Vital and

Health Statistics

Current Estimates From the National Health Interview Survey, 1993

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

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

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Appendixes
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Questionnaires and flashcards

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

FORM **HIS-1 (1993)**
(8-4-92)

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

NATIONAL HEALTH INTERVIEW SURVEY

1. Book ___ of ___ books

2. R.O. number

3. Sample

4. Segment type — ☐ Area ☐ Permit ☐ Block

5. Control number — PSU | Segment | Serial

6a. What is your exact address? (Include House No., Apt. No., or other identification; county and ZIP Code)

City | State | County | ZIP Code

LISTING SHEET
Sheet No.
Line No.

b. Is this your mailing address? (Mark box or specify if different. Include county and ZIP Code.) ☐ Same as 6a

City | State | County | ZIP Code

c. Special place name | Sample unit number | Type code

AREA AND BLOCK SEGMENTS

7. YEAR BUILT
☐ Ask
☐ Do not ask

When was this structure originally built?
☐ Before 4-1-80 (Continue interview)
☐ After 4-1-80 (Complete item 8c when required; end interview)

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

a. ☐ **Are there any occupied or vacant living quarters besides your own in this building?** ☐ Yes (Fill Table X) ☐ No

b. ☐ **Are there any occupied or vacant living quarters besides your own on this floor?** ☐ Yes (Fill Table X) ☐ No

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

9a. LAND USE
1 ☐ URBAN (10)
2 ☐ RURAL
— Reg. units and SP. PL. units coded 85 – 88 in 6c — Ask item 9b
— SP. PL. units not coded 85 – 88 in 6c — Mark "No" in item 9b without asking

b. During the past 12 months did sales of crops, livestock, and other farm products from this place amount to $1,000 or more?
1 ☐ Yes
2 ☐ No } (10)

10. CLASSIFICATION OF LIVING QUARTERS — Mark by observation

a. LOCATION of unit
Unit is:
☐ In a Special Place — Refer to Table A in Part C of manual; then complete 10c or d
☐ NOT in a Special Place (10b)

b. Access
☐ Direct (10c)
☐ Through another unit — Not a separate HU; combine with unit through which access is gained. (Apply merged unit procedures if additional living quarters space was listed separately.)

c. HOUSING unit (Mark one, THEN page 2)
01 ☐ House, apartment, flat
02 ☐ HU in nontransient hotel, motel, etc.
03 ☐ HU-permanent in transient hotel, motel, etc.
04 ☐ HU in rooming house
05 ☐ Mobile home or trailer with no permanent room added
06 ☐ Mobile home or trailer with one or more permanent rooms added
07 ☐ HU not specified above — Describe in footnotes

d. OTHER unit (Mark one)
08 ☐ Quarters not HU in rooming or boarding house
09 ☐ Unit not permanent in transient hotel, motel, etc.
10 ☐ Unoccupied site for mobile home, trailer, or tent
11 ☐ Student quarters in college dormitory
12 ☐ OTHER unit not specified above — Describe in footnotes

GO TO HOUSEHOLD COMPOSITION PAGE

11. What is the telephone number here? | Area code/number
☐ None

12. Interview observed? 1 ☐ Yes 2 ☐ No

13a. Field representative's name | Code

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

14. Noninterview reason

TYPE A
01 ☐ Refusal — Describe in footnotes
02 ☐ No one at home, repeated calls
03 ☐ Temporarily absent — Footnote
04 ☐ Other (Specify)
Fill items 1—6a, 7 and 9 as applicable; 10, 12–15

TYPE B
05 ☐ Vacant — nonseasonal
06 ☐ Vacant — seasonal
07 ☐ Occupied entirely by persons with URE
08 ☐ Occupied entirely by Armed Forces members
09 ☐ Unfit or to be demolished
10 ☐ Under construction, not ready
11 ☐ Converted to temporary business or storage
12 ☐ Unoccupied site for mobile home, trailer, or tent
13 ☐ Permit granted, construction not started
14 ☐ Other (Specify)
Fill items 1—6a, 7— 9 as applicable; 10, 12–15

TYPE C
15 ☐ Unused line of listing sheet
16 ☐ Demolished
17 ☐ House or trailer moved
18 ☐ Outside segment
19 ☐ Converted to permanent business or storage
20 ☐ Merged
21 ☐ Condemned
22 ☐ Built after April 1, 1980
23 ☐ Other (Specify)
Fill items 1—6a, 8c if marked; 12–15, send Inter-Comm.

15. Record of calls

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

16. List column numbers of persons requiring callbacks, and indicate reason(s).
☐ None

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

17. Record of additional contacts

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

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A. HOUSEHOLD COMPOSITION PAGE   1

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

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

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

If "Yes," enter names in columns

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

	Yes	No
— any babies or small children?	☐	☐
— any lodgers, boarders, or persons you employ who live here?	☐	☐
— anyone who USUALLY lives here but is now away from home traveling or in a hospital?	☐	☐
— anyone else staying here?	☐	☐

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

Probe if necessary:

Does — — usually live somewhere else?

Ask for all persons beginning with column 2:

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

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

REFERENCE PERIODS

A1

2-WEEK PERIOD

12-MONTH DATE

13-MONTH HOSPITAL DATE

A2   **ASK CONDITION LIST____ .**

Right column:

1. First name | Mid. init. | Age
   Last name | Sex 1☐M 2☐F
2. Relationship **REFERENCE PERSON**
3. Date of birth Month | Date | Year

	HOSP.	WORK	RD	2-WK. DV
C1	00☐ None	1☐ Wa 2☐ Wb	1☐ Yes 2☐ No	00☐ None
	Number			Number

C2

LA | IRA | DV | INJ. | CLLTR | HSTCOND.

LA | IRA | DV | INJ. | CLLTR | HSTCOND.

LA | IRA | DV | INJ. | CLLTR | HSTCOND.

LA | IRA | DV | INJ. | CLLTR | HSTCOND.

LA | IRA | DV | INJ. | CLLTR | HSTCOND.

A3	*Refer to ages of all related HH members.*	**A3**	☐ All persons 65 and over *(4e)* ☐ Other *(4a)*

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

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

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

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

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

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

4e.   1 ☐ Yes *(4f)*   2 ☐ No *(NP)*

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

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

f.   1   2   3   4   5   6   7

A4	*If unrelated person or group, skip to 5; otherwise, refer to 4f above and item 3 "Sample" on household page.* *Codes 1—7 circled for any 18 + family member?*	**A4**	1 ☐ Yes *(4g)* 2 ☐ No — Sample 931—934 *(5)* 3 ☐ No — Sample 921—924 *(Type B noninterview)*

4g. Did *(Reference person)* **live at this address on** *(today's date)* **last year?**   **4g.**   1 ☐ Yes *(A5)*   2 ☐ No — Sample 931—934 *(5)*   3 ☐ No — Sample 921—924 *(Type B noninterview)*

A5	*Refer to 4f for reference person.* *Codes 1—7 circled for reference person?*	**A5**	1 ☐ Yes *(5)* 2 ☐ No *(4h)*

4h. Did any of the following family members live at this address on *(today's date)* **last year?**
(Read names of all 18 + persons with codes 1—7 in 4f.)   **4h.**   1 ☐ Yes *(5)*   2 ☐ No — Sample 931—934 *(5)*   3 ☐ No — Sample 921—924 *(Type B noninterview)*

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

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

HOSPITAL PROBE

6a. Since *(13-month hospital date)* **a year ago, was — — a patient in a hospital OVERNIGHT?**   **6a.**   1 ☐ Yes *(6b)*   2 ☐ No *(Mark "HOSP." box, THEN NP)*

b. How many different times did — — stay in any hospital overnight or longer since *(13-month hospital date)* **a year ago?**   **b.**   _____ Number of times   } *(Make entry in "HOSP." box THEN NP)*

Ask for each child under one:
7a. Was — — born in a hospital?   **7a.**   1 ☐ Yes *(7b)*   2 ☐ No *(NP)*

Ask for mother and child:
b. Have you included this hospitalization in the number you gave me for — —?   **b.**   ☐ Yes *(NP)*   ☐ No *(Correct 6 and "HOSP." box)*

B. LIMITATION OF ACTIVITIES PAGE

B1	*Refer to age.*	**B1**	1 ☐ 18−69 *(1)* 2 ☐ Other *(NP)*
1.	**What was — — doing MOST OF THE PAST 12 MONTHS; working at a job or business, keeping house, going to school, or something else?** *Priority if 2 or more activities reported: (1) Spent the most time doing; (2) Considers the most important.*	**1.**	1 ☐ Working *(2)* 2 ☐ Keeping house *(3)* 3 ☐ Going to school *(5)* 4 ☐ Something else *(5)*
2a.	**Does any impairment or health problem NOW keep — — from working at a job or business?**	**2a.**	1 ☐ Yes *(7)* ☐ No
b.	**Is — — limited in the kind OR amount of work — — can do because of any impairment or health problem?**	**b.**	2 ☐ Yes *(7)* 3 ☐ No *(6)*
3a.	**Does any impairment or health problem NOW keep — — from doing any housework at all?**	**3a.**	4 ☐ Yes *(4)* ☐ No
b.	**Is — — limited in the kind OR amount of housework — — can do because of any impairment or health problem?**	**b.**	5 ☐ Yes *(4)* 6 ☐ No *(5)*

4a.	**What (other) condition causes this?**
	 Ask if injury or operation: **When did [the** *(injury)* **occur?/ — — have the operation?]**
	 Ask if operation over 3 months ago: **For what condition did — — have the operation?**
	 If pregnancy/delivery or 0−3 months injury or operation —
	     Reask question 3 where limitation reported, saying: **Except for — —** *(condition)***, . . .?**
	     OR reask 4b/c.
		4a.	*(Enter condition in C2, THEN 4b)*
			
			 1 ☐ Old age *(Mark "Old age" box, THEN 4c)*

b.	**Besides** *(condition)* **is there any other condition that causes this limitation?**	**b.**	☐ Yes *(Reask 4a and b)* ☐ No *(4d)*
c.	**Is this limitation caused by any (other) specific condition?**	**c.**	☐ Yes *(Reask 4a and b)* ☐ No
	Mark box if only one condition. **d. Which of these conditions would you say is the MAIN cause of this limitation?**	**d.**	☐ Only 1 condition _____ Main cause
5a.	**Does any impairment or health problem keep — — from working at a job or business?**	**5a.**	1 ☐ Yes *(7)* ☐ No
b.	**Is — — limited in the kind OR amount of work — — could do because of any impairment or health problem?**	**b.**	2 ☐ Yes *(7)* 3 ☐ No
B2	*Refer to questions 3a and 3b.*	**B2**	1 ☐ "Yes" in 3a or 3b *(NP)* 2 ☐ Other *(6)*
6a.	**Is — — limited in ANY WAY in any activities because of an impairment or health problem?**	**6a.**	1 ☐ Yes 2 ☐ No *(NP)*
b.	**In what way is — — limited?** *Record limitation, not condition.*	**b.**	_____ Limitation

7a.	**What (other) condition causes this?**
	 Ask if injury or operation: **When did [the** *(injury)* **occur?/ — — have the operation?]**
	 Ask if operation over 3 months ago: **For what condition did — — have the operation?**
	 If pregnancy/delivery or 0−3 months injury or operation —
	     Reask question 2, 5, or 6 where limitation reported, saying: **Except for — —** *(condition)***, . . .?**
	     OR reask 7b/c.
		7a.	*(Enter condition in C2, THEN 7b)*
			
			 1 ☐ Old age *(Mark "Old age" box, THEN 7c)*

b.	**Besides** *(condition)* **is there any other condition that causes this limitation?**	**b.**	☐ Yes *(Reask 7a and b)* ☐ No *(7d)*
c.	**Is this limitation caused by any (other) specific condition?**	**c.**	☐ Yes *(Reask 7a and b)* ☐ No
	Mark box if only one condition. **d. Which of these conditions would you say is the MAIN cause of this limitation?**	**d.**	☐ Only 1 condition _____ Main cause

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B. LIMITATION OF ACTIVITIES PAGE, Continued

B3	*Refer to age.*	**B3**	0 ☐ Under 5 *(10)* 2 ☐ 18—69 *(NP)* 1 ☐ 5—17 *(11)* 3 ☐ 70 and over *(8)*

8. What was — — doing MOST OF THE PAST 12 MONTHS; working at a job or business, keeping house, going to school, or something else? *Priority if 2 or more activities reported: (1) Spent the most time doing; (2) Considers the most important.*	8.	1 ☐ Working 2 ☐ Keeping house 3 ☐ Going to school 4 ☐ Something else
9a. Because of any impairment or health problem, does — — need the help of other persons with — — personal care needs, such as eating, bathing, dressing, or getting around this home?	9a.	1 ☐ Yes *(13)* ☐ No
b. Because of any impairment or health problem, does — — need the help of other persons in handling — — routine needs, such as everyday household chores, doing necessary business, shopping, or getting around for other purposes?	b.	2 ☐ Yes *(13)* 3 ☐ No *(12)*
10a. Is — — able to take part AT ALL in the usual kinds of play activities done by most children — — age?	10a.	☐ Yes 0 ☐ No *(13)*
b. Is — — limited in the kind OR amount of play activities — — can do because of any impairment or health problem?	b.	1 ☐ Yes *(13)* 2 ☐ No *(12)*
11a. Does any impairment or health problem NOW keep — — from attending school?	11a.	1 ☐ Yes *(13)* ☐ No
b. Does — — attend a special school or special classes because of any impairment or health problem?	b.	2 ☐ Yes *(13)* ☐ No
c. Does — — need to attend a special school or special classes because of any impairment or health problem?	c.	3 ☐ Yes *(13)* ☐ No
d. Is — — limited in school attendance because of — — health?	d.	4 ☐ Yes *(13)* 5 ☐ No
12a. Is — — limited in ANY WAY in any activities because of an impairment or health problem?	12a.	1 ☐ Yes 2 ☐ No *(NP)*
b. In what way is — — limited? *Record limitation, not condition.*	b.	_____ Limitation

13a. What (other) condition causes this?
Ask if injury or operation: **When did [the** *(injury)* **occur?/— — have the operation?]**
Ask if operation over 3 months ago: **For what condition did — — have the operation?**
If pregnancy/delivery or 0—3 months injury or operation —
  Reask question where limitation reported, saying: **Except for — —** *(condition),* **. . .?**
  OR reask 13b/c.
	13a.	*(Enter condition in C2, THEN 13b)*
		
		1 ☐ Old age *(Mark "Old age" box, THEN 13c)*

b. Besides *(condition)* is there any other condition that causes this limitation?	b.	☐ Yes *(Reask 13a and b)* ☐ No *(13d)*
c. Is this limitation caused by any (other) specific condition?	c.	☐ Yes *(Reask 13a and b)* ☐ No
Mark box if only one condition. d. Which of these conditions would you say is the MAIN cause of this limitation?	d.	☐ Only 1 condition _____ Main cause

FOOTNOTES

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B. LIMITATION OF ACTIVITIES PAGE, Continued

B4	*Refer to age.*	**B4** 0 ☐ Under 5 *(NP)* 2 ☐ 60—69 *(14)* 1 ☐ 5—59 *(B5)* 3 ☐ 70 and over *(NP)*
B5	*Refer to "Old age" and "LA" boxes. Mark first appropriate box.*	**B5** ☐ "Old age" box marked *(14)* ☐ Entry in "LA" box *(14)* ☐ Other *(NP)*

14a. Because of any impairment or health problem, does — — need the help of other persons with — — personal care needs, such as eating, bathing, dressing, or getting around this home?	**14a.** 1 ☐ Yes *(15)* ☐ No
If under 18, skip to next person; otherwise ask: **b. Because of any impairment or health problem, does — — need the help of other persons in handling — — routine needs, such as everyday household chores, doing necessary business, shopping, or getting around for other purposes?**	**b.** 2 ☐ Yes 3 ☐ No *(NP)*

15a. What (other) condition causes this? *Ask if injury or operation:* **When did [the** *(injury)* **occur?/— — have the operation?]** *Ask if operation over 3 months ago:* **For what condition did — — have the operation?** *If pregnancy/delivery or 0—3 months injury or operation —* *Reask question 14 where limitation reported, saying:* **Except for — —** *(condition)*, **. . .?** *OR reask 15b/c.*	**15a.** *(Enter condition in C2, THEN 15b)* 1 ☐ Old age *(Mark "Old age" box,* *THEN 15c)*
b. Besides *(condition)* **is there any other condition that causes this limitation?**	**b.** ☐ Yes *(Reask 15a and b)* ☐ No *(15d)*
c. Is this limitation caused by any (other) specific condition?	**c.** ☐ Yes *(Reask 15a and b)* ☐ No
Mark box if only one condition. **d. Which of these conditions would you say is the MAIN cause of this limitation?**	**d.** ☐ Only 1 condition ―――――――――――――― Main cause

FOOTNOTES

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D. RESTRICTED ACTIVITY PAGE   PERSON 1

Hand calendar.

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

D1 | *Refer to age.*

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

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

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

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

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

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

☐ Yes   00 ☐ No *(4)*

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

00 ☐ None *(4)* | No. of work-loss days | *(4)*

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

☐ Yes   00 ☐ No *(4)*

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

00 ☐ None | No. of school-loss days |

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

☐ Yes   00 ☐ No *(6)*

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

00 ☐ None *(6)* | No. of bed days | *(D2)*

D2 | *Refer to 2b and 3b.*
☐ No days in 2b or 3b *(6)*
☐ 1 or more days in 2b or 3b *(5)*

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

00 ☐ None   _____ No. of days

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

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

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

☐ Yes   00 ☐ No *(D3)*

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

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

00 ☐ None | No. of cut-down days |

D3 | *Refer to 2–6.*
☐ No days in 2–6 *(Mark "No" in RD, THEN NP)*
☐ 1 or more days in 2–6 *(Mark "Yes" in RD, THEN 7)*

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

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

(Enter condition in C2, THEN 7b)

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

1 ☐ Yes *(Reask 7a and b)*   2 ☐ No

FOOTNOTES

E. 2-WEEK DOCTOR VISITS PROBE PAGE

Read to respondent(s): **These next questions are about health care received during the 2 weeks outlined in red on that calendar.**			
E1	*Refer to age.*	**E1**	☐ Under 14 *(1b)* ☐ 14 and over *(1a)*
1a. During those 2 weeks, how many times did — — see or talk to a medical doctor? {Include all types of doctors, such as dermatologists, psychiatrists, and ophthalmologists, as well as general practitioners and osteopaths.} (Do not count times while an overnight patient in a hospital.) **b.** During those 2 weeks, how many times did anyone see or talk to a medical doctor about — —? (Do not count times while an overnight patient in a hospital.)		**1a. and b.**	00 ☐ None [ ] } *(NP)* Number of times
2a. (Besides the time(s) you just told me about) During those 2 weeks, did anyone in the family receive health care at home or go to a doctor's office, clinic, hospital or some other place? Include care from a nurse or anyone working with or for a medical doctor. Do not count times while an overnight patient in a hospital. ☐ Yes ☐ No *(3a)*			
b. Who received this care? *Mark "DR Visit" box in person's column.*		**2b.**	☐ DR Visit
c. Anyone else? ☐ Yes *(Reask 2b and c)* ☐ No			
Ask for each person with "DR Visit" in 2b: **d. How many times did — — receive this care during that period?**		**d.**	[ ] Number of times
3a. (Besides the time(s) you already told me about) During those 2 weeks, did anyone in the family get any medical advice, prescriptions or test results over the PHONE from a doctor, nurse, or anyone working with or for a medical doctor? ☐ Yes ☐ No *(E2)*			
b. Who was the phone call about? *Mark "Phone call" box in person's column.*		**3b.**	☐ Phone call
c. Were there any calls about anyone else? ☐ Yes *(Reask 3b and c)* ☐ No			
Ask for each person with "Phone call" in 3b: **d. How many telephone calls were made about — —?**		**d.**	[ ] Number of calls
E2	*Add numbers in 1, 2d, and 3d for each person. Record total number of visits and calls in "2-WK. DV" box in item C1.*		

FOOTNOTES

F. 2-WEEK DOCTOR VISITS PAGE

Refer to C1, "2-WK. DV" box.		**PERSON NUMBER** _____

F1 | *Refer to age.* | **F1** | ☐ Under 14 *(1b)* ☐ 14 and over *(1a)*

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

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

Ask after last DR visit column for this person:

c. Were there any other visits or calls for — — during that period? *Make necessary correction to 2-Wk. DV box in C1.*

1a. and b.
_____ _____ OR { 7777 ☐ Last week ; 8888 ☐ Week before
Month   Date

c.
1 ☐ Yes *(Reask 1a or b and c)*
2 ☐ No *(Ask 2—6 for each visit)*

---

2. Where did — — receive health care on *(date in 1)*, at a doctor's office, clinic, hospital, some other place, or was this a telephone call?

