Book	of books	Batch number	RT 10 Coder s	tatus	8				OM	B No	0920-0214 [.] Ar	oproval Expires	: 03/31/97
Noti for p (42 L	ice – Information contained on purposes stated for this study, a JSC 242m). Public reporting bu	and will not be disclosed or orden for this collection of in	nit identification of any released to others with formation is estimated	out the co to average	nsent of the 0 30 minut	te individual or the establishr tes per response including the Send comments regarding thi	nent in e time s burde	accordanc for reviewi en estimate	hat it will be with se ng instruc	be hel ction 3 ctions,	d in strict confid 308(d) of the Pub searching existi	ence, will be use lic Health Servic ng data sources, ection of informa	d only e Act ation.
inclu 1.1		this burden, to PHS Reports Suffix 3. We	ek 4. Se	<u>[N: PRA (0</u> gment] Area		Hubert H. Humphrey Buildir FORM HIS-1 (1996) (8-1-95)	g, Roo	<u>m 737-F, 21</u>	00 Indepe	ndenc	e Avenue, SW; \	Washington, DC :	20201.
	Control number PSU \$segment_Suffix	Serial Suffix	2 🗌	Permit			A(DEPAR	CTING AS CO TMENT OF PUBLI	AU OF THE DLLECTING F HEALTH IC HEALTH	CENSI AGEN AND SERVIO	JS T FOR THE HUMAN SERVIC CE		
	7-21 22-25 26-27	_i28-29 _i30 I I	31 2		32	NATION			AL JRV			RVIEV	V
RT 11 3 S. T. (Item 4)	7a. What is your ex No., or other ider	act address? (Incluentification; county an	ding House No., / d ZIP Code) 	Apt. 9-119		NG 0 Neighbor oc ET 1 Screened 2 Eligible p	rs not I out b er ne	contacted by neighb ighbor	d ors	rk if	"S" in item 6	5)	55
h	City	State County		de RT	_ She	If and the second secon	v rea	ison)	of ra	cate best estin ace/ethnicity fo n Type A	or:	56-57 58
	specify if different; ind	clude county and ZIF		□ Sa	me as 7	02 🗌 No one H a 03 🛄 Tempora 04 🛄 Languag 05 🗍 Other <i>(S</i>	rily al e prot	osent olem	calls	. 2 🗌	Black/Hispani Not Black/His Unknown		3) as able;
	City	State	County	ZIP	Code	ТҮРЕ			/	· <u> </u>	TYPI		
C.	. GQ name	84-117	I Sample unit No	р. I Тур I	be code	08 🗌 Occupied	easor	nal			18 Unuse of listi sheet 19 Demo	ng	
8.	YEAR BUILT (Area set Ask (Except for group of and other units not in set Do not ask	-	trailers, tents, boats	, ,		URE 09 Occupied by AF m 10 Occupied out by h	embei I – scr	rs reened			20 House trailer 21 Outsic segme	eor d de	
	When was this structure Before 4-1-90 (Continu After 4-1-90 (Complete	e interview)				11 □ Occupied out by n 12 □ Unfit or demolisi	eighbo o be	eened ors	Fill ite	ems	bound 22 Conve to perma	laries erted inent	Fill items 1–7a, 9c if
9.	COVERAGE QUESTIO	NS				13 Under co not read 14 Converte tempora business	/ d to y	ction –	1–7a, 8–10 a applic 11, 13	able;	$1 23 \square Merge$ $1 24 \square Conde$ $1 25 \square Built a$	ed emned after	marked; 13–17, send Inter- Comm.
a.	Are there any other l or vacant — in this b		•		(Fill Tabl	– – storage e X) 15 🗌 Unoccup for mobi 	e hor				April 26 🗌 Other (Spect	1, 1990 ify) <i>≩</i>	
b	Are there any other l or vacant — on this f	living quarters — eithe loor? 		Yes	(Fill Tabl	e X) 16 Permit g construc started 17 Other (S	ion n	ot					
	· · · · · · · · · · · · · · · · · · ·	ilding, mobile home, o – on this property for	or trailer — either people to live in?	I 🗌 Yes	(Fill Tabl	e X)	-	_))	59-69
10a.	LAND USE 1 ☐ URBAN (11)					RT 10 33	·	17. Reco	ord of o	Γ			Com-
		Ω. units coded 92-N or 93 d 92-N or 93-N in 7c – <i>M</i>			askina			Month	Date.	P	Beginning time	Ending time a.m	pleted Mark (X)
b.	During the past 12	months, did sales (of crops, livesto	ock, an		 r	1		 	T P	a.m. p.m. a.m.	p.m a.m	•
	1 🗌 Yes 2 🗌 No } (11)	-				34			 	T P T	p.m. a.m. p.m.	p.m a.m p.m	•
11.	CLASSIFICATION OF	LIVING QUARTERS -	- Mark by observ	ation		·····				P T	a.m.	a.m	•
a.	LOCATION of unit	3	5 b. Access			30			 	P	p.m. a.m.	p.m a.m	
	Unit is: 1 In Group Quarters – 4-7 through 4-15 of	the 11-8, FR Listing and	with u	gh anoth nit throu	igh which	Not a separate HU; comb access is gained. (Apply	le		 	T P T	p.m. a.m. p.m.	p.m a.m p.m	•
	Coverage Manual; to 2	hen complete 11c or d			rocedures ed separa	if additional living quart tely.)	ers i				mbers of per 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 No.	S.S No.	Other	Person No.	S.S 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			-			19. 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 Date	Beginr time		Ending time	Com- pleted 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	 	Т	p.m.	p.m.	
14a. 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 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 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? Enter names in columns.		1 🗌 M 2 🗌 F
c. I have listed <u>(read names)</u> . Have I missed: Yes No	2.	Relationship REFERENCE PERSON
– any babies or small children?	3.	Date of birth Month Date Year
 any lodgers, boarders, or persons you employ who live here? anyone who USUALLY lives here but is now away from home 		
traveling or in a hospital?		HOSP. WORK RD 2-WK. DV
	C1	
d. Do all of the persons you have named usually live here?	,	Number 2000 Number
Probe if necessary: RULES. Delete nonhousehold members by an "X" from 1–C2 and enter reason.)	; C2	
Does – – usually live somewhere else? 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	_	
A1 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.	A 3	☐ All persons 65 and over <i>(5)</i> ☐ 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? 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.	 health questions) Not living at home (Delete from household by an "X" from 1–C2)
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. 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	D .	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.		,
.[What is the number of the group or groups which represents – – race?] 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> 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)
	 c.	(Specify)
	C.	
. Mark observed race of respondent(s) only.		(Specify) 1 🗌 W 2 🗌 B 3 🗌 O
. Mark observed race of respondent(s) only.	с. А4	(Specify) 1 🗌 W 2 🗌 B 3 🗌 O S (Item A5) I (Next page)
A A Refer to item 6 "Status" on the Household Page.	A4	(Specify) 1 🗌 W 2 🗌 B 3 🗌 O 🗌 S (Item A5)
A Refer to item 6 "Status" on the Household Page.		(Specify) 1
A Refer to 5a and 6a above for all household members.	A4 A5	(Specify) 1 W 2 B 3 0 S (Item A5) I (Next page) Any "Yes" in 5a (Next page) Any "2" in 6a (Next page)

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4b.			∧ E ⊷	nemb			• • •	~ ~		~ ~		 F mem	~ ~ ^ bar	~ ~ ~	~ ~		~ ~	4	lb.	 I		~ ~ 4F m		~~~~ \	~ ~		~ ~	~ ~ ~		· · · · ·		 nembe	 >r				~ ~
	- 7		⊷r Π ~ ~		ei ••••••			~~~	~ ~	 		~ ~ ~ ~			~ ~		~~			, 	~~		enno 	, 	~~~	~ ~	~ ~			~~~		~ ~ ^		~~~	~~~	· • •	· ~ ·
 			ມີ ແ Livin	ມີມີ cati	 nome	(Exc	lude	from			Ĩ	ving at	 : hom	e (Ex	clude	e fron		4-			ت		a at	home	(Exc	 lude	e fron			- 	 ivin	g at h	iome	(Exc	ي ي lude	from	~ ~ ~
4d.		1	heah	th qu	estior	าร)					h	ealth q	uestic	ons)				4	ŀd.		1	healti	ĥ qu	<i>estioi</i> gatho d by a	ns)					h	ealt	th que	estion at ho by a	s)			
	Not living at home (Delete from household by an "X" from1–C2) household by an "X" from1–C2			l			 	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 No (/									es (5b) o (NP)										Yes (: No (N							1								
5a. b.		·		— — ·															5a. 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 1									! I																			1 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		L	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₹	¹⁶ ₹	10	11	12	13	3 1	4	¹⁵ ∡	16	7		10	1	1	12	13	14	•	¹⁵ ₽	¹⁶ ₽	10	1	1	12	13	14	1	¹⁵ ¥	¹⁶ ∡
					(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.																		
	10	1	11	12	13	14	1 1	15₽	16 _¥	10	11	12	13	31	4	¹⁵ ₽	16	7		10	1	1	12	13	14	Ļ	157	¹⁶ ¥	10) 1	1	12	13	14		¹⁵ ∡	¹⁶ ∡
					(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																																		
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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: dult family members who are at home take part in the interview. Are 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 Ith. I will ask about hospitalizations, disability, visits to doctors, 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?	1 a.	1 🗌 Yes (1b) 2 🔲 No (<i>Mark "HOSP." box, THEN NP</i>)
b. How many different times 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) 2 🗌 No (NP)
Ask for mother and child: 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) 2 □ No (Mark "HOSP." box, THEN NP)	1a.	1 ☐ Yes (1b) 2 ☐ No (Mark "HOSP." box, THEN NP)	1 ☐ Yes (1b) 2 ☐ No (Mark "HOSP." box, THEN NP)
b.	Number of times (Make entry in "HOSP." box 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 THEN NP)
2					
 		· · · · · · · · · · · · · · · · · · ·	1		
2a.	1	1 □ Yes (2b) 2 □ No (NP)	2a.	1 ☐ Yes (<i>2b)</i> 2 ☐ No (<i>NP</i>)	1 □ Yes (2b) 2 □ No (NP)
2a. b.		1 · · ·	2a. b.		
b.	2 🗌 No (<i>NP</i>) 	2 🗌 No (<i>NP</i>) 1 🗋 Yes (<i>NP</i>)		2 🗆 No <i>(NP)</i> 	2 🗌 No <i>(NP)</i>
b.	2 🗌 No (NP) 1 🗌 Yes (NP) 2 🗍 No (Correct 1 and "HOSP." box)	2 🗌 No (<i>NP</i>) 1 🗋 Yes (<i>NP</i>)		2 🗆 No <i>(NP)</i> 	2 🗌 No <i>(NP)</i>
b.	2 🗌 No (NP) 1 🗌 Yes (NP) 2 🗍 No (Correct 1 and "HOSP." box)	2 🗌 No (<i>NP</i>) 1 🗋 Yes (<i>NP</i>)		2 🗆 No <i>(NP)</i> 	2 🗌 No <i>(NP)</i>

