
Vital and Health Statistics

Current Estimates From the National Health Interview Survey, 1994

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Survey
No. 193

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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Cooperation of the U.S. Bureau of the Census

Under the legislation establishing the National Health Survey, the Public Health Service is authorized to use, insofar as possible, the services or facilities of other Federal, State, or private agencies.

In accordance with specifications established by the National Center for Health Statistics, the U.S. Bureau of the Census, under a contractual arrangement, participated in planning the survey and collecting the data.

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Symbols

- . . . Category not applicable
 - Quantity zero
 - * Figure does not meet standard of reliability or precision
 - *- Figure does not meet standard of reliability or precision and quantity zero
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Current Estimates From the National Health Interview Survey, 1994

by Patricia F. Adams and Marie A. Marano, Division of Health Interview Statistics

Introduction

This report provides detailed data from the 1994 National Health Interview Survey (NHIS) on the health of the civilian noninstitutionalized population. Estimates are presented on acute conditions, episodes of persons injured, restriction in activity, prevalence of chronic conditions, limitation of activity due to chronic conditions, respondent-assessed health status, and the use of medical services—including physician contacts and short-stay hospitalization.

Estimates of these health characteristics are shown in tables 1–78 for various groups in the population, including those defined by age, sex, race, and family income (each shown for specific age groups), and by geographic region and place of residence. Estimates for other characteristics of special relevance to particular health measures are also included. For example, estimates of physician contacts are shown by the place where the contact occurred.

The Results section includes a brief definition of each health characteristic included in tables 1–78 and reports the 1994 estimate for each characteristic. Previous issues of this annual report have included text tables that presented comparisons of the corresponding estimates from the previous 2 years and standardized rates for each of the major health characteristics. Because the primary focus of this report is to provide data from the current survey, these tables have been eliminated. However, selected significant differences between the 1994 and 1993 estimates are presented in the text.

The NHIS data are often used to monitor trends. Such analyses must address changes in the survey design over time. In 1982, the NHIS questionnaire and data preparation procedures of the survey were extensively revised. The basic concepts of the NHIS changed in some cases, and in other cases the concepts were measured in a different way. Comparisons with earlier results should not be undertaken without carefully examining these changes. A more complete explanation of these changes is in appendix IV of Series 10, No. 150

This report was prepared in the Division of Health Interview Statistics. Viona Brown of the Systems and Programming Branch and Van L. Parsons and Jessica Y. Chan of the Office of Research Methodology produced estimated paramaters and relative standard errors. Nancy Gagne, Richard H. Coles, Mira L. B. Shanks, Loung Tonthat, and Jane Page of the Systems and Programming Branch did the computer programming for the report. This report was edited by Klaudia M. Cox and typeset by Annette F. Holman of the Publications Branch, Division of Data Services.

(1). In 1985, a new sample for the NHIS and a different method of presenting sampling errors were introduced. Therefore, the technical material is important to readers accustomed to using data from the NHIS prior to 1985.

Although published reports are the primary method of disseminating estimates from the NHIS, data also are available in standardized microdata tapes. Tapes containing information from the NHIS Core questionnaires from 1969 through 1994 are available for purchase from the National Technical Information Service (NTIS), 5285 Port Royal Road, Springfield, VA 22161. Public use tapes also are available for special topics included in the NHIS from 1973 through 1994. Information about the cost and availability of these tapes can be obtained from the National Center for Health Statistics, Division of Health Interview Statistics, Systems and Programming Branch, 6525 Belcrest Road, Hyattsville, MD 20782. Public use microdata on compact disk read-only memory (CD-ROM) are available for the NHIS core and special topic data for 1987 through 1992. They can be purchased through the NTIS, or from the Government Printing Office (GPO), Superintendent of Documents, U.S. Government Printing Office, Washington, DC 20402. Questions about CD-ROM data files should be directed to the National Center for Health Statistics, Data Dissemination Branch at 301–436–8500.

The special topics included in the 1994 NHIS covered the following five areas:

- Childhood immunizations (including hepatitis b);
- Disability (including sensory, communication, and mobility problems; health conditions; activities of daily living and independent activities of daily living; functional limitations; mental health; services and benefits; special health needs of children; early child development; education; relationship to respondent; and perceived disability);
- Family resources (including access to care, health insurance, and detailed income);
- Year 2000 objectives (including environmental health, tobacco, nutrition, occupational safety and health, heart disease and stroke, clinical preventive services, family health knowledge, and firearm safety); and
- Acquired immunodeficiency syndrome (AIDS) knowledge and attitudes (including sources of AIDS information, knowledge of AIDS virus transmission, blood donation experience, personal acquaintance with persons with AIDS or the AIDS virus, a general question on AIDS risk behaviors, and self-assessed knowledge of tuberculosis).

Data from the special health topics in 1994 were collected throughout the entire year. The immunization questionnaire collected information on a sample child under age 6 and on all children 19–35 months of age in each family with age-eligible children. The disability and family resources questionnaires were asked about all family members. All other health topics were asked of one sample adult 18 years of age and over in each household.

In 1994, there were also a series of followback surveys based on responses to the NHIS interviews. These included

- The disability followback (with separate questionnaires for children under 18 years of age with disabilities, for adults 18 years of age and over with disabilities, and for persons 18 years of age and over who had polio in the past);
- The supplement on aging (a followback survey of all adults 69 years of age and over without a disability); and
- Access to care (a telephone followup on respondents with access to care problems, asthma, or ischemic heart disease).

These followback surveys were conducted several months after the initial NHIS interview.

Source and limitations of data

The information from the National Health Interview Survey (NHIS) in this report is based on data collected in a continuing nationwide survey by household interview. Each week a probability sample of the civilian noninstitutionalized population of the United States is interviewed by personnel of the U.S. Bureau of the Census. Information is obtained about the health and other characteristics of each member of the household.

The interviewed sample for 1994 consisted of 45,705 households containing 116,179 persons. The total noninterview rate was 5.9 percent: 4.2 percent was the result of respondent refusal, and the remainder was primarily the result of failure to locate an eligible respondent at home after repeated calls as described in appendix I.

In 1994, the following changes were made to the basic health and demographic questionnaire:

- A question was added asking if there were a working telephone in the home;
- The questions on race were moved within section L from questions 3a and 3b to questions 4a and 4b;
- The Hispanic Origin questions were moved from section A (questions 4e and 4f) to section L (questions 3a and 3b);
- The question added in 1992 asking persons 12–21 years of age if they were in school or on vacation from school was deleted; and
- The questions added in 1992 to oversample Hispanics were deleted.

For a detailed list of changes to the basic health and demographic questionnaire that have occurred since 1985, see appendix I. A description of the survey design, the methods used in estimation, and general qualifications of the data obtained from the survey are also presented in appendix I.

All information collected in the survey is from reports by responsible family members residing in the household. When possible, all adult family members participate in the interview. However, proxy responses are accepted for family members who are not at home and are required for all children and for family members who are physically or mentally incapable of responding for themselves. Although a considerable effort is

made to ensure accurate reporting, the information from both proxy respondents and self-respondents may be inaccurate because the respondent is unaware of relevant information, has forgotten it, does not wish to reveal it to an interviewer, or because the respondent does not understand the intended meaning of a question.

Because the estimates in this report are based on a sample of the population, they are subject to sampling errors. Therefore, readers should pay particular attention to “Reliability of the estimates” in appendix I of this report, which shows formulas for calculating standard errors along with instructions for their use. The estimated standard error parameters and relative standard error cut-off points presented in this report were derived from 1991 data because 1994 data were not available. The 1991 parameters were used because the data collection methods were similar to those in 1994 and both were based on a full sample. Although the 1991 estimated standard error parameters used in this report may differ from those that would be derived using the 1994 data, the 1991 data are more comparable than other more recent years because of the different sampling designs used in 1992 and 1993.

In this report, terms such as “similar” and “no difference” mean that there is no statistically significant difference between the measures being compared. Terms relating to difference (for example, “greater than ” or “less than”) indicate that differences are statistically significant. Individual t-tests, with a critical value of 1.96 (0.05 level of significance), were used to test all comparisons. These tests do not take multiple comparisons into account. Lack of comment regarding the difference between any two statistics does not mean the difference was tested and found to be not significant.

The major concepts for these estimates are described in appendix II and the questionnaires and flashcards used in the interview are shown in appendix III. Illnesses and injuries are coded using a slight modification of the ninth revision of the *International Classification of Diseases (2)*. The Division of Health Interview Statistics of NCHS should be contacted for information about coding and editing procedures used to produce the final data file from which the estimates shown are derived.

Selected results and uses of tables

In the following sections, each of the health-related characteristics included in this report is defined and the overall 1994 estimates are presented. Although previous issues of this report included tables comparing current estimates with those from earlier years, they have been eliminated in this report. However, some comparisons are noted where large differences have been observed between the 1994 and 1993 estimates for the same characteristic. Readers wanting more extensive comparisons should refer to Series 10, No. 190 (3) for the 1993 estimates.

Readers comparing subgroups of the population in tables 1–78 may want to consider the possible effect of age in comparing subgroups. For sociodemographic characteristics for which the age distribution of the subgroups differs significantly (such as sex, race, and family income), the results are shown for specific age groups. However, for geographic region and place of residence, there is little difference in the age distributions of the subgroups. Therefore, these results are not shown for specific age groups.

Tables 1–77 show detailed results for health characteristics. The population figures used to calculate the rates are in table 78.

Acute conditions: Incidence, medical attention, and associated restriction in activity

An acute condition is defined for the National Health Interview Survey (NHIS) as a type of illness or injury that ordinarily lasts less than 3 months, was first noticed less than 3 months before the reference date of the interview, and was serious enough to have had an impact on behavior. Only two types of impact are considered: (a) the illness or injury caused the person to cut down on daily activities for at least half a day, or (b) a physician was contacted regarding the illness or injury.

Incidence

Incidence rates for acute conditions by type of condition and sociodemographic characteristics are shown in tables 1–5 and incidence (number) is shown in tables 6–10. The 1994 rate of 171.5 acute conditions per 100 persons per year was significantly lower than the 1993 rate of 190.4.

For broad types of acute conditions, the 1994 incidence rates per 100 persons per year rank as follows: respiratory

conditions (80.5), injuries (23.8), infective and parasitic diseases (20.9), and digestive system conditions (6.1). The rates for respiratory conditions (80.5) and influenza (34.8) are considerably lower than the corresponding rates for 1993 (98.9 and 52.2, respectively) primarily due to less influenza activity in 1994.

Medical attention

Estimates of the percent of acute conditions that were medically attended are shown in tables 11–15. During 1994, an estimated 67.3 percent of acute conditions reported in the NHIS were medically attended. Of the broad types of acute conditions, injuries were proportionately most often medically attended (91.7 percent) and respiratory conditions were least often medically attended (50.1 percent).

Restricted activity associated with acute conditions

Four types of restricted activity resulting from illness, injury, or impairment are measured in the NHIS: days lost from work for currently employed persons 18 years of age and over, school days missed by youths 5–17 years of age, days spent in bed (which may overlap either of the preceding types), and other days on which a person cuts down on daily activities. Estimates of “cut-down” days are not presented separately, but are included in the generic concept of “restricted-activity days.” The other three types of restricted activity, which are also included in the generic concept “restricted activity,” are usually shown separately in this and other reports from the NHIS.

A person may restrict activities on a given day as a result of more than one condition and these conditions may be acute or chronic. “Restricted activity associated with acute conditions” includes days on which one or more acute conditions caused the activity restriction. It also includes days on which one or more acute conditions and one or more chronic conditions caused the activity restriction. In the latter case, because the restriction in activity was the result of both acute and chronic conditions, the cause cannot be attributed solely to an acute condition. Therefore, the term “associated with” rather than “caused by” is used to describe restricted activity.

Incidence rates of restricted activity associated with acute conditions by type of condition and sociodemographic characteristics are shown in tables 16–20 and incidence (number) is shown in tables 21–25. The 1994 rate per 100 persons per year of restricted-activity days (693.3) is lower than the rate

observed in 1993 (781.1). The rates of bed disability days (287.6) and school-loss days for youths 5–17 years of age (331.2) are also substantially lower than the corresponding rates for 1993 (335.9, and 412.4, respectively). The 1994 rate of work-loss days for currently employed persons 18 years of age and over is 312.2. Detailed rates and frequencies for bed days, work-loss days, and school-loss days are shown in tables 26–49.

Incidence by quarter

The 1994 incidence rate and incidence of acute conditions by quarter are shown in table 50. The estimated rate for the first quarter of 1994 is 51.5, for the second quarter it is 37.3, for the third quarter it is 33.1, and for the fourth quarter it is 49.6. The rates for the first (51.5) and the fourth quarters of 1994 (49.6) are significantly lower than the rates observed in 1993 (62.2 and 56.1, respectively). This is primarily due to the result of less influenza activity during the first and fourth quarters of 1994.

Episodes of persons injured

Injury data may be analyzed in three ways: (a) the total number of injuries sustained during episodes involving injury, (b) the number of episodes involving injury during a given period of time, or (c) the number of persons involved in one or more episodes in which injury occurred during a period of time. The estimated number of injuries (measured above) that occurred during 1994 is shown in tables 1–50. Tables 51 and 52 present the number of episodes that occurred during 1994 that involved one or more injuries (measure b). Because of the short reference period used to collect injury data in the NHIS (2 weeks), the number of persons involved in one or more episodes during any given year (measure c) cannot be estimated.

Table 51 shows the incidence rate of episodes of persons injured and table 52 shows the incidence of such episodes by sociodemographic characteristics, by whether a moving motor vehicle was involved and, if so, whether this occurred in traffic. The table also shows episodes classified by where the episode occurred and for persons 18 years of age and over by whether they were working at a job or business at the time the episode occurred. The 1994 rate of episodes of persons injured per 100 persons per year is 23.3.

Restricted activity associated with injury and impairment due to injury

An injury may have health-related effects for many years after its occurrence or even for a lifetime (for example, a person who suffered a dislocated back due to an accident). The estimates of activity restriction (tables 53–54) and of bed days (tables 55–56) are based on the current effects of injuries regardless of when they occurred. Thus, these estimates include the days shown in earlier tables for acute injuries and also include days of restricted activity during 1994 that are attributable to the effects of injuries suffered prior to 1994. In many cases, these old injuries have become impairments and any

restricted activity during 1994 that was caused by an injury-related impairment is also included.

The 1994 rate for restricted-activity days associated with episodes of persons injured is 304.5 per 100 persons per year and the rate for bed days associated with episodes of persons injured is 83.1 per 100 persons per year.

Prevalence of reported chronic conditions

Chronic conditions are defined as conditions that either (a) were first noticed 3 months or more before the reference date of the interview or (b) belong to a group of conditions (including heart disease and diabetes) that are considered chronic regardless of when they began. To estimate the prevalence of reported chronic conditions, the NHIS sample is divided into six representative subsamples; respondents in each subsample are administered one of six checklists of types of chronic conditions. Respondents are asked to indicate the presence or absence of each condition specified on the particular list assigned to them. Because the presence or absence of many types of chronic conditions is often difficult to ascertain, several “impact” questions are asked about each condition reported. Information is elicited on whether the person has been hospitalized for the condition and the number of days he or she stayed in bed because of the condition during the 12 months prior to the interview.

Totals for all chronic conditions are not shown because the NHIS does not measure the total number of chronic conditions for each person. Because a person may have more than one chronic condition, the sum of conditions that are counted may exceed the sum of persons having those conditions.

Prevalence rates for selected chronic conditions are shown in tables 57–61 and the prevalence (number) is shown in tables 62–66. As shown in table 57, the reported conditions with the highest prevalence rates were sinusitis, arthritis, deformity or orthopedic impairment, hypertension, and hay fever or allergic rhinitis without asthma (with rates per 1,000 persons of 134.4, 128.8, 119.7, 108.8, and 100.7 respectively).

Limitation of activity due to chronic conditions

Limitation of activity refers to long-term reduction in activity resulting from chronic disease or impairment. The NHIS measurement of limitation of activity permits one to distinguish among (a) persons unable to carry on their usual activity, (b) persons limited in the amount or kind of their usual activity, (c) persons limited but not in their usual activity, and (d) persons not limited. The category of persons limited in their major activity includes those in the first two groups, that is, those unable to carry on usual activities for their age group, whether it is working, keeping house, going to school, or living independently, and those restricted in the amount or kind of usual activity for their age group. Persons

limited, but not in their major activity, include persons restricted in other activities such as civic, church, or recreational activities.

The 1994 estimate of the percent of persons limited in activity due to chronic conditions is 15.0 percent and the estimate of persons limited in their major activity (categories (a) and (b) discussed in the previous paragraph) is 10.3 percent. The percent distributions and frequencies for limitation in activity are shown by sociodemographic characteristics in tables 67–68.

Restricted activity due to acute and chronic conditions

Earlier, estimates of restricted-activity days associated with acute conditions (tables 16–49) and the relationship between the types of restricted-activity days were discussed. The estimates shown in table 69 are for person days of restricted activity resulting from all conditions, either acute, chronic, or both.

The 1994 estimated days of restricted activity per person per year are as follows: 16.0 days for all types of restricted activity, 6.2 days of bed disability, 5.2 days lost from work for currently employed persons, and 4.5 days lost from school for youths 5–17 years of age. The estimates for each type of restricted-activity day are shown by sociodemographic characteristics in table 69.

Respondent-assessed health status

Data on assessed health status are obtained by asking respondents to assess their own health or that of family members living in the same household as excellent, very good, good, fair, or poor. The percent distribution for these categories, according to sociodemographic characteristics, is shown in table 70. The health of most persons in the civilian noninstitutionalized population is assessed as “excellent” (37.9 percent) or “very good” (28.5 percent). Only 2.9 percent are assessed as “poor”.

Physician contacts: Rate and interval since last contact

A contact is defined as a consultation with a physician, in person or by telephone, for examination, diagnosis, treatment, or advice. The visit is considered a physician contact if the service is provided by the physician or by another person working under the physician’s supervision.

Annual rate

As shown in table 71, the rate of physician contacts reported for 1994 is 6.1 doctor visits per person per year. In addition to the sociodemographic characteristics, the rates and frequencies also are shown by the place of contact in table 71. The rate is highest for doctor’s office (3.4 per person per year) and is less than one contact per person per year via telephone and hospital while “other” place is about one contact per person per year.

Interval since last contact

The percent distribution and number of persons by interval of time since the person last had a physician contact are shown in table 72. Whereas the estimates for the rate of physician contacts do not include contacts while a person was an overnight patient in a hospital, such contacts are included in the definitions of the interval since a person last saw or talked to a physician or a physician’s assistant. During 1994, an estimated 78.8 percent of the civilian noninstitutionalized population had contact with a physician during the year preceding the interview.

Other estimates of ambulatory medical care services by physicians are provided by data from the National Ambulatory Medical Care Survey, a probability sample survey conducted periodically by the Division of Health Care Statistics of the National Center for Health Statistics. A summary of 1992 survey results, the most recent available, is found in Advance data from vital and health statistics, No. 253 (4).

Hospitalization: Episodes and days for persons; discharges and average length of stay

The NHIS respondents are asked to describe any hospitalizations that involved at least a one-night stay during the year preceding the interview. Two measures obtained through this series of questions are the number of times and the number of days spent in short-stay hospitals in the 12 months prior to the interview. Because persons who died or were institutionalized in a given reference period are not included in the NHIS, the rates and frequencies shown in this report will vary from those based on all overnight patients who entered a short-stay hospital during any given period of time. The difference will be greater for older persons.

Estimates of hospitalizations are presented for episodes and for discharges. Episode estimates focus on the person’s hospital experience during the 12 months preceding the interview. The tables showing these estimates classify people on the basis of whether they were hospitalized during the reference period and, if so, the number of times they were hospitalized. Discharge estimates focus on hospital stays as the unit of analysis rather than on persons.

Hospital episodes and days

The distribution of short-stay hospital episodes (first including and then excluding deliveries) by the number of times a person was hospitalized during the year preceding the interview and sociodemographic characteristics are shown by percent distribution (table 73) and frequency (table 74). The category “delivery” is based on the reason the woman entered the hospital or whether surgery related to delivery was performed. The percent of persons in 1994 with one hospital episode or more during the year preceding the interview is 7.5 percent and is 27 percent lower than the 1982 estimate of 10.3 percent (1).

The total number of days (strictly speaking, nights) the person spent as a patient in the hospital is associated with the

number of times a person was in a short-stay hospital during the year preceding the interview. In 1994, persons with one hospitalization or more spent an average of 7.4 days in the hospital in the year preceding the interview. Estimated rates and numbers of hospital days by the number of times people were hospitalized (including and excluding deliveries) and sociodemographic characteristics are shown in tables 75 and 76.

Hospital discharges and average length of stay

Rates and numbers of hospital discharges, the average length of stay, and the number of hospital discharge days by sociodemographic characteristics and by whether a delivery was involved in the hospitalization are shown in table 77. Based on data collected during 1994, there are 10.6 discharges per 100 persons, and the average length of stay per discharge is 5.9 days.

Examining longer term trends, the 1994 hospital discharge rate of 10.6 is about 25 percent lower than the rate estimated by the NHIS in 1981 (14.2), and the average length of stay, 5.9 days, is about 20 percent lower than in 1981 (7.4) (5).

This finding probably reflects the following two phenomena: (a) some medical procedures, once performed as inpatient hospital care, are now performed in outpatient medical facilities, and (b) the Health Care Financing Administration (which operates the Medicare program), some States, and some third-party payers now reimburse hospitals for inpatient care using a preestablished payment schedule based on patients' diagnosis-related groups.

Information also is collected on hospital discharges from hospital records through the National Hospital Discharge Survey (NHDS) conducted by the National Center for Health Statistics. Estimates from the NHDS, published in Advance data or Series 13 publications of *Vital and Health Statistics*, are somewhat higher than those presented here because of differences in collection procedures, population sampled, and definitions used. In recent years, the NHDS has experienced a decline in its hospital discharge rates, and the NHDS estimates of average length of stay for all persons also have declined. Thus, the trend data from the two surveys are consistent. The most recent national estimates of short-stay hospitalization based on the NHDS are summarized in *Vital and Health Statistics*, Series 13, no. 121 (6).

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Table 1. Number of acute conditions per 100 persons per year, by age and type of condition: United States, 1994

[Data are based on household interviews of the civilian noninstitutionalized population. The survey design, general qualifications, and information on the reliability of the estimates are given in appendix I. Definitions of terms are given in appendix II]

Type of acute conditions	All ages	Under 5 years	5-17 years	18-24 years	25-44 years	45 years and over		
						Total	45-64 years	65 years and over
Number of acute conditions per 100 persons per year								
All acute conditions	171.5	358.8	220.1	175.6	153.5	111.7	112.9	109.9
Infective and parasitic diseases	20.9	54.7	41.9	18.5	14.6	6.7	7.7	5.2
Common childhood diseases	1.5	8.6	2.9	*0.9	*0.5	*-	*-	*-
Intestinal virus, unspecified	4.6	8.3	9.5	4.9	3.8	1.4	1.9	*0.6
Viral infections, unspecified	6.6	20.7	11.7	5.6	4.2	2.9	3.1	*2.5
Other	8.2	17.1	17.8	7.1	6.2	2.5	2.7	*2.1
Respiratory conditions	80.5	153.8	103.4	82.4	77.1	50.9	55.4	43.6
Common cold	25.4	68.5	29.4	26.1	22.4	15.0	16.6	12.3
Other acute upper respiratory infections	11.9	25.1	20.3	9.9	10.1	5.9	6.6	4.8
Influenza	34.8	37.3	46.3	38.7	37.8	23.0	25.9	18.3
Acute bronchitis	4.7	11.3	4.3	3.4	4.4	4.0	4.2	3.7
Pneumonia	1.6	5.6	*1.1	*1.7	*0.9	1.6	*0.9	2.8
Other respiratory conditions	2.0	6.0	2.0	*2.6	1.5	1.4	*1.2	*1.7
Digestive system conditions	6.1	10.5	8.3	7.4	4.7	4.7	4.1	5.6
Dental conditions	1.1	*3.4	*0.7	*1.8	*0.9	*0.8	*0.9	*0.6
Indigestion, nausea, and vomiting	3.2	4.1	6.0	4.5	2.6	1.5	*1.4	*1.8
Other digestive conditions	1.8	*3.1	*1.5	*1.1	1.2	2.4	1.9	3.2
Injuries	23.8	25.6	26.0	32.7	25.0	18.1	17.2	19.6
Fractures and dislocations	3.0	*1.9	4.6	3.3	2.5	2.8	2.4	3.4
Sprains and strains	5.5	*0.8	4.9	10.4	6.9	4.0	4.4	3.3
Open wounds and lacerations	4.2	5.9	5.7	5.9	4.6	1.9	2.2	*1.4
Contusions and superficial injuries	4.7	5.2	5.5	4.9	4.1	4.5	3.6	6.0
Other current injuries	6.5	11.8	5.3	8.2	6.8	5.0	4.6	5.5
Selected other acute conditions	27.5	90.3	30.3	25.1	20.4	17.9	17.3	18.9
Eye conditions	1.2	*2.6	*0.8	*0.8	*0.9	1.5	*0.6	3.0
Acute ear infections	9.3	62.7	13.6	*2.4	2.8	1.9	2.2	*1.4
Other ear conditions	1.5	5.0	2.0	*0.3	*1.0	1.0	*0.8	*1.4
Acute urinary conditions	3.1	*2.8	*1.2	5.6	3.3	3.5	2.8	4.6
Disorders of menstruation	0.4	...	*1.0	*0.7	*0.5	*0.1	*0.1	*-
Other disorders of female genital tract	1.0	*-	*0.2	*2.3	1.8	*0.6	*0.8	*0.2
Delivery and other conditions of pregnancy and puerperium	1.4	...	*0.2	4.8	2.9	*-	*-	...
Skin conditions	2.4	5.9	2.7	*2.2	1.4	2.4	2.4	*2.3
Acute musculoskeletal conditions	3.5	*0.8	*1.5	*2.8	3.7	5.4	5.6	5.0
Headache, excluding migraine	1.5	*-	2.4	*2.2	1.6	1.1	*1.5	*0.4
Fever, unspecified	2.1	10.5	4.6	*1.0	*0.4	*0.5	*0.4	*0.5
All other acute conditions	12.7	23.7	10.2	9.6	11.7	13.4	11.2	17.0

NOTES: Excluded from these estimates are conditions involving neither medical attention nor activity restriction.

The standard errors and relative standard errors (RSE's) can be computed by using parameter set I of table II, the frequencies of table 6, and the formula presented in rule 2 of appendix I. Estimates for which the numerator has an RSE of more than 30 percent are indicated with an asterisk.

Table 2. Number of acute conditions per 100 persons per year, by sex, age, and type of condition: United States, 1994

[Data are based on household interviews of the civilian noninstitutionalized population. The survey design, general qualifications, and information on the reliability of the estimates are given in appendix I. Definitions of terms are given in appendix II]

Type of acute condition	Male					Female				
	All ages	Under 5 years	5-17 years	18-44 years	45 years and over	All ages	Under 5 years	5-17 years	18-44 years	45 years and over
Number of acute conditions per 100 persons per year										
All acute conditions	154.9	371.3	209.0	134.2	86.9	187.2	345.6	231.8	182.5	132.7
Infective and parasitic diseases	18.8	55.0	40.2	11.6	4.5	22.8	54.5	43.7	19.3	8.6
Common childhood diseases	1.6	8.3	3.7	*0.5	*-	1.3	8.9	*2.0	*0.6	*-
Intestinal virus, unspecified	4.8	8.8	9.7	3.8	*1.6	4.4	*7.9	9.3	4.2	*1.2
Viral infections, unspecified	5.8	20.0	10.4	3.5	*1.8	7.5	21.5	13.1	5.5	3.8
Other	6.7	18.0	16.5	3.7	*1.1	9.6	16.2	19.3	9.0	3.6
Respiratory conditions	75.3	160.6	99.7	69.7	42.6	85.4	146.7	107.2	86.7	57.9
Common cold	24.0	70.6	27.8	20.5	13.3	26.8	66.2	31.1	26.0	16.4
Other acute upper respiratory infections	10.6	28.3	17.0	8.8	3.7	13.1	21.8	23.8	11.2	7.8
Influenza	34.1	40.5	46.2	36.4	20.8	35.5	34.0	46.3	39.6	24.9
Acute bronchitis	3.6	9.9	4.1	2.7	2.8	5.7	12.6	4.5	5.6	4.9
Pneumonia	1.3	*3.9	*1.5	*0.5	*1.6	1.9	*7.4	*0.7	1.7	*1.7
Other respiratory conditions	1.7	*7.4	*3.1	*0.9	*0.5	2.3	*4.7	*0.8	2.7	2.2
Digestive system conditions	5.5	12.6	7.2	4.3	4.0	6.7	8.4	9.4	6.4	5.3
Dental conditions	1.2	*5.1	*0.7	*1.1	*0.8	1.0	*1.6	*0.7	*1.2	*0.7
Indigestion, nausea, and vomiting	2.8	*3.6	5.3	2.6	*1.1	3.6	*4.5	6.8	3.4	1.9
Other digestive conditions	1.4	*3.8	*1.1	*0.6	*2.1	2.1	*2.3	*2.0	1.8	2.6
Injuries	25.8	31.1	27.9	31.1	15.3	22.0	19.8	24.1	22.6	20.5
Fractures and dislocations	3.6	*1.5	5.1	4.0	2.4	2.5	*2.4	4.1	*1.5	3.1
Sprains and strains	5.7	*1.0	5.8	7.6	4.0	5.3	*0.7	3.8	7.9	3.9
Open wounds and lacerations	5.7	8.8	7.4	7.0	*1.9	2.7	*2.8	4.1	2.8	1.9
Contusions and superficial injuries	4.6	*4.3	5.4	5.6	2.6	4.8	*6.2	5.7	3.0	6.1
Other current injuries	6.3	15.6	4.2	6.9	4.3	6.6	*7.9	6.4	7.4	5.5
Selected other acute conditions	19.4	89.5	25.6	9.4	9.9	35.1	91.2	35.3	33.3	24.7
Eye conditions	0.8	*1.7	*0.8	*0.8	*0.6	1.6	*3.5	*0.9	*1.0	2.3
Acute ear infections	9.2	66.5	12.5	2.1	*0.9	9.4	58.7	14.8	3.3	2.8
Other ear conditions	1.3	*6.4	*1.7	*0.4	*0.8	1.6	*3.6	*2.3	*1.3	*1.3
Acute urinary conditions	*0.6	*0.5	*0.2	*0.6	*1.0	5.5	*5.2	*2.2	6.9	5.6
Disorders of menstruation . . . . .	...	...	...	...	...	0.9	...	*2.0	*1.1	*0.1
Other disorders of female genital tract . . . . .	...	...	...	...	...	2.0	*-	*0.5	3.8	*1.1
Delivery and other conditions of pregnancy and puerperium . . . . .	...	...	...	...	...	2.8	...	*0.4	6.6	*-
Skin conditions	2.0	*4.4	*2.3	*1.3	2.2	2.7	*7.5	*3.1	1.8	2.5
Acute musculoskeletal conditions	2.5	*0.5	*1.1	2.6	3.8	4.5	*1.1	*2.0	4.4	6.7
Headache, excluding migraine	1.1	*-	*2.1	*1.2	*0.4	2.0	*-	*2.8	2.3	*1.6
Fever, unspecified	2.0	9.6	4.9	*0.3	*0.1	2.2	11.6	4.4	*0.7	*0.7
All other acute conditions	10.1	22.5	8.4	8.1	10.6	15.2	25.0	12.0	14.2	15.8

NOTES: Excluded from these estimates are conditions involving neither medical attention nor activity restriction.

The standard errors and relative standard errors (RSE's) can be computed by using parameter set I of table II, the frequencies of table 7, and the formula presented in rule 2 of appendix I. Estimates for which the numerator has an RSE of more than 30 percent are indicated with an asterisk.

Table 3. Number of acute conditions per 100 persons per year, by race, age, and type of condition: United States, 1994

[Data are based on household interviews of the civilian noninstitutionalized population. The survey design, general qualifications, and information on the reliability of the estimates are given in appendix I. Definitions of terms are given in appendix II]

Type of acute condition	White				Black			
	All ages	Under 18 years	18-44 years	45 years and over	All ages	Under 18 years	18-44 years	45 years and over
Number of acute conditions per 100 persons per year								
All acute conditions	175.3	279.4	162.1	110.7	153.9	184.5	153.6	109.4
Infective and parasitic diseases	21.6	49.8	15.9	6.7	20.2	33.1	16.7	*7.5
Common childhood diseases	1.4	4.8	*0.5	*-	*2.1	*4.4	*1.4	*-
Intestinal virus, unspecified	4.6	9.8	4.1	1.3	5.3	7.3	*5.1	*2.8
Viral infections, unspecified	6.7	15.3	4.2	3.0	7.4	10.6	7.3	*2.6
Other	8.9	20.0	7.2	2.4	5.4	10.8	*2.9	*2.1
Respiratory conditions	82.4	126.1	81.4	49.6	65.7	76.1	65.1	51.6
Common cold	24.3	39.6	22.8	14.4	29.3	41.8	25.8	17.3
Other acute upper respiratory infections	12.8	25.3	10.7	5.6	7.1	8.2	6.3	*6.7
Influenza	36.5	48.5	40.3	22.5	23.2	17.1	28.1	23.3
Acute bronchitis	5.1	7.1	4.6	4.0	*2.4	*3.2	*2.0	*2.0
Pneumonia	1.6	2.6	1.1	1.6	*1.7	*2.0	*1.6	*1.6
Other respiratory conditions	2.1	3.0	1.9	1.5	*2.0	*3.8	*1.3	*0.7
Digestive system conditions	5.7	8.9	4.5	4.7	8.9	9.8	10.7	*4.4
Dental conditions	0.9	*1.0	1.0	*0.7	2.6	*3.9	*1.9	*1.8
Indigestion, nausea, and vomiting	2.9	6.1	2.2	1.5	4.9	*3.7	7.7	*1.5
Other digestive conditions	1.8	1.8	1.2	2.6	*1.4	*2.2	*1.1	*1.1
Injuries	24.8	28.0	27.8	18.5	20.6	18.3	24.5	16.6
Fractures and dislocations	3.3	4.2	3.0	2.8	*2.2	*2.8	*1.0	*3.4
Sprains and strains	5.8	4.4	8.1	4.1	4.1	*0.5	7.5	*3.1
Open wounds and lacerations	4.3	6.0	5.2	2.0	3.6	*5.3	*3.3	*1.4
Contusions and superficial injuries	4.6	5.4	4.4	4.2	5.2	*6.2	*3.6	*6.8
Other current injuries	6.7	8.0	7.1	5.3	5.6	*3.6	9.1	*1.9
Selected other acute conditions	28.3	52.0	21.9	17.8	24.9	35.6	21.0	16.4
Eye conditions	1.2	1.5	1.0	1.4	*1.5	*1.0	*0.8	*3.3
Acute ear infections	9.9	30.9	3.1	2.1	7.6	20.5	*1.3	*0.1
Other ear conditions	1.5	3.2	*0.7	1.2	*1.5	*2.3	*1.6	*-
Acute urinary conditions	3.4	2.0	4.0	3.7	*1.7	*0.5	*3.3	*0.7
Disorders of menstruation	0.4	*0.6	*0.6	*0.1	*0.8	*1.4	*0.7	*-
Other disorders of female genital tract	1.0	*0.2	1.9	*0.5	*1.3	*-	*2.1	*1.9
Delivery and other conditions of pregnancy and puerperium	1.4	*0.1	3.3	*-	*2.2	*0.3	*4.9	*-
Skin conditions	2.4	3.8	1.7	2.2	*1.4	*3.4	*-	*1.1
Acute musculoskeletal conditions	3.6	1.6	3.6	5.3	3.0	*-	*3.7	*5.9
Headache, excluding migraine	1.4	1.7	1.8	*0.8	*1.9	*1.0	*1.7	*3.5
Fever, unspecified	2.0	6.4	*0.4	*0.5	*2.1	*5.2	*0.7	*-
All other acute conditions	12.5	14.5	10.7	13.3	13.6	11.7	15.7	12.8

NOTES: Excluded from these estimates are conditions involving neither medical attention nor activity restriction.

The standard errors and relative standard errors (RSE's) can be computed by using parameter set I of table II, the frequencies of table 8, and the formula presented in rule 2 of appendix I. Estimates for which the numerator has an RSE of more than 30 percent are indicated with an asterisk.

Table 4. Number of acute conditions per 100 persons per year, by family income, age, and type of condition: United States, 1994—Con.
 [Data are based on household interviews of the civilian noninstitutionalized population. The survey design, general qualifications, and information on the reliability of the estimates are given in appendix I. Definitions of terms are given in appendix II]

Type of acute condition	Family income							
	Less than \$10,000				\$10,000–\$19,999			
	All ages	Under 18 years	18–44 years	45 years and over	All ages	Under 18 years	18–44 years	45 years and over
	Number of acute conditions per 100 persons per year							
All acute conditions	207.0	265.6	215.6	135.2	171.6	250.5	179.4	100.8
Infective and parasitic diseases	16.2	32.0	13.7	*3.6	18.4	39.2	16.0	*4.8
Common childhood diseases	*0.7	*2.4	*–	*–	*0.7	*1.0	*1.1	*–
Intestinal virus, unspecified	3.5	*6.6	*2.4	*1.9	4.9	11.7	*4.1	*0.4
Viral infections, unspecified	5.9	*11.1	*5.5	*1.0	6.1	13.0	6.4	*0.4
Other	6.1	11.8	*5.8	*0.7	6.7	13.5	*4.3	*3.9
Respiratory conditions	92.1	113.0	104.0	54.4	79.1	117.3	84.7	42.8
Common cold	34.4	58.8	33.6	*10.6	26.0	40.0	28.3	12.6
Other acute upper respiratory infections	12.4	17.0	14.6	*4.6	8.6	15.0	7.9	*4.2
Influenza	38.0	31.1	48.7	30.4	31.3	37.6	38.9	17.9
Acute bronchitis	*2.8	*1.6	*3.8	*2.5	7.5	11.6	6.3	*5.5
Pneumonia	*1.4	*1.5	*1.9	*0.5	2.5	*4.8	*1.2	*2.2
Other respiratory conditions	*3.2	*3.0	*1.3	*5.9	3.2	8.3	*2.0	*0.5
Digestive system conditions	10.1	12.0	13.1	*4.2	8.0	8.7	8.6	6.8
Dental conditions	*2.8	*4.5	*2.8	*1.1	*0.9	*1.7	*0.8	*0.5
Indigestion, nausea, and vomiting	4.6	*4.6	*6.2	*2.3	4.7	*5.4	6.0	*2.7
Other digestive conditions	*2.8	*3.0	*4.1	*0.8	2.4	*1.6	*1.8	*3.7
Injuries	33.9	32.0	37.0	31.7	25.1	23.5	36.6	13.3
Fractures and dislocations	4.5	*3.5	*3.3	*7.2	3.6	*2.5	6.4	*1.2
Sprains and strains	8.5	*5.0	13.7	*4.8	5.7	*2.9	9.3	*4.0
Open wounds and lacerations	5.6	*6.6	*6.7	*3.0	4.6	*5.8	7.2	*0.9
Contusions and superficial injuries	7.4	*6.4	*6.5	*9.8	4.7	*6.1	*5.2	*3.1
Other current injuries	7.9	*10.5	*6.8	*6.9	6.4	*6.2	8.6	*4.2
Selected other acute conditions	36.5	54.7	32.3	23.6	25.7	45.8	20.3	15.8
Eye conditions	*1.9	*0.9	*0.6	*4.6	*1.2	*0.6	*1.6	*1.2
Acute ear infections	12.3	31.0	*5.5	*2.4	8.9	31.1	*1.2	*–
Other ear conditions	*0.9	*1.3	*–	*1.6	*2.1	*4.0	*0.8	*2.1
Acute urinary conditions	*3.1	*2.1	*3.2	*3.9	2.8	*1.1	*2.8	*4.1
Disorders of menstruation	*0.5	*0.9	*0.6	*–	*0.1	*–	*0.4	*–
Other disorders of female genital tract	*2.1	*–	*4.4	*1.2	*1.5	*0.6	*2.3	*1.4
Delivery and other conditions of pregnancy and puerperium	*1.5	*0.8	*3.2	*–	*1.5	*–	*3.8	*–
Skin conditions	*3.4	*3.8	*5.0	*0.7	*1.1	*1.3	*1.3	*0.7
Acute musculoskeletal conditions	4.0	*0.7	*4.8	*6.2	3.6	*–	*4.3	*5.5
Headache, excluding migraine	*2.0	*1.3	*2.9	*1.6	*0.8	*1.2	*1.3	*–
Fever, unspecified	4.8	11.9	*2.0	*1.4	*2.1	*6.0	*0.4	*0.9
All other acute conditions	18.0	21.8	15.5	17.7	15.3	15.9	13.1	17.3

See notes at end of table.

Table 4. Number of acute conditions per 100 persons per year, by family income, age, and type of condition: United States, 1994—Con.

[Data are based on household interviews of the civilian noninstitutionalized population. The survey design, general qualifications, and information on the reliability of the estimates are given in appendix I. Definitions of terms are given in appendix I.]

Type of acute condition	Family income							
	\$20,000–\$34,999				\$35,000 or more			
	All ages	Under 18 years	18–44 years	45 years and over	All ages	Under 18 years	18–44 years	45 years and over
	Number of acute conditions per 100 persons per year							
All acute conditions	173.6	263.2	161.2	111.9	175.7	282.8	146.4	115.2
Infective and parasitic diseases	20.7	41.4	17.6	6.8	24.6	56.2	14.1	9.5
Common childhood diseases	1.6	6.1	*–	*–	1.7	5.0	*0.6	*–
Intestinal virus, unspecified	5.1	10.1	4.5	*1.4	4.6	9.4	3.0	*2.3
Viral infections, unspecified	6.7	12.2	5.8	*3.0	7.4	16.5	3.5	4.7
Other	7.4	13.0	7.3	*2.4	10.8	25.2	6.9	*2.6
Respiratory conditions	85.4	127.5	80.8	54.5	84.0	125.4	76.6	54.5
Common cold	25.1	41.1	23.2	13.8	25.4	40.3	20.7	17.9
Other acute upper respiratory infections	13.4	26.7	10.9	5.2	13.4	24.6	10.3	7.1
Influenza	38.5	47.4	41.1	26.7	38.0	51.1	38.7	24.0
Acute bronchitis	4.6	7.3	*2.4	5.2	4.7	6.4	4.3	3.6
Pneumonia	1.9	*2.6	*1.5	*1.9	0.9	*0.5	*0.9	*1.1
Other respiratory conditions	1.9	*2.4	*1.7	*1.6	1.7	*2.5	*1.8	*0.7
Digestive system conditions	5.7	10.1	4.2	*3.8	5.1	7.3	3.9	4.9
Dental conditions	*0.8	*1.6	*0.4	*0.7	0.9	*0.6	*0.9	*1.3
Indigestion, nausea, and vomiting	2.9	6.0	*2.4	*0.7	2.7	4.9	2.3	*1.3
Other digestive conditions	2.0	*2.6	*1.4	*2.4	1.5	*1.8	*0.6	*2.4
Injuries	23.0	25.3	25.6	17.2	22.0	27.1	21.7	17.7
Fractures and dislocations	3.4	*4.8	*2.2	*3.8	2.2	3.9	*1.6	*1.6
Sprains and strains	4.5	*3.0	6.7	*2.8	6.0	4.6	7.4	5.1
Open wounds and lacerations	4.2	6.1	5.0	*1.6	3.6	5.8	3.2	*2.0
Contusions and superficial injuries	4.8	6.7	4.3	*3.8	4.0	4.7	3.8	3.5
Other current injuries	6.1	*4.8	7.5	5.3	6.3	8.2	5.6	5.4
Selected other acute conditions	26.9	46.1	21.0	18.5	28.7	52.6	21.1	16.7
Eye conditions	*1.1	*0.3	*1.1	*1.7	1.1	*2.5	*0.6	*0.6
Acute ear infections	8.0	23.5	*2.0	*2.7	10.6	30.2	3.3	*2.4
Other ear conditions	1.8	*2.9	*1.3	*1.3	1.5	3.3	*1.0	*0.7
Acute urinary conditions	3.6	*2.0	4.2	*4.2	2.7	*1.7	4.1	*1.5
Disorders of menstruation	*0.6	*1.5	*0.4	*–	*0.6	*0.7	*0.8	*0.2
Other disorders of female genital tract	*0.9	*0.4	*1.4	*0.7	0.9	*–	*1.8	*0.4
Delivery and other conditions of pregnancy and puerperium	*1.4	*0.3	*3.0	*–	1.6	*–	3.8	*–
Skin conditions	2.2	*3.6	*1.6	*2.0	2.8	4.9	*1.0	3.5
Acute musculoskeletal conditions	3.5	*2.0	*3.4	5.2	3.7	*1.9	3.8	5.5
Headache, excluding migraine	1.6	*1.5	*2.5	*0.3	1.4	*1.9	*0.7	*1.9
Fever, unspecified	2.3	8.1	*–	*0.3	1.7	5.4	*0.3	*0.2
All other acute conditions	11.9	12.8	11.9	11.0	11.3	14.1	9.0	11.9

NOTES: Excluded from these estimates are conditions involving neither medical attention nor activity restriction.

The standard errors and relative standard errors (RSE's) can be computed by using parameter sets I and X of table II, the frequencies of tables 9 and 78, and the formula presented in rule 4 of appendix I. Estimates for which the numerator has an RSE of more than 30 percent are indicated with an asterisk.

Table 5. Number of acute conditions per 100 persons per year, by geographic region, place of residence, and type of condition: United States, 1994

[Data are based on household interviews of the civilian noninstitutionalized population. The survey design, general qualifications, and information on the reliability of the estimates are given in appendix I. Definitions of terms are given in appendix II]

Type of acute condition	Geographic region				Place of residence			
	Northeast	Midwest	South	West	MSA ¹			
					All MSA ¹	Central city	Not central city	Not MSA ¹
	Number of acute conditions per 100 persons per year							
All acute conditions	161.6	176.6	155.0	199.6	174.6	166.6	179.7	160.3
Infective and parasitic diseases	24.5	16.6	24.4	17.0	21.5	19.2	23.0	18.6
Common childhood diseases	2.0	1.3	1.0	1.8	1.6	1.6	1.6	*1.0
Intestinal virus, unspecified	7.4	1.6	7.0	1.7	4.9	4.0	5.4	3.6
Viral infections, unspecified	6.1	5.5	9.1	4.6	6.5	5.4	7.2	7.1
Other	9.0	8.1	7.3	8.9	8.5	8.2	8.7	6.9
Respiratory conditions	73.4	87.4	63.4	105.1	82.4	80.3	83.8	73.6
Common cold	29.4	23.3	19.4	33.3	26.9	28.8	25.7	20.0
Other acute upper respiratory infections	10.9	13.0	11.2	12.6	11.8	10.1	12.9	12.3
Influenza	26.0	42.5	25.0	49.1	35.6	34.0	36.6	32.2
Acute bronchitis	5.2	4.9	3.9	5.2	4.6	3.6	5.2	5.0
Pneumonia	*0.7	1.9	1.5	2.4	1.4	1.6	1.3	2.5
Other respiratory conditions	*1.1	1.8	2.4	2.6	2.2	2.2	2.1	1.6
Digestive system conditions	5.2	5.2	6.7	7.0	6.5	7.2	6.0	4.8
Dental conditions	*1.5	*0.7	1.3	*0.9	1.2	1.5	1.0	*0.8
Indigestion, nausea, and vomiting	1.8	2.9	3.6	4.1	3.2	3.8	2.9	3.2
Other digestive conditions	1.8	1.6	1.7	2.0	2.0	2.0	2.1	*0.9
Injuries	20.2	25.2	23.6	25.8	23.4	21.6	24.5	25.5
Fractures and dislocations	2.8	2.6	3.5	3.1	2.7	2.5	2.9	4.1
Sprains and strains	5.8	6.4	5.3	4.5	5.3	4.4	5.8	6.2
Open wounds and lacerations	2.7	4.6	4.1	5.2	4.2	4.4	4.1	4.1
Contusions and superficial injuries	4.8	4.3	4.4	5.4	4.8	4.5	4.9	4.4
Other current injuries	4.1	7.4	6.4	7.7	6.4	5.8	6.8	6.7
Selected other acute conditions	26.5	29.7	24.7	30.1	27.8	24.8	29.6	26.5
Eye conditions	*1.2	1.4	1.2	*1.1	1.2	1.7	1.0	*1.1
Acute ear infections	7.4	9.6	8.5	11.8	10.0	7.3	11.8	6.6
Other ear conditions	*1.4	2.0	1.3	*1.1	1.3	1.0	1.5	1.9
Acute urinary conditions	3.7	2.8	3.1	3.1	2.8	2.2	3.2	4.3
Disorders of menstruation	*0.1	*0.4	*0.7	*0.4	0.4	*0.5	*0.4	*0.6
Other disorders of female genital tract	*1.0	*1.2	1.3	*0.5	0.9	1.1	0.8	1.5
Delivery and other conditions of pregnancy and puerperium	*1.2	1.8	1.5	*1.1	1.6	1.3	1.8	*0.9
Skin conditions	2.3	2.8	2.0	2.6	2.2	1.8	2.5	3.0
Acute musculoskeletal conditions	4.0	4.0	2.5	4.1	3.4	3.6	3.4	3.7
Headache, excluding migraine	*1.6	1.5	1.3	1.9	1.5	2.0	1.2	1.5
Fever, unspecified	2.6	2.2	1.4	2.5	2.3	2.4	2.2	*1.4
All other acute conditions	11.7	12.6	12.2	14.4	13.1	13.5	12.9	11.2

¹MSA is metropolitan statistical area.

NOTES: Excluded from these estimates are conditions involving neither medical attention nor activity restriction.

The standard errors and relative standard errors (RSE's) can be computed by using parameter sets I and X of table II, the frequencies of tables 10 and 78, and the formula presented in rule 4 of appendix I. Estimates for which the numerator has an RSE of more than 30 percent are indicated with an asterisk.

Table 6. Number of acute conditions, by age and type of condition: United States, 1994

[Data are based on household interviews of the civilian noninstitutionalized population. The survey design, general qualifications, and information on the reliability of the estimates are given in appendix I. Definitions of terms are given in appendix II]

Type of acute condition	All ages	Under 5 years	5-17 years	18-24 years	25-44 years	45 years and over		
						Total	45-64 years	65 years and over
Number of acute conditions in thousands								
All acute conditions	445,169	73,473	109,073	44,403	127,222	90,998	56,898	34,100
Infective and parasitic diseases	54,201	11,210	20,778	4,668	12,066	5,478	3,873	1,605
Common childhood diseases	3,798	1,757	1,424	237	380	-	-	-
Intestinal virus, unspecified	11,902	1,706	4,706	1,233	3,124	1,133	951	182
Viral infections, unspecified	17,257	4,238	5,807	1,415	3,457	2,341	1,562	779
Other	21,244	3,508	8,842	1,784	5,106	2,004	1,360	644
Respiratory conditions	208,930	31,499	51,209	20,831	63,925	41,467	27,937	13,530
Common cold	65,968	14,020	14,574	6,590	18,591	12,194	8,372	3,822
Other acute upper respiratory infections	30,866	5,141	10,074	2,491	8,333	4,827	3,351	1,476
Influenza	90,447	7,645	22,921	9,783	31,351	18,746	13,058	5,688
Acute bronchitis	12,149	2,304	2,115	868	3,624	3,238	2,101	1,137
Pneumonia	4,220	1,150	551	441	761	1,317	450	867
Other respiratory conditions	5,280	1,239	973	659	1,265	1,145	605	540
Digestive system conditions	15,863	2,155	4,110	1,866	3,918	3,813	2,084	1,729
Dental conditions	2,891	691	355	463	771	611	437	174
Indigestion, nausea, and vomiting	8,323	830	2,992	1,135	2,114	1,252	687	585
Other digestive conditions	4,649	634	763	268	1,033	1,951	961	990
Injuries	61,887	5,246	12,904	8,267	20,726	14,744	8,659	6,086
Fractures and dislocations	7,893	392	2,289	840	2,100	2,272	1,218	1,054
Sprains and strains	14,195	174	2,408	2,639	5,740	3,235	2,198	1,037
Open wounds and lacerations	10,874	1,200	2,846	1,486	3,796	1,545	1,105	440
Contusions and superficial injuries	12,117	1,064	2,747	1,234	3,421	3,652	1,796	1,856
Other current injuries	16,807	2,416	2,614	2,067	5,670	4,041	2,341	1,700
Selected other acute conditions	71,337	18,502	15,022	6,347	16,900	14,565	8,703	5,862
Eye conditions	3,160	535	403	200	774	1,247	316	931
Acute ear infections	24,123	12,839	6,751	611	2,344	1,578	1,132	447
Other ear conditions	3,781	1,032	1,000	85	808	855	421	434
Acute urinary conditions	8,140	570	599	1,412	2,729	2,831	1,406	1,425
Disorders of menstruation	1,146	...	480	185	436	45	45	-
Other disorders of female genital tract	2,652	-	117	587	1,476	473	419	54
Delivery and other conditions of pregnancy and puerperium	3,707	...	91	1,219	2,397	-	-	...
Skin conditions	6,165	1,205	1,332	552	1,161	1,914	1,186	728
Acute musculoskeletal conditions	9,078	163	759	697	3,083	4,376	2,827	1,549
Headache, excluding migraine	3,975	-	1,189	556	1,363	866	738	128
Fever, unspecified	5,410	2,158	2,301	243	329	379	214	166
All other acute conditions	32,952	4,861	5,050	2,424	9,686	10,930	5,642	5,289

NOTES: Excluded from these estimates are conditions involving neither medical attention nor activity restriction.

The standard errors and relative standard errors (RSE's) can be computed by using parameter set I of table II and the formula presented in rule 1 of appendix I. An estimate of 7.5 million has a 10-percent RSE; of 1.9 million, a 20-percent RSE; and of 816,000, a 30-percent RSE.

Table 7. Number of acute conditions, by sex, age, and type of condition: United States, 1994

[Data are based on household interviews of the civilian noninstitutionalized population. The survey design, general qualifications, and information on the reliability of the estimates are given in appendix I. Definitions of terms are given in appendix II]

Type of acute condition	Male					Female				
	All ages	Under 5 years	5-17 years	18-44 years	45 years and over	All ages	Under 5 years	5-17 years	18-44 years	45 years and over
	Number of acute conditions in thousands									
All acute conditions	195,919	38,882	53,011	71,633	32,392	249,251	34,591	56,062	99,991	58,606
Infective and parasitic diseases	23,831	5,759	10,202	6,181	1,689	30,370	5,451	10,576	10,554	3,789
Common childhood diseases	2,067	866	931	270	—	1,731	892	493	346	—
Intestinal virus, unspecified	6,040	918	2,463	2,049	611	5,861	788	2,243	2,308	522
Viral infections, unspecified	7,281	2,091	2,632	1,878	680	9,976	2,148	3,175	2,993	1,660
Other	8,442	1,884	4,177	1,984	398	12,802	1,624	4,665	4,907	1,607
Respiratory conditions	95,218	16,814	25,279	37,233	15,892	113,712	14,685	25,930	47,522	25,575
Common cold	30,299	7,393	7,041	10,926	4,939	35,669	6,627	7,533	14,254	7,255
Other acute upper respiratory infections	13,369	2,961	4,307	4,712	1,389	17,497	2,181	5,767	6,111	3,438
Influenza	43,151	4,241	11,725	19,444	7,740	47,296	3,404	11,196	21,690	11,006
Acute bronchitis	4,564	1,038	1,032	1,439	1,054	7,585	1,266	1,083	3,053	2,184
Pneumonia	1,644	411	388	257	588	2,576	739	162	945	729
Other respiratory conditions	2,192	770	784	455	183	3,088	468	189	1,469	962
Digestive system conditions	6,900	1,315	1,826	2,270	1,489	8,963	841	2,283	3,515	2,324
Dental conditions	1,575	535	190	570	281	1,316	157	165	664	330
Indigestion, nausea, and vomiting	3,510	377	1,353	1,367	413	4,813	453	1,639	1,882	839
Other digestive conditions	1,814	403	284	332	796	2,835	231	479	969	1,156
Injuries	32,639	3,260	7,070	16,599	5,710	29,247	1,986	5,834	12,393	9,034
Fractures and dislocations	4,506	154	1,297	2,143	913	3,387	239	992	797	1,359
Sprains and strains	7,156	106	1,479	4,069	1,502	7,040	68	929	4,309	1,733
Open wounds and lacerations	7,233	924	1,865	3,737	707	3,640	276	982	1,544	838
Contusions and superficial injuries	5,775	447	1,366	2,992	971	6,342	617	1,381	1,663	2,681
Other current injuries	7,970	1,630	1,064	3,658	1,618	8,838	786	1,550	4,079	2,423
Selected other acute conditions	24,572	9,375	6,497	5,026	3,674	46,766	9,127	8,526	18,222	10,891
Eye conditions	1,002	183	194	412	213	2,158	353	209	562	1,034
Acute ear infections	11,634	6,961	3,182	1,141	351	12,489	5,879	3,569	1,814	1,228
Other ear conditions	1,605	673	438	205	290	2,175	359	562	689	565
Acute urinary conditions	814	51	55	338	370	7,327	520	544	3,802	2,461
Disorders of menstruation . . . . .	...	...	...	...	...	1,146	...	480	621	45
Other disorders of female genital tract . . . . .	...	...	...	...	...	2,652	—	117	2,063	473
Delivery and other conditions of pregnancy and puerperium . . . . .	...	...	...	...	...	3,707	...	91	3,616	—
Skin conditions	2,581	459	590	712	819	3,583	746	742	1,001	1,095
Acute musculoskeletal conditions	3,127	50	279	1,383	1,416	5,951	113	480	2,398	2,960
Headache, excluding migraine	1,330	—	520	648	161	2,646	—	669	1,271	705
Fever, unspecified	2,478	1,000	1,238	186	53	2,933	1,158	1,063	386	326
All other acute conditions	12,758	2,359	2,136	4,325	3,938	20,193	2,502	2,914	7,785	6,993

NOTES: Excluded from these estimates are conditions involving neither medical attention nor activity restriction.

The standard errors and relative standard errors (RSE's) can be computed by using parameter set I of table II and the formula presented in rule 1 of appendix I. An estimate of 7.5 million has a 10-percent RSE; of 1.9 million, a 20-percent RSE; and of 816,000, a 30-percent RSE.

Table 8. Number of acute conditions, by race, age, and type of condition: United States, 1994

[Data are based on household interviews of the civilian noninstitutionalized population. The survey design, general qualifications, and information on the reliability of the estimates are given in appendix I. Definitions of terms are given in appendix II]

Type of acute condition	White				Black			
	All ages	Under 18 years	18-44 years	45 years and over	All ages	Under 18 years	18-44 years	45 years and over
Number of acute conditions in thousands ¹								
All acute conditions	376,062	154,351	143,214	78,497	50,855	20,850	21,633	8,372
Infective and parasitic diseases	46,374	27,530	14,059	4,785	6,665	3,738	2,353	574
Common childhood diseases	3,054	2,629	425	—	689	498	191	—
Intestinal virus, unspecified	9,926	5,414	3,589	923	1,746	823	713	211
Viral infections, unspecified	14,285	8,466	3,681	2,138	2,438	1,202	1,035	202
Other	19,108	11,021	6,364	1,724	1,791	1,216	414	161
Respiratory conditions	176,767	69,663	71,913	35,191	21,714	8,597	9,170	3,948
Common cold	52,150	21,870	20,100	10,181	9,680	4,725	3,628	1,326
Other acute upper respiratory infections	27,431	13,977	9,474	3,981	2,333	925	893	516
Influenza	78,327	26,767	35,587	15,973	7,668	1,934	3,952	1,782
Acute bronchitis	10,916	3,949	4,098	2,869	795	360	279	156
Pneumonia	3,535	1,423	972	1,140	575	226	230	119
Other respiratory conditions	4,407	1,678	1,682	1,047	664	427	187	50
Digestive system conditions	12,149	4,892	3,937	3,319	2,939	1,103	1,500	335
Dental conditions	1,922	544	905	472	853	443	271	138
Indigestion, nausea, and vomiting	6,327	3,352	1,940	1,036	1,611	417	1,080	114
Other digestive conditions	3,900	996	1,092	1,811	474	243	148	83
Injuries	53,108	15,489	24,527	13,092	6,798	2,070	3,453	1,274
Fractures and dislocations	6,998	2,320	2,669	2,009	719	312	145	262
Sprains and strains	12,450	2,415	7,146	2,890	1,349	51	1,063	235
Open wounds and lacerations	9,322	3,329	4,555	1,439	1,174	599	468	106
Contusions and superficial injuries	9,879	3,009	3,884	2,986	1,719	696	500	523
Other current injuries	14,458	4,417	6,273	3,769	1,836	412	1,276	148
Selected other acute conditions	60,758	28,748	19,363	12,647	8,233	4,024	2,951	1,258
Eye conditions	2,680	824	858	998	481	115	117	249
Acute ear infections	21,298	17,085	2,697	1,517	2,512	2,315	188	8
Other ear conditions	3,293	1,775	662	855	488	257	231	—
Acute urinary conditions	7,230	1,115	3,499	2,617	573	55	466	52
Disorders of menstruation	885	317	522	45	261	163	98	—
Other disorders of female genital tract	2,152	117	1,705	330	445	—	302	143
Delivery and other conditions of pregnancy and puerperium	2,932	54	2,878	—	725	37	688	—
Skin conditions	5,161	2,092	1,477	1,592	472	384	—	87
Acute musculoskeletal conditions	7,791	877	3,157	3,758	978	—	523	454
Headache, excluding migraine	3,069	965	1,549	555	619	116	238	265
Fever, unspecified	4,268	3,529	359	379	680	582	99	—
All other acute conditions	26,907	8,029	9,415	9,463	4,507	1,317	2,207	983

¹Totals for white and black do not sum to total acute conditions because other races are not included.

NOTES: Excluded from these estimates are conditions involving neither medical attention nor activity restriction.

The standard errors and relative standard errors (RSE's) can be computed by using parameter set I of table II and the formula presented in rule 1 of appendix I. An estimate of 7.5 million has a 10-percent RSE; of 1.9 million, a 20-percent RSE; and of 818,000, a 30-percent RSE.

Table 9. Number of acute conditions, by family income, age, and type of condition: United States, 1994

[Data are based on household interviews of the civilian noninstitutionalized population. The survey design, general qualifications, and information on the reliability of the estimates are given in appendix I. Definitions of terms are given in appendix II]

Type of acute condition	Family income							
	Less than \$10,000				\$10,000-\$19,999			
	All ages	Under 18 years	18-44 years	45 years and over	All ages	Under 18 years	18-44 years	45 years and over
	Number of acute conditions in thousands ¹							
All acute conditions	48,355	18,670	20,388	9,296	63,966	25,306	25,737	12,923
Infective and parasitic diseases	3,796	2,251	1,298	247	6,863	3,962	2,292	609
Common childhood diseases	171	171	—	—	253	98	156	—
Intestinal virus, unspecified	826	465	229	132	1,834	1,186	592	56
Viral infections, unspecified	1,372	783	521	69	2,285	1,315	920	50
Other	1,427	831	549	46	2,491	1,364	624	503
Respiratory conditions	21,517	7,942	9,833	3,743	29,488	11,850	12,148	5,490
Common cold	8,035	4,131	3,177	727	9,709	4,037	4,061	1,611
Other acute upper respiratory infections	2,890	1,196	1,380	314	3,187	1,513	1,138	535
Influenza	8,877	2,185	4,604	2,088	11,684	3,802	5,583	2,299
Acute bronchitis	644	111	362	171	2,787	1,176	910	702
Pneumonia	325	107	184	34	937	480	173	283
Other respiratory conditions	745	211	125	409	1,184	842	283	59
Digestive system conditions	2,370	846	1,236	289	2,992	876	1,241	875
Dental conditions	650	315	261	74	349	170	117	62
Indigestion, nausea, and vomiting	1,065	321	588	156	1,755	548	867	340
Other digestive conditions	654	210	387	58	887	158	257	473
Injuries	7,928	2,252	3,500	2,176	9,342	2,379	5,257	1,706
Fractures and dislocations	1,050	245	312	493	1,331	257	922	152
Sprains and strains	1,980	354	1,293	332	2,136	297	1,328	511
Open wounds and lacerations	1,303	466	633	203	1,719	581	1,028	110
Contusions and superficial injuries	1,740	450	615	675	1,762	613	751	398
Other current injuries	1,855	736	646	473	2,394	631	1,227	535
Selected other acute conditions	8,529	3,848	3,058	1,623	9,575	4,629	2,918	2,028
Eye conditions	437	61	59	317	436	56	227	153
Acute ear infections	2,867	2,182	520	166	3,313	3,139	173	—
Other ear conditions	206	94	—	112	797	408	120	269
Acute urinary conditions	722	150	306	265	1,036	111	404	521
Disorders of menstruation	122	64	58	—	55	—	55	—
Other disorders of female genital tract	493	—	412	81	563	61	328	174
Delivery and other conditions of pregnancy and puerperium	361	54	306	—	552	—	552	—
Skin conditions	787	264	474	49	409	130	183	95
Acute musculoskeletal conditions	933	48	458	427	1,330	—	624	707
Headache, excluding migraine	474	94	274	107	310	119	191	—
Fever, unspecified	1,128	837	192	99	773	604	60	109
All other acute conditions	4,215	1,533	1,464	1,219	5,706	1,609	1,882	2,215

See footnote and notes at end of table.

Table 9. Number of acute conditions, by family income, age, and type of condition: United States, 1994—Con.

[Data are based on household interviews of the civilian noninstitutionalized population. The survey design, general qualifications, and information on the reliability of the estimates are given in appendix I. Definitions of terms are given in appendix II]

Type of acute condition	Family income							
	\$20,000–\$34,999				\$35,000 or more			
	All ages	Under 18 years	18–44 years	45 years and over	All ages	Under 18 years	18–44 years	45 years and over
	Number of acute conditions in thousands ¹							
All acute conditions	94,062	38,040	37,895	18,126	176,197	79,308	64,002	32,887
Infective and parasitic diseases	11,229	5,981	4,139	1,109	24,633	15,768	6,153	2,712
Common childhood diseases	875	875	—	—	1,696	1,415	281	—
Intestinal virus, unspecified	2,740	1,456	1,052	233	4,621	2,649	1,325	646
Viral infections, unspecified	3,629	1,765	1,373	491	7,467	4,626	1,512	1,329
Other	3,984	1,885	1,714	385	10,849	7,077	3,035	737
Respiratory conditions	46,256	18,425	19,004	8,827	84,246	35,182	33,499	15,564
Common cold	13,624	5,934	5,449	2,241	25,450	11,301	9,034	5,115
Other acute upper respiratory infections	7,256	3,863	2,557	836	13,424	6,897	4,491	2,036
Influenza	20,840	6,846	9,660	4,334	38,095	14,338	16,914	6,842
Acute bronchitis	2,472	1,061	575	836	4,703	1,804	1,863	1,036
Pneumonia	1,042	376	352	314	878	147	404	328
Other respiratory conditions	1,022	346	411	265	1,696	695	793	208
Digestive system conditions	3,073	1,462	993	618	5,143	2,044	1,710	1,389
Dental conditions	434	225	93	116	935	168	409	359
Indigestion, nausea, and vomiting	1,557	864	576	118	2,746	1,370	1,019	357
Other digestive conditions	1,081	373	324	384	1,462	506	282	674
Injuries	12,485	3,661	6,030	2,794	22,109	7,594	9,472	5,043
Fractures and dislocations	1,823	689	520	614	2,225	1,085	683	457
Sprains and strains	2,455	428	1,576	451	5,980	1,291	3,224	1,465
Open wounds and lacerations	2,301	878	1,170	253	3,618	1,624	1,417	577
Contusions and superficial injuries	2,595	974	1,008	613	3,985	1,305	1,681	999
Other current injuries	3,311	693	1,755	863	6,299	2,289	2,466	1,544
Selected other acute conditions	14,599	6,669	4,937	2,993	28,773	14,756	9,237	4,780
Eye conditions	601	50	269	282	1,132	707	253	172
Acute ear infections	4,312	3,400	471	442	10,608	8,471	1,455	682
Other ear conditions	957	426	312	218	1,551	934	429	189
Acute urinary conditions	1,960	287	994	679	2,714	486	1,792	435
Disorders of menstruation	302	212	90	—	598	203	350	45
Other disorders of female genital tract	504	55	335	113	882	—	777	105
Delivery and other conditions of pregnancy and puerperium	747	37	710	—	1,644	—	1,644	—
Skin conditions	1,212	523	369	319	2,820	1,367	451	1,002
Acute musculoskeletal conditions	1,921	289	793	839	3,761	531	1,672	1,558
Headache, excluding migraine	863	221	594	47	1,375	545	293	537
Fever, unspecified	1,221	1,168	—	53	1,690	1,512	122	55
All other acute conditions	6,420	1,843	2,792	1,786	11,293	3,964	3,931	3,398

¹Totals for income categories do not sum to total acute conditions because persons with unknown family income are not included.

NOTES: Excluded from these estimates are conditions involving neither medical attention nor activity restriction.

The standard errors and relative standard errors (RSE's) can be computed by using parameter set I of table II and the formula presented in rule 1 of appendix I. An estimate of 7.5 million has a 10-percent RSE; of 1.9 million, a 20-percent RSE; and of 816,000, a 30-percent RSE.

Table 10. Number of acute conditions, by geographic region, place of residence, and type of condition: United States, 1994

[Data are based on household interviews of the civilian noninstitutionalized population. The survey design, general qualifications, and information on the reliability of the estimates are given in appendix I. Definitions of terms are given in appendix II]

Type of acute condition	Geographic region				Place of residence			
					MSA ¹			
	Northeast	Midwest	South	West	All MSA ¹	Central city	Not central city	Not MSA ¹
	Number of acute conditions in thousands							
All acute conditions	81,803	111,701	136,518	115,147	354,502	132,447	222,055	90,668
Infective and parasitic diseases	12,422	10,477	21,466	9,836	43,654	15,277	28,377	10,547
Common childhood diseases	1,023	847	881	1,046	3,212	1,234	1,978	585
Intestinal virus, unspecified	3,754	1,007	6,143	999	9,867	3,193	6,674	2,035
Viral infections, unspecified	3,110	3,501	8,011	2,635	13,236	4,298	8,937	4,022
Other	4,535	5,122	6,430	5,156	17,339	6,551	10,787	3,905
Respiratory conditions	37,170	55,255	55,844	60,662	167,305	63,813	103,492	41,625
Common cold	14,889	14,764	17,109	19,207	54,629	22,900	31,729	11,339
Other acute upper respiratory infections	5,535	8,200	9,878	7,254	23,931	8,037	15,894	6,935
Influenza	13,181	26,895	22,045	28,327	72,232	27,024	45,208	18,215
Acute bronchitis	2,628	3,075	3,416	3,029	9,304	2,848	6,457	2,845
Pneumonia	368	1,173	1,309	1,370	2,814	1,233	1,582	1,405
Other respiratory conditions	569	1,148	2,087	1,475	4,394	1,772	2,622	886
Digestive system conditions	2,617	3,315	5,864	4,067	13,128	5,754	7,374	2,735
Dental conditions	782	431	1,154	524	2,446	1,179	1,267	445
Indigestion, nausea, and vomiting	901	1,858	3,190	2,374	6,538	3,016	3,522	1,784
Other digestive conditions	935	1,026	1,520	1,169	4,144	1,559	2,585	505
Injuries	10,243	15,930	20,818	14,897	47,445	17,156	30,289	14,442
Fractures and dislocations	1,407	1,628	3,082	1,776	5,553	1,972	3,582	2,339
Sprains and strains	2,956	4,027	4,636	2,576	10,676	3,478	7,198	3,519
Open wounds and lacerations	1,382	2,887	3,623	2,982	8,563	3,465	5,098	2,310
Contusions and superficial injuries	2,408	2,693	3,884	3,133	9,654	3,599	6,055	2,464
Other current injuries	2,090	4,695	5,594	4,429	12,998	4,641	8,357	3,809
Selected other acute conditions	13,408	18,761	21,800	17,369	56,358	19,722	36,636	14,979
Eye conditions	629	855	1,063	614	2,537	1,345	1,193	623
Acute ear infections	3,758	6,080	7,490	6,796	20,365	5,782	14,582	3,759
Other ear conditions	719	1,278	1,148	636	2,697	821	1,876	1,083
Acute urinary conditions	1,849	1,802	2,696	1,794	5,731	1,775	3,956	2,409
Disorders of menstruation	33	278	626	209	821	366	455	324
Other disorders of female genital tract	502	732	1,127	290	1,789	854	935	863
Delivery and other conditions of pregnancy and puerperium	623	1,124	1,323	637	3,223	1,021	2,203	484
Skin conditions	1,171	1,748	1,753	1,493	4,452	1,414	3,038	1,712
Acute musculoskeletal conditions	2,014	2,502	2,213	2,348	6,997	2,830	4,167	2,081
Headache, excluding migraine	796	946	1,130	1,103	3,116	1,604	1,512	859
Fever, unspecified	1,314	1,416	1,231	1,449	4,628	1,910	2,718	782
All other acute conditions	5,943	7,964	10,727	8,318	26,612	10,725	15,887	6,340

¹MSA is metropolitan statistical area.

NOTES: Excluded from these estimates are conditions involving neither medical attention nor activity restriction.

The standard errors and relative standard errors (RSE's) can be computed by using parameter set I of table II and the formula presented in rule 1 of appendix I. An estimate of 7.5 million has a 10-percent RSE; of 1.9 million, a 20-percent RSE; and of 816,000, a 30-percent RSE.

Table 11. Percent of acute conditions medically attended, by age and type of condition: United States, 1994

[Data are based on household interviews of the civilian noninstitutionalized population. The survey design, general qualifications, and information on the reliability of the estimates are given in appendix I. Definitions of terms are given in appendix II]

Type of acute condition	All ages	Under 5 years	5-17 years	18-24 years	25-44 years	45 years and over		
						Total	45-64 years	65 years and over
	Percent							
All acute conditions	67.3	84.1	60.7	60.4	62.9	71.2	64.9	81.6
Infective and parasitic diseases	65.5	83.6	62.0	58.5	61.0	58.0	52.7	70.8
Common childhood diseases	58.3	73.2	*29.7	*71.3	*88.7	*-	*-	*-
Intestinal virus, unspecified	35.7	64.2	29.7	*29.4	31.0	*37.3	*31.3	*68.7
Viral infections, unspecified	57.0	84.5	*49.5	*51.2	45.8	45.5	*41.0	*54.4
Other	90.5	97.2	92.7	82.7	87.4	84.3	81.0	*91.1
Respiratory conditions	50.1	73.7	45.0	39.7	44.7	51.8	45.4	65.2
Common cold	40.9	67.6	32.5	29.0	31.4	41.1	36.0	52.2
Other acute upper respiratory infections	80.9	94.2	76.0	77.4	81.6	77.8	78.0	77.6
Influenza	36.2	57.6	32.5	27.0	34.1	40.2	32.8	57.2
Acute bronchitis	90.9	95.6	86.5	*86.4	92.8	89.5	83.8	100.0
Pneumonia	98.7	100.0	*100.0	*100.0	*100.0	96.0	*88.2	100.0
Other respiratory conditions	89.1	91.3	*83.4	*89.7	89.9	90.3	*100.0	*79.4
Digestive system conditions	60.7	79.0	37.3	51.6	55.1	85.8	78.8	94.2
Dental conditions	67.3	*64.3	*74.1	*43.2	*55.6	*100.0	*100.0	*100.0
Indigestion, nausea, and vomiting	40.8	*75.2	*22.0	*43.5	40.6	*60.8	*35.5	*91.5
Other digestive conditions	92.1	*100.0	*80.1	*100.0	84.5	97.3	100.0	94.7
Injuries	91.7	93.4	94.9	88.5	91.0	91.0	91.2	90.7
Fractures and dislocations	97.3	*100.0	100.0	*93.2	92.6	100.0	100.0	100.0
Sprains and strains	88.0	*100.0	89.4	89.0	83.5	93.2	90.0	100.0
Open wounds and lacerations	94.8	95.8	96.6	81.6	96.3	100.0	100.0	*100.0
Contusions and superficial injuries	92.3	100.0	98.8	87.2	96.8	82.8	79.1	86.3
Other current injuries	89.7	87.8	89.5	91.7	90.9	88.1	93.0	81.5
Selected other acute conditions	89.6	96.9	79.8	89.5	87.9	92.4	90.8	94.9
Eye conditions	96.6	*89.7	*100.0	*100.0	*93.4	100.0	*100.0	100.0
Acute ear infections	97.1	100.0	92.9	*89.4	92.9	100.0	100.0	*100.0
Other ear conditions	93.1	100.0	88.8	*100.0	*81.9	100.0	*100.0	*100.0
Acute urinary conditions	100.0	*100.0	*100.0	100.0	100.0	100.0	100.0	100.0
Disorders of menstruation	50.0	...	*23.8	*100.0	*52.5	*100.0	*100.0	*-
Other disorders of female genital tract	100.0	*-	*100.0	*100.0	100.0	*100.0	*100.0	*100.0
Delivery and other conditions of pregnancy and puerperium	96.8	...	*100.0	100.0	95.0	*-	*-	...
Skin conditions	99.0	100.0	95.6	*100.0	100.0	100.0	100.0	*100.0
Acute musculoskeletal conditions	87.5	*100.0	*100.0	*90.0	88.0	84.1	83.9	84.5
Headache, excluding migraine	46.0	*-	*38.4	*48.6	*43.4	*58.8	*59.6	*53.9
Fever, unspecified	57.5	75.9	44.2	*-	*37.1	*87.6	*77.6	*100.0
All other acute conditions	88.5	96.8	88.2	76.3	85.0	90.9	84.5	97.7

NOTES: Excluded from these estimates are conditions involving neither medical attention nor activity restriction.

The standard errors and relative standard errors (RSE's) can be computed by using parameter set I of table II, the frequencies of table 6, and the formula presented in rule 3 of appendix I. Estimates for which the numerator has an RSE of more than 30 percent are indicated with an asterisk.

Table 12. Percent of acute conditions medically attended, by sex, age, and type of condition: United States, 1994

[Data are based on household interviews of the civilian noninstitutionalized population. The survey design, general qualifications, and information on the reliability of the estimates are given in appendix I. Definitions of terms are given in appendix II]

Type of acute condition	Male					Female				
	All ages	Under 5 years	5-17 years	18-44 years	45 years and over	All ages	Under 5 years	5-17 years	18-44 years	45 years and over
	Percent									
All acute conditions	64.8	83.4	59.8	56.5	68.8	69.3	85.0	61.5	66.4	72.5
Infective and parasitic diseases	60.6	84.8	55.7	49.4	48.3	69.4	82.4	68.2	66.6	62.3
Common childhood diseases	56.4	*77.0	*29.1	*84.4	*-	60.7	*69.5	*30.8	*80.3	*-
Intestinal virus, unspecified	32.4	*64.4	*22.1	*34.5	*18.8	39.1	*64.1	38.1	*27.1	*59.0
Viral infections, unspecified	53.3	85.8	39.3	*33.4	*62.6	59.6	83.2	58.0	56.2	*38.5
Other	88.1	97.3	91.8	75.4	*69.1	92.1	97.0	93.5	90.6	88.0
Respiratory conditions	47.0	70.1	44.9	37.5	48.3	52.6	77.8	45.1	48.2	54.0
Common cold	38.9	65.5	29.5	26.5	40.0	42.6	70.0	35.4	34.1	41.8
Other acute upper respiratory infections	79.3	89.9	78.0	74.5	77.2	82.2	100.0	74.5	85.4	78.1
Influenza	34.3	51.1	33.4	29.4	39.1	37.8	65.6	31.6	35.1	41.0
Acute bronchitis	91.4	100.0	95.3	87.7	84.4	90.6	92.0	78.1	93.4	91.9
Pneumonia	96.8	*100.0	*100.0	*100.0	*90.8	100.0	*100.0	*100.0	100.0	*100.0
Other respiratory conditions	81.9	*86.1	*79.5	*71.9	*100.0	94.2	*100.0	*100.0	95.4	88.5
Digestive system conditions	59.8	91.0	*37.1	39.1	91.8	61.4	*60.2	37.5	63.6	81.9
Dental conditions	74.2	*77.8	*100.0	*49.3	*100.0	*59.2	*17.8	*44.2	*52.4	*100.0
Indigestion, nausea, and vomiting	35.3	*100.0	*15.2	*26.8	*70.2	44.8	*54.5	*27.7	52.4	*56.1
Other digestive conditions	95.0	*100.0	*100.0	*72.3	*100.0	90.4	*100.0	*68.5	92.9	95.4
Injuries	92.4	94.7	97.3	90.3	91.3	90.8	91.3	92.0	90.3	90.8
Fractures and dislocations	97.7	*100.0	100.0	95.2	100.0	96.8	*100.0	100.0	*86.3	100.0
Sprains and strains	86.9	*100.0	90.4	83.3	92.5	89.0	*100.0	*87.7	87.2	93.8
Open wounds and lacerations	94.7	94.5	100.0	91.1	*100.0	95.1	*100.0	90.1	94.7	100.0
Contusions and superficial injuries	92.4	*100.0	100.0	92.8	*77.1	92.2	*100.0	97.6	96.8	84.8
Other current injuries	92.3	92.5	95.3	92.4	90.0	87.3	*78.1	85.5	89.9	86.8
Selected other acute conditions	88.9	98.3	78.3	82.1	93.1	90.0	95.5	81.0	90.1	92.2
Eye conditions	94.4	*69.4	*100.0	*100.0	*100.0	97.6	*100.0	*100.0	*90.9	100.0
Acute ear infections	96.4	100.0	90.4	89.7	*100.0	97.7	100.0	95.2	93.7	100.0
Other ear conditions	96.9	*100.0	*100.0	*75.1	*100.0	90.4	*100.0	*80.1	*85.9	*100.0
Acute urinary conditions	*100.0	*100.0	*100.0	*100.0	*100.0	100.0	*100.0	*100.0	100.0	100.0
Disorders of menstruation . . . . .	...	...	...	...	...	*50.0	...	*23.8	*66.7	*100.0
Other disorders of female genital tract . . . . .	...	...	...	...	...	100.0	*-	*100.0	100.0	*100.0
Delivery and other conditions of pregnancy and puerperium . . . . .	...	...	...	...	...	96.8	...	*100.0	96.7	*-
Skin conditions	100.0	*100.0	*100.0	*100.0	100.0	98.4	*100.0	*92.0	100.0	100.0
Acute musculoskeletal conditions	86.7	*100.0	*100.0	84.8	85.3	87.9	*100.0	*100.0	90.4	83.5
Headache, excluding migraine	*39.4	*-	*18.8	*47.7	*72.0	49.2	*-	*53.4	*43.5	*55.7
Fever, unspecified	60.5	89.2	*44.8	*-	*100.0	54.9	*64.6	*43.4	*31.6	*85.6
All other acute conditions	90.2	95.5	95.1	79.7	95.9	87.5	98.0	83.2	85.2	88.0

NOTES: Excluded from these estimates are conditions involving neither medical attention nor activity restriction.

The standard errors and relative standard errors (RSE's) can be computed by using parameter set I of table II, the frequencies of table 7, and the formula presented in rule 3 of appendix I. Estimates for which the numerator has an RSE of more than 30 percent are indicated with an asterisk.

Table 13. Percent of acute conditions medically attended, by race, age, and type of condition: United States, 1994

[Data are based on household interviews of the civilian noninstitutionalized population. The survey design, general qualifications, and information on the reliability of the estimates are given in appendix I. Definitions of terms are given in appendix II]

Type of acute condition	White				Black			
	All ages	Under 18 years	18-44 years	45 years and over	All ages	Under 18 years	18-44 years	45 years and over
	Percent							
All acute conditions	67.4	70.5	61.8	71.6	69.0	71.0	66.4	70.5
Infective and parasitic diseases	66.7	70.8	61.4	58.4	56.7	61.0	52.4	*45.6
Common childhood diseases	64.9	59.1	*100.0	*-	*26.3	*20.3	*42.4	*-
Intestinal virus, unspecified	33.0	37.3	25.5	*36.7	49.8	*51.6	*50.5	*40.3
Viral infections, unspecified	58.3	66.2	46.3	47.6	48.0	*47.5	*53.3	*23.3
Other	90.7	93.5	87.8	83.5	86.9	97.5	*58.2	*80.7
Respiratory conditions	50.1	56.4	42.9	52.5	52.8	58.5	48.0	51.7
Common cold	39.7	49.9	28.8	39.3	48.5	56.5	38.8	*46.7
Other acute upper respiratory infections	82.1	82.1	83.0	80.0	74.4	*81.8	*70.1	*68.2
Influenza	35.9	39.3	30.8	41.5	39.6	*30.2	43.2	*41.9
Acute bronchitis	91.1	90.2	91.5	91.8	*96.1	*100.0	*88.9	*100.0
Pneumonia	98.5	100.0	100.0	95.4	*100.0	*100.0	*100.0	*100.0
Other respiratory conditions	86.9	84.0	88.3	89.4	*100.0	*100.0	*100.0	*100.0
Digestive system conditions	61.0	47.1	56.0	87.4	62.3	*64.9	57.2	*77.0
Dental conditions	68.6	*54.6	*60.7	*100.0	*66.8	*79.2	*29.9	*100.0
Indigestion, nausea, and vomiting	40.4	34.6	*37.3	*64.7	*48.9	*29.3	*58.2	*31.6
Other digestive conditions	90.6	84.8	85.3	97.1	*100.0	*100.0	*100.0	*100.0
Injuries	91.2	94.9	89.3	90.4	93.9	89.4	95.0	98.3
Fractures and dislocations	97.0	100.0	92.1	100.0	*100.0	*100.0	*100.0	*100.0
Sprains and strains	87.1	91.1	83.7	92.4	92.1	*21.6	93.7	*100.0
Open wounds and lacerations	95.2	98.2	91.4	100.0	92.3	*85.0	*100.0	*100.0
Contusions and superficial injuries	91.9	100.0	94.3	80.5	95.2	*95.1	*90.4	*100.0
Other current injuries	88.9	88.4	89.9	87.9	92.7	*86.4	95.7	*84.5
Selected other acute conditions	89.8	89.5	88.3	92.8	89.5	89.9	89.3	89.0
Eye conditions	96.0	*93.2	*93.9	100.0	*100.0	*100.0	*100.0	*100.0
Acute ear infections	96.7	97.2	91.4	100.0	100.0	100.0	*100.0	*100.0
Other ear conditions	93.1	93.6	*82.8	100.0	*93.2	*100.0	*85.7	*-
Acute urinary conditions	100.0	100.0	100.0	100.0	*100.0	*100.0	*100.0	*100.0
Disorders of menstruation	*57.4	*36.0	*66.9	*100.0	*24.9	*-	*66.3	*-
Other disorders of female genital tract	100.0	*100.0	100.0	*100.0	*100.0	*-	*100.0	*100.0
Delivery and other conditions of pregnancy and puerperium	98.4	*100.0	98.3	*-	*90.1	*100.0	*89.5	*-
Skin conditions	98.9	97.2	100.0	100.0	*100.0	*100.0	*-	*100.0
Acute musculoskeletal conditions	85.8	100.0	86.1	82.4	96.7	*-	*100.0	*93.2
Headache, excluding migraine	44.5	*32.0	*45.6	*63.2	*55.3	*81.9	*37.4	*59.6
Fever, unspecified	56.2	58.6	*-	*87.6	*62.9	*61.9	*68.7	*-
All other acute conditions	87.7	90.7	83.1	89.6	93.9	100.0	88.3	98.4

NOTES: Excluded from these estimates are conditions involving neither medical attention nor activity restriction.

The standard errors and relative standard errors (RSE's) can be computed by using parameter set I of table II, the frequencies of table 8, and the formula presented in rule 3 of appendix I. Estimates for which the numerator has an RSE of more than 30 percent are indicated with an asterisk.

Table 14. Percent of acute conditions medically attended, by family income, age, and type of condition: United States, 1994

[Data are based on household interviews of the civilian noninstitutionalized population. The survey design, general qualifications, and information on the reliability of the estimates are given in appendix I. Definitions of terms are given in appendix II]

Type of acute condition	Family income							
	Less than \$10,000				\$10,000-\$19,999			
	All ages	Under 18 years	18-44 years	45 years and over	All ages	Under 18 years	18-44 years	45 years and over
	Percent							
All acute conditions	71.5	74.5	66.8	75.9	66.5	70.4	59.5	72.6
Infective and parasitic diseases	57.7	56.3	66.2	*25.9	65.6	70.1	48.9	*100.0
Common childhood diseases	*44.4	*44.4	*-	*-	*54.2	*50.0	*56.4	*-
Intestinal virus, unspecified	*58.4	*60.4	*79.9	*13.6	*36.2	*36.9	*28.5	*100.0
Viral infections, unspecified	*25.9	*20.3	*37.8	*-	68.6	74.2	*58.9	*100.0
Other	89.3	*90.3	*87.2	*100.0	85.8	96.3	*51.6	*100.0
Respiratory conditions	56.9	63.4	50.5	60.0	48.8	54.8	41.7	51.6
Common cold	51.4	58.8	43.5	*44.0	38.1	46.7	27.5	*43.3
Other acute upper respiratory infections	79.2	86.4	72.4	*81.5	73.7	75.0	*68.6	*81.1
Influenza	46.7	52.4	42.2	50.6	33.7	34.5	33.5	*33.2
Acute bronchitis	*95.2	*100.0	*91.4	*100.0	93.9	89.5	100.0	*93.4
Pneumonia	*100.0	*100.0	*100.0	*100.0	100.0	*100.0	*100.0	*100.0
Other respiratory conditions	*100.0	*100.0	*100.0	*100.0	71.4	*74.8	*76.0	*-
Digestive system conditions	69.5	*58.6	69.8	*100.0	57.0	*66.1	*35.6	*78.3
Dental conditions	*56.8	*52.7	*49.4	*100.0	*66.5	*100.0	*-	*100.0
Indigestion, nausea, and vomiting	*58.7	*37.7	*59.2	*100.0	*38.6	*45.8	*31.9	*44.4
Other digestive conditions	*100.0	*100.0	*100.0	*100.0	*89.7	*100.0	*64.2	*100.0
Injuries	92.4	98.3	90.0	90.3	87.4	92.2	86.2	84.8
Fractures and dislocations	100.0	*100.0	*100.0	*100.0	91.9	*100.0	*88.2	*100.0
Sprains and strains	89.7	*100.0	84.4	*100.0	84.5	*86.5	82.2	*89.6
Open wounds and lacerations	95.4	*91.8	*96.5	*100.0	86.9	*89.8	83.8	*100.0
Contusions and superficial injuries	94.0	*100.0	*100.0	*84.4	86.5	*94.5	*86.0	*75.4
Other current injuries	87.5	*100.0	*80.7	*77.4	88.7	*91.6	91.3	*79.6
Selected other acute conditions	86.3	88.9	83.9	84.8	91.4	90.5	91.6	92.9
Eye conditions	*100.0	*100.0	*100.0	*100.0	*75.5	*-	*77.5	*100.0
Acute ear infections	95.7	97.1	*88.5	*100.0	95.3	96.8	*68.8	*-
Other ear conditions	*100.0	*100.0	*-	*100.0	*79.5	*72.5	*57.5	*100.0
Acute urinary conditions	*100.0	*100.0	*100.0	*100.0	100.0	*100.0	*100.0	*100.0
Disorders of menstruation	*47.5	*-	*100.0	*-	*100.0	*-	*100.0	*-
Other disorders of female genital tract	*100.0	*-	*100.0	*100.0	*100.0	*100.0	*100.0	*100.0
Delivery and other conditions of pregnancy and puerperium	*80.1	*100.0	*76.5	*-	*100.0	*-	*100.0	*-
Skin conditions	*100.0	*100.0	*100.0	*100.0	*100.0	*100.0	*100.0	*100.0
Acute musculoskeletal conditions	*77.2	*100.0	*73.8	*78.2	89.2	*-	*100.0	*79.6
Headache, excluding migraine	*55.5	*100.0	*61.7	*-	*69.4	*42.9	*85.9	*-
Fever, unspecified	*57.1	*64.2	*28.1	*52.5	*79.0	*83.1	*-	*100.0
All other acute conditions	90.2	96.4	82.4	91.6	87.6	98.7	78.6	87.0

See notes at end of table.

Table 14. Percent of acute conditions medically attended, by family income, age, and type of condition: United States, 1994—Con.

[Data are based on household interviews of the civilian noninstitutionalized population. The survey design, general qualifications, and information on the reliability of the estimates are given in appendix I. Definitions of terms are given in appendix II]

Type of acute condition	Family income							
	\$20,000–\$34,999				\$35,000 or more			
	All ages	Under 18 years	18–44 years	45 years and over	All ages	Under 18 years	18–44 years	45 years and over
	Percent							
All acute conditions	65.2	69.9	58.5	69.4	67.0	69.6	62.7	68.7
Infective and parasitic diseases	62.5	73.6	46.0	*64.8	69.0	71.8	69.7	51.5
Common childhood diseases	*56.1	*56.1	*—	*—	70.9	65.2	*100.0	*—
Intestinal virus, unspecified	40.8	*51.6	*20.0	*66.5	25.6	30.8	*18.2	*19.7
Viral infections, unspecified	54.6	72.1	*36.5	*42.4	58.9	63.9	*48.2	*53.2
Other	86.2	100.0	69.6	*92.2	94.2	93.6	100.0	*76.1
Respiratory conditions	48.6	56.3	38.9	53.5	48.9	54.3	43.6	48.2
Common cold	37.1	45.1	27.2	40.2	40.0	50.6	27.3	38.9
Other acute upper respiratory infections	79.3	83.6	74.3	*74.5	84.6	81.5	91.9	79.1
Influenza	35.6	39.1	28.7	45.8	33.7	37.1	30.3	34.7
Acute bronchitis	91.9	100.0	*91.3	*81.9	92.9	91.5	90.3	100.0
Pneumonia	94.9	*100.0	*100.0	*83.1	100.0	*100.0	*100.0	*100.0
Other respiratory conditions	94.8	*100.0	*87.1	*100.0	93.6	*91.8	*100.0	*75.0
Digestive system conditions	68.9	61.4	*66.9	*90.0	55.0	*39.3	*44.4	91.0
Dental conditions	*61.3	*66.7	*—	*100.0	*72.9	*67.9	*51.3	*100.0
Indigestion, nausea, and vomiting	52.5	*48.8	*59.2	*46.6	31.2	*21.0	*33.0	*65.0
Other digestive conditions	95.7	*87.1	*100.0	*100.0	88.2	*79.6	*75.9	*100.0
Injuries	93.3	96.8	93.6	87.8	92.2	94.9	89.9	92.3
Fractures and dislocations	100.0	*100.0	*100.0	*100.0	97.7	100.0	*92.5	*100.0
Sprains and strains	93.1	*100.0	92.8	*87.8	88.2	91.7	84.9	92.4
Open wounds and lacerations	90.8	94.2	86.4	*100.0	98.2	100.0	95.4	*100.0
Contusions and superficial injuries	98.2	100.0	100.0	*92.3	91.6	100.0	96.5	*72.4
Other current injuries	87.5	*90.5	93.8	*72.3	90.9	87.7	88.2	100.0
Selected other acute conditions	87.5	85.2	88.6	90.8	91.5	90.6	92.2	93.2
Eye conditions	*100.0	*100.0	*100.0	*100.0	100.0	*100.0	*100.0	*100.0
Acute ear infections	97.3	96.5	*100.0	*100.0	98.4	99.4	92.0	*100.0
Other ear conditions	100.0	*100.0	*100.0	*100.0	95.9	100.0	*85.1	*100.0
Acute urinary conditions	100.0	*100.0	100.0	*100.0	100.0	*100.0	100.0	*100.0
Disorders of menstruation	*67.2	*53.8	*100.0	*—	*43.0	*—	*60.3	*100.0
Other disorders of female genital tract	*100.0	*100.0	*100.0	*100.0	100.0	*—	*100.0	*100.0
Delivery and other conditions of pregnancy and puerperium	*93.6	*100.0	*93.2	*—	100.0	*—	100.0	*—
Skin conditions	100.0	*100.0	*100.0	*100.0	97.9	95.7	*100.0	100.0
Acute musculoskeletal conditions	82.8	*100.0	*87.1	*72.7	89.7	*100.0	90.5	85.2
Headache, excluding migraine	*27.9	*26.7	*30.5	*—	*50.5	*26.6	*36.9	*82.3
Fever, unspecified	*50.3	*48.0	*—	*100.0	56.4	54.9	*55.7	*100.0
All other acute conditions	82.4	91.7	78.3	79.1	90.7	86.9	88.2	98.1

NOTES: Excluded from these estimates are conditions involving neither medical attention nor activity restriction.

The standard errors and relative standard errors (RSE's) can be computed by using parameter set I of table II, the frequencies of table 9, and the formula presented in rule 3 of appendix I. Estimates for which the numerator has an RSE of more than 30 percent are indicated with an asterisk.

Table 15. Percent of acute conditions medically attended, by geographic region, place of residence, and type of condition: United States, 1994

[Data are based on household interviews of the civilian noninstitutionalized population. The survey design, general qualifications, and information on the reliability of the estimates are given in appendix I. Definitions of terms are given in appendix II]

Type of acute condition	Geographic region				Place of residence			
	Northeast	Midwest	South	West	MSA ¹			
					All MSA ¹	Central city	Not central city	Not MSA ¹
	Percent							
All acute conditions	67.1	66.8	71.6	62.7	67.5	65.5	68.8	66.4
Infective and parasitic diseases	68.4	75.4	54.6	75.4	65.8	71.5	62.7	64.6
Common childhood diseases	*66.1	*62.1	*45.4	*58.7	61.3	67.0	57.7	*42.2
Intestinal virus, unspecified	35.2	*48.6	34.6	*31.3	34.5	40.0	31.9	41.3
Viral infections, unspecified	71.1	60.7	43.1	77.6	57.6	64.2	54.4	54.9
Other	94.5	92.9	89.3	86.3	90.6	92.6	89.5	90.1
Respiratory conditions	49.6	48.4	58.7	43.9	50.7	46.6	53.2	47.6
Common cold	40.9	39.8	45.6	37.5	41.5	39.1	43.3	37.9
Other acute upper respiratory infections	84.3	80.6	85.3	73.0	82.8	78.3	85.0	74.6
Influenza	34.3	33.7	47.4	30.7	37.5	33.9	39.6	31.0
Acute bronchitis	84.7	93.3	94.8	89.4	91.5	90.5	91.9	89.0
Pneumonia	*100.0	100.0	96.0	100.0	98.1	100.0	96.6	100.0
Other respiratory conditions	*100.0	100.0	78.5	91.3	89.4	85.8	91.9	*87.4
Digestive system conditions	66.8	53.6	66.3	54.5	59.6	59.8	59.4	66.1
Dental conditions	*77.7	*68.0	*67.5	*51.0	64.1	*66.9	*61.5	*85.2
Indigestion, nausea, and vomiting	*28.0	*27.6	55.9	35.8	37.1	39.3	35.2	54.5
Other digestive conditions	94.9	94.8	87.2	94.1	92.4	94.1	91.3	*90.7
Injuries	89.3	92.0	93.3	90.7	91.6	91.3	91.8	91.9
Fractures and dislocations	96.3	93.7	100.0	96.8	97.1	97.1	97.1	97.8
Sprains and strains	85.1	86.0	93.9	83.7	87.0	92.1	84.5	90.9
Open wounds and lacerations	95.6	94.1	91.5	99.3	96.6	97.9	95.6	88.5
Contusions and superficial injuries	93.1	96.2	95.2	84.7	91.9	86.0	95.4	94.0
Other current injuries	81.7	92.9	88.9	91.0	89.6	87.4	90.8	90.0
Selected other acute conditions	86.7	89.6	92.2	88.6	89.9	88.9	90.5	88.3
Eye conditions	*91.7	100.0	94.7	*100.0	98.0	100.0	95.6	*91.0
Acute ear infections	97.3	98.3	99.1	93.5	97.0	98.1	96.6	97.2
Other ear conditions	*95.4	86.9	94.9	*100.0	94.4	*96.0	93.7	90.0
Acute urinary conditions	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Disorders of menstruation	*—	*18.0	*65.5	*54.1	*62.7	*50.8	*72.3	*17.9
Other disorders of female genital tract	*100.0	*100.0	100.0	*100.0	100.0	100.0	100.0	100.0
Delivery and other conditions of pregnancy and puerperium	*100.0	100.0	90.9	*100.0	97.8	100.0	96.7	*89.9
Skin conditions	100.0	100.0	100.0	96.0	100.0	100.0	100.0	96.6
Acute musculoskeletal conditions	80.4	86.4	94.6	88.0	87.9	94.3	83.5	86.3
Headache, excluding migraine	*42.0	*50.2	*41.3	*50.0	48.3	55.9	*40.1	*37.6
Fever, unspecified	*46.3	*54.4	67.8	61.9	56.4	48.2	62.2	*63.8
All other acute conditions	92.0	85.2	92.0	84.8	89.9	87.5	91.5	82.9

¹MSA is metropolitan statistical area.

NOTES: Excluded from these estimates are conditions involving neither medical attention nor activity restriction.

The standard errors and relative standard errors (RSE's) can be computed by using parameter set I of table II, the frequencies of table 10, and the formula presented in rule 3 of appendix I. Estimates for which the numerator has an RSE of more than 30 percent are indicated with an asterisk.

Table 16. Number of restricted-activity days associated with acute conditions per 100 persons per year, by age and type of condition: United States, 1994

[Data are based on household interviews of the civilian noninstitutionalized population. The survey design, general qualifications, and information on the reliability of the estimates are given in appendix I. Definitions of terms are given in appendix II]

Type of acute condition	All ages	Under 5 years	5-17 years	18-24 years	25-44 years	45 years and over		
						Total	45-64 years	65 years and over
Number of restricted-activity days per 100 persons per year								
All acute conditions	693.3	876.3	632.6	639.1	663.9	731.0	629.9	895.3
Infective and parasitic diseases	71.8	199.4	136.2	53.2	45.2	33.5	28.0	42.5
Common childhood diseases	13.1	61.1	32.6	*7.8	*4.0	*-	*-	*-
Intestinal virus, unspecified	10.1	*22.8	18.3	*6.6	8.9	*4.3	*5.6	*2.2
Viral infections, unspecified	20.2	63.3	29.7	*16.8	11.7	13.3	*10.3	*18.1
Other	28.4	52.2	55.6	*22.0	20.6	15.9	12.0	22.2
Respiratory conditions	272.5	389.2	284.1	233.3	251.7	269.4	231.1	331.7
Common cold	61.8	135.6	62.3	67.8	50.8	52.3	47.2	60.7
Other acute upper respiratory infections	28.8	41.6	42.9	29.1	26.1	19.8	18.2	22.2
Influenza	121.5	109.3	134.4	104.9	130.5	112.7	105.5	124.3
Acute bronchitis	25.9	41.3	27.7	*16.6	21.1	28.8	29.2	27.6
Pneumonia	24.8	39.5	*11.4	*11.1	15.7	42.6	24.9	71.3
Other respiratory conditions	9.7	*22.1	*5.4	*3.7	7.4	13.5	*8.2	25.5
Digestive system conditions	26.1	*18.1	18.5	29.9	20.3	37.3	36.6	38.4
Dental conditions	4.7	*6.9	*3.3	*6.3	*5.7	*3.6	*3.9	*3.0
Indigestion, nausea, and vomiting	6.3	*7.3	*9.3	*10.8	*4.4	*4.9	*3.2	*7.7
Other digestive conditions	15.0	*4.0	*5.9	*12.8	10.2	28.9	29.6	27.7
Injuries	168.6	*26.5	100.7	171.0	203.2	209.7	186.6	247.4
Fractures and dislocations	52.7	*2.7	47.4	30.6	44.5	83.7	63.7	116.3
Sprains and strains	44.3	*2.8	17.4	79.9	62.3	41.7	43.3	39.2
Open wounds and lacerations	13.5	*5.1	14.0	*16.4	21.8	*5.9	*2.2	*12.0
Contusions and superficial injuries	18.7	*0.5	*10.9	*7.9	21.6	28.4	27.4	30.1
Other current injuries	39.4	*15.4	*11.0	36.1	53.0	49.9	50.0	49.8
Selected other acute conditions	97.7	191.7	71.5	114.0	92.1	90.6	76.3	113.8
Eye conditions	2.5	*1.9	*0.3	*-	*2.1	*5.2	*3.2	*8.5
Acute ear infections	18.8	137.0	24.1	*7.2	*4.0	*4.3	*5.6	*2.4
Other ear conditions	2.4	*9.8	*2.3	*0.5	*2.9	*0.6	*0.1	*1.3
Acute urinary conditions	11.6	*4.7	*3.2	*16.0	8.2	20.4	12.9	32.6
Disorders of menstruation	*0.9	...	*2.4	*1.0	*1.0	*0.0	*0.1	*-
Other disorders of female genital tract	4.9	*-	*2.5	*12.6	8.2	*1.9	*3.0	*-
Delivery and other conditions of pregnancy and puerperium	17.2	...	17.6	48.5	28.6	*-	*-	...
Skin conditions	4.4	*7.2	*2.3	*4.5	*1.1	8.4	*5.0	*14.0
Acute musculoskeletal conditions	27.3	*-	*4.2	*17.2	31.8	46.7	43.2	52.4
Headache, excluding migraine	3.1	*-	*5.7	*5.1	*3.5	*1.4	*2.0	*0.4
Fever, unspecified	4.7	31.1	*6.9	*1.4	*0.8	*1.7	*1.3	*2.4
All other acute conditions	56.6	51.5	21.6	37.7	51.4	90.4	71.3	121.6

NOTES: The standard errors and relative standard errors (RSE's) can be computed by using parameter set II of table II, the frequencies of table 21, and the formula presented in rule 2 of appendix I. Estimates for which the numerator has an RSE of more than 30 percent are indicated with an asterisk.

Table 17. Number of restricted-activity days associated with acute conditions per 100 persons per year, by sex, age, and type of condition: United States, 1994

[Data are based on household interviews of the civilian noninstitutionalized population. The survey design, general qualifications, and information on the reliability of the estimates are given in appendix I. Definitions of terms are given in appendix II]

Type of acute condition	Male					Female				
	All ages	Under 5 years	5-17 years	18-44 years	45 years and over	All ages	Under 5 years	5-17 years	18-44 years	45 years and over
Number of restricted-activity days per 100 persons per year										
All acute conditions	594.7	856.2	586.3	566.8	567.0	787.0	897.4	681.1	747.1	869.5
Infective and parasitic diseases	66.1	196.3	115.6	40.9	32.0	77.2	202.5	157.8	53.0	34.7
Common childhood diseases	12.1	58.4	25.6	*5.1	*-	13.9	63.9	39.8	*4.6	*-
Intestinal virus, unspecified	9.5	*23.4	*17.3	*8.4	*2.1	10.7	*22.2	*19.4	*8.3	*6.2
Viral infections, unspecified	17.1	*55.4	25.4	13.3	*6.1	23.1	71.5	34.3	12.5	19.3
Other	27.3	59.1	47.3	14.1	23.8	29.5	*44.9	64.2	27.6	*9.2
Respiratory conditions	243.8	380.3	279.7	211.0	227.9	299.8	398.6	288.7	282.8	304.5
Common cold	53.5	123.0	60.2	42.7	44.8	69.7	148.8	64.5	66.5	58.7
Other acute upper respiratory infections	22.5	*50.3	33.5	20.3	*10.2	34.9	*32.4	52.8	33.1	27.8
Influenza	114.7	115.4	128.5	117.5	101.3	127.9	102.9	140.6	131.4	122.3
Acute bronchitis	21.3	*28.5	36.2	15.5	17.6	30.2	*54.6	*18.7	24.6	37.9
Pneumonia	24.6	*46.5	*14.9	*8.7	47.9	24.9	*32.1	*7.8	20.5	38.1
Other respiratory conditions	7.2	*16.6	*6.5	*6.3	*6.1	12.2	*27.8	*4.3	*6.8	19.8
Digestive system conditions	19.6	*17.1	*14.8	15.8	28.9	32.2	*19.2	*22.3	29.2	44.4
Dental conditions	5.2	*8.6	*2.9	*6.0	*4.7	*4.2	*5.1	*3.6	*5.6	*2.6
Indigestion, nausea, and vomiting	*4.4	*2.6	*8.4	*3.8	*3.0	8.2	*12.2	*10.2	*8.0	*6.5
Other digestive conditions	10.0	*5.9	*3.5	*6.0	21.2	19.8	*2.0	*8.6	15.6	35.3
Injuries	169.0	*41.2	112.5	233.5	150.9	168.2	*11.1	88.3	158.8	259.4
Fractures and dislocations	53.3	*3.0	63.1	58.1	53.8	52.2	*2.4	30.9	24.9	109.0
Sprains and strains	42.9	*5.4	*9.6	70.5	36.5	45.6	*-	25.6	62.3	46.1
Open wounds and lacerations	18.5	*9.0	*18.2	30.3	*4.4	8.8	*1.1	*9.7	11.1	*7.3
Contusions and superficial injuries	16.3	*1.0	*7.8	23.5	16.1	21.0	*-	*14.1	13.4	38.8
Other current injuries	38.1	*22.8	*13.8	51.1	40.2	40.7	*7.6	*8.0	47.1	58.1
Selected other acute conditions	58.2	174.6	50.5	36.5	61.7	135.3	209.5	93.6	156.5	115.0
Eye conditions	*2.7	*3.7	*0.6	*0.9	*6.5	*2.3	*-	*-	*2.2	*4.2
Acute ear infections	15.4	106.7	23.8	*3.2	*1.4	22.0	168.6	*24.4	*6.3	*6.9
Other ear conditions	*2.2	*17.2	*1.7	*1.0	*0.2	*2.5	*2.0	*3.0	*3.6	*0.9
Acute urinary conditions	6.3	*6.8	*1.7	*2.8	*14.5	16.5	*2.4	*4.8	17.1	25.4
Disorders of menstruation . . . . .	...	...	...	...	...	*1.7	...	*4.9	*1.9	*0.1
Other disorders of female genital tract . . . . .	...	...	...	...	...	9.6	*-	*5.1	18.2	*3.5
Delivery and other conditions of pregnancy and puerperium . . . . .	...	...	...	...	...	33.6	...	36.0	65.7	*-
Skin conditions	5.1	*10.5	*3.3	*2.0	*9.4	*3.8	*3.8	*1.4	*1.8	*7.6
Acute musculoskeletal conditions	19.7	*-	*5.9	23.1	29.8	34.5	*-	*2.4	33.6	61.0
Headache, excluding migraine	*2.4	*-	*5.8	*2.8	*0.1	*3.8	*-	*5.6	*4.9	*2.4
Fever, unspecified	*4.3	*29.6	*7.6	*0.7	*-	5.1	*32.6	*6.1	*1.3	*3.1
All other acute conditions	38.1	*46.6	*13.2	29.1	65.5	74.3	*56.6	30.4	66.8	111.5

NOTES: The standard errors and relative standard errors (RSE's) can be computed by using parameter set II of table II, the frequencies of table 22, and the formula presented in rule 2 of appendix I. Estimates for which the numerator has an RSE of more than 30 percent are indicated with an asterisk.

Table 18. Number of restricted-activity days associated with acute conditions per 100 persons per year, by race, age, and type of condition: United States, 1994

[Data are based on household interviews of the civilian noninstitutionalized population. The survey design, general qualifications, and information on the reliability of the estimates are given in appendix I. Definitions of terms are given in appendix II]

Type of acute condition	White				Black			
	All ages	Under 18 years	18-44 years	45 years and over	All ages	Under 18 years	18-44 years	45 years and over
Number of restricted-activity days per 100 persons per year								
All acute conditions	707.7	749.2	668.3	724.4	656.6	518.0	687.6	804.3
Infective and parasitic diseases	72.3	168.1	47.5	28.7	84.5	121.5	54.5	84.8
Common childhood diseases	12.9	42.3	*4.8	*-	18.4	*44.9	*7.2	*-
Intestinal virus, unspecified	9.2	19.2	7.9	*2.9	18.3	*26.5	*11.3	*19.1
Viral infections, unspecified	19.3	41.8	12.5	10.4	29.0	*30.1	*19.2	*45.3
Other	31.0	64.9	22.3	15.4	18.8	*20.1	*16.9	*20.4
Respiratory conditions	276.8	334.2	251.5	263.6	234.5	206.1	234.1	277.1
Common cold	59.2	79.7	52.9	51.1	68.8	81.6	64.6	*57.7
Other acute upper respiratory infections	29.7	47.4	27.7	18.5	20.5	*17.5	*20.0	*25.8
Influenza	124.5	141.7	126.3	108.9	103.5	*52.6	131.5	127.1
Acute bronchitis	27.9	35.9	23.5	27.1	*11.5	*16.8	*4.2	*17.0
Pneumonia	27.3	21.4	15.9	46.0	*14.9	*16.7	*12.6	*16.3
Other respiratory conditions	8.2	*8.2	*5.1	12.0	*15.3	*20.8	*1.2	*33.2
Digestive system conditions	25.3	17.0	20.7	37.5	32.4	*26.5	*37.9	*31.0
Dental conditions	4.2	*2.8	*5.5	*3.6	*8.6	*13.3	*7.1	*4.4
Indigestion, nausea, and vomiting	5.6	*8.7	*4.9	*4.1	*10.7	*10.5	*12.0	*8.4
Other digestive conditions	15.5	*5.5	10.3	29.8	*13.2	*2.7	*18.9	*18.2
Injuries	178.4	91.6	205.4	212.6	137.2	*30.9	180.0	215.5
Fractures and dislocations	60.0	42.4	48.3	88.1	19.3	*4.7	*7.6	*62.6
Sprains and strains	44.7	15.1	65.5	42.0	47.7	*4.4	86.2	*40.9
Open wounds and lacerations	14.1	*10.8	23.9	*4.5	*9.2	*12.2	*5.3	*12.0
Contusions and superficial injuries	18.7	*8.8	18.2	27.0	21.6	*5.8	*18.2	*51.3
Other current injuries	41.0	14.6	49.4	50.9	39.3	*3.8	62.7	*48.8
Selected other acute conditions	97.3	107.3	98.0	88.7	103.9	99.0	107.0	105.6
Eye conditions	*2.5	*0.7	*0.8	*6.0	*3.7	*1.4	*7.4	*-
Acute ear infections	19.7	61.1	*5.7	*4.9	18.6	*53.0	*1.0	*0.1
Other ear conditions	*2.8	*5.6	*2.7	*0.6	*0.6	*0.6	*0.9	*-
Acute urinary conditions	12.2	*4.6	10.5	20.2	*9.4	*-	*9.9	*22.4
Disorders of menstruation	*0.6	*0.8	*0.9	*-	*3.2	*6.7	*1.9	*0.5
Other disorders of female genital tract	4.2	*2.2	8.8	*-	*6.5	*-	*6.3	*16.7
Delivery and other conditions of pregnancy and puerperium	15.3	*6.5	33.1	*-	24.6	*22.1	*40.0	*-
Skin conditions	4.4	*3.7	*1.8	*8.0	*1.4	*0.8	*-	*4.7
Acute musculoskeletal conditions	28.2	*3.8	29.1	46.2	28.0	*-	*35.5	*55.3
Headache, excluding migraine	2.9	*4.2	*3.8	*0.8	*3.6	*1.8	*3.7	*6.0
Fever, unspecified	4.6	14.1	*0.9	*2.0	*4.5	*12.6	*0.4	*-
All other acute conditions	57.4	31.0	45.2	93.3	64.1	*34.0	74.1	90.2

NOTES: The standard errors and relative standard errors (RSE's) can be computed by using parameter set II of table II, the frequencies of table 23, and the formula presented in rule 2 of appendix I. Estimates for which the numerator has an RSE of more than 30 percent are indicated with an asterisk.

Table 19. Number of restricted-activity days associated with acute conditions per 100 persons per year, by family income, age, and type of condition: United States, 1994

[Data are based on household interviews of the civilian noninstitutionalized population. The survey design, general qualifications, and information on the reliability of the estimates are given in appendix I. Definitions of terms are given in appendix II]

Type of acute condition	Family income							
	Less than \$10,000				\$10,000-\$19,999			
	All ages	Under 18 years	18-44 years	45 years and over	All ages	Under 18 years	18-44 years	45 years and over
	Number of restricted-activity days per 100 persons per year							
All acute conditions	1025.2	720.7	943.9	1448.4	832.6	744.6	821.2	914.8
Infective and parasitic diseases	66.0	104.8	*54.5	*42.1	64.2	127.0	51.9	*28.5
Common childhood diseases	*10.6	*24.1	*8.4	*-	*7.9	*16.0	*9.2	*-
Intestinal virus, unspecified	*7.8	*11.4	*5.9	*6.8	*13.8	*36.9	*9.7	*-
Viral infections, unspecified	*19.3	*36.0	*12.5	*11.7	18.3	*35.2	*16.7	*7.0
Other	28.2	*33.3	*27.7	*23.6	24.2	*38.9	*16.4	*21.5
Respiratory conditions	382.8	310.4	411.6	417.3	293.8	321.7	290.3	275.8
Common cold	95.3	130.0	87.7	*70.3	66.9	91.2	63.1	52.0
Other acute upper respiratory infections	34.6	*27.0	*35.5	*41.1	27.6	*34.8	*33.6	*15.3
Influenza	179.5	103.5	226.8	192.2	116.8	90.3	150.3	100.3
Acute bronchitis	*19.9	*22.4	*23.3	*12.8	32.8	*52.0	*24.1	*27.4
Pneumonia	28.4	*9.9	*21.2	*57.3	34.6	*26.9	*15.5	62.1
Other respiratory conditions	*25.1	*17.7	*17.1	*43.7	*15.1	*26.5	*3.7	*18.7
Digestive system conditions	48.2	*24.7	*46.4	*74.8	38.4	*29.3	*36.9	47.2
Dental conditions	*9.6	*14.3	*10.5	*3.7	*4.2	*11.6	*2.8	*-
Indigestion, nausea, and vomiting	*15.0	*6.2	*12.7	*27.2	*9.8	*15.3	*11.9	*2.9
Other digestive conditions	*23.6	*4.2	*23.2	*43.9	24.4	*2.4	*22.2	*44.2
Injuries	238.9	87.9	179.8	474.6	234.4	123.3	266.6	286.0
Fractures and dislocations	61.6	*36.4	*14.4	152.3	77.9	*48.8	79.5	99.0
Sprains and strains	66.6	*15.4	90.3	*86.5	57.7	*13.7	62.1	87.5
Open wounds and lacerations	*9.6	*15.6	*11.3	*1.0	19.2	*20.9	*31.2	*4.5
Contusions and superficial injuries	28.0	*6.2	*12.1	*72.0	26.9	*17.7	*15.3	47.1
Other current injuries	73.1	*14.2	*51.6	162.9	52.7	*22.1	78.5	47.9
Selected other acute conditions	152.8	151.2	121.5	197.5	131.8	122.1	142.8	127.1
Eye conditions	*8.9	*2.3	*-	*27.7	*5.7	*3.9	*0.7	*12.7
Acute ear infections	31.1	*72.8	*9.9	*17.6	19.6	70.2	*1.5	*-
Other ear conditions	*4.5	*15.0	*-	*-	*1.5	*2.7	*1.9	*-
Acute urinary conditions	*15.5	*15.2	*8.7	*25.4	*14.6	*2.2	*14.8	*24.2
Disorders of menstruation	*0.8	*2.7	*-	*-	*-	*-	*-	*-
Other disorders of female genital tract	*4.0	*-	*10.0	*-	*9.2	*1.6	*19.7	*3.6
Delivery and other conditions of pregnancy and puerperium	*15.9	*20.0	*24.3	*-	17.7	*21.7	*30.8	*-
Skin conditions	*3.5	*2.6	*6.6	*-	*6.6	*-	*2.1	*16.8
Acute musculoskeletal conditions	54.9	*-	*53.5	112.9	49.7	*-	68.5	68.0
Headache, excluding migraine	*4.5	*1.8	*5.0	*6.6	*2.4	*5.7	*2.3	*-
Fever, unspecified	*9.2	*18.7	*3.5	*7.3	*4.6	*14.1	*0.4	*1.8
All other acute conditions	136.5	*41.7	130.1	242.1	70.0	*21.2	*32.7	150.3

See notes at end of table.

Table 19. Number of restricted-activity days associated with acute conditions per 100 persons per year, by family income, age, and type of condition: United States, 1994—Con.

[Data are based on household interviews of the civilian noninstitutionalized population. The survey design, general qualifications, and information on the reliability of the estimates are given in appendix I. Definitions of terms are given in appendix II]

Type of acute condition	Family income							
	\$20,000–\$34,999				\$35,000 or more			
	All ages	Under 18 years	18–44 years	45 years and over	All ages	Under 18 years	18–44 years	45 years and over
	Number of restricted-activity days per 100 persons per year							
All acute conditions	742.7	746.7	830.9	611.2	580.3	701.2	498.9	586.2
Infective and parasitic diseases	73.3	150.1	50.2	38.2	75.3	176.3	42.0	26.9
Common childhood diseases	*9.9	*37.1	*–	*–	16.1	49.8	*5.0	*–
Intestinal virus, unspecified	*10.3	*16.9	*9.7	*5.3	9.5	*19.4	*6.3	*4.7
Viral infections, unspecified	19.2	*37.3	*12.7	*12.6	20.3	40.0	*11.3	*14.7
Other	33.9	59.0	27.8	*20.3	29.4	67.2	19.4	*7.5
Respiratory conditions	275.4	347.8	247.2	251.8	247.0	311.3	224.0	218.8
Common cold	66.7	89.5	59.1	57.4	52.7	72.2	42.7	49.0
Other acute upper respiratory infections	29.2	56.9	27.1	*7.6	30.0	44.4	24.1	24.7
Influenza	120.6	147.9	119.8	97.3	116.4	144.6	115.3	90.2
Acute bronchitis	25.0	*23.5	*15.9	39.6	28.9	38.1	23.8	27.8
Pneumonia	21.1	*19.3	*17.1	*28.6	14.4	*9.0	*12.8	22.0
Other respiratory conditions	12.8	*10.8	*8.3	*21.2	*4.6	*3.0	*5.4	*5.0
Digestive system conditions	19.5	*10.0	*21.7	*24.8	20.8	*15.1	15.5	34.5
Dental conditions	*1.5	*1.1	*2.3	*0.7	*5.4	*1.2	*6.9	*7.5
Indigestion, nausea, and vomiting	*5.5	*6.3	*6.8	*2.8	*4.2	*6.8	*3.9	*2.4
Other digestive conditions	12.5	*2.6	*12.7	*21.3	11.1	*7.1	*4.8	24.7
Injuries	212.2	90.9	338.3	137.4	116.3	68.3	108.9	174.9
Fractures and dislocations	63.7	57.9	68.9	61.5	36.3	25.7	22.1	68.5
Sprains and strains	49.7	*8.6	99.5	*14.2	38.4	*15.0	53.5	38.4
Open wounds and lacerations	22.8	*13.0	39.5	*7.2	6.7	*5.8	*9.5	*3.2
Contusions and superficial injuries	29.0	*8.0	49.8	*17.6	11.2	*6.8	*7.4	21.5
Other current injuries	46.9	*3.4	80.6	*37.0	23.6	*15.0	16.4	43.2
Selected other acute conditions	102.3	116.7	111.0	77.0	82.5	94.3	78.5	76.9
Eye conditions	*3.2	*–	*4.3	*4.6	*0.3	*–	*0.8	*–
Acute ear infections	20.9	70.1	*2.5	*3.7	18.5	50.3	*7.0	*4.7
Other ear conditions	*4.0	*3.7	*5.0	*2.8	*2.1	*4.3	*2.0	*–
Acute urinary conditions	*9.2	*–	*11.5	*14.1	9.5	*1.2	*5.6	23.6
Disorders of menstruation	*1.5	*4.6	*0.6	*–	*1.0	*1.2	*1.5	*0.1
Other disorders of female genital tract	*3.3	*0.8	*6.5	*1.0	*5.0	*3.4	*7.3	*3.2
Delivery and other conditions of pregnancy and puerperium	21.4	*6.0	45.7	*–	18.6	*8.1	37.5	*–
Skin conditions	*7.7	*5.9	*4.6	*13.7	*2.6	*5.5	*–	*3.5
Acute musculoskeletal conditions	21.9	*0.4	*25.0	*36.5	19.4	*5.0	15.4	39.6
Headache, excluding migraine	*4.3	*6.8	*5.3	*0.6	*1.6	*3.1	*0.9	*1.4
Fever, unspecified	*4.9	*18.2	*–	*–	*3.9	*12.3	*0.5	*0.8
All other acute conditions	59.9	*31.1	62.5	82.0	38.5	35.9	29.9	54.2

NOTES: The standard errors and relative standard errors (RSE's) can be computed by using parameter sets II and X of table II, the frequencies of tables 24 and 78, and the formula presented in rule 4 of appendix I. Estimates for which the numerator has an RSE of more than 30 percent are indicated with an asterisk.

Table 20. Number of restricted-activity days associated with acute conditions per 100 persons per year, by geographic region, place of residence, and type of condition: United States, 1994

[Data are based on household interviews of the civilian noninstitutionalized population. The survey design, general qualifications, and information on the reliability of the estimates are given in appendix I. Definitions of terms are given in appendix II]

Type of acute condition	Geographic region				Place of residence			
					MSA ¹			
	Northeast	Midwest	South	West	All MSA ¹	Central city	Not central city	Not MSA ¹
Number of restricted-activity days per 100 persons per year								
All acute conditions	658.4	652.8	657.2	823.6	675.7	669.9	679.4	756.5
Infective and parasitic diseases	83.6	57.3	75.6	71.6	73.2	59.8	81.8	67.0
Common childhood diseases	19.8	*6.9	12.9	14.2	13.6	9.8	16.1	11.1
Intestinal virus, unspecified	17.9	*6.1	12.4	*4.3	10.9	11.2	10.7	*7.5
Viral infections, unspecified	18.5	15.4	25.7	18.5	20.4	17.8	22.1	19.4
Other	27.5	28.9	24.6	34.7	28.3	21.1	32.9	29.1
Respiratory conditions	246.1	278.7	212.2	380.9	274.3	274.8	273.9	266.1
Common cold	72.4	58.6	43.5	84.0	64.7	73.1	59.3	51.5
Other acute upper respiratory infections	27.6	24.7	27.4	36.7	29.3	27.5	30.4	27.3
Influenza	80.0	132.9	100.2	177.8	121.6	116.6	124.8	121.1
Acute bronchitis	23.1	27.0	20.5	35.2	25.7	20.2	29.2	26.5
Pneumonia	38.3	23.8	12.6	32.5	38.3	26.5	20.8	30.9
Other respiratory conditions	*4.8	11.7	7.9	14.7	10.0	10.9	9.4	*8.8
Digestive system conditions	24.9	19.5	30.2	27.9	24.4	31.8	19.6	32.0
Dental conditions	*5.9	*2.4	*4.4	*6.6	5.5	*6.9	*4.6	*1.9
Indigestion, nausea, and vomiting	*3.3	*5.6	8.1	*7.2	6.5	*7.3	6.0	*5.7
Other digestive conditions	15.7	11.6	17.7	14.1	12.4	17.7	9.0	24.4
Injuries	148.0	145.7	190.1	179.0	154.1	140.1	163.1	220.7
Fractures and dislocations	55.2	46.6	57.8	49.4	46.0	37.3	51.6	76.7
Sprains and strains	42.0	38.7	45.5	50.6	43.1	39.6	45.3	48.6
Open wounds and lacerations	*10.6	11.5	16.0	14.4	11.8	13.9	10.4	19.6
Contusions and superficial injuries	13.9	*8.7	26.7	21.6	16.0	14.5	16.9	28.5
Other current injuries	26.4	40.1	44.0	43.1	37.2	34.8	38.8	47.3
Selected other acute conditions	106.2	91.3	88.5	111.3	97.3	102.7	93.9	99.1
Eye conditions	*5.1	*2.3	*2.3	*0.8	*2.3	*3.9	*1.3	*3.1
Acute ear infections	13.8	18.5	16.4	26.9	18.7	18.6	18.8	18.9
Other ear conditions	*1.0	*1.9	*4.0	*1.5	*2.0	*1.1	*2.6	*3.7
Acute urinary conditions	12.4	12.0	13.7	*7.0	11.0	11.9	10.4	13.7
Disorders of menstruation	*0.6	*0.8	*1.5	*0.2	*0.9	*1.5	*0.5	*0.8
Other disorders of female genital tract	*3.6	*4.1	*3.7	*8.8	4.1	*6.6	*2.5	*7.8
Delivery and other conditions of pregnancy and puerperium	20.4	14.7	16.2	18.8	19.5	17.2	20.9	*9.2
Skin conditions	*5.3	*5.4	*3.1	*4.7	4.2	*5.1	*3.7	*5.1
Acute musculoskeletal conditions	30.9	25.7	23.3	32.0	25.9	25.7	26.0	32.3
Headache, excluding migraine	*4.1	*2.8	*2.3	*3.9	3.3	*5.4	*2.0	*2.5
Fever, unspecified	*9.0	*3.2	*2.0	*6.7	5.4	*5.6	5.3	*2.1
All other acute conditions	49.5	60.2	60.5	52.9	52.5	60.7	47.2	71.6

¹MSA is metropolitan statistical area.

NOTES: The standard errors and relative standard errors (RSE's) can be computed by using parameter sets II and X of table II, the frequencies of tables 25 and 78, and the formula presented in rule 4 of appendix I. Estimates for which the numerator has an RSE of more than 30 percent are indicated with an asterisk.

Table 21. Number of restricted-activity days associated with acute conditions, by age and type of condition: United States, 1994

[Data are based on household interviews of the civilian noninstitutionalized population. The survey design, general qualifications, and information on the reliability of the estimates are given in appendix I. Definitions of terms are given in appendix II]

Type of acute condition	All ages	Under 5 years	5-17 years	18-24 years	25-44 years	45 years and over		
						Total	45-64 years	65 years and over
Number of restricted-activity days in thousands								
All acute conditions	1,800,081	179,475	313,409	161,589	550,326	595,282	317,504	277,778
Infective and parasitic diseases	186,477	40,828	67,477	13,454	37,440	27,277	14,095	13,182
Common childhood diseases	33,912	12,514	16,134	1,978	3,286	-	-	-
Intestinal virus, unspecified	26,309	4,670	9,076	1,660	7,380	3,523	2,829	694
Viral infections, unspecified	52,444	12,956	14,739	4,255	9,683	10,811	5,201	5,609
Other	73,813	10,687	27,529	5,561	17,092	12,944	6,065	6,879
Respiratory conditions	707,502	79,714	140,755	58,983	208,645	219,405	116,503	102,902
Common cold	160,502	27,770	30,860	17,149	42,112	42,610	23,768	18,842
Other acute upper respiratory infections	74,873	8,512	21,274	7,365	21,630	16,091	9,189	6,902
Influenza	315,405	22,378	66,568	26,524	108,180	91,755	53,177	38,578
Acute bronchitis	67,152	8,449	13,707	4,202	17,523	23,271	14,709	8,562
Pneumonia	64,261	8,085	5,668	2,800	13,053	34,656	12,542	22,114
Other respiratory conditions	25,309	4,519	2,678	943	6,146	11,023	3,119	7,904
Digestive system conditions	67,643	3,714	9,147	7,549	16,853	30,379	18,472	11,908
Dental conditions	12,221	1,408	1,611	1,597	4,702	2,904	1,968	936
Indigestion, nausea, and vomiting	16,434	1,489	4,590	2,720	3,661	3,974	1,596	2,377
Other digestive conditions	38,988	817	2,947	3,233	8,490	23,500	14,908	8,593
Injuries	437,751	5,424	49,884	43,229	168,422	170,793	94,043	76,750
Fractures and dislocations	136,835	554	23,473	7,734	36,897	68,177	32,085	36,091
Sprains and strains	114,965	565	8,619	20,198	51,615	33,969	21,805	12,164
Open wounds and lacerations	35,068	1,051	6,951	4,156	18,078	4,832	1,122	3,710
Contusions and superficial injuries	48,533	102	5,405	2,008	17,867	23,151	13,821	9,330
Other current injuries	102,349	3,152	5,435	9,134	43,963	40,664	25,210	15,454
Selected other acute conditions	253,700	39,252	35,440	28,831	76,384	73,794	38,472	35,321
Eye conditions	6,532	391	163	-	1,708	4,270	1,628	2,642
Acute ear infections	48,714	28,053	11,949	1,824	3,352	3,537	2,803	733
Other ear conditions	6,109	2,008	1,153	128	2,364	456	65	392
Acute urinary conditions	29,998	953	1,590	4,045	6,816	16,594	6,494	10,099
Disorders of menstruation	2,263	...	1,176	253	799	35	35	-
Other disorders of female genital tract	12,720	-	1,229	3,195	6,759	1,537	1,537	-
Delivery and other conditions of pregnancy and puerperium	44,715	...	8,708	12,266	23,741	-	-	...
Skin conditions	11,509	1,480	1,164	1,137	872	6,856	2,512	4,344
Acute musculoskeletal conditions	70,842	-	2,082	4,345	26,395	38,020	21,774	16,246
Headache, excluding migraine	8,111	-	2,830	1,285	2,894	1,103	984	119
Fever, unspecified	12,188	6,367	3,397	352	684	1,388	641	747
All other acute conditions	147,008	10,543	10,705	9,543	42,582	73,635	35,919	37,717

NOTES: The standard errors and relative standard errors (RSE's) can be computed by using parameter set II of table II and the formula presented in rule 1 of appendix I. An estimate of 55.4 million has a 10-percent RSE; of 13.4 million, a 20-percent RSE; and of 6.0 million, a 30-percent RSE.

Table 22. Number of restricted-activity days associated with acute conditions, by sex, age, and type of condition: United States, 1994

[Data are based on household interviews of the civilian noninstitutionalized population. The survey design, general qualifications, and information on the reliability of the estimates are given in appendix I. Definitions of terms are given in appendix II]

Type of acute condition	Male					Female				
	All ages	Under 5 years	5-17 years	18-44 years	45 years and over	All ages	Under 5 years	5-17 years	18-44 years	45 years and over
Number of restricted-activity days in thousands										
All acute conditions	752,249	89,652	148,678	302,577	211,342	1,047,832	89,822	164,731	409,338	383,941
Infective and parasitic diseases	83,656	20,559	29,312	21,841	11,944	102,821	20,269	38,165	29,053	15,333
Common childhood diseases	15,359	6,120	6,502	2,737	—	18,552	6,394	9,631	2,527	—
Intestinal virus, unspecified	12,079	2,448	4,380	4,466	784	14,229	2,222	4,695	4,574	2,738
Viral infections, unspecified	21,627	5,799	6,432	7,109	2,287	30,817	7,157	8,307	6,829	8,524
Other	34,591	6,191	11,998	7,529	8,873	39,222	4,496	15,531	15,123	4,071
Respiratory conditions	308,398	39,822	70,940	112,672	84,965	399,103	39,892	69,815	154,956	134,440
Common cold	67,676	12,881	15,266	22,816	16,712	92,826	14,889	15,593	36,445	25,898
Other acute upper respiratory infections	28,432	5,265	8,500	10,854	3,812	46,441	3,247	12,775	18,141	12,279
Influenza	145,112	12,079	32,575	62,712	37,747	170,292	10,299	33,993	71,992	54,008
Acute bronchitis	26,977	2,989	9,180	8,258	6,549	40,175	5,460	4,527	13,467	16,721
Pneumonia	31,143	4,872	3,778	4,641	17,852	33,118	3,213	1,890	11,212	16,803
Other respiratory conditions	9,058	1,735	1,642	3,389	2,292	16,251	2,784	1,037	3,700	8,731
Digestive system conditions	24,731	1,793	3,753	8,426	10,759	42,912	1,921	5,395	15,977	19,619
Dental conditions	6,602	901	745	3,221	1,735	5,619	506	866	3,077	1,170
Indigestion, nausea, and vomiting	5,536	272	2,130	2,009	1,126	10,898	1,217	2,460	4,372	2,848
Other digestive conditions	12,593	621	878	3,196	7,898	26,395	197	2,069	8,527	15,602
Injuries	213,764	4,315	28,529	124,654	56,265	223,987	1,109	21,354	86,996	114,528
Fractures and dislocations	67,370	312	16,008	31,004	20,045	69,466	242	7,465	13,627	48,132
Sprains and strains	54,235	565	2,423	37,651	13,596	60,731	—	6,196	34,162	20,372
Open wounds and lacerations	23,352	945	4,612	16,171	1,625	11,716	107	2,339	6,063	3,207
Contusions and superficial injuries	20,637	102	1,988	12,544	6,003	27,896	—	3,417	7,331	17,148
Other current injuries	48,171	2,392	3,499	27,284	14,996	54,179	760	1,937	25,813	25,669
Selected other acute conditions	73,558	18,285	12,800	19,467	23,007	180,142	20,967	22,640	85,748	50,787
Eye conditions	3,443	391	163	482	2,407	3,089	—	—	1,225	1,863
Acute ear infections	19,427	11,172	6,041	1,705	509	29,286	16,880	5,908	3,471	3,028
Other ear conditions	2,827	1,804	439	519	65	3,282	203	714	1,972	392
Acute urinary conditions	8,029	709	433	1,499	5,388	21,969	244	1,157	9,363	11,205
Disorders of menstruation	—	—	—	—	—	2,263	—	1,176	1,052	35
Other disorders of female genital tract	—	—	—	—	—	12,720	—	1,229	9,954	1,537
Delivery and other conditions of pregnancy and puerperium	—	—	—	—	—	44,715	—	8,708	36,008	—
Skin conditions	6,475	1,104	826	1,047	3,499	5,034	376	338	962	3,357
Acute musculoskeletal conditions	24,941	—	1,491	12,356	11,094	45,901	—	591	18,385	26,925
Headache, excluding migraine	3,036	—	1,482	1,509	45	5,076	—	1,348	2,670	1,057
Fever, unspecified	5,380	3,104	1,926	350	—	6,809	3,263	1,471	687	1,388
All other acute conditions	48,141	4,877	3,344	15,518	24,402	98,867	5,665	7,361	36,607	49,234

NOTES: The standard errors and relative standard errors (RSE's) can be computed by using parameter set II of table II and the formula presented in rule 1 of appendix I. An estimate of 55.4 million has a 10-percent RSE; of 13.4 million, a 20-percent RSE; and of 6.0 million, a 30-percent RSE.

Table 23. Number of restricted-activity days associated with acute conditions, by race, age, and type of condition: United States, 1994

[Data are based on household interviews of the civilian noninstitutionalized population. The survey design, general qualifications, and information on the reliability of the estimates are given in appendix I. Definitions of terms are given in appendix II]

Type of acute condition	White				Black			
	All ages	Under 18 years	18-44 years	45 years and over	All ages	Under 18 years	18-44 years	45 years and over
	Number of restricted-activity days in thousands ¹							
All acute conditions	1,517,968	413,860	590,319	513,789	216,915	58,532	96,828	61,554
Infective and parasitic diseases	155,183	92,882	41,966	20,333	27,902	13,731	7,679	6,491
Common childhood diseases	27,613	23,357	4,255	—	6,082	5,074	1,008	—
Intestinal virus, unspecified	19,659	10,627	6,974	2,058	6,047	2,992	1,591	1,464
Viral infections, unspecified	41,439	23,064	11,028	7,347	9,567	3,396	2,707	3,464
Other	66,473	35,834	19,710	10,928	6,205	2,269	2,374	1,563
Respiratory conditions	593,742	184,615	222,128	186,999	77,461	23,284	32,973	21,204
Common cold	127,049	44,028	46,752	36,269	22,733	9,221	9,096	4,415
Other acute upper respiratory infections	63,790	26,185	24,492	13,113	6,769	1,980	2,813	1,975
Influenza	267,089	78,267	111,548	77,274	34,192	5,946	18,517	9,729
Acute bronchitis	59,834	19,828	20,751	19,256	3,796	1,900	594	1,302
Pneumonia	58,474	11,798	14,074	32,602	4,908	1,884	1,779	1,245
Other respiratory conditions	17,506	4,509	4,512	8,485	5,063	2,353	174	2,537
Digestive system conditions	54,272	9,371	18,323	26,578	10,704	2,993	5,337	2,375
Dental conditions	8,988	1,520	4,900	2,568	2,829	1,498	994	337
Indigestion, nausea, and vomiting	12,036	4,786	4,357	2,893	3,519	1,187	1,686	646
Other digestive conditions	33,248	3,065	9,066	21,116	4,357	307	2,657	1,392
Injuries	382,768	50,613	181,388	150,767	45,328	3,489	25,343	16,495
Fractures and dislocations	128,598	23,397	42,681	62,520	6,388	532	1,064	4,792
Sprains and strains	95,951	8,338	57,856	29,757	15,772	502	12,142	3,128
Open wounds and lacerations	30,291	5,968	21,137	3,186	3,039	1,374	747	918
Contusions and superficial injuries	40,091	4,856	16,053	19,182	7,135	651	2,561	3,923
Other current injuries	87,837	8,054	43,660	36,123	12,994	431	8,829	3,734
Selected other acute conditions	208,809	59,281	86,584	62,944	34,336	11,189	15,062	8,085
Eye conditions	5,326	391	665	4,270	1,206	163	1,042	—
Acute ear infections	42,247	33,734	5,038	3,475	6,137	5,991	138	8
Other ear conditions	5,908	3,092	2,360	456	200	69	131	—
Acute urinary conditions	26,159	2,543	9,317	14,300	3,104	—	1,393	1,711
Disorders of menstruation	1,201	418	783	—	1,061	758	269	35
Other disorders of female genital tract	8,984	1,229	7,756	—	2,158	—	883	1,275
Delivery and other conditions of pregnancy and puerperium	32,859	3,581	29,278	—	8,119	2,493	5,626	—
Skin conditions	9,355	2,070	1,595	5,690	450	89	—	361
Acute musculoskeletal conditions	60,543	2,082	25,691	32,770	9,235	—	5,000	4,235
Headache, excluding migraine	6,289	2,345	3,348	595	1,179	200	518	461
Fever, unspecified	9,937	7,796	753	1,388	1,487	1,426	61	—
All other acute conditions	123,195	17,098	39,928	66,168	21,184	3,846	10,434	6,904

¹Totals for white and black do not sum to total restricted-activity days because other races are not included.

NOTES: The standard errors and relative standard errors (RSE's) can be computed by using parameter set II of table II and the formula presented in rule 1 of appendix I. An estimate of 55.4 million has a 10-percent RSE; of 13.4 million, a 20-percent RSE; and of 6.0 million, a 30-percent RSE.

Table 24. Number of restricted-activity days associated with acute conditions, by family income, age, and type of condition: United States, 1994

[Data are based on household interviews of the civilian noninstitutionalized population. The survey design, general qualifications, and information on the reliability of the estimates are given in appendix I. Definitions of terms are given in appendix II]

Type of acute condition	Family income							
	Less than \$10,000				\$10,000-\$19,999			
	All ages	Under 18 years	18-44 years	45 years and over	All ages	Under 18 years	18-44 years	45 years and over
	Number of restricted-activity days in thousands ¹							
All acute conditions	239,513	50,663	89,270	99,580	310,325	75,225	117,814	117,286
Infective and parasitic diseases	15,414	7,370	5,150	2,895	23,933	12,832	7,452	3,648
Common childhood diseases	2,482	1,691	791	—	2,932	1,614	1,319	—
Intestinal virus, unspecified	1,831	803	558	470	5,127	3,731	1,395	—
Viral infections, unspecified	4,516	2,532	1,182	803	6,838	3,552	2,390	896
Other	6,585	2,344	2,618	1,622	9,035	3,935	2,348	2,753
Respiratory conditions	89,443	21,819	38,932	28,691	109,508	32,506	41,648	35,354
Common cold	22,266	9,136	8,296	4,834	24,938	9,218	9,050	6,670
Other acute upper respiratory infections	8,083	1,895	3,361	2,827	10,295	3,514	4,818	1,963
Influenza	41,935	7,274	21,447	13,214	43,548	9,125	21,565	12,858
Acute bronchitis	4,649	1,573	2,199	877	12,213	5,250	3,454	3,508
Pneumonia	6,640	695	2,009	3,937	12,899	2,716	2,223	7,960
Other respiratory conditions	5,870	1,246	1,621	3,003	5,615	2,682	538	2,395
Digestive system conditions	11,268	1,735	4,390	5,143	14,296	2,956	5,294	6,046
Dental conditions	2,253	1,004	996	253	1,568	1,167	401	—
Indigestion, nausea, and vomiting	3,511	435	1,203	1,873	3,636	1,545	1,713	378
Other digestive conditions	5,504	296	2,191	3,017	9,092	243	3,180	5,668
Injuries	55,813	6,176	17,005	32,632	87,377	12,453	38,254	36,669
Fractures and dislocations	14,395	2,560	1,365	10,470	29,036	4,935	11,408	12,693
Sprains and strains	15,568	1,081	8,536	5,950	21,515	1,383	8,914	11,218
Open wounds and lacerations	2,236	1,099	1,070	67	7,173	2,113	4,481	579
Contusions and superficial injuries	6,535	439	1,149	4,947	10,013	1,791	2,189	6,034
Other current injuries	17,080	997	4,885	11,198	19,639	2,233	11,262	6,144
Selected other acute conditions	35,691	10,629	11,487	13,575	49,114	12,336	20,481	16,296
Eye conditions	2,068	163	—	1,905	2,119	391	103	1,625
Acute ear infections	7,261	5,118	934	1,210	7,313	7,094	219	—
Other ear conditions	1,054	1,054	—	—	556	276	279	—
Acute urinary conditions	3,631	1,067	821	1,743	5,450	226	2,120	3,105
Disorders of menstruation	192	192	—	—	—	—	—	—
Other disorders of female genital tract	946	—	946	—	3,446	162	2,821	463
Delivery and other conditions of pregnancy and puerperium	3,709	1,408	2,301	—	6,608	2,188	4,420	—
Skin conditions	810	184	626	—	2,461	—	303	2,158
Acute musculoskeletal conditions	12,822	—	5,057	7,765	18,542	—	9,826	8,716
Headache, excluding migraine	1,048	126	472	451	907	576	331	—
Fever, unspecified	2,149	1,317	330	502	1,712	1,421	60	230
All other acute conditions	31,883	2,934	12,306	16,643	26,097	2,141	4,685	19,271

See footnote and notes at end of table.

Table 24. Number of restricted-activity days associated with acute conditions, by family income, age, and type of condition: United States, 1994—Con.

[Data are based on household interviews of the civilian noninstitutionalized population. The survey design, general qualifications, and information on the reliability of the estimates are given in appendix I. Definitions of terms are given in appendix II]

Type of acute condition	Family income							
	\$20,000–\$34,999				\$35,000 or more			
	All ages	Under 18 years	18–44 years	45 years and over	All ages	Under 18 years	18–44 years	45 years and over
	Number of restricted-activity days in thousands ¹							
All acute conditions	402,329	107,926	195,381	99,022	582,060	196,653	218,033	167,374
Infective and parasitic diseases	39,701	21,701	11,810	6,190	75,490	49,452	18,354	7,684
Common childhood diseases	5,357	5,357	—	—	16,145	13,954	2,191	—
Intestinal virus, unspecified	5,570	2,437	2,277	855	9,531	5,449	2,748	1,334
Viral infections, unspecified	10,415	5,385	2,986	2,045	20,359	11,213	4,952	4,194
Other	18,359	8,523	6,547	3,290	29,455	18,836	8,464	2,155
Respiratory conditions	149,195	50,277	58,124	40,794	247,698	87,312	97,914	62,471
Common cold	36,140	12,943	13,899	9,298	52,902	20,253	18,650	13,999
Other acute upper respiratory infections	15,820	8,221	6,361	1,237	30,046	12,466	10,528	7,052
Influenza	65,308	21,378	28,160	15,769	116,702	40,554	50,391	25,757
Acute bronchitis	13,549	3,394	3,734	6,422	29,025	10,678	10,398	7,949
Pneumonia	11,430	2,784	4,018	4,628	14,413	2,516	5,604	6,294
Other respiratory conditions	6,949	1,557	1,951	3,440	4,608	846	2,342	1,420
Digestive system conditions	10,568	1,447	5,105	4,016	20,867	4,229	6,776	9,862
Dental conditions	812	159	537	116	5,461	326	3,006	2,129
Indigestion, nausea, and vomiting	2,958	915	1,593	450	4,257	1,897	1,686	674
Other digestive conditions	6,798	373	2,975	3,450	11,149	2,005	2,084	7,059
Injuries	114,962	13,141	79,554	22,266	116,661	19,148	47,588	49,925
Fractures and dislocations	34,525	8,368	16,198	9,959	36,429	7,220	9,646	19,562
Sprains and strains	26,948	1,241	23,402	2,305	38,542	4,204	23,385	10,952
Open wounds and lacerations	12,335	1,882	9,295	1,159	6,715	1,626	4,163	926
Contusions and superficial injuries	15,735	1,162	11,717	2,856	11,278	1,898	3,230	6,150
Other current injuries	25,419	488	18,942	5,988	23,697	4,199	7,164	12,334
Selected other acute conditions	55,438	16,863	26,103	12,472	82,744	26,455	34,330	21,959
Eye conditions	1,746	—	1,006	740	332	—	332	—
Acute ear infections	11,337	10,137	595	605	18,527	14,097	3,077	1,353
Other ear conditions	2,184	541	1,187	456	2,114	1,220	894	—
Acute urinary conditions	4,982	—	2,698	2,284	9,535	328	2,464	6,744
Disorders of menstruation	810	661	149	—	1,005	323	647	35
Other disorders of female genital tract	1,809	111	1,532	167	5,045	955	3,182	907
Delivery and other conditions of pregnancy and puerperium	11,618	874	10,744	—	18,639	2,271	16,368	—
Skin conditions	4,152	853	1,080	2,218	2,565	1,556	—	1,009
Acute musculoskeletal conditions	11,840	60	5,873	5,907	19,450	1,396	6,752	11,302
Headache, excluding migraine	2,324	989	1,240	95	1,647	862	397	388
Fever, unspecified	2,637	2,637	—	—	3,886	3,447	217	221
All other acute conditions	32,465	4,497	14,685	13,284	38,600	10,057	13,071	15,472

¹Totals for income categories do not sum to total restricted-activity days because persons with unknown family income are not included.

NOTES: The standard errors and relative standard errors (RSE's) can be computed by using parameter set II of table II and the formula presented in rule 1 of appendix I. An estimate of 55.4 million has a 10-percent RSE; of 13.4 million, a 20-percent RSE; and of 6.0 million, a 30-percent RSE.

Table 25. Number of restricted-activity days associated with acute conditions, by geographic region, place of residence, and type of condition: United States, 1994

[Data are based on household interviews of the civilian noninstitutionalized population. The survey design, general qualifications, and information on the reliability of the estimates are given in appendix I. Definitions of terms are given in appendix II]

Type of acute condition	Geographic region				Place of residence			
	Northeast	Midwest	South	West	MSA ¹			Not MSA ¹
					All MSA ¹	Central city	Not central city	
	Number of restricted-activity days in thousands							
All acute conditions	333,207	412,787	578,894	475,193	1,372,227	532,672	839,555	427,854
Infective and parasitic diseases	42,317	36,225	66,597	41,338	148,591	47,571	101,020	37,886
Common childhood diseases	10,000	4,376	11,341	8,194	27,639	7,762	19,877	6,273
Intestinal virus, unspecified	9,056	3,830	10,956	2,466	22,080	8,879	13,201	4,229
Viral infections, unspecified	9,358	9,765	22,670	10,651	41,495	14,169	27,326	10,949
Other	13,902	18,253	21,629	20,028	57,378	16,761	40,617	16,435
Respiratory conditions	124,566	176,228	186,935	219,773	557,004	218,510	338,494	150,498
Common cold	36,627	37,067	38,347	48,460	131,385	58,152	73,233	29,117
Other acute upper respiratory infections	13,946	15,594	24,156	21,177	59,417	21,880	37,538	15,455
Influenza	40,478	84,046	88,307	102,575	246,898	92,679	154,220	68,507
Acute bronchitis	11,703	17,090	18,041	20,318	52,192	16,093	36,100	14,960
Pneumonia	19,401	15,022	11,087	18,750	46,798	21,035	25,762	17,463
Other respiratory conditions	2,411	7,408	6,997	8,493	20,313	8,672	11,641	4,996
Digestive system conditions	12,593	12,344	26,632	16,073	49,550	25,316	24,234	18,092
Dental conditions	2,993	1,504	3,915	3,808	11,127	5,478	5,650	1,094
Indigestion, nausea, and vomiting	1,660	3,520	7,101	4,152	13,213	5,788	7,425	3,221
Other digestive conditions	7,940	7,320	15,616	8,112	25,210	14,051	11,160	13,778
Injuries	74,913	92,140	167,415	103,284	312,920	111,413	201,508	124,831
Fractures and dislocations	27,950	29,476	50,929	28,480	93,462	29,644	63,818	43,373
Sprains and strains	21,233	24,484	40,063	29,185	87,455	31,489	55,966	27,510
Open wounds and lacerations	5,346	7,277	14,117	8,329	23,975	11,072	12,903	11,093
Contusions and superficial injuries	7,031	5,521	23,536	12,446	32,440	11,557	20,883	16,093
Other current injuries	13,353	25,382	38,770	24,845	75,587	27,649	47,938	26,762
Selected other acute conditions	53,760	57,763	77,987	64,191	197,641	81,631	116,010	56,060
Eye conditions	2,585	1,434	2,070	443	4,760	3,118	1,642	1,772
Acute ear infections	7,005	11,718	14,444	15,545	38,035	14,784	23,251	10,678
Other ear conditions	527	1,233	3,484	864	4,008	835	3,172	2,101
Acute urinary conditions	6,269	7,588	12,105	4,036	22,264	9,446	12,818	7,734
Disorders of menstruation	292	478	1,349	144	1,811	1,206	605	451
Other disorders of female genital tract	1,824	2,591	3,251	5,054	8,335	5,285	3,050	4,385
Delivery and other conditions of pregnancy and puerperium	10,305	9,285	14,274	10,851	39,515	13,705	25,810	5,201
Skin conditions	2,683	3,418	2,722	2,687	8,612	4,072	4,541	2,897
Acute musculoskeletal conditions	15,656	16,238	20,490	18,459	52,583	20,436	32,147	18,260
Headache, excluding migraine	2,072	1,782	2,025	2,232	6,722	4,300	2,422	1,389
Fever, unspecified	4,542	1,998	1,774	3,875	10,996	4,445	6,551	1,192
All other acute conditions	25,057	38,089	53,328	30,534	106,521	48,231	58,290	40,488

¹MSA is metropolitan statistical area.

NOTES: The standard errors and relative standard errors (RSE's) can be computed by using parameter set II of table II and the formula presented in rule 1 of appendix I. An estimate of 55.4 million has a 10-percent RSE; of 13.4 million, a 20-percent RSE; and of 6.0 million, a 30-percent RSE.

Table 26. Number of bed days associated with acute conditions per 100 persons per year, by age and type of condition: United States, 1994

[Data are based on household interviews of the civilian noninstitutionalized population. The survey design, general qualifications, and information on the reliability of the estimates are given in appendix I. Definitions of terms are given in appendix II]

Type of acute condition	All ages	Under 5 years	5-17 years	18-24 years	25-44 years	45 years and over		
						Total	45-64 years	65 years and over
Number of bed days per 100 persons per year								
All acute conditions	287.6	377.6	269.6	295.9	255.3	306.2	250.3	396.9
Infective and parasitic diseases	31.9	73.5	59.7	29.3	20.9	16.4	13.7	20.8
Common childhood diseases	2.6	*12.9	*5.1	*3.1	*1.0	*-	*-	*-
Intestinal virus, unspecified	5.5	*12.5	*9.7	*3.8	*3.8	*3.3	*4.5	*1.4
Viral infections, unspecified	9.9	*28.6	16.9	*12.5	*5.2	*5.0	*3.7	*7.1
Other	13.9	*19.5	28.1	*9.9	10.9	8.1	*5.5	*12.3
Respiratory conditions	133.1	181.5	140.8	128.4	121.5	129.5	110.3	160.6
Common cold	24.0	53.1	26.6	27.1	18.9	19.5	17.8	22.2
Other acute upper respiratory infections	12.2	*15.4	20.8	*11.6	11.1	7.4	*8.1	*6.3
Influenza	65.5	57.4	74.7	69.1	70.0	56.2	53.5	60.6
Acute bronchitis	10.8	*14.4	*9.0	*8.6	10.4	11.9	14.4	*7.8
Pneumonia	15.4	*27.9	*5.5	*9.7	8.0	27.6	14.1	49.6
Other respiratory conditions	5.2	*13.4	*4.1	*2.4	*3.2	*6.8	*2.3	*14.1
Digestive system conditions	10.9	*11.5	*8.5	*10.8	9.1	14.0	12.9	*15.9
Dental conditions	*1.7	*3.2	*1.0	*2.4	*2.9	*0.3	*0.2	*0.4
Indigestion, nausea, and vomiting	2.7	*5.2	*4.8	*3.2	*1.5	*2.0	*1.9	*2.1
Other digestive conditions	6.4	*3.2	*2.6	*5.3	*4.6	11.8	*10.7	*13.4
Injuries	49.2	*9.4	21.1	61.5	51.9	69.8	58.9	87.5
Fractures and dislocations	15.6	*1.2	*8.4	*15.0	11.6	27.9	17.8	44.3
Sprains and strains	12.1	*0.7	*4.2	*23.1	17.1	11.2	12.1	*9.7
Open wounds and lacerations	*1.7	*2.4	*2.8	*2.0	*0.9	*1.7	*0.3	*4.0
Contusions and superficial injuries	4.5	*0.5	*2.4	*3.1	*5.6	*6.2	*4.9	*8.3
Other current injuries	15.2	*4.5	*3.3	*18.3	16.6	22.9	23.9	21.2
Selected other acute conditions	40.4	76.4	31.0	49.5	34.7	40.1	27.9	59.9
Eye conditions	*0.2	*-	*0.1	*-	*0.6	*-	*-	*-
Acute ear infections	7.3	50.8	*10.0	*3.8	*1.1	*2.0	*1.7	*2.4
Other ear conditions	*1.0	*4.4	*0.9	*0.5	*0.9	*0.6	*0.1	*1.3
Acute urinary conditions	6.5	*0.5	*1.8	*10.9	*4.0	12.1	*7.1	20.3
Disorders of menstruation	*0.4	...	*0.7	*1.0	*0.6	*0.0	*0.1	*-
Other disorders of female genital tract	*2.2	*-	*2.0	*3.5	*4.4	*0.3	*0.6	*-
Delivery and other conditions of pregnancy and puerperium	7.3	...	*8.2	*22.5	11.1	*-	*-	...
Skin conditions	2.3	*3.2	*0.4	*1.3	*1.1	*4.9	*2.9	*8.2
Acute musculoskeletal conditions	8.9	*-	*0.5	*3.0	8.8	18.1	13.8	25.0
Headache, excluding migraine	*1.4	*-	*2.3	*1.9	*1.7	*0.7	*0.8	*0.4
Fever, unspecified	2.9	*17.6	*4.0	*1.2	*0.6	*1.4	*0.8	*2.4
All other acute conditions	22.1	*25.2	*8.6	*16.4	17.1	36.4	26.8	52.1

NOTES: The standard errors and relative standard errors (RSE's) can be computed by using parameter set II of table II, the frequencies of table 31, and the formula presented in rule 2 of appendix I. Estimates for which the numerator has an RSE of more than 30 percent are indicated with an asterisk.

