

NUMBER 26

ESTIMATION OF DISABILITY STATUS AS
A SINGLE LATENT VARIABLE IN A MODEL
WITH MULTIPLE INDICATORS AND
MULTIPLE CAUSES

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Introduction

The presence of disease, impairment, and functional limitations can have a dramatic impact on an individual's ability to work and perform other activities of daily living. Social research, which seeks to expose the causes and correlates of human behavior, must account for the effects of health or disability status at the individual level. It is important to determine the contexts in which poor health or impairment limits the performance of usual social roles or tasks and results in the application for government benefits and services. It is also important to identify those factors which govern the rehabilitation potential of the disabled.

In this paper, we are concerned with the underlying structure of self-definitions of disability. 1/ Our purpose is to identify the contribution of exertional and non-exertional impairment and the contributions of such non-medical factors as age, sex and education to the individuals' assessment of their own situations. On a mechanistic level, we seek to accomplish a substantial statistical reduction of a large number of data items into a form which can be used conveniently in subsequent behavioral analyses.

The operational use of measures of health and disability status in the estimation of the parameters of behavior models has taken a number of forms. Often, health conditions and functional limitations have been represented by a vector of dummy variables. The large number of variables available, has led to serious problems in specification and estimation of the models. The problems involve such issues

1/ Our focus is determined largely by the kinds of data available in the Social Security Administrations' 1978 Survey of Disability and Work.

as the specification of interactions of health or disability with other socio-economic variables, the effects of multi-collinearity on the estimates of coefficients and test statistics, and the robustness of statistical software for estimating large models by maximum likelihood methods outside of ordinary least squares. These problems have led researchers to seek data reductions in the operational use of these concepts. Grossman and Benham 2/, for example, constructed a measure of ill health through a principal components analysis of a number of symptoms and self evaluations of health. There have been two functional capacity indices developed using Social Security Administration survey data bases. The first by Haber 3/ uses functional limitations and dependency on others based on responses to the 1966 Survey of Disabled Adults. The second by Duchnok 4/ used reported health conditions and problems in addition to functional limitations and restrictions in activities of daily living based on response to the 1972 Survey of Health and Work Characteristics. The procedures used to construct the latter two indices were essentially non-statistical being based rather on an expert assessment of the composite score to be assigned to an individual with a specific combination of characteristics. Both resulted in ordinal scales.

2/ Michael Grossman and Lee Benham, "Health Hours and Wages," in Mark Perlman (ed.), Economics of Health and Medical Care, New York: Halsted Press, 1973, pp. 207-208.

3/ Lawrence D. Haber, "The Epidemiology of Disability II. The Measurement of Functional Capacity Limitations," Social Security Survey of the Disabled, 1966 Report No. 10, SSA, July 1970.

4/ Sandy Duchnok, "A Measure of Functional Capacity," ORS Working Paper Series No. 4, SSA, March 1979.

This paper presents the results of a new attempt at the formulation of a disability index using social security survey data. We take the position that the complex concept, disability, cannot be measured directly in personal interview surveys; and therefore, we have chosen to estimate the index as an unobserved or latent variable in a model with multiple indicators and multiple causes (MIMIC). The new index has two important properties. In order to facilitate its use in subsequent behavioral equations, the index is constructed as a single dimensional variable with interval scale properties. Secondly, the methodology for index construction permits other researchers to replicate the construction process.

The Concept of Disability

The conceptual formulation underlying our MIMIC model of disability follows from the work of Saad Nagi. ^{5/} This model places disability recursively in a path leading from disease or impairment to restrictions in ability to perform usual roles and tasks.

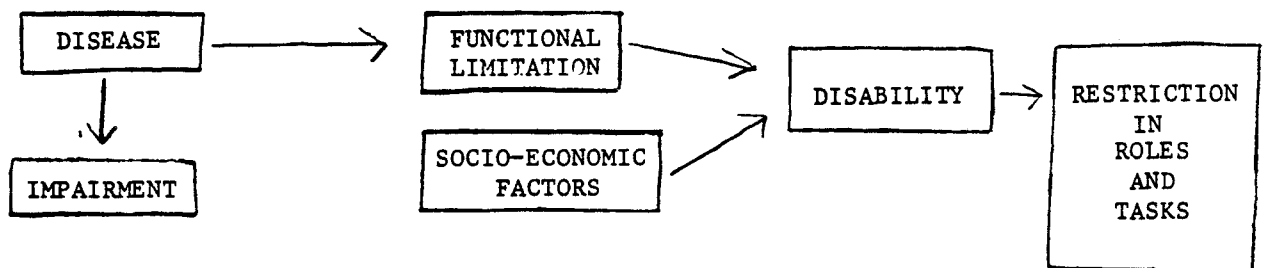


Figure 1.--Conceptual model of disability.

^{5/} Saad Nagi, "Some Conceptual Issues in Disability and Rehabilitation," in Marvin B. Sussman (ed.), Sociology and Rehabilitation, New York: DHEW (Grant No. RD-1684-G), 1965, pp. 100-104.

An impairment is an anatomical, physiological or psychological abnormality. It is a medical concept. While it is the case that every disease results in at least a temporary impairment, not every impairment involves a disease. A functional limitation is a result of an impairment and refers to an individual's lack of ability to perform certain mental or physical tasks. Disability is a pattern of behavior that evolves in the presence of impairments and the resulting functional limitations. A person is disabled when an impairment and/or functional limitation interact with socio-economic characteristics resulting in the limitation of normal activities such as work, selfcare, and the ability to use public transportation.

The analysis presented in this paper makes no attempt to estimate the path from disease and impairment to functional limitation. Rather, we will estimate disability as an unobserved variable whose causes are functional limitations and demographic factors and whose consequences are limitations in kind or amount of work, and mobility usually required to get to and from a job.

General Formulation of the MIMIC Model

It seems natural to translate the conceptual model of disability presented in the previous section into a mathematical model in which one observes Multiple Indicators and Multiple Causes of a Single latent variable. ^{6/} This model involves a single unobserved variable, in our case disability represented by η , which appears as both a cause and an effect variable. The structural and measurement equations are:

$$\eta = \Gamma x + \zeta, \quad E(\zeta)=0, \quad E(\zeta^2)=\sigma^2$$

$$y = \Lambda \eta + \epsilon, \quad E(\epsilon)=0, \quad E(\epsilon\epsilon')=\Theta$$

where

x is a vector of observable exogenous causes.

y is a vector of observable endogenous indicators.

Γ and Λ are arrays of coefficients

ζ is a random disturbance with variance σ^2

ϵ is a vector of random disturbances, uncorrelated with ζ , with covariance matrix Θ

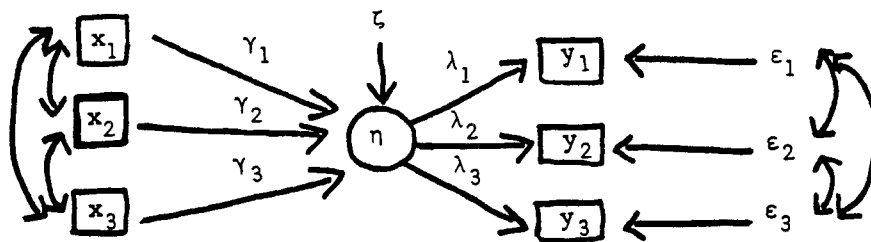


Figure 1.--A hypothetical model with three causes and three indicators of a latent variable.

^{6/} See for example. Jöreskog, K. G. and Goldberger, A. S., "Estimation of a Model with Multiple Indicators and Multiple Causes of a Single Latent Variable," JASA, September 1975, Vol. 70, No. 351, pp. 631-639.

or
 Jöreskog, K. G. and Sörbom, D., Advances in Factor Analysis and Structural Equation Models, Abt Associates Inc., 1979, pp. 92-93.

In our case, the causes (X variables) are assumed to be exogenous and include functional limitations and demographic factors. The Y variables include limitations in ability to work and to get around.

Our goal is to obtain estimates for the structural parameters, Γ , which can be used for the formation of a disability index. In order to obtain these estimates, we have used LISREL IV, the maximum likelihood estimation software developed by Jöreskog and Sörbom. 7/

Specification of Variables

The source data for the estimation of the disability index is the Social Security Administration's 1978 Survey of Disability and Work. 8/ This is a national survey of noninstitutionalized adults age 18-64 as of June 1978. The sample is comprised of 9,859 completed interviews of which 9,199 were used for this study.

7/ Jöreskog, K. G. and Sörbom, D., LISREL IV, Analysis of Linear Structural Relationships by the Method of Maximum Likelihood, National Educational Resources Inc., 1978.

8/ For a detailed discussion of the research design for the 1978 Survey, see Bye, B. V. and Schechter E., 1978 Survey of Disability and Work, Technical Introduction, SSA Publication No. 13-11745, January, 1982.

The values for the X and Y variables were obtained from responses to questionnaire items obtained by personal interview. The specific instrumentation used is given in Appendix A.

Functional Limitations ($X_1 - X_{10}$).--

The functional limitation variables are obtained from responses to questions 30a of Section C of the questionnaire where a response of YES was assigned the value 1 and NO the value zero. Variables $X_1 - X_{10}$ then are assigned values according to the responses to the following questions.

Do you have trouble when you--

- X1. Walk for long distances?
- X2. Use stairs or inclines?
- X3. Stand for long periods?
- X4. Sit for long periods?
- X5. Stoop, crouch or kneel?
- X6. Reach?
- X7. Use fingers to grasp or handle?
- X8. Lift or carry something as heavy as 10 lbs., such as a 10 pound sack of potatoes?
- X9. Lift or carry something as heavy as 25 lbs., such as 2 full bags of groceries?
- X10. Lift or carry something as heavy as 50 lbs.?

It should be noted that all survey respondents were not asked the full set of functional limitation questions. 9/ Only responses for X₆ and X₇ were obtained when the respondent was in a wheelchair or bedridden. Also, if a respondent reported difficulty lifting or carrying a specific weight, it was assumed that such difficulty also existed for larger weights. Thus if X₈ was coded 1, then X₉ and X₁₀ were also coded 1 (and similarly for X₉ and X₁₀).

9/ See check item C.4., Appendix A, and the skip patterns for question 30.a. (8) and (9) on the same page.

Demographic Variables ($X_{11} - X_{16}$).--

The demographic variables were scored as follows:

- X11. Sex 1=male, 0=female
- X12. Age, in 10's of years
- X13. Marital status 1=married, 0=otherwise
- X14. Race 1=white, 0=otherwise
- X15. Education; highest grade completed in 10's of years

Psychological Distress (X_{16}).--

The psychological distress score was essentially obtained from the psychiatric rating scale presented by Singer et. al. ^{10/} as part of the Midtown Manhattan restudy. Although there is still some dispute about the specific concept captured by this scale, it is generally agreed that it is not a measure of the severity of clinical psychiatric disorder, but rather reflects undifferentiated psychological distress or demoralization. ^{11/} There was some minor change in wording for ease of administration, and the question requiring the interviewers rating of the respondents tension level was dropped (compare the instrumentation in Appendix A to Table 1 of the source in footnote 9).

With the exception of the deleted question, the regression coefficients and scoring method developed by Singer et. al. were retained.

^{10/} See Table 1 in Singer, E. et. al., "Replicating Psychiatric Ratings Through Multiple Regression Analysis: The Midtown Manhattan Restudy, Journal of Health and Social Behavior, 1976, Vol. 17 (December): 376-387.

^{11/} See the discussion in Biscoe, Sandra D., "Self-Perceived Work Disability and Psychological Distress," ORS Research Report, forthcoming.

Indicator Variables

The disability indicators were obtained from responses to questions 29c - 29g of Section C and question 1a of Section C of the 1978 survey questionnaire. These responses were coded to form 5 indicator variables as follows:

- Y1. Do you have to stay in a chair or wheelchair all or most of the time?
1=Yes 0=No
- Y2. Are you usually able to get out of doors by yourself? 1=No 0=Yes
- Y3. Are you usually able to use public transportation, such as buses and trains by yourself? 1=No 0=Yes
- Y4. Does your physical or mental condition normally prevent you from driving a car? 1=Yes 0=No 12/
- Y5. Does your health or condition limit the kind or amount of work you can do?
1=Yes 0=No

Respondents who indicated in questions 29a or 29b, that they had to stay in bed all or most of the time or could not wash and dress themselves were excluded from the sample because of the presumed 13/ non-stochastic relationship of the response to the other responses in question 29. Thus the index developed below can only be used to assign disability status scores to persons who can at least get out of bed and wash and dress themselves.

12/ A code of 1 was assigned only to those individuals with drivers licences and responding yes to this question.

13/ See the skip pattern of questions 29a and 29b in Appendix A.

Model Specification

Using the variables specified above, two models with disability as an unobserved variable are estimated. Figure 2 presents the standard MIMIC model (Model I) with η as the disability variable. Variable X_1 thru X_{16} are the assumed causes and variables $Y_1 - Y_5$ the indicators of disability. Note in particular that X_{16} , psychological distress is assumed to be exogenous. Algebraically we have

$$\eta = \sum_{i=1}^{16} \gamma_i X_i + \zeta$$

$$Y_j = \lambda_j \eta + \epsilon_j, \quad j=1, \dots, 5$$

All disturbances are assumed to be normally distributed with zero expected values. A full covariance matrix for the ϵ_j is assumed. 14/

In order to insure that Model I was identified, it was necessary to fix two of the model parameters. 15/ The variance on ζ was set equal to 0.1. Also the value of λ_5 was set equal to 0.1.

14/ Model I and II were also estimated assuming that the ϵ_j were uncorrelated. The estimates of Γ and Λ were not sensitive to this assumption; however, there did seem to be a large increase in the goodness-of-fit statistic. Only the results assuming a full covariance matrix are presented here.

15/ See the discussion in Hauser and Goldberger, "The Treatment of Unobservable Variables in Path Analysis," in H. L. Costner, ed., Sociological Methodology 1971, San Francisco: Gossey-Boss, 1971, ch. 4, 81-177.

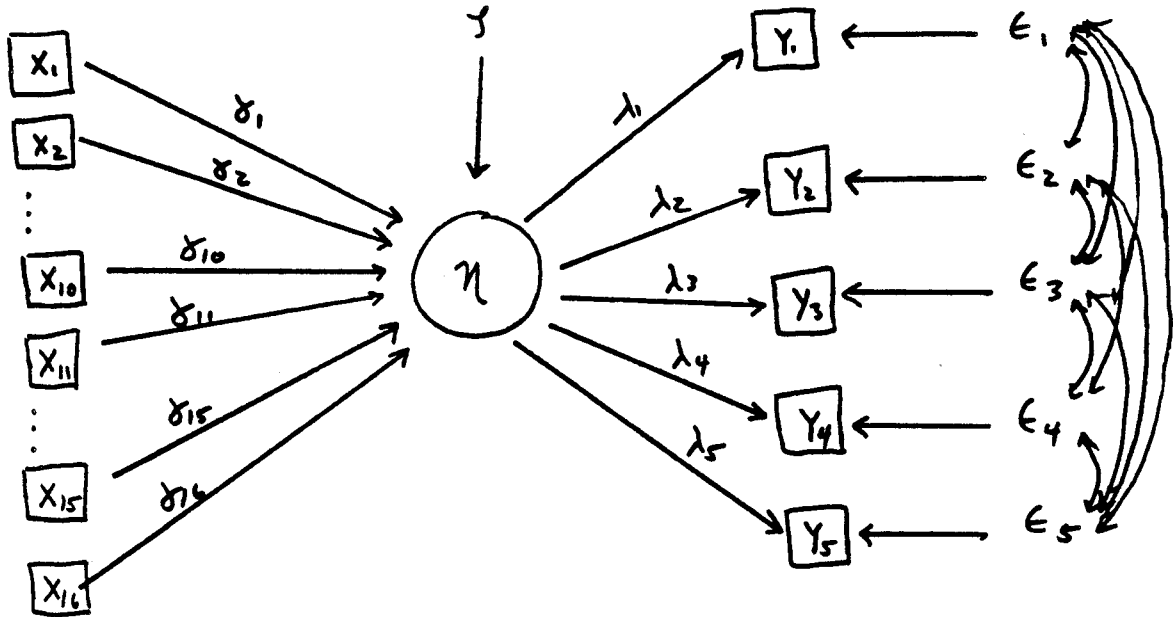
MODEL I

Figure 2.--MIMIC model of disability assuming that x_{16} , psychological distress, is exogeneous.

Model II differs from Model I in that psychological distress and disability are assumed to be jointly dependent. This model structure is diagrammed in figure 3.

Algebraically we have

$$\begin{aligned}\eta_1 &= \beta_1 \eta_2 + \sum_{i=1}^{15} \gamma_i X_i + \zeta_1 \\ \eta_2 &= \beta_2 \eta_1 + \sum_{i=1}^5 \gamma_{15+i} X_{10+i} + \zeta_2 \\ Y_j &= \lambda_j \eta_1 + \epsilon_j, \quad j=1, \dots, 5 \\ Y_6 &= (X_{16}) = \eta_2 + \epsilon_6, \quad \epsilon_6 \equiv 0\end{aligned}$$

In terms of structural equations, this model says that disability (η_1) is determined by psychological distress (η_2) plus the other X variables. (This is the same equation as in Model I.) Psychological distress is determined by disability and the demographics (sex, race, etc.). Disability status is indicated by the five Y variables (as in Model I). Psychological distress is perfectly indicated by $Y_6 = X_{16}$, the psychiatric rating score.

In order that Model II be identified, it is assumed that the disturbances, ζ_1 , and ζ_2 , on the structural equations are uncorrelated in addition to fixing the values of λ_5 and the variance of ζ_1 , as in Model I.

Results

Models I and II were estimated from the 1978 Survey data. The sample means and covariance matrix are shown in Appendix B. ^{16/} Tables 1 and 2 show the estimates for Models I and II respectively.

^{16/} The covariance matrix was weighted to account for the stratified multistage cluster design.

MODEL II

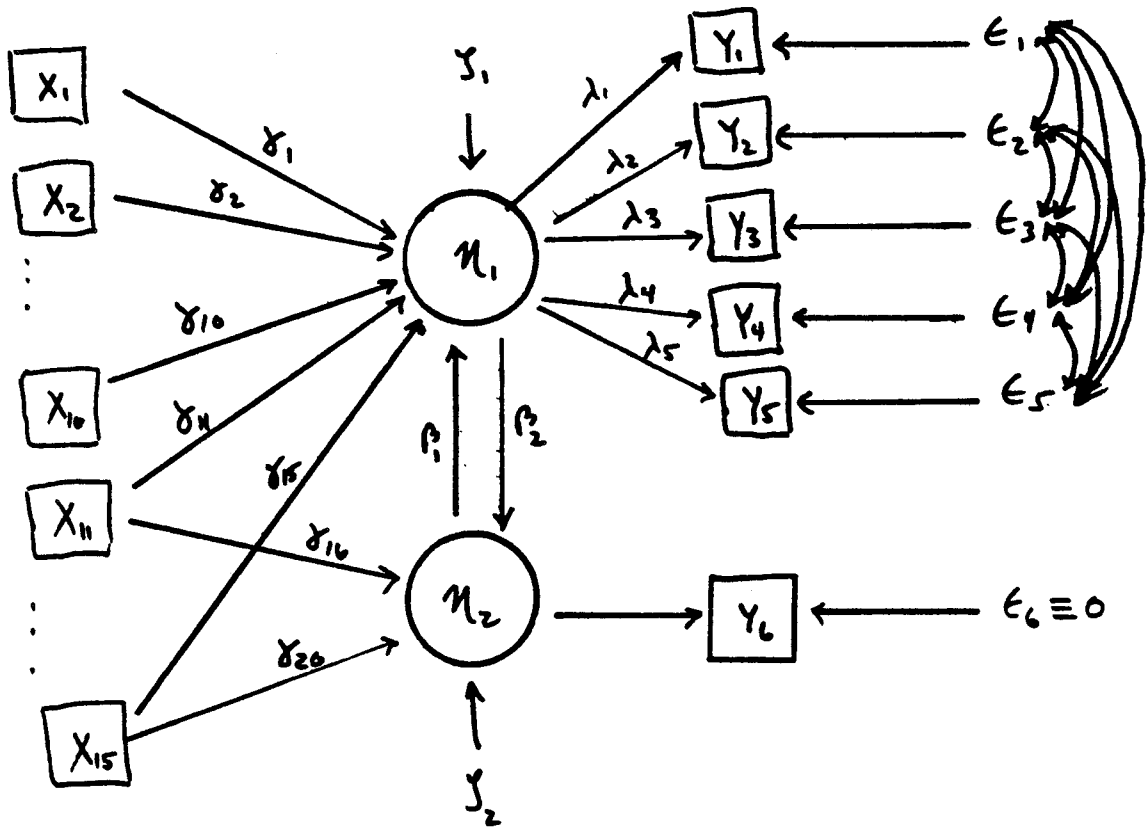


Figure 3.--MIMIC model of disability assuming simultaneity between disability and psychological distress.