	B. LIMITATION OF ACTIVITIES PAGE		
B1 Refer to age	9.	B1	1 🗌 18-69 <i>(1)</i> 2 🗌 Other <i>(NP)</i>
	ng MOST OF THE PAST 12 MONTHS; working at a job or business, keepin 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) 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 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 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? ration: When did [the <u>(injury)</u> occur?/ – – have the operation?] er 3 months ago: For what condition did – – have the operation? ry or 0–3 months injury or operation — 8 where limitation reported, saying: Except for – – <u>(condition),?</u>	4a.	(Enter condition in C2, THEN 4b) 1 🗌 Old age (Mark "Old age" box, 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) ☐ Yes (<i>Reask 4a and b</i>) ☐ No
Mark box if only of	ne condition. 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 2 Yes (7) 3 No
B2 Refer to qu	estions 3a and 3b.	B2	1 □ "Yes" in 3a or 3b <i>(NP)</i> 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 If pregnancy/delive Reask question	dition causes this? eration: When did [the <u>(injury)</u> occur?/ – – have the operation?] er 3 months ago: For what condition did – – have the operation? ery or 0–3 months injury or operation — 2, 5, or 6 where limitation reported, saying: Except for – – <u>(condition),?</u>	7a.	(Enter condition in C2, THEN 7b) 1
OR reask 7b/c. 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

B1	1 🗌 18–69 <i>(1)</i> 2 🗌 Other <i>(NP)</i>	1 🗌 18–69 <i>(1)</i> 2 🗌 Other <i>(NP)</i>	B1	1 🗌 18–69 <i>(1)</i> 2 🔲 Other <i>(NP)</i>	1 🗌 18–69 <i>(1)</i> 2 🔲 Other <i>(NP)</i>		
1.	1 Working (2) 2 Keeping house (3) 3 Going to school (5) 4 Something else (5)	1 Working <i>(2)</i> 2 Keeping house <i>(3)</i> 3 Going to school <i>(5)</i> 4 Something else <i>(5)</i>	1.	1 Working <i>(2)</i> 2 Keeping house <i>(3)</i> 3 Going to school <i>(5)</i> 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, THEN 4c)	1 🗌 Old age (Mark "Old age" box, THEN 4c)		1 🗌 Old age (Mark "Old age" box, THEN 4c)	1 ☐ Old age <i>(Mark "Old age" box,</i> THEN 4c)		
b.	□ Yes (<i>Reask 4a and b</i>) □ No (4d)		b.	☐ Yes (<i>Reask 4a and b</i>) ☐ No (4d)	☐ Yes (<i>Reask 4a and b</i>) ☐ No (4d)		
с.	No (40/	No [44) ☐ Yes (<i>Reask 4a and b</i>) ☐ No	 c.	No (+4)	☐ Yes (<i>Reask 4a and b</i>) ☐ 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		
B2	1 🔲 "Yes" in 3a or 3b <i>(NP)</i> 2 🗌 Other <i>(6)</i>	1 🔲 "Yes" in 3a or 3b <i>(NP)</i> 2 🗌 Other <i>(6)</i>	B2	1 🔲 "Yes" in 3a or 3b <i>(NP)</i> 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, THEN 7c)	1 ☐ Old age (Mark "Old age" box, THEN 7c)		1 ☐ Old age (Mark "Old age" box, THEN 7c)	1 Old age (Mark "Old age" box, THEN 7c)		
b.	Yes (<i>Reask 7a and b</i>)	Yes (Reask 7a and b)	b.				
 C.	☐ No (7d) ☐ 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. LIMITATION OF ACTIVITIES PAGE, Continued				
B3	Refer to age.	B 3	0 Under 5 (10) 2 18–69 (NP) 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? Priority if 2 or more activities reported: (1) Spent the most time doing; (2) Considers the most important.	8.	1 🗌 Working 2 🔲 Keeping house 3 🔲 Going to school 4 🔲 Something else		
	Because of any impairment or health problem, does – – need the help of other persons with – – personal care needs, such as eating, bathing, dressing, or getting around this home?	9a.	1 🗌 Yes (13) 🗌 No		
	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 – – 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? Ask if injury or operation: When did [the <u>(injury</u>) occur?/ – – have the operation?] Ask if operation over 3 months ago: For what condition did – – have the operation? If pregnancy/delivery or 0–3 months injury or operation — Reask question where limitation reported, saying: Except for – – <u>(condition),?</u> OR reask 13b/c.	13a.	(Enter condition in C2, THEN 13b) 1		
b.	Besides (condition) is there any other condition that causes this limitation?	b.	☐ Yes (<i>Reask 13a and b</i>) ☐ No (13d)		
C.	Is this limitation caused by any (other) specific condition?	C.	☐ Yes (<i>Reask 13a and b</i>) ☐ 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 3	0 Under 5 (10) 2 18-69 (NP) 1 5-17 (11) 3 70 and over (8)	0 ☐ Under 5 <i>(10)</i> 2 ☐ 18–69 <i>(NP)</i> 1 ☐ 5–17 <i>(11)</i> 3 ☐ 70 and over <i>(8)</i>	B 3	0	0 Under 5 (10) 2 18–69 (NP) 1 5–17 (11) 3 70 and over (8)		
8.	1 Working 2 Keeping house 3 Going to school 4 Something else	1 Working 2 Keeping house 3 Going to school 4 Something else	8.	1 Working 2 Keeping house 3 Going to school 4 Something else	1 Working 2 Keeping house 3 Going to school 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 .	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, THEN 13c)	1 Old age (Mark "Old age" box, THEN 13c)		1 Old age (Mark "Old age" box, THEN 13c)	1 🗌 Old age (Mark "Old age" box, THEN 13c)		
b.	☐ Yes (<i>Reask 13a and b</i>) ☐ No (<i>13d</i>)	Yes (<i>Reask 13a and b</i>)	b.	☐ Yes (<i>Reask 13a and b</i>) ☐ No (<i>13d</i>)	☐ Yes (<i>Reask 13a and b</i>) ☐ No (13d)		
C.	Yes (<i>Reask 13a and b</i>)	☐ Yes (Reask 13a and b) ☐ No	c.	☐ Yes (<i>Reask 13a and b</i>) ☐ No	☐ Yes (<i>Reask 13a and b</i>) ☐ 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. LIMITATION OF ACTIVITIES PAGE, Continued		
B4	Refer to age.	B4	0 ☐ Under 5 <i>(NP)</i> 2 ☐ 60–69 <i>(14)</i> 1 ☐ 5–59 <i>(B5)</i> 3 ☐ 70 and over <i>(NP)</i>
B5	Refer to "Old age" and "LA" boxes. Mark first appropriate box.	B 5	 "Old age" box marked (14) Entry in "LA" box (14) Other (NP)
==	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 ha	nder 18, skip to next person; otherwise ask: cause of any impairment or health problem, does – – need the help of other persons in ndling – – routine needs, such as everyday household chores, doing necessary business, opping, or getting around for other purposes?	b.	2 🗌 Yes (15) 3 🗌 No (NP)
As As If p	at (other) condition causes this? (if injury or operation: When did [the <u>(injury)</u> occur?/ – – have the operation?] (if operation over 3 months ago: For what condition did – – have the operation? regnancy/delivery or 0–3 months injury or operation — Reask question 14 where limitation reported, saying: Except for – – <u>(condition)</u> ,? OR reask 15b/c.	15a.	(Enter condition in C2, THEN 15b) 1 □ Old age (Mark "Old age" box, 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>) ☐ 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. ich of these conditions would you say is the MAIN cause of this limitation?	d.	Onlý 1 condition
FOOTNO	٠		

B4	0 Under 5 (<i>NP</i>) 2 60–69 (<i>14</i>) 1 5–59 (<i>B5</i>) 3 70 and over (<i>NP</i>)	0 Under 5 <i>(NP)</i> 2 60–69 <i>(14)</i> 1 5–59 <i>(B5)</i> 3 70 and over <i>(NP)</i>	B4	0 ☐ Under 5 <i>(NP)</i> 2 ☐ 60–69 <i>(14)</i> 1 ☐ 5–59 <i>(B5)</i> 3 ☐ 70 and over <i>(NP)</i>	0 Under 5 (NP) 2 60–69 (14) 1 5–59 (B5) 3 70 and over (NP)
B 5	 "Old age" box marked (14) Entry in "LA" box (14)¹ Other (NP) 	 "Old age" box marked (14) Entry in "LA" box (14) Other (NP) 	B 5	 "Old age" box marked (14) Entry in "LA" box (14) Other (NP) 	 "Old age" box marked (14) Entry in "LA" box (14) Other (NP)
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, THEN 15c)	1 Old age (Mark "Old age" box, THEN 15c)		1 🗍 Old age (Mark "Old age" box, THEN 15c)	1 Old age (Mark "Old age" box, THEN 15c)
b.	☐ Yes (<i>Reask 15a and b</i>) ☐ No (<i>15d</i>)	☐ Yes (<i>Reask 15a and b</i>) ☐ No (<i>15d</i>)	b.	☐ Yes (<i>Reask 15a and b</i>) ☐ No (<i>15d</i>)	☐ Yes (<i>Reask 15a and b</i>) ☐ No (<i>15d</i>)
C.	Yes (Reask 15a and b) No	☐ Yes (<i>Reask 15a and b)</i> ☐ No	c.	☐ Yes (<i>Reask 15a and b</i>) ☐ No	☐ Yes (<i>Reask 15a and b</i>) ☐ 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. {The next qu	uestions refer to the 2 w	eeks outlined in red on	D	2	☐ No days in 2b or 3b (☐ 1 or more days in 2b			
that calend Sunday <u>(dat</u>	ar, beginning Monday, <u>(d</u> <u>e)</u> .}	<u>ate)</u> and ending this past	1 [wor	ow many of the <u>(numbe</u> k/school] did – – stay in use of illness or injury?	bed more	<u>3b)</u> days missed f than half of the	rom day
D1	<i>to age.</i> der 5 (4) □ 5–17 (3)	☐ 18 and over <i>(1)</i>		(00 🗆 None	o. of days		
business no	OSE 2 WEEKS, did – – wo ot counting work around k in the family [farm/busi	rk at any time at a job or the house? (Include ness].)			r to 2b, 3b, and 4b. counting the day(s)		d from work d from school n bed),
1 🗌 Yes	(Mark "Wa" box, THEN 2)	2 🗆 No		Was	there any (OTHER) time n on the things – – usua	e during ti	hose 2 weeks that	nt – – cut s or injury?
b. Even thoug have a job o	h – – did not work during or business?	those 2 weeks, did – –			□Yes	00 □ N		
	: (Mark "Wb" box, THEN 2) 	•	- b. ((Aga	in, not counting the da	y(s)	missed from wo 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 B) days did – – ci	L 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 than half of illness or in	the day from – – job or b	ny days did – – miss more usiness because of			00 🗌 None	ut-down day	/S	
00 🗆 No	· · · · · · · · · · · · · · · · · · ·	(4)		3	Refer to 2–6. □ No days in 2–6 (Mark □ 1 or more days in 2–6			
because of	se 2 weeks, did – – miss a 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 (or) stay in bed	during those
b. During that than half of	2-week period, how main the day from school bec	y days did – – miss more 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 miss school	during
00 🗆 No]	b. 	Did	any other condition cau	use – – to	(or) stay in bed (or) cut down	that 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 f illness or injury?						
00 🗆 No	No. of bed days	(D2)						