Table 27. Number of bed days associated with acute conditions per 100 persons per year, by sex, age, and type of condition: United States, 1994

[Data are based on household interviews of the civilian noninstitutionalized population. The survey design, general qualifications, and information on the reliability of the estimates are given in appendix I. Definitions of terms are given in appendix II]

Type of acute condition	Male					Female				
	All ages	Under 5 years	5-17 years	18-44 years	45 years and over	All ages	Under 5 years	5-17 years	18-44 years	45 years and over
	Number of bed days per 100 persons per year									
All acute conditions	236.1	372.4	231.2	209.5	239.1	336.5	383.1	309.9	318.6	362.8
Infective and parasitic diseases	28.8	71.2	48.2	18.2	18.9	34.8	76.0	71.8	27.4	14.3
Common childhood diseases	*2.4	*14.6	*4.5	*0.7	*-	*2.8	*11.2	*5.7	*2.2	*-
Intestinal virus, unspecified	*4.7	*12.1	*8.6	*3.6	*1.5	6.2	*13.0	*10.7	*4.0	*4.8
Viral infections, unspecified	8.4	*26.2	*12.8	*7.0	*2.5	11.3	*31.1	*21.2	*6.8	*7.1
Other	13.3	*18.3	*22.2	*6.9	*14.9	14.5	*20.8	34.2	14.3	*2.4
Respiratory conditions	117.9	184.2	132.6	105.9	106.5	147.5	178.7	149.5	139.9	148.8
Common cold	19.8	*46.1	25.4	16.2	*13.6	28.1	60.4	27.9	25.2	24.4
Other acute upper respiratory infections	8.4	*16.8	*15.0	*7.4	*3.1	15.8	*13.9	27.0	14.8	*11.1
Influenza	63.3	65.5	68.2	67.1	53.7	67.6	*48.8	81.4	72.4	58.4
Acute bronchitis	8.5	*13.0	*13.2	*7.2	*5.9	12.9	*15.8	*4.7	12.7	16.9
Pneumonia	14.1	*32.1	*5.8	*5.4	27.1	16.7	*23.5	*5.2	11.2	28.1
Other respiratory conditions	*3.9	*10.7	*5.0	*2.5	*3.1	6.5	*16.2	*3.2	*3.5	*10.0
Digestive system conditions	8.7	*10.0	*7.2	*8.4	*9.7	13.0	*13.1	*9.8	*10.6	17.7
Dental conditions	*1.6	*3.6	*0.2	*2.9	*0.2	*1.8	*2.7	*1.9	*2.7	*0.4
Indigestion, nausea, and vomiting	*2.5	*2.1	*4.5	*1.7	*2.6	*2.9	*8.4	*5.1	*2.2	*1.4
Other digestive conditions	*4.5	*4.3	*2.5	*3.9	*6.9	8.2	*2.0	*2.7	*5.6	15.8
Injuries	44.6	*11.8	*21.1	56.3	53.1	53.6	*6.8	*21.0	52.1	83.9
Fractures and dislocations	15.1	*-	*10.3	15.2	22.6	16.1	*2.4	*6.5	*9.7	32.3
Sprains and strains	10.9	*1.5	*4.8	17.0	*8.8	13.2	*-	*3.6	19.9	*13.1
Open wounds and lacerations	*1.6	*3.6	*1.9	*2.1	*-	*1.9	*1.1	*3.7	*0.3	*3.1
Contusions and superficial injuries	*2.9	*1.0	*0.7	*4.8	*2.1	6.1	*-	*4.2	*5.2	*9.6
Other current injuries	14.1	*5.7	*3.5	17.1	19.5	16.3	*3.3	*3.1	16.9	25.7
Selected other acute conditions	22.8	82.2	*16.4	11.5	26.6	57.1	70.4	46.2	64.1	51.4
Eye conditions	*0.3	*-	*0.3	*0.6	*-	*0.2	*-	*-	*0.4	*-
Acute ear infections	6.7	*51.4	*8.9	*1.2	*0.5	7.8	*50.2	*11.1	*2.3	*3.2
Other ear conditions	*1.0	*8.5	*1.1	*-	*0.2	*1.1	*-	*0.8	*1.6	*0.9
Acute urinary conditions	*3.3	*1.0	*-	*0.2	*10.7	9.5	*-	*3.7	*10.8	*13.4
Disorders of menstruation . . . . .	...	...	...	...	...	*0.8	...	*1.4	*1.3	*0.1
Other disorders of female genital tract . . . . .	...	...	...	...	...	*4.4	*-	*4.2	*8.3	*0.6
Delivery and other conditions of pregnancy and puerperium . . . . .	...	...	...	...	...	14.2	...	*16.8	27.1	*-
Skin conditions	*2.6	*4.2	*-	*1.3	*5.9	*2.0	*2.1	*0.7	*0.9	*4.1
Acute musculoskeletal conditions	5.3	*-	*0.8	*5.6	*9.2	12.3	*-	*0.2	*9.1	25.5
Headache, excluding migraine	*1.2	*-	*1.7	*2.0	*0.1	*1.5	*-	*3.0	*1.5	*1.1
Fever, unspecified	*2.4	*17.1	*3.7	*0.7	*-	*3.3	*18.1	*4.2	*0.7	*2.6
All other acute conditions	13.2	*13.0	*5.8	*9.1	24.2	30.6	*38.1	*11.6	24.6	46.8

NOTES: The standard errors and relative standard errors (RSE's) can be computed by using parameter set II of table II, the frequencies of table 32, and the formula presented in rule 2 of appendix I. Estimates for which the numerator has an RSE of more than 30 percent are indicated with an asterisk.

Table 28. Number of bed days associated with acute conditions per 100 persons per year, by race, age, and type of condition: United States, 1994

[Data are based on household interviews of the civilian noninstitutionalized population. The survey design, general qualifications, and information on the reliability of the estimates are given in appendix I. Definitions of terms are given in appendix II]

Type of acute condition	White				Black			
	All ages	Under 18 years	18-44 years	45 years and over	All ages	Under 18 years	18-44 years	45 years and over
	Number of bed days per 100 persons per year							
All acute conditions	283.6	310.7	259.0	293.1	329.1	259.2	332.6	425.8
Infective and parasitic diseases	31.0	67.9	22.2	13.3	44.3	55.2	*31.8	*51.2
Common childhood diseases	*2.1	*5.9	*1.4	*_	*6.5	*16.0	*2.3	*_
Intestinal virus, unspecified	4.9	11.4	*3.3	*1.9	*9.9	*8.6	*6.8	*17.6
Viral infections, unspecified	8.8	20.5	*6.0	*3.2	18.4	*20.2	*14.5	*23.1
Other	15.2	30.1	11.5	*8.2	*9.5	*10.5	*8.3	*10.6
Respiratory conditions	132.3	159.8	120.4	125.8	131.4	116.4	141.7	134.4
Common cold	22.6	34.5	18.9	17.9	29.4	*33.5	*30.2	*22.1
Other acute upper respiratory infections	12.4	21.5	10.5	*7.7	*9.5	*7.9	*14.0	*3.4
Influenza	65.2	76.0	68.4	52.7	68.4	*34.0	84.0	90.4
Acute bronchitis	10.9	*10.7	11.7	10.0	*6.5	*10.3	*2.6	*7.9
Pneumonia	16.6	11.8	8.6	30.3	*11.4	*16.7	*10.1	*6.1
Other respiratory conditions	4.8	*5.4	*2.3	*7.3	*6.2	*14.1	*0.7	*4.5
Digestive system conditions	10.2	*7.9	8.6	14.1	*16.4	*15.2	*18.2	*14.9
Dental conditions	*1.4	*1.0	*2.6	*0.2	*4.5	*5.3	*5.5	*1.7
Indigestion, nausea, and vomiting	*2.5	*4.7	*1.7	*1.9	*4.0	*7.1	*3.0	*1.4
Other digestive conditions	6.3	*2.3	*4.3	12.1	*7.8	*2.7	*9.7	*11.9
Injuries	49.8	20.4	55.5	65.8	53.3	*9.6	56.4	112.3
Fractures and dislocations	16.8	*8.0	13.6	27.7	*10.9	*_	*3.8	*40.1
Sprains and strains	12.3	*4.0	19.2	10.3	*13.9	*0.4	*20.2	*22.4
Open wounds and lacerations	*1.4	*1.9	*1.4	*0.9	*2.6	*7.0	*0.5	*_
Contusions and superficial injuries	4.3	*1.9	*5.4	*4.8	*6.6	*1.7	*3.0	*20.4
Other current injuries	15.0	*4.5	15.8	22.0	19.4	*0.5	*29.1	*29.4
Selected other acute conditions	38.9	41.4	38.5	37.5	50.3	*45.8	44.4	*67.9
Eye conditions	*0.1	*_	*0.3	*_	*0.9	*0.6	*1.5	*_
Acute ear infections	7.3	22.3	*2.0	*2.2	*9.3	*25.8	*1.0	*_
Other ear conditions	*1.3	*2.5	*1.0	*0.6	*_	*_	*_	*_
Acute urinary conditions	6.9	*1.8	*6.3	11.8	*5.8	*_	*3.8	*17.9
Disorders of menstruation	*0.4	*0.3	*0.7	*_	*0.9	*1.5	*0.7	*0.5
Other disorders of female genital tract	*2.0	*1.8	*3.8	*_	*2.9	*_	*5.1	*3.0
Delivery and other conditions of pregnancy and puerperium	5.6	*1.2	12.8	*_	*13.1	*6.9	*25.2	*_
Skin conditions	*2.3	*1.5	*0.9	*4.6	*1.1	*_	*_	*4.7
Acute musculoskeletal conditions	9.0	*0.5	8.4	16.3	*10.7	*_	*4.3	*38.2
Headache, excluding migraine	*1.2	*2.0	*1.5	*0.3	*2.0	*0.6	*2.4	*3.6
Fever, unspecified	*2.8	*7.5	*0.8	*1.6	*3.7	*10.4	*0.4	*_
All other acute conditions	21.2	13.3	13.9	36.6	33.3	*17.1	*40.0	*45.1

NOTES: The standard errors and relative standard errors (RSE's) can be computed by using parameter set II of table II, the frequencies of table 33, and the formula presented in rule 2 of appendix I. Estimates for which the numerator has an RSE of more than 30 percent are indicated with an asterisk.

Table 29. Number of bed days associated with acute conditions per 100 persons per year, by family income, age, and type of condition: United States, 1994

[Data are based on household interviews of the civilian noninstitutionalized population. The survey design, general qualifications, and information on the reliability of the estimates are given in appendix I. Definitions of terms are given in appendix II]

Type of acute condition	Family income							
	Less than \$10,000				\$10,000-\$19,999			
	All ages	Under 18 years	18-44 years	45 years and over	All ages	Under 18 years	18-44 years	45 years and over
	Number of bed days per 100 persons per year							
All acute conditions	480.6	302.9	453.1	700.2	357.9	332.9	321.7	418.2
Infective and parasitic diseases	35.9	*43.9	*33.5	*30.9	33.0	64.6	*26.3	*15.8
Common childhood diseases	*2.5	*4.9	*2.6	*_	*2.2	*5.3	*1.8	*_
Intestinal virus, unspecified	*4.3	*4.9	*2.1	*6.6	*5.5	*13.4	*4.8	*_
Viral infections, unspecified	*11.8	*22.1	*7.7	*6.8	*12.5	*24.0	*9.2	*7.0
Other	*17.3	*12.0	*21.1	*17.5	*13.0	*21.8	*10.5	*8.8
Respiratory conditions	212.4	140.2	249.8	234.6	148.9	166.1	152.0	132.0
Common cold	41.9	*54.3	*49.0	*19.6	27.6	*42.3	*18.5	*26.2
Other acute upper respiratory infections	*14.4	*10.8	*17.3	*14.3	*13.2	*16.1	*17.9	*5.5
Influenza	108.0	*47.4	146.7	116.6	66.0	*52.3	91.9	47.9
Acute bronchitis	*9.7	*8.2	*12.3	*7.4	*15.3	*21.6	*10.2	*16.2
Pneumonia	*22.3	*8.6	*13.1	*49.0	17.5	*12.3	*10.6	*29.3
Other respiratory conditions	*16.1	*11.0	*11.3	*27.7	*9.3	*21.5	*2.8	*6.9
Digestive system conditions	*22.1	*10.6	*21.9	*34.2	17.2	*16.9	*14.5	*20.5
Dental conditions	*3.9	*6.0	*3.9	*1.8	*2.1	*6.0	*1.3	*_
Indigestion, nausea, and vomiting	*3.5	*1.8	*3.8	*4.8	*5.1	*8.5	*5.2	*2.4
Other digestive conditions	*14.7	*2.8	*14.3	*27.5	*10.0	*2.4	*8.0	*18.1
Injuries	90.7	*26.6	*53.6	207.3	72.3	*29.9	80.4	96.7
Fractures and dislocations	*20.5	*3.5	*5.3	*58.8	27.5	*18.3	*17.9	*45.4
Sprains and strains	*20.7	*5.3	*24.4	*31.5	21.1	*3.9	*25.2	*30.1
Open wounds and lacerations	*4.4	*10.6	*2.9	*_	*0.6	*1.6	*0.4	*_
Contusions and superficial injuries	*8.7	*0.9	*6.1	*20.5	*4.7	*4.9	*5.0	*4.2
Other current injuries	36.3	*6.3	*14.9	96.6	18.4	*1.1	*31.9	*17.0
Selected other acute conditions	55.8	*59.4	*45.0	*66.7	56.1	*46.0	*41.5	80.5
Eye conditions	*0.3	*1.0	*_	*_	*_	*_	*_	*_
Acute ear infections	*8.9	*27.8	*_	*1.9	*10.4	*36.3	*1.5	*_
Other ear conditions	*0.6	*2.1	*_	*_	*0.5	*0.6	*0.9	*_
Acute urinary conditions	*8.4	*1.4	*5.2	*19.9	*7.8	*_	*7.4	*14.4
Disorders of menstruation	*_	*_	*_	*_	*_	*_	*_	*_
Other disorders of female genital tract	*2.6	*_	*6.4	*_	*3.0	*0.6	*5.8	*1.8
Delivery and other conditions of pregnancy and puerperium	*8.8	*14.1	*11.2	*_	*5.1	*0.5	*13.0	*_
Skin conditions	*1.2	*_	*3.0	*_	*6.0	*_	*2.1	*15.1
Acute musculoskeletal conditions	*17.6	*_	*15.2	*38.8	20.2	*_	*10.3	47.3
Headache, excluding migraine	*1.6	*0.6	*2.2	*1.7	*0.4	*0.7	*0.4	*_
Fever, unspecified	*5.8	*12.4	*1.8	*4.5	*2.6	*7.4	*_	*1.8
All other acute conditions	63.8	*22.0	*49.3	126.4	30.4	*9.5	*7.1	72.8

See notes at end of table.

Table 29. Number of bed days associated with acute conditions per 100 persons per year, by family income, age, and type of condition: United States, 1994—Con.

[Data are based on household interviews of the civilian noninstitutionalized population. The survey design, general qualifications, and information on the reliability of the estimates are given in appendix I. Definitions of terms are given in appendix II]

Type of acute condition	Family Income							
	\$20,000–\$34,999				\$35,000 or more			
	All ages	Under 18 years	18–44 years	45 years and over	All ages	Under 18 years	18–44 years	45 years and over
	Number of bed days per 100 persons per year							
All acute conditions	276.6	338.1	281.5	214.5	226.8	270.4	204.7	217.9
Infective and parasitic diseases	33.9	75.0	25.6	*9.3	27.7	60.6	17.2	*11.4
Common childhood diseases	*1.8	*6.7	*–	*–	*2.5	*6.1	*1.7	*–
Intestinal virus, unspecified	*6.6	*13.6	*4.3	*3.7	*4.9	*10.8	*2.5	*2.7
Viral infections, unspecified	11.2	*24.3	*9.4	*2.0	7.2	*14.2	*4.1	*4.9
Other	14.3	*30.3	*11.9	*3.6	13.2	29.4	*8.8	*3.8
Respiratory conditions	129.1	170.9	116.5	110.0	114.6	138.1	105.9	104.9
Common cold	23.0	*29.4	*19.0	*23.0	21.0	28.7	16.9	*19.7
Other acute upper respiratory infections	14.4	*28.3	*12.9	*4.1	10.9	*18.5	*8.9	*6.6
Influenza	67.1	85.8	67.4	49.9	59.9	75.8	56.7	48.9
Acute bronchitis	*7.5	*9.0	*5.5	*9.0	11.8	*9.5	*13.2	*11.9
Pneumonia	*9.9	*9.7	*8.2	*12.4	9.7	*4.8	*7.9	*17.4
Other respiratory conditions	*7.3	*8.6	*3.4	*11.6	*1.3	*0.8	*2.2	*0.4
Digestive system conditions	*6.0	*5.1	*7.3	*5.0	7.8	*6.3	*8.0	*9.1
Dental conditions	*0.8	*0.6	*1.5	*–	*1.4	*0.2	*2.9	*0.4
Indigestion, nausea, and vomiting	*1.7	*3.0	*1.3	*1.1	*1.8	*3.4	*1.4	*0.7
Other digestive conditions	*3.5	*1.5	*4.4	*3.9	*4.7	*2.7	*3.7	*8.0
Injuries	49.4	*17.5	80.6	*32.5	26.8	*12.9	22.7	46.6
Fractures and dislocations	15.4	*9.1	*19.5	*15.1	*5.5	*1.8	*4.1	*11.3
Sprains and strains	13.8	*1.0	29.4	*2.5	7.9	*3.1	*10.7	*8.5
Open wounds and lacerations	*1.8	*3.3	*–	*3.3	*1.3	*1.0	*2.1	*0.5
Contusions and superficial injuries	*5.5	*3.7	*10.3	*–	*3.1	*0.4	*2.2	*7.3
Other current injuries	12.9	*0.4	*21.4	*11.7	8.9	*6.6	*3.7	*19.0
Selected other acute conditions	35.8	46.3	36.4	*25.4	37.7	44.3	36.7	32.5
Eye conditions	*0.4	*–	*0.9	*–	*0.1	*–	*0.3	*–
Acute ear infections	*7.6	*24.8	*1.0	*1.8	7.3	*17.5	*3.3	*3.5
Other ear conditions	*2.2	*2.1	*1.8	*2.8	*1.2	*3.0	*0.8	*–
Acute urinary conditions	*5.0	*–	*5.9	*8.3	*4.9	*0.4	*3.4	*11.8
Disorders of menstruation	*0.7	*1.5	*0.6	*–	*0.5	*0.4	*0.7	*0.1
Other disorders of female genital tract	*2.1	*–	*4.6	*0.3	*2.2	*3.4	*3.0	*–
Delivery and other conditions of pregnancy and puerperium	*5.5	*4.3	*10.0	*–	10.5	*8.1	19.0	*–
Skin conditions	*2.3	*–	*2.6	*3.9	*1.5	*3.0	*–	*2.4
Acute musculoskeletal conditions	*6.0	*0.4	*7.9	*8.1	6.3	*0.4	*5.6	*13.2
Headache, excluding migraine	*1.2	*2.6	*1.1	*0.3	*0.9	*2.0	*0.3	*0.9
Fever, unspecified	*2.9	*10.7	*–	*–	*2.1	*6.2	*0.5	*0.6
All other acute conditions	22.4	*23.3	*15.2	*32.1	12.3	*8.1	14.1	*13.6

NOTES: The standard errors and relative standard errors (RSE's) can be computed by using parameter sets II and X of table II, the frequencies of tables 34 and 78, and the formula presented in rule 4 of appendix I. Estimates for which the numerator has an RSE of more than 30 percent are indicated with an asterisk.

Table 30. Number of bed days associated with acute conditions per 100 persons per year, by geographic region, place of residence, and type of condition: United States, 1994

[Data are based on household interviews of the civilian noninstitutionalized population. The survey design, general qualifications, and information on the reliability of the estimates are given in appendix I. Definitions of terms are given in appendix II]

Type of acute condition	Geographic region				Place of residence			
					MSA ¹			
	Northeast	Midwest	South	West	All MSA ¹	Central city	Not central city	Not MSA ¹
	Number of bed days per 100 persons per year							
All acute conditions	247.8	278.2	274.7	352.4	284.4	292.7	279.1	299.0
Infective and parasitic diseases	32.4	25.1	36.1	32.4	31.7	28.3	34.0	32.3
Common childhood diseases	*1.2	*1.7	*3.5	*3.4	*2.4	*2.0	*2.7	*3.3
Intestinal virus, unspecified	*9.3	*2.3	7.6	*2.3	5.8	*5.6	5.9	*4.2
Viral infections, unspecified	*9.6	*5.8	13.8	*8.7	9.6	9.9	9.5	10.9
Other	12.3	15.2	11.2	17.9	13.9	10.8	15.9	13.9
Respiratory conditions	118.3	133.9	111.0	178.9	135.0	135.0	135.0	126.4
Common cold	25.0	22.6	18.0	33.9	24.8	30.1	21.3	21.4
Other acute upper respiratory infections	*11.7	11.0	14.1	11.1	12.2	10.9	13.0	12.2
Influenza	44.1	70.5	57.6	90.8	67.0	65.1	68.2	60.2
Acute bronchitis	*8.8	10.3	10.6	13.3	10.8	*7.2	13.0	10.7
Pneumonia	25.1	14.4	7.2	20.5	14.9	17.0	13.6	17.1
Other respiratory conditions	*3.6	*5.1	*3.5	*9.3	5.4	*4.7	5.8	*4.7
Digestive system conditions	*4.9	9.6	13.9	12.9	10.5	15.7	7.1	12.4
Dental conditions	*2.4	*1.3	*2.3	*0.7	*1.8	*3.1	*1.1	*1.2
Indigestion, nausea, and vomiting	*1.0	*2.1	*3.7	*3.5	*2.6	*3.7	*1.9	*3.2
Other digestive conditions	*1.5	*6.2	7.9	*8.7	6.0	8.9	*4.1	*8.0
Injuries	42.4	43.1	49.1	62.1	46.3	43.9	47.9	59.6
Fractures and dislocations	18.9	10.6	16.2	17.4	13.7	10.4	15.9	22.4
Sprains and strains	14.7	12.0	9.5	13.8	12.2	12.2	12.3	11.4
Open wounds and lacerations	*0.5	*3.4	*0.5	*2.9	*1.8	*2.7	*1.2	*1.6
Contusions and superficial injuries	*1.5	*2.4	*6.2	*6.9	4.2	*4.5	*3.9	*5.8
Other current injuries	*6.7	14.8	16.6	21.1	14.4	14.1	14.6	18.3
Selected other acute conditions	36.4	39.0	40.5	45.2	40.0	42.9	38.1	41.9
Eye conditions	*0.4	*0.1	*0.2	*0.3	*0.3	*0.4	*0.2	—
Acute ear infections	*4.9	*5.1	7.5	11.4	7.0	*7.0	6.9	*8.3
Other ear conditions	*0.1	*0.7	*2.1	*0.6	*0.7	*0.3	*0.9	*2.4
Acute urinary conditions	*5.8	*5.6	10.2	*2.6	6.4	*7.3	5.9	*6.9
Disorders of menstruation	*0.1	*0.2	*1.0	—	*0.4	*0.7	*0.2	*0.4
Other disorders of female genital tract	*0.6	*2.7	*1.8	*3.8	*1.8	*2.2	*1.6	*3.8
Delivery and other conditions of pregnancy and puerperium	*6.6	*8.2	*6.1	*8.7	8.7	8.2	9.1	*2.1
Skin conditions	*1.7	*3.2	*2.1	*2.3	*2.3	*4.0	*1.3	*2.2
Acute musculoskeletal conditions	*8.6	10.4	7.6	*9.4	7.5	*6.7	8.0	13.8
Headache, excluding migraine	*2.2	*0.7	*1.1	*1.7	*1.5	*2.2	*1.1	*0.8
Fever, unspecified	*5.4	*2.2	*0.9	*4.4	3.4	*4.1	*2.9	*1.1
All other acute conditions	13.4	27.5	24.1	20.9	20.9	26.9	17.1	26.4

¹MSA is metropolitan statistical area.

NOTES: The standard errors and relative standard errors (RSE's) can be computed by using parameter sets II and X of table II, the frequencies of tables 35 and 78, and the formula presented in rule 4 of appendix I. Estimates for which the numerator has an RSE of more than 30 percent are indicated with an asterisk.

Table 31. Number of bed days associated with acute conditions, by age and type of condition: United States, 1994

[Data are based on household interviews of the civilian noninstitutionalized population. The survey design, general qualifications, and information on the reliability of the estimates are given in appendix I. Definitions of terms are given in appendix II]

Type of acute condition	All ages	Under 5 years	5-17 years	18-24 years	25-44 years	45 years and over		
						Total	45-64 years	65 years and over
Number of bed days in thousands								
All acute conditions	746,645	77,332	133,582	74,829	211,587	249,316	126,187	123,129
Infective and parasitic diseases	82,719	15,062	29,588	7,396	17,321	13,353	6,914	6,439
Common childhood diseases	6,749	2,648	2,518	781	802	—	—	—
Intestinal virus, unspecified	14,175	2,562	4,786	952	3,186	2,690	2,269	421
Viral infections, unspecified	25,746	5,858	8,373	3,162	4,297	4,055	1,863	2,192
Other	36,050	3,994	13,910	2,501	9,037	6,608	2,782	3,826
Respiratory conditions	345,590	37,171	69,773	32,475	100,751	105,420	55,582	49,838
Common cold	62,383	10,869	13,184	6,841	15,628	15,862	8,978	6,884
Other acute upper respiratory infections	31,642	3,152	10,325	2,933	9,169	6,064	4,095	1,968
Influenza	170,066	11,747	37,001	17,473	58,063	45,782	26,991	18,791
Acute bronchitis	27,922	2,947	4,480	2,186	8,652	9,656	7,240	2,416
Pneumonia	39,993	5,712	2,735	2,442	6,593	22,512	7,121	15,391
Other respiratory conditions	13,583	2,744	2,049	600	2,646	5,544	1,157	4,387
Digestive system conditions	28,259	2,364	4,187	2,743	7,541	11,424	6,481	4,943
Dental conditions	4,431	649	520	595	2,431	236	109	127
Indigestion, nausea, and vomiting	7,138	1,062	2,378	819	1,269	1,610	966	644
Other digestive conditions	16,690	652	1,290	1,329	3,841	9,578	5,406	4,172
Injuries	127,756	1,915	10,431	15,552	43,040	56,818	29,675	27,142
Fractures and dislocations	40,553	242	4,177	3,786	9,656	22,693	8,948	13,745
Sprains and strains	31,340	153	2,090	5,842	14,173	9,083	6,079	3,004
Open wounds and lacerations	4,534	488	1,369	507	784	1,385	131	1,254
Contusions and superficial injuries	11,737	102	1,170	783	4,656	5,027	2,461	2,567
Other current injuries	39,591	930	1,625	4,634	13,772	18,630	12,057	6,573
Selected other acute conditions	104,896	15,655	15,338	12,513	28,751	32,639	14,042	18,597
Eye conditions	582	—	68	—	513	—	—	—
Acute ear infections	18,838	10,411	4,939	962	935	1,591	858	733
Other ear conditions	2,690	891	468	128	748	456	65	392
Acute urinary conditions	16,930	101	887	2,762	3,294	9,885	3,589	6,296
Disorders of menstruation	1,083	...	329	253	467	35	35	—
Other disorders of female genital tract	5,814	—	1,011	879	3,642	281	281	—
Delivery and other conditions of pregnancy and puerperium	18,919	...	4,074	5,681	9,164	—	—	...
Skin conditions	6,015	654	177	320	872	3,992	1,440	2,552
Acute musculoskeletal conditions	22,995	—	257	757	7,264	14,718	6,959	7,759
Headache, excluding migraine	3,574	—	1,162	478	1,396	538	419	119
Fever, unspecified	7,456	3,598	1,965	292	457	1,143	396	747
All other acute conditions	57,426	5,166	4,265	4,150	14,182	29,663	13,492	16,170

NOTES: The standard errors and relative standard errors (RSE's) can be computed by using parameter set II of table II and the formula presented in rule 1 of appendix I. An estimate of 55.4 million has a 10-percent RSE; of 13.4 million, a 20-percent RSE; and of 6.0 million, a 30-percent RSE.

Table 32. Number of bed days associated with acute conditions, by sex, age, and type of condition: United States, 1994

[Data are based on household interviews of the civilian noninstitutionalized population. The survey design, general qualifications, and information on the reliability of the estimates are given in appendix I. Definitions of terms are given in appendix II]

Type of acute condition	Male					Female				
	All ages	Under 5 years	5-17 years	18-44 years	45 years and over	All ages	Under 5 years	5-17 years	18-44 years	45 years and over
Number of bed days in thousands										
All acute conditions	298,602	38,989	58,644	111,859	89,109	448,044	38,343	74,938	174,556	160,207
Infective and parasitic diseases	36,448	7,455	12,228	9,719	7,046	46,271	7,606	17,360	14,998	6,308
Common childhood diseases	3,031	1,527	1,141	363	—	3,718	1,121	1,377	1,220	—
Intestinal virus, unspecified	5,978	1,264	2,192	1,948	574	8,197	1,297	2,594	2,189	2,116
Viral infections, unspecified	10,638	2,748	3,255	3,720	916	15,108	3,111	5,119	3,739	3,139
Other	16,800	1,916	5,640	3,689	5,556	19,249	2,078	8,270	7,849	1,052
Respiratory conditions	149,168	19,285	33,622	56,560	39,701	196,422	17,886	36,151	76,666	65,719
Common cold	24,989	4,826	6,432	8,655	5,076	37,395	6,043	6,752	13,814	10,786
Other acute upper respiratory infections	10,672	1,758	3,795	3,971	1,148	20,970	1,394	6,530	8,130	4,916
Influenza	80,019	6,862	17,304	35,843	20,009	90,047	4,885	19,696	39,693	25,773
Acute bronchitis	10,775	1,363	3,341	3,858	2,214	17,146	1,585	1,139	6,981	7,442
Pneumonia	17,818	3,358	1,477	2,878	10,105	22,176	2,354	1,258	6,156	12,407
Other respiratory conditions	4,895	1,119	1,272	1,354	1,150	8,688	1,625	777	1,892	4,394
Digestive system conditions	10,993	1,052	1,821	4,495	3,625	17,267	1,312	2,366	5,790	7,799
Dental conditions	2,018	379	55	1,522	62	2,413	270	465	1,504	174
Indigestion, nausea, and vomiting	3,222	217	1,137	884	984	3,916	845	1,240	1,204	626
Other digestive conditions	5,753	455	629	2,089	2,580	10,937	197	661	3,082	6,998
Injuries	56,427	1,233	5,353	30,056	19,785	71,328	681	5,078	28,536	37,033
Fractures and dislocations	19,147	—	2,606	8,111	8,429	21,406	242	1,570	5,331	14,263
Sprains and strains	13,742	153	1,224	9,086	3,279	17,599	—	866	10,929	5,804
Open wounds and lacerations	2,001	382	478	1,141	—	2,533	107	891	150	1,385
Contusions and superficial injuries	3,647	102	165	2,589	792	8,090	—	1,004	2,850	4,236
Other current injuries	17,890	597	879	9,129	7,285	21,701	332	747	9,277	11,345
Selected other acute conditions	28,853	8,608	4,158	6,155	9,933	76,043	7,048	11,181	35,109	22,706
Eye conditions	366	—	68	298	—	216	—	—	216	—
Acute ear infections	8,446	5,383	2,252	617	194	10,392	5,028	2,687	1,280	1,398
Other ear conditions	1,224	891	268	—	65	1,467	—	200	875	392
Acute urinary conditions	4,219	101	—	129	3,989	12,711	—	887	5,927	5,896
Disorders of menstruation . . . . .	...	...	...	...	...	1,083	...	329	720	35
Other disorders of female genital tract . . . . .	...	...	...	...	...	5,814	—	1,011	4,521	281
Delivery and other conditions of pregnancy and puerperium . . . . .	...	...	...	...	...	18,919	...	4,074	14,844	—
Skin conditions	3,342	441	—	703	2,198	2,673	213	177	490	1,793
Acute musculoskeletal conditions	6,650	—	196	3,012	3,441	16,345	—	60	5,008	11,277
Headache, excluding migraine	1,520	—	429	1,047	45	2,053	—	733	828	492
Fever, unspecified	3,085	1,791	944	350	—	4,371	1,807	1,022	400	1,143
All other acute conditions	16,713	1,356	1,463	4,875	9,020	40,713	3,810	2,803	13,457	20,643

NOTES: The standard errors and relative standard errors (RSE's) can be computed by using parameter set II of table II and the formula presented in rule 1 of appendix I. An estimate of 55.4 million has a 10-percent RSE; of 13.4 million, a 20-percent RSE; and of 6.0 million, a 30-percent RSE.

Table 33. Number of bed days associated with acute conditions, by race, age, and type of condition: United States, 1994

[Data are based on household interviews of the civilian noninstitutionalized population. The survey design, general qualifications, and information on the reliability of the estimates are given in appendix I. Definitions of terms are given in appendix II]

Type of acute condition	White				Black			
	All ages	Under 18 years	18-44 years	45 years and over	All ages	Under 18 years	18-44 years	45 years and over
	Number of bed days in thousands ¹							
All acute conditions	608,241	171,623	228,746	207,872	108,715	29,293	46,835	32,587
Infective and parasitic diseases	66,567	37,489	19,647	9,431	14,645	6,239	4,484	3,922
Common childhood diseases	4,509	3,250	1,259	—	2,131	1,808	324	—
Intestinal virus, unspecified	10,575	6,311	2,919	1,345	3,280	973	962	1,345
Viral infections, unspecified	18,873	11,318	5,268	2,287	6,082	2,278	2,035	1,769
Other	32,610	16,610	10,200	5,800	3,153	1,181	1,163	808
Respiratory conditions	283,882	88,278	106,349	89,256	43,397	13,151	19,957	10,289
Common cold	48,423	19,053	16,652	12,718	9,724	3,780	4,249	1,695
Other acute upper respiratory infections	26,567	11,858	9,279	5,430	3,125	890	1,977	257
Influenza	139,806	42,007	60,421	37,378	22,593	3,844	11,830	6,919
Acute bronchitis	23,306	5,904	10,338	7,065	2,137	1,162	370	604
Pneumonia	35,568	6,492	7,608	21,469	3,776	1,884	1,427	466
Other respiratory conditions	10,211	2,964	2,051	5,197	2,042	1,591	104	347
Digestive system conditions	21,963	4,389	7,554	10,020	5,416	1,717	2,556	1,143
Dental conditions	2,929	565	2,254	109	1,503	604	772	127
Indigestion, nausea, and vomiting	5,426	2,580	1,497	1,349	1,326	806	416	104
Other digestive conditions	13,608	1,243	3,803	8,562	2,587	307	1,367	913
Injuries	106,892	11,261	48,980	46,650	17,624	1,084	7,948	8,592
Fractures and dislocations	36,069	4,419	12,027	19,624	3,599	—	529	3,069
Sprains and strains	26,474	2,203	16,962	7,310	4,590	40	2,838	1,712
Open wounds and lacerations	2,944	1,065	1,222	657	862	793	69	—
Contusions and superficial injuries	9,305	1,074	4,808	3,423	2,175	197	420	1,558
Other current injuries	32,100	2,502	13,962	15,637	6,397	53	4,091	2,253
Selected other acute conditions	83,383	22,852	33,964	26,567	16,625	5,175	6,258	5,193
Eye conditions	298	—	298	—	284	68	216	—
Acute ear infections	15,687	12,336	1,759	1,591	3,058	2,920	138	—
Other ear conditions	2,690	1,359	875	456	—	—	—	—
Acute urinary conditions	14,852	989	5,525	8,339	1,903	—	531	1,372
Disorders of menstruation	785	158	627	—	298	171	93	35
Other disorders of female genital tract	4,374	1,011	3,363	—	955	—	724	231
Delivery and other conditions of pregnancy and puerperium	11,955	663	11,292	—	4,330	778	3,552	—
Skin conditions	4,841	832	778	3,232	361	—	—	361
Acute musculoskeletal conditions	19,258	257	7,411	11,590	3,529	—	609	2,920
Headache, excluding migraine	2,660	1,099	1,345	216	673	63	336	275
Fever, unspecified	5,982	4,150	689	1,143	1,235	1,174	61	—
All other acute conditions	45,554	7,353	12,253	25,948	11,007	1,927	5,633	3,448

¹Totals for white and black do not sum to total bed days because other races are not included.

NOTES: The standard errors and relative standard errors (RSE's) can be computed by using parameter set II of table II and the formula presented in rule 1 of appendix I. An estimate of 55.4 million has a 10-percent RSE; of 13.4 million, a 20-percent RSE; and of 6.0 million, a 30-percent RSE.

Table 34. Number of bed days associated with acute conditions, by family income, age, and type of condition: United States, 1994

[Data are based on household interviews of the civilian noninstitutionalized population. The survey design, general qualifications, and information on the reliability of the estimates are given in appendix I. Definitions of terms are given in appendix II]

Type of acute condition	Family income							
	Less than \$10,000				\$10,000-\$19,999			
	All ages	Under 18 years	18-44 years	45 years and over	All ages	Under 18 years	18-44 years	45 years and over
	Number of bed days in thousands ¹							
All acute conditions	112,286	21,291	42,857	48,138	133,404	33,635	46,149	53,620
Infective and parasitic diseases	8,379	3,089	3,168	2,121	12,316	6,524	3,772	2,020
Common childhood diseases	591	346	245	—	802	539	263	—
Intestinal virus, unspecified	996	345	199	452	2,037	1,355	682	—
Viral infections, unspecified	2,757	1,555	732	470	4,641	2,423	1,322	896
Other	4,035	843	1,993	1,200	4,835	2,207	1,504	1,124
Respiratory conditions	49,612	9,856	23,625	16,132	55,500	16,777	21,804	16,919
Common cold	9,797	3,817	4,630	1,350	10,291	4,273	2,654	3,364
Other acute upper respiratory infections	3,374	757	1,634	983	4,904	1,623	2,572	709
Influenza	25,224	3,330	13,879	8,014	24,615	5,285	13,192	6,138
Acute bronchitis	2,257	578	1,167	512	5,721	2,181	1,463	2,077
Pneumonia	5,210	602	1,241	3,367	6,516	1,243	1,521	3,751
Other respiratory conditions	3,751	772	1,072	1,906	3,453	2,171	402	879
Digestive system conditions	5,173	747	2,075	2,351	6,413	1,704	2,078	2,630
Dental conditions	919	423	369	127	792	607	185	—
Indigestion, nausea, and vomiting	816	127	357	332	1,904	854	744	307
Other digestive conditions	3,438	197	1,349	1,893	3,717	243	1,150	2,323
Injuries	21,190	1,870	5,066	14,254	26,956	3,024	11,531	12,400
Fractures and dislocations	4,797	248	506	4,043	10,250	1,850	2,575	5,824
Sprains and strains	4,847	372	2,311	2,165	7,870	398	3,614	3,858
Open wounds and lacerations	1,018	747	271	—	213	160	53	—
Contusions and superficial injuries	2,044	63	573	1,408	1,751	500	714	537
Other current injuries	8,483	441	1,405	6,638	6,872	116	4,576	2,181
Selected other acute conditions	13,026	4,179	4,258	4,589	20,909	4,647	5,947	10,315
Eye conditions	68	68	—	—	—	—	—	—
Acute ear infections	2,083	1,956	—	128	3,883	3,664	219	—
Other ear conditions	149	149	—	—	186	58	128	—
Acute urinary conditions	1,958	101	491	1,365	2,915	—	1,067	1,848
Disorders of menstruation	—	—	—	—	—	—	—	—
Other disorders of female genital tract	610	—	610	—	1,112	56	825	231
Delivery and other conditions of pregnancy and puerperium	2,052	992	1,059	—	1,918	52	1,866	—
Skin conditions	281	—	281	—	2,240	—	303	1,938
Acute musculoskeletal conditions	4,103	—	1,439	2,665	7,545	—	1,477	6,067
Headache, excluding migraine	370	42	209	119	132	68	63	—
Fever, unspecified	1,350	870	168	312	979	749	—	230
All other acute conditions	14,905	1,550	4,666	8,690	11,312	959	1,016	9,337

See footnote and notes at end of table.

Table 34. Number of bed days associated with acute conditions, by family income, age, and type of condition: United States, 1994—Con.

[Data are based on household interviews of the civilian noninstitutionalized population. The survey design, general qualifications, and information on the reliability of the estimates are given in appendix I. Definitions of terms are given in appendix II]

Type of acute condition	Family income							
	\$20,000–\$34,999				\$35,000 or more			
	All ages	Under 18 years	18–44 years	45 years and over	All ages	Under 18 years	18–44 years	45 years and over
	Number of bed days in thousands ¹							
All acute conditions	149,818	48,873	66,199	34,746	227,494	75,823	89,445	62,226
Infective and parasitic diseases	18,366	10,841	6,019	1,506	27,740	16,983	7,499	3,258
Common childhood diseases	974	974	—	—	2,466	1,715	751	—
Intestinal virus, unspecified	3,586	1,972	1,014	601	4,889	3,025	1,090	774
Viral infections, unspecified	6,054	3,516	2,214	324	7,184	3,996	1,798	1,390
Other	7,751	4,378	2,791	581	13,201	8,247	3,860	1,094
Respiratory conditions	69,920	24,703	27,389	17,828	114,956	38,742	46,275	29,939
Common cold	12,451	4,255	4,472	3,724	21,063	8,051	7,400	5,613
Other acute upper respiratory infections	7,783	4,095	3,028	660	10,951	5,189	3,875	1,887
Influenza	36,349	12,405	15,857	8,087	60,033	21,267	24,797	13,969
Acute bronchitis	4,062	1,303	1,303	1,456	11,850	2,676	5,788	3,386
Pneumonia	5,344	1,409	1,922	2,014	9,769	1,343	3,450	4,975
Other respiratory conditions	3,931	1,237	808	1,886	1,290	216	964	109
Digestive system conditions	3,250	735	1,705	811	7,860	1,765	3,505	2,590
Dental conditions	430	84	346	—	1,428	55	1,264	109
Indigestion, nausea, and vomiting	919	432	314	173	1,757	944	614	199
Other digestive conditions	1,901	219	1,045	637	4,675	766	1,627	2,281
Injuries	26,763	2,528	18,962	5,273	26,843	3,616	9,930	13,297
Fractures and dislocations	8,342	1,321	4,577	2,444	5,518	517	1,777	3,224
Sprains and strains	7,469	150	6,920	399	7,964	875	4,673	2,416
Open wounds and lacerations	1,001	474	—	527	1,299	271	897	131
Contusions and superficial injuries	2,963	530	2,433	—	3,148	110	947	2,090
Other current injuries	6,987	52	5,032	1,903	8,914	1,843	1,636	5,436
Selected other acute conditions	19,374	6,695	8,558	4,121	37,769	12,438	16,058	9,273
Eye conditions	216	—	216	—	148	—	148	—
Acute ear infections	4,110	3,583	237	289	7,352	4,905	1,441	1,005
Other ear conditions	1,169	297	416	456	1,186	855	331	—
Acute urinary conditions	2,721	—	1,381	1,340	4,943	103	1,479	3,361
Disorders of menstruation	361	212	149	—	466	116	315	35
Other disorders of female genital tract	1,128	—	1,078	50	2,252	955	1,296	—
Delivery and other conditions of pregnancy and puerperium	2,979	618	2,360	—	10,557	2,271	8,286	—
Skin conditions	1,237	—	608	629	1,513	832	—	681
Acute musculoskeletal conditions	3,233	60	1,864	1,309	6,292	101	2,429	3,762
Headache, excluding migraine	671	375	249	47	945	567	115	263
Fever, unspecified	1,549	1,549	—	—	2,115	1,731	217	166
All other acute conditions	12,144	3,371	3,566	5,208	12,327	2,280	6,178	3,869

¹Totals for income categories do not sum to total bed days because persons with unknown family income are not included.

NOTES: The standard errors and relative standard errors (RSE's) can be computed by using parameter set II of table II and the formula presented in rule 1 of appendix I. An estimate of 55.4 million has a 10-percent RSE; of 13.4 million, a 20-percent RSE; and of 6.0 million, a 30-percent RSE.

Table 35. Number of bed days associated with acute conditions, by geographic region, place of residence, and type of condition: United States, 1994

[Data are based on household interviews of the civilian noninstitutionalized population. The survey design, general qualifications, and information on the reliability of the estimates are given in appendix I. Definitions of terms are given in appendix II]

Type of acute condition	Geographic region				Place of residence			
					MSA ¹			
	Northeast	Midwest	South	West	All MSA ¹	Central city	Not central city	Not MSA ¹
	Number of bed days in thousands							
All acute conditions	125,406	175,917	241,974	203,348	577,577	232,721	344,856	169,069
Infective and parasitic diseases	16,388	15,859	31,779	18,693	64,464	22,495	41,969	18,255
Common childhood diseases	621	1,093	3,055	1,981	4,888	1,590	3,298	1,860
Intestinal virus, unspecified	4,687	1,475	6,666	1,346	11,784	4,437	7,347	2,391
Viral infections, unspecified	4,876	3,670	12,172	5,027	19,575	7,872	11,703	6,171
Other	6,204	9,621	9,886	10,339	28,217	8,596	19,621	7,833
Respiratory conditions	59,866	84,702	97,775	103,247	274,125	107,340	166,785	71,464
Common cold	12,661	14,312	15,832	19,579	50,277	23,901	26,376	12,106
Other acute upper respiratory infections	5,902	6,948	12,378	6,415	24,760	8,694	16,066	6,882
Influenza	22,328	44,583	50,762	52,393	135,999	51,778	84,221	34,066
Acute bronchitis	4,450	6,513	9,298	7,660	21,844	5,751	16,092	6,078
Pneumonia	12,685	9,112	6,386	11,811	30,342	13,503	16,839	9,652
Other respiratory conditions	1,840	3,233	3,120	5,389	10,903	3,713	7,190	2,680
Digestive system conditions	2,493	6,046	12,257	7,463	21,230	12,454	8,776	7,029
Dental conditions	1,209	807	1,990	424	3,756	2,431	1,325	675
Indigestion, nausea, and vomiting	504	1,347	3,266	2,021	5,322	2,939	2,383	1,816
Other digestive conditions	780	3,892	7,001	5,017	12,153	7,085	5,068	4,538
Injuries	21,446	27,259	43,216	35,835	94,071	34,904	59,167	33,685
Fractures and dislocations	9,542	6,687	14,295	10,029	27,867	8,262	19,604	12,686
Sprains and strains	7,454	7,560	8,365	7,961	24,866	9,713	15,152	6,475
Open wounds and lacerations	267	2,163	423	1,681	3,609	2,153	1,456	925
Contusions and superficial injuries	775	1,518	5,472	3,972	8,465	3,600	4,865	3,273
Other current injuries	3,408	9,330	14,661	12,192	29,265	11,176	18,089	10,326
Selected other acute conditions	18,447	24,673	35,718	26,057	81,179	34,140	47,039	23,716
Eye conditions	216	68	148	150	582	284	298	—
Acute ear infections	2,459	3,196	6,590	6,592	14,137	5,591	8,546	4,701
Other ear conditions	57	418	1,853	362	1,360	222	1,138	1,330
Acute urinary conditions	2,937	3,531	8,981	1,481	13,017	5,783	7,234	3,913
Disorders of menstruation	62	116	905	—	833	532	301	250
Other disorders of female genital tract	324	1,737	1,545	2,208	3,639	1,715	1,925	2,175
Delivery and other conditions of pregnancy and puerperium	3,327	5,158	5,403	5,030	17,739	6,516	11,223	1,180
Skin conditions	870	2,021	1,824	1,300	4,764	3,203	1,562	1,251
Acute musculoskeletal conditions	4,351	6,565	6,671	5,409	15,166	5,291	9,874	7,829
Headache, excluding migraine	1,117	461	1,010	987	3,108	1,782	1,326	465
Fever, unspecified	2,728	1,402	788	2,538	6,834	3,221	3,613	622
All other acute conditions	6,766	17,379	21,228	12,054	42,507	21,387	21,120	14,919

¹MSA is metropolitan statistical area.

NOTES: The standard errors and relative standard errors (RSE's) can be computed by using parameter set II of table II and the formula presented in rule 1 of appendix I. An estimate of 55.4 million has a 10-percent RSE; of 13.4 million, a 20-percent RSE; and of 6.0 million, a 30-percent RSE.

Table 36. Number of work-loss days associated with acute conditions per 100 currently employed persons 18 years of age and over, by age and type of condition: United States, 1994

[Data are based on household interviews of the civilian noninstitutionalized population. The survey design, general qualifications, and information on the reliability of the estimates are given in appendix I. Definitions of terms are given in appendix II]

Type of acute condition	All ages 18 years and over	18-44 years			45 years and over	
		Total	18-24 years	25-44 years	Total	45-64 years
Number of work-loss days per 100 currently employed persons per year						
All acute conditions	312.2	330.5	308.8	336.1	272.6	283.3
Infective and parasitic diseases	21.6	24.4	35.4	21.7	15.4	16.4
Common childhood diseases	*2.0	*3.0	*5.4	*2.4	*-	*-
Intestinal virus, unspecified	5.2	5.6	*5.7	*5.6	*4.4	*4.1
Viral infections, unspecified	6.0	6.9	*15.6	*4.7	*4.1	*4.5
Other	8.3	9.0	*8.7	9.1	*6.9	*7.7
Respiratory conditions	105.3	110.0	99.0	112.8	95.1	98.6
Common cold	17.6	19.3	*23.0	18.3	14.0	15.2
Other acute upper respiratory infections	8.8	9.5	*7.7	9.9	*7.2	*7.5
Influenza	56.4	59.1	54.3	60.3	50.5	52.4
Acute bronchitis	11.0	10.5	*8.5	10.9	12.1	13.0
Pneumonia	8.9	8.4	*1.7	10.1	*10.1	*9.1
Other respiratory conditions	*2.6	*3.3	*3.7	*3.2	*1.2	*1.4
Digestive system conditions	13.1	13.3	*19.0	11.9	12.7	*10.8
Dental conditions	*3.2	*3.9	*5.6	*3.4	*1.6	*1.8
Indigestion, nausea, and vomiting	*2.7	*3.3	*7.2	*2.3	*1.4	*1.4
Other digestive conditions	7.3	6.2	*6.2	*6.1	*9.7	*7.6
Injuries	115.5	123.2	94.2	130.6	98.9	104.5
Fractures and dislocations	32.9	29.3	*21.0	31.4	40.6	41.3
Sprains and strains	30.8	32.9	35.5	32.2	26.2	27.8
Open wounds and lacerations	11.4	15.8	*12.2	16.8	*1.9	*2.1
Contusions and superficial injuries	14.0	16.2	*7.5	18.3	*9.3	*10.3
Other current injuries	26.5	29.0	*18.0	31.8	21.0	23.0
Selected other acute conditions	34.8	39.0	44.6	37.6	25.8	27.4
Eye conditions	*0.6	*0.8	*-	*1.0	*0.3	*0.4
Acute ear infections	*2.6	*2.4	*3.5	*2.2	*3.0	*3.3
Other ear conditions	*0.5	*0.7	*-	*0.9	*0.2	*0.2
Acute urinary conditions	4.4	*3.2	*4.4	*2.9	*7.1	*7.8
Disorders of menstruation	*0.6	*0.8	*1.5	*0.6	*0.1	*0.1
Other disorders of female genital tract	*1.9	*2.3	*2.0	*2.3	*1.2	*1.3
Delivery and other conditions of pregnancy and puerperium	7.8	11.4	*11.0	11.5	*-	*-
Skin conditions	*1.7	*1.5	*3.7	*0.9	*2.3	*2.5
Acute musculoskeletal conditions	12.8	14.0	*15.4	13.7	*10.0	*10.1
Headache, excluding migraine	*1.4	*1.6	*1.7	*1.5	*1.0	*1.1
Fever, unspecified	*0.6	*0.5	*1.4	*0.2	*0.7	*0.5
All other acute conditions	21.9	20.5	*16.6	21.5	24.8	25.7

NOTES: The standard errors and relative standard errors (RSE's) can be computed by using parameter sets III and X of table II, the frequencies of tables 41 and 78, and the formula presented in rule 4 of appendix I. Estimates for which the numerator has an RSE of more than 30 percent are indicated with an asterisk.

Table 37. Number of work-loss days associated with acute conditions per 100 currently employed persons 18 years of age and over, by sex, age, and type of condition: United States, 1994

[Data are based on household interviews of the civilian noninstitutionalized population. The survey design, general qualifications, and information on the reliability of the estimates are given in appendix I. Definitions of terms are given in appendix II]

Type of acute condition	Male			Female		
	All ages 18 years and over	18-44 years	45 years and over	All ages 18 years and over	18-44 years	45 years and over
Number of work-loss days per 100 currently employed persons per year						
All acute conditions	289.2	309.2	246.3	339.7	356.1	304.3
Infective and parasitic diseases	19.2	22.8	*11.3	24.5	26.4	*20.2
Common childhood diseases	*1.9	*2.8	*-	*2.1	*3.1	*-
Intestinal virus, unspecified	*4.8	*5.8	*2.5	*5.8	*5.4	*6.6
Viral infections, unspecified	*5.0	*6.8	*1.1	*7.2	*7.0	*7.7
Other	7.5	*7.3	*7.8	9.4	11.0	*5.9
Respiratory conditions	84.8	88.2	77.5	129.8	136.1	116.2
Common cold	12.9	15.5	*7.2	23.3	23.8	*22.2
Other acute upper respiratory infections	*5.4	*5.3	*5.7	12.7	14.5	*8.9
Influenza	54.0	56.3	48.9	59.3	62.4	52.5
Acute bronchitis	*6.0	*5.4	*7.2	16.9	16.5	*17.9
Pneumonia	*5.7	*4.5	*8.2	12.8	13.1	*12.3
Other respiratory conditions	*0.9	*1.1	*0.3	*4.7	*5.8	*2.3
Digestive system conditions	10.6	*8.8	*14.3	16.2	18.7	*10.8
Dental conditions	*3.4	*4.6	*1.0	*2.8	*3.0	*2.3
Indigestion, nausea, and vomiting	*1.5	*2.0	*0.5	*4.1	*4.9	*2.5
Other digestive conditions	*5.6	*2.3	*12.8	9.3	*10.8	*5.9
Injuries	139.0	155.9	102.9	87.4	84.2	94.2
Fractures and dislocations	43.0	42.9	43.1	20.8	13.0	37.6
Sprains and strains	28.8	27.3	32.1	33.1	39.6	*19.1
Open wounds and lacerations	17.9	25.4	*1.9	*3.6	*4.4	*1.8
Contusions and superficial injuries	16.8	21.3	*7.3	10.5	*10.0	*11.6
Other current injuries	32.4	38.9	*18.5	19.4	17.2	24.0
Selected other acute conditions	17.5	18.4	*15.7	55.5	63.7	38.0
Eye conditions	*0.7	*1.0	*-	*0.6	*0.6	*0.7
Acute ear infections	*0.7	*0.7	*0.6	*4.9	*4.5	*5.8
Other ear conditions	*0.1	*-	*0.3	*1.1	*1.5	*-
Acute urinary conditions	*3.2	*0.8	*8.3	*5.9	*6.0	*5.5
Disorders of menstruation . . . . .	...	...	...	*1.2	*1.7	*0.2
Other disorders of female genital tract . . . . .	...	...	...	*4.2	*4.9	*2.7
Delivery and other conditions of pregnancy and puerperium . . . . .	...	...	...	17.0	24.9	*-
Skin conditions	*1.7	*1.3	*2.6	*1.7	*1.6	*1.8
Acute musculoskeletal conditions	9.9	12.8	*3.7	16.2	15.5	*17.7
Headache, excluding migraine	*0.8	*1.1	*0.2	*2.1	*2.1	*2.0
Fever, unspecified	*0.4	*0.6	*-	*0.7	*0.3	*1.5
All other acute conditions	18.1	15.1	24.6	26.4	27.0	25.0

NOTES: The standard errors and relative standard errors (RSE's) can be computed by using parameter sets III and X of table II, the frequencies of tables 42 and 78, and the formula presented in rule 4 of appendix I. Estimates for which the numerator has an RSE of more than 30 percent are indicated with an asterisk.

Table 38. Number of work-loss days associated with acute conditions per 100 currently employed persons 18 years of age and over, by race, age, and type of condition: United States, 1994

[Data are based on household interviews of the civilian noninstitutionalized population. The survey design, general qualifications, and information on the reliability of the estimates are given in appendix I. Definitions of terms are given in appendix II]

Type of acute condition	White			Black		
	All ages 18 years and over	18-44 years	45 years and over	All ages 18 years and over	18-44 years	45 years and over
Number of work-loss days per 100 currently employed persons per year						
All acute conditions	305.0	329.8	253.7	399.6	386.8	435.2
Infective and parasitic diseases	18.8	23.0	*10.0	47.3	*37.7	*74.0
Common childhood diseases	*1.6	*2.3	*-	*6.4	*8.7	*-
Intestinal virus, unspecified	*4.1	*5.2	*1.8	*12.3	*5.5	*31.1
Viral infections, unspecified	*4.8	*5.9	*2.6	*16.3	*15.1	*19.8
Other	8.2	9.5	*5.6	*12.3	*8.4	*23.1
Respiratory conditions	105.0	114.7	84.9	98.1	83.9	137.6
Common cold	16.6	19.1	*11.4	*20.3	*16.5	*30.8
Other acute upper respiratory infections	8.6	9.4	*6.9	*9.9	*11.8	*4.7
Influenza	55.8	61.8	43.2	58.0	52.7	*72.8
Acute bronchitis	12.3	12.1	12.6	*2.7	*0.3	*9.1
Pneumonia	9.8	9.9	*9.5	*5.7	*0.8	*19.4
Other respiratory conditions	*2.0	*2.4	*1.3	*1.5	*1.8	*0.8
Digestive system conditions	12.2	11.3	13.9	*24.7	*31.3	*6.3
Dental conditions	*2.8	*3.4	*1.6	*7.1	*8.8	*2.4
Indigestion, nausea, and vomiting	*2.2	*2.7	*1.2	*6.4	*7.3	*4.0
Other digestive conditions	7.1	*5.2	*11.1	*11.2	*15.2	*-
Injuries	115.1	123.1	98.5	140.8	149.2	*117.3
Fractures and dislocations	35.7	33.2	41.0	*13.0	*6.9	*29.8
Sprains and strains	30.1	31.2	27.8	48.3	58.1	*20.8
Open wounds and lacerations	13.0	18.3	*2.1	*1.6	*2.1	*-
Contusions and superficial injuries	13.0	15.6	*7.8	*17.5	*14.0	*27.4
Other current injuries	23.3	24.9	19.8	60.4	68.0	*39.2
Selected other acute conditions	32.4	38.2	20.3	57.9	50.5	*78.6
Eye conditions	*0.5	*0.6	*0.4	*1.6	*2.2	*-
Acute ear infections	*2.9	*2.7	*3.4	*1.0	*1.4	*-
Other ear conditions	*0.6	*0.8	*0.2	*-	*-	*-
Acute urinary conditions	4.5	*3.7	*6.2	*5.4	*0.6	*18.7
Disorders of menstruation	*0.6	*0.9	*-	*0.5	*0.3	*1.0
Other disorders of female genital tract	*1.8	*2.7	*-	*3.1	*-	*11.6
Delivery and other conditions of pregnancy and puerperium	6.4	9.5	*-	*16.9	*23.0	*-
Skin conditions	*1.5	*1.3	*1.8	*-	*-	*-
Acute musculoskeletal conditions	11.8	13.8	*7.6	*25.2	*21.4	*35.9
Headache, excluding migraine	*1.1	*1.7	*-	*4.1	*1.5	*11.4
Fever, unspecified	*0.5	*0.4	*0.8	*-	*-	*-
All other acute conditions	21.6	19.5	26.0	*30.9	*34.2	*21.4

NOTES: The standard errors and relative standard errors (RSE's) can be computed by using parameter sets III and X of table II, the frequencies of tables 43 and 78 and the formula presented in rule 4 of appendix I. Estimates for which the numerator has an RSE of more than 30 percent are indicated with an asterisk.

Table 39. Number of work-loss days associated with acute conditions per 100 currently employed persons 18 years of age and over, by family income, age, and type of condition: United States, 1994

[Data are based on household interviews of the civilian noninstitutionalized population. The survey design, general qualifications, and information on the reliability of the estimates are given in appendix I. Definitions of terms are given in appendix II]

Type of acute condition	Family income								
	Less than \$10,000			\$10,000-\$24,999			\$25,000 or more		
	All ages 18 years and over	18-44 years	45 years and over	All ages 18 years and over	18-44 years	45 years and over	All ages 18 years and over	18-44 years	45 years and over
	Number of work-loss days per 100 currently employed persons per year								
All acute conditions	499.3	526.9	*387.1	412.3	419.5	393.2	280.5	300.2	240.7
Infective and parasitic diseases	*31.1	*38.8	*-	24.3	*23.3	*27.0	19.7	22.8	*13.3
Common childhood diseases	*6.4	*8.0	*-	*1.2	*1.7	*-	*1.4	*2.1	*-
Intestinal virus, unspecified	*-	*-	*-	*4.3	*5.6	*0.8	*4.8	*5.2	*4.0
Viral infections, unspecified	*14.6	*18.2	*-	*7.6	*10.5	*-	6.0	*6.3	*5.4
Other	*10.1	*12.6	*-	*11.3	*5.6	*26.2	7.5	9.2	*3.9
Respiratory conditions	173.7	176.4	*162.6	129.4	132.0	122.5	99.4	104.4	89.2
Common cold	*21.1	*26.3	*-	22.3	*24.8	*15.8	16.6	16.8	*16.2
Other acute upper respiratory infections	*3.0	*2.2	*5.8	*10.1	*9.7	*11.1	9.6	11.5	*5.8
Influenza	111.9	116.5	*93.2	76.0	70.8	89.6	51.0	55.5	42.0
Acute bronchitis	*28.5	*27.7	*31.8	*9.5	*11.9	*3.1	10.5	9.1	*13.5
Pneumonia	*3.0	*3.7	*-	*5.2	*6.4	*2.1	10.0	9.3	*11.4
Other respiratory conditions	*6.3	*-	*31.8	*6.4	*8.5	*0.8	*1.6	*2.2	*0.4
Digestive system conditions	*23.8	*29.6	*-	18.6	*22.1	*9.5	11.9	9.9	*16.0
Dental conditions	*4.3	*5.3	*-	*0.8	*1.1	*-	*2.9	*3.6	*1.4
Indigestion, nausea, and vomiting	*4.1	*5.1	*-	*5.6	*6.8	*2.3	*2.2	*2.6	*1.4
Other digestive conditions	*15.4	*19.2	*-	*12.3	*14.2	*7.3	6.9	*3.7	*13.2
Injuries	167.0	155.2	*214.6	160.9	173.5	127.7	100.3	108.9	82.8
Fractures and dislocations	*19.1	*-	*96.9	53.9	51.9	*59.0	26.9	25.0	30.6
Sprains and strains	*50.9	*63.4	*-	41.7	38.6	*49.8	29.0	31.4	24.1
Open wounds and lacerations	*13.0	*14.6	*6.3	*16.3	*22.5	*-	11.6	16.0	*2.6
Contusions and superficial injuries	*8.7	*10.8	*-	*14.4	*15.1	*12.7	15.5	19.4	*7.6
Other current injuries	*75.2	*66.3	*111.4	34.6	45.4	*6.2	17.3	17.1	17.8
Selected other acute conditions	*39.2	*46.5	*9.8	44.1	47.2	*36.0	33.6	39.6	21.4
Eye conditions	*-	*-	*-	*0.6	*-	*2.0	*0.7	*1.0	*-
Acute ear infections	*1.2	*1.4	*-	*1.4	*-	*5.3	*3.4	*3.9	*2.5
Other ear conditions	*-	*-	*-	*0.7	*0.6	*1.0	*0.7	*1.0	*-
Acute urinary conditions	*-	*-	*-	*0.7	*0.4	*1.7	*3.7	*3.4	*4.2
Disorders of menstruation	*-	*-	*-	*-	*-	*-	*0.6	*0.8	*0.1
Other disorders of female genital tract	*-	*-	*-	*3.4	*4.6	*-	*1.9	*1.9	*1.9
Delivery and other conditions of pregnancy and puerperium	*2.0	*2.5	*-	*7.0	*9.6	*-	10.4	15.5	*-
Skin conditions	*-	*-	*-	*3.6	*3.7	*3.5	*1.3	*1.2	*1.3
Acute musculoskeletal conditions	*33.1	*41.3	*-	23.2	*23.4	*22.4	9.8	9.9	*9.4
Headache, excluding migraine	*-	*-	*-	*3.2	*4.4	*-	*0.8	*0.6	*1.4
Fever, unspecified	*2.9	*1.3	*9.8	*0.3	*0.4	*-	*0.5	*0.4	*0.7
All other acute conditions	*64.5	*80.3	*-	34.9	*21.4	70.5	15.7	14.6	17.9

NOTES: The standard errors and relative standard errors (RSE's) can be computed by using parameter sets III and X of table II, the frequencies of tables 44 and 78, and the formula presented in rule 4 of appendix I. Estimates for which the numerator has an RSE of more than 30 percent are indicated with an asterisk.

Table 40. Number of work-loss days associated with acute conditions per 100 currently employed persons 18 years of age and over, by geographic region, place of residence, and type of condition: United States, 1994

[Data are based on household interviews of the civilian noninstitutionalized population. The survey design, general qualifications, and information on the reliability of the estimates are given in appendix I. Definitions of terms are given in appendix II]

Type of acute condition	Geographic region				Place of residence			
	Northeast	Midwest	South	West	MSA ¹			
					All MSA ¹	Central city	Not central city	Not MSA ¹
Number of work-loss days per 100 currently employed persons per year								
All acute conditions	260.9	286.4	328.2	362.5	286.0	311.5	270.8	410.3
Infective and parasitic diseases	21.4	14.2	24.2	26.1	22.6	25.0	21.2	17.6
Common childhood diseases	*3.9	*1.1	*0.7	*3.6	*1.9	*3.0	*1.3	*2.5
Intestinal virus, unspecified	*8.3	*1.9	*6.7	*4.1	5.5	*6.4	*4.9	*4.3
Viral infections, unspecified	*2.9	*3.6	10.5	*4.3	6.5	*6.9	*6.2	*4.1
Other	*6.4	*7.6	*6.3	*14.1	8.8	*8.6	8.9	*6.7
Respiratory conditions	94.7	109.1	86.2	140.3	107.1	100.9	110.9	98.3
Common cold	18.9	13.9	12.7	28.5	18.0	18.4	17.7	16.2
Other acute upper respiratory infections	*9.9	*9.1	*7.7	*9.0	9.4	*8.0	10.2	*6.4
Influenza	42.3	64.2	46.7	75.0	59.7	61.2	58.8	44.1
Acute bronchitis	*9.6	*11.4	11.8	*10.3	10.0	*4.7	13.2	*14.5
Pneumonia	*13.5	*8.9	*3.4	*13.6	7.2	*6.1	7.9	*15.2
Other respiratory conditions	*0.5	*1.6	*3.8	*3.8	*2.8	*2.4	*3.1	*1.9
Digestive system conditions	18.0	*6.8	16.3	*11.1	12.3	17.2	9.4	16.3
Dental conditions	*1.2	*1.0	*5.2	*4.2	*3.4	*3.6	*3.3	*2.1
Indigestion, nausea, and vomiting	*0.8	*1.8	*4.4	*2.8	*3.1	*3.0	*3.2	*1.2
Other digestive conditions	*16.1	*4.0	*6.8	*4.1	5.7	*10.5	*2.9	*13.1
Injuries	71.8	94.9	150.2	123.7	91.8	103.9	84.5	204.4
Fractures and dislocations	18.7	25.0	44.1	37.1	23.2	22.1	23.9	69.1
Sprains and strains	32.2	31.8	29.0	31.1	29.5	30.4	28.9	35.8
Open wounds and lacerations	*7.0	*5.7	16.7	*13.6	7.4	*10.4	*5.6	26.4
Contusions and superficial injuries	*10.1	*4.5	23.0	*14.2	9.7	*9.4	9.8	30.1
Other current injuries	*3.8	27.9	37.4	27.7	22.0	31.5	16.3	43.1
Selected other acute conditions	38.6	33.9	32.7	36.0	32.4	37.3	29.5	43.9
Eye conditions	*0.9	*-	*0.7	*1.0	*0.8	*0.9	*0.7	*-
Acute ear infections	*1.6	*3.7	*2.3	*2.8	*2.9	*2.1	*3.4	*1.4
Other ear conditions	*-	*0.5	*1.2	*-	*0.1	*-	*0.2	*2.0
Acute urinary conditions	*5.1	*2.2	*7.1	*2.0	*3.4	*6.7	*1.4	*8.2
Disorders of menstruation	*0.1	*0.3	*1.3	*-	*0.4	*0.8	*0.2	*1.0
Other disorders of female genital tract	*2.5	*1.1	*1.2	*3.5	*2.0	*3.6	*1.1	*1.5
Delivery and other conditions of pregnancy and puerperium	*15.8	*5.0	*5.4	*7.5	9.4	*5.1	12.0	*1.6
Skin conditions	*1.3	*3.1	*2.0	*-	*0.8	*1.0	*0.6	*5.3
Acute musculoskeletal conditions	*8.3	16.3	*9.4	17.8	10.8	14.8	8.3	20.3
Headache, excluding migraine	*0.9	*1.0	*2.0	*1.3	*1.1	*0.8	*1.3	*2.5
Fever, unspecified	*1.9	*0.7	*-	*-	*0.7	*1.4	*0.3	*-
All other acute conditions	*16.2	27.5	18.7	25.3	19.7	27.2	15.3	29.8

¹MSA is metropolitan statistical area.

NOTES: The standard errors and relative standard errors (RSE's) can be computed by using parameter sets III and X of table II, the frequencies of tables 45 and 78, and the formula presented in rule 4 of appendix I. Estimates for which the numerator has an RSE of more than 30 percent are indicated with an asterisk.

Table 41. Number of work-loss days associated with acute conditions for currently employed persons 18 years of age and over, by age and type of condition: United States, 1994

[Data are based on household interviews of the civilian noninstitutionalized population. The survey design, general qualifications, and information on the reliability of the estimates are given in appendix I. Definitions of terms are given in appendix II]

Type of acute condition	All ages 18 years and over	18-44 years			45 years and over	
		Total	18-24 years	25-44 years	Total	45-64 years
Number of work-loss days in thousands						
All acute conditions	383,759	277,457	52,391	225,066	106,302	99,387
Infective and parasitic diseases	26,511	20,518	6,007	14,511	5,993	5,740
Common childhood diseases	2,495	2,495	920	1,575	—	—
Intestinal virus, unspecified	6,406	4,704	964	3,740	1,703	1,450
Viral infections, unspecified	7,364	5,776	2,654	3,123	1,588	1,588
Other	10,246	7,543	1,470	6,073	2,703	2,703
Respiratory conditions	129,411	92,350	16,791	75,559	37,061	34,573
Common cold	21,644	16,181	3,900	12,281	5,463	5,349
Other acute upper respiratory infections	10,760	7,964	1,312	6,652	2,796	2,617
Influenza	69,320	49,619	9,212	40,406	19,701	18,364
Acute bronchitis	13,488	8,782	1,450	7,332	4,706	4,566
Pneumonia	10,984	7,061	293	6,769	3,922	3,203
Other respiratory conditions	3,216	2,742	624	2,119	474	474
Digestive system conditions	16,132	11,191	3,224	7,967	4,941	3,775
Dental conditions	3,875	3,247	955	2,292	628	628
Indigestion, nausea, and vomiting	3,325	2,777	1,217	1,560	548	490
Other digestive conditions	8,931	5,167	1,052	4,116	3,765	2,657
Injuries	142,009	103,432	15,981	87,451	38,577	36,675
Fractures and dislocations	40,440	24,602	3,561	21,041	15,838	14,502
Sprains and strains	37,848	27,626	6,029	21,597	10,221	9,748
Open wounds and lacerations	14,022	13,296	2,062	11,234	727	727
Contusions and superficial injuries	17,169	13,556	1,279	12,277	3,614	3,614
Other current injuries	32,529	24,352	3,049	21,302	8,178	8,084
Selected other acute conditions	42,825	32,755	7,565	25,191	10,069	9,610
Eye conditions	787	661	—	661	126	126
Acute ear infections	3,195	2,038	587	1,450	1,158	1,158
Other ear conditions	655	591	—	591	65	65
Acute urinary conditions	5,414	2,663	745	1,918	2,751	2,751
Disorders of menstruation	684	650	253	396	35	35
Other disorders of female genital tract	2,362	1,889	341	1,549	473	473
Delivery and other conditions of pregnancy and puerperium	9,544	9,544	1,866	7,678	—	—
Skin conditions	2,111	1,228	625	603	883	883
Acute musculoskeletal conditions	15,682	11,772	2,610	9,162	3,910	3,556
Headache, excluding migraine	1,712	1,313	292	1,021	399	399
Fever, unspecified	678	408	245	162	270	166
All other acute conditions	26,871	17,211	2,823	14,388	9,660	9,013

NOTES: The standard errors and relative standard errors (RSE's) can be computed by using parameter set III of table II and the formula presented in rule 1 of appendix I. An estimate of 37.6 million has a 10-percent RSE; of 9.3 million, a 20-percent RSE; and of 4.2 million, a 30-percent RSE.

Table 42. Number of work-loss days associated with acute conditions for currently employed persons 18 years of age and over, by sex, age, and type of condition: United States, 1994

[Data are based on household interviews of the civilian noninstitutionalized population. The survey design, general qualifications, and information on the reliability of the estimates are given in appendix I. Definitions of terms are given in appendix II]

Type of acute condition	Male			Female		
	All ages 18 years and over	18-44 years	45 years and over	All ages 18 years and over	18-44 years	45 years and over
	Number of work-loss days in thousands					
All acute conditions	193,593	141,145	52,448	190,165	136,312	53,854
Infective and parasitic diseases	12,822	10,409	2,413	13,689	10,109	3,580
Common childhood diseases	1,299	1,299	—	1,196	1,196	—
Intestinal virus, unspecified	3,184	2,651	533	3,222	2,052	1,170
Viral infections, unspecified	3,342	3,115	227	4,022	2,661	1,361
Other	4,997	3,344	1,653	5,249	4,200	1,050
Respiratory conditions	56,766	40,260	16,505	72,646	52,090	20,556
Common cold	8,604	7,073	1,531	13,040	9,109	3,931
Other acute upper respiratory infections	3,647	2,429	1,218	7,113	5,536	1,577
Influenza	36,130	25,713	10,416	33,190	23,905	9,285
Acute bronchitis	4,018	2,478	1,540	9,469	6,304	3,165
Pneumonia	3,794	2,056	1,739	7,189	5,006	2,183
Other respiratory conditions	572	512	60	2,644	2,230	414
Digestive system conditions	7,067	4,030	3,037	9,065	7,161	1,904
Dental conditions	2,308	2,095	213	1,568	1,152	415
Indigestion, nausea, and vomiting	1,009	905	104	2,316	1,872	444
Other digestive conditions	3,750	1,030	2,721	5,181	4,137	1,044
Injuries	93,092	71,186	21,906	48,916	32,245	16,671
Fractures and dislocations	28,789	19,608	9,181	11,651	4,995	6,657
Sprains and strains	19,314	12,472	6,842	18,534	15,154	3,380
Open wounds and lacerations	12,014	11,614	400	2,009	1,682	327
Contusions and superficial injuries	11,281	9,727	1,554	5,888	3,828	2,060
Other current injuries	21,695	17,765	3,930	10,834	6,586	4,248
Selected other acute conditions	11,732	8,380	3,352	31,093	24,376	6,717
Eye conditions	446	446	—	341	216	126
Acute ear infections	452	325	127	2,743	1,713	1,030
Other ear conditions	65	—	65	591	591	—
Acute urinary conditions	2,135	365	1,770	3,279	2,298	982
Disorders of menstruation . . . . .	...	...	...	684	650	35
Other disorders of female genital tract . . . . .	...	...	...	2,362	1,889	473
Delivery and other conditions of pregnancy and puerperium . . . . .	...	...	...	9,544	9,544	—
Skin conditions	1,167	603	564	944	625	319
Acute musculoskeletal conditions	6,616	5,835	781	9,066	5,937	3,129
Headache, excluding migraine	558	513	45	1,154	800	354
Fever, unspecified	293	293	—	385	114	270
All other acute conditions	12,114	6,880	5,234	14,758	10,332	4,426

NOTES: The standard errors and relative standard errors (RSE's) can be computed by using parameter set III of table II and the formula presented in rule 1 of appendix I. An estimate of 37.6 million has a 10-percent RSE; of 9.3 million, a 20-percent RSE; and of 4.2 million, a 30-percent RSE.

Table 43. Number of work-loss days associated with acute conditions for currently employed persons 18 years of age and over, by race, age, and type of condition: United States, 1994

[Data are based on household interviews of the civilian noninstitutionalized population. The survey design, general qualifications, and information on the reliability of the estimates are given in appendix I. Definitions of terms are given in appendix II]

Type of acute condition	White			Black		
	All ages 18 years and over	18-44 years	45 years and over	All ages 18 years and over	18-44 years	45 years and over
	Number of work-loss days in thousands ¹					
All acute conditions	317,932	231,731	86,201	52,950	37,706	15,244
Infective and parasitic diseases	19,568	16,167	3,401	6,265	3,673	2,592
Common childhood diseases	1,648	1,648	—	847	847	—
Intestinal virus, unspecified	4,300	3,688	611	1,631	540	1,091
Viral infections, unspecified	5,052	4,157	895	2,163	1,471	692
Other	8,568	6,674	1,894	1,624	815	808
Respiratory conditions	109,478	80,622	28,856	13,001	8,181	4,820
Common cold	17,274	13,415	3,859	2,689	1,610	1,079
Other acute upper respiratory infections	8,941	6,587	2,354	1,315	1,151	164
Influenza	58,115	43,449	14,666	7,687	5,136	2,551
Acute bronchitis	12,807	8,521	4,286	352	32	320
Pneumonia	10,227	6,983	3,243	757	78	679
Other respiratory conditions	2,113	1,667	446	201	174	28
Digestive system conditions	12,681	7,962	4,719	3,276	3,054	222
Dental conditions	2,934	2,389	545	942	858	83
Indigestion, nausea, and vomiting	2,301	1,892	409	849	711	139
Other digestive conditions	7,447	3,682	3,765	1,485	1,485	—
Injuries	119,945	86,470	33,475	18,650	14,541	4,109
Fractures and dislocations	37,223	23,296	13,927	1,719	674	1,045
Sprains and strains	31,329	21,899	9,430	6,397	5,667	730
Open wounds and lacerations	13,557	12,831	727	208	208	—
Contusions and superficial injuries	13,586	10,932	2,654	2,323	1,363	960
Other current injuries	24,250	17,512	6,738	8,003	6,630	1,373
Selected other acute conditions	33,724	26,815	6,909	7,672	4,920	2,752
Eye conditions	571	446	126	216	216	—
Acute ear infections	3,057	1,900	1,158	138	138	—
Other ear conditions	655	591	65	—	—	—
Acute urinary conditions	4,701	2,603	2,098	714	60	654
Disorders of menstruation	616	616	—	68	33	35
Other disorders of female genital tract	1,889	1,889	—	406	—	406
Delivery and other conditions of pregnancy and puerperium	6,699	6,699	—	2,241	2,241	—
Skin conditions	1,536	925	610	—	—	—
Acute musculoskeletal conditions	12,272	9,689	2,583	3,341	2,083	1,258
Headache, excluding migraine	1,164	1,164	—	549	150	399
Fever, unspecified	564	293	270	—	—	—
All other acute conditions	22,536	13,695	8,841	4,088	3,338	750

¹Totals for white and black do not sum to total work-loss days because other races are not included.

NOTES: The standard errors and relative standard errors (RSE's) can be computed by using parameter set III of table II and the formula presented in rule 1 of appendix I. An estimate of 37.6 million has a 10-percent RSE; of 9.3 million, a 20-percent RSE; and of 4.2 million, a 30-percent RSE.

Table 44. Number of work-loss days associated with acute conditions for currently employed persons 18 years of age and over, by family income, age, and type of condition: United States, 1994

[Data are based on household interviews of the civilian noninstitutionalized population. The survey design, general qualifications, and information on the reliability of the estimates are given in appendix I. Definitions of terms are given in appendix II]

Type of acute condition	Family income								
	Less than \$10,000			\$10,000-\$24,999			\$25,000 or more		
	All ages 18 years and over	18-44 years	45 years and over	All ages 18 years and over	18-44 years	45 years and over	All ages 18 years and over	18-44 years	45 years and over
	Number of work-loss days in thousands ¹								
All acute conditions	26,832	22,729	4,103	93,435	68,952	24,483	211,937	151,756	60,181
Infective and parasitic diseases	1,672	1,672	—	5,514	3,834	1,680	14,865	11,536	3,329
Common childhood diseases	344	344	—	272	272	—	1,077	1,077	—
Intestinal virus, unspecified	—	—	—	966	917	49	3,617	2,627	990
Viral infections, unspecified	785	785	—	1,724	1,724	—	4,529	3,168	1,361
Other	543	543	—	2,553	921	1,632	5,842	4,664	878
Respiratory conditions	9,334	7,610	1,724	29,330	21,702	7,629	75,068	52,751	22,317
Common cold	1,136	1,136	—	5,051	4,068	983	12,508	8,469	4,040
Other acute upper respiratory infections	159	97	62	2,287	1,596	690	7,233	5,788	1,445
Influenza	6,012	5,024	988	17,218	11,637	5,581	38,565	28,056	10,509
Acute bronchitis	1,530	1,193	337	2,146	1,953	193	7,970	4,592	3,378
Pneumonia	161	161	—	1,182	1,049	132	7,572	4,714	2,858
Other respiratory conditions	337	—	337	1,447	1,398	49	1,220	1,132	88
Digestive system conditions	1,279	1,279	—	4,225	3,631	594	9,007	5,008	4,000
Dental conditions	230	230	—	180	180	—	2,170	1,822	347
Indigestion, nausea, and vomiting	220	220	—	1,259	1,117	142	1,832	1,293	339
Other digestive conditions	830	830	—	2,786	2,334	452	5,206	1,893	3,313
Injuries	8,972	6,697	2,275	36,471	28,519	7,952	75,750	55,041	20,709
Fractures and dislocations	1,027	—	1,027	12,212	8,536	3,676	20,312	12,658	7,654
Sprains and strains	2,737	2,737	—	9,439	6,338	3,101	21,894	15,860	6,035
Open wounds and lacerations	698	631	67	3,705	3,705	—	8,755	8,095	659
Contusions and superficial injuries	468	468	—	3,270	2,478	792	11,696	9,795	1,901
Other current injuries	4,041	2,861	1,181	7,844	7,461	383	13,093	8,633	4,460
Selected other acute conditions	2,109	2,005	104	9,994	7,754	2,241	25,391	20,040	5,351
Eye conditions	—	—	—	126	—	126	511	511	—
Acute ear infections	62	62	—	327	—	327	2,590	1,976	614
Other ear conditions	—	—	—	163	98	65	492	492	—
Acute urinary conditions	—	—	—	167	61	106	2,762	1,714	1,048
Disorders of menstruation	—	—	—	—	—	—	428	394	35
Other disorders of female genital tract	—	—	—	761	761	—	1,432	959	473
Delivery and other conditions of pregnancy and puerperium	108	108	—	1,585	1,585	—	7,850	7,850	—
Skin conditions	—	—	—	824	603	221	953	625	328
Acute musculoskeletal conditions	1,781	1,781	—	5,251	3,854	1,397	7,367	5,017	2,350
Headache, excluding migraine	—	—	—	731	731	—	624	286	338
Fever, unspecified	158	54	104	60	60	—	383	217	166
All other acute conditions	3,465	3,465	—	7,900	3,513	4,387	11,856	7,381	4,475

¹Totals for income categories do not sum to total work-loss days because persons with unknown family income are not included.

NOTES: The standard errors and relative standard errors (RSE's) can be computed by using parameter set III of table II and the formula presented in rule 1 of appendix I. An estimate of 37.8 million has a 10-percent RSE; of 9.3 million, a 20-percent RSE; and of 4.2 million, a 30-percent RSE.

Table 45. Number of work-loss days associated with acute conditions for currently employed persons 18 years of age and over, by geographic region, place of residence, and type of condition: United States, 1994

[Data are based on household interviews of the civilian noninstitutionalized population. The survey design, general qualifications, and information on the reliability of the estimates are given in appendix I. Definitions of terms are given in appendix II]

Type of acute condition	Geographic region				Place of residence			
	Northeast	Midwest	South	West	MSA ¹			
					All MSA ¹	Central city	Not central city	Not MSA ¹
Number of work-loss days in thousands								
All acute conditions	61,531	88,606	137,432	96,189	277,453	112,998	164,455	106,305
Infective and parasitic diseases	5,051	4,404	10,121	6,936	21,962	9,067	12,894	4,549
Common childhood diseases	909	344	276	965	1,841	1,073	768	653
Intestinal virus, unspecified	1,951	574	2,793	1,089	5,300	2,336	2,964	1,107
Viral infections, unspecified	691	1,122	4,410	1,141	6,301	2,521	3,780	1,063
Other	1,499	2,365	2,642	3,740	8,520	3,138	5,382	1,726
Respiratory conditions	22,344	33,762	36,080	37,225	103,938	36,593	67,345	25,473
Common cold	4,448	4,310	5,313	7,573	17,438	6,666	10,771	4,206
Other acute upper respiratory infections	2,333	2,807	3,243	2,376	9,112	2,903	6,209	1,648
Influenza	9,981	19,867	19,566	19,906	57,895	22,201	35,694	11,425
Acute bronchitis	2,259	3,526	4,958	2,745	9,725	1,717	8,008	3,762
Pneumonia	3,196	2,746	1,427	3,614	7,032	2,225	4,807	3,951
Other respiratory conditions	127	505	1,572	1,012	2,736	880	1,855	480
Digestive system conditions	4,254	2,107	6,831	2,940	11,905	6,224	5,680	4,227
Dental conditions	282	313	2,159	1,121	3,342	1,318	2,023	534
Indigestion, nausea, and vomiting	181	568	1,846	730	3,021	1,106	1,916	304
Other digestive conditions	3,790	1,225	2,827	1,088	5,542	3,800	1,741	3,389
Injuries	16,943	29,343	62,904	32,819	89,053	37,713	51,340	52,955
Fractures and dislocations	4,421	7,719	18,464	9,836	22,538	8,029	14,509	17,902
Sprains and strains	7,594	9,846	12,153	8,255	28,580	11,042	17,538	9,267
Open wounds and lacerations	1,643	1,751	7,008	3,621	7,194	3,780	3,414	6,828
Contusions and superficial injuries	2,392	1,382	9,633	3,763	9,371	3,417	5,954	7,798
Other current injuries	894	8,645	15,646	7,344	21,370	11,445	9,925	11,160
Selected other acute conditions	9,114	10,479	13,681	9,551	31,450	13,529	17,921	11,375
Eye conditions	216	—	295	276	787	341	446	—
Acute ear infections	372	1,131	961	731	2,841	773	2,067	354
Other ear conditions	—	162	494	—	128	—	128	527
Acute urinary conditions	1,214	676	2,989	535	3,283	2,433	850	2,131
Disorders of menstruation	33	107	544	—	422	287	135	262
Other disorders of female genital tract	601	338	485	939	1,963	1,295	668	399
Delivery and other conditions of pregnancy and puerperium	3,728	1,539	2,276	2,001	9,134	1,867	7,267	410
Skin conditions	301	953	857	—	729	358	371	1,382
Acute musculoskeletal conditions	1,968	5,033	3,947	4,734	10,433	5,382	5,051	5,249
Headache, excluding migraine	222	322	834	335	1,052	278	774	660
Fever, unspecified	459	219	—	—	678	515	163	—
All other acute conditions	3,826	8,511	7,816	6,719	19,145	9,871	9,275	7,726

¹MSA is metropolitan statistical area.

NOTES: The standard errors and relative standard errors (RSE's) can be computed by using parameter set III of table II and the formula presented in rule 1 of appendix I. An estimate of 37.6 million has a 10-percent RSE; of 9.3 million, a 20-percent RSE; and of 4.2 million, a 30-percent RSE.

Table 46. Number of school-loss days associated with acute conditions per 100 youths 5–17 years of age, by sex, race, family income, and type of condition: United States, 1994

[Data are based on household interviews of the civilian noninstitutionalized population. The survey design, general qualifications, and information on the reliability of the estimates are given in appendix I. Definitions of terms are given in appendix II]

Type of acute condition	All ages 5–17 years	Sex		Race		Family income				
		Male	Female	White	Black	Less than \$10,000	\$10,000– \$19,999	\$20,000– \$34,999	\$35,000 or more	
Number of school-loss days per 100 youths per year										
All acute conditions	331.2	294.9	369.3	348.9	268.5	382.1	385.1	331.6	306.4	
Infective and parasitic diseases	81.8	64.9	99.5	88.6	69.3	*55.8	74.1	90.2	85.2	
Common childhood diseases	21.8	17.3	26.6	21.3	*31.3	*11.2	*17.2	*23.6	21.4	
Intestinal virus, unspecified	12.0	*11.5	*12.5	12.8	*11.1	*0.5	*26.6	*13.6	*9.7	
Viral infections, unspecified	16.1	*13.6	18.7	18.2	*7.7	*10.2	*12.4	*19.6	*17.4	
Other	31.9	22.6	41.7	36.3	*19.2	*33.8	*17.8	*33.4	36.8	
Respiratory conditions	164.9	158.1	172.1	175.1	107.5	188.0	156.2	180.6	159.9	
Common cold	40.1	40.4	39.8	38.5	*42.5	*56.4	*48.9	*40.6	34.1	
Other acute upper respiratory infections	27.7	20.7	35.0	30.5	*13.3	*19.4	*18.7	*35.2	27.7	
Influenza	79.3	75.9	82.9	85.6	*45.9	*91.2	*58.6	92.2	80.0	
Acute bronchitis	10.5	*12.4	*8.5	11.9	*2.5	*7.9	*24.6	*4.9	*11.0	
Pneumonia	*5.2	*6.6	*3.7	*6.5	*–	*3.0	*2.5	*5.5	*6.3	
Other respiratory conditions	*2.1	*2.1	*2.2	*2.0	*3.2	*10.0	*2.9	*2.3	*0.8	
Digestive system conditions	13.1	*10.4	*15.9	12.5	*19.6	*11.4	*17.5	*7.7	*12.8	
Dental conditions	*2.4	*2.4	*2.4	*0.5	*12.5	*5.5	*6.8	*–	*0.5	
Indigestion, nausea, and vomiting	*7.2	*5.9	*8.7	*7.6	*7.1	*5.9	*10.7	*6.1	*6.3	
Other digestive conditions	*3.4	*2.1	*4.8	*4.3	*–	*–	*–	*1.5	*5.9	
Injuries	25.1	27.0	23.1	26.3	*22.9	*40.5	64.0	*18.1	*14.5	
Fractures and dislocations	*7.6	*8.6	*6.6	*8.7	*3.2	*8.0	*24.2	*8.5	*3.1	
Sprains and strains	*3.9	*3.0	*4.9	*4.5	*1.8	*6.1	*4.2	*2.0	*3.0	
Open wounds and lacerations	*3.8	*4.4	*3.2	*2.3	*11.1	*18.4	*2.8	*2.9	*0.8	
Contusions and superficial injuries	*3.5	*3.1	*3.9	*3.5	*4.5	*1.4	*11.8	*4.7	*1.3	
Other current injuries	*6.3	*8.0	*4.5	*7.2	*2.5	*6.6	*21.1	*–	*6.4	
Selected other acute conditions	34.1	27.9	40.7	33.8	*38.4	*59.4	*55.5	*32.2	22.7	
Eye conditions	*0.3	*0.6	*–	*–	*2.1	*3.6	*–	*–	*–	
Acute ear infections	15.3	*15.9	*14.7	17.4	*8.6	*29.3	*23.3	*11.1	*12.0	
Other ear conditions	*0.7	*0.8	*0.7	*0.9	*–	*–	*1.6	*0.5	*1.0	
Acute urinary conditions	*2.5	*0.8	*4.2	*3.1	*–	*4.6	*–	*–	*1.1	
Disorders of menstruation	*1.1	...	*2.3	*0.7	*3.8	*2.8	*–	*2.1	*1.1	
Other disorders of female genital tract	*0.3	...	*0.7	*0.4	*–	*–	*2.4	*–	*–	
Delivery and other conditions of pregnancy and puerperium	*4.0	...	*8.3	*1.2	*16.1	*12.8	*16.9	*2.6	*–	
Skin conditions	*0.8	*0.9	*0.7	*0.9	*0.7	*–	*–	*2.8	*0.3	
Acute musculoskeletal conditions	*1.0	*0.6	*1.3	*1.2	*–	*–	*–	*0.6	*0.7	
Headache, excluding migraine	*3.5	*4.2	*2.8	*3.4	*2.0	*1.8	*4.8	*5.1	*2.7	
Fever, unspecified	*4.5	*4.0	*5.0	*4.6	*5.3	*4.5	*6.6	*7.6	*3.9	
All other acute conditions	12.1	*6.6	17.9	12.8	*10.7	*27.1	*17.7	*2.8	*11.4	

NOTES: The standard errors (SE's) and relative standard errors (RSE's) for columns 1–5 can be computed by using parameter set III of table II, the frequencies of table 48, and the formula presented in rule 2 of appendix I. The SE's and RSE's for columns 6–9 can be computed by using parameter sets III and X of table II, the frequencies of tables 48 and 78, and the formula presented in rule 4 of appendix I. Estimates for which the numerator has an RSE of more than 30 percent are indicated with an asterisk.

Table 47. Number of school-loss days associated with acute conditions per 100 youths 5–17 years of age, by geographic region, place of residence, and type of condition: United States, 1994

[Data are based on household interviews of the civilian noninstitutionalized population. The survey design, general qualifications, and information on the reliability of the estimates are given in appendix I. Definitions of terms are given in appendix II]

Type of acute condition	Geographic region				Place of residence			
	Northeast	Midwest	South	West	MSA ¹			Not MSA ¹
					All MSA ¹	Central city	Not central city	
	Number of school-loss days per 100 youths per year							
All acute conditions	360.8	346.0	283.0	362.3	340.0	301.7	363.0	300.0
Infective and parasitic diseases	122.6	75.5	72.5	69.5	80.8	69.1	87.8	85.6
Common childhood diseases	*26.0	*16.9	*21.8	*23.9	21.2	*13.0	26.2	*23.9
Intestinal virus, unspecified	*20.8	*9.9	*15.3	*2.4	12.9	*12.5	*13.2	*8.7
Viral infections, unspecified	*27.9	*9.7	*14.6	*15.7	15.4	*13.6	*16.5	*18.4
Other	48.0	39.1	*20.9	*27.5	31.2	30.1	31.8	*34.6
Respiratory conditions	159.8	180.6	129.8	203.8	168.4	142.9	183.8	152.6
Common cold	53.1	39.4	29.2	46.4	42.2	40.0	43.5	*32.7
Other acute upper respiratory infections	*25.1	*24.9	33.1	*24.9	27.2	*23.9	29.3	*29.4
Influenza	54.6	94.4	57.1	115.7	79.7	71.0	85.0	78.0
Acute bronchitis	*18.2	*8.2	*8.5	*9.8	11.6	*3.0	*16.8	*6.6
Pneumonia	*8.8	*10.7	*1.3	*2.1	*6.1	*3.0	*8.0	*1.8
Other respiratory conditions	*—	*3.0	*0.6	*5.0	*1.5	*1.9	*1.3	*4.2
Digestive system conditions	*5.7	*10.9	*13.6	*20.5	12.8	*13.9	*12.1	*14.3
Dental conditions	*2.8	*3.8	*0.5	*3.3	*2.9	*5.8	*1.2	*0.5
Indigestion, nausea, and vomiting	*2.4	*7.1	*7.0	*11.7	*7.2	*7.3	*7.1	*7.5
Other digestive conditions	*0.5	*—	*6.1	*5.6	*2.6	*0.7	*3.8	*6.3
Injuries	*27.8	*26.3	*23.3	*24.3	27.7	*20.2	32.2	*16.0
Fractures and dislocations	*5.1	*11.0	*5.9	*8.6	*8.8	*6.8	*9.9	*3.5
Sprains and strains	*4.5	*7.1	*0.6	*4.9	*4.0	*0.8	*5.9	*3.5
Open wounds and lacerations	*1.2	*6.1	*4.8	*2.0	*4.2	*6.9	*2.6	*2.4
Contusions and superficial injuries	*3.6	*1.0	*4.2	*5.0	*3.9	*4.0	*3.8	*2.0
Other current injuries	*13.3	*1.2	*7.9	*3.8	*6.8	*1.6	*9.8	*4.6
Selected other acute conditions	*24.6	40.6	36.6	*31.3	36.8	41.3	34.2	*24.5
Eye conditions	*—	*1.3	*—	*—	*0.4	*1.1	*—	*—
Acute ear infections	*9.9	*13.2	*21.7	*12.6	15.2	*14.0	*15.8	*15.9
Other ear conditions	*—	*0.5	*0.9	*1.4	*0.1	*—	*0.2	*2.9
Acute urinary conditions	*—	*7.4	*1.9	*—	*3.1	*—	*5.0	*—
Disorders of menstruation	*—	*2.5	*1.6	*—	*1.4	*1.0	*1.6	*0.4
Other disorders of female genital tract	*—	*—	*0.6	*0.5	*0.1	*—	*0.2	*1.0
Delivery and other conditions of pregnancy and puerperium	*5.8	*10.0	*1.5	*—	*5.2	*12.0	*1.1	*—
Skin conditions	*0.6	*0.4	*0.9	*1.2	*0.9	*0.9	*0.8	*0.5
Acute musculoskeletal conditions	*0.6	*1.3	*—	*2.3	*1.2	*—	*2.0	*—
Headache, excluding migraine	*1.7	*2.7	*3.5	*6.0	*3.8	*7.4	*1.7	*2.5
Fever, unspecified	*6.1	*1.3	*3.9	*7.4	*5.4	*4.9	*5.7	*1.3
All other acute conditions	*20.4	*12.1	*7.1	*12.8	13.5	*14.3	*13.1	*7.1

¹MSA is metropolitan statistical area.

NOTES: The standard errors and relative standard errors (RSE's) can be computed by using parameter sets III and X of table II, the frequencies of tables 49 and 78, and the formula presented in rule 4 of appendix I. Estimates for which the numerator has an RSE of more than 30 percent are indicated with an asterisk.

Table 48. Number of school-loss days associated with acute conditions for youths 5–17 years of age, by sex, race, family income, and type of condition: United States, 1994

[Data are based on household interviews of the civilian noninstitutionalized population. The survey design, general qualifications, and information on the reliability of the estimates are given in appendix I. Definitions of terms are given in appendix II]

Type of acute condition	All ages 5–17 years ¹	Sex		Race		Family income				
		Male	Female	White	Black	Less than \$10,000	\$10,000– \$19,999	\$20,000– \$34,999	\$35,000 or more	
Number of school-loss days in thousands										
All acute conditions	164,090	74,778	89,313	136,651	21,276	17,432	26,413	33,277	63,468	
Infective and parasitic diseases	40,537	16,469	24,069	34,686	5,490	2,544	5,085	9,051	17,651	
Common childhood diseases	10,820	4,377	6,443	8,341	2,479	511	1,183	2,370	4,424	
Intestinal virus, unspecified	5,940	2,908	3,032	4,999	877	25	1,827	1,360	2,012	
Viral infections, unspecified	7,967	3,452	4,515	7,111	611	466	853	1,969	3,599	
Other	15,811	5,732	10,078	14,234	1,523	1,541	1,222	3,351	7,615	
Respiratory conditions	81,721	40,093	41,628	68,573	8,521	8,576	10,713	18,127	33,111	
Common cold	19,872	10,241	9,631	15,094	3,367	2,572	3,351	4,073	7,058	
Other acute upper respiratory infections	13,723	5,253	8,470	11,927	1,057	887	1,286	3,534	5,741	
Influenza	39,311	19,256	20,055	33,521	3,639	4,161	4,020	9,252	16,560	
Acute bronchitis	5,202	3,140	2,062	4,673	202	362	1,686	493	2,269	
Pneumonia	2,563	1,674	889	2,563	–	139	170	548	1,314	
Other respiratory conditions	1,050	530	520	794	256	455	200	226	169	
Digestive system conditions	6,484	2,631	3,853	4,879	1,552	520	1,200	770	2,644	
Dental conditions	1,188	601	587	196	992	251	465	–	110	
Indigestion, nausea, and vomiting	3,592	1,496	2,096	2,979	560	269	735	615	1,314	
Other digestive conditions	1,703	534	1,169	1,703	–	–	–	154	1,220	
Injuries	12,436	6,849	5,587	10,281	1,818	1,849	4,393	1,814	3,001	
Fractures and dislocations	3,769	2,170	1,599	3,421	250	366	1,660	851	642	
Sprains and strains	1,934	760	1,174	1,776	142	280	289	203	613	
Open wounds and lacerations	1,894	1,109	785	897	878	838	189	291	159	
Contusions and superficial injuries	1,723	777	946	1,370	353	63	810	468	266	
Other current injuries	3,116	2,033	1,084	2,818	196	301	1,445	–	1,321	
Selected other acute conditions	16,915	7,067	9,849	13,234	3,045	2,709	3,810	3,235	4,710	
Eye conditions	163	163	–	–	163	163	–	–	–	
Acute ear infections	7,595	4,029	3,566	6,818	683	1,337	1,599	1,110	2,476	
Other ear conditions	369	208	160	369	–	–	113	47	209	
Acute urinary conditions	1,216	208	1,008	1,216	–	208	–	–	224	
Disorders of menstruation	567	...	567	269	299	128	–	212	227	
Other disorders of female genital tract	162	...	162	162	–	–	162	–	–	
Delivery and other conditions of pregnancy and puerperium	2,001	...	2,001	470	1,272	582	1,160	259	–	
Skin conditions	388	224	163	335	52	–	–	277	59	
Acute musculoskeletal conditions	479	154	326	479	–	–	–	60	154	
Headache, excluding migraine	1,756	1,075	681	1,313	158	84	326	508	562	
Fever, unspecified	2,218	1,005	1,214	1,802	417	206	450	762	801	
All other acute conditions	5,998	1,669	4,329	4,999	850	1,236	1,212	281	2,351	

¹Includes other races and unknown family income.

NOTES: The standard errors and relative standard errors (RSE's) can be computed by using parameter set III of table II and the formula presented in rule 1 of appendix I. An estimate of 37.6 million has a 10-percent RSE; of 9.3 million, a 20-percent RSE; and of 4.2 million, a 30-percent RSE.

Table 49. Number of school-loss days associated with acute conditions for youths 5–17 years of age, by geographic region, place of residence, and type of condition: United States, 1994

[Data are based on household interviews of the civilian noninstitutionalized population. The survey design, general qualifications, and information on the reliability of the estimates are given in appendix I. Definitions of terms are given in appendix II]

Type of acute condition	Geographic region				Place of residence			
	Northeast	Midwest	South	West	MSA ¹			Not MSA ¹
					All MSA ¹	Central city	Not central city	
Number of school-loss days in thousands								
All acute conditions	33,047	42,129	47,406	41,508	131,414	43,792	87,622	32,676
Infective and parasitic diseases	11,227	9,199	12,148	7,964	31,217	10,035	21,182	9,320
Common childhood diseases	2,377	2,056	3,645	2,742	8,213	1,883	6,330	2,607
Intestinal virus, unspecified	1,905	1,206	2,557	272	4,997	1,818	3,180	943
Viral infections, unspecified	2,551	1,176	2,445	1,794	5,960	1,971	3,989	2,006
Other	4,394	4,761	3,500	3,155	12,047	4,363	7,683	3,764
Respiratory conditions	14,634	21,989	21,746	23,352	65,102	20,743	44,360	16,618
Common cold	4,868	4,793	4,892	5,318	16,309	5,812	10,497	3,562
Other acute upper respiratory infections	2,299	3,031	5,543	2,849	10,524	3,463	7,062	3,198
Influenza	4,997	11,499	9,562	13,253	30,815	10,304	20,511	8,496
Acute bronchitis	1,667	995	1,423	1,117	4,487	440	4,047	715
Pneumonia	803	1,300	222	238	2,372	440	1,931	192
Other respiratory conditions	—	371	104	576	595	283	312	455
Digestive system conditions	524	1,323	2,282	2,354	4,930	2,018	2,911	1,554
Dental conditions	259	465	89	375	1,135	847	288	53
Indigestion, nausea, and vomiting	217	859	1,175	1,342	2,775	1,065	1,709	818
Other digestive conditions	48	—	1,018	637	1,021	107	914	683
Injuries	2,544	3,202	3,906	2,783	10,694	2,932	7,762	1,741
Fractures and dislocations	469	1,334	982	984	3,390	992	2,398	378
Sprains and strains	415	865	95	558	1,550	117	1,433	384
Open wounds and lacerations	110	747	805	232	1,638	1,005	634	256
Contusions and superficial injuries	333	116	703	571	1,499	579	921	223
Other current injuries	1,216	141	1,322	438	2,616	239	2,376	501
Selected other acute conditions	2,254	4,942	6,130	3,589	14,242	5,994	8,248	2,673
Eye conditions	—	163	—	—	163	163	—	—
Acute ear infections	907	1,606	3,638	1,444	6,859	2,039	3,819	1,736
Other ear conditions	—	55	153	161	55	—	55	314
Acute urinary conditions	—	904	312	—	1,216	—	1,216	—
Disorders of menstruation	—	306	261	—	523	148	375	45
Other disorders of female genital tract	—	—	107	56	56	—	56	107
Delivery and other conditions of pregnancy and puerperium	528	1,215	259	—	2,001	1,743	259	—
Skin conditions	52	48	154	135	329	128	201	59
Acute musculoskeletal conditions	52	161	—	265	479	—	479	—
Headache, excluding migraine	154	331	589	682	1,486	1,069	418	269
Fever, unspecified	561	153	658	846	2,075	705	1,370	143
All other acute conditions	1,865	1,473	1,193	1,467	5,229	2,069	3,160	769

¹MSA is metropolitan statistical area.

NOTES: The standard errors and relative standard errors (RSE's) can be computed by using parameter set III of table II and the formula presented in rule 1 of appendix I. An estimate of 37.6 million has a 10-percent RSE; of 9.3 million, a 20-percent RSE; and of 4.2 million, a 30-percent RSE.

Table 50. Number of acute conditions per 100 persons per year and number of acute conditions, by quarter and type of condition: United States, 1994

[Data are based on household interviews of the civilian noninstitutionalized population. The survey design, general qualifications, and information on the reliability of the estimates are given in appendix I. Definitions of terms are given in appendix II]

Type of acute condition	Quarter							
	Jan.–March	April–June	July–Sept.	Oct.–Dec.	Jan.–March	April–June	July–Sept.	Oct.–Dec.
	Number per 100 persons per year				Number in thousands			
All acute conditions	51.5	37.3	33.1	49.6	133,165	96,583	86,000	129,421
Infective and parasitic diseases	6.2	4.8	4.2	5.7	16,069	12,458	10,841	14,832
Common childhood diseases	0.5	0.6	*0.2	*0.3	1,172	1,506	437	684
Intestinal virus, unspecified	1.4	0.9	0.8	1.4	3,624	2,389	2,110	3,779
Viral infections, unspecified	2.0	1.2	1.3	2.1	5,248	3,124	3,372	5,513
Other	2.3	2.1	1.9	1.9	6,026	5,440	4,922	4,856
Respiratory conditions	28.0	13.9	11.7	26.9	72,413	36,141	30,291	70,085
Common cold	8.3	4.8	3.7	8.7	21,340	12,480	9,549	22,600
Other acute upper respiratory infections	3.8	2.4	2.4	3.4	9,777	6,153	6,167	8,768
Influenza	14.0	4.7	4.4	11.8	36,151	12,129	11,424	30,743
Acute bronchitis	1.4	0.9	0.6	1.8	3,501	2,380	1,468	4,800
Pneumonia	0.4	0.5	*0.2	0.6	957	1,270	528	1,464
Other respiratory conditions	*0.3	0.7	0.4	0.7	687	1,728	1,155	1,710
Digestive system conditions	1.5	1.5	1.6	1.5	3,981	3,943	4,064	3,875
Dental conditions	*0.2	0.4	*0.2	0.3	558	1,019	469	846
Indigestion, nausea, and vomiting	1.0	0.8	0.7	0.7	2,511	2,071	1,889	1,851
Other digestive conditions	0.4	0.3	0.7	0.5	912	853	1,706	1,178
Injuries	5.2	6.1	7.4	5.1	13,340	15,866	19,275	13,405
Fractures and dislocations	0.5	0.8	1.0	0.7	1,386	2,157	2,515	1,834
Sprains and strains	1.6	1.3	1.4	1.2	4,091	3,479	3,550	3,075
Open wounds and lacerations	0.6	1.3	1.3	0.9	1,509	3,467	3,434	2,464
Contusions and superficial injuries	1.3	1.2	1.2	1.0	3,344	3,015	3,211	2,548
Other current injuries	1.2	1.4	2.5	1.3	3,010	3,748	6,566	3,484
Selected other acute conditions	7.6	7.4	5.4	7.1	19,533	19,289	13,918	18,598
Eye conditions	*0.2	0.4	0.4	*0.3	472	992	927	770
Acute ear infections	3.2	2.4	1.7	2.0	8,243	6,323	4,318	5,239
Other ear conditions	0.3	0.3	*0.3	0.5	901	870	792	1,218
Acute urinary conditions	0.7	0.8	0.7	1.0	1,716	2,014	1,692	2,718
Disorders of menstruation	*0.1	*0.2	*0.1	*0.1	225	414	206	300
Other disorders of female genital tract	*0.2	0.3	*0.2	*0.3	625	859	494	674
Delivery and other conditions of pregnancy and puerperium	0.5	0.5	*0.1	0.4	1,223	1,182	272	1,030
Skin conditions	0.6	0.5	0.6	0.6	1,642	1,415	1,453	1,655
Acute musculoskeletal conditions	0.8	1.0	0.7	0.9	2,076	2,656	1,943	2,403
Headache, excluding migraine	0.4	0.4	*0.2	0.5	1,038	1,141	605	1,191
Fever, unspecified	0.5	0.5	0.5	0.5	1,371	1,424	1,215	1,399
All other acute conditions	3.0	3.4	2.9	3.3	7,829	8,886	7,610	8,626

NOTES: Excluded from these estimates are conditions involving neither medical attention nor activity restriction.

The standard errors (SE's) and relative standard errors (RSE's) for columns 1–4 can be computed by using parameter set I of table II, the frequencies of table 50, and the formula presented in rule 2 of appendix I. The SE's and RSE's for columns 5–8 can be computed by using parameter set I of table II and the formula presented in rule 1 of appendix I. An estimate of 7.5 million has a 10-percent RSE; of 1.9 million, a 20-percent RSE; and of 816,000, a 30-percent RSE. Rates for which the numerator has an RSE of 30 percent or more are indicated by an asterisk.

Table 51. Number of episodes of persons injured per 100 persons per year, by whether in moving motor vehicle, whether at work, place of accident, and sociodemographic characteristics: United States, 1994

[Data are based on household interviews of the civilian noninstitutionalized population. The survey design, general qualifications, and information on the reliability of the estimates are given in appendix I. Definitions of terms are given in appendix II]

Characteristic	All episodes ¹	Moving motor vehicle?			At work? ²		Place of accident			
		Yes		No	Yes	No	At home	Street or highway	Industrial place	Other
		Total	Traffic							
Number of episodes of persons injured per 100 persons per year										
All persons ³	23.3	1.2	1.1	21.9	4.6	13.0	7.6	2.4	2.6	6.1
Age										
Under 5 years	25.5	*-	*-	25.5	...	...	13.8	*0.3	*-	*2.0
5-17 years	25.6	*0.3	*0.2	25.0	...	...	7.6	2.5	*0.3	12.3
18-24 years	31.0	*2.5	*2.2	28.5	7.2	18.7	4.2	3.1	5.3	13.3
25-44 years	24.5	2.0	1.8	22.4	7.2	12.3	6.3	3.3	5.2	5.0
45-64 years	16.7	*1.2	*1.1	15.4	1.8	10.3	7.1	1.5	1.7	2.1
65 years and over	19.3	*0.6	*0.4	18.6	*0.2	14.7	10.5	*2.0	*0.2	*2.2
Sex and age										
Male:										
All ages	24.9	1.4	1.2	23.5	7.2	12.7	7.1	2.8	3.7	7.7
Under 18 years	28.4	*0.2	*-	28.2	...	...	10.1	2.0	*0.4	10.9
18-44 years	29.7	2.3	2.1	27.3	11.1	14.9	5.6	4.0	7.4	9.5
45 years and over	14.8	*1.3	*1.1	13.4	*1.6	9.6	6.4	*1.6	*1.4	*1.8
Female:										
All ages	21.7	1.1	1.0	20.5	2.3	13.3	8.0	2.0	1.5	4.5
Under 18 years	22.6	*0.3	*0.3	21.9	...	...	8.7	*1.8	*-	7.6
18-44 years	22.4	1.8	1.7	20.4	3.4	12.7	6.0	2.4	3.1	4.4
45 years and over	20.1	*0.7	*0.6	19.4	*0.8	14.0	10.0	1.8	*0.8	2.4
Race and age										
White:										
All ages	24.2	1.2	1.1	22.9	4.9	13.1	8.2	2.1	2.8	6.2
Under 18 years	27.6	*0.2	*0.1	27.2	...	...	10.6	1.5	*0.3	9.9
18-44 years	27.0	2.1	1.9	24.8	7.8	13.9	6.0	3.0	5.7	7.4
45 years and over	18.0	*1.0	*0.8	17.0	1.2	12.1	8.9	1.6	1.1	1.8
Black:										
All ages	19.9	*1.3	*1.3	18.3	*2.8	14.2	4.3	4.3	*1.3	6.4
Under 18 years	18.3	*0.3	*0.3	17.2	...	...	*4.4	*4.6	*-	*6.1
18-44 years	23.3	*2.4	*2.4	20.9	*3.9	14.9	*4.2	5.1	*2.7	6.7
45 years and over	16.1	*0.9	*0.9	15.2	*0.6	12.9	*4.4	*2.3	*0.6	*6.3

See footnotes and notes at end of table.

Table 51. Number of episodes of persons injured per 100 persons per year, by whether in moving motor vehicle, whether at work, place of accident, and sociodemographic characteristics: United States, 1994—Con.

[Data are based on household interviews of the civilian noninstitutionalized population. The survey design, general qualifications, and information on the reliability of the estimates are given in appendix I. Definitions of terms are given in appendix II]

Characteristic	All episodes ¹	Moving motor vehicle?			At work? ²		Place of accident			
		Yes		No	Yes	No	At home	Street or highway	Industrial place	Other
		Total	Traffic							
Family income and age										
Number of episodes of persons injured per 100 persons per year										
Under \$10,000:										
All ages	32.7	*1.2	*1.2	31.5	*3.8	24.0	11.7	4.3	*1.9	8.9
Under 18 years	30.9	*0.5	*0.5	30.4	...	...	12.8	*5.0	*-	*6.5
18-44 years	35.3	*1.2	*1.2	34.1	*6.6	23.0	8.0	*4.5	*2.9	14.1
45 years and over	30.9	*1.9	*1.9	29.0	*-	25.5	15.8	*3.4	*2.3	*4.1
\$10,000-\$19,999:										
All ages	24.4	*1.4	*1.1	22.7	5.6	14.9	7.3	3.5	3.0	6.3
Under 18 years	23.5	*-	*-	22.7	...	...	*5.2	*4.9	*1.0	7.7
18-44 years	34.8	*3.3	*2.6	31.5	10.3	19.7	9.2	*4.6	6.8	9.3
45 years and over	13.3	*0.4	*0.4	12.9	*0.3	9.7	6.9	*1.2	*0.3	*1.9
\$20,000-\$34,999:										
All ages	22.5	1.4	1.4	21.1	4.8	11.2	7.5	2.4	2.9	5.1
Under 18 years	24.9	*0.4	*0.4	24.6	...	...	12.8	*1.0	*0.4	8.2
18-44 years	25.1	*2.5	*2.5	22.6	7.2	12.6	4.5	3.7	5.8	6.2
45 years and over	16.3	*0.6	*0.6	15.7	*1.3	9.2	7.1	*1.8	*1.0	*0.6
\$35,000 or more:										
All ages	21.8	1.2	1.1	20.5	4.7	10.7	6.7	1.7	2.7	6.2
Under 18 years	26.7	*0.2	*-	26.4	...	...	9.4	*0.7	*-	11.2
18-44 years	21.7	1.9	1.9	19.6	6.8	10.8	4.9	2.7	5.3	5.0
45 years and over	17.3	*1.1	*0.9	16.0	*1.6	10.5	6.9	*1.1	*1.2	3.2
Geographic region										
Northeast	20.1	*1.1	*1.0	18.9	4.4	10.5	7.0	2.7	2.7	4.6
Midwest	24.8	*1.0	*1.0	23.3	6.2	12.2	7.3	2.5	3.2	6.6
South	22.8	1.4	1.2	21.4	4.2	13.6	8.0	1.9	2.6	5.8
West	25.0	1.2	*1.1	23.8	3.8	15.3	7.8	2.7	1.9	7.3
Place of residence										
MSA ⁴	23.0	1.2	1.1	21.6	4.6	12.8	7.3	2.5	2.6	5.9
Central city	21.2	1.1	1.0	19.9	3.4	13.0	7.0	3.0	1.9	5.3
Not central city	24.1	1.3	1.2	22.7	5.4	12.6	7.5	2.2	3.0	6.3
Not MSA ⁴	24.4	*1.2	*1.0	23.1	4.8	13.9	8.6	1.9	2.7	6.6

¹Includes unknowns for each characteristic.

²For currently employed persons 18 years of age and over only.

³Includes other races and unknown family income.

⁴MSA is metropolitan statistical area.

NOTES: Injuries coded 800-999 in the 9th revision, *International Classification of Diseases*, and impairments resulting from an accident are included. Injuries involving neither medical attention nor activity restriction are excluded.

The standard errors (SE's) and relative standard errors (RSE's) for age, sex and age, and race and age can be computed by using parameter set IV of table II, the frequencies of table 52, and the formula presented in rule 2 of appendix I. The SE's and RSE's for family income and age, geographic region, and place of residence can be computed by using parameter sets IV and X of table II, the frequencies of tables 52 and 78, and the formula presented in rule 4 of appendix I. Estimates for which the numerator has an RSE of more than 30 percent are indicated with an asterisk.

Table 52. Number of episodes of persons injured, by whether in moving motor vehicle, whether at work, place of accident, and sociodemographic characteristics: United States, 1994

[Data are based on household interviews of the civilian noninstitutionalized population. The survey design, general qualifications, and information on the reliability of the estimates are given in appendix I. Definitions of terms are given in appendix II]

Characteristic	All episodes ¹	Moving motor vehicle?					Place of accident			
		Yes			At work? ²		At home	Street or highway	Industrial place	Other
		Total	Traffic	No	Yes	No				
Number of episodes of persons injured in thousands										
All persons ³	60,452	3,198	2,869	56,912	8,777	24,675	19,674	6,197	6,720	15,728
Age										
Under 5 years	5,218	—	—	5,218	...	...	2,836	63	—	409
5-17 years	12,702	142	88	12,372	...	...	3,756	1,260	152	6,088
18-24 years	7,827	622	565	7,205	1,810	4,719	1,057	775	1,334	3,357
25-44 years	20,322	1,628	1,522	18,589	6,003	10,185	5,205	2,713	4,324	4,134
45-64 years	8,411	609	554	7,752	916	5,201	3,554	762	862	1,059
65 years and over	5,973	197	139	5,776	48	4,571	3,266	625	48	680
Sex and age										
Male:										
All ages	31,554	1,782	1,560	29,669	6,540	11,516	9,006	3,482	4,662	9,686
Under 18 years	10,194	54	—	10,087	...	...	3,616	715	152	3,907
18-44 years	15,853	1,253	1,143	14,600	5,949	7,933	2,996	2,161	3,974	5,089
45 years and over	5,506	475	417	4,982	591	3,583	2,394	606	537	689
Female:										
All ages	28,899	1,416	1,309	27,243	2,237	13,159	10,667	2,715	2,058	6,042
Under 18 years	7,726	88	88	7,503	...	...	2,975	608	—	2,590
18-44 years	12,296	997	945	11,195	1,864	6,971	3,266	1,326	1,684	2,402
45 years and over	8,877	331	276	8,546	373	6,189	4,426	781	374	1,050
Race and age										
White:										
All ages	51,883	2,598	2,268	49,032	7,753	20,892	17,497	4,576	5,976	13,244
Under 18 years	15,259	108	55	15,051	...	...	5,872	806	152	5,490
18-44 years	23,850	1,812	1,649	21,934	6,887	12,313	5,282	2,621	5,012	6,494
45 years and over	12,775	678	564	12,048	866	8,578	6,343	1,149	812	1,261
Black:										
All ages	6,588	439	439	6,060	601	3,090	1,428	1,407	423	2,113
Under 18 years	2,070	33	33	1,948	...	...	502	518	—	685
18-44 years	3,287	338	338	2,949	553	2,101	591	714	374	949
45 years and over	1,231	68	68	1,163	49	989	334	176	49	479

See footnotes and notes at end of table.

Table 52. Number of episodes of persons injured, by whether in moving motor vehicle, whether at work, place of accident, and sociodemographic characteristics: United States, 1994—Con.

[Data are based on household interviews of the civilian noninstitutionalized population. The survey design, general qualifications, and information on the reliability of the estimates are given in appendix I. Definitions of terms are given in appendix II]

Characteristic	All episodes ¹	Moving motor vehicle?					Place of accident			
		Yes			At work? ²		At home	Street or highway	Industrial place	Other
		Total	Traffic	No	Yes	No				
Number of episodes of persons injured in thousands										
Family income and age										
Under \$10,000:										
All ages	7,639	281	281	7,358	621	3,926	2,742	1,013	435	2,070
Under 18 years	2,170	33	33	2,137	...	...	903	352	—	457
18–44 years	3,343	115	115	3,228	621	2,174	755	429	278	1,332
45 years and over	2,126	133	133	1,993	—	1,752	1,083	232	157	280
\$10,000–\$19,999:										
All ages	9,077	525	414	8,464	1,516	4,061	2,728	1,306	1,104	2,360
Under 18 years	2,379	—	—	2,290	...	...	524	494	98	773
18–44 years	4,992	477	367	4,515	1,481	2,820	1,314	660	972	1,337
45 years and over	1,706	47	47	1,659	35	1,241	890	152	35	250
\$20,000–\$34,999:										
All ages	12,164	740	740	11,424	1,918	4,449	4,072	1,303	1,579	2,738
Under 18 years	3,606	55	55	3,552	...	...	1,857	140	54	1,184
18–44 years	5,913	591	591	5,323	1,704	2,958	1,069	865	1,358	1,459
45 years and over	2,645	94	94	2,550	214	1,491	1,146	298	166	95
\$35,000 or more:										
All ages	21,903	1,185	1,076	20,518	3,406	7,724	6,767	1,691	2,664	6,255
Under 18 years	7,500	54	—	7,400	...	...	2,647	185	—	3,153
18–44 years	9,472	814	814	8,553	2,956	4,712	2,154	1,196	2,325	2,187
45 years and over	4,931	317	262	4,564	450	3,012	1,967	310	339	914
Geographic region										
Northeast	10,196	572	519	9,577	1,650	3,963	3,535	1,375	1,362	2,311
Midwest	15,695	662	662	14,737	2,845	5,612	4,594	1,558	2,009	4,082
South	20,113	1,252	1,032	18,861	2,705	8,804	7,045	1,687	2,282	5,128
West	14,448	712	655	13,736	1,575	6,296	4,499	1,578	1,068	4,206
Place of residence										
MSA ⁴	46,642	2,506	2,290	43,841	6,770	18,885	14,834	5,149	5,214	11,980
Central city	16,829	881	829	15,806	1,972	7,584	5,572	2,371	1,512	4,189
Not central city	29,813	1,625	1,461	28,035	4,798	11,300	9,263	2,778	3,702	7,791
Not MSA ⁴	13,810	692	579	13,071	2,007	5,791	4,840	1,048	1,506	3,748

¹Includes unknowns for each characteristic.

²For currently employed persons 18 years of age and over only.

³Includes other races and unknown family income.

⁴MSA is metropolitan statistical area.

NOTES: Injuries coded 800–999 in the 9th Revision, International Classification of Diseases, and impairments resulting from an accident are included. Injuries involving neither medical attention nor activity restriction are excluded.

The standard errors and relative standard errors (RSE's) can be computed by using parameter set IV of table II and the formula presented in rule 1 of appendix I. An estimate of 6.6 million has a 10-percent RSE; of 1.6 million, a 20-percent RSE; and of 693,000, a 30-percent RSE.

Table 53. Number of restricted-activity days associated with episodes of persons injured per 100 persons per year, by whether in moving motor vehicle, whether at work, place of accident, and sociodemographic characteristics: United States, 1994

[Data are based on household interviews of the civilian noninstitutionalized population. The survey design, general qualifications, and information on the reliability of the estimates are given in appendix I. Definitions of terms are given in appendix II]

Characteristic	All episodes ¹	Moving motor vehicle?					Place of accident			
		Yes			At work? ²		At home	Street or highway	Industrial place	Other
		Total	Traffic	No	Yes	No				
Number of restricted-activity days per 100 persons per year										
All persons ³	304.5	71.4	66.4	231.1	112.8	207.6	72.8	80.2	52.8	68.5
Age										
Under 5 years	*26.5	*-	*-	*26.5	...	...	*11.2	*0.3	*-	*2.4
5-17 years	106.0	*11.2	*8.2	93.6	...	...	32.4	17.0	*0.2	50.3
18-24 years	211.5	39.9	39.2	171.6	54.1	103.8	32.3	50.3	32.0	77.8
25-44 years	352.3	111.9	105.6	237.2	143.3	157.0	40.7	119.0	81.8	76.4
45-64 years	447.2	117.5	109.3	327.5	131.2	236.2	87.4	129.4	98.1	84.5
65 years and over	521.4	56.8	50.5	461.8	49.0	380.6	273.2	74.9	37.4	86.2
Sex and age										
Male:										
All ages	299.7	74.1	67.6	222.5	161.9	156.7	47.3	85.0	71.0	76.2
Under 18 years	90.7	*8.1	*5.3	81.1	...	...	29.2	*13.5	*0.3	38.3
18-44 years	370.9	108.8	101.6	258.9	175.1	140.2	36.2	120.0	93.6	96.3
45 years and over	398.6	87.8	78.8	306.4	143.0	180.3	80.7	103.7	106.6	83.7
Female:										
All ages	309.1	68.7	65.2	239.3	67.7	254.1	97.0	75.7	35.5	61.2
Under 18 years	74.4	*7.8	*6.3	66.5	...	...	23.1	*10.8	*-	34.1
18-44 years	269.1	81.7	78.9	185.7	71.1	148.7	41.1	86.3	47.3	57.7
45 years and over	540.4	99.9	93.7	439.7	63.4	384.9	223.7	112.8	48.2	86.4
Race and age										
White:										
All ages	310.4	71.3	66.5	236.8	115.2	201.4	74.8	78.3	54.9	68.7
Under 18 years	96.0	*9.2	*6.6	85.7	...	...	30.1	12.1	*0.2	43.8
18-44 years	323.2	97.4	91.4	222.8	131.5	138.7	39.2	99.6	74.9	76.1
45 years and over	461.4	87.3	82.2	371.9	94.9	279.4	153.8	103.2	72.4	79.0
Black:										
All ages	291.6	84.1	76.6	207.5	114.4	257.5	57.1	107.5	48.3	63.9
Under 18 years	*32.2	*4.0	*4.0	*28.2	...	...	*9.1	*15.9	*-	*5.5
18-44 years	327.5	98.9	98.9	228.6	92.6	188.8	*35.0	144.4	59.0	68.4
45 years and over	608.5	175.0	142.7	433.5	154.5	383.7	168.5	174.8	99.7	142.0

See footnotes and notes at end of table.

Table 53. Number of restricted-activity days associated with episodes of persons injured per 100 persons per year, by whether in moving motor vehicle, whether at work, place of accident, and sociodemographic characteristics: United States, 1994—Con.

[Data are based on household interviews of the civilian noninstitutionalized population. The survey design, general qualifications, and information on the reliability of the estimates are given in appendix I. Definitions of terms are given in appendix II]

Characteristic	All episodes ¹	Moving motor vehicle?					Place of accident			
		Yes			At work? ²		At home	Street or highway	Industrial place	Other
		Total	Traffic	No	Yes	No				
Family income and age										
Number of restricted-activity days per 100 persons per year										
Under \$10,000:										
All ages	549.0	97.8	91.9	449.6	179.9	432.1	148.6	135.1	75.1	145.6
Under 18 years	90.1	*15.0	*8.1	*75.1	...	...	*31.7	*21.1	*-	*28.4
18–44 years	517.3	103.9	103.3	413.4	139.6	264.3	70.9	160.1	*60.8	179.4
45 years and over	1061.9	174.2	162.1	882.3	235.3	662.8	375.1	217.4	171.6	218.8
\$10,000–\$19,999:										
All ages	474.0	114.4	104.6	359.7	162.5	328.2	119.1	127.7	83.7	96.7
Under 18 years	119.7	*15.2	*15.2	104.5	...	...	*22.9	*41.8	*1.0	*45.6
18–44 years	501.0	107.9	93.3	393.2	184.4	215.8	94.2	108.0	123.8	119.1
45 years and over	723.1	199.8	187.9	523.3	137.9	454.0	222.6	217.5	104.1	111.9
\$20,000–\$34,999:										
All ages	340.0	100.8	97.7	237.2	175.3	183.0	62.0	107.6	62.8	75.1
Under 18 years	94.8	*9.0	*9.0	85.9	...	...	*29.8	*10.1	*-	46.4
18–44 years	447.8	186.0	184.7	257.0	235.1	151.3	*22.5	201.9	102.3	83.5
45 years and over	402.3	59.0	50.8	343.4	88.4	229.0	148.0	57.6	61.5	88.4
\$35,000 or more:										
All ages	180.4	36.5	34.0	143.0	65.5	120.2	42.0	40.5	30.3	47.4
Under 18 years	76.3	*4.9	*1.4	71.3	...	...	28.9	*1.8	*-	37.1
18–44 years	173.5	47.9	44.8	125.4	58.4	94.1	26.5	50.1	39.5	44.7
45 years and over	293.3	50.1	49.7	240.2	76.2	160.2	78.5	63.8	46.2	61.7
Geographic region										
Northeast	267.9	42.2	40.2	225.6	88.8	182.5	75.8	55.8	49.8	59.4
Midwest	237.8	47.1	43.3	189.8	84.0	145.9	56.1	55.4	40.4	57.6
South	342.8	100.4	94.6	241.2	152.9	224.6	83.7	105.8	65.6	63.7
West	351.3	79.1	71.5	265.9	103.7	272.8	71.9	89.9	49.4	95.6
Place of residence										
MSA ⁴	293.7	59.0	53.4	232.8	106.6	202.8	70.5	67.7	56.8	70.3
Central city	292.5	60.3	57.8	229.8	102.3	216.8	67.4	77.8	47.1	76.0
Not central city	294.5	58.2	50.6	234.8	109.4	193.8	72.5	61.2	63.0	66.6
Not MSA ⁴	343.4	115.6	112.8	225.1	134.4	224.3	81.1	125.3	38.6	61.9

¹Includes unknowns for each characteristic.

²For currently employed persons 18 years of age and over only.

³Includes other races and unknown family income.

⁴MSA is metropolitan statistical area.

NOTES: The standard errors (SE's) and relative standard errors (RSE's) for age, sex and age, and race and age can be computed by using parameter set II of table II, the frequencies of table 54, and the formula presented in rule 2 of appendix I. The SE's and RSE's for family income and age, geographic region, and place of residence can be computed by using parameter Sets II and X of table II, the frequencies of tables 54 and 78, and the formula presented in rule 4 of appendix I. Estimates for which the numerator has an RSE of more than 30 percent are indicated with an asterisk.

Table 54. Number of restricted-activity days associated with episodes of persons injured, by whether in moving motor vehicle, whether at work, place of accident, and sociodemographic characteristics: United States, 1994

[Data are based on household interviews of the civilian noninstitutionalized population. The survey design, general qualifications, and information on the reliability of the estimates are given in appendix I. Definitions of terms are given in appendix II]

Characteristic	All episodes ¹	Moving motor vehicle?			At work? ²		Place of accident			
		Yes			No		At home	Street or highway	Industrial place	Other
		Total	Traffic	No	Yes	No				
Number of restricted-activity days in thousands										
All persons ³	790,584	185,252	172,312	600,138	213,789	393,535	189,061	208,329	137,058	177,766
Age										
Under 5 years	5,424	-	-	5,424	...	...	2,298	63	-	482
5-17 years	52,499	5,550	4,080	46,370	...	...	16,046	8,435	98	24,931
18-24 years	53,478	10,095	9,924	43,383	13,675	26,252	8,156	12,715	8,082	19,684
25-44 years	291,995	92,769	87,541	196,582	118,800	130,107	33,730	98,648	67,836	63,319
45-64 years	225,414	59,214	55,093	165,088	66,119	119,081	44,077	65,243	49,454	42,602
65 years and over	161,775	17,624	15,675	143,292	15,196	118,094	84,754	23,224	11,589	26,748
Sex and age										
Male:										
All ages	379,068	93,745	85,525	281,511	146,806	142,068	59,865	107,567	89,830	96,327
Under 18 years	32,483	2,899	1,914	29,051	...	...	10,450	4,821	98	13,739
18-44 years	198,014	58,103	54,227	138,234	93,504	74,859	19,351	64,083	49,987	51,386
45 years and over	148,571	32,743	29,383	114,226	53,303	67,209	30,064	38,663	39,745	31,202
Female:										
All ages	411,516	91,507	86,788	318,627	66,983	251,467	129,196	100,762	47,229	81,439
Under 18 years	25,440	2,651	2,166	22,742	...	...	7,894	3,678	-	11,673
18-44 years	147,458	44,761	43,237	101,731	38,971	81,500	22,535	47,279	25,931	31,618
45 years and over	238,618	44,095	41,385	194,154	28,012	169,967	98,767	49,805	21,297	38,149
Race and age										
White:										
All ages	665,736	153,023	142,652	507,888	183,453	320,708	160,358	167,882	117,659	147,397
Under 18 years	53,018	5,101	3,631	47,338	...	...	16,653	6,705	98	24,191
18-44 years	285,433	86,021	80,720	196,768	116,157	122,521	34,621	88,001	66,181	67,201
45 years and over	327,285	61,901	58,301	263,782	67,296	198,187	109,084	73,176	51,380	56,006
Black:										
All ages	96,331	27,767	25,297	68,564	24,860	55,957	18,854	35,507	15,942	21,124
Under 18 years	3,641	449	449	3,192	...	...	1,030	1,794	-	618
18-44 years	46,123	13,925	13,925	32,198	13,033	26,591	4,929	20,335	8,310	9,636
45 years and over	46,567	13,392	10,923	33,174	11,827	29,366	12,895	13,379	7,632	10,870

See footnotes and notes at end of table.

Table 54. Number of restricted-activity days associated with episodes of persons injured, by whether in moving motor vehicle, whether at work, place of accident, and sociodemographic characteristics: United States, 1994—Con.

[Data are based on household interviews of the civilian noninstitutionalized population. The survey design, general qualifications, and information on the reliability of the estimates are given in appendix I. Definitions of terms are given in appendix II]

Characteristic	All episodes ¹	Moving motor vehicle?			At work? ²		Place of accident			
		Yes			No		At home	Street or highway	Industrial place	Other
		Total	Traffic	No	Yes	No				
Family income and age										
Number of restricted-activity days in thousands										
Under \$10,000:										
All ages	128,269	22,860	21,482	105,040	29,382	70,569	34,726	31,573	17,545	34,011
Under 18 years	6,337	1,054	568	5,283	...	...	2,232	1,486	—	1,998
18–44 years	48,927	9,831	9,770	39,096	13,207	24,999	6,707	15,141	5,749	16,971
45 years and over	73,005	11,975	11,143	60,661	16,175	45,570	25,787	14,946	11,797	15,042
\$10,000–\$19,999:										
All ages	176,683	42,629	38,998	134,054	44,139	89,163	44,376	47,606	31,198	36,038
Under 18 years	12,089	1,534	1,534	10,555	...	...	2,311	4,219	98	4,605
18–44 years	71,883	15,475	13,379	56,408	26,463	30,961	13,521	15,497	17,759	17,085
45 years and over	92,712	25,620	24,085	67,092	17,675	58,201	28,544	27,890	13,342	14,347
\$20,000–\$34,999:										
All ages	184,189	54,582	52,947	128,470	69,605	72,669	33,580	58,276	34,026	40,662
Under 18 years	13,707	1,294	1,294	12,413	...	...	4,310	1,461	—	6,701
18–44 years	105,297	43,735	43,420	60,425	55,277	35,567	5,292	47,486	24,062	19,631
45 years and over	65,185	9,553	8,233	55,631	14,328	37,102	23,978	9,329	9,964	14,329
\$35,000 or more:										
All ages	180,958	36,611	34,133	143,390	47,294	86,863	42,089	40,624	30,435	47,590
Under 18 years	21,401	1,371	386	19,984	...	...	8,094	504	—	10,419
18–44 years	75,817	20,950	19,567	54,814	25,545	41,117	11,594	21,911	17,242	19,542
45 years and over	83,740	14,290	14,179	68,592	21,750	45,746	22,400	18,209	13,194	17,628
Geographic region										
Northeast	135,565	21,358	20,370	114,161	33,428	68,653	38,355	28,224	25,212	30,061
Midwest	150,411	29,776	27,399	120,050	38,796	67,368	35,494	35,031	25,537	36,445
South	301,925	88,466	83,316	212,493	98,858	145,159	73,712	93,228	57,780	56,112
West	202,683	45,652	41,228	153,434	42,707	112,355	41,499	51,846	28,529	55,149
Place of residence										
MSA ⁴	596,398	119,871	108,509	472,834	157,689	299,915	143,172	137,444	115,254	142,756
Central city	232,534	47,979	45,922	182,740	59,640	126,311	53,609	61,829	37,427	60,410
Not central city	363,864	71,892	62,586	290,094	98,048	173,603	89,563	75,616	77,826	82,346
Not MSA ⁴	194,186	65,381	63,803	127,304	56,100	93,620	45,889	70,884	21,805	35,010

¹Includes unknowns for each characteristic.

²For currently employed persons 18 years of age and over only.

³Includes other races and unknown family income.

⁴MSA is metropolitan statistical area.

NOTES: The standard errors and relative standard errors (RSE's) can be computed by using parameter set II of table II and the formula presented in rule 1 of appendix I. An estimate of 55.4 million has a 10-percent RSE; of 13.4 million, a 20-percent RSE; and of 6.0 million, a 30-percent RSE.

Table 55. Number of bed days associated with episodes of persons injured per 100 persons per year, by whether in moving motor vehicle, whether at work, place of accident, and sociodemographic characteristics: United States, 1994

[Data are based on household interviews of the civilian noninstitutionalized population. The survey design, general qualifications, and information on the reliability of the estimates are given in appendix I. Definitions of terms are given in appendix II]

Characteristic	All episodes ¹	Moving motor vehicle?			At work? ²		Place of accident			
		Yes					At home	Street or highway	Industrial place	Other
		Total	Traffic	No	Yes	No				
Number of bed days per 100 persons per year										
All persons ³	83.1	19.7	18.1	62.7	23.7	58.9	21.3	21.1	12.8	14.5
Age										
Under 5 years	*9.4	*-	*-	*9.4	...	...	*4.2	*-	*-	*0.5
5-17 years	22.6	*4.2	*4.0	18.1	...	...	*5.1	*7.1	*-	*8.1
18-24 years	56.8	*12.4	*12.4	44.4	*11.0	29.5	*11.7	*16.7	*10.4	*12.6
25-44 years	84.5	25.2	21.9	57.5	27.0	39.5	8.3	25.1	19.3	18.1
45-64 years	136.5	37.9	35.6	98.6	36.0	69.8	26.5	38.5	26.1	22.8
65 years and over	158.9	*18.8	*18.5	140.1	*5.1	117.0	92.3	22.5	*4.4	*12.1
Sex and age										
Male:										
All ages	68.6	14.9	12.8	52.4	28.3	41.9	14.7	16.9	15.4	14.0
Under 18 years	18.4	*1.7	*1.4	*16.2	...	...	*5.2	*3.0	*-	*7.0
18-44 years	74.4	17.7	15.0	54.0	25.9	32.6	*10.5	20.0	19.8	17.0
45 years and over	108.6	23.6	20.5	85.0	31.6	55.3	29.7	25.6	23.8	16.3
Female:										
All ages	96.8	24.2	23.2	72.5	19.5	74.5	27.6	25.2	10.3	14.9
Under 18 years	19.0	*4.3	*4.3	*14.8	...	...	*4.4	*7.0	*-	*4.8
18-44 years	81.5	26.6	24.3	54.8	20.6	41.6	*7.8	26.2	14.7	16.6
45 years and over	175.8	36.6	36.3	139.3	18.0	115.2	70.1	38.1	*12.8	20.7
Race and age										
White:										
All ages	82.4	18.6	17.2	63.1	22.9	56.1	20.3	19.8	13.5	13.9
Under 18 years	21.7	*3.8	*3.6	17.6	...	...	*5.8	*4.8	*-	*7.3
18-44 years	78.0	22.4	19.4	53.9	23.7	37.1	7.9	22.0	18.9	16.8
45 years and over	135.2	25.3	25.2	109.8	22.0	79.7	47.0	28.9	17.4	15.3
Black:										
All ages	95.2	30.0	26.6	65.2	35.9	72.4	19.5	33.7	*11.4	23.1
Under 18 years	*9.6	*-	*-	*9.6	...	...	*1.6	*7.6	*-	*0.5
18-44 years	94.5	*26.7	*26.7	67.8	*27.6	*40.9	*12.1	*36.7	*12.5	*22.6
45 years and over	223.0	80.6	*65.8	142.4	*51.1	130.4	*59.4	*67.0	*26.1	*57.2

See footnotes and notes at end of table.

Table 55. Number of bed days associated with episodes of persons injured per 100 persons per year, by whether in moving motor vehicle, whether at work, place of accident, and sociodemographic characteristics: United States, 1994—Con.

[Data are based on household interviews of the civilian noninstitutionalized population. The survey design, general qualifications, and information on the reliability of the estimates are given in appendix I. Definitions of terms are given in appendix II]

Characteristic	All episodes ¹	Moving motor vehicle?					Place of accident			
		Yes			At work? ²		At home	Street or highway	Industrial place	Other
		Total	Traffic	No	Yes	No				
Family income and age										
Number of bed days per 100 persons per year										
Under \$10,000:										
All ages	187.7	42.7	39.0	145.0	63.1	147.4	52.4	51.8	*25.6	37.5
Under 18 years	*25.9	*—	*—	*25.9	...	...	*4.4	*12.1	*—	*4.6
18–44 years	143.4	*38.9	*38.6	104.5	*43.8	75.8	*23.1	*61.0	*17.1	*28.0
45 years and over	414.0	91.6	*79.5	322.4	89.5	246.0	141.8	*79.5	*63.3	*84.4
\$10,000–\$19,999:										
All ages	138.2	34.9	31.7	103.3	45.9	83.0	29.6	37.0	23.9	22.1
Under 18 years	*31.5	*7.9	*7.9	*23.6	...	...	*3.7	*12.2	*—	*12.5
18–44 years	139.8	*31.0	*24.0	108.8	49.3	46.1	*16.7	*30.0	*31.7	*35.6
45 years and over	220.6	60.7	59.1	159.9	*42.0	124.3	64.3	64.3	*34.1	*14.6
\$20,000–\$34,999:										
All ages	72.6	17.3	16.8	55.3	23.0	49.3	17.4	17.3	12.1	14.7
Under 18 years	*18.8	*6.6	*6.6	*12.1	...	...	*7.4	*7.1	*—	*3.9
18–44 years	91.5	26.2	*25.5	65.3	27.7	47.6	*9.6	26.4	*22.9	*21.5
45 years and over	93.0	*13.8	*13.2	79.2	*16.3	51.8	37.7	*13.2	*7.3	*14.5
\$35,000 or more:										
All ages	43.4	9.1	8.1	34.3	11.8	28.1	9.7	9.3	6.1	8.9
Under 18 years	*14.6	*1.2	*0.8	*13.4	...	...	*3.8	*0.8	*—	*5.3
18–44 years	35.7	*11.1	*9.5	24.5	*7.9	20.5	*4.5	*10.6	*7.8	*9.1
45 years and over	83.4	*13.7	*13.3	69.7	*17.7	39.6	23.6	*15.6	*9.7	*12.2
Geographic region										
Northeast	63.1	13.3	13.3	49.8	*12.8	49.0	20.0	17.0	*6.8	*11.4
Midwest	74.1	18.1	16.5	55.6	26.5	46.6	18.2	20.1	10.4	13.9
South	94.3	24.2	22.3	70.1	31.0	70.0	24.4	24.5	19.6	15.3
West	93.3	20.0	17.6	70.8	18.9	64.2	21.1	20.8	*10.1	16.4
Place of residence										
MSA ⁴	80.4	18.9	16.9	61.4	23.9	56.4	19.5	19.5	13.8	15.0
Central city	81.9	18.4	17.1	63.3	30.2	54.1	16.4	21.6	16.0	18.0
Not central city	79.4	19.2	16.9	60.1	19.8	57.9	21.5	18.1	12.3	13.1
Not MSA ⁴	92.7	22.5	22.3	67.7	22.8	67.7	27.6	27.1	*9.2	12.4

¹Includes unknowns for each characteristic.

²For currently employed persons 18 years of age and over only.

³Includes other races and unknown family income.

⁴MSA is metropolitan statistical area.

NOTES: The standard errors (SE's) and relative standard errors (RSE's) for age, sex and age, and race and age for columns 1–4 and 7–10 can be computed by using parameter set II of table II, the frequencies of table 56, and the formula presented in rule 2 of appendix I. The SE's and RSE's for columns 5 and 6 can be computed by using parameter sets II and X of table II, the frequencies of tables 56 and 78, and the formula presented in rule 4 of appendix I. The SE's and RSE's for family income and age, geographic region, and place of residence can be computed by using parameter sets II and X of table II, the frequencies of tables 56 and 78, and the formula presented in rule 4 of appendix I. Estimates for which the numerator has an RSE of more than 30 percent are indicated with an asterisk.

Table 56. Number of bed days associated with episodes of persons injured, by whether in moving motor vehicle, whether at work, place of accident, and sociodemographic characteristics: United States, 1994

[Data are based on household interviews of the civilian noninstitutionalized population. The survey design, general qualifications, and information on the reliability of the estimates are given in appendix I. Definitions of terms are given in appendix II]

Characteristic	All episodes ¹	Moving motor vehicle?			Place of accident					
		Yes			At work? ²		At home	Street or highway	Industrial place	Other
		Total	Traffic	No	Yes	No				
Number of bed days in thousands										
All persons ³	215,635	51,057	46,993	162,911	44,869	111,659	55,271	54,912	33,148	37,529
Age										
Under 5 years	1,915	—	—	1,915	...	...	870	—	—	107
5–17 years	11,195	2,080	1,973	8,955	...	...	2,507	3,495	—	4,026
18–24 years	14,354	3,137	3,137	11,217	2,774	7,460	2,956	4,228	2,642	3,190
25–44 years	70,057	20,899	18,182	47,651	22,364	32,730	6,914	20,800	15,989	14,984
45–64 years	68,809	19,110	17,966	49,698	18,159	35,178	13,382	19,408	13,167	11,472
65 years and over	49,305	5,831	5,735	43,475	1,571	36,291	28,643	6,981	1,350	3,749
Sex and age										
Male:										
All ages	86,798	18,858	16,170	66,325	25,618	37,990	18,571	21,330	19,446	17,650
Under 18 years	6,597	618	511	5,819	...	...	1,874	1,091	—	2,492
18–44 years	39,732	9,451	7,999	28,826	13,831	17,384	5,615	10,680	10,565	9,082
45 years and over	40,469	8,789	7,660	31,680	11,787	20,606	11,083	9,559	8,881	6,076
Female:										
All ages	128,837	32,199	30,823	96,586	19,251	73,669	36,700	33,582	13,702	19,879
Under 18 years	6,513	1,462	1,462	5,051	...	...	1,503	2,404	—	1,641
18–44 years	44,679	14,585	13,320	30,041	11,308	22,805	4,255	14,348	8,065	9,093
45 years and over	77,645	16,152	16,041	61,493	7,944	50,864	30,942	16,830	5,636	9,146
Race and age										
White:										
All ages	176,776	39,865	36,930	135,244	36,518	89,299	43,488	42,500	28,977	29,708
Under 18 years	11,967	2,080	1,973	9,727	...	...	3,200	2,641	—	4,021
18–44 years	68,933	19,810	17,093	47,615	20,903	32,783	6,985	19,392	16,656	14,846
45 years and over	95,877	17,974	17,864	77,902	15,615	56,517	33,303	20,466	12,321	10,841
Black:										
All ages	31,452	9,927	8,798	21,525	7,795	15,738	6,427	11,147	3,756	7,621
Under 18 years	1,084	—	—	1,084	...	...	177	854	—	53
18–44 years	13,303	3,759	3,759	9,544	3,882	5,756	1,701	5,169	1,762	3,186
45 years and over	17,065	6,168	5,039	10,896	3,913	9,982	4,549	5,125	1,994	4,381

See footnotes and notes at end of table.

Table 56. Number of bed days associated with episodes of persons injured, by whether in moving motor vehicle, whether at work, place of accident, and sociodemographic characteristics: United States, 1994—Con.

[Data are based on household interviews of the civilian noninstitutionalized population. The survey design, general qualifications, and information on the reliability of the estimates are given in appendix I. Definitions of terms are given in appendix II]

Characteristic	All episodes ¹	Moving motor vehicle?			At work? ²		Place of accident			
		Yes			No		At home	Street or highway	Industrial place	Other
		Total	Traffic	No	Yes	No				
Family income and age										
Number of bed days in thousands										
Under \$10,000:										
All ages	43,848	9,976	9,114	33,872	10,298	24,077	12,249	12,092	5,975	8,771
Under 18 years	1,821	—	—	1,821	...	...	311	854	—	323
18–44 years	13,565	3,680	3,650	9,885	4,144	7,167	2,187	5,774	1,621	2,647
45 years and over	28,461	6,295	5,464	22,166	6,154	16,910	9,750	5,464	4,354	5,801
\$10,000–\$19,999:										
All ages	51,513	13,013	11,817	38,500	12,469	22,544	11,016	13,792	8,916	8,239
Under 18 years	3,182	795	795	2,388	...	...	377	1,236	—	1,258
18–44 years	20,053	4,441	3,447	15,612	7,078	6,609	2,400	4,307	4,550	5,104
45 years and over	28,278	7,778	7,576	20,500	5,390	15,935	8,240	8,250	4,366	1,877
\$20,000–\$34,999:										
All ages	39,307	9,361	9,096	29,947	9,145	19,573	9,421	9,378	6,570	7,968
Under 18 years	2,712	958	958	1,754	...	...	1,071	1,024	—	565
18–44 years	21,522	6,168	5,999	15,355	6,507	11,185	2,246	6,214	5,385	5,055
45 years and over	15,073	2,235	2,140	12,838	2,638	8,387	6,104	2,140	1,185	2,349
\$35,000 or more:										
All ages	43,510	9,083	8,172	34,375	8,504	20,275	9,777	9,328	6,164	8,960
Under 18 years	4,086	328	221	3,759	...	...	1,078	221	—	1,484
18–44 years	15,608	4,836	4,143	10,720	3,448	8,967	1,953	4,652	3,404	3,982
45 years and over	23,815	3,919	3,809	19,896	5,055	11,307	6,747	4,455	2,760	3,494
Geographic region										
Northeast	31,916	6,725	6,725	25,192	4,834	18,421	10,108	8,627	3,420	5,775
Midwest	46,844	11,461	10,460	35,171	12,241	21,530	11,492	12,706	6,594	8,770
South	83,052	21,334	19,639	61,718	20,014	45,269	21,495	21,556	17,291	13,515
West	53,822	11,537	10,168	40,830	7,780	26,440	12,177	12,024	5,842	9,469
Place of residence										
MSA ⁴	163,207	38,344	34,390	124,651	35,363	83,384	39,656	39,602	27,943	30,518
Central city	65,125	14,637	13,566	50,329	17,608	31,503	13,051	17,176	12,704	14,332
Not central city	98,082	23,707	20,824	74,323	17,755	51,881	26,605	22,426	15,240	16,186
Not MSA ⁴	52,428	12,713	12,602	38,260	9,506	28,275	15,616	15,310	5,204	7,011

¹Includes unknowns for each characteristic.

²For currently employed persons 18 years of age and over only.

³Includes other races and unknown family income.

⁴MSA is metropolitan statistical area.

NOTES: The standard errors and relative standard errors (RSE's) can be computed by using parameter set II of table II and the formula presented in rule 1 of appendix I. An estimate of 55.4 million has a 10-percent RSE; of 13.4 million, a 20-percent RSE; and of 6.0 million, a 30-percent RSE.

Table 57. Number of selected reported chronic conditions per 1,000 persons, by age: United States, 1994

[Data are based on household interviews of the civilian noninstitutionalized population. The survey design, general qualifications, and information on the reliability of the estimates are given in appendix I. Definitions of terms are given in appendix II]

Type of chronic condition	All ages	Under 45 years			65 years and over			
		Total	Under 18 years	18-44 years	45-64 years	Total	65-74 years	75 years and over
Selected skin and musculoskeletal conditions		Number of chronic conditions per 1,000 persons						
Arthritis	128.8	32.8	2.7	52.3	239.0	501.5	476.9	536.6
Gout, including gouty arthritis	9.6	2.1	*-	3.5	19.1	37.0	32.8	43.0
Intervertebral disc disorders	23.1	13.8	*0.2	22.5	50.7	31.7	36.8	24.4
Bone spur or tendinitis, unspecified	10.5	5.4	*1.1	8.2	23.9	17.6	21.9	*11.4
Disorders of bone or cartilage	5.9	2.9	*1.1	4.0	8.5	18.5	16.8	21.0
Trouble with bunions	12.7	6.2	*1.1	9.5	21.4	35.7	27.2	48.0
Bursitis, unclassified	20.3	9.8	*0.7	15.7	42.0	45.5	50.8	38.0
Sebaceous skin cyst	4.8	4.2	*0.6	6.5	4.7	8.2	9.9	*5.9
Trouble with acne	20.2	27.6	29.4	26.4	5.0	*2.7	*3.7	*1.3
Psoriasis	9.9	7.1	4.0	9.0	17.0	14.5	15.2	13.4
Dermatitis	35.4	36.5	37.6	35.7	33.6	32.3	32.7	31.7
Trouble with dry (itching) skin, unclassified	23.7	18.8	12.1	23.1	32.9	37.3	33.4	42.7
Trouble with ingrown nails	23.1	16.2	10.1	20.2	30.9	49.8	47.6	52.8
Trouble with corns and calluses	16.8	9.6	*0.8	15.2	29.0	38.4	35.2	43.0
Impairments								
Visual impairment	33.1	21.2	8.7	29.3	45.1	82.2	61.5	111.8
Color blindness	12.3	9.3	4.2	12.6	20.0	16.5	21.1	*9.9
Cataracts	24.9	2.5	*1.4	3.2	17.3	166.2	113.0	242.4
Glaucoma	10.0	1.9	*0.3	2.9	11.8	53.9	33.6	82.9
Hearing impairment	86.3	36.8	17.5	49.4	137.9	286.4	234.6	360.4
Tinnitus	27.1	10.7	*2.1	16.2	46.3	90.1	90.1	90.0
Speech impairment	12.2	13.7	20.9	9.1	8.9	9.0	11.1	*6.0
Absence of extremities (excludes tips of fingers or toes only)	5.4	2.6	*0.3	4.0	7.8	17.8	17.0	19.0
Paralysis of extremities, complete or partial	5.5	2.8	*2.2	3.1	9.1	15.0	11.6	19.9
Deformity or orthopedic impairment	119.7	97.4	28.0	142.4	170.0	165.6	154.1	182.1
Back	74.0	63.4	11.2	97.1	102.3	89.0	89.9	87.7
Upper extremities	15.4	10.5	*1.2	16.4	25.5	27.2	19.0	38.8
Lower extremities	48.1	36.8	16.5	49.9	70.0	77.7	66.5	93.7
Selected digestive conditions								
Ulcer	17.1	12.3	*1.3	19.5	25.2	31.6	35.8	25.5
Hernia of abdominal cavity	18.4	6.8	*1.3	10.3	31.2	64.4	63.2	66.0
Gastritis or duodenitis	13.1	9.2	2.8	13.4	17.6	28.3	27.9	29.0
Frequent indigestion	26.8	19.7	*2.0	31.2	40.9	44.6	42.6	47.5
Enteritis or colitis	7.8	5.2	*1.0	7.9	13.1	13.9	12.5	16.0
Spastic colon	7.9	5.3	*0.2	8.5	12.6	15.9	15.8	16.1
Diverticula of intestines	8.3	1.4	*-	2.3	17.5	32.9	31.4	34.9
Frequent constipation	15.6	9.7	5.0	12.7	12.3	54.6	32.4	86.3

See notes at end of table.

Table 57. Number of selected reported chronic conditions per 1,000 persons, by age: United States, 1994—Con.

[Data are based on household interviews of the civilian noninstitutionalized population. The survey design, general qualifications, and information on the reliability of the estimates are given in appendix I. Definitions of terms are given in appendix II]

Type of chronic condition	All ages	Under 45 years			65 years and over			
		Total	Under 18 years	18–44 years	45–64 years	Total	65–74 years	75 years and over
Selected conditions of the genitourinary, nervous, endocrine, metabolic, and blood and blood-forming systems		Number of chronic conditions per 1,000 persons						
Goiter or other disorders of the thyroid	17.4	8.5	*0.2	13.8	29.9	48.1	47.4	49.0
Diabetes	29.9	8.1	*1.4	12.4	63.1	101.2	101.6	100.8
Anemias	18.0	17.6	12.2	21.2	17.6	20.4	16.7	25.7
Epilepsy	5.4	5.5	4.7	6.0	4.7	5.7	*5.9	*5.4
Migraine headache	43.4	44.5	16.1	62.9	52.5	21.8	24.2	18.2
Neuralgia or neuritis, unspecified	2.2	0.9	*—	1.5	3.7	6.9	*5.9	*8.4
Kidney trouble	13.5	10.9	3.4	15.8	17.2	22.4	14.7	33.5
Bladder disorders	14.4	9.3	4.4	12.5	16.9	39.7	36.2	44.7
Diseases of prostate	10.2	1.8	*—	2.9	13.7	52.7	47.0	60.8
Disease of female genital organs	19.5	19.5	3.6	29.9	26.4	7.7	9.1	*5.7
Selected circulatory conditions								
Rheumatic fever with or without heart disease	8.0	5.3	*1.4	7.8	12.4	16.1	18.6	12.4
Heart disease	85.8	30.1	18.1	37.9	135.7	324.9	281.2	387.3
Ischemic heart disease	30.8	2.5	*0.1	4.1	56.4	151.8	134.0	177.3
Heart rhythm disorders	34.4	21.2	13.9	25.9	47.6	88.9	74.5	109.5
Tachycardia or rapid heart	9.7	3.9	*1.4	5.6	15.4	34.0	28.2	42.4
Heart murmurs	17.2	15.0	12.1	16.9	22.7	21.1	18.9	24.2
Other and unspecified heart rhythm disorders	7.4	2.2	*0.5	3.4	9.6	33.8	27.4	43.0
Other selected diseases of heart, excluding hypertension	20.6	6.4	4.0	7.9	31.6	84.1	72.8	100.4
High blood pressure (hypertension)	108.8	32.2	2.7	51.3	222.3	364.0	347.2	388.0
Cerebrovascular disease	11.5	1.6	*0.9	2.0	18.2	57.4	40.7	81.2
Hardening of the arteries	8.6	*0.2	*—	*0.4	11.1	52.9	38.0	74.1
Varicose veins of lower extremities	28.0	13.5	*—	22.2	50.5	74.7	75.0	74.2
Hemorrhoids	35.9	24.0	*0.4	39.3	62.1	61.7	61.7	61.6
Selected respiratory conditions								
Chronic bronchitis	54.0	50.1	55.3	46.7	63.9	60.5	62.3	57.9
Asthma	56.1	58.6	69.1	51.7	50.8	50.5	52.4	47.8
Hay fever or allergic rhinitis without asthma	100.7	98.6	60.5	123.3	120.8	80.0	86.6	70.5
Chronic sinusitis	134.4	118.7	65.1	153.3	179.9	151.1	150.1	152.5
Deviated nasal septum	7.8	5.6	*0.8	8.7	13.4	11.6	16.2	*5.0
Chronic disease of tonsils or adenoids	11.3	15.5	23.1	10.6	*3.0	*0.4	*0.7	*—
Emphysema	7.8	*0.7	*—	*1.1	9.9	45.5	47.1	43.4

NOTES: The standard errors and relative standard errors (RSE's) can be computed by using parameter set V of table II, the frequencies of table 62, and the formula presented in rule 2 of appendix I. Estimates for which the numerator has an RSE of more than 30 percent are indicated with an asterisk.