The estimates of the structural parameters for Model I indicate that the presence of any functional limitation increases the size of the disability index as expected. Also disability scores are higher for males, older persons, the unmarried, whites, the less educated and those persons scoring higher on the psychological distress scale. It should be noted, however, that the standard errors for the race and education coefficients were quite large in comparison to the absolute value of the coefficients.

The association between level of disability and the indicators (λ_j) are also all positive as expected.

In Model II, the coefficients for the structural equation for disability, η_1 , are remarkably similar to those of Model I. All coefficients (including that of the psychological distress) have about the same sizes and signs. Concerning the psychological distress equation, level of disability contributes positively to psychological distress, but all the demographic factors contribute negatively. Thus for a given level of disability, lower psychological distress is associated with males, older ages, married persons, whites and the more educated. 17/

All other estimates of parameters for Model II were quite similar to those of Model I.

17/ These results are quite similar to those found by Biscoe. See the reference cited in footnote 11.

Validation of the Index

In order to obtain some information about the values of the disability index in the general population, the structural equation for Model I was used to score each of the sample persons in the 1978 survey. Finite population estimates were then obtained for the relationships between disability score and self-perception of disability, work status and SSA disability program beneficiary status. These results are presented in tables 3 and 4, again only for those persons who said that they were able to get out of bed and wash and dress themselves. The mean score for the index was 3.11 (standard deviation of 2.46) for the 121 million adults age 18-64. As shown in the first two columns of table 3 the distribution of scores has a pronounced heaping under a score of 4 with a pronounced right tail to the distribution.

The next 4 columns of table 3 show the distribution of self-perceived disability status conditional on disability score. The dichotomy between the nondisabled and the disabled (last 2 columns) is essentially indicator variable Y5. Severely disabled persons said that they were unable to work at all as opposed to the partially disabled who said that they were limited in the kind or amount of work they could do but still able to work. The table shows the expected result of a shift toward severe disability in the conditional distributions as the disability index increases.

Table 4 shows the conditional relationships between index score and work and beneficiary status. As expected, the proportion of persons not working and the proportion on the beneficiary rolls increases as the index score increases.

Problems With the Estimation of Models I and II

Certain assumptions of the LISREL measurement model are violated in the previous analysis. It is clearly inappropriate for the binary indicator variables, $Y_1 - Y_5$, to be specified as linear functions of a continuous variable, η . This misspecification might indicate significant departures from normality in the Y 's and makes interpretation of the test statistics produced by the programs--the individual t values and the overall goodness of fit χ^2 --problematic. Muthén ^{18/} has proposed a structural probit model for dichotomous indicator variables; but his estimation approach requires the assumption of local independence--that is, that the Y_i 's are independent given the level of the unobserved variable. This may not be as appropriate here as it is in psychometric contexts.

The large value of the goodness of fit statistic relative to the degrees of freedom is some cause for concern. Having allowed for estimation of the full covariance matrix of ϵ_j , this lack of fit is attributable to the structural equation itself. It is certainly possible that additional causal variables should be part of the structural equation; but it is also not unreasonable to presume that the unobserved variable, disability status, should be multi-dimensional. These issues will require additional thought on conceptual as well as statistical grounds.

In addition, there is the question of the presumed exogeneity of the functional limitations. As described in the introduction, functional limitations are the consequence of disease and impairment and thus are in fact endogenous in a larger recursive model involving disease, impairment, and perhaps other unobserved factors which are also related to disability status. That they are self-reported is also cause for concern.

^{18/} Muthén, B. "A Structural Probit Model with Latent Variables," JASA, 1979, 807-811.

Finally, in estimating Model I, we tried several pairs of values of the fixed parameters in the model, that is the variance of ζ and λ_5 . While the estimates of the structural parameters, Γ , were qualitatively insensitive to these alterations, some combinations of fixed values resulted in negative estimates of variance for the ϵ 's. The importance of this anomaly for the interpretation of the results or the use of LISREL IV methodology is not known beyond the above stated misspecifications.

Conclusion

The primary purpose of the above analysis was to condense the information about disability contained in the X and Y variables into a single index, rather than to test a model. As an index of disability, the values of η make sense; the coefficients have correct signs, and the index agrees well with the indicators of disability in tables 3 and 4 and, thus, the methodology used seems to have been quite successful.

The next step in our development of disability indices will probably be in conjunction with SSA's Study of Impairment and Potential DI Eligibles. ^{19/} This study will contain a program of medical examinations and an assessment of work disability by an expert panel as well as the usual kinds of personal interview instrumentation. The LISREL methodology used in this analysis is a leading candidate for use in the construction of disability indices from the new study.

^{19/} Nagi, S., SSA Study of Impairment and Potential DI Eligibles, research design under SSA Contract No. 600-80-0101.

TABLE 1.--Model I parameter estimates

A. Structural equation $\eta = \gamma_1 x_1 + \gamma_2 x_2 + \dots + \gamma_{16} x_{16} + \zeta$ Matrix Γ

<u>X variables</u>	<u>Name</u>	<u>γ</u>	<u>Standard Error</u>
1.	Walk for long distances	1.22	.11
2.	Use stairs or inclines	1.23	.11
3.	Stand for long periods	.67	.10
4.	Sit for long periods	.59	.10
5.	Stoop, crouch or kneel	.66	.10
6.	Reach	.62	.14
7.	Use fingers to grasp or handle	1.24	.13
8.	Lift or carry 10 lbs.	1.56	.14
9.	Lift or carry 25 lbs.	.84	.11
10.	Lift or carry 50 lbs.	.30	.07
11.	Male	.48	.06
12.	Age, tens of years	.17	.02
13.	Married	-.21	.06
14.	White	.16	.08*
15.	Education, tens of years	-.08	.09*
16.	Psychological distress	.29	.02

*Absolute value of γ less than 2 standard errors.

TABLE 1.--Model I parameter estimates--continued

B. Measurement Equations: $Y_j = \lambda_j \eta + \epsilon_j$, $j=1, \dots, 5$ Matrix Λ

<u>Y variable</u>	<u>Name</u>	<u>λ</u>	<u>Standard error</u>
1.	Stay in chair or wheelchair	.0027	.0004
2.	Not able to get outdoors	.0022	.0006
3.	Not able to use public transportation	.0150	.0008
4.	Not able to drive	.0071	.0007
5.	Limited in the kind or amount of work	.1000	---

Covariance Matrix of ϵ_i (Standard errors in parentheses)-- Θ

	ϵ_1	ϵ_2	ϵ_3	ϵ_4	ϵ_5
ϵ_1	.0083 (.0001)				
ϵ_2	.0007 (.0001)	.0185 (.0003)			
ϵ_3	.0078 (.0002)	.0179 (.0003)	.0373 (.0006)		
ϵ_4	.0019 (.0002)	.0004 (.0002)	.0019 (.0003)	.0256 (.0004)	
ϵ_5	.0013 (.0003)	.0010 (.0004)	.0038 (.0005)	.0011 (.0005)	.0702 (.0011)

Overall goodness of fit $\chi^2 = 212.2$ with 60 degrees of freedom.

TABLE 2.--Model II parameter estimates

A. Structural equations		$\eta_1 = \beta_1 \eta_2 + \gamma_1 x_1 + \dots + \gamma_{15} x_{15} + \zeta_1$			
Matrices Γ and β		$\eta_2 = \beta_2 \eta_1 + \gamma_{16} x_{11} + \dots + \gamma_{20} x_{15} + \zeta_2$			
X variables	Name	Equation for η_1		Equation for η_2	
		Coefficient	Standard error	Coefficient	Standard error
1.	Walk for long distances	1.23	.08	---	---
2.	Use stairs or inclines	1.24	.09	---	---
3.	Stand for long periods	.87	.08	---	---
4.	Sit for long periods	.74	.08	---	---
5.	Stoop, crouch or kneel	.54	.08	---	---
6.	Reach	.57	.11	---	---
7.	Use fingers to grasp or handle	1.35	.10	---	---
8.	Lift or carry 10 lbs.	1.22	.11	---	---
9.	Lift or carry 25 lbs.	.67	.09	---	---
10.	Lift or carry 50 lbs.	.55	.06	---	---
11.	Male	.53	.06	-.27	.03
12.	Age, tens of years	.17	.02	-.09	.01
13.	Married	-.23	.06	-.26	.04
14.	White	.13	.08*	-.32	.05
15.	Education, tens of years	-.08	.09*	-.95	.06
16.	(η_2) psychological distress	(β_1) .26	.02	---	---
17.	(η_1) disability status	---	---	(β_2) .37	.01

*Absolute value of γ less than 2 standard errors.

B. Covariance Matrix of ζ_1 and ζ_2 (Standard error of the variance of ζ_2 , in parenthesis).

$$\begin{matrix} & \zeta_1 & \zeta_2 \\ \zeta_1 & \begin{bmatrix} .1 & 0 \end{bmatrix} \\ \zeta_2 & \begin{bmatrix} 0 & 1.52 \\ & (.03) \end{bmatrix} \end{matrix}$$

TABLE 2.--Model II parameter estimates--continued

B. Measurement equations		$Y_j = \lambda_j \eta_1 + \varepsilon_j, \quad j=1, \dots, 5$				
		$Y_6 = \eta_2 + \varepsilon_6, \quad \varepsilon_6 \equiv 0$				
Matrix Γ	(Standard errors in parenthesis)					
	η_1	η_2				
λ_1	.0027 (.0004)	---				
λ_2	.0022 (.0006)	---				
λ_3	.0148 (.0008)	---				
λ_4	.0070 (.0007)	---				
λ_5	.1	---				
λ_6	---	1				
Covariance matrix of ε_i (Standard errors in parenthesis)--0						
	ε_1	ε_2	ε_3	ε_4	ε_5	ε_6
ε_1	.0083 (.0001)					
ε_2	.0007 (.0001)	.0185 (.0003)				
ε_3	.0078 (.0002)	.0179 (.0003)	.0374 (.0006)			
ε_4	.0020 (.0002)	.0004 (.0002)	.0019 (.0003)	.0256 (.0004)		
ε_5	.0013 (.0003)	.0010 (.0004)	.0040 (.0005)	.0012 (.0005)	.0704 (.0011)	
ε_6	---	---	---	---	---	---

Overall goodness of fit $X^2 = 286.1$ with 69 degrees of freedom.

TABLE 3.--Disability scores crossed by self-perceived disability status

Score	Number of persons	Percent of population	Self-perceived disability					
			Horizontal percent		Vertical percent			
		Total	Non-disabled	Partially disabled	Severely disabled	Non-disabled	Partially disabled	Severely disabled
Total.....	121,205,671	100.0	84.4	9.6	6.0	100.0	100.0	100.0
<2.....	56,512,925	46.6	98.4	1.4	0.2	54.4	6.8	1.9
2-3.99.....	38,194,864	31.5	91.5	7.0	1.5	34.2	22.8	8.0
4-5.99.....	11,204,122	9.2	70.0	22.9	7.1	7.7	22.0	10.9
6-7.99.....	6,228,517	5.1	43.5	39.8	16.7	2.6	21.3	14.2
8-9.99.....	5,059,005	4.2	17.5	40.2	42.3	0.9	17.5	29.3
10-11.99.....	3,116,577	2.6	8.8	30.2	61.0	0.3	8.1	26.0
12 and over..	889,663	.7	0.0	20.0	80.0	0.0	1.5	9.7

Mean score 3.11
Standard deviation 2.46

TABLE 4.--Percent working and percent in beneficiary status by score

Score	Total	Work Status			
		Horizontal percent		Vertical percent	
		Working last week	Not working last week	Working last week	Not working last week
Total.....	100.0	63.6	36.4	100.0	100.0
<2.....	100.0	69.4	30.6	50.9	39.1
2-3.99.....	100.0	68.2	31.8	33.8	27.5
4-5.99.....	100.0	55.6	44.4	8.1	11.3
6-7.99.....	100.0	52.7	47.3	4.3	6.7
8-9.99.....	100.0	27.1	72.9	1.8	8.4
10-11.99.....	100.0	25.4	74.6	1.0	5.3
12 and over....	100.0	11.5	88.5	0.1	1.8

Score	Total	Beneficiary Status			
		Horizontal percent		Vertical percent	
		Non-Beneficiary	Beneficiary	Non-Beneficiary	Beneficiary
Total.....	100.0	97.7	2.3	100.0	100.0
<2.....	100.0	100.0	0.0	47.7	0.8
2-3.99.....	100.0	99.3	0.7	32.0	9.9
4-5.99.....	100.0	98.4	1.6	9.3	6.6
6-7.99.....	100.0	94.3	5.7	5.0	12.8
8-9.99.....	100.0	84.1	15.9	3.6	29.1
10-11.99.....	100.0	73.9	26.1	1.9	29.6
12 and over....	100.0	65.0	35.0	0.5	11.3

FORM DIS-100
(3-2-78)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1978 DISABILITY SURVEY

NOTICE - Your report to the Census Bureau is confidential by law (title 13, U.S. Code) and may be used only for statistical purposes. It may be seen only by sworn Census employees and will not be released to anyone without your prior consent.

1. Interviewer's name

Code

PGM 2

Sample person not at address given
(Enter new address below)

Address (Number and street)

City

State

ZIP code

2. RECORD OF CALLS

3. RECORD OF INTERVIEW

4. DESCRIPTION OF CONTACT

Record all comments and specified information in the "Notes" space below.

Telephone number

Best time to call

Date	Time
	a.m. p.m.
	a.m. p.m.
	a.m. p.m.
	a.m. p.m.

Began

a.m.
p.m.

Ended

a.m.
p.m.

Date completed

001

/ / 78

002

- 1 Sample person responded for self
- 2 Sample person refused
- 3 Sample person is deceased
- 4 Sample person moved
- 5 Unable to contact sample person - *Specify*
- 6 Sample person is institutionalized - *Record name and address of institution, and expected release date.*
- 7 Sample person is unable to answer

Notes

003

004

Section A – FAMILY BACKGROUND – Continued

Line number	NAME – Last name first		What is . . . 's relationship to (name of sample person)?	SEX Enter code 1 – Male 2 – Female	What is . . . 's date of birth?			AGE
	1a. Last	1b. First			5. Month	Day	Year	
1			SAMPLE PERSON					
2								
3								
4								
5								
6								
7								
8								
9								

PGM 3

OFFICE USE

2. I have listed (Read names in 1b.).

Have I missed:

- | | | | |
|--|------------------------------|----------------------------------|-----------------------------|
| - Any babies or small children? | <input type="checkbox"/> Yes | } List in 1b and proceed with Q2 | <input type="checkbox"/> No |
| - Any lodgers, boarders, or persons in your employ who live here? | <input type="checkbox"/> Yes | | <input type="checkbox"/> No |
| - Anyone who usually lives here but is away at present traveling, at school, or in a hospital? | <input type="checkbox"/> Yes | | <input type="checkbox"/> No |
| - Anyone else staying here? | <input type="checkbox"/> Yes | | <input type="checkbox"/> No |

Section A - FAMILY BACKGROUND - Continued

Enter for each HH member 18+ years		RACE (HAND RESPOND- ENT FLASH- CARD No. 1) What is the race of . . . ? Enter code from flash-card No. 1	ETHNICITY (HAND RESPOND- ENT FLASH- CARD No. 2) What is the origin or descent of . . . ? Enter code from Flash-card No. 2	FOR HOUSEHOLD MEMBERS 18 YEARS OR OLDER, ASK:									
MARITAL STATUS Is . . . now married, widowed, divorced, separated, or never married? If married, is spouse present or absent? Enter code 1 - Married, spouse present 2 - Married, spouse absent 3 - Widowed 4 - Divorced 5 - Separated 6 - Never married	OFFICE USE			7.	8.	9.	10.	11.	12a.	If "Yes" in 12a		12c.	
		What is the highest grade of regular school . . . has attended? Never attended or Kindergarten (00) Elem (01-08) High (09-12) College . . (21-26)	Did . . . finish this grade? Enter code 1 - Yes 2 - No							Did . . . ever serve on active duty in the U.S. Armed Forces? Enter code 1 - Yes 2 - No	In what year was . . . on active duty? Enter last 2 digits of year entered and year left		
											12b.		12b.
							FROM	TO					

Notes

Section A - FAMILY BACKGROUND - Continued

Line number	NAME - Last name first		What is . . . 's relationship to (name of sample person)?	SEX Enter code 1 - Male 2 - Female	What is . . . 's date of birth?			AGE	
	1b.				5.	6.			
1a.	Last	First	3.	OFFICE USE			4.	Month	Day
10			SAMPLE PERSON						
11									
12									
13									
14									
15									
16									
17									
18									

2. I have listed (Read names in 1b.).

Have I missed:

- | | | | |
|--|------------------------------|----------------------------------|-----------------------------|
| - Any babies or small children? | <input type="checkbox"/> Yes | } List in 1b and proceed with Q2 | <input type="checkbox"/> No |
| - Any lodgers, boarders, or persons in your employ who live here? | <input type="checkbox"/> Yes | | <input type="checkbox"/> No |
| - Anyone who usually lives here but is away at present traveling, at school, or in a hospital? | <input type="checkbox"/> Yes | | <input type="checkbox"/> No |
| - Anyone else staying here? | <input type="checkbox"/> Yes | | <input type="checkbox"/> No |

PGM 3

Section A - FAMILY BACKGROUND - Continued

Enter for each HH member 18+ years	RACE (HAND RESPOND-ENT FLASH-CARD No. 1) What is the race of . . . ? Enter code from flash-card No. 1	ETHNICITY (HAND RESPOND-ENT FLASH-CARD No. 2) What is the origin or descent of . . . ? Enter code from Flash-card No. 2	FOR HOUSEHOLD MEMBERS 18 YEARS OR OLDER. ASK:						
			MARITAL STATUS Is . . . now married, widowed, divorced, separated, or never married? If married, is spouse present or absent? Enter code 1 - Married, spouse present 2 - Married, spouse absent 3 - Widowed 4 - Divorced 5 - Separated 6 - Never married	What is the highest grade of regular school . . . has attended? Never attended or Kindergarten (00) Elem (01-08) High (09-12) College . . (21-26)	Did . . . finish this grade? Enter code 1 - Yes 2 - No	Did . . . ever serve on active duty in the U.S. Armed Forces? Enter code 1 - Yes 2 - No	If "Yes" in 12a		How many months was . . . on active duty altogether?
							In what year was . . . on active duty? Enter last 2 digits of year entered and year left 12b. FROM TO		
7.	8.	9.	10.	11.	12a.			12c.	