D. RESTRICTED ACTIVITY PAGE PERSON 2	Refer to 2b and 3b.					
Hand calendar. {The next questions refer to the 2 weeks outlined in red on	D2 □ No days in 2b or 3b (6) □ 1 or more days in 2b or 3b (5)					
that calendar, beginning Monday, <u>(date)</u> and ending this past Sunday <u>(date)</u> .}	 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? 					
D1 <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 business not counting work around the house? (Include 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 down on the things usually does because of illness or injury?					
b. Even though – – did not work during those 2 weeks, did – – 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),					
 2a. During those 2 weeks, did miss any time from a job or business because of illness or injury? □ Yes 00 □ No (4) 	During that period, how many (OTHER) days did – – cut down for more than half of the days because of illness or injury?					
b. During that 2-week period, how many days did – – miss more than half of the day from – – job or business because of illness or injury?	No. of cut-down days 00 □ None					
00 None (4)	Refer to 2–6. D3 □ No days in 2–6 (Mark "No" in RD, THEN NP) □ 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 Ta. What (other) conditio					
b. During that 2-week period, how many days did – – miss more 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 miss school (or) stay in bed period?					
4a. During those 2 weeks, did – – stay in bed because of illness or injury?	(or) cut down period? 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 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. {The next questions refer to the 2 weeks outlined in red on that calendar, beginning Manday, (dota) and anding this past.)2	 □ No days in 2b or 3b (6) □ 1 or more days in 2b or 3b (5)
	that calendar, beginning Monday, <u>(date)</u> and ending this past Sunday <u>(date)</u> .}	5.	[wo	now many of the <u>(number in 2b or 3b)</u> days missed from rk/school] did – – stay in bed more than half of the day 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 business not counting work around the house? (Include unpaid work in the family [farm/business].)	- 6a		r to 2b, 3b, and 4b. counting the day(s) [missed from work missed from school]), (and) in bed
	1 □ Yes (<i>Mark "Wa" box, THEN 2</i>) 2 □ No			there any (OTHER) time during those 2 weeks that – – cut n on the things – – usually does because of illness or injury?
b.	Even though – – did not work during those 2 weeks, did – – 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),
Za .	During those 2 weeks, did – – miss any time from a job or business because of illness or injury?		D	[(and) in bed]
	□ Yes 00 □ No (4)		for	ng that period, how many (OTHER) days did – – cut down nore than half of the days because of illness or injury?
b.	During that 2-week period, how many days did – – miss more than half of the day from – – job or business because of illness or injury?			No. of cut-down days
	00 None (4))3	<i>Refer to 2–6.</i> □ No days in 2–6 <i>(Mark "No" in RD, THEN NP)</i> □ 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 (or) stay in bed (or) cut down during that period?
4 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 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. {The next questions refer to the 2 weeks outlined in red on 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> rk/school] did – – s ause of illness or i	tay in bed mo	o <u>r 3b)</u> days missed f bre than half of the	rom 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 ng work around th family [farm/busine	at any time at a job or e house? (Include ess].)	6a.		er to 2b, 3b, and 4b. It counting the day	(s) miss	ed from work ed from school) in bed),
		1 □ Yes (Mark "V	Va" box, THEN 2)	2 🗌 No		Was	there any (OTHER) time during	those 2 weeks that because of illness	nt – – cut s or injury?
b.	Eve hav	en though – – did 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 missed from scl	
			ks, did – – miss any f illness or injury?	time from a job or		. \	ani, not counting t	(and) in bed		
		🗆 Yes	00 🗌 No <i>(4)</i>			Dur for	ing that period, ho more than half of t	w many (OTH the days beca	IER) days did – – cu nuse of illness or in	ıt down jury?
	tha	ring that 2-week n half of the day ess or injury?	period, how many from – – job or bus	days did – – miss more 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. □ No days in 2-6			
		ring those 2 wee ause of illness o	ks, did – – miss any 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 miss school (or) stay in bed	during those
b.	Dur tha	ring that 2-week n half of the day	period, how many from school becau	days did – – miss more 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 that period?
		ring those 2 wee ary?	ks, did – – stay in b	ed because of illness or			1□ Yes (<i>Reask 7a i</i>	and b) 2	(or) cut down	
		🗌 Yes	00 🗌 No <i>(6)</i>		FO	OTNC	DTES			
			period, how many ne day because of i	days did – – stay in bed 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 Su	it calendar, begin nday <u>(date)</u> .}	ning Monday, <u>(date</u>	e) and ending this past	[v	n how many of the /ork/school] did – - ecause of illness o	 stay in bed mo 	<u>r 3b)</u> days missed to bre than half of the	from 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 ng work around th amily [farm/busine	at any time at a job or e house? (Include ess].)		efer to 2b, 3b, and 4l lot counting the da	r miss ay(s) miss	ed from work ed from school) in bed),
	1 □ Yes (<i>Mark</i> "M	Va" box, THEN 2)	2 🗍 No	w	as there any (OTH own on the things	ER) time during	those 2 weeks the	at – – cut
	en though – – did 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 bu	ring those 2 weel 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, In more than half o	how many (OTH If the days beca	IER) days did – – cu use of illness or in	it down ijury?
tha	ring that 2-week an half of the day less or injury?	period, how many from – – job or bus	days did – – miss more 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)	D 3		6 (Mark "No" in		
a. Du be	ring those 2 weel cause of illness o	ks, did – – miss any 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 miss school	during those
b. Du tha	ring that 2-week an half of the day	period, how many from school becau	days did – – miss more ise of illness or injury?	-	nter condition in C2,		(or) stay in bed (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 (or) stay in bed	during that period?
	ring those 2 weel 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 e day because of i	days did – – stay in bed 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> ☐ 14 and over <i>(1a)</i>
1a. During those 2 weeks, how many times did – – se types of doctors, such as dermatologists, psychia general practitioners and osteopaths.} (Do not co hospital.)	atrists, and ophthalmologists, as w	vell as	1a. and b.	00 🗌 None
b. During those 2 weeks, how many times did anyo (Do not count times while an overnight patient in	ne see or talk to a medical doctor a a hospital.)	about – –?		Number of times
2a. (Besides the time(s) you just told me about) Durir receive health care at home or go to a doctor's of Include care from a nurse or anyone working wit while an overnight patient in a hospital.	ffice, clinic, hospital or some othe h or for a medical doctor. Do not c	r place? count times		
b. Who received this care? 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 get any medical advice, prescriptions or test resu 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 , nurse, or		
٥	□ Yes	🗌 No <i>(E2)</i>		
b. Who was the phone call about? Mark "Phone call" I	box in person's column.		3b.	Phone call
c. Were there any calls about anyone else?	□ Yes (Reask 3b and c)	□ No		
Ask for each person with "Phone call" in 3b:			d.	[] ·
d. How many telephone calls were made about – -?				
				Number of calls
E2 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> ☐ 14 and over <i>(1a)</i>	☐ Under 14 <i>(1b)</i> ☐ 14 and over <i>(1a)</i>	E1	Under 14 (<i>1b)</i> It and over (<i>1a</i>)	☐ Under 14 <i>(1b)</i> ☐ 14 and over <i>(1a)</i>
1a. and b.	00 🗌 None	00 🗆 None (<i>NP</i>)	1a. and 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.		 	d.	·	
	Number of times	Number of times		Number of times	Number of times
3b.			3b.		
	Phone call	Phone call	_ 	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					