Table 58. Number of selected reported chronic conditions per 1,000 persons, by sex and age: United States, 1994

[Data are based on household interviews of the civilian noninstitutionalized population. The survey design, general qualifications, and information on the reliability of the estimates are given in appendix I. Definitions of terms are given in appendix II]

Type of chronic condition	Male					Female				
	Under 45 years	45-64 years	65 years and over			Under 45 years	45-64 years	65 years and over		
			Total	65-74 years	75 years and over			Total	65-74 years	75 years and over
Number of chronic conditions per 1,000 persons										
Selected skin and musculoskeletal conditions										
Arthritis	27.4	176.8	428.6	430.8	424.9	38.2	297.0	553.5	513.6	604.4
Gout, including gouty arthritis	3.2	31.7	54.5	57.1	50.4	*1.0	7.3	24.4	*13.4	38.5
Intervertebral disc disorders	16.2	52.4	35.2	42.3	*23.2	11.3	49.3	29.2	32.4	25.2
Bone spur or tendinitis, unspecified	4.0	20.8	15.7	*15.7	*15.6	6.8	26.9	18.9	26.8	*8.8
Disorders of bone or cartilage	3.2	*3.7	*8.1	*10.0	*4.8	2.6	13.0	26.0	22.2	30.8
Trouble with bunions	2.2	11.5	13.9	*10.0	*20.5	10.3	30.7	51.3	40.9	64.6
Bursitis, unclassified	8.7	34.0	38.4	52.6	*14.3	11.0	49.6	50.6	49.3	52.3
Sebaceous skin cyst	5.3	*5.3	*11.2	*10.0	*13.3	3.0	*4.2	*6.1	*9.9	*1.4
Trouble with acne	23.6	*2.8	*3.2	*3.1	*3.3	31.6	7.1	*2.3	*4.1	*-
Psoriasis	5.4	20.2	14.5	21.6	*2.5	8.7	14.2	14.5	*10.2	*20.0
Dermatitis	29.3	21.8	22.4	25.3	*17.6	43.6	44.6	39.4	38.6	40.2
Trouble with dry (itching) skin, unclassified	17.1	29.6	40.4	36.6	46.7	20.5	36.1	35.0	30.8	40.5
Trouble with ingrown nails	16.0	32.1	40.1	40.9	38.8	16.4	29.7	56.6	52.9	61.4
Trouble with corns and calluses	6.9	25.3	19.8	21.0	*17.8	12.2	32.5	51.6	46.5	58.1
Impairments										
Visual impairment	29.5	52.7	91.6	78.4	113.7	12.9	38.0	75.5	48.0	110.7
Color blindness	16.6	33.0	28.3	35.6	*16.0	2.0	7.9	*8.0	*9.5	*6.2
Cataracts	2.5	12.3	129.6	79.0	214.7	2.5	21.9	192.4	140.0	259.2
Glaucoma	2.0	13.2	48.0	32.3	74.3	*1.8	10.4	58.2	34.7	88.2
Hearing impairment	43.2	191.9	354.1	298.8	447.1	30.4	87.5	238.0	183.3	307.8
Tinnitus	11.6	60.4	113.8	118.1	106.6	9.8	33.2	73.1	67.7	79.9
Speech impairment	19.2	11.0	13.7	*14.2	*13.1	8.3	7.0	*5.6	*8.6	*1.8
Absence of extremities (excludes tips of fingers or toes only)	4.2	14.0	34.7	34.1	35.7	*0.9	*2.0	*5.7	*3.3	*8.9
Paralysis of extremities, complete or partial	3.1	11.3	19.2	*14.1	*27.8	2.5	6.9	12.0	*9.6	*15.1
Deformity or orthopedic impairment	93.5	166.7	153.7	144.4	169.3	101.3	173.2	174.1	161.8	189.9
Back	55.2	94.5	83.3	88.6	74.3	71.5	109.6	93.1	90.9	95.8
Upper extremities	12.5	29.5	22.7	*11.0	42.5	8.4	21.8	30.3	25.4	36.6
Lower extremities	40.5	68.4	67.6	66.1	70.1	33.0	71.5	84.9	66.7	108.0
Selected digestive conditions										
Ulcer	11.3	27.4	28.5	27.1	*30.9	13.3	23.3	33.8	42.8	22.3
Hernia of abdominal cavity	7.8	31.2	55.1	54.7	55.6	6.8	31.3	71.0	70.0	72.3
Gastritis or duodenitis	7.9	18.8	15.7	*13.4	*19.3	10.5	16.5	37.4	39.3	34.7
Frequent indigestion	20.5	42.8	47.2	44.6	51.5	18.9	39.0	42.8	41.0	45.3
Enteritis or colitis	3.7	*5.9	*4.9	*4.6	*5.6	6.7	19.8	20.4	18.9	22.3
Spastic colon	2.0	*3.5	*8.0	*7.8	*8.5	8.5	21.0	21.5	22.3	20.5
Diverticula of intestines	*1.6	15.5	23.4	22.3	*25.3	*1.2	19.3	39.6	38.7	40.7
Frequent constipation	4.3	6.8	31.1	*13.8	60.2	15.1	17.3	71.5	47.3	102.2

See notes at end of table.

Table 58. Number of selected reported chronic conditions per 1,000 persons, by sex and age: United States, 1994—Con.

[Data are based on household interviews of the civilian noninstitutionalized population. The survey design, general qualifications, and information on the reliability of the estimates are given in appendix I. Definitions of terms are given in appendix II]

Type of chronic condition	Male					Female				
	Under 45 years	45-64 years	65 years and over			Under 45 years	45-64 years	65 years and over		
			Total	65-74 years	75 years and over			Total	65-74 years	75 years and over
Number of chronic conditions per 1,000 persons										
Selected conditions of the genitourinary, nervous, endocrine, metabolic, and blood and blood-forming systems										
Goiter or other disorders of the thyroid	2.4	7.8	22.0	*13.1	36.9	14.6	50.5	66.7	74.8	56.2
Diabetes	7.3	63.3	107.3	102.4	115.6	8.9	63.0	96.9	101.0	91.8
Anemias	6.0	*4.5	*11.4	*7.3	*18.5	29.3	29.9	26.8	24.3	30.1
Epilepsy	5.7	*5.6	*8.0	*5.5	*12.0	5.3	*3.8	*4.0	*6.2	*1.3
Migraine headache	22.0	24.2	12.7	*17.1	*5.2	67.1	78.9	28.2	29.9	26.2
Neuralgia or neuritis, unspecified	*0.2	*2.0	*7.3	*4.4	*12.2	*1.6	*5.4	*6.6	*7.1	*6.0
Kidney trouble	5.3	16.3	23.2	*16.1	35.1	16.6	18.0	21.9	*13.5	32.6
Bladder disorders	2.8	*5.4	22.3	*15.4	33.8	15.9	27.7	52.1	52.8	51.3
Diseases of prostate	3.5	28.3	126.5	105.8	161.2	...	...	...	...	...
Disease of female genital organs . . . . .	...	...	...	...	...	39.1	51.1	13.3	16.4	*9.2
Selected circulatory conditions										
Rheumatic fever with or without heart disease	2.9	8.5	*10.8	*12.5	*7.9	7.7	16.0	19.8	23.6	*15.2
Heart disease	27.0	162.0	360.5	319.3	429.9	33.1	111.0	299.4	250.8	361.4
Ischemic heart disease	3.8	81.9	191.8	183.4	205.8	*1.3	32.5	123.3	94.5	160.1
Heart rhythm disorders	16.5	41.8	78.8	63.7	104.1	25.8	53.1	96.2	83.1	112.8
Tachycardia or rapid heart	3.0	14.4	27.4	27.1	*27.8	4.8	16.3	38.7	29.0	51.2
Heart murmurs	11.5	15.8	15.2	*15.3	*14.9	18.5	29.0	25.3	21.8	29.8
Other and unspecified heart rhythm disorders	2.0	11.6	36.3	21.3	61.4	2.5	7.7	32.1	32.3	31.8
Other selected diseases of heart, excluding hypertension	6.8	38.3	89.9	72.1	119.7	6.0	25.4	80.0	73.3	88.7
High blood pressure (hypertension)	31.9	220.0	319.5	307.7	339.2	32.4	224.5	395.8	378.7	417.5
Cerebrovascular disease	*1.3	20.4	53.1	39.6	75.9	1.9	16.2	60.5	41.6	84.4
Hardening of the arteries	*0.4	14.0	69.1	47.2	105.8	*-	8.4	41.3	30.7	55.1
Varicose veins of lower extremities	3.7	17.8	42.3	32.5	58.5	23.3	81.0	97.9	109.0	83.8
Hemorrhoids	19.1	68.7	56.9	51.0	66.6	29.0	55.8	65.1	70.2	58.6
Selected respiratory conditions										
Chronic bronchitis	43.6	43.8	51.5	41.7	68.0	56.5	82.7	67.0	79.0	51.7
Asthma	57.1	32.3	50.9	39.3	70.3	60.0	68.0	50.2	62.8	34.1
Hay fever or allergic rhinitis without asthma	98.0	107.3	71.1	79.6	56.6	99.2	133.4	86.3	92.2	78.8
Chronic sinusitis	101.9	147.5	116.5	118.2	113.9	135.5	210.2	175.7	175.5	176.1
Deviated nasal septum	4.3	14.5	16.3	22.3	*6.2	6.8	12.3	*8.2	*11.3	*4.3
Chronic disease of tonsils or adenoids	11.7	*1.6	*-	*-	*-	19.3	*4.2	*0.7	*1.2	*-
Emphysema	*1.2	10.3	67.9	59.9	81.3	*0.1	9.5	29.6	36.7	20.4

NOTES: The standard errors and relative standard errors (RSE's) can be computed by using parameter set V of table II, the frequencies of table 63, and the formula presented in rule 2 of appendix I. Estimates for which the numerator has an RSE of more than 30 percent are indicated with an asterisk.

Table 59. Number of selected reported chronic conditions per 1,000 persons, by race and age: United States, 1994

[Data are based on household interviews of the civilian noninstitutionalized population. The survey design, general qualifications, and information on the reliability of the estimates are given in appendix I. Definitions of terms are given in appendix II]

Type of chronic condition	White					Black				
	Under 45 years	45-64 years	65 years and over			Under 45 years	45-64 years	65 years and over		
			Total	65-74 years	75 years and over			Total	65-74 years	75 years and over
Number of chronic conditions per 1,000 persons										
Selected skin and musculoskeletal conditions										
Arthritis	33.8	239.8	501.6	481.8	529.4	28.5	257.0	550.3	486.8	651.9
Gout, including gouty arthritis	2.0	17.9	35.0	33.7	36.8	*3.0	*27.5	*55.5	*34.8	*88.6
Intervertebral disc disorders	15.9	54.1	31.8	35.2	27.0	*2.7	*25.3	*24.2	*39.3	*-
Bone spur or tendinitis, unspecified	6.4	25.8	19.4	24.7	*11.9	*1.6	*11.3	*3.2	*-	*8.2
Disorders of bone or cartilage	3.3	10.0	20.7	18.9	23.2	*1.8	*-	*-	*-	*-
Trouble with bunions	6.1	22.0	38.5	29.2	51.4	8.3	*24.6	*10.7	*14.2	*4.1
Bursitis, unclassified	11.5	39.3	44.1	49.2	37.0	*3.1	66.9	*56.7	*56.0	*57.7
Sebaceous skin cyst	4.6	5.4	8.5	9.9	*6.5	*2.2	*1.0	*7.9	*12.9	*-
Trouble with acne	28.2	4.8	*3.0	*4.2	*1.4	21.6	*8.4	*-	*-	*-
Psoriasis	8.4	18.6	14.6	16.4	*12.0	*1.2	*11.1	*17.8	*7.7	*33.0
Dermatitis	38.9	34.2	34.7	35.6	33.5	21.4	32.6	*9.9	*4.5	*18.5
Trouble with dry (itching) skin, unclassified	19.4	32.9	38.2	32.1	46.7	14.3	32.0	*38.4	*58.6	*6.2
Trouble with ingrown nails	18.0	32.1	49.8	46.5	54.4	7.7	*25.3	*57.1	*63.1	*47.4
Trouble with corns and calluses	9.5	27.9	36.5	32.2	42.5	12.0	45.2	70.5	*77.3	*59.7
Impairments										
Visual impairment	20.9	44.0	81.9	65.1	105.4	23.4	57.5	87.6	*43.8	*157.6
Color blindness	9.7	20.1	18.2	23.5	*10.9	*4.6	*22.0	*2.0	*3.2	*-
Cataracts	2.8	17.1	165.4	113.6	237.9	*1.7	*16.8	181.1	114.6	288.4
Glaucoma	1.7	10.8	48.3	28.9	75.3	*3.7	*21.1	127.2	*94.0	180.2
Hearing impairment	38.1	146.0	302.9	250.2	376.7	29.7	70.4	162.8	150.0	183.3
Tinnitus	10.7	47.8	95.8	98.4	92.1	8.9	31.4	*44.4	*34.1	*59.7
Speech impairment	12.3	7.3	8.0	10.3	*4.8	24.4	*21.1	*17.0	*22.5	*8.2
Absence of extremities (excludes tips of fingers or toes only)	2.9	7.5	15.9	13.3	19.4	*1.8	*11.5	*44.4	*59.9	*18.5
Paralysis of extremities, complete or partial	2.5	8.1	14.4	11.0	19.2	*5.1	*11.1	*21.8	*21.2	*21.6
Deformity or orthopedic impairment	103.0	169.4	168.7	161.0	179.4	78.2	186.0	122.4	*90.1	174.0
Back	68.0	105.6	89.9	94.0	84.2	46.1	81.1	74.9	*44.4	*122.6
Upper extremities	11.5	25.0	28.9	21.2	39.8	*4.8	*22.0	*16.2	*2.6	*38.1
Lower extremities	37.1	67.3	78.4	69.6	90.8	38.3	108.4	64.2	*45.1	*93.7
Selected digestive conditions										
Ulcer	11.9	22.7	28.6	29.9	26.6	13.2	43.1	*57.4	*81.8	*18.5
Hernia of abdominal cavity	6.9	35.0	67.6	65.0	71.3	8.6	*12.1	*42.4	*57.3	*18.5
Gastritis or duodenitis	9.9	19.8	28.9	29.2	28.5	8.3	*5.1	*26.5	*16.7	*41.2
Frequent indigestion	22.1	43.4	47.1	44.4	51.0	10.2	*24.6	*26.1	*38.6	*6.2
Enteritis or colitis	5.4	15.0	15.6	14.1	17.6	*3.1	*1.8	*-	*-	*-
Spastic colon	5.8	14.1	16.8	16.2	17.7	*4.3	*3.3	*4.0	*6.4	*-
Diverticula of intestines	1.7	19.7	36.2	34.4	38.6	*-	*6.4	*6.3	*10.3	*-
Frequent constipation	8.9	11.4	52.9	31.1	83.4	14.3	*17.4	80.0	*50.2	*128.7

See notes at end of table.

Table 59. Number of selected reported chronic conditions per 1,000 persons, by race and age: United States, 1994—Con.

[Data are based on household interviews of the civilian noninstitutionalized population. The survey design, general qualifications, and information on the reliability of the estimates are given in appendix I. Definitions of terms are given in appendix II]

Type of chronic condition	White					Black				
	Under 45 years	45-64 years	65 years and over			Under 45 years	45-64 years	65 years and over		
			Total	65-74 years	75 years and over			Total	65-74 years	75 years and over
Number of chronic conditions per 1,000 persons										
Selected conditions of the genitourinary, nervous, endocrine, metabolic, and blood and blood-forming systems										
Goiter or other disorders of the thyroid	9.2	30.5	50.3	49.2	51.9	*4.8	*14.2	*21.8	*27.7	*11.3
Diabetes	7.6	53.6	94.6	97.1	91.1	10.2	144.3	160.9	155.8	168.9
Anemias	13.5	16.4	21.4	16.9	27.7	40.6	*29.2	*15.1	*20.0	*8.2
Epilepsy	5.5	4.5	*5.2	*6.5	*3.1	*6.3	*8.4	*13.5	*1.3	*33.0
Migraine headache	46.8	51.5	22.6	25.6	18.3	36.1	58.1	*19.0	*16.7	*22.7
Neuralgia or neuritis, unspecified	*1.0	3.8	6.9	*6.0	*8.2	*0.8	*-	*5.2	*-	*13.4
Kidney trouble	12.0	17.4	21.8	16.3	29.6	*4.2	*14.6	*27.7	*-	*72.1
Bladder disorders	8.6	17.7	38.5	38.9	38.0	13.8	*12.5	*47.5	*12.2	*104.0
Diseases of prostate	1.9	13.5	53.7	46.4	63.9	*1.7	*8.4	*32.5	*28.3	*39.1
Disease of female genital organs	20.4	26.6	8.4	10.3	*5.7	19.3	*19.9	*2.8	*-	*7.2
Selected circulatory conditions										
Rheumatic fever with or without heart disease	5.6	11.9	16.7	20.6	*11.2	*4.6	*16.2	*2.4	*3.9	*-
Heart disease	30.9	138.4	339.3	301.5	392.0	26.0	135.7	200.9	118.5	332.6
Ischemic heart disease	2.4	58.8	161.4	145.3	183.9	*2.9	40.7	74.9	*60.5	*96.8
Heart rhythm disorders	21.8	48.4	94.5	81.2	113.2	16.7	53.8	*51.9	*26.4	*92.7
Tachycardia or rapid heart	4.4	16.0	36.3	30.8	44.0	*0.9	*17.0	*18.6	*9.7	*33.0
Heart murmurs	15.0	22.8	22.1	20.9	23.8	14.9	*28.5	*15.8	*3.9	*36.0
Other and unspecified heart rhythm disorders	2.4	9.7	36.1	29.3	45.4	*1.0	*8.2	*17.4	*13.5	*24.7
Other selected diseases of heart, excluding hypertension	6.7	31.2	83.4	75.0	95.0	6.3	41.1	74.1	*31.6	*142.1
High blood pressure (hypertension)	30.0	208.1	354.7	338.7	376.9	47.5	337.9	479.4	439.2	543.8
Cerebrovascular disease	*1.0	17.7	56.8	40.5	79.6	*2.4	*30.6	70.1	*47.6	*107.1
Hardening of the arteries	*0.3	11.2	56.0	40.0	78.4	*-	*12.1	*22.6	*10.9	*41.2
Varicose veins of lower extremities	15.1	52.0	79.8	80.5	78.7	*4.7	36.3	*31.3	*25.8	*39.1
Hemorrhoids	26.1	64.9	66.2	67.0	65.0	16.3	53.2	*26.5	*20.6	*36.0
Selected respiratory conditions										
Chronic bronchitis	54.3	71.3	60.9	63.2	57.7	32.5	*21.1	*48.7	*42.5	*59.7
Asthma	58.2	52.3	51.9	54.3	48.7	58.9	49.7	*44.0	*41.9	*48.4
Hay fever or allergic rhinitis without asthma	104.0	125.6	78.1	82.2	72.2	74.3	85.0	85.2	106.9	*50.5
Chronic sinusitis	122.2	183.2	158.2	156.9	160.1	117.8	192.2	89.1	*99.8	*72.1
Deviated nasal septum	6.4	14.9	13.0	18.3	*5.5	*2.4	*5.8	*-	*-	*-
Chronic disease of tonsils or adenoids	15.6	*2.2	*0.4	*0.7	*-	13.5	*10.7	*-	*-	*-
Emphysema	*0.7	10.7	48.7	49.6	47.4	*-	*4.3	*15.1	*20.0	*7.2

NOTES: The standard errors and relative standard errors (RSE's) can be computed by using parameter set V of table II, the frequencies of table 64, and the formula presented in rule 2 of appendix I. Estimates for which the numerator has an RSE of more than 30 percent are indicated with an asterisk.

Table 60. Number of selected reported chronic conditions per 1,000 persons, by family income and age: United States, 1994

[Data are based on household interviews of the civilian noninstitutionalized population. The survey design, general qualifications, and information on the reliability of the estimates are given in appendix I. Definitions of terms are given in appendix II]

Type of chronic condition	Family income									
	Less than \$10,000					\$10,000-\$19,999				
	Under 45 years	45-64 years	65 years and over			Under 45 years	45-64 years	65 years and over		
			Total	65-74 years	75 years and over			Total	65-74 years	75 years and over
Number of chronic conditions per 1,000 persons										
Selected skin and musculoskeletal conditions										
Arthritis	49.1	511.4	650.8	560.1	728.9	32.7	340.3	549.0	527.5	575.6
Gout, including gouty arthritis	*3.3	*29.6	50.7	*28.2	*70.0	*3.2	*13.6	34.6	41.3	*26.3
Intervertebral disc disorders	10.1	77.3	39.3	*49.5	*31.1	17.1	86.5	33.1	*39.0	*25.7
Bone spur or tendinitis, unspecified	*5.8	*15.7	*7.4	*5.9	*8.7	*3.7	*28.1	*14.9	*16.8	*12.7
Disorders of bone or cartilage	*2.7	*22.4	*29.3	*39.4	*21.0	*4.7	*19.1	28.1	*18.3	*40.3
Trouble with bunions	*6.5	*21.4	49.7	*13.8	80.5	*4.9	*19.8	38.7	*33.0	*45.8
Bursitis, unclassified	*2.7	97.6	92.9	100.0	86.9	10.9	59.2	31.3	*47.8	*10.8
Sebaceous skin cyst	*3.8	*5.0	*14.5	*25.5	*5.0	*1.2	*9.5	*10.2	*11.3	*8.7
Trouble with acne	32.3	*8.9	*-	*-	*-	*23.3	*1.8	*4.4	*8.0	*-
Psoriasis	9.6	*24.6	*31.5	*27.1	*34.8	*4.7	*18.6	*14.3	*19.3	*8.4
Dermatitis	23.9	*42.0	*43.0	*33.0	*51.7	26.9	41.1	36.1	*42.0	*28.5
Trouble with dry (itching) skin, unclassified	16.4	*45.6	50.4	*35.1	*63.6	17.8	50.8	35.2	*37.8	*31.9
Trouble with ingrown nails	17.2	*50.9	85.3	*68.1	100.1	23.7	45.0	54.9	54.0	*55.8
Trouble with corns and calluses	16.1	*43.4	49.4	*44.7	*53.5	7.2	33.6	37.9	43.8	*30.7
Impairments										
Visual impairment	28.7	112.5	92.2	*35.1	141.3	23.9	70.8	101.4	65.3	146.5
Color blindness	10.7	*20.3	*7.4	*10.6	*4.6	*6.0	*27.3	*16.6	*11.5	*22.9
Cataracts	*4.0	*43.1	243.2	160.1	*314.6	*2.9	34.9	199.6	121.1	296.8
Glaucoma	*2.4	*12.5	69.1	*39.4	*95.1	*3.7	*15.9	55.9	*31.8	85.8
Hearing impairment	44.0	240.0	286.5	202.1	358.5	51.5	189.6	336.8	240.4	456.0
Tinnitus	17.1	96.5	95.9	105.9	87.8	16.4	71.3	126.8	94.3	167.3
Speech impairment	33.1	*29.9	*7.4	*16.0	*-	*21.6	*13.6	*13.7	*19.0	*6.8
Absence of extremities (excludes tips of fingers or toes only)	*4.7	*4.3	*17.9	*19.7	*16.5	*4.3	*8.2	*19.4	*13.5	*26.6
Paralysis of extremities, complete or partial	*5.4	*21.0	*11.8	*6.4	*16.9	*3.0	*14.3	*19.0	*15.8	*22.6
Deformity or orthopedic impairment	129.5	283.5	208.0	253.2	169.2	125.2	182.7	201.9	168.6	242.9
Back	88.2	174.5	93.4	134.6	*58.1	82.0	123.0	111.8	95.8	131.4
Upper extremities	10.1	*48.4	44.8	*51.1	*38.9	16.2	36.3	29.3	*14.3	*48.0
Lower extremities	58.8	133.9	110.2	121.8	100.1	48.5	77.7	100.1	79.5	125.5
Selected digestive conditions										
Ulcer	21.7	*54.5	*34.4	*45.7	*24.2	18.4	*25.9	25.2	*25.5	*25.1
Hernia of abdominal cavity	13.6	*54.1	51.9	*64.9	*40.7	7.9	33.2	64.2	70.0	57.0
Gastritis or duodenitis	11.5	*26.7	*26.1	*44.7	*10.1	8.8	*16.4	28.5	*25.5	*32.2
Frequent indigestion	25.0	107.9	48.4	*48.9	*48.5	18.5	49.3	34.6	*27.5	*43.4
Enteritis or colitis	*2.6	*19.9	*17.7	*20.7	*15.1	*4.3	*15.7	24.9	*14.5	*37.8
Spastic colon	*4.4	*13.9	*9.8	*21.3	*-	*2.7	*5.9	*11.1	*3.3	*20.8
Diverticula of intestines	*1.5	*11.4	*26.1	*26.6	*25.6	*-	*17.2	38.2	*33.8	*44.0
Frequent constipation	14.4	*32.1	89.3	*63.3	111.1	12.8	*22.3	59.1	49.8	70.6

See notes at end of table.

Table 60. Number of selected reported chronic conditions per 1,000 persons, by family income and age: United States, 1994—Con.

[Data are based on household interviews of the civilian noninstitutionalized population. The survey design, general qualifications, and information on the reliability of the estimates are given in appendix I. Definitions of terms are given in appendix II]

Type of chronic condition	Family income									
	Less than \$10,000					\$10,000–\$19,999				
	Under 45 years	45–64 years	65 years and over			Under 45 years	45–64 years	65 years and over		
			Total	65–74 years	75 years and over			Total	65–74 years	75 years and over
Number of chronic conditions per 1,000 persons										
Selected conditions of the genitourinary, nervous, endocrine, metabolic, and blood and blood-forming systems										
Goiter or other disorders of the thyroid	*8.4	*31.0	60.5	*73.4	*49.4	*4.1	49.5	54.5	53.5	55.8
Diabetes	*7.0	144.6	134.3	128.7	138.5	13.5	95.8	111.8	111.3	112.1
Anemias	45.6	*20.7	*17.0	*15.4	*18.3	26.4	*26.1	23.5	*27.3	*18.9
Epilepsy	*5.7	*8.2	*7.6	*—	*14.2	11.4	*13.8	*7.2	*6.5	*8.1
Migraine headache	68.2	68.0	*30.5	*27.7	*32.9	43.8	64.0	23.9	*28.0	*18.9
Neuralgia or neuritis, unspecified	*2.7	*10.0	*18.4	*12.8	*23.3	*0.7	*2.3	*9.3	*12.3	*5.6
Kidney trouble	17.3	*33.8	*31.5	*20.2	*41.2	19.0	38.1	53.4	*37.5	72.8
Bladder disorders	13.6	*39.5	64.2	*27.7	95.1	14.4	*20.7	42.2	46.8	*36.6
Diseases of prostate	*—	*15.0	*12.0	*4.8	*17.8	*2.4	*14.5	55.2	50.5	61.0
Disease of female genital organs	26.9	*36.0	*5.9	*5.3	*6.4	20.5	35.4	*6.0	*6.0	*5.9
Selected circulatory conditions										
Rheumatic fever with or without heart disease	*2.7	*26.7	*12.8	*13.3	*12.3	*5.3	*10.4	*20.1	*33.0	*4.0
Heart disease	50.2	312.0	476.5	463.8	487.0	38.6	161.9	307.4	315.2	298.0
Ischemic heart disease	*3.4	104.3	217.4	217.0	218.1	*1.7	78.3	150.0	152.1	147.5
Heart rhythm disorders	39.7	116.5	136.7	133.0	139.9	30.0	42.9	79.2	72.0	87.7
Tachycardia or rapid heart	*7.4	57.0	57.3	*61.2	*54.0	*4.9	*12.7	29.8	*20.0	*41.8
Heart murmurs	28.1	*46.3	*24.8	*28.7	*21.5	21.1	*11.8	*14.1	*9.3	*20.1
Other and unspecified heart rhythm disorders	*4.2	*13.2	54.6	*43.1	*64.5	*3.9	*18.6	35.2	42.8	*25.7
Other selected diseases of heart, excluding hypertension	*7.1	91.2	122.4	114.4	128.9	6.9	40.8	78.3	91.0	62.6
High blood pressure (hypertension)	40.1	373.6	524.7	555.9	497.9	35.3	219.5	351.6	344.7	360.3
Cerebrovascular disease	*2.3	77.3	86.8	*74.5	97.4	*1.5	*22.7	70.0	51.0	93.6
Hardening of the arteries	*—	*17.1	85.1	*61.7	105.2	*—	*20.0	49.5	*38.3	63.5
Varicose veins of lower extremities	11.7	86.5	96.6	89.4	102.9	20.7	80.1	91.1	96.3	84.3
Hemorrhoids	16.4	83.0	81.1	*76.6	84.6	26.4	84.4	70.6	79.3	59.5
Selected respiratory conditions										
Chronic bronchitis	62.8	89.4	75.7	*70.7	80.0	40.8	63.8	60.5	67.3	52.0
Asthma	84.0	80.8	56.8	*47.3	*64.9	59.6	62.6	43.9	41.5	*46.8
Hay fever or allergic rhinitis without asthma	76.1	100.1	81.9	92.0	73.2	83.7	90.3	61.6	67.3	54.5
Chronic sinusitis	105.8	182.7	175.3	175.0	175.6	113.3	172.8	175.5	164.3	189.3
Deviated nasal septum	*4.2	*6.4	*8.9	*12.8	*5.5	*3.4	*15.7	*10.0	*18.0	*—
Chronic disease of tonsils or adenoids	24.7	*7.1	*—	*—	*—	12.6	*3.9	*—	*—	*—
Emphysema	*0.8	*53.4	49.2	*70.7	*31.1	*0.5	*12.3	51.2	68.8	*29.4

See notes at end of table.

Table 60. Number of selected reported chronic conditions per 1,000 persons, by family income and age: United States, 1994—Con.

[Data are based on household interviews of the civilian noninstitutionalized population. The survey design, general qualifications, and information on the reliability of the estimates are given in appendix I. Definitions of terms are given in appendix II]

Type of chronic condition	Family income									
	\$20,000–\$34,999					\$35,000 or more				
	Under 45 years	45–64 years	65 years and over			Under 45 years	45–64 years	65 years and over		
			Total	65–74 years	75 years and over			Total	65–74 years	75 years and over
Number of chronic conditions per 1,000 persons										
Selected skin and musculoskeletal conditions										
Arthritis	44.0	257.3	508.7	513.6	498.7	24.1	183.2	415.9	410.7	428.0
Gout, including gouty arthritis	*2.2	24.3	54.4	50.1	*62.3	*1.2	16.7	35.4	*31.1	*45.2
Intervertebral disc disorders	17.1	50.3	37.7	46.3	*20.9	12.3	43.9	*26.4	*23.9	*32.3
Bone spur or tendinitis, unspecified	5.3	18.1	*20.5	*22.5	*16.6	6.9	23.8	*28.9	*31.4	*23.2
Disorders of bone or cartilage	*2.4	*5.2	*17.5	*26.5	*—	3.2	7.9	*9.1	*7.8	*11.6
Trouble with bunions	8.4	23.9	*20.6	*19.6	*22.7	6.4	19.7	45.8	52.0	*31.6
Bursitis, unclassified	11.5	33.8	60.4	66.1	*49.3	11.7	39.7	*30.9	*29.7	*32.9
Sebaceous skin cyst	4.2	*5.3	*8.2	*7.0	*10.5	6.2	*3.4	*10.9	*12.2	*7.1
Trouble with acne	28.7	*6.2	*1.5	*2.2	*—	31.6	*4.1	*8.2	*6.9	*10.3
Psoriasis	6.5	*15.6	*8.8	*10.1	*6.1	8.6	13.5	*11.7	*16.7	*—
Dermatitis	34.3	32.0	40.9	*32.4	*57.5	48.4	31.4	*24.5	*27.2	*18.1
Trouble with dry (itching) skin, unclassified	23.2	32.7	41.7	47.7	*30.1	20.2	32.9	31.5	*23.9	*49.1
Trouble with ingrown nails	21.0	25.3	56.7	60.5	*49.3	14.1	27.1	41.6	*40.6	*43.9
Trouble with corns and calluses	12.4	19.1	49.1	53.3	*41.0	8.6	30.1	*27.4	*15.0	*56.8
Impairments										
Visual impairment	26.0	47.4	78.9	60.5	114.6	18.2	32.6	80.8	64.2	119.4
Color blindness	10.4	18.6	*16.6	*25.2	*—	10.1	20.9	*28.9	*34.5	*16.1
Cataracts	*1.6	26.2	166.0	117.8	259.4	2.9	8.4	135.0	103.9	207.2
Glaucoma	*2.6	*9.2	59.6	40.0	97.6	*1.4	11.4	53.0	*29.2	107.8
Hearing impairment	40.6	129.2	318.6	281.3	391.0	33.5	124.9	273.7	219.8	399.0
Tinnitus	9.3	47.4	102.2	108.8	88.9	10.1	41.2	73.4	80.3	*57.5
Speech impairment	8.6	*15.3	*11.0	*13.9	*5.2	9.7	*4.0	*11.1	*7.8	*18.7
Absence of extremities (excludes tips of fingers or toes only)	*2.7	*16.4	*13.6	*12.6	*15.7	*2.0	*5.6	*28.7	*25.8	*35.5
Paralysis of extremities, complete or partial	*3.5	19.0	*15.9	*12.1	*23.1	*1.7	*3.3	*15.7	*12.8	*22.6
Deformity or orthopedic impairment	94.0	196.7	164.8	156.7	180.5	98.2	144.9	146.9	126.4	195.0
Back	63.2	124.6	102.1	108.2	90.2	61.5	77.0	74.2	60.9	105.9
Upper extremities	11.1	27.8	26.0	*13.0	*51.0	10.5	21.8	31.9	*23.3	*51.0
Lower extremities	32.2	81.1	67.5	57.6	86.7	36.7	58.2	63.5	57.0	*78.8
Selected digestive conditions										
Ulcer	12.3	33.4	39.3	38.0	*41.4	9.5	17.0	*2.7	*3.9	*—
Hernia of abdominal cavity	6.7	35.8	90.3	94.2	83.3	4.3	29.0	58.1	49.7	*78.1
Gastritis or duodenitis	12.0	25.1	43.6	*28.1	73.7	8.8	15.5	*28.7	*31.4	*22.6
Frequent indigestion	25.8	49.1	78.8	72.6	90.7	18.6	29.2	32.6	*30.6	*37.4
Enteritis or colitis	7.6	*9.4	*9.5	*11.0	*6.5	5.3	14.7	*11.1	*15.8	*—
Spastic colon	5.8	*11.4	*19.0	*14.8	*27.0	7.0	12.4	*23.9	*27.8	*14.8
Diverticula of intestines	*1.3	19.7	37.4	42.7	*27.0	*1.8	18.3	36.1	*25.0	*61.3
Frequent constipation	10.6	*13.2	28.3	*24.1	*37.1	7.6	8.2	44.1	*19.2	*102.0

See notes at end of table.

Table 60. Number of selected reported chronic conditions per 1,000 persons, by family income and age: United States, 1994—Con.

[Data are based on household interviews of the civilian noninstitutionalized population. The survey design, general qualifications, and information on the reliability of the estimates are given in appendix I. Definitions of terms are given in appendix II]

Type of chronic condition	Family income									
	\$20,000–\$34,999					\$35,000 or more				
	Under 45 years	45–64 years	65 years and over			Under 45 years	45–64 years	65 years and over		
			Total	65–74 years	75 years and over			Total	65–74 years	75 years and over
Number of chronic conditions per 1,000 persons										
Selected conditions of the genitourinary, nervous, endocrine, metabolic, and blood and blood-forming systems										
Goiter or other disorders of the thyroid	9.6	26.4	42.0	36.9	*51.4	10.3	33.6	47.2	53.3	*33.6
Diabetes	6.6	57.8	87.5	99.2	*65.0	6.7	47.2	80.2	72.0	*98.8
Anemias	13.4	*12.4	*17.9	*7.2	*38.8	10.9	19.3	*29.3	*25.0	*38.7
Epilepsy	5.5	*3.2	*1.8	*—	*5.2	3.5	*3.0	*11.7	*16.7	*—
Migraine headache	47.2	50.3	*20.6	*28.6	*5.2	41.6	50.7	*29.7	*28.1	*17.4
Neuralgia or neuritis, unspecified	*0.9	*—	*5.0	*4.9	*5.2	*0.4	*5.2	*5.1	*3.9	*8.4
Kidney trouble	8.3	*16.7	*6.7	*4.7	*10.0	8.5	11.4	*8.2	*8.6	*7.7
Bladder disorders	12.9	*16.3	30.3	*30.6	*29.6	5.5	16.2	35.0	*43.3	*15.5
Diseases of prostate	*1.4	*3.5	48.1	37.1	69.7	*2.0	18.5	109.4	99.2	132.3
Disease of female genital organs	19.6	20.0	*7.0	*10.6	*—	20.2	29.4	*6.8	*6.1	*8.4
Selected circulatory conditions										
Rheumatic fever with or without heart disease	4.8	19.8	29.8	*26.8	*35.7	6.5	9.8	*12.4	*14.4	*7.1
Heart disease	25.4	198.4	349.1	246.0	548.8	29.3	100.0	308.5	262.0	416.4
Ischemic heart disease	*2.9	74.4	186.5	125.0	306.0	2.5	41.9	135.6	132.3	143.3
Heart rhythm disorders	15.2	66.0	89.3	67.0	132.5	21.2	40.7	100.6	70.3	171.1
Tachycardia or rapid heart	*3.8	27.1	34.7	*20.5	*62.3	3.6	10.0	40.0	*27.5	*69.1
Heart murmurs	10.2	31.5	30.9	*25.6	*41.4	15.4	21.7	*21.6	*19.4	*26.5
Other and unspecified heart rhythm disorders	*1.3	*7.5	23.7	*21.1	*28.8	*2.2	9.0	39.0	*23.3	*75.5
Other selected diseases of heart, excluding hypertension	7.3	57.9	73.3	54.0	110.7	5.6	17.4	72.5	59.7	*102.0
High blood pressure (hypertension)	32.6	239.5	371.9	315.3	481.7	31.8	209.6	326.1	337.6	299.5
Cerebrovascular disease	*2.4	25.7	50.4	*30.8	88.5	*0.6	8.2	31.9	*28.9	*38.7
Hardening of the arteries	*—	21.0	43.6	36.9	*56.7	*0.2	7.0	65.9	47.8	107.8
Varicose veins of lower extremities	17.6	42.6	74.0	71.7	78.5	11.7	45.8	47.6	48.6	*45.2
Hemorrhoids	30.1	78.5	60.8	58.5	*65.4	27.1	55.5	81.0	80.0	*83.3
Selected respiratory conditions										
Chronic bronchitis	56.2	70.7	66.2	69.3	*60.2	51.5	62.9	52.6	49.5	*60.0
Asthma	55.0	50.9	57.4	61.4	*49.7	50.9	49.4	43.1	45.3	*38.1
Hay fever or allergic rhinitis without asthma	97.4	119.2	85.9	94.9	*68.4	122.1	145.8	100.6	92.5	119.4
Chronic sinusitis	135.8	197.4	147.8	166.4	111.6	121.3	177.0	125.7	140.9	*90.4
Deviated nasal septum	8.0	*7.3	*11.6	*15.1	*4.8	5.9	17.0	*22.3	*25.3	*14.8
Chronic disease of tonsils or adenoids	16.1	*5.4	*—	*—	*—	16.6	*2.4	*—	*—	*—
Emphysema	*1.0	*6.4	43.5	38.2	*53.6	*—	*6.2	41.0	*31.4	*63.9

NOTES: The standard errors and relative standard errors (RSE's) can be computed by using parameter set V of table II, the frequencies of tables 65 and 78, and the formula presented in rule 4 of appendix I. Estimates for which the numerator has an RSE of more than 30 percent are indicated with an asterisk.

Table 61. Number of selected reported chronic conditions per 1,000 persons, by geographic region and place of residence: United States, 1994

[Data are based on household interviews of the civilian noninstitutionalized population. The survey design, general qualifications, and information on the reliability of the estimates are given in appendix I. Definitions of terms are given in appendix II]

Type of chronic condition	Geographic region				Place of residence			
	Northeast	Midwest	South	West	MSA ¹			
					All MSA ¹	Central city	Not central city	Not MSA ¹
Number of chronic conditions per 1,000 persons								
Selected skin and musculoskeletal conditions								
Arthritis	111.5	132.3	152.1	104.7	117.0	114.0	119.0	171.1
Gout, including gouty arthritis	6.6	8.7	12.4	8.9	8.2	8.0	8.3	14.5
Intervertebral disc disorders	20.2	22.9	23.6	25.0	21.6	20.2	22.4	28.5
Bone spur or tendinitis, unspecified	10.6	10.0	11.8	8.8	9.6	9.0	9.9	13.7
Disorders of bone or cartilage	6.4	4.7	6.2	6.1	5.9	6.3	5.7	5.7
Trouble with bunlons	12.8	14.5	12.6	10.8	13.4	14.9	12.5	10.1
Bursitis, unclassified	16.3	20.0	23.4	19.6	18.8	18.6	19.0	25.7
Sebaceous skin cyst	5.4	5.7	3.9	4.6	4.8	4.5	5.1	4.5
Trouble with acne	16.0	21.6	20.4	22.2	21.7	22.0	21.4	15.0
Psoriasis	10.6	10.6	9.4	9.2	9.9	8.0	11.2	9.8
Dermatitis	34.3	36.4	34.1	37.4	35.9	33.7	37.4	33.5
Trouble with dry (itching) skin, unclassified	24.7	25.8	21.9	23.5	23.9	23.1	24.4	23.2
Trouble with ingrown nails	17.9	29.3	25.1	17.6	20.5	20.6	20.5	32.2
Trouble with corns and calluses	17.9	16.0	16.9	16.4	17.5	18.4	16.9	14.2
Impairments								
Visual impairment	27.1	35.2	36.1	31.6	31.1	34.6	28.9	40.3
Color blindness	9.8	13.2	12.4	13.3	11.9	11.1	12.3	13.7
Cataracts	24.0	23.8	27.6	22.8	23.3	24.7	22.3	31.0
Glaucoma	9.4	10.9	11.4	7.6	10.4	12.8	9.0	8.5
Hearing impairment	78.9	92.6	87.0	84.7	79.4	80.1	79.0	110.9
Tinnitus	22.7	26.4	28.4	29.6	25.4	28.6	23.4	33.0
Speech impairment	12.5	14.6	12.2	9.5	12.8	14.4	11.8	10.2
Absence of extremities (excludes tips of fingers or toes only)								
	4.2	5.0	6.9	4.5	5.0	4.8	5.2	6.8
Paralysis of extremities, complete or partial								
	3.7	6.0	6.9	4.2	4.8	6.4	3.8	7.8
Deformity or orthopedic impairment								
	111.6	125.6	113.4	129.8	119.6	121.0	118.6	120.0
Back	70.3	77.2	68.9	81.4	73.5	75.0	72.5	75.8
Upper extremities	13.0	14.6	15.8	17.7	15.6	15.9	15.4	14.5
Lower extremities	43.6	50.9	47.4	50.1	47.9	48.5	47.5	49.0
Selected digestive conditions								
Ulcer	10.2	20.2	20.1	15.2	15.2	18.4	13.2	23.9
Hernia of abdominal cavity	14.6	19.9	22.8	13.3	15.9	13.8	17.2	27.6
Gastritis or duodenitis	9.6	13.1	16.4	11.2	13.0	15.0	11.7	13.7
Frequent indigestion	18.3	28.5	32.6	23.5	26.2	25.6	26.5	29.1
Enteritis or colitis	7.4	9.4	6.9	7.6	7.9	8.4	7.6	7.2
Spastic colon	9.1	6.6	10.1	5.1	8.5	7.1	9.4	6.1
Diverticula of intestines	10.8	7.1	9.5	5.5	8.0	6.4	9.1	9.2
Frequent constipation	9.9	15.4	18.7	16.0	15.8	16.6	15.3	14.6

See notes at end of table.

Table 61. Number of selected reported chronic conditions per 1,000 persons, by geographic region and place of residence: United States, 1994—Con.

[Data are based on household interviews of the civilian noninstitutionalized population. The survey design, general qualifications, and information on the reliability of the estimates are given in appendix I. Definitions of terms are given in appendix II]

Type of chronic condition	Geographic region				Place of residence			
					MSA ¹			
	Northeast	Midwest	South	West	All MSA ¹	Central city	Not central city	Not MSA ¹
Selected conditions of the genitourinary, nervous, endocrine, metabolic, and blood and blood-forming systems								
Number of chronic conditions per 1,000 persons								
Goiter or other disorders of the thyroid	19.0	17.9	16.1	17.3	16.5	15.7	17.0	20.5
Diabetes	31.1	30.6	34.3	21.4	26.7	28.1	25.8	41.4
Anemias	20.1	20.2	16.4	16.0	18.3	21.2	16.4	16.9
Epilepsy	4.9	5.6	6.2	4.4	5.1	5.9	4.5	6.5
Migraine headache	37.4	47.7	43.6	43.4	41.2	37.6	43.6	51.0
Neuralgia or neuritis, unspecified	*1.7	2.5	2.4	*1.9	2.3	2.1	2.4	*1.9
Kidney trouble	9.2	13.3	16.2	13.6	11.8	12.6	11.3	19.7
Bladder disorders	10.7	10.8	17.4	17.2	14.3	14.6	14.1	15.0
Diseases of prostate	8.8	8.7	11.8	10.5	9.4	10.3	8.8	13.0
Diseases of female genital organs	19.4	23.6	18.4	16.6	19.7	18.1	20.7	18.7
Selected circulatory conditions								
Rheumatic fever with or without heart disease	6.4	8.6	9.0	6.9	8.2	7.1	8.9	7.1
Heart disease	80.4	85.9	94.4	77.4	77.2	73.8	79.4	116.8
Ischemic heart disease	30.0	32.5	31.6	28.6	26.4	23.6	28.2	46.7
Heart rhythm disorders	32.1	32.2	39.7	30.8	32.1	31.0	32.8	42.7
Tachycardia or rapid heart	8.5	6.8	14.0	7.4	8.1	6.2	9.3	15.6
Heart murmurs	17.2	16.5	18.0	16.9	17.2	17.8	16.8	17.4
Other and unspecified heart rhythm disorders	6.4	8.9	7.6	6.5	6.8	7.0	6.7	9.6
Other selected diseases of heart, excluding hypertension	18.3	21.2	23.1	18.0	18.7	19.1	18.4	27.5
High blood pressure (hypertension)	102.7	112.9	120.5	91.5	102.1	102.6	101.8	132.5
Cerebrovascular disease	8.7	12.4	13.1	10.4	10.7	12.5	9.5	14.4
Hardening of the arteries	8.1	9.5	8.6	8.1	8.4	6.6	9.5	9.4
Varicose veins of lower extremities	25.0	31.8	24.1	32.3	26.5	22.3	29.1	33.3
Hemorrhoids	30.3	40.6	37.2	33.7	33.5	30.9	35.1	44.6
Selected respiratory conditions								
Chronic bronchitis	49.6	59.1	51.2	56.5	51.7	49.0	53.4	62.2
Asthma	59.2	52.2	55.0	59.4	56.5	62.2	52.8	54.6
Hay fever or allergic rhinitis without asthma	90.2	85.2	106.3	118.3	103.5	108.2	100.5	90.6
Chronic sinusitis	87.2	156.4	171.8	94.7	127.2	121.2	131.1	160.3
Deviated nasal septum	11.7	4.9	5.8	10.7	8.1	8.6	7.7	6.9
Chronic disease of tonsils or adenoids	11.9	9.2	12.8	10.7	10.9	9.7	11.6	12.6
Emphysema	7.0	10.8	7.3	6.0	6.5	7.5	5.9	12.5

¹MSA is metropolitan statistical area.

NOTES: The standard errors and relative standard errors (RSE's) can be computed by using parameter set V of table II, the frequencies of tables 66 and 78, and the formula presented in rule 4 of appendix I. Estimates for which the numerator has an RSE of more than 30 percent are indicated with an asterisk.

Table 62. Number of selected reported chronic conditions, by age: United States, 1994

[Data are based on household interviews of the civilian noninstitutionalized population. The survey design, general qualifications, and information on the reliability of the estimates are given in appendix I. Definitions of terms are given in appendix II]

Type of chronic condition	All ages	Under 45 years				65 years and over		
		Total	Under 18 years	18-44 years	45-64 years	Total	65-74 years	75 years and over
Number of chronic conditions in thousands								
Selected skin and musculoskeletal conditions								
Arthritis	33,446	5,843	187	5,656	12,045	15,558	8,704	6,854
Gout, including gouty arthritis	2,485	375	—	375	963	1,148	599	549
Intervertebral disc disorders	5,994	2,452	17	2,435	2,558	984	672	312
Bone spur or tendinitis, unspecified	2,717	965	75	890	1,207	545	399	146
Disorders of bone or cartilage	1,520	516	78	438	430	574	306	268
Trouble with bunions	3,296	1,109	78	1,031	1,078	1,109	496	613
Bursitis, unclassified	5,279	1,748	48	1,700	2,119	1,412	927	485
Sebaceous skin cyst	1,239	746	42	704	238	255	181	75
Trouble with acne	5,250	4,914	2,059	2,856	251	84	68	16
Psoriasis	2,571	1,261	283	979	859	450	278	171
Dermatitis	9,192	6,497	2,631	3,867	1,693	1,001	596	405
Trouble with dry (itching) skin, unclassified	6,166	3,349	846	2,503	1,660	1,156	610	546
Trouble with ingrown nails	5,987	2,887	705	2,182	1,556	1,544	869	675
Trouble with corns and calluses	4,356	1,704	59	1,645	1,462	1,191	642	549
Impairments								
Visual impairment	8,601	3,778	609	3,168	2,273	2,551	1,122	1,428
Color blindness	3,183	1,663	296	1,367	1,009	511	385	126
Cataracts	6,473	443	96	347	872	5,158	2,062	3,096
Glaucoma	2,603	336	22	315	593	1,673	614	1,059
Hearing impairment	22,400	6,563	1,224	5,339	6,952	8,886	4,282	4,603
Tinnitus	7,033	1,905	149	1,756	2,334	2,794	1,645	1,149
Speech impairment	3,179	2,449	1,461	988	451	278	202	76
Absence of extremities (excludes tips of fingers or toes only)	1,404	459	23	437	392	553	310	243
Paralysis of extremities, complete or partial	1,416	494	154	339	457	466	211	254
Deformity or orthopedic impairment	31,068	17,360	1,961	15,400	8,570	5,138	2,812	2,326
Back	19,208	11,290	786	10,504	5,157	2,761	1,641	1,120
Upper extremities	3,991	1,864	85	1,779	1,284	843	347	496
Lower extremities	12,490	6,554	1,153	5,401	3,527	2,410	1,213	1,197
Selected digestive conditions								
Ulcer	4,447	2,195	90	2,105	1,272	979	653	326
Hernia of abdominal cavity	4,778	1,207	91	1,116	1,574	1,997	1,154	843
Gastritis or duodenitis	3,410	1,644	193	1,451	888	879	509	370
Frequent indigestion	6,957	3,512	139	3,372	2,060	1,385	778	607
Enteritis or colitis	2,014	923	68	855	659	432	228	204
Spastic colon	2,063	936	13	923	633	494	289	205
Diverticula of Intestines	2,150	249	—	249	882	1,020	573	446
Frequent constipation	4,040	1,727	348	1,378	619	1,695	592	1,102

See notes at end of table.

Table 62. Number of selected reported chronic conditions, by age: United States, 1994—Con.

[Data are based on household interviews of the civilian noninstitutionalized population. The survey design, general qualifications, and information on the reliability of the estimates are given in appendix I. Definitions of terms are given in appendix II]

Type of chronic condition	All ages	Under 45 years			65 years and over			
		Total	Under 18 years	18-44 years	45-64 years	Total	65-74 years	75 years and over
Selected conditions of the genitourinary, nervous, endocrine, metabolic, and blood and blood-forming systems								
Number of chronic conditions in thousands								
Goiter or other disorders of the thyroid	4,509	1,512	14	1,498	1,506	1,491	865	626
Diabetes	7,766	1,443	97	1,346	3,182	3,141	1,855	1,287
Anemias	4,664	3,143	854	2,288	889	633	305	328
Epilepsy	1,396	983	331	652	236	177	108	69
Migraine headache	11,256	7,933	1,127	6,807	2,647	675	442	233
Neuralgia or neuritis, unspecified	566	162	—	162	189	215	108	107
Kidney trouble	3,512	1,949	238	1,712	867	696	268	428
Bladder disorders	3,747	1,664	311	1,353	852	1,231	660	571
Diseases of prostate	2,641	316	—	316	689	1,636	858	777
Diseases of female genital organs	5,052	3,480	249	3,231	1,332	240	166	73
Selected circulatory conditions								
Rheumatic fever with or without heart disease	2,066	944	95	849	623	499	340	159
Heart disease	22,279	5,362	1,265	4,097	6,838	10,080	5,133	4,946
Ischemic heart disease	8,004	451	10	440	2,842	4,711	2,446	2,265
Heart rhythm disorders	8,934	3,774	976	2,798	2,401	2,759	1,359	1,399
Tachycardia or rapid heart	2,529	698	95	603	776	1,055	514	541
Heart murmurs	4,472	2,676	844	1,832	1,142	654	345	309
Other and unspecified heart rhythm disorders	1,933	400	37	363	483	1,050	501	549
Other selected diseases of heart, excluding hypertension	5,342	1,138	279	859	1,595	2,610	1,328	1,282
High blood pressure (hypertension)	28,236	5,737	189	5,549	11,206	11,293	6,338	4,955
Cerebrovascular disease	2,978	279	60	219	919	1,780	743	1,037
Hardening of the arteries	2,239	39	—	39	559	1,641	694	947
Varicose veins of lower extremities	7,260	2,398	—	2,398	2,545	2,317	1,369	948
Hemorrhoids	9,321	4,280	25	4,255	3,128	1,914	1,126	787
Selected respiratory conditions								
Chronic bronchitis	14,021	8,920	3,873	5,047	3,223	1,878	1,138	739
Asthma	14,562	10,435	4,837	5,598	2,561	1,566	956	610
Hay fever or allergic rhinitis without asthma	26,146	17,575	4,236	13,339	6,089	2,481	1,581	900
Chronic sinusitis	34,902	21,147	4,562	16,586	9,067	4,687	2,739	1,948
Deviated nasal septum	2,028	993	56	938	674	360	296	64
Chronic disease of tonsils or adenoids	2,925	2,762	1,615	1,148	150	12	12	—
Emphysema	2,028	117	—	117	497	1,413	859	554

NOTES: The standard errors and relative standard errors (RSE's) can be computed by using parameter set V of table II and the formula presented in rule 1 of appendix I. An estimate of 1.5 million has a 10-percent RSE; of 357,000, a 20-percent RSE; and of 159,000, a 30-percent RSE.

Table 63. Number of selected reported chronic conditions, by sex and age: United States, 1994

[Data are based on household interviews of the civilian noninstitutionalized population. The survey design, general qualifications, and information on the reliability of the estimates are given in appendix I. Definitions of terms are given in appendix II]

Type of chronic condition	Male					Female				
	Under 45 years	45-64 years	65 years and over			Under 45 years	45-64 years	65 years and over		
			Total	65-74 years	75 years and over			Total	65-74 years	75 years and over
Number of chronic conditions in thousands										
Selected skin and musculoskeletal conditions										
Arthritis	2,444	4,304	5,543	3,495	2,048	3,399	7,741	10,015	5,209	4,806
Gout, including gouty arthritis	284	772	705	463	243	91	191	442	136	306
Intervertebral disc disorders	1,446	1,275	455	343	112	1,006	1,284	529	329	200
Bone spur or tendinitis, unspecified	361	507	203	127	75	603	700	342	272	70
Disorders of bone or cartilage	286	90	105	81	23	230	340	470	225	245
Trouble with bunions	194	279	180	81	99	915	799	929	415	514
Bursitis, unclassified	773	827	496	427	69	976	1,292	915	500	416
Sebaceous skin cyst	476	128	145	81	64	270	110	111	100	11
Trouble with acne	2,104	67	42	25	16	2,811	184	42	42	-
Psoriasis	485	491	187	175	12	777	369	262	103	159
Dermatitis	2,618	531	290	205	85	3,880	1,162	712	391	320
Trouble with dry (itching) skin, unclassified	1,529	720	522	297	225	1,821	940	634	312	322
Trouble with ingrown nails	1,425	781	519	332	187	1,462	775	1,025	537	488
Trouble with corns and calluses	614	616	256	170	86	1,090	846	934	472	462
Impairments										
Visual impairment	2,633	1,282	1,184	636	548	1,144	991	1,367	487	880
Color blindness	1,484	803	366	289	77	179	206	145	96	49
Cataracts	222	299	1,676	641	1,035	222	572	3,482	1,420	2,061
Glaucoma	177	322	621	262	358	159	271	1,053	352	701
Hearing impairment	3,858	4,671	4,579	2,424	2,155	2,705	2,281	4,307	1,859	2,448
Tinnitus	1,036	1,470	1,472	958	514	869	864	1,322	687	635
Speech impairment	1,715	269	177	115	63	735	183	101	87	14
Absence of extremities (excludes tips of fingers or toes only)	375	340	449	277	172	84	52	104	33	71
Paralysis of extremities, complete or partial	275	276	248	114	134	219	181	218	97	120
Deformity or orthopedic impairment	8,345	4,057	1,988	1,171	816	9,015	4,513	3,151	1,641	1,510
Back	4,927	2,301	1,077	719	358	6,362	2,856	1,684	922	762
Upper extremities	1,113	717	294	89	205	751	568	549	258	291
Lower extremities	3,617	1,664	874	536	338	2,937	1,863	1,536	676	859
Selected digestive conditions										
Ulcer	1,012	667	369	220	149	1,183	606	611	434	177
Hernia of abdominal cavity	695	759	712	444	268	513	815	1,285	710	575
Gastritis or duodenitis	706	458	203	109	93	938	429	676	399	276
Frequent indigestion	1,825	1,043	610	362	248	1,686	1,017	775	416	360
Enteritis or colitis	327	144	63	37	27	596	515	369	192	177
Spastic colon	182	86	104	63	41	754	546	389	226	163
Diverticula of intestines	142	377	303	181	122	107	504	717	392	324
Frequent constipation	387	166	402	112	290	1,340	452	1,293	480	813

See notes at end of table.

Table 63. Number of selected reported chronic conditions, by sex and age: United States, 1994—Con.

[Data are based on household interviews of the civilian noninstitutionalized population. The survey design, general qualifications, and information on the reliability of the estimates are given in appendix I. Definitions of terms are given in appendix II]

Type of chronic condition	Male					Female				
	Under 45 years	45-64 years	65 years and over			Under 45 years	45-64 years	65 years and over		
			Total	65-74 years	75 years and over			Total	65-74 years	75 years and over
Selected conditions of the genitourinary, nervous, endocrine, metabolic, and blood and blood-forming systems										
Number of chronic conditions in thousands										
Goiter or other disorders of the thyroid	215	190	284	106	178	1,297	1,316	1,206	759	447
Diabetes	651	1,541	1,388	831	557	792	1,641	1,754	1,024	730
Anemias	533	110	148	59	89	2,610	779	485	246	239
Epilepsy	511	136	104	45	58	472	100	73	63	10
Migraine headache	1,962	590	164	139	25	5,972	2,057	511	303	208
Neuralgia or neuritis, unspecified	18	49	95	36	59	145	140	120	72	48
Kidney trouble	469	396	300	131	169	1,481	470	396	137	259
Bladder disorders	252	131	288	125	163	1,412	721	943	535	408
Diseases of prostate	316	689	1,636	858	777	...	...	...	...	...
Diseases of female genital organs . . . . .	...	...	...	...	...	3,480	1,332	240	166	73
Selected circulatory conditions										
Rheumatic fever with or without heart disease	256	206	140	101	38	687	417	359	239	121
Heart disease	2,413	3,944	4,662	2,590	2,072	2,949	2,894	5,418	2,544	2,874
Ischemic heart disease	336	1,994	2,480	1,488	992	115	847	2,231	958	1,273
Heart rhythm disorders	1,473	1,018	1,019	517	502	2,300	1,384	1,740	843	897
Tachycardia or rapid heart	271	350	354	220	134	427	426	701	294	407
Heart murmurs	1,028	385	197	124	72	1,648	757	457	221	237
Other and unspecified heart rhythm disorders	174	283	469	173	296	225	201	581	328	253
Other selected diseases of heart, excluding hypertension	604	932	1,162	585	577	534	663	1,448	743	705
High blood pressure (hypertension)	2,850	5,356	4,132	2,496	1,635	2,887	5,851	7,161	3,841	3,320
Cerebrovascular disease	114	496	687	321	366	165	423	1,094	422	671
Hardening of the arteries	39	340	893	383	510	-	219	748	311	438
Varicose veins of lower extremities	329	434	547	264	282	2,069	2,110	1,771	1,105	666
Hemorrhoids	1,701	1,672	736	414	321	2,579	1,455	1,178	712	466
Selected respiratory conditions										
Chronic bronchitis	3,892	1,066	666	338	328	5,028	2,156	1,212	801	411
Asthma	5,097	787	658	319	339	5,338	1,773	908	637	271
Hay fever or allergic rhinitis without asthma	8,744	2,613	919	646	273	8,831	3,477	1,562	935	627
Chronic sinusitis	9,094	3,591	1,507	959	549	12,053	5,477	3,180	1,780	1,400
Deviated nasal septum	387	353	211	181	30	606	321	149	115	34
Chronic disease of tonsils or adenoids	1,045	40	-	-	-	1,717	110	12	12	-
Emphysema	104	250	878	486	392	13	248	535	372	162

NOTES: The standard errors and relative standard errors (RSE's) can be computed by using parameter set V of table II and the formula presented in rule 1 of appendix I. An estimate of 1.5 million has a 10-percent RSE; of 357,000, a 20-percent RSE; and of 159,000, a 30-percent RSE.

Table 64. Number of selected reported chronic conditions, by race and age: United States, 1994

[Data are based on household interviews of the civilian noninstitutionalized population. The survey design, general qualifications, and information on the reliability of the estimates are given in appendix I. Definitions of terms are given in appendix II]

Type of chronic condition	White					Black				
	Under 45 years	45-64 years	65 years and over			Under 45 years	45-64 years	65 years and over		
			Total	65-74 years	75 years and over			Total	65-74 years	75 years and over
Number of chronic conditions in thousands ¹										
Selected skin and musculoskeletal conditions										
Arthritis	4,852	10,355	13,920	7,798	6,122	723	1,318	1,389	756	633
Gout, including gouty arthritis	288	775	971	545	426	75	141	140	54	86
Intervertebral disc disorders	2,279	2,335	882	570	312	68	130	61	61	—
Bone spur or tendinitis, unspecified	925	1,112	537	399	136	40	58	8	—	8
Disorders of bone or cartilage	470	430	574	306	268	46	—	—	—	—
Trouble with bunions	881	952	1,068	473	595	210	126	27	22	4
Bursitis, unclassified	1,652	1,699	1,224	796	428	79	343	143	87	56
Sebaceous skin cyst	655	233	236	161	75	57	5	20	20	—
Trouble with acne	4,046	209	84	68	16	547	43	—	—	—
Psoriasis	1,207	802	405	266	139	30	57	45	12	32
Dermatitis	5,589	1,478	963	576	387	544	167	25	7	18
Trouble with dry (itching) skin, unclassified	2,782	1,420	1,060	519	540	364	164	97	91	6
Trouble with ingrown nails	2,579	1,386	1,382	753	629	195	130	144	98	46
Trouble with corns and calluses	1,357	1,204	1,012	521	491	304	232	178	120	58
Impairments										
Visual impairment	3,004	1,898	2,274	1,054	1,219	595	295	221	68	153
Color blindness	1,398	869	506	380	126	118	113	5	5	—
Cataracts	401	739	4,590	1,839	2,751	42	86	457	178	280
Glaucoma	242	467	1,339	468	871	95	108	321	146	175
Hearing impairment	5,470	6,305	8,406	4,050	4,357	753	361	411	233	178
Tinnitus	1,539	2,063	2,657	1,592	1,065	227	161	112	53	58
Speech impairment	1,765	317	222	167	55	620	108	43	35	8
Absence of extremities (excludes tips of fingers or toes only)	414	323	441	216	224	45	59	112	93	18
Paralysis of extremities, complete or partial	363	348	400	178	222	130	57	55	33	21
Deformity or orthopedic impairment	14,789	7,317	4,680	2,605	2,075	1,985	954	309	140	169
Back	9,756	4,559	2,495	1,522	974	1,170	416	189	69	119
Upper extremities	1,658	1,079	802	343	460	121	113	41	4	37
Lower extremities	5,331	2,904	2,176	1,126	1,050	972	556	162	70	91
Selected digestive conditions										
Ulcer	1,711	981	793	484	308	336	221	145	127	18
Hernia of abdominal cavity	988	1,512	1,877	1,052	825	219	62	107	89	18
Gastritis or duodenitis	1,418	856	801	472	330	211	26	67	26	40
Frequent indigestion	3,172	1,873	1,307	718	590	260	126	66	60	6
Enteritis or colitis	776	649	432	228	204	79	9	—	—	—
Spastic colon	828	610	466	262	205	108	17	10	10	—
Diverticula of intestines	240	849	1,004	557	446	—	33	16	16	—
Frequent constipation	1,278	493	1,468	504	964	362	89	202	78	125

See footnote and notes at end of table.

Table 64. Number of selected reported chronic conditions, by race and age: United States, 1994—Con.

[Data are based on household interviews of the civilian noninstitutionalized population. The survey design, general qualifications, and information on the reliability of the estimates are given in appendix I. Definitions of terms are given in appendix II]

Type of chronic condition	White					Black				
	65 years and over					65 years and over				
	Under 45 years	45-64 years	Total	65-74 years	75 years and over	Under 45 years	45-64 years	Total	65-74 years	75 years and over
Selected conditions of the genitourinary, nervous, endocrine, metabolic, and blood and blood-forming systems										
Number of chronic conditions in thousands ¹										
Goiter or other disorders of the thyroid	1,315	1,315	1,396	796	600	123	73	55	43	11
Diabetes	1,086	2,314	2,625	1,572	1,053	260	740	406	242	164
Anemias	1,935	710	594	274	320	1,030	150	38	31	8
Epilepsy	786	193	143	106	36	159	43	34	2	32
Migraine headache	6,719	2,222	627	415	212	916	298	48	26	22
Neuralgia or neuritis, unspecified	142	162	191	97	95	20	—	13	—	13
Kidney trouble	1,716	753	606	264	342	107	75	70	—	70
Bladder disorders	1,235	765	1,069	630	440	350	64	120	19	101
Diseases of prostate	274	584	1,491	751	739	42	43	82	44	38
Diseases of female genital organs	2,925	1,149	233	166	66	489	102	7	—	7
Selected circulatory conditions										
Rheumatic fever with or without heart disease	801	516	463	333	130	118	83	6	6	—
Heart disease	4,432	5,977	9,414	4,880	4,534	659	696	507	184	323
Ischemic heart disease	347	2,538	4,479	2,352	2,127	73	209	189	94	94
Heart rhythm disorders	3,130	2,091	2,623	1,314	1,309	425	276	131	41	90
Tachycardia or rapid heart	637	689	1,008	499	509	22	87	47	15	32
Heart murmurs	2,151	983	614	339	275	378	146	40	6	35
Other and unspecified heart rhythm disorders	342	419	1,001	475	525	26	42	44	21	24
Other selected diseases of heart, excluding hypertension	955	1,348	2,313	1,214	1,099	161	211	187	49	138
High blood pressure (hypertension)	4,312	8,987	9,842	5,482	4,359	1,205	1,733	1,210	682	528
Cerebrovascular disease	149	763	1,576	656	920	61	157	177	74	104
Hardening of the arteries	39	483	1,554	647	907	—	62	57	17	40
Varicose veins of lower extremities	2,170	2,247	2,214	1,303	910	120	186	79	40	38
Hemorrhoids	3,752	2,803	1,836	1,084	752	414	273	67	32	35
Selected respiratory conditions										
Chronic bronchitis	7,800	3,077	1,691	1,023	667	825	108	123	66	58
Asthma	8,353	2,258	1,441	878	563	1,495	255	111	65	47
Hay fever or allergic rhinitis without asthma	14,931	5,424	2,166	1,331	835	1,887	436	215	166	49
Chronic sinusitis	17,545	7,913	4,390	2,539	1,851	2,989	986	225	155	70
Deviated nasal septum	917	644	360	296	64	61	30	—	—	—
Chronic disease of tonsils or adenoids	2,238	96	12	12	—	342	55	—	—	—
Emphysema	104	464	1,350	802	548	—	22	38	31	7

¹Totals for white and black do not sum to total chronic conditions because other races are not included.

NOTES: The standard errors and relative standard errors (RSE's) can be computed by using parameter set V of table II and the formula presented in rule 1 of appendix I. An estimate of 1.5 million has a 10-percent RSE; of 357,000, a 20-percent RSE; and of 159,000, a 30-percent RSE.

Table 65. Number of selected reported chronic conditions, by family income and age: United States, 1994

[Data are based on household interviews of the civilian noninstitutionalized population. The survey design, general qualifications, and information on the reliability of the estimates are given in appendix I. Definitions of terms are given in appendix II]

Type of chronic condition	Family income									
	Less than \$10,000					\$10,000-\$19,999				
	Under 45 years	45-64 years	65 years and over			Under 45 years	45-64 years	65 years and over		
			Total	65-74 years	75 years and over			Total	65-74 years	75 years and over
Number of chronic conditions in thousands ¹										
Selected skin and musculoskeletal conditions										
Arthritis	810	1,436	2,647	1,053	1,594	799	1,904	3,967	2,109	1,858
Gout, including gouty arthritis	55	83	206	53	153	79	76	250	165	85
Intervertebral disc disorders	166	217	160	93	68	419	484	239	156	83
Bone spur or tendinitis, unspecified	95	44	30	11	19	91	157	108	67	41
Disorders of bone or cartilage	44	63	119	74	46	115	107	203	73	130
Trouble with bunions	107	60	202	26	176	119	111	280	132	148
Bursitis, unclassified	44	274	378	188	190	267	331	226	191	35
Sebaceous skin cyst	63	14	59	48	11	29	53	74	45	28
Trouble with acne	533	25	-	-	-	569	10	32	32	-
Psoriasis	159	69	128	51	76	114	104	103	77	27
Dermatitis	394	118	175	62	113	658	230	261	168	92
Trouble with dry (itching) skin, unclassified	270	128	205	66	139	434	284	254	151	103
Trouble with ingrown nails	284	143	347	128	219	579	252	397	216	180
Trouble with corns and calluses	266	122	201	84	117	175	188	274	175	99
Impairments										
Visual impairment	474	316	375	66	309	585	396	733	261	473
Color blindness	177	57	30	20	10	147	153	120	46	74
Cataracts	66	121	989	301	688	71	195	1,442	484	958
Glaucoma	40	35	281	74	208	90	89	404	127	277
Hearing impairment	725	674	1,165	380	784	1,259	1,061	2,434	961	1,472
Tinnitus	282	271	390	199	192	402	399	916	377	540
Speech impairment	545	84	30	30	-	529	76	99	76	22
Absence of extremities (excludes tips of fingers or toes only)										
Paralysis of extremities, complete or partial	77	12	73	37	36	106	46	140	54	86
Deformity or orthopedic impairment	89	59	48	12	37	74	80	137	63	73
Back	2,136	796	846	476	370	3,060	1,022	1,459	674	784
Upper extremities	1,455	490	380	253	127	2,004	688	808	383	424
Lower extremities	167	136	182	96	85	397	203	212	57	155
Selected digestive conditions										
Ulcer	970	376	448	229	219	1,187	435	723	318	405
Hernia of abdominal cavity	357	153	140	86	53	450	145	182	102	81
Gastritis or duodenitis	225	152	211	122	89	192	186	464	280	184
Frequent indigestion	190	75	106	84	22	216	92	206	102	104
Enteritis or colitis	413	303	197	92	106	453	276	250	110	140
Spastic colon	43	56	72	39	33	106	88	180	58	122
Diverticula of intestines	73	39	40	40	-	67	33	80	13	67
Frequent constipation	25	32	106	50	56	-	96	276	135	142
	238	90	363	119	243	312	125	427	199	228

See footnote and notes at end of table.

Table 65. Number of selected reported chronic conditions, by family income and age: United States, 1994—Con.

[Data are based on household interviews of the civilian noninstitutionalized population. The survey design, general qualifications, and information on the reliability of the estimates are given in appendix I. Definitions of terms are given in appendix II]

Type of chronic condition	Family income									
	Less than \$10,000					\$10,000–\$19,999				
	Under 45 years	45–64 years	65 years and over			Under 45 years	45–64 years	65 years and over		
			Total	65–74 years	75 years and over			Total	65–74 years	75 years and over
Selected conditions of the genitourinary, nervous, endocrine, metabolic, and blood and blood-forming systems										
Number of chronic conditions in thousands ¹										
Goiter or other disorders of the thyroid	138	87	246	138	108	101	277	394	214	180
Diabetes	116	406	546	242	303	331	536	808	445	362
Anemias	752	58	69	29	40	646	146	170	109	61
Epilepsy	94	23	31	–	31	279	77	52	26	26
Migraine headache	1,124	191	124	52	72	1,072	358	173	112	61
Neuralgia or neuritis, unspecified	45	28	75	24	51	17	13	67	49	18
Kidney trouble	285	95	128	38	90	465	213	386	150	235
Bladder disorders	224	111	261	52	208	353	116	305	187	118
Diseases of prostate	–	42	49	9	39	59	81	399	202	197
Diseases of female genital organs	443	101	24	10	14	502	198	43	24	19
Selected circulatory conditions										
Rheumatic fever with or without heart disease	44	75	52	25	27	129	58	145	132	13
Heart disease	828	876	1,938	872	1,065	943	906	2,221	1,260	962
Ischemic heart disease	56	293	884	408	477	42	438	1,084	608	476
Heart rhythm disorders	655	327	556	250	306	733	240	572	288	283
Tachycardia or rapid heart	122	160	233	115	118	120	71	215	80	135
Heart murmurs	463	130	101	54	47	517	66	102	37	65
Other and unspecified heart rhythm disorders	70	37	222	81	141	96	104	254	171	83
Other selected diseases of heart, excluding hypertension	117	256	498	215	282	169	228	566	364	202
High blood pressure (hypertension)	661	1,049	2,134	1,045	1,089	864	1,228	2,541	1,378	1,163
Cerebrovascular disease	38	217	353	140	213	36	127	506	204	302
Hardening of the arteries	–	48	346	116	230	–	112	358	153	205
Varicose veins of lower extremities	193	243	393	168	225	507	448	658	385	272
Hemorrhoids	270	233	330	144	185	646	472	510	317	192
Selected respiratory conditions										
Chronic bronchitis	1,035	251	308	133	175	997	357	437	269	168
Asthma	1,385	227	231	89	142	1,457	350	317	166	151
Hay fever or allergic rhinitis without asthma	1,255	281	333	173	160	2,047	505	445	269	176
Chronic sinusitis	1,745	513	713	329	384	2,770	967	1,268	657	611
Deviated nasal septum	70	18	36	24	12	83	88	72	72	–
Chronic disease of tonsils or adenoids	407	20	–	–	–	307	22	–	–	–
Emphysema	14	150	200	133	68	12	69	370	275	95

See footnote and notes at end of table.

Table 65. Number of selected reported chronic conditions, by family income and age: United States, 1994—Con.

[Data are based on household interviews of the civilian noninstitutionalized population. The survey design, general qualifications, and information on the reliability of the estimates are given in appendix I. Definitions of terms are given in appendix II]

Type of chronic condition	Family income									
	\$20,000–\$34,999					\$35,000 or more				
	Under 45 years	45–64 years	65 years and over			Under 45 years	45–64 years	65 years and over		
			Total	65–74 years	75 years and over			Total	65–74 years	75 years and over
Number of chronic conditions in thousands ¹										
Selected skin and musculoskeletal conditions										
Arthritis	1,671	2,434	3,429	2,284	1,144	1,727	4,287	2,141	1,478	663
Gout, including gouty arthritis	82	230	367	223	143	83	390	182	112	70
Intervertebral disc disorders	648	476	254	206	48	880	1,027	136	86	50
Bone spur or tendinitis, unspecified	202	171	138	100	38	495	558	149	113	36
Disorders of bone or cartilage	91	49	118	118	—	231	184	47	28	18
Trouble with bunions	319	226	139	87	52	458	460	236	187	49
Bursitis, unclassified	437	320	407	294	113	839	929	159	107	51
Sebaceous skin cyst	160	50	55	31	24	448	79	56	44	11
Trouble with acne	1,088	59	10	10	—	2,264	97	42	25	16
Psoriasis	248	148	59	45	14	619	315	60	60	—
Dermatitis	1,304	303	276	144	132	3,476	734	126	98	28
Trouble with dry (itching) skin, unclassified	879	309	281	212	69	1,450	770	162	86	76
Trouble with ingrown nails	796	239	382	269	113	1,015	635	214	146	68
Trouble with corns and calluses	472	181	331	237	94	615	705	141	54	88
Impairments										
Visual impairment	986	448	532	269	263	1,308	764	416	231	185
Color blindness	396	176	112	112	—	722	488	149	124	25
Cataracts	62	248	1,119	524	595	208	196	695	374	321
Glaucoma	98	87	402	178	224	97	266	273	105	167
Hearing impairment	1,543	1,222	2,148	1,251	897	2,404	2,924	1,409	791	618
Tinnitus	353	448	689	484	204	727	965	378	289	89
Speech impairment	326	145	74	62	12	694	93	57	28	29
Absence of extremities (excludes tips of fingers or toes only)	104	155	92	56	36	143	130	148	93	55
Paralysis of extremities, complete or partial	134	180	107	54	53	121	77	81	46	35
Deformity or orthopedic impairment	3,570	1,861	1,111	697	414	7,043	3,390	756	455	302
Back	2,401	1,179	688	481	207	4,410	1,801	382	219	164
Upper extremities	421	263	175	58	117	753	510	164	84	79
Lower extremities	1,221	767	455	256	199	2,631	1,361	327	205	122
Selected digestive conditions										
Ulcer	468	316	265	169	95	682	398	14	14	—
Hernia of abdominal cavity	254	339	609	419	191	306	679	299	179	121
Gastritis or duodenitis	455	237	294	125	169	632	363	148	113	35
Frequent indigestion	980	465	531	323	208	1,332	684	168	110	58
Enteritis or colitis	288	89	64	49	15	378	345	57	57	—
Spastic colon	221	108	128	66	62	501	290	123	100	23
Diverticula of intestines	48	186	252	190	62	126	429	186	90	95
Frequent constipation	404	125	191	107	85	545	193	227	69	158

See footnote and notes at end of table.

Table 65. Number of selected reported chronic conditions, by family income and age: United States, 1994—Con.

[Data are based on household interviews of the civilian noninstitutionalized population. The survey design, general qualifications, and information on the reliability of the estimates are given in appendix I. Definitions of terms are given in appendix II]

Type of chronic condition	Family income									
	\$20,000–\$34,999					\$35,000 or more				
	Under 45 years	45–64 years	65 years and over			Under 45 years	45–64 years	65 years and over		
			Total	65–74 years	75 years and over			Total	65–74 years	75 years and over
Selected conditions of the genitourinary, nervous, endocrine, metabolic, and blood and blood-forming systems										
Number of chronic conditions in thousands ¹										
Goiter or other disorders of the thyroid	365	250	283	164	118	742	786	243	192	52
Diabetes	252	547	590	441	149	483	1,104	413	259	153
Anemias	510	117	121	32	89	782	451	151	90	60
Epilepsy	208	30	12	—	12	249	71	60	60	—
Migraine headache	1,791	476	139	127	12	2,986	1,187	127	101	27
Neuralgia or neuritis, unspecified	35	—	34	22	12	29	122	26	14	13
Kidney trouble	316	158	45	21	23	613	267	42	31	12
Bladder disorders	489	154	204	136	68	397	378	180	156	24
Diseases of prostate	54	33	324	165	160	144	433	563	357	205
Diseases of female genital organs	746	189	47	47	—	1,447	689	35	22	13
Selected circulatory conditions										
Rheumatic fever with or without heart disease	182	187	201	119	82	463	230	64	52	11
Heart disease	964	1,877	2,353	1,094	1,259	2,101	2,341	1,588	943	645
Ischemic heart disease	109	704	1,257	556	702	181	981	698	476	222
Heart rhythm disorders	579	624	602	298	304	1,520	952	518	253	265
Tachycardia or rapid heart	145	256	234	91	143	261	234	206	99	107
Heart murmurs	386	298	208	114	95	1,104	507	111	70	41
Other and unspecified heart rhythm disorders	48	71	160	94	66	156	210	201	84	117
Other selected diseases of heart, excluding hypertension	276	548	494	240	254	400	408	373	215	158
High blood pressure (hypertension)	1,239	2,266	2,507	1,402	1,105	2,283	4,905	1,679	1,215	464
Cerebrovascular disease	92	243	340	137	203	46	193	164	104	60
Hardening of the arteries	—	199	294	164	130	12	164	339	172	167
Varicose veins of lower extremities	669	403	499	319	180	836	1,072	245	175	70
Hemorrhoids	1,142	743	410	260	150	1,941	1,298	417	288	129
Selected respiratory conditions										
Chronic bronchitis	2,135	669	446	308	138	3,696	1,471	271	178	93
Asthma	2,088	482	387	273	114	3,649	1,155	222	163	59
Hay fever or allergic rhinitis without asthma	3,697	1,128	579	422	157	8,762	3,411	518	333	185
Chronic sinusitis	5,155	1,868	996	740	256	8,704	4,142	647	507	140
Deviated nasal septum	304	69	78	67	11	425	399	115	91	23
Chronic disease of tonsils or adenoids	611	51	—	—	—	1,193	57	—	—	—
Emphysema	37	61	293	170	123	—	144	211	113	99

¹Totals for income categories do not sum to total chronic conditions because persons with unknown family income are not included.

NOTES: The standard errors and relative standard errors (RSE's) can be computed by using parameter set V of table II and the formula presented in rule 1 of appendix I. An estimate of 1.5 million has a 10-percent RSE; of 357,000, a 20-percent RSE; and of 159,000, a 30-percent RSE.

Table 66. Number of selected reported chronic conditions, by geographic region and place of residence: United States, 1994

[Data are based on household interviews of the civilian noninstitutionalized population. The survey design, general qualifications, and information on the reliability of the estimates are given in appendix I. Definitions of terms are given in appendix II]

Type of chronic condition	Geographic region				Place of residence			
	Northeast	Midwest	South	West	MSA ¹			Not MSA ¹
					All MSA ¹	Central city	Not central city	
Selected skin and musculoskeletal conditions								
Number of chronic conditions in thousands								
Arthritis	5,642	8,366	13,397	6,042	23,767	9,064	14,703	9,679
Gout, including gouty arthritis	332	548	1,092	514	1,666	640	1,026	819
Intervertebral disc disorders	1,024	1,451	2,078	1,442	4,384	1,610	2,774	1,610
Bone spur or tendinitis, unspecified	537	634	1,041	505	1,941	714	1,228	775
Disorders of bone or cartilage	322	297	548	354	1,198	498	701	322
Trouble with bunions	646	915	1,113	622	2,726	1,184	1,541	570
Bursitis, unclassified	823	1,265	2,057	1,133	3,823	1,477	2,345	1,456
Sebaceous skin cyst	272	360	343	264	982	354	628	257
Trouble with acne	810	1,363	1,793	1,283	4,399	1,752	2,648	850
Psoriasis	537	671	832	530	2,013	635	1,379	557
Dermatitis	1,734	2,299	3,001	2,158	7,298	2,677	4,621	1,894
Trouble with dry (itching) skin, unclassified	1,250	1,630	1,932	1,353	4,853	1,838	3,015	1,313
Trouble with ingrown nails	906	1,851	2,214	1,016	4,167	1,639	2,528	1,820
Trouble with corns and calluses	907	1,009	1,492	949	3,555	1,462	2,093	801
Impairments								
Visual Impairment	1,372	2,228	3,180	1,821	6,324	2,752	3,571	2,278
Color blindness	494	833	1,089	767	2,407	884	1,523	776
Cataracts	1,213	1,507	2,434	1,318	4,722	1,965	2,757	1,751
Glaucoma	475	687	1,004	436	2,122	1,014	1,107	481
Hearing impairment	3,994	5,853	7,666	4,887	16,127	6,369	9,758	6,274
Tinnitus	1,150	1,672	2,504	1,707	5,163	2,276	2,887	1,869
Speech impairment	632	921	1,078	548	2,602	1,145	1,457	577
Absence of extremities (excludes tips of fingers or toes only)	215	319	611	259	1,019	381	638	385
Paralysis of extremities, complete or partial	185	378	612	242	975	508	467	442
Deformity or orthopedic impairment	5,649	7,945	9,985	7,489	24,280	9,624	14,656	6,788
Back	3,559	4,885	6,067	4,697	14,923	5,966	8,958	4,285
Upper extremities	660	924	1,388	1,021	3,170	1,264	1,906	822
Lower extremities	2,209	3,221	4,172	2,888	9,720	3,855	5,865	2,770
Selected digestive conditions								
Ulcer	516	1,279	1,774	878	3,095	1,462	1,633	1,352
Hernia of abdominal cavity	741	1,258	2,010	769	3,222	1,099	2,123	1,557
Gastritis or duodenitis	487	831	1,446	646	2,635	1,193	1,442	775
Frequent indigestion	927	1,800	2,876	1,354	5,313	2,036	3,277	1,644
Enteritis or colitis	374	593	610	436	1,604	665	939	410
Spastic colon	463	415	893	292	1,719	562	1,157	343
Diverticula of Intestines	547	448	838	318	1,632	512	1,120	519
Frequent constipation	499	972	1,644	924	3,216	1,322	1,894	824

See notes at end of table.

Table 66. Number of selected reported chronic conditions, by geographic region and place of residence: United States, 1994—Con.

[Data are based on household interviews of the civilian noninstitutionalized population. The survey design, general qualifications, and information on the reliability of the estimates are given in appendix I. Definitions of terms are given in appendix II]

Type of chronic condition	Geographic region				Place of residence			
	Northeast	Midwest	South	West	All MSA ¹	Central city	Not central city	Not MSA ¹
Selected conditions of the genitourinary, nervous, endocrine, metabolic, and blood and blood-forming systems								
Number of chronic conditions in thousands								
Goiter or other disorders of the thyroid	961	1,132	1,419	997	3,347	1,252	2,096	1,162
Diabetes	1,573	1,937	3,022	1,234	5,427	2,237	3,190	2,339
Anemias	1,015	1,277	1,447	926	3,710	1,684	2,027	954
Epilepsy	246	354	542	254	1,027	470	557	369
Migraine headache	1,891	3,017	3,842	2,505	8,372	2,990	5,382	2,883
Neuralgia or neuritis, unspecified	86	160	214	107	459	165	294	107
Kidney trouble	465	840	1,425	783	2,397	1,000	1,397	1,115
Bladder disorders	542	683	1,529	992	2,900	1,163	1,737	847
Diseases of prostate	444	549	1,041	608	1,908	822	1,085	733
Diseases of female genital organs	983	1,490	1,620	959	3,994	1,440	2,554	1,058
Selected circulatory conditions								
Rheumatic fever with or without heart disease	326	547	792	400	1,664	562	1,102	402
Heart disease	4,069	5,432	8,315	4,463	15,673	5,864	9,810	6,606
Ischemic heart disease	1,518	2,054	2,783	1,648	5,364	1,879	3,485	2,640
Heart rhythm disorders	1,624	2,037	3,496	1,776	6,521	2,468	4,053	2,413
Tachycardia or rapid heart	432	432	1,236	428	1,644	494	1,150	885
Heart murmurs	869	1,041	1,587	975	3,489	1,416	2,072	984
Other and unspecified heart rhythm disorders	323	563	673	373	1,388	557	831	544
Other selected diseases of heart, excluding hypertension	927	1,341	2,036	1,038	3,789	1,517	2,271	1,553
High blood pressure (hypertension)	5,199	7,139	10,618	5,281	20,741	8,155	12,585	7,495
Cerebrovascular disease	440	784	1,153	601	2,163	993	1,170	815
Hardening of the arteries	412	599	761	467	1,705	528	1,177	534
Varicose veins of lower extremities	1,265	2,012	2,119	1,864	5,378	1,777	3,601	1,882
Hemorrhoids	1,531	2,566	3,280	1,944	6,801	2,459	4,342	2,520
Selected respiratory conditions								
Chronic bronchitis	2,511	3,737	4,514	3,259	10,501	3,899	6,602	3,520
Asthma	2,995	3,300	4,842	3,426	11,476	4,949	6,527	3,086
Hay fever or allergic rhinitis without asthma	4,567	5,390	9,365	6,824	21,024	8,606	12,418	5,122
Chronic sinusitis	4,415	9,893	15,132	5,462	25,835	9,636	16,200	9,067
Deviated nasal septum	591	307	514	616	1,638	682	956	390
Chronic disease of tonsils or adenoids	604	579	1,124	618	2,210	773	1,437	715
Emphysema	355	681	646	345	1,323	598	725	705

¹MSA is metropolitan statistical area.

NOTES: The standard errors and relative standard errors (RSE's) can be computed by using parameter set V of table II and the formula presented in rule 1 of appendix I. An estimate of 1.5 million has a 10-percent RSE; of 357,000, a 20-percent RSE; and of 159,000, a 30-percent RSE.

Table 67. Percent distribution of persons by degree of activity limitation due to chronic conditions, according to sociodemographic characteristics: United States, 1994

[Data are based on household interviews of the civilian noninstitutionalized population. The survey design, general qualifications, and information on the reliability of the estimates are given in appendix I. Definitions of terms are given in appendix II]

Characteristic	Degree of activity limitation						
	All persons	With no activity limitation	With activity limitation	With limitation in major activity	Unable to carry on major activity	Limited in amount or kind of major activity	Limited, but not in major activity
	Percent distribution						
All persons ¹	100.0	85.0	15.0	10.3	4.6	5.7	4.7
Age							
Under 18 years	100.0	93.3	6.7	4.9	0.7	4.2	1.8
18-44 years	100.0	89.7	10.3	7.1	3.2	3.9	3.1
45-64 years	100.0	77.4	22.6	17.1	9.2	7.9	5.5
65 years and over	100.0	61.8	38.2	22.6	10.7	11.9	15.6
65-69 years	100.0	63.3	36.7	29.3	16.7	12.6	7.3
70 years and over	100.0	61.1	38.9	19.5	8.1	11.5	19.3
Sex and age							
Male:							
All ages	100.0	85.6	14.4	10.1	4.8	5.3	4.3
Under 18 years	100.0	92.1	7.9	6.0	0.8	5.2	1.9
18-44 years	100.0	89.8	10.2	7.4	3.7	3.7	2.8
45-64 years	100.0	78.7	21.3	16.8	9.9	6.9	4.6
65-69 years	100.0	62.3	37.7	32.4	20.9	11.6	5.3
70 years and over	100.0	63.5	36.5	14.5	6.5	7.9	22.0
Female:							
All ages	100.0	84.3	15.7	10.5	4.4	6.1	5.2
Under 18 years	100.0	94.4	5.6	3.8	0.7	3.2	1.7
18-44 years	100.0	89.7	10.3	6.9	2.8	4.1	3.5
45-64 years	100.0	76.1	23.9	17.4	8.6	8.8	6.4
65-69 years	100.0	64.2	35.8	26.8	13.3	13.5	9.0
70 years and over	100.0	59.5	40.5	22.9	9.1	13.9	17.5
Race and age							
White:							
All ages	100.0	84.9	15.1	10.2	4.4	5.8	4.9
Under 18 years	100.0	93.6	6.4	4.7	0.7	4.0	1.7
18-44 years	100.0	89.8	10.2	6.9	2.9	4.0	3.3
45-64 years	100.0	78.1	21.9	16.3	8.5	7.8	5.6
65-69 years	100.0	64.5	35.5	28.4	15.7	12.7	7.2
70 years and over	100.0	61.6	38.4	18.9	7.8	11.1	19.5
Black:							
All ages	100.0	83.7	16.3	12.5	6.3	6.2	3.8
Under 18 years	100.0	91.2	8.8	6.7	1.0	5.7	2.1
18-44 years	100.0	88.5	11.5	9.0	5.2	3.8	2.5
45-64 years	100.0	69.3	30.7	25.3	15.8	9.5	5.3
65-69 years	100.0	50.5	49.5	40.4	27.6	12.7	9.1
70 years and over	100.0	53.4	46.6	27.8	11.5	16.2	18.8

See footnote and notes at end of table.

Table 67. Percent distribution of persons by degree of activity limitation due to chronic conditions according to sociodemographic characteristics: United States, 1994—Con.

[Data are based on household interviews of the civilian noninstitutionalized population. The survey design, general qualifications, and information on the reliability of the estimates are given in appendix I. Definitions of terms are given in appendix II]

Characteristic	Degree of activity limitation						
	All persons	With no activity limitation	With activity limitation	With limitation in major activity	Unable to carry on major activity	Limited in amount or kind of major activity	Limited, but not in major activity
Family income and age							
				Percent distribution			
Under \$10,000:							
All ages	100.0	72.0	28.0	21.1	11.2	9.9	6.9
Under 18 years	100.0	88.9	11.1	8.8	1.6	7.3	2.2
18–44 years	100.0	79.2	20.8	15.9	9.1	6.8	4.9
45–64 years	100.0	40.5	59.5	52.7	37.4	15.3	6.8
65–69 years	100.0	43.4	56.6	46.1	31.1	15.0	10.4
70 years and over	100.0	49.0	51.1	28.6	10.1	18.5	22.5
\$10,000–\$19,999:							
All ages	100.0	78.9	21.1	15.0	7.3	7.7	6.2
Under 18 years	100.0	91.6	8.4	6.7	1.0	5.7	1.7
18–44 years	100.0	85.9	14.1	10.8	5.5	5.3	3.2
45–64 years	100.0	63.0	37.0	30.9	18.8	12.1	6.1
65–69 years	100.0	57.4	42.6	35.3	21.2	14.1	7.3
70 years and over	100.0	59.9	40.0	17.8	6.9	10.9	22.3
\$20,000–\$34,999:							
All ages	100.0	85.2	14.8	10.1	4.1	6.0	4.7
Under 18 years	100.0	93.5	6.5	4.7	0.6	4.1	1.8
18–44 years	100.0	90.0	10.0	6.8	2.5	4.3	3.2
45–64 years	100.0	75.0	25.0	19.0	9.0	10.0	6.0
65–69 years	100.0	64.7	35.2	28.8	15.4	13.3	6.5
70 years and over	100.0	65.1	34.9	15.8	7.0	8.8	19.1
\$35,000 or more:							
All ages	100.0	90.6	9.4	5.8	1.9	3.9	3.6
Under 18 years	100.0	94.7	5.3	3.5	0.4	3.1	1.8
18–44 years	100.0	92.8	7.2	4.2	1.3	2.9	3.0
45–64 years	100.0	85.9	14.1	8.9	3.3	5.6	5.2
65–69 years	100.0	73.4	26.6	19.8	8.9	11.0	6.8
70 years and over	100.0	67.3	32.7	16.1	7.1	9.0	16.6
Geographic region							
Northeast	100.0	85.7	14.3	10.0	4.3	5.6	4.3
Midwest	100.0	85.4	14.6	9.9	3.9	6.0	4.6
South	100.0	83.9	16.1	11.3	5.3	6.0	4.8
West	100.0	85.3	14.7	9.6	4.6	5.0	5.0
Place of residence							
MSA ²	100.0	85.7	14.3	9.9	4.4	5.5	4.5
Central city	100.0	84.2	15.8	11.3	5.4	5.9	4.5
Not central city	100.0	86.6	13.4	8.9	3.8	5.2	4.5
Not MSA ²	100.0	82.4	17.6	12.0	5.4	6.6	5.6

¹Includes other races and unknown family income.

²MSA is metropolitan statistical area.

NOTES: The standard errors (SE's) and relative standard errors (RSE's) for age, sex and age, and race and age can be computed by using parameter set X of table II, the frequencies of table 68, and the formula presented in rule 2 of appendix I. The SE's and RSE's for family income and age, geographic region, and place of residence can be computed by using parameter set X of table II, the frequencies of table 68, and the formula presented in rule 3 of appendix I.

Table 68. Number of persons by degree of activity limitation due to chronic conditions and sociodemographic characteristics: United States, 1994

[Data are based on household interviews of the civilian noninstitutionalized population. The survey design, general qualifications, and information on the reliability of the estimates are given in appendix I. Definitions of terms are given in appendix II]

Characteristic	Degree of activity limitation						
	All persons	With no activity limitation	With activity limitation	With limitation in major activity	Unable to carry on major activity	Limited in amount or kind of major activity	Limited, but not in major activity
	Number in thousands						
All persons ¹	259,634	220,575	39,059	26,796	11,993	14,803	12,262
Age							
Under 18 years	70,025	65,314	4,711	3,448	519	2,929	1,263
18-44 years	108,178	97,084	11,094	7,708	3,488	4,220	3,386
45-64 years	50,405	38,998	11,407	8,628	4,652	3,976	2,779
65 years and over	31,026	19,179	11,847	7,013	3,335	3,678	4,834
65-69 years	9,685	6,134	3,551	2,842	1,617	1,225	710
70 years and over	21,340	13,045	8,295	4,171	1,718	2,453	4,124
Sex and age							
Male:							
All ages	126,494	108,288	18,206	12,811	6,106	6,705	5,395
Under 18 years	35,832	33,019	2,813	2,133	287	1,846	680
18-44 years	53,387	47,957	5,430	3,945	1,949	1,996	1,485
45-64 years	24,344	19,155	5,189	4,081	2,402	1,679	1,108
65-69 years	4,354	2,712	1,643	1,411	908	503	232
70 years and over	8,577	5,445	3,132	1,242	561	681	1,890
Female:							
All ages	133,139	112,287	20,853	13,985	5,887	8,098	6,868
Under 18 years	34,194	32,295	1,898	1,315	232	1,083	583
18-44 years	54,791	49,127	5,664	3,763	1,539	2,224	1,902
45-64 years	26,061	19,843	6,218	4,547	2,250	2,296	1,671
65-69 years	5,331	3,422	1,909	1,431	709	722	478
70 years and over	12,763	7,599	5,163	2,929	1,157	1,773	2,234
Race and age							
White:							
All ages	214,496	182,092	32,404	21,793	9,437	12,357	10,611
Under 18 years	55,239	51,678	3,561	2,595	388	2,207	966
18-44 years	88,326	79,353	8,973	6,086	2,532	3,554	2,887
45-64 years	43,182	33,717	9,465	7,053	3,681	3,372	2,411
65-69 years	8,562	5,522	3,041	2,428	1,344	1,085	613
70 years and over	19,187	11,823	7,364	3,631	1,492	2,139	3,733
Black:							
All ages	33,035	27,639	5,396	4,135	2,089	2,046	1,261
Under 18 years	11,300	10,303	996	755	113	643	241
18-44 years	14,082	12,456	1,626	1,273	739	534	353
45-64 years	5,129	3,555	1,573	1,300	811	489	273
65-69 years	842	425	417	340	232	107	77
70 years and over	1,682	899	783	467	194	272	317

See footnote and notes at end of table.

Table 68. Number of persons by degree of activity limitation due to chronic conditions and sociodemographic characteristics: United States, 1994—Con.

[Data are based on household interviews of the civilian noninstitutionalized population. The survey design, general qualifications, and information on the reliability of the estimates are given in appendix I. Definitions of terms are given in appendix II]

Characteristic	Degree of activity limitation						
	All persons	With no activity limitation	With activity limitation	With limitation in major activity	Unable to carry on major activity	Limited in amount or kind of major activity	Limited, but not in major activity
Family income and age							
Number in thousands							
Under \$10,000:							
All ages	23,363	16,818	6,544	4,924	2,618	2,306	1,620
Under 18 years	7,030	6,250	779	622	112	511	157
18–44 years	9,458	7,490	1,968	1,502	859	643	467
45–64 years	2,808	1,138	1,671	1,479	1,049	431	191
65–69 years	900	391	509	415	280	135	94
70 years and over	3,166	1,550	1,617	905	319	587	712
\$10,000–\$19,999:							
All ages	37,271	29,393	7,877	5,573	2,717	2,856	2,304
Under 18 years	10,103	9,253	850	674	103	571	176
18–44 years	14,347	12,331	2,016	1,552	794	758	464
45–64 years	5,595	3,526	2,069	1,729	1,051	678	340
65–69 years	1,897	1,089	808	670	403	267	138
70 years and over	5,330	3,195	2,134	949	367	582	1,186
\$20,000–\$34,999:							
All ages	54,171	46,164	8,007	5,465	2,216	3,249	2,542
Under 18 years	14,454	13,519	936	682	88	594	254
18–44 years	23,514	21,167	2,347	1,603	596	1,007	744
45–64 years	9,461	7,096	2,365	1,800	855	945	566
65–69 years	2,438	1,578	859	701	376	325	158
70 years and over	4,304	2,804	1,500	679	300	379	820
\$35,000 or more:							
All ages	100,302	90,854	9,448	5,806	1,872	3,934	3,642
Under 18 years	28,046	26,569	1,477	978	121	857	500
18–44 years	43,705	40,575	3,130	1,840	584	1,256	1,290
45–64 years	23,402	20,114	3,288	2,081	765	1,316	1,206
65–69 years	2,145	1,574	570	425	190	235	146
70 years and over	3,004	2,021	982	483	212	271	500
Geographic region							
Northeast	50,610	43,392	7,218	5,041	2,199	2,841	2,177
Midwest	63,238	54,028	9,210	6,289	2,475	3,815	2,921
South	88,088	73,914	14,174	9,918	4,657	5,261	4,256
West	57,697	49,241	8,457	5,548	2,662	2,886	2,909
Place of residence							
MSA ²	203,079	173,959	29,120	20,014	8,930	11,084	9,106
Central city	79,510	66,925	12,585	8,988	4,276	4,712	3,597
Not central city	123,570	107,035	16,535	11,026	4,654	6,372	5,510
Not MSA ²	56,554	46,616	9,938	6,782	3,063	3,719	3,156

¹Includes other races and unknown family income.

²MSA is metropolitan statistical area.

NOTES: The standard errors and relative standard errors (RSE's) can be computed by using parameter set X of table II and the formula presented in rule 1 of appendix I. An estimate of 384,000 has a 10-percent RSE; of 96,000, a 20-percent RSE; and of 43,000, a 30-percent RSE.

Table 69. Number of days per person per year and number of days of activity restriction due to acute and chronic conditions, by type of restriction and sociodemographic characteristics: United States, 1994

[Data are based on household interviews of the civilian noninstitutionalized population. The survey design, general qualifications, and information on the reliability of the estimates are given in appendix I. Definitions of terms are given in appendix II]

Characteristic	Type of restriction					
	Number of days per person			Number of days in thousands		
	All types	Bed disability	Work or school loss ¹	All types	Bed disability	Work or school loss ¹
All persons ²	16.0	6.2	5.0	4,142,587	1,602,711	866,929
Age						
Under 5 years	10.0	4.5	...	204,255	91,483	...
5-17 years	8.6	3.4	4.5	426,347	168,898	224,814
18 years and over	18.5	7.1	5.2	3,511,985	1,342,330	642,115
18-24 years	9.6	3.9	4.1	243,520	97,692	68,808
25-44 years	13.5	4.8	5.0	1,122,933	395,735	333,629
45-64 years	21.3	8.0	6.2	1,073,017	400,900	216,709
65 years and over	34.6	14.4	5.9	1,072,514	448,003	22,969
Sex and age						
Male:						
All ages	13.6	4.9	4.5	1,722,895	623,041	414,529
Under 5 years	9.6	4.3	...	100,559	45,451	...
5-17 years	8.0	3.0	4.1	203,309	77,095	104,015
18 years and over	15.7	5.5	4.6	1,419,028	500,495	310,514
18-24 years	8.2	3.1	3.7	102,631	38,997	33,266
25-44 years	11.4	3.6	4.2	463,929	147,373	153,056
45-64 years	18.6	6.5	5.8	453,362	157,284	110,889
65 years and over	30.9	12.1	6.0	399,105	156,840	13,303
Female:						
All ages	18.2	7.4	5.6	2,419,692	979,670	452,400
Under 5 years	10.4	4.6	...	103,696	46,032	...
5-17 years	9.2	3.8	5.0	223,039	91,804	120,799
18 years and over	21.2	8.5	5.9	2,092,957	841,834	331,601
18-24 years	11.1	4.6	4.5	140,889	58,695	35,542
25-44 years	15.7	5.9	5.9	659,004	248,362	180,573
45-64 years	23.8	9.3	6.6	619,655	243,615	105,820
65 years and over	37.2	16.1	5.7	673,409	291,163	9,666
Race and age						
White:						
All ages	15.7	5.9	4.9	3,375,104	1,263,995	704,814
Under 5 years	10.6	4.5	...	169,618	72,309	...
5-17 years	9.0	3.5	4.6	351,049	138,365	180,675
18 years and over	17.9	6.6	5.0	2,854,437	1,053,321	524,139
18-24 years	9.6	3.7	3.9	193,065	73,836	54,701
25-44 years	13.0	4.4	4.8	885,370	300,897	270,300
45-64 years	19.9	7.2	5.9	859,304	309,465	177,900
65 years and over	33.0	13.3	5.9	916,698	369,123	21,238
Black:						
All ages	18.4	8.4	6.0	607,636	276,958	127,918
Under 5 years	8.1	4.7	...	27,347	15,793	...
5-17 years	7.5	3.0	4.5	59,105	23,643	35,944
18 years and over	24.0	10.9	6.9	521,184	237,522	91,974
18-24 years	10.9	5.4	5.9	40,079	19,685	11,548
25-44 years	17.1	7.2	6.0	178,310	75,277	47,117
45-64 years	33.9	14.8	9.9	173,903	76,144	32,273
65 years and over	51.1	26.3	*4.0	128,892	66,416	1,037

See footnotes and notes at end of table.

Table 69. Number of days per person per year and number of days of activity restriction due to acute and chronic conditions, by type of restriction and sociodemographic characteristics: United States, 1994—Con.

[Data are based on household interviews of the civilian noninstitutionalized population. The survey design, general qualifications, and information on the reliability of the estimates are given in appendix I. Definitions of terms are given in appendix II]

Characteristic	Type of restriction					
	All types	Bed disability	Work or school loss ¹	All types	Bed disability	Work or school loss ¹
Family income and age						
	Number of days per person			Number of days in thousands		
Less than \$10,000:						
All ages	29.1	12.0	7.1	680,864	279,494	70,944
Under 5 years	10.0	4.3	...	24,557	10,508	...
5–17 years	11.4	4.5	6.4	51,974	20,687	29,336
18 years and over	37.0	15.2	7.7	604,333	248,299	41,608
18–24 years	13.6	5.2	5.4	58,043	22,216	11,055
25–44 years	29.8	12.7	8.8	155,231	66,075	19,918
45–64 years	68.9	28.7	11.8	193,508	80,718	9,852
65 years and over	48.6	19.5	*3.5	197,550	79,289	784
\$10,000–\$19,999:						
All ages	21.5	8.4	6.8	801,490	311,908	140,512
Under 5 years	9.1	5.2	...	29,477	16,806	...
5–17 years	9.4	3.4	5.1	64,404	23,095	34,787
18 years and over	26.0	10.0	7.7	707,610	272,006	105,725
18–24 years	12.2	4.8	6.2	52,986	20,661	17,544
25–44 years	20.0	6.9	7.7	200,212	69,321	55,475
45–64 years	34.6	13.8	9.1	193,338	77,074	26,859
65 years and over	36.1	14.5	7.7	261,073	104,950	5,848
\$20,000–\$34,999:						
All ages	15.2	5.5	5.4	824,682	300,618	199,565
Under 5 years	10.0	4.3	...	44,212	18,912	...
5–17 years	8.8	3.7	4.4	88,719	36,949	44,507
18 years and over	17.4	6.2	5.8	691,751	244,757	155,058
18–24 years	9.6	4.0	4.2	47,261	19,546	15,652
25–44 years	13.7	4.5	5.6	255,436	82,884	87,546
45–64 years	20.3	7.0	7.2	192,049	66,463	45,595
65 years and over	29.2	11.3	6.7	197,005	75,865	6,265
\$35,000 or more:						
All ages	10.5	3.8	4.3	1,050,754	381,081	337,143
Under 5 years	10.0	3.7	...	73,682	27,210	...
5–17 years	7.9	3.0	4.0	164,277	62,858	83,254
18 years and over	11.2	4.0	4.4	812,796	291,012	253,890
18–24 years	6.6	3.2	2.6	48,358	23,571	14,540
25–44 years	9.4	3.1	4.1	341,338	111,698	132,128
45–64 years	12.9	4.4	5.3	301,160	101,888	100,505
65 years and over	23.7	10.5	5.8	121,940	53,856	6,717
Geographic region						
Northeast	15.9	5.9	5.0	803,445	296,801	162,866
Midwest	13.9	5.3	4.8	879,302	337,799	208,257
South	16.4	6.8	4.9	1,442,558	599,846	287,205
West	17.6	6.4	5.5	1,017,282	368,263	208,601
Place of residence						
MSA ³	15.7	6.2	5.0	3,186,720	1,253,548	682,974
Central city	16.8	6.8	5.3	1,332,647	544,507	269,235
Not central city	15.0	5.7	4.9	1,854,074	709,042	413,739
Not MSA ³	16.9	6.2	5.0	955,866	349,163	183,955

¹Sum of school-loss days for children 5–17 years of age and work-loss days for currently employed persons 18 years of age and over. School-loss days are shown for the age group 5–17 years; work-loss days are shown for the age group 18 years and over and each older age group.

²Includes other races and unknown family income.

³MSA is metropolitan statistical area.

NOTES: The standard errors (SE's) and relative standard errors (RSE's) for age, sex and age, and race and age for columns 1 and 2 can be computed by using parameter set II of table II, the frequencies of table 69, and the formula presented in rule 2 of appendix I. The SE's and RSE's for family income and age, geographic region, and place of residence for columns 1 and 2 can be computed by using parameter sets II and X of table II, the frequencies of tables 69 and 78, and the formula presented in rule 4 of appendix I. The SE's and RSE's for column 3 (workloss) can be computed by using parameter sets III and X of table II, the frequencies of tables 69 and 78, and the formula presented in rule 4 of appendix I. The SE's and RSE's for age, sex and age, and race and age for column 3 (school loss) can be computed by using parameter set III of table II, the frequencies of table 69, and the formula presented in rule 2 of appendix I. The SE's and RSE's for family income and age, geographic region, and place of residence for column 3 (school loss) can be computed by using parameter sets III and X of table II, the frequencies of tables 69 and 78, and the formula presented in rule 4 of appendix I. The SE's and RSE's for columns 4 and 5 can be computed by using parameter set II of table II and the formula presented in rule 1 of appendix I. The SE's and RSE's for column 6 can be computed by using parameter set III of table II and the formula presented in rule 1 of appendix I. For restricted-activity and bed days, an estimate of 55.4 million has an RSE of 10 percent; 13.4 million, of 20 percent; and 6.0 million, of 30 percent. For work- or school-loss days, an estimate of 37.6 million has an RSE of 10 percent; 9.3 million, of 20 percent; and 4.2 million, of 30 percent. Rates for which the numerator has an RSE of more than 30 percent are indicated with an asterisk.

Table 70. Number of persons and percent distribution by respondent-assessed health status, according to sociodemographic characteristics: United States, 1994

[Data are based on household interviews of the civilian noninstitutionalized population. The survey design, general qualifications, and information on the reliability of the estimates are given in appendix I. Definitions of terms are given in appendix II]

Characteristic	Respondent-assessed health status						
	All persons ¹	All health statuses ²	Excellent	Very good	Good	Fair	Poor
	Number in thousands		Percent distribution				
All persons ³	259,634	100.0	37.9	28.5	23.4	7.3	2.9
Age							
Under 5 years	20,480	100.0	53.4	27.3	16.4	2.5	0.4
5-17 years	49,545	100.0	51.2	27.3	18.4	2.6	0.4
18-24 years	25,285	100.0	43.0	31.5	21.1	3.7	0.6
25-44 years	82,893	100.0	38.8	31.1	22.6	5.7	1.8
45-64 years	50,405	100.0	28.4	27.7	27.3	11.4	5.2
65 years and over	31,026	100.0	15.7	23.0	33.4	18.4	9.6
Sex and age							
Male:							
All ages	126,494	100.0	40.8	28.3	21.7	6.4	2.7
Under 5 years	10,471	100.0	52.8	28.1	15.8	2.8	0.4
5-17 years	25,360	100.0	52.1	27.1	17.9	2.5	0.5
18-24 years	12,571	100.0	47.6	30.4	18.9	2.8	0.3
25-44 years	40,816	100.0	42.3	30.5	20.7	4.8	1.7
45-64 years	24,344	100.0	30.9	28.1	25.6	10.3	5.0
65 years and over	12,932	100.0	16.7	22.6	32.2	18.3	10.2
Female:							
All ages	133,139	100.0	35.2	28.7	25.0	8.1	3.0
Under 5 years	10,009	100.0	54.0	26.5	16.9	2.3	*0.3
5-17 years	24,185	100.0	50.3	27.5	19.0	2.8	0.4
18-24 years	12,714	100.0	38.4	32.6	23.4	4.6	1.0
25-44 years	42,076	100.0	35.5	31.7	24.5	6.5	1.8
45-64 years	26,061	100.0	26.0	27.4	28.9	12.4	5.3
65 years and over	18,094	100.0	14.9	23.3	34.2	18.4	9.1
Race and age							
White:							
All ages	214,496	100.0	39.0	29.0	22.5	6.8	2.7
Under 5 years	16,074	100.0	55.0	27.6	14.9	2.2	0.3
5-17 years	39,165	100.0	53.4	27.6	16.4	2.3	0.4
18-24 years	20,051	100.0	44.6	31.9	19.7	3.3	0.5
25-44 years	68,275	100.0	40.2	31.9	21.4	4.9	1.6
45-64 years	43,182	100.0	30.1	28.5	26.5	10.3	4.6
65 years and over	27,749	100.0	16.2	23.7	33.6	17.6	9.0
Black:							
All ages	33,035	100.0	31.9	25.2	28.4	10.5	4.0
Under 5 years	3,376	100.0	46.6	25.6	23.2	4.0	*0.6
5-17 years	7,924	100.0	41.7	25.8	27.4	4.4	0.8
18-24 years	3,665	100.0	36.6	28.7	27.4	5.8	1.4
25-44 years	10,417	100.0	31.0	27.4	28.9	10.0	2.7
45-64 years	5,129	100.0	16.4	21.2	32.2	20.2	10.0
65 years and over	2,524	100.0	10.4	16.3	30.4	25.6	16.2

See footnotes and notes at end of table.

Table 70. Number of persons and percent distribution by respondent-assessed health status, according to sociodemographic characteristics: United States, 1994—Con.

[Data are based on household interviews of the civilian noninstitutionalized population. The survey design, general qualifications, and information on the reliability of the estimates are given in appendix I. Definitions of terms are given in appendix II]

Characteristic	Respondent-assessed health status						
	All persons ¹	All health statuses ²	Excellent	Very good	Good	Fair	Poor
Family income and age							
	Number in thousands		Percent distribution				
Under \$10,000:							
All ages	23,363	100.0	25.5	23.6	29.0	14.1	7.8
Under 5 years	2,467	100.0	42.1	24.8	27.6	4.6	*0.9
5-17 years	4,562	100.0	36.6	24.9	31.3	5.9	1.3
18-24 years	4,257	100.0	34.7	35.3	22.6	6.4	*1.0
25-44 years	5,201	100.0	21.2	22.0	33.1	16.6	7.1
45-64 years	2,808	100.0	8.6	13.9	26.0	28.6	22.9
65 years and over	4,067	100.0	10.7	17.8	30.8	23.9	16.8
\$10,000-\$19,999:							
All ages	37,271	100.0	28.4	26.1	29.4	11.2	4.9
Under 5 years	3,244	100.0	44.4	29.8	21.4	3.9	*0.5
5-17 years	6,859	100.0	40.9	27.4	26.4	4.6	0.6
18-24 years	4,341	100.0	37.0	30.6	26.5	4.5	1.3
25-44 years	10,006	100.0	27.5	28.1	31.2	10.0	3.2
45-64 years	5,595	100.0	18.1	21.0	30.3	19.7	11.0
65 years and over	7,226	100.0	13.6	21.6	34.4	19.6	10.8
\$20,000-\$34,999:							
All ages	54,171	100.0	35.3	29.9	25.5	7.1	2.2
Under 5 years	4,420	100.0	53.7	26.7	17.1	2.3	*0.2
5-17 years	10,035	100.0	47.0	30.3	20.1	2.3	*0.3
18-24 years	4,900	100.0	42.5	32.5	21.5	3.1	*0.4
25-44 years	18,615	100.0	36.0	32.3	25.1	5.3	1.3
45-64 years	9,461	100.0	22.7	28.3	31.5	13.1	4.5
65 years and over	6,741	100.0	16.4	25.5	34.7	16.8	6.6
\$35,000 or more:							
All ages	100,302	100.0	47.9	30.2	17.5	3.5	0.9
Under 5 years	7,335	100.0	62.4	27.2	9.1	1.2	*0.2
5-17 years	20,711	100.0	61.7	26.2	10.8	1.2	*0.2
18-24 years	7,373	100.0	52.6	30.5	14.9	1.8	*0.2
25-44 years	36,332	100.0	47.1	32.7	17.0	2.7	0.6
45-64 years	23,402	100.0	36.7	31.3	24.5	6.2	1.4
65 years and over	5,148	100.0	22.5	26.9	32.7	12.8	5.1
Geographic region							
Northeast	50,610	100.0	38.9	29.6	22.5	6.8	2.2
Midwest	63,238	100.0	38.3	30.0	22.6	6.7	2.4
South	88,088	100.0	36.7	27.1	24.3	8.2	3.8
West	57,697	100.0	38.5	28.1	23.8	7.0	2.6
Place of residence							
MSA ⁴	203,079	100.0	38.7	28.6	23.1	7.0	2.6
Central city	79,510	100.0	34.5	28.9	25.3	8.3	3.0
Not central city	123,570	100.0	41.4	28.4	21.7	6.2	2.3
Not MSA ⁴	56,554	100.0	35.0	28.3	24.4	8.3	4.0

¹Includes unknown health status.

²Excludes unknown health status.

³Includes other races and unknown family income.

⁴MSA is metropolitan statistical area.

NOTES: The standard errors (SE's) and relative standard errors (RSE's) for family income and age, geographic region, and place of residence for column 1 can be computed by using parameter set X of table II and the formula presented in rule 1 of appendix I. The SE's and RSE's for age, sex and age, and race and age for columns 3-7 can be computed by using parameter set X of table II, the frequencies of table 70, and the formula presented in rule 2 of appendix I. The SE's and RSE's for family income and age, geographic region, and place of residence for columns 3-7 can be computed by using parameter set X of table II, the frequencies of table 70, and the formula presented in rule 3 of appendix I. An estimate of 384,000 has a 10-percent RSE; of 96,000, a 20-percent RSE; and of 43,000, a 30-percent RSE. Estimates for which the numerator has an RSE of more than 30 percent are indicated with an asterisk.

Table 71. Number per person per year and number of physician contacts, by place of contact and sociodemographic characteristics: United States, 1994

[Data are based on household interviews of the civilian noninstitutionalized population. The survey design, general qualifications, and information on the reliability of the estimates are given in appendix I. Definitions of terms are given in appendix II]

Characteristic	Place of contact									
	All places ¹					All places ¹				
	Telephone	Office	Hospital	Other	Telephone	Office	Hospital	Other	Telephone	Office
	Number per person per year ²					Number in thousands ²				
All persons ³	6.1	0.8	3.4	0.8	1.1	1,581,640	197,524	877,815	208,060	286,851
Age										
Under 5 years	6.8	1.0	4.0	0.9	0.9	138,403	21,162	81,292	17,465	17,420
5-17 years	3.5	0.4	2.0	0.5	0.4	172,037	21,730	101,475	25,437	22,247
18-24 years	3.9	0.4	2.1	0.6	0.8	98,390	9,866	52,873	14,830	20,207
25-44 years	5.5	0.8	3.1	0.7	0.9	451,816	62,661	253,672	60,129	71,993
45-64 years	7.3	1.0	4.0	1.1	1.1	370,426	52,001	202,280	55,080	57,916
65-74 years	10.3	1.0	5.7	1.2	2.4	188,340	17,573	103,724	22,307	43,566
75 years and over	12.7	1.0	6.5	1.0	4.2	162,227	12,531	82,499	12,811	53,503
Sex and age										
Male:										
All ages	5.2	0.6	2.8	0.8	0.9	652,021	72,808	356,327	99,792	118,496
Under 18 years	4.5	0.6	2.6	0.7	0.6	160,076	20,716	94,580	23,367	20,635
18-44 years	3.7	0.4	2.0	0.6	0.8	200,019	21,491	104,703	30,169	41,457
45-64 years	6.3	0.8	3.4	1.2	0.9	154,312	19,446	82,486	29,449	22,090
65 years and over	10.6	0.9	5.8	1.3	2.7	137,615	11,155	74,558	16,807	34,315
Female:										
All ages	7.0	0.9	3.9	0.8	1.3	929,619	124,716	521,487	108,267	168,355
Under 18 years	4.4	0.6	2.6	0.6	0.6	150,364	22,176	88,187	19,535	19,032
18-44 years	6.4	0.9	3.7	0.8	0.9	350,187	51,036	201,842	44,790	50,743
45-64 years	8.3	1.2	4.6	1.0	1.4	216,114	32,555	119,794	25,631	35,826
65 years and over	11.8	1.0	6.2	1.0	3.5	212,952	18,949	111,665	18,311	62,754
Race and age										
White:										
All ages	6.3	0.8	3.6	0.8	1.1	1,349,712	178,178	768,003	163,355	230,703
Under 18 years	4.7	0.7	2.8	0.6	0.6	259,274	38,081	157,015	31,947	30,393
18-44 years	5.2	0.7	3.0	0.6	0.8	457,689	63,758	263,260	57,163	70,363
45-64 years	7.4	1.1	4.1	1.0	1.1	318,523	47,642	177,681	44,167	46,081
65 years and over	11.3	1.0	6.1	1.1	3.0	314,225	28,697	170,047	30,079	83,866
Black:										
All ages	5.4	0.4	2.5	1.1	1.4	178,612	13,714	83,626	34,961	44,678
Under 18 years	3.5	0.3	1.7	0.8	0.7	39,253	3,131	19,600	8,573	7,686
18-44 years	5.0	0.5	2.3	1.0	1.2	69,807	6,484	32,441	13,934	16,243
45-64 years	7.7	0.6	3.7	1.7	1.7	39,348	3,023	18,733	8,521	8,921
65 years and over	12.0	*0.4	5.1	1.6	4.7	30,204	1,076	12,851	3,933	11,828
Family income and age										
Under \$10,000:										
All ages	8.1	0.9	3.3	1.5	2.4	189,434	21,984	76,933	33,931	55,435
Under 18 years	4.9	0.5	2.2	1.3	0.9	34,155	3,848	15,270	8,885	6,013
18-44 years	6.7	0.8	2.4	1.3	2.2	63,121	7,997	22,356	11,824	20,745
45-64 years	12.9	1.8	5.1	3.1	2.6	36,155	5,113	14,456	8,766	7,436
65 years and over	13.8	1.2	6.1	1.1	5.2	56,004	5,026	24,851	4,455	21,241
\$10,000-\$19,999:										
All ages	6.8	0.7	3.5	1.0	1.5	252,428	27,594	130,282	37,094	56,049
Under 18 years	4.4	0.6	2.2	0.7	0.8	44,830	6,326	22,205	7,252	8,553
18-44 years	5.4	0.6	3.0	0.9	0.9	76,909	8,629	42,398	12,578	13,005
45-64 years	8.5	1.0	4.0	1.6	1.8	47,309	5,675	22,215	9,102	10,217
65 years and over	11.5	1.0	6.0	1.1	3.4	83,380	6,965	43,463	8,162	24,274

See footnotes and notes at end of table.

Table 71. Number per person per year and number of physician contacts, by place of contact and sociodemographic characteristics: United States, 1994—Con.

[Data are based on household interviews of the civilian noninstitutionalized population. The survey design, general qualifications, and information on the reliability of the estimates are given in appendix I. Definitions of terms are given in appendix II]

Characteristic	Place of contact									
	All places ¹	Telephone	Office	Hospital	Other	All places ¹	Telephone	Office	Hospital	Other
Family income and age—Con.										
	Number per person per year ²					Number in thousands ²				
\$20,000–\$34,999:										
All ages	6.0	0.7	3.5	0.8	1.0	327,158	39,158	189,431	42,884	52,893
Under 18 years	4.2	0.6	2.6	0.6	0.4	61,232	8,616	37,088	9,055	6,302
18–44 years	5.3	0.7	3.0	0.8	0.8	124,153	15,865	70,067	17,763	19,007
45–64 years	7.2	0.9	4.2	0.8	1.1	67,874	8,728	39,572	7,812	10,858
65 years and over	11.0	0.9	6.3	1.2	2.5	73,899	5,949	42,703	8,253	16,727
\$35,000 or more:										
All ages	5.8	0.9	3.5	0.6	0.8	579,799	90,266	346,831	60,799	77,780
Under 18 years	4.9	0.8	3.1	0.4	0.5	136,636	22,283	86,248	12,518	14,520
18–44 years	5.0	0.8	3.1	0.5	0.6	217,025	33,790	133,611	22,020	26,239
45–64 years	7.0	1.1	4.0	0.8	0.9	162,752	26,647	94,350	19,444	20,856
65 years and over	12.3	1.5	6.3	1.3	3.1	63,387	7,546	32,622	6,816	16,166
Geographic region										
Northeast	6.1	0.7	3.5	0.8	1.1	310,947	36,490	178,851	39,569	53,935
Midwest	6.1	0.9	3.4	0.9	1.0	387,428	55,556	211,919	54,828	62,963
South	5.8	0.7	3.3	0.7	1.1	510,226	58,753	288,337	64,306	94,266
West	6.5	0.8	3.4	0.9	1.3	373,039	46,725	198,708	49,357	75,667
Place of residence										
MSA ⁴	6.1	0.8	3.4	0.8	1.1	1,238,721	155,101	694,065	161,509	218,889
Central city	6.1	0.7	3.2	0.9	1.3	481,174	56,043	250,934	68,645	102,002
Not central city	6.1	0.8	3.6	0.8	0.9	757,547	99,058	443,130	92,865	116,887
Not MSA ⁴	6.1	0.8	3.2	0.8	1.2	342,919	42,423	183,750	46,550	67,963

¹Includes unknown place of contact.

²Does not include physician contacts while an overnight patient in a hospital.

³Includes other races and unknown family income.

⁴MSA is metropolitan statistical area.

NOTES: The standard errors (SE's) and relative standard errors (RSE's) for age, sex and age, and race and age for columns 1–5 can be computed by using parameter set VI of table II, the frequencies of table 71, and the formula presented in rule 2 of appendix I. The SE's and RSE's for family income and age, geographic region, and place of residence for columns 1–5 can be computed by using parameter sets VI and X of table II, the frequencies of tables 71 and 78, and the formula presented in rule 4 of appendix I. The SE's and RSE's for columns 6–10 can be computed by using parameter set VI of table II and the formula presented in rule 1 of appendix I. An estimate of 17.9 million has a 10-percent RSE; of 4.5 million, a 20-percent RSE; and of 2.0 million, a 30-percent RSE. Rates for which the numerator has an RSE of more than 30 percent are indicated with an asterisk.

Table 72. Percent distribution and number of persons by interval since last physician contact, according to sociodemographic characteristics: United States, 1994

[Data are based on household interviews of the civilian noninstitutionalized population. The survey design, general qualifications, and information on the reliability of the estimates are given in appendix I. Definitions of terms are given in appendix II]

Characteristic	Interval since last contact									
	All intervals ¹	Less than 1 year	1 year to less than 2 years	2 years to less than 5 years	5 years or more	All intervals ²	Less than 1 year	1 year to less than 2 years	2 years to less than 5 years	5 years or more
	Percent distribution ³					Number in thousands ³				
All persons ⁴	100.0	78.8	9.5	8.2	3.5	259,634	200,269	24,027	20,777	8,927
Age										
Under 5 years	100.0	94.8	4.3	0.7	0.3	20,480	18,956	859	137	52
5-17 years	100.0	78.9	12.4	7.0	1.7	49,545	38,149	5,981	3,391	827
18-24 years	100.0	71.4	13.1	11.6	4.0	25,285	17,491	3,200	2,834	979
25-44 years	100.0	73.2	10.8	11.3	4.8	82,893	59,313	8,751	9,134	3,857
45-64 years	100.0	78.8	8.0	8.3	4.8	50,405	39,023	3,962	4,114	2,394
65-74 years	100.0	87.9	4.7	4.3	3.1	18,253	15,818	843	776	556
75 years and over	100.0	91.4	3.4	3.1	2.1	12,772	11,520	430	391	262
Sex and age										
Male:										
All ages	100.0	73.2	10.9	11.0	5.0	126,494	90,261	13,404	13,544	6,168
Under 18 years	100.0	83.4	9.9	5.3	1.3	35,832	29,149	3,475	1,866	451
18-44 years	100.0	62.5	13.8	16.5	7.2	53,387	32,388	7,131	8,551	3,735
45-64 years	100.0	73.5	9.3	10.7	6.5	24,344	17,549	2,213	2,556	1,556
65 years and over	100.0	87.6	4.6	4.5	3.3	12,932	11,176	585	571	426
Female:										
All ages	100.0	84.2	8.1	5.5	2.1	133,139	110,008	10,622	7,233	2,759
Under 18 years	100.0	83.7	10.1	5.0	1.3	34,194	27,956	3,365	1,662	428
18-44 years	100.0	82.6	9.0	6.4	2.0	54,791	44,416	4,819	3,417	1,100
45-64 years	100.0	83.8	6.8	6.1	3.3	26,061	21,474	1,749	1,558	838
65 years and over	100.0	90.6	3.9	3.3	2.2	18,094	16,162	689	596	393
Race and age										
White:										
All ages	100.0	79.2	9.2	8.1	3.5	214,496	166,455	19,252	17,069	7,312
Under 18 years	100.0	84.3	9.5	5.0	1.1	55,239	45,511	5,115	2,719	619
18-44 years	100.0	73.1	11.1	11.3	4.5	88,326	63,100	9,571	9,742	3,898
45-64 years	100.0	78.7	8.1	8.4	4.8	43,182	33,390	3,441	3,558	2,055
65 years and over	100.0	89.3	4.1	3.8	2.7	27,749	24,454	1,125	1,050	741
Black:										
All ages	100.0	78.7	11.1	7.4	2.8	33,035	25,286	3,558	2,381	894
Under 18 years	100.0	81.2	12.7	4.8	1.3	11,300	8,914	1,395	528	138
18-44 years	100.0	73.4	12.4	10.4	3.8	14,082	10,023	1,697	1,420	512
45-64 years	100.0	82.2	7.2	7.0	3.6	5,129	4,114	362	350	179
65 years and over	100.0	89.9	4.2	3.3	2.6	2,524	2,235	104	82	65
Family income and age										
Under \$10,000:										
All ages	100.0	80.1	8.8	7.3	3.8	23,363	18,347	2,011	1,674	869
Under 18 years	100.0	82.9	11.0	4.7	1.4	7,030	5,679	755	323	96
18-44 years	100.0	74.6	10.1	10.5	4.8	9,458	6,914	941	970	447
45-64 years	100.0	80.4	5.2	7.8	6.7	2,808	2,217	144	215	184
65 years and over	100.0	88.1	4.2	4.1	3.6	4,067	3,538	170	165	143
\$10,000-\$19,999:										
All ages	100.0	76.5	9.5	9.3	4.7	37,271	27,962	3,460	3,388	1,723
Under 18 years	100.0	80.2	10.9	6.5	2.3	10,103	7,918	1,078	646	228
18-44 years	100.0	68.4	11.6	13.4	6.5	14,347	9,581	1,630	1,879	910
45-64 years	100.0	75.0	7.9	10.4	6.7	5,595	4,140	434	574	371
65 years and over	100.0	88.5	4.5	4.1	3.0	7,226	6,324	318	290	214

See footnotes and notes at end of table.

Table 72. Percent distribution and number of persons by interval since last physician contact, according to sociodemographic characteristics: United States, 1994—Con.

[Data are based on household interviews of the civilian noninstitutionalized population. The survey design, general qualifications, and information on the reliability of the estimates are given in appendix I. Definitions of terms are given in appendix II]

Characteristic	Interval since last contact									
	All intervals ¹	Less than 1 year	1 year to less than 2 years	2 years to less than 5 years	5 years or more	All intervals ²	Less than 1 year	1 year to less than 2 years	2 years to less than 5 years	5 years or more
Family income and age—Con.										
	Percent distribution ³					Number in thousands ³				
\$20,000–\$34,999:										
All ages	100.0	77.4	10.0	8.9	3.7	54,171	41,220	5,316	4,730	1,990
Under 18 years	100.0	80.6	11.5	6.3	1.6	14,454	11,405	1,624	895	226
18–44 years	100.0	71.7	11.6	11.9	4.8	23,514	16,552	2,681	2,737	1,109
45–64 years	100.0	77.3	8.0	9.2	5.5	9,461	7,216	750	861	512
65 years and over	100.0	90.4	3.9	3.5	2.1	6,741	6,047	260	237	143
\$35,000 or more:										
All ages	100.0	80.9	9.2	7.3	2.6	100,302	79,914	9,063	7,193	2,583
Under 18 years	100.0	86.7	8.6	4.1	0.7	28,046	23,921	2,363	1,134	183
18–44 years	100.0	76.0	10.7	9.8	3.4	43,705	32,626	4,609	4,217	1,480
45–64 years	100.0	80.9	8.1	7.3	3.6	23,402	18,702	1,875	1,695	833
65 years and over	100.0	91.2	4.2	2.9	1.7	5,148	4,665	217	148	86
Geographic region										
Northeast	100.0	82.8	8.1	6.4	2.7	50,610	41,120	4,040	3,162	1,327
Midwest	100.0	79.1	9.4	8.1	3.4	63,238	48,869	5,807	5,006	2,120
South	100.0	77.0	10.4	8.8	3.9	88,088	66,111	8,923	7,546	3,317
West	100.0	78.0	9.3	8.9	3.8	57,697	44,169	5,257	5,063	2,183
Place of residence										
MSA ⁵	100.0	79.5	9.3	7.8	3.4	203,079	157,977	18,414	15,457	6,842
Central city	100.0	78.7	9.6	8.0	3.6	79,510	61,210	7,499	6,223	2,829
Not central city	100.0	80.0	9.0	7.6	3.3	123,570	96,766	10,915	9,233	4,012
Not MSA ⁵	100.0	76.5	10.1	9.6	3.8	56,554	42,293	5,613	5,320	2,085

¹Excludes unknown interval.

²Includes unknown interval.

³Includes physician contacts while an overnight patient in a hospital.

⁴Includes other races and unknown family income.

⁵MSA is metropolitan statistical area.

NOTES: The standard errors (SE's) and relative standard errors (RSE's) for age, sex and age, and race and age for columns 2–5 can be computed by using parameter set X of table II, the frequencies of table 72, and the formula presented in rule 2 of appendix I. The SE's and RSE's for family income and age, geographic region, and place of residence for columns 2–5 can be computed by using parameter set X of table II, the frequencies of table 72, and the formula presented in rule 3 of appendix I. The SE's and RSE's for columns 6–10 can be computed by using parameter set X of table II and the formula presented in rule 1 of appendix I. An estimate of 384,000 has a 10-percent RSE; of 96,000, a 20-percent RSE; and of 43,000, a 30-percent RSE.

Table 73. Percent distribution of living persons by number of short-stay hospital episodes during the year preceding interview for all causes and causes excluding deliveries, according to sociodemographic characteristics: United States, 1994

[Data are based on household interviews of the civilian noninstitutionalized population. The survey design, general qualifications, and information on the reliability of the estimates are given in appendix I. Definitions of terms are given in appendix II]

Characteristic	All causes					Excluding deliveries ¹				
	All statuses	Number of episodes				All statuses	Number of episodes			
		None	1	2	3 or more		None	1	2	3 or more
Percent distribution										
All persons ²	100.0	92.5	6.0	1.0	0.5	100.0	93.7	4.9	0.9	0.5
Age										
Under 5 years	100.0	95.0	4.2	0.5	0.3	100.0	95.0	4.2	0.5	0.3
5-17 years	100.0	97.7	2.0	0.2	0.1	100.0	97.9	1.8	0.2	0.1
18-24 years	100.0	92.6	6.6	0.6	0.2	100.0	96.0	3.4	0.4	0.2
25-44 years	100.0	92.8	6.3	0.6	0.3	100.0	95.3	4.0	0.5	0.3
45-64 years	100.0	92.0	6.0	1.3	0.7	100.0	92.0	6.0	1.3	0.7
65-74 years	100.0	85.0	10.9	2.7	1.3	100.0	85.0	10.9	2.7	1.3
75 years and over	100.0	79.8	14.6	3.8	1.8	100.0	79.8	14.6	3.8	1.8
Sex and age										
Male:										
All ages	100.0	94.1	4.6	0.8	0.5	100.0	94.1	4.6	0.8	0.5
Under 18 years	100.0	96.8	2.6	0.4	0.2	100.0	96.8	2.6	0.4	0.2
18-44 years	100.0	96.2	3.2	0.3	0.2	100.0	96.2	3.2	0.3	0.2
45-64 years	100.0	91.8	6.2	1.3	0.7	100.0	91.8	6.2	1.3	0.7
65 years and over	100.0	81.9	12.9	3.5	1.7	100.0	81.9	12.9	3.5	1.7
Female:										
All ages	100.0	91.1	7.3	1.1	0.5	100.0	93.3	5.2	1.0	0.5
Under 18 years	100.0	96.9	2.6	0.3	0.2	100.0	97.3	2.3	0.3	0.2
18-44 years	100.0	89.4	9.3	0.9	0.3	100.0	94.7	4.4	0.6	0.3
45-64 years	100.0	92.1	5.8	1.4	0.7	100.0	92.1	5.8	1.4	0.7
65 years and over	100.0	83.5	12.1	3.0	1.4	100.0	83.5	12.1	3.0	1.4
Race and age										
White:										
All ages	100.0	92.5	6.0	1.0	0.5	100.0	93.6	5.0	1.0	0.5
Under 18 years	100.0	96.9	2.6	0.3	0.2	100.0	97.1	2.5	0.3	0.2
18-44 years	100.0	92.9	6.2	0.6	0.2	100.0	95.5	3.8	0.5	0.2
45-64 years	100.0	92.1	5.9	1.3	0.7	100.0	92.1	5.9	1.3	0.7
65 years and over	100.0	82.7	12.5	3.3	1.5	100.0	82.7	12.5	3.3	1.5
Black:										
All ages	100.0	92.1	6.3	1.0	0.6	100.0	93.5	5.0	0.9	0.6
Under 18 years	100.0	96.4	3.0	0.4	*0.3	100.0	96.7	2.7	*0.4	*0.3
18-44 years	100.0	91.2	7.4	0.9	0.5	100.0	94.4	4.5	0.7	0.4
45-64 years	100.0	89.5	7.5	1.9	1.2	100.0	89.5	7.5	1.9	1.2
65 years and over	100.0	82.8	12.6	2.9	1.7	100.0	82.8	12.6	2.9	1.7
Family income and age										
Under \$10,000:										
All ages	100.0	89.1	8.3	1.6	1.0	100.0	90.5	7.0	1.5	1.0
Under 18 years	100.0	95.2	4.1	*0.5	*0.2	100.0	95.4	4.0	*0.4	*0.2
18-44 years	100.0	89.8	8.5	1.0	0.7	100.0	93.1	5.4	0.9	0.7
45-64 years	100.0	83.9	10.9	3.2	2.0	100.0	83.9	10.9	3.2	2.0
65 years and over	100.0	80.5	13.4	3.8	2.4	100.0	80.5	13.4	3.8	2.4
\$10,000-\$19,999:										
All ages	100.0	90.7	7.2	1.5	0.7	100.0	92.0	6.0	1.4	0.7
Under 18 years	100.0	96.3	2.8	0.5	*0.4	100.0	96.6	2.5	0.4	*0.4
18-44 years	100.0	91.2	7.5	0.9	0.5	100.0	94.4	4.6	0.7	0.4
45-64 years	100.0	89.5	7.0	2.1	1.4	100.0	89.5	7.0	2.1	1.4
65 years and over	100.0	82.6	12.7	3.5	1.2	100.0	82.6	12.7	3.5	1.2

See footnotes and notes at end of table.

Table 73. Percent distribution of living persons by number of short-stay hospital episodes during the year preceding interview for all causes and causes excluding deliveries, according to sociodemographic characteristics: United States, 1994—Con.

[Data are based on household interviews of the civilian noninstitutionalized population. The survey design, general qualifications, and information on the reliability of the estimates are given in appendix I. Definitions of terms are given in appendix II]

Characteristic	All causes					Excluding deliveries ¹				
	All statuses	Number of episodes				All statuses	Number of episodes			
		None	1	2	3 or more		None	1	2	3 or more
Family income and age—Con.										
Percent distribution										
\$20,000–\$34,999:										
All ages	100.0	92.2	6.3	1.0	0.4	100.0	93.4	5.2	1.0	0.4
Under 18 years	100.0	96.6	2.9	0.4	*0.1	100.0	96.7	2.8	0.4	*0.1
18–44 years	100.0	92.7	6.3	0.7	0.2	100.0	95.3	3.9	0.6	0.2
45–64 years	100.0	91.4	6.6	1.3	0.8	100.0	91.4	6.5	1.3	0.8
65 years and over	100.0	82.4	13.3	3.0	1.3	100.0	82.4	13.3	3.0	1.3
\$35,000 or more:										
All ages	100.0	94.4	4.7	0.6	0.3	100.0	95.5	3.7	0.6	0.3
Under 18 years	100.0	97.6	2.1	0.2	*0.1	100.0	97.7	2.0	0.2	*0.1
18–44 years	100.0	93.9	5.5	0.4	0.1	100.0	96.4	3.2	0.3	0.1
45–64 years	100.0	93.6	5.0	1.0	0.4	100.0	93.6	5.0	1.0	0.4
65 years and over	100.0	84.5	10.9	3.1	1.5	100.0	84.5	10.9	3.1	1.5
Geographic region										
Northeast	100.0	92.7	5.9	1.0	0.5	100.0	93.8	4.8	0.9	0.5
Midwest	100.0	92.3	6.2	1.1	0.5	100.0	93.4	5.1	1.0	0.5
South	100.0	91.9	6.4	1.1	0.6	100.0	93.0	5.4	1.1	0.5
West	100.0	93.7	5.2	0.7	0.4	100.0	95.1	3.9	0.7	0.3
Place of residence										
MSA ³	100.0	92.9	5.8	0.9	0.4	100.0	94.1	4.6	0.8	0.4
Central city	100.0	92.6	6.0	0.9	0.5	100.0	93.9	4.8	0.8	0.5
Not central city	100.0	93.0	5.7	0.9	0.4	100.0	94.2	4.5	0.8	0.4
Not MSA ³	100.0	91.4	6.7	1.4	0.6	100.0	92.2	5.9	1.3	0.6

¹Based on reason for admission or other indication of delivery.

²Includes other races and unknown family income.

³MSA is metropolitan statistical area.

NOTES: The standard errors (SE's) and relative standard errors (RSE's) for age, sex and age, and race and age can be computed by using parameter set X of table II, the frequencies of table 74, and the formula presented in rule 2 of appendix I. The SE's and RSE's for family income and age, geographic region, and place of residence can be computed by using parameter set X of table II, the frequencies of table 78, and the formula presented in rule 3 of appendix I. Estimates for which the numerator has an RSE of more than 30 percent are indicated with an asterisk.

Table 74. Number of living persons, by number of short-stay hospital episodes during the year preceding interview for all causes and causes excluding deliveries and by sociodemographic characteristics: United States, 1994

[Data are based on household interviews of the civilian noninstitutionalized population. The survey design, general qualifications, and information on the reliability of the estimates are given in appendix I. Definitions of terms are given in appendix II]

Characteristic	All causes					Excluding deliveries ¹				
	All statuses	Number of episodes				All statuses	Number of episodes			
		None	1	2	3 or more		None	1	2	3 or more
Number of persons in thousands										
All persons ²	259,634	240,258	15,554	2,566	1,255	259,634	243,273	12,735	2,398	1,227
Age										
Under 5 years	20,480	19,451	851	110	68	20,480	19,451	851	110	68
5-17 years	49,545	48,388	982	123	53	49,545	48,501	876	115	53
18-24 years	25,285	23,423	1,659	149	55	25,285	24,284	858	93	51
25-44 years	82,893	76,935	5,187	527	243	82,893	78,975	3,276	422	219
45-64 years	50,405	46,356	3,017	668	363	50,405	46,358	3,015	668	363
65-74 years	18,253	15,515	1,992	500	246	18,253	15,515	1,992	500	246
75 years and over	12,772	10,190	1,867	489	227	12,772	10,190	1,867	489	227
Sex and age										
Male:										
All ages	126,494	118,993	5,844	1,074	582	126,494	118,993	5,844	1,074	582
Under 18 years	35,832	34,696	945	131	60	35,832	34,696	945	131	60
18-44 years	53,387	51,367	1,723	179	118	53,387	51,367	1,723	179	118
45-64 years	24,344	22,343	1,509	312	180	24,344	22,343	1,509	312	180
65 years and over	12,932	10,588	1,667	452	225	12,932	10,588	1,667	452	225
Female:										
All ages	133,139	121,264	9,710	1,492	673	133,139	124,280	6,891	1,324	645
Under 18 years	34,194	33,143	887	102	62	34,194	33,256	782	94	62
18-44 years	54,791	48,992	5,122	496	180	54,791	51,892	2,411	336	152
45-64 years	26,061	24,013	1,508	356	183	26,061	24,015	1,506	356	183
65 years and over	18,094	15,117	2,192	538	248	18,094	15,117	2,192	538	248
Race and age										
White:										
All ages	214,496	198,366	12,916	2,185	1,029	214,496	200,715	10,714	2,053	1,014
Under 18 years	55,239	53,550	1,424	179	87	55,239	53,622	1,357	173	87
18-44 years	88,326	82,083	5,493	532	218	88,326	84,359	3,360	405	202
45-64 years	43,182	39,785	2,536	565	296	43,182	39,787	2,534	565	296
65 years and over	27,749	22,948	3,463	909	429	27,749	22,948	3,463	909	429
Black:										
All ages	33,035	30,416	2,085	334	200	33,035	30,897	1,642	308	187
Under 18 years	11,300	10,888	334	45	33	11,300	10,923	302	42	33
18-44 years	14,082	12,849	1,049	120	64	14,082	13,296	638	97	51
45-64 years	5,129	4,590	385	95	59	5,129	4,590	385	95	59
65 years and over	2,524	2,089	317	74	44	2,524	2,089	317	74	44
Family income and age										
Under \$10,000:										
All ages	23,363	20,817	1,945	372	228	23,363	21,137	1,641	359	226
Under 18 years	7,030	6,695	290	33	12	7,030	6,706	281	31	12
18-44 years	9,458	8,492	805	95	66	9,458	8,801	510	83	64
45-64 years	2,808	2,357	306	90	55	2,808	2,357	306	90	55
65 years and over	4,067	3,272	544	155	96	4,067	3,272	544	155	96
\$10,000-\$19,999:										
All ages	37,271	33,789	2,665	542	276	37,271	34,277	2,218	511	265
Under 18 years	10,103	9,734	281	46	42	10,103	9,762	255	43	42
18-44 years	14,347	13,078	1,076	125	68	14,347	13,538	655	97	57
45-64 years	5,595	5,007	392	115	81	5,595	5,007	392	115	81
65 years and over	7,226	5,970	915	256	85	7,226	5,970	915	256	85

See footnotes and notes at end of table.

Table 74. Number of living persons, by number of short-stay hospital episodes during the year preceding interview for all causes and excluding deliveries and by sociodemographic Characteristics: United States, 1994—Con.

[Data are based on household interviews of the civilian noninstitutionalized population. The survey design, general qualifications, and information on the reliability of the estimates are given in appendix I. Definitions of terms are given in appendix II]

Characteristic	All causes					Excluding deliveries ¹				
	All statuses	Number of episodes				All statuses	Number of episodes			
		None	1	2	3 or more		None	1	2	3 or more
Family income and age—Con.										
Number of persons in thousands										
\$20,000–\$34,999:										
All ages	54,171	49,966	3,419	561	225	54,171	50,595	2,840	519	218
Under 18 years	14,454	13,965	415	60	14	14,454	13,979	403	58	14
18–44 years	23,514	21,798	1,486	175	55	23,514	22,411	921	134	48
45–64 years	9,461	8,647	621	121	72	9,461	8,649	619	121	72
65 years and over	6,741	5,555	897	205	85	6,741	5,555	897	205	85
\$35,000 or more:										
All ages	100,302	94,693	4,716	628	265	100,302	95,797	3,674	576	256
Under 18 years	28,046	27,368	576	65	37	28,046	27,395	550	65	37
18–44 years	43,705	41,060	2,411	172	62	43,705	42,137	1,396	119	54
45–64 years	23,402	21,913	1,169	232	88	23,402	21,913	1,169	232	88
65 years and over	5,148	4,352	560	159	78	5,148	4,352	560	159	78
Geographic region										
Northeast	50,610	46,893	2,977	497	243	50,610	47,482	2,440	448	240
Midwest	63,238	58,342	3,895	681	320	63,238	59,034	3,256	637	311
South	88,088	80,953	5,657	988	490	88,088	81,908	4,767	937	476
West	57,697	54,070	3,024	401	203	57,697	54,849	2,272	376	200
Place of residence										
MSA ³	203,079	188,591	11,788	1,791	910	203,079	191,121	9,405	1,662	891
Central city	79,510	73,643	4,777	720	371	79,510	74,672	3,807	669	362
Not central city	123,570	114,948	7,011	1,071	540	123,570	116,449	5,599	994	529
Not MSA ³	56,554	51,667	3,766	776	345	56,554	52,153	3,330	736	336

¹Based on reason for admission or other indication of delivery.

²Includes other races and unknown family income.

³MSA is metropolitan statistical area.

NOTES: The standard errors (SE's) and relative standard errors (RSE's) can be computed by using parameter set X of table II and the formula presented in rule 1 of appendix I. An estimate of 384,000 has a 10-percent RSE; of 96,000, a 20-percent RSE; and of 43,000, a 30-percent RSE.

Table 75. Number of short-stay hospital days during the year preceding interview per living person hospitalized for all causes and excluding deliveries, by number of episodes and sociodemographic characteristics: United States, 1994

[Data are based on household interviews of the civilian noninstitutionalized population. The survey design, general qualifications, and information on the reliability of the estimates are given in appendix I. Definitions of terms are given in appendix II]

Characteristic	All causes				Excluding deliveries ¹			
	All statuses	Number of episodes			All statuses	Number of episodes		
		1	2	3 or more		1	2	3 or more
				Days per person hospitalized				
All persons ²	7.4	5.1	12.4	26.1	8.3	5.7	12.7	26.5
Age								
Under 5 years	7.9	6.0	9.9	28.6	7.9	6.0	9.9	28.6
5-17 years	6.4	4.9	13.5	17.3	6.7	5.3	13.1	16.8
18-24 years	3.9	3.0	8.3	18.4	5.1	3.8	9.7	18.3
25-44 years	5.3	3.9	11.1	22.8	6.7	4.8	11.8	24.4
45-64 years	8.2	5.4	11.8	24.8	8.2	5.4	11.8	24.8
65-74 years	10.0	6.7	14.0	28.5	10.0	6.7	14.0	28.5
75 years and over	11.2	7.7	14.7	32.2	11.2	7.7	14.7	32.2
Sex and age								
Male:								
All ages	9.1	6.2	13.1	30.7	9.1	6.2	13.1	30.7
Under 18 years	7.6	5.9	12.7	22.6	7.6	5.9	12.7	22.6
18-44 years	7.6	5.5	13.4	29.9	7.6	5.5	13.4	29.9
45-64 years	8.6	5.4	12.6	27.9	8.6	5.4	12.6	27.9
65 years and over	11.5	7.7	13.5	35.4	11.5	7.7	13.5	35.4
Female:								
All ages	6.4	4.4	11.9	22.1	7.6	5.3	12.4	22.6
Under 18 years	6.6	4.9	10.7	24.3	7.0	5.3	10.0	23.8
18-44 years	4.0	3.0	9.4	16.8	5.4	3.9	10.4	18.2
45-64 years	7.8	5.3	11.1	21.8	7.8	5.3	11.1	21.8
65 years and over	9.9	6.8	15.0	25.7	9.9	6.8	15.0	25.7
Race and age								
White:								
All ages	7.3	4.9	12.4	25.8	8.1	5.5	12.7	26.0
Under 18 years	6.5	4.8	12.7	22.0	6.7	5.0	12.4	21.9
18-44 years	4.8	3.6	9.8	20.5	6.1	4.6	10.8	21.4
45-64 years	7.6	4.9	11.7	23.7	7.6	4.9	11.7	23.7
65 years and over	10.5	7.0	14.2	30.6	10.5	7.0	14.2	30.6
Black:								
All ages	8.5	5.9	12.0	29.1	9.6	6.8	12.2	30.4
Under 18 years	9.9	8.2	*9.4	28.5	10.5	8.7	*9.5	27.8
18-44 years	6.0	4.1	10.5	29.3	7.5	4.9	10.6	34.8
45-64 years	10.6	7.3	11.9	30.2	10.6	7.3	11.9	30.2
65 years and over	11.4	8.1	16.1	27.6	11.4	8.1	16.1	27.6
Family income and age								
Under \$10,000:								
All ages	9.1	6.2	14.5	24.5	9.9	6.9	14.4	24.6
Under 18 years	8.5	6.9	*16.4	*25.3	8.7	7.0	*17.2	*25.3
18-44 years	6.5	4.4	11.4	24.2	8.1	5.8	10.2	24.5
45-64 years	11.8	8.7	15.3	22.9	11.8	8.7	15.3	22.9
65 years and over	10.9	7.0	15.5	25.2	10.9	7.0	15.5	25.2
\$10,000-\$19,999:								
All ages	9.3	6.5	13.7	28.3	10.4	7.3	14.0	29.1
Under 18 years	8.8	6.1	*10.2	25.2	9.3	6.5	*10.3	24.9
18-44 years	6.0	4.4	11.6	19.9	7.8	5.8	12.7	22.2
45-64 years	12.1	7.6	15.2	29.5	12.1	7.6	15.2	29.5
65 years and over	11.6	8.6	14.7	35.5	11.6	8.6	14.7	35.5

See footnotes and notes at end of table.

Table 75. Number of short-stay hospital days during the year preceding interview per living person hospitalized for all causes and excluding deliveries, by number of episodes and sociodemographic characteristics: United States, 1994—Con.

[Data are based on household interviews of the civilian noninstitutionalized population. The survey design, general qualifications, and information on the reliability of the estimates are given in appendix I. Definitions of terms are given in appendix II]

Characteristic	All causes				Excluding deliveries ¹			
	All statuses	Number of episodes			All statuses	Number of episodes		
		1	2	3 or more		1	2	3 or more
Family income and age—Con.								
Days per person hospitalized								
\$20,000–\$34,999:								
All ages	6.9	4.6	11.3	30.4	7.7	5.2	11.6	31.0
Under 18 years	6.9	4.6	12.1	55.1	7.0	4.9	*10.8	54.4
18–44 years	4.9	3.7	8.8	26.5	6.3	4.6	9.8	28.9
45–64 years	7.0	4.3	10.0	25.1	7.0	4.3	10.0	25.1
65 years and over	9.7	6.5	14.1	33.1	9.7	6.5	14.1	33.1
\$35,000 or more:								
All ages	5.5	3.8	11.0	22.2	6.2	4.3	11.5	22.7
Under 18 years	5.8	5.1	*9.6	*10.4	6.0	5.2	*9.6	*10.4
18–44 years	3.7	2.9	10.8	15.1	4.6	3.5	12.8	16.1
45–64 years	6.0	4.1	9.7	20.4	6.0	4.1	9.7	20.4
65 years and over	10.2	5.6	13.8	35.6	10.2	5.6	13.8	35.6
Geographic region								
Northeast	9.0	6.1	13.4	35.4	10.1	6.9	14.0	35.7
Midwest	7.1	4.8	13.3	21.8	7.8	5.3	13.5	22.1
South	7.3	5.0	11.8	24.9	8.0	5.5	12.0	25.3
West	6.5	4.6	11.3	24.4	7.7	5.5	11.7	24.7
Place of residence								
MSA ³	7.5	5.2	12.7	27.8	8.6	5.9	13.0	28.2
Central city	8.0	5.7	13.4	26.9	9.1	6.6	13.4	27.3
Not central city	7.2	4.8	12.2	28.3	8.2	5.5	12.7	28.7
Not MSA ³	7.1	4.8	11.8	21.7	7.6	5.1	12.1	21.9

¹Based on reason for admission or other indication of delivery.

²Includes other races and unknown family income.

³MSA is metropolitan statistical area.

NOTES: The standard errors (SE's) and relative standard errors (RSE's) can be computed by using parameter sets VII and X of table II, the frequencies of tables 74 and 76, and the formula presented in rule 4 of appendix I. Estimates for which the numerator has an RSE of more than 30 percent are indicated with an asterisk.

Table 76. Number of short-stay hospital days during the year preceding interview for living persons hospitalized for all causes and excluding deliveries, by number of episodes and sociodemographic characteristics: United States, 1994

[Data are based on household interviews of the civilian noninstitutionalized population. The survey design, general qualifications, and information on the reliability of the estimates are given in appendix I. Definitions of terms are given in appendix II]

Characteristic	All causes				Excluding deliveries ¹			
	All statuses	Number of episodes			All statuses	Number of episodes		
		1	2	3 or more		1	2	3 or more
Number of days in thousands								
All persons ²	143,550	78,931	31,872	32,746	135,711	72,739	30,517	32,455
Age								
Under 5 years	8,140	5,108	1,089	1,944	8,140	5,108	1,089	1,944
5-17 years	7,356	4,772	1,665	918	7,028	4,627	1,511	890
18-24 years	7,281	5,032	1,235	1,014	5,062	3,227	900	934
25-44 years	31,392	20,015	5,842	5,535	26,103	15,776	4,975	5,352
45-64 years	33,131	16,261	7,858	9,012	33,127	16,257	7,858	9,012
65-74 years	27,398	13,390	6,991	7,016	27,398	13,390	6,991	7,016
75 years and over	28,852	14,353	7,192	7,307	28,852	14,353	7,192	7,307
Sex and age								
Male:								
All ages	68,029	36,090	14,072	17,867	68,029	36,090	14,072	17,867
Under 18 years	8,590	5,576	1,658	1,356	8,590	5,576	1,658	1,356
18-44 years	15,421	9,502	2,392	3,528	15,421	9,502	2,392	3,528
45-64 years	17,150	8,201	3,923	5,026	17,150	8,201	3,923	5,026
65 years and over	26,868	12,811	6,100	7,957	26,868	12,811	6,100	7,957
Female:								
All ages	75,521	42,841	17,800	14,880	67,682	36,649	16,445	14,588
Under 18 years	6,906	4,304	1,096	1,505	6,579	4,159	942	1,477
18-44 years	23,252	15,544	4,685	3,022	15,743	9,501	3,483	2,759
45-64 years	15,982	8,060	3,935	3,986	15,978	8,056	3,935	3,986
65 years and over	29,382	14,933	8,084	6,366	29,382	14,933	8,084	6,366
Race and age								
White:								
All ages	117,027	63,450	27,065	26,512	111,244	58,833	26,062	26,349
Under 18 years	11,008	6,831	2,266	1,912	10,838	6,794	2,137	1,907
18-44 years	29,658	19,957	5,228	4,473	24,050	15,381	4,354	4,315
45-64 years	25,971	12,320	6,633	7,018	25,967	12,317	6,633	7,018
65 years and over	50,389	24,341	12,938	13,109	50,389	24,341	12,938	13,109
Black:								
All ages	22,202	12,373	4,013	5,816	20,558	11,116	3,754	5,687
Under 18 years	4,097	2,730	425	942	3,956	2,638	400	919
18-44 years	7,414	4,275	1,260	1,878	5,911	3,111	1,027	1,773
45-64 years	5,729	2,812	1,135	1,781	5,729	2,812	1,135	1,781
65 years and over	4,962	2,555	1,193	1,214	4,962	2,555	1,193	1,214
Family income and age								
Under \$10,000:								
All ages	23,048	12,054	5,409	5,584	22,100	11,385	5,160	5,554
Under 18 years	2,852	2,007	542	303	2,813	1,978	532	303
18-44 years	6,258	3,576	1,082	1,600	5,349	2,936	843	1,570
45-64 years	5,305	2,667	1,378	1,260	5,305	2,667	1,378	1,260
65 years and over	8,633	3,804	2,407	2,422	8,633	3,804	2,407	2,422
\$10,000-\$19,999:								
All ages	32,498	17,254	7,427	7,816	31,162	16,265	7,177	7,720
Under 18 years	3,236	1,709	469	1,059	3,155	1,665	444	1,046
18-44 years	7,552	4,747	1,454	1,351	6,298	3,802	1,228	1,268
45-64 years	7,104	2,968	1,749	2,386	7,104	2,968	1,749	2,386
65 years and over	14,605	7,830	3,755	3,020	14,605	7,830	3,755	3,020

See footnotes and notes at end of table.

Table 76. Number of short-stay hospital days during the year preceding interview for living persons hospitalized for all causes and excluding deliveries, by number of episodes and sociodemographic characteristics: United States, 1994—Con.