If doctor's office: Was this office in a hospital?
If hospital: Was it the outpatient clinic or the emergency room?
If clinic: Was it a hospital outpatient clinic, a company clinic, a public health clinic, or some other kind of clinic?
If lab: Was this lab in a hospital?
What was done during this visit? *(Footnote)*

2.
01 ☐ Telephone
Not in hospital:
02 ☐ Home
03 ☐ Doctor's office
04 ☐ Co. or Ind. clinic
05 ☐ Other clinic
06 ☐ Lab
07 ☐ Other *(Specify)* ↴
Hospital:
08 ☐ O.P. clinic
09 ☐ Emergency room
10 ☐ Doctor's office
11 ☐ Lab
12 ☐ Overnight patient *(6)*
88 ☐ Other *(Specify)* ↴

Ask 3b if under 14.
3a. Did — — actually talk to a medical doctor?
b. Did anyone actually talk to a medical doctor about — —?
c. What type of medical person or assistant was talked to?

3a. and b.
1 ☐ Yes *(3f)*   8 ☐ DK if M.D. *(3c)*
2 ☐ No *(3c)*   9 ☐ DK who was seen *(3f)*

c.
_____ Type _____   99 ☐ DK

d. Does the *(entry in 3c)* work with or for ONE doctor or MORE than one doctor?

d.
1 ☐ One *(3f)*   2 ☐ More   3 ☐ None *(4)*   9 ☐ DK

e. For this [visit/call] what kind of doctor was the *(entry in 3c)* working with or for — a general practitioner or a specialist?
f. Is that doctor a general practitioner or a specialist?

e. and f.
1 ☐ GP *(4)*   2 ☐ Specialist *(3g)*   9 ☐ DK *(4)*

g. What kind of specialist?

g.
_____ Kind of specialist

Ask 4b if under 14.
4a. For what condition did — — see or talk to the [doctor/*(entry in 3c)*] on *(date in 1)*? *Mark first appropriate box.*

b. For what condition did anyone see or talk to the [doctor/*(entry in 3c)*] about — — on *(date in 1)*? *Mark first appropriate box.*

4a. and b.
1 ☐ Condition *(Item C2, THEN 4g)*
2 ☐ Pregnancy *(4e)*
3 ☐ Test(s) or examination *(4c)*
8 ☐ Other *(Specify)* ↴
_____ *(4g)*

c. Was a condition found as a result of the [test(s)/examination]?
d. Was this [test/examination] because of a specific condition — — had?
e. During the past 2 weeks was — — sick because of her pregnancy?
f. What was the matter?

c. ☐ Yes *(4h)*   ☐ No
d. ☐ Yes *(4h)*   ☐ No *(4g)*
e. ☐ Yes   ☐ No *(4g)*
f. _____ Condition   *(Item C2, THEN 4g)*

g. During this [visit/call] was the [doctor/*(entry in 3c)*] talked to about any (other) condition?
h. What was the condition?

g. ☐ Yes   ☐ No *(5)*
h. ☐ Pregnancy *(4e)*
_____ Condition   *(Item C2, THEN 4g)*

Mark box if "Telephone" in 2.
5a. Did — — have any kind of surgery or operation during this visit, including bone settings and stitches?

5a. 0 ☐ Telephone in 2 *(Next Dr. visit)*   1 ☐ Yes   2 ☐ No *(6)*

b. What was the name of the surgery or operation? *If name of operation not known, describe what was done.*

b.
(1) _____
(2) _____

c. Was there any other surgery or operation during this visit?

c. ☐ Yes *(Reask 5b and c)*   ☐ No

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

6.
City/County _____ / _____
State/ZIP Code _____ / _____

G. HEALTH INDICATOR PAGE

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

FOOTNOTES

H. CONDITION LISTS 1 AND 2

1

1a. Does anyone in the family *{read names}* **NOW HAVE —**
If "Yes," ask 1b and c.

b. Who is this?

c. Does anyone else NOW have —
Enter condition and letter in appropriate person's column.

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

1d. DURING THE PAST 12 MONTHS, did anyone in the family have — *If "Yes," ask 1e and f.*

e. Who was this?

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

Enter condition and letter in appropriate person's column.

C—L are conditions affecting the bone and muscle.

M—W are conditions affecting the skin.

		Reask 1d	
C. Arthritis of any kind or rheumatism?		**M. A tumor, cyst, or growth of the skin?**	
D. Gout?		**N. Skin cancer?**	
E. Lumbago?		**O. Eczema or Psoriasis?** (ek'sa-ma) or (so-rye'uh-sis)	
F. Sciatica?		**P. TROUBLE with dry or itching skin?**	
G. A bone cyst or bone spur?		**Q. TROUBLE with acne?**	
H. Any other disease of the bone or cartilage?		**R. A skin ulcer?**	
		S. Any kind of skin allergy?	
I. A slipped or ruptured disc?		**T. Dermatitis or any other skin trouble?**	
J. REPEATED trouble with neck, back, or spine?		**U. TROUBLE with ingrown toenails or fingernails?**	
K. Bursitis?		**V. TROUBLE with bunions, corns, or calluses?**	
L. Any disease of the muscles or tendons?		**W. Any disease of the hair or scalp?**	

2

2a. Does anyone in the family *{read names}* **NOW HAVE —**
If "Yes," ask 2b and c.

b. Who is this?

c. Does anyone else NOW have —

Enter condition and letter in appropriate person's column.

A—L are conditions affecting { Hearing / Vision / Speech }

Conditions M—AA are impairments.

		Reask 2a	
A. Deafness in one or both ears?		**O. A missing joint?**	
B. Any other trouble hearing with one or both ears?		**P. A missing breast, kidney, or lung?**	
C. Tinnitus or ringing in the ears?		**Q. Palsy or cerebral palsy?** (ser'a-bral)	
D. Blindness in one or both eyes?		**R. Paralysis of any kind?**	
E. Cataracts?		**S. Curvature of the spine?**	
F. Glaucoma?		**T. REPEATED trouble with neck, back, or spine?**	
G. Color blindness?		**U. Any TROUBLE with fallen arches or flatfeet?**	
H. A detached retina or any other condition of the retina?		**V. A clubfoot?**	
I. Any other trouble seeing with one or both eyes EVEN when wearing glasses?		**W. A trick knee?**	
J. A cleft palate or harelip?		**X. PERMANENT stiffness or any deformity of the foot, leg, or back?** *(Permanent stiffness — joints will not move at all.)*	
K. Stammering or stuttering?			
L. Any other speech defect?		**Y. PERMANENT stiffness or any deformity of the fingers, hand, or arm?**	
M. Loss of taste or smell which has lasted 3 months or more?		**Z. Mental retardation?**	
N. A missing finger, hand, or arm; toe, foot, or leg?		**AA. Any condition caused by an accident or injury which happened more than 3 months ago?** *If "Yes," ask:* **What is the condition?**	

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

H. CONDITION LISTS 3 AND 4

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

3

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

b. Who was this?

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

Enter condition and letter in appropriate person's column.
Make no entry in item C2 for cold; flu; red, sore, or strep throat; or "virus" even if reported in this list.
Conditions affecting the digestive system.

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

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

4

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

b. Who was this?

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

Enter condition and letter in appropriate person's column.
A—B are conditions affecting the glandular system.
C is a blood condition.
D—I are conditions affecting the nervous system.
J—Y are conditions affecting the genito-urinary system.

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

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

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H. CONDITION LISTS 5 AND 6

5

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

If "Yes," ask 5b and c.

b. Who was this?

c. Has anyone else EVER had —

Enter condition and letter in appropriate person's column.

Conditions affecting the heart and circulatory system.

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

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

If "Yes," ask 5e and f.

e. Who was this?

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

Enter condition and letter in appropriate person's column.

Conditions affecting the heart and circulatory system.

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

6

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

If "Yes," ask 6b and c.

b. Who was this?

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

Enter condition and letter in appropriate person's column.

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

Conditions affecting the respiratory system.

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

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

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

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

If only 1 time, ask:

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

If less than 1 month, do not record.

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

J. HOSPITAL PAGE	**HOSPITAL STAY 1**		

1. *Refer to C1, "HOSP." box.*

1. **PERSON NUMBER** _____

2. **You said earlier that — — was a patient in the hospital since** *(13-month hospital date)* **a year ago. On what date did — — enter the hospital ([the last time/the time before that])?**
Record each entry date in a separate Hospital Stay column.

2.

Month	Date	Year
		19 ___

3. **How many nights was — — in the hospital?**

3. 0000☐ None *(Next HS)*

_____ Nights

4. **For what condition did — — enter the hospital?**
- *For delivery ask:*
  Was this a normal delivery?
  If "No," ask:
  What was the matter?
- *For newborn ask:*
  Was the baby normal at birth?
  If "No," ask:
  What was the matter?
- *For initial "No condition" ask:*
  Why did — — enter the hospital?
- *For tests, ask:*
  What were the results of the tests?
  If no results, ask:
  Why were the tests performed?

4.
1 ☐ Normal delivery ⎫
2 ☐ Normal at birth ⎬ *(5)*
3 ☐ No condition ⎭
☐ Condition ↴

_____

J1 *Refer to questions 2, 3, and 2-week reference period.*

J1
☐ At least one night in 2-week reference period *(Enter condition in C2, THEN 5)*

☐ No nights in 2-week reference period *(5)*

5a. **Did — — have any kind of surgery or operation during this stay in the hospital, including bone settings and stitches?**

5a. 1 ☐ Yes   2 ☐ No *(6)*

b. **What was the name of the surgery or operation?**
If name of operation not known, describe what was done.

b.
(1) _____
(2) _____
(3) _____

c. **Was there any other surgery or operation during this stay?**

c. ☐ Yes *(Reask 5b and c)*   ☐ No

6. **What is the name and address of this hospital?**

6. Name

Number and street

City or County   State

FOOTNOTES

CONDITION 1 | PERSON NO.____

1. Name of condition

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

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

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

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

- 1 ☐ Yes
- 2 ☐ No
- 9 ☐ DK

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

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

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

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

_____

Mark box if accident or injury. 0 ☐ Accident/injury *(5)*

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

- 1 ☐ Yes *(5)*
- 2 ☐ No

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

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

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

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

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

_____

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

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

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

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

Show the following detail:

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

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

Infection   Sore   Soreness

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

(Specify) _____

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

Tumor   Cyst   Growth

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

- 1 ☐ Malignant
- 2 ☐ Benign
- 9 ☐ DK

5

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

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

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

Ask probes as necessary:

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

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

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

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

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

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

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

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

Ask if "Wa/Wb" box marked in C1:
8. During those 2 weeks, how many days did — — miss more than half of the day from — — job or business because of this condition?
00 ☐ None   _____ Days

Ask if age 5—17:
9. During those 2 weeks, how many days did — — miss more than half of the day from school because of this condition?
00 ☐ None   _____ Days

K2
☐ Condition has "CL LTR" in C2 as source *(10)*
☐ Condition does not have "CL LTR" in C2 as source *(K4)*

10. About how many days since (12-month date) a year ago, has this condition kept — — in bed more than half of the day? (Include days while an overnight patient in a hospital.)
000 ☐ None   _____ Days

11. Was — — ever hospitalized for — — (condition in 3b)?
1 ☐ Yes   2 ☐ No

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

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

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

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

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

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

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

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

Mark box if under 18.   ☐ Under 18 *(16)*
15a. Was — — under 18 when the accident happened?
1 ☐ Yes *(16)*   ☐ No

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

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

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

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

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

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

Part(s) of body *	Kind of injury

Ask if box 3, 4, or 5 marked in Q.5:
b. What part of the body is affected now? How is — — (part of body) affected? Is — — affected in any other way?

Part(s) of body *	Present effects **

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

L. DEMOGRAPHIC BACKGROUND PAGE

		L1	☐ Under 5 *(NP)* ☐ 5–17 *(2)* ☐ 16 and over *(1)*
L1	*Refer to age.*		

		1a.	₁☐ Yes ₂☐ No *(2)*
1a.	**Did — — EVER serve on active duty in the Armed Forces of the United States?**		

b. When did — — serve?

Mark box in descending order of priority. Thus, if person served in Vietnam and in Korea mark VN.

{ Vietnam Era (Aug. '64 to April '75) . . . . VN
Korean War (June '50 to Jan. '55) . . . . KW
World War II (Sept. '40 to July '47) . . . . . . WWII
World War I (April '17 to Nov. '18) . . . . WWI
Post Vietnam (May '75 to present) . . . . PVN
Other Service (all other periods) . . . . OS

b.
₁☐ VN ₅☐ PVN
₂☐ KW ₈☐ OS
₃☐ WWII ₉☐ DK
₄☐ WWI

c. Was — — EVER an active member of a National Guard or military reserve unit?

c. ☐ Yes ₂☐ No *(2)* ₇☐ DK *(2)*

d. Was ALL of — — active duty service related to National Guard or military reserve training?

d. ₁☐ Yes ₃☐ No ₉☐ DK

2a. What is the highest grade or year of regular school — — has ever attended?

2a.
00 ☐ Never attended or kindergarten *(NP)*

Elem: 1   2   3   4   5   6   7   8

High: 9   10   11   12

College: 1   2   3   4   5   6 +

b. Did — — finish the *(number in 2a)* [grade/year]?

b. ₁☐ Yes ₂☐ No

Ask for each person 12–21 years of age.

c. Is — — now either going to school or on vacation from school?

c.
₁☐ Yes, going to school
₂☐ Yes, on vacation from school
₃☐ No

Hand Card R. Ask first alternative for first person; ask second alternative for other persons.

3a. { **What is the number of the group or groups which represents — — race?**
        { **What is — — race?**

Circle all that apply
1 — White   4 — Eskimo
2 — Black   5 — Aleut
3 — Indian (American)

ASIAN OR PACIFIC ISLANDER (API)
6 — Chinese   10 — Vietnamese   14 — Guamanian
7 — Filipino   11 — Japanese   15 — Other API — *Specify*
8 — Hawaiian   12 — Asian Indian   16 — Other race — *Specify*
9 — Korean   13 — Samoan

3a.
1 2 3 4 5 6 7 8 9

10 11 12 13 14 15 ↓ 16 ↓

_____
(Specify)

Ask if multiple entries:

b. Which of those groups; that is, *(entries in 3a)* would you say BEST represents — — race?

b.
1 2 3 4 5 6 7 8 9

10 11 12 13 14 15 ↓ 16 ↓

_____
(Specify)

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

c. ₁☐ W ₂☐ B ₃☐ O

L. DEMOGRAPHIC BACKGROUND PAGE, Continued

L2	Refer to "Age" and "Wa/Wb" boxes in C1.	**L2**	0 ☐ Under 18 *(NP)* 1 ☐ Wa box marked *(6a)* 2 ☐ Wb box marked *(5a)* 3 ☐ Neither box marked *(5b)*

5a. Earlier you said that — — has a job or business but did not work last week or the week before. **Was — — looking for work or on layoff from a job during those 2 weeks?**

5a.   1 ☐ Yes *(5c)*   2 ☐ No *(6b)*

b. Earlier you said that — — didn't have a job or business last week or the week before. **Was — — looking for work or on layoff from a job during those 2 weeks?**

b.   1 ☐ Yes   2 ☐ No *(NP)*

c. Which, looking for work or on layoff from a job?

c.   1 ☐ Looking *(6c)*   3 ☐ Both *(6b)*
    2 ☐ Layoff *(6b)*

6a. Earlier you said that — — worked last week or the week before. *Ask 6b.*

b. For whom did — — work? *Enter name of company, business, organization, or other employer.*

6b. and c.   Employer   ☐ NEV *(6g)*   ☐ AF *(6e)*

c. For whom did — — work at — — last full-time job or business lasting 2 consecutive weeks or more? *Enter name of company, business, organization, or other employer, or mark "NEV" or "AF" box in person's column.*

d. What kind of business or industry is this? *For example, TV and radio manufacturing, retail shoe store, State Labor Department, farm.*

d.   Industry

If "AF" in 6b/c, mark "AF" box in person's column without asking.

e. What kind of work was — — doing? *For example, electrical engineer, stock clerk, typist, farmer.*

e.   Occupation   ☐ AF *(NP)*

f. What were — — most important activities or duties at that job? *For example, types, keeps account books, files, sells cars, operates printing press, finishes concrete.*

f.   Duties

Complete from entries in 6b—f. If not clear, ask:

g. Was — —

An employee of a PRIVATE company, business or individual for wages, salary, or commission . . . . **P**	Self-employed in OWN business, professional practice, or farm?	
A FEDERAL government employee? . . . . **F**	*Ask:* Is the business incorporated?	
A STATE government employee? . . . . **S**	Yes . . . . **I**	
A LOCAL government employee? . . . . **L**	No . . . . **SE**	
	Working WITHOUT PAY in family business or farm? . . . . **WP**	
	— NEVER WORKED or never worked at a full-time job lasting 2 weeks or more . . . . **NEV**	

g.   Class of worker
1 ☐ P   5 ☐ I
2 ☐ F   6 ☐ SE
3 ☐ S   7 ☐ WP
4 ☐ L   8 ☐ NEV

FOOTNOTES

L.DEMOGRAPHIC BACKGROUND PAGE, Continued

	7.	
Mark box if under 14. If "Married" refer to household composition and mark accordingly. 7. **Is — — now married, widowed, divorced, separated, or has — — never been married?**		0 ☐ Under 14 1 ☐ Married — spouse in HH 2 ☐ Married — spouse not in HH 3 ☐ Widowed 4 ☐ Divorced 5 ☐ Separated 6 ☐ Never married

	8a.	
8a. **Was the total combined FAMILY income during the past 12 months — that is, yours,** *(read names, including Armed Forces members living at home)* **more or less than $20,000? Include money from jobs, social security, retirement income, unemployment payments, public assistance, and so forth. Also include income from interest, dividends, net income from business, farm, or rent, and any other money income received.** *Read if necessary:* **Income is important in analyzing the health information we collect. For example, this information helps us to learn whether persons in one income group use certain types of medical care services or have certain conditions more or less often than those in another group.**		1 ☐ $20,000 or more *(Hand Card I)* 2 ☐ Less than $20,000 *(Hand Card J)*
Read parenthetical phrase if Armed Forces member living at home or if necessary. b. **Of those income groups, which letter best represents the total combined FAMILY income during the past 12 months (that is, yours,** *(read names, including Armed Forces members living at home))*? **Include wages, salaries, and other items we just talked about.** *Read if necessary:* **Income is important in analyzing the health information we collect. For example, this information helps us to learn whether persons in one income group use certain types of medical care services or have certain conditions more or less often than those in another group.**	b.	00 ☐ A 10 ☐ K 20 ☐ U 01 ☐ B 11 ☐ L 21 ☐ V 02 ☐ C 12 ☐ M 22 ☐ W 03 ☐ D 13 ☐ N 23 ☐ X 04 ☐ E 14 ☐ O 24 ☐ Y 05 ☐ F 15 ☐ P 25 ☐ Z 06 ☐ G 16 ☐ Q 26 ☐ ZZ 07 ☐ H 17 ☐ R 08 ☐ I 18 ☐ S 09 ☐ J 19 ☐ T

		Ra.	
R	a. *Mark first appropriate box.*		1 ☐ Present for all questions 2 ☐ Present for some questions 3 ☐ Not present
	b. *Enter person number of respondent.*	b.	_____ Person number(s) of respondent(s)

		L3	
L3	*Enter person number of first parent listed or mark box.*		_____ Person number of parent 00 ☐ None in household

		L4	
L4	*Enter person number of spouse or mark box.*		_____ Person number of spouse 00 ☐ None in household

FOOTNOTES

L. DEMOGRAPHIC BACKGROUND PAGE, Continued

L5	*Read to respondent(s):* **In order to determine how health practices and conditions are related to how long people live, we would like to refer to statistical records maintained by the National Center for Health Statistics.**	

L6	*Enter date of birth from question 3 on Household Composition page.*	**L6**	**Date of birth** **5—11** Month · Date · Year

9a. In what State or country was — — born?