OFFICE USE

Notes

Section B – LABOR FORCE AND WORK EXPERIENCE

<p>1. What were you doing most of LAST WEEK –</p> <p> <input type="checkbox"/> Working? <input type="checkbox"/> Keeping house? <input type="checkbox"/> Going to school? or something else? </p>	<p>005</p> <p> 1 <input type="checkbox"/> Working – SKIP to 2b 2 <input type="checkbox"/> With a job but not at work 3 <input type="checkbox"/> Looking for work 4 <input type="checkbox"/> Keeping house 5 <input type="checkbox"/> Going to school 6 <input type="checkbox"/> Unable to work – SKIP to 24a 7 <input type="checkbox"/> Illness – In Doctor's care 8 <input type="checkbox"/> Volunteer work 9 <input type="checkbox"/> Retired 10 <input type="checkbox"/> Other – Specify _____ </p>			
<p>2a. Did you do any work at all LAST WEEK, not counting work around the house?</p>	<p>006</p> <p> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 3 </p>			
<p>b. How many hours did you work LAST WEEK at all jobs?</p>	<p>007</p> <p>_____ Hours – SKIP to 5a</p>			
<p><input type="checkbox"/> If "with a job but not at work" in Q1 – SKIP to 4</p> <p>3. Did you have a job or business from which you were temporarily absent or on layoff LAST WEEK?</p>	<p>008</p> <p> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 17 </p>			
<p>4. Why were you absent from work LAST WEEK?</p>	<p>009</p> <p> 1 <input type="checkbox"/> Own illness 2 <input type="checkbox"/> On vacation 3 <input type="checkbox"/> Bad weather 4 <input type="checkbox"/> Labor dispute 5 <input type="checkbox"/> New job to begin within 30 days – SKIP to 18b and 19b 6 <input type="checkbox"/> Temporary layoff (Under 30 days) – SKIP to 19c 7 <input type="checkbox"/> Indefinite layoff (30 days or more or no def. recall date) – SKIP to 19c 8 <input type="checkbox"/> Other – Specify _____ </p>			
<p>5a. For whom did you work in your main job?</p>	<p>Name of company, business, organization, or employer</p> <p>_____</p>			
<p>b. What kind of business or industry is this?</p> <p><i>For example: TV and radio manufacturer, retail shoe store, State Labor Department, farm</i></p>	<p>010</p> <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> <p>_____</p>			
<p>c. What kind of work were you doing?</p> <p><i>For example: electrical engineer, typist, laborer, etc.</i></p>	<p>011</p> <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> <p>_____</p>			
<p>d. What were your most important activities or duties?</p> <p><i>For example: typing, filing, selling cars, finishing concrete</i></p>	<p>_____</p>			

Section B – LABOR FORCE AND WORK EXPERIENCE – Continued

<p>5e. Did you work for –</p>	<p>(012) 1 <input type="checkbox"/> A private company, business, or individual for wages, salary, or commission? – SKIP to 6a</p> <p>2 <input type="checkbox"/> The Federal Government – SKIP to 6a</p> <p>3 <input type="checkbox"/> A State, county, or local government? – SKIP to 6a</p> <p style="padding-left: 40px;">Yourself (Self-employed) in own business, professional practice, or farm?</p> <p style="padding-left: 40px;">Is the business incorporated? (If farm, mark "No" without asking)</p> <p>4 <input type="checkbox"/> Yes – SKIP to 6a</p> <p>5 <input type="checkbox"/> No – SKIP to 7</p> <p>6 <input type="checkbox"/> Working without pay in family business or farm – SKIP to 7</p>
<p>6a. What are your usual total earnings per week at this job BEFORE DEDUCTIONS?</p>	<p>(013) \$ _____ . 00 per week</p>
<p>b. How much do you earn per hour BEFORE DEDUCTIONS at this job?</p>	<p>(014) \$ _____ . _____ per hour</p> <p style="padding-left: 40px;">Dollars Cents</p> <p>x <input type="checkbox"/> Don't know</p>
<p>7. How many hours a week do you USUALLY work at this job?</p>	<p>(015) _____ Hours</p>
<p>8. How many weeks do you USUALLY work either full time or part time at this job each year? Include paid vacations and paid sick leave.</p>	<p>(016) _____ Weeks</p>
<p>9. How long have you worked at this job?</p>	<p>(017) 1 <input type="checkbox"/> Less than 6 months</p> <p>2 <input type="checkbox"/> 6–11 months</p> <p style="padding-left: 40px;">OR</p> <p>(018) _____ Years</p>
<p>10. Are you a member of a labor union on this job?</p>	<p>(019) 1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p>

Notes

Section B – LABOR FORCE AND WORK EXPERIENCE – Continued

11. Which of these things do you have to do as part of your job duties on this job? Do you have to –	For each "Yes," ask:			
	A lot?	Sometimes?	No/Never?	
Walk?	020 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	
Use stairs or inclines?	021 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	
Stand for long period?	022 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	
Sit for long periods?	023 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	
Stoop, crouch, or kneel?	024 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	
Reach?	025 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	
Mark box 3 without asking if blind { Use eyes for inspection of things? .. Use eyes for reading? ..	026 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	
Use fingers to grasp or handle?	028 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	
Lift or carry weights as heavy as 50 pounds?	029 1 <input type="checkbox"/> – SKIP to 12	2 <input type="checkbox"/> – SKIP to 12	3 <input type="checkbox"/>	
Lift or carry weights as heavy as 25 pounds (such as two full bags of groceries)?	030 1 <input type="checkbox"/> – SKIP to 12	2 <input type="checkbox"/> – SKIP to 12	3 <input type="checkbox"/>	
Lift or carry weights as heavy as 10 pounds (such as a 10 lb. bag of potatoes)?	031 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	
12. Last week, did you have another job or business even if you didn't work at it?	032 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 26, page 11			
13. Was this second job for – If he has more than 1 additional job, ask about the MAIN additional job.	033 1 <input type="checkbox"/> A private company, business, or individual for wages, salary, or commission? – SKIP to 14a 2 <input type="checkbox"/> The Federal Government? – SKIP to 14a 3 <input type="checkbox"/> A state, county, or local government? – SKIP to 14a Yourself (self-employed) in own business, professional practice, or farm? Is the business incorporated? (If farm, mark "No" without asking) 4 <input type="checkbox"/> Yes – SKIP to 14a 5 <input type="checkbox"/> No – SKIP to 15 6 <input type="checkbox"/> Working without pay in family business or farm? – SKIP to 15			
14a. What are your usual total earnings per week at this job BEFORE DEDUCTIONS?	034 \$ _____ . 00 per week			
b. How much do you earn per hour BEFORE DEDUCTIONS at this job?	035 \$ _____ . _____ per hour Dollars Cents x <input type="checkbox"/> Don't know			
15. How many hours a week do you USUALLY work at this job?	036 _____ hours			

Section B - LABOR FORCE AND WORK EXPERIENCE - Continued

16a. How many weeks do you USUALLY work either full time or part time at this job each year? Include paid vacations and paid sick leave.

(037)

_____ Weeks

b. How long have you worked at this job?

(038)

- 1 Less than 6 months
 2 6-11 months
 OR

} SKIP to 26

(039)

_____ Years

If "looking for work" in Q1 - SKIP to 18a

17. Have you been looking for work during the past 4 weeks?

(040)

- 1 Yes
 2 No - SKIP to 23

18a. What have you been doing in the last 4 weeks to find work? (Mark ALL methods used; do not read list.)

(041)

- Checked with -
 1 Public employment agency
 2 Private employment agency
 3 Employer directly
 4 Friends or relatives
 5 Placed or answered ads
 6 Nothing - SKIP to 26
 7 Other - Specify

b. Why did you start looking for work? Was it because you lost or quit a job at that time (pause) or was there some other reason?

(042)

- *
 1 Lost job
 2 Quit job
 3 Left school
 4 Wanted to work
 5 Health interfered with work on old job
 6 Wanted different job
 7 Needed the money
 8 Other - Specify

INTERVIEWER - If you skipped from question 4 to 18b, SKIP to 19b.

19a. How many weeks have you been looking for work?

(044)

_____ Weeks - SKIP to 20a

b. How many weeks ago did you start looking for work?

(045)

_____ Weeks - SKIP to 20b

c. How many weeks ago were you laid off?

(046)

_____ Weeks - SKIP to 20c

Notes

Section B – LABOR FORCE AND WORK EXPERIENCE – Continued

20a. Have you been looking for full-time or part-time work? (047) 1 Full time (35 or more hours a week) } SKIP
2 Part time (less than 35 hours a week) } to 21a

b. Will your new job be full or part time? (048) 1 Full time (35 or more hours a week) } SKIP
2 Part time (less than 35 hours a week) } to 21b

c. Are you laid off from a full- or part-time job? (049) 1 Full time (35 or more hours a week) } SKIP
2 Part time (less than 35 hours a week) } to 21c

21a. What kind of work or occupation have you been looking for? (050) } SKIP
_____ to 22

b. What kind of work or occupation will your new job be? (051) } SKIP
_____ to 22

c. What kind of work or occupation are you laid off from? (052)

22. Is there any reason why you could not take a job LAST WEEK?
If "Yes," ask "Why was that?" (053) * 1 Yes – Why? } SKIP
2 Already has a job } to 24b
3 Temporary illness
4 Going to school
5 Other – Specify _____
6 No

Notes

Section B – LABOR FORCE AND WORK EXPERIENCE – Continued

23. What are the reasons you haven't been looking for work?

Do not read list; mark all that apply

Follow skip instruction for lowest numbered box marked

- | | | |
|---|--|--|
| <p>(054)
*</p> <p>(055)
*</p> <p>(056)
*</p> <p>(057)
*</p> | <p>1 <input type="checkbox"/> Ill health</p> <p>2 <input type="checkbox"/> Unable to work or on disability</p> <p>3 <input type="checkbox"/> Believe no work available in line of work or area</p> <p>4 <input type="checkbox"/> Couldn't find any work</p> <p>5 <input type="checkbox"/> Lacked necessary schooling, training, skills, or experience</p> <p>6 <input type="checkbox"/> Employers think too old</p> <p>7 <input type="checkbox"/> Other personal handicap in finding job</p> <p>8 <input type="checkbox"/> In school or other training</p> <p>9 <input type="checkbox"/> Job available, didn't pay enough</p> <p>10 <input type="checkbox"/> Didn't want to work</p> <p>11 <input type="checkbox"/> Can't arrange child care</p> <p>12 <input type="checkbox"/> Family responsibilities</p> <p>13 <input type="checkbox"/> Retired</p> <p>14 <input type="checkbox"/> Other – <i>Specify</i> _____</p> <p>15 <input type="checkbox"/> Don't know</p> | <p>} ASK 24a</p> <p>} SKIP to 24b</p> <p>} SKIP to 26</p> <p>} SKIP to 24b</p> |
|---|--|--|

24a. If your health got better, do you think you would want to go to work?

- (058)
- 1 Yes
- 2 No – SKIP to 26
- 3 Health will never get better – SKIP to 26

b. If you found a job you like, what is the lowest pay you would accept?

- (059) \$ _____ . _____ per hour
Dollars Cents
- OR
- (060) \$ _____ . per week
- OR
- (061) \$ _____ . per year
- x Would not accept work under any conditions – SKIP to 26

25a. If you found a job you like, how many hours per week would you want to work?

(062) _____ Hours

b. How many weeks per year would you want to work?

(063) _____ Weeks

26. During an average 24 hour day, how much time do you spend –

Time spent (in hours)
 Total time need NOT equal 24 hours

- | | |
|--|---|
| <p>(1) Sleeping at night?</p> <p>(2) Sleeping or napping during the day?</p> <p>(3) On personal care (such as eating, bathing, and dressing)?</p> <p>(4) Exercising?</p> | <p>(064) _____ Hours</p> <p>(065) _____ Hours</p> <p>(066) _____ Hours</p> <p>(067) _____ Hours</p> |
|--|---|

27a. During 1977, that is last year, did you do any work at all, not counting work around the house?

- (068)
- 1 Yes
- 2 No – SKIP TO 38, page 14

b. How many employers did you work for last year?

(069) _____ Number

CHECK ITEM B-1

Refer to 5a–e, pages 6 and 7 of section B

- (070)
- 1 Job described in Q.5a–5e (currently employed) – Ask 28a
- 2 All others – SKIP to 29a

Section B – LABOR FORCE AND WORK EXPERIENCE – Continued

<p>28a. Was the main job you had last year for the same employer as your main job last week?</p>	(071)	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 29a</p>				
<p>b. Were your job duties any different?</p>	(072)	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 30a</p>				
<p>c. What kind of work were you doing last year at this job?</p>	(073)	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>				
<p>d. What were your most important activities or duties last year at this job?</p>		<p>} SKIP to 30a</p>				

<p>29a. For whom did you work at your main job in 1977?</p>	<p>Name of company, business, organization, or employer</p>				
<p>b. What kind of business or industry is this? (For example: TV and radio mfg., retail shoe store, State Labor Dept., farm)</p>	<p>(074)</p> <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>				
<p>c. What kind of work were you doing? (For example: electrical engineer, typist, laborer, etc.)</p>	<p>(075)</p> <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>				
<p>d. What were your most important activities or duties? (For example: typing, filing, selling cars, finishing concrete)</p>					
<p>e. Did you work for –</p>	<p>(076)</p> <p>1 <input type="checkbox"/> A private company, business, or individual for wages, salary, or commission? – SKIP to 30a</p> <p>2 <input type="checkbox"/> The Federal Government? – SKIP to 30a</p> <p>3 <input type="checkbox"/> A State, county, or local government? – SKIP to 30a</p> <p style="padding-left: 40px;">Yourself (self-employed) in own business, professional practice, or farm? ↙</p> <p style="padding-left: 40px;">Is the business incorporated? (If farm, mark "No" without asking)</p> <p>4 <input type="checkbox"/> Yes – SKIP to 30a</p> <p>5 <input type="checkbox"/> No – SKIP to 31</p> <p>6 <input type="checkbox"/> Working without pay in family business or farm? – SKIP to 31</p>				

<p>30a. During 1977, what were your usual total earnings per week at this job BEFORE DEDUCTIONS?</p>	(077)	<p>\$ _____ . <table border="1" style="display: inline-table; border-collapse: collapse; width: 20px; height: 20px; text-align: center;">00</table> per week</p>
<p>b. During 1977, how much did you earn per hour BEFORE DEDUCTIONS at this job?</p>	(078)	<p>\$ _____ . _____ per hour</p> <p style="padding-left: 40px;">Dollars Cents</p> <p>x <input type="checkbox"/> Don't know</p>
<p>31. During 1977, how many hours a week did you USUALLY work at this job?</p>	(079)	<p>_____ Hours</p>

Notes

Section B - LABOR FORCE AND WORK EXPERIENCE - Continued

32. During 1977, how many weeks did you work either full time or part time at this job? Include paid vacations and paid sick leave.

(080) _____ Weeks

CHECK ITEM B-2 

Refer to Q.28b, page 12 of section B.

(081) 1 "Yes" in 28b - SKIP to 35
 2 "No" in 28b - SKIP to 36a
 3 All others - Ask 33

33. How long did you work at this job?

(082) 1 Less than 6 months
 2 6-11 months
 OR

(083) _____ Years

34. Were you a member of a labor union on this job?

(084) 1 Yes
 2 No

35. Which of these things did you have to do as part of your job duties on this job?

For each "Yes," ask:

Did you have to -

A lot? Sometimes? No/Never?

Walk? (085) 1 2 3

Use stairs or inclines? (086) 1 2 3

Stand for long periods? (087) 1 2 3

Sit for long periods? (088) 1 2 3

Stoop, crouch, or kneel? (089) 1 2 3

Reach? (090) 1 2 3

Use fingers to grasp or handle? (091) 1 2 3

Mark box 3 without asking if blind { Use eyes for inspection of things? .. (092) 1 2 3

{ Use eyes for reading? (093) 1 2 3

Lift or carry weights as heavy as 50 pounds? ... (094) 1 - SKIP to 36a 2 - SKIP to 36a 3

Lift or carry weights as heavy as 25 pounds? ... (095) 1 - SKIP to 36a 2 - SKIP to 36a 3

Lift or carry weights as heavy as 10 pounds? ... (096) 1 2 3

Notes

Section B - LABOR FORCE AND WORK EXPERIENCE - Continued

<p>36a. Did you have any other jobs in 1977 AT THE SAME TIME you were working at the job we just talked about?</p>	<p>(097) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 37</p>
<p>b. During 1977, in how many weeks did you work either full or part time at this other job? Include paid vacations and paid sick leave. If more than one additional job ask about the main additional job.</p>	<p>(098) _____ Weeks</p>
<p>c. During 1977, how many hours a week did you USUALLY work at this other job?</p>	<p>(099) _____ Hours</p>
<p>d. How long did you work at this other job?</p>	<p>(100) 1 <input type="checkbox"/> Less than 6 months 2 <input type="checkbox"/> 6-11 months OR (101) _____ Years</p>
<p>e. During 1977, what were your usual total earnings per week at this other job BEFORE DEDUCTIONS?</p>	<p>(102) \$ _____ . <input checked="" type="checkbox"/> 00 per week 0 <input type="checkbox"/> Nothing - SKIP to 37</p>
<p>f. During 1977, how much did you earn per hour BEFORE DEDUCTIONS at this other job?</p>	<p>(103) \$ _____ . _____ per hour <i>Dollars</i> <i>Cents</i> x <input type="checkbox"/> Don't know 0 <input type="checkbox"/> Nothing</p>
<p>37. During 1977, how many different weeks did you work either full time or part time at ALL jobs not counting work around the house? Include paid vacations and paid sick leave.</p>	<p>(104) _____ Weeks</p> <p style="font-size: 2em; vertical-align: middle;">}</p> <p style="font-size: 0.8em;">If less than 26 weeks - Ask 38 If 26 weeks or more - SKIP to CI-B-3</p>
<p>38. What were you doing most of 1977 - looking for work, keeping house, going to school, or something else? <i>Mark one</i></p>	<p>(105) 1 <input type="checkbox"/> Looking for work - SKIP to 40 2 <input type="checkbox"/> Keeping house 3 <input type="checkbox"/> Going to school 4 <input type="checkbox"/> Unable to work - SKIP to CI-B-3 5 <input type="checkbox"/> Volunteer work 6 <input type="checkbox"/> Retired 7 <input type="checkbox"/> Other - Specify</p>
<p>39. Did you look for work at any time during 1977?</p>	<p>(106) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to CI-B-3</p>
<p>40. Why did you start looking for work? Was it because you lost or quit a job at that time (pause) or was there some other reason? <i>Do not read list; mark all that apply.</i></p>	<p>(107) * 1 <input type="checkbox"/> Lost job 2 <input type="checkbox"/> Quit job 3 <input type="checkbox"/> Left school 4 <input type="checkbox"/> Wanted temporary work 5 <input type="checkbox"/> Health interfered with work on old job 6 <input type="checkbox"/> Wanted different job (108) * 7 <input type="checkbox"/> Needed the money 8 <input type="checkbox"/> Wanted full time work 9 <input type="checkbox"/> Wanted part time work 10 <input type="checkbox"/> Other - Specify</p>
<p>41. About how many weeks did you look for work during 1977?</p>	<p>(109) _____ Weeks</p>

Section B – LABOR FORCE AND WORK EXPERIENCE – Continued

**CHECK
ITEM B-3**

▶ Refer to item 7, page 3 of section A.

- (110) 1 Sample person married, spouse present – Ask 42
2 All others – SKIP to CI B-4, page 16

42a. Now I want to ask some questions about your spouse's activities. Did she/he do any work at all LAST WEEK, not counting work around the house? NOTE: If farm or business operator in h.h., ask about unpaid work.