[Data are based on household interviews of the civilian noninstitutionalized population. The survey design, general qualifications, and information on the reliability of the estimates are given in appendix I. Definitions of terms are given in appendix II]

Characteristic	All causes				Excluding deliveries ¹			
	All statuses	Number of episodes			All statuses	Number of episodes		
		1	2	3 or more		1	2	3 or more
Family income and age—Con.								
Number of days per person								
\$20,000–\$34,999:								
All ages	29,046	15,836	6,360	6,850	27,457	14,655	6,038	6,765
Under 18 years	3,393	1,896	726	771	3,344	1,958	625	761
18–44 years	8,453	5,456	1,537	1,460	6,917	4,217	1,316	1,385
45–64 years	5,709	2,690	1,215	1,804	5,705	2,686	1,215	1,804
65 years and over	11,491	5,794	2,882	2,815	11,491	5,794	2,882	2,815
\$35,000 or more:								
All ages	30,820	18,001	6,928	5,891	28,139	15,718	6,598	5,823
Under 18 years	3,940	2,929	625	385	3,882	2,872	625	385
18–44 years	9,869	7,085	1,849	935	7,246	4,860	1,519	867
45–64 years	8,890	4,844	2,252	1,794	8,890	4,844	2,252	1,794
65 years and over	8,122	3,142	2,202	2,777	8,122	3,142	2,202	2,777
Geographic region								
Northeast	33,454	18,202	6,638	8,614	31,618	16,792	6,257	8,569
Midwest	34,622	18,561	9,084	6,977	32,781	17,299	8,595	6,886
South	52,005	28,173	11,636	12,196	49,389	26,069	11,268	12,053
West	23,468	13,994	4,514	4,959	21,923	12,579	4,397	4,947
Place of residence								
MSA ³	108,730	60,739	22,722	25,269	102,313	55,630	21,590	25,093
Central city	46,686	27,084	9,631	9,971	43,902	25,035	8,974	9,894
Not central city	62,044	33,655	13,090	15,298	58,411	30,595	12,617	15,199
Not MSA ³	34,820	18,192	9,151	7,478	33,397	17,109	8,926	7,362

¹Based on reason for admission or other indication of delivery.

²Includes other races and unknown family income.

³MSA is metropolitan statistical area.

NOTES: The standard errors (SE's) and relative standard errors (RSE's) can be computed by using parameter set VII of table II and the formula presented in rule 1 of appendix I. An estimate of 6.5 million has a 10-percent RSE; of 1.5 million, a 20-percent RSE; and of 655,000, a 30-percent RSE.

Table 77. Number per 100 persons per year and annual number of short-stay hospital discharges, average length of stay and annual number of hospital days for living persons hospitalized for all causes and excluding deliveries by sociodemographic characteristics: United States, 1994

[Data are based on household interviews of the civilian noninstitutionalized population. The survey design, general qualifications, and information on the reliability of the estimates are given in appendix I. Definitions of terms are given in appendix II]

Characteristic	All causes ¹				Excluding deliveries ²			
	Hospital discharges		Hospital days		Hospital discharges		Hospital days	
	Number per 100 persons	Number in thousands	Average length of stay	Number in thousands	Number per 100 persons	Number in thousands	Average length of stay	Number in thousands
All persons ³	10.6	27,400	5.9	161,469	9.3	24,101	6.4	153,532
Age								
Under 5 years	6.8	1,387	6.3	8,678	6.8	1,387	6.3	8,678
5-17 years	3.4	1,681	5.2	8,804	3.1	1,529	5.5	8,430
18-24 years	9.0	2,276	3.5	8,067	5.6	1,405	4.2	5,970
25-44 years	9.1	7,572	4.7	35,330	6.4	5,297	5.6	29,863
45-64 years	12.2	6,142	5.8	35,864	12.2	6,142	5.8	35,864
65-74 years	23.0	4,200	7.2	30,093	23.0	4,200	7.2	30,093
75 years and over	32.4	4,141	8.4	34,633	32.4	4,141	8.4	34,633
Sex and age								
Male:								
All ages	8.7	11,059	7.0	77,880	8.7	11,059	7.0	77,880
Under 18 years	4.3	1,535	6.4	9,882	4.3	1,535	6.4	9,882
18-44 years	5.2	2,785	6.4	17,784	5.2	2,785	6.4	17,784
45-64 years	12.3	2,986	6.3	18,931	12.3	2,986	6.3	18,931
65 years and over	29.0	3,754	8.3	31,283	29.0	3,754	8.3	31,283
Female:								
All ages	12.3	16,341	5.1	83,589	9.8	13,042	5.8	75,651
Under 18 years	4.5	1,534	5.0	7,599	4.0	1,382	5.2	7,226
18-44 years	12.9	7,064	3.6	25,613	7.1	3,917	4.6	18,049
45-64 years	12.1	3,156	5.4	16,933	12.1	3,156	5.4	16,933
65 years and over	25.4	4,587	7.3	33,444	25.4	4,587	7.3	33,444
Race and age								
White:								
All ages	10.5	22,555	5.8	130,726	9.4	20,060	6.2	125,139
Under 18 years	4.0	2,233	5.4	12,116	3.9	2,144	5.6	11,945
18-44 years	8.7	7,673	4.4	33,885	6.0	5,267	5.4	28,469
45-64 years	11.8	5,084	5.4	27,415	11.8	5,084	5.4	27,415
65 years and over	27.3	7,565	7.6	57,309	27.3	7,565	7.6	57,309
Black:								
All ages	12.1	3,991	6.1	24,149	10.3	3,401	6.5	22,183
Under 18 years	6.4	723	6.9	4,983	6.0	674	7.1	4,811
18-44 years	12.1	1,708	4.5	7,657	8.3	1,167	5.0	5,864
45-64 years	17.2	883	7.0	6,138	17.2	883	7.0	6,138
65 years and over	26.8	676	7.9	5,371	26.8	676	7.9	5,371
Family income and age								
Under \$10,000:								
All ages	16.3	3,816	6.5	24,805	14.8	3,452	6.9	23,804
Under 18 years	6.8	481	6.8	3,283	6.7	474	6.9	3,263
18-44 years	14.1	1,329	4.6	6,095	10.3	971	5.3	5,115
45-64 years	24.6	692	7.8	5,381	24.6	692	7.8	5,381
65 years and over	32.3	1,314	7.6	10,045	32.3	1,314	7.6	10,045
\$10,000-\$19,999:								
All ages	14.4	5,358	7.2	38,780	12.7	4,734	7.9	37,237
Under 18 years	5.9	601	6.3	3,778	5.5	555	6.6	3,653
18-44 years	12.2	1,754	4.9	8,636	8.2	1,176	6.1	7,218
45-64 years	17.9	1,002	8.4	8,393	17.9	1,002	8.4	8,393
65 years and over	27.7	2,000	9.0	17,973	27.7	2,000	9.0	17,973

See footnotes and notes at end of table.

Table 77. Number per 100 persons per year and annual number of short-stay hospital discharges, average length of stay and annual number of hospital days for living persons hospitalized for all causes and excluding deliveries by sociodemographic characteristics: United States, 1994—Con.

[Data are based on household interviews of the civilian noninstitutionalized population. The survey design, general qualifications, and information on the reliability of the estimates are given in appendix I. Definitions of terms are given in appendix II]

Characteristic	All causes ¹				Excluding deliveries ²			
	Hospital discharges		Hospital days		Hospital discharges		Hospital days	
	Number per 100 persons	Number in thousands	Average length of stay	Number in thousands	Number per 100 persons	Number in thousands	Average length of stay	Number in thousands
Family income and age—Con.								
\$20,000–\$34,999:								
All ages	10.7	5,787	5.7	33,159	9.4	5,070	6.2	31,555
Under 18 years	4.7	673	5.5	3,687	4.5	650	5.6	3,642
18–44 years	9.3	2,190	5.1	11,081	6.4	1,496	6.4	9,522
45–64 years	12.7	1,203	4.9	5,913	12.7	1,203	4.9	5,913
65 years and over	25.5	1,721	7.3	12,479	25.5	1,721	7.3	12,479
\$35,000 or more:								
All ages	7.2	7,201	4.7	33,924	6.1	6,113	5.1	31,450
Under 18 years	3.1	863	4.8	4,170	3.0	829	5.0	4,112
18–44 years	6.9	3,027	3.5	10,546	4.5	1,973	4.1	8,130
45–64 years	8.8	2,063	4.8	9,854	8.8	2,063	4.8	9,854
65 years and over	24.2	1,248	7.5	9,354	24.2	1,248	7.5	9,354
Geographic region								
Northeast	10.3	5,225	7.3	37,915	9.1	4,597	7.8	36,058
Midwest	11.0	6,986	5.5	38,769	9.8	6,220	5.9	36,956
South	11.7	10,319	5.6	57,573	10.4	9,189	6.0	54,761
West	8.4	4,870	5.6	27,212	7.1	4,097	6.3	25,756
Place of residence								
MSA ⁴	10.0	20,223	6.1	124,135	8.6	17,558	6.7	117,783
Central city	10.6	8,394	6.4	54,091	9.1	7,213	7.1	51,079
Not central city	9.6	11,829	5.9	70,044	8.4	10,345	6.4	66,704
Not MSA ⁴	12.7	7,177	5.2	37,334	11.6	6,543	5.5	35,749

¹Includes unknown cause; based on 6-month reference period.

²Based on reason for admission or other indication of delivery.

³Includes other races and unknown family income.

⁴MSA is metropolitan statistical area.

NOTES: The standard errors (SE's) and relative standard errors (RSE's) for age, sex and age, and race and age for columns 1 and 5 can be computed by using parameter set VIII of table II, the frequencies of table 77, and the formula presented in rule 2 of appendix I. The SE's and RSE's for family income and age, geographic region, and place of residence for columns 1 and 5 can be computed by using parameter sets VIII and X of table II, the frequencies of tables 77 and 78, and the formula presented in rule 4 of appendix I. The SE's and RSE's for columns 2 and 6 can be computed by using parameter set VIII of table II and the formula presented in rule 1 of appendix I. The SE's and RSE's for columns 4 and 8 can be computed by using parameter set IX of table II and the formula presented in rule 1 of appendix I. The SE's and RSE's for columns 3 and 7 can be computed by using parameter sets VIII and IX of table II, the frequencies of table 77, and the formula presented in rule 4 of appendix I. An estimate of 683,000 discharges has a 10-percent RSE; of 169,000, a 20-percent RSE; and of 75,000, a 30-percent RSE. An estimate of 14.4 million days has a 10-percent RSE; of 2.8 million, a 20-percent RSE; and of 1.2 million, a 30-percent RSE.

Table 78. Number of persons of all ages and number of currently employed persons 18 years of age and over, by sociodemographic characteristics: United States, 1994

[Data are based on household interviews of the civilian noninstitutionalized population. The survey design, general qualifications, and information on the reliability of the estimates are given in appendix I. Definitions of terms are given in appendix II]

Characteristic	All persons	Currently employed persons	Characteristic	All persons	Currently employed persons
	Number in thousands			Number in thousands	
All persons ¹	259,634	122,928	Race and age—Con.		
Age			Black:		
Under 18 years	70,025	...	All ages	33,035	13,250
Under 5 years	20,480	...	Under 18 years	11,300	...
5–17 years	49,545	...	Under 5 years	3,376	...
18–44 years	108,178	83,938	5–17 years	7,924	...
18–24 years	25,285	16,967	18–44 years	14,082	9,747
25–44 years	82,893	66,971	18–24 years	3,665	1,952
45 years and over	81,430	38,990	45 years and over	7,653	3,503
45–64 years	50,405	35,079	45–64 years	5,129	3,246
65 years and over	31,026	3,910	65 years and over	2,524	257
65–69 years	9,685	2,171	65–69 years	842	155
70–74 years	8,568	1,096	70–74 years	711	63
75 years and over	12,772	644	75 years and over	971	38
Sex and age			Family income and age		
Male:			Under \$10,000:		
All ages	126,494	66,950	All ages	23,363	5,374
Under 18 years	35,832	...	Under 18 years	7,030	...
Under 5 years	10,471	...	Under 5 years	2,467	...
5–17 years	25,360	...	5–17 years	4,562	...
18–44 years	53,387	45,655	18–44 years	9,458	4,314
18–24 years	12,571	9,055	18–24 years	4,257	2,057
45 years and over	37,275	21,295	45 years and over	6,875	1,060
45–64 years	24,344	19,087	45–64 years	2,808	835
65 years and over	12,932	2,208	65 years and over	4,067	225
65–69 years	4,354	1,166	65–69 years	900	124
70–74 years	3,757	646	70–74 years	980	54
75 years and over	4,820	395	75 years and over	2,187	47
Female:			\$10,000–\$19,999:		
All ages	133,139	55,977	All ages	37,271	13,751
Under 18 years	34,194	...	Under 18 years	10,103	...
Under 5 years	10,009	...	Under 5 years	3,244	...
5–17 years	24,185	...	5–17 years	6,859	...
18–44 years	54,791	38,283	18–44 years	14,347	10,043
18–24 years	12,714	7,912	18–24 years	4,341	2,851
45 years and over	44,155	17,695	45 years and over	12,821	3,708
45–64 years	26,061	15,992	45–64 years	5,595	2,954
65 years and over	18,094	1,703	65 years and over	7,226	755
65–69 years	5,331	1,004	65–69 years	1,897	377
70–74 years	4,810	450	70–74 years	2,101	240
75 years and over	7,952	249	75 years and over	3,228	137
Race and age			\$20,000–\$24,999:		
White:			All ages	19,599	8,911
All ages	214,496	104,237	Under 18 years	5,076	...
Under 18 years	55,239	...	Under 5 years	1,710	...
Under 5 years	16,074	...	5–17 years	3,366	...
5–17 years	39,165	...	18–44 years	8,067	6,393
18–44 years	88,326	70,261	18–24 years	2,008	1,481
18–24 years	20,051	14,173	45 years and over	6,456	2,518
45 years and over	70,931	33,976	45–64 years	3,388	2,120
45–64 years	43,182	30,398	65 years and over	3,068	398
65 years and over	27,749	3,578	65–69 years	1,052	221
65–69 years	8,562	1,971	70–74 years	896	106
70–74 years	7,621	1,010	75 years and over	1,121	72
75 years and over	11,565	597			

See footnotes and notes at end of table.

Table 78. Number of persons of all ages and number of currently employed persons 18 years of age and over, by sociodemographic characteristics: United States, 1994—Con.

[Data are based on household interviews of the civilian noninstitutionalized population. The survey design, general qualifications, and information on the reliability of the estimates are given in appendix I. Definitions of terms are given in appendix II]

<i>Characteristic</i>	<i>All persons</i>	<i>Currently employed persons</i>	<i>Characteristic</i>	<i>All persons</i>	<i>Currently employed persons</i>
Family income and age—Con.			Place of residence and age		
Number in thousands			Number in thousands		
\$25,000—\$34,999:			MSA²:		
All ages	34,572	17,705	All ages	203,079	97,016
Under 18 years	9,379	...	Under 5 years	16,561	...
Under 5 years	2,710	...	5–17 years	38,652	...
5–17 years	6,669	...	18 years and over	147,867	97,016
18–44 years	15,447	12,938	Central city:		
18–24 years	2,891	2,246	All ages	79,510	36,280
45 years and over	9,746	4,766	Under 5 years	6,723	...
45–64 years	6,074	4,235	5–17 years	14,514	...
65 years and over	3,673	531	18 years and over	58,272	36,280
65–69 years	1,386	325	Not central city:		
70–74 years	1,114	139	All ages	123,570	60,737
75 years and over	1,173	68	Under 5 years	9,838	...
\$35,000 or more:			5–17 years	24,138	...
All ages	100,302	57,847	18 years and over	89,594	60,737
Under 18 years	28,046	...	Not MSA²:		
Under 5 years	7,335	...	All ages	56,554	25,911
5–17 years	20,711	...	Under 5 years	3,920	...
18–44 years	43,705	37,607	5–17 years	10,893	...
18–24 years	7,373	5,517	18 years and over	41,741	25,911
45 years and over	28,551	20,240			
45–64 years	23,402	19,079			
65 years and over	5,148	1,160			
65–69 years	2,145	698			
70–74 years	1,454	308			
75 years and over	1,549	155			
Geographic region and age					
Northeast:					
All ages	50,610	23,587			
Under 5 years	3,823	...			
5–17 years	9,159	...			
18 years and over	37,628	23,587			
Midwest:					
All ages	63,238	30,935			
Under 5 years	4,897	...			
5–17 years	12,177	...			
18 years and over	46,163	30,935			
South:					
All ages	88,088	41,869			
Under 5 years	6,700	...			
5–17 years	16,752	...			
18 years and over	64,636	41,869			
West:					
All ages	57,697	26,537			
Under 5 years	5,060	...			
5–17 years	11,456	...			
18 years and over	41,181	26,537			

¹Includes other races and unknown family income.

²MSA is metropolitan statistical area.

NOTES: The standard errors (SE's) and relative standard errors (RSE's) for currently employed persons, family income and age, geographic region and age, and place of residence and age can be computed by using parameter set X of table II and the formula presented in rule 1 of appendix I. An estimate of 384,000 has a 10-percent RSE; of 96,000, a 20-percent RSE; and of 43,000, a 30-percent RSE.

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Appendix I

Technical notes on methods

Background

This report is one of a series of statistical reports published by the staff of the National Center for Health Statistics (NCHS). It is based on information collected in a continuing nationwide sample of households included in the National Health Interview Survey (NHIS). Data are obtained on the personal, sociodemographic, and health characteristics of the family members and unrelated individuals living in these households.

Field operations for the survey are conducted by the U.S. Bureau of the Census under specifications established by NCHS. The U.S. Bureau of the Census participates in the survey planning, selects the sample, and conducts the interviews. The data are then transmitted to NCHS for preparation, processing, and analysis.

Summary reports and reports on special topics for each year's data are prepared by the staff of the Division of Health Interview Statistics for publication in Series 10 publications of NCHS. Data are also tabulated for other reports published by NCHS staff and for use by other organizations and by researchers within and outside the Government. Since 1969, public use tapes have been prepared for each year of data collection.

Public use micro-data also are available on compact disk read-only memory (CD-ROM) for 1987–92, and will be available for later years in the future.

It should be noted that the health characteristics described by the NHIS estimates pertain only to the resident, civilian noninstitutionalized population of the United States living at the time of the interview. The sample does not include persons residing in nursing homes, members of the armed forces, institutionalized persons, or U.S. nationals living abroad.

Statistical design of the NHIS

General design

Data from the NHIS have been collected continuously since 1957. The sample design of the survey has undergone changes following each decennial census. This periodic redesign of the NHIS sample allows the incorporation of the latest population information and statistical methodology into the survey design. The data presented in this report are from the NHIS sample design first used in 1985. This design will be used until 1995.

The sample design plan of the NHIS follows a multistage probability design that permits a continuous sampling of the civilian noninstitutionalized population residing in the United States. The survey is designed in such a way that the sample scheduled for each week is representative of the target population, and the weekly samples are additive over time. This design permits estimates for high-frequency measures or for large population groups to be produced from a short period of data collection. Estimates for low-frequency measures or for smaller population subgroups can be obtained from a longer period of data collection. The annual sample is designed so that tabulations can be provided for each of the four major geographic regions. Because interviewing is done throughout the year, there is no seasonal bias for annual estimates.

The continuous data collection also has administrative and operational advantages because fieldwork can be handled on a continuing basis with an experienced, stable staff.

Sample selection

The target population for the NHIS is the civilian noninstitutionalized population residing in the United States. For the first stage of the sample design, the United States is considered to be a universe composed of approximately 1,900 geographically defined primary sampling units (PSU's). A PSU consists of a county, small group of contiguous counties, or a metropolitan statistical area. The PSU's collectively cover the 50 States and the District of Columbia. The 52 largest PSU's are selected into the sample with certainty and are referred to as self-representing PSU's. The other PSU's in the universe are referred to as non-self-representing PSU's. These PSU's are clustered into 73 strata, and 2 sample PSU's are chosen from each stratum with probability proportional to population size. This gives a total of 198 PSU's selected in the first stage.

Within a PSU, two types of second stage units are used: area segments and permit area segments. Area segments are defined geographically and contain an expected eight households. Permit area segments cover geographical areas containing housing units built after the 1980 census. The permit area segments are defined using updated lists of building permits issued in the PSU since 1980 and contain an expected four households.

Within each segment all occupied households are targeted for interview. On occasion, a sample segment may contain a large number of households. In this situation the households are subsampled to provide a manageable interviewer workload.

The sample was designed so that a typical NHIS sample for the data collection years 1985 to 1995 will consist of approximately 7,500 segments containing about 59,000 assigned households. Of these households, an expected 10,000 will be vacant, demolished, or occupied by persons not in the target population of the survey. The expected sample of 49,000 occupied households will yield a probability sample of about 127,000 persons.

Features of the NHIS sample redesign

Starting in 1985, the NHIS design incorporated several new design features (7). The major changes include the following:

1. *The use of an all-area frame.* The NHIS sample is now designed so that it can serve as a sample frame for other NCHS population-based surveys. In previous NHIS designs about two-thirds of the sample was obtained from lists of addresses compiled at the time of the decennial census; that is, a list frame. Due to U.S. Bureau of the Census confidentiality restrictions, these sample addresses could be used for only those surveys being conducted by the U.S. Bureau of the Census. The methodology used to obtain addresses in the 1985 NHIS area frame does not use the census address lists. The sample addresses thus obtained can be used as a sampling frame for other NCHS surveys.
2. *The NHIS has four panels.* Four national subdesigns, or panels, constitute the full NHIS. Each panel contains a representative sample of the U.S. civilian noninstitutionalized population. Each of the four panels has the same sampling properties, and any combination of panels defines a national design. Panels were constructed to facilitate the linkage of the NHIS to other surveys and also to efficiently make large reductions in the size of the sample by eliminating panels from the survey.

In 1994 the sample consisted of 8,598 segments containing 60,628 assigned households. Of the 48,584 households eligible for interview, 45,705 households were actually interviewed, resulting in a sample of 116,179 persons.
3. *The oversampling of black persons.* One of the goals in designing the current NHIS was to improve the precision of estimates for black persons. This was accomplished by the use of differential sampling rates in PSU's with between about 5- and 50-percent black population. Sampling rates for selection of segments were increased in areas known to have the highest concentrations of black persons. Segment sampling rates were decreased in other areas within the PSU to ensure that the total sample in each PSU was the same size as it would have been without oversampling black persons.
4. *The reduction of the number of sampled PSU's.* Interviewer travel to sample PSU's constitutes a large component of the total field costs for the NHIS. The previous NHIS design included 376 PSU's. Research showed that reducing the number of sample PSU's while increasing the sample size within PSU's would reduce travel costs and also maintain the reliability of health estimates. The design now contains 198 PSU's.

5. *The selection of two PSU's per non-self-representing stratum.* In the previous design, one PSU was selected from each non-self-representing stratum. This feature necessitated the use of less efficient variance estimation procedures; the selection of two PSU's allows more efficient variance estimation methodology.

Collection and processing of data

The NHIS questionnaire contains two major parts. The first part consists of topics that remain relatively the same from year to year. Among these topics are the incidence of acute conditions, the prevalence of chronic conditions, persons limited in activity due to chronic conditions, restriction in activity due to impairment or health problems, and utilization of health care services involving physician care and short-stay hospitalization. Occasionally new questions are incorporated into the main questionnaire. Since 1985, questions that ask the household members' city and State of birth, social security number, and father's last name have been included. In 1989, questions were added that ask the location (city, county, and State) of any physician contact whether by telephone or in person; and for household members born in the United States, how many years they have lived in the State of residence, and for household members born in a foreign country, how many years they have lived in the United States. In 1992, a question was added for persons 12–21 years of age asking whether they were either now going to school or on vacation from school. Although this question was retained in 1993, no data were collected and the question was deleted in 1994. In 1992, race was expanded into 15 detailed racial groupings and included an "other race" category. In 1994 this question was moved within section L from question 3 to question 4. In 1992, the Hispanic origin questions were moved from section L (questions 4a and 4b) to section A (questions 4e and 4f), and in 1994 they were moved to section L (questions 3a and 3b). In 1992, questions were added that asked about the Hispanic oversample's reference person or family members' status of previous year's residence (section A, questions 4g and 4h). Although these questions were retained in 1993, there was no Hispanic oversampling and no data were collected for these questions. They were deleted in 1994. In 1993, the NHIS added E-coding (Supplementary Classification of External Causes of Injury and Poisoning) for injuries including medical and therapeutic misadventures. Beginning in 1994, a question was added asking if there were a working telephone inside the home.

The second part of the NHIS consists of special topics added as supplements to each year's questionnaire. Beginning in August 1987, a special set of supplemental questions on the adult population's knowledge and attitudes about acquired immunodeficiency syndrome (AIDS) was added to the NHIS using Computer Assisted Personal Interview (CAPI). A copy of the most recent questionnaire, not included in Current Estimates prior to 1989, is shown in appendix III.

Careful procedures are followed to assure the quality of data collected in the interview. Most households in the sample are contacted by mail before the interviewers arrive. Potential

respondents are informed of the importance of the survey and assured that all information obtained in the interview will be held in strict confidence. Interviewers make repeated trips to a household when a respondent is not immediately found. The success of these procedures is indicated by the response rate for the survey, which has been between 94 and 98 percent over the years.

When contact is made, the interviewer attempts to have all family members of the household 19 years of age and over present during the interview. When this is not possible, proxy responses for absent adult family members are accepted. In most situations, proxy respondents are used for persons under 19 years of age. Persons 17 and 18 years of age may respond for themselves, however.

Interviewers undergo extensive training and retraining. The quality of their work is checked by means of periodic observation and by reinterview. Their work is also evaluated by statistical studies of the data they obtain in their interviews. A field edit is performed on all completed interviews so that if there are any problems with the information on the questionnaire, respondents may be recontacted to solve the problem.

Completed questionnaires are sent from the U.S. Bureau of the Census field offices to NCHS for coding and editing. To ensure the accuracy of coding, a 5-percent sample of all questionnaires is recoded and keyed by other coders. A 100-percent verification procedure is used if certain error tolerances are exceeded. Staff of the Division of Health Interview Statistics then edit the files to remove impossible and inconsistent codes.

The interview, fieldwork, and data processing procedures summarized above are described in detail in Series 1, No. 18 (8).

Estimation procedures

Because the design of the NHIS is a complex multistage probability sample, it is necessary to reflect these complex procedures in the derivation of estimates (7). The estimates presented in this report are based upon 1994 sample person counts weighted to produce national estimates. The weight for each sample person is the product of four component weights:

1. *Probability of selection.* The basic weight for each person is obtained by multiplying the reciprocals of the probabilities of selection at each step in the design: PSU, segment, and household.
2. *Household nonresponse adjustment within segment.* In the NHIS, interviews are completed in about 96 percent of all eligible households. Because of household nonresponse, a weighting adjustment is required. The nonresponse adjustment weight is a ratio with the number of households in a sample segment as the numerator and the number of households actually interviewed in that segment as the denominator. This adjustment reduces bias in an estimate to the extent that persons in the noninterviewed households have the same characteristics as the persons in the interviewed households in the same segment.

Table I. The 60 poststratification age-sex-race cells in the National Health Interview Survey

Age	Black		All other	
	Male	Female	Male	Female
Under 1 year	X	X	X	X
1-4 years	X	X	X	X
5-9 years	X	X	X	X
10-14 years	X	X	X	X
15-17 years	X	X	X	X
18-19 years	X	X	X	X
20-24 years	X	X	X	X
25-29 years	X	X	X	X
30-34 years	X	X	X	X
35-44 years	X	X	X	X
45-49 years	X	X	X	X
50-54 years	X	X	X	X
55-64 years	X	X	X	X
65-74 years	X	X	X	X
75 years and over	X	X	X	X

3. *First-stage ratio adjustment.* The weight for persons in the non-self-representing PSU's is ratio adjusted to the 1980 population within four race-residence classes of the non-self-representing strata within each geographic region.
4. *Poststratification by age-sex-race.* Within each of 60 age-sex-race cells (table I), a weight is constructed each quarter to ratio adjust the first-stage population estimate based on the NHIS to an independent estimate of the population of each cell. These independent estimates are prepared by the U.S. Bureau of the Census and are updated quarterly.

The main effect of the ratio-estimating process is to make the sample more closely representative of the target population by age, sex, race, and residence. The poststratification adjustment helps to reduce the component of bias resulting from sampling frame undercoverage; furthermore, this adjustment frequently reduces sampling variance.

Types of estimates

As noted, the NHIS data were collected on a weekly basis, with each week's sample representing the resident, civilian noninstitutionalized population of the United States living during that week. The weekly samples are consolidated to produce quarterly files (each consisting of data for 13 weeks). Weights to adjust the data to represent the U.S. population are assigned to each of the four quarterly files. These quarterly files are later consolidated to produce the annual file, which is the basis of most tabulations of the NHIS data.

The NHIS uses various reference periods to reduce the amount of bias associated with respondent memory loss. A 2-week reference period is used in collecting data on the incidence of acute conditions, restriction in activity due to a health problem, and physician contacts. Each of these measures health events that may be forgotten soon after they occur. Examples of such events are telephoning a physician about a minor illness, missing a day from work because of a

routine health problem, or having a cold. Either a 12- or 6-month (depending on the type of statistic) reference period is used for hospitalization data because hospitalization ordinarily involves a major event in a person's life and is not quickly forgotten. Chronic condition prevalence estimates are based on a 12-month reference period.

Because most NHIS estimates based on a 2-week reference period are designed to represent the number of health events for a 12-month period, these data must be adjusted to an annual basis. Data based on a 2-week reference period are multiplied by 6.5 to produce the 13-week estimate for the quarter. These reference period adjustments are made at the time that the quarterly files are produced. Therefore, the data can be used to produce estimates for each quarter and are used that way to study seasonal variation. The data from the four quarterly files (representing the number of events in each quarter) are summed to produce the annual estimate. Although these data are collected for only 2 weeks for each person included in the survey, any unusual event that may have occurred during a particular 2-week period does not bias the estimate because the quarterly estimate is a sum of the estimates produced for each week's sample during the entire quarter and the annual estimate is the sum of the four quarters.

For prevalence statistics, such as the number of persons limited in activity due to chronic conditions, the annual estimate results from summing the weighted quarterly files and dividing by 4. This division is necessary because, as noted above, each quarterly file has been weighted to produce an estimate of the number of persons in the U.S. population with a given characteristic. Summing the four quarters and dividing by 4 in effect averages these quarterly results for the year. Thus, the type of prevalence estimate ordinarily derived from the NHIS data is an annual average prevalence estimate.

For data related to short-stay hospital discharges that are based on a 6-month reference period, cases identified during any quarter of data collection are multiplied by 2 to produce a quarterly estimate of the annual number of characteristics associated with short-stay hospital discharges. The NHIS average annual estimate of hospital discharges is derived by summing the four quarterly estimates and dividing by 4, just as the prevalence estimates are.

Reliability of the estimates

Because the NHIS estimates are based on a sample, they may differ somewhat from the figures that would have been obtained if a complete census had been taken using the same survey and processing procedures. There are two types of errors possible in an estimate based on a sample survey: sampling and nonsampling errors. To the extent possible, these types of errors are kept to a minimum by methods built into the survey procedures described earlier (9). Although it is very difficult to measure the extent of bias in the NHIS, several studies have been conducted to examine this problem. The results have been published in several reports (10–13).

Nonsampling errors

Interviewing process—Information, such as the number of days of restricted activity caused by the condition, can be

obtained more accurately from household members than from any other source because only the persons concerned are in a position to report this information. However, there are limitations to the accuracy of diagnostic and other information collected in household interviews. For example, for diagnostic information, the household respondent can usually pass on to the interviewer only the information the physician has given to the family. For conditions not medically attended, diagnostic information is often no more than a description of symptoms. Further, a respondent may not answer a question in the intended manner because he or she has not properly understood the question, has forgotten the event, does not know, or does not wish to divulge the answer. Regardless of the type of measure, all the NHIS data are estimates of health measures known to and willingly reported by the respondents.

Reference period bias—The NHIS estimates do not represent a complete measure of any given topic during the specified calendar period because data are not collected in the interview for persons who died or became institutionalized during the reference period. For many types of statistics collected in the survey, the reference period is the 2 weeks prior to the interview week. For such a short period, the contribution by decedents to a total inventory of conditions or services should be very small. However, the contribution by decedents during a long reference period (such as 1 year) might be significant, especially for older persons.

Underreporting associated with a long reference period is most germane to data on hospitalization. Analysis has shown that there is an increase in underreporting of hospitalizations with an increase in the time interval between the discharge and the interview. Exclusive of the hospital experience of decedents, the net underreporting using a 12-month recall period is in the neighborhood of 10 percent (14). The underreporting of discharges within 6 months of the week of interview is estimated to be about 5 percent (14). For this reason, hospital discharge data are based on hospital discharges reported to have occurred within 6 months of the week of interview.

Because hospitalization is common in the period immediately preceding death or institutionalization and older persons are much more likely to die than younger ones, the data should not be used to estimate the volume of hospitalization of the elderly although the data can be used to measure characteristics of elderly people.

It should further be noted that, although the reported frequencies and rates related to hospital episodes are presented by the year in which the data were collected, the estimates are, in most cases, based on hospitalizations that occurred during the year of data collection and the prior year. Overall, approximately one-half of the reported hospitalizations for the 12-month reference period occurred in the year prior to the year of data collection.

Population estimates—Some of the published tables include population figures for specified categories. Except for overall totals for the 60 age, sex, and race groups, which are adjusted to independent estimates, these figures are based on the sample of households in the NHIS. They are given primarily to provide denominators for rate computation, and for this purpose they are more appropriate for use with the accompa-

nying measures of health characteristics than other population data that may be available. With the exception of the overall totals by age, sex, and race mentioned above, the population figures may differ from figures (which are derived from different sources) published in reports of the U.S. Bureau of the Census. Official population estimates are presented in U.S. Bureau of the Census reports in Series P-20, P-25, and P-60.

The population estimates for 1994 are inflated to national population controls by age, race, and sex. The population controls are based on the 1980 census carried forward to 1994. Therefore, the estimates may differ from 1990 census results brought forward to the survey date. Population controls incorporating census results will be used for survey estimation beginning later in the decade.

Rounding of numbers—In published tables, the figures are rounded to the nearest thousand, although they are not necessarily accurate to that detail. Derived statistics, such as rates and percent distributions, are computed after the estimates on which these are based have been rounded to the nearest thousand.

Combining data years—To reduce sampling error, data for number of years may be combined. However, in so doing, the questionnaire for each of the years should be checked, because even a small change in the questionnaire design may lead to large changes in the derived estimates. This caution also applies to using the NHIS data on health measures where changes in other events, such as legislative changes, have occurred over time.

Sampling errors

The standard error is primarily a measure of sampling error, that is, the variations that might occur by chance because only a sample of the population is surveyed. The chances are about 68 in 100 that an estimate from the sample would differ from a complete census by less than the standard error. The chances are about 95 in 100 that the difference would be less than twice the standard error and about 99 in 100 that it would be less than 2½ times as large.

Individual standard errors were not computed for each estimate in this report. Instead, standard errors were computed for a broad spectrum of estimates. Regression techniques were then applied to produce equations from which a standard error for any estimate can be approximated. The regression equations, represented by parameters *a* and *b*, are presented in table II. Also shown are the cutoff values, the estimated number of persons or events below which the relative standard error is greater than 30 percent and estimates do not meet the NHIS standards of statistical reliability. Rules explaining their use are presented in the section below.

Because the 1994 estimated standard error parameters and 30-percent relative standard error cutoff points were not available, the data in table II are based on estimates from 1991. Therefore, these estimates of standard error parameters and cutoff points may differ from those that would be derived using the 1994 data. The estimates for 1991 were used because they were based on a full sample and were more comparable than other more recent years because of the different sampling designs used in 1992 and 1993.

The reader is cautioned that this procedure will give an approximate standard error of an estimate rather than the precise standard error. The reader is further cautioned that particular care should be exercised when the denominator is small.

General rules for determining standard errors

To produce approximate standard errors for the NHIS estimates, the reader must first determine the type of characteristic to be estimated, that is, the parameter set in table II to be used. The reader must then determine the type of estimate for which the standard error is needed. The type of estimate corresponds to one of five general rules for determining standard errors.

Rule 1. Estimated number of people or events—For the estimated number of people or events published in this report, there are two cases to consider. For the first

Table II. Estimated standard error parameters and 30-percent relative standard error (RSE) cutoff points for the National Health Interview Survey, 1994

Parameter set	Characteristic	Estimated parameters		30 percent RSE cutoff points ¹
		a	b	
I	Number of acute conditions	0.000199	73,300	816,000
II	Days of restricted activity or bed days	0.000426	530,000	6,000,000
III	Days lost from work or school	0.000135	370,000	4,200,000
IV	Number of episodes of persons injured	0.000538	62,000	693,000
V	Prevalence of chronic conditions	-0.000106	14,300	159,000
VI	Number of physician contacts based on a 2-week reference period	0.0000819	177,000	2,000,000
VII	Hospital days based on a 12-month reference period	0.00101	58,300	655,000
VIII	Hospital discharges based on a 6-month reference period	0.000134	6,740	75,000
IX	Hospital discharge days based on a 6-month reference period	0.00303	99,900	1,200,000
X	Population estimates for demographic, socioeconomic, and health characteristics	-0.0000148	3,850	43,000
XI	Age-sex-race population based on combining the poststratification cells of table I	0.0	0.0	43,000

¹Estimates below the cutoff points have an RSE of more than 30 percent and are considered to be statistically unreliable.

NOTE: The 1994 NHIS was based on a full sample. Therefore, 45,705 households were interviewed, resulting in a sample of 116,179 persons.

case, if the estimated number is any combination of the poststratification age-sex-race cells in table I, then its value has been adjusted to official U.S. Bureau of the Census figures and its standard error is assumed to be 0.0. This corresponds to parameter set XI in table II. As an example, this would be the case for the number of persons in the U.S. target population or the number of black persons in the 18-44 year age group. Although the race class "white" is not specifically adjusted to U.S. Bureau of the Census figures, it dominates the poststratification "all other" race class; consequently, age-sex-"all other" race combinations of table I can be treated as age-sex-white combinations for the purpose of approximating standard errors.

For the second case, the standard errors for all other estimates of numbers of people or events, such as the number of people limited in activity or the number of acute conditions, are approximated by using the parameters provided in table II and formula 1 below.

If the aggregate x for a characteristic has associated parameters a and b , then the approximate standard error for x , $SE(x)$, can be computed by the formula

$$SE(x) = \sqrt{ax^2 + bx} \quad (1)$$

Example of rule 1. As shown in table 7, the estimated number of acute conditions for males is 195,919,000. From table II, parameter set I, the a and b parameters for the numbers of acute conditions are 0.000199 and 73,300, respectively. Using formula 1, the estimated standard error is

$$\begin{aligned} & \sqrt{(0.000199)(195,919,000)^2 + (73,300)(195,919,000)} \\ & = 4,690,344 \end{aligned}$$

An approximate 95-percent confidence interval for the number of acute conditions for males is from 186,725,926 to 205,112,074 (195,919,000 \pm 1.96(4,690,344)).

Examples are not provided for rules 2-5 or for approximating the relative standard error of an estimate. Readers are referred to appendix I of *Current Estimates from the National Health Interview Survey, 1992* (15) for examples using the 1992 estimates.

Rule 2. *For rates, proportions, and percents when the denominator is generated by the poststratification age-sex-race classes (table I)*—In this case, the denominator has no sampling error. For example, rule 2 would apply to the estimated number of bed days per person for black persons age 65 years and over because the denominator is a combination of the poststratification cells. Approximate standard errors for such estimates can be computed using table II a and b parameters associated with the numerator characteristics along with formula 2 below.

If the estimate of rate, proportion, or percent p is the ratio of two estimated numbers, $p = x/Y$ (where p

may be inflated by 100 for percents or 1,000 for rates per 1,000 persons), with Y having no sampling error, then the approximate standard error for p is given by the formula

$$SE(p) = p \sqrt{a + \frac{b}{x}} \quad (2)$$

In this report, the value of the denominator Y is always provided, but in a few cases the numerator value x is not published. For these cases the value of x may be computed by the formula

$$x = \begin{cases} pY & \text{if } p \text{ is a proportion or rate} \\ & \text{per unit or} \\ \frac{pY}{100} & \text{if } p \text{ is a percent or rate per} \\ & \text{100 units or} \\ \frac{pY}{1,000} & \text{if } p \text{ is a rate per 1,000 units} \end{cases}$$

Rule 3. *Proportions and percents when the denominator is not generated by the poststratification age-sex-race classes*—If p represents an estimated percent, b is the parameter from table II associated with the numerator characteristics, and y is the number of persons in the denominator upon which p is based, then the standard error of p may be approximated by

$$SE(p) = \sqrt{\frac{bp(100-p)}{y}} \quad (3)$$

(If p is a proportion, then the above formula can be used but with 100 replaced by 1.0.)

Rule 4. *Rates when the denominator is not generated by the poststratification age-sex-race classes*—If the estimated rate p is expressed as the ratio of two estimates, $p = x/y$ (inflated by 100 or 1,000 when appropriate), then the estimated standard error for p is given by the formula

$$SE(p) = p \sqrt{\frac{SE(x)^2}{x^2} + \frac{SE(y)^2}{y^2} - 2r \frac{SE(x)}{x} \frac{SE(y)}{y}} \quad (4)$$

where $SE(x)$ and $SE(y)$ are computed using rule 1 and x and y are obtained from the tables. No estimates of r , the correlation between the numerator and denominator, are presented in this report; therefore, only the first two terms are available. The reader must assume that $r = 0.0$. Assuming $r = 0.0$ will yield an overestimate of the standard error if r is actually positive and an underestimate if r is negative.

Rule 5. *Difference between two statistics (mean, rate, total, and proportion)*—If x_1 and x_2 are two estimates, then the standard error of the difference ($x_1 - x_2$) can be computed as follows:

$$SE(x_1 - x_2) = \sqrt{SE(x_1)^2 + SE(x_2)^2 - 2r SE(x_1)SE(x_2)} \quad (5)$$

where $SE(x_1)$ and $SE(x_2)$ are computed using rules 1–4 as appropriate and r is the correlation coefficient between x_1 and x_2 .

Assuming $r = 0.0$ will result in an accurate standard error if the two estimates are actually uncorrelated and will result in an overestimate of the standard error if the correlation is positive or an underestimate if the correlation is negative.

Relative standard errors

Prior to 1985, relative standard error (RSE) curves were present in *Current Estimates* for approximating relative standard errors. For readers who wish to continue using them, the following provides guidance. The RSE of an estimate is obtained by dividing the standard error (SE) of the estimate by the estimate x itself. This quantity is expressed as a percent of the estimate:

$$RSE = 100 \frac{SE(x)}{x}$$

Appendix II

Definitions of certain terms used in this report

Terms relating to conditions

Condition—Condition is a general term that includes any specific illness, injury, or impairment. Condition data are derived from the survey in two ways. First, respondents are asked to identify any conditions that caused certain types of impact associated with health, such as a visit to a doctor or a day spent in bed. Second, respondents are read lists of selected chronic conditions and asked whether they or any family members have any of these conditions.

At a later point in the survey, a series of questions is asked about each of the conditions identified in either of the two ways just described. The information obtained on each condition helps to clarify the nature of the condition and whether medical services have been involved in its diagnosis or treatment. It also aids in the coding of the condition. All conditions except impairments are coded according to the ninth revision of the *International Classification of Diseases* (2), with certain modifications adopted to make the codes more suitable for information derived from a household survey. A special set of codes devised by the NHIS is used to code impairments.

Chronic condition—A condition is considered chronic if (a) the respondent indicates it was first noticed more than 3 months before the reference date of the interview, or (b) it is a type of condition that ordinarily has a duration of more than 3 months. Examples of conditions that are considered chronic regardless of their time of onset are diabetes, heart conditions, emphysema, and arthritis. A complete list of these conditions may be obtained by contacting the Division of Health Interview Statistics, National Center for Health Statistics.

Impairment—An impairment is a chronic or permanent defect, usually static in nature, that results from disease, injury, or congenital malformation. It represents a decrease in or loss of ability to perform various functions, particularly those of the musculoskeletal system and the sense organs. Impairments are grouped according to type of functional impairment and etiology in the special NHIS impairment codes.

Acute condition—A condition is considered acute if (a) it was first noticed no longer than 3 months before the reference date of the interview, and (b) it is not one of the conditions considered chronic regardless of the time of onset. (See definition of chronic condition.) However, any acute condition not associated with either at least one doctor visit or at least one day of restricted activity during the reference period is

considered to be of minor consequence and is excluded from the final data produced by the survey.

Onset of condition—A condition is considered to have had its onset when it was first noticed. This could be the time the person first felt sick or became injured, or it could be the time the person or family was first told by a physician that the person had a condition of which he or she had been previously unaware.

Incidence of conditions—The incidence of a condition is the number of cases that had their onset during a specified period of time. A person may have more than one acute condition during a period of time or may have the same condition, such as a headache, more than once. Ordinarily, however, a chronic condition can begin only one time during a given reference period.

Prevalence of conditions—The prevalence of a condition is the number of persons who have the condition at a given point in time. Although the prevalence of acute conditions is a meaningful concept, it is seldom used in health statistics, which generally focus on the incidence of acute conditions. If the prevalence of a chronic condition is measured during a period of time (say, each week during a year), then the resulting estimate of prevalence is an average of 52 weekly prevalence estimates. This is called an average annual point prevalence estimate.

Terms relating to disability

Disability—Disability is a general term that refers to any long- or short-term reduction of a person's activity as a result of an acute or chronic condition. *Limitation of activity* refers to a long-term reduction in a person's capacity to perform the average kind or amount of activities associated with his or her age group. *Restriction of activity* refers to particular kinds of behavior usually associated with a reduction in activity due to either long- or short-term conditions. Thus limitation of activity refers to what a person is generally capable of doing, but restriction of activity ordinarily refers to a relatively short-term reduction in a person's activities below his or her normal capacity.

Limitation of activity because of chronic conditions—Persons are classified in terms of the major activity usually associated with their particular age group. The major activities for the age groups are (a) ordinary play for children under 5 years of age, (b) attending school for those 5–17 years of age, (c) working or keeping house for persons 18–69 years of age,

and (d) capacity for independent living (e.g., the ability to bathe, shop, dress, eat, and so forth, without needing the help of another person) for those 70 years of age and over. People aged 18–69 years who are classified as keeping house are also classified by their ability to work at a job or business. (In this report, the major activity of persons 65–69 years is assumed to be working or keeping house; however, questions were also asked about the capacity for independent living in this age group, which would permit an alternative definition of limitation.)

In regard to these activities, each person is classified into one of four categories: (a) unable to perform the major activity, (b) able to perform the major activity but limited in the kind or amount of this activity, (c) not limited in the major activity but limited in the kind or amount of other activities, and (d) not limited in any way. In regard to these four categories, the NHIS publications often classify persons only by whether they are limited (groups a–c) or not limited (group d). Persons are not classified as limited in activity unless one or more chronic conditions are reported as the cause of the activity limitation. If more than one condition is reported, the respondent is asked to identify the condition that is the major cause of the limitation.

Restriction of activity—Four types of restricted activity are measured in the NHIS: *bed days*, *work-loss days* for currently employed persons 18 years of age and over, *school-loss days* for children 5–17 years of age, and *cut-down days*.

A *bed day* is one during which a person stayed in bed more than half a day because of illness or injury. All hospital days for inpatients are considered bed days even if the patient was not in bed more than half a day.

A *work-loss day* is one on which a currently employed person 18 years of age and over missed more than half a day from a job or business.

A *school-loss day* is one on which a student 5–17 years of age missed more than half a day from the school in which he or she was currently enrolled.

A *cut-down day* is a day on which a person cuts down for more than half a day on the things he or she usually does.

Work-loss, school-loss, and cut-down days refer to the short-term effects of illness or injury. However, bed days are a measure of both long- and short-term disability, because a chronically ill bedridden person and a person with a cold could both report having spent more than half a day in bed due to an illness.

The number of restricted-activity days is the number of days a person experienced at least one of the four types of activity restriction just described. It is the most inclusive measure of disability days and the least descriptive; 4 days of restricted activity may mean 4 bed days associated with serious illness or 4 days during which a person merely cut down on his or her activities due to a mild illness.

A single restricted-activity day may involve both a bed day and a work-loss or school-loss day. However, a cut-down day cannot overlap with any of these three types of disability days. In calculating the sum of restricted-activity days, each day is counted only once even if more than one type of activity restriction was involved.

Restricted-activity days may be associated with either persons or conditions. *Person days* are the number of days during which a person restricted his or her activity. *Condition days* are the number of days during which a condition caused a person to restrict his or her activity. A person day of restricted activity can be caused by more than one condition. In such a case, each condition causing restriction is associated with that day of restricted activity. Therefore, the number of condition days of restricted activity may exceed the number of person days of restricted activity. This relationship holds for each type of restricted-activity day.

When two or more conditions result in a day of restricted activity, the conditions may be (a) both (all) acute, (b) one (some) acute and the other (some) chronic, or (c) both (all) chronic. The number of restricted-activity days associated with acute conditions includes groups (a) and (b); the number of such days associated with chronic conditions includes groups (b) and (c). The phrase “associated with” rather than “caused by” is used to indicate that some days associated with acute or chronic conditions are not necessarily caused solely by that type of condition.

Assessed health status—The categories related to this concept result from asking the respondent, “Would you say _____’s health is excellent, very good, good, fair, or poor?” As such, it is based on a respondent’s opinion and not directly on any clinical evidence.

Terms relating to persons injured

Injury condition—An injury condition, or simply an injury, is a condition of the type that is classified according to the nature-of-injury code numbers (800–999) in the ninth revision of the *International Classification of Diseases (2)*. In addition to fractures, lacerations, contusions, burns, and so forth, which are commonly thought of as injuries, this group of codes includes poisonings and impairments caused by accidents or nonaccidental violence. Unless otherwise specified, the term injury is used to cover all of these.

A person may sustain more than one injury in a single accident (for instance, a broken leg and laceration of the scalp), so the number of injury conditions may exceed the number of persons injured.

Statistics of acute injury conditions include only injuries that involved medical attendance or at least a half day of restricted activity.

E-codes and place of occurrence—Beginning in 1993, the NHIS began collecting additional data to create detailed cause-of-injury classifications called “E-codes” (Supplementary Classification of External Causes of Injury and Poisoning) for injuries, poisonings, and other adverse medical reactions along with place of occurrence.

Episodes of persons injured—Each time a person is involved in an accident or nonaccidental violence causing injury that results in medical attention or at least a half day of restricted activity, it is counted as a separate episode of a person injured. Therefore, one person may account for more than one episode of a person injured.

The number of episodes of persons injured is not equivalent to the number of accidents for several reasons: (a) the term "accident" as commonly used may not involve injury at all; (b) more than one injured person may be involved in a single accident, so the number of accidents resulting in injury would be less than the number of persons injured in accidents; and (c) the term "accident" ordinarily implies an accidental origin, whereas "persons injured" as used in the NHIS includes persons whose injuries resulted from certain nonaccidental violence.

The number of episodes of persons injured in a specified time interval is equal to or less than the incidence of injury conditions because a person may incur more than one injury in a single accident.

Terms relating to accidents

Motor vehicle—A motor vehicle is any mechanically or electrically powered device, not operated on rails, on which or by which a person or property can be transported or drawn on a land highway. Any object being towed by a motor vehicle (such as a trailer, coaster, sled, or wagon) is considered a part of the motor vehicle. Devices used solely for moving persons or materials within the confines of a building and its premises are not counted as motor vehicles.

Moving motor vehicle accident—An accident is classified as "moving motor vehicle" if at least one of the motor vehicles involved in the accident was moving at the time of the accident. This category is divided into "traffic" and "nontraffic" accidents.

Traffic moving motor vehicle accident—An accident is in the "traffic" category if it occurred on a public street or highway. It is considered to have occurred on the highway if it occurred wholly on the highway, originated on the highway, terminated on the highway, or involved a vehicle partially on the highway. (See "street or highway.")

Nontraffic moving motor vehicle accident—The accident is in the "nontraffic" category if it occurred entirely in any place other than a public street or highway.

Street or highway—"Street or highway" means the entire width between property lines of a way or place, any part of which is open for use of the public as matter of right or custom. This includes more than just the traveled part of the road. "Street or highway" includes the whole right-of-way. Public sidewalks are part of the street, but private driveways, private lanes, private alleys, and private sidewalks are not considered part of the street.

Nonmoving motor vehicle accident—If the motor vehicle was not moving at the time of the accident, the accident is considered a "nonmoving motor vehicle" accident and is classified in the "other accident" category. (See "other accident.")

Accident while at work—An accident is classified as "while at work" if the injured person was 18 years of age or over and was at work at a job or business at the time the accident happened.

Home accident—An accident is classified as "home accident" if the injury occurred either inside or outside the house.

"Outside the house" refers to the yard, building, and sidewalks on the property. "Home" includes not only the person's own home but also any other home in which the person may have been injured.

Industrial place—This category includes factory buildings, railway yards, warehouses, workshops, loading platforms of factories or stores, construction projects (houses, buildings, bridges, new roads, and the like), as well as buildings undergoing remodeling. However, accidents in private homes undergoing remodeling are classified as home accidents.

Other accident—This category includes injuries in public places (such as tripping and falling in a store or on a public sidewalk) and also nonaccidental injuries such as homicidal and suicidal attempts. The survey does not cover the military population, but current disability of various types resulting from prior injury that occurred while the person was in the armed forces is covered and is included in this class.

Terms relating to physician contacts

Physician contact—A physician contact is defined as consultation with a physician, in person or by telephone, for examination, diagnosis, treatment, or advice. (Physician contacts with hospital inpatients are not included.) The contact is considered to be a physician contact if the service is provided directly by the physician or by a nurse or other person acting under a physician's supervision. For the purpose of this definition, "physician" includes doctors of medicine and osteopathic physicians. The term "doctor" is used in the interview rather than "physician" because of popular usage. However, the concept toward which all instructions are directed is that which is described here.

Physician contacts for services provided on a mass basis are not included in the tabulations. A service received on a mass basis is defined as any service involving only a single test (such as a test for diabetes) or a single procedure (such as a measles inoculation) when this single service is administered identically to all persons who are at the place for this purpose. Hence obtaining a chest x ray in a tuberculosis chest x-ray trailer is not included as a physician contact. However, a special chest x ray given in a physician's office or in an outpatient clinic is considered a physician contact.

If a physician is called to a house to see more than one person, the call is considered a separate physician contact for each person about whom the physician is consulted.

A physician contact is associated with the person about whom the advice is sought, even if that person does not actually see or consult the physician. For example, if a mother consults a physician about one of her children, the physician contact is ascribed to the child.

Place of contact—The place of contact is a classification of the type of place at which a physician contact took place. The definitions of the various categories are as follows:

Telephone. Refers to medically related matters discussed in a telephone call with a physician or physician's assistant. Calls for nonmedically related matters (such as for an appointment) are not included.

Office. Refers to physician offices that are not located in a hospital.

Hospital. Involves three types of places in a hospital: emergency room, clinic, and doctor's office.

Other. Any place not classified into one of the three categories specified above, including clinics and HMO's not located in hospitals.

Interval since last physician contact—The interval since the last physician contact is the length of time prior to the week of interview since a physician was last consulted in person or by telephone for treatment or advice of any type whatever. A physician contact with a hospital inpatient can be counted as the last time a physician was seen even though it is not included in the "physician contact" category.

Terms relating to hospitalization

Hospital—For this survey, a hospital is defined as any institution either (a) named in the listing of hospitals in the current *American Hospital Association Guide to the Health Care Field* or (b) found on the Master Facility Inventory List maintained by the National Center for Health Statistics.

Short-stay hospital—A short-stay hospital is one in which the type of service provided is general; maternity; eye, ear, nose, and throat; children's; or osteopathic; or it may be the hospital department of an institution.

Hospital day—A hospital day is a day on which a person is confined to a hospital. It is counted as a hospital day only if the patient stays overnight. Thus a patient who enters the hospital on Monday afternoon and leaves Wednesday noon is considered to have had two hospital days.

Hospital days during the year—The number of hospital days during the year is the total number for all hospital episodes in the 12-month period prior to the interview week. For the purposes of this estimate, episodes overlapping the beginning or end of the 12-month period are subdivided so that only those days falling within the period are included.

Hospital episode—A hospital episode is any continuous period of stay of 1 night or more in a hospital as an inpatient except the period of stay of a well newborn infant. A hospital episode is recorded for a family member whenever any part of that person's hospital stay is included in the 12-month period prior to the interview week.

Hospital discharge—A hospital discharge is the completion of any continuous period of stay of 1 night or more in a hospital as an inpatient except the period of stay of a well newborn infant. A hospital discharge is recorded whenever a present member of the household is reported to have been discharged from a hospital in the 12-month period prior to the interview week. (Estimates were based on discharges that occurred during the 6-month period prior to the interview.)

Length of hospital stay—The length of hospital stay is the duration in days, exclusive of the day of discharge, of a hospital discharge. (See "hospital discharge.")

Average length of stay—The average length of stay per discharged patient is computed by dividing the total number of hospital days for a specified group by the total number of discharges for that group.

Demographic terms

Age—The age recorded for each person is the age at last birthday. Age is recorded in single years and grouped in a variety of distributions depending on the purpose of the table.

Geographic region—For the purpose of classifying the population by geographic area, the States are grouped into four regions. These regions, which correspond to those used by the U.S. Bureau of the Census, are as follows:

Region	States included
Northeast	Maine, Vermont, New Hampshire, Massachusetts, Connecticut, Rhode Island, New York, New Jersey, and Pennsylvania.
Midwest	Ohio, Illinois, Indiana, Michigan, Wisconsin, Minnesota, Iowa, Missouri, North Dakota, South Dakota, Kansas, and Nebraska.
South	Delaware, Maryland, District of Columbia, West Virginia, Virginia, Kentucky, Tennessee, North Carolina, South Carolina, Georgia, Florida, Alabama, Mississippi, Louisiana, Oklahoma, Arkansas, and Texas.
West	Washington, Oregon, California, Nevada, New Mexico, Arizona, Idaho, Utah, Colorado, Montana, Wyoming, Alaska, and Hawaii.

Place of residence—The place of residence of a member of the civilian noninstitutionalized population is classified as inside a metropolitan statistical area (MSA) or outside an MSA. Place of residence inside an MSA is further classified as either central city or not central city.

Metropolitan statistical area—The definition and titles of MSA's are established by the U.S. Office of Management and Budget with the advice of the Federal Committee on Metropolitan Statistical Areas. Generally speaking, an MSA consists of a county or group of counties containing at least one city (or twin cities) having a population of 50,000 or more plus adjacent counties that are metropolitan in character and are economically and socially integrated with the central city. In New England, towns and cities rather than counties are the units used in defining MSA's. There is no limit to the number of adjacent counties included in the MSA as long as they are integrated with the central city, nor is an MSA limited to a single State; boundaries may cross State lines. The metropolitan population in this report is based on MSA's as defined in the 1980 census and does not include any subsequent additions or changes.

Central city of an MSA—The largest city in an MSA is always a central city. One or two additional cities may be secondary central cities in the MSA on the basis of either of the following criteria:

1. The additional city or cities must have a population one-third or more of that of the largest city and a minimum population of 25,000.
2. The additional city or cities must have at least 250,000 inhabitants.

Not central city of an MSA—This includes all of the MSA that is not part of the central city itself.

Not in MSA—This includes all other places in the country.

Race—The population was divided into three racial groups: “white,” “black,” and “all other.” “All other” included Aleut, Eskimo or American Indian, Asian or Pacific Islander, and any other race not listed separately. Since 1992, the NHIS has expanded race into 15 detailed racial groupings and an “other race” category (see appendix III, section L, question 4a). Race characterization is based on the respondent’s description of his or her racial background.

Income of family or of unrelated individuals—Each member of a family is classified according to the total income of the family of which he or she is a member. Within the household, all persons related to each other by blood, marriage, or adoption constitute a family. Unrelated individuals are classified according to their own incomes.

The income recorded is the total of all income received by members of the family (or by an unrelated individual) in the 12-month period preceding the week of interview. Income from all sources—for example, wages, salaries, rents from property, pensions, government payments, and help from relatives—is included.

Currently employed—Persons 18 years of age and over who reported that at any time during the 2-week period covered by the interview they either worked at or had a job or business are currently employed. Current employment includes paid work as an employee of someone else; self-employment in business, farming, or professional practice; and unpaid work in a family business or farm. Persons who were temporarily absent from a job or business because of a temporary illness, vacation, strike, or bad weather are considered as currently employed if they expected to work as soon as the particular event causing the absence no longer existed.

Freelance workers are considered currently employed if they had a definite arrangement with one employer or more to work for pay according to a weekly or monthly schedule, either full time or part time.

Excluded from the currently employed population are persons who have no definite employment schedule but work only when their services are needed. Also excluded from the currently employed population are (a) persons receiving revenue from an enterprise but not participating in its operation, (b) persons doing housework or charity work for which they received no pay, (c) seasonal workers during the portion of the year they were not working, and (d) persons who were not working, even though having a job or business, but were on layoff and looking for work.

The number of currently employed persons estimated from the NHIS will differ from the estimates prepared from the Current Population Survey (CPS) of the U.S. Bureau of the Census for several reasons. In addition to sampling variability they include three primary conceptual differences, namely:

1. The NHIS estimates are for persons 18 years of age and over; CPS estimates are for persons 16 years of age and over.
2. The NHIS uses a 2-week reference period, while CPS uses a 1-week reference period.
3. The NHIS is a continuing survey with separate samples taken weekly; CPS is a monthly sample taken for the survey week which includes the 12th of the month.

The most detailed operational definitions of all of these terms are found in the *NHIS Field Representative’s Manual* (16). Instructions are given in the manual on how problem cases associated with each concept are to be handled.

Appendix III Questionnaires and flashcards

OMB No. 0920-0214: Approval Expires 3/31/95

NOTICE — Information contained on this form which would permit identification of any individual or establishment has been collected with a guarantee that it will be held in strict confidence, will be used only for purposes stated for this study, and will not be disclosed or released to others without the consent of the individual or the establishment in accordance with section 308(d) of the Public Health Service Act (42 USC 242m). Public reporting burden for this collection of information is estimated to average 30 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 **PHS-1 (1994)**
(8-2-93)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
ACTING AS COLLECTING AGENCY 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 _____

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 } (10)
2 No }

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 procedure; 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

11a. What is the telephone number here? None Area code/number _____

b. Is there any working telephone located INSIDE your home? Yes No

12. Interview observed? Yes No

13a. Field representative's name _____ Code _____

b. Language of interview
1 English 3 Both English and Spanish
2 Spanish 4 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) _____

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) _____

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) _____

15. Record of calls

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

A. HOUSEHOLD COMPOSITION PAGE

1

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

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

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

if "Yes," enter names in columns

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

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 _____

A3 Refer to ages of all related HH members.

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

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.

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?

b. How many different times did --- stay in any hospital overnight or longer since (13-month hospital date) a year ago?

Ask for each child under one:
7a. Was --- born in a hospital?

Ask for mother and child:
b. Have you included this hospitalization in the number you gave me for ---?

FOOTNOTES

1.	First name	Mid. init.	Age
	Last name		Sex 1 <input type="checkbox"/> M 2 <input type="checkbox"/> F
2.	Relationship REFERENCE PERSON		
3.	Date of birth Month	Date	Year
C1	HOSP.	WORK	RD
	1 <input type="checkbox"/> None 2 <input type="checkbox"/> Wb Number	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No Number	1 <input type="checkbox"/> None 2 <input type="checkbox"/> None Number
C2	LA	IRA	DV
	TINJ	TCL	LRI
	HST	COND.	
	LA	IRA	DV
	TINJ	TCL	LRI

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

4d. Living at home
 Not living at home

6a. 1 Yes (6b)
 2 No (Mark "HOSP." box, THEN NP)

b. _____ } (Make entry in "HOSP." box THEN NP)
 Number of times

7a. 1 Yes (7b)
 2 No (NP)

b. Yes (NP)
 No (Correct 6 and "HOSP." box)

B. LIMITATION OF ACTIVITIES PAGE

B1	Refer to age.	B1	1 <input type="checkbox"/> 18-69(1) 2 <input type="checkbox"/> 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? <i>Priority if 2 or more activities reported: (1) Spent the most time doing; (2) Considers the most important.</i>	1.	1 <input type="checkbox"/> Working (2) 2 <input type="checkbox"/> Keeping house (3) 3 <input type="checkbox"/> Going to school (6) 4 <input type="checkbox"/> Something else (5)
	2a. Does any impairment or health problem NOW keep --- from working at a job or business? ----- b. Is --- limited in the kind OR amount of work --- can do because of any impairment or health problem?	2a.	1 <input type="checkbox"/> Yes (7) <input type="checkbox"/> No ----- b. 2 <input type="checkbox"/> Yes (7) 3 <input type="checkbox"/> No (8)
	3a. Does any impairment or health problem NOW keep --- from doing any housework at all? ----- b. Is --- limited in the kind OR amount of housework --- can do because of any impairment or health problem?	3a.	4 <input type="checkbox"/> Yes (4) <input type="checkbox"/> No ----- b. 5 <input type="checkbox"/> Yes (4) 6 <input type="checkbox"/> No (5)
	4a. What (other) condition causes this? <i>Ask if injury or operation: When did [the (injury) occur?/--- have the operation?]</i> <i>Ask if operation over 3 months ago: For what condition did --- have the operation?</i> <i>If pregnancy/delivery or 0-3 months injury or operation --</i> <i>Reask question 3 where limitation reported, saying: Except for --- (condition), ...?</i> <i>OR reask 4b/c.</i>	4a.	(Enter condition in C2, THEN 4b) 1 <input type="checkbox"/> Old age (Mark "Old age" box, THEN 4c)
	b. Besides (condition) is there any other condition that causes this limitation? ----- c. Is this limitation caused by any (other) specific condition? ----- <i>Mark box if only one condition.</i> d. Which of these conditions would you say is the MAIN cause of this limitation?	b.	<input type="checkbox"/> Yes (Reask 4a and b) <input type="checkbox"/> No (4d)
		c.	<input type="checkbox"/> Yes (Reask 4a and b) <input type="checkbox"/> No
		d.	<input type="checkbox"/> Only 1 condition ----- Main cause
	5a. Does any impairment or health problem keep --- from working at a job or business? ----- b. Is --- limited in the kind OR amount of work --- could do because of any impairment or health problem?	5a.	1 <input type="checkbox"/> Yes (7) <input type="checkbox"/> No ----- b. 2 <input type="checkbox"/> Yes (7) 3 <input type="checkbox"/> No
B2	Refer to questions 3a and 3b.	B2	1 <input type="checkbox"/> "Yes" in 3a or 3b (NP) 2 <input type="checkbox"/> Other (8)
	6a. Is --- limited in ANY WAY in any activities because of an impairment or health problem? ----- b. In what way is --- limited? <i>Record limitation, not condition.</i>	6a.	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (NP) ----- b. ----- Limitation
	7a. What (other) condition causes this? <i>Ask if injury or operation: When did [the (injury) occur?/--- have the operation?]</i> <i>Ask if operation over 3 months ago: For what condition did --- have the operation?</i> <i>If pregnancy/delivery or 0-3 months injury or operation --</i> <i>Reask question 2, 5, or 6 where limitation reported, saying: Except for --- (condition), ...?</i> <i>OR reask 7b/c.</i>	7a.	(Enter condition in C2, THEN 7b) 1 <input type="checkbox"/> Old age (Mark "Old age" box, THEN 7c)
	b. Besides (condition) is there any other condition that causes this limitation? ----- c. Is this limitation caused by any (other) specific condition? ----- <i>Mark box if only one condition.</i> d. Which of these conditions would you say is the MAIN cause of this limitation?	b.	<input type="checkbox"/> Yes (Reask 7a and b) <input type="checkbox"/> No (7d)
		c.	<input type="checkbox"/> Yes (Reask 7a and b) <input type="checkbox"/> No
		d.	<input type="checkbox"/> Only 1 condition ----- Main cause

B. LIMITATION OF ACTIVITIES PAGE, Continued

B3	Refer to age.	B3	0 <input type="checkbox"/> Under 5 (10) 2 <input type="checkbox"/> 18-69 (NP) 1 <input type="checkbox"/> 5-17 (11) 3 <input type="checkbox"/> 70 and over (B)
8.	What was -- doing MOST OF THE PAST 12 MONTHS ; working at a job or business, keeping house, going to school, or something else? <i>Priority if 2 or more activities reported: (1) Spent the most time doing; (2) Considers the most important.</i>	8.	1 <input type="checkbox"/> Working 2 <input type="checkbox"/> Keeping house 3 <input type="checkbox"/> Going to school 4 <input type="checkbox"/> 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 <input type="checkbox"/> Yes (13) <input type="checkbox"/> No
9b.	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?	9b.	2 <input type="checkbox"/> Yes (13) 3 <input type="checkbox"/> No (12)
10a.	Is -- able to take part AT ALL in the usual kinds of play activities done by most children -- age? b. Is -- limited in the kind OR amount of play activities -- can do because of any impairment or health problem?	10a.	<input type="checkbox"/> Yes 0 <input type="checkbox"/> No (13) b. 1 <input type="checkbox"/> Yes (13) 2 <input type="checkbox"/> No (12)
11a.	Does any impairment or health problem NOW keep -- from attending school? b. Does -- attend a special school or special classes because of any impairment or health problem?	11a.	1 <input type="checkbox"/> Yes (13) <input type="checkbox"/> No
11b.	Does -- need to attend a special school or special classes because of any impairment or health problem?	11b.	2 <input type="checkbox"/> Yes (13) <input type="checkbox"/> No
11c.	Is -- limited in school attendance because of -- health?	11c.	3 <input type="checkbox"/> Yes (13) <input type="checkbox"/> No
11d.		11d.	4 <input type="checkbox"/> Yes (13) 5 <input type="checkbox"/> No
12a.	Is -- limited in ANY WAY in any activities because of an impairment or health problem? b. In what way is -- limited? <i>Record limitation, not condition.</i>	12a.	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (NP)
12b.		12b.	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 <input type="checkbox"/> Old age (Mark "Old age" box, THEN 13c)
13b.	Besides (condition) is there any other condition that causes this limitation?	13b.	<input type="checkbox"/> Yes (Reask 13a and b) <input type="checkbox"/> No (13d)
13c.	Is this limitation caused by any (other) specific condition?	13c.	<input type="checkbox"/> Yes (Reask 13a and b) <input type="checkbox"/> No
13d.	Which of these conditions would you say is the MAIN cause of this limitation?	13d.	<input type="checkbox"/> Only 1 condition Main cause
FOOTNOTES			

B. LIMITATION OF ACTIVITIES PAGE, Continued

B4	Refer to age.	B4	<input type="checkbox"/> Under 5 (NP) <input type="checkbox"/> 60-69 (14) <input type="checkbox"/> 5-59 (B5) <input type="checkbox"/> 70 and over (NP)
B5	Refer to "Old age" and "LA" boxes. Mark first appropriate box.	B5	<input type="checkbox"/> "Old age" box marked (14) <input type="checkbox"/> Entry in "LA" box (14) <input type="checkbox"/> 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.	<input type="checkbox"/> Yes (15) <input type="checkbox"/> No
<i>If under 18, skip to next person; otherwise ask:</i>			
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.	<input type="checkbox"/> Yes (15) <input type="checkbox"/> No (NP)
15a. What (other) condition causes this?		15a.	<i>(Enter condition in C2, THEN 15b)</i>
<i>Ask if injury or operation: When did [the (injury) occur?/--- have the operation?]</i>			
<i>Ask if operation over 3 months ago: For what condition did --- have the operation?</i>			
<i>If pregnancy/delivery or 0-3 months injury or operation -</i>			
<i>Reask question 14 where limitation reported, saying: Except for --- (condition), ...?</i>			
<i>OR reask 15b/c.</i>			
b. Besides (condition) is there any other condition that causes this limitation?		b.	<input type="checkbox"/> Yes (Reask 15a and b) <input type="checkbox"/> No (15d)
c. Is this limitation caused by any (other) specific condition?		c.	<input type="checkbox"/> Yes (Reask 15a and b) <input type="checkbox"/> No
<i>Mark box if only one condition.</i>			
d. Which of these conditions would you say is the MAIN cause of this limitation?		d.	<input type="checkbox"/> Only 1 condition
		<hr/> Main cause	

FOOTNOTES

D. RESTRICTED ACTIVITY PAGE PERSON 1

Hand calendar.

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

D1

Refer to age.

- Under 5 (4) 5-17 (3) 18 and over (1)

1 a. 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)

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

- Yes oo 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?

- oo None (4) (4)

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

- Yes oo 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?

- oo None

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

- Yes oo 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?

- oo None (6) (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?

- oo None

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

6 a. (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 oo 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?

- oo None

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.

7 a. 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.)

1a. and b. 00 None
 } (NP)
 Number of times

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.)

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

Yes No (3a)

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

2b. DR Visit

c. Anyone else?

Yes (Reask 2b and c) No

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

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

d.
Number of times

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

Yes No (E2)

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

3b. Phone call

c. Were there any calls about anyone else?

Yes (Reask 3b and c) No

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

d. How many telephone calls were made about —?

d.
Number of calls

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

FOOTNOTES

F. 2-WEEK DOCTOR VISITS PAGE

DR VISIT 1

Refer to C1, "2-WK. DV" box.

PERSON NUMBER _____

F1 Refer to age.

1 a. 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.

F1

Under 14 (1b)
 14 and over (1a)

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

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 (8)
 88 Other (Specify)

Ask 3b if under 14.
3 a. 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?
d. Does the (entry in 3c) work with or for ONE doctor or MORE than one doctor?
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?
g. What kind of specialist?

3 a. 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. 1 One (3f) 2 More 3 None (4) 9 DK

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

g. _____ Kind of specialist

Ask 4b if under 14.
4 a. 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.
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?
g. During this (visit/call) was the [doctor/(entry in 3c)] talked to about any (other) condition?
h. What was the condition?

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

c. Yes (4h) No
d. Yes (4h) No (4g)
e. Yes No (4g)

f. _____ (Item C2, THEN 4g)
 Condition _____

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

Mark box if "Telephone" in 2.
5 a. Did -- have any kind of surgery or operation during this visit, including bone settings and stitches?
b. What was the name of the surgery or operation? If name of operation not known, describe what was done.
c. Was there any other surgery or operation during this visit?
Go to next DV if "Home" in 2.
6. In what city (town), county, and State is the (place in 2) located?

5 a. 0 Telephone in 2 (Next Dr. visit) 1 Yes 2 No (8)

b. (1) _____
(2) _____

c. Yes (Reask 5b and c) No

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) visits) 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
- 2 Very good
- 3 Good
- 4 Fair
- 5 Poor

Mark box if under 18.
5a. About how tall is -- without shoes?

5a.

Under 18 (NP)

_____ Feet _____ Inches

b. About how much does -- weigh without shoes?

b.

_____ Pounds

FOOTNOTES

H. CONDITION LISTS 1 AND 2

Read to respondent(s) and ask list specified in A2:

Now I am going to read a list of medical conditions. Tell me if anyone in the family has had any of these conditions, even if you have mentioned them before.

<p>1</p> <p>1a. Does anyone in the family {read names} NOW HAVE — If "Yes," ask 1b and c.</p> <p>b. Who is this?</p> <p>c. Does anyone else NOW have — Enter condition and letter in appropriate person's column.</p> <p>A. PERMANENT stiffness or any deformity of the foot, leg, fingers, arm, or back? (Permanent stiffness — Joints will not move at all.)</p> <hr/> <p>B. Paralysis of any kind?</p> <p>1d. DURING THE PAST 12 MONTHS, did anyone in the family have — If "Yes," ask 1e and f.</p> <p>e. Who was this?</p> <p>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.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;">C. Arthritis of any kind or rheumatism?</td> <td style="width: 50%; padding: 2px;"><i>Reask 1d</i> M. A tumor, cyst, or growth of the skin?</td> </tr> <tr> <td style="padding: 2px;">D. Gout?</td> <td style="padding: 2px;">N. Skin cancer?</td> </tr> <tr> <td style="padding: 2px;">E. Lumbago?</td> <td style="padding: 2px;">O. Eczema or Psoriasis? (ek'sa-ma) or (so-rye'uh-sis)</td> </tr> <tr> <td style="padding: 2px;">F. Sciatica?</td> <td style="padding: 2px;">P. TROUBLE with dry or itching skin?</td> </tr> <tr> <td style="padding: 2px;">G. A bone cyst or bone spur?</td> <td style="padding: 2px;">Q. TROUBLE with acne?</td> </tr> <tr> <td style="padding: 2px;">H. Any other disease of the bone or cartilage?</td> <td style="padding: 2px;">R. A skin ulcer?</td> </tr> <tr> <td style="padding: 2px;">I. A slipped or ruptured disc?</td> <td style="padding: 2px;">S. Any kind of skin allergy?</td> </tr> <tr> <td style="padding: 2px;">J. REPEATED trouble with neck, back, or spine?</td> <td style="padding: 2px;">T. Dermatitis or any other skin trouble?</td> </tr> <tr> <td style="padding: 2px;">K. Bursitis?</td> <td style="padding: 2px;">U. TROUBLE with ingrown toenails or fingernails?</td> </tr> <tr> <td style="padding: 2px;">L. Any disease of the muscles or tendons?</td> <td style="padding: 2px;">V. TROUBLE with bunions, corns, or calluses?</td> </tr> <tr> <td></td> <td style="padding: 2px;">W. Any disease of the hair or scalp?</td> </tr> </table>	C. Arthritis of any kind or rheumatism?	<i>Reask 1d</i> 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?	I. A slipped or ruptured disc?	S. Any kind of skin allergy?	J. REPEATED trouble with neck, back, or spine?	T. Dermatitis or any other skin trouble?	K. Bursitis?	U. TROUBLE with ingrown toenails or fingernails?	L. Any disease of the muscles or tendons?	V. TROUBLE with bunions, corns, or calluses?		W. Any disease of the hair or scalp?	<p>2</p> <p>2a. Does anyone in the family {read names} NOW HAVE — If "Yes," ask 2b and c.</p> <p>b. Who is this?</p> <p>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.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;">A. Deafness in one or both ears?</td> <td style="width: 50%; padding: 2px;"><i>Reask 2a</i> O. A missing joint?</td> </tr> <tr> <td style="padding: 2px;">B. Any other trouble hearing with one or both ears?</td> <td style="padding: 2px;">P. A missing breast, kidney, or lung?</td> </tr> <tr> <td style="padding: 2px;">C. Tinnitus or ringing in the ears?</td> <td style="padding: 2px;">Q. Palsy or cerebral palsy? (ser'a-bral)</td> </tr> <tr> <td style="padding: 2px;">D. 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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	<p>3a. DURING THE PAST 12 MONTHS, did anyone in the family {read names} have — If "Yes," ask 3b and c.</p> <p>b. Who was this?</p> <p>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.</p>		<p>4a. DURING THE PAST 12 MONTHS, did anyone in the family {read names} have — If "Yes," ask 4b and c.</p> <p>b. Who was this?</p> <p>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.</p>																																																				
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H. CONDITION LISTS 5 AND 6

Read to respondent(s) and ask list specified in A2.

Now I am going to read a list of medical conditions. Tell me if anyone in the family has had any of these conditions, even if you have mentioned them before.

<p>5</p> <p>5a. Has anyone in the family <i>{read names}</i> EVER had — If "Yes," ask 5b and c.</p> <p>b. Who was this?</p> <p>c. Has anyone else EVER had — Enter condition and letter in appropriate person's column. Conditions affecting the heart and circulatory system.</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr> <td style="width: 50%; padding: 2px;">A. Rheumatic fever?</td> <td style="width: 50%; padding: 2px;">G. A stroke or a cerebrovascular accident? (ser'a-bro vas ku-lar)</td> </tr> <tr> <td style="padding: 2px;">B. Rheumatic heart disease?</td> <td style="padding: 2px;">H. A hemorrhage of the brain?</td> </tr> <tr> <td style="padding: 2px;">C. Hardening of the arteries or arteriosclerosis?</td> <td style="padding: 2px;">I. Angina pectoris? (pak'to-ris)</td> </tr> <tr> <td style="padding: 2px;">D. Congenital heart disease?</td> <td style="padding: 2px;">J. A myocardial infarction?</td> </tr> <tr> <td style="padding: 2px;">E. Coronary heart disease?</td> <td style="padding: 2px;">K. Any other heart attack?</td> </tr> <tr> <td style="padding: 2px;">F. Hypertension, sometimes called high blood pressure?</td> <td></td> </tr> </table> <p>5d. DURING THE PAST 12 MONTHS, did anyone in the family have — If "Yes," ask 5e and f.</p> <p>e. Who was this?</p> <p>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.</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr> <td style="width: 50%; padding: 2px;">L. Damaged heart valves?</td> <td style="width: 50%; padding: 2px;">Q. Any blood clots?</td> </tr> <tr> <td style="padding: 2px;">M. Tachycardia or rapid heart?</td> <td style="padding: 2px;">R. Varicose veins?</td> </tr> <tr> <td style="padding: 2px;">N. A heart murmur?</td> <td style="padding: 2px;">S. Hemorrhoids or piles?</td> </tr> <tr> <td style="padding: 2px;">O. Any other heart trouble?</td> <td style="padding: 2px;">T. Phlebitis or thrombophlebitis?</td> </tr> <tr> <td style="padding: 2px;">P. An aneurysm? (an yoo-rizm)</td> <td style="padding: 2px;">U. Any other condition affecting blood circulation?</td> </tr> </table>	A. Rheumatic fever?	G. A stroke or a cerebrovascular accident? (ser'a-bro vas ku-lar)	B. Rheumatic heart disease?	H. A hemorrhage of the brain?	C. Hardening of the arteries or arteriosclerosis?	I. Angina pectoris? (pak'to-ris)	D. Congenital heart disease?	J. A myocardial infarction?	E. Coronary heart disease?	K. Any other heart attack?	F. Hypertension, sometimes called high blood pressure?		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?	<p>6</p> <p>6a. DURING THE PAST 12 MONTHS, did anyone in the family <i>{read names}</i> have — If "Yes," ask 6b and c.</p> <p>b. Who was this?</p> <p>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.</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr> <td style="width: 50%; padding: 2px;">A. Bronchitis?</td> <td style="width: 50%; padding: 2px;"><i>Reask 6a.</i> K. A missing lung?</td> </tr> <tr> <td style="padding: 2px;">B. Asthma?</td> <td style="padding: 2px;">L. Lung cancer?</td> </tr> <tr> <td style="padding: 2px;">C. Hay fever?</td> <td style="padding: 2px;">M. Emphysema?</td> </tr> <tr> <td style="padding: 2px;">D. Sinus trouble?</td> <td style="padding: 2px;">N. Pleurisy?</td> </tr> <tr> <td style="padding: 2px;">E. A nasal polyp?</td> <td style="padding: 2px;">O. Tuberculosis?</td> </tr> <tr> <td style="padding: 2px;">F. A deflected or deviated nasal septum?</td> <td style="padding: 2px;">P. Any other work-related respiratory condition, such as dust on the lungs, silicosis, asbestosis, or pneu-mo-co-ni-o-sis?</td> </tr> <tr> <td style="padding: 2px;">G. *Tonsillitis or enlargement of the tonsils or adenoids?</td> <td style="padding: 2px;">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.</td> </tr> <tr> <td style="padding: 2px;">H. *Laryngitis?</td> <td></td> </tr> <tr> <td style="padding: 2px;">I. A tumor or growth of the throat, larynx, or trachea?</td> <td></td> </tr> <tr> <td style="padding: 2px;">J. A tumor or growth of the bronchial tube or lung?</td> <td></td> </tr> </table> <p><i>*If reported in this list only, ask:</i></p> <p>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:</p> <p>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.</p>	A. Bronchitis?	<i>Reask 6a.</i> 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?	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.	H. *Laryngitis?		I. A tumor or growth of the throat, larynx, or trachea?		J. A tumor or growth of the bronchial tube or lung?	
A. Rheumatic fever?	G. A stroke or a cerebrovascular accident? (ser'a-bro vas ku-lar)																																										
B. Rheumatic heart disease?	H. A hemorrhage of the brain?																																										
C. Hardening of the arteries or arteriosclerosis?	I. Angina pectoris? (pak'to-ris)																																										
D. Congenital heart disease?	J. A myocardial infarction?																																										
E. Coronary heart disease?	K. Any other heart attack?																																										
F. Hypertension, sometimes called high blood pressure?																																											
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?																																										
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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 <u>113-month hospital date</u> a year ago. On what date did — enter the hospital [(the last time/the time before that)]? <i>Record each entry date in a separate Hospital Stay column.</i>		Month	Date	Year 19 ____
3. How many nights was — in the hospital?		3. 0000 <input type="checkbox"/> None (Next HS) _____ Nights		
4. For what condition did — enter the hospital? <ul style="list-style-type: none"> • 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 <input type="checkbox"/> Normal delivery } (5) 2 <input type="checkbox"/> Normal at birth } 3 <input type="checkbox"/> No condition } <input type="checkbox"/> Condition ∇		
J1	Refer to questions 2, 3, and 2-week reference period.	J1 <input type="checkbox"/> At least one night in 2-week reference period (Enter condition in C2, THEN 5) <input type="checkbox"/> 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 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (6)		
b. What was the name of the surgery or operation? <i>If name of operation not known, describe what was done.</i>		b. (1) _____ (2) _____ (3) _____		
c. Was there any other surgery or operation during this stay?		c. <input type="checkbox"/> Yes (Reask 5b and c) <input type="checkbox"/> 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)?

- | | |
|---|---|
| <input type="checkbox"/> Interview week (Reask 2) | <input type="checkbox"/> 2 yrs., less than 5 yrs. |
| <input type="checkbox"/> 2-wk. ref. pd. | <input type="checkbox"/> 5 yrs. or more |
| <input type="checkbox"/> Over 2 weeks, less than 6 mos. | <input type="checkbox"/> Dr. seen, DK when |
| <input type="checkbox"/> 6 mos., less than 1 yr. | <input type="checkbox"/> DK if Dr. seen } (3b) |
| <input type="checkbox"/> 1 yr., less than 2 yrs. | <input type="checkbox"/> 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?

- Yes No 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)

- | | |
|---|---------------------------------------|
| <input type="checkbox"/> Color Blindness (NC) | <input type="checkbox"/> Cancer (3e) |
| <input type="checkbox"/> Normal pregnancy, normal delivery, vasectomy } (5) | <input type="checkbox"/> Old age (NC) |
| | <input type="checkbox"/> Other (3c) |

c. What was the cause of --- (condition in 3b)? (Specify) ▾

Mark box if accident or injury. Accident/Injury (Probe, then 5)

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

Ask probes as necessary. Record responses in 3c:

- Yes (Probe, then 5) (How did the accident happen?)
 No (What was --- doing at the time of the injury?)

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

Allment	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:

Abcess	Damage	Palsy
Ache (except head or ear)	Growth	Paralysis
Bleeding (except menstrual)	Hemorrhage	Rupture
Blood clot	Infection	Sore(ness)
Boll	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?

- Malignant Benign DK

5

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

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

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

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 _____ Number { 1 Months
 2 Years

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

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

13. Is this (condition in 3b) the result of the same accident you already told me about?
 Yes (Record condition page number where accident questions first completed.) → _____ (INC) 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) (Specify) _____
 6 School (Includes premises)
 7 Place of recreation and sports, except at school
 8 Other (Specify) _____

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

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

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

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

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

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

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

Part(s) of body *	Kind of injury

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

Part(s) of body *	Present effects **

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

L. DEMOGRAPHIC BACKGROUND PAGE

<p>L1 Refer to age.</p>	<p>L1</p> <p><input type="checkbox"/> Under 5 (NP) <input type="checkbox"/> 5-17 (2) <input type="checkbox"/> 18 and over (1)</p>																				
<p>1a. Did --- EVER serve on active duty in the Armed Forces of the United States?</p> <p>b. When did --- serve?</p> <p>Mark box in descending order of priority. Thus, if person served in Vietnam and in Korea mark VN.</p> <table style="border-left: 1px solid black; border-right: 1px solid black; padding-left: 5px;"> <tr> <td>Vietnam Era (Aug. '64 to April '75)</td> <td>VN</td> </tr> <tr> <td>Korean War (June '50 to Jan. '55)</td> <td>KW</td> </tr> <tr> <td>World War II (Sept. '40 to July '47)</td> <td>WWII</td> </tr> <tr> <td>World War I (April '17 to Nov. '18)</td> <td>WWI</td> </tr> <tr> <td>Post Vietnam (May '75 to present)</td> <td>PVN</td> </tr> <tr> <td>Other Service (all other periods)</td> <td>OS</td> </tr> </table> <p>c. Was --- EVER an active member of a National Guard or military reserve unit?</p> <p>d. Was ALL of --- active duty service related to National Guard or military reserve training?</p>	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	<p>1a.</p> <p>1 <input type="checkbox"/> Yes (1b) 2 <input type="checkbox"/> No (2)</p> <p>b.</p> <table style="width:100%;"> <tr> <td>1 <input type="checkbox"/> VN</td> <td>5 <input type="checkbox"/> PVN</td> </tr> <tr> <td>2 <input type="checkbox"/> KW</td> <td>8 <input type="checkbox"/> OS</td> </tr> <tr> <td>3 <input type="checkbox"/> WWII</td> <td>9 <input type="checkbox"/> DK</td> </tr> <tr> <td>4 <input type="checkbox"/> WWI</td> <td></td> </tr> </table> <p>c.</p> <p><input type="checkbox"/> Yes 2 <input type="checkbox"/> No (2) 7 <input type="checkbox"/> DK (2)</p> <p>d.</p> <p>1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p>	1 <input type="checkbox"/> VN	5 <input type="checkbox"/> PVN	2 <input type="checkbox"/> KW	8 <input type="checkbox"/> OS	3 <input type="checkbox"/> WWII	9 <input type="checkbox"/> DK	4 <input type="checkbox"/> WWI	
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3 <input type="checkbox"/> WWII	9 <input type="checkbox"/> DK																				
4 <input type="checkbox"/> WWI																					
<p>2a. What is the highest grade or year of regular school --- has ever attended?</p> <p>b. Did --- finish the (number in 2a) [grade/year]?</p>	<p>2a.</p> <p>00 <input type="checkbox"/> Never attended or kindergarten (NP)</p> <p>Elem: 1 2 3 4 5 6 7 8 High: 9 10 11 12 College: 1 2 3 4 5 6 +</p> <p>b.</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>																				
<p><i>Hand Card O.</i></p> <p>3a. Are any of those groups --- National origin or ancestry? (Where did --- ancestors come from?)</p> <p>b. Please give me the number of the group. Circle all that apply.</p> <table style="width:100%;"> <tr> <td>1 - Puerto Rican</td> <td>3 - Mexican/Mexicano</td> <td>5 - Chicano</td> <td>7 - Other Spanish</td> </tr> <tr> <td>2 - Cuban</td> <td>4 - Mexican American</td> <td>6 - Other Latin American</td> <td></td> </tr> </table>	1 - Puerto Rican	3 - Mexican/Mexicano	5 - Chicano	7 - Other Spanish	2 - Cuban	4 - Mexican American	6 - Other Latin American		<p>3a.</p> <p>1 <input type="checkbox"/> Yes (3b) 2 <input type="checkbox"/> No (NP)</p> <p>b.</p> <p>1 2 3 4 5 6 7</p>												
1 - Puerto Rican	3 - Mexican/Mexicano	5 - Chicano	7 - Other Spanish																		
2 - Cuban	4 - Mexican American	6 - Other Latin American																			
<p><i>Hand Card R. Ask first alternative for first person; ask second alternative for other persons.</i></p> <p>4a. What is the number of the group or groups which represents --- race? [What is --- race?]</p> <p>Circle all that apply</p> <table style="width:100%;"> <tr> <td>1 - White</td> <td>4 - Eskimo</td> <td>6 - Chinese</td> <td>10 - Vietnamese</td> <td>14 - Guamanian</td> </tr> <tr> <td>2 - Black</td> <td>5 - Aleut</td> <td>7 - Filipino</td> <td>11 - Japanese</td> <td>15 - Other API - Specify</td> </tr> <tr> <td>3 - Indian (American)</td> <td></td> <td>8 - Hawaiian</td> <td>12 - Asian Indian</td> <td>16 - Other race - Specify</td> </tr> <tr> <td></td> <td></td> <td>9 - Korean</td> <td>13 - Samoan</td> <td></td> </tr> </table> <p>Ask if multiple entries:</p> <p>b. Which of those groups; that is, (entries in 4a) would you say BEST represents --- race?</p> <p>c. Mark observed race of respondent(s) only.</p>	1 - White	4 - Eskimo	6 - Chinese	10 - Vietnamese	14 - Guamanian	2 - Black	5 - Aleut	7 - Filipino	11 - Japanese	15 - Other API - Specify	3 - Indian (American)		8 - Hawaiian	12 - Asian Indian	16 - Other race - Specify			9 - Korean	13 - Samoan		<p>4a.</p> <p>1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 <input checked="" type="checkbox"/> 16 <input checked="" type="checkbox"/> _____ (Specify)</p> <p>b.</p> <p>1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 <input checked="" type="checkbox"/> 16 <input checked="" type="checkbox"/> _____ (Specify)</p> <p>c.</p> <p>1 <input type="checkbox"/> W 2 <input type="checkbox"/> B 3 <input type="checkbox"/> O</p>
1 - White	4 - Eskimo	6 - Chinese	10 - Vietnamese	14 - Guamanian																	
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		9 - Korean	13 - Samoan																		

L. DEMOGRAPHIC BACKGROUND PAGE, Continued

<p>L2</p>	<p>Refer to "Age" and "Wa/Wb" boxes in C1.</p>	<p>L2</p>	<p> <input type="checkbox"/> Under 18 (NP) <input type="checkbox"/> Wa box marked (6a) <input type="checkbox"/> Wb box marked (5a) <input type="checkbox"/> Neither box marked (5b) </p>
	<p>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?</p> <p>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?</p> <p>c. Which, looking for work or on layoff from a job?</p>	<p>5a.</p> <p>b.</p> <p>c.</p>	<p> 1 <input type="checkbox"/> Yes (5c) 2 <input type="checkbox"/> No (6b) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (NP) 1 <input type="checkbox"/> Looking (6c) 3 <input type="checkbox"/> Both (6b) 2 <input type="checkbox"/> Layoff (6b) </p>
	<p>6a. Earlier you said that — worked last week or the week before. Ask 6b.</p> <p>b. For whom did — work? Enter name of company, business, organization, or other employer.</p> <p>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.</p> <p>d. What kind of business or industry is this? For example, TV and radio manufacturing, retail shoe store, State Labor Department, farm.</p> <p><i>If "AF" in 6b/c, mark "AF" box in person's column without asking.</i></p> <p>e. What kind of work was — doing? For example, electrical engineer, stock clerk, typist, farmer.</p> <p>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.</p> <p><i>Complete from entries in 6b—f. If not clear, ask:</i></p> <p>g. Was — An employee of a PRIVATE company, business or individual for wages, salary, or commission? P A FEDERAL government employee? F A STATE government employee? S A LOCAL government employee? L</p> <p>Self-employed in OWN business, professional practice, or farm? Ask: Is the business incorporated? Yes I No SE</p> <p>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</p>	<p>6b. and c.</p> <p>d.</p> <p>e.</p> <p>f.</p> <p>g.</p>	<p>Employer <input type="checkbox"/> NEV (6g) <input type="checkbox"/> AF (6e)</p> <p>Industry</p> <p>Occupation <input type="checkbox"/> AF (NP)</p> <p>Duties</p> <p>Class of worker</p> <p> 1 <input type="checkbox"/> P 5 <input type="checkbox"/> I 2 <input type="checkbox"/> F 6 <input type="checkbox"/> SE 3 <input type="checkbox"/> S 7 <input type="checkbox"/> WP 4 <input type="checkbox"/> L 8 <input type="checkbox"/> NEV </p>

FOOTNOTES

L. DEMOGRAPHIC BACKGROUND PAGE, Continued

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?

- 7.**
- 0 Under 14
 - 1 Married — spouse in HH
 - 2 Married — spouse not in HH
 - 3 Widowed
 - 4 Divorced
 - 5 Separated
 - 6 Never married

8a. Was the total combined FAMILY income during the past 12 months — that is, yours, (read names, including Armed Forces members living at home) more or less than \$20,000? Include money from jobs, social security, retirement income, unemployment payments, public assistance, and so forth. Also include income from interest, dividends, net income from business, farm, or rent, and any other money income received.
Read if necessary: Income is important in analyzing the health information we collect. For example, this information helps us to learn whether persons in one income group use certain types of medical care services or have certain conditions more or less often than those in another group.

- 8a.**
- 1 \$20,000 or more (Hand Card I)
 - 2 Less than \$20,000 (Hand Card J)

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 <input type="checkbox"/> A | 10 <input type="checkbox"/> K | 20 <input type="checkbox"/> U |
| 01 <input type="checkbox"/> B | 11 <input type="checkbox"/> L | 21 <input type="checkbox"/> V |
| 02 <input type="checkbox"/> C | 12 <input type="checkbox"/> M | 22 <input type="checkbox"/> W |
| 03 <input type="checkbox"/> D | 13 <input type="checkbox"/> N | 23 <input type="checkbox"/> X |
| 04 <input type="checkbox"/> E | 14 <input type="checkbox"/> O | 24 <input type="checkbox"/> Y |
| 05 <input type="checkbox"/> F | 15 <input type="checkbox"/> P | 25 <input type="checkbox"/> Z |
| 06 <input type="checkbox"/> G | 16 <input type="checkbox"/> Q | 26 <input type="checkbox"/> ZZ |
| 07 <input type="checkbox"/> H | 17 <input type="checkbox"/> R | |
| 08 <input type="checkbox"/> I | 18 <input type="checkbox"/> S | |
| 09 <input type="checkbox"/> J | 19 <input type="checkbox"/> T | |

R

a. Mark first appropriate box.

- Ra.**
- 1 Present for all questions
 - 2 Present for some questions
 - 3 Not present

b. Enter person number of respondent.

b. _____
 Person number(s) of respondent(s)

L3

Enter person number of first parent listed or mark box.

L3

Person number of parent

00 None in household

L4

Enter person number of spouse or mark box.

L4

Person number of spouse

00 None in household

FOOTNOTES

L. DEMOGRAPHIC BACKGROUND PAGE, Continued

		RT01	
L5	<i>Read to respondent(s):</i> In order to determine how health practices and conditions are related to how long people live, we would like to refer to statistical records maintained by the National Center for Health Statistics.	3-4	
L6	Enter date of birth from question 3 on Household Composition page.	L6	Date of birth 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 <input type="checkbox"/> DK (L7) 12-13 _____ State 01 <input type="checkbox"/> Puerto Rico 05 <input type="checkbox"/> Cuba 02 <input type="checkbox"/> Virgin Islands 06 <input type="checkbox"/> Mexico 03 <input type="checkbox"/> Guam 98 <input type="checkbox"/> All other countries 04 <input type="checkbox"/> Canada
If born in U.S., ask 9b only; if born in foreign country, ask 9c only. b. Altogether, how many years has --- lived in (State of present residence)?		b.	14 1 <input type="checkbox"/> Less than 1 yr. 2 <input type="checkbox"/> 1 yr., less than 5 3 <input type="checkbox"/> 5 yrs., less than 10 4 <input type="checkbox"/> 10 yrs., less than 15 5 <input type="checkbox"/> 15 yrs. or more 9 <input type="checkbox"/> DK
c. Altogether, how many years has --- lived in the United States?		c.	15 1 <input type="checkbox"/> Less than 1 yr. 2 <input type="checkbox"/> 1 yr., less than 5 3 <input type="checkbox"/> 5 yrs., less than 10 4 <input type="checkbox"/> 10 yrs., less than 15 5 <input type="checkbox"/> 15 yrs. or more 9 <input type="checkbox"/> 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
<i>Read to respondent(s):</i> 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. <i>Read if necessary:</i> The Public Health Service Act is title 42, United States Code, section 242k.		11.	99999999 <input type="checkbox"/> DK 72-80 [] - [] - [] Social Security Number Mark if number obtained from 81 0 <input type="checkbox"/> Does not have SSN 2 <input type="checkbox"/> Records 1 <input type="checkbox"/> Memory 7 <input type="checkbox"/> Refused
L8	Mark box to indicate how Social Security number was or was not obtained.	L8	82 1 <input type="checkbox"/> Self-personal 2 <input type="checkbox"/> Self-telephone 3 <input type="checkbox"/> Proxy-personal 4 <input type="checkbox"/> 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.**

12. Contact Person name Last 3-4 5-24 First 25-39 40 Middle Initial 97-108	14. Area code/telephone number <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> </div> - <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> </div> 1 <input type="checkbox"/> None 107 2 <input type="checkbox"/> Refused 9 <input type="checkbox"/> DK
13a. Address (Number and street) 41-65	
b. City 68-85 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 separately 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. HU OT Separate unit — Do not include on this questionnaire. Complete the appropriate segment type column for interviewing instructions.	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 _____	<input type="checkbox"/> Yes — Skip to column (5) and mark according to Table A in Part C of manual <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No — Skip to column (5) and mark N	<input type="checkbox"/> Yes — Mark HU in column (5) <input type="checkbox"/> No — Mark N in column (5)	<input type="checkbox"/> N — Stop Table X for this line <input type="checkbox"/> HU — Fill column (6) or (7), as appropriate <input type="checkbox"/> OT — Fill column (6) or (7), as appropriate	<input type="checkbox"/> Yes — Interview as an EXTRA unit <input type="checkbox"/> No — Do not interview	<input type="checkbox"/> Yes — List on first available line of listing sheet. Interview if in sample. <input type="checkbox"/> No — Do not interview
Sheet _____ Line _____	<input type="checkbox"/> Yes — Skip to column (5) and mark according to Table A in Part C of manual <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No — Skip to column (5) and mark N	<input type="checkbox"/> Yes — Mark HU in column (5) <input type="checkbox"/> No — Mark N in column (5)	<input type="checkbox"/> N — Stop Table X for this line <input type="checkbox"/> HU — Fill column (6) or (7), as appropriate <input type="checkbox"/> OT — Fill column (6) or (7), as appropriate	<input type="checkbox"/> Yes — Interview as an EXTRA unit <input type="checkbox"/> No — Do not interview	<input type="checkbox"/> Yes — List on first available line of listing sheet. Interview if in sample. <input type="checkbox"/> No — Do not interview
Sheet _____ Line _____	<input type="checkbox"/> Yes — Skip to column (5) and mark according to Table A in Part C of manual <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No — Skip to column (5) and mark N	<input type="checkbox"/> Yes — Mark HU in column (5) <input type="checkbox"/> No — Mark N in column (5)	<input type="checkbox"/> N — Stop Table X for this line <input type="checkbox"/> HU — Fill column (6) or (7), as appropriate <input type="checkbox"/> OT — Fill column (6) or (7), as appropriate	<input type="checkbox"/> Yes — Interview as an EXTRA unit <input type="checkbox"/> No — Do not interview	<input type="checkbox"/> Yes — List on first available line of listing sheet. Interview if in sample. <input type="checkbox"/> No — Do not interview
NOTE: Be sure to continue interview for original unit after completing Table X for all lines.						
FOOTNOTES						

FORM HIS-2 (1994)
(4-1-94)

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
CENTERS FOR DISEASE CONTROL
NATIONAL CENTER FOR HEALTH STATISTICS

NATIONAL HEALTH INTERVIEW SURVEY

1994 SUPPLEMENT BOOKLET
I. IMMUNIZATION
II. DISABILITY

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 30 to 40 minutes per response, with an average of 35 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.

2. R.O. number	9-10	3. Sample	11-13	1. Book ____ of ____ books	RT 51 3-7 8
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		30-32	34	8. Ending time	
		1 <input type="checkbox"/> a.m.		1 <input type="checkbox"/> a.m.	
		2 <input type="checkbox"/> p.m.		2 <input type="checkbox"/> p.m.	

SAMPLE CHILD LIST

ITEM 11

Are there any nondeleted persons under 6 years old in this family?

Yes (List by age, oldest to youngest)
 No (Section II on page 12)

RT 52	3-4	5-6	7			8	9	10
Line No.	Person No.	Age	Sex	Last name	First name	SC	19-35 months	List No.
1			1 <input type="checkbox"/> M 2 <input type="checkbox"/> F			1 <input type="checkbox"/>	2 <input type="checkbox"/>	1
2			1 <input type="checkbox"/> M 2 <input type="checkbox"/> F			1 <input type="checkbox"/>	2 <input type="checkbox"/>	1
3			1 <input type="checkbox"/> M 2 <input type="checkbox"/> F			1 <input type="checkbox"/>	2 <input type="checkbox"/>	1
4			1 <input type="checkbox"/> M 2 <input type="checkbox"/> F			1 <input type="checkbox"/>	2 <input type="checkbox"/>	1
5			1 <input type="checkbox"/> M 2 <input type="checkbox"/> F			1 <input type="checkbox"/>	2 <input type="checkbox"/>	1
6			1 <input type="checkbox"/> M 2 <input type="checkbox"/> F			1 <input type="checkbox"/>	2 <input type="checkbox"/>	1
7			1 <input type="checkbox"/> M 2 <input type="checkbox"/> F			1 <input type="checkbox"/>	2 <input type="checkbox"/>	1
8			1 <input type="checkbox"/> M 2 <input type="checkbox"/> F			1 <input type="checkbox"/>	2 <input type="checkbox"/>	1
9			1 <input type="checkbox"/> M 2 <input type="checkbox"/> F			1 <input type="checkbox"/>	2 <input type="checkbox"/>	1

Refer to the sample child selection label and circle as applicable. THEN, mark (X) the "SC" box in the column above for the selected sample child under 6.

ITEM 12A

Are there any non-selected 2 year olds in the above list?

Yes (Mark (X) box in "19-35 months" column for EACH, then I2B)
 No (I2B)

ITEM 12B

Are there any non-selected 1 year olds in the above list?

Yes (Refer to Eligibility Chart below for EACH 1 year old)
 No (Section I)

ELIGIBILITY CHART

If month of Interview is: Mark (X) box in "19-35 months" column if child's Date of Birth is Within:

January 1994	02/91 - 06/92
February 1994	03/91 - 07/92
March 1994	04/91 - 08/92
April 1994	05/91 - 09/92
May 1994	06/91 - 10/92
June 1994	07/91 - 11/92
July 1994	08/91 - 12/92
August 1994	09/91 - 01/93
September 1994	10/91 - 02/93
October 1994	11/91 - 03/93
November 1994	12/91 - 04/93
December 1994	01/92 - 05/93
January 1995	02/92 - 06/93

Complete final status on Back Cover

ITEM X1	Enter conditions reported in the Disability supplement in X1 If insufficient space to enter multiple sources, continue in a footnote	PERSON 1					
		A	C	D	E	F	G
		A	C	D	E	F	G
		A	C	D	E	F	G
		A	C	D	E	F	G
		A	C	D	E	F	G
ITEM X2	Indicate ADL Limitations in X2	X2	Help/ Remind	Spec. equip.	Difficulty/ Doesn't do		
		Bathing					
		Dressing					
		Eating					
		Bed/chair					
		Toilet					
Getting around							
ITEM X3	Indicate IADL Limitations in X3	X3	Help/ Supv.	Difficulty/ Doesn't do			
		Prep. meals					
		Shopping					
		Managing money					
		Telephone					
		Heavy work					
Light work							
Notes							

Section I - IMMUNIZATION - Continued

RT 54

ITEM 13	Enter person number and first name of sample child under 6.	Person number _____	First name _____	3-4
	Enter person number of respondent.	Person number _____		5-6

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 14	Refer to shot record.	<input type="checkbox"/> Available (2)	7
		<input type="checkbox"/> Not available (1)	

1. Ask only on initial interview. On callback, skip to 9. We will need the shot record to complete this section of the interview. If I called you within the next few days, would you be able to have --'s shot record available?	<input type="checkbox"/> Yes (Arrange callback, then 15 on page 6) <input type="checkbox"/> No } (9) <input type="checkbox"/> DK }	8
---	--	---

2. Transcribe from shot record - If telephone ask: Looking at the shot record, please tell me how many times -- has received (names of vaccines)? Record number of times for each vaccine. What is the date on the record for (first) (vaccine)? Repeat for second, third -- shots.

	(1) A DTP/DT shot (some times called a DPT shot, diphtheria-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? <i>If telephone ask: Was each shot measles only or MMR?</i>	RT 55	(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?
	9-10	59-60		3-4 5-6	35-36	61-62
	Shots (Record dates) (Number) 00 <input type="checkbox"/> None } (Next vaccine) 99 <input type="checkbox"/> DK }	Shots (Record dates) (Number) 00 <input type="checkbox"/> None } (Next vaccine) 99 <input type="checkbox"/> DK }	Shots (Record dates) (Number) 00 <input type="checkbox"/> None } (Next vaccine) 99 <input type="checkbox"/> DK }		Shots (Record dates) (Number) 00 <input type="checkbox"/> None } (Next vaccine) 99 <input type="checkbox"/> DK }	Shots (Record dates, then 3) (Number) 00 <input type="checkbox"/> None } (3) 99 <input type="checkbox"/> DK }
	DTP/DT (Shot)	Polio (Drops or shots)	Measles/MMR (Shots)		HIB (Shot)	Hepatitis B
1st	11-16 ____/____/19 MO DAY YR	61-65 ____/____/19 MO DAY YR	<input type="checkbox"/> Measles <input type="checkbox"/> MMR <input type="checkbox"/> DK ____/____/19 MO DAY YR	7 8-13	37-42 ____/____/19 MO DAY YR	63-68 ____/____/19 MO DAY YR
2nd	17-22 ____/____/19 MO DAY YR	67-72 ____/____/19 MO DAY YR	<input type="checkbox"/> Measles <input type="checkbox"/> MMR <input type="checkbox"/> DK ____/____/19 MO DAY YR	14 15-20	43-48 ____/____/19 MO DAY YR	69-74 ____/____/19 MO DAY YR
3rd	23-28 ____/____/19 MO DAY YR	73-78 ____/____/19 MO DAY YR	<input type="checkbox"/> Measles <input type="checkbox"/> MMR <input type="checkbox"/> DK ____/____/19 MO DAY YR	21 22-27	49-54 ____/____/19 MO DAY YR	75-80 ____/____/19 MO DAY YR
4th	29-34 ____/____/19 MO DAY YR	79-84 ____/____/19 MO DAY YR	<input type="checkbox"/> Measles <input type="checkbox"/> MMR <input type="checkbox"/> DK ____/____/19 MO DAY YR	28 29-34	55-60 ____/____/19 MO DAY YR	81-86 ____/____/19 MO DAY YR
5th	35-40 ____/____/19 MO DAY YR	85-90 ____/____/19 MO DAY YR				
6th	41-46 ____/____/19 MO DAY YR	91-96 ____/____/19 MO DAY YR				
7th	47-52 ____/____/19 MO DAY YR	97-102 ____/____/19 MO DAY YR				
8th	53-58 ____/____/19 MO DAY YR	103-108 ____/____/19 MO DAY YR				

Section I - IMMUNIZATION - Continued

3. Are all the immunizations that -- ever received included on this shot record?	<input type="checkbox"/> Yes (11) <input type="checkbox"/> No } (4) <input type="checkbox"/> DK }	87
4a. Has -- ever received an additional DTP shot (sometimes called a DPT shot, diphtheria-tetanus-pertussis shot, baby shot, or three-in-one-shot)?	<input type="checkbox"/> Yes (4b) <input type="checkbox"/> No } (5) <input type="checkbox"/> DK }	88
b. How many additional DTP shots has -- received?	_____ Shots (Number) <input type="checkbox"/> All <input type="checkbox"/> DK	89
5a. Has -- ever received an additional polio vaccine by mouth (pink drops) or a polio shot?	<input type="checkbox"/> Yes (5b) <input type="checkbox"/> No } (6) <input type="checkbox"/> DK }	90
b. How many additional polio vaccines has -- received?	_____ Vaccines (Number) <input type="checkbox"/> All <input type="checkbox"/> DK	91
6a. Has -- ever received an additional measles or MMR (Measles-Mumps-Rubella) shot?	<input type="checkbox"/> Yes (6b) <input type="checkbox"/> No } (7) <input type="checkbox"/> DK }	92
b. How many additional measles or MMR shots has -- received?	_____ Shots (Number) <input type="checkbox"/> All <input type="checkbox"/> DK	93
7a. 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.	<input type="checkbox"/> Yes (7b) <input type="checkbox"/> No } (8) <input type="checkbox"/> DK }	94
b. How many additional HIB shots has -- received?	_____ Shots (Number) <input type="checkbox"/> All <input type="checkbox"/> DK	95

Section I - IMMUNIZATION - Continued

8a. Has -- ever received an additional Hepatitis B shot?	<input type="checkbox"/> Yes (8b) <input type="checkbox"/> No } (11) <input type="checkbox"/> DK }	96
---	--	----

b. How many additional Hepatitis B shots has -- received?	_____ Shots (Number) } (11) <input type="checkbox"/> All <input type="checkbox"/> DK	97
--	---	----

9. Has -- ever received an immunization (that is a shot or drops)?	<input type="checkbox"/> Yes (10) <input type="checkbox"/> No } (Item 15 on page 6) <input type="checkbox"/> DK }	98
---	---	----

10a. Has -- ever received:

(1) A DTP/DT shot (sometimes called a DPT shot, diptheria-tetanus-pertussis-shot, baby shot, or three- in-one shot)? <input type="checkbox"/> Yes (10b) } 99 <input type="checkbox"/> No } (Next vaccine) <input type="checkbox"/> DK }	(2) A polio vaccine by mouth (pink drops) or a polio shot? <input type="checkbox"/> Yes (10b) } 102 <input type="checkbox"/> No } (Next vaccine) <input type="checkbox"/> DK }	(3) A measles or MMR (Measles - Mumps - Rubella) shot? <input type="checkbox"/> Yes (10b) } 105 <input type="checkbox"/> No } (Next vaccine) <input type="checkbox"/> DK }	(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) <input type="checkbox"/> Yes (10b) } 108 <input type="checkbox"/> No } (Next vaccine) <input type="checkbox"/> DK }	(5) A Hepatitis B shot? <input type="checkbox"/> Yes (10b) } 111 <input type="checkbox"/> No } (11) <input type="checkbox"/> DK }
---	--	--	---	---

10b. How many (vaccine) shots did -- ever receive?

(1) DTP/DT	(2) Polio	(3) Measles or MMR	(4) HIB	(5) Hepatitis B
100-101	103-104	106-107	109-110	112-113
_____ Shots (Number) } (Next vaccine) <input type="checkbox"/> All <input type="checkbox"/> DK	_____ Shots (Number) } (Next vaccine) <input type="checkbox"/> All <input type="checkbox"/> DK	_____ Shots (Number) } (Next vaccine) <input type="checkbox"/> All <input type="checkbox"/> DK	_____ Shots (Number) } (Next vaccine) <input type="checkbox"/> All <input type="checkbox"/> DK	_____ Shots (Number) } (11) <input type="checkbox"/> All <input type="checkbox"/> DK

11. Are you the person who took -- for most of -- shots? (Most means at least 1/2 of the shots)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	114
--	--	-----

12. In your opinion, has -- received all of the recommended shots for -- age?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	115
--	--	-----

Section I – IMMUNIZATION – Continued

ITEM 15	Refer to Sample Child List on Cover.	<input type="checkbox"/> Additional 19-35 month old child (Item 18 on page 7) <input type="checkbox"/> No additional 19-35 month old child (16)										
ITEM 16	Refer to questions 2 and 10 for SC. Mark (X) first appropriate box.	<input type="checkbox"/> Callback required } (Fill HIS-2A if appropriate, then 17) <input type="checkbox"/> Any immunizations } <input type="checkbox"/> No immunizations (Section II on page 12)										
ITEM 17	Status of HIS-2A for SC. Mark (X) one in each column.	<table style="width:100%; border:none;"> <tr> <td style="width:50%; border:none; text-align:center;"><u>Provider</u></td> <td style="width:5%; border:none; text-align:center;">117</td> <td style="width:5%; border:none;"></td> <td style="width:5%; border:none; text-align:center;">118</td> <td style="width:50%; border:none; text-align:center;"><u>Permission</u></td> </tr> <tr> <td style="border:none; vertical-align:top;"> <input type="checkbox"/> Not required <input type="checkbox"/> Complete <input type="checkbox"/> Refused <input type="checkbox"/> Other (Explain in notes) </td> <td style="border:none;"></td> <td style="border:none;"></td> <td style="border:none;"></td> <td style="border:none; vertical-align:top;"> <input type="checkbox"/> Not required <input type="checkbox"/> Complete <input type="checkbox"/> Refused <input type="checkbox"/> Other (Explain in notes) </td> </tr> </table>	<u>Provider</u>	117		118	<u>Permission</u>	<input type="checkbox"/> Not required <input type="checkbox"/> Complete <input type="checkbox"/> Refused <input type="checkbox"/> Other (Explain in notes)				<input type="checkbox"/> Not required <input type="checkbox"/> Complete <input type="checkbox"/> Refused <input type="checkbox"/> Other (Explain in notes)
<u>Provider</u>	117		118	<u>Permission</u>								
<input type="checkbox"/> Not required <input type="checkbox"/> Complete <input type="checkbox"/> Refused <input type="checkbox"/> Other (Explain in notes)				<input type="checkbox"/> Not required <input type="checkbox"/> Complete <input type="checkbox"/> Refused <input type="checkbox"/> Other (Explain in notes)								
Notes		1 Sample child										

Section I - IMMUNIZATION - Continued

RT 54

ITEM 18	Enter person number and first name of other 19-35 month old child.	Person number _____ First name _____	3-4
	Enter person number of respondent.	Person number _____	5-6

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 19	Refer to shot record.	1 <input type="checkbox"/> Available (14) 2 <input type="checkbox"/> Not available (13)	7
----------------	-----------------------	--	---

13. Ask only on initial interview. On callback, skip to 21. We will need the shot record to complete this section of the interview. If I called you within the next few days, would you be able to have --'s shot record available?	1 <input type="checkbox"/> Yes (Arrange callback, then I10 on page 10) 2 <input type="checkbox"/> No } (21) 9 <input type="checkbox"/> DK }	8
--	---	---

14. Transcribe from shot record - If telephone ask: Looking at the shot record, please tell me how many times -- has received (names of vaccines)? Record number of times for each vaccine. What is the date on the record for (first) (vaccine)? Repeat for second, third -- shots.

	(1) A DTP/DT shot (some times called a DPT shot, diphtheria-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? <i>If telephone ask: Was each shot measles only or MMR?</i>	RT 55 3-4 5-6	(4) An HIB shot? (This is for meningitis and called Haemophilus influenzae (HA-MA-F-L-U-S IN-FLU-EN-ZI) HIB vaccine or H. flu vaccine)	(5) A Hepatitis B shot?
	9-10 Shots (Record dates) (Number) 00 <input type="checkbox"/> None } (Next vaccine) 99 <input type="checkbox"/> DK }	59-60 Shots (Record dates) (Number) 00 <input type="checkbox"/> None } (Next vaccine) 99 <input type="checkbox"/> DK }	Shots (Record dates) (Number) 00 <input type="checkbox"/> None } (Next vaccine) 99 <input type="checkbox"/> DK }		35-36 Shots (Record dates) (Number) 00 <input type="checkbox"/> None } (Next vaccine) 99 <input type="checkbox"/> DK }	61-62 Shots (Record dates, then 15) (Number) 00 <input type="checkbox"/> None } (15) 99 <input type="checkbox"/> DK }
	DTP/DT (Shot)	Polio (Drops or shots)	Measles/MMR (Shots)		HIB (Shot)	Hepatitis B
1st	11-16 ____/____/19 MO DAY YR	61-66 ____/____/19 MO DAY YR	1 <input type="checkbox"/> Measles 2 <input type="checkbox"/> MMR 9 <input type="checkbox"/> DK ____/____/19 MO DAY YR	7 8-13	37-42 ____/____/19 MO DAY YR	63-68 ____/____/19 MO DAY YR
2nd	17-22 ____/____/19 MO DAY YR	67-72 ____/____/19 MO DAY YR	1 <input type="checkbox"/> Measles 2 <input type="checkbox"/> MMR 9 <input type="checkbox"/> DK ____/____/19 MO DAY YR	14 15-20	43-48 ____/____/19 MO DAY YR	69-74 ____/____/19 MO DAY YR
3rd	23-28 ____/____/19 MO DAY YR	73-78 ____/____/19 MO DAY YR	1 <input type="checkbox"/> Measles 2 <input type="checkbox"/> MMR 9 <input type="checkbox"/> DK ____/____/19 MO DAY YR	21 22-27	49-54 ____/____/19 MO DAY YR	75-80 ____/____/19 MO DAY YR
4th	29-34 ____/____/19 MO DAY YR	79-84 ____/____/19 MO DAY YR	1 <input type="checkbox"/> Measles 2 <input type="checkbox"/> MMR 9 <input type="checkbox"/> DK ____/____/19 MO DAY YR	28 29-34	55-60 ____/____/19 MO DAY YR	81-86 ____/____/19 MO DAY YR
5th	35-40 ____/____/19 MO DAY YR	85-90 ____/____/19 MO DAY YR				
6th	41-46 ____/____/19 MO DAY YR	91-96 ____/____/19 MO DAY YR				
7th	47-52 ____/____/19 MO DAY YR	97-102 ____/____/19 MO DAY YR				
8th	53-58 ____/____/19 MO DAY YR	103-108 ____/____/19 MO DAY YR				

Section I - IMMUNIZATION - Continued

15. Are all the immunizations that -- ever received included on this shot record?	<input type="checkbox"/> Yes (23) <input type="checkbox"/> No } (16) <input type="checkbox"/> DK }	87
16a. Has -- ever received an additional DTP shot (sometimes called a DPT shot, diphtheria-tetanus-pertussis shot, baby shot, or three-in-one-shot)?	<input type="checkbox"/> Yes (16b) <input type="checkbox"/> No } (17) <input type="checkbox"/> DK }	88
b. How many additional DTP shots has -- received?	_____ Shots (Number) <input type="checkbox"/> All <input type="checkbox"/> DK	89
17a. Has -- ever received an additional polio vaccine by mouth (pink drops) or a polio shot?	<input type="checkbox"/> Yes (17b) <input type="checkbox"/> No } (18) <input type="checkbox"/> DK }	90
b. How many additional polio vaccines has -- received?	_____ Vaccines (Number) <input type="checkbox"/> All <input type="checkbox"/> DK	91
18a. Has -- ever received an additional measles or MMR (Measles-Mumps-Rubella) shot?	<input type="checkbox"/> Yes (18b) <input type="checkbox"/> No } (19) <input type="checkbox"/> DK }	92
b. How many additional measles or MMR shots has -- received?	_____ Shots (Number) <input type="checkbox"/> All <input type="checkbox"/> DK	93
19a. 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.	<input type="checkbox"/> Yes (19b) <input type="checkbox"/> No } (20) <input type="checkbox"/> DK }	94
b. How many additional HIB shots has -- received?	_____ Shots (Number) <input type="checkbox"/> All <input type="checkbox"/> DK	95

Section I - IMMUNIZATION - Continued

20a. Has -- ever received an additional Hepatitis B shot?	1 <input type="checkbox"/> Yes (20b) 96 2 <input type="checkbox"/> No } (23) 9 <input type="checkbox"/> DK }
b. How many additional Hepatitis B shots has -- received?	_____ Shots } (Number) } (23) 8 <input type="checkbox"/> All 9 <input type="checkbox"/> DK

21. Has -- ever received an immunization (that is a shot or drops)?	1 <input type="checkbox"/> Yes (22) 98 2 <input type="checkbox"/> No } (Item 110) 9 <input type="checkbox"/> DK }
--	--

22a. Has -- ever received:

(1) A DTP/DT shot (sometimes called a DPT shot, diphtheria-tetanus-pertussis-shot, baby shot, or three- in-one shot)? 1 <input type="checkbox"/> Yes (22b) 99 2 <input type="checkbox"/> No } (Next vaccine) 9 <input type="checkbox"/> DK }	(2) A polio vaccine by mouth (pink drops) or a polio shot? 1 <input type="checkbox"/> Yes (22b) 102 2 <input type="checkbox"/> No } (Next vaccine) 9 <input type="checkbox"/> DK }	(3) A measles or MMR (Measles - Mumps - Rubella) shot? 1 <input type="checkbox"/> Yes (22b) 105 2 <input type="checkbox"/> No } (Next vaccine) 9 <input type="checkbox"/> DK }	(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) 1 <input type="checkbox"/> Yes (22b) 108 2 <input type="checkbox"/> No } (Next vaccine) 9 <input type="checkbox"/> DK }	(5) A Hepatitis B shot? 1 <input type="checkbox"/> Yes (22b) 111 2 <input type="checkbox"/> No } (23) 9 <input type="checkbox"/> DK }
---	---	---	--	--

22b. How many (vaccine) shots did -- ever receive?

(1) DTP/DT	(2) Polio	(3) Measles or MMR	(4) HIB	(5) Hepatitis B
100-101	103-104	106-107	109-110	112-113
_____ Shots } (Number) } (Next vaccine) 88 <input type="checkbox"/> All 99 <input type="checkbox"/> DK	_____ Shots } (Number) } (Next vaccine) 88 <input type="checkbox"/> All 99 <input type="checkbox"/> DK	_____ Shots } (Number) } (Next vaccine) 88 <input type="checkbox"/> All 99 <input type="checkbox"/> DK	_____ Shots } (Number) } (Next vaccine) 88 <input type="checkbox"/> All 99 <input type="checkbox"/> DK	_____ Shots } (Number) } (23) 88 <input type="checkbox"/> All 99 <input type="checkbox"/> DK

23. Are you the person who took -- for most of -- shots? (Most means at least 1/2 of the shots)	1 <input type="checkbox"/> Yes 114 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK
--	---

24. In your opinion, has -- received all of the recommended shots for -- age?	1 <input type="checkbox"/> Yes 115 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK
--	---

Section I - IMMUNIZATION - Continued

ITEM I10	Refer to questions 14 and 22 for additional 19-35 month old. Mark (X) first appropriate box.	1 <input type="checkbox"/> Callback required } (Fill HIS-2A, then I11) 2 <input type="checkbox"/> Any immunizations } 3 <input type="checkbox"/> No immunizations (Return to I6 on page 6)	116				
ITEM I11	Status of HIS-2A for additional 19-35 month old. Mark (X) one in each column.	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; text-align: center;"><u>Provider</u></td> <td style="width:50%; text-align: center;"><u>Permission</u></td> </tr> <tr> <td style="vertical-align: top;"> 1 <input type="checkbox"/> Complete 2 <input type="checkbox"/> Refused 3 <input type="checkbox"/> Other (Explain in notes) </td> <td style="vertical-align: top;"> 0 <input type="checkbox"/> Not required 1 <input type="checkbox"/> Complete 2 <input type="checkbox"/> Refused 3 <input type="checkbox"/> Other (Explain in notes) </td> </tr> </table>	<u>Provider</u>	<u>Permission</u>	1 <input type="checkbox"/> Complete 2 <input type="checkbox"/> Refused 3 <input type="checkbox"/> Other (Explain in notes)	0 <input type="checkbox"/> Not required 1 <input type="checkbox"/> Complete 2 <input type="checkbox"/> Refused 3 <input type="checkbox"/> Other (Explain in notes)	(Return to I6 on page 6)
<u>Provider</u>	<u>Permission</u>						
1 <input type="checkbox"/> Complete 2 <input type="checkbox"/> Refused 3 <input type="checkbox"/> Other (Explain in notes)	0 <input type="checkbox"/> Not required 1 <input type="checkbox"/> Complete 2 <input type="checkbox"/> Refused 3 <input type="checkbox"/> Other (Explain in notes)						

Notes		2 Other 19-35 month child	119
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Section II - DISABILITY

Part A - SENSORY, COMMUNICATION AND MOBILITY

RT 65
3-4
PERSON 1

These next questions refer to everyone in the family, that is *(read names of all nondeleted family members)*.

1a. Does anyone in the family have SERIOUS difficulty seeing, even when wearing glasses or contact lenses?

1a. Yes (1b) 5
 No } (2 on page 14)
 DK }

b. Who is this? (Anyone else?)

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

Ask 1c-f for each person with box marked in 1b.

b. Difficulty seeing 6

c. What is the MAIN problem or condition which causes -- serious difficulty seeing?

c. (Enter condition on X1 and mark box)
 In C2 7
 Not in C2

d. Is -- legally blind?

d. Yes (1f) 8
 No } (1e)
 DK }

e. [Do you expect/Is -- expected] to have SERIOUS difficulty seeing for at least the next 12 months?

e. Yes (1f) 9
 No } (1c for NP in 1b, or
 DK } 2 on page 14)

f. Does -- NOW use telescopic lenses, braille, readers, a guide dog, white cane, or any other equipment for people with visual impairments?

If "No", mark (X) box 0.

If "Yes", ask - "Which?" Mark (X) all that apply.

f. Does not use any 10
 Telescopic lenses 11
 Braille 12
 Readers 13
 Guide dog 14
 White cane 15
 Computer equipment 16
 Other 17

(1c for NP in 1b, or 2 on page 14)

Notes

Section II - DISABILITY - Continued

Part A - SENSORY, COMMUNICATION AND MOBILITY - Continued

PERSON 1

<p>2a. Does anyone in the family now use a hearing aid?</p> <hr style="border-top: 1px dashed black;"/> <p>b. Who is this? <i>Mark (X) "Hearing aid" box in person's column.</i></p> <hr style="border-top: 1px dashed black;"/> <p>c. Anyone else? <input type="checkbox"/> Yes (<i>Reask 2b and c</i>) <input type="checkbox"/> No (<i>2d</i>)</p> <hr style="border-top: 1px dashed black;"/> <p>d. Does anyone in the family have any trouble hearing what is said in normal conversation (even when wearing a hearing aid)?</p> <hr style="border-top: 1px dashed black;"/> <p>e. Who is this? (Anyone else?) <i>Mark (X) "Trouble hearing" box in person's column.</i> <i>Ask 2f-h and 3 for each person with box marked in 2e.</i></p> <hr style="border-top: 1px dashed black;"/> <p>f. What is the MAIN problem or condition which causes -- to have trouble hearing?</p> <hr style="border-top: 1px dashed black;"/> <p>g. Is -- able to hear loud noises?</p> <hr style="border-top: 1px dashed black;"/> <p>h. [Do you expect/Is -- expected] to have this trouble hearing for at least the next 12 months?</p>	<p>2a. 18 <input type="checkbox"/> Yes (<i>2b</i>) <input type="checkbox"/> No } (<i>2d</i>) <input type="checkbox"/> DK }</p> <hr style="border-top: 1px dashed black;"/> <p>b. 19 <input type="checkbox"/> Hearing aid</p> <hr style="border-top: 1px dashed black;"/> <p>d. 20 <input type="checkbox"/> Yes (<i>2e</i>) <input type="checkbox"/> No } (<i>4 on page 16</i>) <input type="checkbox"/> DK }</p> <hr style="border-top: 1px dashed black;"/> <p>e. 21 <input type="checkbox"/> Trouble hearing</p> <hr style="border-top: 1px dashed black;"/> <p>f. 22 <i>(Enter condition in X1 and mark box)</i> <input type="checkbox"/> In C2 <input type="checkbox"/> Not in C2</p> <hr style="border-top: 1px dashed black;"/> <p>g. 23 <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK</p> <hr style="border-top: 1px dashed black;"/> <p>h. 24 <input type="checkbox"/> Yes (<i>3</i>) <input type="checkbox"/> No } (<i>2f for NP in 2e, or</i> <input type="checkbox"/> DK } <i>4 on page 16</i>)</p> <hr style="border-top: 1px dashed black;"/> <p>3. 25 <input type="checkbox"/> Does not use any <input type="checkbox"/> Amplifier for telephone 25 <input type="checkbox"/> TDD, TTY, or teletype 27 <input type="checkbox"/> Closed caption TV 28 <input type="checkbox"/> Assistive listening devices 29 <input type="checkbox"/> Assistive signaling devices 30 <input type="checkbox"/> Interpreter 31 <input type="checkbox"/> Other 32 <i>(2f for NP in 2e, or 4 on page 16)</i></p>
<p>3. (Besides a hearing aid,) Does -- NOW use an amplifier for the telephone, a TDD, TTY or teletype, closed caption TV, assistive listening or signaling devices, an interpreter, or any other equipment for people with hearing impairments?</p> <p><i>Read if necessary: Assistive listening devices include a loop, FM systems, and direct input devices that connect to a TV. Assistive signaling devices indicate that a door, telephone or fire bells are ringing.</i></p> <p><i>If "No", mark (X) box 0.</i> <i>If "Yes", ask "Which"? Mark (X) all that apply.</i></p>	<p>3. 25 <input type="checkbox"/> Does not use any <input type="checkbox"/> Amplifier for telephone 25 <input type="checkbox"/> TDD, TTY, or teletype 27 <input type="checkbox"/> Closed caption TV 28 <input type="checkbox"/> Assistive listening devices 29 <input type="checkbox"/> Assistive signaling devices 30 <input type="checkbox"/> Interpreter 31 <input type="checkbox"/> Other 32 <i>(2f for NP in 2e, or 4 on page 16)</i></p>

Section II - DISABILITY - Continued

Part A - SENSORY, COMMUNICATION AND MOBILITY - Continued

PERSON 1

The next few questions refer only to family members who are 5 years old or older, that is (read names of family members 5 years old or older).

4a. Do (read names of persons 5+) have SERIOUS difficulty communicating so that PEOPLE OUTSIDE THE FAMILY understand?

4a. 1 Yes (4b)
2 No } (4f)
9 DK

33

Read if necessary: Do not include language problems.

b. Who is this?

b.

34

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

1 Difficulty communicating

c. Anyone else?

Yes (Reask 4b and c) No

Ask 4d-e for each person with "Difficulty communicating" marked in 4b.

35

d. Does -- have any difficulty communicating so that FAMILY MEMBERS understand?

d. 1 Yes (4e)
2 No } (NP in 4b, or 4f)
9 DK

36

e. Does -- have difficulty communicating -- basic needs, such as hunger and thirst, to family members?

e. 1 Yes } (4d for NP in 4b, or 4f)
2 No }
9 DK

f. Do (read names of persons 5+) have SERIOUS difficulty understanding other people when they talk or ask questions?

f. 1 Yes (4g)
2 No } (A1)
9 DK

37

Read if necessary: Do not include language problems.

g. Who is this?

g.

38

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

1 Difficulty understanding

h. Anyone else?

Yes (Reask 4g and h) No (A1)

ITEM A1

Refer to age or questions 4b and 4g for each person.

A1

2 Under 5 (NP, or 4n on page 18)
1 "Difficulty communicating" in 4b and/or "Difficulty understanding" in 4g (4i on page 18)
2 All others (NP, or 4n on page 18)

39

Notes

Section II - DISABILITY - Continued

Part A - SENSORY, COMMUNICATION AND MOBILITY - Continued

PERSON 1

4i. How old was -- when -- first had difficulty [communicating with/(and) understanding] other people?		4i. _____ Years old (4i) 40-41 98 <input type="checkbox"/> At birth (4i) 99 <input type="checkbox"/> DK (4i)
----- j. Was it before -- was 18 years old?		j. 42 1 <input type="checkbox"/> Yes (4j) 2 <input type="checkbox"/> No (4k) 9 <input type="checkbox"/> DK (4j)
----- k. Was it before -- was 22 years old?		k. 43 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } (4l) 9 <input type="checkbox"/> DK
----- <i>If obvious, mark without asking; otherwise ask:</i>		44
l. Is -- expected to have this difficulty with [communication/(and) understanding other people] for at least 12 months longer?		l. 44 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } (4m) 9 <input type="checkbox"/> DK
m. What condition causes -- difficulty [communicating with/(and) understanding] other people? Accept up to 2 conditions; then go to A1 on page 16 for next person, or 4n.		m. 45 (Enter condition in X1 and mark box) 1 <input type="checkbox"/> In C2 2 <input type="checkbox"/> Not in C2
		----- (Enter condition in X1 and mark box) 1 <input type="checkbox"/> In C2 2 <input type="checkbox"/> Not in C2

n. Do (read names of persons 5+) have SERIOUS difficulty learning how to do things that most people their age are able to learn?		n. 47 1 <input type="checkbox"/> Yes (4o) 2 <input type="checkbox"/> No } (5 on page 20) 9 <input type="checkbox"/> DK
----- o. Who is this? Mark (X) "Difficulty learning" box in person's column.		o. 48 1 <input type="checkbox"/> Difficulty learning
p. Anyone else?		
		<input type="checkbox"/> Yes (Reask 4o and p) <input type="checkbox"/> No (5 on page 20)

Notes

Section II - DISABILITY - Continued

Part A - SENSORY, COMMUNICATION AND MOBILITY - Continued

PERSON 1

HAND CARD DA1. Read parenthetical if telephone interview.

49

5a. Does ANYONE in the family now use any of these aids to get around? (A cane, crutches, walker, medically prescribed shoes, a wheelchair, or a scooter?)

- 5a.** 1 Yes (5b)
 2 No } (6 on page 22)
 9 DK }

b. Who is this?

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

- b.** 1 Mobility aid

50

c. Anyone else?

- Yes (Reask 5b and c) No

Ask 5d and e for each person with "Mobility aid" in 5b.

d. Which aids does -- use?

Any others?

Mark (X) all that apply.

If "wheelchair", ask: Does -- use an electric or manual wheelchair?

- d.** 1 Cane 51
 2 Crutches 52
 3 Walker 53
 4 Medically prescribed shoes 54
 5 Manual wheelchair 55
 6 Electric wheelchair 56
 7 Scooter 57

Ask only about each aid marked in 5d. Then 5d for next person with 5b; otherwise 6 on page 22.

58

e. Has -- used or is -- expected to use (aid in 5d) for 12 months or longer?

- | | | |
|---------------------------------------|---|----|
| (1) A cane | (1) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK | 59 |
| (2) Crutches | (2) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK | 60 |
| (3) A walker | (3) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK | 61 |
| (4) Medically prescribed shoes | (4) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK | 62 |
| (5) A manual wheelchair | (5) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK | 63 |
| (6) An electric wheelchair | (6) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK | 64 |
| (7) A scooter | (7) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK | |

Notes

Section II - DISABILITY - Continued

Part A - SENSORY, COMMUNICATION AND MOBILITY - Continued

PERSON 1

6a. Does anyone in the family now use a brace of any kind?

6a.

65

- 1 Yes (6b)
- 2 No } (7)
- 9 DK }

b. Who is this?

Ask if necessary: On what part of the body is the brace worn? Is it worn on the back, neck, arm, hand, leg, foot or knee?

Mark (X) appropriate box(es) in person's column.

b.

- 1 Back 66
- 2 Neck 67
- 3 Arm 68
- 4 Hand 69
- 5 Leg 70
- 6 Foot 71
- 7 Knee 72
- 8 Other 73

c. Does anyone else now use a brace?

- Yes (Reask 6b and c) No

Ask 6d for each person with an entry in 6b.

74

d. Has -- used or is -- expected to use [this brace/any of these braces] for 12 months or longer?

d.

- 1 Yes } (6d for NP with entry
- 2 No } in 6b, or 7)
- 9 DK }

7a. (Does anyone in the family now use) an artificial leg, foot, arm or hand?

7a.

75

- 1 Yes (7b)
- 2 No } (A2 on page 24)
- 9 DK }

b. Who is this?

Ask if necessary: Which does -- use - an artificial leg, foot, arm or hand?

Mark (X) appropriate box(es) in person's column.

b.

- 1 Artificial leg or foot 76
- 2 Artificial arm or hand 77

c. Does anyone else now use an artificial limb?

- Yes (Reask 7b and c) No (A2 on page 24)

Notes

Section II - DISABILITY - Continued

Part A - SENSORY, COMMUNICATION AND MOBILITY - Continued		PERSON 1	
ITEM A2	<i>Refer to ages of ALL family members.</i>	A2	<div style="text-align: right;">78</div> 1 <input type="checkbox"/> All under 18 <i>(Part B on page 28)</i> 2 <input type="checkbox"/> Any 18+ (8)
8a. Do (names of persons 18+) now have any problem with dizziness that has lasted for at least three months?		8a.	<div style="text-align: right;">79</div> 1 <input type="checkbox"/> Yes (8b) 2 <input type="checkbox"/> No } (8d) 9 <input type="checkbox"/> DK
b. Who is this? <i>Mark (X) "Dizziness" box in person's column.</i>		b.	<div style="text-align: right;">80</div> 1 <input type="checkbox"/> Dizziness
c. Anyone else? <input type="checkbox"/> Yes (Reask 8b and c) <input type="checkbox"/> No (8d)			
d. Do (names of persons 18+) have any problem with balance that has lasted for at least three months?		d.	<div style="text-align: right;">81</div> 1 <input type="checkbox"/> Yes (8e) 2 <input type="checkbox"/> No } (9) 9 <input type="checkbox"/> DK
e. Who is this? <i>Mark (X) "Problem with balance" box in person's column.</i>		e.	<div style="text-align: right;">82</div> 1 <input type="checkbox"/> Problem with balance
f. Anyone else? <input type="checkbox"/> Yes (Reask 8e and f) <input type="checkbox"/> No			
<i>Ask 8g for each person with "Problem with balance" marked in 8e.</i>			
g. Does -- need support or touch walls when walking due to balance problems?		g.	<div style="text-align: right;">83</div> 1 <input type="checkbox"/> Yes } 2 <input type="checkbox"/> No } (NP in 8e, or 9) 9 <input type="checkbox"/> DK
9a. Do (names of persons 18+) now have ringing, roaring, or buzzing in the ears that has lasted for at least three months?		9a.	<div style="text-align: right;">84</div> 1 <input type="checkbox"/> Yes (9b) 2 <input type="checkbox"/> No } (10 on page 26) 9 <input type="checkbox"/> DK
b. Who is this? <i>Mark (X) "Noise in ears" box in person's column.</i>		b.	<div style="text-align: right;">85</div> 1 <input type="checkbox"/> Noise in ears
c. Anyone else? <input type="checkbox"/> Yes (Reask 9b and c) <input type="checkbox"/> No (10 on page 26)			
Notes			

Section II - DISABILITY - Continued

Part A - SENSORY, COMMUNICATION AND MOBILITY - Continued	PERSON 1
<p>10a. Do (names of persons 18+) now have any problems with their sense of smell, such as not being able to smell things or things not smelling the way they are supposed to?</p>	<p>10a. 86 1 <input type="checkbox"/> Yes (10b) 2 <input type="checkbox"/> No } (11) 9 <input type="checkbox"/> DK }</p>
<p>b. Who is this? Mark (X) "Problem with smell" box in person's column.</p>	<p>b. 87 1 <input type="checkbox"/> Problem with smell</p>
<p>c. Anyone else? <input type="checkbox"/> Yes (Reask 10b and c) <input type="checkbox"/> No Ask 10d-f for each person with box marked in 10b.</p>	<p>d. 88 1 <input type="checkbox"/> Loss of smell (10e) 2 <input type="checkbox"/> Things don't smell right } (10f) 9 <input type="checkbox"/> DK }</p>
<p>d. Which problem does -- have, not being able to smell things or things not smelling the way they are supposed to?</p>	<p>e. 89 1 <input type="checkbox"/> Complete 2 <input type="checkbox"/> Partial 9 <input type="checkbox"/> DK</p>
<p>e. Is -- loss of smell complete or partial?</p>	<p>f. 90 1 <input type="checkbox"/> Yes } (10d for NP in 10b, 2 <input type="checkbox"/> No } or 11) 9 <input type="checkbox"/> DK }</p>
<p>f. Has -- had problems with -- sense of smell for at least three months?</p>	<p>11a. 91 1 <input type="checkbox"/> Yes (11b) 2 <input type="checkbox"/> No } (Part B on page 28) 9 <input type="checkbox"/> DK }</p>
<p>11a. Do (names of persons 18+) have a problem with their sense of taste, such as not being able to taste salt or sugar or with tastes in the mouth that shouldn't be there, like bitter, salty, sour or sweet tastes?</p>	<p>b. 92 1 <input type="checkbox"/> Problem with taste</p>
<p>b. Who is this? Mark (X) "Problem with taste" box in person's column.</p>	<p>d. 93 1 <input type="checkbox"/> Not tasting salt 2 <input type="checkbox"/> Not tasting sugar 3 <input type="checkbox"/> Tastes that shouldn't be there 94 4 <input type="checkbox"/> Other problem 95</p>
<p>c. Anyone else? <input type="checkbox"/> Yes (Reask 11b and c) <input type="checkbox"/> No Ask 11d-e for each person with box marked in 11b.</p>	<p>e. 97 1 <input type="checkbox"/> Yes } (11d for NP in 11b, 2 <input type="checkbox"/> No } or Part B on page 28) 9 <input type="checkbox"/> DK }</p>
<p>d. Which problem does -- have, not being able to taste salt or sugar, tastes in the mouth that shouldn't be there, or some other problem? Mark (X) all that apply.</p>	<p>e. Has -- had [any of these/this] problem(s) with taste for at least three months?</p>

Section II - DISABILITY - Continued

RT 66

Part B - CONDITIONS

PERSON 1

3-4

(I am going to read a list of medical conditions. Tell me if anyone in the family has any of these conditions, even if you have mentioned them before.)

1a. Does anyone in the family, that is (read names) have -

1a.

(1) A learning disability?

1 Yes(1b) 2 No 9 DK 5

(2) Cerebral palsy (cĕ Rĕ' brĕl pawl'zee)?

1 Yes(1b) 2 No 9 DK 6

(3) Cystic fibrosis (sis'tic fĭ brō'sis)?

1 Yes(1b) 2 No 9 DK 7

(4) Down syndrome?

1 Yes(1b) 2 No 9 DK 8

(5) Mental retardation?

1 Yes(1b) 2 No 9 DK 9

(6) Muscular dystrophy (dĭs' trō fee)?

1 Yes(1b) 2 No 9 DK 10

(7) Spina bifida (spĭn' ah bĭf ĭ dah)?

1 Yes(1b) 2 No 9 DK 11

(8) Autism (aw'tizm)?

1 Yes(1b) 2 No 9 DK 12

(9) Hydrocephalus (hĭ drō sef'ah lŭs)?

1 Yes(1b) 2 No(2) 9 DK(2) 13

b. Who is this?

Mark (X) appropriate box in person's column.

b.

- 1 Learning disability 14
- 2 Cerebral Palsy 15
- 3 Cystic Fibrosis 16
- 4 Down Syndrome 17
- 5 Mental Retardation 18
- 6 Muscular Dystrophy 19
- 7 Spina Bifida 20
- 8 Autism 21
- 9 Hydrocephalus 22

c. Anyone else?

If "Yes" (Reask 1b and c)

If "No" (1a for NC, or 2)

2a. Was anyone in the family EVER told by a doctor that they had polio, whether or not it resulted in physical disability?

2a.

1 Yes (2b) 23
 2 No } (Part C on page 30)
 9 DK }

b. Who is this? (Anyone else?)

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

Ask 2c for each person with "Polio" box marked in 2b.

b.

1 Polio 24

c. Did -- EVER have paralysis of any kind caused by polio?

c.

1 Yes 25
 2 No
 9 DK

Section II - DISABILITY - Continued

RT 67

Part C - ADL / IADL

PERSON 1

3-4

HAND CARD DC1.

These next questions refer only to (read names of persons 5+).

1a. Because of a physical, mental, or emotional problem, do (read names of persons 5+) GET HELP FROM ANOTHER PERSON in —

1a.

(1) Bathing or showering?

1 Yes(1b) 2 No 9 DK 5

(2) Dressing?

1 Yes(1b) 2 No 9 DK 6

(3) Eating?

1 Yes(1b) 2 No 9 DK 7

(4) Getting in and out of bed or chairs?

1 Yes(1b) 2 No 9 DK 8

(5) Using the toilet, including getting to the toilet?

1 Yes(1b) 2 No 9 DK 9

(6) Getting around inside the home?

1 Yes(1b) 2 No(2) 9 DK(2) 10

b. Who is this? (Anyone else?)

Mark (X) appropriate box in person's column AND in "Help/Remind" column in X2, then continue with 1a for next activity, or 2.

b.

1 Bathing or showering 11

2 Dressing 12

3 Eating 13

4 Getting in/out bed or chairs 14

5 Using the toilet, including getting to the toilet 15

6 Getting around inside the home 16

(Mark (X) appropriate box(es) in X2)

Refer to Card DC1. Read all categories in 2c if telephone interview.

2a. Because of a physical, mental, or emotional problem, do (read names of persons 5+) need to be reminded to do [any of these/any of the following] activities, or need to have someone close by when they do them?

2a.

1 Yes (2b) 17

2 No } (3 on page 32)

9 DK }

b. Who is this? (Anyone else?)

Mark (X) "Remind/close" box in person's column.

Ask 2c for each person with "Remind/close" in 2b, then 3 on page 32.

Refer to Card DC1. Read each category if telephone interview.

b.

1 Remind/close 18

c. For which activities does -- need to be reminded or to have someone close by?

(Any others?)

Mark (X) all that apply in person's column AND in "Help/Remind" column in X2.

c.

1 Bathing or showering 19

2 Dressing 20

3 Eating 21

4 Getting in/out bed or chairs 22

5 Using the toilet, including getting to the toilet 23

6 Getting around inside the home 24

(Mark (X) appropriate box(es) in X2)

Section II – DISABILITY – Continued

Part C – ADL / IADL – Continued

PERSON 1

Refer to Card DC1. Read all categories in 3c if telephone interview.

3a. Do (read names of persons 5+) use any SPECIAL EQUIPMENT to do any of [these/the following] activities?

- 3a.** 1 Yes (3b) 25
 2 No } (Item C1)
 9 DK }

b. Who is this? (Anyone else?)

- b.** 1 Equipment 26

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

Ask 3c for each person with "Equipment" in 3b, then go to C1.

Refer to Card DC1. Read each category if telephone interview.

c. For which activities does -- use special equipment? (Any others?)

Mark (X) all that apply in person's column AND in "Spec. Equip." column in X2.

- c.** 1 Bathing or showering 27
 2 Dressing 28
 3 Eating 29
 4 Getting in/out bed or chairs 30
 5 Using the toilet, including getting to the toilet 31
 6 Getting around inside the home 32

(Mark (X) appropriate box(es) in X2)

ITEM C1

Refer to age and Item X2. Mark (X) first appropriate box.

- C1** 0 Under 5 (NP, or C2 on page 38) 33
 1 One or more activities marked in X2 (4)
 2 No activities in X2 (5 on page 36)

Mark (X) box 0 or ask:

4a. Does -- have any difficulty bathing?

If doesn't do, Ask: Is this because of a physical, mental, or emotional problem?

If "Yes", mark (X) box 3 "Doesn't do/health"
 If "No", mark (X) box 2 "No"

- 4a.** 0 Bathing in X2 (4c) 34
 1 Yes (Mark X2 then 4b)
 2 No (4c)
 3 Doesn't do/health (Mark X2, then 4c)
 9 DK (4c)

b. How much difficulty does -- have bathing -- some, a lot, or is -- unable to do it?

- b.** 1 Some 35
 2 A lot
 3 Unable
 9 DK

Mark (X) box 0 or ask:

c. Does -- have any difficulty dressing?

If doesn't do, Ask: Is this because of a physical, mental, or emotional problem?

If "Yes", mark (X) box 3 "Doesn't do/health"
 If "No", mark (X) box 2 "No"

- c.** 0 Dressing in X2 (4e on page 34) 36
 1 Yes (Mark X2 then 4d on page 34)
 2 No (4e on page 34)
 3 Doesn't do/health (Mark X2, then 4e on page 34)
 9 DK (4e on page 34)

Section II - DISABILITY - Continued

Part C - ADL / IADL-Continued

PERSON 1

<p>4d. How much difficulty does -- have dressing -- some, a lot, or is -- unable to do it?</p> <p><i>Mark (X) box 0 or ask:</i></p>	<p>4d. 37</p> <p>1 <input type="checkbox"/> Some 2 <input type="checkbox"/> A lot 3 <input type="checkbox"/> Unable 9 <input type="checkbox"/> DK</p>
<p>e. Does -- have any difficulty eating?</p> <p><i>If doesn't do, Ask: Is this because of a physical, mental, or emotional problem?</i></p> <p align="center"><i>If "Yes", mark (X) box 3 "Doesn't do/health"</i> <i>If "No", mark (X) box 2 "No"</i></p>	<p>e. 38</p> <p>0 <input type="checkbox"/> Eating in X2 (4g) 1 <input type="checkbox"/> Yes (Mark X2 then 4f) 2 <input type="checkbox"/> No (4g) 3 <input type="checkbox"/> Doesn't do/health (Mark X2, then 4g) 9 <input type="checkbox"/> DK (4g)</p>
<p>f. How much difficulty does -- have eating -- some, a lot, or is -- unable to do it?</p> <p><i>Mark (X) box 0 or ask:</i></p>	<p>f. 39</p> <p>1 <input type="checkbox"/> Some 2 <input type="checkbox"/> A lot 3 <input type="checkbox"/> Unable 9 <input type="checkbox"/> DK</p>
<p>g. Does -- have any difficulty getting in and out of bed or chairs?</p> <p><i>If doesn't do, Ask: Is this because of a physical, mental, or emotional problem?</i></p> <p align="center"><i>If "Yes", mark (X) box 3 "Doesn't do/health"</i> <i>If "No", mark (X) box 2 "No"</i></p>	<p>g. 40</p> <p>0 <input type="checkbox"/> Bed/Chair in X2 (4i) 1 <input type="checkbox"/> Yes (Mark X2 then 4h) 2 <input type="checkbox"/> No (4i) 3 <input type="checkbox"/> Doesn't do/health (Mark X2, then 4i) 9 <input type="checkbox"/> DK (4i)</p>
<p>h. How much difficulty does -- have getting in and out of beds or chairs -- some, a lot, or is -- unable to do it?</p> <p><i>Mark (X) box 0 or ask:</i></p>	<p>h. 41</p> <p>1 <input type="checkbox"/> Some 2 <input type="checkbox"/> A lot 3 <input type="checkbox"/> Unable 9 <input type="checkbox"/> DK</p>
<p>i. Does -- have any difficulty using the toilet, including getting to the toilet?</p> <p><i>If doesn't do, Ask: Is this because of a physical, mental, or emotional problem?</i></p> <p align="center"><i>If "Yes", mark (X) box 3 "Doesn't do/health"</i> <i>If "No", mark (X) box 2 "No"</i></p>	<p>i. 42</p> <p>0 <input type="checkbox"/> Toilet in X2 (4k on page 36) 1 <input type="checkbox"/> Yes (Mark X2 then 4j) 2 <input type="checkbox"/> No (4k on page 36) 3 <input type="checkbox"/> Doesn't do/health (Mark X2, then 4k on page 36) 9 <input type="checkbox"/> DK (4k on page 36)</p>
<p>j. How much difficulty does -- have using the toilet, including getting to the toilet -- some, a lot, or is -- unable to do it?</p>	<p>j. 43</p> <p>1 <input type="checkbox"/> Some 2 <input type="checkbox"/> A lot 3 <input type="checkbox"/> Unable 9 <input type="checkbox"/> DK</p> <p align="right"><i>(4k on page 36)</i></p>

Section II – DISABILITY – Continued

Part C – ADL / IADL – Continued

PERSON 1

<p>Mark (X) box 0 or ask:</p> <p>4k. Does -- have any difficulty getting around inside the home?</p> <p><i>If doesn't do, Ask: Is this because of a physical, mental, or emotional problem?</i></p> <p><i>If "Yes", mark (X) box 3 "Doesn't do/health"</i> <i>If "No", mark (X) box 2 "No"</i></p> <hr/> <p>l. How much difficulty does -- have getting around inside the home -- some, a lot, or is -- unable to do it?</p>	<p>4k.</p> <p>0 <input type="checkbox"/> Getting around in X2 44 <i>(C1 on page 32 for NP, or C2 on page 38)</i></p> <p>1 <input type="checkbox"/> Yes <i>(Mark X2 then 41)</i></p> <p>2 <input type="checkbox"/> No <i>(C1 on page 32 for NP, or C2 on page 38)</i></p> <p>3 <input type="checkbox"/> Doesn't do/health <i>(Mark X2, then C1 on page 32 for NP, or C2 on page 38)</i></p> <p>9 <input type="checkbox"/> DK <i>(C1 on page 32 for NP, or C2 on page 38)</i></p> <hr/> <p>l.</p> <p>1 <input type="checkbox"/> Some } 45 2 <input type="checkbox"/> A lot } <i>(C1 on page 32 for NP, or C2 on page 38)</i> 3 <input type="checkbox"/> Unable } 9 <input type="checkbox"/> DK }</p>
<p><i>HAND CARD DC1. Read categories if telephone interview.</i></p> <p>5a. Because of a physical, mental, or emotional problem, does -- have any difficulty with any of [these/the following] activities?</p> <p><i>If "Yes", ask "Which"? and mark the appropriate box(es) in person's column AND in "Difficulty/Doesn't do" column in X2.</i></p> <p><i>If doesn't do, ask: Is this because of a physical, mental, or emotional problem?</i></p> <p><i>If "Yes", mark (X) box for that activity</i> <i>If "No", do not mark the box for that activity</i></p> <p>Mark (X) box 0 only if no other boxes are marked.</p> <hr/> <p><i>Ask only if box 1 "Bathing" in 5a; otherwise, skip to 5c.</i></p> <p>b. How much difficulty does -- have bathing or showering -- some, a lot, or is -- unable to do it?</p> <hr/> <p><i>Ask only if box 2 "Dressing" in 5a; otherwise, skip to 5d.</i></p> <p>c. How much difficulty does -- have dressing -- some, a lot, or is -- unable to do it?</p> <hr/> <p><i>Ask only if box 3 "Eating" in 5a; otherwise, skip to 5e.</i></p> <p>d. How much difficulty does -- have eating -- some, a lot, or is -- unable to do it?</p> <hr/> <p><i>Ask only if box 4 "Getting in/out bed or chairs" in 5a; otherwise, skip to 5f on page 38.</i></p> <p>e. How much difficulty does -- have getting in and out of bed or chairs -- some, a lot, or is -- unable to do it?</p>	<p>5a.</p> <p>0 <input type="checkbox"/> No difficulty <i>(C1 on page 32 for NP, or C2 on page 38)</i> 46</p> <p>1 <input type="checkbox"/> Bathing or showering 47</p> <p>2 <input type="checkbox"/> Dressing 48</p> <p>3 <input type="checkbox"/> Eating 49</p> <p>4 <input type="checkbox"/> Getting in/out bed or chairs 50</p> <p>5 <input type="checkbox"/> Using the toilet, including getting to the toilet 51</p> <p>6 <input type="checkbox"/> Getting around inside the home 52</p> <p>Mark (X) appropriate box(es) in X2</p> <hr/> <p>b.</p> <p>1 <input type="checkbox"/> Some 53</p> <p>2 <input type="checkbox"/> A lot</p> <p>3 <input type="checkbox"/> Unable</p> <p>9 <input type="checkbox"/> DK</p> <hr/> <p>c.</p> <p>1 <input type="checkbox"/> Some 54</p> <p>2 <input type="checkbox"/> A lot</p> <p>3 <input type="checkbox"/> Unable</p> <p>9 <input type="checkbox"/> DK</p> <hr/> <p>d.</p> <p>1 <input type="checkbox"/> Some 55</p> <p>2 <input type="checkbox"/> A lot</p> <p>3 <input type="checkbox"/> Unable</p> <p>9 <input type="checkbox"/> DK</p> <hr/> <p>e.</p> <p>1 <input type="checkbox"/> Some } 56 2 <input type="checkbox"/> A lot } <i>(5f on page 38)</i> 3 <input type="checkbox"/> Unable } 9 <input type="checkbox"/> DK }</p>

Section II - DISABILITY - Continued

Part C - ADL / IADL - Continued

PERSON 1

Ask only if box 5 "Using the toilet" in 5a; otherwise, skip to 5g.

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5f. How much difficulty does -- have using the toilet, including getting to the toilet -- some, a lot, or is -- unable to do it?

5f.

- 1 Some
- 2 A lot
- 3 Unable
- 9 DK

Ask only if box 6 "Getting around inside" in 5a; otherwise, go to C1 on page 32 for NP, or C2.

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g. How much difficulty does -- have getting around inside the home -- some, a lot, or is -- unable to do it?

g.

- 1 Some
 - 2 A lot
 - 3 Unable
 - 9 DK
- (C1 on page 32 for NP, or C2)*

**ITEM
C2**

Refer to age and item X2. Mark (X) first appropriate box.

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C2

- 0 Under 5 (NP, or 10 on page 56)
- 1 One or more activities marked in X2 (ADL table)
- 2 No activities in X2 (NP, or 10 on page 56)

If no more persons in family, skip to 10 on page 56.