Print the full name of the State or mark the appropriate box if the person was not born in the United States.

9a.	99 ☐ DK *(L7)* **12—13** _____State 01 ☐ Puerto Rico 05 ☐ Cuba 02 ☐ Virgin Islands 06 ☐ Mexico 03 ☐ Guam 98 ☐ All other 04 ☐ Canada countries

If born in U.S., ask 9b only; if born in foreign country, ask 9c only.

b. Altogether, how many years has — — lived in <u>*(State of present residence)*</u>**?**

b.	**14** 1 ☐ Less than 1 yr. 2 ☐ 1 yr., less than 5 3 ☐ 5 yrs., less than 10 4 ☐ 10 yrs., less than 15 5 ☐ 15 yrs. or more 9 ☐ DK

c. Altogether, how many years has — — lived in the United States?

c.	**15** 1 ☐ Less than 1 yr. 2 ☐ 1 yr., less than 5 3 ☐ 5 yrs., less than 10 4 ☐ 10 yrs., less than 15 5 ☐ 15 yrs. or more 9 ☐ DK

L7	*Print full name, including middle initial, from question 1 on Household Composition page.*	**L7**	Last **16—35** First **36—50** Middle initial **51**

Verify for males; ask for females.

10. What is — — father's LAST name? *Verify spelling. DO NOT write "Same."*

10.	Father's LAST name **52—71**

Read to respondent(s): **We also need — — Social Security Number to link with vital statistics and other records of the Department of Health and Human Services to perform health-related research. Providing this information is voluntary and collected under the authority of the Public Health Service Act. There will be no effect on — — benefits if you do provide it and this number will not be given to any other government or nongovernment agency.**

Read if necessary: **The Public Health Service Act is title 42, United States Code, section 242k.**

11. What is — — Social Security Number?

11.	999999999 ☐ DK **72—80** ☐☐☐ - ☐☐ - ☐☐☐☐ Social Security Number *Mark if number obtained from* ↘ **81** 0 ☐ Does not have SSN 2 ☐ Records 1 ☐ Memory 7 ☐ Refused

L8	*Mark box to indicate how Social Security number was or was not obtained.*	**L8**	**82** 1 ☐ Self-personal 2 ☐ Self-telephone 3 ☐ Proxy-personal 4 ☐ Proxy-telephone

L. DEMOGRAPHIC BACKGROUND PAGE, Continued

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

		RT62

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

14. Area code/telephone number `97—106`

`107`

1 ☐ None
2 ☐ Refused
9 ☐ DK

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

b. City `66—85` State `86—87` ZIP Code `88—96`

15. Relationship to household respondent `108—109`

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

FOOTNOTES

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

TABLE X — LIVING QUARTERS DETERMINATIONS AT LISTED ADDRESS

ADDRESS OF ADDITIONAL LIVING QUARTERS	LOCATION OF UNIT	SEPARATENESS AND FACILITIES		CLASSIFICATION	AREA AND BLOCK SEGMENTS	PERMIT SEGMENTS
If already listed, fill sheet and line number below and stop Table X. Otherwise, enter basic address and unit address, if any, OR description of location.	**Is this a unit in a special place?**	**Do the occupants (or intended occupants) of** _(address in column (1))_ **live and eat seperately from all other persons on the property?**	**Does** _(address in col. (1))_ **have direct access from the outside or through a common hall?**	**N — Not a separate unit —** Include on this questionnaire. **Separate unit —** Do not include on this questionnaire. Complete the appropriate segment type column for interviewing instructions. HU OT	**Is this unit within the segment boundaries?**	**Is this unit within the same structure as the original sample unit?**
(1)	(2)	(3)	(4)	(5)	(6)	(7)
Sheet _____ Line _____	☐ Yes — _Skip to column (5) and mark according to Table A in Part C of manual_ ☐ No	☐ Yes ☐ No — _Skip to column (5) and mark N_	☐ Yes — _Mark HU in column (5)_ ☐ No — _Mark N in column (5)_	☐ N — _Stop Table X for this line_ ☐ HU — _Fill column (6) or (7),_ as appropriate ☐ OT — _Fill column (6) or (7),_ as appropriate	☐ Yes — _Interview as an EXTRA unit_ ☐ No — _Do not interview_	☐ Yes — _List on first available line of listing sheet. Interview if in sample._ ☐ No — Do not interview
Sheet _____ Line _____	☐ Yes — _Skip to column (5) and mark according to Table A in Part C of manual_ ☐ No	☐ Yes ☐ No — _Skip to column (5) and mark N_	☐ Yes — _Mark HU in column (5)_ ☐ No — _Mark N in column (5)_	☐ N — _Stop Table X for this line_ ☐ HU — _Fill column (6) or (7),_ as appropriate ☐ OT — _Fill column (6) or (7),_ as appropriate	☐ Yes — _Interview as an EXTRA unit_ ☐ No — _Do not interview_	☐ Yes — _List on first available line of listing sheet. Interview if in sample._ ☐ No — Do not interview
Sheet _____ Line _____	☐ Yes — _Skip to column (5) and mark according to Table A in Part C of manual_ ☐ No	☐ Yes ☐ No — _Skip to column (5) and mark N_	☐ Yes — _Mark HU in column (5)_ ☐ No — _Mark N in column (5)_	☐ N — _Stop Table X for this line_ ☐ HU — _Fill column (6) or (7),_ as appropriate ☐ OT — _Fill column (6) or (7),_ as appropriate	☐ Yes — _Interview as an EXTRA unit_ ☐ No — _Do not interview_	☐ Yes — _List on first available line of listing sheet. Interview if in sample._ ☐ No — Do not interview

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

FOOTNOTES

FORM **HIS-3 (1993)**
(5-1-93)

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

RT 65
3-7
8

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

1. Book _____ of _____ books

NATIONAL HEALTH INTERVIEW SURVEY

1993 SUPPLEMENT BOOKLET

2. R.O. number | 9-10

3. Sample | 11-13

4. Control number
PSU | 14-16 | Segment | 17-23 | Serial | 24-25

5. Family number | 26

6. Field Representative's name | Code | 27-29

7. Beginning time HIS-3 | 30-33 | 34
1 ☐ a.m.
2 ☐ p.m.

8. Ending time HIS-3
(Record callbacks on HIS-1) | 35-38 | 39
1 ☐ a.m.
2 ☐ p.m.

SAMPLE PERSON LIST

9. Are there any nondeleted persons 18+ years old in this family?

☐ Yes *(List by age, oldest to youngest)*
☐ No *(10)*

RT 66 Line No.	3-4 Person No.	5-6 Age	7 Sex	Last name	First name	8 SP	9 List No.
1			1☐M 2☐F			1☐	1
2			1☐M 2☐F			1☐	1
3			1☐M 2☐F			1☐	1
4			1☐M 2☐F			1☐	1
5			1☐M 2☐F			1☐	1
6			1☐M 2☐F			1☐	1
7			1☐M 2☐F			1☐	1
8			1☐M 2☐F			1☐	1
9			1☐M 2☐F			1☐	1

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

SAMPLE CHILD LIST

10. Are there any nondeleted persons 0 – 5 years old in this family?

☐ Yes *(List by age, oldest to youngest)*
☐ No *(Go to Section AC on page 6)*

RT 66 Line No.	3-4 Person No.	5-6 Age	7 Sex	Last name	First name	8 SC	9 List No.
1			1☐M 2☐F			1☐	2
2			1☐M 2☐F			1☐	2
3			1☐M 2☐F			1☐	2
4			1☐M 2☐F			1☐	2
5			1☐M 2☐F			1☐	2
6			1☐M 2☐F			1☐	2
7			1☐M 2☐F			1☐	2
8			1☐M 2☐F			1☐	2
9			1☐M 2☐F			1☐	2

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

Notes

Complete final status and transcription items on Back Cover

Section IZ – IMMUNIZATION

ITEM IZ1	*Enter person number and first name of sample child under 6.*	Person number _____ First name _____
	Enter person number of respondent.	**5-6** Person number _____

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

ITEM IZ2	*Refer to shot record.*	₁ ☐ Available *(1)* ₂ ☐ Not available *(8)*	**7**

1. Transcribe from shot record

<table>
<tr><td rowspan="3">Shot</td><td colspan="10" align="center">Immunization</td></tr>
<tr><td colspan="2">DTP/DT (Shot)</td><td colspan="2">Polio (Drops or shots)</td><td colspan="2">Measles/MMR (Shots)
RT 69 3-4</td><td colspan="2">HIB (Shot)</td><td colspan="2">Hepatitis B</td></tr>
<tr>
<td colspan="2">**8**
₁ ☐ Yes *(Record dates)*
₂ ☐ No *(Next vaccine)*</td>
<td colspan="2">**57**
₁ ☐ Yes *(Record dates)*
₂ ☐ No *(Next vaccine)*</td>
<td colspan="2">**5**
₁ ☐ Yes *(Record dates)*
₂ ☐ No *(Next vaccine)*</td>
<td colspan="2">**34**
₁ ☐ Yes *(Record dates)*
₂ ☐ No *(Next vaccine)*</td>
<td colspan="2">**59**
₁ ☐ Yes *(Record dates)*
₂ ☐ No *(2)*</td>
</tr>
<tr>
<td rowspan="2">1st</td>
<td colspan="2">9-14
____/____/19____
MO DAY YR</td>
<td colspan="2">58-63
____/____/19____
MO DAY YR</td>
<td colspan="2">₁ ☐ Measles ₂ ☐ MMR ₉ ☐ DK
____/____/19____
MO DAY YR</td>
<td>6
7-12</td>
<td>35-40
____/____/19____
MO DAY YR</td>
<td colspan="2">60-65
____/____/19____
MO DAY YR</td>
</tr>
<tr></tr>
<tr>
<td rowspan="2">2nd</td>
<td colspan="2">15-20
____/____/19____
MO DAY YR</td>
<td colspan="2">64-69
____/____/19____
MO DAY YR</td>
<td colspan="2">₁ ☐ Measles ₂ ☐ MMR ₉ ☐ DK
____/____/19____
MO DAY YR</td>
<td>13
14-19</td>
<td>41-46
____/____/19____
MO DAY YR</td>
<td colspan="2">66-71
____/____/19____
MO DAY YR</td>
</tr>
<tr></tr>
<tr>
<td rowspan="2">3rd</td>
<td colspan="2">21-26
____/____/19____
MO DAY YR</td>
<td colspan="2">70-75
____/____/19____
MO DAY YR</td>
<td colspan="2">₁ ☐ Measles ₂ ☐ MMR ₉ ☐ DK
____/____/19____
MO DAY YR</td>
<td>20
21-26</td>
<td>47-52
____/____/19____
MO DAY YR</td>
<td colspan="2">72-77
____/____/19____
MO DAY YR</td>
</tr>
<tr></tr>
<tr>
<td rowspan="2">4th</td>
<td colspan="2">27-32
____/____/19____
MO DAY YR</td>
<td colspan="2">76-81
____/____/19____
MO DAY YR</td>
<td colspan="2">₁ ☐ Measles ₂ ☐ MMR ₉ ☐ DK
____/____/19____
MO DAY YR</td>
<td>27
28-33</td>
<td>53-58
____/____/19____
MO DAY YR</td>
<td colspan="2">78-83
____/____/19____
MO DAY YR</td>
</tr>
<tr></tr>
<tr>
<td>5th</td>
<td colspan="2">33-38
____/____/19____
MO DAY YR</td>
<td colspan="2">82-87
____/____/19____
MO DAY YR</td>
<td colspan="2"></td>
<td></td><td></td><td colspan="2"></td>
</tr>
<tr>
<td>6th</td>
<td colspan="2">39-44
____/____/19____
MO DAY YR</td>
<td colspan="2">88-93
____/____/19____
MO DAY YR</td>
<td colspan="2"></td>
<td></td><td></td><td colspan="2"></td>
</tr>
<tr>
<td>7th</td>
<td colspan="2">45-50
____/____/19____
MO DAY YR</td>
<td colspan="2">94-99
____/____/19____
MO DAY YR</td>
<td colspan="2"></td>
<td></td><td></td><td colspan="2"></td>
</tr>
<tr>
<td>8th</td>
<td colspan="2">51-56
____/____/19____
MO DAY YR</td>
<td colspan="2">100-105
____/____/19____
MO DAY YR</td>
<td colspan="2"></td>
<td></td><td></td><td colspan="2"></td>
</tr>
</table>

2. Are all the immunizations that – – ever received included on this shot record?

₁ ☐ Yes *(10)*
 ₂ ☐ No ⎫ *(3)*
 ₉ ☐ DK ⎭   **84**

3a. Has – – ever received an additional DTP shot (sometimes called a DPT shot, diphtheria-tetanus-pertussis shot, baby shot, or three-in-one-shot)?

₁ ☐ Yes *(3b)*
 ₂ ☐ No ⎫ *(4)*
 ₉ ☐ DK ⎭   **85**

b. How many additional DTP shots has – – received?

_____ Shots
 (Number)
 ₈ ☐ All
 ₉ ☐ DK   **86**

4a. Has – – ever received an additional polio vaccine by mouth (pink drops) or a polio shot?

₁ ☐ Yes *(4b)*
 ₂ ☐ No ⎫ *(5)*
 ₉ ☐ DK ⎭   **87**

b. How many additional polio vaccines has – – received?

_____ Vaccines
 (Number)
 ₈ ☐ All
 ₉ ☐ DK   **88**

Section IZ – IMMUNIZATION – Continued

5a. Has – – ever received an additional measles or MMR (Measles-Mumps-Rubella) shot?

1 ☐ Yes *(5b)*
2 ☐ No ⎱ *(6)*
9 ☐ DK ⎰

`89`

b. How many additional measles or MMR shots has – – received?

_____ Shots
(Number)

8 ☐ All
9 ☐ DK

`90`

6a. Has – – ever received an additional HIB shot? This shot is for meningitis and called Haemophilus influenzae (HA-MA-FI-LUS IN-FLU-EN-ZI), HIB vaccine or H. flu vaccine.

1 ☐ Yes *(6b)*
2 ☐ No ⎱ *(7a)*
9 ☐ DK ⎰

`91`

b. How many additional HIB shots has – – received?

_____ Shots
(Number)

8 ☐ All
9 ☐ DK

`92`

7a. Has – – ever received an additional Hepatitis B shot?

1 ☐ Yes *(7b)*
2 ☐ No ⎱ *(10)*
9 ☐ DK ⎰

`93`

b. How many additional Hepatitis B shots has – – received?

_____ Shots
(Number)

8 ☐ All
9 ☐ DK

⎱ *(10)*

`94`

---

8. Has – – ever received an immunization (that is a shot or drops)?

1 ☐ Yes *(9)*
2 ☐ No ⎱ *(Item IZ3)*
9 ☐ DK ⎰

`95`

9a. Has – – ever received –

(1) A DTP/DT shot (sometimes called a DPT shot, diptheria-tetanus-pertussis-shot, baby shot, or three- in-one shot)?	(2) A polio vaccine by mouth (pink drops) or a polio shot?	(3) A measles or MMR (Measles – Mumps – Rubella) shot?	(4) An HIB shot? (This is for meningitis and called Haemophilus influenzae (HA-MA-FI-LUS IN-FLU-EN-ZI) HIB vaccine or H. flu vaccine)	(5) A Hepatitis B shot?
1 ☐ Yes *(9b)* `96` 2 ☐ No ⎱ *(Next vaccine)* 9 ☐ DK ⎰	1 ☐ Yes *(9b)* `99` 2 ☐ No ⎱ *(Next vaccine)* 9 ☐ DK ⎰	1 ☐ Yes *(9b)* `102` 2 ☐ No ⎱ *(Next vaccine)* 9 ☐ DK ⎰	1 ☐ Yes *(9b)* `105` 2 ☐ No ⎱ *(Next vaccine)* 9 ☐ DK ⎰	1 ☐ Yes *(9b)* `108` 2 ☐ No ⎱ *(10)* 9 ☐ DK ⎰

9b. How many *(vaccine)* shots did – – ever receive?

(1) DTP/DT	(2) Polio	(3) Measles or MMR	(4) HIB	(5) Hepatitis B
`97-98` _____ Shots ⎱ *(9a, next vaccine)* (Number) 88 ☐ All 99 ☐ DK	`100-101` _____ Shots ⎱ *(9a, next vaccine)* (Number) 88 ☐ All 99 ☐ DK	`103-104` _____ Shots ⎱ *(9a, next vaccine)* (Number) 88 ☐ All 99 ☐ DK	`106-107` _____ Shots ⎱ *(9a, next vaccine)* (Number) 88 ☐ All 99 ☐ DK	`109-110` _____ Shots ⎱ *(10)* (Number) 88 ☐ All 99 ☐ DK

---

10. Are you the person who took – – for most of – – shots? (Most means at least 1/2 of the shots)

1 ☐ Yes
2 ☐ No
9 ☐ DK

`111`

---

11. In your opinion, has – – received all of the recommended shots for – – age?

1 ☐ Yes
2 ☐ No
9 ☐ DK

`112`

Section IZ – IMMUNIZATION – Continued

ITEM IZ3	*About how often did the respondent appear to answer the questions in Immunization accurately?*	113 1 ☐ All the time 2 ☐ Most of the time 3 ☐ Some of the time 4 ☐ Rarely or never 9 ☐ DK
ITEM IZ4	*About how often did the respondent appear to answer the questions in Immunization honestly?*	114 1 ☐ All the time 2 ☐ Most of the time 3 ☐ Some of the time 4 ☐ Rarely or never 9 ☐ DK

CONTINUE WITH SECTION AC ON PAGE 6

Notes

Section AC – ACCESS TO CARE		**PERSON 1**

{The next questions are about medical care.}

1a. Is there a particular person or place that – – USUALLY goes to when – – is sick or needs advice about – – health?

1a.

5

₁ ☐ Yes *(5 on page 10)*
₂ ☐ No *(2)*
₃ ☐ There is more than one *(1b)*
₉ ☐ DK *(4 on page 8)*

b. Is there ONE of those places that – – goes to MOST OFTEN when – – is sick or needs advice about – – health?

b.

6

₁ ☐ Yes *(5 on page 10)*
₂ ☐ No ⎫
₉ ☐ DK ⎬ *(2)*

HAND CARD FR1. Read categories if telephone interview.

2. Which of these is the MAIN reason – – does not have a usual source of medical care?

Mark (X) only one.

2.

7-8

01 ☐ Two or more usual doctors/places *(AC1)*
02 ☐ Doesn't need a doctor
03 ☐ Doesn't like/trust/ believe in doctors
04 ☐ Doesn't know where to go
05 ☐ Previous doctor is not available/ moved
06 ☐ No insurance/ Can't afford it
07 ☐ Speak a different language
08 ☐ No care available/ Care too far away, not convenient
98 ☐ Other – *Specify* ↗

_____

99 ☐ DK

⎫
⎬ *(4)*
⎭

ITEM AC1

Refer to question 1a above.