- (111) 1 Yes – SKIP to 42d
2 No

b. Even though she/he didn't work last week, does she/he have a job or business from which she/he was temporarily absent or on layoff?

- (112) 1 Yes
2 No – SKIP to 45

c. Why was she/he absent from work LAST WEEK?

- (113) 1 Own illness
2 On vacation
3 Bad weather
4 Labor dispute
5 New job to begin within 30 days – SKIP to 45
6 Temporary layoff (under 30 days) – SKIP to 45
7 Indefinite layoff (30 days or more or no definite recall date) – SKIP to 45
8 Other – Specify

d. Does she/he have one job or more than one job?

- (114) 1 One job
2 More than one job

43. What are her/his usual total earnings per week at her/his job(s) BEFORE DEDUCTIONS?

- (115) \$ _____ . per week
0 Nothing

44a. How many hours a week does she/he USUALLY work at her/his job(s)?

- (116) _____ Hours

b. How many different weeks per year does she/he USUALLY work either full time or part time at this/these job(s)? Include paid vacations and paid sick leave.

- (117) _____ Weeks

c. How long has she/he worked at this job?

- (118) 1 Less than 6 months
2 6–11 months
OR
(119) _____ Years
} SKIP to 46

45. What was she/he doing most of last week -- looking for work, keeping house, going to school, or something else?

- (120) 1 Looking for work
2 Keeping house
3 Going to school
4 Unable to work
5 Illness – In doctor's care
6 Volunteer work
7 Retired
8 Other – Specify

46. How long have you been married to . . . ?

- (121) x Less than 1 year
_____ Years

Section B – LABOR FORCE AND WORK EXPERIENCE – Continued

**CHECK
ITEM B-4**



Refer to Q 5a–5e, page 6
of Section B

(122)

- 1 Entries in 5a–5e (currently employed) –
SKIP to 54a
- 2 All others – Go to 47

47. When did you last work at a job or business lasting
2 consecutive weeks or more?

(123)

- 1 1978
- 2 1973 thru 1977
- 3 Before 1973 – Skip to 54a
- 4 Never worked 2 consecutive
weeks or more – Skip to 54a
- 5 Never worked at all – Skip to 54a

48a. For whom did you work?

Name of company, business, organization, or employer

**CHECK
ITEM B-5**



Refer to 29a, page 12 and
48a above

(124)

- 1 Same employer in 29a (employer last year)
AND 48a (last employer) – SKIP to Q53
- 2 All others – Ask 48b

48b. What kind of business or industry was this? (For
example: TV and radio manufacturer, retail shoe
store, State Labor Department)

(125)

--	--	--

c. What kind of work were you doing? (For example:
electrical engineer, typist, laborer, etc.)

(126)

--	--	--

d. What were your most important activities or duties?
(For example: typing, filing, selling cars,
finishing concrete)

e. Did you work for –

(127)

- 1 A private company, business, or individual
for wages, salary, or commission? – SKIP to 49a
 - 2 The Federal Government? – SKIP to 49a
 - 3 A State, county, or local government? –
Skip to 49a
- Yourself (self-employed) in own business,
professional practice, or farm?**
Is the business incorporated?
(If farm, mark "No" without asking)
- 4 Yes – SKIP to 49a
 - 5 No – SKIP to 50
- 6 Working without pay in family business or
farm? – SKIP TO 50

49a. What were your usual total earnings per week at this
job BEFORE DEDUCTIONS?

(128)

\$ _____ .

--

 per week

b. How much did you earn per hour BEFORE
DEDUCTIONS at this job?

(129)

\$ _____ . _____ per hour
Dollars Cents
x Don't know

50. How many hours a week did you USUALLY work
at this job?

(130)

_____ Hours

Notes

Section B – LABOR FORCE AND WORK EXPERIENCE – Continued

51a. How many weeks did you USUALLY work either full time or part time at this job each year? Include paid vacations and paid sick leave.	(131) _____ Weeks			
b. How long did you work at this job?	(132) 1 <input type="checkbox"/> Less than 6 months 2 <input type="checkbox"/> 6-11 months OR (133) _____ Years			
52. Were you a member of a labor union on this job?	(134) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No			
53. Why did you leave this job? Any other reason? <i>Do not read list; mark all that apply</i>	(135) * 1 <input type="checkbox"/> Health problems 2 <input type="checkbox"/> Went to school 3 <input type="checkbox"/> Family demands (includes pregnancy) 4 <input type="checkbox"/> Retirement or old age (136) * 5 <input type="checkbox"/> Temporary job 6 <input type="checkbox"/> Lay off 7 <input type="checkbox"/> Unsatisfactory work (hours, pay, etc.) 8 <input type="checkbox"/> Fired from job 9 <input type="checkbox"/> To find a different job (137) * 10 <input type="checkbox"/> Company or business closed or moved 11 <input type="checkbox"/> Other – Specify _____			
54a. During the past year and a half, that is since January 1, 1977, have you done any volunteer work on a regular basis?	(138) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Section C, page 18			
b. What kind of work were you doing? (For example: typing, elementary school teacher's aid, hospital aid, fund raiser) (If more than 1, enter MAIN kind of work.)	(139) <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> </tr> </table>			
c. What were your most important activities or duties? (For example: typing, assisting elementary school teachers, distributing pamphlets)				
d. How long have you been doing (did you do) this particular kind of volunteer work?	(140) 1 <input type="checkbox"/> Less than 6 months 2 <input type="checkbox"/> 6-11 months OR (141) _____ Years			
e. How many hours a week do (did) you USUALLY do this kind of volunteer work?	(142) _____ Hours			
f. How many weeks would (did) you USUALLY do this kind of volunteer work in a year?	(143) _____ Weeks			
Notes	(144) _____ (145) _____ (146) _____ (147) _____ (148) _____			

Section C - HEALTH CONDITIONS

Now I would like to ask you some questions about your health.

Show Flashcard No. 3

1a. Which of the following conditions or illnesses do you have NOW that a DOCTOR has told you about?

Interviewer read list

Mark all that apply

- (149)* 1 Asthma
- 2 Tuberculosis
- 3 Chronic bronchitis
- 4 Emphysema
- 5 Hardening of the arteries (arteriosclerosis)
- 6 High blood pressure (hypertension)
- (150)* 7 Heart attack (coronary)
- 8 Stroke
- 9 Any other heart trouble
- 10 Tumor, cyst or growth
- (151)* 11 Cancer
- 12 Any other chronic lung trouble
- 13 Chronic gallbladder or liver trouble
- (152)* 14 Stomach ulcer
- 15 Any other chronic stomach trouble
- 16 Kidney stones or chronic kidney trouble
- (153)* 17 Arthritis or rheumatism
- 18 Mental illness
- 19 Nervous or emotional problems
- (154)* 20 Mental retardation
- 21 Diabetes
- 22 Thyroid trouble or goiter
- (155)* 23 Epileptic seizures or convulsions
- 24 Multiple sclerosis
- 25 Alcohol or drug problems
- (156)* 26 Hernia or rupture
- 27 Deafness or serious trouble hearing
- 28 Blindness, that is, no usable vision
- (157)* 29 Difficulty seeing well enough to read ordinary newsprint, even with glasses on
- 30 Missing legs or feet
- 31 Missing arms, hands, or fingers
- (158)* 32 Broken bones
- 33 Chronic stiffness or any deformity of the foot, leg, arm or hand
- 34 Chronic stiffness or deformity of the back or spine
- (159)* 35 Other trouble with back or spine
- 36 Paralysis of any kind
- 37 Chronic severe allergy
- (160) 38 None of the above

b. Do you have any (other) conditions that a doctor has told you about?

- (161) 1 Yes - Ask 1c
- 2 No - SKIP to 2

c. What are they?

(162)

(163)

(164)

Section C - HEALTH CONDITIONS - Continued

2a. Do you have any conditions that a doctor has not told you about, but that you know you have?

- (165) 1 Yes
2 No - SKIP to Check Item C1

b. What are they?

(166)

(167)

(168)

CHECK
ITEM C1



- (169) 1 Condition(s) listed in 1a-2b - Ask Q 3-5
2 No conditions listed - SKIP to 11, page 28

Notes

(170)

(171)

(172)

(173)

(174)

Section C – HEALTH CONDITIONS – Continued

3a. When did your (read condition) first begin to bother you?	<p align="center">CONDITION – 1</p> <p align="center">(175) _____</p>	<p align="center">CONDITION – 2</p> <p align="center">(186) _____</p>
		<p>(176) 1 <input type="checkbox"/> Since birth – SKIP to next condition or item 6</p> <p>(177) _____ Year – If 1977 or 1978, ask month</p> <p>(178) _____ Month</p>
b. Is that when you first became aware of your (read condition)?	<p>(179) 1 <input type="checkbox"/> Yes – SKIP to 4 2 <input type="checkbox"/> No – Ask c</p>	<p>(190) 1 <input type="checkbox"/> Yes – SKIP to 4 2 <input type="checkbox"/> No – Ask c</p>
c. When did you first become aware of your (read condition)?	<p>(180) _____ Year – If 1977 or 1978, ask month</p> <p>(181) _____ Month</p>	<p>(191) _____ Year – If 1977 or 1978, ask month</p> <p>(192) _____ Month</p>
4a. Was this condition caused by an accident or injury on a job?	<p>(182) 1 <input type="checkbox"/> Yes - SKIP to next condition or 6 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know</p>	<p>(193) 1 <input type="checkbox"/> Yes - SKIP to next condition or 6 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know</p>
b. Was this condition caused by bad working conditions, such as noise, heat, or smoke?	<p>(183) 1 <input type="checkbox"/> Yes - SKIP to next condition or 6 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know</p>	<p>(194) 1 <input type="checkbox"/> Yes - SKIP to next condition or 6 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know</p>
5a. Was it the result of an accident or injury away from a job?	<p>(184) 1 <input type="checkbox"/> Yes – Ask b 2 <input type="checkbox"/> No – SKIP to next condition or 6</p>	<p>(195) 1 <input type="checkbox"/> Yes – Ask b 2 <input type="checkbox"/> No – SKIP to next condition or 6</p>
b. Where did it happen?	<p>(185) 1 <input type="checkbox"/> In a motor vehicle 2 <input type="checkbox"/> Own home 3 <input type="checkbox"/> Some other place</p>	<p>(196) 1 <input type="checkbox"/> In a motor vehicle 2 <input type="checkbox"/> Own home 3 <input type="checkbox"/> Some other place</p>

Notes

Section C – HEALTH CONDITIONS – Continued

197 CONDITION – 3	208 CONDITION – 4	219 CONDITION – 5
198 1 <input type="checkbox"/> Since birth – <i>SKIP to next condition or item 6</i>	209 1 <input type="checkbox"/> Since birth – <i>SKIP to next condition or item 6</i>	220 1 <input type="checkbox"/> Since birth – <i>SKIP to next condition or item 6</i>
199 _____ Year – <i>If 1977 or 1978, ask month</i>	210 _____ Year – <i>If 1977 or 1978, ask month</i>	221 _____ Year – <i>If 1977 or 1978, ask month</i>
200 _____ Month	211 _____ Month	222 _____ Month
201 1 <input type="checkbox"/> Yes – <i>SKIP to 4</i> 2 <input type="checkbox"/> No – <i>Ask c</i>	212 1 <input type="checkbox"/> Yes – <i>SKIP to 4</i> 2 <input type="checkbox"/> No – <i>Ask c</i>	223 1 <input type="checkbox"/> Yes – <i>SKIP to 4</i> 2 <input type="checkbox"/> No – <i>Ask c</i>
202 _____ Year – <i>If 1977 or 1978, ask month</i>	213 _____ Year – <i>If 1977 or 1978, ask month</i>	224 _____ Year – <i>If 1977 or 1978, ask month</i>
203 _____ Month	214 _____ Month	225 _____ Month
204 1 <input type="checkbox"/> Yes – <i>SKIP to next condition or 6</i> 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know	215 1 <input type="checkbox"/> Yes – <i>SKIP to next condition or 6</i> 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know	226 1 <input type="checkbox"/> Yes – <i>SKIP to next condition or 6</i> 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know
205 1 <input type="checkbox"/> Yes – <i>SKIP to next condition or 6</i> 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know	216 1 <input type="checkbox"/> Yes – <i>SKIP to next condition or 6</i> 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know	227 1 <input type="checkbox"/> Yes – <i>SKIP to next condition or 6</i> 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know
206 1 <input type="checkbox"/> Yes – <i>Ask b</i> 2 <input type="checkbox"/> No – <i>SKIP to next condition or 6</i>	217 1 <input type="checkbox"/> Yes – <i>Ask b</i> 2 <input type="checkbox"/> No – <i>SKIP to next condition or 6</i>	228 1 <input type="checkbox"/> Yes – <i>Ask b</i> 2 <input type="checkbox"/> No – <i>SKIP to next condition or 6</i>
207 1 <input type="checkbox"/> In a motor vehicle 2 <input type="checkbox"/> Own home 3 <input type="checkbox"/> Some other place	218 1 <input type="checkbox"/> In a motor vehicle 2 <input type="checkbox"/> Own home 3 <input type="checkbox"/> Some other place	229 1 <input type="checkbox"/> In a motor vehicle 2 <input type="checkbox"/> Own home 3 <input type="checkbox"/> Some other place

Notes

Section C - HEALTH CONDITIONS - Continued

3a. When did your (read condition) first begin to bother you?	CONDITION - 6 (230) _____	CONDITION - 7 (241) _____
	(231) 1 <input type="checkbox"/> Since birth - SKIP to next condition or item 6	(242) 1 <input type="checkbox"/> Since birth - SKIP to next condition or item 6
	(232) _____ Year - If 1977 or 1978, ask month	(243) _____ Year - If 1977 or 1978, ask month
	(233) _____ Month	(244) _____ Month
b. Is that when you first became aware of your (read condition)?	(234) 1 <input type="checkbox"/> Yes - SKIP to 4 2 <input type="checkbox"/> No - Ask c	(245) 1 <input type="checkbox"/> Yes - SKIP to 4 2 <input type="checkbox"/> No - Ask c
c. When did you first become aware of your (read condition)?	(235) _____ Year - If 1977 or 1978, ask month	(246) _____ Year - If 1977 or 1978, ask month
	(236) _____ Month	(247) _____ Month
4a. Was this condition caused by an accident or injury on a job?	(237) 1 <input type="checkbox"/> Yes - SKIP to next condition or 6 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know	(248) 1 <input type="checkbox"/> Yes - SKIP to next condition or 6 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know
b. Was this condition caused by bad working conditions, such as noise, heat, or smoke?	(238) 1 <input type="checkbox"/> Yes - SKIP to next condition or 6 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know	(249) 1 <input type="checkbox"/> Yes - SKIP to next condition or 6 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know
5a. Was it the result of an accident or injury away from a job?	(239) 1 <input type="checkbox"/> Yes - Ask b 2 <input type="checkbox"/> No - SKIP to next condition or 6	(250) 1 <input type="checkbox"/> Yes - Ask b 2 <input type="checkbox"/> No - SKIP to next condition or 6
b. Where did it happen?	(240) 1 <input type="checkbox"/> In a motor vehicle 2 <input type="checkbox"/> Own home 3 <input type="checkbox"/> Some other place	(251) 1 <input type="checkbox"/> In a motor vehicle 2 <input type="checkbox"/> Own home 3 <input type="checkbox"/> Some other place

Notes

Section C – HEALTH CONDITIONS – Continued

252	CONDITION – 8	263	CONDITION – 9	274	CONDITION – 10
253	1 <input type="checkbox"/> Since birth – <i>SKIP to next condition or item 6</i>	264	1 <input type="checkbox"/> Since birth – <i>SKIP to next condition or item 6</i>	275	1 <input type="checkbox"/> Since birth – <i>SKIP to next condition or item 6</i>
254	_____ Year – <i>If 1977 or 1978, ask month</i>	265	_____ Year – <i>If 1977 or 1978, ask month</i>	276	_____ Year – <i>If 1977 or 1978, ask month</i>
255	_____ Month	266	_____ Month	277	_____ Month
256	1 <input type="checkbox"/> Yes – <i>SKIP to 4</i> 2 <input type="checkbox"/> No – <i>Ask c</i>	267	1 <input type="checkbox"/> Yes – <i>SKIP to 4</i> 2 <input type="checkbox"/> No – <i>Ask c</i>	278	1 <input type="checkbox"/> Yes – <i>SKIP to 4</i> 2 <input type="checkbox"/> No – <i>Ask c</i>
257	_____ Year – <i>If 1977 or 1978, ask month</i>	268	_____ Year – <i>If 1977 or 1978, ask month</i>	279	_____ Year – <i>If 1977 or 1978, ask month</i>
258	_____ Month	269	_____ Month	280	_____ Month
259	1 <input type="checkbox"/> Yes – <i>SKIP to next condition or 6</i> 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know	270	1 <input type="checkbox"/> Yes – <i>SKIP to next condition or 6</i> 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know	281	1 <input type="checkbox"/> Yes – <i>SKIP to next condition or 6</i> 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know
260	1 <input type="checkbox"/> Yes – <i>SKIP to next condition or 6</i> 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know	271	1 <input type="checkbox"/> Yes – <i>SKIP to next condition or 6</i> 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know	282	1 <input type="checkbox"/> Yes – <i>SKIP to next condition or 6</i> 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know
261	1 <input type="checkbox"/> Yes – <i>Ask b</i> 2 <input type="checkbox"/> No – <i>SKIP to next condition or 6</i>	272	1 <input type="checkbox"/> Yes – <i>Ask b</i> 2 <input type="checkbox"/> No – <i>SKIP to next condition or 6</i>	283	1 <input type="checkbox"/> Yes – <i>Ask b</i> 2 <input type="checkbox"/> No – <i>SKIP to next condition or 6</i>
262	1 <input type="checkbox"/> In a motor vehicle 2 <input type="checkbox"/> Own home 3 <input type="checkbox"/> Some other place	273	1 <input type="checkbox"/> In a motor vehicle 2 <input type="checkbox"/> Own home 3 <input type="checkbox"/> Some other place	284	1 <input type="checkbox"/> In a motor vehicle 2 <input type="checkbox"/> Own home 3 <input type="checkbox"/> Some other place

Notes

Section C - HEALTH CONDITIONS - Continued

3a. When did your (read condition) first begin to bother you?	CONDITION - 11	CONDITION - 12
	(285) _____	(296) _____
(286) 1 <input type="checkbox"/> Since birth - SKIP to next condition or item 6	(297) 1 <input type="checkbox"/> Since birth - SKIP to next condition or item 6	
(287) _____ Year - If 1977 or 1978, ask month	(298) _____ Year - If 1977 or 1978, ask month	
(288) _____ Month	(299) _____ Month	
b. Is that when you first became aware of your (read condition)?	(289) 1 <input type="checkbox"/> Yes - SKIP to 4 2 <input type="checkbox"/> No - Ask c	(300) 1 <input type="checkbox"/> Yes - SKIP to 4 2 <input type="checkbox"/> No - Ask c
c. When did you first become aware of your (read condition)?	(290) _____ Year - If 1977 or 1978, ask month (291) _____ Month	(301) _____ Year - If 1977 or 1978, ask month (302) _____ Month
4a. Was this condition caused by an accident or injury on a job?	(292) 1 <input type="checkbox"/> Yes - SKIP to next condition or 6 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know	(303) 1 <input type="checkbox"/> Yes - SKIP to next condition or 6 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know
b. Was this condition caused by bad working conditions, such as noise, heat, or smoke?	(293) 1 <input type="checkbox"/> Yes - SKIP to next condition or 6 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know	(304) 1 <input type="checkbox"/> Yes - SKIP to next condition or 6 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know
5a. Was it the result of an accident or injury away from a job?	(294) 1 <input type="checkbox"/> Yes - Ask b 2 <input type="checkbox"/> No - SKIP to next condition or 6	(305) 1 <input type="checkbox"/> Yes - Ask b 2 <input type="checkbox"/> No - SKIP to next condition or 6
b. Where did it happen?	(295) 1 <input type="checkbox"/> In a motor vehicle 2 <input type="checkbox"/> Own home 3 <input type="checkbox"/> Some other place	(306) 1 <input type="checkbox"/> In a motor vehicle 2 <input type="checkbox"/> Own home 3 <input type="checkbox"/> Some other place

