 Married — spouse in HH<br>2 Married — spouse not in HH<br>3 Widowed<br>4 Divorced<br>5 Separated<br>6 Never married | 0 Under 14<br>1 Married — spouse in HH<br>2 Married — spouse not in HH<br>3 Widowed<br>4 Divorced<br>5 Separated<br>6 Never married | 7.  | 0 Under 14<br>1 Married — spouse in HH<br>2 Married — spouse not in HH<br>3 Widowed<br>4 Divorced<br>5 Separated<br>6 Never married | 0 Under 14<br>1 Married — spouse in HH<br>2 Married — spouse not in HH<br>3 Widowed<br>4 Divorced<br>5 Separated<br>6 Never married |
|-----|-------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|-----|-------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|
|     |                                                                                                                                     |                                                                                                                                     |     |                                                                                                                                     |                                                                                                                                     |
|     |                                                                                                                                     |                                                                                                                                     |     |                                                                                                                                     |                                                                                                                                     |
|     |                                                                                                                                     |                                                                                                                                     |     |                                                                                                                                     |                                                                                                                                     |
| Ra. | 1 Present for all questions<br>2 Present for some questions<br>3 Not present                                                        | 1                                                                                                                                   | Ra. | 1  Present for all questions 2  Present for some questions 3  Not present                                                           | 1 	Present for all questions<br>2 Present for some questions<br>3 Not present                                                       |
| b.  | Person number(s) of respondent(s)                                                                                                   | Person number(s) of respondent(s)                                                                                                   | b.  | Person number(s) of respondent(s)                                                                                                   | Person number(s) of respondent(s)                                                                                                   |
| L3  | Person number of parent                                                                                                             | Person number of parent<br>00                                                                                                       | L3  | Person number of parent<br>00 🗌 None in household                                                                                   | Person number of parent                                                                                                             |
| L4  | Person number of spouse<br>00   ONone in household                                                                                  | Person number of spouse                                                                                                             | L4  | Person number of spouse                                                                                                             | Person number of spouse                                                                                                             |

|             | 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                                                                               |               |                      |
|             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |     | Date of bi                                   | th                                                                                |               | 5–11                 |
| • <b>L6</b> | Enter date of birth from question 3 on Household Composition page.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | L6  | Month                                        | Date                                                                              | Year          |                      |
| 9a. I       | In what State or country was – – born?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 9a. | 99 🗌 DK                                      | (L7)                                                                              |               | 12–13                |
|             | Print the full name of the State or mark the appropriate box if the person was not born in the United States.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |     | 01 🗌 Pue<br>02 🗌 Virg<br>03 🗌 Gu<br>04 🔲 Car | _ State<br>uba<br>lexico<br>.II other<br>ountries                                 |               |                      |
|             | If born in U.S., ask 9b only; if born in foreign country, ask 9c only.<br>Altogether, how many years has – – lived in <u>(State of present residence)</u> ?                                                                                                                                                                                                                                                                                                                                                                                                                                                   | b.  | 2 🗌 1 y<br>3 🗌 5 y<br>4 🗌 10                 | s than 1 yr.<br>r., less than<br>rs., less than<br>yrs., less tha<br>yrs. or more | n 10<br>nn 15 | 14                   |
| <b>C</b> .  | Altogether, how many years has – – lived in the United States?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | C.  | 2 🗌 1 y<br>3 🗌 5 y<br>4 🗌 10                 | s than 1 yr.<br>r., less than<br>rs., less thar<br>yrs., less tha<br>yrs. or more | n 10<br>an 15 | 15                   |
| L7          | Print full name, including middle initial, from question 1 on Household Composition page.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | LŹ  | Last<br>First<br>Middle ini                  | tial                                                                              |               | 16–35<br>36–50<br>51 |
| 1           | Verify for males; ask for females.<br>What is – – father's LAST name? Verify spelling. DO NOT write "Same".                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 10. | Father's L                                   | AST name                                                                          |               | 52-71                |