AC 1

9

₁ ☐ "No" in 1a *(3)*
₂ ☐ "There is more than one" in 1a *(AC2)*

---

3. Is there ONE of those places that – – goes to MOST OFTEN when – – is sick or needs advice about – – health?

3.

10

₁ ☐ Yes *(5 on page 10)*
₂ ☐ No ⎫
₉ ☐ DK ⎬ *(AC2)*

ITEM AC2

Refer to age.

AC 2

11

₁ ☐ Under age 18 *(12 on page 14)*
₂ ☐ 18 or older *(13 on page 14)*

Notes

FORM HIS-3 (5-1-93)

Section AC – ACCESS TO CARE – Continued

		PERSON 1

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

4a.　　　　　　　12

1 ☐ Yes *(4b)*
2 ☐ No ⎫ *(1a for NP, or*
9 ☐ DK ⎭ *14 on page 14)*

---

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

b.　　　　　　　13-14

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

_____

99 ☐ DK

---

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

c.　　　　　　　15

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

HAND CARD FR2. Read categories if telephone interview.

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

d.　　　　　　　16-17

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

_____

99 ☐ DK

(13 on page 14)

Notes

FORM HIS-3 (5-1-93)

169

Section AC – ACCESS TO CARE – Continued

			PERSON 1

5a. What kind of place is it — a clinic, a health center, a hospital, a doctor's office, or some other place?

5a.

18-19

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

_____

99 ☐ DK

b. Is there a particular person – – usually sees when – – goes there?

b.

20

1 ☐ Yes *(6)*
2 ☐ No ⎱
9 ☐ DK ⎰ *(AC3)*

ITEM AC3   *Refer to age.*

AC3

21

1 ☐ Under age 18 *(8 on page 12)*
2 ☐ 18 or older *(13 on page 14)*

6a. Is that person a doctor or nurse or some other health professional? *Probe for type of health professional.*

6a.

22

1 ☐ Doctor *(6b)*
2 ☐ Nurse
3 ☐ Nurse practitioner
4 ☐ Physician's assistant
5 ☐ Chiropractor
6 ☐ Other – Specify ⟋

(AC4)

_____

9 ☐ DK

b. Is this doctor a general practitioner or family doctor who treats a variety of illnesses and gives preventive care or is he or she a specialist who mainly treats just one type of health problem?

b.

23

1 ☐ Family doctor/general practitioner/internist/ pediatrician
2 ☐ Obstetrician/ gynecologist
3 ☐ Other specialist
9 ☐ DK

ITEM AC4   *Refer to age.*

AC4

24

1 ☐ Under age 18 *(7)*
2 ☐ 18 or older *(13 on page 14)*

---

7. When was the last time – – went to the *(place in 5a)* **for ANY kind of medical care? (This is the** *(place in 5a)* **that – – usually goes to for medical care.)**

7.

25

1 ☐ Less than 3 months ago *(8 on page 12)*
2 ☐ At least 3 months, but less than 6 months ago
3 ☐ At least 6 months, but less than 1 year ago
4 ☐ At least 1 year, but less than 2 years ago
5 ☐ Two or more years ago
9 ☐ DK *(9 on page 12)*

(AC5)

FORM HIS-3 (5-1-93)

Section AC – ACCESS TO CARE – Continued

		PERSON 1

8. Thinking about the last time – – visited the *(place in 5a)*, were you satisfied with –

8.

a. The waiting time to get an appointment?

a.
26
₁ ☐ Yes
₂ ☐ No
₉ ☐ DK

b. The waiting time to see the doctor?

b.
27
₁ ☐ Yes
₂ ☐ No
₃ ☐ Doesn't apply
₉ ☐ DK

c. The way your questions were answered?

c.
28
₁ ☐ Yes
₂ ☐ No
₉ ☐ DK

d. Your ability to get all the care you thought – – needed?

d.
29
₁ ☐ Yes
₂ ☐ No
₉ ☐ DK

e. The overall care – – received?

e.
30
₁ ☐ Yes
₂ ☐ No
₉ ☐ DK

ITEM AC5 *Refer to 5b.*

AC 5
31
₁ ☐ "Yes" in 5b *(9a)*
₂ ☐ All other *(9b)*

9a. Is the *(person in 6a)* the person – – usually sees when – – needs routine or preventive medical care? (This is the *(person in 6a)* that – – usually goes to for medical care.)

9a.
32
₁ ☐ Yes *(10)*
₂ ☐ No ⎫ *(9b)*
₉ ☐ DK ⎭

b. Is the *(place in 5a)* the place – – usually goes to when – – needs routine or preventive medical care? (This is the *(place in 5a)* that – – usually goes to for medical care.)

b.
33
₁ ☐ Yes *(11)*
₂ ☐ No *(12 on page 14)*
₉ ☐ DK *(13 on page 14)*

---

10. Is that *(person in 6a)* –

10.

a. Able to provide for most of – – needs when – – is sick?

a.
34
₁ ☐ Yes
₂ ☐ No
₉ ☐ DK

b. Able to make referrals to other health professionals when needed by – –?

b.
35
₁ ☐ Yes
₂ ☐ No
₉ ☐ DK

c. Able to provide care or arrange care for – – on evenings or weekends when – – is sick?

c.
36
₁ ☐ Yes
₂ ☐ No
₉ ☐ DK

d. Able to provide advice about family concerns, such as stress?

d.
37
₁ ☐ Yes ⎫
₂ ☐ No ⎬ *(13 on page 14)*
₉ ☐ DK ⎭

---

11. Is the *(place in 5a)* –

11.

a. Able to provide for most of – – needs when – – is sick?

a.
38
₁ ☐ Yes
₂ ☐ No
₉ ☐ DK

b. Able to make referrals to other health professionals when needed by – –?

b.
39
₁ ☐ Yes
₂ ☐ No
₉ ☐ DK

c. Able to provide care or arrange care for – – on evenings or weekends when – – is sick?

c.
40
₁ ☐ Yes
₂ ☐ No
₉ ☐ DK

d. Able to provide advice about family concerns, such as stress?

d.
41
₁ ☐ Yes ⎫
₂ ☐ No ⎬ *(13 on page 14)*
₉ ☐ DK ⎭

FORM HIS-3 (5-1-93)

171

Section AC – ACCESS TO CARE – Continued

			PERSON 1

12. Is there a particular person or place that – – USUALLY goes to when – – has a minor health problem or needs routine or preventive medical care?

12.
42
₁ ☐ Yes
₂ ☐ No
₉ ☐ DK

---

13. During the past 3 months, how many times did – – see ANY doctor or other health professional?

13.
43
0 ☐ None
1 ☐ Once or twice
2 ☐ 3-9 times
3 ☐ 10 times or more
9 ☐ DK

(1a for NP or 14)

14a. At any time in the past 12 months did anyone in the family CHANGE the place to which he or she USUALLY goes for routine medical care?

14a.
44
₁ ☐ Yes *(14b)*
₂ ☐ No
₉ ☐ DK   *(15 on page 16)*

b. Who is this?

Mark (X) "Changed usual source" box in person's column.

b.
45
₁ ☐ Changed usual source

c. Anyone else?   ☐ Yes *(Reask 14b and c)*   ☐ No

HAND CARD FR2. Read categories if telephone interview.

Ask for each person marked in 14b.

d. The LAST time this happened, what was the MAIN reason – – changed – – USUAL source of care?

Mark (X) only one.

d.
46-47
01 ☐ Changed residence/moved
02 ☐ Changed jobs
03 ☐ Employer changed insurance coverage
04 ☐ Former usual source left area
05 ☐ Owed money to former usual source
06 ☐ Dissatisfied with former source or liked new source better
07 ☐ Medical care needs changed
08 ☐ Former usual source stopped taking insurance/coverage
98 ☐ Other – *Specify* ↙

_____

99 ☐ DK

Notes

		PERSON 1

15a. Sometimes people have difficulties in getting medical care when they need it. During the past 12 months, was there any time when someone in the family needed medical care or surgery, but did not get it?

15a.
48
1 ☐ Yes *(15b)*
2 ☐ No ⎤
9 ☐ DK ⎦ *(16)*

b. Who didn't get needed care?

Mark (X) "Didn't get care" box in person's column.

b.
49
1 ☐ Didn't get care

c. Anyone else? ☐ Yes *(Reask 15b and c)*   ☐ No

Ask 15d and e for each person marked in 15b.

50-51

d. The LAST time – – did not get the care – – needed, what was the MAIN reason – – didn't get care?

Mark (X) only one.

d.
01 ☐ Could not afford it ⎫
02 ☐ No insurance ⎬ *(15d for NP with 15b marked)*
03 ☐ Doctor did not accept Medicaid/insurance plan ⎭
04 ☐ Not serious enough
05 ☐ Wait too long in clinic/office
06 ☐ Difficulty getting an appointment
07 ☐ Doesn't like/trust/believe in doctors
08 ☐ No doctor available
09 ☐ Didn't know where to go
10 ☐ No way to get there ⎬ *(15e)*
11 ☐ Hours not convenient
12 ☐ Speak a different language
13 ☐ Health of another family member interfered
98 ☐ Other – *Specify* ↗
_____
99 ☐ DK

e. At ANY TIME during the past 12 months was lack of insurance or money A reason why – – did not get the medical care – – needed?

e.
52
1 ☐ Yes
2 ☐ No
9 ☐ DK

16a. During the past 12 months, has anyone in the family delayed seeking medical care because of worry about the cost?

16a.
53
1 ☐ Yes *(16b)*
2 ☐ No ⎤
9 ☐ DK ⎦ *(17)*

b. Who delayed getting needed care?

Mark (X) "Delayed getting care" box in person's column.

b.
54
1 ☐ Delayed getting care

c. Anyone else? ☐ Yes *(Reask 16b and c)*   ☐ No

17a. During the past 12 months, was there any time when someone in the family needed dental care but could not get it?

17a.
55
1 ☐ Yes *(17b)*
2 ☐ No ⎤
9 ☐ DK ⎦ *(18 on page 18)*

b. Who is this?

Mark (X) "Didn't get dental care" box in person's column.

b.
56
1 ☐ Didn't get dental care

c. Anyone else? ☐ Yes *(Reask 17b and c)*   ☐ No

Notes

FORM HIS-3 (5-1-93)

173

18a. During the past 12 months, was there any time when someone in the family needed prescription medicines but could not get them?	**18a.**	57 1 ☐ Yes *(18b)* 2 ☐ No ⎤ 9 ☐ DK ⎦ *(19)*
b. Who is this? Mark (X) "Didn't get prescription" box in person's column.	**b.**	58 1 ☐ Didn't get prescription
c. Anyone else? ☐ Yes *(Reask 18b and c)* ☐ No		
19a. During the past 12 months, was there any time when someone in the family needed eyeglasses but could not get them?	**19a.**	59 1 ☐ Yes *(19b)* 2 ☐ No ⎤ 9 ☐ DK ⎦ *(20)*
b. Who is this? Mark (X) "Didn't get eyeglasses" box in person's column.	**b.**	60 1 ☐ Didn't get eyeglasses
c. Anyone else? ☐ Yes *(Reask 19b and c)* ☐ No		
20a. During the past 12 months, was there any time when someone in the family needed mental health care but could not get it?	**20a.**	61 1 ☐ Yes *(20b)* 2 ☐ No ⎤ 9 ☐ DK ⎦ *(Item AC6)*
b. Who is this? Mark (X) "Didn't get mental health care" box in person's column.	**b.**	62 1 ☐ Didn't get mental health care
c. Anyone else? ☐ Yes *(Reask 20b and c)* ☐ No *(Item AC6)*		
ITEM AC6	About how often did the respondent appear to answer the questions in Access to Care accurately?	**AC 6**	63 1 ☐ All the time 2 ☐ Most of the time 3 ☐ Some of the time 4 ☐ Rarely or never 9 ☐ DK
ITEM AC7	About how often did the respondent appear to answer the questions in Access to Care honestly?	**AC 7**	64 1 ☐ All the time 2 ☐ Most of the time 3 ☐ Some of the time 4 ☐ Rarely or never 9 ☐ DK
ITEM AC8	Enter the person number of the respondent. If more than one, enter the person number of the one who answered the most questions.	**AC 8**	65-66 _____ Person number

CONTINUE WITH SECTION FA

Notes

Section FA – HEALTH CARE COVERAGE

ITEM FA1

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

FA 1

5

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

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

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

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

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

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

1a.

6

1 ☐ Yes *(1b)*
2 ☐ No ⎫
9 ☐ DK ⎭ *(2 on page 22)*

---

b. Who was covered?

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

b.

7

1 ☐ Medicare

(Enter "Cov" on HIS-1.)

---

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

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

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

Read if necessary: The Public Health Service Act is Title 42, United States Code, Section 242k.

Transcribe the number, then mark (X) the appropriate box.

d.

8-18

H.I.C. Number

___ – ___ – _____ ( ) ( )

19

1 ☐ Part A – Hospital only
2 ☐ Part B – Medical only
3 ☐ Both Part A & Part B
4 ☐ Card N.A.

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

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

e.

20

1 ☐ Yes
2 ☐ No
9 ☐ DK

---

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

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

f.

21

1 ☐ Yes
2 ☐ No
9 ☐ DK

ITEM FA2

Refer to age.

FA 2

22

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

---

g. How long has – – been covered by Medicare?

g.

23

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

Notes

Section FA – HEALTH CARE COVERAGE – Continued		PERSON 1

There is a program called Medicaid that pays for health care for persons in need. In this State it is also called _(State name)_.

2a. Does anyone in the family NOW have a Medicaid or _(state name)_ card?

2a.
- 1 ☐ Yes *(2b)*
- 2 ☐ No ⎫ *(3)*
- 9 ☐ DK ⎭

`24`

b. Who is this?

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

b.
- 1 ☐ Has card

`25`

c. Anyone else? ☐ Yes *(Reask 2b and c)* ☐ No

Ask 2d for each person with "Has card" box marked in 2b.

d. May I please see – – (and – –) card(s)?

Mark (X) appropriate box in person's column. Record expiration date for each Medicaid card seen.

d.
- 1 ☐ Medicaid card seen `26`
  Expiration date ↗

  `27-28`
  _____
  (Month)

  `29-30`
  _____
  (Day)

- 2 ☐ No card seen
- 8 ☐ Other card seen – *Specify* ↗
  _____

3a. In _(month)_, was anyone in the family covered by Medicaid?

3a.
- 1 ☐ Yes *(3b)*
- 2 ☐ No ⎫ *(4)*
- 9 ☐ DK ⎭

`31`

b. Who was covered?

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

b.
- 1 ☐ Medicaid
  (Enter "Cov" on HIS-1.)

`32`

c. Anyone else? ☐ Yes *(Reask 3b and c)* ☐ No

Ask 3d for each person with "Medicaid" box marked in 3b.

d. How long has – – had Medicaid coverage?

d.
- 1 ☐ Less than 6 months
- 2 ☐ 6 months, but less than a year
- 3 ☐ 1 year, but less than 2 years
- 4 ☐ 2 years, but less than 5 years
- 5 ☐ 5 years or more
- 6 ☐ On and off for less than 2 years
- 7 ☐ On and off for 2 years, but less than 5 years
- 8 ☐ On and off for 5 years or more
- 9 ☐ DK

`33`

ITEM FA3	Refer to household composition and question 3a.	FA 3	1 ☐ Single person family and "Yes" in 3a *(5)* 2 ☐ Other *(4)* `34`

4a. During the past 12 months, has anyone in the family received health care that has been or will be paid for by Medicaid or _(state name)_?

4a.
- 1 ☐ Yes *(4b)*
- 2 ☐ No ⎫ *(5)*
- 9 ☐ DK ⎭

`35`

b. Who received this care in the past 12 months?

Mark (X) "Received Medicaid care" box in person's column.

b.
- 1 ☐ Received Medicaid care

`36`

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

5a. In _(month)_, was anyone in the family covered by any OTHER public assistance program (other than Medicaid) that pays for health care? Do NOT include use of public or free clinics if that is the only source of care.

5a.
- 1 ☐ Yes *(5b)*
- 2 ☐ No ⎫ *(6)*
- 9 ☐ DK ⎭

`37`

b. Who was covered?

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

b.
- 1 ☐ Public assistance
  (Enter "Cov" on HIS-1.)

`38`

c. Anyone else? ☐ Yes *(Reask 5b and c)* ☐ No

FORM HIS-3 (5-1-93)

6a. In _(month)_, **was anyone in the family covered by military health care, including armed forces retirement benefits, the VA (Department of Veterans' Affairs), CHAMPUS, or CHAMP-VA?**

6a. | 39
1 ☐ Yes _(6b)_
2 ☐ No ⎫ _(7)_
9 ☐ DK ⎭

b. Was this CHAMPUS or CHAMP-VA?

Read if necessary: **CHAMPUS is a program of medical care for dependents of active or retired military personnel. CHAMP-VA is medical insurance for dependents or survivors of disabled veterans.**

b. | 40
1 ☐ Yes _(6c)_
2 ☐ No _(6f)_
9 ☐ DK _(6e)_

c. Who was covered by CHAMPUS or CHAMP-VA?

Mark (X) "CHAMPUS/CHAMP-VA" box in person's column.

c. | 41
1 ☐ CHAMPUS/CHAMP-VA
(Enter "Cov" on HIS-1.)

d. Anyone else?
☐ Yes _(Reask 6c and d)_   ☐ No

e. In _(month)_, **was anyone in the family covered by any other military health care, including armed forces retirement benefits or the VA (Department of Veterans' Affairs)?**

e. | 42
1 ☐ Yes _(6f)_
2 ☐ No ⎫ _(7)_
9 ☐ DK ⎭

f. Who was covered by other military health care?

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

f. | 43
1 ☐ Military
(Enter "Cov" on HIS-1.)

g. Anyone else?
☐ Yes _(Reask 6f and g)_   ☐ No

7a. In _(month)_, **was anyone in the family covered by the Indian Health Service?**

7a. | 44
1 ☐ Yes _(7b)_
2 ☐ No ⎫ _(8)_
9 ☐ DK ⎭

b. Who was covered?

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

b. | 45
1 ☐ IHS
(Enter "Cov" on HIS-1.)

c. Anyone else?
☐ Yes _(Reask 7b and c)_   ☐ No

8a. (Not counting the government health programs we just mentioned,) In _(month)_ **was anyone in the family covered by a private health insurance plan?**

Read if necessary: **Besides government programs, people also get health insurance through their job or union, through other private groups, or directly from an insurance company. A variety of types of plans are available, including health maintenance organizations (HMOs).**

8a. | 46
1 ☐ Yes _(8b)_
2 ☐ No ⎫ _(8 on page 34)_
9 ☐ DK ⎭

b. It's important that we have the complete and accurate name of each health insurance plan. What is the COMPLETE name of the plan? _If "DK", probe:_ **Do you have something with the plan name on it?**

Record up to 4 plan names in Sec. FB, Table H.I. Then ask 8c.

c. In _(month)_, **was anyone in the family covered by any OTHER private health insurance plan?**

c. | 47
1 ☐ Yes _(Reask 8b and c)_
2 ☐ No _(Section FB)_

Notes

Section FB – PRIVATE PLAN AND COVERAGE DETAIL

PERSON 1

TABLE H.I. – PLAN 1

PLAN 1 NAME

5-6

7

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

1a. Who was covered under this plan?

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

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

b. Anyone else?

☐ Yes *(Reask 1a and b)*   ☐ No

2. In whose name is this plan?

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

2.

8

1 ☐ In name
2 ☐ Person not in household

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

If "Yes", probe for employer or union.

9

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

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

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

10

1 ☐ All *(5)*
2 ☐ Some
3 ☐ None } *(4)*
9 ☐ DK

HAND CARD FR3. Read each category if telephone interview.

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

11

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

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

12

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

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

Mark (X) only one type of service.