Notes

Section C - HEALTH CONDITIONS - Continued

307 CONDITION - 13	318 CONDITION - 14	329 CONDITION - 15
308 1 <input type="checkbox"/> Since birth - SKIP to next condition or item 6	319 1 <input type="checkbox"/> Since birth - SKIP to next condition or item 6	330 1 <input type="checkbox"/> Since birth - SKIP to next condition or item 6
309 _____ Year - If 1977 or 1978, ask month	320 _____ Year - If 1977 or 1978, ask month	331 _____ Year - If 1977 or 1978, ask month
310 _____ Month	321 _____ Month	332 _____ Month
311 1 <input type="checkbox"/> Yes - SKIP to 4 2 <input type="checkbox"/> No - Ask c	322 1 <input type="checkbox"/> Yes - SKIP to 4 2 <input type="checkbox"/> No - Ask c	333 1 <input type="checkbox"/> Yes - SKIP to 4 2 <input type="checkbox"/> No - Ask c
312 _____ Year - If 1977 or 1978, ask month	323 _____ Year - If 1977 or 1978, ask month	334 _____ Year - If 1977 or 1978, ask month
313 _____ Month	324 _____ Month	335 _____ Month
314 1 <input type="checkbox"/> Yes - SKIP to next condition or 6 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know	325 1 <input type="checkbox"/> Yes - SKIP to next condition or 6 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know	336 1 <input type="checkbox"/> Yes - SKIP to next condition or 6 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know
315 1 <input type="checkbox"/> Yes - SKIP to next condition or 6 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know	326 1 <input type="checkbox"/> Yes - SKIP to next condition or 6 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know	337 1 <input type="checkbox"/> Yes - SKIP to next condition or 6 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know
316 1 <input type="checkbox"/> Yes - Ask b 2 <input type="checkbox"/> No - SKIP to next condition or 6	327 1 <input type="checkbox"/> Yes - Ask b 2 <input type="checkbox"/> No - SKIP to next condition or 6	338 1 <input type="checkbox"/> Yes - Ask b 2 <input type="checkbox"/> No - SKIP to next condition or 6
317 1 <input type="checkbox"/> In a motor vehicle 2 <input type="checkbox"/> Own home 3 <input type="checkbox"/> Some other place	328 1 <input type="checkbox"/> In a motor vehicle 2 <input type="checkbox"/> Own home 3 <input type="checkbox"/> Some other place	339 1 <input type="checkbox"/> In a motor vehicle 2 <input type="checkbox"/> Own home 3 <input type="checkbox"/> Some other place

Notes

Section C – HEALTH CONDITIONS – Continued

3a. When did your (read condition) first begin to bother you?	CONDITION – 16	CONDITION – 17
	(340) _____	(351) _____
	(341) 1 <input type="checkbox"/> Since birth – SKIP to next condition or item 6	(352) 1 <input type="checkbox"/> Since birth – SKIP to next condition or item 6
	(342) _____ Year – If 1977 or 1978, ask month	(353) _____ Year – If 1977 or 1978, ask month
	(343) _____ Month	(354) _____ Month
b. Is that when you first became aware of your (read condition)?	(344) 1 <input type="checkbox"/> Yes – SKIP to 4 2 <input type="checkbox"/> No – Ask c	(355) 1 <input type="checkbox"/> Yes – SKIP to 4 2 <input type="checkbox"/> No – Ask c
c. When did you first become aware of your (read condition)?	(345) _____ Year – If 1977 or 1978, ask month	(356) _____ Year – If 1977 or 1978, ask month
	(346) _____ Month	(357) _____ Month
4a. Was this condition caused by an accident or injury on a job?	(347) 1 <input type="checkbox"/> Yes – SKIP to next condition or 6 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know	(358) 1 <input type="checkbox"/> Yes – SKIP to next condition or 6 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know
b. Was this condition caused by bad working conditions, such as noise, heat, or smoke?	(348) 1 <input type="checkbox"/> Yes – SKIP to next condition or 6 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know	(359) 1 <input type="checkbox"/> Yes – SKIP to next condition or 6 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know
5a. Was it the result of an accident or injury away from a job?	(349) 1 <input type="checkbox"/> Yes – Ask b 2 <input type="checkbox"/> No – SKIP to next condition or 6	(360) 1 <input type="checkbox"/> Yes – Ask b 2 <input type="checkbox"/> No – SKIP to next condition or 6
b. Where did it happen?	(350) 1 <input type="checkbox"/> In a motor vehicle 2 <input type="checkbox"/> Own home 3 <input type="checkbox"/> Some other place	(361) 1 <input type="checkbox"/> In a motor vehicle 2 <input type="checkbox"/> Own home 3 <input type="checkbox"/> Some other place

Notes

Section C - HEALTH CONDITIONS - Continued

362 CONDITION - 18	373 CONDITION - 19	384 CONDITION - 20
363 1 <input type="checkbox"/> Since birth - SKIP to next condition or item 6	374 1 <input type="checkbox"/> Since birth - SKIP to next condition or item 6	385 1 <input type="checkbox"/> Since birth - Skip to 6
364 _____ Year - If 1977 or 1978, ask month	375 _____ Year - If 1977 or 1978, ask month	386 _____ Year - If 1977 or 1978, ask month
365 _____ Month	376 _____ Month	387 _____ Month
366 1 <input type="checkbox"/> Yes - SKIP to 4 2 <input type="checkbox"/> No - Ask c	377 1 <input type="checkbox"/> Yes - SKIP to 4 2 <input type="checkbox"/> No - Ask c	388 1 <input type="checkbox"/> Yes - SKIP to 4 2 <input type="checkbox"/> No - Ask c
367 _____ Year - If 1977 or 1978, ask month	378 _____ Year - If 1977 or 1978, ask month	389 _____ Year - If 1977 or 1978, ask month
368 _____ Month	379 _____ Month	390 _____ Month
369 1 <input type="checkbox"/> Yes - SKIP to next condition or 6 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know	380 1 <input type="checkbox"/> Yes - SKIP to next condition or 6 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know	391 1 <input type="checkbox"/> Yes - Skip to 6 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know
370 1 <input type="checkbox"/> Yes - SKIP to next condition or 6 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know	381 1 <input type="checkbox"/> Yes - SKIP to next condition or 6 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know	392 1 <input type="checkbox"/> Yes - Skip to 6 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know
371 1 <input type="checkbox"/> Yes - Ask b 2 <input type="checkbox"/> No - SKIP to next condition or 6	382 1 <input type="checkbox"/> Yes - Ask b 2 <input type="checkbox"/> No - SKIP to next condition or 6	393 1 <input type="checkbox"/> Yes - Ask b 2 <input type="checkbox"/> No - Skip to 6
372 1 <input type="checkbox"/> In a motor vehicle 2 <input type="checkbox"/> Own home 3 <input type="checkbox"/> Some other place	383 1 <input type="checkbox"/> In a motor vehicle 2 <input type="checkbox"/> Own home 3 <input type="checkbox"/> Some other place	394 1 <input type="checkbox"/> In a motor vehicle 2 <input type="checkbox"/> Own home 3 <input type="checkbox"/> Some other place

Notes

Section C – HEALTH CONDITIONS – Continued

6. When was the last time you were in the hospital overnight for your (read condition(s))?

- (395) _____ Month
- (396) _____ Year – If before 1977, SKIP to 9
- x Don't know
- 99 Never – SKIP to 9

7. How many nights was that?

- (397) _____ Nights
- x Don't know

8a. Since January 1, 1977, how many times have you been in a hospital overnight for your (read condition(s))?

- (398) _____ Time(s) – If once, SKIP to 9
- x Don't know

b. You mentioned the last time. When was/were the time(s) before that?

- | | Month | Year | Number of nights |
|-----------------|-------|-------|------------------|
| (399) (1) _____ | _____ | _____ | (403) _____ |
| (400) (2) _____ | _____ | _____ | (404) _____ |
| (401) (3) _____ | _____ | _____ | (405) _____ |
| (402) (4) _____ | _____ | _____ | (406) _____ |

c. How many nights were you in that time?

Interviewer – continue to ask b and c until all hospital stays are recorded.

9. When was the last time you saw a doctor for your (read condition(s))? (Do not count the times you were a patient overnight in a hospital)

- (407) _____ Days ago
- (408) _____ Weeks ago
- (409) _____ Months ago
- (410) _____ Years ago
- x Never – SKIP to 11
- If more than 2 years ago, SKIP to 11.*

10. How often do you see a doctor for your conditions?

- (411) _____ Per week
- (412) _____ Per month
- (413) _____ Per year
- (414) x Less than once a year

11. About your health now, would you say it is excellent, good, fair, or poor?

- (415) 1 Excellent
- 2 Good
- 3 Fair
- 4 Poor


12. Do any of the following bother you enough to be a problem?

- (416) *
- 1 Weakness or lack of strength
- 2 Tiredness, lack of energy
- 3 Shaky hands
- 4 Muscle spasms
- 5 Pain
- 6 None of the above

CHECK ITEM C2 

- (417) 1 Box 5 "Pain" marked in 12 – Ask 13
- 2 All others – SKIP to 15

Section C – HEALTH CONDITIONS – Continued

13. Where do you have the pain? Anywhere else?		Left	Right	Both
Mark all that apply	* (418) 1 <input type="checkbox"/> Hip	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
	* (419) 1 <input type="checkbox"/> Knee	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
	* (420) 1 <input type="checkbox"/> Ankle	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
	* (421) 1 <input type="checkbox"/> Shoulder	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
	* (422) 1 <input type="checkbox"/> Elbow	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
	* (423) 1 <input type="checkbox"/> Wrist or hand	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
	* (424) 1 <input type="checkbox"/> Leg	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
	* (425) 1 <input type="checkbox"/> Arm	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
	* (426) 1 <input type="checkbox"/> Foot	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
	* (427) 1 <input type="checkbox"/> Side	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
	(428) 1 <input type="checkbox"/> Back			
	(429) 1 <input type="checkbox"/> Neck			
	(430) 1 <input type="checkbox"/> Abdomen			
	(431) 1 <input type="checkbox"/> Chest			
	(432) 1 <input type="checkbox"/> Head			
	(433) 1 <input type="checkbox"/> Eyes			
	(434) 1 <input type="checkbox"/> Other – Specify _____			
CHECK ITEM C3 	(435) 1 <input type="checkbox"/> "Chest" marked in 13 – Ask 14	2 <input type="checkbox"/> All others – SKIP to 15		
14a. Is this a burning chest pain? _____	(436) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No			
b. Is it a pressing pain? _____	(437) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No			
c. Is it brought on by work or exercise? _____	(438) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No			
d. Does it get better when you rest? _____	(439) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No			
e. Is it brought on by nervous tension? _____	(440) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No			
f. How often do you have chest pains?	(441) 1 <input type="checkbox"/> All of the time 2 <input type="checkbox"/> Most of the time 3 <input type="checkbox"/> Every once in a while			
15. Does swelling in any part of your body bother you enough to be a problem?	(442) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 17			

Section C – HEALTH CONDITIONS – Continued

16. Where do you have the swelling? Anywhere else?
Mark all that apply

	Left	Right	Both
* (443) 1 <input type="checkbox"/> Hip	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
* (444) 1 <input type="checkbox"/> Knee	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
* (445) 1 <input type="checkbox"/> Ankle	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
* (446) 1 <input type="checkbox"/> Shoulder	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
* (447) 1 <input type="checkbox"/> Elbow	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
* (448) 1 <input type="checkbox"/> Wrist or hand	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
* (449) 1 <input type="checkbox"/> Leg	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
* (450) 1 <input type="checkbox"/> Arm	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
* (451) 1 <input type="checkbox"/> Foot	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
(452) 1 <input type="checkbox"/> Back			
(453) 1 <input type="checkbox"/> Neck			
(454) 1 <input type="checkbox"/> Abdomen			
(455) 1 <input type="checkbox"/> Chest			
(456) 1 <input type="checkbox"/> Other – Specify _____			

17. Does stiffness in any part of your body bother you enough to be a problem?

(457) 1 Yes
 2 No – SKIP to 19

18. Where do you have the stiffness? Anywhere else?
Mark all that apply

	Left	Right	Both
* (458) 1 <input type="checkbox"/> Hip	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
* (459) 1 <input type="checkbox"/> Knee	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
* (460) 1 <input type="checkbox"/> Ankle	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
* (461) 1 <input type="checkbox"/> Shoulder	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
* (462) 1 <input type="checkbox"/> Elbow	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
* (463) 1 <input type="checkbox"/> Wrist or hand	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
* (464) 1 <input type="checkbox"/> Leg	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
* (465) 1 <input type="checkbox"/> Arm	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
(466) 1 <input type="checkbox"/> Back			
(467) 1 <input type="checkbox"/> Neck			
(468) 1 <input type="checkbox"/> Other – Specify _____			

19. In the past 12 months have you had a loss of appetite for a month or more?

(469) 1 Yes
 2 No

20. If the respondent is wearing glasses, check "Yes," then Ask 21. Do you wear glasses?

(470) 1 Yes
 2 No – SKIP to 22

21. Do you have trouble seeing even with your glasses?

(471) 1 Yes
 2 No

22. Do you regularly take insulin or orinase?

(472) 1 Yes
 2 No

Section C - HEALTH CONDITIONS - Continued

<p>23. In the past 12 months, have you had chemotherapy or radium treatment?</p>	<p>(473) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p>24. In the past 12 months, have you had any surgery?</p>	<p>(474) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 26a</p>
<p>25. What was it for? Anything else?</p> <p><i>Mark all that apply</i></p>	<p>(475) * 1 <input type="checkbox"/> Lung 2 <input type="checkbox"/> Heart 3 <input type="checkbox"/> Kidney 4 <input type="checkbox"/> Bladder 5 <input type="checkbox"/> Tumor or cancer (476) * 6 <input type="checkbox"/> Brain 7 <input type="checkbox"/> Colostomy 8 <input type="checkbox"/> Amputation 9 <input type="checkbox"/> Other - Specify _____</p>
<p>26a. Have you smoked at least 100 cigarettes (5 packs) in your entire life?</p>	<p>(477) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 29a</p>
<p>b. Do you smoke cigarettes now?</p>	<p>(478) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 28a</p>
<p>27. On the average, about how many cigarettes a day do you smoke?</p>	<p>(479) _____ cigarettes } (480) _____ packs } SKIP to 29a</p>
<p>28a. When did you stop smoking?</p> <p>_____</p>	<p>(481) 19 _____ Year x <input type="checkbox"/> Never smoked regularly - SKIP to 29a</p>
<p>b. On the average how many cigarettes did you smoke a day?</p>	<p>(482) _____ cigarettes (483) _____ packs x <input type="checkbox"/> Never smoked regularly</p>
<p>29a. I would like to ask you some questions about your ability to get around. Do you have to stay in bed all or most of the time?</p>	<p>(484) 1 <input type="checkbox"/> Yes - SKIP to Check Item C-4 2 <input type="checkbox"/> No</p>
<p>b. Can you get out of bed and wash and dress yourself?</p>	<p>(485) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to Check Item C-4</p>
<p>c. Do you have to stay in a chair or wheelchair all or most of the time?</p>	<p>(486) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p>d. Are you usually able to get out of doors by yourself?</p>	<p>(487) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p>e. Are you usually able to use public transportation such as buses and trains by yourself?</p>	<p>(488) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p>f. Do you have a driver's license?</p>	<p>(489) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to Check Item C-4</p>
<p>g. Does your physical or mental condition normally prevent you from driving a car?</p>	<p>(490) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p>Notes</p>	

Section C - HEALTH CONDITIONS - Continued

**CHECK
ITEM C-4** 

- (491) 1 Respondent in wheelchair or bedridden - Ask (6) & (7) only
2 All others - Ask all

30a. Do you have trouble when you -

If "Yes," Ask b

b. Do you have a lot of trouble doing this, or just some trouble?

	A lot	Some
(1) Walk for long distances?	3 <input type="checkbox"/>	4 <input type="checkbox"/>
(2) Use stairs or inclines?	3 <input type="checkbox"/>	4 <input type="checkbox"/>
(3) Stand for long periods?	3 <input type="checkbox"/>	4 <input type="checkbox"/>
(4) Sit for long periods?	3 <input type="checkbox"/>	4 <input type="checkbox"/>
(5) Stoop, crouch or kneel?	3 <input type="checkbox"/>	4 <input type="checkbox"/>
(6) Reach?	3 <input type="checkbox"/>	4 <input type="checkbox"/>
(7) Use fingers to grasp or handle? <i>(If Respondent is in wheelchair or bedridden - SKIP to 31a)</i>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
(8) Lift or carry something as heavy as 10 pounds such as a 10 pound sack of potatoes?	3 <input type="checkbox"/> <i>SKIP to 31a</i>	4 <input type="checkbox"/> <i>SKIP to 31a</i>
(9) Lift or carry something as heavy as 25 lbs., such as 2 full bags of groceries?	3 <input type="checkbox"/> <i>SKIP to 31a</i>	4 <input type="checkbox"/> <i>SKIP to 31a</i>
(10) Lift or carry something as heavy as 50 pounds?	3 <input type="checkbox"/>	4 <input type="checkbox"/>

(1) Walk for long distances?

(492)
*

- 1 Yes →
2 No

(2) Use stairs or inclines?

(493)
*

- 1 Yes →
2 No

(3) Stand for long periods?

(494)
*

- 1 Yes →
2 No

(4) Sit for long periods?

(495)
*

- 1 Yes →
2 No

(5) Stoop, crouch or kneel?

(496)
*

- 1 Yes →
2 No

(6) Reach?

(497)
*

- 1 Yes →
2 No

(7) Use fingers to grasp or handle?
(If Respondent is in wheelchair or bedridden - SKIP to 31a)

(498)
*

- 1 Yes →
2 No

(8) Lift or carry something as heavy as 10 pounds such as a 10 pound sack of potatoes?

(499)
*

- 1 Yes →
2 No

(9) Lift or carry something as heavy as 25 lbs., such as 2 full bags of groceries?

(500)
*

- 1 Yes →
2 No

(10) Lift or carry something as heavy as 50 pounds?

(501)
*

- 1 Yes →
2 No

Notes

Section C – HEALTH CONDITIONS – Continued

31a. Do you ever use any aids to help you get around or to function better, such as crutches, wheelchair, braces, hearing aids, or anything else?

(502) 1 No – SKIP to Section D, page 34
 2 Yes

31b. Do you use (Read list)

		Yes	No
Wheelchair?	(503)	1 <input type="checkbox"/>	2 <input type="checkbox"/>
Braces?	(504)	1 <input type="checkbox"/>	2 <input type="checkbox"/>
Crutches, canes?	(505)	1 <input type="checkbox"/>	2 <input type="checkbox"/>
Artificial limbs?	(506)	1 <input type="checkbox"/>	2 <input type="checkbox"/>
Guide dog?	(507)	1 <input type="checkbox"/>	2 <input type="checkbox"/>
Hearing aid?	(508)	1 <input type="checkbox"/>	2 <input type="checkbox"/>
Anything else? Specify _____	(509)	1 <input type="checkbox"/>	2 <input type="checkbox"/>

Notes

(510)
 (511)
 (512)
 (513)
 (514)

Section D - ATTITUDINAL DATA

Now I'd like to ask you about your health and personal feelings.