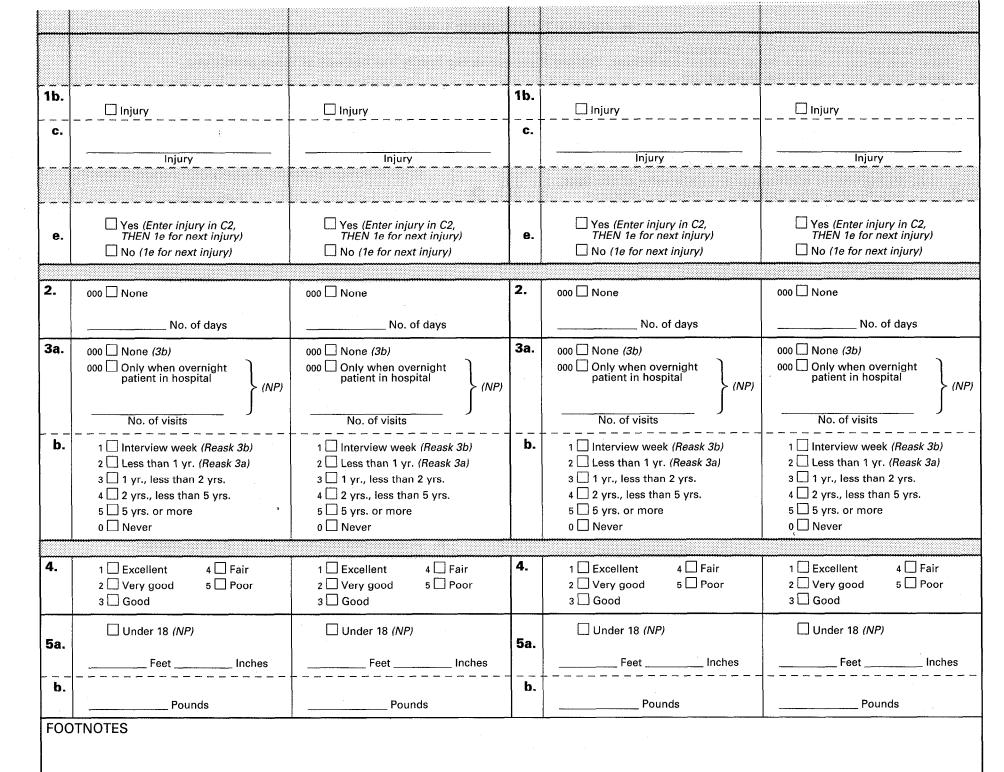
F. 2-WEEK DOCTOR VISITS PAGE	DR V	DR VISIT 1			
Refer to C1, "2-WK. DV" box. PERSON NUMBER					
F1 Refer to age.	F1	☐ Under 14 <i>(1b)</i> ☐ 14 and over <i>(1a)</i>			
1a. On what (other) date(s) during those 2 weeks did – – see or talk to a medical doctor, nurse, or doctor's assistant?	1a. and				
 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? 	b.	Month Date OR { 7777 🗌 Last week 8888 🗌 Week before			
Ask after last DR visit column for this person: c. Were there any other visits or calls for – – during that period? Make necessary correction to 2-Wk, DV box in C1.	C.	1 Yes (Reask 1a or b and c) 2 No (Ask 2–6 for each visit)			
 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? 	2.	01			
If doctor's office: Was this office in a hospital? If hospital: Was it the outpatient clinic or the emergency room? If clinic: Was it a hospital outpatient clinic, a company clinic, a public health clinic, or some other kind of clinic? If lab: Was this lab in a hospital? What was done during this visit? (Footnote)		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. 3a. Did actually talk to a medical doctor?	3a. and	1 🗌 Yes (3f) 8 🗌 DK if M.D. (3c) 2 🗍 No (3c) 9 🗍 DK who was seen (3f)			
 b. Did anyone actually talk to a medical doctor about? c. What type of medical person or assistant was talked to? 	<u>b.</u> 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. and	1 🗋 GP(4) 2 🗋 Specialist (3g) 9 🗍 DK (4)			
f. Is that doctor a general practitioner or a specialist?	f .				
g. What kind of specialist?	g.	Kind of specialist			
Ask 4b if under 14. 4a. For what condition did – – see or talk to the [doctor/ <u>(entry in 3c)</u>] on <u>(date in 1)</u> ? Mark first appropriate box.	4a. and	1 Condition (Item C2, THEN 4g) 2 Pregnancy (4e) 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 .	8 🗌 Other (Specify) 🙀 (4g)			
c. Was a condition found as a result of the [test(s)/examination]?	c.	☐ Yes (4h) ☐ No			
d. Was this [test/examination] because of a specific condition – – had?	d.	☐ Yes (4h) ☐ No (4g)			
e. During the past 2 weeks was sick because of her pregnancy?	e.	☐ Yes ☐ No (4g)			
f. What was the matter?	f.	(Item C2, 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?	h .	Pregnancy (4e)			
		(Item C2, Condition THEN 4g)			
Mark box if "Telephone" in 2. 5a. Did – – have any kind of surgery or operation during this visit, including bone settings and stitches?	5a.	0 Telephone in 2 1 Yes 2 No (6) (Next Dr. visit)			
b. What was the name of the surgery or operation? If name of operation not known, describe what was done.	b.	(1)			
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/ 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)	F1	Under 14 (1b) I 14 and over (1a)	F1	☐ Under 14 (<i>1b</i>) ☐ 14 and over (<i>1a</i>)
1a. and b.	Month Date OR { 7777 [] Last week	1a. and b.	Month Date OR { 7777 🗌 Last week 8888 🗋 Week before	1a. and b.	Month Date OR { 7777 🗌 Last week
C.	1 Yes (Reask 1a or b and c) 2 No (Ask 2–6 for each visit)	C.	1 Yes (Reask 1a or b and c) 2 No (Ask 2–6 for each visit)	с.	1 Yes (Reask 1a or b and c) 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. and b.	1 □ Yes (<i>3f</i>) 8 □ DK if M.D. (<i>3c</i>) 2 □ No (<i>3c</i>) 9 □ DK who was seen (<i>3f</i>)	3a. and b.	1 🗌 Yes (<i>3f</i>) 8 🗌 DK if M.D. (<i>3c</i>) 2 🗌 No (<i>3c</i>) 9 🗍 DK who was seen (<i>3f</i>)	3a. and 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. and f.	1 GP(4) 2 Specialist (3g) 9 DK (4)	e. and f.	1 GP(4) 2 Specialist (3g) 9 DK (4)	e. and 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. and b.	1 ☐ Condition (Item C2, THEN 4g) 2 ☐ Pregnancy (4e) 3 ☐ Test(s) or examination (4c) 8 ☐ Other (Specify) (4g)	4a. and b.	1 Condition (Item C2, THEN 4g) 2 Pregnancy (4e) 3 Test(s) or examination (4c) 8 Other (Specify) \overrightarrow{k} (4g)	4a. and b.	1 ☐ Condition (<i>Item C2, THEN 4g</i>) 2 ☐ Pregnancy (<i>4e</i>) 3 ☐ Test(s) or examination (<i>4c</i>) 8 ☐ Other (<i>Specify</i>) (4g)
	☐ Yes (4h) ☐ No	c.		 C.	Yes (4h) □ No
- <u></u> 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> e.	□ Yes □ No (4g)	e.	Yes □ No (4g)	- e.	Yes □ No (4g)
f.	(<i>Item C2,</i> Condition	f.	(<i>Item C2</i> , ConditionTHEN 4g)	f.	(<i>Item C2,</i> Condition
g .	☐ Yes ☐ No (5)	g.	☐ Yes ☐ No (5)	g.	□ Yes □ No (5)
h.	Condition (Item C2, THEN 4g)	h.	Pregnancy (4e) (Item C2, THEN 4g)	h.	Pregnancy (4e) (Item C2, Condition THEN 4g)
5a.	0	5a.	0 Telephone in 2 1 Yes 2 No (6) (Next Dr. visit)	5a.	0 Telephone in 2 1 Yes 2 No (6) (Next Dr. visit)
b.	(1) (2)	b.	(1)(2)	b.	(1) (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/

FORM HIS-1 (8-1-95)

Page 21

G. HEALTH INDICATOR PAGE 1a. During the 2-week period outlined in red on that calendar, has anyone in the family had an	-	
injury from an accident or other cause that you have not yet told me about?		
□ Yes □ No (2)	1	
b. Who was this? Mark "Injury" box in person's column.	1b.	□ Injury
c. What was – – injury? Enter injury(ies) in person's column.	с.	
		Injury
d. Did anyone have any other injuries during that period?		
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 (about – –) or did – – cut down on – – usual activities for more than half of a day?	e.	 Yes (Enter injury in C2, THEN 1e for next injury) No (1e for next injury)
	\$l	
 During the past 12 months, {that is, since (12-month date) a year ago} ABOUT how many days did illness or injury keep – – in bed more than half of the day? (Include days while an overnight patient in a hospital.) 	2.	000
3a. During the past 12 months, ABOUT how many times did [/anyone] see or talk to a medical doctor or assistant (about)? (Do not count doctors seen while an overnight patient in a hospital.) (Include the (number in 2-WK DV box) visit(s) you already told me about.)	3a.	000 None (3b) 000 Only when overnight patient in hospital
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> 3 1 yr., less than 2 yrs. 4 2 yrs., less than 5 yrs. 5 5 yrs. or more 0 Never
		[
4. Would you say – – health in general is excellent, very good, good, fair, or poor?	4.	1 🗌 Excellent 4 🗌 Fair 2 🗍 Very good 5 🗌 Poor 3 🗌 Good
Mark box if under 18. 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 am going to read a list of 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 family {read names} have	IONTH	S, did anyone in the	4a	. DURING THE PAST 12 N family <u>{read names}</u> have If " Yes ," ask 4b and c.	IONTHS, did anyone in the
	Enter condition and letter i	n appr		C	. Who was this? . DURING THE PAST 12 N	NONTHS, did anyone else hav in appropriate person's column.
	Make no entry in item C2 f throat; or "virus" even if re Conditions affecting the di	ported	in this list.	4	A–B are conditions affectil C is a blood condition.	ng the glandular system.
А.	Galistones?		Reask 3a.		D–I are conditions affectin J–Y are conditions affectir	g the nervous system. ng the genito-urinary system. Reask 4a.
B.	Any other gallbladder	- 1	Enteritis? Diverticulitis?	A	A goiter or other thyroid trouble?	N. Any other kidney trouble?
	trouble?		(Dye-ver-tic-yoo-lye'tis)	B	Diabetes?	O. Bladder trouble?
с.	Cirrhosis of the liver?	P. 	Colitis?	C	Anemia of any kind?	P. Any disease of the genital organs?
D .	Fatty liver?	Q .	A spastic colon?	D	. Epilepsy?	Q. A missing breast?
E.	Hepatitis?	R.	FREQUENT constipation?	E	. REPEATED seizures,	R. Breast cancer?
F.	Yellow jaundice?	. S.	Any other bowel trouble?		convulsions, or blackouts?	S. * Cancer of the prostate?
G.	Any other liver trouble?	 т.	Any other intestinal trouble?	F	. Multiple sclerosis?	T. * Any other prostate - trouble?
н.	An ulcer?		Cancer of the stomach, intestines,		. Migraine?	U. ** Trouble with menstruation?
			colon, or rectum?	H	. FREQUENT headaches?	V. ** A hysterectomy?
	A hernia or rupture?	- v.			. Neuralgia or neuritis?	a hysterectomy?
J .	Any disease of the esophagus?		months, did anyone (else) in the family have any other	J J	. Nephritis?	W. ** A tumor, cyst, or growth of the uterus or ovaries?
к.	Gastritis?		condition of the digestive system?	K	. Kidney stones?	X. ** Any other disease - of the uterus or
L.	FREQUENT indigestion?		If "Yes," ask: Who was this? — What was the condition? Enter in item C2. THEN reach V		REPEATED kidney infections?	V. **Any other female trouble?
м.	Any other stomach trouble?	+	item C2, THEN reask V.	M	. A missing kidney?	*Ask only if males in fam **Ask only if females in fam