13-14

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

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

Notes

	RT 72 3-4		RT 72 3-4		RT 72 3-4		RT 72 3-4
PERSON 2		**PERSON 3**		**PERSON 4**		**PERSON 5**	

	7		7		7		7

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

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

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

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

2. ₁☐ In name [8]

2. ₁☐ In name [8]

2. ₁☐ In name [8]

2. ₁☐ In name [8]

6a. Is _(plan name)_ **an HMO (Health Maintenance Organization) or IPA (Individual Practice Association), or is it some other kind of plan?**

Read if necessary: **Health Maintenance Organizations, or HMO's and Individual Practice Associations, or IPA's, are plans whose members are required to use only those health care providers who work for or in association with the HMO or IPA. Sometimes there is an option to permit use of providers not associated with the Plan, but usually at greater cost to the enrollee. Generally, members do not have to submit claims for costs of medical care services.**

	15
₁☐ HMO/ IPA	
₂☐ Other	
₉☐ DK	

b. Under this plan can you choose ANY doctor or MUST you choose one from a specific group or list of doctors?

	16
₁☐ Any doctor _(6c)_	
₂☐ Select from group/list _(6d)_	
₉☐ DK _(7)_	

c. Do you have the option of choosing a doctor from a preferred or select list at lower cost to you?

	17
₁☐ Yes	
₂☐ No } _(7)_	
₉☐ DK	

d. If you select a doctor who is not in the plan, will _(plan name)_ **pay for any part of the cost?**

	18
₁☐ Yes	
₂☐ No	
₉☐ DK	

Ask if family has at least one person under the age of 18.

7a. Does _(plan name)_ **pay for any of the costs of well child care, that is visits when a child is NOT sick, but needs a check-up or immunization?**

	19
₁☐ Yes	
₂☐ No	
₉☐ DK	

Ask if family has at least one female over the age of 39.

b. Does this plan pay for any part of the cost for mammograms?

Read if necessary: **A mammogram is an x-ray taken only of the breasts by a machine that presses the breast against a plate.**

	20
₁☐ Yes	
₂☐ No	
₉☐ DK	

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

Notes

Section FB – PRIVATE PLAN AND COVERAGE DETAIL – Continued		PERSON 1

8a. In the past 2 years, has anyone in the family been denied coverage, or had restricted or limited coverage, (under [this plan/any of the plans you just told me about]) because he or she already had a particular health condition, sometimes called a pre-existing condition?

8a. | 69
1 ☐ Yes *(8b)*
2 ☐ No ⎫
9 ☐ DK ⎭ *(9)*

b. Who is this?

Mark (X) "Pre-existing condition" box in person's column.

b. | 70
1 ☐ Pre-existing condition

c. Anyone else?

☐ Yes *(Reask 8b and c)*   ☐ No   ☐ DK

9a. In the past 2 years, has anyone in the family applied for health insurance and not been able to get it?

9a. | 71
1 ☐ Yes *(9b)*
2 ☐ No ⎫
9 ☐ DK ⎭ *(10)*

b. Who is this?

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

b. | 72
1 ☐ Turned down

c. Anyone else?

☐ Yes *(Reask 9b and c)*   ☐ No   ☐ DK

Ask for each person with "Turned down" box marked in 9b.

d. Why was – – unable to get that health insurance? Anything else?

Mark (X) all that apply.

d.
1 ☐ Because of pre-existing condition, as cancer or diabetes | 73
2 ☐ Because of health risk(s), such as smoking or overweight | 74
3 ☐ Because of work, such as construction worker, beautician, farm worker | 75
4 ☐ Because premiums were too high | 76
8 ☐ Other – *Specify* ⬎ | 77

_____

9 ☐ DK | 78

10a. In the past two years or so, has anyone in the family decided to stay in one job rather than take another job mainly because of reasons related to health insurance?

10a. | 79
1 ☐ Yes *(10b)*
2 ☐ No ⎫
9 ☐ DK ⎭ *(FB1)*

b. Who is this?

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

b. | 80
1 ☐ Stayed in job

c. Anyone else?

☐ Yes *(Reask 10b and c)*   ☐ No   ☐ DK

ITEM FB1

Refer to age and Wa/Wb in HIS-1.

Mark (X) first appropriate box.

FB 1 | 81
1 ☐ 70+ *(NP)*
2 ☐ Wa/Wb marked *(Check Item FB2)*
8 ☐ Other *(NP)*

ITEM FB2

Refer to 2 for ALL plans in HI.

FB 2 | 82
1 ☐ Any "In name" *(NP)*
8 ☐ Other *(11)*

---

11. Was health insurance offered by – – employer?

11. | 83
1 ☐ Yes ⎫
2 ☐ No ⎬ *(NP)*
9 ☐ DK ⎭

ITEM FB3

Refer to Age and "Cov." on HIS-1.

Mark (X) first appropriate box.

FB 3 | 84
1 ☐ Covered *(13)*
2 ☐ Not covered, under 65 ⎫
3 ☐ Not covered, 65+ ⎭ *(12)*

If no other persons in the family, Skip to 14 on page 40

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Section FB – PRIVATE PLAN AND COVERAGE DETAIL – Continued		PERSON 1

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

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

Anything else?

Mark (X) all that apply.

12a.

01 ☐ Job layoff/loss/ unemployment — 5-6

02 ☐ Wasn't offered by employer — 7-8

03 ☐ Not eligible because part time worker — 9-10

04 ☐ Family coverage not offered by employer — 11-12

05 ☐ Benefits from former employer ran out — 13-14

06 ☐ Can't obtain because of poor health, illness, or age — 15-16

07 ☐ Too expensive/ Can't afford — 17-18

08 ☐ Dissatisfied with previous insurance — 19-20

09 ☐ Don't believe in insurance — 21-22

10 ☐ Have usually been healthy, haven't needed insurance — 23-24

11 ☐ Covered by some other plan — 25-26

12 ☐ Too old for coverage under family plans — 27-28

13 ☐ Free/inexpensive source of care readily available — 29-30

98 ☐ Other reason – *Specify* ↙ — 31-32

99 ☐ DK *(12c)* — 33-34

35-36

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

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

Record number from Card FR4.

b. Main reason _____

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

c. 37

1 ☐ Less than 6 months ago
2 ☐ 6 months ago, but less than 1 year ago
3 ☐ 1 year ago, but less than 3 years ago ⎫ *(12d)*

4 ☐ 3 or more years ago ⎫ *(FB3*
5 ☐ Never had health insurance ⎬ *for*
9 ☐ DK *(12e)* ⎭ *NP)*

HAND CARD FR5. Read categories if telephone interview.

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

Mark (X) only one.

d. 38-39

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

99 ☐ DK

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

e. 40

1 ☐ Yes *(12f)*
2 ☐ No ⎫ *(FB3 for NP)*
9 ☐ DK ⎭

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

f. 41

1 ☐ Could not afford
2 ☐ Was rejected
8 ☐ Other reason – *Specify* ↙ ⎫ *(FB3 for NP)*

9 ☐ DK

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Section FB – PRIVATE PLAN AND COVERAGE DETAIL – Continued

13a. In the past 12 months, was there any time that – – did NOT have **ANY** health insurance or coverage?

13a. | 42
1 ☐ Yes *(13b)*
2 ☐ No ⎫
9 ☐ DK ⎭ (FB3 for NP)

b. In how many of the past 12 months was – – without coverage?

b. | 43
1 ☐ 1 month or less
2 ☐ 2–3 months
3 ☐ 4–6 months
4 ☐ More than 6 months
9 ☐ DK

HAND CARD FR5. Read each category if telephone interview.

c. What was the MAIN reason – – was without coverage?

c. | 44-45
01 ☐ Lost job or changed employers
02 ☐ Spouse/parent lost job or changed employers
03 ☐ Death of spouse or parent
04 ☐ Became divorced or separated
05 ☐ Became ineligible because of age
06 ☐ Employer stopped offering coverage
07 ☐ Cut back to part time
08 ☐ Benefits from employer/ former employer ran out
98 ☐ Other – *Specify* ↗

(FB 3 for NP)

99 ☐ DK

HAND CARD FR6. Read each category if telephone interview.

14. During the past 12 months, about how much did [you/your family] spend for medical care? Do NOT include the cost of over-the-counter remedies, the cost of health insurance premiums, or any costs for which you expect to be reimbursed.

14. | 46
1 ☐ Zero
2 ☐ Less than $500
3 ☐ $500 – $1999
4 ☐ $2,000 – $2,999
5 ☐ $3,000 – $4,999
6 ☐ $5,000 or more
9 ☐ DK

ITEM FB4 | About how often did the Respondent appear to answer the questions in Sections FA and FB accurately? | **FB 4** | 47
1 ☐ All the time
2 ☐ Most of the time
3 ☐ Some of the time
4 ☐ Rarely or never
9 ☐ DK

ITEM FB5 | About how often did the Respondent appear to answer the questions in Sections FA and FB honestly? | **FB 5** | 48
1 ☐ All the time
2 ☐ Most of the time
3 ☐ Some of the time
4 ☐ Rarely or never
9 ☐ DK

ITEM FB6 | *Enter the person number of the Respondent. If more than one, enter the person number of the one who answered the most questions in Sections FA and FB.* | **FB 6** | 49-50
Person number _____

Notes

Section FC – INCOME AND ASSETS		PERSON 1

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

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

1a.

0 ☐ Under 14 *(NP or 6)*
1 ☐ Yes *(1b)*
2 ☐ No ⎫
9 ☐ DK ⎰ *(NP or 6)*

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

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

b.

6

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

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

2a.

7-8

_____ Hours per week
(Number)
99 ☐ DK

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

b.

9

1 ☐ Yes
2 ☐ No
9 ☐ DK

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

c.

10-16

$ _____
(Dollars)
9999999 ☐ DK

d. How long has – – worked at this MAIN job?

d.

17

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

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

e.

18-19

_____ Hours per week *(2f)*
(Number)
88 ☐ None, only worked one job *(2g)*
99 ☐ DK *(2f)*

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

f.

20-26

$ _____
(Dollars)
9999999 ☐ DK

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

g.

27-28

_____ Months ⎫
(Number)   ⎬ *(FC1)*
12 ☐ All   ⎭
99 ☐ DK

Notes

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Section FC – INCOME AND ASSETS – Continued		PERSON 1

3a. In _(month)_, how many hours per week did – – usually work in – – MAIN business?

3a.

_____ Hours per week
(Number) `29-30`

99 ☐ DK

---

b. In _(month)_, how much income did – – receive from – – MAIN business? Report NET income, after business expenses.

Read if necessary: **For farms, include any earnings as a tenant farmer or share cropper.**

b.

1 ☐ Already included `31`
0 ☐ Loss `32`

$ _____ `33-39`
(Dollars)

9999999 ☐ DK

---

c. How long has – – worked at this MAIN business?

c. `40`

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

---

d. In _(month)_, how many hours per week did – – usually work at all OTHER businesses?

d. `41-42`

_____ Hours per week _(3e)_
(Number)

88 ☐ None, only worked at one business _(3g)_
99 ☐ DK _(3e)_

---

e. In _(month)_, how much income did – – receive from all OTHER businesses? Report NET income, after business expenses.

e.

1 ☐ Already included `43`
0 ☐ Loss `44`

$ _____ `45-51`
(Dollars)

9999999 ☐ DK

---

f. In how many of the past 12 months was – – self-employed?

f. `52-53`

_____ Months } _If 01–11 (3g)_
(Number)   _If 12 (FC1)_

12 ☐ All } _(FCI)_
99 ☐ DK

---

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

g. `54-55`

_____ Months
(Number)   } _(FC1)_
12 ☐ All
99 ☐ DK

Notes

Section FC – INCOME AND ASSETS – Continued		PERSON 1

4a. In _(month)_, how many hours per week did – – usually work in – – MAIN job or business?

4a.   `56-57`
_____ Hours per week
(Number)
99 ☐ DK

---

b. Was this a job or business?

b.   `58`
1 ☐ Job _(4c)_
2 ☐ Business _(4e)_
9 ☐ DK _(4c)_

---

c. Was – – paid by the hour at this MAIN job?

c.   `59`
1 ☐ Yes
2 ☐ No
9 ☐ DK

---

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

d.   `60-66`
$ _____ ⎫
   (Dollars)   ⎬ _(4f)_
9999999 ☐ DK ⎭

---

e. In _(month)_, how much income did – – receive from – – MAIN business? Report NET income, after business expenses.

Read if necessary: **For farms, include any earnings as a tenant farmer or share cropper.**

e.
1 ☐ Already included   `67`
0 ☐ Loss   `68`

$ _____   `69-75`
   (Dollars)
9999999 ☐ DK

---

f. How long has – – worked at this MAIN [job/business]?

f.   `76`
1 ☐ One year or less
2 ☐ More than a year, but not more than 3 years
3 ☐ More than 3 years, but not more than 5 years
4 ☐ More than 5 years, but not more than 10 years
5 ☐ More than 10 years
9 ☐ DK

---

g. In _(month)_, how many hours per week did – – usually work at all OTHER jobs or businesses?

g.   `77-78`
_____ Hours per week
(Number)
99 ☐ DK

---

h. In _(month)_, how much income did – – receive from all OTHER businesses? Report NET income, after business expenses.

Read if necessary: **For farms, include any earnings as a tenant farmer or share cropper.**

h.
1 ☐ Already included   `79`
0 ☐ Loss   `80`

$ _____   `81-87`
   (Dollars)
9999998 ☐ No other business
9999999 ☐ DK

---

i. In _(month)_, how much income did – – receive BEFORE deductions from all OTHER jobs? Include any tips, bonuses, overtime pay, and commissions.

i.   `88-94`
$ _____
   (Dollars)
9999998 ☐ No other job
9999999 ☐ DK

---

j. In how many of the past 12 months was – – self-employed?

j.   `95-96`
_____ Months ⎱ ⎛ If 01–11 _(4k)_ ⎞
(Number)   ⎰ ⎝ If 12 _(FC1)_ ⎠
12 ☐ All ⎱ _(FCI)_
99 ☐ DK ⎰

---

k. In how many of the past 12 months did – – have AT LEAST ONE job or business?

k.   `97-98`
_____ Months
(Number)
12 ☐ All
99 ☐ DK

ITEM FC1   _Refer to age._

FC 1   `99`
1 ☐ 18+ _(5)_
8 ☐ Other _(1a for NP or 6)_

Section FC – INCOME AND ASSETS – Continued		PERSON 1

HAND CARD FR7. Read each category if telephone interview.

5a. **Thinking about – – (MAIN) job or business in** *(month)*, **how many people are employed full and part time, including employees at all locations?**

5a.

`100`

1 ☐ 1–9 employees
2 ☐ 10–24 employees
3 ☐ 25–49 employees
4 ☐ 50–99 employees
5 ☐ 100–499 employees
6 ☐ 500–999 employees
7 ☐ 1,000 or more employees

(1a for NP or 6)

9 ☐ DK *(5b)*

b. **Thinking about the particular location where – – worked in** *(month)*, **how many people are employed THERE full and part time?**

b.

`101`

1 ☐ 1–9 employees
2 ☐ 10–24 employees
3 ☐ 25–49 employees
4 ☐ 50–99 employees
5 ☐ 100–499 employees
6 ☐ 500–999 employees
7 ☐ 1,000 or more employees

(1a for NP or 6)

9 ☐ DK

6a. **In** *(month)*, **did anyone in the family receive Social Security or Railroad Retirement payments?**

Read if necessary: **Social Security checks are either automatically deposited in the bank or mailed to arrive on the 3rd of every month. If mailed, they are sent in a gold colored envelope.**

6a.

`102`

1 ☐ Yes *(6b)*
2 ☐ No
9 ☐ DK } *(7)*

b. **Who was this?**

Mark (X) "SS/RR" box in person's column.

b.

`103`

1 ☐ SS/RR

c. **Anyone else?**   ☐ Yes *(Reask 6b and c)*   ☐ No

Mark (X) 6d–g as appropriate for each person with "SS/RR" box marked in 6b.

d. **How much income did – – receive in** *(month)*, **from Social Security or Railroad Retirement?**

d.

1 ☐ Already included   `104`

$ _____ `105-108`
     (Dollars)

9999 ☐ DK

e. **How long has – – received Social Security or Railroad Retirement income?**

e.

_____ ⌠ 1 ☐ Months `109-110`
(Number) ⌡ 2 ☐ Years `111`
99 ☐ DK

Ask 6f–g ONLY if person is under 65.

f. **Was – – Social Security or Railroad Retirement income received as a disability benefit?**

f.

`112`

1 ☐ Yes *(6g)*
2 ☐ No
9 ☐ DK } *(6d for NP with "SS/RR" in 6b)*

g. **Did – – receive this benefit because – – is disabled?**

g.

`113`

1 ☐ Yes
2 ☐ No
9 ☐ DK

7a. **(Besides – –) Has anyone in the family EVER APPLIED for disability benefits from Social Security? This includes people who applied for benefits even if the claim was denied.**

7a.

`114`

1 ☐ Yes *(7b)*
2 ☐ No
9 ☐ DK } *(8)*

b. **Who was this?**

Mark (X) "Applied for SSA" box in person's column.

b.

`115`

1 ☐ Applied for SSA

c. **Anyone else?**   ☐ Yes *(Reask 7b and c)*   ☐ No

Ask 7d for each person marked in 7b.

d. **How many times has – – applied for disability benefits from Social Security?**

d.

`116-117`

_____ Times applied for SSA
(Number)

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Section FC – INCOME AND ASSETS – Continued		PERSON 1	

8a. In _(month)_, did anyone in the family receive Supplemental Security Income or SSI? | **8a.** | 1 ☐ Yes _(8b)_
2 ☐ No ⎱
9 ☐ DK ⎰ _(9)_ | 5

Read if necessary: **Federal SSI are either automatically deposited in the bank or mailed to arrive on the first of every month. If mailed, they are sent in a blue colored envelope.**

b. Who was this? | **b.** | 1 ☐ SSI | 6

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

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

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

d. How much income did – – receive in _(month)_ for Supplemental Security Income or SSI? | **d.** | $ _____
(Dollars)
9999 ☐ DK | 7-10

e. How long has – – received Supplement Security Income? | **e.** | _____ ⎧1 ☐ Months
(Number) ⎩2 ☐ Years
99 ☐ DK | 11-12 / 13

9a. (Besides – –) Has anyone in the family EVER applied for Supplemental Security Income or SSI? This includes people who applied for benefits even if the claim was denied. | **9a.** | 1 ☐ Yes _(9b)_
2 ☐ No ⎱
9 ☐ DK ⎰ _(10)_ | 14

b. Who was this? | **b.** | 1 ☐ Applied for SSI | 15

Mark (X) "Applied for SSI" box in person's column.

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

Ask 9d for each person marked in 9b.

d. How many times has – – applied for Supplemental Security Income (SSI)? | **d.** | _____ Times applied for SSI
(Number) | 16-17

10a. In _(month)_, did anyone in the family receive any disability pension (other than Social Security or Railroad Retirement)? | **10a.** | 1 ☐ Yes _(10b)_
2 ☐ No ⎱
9 ☐ DK ⎰ _(11)_ | 18

b. Who was this? | **b.** | 1 ☐ Disability | 19

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

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

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

d. How much did – – receive in _(month)_ BEFORE deductions from a disability pension? | **d.** | 1 ☐ Already included | 20
$ _____
(Dollars)
9999 ☐ DK | 21-24

Notes

FORM HIS-3 (5-1-93)

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Section FC – INCOME AND ASSETS – Continued		PERSON 1

11a. (In *(month)*, did anyone in the family receive) Any retirement or survivor pension (other than [Social Security or Railroad Retirement/(or) disability pension])?

11a.
┌──┐ 25
└──┘
₁ ☐ Yes *(11b)*
₂ ☐ No ⎫
₉ ☐ DK ⎬ *(FC2)*

b. Who was this?