1a. When you go out, do you usually prefer to go out by yourself?

- (515) 1 Yes
2 No

b. Do you feel somewhat alone even when you are with friends?

- (516) 1 Yes
2 No

c. Do you sometimes feel that people are against you without any good reason?

- (517) 1 Yes
2 No

d. To avoid arguments, do you usually keep your opinions to yourself?

- (518) 1 Yes
2 No

e. Do you sometimes drink more than is good for you?

- (519) 1 Yes
2 No

DO NOT ASK OF PERSONS WHO CANNOT WALK - Skip to 1g

f. Do you have periods of such great restlessness that you cannot sit long in a chair?

- (520) 1 Yes
2 No

g. Have you had periods of weeks or months when you couldn't take care of things because you couldn't get going?

- (521) 1 Yes
2 No

h. Are you bothered by acid or sour stomach several times a week?

- (522) 1 Yes
2 No

i. Do you often have a hard time making up your mind about things you should do?

- (523) 1 Yes
2 No

j. Did you ever have a nervous breakdown?

- (524) 1 Yes
2 No

2a. Do you ever have any trouble in getting to sleep?

- (525) Yes - Would you say -
1 Often OR
2 Sometimes?
3 No

b. Are you ever bothered by shortness of breath when you are not exercising or working hard?

- (526) Yes - Would you say -
1 Often OR
2 Sometimes?
3 No

c. Are you ever bothered by nervousness?

- (527) Yes - Would you say -
1 Often OR
2 Sometimes?
3 No


d. Are you ever worried by loneliness?

- (528) Yes - Would you say -
1 Often OR
2 Sometimes?
3 No

3. Do you ever have spells of dizziness?

- (529) Yes - Would you say -
1 Often OR
2 Sometimes?
3 No

Section D – ATTITUDINAL DATA – Continued

<p>4. Do you ever have fainting spells? –</p>	<p align="center">(530) Yes – Would you say – 1 <input type="checkbox"/> Often OR 2 <input type="checkbox"/> Sometimes? 3 <input type="checkbox"/> No</p>
<p>Please tell me if you agree or disagree with the following – 5a. Certain kinds of places make you tense, such as high buildings, tunnels, or bridges.</p>	<p align="center">(531) 1 <input type="checkbox"/> Agree (Yes) 2 <input type="checkbox"/> Disagree (No)</p>
<p>b. You have personal worries that get you down physically.</p>	<p align="center">(532) 1 <input type="checkbox"/> Agree (Yes) 2 <input type="checkbox"/> Disagree (No)</p>
<p>c. Grief and sorrow are for kids but not for adults.</p>	<p align="center">(533) 1 <input type="checkbox"/> Agree (Yes) 2 <input type="checkbox"/> Disagree (No)</p>
<p>d. Behind your back, people say all kinds of things about you.</p>	<p align="center">(534) 1 <input type="checkbox"/> Agree (Yes) 2 <input type="checkbox"/> Disagree (No)</p>
<p>CHECK ITEM D-1  OBSERVATION Has another person prompted 3 or more of the previous responses in Section D?</p>	<p align="center">(535) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p>Notes</p>	<p align="center">(536)</p>
	<p align="center">(537)</p>
	<p align="center">(538)</p>
	<p align="center">(539)</p>
	<p align="center">(540)</p>

Section E – WORK LIMITATIONS

Now I want to ask you how your health affects your work activities.

1a. Does your health or condition limit the kind or amount of work you can do?

- (541) 1 Yes
2 No – SKIP to 1c

b. Does your health or condition keep you from working altogether?

- (542) 1 Yes – SKIP to 2a
2 No – SKIP to 1d

c. Does your health or condition limit the kind or amount of work you can do around the house?

- (543) 1 Yes – SKIP to 2b
2 No – SKIP to 5a

d. Are you now ABLE to do the same KIND of work you did before your work limitation began?

- (544) 1 Yes
2 No
3 Never worked

e. Are you now ABLE to work full time or can you work only part time?

- (545) 1 Full time
2 Part time

f. Are you now ABLE to work regularly or can you only work occasionally or irregularly?

- (546) 1 Regularly
2 Occasionally or irregularly

You've told me that you have (Read conditions recorded in Section C, Q.1, page 18 and Q.2, page 19)

2a. Which of your health conditions is the main reason your work activities are limited?

Enter condition code from Section C, Q. 1 or 2 or Specify

- (547) _____
(548) _____
(549) _____
- } SKIP to Check Item E-1

You've told me that you have (Read conditions recorded in Section C, Q.1, page 18 and Q.2, page 19)

b. Which of your health conditions is the main reason you can't do as much work around the house as you did before?

Enter condition code from Section C, Q. 1 or 2 or Specify

- (550) _____
(551) _____
(552) _____

CHECK ITEM E-1



Refer to Q. 3a, page 20 of Section C

- (553) _____ Month
(554) _____ Year } Enter date when main condition bothered respondent

3. You told me your (main condition above) began to bother you in (refer to Check Item E-1). When did it begin to limit your ability to work?

- (555) _____ Month
(556) _____ Year

4. Do you expect this condition to improve within the next few years so that it will no longer be a problem for your working?

- (557) 1 Yes
2 No
3 Don't know } SKIP to Check Item E-2

5a. Did your health or condition EVER limit the kind or amount of work (or work around the house) you could do?

- (558) 1 Yes
2 No – SKIP to 27, page 40



b. How old were you when the limitation began?

- (559) _____ Years old

c. How long did this limitation last?

- (560) _____ Months
(561) _____ Years } SKIP to 27

Section E – WORK LIMITATIONS – Continued

<p>CHECK ITEM E2 </p>	<p>(562) 1 <input type="checkbox"/> Never worked (Box 5 marked in Q.47, Section B, page 16) – <i>SKIP</i> to 27 2 <input type="checkbox"/> All others – Ask 6</p>
<p>6a. Were you employed at the time your health limited your ability to work?</p>	<p>(563) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP</i> to 7</p>
<p>b. Did your employer do anything to help you out so that you could stay at work?</p>	<p>(564) 1 <input type="checkbox"/> Yes – Ask c 2 <input type="checkbox"/> No – <i>SKIP</i> to 7</p>
<p>c. What did he do? <i>Mark all that apply. Do not read.</i></p>	<p>(565) * 1 <input type="checkbox"/> Got someone to help me 2 <input type="checkbox"/> Changed job to something I could do 3 <input type="checkbox"/> Helped me learn new skills 4 <input type="checkbox"/> Shortened my work day 5 <input type="checkbox"/> Changed time I came to and left work (566) * 6 <input type="checkbox"/> Allowed me more breaks and rest periods 7 <input type="checkbox"/> Got me special equipment for the job 8 <input type="checkbox"/> Arranged special transportation 9 <input type="checkbox"/> Other – Specify _____</p>
<p>7. At the time your health started to limit your ability to work, did you stay with the same employer?</p>	<p>(567) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP</i> to 9</p>
<p>8. Is that the employer from your most recent or present job?</p>	<p>(568) 1 <input type="checkbox"/> Yes } <i>SKIP</i> to 11 2 <input type="checkbox"/> No }</p>
<p>9. Did you look for another job?</p>	<p>(569) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP</i> to Check Item E3</p>
<p>10a. Did you find another job?</p>	<p>(570) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP</i> to Check Item E3</p>
<p>b. Did your new employer do anything special for you to make it easier for you to work at the job?</p>	<p>(571) 1 <input type="checkbox"/> Yes – Ask c 2 <input type="checkbox"/> No – <i>SKIP</i> to 11</p>
<p>c. What did he do? <i>Mark all that apply. Do not read.</i></p>	<p>(572) * 1 <input type="checkbox"/> Got someone to help me 2 <input type="checkbox"/> Helped me learn new skills 3 <input type="checkbox"/> Shortened my work day 4 <input type="checkbox"/> Changed time I came to and left work (573) * 5 <input type="checkbox"/> Allowed me more breaks and rest periods 6 <input type="checkbox"/> Got me special equipment for the job 7 <input type="checkbox"/> Arranged special transportation 8 <input type="checkbox"/> Other – Specify _____</p>
<p>11. Did you do the same KIND of work you had been doing before your health problems began?</p>	<p>(574) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p>CHECK ITEM E-3  Refer to Q.8 and 11 above.</p>	<p>(575) 1 <input type="checkbox"/> Same employer, same work ("Yes" in Q.8 and 11) – Go to Check Item E-4, page 39. 2 <input type="checkbox"/> Same employer, different work ("Yes" in Q.8, "No" in Q.11) – Ask 12a 3 <input type="checkbox"/> All others – <i>SKIP</i> to 13a</p>
<p>12a. What kind of work were you doing before your limitation?</p>	<p>(576) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>
<p>b. What were your most important activities or duties?</p>	<p>} <i>SKIP</i> to 14</p>

Section E – WORK LIMITATIONS – Continued

<p>13a. Before you changed employers, (before you stopped working) for whom did you work?</p>	<p>Name of company, business, organization, or employer</p>
<p>b. What kind of business or industry was this? (For example: TV and radio manufacturing, retail shoe store, etc.)</p>	<p>(577) <input type="text"/> <input type="text"/> <input type="text"/></p>
<p>c. What kind of work were you doing before your limitation? (For example: typist, electrical engineer, laborer, etc.)</p>	<p>(578) <input type="text"/> <input type="text"/> <input type="text"/></p>
<p>d. What were your most important activities or duties? (For example: typing, filing, selling cars, finishing concrete, etc.)</p>	
<p>e. Did you work for –</p>	<p>(579) 1 <input type="checkbox"/> A private company, business, or individual for wages, salary, or commission? – SKIP to 14a 2 <input type="checkbox"/> The Federal Government? – SKIP to 14a 3 <input type="checkbox"/> A State, county, or local government? – SKIP to 14a Yourself (self-employed) in own business, professional practice, or farm? Is the business incorporated? If farm, mark "No" without asking 4 <input type="checkbox"/> Yes – SKIP to 14a 5 <input type="checkbox"/> No – SKIP to 15 6 <input type="checkbox"/> Working without pay in family business or farm? SKIP to 15</p>
<p>14a. What were your usual total earnings per week at that job BEFORE DEDUCTIONS?</p>	<p>(580) \$ _____ . <input type="text"/> per week</p>
<p>b. How much did you earn per hour BEFORE DEDUCTIONS at that job?</p>	<p>(581) \$ _____ . _____ per hour Dollars Cents x <input type="checkbox"/> Don't know</p>
<p>15a. How many hours a week did you USUALLY work at this job?</p>	<p>(582) _____ Hours</p>
<p>b. How many weeks per year did you work either full time or part time at that job? Include paid vacations and paid sick leave.</p>	<p>(583) _____ Weeks</p>
<p>c. How long did you work at this job?</p>	<p>(584) 1 <input type="checkbox"/> Less than 6 months 2 <input type="checkbox"/> 6–11 months OR (585) _____ Years</p>
<p>16. Were you a member of a labor union then?</p>	<p>(586) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>

Notes

Section E – WORK LIMITATIONS – Continued

17. Which of these things did you have to do on your job before your health limited your ability to work? We are talking about the job you had before your health forced you to make a change. Did you have to –	For each "Yes," ask:		
	A lot?	Sometimes?	Never/No
Walk?	(587) 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Use stairs or inclines?	(588) 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Stand for long periods?	(589) 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Sit for long periods?	(590) 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Stoop, crouch or kneel?	(591) 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Reach?	(592) 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Use fingers to grasp or handle?	(593) 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Use your eyes for inspection of things?	(594) 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Use your eyes for reading?	(595) 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Lift or carry weights up to 10 pounds?	(596) 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Lift or carry weights up to 25 pounds?	(597) 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Lift or carry weights up to 50 pounds?	(598) 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

18a. Did having to do any of these things interfere with or keep you from working at that job after your health limited your ability to work?	(599) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item E-4
---	--

b. Which ones? Read list Mark ALL that apply.	(600) 1 <input type="checkbox"/> Walk * 2 <input type="checkbox"/> Use stairs or inclines 3 <input type="checkbox"/> Stand for long periods 4 <input type="checkbox"/> Sit for long periods 5 <input type="checkbox"/> Stoop, crouch or kneel (601) 6 <input type="checkbox"/> Reach * 7 <input type="checkbox"/> Use hands and fingers 8 <input type="checkbox"/> Use your eyes for inspection of things 9 <input type="checkbox"/> Use your eyes for reading 10 <input type="checkbox"/> Lift or carry weights up to 10 pounds (602) 11 <input type="checkbox"/> Lift or carry weights up to 25 pounds * 12 <input type="checkbox"/> Lift or carry weights up to 50 pounds
---	---

CHECK ITEM E-4 I'm interested in what ways your health has affected your family. Were you married at the time your health started to affect your work?	(603) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 21
---	--

19. Was your wife/husband working at that time?	(604) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 21
---	--

Notes

Section E – WORK LIMITATIONS – Continued

<p>20a. How many hours a week did she/he work then?</p>	(605)	<p align="right">_____ Hours</p>																				
<p>b. How many weeks per year did she/he work then?</p>	(606)	<p align="right">_____ Weeks</p>																				
<p>c. How long had she/he worked at that job?</p>	(607)	<p>1 <input type="checkbox"/> Less than 6 months 2 <input type="checkbox"/> 6–11 months OR (608) _____ Years</p>																				
<p>21a. Did anyone in your family living with you begin to work, or change their work hours AFTER your health started to affect your ability to work?</p>	(609)	<p>1 <input type="checkbox"/> Yes – Ask b and c 2 <input type="checkbox"/> No – SKIP to 22</p>																				
<p>b. Who? Mark all that apply and ask c.</p>	<p>(610)* (611)* (612)* (613)*</p>	<p align="center">c. Did she/he –</p> <table border="0" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:30%;"></th> <th style="width:15%; text-align: center;">Begin to work?</th> <th style="width:15%; text-align: center;">Work more?</th> <th style="width:15%; text-align: center;">Work less/ stop?</th> </tr> </thead> <tbody> <tr> <td>1 <input type="checkbox"/> Husband (Wife)</td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">3 <input type="checkbox"/></td> <td style="text-align: center;">4 <input type="checkbox"/></td> </tr> <tr> <td>1 <input type="checkbox"/> Parent</td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">3 <input type="checkbox"/></td> <td style="text-align: center;">4 <input type="checkbox"/></td> </tr> <tr> <td>1 <input type="checkbox"/> Child</td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">3 <input type="checkbox"/></td> <td style="text-align: center;">4 <input type="checkbox"/></td> </tr> <tr> <td>1 <input type="checkbox"/> Other</td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">3 <input type="checkbox"/></td> <td style="text-align: center;">4 <input type="checkbox"/></td> </tr> </tbody> </table>		Begin to work?	Work more?	Work less/ stop?	1 <input type="checkbox"/> Husband (Wife)	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	1 <input type="checkbox"/> Parent	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	1 <input type="checkbox"/> Child	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	1 <input type="checkbox"/> Other	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
	Begin to work?	Work more?	Work less/ stop?																			
1 <input type="checkbox"/> Husband (Wife)	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>																			
1 <input type="checkbox"/> Parent	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>																			
1 <input type="checkbox"/> Child	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>																			
1 <input type="checkbox"/> Other	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>																			
<p>22. What happened to your (your family's) income after your health started to affect your work – did it decrease, remain the same or increase?</p>	(614)	<p>1 <input type="checkbox"/> Decreased 2 <input type="checkbox"/> Remained about the same 3 <input type="checkbox"/> Increased</p>																				
<p>23. Did you have any savings when your health began to affect your ability to work?</p>	(615)	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 25</p>																				
<p>24. Did you start to use part of your savings to get along after your health began to affect your ability to work?</p>	(616)	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>																				
<p>25. Were you living at this address at the time your health started to affect your ability to work?</p>	(617)	<p>1 <input type="checkbox"/> Yes – SKIP to 27 2 <input type="checkbox"/> No</p>																				
<p>26. Why did you move?</p>	(618)	<p>_____</p> <p>_____</p>																				
<p>27. Some houses have features such as entrance ramps instead of steps and lower kitchen counters that make it easier to get around in or use the home. Because of health problems, would you or any person living here need any of these features in your home?</p>	(619)	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Section F, Q.1, page 43.</p>																				
<p>28. Have you made any changes in your home so that anyone here can get around in or use your home more easily?</p>	(620)	<p>1 <input type="checkbox"/> Yes – Ask 29 2 <input type="checkbox"/> No – SKIP to Section F, Q.1, page 43</p>																				

Notes

Section E – WORK LIMITATIONS – Continued

29a. Was the change made in the bathroom?	(621) 1 <input type="checkbox"/> Yes – Ask b 2 <input type="checkbox"/> No – SKIP to 30
b. What kind of change(s) did you make? Mark all that apply Do not read list	(622) * 1 <input type="checkbox"/> Add grab bars to bathtub 2 <input type="checkbox"/> Add grab bars to toilet 3 <input type="checkbox"/> Add hand held shower 4 <input type="checkbox"/> Changed shower or sink controls (Lever handles) (623) * 5 <input type="checkbox"/> Lowered medicine cabinet or mirror 6 <input type="checkbox"/> Re-positioned light switch 7 <input type="checkbox"/> Add emergency alarm 8 <input type="checkbox"/> Other – Specify <i>↓</i>

30a. Did you make any changes in the kitchen?	(624) 1 <input type="checkbox"/> Yes – Ask b 2 <input type="checkbox"/> No – SKIP to 31
b. What kind of changes did you make – Mark all that apply Do not read list	(625) * 1 <input type="checkbox"/> Lowered counter top or sink 2 <input type="checkbox"/> Changed sink control (lever) 3 <input type="checkbox"/> Re-positioned sink control 4 <input type="checkbox"/> Add storage at more convenient height (626) * 5 <input type="checkbox"/> Changed size or location of oven, stove, or cooktop 6 <input type="checkbox"/> Lowered light switches or changed location of electric outlets 7 <input type="checkbox"/> Other – Specify <i>↓</i>

31a. Did you make any changes in the entrance?	(627) 1 <input type="checkbox"/> Yes – Ask b 2 <input type="checkbox"/> No – SKIP to 32
b. What kind of changes did you make – Mark all that apply Do not read list	(628) * 1 <input type="checkbox"/> Widened doorway 2 <input type="checkbox"/> Installed ramp to replace steps 3 <input type="checkbox"/> Changed doorknob 4 <input type="checkbox"/> Other – Specify <i>↓</i>

32a. Did you make any changes in the bedroom?	(629) 1 <input type="checkbox"/> Yes – Ask b 2 <input type="checkbox"/> No – SKIP to 33
b. What kind of changes did you make – Mark all that apply Do not read list	(630) * 1 <input type="checkbox"/> Widened doorway 2 <input type="checkbox"/> Lowered light switches 3 <input type="checkbox"/> Repositioned electrical outlet 4 <input type="checkbox"/> Repositioned heating/cooling controls (631) * 5 <input type="checkbox"/> Remove raised threshold 6 <input type="checkbox"/> Lowered clothing rods in closets 7 <input type="checkbox"/> Other – Specify <i>↓</i>

Notes

Section E – WORK LIMITATIONS – Continued

33a. Did you make any changes in the living room?

632

- 1 Yes – Ask b
- 2 No – SKIP to 34

b. What kind of changes did you make –

Mark all that apply

Do not read list

633

*

- 1 Widened doorway
- 2 Lowered light switches
- 3 Repositioned electrical outlet
- 4 Repositioned heating/cooling controls

634

*

- 5 Remove raised threshold
- 6 Lowered clothing rods in closets
- 7 Other – Specify *↓*

34a. Did you make any (other) changes?

635

- 1 Yes – Ask b
- 2 No – SKIP to Section F, Q.1

b. What kind of changes did you make?