Notes

Section II - DISABILITY - Continued

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Part C - ADL / IADL - Continued

ADL TABLE 1

ITEM C3	Enter person's number and name.	C3	Person number _____ Name _____	3-4
ITEM C4	Refer to X2 for this person. Mark (X) first appropriate box.	C4	1 <input type="checkbox"/> "Help/Remind" (6) 2 <input type="checkbox"/> "Special equip." (7) 3 <input type="checkbox"/> "Difficulty/doesn't do" (8 on page 42)	5
6a. You said that -- gets help, needs to be reminded, or needs someone close by when (activities with "help/remind" in X2). Who gives this help? Anyone else? Mark (X) all that apply.		6a. Household members Nonhousehold members 1 <input type="checkbox"/> Relative(s) 6 3 <input type="checkbox"/> Relative(s) 8 2 <input type="checkbox"/> Nonrelative(s) 7 4 <input type="checkbox"/> Nonrelative(s) 9		
If ONLY help is from spouse/child(ren)/parent, mark (X) box 0; otherwise, ask: b. Is any of this help paid for?		b. 0 <input type="checkbox"/> Spouse/child(ren)/parent only (7) 10 1 <input type="checkbox"/> Yes (6c) 2 <input type="checkbox"/> No } (7) 9 <input type="checkbox"/> DK }		
c. Which helpers are paid? Anyone else? Mark (X) all the apply.		c. Household members Nonhousehold members 1 <input type="checkbox"/> Relative(s) 11 3 <input type="checkbox"/> Relative(s) 13 2 <input type="checkbox"/> Nonrelative(s) 12 4 <input type="checkbox"/> Nonrelative(s) 14		
Ask 7a and b only if "Help/remind" and/or "Special equip." for Bathing ; otherwise, skip to 7c. 15		Ask 7c and d only if "Help/remind" and/or "Special equip." for Dressing ; otherwise, skip to 7e. 17		
7a. If -- did not (get help from another person/(and) use special equipment), how much difficulty would -- have bathing -- some, a lot, or would -- be completely unable to do this? 1 <input type="checkbox"/> Some 3 <input type="checkbox"/> Completely unable 2 <input type="checkbox"/> A lot 9 <input type="checkbox"/> DK		7c. If -- did not (get help from another person/(and) use special equipment), how much difficulty would -- have dressing -- some, a lot, or would -- be completely unable to do this? 1 <input type="checkbox"/> Some 3 <input type="checkbox"/> Completely unable 2 <input type="checkbox"/> A lot 9 <input type="checkbox"/> DK		
b. WITH [help from another person/(and) special equipment], how much difficulty does -- have bathing -- some, a lot, or is -- completely unable to do this? 16 0 <input type="checkbox"/> No difficulty 2 <input type="checkbox"/> A lot 9 <input type="checkbox"/> DK 1 <input type="checkbox"/> Some 3 <input type="checkbox"/> Completely unable		d. WITH [help from another person/(and) special equipment] how much difficulty does -- have dressing -- some, a lot, or is -- completely unable to do this? 18 0 <input type="checkbox"/> No difficulty 2 <input type="checkbox"/> A lot 9 <input type="checkbox"/> DK 1 <input type="checkbox"/> Some 3 <input type="checkbox"/> Completely unable		

Notes

Section II – DISABILITY – Continued

Part C – ADL / IADL – Continued

ADL TABLE 1 – Continued

<p><i>Ask 7e and f only if "Help/remind" and/or "Special equip." for Eating; otherwise, skip to 7g.</i> 19</p> <p>7e. If -- did not [get help from another person/(and) use special equipment], how much difficulty would -- have eating -- some, a lot, or would -- be completely unable to do this?</p> <p>1 <input type="checkbox"/> Some 3 <input type="checkbox"/> Completely unable 2 <input type="checkbox"/> A lot 9 <input type="checkbox"/> DK</p> <hr/> <p>f. WITH [help from another person/(and) special equipment] how much difficulty does -- have eating -- some, a lot, or is -- completely unable to do this? 20</p> <p>0 <input type="checkbox"/> No difficulty 2 <input type="checkbox"/> A lot 9 <input type="checkbox"/> DK 1 <input type="checkbox"/> Some 3 <input type="checkbox"/> Completely unable</p> <hr/> <p><i>Ask 7g and h only if "Help/remind" and/or "Special equip." for Bed or chair; otherwise, skip to 7i.</i> 21</p> <p>g. If -- did not [get help from another person/(and) use special equipment], how much difficulty would -- have getting in and out of bed or chairs -- some, a lot, or would -- be completely unable to do this?</p> <p>1 <input type="checkbox"/> Some 3 <input type="checkbox"/> Completely unable 2 <input type="checkbox"/> A lot 9 <input type="checkbox"/> DK</p> <hr/> <p>h. WITH [help from another person/(and) special equipment], how much difficulty does -- have getting in and out of bed or chairs -- some, a lot, or is -- completely unable to do this? 22</p> <p>0 <input type="checkbox"/> No difficulty 2 <input type="checkbox"/> A lot 9 <input type="checkbox"/> DK 1 <input type="checkbox"/> Some 3 <input type="checkbox"/> Completely unable</p>	<p><i>Ask 7i and j only if "Help/remind" and/or "Special equip." for Toilet; otherwise, skip to 7k.</i> 23</p> <p>7i. If -- did not [get help from another person/(and) use special equipment], how much difficulty would -- have using the toilet, including getting to the toilet -- some, a lot, or would -- be completely unable to do this?</p> <p>1 <input type="checkbox"/> Some 3 <input type="checkbox"/> Completely unable 2 <input type="checkbox"/> A lot 9 <input type="checkbox"/> DK</p> <hr/> <p>j. WITH [help from another person/(and) special equipment] how much difficulty does -- have using the toilet, including getting to the toilet -- some, a lot, or would -- be completely unable to do this? 24</p> <p>0 <input type="checkbox"/> No difficulty 2 <input type="checkbox"/> A lot 9 <input type="checkbox"/> DK 1 <input type="checkbox"/> Some 3 <input type="checkbox"/> Completely unable</p> <hr/> <p><i>Ask 7k and l only if "Help/remind" and/or "Special equip." for Getting around; otherwise, skip to 8 on page 42.</i> 25</p> <p>k. If -- did not [get help from another person/(and) use special equipment], how much difficulty, would -- have getting around inside the home -- some, a lot, or would -- be completely unable to do this?</p> <p>1 <input type="checkbox"/> Some 3 <input type="checkbox"/> Completely unable 2 <input type="checkbox"/> A lot 9 <input type="checkbox"/> DK</p> <hr/> <p>l. WITH [help from another person/(and) special equipment] how much difficulty does -- have getting around inside the home -- some, a lot, or is -- completely unable to do this? 26</p> <p>0 <input type="checkbox"/> No difficulty 2 <input type="checkbox"/> A lot 9 <input type="checkbox"/> DK 1 <input type="checkbox"/> Some 3 <input type="checkbox"/> Completely unable</p> <p align="center"><i>(Go to 8 on page 42)</i></p>
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Notes

Section II - DISABILITY - Continued

Part C - ADL / IADL - Continued

ADL TABLE 1 - Continued

<p><i>Ask only if "Bathing" marked in X2; otherwise, 8a for next activity.</i> 27-28</p> <p>8a. How old was -- when -- first had a problem with bathing or showering?</p> <p>_____ Years old (8d)</p> <p>95 <input type="checkbox"/> At birth (8d)</p> <p>99 <input type="checkbox"/> DK (8b)</p> <hr style="border-top: 1px dashed black;"/> <p>b. Was it before -- was 18 years old? 29</p> <p>1 <input type="checkbox"/> Yes (8d)</p> <p>2 <input type="checkbox"/> No (8c)</p> <p>9 <input type="checkbox"/> DK (8d)</p> <hr style="border-top: 1px dashed black;"/> <p>c. Was it before -- was 22 years old? 30</p> <p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>9 <input type="checkbox"/> DK</p> <hr style="border-top: 1px dashed black;"/> <p><i>If obvious, mark without asking; otherwise ask:</i> 31</p> <p>d. Is -- expected to have this problem with bathing or showering for at least 12 months longer?</p> <p>1 <input type="checkbox"/> Yes } (8a for next activity)</p> <p>2 <input type="checkbox"/> No }</p> <p>9 <input type="checkbox"/> DK }</p>	<p><i>Ask only if "Dressing" marked in X2; otherwise, 8a for next activity.</i> 37-38</p> <p>8a. How old was -- when -- first had a problem with dressing?</p> <p>_____ Years old (8d)</p> <p>95 <input type="checkbox"/> At birth (8d)</p> <p>99 <input type="checkbox"/> DK (8b)</p> <hr style="border-top: 1px dashed black;"/> <p>b. Was it before -- was 18 years old? 39</p> <p>1 <input type="checkbox"/> Yes (8d)</p> <p>2 <input type="checkbox"/> No (8c)</p> <p>9 <input type="checkbox"/> DK (8d)</p> <hr style="border-top: 1px dashed black;"/> <p>c. Was it before -- was 22 years old? 40</p> <p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>9 <input type="checkbox"/> DK</p> <hr style="border-top: 1px dashed black;"/> <p><i>If obvious, mark without asking; otherwise ask:</i> 41</p> <p>d. Is -- expected to have this problem with dressing for at least 12 months longer?</p> <p>1 <input type="checkbox"/> Yes } (8a for next activity)</p> <p>2 <input type="checkbox"/> No }</p> <p>9 <input type="checkbox"/> DK }</p>
<p><i>Ask only if "Eating" marked in X2; otherwise, 8a for next activity.</i> 32-33</p> <p>8a. How old was -- when -- first had a problem with eating?</p> <p>_____ Years old (8d)</p> <p>95 <input type="checkbox"/> At birth (8d)</p> <p>99 <input type="checkbox"/> DK (8b)</p> <hr style="border-top: 1px dashed black;"/> <p>b. Was it before -- was 18 years old? 34</p> <p>1 <input type="checkbox"/> Yes (8d)</p> <p>2 <input type="checkbox"/> No (8c)</p> <p>9 <input type="checkbox"/> DK (8d)</p> <hr style="border-top: 1px dashed black;"/> <p>c. Was it before -- was 22 years old? 35</p> <p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>9 <input type="checkbox"/> DK</p> <hr style="border-top: 1px dashed black;"/> <p><i>If obvious, mark without asking; otherwise ask:</i> 36</p> <p>d. Is -- expected to have this problem with eating for at least 12 months longer?</p> <p>1 <input type="checkbox"/> Yes } (8a for next activity)</p> <p>2 <input type="checkbox"/> No }</p> <p>9 <input type="checkbox"/> DK }</p>	<p><i>Ask only if "Bed or chairs" marked in X2; otherwise, 8a for next activity.</i> 42-43</p> <p>8a. How old was -- when -- first had a problem with getting in and out of bed or chairs?</p> <p>_____ Years old (8d)</p> <p>95 <input type="checkbox"/> At birth (8d)</p> <p>99 <input type="checkbox"/> DK (8b)</p> <hr style="border-top: 1px dashed black;"/> <p>b. Was it before -- was 18 years old? 44</p> <p>1 <input type="checkbox"/> Yes (8d)</p> <p>2 <input type="checkbox"/> No (8c)</p> <p>9 <input type="checkbox"/> DK (8d)</p> <hr style="border-top: 1px dashed black;"/> <p>c. Was it before -- was 22 years old? 45</p> <p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>9 <input type="checkbox"/> DK</p> <hr style="border-top: 1px dashed black;"/> <p><i>If obvious, mark without asking; otherwise ask:</i> 46</p> <p>d. Is -- expected to have this problem with getting in and out of bed or chairs for at least 12 months longer?</p> <p>1 <input type="checkbox"/> Yes } (8a for next activity)</p> <p>2 <input type="checkbox"/> No }</p> <p>9 <input type="checkbox"/> DK }</p>

Section II - DISABILITY - Continued

Part C - ADL / IADL - Continued

ADL TABLE 1 - Continued

<p><i>Ask only if "Toilet" marked in X2; otherwise, 8a for next activity.</i> 47-48</p> <p>8a. How old was -- when -- first had a problem with using the toilet?</p> <p>_____ Years old (8d)</p> <p>96 <input type="checkbox"/> At birth (8d) 99 <input type="checkbox"/> DK (8b)</p> <hr style="border-top: 1px dashed black;"/> <p>b. Was it before -- was 18 years old? 49</p> <p>1 <input type="checkbox"/> Yes (8d) 2 <input type="checkbox"/> No (8c) 9 <input type="checkbox"/> DK (8d)</p> <hr style="border-top: 1px dashed black;"/> <p>c. Was it before -- was 22 years old? 50</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p> <p><i>If obvious, mark without asking; otherwise ask:</i> 51</p> <p>d. Is -- expected to have this problem with using the toilet for at least 12 months longer?</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (8a for next activity)</p>	<p><i>Ask only if "Getting around" marked in X2; otherwise, 9 below.</i> 52-53</p> <p>8a. How old was -- when -- first had a problem with getting around inside the home?</p> <p>_____ Years old (8d)</p> <p>96 <input type="checkbox"/> At birth (8d) 99 <input type="checkbox"/> DK (8b)</p> <hr style="border-top: 1px dashed black;"/> <p>b. Was it before -- was 18 years old? 54</p> <p>1 <input type="checkbox"/> Yes (8d) 2 <input type="checkbox"/> No (8c) 9 <input type="checkbox"/> DK (8d)</p> <hr style="border-top: 1px dashed black;"/> <p>c. Was it before -- was 22 years old? 55</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p> <p><i>If obvious, mark without asking; otherwise ask:</i> 58</p> <p>d. Is -- expected to have this problem with getting around inside the home for at least 12 months longer?</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (9)</p>
<p>9. What is the MAIN problem or condition which causes -- trouble in <u>activities marked in X2</u>?</p>	<p><i>(Enter condition in X1 and mark box)</i> 57</p> <p>1 <input type="checkbox"/> In C2 2 <input type="checkbox"/> Not in C2 } (C2 on page 38 for NP; or 10 on page 56)</p>

Notes

Section II – DISABILITY – Continued

RT 69

Part C – ADL / IADL

PERSON 1

3-4

Skip to Part D, page 80 if no family members 18+ years old.

HAND CARD DC2.

{Now I will ask about some other activities. These next few questions refer only to (read names of persons 18+)}

10a. Because of a physical, mental, or emotional problem, do (read names of persons 18+) GET HELP OR SUPERVISION FROM ANOTHER PERSON with —

10a.

(1) Preparing their own meals?

1 Yes(10b) 2 No 9 DK

5

(2) Shopping for personal items, such as toilet items or medicine?

1 Yes(10b) 2 No 9 DK

6

(3) Managing money, such as keeping track of expenses or paying bills?

1 Yes(10b) 2 No 9 DK

7

(4) Using the telephone?

1 Yes(10b) 2 No 9 DK

8

(5) Doing heavy work around the house like scrubbing floors, washing windows, and doing heavy yard work?

1 Yes(10b) 2 No 9 DK

9

(6) Doing light work around the house like doing dishes, straightening up, light cleaning, or taking out the trash?

1 Yes(10b) 2 No(C5) 9 DK(C5)

10

b. Who is this?

b.

(Anyone else?)

1 Preparing meals

11

2 Shopping

12

3 Managing money

13

4 Using telephone

14

5 Heavy housework

15

6 Light housework

16

(Mark (X) appropriate box(es) in X3)

Mark (X) appropriate box in person's column AND in "Help/supv." column in X3, then continue with 10a, or go to C5.

ITEM C5

Refer to age and item X3 for each person. Mark (X) first appropriate box.

C5

0 Under 18 (NP, or C6 on page 62)

17

1 One or more activities marked in X3 (11)

2 No activities in X3 (12 on page 60)

Mark (X) box 0 or ask:

11a. Does -- have any difficulty preparing -- own meals?

11a.

If doesn't do, ask: Is this because of a physical, mental, or emotional problem?

*If "Yes", mark (X) box 3 "Doesn't do/health"
If "No", mark (X) box 2 "No"*

0 Preparing meals in X3 (11c on page 58)

18

1 Yes (Mark X3, then 11b)

2 No (11c on page 58)

3 Doesn't do/health (Mark X3, then 11c on page 58)

9 DK(11c on page 58)

b. How much difficulty does -- have preparing -- own meals -- some, a lot, or is -- unable to do it?

b.

1 Some

19

2 A lot

3 Unable

9 DK

(11c on page 58)

Section II - DISABILITY - Continued

Part C - ADL / IADL - Continued

PERSON 1

<p><i>Mark (X) box 0 or ask:</i></p> <p>11c. Does -- have any difficulty shopping for personal items?</p> <p><i>If doesn't do, ask: Is this because of a physical, mental, or emotional problem?</i></p> <p align="center"><i>If "Yes", mark (X) box 3 "Doesn't do/health"</i> <i>If "No", mark (X) box 2 "No"</i></p> <hr style="border-top: 1px dashed black;"/> <p>d. How much difficulty does -- have shopping for personal items -- some, a lot, or is -- unable to do it?</p>	<p align="right">PERSON 1</p> <p><input type="checkbox"/> Shopping in X3 (11e) 20</p> <p>11c.</p> <p><input type="checkbox"/> Yes (Mark X3, then 11d)</p> <p><input type="checkbox"/> No (11e)</p> <p><input type="checkbox"/> Doesn't do/health (Mark X3, then 11e)</p> <p><input type="checkbox"/> DK(11e)</p> <hr style="border-top: 1px dashed black;"/> <p>d.</p> <p><input type="checkbox"/> Some 21</p> <p><input type="checkbox"/> A lot</p> <p><input type="checkbox"/> Unable</p> <p><input type="checkbox"/> DK</p>
<p><i>Mark (X) box 0 or ask:</i></p> <p>e. Does -- have any difficulty managing money?</p> <p><i>If doesn't do, ask: Is this because of a physical, mental, or emotional problem?</i></p> <p align="center"><i>If "Yes", mark (X) box 3 "Doesn't do/health"</i> <i>If "No", mark (X) box 2 "No"</i></p> <hr style="border-top: 1px dashed black;"/> <p>f. How much difficulty does -- have managing money -- some, a lot, or is -- unable to do it?</p>	<p><input type="checkbox"/> Managing money in X3 (11g) 22</p> <p>e.</p> <p><input type="checkbox"/> Yes (Mark X3, then 11f)</p> <p><input type="checkbox"/> No (11g)</p> <p><input type="checkbox"/> Doesn't do/health (Mark X3, then 11g)</p> <p><input type="checkbox"/> DK(11g)</p> <hr style="border-top: 1px dashed black;"/> <p>f.</p> <p><input type="checkbox"/> Some 23</p> <p><input type="checkbox"/> A lot</p> <p><input type="checkbox"/> Unable</p> <p><input type="checkbox"/> DK</p>
<p><i>Mark (X) box 0 or ask:</i></p> <p>g. Does -- have any difficulty using the telephone?</p> <p><i>If doesn't do, ask: Is this because of a physical, mental, or emotional problem?</i></p> <p align="center"><i>If "Yes", mark (X) box 3 "Doesn't do/health"</i> <i>If "No", mark (X) box 2 "No"</i></p> <hr style="border-top: 1px dashed black;"/> <p>h. How much difficulty does -- have using the telephone -- some, a lot, or is -- unable to do it?</p>	<p><input type="checkbox"/> Telephone in X3 (11i) 24</p> <p>g.</p> <p><input type="checkbox"/> Yes (Mark X3, then 11h)</p> <p><input type="checkbox"/> No (11i)</p> <p><input type="checkbox"/> Doesn't do/health (Mark X3, then 11i)</p> <p><input type="checkbox"/> DK(11i)</p> <hr style="border-top: 1px dashed black;"/> <p>h.</p> <p><input type="checkbox"/> Some 25</p> <p><input type="checkbox"/> A lot</p> <p><input type="checkbox"/> Unable</p> <p><input type="checkbox"/> DK</p>
<p><i>Mark (X) box 0 or ask:</i></p> <p>i. Does -- have any difficulty doing heavy work around the house?</p> <p><i>If doesn't do, ask: Is this because of a physical, mental, or emotional problem?</i></p> <p align="center"><i>If "Yes", mark (X) box 3 "Doesn't do/health"</i> <i>If "No", mark (X) box 2 "No"</i></p> <hr style="border-top: 1px dashed black;"/> <p>j. How much difficulty does -- have doing heavy work around the house -- some, a lot, or is -- unable to do it?</p>	<p><input type="checkbox"/> Heavy work in X3 (11k on page 60) 26</p> <p>i.</p> <p><input type="checkbox"/> Yes (Mark X3, then 11j)</p> <p><input type="checkbox"/> No (11k on page 60)</p> <p><input type="checkbox"/> Doesn't do/health (Mark X3, then 11k on page 60)</p> <p><input type="checkbox"/> DK (11k on page 60)</p> <hr style="border-top: 1px dashed black;"/> <p>j.</p> <p><input type="checkbox"/> Some } 27</p> <p><input type="checkbox"/> A lot } (11k on page 60)</p> <p><input type="checkbox"/> Unable }</p> <p><input type="checkbox"/> DK }</p>

Section II - DISABILITY - Continued

Part C - ADL / IADL - Continued

PERSON 1

Mark (X) box 0 or ask:

11k. Does -- have any difficulty doing light work around the house?

If doesn't do, ask: Is this because of a physical, mental, or emotional problem?

*If "Yes", mark (X) box 3 "Doesn't do/health"
If "No", mark (X) box 2 "No"*

11k.

- | | | |
|----------------------------|--|----|
| <input type="checkbox"/> 0 | Light work in X3 (C5 on page 56 for NP, or C6 on page 62) | 28 |
| <input type="checkbox"/> 1 | Yes (Mark X3, then 11i) | |
| <input type="checkbox"/> 2 | No (C5 on page 56 for NP, or C6 on page 62) | |
| <input type="checkbox"/> 3 | Doesn't do/health (Mark X3, then C5 on page 56 for NP, or C6 on page 62) | |
| <input type="checkbox"/> 9 | DK (C5 on page 56 for NP, or C6 on page 62) | |

l. How much difficulty does -- have doing light work around the house -- some, a lot, or is -- unable to do it?

l.

- | | | | |
|----------------------------|--------|--|----|
| <input type="checkbox"/> 1 | Some | } (C5 on page 56 for NP, or C6 on page 62) | 29 |
| <input type="checkbox"/> 2 | A lot | | |
| <input type="checkbox"/> 3 | Unable | | |
| <input type="checkbox"/> 9 | DK | | |

Hand Card DC2.

12a. Because of a physical, mental, or emotional problem does -- have any difficulty with any of [these/the following] activities? Read categories if telephone interview.

If "Yes", ask "Which"? and mark the appropriate box(es), in person's column AND in "Difficulty/doesn't do" column in X3.

If doesn't do, ask: Is this because of a physical, mental, or emotional problem?

*If "Yes", mark the box for that activity
If "No", do not make any entries*

Mark (X) box 0 only if no other box(es) are marked.

Ask only if box 1 "Preparing meals" in 12a; otherwise, skip to 12c.

12a.

- | | | |
|----------------------------|----------------------------------|----|
| <input type="checkbox"/> 0 | No difficulty (C5 for NP, or C6) | 30 |
| <input type="checkbox"/> 1 | Preparing meals | 31 |
| <input type="checkbox"/> 2 | Shopping | 32 |
| <input type="checkbox"/> 3 | Managing money | 33 |
| <input type="checkbox"/> 4 | Using the telephone | 34 |
| <input type="checkbox"/> 5 | Heavy housework | 35 |
| <input type="checkbox"/> 6 | Light housework | 35 |
- (Mark (X) appropriate box(es) in X3)*

b. How much difficulty does -- have preparing -- own meals -- some, a lot, or is -- unable to do it?

b.

- | | | |
|----------------------------|--------|----|
| <input type="checkbox"/> 1 | Some | 37 |
| <input type="checkbox"/> 2 | A lot | |
| <input type="checkbox"/> 3 | Unable | |
| <input type="checkbox"/> 9 | DK | |

Ask only if box 2 "Shopping" in 12a; otherwise, skip to 12d.

c. How much difficulty does -- have shopping for personal items -- some, a lot, or is -- unable to do it?

c.

- | | | |
|----------------------------|--------|----|
| <input type="checkbox"/> 1 | Some | 38 |
| <input type="checkbox"/> 2 | A lot | |
| <input type="checkbox"/> 3 | Unable | |
| <input type="checkbox"/> 9 | DK | |

Ask only if box 3 "Managing money" in 12a; otherwise, skip to 12e.

d. How much difficulty does -- have managing money -- some, a lot, or is -- unable to do it?

d.

- | | | |
|----------------------------|--------|----|
| <input type="checkbox"/> 1 | Some | 39 |
| <input type="checkbox"/> 2 | A lot | |
| <input type="checkbox"/> 3 | Unable | |
| <input type="checkbox"/> 9 | DK | |

Ask only if box 4 "Using the telephone" in 12a; otherwise, skip to 12f on page 62.

e. How much difficulty does -- have using the telephone -- some, a lot, or is -- unable to do it?

e.

- | | | | |
|----------------------------|--------|--------------------|----|
| <input type="checkbox"/> 1 | Some | } (12f on page 62) | 40 |
| <input type="checkbox"/> 2 | A lot | | |
| <input type="checkbox"/> 3 | Unable | | |
| <input type="checkbox"/> 9 | DK | | |

Section II - DISABILITY - Continued

Part C - ADL / IADL - Continued

PERSON 1

<p><i>Ask only if box 5 "Heavy housework" in 12a; otherwise, skip to 12g.</i></p> <p>12f. How much difficulty does -- have doing heavy work around the house -- some, a lot, or is -- unable to do it?</p>	12f.	<p>1 <input type="checkbox"/> Some 2 <input type="checkbox"/> A lot 3 <input type="checkbox"/> Unable 9 <input type="checkbox"/> DK</p>	41
<p><i>Ask only if box 6 "Light housework" in 12a; otherwise, go to C5 on page 56 for NP, or C6.</i></p> <p>g. How much difficulty does -- have doing light work around the house -- some, a lot, or is -- unable to do it?</p>	g.	<p>1 <input type="checkbox"/> Some 2 <input type="checkbox"/> A lot 3 <input type="checkbox"/> Unable 9 <input type="checkbox"/> DK</p> <p style="font-size: small;">} (C5 on page 56 for NP, or C6)</p>	42

ITEM C6	<p><i>Refer to age and item X3. Mark (X) first appropriate box.</i></p>	C6	<p>0 <input type="checkbox"/> Under 18 (NP, or Part D on page 80) 1 <input type="checkbox"/> One or more activities marked in X3 (IADL table) 2 <input type="checkbox"/> No activities in X3 (NP, or Part D on page 80)</p>	43
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If no more persons in family, skip to Part D on page 80.

Notes

Section II - DISABILITY - Continued

RT 70

Part C - ADL / IADL - Continued

IADL TABLE 1

ITEM C7	Enter person's number and name.	C7	Person number _____ Name _____	3-4
ITEM C8	Refer to X3 for this person. Mark (X) first appropriate box.	C8	1 <input type="checkbox"/> "Help/supv." (13) 2 <input type="checkbox"/> "Difficulty/doesn't do" (15 on page 66)	5
13a. You said that -- gets help or supervision with <u>activities</u> with "help/supv." in X3). Who gives this help? Anyone else? Mark (X) all that apply. If ONLY help is from spouse/child(ren)/parent, mark (X) box 0; otherwise, ask: b. Is any of this help paid for? c. Which helpers are paid? Anyone else? Mark (X) all the apply.		13a.	Household members 1 <input type="checkbox"/> Relative(s) 6 2 <input type="checkbox"/> Nonrelative(s) 7	Nonhousehold members 3 <input type="checkbox"/> Relative(s) 8 4 <input type="checkbox"/> Nonrelative(s) 9
		b.	0 <input type="checkbox"/> Spouse/child(ren)/parent only (14)	10
		c.	Household members 1 <input type="checkbox"/> Relative(s) 11 2 <input type="checkbox"/> Nonrelative(s) 12	Nonhousehold members 3 <input type="checkbox"/> Relative(s) 13 4 <input type="checkbox"/> Nonrelative(s) 14
Ask 14a and b only if "Help/supv." for Preparing meals ; otherwise, skip to 14c.		15		
14a. If -- did not get help or supervision from another person, how much difficulty would -- have preparing -- meals on -- own -- some, a lot, or would -- be completely unable to do this? 1 <input type="checkbox"/> Some 3 <input type="checkbox"/> Completely unable 2 <input type="checkbox"/> A lot 9 <input type="checkbox"/> DK		16		
b. WITH help or supervision, how much difficulty does -- have preparing -- meals -- some, a lot, or is -- completely unable to do this? 0 <input type="checkbox"/> No difficulty 2 <input type="checkbox"/> A lot 9 <input type="checkbox"/> DK 1 <input type="checkbox"/> Some 3 <input type="checkbox"/> Completely unable		17		
		18		
14c. If -- did not get help or supervision from another person, how much difficulty would -- have shopping for personal items on -- own -- some, a lot, or would -- be completely unable to do this? 1 <input type="checkbox"/> Some 3 <input type="checkbox"/> Completely unable 2 <input type="checkbox"/> A lot 9 <input type="checkbox"/> DK		18		
d. WITH help or supervision, how much difficulty does -- have shopping for personal items -- some, a lot, or is -- completely unable to do this? 0 <input type="checkbox"/> No difficulty 2 <input type="checkbox"/> A lot 9 <input type="checkbox"/> DK 1 <input type="checkbox"/> Some 3 <input type="checkbox"/> Completely unable		18		

Notes

Section II - DISABILITY - Continued

Part C - ADL / IADL - Continued

IADL TABLE 1 - Continued

<p>Ask 14e and f only if "Help/supv." for Managing money; otherwise, skip to 14g. 19</p> <p>14e. If -- did not get help or supervision from another person, how much difficulty would -- managing money on -- own -- some, a lot, or is -- be completely unable to do this?</p> <p>1 <input type="checkbox"/> Some 3 <input type="checkbox"/> Completely unable 2 <input type="checkbox"/> A lot 9 <input type="checkbox"/> DK</p> <hr style="border-top: 1px dashed black;"/> <p>f. WITH help or supervision, how much difficulty does -- have managing money -- some, a lot, or is -- completely unable to do this? 20</p> <p>0 <input type="checkbox"/> No difficulty 2 <input type="checkbox"/> A lot 9 <input type="checkbox"/> DK 1 <input type="checkbox"/> Some 3 <input type="checkbox"/> Completely unable</p> <hr style="border-top: 1px dashed black;"/> <p>Ask 14g and h only if "Help/supv. for Telephone"; otherwise, skip to 14i. 21</p> <p>g. If -- did not get help or supervision from another person, how much difficulty would -- have using the telephone -- some, a lot, or would -- be completely unable to do this?</p> <p>1 <input type="checkbox"/> Some 3 <input type="checkbox"/> Completely unable 2 <input type="checkbox"/> A lot 9 <input type="checkbox"/> DK</p> <hr style="border-top: 1px dashed black;"/> <p>h. WITH help or supervision, how much difficulty does -- have using the telephone -- some, a lot, or is -- completely unable to do this? 22</p> <p>0 <input type="checkbox"/> No difficulty 2 <input type="checkbox"/> A lot 9 <input type="checkbox"/> DK 1 <input type="checkbox"/> Some 3 <input type="checkbox"/> Completely unable</p>	<p>Ask 14i and j only if "Help/supv." for Heavy housework; otherwise, skip to 14k. 23</p> <p>14i. If -- did not get help or supervision from another person, how much difficulty would -- have doing heavy work around the house -- some, a lot, or would -- be completely unable to do this?</p> <p>1 <input type="checkbox"/> Some 3 <input type="checkbox"/> Completely unable 2 <input type="checkbox"/> A lot 9 <input type="checkbox"/> DK</p> <hr style="border-top: 1px dashed black;"/> <p>j. WITH help or supervision, how much difficulty does -- have doing heavy work around the house -- some, a lot, or is -- completely unable to do this? 24</p> <p>0 <input type="checkbox"/> No difficulty 2 <input type="checkbox"/> A lot 9 <input type="checkbox"/> DK 1 <input type="checkbox"/> Some 3 <input type="checkbox"/> Completely unable</p> <hr style="border-top: 1px dashed black;"/> <p>Ask 14k and l only if "Help/supv." for Light housework; otherwise, skip to 15 on page 66. 25</p> <p>k. If -- did not get help or supervision from another person, how much difficulty would -- have doing light work around the house -- some, a lot, or would -- be completely unable to do this?</p> <p>1 <input type="checkbox"/> Some 3 <input type="checkbox"/> Completely unable 2 <input type="checkbox"/> A lot 9 <input type="checkbox"/> DK</p> <hr style="border-top: 1px dashed black;"/> <p>l. WITH help or supervision, how much difficulty does -- have doing light work around the house -- some, a lot, or is -- completely unable to do this? 26</p> <p>0 <input type="checkbox"/> No difficulty 2 <input type="checkbox"/> A lot 9 <input type="checkbox"/> DK 1 <input type="checkbox"/> Some 3 <input type="checkbox"/> Completely unable</p> <p align="center"><i>(Go to 15 on page 66)</i></p>
<p>Notes</p>	

Section II - DISABILITY - Continued

Part C - ADL / IADL - Continued

IADL TABLE 1 - Continued

Ask only if **"Preparing meals"** marked in X3; otherwise, 15a for next activity. 27-28

15a. How old was -- when -- first had a problem with preparing -- own meals?

____ Years old (15d)
 98 At birth (15d)
 99 DK (15b)

b. Was it before -- was 18 years old? 29

1 Yes (15d)
 2 No (15c)
 9 DK (15d)

c. Was it before -- was 22 years old? 30

1 Yes
 2 No
 9 DK

If obvious, mark without asking; otherwise ask: 31

d. Is -- expected to have this problem with preparing -- own meals for at least 12 months longer?

1 Yes } (15a for next activity)
 2 No }
 9 DK }

Ask only if **"Shopping"** marked in X3; otherwise, 15a for next activity. 37-38

15a. How old was -- when -- first had a problem with shopping for personal items?

____ Years old (15d)
 98 At birth (15d)
 99 DK (15b)

b. Was it before -- was 18 years old? 39

1 Yes (15d)
 2 No (15c)
 9 DK (15d)

c. Was it before -- was 22 years old? 40

1 Yes
 2 No
 9 DK

If obvious, mark without asking; otherwise ask: 41

d. Is -- expected to have this problem with shopping for personal items for at least 12 months longer?

1 Yes } (15a for next activity)
 2 No }
 9 DK }

Ask only if **"Managing money"** marked in X3; otherwise, 15a for next activity. 32-33

15a. How old was -- when -- first had a problem with managing money?

____ Years old (15d)
 98 At birth (15d)
 99 DK (15b)

b. Was it before -- was 18 years old? 34

1 Yes (15d)
 2 No (15c)
 9 DK (15d)

c. Was it before -- was 22 years old? 35

1 Yes
 2 No
 9 DK

If obvious, mark without asking; otherwise ask: 36

d. Is -- expected to have this problem managing money for at least 12 months longer?

1 Yes } (15a for next activity)
 2 No }
 9 DK }

Ask only if **"Telephone"** marked in X3; otherwise, 15a, for next activity. 42-43

15a. How old was -- when -- first had a problem with using the telephone?

____ Years old (15d)
 98 At birth (15d)
 99 DK (15b)

b. Was it before -- was 18 years old? 44

1 Yes (15d)
 2 No (15c)
 9 DK (15d)

c. Was it before -- was 22 years old? 45

1 Yes
 2 No
 9 DK

If obvious, mark without asking; otherwise ask: 46

d. Is -- expected to have this problem using the telephone for at least 12 months longer?

1 Yes } (15a for next activity)
 2 No }
 9 DK }

Section II - DISABILITY - Continued

Part C - ADL / IADL - Continued

IADL TABLE 1 - Continued

<p><i>Ask only if "Heavy work" marked in X3; otherwise, 15a for next activity.</i> 47-48</p> <p>15a. How old was -- when -- first had a problem with doing heavy work around the house?</p> <p>_____ Years old (15d)</p> <p>96 <input type="checkbox"/> At birth (15d) 99 <input type="checkbox"/> DK (15b)</p> <hr style="border-top: 1px dashed black;"/> <p>b. Was it before -- was 18 years old? 49</p> <p>1 <input type="checkbox"/> Yes (15d) 2 <input type="checkbox"/> No (15c) 9 <input type="checkbox"/> DK (15d)</p> <hr style="border-top: 1px dashed black;"/> <p>c. Was it before -- was 22 years old? 50</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p> <hr style="border-top: 1px dashed black;"/> <p><i>If obvious, mark without asking; otherwise ask:</i> 51</p> <p>d. Is -- expected to have this problem doing heavy work around the house for at least 12 months longer?</p> <p>1 <input type="checkbox"/> Yes } 2 <input type="checkbox"/> No } (15a for next activity) 9 <input type="checkbox"/> DK }</p>	<p><i>Ask only if "Light work" marked in X3; otherwise, 16, below.</i> 52-53</p> <p>15a. How old was -- when -- first had a problem with doing light work around the house?</p> <p>_____ Years old (15d)</p> <p>96 <input type="checkbox"/> At birth (15d) 99 <input type="checkbox"/> DK (15b)</p> <hr style="border-top: 1px dashed black;"/> <p>b. Was it before -- was 18 years old? 54</p> <p>1 <input type="checkbox"/> Yes (15d) 2 <input type="checkbox"/> No (15c) 9 <input type="checkbox"/> DK (15d)</p> <hr style="border-top: 1px dashed black;"/> <p>c. Was it before -- was 22 years old? 55</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p> <hr style="border-top: 1px dashed black;"/> <p><i>If obvious, mark without asking; otherwise ask:</i> 56</p> <p>d. Is -- expected to have this problem doing light work around the house for at least 12 months longer?</p> <p>1 <input type="checkbox"/> Yes } 2 <input type="checkbox"/> No } (16) 9 <input type="checkbox"/> DK }</p>
<p>16. What is the MAIN problem or condition which causes -- trouble in (activities marked in X3)?</p>	<p><i>(Enter condition in X1 and mark box)</i></p> <p>1 <input type="checkbox"/> In C2 } 2 <input type="checkbox"/> Not in C2 } (C6 on page 62 for NP, or part D on page 80)</p>

Notes

Section II - DISABILITY - Continued

RT 71

Part D - FUNCTIONAL LIMITATION

PERSON 1

3-4

**ITEM
D1**

Refer to ages of all family members.

D1

- 1 All under 18 (Section G on page 112)
2 Any 18+ (1)

5

These next few questions also refer to family members who are 18 years old or older, that is (read names of nondeleted persons 18+).

6

1a. Do (names of persons 18+) have ANY difficulty lifting something as heavy as 10 pounds, such as a full bag of groceries?

1a.

- 1 Yes (1b)
2 No
9 DK } (2 on page 82)

b. Who is this?

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

b.

- 1 Difficulty lifting

7

c. Anyone else?

- Yes (Reask 1b and c) No

Ask 1d-g for each person with "Difficulty lifting" marked in 1b.

8

d. How much difficulty does -- have lifting 10 pounds, some, a lot, or is -- completely unable to do this?

d.

- 1 Some difficulty
2 A lot of difficulty
3 Completely unable
9 DK

e. At what age did -- first have difficulty doing this?

e.

____ Years old
OR

9-10

- 96 Always had difficulty
97 Never able
99 DK

Ask only if "Completely unable" in 1d; otherwise, skip to 1g.

11

f. [Do you expect/Is -- expected] to remain unable to do this for at least 12 months longer?

f.

- 1 Yes
2 No
9 DK

g. Did this difficulty result from a motor vehicle accident?

g.

- 1 Yes
2 No
9 DK } (1d for NP in 1b, or 2 on page 82)

12

Notes

Section II - DISABILITY - Continued

Part D - FUNCTIONAL LIMITATION - Continued

PERSON 1

2a. Do (names of persons 18+) have any difficulty walking up 10 steps without resting?

2a.

- 1 Yes (2b)
 2 No
 9 DK } (3 on page 84)

13

b. Who is this?

Mark (X) "Difficulty walking up steps" box in person's column.

b.

- 1 Difficulty walking up steps

14

c. Anyone else?

- Yes (Reask 2b and c) No

Ask 2d-g for each person with "Difficulty walking up steps" marked in 2b.

d.

- 1 Some difficulty
 2 A lot of difficulty
 3 Completely unable
 9 DK

15

e. At what age did -- first have difficulty doing this?

e.

- _____ Years old
 OR
 96 Always had difficulty
 97 Never able
 99 DK

16-17

Ask only if "Completely unable" in 2d; otherwise, skip to 2g.

f. [Do you expect/Is -- expected] to remain unable to do this for at least 12 months longer?

f.

- 1 Yes
 2 No
 9 DK

18

g. Did this difficulty result from a motor vehicle accident?

g.

- 1 Yes
 2 No
 9 DK } (2d for NP in 2b, or 3 on page 84)

19

Notes

Section II - DISABILITY - Continued

Part D - FUNCTIONAL LIMITATION - Continued

PERSON 1

3a. Do (names of persons 18+) have any difficulty walking a quarter of a mile - about 3 city blocks?

3a. 20
 1 Yes (3b)
 2 No } (4 on page 86)
 9 DK }

b. Who is this?

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

b. 21
 1 Difficulty walking

c. Anyone else?

Yes (Reask 3b and c) No

Ask 3d-g for each person with "Difficulty walking" marked in 3b.

d. 22
 1 Some difficulty
 2 A lot of difficulty
 3 Completely unable
 9 DK

e. At what age did -- first have difficulty doing this?

_____ Years old 23-24
 OR
 96 Always had difficulty
 97 Never able
 99 DK

Ask only if "Completely unable" in 3d; otherwise, skip to 3g.

f. [Do you expect/Is -- expected] to remain unable to do this for at least 12 months longer?

f. 25
 1 Yes
 2 No
 9 DK

g. Did this difficulty result from a motor vehicle accident?

g. 26
 1 Yes } (3d for NP in 3b,
 2 No } or 4 on page 86)
 9 DK }

Notes

Section II - DISABILITY - Continued

Part D - FUNCTIONAL LIMITATION - Continued

PERSON 1

4a. Do (names of persons 18+) have any difficulty standing for about 20 minutes?

4a. 27
 1 Yes (4b)
 2 No
 9 DK } (5 on page 88)

b. Who is this?

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

b. 28
 1 Difficulty standing

c. Anyone else?

Yes (Reask 4b and c) No

Ask 4d-g for each person with "Difficulty standing" marked in 4b.

d. 29
 1 Some difficulty
 2 A lot of difficulty
 3 Completely unable
 9 DK

e. At what age did -- first have difficulty doing this?

e. 30-31
 _____ Years old
 OR
 96 Always had difficulty
 97 Never able
 99 DK

Ask only if "Completely unable" in 4d; otherwise, skip to 4g.

f. [Do you expect/Is -- expected] to remain unable to do this for at least 12 months longer?

f. 32
 1 Yes
 2 No
 9 DK

g. Did this difficulty result from a motor vehicle accident?

g. 33
 1 Yes
 2 No
 9 DK } (4d for NP in 4b, or 5 on page 88)

Notes

Section II - DISABILITY - Continued

Part D - FUNCTIONAL LIMITATION - Continued

PERSON 1

5a. Do (names of persons 18+) have any difficulty bending down from a standing position to pick up an object from the floor, for example, a shoe?

5a. 34
 1 Yes (5b)
 2 No } (6 on page 90)
 9 DK

b. Who is this?

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

b. 35
 1 Difficulty bending

c. Anyone else?

Yes (Reask 5b and c) No

Ask 5d-g for each person with "Difficulty bending" marked in 5b.

d. 36
 1 Some difficulty
 2 A lot of difficulty
 3 Completely unable
 9 DK

e. At what age did -- first have difficulty doing this?

Ask only if "Completely unable" in 5d; otherwise, skip to 5g.

e. 37-38
 _____ Years old
 OR
 96 Always had difficulty
 97 Never able
 99 DK

f. [Do you expect/§ -- expected] to remain unable to do this for at least 12 months longer?

f. 39
 1 Yes
 2 No
 9 DK

g. Did this difficulty result from a motor vehicle accident?

g. 40
 1 Yes } (5d for NP in 5b,
 2 No } or 6 on page 90)
 9 DK

Notes

Section II - DISABILITY - Continued

Part D - FUNCTIONAL LIMITATION - Continued

PERSON 1

6a. Do (names of persons 18+) have any difficulty reaching up over the head or reaching out as if to shake someone's hand?

6a. Yes (6b)
 No } (7 on page 92)
 DK

41

b. Who is this?

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

b. Difficulty reaching

42

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

Ask 6d-g for each person with "Difficulty reaching" marked in 6b.

d. How much difficulty does -- have reaching up over the head or reaching out, some, a lot, or is -- completely unable to do this?

d. Some difficulty
 A lot of difficulty
 Completely unable
 DK

43

e. At what age did -- first have difficulty doing this?

____ Years old
 OR
 Always had difficulty
 Never able
 DK

44-45

Ask only if "Completely unable" in 6d; otherwise, skip to 6g.

f. [Do you expect/is -- expected] to remain unable to do this for at least 12 months longer?

f. Yes
 No
 DK

46

g. Did this difficulty result from a motor vehicle accident?

g. Yes } (6d for NP in 6b,
 No } or 7 on page 92)
 DK

47

Notes

Section II - DISABILITY - Continued

Part D - FUNCTIONAL LIMITATION - Continued

PERSON 1

7a. Do (names of persons 18+) have any difficulty using fingers to grasp or handle something such as picking up a glass from a table?

7a. 48
 1 Yes (7b)
 2 No
 9 DK } (8 on page 94)

b. Who is this?

Mark (X) "Difficulty using fingers" box in person's column.

b. 49
 1 Difficulty using fingers

c. Anyone else?

Yes (Reask 7b and c) No

Ask 7d-g for each person with "Difficulty using fingers" marked in 7b.

d. 50
 1 Some difficulty
 2 A lot of difficulty
 3 Completely unable
 9 DK

e. At what age did -- first have difficulty doing this?

_____ Years old 51-52
 OR
 96 Always had difficulty
 97 Never able
 99 DK

Ask only if "Completely unable" in 7d; otherwise, skip to 7g.

f. [Do you expect/Is -- expected] to remain unable to do this for at least 12 months longer?

f. 53
 1 Yes
 2 No
 9 DK

g. Did this difficulty result from a motor vehicle accident?

g. 54
 1 Yes
 2 No
 9 DK } (7d for NP in 7b, or 8 on page 94)

Notes

Section II - DISABILITY - Continued

Part D - FUNCTIONAL LIMITATION - Continued

PERSON 1

8a. Do (names of persons 18+) have any difficulty holding a pen or pencil?		8a.	55
		1 <input type="checkbox"/> Yes (8b) 2 <input type="checkbox"/> No } (D2) 9 <input type="checkbox"/> DK }	
b. Who is this? Mark (X) "Difficulty holding a pen or pencil" box in person's column.		b.	56
		1 <input type="checkbox"/> Difficulty holding a pen or pencil	
c. Anyone else? <input type="checkbox"/> Yes (Reask 8b and c) <input type="checkbox"/> No Ask 8d-g for each person with "Difficulty holding a pen or pencil" marked in 8b.			57
d. How much difficulty -- have holding a pen or pencil, some, a lot, or is -- completely unable to do this?		d.	
		1 <input type="checkbox"/> Some difficulty 2 <input type="checkbox"/> A lot of difficulty 3 <input type="checkbox"/> Completely unable 9 <input type="checkbox"/> DK	
e. At what age did -- first have difficulty doing this?		e.	58-59
		_____ Years old OR 96 <input type="checkbox"/> Always had difficulty 97 <input type="checkbox"/> Never able 99 <input type="checkbox"/> DK	
Ask only if "Completely unable" in 8d; otherwise, skip to 8g.			60
f. Is -- expected to remain unable to do this for at least 12 months longer?		f.	
		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	
g. Did this difficulty result from a motor vehicle accident?		g.	61
		1 <input type="checkbox"/> Yes } (8d for NP in 8b, or D2) 2 <input type="checkbox"/> No } 9 <input type="checkbox"/> DK }	
ITEM D2	Refer to questions 1b, 2b, 3b, 4b, 5b, 6b, 7b, and 8b on pages 80-95 in the HIS-2.	D2	62
		1 <input type="checkbox"/> Any limitations marked (9) 2 <input type="checkbox"/> No limitations marked (NP)	
9. What is the MAIN problem or condition which causes -- trouble in (limitations marked in Part D, Q1-8)?		9.	63
		(Enter condition in X1 and mark box) 1 <input type="checkbox"/> In C2 } (D2 for NP, or D3 on page 98) 2 <input type="checkbox"/> Not in C2 }	

Section II - DISABILITY - Continued

Part D - FUNCTIONAL LIMITATION - Continued

PERSON 1

64

ITEM
D3

Refer to age or HIS-1, Part B, Questions 2a/b and 5a/b (pages 4-5).

D3

- Under 18 (NP, or Part E on page 98)
- Yes in 2a/b or 5a/b (10)
- Other (NP, or Part E on page 98)

10. Earlier, I was told that -- was unable to work or was limited in the kind or amount of work -- could do because of an impairment or health problem. About how long has -- been unable to work or limited in the kind or amount of work -- can do?

If less than one month, enter 1 month.

10.

65-67

- Number { Months
- { Years
- OR
- Never able
- (D3 for NP, or Part E on page 98)

Notes

Section II – DISABILITY – Continued

RT 72

Part E – MENTAL HEALTH

PERSON 1

3-4

These next questions are about mental and emotional health. They refer again only to (names of nondeleted persons age 18+).

<p>1a. Are (read names of persons 18+) FREQUENTLY depressed or anxious?</p>	<p>1a. 5 1 <input type="checkbox"/> Yes (1b) 2 <input type="checkbox"/> No } (2) 9 <input type="checkbox"/> DK</p>
<p>b. Who is this? Mark (X) "Depressed or anxious" box in person's column.</p>	<p>b. 6 1 <input type="checkbox"/> Depressed or anxious</p>
<p>c. Anyone else? <input type="checkbox"/> Yes (Reask 1b and c) <input type="checkbox"/> No (2)</p>	
<p>2a. Do (any of/either of) you have a lot of trouble making or keeping friendships?</p>	<p>2a. 7 1 <input type="checkbox"/> Yes (2b) 2 <input type="checkbox"/> No } (3) 9 <input type="checkbox"/> DK</p>
<p>b. Who is this? Mark (X) "Trouble with friendships" box in person's column.</p>	<p>b. 8 1 <input type="checkbox"/> Trouble with friendships</p>
<p>c. Anyone else? <input type="checkbox"/> Yes (Reask 2b and c) <input type="checkbox"/> No (3)</p>	
<p>3a. Do (any of/either of) you have a lot of trouble getting along with other people in social or recreational settings?</p>	<p>3a. 9 1 <input type="checkbox"/> Yes (3b) 2 <input type="checkbox"/> No } (4) 9 <input type="checkbox"/> DK</p>
<p>b. Who is this? Mark (X) "Trouble in social settings" box in person's column.</p>	<p>b. 10 1 <input type="checkbox"/> Trouble in social settings</p>
<p>c. Anyone else? <input type="checkbox"/> Yes (Reask 3b and c) <input type="checkbox"/> No (4)</p>	
<p>4a. Do (any of/either of) you have a lot of trouble concentrating long enough to complete everyday tasks?</p>	<p>4a. 11 1 <input type="checkbox"/> Yes (4b) 2 <input type="checkbox"/> No } (5 on page 98) 9 <input type="checkbox"/> DK</p>
<p>b. Who is this? Mark (X) "Trouble concentrating" box in person's column.</p>	<p>b. 12 1 <input type="checkbox"/> Trouble concentrating</p>
<p>c. Anyone else? <input type="checkbox"/> Yes (Reask 4b and c) <input type="checkbox"/> No (5 on page 100)</p>	

Section II - DISABILITY - Continued
Part E - MENTAL HEALTH - Continued

PERSON 1

5a. Do (any of/either of) you have SERIOUS difficulty coping with day-to-day stresses?

- 5a.** 1 Yes (5b)
 2 No } (6)
 9 DK }

13

b. Who is this?

Mark (X) "Trouble coping with stress" box in person's column.

- b.** 1 Trouble coping with stress

14

c. Anyone else?

- Yes (Reask 5b and c) No (6)

6a. Are (any of/either of) you FREQUENTLY confused, disoriented or forgetful?

- 6a.** 1 Yes (6b)
 2 No } (7)
 9 DK }

15

b. Who is this?

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

- b.** 1 Confused

16

c. Anyone else?

- Yes (Reask 6b and c) No (7)

7a. Do (any of/either of) you have phobias or UNREASONABLY strong fears, that is, a fear of something or some situation where most people would not be afraid?

- 7a.** 1 Yes (7b)
 2 No } (Check Item E1)
 9 DK }

17

b. Who is this?

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

- b.** 1 Phobia

18

c. Anyone else?

- Yes (Reask 7b and c) No (Check Item E1)

**ITEM
E1**

Refer to age or questions 1b, 2b, 3b, 4b, 5b, 6b, and 7b for each person.

- E1** 2 Under 18 (NP, or 9 on page 102)
 1 Any box marked (8)
 2 No box marked (NP, or 9 on page 102)

19

8. During the past 12 months, did any of these problems SERIOUSLY interfere with -- ability to work or attend school or to manage -- day-to-day activities?

- 8.** 1 Yes } (E1 for NP, or 9 on page 102)
 2 No }
 9 DK }

20

Section II - DISABILITY - Continued

Part E - MENTAL HEALTH - Continued

PERSON 1

These next questions are about specific mental and emotional disorders. Again, I will only ask about *(names of persons 18 years of age and older)*.

9a. During the past 12 months, did *(names of persons 18+)* have -

(1) Schizophrenia (skit-suh-free'-nee-uh)?

9a. 21
(1) 1 Yes (9b) 2 No 9 DK

(2) Paranoid or delusional disorder, other than schizophrenia?

(2) 1 Yes (9b) 2 No 9 DK

(3) Manic episodes or manic depression, also called bipolar disorder?

(3) 1 Yes (9b) 2 No 9 DK

(4) Major depression? Major depression is a depressed mood and loss of interest in almost all activities FOR AT LEAST 2 WEEKS.

(4) 1 Yes (9b) 2 No 9 DK

(5) Anti-social personality, obsessive-compulsive personality, or any other SEVERE personality disorder?

(5) 1 Yes (9b) 2 No 9 DK

(6) Alzheimer's (alltz'/hi-merz) disease or another type of senile disorder?

(6) 1 Yes (9b) 2 No 9 DK

(7) Alcohol abuse disorder?

(7) 1 Yes (9b) 2 No 9 DK

(8) Drug abuse disorder?

(8) 1 Yes (9b) 2 No (10) 9 DK (10)

b. Who is this?

Mark (X) appropriate box in person's column and enter condition in X1.

- b.**
- 1 Schizophrenia 29
 - 2 Paranoid disorder 30
 - 3 Bipolar disorder 31
 - 4 Major depression 32
 - 5 Personality disorder 33
 - 6 Senility 34
 - 7 Alcohol abuse 35
 - 8 Drug abuse disorder 36

c. Anyone else?

If "Yes" (Reask 9b and c)

If "No" (9a for next disorder, or 10 on page 104)

Notes

Section II - DISABILITY - Continued

Part E - MENTAL HEALTH - Continued

PERSON 1

10a. DURING THE PAST 12 MONTHS, did (any of/either of) you have any OTHER mental or emotional disorders? Include only those disorders which SERIOUSLY interfered with [their/your] ability to work or attend school or to manage [their/your] day-to-day activities.

10a. Yes (10b)
 No } (11)
 DK } 37

b. Who is this?

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

b. Other disorder 38

c. Anyone else?

Yes (Reask 10b and c) No

Ask for each person with "Other disorder" marked in 10b.

d. (Enter condition in X1 and mark box)
 In C2 } (10d for NP with 10b, or 11)
 Not in C2 } 39

d. What would you call the disorder -- has?

If more than one other disorder, probe for the "Main" one causing difficulty.

11a. DURING THE PAST 12 MONTHS, did (any of/either of) you take any prescription medication for any ongoing mental or emotional condition?

11a. Yes (11b)
 No } (Item E2)
 DK } 40

b. Who is this?

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

b. Medication 41

c. Anyone else?

Yes (Reask 11b and c) No (Item E2)

ITEM E2

Refer to age or questions 1b, 2b, 3b, 4b, 5b, 6b, 7b, 9b, 10b, and 11b for each person.

E2 Under 18 (NP, or Part F on page 106)
 Any box marked (12)
 No box marked (NP, or Part F on page 106) 42

12a. Because of [this/any of these] mental or emotional problem(s), is -- UNABLE TO WORK OR LIMITED IN THE KIND OR AMOUNT OF WORK -- CAN DO?

12a. Yes (13)
 No } (12b)
 DK } 43

b. Because of [this/any of these] mental or emotional problem(s), does -- have trouble FINDING OR KEEPING A JOB OR DOING JOB TASKS?

b. Yes
 No
 DK 44

13. Because of [this/any of these] mental or emotional problem(s), during the past 12 months, has -- received any services from a mental health community support program?

Read if necessary: A community support program for clients with mental or emotional problems is a program that makes available mental health, health, social and support services based on individual need.

13. Yes } (E2 for NP, or Part F on page 106)
 No }
 DK } 45

Section II – DISABILITY – Continued

RT 73

Part F – SERVICES AND BENEFITS

PERSON 1

3-4

1a. Some programs help people with disabilities to develop skills and opportunities for paid employment. During the past 12 months, did (read names of persons 18+) participate in a sheltered workshop, transitional work training, or supported employment?

- 1a.**
 1 Yes (1b)
 2 No
 3 DK } (1d)

5

b. Who is this?

Ask if necessary: In which programs did -- participate during the past 12 months, sheltered workshop, transitional work training, or supported employment?

Mark (X) appropriate box(es) in person's column.

- b.**
 1 Sheltered workshop
 2 Transitional work training
 3 Supported employment

6

7

8

c. Did anyone else participate in any of these programs during the past 12 months?

- Yes (Reask 1b and c) No (1d)

d. Are (names of persons 18+) now on a waiting list for any of these programs?

- d.**
 1 Yes (1e)
 2 No
 3 DK } (2 on page 108)

9

e. Who is this?

- e.**
 1 Waiting list

10

f. Anyone else?

- Yes (Reask 1e and f) No (2 on page 108)

Notes

Section II - DISABILITY - Continued

Part F - SERVICES AND BENEFITS - Continued

PERSON 1

2a. During the past 12 months, did *(read names of persons 18+)* go to a day activity center for persons with disabilities which provides social, recreational and developmental activities during normal working hours?

2a. 1 Yes (2b)
 2 No } (2d)
 9 DK }

11

b. Who is this?

Mark (X) "Day activity center" box in person's column.

b. 1 Day activity center

12

c. Anyone else?

Yes (Reask 2b and c) No (2d)

d. Are *(names of persons 18+)* now on a waiting list for a day activity center?

d. 1 Yes (2e)
 2 No } (3 on page 110)
 9 DK }

13

e. Who is this?

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

e. 1 Waiting list

14

f. Anyone else?

Yes (Reask 2e and f) No (3 on page 110)

Notes

Section II - DISABILITY - Continued

Part F - SERVICES AND BENEFITS - Continued

PERSON 1

3a. During the past 12 months, have (names of persons 18+) received any physical therapy?	3a.	<input type="checkbox"/> Yes (3b) <input type="checkbox"/> No } (4a) <input type="checkbox"/> DK }	15
b. Who is this? (Anyone else?) Mark (X) "Physical therapy" box in person's column. Ask 3c-d for each person with box marked in 3b.	b.	<input type="checkbox"/> Physical therapy	16
c. Has the condition for which -- gets physical therapy been going on or is it expected to go on for at least 12 months?	c.	<input type="checkbox"/> Yes (3d) <input type="checkbox"/> No } (NP with 3b, or 4) <input type="checkbox"/> DK }	17
d. What is the main condition for which -- gets physical therapy?	d.	(Enter condition in X1 and mark box) <input type="checkbox"/> In C2 } (3c for NP with 3b, or 4) <input type="checkbox"/> Not in C2 }	18

4a. During the past 12 months, have (names of persons 18+) received any occupational therapy?	4a.	<input type="checkbox"/> Yes (4b) <input type="checkbox"/> No } (5 on page 112) <input type="checkbox"/> DK }	19
b. Who is this? (Anyone else?) Mark (X) "Occupational therapy" box in person's column. Ask 4c-d for each person with box marked in 4b.	b.	<input type="checkbox"/> Occupational therapy	20
c. Has the condition for which -- gets occupational therapy been going on or is it expected to go on for at least 12 months?	c.	<input type="checkbox"/> Yes (4d) <input type="checkbox"/> No } (NP with 4b, or 5 on page 112) <input type="checkbox"/> DK }	21
d. What is the main condition for which -- gets occupational therapy?	d.	(Enter condition in X1 and mark box) <input type="checkbox"/> In C2 } (4c for NP with 4b, or 5 on page 112) <input type="checkbox"/> Not in C2 }	22

Notes

Section II – DISABILITY – Continued

Part F – SERVICES AND BENEFITS – Continued

PERSON 1

<p>Vocational rehabilitation provides equipment and services to people with disabilities to improve their ability to work or live independently.</p> <p>5a. Have (read names of persons 18+) EVER received any equipment or services through vocational rehabilitation?</p> <p>-----</p> <p>b. Who is this?</p> <p><i>Mark (X) "Vocational rehabilitation" box in person's column.</i></p> <p>-----</p> <p>c. Anyone else?</p> <p align="center"><input type="checkbox"/> Yes (Reask 5b and c) <input type="checkbox"/> No (6)</p>	5a.	<p>1 <input type="checkbox"/> Yes (5b)</p> <p>2 <input type="checkbox"/> No } (6)</p> <p>9 <input type="checkbox"/> DK }</p>	23
<p>-----</p> <p>6a. During the past 12 months, did (read names of persons 18+) have a case manager?</p> <p>-----</p> <p>b. Who is this?</p> <p><i>Mark (X) "Case manager" box in person's column.</i></p> <p>-----</p> <p>c. Anyone else?</p> <p align="center"><input type="checkbox"/> Yes (Reask 6b and c) <input type="checkbox"/> No (7)</p>	6a.	<p>1 <input type="checkbox"/> Yes (6b)</p> <p>2 <input type="checkbox"/> No } (7)</p> <p>9 <input type="checkbox"/> DK }</p>	24
<p><i>Ask only for persons 18+ without 6b marked; otherwise, go to 8.</i></p> <p>7a. During the past 12 months, did (persons 18+ without 6b marked) NEED a case manager to coordinate personal care or social or medical services?</p> <p>-----</p> <p>b. Who is this?</p> <p><i>Mark (X) "Needs case manager" box in person's column.</i></p> <p>-----</p> <p>c. Anyone else?</p> <p align="center"><input type="checkbox"/> Yes (Reask 7b and c) <input type="checkbox"/> No (8)</p>	7a.	<p>1 <input type="checkbox"/> Yes (7b)</p> <p>2 <input type="checkbox"/> No } (8)</p> <p>9 <input type="checkbox"/> DK }</p>	25
<p>-----</p> <p>8a. Do (read names of persons 18+) have a court-appointed legal guardian?</p> <p>-----</p> <p>b. Who has a legal guardian?</p> <p><i>Mark (X) "Legal guardian" box in person's column.</i></p> <p>-----</p> <p>c. Anyone else?</p> <p align="center"><input type="checkbox"/> Yes (Reask 8b and c) <input type="checkbox"/> No (Part G on page 114)</p>	8a.	<p>1 <input type="checkbox"/> Yes (8b)</p> <p>2 <input type="checkbox"/> No } (Part G on page 114)</p> <p>9 <input type="checkbox"/> DK }</p>	26
<p>-----</p> <p>8a. Do (read names of persons 18+) have a court-appointed legal guardian?</p> <p>-----</p> <p>b. Who has a legal guardian?</p> <p><i>Mark (X) "Legal guardian" box in person's column.</i></p> <p>-----</p> <p>c. Anyone else?</p> <p align="center"><input type="checkbox"/> Yes (Reask 8b and c) <input type="checkbox"/> No (Part G on page 114)</p>	8a.	<p>1 <input type="checkbox"/> Yes (8b)</p> <p>2 <input type="checkbox"/> No } (Part G on page 114)</p> <p>9 <input type="checkbox"/> DK }</p>	27
<p>-----</p> <p>8a. Do (read names of persons 18+) have a court-appointed legal guardian?</p> <p>-----</p> <p>b. Who has a legal guardian?</p> <p><i>Mark (X) "Legal guardian" box in person's column.</i></p> <p>-----</p> <p>c. Anyone else?</p> <p align="center"><input type="checkbox"/> Yes (Reask 8b and c) <input type="checkbox"/> No (Part G on page 114)</p>	8a.	<p>1 <input type="checkbox"/> Yes (8b)</p> <p>2 <input type="checkbox"/> No } (Part G on page 114)</p> <p>9 <input type="checkbox"/> DK }</p>	28
<p>-----</p> <p>8a. Do (read names of persons 18+) have a court-appointed legal guardian?</p> <p>-----</p> <p>b. Who has a legal guardian?</p> <p><i>Mark (X) "Legal guardian" box in person's column.</i></p> <p>-----</p> <p>c. Anyone else?</p> <p align="center"><input type="checkbox"/> Yes (Reask 8b and c) <input type="checkbox"/> No (Part G on page 114)</p>	8a.	<p>1 <input type="checkbox"/> Yes (8b)</p> <p>2 <input type="checkbox"/> No } (Part G on page 114)</p> <p>9 <input type="checkbox"/> DK }</p>	29
<p>-----</p> <p>8a. Do (read names of persons 18+) have a court-appointed legal guardian?</p> <p>-----</p> <p>b. Who has a legal guardian?</p> <p><i>Mark (X) "Legal guardian" box in person's column.</i></p> <p>-----</p> <p>c. Anyone else?</p> <p align="center"><input type="checkbox"/> Yes (Reask 8b and c) <input type="checkbox"/> No (Part G on page 114)</p>	8a.	<p>1 <input type="checkbox"/> Yes (8b)</p> <p>2 <input type="checkbox"/> No } (Part G on page 114)</p> <p>9 <input type="checkbox"/> DK }</p>	30

Section II - DISABILITY - Continued

RT 74

Part G - SPECIAL HEALTH NEEDS OF CHILDREN

PERSON 1

3-4

**ITEM
G1**

Refer to family composition.

G1

- 1 One or more members under 18 (1)
2 All members 18+ (Part L on page 156)

5

The next questions refer to family members who are under 18 years old, that is (read names of nondeleted persons under 18).

1a. Do (names of persons under 18) NOW go to a medical doctor or specialist on a regular basis for anything other than routine physical exams?

1a.

- 1 Yes (1b)
2 No } (2)
9 DK }

6

b. Who is this?

(Anyone else?)

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

Ask 1c-d for each person with box marked in 1b.

b.

- 1 Regular visits

7

c. Has any problem or condition for which -- sees a doctor regularly been going on or is it expected to go on for at least 12 months?

c.

- 1 Yes (1d)
2 No } (NP with 1b, or 2)
9 DK }

8

Ask only if "Yes" in 1c.

d. What is the main problem or condition for which -- goes to a doctor regularly?

d.

(Enter condition in X1 and mark box)

- 1 In C2 } (1c for NP with
2 Not in C2 } 1b, or 2)

9

2a. Do you think that (names of persons under 18) have any significant problems or delays in physical development?

2a.

- 1 Yes (2b)
2 No } (3 on page 116)
9 DK }

10

b. Who is this?

(Anyone else?)

Mark (X) "Problem or delay" box in person's column.

Ask 2c for each person with box marked in 2b.

b.

- 1 Problem or delay

11

c. Have any doctors or health care professionals discussed or mentioned -- problem or delay in physical development?

c.

- 1 Yes } (NP with 2b, or 3
2 No } on page 116)
9 DK }

12

Notes

Section II - DISABILITY - Continued

Part G - SPECIAL HEALTH NEEDS OF CHILDREN - Continued

PERSON 1

<p>3a. Do (names of persons under 18) NOW have a physical, mental, or emotional problem for which they regularly take prescription medication?</p> <hr style="border-top: 1px dashed black;"/> <p>b. Who is this? (Anyone else?) <i>Mark (X) "Prescription medication" box in person's column.</i> <i>Ask 3c-d for each person with box marked in 3b.</i></p> <hr style="border-top: 1px dashed black;"/> <p>c. Has the problem or condition for which -- regularly takes prescription medication been going on or is it expected to go on for at least 12 months?</p> <p><i>Ask only if "Yes" in 3c.</i></p> <hr style="border-top: 1px dashed black;"/> <p>d. What is the main problem or condition for which -- regularly takes prescription medication?</p>	<p>3a. 13 <input type="checkbox"/> Yes (3b) <input type="checkbox"/> No } (4) <input type="checkbox"/> DK }</p> <hr style="border-top: 1px dashed black;"/> <p>b. 14 <input type="checkbox"/> Prescription medication</p> <hr style="border-top: 1px dashed black;"/> <p>c. 15 <input type="checkbox"/> Yes (3d) <input type="checkbox"/> No } (NP with 3b, or 4) <input type="checkbox"/> DK }</p> <hr style="border-top: 1px dashed black;"/> <p>d. 16 <i>(Enter condition in X1 and mark box)</i> <input type="checkbox"/> In C2 } (3c for NP with <input type="checkbox"/> Not in C2 } 3b, or 4)</p>
<p>4a. Has (names of persons under 18) ever been a patient in a hospital overnight for a physical, mental, or emotional condition that they STILL HAVE or GET FROM TIME TO TIME?</p> <hr style="border-top: 1px dashed black;"/> <p>b. Who is this? (Anyone else?) <i>Mark (X) "Hospital overnight" box in person's column.</i> <i>Ask 4c-d for each person with box marked in 4b.</i></p> <hr style="border-top: 1px dashed black;"/> <p>c. Has the problem or condition for which -- was hospitalized been going on or is it expected to go on for at least 12 months?</p> <p><i>Ask only if "Yes" in 4c.</i></p> <hr style="border-top: 1px dashed black;"/> <p>d. What is the main condition which caused -- hospitalization(s)?</p>	<p>4a. 17 <input type="checkbox"/> Yes (4b) <input type="checkbox"/> No } (5) <input type="checkbox"/> DK }</p> <hr style="border-top: 1px dashed black;"/> <p>b. 18 <input type="checkbox"/> Hospital overnight</p> <hr style="border-top: 1px dashed black;"/> <p>c. 19 <input type="checkbox"/> Yes (4d) <input type="checkbox"/> No } (NP with 4b, or 5) <input type="checkbox"/> DK }</p> <hr style="border-top: 1px dashed black;"/> <p>d. 20 <i>(Enter condition in X1 and mark box)</i> <input type="checkbox"/> In C2 } (4c for NP with <input type="checkbox"/> Not in C2 } 4b, or 5)</p>
<p>5a. Do (names of persons under 18) NOW have any life-threatening allergic reactions to any foods?</p> <hr style="border-top: 1px dashed black;"/> <p>b. Who is this? (Anyone else?) <i>Mark (X) "Allergic reaction" box in person's column.</i></p>	<p>5a. 21 <input type="checkbox"/> Yes (5b) <input type="checkbox"/> No } (6 on page 118) <input type="checkbox"/> DK }</p> <hr style="border-top: 1px dashed black;"/> <p>b. 22 <input type="checkbox"/> Allergic reaction</p>

Section II - DISABILITY - Continued

Part G - SPECIAL HEALTH NEEDS OF CHILDREN - Continued	PERSON 1
<p>6a. Are (names of persons under 18) following a special diet ordered by a doctor because of a serious ongoing medical condition?</p>	<p>6a. 23 1 <input type="checkbox"/> Yes (6b) 2 <input type="checkbox"/> No } (7) 9 <input type="checkbox"/> DK</p>
<p>b. Who is this? (Anyone else?) <i>Mark (X) "Special diet" box in person's column.</i> <i>Ask 6c-d for each person with box marked in 6b.</i></p>	<p>b. 24 1 <input type="checkbox"/> Special diet</p>
<p>c. Would going off this diet cause -- to have a serious life-threatening reaction or illness?</p>	<p>c. 25 1 <input type="checkbox"/> Yes (6d) 2 <input type="checkbox"/> No } (NP with 6b, or 7) 9 <input type="checkbox"/> DK</p>
<p><i>Ask only if "Yes" in 6c.</i></p> <p>d. What is the main problem or condition for which -- follows a special diet?</p>	<p>d. 26 (Enter condition in X1 and mark box) 1 <input type="checkbox"/> In C2 } (6c for NP with 2 <input type="checkbox"/> Not in C2 } 6b, or 7)</p>
<p>7a. Do (names of persons under 18) NOW need special medical equipment in order to breathe?</p>	<p>7a. 27 1 <input type="checkbox"/> Yes (7b) 2 <input type="checkbox"/> No } (8 on page 120) 9 <input type="checkbox"/> DK</p>
<p>b. Who is this? (Anyone else?) <i>Mark (X) "Special equipment" box in person's column.</i> <i>Ask 7c-d for each person with box marked in 7b.</i></p>	<p>b. 28 1 <input type="checkbox"/> Special equipment</p>
<p>c. Has the problem or condition for which -- needs this equipment been going on or is it expected to go on for at least 12 months?</p>	<p>c. 29 1 <input type="checkbox"/> Yes (7d) 2 <input type="checkbox"/> No } (NP with 7b, or 8 9 <input type="checkbox"/> DK } on page 120)</p>
<p><i>Ask only if "Yes" in 7c.</i></p> <p>d. What is the main problem or condition for which -- needs medical equipment in order to breathe?</p>	<p>d. 30 (Enter condition in X1 and mark box) 1 <input type="checkbox"/> In C2 } (7c for NP with 2 <input type="checkbox"/> Not in C2 } 7b, or 8 on page 120)</p>
<p>Notes</p>	

Section II - DISABILITY - Continued

Part G - SPECIAL HEALTH NEEDS OF CHILDREN - Continued

PERSON 1

8a. Do (names of persons under 18) NOW go to a counselor, psychiatrist, psychologist, or social worker on a regular basis?

8a. 31
 1 Yes (8b)
 2 No } (9)
 9 DK

b. Who is this?
 (Anyone else?)

b. 32
 1 Counselor

Mark (X) "Counselor" box in person's column.
 Ask 8c for each person with box marked in 8b.

c. Has -- counseling gone on or is it expected to go on for at least 12 months?

c. 33
 1 Yes } (NP with 8b, or 9)
 2 No }
 9 DK

9a. During the past 12 months, have (names of persons under 18) received any physical therapy?

9a. 34
 1 Yes (9b)
 2 No } (10 on page 122)
 9 DK

b. Who is this?
 (Anyone else?)

b. 35
 1 Physical therapy

Mark (X) "Physical therapy" box in person's column.
 Ask 9c-d for each person with box marked in 9b.

c. Has the problem or condition for which -- gets physical therapy been going on or is it expected to go on for at least 12 months?

c. 36
 1 Yes (9d)
 2 No } (NP with 9b, or 10
 9 DK } on page 122)

Ask only if "Yes" in 9c.

d. What is the main problem or condition for which -- gets physical therapy?

d. 37
 (Enter condition in X1 and mark box)
 1 In C2 } (9c for NP with
 2 Not in C2 } 9b, or 10 on page
 122)

Notes

Section II - DISABILITY - Continued

Part G - SPECIAL HEALTH NEEDS OF CHILDREN - Continued

PERSON 1

<p>10a. During the past 12 months, have (names of persons under 18) received any occupational therapy?</p>	<p>10a. 38 <input type="checkbox"/> Yes (10b) <input type="checkbox"/> No } (Item G2) <input type="checkbox"/> DK }</p>
<p>b. Who is this? (Anyone else?) Mark (X) "Occupational therapy" box in person's column. Ask 10c-d for each person with box marked in 10b.</p>	<p>b. 39 <input type="checkbox"/> Occupational therapy</p>
<p>c. Has the problem or condition for which -- gets occupational therapy been going on or is it expected to go on for at least 12 months?</p> <p>Ask only if "Yes" in 10c.</p>	<p>c. 40 <input type="checkbox"/> Yes (10d) <input type="checkbox"/> No } (NP with 10b, or G2) <input type="checkbox"/> DK }</p>
<p>d. What is the main problem or condition for which -- gets occupational therapy?</p>	<p>d. 41 (Enter condition in X1 and mark box) <input type="checkbox"/> In C2 } (10c for NP with <input type="checkbox"/> Not in C2 } 10b, or G2)</p>

ITEM G2	Refer to age or 9c and 10c for each person.	<p>G2. 42 <input type="checkbox"/> 18+ (NP, or 14 on page 132) <input type="checkbox"/> Yes in 9c or 10c (11) <input type="checkbox"/> Other (NP, or 14 on page 132)</p>
----------------	---	---

<p>11a. Does -- NOW receive any physical or occupational therapy AT HOME? THIS INCLUDES THERAPY GIVEN BY YOU, OTHER FAMILY MEMBERS, FRIENDS, VOLUNTEERS, OR PAID PROFESSIONALS.</p>	<p>11a. 43 <input type="checkbox"/> Yes (11b) <input type="checkbox"/> No } (12 on page 128) <input type="checkbox"/> DK }</p>
<p>b. What are the names of all persons who give -- therapy at home?</p> <p>Ask 11c and d only if 4 names were entered in Table T; otherwise, go to 11e in Table T.</p>	<p>b. 44 (Record up to 4 names in Table T on page 124, then return to 11c)</p>
<p>c. Are there any other persons who give -- physical or occupational therapy at home?</p>	<p>c. 45 <input type="checkbox"/> Yes (11d) <input type="checkbox"/> No } (11e in Table T on page 124) <input type="checkbox"/> DK }</p>
<p>d. How many others?</p>	<p>d. 45-46 _____ Therapist(s) (Number) (11e in Table T on page 124)</p>

Notes

Section II - DISABILITY - Continued

RT 75

Part G - SPECIAL HEALTH NEEDS OF CHILDREN - Continued

THERAPIST AT HOME

TABLE T

Child's name

Child's number

3-4

Therapist name

5-6

11e. Does (therapist) do physical or occupational therapy with --?

11e.

- 1 Physical
- 2 Occupational
- 3 Both
- 9 DK

7

HAND CARD DG1. Read categories if telephone interview.

f. What is (therapist) relationship to --?
Mark (X) only one.

f.

- 0 Parent (11k)
 - 1 Other relative who lives here
 - 2 Other relative who does not live here
 - 3 Non-relative who lives here
 - 4 Friend/neighbor
 - 5 Unpaid volunteer from an organization or business (11j)
 - 6 Paid employee of an organization or business
 - 7 Paid employee of yours
 - 8 Other
 - 9 DK
- (11g)
- (11h)
- (11g)

8

g. Is this therapy paid for?

g.

- 1 Yes (11h on page 126)
- 2 No
- 9 DK (11j on page 126)

9

Notes

Section II - DISABILITY - Continued

Part G - SPECIAL HEALTH NEEDS OF CHILDREN - Continued

THERAPIST AT HOME

TABLE T - Continued

HAND CARD DG2. Read categories if telephone interview.

**11h. Who pays for this therapy?
(Anyone else?)**

Mark (X) all that apply.

- 11h.**
- 00 Parent 10-11
 - 01 Other family member in HH 12-13
 - 02 Other family member not in HH 14-15
 - 03 Private insurance 16-17
 - 04 Rehabilitation program 18-19
 - 05 Medicaid 20-21
 - 06 Public school system 22-23
 - 07 Other public source 24-25
 - 08 Other private source 26-27
 - 09 Other 28-29
 - 99 DK or Refused 30-31

Ask 11i only if box 00 or 01 is marked in 11h; otherwise, skip to 11j.

i. How much did [you/the family] pay for this therapy during the past 2 weeks? Do not count money that will be reimbursed by insurance, an HMO, or other source.

If none, enter 0; otherwise, enter amount in whole dollars.

i. \$ _____
(Dollars)

32-35

j. How satisfied are you with this therapy? Would you say very satisfied, somewhat satisfied, somewhat dissatisfied, or very dissatisfied?

If respondent is not a parent or guardian, explain, if necessary, that "you" refers to the family in general.

- j.**
- 1 Very satisfied
 - 2 Somewhat satisfied
 - 3 Somewhat dissatisfied
 - 4 Very dissatisfied
 - 9 DK

36

k. How many days during the past 2 weeks did (therapist) work with -- ?

- k.**
- 00 None in past 2 weeks
 - _____ Days
(Number)

37-38

l. Please estimate the hours per day that (therapist) did therapy with -- . Include therapy that is part of another activity such as play.

- l.**
- _____ Hours/Day
 - 00 Less than 1 hour/day

39-40

If another therapist in Table T for this person, ask 11e on page 124 for the next therapist; otherwise, continue with 12a on page 128 for this person.

Notes

Section II - DISABILITY - Continued

Part G - SPECIAL HEALTH NEEDS OF CHILDREN - Continued

RT 76

3-4

PERSON 1

12a. Does -- receive any physical or occupational therapy at any other place, that is, OTHER THAN AT HOME?

12a.

- 1 Yes (12b)
 - 2 No
 - 3 DK
- (G2 on page 122 for NP, or 14 on page 132)*

5

b. Does -- receive this therapy at school, at a location other than school or both places?

b.

- 1 School (12c)
- 2 Location other than school (13 on page 130)
- 3 Both (12c)

6

Mark (X) only one.

c. Is the therapy -- receives at school physical therapy, occupational therapy or both?

c.

- 1 Physical therapy
- 2 Occupational therapy
- 3 Both

7

Mark (X) only one.

**ITEM
G3**

Refer to 12b for this person.

G3

- 1 School only (G2 on page 122 for NP, or 14 on page 132)
- 2 All others (13 on page 130)

8

Notes

Section II - DISABILITY - Continued

Part G - SPECIAL HEALTH NEEDS OF CHILDREN - Continued

PERSON 1

These questions are about therapy that -- receives **OTHER THAN AT HOME AND AT SCHOOL.**

9

13a. Is this physical therapy, occupational therapy, or both?

Mark (X) only one.

- 13a.** 1 Physical therapy
2 Occupational therapy
3 Both

b. During the past 2 weeks how often did -- receive [physical/(and)occupational] therapy NOT COUNTING THERAPY AT HOME OR SCHOOL?

SHOW CARD DG2. Read categories if telephone interview.

c. Who pays for this therapy?

Mark (X) all that apply.

- b.** 00 None 10-11

____ Times
(Number)

- c.** 00 Parent 12-13
01 Other family member in HH 14-15
02 Other family member not in HH 16-17
03 Private insurance 18-19
04 Rehabilitation program 20-21
05 Medicaid 22-23
06 Public school system 24-25
07 Other public source 28-27
08 Other private source 28-29
09 Other 30-31
99 DK or Refused 32-33

Ask 13d only if box 00 or 01 is marked in 13c; otherwise, skip to 13e.

d. How much did [you/the family] pay for this therapy during the past 2 weeks. Do not count money that will be reimbursed by insurance, an HMO, or other source.

If none, enter 0; otherwise enter amount in whole dollars.

d. \$ _____
(Dollars)

e. How satisfied are you with this therapy? Would you say very satisfied, somewhat satisfied, somewhat dissatisfied, or very dissatisfied?

If respondent is not a parent or guardian, explain, if necessary, that "you" refers to the family in general.

- e.** 1 Very satisfied } 38
2 Somewhat satisfied } *(G2 on page 122 for NP, or 14 on page 132)*
3 Somewhat dissatisfied }
4 Very dissatisfied }

Notes

Section II - DISABILITY - Continued

Part G - SPECIAL HEALTH NEEDS OF CHILDREN - Continued

PERSON 1

14a. (Besides physical or occupational therapy) do (names of persons under 18) NOW have any (other) medical or health procedures done AT HOME?

14a. Yes (14b) 39
 No } (Item G4)
 DK }

b. Who is this? (Anyone else?)
 Mark (X) "Medical Procedures" box in person's column.
 Ask 14c - d for each person with box marked in 14b.

b. Medical procedures 40

c. Has the problem or condition for which -- has (other) medical procedures done AT HOME been going on or is it expected to go on for at least 12 months?

c. Yes (14d) 41
 No } (NP with 14b, or G4)
 DK }

Ask only if "Yes" in 14c.

d. What is the main problem or condition for which -- gets medical procedures done AT HOME?

d. (Enter condition in X1 and mark box)
 In C2 } (14c for NP with
 Not in C2 } 14b, or G4

ITEM G4

Refer to ages of all family members.

G4 Any 1-17 years (15) 43
 All others (Item G6 on page 136)

15a. Do you think that (names of persons 1-17 years old) NOW have any problems or delays in understanding things, that is, delays in cognitive or mental development?

15a. Yes (15b) 44
 No } (16)
 DK }

b. Who is this? (Anyone else?)
 Mark (X) "Mental development" box in person's column.
 Ask 15c for each person with box marked in 15b.

b. Mental development 45

c. Have any doctors or health care professionals discussed or mentioned -- problem or delay in understanding things?

c. Yes } (NP with 15b, or 16)
 No }
 DK }

16a. Do you think that (names of persons 1-17 years old) NOW have any problems or delays in speech or language development?

16a. Yes (16b) 47
 No } (17 on page 134)
 DK }

b. Who is this? (Anyone else?)
 Mark (X) "Speech" box for each appropriate person.
 Ask 16c for each person with box marked in 16b.

b. Speech 48

c. Have any doctors or health care professionals discussed or mentioned -- problem or delay in speech or language development?

c. Yes } (NP with 16b, or 17
 No } on page 134)
 DK }

Section II – DISABILITY – Continued

Part G – SPECIAL HEALTH NEEDS OF CHILDREN – Continued

PERSON 1

17a. Do you think that (names of persons 1–17 years old) NOW have any problems or delays in emotional or behavioral development?

17a. Yes (17b)
 No } (Item G5)
 DK } 50

b. Who is this?
 (Anyone else?)

Mark (X) "Behavior" box in person's column.
 Ask 17c for each person with box marked in 17b.

b. Behavior 51

c. Have any doctors or health care professionals discussed or mentioned -- problem or delay in emotional or behavioral development?

c. Yes }
 No } (NP with 17b, or G5)
 DK } 52

ITEM G5

Refer to ages of all family members.

G5 Any 2–17 (18)
 Others (Item G6 on page 136) 53

18a. Because of a physical, mental, or emotional problem, do (names of persons 2–17 years old) NOW have any difficulty participating in strenuous activity, such as running or swimming, compared to other children their age?

18a. Yes (18b)
 No } (19 on page 136)
 DK } 54

b. Who is this?
 (Anyone else?)

Mark (X) "Activity" box in person's column.
 Ask 18c–d for each person with box marked in 18b.

b. Activity 55

c. Has the problem or condition which causes -- to have difficulty participating in strenuous activity been going on or is it expected to go on for at least 12 months?

Ask only if "Yes" in 18c.

c. Yes (18d)
 No } (NP with 18b, or 19
 DK } on page 136) 56

d. What is the main problem or condition which causes -- to have difficulty participating in strenuous activity?

d. (Enter condition in X1 and mark box)
 In C2 } (18c for NP with
 Not in C2 } 18b, or 19 on page 136) 57

Notes

Section II - DISABILITY - Continued

Part G - SPECIAL HEALTH NEEDS OF CHILDREN - Continued		PERSON 1
<p>19a. Because of a physical, mental, or emotional problem, do (names of persons 2-17 years old) NOW have any difficulty playing or getting along with others their age?</p> <p>-----</p> <p>b. Who is this? (Anyone else?) <i>Mark (X) "Getting along" box in person's column.</i></p> <p><i>Ask 19c-d for each person with box marked in 19b.</i></p> <p>c. Has the problem or condition which causes -- to have difficulty getting along with others been going on or is it expected to go on for at least 12 months?</p> <p>-----</p> <p><i>Ask only if "Yes" in 19c.</i></p> <p>d. What is the main problem or condition which causes -- to have difficulty getting along with others?</p>	<p>19a.</p> <p>-----</p> <p>b.</p> <p>-----</p> <p>c.</p> <p>-----</p> <p>d.</p>	<p><input type="checkbox"/> Yes (19b) <input type="checkbox"/> No } (Item G6) <input type="checkbox"/> DK }</p> <p align="right">58</p> <p><input type="checkbox"/> Getting along</p> <p align="right">59</p> <p><input type="checkbox"/> Yes (19d) <input type="checkbox"/> No } (NP with 19b, or G6) <input type="checkbox"/> DK }</p> <p align="right">60</p> <p><input type="checkbox"/> In C2 } (19c for NP with <input type="checkbox"/> Not in C2 } 19b, or G6)</p> <p align="right">61</p>
<p>ITEM G6 <i>Refer to ages of all family members.</i></p>	<p>G6</p>	<p><input type="checkbox"/> Any persons under 5 (20) <input type="checkbox"/> None under 5 <i>(Part J on page 146)</i></p> <p align="right">62</p>
<p>20a. Do (names of persons under 5) NOW have any physical, mental, or emotional problems which makes it difficult to chew, swallow, or digest?</p> <p>-----</p> <p>b. Who is this? (Anyone else?) <i>Mark (X) "Digest" box in person's column.</i></p> <p><i>Ask 20c-d for each person with box marked in 20b.</i></p> <p>c. Has the problem or condition which causes -- to have difficulty chewing, swallowing, or digesting been going on or is it expected to go on for at least 12 months?</p> <p>-----</p> <p><i>Ask only if "Yes" in 20c.</i></p> <p>d. What is the main problem or condition which causes -- to have difficulty chewing, swallowing, or digesting?</p>	<p>20a.</p> <p>-----</p> <p>b.</p> <p>-----</p> <p>c.</p> <p>-----</p> <p>d.</p>	<p><input type="checkbox"/> Yes (20b) <input type="checkbox"/> No } (21 on page 138) <input type="checkbox"/> DK }</p> <p align="right">63</p> <p><input type="checkbox"/> Digest</p> <p align="right">64</p> <p><input type="checkbox"/> Yes (20d) <input type="checkbox"/> No } (NP with 20b, or 21 <input type="checkbox"/> DK } on page 138)</p> <p align="right">65</p> <p><input type="checkbox"/> In C2 } (20c for NP with <input type="checkbox"/> Not in C2 } 20b, or 21 on page 138)</p> <p align="right">66</p>
Notes		

Section II - DISABILITY - Continued

Part G - SPECIAL HEALTH NEEDS OF CHILDREN - Continued

PERSON 1

21a. Do (names of persons under age 5) NOW need special medical equipment to assist with eating or toileting?

21a. Yes (21b) 67
 No } (Part H on page 140)
 DK }

b. Who is this?

(Anyone else?)

Mark (X) "Eating or toileting" box in person's column.

Ask 21c-d for each person with box marked in 21b.

b. Eating or toileting 68

c. Has the problem or condition which causes -- to need special medical equipment been going on or is it expected to go on for at least 12 months?

Ask only if "Yes" in 21c.

c. Yes (21d)
 No } (NP with 21b, or Part H
 DK } on page 140) 69

d. What is the main problem or condition which causes -- to need special medical equipment to assist with eating or toileting?

d. (Enter condition in X1 and mark box)
 In C2 } (21c for NP with
 Not in C2 } 21b, or Part H
on page 140) 70

Notes

Section II - DISABILITY - Continued
Part H - EARLY CHILD DEVELOPMENT

RT 77

PERSON 1

3-4

5

6-7

8

9

10

11

12

13

14

15

16

ITEM H1

Refer to age for each family member.

H1

- 1 5+ (NP, or Part J on page 146)
 2 Under 5 (H2)

ITEM H2

Refer to child's date of birth and date of interview.
 Calculate age in months.

H2

- _____ Months
 Birthdate unknown (1)

ITEM H3

Refer to H2.

H3

- 1 Under 4 months (H1 for NP, or Part J on page 146)
 2 4-8 months (2)
 3 9-15 months (5)
 4 16-29 months (11 on page 142)
 5 30-59 months (18 on page 142)

HAND CARD DH1. Read categories if telephone interview.

1. Which age group do you think -- belongs in?

1.

- 1 Under 4 months (H1 for NP, or Part J on page 146)
 2 4-8 months (2)
 3 9-15 months (5)
 4 16-29 months (11 on page 142)
 5 30-59 months (18 on page 142)

2. Does -- usually show an interest in things around -- by looking at sights or by turning toward sounds?

2.

- 1 Yes
 2 No

3. Does -- usually seem happy or pleased when -- sees -- favorite people?

3.

- 1 Yes
 2 No

4. Can -- hold -- head up without support?

4.

- 1 Yes } (H1 for NP, or Part J on page 146)
 2 No }

5. Does -- usually show an interest in things around -- by looking at sights or by turning toward sounds?

5.

- 1 Yes
 2 No

6. Does -- usually seem happy or pleased when -- sees -- favorite people?

6.

- 1 Yes
 2 No

7. Can -- sit upright without leaning against anything?

7.

- 1 Yes
 2 No

8. Has -- ever crawled or crept on hands or stomach?

8.

- 1 Yes } (9 on page 142)
 2 No }

Section II - DISABILITY - Continued

Part H - EARLY CHILD DEVELOPMENT - Continued

PERSON 1

9. Is -- able to show what -- wants by pointing at something, reaching out to be picked up, making special noises, or saying words?	9. 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	17
10. Does -- ever respond to people talking or playing with -- by making sounds, faces, or saying words?	10. 1 <input type="checkbox"/> Yes } (H1 on page 140 for NP, 2 <input type="checkbox"/> No } or Part J on page 146)	18
11. Does -- usually pay attention to things that interest -- such as toys, picture books, or a person -- likes for as long as a minute?	11. 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	19
12. Does -- usually seem happy or pleased when -- sees -- favorite people?	12. 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	20
13. Can -- sit upright without leaning against anything?	13. 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	21
14. Is -- able to show what -- wants by pointing at things, reaching out to be picked up, making special noises, or saying words?	14. 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	22
15a. Does -- walk without holding on to anything?	15a. 1 <input type="checkbox"/> Yes (16) 2 <input type="checkbox"/> No (15b)	23
b. Has -- ever crawled or crept on hands or stomach?	b. 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	24
16. Is -- able to show what -- wants or needs by using actions or words, such as leading you by the hand to open a door or saying words like "juice" or "that"?	16. 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	25
17. Does -- ever respond to people talking or playing with -- by making sounds or faces or by saying words?	17. 1 <input type="checkbox"/> Yes } (H1 on page 140 for NP, 2 <input type="checkbox"/> No } or Part J on page 146)	26
18. Does -- usually pay attention for as long as a minute to things that interest --, such as toys, picture books, or a person -- likes?	18. 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	27
19. Does -- usually seem happy or pleased when -- sees -- favorite people?	19. 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	28
20. Does -- walk rapidly or run?	20. 1 <input type="checkbox"/> Yes (22 on page 144) 2 <input type="checkbox"/> No (21 on page 144)	29

Section II - DISABILITY - Continued

Part H - EARLY CHILD DEVELOPMENT - Continued

PERSON 1

21a. Does -- walk without holding on to anything?	21a. <input type="checkbox"/> Yes (22) <input type="checkbox"/> No (21b) <div style="text-align: right; border: 1px solid black; width: 30px; float: right;">30</div>
----- b. Has -- ever crawled or crept on hands or stomach?	b. <input type="checkbox"/> Yes <input type="checkbox"/> No <div style="text-align: right; border: 1px solid black; width: 30px; float: right;">31</div>
----- c. Can -- sit upright without leaning against anything?	c. <input type="checkbox"/> Yes <input type="checkbox"/> No <div style="text-align: right; border: 1px solid black; width: 30px; float: right;">32</div>
22. Is -- able to show what -- wants or needs by using actions, or words, such as leading you by the hand to open a door or saying words like "juice" or "that" or talking?	22. <input type="checkbox"/> Yes <input type="checkbox"/> No <div style="text-align: right; border: 1px solid black; width: 30px; float: right;">33</div>
23a. Does -- talk in phrases or sentences most of the time?	23a. <input type="checkbox"/> Yes (25) <input type="checkbox"/> No (24) <input type="checkbox"/> Child is deaf (23b) <div style="text-align: right; border: 1px solid black; width: 30px; float: right;">34</div>
----- b. Is -- able to show that -- likes or dislikes something by actions such as shaking -- head or using gestures?	b. <input type="checkbox"/> Yes } (25) <input type="checkbox"/> No } <div style="text-align: right; border: 1px solid black; width: 30px; float: right;">35</div>
24. Is -- able to use words to show what -- likes or dislikes, such as "want that" or "no want"?	24. <input type="checkbox"/> Yes } (25) <input type="checkbox"/> No } <div style="text-align: right; border: 1px solid black; width: 30px; float: right;">36</div>
25. Does -- ever play "make believe," such as feeding a doll, playing house, or pretending to be a TV or movie superstar?	25. <input type="checkbox"/> Yes <input type="checkbox"/> No <div style="text-align: right; border: 1px solid black; width: 30px; float: right;">37</div>
26. Can -- play with another person? For example, can -- help another person build with blocks or feed a baby doll?	26. <input type="checkbox"/> Yes } (H1 on page 140 for NP, <input type="checkbox"/> No } or Part J on page 146) <div style="text-align: right; border: 1px solid black; width: 30px; float: right;">38</div>

Notes

Section II - DISABILITY - Continued

Part J - EDUCATION

RT 78

PERSON 1

3-4

5

**ITEM
J1**

Refer to age for each family member.

J1

- 1 Under 3 (6 on page 150)
- 2 3-17 (1)
- 3 18+ (NP, or Part K on page 152)

1a. Is -- now going to school or on vacation from school?

1a.

- 1 Yes (2 on page 148)
- 2 No (1b)

Hand Card DJ1. Read categories if telephone interview.

b. Why isn't -- going to school?

Mark (X) only one.

b.

- 1 Not old enough yet } (3 on page 148)
- 2 Illness }
- 3 Receiving home teaching by parents or others (1c)
- 4 Permanently expelled/suspended from school } (J1 for NP, or Part K on page 152)
- 5 Quit school to get a job }
- 6 Quit school for other reason }
- 7 Graduated
- 8 Other
- 9 DK

c. Is this because of a physical, mental, or emotional problem?

c.

- 1 Yes (1d)
- 2 No (J1 for NP, or Part K on page 152)

d. Has -- had this problem for at least 12 months or is -- expected to have it for 12 months?

d.

- 1 Yes (3 on page 148)
- 2 No (J1 for NP, or Part K on page 152)

Notes

Section II - DISABILITY - Continued

Part J - EDUCATION - Continued

PERSON 1

Hand Card DJ2.

10

2. Does -- have significant problems at school with -

a. Understanding instructional materials?

- a.** 1 Yes
 2 No
 3 Can't do or does not apply because of limitation

b. Paying attention in class?

- b.** 1 Yes
 2 No
 3 Can't do or does not apply because of limitation

c. Following rules or controlling [his/her] behavior?

- c.** 1 Yes
 2 No
 3 Can't do or does not apply because of limitation

d. Communicating with teachers and other students?

- d.** 1 Yes
 2 No
 3 Can't do or does not apply because of limitation

11

12

13

{Special education is teaching designed to meet the individual needs of a child with special needs. It is paid for by the public school system and may take place at a regular school, a special school, a private school, at home, or at a hospital.}

14

3. Is -- now receiving special education services? Do not include gifted or talented programs.

- 3.** 1 Yes
 2 No
 9 DK

{An IEP, or Individual Education Plan, is a written plan for a child with special needs, describing what that child will learn.}

15

4. Does -- now have an Individual Education Plan or IEP?

- 4.** 1 Yes
 2 No
 9 DK

5. Does -- attend a special school or day camp for children with special needs?

- 5.** 1 Yes
 2 No
 9 DK } *(J1 on page 146 for NP, or Part K on page 152)*

16

Notes

Section II - DISABILITY - Continued			
Part J - EDUCATION - Continued			PERSON 1
(Early Intervention Services are services designed to meet the needs of very young children with special needs. They are provided by the State or school system at no cost to the parent.)			17
6.	Does -- now receive Early Intervention Services?	6.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK
(An Individual Family Service Plan (IFSP) is a written plan of goals and services for young children with special needs and their families.)			18
7.	Does -- now have an Individual Family Service Plan or IFSP?	7.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK
ITEM J2	Refer to this child's age.	J2	19
8.	Does -- now attend a special school or day camp for children with special needs?	8.	20
			<input type="checkbox"/> Yes } (J1 on page 146 for NP, <input type="checkbox"/> No } or Part K on page 152)
Notes			

Section II - DISABILITY - Continued

RT 79

Part K - RELATIONSHIPS TO RESPONDENT

PERSON 1

3-4

5-6

7

8

9

10-12

13

**ITEM
K1**

Enter person number of respondent for each family member.

K1

Person number _____

**ITEM
K2**

Refer to each person's age.

K2

- 1 18+ (NP)
- 2 Under 18 (1)

Verify or ask:

1a. How are you related to --?
Mark (X) only one.

b. Are you -- biological or natural, adoptive, step, or foster parent?
Mark (X) only one.

c. How old was -- when -- first started living with you?

d. Are you -- full, half, step, adoptive, or foster [brother/sister]?
Mark (X) only one.

1a.

- 1 Mother } (1b)
- 2 Father } (1b)
- 3 Brother/Sister (1d)
- 4 Grandparent
- 5 Other relative } (2 on page 154)
- 6 Nonrelative } (2 on page 154)
- 7 Self } (K1 for NP, or Part L on page 155)
- 8 Spouse } (K1 for NP, or Part L on page 155)

b.

- 1 Biological/Natural } (2 on page 154)
- 2 Adoptive } (1c)
- 3 Step } (1c)
- 4 Foster } (1c)

c.

- 1 Months
- 2 Years } (2 on page 154)
- 000 Since birth
- 999 DK

d.

- 1 Full
- 2 Half
- 3 Step
- 4 Adoptive } (2 on page 154)
- 5 Foster } (2 on page 154)

Notes

Section II - DISABILITY - Continued

Part K - RELATIONSHIPS TO RESPONDENT - Continued

PERSON 1

2a. Are you the person in the household who knows the MOST about -- health?

2a. 14
 1 Yes (K1 on page 152 for NP, or Part L on page 156)
 2 No (2b)

b. Who in the household knows the MOST about -- health?

Enter name and person number, or mark (X) box.

b. 15-16
 99 No one in household or DK

Person number _____

First name _____ 17-36

Last name _____ 37-58

(K1 on page 152 for NP, or Part L on page 156)

Notes

Section II - DISABILITY - Continued

RT 80

Part L - PERCEIVED DISABILITY

PERSON 1

3-4

1a. Do you consider yourself (or anyone in your family) to have a disability?

1a.

5

- 1 Yes (1b)
- 2 No } (2)
- 9 DK }

b. Who is this?

b.

6

Mark (X) "Respondent-perceived disability" box in person's column.

- 1 Respondent-perceived disability

c. Anyone else?

- Yes (Reask 1b and c)
- No (2)

2a. Would other people consider you (or anyone in the family) to have a disability?

2a.

7

- 1 Yes (2b)
- 2 No } (L1)
- 9 DK }

b. Who would others consider to have a disability?

b.

8

Mark (X) "Others perceived disability" box in person's column.

- 1 Others perceived disability

c. Anyone else?

- Yes (Reask 2b and c)
- No (L1)

**ITEM
L1**

Enter person number(s) of respondent(s) for Section II, Disability.

L1

9-10

11-12

Person number(s) of respondents

Review X1 for each person. If a condition is also in C2 on the HIS-1, enter the condition NUMBER in the triangular space. If it is not in C2, complete a Disability Condition Page in Part M for it and enter the condition LETTER in the triangular space.

Notes

Section II - DISABILITY - Continued

RT 31 3-4 5-6

Part M - CONDITION A

7 PERSON NO. _____

1. Name of condition 8

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

- | | |
|---|--|
| <input type="checkbox"/> Interview week (Reask 2) | <input type="checkbox"/> 2 yrs., less than 5 yrs. 9 |
| <input type="checkbox"/> 2-wk. ref. pd. | <input type="checkbox"/> 5 yrs. or more |
| <input type="checkbox"/> Over 2 weeks, less than 6 mos. | <input type="checkbox"/> Dr. seen, DK when |
| <input type="checkbox"/> 6 mos., less than 1 yr. | <input type="checkbox"/> DK if Dr. seen |
| <input type="checkbox"/> 1 yr., less than 2 yrs. | <input type="checkbox"/> Dr. never seen } (3b) |

3a. Did the doctor or assistant call the (condition) by a more technical or specific name? 10

- Yes No DK

Ask 3b if "Yes" in 3a, otherwise transcribe condition name from item 1 without asking: 11-14

b. What did he or she call it? 15
(Specify)

- | | | |
|---|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> Color Blindness (NC) | <input type="checkbox"/> Cancer (3e) | 16 |
| <input type="checkbox"/> Normal pregnancy, normal delivery, vasectomy (5) | <input type="checkbox"/> Old age (NC) | |
| <input type="checkbox"/> Other (3c) | | |

c. What was the cause of -- (condition in 3b)? (Specify) z

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

d. Did the (condition in 3b) result from an accident or injury? 17

- Yes (Probe, then 5) No

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

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

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

e. What kind of (condition in 3b) is it? 18
(Specify)

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

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

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

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

g. What part of the body is affected? 19
(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: 18

- Tumor Cyst Growth

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

- Malignant Benign DK

5. a. When was -- (condition in 3b) first noticed? 19

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

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

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?)

Section II - DISABILITY - Continued

Part M - CONDITION A - Continued

ITEM M1	<input type="checkbox"/> Missing extremity or organ (M2) <input type="checkbox"/> Other (12)		
12a. Does -- still have this condition?		20	
1 <input type="checkbox"/> Yes (M2) <input type="checkbox"/> No			
b. Is this condition completely cured or is it under control?			
2 <input type="checkbox"/> Cured 3 <input type="checkbox"/> Other (Specify) <i>Z</i>			
3 <input type="checkbox"/> Under control (M2) _____ (M2)			
c. About how long did -- have this condition before it was cured?		21-23	
000 <input type="checkbox"/> Less than 1 month OR _____			
Number { 1 <input type="checkbox"/> Months 2 <input type="checkbox"/> Years			
d. Was this condition present at any time during the past 12 months?		24	
1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No			

ITEM M2	<input type="checkbox"/> Not an accident/injury (NC) <input type="checkbox"/> Accident/injury (14)		
14. Where did the accident happen?		25	
1 <input type="checkbox"/> At home (inside house)		26	
2 <input type="checkbox"/> At home (adjacent premises)			
3 <input type="checkbox"/> Street and highway (includes roadway and public sidewalk)			
4 <input type="checkbox"/> Farm			
5 <input type="checkbox"/> Industrial place (includes premises) (Specify) <i>Z</i>			

6 <input type="checkbox"/> School (includes premises)			
7 <input type="checkbox"/> Place of recreation and sports, except at school			
8 <input type="checkbox"/> Other (Specify) <i>Z</i>			

Mark box if under 18. <input type="checkbox"/> Under 18 (16)		27
15a. Was -- under 18 when the accident happened?		
1 <input type="checkbox"/> Yes (16) <input type="checkbox"/> No		
b. Was -- in the Armed Forces when the accident happened?		
2 <input type="checkbox"/> Yes (16) <input type="checkbox"/> No		
c. Was -- at work at -- job or business when the accident happened?		
3 <input type="checkbox"/> Yes 4 <input type="checkbox"/> No		
16a. Was a car, truck, bus, or other motor vehicle involved in the accident in any way?		28
1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (17)		
b. Was more than one vehicle involved?		29
1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		
c. Was [it/either one] moving at the time?		30
1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		
17a. At the time of the accident what part of the body was hurt?		31
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?		32
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 3 g.

9. Response Status

3

5

a. Section I (Immunization)

No child 0-5

Interview:

Complete } Mark (X) mode. Explain "Partial" in notes.
 Partial }

Noninterview:

Refused } Explain in notes
 Other }

b. Section II (Disability)

Interview:

Complete } Mark (X) mode. Explain "Partial" in notes.
 Partial }

Noninterview:

Refused } Explain in notes
 Other }

4

6

Mode of interview:

All or most -

In person
 By telephone

Mode of interview:

All or most -

In person
 By telephone

Notes

FORM HIS-3 (1994)
(4-1 94)

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
CENTERS FOR DISEASE CONTROL
NATIONAL CENTER FOR HEALTH STATISTICS

NATIONAL HEALTH INTERVIEW SURVEY

1994 SUPPLEMENT BOOKLET
III. FAMILY RESOURCES
IV. YEAR 2000 OBJECTIVES
V. AIDS KNOWLEDGE AND ATTITUDES

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 50 minutes per response, with an average of 45 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.

2. R.O. number	9-10	3. Sample	11-13	RT 84
				3-7
1. Book _____ of _____ books				8
4. Control number			5. Family number	
PSU 14-16 Segment 17-23 Serial 24-25			26	
6. Field Representative's name				Code 27-29
7. Beginning time		30-33 34	8. Ending time	
		1 <input type="checkbox"/> a.m. 2 <input type="checkbox"/> p.m.		
			35-38 39	
			1 <input type="checkbox"/> a.m. 2 <input type="checkbox"/> p.m.	

SAMPLE PERSON LIST

ITEM IV1

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

Yes (List by age, oldest to youngest)
 No (Section III)

RT 85	3-4	5-6	7			8	9
Line No.	Person No.	Age	Sex	Last name	First name	SP	List No.
1			1 <input type="checkbox"/> M 2 <input type="checkbox"/> F			1 <input type="checkbox"/>	1
2			1 <input type="checkbox"/> M 2 <input type="checkbox"/> F			1 <input type="checkbox"/>	1
3			1 <input type="checkbox"/> M 2 <input type="checkbox"/> F			1 <input type="checkbox"/>	1
4			1 <input type="checkbox"/> M 2 <input type="checkbox"/> F			1 <input type="checkbox"/>	1
5			1 <input type="checkbox"/> M 2 <input type="checkbox"/> F			1 <input type="checkbox"/>	1
6			1 <input type="checkbox"/> M 2 <input type="checkbox"/> F			1 <input type="checkbox"/>	1
7			1 <input type="checkbox"/> M 2 <input type="checkbox"/> F			1 <input type="checkbox"/>	1
8			1 <input type="checkbox"/> M 2 <input type="checkbox"/> F			1 <input type="checkbox"/>	1
9			1 <input type="checkbox"/> M 2 <input type="checkbox"/> F			1 <input type="checkbox"/>	1

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

Notes

COMPLETE FINAL STATUS ITEMS ON BACK COVER

Section III - FAMILY RESOURCES

Part A - ACCESS TO CARE

PERSON 1

3-4

{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.

- 1 Yes (5 on page 6)
- 2 No (2)
- 3 There is more than one (1b)
- 9 DK (4 on page 4)

5

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

b.

- 1 Yes (5 on page 6)
- 2 No } (2)
- 9 DK }

6

HAND CARD FA1. 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.

- 01 Two or more usual doctors/places (A1)
 - 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 z
 - 99 DK
- (4)

7-8

ITEM A1

Refer to question 1a above.

A1

- 1 "No" in 1a (3)
- 2 "There is more than one" in 1a (A2)

9

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

3.

- 1 Yes (5 on page 6)
- 2 No } (A2)
- 9 DK }

10

ITEM A2

Refer to age.

A2

- 1 Under age 18 (11 on page 10)
- 2 18 or older (12 on page 10)

11

Notes

Part A - 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 } 13 on page 10)

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 Maintenance 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 (12 on page 10)
 2 No (4d)
 9 DK (12 on page 10)

HAND CARD FA2. 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
- (12 on page 10)

Notes

Part A - 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 <input type="checkbox"/> Doctor's office or private clinic 02 <input type="checkbox"/> Company or school health clinic/center 03 <input type="checkbox"/> Community/migrant/rural clinic/center 04 <input type="checkbox"/> County/city/public hospital outpatient clinic 05 <input type="checkbox"/> Private/other hospital outpatient clinic 06 <input type="checkbox"/> Hospital emergency room 07 <input type="checkbox"/> HMO (Health Maintenance Organization)/Prepaid group 08 <input type="checkbox"/> Psychiatric hospital or clinic 09 <input type="checkbox"/> VA hospital or clinic 10 <input type="checkbox"/> Military health care facility 98 <input type="checkbox"/> Some other place - Specify <u>z</u> 99 <input type="checkbox"/> DK
b. Is there a particular person -- usually sees when -- goes there?		b. 20 1 <input type="checkbox"/> Yes (6) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (7)
6a. Is that person a doctor or nurse or some other health professional? Probe for type of health professional.		6a. 21 1 <input type="checkbox"/> Doctor (8b) 2 <input type="checkbox"/> Nurse 3 <input type="checkbox"/> Nurse practitioner 4 <input type="checkbox"/> Physician's assistant 5 <input type="checkbox"/> Chiropractor 6 <input type="checkbox"/> Other - Specify <u>z</u> 9 <input type="checkbox"/> DK } (7)
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. 22 1 <input type="checkbox"/> Family doctor/general practitioner/internist/pediatrician 2 <input type="checkbox"/> Obstetrician/gynecologist 3 <input type="checkbox"/> Other specialist 9 <input type="checkbox"/> DK
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. 23 1 <input type="checkbox"/> Less than 3 months ago } (A3) 2 <input type="checkbox"/> At least 3 months, but less than 6 months ago 3 <input type="checkbox"/> At least 6 months, but less than 1 year ago 4 <input type="checkbox"/> At least 1 year, but less than 2 years ago } (A4; 5 <input type="checkbox"/> Two or more years ago 9 <input type="checkbox"/> DK
ITEM A3	Refer to age.	A3 24 1 <input type="checkbox"/> Under age 18 (8 on page 8) 2 <input type="checkbox"/> 18 or older (12 on page 10)
ITEM A4	Refer to age.	A4 25 1 <input type="checkbox"/> Under age 18 (9 on page 11) 2 <input type="checkbox"/> 18 or older (12 on page 10)

Part A - ACCESS TO CARE - Continued

PERSON 1

<p>8. Thinking about the last time -- visited the (place in 5a), were you satisfied with -</p> <p>a. The waiting time to get an appointment?</p> <p>-----</p> <p>b. The waiting time to see the doctor?</p> <p>-----</p> <p>c. The way your questions were answered?</p> <p>-----</p> <p>d. Your ability to get all the care you thought -- needed?</p> <p>-----</p> <p>e. The overall care -- received?</p>	<p>8. 26</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p> <hr/> <p>b. 27</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Doesn't apply 9 <input type="checkbox"/> DK</p> <hr/> <p>c. 28</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p> <hr/> <p>d. 29</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p> <hr/> <p>e. 30</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p>
<p>9. 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.)</p>	<p>9. 31</p> <p>1 <input type="checkbox"/> Yes (10) 2 <input type="checkbox"/> No (11 on page 10) 9 <input type="checkbox"/> DK (12 on page 10)</p>
<p>10. Is the (place in 5a) -</p> <p>a. Able to provide for most of -- needs when -- is sick?</p> <p>-----</p> <p>b. Able to make referrals to other health professionals when needed by --?</p> <p>-----</p> <p>c. Able to provide care or arrange care for -- on evenings or weekends when -- is sick?</p> <p>-----</p> <p>d. Able to provide advice about family concerns, such as stress?</p>	<p>10. 32</p> <p>a.</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p> <hr/> <p>b. 33</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p> <hr/> <p>c. 34</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p> <hr/> <p>d. 35</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (12 on page 10)</p>

Notes

Part A - ACCESS TO CARE - Continued		PERSON 1
11. Is there a particular person or place that -- USUALLY goes to when -- needs routine or preventive medical care?	11.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK 36
12. During the past 3 months, how many times did -- see ANY doctor or other health professional?	12.	<input type="checkbox"/> None <input type="checkbox"/> Once or twice <input type="checkbox"/> 3-9 times <input type="checkbox"/> 10 times or more <input type="checkbox"/> DK 37 <i>(1a on page 2 for NP, or 13)</i>
13a. At any time in the past 12 months did anyone in the family CHANGE the place to which he or she USUALLY goes for medical care?	13a.	<input type="checkbox"/> Yes (13b) <input type="checkbox"/> No <input type="checkbox"/> DK } (14 on page 12) 38
b. Who is this? Mark (X) "Changed usual source" box in person's column.	b.	<input type="checkbox"/> Changed usual source 39
c. Anyone else? <input type="checkbox"/> Yes (Reask 13b and c) <input type="checkbox"/> No HAND CARD FA2. Read categories if telephone interview. Ask for each person marked in 13b.		40-41
d. The LAST time this happened, what was the MAIN reason -- changed -- USUAL source of care? Mark (X) only one.	d.	<input type="checkbox"/> 01 Changed residence/moved <input type="checkbox"/> 02 Changed jobs <input type="checkbox"/> 03 Employer changed insurance coverage <input type="checkbox"/> 04 Former usual source left area <input type="checkbox"/> 05 Owed money to former usual source <input type="checkbox"/> 06 Dissatisfied with former source or liked new source better <input type="checkbox"/> 07 Medical care needs changed <input type="checkbox"/> 08 Former usual source stopped taking insurance/coverage <input type="checkbox"/> 09 Other -- Specify _____ <input type="checkbox"/> 99 DK
Notes		

Part A - ACCESS TO CARE - Continued

PERSON 1

14a. 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?

14a. Yes (14b) 42
 No } (15)
 DK }

b. Who didn't get needed care?

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

b. Didn't get care 43

c. Anyone else?

Yes (Reask 14b and c) No

Ask 14d and e for each person marked in 14b.

44-45

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 } (14d for NP with 14b marked, or 15)
 02 No insurance
 03 Doctor did not accept Medicaid/ insurance plan
 04 Insurance didn't cover
 05 Not serious enough
 06 Wait too long in clinic/office
 07 Difficulty getting an appointment
 08 Doesn't like/trust/ believe in doctors
 09 No doctor available
 10 Didn't know where to go
 11 No way to get there
 12 Hours not convenient
 13 Speak a different language
 14 Health of another family member interfered
 15 Clinic/office not accessible
 98 Other - Specify z
 99 DK (14e)

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. 1 Yes } (14d for NP with 14b, or 15)
 2 No
 9 DK 46

15a. During the past 12 months, has anyone in the family delayed seeking medical care because of worry about the cost?

15a. 1 Yes (15b) 47
 2 No } (16)
 9 DK }

b. Who delayed getting needed care?

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

b. Delayed getting care 48

c. Anyone else?

Yes (Reask 15b and c) No

16a. During the past 12 months, was there any time when someone in the family needed dental care but could not get it?

16a. 1 Yes (16b) 49
 2 No } (17 on page 14)
 9 DK }

b. Who is this?

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

b. Didn't get dental care 50

c. Anyone else?

Yes (Reask 16b and c) No

Notes

Part A – ACCESS TO CARE – Continued		PERSON 1
17a. During the past 12 months, was there any time when someone in the family needed prescription medicines but could not get them?		17a. <input type="checkbox"/> Yes (17b) <input type="checkbox"/> No } (18) <input type="checkbox"/> DK }
b. Who is this? Mark (X) "Didn't get prescription" box in person's column.		b. <input type="checkbox"/> Didn't get prescription
c. Anyone else? <input type="checkbox"/> Yes (Reask 17b and c) <input type="checkbox"/> No		
18a. During the past 12 months, was there any time when someone in the family needed eyeglasses but could not get them?		18a. <input type="checkbox"/> Yes (18b) <input type="checkbox"/> No } (19) <input type="checkbox"/> DK }
b. Who is this? Mark (X) "Didn't get eyeglasses" box in person's column.		b. <input type="checkbox"/> Didn't get eyeglasses
c. Anyone else? <input type="checkbox"/> Yes (Reask 18b and c) <input type="checkbox"/> No		
19a. During the past 12 months, was there any time when someone in the family needed mental health care but could not get it?		19a. <input type="checkbox"/> Yes (19b) <input type="checkbox"/> No } (Item A5) <input type="checkbox"/> DK }
b. Who is this? Mark (X) "Didn't get mental health care" box in person's column.		b. <input type="checkbox"/> Didn't get mental health care
c. Anyone else? <input type="checkbox"/> Yes (Reask 19b and c) <input type="checkbox"/> No (Item A5)		
ITEM A5	About how often did the respondent appear to answer the questions in Part A accurately?	A5 <input type="checkbox"/> All the time <input type="checkbox"/> Most of the time <input type="checkbox"/> Some of the time <input type="checkbox"/> Rarely or never <input type="checkbox"/> DK
ITEM A6	About how often did the respondent appear to answer the questions in Part A honestly?	A6 <input type="checkbox"/> All the time <input type="checkbox"/> Most of the time <input type="checkbox"/> Some of the time <input type="checkbox"/> Rarely or never <input type="checkbox"/> DK
ITEM A7	Enter the person number of the respondent. If more than one, enter the person number of the one who answered the most questions.	A7 _____ Person number
CONTINUE WITH PART B		
Notes		

Part B - HEALTH CARE COVERAGE

PERSON 1

3-4

ITEM B1

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

B1

- 1 Civilian
2 AF living at home
3 Deleted

5

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.

- 1 Yes (1b)
2 No
9 DK (2 on page 18)

6

b. Who was covered?

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

b.

- 1 Medicare (Mark "Cov" box on HIS-1)

7

c. Anyone else?

- Yes (Reask 1b and c) No

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

d.

H.I.C. Number

() ()

8-18

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.

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

- 1 Part A - Hospital only
2 Part B - Medical only
3 Both Part A & Part B
4 Card N.A. (1e) (B2)

19

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

e.

- 1 Yes
2 No
9 DK

20

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

f.

- 1 Yes
2 No
9 DK

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

21

ITEM B2

Refer to age.

B2

- 1 Under age 67 (1g)
2 Age 67 or older (1d for NP with 1b, or 2 on page 18)

22

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

g.

- 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 (1d for NP with 1b, or 2 on page 18)

23

Notes

Part B - HEALTH CARE COVERAGE - Continued		PERSON 1	
<p>There is a program called Medicaid that pays for health care for persons in need. In this State it is also called <i>(State name)</i>.</p> <p>2a. Does anyone in the family NOW have a Medicaid or <i>(state name)</i> card?</p> <p>-----</p> <p>b. Who is this? Mark (X) "Has card" box in person's column.</p> <p>-----</p> <p>c. Anyone else? <input type="checkbox"/> Yes (Reask 2b and c) <input type="checkbox"/> No Ask 2d for each person with "Has card" box marked in 2b.</p> <p>d. May I please see -- (and --) card(s)? Mark (X) appropriate box in person's column. Record expiration date for each Medicaid card seen.</p>		<p>1 <input type="checkbox"/> Yes (2b) 2 <input type="checkbox"/> No } (3) 9 <input type="checkbox"/> DK }</p>	24
<p>-----</p> <p>d. May I please see -- (and --) card(s)? Mark (X) appropriate box in person's column. Record expiration date for each Medicaid card seen.</p>		<p>b.</p> <p>1 <input type="checkbox"/> Has card</p>	25
<p>-----</p> <p>d. May I please see -- (and --) card(s)? Mark (X) appropriate box in person's column. Record expiration date for each Medicaid card seen.</p>		<p>d.</p> <p>1 <input type="checkbox"/> Medicaid card seen Expiration date <input checked="" type="checkbox"/> _____ (Month) _____ (Day) _____</p> <p>2 <input type="checkbox"/> No card seen 9 <input type="checkbox"/> Other card seen - Specify <input checked="" type="checkbox"/></p>	26 27-28 29-30
<p>3a. In <i>(month)</i>, was anyone in the family covered by Medicaid?</p> <p>-----</p> <p>b. Who was covered? Mark (X) "Medicaid" box in person's column.</p> <p>-----</p> <p>c. Anyone else? <input type="checkbox"/> Yes (Reask 3b and c) <input type="checkbox"/> No Ask 3d for each person with "Medicaid" box marked in 3b.</p> <p>d. How long has -- had Medicaid coverage?</p>		<p>1 <input type="checkbox"/> Yes (3b) 2 <input type="checkbox"/> No } (4) 9 <input type="checkbox"/> DK }</p>	31
<p>-----</p> <p>d. How long has -- had Medicaid coverage?</p>		<p>b.</p> <p>1 <input type="checkbox"/> Medicaid (Mark "Cov" box on HIS-1)</p>	32
<p>-----</p> <p>d. How long has -- had Medicaid coverage?</p>		<p>d.</p> <p>1 <input type="checkbox"/> Less than 6 months 2 <input type="checkbox"/> 6 months, but less than a year 3 <input type="checkbox"/> 1 year, but less than 2 years 4 <input type="checkbox"/> 2 years, but less than 5 years 5 <input type="checkbox"/> 5 years or more 6 <input type="checkbox"/> On and off for less than 2 years 7 <input type="checkbox"/> On and off for 2 years, but less than 5 years 8 <input type="checkbox"/> On and off for 5 years or more 9 <input type="checkbox"/> DK</p>	33
ITEM B3	Refer to household composition and question 3a.		34
<p>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 <i>(state name)</i>?</p> <p>-----</p> <p>b. Who received this care in the past 12 months? Mark (X) "Received Medicaid care" box in person's column.</p> <p>-----</p> <p>c. Anyone else? <input type="checkbox"/> Yes (Reask 4b and c) <input type="checkbox"/> No</p>		<p>1 <input type="checkbox"/> Single person family (5) 2 <input type="checkbox"/> Other (4)</p>	35
<p>-----</p> <p>c. Anyone else? <input type="checkbox"/> Yes (Reask 4b and c) <input type="checkbox"/> No</p>		<p>4a.</p> <p>1 <input type="checkbox"/> Yes (4b) 2 <input type="checkbox"/> No } (5) 9 <input type="checkbox"/> DK }</p>	36
<p>-----</p> <p>c. Anyone else? <input type="checkbox"/> Yes (Reask 4b and c) <input type="checkbox"/> No</p>		<p>b.</p> <p>1 <input type="checkbox"/> Received Medicaid care</p>	37
<p>5a. In <i>(month)</i>, 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.</p> <p>-----</p> <p>b. Who was covered? Mark (X) "Public assistance" box in person's column.</p> <p>-----</p> <p>c. Anyone else? <input type="checkbox"/> Yes (Reask 5b and c) <input type="checkbox"/> No</p>		<p>1 <input type="checkbox"/> Yes (5b) 2 <input type="checkbox"/> No } (6 on page 20) 9 <input type="checkbox"/> DK }</p>	38
<p>-----</p> <p>c. Anyone else? <input type="checkbox"/> Yes (Reask 5b and c) <input type="checkbox"/> No</p>		<p>b.</p> <p>1 <input type="checkbox"/> Public assistance (Mark "Cov" box on HIS-1)</p>	39

Part B - HEALTH CARE COVERAGE - Continued

PERSON 1

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?

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.

c. Who was covered by CHAMPUS or CHAMP-VA?
Mark (X) "CHAMPUS/CHAMP-VA" box in person's column.

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)?

f. Who was covered by other military health care?
Mark (X) "Military" box in person's column.

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

6a. Yes (6b)
 No (6f)
 DK } (7) **39**

b. Yes (6c)
 No (6f)
 DK (6e) **40**

c. CHAMPUS/CHAMP-VA
 (Mark "Cov" box on HIS-1) **41**

e. Yes (6f)
 No (6f)
 DK } (7) **42**

f. Military
 (Mark "Cov" box on HIS-1) **43**

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

b. Who was covered?
Mark (X) "IHS" box in person's column.

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

7a. Yes (7b)
 No (8)
 DK } (8) **44**

b. IHS
 (Mark "Cov" box on HIS-1) **45**

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).

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?
Ask 8c after recording each plan. Record up to 4 plan names in Part C, Table H.I.

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

8a. Yes (8b)
 No } (Part C, question 8
 DK } on page 30) **46**

c. Yes (Reask 8b and c)
 No (Part C) **47**

Notes

Part C – PRIVATE PLAN AND COVERAGE DETAIL

PERSON 1

TABLE H.I. – PLAN 1

PLAN 1 NAME

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. Private Insurance
(Mark "Cov" box 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 and also on the HIS-1.

2. In name
 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.

- 1 Employer
- 2 Union
- 3 Through workplace, but DK whether employer or union } (3b)
- 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.

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

HAND CARD FC1. 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.

- 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?

- 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.

- 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 ON PAGE 30

Notes

	RT 89 3-4	PERSON 2	RT 89 3-4	PERSON 3	RT 89 3-4	PERSON 4	RT 89 3-4	PERSON 5
	7		7		7		7	
1a.		<input type="checkbox"/> Private insurance (Mark "Cov" box on HIS-1)		<input type="checkbox"/> Private insurance (Mark "Cov" box on HIS-1)		<input type="checkbox"/> Private insurance (Mark "Cov" box on HIS-1)		<input type="checkbox"/> Private insurance (Mark "Cov" box on HIS-1)
2.		<input type="checkbox"/> In name		<input type="checkbox"/> In name		<input type="checkbox"/> In name		<input type="checkbox"/> In name
	8		8		8		8	
6a.		Is (plan name) an HMO (Health Maintenance Organization) or IPA (Individual Practice Association), or is it some other kind of plan? <i>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.</i>						15
		<input type="checkbox"/> HMO/ IPA <input type="checkbox"/> Other <input type="checkbox"/> DK						
b.		Under this plan can you choose ANY doctor or MUST you choose one from a specific group or list of doctors?						16
		<input type="checkbox"/> Any doctor (6c) <input type="checkbox"/> Select from group/list (6d) <input type="checkbox"/> DK (7)						
c.		Do you have the option of choosing a doctor from a preferred or select list at lower cost to you?						17
		<input type="checkbox"/> Yes } <input type="checkbox"/> No } (7) <input type="checkbox"/> DK }						
d.		If you select a doctor who is not in the plan, will (plan name) pay for any part of the cost?						18
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK						
		<i>Mark (X) box or ask:</i>						19
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?						
		<input type="checkbox"/> No persons under 18 in family <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK						
		<i>Mark (X) box or ask:</i>						20
b.		Does this plan pay for any part of the cost for mammograms?						Go to 1a for next plan; if no other plan go to 8a on page 30
		<input type="checkbox"/> No female over 39 in family <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK						
Notes								

Part C - 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. <input type="checkbox"/> Yes (8b) 69 <input type="checkbox"/> No } (9) <input type="checkbox"/> DK }
b. Who is this? Mark (X) "Pre-existing condition" box in person's column.		b. <input type="checkbox"/> Pre-existing condition 70
c. Anyone else? <input type="checkbox"/> Yes (Reask 8b and c) <input type="checkbox"/> No <input type="checkbox"/> DK		
9a. In the past 2 years, has anyone in the family applied for health insurance and not been able to get it?		9a. <input type="checkbox"/> Yes (9b) 71 <input type="checkbox"/> No } (10) <input type="checkbox"/> DK }
b. Who is this? Mark (X) "Turned down" box in person's column.		b. <input type="checkbox"/> Turned down 72
c. Anyone else? <input type="checkbox"/> Yes (Reask 9b and c) <input type="checkbox"/> No <input type="checkbox"/> 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. <input type="checkbox"/> Because of pre-existing condition, as cancer or diabetes 73 <input type="checkbox"/> Because of health risk(s), such as smoking or overweight 74 <input type="checkbox"/> Because of work, such as construction worker, beautician, farm worker 75 <input type="checkbox"/> Because premiums were too high 76 <input type="checkbox"/> Other - Specify <input checked="" type="checkbox"/> 77 <input type="checkbox"/> 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. <input type="checkbox"/> Yes (10b) 79 <input type="checkbox"/> No } (C1) <input type="checkbox"/> DK }
b. Who is this? Mark (X) "Stayed in job" box in person's column.		b. <input type="checkbox"/> Stayed in job 80
c. Anyone else? <input type="checkbox"/> Yes (Reask 10b and c) <input type="checkbox"/> No <input type="checkbox"/> DK		
ITEM C1	Refer to age and Wa/Wb in HIS-1. Mark (X) first appropriate box.	C1 <input type="checkbox"/> 70+ (NP) 81 <input type="checkbox"/> Wa/Wb marked (Check Item C2) <input type="checkbox"/> Other (NP)
ITEM C2	Refer to "In name" box on HIS-1.	C2 <input type="checkbox"/> "In name" (NP) 82 <input type="checkbox"/> Other (11)
11. Was health insurance offered by -- employer?		11. <input type="checkbox"/> Yes } (NP) 83 <input type="checkbox"/> No } <input type="checkbox"/> DK }
Notes		

Part C - PRIVATE PLAN AND COVERAGE DETAIL - Continued

PERSON 1

3-4

5

ITEM C3

Refer to Age and "Cov." on HIS-1. Mark (X) first appropriate box. If no other person in family, go to 14 on page 34.

- C3 1 Covered (13) 2 Not covered, under 65 3 Not covered, 65+ (12)

HAND CARD FC2. 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 6-7 02 Wasn't offered by employer 8-9 03 Not eligible because part time worker 10-11 04 Family coverage not offered by employer 12-13 05 Benefits from former employer ran out 14-15 06 Can't obtain because of poor health, illness, or age 16-17 07 Too expensive/ Can't afford 18-19 08 Dissatisfied with previous insurance 20-21 09 Don't believe in insurance 22-23 10 Have usually been healthy, haven't needed insurance 24-25 11 Covered by some other plan 26-27 12 Too old for coverage under family plans 28-29 13 Free/inexpensive source of care readily available 30-31 98 Other reason - Specify z 32-33 99 DK (12d) 34-35

Ask 12b 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 FC2.

Ask 12c if box 11 is marked in question 12a; otherwise skip to 12d.

c. Was -- covered by a state sponsored health plan, a private health insurance plan, or some other type of health plan?

b.

Main reason

c.

- 1 State Plan 2 Private Plan 3 Other Plan 9 DK (C3 for NP) 38

d. When was the LAST time -- had health insurance?

d.

- 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 4 3 or more years ago 5 Never had health insurance 9 DK (12f) (12e) (C3 for NP) 39

HAND CARD FC3. Read categories if telephone interview.

e. What was the MAIN reason -- stopped being covered by health insurance?

Mark (X) only one.

e.

- 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 z 99 DK (12f on page 34) 40-41

Part C - PRIVATE PLAN AND COVERAGE DETAIL - Continued		PERSON 1	
12f. At the time that -- stopped being covered by health insurance, did -- try to find some other type of health insurance?		12f.	42 <input type="checkbox"/> Yes (12g) <input type="checkbox"/> No <input type="checkbox"/> DK } (C3 on page 32 for NP)
g. What was the MAIN reason -- was unable to find some other type of health insurance?		g.	43 <input type="checkbox"/> Could not afford <input type="checkbox"/> Was rejected <input type="checkbox"/> Other reason - Specify <u>z</u> <input type="checkbox"/> DK } (C3 on page 32 for NP)
13a. In the past 12 months, was there any time that -- did NOT have ANY health insurance or coverage?		13a.	44 <input type="checkbox"/> Yes (13b) <input type="checkbox"/> No <input type="checkbox"/> DK } (C3 on page 32 for NP)
b. In how many of the past 12 months was -- without coverage?		b.	45 <input type="checkbox"/> 1 month or less <input type="checkbox"/> 2-3 months <input type="checkbox"/> 4-6 months <input type="checkbox"/> More than 6 months <input type="checkbox"/> DK
<i>HAND CARD FC3. Read each category if telephone interview.</i> c. What was the MAIN reason -- was without coverage?		c.	46-47 <input type="checkbox"/> 01 Lost job or changed employers <input type="checkbox"/> 02 Spouse/parent lost job or changed employers <input type="checkbox"/> 03 Death of spouse or parent <input type="checkbox"/> 04 Became divorced or separated <input type="checkbox"/> 05 Became ineligible because of age <input type="checkbox"/> 06 Employer stopped offering coverage <input type="checkbox"/> 07 Cut back to part time <input type="checkbox"/> 08 Benefits from employer/ former employer ran out <input type="checkbox"/> 09 Other - Specify <u>z</u> <input type="checkbox"/> 39 DK } (C3 on page 32 for NP)
<i>HAND CARD FC4. Read each category if telephone interview.</i> 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.	48 <input type="checkbox"/> 1 Zero <input type="checkbox"/> 2 Less than \$500 <input type="checkbox"/> 3 \$500 - \$1,999 <input type="checkbox"/> 4 \$2,000 - \$2,999 <input type="checkbox"/> 5 \$3,000 - \$4,999 <input type="checkbox"/> 6 \$5,000 or more <input type="checkbox"/> 9 DK
ITEM C4	About how often did the Respondent appear to answer the questions in Parts B and C accurately?	C4	49 <input type="checkbox"/> 1 All the time <input type="checkbox"/> 2 Most of the time <input type="checkbox"/> 3 Some of the time <input type="checkbox"/> 4 Rarely or never <input type="checkbox"/> 9 DK
ITEM C5	About how often did the Respondent appear to answer the questions in Parts B and C honestly?	C5	50 <input type="checkbox"/> 1 All the time <input type="checkbox"/> 2 Most of the time <input type="checkbox"/> 3 Some of the time <input type="checkbox"/> 4 Rarely or never <input type="checkbox"/> 9 DK
ITEM C6	Enter the person number of the Respondent. If more than one, enter the person number of the one who answered the most questions in Parts B and C.	C6	51-52 Person number _____

Part D – INCOME AND ASSETS

PERSON 1

3-4

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 on page 42)
 1 Yes (1b)
 2 No } (NP, or 6 on page 42)
 9 DK }

5

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

b.

- 1 Employer only (2a)
 2 Self-employed only (3)
 3 Both (4)
 9 DK (NP, or 6 on page 42)

6

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

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

2a.

Hours per week
 (Number)
 99 DK

7-8

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

b.

- 1 Yes
 2 No
 9 DK

9

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

c.

\$ _____
 (Dollars)
 9999999 DK

10-16

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

d.

- 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

17

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

e.

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

18-19

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

f.

\$ _____
 (Dollars)
 9999999 DK

20-26

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

g.

Months
 (Number)
 12 All
 99 DK } (D1 on page 40)

27-28

Notes

Part D - INCOME AND ASSETS - Continued

PERSON 1

<p>3a. In (month), how many hours per week did -- usually work in -- MAIN business?</p>	<p>3a. 29-30</p> <p>Hours per week (Number) 99 <input type="checkbox"/> DK</p>
<p>b. In (month), how much income did -- receive from -- MAIN business? Report NET income, after business expenses. <i>Read if necessary: For farms, include any earnings as a tenant farmer or share cropper.</i></p>	<p>b.</p> <p>1 <input type="checkbox"/> Already included 31 0 <input type="checkbox"/> Loss 32</p> <p>\$ 33-39 (Dollars) 9999999 <input type="checkbox"/> DK</p>
<p>c. How long has -- worked at this MAIN business?</p>	<p>c. 40</p> <p>1 <input type="checkbox"/> One year or less 2 <input type="checkbox"/> More than a year, but not more than 3 years 3 <input type="checkbox"/> More than 3 years, but not more than 5 years 4 <input type="checkbox"/> More than 5 years, but not more than 10 years 5 <input type="checkbox"/> More than 10 years 9 <input type="checkbox"/> DK</p>
<p>d. In (month), how many hours per week did -- usually work at all OTHER businesses?</p>	<p>d. 41-42</p> <p>Hours per week (3e) (Number) 88 <input type="checkbox"/> None, only worked at one business (3g) 99 <input type="checkbox"/> DK (3e)</p>
<p>e. In (month), how much income did -- receive from all OTHER businesses? Report NET income, after business expenses.</p>	<p>e.</p> <p>1 <input type="checkbox"/> Already included 43 0 <input type="checkbox"/> Loss 44</p> <p>\$ 45-51 (Dollars) 9999999 <input type="checkbox"/> DK</p>
<p>f. In how many of the past 12 months was -- self-employed?</p>	<p>f. 52-53</p> <p>Months } If 01-11 (3g) (Number) } If 12 (D1 on page 40) 12 <input type="checkbox"/> All } (D1 on page 40) 99 <input type="checkbox"/> DK }</p>
<p>g. In how many of the past 12 months did -- have AT LEAST ONE job or business?</p>	<p>g. 54-55</p> <p>Months } (Number) } (D1 on page 40) 12 <input type="checkbox"/> All } 99 <input type="checkbox"/> DK }</p>

Notes

Part D - INCOME AND ASSETS - Continued

PERSON 1

<p>4a. In (month), how many hours per week did -- usually work in -- MAIN job or business?</p>	<p>4a. 58-57</p> <p>Hours per week (Number) 99 <input type="checkbox"/> DK</p>
<p>b. Was this a job or business?</p>	<p>b. 58</p> <p>1 <input type="checkbox"/> Job (4c) 2 <input type="checkbox"/> Business (4e) 9 <input type="checkbox"/> DK (4c)</p>
<p>c. Was -- paid by the hour at this MAIN job?</p>	<p>c. 59</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p>
<p>d. In (month), how much income did -- receive BEFORE deductions from -- MAIN job? Include any tips, bonuses, overtime pay, and commissions.</p>	<p>d. 60-68</p> <p>\$ _____ } (4f) (Dollars) 9999999 <input type="checkbox"/> DK</p>
<p>e. In (month), how much income did -- receive from -- MAIN business? Report NET income, after business expenses.</p> <p><i>Read if necessary: For farms, include any earnings as a tenant farmer or share cropper.</i></p>	<p>e. 67</p> <p>1 <input type="checkbox"/> Already included 0 <input type="checkbox"/> Loss 68</p> <p>\$ _____ } (4f) (Dollars) 9999999 <input type="checkbox"/> DK 69-75</p>
<p>f. How long has -- worked at this MAIN [job/business]?</p>	<p>f. 76</p> <p>1 <input type="checkbox"/> One year or less 2 <input type="checkbox"/> More than a year, but not more than 3 years 3 <input type="checkbox"/> More than 3 years, but not more than 5 years 4 <input type="checkbox"/> More than 5 years, but not more than 10 years 5 <input type="checkbox"/> More than 10 years 9 <input type="checkbox"/> DK</p>
<p>g. In (month), how many hours per week did -- usually work at all OTHER jobs or businesses?</p>	<p>g. 77-78</p> <p>Hours per week (Number) 99 <input type="checkbox"/> DK</p>
<p>h. In (month), how much income did -- receive from all OTHER businesses? Report NET income, after business expenses.</p> <p><i>Read if necessary: For farms, include any earnings as a tenant farmer or share cropper.</i></p>	<p>h. 79</p> <p>1 <input type="checkbox"/> Already included 0 <input type="checkbox"/> Loss 80</p> <p>\$ _____ } (4f) (Dollars) 9999998 <input type="checkbox"/> No other business 9999999 <input type="checkbox"/> DK 81-87</p>
<p>i. In (month), how much income did -- receive BEFORE deductions from all OTHER jobs? Include any tips, bonuses, overtime pay, and commissions.</p>	<p>i. 88-94</p> <p>\$ _____ } (4f) (Dollars) 9999998 <input type="checkbox"/> No other job 9999999 <input type="checkbox"/> DK</p>
<p>j. In how many of the past 12 months was -- self-employed?</p>	<p>j. 95-96</p> <p>Months } If 01-11 (4k) (Number) } If 12 (D1)</p> <p>12 <input type="checkbox"/> All } (D1) 99 <input type="checkbox"/> DK }</p>
<p>k. In how many of the past 12 months did -- have AT LEAST ONE job or business?</p>	<p>k. 97-98</p> <p>Months (Number) 12 <input type="checkbox"/> All 99 <input type="checkbox"/> DK</p>

ITEM D1	Refer to age.	D1	99
			1 <input type="checkbox"/> 18+ (5 on page 42) 8 <input type="checkbox"/> Other (1a on page 36 for NF, or 6 on page 42)

Part D - INCOME AND ASSETS - Continued		PERSON 1
HAND CARD FD1. Read each category if telephone interview.		100
5a. Thinking about -- (MAIN) job or business in (month), how many people are employed full and part time, including employees at all locations?	5a.	<input type="checkbox"/> 1-9 <input type="checkbox"/> 10-24 <input type="checkbox"/> 25-49 <input type="checkbox"/> 50-99 <input type="checkbox"/> 100-499 <input type="checkbox"/> 500-999 <input type="checkbox"/> 1,000 or more <input type="checkbox"/> DK (5b) <p style="text-align: right;">(1a on page 36 for NP, or 6)</p>
b. Thinking about the particular location where -- worked in (month), how many people are employed THERE full and part time?	b.	<input type="checkbox"/> 1-9 <input type="checkbox"/> 10-24 <input type="checkbox"/> 25-49 <input type="checkbox"/> 50-99 <input type="checkbox"/> 100-499 <input type="checkbox"/> 500-999 <input type="checkbox"/> 1,000 or more <input type="checkbox"/> DK <p style="text-align: right;">(1a on page 36 for NP, or 6)</p>
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.	<input type="checkbox"/> Yes (6b) <input type="checkbox"/> No <input type="checkbox"/> DK } (7) <p style="text-align: right;">102</p>
b. Who was this? Mark (X) "SS/RR" box in person's column.	b.	<input type="checkbox"/> SS/RR <p style="text-align: right;">103</p>
c. Anyone else? <input type="checkbox"/> Yes (Reask 6b and c) <input type="checkbox"/> No Ask 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.	<input type="checkbox"/> Already included 104 \$ _____ 105-108 (Dollars) 9999 <input type="checkbox"/> DK
e. How long has -- received Social Security or Railroad Retirement income?	e.	<input type="checkbox"/> Months 109-110 (Number) <input type="checkbox"/> Years 111 99 <input type="checkbox"/> DK
Ask 6f-g ONLY if person is under 65; otherwise, go to 6d for NP with "SS/RR" in 6b, or 7.		
f. Was -- Social Security or Railroad Retirement income received as a disability benefit?	f.	<input type="checkbox"/> Yes (6g) <input type="checkbox"/> No <input type="checkbox"/> DK } (6d for NP with "SS/RR" in 6b, or 7) <p style="text-align: right;">112</p>
g. Did -- receive this benefit because -- is disabled?	g.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK } (6d for NP with "SS/RR" in 6b, or 7) <p style="text-align: right;">113</p>
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.	<input type="checkbox"/> Yes (7b) <input type="checkbox"/> No <input type="checkbox"/> DK } (B) <p style="text-align: right;">114</p>
b. Who was this? Mark (X) "Applied for SSA" box in person's column.	b.	<input type="checkbox"/> Applied for SSA <p style="text-align: right;">115</p>
c. Anyone else? <input type="checkbox"/> Yes (Reask 7b and c) <input type="checkbox"/> No Ask 7d for each person marked in 7b.		
d. How many times has -- applied for disability benefits from Social Security?	d.	_____ Times applied for SSA (Number) <p style="text-align: right;">116-117</p>

Part D - INCOME AND ASSETS - Continued

PERSON 1

3-4

8a. In (month), did anyone in the family receive Supplemental Security Income or SSI?

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.

8a.
 Yes (8b)
 No
 DK } (9)

5

b. Who was this?

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

b.

SSI

6

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.
 (Number) Months 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.

b. Who was this?

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)?

9a.
 Yes (9b)
 No
 DK } (10)

14

b.

Applied for SSI

15

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)?

b. Who was this?

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?

10a.
 Yes (10b)
 No
 DK } (11 on page 46)

18

b.

Disability

19

d.
 Already included
 \$ _____
 (Dollars)
 9999 DK

20
21-24

Notes

Part D - INCOME AND ASSETS - Continued

PERSON 1

<p>11a. (In <i>(month)</i>, did anyone in the family receive) Any retirement or survivor pension (other than [Social Security or Railroad Retirement/(or) disability pension])?</p> <hr/> <p>b. Who was this? <i>Mark (X) "Pension" box in person's column.</i></p> <hr/> <p>c. Anyone else? <input type="checkbox"/> Yes (<i>Reask 11b and c</i>) <input type="checkbox"/> No <i>Ask 11d for each person with "Pension" box marked in 11b.</i></p> <hr/> <p>d. How much income did -- receive BEFORE deductions from retirement or survivor pensions (other than [Social Security or Railroad Retirement/(or) disability pension]) in <i>(month)</i>?</p>	<p>11a. <input type="checkbox"/> Yes (<i>11b</i>) <input type="checkbox"/> No <input type="checkbox"/> DK } (<i>D2</i>) 25</p> <hr/> <p>b. <input type="checkbox"/> Pension 26</p> <hr/> <p>d. <input type="checkbox"/> Already included 27 \$ _____ 28-33 (Dollars) 999999 <input type="checkbox"/> DK</p>
--	--

ITEM D2	<p><i>Refer to family composition and income in 8a on page 46 of HIS-1.</i></p>	<p>D2 <input type="checkbox"/> Single person household and income = \$20,000 or more (<i>14 on page 48</i>) <input type="checkbox"/> Married couple only and family income = \$20,000 or more (<i>14 on page 48</i>) <input type="checkbox"/> Other (<i>12</i>) 34</p>
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<p>12a. In <i>(month)</i>, did anyone in the family receive public assistance or welfare payments from the state or local welfare office? Do not include SSI.</p> <hr/> <p>b. Who was this? <i>Mark (X) "Welfare" box in person's column.</i></p> <hr/> <p>c. Anyone else? <input type="checkbox"/> Yes (<i>Reask 12b and c</i>) <input type="checkbox"/> No <i>Ask 12d-f for each person with "Welfare" box marked in 12b.</i></p> <hr/> <p>d. Did -- receive Aid to Families with Dependent Children, sometimes called AFDC or ADC, or some other type of assistance payments in <i>(month)</i>?</p> <hr/> <p>e. In how many of the past 12 months did -- receive these payments?</p> <hr/> <p>f. How much income did -- receive from public assistance or welfare in <i>(month)</i>?</p>	<p>12a. <input type="checkbox"/> Yes (<i>12b</i>) <input type="checkbox"/> No <input type="checkbox"/> DK } (<i>13 on page 48</i>) 35</p> <hr/> <p>b. <input type="checkbox"/> Welfare 36</p> <hr/> <p>d. <input type="checkbox"/> AFDC <input type="checkbox"/> Other <input type="checkbox"/> Both <input type="checkbox"/> DK 37</p> <hr/> <p>e. <input type="checkbox"/> All 38-39 _____ Months (Number) 99 <input type="checkbox"/> DK</p> <hr/> <p>f. <input type="checkbox"/> Already included 40 \$ _____ 41-44 (Dollars) 9999 <input type="checkbox"/> DK</p>
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Notes

Part D - INCOME AND ASSETS - Continued

PERSON 1

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

13a. 45
 1 Yes (13b)
 2 No } (14)
 9 DK

b. What was the total value of the food stamp allotment received in (month)? This includes receipt of a food stamp card or vouchers, or cash grants from the state for food.

b. 46-49
 \$ _____
 (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. 50
 1 Yes (14b)
 2 No } (15 on page 50)
 9 DK

b. Who was this?

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

b. 51
 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. 52
 1 Already included } (NP with "Interest" in 14b, or 15)
 \$ _____ 53-56
 (Dollars)
 9999 DK (14e)

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

e. 57
 1 More than \$25 (14f)
 2 Less than \$25 } (NP with "Interest" in 14b, or 15)
 3 \$25 exactly
 9 DK

HAND CARD FD2.

f. Was it -- Read answer categories.

f. 58
 1 \$25-\$99,
 2 \$100-\$499,
 3 \$500-\$999,
 4 \$1000-\$4999, or } (NP with "Interest" in 14b, or 15)
 5 \$5000 or more?
 9 DK

Notes

Part D - INCOME AND ASSETS - Continued

PERSON 1

<p>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)?</p> <p>-----</p> <p>b. Who was this? Mark (X) "Dividends" box in person's column.</p> <p>-----</p> <p>c. Anyone else? <input type="checkbox"/> Yes (Reask 15b and c) <input type="checkbox"/> No Ask 15d-f as appropriate for each person with "Dividends" box marked in 15b.</p> <p>-----</p> <p>d. What is your best estimate of the total amount that -- received from dividends, NET rental property income, royalties, estates, or trusts in (month)?</p> <p>-----</p> <p>e. Was it more than \$25 or less than \$25?</p> <p>-----</p> <p>HAND CARD FD2.</p> <p>f. Was it - Read answer categories.</p>	<p>15a. 59</p> <p>1 <input type="checkbox"/> Yes (15b) 2 <input type="checkbox"/> No } (16) 9 <input type="checkbox"/> DK }</p> <hr/> <p>b. 60</p> <p>1 <input type="checkbox"/> Dividends</p> <hr/> <p>d. 61</p> <p>1 <input type="checkbox"/> Already included } (NP with 0 <input type="checkbox"/> Loss } "Dividends" \$ _____ } in 15b, (Dollars) } or 16) 62 9999 <input type="checkbox"/> DK (15e) 63-66</p> <hr/> <p>e. 67</p> <p>1 <input type="checkbox"/> More than \$25 (15f) 2 <input type="checkbox"/> Less than \$25 } (NP with 3 <input type="checkbox"/> \$25 exactly } "Dividends" 9 <input type="checkbox"/> DK } in 15b, or 16)</p> <hr/> <p>f. 68</p> <p>1 <input type="checkbox"/> \$25-\$99, 2 <input type="checkbox"/> \$100-\$499, 3 <input type="checkbox"/> \$500-\$999, 4 <input type="checkbox"/> \$1000-\$4999, or } (NP with 5 <input type="checkbox"/> \$5000 or more? } "Divi- 9 <input type="checkbox"/> DK } dends" in 15b, or 16)</p>
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<p>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.</p> <p>-----</p> <p>b. Who was this? Mark (X) "Other income" box in person's column.</p> <p>-----</p> <p>c. Anyone else? <input type="checkbox"/> Yes (Reask 16b and c) <input type="checkbox"/> No Ask 16d-f as appropriate for each person with "Other Income" box marked in 16b.</p> <p>-----</p> <p>d. How much income did -- receive in (month) from ALL OTHER sources?</p> <p>-----</p> <p>e. Was it more than \$25 or less than \$25?</p> <p>-----</p> <p>HAND CARD FD2.</p> <p>f. Was it - Read answer categories.</p>	<p>16a. 69</p> <p>1 <input type="checkbox"/> Yes (16b) 2 <input type="checkbox"/> No } (17 on page 52) 9 <input type="checkbox"/> DK }</p> <hr/> <p>b. 70</p> <p>1 <input type="checkbox"/> Other income</p> <hr/> <p>d. 71</p> <p>1 <input type="checkbox"/> Already included } (NP with \$ _____ } "Other (Dollars) } income" 9999 <input type="checkbox"/> DK (15e) } in 16b, or 17) 72-75</p> <hr/> <p>e. 76</p> <p>1 <input type="checkbox"/> More than \$25 (16f) 2 <input type="checkbox"/> Less than \$25 } (NP with 3 <input type="checkbox"/> \$25 exactly } "Other 9 <input type="checkbox"/> DK } income" in 16b, or 17)</p> <hr/> <p>f. 77</p> <p>1 <input type="checkbox"/> \$25-\$99, 2 <input type="checkbox"/> \$100-\$499, 3 <input type="checkbox"/> \$500-\$999, 4 <input type="checkbox"/> \$1000-\$4999, or } (NP with 5 <input type="checkbox"/> \$5000 or more? } "Other 9 <input type="checkbox"/> DK } income" in 16b, or 17)</p>
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Notes

Part D – INCOME AND ASSETS – Continued

17a. Does anyone in the family own a car, truck, recreational vehicle, motorcycle, or boat?	<input type="checkbox"/> Yes (17b) <input type="checkbox"/> No } (18) <input type="checkbox"/> DK }	78
HAND CARD FD3. Read categories if telephone interview.		
b. Altogether, how much are they worth?	<input type="checkbox"/> Less than \$2,000 <input type="checkbox"/> \$2,000 – \$4,999 <input type="checkbox"/> \$5,000 – \$9,999 <input type="checkbox"/> \$10,000 – \$19,999 <input type="checkbox"/> \$20,000 – \$49,999 <input type="checkbox"/> \$50,000 – \$99,999 <input type="checkbox"/> \$100,000 or more <input type="checkbox"/> DK	79
18a. Is this [house/apartment] now –		
(1) Owned or being bought by you (or someone in the household)?	<input type="checkbox"/> Yes (18b) <input type="checkbox"/> No (Ask (2))	80
(2) Rented for money?	<input type="checkbox"/> Yes (18e) <input type="checkbox"/> No (Ask (3))	81
(3) Occupied without payment of money rent?	<input type="checkbox"/> Yes } (19) <input type="checkbox"/> No }	82
HAND CARD FD4. Read categories if telephone interview.		
b. About how much is this place worth on today's market?	<input type="checkbox"/> Less than \$25,000 <input type="checkbox"/> \$25,000 – \$49,999 <input type="checkbox"/> \$50,000 – \$99,999 <input type="checkbox"/> \$100,000 – \$199,999 <input type="checkbox"/> \$200,000 – \$299,999 <input type="checkbox"/> \$300,000 – \$499,999 <input type="checkbox"/> \$500,000 or more <input type="checkbox"/> DK	83
c. Is it fully paid for or do you still owe something?	<input type="checkbox"/> Fully paid for, nothing is owed (19) <input type="checkbox"/> Still owe something (18d) <input type="checkbox"/> DK(19)	84
HAND CARD FD5. Read categories if telephone interview.		
d. What is the monthly mortgage payment?	<input type="checkbox"/> Less than \$500 <input type="checkbox"/> \$500 – \$999 <input type="checkbox"/> \$1,000 – \$1,999 <input type="checkbox"/> \$2,000 or more <input type="checkbox"/> DK } (19)	85
HAND CARD FD5. Read categories if telephone interview.		
e. What is the monthly rent?	<input type="checkbox"/> Less than \$500 <input type="checkbox"/> \$500 – \$999 <input type="checkbox"/> \$1,000 – \$1,999 <input type="checkbox"/> \$2,000 or more <input type="checkbox"/> DK	86
f. Does the monthly rent include meals and/or utilities?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	87
19. [Do you/Does your family] own any other assets, such as another house, a business, or stocks and bonds?		
	<input type="checkbox"/> Yes (20) <input type="checkbox"/> No } (Item D3) <input type="checkbox"/> DK }	88
20a. [Do you/Does your family] own other property, such as another home, rental property, or land?		
	<input type="checkbox"/> Yes (20b) <input type="checkbox"/> No } (21) <input type="checkbox"/> DK }	89
HAND CARD FD4. Read categories if telephone interview.		
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?	<input type="checkbox"/> Less than \$25,000 <input type="checkbox"/> \$25,000 – \$49,999 <input type="checkbox"/> \$50,000 – \$99,999 <input type="checkbox"/> \$100,000 – \$199,999 <input type="checkbox"/> \$200,000 – \$299,999 <input type="checkbox"/> \$300,000 – \$499,999 <input type="checkbox"/> \$500,000 or more <input type="checkbox"/> DK	90

Part D – INCOME AND ASSETS – Continued

<p>21 a. (Besides this property) [Do you/Does your family] own part or all of a business, farm, or professional practice?</p>	<p>1 <input type="checkbox"/> Yes (21b) 2 <input type="checkbox"/> No } (22) 9 <input type="checkbox"/> DK }</p>	91	
<p><i>HAND CARD FD4. Read categories if telephone interview.</i></p>			
<p>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?</p>	<p>1 <input type="checkbox"/> Less than \$25,000 2 <input type="checkbox"/> \$25,000 – \$49,999 3 <input type="checkbox"/> \$50,000 – \$99,999 4 <input type="checkbox"/> \$100,000 – \$199,999 5 <input type="checkbox"/> \$200,000 – \$299,999 6 <input type="checkbox"/> \$300,000 – \$499,999 7 <input type="checkbox"/> \$500,000 or more 9 <input type="checkbox"/> DK</p>	92	
<p>22a. [Do you/Does your family] have any other savings, assets, or property? Include stocks and bonds and certificates of deposit (CDs).</p>	<p>1 <input type="checkbox"/> Yes (22b) 2 <input type="checkbox"/> No } (Item D3) 9 <input type="checkbox"/> DK }</p>	93	
<p><i>HAND CARD FD4. Read categories if telephone interview.</i></p>			
<p>b. Altogether, what is the present value of these other savings, assets, or property?</p>	<p>1 <input type="checkbox"/> Less than \$25,000 2 <input type="checkbox"/> \$25,000 – \$49,999 3 <input type="checkbox"/> \$50,000 – \$99,999 4 <input type="checkbox"/> \$100,000 – \$199,999 5 <input type="checkbox"/> \$200,000 – \$299,999 6 <input type="checkbox"/> \$300,000 – \$499,999 7 <input type="checkbox"/> \$500,000 or more 9 <input type="checkbox"/> DK</p>	94	
<p>ITEM D3</p>	<p>About how often did the Respondent appear to answer the questions in Part D, Income and Assets accurately?</p>	<p>1 <input type="checkbox"/> All the time 2 <input type="checkbox"/> Most of the time 3 <input type="checkbox"/> Some of the time 4 <input type="checkbox"/> Rarely or never 9 <input type="checkbox"/> DK</p>	95
<p>ITEM D4</p>	<p>About how often did the Respondent appear to answer the questions in Part D, Income and Assets honestly?</p>	<p>1 <input type="checkbox"/> All the time 2 <input type="checkbox"/> Most of the time 3 <input type="checkbox"/> Some of the time 4 <input type="checkbox"/> Rarely or never 9 <input type="checkbox"/> DK</p>	96
<p>ITEM D5</p>	<p>Enter the person number of the Respondent. If more than one, enter the person number of the one who answered the most questions in Part D.</p>	<p>Person number _____</p>	97-98

Notes

Section IV - YEAR 2000 OBJECTIVES

ITEM IV2	Refer to sample person selection label.	<input type="checkbox"/> Y (Item A1) <input type="checkbox"/> A (Section V, AIDS on page 67)	6
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Part A - ENVIRONMENTAL HEALTH

ITEM A1	Adult SP status. Begin here on Section IV callbacks.	<input type="checkbox"/> Available (1) <input type="checkbox"/> Callback required (Item 16 on Household page of HIS-1) <input type="checkbox"/> Noninterview (Response status on Back Cover)	
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	<p>These next questions are about this home. Mark (X) by observation or ask:</p> <p>1a. Which of the following best describes your home? Read answer categories.</p> <p>----- Mark (X) by observation or ask:</p>		6
		<input type="checkbox"/> Apartment or condominium (1b) <input type="checkbox"/> Single family home or townhouse <input type="checkbox"/> Trailer or mobile home <input type="checkbox"/> Something else <input type="checkbox"/> DK	} (2a)

	<p>b. What floor of the building is the apartment or condominium on?</p>	<input type="checkbox"/> Basement, first or second floor apartment or condominium <input type="checkbox"/> Apartment or condominium on the third floor or above <input type="checkbox"/> DK	7
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	<p>2a. How many smoke detectors are installed in this home?</p>	<input type="checkbox"/> None (4) <input type="checkbox"/> One (2b) _____ Smoke detectors (2c) (Number) <input type="checkbox"/> DK (4)	8-9
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	<p>b. Does this smoke detector now work?</p>	<input type="checkbox"/> Yes (2d) <input type="checkbox"/> No <input type="checkbox"/> DK } (3)	10
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	<p>c. How many of these smoke detectors now work?</p>	<input type="checkbox"/> None (4) <input type="checkbox"/> One (2d) _____ Working (2d) (Number) <input type="checkbox"/> All (2d) <input type="checkbox"/> DK (3)	11-12
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	<p>d. How do you know [it is/they are] working? Anything else? Mark (X) all that apply.</p>	<input type="checkbox"/> Tested it/them <input type="checkbox"/> Went off because of cooking <input type="checkbox"/> Went off because of other smoke <input type="checkbox"/> Changed batteries <input type="checkbox"/> Light is on <input type="checkbox"/> Hasn't beeped because of low battery <input type="checkbox"/> Other <input type="checkbox"/> DK	13 14 15 16 17 18 19 20
--	--	---	--

	<p>3. Do you have at least one working smoke detector on each floor of your home? Include a finished basement or attic.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	21
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	<p>4. Have you ever heard of radon, a gas that is found in the air in some homes?</p>	<input type="checkbox"/> Yes (5) <input type="checkbox"/> No <input type="checkbox"/> DK } (8)	22
--	--	--	----

	<p>5a. Has your household air been tested for the presence of radon?</p>	<input type="checkbox"/> Yes (5b) <input type="checkbox"/> No <input type="checkbox"/> DK } (8)	23
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	<p>b. Who decided to have a radon test done - was it someone in this household or was it someone else?</p>	<input type="checkbox"/> Someone in this household <input type="checkbox"/> Someone else <input type="checkbox"/> DK	24
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Part A - ENVIRONMENTAL HEALTH - Continued

6a. Was the radon level from that test above or below the EPA radon guideline 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?**

- 1 Above the EPA guideline (6b)
 - 2 At or below the EPA guideline
 - 3 DK results yet
 - 9 DK level
- } (8)

25

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

26-29

____ Picocuries per liter
(Number)

9999 DK

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

30

- 1 Yes
- 2 No
- 9 DK

The next questions are about smoking inside this home.