|             | 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. Ther 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? | ·e  | Social Sea<br>Mark if nu<br>obtained         | from 🍞<br>es not<br>ve SSN                                                        | 2 🗌 R         | 72-80                |
| L8          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | L8  | 1 🗌 Se<br>2 🗌 Se<br>3 🔲 Pro                  | if-personal<br>if-telephone<br>pxy-personal<br>pxy-telephor                       | į             | 82                   |

|              |                       |                                |                  | RT 61               |                       |                                 |                  | RT 61               |            |                          |                                             |                  | RT 61            |                            |                                |                   | RT 61   |
|--------------|-----------------------|--------------------------------|------------------|---------------------|-----------------------|---------------------------------|------------------|---------------------|------------|--------------------------|---------------------------------------------|------------------|------------------|----------------------------|--------------------------------|-------------------|---------|
|              |                       |                                |                  | 3-4                 |                       |                                 |                  | 3-4                 |            |                          |                                             |                  | 3-4              |                            |                                | ļ                 | 3-4     |
| L            |                       |                                |                  |                     |                       |                                 |                  |                     |            |                          |                                             |                  | 1                |                            |                                |                   |         |
|              | Date of birt          | ·                              |                  | 5–11                | Date of birt          | h                               |                  | 5-11                |            | Date of bir              | th                                          |                  | 5–11             | Date of birt               | ,                              | Į                 | 5–11    |
| L6           | Month                 | Date                           | Year             |                     | Month                 | Date                            | Year             |                     | <b>L6</b>  | Month                    | Date                                        | Year             |                  | Month                      | Date                           | Year              |         |
|              |                       | <u> </u>                       | · · ·            |                     |                       |                                 | · · · ·          |                     |            | L                        |                                             |                  |                  |                            |                                |                   |         |
| 9a.          | 99 🗌 DK (             | L7)                            |                  | 1213                | 99 🗌 DK (             | 'L7)                            |                  | 12–13               | 9a.        | 99 🗌 DK                  | (L7)                                        |                  | 12-13            | 99 🗌 DK (                  | 'L7)                           |                   | 12–13   |
|              |                       |                                |                  | State               |                       |                                 |                  | State               |            |                          |                                             |                  | _ State          |                            |                                |                   | _ State |
|              | 01 🗌 Puer             |                                | 05 🔲 🕻           |                     | 01 🗌 Puei             |                                 | 05 🗌 C           |                     |            | 01 🗌 Pue                 |                                             | 05 🗌 C           |                  | 01 🗌 Puer                  |                                | 05 🗌 Cu           |         |
|              | 02 □ Virg<br>03 □ Gua |                                | 06 🗌 I<br>98 🗌 A | Mexico<br>All other | 02 🗋 Virg<br>03 🗌 Gua |                                 | 06 🗌 N<br>98 🗌 A | Aexico<br>All other |            | 02 🗔 Virg<br>03 🔲 Gua    | jin Islands<br>am                           | 06 🗌 N<br>98 🗌 A |                  | 02 □ Virg<br>  03 □ Gua    |                                | 06 🗌 M<br>98 🗌 Al |         |
|              | 04 🗌 Cana             |                                |                  | countries           | 04 🗌 Can              |                                 |                  | ountries            |            | 04 🗌 Can                 | ada                                         |                  | ountries         | 04 🗌 Cana                  | ada                            | co                | untries |
| <b>–</b> – – |                       | than 1 yr.                     |                  | 14                  |                       | s than 1 yr.                    |                  | 14                  |            |                          | s than 1 yr.                                |                  | 14               |                            | than 1 yr.                     |                   | 14      |
| <b>b</b> .   |                       | , less than !<br>s., less than |                  |                     |                       | ., less than !<br>s., less than |                  |                     | b.         |                          | ., less than s<br>s., less than             |                  |                  |                            | , less than §<br>s., less than |                   |         |
|              | 4 🗌 10 y              | rs., less tha                  |                  |                     | 4 🗖 10 y              | rs., less tha                   |                  |                     |            | 4 🗌 10 y                 | /rs., less tha                              |                  |                  | 4 🗌 10 y                   | rs., less tha                  |                   | -       |
|              | 5 🗌 15 y<br>9 🗌 DK    | rs. or more                    |                  |                     | 5 🗌 15 y<br>9 🗍 DK    | rs. or more                     |                  |                     |            | 5 🗌 15 y<br>9 🗌 DK       | rs. or more/                                |                  |                  | 5 🗌 15 y<br>9 🗌 DK         | rs. or more                    |                   |         |
| <br>c.       |                       |                                |                  | 15                  |                       |                                 | <b></b>          | 15                  | с.         |                          |                                             |                  | 15               | <b>-</b> -                 |                                |                   | 15      |