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

b.
┌──┐ 26
└──┘
₁ ☐ Pension

c. Anyone else? ☐ Yes *(Reask 11b and c)*   ☐ No

Ask 11d for each person with "Pension" box marked in 11b.

d. How much income did – – receive BEFORE deductions from retirement or survivor pensions (other than [Social Security or Railroad Retirement/(or) disability pension]) in *(month)*?

d.
₁ ☐ Already included ┌──┐ 27
                       └──┘
$ _____ ┌─────┐ 28-33
                    └─────┘
(Dollars)
999999 ☐ DK

ITEM FC2   Refer to family composition and income in 8a on page 46 of HIS-1.

FC 2
┌──┐ 34
└──┘
₁ ☐ Single person household and family income = $20,000 or more *(14)*
₂ ☐ Married couple only and family income = $20,000 or more *(14)*
₈ ☐ Other *(12)*

12a. In *(month)*, did anyone in the family receive public assistance or welfare payments from the state or local welfare office? Do not include SSI.

12a.
┌──┐ 35
└──┘
₁ ☐ Yes *(12b)*
₂ ☐ No ⎫
₉ ☐ DK ⎬ *(13)*

b. Who was this?

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

b.
┌──┐ 36
└──┘
₁ ☐ Welfare

c. Anyone else? ☐ Yes *(Reask 12b and c)*   ☐ No

Ask 12d–f for each person with "Welfare" box marked in 12b.

d. Did – – receive Aid to Families with Dependent Children, sometimes called AFDC or ADC, or some other type of assistance payments in *(month)*?

d.
┌──┐ 37
└──┘
₁ ☐ AFDC
₂ ☐ Other
₃ ☐ Both
₉ ☐ DK

e. In how many of the past 12 months did – – receive these payments?

e.
┌─────┐ 38-39
└─────┘
₁₂ ☐ All

_____ Months
(Number)
99 ☐ DK

f. How much income did – – receive from public assistance or welfare in *(month)*?

f.
₁ ☐ Already included ┌──┐ 40
                       └──┘
$ _____ ┌─────┐ 41-44
                    └─────┘
(Dollars)
9999 ☐ DK

Notes

FORM HIS-3 (5-1-93)

Section FC – INCOME AND ASSETS – Continued		PERSON 1

13a. In _(month)_, did anyone in the family receive food stamps?

13a.
45
1 ☐ Yes _(13b)_
2 ☐ No ⎱
9 ☐ DK ⎰ _(14)_

b. Did this food stamp allotment include anyone who lived here who was NOT in your family?

b.
46
1 ☐ Yes _(13c)_
2 ☐ No ⎱
9 ☐ DK ⎰ _(13d)_

c. How many OTHER persons who lived here in _(month)_ besides your family were included in this food stamp allotment?

c.
47-48
_____ Persons
(Number)
99 ☐ DK

d. What was the total value of the food stamp allotment received in _(month)_?

d.
49-52
$ _____
(Dollars)
9999 ☐ DK

14a. In _(month)_, did anyone in the family have money in any kind of savings or other bank account that EARNED interest? Do not include dividends.

Read if necessary: **Include saving accounts, money market funds, treasury notes, IRA's or certificates of deposit, interest earning checking accounts, bonds or any other investments that earn interest.**

14a.
53
1 ☐ Yes _(14b)_
2 ☐ No ⎱
9 ☐ DK ⎰ _(15)_

b. Who was this?

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

b.
54
1 ☐ Interest

c. Anyone else?
☐ Yes _(Reask 14b and c)_   ☐ No
Ask 14d–f as appropriate for each person with "Interest" box marked in 14b.

d. What is your best estimate of the total amount of interest – – earned in _(month)_?

d.
1 ☐ Already included ⎱ (NP with "Interest" in 14b)   55
$ _____
(Dollars)
9999 ☐ DK _(14e)_   56-59

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

e.
60
1 ☐ More than $25 _(14f)_
2 ☐ Less than $25 ⎱ (NP with "Interest" in 14b)
3 ☐ $25 exactly
9 ☐ DK

HAND CARD FR8.

f. Was it – _Read answer categories._

f.
61
1 ☐ $25–$99,
2 ☐ $100–$499,
3 ☐ $500–$999,
4 ☐ $1000–$4999, or
5 ☐ $5000 or more?
9 ☐ DK

Notes

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		PERSON 1

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

15a. 〔62〕
1☐ Yes *(15b)*
2☐ No ⎫
9☐ DK ⎬ *(16)*

b. Who was this?

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

b. 〔63〕
1☐ Dividends

c. Anyone else?
☐ Yes *(Reask 15b and c)*   ☐ No

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

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

d.
1☐ Already ⎫ 〔64〕
included ⎬ 〔65〕
0☐ Loss ⎬ *(NP with*
"Dividends"
$ _____ ⎬ *in 15b)* 〔66-69〕
(Dollars) ⎭
9999☐ DK *(15e)*

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

e. 〔70〕
1☐ More than $25 *(15f)*
2☐ Less than $25 ⎫ *(NP*
3☐ $25 exactly ⎬ *with*
9☐ DK ⎬ *"Dividends"*
⎭ *in 15b)*

HAND CARD FR8.
f. Was it – *Read answer categories.*

f. 〔71〕
1☐ $25–$99,
2☐ $100–$499,
3☐ $500–$999,
4☐ $1000–$4999, or
5☐ $5000 or more?
9☐ DK

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

16a. 〔72〕
1☐ Yes *(16b)*
2☐ No ⎫
9☐ DK ⎬ *(17)*

b. Who was this?

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

b. 〔73〕
1☐ Other income

c. Anyone else?
☐ Yes *(Reask 16b and c)*   ☐ No

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

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

d.
1☐ Already ⎫ *(NP* 〔74〕
included ⎬ *with*
⎬ *"Other*
$ _____ ⎬ *income"* 〔75-78〕
(Dollars) ⎬ *in 16b)*
9999☐ DK *(15e)*

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

e. 〔79〕
1☐ More than $25 *(14f)*
2☐ Less than $25 ⎫ *(NP*
3☐ $25 exactly ⎬ *with "Other*
9☐ DK ⎬ *income"*
⎭ *in 16b)*

HAND CARD FR8.
f. Was it – *Read answer categories.*

f. 〔80〕
1☐ $25–$99,
2☐ $100–$499,
3☐ $500–$999,
4☐ $1000–$4999, or
5☐ $5000 or more?
9☐ DK

Notes

Section FC – INCOME AND ASSETS – Continued

17a. Does anyone in the family own a car, truck, recreational vehicle, motorcycle, or boat? | 81
- ₁☐ Yes *(17b)*
- ₂☐ No ⎫
- ₉☐ DK ⎰ *(18)*

HAND CARD FR9.

b. Altogether, how much are they worth? | 82
- ₁☐ Less than $2,000
- ₂☐ $2,000 – $4,999
- ₃☐ $5,000 – $9,999
- ₄☐ $10,000 – $19,999
- ₅☐ $20,000 – $49,999
- ₆☐ $50,000 – $99,999
- ₇☐ $100,000 or more
- ₉☐ DK

18a. Is this [house/apartment] now – | 83

(1) Owned or being bought by you (or someone in the household)?
- ₁☐ Yes *(18b)*
- ₂☐ No *(Ask (2))*

(2) Rented for money? | 84
- ₁☐ Yes *(18e)*
- ₂☐ No *(Ask (3))*

(3) Occupied without payment of money rent? | 85
- ₁☐ Yes ⎫
- ₂☐ No ⎰ *(19)*

HAND CARD FR10.

b. About how much is this place worth on today's market? | 86
- ₁☐ Less than $25,000
- ₂☐ $25,000 – $49,999
- ₃☐ $50,000 – $99,999
- ₄☐ $100,000 – $199,999
- ₅☐ $200,000 – $299,999
- ₆☐ $300,000 – $499,999
- ₇☐ $500,000 or more
- ₉☐ DK

---

c. Is it fully paid for or do you still owe something? | 87
- ₁☐ Fully paid for, nothing is owed *(19)*
- ₂☐ Still owe something *(18d)*
- ₉☐ DK *(19)*

HAND CARD FR11.

d. What is the monthly mortgage payment? | 88
- ₁☐ Less than $500 ⎫
- ₂☐ $500 – $999 ⎪
- ₃☐ $1,000 – $1,999 ⎬ *(19)*
- ₄☐ $2,000 or more ⎪
- ₉☐ DK ⎭

HAND CARD FR11.

e. What is the monthly rent? | 89
- ₁☐ Less than $500
- ₂☐ $500 – $999
- ₃☐ $1,000 – $1,999
- ₄☐ $2,000 or more
- ₉☐ DK

---

f. Does the monthly rent include meals and/or utilities? | 90
- ₁☐ Yes
- ₂☐ No
- ₉☐ DK

---

19. [Do you/Does your family] own any other assets, such as another house, a business, or stocks and bonds? | 91
- ₁☐ Yes *(20)*
- ₂☐ No ⎫
- ₉☐ DK ⎰ *(Item FC3)*

20a. [Do you/Does your family] own other property, such as another home, rental property, or land? | 92
- ₁☐ Yes *(20b)*
- ₂☐ No ⎫
- ₉☐ DK ⎰ *(21)*

HAND CARD FR10.

b. If [you/your family] sold this other property now and paid off any debts on it, about how much would [you/your family] get? | 93
- ₁☐ Less than $25,000
- ₂☐ $25,000 – $49,999
- ₃☐ $50,000 – $99,999
- ₄☐ $100,000 – $199,999
- ₅☐ $200,000 – $299,999
- ₆☐ $300,000 – $499,999
- ₇☐ $500,000 or more
- ₉☐ DK

FORM HIS-3 (5-1-93)

191

21a. (Besides this property) [Do you/Does your family] own part or all of a business, farm, or professional practice?

94

1 ☐ Yes *(21b)*
2 ☐ No ⎱
9 ☐ DK ⎰ *(22)*

Hand card FR10.

b. If [you/your family] sold this business, farm, or professional practice now and paid off any debts on it, about how much would [you/your family] get?

95

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

22a. [Do you/Does your family] have any other savings, assets, or property? Include stocks and bonds and certificates of deposit (CDs).

96

1 ☐ Yes *(22b)*
2 ☐ No ⎱
9 ☐ DK ⎰ *(Item FC 3)*

Hand card FR10.

b. Altogether, what is the present value of these other savings, assets, or property?

97

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

ITEM FC3

About how often did the Respondent appear to answer the questions in Section FC, Income and Assets accurately?

98

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

ITEM FC4

About how often did the Respondent appear to answer the questions in Section FC, Income and Assets honestly?

99

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

ITEM FC5

Enter the person number of the Respondent. If more than one, enter the person number of the one who answered the most questions in Section FC.

100-101

Person number _____

Notes

Section Y2 – YEAR 2000 OBJECTIVES

YA – ENVIRONMENTAL HEALTH

ITEM YA1	Adult SP status. *Begin here on Section Y2 callback.*	**5** 1 ☐ Available *(1)* 2 ☐ Callback required *(Household page of HIS-1)* 3 ☐ Noninterview *(Response status on Back Cover)*

These next questions are about this home.

Mark (X) by observation or ask.

1. Which of the following best describes your home?

Read answer categories.

6
1 ☐ Single home, duplex, townhouse
2 ☐ Basement, first or second floor apartment or condominium
3 ☐ Apartment or condominium above second floor
4 ☐ Trailer/Mobile home
8 ☐ Other – *Specify* ⬐

_____

9 ☐ DK

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

7
1 ☐ Yes *(3)*
2 ☐ No ⎱ *(4)*
9 ☐ DK ⎰

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

8
0 ☐ Less than 1 day per week/Rarely

_____ Days per week
  (Number)

9 ☐ DK

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

9-10
01 ☐ Only 1

_____ Smoke detectors
  (Number)

00 ☐ None
99 ☐ DK

5. Was your home built before 1950?

11
1 ☐ Yes *(6)*
2 ☐ No *(7)*
9 ☐ DK *(6)*

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

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

12
1 ☐ Yes
2 ☐ No
9 ☐ DK

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

13
1 ☐ Yes *(8)*
2 ☐ No ⎱ *(Part YB)*
9 ☐ DK ⎰

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

14
1 ☐ Yes *(9)*
2 ☐ No ⎱ *(Part YB)*
9 ☐ DK ⎰

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

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

15
1 ☐ Above the EPA guideline *(9b)*
2 ☐ At or below the EPA guideline ⎫
6 ☐ DK results yet ⎬ *(Part YB)*
9 ☐ DK level ⎭

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

16-19

_____ Picocuries per liter
  (Number)

9999 ☐ DK

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

20
1 ☐ Yes
2 ☐ No
9 ☐ DK

YB – TOBACCO

These next questions are about cigarette smoking.

1. Have you smoked at least 100 cigarettes in your entire life?

If asked: approximately 5 packs

₁ ☐ Yes *(2)*
₂ ☐ No *(8)*
₉ ☐ DK

5

2. Around this time **LAST YEAR**, were you smoking cigarettes every day, some days, or not at all?

₁ ☐ Every day
₂ ☐ Some days
₃ ☐ Not at all
₉ ☐ DK

6

3. Do you **NOW** smoke cigarettes every day, some days, or not at all?

₁ ☐ Every day *(4)*
₂ ☐ Some days *(6)*
₃ ☐ Not at all *(8)*

7

4. On the average, how many cigarettes do you now smoke a day?

_____ Cigarettes a day
(Number)

₉₉ ☐ DK

8-9

5. During the past 12 months, have you quit smoking for one day or longer.

₁ ☐ Yes
₂ ☐ No *(7)*
₉ ☐ DK

10

6a. On how many of the past 30 days did you smoke cigarettes?

₀₀ ☐ None *(7)*

_____ Days
(Number) *(6b)*

₉₉ ☐ DK

11-12

b. On the average, when you smoked during the past 30 days, about how many cigarettes did you smoke a day?

_____ Cigarettes a day
(Number)

₉₉ ☐ DK

13-14

7. Would you like to completely stop smoking cigarettes?

₁ ☐ Yes
₂ ☐ No
₉ ☐ DK

15

8. Do you use snuff now?

₁ ☐ Yes
₂ ☐ No
₉ ☐ DK

16

9. Do you use chewing tobacco now?

₁ ☐ Yes
₂ ☐ No
₉ ☐ DK

17

Notes

FORM HIS-3 (5-1-93)

YC – NUTRITION

1. Are you NOW trying to lose weight, gain weight, stay about the same, or are you not trying to do anything about your weight?

1 ☐ Lose weight *(2)*
2 ☐ Gain weight *(YC1)*
3 ☐ Stay about the same *(2)*
4 ☐ Not trying to do anything *(YC1)*

5

HAND CARD S1. Read each category if telephone interview.

2. Are you currently doing any of these things to control your weight?

Mark (X) each that applies.

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

6-7
8-9
10-11
12-13
14-15
16-17
18-19
20-21
22-23
24-25
26-27
28-29
30-31

ITEM YC1 | *Refer to HIS-1.*

1 ☐ SP was respondent for HIS-1 *(Transcribe question 5 from HIS-1, page 20– 21, then ask 4a)*
2 ☐ SP was not respondent for HIS-1 *(3)*

32

3a. About how tall are you without shoes?

_____   _____
(Feet)   (Inches)

33-35

b. About how much do you weigh without shoes?

Read if SP is pregnant: **Please give your usual weight before becoming pregnant.**

_____
(Pounds)

36-38

4a. How often do you or the person who shops for your food buy items that are labeled "low salt," or "low sodium" – would you say always, often, sometimes, rarely, or never?

1 ☐ Always
2 ☐ Often
3 ☐ Sometimes
4 ☐ Rarely
5 ☐ Never
9 ☐ DK

39

b. How often do you add salt to your food at the table – would you say always, often, sometimes, rarely, or never? **Do not include salt substitutes.**

1 ☐ Always
2 ☐ Often
3 ☐ Sometimes
4 ☐ Rarely
5 ☐ Never
9 ☐ DK

40

5a. When you buy a food item for the first time, how often would you say you read the INGREDIENT list on the package — would you say always, often, sometimes, rarely, or never?

0 ☐ Don't buy food *(YC2)*
1 ☐ Always
2 ☐ Often
3 ☐ Sometimes
4 ☐ Rarely
5 ☐ Never
9 ☐ DK

41

b. When you buy a food for the first time, how often would you say you read the information about calories, fat and/or cholesterol content sometimes listed on the label – would you say always, often, sometimes, rarely, or never?

1 ☐ Always
2 ☐ Often
3 ☐ Sometimes
4 ☐ Rarely
5 ☐ Never
9 ☐ DK

42

ITEM YC2 | *Refer to age.*

1 ☐ 65+ *(6)*
2 ☐ Under 65 *(Part YD)*

43

6a. Do you have meals delivered to your home by an agency or organization like Meals on Wheels?

1 ☐ Yes *(Part YD)*
2 ☐ No ⎫ *(6b)*
9 ☐ DK ⎭

44

b. Do you NEED to have meals delivered to your home by an agency or organization like Meals on Wheels?

1 ☐ Yes
2 ☐ No
9 ☐ DK

45

YD – OCCUPATIONAL SAFETY AND HEALTH

			5
ITEM YD1	*Refer to "Wa/Wb" boxes in C1 on HIS-1.*	1 ☐ Wa or Wb box marked *(Item YD2)* 2 ☐ Other *(Part YE)*	

			6
ITEM YD2	*Refer to 6g on page 44 or 45 on HIS-1.*	1 ☐ Entry of P, F, S or L *(1)* 2 ☐ Other *(Part YE)*	

These next questions are about health and safety in the work place.

		7
1a. [You told me/I was told] that you were employed during the past two weeks. Is that correct?	1 ☐ Yes *(1b)* 2 ☐ No ⎤ 9 ☐ DK ⎦ *(Part YE)*	

		8
b. Altogether, does your employer have 50 or more employees?	1 ☐ Yes *(1c)* 2 ☐ No ⎤ 9 ☐ DK ⎦ *(1d)*	

		9
c. Does your employer have 50 or more employees at the building or location where you work?	1 ☐ Yes 2 ☐ No 9 ☐ DK	

		10-11
d. How many hours did you work at your main job during the past TWO WEEKS?	_____ Hours (Number) 00 ☐ Did not work in past 2 weeks *(3)* 99 ☐ DK	

		12
2a. During the past 2 weeks, did you drive or travel in a motor vehicle AS PART OF YOUR JOB? Do not count air travel or time spent traveling to and from work.	1 ☐ Yes *(2b)* 2 ☐ No ⎤ 9 ☐ DK ⎦ *(3)*	

		13
b. Does your employer require you to use vehicle safety devices, such as seat belts, helmets, or other types of protection? Do not count use when traveling to and from your job.	1 ☐ Yes 2 ☐ No 9 ☐ DK	

		14

HAND CARD T1. Read all categories if telephone interview.
 	
The next few questions are about smoking at work.
 	
3. Which of these best describes the area in which you work most of the time?
 	
Mark (X) only one.
	1 ☐ Work mainly indoors *(4)*
	
	2 ☐ Work mainly outdoors
	3 ☐ Travel to different buildings or sites
	4 ☐ In a motor vehicle
	8 ☐ Other – *Specify* ⤦
	
	_____
	
	9 ☐ DK ⎫
	         ⎬ *(5)*
	         ⎭	

		15
4a. Does your employer have an official policy that restricts smoking in any way?	1 ☐ Yes *(4b)* 2 ☐ No ⎤ 9 ☐ DK ⎦ *(5)*	

		16
HAND CARD T2. Read all categories if telephone interview. **b.** Which of these best describes your employer's smoking policy for indoor public or common areas, such as lobbies, rest rooms, and lunch rooms? *Mark (X) only one.*	1 ☐ Not allowed in ANY indoor or common public areas 2 ☐ Allowed in SOME public areas, including designated smoking areas 3 ☐ Allowed in ALL indoor or common public areas 9 ☐ DK	

		17
HAND CARD T3. Read all categories if telephone interview. **c.** Which of these best describes your employer's smoking policy for work areas? *Mark (X) only one.*	1 ☐ Not allowed in ANY work areas 2 ☐ Allowed in SOME work areas 3 ☐ Allowed in ALL work areas 9 ☐ DK	

		18
5. Does your employer offer a quit smoking program or any other help to employees who want to quit smoking?	1 ☐ Yes 2 ☐ No 9 ☐ DK	

HAND CARD T4. Read each category if telephone interview.