31

8a. Does ANYONE who lives here smoke cigarettes, cigars, or pipes ANYWHERE INSIDE this home?

- 1 Yes (8b)
 - 2 No
 - 9 DK
- } (8d)

b. In an average week, how many PEOPLE who live here smoke cigarettes, cigars, or pipes anywhere inside this home?

32-33

____ People
(Number)

c. On the average, about how many DAYS PER WEEK do people who live here smoke ANYWHERE INSIDE this home?

34

- 0 Less than 1 day per week/Rarely
- ____ Days per week
(Number)
- 9 DK

d. On the average, about how many DAYS PER WEEK are there VISITORS who smoke ANYWHERE INSIDE this home?

35

- 0 Less than 1 day per week/Rarely/None
- ____ Days per week
(Number)
- 9 DK

Notes

Part B – TOBACCO

<p>These next questions are about cigarette smoking.</p>		
<p>1. Have you smoked at least 100 cigarettes in your entire life? <i>If asked: approximately 5 packs</i></p>	<p>1 <input type="checkbox"/> Yes (2) 2 <input type="checkbox"/> No } (8) 9 <input type="checkbox"/> DK }</p>	5
<p>2. Around this time LAST YEAR, were you smoking cigarettes everyday, some days, or not at all?</p>	<p>1 <input type="checkbox"/> Everyday 2 <input type="checkbox"/> Some days 3 <input type="checkbox"/> Not at all 9 <input type="checkbox"/> DK</p>	6
<p>3a. Do you NOW smoke cigarettes everyday, some days, or not at all?</p>	<p>1 <input type="checkbox"/> Everyday (4) 2 <input type="checkbox"/> Some days (6) 3 <input type="checkbox"/> Not at all (3b) 9 <input type="checkbox"/> DK (6)</p>	7
<p>b. How long has it been since you quit smoking cigarettes?</p>	<p>(Number) <math>\left. \begin{array}{l} 1 \text{ <input type="checkbox"/> Days} \\ 2 \text{ <input type="checkbox"/> Weeks} \\ 3 \text{ <input type="checkbox"/> Months} \\ 4 \text{ <input type="checkbox"/> Years} \end{array} \right\} (8)</math> 999 <input type="checkbox"/> DK (8)</p>	8-10
<p>4. On the average, how many cigarettes do you now smoke a day?</p>	<p>_____ Cigarettes a day (Number) 99 <input type="checkbox"/> DK</p>	11-12
<p>5. During the past 12 months, have you stopped smoking for one day or longer?</p>	<p>1 <input type="checkbox"/> Yes } (7) 2 <input type="checkbox"/> No } 9 <input type="checkbox"/> DK }</p>	13
<p>6a. On how many of the past 30 days did you smoke cigarettes?</p>	<p>00 <input type="checkbox"/> None (7) _____ Days } (6b) (Number) 99 <input type="checkbox"/> DK }</p>	14-15
<p>b. On the average, when you smoked DURING THE PAST 30 DAYS, about how many cigarettes did you smoke EACH day?</p>	<p>_____ Cigarettes a day (Number) 99 <input type="checkbox"/> DK</p>	16-17
<p>7. Would you like to completely quit smoking cigarettes?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p>	18
<p>8a. Have you ever used snuff such as Skoal, Skoal Bandlts, or Copenhagen?</p>	<p>1 <input type="checkbox"/> Yes (8b) 2 <input type="checkbox"/> No } (9) 9 <input type="checkbox"/> DK }</p>	19
<p>b. Have you used snuff at least 20 times in your entire life?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p>	20
<p>c. Do you use snuff now?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p>	21
<p>9a. Have you ever used chewing tobacco, such as Redman, Levi Garrett, or Beechnut?</p>	<p>1 <input type="checkbox"/> Yes (9b) 2 <input type="checkbox"/> No } (Part C, page 57) 9 <input type="checkbox"/> DK }</p>	22
<p>b. Have you used chewing tobacco at least 20 times in your entire life?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p>	23
<p>c. Do you use chewing tobacco now?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p>	24

Part C – OCCUPATIONAL SAFETY AND HEALTH

<p>The next questions are about health and safety in the workplace. <i>Ask or verify:</i></p> <p>1a. Were you employed at a job or business during the past two weeks?</p>	<p style="text-align: right;">25</p> <p>1 <input type="checkbox"/> Yes (1b) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (Part D on page 60)</p>
<p>b. Were you an employee of a private company, the federal, state, or local government, or were you self-employed?</p>	<p style="text-align: right;">26</p> <p>1 <input type="checkbox"/> Private company 2 <input type="checkbox"/> Federal government 3 <input type="checkbox"/> State government 4 <input type="checkbox"/> Local government 5 <input type="checkbox"/> Self employed 6 <input type="checkbox"/> Other 9 <input type="checkbox"/> DK } (Part D, page 60)</p>
<p>c. Altogether, does your employer have 50 or more employees?</p>	<p style="text-align: right;">27</p> <p>1 <input type="checkbox"/> Yes (1d) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (2)</p>
<p>d. Does your employer have 50 or more employees at the building or location where you work?</p>	<p style="text-align: right;">28</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p>
<p><i>HAND CARD YC1. Read all categories if telephone interview.</i></p> <p>2. Which of these best describes the area in which you work most of the time?</p>	<p style="text-align: right;">29</p> <p>1 <input type="checkbox"/> Work mainly indoors (3) 2 <input type="checkbox"/> Work mainly outdoors 3 <input type="checkbox"/> Travel to different buildings or sites 4 <input type="checkbox"/> In a motor vehicle 5 <input type="checkbox"/> Other 9 <input type="checkbox"/> DK } (Check item C1)</p>
<p>The next few questions are about smoking at work.</p> <p>3a. Does your employer have an official policy that restricts smoking in any way?</p>	<p style="text-align: right;">30</p> <p>1 <input type="checkbox"/> Yes (3b) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (Check Item C1)</p>
<p><i>HAND CARD YC2. Read all categories if telephone interview.</i></p> <p>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?</p> <p><i>Mark (X) only one.</i></p>	<p style="text-align: right;">31</p> <p>1 <input type="checkbox"/> Not allowed in ANY indoor common areas 2 <input type="checkbox"/> Allowed in SOME indoor common areas, including designated smoking areas 3 <input type="checkbox"/> Allowed in ALL indoor common areas 9 <input type="checkbox"/> DK</p>
<p><i>HAND CARD YC3. Read all categories if telephone interview.</i></p> <p>c. Which of these best describes your employer's smoking policy for work areas?</p> <p><i>Mark (X) only one.</i></p>	<p style="text-align: right;">32</p> <p>1 <input type="checkbox"/> Not allowed in ANY work areas 2 <input type="checkbox"/> Allowed in SOME work areas 3 <input type="checkbox"/> Allowed in ALL work areas 9 <input type="checkbox"/> DK</p>
<p>ITEM C1</p> <p><i>Refer to Part B, question 3a on page 56. (Smokes cigarettes now)</i></p>	<p style="text-align: right;">33</p> <p>1 <input type="checkbox"/> Box 1, Every day } (4) 2 <input type="checkbox"/> Box 2, Some days } 3 <input type="checkbox"/> All others (5)</p>

Notes

Part C – OCCUPATIONAL SAFETY AND HEALTH – Continued

<p>4a. Do you ever smoke during the time you are at work?</p>	<p>1 <input type="checkbox"/> Yes (4b) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (Item C2)</p>	<p>34</p>
<p>b. Where do you smoke when you are at work? Mark (X) all that apply.</p>	<p>1 <input type="checkbox"/> In my work area 2 <input type="checkbox"/> In a public area, such as a restroom, lunchroom, lobby, or other smoking area 3 <input type="checkbox"/> Outside the building 4 <input type="checkbox"/> Not applicable — I work outside or at different sites 5 <input type="checkbox"/> In my car or other vehicle 6 <input type="checkbox"/> Other – Specify _____ _____ 9 <input type="checkbox"/> DK</p>	<p>35 36 37 38 39 40 41</p>

ITEM C2	Refer to question 3a, on page 57. (Employer has official smoking policy)	<p>1 <input type="checkbox"/> "Yes" in 3a (4c) 2 <input type="checkbox"/> All others (5)</p>	<p>42</p>
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<p>c. Do you feel that you smoke fewer cigarettes per day because of your employer's smoking policy?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p>	<p>43</p>
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<p>5. Does your employer offer a quit smoking program or any other help to employees who want to quit smoking?</p>	<p>1 <input type="checkbox"/> Yes (Item C3) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (Item C4)</p>	<p>44</p>
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ITEM C3	Refer to Part B, question 1, page 56. (Smoked at least 100 cigarettes)	<p>1 <input type="checkbox"/> "Yes" in 1 (6) 2 <input type="checkbox"/> All others (Item C4)</p>	<p>45</p>
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<p>6. In the past year, have you participated in a quit smoking program made available by your employer?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p>	<p>46</p>
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ITEM C4	Refer to Part C, question 1d, page 57. (50+ employees at building)	<p>1 <input type="checkbox"/> "Yes" in 1d (7) 2 <input type="checkbox"/> All others (Part D on page 60)</p>	<p>47</p>
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<i>HAND CARD YC4. Read categories if telephone interview.</i>		
<p>7a. In the past year, which of these exercise facilities, if any, were made available to you by your employer? (Anything else?) Mark (X) each that applies.</p>	<p>01 <input type="checkbox"/> Gymnasium/Exercise room 02 <input type="checkbox"/> Weight lifting equipment 03 <input type="checkbox"/> Exercise equipment 04 <input type="checkbox"/> Walking/Jogging path 05 <input type="checkbox"/> Parcours/Fitness trails 06 <input type="checkbox"/> Bike path 07 <input type="checkbox"/> Bike racks 08 <input type="checkbox"/> Swimming pool 09 <input type="checkbox"/> Showers 10 <input type="checkbox"/> Lockers 11 <input type="checkbox"/> Other – Specify _____ _____ 99 <input type="checkbox"/> DK 00 <input type="checkbox"/> No facilities (8)</p>	<p>48-49 50-51 52-53 54-55 56-57 58-59 60-61 62-63 64-65 66-67 68-69 70-71 72-73</p>

<i>Refer to Card YC4. Read categories marked in 7a if telephone interview.</i>		
<p>b. In the past year, which of these facilities did you use? (Anything else?) Mark (X) each that applies.</p>	<p>01 <input type="checkbox"/> Gymnasium/Exercise room 02 <input type="checkbox"/> Weight lifting equipment 03 <input type="checkbox"/> Exercise equipment 04 <input type="checkbox"/> Walking/Jogging path 05 <input type="checkbox"/> Parcours/Fitness trails 06 <input type="checkbox"/> Bike path 07 <input type="checkbox"/> Bike racks 08 <input type="checkbox"/> Swimming pool 09 <input type="checkbox"/> Showers 10 <input type="checkbox"/> Lockers 11 <input type="checkbox"/> Other – Specify _____ _____ 99 <input type="checkbox"/> DK 00 <input type="checkbox"/> None</p>	<p>74-75 76-77 78-79 80-81 82-83 84-85 86-87 88-89 90-91 92-93 94-95 96-97 98-99</p>

Part C - OCCUPATIONAL SAFETY AND HEALTH - Continued

HAND CARD YC5. Read categories if telephone interview.

8a. In the past year, which of these exercise programs, if any, were made available to you on the premises by your employer?

(Anything else?)

Mark (X) each that applies.

- 01 Walking group 5-6
 - 02 Jogging/Running group 7-8
 - 03 Biking/Cycling group 9-10
 - 04 Aerobics class 11-12
 - 05 Swimming class 13-14
 - 06 Non-aerobic exercise class 15-16
 - 07 Weight lifting class 17-18
 - 08 Fully paid membership in health/fitness club 19-20
 - 09 Partially paid membership in health/fitness club 21-22
 - 10 Physical activity or exercise competition 23-24
 - 11 Other - Specify γ 25-26
-
- 99 DK 27-28
 - 00 No Programs (9) 29-30

Refer to Card YC5. Read categories marked in 8a if telephone interview.

b. In the past year, which of these programs did you participate in?

(Anything else?)

Mark (X) each that applies.

- 01 Walking group 31-32
 - 02 Jogging/Running group 33-34
 - 03 Biking/Cycling group 35-36
 - 04 Aerobics class 37-38
 - 05 Swimming class 39-40
 - 06 Non-aerobic exercise class 41-42
 - 07 Weight lifting class 43-44
 - 08 Fully paid membership in health/fitness club 45-46
 - 09 Partially paid membership in health/fitness club 47-48
 - 10 Physical activity or exercise competition 49-50
 - 11 Other - Specify γ 51-52
-
- 99 DK 53-54
 - 00 None 55-56

9a. In the past year, have screening tests been available at your work place for —

Ask for each "Yes" in 9a.

b. In the past year, did you receive a screening test at your workplace for —

	Yes	No	DK		Yes	No	DK	
(1) Blood pressure?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	57	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	58
(2) Cholesterol?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	59	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	60
(3) Cancer?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	61	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	62

HAND CARD YC6. Read categories if telephone interview.

10a. In the past year, at your workplace, have any materials or programs been made available to employees on any of these topics?

If "Yes," ask: Which?

Read if necessary: This includes brochures, programs, talks, or counseling.

(Anything else?)

Mark (X) all that apply.

- 01 Weight control 63-64
 - 02 Nutrition information 65-66
 - 03 Prenatal education 67-68
 - 04 Stress reduction and management 69-70
 - 05 Alcohol and other drugs 71-72
 - 06 Sexually transmitted diseases (including HIV or AIDS) 73-74
 - 07 Job hazards and injury prevention 75-76
 - 08 Back care and prevention of back injury 77-78
 - 09 Preventing off-the-job accidents 79-80
 - 10 Other - Specify γ 81-82
-
- 00 None (Part D on page 60) 83-84
 - 99 DK 85-86

Refer to Card YC6. Read categories marked in 10a if telephone interview.

b. In the past 12 months, which programs did you participate in at your workplace?

(Anything else?)

Mark (X) all that apply.

- 01 Weight control 87-88
 - 02 Nutrition information 89-90
 - 03 Prenatal education 91-92
 - 04 Stress reduction and management 93-94
 - 05 Alcohol and other drugs 95-96
 - 06 Sexually transmitted diseases (including HIV or AIDS) 97-98
 - 07 Job hazards and injury prevention 99-100
 - 08 Back care and prevention of back injury 101-102
 - 09 Preventing off-the-job accidents 103-104
 - 10 Other - Specify γ 105-106
-
- 00 None 107-108
 - 99 DK 109-110

Part D - HEART DISEASE AND STROKE

<p>These next questions are about blood pressure.</p>		5
<p>1. Have you EVER been told by a doctor or other health professional that you had hypertension, sometimes called high blood pressure?</p>	<p>0 <input type="checkbox"/> Borderline } (2) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Only during pregnancy } (8) 9 <input type="checkbox"/> DK (3)</p>	
<p>2. Were you told two or more DIFFERENT times that you had high blood pressure?</p>	<p>1 <input type="checkbox"/> Yes } (3) 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Only during pregnancy (8) 9 <input type="checkbox"/> DK (3)</p>	6
<p>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?</p>	<p>1 <input type="checkbox"/> Yes (3b) 2 <input type="checkbox"/> No } (4) 9 <input type="checkbox"/> DK</p>	7
<p>b. Are you NOW following this advice?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p>	8
<p>4a. Has a doctor or other health professional ever advised you to cut down on salt or sodium in your diet to help lower your blood pressure?</p>	<p>1 <input type="checkbox"/> Yes (4b) 2 <input type="checkbox"/> No } (5) 9 <input type="checkbox"/> DK</p>	9
<p>b. Are you NOW following this advice?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p>	10
<p>5a. Has a doctor or other health professional ever advised you to exercise to help lower your blood pressure?</p>	<p>1 <input type="checkbox"/> Yes (5b) 2 <input type="checkbox"/> No } (6) 9 <input type="checkbox"/> DK</p>	11
<p>b. Are you NOW following this advice?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p>	12
<p>6a. Was any medication EVER prescribed by a doctor to help you lower your blood pressure?</p>	<p>1 <input type="checkbox"/> Yes (6b) 2 <input type="checkbox"/> No } (7) 9 <input type="checkbox"/> DK</p>	13
<p>b. Are you NOW taking this medication?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Sometimes 9 <input type="checkbox"/> DK</p>	14
<p>7a. Do you NOW have high blood pressure?</p>	<p>0 <input type="checkbox"/> Borderline } (7b) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } (7c) 9 <input type="checkbox"/> DK</p>	15
<p>b. Is this condition under control?</p>	<p>1 <input type="checkbox"/> Yes } (8) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p>	16
<p>c. Is this condition completely cured or is it under control?</p>	<p>1 <input type="checkbox"/> Cured 2 <input type="checkbox"/> Under control 9 <input type="checkbox"/> DK</p>	17
<p>8. About how long has it been since you had your blood pressure checked by a doctor or other health professional?</p>	<p>000 <input type="checkbox"/> Never (Part E on page 62)</p> <p>_____ (Number) { 1 <input type="checkbox"/> Days 2 <input type="checkbox"/> Weeks 3 <input type="checkbox"/> Months 4 <input type="checkbox"/> Years } (9)</p> <p>999 <input type="checkbox"/> DK</p>	18-20

Part D – HEART DISEASE AND STROKE – Continued

9. At that time, did the doctor or health professional say your blood pressure was high, low, or normal?

21

- 1 Not told
- 2 High
- 3 Low
- 4 Normal
- 5 Borderline
- 6 Other – *Specify* _____

9 DK

10. Blood pressure is usually given as one number over another. Were you told what your blood pressure was, in NUMBERS?

22

- 1 Yes
- 2 No
- 9 DK

Notes

Part E – CLINICAL PREVENTIVE SERVICES

1. Would you say your health in general is excellent, very good, good, fair, or poor?	<input type="checkbox"/> Excellent <input type="checkbox"/> Very good <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> DK	23
2a. What was the reason for your last visit to a medical doctor or other health professional? Was it for a new problem, followup of a previous problem, a general physical exam, (Females only: an ob/gyn checkup, related to pregnancy) or something else? Mark (X) only one	<input type="checkbox"/> A new problem <input type="checkbox"/> Followup of a previous problem <input type="checkbox"/> A general physical exam <input type="checkbox"/> An ob/gyn checkup <input type="checkbox"/> Combined general and ob/gyn checkup <input type="checkbox"/> Related to pregnancy <input type="checkbox"/> Other – Specify _____ <input type="checkbox"/> DK	24
The next questions are about medical checkups and routine tests. b. About how long has it been since your last general physical exam or routine checkup by a medical doctor or other health professional? Do not include a visit about a specific problem.	<input type="checkbox"/> Less than 1 year <input type="checkbox"/> 1 year, less than 2 years <input type="checkbox"/> 2 years, less than 3 years <input type="checkbox"/> 3 years, less than 4 years <input type="checkbox"/> 4+ years <input type="checkbox"/> Never <input type="checkbox"/> DK (3) <div style="float: right; margin-left: 10px;"> } (3) } (7) </div>	25
3. During this last check-up, were you asked about –	Yes No DK	
a. Your diet and eating habits?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	26
b. The amount of physical activity or exercise you get?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	27
c. Whether you smoke cigarettes or use other forms of tobacco?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	28
d. How much and how often you drink alcohol?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	29
Were you asked about –		
e. Whether you use marijuana, cocaine, or other drugs?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	30
Ask ONLY IF SP is less than 65 otherwise, skip to 4.		
f. Sexually transmitted diseases?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	31
Ask ONLY IF SP is less than 50 otherwise, skip to 4.		
Were you asked about –		
g. The use of contraceptives?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	32
4. During this last check-up, did you have –	Yes No DK	
a. Your blood pressure checked?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	33
b. Your cholesterol level checked?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	34
c. Your height checked?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	35
d. Your weight checked?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	36
ITEM E1	1 <input type="checkbox"/> SP is 65+ (5) 2 <input type="checkbox"/> Other (7)	37
Refer to age.		
5a. During this last check-up, were you asked about any episodes of weakness or paralysis in the arms and legs, loss of vision, speech, or memory, or facial droop that lasted for less than 24 hours? These are symptoms of transient ischemic (IS-KEE-MIK) attack or TIA.	Yes No DK <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	38
b. During this last check-up, were you asked about whether you have difficulty taking care of yourself, including dressing, using the toilet, bathing, eating, or getting around inside your home without help?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	39
c. During this last check-up, were you asked about whether you have difficulty doing every day activities and chores, including preparing your meals, managing your money, using the telephone, doing light housework, and shopping?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	40

Part E – CLINICAL PREVENTIVE SERVICES – Continued

6. During this last check-up, did you have –		Yes	No	DK			
a. A vision test to check how well you see?	.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	41	
b. A hearing test?	.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	42	
c. A urine test?	.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	43	
d. A thyroid function blood test?	.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	44	
e. A stool test to check for blood in the stool?	.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	45	
7. During the past 12 months, have you had a flu shot? This vaccination is usually given in the fall and protects against influenza for the flu season.		1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No	9 <input type="checkbox"/> DK	46		
8. Have you EVER had a pneumonia vaccination? This shot is only given once in a person's lifetime.		1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No	9 <input type="checkbox"/> DK	47		
9. During the past TEN years, have you had a tetanus shot?		1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No	9 <input type="checkbox"/> DK	48		
ITEM E2	<i>Refer to sex.</i>	1 <input type="checkbox"/> Male (Part F on page 64)	2 <input type="checkbox"/> Female (10)		49		
10. 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? <i>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.</i>		0 <input type="checkbox"/> Never had a Pap smear test	1 <input type="checkbox"/> Within the past year	2 <input type="checkbox"/> 1 to 3 years ago	3 <input type="checkbox"/> Over 3 years ago	9 <input type="checkbox"/> DK	50
11. Have you had a hysterectomy?		1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No	9 <input type="checkbox"/> DK	51		
ITEM E3	<i>Refer to age.</i>	1 <input type="checkbox"/> Under 30 (Part F on page 64)	2 <input type="checkbox"/> 30 and over (12)		52		
12. About how long has it been since you had a mammogram? <i>Read if necessary: A mammogram is an x-ray taken only of the breasts by a machine that presses the breast against a plate.</i>		0 <input type="checkbox"/> Never had a mammogram	1 <input type="checkbox"/> Within the past year	2 <input type="checkbox"/> 1 to 2 years ago	3 <input type="checkbox"/> Over 2 years ago	9 <input type="checkbox"/> DK	53
13. A breast physical exam is when the breast is felt for lumps by a doctor or other health care professional. About how long has it been since you had a breast physical exam done?		0 <input type="checkbox"/> Never had a breast physical exam	1 <input type="checkbox"/> Within the past year	2 <input type="checkbox"/> 1 to 2 years ago	3 <input type="checkbox"/> Over 2 years ago	9 <input type="checkbox"/> DK	54
ITEM E4	<i>Refer to age.</i>	1 <input type="checkbox"/> 40–60 (14)	2 <input type="checkbox"/> Other (Part F on page 64)		55		
14a. Are you now experiencing any of the changes or symptoms of menopause?		1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No	3 <input type="checkbox"/> Not sure	9 <input type="checkbox"/> DK	56	
b. Has a medical doctor or other health care professional ever discussed with you the pros and cons of taking estrogen pills after menopause?		1 <input type="checkbox"/> Yes (14c)	2 <input type="checkbox"/> No	9 <input type="checkbox"/> DK	57	(Part F on page 64)	
c. Has a medical doctor or other health care professional ever discussed with you the pros and cons of taking estrogen TO PREVENT BONE LOSS after menopause?		1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No	9 <input type="checkbox"/> DK	58		

Part F – FAMILY

Ask if unknown; otherwise, mark (X) without asking.

		59
1. How many family members who are 10 or over live with you in your household?	<input type="checkbox"/> None (Item F1) <input type="checkbox"/> One or more (2)	
2. Thinking only of the family members 10 or over who live with you, in the past month, have you had any discussions about –	Yes No DK	
a. Nutrition and healthy eating habits?	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	60
b. Exercise, sports or other physical activities, as related to health?	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	61
c. Safety and things that you can do to prevent injuries?	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	62
d. Health issues related to cigarette smoking or other tobacco use?	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	63
e. Health issues related to drinking beer, wine, liquor, and other alcoholic beverages?	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	64
f. Health issues related to sexual behavior, sexually transmitted diseases, AIDS, or unwanted pregnancy?	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	65
g. Health issues related to using illegal drugs?	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	66
ITEM F1	<i>Refer to age.</i>	67
	<input type="checkbox"/> SP is 25+ (3) <input type="checkbox"/> Other (Part G)	
3. Do you have any children aged 10 through 17?	<input type="checkbox"/> Yes (4) <input type="checkbox"/> No } (Part G) <input type="checkbox"/> DK }	68
4. Have you ever discussed human sexuality with any of your children aged 10 through 17?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	69
5. Have any of your children aged 10 through 17 had instruction at school about human sexuality?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	70
6. Have any of your children aged 10 through 17 had instruction about human sexuality from a youth or religious program?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	71

Notes

Part G – FIREARM SAFETY

The next questions are about safety and firearms. Firearms include pistols, shotguns, rifles, and other types of guns. Do not include guns that cannot fire, starter pistols, or BB guns.

Read if necessary: Sometimes the use of firearms can lead to injury, which is a health problem.

1. Are any firearms now kept in or around your home? Include those kept in a garage, outdoor storage area, truck or car.

- 1 Yes (2)
 2 No
 9 DK } (End of interview)

72

2. Is there one or more than one firearm?

- 1 One (3)
 2 More than one
 9 DK } (4 on page 66)

73

3a. What kind of firearm is it?

Mark (X) only one.

- 1 Handgun, including pistol or revolver
 2 Shotgun
 3 Rifle
 4 Other – Specify _____
 9 DK

74

HAND CARD YG1. Read categories if telephone interview.

b. Which statement best describes the PLACE the firearm is kept?

- 1 The firearm is kept in a LOCKED PLACE, such as a drawer, cabinet, or closet
 2 The firearm is kept in an UNLOCKED place
 9 DK

75

HAND CARD YG2. Read categories if telephone interview.

c. Which statement best describes the WAY the firearm is kept?

- 1 Taken apart (3f)
 2 With a trigger lock or other locking mechanism
 3 Assembled without a locking mechanism } (3d)
 4 Other – Specify _____ (3d)
 9 DK (3d)

76

d. Is the firearm kept loaded or unloaded?

- 1 Loaded (3e)
 2 Unloaded
 9 DK } (3f)

77

e. Besides the ammunition in the firearm, is any other ammunition now kept in or around your home?

- 1 Yes (3g)
 2 No
 9 DK } (End interview)

78

f. Is any ammunition now kept in or around your home?

- 1 Yes (3g)
 2 No
 9 DK } (End interview)

79

g. How much of the ammunition is kept in a locked place? Would you say all, some or none?

- 1 All
 2 Some
 3 None
 9 DK

80

h. Where is this ammunition kept – is it kept with the firearm, or kept in a separate place away from the firearm?

- 1 With the firearm
 2 In a separate place } (End interview)
 9 DK

81

Notes

Part G – FIREARM SAFETY – Continued

<p>4a. What kinds of firearms are they? <i>Mark (X) all that apply.</i></p>	<p>1 <input type="checkbox"/> Handgun, including pistol or revolver 82 2 <input type="checkbox"/> Shotgun 83 3 <input type="checkbox"/> Rifle 84 4 <input type="checkbox"/> Other – <i>Specify</i> _____ 85 _____ 9 <input type="checkbox"/> DK 86</p>
<p><i>HAND CARD YG3. Read categories if telephone interview.</i></p>	
<p>b. Which statement best describes the PLACES the firearms are kept?</p>	<p>1 <input type="checkbox"/> ALL the firearms are kept in LOCKED PLACES, such as drawers, cabinets, or closets 2 <input type="checkbox"/> One or more firearms are kept in an UNLOCKED place 9 <input type="checkbox"/> DK 87</p>
<p><i>HAND CARD YG2. Read categories if telephone interview.</i></p>	
<p>c. Which statements describe the WAYS in which the firearms are kept? <i>Mark (X) all that apply.</i></p>	<p>1 <input type="checkbox"/> Taken apart 88 2 <input type="checkbox"/> With a trigger lock or other locking mechanism 89 3 <input type="checkbox"/> Assembled without a locking mechanism 90 4 <input type="checkbox"/> Other – <i>Specify</i> _____ 91 _____ 9 <input type="checkbox"/> DK 92</p>
<p>d. Are the firearms kept loaded or unloaded?</p>	<p>1 <input type="checkbox"/> One or more are kept loaded (4e) 2 <input type="checkbox"/> All are kept unloaded } (4f) 9 <input type="checkbox"/> DK 93</p>
<p>e. Besides the ammunition kept in any firearm, is any other ammunition now kept in or around your home?</p>	<p>1 <input type="checkbox"/> Yes (4g) 2 <input type="checkbox"/> No } (4i) 9 <input type="checkbox"/> DK 94</p>
<p>f. Is any ammunition now kept in or around your home?</p>	<p>1 <input type="checkbox"/> Yes (4g) 2 <input type="checkbox"/> No } (End of interview) 9 <input type="checkbox"/> DK 95</p>
<p>g. How much of the ammunition is kept in a locked place? Would you say all, some or none?</p>	<p>1 <input type="checkbox"/> All 96 2 <input type="checkbox"/> Some 3 <input type="checkbox"/> None 9 <input type="checkbox"/> DK</p>
<p>h. Where is this ammunition kept – is it kept with a firearm, or kept in a separate place away from all firearms?</p>	<p>1 <input type="checkbox"/> With a firearm 97 2 <input type="checkbox"/> In a separate place 3 <input type="checkbox"/> Both 9 <input type="checkbox"/> DK</p>
<p>i. Is at least one of the firearms kept loaded and unlocked?</p>	<p>1 <input type="checkbox"/> Yes 98 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p>

RECORD FINAL STATUS ON BACK COVER

Notes

Section V - AIDS KNOWLEDGE AND ATTITUDES

ITEM V1	Refer to sample person selection label.	<input type="checkbox"/> A (Item V2) <input type="checkbox"/> Y (End Interview)																															
ITEM V2	Adult SP status. Begin here on Section V callbacks.	<input type="checkbox"/> Available (1) <input type="checkbox"/> Callback required (Item 16 on Household page of HIS-1) <input type="checkbox"/> Noninterview (Response status on Back Cover)																															
These next questions are asked to determine what people know about the disease AIDS.		5																															
1. How much would you say you know about AIDS — a lot, some, a little, or nothing?		1 <input type="checkbox"/> A lot 2 <input type="checkbox"/> Some 3 <input type="checkbox"/> A little 4 <input type="checkbox"/> Nothing																															
2. In the past month, have you — a. seen any Public Service Announcements about AIDS on television?		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK																															
b. heard any Public Service Announcements about AIDS on the radio?		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK																															
c. received any brochures about AIDS from your workplace?		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Not currently working 4 <input type="checkbox"/> Self employed 9 <input type="checkbox"/> DK																															
d. received any brochures about AIDS from a church or religious organization?		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK																															
e. received any information about AIDS from the American Red Cross?		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK																															
3. DO YOU THINK that doctors, nurses, dentists, and other health care workers should be allowed to REFUSE care to a person who has the AIDS virus?		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> It depends — Specify _____ 9 <input type="checkbox"/> DK																															
4. I'm going to read some statements about AIDS. After I read each one, tell me whether you think it is true or false or if you don't know.		<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;"></th> <th style="width: 10%;">True</th> <th style="width: 10%;">False</th> <th style="width: 10%;">Don't know</th> </tr> </thead> <tbody> <tr> <td data-bbox="119 1390 821 1495"> a. The AIDS virus can be passed on through sexual intercourse between a man and a woman. </td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">9 <input type="checkbox"/></td> </tr> <tr> <td data-bbox="119 1495 821 1579"> b. A man with the AIDS virus can pass it on to another man through sexual intercourse. </td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">9 <input type="checkbox"/></td> </tr> <tr> <td data-bbox="119 1579 821 1663"> c. A pregnant woman who has the AIDS virus can give it to her baby. </td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">9 <input type="checkbox"/></td> </tr> <tr> <td data-bbox="119 1663 821 1747"> d. There is a vaccine available to the public that protects a person from getting the AIDS virus. </td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">9 <input type="checkbox"/></td> </tr> <tr> <td data-bbox="119 1747 821 1831"> e. A person who has the AIDS virus can look well and healthy. </td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">9 <input type="checkbox"/></td> </tr> <tr> <td data-bbox="119 1831 821 1915"> f. Oil-based lubricants, like vaseline, cause latex condoms to break. </td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">9 <input type="checkbox"/></td> </tr> </tbody> </table>					True	False	Don't know	a. The AIDS virus can be passed on through sexual intercourse between a man and a woman.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	b. A man with the AIDS virus can pass it on to another man through sexual intercourse.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	c. A pregnant woman who has the AIDS virus can give it to her baby.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	d. There is a vaccine available to the public that protects a person from getting the AIDS virus.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	e. A person who has the AIDS virus can look well and healthy.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	f. Oil-based lubricants, like vaseline, cause latex condoms to break.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>
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Section V - AIDS KNOWLEDGE AND ATTITUDES - Continued

HAND CARD A1. Read introduction if telephone interview.

5. (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 A1.) 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
					18
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>
					19
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>
					20
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>
					21
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>
					22
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>
					23
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>
					24

a. using public toilets?

b. working near or with someone who has the AIDS virus?

c. sharing plates, forks, or glasses with someone who has the AIDS virus?

d. sharing needles for drug use with someone who has the AIDS virus?

e. being coughed or sneezed on by someone who has the AIDS virus?

f. attending school with a child who has the AIDS virus?

6. How effective do you think the proper use of a condom is to prevent getting the AIDS virus through sexual activity? Would you say very effective, somewhat effective, not at all effective, or you don't know how effective it is?

- 1 Very effective
- 2 Somewhat effective
- 3 Not at all effective
- 4 Don't know how effective
- 9 Don't know method

7. Do you have any children aged 10 through 17?

- 1 Yes (8)
- 2 No (10)

8. Have you ever discussed AIDS with any of your children aged 10 through 17?

- 1 Yes
- 2 No

9. Have any of your children aged 10 through 17 had instruction at school about AIDS?

- 1 Yes
- 2 No
- 9 DK

10a. Do you feel that information about AIDS should be taught in schools?

- 1 Yes (10b)
- 2 No } (11)
- 9 DK }

b. At what grade in school should AIDS education start?

Probe for EXACT grade if necessary

Mark (X) only one.

- 00 Kindergarten
- | | |
|-------------------------------|-------------------------------------|
| Grade | Grade |
| 01 <input type="checkbox"/> 1 | 08 <input type="checkbox"/> 8 |
| 02 <input type="checkbox"/> 2 | 09 <input type="checkbox"/> 9 |
| 03 <input type="checkbox"/> 3 | 10 <input type="checkbox"/> 10 |
| 04 <input type="checkbox"/> 4 | 11 <input type="checkbox"/> 11 |
| 05 <input type="checkbox"/> 5 | 12 <input type="checkbox"/> 12 |
| 06 <input type="checkbox"/> 6 | 97 <input type="checkbox"/> Refused |
| 07 <input type="checkbox"/> 7 | 99 <input type="checkbox"/> DK |

Notes

Section V – AIDS KNOWLEDGE AND ATTITUDES – Continued

<p>11a. In the past 12 months, has your workplace offered an organized AIDS education program to its employees?</p> <p><i>Do not include merely distributing brochures as an organized education program.</i></p> <p>----- <i>HAND CARD A2. Read each category if telephone interview.</i></p> <p>b. In the past 12 months, have you attended an organized AIDS education program at any of these places?</p> <p><i>If "Yes," ask: Which?</i></p> <p><i>Mark (X) each that applies.</i></p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Not currently working 4 <input type="checkbox"/> Self employed 7 <input type="checkbox"/> Refused 9 <input type="checkbox"/> DK</p> <hr/> <p>1 <input type="checkbox"/> A church or other religious organization 2 <input type="checkbox"/> A family planning clinic or STD clinic 3 <input type="checkbox"/> A hospital, HMO clinic or other health facility 4 <input type="checkbox"/> A school 5 <input type="checkbox"/> A social or civic club 6 <input type="checkbox"/> Your workplace 7 <input type="checkbox"/> Some other place – <i>Specify</i> _____</p> <p>8 <input type="checkbox"/> Attended no programs 9 <input type="checkbox"/> DK</p>	<p>31</p> <p>32 33 34 35 36 37 38</p> <p>39 40</p>
<p>Now, I am going to ask some questions about giving blood donations to a blood bank, such as the American Red Cross. But this does NOT include blood drawn at a doctor's office for laboratory analysis.</p> <p>12. Have you ever given a blood donation?</p>	<p>1 <input type="checkbox"/> Yes (13a) 2 <input type="checkbox"/> No } (13c) 9 <input type="checkbox"/> DK }</p>	<p>41</p>
<p>13a. Have you given blood since March 1985?</p> <p>----- b. In what month and year did you last give blood?</p> <p>----- c. Do you expect to donate blood in the next 12 months?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } (13c) 9 <input type="checkbox"/> DK }</p> <p>_____/19 Month Year</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p>	<p>42</p> <p>43-46</p> <p>47</p>
<p><i>HAND CARD A1. Read categories if telephone interview</i></p> <p>14. In general, while GIVING A BLOOD DONATION to a blood bank, how likely is it that a person will get the AIDS virus?</p>	<p>1 <input type="checkbox"/> Very likely 2 <input type="checkbox"/> Somewhat likely 3 <input type="checkbox"/> Somewhat unlikely 4 <input type="checkbox"/> Very unlikely 5 <input type="checkbox"/> Definitely not possible 9 <input type="checkbox"/> DK</p>	<p>48</p>
<p>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.</p> <p>15a. (Except for tests you may have had as part of blood donations,) Have you ever had your blood tested for the AIDS virus infection?</p> <p>----- b. Is there any particular reason why you have not been tested?</p> <p><i>If "Yes," ask: What is the reason?</i></p> <p>(Any other?)</p> <p><i>Do not read list</i></p> <p><i>Mark (X) each that applies.</i></p>	<p>1 <input type="checkbox"/> Yes (16) 2 <input type="checkbox"/> No (15b) 9 <input type="checkbox"/> DK (26)</p> <hr/> <p>01 <input type="checkbox"/> No reason 02 <input type="checkbox"/> Don't consider myself at risk of AIDS 03 <input type="checkbox"/> Doctor/HMO did not recommend it 04 <input type="checkbox"/> Don't believe test results are accurate 05 <input type="checkbox"/> Don't believe anything can be done if I am positive 06 <input type="checkbox"/> Don't like needles 07 <input type="checkbox"/> Don't trust results to be confidential 08 <input type="checkbox"/> Afraid of losing job, insurance, housing, friends, family, if people knew I was positive for AIDS infection 09 <input type="checkbox"/> Other – <i>Specify</i> _____</p> <p>99 <input type="checkbox"/> DK</p>	<p>49</p> <p>50-51 52-53 54-55 56-57 58-59</p> <p>60-61 62-63 64-65</p> <p>66-67</p> <p>68-69</p>

Section V – AIDS KNOWLEDGE AND ATTITUDES – Continued

<p>16a. How many times, have you had your blood tested for the AIDS virus infection, (NOT including blood donations)?</p>	<p align="right">70-71</p> <p>01 <input type="checkbox"/> One time (16b)</p> <p>_____ Times } (16c) (Number)</p> <p>99 <input type="checkbox"/> DK</p>
<p>b. Was it in the past 12 months?</p>	<p align="right">72</p> <p>1 <input type="checkbox"/> Yes } 2 <input type="checkbox"/> No } (17) 9 <input type="checkbox"/> DK }</p>
<p>c. In the past 12 months, how many times have you had your blood tested for the AIDS virus infection (NOT including blood donations)?</p>	<p align="right">73-74</p> <p>00 <input type="checkbox"/> None in past 12 months</p> <p>_____ Times in past 12 months (Number)</p> <p>99 <input type="checkbox"/> DK</p>
<p>17. In what month and year was your (last) blood test for the AIDS virus infection?</p>	<p align="right">75-78</p> <p>_____/19 Month Year</p>
<p><i>HAND CARD A3. Read categories if telephone interview.</i></p> <p>18. 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.)</p> <p>(Anything else?)</p> <p><i>Mark (X) each that applies.</i></p>	<p>01 <input type="checkbox"/> Just to find out/I am worried that I am infected 02 <input type="checkbox"/> Because a doctor asked you to 03 <input type="checkbox"/> Because the Health Department asked you to 04 <input type="checkbox"/> Because a sex partner asked you to 05 <input type="checkbox"/> For hospitalization or a surgical procedure 06 <input type="checkbox"/> To apply for health or life insurance 07 <input type="checkbox"/> To comply with guidelines for health workers 08 <input type="checkbox"/> To apply for a new job 09 <input type="checkbox"/> For military induction, separation or during military service 10 <input type="checkbox"/> For immigration 11 <input type="checkbox"/> For some other reason – <i>Specify</i> _____</p> <p>97 <input type="checkbox"/> Refused 99 <input type="checkbox"/> DK</p> <p align="right">79-80 81-82 83-84 85-86 87-88 89-90 91-92 93-94 95-96 97-98 99-100 101-102 103-104</p>
<p>19. (Not including a blood donation) Where did you have your (last) blood test for the AIDS virus?</p> <p><i>Mark (X) only one.</i></p> <p><i>If "Clinic", Probe: What kind of clinic is that?</i></p>	<p>01 <input type="checkbox"/> AIDS clinic/counselling/testing site 02 <input type="checkbox"/> Community health clinic 03 <input type="checkbox"/> Clinic run by employer 04 <input type="checkbox"/> STD clinic 05 <input type="checkbox"/> Family planning/prenatal clinic 06 <input type="checkbox"/> Other clinic</p> <p>07 <input type="checkbox"/> Doctor/HMO 08 <input type="checkbox"/> Hospital/emergency room/outpatient clinic 09 <input type="checkbox"/> Military induction, separation or military service site 10 <input type="checkbox"/> Immigration site 11 <input type="checkbox"/> At home/home visit by nurse/health worker 12 <input type="checkbox"/> Other location – <i>Specify</i> _____</p> <p>97 <input type="checkbox"/> Refused 99 <input type="checkbox"/> DK</p> <p align="right">(20) (22) (20)</p> <p align="right">105-106</p>
<p>20. When your blood was (last) tested for the AIDS virus, were you required to give your name?</p>	<p align="right">107</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 7 <input type="checkbox"/> Refused</p>
<p>21. (Again not including blood donations,) AT THE TIME they drew blood for your (last) test for the AIDS virus, did a health professional talk with you about the transmission, prevention or treatment of AIDS or about the meaning of the test?</p>	<p align="right">108</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p>
<p>22. Did you get the results of your (last) blood test?</p>	<p align="right">109</p> <p>1 <input type="checkbox"/> Yes (23) 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Only notified if there was a problem 9 <input type="checkbox"/> DK</p> <p align="right">(26)</p>

Section V – AIDS KNOWLEDGE AND ATTITUDES – Continued

<p>23. How long did you wait to get the results?</p>	<p>(Number) $\left\{ \begin{array}{l} 1 \square \text{ Days} \\ 2 \square \text{ Weeks} \\ 3 \square \text{ Months} \end{array} \right.$</p> <p>999 <input type="checkbox"/> DK</p>	<p align="right">110-112</p> <p align="right">RT 98</p> <p align="right">3-4</p> <p align="right">5</p>
<p>24a. Did a health professional talk with you about AIDS when you were GIVEN THE RESULTS of your (last) test?</p>	<p>1 <input type="checkbox"/> Yes (24b) 2 <input type="checkbox"/> No } (25) 9 <input type="checkbox"/> DK }</p>	
<p><i>HAND CARD A4. Read categories if telephone interview.</i></p>		
<p>b. What kind of topics were covered in the discussion of AIDS? (Just tell me the numbers of your answers).</p> <p>(Anything else?)</p> <p><i>Mark (X) each that applies.</i></p>	<p>01 <input type="checkbox"/> How AIDS is transmitted 02 <input type="checkbox"/> How to prevent transmission 03 <input type="checkbox"/> The correct use of condoms 04 <input type="checkbox"/> Needle cleaning/using clean needles 05 <input type="checkbox"/> Dangers of needle sharing 06 <input type="checkbox"/> Abstinence from sex 07 <input type="checkbox"/> Contraception 08 <input type="checkbox"/> Safe sex practices 09 <input type="checkbox"/> Other – <i>Specify</i> _____</p> <p>99 <input type="checkbox"/> DK/Don't remember</p>	<p align="right">6-7</p> <p align="right">8-9</p> <p align="right">10-11</p> <p align="right">12-13</p> <p align="right">14-15</p> <p align="right">16-17</p> <p align="right">18-19</p> <p align="right">20-21</p> <p align="right">22-23</p> <p align="right">24-25</p>
<p>c. Did you ask questions about the information provided?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>	<p align="right">26</p>
<p>d. Were you given any information that you did NOT understand?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>	<p align="right">27</p>
<p>25. Were the results given to you in person, by telephone, by mail, or in some other way?</p> <p><i>Mark (X) only one.</i></p> <p><i>If more than one given, mark lowest numbered response.</i></p>	<p>1 <input type="checkbox"/> In person 2 <input type="checkbox"/> By telephone 3 <input type="checkbox"/> By mail 4 <input type="checkbox"/> In some other way</p>	<p align="right">28</p>
<p>26. Do you expect to have [a/another] blood test for the AIDS virus infection in the next 12 months, not including through blood donation?</p>	<p>1 <input type="checkbox"/> Yes (27) 2 <input type="checkbox"/> No } (29) 9 <input type="checkbox"/> DK }</p>	<p align="right">29</p>
<p><i>HAND CARD A5. Read intro and categories if telephone interview.</i></p>		
<p>27. (I'm going to read some reasons people might have the blood test for the AIDS virus infection.)</p> <p>Tell me which of these statements explain WHY YOU expect to have the blood test in the next 12 months. (Just tell me the numbers of your answers).</p> <p>(Anything else?)</p> <p><i>Mark (X) each that applies.</i></p>	<p>01 <input type="checkbox"/> Because you want to find out if you are infected 02 <input type="checkbox"/> Because it will be part of hospitalization or surgery you expect to have 03 <input type="checkbox"/> Because you expect to apply for life or health insurance 04 <input type="checkbox"/> Because you expect to apply for a job 05 <input type="checkbox"/> Because you expect to join the military 06 <input type="checkbox"/> Because of guidelines for health care workers 07 <input type="checkbox"/> Because it will be a required part of some other activity that includes automatic AIDS testing 08 <input type="checkbox"/> Because it is required in your non-health care employment 09 <input type="checkbox"/> Because you plan to have/begin a sexual relationship 10 <input type="checkbox"/> For some other reason – <i>Specify</i> _____</p> <p>99 <input type="checkbox"/> DK/Refused</p>	<p align="right">30-31</p> <p align="right">32-33</p> <p align="right">34-35</p> <p align="right">36-37</p> <p align="right">38-39</p> <p align="right">40-41</p> <p align="right">42-43</p> <p align="right">44-45</p> <p align="right">46-47</p> <p align="right">48-49</p> <p align="right">50-51</p>
<p>28. Where will you have a blood test for the AIDS virus infection?</p> <p><i>Mark (X) only one.</i></p> <p><i>If "Clinic", Probe: "What kind of clinic is that?"</i></p>	<p>01 <input type="checkbox"/> AIDS clinic/counselling/testing site 02 <input type="checkbox"/> Community Health Clinic 03 <input type="checkbox"/> Clinic run by employer 04 <input type="checkbox"/> STD clinic 05 <input type="checkbox"/> Family planning/prenatal clinic 06 <input type="checkbox"/> Other clinic 07 <input type="checkbox"/> Doctor/HMO 08 <input type="checkbox"/> Hospital/emergency room/outpatient clinic 09 <input type="checkbox"/> Military induction/separation or military service site 10 <input type="checkbox"/> Red Cross/blood bank/blood drive 11 <input type="checkbox"/> At home/in a visit by the nurse/health practitioner 12 <input type="checkbox"/> Other location – <i>Specify</i> _____</p> <p>97 <input type="checkbox"/> Refused 99 <input type="checkbox"/> DK</p>	<p align="right">52-53</p>

Section V – AIDS KNOWLEDGE AND ATTITUDES – Continued

<p>29a. Have you ever known anyone personally who had AIDS or the AIDS virus?</p>	<p>1 <input type="checkbox"/> Yes (29b) 2 <input type="checkbox"/> No 7 <input type="checkbox"/> Refused 9 <input type="checkbox"/> Don't know if has/had AIDS or the AIDS virus } (30)</p>	<p align="right">54</p>
<p>b. Who was that — a friend, relative, co-worker, or someone else? Mark (X) each that applies.</p>	<p>1 <input type="checkbox"/> Friend 2 <input type="checkbox"/> Relative 3 <input type="checkbox"/> Co-worker 4 <input type="checkbox"/> Someone else – Specify \checkmark _____ 7 <input type="checkbox"/> Refused 9 <input type="checkbox"/> DK</p>	<p align="right">55 56 57 58 59 60</p>
<p>30. What are your chances of GETTING the AIDS virus; would you say high, medium, low, or none?</p>	<p>1 <input type="checkbox"/> High 2 <input type="checkbox"/> Medium 3 <input type="checkbox"/> Low 4 <input type="checkbox"/> None 5 <input type="checkbox"/> Already have AIDS or AIDS virus 7 <input type="checkbox"/> Refused 9 <input type="checkbox"/> DK</p>	<p align="right">61</p>
<p><i>HAND CARD A6. Read statements only if telephone interview.</i></p>		<p align="right">62</p>
<p>31. (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.</p> <p>a. You have hemophilia and have received clotting factor concentrations.</p> <p>b. You are a man who has had sex with another man at some time since 1980, even one time.</p> <p>c. You have taken street drugs by needle at any time since 1980.</p> <p>d. You have traded sex for money or drugs at any time since 1980.</p> <p>e. Since 1980, you are or have been the sex partner of any person who would answer "Yes" to any of the items I have read.</p>	<p>1 <input type="checkbox"/> Yes to at least one statement 2 <input type="checkbox"/> No to all statements</p>	<p align="right">62</p>
<p>The next questions are about Tuberculosis, or TB.</p>		<p align="right">63</p>
<p>32. Are you worried about catching TB?</p>	<p>1 <input type="checkbox"/> Yes (33) 2 <input type="checkbox"/> No } (34) 9 <input type="checkbox"/> DK }</p>	<p align="right">63</p>
<p>33. How worried are you about catching TB – a lot, some, a little, or not at all?</p>	<p>1 <input type="checkbox"/> A lot 2 <input type="checkbox"/> Some 3 <input type="checkbox"/> A little 4 <input type="checkbox"/> Not at all 9 <input type="checkbox"/> DK</p>	<p align="right">64</p>
<p>34a. How much would you say you know about Tuberculosis – a lot, some, a little, or nothing?</p>	<p>1 <input type="checkbox"/> A lot 2 <input type="checkbox"/> Some } (34b) 3 <input type="checkbox"/> A little } 4 <input type="checkbox"/> Nothing (Check Item V3)</p>	<p align="right">65</p>
<p>b. Do you know how TB is spread from one person to another?</p>	<p>1 <input type="checkbox"/> Yes (34c) 2 <input type="checkbox"/> No (Check Item V3)</p>	<p align="right">66</p>
<p><i>HAND CARD A7. Read categories if telephone interview.</i></p>		<p align="right">67</p>
<p>c. As you understand it, how is TB spread from one person to another? (Any other way?) Mark (X) each that applies.</p>	<p>1 <input type="checkbox"/> Breathing the air around a person who is sick with TB 2 <input type="checkbox"/> Through food and water 3 <input type="checkbox"/> By sexual intercourse 4 <input type="checkbox"/> It is inherited from parents 5 <input type="checkbox"/> From mosquito or other insect bites 6 <input type="checkbox"/> Other – Specify \checkmark _____</p>	<p align="right">67 68 69 70 71 72</p>
<p></p>	<p>9 <input type="checkbox"/> DK</p>	<p align="right">73</p>

Section V - AIDS KNOWLEDGE AND ATTITUDES - Continued

ITEM V3	<i>Refer to age.</i>	1 <input type="checkbox"/> 59 or under (35) 2 <input type="checkbox"/> 60+ (End Interview)	74
35.	HAND CARD A8. If telephone interview, end interview. This card shows seven methods of birth control. Which of these do you think is the most effective for preventing pregnancy? Mark (X) only one.	0 <input type="checkbox"/> Diaphragm 1 <input type="checkbox"/> Condom (rubber) 2 <input type="checkbox"/> IUD (loop, coil) 3 <input type="checkbox"/> Rhythm (safe period by calendar) 4 <input type="checkbox"/> Foam 5 <input type="checkbox"/> Pill 6 <input type="checkbox"/> Withdrawal (pulling out) 7 <input type="checkbox"/> DK methods 9 <input type="checkbox"/> DK	75
36.	Refer to Card A8. Which of these do you think is the most effective for preventing sexually transmitted diseases such as syphilis, gonorrhea or AIDS? Mark (X) only one.	0 <input type="checkbox"/> Diaphragm 1 <input type="checkbox"/> Condom (rubber) 2 <input type="checkbox"/> IUD (loop, coil) 3 <input type="checkbox"/> Rhythm (safe period by calendar) 4 <input type="checkbox"/> Foam 5 <input type="checkbox"/> Pill 6 <input type="checkbox"/> Withdrawal (pulling out) 7 <input type="checkbox"/> DK methods 9 <input type="checkbox"/> DK	76

RECORD FINAL STATUS ON BACK COVER.

Notes

9. Response Status

<p style="text-align: right;">5</p> <p>a. Section III A (Access to Care)</p> <p>Interview: <input type="checkbox"/> Complete } <i>(Mark mode)</i> <input type="checkbox"/> Partial } <i>Explain Partial</i> <i>in notes</i></p> <p>Noninterview: <input type="checkbox"/> Refused } <i>Explain</i> <input type="checkbox"/> Other } <i>in notes</i></p> <hr/> <p>Mode of Interview: All or most of the supplement was conducted —</p> <p><input type="checkbox"/> In Person <input type="checkbox"/> By Telephone</p> <p style="text-align: right;">6</p>	<p style="text-align: right;">7</p> <p>b. Sections III B-D (Health Care, Income and Assets)</p> <p>Interview: <input type="checkbox"/> Complete } <i>(Mark mode)</i> <input type="checkbox"/> Partial } <i>Explain Partial</i> <i>in notes</i></p> <p>Noninterview: <input type="checkbox"/> Refused } <i>Explain</i> <input type="checkbox"/> Other } <i>in notes</i></p> <hr/> <p>Mode of Interview: All or most of the supplement was conducted —</p> <p><input type="checkbox"/> In Person <input type="checkbox"/> By Telephone</p> <p style="text-align: right;">8</p>	<p style="text-align: right;">9</p> <p>c. Section IV (Year 2000 Objectives)</p> <p><input type="checkbox"/> No person 18+ <input type="checkbox"/> Not required</p> <p>Interview: <input type="checkbox"/> Complete } <i>(Mark mode)</i> <input type="checkbox"/> Partial } <i>Explain Partial</i> <i>in notes</i></p> <p>Noninterview: <input type="checkbox"/> Refused } <input type="checkbox"/> SP Temp. Absent } <i>Explain</i> <input type="checkbox"/> SP Incapable } <i>in notes</i> <input type="checkbox"/> Other }</p> <hr/> <p>Mode of Interview: All or most of the supplement was conducted —</p> <p><input type="checkbox"/> In Person <input type="checkbox"/> By Telephone</p> <p style="text-align: right;">10</p>	<p style="text-align: right;">11</p> <p>d. Section V (AIDS)</p> <p><input type="checkbox"/> No person 18+ <input type="checkbox"/> Not required</p> <p>Interview: <input type="checkbox"/> Complete } <i>(Mark mode)</i> <input type="checkbox"/> Partial } <i>Explain Partial</i> <i>in notes</i></p> <p>Noninterview: <input type="checkbox"/> Refused } <input type="checkbox"/> SP Temp. absent } <i>Explain</i> <input type="checkbox"/> SP Incapable } <i>in notes</i> <input type="checkbox"/> Other }</p> <hr/> <p>Mode of Interview: All or most of the supplement was conducted —</p> <p><input type="checkbox"/> In Person <input type="checkbox"/> By Telephone</p> <p style="text-align: right;">12</p>
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Notes

FORM **DFS-1**
(7-1-94)

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
CENTERS FOR DISEASE CONTROL AND PREVENTION
NATIONAL CENTER FOR HEALTH STATISTICS

DISABILITY FOLLOWBACK SURVEY
(NHIS PHASE II)
CHILD'S QUESTIONNAIRE

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 50 minutes per response, with an average of 45 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 01
3-7
8

Part I - CALL RECORD

RT 06
3-4

Mode	Date		Beginning time	Results	Ending time	Comments
	Month	Day				
5	6-7	8-9	10-14		15-19	
T			a.m.		a.m.	
P			p.m.		p.m.	
T			a.m.		a.m.	
P			p.m.		p.m.	
T			a.m.		a.m.	
P			p.m.		p.m.	
T			a.m.		a.m.	
P			p.m.		p.m.	

Part II - STATUS

A. Final Status		B. Mode		D. Field representative's name	Code 65-67
Interview 20-21 01 <input type="checkbox"/> Complete 02 <input type="checkbox"/> Partial (Explain in Notes) Noninterview 04 <input type="checkbox"/> Refused 05 <input type="checkbox"/> Unable to contact 06 <input type="checkbox"/> Unable to locate 07 <input type="checkbox"/> Deceased 10 <input type="checkbox"/> Moved o/s PSU, unable to phone 11 <input type="checkbox"/> Other noninterview		1 <input type="checkbox"/> Telephone 22 2 <input type="checkbox"/> Personal visit		Notes	
} (Explain in Notes)		C. Respondent			
		Name 23-63 _____ _____ 64 1 <input type="checkbox"/> Desired respondent (Name on label) 2 <input type="checkbox"/> Preferred respondent (Name in PR box on page 3) 3 <input type="checkbox"/> Other respondent			

Part III - NEW ADDRESS FOR CHILD

RT 07
3-4

A. Address (Different from label)					
Number and street					5-29
City	30-49	State	50-51	ZIP Code	52-60
B. Telephone (Different from label)					
Area code	61-63	Number	64-70	71	
			1 <input type="checkbox"/> None	71	
			7 <input type="checkbox"/> Refused	9 <input type="checkbox"/> DK number	

INITIAL SCREENING - CHILDREN

<p>1. I need to talk to (desired respondent) about (sample child). Do they both live here?</p>	<p>1 <input type="checkbox"/> Yes (Go to 2) 2 <input type="checkbox"/> No (Skip to 6)</p>	<p>5</p>
<p>2. May I speak with (desired respondent)?</p>	<p>1 <input type="checkbox"/> Yes (Skip to A) 2 <input type="checkbox"/> Not available (Go to 3)</p>	<p>6</p>
<p>3. Will (desired respondent) [be available/return] before (closeout date)?</p>	<p>1 <input type="checkbox"/> Yes (Arrange callback) 2 <input type="checkbox"/> No (Go to 4)</p>	<p>7</p>
<p>4. Why will (desired respondent) not be available before (closeout date)?</p>	<p>1 <input type="checkbox"/> Incapable 2 <input type="checkbox"/> Institutionalized } (Skip to 8) 3 <input type="checkbox"/> Temporarily absent (Go to 5) 4 <input type="checkbox"/> Other (Skip to 8)</p>	<p>8</p>
<p>5. How can I get in contact with (desired respondent)?</p>	<p>1 <input type="checkbox"/> Not possible (Skip to 8) 2 <input type="checkbox"/> Address/telephone no. given (Record address and telephone no. on page 3)</p>	<p>9</p>
<p>6a. Do EITHER of them still live here?</p>	<p>1 <input type="checkbox"/> Yes (Go to 6b) 2 <input type="checkbox"/> No (Skip to 7)</p>	<p>10</p>
<p>b. Who?</p>	<p>1 <input type="checkbox"/> Desired respondent } (Skip to 8) 2 <input type="checkbox"/> Sample child</p>	<p>11</p>
<p>7a. Did they move somewhere together?</p>	<p>1 <input type="checkbox"/> Yes (Go to 7b) 2 <input type="checkbox"/> No (Skip to 8)</p>	<p>12</p>
<p>b. Where do (desired respondent) and (sample child) live?</p>	<p>1 <input type="checkbox"/> DK (END interview-noninterview) 2 <input type="checkbox"/> Address/telephone no. given (Record address and telephone no. on page 3)</p>	<p>13</p>
<p><i>Read with parenthetical first.</i></p>		
<p>8a. I need to speak to an adult [relative or guardian who lives with (sample child)] about (sample child's) health. Who would that be?</p>	<p>1 <input type="checkbox"/> Respondent } (Record preferred respondent information on page 3. Go to 8b) 2 <input type="checkbox"/> Other person } 3 <input type="checkbox"/> SC or SC's spouse (Interview SC on DFS-2) 4 <input type="checkbox"/> SC died (Skip to 9) 5 <input type="checkbox"/> SC institutionalized } (Reask 8a without first parenthetical) 6 <input type="checkbox"/> No one 9 <input type="checkbox"/> DK (Skip to 8c)</p>	<p>14</p>
<p>b. How [are you/is this person] related to (sample child)?</p>	<p>1 <input type="checkbox"/> Mother 2 <input type="checkbox"/> Father 3 <input type="checkbox"/> Brother/Sister 4 <input type="checkbox"/> Grandparent 5 <input type="checkbox"/> Other relative 6 <input type="checkbox"/> Nonrelative 9 <input type="checkbox"/> DK } (Continue with A or arrange callback)</p>	<p>15</p>
<p>c. Who would know who I should speak to about (sample child's) health?</p>	<p>1 <input type="checkbox"/> Person given - (Record preferred respondent information on page 3) 2 <input type="checkbox"/> No one (End interview - noninterview) 3 <input type="checkbox"/> DK (End interview - noninterview)</p>	<p>16</p>
<p>9. On what date did (sample child) die?</p>	<p>Date of Death ___/___/19___ } (Mark deceased on Cover Page) 999999 <input type="checkbox"/> DK</p>	<p>17-22</p>

<p>A</p>	<p>Begin all interviews by asking: When we conducted the interview several months ago, we recorded (sample child's) age as (age from label). Is this still correct?</p>	<p>1 <input type="checkbox"/> Yes (Go to Section A on page 5) 2 <input type="checkbox"/> No (Correct age on label, then go to Section A on page 5)</p>
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Notes

INITIAL SCREENING - Continued

NEW ADDRESS (First or only)				RT 09 3-4	Second (If appropriate)				RT 10 3-4			
Name of place (If appropriate)				5-40	Name of place (If appropriate)				5-40			
Number and street				41-64	Number and street				41-64			
City	65-84	State	85-86	ZIP Code	87-95	City	65-84	State	85-86	ZIP Code	87-95	
Telephone					Telephone							
Area code	96-98	Number	99-105	<input type="checkbox"/> None	<input type="checkbox"/> DK		Area code	96-98	Number	99-105	<input type="checkbox"/> None	<input type="checkbox"/> DK
				<input type="checkbox"/> Refused	number						<input type="checkbox"/> Refused	number
PREFERRED RESPONDENT (From 8a or 8c)				RT 11 3-4								
Name				5-40								
<input type="checkbox"/> Mark box if same address/phone as SC (Skip to A1 on page 5)				41								
Number and street				42-65								
City	66-85	State	86-87	ZIP Code	88-96							
Telephone												
Area code	97-99	Number	100-106	<input type="checkbox"/> None	<input type="checkbox"/> DK		Area code	97-99	Number	100-106	<input type="checkbox"/> None	<input type="checkbox"/> DK
				<input type="checkbox"/> Refused	number						<input type="checkbox"/> Refused	number

GENERAL INSTRUCTIONS

- | | |
|---|---|
| <p>1. Conduct all interviews by personal visit unless the only way to get an interview is by telephone.</p> <p>2. After appropriate introductions, begin all interviews with A on page 2.</p> <p>3. If the respondent is not within your normal assignment area, call your office for instructions.</p> <p>4. Make minor corrections to address or phone number on the LABEL. Record new addresses and/or phone numbers above.</p> <p>5. If a question is refused, enter "REF" in the answer space. If the respondent does not know the answer to a question, mark the "DK" box if there is one, or enter "DK" in the answer space.</p> | <p>6. The following symbols and print types are used throughout the questionnaire to standardize the asking of the questions:</p> <ul style="list-style-type: none"> • Long dash (—) – Insert the appropriate words or names from the list. • Underlined italics in parentheses – Insert the specified words, name, date, etc. • Regular type in parentheses – Either read or do not read the parenthetical, depending on the situation and the context of the question. • Brackets with a slash (/) – Choose the appropriate words or phrase for the particular interview. • Bold capitals – Emphasize the word(s) when reading the question. <p>7. If the sample child is emancipated, interview the sample child on a DFS-2 questionnaire, transcribing all label information from the DFS-1 to the DFS-2.</p> |
|---|---|

Notes

Section A - HOME CARE SERVICES

3-4

READ TO RESPONDENT: Because of earlier participation by your family in the National Health Interview Survey, *(child)* has been selected for a special followup study on children's health. In order to get a complete picture of the health needs of U.S. children, we have included a wide range of children in this survey. For this reason, some of the questions may not seem relevant to *(child)*, but your honest responses will help us get an accurate description of the health status and health care needs of U.S. children.

Now I am going to ask you about any **SPECIAL HELP AND SUPERVISION** that *(child)* **NOW** receives at home. By this I mean help **BEYOND** what is needed by most children *(his/her)* age.

ITEM A1	Refer to child's age.	1 <input type="checkbox"/> 5+ years old (Go to 1a) 2 <input type="checkbox"/> Other (Skip to 2)	5
1a. Does <i>(child)</i> NEED special help at home with personal care, that is, help with bathing, dressing, eating, toileting, getting in or out of bed or chairs, or getting around inside the home BEYOND WHAT IS NEEDED BY MOST CHILDREN [HIS/HER] AGE?		1 <input type="checkbox"/> Yes (Go to 1b) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (Skip to 3)	6
b. During the past 12 months, did <i>(child)</i> receive, as part of <i>(his/her)</i> care, training to increase <i>(his/her)</i> independence in daily living skills, such as bathing, dressing, eating, and toileting?		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (Skip to 3)	7
2. Because of any significant delays in development, does <i>(child)</i> need special help at home?		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	8
3. Because of a physical, mental, or emotional problem, does <i>(child)</i> need constant supervision or need to be watched more closely than other children <i>(his/her)</i> age?		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	9
ITEM A2	Refer to questions 1a, 2, and 3. (Special help or supervision)	1 <input type="checkbox"/> "Yes" in 1a, 2, and/or 3 (Go to 4a) 2 <input type="checkbox"/> All other (Skip to 10 on page 10)	10
4a. You said <i>(child)</i> needs [special help/(and) supervision] at home. What are the names of all the people who helped with <i>(child's)</i> [personal care/(and) supervision] in the PAST TWO WEEKS? This includes [special help/(and) supervision] provided by you, other family members, friends, volunteers, or paid professionals. DO NOT INCLUDE PHYSICAL OR OCCUPATIONAL THERAPISTS. Anyone else? _____ Ask 4b only if 4 names in Table H; otherwise skip to 5a on page 6.		(Record up to 4 names in Table H on pages 6 and 7. Return to 4b) OR 0 <input type="checkbox"/> None in past two weeks 9 <input type="checkbox"/> DK } (Skip to 9 on page 8)	11
b. Besides helpers you just mentioned, has anyone else helped <i>(child)</i> AT HOME with personal care or supervision in the past two weeks?		1 <input type="checkbox"/> Yes (Go to 4c) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (Skip to 5a on page 6)	12
c. How many other people have helped?		_____ Helper(s) (Number) 00 <input type="checkbox"/> None 99 <input type="checkbox"/> DK	13-14
d. How many of these additional helpers were paid?		_____ Paid helper(s) (Number) 00 <input type="checkbox"/> None 99 <input type="checkbox"/> DK	15-16

Notes

Section A - HOME CARE SERVICES - Continued

HELPER 01

3-4

TABLE H

Ask 5-8 separately for each helper listed.

Helper name

5-6

5a. Does (helper) help with (child's) personal care, supervision or both?

Mark (X) only one.

Verify and mark (X) if known or HAND CARD C1 and ask. Read categories if telephone interview.

b. What is (helper's) relationship to (child)?

Mark (X) only one.

- 5a. 1 Personal care, 2 Supervision, 3 Both, 9 DK
b. 0 Parent, 1 Other relative in HH, 2 Other relative not in HH, 3 Non-relative in HH, 4 Friend/Neighbor, 5 Unpaid volunteer, 6 Paid employee of an organization, 7 Paid employee of yours, 8 Other, 9 DK

6a. Is this help paid for?

HAND CARD C2. Read categories if telephone interview.

b. Who pays for this help?

(Anyone else?)

Mark (X) all that apply.

- 6a. 1 Yes, 2 No, 9 DK
b. 00 Parent(s), 01 Family in household, 02 Family NOT in household, 03 Private health insurance, 04 Medicaid, 05 Rehabilitation program, 06 Parent's employer, 07 School system, 08 VA program, 09 Other military, 10 Other private source, 11 Other public source, 12 No one/Free, 99 DK

c. Who pays for most of this help? Record box number from 6b.

Ask 6d and e only if box 00 or 01 marked in 6b; otherwise, skip to 6f.

d. DURING THE PAST 12 MONTHS, about how much did the family pay for this help?

e. DURING THE PAST 2 WEEKS, about how much did the family pay for this help?

f. How satisfied or dissatisfied are you with this help? Are you very satisfied, somewhat satisfied, somewhat dissatisfied, or very dissatisfied?

Mark (X) only one.

ASK OR VERIFY:

g. Is (helper) male or female?

- c. Paid most (Number), 99 DK
d. 00000 None, \$.00, 99999 DK
e. 00000 None, \$.00, 99999 DK
f. 1 Very satisfied, 2 Somewhat satisfied, 3 Somewhat dissatisfied, 4 Very dissatisfied, 9 DK
g. 1 Male, 2 Female, 9 DK

7. How many days in the past 2 weeks did (helper) help?

- 7. 00 None, Days, 14 All, 99 DK

8. How many hours per day did (helper) help in the past 2 weeks?

- 8. 00 None, Hours, 96 Less than one hour, 99 DK

Section A - HOME CARE SERVICES - Continued

ITEM A3	Refer to question 5b for ALL HELPERS in Table H. (Any related household members)	1 <input type="checkbox"/> Box "0" or "1" marked (Go to 9) 2 <input type="checkbox"/> Other (Skip to 10 on page 10)	5
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Respite care for children with special needs is care provided by a person or organization to relieve the parent or family caregivers. It can be provided at your home, someone else's home, a home run by an organization, a facility, or an institution.		6
9a. During the past 12 months, have you used any respite care for (child) so that you or your family could go out for a while, take a break, or go on vacation?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	
b. During the past 12 months, have you NEEDED any (additional) respite care for (child)?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	7

ITEM A4	Refer to question 9a. (Respite care in past 12 months)	1 <input type="checkbox"/> "Yes" in 9a (Go to 9c) 2 <input type="checkbox"/> Other (Skip to 10 on page 10)	8
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Ask 9c(1)-(5) before going to 9d-f.		Ask 9d-f for each provider marked "Yes" in 9c.	
9c. Was any of this respite care in the past 12 months provided by —	9d. Altogether, how many days in the past 12 months did you use care provided by ("Yes" in 9c)?		
(1) A relative, friend, or neighbor?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	(1) _____ Days (Number)	10-11
(2) An unpaid volunteer from an organization or business?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	(2) _____ Days (Number)	20-21
(3) A paid employee of an organization or business?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	(3) _____ Days (Number)	30-31
(4) A paid employee of yours?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	(4) _____ Days (Number)	40-41
(5) Any other source?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	(5) _____ Days (Number)	50-51

Notes

Section A - HOME CARE SERVICES - Continued

Read categories if necessary.

9e. On the day(s) that you used this care, on the average how many hours did you use it?

Round fractions to the nearest whole hour.

- (1)** 1 Less than 1 hour
 2 1-2 hours
 3 3-11 hours
 4 12-24 hours
 9 DK

12

9f. Where was this care provided?

Anywhere else?

Mark (X) all that apply

- (1)** 1 Child's home
 2 Home run by organization
 3 Other private home
 4 Facility or institution
 5 Other
 9 DK

- 13
- 14
- 15
- 16
- 17
- 18

- (2)** 1 Less than 1 hour
 2 1-2 hours
 3 3-11 hours
 4 12-24 hours
 9 DK

22

- (2)** 1 Child's home
 2 Home run by organization
 3 Other private home
 4 Facility or institution
 5 Other
 9 DK

- 23
- 24
- 25
- 26
- 27
- 28

- (3)** 1 Less than 1 hour
 2 1-2 hours
 3 3-11 hours
 4 12-24 hours
 9 DK

32

- (3)** 1 Child's home
 2 Home run by organization
 3 Other private home
 4 Facility or institution
 5 Other
 9 DK

- 33
- 34
- 35
- 36
- 37
- 38

- (4)** 1 Less than 1 hour
 2 1-2 hours
 3 3-11 hours
 4 12-24 hours
 9 DK

42

- (4)** 1 Child's home
 2 Home run by organization
 3 Other private home
 4 Facility or institution
 5 Other
 9 DK

- 43
- 44
- 45
- 46
- 47
- 48

- (5)** 1 Less than 1 hour
 2 1-2 hours
 3 3-11 hours
 4 12-24 hours
 9 DK

52

- (5)** 1 Child's home
 2 Home run by organization
 3 Other private home
 4 Facility or institution
 5 Other
 9 DK

- 53
- 54
- 55
- 56
- 57
- 58

Notes

Section A - HOME CARE SERVICES - Continued

10. Does (child's) health require that [he/she] be left only with a person trained to handle MEDICAL EMERGENCIES or perform special procedures?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	59
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11a. Does (child) regularly receive any shots or injections at home?	1 <input type="checkbox"/> Yes (Go to 11b) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (Skip to 12)	60
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b. Who gives the shots? Anyone else? Mark (X) all that apply.	1 <input type="checkbox"/> Parent 2 <input type="checkbox"/> Child (him/herself) 3 <input type="checkbox"/> Doctor/Nurse 4 <input type="checkbox"/> Other 9 <input type="checkbox"/> DK	61 62 63 64 65
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HAND CARD C4. Read categories if telephone interview. 12. Did you have any of these problems trying to get help at home for (child) during the past 12 months? (Anything else?) Mark (X) all that apply.	00 <input type="checkbox"/> Did not try to get home care services 01 <input type="checkbox"/> Service not available 02 <input type="checkbox"/> Had trouble finding the right kind of service 03 <input type="checkbox"/> Medicaid not accepted 04 <input type="checkbox"/> Insurance did not cover 05 <input type="checkbox"/> Too expensive/can't afford 06 <input type="checkbox"/> Difficulty arranging it 07 <input type="checkbox"/> Helpers not reliable 08 <input type="checkbox"/> Helpers not properly trained or equipped 09 <input type="checkbox"/> Helpers hours not convenient 10 <input type="checkbox"/> Could not take off from work to arrange it 11 <input type="checkbox"/> Other problem 12 <input type="checkbox"/> No problem getting help 99 <input type="checkbox"/> DK	66-67 68-69 70-71 72-73 74-75 76-77 78-79 80-81 82-83 84-85 86-87 88-89 90-91 92-93
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Notes

Section B - WORK/CHILD CARE

1a. Have you worked at a job or business for pay in the past month?		1 <input type="checkbox"/> Yes (<i>Go to 1b</i>) 2 <input type="checkbox"/> No (<i>Skip to 2</i>)	5
b. How many hours do you usually work each week?		_____ Number of hours worked each week 99 <input type="checkbox"/> DK	6-7
2a. Did you attend school in the past month?		1 <input type="checkbox"/> Yes (<i>Go to 2b</i>) 2 <input type="checkbox"/> No (<i>Skip to Item B1</i>)	8
b. How many hours do you usually attend school each week?		_____ Number of hours in school each week 99 <input type="checkbox"/> DK	9-10
ITEM B1	Refer to questions 1a and 2a above. (Work and/or attend school)	1 <input type="checkbox"/> "Yes" in 1a or 2a (<i>Go to Item B2</i>) 2 <input type="checkbox"/> All other (<i>Skip to Section C on page 12</i>)	11
ITEM B2	Refer to child's age on label.	1 <input type="checkbox"/> 3 + years old (<i>Go to 3</i>) 2 <input type="checkbox"/> Other (<i>Skip to 4</i>)	12
3. Did (child) attend school during the past month? (Include preschool, nursery school, and kindergarten, as well as regular schools.)		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	13
4a. (Not counting (child's) regular school hours) who took care of (child) MOST OFTEN when you were at [work/(or) school] during the past month? <i>Mark (X) only one.</i>		01 <input type="checkbox"/> MOTHER/FATHER only works during school hours } (<i>Skip to Section C on page 12</i>) 02 <input type="checkbox"/> MOTHER cares for child } 03 <input type="checkbox"/> FATHER cares for child } 04 <input type="checkbox"/> CHILD cares for self (<i>Go to 4b</i>) 05 <input type="checkbox"/> OTHER RELATIVES care for child (<i>Skip to 4c</i>) 06 <input type="checkbox"/> UNRELATED BABYSITTER (<i>Skip to 4d</i>) 07 <input type="checkbox"/> Care provided at SCHOOL } (<i>Skip to 4e</i>) 08 <input type="checkbox"/> DAY CARE CENTER } 09 <input type="checkbox"/> DAY CAMP } 10 <input type="checkbox"/> Other (<i>Skip to 4d</i>) 99 <input type="checkbox"/> DK (<i>Skip to Section C on page 12</i>)	14-15
b. Approximately how many hours did (child) take care of [himself/herself] LAST WEEK?		00 <input type="checkbox"/> None } (<i>Skip to Section C on page 12</i>) _____ Number of hours } 99 <input type="checkbox"/> DK }	16-17
c. How is this person related to (child)?		1 <input type="checkbox"/> Brother/sister 2 <input type="checkbox"/> Grandparent 3 <input type="checkbox"/> Other 9 <input type="checkbox"/> DK	18
d. Where was (child) cared for most often, at home or somewhere else?		1 <input type="checkbox"/> Child's home 2 <input type="checkbox"/> Somewhere else 9 <input type="checkbox"/> DK	19
e. Approximately how many hours was (child) cared for by (answer in 4a) while you [worked/(or) went to school] LAST WEEK?		00 <input type="checkbox"/> None _____ Number of hours 99 <input type="checkbox"/> DK	20-21
f. Do you pay for this child care?		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	22
g. How satisfied are you with this child care? Are you very satisfied, somewhat satisfied, somewhat dissatisfied, or very dissatisfied?		1 <input type="checkbox"/> Very satisfied 2 <input type="checkbox"/> Somewhat satisfied 3 <input type="checkbox"/> Somewhat dissatisfied 4 <input type="checkbox"/> Very dissatisfied 9 <input type="checkbox"/> DK	23

Section C - MEDICAL SERVICES

<p>The following questions concern medical care for <i>(child)</i>. Do not count visits for counseling or mental health therapy.</p> <p>1. During the past 12 months, has <i>(child)</i> had ANY visits to a doctor's office, clinic, hospital, or some other place for health care?</p>	<p align="right">24</p> <p>1 <input type="checkbox"/> Yes (Go to 2) 2 <input type="checkbox"/> No } (Skip to Section D on page 13) 9 <input type="checkbox"/> DK }</p>
<p><i>HAND CARD C5. Read categories if telephone interview.</i></p> <p>2. Why did <i>(child)</i> LAST go to a clinic, health center, hospital, doctor's office, or other medical facility?</p> <p>(Anything else?)</p> <p>Mark (X) all that apply.</p>	<p>1 <input type="checkbox"/> Well child care such as a physical or immunization 2 <input type="checkbox"/> Care for an illness, injury or specific condition 3 <input type="checkbox"/> Consultation 4 <input type="checkbox"/> Other 9 <input type="checkbox"/> DK</p> <p align="right">25 26 27 28 29</p>
<p>3. During the past 12 months, how many times has <i>(child)</i> been to a hospital emergency room?</p>	<p align="right">30-31</p> <p>00 <input type="checkbox"/> None</p> <p>_____ Times (Number)</p> <p>99 <input type="checkbox"/> DK</p>
<p>4. During the past 12 months, has <i>(child)</i> received any treatments AT A HOSPITAL ON A REGULAR BASIS?</p> <p><i>Read if necessary: For example, dialysis, IV treatments, radiation treatments, chemotherapy, transfusions, or physical therapy.</i></p>	<p align="right">32</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p>

Notes

Section D - ASSISTIVE DEVICES AND TECHNOLOGIES

The next questions are about medical devices and implants.

Ask 1a-o before going to 2.

Ask for each "Yes" in 1.

1. In the past 12 months, did (child) use any of the following medical devices or supplies?

2. Did (child) use (device) in the past two weeks?

	Yes	No	DK		Yes	No	DK	
a. A tracheotomy tube?	a. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	5	a. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	6
b. A respirator?	b. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	7	b. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	8
c. An ostomy bag?	c. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	9	c. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	10
d. Catheterization equipment?	d. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	11	d. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	12
e. A glucose monitor?	e. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	13	e. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	14
f. Diabetic equipment or supplies?	f. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	15	f. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	16
g. An inhaler?	g. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	17	g. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	18
h. A nebulizer?	h. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	19	h. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	20
i. A hearing aid?	i. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	21	i. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	22
j. A feeding tube?	j. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	23	j. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	24
k. A wheelchair?	k. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	25	k. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	26
l. A scooter?	l. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	27	l. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	28
m. Crutches?	m. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	29	m. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	30
n. A Cane?	n. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	31	n. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	32
o. A Walker?	o. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	33	o. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	34

ITEM D1	Refer to question 1 above. (Devices used in the past 12 months)	1 <input type="checkbox"/> Yes, one or more used (Go to 3)	35
		2 <input type="checkbox"/> Other (Skip to 4)	

3. During the past 12 months, about how much did the family pay for [this device/these devices]? Do not include money reimbursed by insurance or any other source.	00000 <input type="checkbox"/> None	36-40
\$ _____ . <input type="text" value="00"/>	99999 <input type="checkbox"/> DK	

	Yes	No	DK	
a. An ear vent tube?	a. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	41
b. Any shunt that drains away fluid?	b. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	42
c. An artificial joint?	c. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	43
d. Implanted lens?	d. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	44
e. Implanted pin, screw, nail, wire, rod, or plate?	e. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	45
f. An artificial heart valve?	f. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	46
g. A pacemaker?	g. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	47
h. Silicone implant?	h. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	48
i. Infusion pump?	i. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	49
j. A cochlear (kōk'lē-ər) implant?	j. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	50
k. Any other organ implant?	k. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	51

Notes

Section E - OTHER SERVICES		RT 17		RT 17	
		3-4		3-4	
The next questions are about other services (child) may have received.		A		B	
		01 A physical therapist 5-6		02 An occupational therapist 5-6	
1a. During the past 12 months, did (child) receive any services from _____?	1 <input type="checkbox"/> Yes (Skip to 2a)	7	1 <input type="checkbox"/> Yes (Skip to 2a)	7	
	2 <input type="checkbox"/> No } (Go to 1b) 9 <input type="checkbox"/> DK }		2 <input type="checkbox"/> No } (Go to 1b) 9 <input type="checkbox"/> DK }		
b. Did (child) need the services of _____ in the past 12 months?	1 <input type="checkbox"/> Yes (Skip to 5)	8	1 <input type="checkbox"/> Yes (Skip to 5)	8	
	2 <input type="checkbox"/> No } (Go to 1 for next service) 9 <input type="checkbox"/> DK }		2 <input type="checkbox"/> No } (Go to 1 for next service) 9 <input type="checkbox"/> DK }		
2a. During the past 12 months, in how many months did (child) receive services from _____?	_____ Months	9-10	_____ Months	9-10	
	99 <input type="checkbox"/> DK		99 <input type="checkbox"/> DK		
b. What was the total number of times (child) received services from _____ during [that/those] month(s)?	_____ Times	11-12	_____ Times	11-12	
	99 <input type="checkbox"/> DK		99 <input type="checkbox"/> DK		
HAND CARD C2. Read categories if telephone interview.					
3a. Who paid or will pay for the services (child) received from _____ in the past 12 months? (Anyone else?) Mark (X) all that apply.	00 <input type="checkbox"/> Parent(s)	13-14	00 <input type="checkbox"/> Parent(s)	13-14	
	01 <input type="checkbox"/> Family in household	15-16	01 <input type="checkbox"/> Family in household	15-16	
	02 <input type="checkbox"/> Family NOT in household	17-18	02 <input type="checkbox"/> Family NOT in household	17-18	
	03 <input type="checkbox"/> Private health insurance	19-20	03 <input type="checkbox"/> Private health insurance	19-20	
	04 <input type="checkbox"/> Medicaid	21-22	04 <input type="checkbox"/> Medicaid	21-22	
	05 <input type="checkbox"/> Rehabilitation program	23-24	05 <input type="checkbox"/> Rehabilitation program	23-24	
	06 <input type="checkbox"/> Parent's employer	25-26	06 <input type="checkbox"/> Parent's employer	25-26	
	07 <input type="checkbox"/> School system	27-28	07 <input type="checkbox"/> School system	27-28	
	08 <input type="checkbox"/> VA program	29-30	08 <input type="checkbox"/> VA program	29-30	
	09 <input type="checkbox"/> Other military	31-32	09 <input type="checkbox"/> Other military	31-32	
	10 <input type="checkbox"/> Other private source	33-34	10 <input type="checkbox"/> Other private source	33-34	
	11 <input type="checkbox"/> Other public source	35-36	11 <input type="checkbox"/> Other public source	35-36	
	12 <input type="checkbox"/> No one/Free } (Skip to 4)	37-38	12 <input type="checkbox"/> No one/Free } (Skip to 4)	37-38	
	99 <input type="checkbox"/> DK	39-40	99 <input type="checkbox"/> DK	39-40	
		41-42		41-42	
b. Who paid most of the cost for the services received from _____ in the past 12 months? Record number of main source.	<input type="checkbox"/> Paid most		<input type="checkbox"/> Paid most		
	(Number)		(Number)		
	99 <input type="checkbox"/> DK		99 <input type="checkbox"/> DK		
Ask if more than one box marked in 3a. If only one, transcribe number of box marked without asking.					
c. DURING THE PAST 12 MONTHS, about how much did (child's) family pay for the services received from _____? Do not count any money that has been or will be reimbursed by insurance or any other source.	00000 <input type="checkbox"/> None (Skip to 4)	43-47	00000 <input type="checkbox"/> None (Skip to 4)	43-47	
	\$ _____	00	\$ _____	00	
	99999 <input type="checkbox"/> DK		99999 <input type="checkbox"/> DK		
d. DURING THE PAST 2 WEEKS, about how much did the family pay for services from _____?	00000 <input type="checkbox"/> None	48-52	00000 <input type="checkbox"/> None	48-52	
	\$ _____	00	\$ _____	00	
	99999 <input type="checkbox"/> DK		99999 <input type="checkbox"/> DK		
4. During (month) did (child) receive services from _____?	1 <input type="checkbox"/> Yes (Skip to 1 for next service)	53	1 <input type="checkbox"/> Yes (Skip to 1 for next service)	53	
	2 <input type="checkbox"/> No (Go to 5) 9 <input type="checkbox"/> DK (Skip to 1 for next service)		2 <input type="checkbox"/> No (Go to 5) 9 <input type="checkbox"/> DK (Skip to 1 for next service)		
HAND CARD A7. Read categories if telephone interview.					
5. Why didn't (child) receive services from _____ [in (month)] in the past 12 months? (Anything else?) Mark (X) all that apply.	00 <input type="checkbox"/> Didn't need services	54-55	00 <input type="checkbox"/> Didn't need services	54-55	
	01 <input type="checkbox"/> Provider thinks no longer needed	56-57	01 <input type="checkbox"/> Provider thinks no longer needed	56-57	
	02 <input type="checkbox"/> Too expensive/can't afford	58-59	02 <input type="checkbox"/> Too expensive/can't afford	58-59	
	03 <input type="checkbox"/> Insurance doesn't cover	60-61	03 <input type="checkbox"/> Insurance doesn't cover	60-61	
	04 <input type="checkbox"/> Insurance no longer covers	62-63	04 <input type="checkbox"/> Insurance no longer covers	62-63	
	05 <input type="checkbox"/> No longer on Medicaid	64-65	05 <input type="checkbox"/> No longer on Medicaid	64-65	
	06 <input type="checkbox"/> Provider not available	66-67	06 <input type="checkbox"/> Provider not available	66-67	
	07 <input type="checkbox"/> Didn't like provider	68-69	07 <input type="checkbox"/> Didn't like provider	68-69	
	08 <input type="checkbox"/> Transportation problems	70-71	08 <input type="checkbox"/> Transportation problems	70-71	
	09 <input type="checkbox"/> Could not take time off from work	72-73	09 <input type="checkbox"/> Could not take time off from work	72-73	
	10 <input type="checkbox"/> Other	74-75	10 <input type="checkbox"/> Other	74-75	
	99 <input type="checkbox"/> DK	76-77	99 <input type="checkbox"/> DK	76-77	

C		RT 17 3-4	D		RT 17 3-4	E		RT 17 3-4	F		RT 17 3-4
03 An audiologist		5-6	04 A speech therapist or pathologist		5-6	05 A recreational therapist		5-6	06 A visiting nurse		5-6
1a.	1 <input type="checkbox"/> Yes (Skip to 2a)	7	1a.	1 <input type="checkbox"/> Yes (Skip to 2a)	7	1a.	1 <input type="checkbox"/> Yes (Skip to 2a)	7	1a.	1 <input type="checkbox"/> Yes (Skip to 2a)	7
	2 <input type="checkbox"/> No } (Go to 1b)			2 <input type="checkbox"/> No } (Go to 1b)			2 <input type="checkbox"/> No } (Go to 1b)			2 <input type="checkbox"/> No } (Go to 1b)	
	9 <input type="checkbox"/> DK			9 <input type="checkbox"/> DK			9 <input type="checkbox"/> DK			9 <input type="checkbox"/> DK	
b.	1 <input type="checkbox"/> Yes (Skip to 5)	8	b.	1 <input type="checkbox"/> Yes (Skip to 5)	8	b.	1 <input type="checkbox"/> Yes (Skip to 5)	8	b.	1 <input type="checkbox"/> Yes (Skip to 5)	8
	2 <input type="checkbox"/> No } (Go to 1 for next service)			2 <input type="checkbox"/> No } (Go to 1 for next service)			2 <input type="checkbox"/> No } (Go to 1 for next service)			2 <input type="checkbox"/> No } (Go to 1 for next service on page 16)	
	9 <input type="checkbox"/> DK			9 <input type="checkbox"/> DK			9 <input type="checkbox"/> DK			9 <input type="checkbox"/> DK	
2a.	(Number) Months	9-10	2a.	(Number) Months	9-10	2a.	(Number) Months	9-10	2a.	(Number) Months	9-10
	99 <input type="checkbox"/> DK			99 <input type="checkbox"/> DK			99 <input type="checkbox"/> DK			99 <input type="checkbox"/> DK	
b.	(Number) Times	11-12	b.	(Number) Times	11-12	b.	(Number) Times	11-12	b.	(Number) Times	11-12
	99 <input type="checkbox"/> DK			99 <input type="checkbox"/> DK			99 <input type="checkbox"/> DK			99 <input type="checkbox"/> DK	
3a.	00 <input type="checkbox"/> Parent(s)	13-14	3a.	00 <input type="checkbox"/> Parent(s)	13-14	3a.	00 <input type="checkbox"/> Parent(s)	13-14	3a.	00 <input type="checkbox"/> Parent(s)	13-14
	01 <input type="checkbox"/> Family in household	15-16		01 <input type="checkbox"/> Family in household	15-16		01 <input type="checkbox"/> Family in household	15-16		01 <input type="checkbox"/> Family in household	15-16
	02 <input type="checkbox"/> Family NOT in household	17-18		02 <input type="checkbox"/> Family NOT in household	17-18		02 <input type="checkbox"/> Family NOT in household	17-18		02 <input type="checkbox"/> Family NOT in household	17-18
	03 <input type="checkbox"/> Private health insurance	19-20		03 <input type="checkbox"/> Private health insurance	19-20		03 <input type="checkbox"/> Private health insurance	19-20		03 <input type="checkbox"/> Private health insurance	19-20
	04 <input type="checkbox"/> Medicaid	21-22		04 <input type="checkbox"/> Medicaid	21-22		04 <input type="checkbox"/> Medicaid	21-22		04 <input type="checkbox"/> Medicaid	21-22
	05 <input type="checkbox"/> Rehabilitation program	23-24		05 <input type="checkbox"/> Rehabilitation program	23-24		05 <input type="checkbox"/> Rehabilitation program	23-24		05 <input type="checkbox"/> Rehabilitation program	23-24
	06 <input type="checkbox"/> Parent's employer	25-26		06 <input type="checkbox"/> Parent's employer	25-26		06 <input type="checkbox"/> Parent's employer	25-26		06 <input type="checkbox"/> Parent's employer	25-26
	07 <input type="checkbox"/> School system	27-28		07 <input type="checkbox"/> School system	27-28		07 <input type="checkbox"/> School system	27-28		07 <input type="checkbox"/> School system	27-28
	08 <input type="checkbox"/> VA program	29-30		08 <input type="checkbox"/> VA program	29-30		08 <input type="checkbox"/> VA program	29-30		08 <input type="checkbox"/> VA program	29-30
	09 <input type="checkbox"/> Other military	31-32		09 <input type="checkbox"/> Other military	31-32		09 <input type="checkbox"/> Other military	31-32		09 <input type="checkbox"/> Other military	31-32
	10 <input type="checkbox"/> Other private source	33-34		10 <input type="checkbox"/> Other private source	33-34		10 <input type="checkbox"/> Other private source	33-34		10 <input type="checkbox"/> Other private source	33-34
	11 <input type="checkbox"/> Other public source	35-36		11 <input type="checkbox"/> Other public source	35-36		11 <input type="checkbox"/> Other public source	35-36		11 <input type="checkbox"/> Other public source	35-36
	12 <input type="checkbox"/> No one/Free	37-38		12 <input type="checkbox"/> No one/Free	37-38		12 <input type="checkbox"/> No one/Free	37-38		12 <input type="checkbox"/> No one/Free	37-38
	99 <input type="checkbox"/> DK	39-40		99 <input type="checkbox"/> DK	39-40		99 <input type="checkbox"/> DK	39-40		99 <input type="checkbox"/> DK	39-40
b.	<input type="checkbox"/> Paid most	41-42	b.	<input type="checkbox"/> Paid most	41-42	b.	<input type="checkbox"/> Paid most	41-42	b.	<input type="checkbox"/> Paid most	41-42
	(Number)			(Number)			(Number)			(Number)	
	99 <input type="checkbox"/> DK			99 <input type="checkbox"/> DK			99 <input type="checkbox"/> DK			99 <input type="checkbox"/> DK	
c.	00000 <input type="checkbox"/> None (Skip to 4)	43-47	c.	00000 <input type="checkbox"/> None (Skip to 4)	43-47	c.	00000 <input type="checkbox"/> None (Skip to 4)	43-47	c.	00000 <input type="checkbox"/> None (Skip to 4)	43-47
	\$	00		\$	00		\$	00		\$	00
	99999 <input type="checkbox"/> DK			99999 <input type="checkbox"/> DK			99999 <input type="checkbox"/> DK			99999 <input type="checkbox"/> DK	
d.	00000 <input type="checkbox"/> None	48-52	d.	00000 <input type="checkbox"/> None	48-52	d.	00000 <input type="checkbox"/> None	48-52	d.	00000 <input type="checkbox"/> None	48-52
	\$	00		\$	00		\$	00		\$	00
	99999 <input type="checkbox"/> DK			99999 <input type="checkbox"/> DK			99999 <input type="checkbox"/> DK			99999 <input type="checkbox"/> DK	
4.	1 <input type="checkbox"/> Yes (Skip to 1 for next service)	53	4.	1 <input type="checkbox"/> Yes (Skip to 1 for next service)	53	4.	1 <input type="checkbox"/> Yes (Skip to 1 for next service)	53	4.	1 <input type="checkbox"/> Yes (Skip to 1 for next service on page 16)	53
	2 <input type="checkbox"/> No (Go to 5)			2 <input type="checkbox"/> No (Go to 5)			2 <input type="checkbox"/> No (Go to 5)			2 <input type="checkbox"/> No (Go to 5)	
	9 <input type="checkbox"/> DK (Skip to 1 for next service)			9 <input type="checkbox"/> DK (Skip to 1 for next service)			9 <input type="checkbox"/> DK (Skip to 1 for next service)			9 <input type="checkbox"/> DK (Skip to 1 for next service on page 16)	
5.	00 <input type="checkbox"/> Didn't need services	54-55	5.	00 <input type="checkbox"/> Didn't need services	54-55	5.	00 <input type="checkbox"/> Didn't need services	54-55	5.	00 <input type="checkbox"/> Didn't need services	54-55
	01 <input type="checkbox"/> Provider thinks no longer needed	56-57		01 <input type="checkbox"/> Provider thinks no longer needed	56-57		01 <input type="checkbox"/> Provider thinks no longer needed	56-57		01 <input type="checkbox"/> Provider thinks no longer needed	56-57
	02 <input type="checkbox"/> Too expensive/can't afford	58-59		02 <input type="checkbox"/> Too expensive/can't afford	58-59		02 <input type="checkbox"/> Too expensive/can't afford	58-59		02 <input type="checkbox"/> Too expensive/can't afford	58-59
	03 <input type="checkbox"/> Insurance doesn't cover	60-61		03 <input type="checkbox"/> Insurance doesn't cover	60-61		03 <input type="checkbox"/> Insurance doesn't cover	60-61		03 <input type="checkbox"/> Insurance doesn't cover	60-61
	04 <input type="checkbox"/> Insurance no longer covers	62-63		04 <input type="checkbox"/> Insurance no longer covers	62-63		04 <input type="checkbox"/> Insurance no longer covers	62-63		04 <input type="checkbox"/> Insurance no longer covers	62-63
	05 <input type="checkbox"/> No longer on Medicaid	64-65		05 <input type="checkbox"/> No longer on Medicaid	64-65		05 <input type="checkbox"/> No longer on Medicaid	64-65		05 <input type="checkbox"/> No longer on Medicaid	64-65
	06 <input type="checkbox"/> Provider not available	66-67		06 <input type="checkbox"/> Provider not available	66-67		06 <input type="checkbox"/> Provider not available	66-67		06 <input type="checkbox"/> Provider not available	66-67
	07 <input type="checkbox"/> Didn't like provider	68-69		07 <input type="checkbox"/> Didn't like provider	68-69		07 <input type="checkbox"/> Didn't like provider	68-69		07 <input type="checkbox"/> Didn't like provider	68-69
	08 <input type="checkbox"/> Transportation problems	70-71		08 <input type="checkbox"/> Transportation problems	70-71		08 <input type="checkbox"/> Transportation problems	70-71		08 <input type="checkbox"/> Transportation problems	70-71
	09 <input type="checkbox"/> Could not take time off from work	72-73		09 <input type="checkbox"/> Could not take time off from work	72-73		09 <input type="checkbox"/> Could not take time off from work	72-73		09 <input type="checkbox"/> Could not take time off from work	72-73
	10 <input type="checkbox"/> Other	74-75		10 <input type="checkbox"/> Other	74-75		10 <input type="checkbox"/> Other	74-75		10 <input type="checkbox"/> Other	74-75
	99 <input type="checkbox"/> DK	76-77		99 <input type="checkbox"/> DK	76-77		99 <input type="checkbox"/> DK	76-77		99 <input type="checkbox"/> DK	76-77

Section E - OTHER SERVICES - Continued		RT 17 3-4	RT 17 3-4	
		G	H	
		07 A personal care attendant (other than family or a friend)	08 A reader or interpreter	
1a. During the past 12 months, did (child) receive any services from _____?	1a.	1 <input type="checkbox"/> Yes (Skip to 2a) 7 2 <input type="checkbox"/> No } (Go to 1b) 9 <input type="checkbox"/> DK }	1a.	1 <input type="checkbox"/> Yes (Skip to 2a) 7 2 <input type="checkbox"/> No } (Go to 1b) 9 <input type="checkbox"/> DK }
b. Did (child) need the services of _____ in the past 12 months?	b.	1 <input type="checkbox"/> Yes (Skip to 5) 8 2 <input type="checkbox"/> No } (Go to 1 for next service) 9 <input type="checkbox"/> DK }	b.	1 <input type="checkbox"/> Yes (Skip to 5) 8 2 <input type="checkbox"/> No } (Go to 1 for next service) 9 <input type="checkbox"/> DK }
2a. During the past 12 months, in how many months did (child) receive services from _____?	2a.	(Number) Months 9-10 99 <input type="checkbox"/> DK	2a.	(Number) Months 9-10 99 <input type="checkbox"/> DK
b. What was the total number of times (child) received services from _____ during [that/those] months?	b.	(Number) Times 11-12 99 <input type="checkbox"/> DK	b.	(Number) Times 11-12 99 <input type="checkbox"/> DK
HAND CARD C2. Read categories if telephone interview.				
3a. Who paid or will pay for the services (child) received from _____ in the past 12 months? (Anyone else?) Mark (X) all that apply.	3a.	00 <input type="checkbox"/> Parent(s) 13-14 01 <input type="checkbox"/> Family in household 15-16 02 <input type="checkbox"/> Family NOT in household 17-18 03 <input type="checkbox"/> Private health insurance 19-20 04 <input type="checkbox"/> Medicaid 21-22 05 <input type="checkbox"/> Rehabilitation program 23-24 06 <input type="checkbox"/> Parent's employer 25-26 07 <input type="checkbox"/> School system 27-28 08 <input type="checkbox"/> VA program 29-30 09 <input type="checkbox"/> Other military 31-32 10 <input type="checkbox"/> Other private source 33-34 11 <input type="checkbox"/> Other public source 35-36 12 <input type="checkbox"/> No one/Free } (Skip to 4) 37-38 99 <input type="checkbox"/> DK } 39-40	3a.	00 <input type="checkbox"/> Parent(s) 13-14 01 <input type="checkbox"/> Family in household 15-16 02 <input type="checkbox"/> Family NOT in household 17-18 03 <input type="checkbox"/> Private health insurance 19-20 04 <input type="checkbox"/> Medicaid 21-22 05 <input type="checkbox"/> Rehabilitation program 23-24 06 <input type="checkbox"/> Parent's employer 25-26 07 <input type="checkbox"/> School system 27-28 08 <input type="checkbox"/> VA program 29-30 09 <input type="checkbox"/> Other military 31-32 10 <input type="checkbox"/> Other private source 33-34 11 <input type="checkbox"/> Other public source 35-36 12 <input type="checkbox"/> No one/Free } (Skip to 4) 37-38 99 <input type="checkbox"/> DK } 39-40
b. Who paid most of the cost for the services received from _____ in the past 12 months? Record number of main source.	b.	<input type="checkbox"/> Paid most (Number) 41-42 99 <input type="checkbox"/> DK	b.	<input type="checkbox"/> Paid most (Number) 41-42 99 <input type="checkbox"/> DK
c. DURING THE PAST 12 MONTHS, about how much did (child's) family pay for the services received from _____? Do not count any money that has been or will be reimbursed by insurance or any other source.	c.	00000 <input type="checkbox"/> None (Skip to 4) 43-47 \$ _____ 00 99999 <input type="checkbox"/> DK	c.	00000 <input type="checkbox"/> None (Skip to 4) 43-47 \$ _____ 00 99999 <input type="checkbox"/> DK
d. DURING THE PAST 2 WEEKS, about how much did the family pay for services from _____?	d.	00000 <input type="checkbox"/> None 48-52 \$ _____ 00 99999 <input type="checkbox"/> DK	d.	00000 <input type="checkbox"/> None 48-52 \$ _____ 00 99999 <input type="checkbox"/> DK
4. During (month) did (child) receive services from _____?	4.	1 <input type="checkbox"/> Yes (Skip to 1 for next service) 53 2 <input type="checkbox"/> No (Go to 5) 9 <input type="checkbox"/> DK (Skip to 1 for next service)	4.	1 <input type="checkbox"/> Yes (Skip to 1 for next service) 53 2 <input type="checkbox"/> No (Go to 5) 9 <input type="checkbox"/> DK (Skip to 1 for next service)
HAND CARD A7. Read categories if telephone interview.				
5. Why didn't (child) receive services from _____ [in (month)] in the past 12 months? (Anything else?) Mark (X) all that apply.	5.	00 <input type="checkbox"/> Didn't need services 54-55 01 <input type="checkbox"/> Provider thinks no longer needed 56-57 02 <input type="checkbox"/> Too expensive/can't afford 58-59 03 <input type="checkbox"/> Insurance doesn't cover 60-61 04 <input type="checkbox"/> Insurance no longer covers 62-63 05 <input type="checkbox"/> No longer on Medicaid 64-65 06 <input type="checkbox"/> Provider not available 66-67 07 <input type="checkbox"/> Didn't like provider 68-69 08 <input type="checkbox"/> Transportation problems 70-71 09 <input type="checkbox"/> Could not take time off from work 72-73 10 <input type="checkbox"/> Other 74-75 99 <input type="checkbox"/> DK 76-77	5.	00 <input type="checkbox"/> Didn't need services 54-55 01 <input type="checkbox"/> Provider thinks no longer needed 56-57 02 <input type="checkbox"/> Too expensive/can't afford 58-59 03 <input type="checkbox"/> Insurance doesn't cover 60-61 04 <input type="checkbox"/> Insurance no longer covers 62-63 05 <input type="checkbox"/> No longer on Medicaid 64-65 06 <input type="checkbox"/> Provider not available 66-67 07 <input type="checkbox"/> Didn't like provider 68-69 08 <input type="checkbox"/> Transportation problems 70-71 09 <input type="checkbox"/> Could not take time off from work 72-73 10 <input type="checkbox"/> Other 74-75 99 <input type="checkbox"/> DK 76-77

		RT 17
I		3-4
		Notes
09	Home visits from a doctor	5-6
1a.	1 <input type="checkbox"/> Yes (Skip to 2a)	7
	2 <input type="checkbox"/> No } (Go to 1b)	
	9 <input type="checkbox"/> DK }	
b.	1 <input type="checkbox"/> Yes (Skip to 5)	8
	2 <input type="checkbox"/> No } (Go to 1 for next service on page 18)	
	9 <input type="checkbox"/> DK }	
2a.	____ Months (Number)	9-10
	99 <input type="checkbox"/> DK	
b.	____ Times (Number)	11-12
	99 <input type="checkbox"/> DK	
3a.	00 <input type="checkbox"/> Parent(s)	13-14
	01 <input type="checkbox"/> Family in household	15-16
	02 <input type="checkbox"/> Family NOT in household	17-18
	03 <input type="checkbox"/> Private health insurance	19-20
	04 <input type="checkbox"/> Medicaid	21-22
	05 <input type="checkbox"/> Rehabilitation program	23-24
	06 <input type="checkbox"/> Parent's employer	25-26
	07 <input type="checkbox"/> School system	27-28
	08 <input type="checkbox"/> VA program	29-30
	09 <input type="checkbox"/> Other military	31-32
	10 <input type="checkbox"/> Other private source	33-34
	11 <input type="checkbox"/> Other public source	35-36
12 <input type="checkbox"/> No one/Free } (Skip to 4)	37-38	
99 <input type="checkbox"/> DK	39-40	
b.	<input type="checkbox"/> Paid most (Number)	41-42
	99 <input type="checkbox"/> DK	
c.	00000 <input type="checkbox"/> None (Skip to 4)	43-47
	\$ _____	00
99999 <input type="checkbox"/> DK		
d.	00000 <input type="checkbox"/> None	48-52
	\$ _____	00
99999 <input type="checkbox"/> DK		
4.	1 <input type="checkbox"/> Yes (Skip to 1 for next service on page 18)	53
	2 <input type="checkbox"/> No (Go to 5)	
	9 <input type="checkbox"/> DK (Skip to 1 for next service on page 18)	
5.	00 <input type="checkbox"/> Didn't need services	54-55
	01 <input type="checkbox"/> Provider thinks no longer needed	56-57
	02 <input type="checkbox"/> Too expensive/can't afford	58-59
	03 <input type="checkbox"/> Insurance doesn't cover	60-61
	04 <input type="checkbox"/> Insurance no longer covers	62-63
	05 <input type="checkbox"/> No longer on Medicaid	64-65
	06 <input type="checkbox"/> Provider not available	66-67
	07 <input type="checkbox"/> Didn't like provider	68-69
	08 <input type="checkbox"/> Transportation problems	70-71
	09 <input type="checkbox"/> Could not take time off from work	72-73
	10 <input type="checkbox"/> Other	74-75
99 <input type="checkbox"/> DK	76-77	

Section E - OTHER SERVICES - Continued		RT 17 3-4	RT 17 3-4
		J	K
The next questions are about other services (child) may have received.		10 Services from a center for independent living 5-6	11 Respiratory therapy services 5-6
1a. During the past 12 months, did (child) receive ____ ?	1a. 1 <input type="checkbox"/> Yes (Skip to 2a) 7 2 <input type="checkbox"/> No } (Go to 1b) 9 <input type="checkbox"/> DK }	1a. 1 <input type="checkbox"/> Yes (Skip to 2a) 7 2 <input type="checkbox"/> No } (Go to 1b) 9 <input type="checkbox"/> DK }	1a. 1 <input type="checkbox"/> Yes (Skip to 2a) 7 2 <input type="checkbox"/> No } (Go to 1b) 9 <input type="checkbox"/> DK }
b. Did (child) need ____ in the past 12 months?	b. 1 <input type="checkbox"/> Yes (Skip to 5) 8 2 <input type="checkbox"/> No } (Go to 1 for next service) 9 <input type="checkbox"/> DK }	b. 1 <input type="checkbox"/> Yes (Skip to 5) 8 2 <input type="checkbox"/> No } (Go to 1 for next service) 9 <input type="checkbox"/> DK }	b. 1 <input type="checkbox"/> Yes (Skip to 5) 8 2 <input type="checkbox"/> No } (Go to 1 for next service) 9 <input type="checkbox"/> DK }
2a. During the past 12 months, in how many months did (child) receive ____ ?	2a. _____ Months 9-10 (Number) 99 <input type="checkbox"/> DK	2a. _____ Months 9-10 (Number) 99 <input type="checkbox"/> DK	2a. _____ Months 9-10 (Number) 99 <input type="checkbox"/> DK
b. What was the total number of times (child) received ____ during [that/those] months?	b. _____ Times 11-12 (Number) 99 <input type="checkbox"/> DK	b. _____ Times 11-12 (Number) 99 <input type="checkbox"/> DK	b. _____ Times 11-12 (Number) 99 <input type="checkbox"/> DK
HAND CARD C2. Read categories if telephone interview.			
3a. Who paid or will pay for the services (child) received from ____ in the past 12 months? (Anyone else?) Mark (X) all that apply.	3a. 00 <input type="checkbox"/> Parent(s) 13-14 01 <input type="checkbox"/> Family in household 15-16 02 <input type="checkbox"/> Family NOT in household 17-18 03 <input type="checkbox"/> Private health insurance 19-20 04 <input type="checkbox"/> Medicaid 21-22 05 <input type="checkbox"/> Rehabilitation program 23-24 06 <input type="checkbox"/> Parent's employer 25-26 07 <input type="checkbox"/> School system 27-28 08 <input type="checkbox"/> VA program 29-30 09 <input type="checkbox"/> Other military 31-32 10 <input type="checkbox"/> Other private source 33-34 11 <input type="checkbox"/> Other public source 35-36 12 <input type="checkbox"/> No one/ Free } (Skip to 4) 37-38 99 <input type="checkbox"/> DK } 39-40	3a. 00 <input type="checkbox"/> Parent(s) 13-14 01 <input type="checkbox"/> Family in household 15-16 02 <input type="checkbox"/> Family NOT in household 17-18 03 <input type="checkbox"/> Private health insurance 19-20 04 <input type="checkbox"/> Medicaid 21-22 05 <input type="checkbox"/> Rehabilitation program 23-24 06 <input type="checkbox"/> Parent's employer 25-26 07 <input type="checkbox"/> School system 27-28 08 <input type="checkbox"/> VA program 29-30 09 <input type="checkbox"/> Other military 31-32 10 <input type="checkbox"/> Other private source 33-34 11 <input type="checkbox"/> Other public source 35-36 12 <input type="checkbox"/> No one/ Free } (Skip to 4) 37-38 99 <input type="checkbox"/> DK } 39-40	3a. 00 <input type="checkbox"/> Parent(s) 13-14 01 <input type="checkbox"/> Family in household 15-16 02 <input type="checkbox"/> Family NOT in household 17-18 03 <input type="checkbox"/> Private health insurance 19-20 04 <input type="checkbox"/> Medicaid 21-22 05 <input type="checkbox"/> Rehabilitation program 23-24 06 <input type="checkbox"/> Parent's employer 25-26 07 <input type="checkbox"/> School system 27-28 08 <input type="checkbox"/> VA program 29-30 09 <input type="checkbox"/> Other military 31-32 10 <input type="checkbox"/> Other private source 33-34 11 <input type="checkbox"/> Other public source 35-36 12 <input type="checkbox"/> No one/ Free } (Skip to 4) 37-38 99 <input type="checkbox"/> DK } 39-40
b. Who paid most of the cost for ____ in the past 12 months? Record number of main source.	b. <input type="checkbox"/> <input type="checkbox"/> Paid most (Number) 41-42 99 <input type="checkbox"/> DK	b. <input type="checkbox"/> <input type="checkbox"/> Paid most (Number) 41-42 99 <input type="checkbox"/> DK	b. <input type="checkbox"/> <input type="checkbox"/> Paid most (Number) 41-42 99 <input type="checkbox"/> DK
c. DURING THE PAST 12 MONTHS, about how much did (child's) family pay for ____ ? Do not count any money that has been or will be reimbursed by insurance or any other source.	c. 00000 <input type="checkbox"/> None (Skip to 4) 43-47 \$ _____ 00 99999 <input type="checkbox"/> DK	c. 00000 <input type="checkbox"/> None (Skip to 4) 43-47 \$ _____ 00 99999 <input type="checkbox"/> DK	c. 00000 <input type="checkbox"/> None (Skip to 4) 43-47 \$ _____ 00 99999 <input type="checkbox"/> DK
d. DURING THE PAST 2 WEEKS, about how much did the family pay for ____ ?	d. 00000 <input type="checkbox"/> None 48-52 \$ _____ 00 99999 <input type="checkbox"/> DK	d. 00000 <input type="checkbox"/> None 48-52 \$ _____ 00 99999 <input type="checkbox"/> DK	d. 00000 <input type="checkbox"/> None 48-52 \$ _____ 00 99999 <input type="checkbox"/> DK
4. During (month) did (child) receive ____ ?	4. 1 <input type="checkbox"/> Yes (Skip to 1 for next service) 53 2 <input type="checkbox"/> No (Go to 5) 9 <input type="checkbox"/> DK (Skip to 1 for next service)	4. 1 <input type="checkbox"/> Yes (Skip to 1 for next service) 53 2 <input type="checkbox"/> No (Go to 5) 9 <input type="checkbox"/> DK (Skip to 1 for next service)	4. 1 <input type="checkbox"/> Yes (Skip to 1 for next service) 53 2 <input type="checkbox"/> No (Go to 5) 9 <input type="checkbox"/> DK (Skip to 1 for next service)
HAND CARD A7. Read categories if telephone interview.			
5. Why didn't (child) receive ____ [in (month)] in the past 12 months? (Anything else?) Mark (X) all that apply.	5. 00 <input type="checkbox"/> Didn't need services 54-55 01 <input type="checkbox"/> Provider thinks no longer needed 56-57 02 <input type="checkbox"/> Too expensive/ can't afford 58-59 03 <input type="checkbox"/> Insurance doesn't cover 60-61 04 <input type="checkbox"/> Insurance no longer covers 62-63 05 <input type="checkbox"/> No longer on Medicaid 64-65 06 <input type="checkbox"/> Provider not available 66-67 07 <input type="checkbox"/> Didn't like provider 68-69 08 <input type="checkbox"/> Transportation problems 70-71 09 <input type="checkbox"/> Could not take time off from work 72-73 10 <input type="checkbox"/> Other 74-75 99 <input type="checkbox"/> DK 76-77	5. 00 <input type="checkbox"/> Didn't need services 54-55 01 <input type="checkbox"/> Provider thinks no longer needed 56-57 02 <input type="checkbox"/> Too expensive/ can't afford 58-59 03 <input type="checkbox"/> Insurance doesn't cover 60-61 04 <input type="checkbox"/> Insurance no longer covers 62-63 05 <input type="checkbox"/> No longer on Medicaid 64-65 06 <input type="checkbox"/> Provider not available 66-67 07 <input type="checkbox"/> Didn't like provider 68-69 08 <input type="checkbox"/> Transportation problems 70-71 09 <input type="checkbox"/> Could not take time off from work 72-73 10 <input type="checkbox"/> Other 74-75 99 <input type="checkbox"/> DK 76-77	5. 00 <input type="checkbox"/> Didn't need services 54-55 01 <input type="checkbox"/> Provider thinks no longer needed 56-57 02 <input type="checkbox"/> Too expensive/ can't afford 58-59 03 <input type="checkbox"/> Insurance doesn't cover 60-61 04 <input type="checkbox"/> Insurance no longer covers 62-63 05 <input type="checkbox"/> No longer on Medicaid 64-65 06 <input type="checkbox"/> Provider not available 66-67 07 <input type="checkbox"/> Didn't like provider 68-69 08 <input type="checkbox"/> Transportation problems 70-71 09 <input type="checkbox"/> Could not take time off from work 72-73 10 <input type="checkbox"/> Other 74-75 99 <input type="checkbox"/> DK 76-77

L		RT 17 3-4	M		RT 17 3-4	Notes
12 Social work services		5-6	13 Transportation services		5-6	
1a.	1 <input type="checkbox"/> Yes (Skip to 2a) 2 <input type="checkbox"/> No } (Go to 1b) 9 <input type="checkbox"/> DK }	7	1a.	1 <input type="checkbox"/> Yes (Skip to 2a) 2 <input type="checkbox"/> No } (Go to 1b) 9 <input type="checkbox"/> DK }	7	
b.	1 <input type="checkbox"/> Yes (Skip to 5) 2 <input type="checkbox"/> No } (Go to 1 for 9 <input type="checkbox"/> DK } next service)	8	b.	1 <input type="checkbox"/> Yes (Skip to 5) 2 <input type="checkbox"/> No } (Skip to 6 9 <input type="checkbox"/> DK } on page 20)	8	
2a.	____ Months (Number) 99 <input type="checkbox"/> DK	9-10	2a.	____ Months (Number) 99 <input type="checkbox"/> DK	9-10	
b.	____ Times (Number) 99 <input type="checkbox"/> DK	11-12	b.	____ Times (Number) 99 <input type="checkbox"/> DK	11-12	
3a.	00 <input type="checkbox"/> Parent(s) 13-14 01 <input type="checkbox"/> Family in household 15-16 02 <input type="checkbox"/> Family NOT in household 17-18 03 <input type="checkbox"/> Private health insurance 19-20 04 <input type="checkbox"/> Medicaid 21-22 05 <input type="checkbox"/> Rehabilitation program 23-24 06 <input type="checkbox"/> Parent's employer 25-26 07 <input type="checkbox"/> School system 27-28 08 <input type="checkbox"/> VA program 29-30 09 <input type="checkbox"/> Other military 31-32 10 <input type="checkbox"/> Other private source 33-34 11 <input type="checkbox"/> Other public source 35-36 12 <input type="checkbox"/> No one/Free } (Skip to 4) 99 <input type="checkbox"/> DK } 37-38 39-40		3a.	00 <input type="checkbox"/> Parent(s) 13-14 01 <input type="checkbox"/> Family in household 15-16 02 <input type="checkbox"/> Family NOT in household 17-18 03 <input type="checkbox"/> Private health insurance 19-20 04 <input type="checkbox"/> Medicaid 21-22 05 <input type="checkbox"/> Rehabilitation program 23-24 06 <input type="checkbox"/> Parent's employer 25-26 07 <input type="checkbox"/> School system 27-28 08 <input type="checkbox"/> VA program 29-30 09 <input type="checkbox"/> Other military 31-32 10 <input type="checkbox"/> Other private source 33-34 11 <input type="checkbox"/> Other public source 35-36 12 <input type="checkbox"/> No one/Free } (Skip to 4) 99 <input type="checkbox"/> DK } 37-38 39-40		
b.	<input type="checkbox"/> Paid most (Number) 99 <input type="checkbox"/> DK	41-42	b.	<input type="checkbox"/> Paid most (Number) 99 <input type="checkbox"/> DK	41-42	
c.	00000 <input type="checkbox"/> None (Skip to 4) \$ _____ 00 99999 <input type="checkbox"/> DK	43-47	c.	00000 <input type="checkbox"/> None (Skip to 4) \$ _____ 00 99999 <input type="checkbox"/> DK	43-47	
d.	00000 <input type="checkbox"/> None \$ _____ 00 99999 <input type="checkbox"/> DK	48-52	d.	00000 <input type="checkbox"/> None \$ _____ 00 99999 <input type="checkbox"/> DK	48-52	
4.	1 <input type="checkbox"/> Yes (Skip to 1 for next service) 2 <input type="checkbox"/> No (Go to 5) 9 <input type="checkbox"/> DK (Skip to 1 for next service)	53	4.	1 <input type="checkbox"/> Yes (Skip to 6 on page 20) 2 <input type="checkbox"/> No (Go to 5) 9 <input type="checkbox"/> DK (Skip to 6 on page 20)	53	
5.	00 <input type="checkbox"/> Didn't need services 54-55 01 <input type="checkbox"/> Provider thinks no longer needed 56-57 02 <input type="checkbox"/> Too expensive/can't afford 58-59 03 <input type="checkbox"/> Insurance doesn't cover 60-61 04 <input type="checkbox"/> Insurance no longer covers 62-63 05 <input type="checkbox"/> No longer on Medicaid 64-65 06 <input type="checkbox"/> Provider not available 66-67 07 <input type="checkbox"/> Didn't like provider 68-69 08 <input type="checkbox"/> Transportation problems 70-71 09 <input type="checkbox"/> Could not take time off from work 72-73 10 <input type="checkbox"/> Other 74-75 99 <input type="checkbox"/> DK 76-77		5.	00 <input type="checkbox"/> Didn't need services 54-55 01 <input type="checkbox"/> Provider thinks no longer needed 56-57 02 <input type="checkbox"/> Too expensive/can't afford 58-59 03 <input type="checkbox"/> Insurance doesn't cover 60-61 04 <input type="checkbox"/> Insurance no longer covers 62-63 05 <input type="checkbox"/> No longer on Medicaid 64-65 06 <input type="checkbox"/> Provider not available 66-67 07 <input type="checkbox"/> Didn't like provider 68-69 08 <input type="checkbox"/> Transportation problems 70-71 09 <input type="checkbox"/> Could not take time off from work 72-73 10 <input type="checkbox"/> Other 74-75 99 <input type="checkbox"/> DK 76-77		

Section E - OTHER SERVICES - Continued

HAND CARD C6. Read categories in 6b if telephone interview.

6a. Is (child) currently on a waiting list for any of these services?

- 1 Yes (Go to 6b)
 2 No } (Skip to Section F on page 21)
 9 DK }

b. For which ones is (child) on a waiting list?

Anything else?

Mark (X) all that apply.

- | | |
|--|-------|
| 01 <input type="checkbox"/> A physical therapist | 6-7 |
| 02 <input type="checkbox"/> An occupational therapist | 8-9 |
| 03 <input type="checkbox"/> An audiologist | 10-11 |
| 04 <input type="checkbox"/> A speech therapist or pathologist | 12-13 |
| 05 <input type="checkbox"/> A recreational therapist | 14-15 |
| 06 <input type="checkbox"/> A visiting nurse | 16-17 |
| 07 <input type="checkbox"/> A personal care attendant, other than family or a friend | 18-19 |
| 08 <input type="checkbox"/> A reader or interpreter | 20-21 |
| 09 <input type="checkbox"/> Home visits from a doctor | 22-23 |
| 10 <input type="checkbox"/> Services from a center for independent living | 24-25 |
| 11 <input type="checkbox"/> Respiratory therapy services | 26-27 |
| 12 <input type="checkbox"/> Social work services | 28-29 |
| 13 <input type="checkbox"/> Transportation services | 30-31 |
| 99 <input type="checkbox"/> DK | 32-33 |

Notes

Section F – EDUCATIONAL SERVICES

ITEM F1	<i>Refer to child's age on label.</i>	<input type="checkbox"/> 1 3+ years old (Go to 1) <input type="checkbox"/> 2 Other (Skip to 5 on page 23)	5
<p>Special education is a program designed to meet the individual needs of children with special needs. It is paid for by the public school system and may take place at a regular school, a special school, a private school, at home, or at a hospital.</p>			6
<p>1a. DURING THE PAST 12 MONTHS, has (child) received any type of special education services or benefits? Do not include gifted or talented programs.</p>		<input type="checkbox"/> 1 Yes (Go to 1b) <input type="checkbox"/> 2 No } (Skip to 3 on page 22) <input type="checkbox"/> 9 DK	
<p><i>HAND CARD A15. Read categories if telephone interview.</i></p>			
<p>b. During the past 12 months, which of these services or benefits did (child) receive through special education programs?</p>		<input type="checkbox"/> 01 Transportation services <input type="checkbox"/> 02 Speech/Language therapy <input type="checkbox"/> 03 Audiology services for hearing problems (such as testing, evaluation, and training) <input type="checkbox"/> 04 Mental health or counseling services <input type="checkbox"/> 05 Developmental testing <input type="checkbox"/> 06 Physical therapy <input type="checkbox"/> 07 Occupational therapy <input type="checkbox"/> 08 Recreational therapy <input type="checkbox"/> 09 Respiratory therapy <input type="checkbox"/> 10 Social work services <input type="checkbox"/> 11 Eyeglasses <input type="checkbox"/> 12 Hearing aids <input type="checkbox"/> 13 Wheelchair <input type="checkbox"/> 14 Other assistive devices and training in their use <input type="checkbox"/> 15 Medical services for diagnostic and evaluation purposes <input type="checkbox"/> 16 Communication services (such as reader, interpreter, or writer) <input type="checkbox"/> 17 Nursing services <input type="checkbox"/> 18 Other <input type="checkbox"/> 99 DK	7-8 9-10 11-12 13-14 15-15 17-18 19-20 21-22 23-24 25-26 27-28 29-30 31-32 33-34 35-36 37-38 39-40 41-42 43-44
<p>(Anything else?) <i>Mark (X) all that apply.</i></p>			
<p><i>HAND CARD A16. Read categories if telephone interview.</i></p>			
<p>c. During the past 12 months, has (child) received special education for any of these conditions?</p>		<input type="checkbox"/> 01 Learning disabilities <input type="checkbox"/> 02 Speech or language problems <input type="checkbox"/> 03 Mental retardation <input type="checkbox"/> 04 Emotional disturbances <input type="checkbox"/> 05 Deaf and blind <input type="checkbox"/> 06 Hearing, including deafness or hard of hearing <input type="checkbox"/> 07 Visual, including blindness and other problems <input type="checkbox"/> 08 Orthopedic problems <input type="checkbox"/> 09 Autism <input type="checkbox"/> 10 Traumatic brain injury <input type="checkbox"/> 11 Developmental delay <input type="checkbox"/> 12 Multiple disabilities <input type="checkbox"/> 13 Other health problem <input type="checkbox"/> 14 Not a specific condition <input type="checkbox"/> 99 DK	45-46 47-48 49-50 51-52 53-54 55-56 57-58 59-60 61-62 63-64 65-66 67-68 69-70 71-72 73-74
<p>(Anything else?) <i>Mark (X) all that apply.</i></p>			
<p><i>HAND CARD A17. Read categories if telephone interview.</i></p>			
<p>d. During the past 12 months, where did (child) receive these special education services?</p>		<input type="checkbox"/> 01 Regular classroom setting <input type="checkbox"/> 02 Resource room in regular school <input type="checkbox"/> 03 Separate class all day or part of a day in regular school <input type="checkbox"/> 04 Special school - day school <input type="checkbox"/> 05 Special school - residential school <input type="checkbox"/> 06 Home <input type="checkbox"/> 07 Hospital or institution <input type="checkbox"/> 08 Provider's office <input type="checkbox"/> 09 Other <input type="checkbox"/> 99 DK	75-76 77-78 79-80 81-82 83-84 85-86 87-88 89-90 91-92 93-94
<p>(Anywhere else?) <i>Mark (X) all that apply.</i></p>			
<p>e. Has (child) received any special education services during the past month?</p>		<input type="checkbox"/> 1 Yes (Skip to Item F2 on page 22) <input type="checkbox"/> 2 No (Go to 1f) <input type="checkbox"/> 9 DK (Skip to Item F2 on page 22)	95
<p>f. Why hasn't (child) received any special education services in the past month?</p>		<input type="checkbox"/> 0 Child did not need the service during the past month <input type="checkbox"/> 1 Provider/school thinks services no longer necessary <input type="checkbox"/> 2 Child on vacation from school <input type="checkbox"/> 3 Provider/service no longer available <input type="checkbox"/> 4 Didn't like provider/service <input type="checkbox"/> 5 Transportation problems <input type="checkbox"/> 6 Could not take time off from work to arrange it <input type="checkbox"/> 7 Other reason <input type="checkbox"/> 9 DK	96 97 98 99 100 101 102 103 104
<p>Anything else? <i>Mark (X) all that apply.</i></p>			

Section F – EDUCATIONAL SERVICES – Continued

ITEM F2	<i>Refer to child's age on label.</i>	1 <input type="checkbox"/> 16+ years old (<i>Go to 2</i>) 2 <input type="checkbox"/> Other (<i>Skip to 3</i>)	105
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2.	During the past 12 months, did (<i>child</i>) receive any instruction through special education about how to get and keep a job?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	106
-----------	--	--	-----

3a.	During the past 12 months, have you tried to get any (additional) special education services for (<i>child</i>)?	1 <input type="checkbox"/> Yes (<i>Go to 3b</i>) 2 <input type="checkbox"/> No } (<i>Skip to 4</i>) 9 <input type="checkbox"/> DK }	5
------------	--	---	---

HAND CARD A15. Read categories if telephone interview.

b. What (additional) special education services did you try to get for (*child*)?

(Anything else?)

Mark (X) all that apply.

- | | |
|---|-------|
| 01 <input type="checkbox"/> Transportation services | 6-7 |
| 02 <input type="checkbox"/> Speech/Language therapy | 8-9 |
| 03 <input type="checkbox"/> Audiology services for hearing problems (such as testing, evaluation, and training) | 10-11 |
| 04 <input type="checkbox"/> Mental health or counseling services | 12-13 |
| 05 <input type="checkbox"/> Developmental testing | 14-15 |
| 06 <input type="checkbox"/> Physical therapy | 16-17 |
| 07 <input type="checkbox"/> Occupational therapy | 18-19 |
| 08 <input type="checkbox"/> Recreational therapy | 20-21 |
| 09 <input type="checkbox"/> Respiratory therapy | 22-23 |
| 10 <input type="checkbox"/> Social work services | 24-25 |
| 11 <input type="checkbox"/> Eyeglasses | 26-27 |
| 12 <input type="checkbox"/> Hearing aids | 28-29 |
| 13 <input type="checkbox"/> Wheelchair | 30-31 |
| 14 <input type="checkbox"/> Other assistive devices and training in their use | 32-33 |
| 15 <input type="checkbox"/> Medical services for diagnostic and evaluation purposes | 34-35 |
| 16 <input type="checkbox"/> Communication services (such as reader, interpreter, or writer) | 36-37 |
| 17 <input type="checkbox"/> Nursing services | 38-39 |
| 18 <input type="checkbox"/> Other | 40-41 |
| 99 <input type="checkbox"/> DK | 42-43 |

c. During the past 12 months, was (*child*) on a waiting list for any special education services?

- 1 Yes
 2 No
 9 DK

HAND CARD C7. Read categories if telephone interview.

d. What problems did you have trying to get (additional) special education services for (*child*) during the past 12 months?

(Anything else?)

Mark (X) all that apply.

- | | |
|---|-------|
| 00 <input type="checkbox"/> No problem getting services | 45-46 |
| 01 <input type="checkbox"/> Service is not available | 47-48 |
| 02 <input type="checkbox"/> Had trouble finding the right kind of service | 49-50 |
| 03 <input type="checkbox"/> Services available are inadequate | 51-52 |
| 04 <input type="checkbox"/> School did not think child needed the service | 53-54 |
| 05 <input type="checkbox"/> School would not test child for disabilities | 55-56 |
| 06 <input type="checkbox"/> School would not help in finding services | 57-58 |
| 07 <input type="checkbox"/> Could not take time off from work to arrange it | 59-60 |
| 08 <input type="checkbox"/> Other problems | 61-62 |
| 99 <input type="checkbox"/> DK | 63-64 |

4. Overall, how satisfied are you with the educational services that (*child*) receives? Are you very satisfied, somewhat satisfied, somewhat dissatisfied, or very dissatisfied?

- 0 Does not receive educational services
 1 Very satisfied
 2 Somewhat satisfied
 3 Somewhat dissatisfied
 4 Very dissatisfied
 9 DK

(Skip to Section G on page 25)

Notes	
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Section F - EDUCATIONAL SERVICES - Continued

Special education is a program designed to meet the individual needs of infants and very young children who have special needs. It is provided free and may include services at home, at a hospital, or somewhere else.

66

5a. During the past 12 months, has (child) received any type of special education services?

- 1 Yes (Go to 5b)
- 2 No
- 9 DK } (Skip to 6 on page 24)

HAND CARD C8. Read categories if telephone interview.

b. During the past 12 months, which of these special education services did (child) receive?

(Anything else?)

Mark (X) all that apply.

- 01 Transportation services 67-68
- 02 Speech/Language therapy 69-70
- 03 Audiology services for hearing problems (such as testing, evaluation, and training) 71-72
- 04 Family training, counseling and home visits 73-74
- 05 Nursing or health services 75-76
- 06 Physical therapy 77-78
- 07 Occupational therapy 79-80
- 08 Nutrition services 81-82
- 09 Social work services 83-84
- 10 Psychological services 85-86
- 11 Service coordination/case management 87-88
- 12 Special instruction 89-90
- 13 Vision services, including eye testing and obtaining glasses 91-92
- 14 Other assistive devices and training in their use 93-94
- 15 Medical services for diagnostic and evaluation purposes 95-96
- 16 Other early intervention services 97-98
- 99 DK 99-100

c. During the past 12 months, has (child) received special education for a developmental delay, other health condition, or some other problem?

Mark (X) all that apply.

- 1 Developmental delay 101
 - 2 Other health condition 102
 - 3 Other problem 103
 - 4 DK 104
- RT 21
3-4

d. During the past 12 months, where did (child) receive these special education services?

Anywhere else?

Mark (X) all that apply.

- 01 Home 5-6
- 02 Family daycare 7-8
- 03 Regular nursery school/daycare center 9-10
- 04 Outpatient services facility 11-12
- 05 Early intervention classroom/center 13-14
- 06 Hospital as inpatient 15-16
- 07 Provider's office 17-18
- 08 Residential facility 19-20
- 09 Other place 21-22
- 99 DK 23-24

e. Has (child) received any special education services during the past MONTH?

- 1 Yes (Skip to 6 on page 24)
- 2 No (Go to 5f)
- 9 DK (Skip to 6 on page 24)

25

f. Why didn't (child) receive special education services during the past MONTH?

Anything else?

Mark (X) all that apply.

- 0 Child did not need the service during the past month 26
- 1 Provider/school thinks services no longer necessary 27
- 2 Child on vacation from school 28
- 3 Provider/service no longer available 29
- 4 Didn't like provider/service 30
- 5 Transportation problems 31
- 6 Could not take time off from work to arrange it 32
- 7 Other reason 33
- 9 DK 34

Notes

Section F - EDUCATIONAL SERVICES - Continued

<p>6a. During the past 12 months, have you tried to get any (additional) special education services for <u>(child)</u>?</p>	<p>1 <input type="checkbox"/> Yes (Go to 6b) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (Skip to 7)</p>	<p>35</p>
<p><i>HAND CARD C8. Read categories if telephone interview.</i></p>		
<p>b. What (additional) special education services did you try to get for <u>(child)</u>? (Anything else?) <i>Mark (X) all that apply.</i></p>	<p>01 <input type="checkbox"/> Transportation services 02 <input type="checkbox"/> Speech/Language therapy 03 <input type="checkbox"/> Audiology services for hearing problems (such as testing, evaluation, and training) 04 <input type="checkbox"/> Family training, counseling and home visits 05 <input type="checkbox"/> Nursing or health services 06 <input type="checkbox"/> Physical therapy 07 <input type="checkbox"/> Occupational therapy 08 <input type="checkbox"/> Nutrition services 09 <input type="checkbox"/> Social work services 10 <input type="checkbox"/> Psychological services 11 <input type="checkbox"/> Service coordination/case management 12 <input type="checkbox"/> Special instruction 13 <input type="checkbox"/> Vision services, including eye testing and obtaining glasses 14 <input type="checkbox"/> Other assistive devices and training in their use 15 <input type="checkbox"/> Medical services for diagnostic and evaluation purposes 16 <input type="checkbox"/> Other early intervention services 99 <input type="checkbox"/> DK</p>	<p>36-37 38-39 40-41 42-43 44-45 46-47 48-49 50-51 52-53 54-55 56-57 58-59 60-61 62-63 64-65 66-67 68-69</p>
<p>c. During the past 12 months, was <u>(child)</u> on a waiting list for any special education services?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p>	<p>70</p>
<p><i>HAND CARD C7. Read categories if telephone interview.</i></p>		
<p>d. What problems did you have trying to get special education services for <u>(child)</u> during the past 12 months? (Anything else?) <i>Mark (X) all that apply.</i></p>	<p>00 <input type="checkbox"/> No problem getting services 01 <input type="checkbox"/> Service is not available 02 <input type="checkbox"/> Had trouble finding the right kind of service 03 <input type="checkbox"/> Services available are inadequate 04 <input type="checkbox"/> School did not think child needed the service 05 <input type="checkbox"/> School would not test child for disabilities 06 <input type="checkbox"/> School would not help in finding services 07 <input type="checkbox"/> Could not take time off from work to arrange it 08 <input type="checkbox"/> Other problems 99 <input type="checkbox"/> DK</p>	<p>71-72 73-74 75-76 77-78 79-80 81-82 83-84 85-86 87-88 89-90</p>
<p>7. Overall, how satisfied are you with the education services that <u>(child)</u> receives? Are you very satisfied, somewhat satisfied, somewhat dissatisfied, or very dissatisfied?</p>	<p>0 <input type="checkbox"/> Did not receive any educational services 1 <input type="checkbox"/> Very satisfied 2 <input type="checkbox"/> Somewhat satisfied 3 <input type="checkbox"/> Somewhat dissatisfied 4 <input type="checkbox"/> Very dissatisfied 9 <input type="checkbox"/> DK</p>	<p>91</p>

Notes

Section G - COORDINATION OF SERVICES

<p>1a. Is there any one doctor who you think of as the one who coordinates <i>(child's)</i> overall medical care? By coordinating, I mean one who keeps in touch with the different doctors or therapists who <i>(child)</i> sees, who knows the results of all tests and treatments that <i>(child)</i> has, and who is aware of <i>(child's)</i> different prescription medicines.</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p>	5
<p>b. Do <i>(child's)</i> doctors talk to each other about [his/her] health and the care [he/she] gets, including any tests or medications?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Only one doctor 9 <input type="checkbox"/> DK</p>	6
<p>2a. Is there anyone who is NOT a doctor who coordinates <i>(child's)</i> medical care?</p>	<p>1 <input type="checkbox"/> Yes <i>(Go to 2b)</i> 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } <i>(Skip to 3)</i></p>	7
<p>b. Who does this for <i>(child)</i>? Anyone else? <i>Mark (X) all that apply.</i></p>	<p>0 <input type="checkbox"/> Parent/Guardian 1 <input type="checkbox"/> Friend/Family member 2 <input type="checkbox"/> Nurse 3 <input type="checkbox"/> Therapist 4 <input type="checkbox"/> Social worker 5 <input type="checkbox"/> Hospital discharge planner 6 <input type="checkbox"/> Case manager 7 <input type="checkbox"/> Other 9 <input type="checkbox"/> DK</p>	8 9 10 11 12 13 14 15 16
<p>3a. Does any physician or someone in a physician's office help with arranging <i>(child's)</i> non-medical care, like social services and personal care services?</p>	<p>1 <input type="checkbox"/> Yes <i>(Go to 3b)</i> 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } <i>(Skip to 4)</i></p>	17
<p>b. Is this person, or does this person work for a general care physician or a specialist?</p>	<p>1 <input type="checkbox"/> General care physician 2 <input type="checkbox"/> Specialist 3 <input type="checkbox"/> Someone else 9 <input type="checkbox"/> DK</p>	18
<p>c. Is this person a — <i>Mark (X) all that apply.</i></p>	<p>1 <input type="checkbox"/> Physician? 2 <input type="checkbox"/> Therapist? 3 <input type="checkbox"/> Nurse? 4 <input type="checkbox"/> Social worker? 5 <input type="checkbox"/> Hospital discharge planner? 6 <input type="checkbox"/> Case manager? 7 <input type="checkbox"/> Something else? 9 <input type="checkbox"/> DK</p>	19 20 21 22 23 24 25 26
<p>4a. Does anyone NOT in a physician's office help with arranging <i>(child's)</i> non-medical services?</p>	<p>1 <input type="checkbox"/> Yes <i>(Go to 4b)</i> 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } <i>(Skip to G1)</i></p>	27
<p>b. Who does this for <i>(child)</i>? Anyone else? <i>Mark (X) all that apply.</i></p>	<p>0 <input type="checkbox"/> Parent/Guardian 1 <input type="checkbox"/> Friend/Family member 2 <input type="checkbox"/> Nurse 3 <input type="checkbox"/> Therapist 4 <input type="checkbox"/> Social worker 5 <input type="checkbox"/> Hospital discharge planner 6 <input type="checkbox"/> Case manager 7 <input type="checkbox"/> Other 9 <input type="checkbox"/> DK</p>	28 29 30 31 32 33 34 35 36
<p>ITEM G1</p>	<p><i>Refer to 1a, 2a, 3a and 4a. (Coordinates/arranges)</i></p>	37
<p>Notes</p>		

Section G – COORDINATION OF SERVICES – Continued

HAND CARD C9. Read categories if telephone interview.

5. What kinds of medical or non-medical services [does this person/do these persons] provide for (child)?

(Anything else?)

Mark (X) all that apply.

- 01 Helps make medical appointments with (other) doctors
- 02 Makes appointments with nurses/therapists/dieticians
- 03 Follows up to be sure appointments are kept
- 04 Arranges transportation to appointments
- 05 Makes referrals to doctors
- 06 Makes referrals to nurses/therapists/dieticians
- 07 Checks to see if child's needs or conditions have changed
- 08 Makes sure that child is doing exercises or following diet
- 09 Reviews medications
- 10 Explains medical procedures and terms to child and family
- 11 Helps with insurance or other benefits
- 12 Tries to find volunteers to help child
- 13 Tries to find workers or agencies to help child
- 14 Arranges home delivered meals for child
- 15 Makes sure that friends/family are able to help child
- 16 Arranges for care at home
- 17 Helps develop a personal care plan
- 18 Evaluates need for services
- 19 Arranges special education services
- 20 Arranges vocational rehabilitation services
- 21 Other
- 99 DK

38-39
40-41
42-43
44-45
46-47
48-49
50-51
52-53
54-55
56-57
58-59
60-61
62-63
64-65
66-67
68-69
70-71
72-73
74-75
76-77
78-79
80-81

ITEM G2

Refer to 4b on page 25.
(Arranges non-medical services)

- 1 Only box "0" and/or box "1" marked (Skip to 9)
- 2 Other (Go to 6)

82

6a. Was the help coordinating (child's) non-medical services paid for?

- 1 Yes (Go to 6b)
- 2 No } (Skip to 7)
- 9 DK }

83

HAND CARD C2. Read categories if telephone interview.

b. Who paid or will pay for this help?

(Anyone else?)

Mark (X) all that apply.

- 00 Parent(s)
- 01 Family in household
- 02 Family NOT in household
- 03 Private health insurance
- 04 Medicaid
- 05 Rehabilitation program
- 06 Parent's employer
- 07 School system
- 08 VA program
- 09 Other military
- 10 Other private source
- 11 Other public source
- 12 No one/Free
- 99 DK

84-85
86-87
88-89
90-91
92-93
94-95
96-97
98-99
100-101
102-103
104-105
106-107
108-109
110-111

Ask if more than one box marked in 6b; if only one, transcribe the number of the box without asking.

c. Who paid the most for the cost of this help?
Record number of main source.

- Paid most
(Number)
- 99 DK

112-113

7. In the past 6 months, about how many times did you see or talk to the person(s) who help(s) arrange (child's) non-medical services?

- 000 None
- (Number) { 1 Per week
2 Per month
3 Per six months
- 999 DK

114-116

8. Overall, are you very satisfied, somewhat satisfied, somewhat dissatisfied, or very dissatisfied with the job [the person has/these people have] done to help in coordinating (child's) non-medical services?

Mark (X) only one.

- 1 Very satisfied
- 2 Somewhat satisfied
- 3 Somewhat dissatisfied } (Skip to 10a on page 27)
- 4 Very dissatisfied
- 9 DK

117

9. During the past 12 months have you felt that you NEEDED someone to help arrange or coordinate (child's) personal care or social services?

- 1 Yes
- 2 No
- 3 Never thought about it
- 9 DK

118

Section G - COORDINATION OF SERVICES - Continued

10a. Do you need help filling out (child's) insurance forms or benefit applications?

- 1 Yes (Go to 10b)
 - 2 No
 - 3 Never filled out forms/applications
- } (Skip to Section H on page 28)

5

b. Who helps you fill out (child's) insurance forms or applications for public programs or benefits?

Mark (X) all that apply.

- 0 No one
- 1 Household member
- 2 Friend/other relative not in household
- 3 Paid caregiver
- 4 Volunteer from an organization
- 5 Other
- 9 DK

6
7
8
9
10
11
12

Notes

Section H – PHYSICAL ACTIVITY

1. During the past 12 months, has (*child*) been limited in the kind or amount of physical activity [he/she] can do during play because of a physical, mental, or emotional problem?

- 1 Yes (Go to 2)
 2 No } (Skip to 4)
 9 DK }

13

HAND CARD C10. Read categories if telephone interview.

Sometimes things other than a person's health limit or prevent participation in physical education or recreational programs.

2. During the past 12 months, was (*child's*) participation in physical education or recreation programs limited or prevented for any of these reasons?

(Anything else)?

Mark (X) all that apply.

- 0 Did not try to find programs
 1 Lack of nearby facilities or programs
 2 Facilities not adapted to child's needs
 3 Inadequate transportation
 4 Cost is too high
 5 Not prevented or limited for any of these reasons
 9 DK

14

15

16

17

18

19

20

3. During the past 12 months, has (*child*) participated in any physical education or recreation adapted for children with special needs?

- 1 Yes
 2 No
 9 DK

21

4. During the past 12 months, has (*child*) participated in any ORGANIZED GROUP activities (outside of school) that have adult supervision? Please include any group recreational or educational activities such as group lessons, sports teams, scout troops, and clubs.

- 1 Yes
 2 No
 9 DK

22

5. During the past 12 months, did (*child*) go to any kind of summer camp?

- 1 Yes
 2 No
 9 DK

23

Notes

Section I – PERSONAL ADJUSTMENT AND ROLE SKILLS (PARS)

ITEM 11

Refer to child's age on label.

1 6+ year old (Go to 1)
2 Other (Skip to Section J on page 31)

In the next questions, I'll ask about child's social behaviors and activities.
HAND CARD C11.

- 1. During the past 30 days, has (child) —**
- a. Spent time with friends? Would you say — (Read all categories)?**
 - b. Made friends without difficulty? (Would you say — (Read all categories)?)**
 - c. Joined others of [his/her] own accord? (Would you say — (Read all categories)?)**
 - d. Had many different friends? (Would you say — (Read all categories)?)**
 - e. Wanted help in things [he/she] could have done on own? (Would you say — (Read all categories)?)**
 - f. Been unable to decide things for [his/her] self? (Would you say — (Read all categories)?)**
 - g. Asked for help when [he/she] could have figured things out? (Would you say — (Read all categories)?)**
 - During the past 30 days, has (child) —**
 - h. Asked unnecessary questions instead of working on own? (Would you say — (Read all categories)?)**
 - i. Done things for attention even though punished for it? (Would you say — (Read all categories)?)**
 - j. Flared up when [he/she] couldn't have [his/her] own way? (Would you say — (Read all categories)?)**
 - k. Become upset if others did not agree with [him/her]? (Would you say — (Read all categories)?)**
 - l. Ignored warnings to stop unacceptable behavior? (Would you say — (Read all categories)?)**
 - m. Told lies? (Would you say — (Read all categories)?)**
 - n. Not responded to discipline? (Would you say — (Read all categories)?)**
 - During the past 30 days, has (child) —**
 - o. Stayed with tasks or assignments until finished? (Would you say — (Read all categories)?)**
 - p. Made full use of abilities? (Would you say — (Read all categories)?)**
 - q. Done work without being pushed or punished? (Would you say — (Read all categories)?)**
 - r. Kept on with tasks even when difficult? (Would you say — (Read all categories)?)**
 - s. Complained about problems? (Would you say — (Read all categories)?)**
 - t. Seemed restless, tense? (Would you say — (Read all categories)?)**
 - u. Said people didn't care about [him/her]? (Would you say — (Read all categories)?)**

	Never or rarely	Sometimes	Often	Always
				6
a. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	7
b. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	8
c. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	10
d. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	11
e. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	13
f. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	14
g. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	15
h. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	16
i. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	17
j. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	18
k. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	19
l. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	20
m. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	21
n. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	22
o. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	23
p. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	24
q. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	25
r. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	26
s. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	26
t. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	26
u. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	26



Section I - PERSONAL ADJUSTMENT AND ROLE SKILLS (PARS) - Continued

	Never or rarely	Sometimes	Often	Always	
During the past 30 days, has <i>(child)</i> —				27	
V. Seemed sad? (Would you say — <i>(Read all categories)?</i>)	V. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	28
W. Said [he/she] couldn't do things right? (Would you say — <i>(Read all categories)?</i>)	W. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	29
X. Acted afraid or apprehensive? (Would you say — <i>(Read all categories)?</i>)	X. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	30
Y. Sat and stared without doing anything? (Would you say — <i>(Read all categories)?</i>)	Y. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	31
Z. Appeared listless and apathetic? (Would you say — <i>(Read all categories)?</i>)	Z. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	32
aa. Seemed unaware of things going on around [him/her]? (Would you say — <i>(Read all categories)?</i>)	aa. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	33
bb. Shown little interest in things, had to be pushed into activity? (Would you say — <i>(Read all categories)?</i>)	bb. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	

Notes

Section J – IMPACT ON THE FAMILY

1a. For reasons related to <i>(child's)</i> health, has anyone in the family EVER:	Yes	No	DK	
(0) Not taken a job in order to care for <i>(child)</i>?	(0) 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	34
(1) Quit working other than normal maternity leave?	(1) 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	35
(2) Changed jobs?	(2) 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	36
(3) Changed work hours to a different time of day?	(3) 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	37
(4) Turned down a better job or promotion?	(4) 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	38
(5) Worked fewer hours?	(5) 1 <input type="checkbox"/> <i>(Go to 1b)</i>	2 <input type="checkbox"/> <i>(Skip to 2)</i>	9 <input type="checkbox"/> <i>(Skip to 2)</i>	39
b. Right BEFORE the family member changed hours the last time, how many hours a week did he or she work?	_____ Hours (Number)			40-41
c. AFTER the family member changed hours, how many hours a week did he or she work?	_____ Hours (Number)			42-43
2. During the past 12 months, because of <i>(child's)</i> health, has anyone in the family had to change sleeping patterns for more than a few nights at a time?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK			44
3. During the past 12 months, has the family had severe financial problems because of <i>(child's)</i> health?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK			45

Notes

Section K – MENTAL HEALTH

ITEM K1	Refer to child's age on label.	1 <input type="checkbox"/> 3+ years old (Go to 1) 2 <input type="checkbox"/> Other (Skip to Section L on page 36)	5
1a. During the past 12 months, did (child) stay OVERNIGHT in a hospital or other place to receive services for mental health or substance abuse?		1 <input type="checkbox"/> Yes (Go to 1b) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (Skip to 3 on page 33)	6
b. Was this for mental health, substance abuse or both? Mark (X) only one.		1 <input type="checkbox"/> Mental health 2 <input type="checkbox"/> Substance abuse 3 <input type="checkbox"/> Both 9 <input type="checkbox"/> DK	7
HAND CARD A9. Read categories if telephone interview. c. Where did (child) receive inpatient [mental health/(and) substance abuse] services during the past 12 months? (Anywhere else?) Mark (X) all that apply.		1 <input type="checkbox"/> Private or public psychiatric hospital 2 <input type="checkbox"/> Psychiatric service in a general hospital 3 <input type="checkbox"/> Other hospital 4 <input type="checkbox"/> Residential treatment center 5 <input type="checkbox"/> Other place 9 <input type="checkbox"/> DK	8 9 10 11 12 13
d. During the past 12 months, altogether how many times was (child) admitted to (place(s) in 1c) for [mental health/(and) substance abuse] services?		_____ Times admitted (Number) 99 <input type="checkbox"/> DK	14-15
e. Altogether how many nights did (child) spend in the (place(s) in 1c) during the past 12 months?		_____ Nights (Number) 99 <input type="checkbox"/> DK	16-17
ITEM K2	Refer to 1d. (Number of admissions)	1 <input type="checkbox"/> 1 admission (Go to 2a) 2 <input type="checkbox"/> 2 or more admissions (Skip to 2b) 9 <input type="checkbox"/> DK (Skip to 2c)	18
2a. Was that admission on an emergency basis?		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (Skip to 2e)	19
b. How many of the (number in 1d) admissions were on an emergency basis?		00 <input type="checkbox"/> None _____ Emergency admissions } (Skip to 2e) (Number) 99 <input type="checkbox"/> DK	20-21
c. Were any of the admissions in the past 12 months on an emergency basis?		1 <input type="checkbox"/> Yes (Go to 2d) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (Skip to 2e)	22
d. How many admissions were on an emergency basis?		_____ Emergency admissions (Number) 99 <input type="checkbox"/> DK	23-24
HAND CARD C2. Read categories if telephone interview. e. Who paid, or will pay, for the inpatient [mental health/(and) substance abuse] services (child) received during the past 12 months? (Anyone else?) Mark (X) all that apply.		00 <input type="checkbox"/> Parent(s) 01 <input type="checkbox"/> Family in household 02 <input type="checkbox"/> Family NOT in household 03 <input type="checkbox"/> Private health insurance 04 <input type="checkbox"/> Medicaid 05 <input type="checkbox"/> Rehabilitation program 06 <input type="checkbox"/> Parent's employer 07 <input type="checkbox"/> School system 08 <input type="checkbox"/> VA program 09 <input type="checkbox"/> Other military 10 <input type="checkbox"/> Other private source 11 <input type="checkbox"/> Other public source 12 <input type="checkbox"/> No one/Free } (Skip to 3 on page 33) 99 <input type="checkbox"/> DK	25-26 27-28 29-30 31-32 33-34 35-36 37-38 39-40 41-42 43-44 45-46 47-48 49-50 51-52
Ask if more than one box marked in 2e; if only one, transcribe the number of the box marked without asking.		<input type="checkbox"/> Paid most (Number)	53-54
f. Who paid for MOST of the cost of the inpatient [mental health/(and) substances abuse] services? Record number of main source. Ask if box 00 or 01 marked in 2e; otherwise, skip to 3.		99 <input type="checkbox"/> DK	55-59
g. During the past 12 months, about how much did the family pay for (child's) inpatient [mental health/(and) substance abuse] services? Do not include costs that were or will be reimbursed by insurance or another source.		00000 <input type="checkbox"/> None \$ _____ 00 99999 <input type="checkbox"/> DK	

Section K - MENTAL HEALTH - Continued

<p>3a. During the past 12 months, did (child) receive any OUTPATIENT mental health or substance abuse services, including mental health or substance abuse services received from a general practitioner or any other health professional? Do not include treatment for smoking cessation.</p>	<p>1 <input type="checkbox"/> Yes (Go to 3b) 2 <input type="checkbox"/> No } (Skip to 5 on page 34) 9 <input type="checkbox"/> DK }</p>	<p align="center">80</p>
<p>b. Was this for mental health, substance abuse or both? <i>Mark (X) only one.</i></p>	<p>1 <input type="checkbox"/> Mental health 2 <input type="checkbox"/> Substance abuse 3 <input type="checkbox"/> Both 9 <input type="checkbox"/> DK</p>	<p align="center">81</p>
<p><i>HAND CARD A10. Read categories if telephone interview.</i></p> <p>c. From whom did (child) receive outpatient [mental health/ (and) substance abuse] services during the past 12 months? (Anyone else?) <i>Mark (X) all that apply.</i></p>	<p>1 <input type="checkbox"/> Psychiatrist 2 <input type="checkbox"/> Psychologist 3 <input type="checkbox"/> Nurse 4 <input type="checkbox"/> Social worker 5 <input type="checkbox"/> Other mental health counselor or therapist 6 <input type="checkbox"/> General practitioner or other medical doctor 7 <input type="checkbox"/> Other health professional 9 <input type="checkbox"/> DK</p>	<p align="center">82 83 84 85 86 87 88 89</p>
<p><i>HAND CARD A11. Read categories if telephone interview.</i></p> <p>d. Where did (child) receive outpatient [mental health/(and) substance abuse] services during the past 12 months? (Anywhere else?) <i>Mark (X) all that apply.</i></p>	<p>1 <input type="checkbox"/> Doctor's/Other health professional's office, NOT a clinic 2 <input type="checkbox"/> Outpatient mental health clinic, such as a community mental health center 3 <input type="checkbox"/> Outpatient medical clinic 4 <input type="checkbox"/> HMO 5 <input type="checkbox"/> Other place 9 <input type="checkbox"/> DK</p>	<p align="center">70 71 72 73 74 75</p>
<p>e. During the past 12 months, in how many MONTHS did (child) receive outpatient [mental health/(and) substance abuse] services?</p>	<p>_____ Months (Number) 99 <input type="checkbox"/> DK</p>	<p align="center">76-77</p>
<p>f. What was the total number of times (child) received [mental health/(and) substance abuse] services during those months?</p>	<p>_____ Times (Number) 99 <input type="checkbox"/> DK</p>	<p align="center">78-79</p>
<p>ITEM K3 <i>Refer to 3f. (Number of times)</i></p>	<p>1 <input type="checkbox"/> 1 time (Go to 4a) 2 <input type="checkbox"/> 2 or more times (Skip to 4b) 9 <input type="checkbox"/> DK (Skip to 4c)</p>	<p align="center">80</p>
<p>4a. Was that visit on an emergency basis?</p>	<p>1 <input type="checkbox"/> Yes } 2 <input type="checkbox"/> No } (Skip to 4e on page 34) 9 <input type="checkbox"/> DK }</p>	<p align="center">81</p>
<p>b. How many of the (number in 3f) visits were on an emergency basis?</p>	<p>00 <input type="checkbox"/> None _____ Emergency } (Skip to 4e on page 34) (Number) 99 <input type="checkbox"/> DK</p>	<p align="center">82-83</p>
<p>c. Were any of the visits in the past 12 months on an emergency basis?</p>	<p>1 <input type="checkbox"/> Yes (Go to 4d) 2 <input type="checkbox"/> No } (Skip to 4e on page 34) 9 <input type="checkbox"/> DK }</p>	<p align="center">84</p>
<p>d. How many visits were on an emergency basis?</p>	<p>_____ Emergency } (Go to 4e on page 34) (Number) 99 <input type="checkbox"/> DK</p>	<p align="center">85-86</p>
<p>Notes</p>		

Section K - MENTAL HEALTH - Continued

HAND CARD C2. Read categories if telephone interview.