Mark all that apply

Do not read list

636

*

- 1 Widened doorway
- 2 Lowered light switches
- 3 Repositioned electrical outlet
- 4 Repositioned heating/cooling controls

637

*

- 5 Remove raised threshold
- 6 Lowered clothing rods in closets
- 7 Other – Specify *↓*

Notes

638

639

640

641

642

Section F – JOB TRAINING

Now I would like to ask you about any job training you may have received.

1. Other than formal education in high school or college, have you ever been in a special job training program or attended a trade school?

- (643) 1 Yes – Ask 2
2 No – SKIP to Section G, page 44

2. How many programs have you been in?

(644) _____ Number

3a. Did (this/any of these) program(s) help you to get a job or a better job?

- (645) 1 Yes – had only 1 program – SKIP to 4
2 Yes – had more than 1 program – Ask b
3 No – had only 1 program – SKIP to 4
4 No – had more than 1 program – SKIP to c

b. Which one was most important in helping you get a better job?

(646)

– SKIP to 4

c. Which program lasted the longest time?

(647)

For persons with more than one program, refer to 3b or 3c

4. For what kind of job skills or occupation did this program train you?

(648)

5. How long did the program last?

(649) _____ Weeks

(650) _____ Months

(651) _____ Years

6. When did you complete this program?

(652) _____ Month (01–12)

(653) _____ Year

7a. Did you pay for this training program?

- (654) 1 Yes – Ask b
2 No – Ask d

b. Did you pay for all of it or part of it?

- (655) 1 All of it – SKIP to Section G, page 44
2 Part of it – Ask c

c. Who paid for the rest of it?

Mark all that apply

- (656) * 1 Employer at that time
2 Federal Government
3 V.A. (GI Bill)
4 Other – Specify

} SKIP to Section G

d. Who paid for it?

Mark all that apply

- (657) * 1 Employer at that time
2 Federal Government
3 V.A. (GI Bill)
4 Other – Specify

Notes

Section G – FAMILY INCOME

1. During 1977, that is last year, how much did YOU yourself earn altogether from working? This includes wages, salary, tips, commissions, and net income from own business, professional practice, partnership or farm?

(658) \$ _____ . 00
 0 None
 x Refused

CHECK ITEM G-1



Refer to Section A, page 3, Q.7

(659) 1 Sample person married – Ask 2
 2 Sample person not married – SKIP to Check Item G-2

2. During 1977, how much did your wife/husband earn altogether from working? This includes wages, salary, tips, commissions, and net income from own business, professional practice, partnership or farm.

(660) \$ _____ . 00
 0 None

CHECK ITEM G-2



Refer to Section A, page 2, Q.3

(661) 1 Other relatives 16 or older living at home – Ask 3
 2 No other relatives 16 years and older living at home – SKIP to 4

3. During 1977, how much did (read name(s)) earn altogether from working? This includes wages, salary, tips, commissions, and net income from own business, professional practice, partnership or farm.

Parents	Children	Other relatives
(662) 1 <input type="checkbox"/> No parents If parents	(664) 1 <input type="checkbox"/> No children If children	(666) 1 <input type="checkbox"/> No other relatives If other relatives
(663) \$ _____ . 00 0 <input type="checkbox"/> None	(665) \$ _____ . 00 0 <input type="checkbox"/> None	(667) \$ _____ . 00 0 <input type="checkbox"/> None

4a. During 1977, did anyone in this family currently living here receive –
 Read all

	No	Yes
(1) Net income from roomers or boarders? (excluding relatives living in household)	(668) 1 <input type="checkbox"/>	2 <input type="checkbox"/> →
(2) Net income from rent from an apartment or other real estate?	(669) 1 <input type="checkbox"/>	2 <input type="checkbox"/> →
(3) Interest or dividends?	(670) 1 <input type="checkbox"/>	2 <input type="checkbox"/> →
(4) Gifts from friends or relatives other than your family living at home?	(671) 1 <input type="checkbox"/>	2 <input type="checkbox"/> →

b. How much was received altogether?

(672) \$ _____ . 00
 (673) \$ _____ . 00
 (674) \$ _____ . 00
 (675) \$ _____ . 00

Notes

Notes

Section G - FAMILY INCOME - Continued

5a. During 1977, did you or any other members of your family receive -	b. How much was received altogether in 1977?	c. Did anyone in this family receive any income from (name source) last month?
(1) Social Security benefits? (Green check)	(676) 1 <input type="checkbox"/> Yes → 2 <input type="checkbox"/> No - Go to c	(686) \$ _____ . 00
(2) Supplemental Security Income (SSI) benefits? (Gold check)	(677) 1 <input type="checkbox"/> Yes → 2 <input type="checkbox"/> No - Go to c	(687) \$ _____ . 00
(3) Railroad Retirement benefits?	(678) 1 <input type="checkbox"/> Yes → 2 <input type="checkbox"/> No - Go to c	(688) \$ _____ . 00
(4) Veterans Administration benefits?	(679) 1 <input type="checkbox"/> Yes → 2 <input type="checkbox"/> No - Go to c	(689) \$ _____ . 00
(5) Unemployment compensation?	(680) 1 <input type="checkbox"/> Yes → 2 <input type="checkbox"/> No - Go to c	(690) \$ _____ . 00
(6) Workmen's compensation?	(681) 1 <input type="checkbox"/> Yes → 2 <input type="checkbox"/> No - Go to c	(691) \$ _____ . 00
(7) AFDC (Welfare)?	(682) 1 <input type="checkbox"/> Yes → 2 <input type="checkbox"/> No - Go to c	(692) \$ _____ . 00
(8) Public welfare or assistance?	(683) 1 <input type="checkbox"/> Yes → 2 <input type="checkbox"/> No - Go to c	(693) \$ _____ . 00
(9) Civil Service Benefits?	(684) 1 <input type="checkbox"/> Yes → 2 <input type="checkbox"/> No - Go to c	(694) \$ _____ . 00
(10) Any other benefits - Specify _____	(685) 1 <input type="checkbox"/> Yes → 2 <input type="checkbox"/> No - Go to c	(695) \$ _____ . 00

(696) 3 <input type="checkbox"/> Yes → 4 <input type="checkbox"/> No - Go to next income source
(697) 3 <input type="checkbox"/> Yes → 4 <input type="checkbox"/> No - Go to next income source
(698) 3 <input type="checkbox"/> Yes → 4 <input type="checkbox"/> No - Go to next income source
(699) 3 <input type="checkbox"/> Yes → 4 <input type="checkbox"/> No - Go to next income source
(700) 3 <input type="checkbox"/> Yes } Go to next income source 4 <input type="checkbox"/> No }
(701) 3 <input type="checkbox"/> Yes → 4 <input type="checkbox"/> No - Go to next income source
(702) 3 <input type="checkbox"/> Yes → 4 <input type="checkbox"/> No - Go to next income source
(703) 3 <input type="checkbox"/> Yes → 4 <input type="checkbox"/> No - Go to next income source
(704) 3 <input type="checkbox"/> Yes → 4 <input type="checkbox"/> No - Go to next income source
(705) 3 <input type="checkbox"/> Yes → 4 <input type="checkbox"/> No

Section G – FAMILY INCOME – Continued

d. Was any of this benefit for a disability? (Ask e and f for each item marked "Yes")	e. Whose disability?		f. Who received the benefits?			
	Sample person	Other family member	Sample person	Spouse	Children	Other relative
(706) 5 <input type="checkbox"/> Yes → 6 <input type="checkbox"/> No	(716) 1 <input type="checkbox"/> *	2 <input type="checkbox"/>	(726) 1 <input type="checkbox"/> *	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
(707) 5 <input type="checkbox"/> Yes → 6 <input type="checkbox"/> No	(717) 1 <input type="checkbox"/> *	2 <input type="checkbox"/>	(727) 1 <input type="checkbox"/> *	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
(708) 5 <input type="checkbox"/> Yes → 6 <input type="checkbox"/> No	(718) 1 <input type="checkbox"/> *	2 <input type="checkbox"/>	(728) 1 <input type="checkbox"/> *	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
(709) 5 <input type="checkbox"/> Yes → 6 <input type="checkbox"/> No	(719) 1 <input type="checkbox"/> *	2 <input type="checkbox"/>	(729) 1 <input type="checkbox"/> *	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
(710) 5 <input type="checkbox"/> Yes → 6 <input type="checkbox"/> No	(720) 1 <input type="checkbox"/> *	2 <input type="checkbox"/>	(730) 1 <input type="checkbox"/> *	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
(711) 5 <input type="checkbox"/> Yes → 6 <input type="checkbox"/> No	(721) 1 <input type="checkbox"/> *	2 <input type="checkbox"/>	(731) 1 <input type="checkbox"/> *	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
(712) 5 <input type="checkbox"/> Yes → 6 <input type="checkbox"/> No	(722) 1 <input type="checkbox"/> *	2 <input type="checkbox"/>	(732) 1 <input type="checkbox"/> *	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
(713) 5 <input type="checkbox"/> Yes → 6 <input type="checkbox"/> No	(723) 1 <input type="checkbox"/> *	2 <input type="checkbox"/>	(733) 1 <input type="checkbox"/> *	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
(714) 5 <input type="checkbox"/> Yes → 6 <input type="checkbox"/> No	(724) 1 <input type="checkbox"/> *	2 <input type="checkbox"/>	(734) 1 <input type="checkbox"/> *	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
(715) 5 <input type="checkbox"/> Yes → 6 <input type="checkbox"/> No	(725) 1 <input type="checkbox"/> *	2 <input type="checkbox"/>	(735) 1 <input type="checkbox"/> *	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

Section G – FAMILY INCOME – Continued

6. How much did you and the other members of your family receive in 1977 from –

Read list.

(1) Company or employer group insurance plans?

(736) \$ _____ . 00

None

(2) Sick pay?

(737) \$ _____ . 00

None

(3) Individual insurance plans?

(738) \$ _____ . 00

None

(4) Union or employer pension benefits for disability? . .

(739) \$ _____ . 00

None

(5) Union or employer pension payments for retirement? .

(740) \$ _____ . 00

None

(6) Annuities?

(741) \$ _____ . 00

None

Show Flashcard No. 4

7. Which category on this card represents the total combined income of all members of this family during 1977? This includes money from jobs, net income from business or farm, pensions, dividends, interest, net rent, Social Security payments, and any other money income received by members of this family who are 16 years of age or older?

- (742)
- 1 Under \$3,000 or Loss
 - 2 \$ 3,000 – \$ 3,999
 - 3 4,000 – 4,999
 - 4 5,000 – 5,999
 - 5 6,000 – 7,499
 - 6 7,500 – 9,999
 - 7 10,000 – 11,999
 - 8 12,000 – 14,999
 - 9 15,000 – 19,999
 - 10 20,000 – 24,999
 - 11 25,000 – 29,999
 - 12 30,000 – 39,999
 - 13 40,000 – 49,999
 - 14 50,000 or more

8. About how much do you and the other members of your family now have in –

(1) Checking accounts?

(743) \$ _____ . 00

None

(2) Savings and Credit Union accounts?

(744) \$ _____ . 00

None

(3) U.S. Savings bonds?

(745) \$ _____ . 00

None

(4) Stocks, bonds and mutual fund shares?

(746) \$ _____ . 00

None

Section G – FAMILY INCOME – Continued

9a. Are you covered by some form of life insurance?

- (747) 1 Yes
 2 No – SKIP to 10

b. What is the total face value of your policies?

(748) \$ _____ .

10a. Are the other members of your family covered by some form of life insurance?

- (749) 1 Yes
 2 No – SKIP to 11

b. What is the total face value of these life insurance policies?

(750) \$ _____ .

11. About how much do you and the other members of your family owe for –

(751) \$ _____ .

(1) Store purchases or charge accounts?

0 None

(752) \$ _____ .

(2) Hospital bills?

0 None

(753) \$ _____ .

(3) Other medical bills, such as doctor or dentist bills?

0 None

(754) \$ _____ .

(4) Loans from banks, loan companies, or other persons excluding loans to buy a house or a car?

0 None

12a. Are you paying a loan on a car?

- (755) 1 Yes
 2 No – SKIP to Section H

b. How much is the monthly payment?

(756) \$ _____ .

c. How many more payments do you have to make?

(757) _____ Number

(758)

(759)

(760)

(761)

(762)

Section H – JOB SATISFACTION

1. Some activities are more important to people than others. Here is a list of things on a set of cards. Please put the cards in order of how important each activity is to you now, with the most important activity on top and the least important activity on the bottom. There are six cards in this set. Hand card deck to respondent after shuffling. Read off the activities in their deck placement as order is recorded below.

Order – Fill in number from 1 to 6

- (1) Getting together with friends and neighbors
- (2) Working in a job
- (3) Spending time with your family
- (4) Being free to do what you like
- (5) Taking care of your home or helping at home
- (6) Taking care of your health

- (763) _____
- (764) _____
- (765) _____
- (766) _____
- (767) _____
- (768) _____

**CHECK
ITEM H-1**



Refer to Section B

- (769) 1 Job described in Q 5a–5e, page 6 (currently employed) – SKIP to 8
- 2 If box 5 in Q 47, page 16 (never worked at all) – SKIP to Section I
- 3 All others – Ask 2

2. Are you not working now because of your health or a health condition?

- (770) 1 Yes
- 2 No – SKIP to 8

3. Some people who have had to stop work because of a health condition like yours think they can never work again; others think they can. Do you ever expect to work again? Would you say definitely yes, maybe, or no?

- (771) 1 Definitely yes
- 2 Maybe
- 3 No – SKIP to 8
- 4 Can't say, not sure

4. Do you feel there are some kinds of work you could do now (if there were jobs available)? Would you say definitely yes, maybe, or no?

- (772) 1 Definitely yes
- 2 Maybe
- 3 No
- 4 Can't say not sure

Interviewer: Read lead in only if box 3 or 4 checked in Q.4. Let's say your health condition improves enough so you could go back to work –

5. Would you have less chance, more chance, or about the same chance as other people of being hired because of the health problems you've had?

- (773) 1 Less chance
- 2 More chance
- 3 Some chance
- 4 Can't say, not sure

6. Let's say you were hired. Because of your health problems would you expect to get less pay, more pay, or about the same pay others with your experience?

- (774) 1 Less pay
- 2 More pay
- 3 Same pay
- 4 Can't say, not sure

7. Because of the health problems you've had, do you think you'd be among the first let go if there was a layoff?

- (775) 1 Definitely yes
- 2 Maybe
- 3 No
- 4 Can't say, not sure

Notes

Section H – JOB SATISFACTION – Continued

I'd like to find out how you (feel/felt) about your (current/last) job. Do you agree or disagree with the following statements?

8a. I am (was) bored at work.

- (776) 1 Agree
 2 Disagree
 3 Can't say – SKIP to 9a

b. Do you agree/disagree strongly with that, or just somewhat agree/disagree with that?

- (777) 1 Strongly
 2 Somewhat

9a. The best part of my job is (was) being with the people at work.

- (778) 1 Agree
 2 Disagree
 3 Can't say – SKIP to 10a

b. Do you agree/disagree strongly with that, or just somewhat agree/disagree with that?

- (779) 1 Strongly
 2 Somewhat

10a. After leaving work at the end of the day, I put it out of my mind.

- (780) 1 Agree
 2 Disagree
 3 Can't say – SKIP to 11a

b. Do you agree/disagree strongly with that, or just somewhat agree/disagree with that?

- (781) 1 Strongly
 2 Somewhat

11a. My job serves (served) mainly to get me through the day.

- (782) 1 Agree
 2 Disagree
 3 Can't say – SKIP to 12a

b. Do you agree/disagree strongly with that, or just somewhat agree/disagree with that?


- (783) 1 Strongly
 2 Somewhat

Notes

Section H – JOB SATISFACTION – Continued

Some people look at work in terms of money that they need. Other people say that besides the money, work is an important part of themselves. Whether or not you're able to work, how do YOU feel about it?

Tell me if you agree or disagree with each of the following:

<p>12a. If you don't have a job, you don't feel right.</p>	<p>784 1 <input type="checkbox"/> Agree 2 <input type="checkbox"/> Disagree 3 <input type="checkbox"/> Can't say – SKIP to 13a</p>
<p>b. Do you agree/disagree strongly with that, or just somewhat agree/disagree with that?</p>	<p>785 1 <input type="checkbox"/> Strongly 2 <input type="checkbox"/> Somewhat</p>
<p>13a. Work is important MAINLY because of the money.</p>	<p>786 1 <input type="checkbox"/> Agree 2 <input type="checkbox"/> Disagree 3 <input type="checkbox"/> Can't say – SKIP to 14a</p>
<p>b. Do you agree/disagree strongly with that, or just somewhat agree/disagree with that?</p>	<p>787 1 <input type="checkbox"/> Strongly 2 <input type="checkbox"/> Somewhat</p>
<p>14a. A person should work in a job in order to keep the respect of family and friends.</p>	<p>788 1 <input type="checkbox"/> Agree 2 <input type="checkbox"/> Disagree 3 <input type="checkbox"/> Can't say – SKIP to 15a</p>
<p>b. Do you agree/disagree strongly with that, or just somewhat agree/disagree with that?</p>	<p>789 1 <input type="checkbox"/> Strongly 2 <input type="checkbox"/> Somewhat</p>
<p>15a. You really can't think well of yourself unless you have a job.</p>	<p>790 1 <input type="checkbox"/> Agree 2 <input type="checkbox"/> Disagree 3 <input type="checkbox"/> Can't say – SKIP to Check Item H-2</p>
<p>b. Do you agree/disagree strongly with that, or just somewhat agree/disagree with that?</p>	<p>791 1 <input type="checkbox"/> Strongly 2 <input type="checkbox"/> Somewhat</p>
<p>CHECK ITEM H-2  <i>Observation</i> Has another person prompted three or more of the previous responses of Section H?</p>	<p>792 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>

Notes

Section I – GOVERNMENT PROGRAMS

We would like to get some idea of what people know about the government programs that provide cash benefits and other services for disabled people.

1a. Do you know of a Federal, State, or local government office where disabled people can go to get cash benefits or other services?

- (793) 1 Yes
2 No – SKIP to 2a

b. Where would you go?

DO NOT READ LIST.

Mark each office person mentions.

- (794) * 1 Public welfare or assistance office
2 Veterans Administration office
3 Social Security Administration office
4 Workmen's compensation office
(795) * 5 State Rehabilitation agency
6 State employment service
7 Other – Specify
_____ ↙
8 Don't know of any

2a. Have you EVER applied for any of the following kinds of cash benefits from Social Security?

If "Yes," Ask b

b. When did you last apply?

(1) Retirement?

- (796) 1 Yes →
2 No

(802) 19 _____ OR
x Can't recall

(2) Disability?

- (797) 1 Yes →
2 No – SKIP to (3)

(803) 19 _____ OR
x Can't recall

(a) Have you ever received disability benefits? . . .

- (798) 1 Yes
2 No – SKIP to (3)

(b) Are you now receiving disability benefits? . . .

- (799) 1 Yes →
2 No

(3) Medicare?

- (800) 1 Yes →
2 No

(804) 19 _____ OR
x Can't recall

(4) Supplemental Security Income (SSI) (gold check)? .

- (801) 1 Yes →
2 No

(805) 19 _____ OR
x Can't recall

c. Have you ever applied for any other cash benefits from Social Security?

- (806) 1 Yes – Specify
_____ ↙
2 Yes, don't know kind of benefits, but applied for something.
3 No – SKIP to 3a

d. When did you last apply?