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

Anything else?

Mark (X) each that applies.

01 ☐ Walking group	19-20
02 ☐ Jogging/Running group	21-22
03 ☐ Biking/Cycling group	23-24
04 ☐ Aerobics classes	25-26
05 ☐ Swimming classes	27-28
06 ☐ Non-aerobic exercise classes	29-30
07 ☐ Weight lifting classes	31-32
08 ☐ Fully paid membership in health/fitness club	33-34
09 ☐ Partially paid membership in health/fitness club	35-36
10 ☐ Physical activity or exercise competitions	37-38
98 ☐ Other – *Specify* ⟋	39-40

00 ☐ No programs	41-42
99 ☐ DK	43-44

HAND CARD T5. Read each category if telephone interview.

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

Anything else?

Mark (X) each that applies.

01 ☐ Gymnasium/Exercise room	45-46
02 ☐ Weight lifting equipment	47-48
03 ☐ Exercise equipment	49-50
04 ☐ Walking/Jogging path	51-52
05 ☐ Parcours/Fitness trails	53-54
06 ☐ Bike path	55-56
07 ☐ Bike racks	57-58
08 ☐ Swimming pool	59-60
09 ☐ Showers	61-62
10 ☐ Lockers	63-64
98 ☐ Other – *Specify* ⟋	65-66

00 ☐ No facilities	67-68
99 ☐ DK	69-70

Notes

YE – HEART DISEASE AND STROKE

5

These next questions are about certain health conditions.

1. **Have you EVER been told by a doctor or other health professional that you had hypertension, sometimes called high blood pressure?**

- 0 ☐ Borderline *(2)*
- 1 ☐ Yes *(2)*
- 2 ☐ No *(6)*
- 3 ☐ Only during pregnancy *(6)*
- 9 ☐ DK *(3)*

6

2. **Were you told two or more DIFFERENT times that you had high blood pressure?**

- 1 ☐ Yes ⎫ *(3)*
- 2 ☐ No ⎭
- 3 ☐ Only during pregnancy *(6)*
- 9 ☐ DK *(3)*

7

3a. **Has a doctor or other health professional EVER advised you to go on a diet or change your eating habits to help lower your blood pressure?**

- 1 ☐ Yes *(3b)*
- 2 ☐ No ⎫ *(4)*
- 9 ☐ DK ⎭

8

b. **Are you NOW following this advice?**

- 1 ☐ Yes
- 2 ☐ No
- 9 ☐ DK

9

4a. **Was any medication EVER prescribed by a doctor to help you lower your blood pressure?**

- 1 ☐ Yes *(4b)*
- 2 ☐ No ⎫ *(5)*
- 9 ☐ DK ⎭

10

b. **Are you NOW taking this medication?**

- 1 ☐ Yes
- 2 ☐ No
- 9 ☐ DK

11

5a. **Do you NOW have high blood pressure?**

- 1 ☐ Yes *(6)*
- 2 ☐ No ⎫ *(5b)*
- 9 ☐ DK ⎭

12

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

- 1 ☐ Cured
- 2 ☐ Under control
- 9 ☐ DK

13-15

6. **About how long has it been since you had your blood pressure checked by a doctor or other health professional?**

- 000 ☐ Never *(8)*

_____ ⎧ 1 ☐ Days ⎫
(Number) ⎨ 2 ☐ Weeks ⎬ *(7)*
         ⎩ 3 ☐ Months ⎭
           4 ☐ Years

- 999 ☐ DK

16

7. **At that time, did the doctor or other health professional say your blood pressure was high, low, or normal?**

- 1 ☐ Not told
- 2 ☐ High
- 3 ☐ Low
- 4 ☐ Normal
- 5 ☐ Borderline
- 8 ☐ Other – *Specify* ↙

_____

- 9 ☐ DK

17

These next questions are about blood cholesterol.

HAND CARD U1.

8. **When was the last time you had your blood cholesterol checked by a doctor or other health professional?**

- 0 ☐ Never *(Part YF on page 66)*
- 1 ☐ Less than 1 year ago ⎫
- 2 ☐ 1 year, less than 2 years ago ⎪
- 3 ☐ 2 years, less than 5 years ago ⎬ *(9)*
- 4 ☐ 5+ years ago ⎪
- 9 ☐ DK ⎭

Notes

9a. Has a doctor or other health professional EVER advised you to go on a diet or change your eating habits to lower your cholesterol?

| 18 |

₁ ☐ Yes *(9b)*
₂ ☐ No ⎤
₉ ☐ DK ⎦ *(10)*

b. Are you NOW following this advice?

| 19 |

₁ ☐ Yes
₂ ☐ No
₉ ☐ DK

10. Have you ever been told by a doctor or other health professional that your blood cholesterol level was high?

| 20 |

₁ ☐ Yes *(11)*
₂ ☐ No ⎤
₉ ☐ DK ⎦ *(Part YF)*

11a. Was any medication EVER prescribed by a doctor to help lower your cholesterol level?

| 21 |

₁ ☐ Yes *(11b)*
₂ ☐ No ⎤
₉ ☐ DK ⎦ *(Part YF)*

b. Are you NOW taking this medication?

| 22 |

₁ ☐ Yes
₂ ☐ No
₉ ☐ DK

Notes

YF – OTHER CHRONIC AND DISABLING CONDITIONS

1. Have you EVER been told by a doctor that you had diabetes? Do not include pre, potential, or borderline diabetes.

₁ ☐ Yes *(2)*
₂ ☐ No ⎤
₉ ☐ DK ⎦ *(5)*

`23`

Ask if female, otherwise go to 4.

2. Were you pregnant when you were first told that you had diabetes?

₁ ☐ Yes *(3)*
₂ ☐ No ⎤
₉ ☐ DK ⎦ *(4)*

`24`

3. Other than during pregnancy, did a doctor EVER tell you that you had diabetes? Do not include pre, potential, or borderline diabetes.

₁ ☐ Yes *(4)*
₂ ☐ No ⎤
₉ ☐ DK ⎦ *(5)*

`25`

4. Have you ever taken a course or class in how to manage your diabetes yourself?

₁ ☐ Yes
₂ ☐ No
₉ ☐ DK

`26`

5a. Have you ever been told by a doctor that you have asthma?

₁ ☐ Yes *(5b)*
₂ ☐ No ⎤
₉ ☐ DK ⎦ *(Part YG)*

`27`

b. Have you ever taken a course or class in how to manage your asthma yourself?

₁ ☐ Yes
₂ ☐ No
₉ ☐ DK

`28`

Notes

YG – CLINICAL AND PREVENTIVE SERVICES

5

The next questions are about prevention of injury and illness.

1a. When driving or riding in the front seat of a car, do you wear a seat belt all or most of the time, some of the time, once in awhile, or never?

- 1 ☐ All or most of the time
- 2 ☐ Some of the time
- 3 ☐ Once in awhile   *(1b)*
- 4 ☐ Never
- 5 ☐ Don't ride in front seat
- 6 ☐ Don't ride in a car *(2)*
- 9 ☐ DK *(1b)*

b. When riding in the back seat of a car, do you wear a seat belt all or most of the time, some of the time, once in awhile, or never?

6

- 1 ☐ All or most of the time
- 2 ☐ Some of the time
- 3 ☐ Once in awhile
- 4 ☐ Never
- 5 ☐ Don't ride in back seat
- 6 ☐ Don't ride in a car
- 9 ☐ DK

2. About how long has it been since your last routine check-up by a medical doctor or other health professional?

7

- 1 ☐ Less than 1 year
- 2 ☐ 1 year, less than 2 years
- 3 ☐ 2 years, less than 3 years   *(3)*
- 4 ☐ 3 years, less than 4 years
- 5 ☐ 4+ years
- 6 ☐ Never *(6)*
- 9 ☐ DK *(3)*

3. During this last check-up, were you asked about –

	Yes	No	DK	
a. Your diet and eating habits?	1 ☐	2 ☐	9 ☐	8
b. The amount of physical activity or exercise you get?	1 ☐	2 ☐	9 ☐	9
c. Whether you smoke cigarettes or use other forms of tobacco?	1 ☐	2 ☐	9 ☐	10
d. How much and how often you drink alcohol?	1 ☐	2 ☐	9 ☐	11
e. Whether you use marijuana, cocaine, or other drugs?	1 ☐	2 ☐	9 ☐	12
f. Sexually transmitted diseases?	1 ☐	2 ☐	9 ☐	13

Ask ONLY IF SP is less than 50 otherwise, skip to 4.

	Yes	No	DK	
g. The use of contraceptives?	1 ☐	2 ☐	9 ☐	14

4. During this last check-up, did you have –

	Yes	No	DK	
a. Your blood pressure checked?	1 ☐	2 ☐	9 ☐	15
b. Your cholesterol level checked?	1 ☐	2 ☐	9 ☐	16
c. Your height checked?	1 ☐	2 ☐	9 ☐	17
d. Your weight checked?	1 ☐	2 ☐	9 ☐	18

ITEM YG1	*Refer to age.*	1 ☐ SP is 65+ *(5)* 8 ☐ Other *(6)*	19

5. During this last check-up, did you have –

	Yes	No	DK	
a. A vision test to see how well you see?	1 ☐	2 ☐	9 ☐	20
b. A hearing test?	1 ☐	2 ☐	9 ☐	21
c. A urine test?	1 ☐	2 ☐	9 ☐	22
d. A blood test to check your thyroid function?	1 ☐	2 ☐	9 ☐	23
e. A stool test to check for blood in the stool?	1 ☐	2 ☐	9 ☐	24

Notes

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

Notes

FORM HIS-3 (5-1-93)

These next questions are about stress.

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

| 34 |

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

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

| 35 |

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

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

| 36 |

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

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

| 37 |

1 ☐ Yes
2 ☐ No
9 ☐ DK

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

| 38 |

1 ☐ Yes
2 ☐ No
9 ☐ DK

ITEM YH1 | *Refer to 3a and b.*

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

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

| 39 |

1 ☐ Yes
2 ☐ No
9 ☐ DK

Notes

YJ – ORAL HEALTH

These next questions are about oral health.

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

00 ☐ None

_____ Dental visits
(Number)

99 ☐ DK

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

42

1 ☐ Yes
2 ☐ No

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

43

1 ☐ Yes
2 ☐ No

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

44

1 ☐ Excellent
2 ☐ Very good
3 ☐ Good
4 ☐ Fair
5 ☐ Poor

ITEM YJ1	_About how often did the respondent appear to answer the questions in Year 2000 Objectives (YA-YJ) accurately?_	45 1 ☐ All the time 2 ☐ Most of the time 3 ☐ Some of the time 4 ☐ Rarely or never 9 ☐ DK
ITEM YJ2	_About how often did the respondent appear to answer the questions in Year 2000 Objectives (YA-YJ) honestly?_	46 1 ☐ All the time 2 ☐ Most of the time 3 ☐ Some of the time 4 ☐ Rarely or never 9 ☐ DK

CONTINUE WITH SECTION AI

Notes

Section AI – AIDS KNOWLEDGE AND ATTITUDES

HAND CARD A. Read categories if telephone interview.

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

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

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

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

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

3. In the past month, have you –

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

1 ☐ Yes
2 ☐ No
9 ☐ DK

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

1 ☐ Yes
2 ☐ No
9 ☐ DK

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

1 ☐ Yes
2 ☐ No
3 ☐ Do not work
9 ☐ DK

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

1 ☐ Yes
2 ☐ No
9 ☐ DK

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

1 ☐ Yes
2 ☐ No
9 ☐ DK

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

1 ☐ Yes *(4b)*
2 ☐ No ⎫ *(5)*
9 ☐ DK ⎭

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

Mark (X) all that apply.

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

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

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

1 ☐ More
2 ☐ Same
3 ☐ Less
9 ☐ DK

Notes

Section AI – AIDS KNOWLEDGE AND ATTITUDES – Continued

5. **DO YOU THINK that doctors, nurses, dentists, and other health care workers should be allowed to REFUSE care to a person infected with the AIDS virus?**

| | 30 |

₁ ☐ Yes
₂ ☐ No
₃ ☐ It depends – *Specify* ↙

₉ ☐ DK

_____

6. **Have you ever heard the AIDS virus called by the name "HIV"?**

| | 31 |

₁ ☐ Yes
₂ ☐ No
₉ ☐ DK

7. **I'm going to read some statements about AIDS. After I read each, tell me whether you think the statement is true or false or you don't know.**

				True	False	Don't know
						32
a. A man with the AIDS virus can pass it on to another man through sexual intercourse.				₁ ☐	₂ ☐	₉ ☐
						33
b. The AIDS virus can be passed on through sexual intercourse between a man and a woman.				₁ ☐	₂ ☐	₉ ☐
						34
c. A pregnant woman who has the AIDS virus can give it to her baby.				₁ ☐	₂ ☐	₉ ☐
						35
d. A person who has the AIDS virus can look well and healthy.				₁ ☐	₂ ☐	₉ ☐
						36
e. There is a vaccine available to the public that protects a person from getting the AIDS virus.				₁ ☐	₂ ☐	₉ ☐

HAND CARD B. Read introduction if telephone interview.

8. **(For the next statements, tell me if you think it is very likely, somewhat likely, somewhat unlikely, very unlikely, definitely not possible, or if you don't know how likely it is that a person will get the AIDS virus infection that way.)**

(Now look at Card B.) In general, how likely do you think it is that a person will get AIDS or the AIDS virus from –

	Very likely	Somewhat likely	Somewhat unlikely	Very unlikely	Def. not possible	Don't know
						37
a. getting a blood transfusion, that is, receiving blood donated by someone else?	₁ ☐	₂ ☐	₃ ☐	₄ ☐	₅ ☐	₉ ☐
						38
b. working near or with someone with the AIDS virus?	₁ ☐	₂ ☐	₃ ☐	₄ ☐	₅ ☐	₉ ☐
						39
c. sharing plates, forks, or glasses with someone who has the AIDS virus?	₁ ☐	₂ ☐	₃ ☐	₄ ☐	₅ ☐	₉ ☐
						40
d. sharing needles for drug use with someone who has the AIDS virus?	₁ ☐	₂ ☐	₃ ☐	₄ ☐	₅ ☐	₉ ☐
						41
e. using public toilets?	₁ ☐	₂ ☐	₃ ☐	₄ ☐	₅ ☐	₉ ☐
						42
f. being coughed or sneezed on by someone who has the AIDS virus?	₁ ☐	₂ ☐	₃ ☐	₄ ☐	₅ ☐	₉ ☐
						43
g. attending school with a child who has the AIDS virus?	₁ ☐	₂ ☐	₃ ☐	₄ ☐	₅ ☐	₉ ☐
						44
h. being cared for by a nurse, doctor, dentist, or other health-care worker who has the AIDS virus?	₁ ☐	₂ ☐	₃ ☐	₄ ☐	₅ ☐	₉ ☐

Notes

FORM HIS-3 (5-1-93)

9. Do you have any children aged 10 through 17?

1 ☐ Yes *(10)*
2 ☐ No *(12)*

`45`

10. Have you ever discussed AIDS with any of your children aged 10 through 17?

1 ☐ Yes
2 ☐ No

`46`

11. Have any of these children had instruction at school about AIDS?

1 ☐ Yes
2 ☐ No
9 ☐ DK

`47`

Now, I am going to ask some questions about giving blood donations to a blood bank, like the American Red Cross. This does NOT include blood drawn at a doctor's office for laboratory analysis.

`48`

12. How likely is it that a person will get the AIDS virus WHILE GIVING OR DONATING BLOOD to a blood bank? Would you say very likely, somewhat likely, or not at all likely?

1 ☐ Very likely
2 ☐ Somewhat likely
3 ☐ Not at all likely
9 ☐ DK

13. Have you ever given or donated blood?

1 ☐ Yes *(14a)*
2 ☐ No ⎰ *(14c)*
9 ☐ DK ⎱

`49`

14a. Have you donated blood since March 1985?

1 ☐ Yes *(14b)*
2 ☐ No ⎰ *(14c)*
9 ☐ DK ⎱

`50`

b. In what month and year did you last donate blood?

_____ / **19** _____
Month   Year

`51-54`

c. Do you expect to donate blood in the next 12 months?

1 ☐ Yes
2 ☐ No
9 ☐ DK

`55`

The next questions are about the blood test for the AIDS virus infection. No questions will ask what the results are of any tests you may have had.

`56`

15. To the best of your knowledge, are blood donations to a blood bank routinely tested for the AIDS virus infection?

1 ☐ Yes
2 ☐ No
9 ☐ DK

16. (Except for tests you may have had as part of blood donations,) Have you ever had your blood tested for the AIDS virus infection?

1 ☐ Yes *(17)*
2 ☐ No ⎰ *(28)*
9 ☐ DK ⎱

`57`

17a. How many times, in total, have you had your blood tested for the AIDS virus infection, (NOT including blood donations)?

01 ☐ One time *(17b)*

_____ Times ⎱ *(17c)*
(Number)   ⎰
99 ☐ DK

`58-59`

b. Was it in the past 12 months?

1 ☐ Yes ⎤
2 ☐ No ⎬ *(18)*
9 ☐ DK ⎦

`60`

c. In the past 12 months, how many times have you had your blood tested for the AIDS virus infection?

00 ☐ None in past 12 months

_____ Times in past 12 months
(Number)
99 ☐ DK

`61-62`

18. In what month and year was your (last) blood test for the AIDS virus infection?

_____ / **19** _____
Month   Year

`63-66`

Section AI – AIDS KNOWLEDGE AND ATTITUDES – Continued

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

(Anything else?)

Mark (X) each that applies.

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

97 ☐ Refused	95-96
99 ☐ DK	97-98

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

Mark (X) only one.

99-100

01 ☐ AIDS clinic/counselling/testing site
02 ☐ Community health clinic
03 ☐ Clinic run by employer
04 ☐ Doctor/HMO
05 ☐ Hospital/emergency room/outpatient clinic
06 ☐ STD clinic
07 ☐ Family planning/prenatal clinic
08 ☐ Other public clinic
09 ☐ Other clinic
10 ☐ Drug treatment/detox facility
11 ☐ Military induction or military service site
12 ☐ Immigration site
13 ☐ At home/home visit by nurse/health worker
98 ☐ Other location – *Specify* ⟋

99 ☐ DK

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

101

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

1 ☐ Yes
2 ☐ No
9 ☐ DK

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

102

1 ☐ Yes *(24)*
2 ☐ No ⎱ *(23)*
9 ☐ DK ⎰

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

Mark (X) all that apply.

1 ☐ Didn't want results	103
2 ☐ Unable to get results	104
3 ☐ They give results only if you're positive	105
8 ☐ Other – *Specify* ⟋ ⎫ *(28)*	106
9 ☐ DK ⎭	107

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

108-110

_____   ⎧ 1 ☐ Days
(Number) ⎨ 2 ☐ Weeks
          ⎩ 3 ☐ Months
99 ☐ DK

Notes

Section AI – AIDS KNOWLEDGE AND ATTITUDES – Continued

25a. Did you also receive any counseling about the AIDS virus when you received the results of your (last) test?

1 ☐ Yes *(25b)*
2 ☐ No ⎱ *(26)*
9 ☐ DK ⎰

5

HAND CARD D. Read categories if telephone interview.

b. What kind of topics were covered in the counselling?

(Anything else?)

Mark (X) each that applies.