ad to respondent(s) and ask list s w I am going to read a list of en if you have mentioned ther	medic	al conditions. Tell me in	·····		<u> </u>	conditions,	
5a. Has anyone in the family 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 " Yes ," ask 6b and c.		
c. Has anyone else EVER ha	d			b .	Who was this?		
-				c.	DURING THE PAST 12 M	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 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?		 B.	Asthma?	L. Lung cancer?	
. Congenital heart disease?		Angina pectoris? (pek'to-ris)		C.	Hay fever?	M. Emphysema?	
. Coronary heart disease?	 J.	A myocardial infarction?		D .	Sinus trouble?	N. Pleurisy?	
 Hypertension, sometimes called high blood pressure? 	 К.	Any other heart attack?			A nasal polyp?	O. Tuberculosis?	
5d. DURING THE PAST 12 M family have —) ONTH	S, did anyone in the		F .	A deflected or deviated nasal septum?	P. Any other work- related respiratory condition, such as dust	
If " Yes ," ask 5e and f. e. Who was this?				G.	* Tonsilitis or enlargement of the tonsils or adenoids?	on the lungs, silicosis, asbestosis, or 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 months did anyone (else) in the family	
Conditions affecting the hea	art and	l circulatory system.		1.	A tumor or growth of the throat, larynx, or trachea?	 have any other respiratory, lung, or pulmonary condition? If "Yes," ask: Who was 	
L. Damaged heart valves?	0. 	Any blood clots?		J.	A tumor or growth of the bronchial tube or lung?	this? — What was the condition? Enter in item C2, THEN reask Q.	
M. Tachycardia or rapid	B.	Varicose veins?			* If reported in this list onl		
heart?				1	•	y, ask. 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?		2. How long did it last? If 1 month or longer, enter in item C If less than 1 month, do not record.			
P. An aneurysm? (an yoo-rizm)	υ.	Any other condition affecting blood 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 (
 4. For what condition did enter the hospital? For delivery ask: For newborn ask: For newborn ask: For initial "No condition" ask: Why did enter the hospital? Why did enter the hospital? For tests, ask: What was the matter? What was the matter? 4. For what condition did enter the hospital? For tests, ask: What were the results of the tests? If no results, ask: Why were the tests performed? 	4.	1 🗌 Norma 2 🗍 Norma 3 🗍 No con Conditi	l delivery l at birth dition	
J1 <i>Refer to questions 2, 3, and 2-week reference period.</i>	J1	period	t one night in 2-we <i>(Enter condition ir</i> 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. What was the name of the surgery or operation? 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 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 19	2.	Month	Date	Year 19	2.	Month	Date	Year 19
3.	0000 🗌 None			3.	0000 🗌 None (/			3.	0000 🗌 None	(Next HS)	
4.	1 🗌 Norma 2 🗌 Norma 3 🗌 No cor 🗌 Condit	ndition		4.	1 🗌 Norma 2 🗌 Norma 3 🔲 No con 🗌 Conditi	l at birth } (5)		4.			
J1		st one night in 2-we (<i>Enter condition ir</i> ghts in 2-week refe		J1		t one night in 2-v <i>(Enter condition</i> hts in 2-week refe		J1	At least one night in 2-week reference period (Enter condition in C2, THEN S 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 Number and stre			6.	Name Number and stre	et		6.	Name 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 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 Ache (except head or ear) Bleeding (except menstrual)	Growth Hemorrhage Infection	Rupture Sore(ness) Stiff(ness)
2.	in C2 as so When did about – –	ource. [– –/anyor (condition)	ne] last see (?	or talk to a	doctor or a			Blood clot Boil Cancer Cramps (except menstrual) Cyst	Inflammation Neuralgia Neuritis Pain Palsy	Tumor Ulcer Varicose veins Weak(ness)
		w week <i>(Rea</i> eference perio		5 🛄 2 yrs., li 6 🛄 5 yrs. o	ess than 5 yrs. r moro			Damage	Paralysis	
		weeks, less t		7 🗌 5 yrs. 6			a.	What part of the body is a	affected?	
		less than 1 y ss than 2 yrs		8 🗌 DK if Dr 9 🗌 Dr. neve	L L	(3b)	, J.	Show the following detail:		(Specify)
3a.	. (Earlier yo call the <u>(c</u>	ou told me	about <u>(co</u> y a more tecl	<u>ndition)</u>) Did mical or spe	the doctor	or assistant		Head Back/spine/vertebrae Side		upper, middle, lower
	1 🗌 Yes	2	No	9 🗌 DK				Ear		
	Ask 3b if "		otherwise tra		dition name	from		Arm shoulder, upp Hand	oer, elbow, lower	or wrist; left, right, or both
b		-	 call it?					Leghip, up		
					(Specify)			Foot enti	re foot, arch, or to	oes only; left, right, or both
	3 🗌 Norma	Blindness (NC I pregnancy, y, vasectomy	normal	2 🗌 Cancer 4 🗌 Old age 8 🗌 Other (J	(NC)			Except for eyes, ears, or int 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) 7	(Specify) 🖌		h	Infection Sore Sor What part of the <u>(part of t</u> [infection/sore/soreness] other part?	eness body in 3b–g) is – the skin, mu	affected by the 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 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 Anemia Asthma	Attack Bad Cancer	Condition Cyst Defect	Disease Disorder Growth	Measies Problem Rupture	Trouble Tumor Ulcer	5.	a. When was – – <u>(conditio</u> first noticed?	n in 3b/3f)	1 🗌 2-wk. ref. pd. 2 🗌 Over 2 weeks to 3 months 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 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> or was it before that date	late of 2-week re 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 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 14. 1 2 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	,	s
. <u> </u>	half of the day from – – job or business because of this condition? ⁰⁰ None Days		Mark box if under 18. Under 18 (16) Was – – under 18 when the accident happened?
	Ask if age 5–17: During those 2 weeks, how many days did – – miss more than half of the day from school because of this condition? ⁰⁰ \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? 1 □ Yes 2 □ No (17) 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) ☐ 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? What kind of injury was it? Anything else?
b.	Is this condition completely cured or is it under control? 2 Cured 8 Other (Specify) 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. \ 	Ask if box 3, 4, or 5 marked in Q. 5: What part of the body is affected now? How is – – <u>(part of body)</u> affected? Is – – affected in any other way?
d.	Was this condition present at any time during the past 12 months? 1 9 Yes 2 10 No		Part(s) of body * Present effects **
K	 0 □ Not an accident/injury (NC) 1 □ First accident/injury for this person (14) 8 □ Other (13) 		* Enter part of body in same detail as for 3g. ** If multiple present effects, enter in C2 each one that is not the same as 3b or C2 and complete a separate condition page for it.

Mark "2-w n C2 as so	condition					following er	itries in 3D-T		
n C2 as so	k. ref. pd." l					Abscess		Growth	Rupture
Nhen did		box without	asking if "DV	" or "HS"		Blood clot	head or ear) ept menstrual	Inflammation	Sore(ness) Stiff(ness) Tumor
about – –	[– –/anyon (condition)		or talk to a	doctor or a	ssistant	Boil Cancer Cramps (exce	ept menstrual)	Neuralgia Neuritis Pain	Ulcer Varicose veins Weak(ness)
	w week <i>(Reas</i> ference perio		5 🗌 2 yrs., le 6 🗌 5 yrs. o	ess than 5 yrs. r more		Cyst Damage		Palsy Paralysis	
	weeks, less th		7 Dr. seer			q. What part (of the body i	s affected?	
	less than 1 y		8 🗌 DK if Dı	<u> </u>	(3b)		llowing detail		(Specify)
↓ 1 yr., le	ss than 2 yrs.		9 🗌 Dr. neve	er seen	(0.0)				skull, scalp, face
Earlier yo call the <u>(c</u>	ou told me a ondition) by	about – – <u>(cc</u> a more tec	ondition)) Did hnical or spe	the doctor cific name?	or assistant	Back/spine/v Side	ertebrae		upper, middle, lower
Yes	2 [] No	9 🗌 DK						
			anscribe con	dition name	from	Hand		entire hand or fing	ers only; left, right, or both
What did	he or she	call it?		Speciful		-			-
			2 🗌 Cancer	(3e)		Except for e	yes, ears, or in	nternal organs, as	
delivery	, vasectomy	(5)					•		
Nhat was	the cause	e of – – <u>(con</u>	dition in 3b) ?	(Specify) 📈	· · · · · · · · · · ·	h. What part [infection/s	of the <u>(part of</u> sore/sorenes	f body in 3b–g) is	affected by the scle, bone, or some
Mark box	if accident o	or injury.	• 0 🗌 Accide	ent/injury (Pr	obe, then 5)	-			···
Did the <u>(a</u>	ondition in	3b) result f	rom an acci	ident or inj	ury?	Ask if there	are any of the	following entries	in 3b-f:
_		Ask probes	s as necessar	y. Record re	sponses in 3c:			-	
1 ∐ Yes <i>(Pr</i> 2	obe, then 5)				the injury?)				r benign?
Ask 3e if t	he conditio	n name in 3t	b includes an	y of the follo	wing words:	1 🗌 Malignar	1t 2	Benign	9 🗍 DK
Ailment Anemia Asthma	Attack Bad Cancer	Condition Cyst Defect	Disease Disorder Growth	Measles Problem Rupture	Trouble Tumor Ulcer	firet no		ion in 3b/3f)	1 2-wk. ref. pd. 2 0ver 2 weeks to 3 months 3 0ver 3 months to 1 year
What kin	d of <u>(condi</u>	tion in 3b) is	; it?	(Specify)			id – – <u>(name c</u>	of injury in 3b)?	4 Over 1 year to 5 years 5 Over 5 years
Ask 3f onl	v if allerav	or stroke in :	 3b_e:			Ask probes	as necessarv:		
				– –? (Specif	y) 📈	(Was it on	or since (first	date of 2-week re	f. period)
· · · · ·									n 3 months ago?)
									-
effect. Ent	er in item C	2 and comp					-		· · · ·
	Call the <u>(ca</u> Call the <u>(ca</u> Ask 3b if " tern 1 with Nhat did Color B Color B Color B Normal delivery Nhat was Mark box Did the <u>(ca</u> Call Yes (Pro- 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

К ′ 6а.	Refer to RD and C2. 1	 13. Is this (condition in 3b) the result of the same accident you already told me about? □ Yes (Record condition page number where
	(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) 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 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 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? 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? 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) 8 Other (13)	** If multiple present effects, enter in C2 each one that is not the same as 3b or C2 and complete a separate condition page for it.

	CONDITION 3		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: Abscess	Growth	Rupture
Mark "2-w in C2 as s	k. ref. pd." box without ource.	asking if "DV	" or "HS"		1	Ache (except head or ear) Bleeding (except menstrual) Blood clot	Hemorrhage Infection Inflammation	Sore(ness) Stiff(ness) Tumor
2. When did about	[/anyone] last see (condition)?	or talk to a	doctor or a	ssistant		Boil Cancer Cramps (except menstrual)	Neuralgia Neuritis Pain	Ulcer Varicose veins Weak(ness)
	w week <i>(Reask 2)</i> eference period	5 🗌 2 yrs., li 6 🗌 5 yrs. o	ess than 5 yrs. r more	·		Cyst Damage	Palsy 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. ss than 2 yrs.	8 🗌 DK if Dı 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 Back/spine/vertebrae 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 ' item 1 wit	Yes" in 3a, otherwise tr hout asking:	anscribe con	dition name	from		Arm shoulder, upp 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> I pregnancy, normal y, vasectomy <i>(5)</i>	2 🗌 Cancer 4 🗌 Old age 8 🗌 Other ()	e (NC)			Except for eyes, ears, or inte 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) f	(Specity) 📈		h	. What part of the <u>(part of b</u> [infection/sore/soreness] · other part?	<u>ody in 3b–g)</u> is a – the skin, mus	affected by the scle, bone, or some
 Mark box	if accident or injury.	. 0 🗆 Accide	ent/injury (Pr		-	(Specify)		·
d. Did the <u>(</u>	<u>condition in 3b)</u> result (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 Anemia Asthma	Attack Condition Bad Cyst Cancer Defect	Disease Disorder Growth	Measles Problem Rupture	Trouble Tumor Ulcer	5.	a. When was <u>(condition</u> first noticed?	n in 3b/3f)	1 🗌 2-wk. ref. pd. 2 🗋 Over 2 weeks to 3 months 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) ?	4 Over 1 year to 5 years 5 Over 5 years
Ack of on		3h_e,			·	Ask probes as necessary:		
	s the [allergy/stroke]		? (Specif	y) 📈		(Was it on or since <u>(first d</u> or was it before that date		f. period)
						(Was it less than 3 month	-	3 months ago?)
						(Was it less than 1 year o		_
effect. En	e, fill remainder of this c ter in item C2 and comp					(Was it less than 5 years of		-
each addi	tional present effect.					· · · · · · · · · · · · · · · · · · ·	·	FORM HIS-1 (8-1-