4e. Who paid, or will pay for the outpatient [mental health/(and) substance abuse] services (child) received during the past 12 months?

(Anyone else?)

Mark (X) all that apply.

- 00 Parent(s)
- 01 Family in household
- 02 Family NOT in household
- 03 Private health insurance
- 04 Medicaid
- 05 Rehabilitation program
- 06 Parent's employer
- 07 School system
- 08 VA program
- 09 Other military
- 10 Other private source
- 11 Other public source
- 12 No one/Free } (Skip to 5)
- 99 DK

- 87-88
- 89-90
- 91-92
- 93-94
- 95-96
- 97-98
- 99-100
- 101-102
- 103-104
- 105-106
- 107-108
- 109-110
- 111-112
- 113-114

Ask if more than one box marked in 4e; if only one, transcribe the number of the box marked without asking.

f. Who paid for MOST of the cost of the outpatient [mental health/(and) substance abuse] services?

Record number of main source.

- Paid most
(Number)
- 99 DK

- RT 26
- 3-4
- 5-6

Ask if box 00 or 01 marked in 4e; otherwise, skip to 5.

g. During the past 12 months, about how much did the family pay for (child's) outpatient [mental health/(and) substance abuse] services? Do not include costs that were or will be reimbursed by insurance or another source.

- 00000 None
- \$ _____
- 99999 DK

7-11

5. During the past 12 months, did (child) receive any services from a mental health community support program?

Read if necessary: A community support program for clients with mental or emotional problems is a program that makes available mental health, health, social and support services based on individual need.

- 1 Yes
- 2 No
- 9 DK

12

6. During the past 12 months, was (child) on a waiting list for outpatient mental health or substance abuse services?

- 1 Yes, mental health services
- 2 Yes, substance abuse services
- 3 Both
- 4 No
- 9 DK

13

ITEM K4

Refer to questions 1a, 3a, and 5. (Received mental health/substance abuse services)

- 1 Yes in 1a, 3a, or 5 (Go to 7)
- 2 Other (Skip to 8 on page 35)

14

7a. Did (child) receive any inpatient or outpatient mental health or substance abuse services during the past MONTH? Again, do not include treatment for smoking cessation.

- 1 Yes (Skip to 8 on page 35)
- 2 No } (Go to 7b)
- 9 DK

15

HAND CARD A7. Read categories if telephone interview.

b. Why didn't (child) get mental health or substance abuse services during the past month?

Any other reason?

Mark (X) all that apply.

- 00 Didn't need services
- 01 Provider thinks no longer needed
- 02 Too expensive/can't afford
- 03 Insurance doesn't cover
- 04 Insurance no longer covers
- 05 No longer on Medicaid
- 06 Provider not available
- 07 Didn't like provider
- 08 Transportation problems
- 09 Could not take time off from work
- 10 Other
- 99 DK

- 16-17
- 18-19
- 20-21
- 22-23
- 24-25
- 26-27
- 28-29
- 30-31
- 32-33
- 34-35
- 36-37
- 38-39

Notes

Section K - MENTAL HEALTH - Continued

8a. During the past 12 months, has (*child*) NEEDED any mental health or substance abuse services or counseling that [he/she] HAS NOT RECEIVED?

40

- 1 Yes (*Go to 8b*)
- 2 No } (*Skip to 9*)
- 9 DK }

HAND CARD A12. Read categories if telephone interview.

b. Which of these statements explains why (*child*) did not receive the mental health or substance abuse services [he/she] needed?

(Anything else?)

Mark (X) all that apply.

- 00 Did not try to get mental health services during the past 12 months 41-42
- 01 Too expensive/can't afford 43-44
- 02 Didn't know where to go to get services 45-46
- 03 No mental health services nearby 47-48
- 04 No nearby provider accepts Medicaid 49-50
- 05 Private insurance does not cover the services 51-52
- 06 Did not have insurance 53-54
- 07 Transportation problems 55-56
- 08 Trouble finding the right kind of mental health professional 57-58
- 09 Language barrier 59-60
- 10 Could not take time off from work 61-62
- 11 Other reasons 63-64
- 99 DK 65-66

9. Because of a physical, mental or emotional problem, during the past 12 months, did (*child*) receive any TRAINING in social skills, such as making and keeping friends or how to interact with other people?

67

- 1 Yes
- 2 No
- 9 DK

Notes

Section L – HOUSING AND TRANSPORTATION

READ: These next questions are about the place (child) lives.

5

1a. Is it NECESSARY to use any stairs to get into this home from outside?

- 1 Yes
2 No
9 DK

ASK OR VERIFY:

6

b. Counting basements and stepdown living areas as separate levels, does this home have more than one floor or level?

- 1 Yes (Go to 1c)
2 No (Skip to 2)
9 DK (Go to 1c)

c. Does this home have a bathroom, bedroom and kitchen ALL on the SAME floor or level?

- 1 Yes
2 No
9 DK

7

2. Because of a physical impairment or health problem, does (child) have any difficulty:

Yes No DK

a. Entering or leaving your home?

- 1 Yes 2 No 9 DK

8

b. Opening or closing any of the doors in your home?

- 1 Yes 2 No 9 DK

9

c. Reaching or opening cabinets in your home?

- 1 Yes 2 No 9 DK

10

d. Using the bathroom in your home?

- 1 Yes 2 No 9 DK

11

3. Does this home have any of these special features:

Yes No DK

a. Widened doorways or hallways?

- 1 Yes 2 No 9 DK

12

b. Ramps or street level entrances?

- 1 Yes 2 No 9 DK

13

c. Railings?

- 1 Yes 2 No 9 DK

14

d. Automatic or easy to open doors?

- 1 Yes 2 No 9 DK

15

e. Accessible parking or drop-off site?

- 1 Yes 2 No 9 DK

16

f. Bathroom modifications?

- 1 Yes 2 No 9 DK

17

g. Kitchen modifications?

- 1 Yes 2 No 9 DK

18

h. Elevator, chair lift, or stair glide?

- 1 Yes 2 No 9 DK

19

i. Alerting devices?

- 1 Yes 2 No 9 DK

20

j. Any other special features?

- 1 Yes 2 No 9 DK

21

4. Does (child) NEED any of these special features to get around the home?

Yes No DK

a. Widened doorways or hallways?

- 1 Yes 2 No 9 DK

22

b. Ramps or street level entrances?

- 1 Yes 2 No 9 DK

23

c. Railings?

- 1 Yes 2 No 9 DK

24

d. Automatic or easy to open doors?

- 1 Yes 2 No 9 DK

25

e. Accessible parking or drop-off site?

- 1 Yes 2 No 9 DK

26

f. Bathroom modifications?

- 1 Yes 2 No 9 DK

27

g. Kitchen modifications?

- 1 Yes 2 No 9 DK

28

h. Elevator, chair lift, or stair glide?

- 1 Yes 2 No 9 DK

29

i. Alerting devices?

- 1 Yes 2 No 9 DK

30

j. Any other special features?

- 1 Yes 2 No 9 DK

31

32

5. DURING THE PAST 12 MONTHS, were you ever refused housing or rental accommodations because of any impairment or health problem that (child) has or did you not look for housing in the past 12 months?

- 0 Did not look
1 Yes
2 No
9 DK

Section L – HOUSING AND TRANSPORTATION – Continued

<p>6a. Do you have any special equipment on your car or other motor vehicle because of an impairment or health problem that <u>(child)</u> has?</p>	<p>1 <input type="checkbox"/> Yes (<i>Go to 6b</i>) 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't have a car } (<i>Skip to 6c</i>)</p>	<p>33</p>
<p>b. What special equipment do you have because of <u>(child's)</u> impairment or health problem?</p> <p>Anything else? <i>Mark (X) all that apply.</i></p>	<p>1 <input type="checkbox"/> Hand controls 2 <input type="checkbox"/> Hand rails, straps, specialized handles, ramps, or lifts 3 <input type="checkbox"/> Power controls for windows, mirrors, seat, or steering 4 <input type="checkbox"/> Automatic transmission 5 <input type="checkbox"/> Air conditioning 6 <input type="checkbox"/> A button that opens the door 7 <input type="checkbox"/> A large trunk or storage area 8 <input type="checkbox"/> Other special features 9 <input type="checkbox"/> DK</p>	<p>34 35 36 37 38 39 40 41 42</p>
<p>c. Did you NEED any (other) special equipment or features on a car or other motor vehicle because of any impairment or health problem that <u>(child)</u> has?</p>	<p>1 <input type="checkbox"/> Yes (<i>Go to 6d</i>) 2 <input type="checkbox"/> No (<i>Skip to Section M on page 38</i>)</p>	<p>43</p>
<p>d. What (other) equipment or features do you need?</p> <p>Anything else? <i>Mark (X) all that apply.</i></p>	<p>1 <input type="checkbox"/> Hand controls 2 <input type="checkbox"/> Hand rails, straps, specialized handles, ramps, or lifts 3 <input type="checkbox"/> Power controls for windows, mirrors, seat, or steering 4 <input type="checkbox"/> Automatic transmission 5 <input type="checkbox"/> Air conditioning 6 <input type="checkbox"/> A button that opens the door 7 <input type="checkbox"/> A large trunk or storage area 8 <input type="checkbox"/> Other special features 9 <input type="checkbox"/> DK</p>	<p>44 45 46 47 48 49 50 51 52</p>

Notes

Section M – HEALTH INSURANCE

The next questions are about health insurance coverage.

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

1a. In *(month)*, was *(child)* covered by Medicaid or *(state name)*?

- 1 Yes (Go to 1b)
- 2 No } (Skip to 2)
- 9 DK }

5

b. How long has *(child)* been covered by Medicaid or *(state name)*?

Read categories if necessary.

Mark (X) only one.

- 1 Less than 6 months
- 2 6 months, but less than 1 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

6

2. In *(month)*, was *(child)* 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 *(child's)* only source of care.

- 1 Yes
- 2 No
- 9 DK

7

3a. In *(month)*, was *(child)* covered by military care, including armed forces retirement benefits, the VA (Department of Veterans' Affairs), CHAMPUS, or CHAMP-VA?

- 1 Yes (Go to 3b)
- 2 No } (Go to 4)
- 9 DK }

8

b. Was this CHAMPUS or CHAMP-VA?

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

- 1 Yes
- 2 No
- 9 DK

9

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

- 1 Yes
- 2 No
- 9 DK

10

4. In *(month)*, was *(child)* covered by the Indian Health Service?

- 1 Yes
- 2 No
- 9 DK

11

5a. (Not counting the Government health programs we just mentioned), in *(month)* was *(child)* covered by a private health insurance plan?

Read if necessary: Beside government programs, people also get health insurance through their jobs or union, through other private groups, or directly from an insurance company. A variety of types of plans are available, including Health Maintenance Organizations or HMOs.

- 1 Yes (Go to 5b)
- 2 No } (Skip to Section N on page 39)
- 9 DK }

12

b. Was any of this private health insurance obtained originally through a workplace, that is through a parent's employer or union?

- 1 Employer
- 2 Union
- 3 Through workplace, DK which
- 4 No
- 9 DK

13

Notes

Section N - RESPONDENT INFORMATION

READ TO RESPONDENT: These next questions are about your relationship to *(sample child)*.

<p>Mark if known or ask:</p> <p>1a. How are you related to <i>(child)</i>?</p>	<p>0 <input type="checkbox"/> Mother } (Go to 1b) 1 <input type="checkbox"/> Father } 2 <input type="checkbox"/> Brother/Sister (Skip to 1d) 3 <input type="checkbox"/> Grandparent } 4 <input type="checkbox"/> Other relative } (Skip to Contact Information Intro) 5 <input type="checkbox"/> Nonrelative } 9 <input type="checkbox"/> DK }</p>	5
<p>b. Are you the biological (natural), adoptive, step, or foster parent of <i>(child)</i>?</p>	<p>1 <input type="checkbox"/> Biological (Skip to Contact Information Intro) 2 <input type="checkbox"/> Adoptive } (Go to 1c) 3 <input type="checkbox"/> Step } 4 <input type="checkbox"/> Foster }</p>	6
<p>c. How old was <i>(child)</i> when [he/she] first started living with you?</p>	<p>(Age) { 1 <input type="checkbox"/> Months } { 2 <input type="checkbox"/> Years } (Skip to Contact Information Intro) 000 <input type="checkbox"/> Since birth 999 <input type="checkbox"/> DK</p>	7-9
<p>d. Is <i>(child)</i> a full, half, step, adoptive, or foster [brother/sister] to you?</p>	<p>1 <input type="checkbox"/> Full } (Go to Contact Information Intro) 2 <input type="checkbox"/> Half } 3 <input type="checkbox"/> Step } 4 <input type="checkbox"/> Adoptive } 5 <input type="checkbox"/> Foster }</p>	10

CONTACT PERSON INFORMATION

Intro: The National Center for Health Statistics may wish to contact you again to obtain additional health related information.

ITEM N1	Refer to CP on label.	<p>1 <input type="checkbox"/> CP on label (Ask 2a) 2 <input type="checkbox"/> No CP on label (Ask 2b)</p>	5				
<p>2a. The last time a Census Bureau interviewer talked to you or your family, we were told that <i>(CP on label)</i> will always know how to get in touch with you if we want to contact you again. Is <i>(CP on label)</i> still the best person to contact if we are unable to reach you?</p>		<p>1 <input type="checkbox"/> Yes (Verify CP's address and phone number. If incorrect, enter correct information in 3 below.) 2 <input type="checkbox"/> No (Go to 2b)</p>	6				
<p>b. The National Center for Health Statistics would like the name, address, and telephone number of a relative or friend who would know where you could be reached in case we need additional health information in the future but cannot reach you. Please give me the name of someone who is not currently living in the household. (Record information in 3)</p>							
<p>3. Contact Person current information</p>							
Last name	7-28			First name	27-41	MI	42
Number and street				43-67			
City	68-87			State	88-89	ZIP Code	90-98
Telephone							
Area code	99-101	Number	102-108	<p>1 <input type="checkbox"/> None 9 <input type="checkbox"/> DK 7 <input type="checkbox"/> Refused</p>		109	

Notes

FORM **DFS-2**
(7-1-94)

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
CENTERS FOR DISEASE CONTROL AND PREVENTION
NATIONAL CENTER FOR HEALTH STATISTICS

DISABILITY FOLLOWBACK SURVEY
(NHIS PHASE II)
ADULT'S QUESTIONNAIRE

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 45 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 31
3-7
8

RT 37
3-4

Part I - CALL RECORD

Mode	Date		Beginning time	Results	Ending time	Comments
	Month	Day				
5	6-7	8-9	10-14		15-19	
T			a.m.		a.m.	
P			p.m.		p.m.	
T			a.m.		a.m.	
P			p.m.		p.m.	
T			a.m.		a.m.	
P			p.m.		p.m.	
T			a.m.		a.m.	
P			p.m.		p.m.	

Part II - STATUS

A. Final Status 20-21		B. Mode 22		C. Respondent 64	
Interview 01 <input type="checkbox"/> Complete 02 <input type="checkbox"/> Partial (Explain in Notes) Noninterview 03 <input type="checkbox"/> SP refused 04 <input type="checkbox"/> Proxy refused 05 <input type="checkbox"/> Unable to contact 06 <input type="checkbox"/> Unable to locate 07 <input type="checkbox"/> Deceased 08 <input type="checkbox"/> Institutionalized, no proxy 09 <input type="checkbox"/> Incapable, no proxy 10 <input type="checkbox"/> Moved o/s PSU, unable to phone 11 <input type="checkbox"/> Other noninterview		1 <input type="checkbox"/> Telephone 2 <input type="checkbox"/> Personal visit D. Proxy Name 23-63 E. Field Representative's Name Code 66-68		1 <input type="checkbox"/> Self 2 <input type="checkbox"/> Proxy \neq Reason for proxy 1 <input type="checkbox"/> SP incapable 2 <input type="checkbox"/> SP institutionalized 3 <input type="checkbox"/> SP unavailable 4 <input type="checkbox"/> Other - Specify \neq (Fill II.D) 65	

Part III - NEW ADDRESS

RT 38
3-4
Notes

A. Address (Different from label)					
Number and street 5-29					
City	30-49	State	50-51	ZIP Code	52-60
B. Telephone (Different from label)					
Area code	61-63	Number	64-70	71	
1 <input type="checkbox"/> None 7 <input type="checkbox"/> Refused 9 <input type="checkbox"/> DK number					

INITIAL SCREENING

1. May I please speak with <i>(sample person)</i>?	<input type="checkbox"/> 1 Yes (<i>Go to A below</i>) <input type="checkbox"/> 2 No (<i>Go to 2</i>)	5								
2. Why is <i>(sample person)</i> not available to be interviewed?	<input type="checkbox"/> 1 SP deceased (<i>Skip to 6</i>) <input type="checkbox"/> 2 SP moved (<i>Skip to 4</i>) <input type="checkbox"/> 3 SP temporarily absent/unavailable (<i>Go to 3</i>) <input type="checkbox"/> 4 SP incapable } (<i>Skip to 5</i>) <input type="checkbox"/> 5 Other	6								
3. Will <i>(sample person)</i> [return/be available] before <i>(closeout date)</i>?	<input type="checkbox"/> 1 Yes (<i>Schedule appointment</i>) <input type="checkbox"/> 2 No } (<i>Go to 4</i>) <input type="checkbox"/> 9 DK	7								
4a. Has <i>(sample person)</i> moved to a new residence or is [he/she] in a health facility, group home, or some other place?	<input type="checkbox"/> 1 SP moved (<i>Record new address and telephone no.</i>) <input type="checkbox"/> 2 SP in health facility/group home (<i>Go to 4b</i>) <input type="checkbox"/> 3 SP in jail (<i>Skip to 5</i>) <input type="checkbox"/> 4 SP in prison (<i>END interview - noninterview</i>) <input type="checkbox"/> 5 SP on vacation/visiting/temporarily absent (<i>Skip to 4d</i>)	8								
b. What type of facility or group home is this? <i>Mark (X) first appropriate box.</i>	<table style="width:100%; border: none;"> <tr> <td style="border: none;"> <input type="checkbox"/> 01 Hospital <input type="checkbox"/> 02 Nursing/convalescent home <input type="checkbox"/> 03 Retirement home <input type="checkbox"/> 04 Group home <input type="checkbox"/> 06 Supervised apartment <input type="checkbox"/> 08 Halfway house <input type="checkbox"/> 07 Board and Care home <input type="checkbox"/> 08 Developmental Center <input type="checkbox"/> 09 Other supervised group residence or facility <input type="checkbox"/> 10 Other </td> <td style="border: none; padding-left: 10px;"> } (<i>Go to 4c</i>) } (<i>Record new address and telephone no.</i>) </td> </tr> </table>	<input type="checkbox"/> 01 Hospital <input type="checkbox"/> 02 Nursing/convalescent home <input type="checkbox"/> 03 Retirement home <input type="checkbox"/> 04 Group home <input type="checkbox"/> 06 Supervised apartment <input type="checkbox"/> 08 Halfway house <input type="checkbox"/> 07 Board and Care home <input type="checkbox"/> 08 Developmental Center <input type="checkbox"/> 09 Other supervised group residence or facility <input type="checkbox"/> 10 Other	} (<i>Go to 4c</i>) } (<i>Record new address and telephone no.</i>)	9-10						
<input type="checkbox"/> 01 Hospital <input type="checkbox"/> 02 Nursing/convalescent home <input type="checkbox"/> 03 Retirement home <input type="checkbox"/> 04 Group home <input type="checkbox"/> 06 Supervised apartment <input type="checkbox"/> 08 Halfway house <input type="checkbox"/> 07 Board and Care home <input type="checkbox"/> 08 Developmental Center <input type="checkbox"/> 09 Other supervised group residence or facility <input type="checkbox"/> 10 Other	} (<i>Go to 4c</i>) } (<i>Record new address and telephone no.</i>)									
c. Refer to age on label.	<input type="checkbox"/> 1 Under 69 (<i>Skip to 5</i>) <input type="checkbox"/> 2 69+ (<i>Go to 4d</i>)	11								
d. Is it possible to interview <i>(sample person)</i> at the [facility/present location]?	<input type="checkbox"/> 1 Yes (<i>Record address and telephone no.</i>) <input type="checkbox"/> 2 No (<i>Go to 5</i>)	12								
5. Since I won't be able to interview <i>(sample person)</i>, I need to talk to the person who knows the most about <i>(sample person's)</i> health. Who would that be?	<input type="checkbox"/> 1 Respondent (<i>Go to A below</i>) <input type="checkbox"/> 2 Other person (<i>Record person's name, address, and telephone no.</i>) <input type="checkbox"/> 3 No one } (<i>END interview - noninterview</i>) <input type="checkbox"/> 9 DK/Ref	13								
6. On what date did <i>(sample person)</i> die?	<table style="width:100%; border: none;"> <tr> <td style="border: none;"> <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Month</td> <td style="padding: 2px;">Day</td> <td style="padding: 2px;">Year</td> </tr> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> </td> <td style="border: none; padding-left: 10px;"> } (<i>Go to 7</i>) } </td> </tr> </table> <input type="checkbox"/> 999999 DK	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Month</td> <td style="padding: 2px;">Day</td> <td style="padding: 2px;">Year</td> </tr> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>	Month	Day	Year				} (<i>Go to 7</i>) }	14-19
<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Month</td> <td style="padding: 2px;">Day</td> <td style="padding: 2px;">Year</td> </tr> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>	Month	Day	Year				} (<i>Go to 7</i>) }			
Month	Day	Year								
7. Did <i>(sample person)</i> die at home, in a hospital, in a nursing or convalescent home, or some other place?	<input type="checkbox"/> 1 At home <input type="checkbox"/> 2 In hospital <input type="checkbox"/> 3 In nursing/convalescent home } (<i>END interview - noninterview</i>) <input type="checkbox"/> 4 Other place <input type="checkbox"/> 9 DK	20								
A	<i>Begin interview by asking: When we conducted the interview several months ago, we recorded <i>(sample person's)</i> age as <i>(age from label)</i>. Is this still correct?</i>	<input type="checkbox"/> 1 Yes (<i>Go to Section A on page 4</i>) <input type="checkbox"/> 2 No (<i>Correct age on label, then go to Section A on page 4</i>)	21							
Notes										

INITIAL SCREENING - Continued

NEW ADDRESS (First or only)		RT 40	Second (If appropriate)		RT 41
Name of place (If appropriate)		3-4	Name of place (If appropriate)		3-4
Number and street		5-40	Number and street		5-40
City		41-64	City		41-64
City	65-84	State	85-86	ZIP Code	87-95
Telephone	Area code		96-98	Number	99-105
			1	<input type="checkbox"/> None	9
			7	<input type="checkbox"/> Refused	DK number
			106		106

PROXY RESPONDENT		RT 42
Name		3-4
Number and street		5-40
City		41
1 <input type="checkbox"/> Mark box if same address/phone as SP (Skip to A1 on page 4)		42-65
City	66-85	State
	86-87	ZIP Code
	88-96	
Telephone	Area code	
	97-99	Number
	100-106	
	1	<input type="checkbox"/> None
	9	<input type="checkbox"/> DK number
	7	<input type="checkbox"/> Refused
	107	

GENERAL INSTRUCTIONS

1. Conduct all interviews by personal visit unless the only way to get an interview is by telephone.
2. After appropriate introductions, begin all interviews with A on page 2.
3. If the sample person (or proxy) is not within your normal assignment area, call your office for instructions.
4. Make minor corrections to the sample person's address or phone number on the LABEL. Record new addresses and/or phone numbers above.
5. If a question is refused, enter "REF" in the answer space. If the respondent does not know the answer to a question, mark the "DK" box if there is one, or enter "DK" in the answer space.
6. The following symbols and print types are used throughout the questionnaire to standardize the asking of the questions:
 - **Long dash (—)** – Insert the appropriate words or names from the list.
 - **Underlined italics in parentheses** – Insert the specified words, name, date, etc.
 - **Regular type in parentheses** – Either read or do not read the parenthetical, depending on the situation and the context of the question.
 - **Brackets with a slash ([/])** – Choose the appropriate words or phrase for the particular interview.
 - **Bold capitals** – Emphasize the word(s) when reading the question.
7. If interviewing a proxy, substitute the sample person's name (or appropriate pronoun) for the word "You" in the questions.

Notes

Section A - HOUSING AND LONG-TERM CARE SERVICES

ITEM A1	Status of Sample Person (SP).	<input type="checkbox"/> Institutionalized (Skip to 6 on page 5) <input type="checkbox"/> All others (Go to 1)	5
These first questions are about the place you live. 1. How long have you been living here?		00 <input type="checkbox"/> Less than 1 year _____ Years (Number) 99 <input type="checkbox"/> DK	6-7
2a. Is it NECESSARY to use any steps or stairs to get into this home from the outside?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	8
b. Counting basements and step down living areas as separate levels, does this home have more than one floor or level?		<input type="checkbox"/> Yes (Go to 2c) <input type="checkbox"/> No } (Skip to 3) <input type="checkbox"/> DK }	9
c. Does this home have a bathroom, bedroom, and kitchen ALL on the SAME floor or level?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	10
3. Because of a physical impairment or health problem, do you have any difficulty —		Yes No DK	
a. Entering or leaving your home?		a. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	11
b. Opening or closing any of the doors in your home?		b. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	12
c. Reaching or opening cabinets in your home?		c. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	13
d. Using the bathroom in your home?		d. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	14
4. Some residences have special features to assist persons who have physical impairments or health problems. Whether you use them or not, does your residence have any of these features?		Yes No DK	
a. Widened doorways or hallways?		a. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 15	
b. Ramps or street level entrances?		b. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 17	
c. Railings?		c. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 19	
d. Automatic or easy to open doors?		d. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 21	
e. Accessible parking or drop-off site?		e. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 23	
f. Bathroom modifications?		f. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 25	
g. Kitchen modifications?		g. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 27	
h. Elevator, chair lift, or stair glide?		h. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 29	
i. Alerting devices?		i. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 31	
j. Any other special features?		j. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 33	
		Yes No DK	
		a. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 16	
		b. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 18	
		c. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 20	
		d. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 22	
		e. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 24	
		f. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 26	
		g. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 28	
		h. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 30	
		i. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 32	
		j. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 34	
Notes			

If all "Yes" in 4, skip to 6 on page 5; otherwise, ask 5 only for those features NOT marked "Yes" in 4.

5. Which special features do you NEED to get around this home, but do not have?

Section A – HOUSING AND LONG-TERM CARE SERVICES – Continued

6. DURING THE PAST 12 MONTHS, were you ever refused housing or rental accommodations because of any impairment or health problem that you have, or did you not look for housing in the past 12 months?	0 <input type="checkbox"/> Did not look 1 <input type="checkbox"/> Yes, refused housing 2 <input type="checkbox"/> No, not refused housing 9 <input type="checkbox"/> DK	35
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ASK OR VERIFY: 7a. Is this place a — (Read all categories) Mark (X) only one.	01 <input type="checkbox"/> Single family house or townhouse that is not part of a retirement community, (Skip to 10 on page 6) 02 <input type="checkbox"/> Single family house, townhouse, or apartment that is part of a retirement community, (Skip to 8) 03 <input type="checkbox"/> Regular apartment, (Skip to 10 on page 6) 04 <input type="checkbox"/> Supervised apartment, 05 <input type="checkbox"/> Group home, 06 <input type="checkbox"/> Halfway house, 07 <input type="checkbox"/> Personal care or board and care home, 08 <input type="checkbox"/> Developmental center, 09 <input type="checkbox"/> Some other type of supervised group residence or facility, 10 <input type="checkbox"/> Assisted living facility, 11 <input type="checkbox"/> Nursing or convalescent home, 12 <input type="checkbox"/> Retirement home, 13 <input type="checkbox"/> Center for Independent Living, or 14 <input type="checkbox"/> Something else? 99 <input type="checkbox"/> DK	36-37
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(Go to 7b)

ASK OR VERIFY: b. Does this place primarily or exclusively serve people who are elderly?	1 <input type="checkbox"/> Yes (Skip to Item A2) 2 <input type="checkbox"/> No } (Go to 7c) 9 <input type="checkbox"/> DK	38
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ASK OR VERIFY: c. Does this place primarily or exclusively serve persons with hearing or vision impairments, mental illness, mental retardation, or developmental disabilities?	1 <input type="checkbox"/> Yes (Go to 7d) 2 <input type="checkbox"/> No } (Skip to Item A2) 9 <input type="checkbox"/> DK	39
---	---	----

ASK OR VERIFY: d. Which? Mark (X) all that apply.	1 <input type="checkbox"/> Hearing impairments 2 <input type="checkbox"/> Vision impairments 3 <input type="checkbox"/> Mental retardation/developmental disabilities 9 <input type="checkbox"/> DK	40 41 42 43
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ITEM A2	Status of SP.	1 <input type="checkbox"/> Institutionalized (Skip to 11 on page 6) 2 <input type="checkbox"/> All others (Go to 8)	44
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8. Whether you use them or not, does this place routinely provide services such as meals, help with housework or personal care, transportation, or recreation?	1 <input type="checkbox"/> Yes (Go to 9 on page 6) 2 <input type="checkbox"/> No } (Skip to 10 on page 6) 9 <input type="checkbox"/> DK	45
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Notes

Section A – HOUSING AND LONG-TERM CARE SERVICES – Continued

9. Whether you use them or not, does this place routinely provide —	Yes	No	DK	
a. Group meals for residents?	a. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	46
b. Housekeeping or maid service?	b. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	47
c. Nursing or medical care?	c. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	48
d. Supervision of residents who give themselves their own medication?	d. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	49
e. Help with bathing, eating, or dressing?	e. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	50
f. Help with walking or getting about?	f. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	51
g. Help with shopping?	g. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	52
h. Planned social activities or trips?	h. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	53
i. Educational or training programs?	i. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	54
j. Help with laundry?	j. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	55
k. Help with money management?	k. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	56
l. Transportation?	l. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	57
m. Protective oversight?	m. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	58
10. Are you planning a move in order to receive any (additional) personal help, assistance or services?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK			59
<p>Mark "Yes" if SP is currently living in a nursing home; otherwise ask:</p> 11a. Have you EVER been a resident or patient in a nursing home?	1 <input type="checkbox"/> Yes (Go to 11b) 2 <input type="checkbox"/> No } (Skip to 13 on page 8) 9 <input type="checkbox"/> DK			60
b. How many DIFFERENT TIMES have you been a resident or patient in a nursing home (including the current time)?	_____ Times (Number) 99 <input type="checkbox"/> DK			61-62
c. On what date were you admitted (the FIRST time)? If date not known, ask: Was it within the past 12 months?	_____ / 19 _____ Month Year 0001 <input type="checkbox"/> In past 12 months 0002 <input type="checkbox"/> Not in past 12 months 9999 <input type="checkbox"/> DK			63-66
<p>Mark box if "Now in nursing home"; otherwise ask:</p> d. On what date were you discharged (the LAST time)? If date not known, ask: Was it within the past 12 months?	0000 <input type="checkbox"/> Now in nursing home _____ / 19 _____ Month Year 0001 <input type="checkbox"/> In past 12 months 0002 <input type="checkbox"/> Not in past 12 months 9999 <input type="checkbox"/> DK			67-70
e. How long [were you/have you been] in the nursing home [the LAST time/THIS time]?	00 <input type="checkbox"/> Less than 1 month _____ Months (Number) 99 <input type="checkbox"/> DK			71-72
<p>Ask if date in 11d is within the past 12 months, including "Now in". If not within the past 12 months, skip to 13 on page 8.</p> f. How many weeks in the past 12 months [were you/have you been] in a nursing home?	00 <input type="checkbox"/> Less than 1 week _____ Weeks (Number) 99 <input type="checkbox"/> DK			73-74

Section A - HOUSING AND LONG-TERM CARE SERVICES - Continued

HAND CARD A1. Read categories if telephone interview.

12a. Who paid or will pay for your nursing home stays in the past 12 months?

(Anyone else?)

Mark (X) all that apply.

- 01 Self or family in household
- 02 Family NOT in household
- 03 Private health insurance
- 04 Medicare
- 05 Medicaid
- 06 Rehabilitation program
- 07 Employer
- 08 School system
- 09 VA program
- 10 Other military
- 11 Other private source
- 12 Other public source
- 13 No one/Free
- 99 DK

75-76
77-78
79-80
81-82
83-84
85-86
87-88
89-90
91-92
93-94
95-96
97-98
99-100
101-102

Ask if more than one source in 12a. If only one source in 12a, transcribe the number of the box marked without asking.

103-104

b. Who paid or will pay the most for your nursing home stays in the past 12 months?

Record number of the main source.

		Paid most
(Number)		

99 DK

Ask only if box 01 marked in 12a; otherwise, skip to 13 on page 8.

105-110

c. During the past 12 months, about how much did you or your family pay for your nursing home stays? Do not count any money that has been or will be reimbursed by insurance or any other source.

000000 None

\$ _____ .

--

999999 DK

Notes

Section A - HOUSING AND LONG-TERM CARE SERVICES - Continued

Ask 13 for places A-F before going to 14.

13. Have you EVER lived in —

	RT 44	3-4		RT 44	3-4
A			B		
01		5-6	02		5-6
A convalescent home?			A facility or group home for persons with mental illness?		
13.		7	13.		7
1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK			1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK		

Ask 14a-e for each "Yes" in 13.

If more than one stay, these questions refer to the most recent.

14a. When did you last leave (place)?

If DK, probe: Was it within the past 12 months?

	8-11		8-11
14a.		14a.	
0000 <input type="checkbox"/> Now in _____ /19 Month Year		0000 <input type="checkbox"/> Now in _____ /19 Month Year	
0001 <input type="checkbox"/> In past 12 months 0002 <input type="checkbox"/> Not in past 12 months 9999 <input type="checkbox"/> DK		0001 <input type="checkbox"/> In past 12 months 0002 <input type="checkbox"/> Not in past 12 months 9999 <input type="checkbox"/> DK	

b. How long did you stay at (place)?

	12-14		12-14
b.		b.	
000 <input type="checkbox"/> Less than 1 month _____ { 1 <input type="checkbox"/> Months Number { 2 <input type="checkbox"/> Years		000 <input type="checkbox"/> Less than 1 month _____ { 1 <input type="checkbox"/> Months Number { 2 <input type="checkbox"/> Years	
999 <input type="checkbox"/> DK		999 <input type="checkbox"/> DK	

HAND CARD A1. Read categories if telephone interview.

c. Who paid or will pay for your stay at (place)?

(Anyone else?)

Mark (X) all that apply.

	15-16		15-16
c.		c.	
01 <input type="checkbox"/> Self or family in household		01 <input type="checkbox"/> Self or family in household	
02 <input type="checkbox"/> Family NOT in household		02 <input type="checkbox"/> Family NOT in household	
03 <input type="checkbox"/> Private health insurance		03 <input type="checkbox"/> Private health insurance	
04 <input type="checkbox"/> Medicare		04 <input type="checkbox"/> Medicare	
05 <input type="checkbox"/> Medicaid		05 <input type="checkbox"/> Medicaid	
06 <input type="checkbox"/> Rehabilitation program		06 <input type="checkbox"/> Rehabilitation program	
07 <input type="checkbox"/> Employer		07 <input type="checkbox"/> Employer	
08 <input type="checkbox"/> School system		08 <input type="checkbox"/> School system	
09 <input type="checkbox"/> VA program		09 <input type="checkbox"/> VA program	
10 <input type="checkbox"/> Other military		10 <input type="checkbox"/> Other military	
11 <input type="checkbox"/> Other private source		11 <input type="checkbox"/> Other private source	
12 <input type="checkbox"/> Other public source		12 <input type="checkbox"/> Other public source	
13 <input type="checkbox"/> No one/Free (Skip to 14a for next "Yes" in 13)		13 <input type="checkbox"/> No one/Free (Skip to 14a for next "Yes" in 13)	
99 <input type="checkbox"/> DK		99 <input type="checkbox"/> DK	

Ask if more than one source in 14c. If only one source in 14c, transcribe number of the box marked without asking.

d. Who paid or will pay for most of the cost for your stay at (place)?

Record number of the main source.

	43-44		43-44
d.		d.	
<input type="text"/> Paid most (Number)		<input type="text"/> Paid most (Number)	
99 <input type="checkbox"/> DK		99 <input type="checkbox"/> DK	

Ask only if box 01 marked in 14c AND any part of the stay was in the past 12 months; otherwise, ask 14a for next "Yes" in 13.

e. During the past 12 months, about how much did you or your family pay for your stay at (place)? Do not count any money that has been or will be reimbursed by insurance or any other source.

	45-50		45-50
e.		e.	
000000 <input type="checkbox"/> None		000000 <input type="checkbox"/> None	
\$ _____ . <input type="text"/> 00 999999 <input type="checkbox"/> DK		\$ _____ . <input type="text"/> 00 999999 <input type="checkbox"/> DK	

Notes

Section A - HOUSING AND LONG-TERM CARE SERVICES - Continued

C		RT 44	3-4	D		RT 44	3-4	E		RT 44	3-4	F		RT 44	3-4
03		5-6		04		5-6		05		5-6		06		5-6	
A board and care home?				A facility for persons with mental retardation?				An assisted living facility?				Any other long-term care facility?			
13.		7		13.		7		13.		7		13.		7	
1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK				1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK				1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK				1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK			
14a.		8-11		14a.		8-11		14a.		8-11		14a.		8-11	
0000 <input type="checkbox"/> Now in _____/19_____ Month Year 0001 <input type="checkbox"/> In past 12 months 0002 <input type="checkbox"/> Not in past 12 months 9999 <input type="checkbox"/> DK				0000 <input type="checkbox"/> Now in _____/19_____ Month Year 0001 <input type="checkbox"/> In past 12 months 0002 <input type="checkbox"/> Not in past 12 months 9999 <input type="checkbox"/> DK				0000 <input type="checkbox"/> Now in _____/19_____ Month Year 0001 <input type="checkbox"/> In past 12 months 0002 <input type="checkbox"/> Not in past 12 months 9999 <input type="checkbox"/> DK				0000 <input type="checkbox"/> Now in _____/19_____ Month Year 0001 <input type="checkbox"/> In past 12 months 0002 <input type="checkbox"/> Not in past 12 months 9999 <input type="checkbox"/> DK			
b.		12-14		b.		12-14		b.		12-14		b.		12-14	
000 <input type="checkbox"/> Less than 1 month Number { 1 <input type="checkbox"/> Months 2 <input type="checkbox"/> Years 999 <input type="checkbox"/> DK				000 <input type="checkbox"/> Less than 1 month Number { 1 <input type="checkbox"/> Months 2 <input type="checkbox"/> Years 999 <input type="checkbox"/> DK				000 <input type="checkbox"/> Less than 1 month Number { 1 <input type="checkbox"/> Months 2 <input type="checkbox"/> Years 999 <input type="checkbox"/> DK				000 <input type="checkbox"/> Less than 1 month Number { 1 <input type="checkbox"/> Months 2 <input type="checkbox"/> Years 999 <input type="checkbox"/> DK			
c.		15-16		c.		15-16		c.		15-16		c.		15-16	
01 <input type="checkbox"/> Self or family in household 02 <input type="checkbox"/> Family NOT in household 03 <input type="checkbox"/> Private health insurance 04 <input type="checkbox"/> Medicare 05 <input type="checkbox"/> Medicaid 06 <input type="checkbox"/> Rehabilitation program 07 <input type="checkbox"/> Employer 08 <input type="checkbox"/> School system 09 <input type="checkbox"/> VA program 10 <input type="checkbox"/> Other military 11 <input type="checkbox"/> Other private source 12 <input type="checkbox"/> Other public source 13 <input type="checkbox"/> No one/Free (Skip to 14a for next "Yes" in 13) 99 <input type="checkbox"/> DK				01 <input type="checkbox"/> Self or family in household 02 <input type="checkbox"/> Family NOT in household 03 <input type="checkbox"/> Private health insurance 04 <input type="checkbox"/> Medicare 05 <input type="checkbox"/> Medicaid 06 <input type="checkbox"/> Rehabilitation program 07 <input type="checkbox"/> Employer 08 <input type="checkbox"/> School system 09 <input type="checkbox"/> VA program 10 <input type="checkbox"/> Other military 11 <input type="checkbox"/> Other private source 12 <input type="checkbox"/> Other public source 13 <input type="checkbox"/> No one/Free (Skip to 14a for next "Yes" in 13) 99 <input type="checkbox"/> DK				01 <input type="checkbox"/> Self or family in household 02 <input type="checkbox"/> Family NOT in household 03 <input type="checkbox"/> Private health insurance 04 <input type="checkbox"/> Medicare 05 <input type="checkbox"/> Medicaid 06 <input type="checkbox"/> Rehabilitation program 07 <input type="checkbox"/> Employer 08 <input type="checkbox"/> School system 09 <input type="checkbox"/> VA program 10 <input type="checkbox"/> Other military 11 <input type="checkbox"/> Other private source 12 <input type="checkbox"/> Other public source 13 <input type="checkbox"/> No one/Free (Skip to 14a for next "Yes" in 13) 99 <input type="checkbox"/> DK				01 <input type="checkbox"/> Self or family in household 02 <input type="checkbox"/> Family NOT in household 03 <input type="checkbox"/> Private health insurance 04 <input type="checkbox"/> Medicare 05 <input type="checkbox"/> Medicaid 06 <input type="checkbox"/> Rehabilitation program 07 <input type="checkbox"/> Employer 08 <input type="checkbox"/> School system 09 <input type="checkbox"/> VA program 10 <input type="checkbox"/> Other military 11 <input type="checkbox"/> Other private source 12 <input type="checkbox"/> Other public source 13 <input type="checkbox"/> No one/Free (Go to 15 on page 10) 99 <input type="checkbox"/> DK			
d.		43-44		d.		43-44		d.		43-44		d.		43-44	
[] [] Paid most (Number) 99 <input type="checkbox"/> DK				[] [] Paid most (Number) 99 <input type="checkbox"/> DK				[] [] Paid most (Number) 99 <input type="checkbox"/> DK				[] [] Paid most (Number) 99 <input type="checkbox"/> DK			
e.		45-50		e.		45-50		e.		45-50		e.		45-50	
000000 <input type="checkbox"/> None \$ _____ . 00 999999 <input type="checkbox"/> DK				000000 <input type="checkbox"/> None \$ _____ . 00 999999 <input type="checkbox"/> DK				000000 <input type="checkbox"/> None \$ _____ . 00 999999 <input type="checkbox"/> DK				000000 <input type="checkbox"/> None \$ _____ . 00 999999 <input type="checkbox"/> DK			

Notes

Section A – HOUSING AND LONG-TERM CARE SERVICES – Continued

HAND CARD A2.

15a. Are you currently on a waiting list for any of these facilities? *Read categories in 15b if telephone interview.*

- 1 Yes *(Go to 15b)*
- 2 No } *(Skip to 16)*
- 9 DK }

5

b. For which facilities are you on a waiting list?

Anywhere else?

Read categories if necessary.

Mark (X) all that apply.

- 1 Nursing home
- 2 Convalescent home
- 3 Facility or group home for persons with mental illness
- 4 Board and care home
- 5 Facility for persons with mental retardation
- 6 Assisted living facility
- 7 Any other long-term care facility
- 9 DK

6
7
8
9
10
11
12
13

16. Are you on a waiting list for publicly funded home care or community-based care?

- 1 Yes
- 2 No
- 9 DK

14

Notes

Section B - TRANSPORTATION

These next questions are about getting around outside your home.

1. How frequently do you drive a car or other motor vehicle? Would you say — (Read all categories)
Mark (X) only one.

- 1 Everyday or almost everyday,
 - 2 Occasionally,
 - 3 Seldom, or
 - 4 Never? (Go to 2)
 - 9 DK (Skip to 3)
- } (Skip to 3)

2. Is this because of an impairment or health problem?

- 1 Yes
 - 2 No
 - 9 DK
- } (Skip to 4)

3a. Because of an impairment or health problem, do you have any special equipment on your car or other motor vehicle?

- 1 Yes (Go to 3b)
 - 2 No
 - 3 Don't have a car
 - 9 DK
- } (Skip to 3c)

b. What special equipment do you have?
Anything else?

Mark (X) all that apply.

- 1 Hand controls
- 2 Hand rails, straps, specialized handles, ramps, or lifts
- 3 Power controls for windows, mirrors, seat, or steering
- 4 Automatic transmission
- 5 Air conditioning
- 6 A button that opens the door
- 7 A large trunk or storage area
- 8 Other special features
- 9 DK

c. Do you need any (other) special equipment or features on a car or other motor vehicle because of an impairment or health problem?

- 1 Yes (Go to 3d)
 - 2 No
 - 9 DK
- } (Skip to 4)

d. What (other) equipment or features do you need?
Anything else?

Mark (X) all that apply.

- 1 Hand controls
- 2 Hand rails, straps, specialized handles, ramps, or lifts
- 3 Power controls for windows, mirrors, seat, or steering
- 4 Automatic transmission
- 5 Air conditioning
- 6 A button that opens the door
- 7 A large trunk or storage area
- 8 Other special features
- 9 DK

4a. Some communities have special bus, cab or van services for people who have difficulty using the regular public transportation service. When using this special service, people can call ahead and ask to be picked up. Is such a service available in your area?

- 1 Yes (Go to 4b)
 - 2 No
 - 9 DK
- } (Skip to 6 on page 12)

b. Is this special service operated by a transit authority, government program or some other private source?

Mark (X) all that apply.

- 1 Transit authority
- 2 Government program
- 3 Other private source
- 9 DK

Notes

Section B - TRANSPORTATION - Continued

<p>5a. Have you used this special service in the past 12 months?</p>	<p>1 <input type="checkbox"/> Yes (<i>Skip to 5c</i>) 2 <input type="checkbox"/> No (<i>Go to 5b</i>) 9 <input type="checkbox"/> DK (<i>Skip to 6</i>)</p>	<p>32</p>
<p>b. Why haven't you used this service in the past 12 months? Anything else? Mark (X) all that apply.</p>	<p>01 <input type="checkbox"/> Don't know how to use 02 <input type="checkbox"/> Need help from another person 03 <input type="checkbox"/> Can't use alone 04 <input type="checkbox"/> Can't use phone 05 <input type="checkbox"/> Don't have phone 06 <input type="checkbox"/> Can't read 07 <input type="checkbox"/> Illness 08 <input type="checkbox"/> Can't get reservation for service 09 <input type="checkbox"/> Hours of service inadequate 10 <input type="checkbox"/> Pickup unreliable/inconvenient 11 <input type="checkbox"/> Cost 12 <input type="checkbox"/> Denied use of service 13 <input type="checkbox"/> Service not needed/wanted 14 <input type="checkbox"/> Other reason 99 <input type="checkbox"/> DK</p>	<p>33-34 35-36 37-38 39-40 41-42 43-44 45-46 47-48 49-50 51-52 53-54 55-56 57-58 59-60 61-62</p> <p style="text-align: center;"><i>(Skip to 6)</i></p>
<p>c. About how many times have you used this service in the PAST 12 MONTHS?</p>	<p>_____ Times in past 12 months (Number) 999 <input type="checkbox"/> DK</p>	<p>63-65</p>
<p>d. About how many times have you used this service in the PAST WEEK?</p>	<p>_____ Times in past week (Number) 00 <input type="checkbox"/> None 99 <input type="checkbox"/> DK</p>	<p>66-67</p>
<p>6a. During the past 12 months, have you used local public transportation, such as a regular bus line, rapid transit, subway, or street car? Mark (X) only one.</p>	<p>0 <input type="checkbox"/> No public system available (<i>Skip to 8 on page 13</i>) 1 <input type="checkbox"/> Yes (<i>Skip to 6c</i>) 2 <input type="checkbox"/> No (<i>Go to 6b</i>) 9 <input type="checkbox"/> DK (<i>Go to 6b</i>)</p>	<p>68</p>
<p>b. Does an impairment or health problem prevent or limit your use of the public transportation service? Mark (X) only one.</p>	<p>0 <input type="checkbox"/> No public system available (<i>Skip to 8 on page 13</i>) 1 <input type="checkbox"/> Yes (<i>Skip to 6e</i>) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (<i>Skip to 7 on page 13</i>)</p>	<p>69</p>
<p>c. During the past 12 months, how often did you use the local public transportation service? Would you say — (<i>Read all categories</i>) Mark (X) only one.</p>	<p>1 <input type="checkbox"/> Everyday or almost everyday, 2 <input type="checkbox"/> Occasionally, or 3 <input type="checkbox"/> Seldom? 9 <input type="checkbox"/> DK</p>	<p>70</p>
<p>d. Because of an impairment or health problem, during the past 12 months, did you have any difficulty using the local public transportation service?</p>	<p>1 <input type="checkbox"/> Yes (<i>Go to 6e</i>) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (<i>Skip to 7 on page 13</i>)</p>	<p>71</p>
<p>e. What types of difficulties [did/would] you have using the public transportation service? Anything else? Mark (X) all that apply.</p>	<p>01 <input type="checkbox"/> Cognitive/mental problems (remembering where to go/knowing how to avoid trouble) 02 <input type="checkbox"/> Fear 03 <input type="checkbox"/> Vision 04 <input type="checkbox"/> Hearing 05 <input type="checkbox"/> Weather 06 <input type="checkbox"/> Difficulty walking/can't walk 07 <input type="checkbox"/> Wheelchair/scooter/access problems 08 <input type="checkbox"/> Problems with other medical/assistive devices 09 <input type="checkbox"/> Need help from another person 10 <input type="checkbox"/> Hours inadequate 11 <input type="checkbox"/> Cost 12 <input type="checkbox"/> Other 99 <input type="checkbox"/> DK</p>	<p>72-73 74-75 76-77 78-79 80-81 82-83 84-85 86-87 88-89 90-91 92-93 94-95 96-97</p>
<p><i>Ask 6f only if box 01 marked in 6e; otherwise, skip to 7 on page 13.</i></p> <p>f. If you were given mobility training about how to use the public transportation service, such as what stop to get off, how to transfer or how to pay the fare, would you use the service?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p>	<p>98</p>

Section B – TRANSPORTATION – Continued

<p>7. In general, how difficult is it for you to get to and use public transportation? Would you say it is — <i>(Read all categories)</i></p> <p><i>Mark (X) only one.</i></p>	<p>0 <input type="checkbox"/> No public system available 1 <input type="checkbox"/> Very difficult, 2 <input type="checkbox"/> Somewhat difficult, 3 <input type="checkbox"/> A little difficult, or 4 <input type="checkbox"/> Not at all difficult? 9 <input type="checkbox"/> DK</p>	<p>5</p>
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<p>8a. Do you have any (other) problems getting around outside your home due to an impairment or health problem?</p>	<p>1 <input type="checkbox"/> Yes <i>(Go to 8b)</i> 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } <i>(Skip to 9)</i></p>	<p>6</p>
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<p>b. What (other) problems do you have getting around outside your home?</p> <p>Anything else?</p> <p><i>Mark (X) all that apply.</i></p>	<p>01 <input type="checkbox"/> Cognitive or mental problems (remembering where to go, knowing how to avoid trouble) } 7-8 02 <input type="checkbox"/> Fear } 9-10 03 <input type="checkbox"/> Vision } 11-12 04 <input type="checkbox"/> Hearing } 13-14 05 <input type="checkbox"/> Weather } 15-16 06 <input type="checkbox"/> Difficulty walking/can't walk } 17-18 07 <input type="checkbox"/> Wheelchair/scooter/access problems } 19-20 08 <input type="checkbox"/> Problems with other medical/assistive devices } 21-22 09 <input type="checkbox"/> Need help from another person } 23-24 10 <input type="checkbox"/> Other } 25-26 99 <input type="checkbox"/> DK } 27-28</p>	<p>7-8 9-10 11-12 13-14 15-16 17-18 19-20 21-22 23-24 25-26 27-28</p>
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<p>9. DURING THE PAST 6 MONTHS, have you traveled by car, airplane, bus, train, or boat?</p>	<p>1 <input type="checkbox"/> Yes <i>(Go to 10)</i> 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } <i>(Skip to Section C on page 15)</i></p>	<p>29</p>
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<p>10. IN THE PAST WEEK, about how many times did you —</p>				
<p>a. Drive a car?</p>	<p>a.</p>	<p>_____ Times (Number)</p>	<p>00 <input type="checkbox"/> None 99 <input type="checkbox"/> DK</p>	<p>30-31</p>
<p>b. Ride as a passenger in a car?</p>	<p>b.</p>	<p>_____ Times (Number)</p>	<p>00 <input type="checkbox"/> None 99 <input type="checkbox"/> DK</p>	<p>32-33</p>
<p>IN THE PAST WEEK, about how many times did you ride —</p>				
<p>c. A regular bus?</p>	<p>c.</p>	<p>_____ Times (Number)</p>	<p>00 <input type="checkbox"/> None 99 <input type="checkbox"/> DK</p>	<p>34-35</p>
<p>d. An accessible bus?</p>	<p>d.</p>	<p>_____ Times (Number)</p>	<p>00 <input type="checkbox"/> None 99 <input type="checkbox"/> DK</p>	<p>36-37</p>
<p>e. A subway?</p>	<p>e.</p>	<p>_____ Times (Number)</p>	<p>00 <input type="checkbox"/> None 99 <input type="checkbox"/> DK</p>	<p>38-39</p>
<p>f. Some other rail system?</p>	<p>f.</p>	<p>_____ Times (Number)</p>	<p>00 <input type="checkbox"/> None 99 <input type="checkbox"/> DK</p>	<p>40-41</p>
<p>g. A ferry boat?</p>	<p>g.</p>	<p>_____ Times (Number)</p>	<p>00 <input type="checkbox"/> None 99 <input type="checkbox"/> DK</p>	<p>42-43</p>
<p>IN THE PAST WEEK, about how many times did you ride in a —</p>				
<p>h. Social service agency van?</p>	<p>h.</p>	<p>_____ Times (Number)</p>	<p>00 <input type="checkbox"/> None 99 <input type="checkbox"/> DK</p>	<p>44-45</p>
<p>i. Regular taxi, in which you paid the fare?</p>	<p>i.</p>	<p>_____ Times (Number)</p>	<p>00 <input type="checkbox"/> None 99 <input type="checkbox"/> DK</p>	<p>46-47</p>

Notes

Section B – TRANSPORTATION – Continued

11a. IN THE PAST 6 MONTHS, about how many times did you fly in an airplane?	01 <input type="checkbox"/> One (Skip to 11f) 48-49 _____ Times (Go to 11b) (Number) 00 <input type="checkbox"/> None 99 <input type="checkbox"/> DK } (Skip to 12)
b. About how many of these times were on a large airplane with 200 or more seats?	_____ Times (Number) 00 <input type="checkbox"/> None 99 <input type="checkbox"/> DK 50-51
c. (About how many of these times were) on a medium sized airplane with 100 to 199 seats?	_____ Times (Number) 00 <input type="checkbox"/> None 99 <input type="checkbox"/> DK 52-53
d. (About how many of these times were) on a small airplane with 19 to 99 seats?	_____ Times (Number) 00 <input type="checkbox"/> None 99 <input type="checkbox"/> DK 54-55
e. (About how many of these times were) on an airplane with fewer than 19 seats?	_____ Times (Number) 00 <input type="checkbox"/> None 99 <input type="checkbox"/> DK } (Skip to 12) 56-57
f. Was that flight in — (Read all categories)	1 <input type="checkbox"/> A large airplane with 200 or more seats, 2 <input type="checkbox"/> A medium sized airplane with 100-199 seats, 3 <input type="checkbox"/> A small airplane with 19-99 seats, or 4 <input type="checkbox"/> An airplane with fewer than 19 seats? 9 <input type="checkbox"/> DK 58
12a. IN THE PAST 6 MONTHS, about how many times did you ride a long-distance bus, such as Greyhound or Trailways?	_____ Times (Number) 00 <input type="checkbox"/> None 99 <input type="checkbox"/> DK 59-60
b. (IN THE PAST 6 MONTHS, about how many times did you) take a trip on a train, such as Amtrak?	_____ Times (Number) 00 <input type="checkbox"/> None 99 <input type="checkbox"/> DK 61-62
c. (IN THE PAST 6 MONTHS, about how many times did you) take a trip on a cruise ship or boat?	_____ Times (Number) 00 <input type="checkbox"/> None 99 <input type="checkbox"/> DK 63-64

Notes

Section C - SOCIAL ACTIVITY

ITEM C1

Status of SP.

- Institutionalized (Skip to Section D on page 16)
- All others (Go to 1)

These next questions are about various activities you may have participated in.

Ask 1a-g before going to question 2.

Ask 2 for each "Yes" in 1.

2. DURING THE PAST 2 WEEKS, how many times did you (activity)?

1. DURING THE PAST 2 WEEKS, did you —

a. Get together socially with friends or neighbors?

- 1 Yes
- 2 No
- 9 DK

6

(Number) Times
99 DK

7-8

b. Talk with friends or neighbors on the telephone?

- 1 Yes
- 2 No
- 9 DK

9

(Number) Times
99 DK

10-11

c. Get together with ANY relatives not including those living with you?

- 1 Yes
- 2 No
- 9 DK

12

(Number) Times
99 DK

13-14

d. Talk with ANY relatives on the telephone not including those living with you?

- 1 Yes
- 2 No
- 9 DK

15

(Number) Times
99 DK

16-17

e. Go to church, temple, or another place of worship for services or other activities?

- 1 Yes
- 2 No
- 9 DK

18

(Number) Times
99 DK

19-20

f. Go to a show or movie, sports event, club meeting, class, or other group event?

- 1 Yes
- 2 No
- 9 DK

21

(Number) Times
99 DK

22-23

g. Go out to eat at a restaurant?

- 1 Yes
- 2 No
- 9 DK

24

(Number) Times
99 DK

25-26

3. How many days in the past two weeks did you leave your home for any reason?

- 14 Every day
- 00 None

(Number) Days

- 99 DK

27-28

If proxy respondent, skip to Section D on page 16; otherwise ask:

4. Regarding your present social activities, do you feel that you are doing about enough, too much, or would you like to be doing more?

Mark (X) only one.

- 1 About enough
- 2 Too much
- 3 Would like to be doing more
- 9 DK

29

Notes

Section D – WORK HISTORY/EMPLOYMENT

<p>These next questions are about working for pay or profit, and about unpaid volunteer work.</p> <p>1. Have you EVER worked at a job or business?</p>	<p>1 <input type="checkbox"/> Yes (Skip to 16 on page 18) 2 <input type="checkbox"/> No } (Go to 2) 9 <input type="checkbox"/> DK</p>	5																																
<p>2. Does an ongoing health problem, impairment or disability ENTIRELY prevent you from working?</p>	<p>1 <input type="checkbox"/> Yes (Go to 3) 2 <input type="checkbox"/> No } (Skip to 8) 9 <input type="checkbox"/> DK</p>	6																																
<p>3. If enough accommodations were made in transportation and at the work place, would you be able to work?</p>	<p>1 <input type="checkbox"/> Yes (Go to 4) 2 <input type="checkbox"/> No } (Skip to 6) 9 <input type="checkbox"/> DK</p>	7																																
<p>4. IN ORDER TO WORK, would you NEED any of these special features at your worksite —</p>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:5%;"></td> <td style="width:30%; text-align: center;">Yes</td> <td style="width:30%; text-align: center;">No</td> <td style="width:35%; text-align: center;">DK</td> </tr> <tr> <td>a. Handrails or ramps?</td> <td>a. 1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>9 <input type="checkbox"/></td> </tr> <tr> <td>b. Accessible parking or an accessible transportation stop close to the building?</td> <td>b. 1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>9 <input type="checkbox"/></td> </tr> <tr> <td>c. An elevator?</td> <td>c. 1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>9 <input type="checkbox"/></td> </tr> <tr> <td>d. An elevator designed for persons with special needs?</td> <td>d. 1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>9 <input type="checkbox"/></td> </tr> <tr> <td>e. A work station specially adapted for your use?</td> <td>e. 1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>9 <input type="checkbox"/></td> </tr> <tr> <td>f. A restroom designed for persons with special needs?</td> <td>f. 1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>9 <input type="checkbox"/></td> </tr> <tr> <td>g. An automatic door?</td> <td>g. 1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>9 <input type="checkbox"/></td> </tr> </table>		Yes	No	DK	a. Handrails or ramps?	a. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	b. Accessible parking or an accessible transportation stop close to the building?	b. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	c. An elevator?	c. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	d. An elevator designed for persons with special needs?	d. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	e. A work station specially adapted for your use?	e. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	f. A restroom designed for persons with special needs?	f. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	g. An automatic door?	g. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	8 9 10 11 12 13 14
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g. An automatic door?	g. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>																															
<p>5. Because of an ongoing health problem, impairment, or disability, would you NEED any other special equipment, assistance or work arrangement in order to work?</p>	<p>1 <input type="checkbox"/> Yes (Skip to 13b on page 18) 2 <input type="checkbox"/> No } (Go to 6) 9 <input type="checkbox"/> DK</p>	15																																
<p>6. DURING THE PAST 12 MONTHS, were you involved in unpaid volunteer work such as teaching or coaching, office work, or providing care?</p>	<p>1 <input type="checkbox"/> Yes (Go to 7) 2 <input type="checkbox"/> No } (Skip to Section E on page 31) 9 <input type="checkbox"/> DK</p>	16																																
<p>7. How many days did you do volunteer work in the past 12 months?</p>	<p>(Days) { 1 <input type="checkbox"/> Per week 2 <input type="checkbox"/> Per month 3 <input type="checkbox"/> Per year } (Skip to Section E on page 31)</p> <p>9999 <input type="checkbox"/> DK</p>	17-20																																
<p>8. Does an ongoing health problem, impairment or disability limit your ability to work?</p>	<p>1 <input type="checkbox"/> Yes (Go to 9) 2 <input type="checkbox"/> No (Skip to 14 on page 18) 9 <input type="checkbox"/> DK (Go to 9)</p>	21																																
<p>9. Have you looked for work in the past two years?</p>	<p>1 <input type="checkbox"/> Yes (Skip to 11 on page 17) 2 <input type="checkbox"/> No (Go to 10 on page 17) 9 <input type="checkbox"/> DK (Skip to 11 on page 17)</p>	22																																

Notes

Section D – WORK HISTORY/EMPLOYMENT – Continued

<p>10. Some people have encountered barriers which have discouraged them from looking for work. Did you not look for work because you were concerned that —</p> <p>a. You would lose your SSI, SSDI, or other sources of income if you went to work?</p> <p>b. You would lose your housing if you went to work?</p> <p>c. You would lose your health insurance or Medicaid coverage if you went to work?</p> <p>d. Your family or friends discouraged you from going to work?</p> <p>e. Family responsibilities prevented you from going to work?</p> <p>f. Appropriate information about jobs was not available to you?</p> <p>g. If you went to work you would be refused a promotion or transfer?</p> <p>h. If you went to work, you would be refused access to training?</p> <p>i. Your training was not adequate?</p> <p>j. You lacked transportation that you were able to get to and use?</p> <p>k. There were no appropriate jobs available?</p>	<table border="0"> <tr> <td></td> <td align="center">Yes</td> <td align="center">No</td> <td align="center">DK</td> <td></td> </tr> <tr> <td>a.</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>9 <input type="checkbox"/></td> <td align="right">23</td> </tr> <tr> <td>b.</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>9 <input type="checkbox"/></td> <td align="right">24</td> </tr> <tr> <td>c.</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>9 <input type="checkbox"/></td> <td align="right">25</td> </tr> <tr> <td>d.</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>9 <input type="checkbox"/></td> <td align="right">26</td> </tr> <tr> <td>e.</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>9 <input type="checkbox"/></td> <td align="right">27</td> </tr> <tr> <td>f.</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>9 <input type="checkbox"/></td> <td align="right">28</td> </tr> <tr> <td>g.</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>9 <input type="checkbox"/></td> <td align="right">29</td> </tr> <tr> <td>h.</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>9 <input type="checkbox"/></td> <td align="right">30</td> </tr> <tr> <td>i.</td> <td>1 <input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>9 <input type="checkbox"/></td> <td align="right">31</td> </tr> <tr> <td>j.</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>9 <input type="checkbox"/></td> <td align="right">32</td> </tr> <tr> <td>k.</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>9 <input type="checkbox"/></td> <td align="right">33</td> </tr> </table>		Yes	No	DK		a.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	23	b.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	24	c.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	25	d.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	26	e.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	27	f.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	28	g.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	29	h.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	30	i.	1 <input type="checkbox"/>	<input type="checkbox"/>	9 <input type="checkbox"/>	31	j.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	32	k.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	33
	Yes	No	DK																																																										
a.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	23																																																									
b.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	24																																																									
c.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	25																																																									
d.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	26																																																									
e.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	27																																																									
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j.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	32																																																									
k.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	33																																																									
<p>11. Do you think you will look for work at any time in the next six months?</p>	<table border="0"> <tr> <td>1 <input type="checkbox"/></td> <td>Yes</td> <td></td> <td></td> <td></td> </tr> <tr> <td>2 <input type="checkbox"/></td> <td>No</td> <td></td> <td></td> <td></td> </tr> <tr> <td>9 <input type="checkbox"/></td> <td>DK</td> <td></td> <td></td> <td></td> </tr> </table>	1 <input type="checkbox"/>	Yes				2 <input type="checkbox"/>	No				9 <input type="checkbox"/>	DK																																																
1 <input type="checkbox"/>	Yes																																																												
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<p>12. In order to work, would you NEED any of these special features at your worksite —</p> <p>a. Handrails or ramps?</p> <p>b. Accessible parking or an accessible transportation stop close to the building?</p> <p>c. An elevator?</p> <p>d. An elevator designed for persons with special needs?</p> <p>e. A work station specially adapted for your use?</p> <p>f. A restroom designed for persons with special needs?</p> <p>g. An automatic door?</p>	<table border="0"> <tr> <td></td> <td align="center">Yes</td> <td align="center">No</td> <td align="center">DK</td> <td></td> </tr> <tr> <td>a.</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>9 <input type="checkbox"/></td> <td align="right">35</td> </tr> <tr> <td>b.</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>9 <input type="checkbox"/></td> <td align="right">36</td> </tr> <tr> <td>c.</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>9 <input type="checkbox"/></td> <td align="right">37</td> </tr> <tr> <td>d.</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>9 <input type="checkbox"/></td> <td align="right">38</td> </tr> <tr> <td>e.</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>9 <input type="checkbox"/></td> <td align="right">39</td> </tr> <tr> <td>f.</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>9 <input type="checkbox"/></td> <td align="right">40</td> </tr> <tr> <td>g.</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>9 <input type="checkbox"/></td> <td align="right">41</td> </tr> </table>		Yes	No	DK		a.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	35	b.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	36	c.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	37	d.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	38	e.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	39	f.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	40	g.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	41																				
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Notes

Section D – WORK HISTORY/EMPLOYMENT – Continued

13a. Because of an ongoing health problem, impairment, or disability, would you NEED any (other) special equipment, assistance or work arrangement in order to do your job?	<input type="checkbox"/> Yes (Go to 13b) <input type="checkbox"/> No } (Skip to 14) <input type="checkbox"/> DK	42								
b. In order to work, would you NEED —	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:5%;"></td> <td style="width:15%; text-align: center;">Yes</td> <td style="width:15%; text-align: center;">No</td> <td style="width:15%; text-align: center;">DK</td> <td style="width:55%;"></td> </tr> </table>		Yes	No	DK					
	Yes	No	DK							
(1) A voice synthesizer, telecommunication device for the deaf (T.D.D.), infrared system, or other technical devices?	(1) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	43								
(2) Braille, enlarged print, special lighting or audio tape?	(2) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	44								
(3) A reader, oral or sign language interpreter to assist you at work?	(3) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	45								
(4) A job coach to help train you and supervise your work?	(4) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	46								
(5) A personal assistant to help with job related activities?	(5) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	47								
(6) Special pens or pencils, chairs, or other office supplies?	(6) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	48								
(7) Job redesign, that is, modification of difficult job duties or slowing the pace of tasks?	(7) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	49								
(8) Reduced work hours to allow for more breaks or rest periods?	(8) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	50								
(9) Reduced or part-time work hours?	(9) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	51								
(10) Some other equipment, help, or work arrangements? ..	(10) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	52								
14. DURING THE PAST 12 MONTHS, were you involved in unpaid volunteer work such as teaching or coaching, office work, or providing care?	<input type="checkbox"/> Yes (Go to 15) <input type="checkbox"/> No } (Skip to Section E on page 31) <input type="checkbox"/> DK	53								
15. How many days did you do volunteer work in the past 12 months?	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;"></td> <td style="width:10%; text-align: center;">(Days)</td> <td style="width:10%; text-align: center;"> <input type="checkbox"/> Per week <input type="checkbox"/> Per month <input type="checkbox"/> Per year </td> <td style="width:70%; text-align: right;">} (Skip to Section E on page 31)</td> </tr> <tr> <td colspan="3"></td> <td style="text-align: right;">9999 <input type="checkbox"/> DK</td> </tr> </table>		(Days)	<input type="checkbox"/> Per week <input type="checkbox"/> Per month <input type="checkbox"/> Per year	} (Skip to Section E on page 31)				9999 <input type="checkbox"/> DK	54-57
	(Days)	<input type="checkbox"/> Per week <input type="checkbox"/> Per month <input type="checkbox"/> Per year	} (Skip to Section E on page 31)							
			9999 <input type="checkbox"/> DK							
16. Do you NOW work at a job or business?	<input type="checkbox"/> Yes (Go to 17) <input type="checkbox"/> No } (Skip to 37 on page 22) <input type="checkbox"/> DK	58								
17. Are you limited in the kind or amount of work you can do because of an ongoing health problem, impairment, or disability?	<input type="checkbox"/> Yes (Go to 18) <input type="checkbox"/> No } (Skip to 27 on page 20) <input type="checkbox"/> DK	59								
18. About how many hours a week do you usually work at your current job? <i>(Note: If more than one job, include all jobs.)</i>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;"></td> <td style="width:20%; text-align: right;">Hours per week</td> </tr> <tr> <td style="text-align: center;">(Number)</td> <td></td> </tr> <tr> <td colspan="2" style="text-align: right;">99 <input type="checkbox"/> DK</td> </tr> </table>		Hours per week	(Number)		99 <input type="checkbox"/> DK		60-61		
	Hours per week									
(Number)										
99 <input type="checkbox"/> DK										
19. Because of an ongoing health problem, impairment or disability have you EVER changed —	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:5%;"></td> <td style="width:15%; text-align: center;">Yes</td> <td style="width:15%; text-align: center;">No</td> <td style="width:15%; text-align: center;">DK</td> <td style="width:55%;"></td> </tr> </table>		Yes	No	DK					
	Yes	No	DK							
a. The KIND of work you do?	a. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	62								
b. The AMOUNT of work you do?	b. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	63								
c. Your job?	c. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	64								
20a. Does an ongoing health problem, impairment or disability now make it difficult for you to change jobs?	<input type="checkbox"/> Yes (Go to 20b) <input type="checkbox"/> No } (Skip to 21 on page 19) <input type="checkbox"/> DK	65								
b. Would you say very difficult or somewhat difficult?	<input type="checkbox"/> Very difficult <input type="checkbox"/> Somewhat difficult <input type="checkbox"/> DK	66								

Section D - WORK HISTORY/EMPLOYMENT - Continued

21a. Does an ongoing health problem, impairment, or disability make it difficult for you to advance at your present job?	<input type="checkbox"/> Yes (Go to 21b) <input type="checkbox"/> No } (Skip to 22) <input type="checkbox"/> DK }	67
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b. Would you say very difficult or somewhat difficult?	<input type="checkbox"/> Very difficult <input type="checkbox"/> Somewhat difficult <input type="checkbox"/> DK	68
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Ask all of 22a(1)-(7) before going to 22b.	Ask for each "Yes" in 22a.																																																																																
22a. In order to work, would you NEED any of these special features at your worksite, regardless of whether or not you actually have them —	b. Do you have (feature) at work?																																																																																
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23a. Because of an ongoing health problem, impairment, or disability, do you NEED any (other) special equipment, assistance or work arrangements in order to do your job?	<input type="checkbox"/> Yes (Go to 23b) <input type="checkbox"/> No } (Skip to 24a on page 20) <input type="checkbox"/> DK }	83
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Ask all of 23b(1)-(10) before going to 23c.	Ask for each "Yes" in 23b.																																																																																																														
b. In order to work, do you NEED —	c. Do you have ("Yes" response) at work?																																																																																																														
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(4) A job coach to help train you and supervise your work?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	90																																																																																																											
(5) A personal assistant to help you with job related activities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	92																																																																																																											
(6) Special pens or pencils, chairs, or other office supplies?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	94																																																																																																											
(7) Job redesign, that is, modification of difficult job duties or slowing the pace of tasks?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	96																																																																																																											
(8) Reduced work hours to allow for more breaks or rest periods?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	98																																																																																																											
(9) Reduced or part-time work hours?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	100																																																																																																											
(10) Some other equipment, help, or work arrangements?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	102																																																																																																											
	Yes	No	DK																																																																																																												
(1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	85																																																																																																											
(2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	87																																																																																																											
(3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	89																																																																																																											
(4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	91																																																																																																											
(5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	93																																																																																																											
(6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	95																																																																																																											
(7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	97																																																																																																											
(8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	99																																																																																																											
(9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	101																																																																																																											
(10)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	103																																																																																																											

Notes

Section D - WORK HISTORY/EMPLOYMENT - Continued

24a. How do you USUALLY get to work?
Read list if necessary.
Mark (X) all that apply.

01 <input type="checkbox"/> Car	5-6
02 <input type="checkbox"/> Work at home	7-8
03 <input type="checkbox"/> Rapid transit, subway, metro or regular bus	9-10
04 <input type="checkbox"/> Specialized bus or van service for persons with disabilities	11-12
05 <input type="checkbox"/> Commuter train	13-14
06 <input type="checkbox"/> Taxi	15-16
07 <input type="checkbox"/> Bicycle	17-18
08 <input type="checkbox"/> Walk	19-20
09 <input type="checkbox"/> Scooter/wheelchair	21-22
10 <input type="checkbox"/> Other	23-24
99 <input type="checkbox"/> DK	25-26

Ask 24b only if box 01 marked in 24a; otherwise, skip to 25.

b. Who USUALLY drives this car?
Mark (X) only one.

1 <input type="checkbox"/> Self	27
2 <input type="checkbox"/> Other family member	
3 <input type="checkbox"/> Carpool	
4 <input type="checkbox"/> Other	
9 <input type="checkbox"/> DK	

25. IN THE PAST FIVE YEARS, have you been fired from a job, laid off, or told to resign because of an ongoing health problem, impairment, or disability?

1 <input type="checkbox"/> Yes	28
2 <input type="checkbox"/> No	
3 <input type="checkbox"/> Not sure	
9 <input type="checkbox"/> DK	

26a. IN THE PAST FIVE YEARS, because of an ongoing health problem, impairment, or disability, have you been —

	Yes	No	DK	
(1) Refused employment?	(1) 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	29
(2) Refused a promotion?	(2) 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	30
(3) Refused a transfer?	(3) 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	31
(4) Refused access to training programs?	(4) 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	32

b. DURING THE PAST 12 MONTHS, were you involved in unpaid volunteer work such as teaching or coaching, office work, or providing care?

1 <input type="checkbox"/> Yes (Go to 26c)	} (Skip to Section E on page 31)
2 <input type="checkbox"/> No	
9 <input type="checkbox"/> DK	

c. How many days did you do volunteer work in the past 12 months?

_____ (Days)	} (Skip to Section E on page 31)
1 <input type="checkbox"/> Per week	
2 <input type="checkbox"/> Per month	
3 <input type="checkbox"/> Per year	
9999 <input type="checkbox"/> DK	

27. About how many hours a week do you work at your current job?
Note: If more than one job, include all jobs.

_____ Hours per week
 (Number)

99 DK

28. Because of an ongoing health problem, impairment or disability have you EVER changed —

	Yes	No	DK	
a. The KIND of work you do?	a. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	40
b. The AMOUNT of work you do?	b. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	41
c. Your job?	c. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	42

29a. Does an ongoing health problem, impairment or disability now make it difficult for you to change jobs?

1 <input type="checkbox"/> Yes (Go to 29b)	} (Skip to 30 on page 21)
2 <input type="checkbox"/> No	
9 <input type="checkbox"/> DK	

b. Would you say very difficult or somewhat difficult?

1 <input type="checkbox"/> Very difficult	44
2 <input type="checkbox"/> Somewhat difficult	
9 <input type="checkbox"/> DK	

Notes

Section D – WORK HISTORY/EMPLOYMENT – Continued

30a. Does an ongoing health problem, impairment, or disability make it difficult for you to advance at your present job?	1 <input type="checkbox"/> Yes (Go to 30b) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (Skip to 31)	45
b. Would you say very difficult or somewhat difficult?	1 <input type="checkbox"/> Very difficult 2 <input type="checkbox"/> Somewhat difficult 9 <input type="checkbox"/> DK	46

<i>Ask all of 32a(1)–(7) before going to 32b.</i>				<i>Ask for each "Yes" in 31a.</i>				
31a. In order to work, do you NEED any of these special features at your worksite, regardless of whether or not you actually have them —				b. Do you have (feature) at work?				
	Yes	No	DK		Yes	No	DK	
(1) Handrails or ramps?	(1) 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	47	(1) 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	48
(2) Accessible parking or an accessible transportation stop close to the building?	(2) 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	49	(2) 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	50
(3) An elevator?	(3) 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	51	(3) 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	52
(4) An elevator designed for persons with special needs?	(4) 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	53	(4) 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	54
(5) A work station specially adapted for your use?	(5) 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	55	(5) 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	56
(6) A restroom designed for persons with special needs?	(6) 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	57	(6) 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	58
(7) An automatic door?	(7) 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	59	(7) 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	60

32. Because of an ongoing health problem, impairment, or disability, do you need any (other) special equipment, assistance or work arrangements in order to do your job?	1 <input type="checkbox"/> Yes (Go to 33) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (Skip to 34a on page 22)	61
---	--	----

<i>Ask all of 33a(1)–(10) before going to 33b.</i>				<i>Ask for each "Yes" in 33a.</i>				
33a. In order to work, do you NEED —				b. Do you have ("Yes" response) at work?				
	Yes	No	DK		Yes	No	DK	
(1) A voice synthesizer, telecommunications device for the deaf (T.D.D.), infrared system, or other technical devices?	(1) 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	62	(1) 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	63
(2) Braille, enlarged print, special lighting or audio tape?	(2) 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	64	(2) 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	65
(3) A reader, oral or sign language interpreter to assist you at work?	(3) 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	66	(3) 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	67
(4) A job coach to help train you and supervise your work?	(4) 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	68	(4) 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	69
(5) A personal assistant to help you with job related activities?	(5) 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	70	(5) 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	71
(6) Special pens or pencils, chairs, or other office supplies?	(6) 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	72	(6) 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	73
(7) Job redesign, that is, modification of difficult job duties or slowing the pace of tasks?	(7) 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	74	(7) 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	75
(8) Reduced work hours to allow for more breaks or rest periods?	(8) 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	76	(8) 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	77
(9) Reduced or part-time work hours?	(9) 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	78	(9) 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	79
(10) Some other equipment, help, or work arrangements?	(10) 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	80	(10) 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	81

Notes

Section D – WORK HISTORY/EMPLOYMENT – Continued

<p>34a. How do you USUALLY get to work?</p> <p><i>Read list if necessary.</i></p> <p><i>Mark (X) all that apply.</i></p>	<table style="width:100%; border-collapse: collapse;"> <tr><td style="width:5%;"><input type="checkbox"/></td><td style="width:85%;">01 Car</td><td style="width:10%; text-align: right;">82-83</td></tr> <tr><td><input type="checkbox"/></td><td>02 Work at home</td><td style="text-align: right;">84-85</td></tr> <tr><td><input type="checkbox"/></td><td>03 Rapid transit, subway, metro or regular bus</td><td style="text-align: right;">86-87</td></tr> <tr><td><input type="checkbox"/></td><td>04 Specialized bus, van, or taxi service for persons with disabilities</td><td style="text-align: right;">88-89</td></tr> <tr><td><input type="checkbox"/></td><td>05 Commuter train</td><td style="text-align: right;">90-91</td></tr> <tr><td><input type="checkbox"/></td><td>06 Regular taxi</td><td style="text-align: right;">92-93</td></tr> <tr><td><input type="checkbox"/></td><td>07 Bicycle</td><td style="text-align: right;">94-95</td></tr> <tr><td><input type="checkbox"/></td><td>08 Walk</td><td style="text-align: right;">96-97</td></tr> <tr><td><input type="checkbox"/></td><td>09 Scooter/wheelchair</td><td style="text-align: right;">98-99</td></tr> <tr><td><input type="checkbox"/></td><td>10 Other</td><td style="text-align: right;">100-101</td></tr> <tr><td><input type="checkbox"/></td><td>99 DK</td><td style="text-align: right;">102-103</td></tr> </table>	<input type="checkbox"/>	01 Car	82-83	<input type="checkbox"/>	02 Work at home	84-85	<input type="checkbox"/>	03 Rapid transit, subway, metro or regular bus	86-87	<input type="checkbox"/>	04 Specialized bus, van, or taxi service for persons with disabilities	88-89	<input type="checkbox"/>	05 Commuter train	90-91	<input type="checkbox"/>	06 Regular taxi	92-93	<input type="checkbox"/>	07 Bicycle	94-95	<input type="checkbox"/>	08 Walk	96-97	<input type="checkbox"/>	09 Scooter/wheelchair	98-99	<input type="checkbox"/>	10 Other	100-101	<input type="checkbox"/>	99 DK	102-103
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<input type="checkbox"/>	09 Scooter/wheelchair	98-99																																
<input type="checkbox"/>	10 Other	100-101																																
<input type="checkbox"/>	99 DK	102-103																																
<p>b. Who USUALLY drives this car?</p> <p><i>Mark (X) only one.</i></p>	<table style="width:100%; border-collapse: collapse;"> <tr><td style="width:5%;"><input type="checkbox"/></td><td style="width:85%;">1 Self</td><td style="width:10%;"></td></tr> <tr><td><input type="checkbox"/></td><td>2 Other family member</td><td></td></tr> <tr><td><input type="checkbox"/></td><td>3 Carpool</td><td></td></tr> <tr><td><input type="checkbox"/></td><td>4 Other</td><td></td></tr> <tr><td><input type="checkbox"/></td><td>9 DK</td><td></td></tr> </table>	<input type="checkbox"/>	1 Self		<input type="checkbox"/>	2 Other family member		<input type="checkbox"/>	3 Carpool		<input type="checkbox"/>	4 Other		<input type="checkbox"/>	9 DK																			
<input type="checkbox"/>	1 Self																																	
<input type="checkbox"/>	2 Other family member																																	
<input type="checkbox"/>	3 Carpool																																	
<input type="checkbox"/>	4 Other																																	
<input type="checkbox"/>	9 DK																																	

<p>35. IN THE PAST FIVE YEARS, have you been fired from a job, laid off, or told to resign because of an ongoing health problem, impairment, or disability?</p>	<table style="width:100%; border-collapse: collapse;"> <tr><td style="width:5%;"><input type="checkbox"/></td><td style="width:85%;">1 Yes</td><td style="width:10%;"></td></tr> <tr><td><input type="checkbox"/></td><td>2 No</td><td></td></tr> <tr><td><input type="checkbox"/></td><td>3 Not sure</td><td></td></tr> <tr><td><input type="checkbox"/></td><td>9 DK</td><td></td></tr> </table>	<input type="checkbox"/>	1 Yes		<input type="checkbox"/>	2 No		<input type="checkbox"/>	3 Not sure		<input type="checkbox"/>	9 DK	
<input type="checkbox"/>	1 Yes												
<input type="checkbox"/>	2 No												
<input type="checkbox"/>	3 Not sure												
<input type="checkbox"/>	9 DK												

<p>36a. IN THE PAST FIVE YEARS, because of an ongoing health problem, impairment, or disability, have you been —</p>	<table style="width:100%; border-collapse: collapse;"> <tr> <td></td> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> <td style="text-align: center;">DK</td> <td></td> </tr> <tr> <td style="width:5%;">(1)</td> <td style="width:5%;"><input type="checkbox"/></td> <td style="width:5%;"><input type="checkbox"/></td> <td style="width:5%;"><input type="checkbox"/></td> <td style="width:10%;"></td> </tr> <tr> <td style="width:5%;">(2)</td> <td style="width:5%;"><input type="checkbox"/></td> <td style="width:5%;"><input type="checkbox"/></td> <td style="width:5%;"><input type="checkbox"/></td> <td style="width:10%;"></td> </tr> <tr> <td style="width:5%;">(3)</td> <td style="width:5%;"><input type="checkbox"/></td> <td style="width:5%;"><input type="checkbox"/></td> <td style="width:5%;"><input type="checkbox"/></td> <td style="width:10%;"></td> </tr> <tr> <td style="width:5%;">(4)</td> <td style="width:5%;"><input type="checkbox"/></td> <td style="width:5%;"><input type="checkbox"/></td> <td style="width:5%;"><input type="checkbox"/></td> <td style="width:10%;"></td> </tr> </table>		Yes	No	DK		(1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		(2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		(3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		(4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Yes	No	DK																							
(1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																							
(2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																							
(3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																							
(4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																							

<p>b. DURING THE PAST 12 MONTHS, were you involved in unpaid volunteer work such as teaching or coaching, office work, or providing care?</p>	<table style="width:100%; border-collapse: collapse;"> <tr><td style="width:5%;"><input type="checkbox"/></td><td style="width:85%;">1 Yes (Go to 36c)</td><td style="width:10%;"></td></tr> <tr><td><input type="checkbox"/></td><td>2 No</td><td></td></tr> <tr><td><input type="checkbox"/></td><td>9 DK</td><td></td></tr> </table> <p align="right"><i>(Skip to Section E on page 31)</i></p>	<input type="checkbox"/>	1 Yes (Go to 36c)		<input type="checkbox"/>	2 No		<input type="checkbox"/>	9 DK	
<input type="checkbox"/>	1 Yes (Go to 36c)									
<input type="checkbox"/>	2 No									
<input type="checkbox"/>	9 DK									

<p>c. How many days did you do volunteer work in the past 12 months?</p>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:5%;"></td> <td style="width:10%; text-align: center;">(Days)</td> <td style="width:5%; text-align: center;">{</td> <td style="width:5%;">1 <input type="checkbox"/></td> <td style="width:15%;">Per week</td> <td style="width:5%;"></td> <td style="width:5%;">2 <input type="checkbox"/></td> <td style="width:15%;">Per month</td> <td style="width:5%;"></td> <td style="width:5%;">3 <input type="checkbox"/></td> <td style="width:15%;">Per year</td> <td style="width:5%;"></td> <td style="width:10%;"></td> </tr> <tr> <td colspan="12"></td> <td style="width:10%; text-align: right;"><i>(Skip to Section E on page 31)</i></td> </tr> <tr> <td colspan="12"></td> <td style="width:10%;"></td> </tr> <tr> <td colspan="12"></td> <td style="width:10%; text-align: right;">9999 <input type="checkbox"/> DK</td> </tr> </table>		(Days)	{	1 <input type="checkbox"/>	Per week		2 <input type="checkbox"/>	Per month		3 <input type="checkbox"/>	Per year															<i>(Skip to Section E on page 31)</i>																										9999 <input type="checkbox"/> DK
	(Days)	{	1 <input type="checkbox"/>	Per week		2 <input type="checkbox"/>	Per month		3 <input type="checkbox"/>	Per year																																											
												<i>(Skip to Section E on page 31)</i>																																									
												9999 <input type="checkbox"/> DK																																									

<p>37. Are you looking for work or on layoff from a job?</p>	<table style="width:100%; border-collapse: collapse;"> <tr><td style="width:5%;"><input type="checkbox"/></td><td style="width:85%;">1 Yes (Go to 38)</td><td style="width:10%;"></td></tr> <tr><td><input type="checkbox"/></td><td>2 No</td><td></td></tr> <tr><td><input type="checkbox"/></td><td>9 DK</td><td></td></tr> </table> <p align="right"><i>(Skip to 54 on page 25)</i></p>	<input type="checkbox"/>	1 Yes (Go to 38)		<input type="checkbox"/>	2 No		<input type="checkbox"/>	9 DK	
<input type="checkbox"/>	1 Yes (Go to 38)									
<input type="checkbox"/>	2 No									
<input type="checkbox"/>	9 DK									

<p>38. Are you limited in the kind or amount of work you can do because of an ongoing health problem, impairment, or disability?</p>	<table style="width:100%; border-collapse: collapse;"> <tr><td style="width:5%;"><input type="checkbox"/></td><td style="width:85%;">1 Yes (Go to 39)</td><td style="width:10%;"></td></tr> <tr><td><input type="checkbox"/></td><td>2 No</td><td></td></tr> <tr><td><input type="checkbox"/></td><td>9 DK</td><td></td></tr> </table> <p align="right"><i>(Skip to 48 on page 24)</i></p>	<input type="checkbox"/>	1 Yes (Go to 39)		<input type="checkbox"/>	2 No		<input type="checkbox"/>	9 DK	
<input type="checkbox"/>	1 Yes (Go to 39)									
<input type="checkbox"/>	2 No									
<input type="checkbox"/>	9 DK									

<p>39. In what year did you stop working at your last job?</p>	<p align="center">19 _____ Year</p> <p>99 <input type="checkbox"/> DK</p>
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<p>40. Does an ongoing health problem, impairment or disability make it difficult for you to look for work?</p>	<table style="width:100%; border-collapse: collapse;"> <tr><td style="width:5%;"><input type="checkbox"/></td><td style="width:85%;">1 Yes</td><td style="width:10%;"></td></tr> <tr><td><input type="checkbox"/></td><td>2 No</td><td></td></tr> <tr><td><input type="checkbox"/></td><td>9 DK</td><td></td></tr> </table>	<input type="checkbox"/>	1 Yes		<input type="checkbox"/>	2 No		<input type="checkbox"/>	9 DK	
<input type="checkbox"/>	1 Yes									
<input type="checkbox"/>	2 No									
<input type="checkbox"/>	9 DK									

<p>Notes</p>	
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Section D – WORK HISTORY/EMPLOYMENT – Continued

41. Some people have encountered barriers which have discouraged them from looking for work. Did you not look for work because you were concerned that —		Yes	No	DK	
a. You would lose your SSI, SSDI, or other sources of income if you went to work?	a.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	5
b. You would lose your housing if you went to work?	b.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	6
c. You would lose your health insurance or Medicaid coverage if you went to work?	c.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	7
d. Your family or friends discouraged you from going to work?	d.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	8
e. Family responsibilities prevented you from going to work?	e.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	9
f. Appropriate information about jobs was not available to you?	f.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	10
g. If you went to work you would be refused a promotion or transfer?	g.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	11
h. If you went to work, you would be refused access to training?	h.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	12
i. Your training was not adequate?	i.	1 <input type="checkbox"/>	<input type="checkbox"/>	9 <input type="checkbox"/>	13
j. You lacked transportation that you were able to get to and use?	j.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	14
k. There were no appropriate jobs available?	k.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	15

42. In order to work, would you NEED any of these special features at your worksite —		Yes	No	DK	
a. Handrails or ramps?	a.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	16
b. Accessible parking or an accessible transportation stop close to the building?	b.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	17
c. An elevator?	c.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	18
d. An elevator designed for persons with special needs?	d.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	19
e. A work station specially adapted for your use?	e.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	20
f. A restroom designed for persons with special needs?	f.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	21
g. An automatic door?	g.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	22

Notes

Section D - WORK HISTORY/EMPLOYMENT - Continued

<p>43a. Because of an ongoing health problem, impairment, or disability, would you NEED any (other) special equipment, assistance or work arrangement in order to do your job?</p>	<p>1 <input type="checkbox"/> Yes (Go to 43b) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (Skip to Item D1)</p>	<p>23</p>																																																							
<p>b. In order to work, would you NEED —</p> <p>(1) A voice synthesizer, telecommunication device for the deaf (T.D.D.), infrared system, or other technical devices?</p> <p>(2) Braille, enlarged print, special lighting, or audio tape?</p> <p>(3) A reader, oral or sign language interpreter to assist you at work?</p> <p>(4) A job coach to help train you and supervise your work?</p> <p>(5) A personal assistant to help with job related activities?</p> <p>(6) Special pens or pencils, chairs, or other office supplies?</p> <p>(7) Job redesign, that is, modification of difficult job duties or slowing the pace of tasks?</p> <p>(8) Reduced work hours to allow for more breaks or rest periods?</p> <p>(9) Reduced or part-time work hours?</p> <p>(10) Some other equipment, help, or work arrangements?</p>	<table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:5%;"></th> <th style="width:10%; text-align: center;">Yes</th> <th style="width:10%; text-align: center;">No</th> <th style="width:10%; text-align: center;">DK</th> <th style="width:5%;"></th> </tr> </thead> <tbody> <tr> <td>(1)</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>9 <input type="checkbox"/></td> <td align="right">24</td> </tr> <tr> <td>(2)</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>9 <input type="checkbox"/></td> <td align="right">25</td> </tr> <tr> <td>(3)</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>9 <input type="checkbox"/></td> <td align="right">26</td> </tr> <tr> <td>(4)</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>9 <input type="checkbox"/></td> <td align="right">27</td> </tr> <tr> <td>(5)</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>9 <input type="checkbox"/></td> <td align="right">28</td> </tr> <tr> <td>(6)</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>9 <input type="checkbox"/></td> <td align="right">29</td> </tr> <tr> <td>(7)</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>9 <input type="checkbox"/></td> <td align="right">30</td> </tr> <tr> <td>(8)</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>9 <input type="checkbox"/></td> <td align="right">31</td> </tr> <tr> <td>(9)</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>9 <input type="checkbox"/></td> <td align="right">32</td> </tr> <tr> <td>(10)</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>9 <input type="checkbox"/></td> <td align="right">33</td> </tr> </tbody> </table>		Yes	No	DK		(1)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	24	(2)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	25	(3)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	26	(4)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	27	(5)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	28	(6)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	29	(7)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	30	(8)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	31	(9)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	32	(10)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	33	<p>34</p>
	Yes	No	DK																																																						
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(10)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	33																																																					
<p>ITEM D1</p> <p><i>Refer to question 39 on page 22. (Year last worked)</i></p>	<p>1 <input type="checkbox"/> 1989 or after (Go to 44) 2 <input type="checkbox"/> Before 1989 (Skip to 46) 9 <input type="checkbox"/> DK (Go to 44)</p>	<p>34</p>																																																							
<p>44. IN THE PAST FIVE YEARS, have you been fired from a job, laid off, or told to resign because of an ongoing health problem, impairment, or disability?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Not sure 9 <input type="checkbox"/> DK</p>	<p>35</p>																																																							
<p>45. IN THE PAST FIVE YEARS, because of an ongoing health problem, impairment, or disability, have you been —</p> <p>a. Refused employment?</p> <p>b. Refused a promotion?</p> <p>c. Refused a transfer?</p> <p>d. Refused access to training programs?</p>	<table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:5%;"></th> <th style="width:10%; text-align: center;">Yes</th> <th style="width:10%; text-align: center;">No</th> <th style="width:10%; text-align: center;">DK</th> <th style="width:5%;"></th> </tr> </thead> <tbody> <tr> <td>a.</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>9 <input type="checkbox"/></td> <td align="right">36</td> </tr> <tr> <td>b.</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>9 <input type="checkbox"/></td> <td align="right">37</td> </tr> <tr> <td>c.</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>9 <input type="checkbox"/></td> <td align="right">38</td> </tr> <tr> <td>d.</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>9 <input type="checkbox"/></td> <td align="right">39</td> </tr> </tbody> </table>		Yes	No	DK		a.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	36	b.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	37	c.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	38	d.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	39	<p>40</p>																														
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a.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	36																																																					
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d.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	39																																																					
<p>46. DURING THE PAST 12 MONTHS, were you involved in unpaid volunteer work such as teaching or coaching, office work, or providing care?</p>	<p>1 <input type="checkbox"/> Yes (Go to 47) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (Skip to Section E on page 31)</p>	<p>40</p>																																																							
<p>47. How many days did you do volunteer work in the past 12 months?</p> <p>_____ (Days)</p>	<p> <input type="checkbox"/> Per week <input type="checkbox"/> Per month <input type="checkbox"/> Per year } (Skip to Section E on page 31) </p> <p>9999 <input type="checkbox"/> DK</p>	<p>41-44</p>																																																							
<p>48. In what year did you stop working at your last job?</p>	<p>19 _____ Year</p> <p>99 <input type="checkbox"/> DK</p>	<p>45-46</p>																																																							
<p>49. Does an ongoing health problem, impairment, or disability now make it difficult for you to look for work?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p>	<p>47</p>																																																							

Section D – WORK HISTORY/EMPLOYMENT – Continued

ITEM D2	Refer to question 48 on page 24. (Year last worked)	1 <input type="checkbox"/> 1989 or after (Go to 50) 2 <input type="checkbox"/> Before 1989 (Skip to 52) 9 <input type="checkbox"/> DK (Go to 50)	48
50.	IN THE PAST FIVE YEARS, have you been fired from a job, laid off, or told to resign because of an ongoing health problem, impairment or disability?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Not sure 9 <input type="checkbox"/> DK	49
51.	IN THE PAST FIVE YEARS, because of an ongoing health problem, impairment, or disability, have you been —	Yes No DK	
	a. Refused employment?	a. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	50
	b. Refused a promotion?	b. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	51
	c. Refused a transfer?	c. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	52
	d. Refused access to training programs?	d. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	53
52.	DURING THE PAST 12 MONTHS, were you involved in unpaid volunteer work such as teaching or coaching, office work, or providing care?	1 <input type="checkbox"/> Yes (Go to 53) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (Skip to Section E on page 31)	54
53.	How many days did you do volunteer work in the past 12 months?	_____ (Days) { 1 <input type="checkbox"/> Per week 2 <input type="checkbox"/> Per month 3 <input type="checkbox"/> Per year } (Skip to Section E on page 31) 9999 <input type="checkbox"/> DK	55-58
54a.	Have you retired on disability?	1 <input type="checkbox"/> Yes (Go to 54b) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (Skip to 57)	59
	b. How old were you when you retired on disability?	_____ Age 99 <input type="checkbox"/> DK	60-61
	c. If enough accommodations were made at the work place or in transportation, would you have been able to continue working?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (Go to 55)	62
55.	DURING THE PAST 12 MONTHS, were you involved in unpaid volunteer work such as teaching or coaching, office work, or providing care?	1 <input type="checkbox"/> Yes (Go to 56) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (Skip to Section E on page 31)	63
56.	How many days did you do volunteer work in the past 12 months?	_____ (Days) { 1 <input type="checkbox"/> Per week 2 <input type="checkbox"/> Per month 3 <input type="checkbox"/> Per year } (Skip to Section E on page 31) 9999 <input type="checkbox"/> DK	64-67
57a.	Have you retired from a job or business?	1 <input type="checkbox"/> Yes (Go to 57b) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (Skip to 61 on page 26)	68
	b. How old were you when you retired the last time?	_____ Age 99 <input type="checkbox"/> DK	69-70
58.	Did you retire because of an ongoing health problem, impairment, or disability?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	71
59.	DURING THE PAST 12 MONTHS, were you involved in unpaid volunteer work such as teaching or coaching, office work, or providing care?	1 <input type="checkbox"/> Yes (Go to 60 on page 26) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (Skip to Section E on page 31)	72

Section D - WORK HISTORY/EMPLOYMENT - Continued

60. How many days did you do volunteer work in the past 12 months?	<div style="text-align: right;">73-78</div> <div style="display: flex; justify-content: space-between; align-items: center;"> (Days) <div style="border-left: 1px solid black; padding-left: 5px;"> <input type="checkbox"/> Per week <input type="checkbox"/> Per month <input type="checkbox"/> Per year </div> (Skip to Section E on page 31) </div> <input type="checkbox"/> DK																																																											
61. Does an ongoing health problem, impairment, or disability ENTIRELY prevent you from working?	<div style="text-align: right;">77</div> <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="border-left: 1px solid black; padding-left: 5px;"> <input type="checkbox"/> Yes (Go to 62) <input type="checkbox"/> No <input type="checkbox"/> DK </div> (Skip to 73 on page 27) </div>																																																											
62. If enough accommodations were made in transportation and at the work place, would you be able to work?	<div style="text-align: right;">78</div> <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="border-left: 1px solid black; padding-left: 5px;"> <input type="checkbox"/> Yes (Go to 63) <input type="checkbox"/> No <input type="checkbox"/> DK </div> (Skip to 71 on page 27) </div>																																																											
63. In what year did you last work at a job or business, even for a few days?	<div style="text-align: right;">79-80</div> 19 ____ Year <input type="checkbox"/> DK																																																											
64. Does an ongoing health problem impairment or disability now make it difficult for you to look for work?	<div style="text-align: right;">81</div> <div style="border-left: 1px solid black; padding-left: 5px;"> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK </div>																																																											
65. Some people have encountered barriers which have discouraged them from looking for work. Did you not look for work because you were concerned that —	<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="border-left: 1px solid black; padding-left: 5px;"> <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 10%; text-align: center;">Yes</th> <th style="width: 10%; text-align: center;">No</th> <th style="width: 10%; text-align: center;">DK</th> </tr> </thead> <tbody> <tr> <td>a. You would lose your SSI, SSDI, or other sources of income if you went to work?</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">9 <input type="checkbox"/></td> </tr> <tr> <td>b. You would lose your housing if you went to work?</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">9 <input type="checkbox"/></td> </tr> <tr> <td>c. You would lose your health insurance or Medicaid coverage if you went to work?</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">9 <input type="checkbox"/></td> </tr> <tr> <td>d. Your family or friends discouraged you from going to work?</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">9 <input type="checkbox"/></td> </tr> <tr> <td>e. Family responsibilities prevented you from going to work?</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">9 <input type="checkbox"/></td> </tr> <tr> <td>f. Appropriate information about jobs was not available to you?</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">9 <input type="checkbox"/></td> </tr> <tr> <td>g. If you went to work you would be refused a promotion or transfer?</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">9 <input type="checkbox"/></td> </tr> <tr> <td>h. If you went to work, you would be refused access to training?</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">9 <input type="checkbox"/></td> </tr> <tr> <td>i. Your training was not adequate?</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">9 <input type="checkbox"/></td> </tr> <tr> <td>j. You lacked transportation that you were able to get to and use?</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">9 <input type="checkbox"/></td> </tr> <tr> <td>k. There were no appropriate jobs available?</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">9 <input type="checkbox"/></td> </tr> </tbody> </table> </div> <div style="border-left: 1px solid black; padding-left: 5px;"> <table style="width:100%; border-collapse: collapse;"> <tbody> <tr><td style="text-align: right;">82</td></tr> <tr><td style="text-align: right;">83</td></tr> <tr><td style="text-align: right;">84</td></tr> <tr><td style="text-align: right;">85</td></tr> <tr><td style="text-align: right;">86</td></tr> <tr><td style="text-align: right;">87</td></tr> <tr><td style="text-align: right;">88</td></tr> <tr><td style="text-align: right;">89</td></tr> <tr><td style="text-align: right;">90</td></tr> <tr><td style="text-align: right;">91</td></tr> <tr><td style="text-align: right;">92</td></tr> </tbody> </table> </div> </div>		Yes	No	DK	a. You would lose your SSI, SSDI, or other sources of income if you went to work?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	b. You would lose your housing if you went to work?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	c. You would lose your health insurance or Medicaid coverage if you went to work?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	d. Your family or friends discouraged you from going to work?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	e. Family responsibilities prevented you from going to work?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	f. Appropriate information about jobs was not available to you?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	g. If you went to work you would be refused a promotion or transfer?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	h. If you went to work, you would be refused access to training?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	i. Your training was not adequate?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	j. You lacked transportation that you were able to get to and use?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	k. There were no appropriate jobs available?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	82	83	84	85	86	87	88	89	90	91	92
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92																																																												
66. Do you think you will look for work at any time in the next six months?	<div style="text-align: right;">93</div> <div style="border-left: 1px solid black; padding-left: 5px;"> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK </div>																																																											
67. In order to work, would you NEED any of these special features at your worksite —	<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="border-left: 1px solid black; padding-left: 5px;"> <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 10%; text-align: center;">Yes</th> <th style="width: 10%; text-align: center;">No</th> <th style="width: 10%; text-align: center;">DK</th> </tr> </thead> <tbody> <tr> <td>a. Handrails or ramps?</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">9 <input type="checkbox"/></td> </tr> <tr> <td>b. Accessible parking or an accessible transportation stop close to the building?</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">9 <input type="checkbox"/></td> </tr> <tr> <td>c. An elevator?</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">9 <input type="checkbox"/></td> </tr> <tr> <td>d. An elevator designed for persons with special needs?</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">9 <input type="checkbox"/></td> </tr> <tr> <td>e. A work station specially adapted for your use?</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">9 <input type="checkbox"/></td> </tr> <tr> <td>f. A restroom designed for persons with special needs?</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">9 <input type="checkbox"/></td> </tr> <tr> <td>g. An automatic door?</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">9 <input type="checkbox"/></td> </tr> </tbody> </table> </div> <div style="border-left: 1px solid black; padding-left: 5px;"> <table style="width:100%; border-collapse: collapse;"> <tbody> <tr><td style="text-align: right;">94</td></tr> <tr><td style="text-align: right;">95</td></tr> <tr><td style="text-align: right;">96</td></tr> <tr><td style="text-align: right;">97</td></tr> <tr><td style="text-align: right;">98</td></tr> <tr><td style="text-align: right;">99</td></tr> <tr><td style="text-align: right;">100</td></tr> </tbody> </table> </div> </div>		Yes	No	DK	a. Handrails or ramps?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	b. Accessible parking or an accessible transportation stop close to the building?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	c. An elevator?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	d. An elevator designed for persons with special needs?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	e. A work station specially adapted for your use?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	f. A restroom designed for persons with special needs?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	g. An automatic door?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	94	95	96	97	98	99	100																				
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Section D - WORK HISTORY/EMPLOYMENT - Continued

68a. Because of an ongoing health problem, impairment, or disability, would you NEED any (other) special equipment, assistance or work arrangement in order to do your job?

1 Yes (Go to 68b)
2 No
9 DK } (Skip to Item D3)

b. In order to work, would you NEED —

	Yes	No	DK	
(1) A voice synthesizer, telecommunication device for the deaf (T.D.D.), infrared system, or other technical devices?	(1) 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	6
(2) Braille, enlarged print, special lighting, or audio tape?	(2) 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	7
(3) A reader, oral or sign language interpreter to assist you at work?	(3) 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	8
(4) A job coach to help train you and supervise your work?	(4) 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	9
(5) A personal assistant to help with job related activities?	(5) 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	10
(6) Special pens or pencils, chairs, or other office supplies?	(6) 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	11
(7) Job redesign, that is, modification of difficult job duties or slowing the pace of tasks?	(7) 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	12
(8) Reduced work hours to allow for more breaks or rest periods?	(8) 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	13
(9) Reduced or part-time work hours?	(9) 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	14
(10) Some other equipment, help, or work arrangements?	(10) 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	15

ITEM D3 Refer to question 63 on page 26. (Year last worked)

1 1989 or after (Go to 69)
2 Before 1989 (Skip to 71)
9 DK (Go to 69)

69. IN THE PAST FIVE YEARS, have you been fired from a job, laid off, or told to resign because of an ongoing health problem, impairment or disability?

1 Yes
2 No
3 Not sure
9 DK

70. IN THE PAST FIVE YEARS, because of an ongoing health problem, impairment, or disability, have you been —

	Yes	No	DK	
a. Refused employment?	a. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	18
b. Refused a promotion?	b. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	19
c. Refused a transfer?	c. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	20
d. Refused access to training programs?	d. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	21

71. DURING THE PAST 12 MONTHS, were you involved in unpaid volunteer work such as teaching or coaching, office work, or providing care?

1 Yes (Go to 72)
2 No
9 DK } (Skip to Section E on page 31)

72. How many days did you do volunteer work in the past 12 months?

(Days) { 1 Per week
2 Per month
3 Per year } (Skip to Section E on page 31)

9999 DK

73. Are you limited in the kind or amount of work you can do because of an ongoing health problem, impairment, or disability?

1 Yes (Go to 74)
2 No
9 DK } (Skip to 85 on page 29)

74. If enough accommodations were made in transportation and at the work place, would you be able to work?

1 Yes (Go to 75 on page 28)
2 No
9 DK } (Skip to 83 on page 29)

Section D – WORK HISTORY/EMPLOYMENT – Continued

75. In what year did you last work at a job or business, even for a few days?	<div style="text-align: right;">29-30</div> 19 ____ Year 99 <input type="checkbox"/> DK
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76. Does an ongoing health problem now make it difficult for you to look for work?	<div style="text-align: right;">31</div> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK
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77. Some people have encountered barriers which have discouraged them from looking for work. Did you not look for work because you were concerned that —	Yes No DK					
a. You would lose your SSI, SSDI, or other sources of income if you went to work?	<table border="0" style="width:100%;"> <tr> <td style="width:50%;">a.</td> <td style="width:15%;">1 <input type="checkbox"/></td> <td style="width:15%;">2 <input type="checkbox"/></td> <td style="width:15%;">9 <input type="checkbox"/></td> <td style="width:5%; text-align: right;">32</td> </tr> </table>	a.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	32
a.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	32		
b. You would lose your housing if you went to work?	<table border="0" style="width:100%;"> <tr> <td style="width:50%;">b.</td> <td style="width:15%;">1 <input type="checkbox"/></td> <td style="width:15%;">2 <input type="checkbox"/></td> <td style="width:15%;">9 <input type="checkbox"/></td> <td style="width:5%; text-align: right;">33</td> </tr> </table>	b.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	33
b.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	33		
c. You would lose your health insurance or Medicaid coverage if you went to work?	<table border="0" style="width:100%;"> <tr> <td style="width:50%;">c.</td> <td style="width:15%;">1 <input type="checkbox"/></td> <td style="width:15%;">2 <input type="checkbox"/></td> <td style="width:15%;">9 <input type="checkbox"/></td> <td style="width:5%; text-align: right;">34</td> </tr> </table>	c.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	34
c.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	34		
d. Your family or friends discouraged you from going to work?	<table border="0" style="width:100%;"> <tr> <td style="width:50%;">d.</td> <td style="width:15%;">1 <input type="checkbox"/></td> <td style="width:15%;">2 <input type="checkbox"/></td> <td style="width:15%;">9 <input type="checkbox"/></td> <td style="width:5%; text-align: right;">35</td> </tr> </table>	d.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	35
d.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	35		
e. Family responsibilities prevented you from going to work?	<table border="0" style="width:100%;"> <tr> <td style="width:50%;">e.</td> <td style="width:15%;">1 <input type="checkbox"/></td> <td style="width:15%;">2 <input type="checkbox"/></td> <td style="width:15%;">9 <input type="checkbox"/></td> <td style="width:5%; text-align: right;">36</td> </tr> </table>	e.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	36
e.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	36		
f. Appropriate information about jobs was not available to you?	<table border="0" style="width:100%;"> <tr> <td style="width:50%;">f.</td> <td style="width:15%;">1 <input type="checkbox"/></td> <td style="width:15%;">2 <input type="checkbox"/></td> <td style="width:15%;">9 <input type="checkbox"/></td> <td style="width:5%; text-align: right;">37</td> </tr> </table>	f.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	37
f.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	37		
g. If you went to work you would be refused a promotion or transfer?	<table border="0" style="width:100%;"> <tr> <td style="width:50%;">g.</td> <td style="width:15%;">1 <input type="checkbox"/></td> <td style="width:15%;">2 <input type="checkbox"/></td> <td style="width:15%;">9 <input type="checkbox"/></td> <td style="width:5%; text-align: right;">38</td> </tr> </table>	g.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	38
g.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	38		
h. If you went to work, you would be refused access to training?	<table border="0" style="width:100%;"> <tr> <td style="width:50%;">h.</td> <td style="width:15%;">1 <input type="checkbox"/></td> <td style="width:15%;">2 <input type="checkbox"/></td> <td style="width:15%;">9 <input type="checkbox"/></td> <td style="width:5%; text-align: right;">39</td> </tr> </table>	h.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	39
h.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	39		
i. Your training was not adequate?	<table border="0" style="width:100%;"> <tr> <td style="width:50%;">i.</td> <td style="width:15%;">1 <input type="checkbox"/></td> <td style="width:15%;">2 <input type="checkbox"/></td> <td style="width:15%;">9 <input type="checkbox"/></td> <td style="width:5%; text-align: right;">40</td> </tr> </table>	i.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	40
i.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	40		
j. You lacked transportation that you were able to get to and use?	<table border="0" style="width:100%;"> <tr> <td style="width:50%;">j.</td> <td style="width:15%;">1 <input type="checkbox"/></td> <td style="width:15%;">2 <input type="checkbox"/></td> <td style="width:15%;">9 <input type="checkbox"/></td> <td style="width:5%; text-align: right;">41</td> </tr> </table>	j.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	41
j.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	41		
k. There were no appropriate jobs available?	<table border="0" style="width:100%;"> <tr> <td style="width:50%;">k.</td> <td style="width:15%;">1 <input type="checkbox"/></td> <td style="width:15%;">2 <input type="checkbox"/></td> <td style="width:15%;">9 <input type="checkbox"/></td> <td style="width:5%; text-align: right;">42</td> </tr> </table>	k.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	42
k.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	42		

78. Do you think you will look for work at any time in the next six months?	<div style="text-align: right;">43</div> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK
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79. In order to work, would you NEED any of these special features at your worksite —	Yes No DK					
a. Handrails or ramps?	<table border="0" style="width:100%;"> <tr> <td style="width:50%;">a.</td> <td style="width:15%;">1 <input type="checkbox"/></td> <td style="width:15%;">2 <input type="checkbox"/></td> <td style="width:15%;">9 <input type="checkbox"/></td> <td style="width:5%; text-align: right;">44</td> </tr> </table>	a.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	44
a.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	44		
b. Accessible parking or an accessible transportation stop close to the building?	<table border="0" style="width:100%;"> <tr> <td style="width:50%;">b.</td> <td style="width:15%;">1 <input type="checkbox"/></td> <td style="width:15%;">2 <input type="checkbox"/></td> <td style="width:15%;">9 <input type="checkbox"/></td> <td style="width:5%; text-align: right;">45</td> </tr> </table>	b.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	45
b.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	45		
c. An elevator?	<table border="0" style="width:100%;"> <tr> <td style="width:50%;">c.</td> <td style="width:15%;">1 <input type="checkbox"/></td> <td style="width:15%;">2 <input type="checkbox"/></td> <td style="width:15%;">9 <input type="checkbox"/></td> <td style="width:5%; text-align: right;">46</td> </tr> </table>	c.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	46
c.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	46		
d. An elevator designed for persons with special needs?	<table border="0" style="width:100%;"> <tr> <td style="width:50%;">d.</td> <td style="width:15%;">1 <input type="checkbox"/></td> <td style="width:15%;">2 <input type="checkbox"/></td> <td style="width:15%;">9 <input type="checkbox"/></td> <td style="width:5%; text-align: right;">47</td> </tr> </table>	d.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	47
d.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	47		
e. A work station specially adapted for your use?	<table border="0" style="width:100%;"> <tr> <td style="width:50%;">e.</td> <td style="width:15%;">1 <input type="checkbox"/></td> <td style="width:15%;">2 <input type="checkbox"/></td> <td style="width:15%;">9 <input type="checkbox"/></td> <td style="width:5%; text-align: right;">48</td> </tr> </table>	e.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	48
e.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	48		
f. A restroom designed for persons with special needs?	<table border="0" style="width:100%;"> <tr> <td style="width:50%;">f.</td> <td style="width:15%;">1 <input type="checkbox"/></td> <td style="width:15%;">2 <input type="checkbox"/></td> <td style="width:15%;">9 <input type="checkbox"/></td> <td style="width:5%; text-align: right;">49</td> </tr> </table>	f.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	49
f.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	49		
g. An automatic door?	<table border="0" style="width:100%;"> <tr> <td style="width:50%;">g.</td> <td style="width:15%;">1 <input type="checkbox"/></td> <td style="width:15%;">2 <input type="checkbox"/></td> <td style="width:15%;">9 <input type="checkbox"/></td> <td style="width:5%; text-align: right;">50</td> </tr> </table>	g.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	50
g.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	50		

Notes

Section D – WORK HISTORY/EMPLOYMENT – Continued

<p>80a. Because of an ongoing health problem, impairment, or disability, would you NEED any (other) special equipment, assistance or work arrangement in order to do your job?</p>	<p>1 <input type="checkbox"/> Yes (Go to 80b) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (Skip to Item D4)</p>	51																																																							
<p>b. In order to work, would you NEED —</p> <p>(1) A voice synthesizer, telecommunication device for the deaf (T.D.D.), infrared system, or other technical devices?</p> <p>(2) Braille, enlarged print, special lighting, or audio tape?</p> <p>(3) A reader, oral or sign language interpreter to assist you at work?</p> <p>(4) A job coach to help train you and supervise your work?</p> <p>(5) A personal assistant to help with job related activities?</p> <p>(6) Special pens or pencils, chairs, or other office supplies?</p> <p>(7) Job redesign, that is, modification of difficult job duties or slowing the pace of tasks?</p> <p>(8) Reduced work hours to allow for more breaks or rest periods?</p> <p>(9) Reduced or part-time work hours?</p> <p>(10) Some other equipment, help, or work arrangements?</p>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;"></td> <td style="width:15%; text-align: center;">Yes</td> <td style="width:15%; text-align: center;">No</td> <td style="width:15%; text-align: center;">DK</td> <td style="width:45%;"></td> </tr> <tr> <td>(1)</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>9 <input type="checkbox"/></td> <td style="text-align: right;">52</td> </tr> <tr> <td>(2)</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>9 <input type="checkbox"/></td> <td style="text-align: right;">53</td> </tr> <tr> <td>(3)</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>9 <input type="checkbox"/></td> <td style="text-align: right;">54</td> </tr> <tr> <td>(4)</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>9 <input type="checkbox"/></td> <td style="text-align: right;">55</td> </tr> <tr> <td>(5)</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>9 <input type="checkbox"/></td> <td style="text-align: right;">56</td> </tr> <tr> <td>(6)</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>9 <input type="checkbox"/></td> <td style="text-align: right;">57</td> </tr> <tr> <td>(7)</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>9 <input type="checkbox"/></td> <td style="text-align: right;">58</td> </tr> <tr> <td>(8)</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>9 <input type="checkbox"/></td> <td style="text-align: right;">59</td> </tr> <tr> <td>(9)</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>9 <input type="checkbox"/></td> <td style="text-align: right;">60</td> </tr> <tr> <td>(10)</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>9 <input type="checkbox"/></td> <td style="text-align: right;">61</td> </tr> </table>		Yes	No	DK		(1)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	52	(2)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	53	(3)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	54	(4)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	55	(5)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	56	(6)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	57	(7)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	58	(8)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	59	(9)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	60	(10)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	61	
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(8)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	59																																																					
(9)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	60																																																					
(10)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	61																																																					
<p>ITEM D4</p>	<p>Refer to question 75 on page 28. (Year last worked)</p>	<p>1 <input type="checkbox"/> 1989 or after (Go to 81) 2 <input type="checkbox"/> Before 1989 (Skip to 83) 9 <input type="checkbox"/> DK (Go to 81)</p>	62																																																						
<p>81. IN THE PAST FIVE YEARS, have you been fired from a job, laid off, or told to resign because of an ongoing health problem, impairment or disability?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Not sure 9 <input type="checkbox"/> DK</p>	63																																																							
<p>82. IN THE PAST FIVE YEARS, because of an ongoing health problem, impairment, or disability, have you been —</p> <p>a. Refused employment?</p> <p>b. Refused a promotion?</p> <p>c. Refused a transfer?</p> <p>d. Refused access to training programs?</p>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;"></td> <td style="width:15%; text-align: center;">Yes</td> <td style="width:15%; text-align: center;">No</td> <td style="width:15%; text-align: center;">DK</td> <td style="width:45%;"></td> </tr> <tr> <td>a.</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>9 <input type="checkbox"/></td> <td style="text-align: right;">64</td> </tr> <tr> <td>b.</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>9 <input type="checkbox"/></td> <td style="text-align: right;">65</td> </tr> <tr> <td>c.</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>9 <input type="checkbox"/></td> <td style="text-align: right;">66</td> </tr> <tr> <td>d.</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>9 <input type="checkbox"/></td> <td style="text-align: right;">67</td> </tr> </table>		Yes	No	DK		a.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	64	b.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	65	c.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	66	d.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	67																															
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a.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	64																																																					
b.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	65																																																					
c.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	66																																																					
d.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	67																																																					
<p>83. DURING THE PAST 12 MONTHS, were you involved in unpaid volunteer work such as teaching or coaching, office work, or providing care?</p>	<p>1 <input type="checkbox"/> Yes (Go to 84) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (Skip to Section E on page 31)</p>	68																																																							
<p>84. How many days did you do volunteer work in the past 12 months?</p>	<p>(Days) { 1 <input type="checkbox"/> Per week 2 <input type="checkbox"/> Per month 3 <input type="checkbox"/> Per year } (Skip to Section E on page 31)</p> <p>9999 <input type="checkbox"/> DK</p>	69-72																																																							
<p>85. Because of an ongoing health problem, impairment or disability have you EVER changed —</p> <p>a. The KIND of work you do?</p> <p>b. The AMOUNT of work you do?</p> <p>c. Your job?</p>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;"></td> <td style="width:15%; text-align: center;">Yes</td> <td style="width:15%; text-align: center;">No</td> <td style="width:15%; text-align: center;">DK</td> <td style="width:45%;"></td> </tr> <tr> <td>a.</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>9 <input type="checkbox"/></td> <td style="text-align: right;">73</td> </tr> <tr> <td>b.</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>9 <input type="checkbox"/></td> <td style="text-align: right;">74</td> </tr> <tr> <td>c.</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>9 <input type="checkbox"/></td> <td style="text-align: right;">75</td> </tr> </table>		Yes	No	DK		a.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	73	b.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	74	c.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	75																																				
	Yes	No	DK																																																						
a.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	73																																																					
b.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	74																																																					
c.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	75																																																					

Section E - VOCATIONAL REHABILITATION

READ: These next questions are about vocational rehabilitation. Vocational rehabilitation services are designed to help people find a job, get back to work, or simply function better in their everyday activities.

Ask all of 1a(1)-(15) before going to 1b.

Ask for each "Yes" in 1a.

1a. Have you ever received any of these vocational rehabilitation services?

b. Was the (service) arranged or provided by a state rehabilitation agency.

	Yes	No	DK		Yes	No	DK	
(1) On-the-job training?	(1) 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	5	(1) 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	6
(2) Job placement?	(2) 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	7	(2) 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	8
(3) Training in job seeking skills?	(3) 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	9	(3) 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	10
(4) Vocational or business school training?	(4) 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	11	(4) 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	12
(5) College or university training?	(5) 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	13	(5) 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	14
(6) Personal adjustment training?	(6) 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	15	(6) 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	16
(7) Physical therapy?	(7) 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	17	(7) 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	18
(8) Occupational therapy?	(8) 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	19	(8) 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	20
(9) Other medical treatment?	(9) 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	21	(9) 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	22
(10) Special aids or technology such as wheelchairs, hearing aids, or computers?	(10) 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	23	(10) 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	24
(11) Training in homemaking or in self-care?	(11) 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	25	(11) 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	26
(12) Sheltered workshop?	(12) 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	27	(12) 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	28
(13) Supported employment?	(13) 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	29	(13) 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	30
(14) Driver training?	(14) 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	31	(14) 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	32
(15) Any other rehabilitation services?	(15) 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	33	(15) 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	34

ITEM E1

Refer to question 1a.
(Received rehabilitation services)

- 1 Any "Yes" (Go to 2)
- 2 All others (Skip to 4 on page 32)

35

2. In what year did you LAST receive vocational rehabilitation services?

- 19 ____ Year
- 99 DK
- 00 Now in rehabilitation program

36-37

3. Have the vocational rehabilitation services you received —

	Yes	No	DK	
a. Helped you in getting a job?	a. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	38
b. Helped you in getting a better job?	b. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	39
c. Improved your ability to do your old job?	c. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	40
d. Improved your self-confidence and outlook?	d. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	41
e. Improved your ability to get around?	e. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	42
f. Improved your ability to take care of yourself?	f. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	43
g. Improved your ability to take care of your home?	g. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	44
h. Improved your communication skills?	h. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	45
i. Helped you in some other way?	i. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	46

Notes

Section E - VOCATIONAL REHABILITATION - Continued

4. Do you need (additional) vocational rehabilitation services?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	47
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ITEM E2	<i>Refer to SP's age.</i>	<input type="checkbox"/> 70+ (Skip to Section F on page 33) <input type="checkbox"/> Under 70 (Go to 5)	48
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HAND CARD A4. Ask all of 5a(1)-(12) before going to 5b.

Ask for each "Yes" in 5a.

5a. Which of the following describe your current job or other activities?			b. How many hours a week do you usually spend on (activity)?
(1) COMPETITIVE EMPLOYMENT; that is working at a regular job or business for at least minimum wage?	(1)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	(1) <input type="checkbox"/> Less than 1 hour 50-51 _____ Hours per week (Number) <input type="checkbox"/> DK
(2) Working with a paid JOB COACH?	(2)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	(2) <input type="checkbox"/> Less than 1 hour 53-54 _____ Hours per week (Number) <input type="checkbox"/> DK
(3) A WORK CREW, which consists of people with disabilities working as a team to provide services such as janitorial or lawn care in the community?	(3)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	(3) <input type="checkbox"/> Less than 1 hour 56-57 _____ Hours per week (Number) <input type="checkbox"/> DK
(4) AN ENCLAVE; that is, working in a group with disabled persons in a regular business?	(4)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	(4) <input type="checkbox"/> Less than 1 hour 59-60 _____ Hours per week (Number) <input type="checkbox"/> DK
(5) Any other SUPPORTED EMPLOYMENT not listed above?	(5)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	(5) <input type="checkbox"/> Less than 1 hour 62-63 _____ Hours per week (Number) <input type="checkbox"/> DK
(6) A SHELTERED WORKSHOP; that is, working for piece rate wages below minimum wage?	(6)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	(6) <input type="checkbox"/> Less than 1 hour 66-66 _____ Hours per week (Number) <input type="checkbox"/> DK
(7) A WORK ACTIVITY CENTER that teaches independent living and work skills?	(7)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	(7) <input type="checkbox"/> Less than 1 hour 68-69 _____ Hours per week (Number) <input type="checkbox"/> DK
(8) A DAY ACTIVITY CENTER that teaches independent living, non-vocational or pre-vocational skills, where one does not work or get paid?	(8)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	(8) <input type="checkbox"/> Less than 1 hour 71-72 _____ Hours per week (Number) <input type="checkbox"/> DK
(9) ATTENDING SCHOOL?	(9)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	(9) <input type="checkbox"/> Less than 1 hour 74-75 _____ Hours per week (Number) <input type="checkbox"/> DK
(10) A FORMAL JOB TRAINING PROGRAM, not yet mentioned?	(10)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	(10) <input type="checkbox"/> Less than 1 hour 77-78 _____ Hours per week (Number) <input type="checkbox"/> DK
(11) VOLUNTEER WORK?	(11)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	(11) <input type="checkbox"/> Less than 1 hour 80-81 _____ Hours per week (Number) <input type="checkbox"/> DK
<i>Ask if all "No" in 5a (1-11); otherwise, go to Section F on page 33.</i>	(12)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	_____ Hours per week (Number) <input type="checkbox"/> DK
(12) No STRUCTURED ACTIVITY?	(12)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	_____ Hours per week (Number) <input type="checkbox"/> DK

Section F - ASSISTIVE DEVICES AND TECHNOLOGIES

The next questions are about medical devices and implants.

Ask all of 1a-o before going to 2.

Ask for each "Yes" in 1.

2. Did you use (device) in the past two weeks?

1. During the past 12 months, did you use any of the following medical devices or supplies?

	Yes	No	DK		Yes	No	DK	
a. A tracheotomy tube?	a. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	5	a. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	6
b. A respirator?	b. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	7	b. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	8
c. An ostomy bag?	c. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	9	c. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	10
d. Catheterization equipment?	d. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	11	d. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	12
e. A glucose monitor?	e. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	13	e. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	14
f. Diabetic equipment or supplies?	f. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	15	f. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	16
g. An Inhaler?	g. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	17	g. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	18
h. A nebulizer?	h. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	19	h. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	20
i. A hearing aid?	i. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	21	i. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	22
j. Crutches?	j. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	23	j. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	24
k. A cane?	k. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	25	k. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	26
l. A walker?	l. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	27	l. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	28
m. A wheelchair?	m. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	29	m. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	30
n. A scooter?	n. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	31	n. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	32
o. A feeding tube?	o. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	33	o. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	34

ITEM F1

Refer to question 1 above.
(Devices used)

1 Any "Yes" in 1 (Go to 3)
2 All other (Skip to 4)

3. During the past 12 months, about how much did you or your family pay for [this device/these devices]? Do not count any money that has been or will be reimbursed by insurance or any other source.

00000 None

\$ _____ 00

99999 DK

4. Do you now have any of the following implants?

	Yes	No	DK	
a. Any shunt that drains away fluid?	a. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	41
b. An artificial joint?	b. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	42
c. Implanted lens?	c. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	43
d. Implanted pin, screw, nail, wire, rod, or plate?	d. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	44
e. An artificial heart valve?	e. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	45
f. A pacemaker?	f. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	46
g. Silicone implant?	g. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	47
h. Infusion pump?	h. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	48
i. Implanted catheter?	i. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	49
j. An organ implant?	j. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	50
k. A cochlear (kōk' lā-er) implant?	k. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	51

Notes

Section G - HEALTH INSURANCE

<p>The next questions are about health insurance coverage.</p> <p>There are several government programs that provide medical care or help pay medical bills.</p> <p>People covered by Medicare have a card that looks like this.</p> <p>SHOW MEDICARE CARD.</p>		5
<p>1a. In (<u>month</u>), were you covered by Medicare?</p>	<p>1 <input type="checkbox"/> Yes (Go to 1b) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (Skip to 2)</p>	
<p>b. How long have you been covered by Medicare?</p> <p>Read categories if necessary.</p> <p>Mark (X) only one.</p>	<p>1 <input type="checkbox"/> Less than 6 months 2 <input type="checkbox"/> 6 months, but less than 1 year 3 <input type="checkbox"/> 1 year, but less than 2 years 4 <input type="checkbox"/> 2 years or more 9 <input type="checkbox"/> DK</p>	6
<p>There is a program called MEDICAID that pays for health care for persons in need. In this state, it is also called (<u>state name</u>).</p>		7
<p>2a. In (<u>month</u>), were you covered by MEDICAID or (<u>state name</u>)?</p>	<p>1 <input type="checkbox"/> Yes (Go to 2b) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (Skip to 3)</p>	
<p>b. How long have you had MEDICAID or (<u>state name</u>) coverage?</p> <p>Read categories if necessary.</p> <p>Mark (X) only one.</p>	<p>1 <input type="checkbox"/> Less than 6 months 2 <input type="checkbox"/> 6 months, but less than 1 year 3 <input type="checkbox"/> 1 year, but less than 2 years 4 <input type="checkbox"/> 2 years, but less than 5 years 5 <input type="checkbox"/> 5 years or more 6 <input type="checkbox"/> On and off for less than 2 years 7 <input type="checkbox"/> On and off for 2 years, but less than 5 years 8 <input type="checkbox"/> On and off for 5 years or more 9 <input type="checkbox"/> DK</p>	8
<p>3. In (<u>month</u>), were you 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 your ONLY source of care.</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p>	9
<p>4a. In (<u>month</u>), were you covered by military health care, including armed forces retirement benefits, the VA (Department of Veterans' Affairs), CHAMPUS, or CHAMP-VA?</p>	<p>1 <input type="checkbox"/> Yes (Go to 4b) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (Skip to 5)</p>	10
<p>b. Was this CHAMPUS, or CHAMP-VA?</p> <p>Read if necessary: CHAMPUS is a program of medical care for dependents of active duty or retired military personnel. CHAMP-VA is medical insurance for dependents or survivors of disabled veterans.</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p>	11
<p>c. In (<u>month</u>), were you covered by any other military health care, including armed forces retirement benefits, or the VA (Department of Veterans' Affairs)?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p>	12
<p>5. In (<u>month</u>), were you covered by the Indian Health Service?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p>	13
<p>6a. (Not counting the government health programs we just mentioned), in (<u>month</u>), were you covered by a private health insurance plan?</p> <p>Read if necessary: Besides government programs, people also get health insurance through their jobs or union, through other private groups, or directly from an insurance company. A variety of types of plans are available, including Health Maintenance Organizations or HMOs.</p>	<p>1 <input type="checkbox"/> Yes (Go to 6b) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (Skip to Section H on page 35)</p>	14
<p>b. Was any of this private health insurance obtained originally through the workplace, that is through a present or former employer or union?</p> <p>Mark (X) only one.</p>	<p>1 <input type="checkbox"/> Employer 2 <input type="checkbox"/> Union 3 <input type="checkbox"/> Through workplace, DK which 4 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p>	15

Section H – ASSISTANCE WITH KEY ACTIVITIES

READ TO RESPONDENT: The next questions are about how well you are able to do certain activities. Please tell me if you have ANY difficulty when you do the following.

Ask 1a-j before asking 2 and 3.		Ask 2 and 3 for each "Yes" in 1a-j.			
1. By yourself and not using aids, do you have any difficulty —		2. How much difficulty do you have (activity), some, a lot, or are you unable to do it?		3. For how long have you [had some difficulty/had a lot of difficulty/been unable to] (activity)?	
a. Walking for a quarter of a mile, (that is about 2 or 3 blocks)?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> NA/DK	5	1 <input type="checkbox"/> Some 2 <input type="checkbox"/> A lot 3 <input type="checkbox"/> Unable 9 <input type="checkbox"/> DK	6	00 <input type="checkbox"/> Less than 1 year 99 <input type="checkbox"/> DK _____ Number of years
b. Walking up 10 steps without resting?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> NA/DK	9	1 <input type="checkbox"/> Some 2 <input type="checkbox"/> A lot 3 <input type="checkbox"/> Unable 9 <input type="checkbox"/> DK	10	00 <input type="checkbox"/> Less than 1 year 99 <input type="checkbox"/> DK _____ Number of years
c. Standing or being on your feet for about 2 hours?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> NA/DK	13	1 <input type="checkbox"/> Some 2 <input type="checkbox"/> A lot 3 <input type="checkbox"/> Unable 9 <input type="checkbox"/> DK	14	00 <input type="checkbox"/> Less than 1 year 99 <input type="checkbox"/> DK _____ Number of years
d. Sitting for about 2 hours?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> NA/DK	17	1 <input type="checkbox"/> Some 2 <input type="checkbox"/> A lot 3 <input type="checkbox"/> Unable 9 <input type="checkbox"/> DK	18	00 <input type="checkbox"/> Less than 1 year 99 <input type="checkbox"/> DK _____ Number of years
By yourself and not using aids, do you have any difficulty —	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> NA/DK	21	1 <input type="checkbox"/> Some 2 <input type="checkbox"/> A lot 3 <input type="checkbox"/> Unable 9 <input type="checkbox"/> DK	22	00 <input type="checkbox"/> Less than 1 year 99 <input type="checkbox"/> DK _____ Number of years
e. Stooping, crouching, or kneeling?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> NA/DK	25	1 <input type="checkbox"/> Some 2 <input type="checkbox"/> A lot 3 <input type="checkbox"/> Unable 9 <input type="checkbox"/> DK	26	00 <input type="checkbox"/> Less than 1 year 99 <input type="checkbox"/> DK _____ Number of years
f. Reaching up over your head?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> NA/DK	29	1 <input type="checkbox"/> Some 2 <input type="checkbox"/> A lot 3 <input type="checkbox"/> Unable 9 <input type="checkbox"/> DK	30	00 <input type="checkbox"/> Less than 1 year 99 <input type="checkbox"/> DK _____ Number of years
g. Reaching out (as if to shake someone's hand)?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> NA/DK	33	1 <input type="checkbox"/> Some 2 <input type="checkbox"/> A lot 3 <input type="checkbox"/> Unable 9 <input type="checkbox"/> DK	34	00 <input type="checkbox"/> Less than 1 year 99 <input type="checkbox"/> DK _____ Number of years
h. Using your fingers to grasp or handle?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> NA/DK	37	1 <input type="checkbox"/> Some 2 <input type="checkbox"/> A lot 3 <input type="checkbox"/> Unable 9 <input type="checkbox"/> DK	38	00 <input type="checkbox"/> Less than 1 year 99 <input type="checkbox"/> DK _____ Number of years
By yourself and not using any aids, do you have any difficulty —	1 <input type="checkbox"/> Yes (Go to j) 2 <input type="checkbox"/> No (Skip to 2) 9 <input type="checkbox"/> NA/DK (Go to j)	41	1 <input type="checkbox"/> Some 2 <input type="checkbox"/> A lot 3 <input type="checkbox"/> Unable 9 <input type="checkbox"/> DK	42	00 <input type="checkbox"/> Less than 1 year 99 <input type="checkbox"/> DK _____ Number of years
i. Lifting or carrying something as heavy as 25 pounds, (such as two full bags of groceries)?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> NA/DK	41	1 <input type="checkbox"/> Some 2 <input type="checkbox"/> A lot 3 <input type="checkbox"/> Unable 9 <input type="checkbox"/> DK	42	00 <input type="checkbox"/> Less than 1 year 99 <input type="checkbox"/> DK _____ Number of years
j. Lifting or carrying something as heavy as 10 pounds?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> NA/DK	41	1 <input type="checkbox"/> Some 2 <input type="checkbox"/> A lot 3 <input type="checkbox"/> Unable 9 <input type="checkbox"/> DK	42	00 <input type="checkbox"/> Less than 1 year 99 <input type="checkbox"/> DK _____ Number of years

Notes

Section H - ASSISTANCE WITH KEY ACTIVITIES - Continued

READ TO RESPONDENT: These questions are about some other activities and how well you are able to do them by yourself and without using special equipment.

Ask questions 4A-G before continuing to Item H1. 4. Because of a health or physical problem, do you have ANY difficulty — Ask if "Doesn't do": Is this because of a HEALTH or PHYSICAL problem? If "Yes", mark box 1; if "No" mark box 3.	(A) RT 57 3-4	(B) RT 58 3-4	(C) RT 59 3-4
	Bathing or showering?	Dressing?	Eating?
4.	4. <input type="checkbox"/> Yes 5 <input type="checkbox"/> No <input type="checkbox"/> Doesn't do for other reason <input type="checkbox"/> DK	4. <input type="checkbox"/> Yes 5 <input type="checkbox"/> No <input type="checkbox"/> Doesn't do for other reason <input type="checkbox"/> DK	4. <input type="checkbox"/> Yes 5 <input type="checkbox"/> No <input type="checkbox"/> Doesn't do for other reason <input type="checkbox"/> DK

	(A)	(B)	(C)
	Bathing or showering	Dressing	Eating
ITEM H1	H1 Refer to question 4. 6 1 <input type="checkbox"/> "Yes" marked (Go to 5) 2 <input type="checkbox"/> All other (Go to H1 for next activity)	H1 Refer to question 4. 6 1 <input type="checkbox"/> "Yes" marked (Go to 5) 2 <input type="checkbox"/> All other (Go to H1 for next activity)	H1 Refer to question 4. 6 1 <input type="checkbox"/> "Yes" marked (Go to 5) 2 <input type="checkbox"/> All other (Go to H1 for next activity)
5. By yourself and without using special equipment, how much difficulty do you have (activity), some, a lot, or are you unable to do it?	5. <input type="checkbox"/> Some } (Go to 6) <input type="checkbox"/> A lot } <input type="checkbox"/> Unable (H1 for next activity) <input type="checkbox"/> DK (Go to 6) 7	5. <input type="checkbox"/> Some } (Go to 6) <input type="checkbox"/> A lot } <input type="checkbox"/> Unable (H1 for next activity) <input type="checkbox"/> DK (Go to 6) 7	5. <input type="checkbox"/> Some } (Go to 6) <input type="checkbox"/> A lot } <input type="checkbox"/> Unable (H1 for next activity) <input type="checkbox"/> DK (Go to 6) 7
6. When you DO NOT HAVE HELP OR USE SPECIAL EQUIPMENT, is (activity) by yourself — (1) Very tiring? (2) Does (activity) take a long time? (3) Is it very painful?	6. <input type="checkbox"/> Never do without help or special equipment (H1 for next activity) 8 (1) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK 9 (2) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK 10 (3) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK 11 (Go to H1 for next activity)	6. <input type="checkbox"/> Never do without help or special equipment (H1 for next activity) 8 (1) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK 9 (2) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK 10 (3) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK 11 (Go to H1 for next activity)	6. <input type="checkbox"/> Never do without help or special equipment (H1 for next activity) 8 (1) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK 9 (2) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK 10 (3) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK 11 (Go to H1 for next activity)

	(A)	(B)	(C)
	Bathing or showering	Dressing	Eating
ITEM H2	H2 Refer to question 4. 12 1 <input type="checkbox"/> Box 3 marked (H2 for next activity) 2 <input type="checkbox"/> All other (Go to 7)	H2 Refer to question 4. 12 1 <input type="checkbox"/> Box 3 marked (H2 for next activity) 2 <input type="checkbox"/> All other (Go to 7)	H2 Refer to question 4. 12 1 <input type="checkbox"/> Box 3 marked (H2 for next activity) 2 <input type="checkbox"/> All other (Go to 7)
7a. Do you use any special equipment or aids in (activity)?	7a. <input type="checkbox"/> Yes (Go to 7b) 13 <input type="checkbox"/> No (H2 for next activity)	7a. <input type="checkbox"/> Yes (Go to 7b) 13 <input type="checkbox"/> No (H2 for next activity)	7a. <input type="checkbox"/> Yes (Go to 7b) 13 <input type="checkbox"/> No (H2 for next activity)
b. What special equipment or aids do you use? Anything else? Mark (X) all that apply.	b. <input type="checkbox"/> Stool, seat or chair 14 <input type="checkbox"/> Handbar or rail 15 <input type="checkbox"/> Other 16 <input type="checkbox"/> DK 17	b. <input type="checkbox"/> Special clothes 14 <input type="checkbox"/> Special fasteners 15 <input type="checkbox"/> Cord, string, zipper pull 16 <input type="checkbox"/> Orthopedic shoes 17 <input type="checkbox"/> Other 18 <input type="checkbox"/> DK 19	b. <input type="checkbox"/> Oversized eating equipment 14 <input type="checkbox"/> Bed or lap tray 15 <input type="checkbox"/> Covered cup/modified bowl 16 <input type="checkbox"/> Other 17 <input type="checkbox"/> DK 18
c. When you USE SPECIAL EQUIPMENT AND DO NOT HAVE HELP, is (activity) — (1) Very tiring? (2) Does (activity) take a long time? (3) Is it very painful?	c. <input type="checkbox"/> Never do without help (Go to H2 for next activity) 18 (1) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK 19 (2) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK 20 (3) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK 21 (Go to H2 for next activity)	c. <input type="checkbox"/> Never do without help (Go to H2 for next activity) 20 (1) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK 21 (2) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK 22 (3) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK 23 (Go to H2 for next activity)	c. <input type="checkbox"/> Never do without help (Go to H2 for next activity) 19 (1) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK 20 (2) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK 21 (3) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK 22 (Go to H2 for next activity)

Section H – ASSISTANCE WITH KEY ACTIVITIES – Continued

(D) RT 60 3-4 Getting in and out of bed or chairs?	(E) RT 61 3-4 Walking?	(F) RT 62 3-4 Getting outside?	(G) RT 63 3-4 Using the toilet, including getting to the toilet?
4. 1 <input type="checkbox"/> Yes 5 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Doesn't do for other reason 9 <input type="checkbox"/> DK	4. 1 <input type="checkbox"/> Yes 5 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Doesn't do for other reason 9 <input type="checkbox"/> DK	4. 1 <input type="checkbox"/> Yes 5 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Doesn't do for other reason 9 <input type="checkbox"/> DK	4. 1 <input type="checkbox"/> Yes 5 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Doesn't do for other reason 9 <input type="checkbox"/> DK

(D) RT 60 3-4 Getting in and out of bed or chairs	(E) RT 61 3-4 Walking	(F) RT 62 3-4 Getting outside	(G) RT 63 3-4 Using the toilet, including getting to the toilet
H1 Refer to question 4. 6 1 <input type="checkbox"/> "Yes" marked (Go to 5) 2 <input type="checkbox"/> All other (Go to H1 for next activity)	H1 Refer to question 4. 6 1 <input type="checkbox"/> "Yes" marked (Go to 5) 2 <input type="checkbox"/> All other (Go to H1 for next activity)	H1 Refer to question 4. 6 1 <input type="checkbox"/> "Yes" marked (Go to 5) 2 <input type="checkbox"/> All other (Go to H1 for next activity)	H1 Refer to question 4. 6 1 <input type="checkbox"/> "Yes" marked (Go to 5) 2 <input type="checkbox"/> All other (Skip to H2 for activity (A))
5. 1 <input type="checkbox"/> Some } (Go to 6) 2 <input type="checkbox"/> A lot } 3 <input type="checkbox"/> Unable (H1 for next activity) 9 <input type="checkbox"/> DK (Go to 6) 7	5. 1 <input type="checkbox"/> Some } (Go to 6) 2 <input type="checkbox"/> A lot } 3 <input type="checkbox"/> Unable (H1 for next activity) 9 <input type="checkbox"/> DK (Go to 6) 7	5. 1 <input type="checkbox"/> Some } (Go to 6) 2 <input type="checkbox"/> A lot } 3 <input type="checkbox"/> Unable (H1 for next activity) 9 <input type="checkbox"/> DK (Go to 6) 7	5. 1 <input type="checkbox"/> Some } (Go to 6) 2 <input type="checkbox"/> A lot } 3 <input type="checkbox"/> Unable (H2 for activity (A)) 9 <input type="checkbox"/> DK (Go to 6) 7
6. 0 <input type="checkbox"/> Never do without help or special equipment (H1 for next activity) 8 (1) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK 9 (2) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK 10 (3) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK 11 (Go to H1 for next activity)	6. 0 <input type="checkbox"/> Never do without help or special equipment (H1 for next activity) 8 (1) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK 9 (2) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK 10 (3) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK 11 (Go to H1 for next activity)	6. 0 <input type="checkbox"/> Never do without help or special equipment (H1 for next activity) 8 (1) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK 9 (2) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK 10 (3) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK 11 (Go to H1 for next activity)	6. 0 <input type="checkbox"/> Never do without help or special equipment (H2 for activity (A)) 8 (1) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK 9 (2) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK 10 (3) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK 11 (Go to H2 for activity (A))

(D) RT 60 3-4 Getting in and out of bed or chairs	(E) RT 61 3-4 Walking	(F) RT 62 3-4 Getting outside	(G) RT 63 3-4 Using the toilet, including getting to the toilet
H2 Refer to question 4. 12 1 <input type="checkbox"/> Box 3 marked (H2 for next activity) 2 <input type="checkbox"/> All other (Go to 7)	H2 Refer to question 4. 12 1 <input type="checkbox"/> Box 3 marked (H2 for next activity) 2 <input type="checkbox"/> All other (Go to 7)	H2 Refer to question 4. 12 1 <input type="checkbox"/> Box 3 marked (H2 for next activity) 2 <input type="checkbox"/> All other (Go to 7)	H2 Refer to question 4. 12 1 <input type="checkbox"/> Box 3 marked (Skip to H3 on page 38) 2 <input type="checkbox"/> All other (Go to 7)
7a. 1 <input type="checkbox"/> Yes (Go to 7b) 13 2 <input type="checkbox"/> No (H2 for next activity)	7a. 1 <input type="checkbox"/> Yes (Go to 7b) 13 2 <input type="checkbox"/> No (H2 for next activity)	7a. 1 <input type="checkbox"/> Yes (Go to 7b) 13 2 <input type="checkbox"/> No (H2 for next activity)	7a. 1 <input type="checkbox"/> Yes (Go to 7b) 13 2 <input type="checkbox"/> No (Skip to H3 on page 38)
b. 1 <input type="checkbox"/> Cane or walking stick 14 2 <input type="checkbox"/> Walker 15 3 <input type="checkbox"/> Extra/special cushions 16 4 <input type="checkbox"/> Special "raising seat" chair/lift chair 17 5 <input type="checkbox"/> Hospital bed 18 6 <input type="checkbox"/> Trapeze/sling 19 7 <input type="checkbox"/> Ramp 20 8 <input type="checkbox"/> Other 21 9 <input type="checkbox"/> DK 22	b. 01 <input type="checkbox"/> Cane or walking stick 14-15 02 <input type="checkbox"/> Walker 16-17 03 <input type="checkbox"/> Crutch or crutches 18-19 04 <input type="checkbox"/> Wheelchair 20-21 05 <input type="checkbox"/> Artificial leg 22-23 06 <input type="checkbox"/> Brace 24-25 07 <input type="checkbox"/> Guide dog 26-27 08 <input type="checkbox"/> Oxygen/special breathing equipment 28-29 09 <input type="checkbox"/> Other 30-31 99 <input type="checkbox"/> DK 32-33	b. 01 <input type="checkbox"/> Cane or walking stick 14-15 02 <input type="checkbox"/> Walker 16-17 03 <input type="checkbox"/> Crutch or crutches 18-19 04 <input type="checkbox"/> Wheelchair 20-21 05 <input type="checkbox"/> Artificial leg 22-23 06 <input type="checkbox"/> Brace 24-25 07 <input type="checkbox"/> Guide dog 26-27 08 <input type="checkbox"/> Bed pan 28-29 09 <input type="checkbox"/> Raised toilet seat 30-31 10 <input type="checkbox"/> Special toilet/portable toilet 32-33 11 <input type="checkbox"/> Hand holds/rails near toilet 34-35 12 <input type="checkbox"/> Other 36-37 99 <input type="checkbox"/> DK 38-39	b. 01 <input type="checkbox"/> Cane or walking stick 14-15 02 <input type="checkbox"/> Walker 16-17 03 <input type="checkbox"/> Crutch or crutches 18-19 04 <input type="checkbox"/> Wheelchair 20-21 05 <input type="checkbox"/> Artificial leg 22-23 06 <input type="checkbox"/> Brace 24-25 07 <input type="checkbox"/> Guide dog 26-27 08 <input type="checkbox"/> Bed pan 28-29 09 <input type="checkbox"/> Raised toilet seat 30-31 10 <input type="checkbox"/> Special toilet/portable toilet 32-33 11 <input type="checkbox"/> Hand holds/rails near toilet 34-35 12 <input type="checkbox"/> Other 36-37 99 <input type="checkbox"/> DK 38-39
c. 0 <input type="checkbox"/> Never do without help (Go to H2 for next activity) 23 (1) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK 24 (2) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK 25 (3) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK 26 (Go to H2 for next activity)	c. 0 <input type="checkbox"/> Never do without help (Go to H2 for next activity) 34 (1) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK 35 (2) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK 36 (3) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK 37 (Go to H2 for next activity)	c. 0 <input type="checkbox"/> Never do without help (Go to H2 for next activity) 34 (1) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK 35 (2) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK 36 (3) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK 37 (Go to H2 for next activity)	c. 0 <input type="checkbox"/> Never do without help (Go to H3 on page 38) 40 (1) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK 41 (2) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK 42 (3) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK 43 (Go to H3 on page 38)

Section H - ASSISTANCE WITH KEY ACTIVITIES - Continued

	(A) Bathing or showering RT 57	(B) Dressing RT 58	(C) Eating RT 59
ITEM H3	22 <i>Refer to question 4 on page 36.</i> 1 <input type="checkbox"/> Box 3 marked (Go to H3 for next activity) 2 <input type="checkbox"/> All other (Go to 8)	24 <i>Refer to question 4 on page 36.</i> 1 <input type="checkbox"/> Box 3 marked (Go to H3 for next activity) 2 <input type="checkbox"/> All other (Go to 8)	23 <i>Refer to question 4 on page 36.</i> 1 <input type="checkbox"/> Box 3 marked (Go to H3 for next activity) 2 <input type="checkbox"/> All other (Go to 8)
8a. Do you receive help from another person in (activity)?	23 1 <input type="checkbox"/> Yes (Go to 8b) 2 <input type="checkbox"/> No } (Skip to 8e) 9 <input type="checkbox"/> DK	25 1 <input type="checkbox"/> Yes (Go to 8b) 2 <input type="checkbox"/> No } (Skip to 8e) 9 <input type="checkbox"/> DK	24 1 <input type="checkbox"/> Yes (Go to 8b) 2 <input type="checkbox"/> No } (Skip to 8e) 9 <input type="checkbox"/> DK
b. Is this hands-on help?	24 1 <input type="checkbox"/> Yes (Go to 8c) 2 <input type="checkbox"/> No } (Skip to 8e) 9 <input type="checkbox"/> DK	26 1 <input type="checkbox"/> Yes (Go to 8c) 2 <input type="checkbox"/> No } (Skip to 8e) 9 <input type="checkbox"/> DK	25 1 <input type="checkbox"/> Yes (Go to 8c) 2 <input type="checkbox"/> No } (Skip to 8e) 9 <input type="checkbox"/> DK
c. When you HAVE HANDS-ON HELP FROM ANOTHER PERSON, is (activity) —	25 0 <input type="checkbox"/> Never does activity (Go to 8e)	27 0 <input type="checkbox"/> Never does activity (Go to 8e)	26 0 <input type="checkbox"/> Never does activity (Go to 8e)
(1) Very tiring?	26 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	28 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	27 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK
(2) Does (activity) take a long time?	27 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	29 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	28 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK
(3) Is it very painful?	28 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	30 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	29 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK
d. How often do you have hands-on help with (activity)? Would you say always, sometimes, or rarely?	29 1 <input type="checkbox"/> Always 2 <input type="checkbox"/> Sometimes 3 <input type="checkbox"/> Rarely 9 <input type="checkbox"/> DK	31 1 <input type="checkbox"/> Always 2 <input type="checkbox"/> Sometimes 3 <input type="checkbox"/> Rarely 9 <input type="checkbox"/> DK	30 1 <input type="checkbox"/> Always 2 <input type="checkbox"/> Sometimes 3 <input type="checkbox"/> Rarely 9 <input type="checkbox"/> DK
e. Do you need (more) hands-on help with (activity)?	30 1 <input type="checkbox"/> Yes } (Go to H3 for next activity) 2 <input type="checkbox"/> No } 9 <input type="checkbox"/> DK	32 1 <input type="checkbox"/> Yes } (Go to H3 for next activity) 2 <input type="checkbox"/> No } 9 <input type="checkbox"/> DK	31 1 <input type="checkbox"/> Yes } (Go to H3 for next activity) 2 <input type="checkbox"/> No } 9 <input type="checkbox"/> DK

	(A) Bathing or showering	(B) Dressing	(C) Eating
ITEM H4	31 <i>Refer to H3 and 8b above.</i> 1 <input type="checkbox"/> Box 1 marked in H3 (Go to H4 for next activity) 2 <input type="checkbox"/> "Yes" in 8b (Go to H4 for next activity) 3 <input type="checkbox"/> All other (Go to 9)	33 <i>Refer to H3 and 8b above.</i> 1 <input type="checkbox"/> Box 1 marked in H3 (Go to H4 for next activity) 2 <input type="checkbox"/> "Yes" in 8b (Go to H4 for next activity) 3 <input type="checkbox"/> All other (Go to 9)	32 <i>Refer to H3 and 8b above.</i> 1 <input type="checkbox"/> Box 1 marked in H3 (Go to H4 for next activity) 2 <input type="checkbox"/> "Yes" in 8b (Go to H4 for next activity) 3 <input type="checkbox"/> All other (Go to 9)
9a. Do you have someone who supervises you or stays nearby when you are (activity)?	32 1 <input type="checkbox"/> Yes (Go to 9b) 2 <input type="checkbox"/> No } (Skip to 11) 9 <input type="checkbox"/> DK	34 1 <input type="checkbox"/> Yes (Go to 9b) 2 <input type="checkbox"/> No } (Skip to 11) 9 <input type="checkbox"/> DK	33 1 <input type="checkbox"/> Yes (Go to 9b) 2 <input type="checkbox"/> No } (Skip to 11) 9 <input type="checkbox"/> DK
b. Does this person provide —	33 (1) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	35 (1) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	34 (1) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK
(2) Standby help, such as observing to see if any help is needed when you are (activity)?	34 (2) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	36 (2) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	35 (2) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK
10. How often do you have supervision or standby help when you are (activity)? Would you say always, sometimes, or rarely?	35 1 <input type="checkbox"/> Always 2 <input type="checkbox"/> Sometimes 3 <input type="checkbox"/> Rarely 9 <input type="checkbox"/> DK	37 1 <input type="checkbox"/> Always 2 <input type="checkbox"/> Sometimes 3 <input type="checkbox"/> Rarely 9 <input type="checkbox"/> DK	36 1 <input type="checkbox"/> Always 2 <input type="checkbox"/> Sometimes 3 <input type="checkbox"/> Rarely 9 <input type="checkbox"/> DK
11. Do you need (more) supervision or standby help with (activity)?	36 1 <input type="checkbox"/> Yes } (Go to H4 for next activity) 2 <input type="checkbox"/> No } 9 <input type="checkbox"/> DK	38 1 <input type="checkbox"/> Yes } (Go to H4 for next activity) 2 <input type="checkbox"/> No } 9 <input type="checkbox"/> DK	37 1 <input type="checkbox"/> Yes } (Go to H4 for next activity) 2 <input type="checkbox"/> No } 9 <input type="checkbox"/> DK

Section H - ASSISTANCE WITH KEY ACTIVITIES - Continued

(D) RT 60		(E) RT 61		(F) RT 62		(G) RT 63	
Getting in and out of bed or chairs		Walking		Getting outside		Using the toilet, including getting to the toilet	
H3	27 Refer to question 4 on page 37. 1 <input type="checkbox"/> Box 3 marked (Go to H3 for next activity) 2 <input type="checkbox"/> All other (Go to 8)	H3	38 Refer to question 4 on page 37. 1 <input type="checkbox"/> Box 3 marked (Go to H3 for next activity) 2 <input type="checkbox"/> All other (Go to 8)	H3	38 Refer to question 4 on page 37. 1 <input type="checkbox"/> Box 3 marked (Go to H3 for next activity) 2 <input type="checkbox"/> All other (Go to 8)	H3	44 Refer to question 4 on page 37. 1 <input type="checkbox"/> Box 3 marked (Skip to H4 for activity (A)) 2 <input type="checkbox"/> All other (Go to 8)
8a.	28 1 <input type="checkbox"/> Yes (Go to 8b) 2 <input type="checkbox"/> No } (Skip to 8e) 9 <input type="checkbox"/> DK }	8a.	39 1 <input type="checkbox"/> Yes (Go to 8b) 2 <input type="checkbox"/> No } (Skip to 8e) 9 <input type="checkbox"/> DK }	8a.	39 1 <input type="checkbox"/> Yes (Go to 8b) 2 <input type="checkbox"/> No } (Skip to 8e) 9 <input type="checkbox"/> DK }	8a.	45 1 <input type="checkbox"/> Yes (Go to 8b) 2 <input type="checkbox"/> No } (Skip to 8e) 9 <input type="checkbox"/> DK }
b.	29 1 <input type="checkbox"/> Yes (Go to 8c) 2 <input type="checkbox"/> No } (Skip to 8e) 9 <input type="checkbox"/> DK }	b.	40 1 <input type="checkbox"/> Yes (Go to 8c) 2 <input type="checkbox"/> No } (Skip to 8e) 9 <input type="checkbox"/> DK }	b.	40 1 <input type="checkbox"/> Yes (Go to 8c) 2 <input type="checkbox"/> No } (Skip to 8e) 9 <input type="checkbox"/> DK }	b.	46 1 <input type="checkbox"/> Yes (Go to 8c) 2 <input type="checkbox"/> No } (Skip to 8e) 9 <input type="checkbox"/> DK }
c.	30 0 <input type="checkbox"/> Never does activity (Go to 8e)	c.	41 0 <input type="checkbox"/> Never does activity (Go to 8e)	c.	41 0 <input type="checkbox"/> Never does activity (Go to 8e)	c.	47 0 <input type="checkbox"/> Never does activity (Go to 8e)
(1)	31 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	(1)	42 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	(1)	42 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	(1)	48 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK
(2)	32 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	(2)	43 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	(2)	43 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	(2)	49 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK
(3)	33 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	(3)	44 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	(3)	44 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	(3)	50 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK
d.	34 1 <input type="checkbox"/> Always 2 <input type="checkbox"/> Sometimes 3 <input type="checkbox"/> Rarely 9 <input type="checkbox"/> DK	d.	45 1 <input type="checkbox"/> Always 2 <input type="checkbox"/> Sometimes 3 <input type="checkbox"/> Rarely 9 <input type="checkbox"/> DK	d.	45 1 <input type="checkbox"/> Always 2 <input type="checkbox"/> Sometimes 3 <input type="checkbox"/> Rarely 9 <input type="checkbox"/> DK	d.	51 1 <input type="checkbox"/> Always 2 <input type="checkbox"/> Sometimes 3 <input type="checkbox"/> Rarely 9 <input type="checkbox"/> DK
e.	35 1 <input type="checkbox"/> Yes } (Go to H3 for next activity) 2 <input type="checkbox"/> No } 9 <input type="checkbox"/> DK }	e.	46 1 <input type="checkbox"/> Yes } (Go to H3 for next activity) 2 <input type="checkbox"/> No } 9 <input type="checkbox"/> DK }	e.	46 1 <input type="checkbox"/> Yes } (Go to H3 for next activity) 2 <input type="checkbox"/> No } 9 <input type="checkbox"/> DK }	e.	52 1 <input type="checkbox"/> Yes } (Go to H4 for activity (A)) 2 <input type="checkbox"/> No } 9 <input type="checkbox"/> DK }

(D)		(E)		(F)		(G)	
Getting in and out of bed or chairs		Walking		Getting outside		Using the toilet, including getting to the toilet	
H4	36 Refer to H3 and 8b above. 1 <input type="checkbox"/> Box 1 marked in H3 (Go to H4 for next activity) 2 <input type="checkbox"/> "Yes" in 8b (Go to H4 for next activity) 3 <input type="checkbox"/> All other (Go to 9)	H4	47 Refer to H3 and 8b above. 1 <input type="checkbox"/> Box 1 marked in H3 (Go to H4 for next activity) 2 <input type="checkbox"/> "Yes" in 8b (Go to H4 for next activity) 3 <input type="checkbox"/> All other (Go to 9)	H4	47 Refer to H3 and 8b above. 1 <input type="checkbox"/> Box 1 marked in H3 (Go to H4 for next activity) 2 <input type="checkbox"/> "Yes" in 8b (Go to H4 for next activity) 3 <input type="checkbox"/> All other (Go to 9)	H4	53 Refer to H3 and 8b above. 1 <input type="checkbox"/> Box 1 marked in H3 (Skip to H5 on page 40) 2 <input type="checkbox"/> "Yes" in 8b (Skip to H5 on page 40) 3 <input type="checkbox"/> All other (Go to 9)
9a.	37 1 <input type="checkbox"/> Yes (Go to 9b) 2 <input type="checkbox"/> No } (Skip to 11) 9 <input type="checkbox"/> DK }	9a.	48 1 <input type="checkbox"/> Yes (Go to 9b) 2 <input type="checkbox"/> No } (Skip to 11) 9 <input type="checkbox"/> DK }	9a.	48 1 <input type="checkbox"/> Yes (Go to 9b) 2 <input type="checkbox"/> No } (Skip to 11) 9 <input type="checkbox"/> DK }	9a.	54 1 <input type="checkbox"/> Yes (Go to 9b) 2 <input type="checkbox"/> No } (Skip to 11) 9 <input type="checkbox"/> DK }
b.	38 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	b.	49 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	b.	49 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	b.	55 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK
(1)	39 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	(1)	50 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	(1)	50 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	(1)	56 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK
(2)	40 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	(2)	51 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	(2)	51 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	(2)	57 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK
10.	40 1 <input type="checkbox"/> Always 2 <input type="checkbox"/> Sometimes 3 <input type="checkbox"/> Rarely 9 <input type="checkbox"/> DK	10.	51 1 <input type="checkbox"/> Always 2 <input type="checkbox"/> Sometimes 3 <input type="checkbox"/> Rarely 9 <input type="checkbox"/> DK	10.	51 1 <input type="checkbox"/> Always 2 <input type="checkbox"/> Sometimes 3 <input type="checkbox"/> Rarely 9 <input type="checkbox"/> DK	10.	57 1 <input type="checkbox"/> Always 2 <input type="checkbox"/> Sometimes 3 <input type="checkbox"/> Rarely 9 <input type="checkbox"/> DK
11.	41 1 <input type="checkbox"/> Yes } (Go to H4 for next activity) 2 <input type="checkbox"/> No } 9 <input type="checkbox"/> DK }	11.	52 1 <input type="checkbox"/> Yes } (Go to H4 for next activity) 2 <input type="checkbox"/> No } 9 <input type="checkbox"/> DK }	11.	52 1 <input type="checkbox"/> Yes } (Go to H4 for next activity) 2 <input type="checkbox"/> No } 9 <input type="checkbox"/> DK }	11.	58 1 <input type="checkbox"/> Yes } (Go to H5 on page 40) 2 <input type="checkbox"/> No } 9 <input type="checkbox"/> DK }

Section H – ASSISTANCE WITH KEY ACTIVITIES – Continued

	(A) RT 57	(B) RT 58	(C) RT 59
	Bathing or showering	Dressing	Eating
ITEM H5	H5 <i>Refer to 8a, 8e, 9a and 11 on page 38.</i> 37 1 <input type="checkbox"/> Any "Yes" (Go to 12) 2 <input type="checkbox"/> All other (Go to H5 for activity (B))	H5 <i>Refer to 8a, 8e, 9a and 11 on page 38.</i> 39 1 <input type="checkbox"/> Any "Yes" (Go to 12) 2 <input type="checkbox"/> All other (Go to H5 for activity (C))	H5 <i>Refer to 8a, 8e, 9a and 11 on page 38.</i> 38 1 <input type="checkbox"/> Any "Yes" (Go to 12) 2 <input type="checkbox"/> All other (Go to H5 for activity (D))
	12a. How often do you have a complete bath? This could be a tub bath, shower, sink bath or bed bath. Would you say — <i>(Read categories)</i> 1 <input type="checkbox"/> Everyday, 38 2 <input type="checkbox"/> 2-3 times per week, 3 <input type="checkbox"/> Once a week, or 4 <input type="checkbox"/> Less than once a week? 9 <input type="checkbox"/> DK	12a. Do you get dressed for the day — <i>(Read categories)</i> 1 <input type="checkbox"/> Everyday, (Skip to 13) 40 2 <input type="checkbox"/> 2-3 times per week, 3 <input type="checkbox"/> Once a week, or 4 <input type="checkbox"/> Do you stay in night clothes? } (Go to 12b) 9 <input type="checkbox"/> DK	12a. During the past month, were there times you were unable to eat when you were hungry because no one was available to help you eat? 1 <input type="checkbox"/> Yes 39 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK
	b. How often do you have a partial bath? Would you say — <i>(Read categories)</i> 1 <input type="checkbox"/> Everyday, 39 2 <input type="checkbox"/> 2-3 times per week, 3 <input type="checkbox"/> Once a week, or 4 <input type="checkbox"/> Less than once a week? 9 <input type="checkbox"/> DK	b. How often do you change your night clothes? Would you say — <i>(Read categories)</i> 1 <input type="checkbox"/> Everyday, 41 2 <input type="checkbox"/> 2-3 times per week, 3 <input type="checkbox"/> Once a week, or 4 <input type="checkbox"/> Less than once a week? 9 <input type="checkbox"/> DK	b. During the past month, have you — (1) Lost any weight because you were on a diet? 1 <input type="checkbox"/> Yes 40 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK
	13a. During the past month, did you experience discomfort because you were not able to bathe as often as you would have liked? <i>If necessary: That can be either physical or emotional discomfort.</i> 1 <input type="checkbox"/> Yes 40 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	13. During the past month, did you experience discomfort because you were not able to change your clothes as often as you would have liked because you did not have help? 1 <input type="checkbox"/> Yes } (Go to H5 for activity (C)) 42 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	(2) Lost weight even though you were not on a diet? 1 <input type="checkbox"/> Yes 41 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK
	b. During the past month, did you experience a burn or scald caused by bathing with water that was too hot? 1 <input type="checkbox"/> Yes } (Go to H5 for activity (B)) 41 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK		(3) Been dehydrated, that is not had enough liquid in your diet? 1 <input type="checkbox"/> Yes } (Go to H5 for activity (D)) 42 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK <i>If necessary: If you were dehydrated, you might have been thirsty or lost body fluids.</i>

Notes

Section H - ASSISTANCE WITH KEY ACTIVITIES - Continued

(D) RT 60		(E) RT 61		(G) RT 63	
Getting in and out of bed or chairs		Walking		Using the toilet, including getting to the toilet	
H5	Refer to 8a, 8e, 9a and 11 on page 39. 42 1 <input type="checkbox"/> Any "Yes" (Go to 12) 2 <input type="checkbox"/> All other (Go to H5 for activity (E))	H5	Refer to 8a, 8e, 9a and 11 on page 39. 53 1 <input type="checkbox"/> Any "Yes" (Go to 12) 2 <input type="checkbox"/> All other (Go to H5 for activity (G))	H5	Refer to 8a, 8e, 9a and 11 on page 39. 59 1 <input type="checkbox"/> Any "Yes" (Go to 12) 2 <input type="checkbox"/> All other (Skip to H6 on page 42)
12a.	Because of a health or physical problem, do you usually stay in bed all or most of the time? 1 <input type="checkbox"/> Yes (Go to H5 for activity (E)) 43 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (Go to 12b)	12a.	How often do you move around your [house/ apartment/room]? Would you say — (Read categories) 1 <input type="checkbox"/> Whenever you want, 54 2 <input type="checkbox"/> Often enough to stretch and have a change of scenery now and then, 3 <input type="checkbox"/> Often enough to take care of toileting needs but not much more than that, or 4 <input type="checkbox"/> Not often enough even to use the bathroom? 9 <input type="checkbox"/> DK (Go to H5 for activity (G))	12a.	During the past month, did you experience discomfort because you did not have help getting to the bathroom or changing soiled clothing as often as you needed to? If necessary: That can be either physical or emotional discomfort. 1 <input type="checkbox"/> Yes 60 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK
b.	Because of a health or physical problem, do you usually stay in a chair all or most of the time? 1 <input type="checkbox"/> Yes 44 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK			b.	During the past month, did you wet or soil yourself because you did not have help getting to the bathroom, using a bed pan or using a commode? 1 <input type="checkbox"/> Yes (Go to 12c) 61 2 <input type="checkbox"/> No } (Skip to 12d) 9 <input type="checkbox"/> DK
c.	How often do you get out of bed? Would you say — (Read categories) 1 <input type="checkbox"/> Everyday, 45 2 <input type="checkbox"/> 2-3 times per week, 3 <input type="checkbox"/> Once a week, or 4 <input type="checkbox"/> Less than once a week? 9 <input type="checkbox"/> DK (Go to H5 for activity (E))			c.	During the past month, did you experience skin problems such as a rash or irritation because of this? 1 <input type="checkbox"/> Yes 62 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK
				d.	During the past month, did you use a commode or bed pan because no help was available? 1 <input type="checkbox"/> Yes 63 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK (Go to H6 on page 42)

Notes

Section H - ASSISTANCE WITH KEY ACTIVITIES - Continued

ITEM H6	<p>Refer to question 4 for activities A-G on pages 36 and 37. Indicate the activities marked "Yes".</p> <p>Insert these marked activities when asking 14.</p>	<p><input type="checkbox"/> A. Bathing or showering</p> <p><input type="checkbox"/> B. Dressing</p> <p><input type="checkbox"/> C. Eating</p> <p><input type="checkbox"/> D. Getting in and out of bed or chairs</p> <p><input type="checkbox"/> E. Walking</p> <p><input type="checkbox"/> F. Getting outside</p> <p><input type="checkbox"/> G. Using the toilet, including getting to the toilet</p> <p><input type="checkbox"/> No activities marked (Skip to 16)</p>
<p>Insert activities marked in H6.</p> <p>14a. What (other) condition causes the trouble in (activities)?</p> <p>Record conditions and ask 14b.</p> <p>Ask if operation:</p> <p>For what condition did you have the operation?</p> <p>Record up to 5 conditions.</p>		<p>00 <input type="checkbox"/> No condition (Skip to 16) 5-6</p> <p>01 <input type="checkbox"/> Old age (Go to 14c) 7-8</p> <p>(a) _____ 9-10</p> <p>(b) _____ 11-12</p> <p>(c) _____ 13-14</p> <p>(d) _____ 15-16</p> <p>(e) _____ 17-18</p>
<p>b. Besides (condition), is there any other condition which causes this trouble in (activities)?</p>		<p>1 <input type="checkbox"/> Yes (Reask 14a and 14b) 19</p> <p>2 <input type="checkbox"/> No } (Skip to 15)</p> <p>9 <input type="checkbox"/> DK }</p>
<p>c. Is this trouble in (activities) caused by any specific condition?</p>		<p>1 <input type="checkbox"/> Yes (Reask 14a and 14b) 20</p> <p>2 <input type="checkbox"/> No } (Go to 15)</p> <p>9 <input type="checkbox"/> DK }</p>
<p>15. [Was this/Were any of these] condition(s) a result of a motor vehicle accident?</p>		<p>1 <input type="checkbox"/> Yes 21</p> <p>2 <input type="checkbox"/> No</p> <p>9 <input type="checkbox"/> DK</p>
<p>16. During the past 12 months, did you receive training to increase your independence in daily living skills such as bathing, eating, or toileting?</p>		<p>1 <input type="checkbox"/> Yes 22</p> <p>2 <input type="checkbox"/> No</p> <p>9 <input type="checkbox"/> DK</p>
<p>17a. Do you have difficulty controlling your bowels?</p>		<p>1 <input type="checkbox"/> Yes (Go to 17b) 23</p> <p>2 <input type="checkbox"/> No } (Skip to 17c)</p> <p>9 <input type="checkbox"/> DK }</p>
<p>b. How frequently do you have this difficulty — daily, several times a week, once a week, or less than once a week?</p> <p>Mark (X) only one.</p>		<p>1 <input type="checkbox"/> Daily 24</p> <p>2 <input type="checkbox"/> Several times a week</p> <p>3 <input type="checkbox"/> Once a week</p> <p>4 <input type="checkbox"/> Less than once a week</p> <p>9 <input type="checkbox"/> DK</p>
<p>c. Do you have a colostomy or a device to help control bowel movements?</p>		<p>1 <input type="checkbox"/> Yes (Go to 17d) 25</p> <p>2 <input type="checkbox"/> No } (Skip to 18a on page 43)</p> <p>9 <input type="checkbox"/> DK }</p>
<p>d. Do you need help from another person in taking care of this device?</p>		<p>1 <input type="checkbox"/> Yes 26</p> <p>2 <input type="checkbox"/> No</p> <p>9 <input type="checkbox"/> DK</p>
<p>Notes</p>		

Section H – ASSISTANCE WITH KEY ACTIVITIES – Continued

READ TO RESPONDENT: These questions are about some other activities. Please tell me about doing them by yourself.