(807) 19 _____ OR
x Can't recall

Notes

Section I - GOVERNMENT PROGRAMS - Continued

3a. Have you ever applied for:	If "Yes" ask b and c →	b. Did you apply for MONEY or SERVICES?		c. When did you last apply?
		Money	Services	
(1) Public welfare or assistance?	808 1 <input type="checkbox"/> Yes → 2 <input type="checkbox"/> No	819 * 1 <input type="checkbox"/>	2 <input type="checkbox"/>	825 19 _____ OR x <input type="checkbox"/> Can't recall
(2) Veterans Administration (VA) benefits?	809 1 <input type="checkbox"/> Yes → 2 <input type="checkbox"/> No	820 * 1 <input type="checkbox"/>	2 <input type="checkbox"/>	826 19 _____ OR x <input type="checkbox"/> Can't recall
(3) Workmen's compensation?	810 1 <input type="checkbox"/> Yes → 2 <input type="checkbox"/> No	821 * 1 <input type="checkbox"/>	2 <input type="checkbox"/>	827 19 _____ OR x <input type="checkbox"/> Can't recall
(4) Federal, state or local housing subsidies?	811 1 <input type="checkbox"/> Yes - Ask c 2 <input type="checkbox"/> No			828 19 _____ OR x <input type="checkbox"/> Can't recall
(5) Federal food stamps?	812 1 <input type="checkbox"/> Yes - Ask c 2 <input type="checkbox"/> No			829 19 _____ OR x <input type="checkbox"/> Can't recall
(6) Medicaid or medical care card?	813 1 <input type="checkbox"/> Yes - Ask c 2 <input type="checkbox"/> No			830 19 _____ OR x <input type="checkbox"/> Can't recall
(7) State employment service?	814 1 <input type="checkbox"/> Yes → 2 <input type="checkbox"/> No	822 * 1 <input type="checkbox"/>	2 <input type="checkbox"/>	831 19 _____ OR x <input type="checkbox"/> Can't recall
(8) Private social service?	815 1 <input type="checkbox"/> Yes → 2 <input type="checkbox"/> No	823 * 1 <input type="checkbox"/>	2 <input type="checkbox"/>	832 19 _____ OR x <input type="checkbox"/> Can't recall
(9) State sponsored rehabilitation?	816 1 <input type="checkbox"/> Yes - Ask c 2 <input type="checkbox"/> No			833 19 _____ OR x <input type="checkbox"/> Can't recall
(10) Special income tax exemption due to legal blindness?	817 1 <input type="checkbox"/> Yes - Ask c 2 <input type="checkbox"/> No			834 19 _____ OR x <input type="checkbox"/> Can't recall
(11) Other - Specify ↓	818 1 <input type="checkbox"/> Yes → 2 <input type="checkbox"/> No	824 * 1 <input type="checkbox"/>	2 <input type="checkbox"/>	835 19 _____ OR x <input type="checkbox"/> Can't recall

Notes

Section I – GOVERNMENT PROGRAMS – Continued

4a. Have you ever received any rehabilitation services such as physical therapy, transportation assistance, or job or vocational training because of your health?

- (836) 1 Yes – Ask b and c
 2 No – SKIP to Check Item I-1, page 56

b. What types of services –

*If "Yes,"
Ask c*

c. When did you last receive this service?

(1) Counseling and guidance?

- (837) 1 Yes →
2 No

- (848) 19 ____ OR
x Can't recall

(2) Job training?

- (838) 1 Yes →
2 No

- (849) 19 ____ OR
x Can't recall

(3) Job placement?

- (839) 1 Yes →
2 No

- (850) 19 ____ OR
x Can't recall

(4) Vocational or business school training?

- (840) 1 Yes →
2 No

- (851) 19 ____ OR
x Can't recall

(5) College or university education?

- (841) 1 Yes →
2 No

- (852) 19 ____ OR
x Can't recall

(6) Physical therapy?

- (842) 1 Yes →
2 No

- (853) 19 ____ OR
x Can't recall

(7) Medical treatment (physical or mental)?

- (843) 1 Yes →
2 No

- (854) 19 ____ OR
x Can't recall

(8) Special devices (e.g., brace, artificial limb, wheelchair, hearing aid)?

- (844) 1 Yes →
2 No

- (855) 19 ____ OR
x Can't recall

(9) Transportation assistance?

- (845) 1 Yes →
2 No

- (856) 19 ____ OR
x Can't recall

(10) Training for personal care and/or leisure-time activities?

- (846) 1 Yes →
2 No

- (857) 19 ____ OR
x Can't recall

(11) Any other services? – Specify
 _____ ↙

- (847) 1 Yes →
2 No

- (858) 19 ____ OR
x Can't recall

Notes

Section I – GOVERNMENT PROGRAMS – Continued

5. Who provided or arranged for these rehabilitation services you received?

DO NOT READ LIST.

Mark ALL that apply.

- (859)** * 1 Vocational rehabilitation agency
- 2 Rehabilitation counselor
- 3 Public Welfare
- 4 Veterans Administration
- 5 Workmen's compensation
- (860)** * 6 School
- 7 Own doctor
- 8 Hospital
- 9 Court/lawyer
- (861)** * 10 Rehabilitation center
- 11 Employer (on-the-job)
- 12 Private insurance carrier
- (862)** * 13 Private agency – *Specify* _____
- 14 Other public agency – *Specify* _____
- 15 Other private person
- (863)** * 16 Myself
- 17 Don't remember
- 18 None of the above

**CHECK
ITEM I-1**



- (864)** 1 Aware of Social Security Disability Program (Q.1b, item 3 OR "Yes" in Q.2, item 2, page 53) – SKIP to Q.7
- 2 All others – Ask Q.6

6. Have you ever heard of the Social Security Disability Benefit Program?

- (865)** 1 Yes
- 2 No – SKIP to Check Item J2, page 60

Notes

Section I – GOVERNMENT PROGRAMS – Continued

7. We are interested in learning how people get information about the Social Security Disability Benefit program.

Ask a, b, c, and d – DO NOT READ LIST. Mark ALL that apply.

	a. How did you find out about the Social Security Disability Benefit program? Any other way?	If only 1 box marked, mark same box in b. If more than one response, Ask – b. Of the people or places you just mentioned, who gave you MOST information about the program?	c. Did anyone advise you to file for benefits? If "Yes," Ask d, otherwise go to Q.8	d. Who?
(1) Can't say or don't remember	(866) * 1 <input type="checkbox"/>	(872) 1 <input type="checkbox"/>	(873) 1 <input type="checkbox"/> Yes → 2 <input type="checkbox"/> No	(874) * 1 <input type="checkbox"/>
(2) Friend or relative	2 <input type="checkbox"/>	2 <input type="checkbox"/>		2 <input type="checkbox"/>
(3) Employer	3 <input type="checkbox"/>	3 <input type="checkbox"/>		3 <input type="checkbox"/>
(4) Social Security personnel . . .	4 <input type="checkbox"/>	4 <input type="checkbox"/>		4 <input type="checkbox"/>
(5) Some other federal or State agency.	5 <input type="checkbox"/>	5 <input type="checkbox"/>		5 <input type="checkbox"/>
(6) Veterans Administration	(867) * 6 <input type="checkbox"/>	6 <input type="checkbox"/>		(875) * 6 <input type="checkbox"/>
(7) Workmen's compensation	7 <input type="checkbox"/>	7 <input type="checkbox"/>		7 <input type="checkbox"/>
(8) State Rehabilitation Agency. . .	8 <input type="checkbox"/>	8 <input type="checkbox"/>		8 <input type="checkbox"/>
(9) Employment service	9 <input type="checkbox"/>	9 <input type="checkbox"/>		9 <input type="checkbox"/>
(10) Public welfare or assistance. . .	(868) * 10 <input type="checkbox"/>	10 <input type="checkbox"/>		(876) * 10 <input type="checkbox"/>
(11) Union official.	11 <input type="checkbox"/>	11 <input type="checkbox"/>		11 <input type="checkbox"/>
(12) Doctor	12 <input type="checkbox"/>	12 <input type="checkbox"/>		12 <input type="checkbox"/>
(13) Hospital	(869) * 13 <input type="checkbox"/>	13 <input type="checkbox"/>		(877) * 13 <input type="checkbox"/>
(14) Private insurance company . . .	14 <input type="checkbox"/>	14 <input type="checkbox"/>		14 <input type="checkbox"/>
(15) Private social service agency . .	15 <input type="checkbox"/>	15 <input type="checkbox"/>		15 <input type="checkbox"/>
(16) Advertising	(870) * 16 <input type="checkbox"/>	16 <input type="checkbox"/>		(878) * 16 <input type="checkbox"/>
(17) Television	17 <input type="checkbox"/>	17 <input type="checkbox"/>		17 <input type="checkbox"/>
(18) Radio.	18 <input type="checkbox"/>	18 <input type="checkbox"/>		18 <input type="checkbox"/>
(19) Newspaper.	(871) * 19 <input type="checkbox"/>	19 <input type="checkbox"/>		(879) * 19 <input type="checkbox"/>
(20) Social Security pamphlet.	20 <input type="checkbox"/>	20 <input type="checkbox"/>		20 <input type="checkbox"/>
(21) Other – Specify ↙	21 <input type="checkbox"/>	21 <input type="checkbox"/>		21 <input type="checkbox"/>

Section I – GOVERNMENT PROGRAMS – Continued

<p>8. We would like to know how much people know about the Social Security Disability Program. How long must a person wait after he becomes disabled and stops working before he can start getting benefits?</p>	<p>(880) _____ Weeks (881) _____ Months (882) _____ Years x <input type="checkbox"/> Don't know</p>
<p>9. How long must a person's disability be expected to last in order to get benefits?</p>	<p>(883) _____ Months (884) _____ Years x <input type="checkbox"/> Don't know</p>
<p>10. Do older people have to be as disabled as younger people in order to get disability benefits?</p>	<p>(885) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know</p>
<p>11. Can a person continue to work at all and still get disability benefits?</p>	<p>(886) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know</p>
<p>12. Are people who are receiving Social Security disability benefits eligible for Medicare?</p>	<p>(887) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know</p>
<p>13. Have you ever heard of the "trial work period program" for persons who now get Social Security benefits?</p>	<p>(888) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p>CHECK ITEM I-2 Refer to Section I, page 53</p>	<p>(889) 1 <input type="checkbox"/> "Yes," in Q.2, item (2) b., (Currently receiving disability benefits) – Ask 14 2 <input type="checkbox"/> All others – SKIP to Check Item J1, page 59</p>
<p>14. Would you try to return to work – <i>Read before each item on list.</i></p>	
<p>a. If the law allowed you to keep a part of your disability benefits no matter how much you earned?</p>	<p>(890) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p>b. If your health improved a lot?</p>	<p>(891) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p>c. If you were given vocational or rehabilitation training?</p>	<p>(892) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p>d. If you were helped to find a suitable job?</p>	<p>(893) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>

Notes

Section J – DISABILITY BENEFITS

**CHECK
ITEM J-1**



Refer to Section I, Q.2, page 53

- (894)** 1 "Yes," marked in (2) and/or (4) of Q.2 (Former applicant or current applicant) – Ask 1
 2 "No," marked (Not former applicant) – SKIP to 6

1. Altogether, how many times have you applied for disability benefits?

(895) _____ Number

2a. After (the last time) you applied for benefits were you told by letter that you didn't qualify?

- (896)** 1 Yes – Ask 2b
 2 No
 3 Don't know } SKIP to Check Item J2, page 60

b. Did you discuss this letter with someone from the Social Security district office?

- (897)** 1 Yes – Ask c
 2 No
 3 Don't recall } SKIP to 3

c. Did you get in touch with them or did they get in touch with you?

- (898)** 1 Respondent contacted district office
 2 District office contacted respondent
 3 Don't recall

3. Did you file an appeal or ask to have your case reviewed?

- (899)** 1 Yes
 2 No – SKIP to 5
 3 Don't know – SKIP to Check Item J-2, page 60

4a. Did anyone tell you to make the appeal?

- (900)** 1 Yes
 2 No, did it on my own – SKIP to Check Item J-2, page 60

b. Who told you to appeal?

DO NOT READ LIST. Mark ALL that apply

- (901)** * 1 Friends or relatives
 2 District Social Security office
 3 Congressman
 4 Lawyer
(902) * 5 Employer
 6 Union official
 7 Doctor or medical person
 8 Other government agency
(903) * 9 Letter of denial
 10 Other – Specify
- } SKIP to Check Item J-2

5. What is the main reason you did not have your case reviewed?

DO NOT READ LIST. Mark one.

- (904)** 1 No use, agency would not change decision
 2 Also receiving retirement benefits
 3 Didn't know there was an appeals process
 4 SSA advised not to pursue claim
 5 Agreed with decision – condition not severe or long lasting
 6 Too much trouble or bother
 7 Too expensive
 8 Told not eligible or feel not eligible
 9 Other – Specify
- } SKIP to Check Item J-2

Notes

Section J – DISABILITY BENEFITS – Continued

6. Earlier you said that you have never applied for Social Security disability benefits. Why haven't you applied?

DO NOT READ LIST. Mark ALL that apply.

- (905) 1 Able to work – in good health
- * 2 Doesn't think he has worked enough to qualify
- 3 Doesn't think he is old enough to qualify
- 4 Thinks having some income will prevent receipt of benefits
- (906) 5 Doesn't think health condition is severe enough to qualify
- * 6 Expects to get better and/or return to work
- 7 Doesn't need or want the money
- 8 Too complicated to apply (Too much bother)
- 9 Didn't think chances of getting benefits were good
- (907) 10 Doesn't know or doesn't remember
- * 11 Other – Specify *↓*

**CHECK
ITEM J-2**



INTERVIEWER RATINGS

OVERALL IMPRESSION

Speech difficulty

- (908) 1 Yes
 - 2 No
- } Do check item page.

Notes

(909)

(910)

(911)


(912)

(913)

Notes

Notes

Detach along this line

Section K - CHECK ITEMS		CONTROL NUMBER	
<p> Refer to Section A when filling Items 1-6 (as appropriate)</p> <p><input type="checkbox"/> Respondent and spouse in household - ASK OR FILL 1-11 (Both columns) <input type="checkbox"/> No spouse in household - <input type="checkbox"/> Respondent column - ASK OR FILL 1-11 AND <input type="checkbox"/> Spouse column (if respondent is widowed, separated or spouse absent) - ASK 2-11</p>			
1. Address		Number	ZIP code
2. Name of person		Street	City
3. Date of birth		State	Line No.
4. Race		<p>RESPONDENT</p> <p>First Middle Last</p> <p>Month Day Year</p> <p>1 <input type="checkbox"/> White 2 <input type="checkbox"/> Negro 3 <input type="checkbox"/> Other</p>	<p>SPOUSE</p> <p>First Middle Last</p> <p>Month Day Year</p> <p>1 <input type="checkbox"/> White 2 <input type="checkbox"/> Negro 3 <input type="checkbox"/> Other</p>
5. Sex		<p>1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female</p> <p>1 <input type="checkbox"/> Married 3 <input type="checkbox"/> Divorced 5 <input type="checkbox"/> Never married</p> <p>2 <input type="checkbox"/> Widowed 4 <input type="checkbox"/> Separated</p>	<p>1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female</p>
6. Marital status		<p>1 <input type="checkbox"/> Refused - end interview</p> <p>2 <input type="checkbox"/> Don't know</p>	<p>1 <input type="checkbox"/> Refused - end interview</p> <p>2 <input type="checkbox"/> Don't know</p>
7. What is your Social Security, Medicare or Railroad Retirement number?		<p>1 <input type="checkbox"/> Refused - end interview</p> <p>2 <input type="checkbox"/> Don't know</p>	<p>1 <input type="checkbox"/> Refused - end interview</p> <p>2 <input type="checkbox"/> Don't know</p>
8. Where were you born? (City, county, State, or foreign country)		<p>First Middle Last</p>	<p>First Middle Last</p>
9. What is your father's full name?		<p>First Middle Last</p>	<p>First Middle Last</p>
10. What is your mother's full maiden name?		<p>First Middle Last</p>	<p>First Middle Last</p>
11. (Ask if female) What was your full maiden name?		<p>First Middle Last</p>	<p>First Middle Last</p>

APPENDIX B.--Sample means and covariance for the Y and X variables

1. Mean values of the Y and X variables

<u>Variable</u>	<u>Mean</u>
Y1. Stay in chair or wheelchair	.008
Y2. Not able to get outdoors	.019
Y3. Not able to use public transportation	.040
Y4. Not able to drive	.027
Y5. Limited in the kind or amount of work	.156
X1. Walk for long distances	.170
X2. Use stairs or inclines	.143
X3. Stand for long periods	.198
X4. Sit for long periods	.126
X5. Stoop, crouch or kneel	.184
X6. Reach	.064
X7. Use fingers to grasp or handle	.065
X8. Lift or carry 10 lbs.	.078
X9. Lift or carry 25 lbs.	.182
X10. Lift or carry 50 lbs.	.396
X11. Male	.493
X12. Age, tens of years	3.795
X13. Married	.673
X14. White	.875
X15. Education, tens of years	1.209
X16. Psychological distress	3.759

Number of cases = 9,199

2. Estimated Covariance Matrix

	Y1	Y2	Y3	Y4	Y5	X1	X2	X3	X4	X5
Y1	.00830									
Y2	.00073	.01853								
Y3	.00804	.01812	.03869							
Y4	.00204	.00253	.00253	.02591		.14103				
Y5	.00298	.00235	.01307	.00552	.13191	.08204	.12231	.15897	.11014	.14985
X1	.00204	.00170	.01126	.00434	.07167	.08836	.07090	.06233	.05608	.03939
X2	.00166	.00199	.01064	.00436	.06669	.05229	.04857	.08444	.02898	.03040
X3	.00167	.00098	.00944	.00382	.07049	.07792	.03619	.03709	.02323	.03921
X4	.00127	.00042	.00662	.00283	.04928	.04118	.04170	.07057	.03358	.06388
X5	.00125	.00149	.00895	.00424	.06691	.03573	.06658	.04711	.04711	.06388
X6	.00151	.00087	.00627	.00433	.03565	.03022	.02830	.03070	.02323	.03040
X7	.00083	.00135	.00561	.00403	.03377	.04185	.04170	.04118	.03358	.03921
X8	.00142	.00128	.00818	.00377	.04546	.06766	.06678	.07342	.04772	.06764
X9	.00163	.00100	.00912	.00451	.06839	.06766	.06239	.07342	.04772	.06764
X10	.00005	.00074	.00674	.00197	.06495	.01268	.00900	.01492	.00574	.00448
X11	.00129	.00014	.00102	.00145	.00386	.13142	.13068	.12844	.08289	.13397
X12	.00177	.00285	.01708	.00820	.13142	.13536	.13068	.12844	.00154	.00443
X13	.00038	.00128	.00329	.00246	.00176	.00172	.00031	.00276	.00257	.00521
X14	.00076	.00044	.00140	.00036	.00499	.00754	.00901	.00531	.01774	.02224
X15	.00044	.00067	.00428	.00326	.02450	.02864	.02581	.02793	.01774	.02224
X16	.01044	.00339	.03962	.02060	.28789	.28824	.26336	.29672	.20387	.25247

	X6	X7	X8	X9	X10	X11	X12	X13	X14	X15
X6	.06001									
X7	.02556	.06103								
X8	.02923	.02510	.07232							
X9	.03629	.03242	.06418	.14905						
X10	.03328	.02845	.04744	.11017	.23910					
X11	.00419	.00465	.01268	.04132	.09217	.24994				
X12	.06853	.06246	.06682	.12651	.13876	.00502	1.83205	.22011		
X13	.00130	.00148	.00210	.0108	.00400	.00923	.19944	.02279	.10901	.09919
X14	.00194	.00102	.00496	.00926	.00543	.00330	.02339	.00706	.01014	.09919
X15	.01345	.01286	.01308	.02183	.02526	.00566	.08403	.00706	.01014	.18178
X16	.13739	.13492	.16466	.26335	.30101	.09152	.33543	.08679	.07340	.18178

X16
2.95422