K 6a.	Refer to RD and C2. 1	13.	Is this <u>(condition in 3b)</u> the result of already told me about? Yes (Record condition page number w accident questions first completed No	·
	□ Yes □ No (<i>K2</i>)	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) 2 At home (adjacent premises) 3 Street and highway (includes roadway) 	and public sidewalk)
7.	During those 2 weeks, how many days did – – stay in bed for more than half of the day because of this condition?		4	
	Ask if "Wa/Wb" box marked in C1: During those 2 weeks, how many days did – – miss more than half of the day from – – job or business because of this condition? 00		8 □ Other (Specify) Mark box if under 18. □ Ut	nder 18 <i>(16)</i>
		15a	. Was – – under 18 when the accide	
	Ask if age 5–17: 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 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 accident in any way?	. (17)
11.	Was – – ever hospitalized for – – (condition in 3b)?	b	. Was more than one vehicle involv 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 What kind of injury was it? 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) 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: What part of the body is affected How is – – (part of body) affected? 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		· ·	
K	Q □ Not an accident/injury (NC) 1 □ First accident/injury for this person (14) 8 □ Other (13) IS-1 (8-1-95)		* Enter part of body in same detail ** If multiple present effects, enter i 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 following entries in 3b–f:	rment (reter to Ca	ira CP2) or any of the
	in C2 as so	k. ref. pd." burce.	box without	- -		ssistant		Abscess Ache (except head or ear) Bleeding (except menstrual) Blood clot Boil	Inflammation Neuralgia	Rupture Sore(ness) Stiff(ness) Tumor Ulcer
	about (0 - Interview 1 - 2-wk. ref	(condition] ? ask 2)	5 🗌 2 yrs., le 6 🗌 5 yrs. o	ess than 5 yrs. r more			Cancer Cramps (except menstrual) Cyst Damage	Neuritis Pain Palsy Paralysis	Varicose veins Weak(ness)
	2 🗌 Over 2 v 3 🗌 6 mos., I 4 🗌 1 yr., les	less than 1	yr.	7 _ Dr. seer 8 _ DK if Dr 9 _ Dr. neve	seen ک	(3b)		Nhat part of the body is Show the following detail: Head		(Specify)
Ba.	call the (co	ondition) b	about – – <u>(co</u> y a more tecl	nnical or spe	the doctor cific name	or assistant ?		Side		
	Ask 3b if "\ item 1 with	Yes" in 3a,	otherwise tra	anscribe cond	dition name			Arm shoulder, u Hand	oper, elbow, lower entire hand or fing	left, right, or both or wrist; left, right, or both Jers only; left, right, or both
b.	What did I	he or she	call it?	· · · · · · · · · · · · · · · · · · ·	(Specify)			Leghip, u Footen		
	1 🗌 Color Bl 3 🗌 Normal delivery		normal	2 🗌 Cancer 4 🗌 Old age 8 🗌 Other (3	(3e) (NC)			Except for eyes, ears, or ir 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) ?		· · · · · · · · · · · · · · · · · · ·	h. 1	nfection Sore So What part of the <u>(part of</u> [infection/sore/soreness other part?	oreness <u>body in 3b-g)</u> is] – the skin, mu	affected by the scle, bone, or some
C.			·	· · · · · · · · · · · · · · · · · · ·	(Specify) 🚽		h.	What part of the <u>(part of</u> [infection/sore/soreness other part?	<u>body in 3b–g)</u> is] – 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> (infection/sore/soreness other part? (Specify)	<u>body in 3b–g)</u> is] – the skin, mu	scle, bone, or some
	Mark box i		or injury. n 3b) result f	₀ □ Accide rom an acci	(Specify)	robe, then 5) ury?	h. \	What part of the <u>(part of</u> [infection/sore/soreness other part?	<u>body in 3b–g)</u> is] – the skin, mu	scle, bone, or some
	Mark box i	if accident	or injury. <u>n 3b)</u> result f Ask probes (How did t	o □ Accide rom an acci as necessar he accident	(Specify)	robe, then 5)	h. 1	What part of the <u>(part of</u> (infection/sore/soreness other part? (Specify) Ask if there are any of the	<u>body in 3b–g)</u> is] – the skin, mu following entries rowth	scle, bone, or some
	Mark box i Did the (c. 1] Yes (Pro 2] No	if accident ondition in obe, then 5)	or injury. <u>n 3b)</u> result f Ask probes (How did t (What was	o □ Accide rom an acci as necessar he accident – – doing at	(Specify) ent/injury (Pr dent or inj y. Record re happen?) the time of	robe, then 5) ury? sponses in 3c:	h.	What part of the <u>(part of</u> [infection/sore/soreness other part? (Specify) Ask if there are any of the Tumor Cyst Gi Is this [tumor/cyst/grow	<u>body in 3b–g)</u> is] – the skin, mu following entries rowth	scle, bone, or some
	Mark box i Did the (c. 1] Yes (Pro 2] No	if accident ondition in obe, then 5)	or injury. <u>n 3b)</u> result f Ask probes (How did t (What was	o □ Accide rom an acci as necessar he accident – – doing at	(Specify) ent/injury (Pr dent or inj y. Record re happen?) the time of	robe, then 5) ury? sponses in 3c: the injury?)	h.	What part of the <u>(part of</u> [infection/sore/soreness other part? (Specify) Ask if there are any of the Fumor Cyst Gi Is this [tumor/cyst/grow	body in 3b-g) is - the skin, mu following entries rowth th] malignant o Benign	scle, bone, or some <i>in 3b-f:</i> r benign? 9 □ DK 1 □ 2-wk. ref. pd. 2 □ Over 2 weeks to 3 mont
d.	Mark box i Did the <u>(c</u> 1] Yes (Pro 2] No Ask 3e if th Ailment Anemia Asthma	if accident ondition in obe, then 5) he condition Attack Bad Cancer	or injury. <u>n 3b)</u> result f Ask probes (How did t (What was on name in 3b Condition Cyst	o □ Accide rom an acci as necessar he accident doing at o includes an Disease Disorder Growth	(Specify) ent/injury (Pi dent or inj y. Record re happen?) the time of y of the follo Measles Problem	robe, then 5) ury? sponses in 3c: the injury?) owing words: Trouble Tumor	h.	What part of the <u>(part of</u> (infection/sore/soreness other part? (Specify) Ask if there are any of the Tumor Cyst Gi Is this [tumor/cyst/grow 1	body in 3b-g) is body in 3b-g) is con in 3b/3f)	scle, bone, or some <i>in 3b-f:</i> r benign? 9 □ DK 1 □ 2-wk. ref. pd. 2 □ Over 2 weeks to 3 mont
d. e.	Mark box i Did the (c. 1) Yes (Pro 2) No Ask 3e if th Ailment Anemia Asthma What kinc Ask 3f only	if accident ondition in obe, then 5) he condition Attack Bad Cancer d of <u>(conc</u> y if allergy	or injury. <u>n 3b)</u> result f Ask probes (How did t (What was on name in 3k Condition Cyst Defect lition in 3b) is v or stroke in 3	o 🗌 Accide rom an acci as necessar he accident – – doing at o includes an Disease Disorder Growth it?	(Specify) ent/injury (Pi dent or inj y. Record re happen?) the time of y of the follo Measles Problem Rupture (Specify)	robe, then 5) ury? sponses in 3c: the injury?) owing words: Trouble Tumor Ulcer	h. 1	What part of the <u>(part of</u> (infection/sore/soreness other part? (Specify) Ask if there are any of the Fumor Cyst Gi Is this [tumor/cyst/grow 1 Malignant 2 [a. When was <u>(conditing</u>)	body in 3b-g) is body in 3b-g) is con in 3b/3f)	scle, bone, or some in 3b-f: r benign? 9 DK 1 2-wk. ref. pd. 2 Over 2 weeks to 3 mont 3 Over 3 months to 1 year 4 Over 1 year to 5 years
d. e.	Mark box i Did the (c. 1) Yes (Pro 2) No Ask 3e if th Ailment Anemia Asthma What kinc Ask 3f only	if accident ondition in obe, then 5) he condition Attack Bad Cancer d of <u>(conc</u> y if allergy	or injury. <u>n 3b)</u> result f Ask probes (How did t (What was on name in 3k Condition Cyst Defect lition in 3b) is	o 🗌 Accide rom an acci as necessar he accident – – doing at o includes an Disease Disorder Growth it?	(Specify) ent/injury (Pi dent or inj y. Record re happen?) the time of y of the follo Measles Problem Rupture (Specify)	robe, then 5) ury? sponses in 3c: the injury?) owing words: Trouble Tumor Ulcer	h.	What part of the <u>(part of</u> (infection/sore/soreness other part? (Specify) Ask if there are any of the Tumor Cyst Gi Is this [tumor/cyst/grow 1	body in 3b–g) is body in 3b–g) is colowing entries following entries rowth th] malignant o Benign fon in 3b/3f) f injury in 3b)?	scle, bone, or some in 3b-f: r benign? 9 DK 1 2-wk. ref. pd. 2 Over 2 weeks to 3 mont 3 Over 3 months to 1 year 4 Over 1 year to 5 years 5 Over 5 years
d. e.	Mark box i Did the (c. 1) Yes (Pro 2) No Ask 3e if th Ailment Anemia Asthma What kinc Ask 3f only	if accident ondition in obe, then 5) he condition Attack Bad Cancer d of <u>(conc</u> y if allergy	or injury. <u>n 3b)</u> result f Ask probes (How did t (What was on name in 3k Condition Cyst Defect lition in 3b) is v or stroke in 3	o 🗌 Accide rom an acci as necessar he accident – – doing at o includes an Disease Disorder Growth it?	(Specify) ent/injury (Pi dent or inj y. Record re happen?) the time of y of the follo Measles Problem Rupture (Specify)	robe, then 5) ury? sponses in 3c: the injury?) owing words: Trouble Tumor Ulcer	h.	What part of the <u>(part of</u> [infection/sore/soreness other part? (Specify) Ask if there are any of the Tumor Cyst G Is this [tumor/cyst/grow 1 □ Malignant 2 [a. When was <u>(conditi</u> first noticed? b. When did <u>(name o</u> Ask probes as necessary: (Was it on or since (first	body in 3b-g) is body in 3b-g) is following entries rowth th] malignant o Benign fon in 3b/3f) f injury in 3b)? date of 2-week reter te?)	scle, bone, or some in 3b-f: r benign? 9 DK 1 2-wk. ref. pd. 2 Over 2 weeks to 3 mont 3 Over 3 months to 1 year 4 Over 1 year to 5 years 5 Over 5 years ef. period)
d. e.	Mark box i Did the (c. 1) Yes (Pro 2) No Ask 3e if th Ailment Anemia Asthma What kinc Ask 3f only	if accident ondition in obe, then 5) he condition Attack Bad Cancer d of <u>(conc</u> y if allergy	or injury. <u>n 3b)</u> result f Ask probes (How did t (What was on name in 3k Condition Cyst Defect lition in 3b) is v or stroke in 3	o 🗌 Accide rom an acci as necessar he accident – – doing at o includes an Disease Disorder Growth it?	(Specify) ent/injury (Pi dent or inj y. Record re happen?) the time of y of the follo Measles Problem Rupture (Specify)	robe, then 5) ury? sponses in 3c: the injury?) owing words: Trouble Tumor Ulcer	h.	What part of the <u>(part of</u> [infection/sore/soreness other part? (Specify)	body in 3b-g) is body in 3b-g) is following entries rowth th] malignant o Benign f injury in 3b/3f) f injury in 3b/? date of 2-week re- te?) ths or more that	scle, bone, or some in 3b-f: r benign? 9 DK 1 2-wk. ref. pd. 2 Over 2 weeks to 3 month 3 Over 3 months to 1 yea 4 Over 1 year to 5 years 5 Over 5 years ef. period) m 3 months ago?)