|              |                       | than 1 yr.<br>, less than l    | 5                | L                   |                       | s than 1 yr.<br>., less than !  | 5                | ······              |            |                          | s than 1 yr.<br><sup>.</sup> ., less than ! | ō                |                  |                            | than 1 yr.<br>., less than !   | 5                 |         |
|              | 1                     | s., less than                  |                  |                     |                       | s., less than                   |                  |                     |            |                          | s., less than                               |                  |                  |                            | s., less than                  |                   |         |
|              |                       | rs., less tha<br>rs. or more   |                  |                     |                       | rs., less tha<br>rs. or more    | n 15             |                     |            |                          | /rs., less tha<br>/rs. or more              |                  |                  |                            | rs., less tha<br>rs. or more   | n 15              |         |
|              | 9 🗌 DK                |                                |                  |                     | 9 🗌 DK                |                                 |                  |                     |            | 9 🗌 DK                   |                                             |                  |                  | 9 🗌 DK                     |                                |                   |         |
|              | Last                  |                                |                  | 16-35               | Last                  |                                 |                  | 16-35               |            | Last                     |                                             |                  | 1635             | Last                       |                                |                   | 16–35   |
| L7           | First                 |                                |                  | 36-50               | First                 |                                 |                  | 36-50               | L7         | First                    | ······                                      |                  | 36–50            | First                      |                                |                   | 3650    |
|              | Middle init           | ial                            |                  | 51                  | Middle init           | ial                             |                  | 51                  |            | Middle init              | tial                                        |                  | 51               | Middle init                | ial                            | · · · ·           | 51      |
|              | Father's LA           | ST name                        |                  | 52-71               | Father's LA           | ST name                         |                  | 52-71               |            | Father's L/              | AST name                                    |                  | 52-71            | Father's LA                | ST name                        |                   | 52-71   |
| 10.          |                       | or nume                        |                  | 52-71               |                       |                                 |                  | 02 71               | 10.        |                          | lo i numo                                   |                  |                  |                            |                                |                   | 02.71   |
|              |                       |                                | <u></u>          | 72-80               |                       |                                 |                  | 72-80               |            | 99999999                 |                                             | <u></u>          | 72-80            | 999999999                  |                                |                   | 72-80   |
|              | 9999999999            |                                | [                |                     | 999999999             |                                 |                  |                     |            | 99999999                 |                                             |                  |                  | 999999999                  |                                |                   | 7       |
|              |                       | -                              |                  |                     |                       |                                 |                  |                     |            |                          | -                                           |                  |                  |                            | -                              |                   |         |
|              | Social Sec            | urity Numb<br>nber             | er               |                     | Social Sec            | urity Numbe<br>mber             | ər               |                     |            | Social Sec<br>Mark if nu | urity Numbe<br>mber                         | ər               | 01               | Social Seco<br>Mark if nur | urity Numbe<br>mber            | er                | 01      |
|              | obtained fi           | om 🖌                           |                  | 81                  | obtained f            | rom 🖌                           |                  | 81                  |            | obtained f               | rom 🖌                                       | <b>—</b> -       | 81               | obtained fr                | rom 🖌 👘                        | <b>—</b> -        | 81      |
|              |                       | SSN                            |                  | Records<br>Refused  |                       | e SSN                           |                  | Records<br>Refused  |            |                          | ve SSN                                      |                  | ecords<br>efused |                            | e SSN                          | 2 🗌 Re<br>7 🔲 Re  |         |
| 11.          | 1 🗌 Mer               | nory                           |                  |                     | 1 🗌 Mer               | nory                            |                  |                     | 11.        | 1 🗌 Mei                  | mory                                        |                  |                  | 1 🗌 Mer                    | mory                           |                   |         |
|              |                       | -personal                      |                  | 82                  |                       | -personal                       |                  | 82                  |            |                          | f-personal                                  |                  | 82               |                            | -personal                      |                   | 82      |
| <b>L8</b>    |                       | -telephone<br>‹y-personal      |                  |                     |                       | -telephone<br>xy-personal       |                  |                     | <b>L</b> 8 | 1                        | f-telephone<br>xy-personal                  |                  |                  |                            | -telephone<br>ky-personal      |                   |         |