01 ☐ How AIDS is transmitted
02 ☐ How to prevent transmission
03 ☐ The correct use of condoms
04 ☐ Needle cleaning/using clean needles
05 ☐ Needle sharing
06 ☐ Abstinence from sex
07 ☐ Contraception
08 ☐ Safe sex practices
98 ☐ Other – *Specify* ⬈

6-7
8-9
10-11
12-13
14-15
16-17
18-19
20-21
22-23

99 ☐ DK/Don't remember

24-25

---

26. Were the results given to you in person, by telephone, by mail, or in some other way?

Mark (X) only one.

1 ☐ In person
2 ☐ By telephone
3 ☐ By mail
8 ☐ In some other way

26

27a. Did you tell ANYONE the results of your (last) test for the AIDS virus infection?

1 ☐ Yes *(27b)*
2 ☐ No ⎱ *(28)*
9 ☐ DK ⎰

27

HAND CARD E. Read categories if telephone interview.

b. To whom did you tell the results?

(Anyone else?)

Mark (X) each that applies.

0 ☐ Spouse
1 ☐ Fiancée
2 ☐ Sex partner, other than spouse or fiancée
3 ☐ Health professional
4 ☐ Friend
5 ☐ Clergy/minister/pastor/priest/rabbi
6 ☐ Employer
7 ☐ Other relative
8 ☐ Other – *Specify* ⬈

28
29
30
31
32
33
34
35
36

9 ☐ DK/Refused

37

---

28. Do you expect to have [a/another] blood test for the AIDS virus infection in the next 12 months, not including through blood donation?

1 ☐ Yes *(29)*
2 ☐ No ⎱ *(31)*
9 ☐ DK ⎰

38

HAND CARD F. Read intro and categories if telephone interview.

29. (I'm going to read some reasons people might have the blood test for the AIDS virus infection.)

Tell me which of these statements explain WHY YOU expect to have the blood test in the next 12 months.

(Anything else?)

Mark (X) each that applies.

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

39-40
41-42
43-44
45-46
47-48
49-50
51-52
53-54
55-56

99 ☐ DK/Refused

57-58

Notes

30. Where will you have a blood test for the AIDS virus infection?

Mark (X) only one.

<div style="text-align: right">59-60</div>

01 ☐ AIDS clinic/counselling/testing site
02 ☐ Community Health Clinic
03 ☐ Clinic run by employer
04 ☐ Doctor/HMO
05 ☐ Hospital/emergency room/outpatient clinic
06 ☐ STD clinic
07 ☐ Family planning/prenatal clinic
08 ☐ Public clinic
09 ☐ Other clinic
10 ☐ Drug treatment facility
11 ☐ Military induction or military service site
12 ☐ Red Cross/blood bank/blood drive
13 ☐ At home/in a visit by the nurse/health practitioner
98 ☐ Other location – *Specify* ⤓

99 ☐ DK

31. Tell me whether you think each of the following statements is true or false or if you don't know.

				True	False	Don't know
						61
a. After a person becomes infected with the AIDS virus, it can be weeks before a blood test shows the infection.				1 ☐	2 ☐	9 ☐
						62
b. There are drugs available which can postpone the onset of AIDS in a person infected with the AIDS virus.				1 ☐	2 ☐	9 ☐
						63
c. There is no cure for AIDS at present.				1 ☐	2 ☐	9 ☐

32. Here are some methods people use to prevent becoming infected with the AIDS virus. Tell me if you think the method is very effective, somewhat effective, not at all effective, or you don't know how effective it is.

How effective is –

a. two uninfected people having sex only with each other?

<div style="text-align: right">64</div>

1 ☐ Very effective
2 ☐ Somewhat effective
3 ☐ Not at all effective
4 ☐ Don't know how effective

b. use of a condom?

<div style="text-align: right">65</div>

1 ☐ Very effective
2 ☐ Somewhat effective
3 ☐ Not at all effective
4 ☐ Don't know how effective
9 ☐ Don't know method

33. What are your chances of GETTING the AIDS virus; would you say high, medium, low, or none?

<div style="text-align: right">66</div>

1 ☐ High
2 ☐ Medium
3 ☐ Low
4 ☐ None
5 ☐ Already have AIDS or AIDS virus
7 ☐ Refused
9 ☐ DK

34. Have you ever known anyone personally who had AIDS or the AIDS virus?

<div style="text-align: right">67</div>

1 ☐ Yes *(35)*
2 ☐ No
9 ☐ Don't know if has/had AIDS or the AIDS virus ⎫ *(36)*

35. Who was that — a friend, relative, co-worker, or someone else?

Mark (X) each that applies.

1 ☐ Friend
2 ☐ Relative
3 ☐ Co-worker
7 ☐ Refused
8 ☐ Someone else – *Specify* ⤓

<div style="text-align: right">68
69
70
71
72</div>

9 ☐ DK

<div style="text-align: right">73</div>

Notes

Section AI – AIDS KNOWLEDGE AND ATTITUDES – Continued

36. Have you ever sought professional mental health treatment or counseling because of your <u>concern</u> about AIDS virus infection?

74
1 ☐ Yes
2 ☐ No
9 ☐ DK

HAND CARD G. Read statements only if telephone interview.

75
1 ☐ Yes to at least one statement
2 ☐ No to all statements

37. (I'm going to read five statements. AFTER I have read them all,) Tell me if ANY of these statements is true for YOU. Do NOT tell me WHICH statement or statements are true for you. Just IF ANY of them are.

a. You have hemophilia or another blood clotting disorder and have received clotting factor concentrations since 1977.

b. You are a man who has had sex with another man at some time since 1977, even one time.

c. You have taken illegal drugs by needle at any time since 1977?

d. You have traded sex for money or drugs at any time since 1977?

e. Since 1977, you are or have been the sex partner of any person who would answer "Yes" to any of the items I have read.

ITEM AI1

Refer to sex and age.

Female age 44 or under?

76
1 ☐ Yes *(Item AI2)*
2 ☐ No *(Item AI3)*

ITEM AI2

Refer to current marital status in question 7 on page 46–47 of the HIS-1.

77
1 ☐ Married
2 ☐ Widowed/separated/divorced ⎫ *(38)*
3 ☐ Never married *(39)*

---

38. (Including your present marriage,) How many times have you been married?

78-79
_____ Times
(Number)

HAND CARD H. If telephone interview, skip to 41.

39. This card shows seven methods of birth control. Please look at the card and tell me which you think is the most effective for preventing pregnancy?

Mark (X) only one.

80
1 ☐ Diaphragm
2 ☐ Condom (rubber)
3 ☐ IUD (loop, coil)
4 ☐ Rhythm (safe period by calendar)
5 ☐ Foam
6 ☐ Birth control pill
7 ☐ Withdrawal (pulling out)
9 ☐ DK

HAND CARD K.

40. This card lists services that may be provided to women for their family planning needs.

Have you EVER visited a counselor, a clinic or a doctor for ANY of these family planning services?

81
1 ☐ Yes
2 ☐ No
9 ☐ DK

---

41. Are you now pregnant?

82
1 ☐ Yes
2 ☐ No
9 ☐ DK

ITEM AI3

About how often did the respondent appear to answer the questions in AIDS Knowledge accurately?

83
1 ☐ All the time
2 ☐ Most of the time
3 ☐ Some of the time
4 ☐ Rarely or never
9 ☐ DK

ITEM AI4

About how often did the respondent appear to answer the questions in AIDS Knowledge honestly?

84
1 ☐ All the time
2 ☐ Most of the time
3 ☐ Some of the time
4 ☐ Rarely or never
9 ☐ DK

RECORD FINAL STATUS AND TRANSCRIPTION ITEMS ON BACK COVER

	3-4		5
Sample Person Number _____		**Sample Person Type**	1 ☐ SP

11. Transcription from completed HIS-1

a. Education of SP *(Page 42 or 43, question 2a)* | 6-7

00 ☐ Never attended or kindergarten

Elem.　1　2　3　4　5　6　7　8

High:　9　10　11　12

College:　1(13)　2(14)　3(15)　4(16)　5(17)　6+(18)

Finish grade/year *(Question 2b)* | 8
1 ☐ Yes
2 ☐ No

b. Main race of SP *(Page 42 or 43, question 3a/b)* | 9-10

1　2　3　4　5　6　7　8

9　10　11　12　13　14　15　16

97 ☐ Refused
99 ☐ Unknown

c. Hispanic origin *(Page 2 or 3, question 4e and 4f)* | 11

1 ☐ Yes
2 ☐ No

Which? | 12

1　2　3　4　5　6　7

d. Marital status of SP *(Page 46 or 47, question 7)* | 13

1 ☐ Married – spouse in HH
2 ☐ Married – spouse not in HH
3 ☐ Widowed
4 ☐ Divorced
5 ☐ Separated
6 ☐ Never married
7 ☐ Refused
9 ☐ Unknown

If required and NOT already completed, transcribe height and weight for the SP from page 20 – 21, question 5 in the HIS-1 to question 3 on page 61.

	3-4		5
Sample Child Number _____		**Sample Person Type**	2 ☐ SC

12. Transcription from completed HIS-1

a. Education of SC *(Page 42 or 43, question 2a)* | 6-7

☐ Under 5
00 ☐ Never attended or kindergarten

Elem.　1　2　3　4　5　6　7　8

Finish grade/year *(Question 2b)* | 8
1 ☐ Yes
2 ☐ No

b. Main race of SC *(Page 42 or 43, question 3a/b)* | 9-10

1　2　3　4　5　6　7　8　9　10　11　12　13　14　15　16

97 ☐ Refused
99 ☐ Unknown

c. Hispanic origin *(Page 2 or 3, question 4e and 4f)* | 11

1 ☐ Yes
2 ☐ No

Which? | 12

1　2　3　4　5　6　7

13. Transcription from completed HIS-1

a. Family income *(Page 46, question 8b)* | 5-6

00 ☐ A　　07 ☐ H　　14 ☐ O　　21 ☐ V
01 ☐ B　　08 ☐ I　　15 ☐ P　　22 ☐ W
02 ☐ C　　09 ☐ J　　16 ☐ Q　　23 ☐ X
03 ☐ D　　10 ☐ K　　17 ☐ R　　24 ☐ Y
04 ☐ E　　11 ☐ L　　18 ☐ S　　25 ☐ Z
05 ☐ F　　12 ☐ M　　19 ☐ T　　26 ☐ ZZ
06 ☐ G　　13 ☐ N　　20 ☐ U

(Transcribe from 8a if 8b blank)

27 ☐ $20,000 or more　　97 ☐ Refused
28 ☐ Less than $20,000　　99 ☐ Unknown

b. Telephone number *(Household page, question 11)* | 7

1 ☐ Yes, telephone
2 ☐ No telephone
3 ☐ Phone, but no number listed or number refused
9 ☐ DK

Area code　　　Number

☐☐☐　　☐☐☐ – ☐☐☐☐ | 8-17

14. From Cover page, item 9, of HIS-3 | Number

a. Number of non-deleted persons 18+ years old in this family . . . . | 18

From Cover page, item 10, of HIS-3 | Number

b. Number of non-deleted children 0 – 5 years old in this family . . . . | 19

15. Response Status

a. Section IZ (Immunization)	b. Section AC (Access to Care)	c. Sections FA–FC (Health Care, Income and Assets)	d. Section Y2 (Year 2000 Objectives)	e. Section AI (AIDS)
20	21	22	23	24
0 ☐ No child 0–5			0 ☐ No person 18+	0 ☐ No person 18+
Interview:	**Interview:**	**Interview:**	**Interview:**	**Interview:**
1 ☐ Complete	1 ☐ Complete	1 ☐ Complete	1 ☐ Complete	1 ☐ Complete
2 ☐ Partial	2 ☐ Partial	2 ☐ Partial	2 ☐ Partial	2 ☐ Partial
Noninterview:	**Noninterview:**	**Noninterview:**	**Noninterview:**	**Noninterview:**
3 ☐ Refused ⎱ Explain	3 ☐ Refused ⎱ Explain	3 ☐ Refused ⎱ Explain	3 ☐ Refused	3 ☐ Refused
8 ☐ Other ⎰ in notes	8 ☐ Other ⎰ in notes	8 ☐ Other ⎰ in notes	4 ☐ SP Temp. absent ⎱ Explain in notes	4 ☐ SP Temp. absent ⎱ Explain in notes
			5 ☐ SP Incapable	5 ☐ SP Incapable
			8 ☐ Other ⎰	8 ☐ Other ⎰

FORM HIS-3 (5-1-93)

CARD O

ORIGIN

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

CARD R

1. White
2. Black
3. Indian (American)
4. Eskimo
5. Aleut

Asian or Pacific Islander (API)

6. Chinese
7. Filipino
8. Hawaiian
9. Korean
10. Vietnamese
11. Japanese
12. Asian Indian
13. Samoan
14. Guamanian
15. Other API *(Specify)*

O
R

(Cut along broken lines)

CARD I

INCOME

U ... $20,000 – $24,999

V ... $25,000 – $29,999

W ... $30,000 – $34,999

X ... $35,000 – $39,999

Y ... $40,000 – $44,999

Z ... $45,000 – $49,999

ZZ ... $50,000 and over

CARD J

INCOME

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

I
J

(Cut along broken lines)

CARD FR1

01. **Two or more usual doctors/places**

02. **Doesn't need a doctor**

03. **Doesn't like/trust/believe in doctors**

04. **Doesn't know where to go**

05. **Previous doctor is not available/moved**

06. **No insurance/Can't afford it**

07. **Speak a different language**

08. **No care available/Care too far away, not convenient**

98. **Other** *(Specify)*

Explicacion (SP)
FR1

(Cut along broken lines)

HIS-501(1993) (5-1-93)   Page 27

CARD FR2

01. **Changed residence/moved**

02. **Changed jobs**

03. **Employer changed insurance coverage**

04. **Former usual source left area**

05. **Owed money to former usual source**

06. **Dissatisfied with former source/liked new source better**

07. **Medical care needs changed**

08. **Former usual source stopped taking insurance/coverage**

98. **Other** *(Specify)*

HIS-501(1993) (5-1-93)   Page 28

MEDICARE

Health 🦅 Insurance

SOCIAL SECURITY ACT
NAME OF BENEFICIARY
JOHN Q PUBLIC
CLAIM NUMBER   SEX
000—00—0000—A   MALE
IS ENTITLED TO   EFFECTIVE DATE
HOSPITAL INSURANCE   7–1–66
MEDICAL INSURANCE   7–1–66
SIGN
HERE ➡ *John Q. Public*

FR2
Medicare

(Cut along broken lines)

HIS-501 (1992) (6-1-93)   Page 29

STATE NAMES FOR MEDICAID

MEDI — CAL

California

MEDI — KAN

Kansas

HEALTH CARE COST CONTAINMENT SYSTEM (HCCCS)

Arizona

MEDICAL ASSISTANCE

All other States

HIS-501(1993) (5-1-93)   Page 30

214

CARD FR3

1. Zero

2. $ 1 – $ 9

3. $ 10 – $ 19

4. $ 20 – $ 49

5. $ 50 – $ 99

6. $100 – $199

7. $200 – $499

8. $500 or more

State names
for Medicaid
FR3

(Cut along broken lines)

HIS-501(1993) (5-1-93)   Page 31

CARD FR4

01. Job layoff/loss/unemployment

02. Wasn't offered by employer

03. Not eligible because part time worker

04. Family coverage not offered by employer

05. Benefits from former employer ran out

06. Can't obtain because of poor health, illness, or age

07. Too expensive/Can't afford

08. Dissatisfied with previous insurance

09. Don't believe in insurance

10. Have usually been healthy, haven't needed insurance

11. Covered by some other plan

12. Too old for coverage under family plans

13. Free/inexpensive source of care readily available

98. Other reason *(Specify)*

HIS-501(1993) (5-1-93)   Page 32

CARD FR5

01. Lost job or changed employers

02. Spouse/parent lost job or changed employers

03. Death of spouse or parent

04. Became divorced or separated

05. Became ineligible because of age

06. Employer stopped offering coverage

07. Cut back to part time

08. Benefits from employer/former employer ran out

98. Other *(Specify)*

FR4
FR5

(Cut along broken lines)

HIS-501(1993) (5-1-93)   Page 33

CARD FR6

1. Zero

2. Less than $500

3. $ 500 – $1,999

4. $2,000 – $2,999

5. $3,000 – $4,999

6. $5,000 or more

HIS-501(1993) (5-1-93)   Page 34

215

CARD FR7

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

(Cut along broken lines)

CARD FR8

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

CARD FR9

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

(Cut along broken lines)

CARD FR10

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

CARD FR11

1. Less than $500

2. $ 500 – $ 999

3. $1,000 – $1,999

4. $2,000 or more

CARD S1

01. Joined a weight loss program

02. Eating fewer calories

03. Eating special products, such as canned or powdered food supplements

04. Exercising more

05. Fasting for 24 hours or longer

06. Skipping meals

07. Taking diet pills

08. Taking laxatives

09. Taking water pills or diuretics

10. Vomiting

11. Eating less fat

98. Something else *(Specify)*

00. Nothing

CARD T1

1. Work mainly indoors

2. Work mainly outdoors

3. Travel to different buildings or sites

4. In a motor vehicle

8. Other *(Specify)*

CARD T2

1. Not allowed in ANY indoor or common public areas

2. Allowed in SOME public areas, including designated smoking areas

3. Allowed in ALL indoor or common public areas

CARD T3

1. Not allowed in ANY work areas

2. Allowed in SOME work areas

3. Allowed in ALL work areas

CARD T4

01. Walking group

02. Jogging/Running group

03. Biking/Cycling group

04. Aerobics classes

05. Swimming classes

06. Non-aerobic exercise classes

07. Weight lifting classes

08. Fully paid membership in health/fitness club

09. Partially paid membership in health/fitness club

10. Physical activity or exercise competitions

98. Other (Specify)

00. No Programs

CARD T5

01. Gymnasium/Exercise room

02. Weight lifting equipment

03. Exercise equipment

04. Walking/Jogging path

05. Parcours/Fitness trails

06. Bike path

07. Bike racks

08. Swimming pool

09. Showers

10. Lockers

98. Other (Specify)

00. No facilities

CARD U1

0. Never

1. Less than 1 year ago

2. 1 year, less than 2 years ago

3. 2 years, less than 5 years ago

4. 5+ years ago

CARD A

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

CARD B

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

CARD C

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

CARD D

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

CARD E

0. Spouse

1. Fiance

2. Sex partner other than spouse or fiance

3. Health professional

4. Friend

5. Clergy/minister/pastor/priest/rabbi

6. Employer

7. Other relative

8. Other *(Please specify what other person)*

D
E
(Cut along broken lines)

CARD F

01. Because you want to find out if you are infected

02. It will be part of hospitalization or surgery you expect to have

03. Because you expect to apply for life or health insurance

04. Because you expect to apply for a job

05. Because you expect to join the military

06. Because of guidelines for health care workers

07. Because it will be a required part of some other activity that includes automatic AIDS testing

08. Because it is required in your non-health care employment

98. Some other reason *(Please specify what other reason or reasons)*

CARD G

a. You have hemophilia or another blood clotting disorder and have received clotting factor concentrations since 1977.

b. You are a man who has had sex with another man at some time since 1977, even one time.

c. You have taken illegal drugs by needle at any time since 1977.

d. You have traded sex for money or drugs at any time since 1977.

e. Since 1977, you are or have been the sex partner of any person who would answer "Yes" to any of the items above on this card.

F
G
(Cut along broken lines)

CARD H

1. Diaphragm

2. Condom (rubber)

3. IUD (loop, coil)

4. Rhythm (safe period by calendar)

5. Foam

6. Birth control pill

7. Withdrawal (pulling out)

CARD K

To get a pregnancy test

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

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

To get a sterilization operation

To get a check-up or medical test for –

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

Health problems from using a birth control method

To get advice or counselling on –

Birth Control

Any problems or worries about sexual intercourse

An unwanted pregnancy or one that occurred at a bad time

Having a sterilization operation

Whether or not to have an abortion

H ___

K

(Cut along broken lines)