K	 0 □ Not an accident/injury (NC) 1 □ First accident/injury for this person (14) 8 □ Other (13) 		* Enter part of body in same detail as for 3g. ** If multiple present effects, enter in C2 each one that is not the same as 3b or C2 and complete a separate condition page for it.			
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? How is – – <u>(part of body)</u> affected? Is – – affected in any other way? 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? 2 \Box Cured 8 \Box Other (Specify) ∇		Part(s) of body * Kind of injury			
128	Does still have this condition? 1 □ Yes (K4) 2 □ No		What kind of injury was it? Anything else?			
K	O 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> ? 1 □ Yes 2 □ No	i 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.	 a. Was a car, truck, bus, or other motor vehicle involved in the accident in any way? 1 Yes 2 No (17) 			
		<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	^{D.}	$2 \square Yes (16) \square No$			
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 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 half of the day from – – job or business because of this condition?		Mark box if under 18.			
	00 🗌 None Days Days		 6 School (includes premises) 7 Place of recreation and sports, except at school 8 Other (Specify) 			
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 5 - Industrial place (includes premises) <i>(Specify)</i>				
	than half of the day? 00 None (<i>K2</i>) Days	 2 At home (adjacent premises) 3 Street and highway (includes roadway and public sidewalk) 				
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 – – (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. 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 in C2 as source.		2			Ache (except head or ear) Hemorrhage Sore(ness) Bleeding (except menstrual) Infection Stiff(ness) Blood clot Inflammation Tumor Boil Neuralgia Ulcer	e Sore(ness) Stiff(ness) on Tumor
2. When did [/any about <u>(conditio</u>	onel last see or <u>n)</u> ?	ταικ το α σ	loctor or a	SSISTANT	Cramps (except menstrual) Pain Weak(ness)	
0 - Interview week (R 1 - 2-wk. reference pe 2 - Over 2 weeks, less 3 - 6 mos., less than	eriod s than 6 mos.	5 2 yrs., le 6 5 yrs. or 7 Dr. seen 8 DK if Dr.	, DK_when	· · · · · · · · · · ·	Cyst Palsy Damage Paralysis g. What part of the body is affected?	
4 🗌 1 yr., less than 2 y	,	9 DK if Dr. 9 Dr. neve	L. L.	(3b)	Show the following detail:	
3a. (Earlier you told m call the <u>(condition)</u>	by a more techn	ical or spe	the doctor o cific name?	or assistant	Headskull, scalp, f Back/spine/vertebraeupper, middle, lov Sideleft or ri Earinner or outer; left, right, or b	wer ght
1 🗌 Yes					Eye	oth
Ask 3b if "Yes" in 3 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> 3 🗌 Normal pregnanc delivery, vasector	y, normal	2 Cancer (4 Old age 8 Other (3	(3e) (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	ise of – – <u>(condit</u>	tion in 3b) ?	(Specify) _¥	· · · · · · · · · · · · · · · · · · ·	Infection Sore Soreness h. What part of the <u>(part of body in 3b-g)</u> is affected by the [infection/sore/soreness] – the skin, muscle, bone, or some 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	
$2 \square No$	⁵⁾ (How did the (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 Anemia Bad Asthma Cancer	Condition Cyst Defect	Disease Disorder Growth	Measles Problem Rupture	Trouble Tumor Ulcer	 a. When was (condition in 3b/3f) first noticed? 1 2-wk. ref. pd. 2 Over 2 weeks to 3 m 3 Over 3 months to 1 	
e. What kind of <u>(cor</u>	ndition in 3b) is it	.? ?	(Specify)		b. When did – – (name of injury in 3b)? $5 \square$ 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> 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 effect. Enter in iten each additional pre	n C2 and complet				(Was it less than 5 years or more than 5 years ago?)	

K		 13. Is this (condition in 3b) the result of the same accident you already told me about? □ Yes (Record condition page number where			
6a.	During the 2 weeks outlined in red on that calendar, did (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) 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 more than half of the day because of this condition?	4 Farm 5 Industrial place (includes premises) (Specify) 6 School (includes premises) 7 Place of recreation and sports, except at school 8 Other (Specify)			
8.	Ask if "Wa/Wb" box marked in C1: During those 2 weeks, how many days did – – miss more than 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?	17a	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) 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 How is – – (part of body) affected 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 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 in C2 as source.	nout asking if "DV	" or "HS"	<u> </u>	Ache (except head or ear) Hemorrhage Sore(ness) Bleeding (except menstrual) Infection Stiff(ness) Blood clot Inflammation Tumor
2.	When did [/anyone] last about <u>(condition)</u> ?	see or talk to a	doctor or a	ssistant	Boil Neuralgia Ulcer Cancer Neuritis Varicose veins Cramps (except menstrual) Pain Weak(ness)
	0 🗌 Interview week <i>(Reask 2)</i> 1 🔲 2-wk. reference period	6 🗌 5 yrs. o			Cyst Palsy Damage Paralysis
	2 Over 2 weeks, less than 6 mo 3 6 mos., less than 1 yr. 4 1 yr., less than 2 yrs.	s. <u>7 Dr. se</u> e 8 DK if D 9 Dr. nev	r. seen 2	(3b)	g. What part of the body is affected? (Specify) Show the following detail:
3a.	. (Earlier you told me about - call the (condition) by a more	– <u>(condition)</u>) Did technical or sp	the doctor	or assistant	Head
	1 🗌 Yes 2 🗌 No	9 🗌 DK			Ear
	Ask 3b if "Yes" in 3a, otherwi 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> 3 Normal pregnancy, normal 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 – –				 Infection Sore Soreness h. What part of the (part of body in 3b-g) is affected by the [infection/sore/soreness] – the skin, muscle, bone, or some other part?
	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 did the accident was – – doing at	happen?)		Tumor Cyst Growth 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 Anemia Bad Cyst Asthma Cancer Defect	Disorder	Measles Problem Rupture	Trouble Tumor Ulcer	 a. When was (condition in 3b/3f) first noticed? 1 2-wk. ref. pd. 2 Over 2 weeks to 3 mont 3 0ver 3 months to 1 year
e	. What kind of <u>(condition in 3</u>	3b) is it?	(Specify)		b. When did – – <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:
Т .	. 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> 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 effect. Enter in item C2 and c each additional present effect	omplete a separa			(Was it less than 5 years or more than 5 years ago?)

K 1 6a.	Refer to RD and C2. 1	13.	Is this <u>(condition in 3b)</u> the result of already told me about? Yes (Record condition page number w accident questions first completed No	
	$\square Yes \square No (K2)$	14.		
1	During that period, how many days did – – cut down for more than half of the day? 00 🗌 None (<i>K2</i>) Days		 1 At home (inside house) 2 At home (adjacent premises) 3 Street and highway (includes roadway 4 Farm 	and public sidewalk)
7.	During those 2 weeks, how many days did – – stay in bed for more than half of the day because of this condition? 00 [None [Days		 5 Industrial place (includes premises) (S 6 School (includes premises) 7 Place of recreation and sports, except 	
8	Ask if "Wa/Wb" box marked in C1: During those 2 weeks, how many days did – – miss more than half of the day from – – job or business because of this condition?	- 	8 Other (Specify) V 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: 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 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)
	1 🗌 Yes 2 🗌 No	_	. Was [it/either one] moving at the	
K :	 Missing extremity or organ (K4) Other (12) 		1 🗌 Yes 2 🗌 No	0
12a.	Does still have this condition? 1 □ Yes (K4) 2 □ No	17a	At the time of the accident what What kind of injury was it? 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) 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: What part of the body is affected How is – – (part of body) affected? 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	 0 □ Not an accident/injury (NC) 1 □ First accident/injury for this person (14) 8 □ Other (13) 		* Enter part of body in same detai ** If multiple present effects, enter 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: pscess the (except head or ear)	Growth Hemorrhage	Rupture Sore(ness)
Mark "2-w in C2 as se		ithout asking if "DV	" or "HS"		BI BI	eeding (except menstrual) ood clot	Infection Inflammation	Stiff(ness) Tumor Ulcer Varicose veins Weak(ness)
	[/anyone] las (condition)?	t see or talk to a	doctor or a	ssistant	C	incer amps (except menstrual)	Neuralgia Neuritis Pain	
	ew week <i>(Reask 2)</i> eference period	5 🗌 2 yrs., 6 🗌 5 yrs. c	less than 5 yrs. or more			vst image	Palsy Paralysis	
	weeks, less than 6 m		n, DK_when		g. W	hat part of the body is	affected?	
	, less than 1 yr. ess than 2 yrs.	8 🛄 DK if D 9 🛄 Dr. nev	<u> </u>	(3b)		how the following detail:		(Specify)
3a. (Earlier yo call the <u>(c</u>	ou told me about condition) by a mo	– – <u>(condition)</u>) Did re technical or sp	the doctor of the contract of	or assistant	Ba Si	ad nck/spine/vertebrae de		upper, middle, lower
1 🗌 Yes	2 🗌 No	9 🗌 DK				if		
	"Yes" in 3a, otherw hout asking:	wise transcribe con	dition name	from	A Ha	rm shoulder, upj and e	per, elbow, lower o ntire hand or finge	or wrist; left, right, or both ers only; left, right, or both
b. What did	he or she call it	.?	(Specify)			g hip, up oot enti		
3 Norma	Blindness <i>(NC)</i> I pregnancy, normal y, vasectomy <i>(5)</i>	2 🗌 Cancer 4 🗌 Old ag	(3e) e (NC)			cept for eyes, ears, or int e following entries in 3b–		3h if there are any of
		– (condition in 3b)	? (Specify) 🚽	· _ - _ - _ -	h. W [i	fection Sore Soi /hat part of the <u>(part of l</u> nfection/sore/soreness] ther part?	reness body in 3b–g) is a – the skin, mus	iffected by the 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) r 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> 2 ∏ No		v did the accident at was – – doing at		the iniury?)		umor Cyst Gro this [tumor/cyst/growt	owth h] malignant or	benign?
 Ask 3e if t		ne in 3b includes ar			1	Alignant 2	Benign	9 🗍 DK
Ailment Anemia Asthma	Attack Conc Bad Cyst Cancer Defe		Measies Problem Rupture	Trouble Tumor Ulcer	5. a	When was – – <u>(conditio</u> first noticed?	on in 3b/3f)	1 2-wk. ref. pd. 2 0ver 2 weeks to 3 months 3 0ver 3 months to 1 year
e. What kin	d of <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 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> 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 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

K 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?	 13. Is this (condition in 3b) the result of the same accident you already told me about? ☐ Yes (Record condition page number where
	□ 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) 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 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	3 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? What kind of injury was it? 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	 b. What part of the body is affected now? How is (part of body) affected? Is affected in any other way?
		Part(s) of body * Present effects **
d.	Was this condition present at any time during the past 12 months?1 □ Yes2 □ No	
К	 4 0 □ Not an accident/injury (NC) 1 □ First accident/injury for this person (14) 8 □ Other (13) 	* Enter part of body in same detail as for 3g. ** If multiple present effects, enter in C2 each one that is not the same as 3b or C2 and complete a separate condition page for it.