|              |                       | ky-telephon                    |                  |                     |                       | xy-telephon                     | e                |                     |            |                          | xy-telephon                                 |                  |                  |                            | ky-telephon                    | е                 |         |

| Last<br>5-24 First Middle initial 1 None 107 13a. Address (Number and street) 41-65 2 Refused 9 DK                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |      | Read to hhld. respondent: | related<br>who wo                     | informa<br>ould kno | ation. Please giv<br>ow where vou co | e me the<br>uld be r                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | e name,<br>eached | addres<br>in case | s, an<br>we h | tact you again to obtain additional health<br>d telephone number of a relative or friend<br>nave trouble reaching you. (Please give me<br>usehold.) <i>Please print items 12–16.</i> | RT 62    |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|---------------------------|---------------------------------------|---------------------|--------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|-------------------|---------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|
| 13a. Address (Number and street)     41-65       b. City     66-85       State     86-87       I Code       I None       I None       I Refused       I Refused    < | 12.  | Contact Person name       |                                       |                     | 1                                    | 25-39                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                   | 40                | 14.           | Area code/telephone number                                                                                                                                                           | 97–106   |
| 13a. Address (Number and street)   41-65   2 Refused   9 DK   b. City   66-95   State   108-101   108-102   15. Relationship to household respondent   108-102   16. If you must be contacted again, what is the best time to call or visit?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |      | Last                      |                                       | 5-24                | First                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                   |                   |               |                                                                                                                                                                                      |          |
| 13a. Address (Number and street)       41-65       2 Refused         b. City       66-95       State       86-87       ZIP       88-96       15. Relationship to household respondent       108-102         16. If you must be contacted again, what is the best time to call or visit?       16. If you must be contacted again, what is the best time to call or visit?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |      |                           |                                       |                     | ۰<br>۱ <u>۰</u>                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <br>              |                   |               | 1 None                                                                                                                                                                               | 107      |
| 16. If you must be contacted again, what is the best time to call or visit?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 13a. | Address (Number and stree | et)                                   |                     |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                   | 41-65             |               | 2 🗌 Refused                                                                                                                                                                          |          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | b.   | City                      | · · · · · · · · · · · · · · · · · · · | 66-85               | State                                | Later state and the second state of the second |                   | 88-96             | 15.           | Relationship to household respondent                                                                                                                                                 | 108–109  |
| FOOTNOTES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 16.  | If you must be contacted  | l again, v                            | what is t           | the best time to                     | call or v                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | isit?             |                   |               |                                                                                                                                                                                      | <u> </u> |
| FOOTNOTES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |      |                           |                                       |                     |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                   |                   |               |                                                                                                                                                                                      |          |
| FOOTNOTES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |      |                           |                                       |                     |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                   |                   |               |                                                                                                                                                                                      |          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | FOO  | TNOTES                    |                                       |                     |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ·····             | ·····             |               | · · · · · · · · · · · · · · · · · · ·                                                                                                                                                |          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |      |                           |                                       |                     |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                   |                   |               |                                                                                                                                                                                      |          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |      |                           | •                                     |                     |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                   |                   |               |                                                                                                                                                                                      |          |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |      |                           |                                       |                     |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | •                 |                   |               |                                                                                                                                                                                      |          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |      |                           |                                       |                     |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                   |                   |               |                                                                                                                                                                                      |          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |      |                           |                                       |                     |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                   |                   |               |                                                                                                                                                                                      | •        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |      |                           |                                       |                     |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                   |                   |               |                                                                                                                                                                                      |          |

| 17  |                                                                                                      | GROUND PAGE, Continued                                                           |
|-----|------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| 17. | During the past 12 months, has your household been without telephone service for more than one week? | 1 🗆 Yes (18)                                                                     |
|     |                                                                                                      | $2 \square No$ ( <i>Item L9</i> )                                                |
|     | If no phone, mark "Yes".                                                                             |                                                                                  |
| 18. | For how long was your household without telephone                                                    | 111-                                                                             |
|     | For how long was your household without telephone service in the past 12 months?                     | 0123 Entire 12 months                                                            |
|     |                                                                                                      | 0000 🗋 One week or less                                                          |
|     |                                                                                                      | $\int 1 \Box Day(s)$                                                             |
|     |                                                                                                      | $\frac{1 \Box Day(s)}{2 \Box Week(s)}$ $\frac{3 \Box Month(s)}{3 \Box Month(s)}$ |
|     |                                                                                                      |                                                                                  |
|     |                                                                                                      | 9999 🗖 DK                                                                        |
|     |                                                                                                      |                                                                                  |
| L   | Refer to question 3 on the Household Composition page.                                               | $\Box \text{ Any children under 6 years old } (Go to HIS-2)$                     |
|     |                                                                                                      | Other (Skip to HIS-3)                                                            |
| FOO | INOTES                                                                                               |                                                                                  |
|     |                                                                                                      |                                                                                  |
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|     |                                                                                                      |                                                                                  |
|     |                                                                                                      |                                                                                  |

|           | 🗌 Old a               | ge 🗌             | Cov. [                                 | ] In na        | ime                      | 🗌 Old a                                | ge 🗌             | Cov. 🗌            | ] In name             |                    | 🗌 Old               | age 🗌               | Cov.           | ] In name             | 🗌 Old ag               | je 🗌 C             | ov. 🗆 Ir     | n name                |
|-----------|-----------------------|------------------|----------------------------------------|----------------|--------------------------|----------------------------------------|------------------|-------------------|-----------------------|--------------------|---------------------|---------------------|----------------|-----------------------|------------------------|--------------------|--------------|-----------------------|
|           |                       |                  | 2                                      |                |                          |                                        |                  | 3                 |                       |                    |                     |                     | 4              |                       |                        | 5                  |              |                       |
| 1.        | First name            |                  | Mid.                                   | init. A        | \ge                      | First name                             |                  | Mid. i            | nit. Age              | 1.                 | First nam           | 8                   | Mid. i         | nit. Age              | First name             |                    | Mid. init    | . Age                 |
|           | Last name             |                  | <u></u>                                | 1              | ex<br>      M<br>2     F | Last name                              |                  |                   | Sex<br>1 🗌 N<br>2 🗌 F |                    | Last name           | 9                   |                | Sex<br>1 🗌 M<br>2 🗌 F | Last name              |                    |              | Sex<br>1 🗌 M<br>2 🗌 F |
| 2.        | Relationship          | 0                | ······································ |                |                          | Relationshi                            | 0                |                   |                       | 2.                 | Relations           | nip                 |                |                       | Relationship           | ,                  |              |                       |
| 3.        | Date of birt<br>Month | h<br>I Date      | <br> <br>                              | Year           |                          | Date of birt<br>Month                  | h<br>I Date      |                   | Year                  | 3.                 | Date of bi<br>Month | rth<br>I Date<br>I  | <br> <br> <br> | Year                  | Date of birth<br>Month | Date               | l Ye         | ar                    |
|           | HOSP.                 | WORK             | RD                                     | 2-W            | /K. DV                   | HOSP.                                  | WORK             | RD                | 2-WK. D\              | and a local sector | HOSP.               | WORK                |                | 2-WK. DV              |                        | WORK               |              | 2-WK. DV              |
| <b>C1</b> | 1 - F - F             | 1 🗌 Wa<br>2 🗌 Wb |                                        | n Í            |                          | 00 🗌 None                              | 1 🗌 Wa<br>2 🗌 Wb | 1 🗌 Yes<br>2 🗌 No | 00 🗌 Non              | ° C1               | 00 🗌 Non            | <sup>3</sup> 1 □ Wa | 1   1   Yes    | 00 🗌 None             |                        | 1 🗌 Wa<br>2 🗌 Wb 🗄 |              | 0 🗌 None              |
|           | Number                |                  | <u> </u>                               | <u>์   N</u> น | imber                    | Number                                 |                  | <b></b>           | Number                |                    | Number              |                     |                | Number                | Number                 |                    | <u> </u>     | Number                |
| <b>C2</b> |                       |                  |                                        |                | $\overline{}$            |                                        |                  |                   |                       | C2                 | )                   |                     |                |                       |                        | ****************   |              |                       |
|           | LA                    |                  |                                        |                |                          |                                        | - DV -           |                   |                       | 5.                 |                     | A TOV               |                |                       |                        |                    |              |                       |
|           | 1                     | 1                | <u> </u>                               |                | $\overline{\ }$          | L                                      | <u>l</u>         | <u>J, I</u>       |                       |                    |                     |                     | <u> </u>       |                       | ····                   |                    | I            | · · ·                 |
|           |                       |                  |                                        |                | COND.                    |                                        | - [DV -          |                   |                       | N<br>0.            | LA R                | A DV                |                |                       |                        |                    |              |                       |
|           |                       |                  |                                        |                | $\overline{\ }$          |                                        | <u> </u>         |                   |                       |                    |                     | <u> </u>            |                |                       |                        |                    |              |                       |
|           |                       | DV<br>U          |                                        |                | COND.                    |                                        | - DV             |                   |                       | 5.                 |                     |                     |                |                       |                        |                    |              |                       |
|           |                       | <u></u>          | <u>. 1</u>                             | · · · ·        | $\overline{\}$           |                                        |                  |                   |                       |                    |                     | · · · · ·           |                |                       |                        |                    |              |                       |
|           | LA IRA                |                  | TINJ. TCL                              |                | COND.                    |                                        |                  | INJ. ICL L        | TRHSTCON              | 5.                 |                     | A                   |                |                       |                        |                    | INJ. CL LTR  |                       |
|           | <br> <br>             |                  | <u> </u>                               |                | $\overline{\ }$          | ······································ |                  | ······            |                       |                    |                     | ! <u>.</u>          |                |                       | <b></b>                |                    |              |                       |
|           |                       | DV               |                                        |                | COND.                    | LA TRA                                 |                  |                   | TRHSTCON              | 5.                 |                     | A JOV               |                | TRTHS COND.           | LA TRA                 |                    | INJ. ICL LTR | HSTCOND.              |
|           | <u> </u>              |                  |                                        |                | _ <u>_</u>               | L                                      | <u></u>          | <u>I</u>          |                       |                    | <u> </u>            |                     |                |                       |                        |                    |              | <u>t</u>              |

Notes

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| ADDRESS OF ADDITIONAL LIVING QUARTERS                                                                                                              | AREA SI                                                                      | EGMENT                                                             | PERMIT SEGMENT                                                                                                                                            | SEPARA                                                                                                                                                     | TENESS                                                                                       |