L. DEMOGRAPHIC BACKGROUND PAGE		
L1 Refer to age.	L1	Under 5 <i>(NP)</i> 5-17 <i>(2)</i> 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) 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 2 KW 8 OS 3 WWII 9 DK 4 WWI
c. Was – – EVER an active member of a National Guard or military reserve unit?	c.	□ 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? b. Did – – finish the <u>(number in 2a)</u> [grade/year]?	2a.	00 ☐ Never attended or kindergarten (NP) Elem: 1 2 3 4 5 6 7 8 High: 9 10 11 12 College: 1 2 3 4 5 6+
FOOTNOTES		

L	.1	Under 5 <i>(NP)</i> 5–17 <i>(2)</i> 18 and over <i>(1)</i>	☐ Under 5 (<i>NP</i>) ☐ 5–17 <i>(2)</i> ☐ 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> ☐ 517 <i>(2)</i> ☐ 18 and over <i>(1)</i>
1	a.	1 ☐ Yes <i>(1b)</i> 2 ☐ No <i>(2)</i>	1	1a.	1 ☐ Yes (1b) 2 ☐ No (2)	1 ☐ Yes <i>(1b)</i> 2 ☐ No <i>(2)</i>
	 b.	1 VN 5 PVN 2 KW 8 OS 3 WWII 9 DK 4 WWI	1 VN 5 PVN 2 KW 8 OS 3 WWII 9 DK 4 WWI	b.	1 □ VN 5 □ PVN 2 □ KW 8 □ OS 3 □ WWII 9 □ DK 4 □ WWI	1 VN 5 PVN 2 KW 8 OS 3 WWII 9 DK 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 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+	2a.	00 Never attended or 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) 1 Wa box marked (6a) 2 Wb box marked (5a) 3 Neither box marked (5b)		
	ier you said that – – has a job or business but – – looking for work or on layoff from a job	t did not work last week or the week before. 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 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> 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 Beneficier	□ NEV (6g) □ AF (6e)
Ente	whom did – – work at – – last full-time job or er name of company, business, organization, or or 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 at kind of work was – – doing? For example, el	e.	Occupation		
f. Wha	at were – – most important activities or dutie ks, files, sells cars, operates printing press, finish	is at that job? For example, types, keeps account es concrete.	 f.	Duties	
Con	nplete from entries in 6b–f. If not clear, ask:			Class of worker	
indi A FE A Si	S – – employee of a PRIVATE company, business or vidual for wages, salary, or commission? P DERAL government employee? F FATE government employee?	Self-employed in OWN business, professional practice, or farm? Ask: Is the business incorporated? YesI NoSE	g.	1 🗋 P 2 🗋 F 3 🗋 S 4 🗍 L	5 🗌 I 6 🗍 SE 7 🗍 WP 8 🗍 NEV
		Working WITHOUT PAY in family business or farm?			
FOOTN	OTES			9-2	<u> </u>

L2	2 □ 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>)		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> 1 🔲 Wa box marked 2 🔲 Wb box marked 3 🗌 Neither box mar	(5a)	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>	
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> 2 🗌 Layoff <i>(6b)</i>	3 🗌 Both <i>(6b)</i>	1 🗌 Looking <i>(6c)</i> 2 🗌 Layoff <i>(6b)</i>	3 🗌 Both <i>(6b)</i>	с.	1 🗌 Looking <i>(6c)</i> 2 🗌 Layoff <i>(6b)</i>	3 🗌 Both <i>(6b)</i>	1 🗌 Looking <i>(6c)</i> 2 🗌 Layoff <i>(6b)</i>	3 🗌 Both <i>(6b)</i>
6b. and c.	Employer	□ NEV (6g) □ AF (6e)	Employer	☐ NEV (6g) ☐ AF (6e)	6b. and c.	Employer	☐ NEV (6g) ☐ AF (6e)	Employer	☐ NEV (6g) ☐ 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		f.	Duties		 Duties	
	Class of worker		Class of worker			Class of worker	· ·- ·- ·- ·- ·- ·- ·- ··	Class of worker	
g.	1 🗌 P 2 🗋 F 3 🗋 S - 4 🗌 L	5 6 SE 7 WP 8 NEV	1 🗌 P 2 🗌 F 3 🗋 S 4 🗋 L	5 🗌 I 6 🗌 SE 7 🛄 WP 8 🗍 NEV	g.	1 🗌 P 2 🗋 F 3 🗋 S 4 🗍 L	5 🗌 I 6 🗌 SE 7 🗍 WP 8 🗍 NEV	1 🗌 P 2 🗋 F 3 🗋 S 4 🗌 L	5 🗌 I 6 🗍 SE 7 🗍 WP 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> s – – now married, widowed, divorced, separated, or has – – never been married?	7.	0 Under 14 1 Married — spouse in HH 2 Married — spouse not in HH 3 Widowed 4 Divorced 5 Separated 6 Never married
i J f 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, his information helps us to learn whether persons in one income group use certain types of 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. Of those income groups, which letter best represents the total combined FAMILY income during he past 12 months (that is, yours, <u>(read names, including Armed Forces members living at home)</u> ? Include wages, salaries, and other items we just talked about.	ь.	00 A 10 K 20 U 01 B 11 L 21 V 02 C 12 M 22 W 03 D 13 N 23 X
t	Read if necessary: Income is important in analyzing the health information we collect. For example, his information helps us to learn whether persons in one income group use certain types of nedical care services or have certain conditions more or less often than those in another group.		04 E 14 0 24 Y 05 F 15 P 25 Z 06 G 16 0 26 ZZ 07 H 17 R 08 I 18 S 09 J 19 T
R	a. Mark first appropriate box.	Ra.	 1 Present for all questions 2 Present for some questions 3 Not present
	b. Enter person number of respondent.	b.	Person number(s) of respondent(s)
L	B Enter person number of first parent listed or mark box.	L3	Person number of parent 00
L	Enter person number of spouse or mark box.	L4	Person number of spouse
FOO	TNOTES		· · · · · · · · · · · · · · · · · · ·

7.	0 Under 14 1 Married — spouse in HH 2 Married — spouse not in HH 3 Widowed 4 Divorced 5 Separated 6 Never married	0 Under 14 1 Married — spouse in HH 2 Married — spouse not in HH 3 Widowed 4 Divorced 5 Separated 6 Never married	7.	0 Under 14 1 Married — spouse in HH 2 Married — spouse not in HH 3 Widowed 4 Divorced 5 Separated 6 Never married	0 Under 14 1 Married — spouse in HH 2 Married — spouse not in HH 3 Widowed 4 Divorced 5 Separated 6 Never married
Ra.	1 Present for all questions 2 Present for some questions 3 Not present	1	Ra.	1 Present for all questions 2 Present for some questions 3 Not present	1 Present for all questions 2 Present for some questions 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 00	L3	Person number of parent 00 🗌 None in household	Person number of parent
L4	Person number of spouse 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
• L6	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 02 🗌 Virg 03 🗌 Gu 04 🔲 Car	_ State uba lexico .II other ountries		
	If born in U.S., ask 9b only; if born in foreign country, ask 9c only. Altogether, how many years has – – lived in <u>(State of present residence)</u> ?	b.	2 🗌 1 y 3 🗌 5 y 4 🗌 10	s than 1 yr. r., less than rs., less than yrs., less tha yrs. or more	n 10 nn 15	14
C .	Altogether, how many years has – – lived in the United States?	C.	2 🗌 1 y 3 🗌 5 y 4 🗌 10	s than 1 yr. r., less than rs., less thar yrs., less tha yrs. or more	n 10 an 15	15
L7	Print full name, including middle initial, from question 1 on Household Composition page.	LŹ	Last First Middle ini	tial		16–35 36–50 51
1	Verify for males; ask for females. 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 Mark if nu obtained	from 🍞 es not ve SSN	2 🗌 R	72-80
L8		L8	1 🗌 Se 2 🗌 Se 3 🔲 Pro	if-personal if-telephone pxy-personal 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		L6	Month	Date	Year		Month	Date	Year	
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9a.	99 🗌 DK (L7)		1213	99 🗌 DK ('L7)		12–13	9a.	99 🗌 DK	(L7)		12-13	99 🗌 DK ('L7)		12–13
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	5 🗌 15 y 9 🗌 DK	rs. or more			5 🗌 15 y 9 🗍 DK	rs. or more				5 🗌 15 y 9 🗌 DK	rs. or more/			5 🗌 15 y 9 🗌 DK	rs. or more		
 c.				15				15	с.				15	- -			15
		than 1 yr. , less than l	5	L		s than 1 yr. ., less than !	5	······			s than 1 yr. [.] ., less than !	ō			than 1 yr. ., less than !	5	
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	9 🗌 DK				9 🗌 DK					9 🗌 DK				9 🗌 DK			
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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
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11.	1 🗌 Mer	nory			1 🗌 Mer	nory			11.	1 🗌 Mei	mory			1 🗌 Mer	mory		
		-personal		82		-personal		82			f-personal		82		-personal		82
L8		-telephone ‹y-personal				-telephone xy-personal			L 8	1	f-telephone xy-personal				-telephone ky-personal		
		ky-telephon				xy-telephon	e				xy-telephon				ky-telephon	е	

Last 5-24 First Middle initial 1 None 107 13a. Address (Number and street) 41-65 2 Refused 9 DK		Read to hhld. respondent:	related who wo	informa ould kno	ation. Please giv ow where vou co	e me the uld be r	e name, eached	addres in case	s, an we h	tact you again to obtain additional health d telephone number of a relative or friend nave trouble reaching you. (Please give me 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 ۱ <u>۰</u>		 			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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			2					3					4			5		
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	Last name		<u></u>	1	ex M 2 F	Last name			Sex 1 🗌 N 2 🗌 F		Last name	9		Sex 1 🗌 M 2 🗌 F	Last name			Sex 1 🗌 M 2 🗌 F
2.	Relationship	0	······································			Relationshi	0			2.	Relations	nip			Relationship	,		
3.	Date of birt Month	h I Date	 	Year		Date of birt Month	h I Date		Year	3.	Date of bi Month	rth I Date I	 	Year	Date of birth Month	Date	l Ye	ar
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C1	1 - F - F	1 🗌 Wa 2 🗌 Wb		n Í		00 🗌 None	1 🗌 Wa 2 🗌 Wb	1 🗌 Yes 2 🗌 No	00 🗌 Non	° C1	00 🗌 Non	³ 1 □ Wa	1 1 Yes	00 🗌 None		1 🗌 Wa 2 🗌 Wb 🗄		0 🗌 None
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Notes

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

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1 (8-1-95)

N EXTRA UNIT

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