|----------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|--------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| Check the listing sheet.<br>Is the address already listed?                                                                                         | Are the additional living<br>quarters within the area<br>segment boundaries? | Are the additional living<br>quarters in a Group<br>Quarters (GQ)? | Are the additional<br>living quarters<br>within the same<br>structure and within<br>the same space <u>1</u> /<br>occupied by the<br>original sample unit? | Do the occupants or<br>intended occupants of<br>the additional living<br>quarters live and eat<br>separately from all other<br>persons on the<br>property? | Do the occ<br>intended o<br>the additio<br>quarters ha<br>access frou<br>or through<br>hall? |
| .(1)                                                                                                                                               | (2)                                                                          | (3)                                                                | (4)                                                                                                                                                       | (5)                                                                                                                                                        |                                                                                              |
| □ Yes – Enter sheet and line<br>no.: Stop Table X Line<br>□ No – Enter address or description, then go<br>to column (2) or (4) depending on Seg.   | □ Yes – Go to column (3)<br>□ No – Do not interview                          | □ Yes – Do not interview<br>□ No – Skip to column (5)              | □ Yes – Go to column (5)<br>□ No – Do not interview                                                                                                       | ☐ Yes – Go to column (6)<br>☐ No – Not a separate unit.<br>Stop Table X.<br>Include quarters<br>with original unit.                                        | □ Yes – An<br>Go<br>□ No – Not<br>Stop<br>Inclu<br>with                                      |
| □ Yes – Enter sheet and line<br>no.: Stop Table X } Line<br>□ No – Enter address or description, then go<br>to column (2) or (4) depending on Seg. | ☐ Yes – Go to column (3)<br>☐ No – Do not interview                          | □ Yes – Do not interview<br>□ No – Skip to column (5)              | □ Yes – Go to column (5)<br>□ No – Do not interview                                                                                                       | ☐ Yes – Go to column (6)<br>☐ No – Not a separate unit.<br>Stop Table X.<br>Include quarters<br>with original unit.                                        | □ Yes – An<br>Go<br>□ No – Not<br>Stop<br>Inclu<br>with                                      |
| □ Yes – Enter sheet and line<br>no.: Stop Table X ↓ Line<br>□ No – Enter address or description, then go<br>to column (2) or (4) depending on Seg. | ☐ Yes – Go to column (3)<br>☐ No – Do not interview                          | ☐ Yes – Do not interview<br>☐ No – Skip to column (5)              | □ Yes – Go to column (5)<br>□ No – Do not interview                                                                                                       | ☐ Yes – Go to column (6)<br>☐ No – Not a separate unit.<br>Stop Table X.<br>Include quarters<br>with original unit.                                        | □ Yes – An<br>Go<br>□ No – Not<br>Stop<br>Incli<br>with                                      |
|                                                                                                                                                    |                                                                              |                                                                    | <u>1</u> / Occupation of the same space<br>occurs if a housing unit has<br>been split into two or more<br>separate housing units.                         |                                                                                                                                                            |                                                                                              |
| FOOTNOTES                                                                                                                                          | J                                                                            | J                                                                  | •                                                                                                                                                         |                                                                                                                                                            |                                                                                              |

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1 (8-1-95)

## N EXTRA UNIT

|                                                                                                        | NUMBER OF<br>EXTRA UNITS                                                                                                                                                                                                                                                                                                                                             |
|--------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| cupants or<br>occupants of<br>onal living<br>have direct<br>om the outside<br>h a common               | Have you found more<br>than 3 EXTRA units?                                                                                                                                                                                                                                                                                                                           |
| (6)                                                                                                    | (7)                                                                                                                                                                                                                                                                                                                                                                  |
| EXTRA unit.<br>to column (7)<br>t a separate unit.<br>p Table X.<br>lude quarters<br>h original unit.  | <ul> <li>Yes – Call your office for<br/>instructions on<br/>which units to<br/>interview. 2/</li> <li>No – Enter address on<br/>listing sheet.<br/>Interview parent<br/>and EXTRA units.</li> </ul>                                                                                                                                                                  |
| EXTRA unit.<br>to column (7)<br>t a separate unit.<br>p Table X.<br>lude quarters<br>h original unit.  | <ul> <li>☐ Yes - Call your office for<br/>instructions on<br/>which units to<br/>interview. 2/</li> <li>☐ No - Enter address on<br/>listing sheet.<br/>Interview parent<br/>and EXTRA units.</li> </ul>                                                                                                                                                              |
| EXTRA unit.<br>to column (7)<br>t a separate unit.<br>op Table X.<br>lude quarters<br>h original unit. | <ul> <li>Yes - Call your office for<br/>instructions on<br/>which units to<br/>interview. 2/</li> <li>No - Enter address on<br/>listing sheet.<br/>Interview parent<br/>and EXTRA units.</li> <li>2/ When your RO has<br/>determined which units to<br/>interview, enter the<br/>addresses on the listing<br/>sheets and proceed with the<br/>interviews.</li> </ul> |