<p><i>Ask questions 19(H)–(J) before continuing to Item H9.</i></p> <p>19. Because of a health or physical problem, do you have ANY difficulty —</p> <p><i>Ask if "Doesn't do": Is this because of a HEALTH or PHYSICAL problem?</i></p> <p><i>If "Yes", mark box 1; if "No" mark box 3.</i></p>	<p>(H) RT 65 3-4</p> <p>Preparing your own meals?</p>	<p>(I) RT 66 3-4</p> <p>Shopping for groceries and personal items, such as toilet items or medicines?</p>	<p>(J) RT 67 3-4</p> <p>Managing your money, such as keeping track of expenses or paying bills.</p>
	<p>19. 1 <input type="checkbox"/> Yes 5</p> <p>2 <input type="checkbox"/> No</p> <p>3 <input type="checkbox"/> Doesn't do for other reason \checkmark</p> <p>Does someone else regularly do this for you?</p> <p>4 <input type="checkbox"/> Yes 6</p> <p>5 <input type="checkbox"/> No</p>	<p>1 <input type="checkbox"/> Yes 5</p> <p>2 <input type="checkbox"/> No</p> <p>3 <input type="checkbox"/> Doesn't do for other reason \checkmark</p> <p>Does someone else regularly do this for you?</p> <p>4 <input type="checkbox"/> Yes 6</p> <p>5 <input type="checkbox"/> No</p>	<p>1 <input type="checkbox"/> Yes 5</p> <p>2 <input type="checkbox"/> No</p> <p>3 <input type="checkbox"/> Doesn't do for other reason \checkmark</p> <p>Does someone else regularly do this for you?</p> <p>4 <input type="checkbox"/> Yes 6</p> <p>5 <input type="checkbox"/> No</p>

<p>ITEM H9</p>	<p>(H)</p> <p>Preparing your own meals</p>	<p>(I)</p> <p>Shopping for groceries and personal items</p>	<p>(J)</p> <p>Managing your money</p>
	<p>H9 Refer to 19. 7</p> <p>1 <input type="checkbox"/> Box 1 "Yes" marked (Go to 20)</p> <p>2 <input type="checkbox"/> All other (Go to H9 for next activity)</p>	<p>Refer to 19. 7</p> <p>1 <input type="checkbox"/> Box 1 "Yes" marked (Go to 20)</p> <p>2 <input type="checkbox"/> All other (Go to H9 for next activity)</p>	<p>Refer to 19. 7</p> <p>1 <input type="checkbox"/> Box 1 "Yes" marked (Go to 20)</p> <p>2 <input type="checkbox"/> All other (Go to H9 for next activity)</p>
<p>20. By yourself, how much difficulty do you have (activity), — some, a lot, or are you unable to do it?</p>	<p>20. 1 <input type="checkbox"/> Some } (Go to 21) 8</p> <p>2 <input type="checkbox"/> A lot }</p> <p>3 <input type="checkbox"/> Unable (Go to H9 for next activity)</p> <p>9 <input type="checkbox"/> DK (Go to 21)</p>	<p>1 <input type="checkbox"/> Some } (Go to 21) 8</p> <p>2 <input type="checkbox"/> A lot }</p> <p>3 <input type="checkbox"/> Unable (Go to H9 for next activity)</p> <p>9 <input type="checkbox"/> DK (Go to 21)</p>	<p>1 <input type="checkbox"/> Some } (Go to 21) 8</p> <p>2 <input type="checkbox"/> A lot }</p> <p>3 <input type="checkbox"/> Unable (Go to H9 for next activity)</p> <p>9 <input type="checkbox"/> DK (Go to 21)</p>
<p>21. When you DO NOT HAVE HELP, is (activity) by yourself —</p> <p>a. Very tiring?</p> <p>b. Does (activity) take a long time?</p> <p>c. Is it very painful?</p>	<p>21a. 0 <input type="checkbox"/> Never do without help (Go to H9 for next activity) 9</p> <p>Yes No DK</p> <p>1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/> 10</p> <p>b. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/> 11</p> <p>c. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/> 12</p> <p>(Go to H9 for next activity)</p>	<p>0 <input type="checkbox"/> Never do without help (Go to H9 for next activity) 9</p> <p>Yes No DK</p> <p>1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/> 10</p> <p>1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/> 11</p> <p>1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/> 12</p> <p>(Go to H9 for next activity)</p>	<p>0 <input type="checkbox"/> Never do without help (Go to H9 for next activity) 9</p> <p>Yes No DK</p> <p>1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/> 10</p> <p>1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/> 11</p> <p>1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/> 12</p> <p>(Go to H9 for next activity)</p>

Notes

Section H - ASSISTANCE WITH KEY ACTIVITIES - Continued

	(K) RT 68	3-4		(L) RT 69	3-4		(M) RT 70	3-4		(N) RT 71	3-4		(O) RT 72	3-4
	Using the telephone?			Doing heavy housework, like scrubbing floors, or washing windows?			Doing light housework, like doing dishes, straightening up, or light cleaning?			Getting to places outside of walking distance?			Managing your medication?	
19.	1 <input type="checkbox"/> Yes 5 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Doesn't do for other reason <input checked="" type="checkbox"/>			1 <input type="checkbox"/> Yes 5 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Doesn't do for other reason <input checked="" type="checkbox"/>			1 <input type="checkbox"/> Yes 5 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Doesn't do for other reason <input checked="" type="checkbox"/>			1 <input type="checkbox"/> Yes 5 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Doesn't do for other reason <input checked="" type="checkbox"/>			1 <input type="checkbox"/> Yes 5 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Doesn't do for other reason <input checked="" type="checkbox"/>	
	Does someone else regularly do this for you? 4 <input type="checkbox"/> Yes 6 5 <input type="checkbox"/> No			Does someone else regularly do this for you? 4 <input type="checkbox"/> Yes 6 5 <input type="checkbox"/> No			Does someone else regularly do this for you? 4 <input type="checkbox"/> Yes 6 5 <input type="checkbox"/> No			Does someone else regularly do this for you? 4 <input type="checkbox"/> Yes 6 5 <input type="checkbox"/> No			Does someone else regularly do this for you? 4 <input type="checkbox"/> Yes 6 5 <input type="checkbox"/> No	

	(K)	(L)	(M)	(N)	(O)
	Using the telephone	Doing heavy housework	Doing light housework	Getting to places outside of walking distance	Managing your medication
H9	Refer to 19. 7 1 <input type="checkbox"/> Box 1 "Yes" marked (Go to 20) 2 <input type="checkbox"/> All other (Go to H9 for next activity)	Refer to 19. 7 1 <input type="checkbox"/> Box 1 "Yes" marked (Go to 20) 2 <input type="checkbox"/> All other (Go to H9 for next activity)	Refer to 19. 7 1 <input type="checkbox"/> Box 1 "Yes" marked (Go to 20) 2 <input type="checkbox"/> All other (Go to H9 for next activity)	Refer to 19. 7 1 <input type="checkbox"/> Box 1 "Yes" marked (Go to 20) 2 <input type="checkbox"/> All other (Go to H9 for next activity)	Refer to 19. 7 1 <input type="checkbox"/> Box 1 "Yes" marked (Go to 20) 2 <input type="checkbox"/> All other (Skip to H10 on page 46)
20.	1 <input type="checkbox"/> Some } (Go to 21) 8 2 <input type="checkbox"/> A lot } 3 <input type="checkbox"/> Unable (Go to H9 for next activity) 9 <input type="checkbox"/> DK (Go to 21)	1 <input type="checkbox"/> Some } (Go to 21) 8 2 <input type="checkbox"/> A lot } 3 <input type="checkbox"/> Unable (Go to H9 for next activity) 9 <input type="checkbox"/> DK (Go to 21)	1 <input type="checkbox"/> Some } (Go to 21) 8 2 <input type="checkbox"/> A lot } 3 <input type="checkbox"/> Unable (Go to H9 for next activity) 9 <input type="checkbox"/> DK (Go to 21)	1 <input type="checkbox"/> Some } (Go to 21) 8 2 <input type="checkbox"/> A lot } 3 <input type="checkbox"/> Unable (Go to H9 for next activity) 9 <input type="checkbox"/> DK (Go to 21)	1 <input type="checkbox"/> Some } (Go to 21) 8 2 <input type="checkbox"/> A lot } 3 <input type="checkbox"/> Unable (Skip to H10 on page 46) 9 <input type="checkbox"/> DK (Go to 21)
21a.	0 <input type="checkbox"/> Never do without help (Go to H9 for next activity) 9 Yes No DK 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/> 10	0 <input type="checkbox"/> Never do without help (Go to H9 for next activity) 9 Yes No DK 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/> 10	0 <input type="checkbox"/> Never do without help (Go to H9 for next activity) 9 Yes No DK 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/> 10	0 <input type="checkbox"/> Never do without help (Go to H9 for next activity) 9 Yes No DK 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/> 10	0 <input type="checkbox"/> Never do without help (Skip to H10 on page 46) 9 Yes No DK 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/> 10
b.	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/> 11	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/> 11	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/> 11	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/> 11	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/> 11
c.	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/> 12 (Go to H9 for next activity)	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/> 12 (Go to H9 for next activity)	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/> 12 (Go to H9 for next activity)	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/> 12 (Go to H9 for next activity)	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/> 12 (Go to H10 on page 46)

Notes

Section H - ASSISTANCE WITH KEY ACTIVITIES - Continued

	(H) <small>RT 65</small> Preparing your own meals	(I) <small>RT 66</small> Shopping for groceries and personal items	(J) <small>RT 67</small> Managing your money
ITEM H10	Refer to 19 on page 44. 13 1 <input type="checkbox"/> Box 3 marked (Go to H10 for next activity) 2 <input type="checkbox"/> All others (Go to 22)	Refer to 19 on page 44. 13 1 <input type="checkbox"/> Box 3 marked (Go to H10 for next activity) 2 <input type="checkbox"/> All others (Go to 22)	Refer to 19 on page 44. 13 1 <input type="checkbox"/> Box 3 marked (Go to H10 for next activity) 2 <input type="checkbox"/> All others (Go to 22)
22a. Do you receive help from another person in (activity)?	22a. 14 1 <input type="checkbox"/> Yes (Go to 22b) 2 <input type="checkbox"/> No } (Skip to 22e) 9 <input type="checkbox"/> DK	22a. 14 1 <input type="checkbox"/> Yes (Go to 22b) 2 <input type="checkbox"/> No } (Skip to 22e) 9 <input type="checkbox"/> DK	22a. 14 1 <input type="checkbox"/> Yes (Go to 22b) 2 <input type="checkbox"/> No } (Skip to 22e) 9 <input type="checkbox"/> DK
b. Is this hands-on help?	b. 15 1 <input type="checkbox"/> Yes (Go to 22c) 2 <input type="checkbox"/> No } (Skip to 22e) 9 <input type="checkbox"/> DK	b. 15 1 <input type="checkbox"/> Yes (Go to 22c) 2 <input type="checkbox"/> No } (Skip to 22e) 9 <input type="checkbox"/> DK	b. 15 1 <input type="checkbox"/> Yes (Go to 22c) 2 <input type="checkbox"/> No } (Skip to 22e) 9 <input type="checkbox"/> DK
c. When you HAVE HANDS-ON HELP FROM ANOTHER PERSON, is (activity):	c. 16 0 <input type="checkbox"/> Never does activity (Go to 22e) Yes No DK (1) 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/> 17 (2) 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/> 18 (3) 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/> 19	c. 16 0 <input type="checkbox"/> Never does activity (Go to 22e) Yes No DK 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/> 17 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/> 18 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/> 19	c. 18 0 <input type="checkbox"/> Never does activity (Go to 22e) Yes No DK 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/> 17 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/> 18 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/> 19
d. How often do you have hands-on help with (activity)? Would you say always, sometimes, or rarely?	d. 20 1 <input type="checkbox"/> Always 2 <input type="checkbox"/> Sometimes 3 <input type="checkbox"/> Rarely 9 <input type="checkbox"/> DK	d. 20 1 <input type="checkbox"/> Always 2 <input type="checkbox"/> Sometimes 3 <input type="checkbox"/> Rarely 9 <input type="checkbox"/> DK	d. 20 1 <input type="checkbox"/> Always 2 <input type="checkbox"/> Sometimes 3 <input type="checkbox"/> Rarely 9 <input type="checkbox"/> DK
e. Do you need (more) hands-on help with (activity)?	e. 21 1 <input type="checkbox"/> Yes } (Go to H10 for next activity) 2 <input type="checkbox"/> No } 9 <input type="checkbox"/> DK	e. 21 1 <input type="checkbox"/> Yes } (Go to H10 for next activity) 2 <input type="checkbox"/> No } 9 <input type="checkbox"/> DK	e. 21 1 <input type="checkbox"/> Yes } (Go to H10 for next activity) 2 <input type="checkbox"/> No } 9 <input type="checkbox"/> DK

	(H) <small>RT 65</small> Preparing your own meals	(I) <small>RT 66</small> Shopping for groceries and personal items	(J) <small>RT 67</small> Managing your money
ITEM H11	Refer to H10 and 22b: 22 1 <input type="checkbox"/> Box 1 marked in H10 (Go to H11 for next activity) 2 <input type="checkbox"/> "Yes" marked in 22b (Go to H11 for next activity) 9 <input type="checkbox"/> Other (Go to 23)	Refer to H10 and 22b: 22 1 <input type="checkbox"/> Box 1 marked in H10 (Go to H11 for next activity) 2 <input type="checkbox"/> "Yes" marked in 22b (Go to H11 for next activity) 9 <input type="checkbox"/> Other (Go to 23)	Refer to H10 and 22b: 22 1 <input type="checkbox"/> Box 1 marked in H10 (Go to H11 for next activity) 2 <input type="checkbox"/> "Yes" marked in 22b (Go to H11 for next activity) 9 <input type="checkbox"/> Other (Go to 23)
23a. Do you have someone who supervises you or stays nearby when you are (activity)?	23a. 23 1 <input type="checkbox"/> Yes (Go to 23b) 2 <input type="checkbox"/> No } (Skip to 25) 9 <input type="checkbox"/> DK	23a. 23 1 <input type="checkbox"/> Yes (Go to 23b) 2 <input type="checkbox"/> No } (Skip to 25) 9 <input type="checkbox"/> DK	23a. 23 1 <input type="checkbox"/> Yes (Go to 23b) 2 <input type="checkbox"/> No } (Skip to 25) 9 <input type="checkbox"/> DK
b. Does this person provide — Supervisory help, such as making sure the activity is performed correctly when you are (activity)?	b. 24 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	b. 24 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	b. 24 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK
c. Stand-by help, such as observing to see if any help is needed when you are (activity)?	c. 25 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	c. 25 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	c. 25 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK
24. How often do you have supervision or standby help when you are (activity)? Would you say always, sometimes, or rarely?	24. 26 1 <input type="checkbox"/> Always 2 <input type="checkbox"/> Sometimes 3 <input type="checkbox"/> Rarely 9 <input type="checkbox"/> DK	24. 26 1 <input type="checkbox"/> Always 2 <input type="checkbox"/> Sometimes 3 <input type="checkbox"/> Rarely 9 <input type="checkbox"/> DK	24. 26 1 <input type="checkbox"/> Always 2 <input type="checkbox"/> Sometimes 3 <input type="checkbox"/> Rarely 9 <input type="checkbox"/> DK
25. Do you need (more) supervision or standby help with (activity)?	25. 27 1 <input type="checkbox"/> Yes } (Go to H11 for next activity) 2 <input type="checkbox"/> No } 9 <input type="checkbox"/> DK	25. 27 1 <input type="checkbox"/> Yes } (Go to H11 for next activity) 2 <input type="checkbox"/> No } 9 <input type="checkbox"/> DK	25. 27 1 <input type="checkbox"/> Yes } (Go to H11 for next activity) 2 <input type="checkbox"/> No } 9 <input type="checkbox"/> DK

Notes

Section H - ASSISTANCE WITH KEY ACTIVITIES - Continued

		(K) RT 68	(L) RT 69	(M) RT 70	(N) RT 71	(O) RT 72	
		Using the telephone	Doing heavy housework	Doing light housework	Getting to places outside of walking distance	Managing your medication	
H10	Refer to 19 on page 45.	13	Refer to 19 on page 45.	13	Refer to 19 on page 45.	13	
	1 <input type="checkbox"/> Box 3 marked (Go to H10 for next activity) 2 <input type="checkbox"/> All others (Go to 22)		1 <input type="checkbox"/> Box 3 marked (Go to H10 for next activity) 2 <input type="checkbox"/> All others (Go to 22)		1 <input type="checkbox"/> Box 3 marked (Go to H10 for next activity) 2 <input type="checkbox"/> All others (Go to 22)	1 <input type="checkbox"/> Box 3 marked (Skip to H11 for activity (H)) 2 <input type="checkbox"/> All others (Go to 22)	
22a.	1 <input type="checkbox"/> Yes (Go to 22b) 2 <input type="checkbox"/> No } (Skip to 22e) 9 <input type="checkbox"/> DK }	14	1 <input type="checkbox"/> Yes (Go to 22b) 2 <input type="checkbox"/> No } (Skip to 22e) 9 <input type="checkbox"/> DK }	14	1 <input type="checkbox"/> Yes (Go to 22b) 2 <input type="checkbox"/> No } (Skip to 22e) 9 <input type="checkbox"/> DK }	14	1 <input type="checkbox"/> Yes (Go to 22b) 2 <input type="checkbox"/> No } (Skip to 22e) 9 <input type="checkbox"/> DK }
	b.	15	1 <input type="checkbox"/> Yes (Go to 22c) 2 <input type="checkbox"/> No } (Skip to 22e) 9 <input type="checkbox"/> DK }	15	1 <input type="checkbox"/> Yes (Go to 22c) 2 <input type="checkbox"/> No } (Skip to 22e) 9 <input type="checkbox"/> DK }	15	1 <input type="checkbox"/> Yes (Go to 22c) 2 <input type="checkbox"/> No } (Skip to 22e) 9 <input type="checkbox"/> DK }
(1)	0 <input type="checkbox"/> Never does activity (Go to 22e) Yes No DK	16	0 <input type="checkbox"/> Never does activity (Go to 22e) Yes No DK	16	0 <input type="checkbox"/> Never does activity (Go to 22e) Yes No DK	16	0 <input type="checkbox"/> Never does activity (Go to 22e) Yes No DK
	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	17	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	17	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	17	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>
(2)	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	18	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	18	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	18	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>
	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	19	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	19	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	19	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>
d.	1 <input type="checkbox"/> Always 2 <input type="checkbox"/> Sometimes 3 <input type="checkbox"/> Rarely 9 <input type="checkbox"/> DK	20	1 <input type="checkbox"/> Always 2 <input type="checkbox"/> Sometimes 3 <input type="checkbox"/> Rarely 9 <input type="checkbox"/> DK	20	1 <input type="checkbox"/> Always 2 <input type="checkbox"/> Sometimes 3 <input type="checkbox"/> Rarely 9 <input type="checkbox"/> DK	20	1 <input type="checkbox"/> Always 2 <input type="checkbox"/> Sometimes 3 <input type="checkbox"/> Rarely 9 <input type="checkbox"/> DK
	e.	21	1 <input type="checkbox"/> Yes } (Go to H10 for next activity) 2 <input type="checkbox"/> No } 9 <input type="checkbox"/> DK }	21	1 <input type="checkbox"/> Yes } (Go to H10 for next activity) 2 <input type="checkbox"/> No } 9 <input type="checkbox"/> DK }	21	1 <input type="checkbox"/> Yes } (Skip to H11 for activity (H)) 2 <input type="checkbox"/> No } 9 <input type="checkbox"/> DK }

		(K) RT 68	(L) RT 69	(M) RT 70	(N) RT 71	(O) RT 72	
		Using the telephone	Doing heavy housework	Doing light housework	Getting to places outside of walking distance	Managing your medication	
H11	Refer to H10 and 22b:	22	Refer to H10 and 22b:	22	Refer to H10 and 22b:	22	
	1 <input type="checkbox"/> Box 1 marked in H10 (Go to H11 for next activity) 2 <input type="checkbox"/> "Yes" marked in 22b (Go to H11 for next activity) 3 <input type="checkbox"/> Other (Go to 23)		1 <input type="checkbox"/> Box 1 marked in H10 (Go to H11 for next activity) 2 <input type="checkbox"/> "Yes" marked in 22b (Go to H11 for next activity) 3 <input type="checkbox"/> Other (Go to 23)		1 <input type="checkbox"/> Box 1 marked in H10 (Go to H11 for next activity) 2 <input type="checkbox"/> "Yes" marked in 22b (Go to H11 for next activity) 3 <input type="checkbox"/> Other (Go to 23)	1 <input type="checkbox"/> Box 1 marked in H10 (Skip to H12 on page 48) 2 <input type="checkbox"/> "Yes" marked in 22b (Skip to H12 on page 48) 3 <input type="checkbox"/> Other (Go to 23)	
23a.	1 <input type="checkbox"/> Yes (Go to 23b) 2 <input type="checkbox"/> No } (Skip to 25) 9 <input type="checkbox"/> DK }	23	1 <input type="checkbox"/> Yes (Go to 23b) 2 <input type="checkbox"/> No } (Skip to 25) 9 <input type="checkbox"/> DK }	23	1 <input type="checkbox"/> Yes (Go to 23b) 2 <input type="checkbox"/> No } (Skip to 25) 9 <input type="checkbox"/> DK }	23	1 <input type="checkbox"/> Yes (Go to 23b) 2 <input type="checkbox"/> No } (Skip to 25) 9 <input type="checkbox"/> DK }
	b.	24	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	24	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	24	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK
c.	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	25	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	25	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	25	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK
	24.	26	1 <input type="checkbox"/> Always 2 <input type="checkbox"/> Sometimes 3 <input type="checkbox"/> Rarely 9 <input type="checkbox"/> DK	26	1 <input type="checkbox"/> Always 2 <input type="checkbox"/> Sometimes 3 <input type="checkbox"/> Rarely 9 <input type="checkbox"/> DK	26	1 <input type="checkbox"/> Always 2 <input type="checkbox"/> Sometimes 3 <input type="checkbox"/> Rarely 9 <input type="checkbox"/> DK
25.	1 <input type="checkbox"/> Yes } (Go to H11 for next activity) 2 <input type="checkbox"/> No } 9 <input type="checkbox"/> DK }	27	1 <input type="checkbox"/> Yes } (Go to H11 for next activity) 2 <input type="checkbox"/> No } 9 <input type="checkbox"/> DK }	27	1 <input type="checkbox"/> Yes } (Go to H11 for next activity) 2 <input type="checkbox"/> No } 9 <input type="checkbox"/> DK }	27	1 <input type="checkbox"/> Yes } (Skip to H12 on page 48) 2 <input type="checkbox"/> No } 9 <input type="checkbox"/> DK }

Notes

Section H - ASSISTANCE WITH KEY ACTIVITIES - Continued

		(H) RT 65	(I) RT 66
		Preparing your own meals	Shopping for groceries and personal items
ITEM H12	H12	Refer to 22a, 22e, 23a, and 25 on page 46. 28 1 <input type="checkbox"/> Any "Yes" (Go to 26) 2 <input type="checkbox"/> All other (Go to H12 for activity (I))	Refer to 22a, 22e, 23a, and 25 on page 46. 28 1 <input type="checkbox"/> Any "Yes" (Go to 26) 2 <input type="checkbox"/> All other (Go to H12 for activity (L))
	26a.	During the past month, did you experience discomfort because you were unable to eat when you were hungry because no one was available to prepare food? 29 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	26a. During the past month, were you unable to follow a special diet because you needed help shopping? 29 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK
	b.	During the past month, were you unable to follow a special diet because you needed help cooking? 30 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	b. During the past month, did you miss a meal because you were unable to shop? 30 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (Go to H12 for activity (L))
	c.	During the past month, were you unable to eat the kind of food you are used to and you needed help cooking? 31 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (Go to H12 for activity (I))	

		(H) RT 65	(I) RT 66	(J) RT 67
		Prepare your own meals	Shop for groceries and personal items	Manage your money
ITEM H13	H13	Refer to 19 on page 44. 32 1 <input type="checkbox"/> Box 3 marked (Go to H13 for next activity) 2 <input type="checkbox"/> All other (Go to 27)	Refer to 19 on page 44. 31 1 <input type="checkbox"/> Box 3 marked (Go to H13 for next activity) 2 <input type="checkbox"/> All other (Go to 27)	Refer to 19 on page 44. 28 1 <input type="checkbox"/> Box 3 marked (Go to H13 for activity (L)) 2 <input type="checkbox"/> All other (Go to 27)
	27.	27. In your household, how often do YOU (activity)? Would you say always, sometimes, rarely, or never? 33 1 <input type="checkbox"/> Always 2 <input type="checkbox"/> Sometimes 3 <input type="checkbox"/> Rarely 4 <input type="checkbox"/> Never 9 <input type="checkbox"/> DK } (Go to H13 for next activity)	27. 32 1 <input type="checkbox"/> Always 2 <input type="checkbox"/> Sometimes 3 <input type="checkbox"/> Rarely 4 <input type="checkbox"/> Never 9 <input type="checkbox"/> DK } (Go to H13 for next activity)	27. 29 1 <input type="checkbox"/> Always 2 <input type="checkbox"/> Sometimes 3 <input type="checkbox"/> Rarely 4 <input type="checkbox"/> Never 9 <input type="checkbox"/> DK } (Go to H13 for activity (L))

Notes

Section H - ASSISTANCE WITH KEY ACTIVITIES - Continued

		(L)	RT 69	(M)	RT 70	(N)	RT 71	
		Doing heavy housework		Doing light housework		Getting to places outside of walking distance		
	H12	Refer to 22a, 22e, 23a, and 25 on page 47.	28	Refer to 22a, 22e, 23a, and 25 on page 47.	28	Refer to 22a, 22e, 23a, and 25 on page 47.	28	
	H12	1 <input type="checkbox"/> Any "Yes" (Go to 26) 2 <input type="checkbox"/> All other (Go to H12 for activity (M))		1 <input type="checkbox"/> Any "Yes" (Go to 26) 2 <input type="checkbox"/> All other (Go to H12 for activity (N))		1 <input type="checkbox"/> Any "Yes" (Go to 26) 2 <input type="checkbox"/> All other (Skip to H13 for activity (H))		
26.		During the past month, did you experience distress because you were not able to wash clothes or clean up around the house?		26.		26a.		
		1 <input type="checkbox"/> Yes } (Go to H12 for next activity (M)) 2 <input type="checkbox"/> No } 9 <input type="checkbox"/> DK }	29	1 <input type="checkbox"/> Yes } (Go to H12 for next activity (N)) 2 <input type="checkbox"/> No } 9 <input type="checkbox"/> DK }	29	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	29	
						b.	During the past month, were you unable to go places you wanted to go for fun or recreation because you did not have transportation?	
						c.	During the past month, did you run out of food because you were unable to get to the store?	

		(L)	RT 69	(M)	RT 70
		Do heavy housework		Do light housework	
	H13	Refer to 19 on page 45.	30	Refer to 19 on page 45.	30
	H13	1 <input type="checkbox"/> Box 3 marked (Go to H13 for activity (M)) 2 <input type="checkbox"/> All other (Go to 27)		1 <input type="checkbox"/> Box 3 marked (Skip to H14 on page 50) 2 <input type="checkbox"/> All other (Go to 27)	
27.		1 <input type="checkbox"/> Always 2 <input type="checkbox"/> Sometimes 3 <input type="checkbox"/> Rarely 4 <input type="checkbox"/> Never 9 <input type="checkbox"/> DK } (Go to H13 for next activity)	31	1 <input type="checkbox"/> Always 2 <input type="checkbox"/> Sometimes 3 <input type="checkbox"/> Rarely 4 <input type="checkbox"/> Never 9 <input type="checkbox"/> DK } (Go to H14 on page 50)	31

Notes

Section H – ASSISTANCE WITH KEY ACTIVITIES – Continued

ITEM H14	<p>Refer to question 19 for activities H–O on pages 44 and 45. Indicate the activities marked "Yes".</p> <p>Insert these marked activities when asking 28.</p>	<input type="checkbox"/> H. Preparing your own meals <input type="checkbox"/> I. Shopping for groceries and personal items <input type="checkbox"/> J. Managing your money <input type="checkbox"/> K. Using the telephone <input type="checkbox"/> L. Doing heavy housework <input type="checkbox"/> M. Doing light housework <input type="checkbox"/> N. Getting to places outside of walking distance <input type="checkbox"/> O. Managing your medication <input type="checkbox"/> No activities marked (Skip to 30)
<p>Insert activities marked in H14.</p> <p>28a. What (other) condition causes the trouble in (activities)?</p> <p>Record conditions and ask 28b.</p> <p>Ask if operation:</p> <p>For what condition did you have the operation?</p> <p>Record up to 5 conditions.</p>		<div style="display: flex; justify-content: space-between;"> <div> <p>00 <input type="checkbox"/> No condition (Skip to 30)</p> <p>01 <input type="checkbox"/> Old age (Skip to 28c)</p> </div> <div style="text-align: right;"> <p>8-8</p> <p>7-8</p> </div> </div> <p>(a) _____ 9-10</p> <p>(b) _____ 11-12</p> <p>(c) _____ 13-14</p> <p>(d) _____ 15-16</p> <p>(e) _____ 17-18</p>
<p>b. Besides (condition), is there any other condition which causes this trouble in (activities)?</p>		<div style="display: flex; justify-content: space-between;"> <div> <p>1 <input type="checkbox"/> Yes (Reask 28a and b)</p> <p>2 <input type="checkbox"/> No } (Skip to 29)</p> <p>9 <input type="checkbox"/> DK }</p> </div> <div style="text-align: right;"> <p>19</p> </div> </div>
<p>c. Is this trouble in (activities) caused by any specific condition?</p>		<div style="display: flex; justify-content: space-between;"> <div> <p>1 <input type="checkbox"/> Yes (Reask 28a and b)</p> <p>2 <input type="checkbox"/> No } (Go to 29)</p> <p>9 <input type="checkbox"/> DK }</p> </div> <div style="text-align: right;"> <p>20</p> </div> </div>
<p>29. [Was this/Were any of these] condition(s) a result of a motor vehicle accident?</p>		<div style="display: flex; justify-content: space-between;"> <div> <p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>9 <input type="checkbox"/> DK</p> </div> <div style="text-align: right;"> <p>21</p> </div> </div>
<p>30. During the past 12 months, did you receive training to increase your independence in life skills such as managing money, preparing meals, or doing housework?</p>		<div style="display: flex; justify-content: space-between;"> <div> <p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>9 <input type="checkbox"/> DK</p> </div> <div style="text-align: right;"> <p>22</p> </div> </div>
<p>31a. During the past 12 months, that is, since (today's date) a year ago, have you fallen?</p>		<div style="display: flex; justify-content: space-between;"> <div> <p>1 <input type="checkbox"/> Yes (Go to 31b)</p> <p>2 <input type="checkbox"/> No } (Skip to Item H16 on page 51)</p> <p>9 <input type="checkbox"/> DK }</p> </div> <div style="text-align: right;"> <p>23</p> </div> </div>
<p>b. Have you fallen more than once in the past 12 months?</p>		<div style="display: flex; justify-content: space-between;"> <div> <p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>9 <input type="checkbox"/> DK</p> </div> <div style="text-align: right;"> <p>24</p> </div> </div>
<p>c. Were you injured as a result of the fall(s)?</p>		<div style="display: flex; justify-content: space-between;"> <div> <p>1 <input type="checkbox"/> Yes (Go to 31d)</p> <p>2 <input type="checkbox"/> No } (Skip to 31e)</p> <p>9 <input type="checkbox"/> DK }</p> </div> <div style="text-align: right;"> <p>25</p> </div> </div>
<p>d. What kind of injuries did you have — a fracture, bruise, scrape or cut; did you lose consciousness, or did you have some other injury?</p> <p>Mark (X) all that apply.</p>		<div style="display: flex; justify-content: space-between;"> <div> <p>1 <input type="checkbox"/> Fracture</p> <p>2 <input type="checkbox"/> Bruise, cut, or scrape</p> <p>3 <input type="checkbox"/> Lost consciousness</p> <p>4 <input type="checkbox"/> Other</p> <p>9 <input type="checkbox"/> DK</p> </div> <div style="text-align: right;"> <p>26</p> <p>27</p> <p>28</p> <p>29</p> <p>30</p> </div> </div>
<p>e. [Did you fall/Were any of your falls] because you did not have help getting around or because your helper could not prevent you from falling?</p>		<div style="display: flex; justify-content: space-between;"> <div> <p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>9 <input type="checkbox"/> DK</p> </div> <div style="text-align: right;"> <p>31</p> </div> </div>
<p>f. [Did you fall/Were any of these falls] because you felt dizzy?</p>		<div style="display: flex; justify-content: space-between;"> <div> <p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>9 <input type="checkbox"/> DK</p> </div> <div style="text-align: right;"> <p>32</p> </div> </div>

Notes

Section H - ASSISTANCE WITH KEY ACTIVITIES - Continued

ITEM H16	Status of SP.	1 <input type="checkbox"/> Institutionalized (<i>Skip to 55 on page 56</i>) 2 <input type="checkbox"/> All others (<i>Go to 32</i>)	33
32a. During the past three months, did you experience bedsores or pressure sores?		1 <input type="checkbox"/> Yes (<i>Go to 32</i>) 2 <input type="checkbox"/> No } (<i>Skip to 33</i>) 9 <input type="checkbox"/> DK	34
b. Were any of these NEW bedsores or pressure sores?		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	35
33a. During the past three months, did you experience contractures, that is, joints that won't straighten out?		1 <input type="checkbox"/> Yes (<i>Go to 33b</i>) 2 <input type="checkbox"/> No } (<i>Skip to Item H17</i>) 9 <input type="checkbox"/> DK	36
b. Were any of these NEW contractures?		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	37
ITEM H17	Refer to question 8a on pages 38 and 39, columns A, D, and G. (<i>Receives help</i>) Mark (X) all that apply.	1 <input type="checkbox"/> "Yes" in 8a for A. Bathing 2 <input type="checkbox"/> "Yes" in 8a for D. Getting in/out of bed/chairs } (<i>Go to 34</i>) 3 <input type="checkbox"/> "Yes" in 8a for G. Using the toilet 4 <input type="checkbox"/> All others (<i>Skip to 35</i>)	38 39 40 41
34. You said that you receive help with [bathing/(and) getting in or out of a bed or chair/(and) using the toilet]. Is the person who helps you most with [this/these activities] strong enough to give you the help you need or is helping physically difficult for him or her?		1 <input type="checkbox"/> Yes, strong enough 2 <input type="checkbox"/> No, physically difficult 9 <input type="checkbox"/> DK	42
If proxy respondent, ask; otherwise, skip to H18. 35. Does (<i>sample person</i>) need supervision to ensure [his/her] personal safety or the safety of others?		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	43
ITEM H18	Refer to questions 8a and 9a on pages 38 and 39 and questions 22a and 23a on pages 46 and 47. (<i>Receives help and/or supervision</i>) Mark (X) all that apply.	<input type="checkbox"/> "Yes" in 8a or 9a for A. Bathing <input type="checkbox"/> "Yes" in 8a or 9a for B. Dressing <input type="checkbox"/> "Yes" in 8a or 9a for C. Eating <input type="checkbox"/> "Yes" in 8a or 9a for D. Getting in/out of bed/chairs <input type="checkbox"/> "Yes" in 8a or 9a for E. Walking <input type="checkbox"/> "Yes" in 8a or 9a for F. Getting outside <input type="checkbox"/> "Yes" in 8a or 9a for G. Using the toilet <input type="checkbox"/> "Yes" in 22a or 23a for H. Preparing your own meals <input type="checkbox"/> "Yes" in 22a or 23a for I. Shopping <input type="checkbox"/> "Yes" in 22a or 23a for J. Managing your money <input type="checkbox"/> "Yes" in 22a or 23a for K. Using the telephone <input type="checkbox"/> "Yes" in 22a or 23a for L. Doing heavy housework <input type="checkbox"/> "Yes" in 22a or 23a for M. Doing light housework <input type="checkbox"/> "Yes" in 22a or 23a for N. Getting places <input type="checkbox"/> "Yes" in 22a or 23a for O. Managing your medication <input type="checkbox"/> All others (<i>Skip to Item H20 on page 55</i>)	(<i>Insert marked activities when asking question 36 on page 52</i>)
Notes			

Section H - ASSISTANCE WITH KEY ACTIVITIES - Continued

36. Who usually helps you with (activities marked in H18)? <i>Anyone else? Enter the name or description of each helper in separate columns.</i>	36.	(01) _____ First helper	5-6
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<i>Ask 37-41 for each helper in 36.</i> ASK OR VERIFY: 37. Which activities does (Helper) help you with? <i>Mark (X) all that apply.</i>	37.	<ul style="list-style-type: none"> 01 <input type="checkbox"/> Bathing or showering 02 <input type="checkbox"/> Dressing 03 <input type="checkbox"/> Eating 04 <input type="checkbox"/> Getting in or out of bed/chairs 05 <input type="checkbox"/> Walking 06 <input type="checkbox"/> Getting outside 07 <input type="checkbox"/> Using or getting to the toilet 08 <input type="checkbox"/> Preparing your own meals 09 <input type="checkbox"/> Shopping for groceries 10 <input type="checkbox"/> Managing your money 11 <input type="checkbox"/> Using the telephone 12 <input type="checkbox"/> Doing heavy housework 13 <input type="checkbox"/> Doing light housework 14 <input type="checkbox"/> Getting to places 15 <input type="checkbox"/> Managing your medications 99 <input type="checkbox"/> DK 	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="text-align: center;">7-8</td></tr> <tr><td style="text-align: center;">9-10</td></tr> <tr><td style="text-align: center;">11-12</td></tr> <tr><td style="text-align: center;">13-14</td></tr> <tr><td style="text-align: center;">15-16</td></tr> <tr><td style="text-align: center;">17-18</td></tr> <tr><td style="text-align: center;">19-20</td></tr> <tr><td style="text-align: center;">21-22</td></tr> <tr><td style="text-align: center;">23-24</td></tr> <tr><td style="text-align: center;">25-26</td></tr> <tr><td style="text-align: center;">27-28</td></tr> <tr><td style="text-align: center;">29-30</td></tr> <tr><td style="text-align: center;">31-32</td></tr> <tr><td style="text-align: center;">33-34</td></tr> <tr><td style="text-align: center;">35-36</td></tr> <tr><td style="text-align: center;">37-38</td></tr> </table>	7-8	9-10	11-12	13-14	15-16	17-18	19-20	21-22	23-24	25-26	27-28	29-30	31-32	33-34	35-36	37-38
7-8																			
9-10																			
11-12																			
13-14																			
15-16																			
17-18																			
19-20																			
21-22																			
23-24																			
25-26																			
27-28																			
29-30																			
31-32																			
33-34																			
35-36																			
37-38																			

<i>ASK OR VERIFY:</i> <i>HAND CARD A5. Read answers if telephone interview.</i> 38a. Which of these best describes (Helper)? <i>Mark (X) only one.</i>	38a.	<ul style="list-style-type: none"> 01 <input type="checkbox"/> Spouse 02 <input type="checkbox"/> Child 03 <input type="checkbox"/> Parent 04 <input type="checkbox"/> Spouse 05 <input type="checkbox"/> Child 06 <input type="checkbox"/> Parent 07 <input type="checkbox"/> Other HH relative 08 <input type="checkbox"/> Non-HH relative 09 <input type="checkbox"/> HH non-relative 10 <input type="checkbox"/> Friend/Neighbor 11 <input type="checkbox"/> Unpaid volunteer from organization/business 12 <input type="checkbox"/> Paid employee of organization/business 13 <input type="checkbox"/> Paid employee of yours 14 <input type="checkbox"/> Other 99 <input type="checkbox"/> DK 	39-40
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<i>ASK OR VERIFY:</i> b. Is (Helper) male or female?	b.	<ul style="list-style-type: none"> 1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female 9 <input type="checkbox"/> DK 	41
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<i>If parent, child, spouse, or unpaid volunteer in 38a, skip to 40; otherwise ask:</i> 39a. Is (Helper) paid?	39a.	<ul style="list-style-type: none"> 1 <input type="checkbox"/> Yes (Go to 39b) 2 <input type="checkbox"/> No (Skip to 40) 	42
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<i>HAND CARD A1. Read answers if telephone interview.</i> b. Who pays for this help? <i>(Anyone else?)</i> <i>Mark (X) all that apply.</i>	b.	<ul style="list-style-type: none"> 01 <input type="checkbox"/> Self or family in household 02 <input type="checkbox"/> Family NOT in household 03 <input type="checkbox"/> Private health insurance 04 <input type="checkbox"/> Medicare 05 <input type="checkbox"/> Medicaid 06 <input type="checkbox"/> Rehabilitation program 07 <input type="checkbox"/> Employer 08 <input type="checkbox"/> School system 09 <input type="checkbox"/> VA program 10 <input type="checkbox"/> Other military 11 <input type="checkbox"/> Other private source 12 <input type="checkbox"/> Other public source 13 <input type="checkbox"/> No one/Free 99 <input type="checkbox"/> DK 	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="text-align: center;">43-44</td></tr> <tr><td style="text-align: center;">45-46</td></tr> <tr><td style="text-align: center;">47-48</td></tr> <tr><td style="text-align: center;">49-50</td></tr> <tr><td style="text-align: center;">51-52</td></tr> <tr><td style="text-align: center;">53-54</td></tr> <tr><td style="text-align: center;">55-56</td></tr> <tr><td style="text-align: center;">57-58</td></tr> <tr><td style="text-align: center;">59-60</td></tr> <tr><td style="text-align: center;">61-62</td></tr> <tr><td style="text-align: center;">63-64</td></tr> <tr><td style="text-align: center;">65-66</td></tr> <tr><td style="text-align: center;">67-68</td></tr> <tr><td style="text-align: center;">69-70</td></tr> </table>	43-44	45-46	47-48	49-50	51-52	53-54	55-56	57-58	59-60	61-62	63-64	65-66	67-68	69-70
43-44																	
45-46																	
47-48																	
49-50																	
51-52																	
53-54																	
55-56																	
57-58																	
59-60																	
61-62																	
63-64																	
65-66																	
67-68																	
69-70																	

40. DURING THE PAST 2 WEEKS, how many days did (Helper) help you?	40.	<ul style="list-style-type: none"> 00 <input type="checkbox"/> None in past 2 weeks _____ Days (Number) 99 <input type="checkbox"/> DK 	71-72
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41. On the days you receive help from (Helper), about how many hours per day does [he/she] usually help you?	41.	<ul style="list-style-type: none"> _____ Hours/day (Number) 99 <input type="checkbox"/> DK 	73-74
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ITEM H19 <i>Refer to 36 above.</i> <i>(Number of helpers)</i>	H19	<ul style="list-style-type: none"> <input type="checkbox"/> Only one helper (Skip to 43 on page 54) <input type="checkbox"/> More than one helper (Go to 42 on page 54) 	
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Section H - ASSISTANCE WITH KEY ACTIVITIES - Continued

3-4

42. You said that (Read all helpers) assist you. Who helps you the most? If 2 or more equally, ask the respondent to specify who he/she considers the main helper.

5-6

Helper No. _____
Name : _____

43a. During the past 12 months, has someone other than (main helper) stayed with you or assisted you so that (main helper) could go out for a while, take a break, or go on vacation?

7

- 1 Yes (Go to 43b)
2 No } (Skip to 44)
9 DK

b. How many days in the past 12 months?

8-10

(Days)
999 DK

Ask 44 about only helper in 36 or main helper in 42.

44. How satisfied are you with —

Very satisfied	Somewhat satisfied	Somewhat dissatisfied	Very dissatisfied	DK
----------------	--------------------	-----------------------	-------------------	----

a. (Helper's) scheduled hours or availability when you need [him/her]? Would you say very satisfied, somewhat satisfied, somewhat dissatisfied, or very dissatisfied?

- | | | | | |
|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 9 <input type="checkbox"/> |
|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|

11

b. The amount of assistance (helper) provides? (Would you say — (Read categories)?)

- | | | | | |
|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 9 <input type="checkbox"/> |
|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|

12

c. (Helper's) willingness to do what you ask? (Would you say — (Read categories)?)

- | | | | | |
|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 9 <input type="checkbox"/> |
|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|

13

d. (Helper's) ability to do what you need [him/her] to do? (Would you say — (Read categories)?)

- | | | | | |
|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 9 <input type="checkbox"/> |
|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|

14

If helper is present or related to SP, skip to 45; otherwise, ask:

15

How satisfied are you with —

e. (Helper's) reliability? (Would you say — (Read categories)?)

- | | | | | |
|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 9 <input type="checkbox"/> |
|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|

16

f. (Helper's) trustworthiness? (Would you say — (Read categories)?)

- | | | | | |
|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 9 <input type="checkbox"/> |
|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|

17

g. How (helper) treats you? (Would you say — (Read categories)?)

- | | | | | |
|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 9 <input type="checkbox"/> |
|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|

18

45. Are you EVER home alone for more than two hours at a time?

- 1 Yes (Skip to 47)
2 No } (Go to 46)
9 DK

46. Would it be a problem for you to be alone at home for more than two hours at a time because you would need help or feel afraid?

- 1 Yes } (Skip to 48)
2 No }
9 DK

19

47. If it could be arranged, would it be better if you did not have to stay alone for as long as two hours?

- 1 Yes
2 No
9 DK

20

48a. Including the other persons living here, is there a friend, relative, or neighbor who would take care of you for a few DAYS, if necessary?

- 1 Yes (Go to 48b)
2 No } (Skip to Item H20 on page 55)
9 DK

21

b. Who is this person?

Probe for description if necessary.

Mark (X) only one.

- 1 HH member - related
2 HH member - unrelated
3 Non HH member - related
4 Non HH member - unrelated
9 DK

22

49a. Again, including the other persons living here, is there a friend, relative, or neighbor who would take care of you for a few WEEKS, if necessary?

- 1 Yes (Go to 49b)
2 No } (Skip to Item H20 on page 55)
9 DK

23

b. Who is this person?

Probe for description if necessary.

Mark (X) only one.

- 1 HH member - related
2 HH member - unrelated
3 Non HH member - related
4 Non HH member - unrelated
9 DK

24

Section H – ASSISTANCE WITH KEY ACTIVITIES – Continued

ITEM H20	Refer to questions 8e and 11 for activities A–G on pages 38 and 39. (Need [more] help or supervision)	1 <input type="checkbox"/> Any "Yes" in questions 8e or 11 (Skip to 50) 2 <input type="checkbox"/> All other (Go to Item H21)	25
ITEM H21	Refer to questions 22e for activities H–O on pages 46 and 47. (Need [more] help)	1 <input type="checkbox"/> Any "Yes" in question 22e (Skip to 50) 2 <input type="checkbox"/> All other (Go to Item H22)	26
ITEM H22	Refer to question 25 for activities H–O on pages 46 and 47. (Need [more] supervision)	1 <input type="checkbox"/> Any "Yes" in question 25 (Go to 50) 2 <input type="checkbox"/> All other (Skip to 53)	27
50a. You mentioned earlier that you need help or more help with certain activities. Have you or someone else ever tried to hire help or get someone from a program or agency to help you?		1 <input type="checkbox"/> Yes (Skip to 51) 2 <input type="checkbox"/> No (Go to 50b) 3 <input type="checkbox"/> DK (Skip to 52)	28
b. Why not? Anything else? Read categories if necessary. Mark (X) all that apply.		01 <input type="checkbox"/> Did not want stranger for helper 02 <input type="checkbox"/> Too expensive/can't afford 03 <input type="checkbox"/> Not sick enough to get help from agency 04 <input type="checkbox"/> Income too high to get help from agency 05 <input type="checkbox"/> Type of help needed probably not available 06 <input type="checkbox"/> Quality help not available 07 <input type="checkbox"/> Did not know where to look for help 08 <input type="checkbox"/> Too sick to look for help 09 <input type="checkbox"/> Other 99 <input type="checkbox"/> DK	29-30 31-32 33-34 35-36 37-38 39-40 41-42 43-44 45-46 47-48
51. What problems have you had in trying to find help? Anything else? Read categories if necessary. Mark (X) all that apply.		0 <input type="checkbox"/> No problems 1 <input type="checkbox"/> Too expensive 2 <input type="checkbox"/> Can't locate right type of help 3 <input type="checkbox"/> Can't locate adequately trained helper 4 <input type="checkbox"/> Can't locate helper who is available when needed 5 <input type="checkbox"/> Not sick enough to get help from agency 6 <input type="checkbox"/> Income is too high to get help from agency 7 <input type="checkbox"/> Other 9 <input type="checkbox"/> DK	49 50 51 52 53 54 55 56 57
52. Has any agency or organization tried to find someone to help you?		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> DK	58
53. Have you ever hired someone or received help from a public agency or a non-profit agency?		1 <input type="checkbox"/> Yes (Go to 54a) 2 <input type="checkbox"/> No 3 <input type="checkbox"/> DK } (Skip to 55)	59
54a. Did you stop getting help from the person or agency even though you still needed it?		1 <input type="checkbox"/> Yes (Skip to 54b) 2 <input type="checkbox"/> No 3 <input type="checkbox"/> DK } (Skip to 55)	60
b. Why did you stop getting help? Any other reason? Read categories if necessary. Mark (X) all that apply.		1 <input type="checkbox"/> Too expensive 2 <input type="checkbox"/> Inadequate training 3 <input type="checkbox"/> Unavailable when needed 4 <input type="checkbox"/> No longer sick enough to qualify for public agency or non-profit agency help 5 <input type="checkbox"/> Income too high to get help from public or non-profit agency 6 <input type="checkbox"/> Unreliable 7 <input type="checkbox"/> Language problems 8 <input type="checkbox"/> Other 9 <input type="checkbox"/> DK	61 62 63 64 65 66 67 68 69
Notes			

Section I - OTHER SERVICES

ITEM 11	Status of SP.	<input type="checkbox"/> Institutionalized (Skip to Section K on page 78) <input type="checkbox"/> All others (Go to 1)	5
<p>The next questions are about medical care received at home.</p> <p>1. DURING THE PAST 3 MONTHS, did you get any medical treatments at home such as injections, therapy, blood or urine testing, or catheter care?</p>		<input type="checkbox"/> Yes (Go to 2) <input type="checkbox"/> No <input type="checkbox"/> DK } (Skip to 7)	6
<p>2. Do you need more help or a different kind of help with your medical treatments at home?</p>		<input type="checkbox"/> Yes (Go to 3) <input type="checkbox"/> No <input type="checkbox"/> DK } (Skip to 4)	7
<p>3. Have you experienced any problems because you did not have enough help or the right kind of help with home medical treatments?</p>		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	8
<p>4. Do family members or friends help you with medical treatments at home?</p>		<input type="checkbox"/> Yes (Go to 5) <input type="checkbox"/> No <input type="checkbox"/> DK } (Skip to 7)	9
<p>5. Have these friends or family members been trained by a health care professional to administer these medical treatments?</p>		<input type="checkbox"/> Yes, all have been trained <input type="checkbox"/> Yes, some have been trained <input type="checkbox"/> No, none have been trained <input type="checkbox"/> DK	10
<p>6a. Do you receive any home medical treatments from friends or relatives that you feel should be administered by a health professional?</p>		<input type="checkbox"/> Yes (Go to 6b) <input type="checkbox"/> No <input type="checkbox"/> DK } (Skip to 7)	11
<p>b. Why aren't you getting this help from a health professional?</p> <p>Any other reason? Mark (X) all that apply.</p>		<input type="checkbox"/> Don't know where to go for help <input type="checkbox"/> Looked for help, help not available <input type="checkbox"/> No insurance coverage <input type="checkbox"/> Cannot afford, even with insurance coverage <input type="checkbox"/> Don't want the treatment <input type="checkbox"/> Getting new helper/in between helpers <input type="checkbox"/> Other <input type="checkbox"/> DK	12 13 14 15 16 17 18 19
<p>7. Are there any home medical treatments that have been prescribed for you but you are not getting?</p>		<input type="checkbox"/> Yes (Go to 8) <input type="checkbox"/> No <input type="checkbox"/> DK } (Skip to 9)	20
<p>8. Why aren't you getting this treatment?</p> <p>Any other reason? Mark (X) all that apply.</p>		<input type="checkbox"/> Don't know where to go for help <input type="checkbox"/> Looked for help, help not available <input type="checkbox"/> No insurance coverage <input type="checkbox"/> Cannot afford, even with insurance coverage <input type="checkbox"/> Don't want the treatment <input type="checkbox"/> Getting new helper/in between helpers <input type="checkbox"/> Other <input type="checkbox"/> DK	21 22 23 24 25 26 27 28
<p>Now I would like to ask about prescription medicines.</p> <p>9. How many different prescription medicines are you supposed to use? Please count ones you should use each day and those that you use regularly but not every day. Include injections, eye drops, suppositories, creams, ointments, and skin patches, but not vitamins, oxygen, or medicines you get through an IV.</p> <p>Mark (X) only one.</p>		<input type="checkbox"/> None (Skip to 17 on page 58) <input type="checkbox"/> One or two <input type="checkbox"/> Three-five <input type="checkbox"/> Six-nine <input type="checkbox"/> Ten or more <input type="checkbox"/> DK } (Go to 10)	29
<p>The next questions are about these prescription medicines.</p> <p>10. Would you say that you use medicine(s) as prescribed by the doctor — (Read all categories)</p> <p>Mark (X) only one.</p>		<input type="checkbox"/> All of the time, (Skip to 14 on page 58) <input type="checkbox"/> Most of the time, <input type="checkbox"/> Some of the time, <input type="checkbox"/> Rarely, or, <input type="checkbox"/> Never? <input type="checkbox"/> DK } (Skip to 11 on page 58)	30

Section I - OTHER SERVICES - Continued

<p>11. Are there any prescription medicines that you are supposed to use, but —</p> <p>a. did not get when first prescribed because of the cost?</p> <p>b. did not get the entire prescription filled because of the cost?</p> <p>c. did not refill when you ran out because of the cost?</p> <p>d. use less often than prescribed in order to stretch them out because of the cost?</p> <p>e. sometimes forget to use?</p> <p>f. don't use as prescribed because of the side effects?</p> <p>g. cannot pick up from the drug store or get delivered?</p> <p>h. don't use because you think you don't need it?</p>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">Yes No DK</td> <td></td> </tr> <tr> <td>a. <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9</td> <td align="right">31</td> </tr> <tr> <td>b. <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9</td> <td align="right">32</td> </tr> <tr> <td>c. <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9</td> <td align="right">33</td> </tr> <tr> <td>d. <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9</td> <td align="right">34</td> </tr> <tr> <td>e. <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9</td> <td align="right">35</td> </tr> <tr> <td>f. <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9</td> <td align="right">36</td> </tr> <tr> <td>g. <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9</td> <td align="right">37</td> </tr> <tr> <td>h. <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9</td> <td align="right">38</td> </tr> </table>	Yes No DK		a. <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9	31	b. <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9	32	c. <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9	33	d. <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9	34	e. <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9	35	f. <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9	36	g. <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9	37	h. <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9	38
Yes No DK																			
a. <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9	31																		
b. <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9	32																		
c. <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9	33																		
d. <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9	34																		
e. <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9	35																		
f. <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9	36																		
g. <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9	37																		
h. <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9	38																		
<p>12. Have you experienced any problems because you forgot to use your medicine or didn't use your medicine as prescribed?</p>	<p><input type="checkbox"/> 1 Yes (Go to 13)</p> <p><input type="checkbox"/> 2 No } (Skip to 14)</p> <p><input type="checkbox"/> 9 DK }</p>																		
<p>13. What problems did you experience?</p> <p>Anything else?</p> <p><i>Mark (X) all that apply.</i></p>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;"> <p>01 <input type="checkbox"/> Pain/Discomfort</p> <p>02 <input type="checkbox"/> Dizziness/Fainting</p> <p>03 <input type="checkbox"/> Disorientation</p> <p>04 <input type="checkbox"/> Overdose/Withdrawal</p> <p>05 <input type="checkbox"/> Change in blood pressure, breathing, or other vital signs</p> <p>06 <input type="checkbox"/> Condition for which medicine prescribed got worse</p> <p>07 <input type="checkbox"/> Other condition(s) got worse</p> <p>08 <input type="checkbox"/> Had to be admitted to hospital</p> <p>09 <input type="checkbox"/> Had to go to doctor/emergency room</p> <p>10 <input type="checkbox"/> Drug reaction</p> <p>11 <input type="checkbox"/> Other</p> <p>99 <input type="checkbox"/> DK</p> </td> <td style="width:50%; vertical-align: top;"> <p align="right">40-41</p> <p align="right">42-43</p> <p align="right">44-45</p> <p align="right">46-47</p> <p align="right">48-49</p> <p align="right">50-51</p> <p align="right">52-53</p> <p align="right">54-55</p> <p align="right">56-57</p> <p align="right">58-59</p> <p align="right">60-61</p> <p align="right">62-63</p> </td> </tr> </table>	<p>01 <input type="checkbox"/> Pain/Discomfort</p> <p>02 <input type="checkbox"/> Dizziness/Fainting</p> <p>03 <input type="checkbox"/> Disorientation</p> <p>04 <input type="checkbox"/> Overdose/Withdrawal</p> <p>05 <input type="checkbox"/> Change in blood pressure, breathing, or other vital signs</p> <p>06 <input type="checkbox"/> Condition for which medicine prescribed got worse</p> <p>07 <input type="checkbox"/> Other condition(s) got worse</p> <p>08 <input type="checkbox"/> Had to be admitted to hospital</p> <p>09 <input type="checkbox"/> Had to go to doctor/emergency room</p> <p>10 <input type="checkbox"/> Drug reaction</p> <p>11 <input type="checkbox"/> Other</p> <p>99 <input type="checkbox"/> DK</p>	<p align="right">40-41</p> <p align="right">42-43</p> <p align="right">44-45</p> <p align="right">46-47</p> <p align="right">48-49</p> <p align="right">50-51</p> <p align="right">52-53</p> <p align="right">54-55</p> <p align="right">56-57</p> <p align="right">58-59</p> <p align="right">60-61</p> <p align="right">62-63</p>																
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<p>14. Do you receive help using your medications? This includes reminding you or measuring the medicines, and setting them up for you, OR do you use ALL of your medicine completely by yourself?</p> <p><i>Mark (X) only one.</i></p>	<p><input type="checkbox"/> 1 Receive help</p> <p><input type="checkbox"/> 2 All by self</p> <p><input type="checkbox"/> 9 DK</p>																		
<p>15. Not counting financial help, do you NEED (more) help with your medicine?</p>	<p><input type="checkbox"/> 1 Yes (Go to 16)</p> <p><input type="checkbox"/> 2 No } (Skip to 17)</p> <p><input type="checkbox"/> 9 DK }</p>																		
<p>16. What do you NEED (more) help with?</p> <p>Anything else?</p> <p><i>Mark (X) all that apply.</i></p>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;"> <p>1 <input type="checkbox"/> Ordering/Shopping for/Getting medicines from pharmacy</p> <p>2 <input type="checkbox"/> Reminder/Monitoring/Measuring/Setting up/Taking medicines</p> <p>3 <input type="checkbox"/> Other</p> <p>9 <input type="checkbox"/> DK</p> </td> <td style="width:50%; vertical-align: top;"> <p align="right">66</p> <p align="right">67</p> <p align="right">68</p> <p align="right">69</p> </td> </tr> </table>	<p>1 <input type="checkbox"/> Ordering/Shopping for/Getting medicines from pharmacy</p> <p>2 <input type="checkbox"/> Reminder/Monitoring/Measuring/Setting up/Taking medicines</p> <p>3 <input type="checkbox"/> Other</p> <p>9 <input type="checkbox"/> DK</p>	<p align="right">66</p> <p align="right">67</p> <p align="right">68</p> <p align="right">69</p>																
<p>1 <input type="checkbox"/> Ordering/Shopping for/Getting medicines from pharmacy</p> <p>2 <input type="checkbox"/> Reminder/Monitoring/Measuring/Setting up/Taking medicines</p> <p>3 <input type="checkbox"/> Other</p> <p>9 <input type="checkbox"/> DK</p>	<p align="right">66</p> <p align="right">67</p> <p align="right">68</p> <p align="right">69</p>																		
<p>These next questions are about your sources of medical care.</p>																			
<p>17. Do you have a general practitioner, internist, or family doctor whom you see regularly?</p>	<p><input type="checkbox"/> 1 Yes (Go to 18)</p> <p><input type="checkbox"/> 2 No } (Skip to 26 on page 59)</p> <p><input type="checkbox"/> 9 DK }</p>																		
<p>18. Which do you see most often — a general practitioner, an internist, or family doctor?</p> <p><i>Mark (X) only one.</i></p>	<p><input type="checkbox"/> 1 General practitioner</p> <p><input type="checkbox"/> 2 Internist</p> <p><input type="checkbox"/> 3 Family doctor</p> <p><input type="checkbox"/> 4 DK specialty/title</p> <p><input type="checkbox"/> 9 DK which seen most often</p>																		
<p>19. Have you seen this [(provider in 18)/doctor] in the past 12 months?</p>	<p><input type="checkbox"/> 1 Yes (Go to 20)</p> <p><input type="checkbox"/> 2 No } (Skip to 25 on page 59)</p> <p><input type="checkbox"/> 9 DK }</p>																		
<p>20. In the past 3 months, how many times have you seen this [(provider in 18)/doctor]?</p>	<p>00 <input type="checkbox"/> None (Skip to 22 on page 59)</p> <p>_____ Times } (Go to 21 on page 59)</p> <p>(Number) }</p> <p>99 <input type="checkbox"/> DK</p>																		

Section I - OTHER SERVICES - Continued

21. Did this [(provider in 18)/doctor] ask to see you for more [than the (number in 20) visit(s)/visits]?

- 1 Yes
2 No
9 DK

22. In the past 3 months, did this [(provider in 18)/doctor] refer you to another doctor, therapist, or medical professional, or send you for tests or x-rays?

- 1 Yes (Go to 23)
2 No
9 DK (Skip to Item 12)

23. Did you or will you go for all, some, or none of the visits or tests recommended by this [(provider in 18)/doctor]?

Mark (X) only one.

- 1 All (Go to Item 12)
2 Some
3 None (Skip to 24)
9 DK (Go to Item 12)

ITEM 12

Refer to question 21. (Additional visits recommended)

- 1 "Yes" in 21 (Go to 24)
2 All others (Skip to 25)

HAND CARD A6. Read categories if telephone interview.

24. Why did you not go for (all) your recommended visits or tests?

(Anything else?)

Mark (X) all that apply.

- 01 Waiting for upcoming appointment
02 Did not like doctor or doctor's advice
03 Went to another doctor instead
04 Problems at place - long wait, no bathroom, not accessible
05 Clinic/Office in unsafe neighborhood
06 No insurance
07 Insurance did not cover
08 Can't afford it
09 Transportation problem
10 Could not get convenient appointment
11 Thought problem would go away, or problem went away
12 Used home remedy
13 Health got worse
14 Health of other family member interfered
15 Other reason
99 DK

- 9-10
11-12
13-14
15-16
17-18
19-20
21-22
23-24
25-26
27-28
29-30
31-32
33-34
35-36
37-38
39-40

25. How would you rate this [(provider in 18)/doctor] in terms of overall quality of care and services? Would you say excellent, good, fair, or poor?

Mark (X) only one.

- 1 Excellent
2 Good
3 Fair
4 Poor
9 DK

Now, I'd like to ask about the (other) types of doctors you see most often.

26a. What types of specialists do you see regularly?

Any others?

Read categories if necessary.

Mark (X) all that apply.

Ask only if more than one specialist in 26a. If only one, transcribe the number of the box in 26b without asking.

b. Which of these specialists have you seen most often?

Mark (X) only one.

26a. Regularly

- 00 None (Skip to 35 on page 61)
01 Allergist/Immunologist (Allergy doctor)
02 Cardiologist (Heart doctor)
03 Dermatologist (Skin doctor)
04 Endocrinologist (Gland/Hormone doctor)
05 Gastroenterologist (Stomach doctor)
06 Hematologist (Blood doctor)
07 Nephrologist (Kidney doctor)
08 Neurologist/Neuropathologist (Nervous system doctor)
09 Neurosurgeon (Nervous system surgeon)
10 Obstetrician/Gynecologist (OB/GYN)
11 Oncologist (Cancer doctor)
12 Ophthalmologist (Eye doctor)
13 Orthopedist/Orthopedic surgeon (Bone and Muscle doctor)
14 Otolaryngologist/Otorhinolaryngologist (Ear, nose, throat doctor)
15 Physical medicine/Rehabilitation specialist (Physical therapy)
16 Podiatrist (Foot doctor)
17 Psychiatrist (Mental health doctor)
18 Pulmonary/Lung specialist (Respiratory doctor)
19 Radiologist (X-Ray/Nuclear medicine doctor)
20 Rheumatologist (Joint doctor)
21 Urologist (Urinary tract doctor)
22 Other
99 Specialist - DK type

- 5-6
7-8
9-10
11-12
13-14
15-16
17-18
19-20
21-22
23-24
25-26
27-28
29-30
31-32
33-34
35-36
37-38
39-40
41-42
43-44
45-46
47-48
49-50
51-52

26b. Most often

Specialist

Section I - OTHER SERVICES - Continued

27. Have you seen this [(specialist in 26b)/doctor] in the past 12 months?	<input type="checkbox"/> 1 Yes (Go to 28) <input type="checkbox"/> 2 No } (Skip to 29) <input type="checkbox"/> 9 DK }	5
---	--	---

28. In the past 3 months, how many times have you seen this [(specialist in 26b)/doctor]? Do not count times while an overnight patient in a hospital.	<input type="checkbox"/> 00 None (Skip to 30) <input type="checkbox"/> 01 Only while overnight patient } _____ Times } (Go to 29) (Number) <input type="checkbox"/> 99 DK	6-7
---	---	-----

29. Did this [(specialist in 26b)/doctor] ask to see you for more [than the (number in 28) visit(s)/visits]?	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> 9 DK	8
---	--	---

30. In the past 3 months, did this [(specialist in 26b)/doctor] refer you to another doctor, therapist, or medical professional, or send you for tests or x-rays?	<input type="checkbox"/> 1 Yes (Go to 31) <input type="checkbox"/> 2 No } (Skip to Item 13) <input type="checkbox"/> 9 DK }	9
--	---	---

31. Did you or will you go for all, some, or none of the visits or tests recommended by this [(specialist in 26b)/doctor]? <i>Mark (X) only one.</i>	<input type="checkbox"/> 1 All (Go to Item 13) <input type="checkbox"/> 2 Some } (Skip to 32) <input type="checkbox"/> 3 None } <input type="checkbox"/> 9 DK (Go to Item 13)	10
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ITEM 13	<i>Refer to question 29. (Additional visits recommended)</i>	<input type="checkbox"/> 1 "Yes" in 29 (Go to 32) <input type="checkbox"/> 2 All others (Skip to 33)	11
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<i>HAND CARD A6. Read categories if telephone interview.</i>		
32. Why did you not go for (all) your recommended visits or tests? (Anything else?) <i>Mark (X) all that apply.</i>	<input type="checkbox"/> 01 Waiting for upcoming appointment <input type="checkbox"/> 02 Did not like doctor or doctor's advice <input type="checkbox"/> 03 Went to another doctor instead <input type="checkbox"/> 04 Problems at place — long wait, no bathroom, not accessible <input type="checkbox"/> 05 Clinic/Office in unsafe neighborhood <input type="checkbox"/> 06 No insurance <input type="checkbox"/> 07 Insurance did not cover <input type="checkbox"/> 08 Can't afford it <input type="checkbox"/> 09 Transportation problem <input type="checkbox"/> 10 Could not get convenient appointment <input type="checkbox"/> 11 Thought problem would go away, or problem went away <input type="checkbox"/> 12 Used home remedy <input type="checkbox"/> 13 Health got worse <input type="checkbox"/> 14 Health of other family member interfered <input type="checkbox"/> 15 Other reason <input type="checkbox"/> 99 DK	12-13 14-15 16-17 18-19 20-21 22-23 24-25 26-27 28-29 30-31 32-33 34-35 36-37 38-39 40-41 42-43

33. How would you rate this [(specialist in 26b)/doctor] in terms of overall quality of care and services? Would you say excellent, good, fair, or poor? <i>Mark (X) only one.</i>	<input type="checkbox"/> 1 Excellent <input type="checkbox"/> 2 Good <input type="checkbox"/> 3 Fair <input type="checkbox"/> 4 Poor <input type="checkbox"/> 9 DK	44
--	--	----

<i>Refer to questions 19 and 27, then ASK or VERIFY:</i>		
34. During the past 12 months, which doctor have you seen the most often — the (provider in 18) or the (specialist in 26b)?	<input type="checkbox"/> 1 Neither seen in past 12 months (Skip to 37 on page 62) <input type="checkbox"/> 2 GP/Internist/Family doctor } (Go to 35 on page 61) <input type="checkbox"/> 3 Specialist } <input type="checkbox"/> 9 DK	45

Notes

Section I - OTHER SERVICES - Continued

35. Now, I'm going to read you a list of items which concern visits to the doctor you see most often.

For each item, tell me if you would rate it as excellent, good, fair, or poor.

	Excellent	Good	Fair	Poor	NA	DK
a. The thoroughness of the examination. Would you say excellent, good, fair, or poor?	a. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/> 46
b. Their respect and attention to your privacy. (Would you say excellent, good, fair, or poor?)	b. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/> 47
c. Their personal interest in you and your condition. (Would you say excellent, good, fair, or poor?)	c. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/> 48
d. Availability in an emergency. (Would you say excellent, good, fair, or poor?)	d. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/> 49
e. Office hours for appointments. (Would you say excellent, good, fair, or poor?)	e. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/> 50
f. Being able to receive answers to questions over the telephone. (Would you say excellent, good, fair, or poor?)	f. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/> 51
g. Being able to make appointments over the telephone. (Would you say excellent, good, fair, or poor?)	g. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/> 52
h. Wait time for an appointment. (Would you say excellent, good, fair, or poor?)	h. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/> 53
i. Wait time to see the doctor. (Would you say excellent, good, fair, or poor?)	i. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/> 54
j. The location of the office or clinic. (Would you say excellent, good, fair, or poor?)	j. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/> 55
k. The accessibility of transportation to the office. (Would you say excellent, good, fair, or poor?)	k. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/> 56
l. Their handling of insurance claims. (Would you say excellent, good, fair, or poor?)	l. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/> 57

36. Has a medical professional told you that because you did not have follow-up care —

	Yes	No	DK
a. Your condition worsened?	a. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/> 58
b. You need to be hospitalized?	b. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/> 59
c. You need more medical care?	c. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/> 60

Notes

Section I - OTHER SERVICES - Continued		RT 80 3-4	RT 80 3-4
		A	B
The next questions are about other services you may have received.		01	02
		A physical therapist	An occupational therapist
37a. During the past 12 months, did you receive any services from ____ ? ----- b. Did you need the services of ____ in the past 12 months?	37a. 1 <input type="checkbox"/> Yes (Skip to 38) 7 2 <input type="checkbox"/> No } (Go to 37b) 9 <input type="checkbox"/> DK }	37a. 1 <input type="checkbox"/> Yes (Skip to 38) 7 2 <input type="checkbox"/> No } (Go to 37b) 9 <input type="checkbox"/> DK }	37a. 1 <input type="checkbox"/> Yes (Skip to 38) 7 2 <input type="checkbox"/> No } (Go to 37b) 9 <input type="checkbox"/> DK }
	b. 1 <input type="checkbox"/> Yes (Skip to 41) 8 2 <input type="checkbox"/> No } (Go to 37a for next service) 9 <input type="checkbox"/> DK }	b. 1 <input type="checkbox"/> Yes (Skip to 41) 8 2 <input type="checkbox"/> No } (Go to 37a for next service) 9 <input type="checkbox"/> DK }	b. 1 <input type="checkbox"/> Yes (Skip to 41) 8 2 <input type="checkbox"/> No } (Go to 37a for next service) 9 <input type="checkbox"/> DK }
38a. During the past 12 months, in how many months did you receive services from ____ ? ----- b. What was the total number of times you received services from ____ during [that/those] month(s)?	38a. _____ Months 9-10 (Number) 99 <input type="checkbox"/> DK	38a. _____ Months 9-10 (Number) 99 <input type="checkbox"/> DK	38a. _____ Months 9-10 (Number) 99 <input type="checkbox"/> DK
	b. _____ Times 11-12 (Number) 99 <input type="checkbox"/> DK	b. _____ Times 11-12 (Number) 99 <input type="checkbox"/> DK	b. _____ Times 11-12 (Number) 99 <input type="checkbox"/> DK
<i>HAND CARD A1. Read categories if telephone interview.</i> 39a. Who paid or will pay for the services received from ____ in the past 12 months? (Anyone else?) Mark (X) all that apply.	39a. 01 <input type="checkbox"/> Self or family in household 13-14 02 <input type="checkbox"/> Family NOT in household 15-16 03 <input type="checkbox"/> Private health insurance 17-18 04 <input type="checkbox"/> Medicare 19-20 05 <input type="checkbox"/> Medicaid 21-22 06 <input type="checkbox"/> Rehabilitation program 23-24 07 <input type="checkbox"/> Employer 25-26 08 <input type="checkbox"/> School system 27-28 09 <input type="checkbox"/> VA program 29-30 10 <input type="checkbox"/> Other military 31-32 11 <input type="checkbox"/> Other private source 33-34 12 <input type="checkbox"/> Other public source 35-36 13 <input type="checkbox"/> No one/Free } (Skip to 40) 37-38 99 <input type="checkbox"/> DK } 39-40	39a. 01 <input type="checkbox"/> Self or family in household 13-14 02 <input type="checkbox"/> Family NOT in household 15-16 03 <input type="checkbox"/> Private health insurance 17-18 04 <input type="checkbox"/> Medicare 19-20 05 <input type="checkbox"/> Medicaid 21-22 06 <input type="checkbox"/> Rehabilitation program 23-24 07 <input type="checkbox"/> Employer 25-26 08 <input type="checkbox"/> School system 27-28 09 <input type="checkbox"/> VA program 29-30 10 <input type="checkbox"/> Other military 31-32 11 <input type="checkbox"/> Other private source 33-34 12 <input type="checkbox"/> Other public source 35-36 13 <input type="checkbox"/> No one/Free } (Skip to 40) 37-38 99 <input type="checkbox"/> DK } 39-40	39a. 01 <input type="checkbox"/> Self or family in household 13-14 02 <input type="checkbox"/> Family NOT in household 15-16 03 <input type="checkbox"/> Private health insurance 17-18 04 <input type="checkbox"/> Medicare 19-20 05 <input type="checkbox"/> Medicaid 21-22 06 <input type="checkbox"/> Rehabilitation program 23-24 07 <input type="checkbox"/> Employer 25-26 08 <input type="checkbox"/> School system 27-28 09 <input type="checkbox"/> VA program 29-30 10 <input type="checkbox"/> Other military 31-32 11 <input type="checkbox"/> Other private source 33-34 12 <input type="checkbox"/> Other public source 35-36 13 <input type="checkbox"/> No one/Free } (Skip to 40) 37-38 99 <input type="checkbox"/> DK } 39-40
	b. Who paid most of the cost for the services received from ____ in the past 12 months? Record number of main source. <i>Ask if more than one source in 39a. If only one, transcribe number of box marked without asking.</i>	b. <input type="checkbox"/> <input type="checkbox"/> Paid most (Number) 41-42 99 <input type="checkbox"/> DK	b. <input type="checkbox"/> <input type="checkbox"/> Paid most (Number) 41-42 99 <input type="checkbox"/> DK
c. During the past 12 months, about how much did you or your family pay for the services received from ____ ? Do not count any money that has been or will be reimbursed by insurance or any other source. <i>Ask only if box 01 marked in 39a; otherwise, skip to 40.</i>	c. 00000 <input type="checkbox"/> None 43-47 \$ _____ 00 99999 <input type="checkbox"/> DK	c. 00000 <input type="checkbox"/> None 43-47 \$ _____ 00 99999 <input type="checkbox"/> DK	c. 00000 <input type="checkbox"/> None 43-47 \$ _____ 00 99999 <input type="checkbox"/> DK
40. During (month), did you receive services from ____ ?	40. 1 <input type="checkbox"/> Yes (Skip to 37a for next service) 48 2 <input type="checkbox"/> No (Go to 41) 9 <input type="checkbox"/> DK (Skip to 37a for next service)	40. 1 <input type="checkbox"/> Yes (Skip to 37a for next service) 48 2 <input type="checkbox"/> No (Go to 41) 9 <input type="checkbox"/> DK (Skip to 37a for next service)	40. 1 <input type="checkbox"/> Yes (Skip to 37a for next service) 48 2 <input type="checkbox"/> No (Go to 41) 9 <input type="checkbox"/> DK (Skip to 37a for next service)
<i>HAND CARD A7. Read categories if telephone interview.</i> 41. Why didn't you receive services from ____ [in (month)] in the past 12 months? (Anything else?) Mark (X) all that apply.	41. 00 <input type="checkbox"/> Didn't need services 49-50 01 <input type="checkbox"/> Provider thinks no longer needed 51-52 02 <input type="checkbox"/> Too expensive/can't afford 53-54 03 <input type="checkbox"/> Insurance doesn't cover 55-56 04 <input type="checkbox"/> Insurance no longer covers 57-58 05 <input type="checkbox"/> No longer on Medicaid 59-60 06 <input type="checkbox"/> Provider not available 61-62 07 <input type="checkbox"/> Didn't like provider 63-64 08 <input type="checkbox"/> Transportation problems 65-66 09 <input type="checkbox"/> Could not take time off from work 67-68 10 <input type="checkbox"/> Other 69-70 99 <input type="checkbox"/> DK 71-72	41. 00 <input type="checkbox"/> Didn't need services 49-50 01 <input type="checkbox"/> Provider thinks no longer needed 51-52 02 <input type="checkbox"/> Too expensive/can't afford 53-54 03 <input type="checkbox"/> Insurance doesn't cover 55-56 04 <input type="checkbox"/> Insurance no longer covers 57-58 05 <input type="checkbox"/> No longer on Medicaid 59-60 06 <input type="checkbox"/> Provider not available 61-62 07 <input type="checkbox"/> Didn't like provider 63-64 08 <input type="checkbox"/> Transportation problems 65-66 09 <input type="checkbox"/> Could not take time off from work 67-68 10 <input type="checkbox"/> Other 69-70 99 <input type="checkbox"/> DK 71-72	41. 00 <input type="checkbox"/> Didn't need services 49-50 01 <input type="checkbox"/> Provider thinks no longer needed 51-52 02 <input type="checkbox"/> Too expensive/can't afford 53-54 03 <input type="checkbox"/> Insurance doesn't cover 55-56 04 <input type="checkbox"/> Insurance no longer covers 57-58 05 <input type="checkbox"/> No longer on Medicaid 59-60 06 <input type="checkbox"/> Provider not available 61-62 07 <input type="checkbox"/> Didn't like provider 63-64 08 <input type="checkbox"/> Transportation problems 65-66 09 <input type="checkbox"/> Could not take time off from work 67-68 10 <input type="checkbox"/> Other 69-70 99 <input type="checkbox"/> DK 71-72

C		RT 80	D		RT 80	E		RT 80	F		RT 80
		3-4			3-4			3-4			3-4
03	An audiologist	5-6	04	A speech therapist or pathologist	5-6	05	A recreational therapist	5-6	06	A visiting nurse	5-6
37a.	1 <input type="checkbox"/> Yes (Skip to 38) 2 <input type="checkbox"/> No } (Go to 37b) 9 <input type="checkbox"/> DK	7	37a.	1 <input type="checkbox"/> Yes (Skip to 38) 2 <input type="checkbox"/> No } (Go to 37b) 9 <input type="checkbox"/> DK	7	37a.	1 <input type="checkbox"/> Yes (Skip to 38) 2 <input type="checkbox"/> No } (Go to 37b) 9 <input type="checkbox"/> DK	7	37a.	1 <input type="checkbox"/> Yes (Skip to 38) 2 <input type="checkbox"/> No } (Go to 37b) 9 <input type="checkbox"/> DK	7
b.	1 <input type="checkbox"/> Yes (Skip to 41) 2 <input type="checkbox"/> No } (Go to 37a for next service) 9 <input type="checkbox"/> DK	8	b.	1 <input type="checkbox"/> Yes (Skip to 41) 2 <input type="checkbox"/> No } (Go to 37a for next service) 9 <input type="checkbox"/> DK	8	b.	1 <input type="checkbox"/> Yes (Skip to 41) 2 <input type="checkbox"/> No } (Go to 37a for next service) 9 <input type="checkbox"/> DK	8	b.	1 <input type="checkbox"/> Yes (Skip to 41) 2 <input type="checkbox"/> No } (Go to 37a for next service on page 64) 9 <input type="checkbox"/> DK	8
38a.	____ Months (Number) 99 <input type="checkbox"/> DK	9-10	38a.	____ Months (Number) 99 <input type="checkbox"/> DK	9-10	38a.	____ Months (Number) 99 <input type="checkbox"/> DK	9-10	38a.	____ Months (Number) 99 <input type="checkbox"/> DK	9-10
b.	____ Times (Number) 99 <input type="checkbox"/> DK	11-12	b.	____ Times (Number) 99 <input type="checkbox"/> DK	11-12	b.	____ Times (Number) 99 <input type="checkbox"/> DK	11-12	b.	____ Times (Number) 99 <input type="checkbox"/> DK	11-12
39a.	01 <input type="checkbox"/> Self or family in household 13-14 02 <input type="checkbox"/> Family NOT in household 15-16 03 <input type="checkbox"/> Private health insurance 17-18 04 <input type="checkbox"/> Medicare 19-20 05 <input type="checkbox"/> Medicaid 21-22 06 <input type="checkbox"/> Rehabilitation program 23-24 07 <input type="checkbox"/> Employer 25-26 08 <input type="checkbox"/> School system 27-28 09 <input type="checkbox"/> VA program 29-30 10 <input type="checkbox"/> Other military 31-32 11 <input type="checkbox"/> Other private source 33-34 12 <input type="checkbox"/> Other public source 35-36 13 <input type="checkbox"/> No one/Free } (Skip to 40) 99 <input type="checkbox"/> DK 37-38 39-40		39a.	01 <input type="checkbox"/> Self or family in household 13-14 02 <input type="checkbox"/> Family NOT in household 15-16 03 <input type="checkbox"/> Private health insurance 17-18 04 <input type="checkbox"/> Medicare 19-20 05 <input type="checkbox"/> Medicaid 21-22 06 <input type="checkbox"/> Rehabilitation program 23-24 07 <input type="checkbox"/> Employer 25-26 08 <input type="checkbox"/> School system 27-28 09 <input type="checkbox"/> VA program 29-30 10 <input type="checkbox"/> Other military 31-32 11 <input type="checkbox"/> Other private source 33-34 12 <input type="checkbox"/> Other public source 35-36 13 <input type="checkbox"/> No one/Free } (Skip to 40) 99 <input type="checkbox"/> DK 37-38 39-40		39a.	01 <input type="checkbox"/> Self or family in household 13-14 02 <input type="checkbox"/> Family NOT in household 15-16 03 <input type="checkbox"/> Private health insurance 17-18 04 <input type="checkbox"/> Medicare 19-20 05 <input type="checkbox"/> Medicaid 21-22 06 <input type="checkbox"/> Rehabilitation program 23-24 07 <input type="checkbox"/> Employer 25-26 08 <input type="checkbox"/> School system 27-28 09 <input type="checkbox"/> VA program 29-30 10 <input type="checkbox"/> Other military 31-32 11 <input type="checkbox"/> Other private source 33-34 12 <input type="checkbox"/> Other public source 35-36 13 <input type="checkbox"/> No one/Free } (Skip to 40) 99 <input type="checkbox"/> DK 37-38 39-40		39a.	01 <input type="checkbox"/> Self or family in household 13-14 02 <input type="checkbox"/> Family NOT in household 15-16 03 <input type="checkbox"/> Private health insurance 17-18 04 <input type="checkbox"/> Medicare 19-20 05 <input type="checkbox"/> Medicaid 21-22 06 <input type="checkbox"/> Rehabilitation program 23-24 07 <input type="checkbox"/> Employer 25-26 08 <input type="checkbox"/> School system 27-28 09 <input type="checkbox"/> VA program 29-30 10 <input type="checkbox"/> Other military 31-32 11 <input type="checkbox"/> Other private source 33-34 12 <input type="checkbox"/> Other public source 35-36 13 <input type="checkbox"/> No one/Free } (Skip to 40) 99 <input type="checkbox"/> DK 37-38 39-40	
b.	<input type="checkbox"/> Paid most (Number) 99 <input type="checkbox"/> DK	41-42	b.	<input type="checkbox"/> Paid most (Number) 99 <input type="checkbox"/> DK	41-42	b.	<input type="checkbox"/> Paid most (Number) 99 <input type="checkbox"/> DK	41-42	b.	<input type="checkbox"/> Paid most (Number) 99 <input type="checkbox"/> DK	41-42
c.	00000 <input type="checkbox"/> None 43-47 \$ _____ 99999 <input type="checkbox"/> DK		c.	00000 <input type="checkbox"/> None 43-47 \$ _____ 99999 <input type="checkbox"/> DK		c.	00000 <input type="checkbox"/> None 43-47 \$ _____ 99999 <input type="checkbox"/> DK		c.	00000 <input type="checkbox"/> None 43-47 \$ _____ 99999 <input type="checkbox"/> DK	
40.	1 <input type="checkbox"/> Yes (Skip to 37a for next service) 48 2 <input type="checkbox"/> No (Go to 41) 9 <input type="checkbox"/> DK (Skip to 37a for next service)		40.	1 <input type="checkbox"/> Yes (Skip to 37a for next service) 48 2 <input type="checkbox"/> No (Go to 41) 9 <input type="checkbox"/> DK (Skip to 37a for next service)		40.	1 <input type="checkbox"/> Yes (Skip to 37a for next service) 48 2 <input type="checkbox"/> No (Go to 41) 9 <input type="checkbox"/> DK (Skip to 37a for next service)		40.	1 <input type="checkbox"/> Yes (Skip to 37a for next service on page 64) 48 2 <input type="checkbox"/> No (Go to 41) 9 <input type="checkbox"/> DK (Skip to 37a for next service on page 64)	
41.	00 <input type="checkbox"/> Didn't need services 49-50 01 <input type="checkbox"/> Provider thinks no longer needed 51-52 02 <input type="checkbox"/> Too expensive/can't afford 53-54 03 <input type="checkbox"/> Insurance doesn't cover 55-56 04 <input type="checkbox"/> Insurance no longer covers 57-58 05 <input type="checkbox"/> No longer on Medicaid 59-60 06 <input type="checkbox"/> Provider not available 61-62 07 <input type="checkbox"/> Didn't like provider 63-64 08 <input type="checkbox"/> Transportation problems 65-66 09 <input type="checkbox"/> Could not take time off from work 67-68 10 <input type="checkbox"/> Other 69-70 99 <input type="checkbox"/> DK 71-72		41.	00 <input type="checkbox"/> Didn't need services 49-50 01 <input type="checkbox"/> Provider thinks no longer needed 51-52 02 <input type="checkbox"/> Too expensive/can't afford 53-54 03 <input type="checkbox"/> Insurance doesn't cover 55-56 04 <input type="checkbox"/> Insurance no longer covers 57-58 05 <input type="checkbox"/> No longer on Medicaid 59-60 06 <input type="checkbox"/> Provider not available 61-62 07 <input type="checkbox"/> Didn't like provider 63-64 08 <input type="checkbox"/> Transportation problems 65-66 09 <input type="checkbox"/> Could not take time off from work 67-68 10 <input type="checkbox"/> Other 69-70 99 <input type="checkbox"/> DK 71-72		41.	00 <input type="checkbox"/> Didn't need services 49-50 01 <input type="checkbox"/> Provider thinks no longer needed 51-52 02 <input type="checkbox"/> Too expensive/can't afford 53-54 03 <input type="checkbox"/> Insurance doesn't cover 55-56 04 <input type="checkbox"/> Insurance no longer covers 57-58 05 <input type="checkbox"/> No longer on Medicaid 59-60 06 <input type="checkbox"/> Provider not available 61-62 07 <input type="checkbox"/> Didn't like provider 63-64 08 <input type="checkbox"/> Transportation problems 65-66 09 <input type="checkbox"/> Could not take time off from work 67-68 10 <input type="checkbox"/> Other 69-70 99 <input type="checkbox"/> DK 71-72		41.	00 <input type="checkbox"/> Didn't need services 49-50 01 <input type="checkbox"/> Provider thinks no longer needed 51-52 02 <input type="checkbox"/> Too expensive/can't afford 53-54 03 <input type="checkbox"/> Insurance doesn't cover 55-56 04 <input type="checkbox"/> Insurance no longer covers 57-58 05 <input type="checkbox"/> No longer on Medicaid 59-60 06 <input type="checkbox"/> Provider not available 61-62 07 <input type="checkbox"/> Didn't like provider 63-64 08 <input type="checkbox"/> Transportation problems 65-66 09 <input type="checkbox"/> Could not take time off from work 67-68 10 <input type="checkbox"/> Other 69-70 99 <input type="checkbox"/> DK 71-72	

Section I - OTHER SERVICES - Continued		RT 80 3-4	RT 80 3-4	
		G	H	
		07	08	
		A personal care attendant (other than family or a friend)	A reader or interpreter	
37a. During the past 12 months, did you receive any services from ____?	37a.	1 <input type="checkbox"/> Yes (Skip to 38) 2 <input type="checkbox"/> No } (Go to 37b) 9 <input type="checkbox"/> DK } 7	37a.	1 <input type="checkbox"/> Yes (Skip to 38) 2 <input type="checkbox"/> No } (Go to 37b) 9 <input type="checkbox"/> DK } 7
b. Did you need the services of ____ in the past 12 months?	b.	1 <input type="checkbox"/> Yes (Skip to 41) 2 <input type="checkbox"/> No } (Go to 37a for next service) 9 <input type="checkbox"/> DK } 8	b.	1 <input type="checkbox"/> Yes (Skip to 41) 2 <input type="checkbox"/> No } (Go to 37a for next service) 9 <input type="checkbox"/> DK } 8
38a. During the past 12 months, in how many months did you receive services from ____?	38a.	(Number) Months 99 <input type="checkbox"/> DK 9-10	38a.	(Number) Months 99 <input type="checkbox"/> DK 9-10
b. What was the total number of times you received services from ____ during [that/those] month(s)?	b.	(Number) Times 99 <input type="checkbox"/> DK 11-12	b.	(Number) Times 99 <input type="checkbox"/> DK 11-12
<i>HAND CARD A1. Read categories if telephone interview.</i>				
39a. Who paid or will pay for the services received from ____ in the past 12 months? (Anyone else?) Mark (X) all that apply.	39a.	01 <input type="checkbox"/> Self or family in household 13-14 02 <input type="checkbox"/> Family NOT in household 15-16 03 <input type="checkbox"/> Private health insurance 17-18 04 <input type="checkbox"/> Medicare 19-20 05 <input type="checkbox"/> Medicaid 21-22 06 <input type="checkbox"/> Rehabilitation program 23-24 07 <input type="checkbox"/> Employer 25-26 08 <input type="checkbox"/> School system 27-28 09 <input type="checkbox"/> VA program 29-30 10 <input type="checkbox"/> Other military 31-32 11 <input type="checkbox"/> Other private source 33-34 12 <input type="checkbox"/> Other public source 35-36 13 <input type="checkbox"/> No one/Free } (Skip to 40) 99 <input type="checkbox"/> DK } 37-38 39-40	39a.	01 <input type="checkbox"/> Self or family in household 13-14 02 <input type="checkbox"/> Family NOT in household 15-16 03 <input type="checkbox"/> Private health insurance 17-18 04 <input type="checkbox"/> Medicare 19-20 05 <input type="checkbox"/> Medicaid 21-22 06 <input type="checkbox"/> Rehabilitation program 23-24 07 <input type="checkbox"/> Employer 25-26 08 <input type="checkbox"/> School system 27-28 09 <input type="checkbox"/> VA program 29-30 10 <input type="checkbox"/> Other military 31-32 11 <input type="checkbox"/> Other private source 33-34 12 <input type="checkbox"/> Other public source 35-36 13 <input type="checkbox"/> No one/Free } (Skip to 40) 99 <input type="checkbox"/> DK } 37-38 39-40
b. Who paid most of the cost for the services received from ____ in the past 12 months? Record number of main source. Ask if more than one source in 39a. If only one, transcribe number of box marked without asking.	b.	<input type="checkbox"/> Paid most (Number) 99 <input type="checkbox"/> DK 41-42	b.	<input type="checkbox"/> Paid most (Number) 99 <input type="checkbox"/> DK 41-42
c. During the past 12 months, about how much did you or your family pay for the services received from ____? Do not count any money that has been or will be reimbursed by insurance or any other source. Ask only if box 01 marked in 39a; otherwise, skip to 40.	c.	00000 <input type="checkbox"/> None \$ _____ .00 99999 <input type="checkbox"/> DK 43-47	c.	00000 <input type="checkbox"/> None \$ _____ .00 99999 <input type="checkbox"/> DK 43-47
40. During (month), did you receive services from ____?	40.	1 <input type="checkbox"/> Yes (Skip to 37a for next service) 2 <input type="checkbox"/> No (Go to 41) 9 <input type="checkbox"/> DK (Skip 37a for next service) 48	40.	1 <input type="checkbox"/> Yes (Skip to 37a for next service) 2 <input type="checkbox"/> No (Go to 41) 9 <input type="checkbox"/> DK (Skip 37a for next service) 48
<i>HAND CARD A7. Read categories if telephone interview.</i>				
41. Why didn't you receive services from ____ [in (month)] in the past 12 months? (Anything else?) Mark (X) all that apply.	41.	00 <input type="checkbox"/> Didn't need services 49-50 01 <input type="checkbox"/> Provider thinks no longer needed 51-52 02 <input type="checkbox"/> Too expensive/can't afford 53-54 03 <input type="checkbox"/> Insurance doesn't cover 55-56 04 <input type="checkbox"/> Insurance no longer covers 57-58 05 <input type="checkbox"/> No longer on Medicaid 59-60 06 <input type="checkbox"/> Provider not available 61-62 07 <input type="checkbox"/> Didn't like provider 63-64 08 <input type="checkbox"/> Transportation problems 65-66 09 <input type="checkbox"/> Could not take time off from work 67-68 10 <input type="checkbox"/> Other 69-70 99 <input type="checkbox"/> DK 71-72	41.	00 <input type="checkbox"/> Didn't need services 49-50 01 <input type="checkbox"/> Provider thinks no longer needed 51-52 02 <input type="checkbox"/> Too expensive/can't afford 53-54 03 <input type="checkbox"/> Insurance doesn't cover 55-56 04 <input type="checkbox"/> Insurance no longer covers 57-58 05 <input type="checkbox"/> No longer on Medicaid 59-60 06 <input type="checkbox"/> Provider not available 61-62 07 <input type="checkbox"/> Didn't like provider 63-64 08 <input type="checkbox"/> Transportation problems 65-66 09 <input type="checkbox"/> Could not take time off from work 67-68 10 <input type="checkbox"/> Other 69-70 99 <input type="checkbox"/> DK 71-72

		RT 80
I		3-4
Notes		
09	An adult day care center or day activity center	5-6
37a.	<input type="checkbox"/> Yes (Skip to 38) <input type="checkbox"/> No } (Go to 37b) <input type="checkbox"/> DK }	7
b.	<input type="checkbox"/> Yes (Skip to 41) <input type="checkbox"/> No } (Go to 42 for next service on page 66) <input type="checkbox"/> DK }	8
38a.	_____ Months (Number) <input type="checkbox"/> DK	9-10
b.	_____ Times (Number) <input type="checkbox"/> DK	11-12
39a.	<input type="checkbox"/> Self or family in household	13-14
	<input type="checkbox"/> Family NOT in household	15-16
	<input type="checkbox"/> Private health insurance	17-18
	<input type="checkbox"/> Medicare	19-20
	<input type="checkbox"/> Medicaid	21-22
	<input type="checkbox"/> Rehabilitation program	23-24
	<input type="checkbox"/> Employer	25-26
	<input type="checkbox"/> School system	27-28
	<input type="checkbox"/> VA program	29-30
	<input type="checkbox"/> Other military	31-32
	<input type="checkbox"/> Other private source	33-34
	<input type="checkbox"/> Other public source	35-36
	<input type="checkbox"/> No one/Free } (Skip to 40) <input type="checkbox"/> DK }	37-38 39-40
b.	<input type="checkbox"/> Paid most (Number) <input type="checkbox"/> DK	41-42
c.	<input type="checkbox"/> None \$ _____ <input type="checkbox"/> DK	43-47
40.	<input type="checkbox"/> Yes (Skip to 42 for next service on page 66) <input type="checkbox"/> No (Go to 41) <input type="checkbox"/> DK (Skip to 42 for next service on page 66)	48
41.	<input type="checkbox"/> Didn't need services	49-50
	<input type="checkbox"/> Provider thinks no longer needed	51-52
	<input type="checkbox"/> Too expensive/can't afford	53-54
	<input type="checkbox"/> Insurance doesn't cover	55-56
	<input type="checkbox"/> Insurance no longer covers	57-58
	<input type="checkbox"/> No longer on Medicaid	59-60
	<input type="checkbox"/> Provider not available	61-62
	<input type="checkbox"/> Didn't like provider	63-64
	<input type="checkbox"/> Transportation problems	65-66
	<input type="checkbox"/> Could not take time off from work	67-68
	<input type="checkbox"/> Other <input type="checkbox"/> DK	69-70 71-72

Section I - OTHER SERVICES - Continued		RT 80 3-4	J	RT 80 3-4	K	RT 80 3-4	
		10	Services for alcohol or drug abuse	5-8	11	Services from a center for independent living	5-8
42a. During the past 12 months, did you receive ____?		42a.	1 <input type="checkbox"/> Yes (Skip to 43) 2 <input type="checkbox"/> No } (Go to 42b) 9 <input type="checkbox"/> DK	7	42a.	1 <input type="checkbox"/> Yes (Skip to 43) 2 <input type="checkbox"/> No } (Go to 42b) 9 <input type="checkbox"/> DK	7
b. Did you need ____ in the past 12 months?		b.	1 <input type="checkbox"/> Yes (Skip to 46) 2 <input type="checkbox"/> No } (Go to 42a for next service) 9 <input type="checkbox"/> DK	8	b.	1 <input type="checkbox"/> Yes (Skip to 46) 2 <input type="checkbox"/> No } (Go to 42a for next service) 9 <input type="checkbox"/> DK	8
43a. During the past 12 months in how many months did you receive ____?		43a.	____ Months (Number) 99 <input type="checkbox"/> DK	9-10	43a.	____ Months (Number) 99 <input type="checkbox"/> DK	9-10
b. What was the total number of times you received ____ during [that/those] month(s)?		b.	____ Times (Number) 99 <input type="checkbox"/> DK	11-12	b.	____ Times (Number) 99 <input type="checkbox"/> DK	11-12
HAND CARD A1. Read categories if telephone interview. 44a. Who paid or will pay for ____ in the past 12 months? (Anyone else?) Mark (X) all that apply.		44a.	01 <input type="checkbox"/> Self or family in household 13-14 02 <input type="checkbox"/> Family NOT in household 15-16 03 <input type="checkbox"/> Private health insurance 17-18 04 <input type="checkbox"/> Medicare 19-20 05 <input type="checkbox"/> Medicaid 21-22 06 <input type="checkbox"/> Rehabilitation program 23-24 07 <input type="checkbox"/> Employer 25-26 08 <input type="checkbox"/> School system 27-28 09 <input type="checkbox"/> VA program 29-30 10 <input type="checkbox"/> Other military 31-32 11 <input type="checkbox"/> Other private source 33-34 12 <input type="checkbox"/> Other public source 35-36 13 <input type="checkbox"/> No one/ Free } (Skip to 45) 99 <input type="checkbox"/> DK } 39-40	13-14 15-16 17-18 19-20 21-22 23-24 25-26 27-28 29-30 31-32 33-34 35-36 37-38 39-40	44a.	01 <input type="checkbox"/> Self or family in household 13-14 02 <input type="checkbox"/> Family NOT in household 15-16 03 <input type="checkbox"/> Private health insurance 17-18 04 <input type="checkbox"/> Medicare 19-20 05 <input type="checkbox"/> Medicaid 21-22 06 <input type="checkbox"/> Rehabilitation program 23-24 07 <input type="checkbox"/> Employer 25-26 08 <input type="checkbox"/> School system 27-28 09 <input type="checkbox"/> VA program 29-30 10 <input type="checkbox"/> Other military 31-32 11 <input type="checkbox"/> Other private source 33-34 12 <input type="checkbox"/> Other public source 35-36 13 <input type="checkbox"/> No one/ Free } (Skip to 45) 99 <input type="checkbox"/> DK } 39-40	13-14 15-16 17-18 19-20 21-22 23-24 25-26 27-28 29-30 31-32 33-34 35-36 37-38 39-40
b. Who paid most of the cost for ____ in the past 12 months? Record number of main source.		b.	<input type="checkbox"/> Paid most (Number) 99 <input type="checkbox"/> DK	41-42	b.	<input type="checkbox"/> Paid most (Number) 99 <input type="checkbox"/> DK	41-42
c. During the past 12 months, about how much did you or your family pay for ____? Do not count any money that has been or will be reimbursed by insurance or any other source.		c.	00000 <input type="checkbox"/> None \$ _____ .00 99999 <input type="checkbox"/> DK	43-47	c.	00000 <input type="checkbox"/> None \$ _____ .00 99999 <input type="checkbox"/> DK	43-47
45. During (month), did you receive ____?		45.	1 <input type="checkbox"/> Yes (Skip to 42a for next service) 2 <input type="checkbox"/> No (Go to 46) 9 <input type="checkbox"/> DK (Skip to 42a for next service)	48	45.	1 <input type="checkbox"/> Yes (Skip to 42a for next service) 2 <input type="checkbox"/> No (Go to 46) 9 <input type="checkbox"/> DK (Skip to 42a for next service)	48
HAND CARD A7. Read categories if telephone interview. 46. Why didn't you receive ____ [in (month)] in the past 12 months? (Anything else?) Mark (X) all that apply.		46.	00 <input type="checkbox"/> Didn't need services 49-50 01 <input type="checkbox"/> Provider thinks no longer needed 51-52 02 <input type="checkbox"/> Too expensive/ can't afford 53-54 03 <input type="checkbox"/> Insurance doesn't cover 55-56 04 <input type="checkbox"/> Insurance no longer covers 57-58 05 <input type="checkbox"/> No longer on Medicaid 59-60 06 <input type="checkbox"/> Provider not available 61-62 07 <input type="checkbox"/> Didn't like provider 63-64 08 <input type="checkbox"/> Transportation problems 65-66 09 <input type="checkbox"/> Could not take time off from work 67-68 10 <input type="checkbox"/> Other 69-70 99 <input type="checkbox"/> DK 71-72	49-50 51-52 53-54 55-56 57-58 59-60 61-62 63-64 65-66 67-68 69-70 71-72	46.	00 <input type="checkbox"/> Didn't need services 49-50 01 <input type="checkbox"/> Provider thinks no longer needed 51-52 02 <input type="checkbox"/> Too expensive/ can't afford 53-54 03 <input type="checkbox"/> Insurance doesn't cover 55-56 04 <input type="checkbox"/> Insurance no longer covers 57-58 05 <input type="checkbox"/> No longer on Medicaid 59-60 06 <input type="checkbox"/> Provider not available 61-62 07 <input type="checkbox"/> Didn't like provider 63-64 08 <input type="checkbox"/> Transportation problems 65-66 09 <input type="checkbox"/> Could not take time off from work 67-68 10 <input type="checkbox"/> Other 69-70 99 <input type="checkbox"/> DK 71-72	49-50 51-52 53-54 55-56 57-58 59-60 61-62 63-64 65-66 67-68 69-70 71-72

L		RT 80 3-4	M		RT 80 3-4	N		RT 80 3-4	Notes
12 Respiratory therapy services		5-6	13 Social work services		5-6	14 Transportation services		5-6	
42a.	1 <input type="checkbox"/> Yes (Skip to 43) 2 <input type="checkbox"/> No } (Go to 42b) 9 <input type="checkbox"/> DK	7	42a.	1 <input type="checkbox"/> Yes (Skip to 43) 2 <input type="checkbox"/> No } (Go to 42b) 9 <input type="checkbox"/> DK	7	42a.	1 <input type="checkbox"/> Yes (Skip to 43) 2 <input type="checkbox"/> No } (Go to 42b) 9 <input type="checkbox"/> DK	7	
b.	1 <input type="checkbox"/> Yes (Skip to 46) 2 <input type="checkbox"/> No } (Go to 42a for next service) 9 <input type="checkbox"/> DK	8	b.	1 <input type="checkbox"/> Yes (Skip to 46) 2 <input type="checkbox"/> No } (Go to 42a for next service) 9 <input type="checkbox"/> DK	8	b.	1 <input type="checkbox"/> Yes (Skip to 46) 2 <input type="checkbox"/> No } (Skip to 47 on page 68) 9 <input type="checkbox"/> DK	8	
43a.	(Number) Months 99 <input type="checkbox"/> DK	9-10	43a.	(Number) Months 99 <input type="checkbox"/> DK	9-10	43a.	(Number) Months 99 <input type="checkbox"/> DK	9-10	
b.	(Number) Times 99 <input type="checkbox"/> DK	11-12	b.	(Number) Times 99 <input type="checkbox"/> DK	11-12	b.	(Number) Times 99 <input type="checkbox"/> DK	11-12	
44a.	01 <input type="checkbox"/> Self or family in household 13-14 02 <input type="checkbox"/> Family NOT in household 15-16 03 <input type="checkbox"/> Private health insurance 17-18 04 <input type="checkbox"/> Medicare 19-20 05 <input type="checkbox"/> Medicaid 21-22 06 <input type="checkbox"/> Rehabilitation program 23-24 07 <input type="checkbox"/> Employer 25-26 08 <input type="checkbox"/> School system 27-28 09 <input type="checkbox"/> VA program 29-30 10 <input type="checkbox"/> Other military 31-32 11 <input type="checkbox"/> Other private source 33-34 12 <input type="checkbox"/> Other public source 35-36 13 <input type="checkbox"/> No one/Free } (Skip to 45) 99 <input type="checkbox"/> DK } 37-38 39-40		44a.	01 <input type="checkbox"/> Self or family in household 13-14 02 <input type="checkbox"/> Family NOT in household 15-16 03 <input type="checkbox"/> Private health insurance 17-18 04 <input type="checkbox"/> Medicare 19-20 05 <input type="checkbox"/> Medicaid 21-22 06 <input type="checkbox"/> Rehabilitation program 23-24 07 <input type="checkbox"/> Employer 25-26 08 <input type="checkbox"/> School system 27-28 09 <input type="checkbox"/> VA program 29-30 10 <input type="checkbox"/> Other military 31-32 11 <input type="checkbox"/> Other private source 33-34 12 <input type="checkbox"/> Other public source 35-36 13 <input type="checkbox"/> No one/Free } (Skip to 45) 99 <input type="checkbox"/> DK } 37-38 39-40		44a.	01 <input type="checkbox"/> Self or family in household 13-14 02 <input type="checkbox"/> Family NOT in household 15-16 03 <input type="checkbox"/> Private health insurance 17-18 04 <input type="checkbox"/> Medicare 19-20 05 <input type="checkbox"/> Medicaid 21-22 06 <input type="checkbox"/> Rehabilitation program 23-24 07 <input type="checkbox"/> Employer 25-26 08 <input type="checkbox"/> School system 27-28 09 <input type="checkbox"/> VA program 29-30 10 <input type="checkbox"/> Other military 31-32 11 <input type="checkbox"/> Other private source 33-34 12 <input type="checkbox"/> Other public source 35-36 13 <input type="checkbox"/> No one/Free } (Skip to 45) 99 <input type="checkbox"/> DK } 37-38 39-40		
b.	<input type="checkbox"/> Paid most (Number) 99 <input type="checkbox"/> DK	41-42	b.	<input type="checkbox"/> Paid most (Number) 99 <input type="checkbox"/> DK	41-42	b.	<input type="checkbox"/> Paid most (Number) 99 <input type="checkbox"/> DK	41-42	
c.	00000 <input type="checkbox"/> None 43-47 \$ <input type="text"/> 00 99999 <input type="checkbox"/> DK		c.	00000 <input type="checkbox"/> None 43-47 \$ <input type="text"/> 00 99999 <input type="checkbox"/> DK		c.	00000 <input type="checkbox"/> None 43-47 \$ <input type="text"/> 00 99999 <input type="checkbox"/> DK		
45.	1 <input type="checkbox"/> Yes (Skip to 42a for next service) 2 <input type="checkbox"/> No (Go to 46) 9 <input type="checkbox"/> DK (Skip to 42a for next service)	48	45.	1 <input type="checkbox"/> Yes (Skip to 42a for next service) 2 <input type="checkbox"/> No (Go to 46) 9 <input type="checkbox"/> DK (Skip to 42a for next service)	48	45.	1 <input type="checkbox"/> Yes (Skip to 47 on page 68) 2 <input type="checkbox"/> No (Go to 46) 9 <input type="checkbox"/> DK (Skip to 47 on page 68)	48	
46.	00 <input type="checkbox"/> Didn't need services 49-50 01 <input type="checkbox"/> Provider thinks no longer needed 51-52 02 <input type="checkbox"/> Too expensive/can't afford 53-54 03 <input type="checkbox"/> Insurance doesn't cover 55-56 04 <input type="checkbox"/> Insurance no longer covers 57-58 05 <input type="checkbox"/> No longer on Medicaid 59-60 06 <input type="checkbox"/> Provider not available 61-62 07 <input type="checkbox"/> Didn't like provider 63-64 08 <input type="checkbox"/> Transportation problems 65-66 09 <input type="checkbox"/> Could not take time off from work 67-68 10 <input type="checkbox"/> Other 69-70 99 <input type="checkbox"/> DK 71-72		46.	00 <input type="checkbox"/> Didn't need services 49-50 01 <input type="checkbox"/> Provider thinks no longer needed 51-52 02 <input type="checkbox"/> Too expensive/can't afford 53-54 03 <input type="checkbox"/> Insurance doesn't cover 55-56 04 <input type="checkbox"/> Insurance no longer covers 57-58 05 <input type="checkbox"/> No longer on Medicaid 59-60 06 <input type="checkbox"/> Provider not available 61-62 07 <input type="checkbox"/> Didn't like provider 63-64 08 <input type="checkbox"/> Transportation problems 65-66 09 <input type="checkbox"/> Could not take time off from work 67-68 10 <input type="checkbox"/> Other 69-70 99 <input type="checkbox"/> DK 71-72		46.	00 <input type="checkbox"/> Didn't need services 49-50 01 <input type="checkbox"/> Provider thinks no longer needed 51-52 02 <input type="checkbox"/> Too expensive/can't afford 53-54 03 <input type="checkbox"/> Insurance doesn't cover 55-56 04 <input type="checkbox"/> Insurance no longer covers 57-58 05 <input type="checkbox"/> No longer on Medicaid 59-60 06 <input type="checkbox"/> Provider not available 61-62 07 <input type="checkbox"/> Didn't like provider 63-64 08 <input type="checkbox"/> Transportation problems 65-66 09 <input type="checkbox"/> Could not take time off from work 67-68 10 <input type="checkbox"/> Other 69-70 99 <input type="checkbox"/> DK 71-72		

Section I - OTHER SERVICES - Continued

<p>HAND CARD A8.</p> <p>47a. Are you currently on a waiting list for any of these services? <i>Read categories in 47b if telephone interview.</i></p>	<p>1 <input type="checkbox"/> Yes (<i>Go to 47b</i>) 2 <input type="checkbox"/> No } (<i>Skip to 48</i>) 9 <input type="checkbox"/> DK }</p>	<p>5</p>
<p>b. For which of these services are you on a waiting list? (Any others?) Mark (X) all that apply.</p>	<p>01 <input type="checkbox"/> A physical therapist 02 <input type="checkbox"/> An occupational therapist 03 <input type="checkbox"/> An audiologist 04 <input type="checkbox"/> A speech therapist or pathologist 05 <input type="checkbox"/> A recreational therapist 06 <input type="checkbox"/> A visiting nurse 07 <input type="checkbox"/> A personal care attendant, other than a family member or friend 08 <input type="checkbox"/> A reader or interpreter 09 <input type="checkbox"/> An adult day care center or day activity center 10 <input type="checkbox"/> Services for alcohol or drug abuse 11 <input type="checkbox"/> Services from a center for independent living 12 <input type="checkbox"/> Respiratory therapy services 13 <input type="checkbox"/> Social work services 14 <input type="checkbox"/> Transportation services 99 <input type="checkbox"/> DK</p>	<p>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 32-33 34-35</p>
<p>48a. During the past 12 months, did you stay OVERNIGHT in a hospital or other facility to receive mental health services? Do not include treatment for substance abuse.</p>	<p>1 <input type="checkbox"/> Yes (<i>Go to 48b</i>) 2 <input type="checkbox"/> No } (<i>Skip to 52 on page 69</i>) 9 <input type="checkbox"/> DK }</p>	<p>36</p>
<p>HAND CARD A9. <i>Read categories if telephone interview.</i></p> <p>b. Where did you receive inpatient mental health services in the past 12 months? (Anywhere else?) Mark (X) all that apply.</p>	<p>1 <input type="checkbox"/> Private or public psychiatric hospital 2 <input type="checkbox"/> Psychiatric services in a general hospital 3 <input type="checkbox"/> Other hospital 4 <input type="checkbox"/> Residential treatment center 5 <input type="checkbox"/> Other place 9 <input type="checkbox"/> DK</p>	<p>37 38 39 40 41 42</p>
<p>49a. During the past 12 months, how many times altogether were you admitted to (place(s) in 48b) for mental health care?</p>	<p>_____ Times admitted (Number) 99 <input type="checkbox"/> DK</p>	<p>43-44</p>
<p>b. During the past 12 months, how many nights altogether did you spend in the (place(s) in 48b)?</p>	<p>_____ Nights (Number) 999 <input type="checkbox"/> DK</p>	<p>45-47</p>
<p>ITEM 14</p> <p><i>Refer to question 49a.</i> (Number of admissions)</p>	<p>1 <input type="checkbox"/> 1 admission (<i>Go to 50a</i>) 2 <input type="checkbox"/> 2 or more admissions (<i>Skip to 50b</i>) 3 <input type="checkbox"/> All other (<i>Skip to 50c</i>)</p>	<p>48</p>
<p>50a. Was that admission on an emergency basis?</p>	<p>1 <input type="checkbox"/> Yes } (<i>Skip to 51 on page 69</i>) 2 <input type="checkbox"/> No } 9 <input type="checkbox"/> DK }</p>	<p>49</p>
<p>b. How many of the (number in 49a) admissions were on an emergency basis?</p>	<p>00 <input type="checkbox"/> None _____ Emergency admissions } (<i>Skip to 51 on page 69</i>) (Number) 99 <input type="checkbox"/> DK</p>	<p>50-51</p>
<p>c. Were any of the admissions in the past 12 months on an emergency basis?</p>	<p>1 <input type="checkbox"/> Yes (<i>Go to 50d</i>) 2 <input type="checkbox"/> No } (<i>Skip to 51 on page 69</i>) 9 <input type="checkbox"/> DK }</p>	<p>52</p>
<p>d. How many admissions were on an emergency basis?</p>	<p>_____ Emergency admissions (Number) 99 <input type="checkbox"/> DK</p>	<p>53-54</p>

Section I – OTHER SERVICES – Continued

HAND CARD A1. Read categories if telephone interview.

51a. Who paid or will pay for the inpatient mental health services you received during the past 12 months?

(Anyone else?)

Mark (X) all that apply.

- 01 Self or family in household
- 02 Family NOT in household
- 03 Private health insurance
- 04 Medicare
- 05 Medicaid
- 06 Rehabilitation program
- 07 Employer
- 08 School system
- 09 VA program
- 10 Other military
- 11 Other private source
- 12 Other public source
- 13 No one/Free } (Skip to 52)
- 99 DK

- 55-56
- 57-58
- 59-60
- 61-62
- 63-64
- 65-66
- 67-68
- 69-70
- 71-72
- 73-74
- 75-76
- 77-78
- 79-80
- 81-82

Ask if more than one source in 51a. If only one source, transcribe number of box marked without asking.

b. Who paid most of the cost for the inpatient mental health services?

Record number of main source.

Paid most
(Number)

99 DK

83-84

Ask only if box 01 marked in 51a; otherwise, skip to 52.

c. During the past 12 months, about how much did you or your family pay for your inpatient mental health services? Do not count any money that has been or will be reimbursed by insurance or any other source.

00000 None

\$ _____

99999 DK

85-89

52a. During the past 12 months, did you receive any outpatient mental health services, including mental health services received from a general practitioner? Do not include treatment for substance abuse or smoking cessation.

- 1 Yes (Go to 52b)
- 2 No
- 9 DK } (Skip to 56 on page 70)

90

HAND CARD A10. Read categories if telephone interview.

b. From whom did you receive outpatient mental health services during the past 12 months?

(Anyone else?)

Mark (X) all that apply.

- 1 Psychiatrist
- 2 Psychologist
- 3 Nurse
- 4 Social worker
- 5 Other mental health counselor or therapist
- 6 General practitioner or other medical doctor
- 7 Other health professional
- 9 DK

- 91
- 92
- 93
- 94
- 95
- 96
- 97
- 98

HAND CARD A11. Read categories if telephone interview.

c. Where did you receive outpatient mental health services during the past 12 months?

(Anywhere else?)

Mark (X) all that apply.

- 1 Doctor's/Other health professional's office, NOT a clinic
- 2 Outpatient mental health clinic, such as a community mental health center
- 3 Outpatient medical clinic
- 4 HMO
- 5 Other place
- 9 DK

- 99
- 100
- 101
- 102
- 103
- 104

53a. During the past 12 months, in how many months did you receive outpatient mental health services?

_____ Month(s)
(Number)

99 DK

105-106

b. Altogether, how many outpatient mental health visits did you make during [that/those] (number in 53a) month(s)?

_____ Outpatient visit(s)
(Number)

999 DK

107-109

ITEM 15

*Refer to question 53b.
(Number of visits)*

- 1 1 visit (Go to 54a on page 70)
- 2 2 or more visits (Skip to 54b on page 70)
- 9 All other (Skip to 54c on page 70)

110

Notes

Section I - OTHER SERVICES - Continued

54a. Was that visit on an emergency basis?

- 1 Yes
 - 2 No
 - 9 DK
- (Skip to 55)

5

b. How many of the (number in 53b) visits were on an emergency basis?

- 000 None
 - _____ Emergency visits (Number)
 - 999 DK
- (Skip to 55)

6-8

c. Were any of the visits in the past 12 months on an emergency basis?

- 1 Yes (Go to 54d)
 - 2 No
 - 9 DK
- (Skip to 55)

9

d. How many visits were on an emergency basis?

- _____ Emergency visits (Number)
- 999 DK

10-12

HAND CARD A1. Read categories if telephone interview.

55a. Who paid or will pay for the outpatient mental health services you received during the past 12 months?

(Anyone else?)

Mark (X) all that apply.

- 01 Self or family in household
 - 02 Family NOT in household
 - 03 Private health insurance
 - 04 Medicare
 - 05 Medicaid
 - 06 Rehabilitation program
 - 07 Employer
 - 08 School system
 - 09 VA program
 - 10 Other military
 - 11 Other private source
 - 12 Other public source
 - 13 No one/Free
 - 99 DK
- (Skip to 56)

- 13-14
- 15-16
- 17-18
- 19-20
- 21-22
- 23-24
- 25-26
- 27-28
- 29-30
- 31-32
- 33-34
- 35-36
- 37-38
- 39-40

Ask if more than one source in 55a. If only one source, transcribe the number of the box marked without asking.

b. Who paid for most of the cost of the outpatient mental health services?

Record number of the main source.

Ask only if box 01 marked in 55a; otherwise, skip to 56.

- Paid most (Number)
- 99 DK

41-42

c. During the past 12 months, about how much did you or your family pay for the outpatient mental health services? Do not count any money that has been or will be reimbursed by insurance or any other source.

- 00000 None
- \$ _____ .
- 99999 DK

43-47

56. During the past 12 months, did you receive any services from a mental health community support program?

Read if necessary: A community support program for clients with mental or emotional problems makes available mental health, health, social and support services based on individual need.

- 1 Yes
- 2 No
- 9 DK

48

57. During the past 12 months, were you on a waiting list for outpatient mental health services?

- 1 Yes
- 2 No
- 9 DK

49

ITEM 16

Refer to questions 48a on page 68, 52a on page 69, and question 56 above. (Any mental health services)

- 1 "Yes" in 48a, 52a, or 56 (Go to 58 on page 71)
- 2 All other (Skip to 59 on page 71)

50

Notes

Section I - OTHER SERVICES - Continued

<p>58a. Did you receive any mental health services during (month)? Do not include treatment for substance abuse or smoking cessation.</p> <p><i>HAND CARD A7. Read categories if telephone interview.</i></p> <p>b. Why didn't you get mental health services during (month)? (Any other reason?)</p> <p><i>Mark (X) all that apply.</i></p>	<p>1 <input type="checkbox"/> Yes (Skip to 59) 2 <input type="checkbox"/> No (Go to 58b) 9 <input type="checkbox"/> DK (Skip to 59)</p> <hr/> <p>00 <input type="checkbox"/> Didn't need services 01 <input type="checkbox"/> Provider thinks no longer needed 02 <input type="checkbox"/> Too expensive/can't afford 03 <input type="checkbox"/> Insurance does not cover 04 <input type="checkbox"/> Insurance no longer covers 05 <input type="checkbox"/> No longer on Medicaid 06 <input type="checkbox"/> Provider not available 07 <input type="checkbox"/> Didn't like provider 08 <input type="checkbox"/> Transportation problems 09 <input type="checkbox"/> Could not take time off from work 10 <input type="checkbox"/> Other reasons 99 <input type="checkbox"/> DK</p>	<p>51</p> <hr/> <p>52-53 54-55 56-57 58-59 60-61 62-63 64-65 66-67 68-69 70-71 72-73 74-75</p>
<p>59a. During the past 12 months, have you needed any mental health services or counseling that you have not received?</p> <p><i>HAND CARD A12. Read categories if telephone interview.</i></p> <p>b. Which of these statements explain why you did not receive the mental health services you needed? (Any other reason?)</p> <p><i>Mark (X) all that apply.</i></p>	<p>1 <input type="checkbox"/> Yes (Go to 59b) 2 <input type="checkbox"/> No } (Skip to 60) 9 <input type="checkbox"/> DK }</p> <hr/> <p>00 <input type="checkbox"/> Did not try to get mental health services during the past 12 months 01 <input type="checkbox"/> Too expensive/can't afford 02 <input type="checkbox"/> Didn't know where to go to get services 03 <input type="checkbox"/> No mental health services nearby 04 <input type="checkbox"/> No nearby provider who accepts Medicaid 05 <input type="checkbox"/> Private insurance does not cover the services 06 <input type="checkbox"/> Did not have insurance 07 <input type="checkbox"/> Transportation problems 08 <input type="checkbox"/> Trouble finding the right kind of mental health professional 09 <input type="checkbox"/> Language barrier 10 <input type="checkbox"/> Could not take time off from work 11 <input type="checkbox"/> Other reasons 99 <input type="checkbox"/> DK</p>	<p>76</p> <hr/> <p>77-78 79-80 81-82 83-84 85-86 87-88 89-90 91-92 93-94 95-96 97-98 99-100 101-102</p>
<p>60. Because of a physical, mental or emotional problem, did you receive any training during the past 12 months in social skills, such as making and keeping friends or how to interact with other people?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p>	<p>103</p>
<p>The next questions are about the coordination of services.</p>		
<p>61a. Is there any one doctor who you think of as the one who coordinates your overall medical care? By coordinating, I mean one who keeps in touch with the different doctors or therapists whom you see, who knows the results of all tests and treatments that you have, and who is aware of your different prescription medicines?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p>	<p>104</p>
<p>b. Do your doctors talk to each other about your health and the care you get, including any tests or medications?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Only one doctor 9 <input type="checkbox"/> DK</p>	<p>105</p>
<p>62a. Is there anyone who is not a doctor who coordinates your medical care?</p>	<p>1 <input type="checkbox"/> Yes (Go to 62b) 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Does by self } (Skip to 63 on page 72) 9 <input type="checkbox"/> DK }</p>	<p>106</p>
<p>b. Who does this for you?</p> <p>Anyone else?</p> <p><i>Mark (X) all that apply.</i></p>	<p>0 <input type="checkbox"/> Self 1 <input type="checkbox"/> Friend/Family member 2 <input type="checkbox"/> Nurse 3 <input type="checkbox"/> Therapist 4 <input type="checkbox"/> Social worker 5 <input type="checkbox"/> Hospital discharge planner 6 <input type="checkbox"/> Case manager 7 <input type="checkbox"/> Other 9 <input type="checkbox"/> DK</p>	<p>107 108 109 110 111 112 113 114 115</p>

Section I - OTHER SERVICES - Continued

<p>63a. Does any physician or someone in a physician's office help you with arranging non-medical care, like social services and personal care?</p>	<p>1 <input type="checkbox"/> Yes (Go to 63b) 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Does by self } (Skip to 64) 9 <input type="checkbox"/> DK</p>	5
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<p>b. Is this person or does this person work for a general care physician or a specialist? <i>Mark (X) only one.</i></p>	<p>1 <input type="checkbox"/> General care physician 2 <input type="checkbox"/> Specialist 3 <input type="checkbox"/> Someone else 9 <input type="checkbox"/> DK</p>	6
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<p>c. Is this person a — (Read each category) <i>Mark (X) all that apply.</i></p>	<p>1 <input type="checkbox"/> Physician? 2 <input type="checkbox"/> Therapist? 3 <input type="checkbox"/> Nurse? 4 <input type="checkbox"/> Social worker? 5 <input type="checkbox"/> Hospital discharge planner? 6 <input type="checkbox"/> Case manager? 7 <input type="checkbox"/> Something else? 9 <input type="checkbox"/> DK</p>	7 8 9 10 11 12 13 14
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<p>64a. Does anyone NOT in a physician's office help you with arranging non-medical services?</p>	<p>1 <input type="checkbox"/> Yes (Go to 64b) 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Does by self } (Skip to Item 17) 9 <input type="checkbox"/> DK</p>	15
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<p>b. Who does this for you? Anyone else? <i>Mark (X) all that apply.</i></p>	<p>0 <input type="checkbox"/> Self 1 <input type="checkbox"/> Friend/Family member 2 <input type="checkbox"/> Nurse 3 <input type="checkbox"/> Therapist 4 <input type="checkbox"/> Social worker 5 <input type="checkbox"/> Hospital discharge planner 6 <input type="checkbox"/> Case manager 7 <input type="checkbox"/> Other 9 <input type="checkbox"/> DK</p>	16 17 18 19 20 21 22 23 24
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ITEM 17	<p><i>Refer to questions 61a and 62a on page 71, 63a and 64a above. (Service coordinator)</i></p>	<p>1 <input type="checkbox"/> "Yes" marked in 61a and/or 63a (Skip to 65) 2 <input type="checkbox"/> "Yes" marked in 62a and/or 64a (Go to Item 18) 3 <input type="checkbox"/> All others (Skip to 69 on page 73)</p>	25
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ITEM 18	<p><i>Refer to questions 62b on page 71 and 64b above. (Who arranges services)</i></p>	<p>1 <input type="checkbox"/> Anyone other than "Self" marked in 62b or 64b (Go to 65) 2 <input type="checkbox"/> "Self" only in 62b and 64b (Skip to 70 on page 73)</p>	26
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<p><i>HAND CARD A13. Read categories if telephone interview.</i></p>		
<p>65. What kinds of medical or non-medical services are provided for you? (Anything else?) <i>Mark (X) all that apply.</i></p>	<p>01 <input type="checkbox"/> Helps make medical appointments with (other) doctors 02 <input type="checkbox"/> Makes appointments with nurses/therapists/dieticians 03 <input type="checkbox"/> Follows up to be sure appointments are kept 04 <input type="checkbox"/> Arranges transportation to appointments 05 <input type="checkbox"/> Makes referrals to doctors 06 <input type="checkbox"/> Makes referrals to nurses/therapists/dieticians 07 <input type="checkbox"/> Checks to see if needs or conditions have changed 08 <input type="checkbox"/> Makes sure I am doing exercises or following diet 09 <input type="checkbox"/> Reviews medications 10 <input type="checkbox"/> Explains medical procedures or terms 11 <input type="checkbox"/> Helps with insurance or other benefits 12 <input type="checkbox"/> Arranges for home care 13 <input type="checkbox"/> Arranges for vocational rehabilitation services 14 <input type="checkbox"/> Helps develop a personal care plan 15 <input type="checkbox"/> Evaluates need for services 16 <input type="checkbox"/> Arranges special education services 17 <input type="checkbox"/> Tries to find volunteers to help me 18 <input type="checkbox"/> Tries to find workers/agencies to help me 19 <input type="checkbox"/> Arranges for home delivered meals 20 <input type="checkbox"/> Makes sure friends/family are able to help me 21 <input type="checkbox"/> Other 99 <input type="checkbox"/> DK</p>	27-28 29-30 31-32 33-34 35-38 37-38 39-40 41-42 43-44 45-46 47-48 49-50 51-52 53-54 55-56 57-58 59-60 61-62 63-64 65-66 67-68 69-70

ITEM 19	<p><i>Refer to questions 64b above. (Who arranges services)</i></p>	<p>1 <input type="checkbox"/> Any of boxes 2-9 marked (Go to 66 on page 73) 2 <input type="checkbox"/> All others (Skip to 70 on page 73)</p>	71
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Section I - OTHER SERVICES - Continued

<p>66a. You said that someone not in a physician's office helps you with arranging non-medical services. Was any of this help paid for?</p>	<p>1 <input type="checkbox"/> Yes (Go to 66b) 2 <input type="checkbox"/> No } (Skip to 68) 9 <input type="checkbox"/> DK }</p>	<p>72</p>
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HAND CARD A1. Read categories if telephone interview.

<p>b. Who paid or will pay for this help? (Anyone else?) Mark (X) all that apply.</p>	<p>01 <input type="checkbox"/> Self or family in household 02 <input type="checkbox"/> Family NOT in household 03 <input type="checkbox"/> Private health insurance 04 <input type="checkbox"/> Medicare 05 <input type="checkbox"/> Medicaid 06 <input type="checkbox"/> Rehabilitation program 07 <input type="checkbox"/> Employer 08 <input type="checkbox"/> School system 09 <input type="checkbox"/> VA program 10 <input type="checkbox"/> Other military 11 <input type="checkbox"/> Other private source 12 <input type="checkbox"/> Other public source 99 <input type="checkbox"/> DK (Skip to 67)</p>	<p>73-74 75-76 77-78 79-80 81-82 83-84 85-86 87-88 89-90 91-92 93-94 95-96 97-98</p>
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Ask if more than one source in 66b. If only one source, transcribe the number of the box marked without asking.

<p>c. Who paid for most of the cost of this help? Record number of the main source.</p>	<p><input style="width: 40px; height: 20px;" type="text"/> Paid most (Number) 99 <input type="checkbox"/> DK</p>	<p>99-100</p>
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<p>67. In the past 6 months, about how many times did you see or talk to the person or persons who help arrange your non-medical services?</p>	<p>000 <input type="checkbox"/> None (Number) { 1 <input type="checkbox"/> Per week 2 <input type="checkbox"/> Per month 3 <input type="checkbox"/> Per six months 999 <input type="checkbox"/> DK</p>	<p>101-103</p>
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<p>68. Overall, how satisfied are you with the job the person or persons have done to help with arranging your non-medical services? Would you say very satisfied, somewhat satisfied, somewhat dissatisfied, or very dissatisfied? Mark (X) only one.</p>	<p>1 <input type="checkbox"/> Very satisfied 2 <input type="checkbox"/> Somewhat satisfied 3 <input type="checkbox"/> Somewhat dissatisfied } (Skip to 70) 4 <input type="checkbox"/> Very dissatisfied 9 <input type="checkbox"/> DK</p>	<p>104</p>
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<p>69. During the past 12 months, have you felt that you NEEDED someone to arrange or coordinate personal care or social services?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Never thought about it 9 <input type="checkbox"/> DK</p>	<p>105</p>
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<p>70a. Do you NEED help filling out insurance forms or benefit applications? Mark (X) only one.</p>	<p>1 <input type="checkbox"/> Yes } (Go to 70b) 2 <input type="checkbox"/> No } 3 <input type="checkbox"/> Never filled forms/applications (Skip to Item 110 on page 74) 9 <input type="checkbox"/> DK (Go to 70b)</p>	<p>106</p>
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<p>b. Who helps you fill out insurance forms or applications for public programs or benefits? Mark (X) all that apply.</p>	<p>0 <input type="checkbox"/> No one 1 <input type="checkbox"/> Household member 2 <input type="checkbox"/> Friend/Other relative not in household 3 <input type="checkbox"/> Paid caregiver 4 <input type="checkbox"/> Volunteer from organization 5 <input type="checkbox"/> Other 9 <input type="checkbox"/> DK</p>	<p>107 108 109 110 111 112 113</p>
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Notes

Section I – OTHER SERVICES – Continued

ITEM 110	Refer to question 42a, Service K on page 66. (Center for Independent Living)	1 <input type="checkbox"/> "Yes" in 42a for K (Go to 71) 2 <input type="checkbox"/> All others (Skip to Item 111)	
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71. Did you receive any of the following services from the Center for Independent Living —		Yes No DK			
a. Peer counseling?	a.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	6
b. Employment counseling, training, or referral?	b.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	7
c. Help with accommodations at home?	c.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	8
d. Help with accommodations at work?	d.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	9
e. Help with accommodations in transportation?	e.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	10
f. Legal rights counseling?	f.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	11
g. Attendant referral or personal assistant services?	g.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	12
h. Recreational services?	h.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	13
i. Transportation services?	i.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	14
j. Getting assistive technology?	j.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	15
k. Advocacy services?	k.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	16
					17

ITEM 111	Refer to 37a, Service I on page 65. (Adult Day Care)	1 <input type="checkbox"/> "Yes" in 37a for I (Go to 72) 2 <input type="checkbox"/> All others (Skip to Section J on page 75)	
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<p><i>HAND CARD A14. Read categories if telephone interview.</i></p> <p>72. Which services did you receive from an adult day care center or day activities center?</p> <p>(Anything else?)</p> <p><i>Mark (X) all that apply.</i></p>	<p>01 <input type="checkbox"/> Transportation</p> <p>02 <input type="checkbox"/> Socialization</p> <p>03 <input type="checkbox"/> Recreational activities</p> <p>04 <input type="checkbox"/> Recreational therapy</p> <p>05 <input type="checkbox"/> Speech therapy</p> <p>06 <input type="checkbox"/> Physical therapy</p> <p>07 <input type="checkbox"/> Occupational therapy</p> <p>08 <input type="checkbox"/> Social services</p> <p>09 <input type="checkbox"/> Nutritional services</p> <p>10 <input type="checkbox"/> Meals</p> <p>11 <input type="checkbox"/> Counseling for participants or families</p> <p>12 <input type="checkbox"/> Referrals to outside services</p> <p>13 <input type="checkbox"/> Nursing services</p> <p>14 <input type="checkbox"/> Monitoring medications</p> <p>15 <input type="checkbox"/> Coordinating care with physicians</p> <p>16 <input type="checkbox"/> Personal care services (such as bathing, feeding)</p> <p>17 <input type="checkbox"/> Vocational rehabilitation services</p> <p>18 <input type="checkbox"/> Other</p> <p>00 <input type="checkbox"/> None</p> <p>99 <input type="checkbox"/> DK</p>	<p>18-19</p> <p>20-21</p> <p>22-23</p> <p>24-25</p> <p>26-27</p> <p>28-29</p> <p>30-31</p> <p>32-33</p> <p>34-35</p> <p>36-37</p> <p>38-39</p> <p>40-41</p> <p>42-43</p> <p>44-45</p> <p>46-47</p> <p>48-49</p> <p>50-51</p> <p>52-53</p> <p>54-55</p> <p>56-57</p>
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Notes

Section J - SELF DIRECTION

Reminder: If SP is institutionalized, skip to Section K on page 78.

1a. Do you give your own consent for medical care, or does someone else do that for you?

- 1 Gives own consent (*Skip to Item J1*)
 - 2 Someone else gives consent
 - 3 It varies
 - 9 DK (*Skip to Item J1*)
- } (*Go to 1b*)

5

b. Who generally gives medical consent for you?

Mark (X) only one.

- 1 Family member
- 2 Legal guardian
- 3 Agency or school staff member
- 4 Someone else
- 9 DK

6

**ITEM
J1**

Refer to SP's age.

- 1 Under 21 (*Go to 2*)
- 2 Age 21 and over (*Skip to Section K on page 78*)

7

2. Do you now have an Individual Education Plan or IEP?

- 1 Yes
- 2 No
- 9 DK

8

3. Do you currently have an Individual Written Rehabilitation Plan or IWRP?

- 1 Yes
- 2 No
- 9 DK

9

Notes

Section J – SELF DIRECTION – Continued

10

Special education is a program designed to meet the individual needs of persons with special needs. It is paid for by the public school system and may take place at a regular school, a special school, a private school, at home, or at a hospital.

4a. DURING THE PAST 12 MONTHS, have you received any type of services or benefits through special education? Do not include gifted or talented programs.

- 1 Yes (Go to 4b)
 2 No } (Skip to 5 on page 77)
 9 DK }

HAND CARD A15. Read categories if telephone interview.

b. DURING THE PAST 12 MONTHS, which of these services or benefits did you receive through special education programs?

(Anything else?)

Mark (X) all that apply.

- 01 Transportation services
 02 Speech/Language therapy
 03 Audiology services for hearing problems (such as testing, evaluation, and training)
 04 Mental health or counseling services
 05 Developmental testing
 06 Physical therapy
 07 Occupational therapy
 08 Recreational therapy
 09 Respiratory therapy
 10 Social work services
 11 Eyeglasses
 12 Hearing aids
 13 Wheelchair
 14 Other assistive devices and training in their use
 15 Medical services for diagnostic and evaluation purposes
 16 Communication services (such as a reader, interpreter, or writer)
 17 Nursing services
 18 Other
 99 DK

- 11-12
- 13-14
- 15-16
- 17-18
- 19-20
- 21-22
- 23-24
- 25-26
- 27-28
- 29-30
- 31-32
- 33-34
- 35-36
- 37-38
- 39-40
- 41-42
- 43-44
- 45-46
- 47-48

HAND CARD A16. Read categories if telephone interview.

c. DURING THE PAST 12 MONTHS, have you received special education for any of these conditions?

(Anything else?)

Mark (X) all that apply.

- 01 Learning disabilities
 02 Speech or language problems
 03 Mental retardation
 04 Emotional disturbances
 05 Deaf and blind
 06 Hearing, including deafness or hard of hearing
 07 Visual, including blindness and other problems
 08 Orthopedic problems
 09 Autism
 10 Traumatic brain injury
 11 Developmental delay
 12 Multiple disabilities
 13 Other health problem
 14 Not a specific condition
 99 DK

- 49-50
- 51-52
- 53-54
- 55-56
- 57-58
- 59-60
- 61-62
- 63-64
- 65-66
- 67-68
- 69-70
- 71-72
- 73-74
- 75-76
- 77-78

HAND CARD A17. Read categories if telephone interview.

d. During the past 12 months, where did you receive these special education services?

Mark (X) all that apply.

- 01 Regular classroom setting
 02 Resource room in regular school
 03 Separate class all day or part of a day in regular school
 04 Special school-day school
 05 Special school-residential school
 06 Home
 07 Hospital or institution
 08 Provider's office
 09 Other
 99 DK

- 79-80
- 81-82
- 83-84
- 85-86
- 87-88
- 89-90
- 91-92
- 93-94
- 95-96
- 97-98

e. Have you received any of these special education services during the past month?

- 1 Yes (Skip to 5 on page 77)
 2 No (Go to 4f)
 9 DK (Skip to 5 on page 77)

99

f. Why haven't you received any special education services in the past month?

Any other reason?

Mark (X) all that apply.

- 0 Did not need the service during the past month
 1 Provider/school thinks services no longer necessary
 2 On vacation from school
 3 Provider/service no longer available
 4 Didn't like provider/service
 5 Transportation problems
 6 Could not take time off from work to arrange it
 7 Other reason
 9 DK

- 100
- 101
- 102
- 103
- 104
- 105
- 106
- 107
- 108

Section J – SELF DIRECTION – Continued

<p>5. DURING THE PAST 12 MONTHS, did you receive any instruction through special education about how to get and keep a job?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p>	<p>5</p>
<p>6a. DURING THE PAST 12 MONTHS, have you tried to get any (additional) special education services?</p>	<p>1 <input type="checkbox"/> Yes (Go to 6b) 2 <input type="checkbox"/> No } 9 <input type="checkbox"/> DK } (Skip to 7)</p>	<p>6</p>
<p><i>HAND CARD A15. Read categories if telephone interview.</i></p>		
<p>b. What (additional) special education services did you try to get? (Anything else?) Mark (X) all that apply.</p>	<p>01 <input type="checkbox"/> Transportation services 02 <input type="checkbox"/> Speech/Language therapy 03 <input type="checkbox"/> Audiology services for hearing problems (such as testing, evaluation, and training) 04 <input type="checkbox"/> Mental health or counseling services 05 <input type="checkbox"/> Developmental testing 06 <input type="checkbox"/> Physical therapy 07 <input type="checkbox"/> Occupational therapy 08 <input type="checkbox"/> Recreational therapy 09 <input type="checkbox"/> Respiratory therapy 10 <input type="checkbox"/> Social work services 11 <input type="checkbox"/> Eyeglasses 12 <input type="checkbox"/> Hearing aids 13 <input type="checkbox"/> Wheelchair 14 <input type="checkbox"/> Other assistive devices and training in their use 15 <input type="checkbox"/> Medical services for diagnostic and evaluation purposes 16 <input type="checkbox"/> Communication services (such as reader, interpreter, writer) 17 <input type="checkbox"/> Nursing services 18 <input type="checkbox"/> Other 99 <input type="checkbox"/> DK</p>	<p>7-8 9-10 11-12 13-14 15-16 17-18 19-20 21-22 23-24 25-26 27-28 29-30 31-32 33-34 35-36 37-38 39-40 41-42 43-44</p>
<p>c. During the past 12 months were you on a waiting list for any special education services?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p>	<p>45</p>
<p><i>HAND CARD A18. Read categories if telephone interview.</i></p>		
<p>d. What problems did you have trying to get (additional) special education services during the past 12 months? (Anything else?) Mark (X) all that apply.</p>	<p>0 <input type="checkbox"/> No problem getting services 1 <input type="checkbox"/> Service is not available 2 <input type="checkbox"/> Had trouble finding the right kind of service 3 <input type="checkbox"/> Services available are inadequate 4 <input type="checkbox"/> School did not think services were needed 5 <input type="checkbox"/> School would not test for disabilities 6 <input type="checkbox"/> School would not help in finding services 7 <input type="checkbox"/> Could not take time off from work to arrange it 8 <input type="checkbox"/> Other problems 9 <input type="checkbox"/> DK</p>	<p>46 47 48 49 50 51 52 53 54 55</p>
<p>7. Overall, how satisfied are you with the educational services that you receive? Are you very satisfied, somewhat satisfied, somewhat dissatisfied, or very dissatisfied?</p>	<p>0 <input type="checkbox"/> Does not receive any educational services 1 <input type="checkbox"/> Very satisfied 2 <input type="checkbox"/> Somewhat satisfied 3 <input type="checkbox"/> Somewhat dissatisfied 4 <input type="checkbox"/> Very dissatisfied 9 <input type="checkbox"/> DK</p>	<p>56</p>

Notes

Section K – FAMILY STRUCTURE, RELATIONSHIPS, AND LIVING ARRANGEMENTS

<p>1. Are you now married, widowed, divorced, separated, or have you never been married?</p> <p><i>If married, probe as necessary to determine if the spouse is a current household member.</i></p> <p><i>Mark (X) only one.</i></p>	<p> <input type="checkbox"/> Married – spouse in HH <input type="checkbox"/> Married – spouse not in HH } (Go to 2a) <input type="checkbox"/> Widowed } (Go to 2b) <input type="checkbox"/> Divorced } <input type="checkbox"/> Separated } <input type="checkbox"/> Never married } (Skip to Item K1) <input type="checkbox"/> DK } </p>	5
---	---	---

<p>2a. How long have you been married to your current spouse?</p>	<p> <input type="checkbox"/> Less than 1 year _____ Years (Number) <input type="checkbox"/> DK </p>	6-7
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<p>b. How long have you been [widowed/divorced/separated]?</p>	<p> <input type="checkbox"/> Less than 1 year _____ Years (Number) <input type="checkbox"/> DK </p>	8-9
---	--	-----

ITEM K1	<p>Status of SP.</p>	<p> <input type="checkbox"/> Institutionalized (Skip to 5 on page 79) <input type="checkbox"/> All others (Go to 3) </p>	10
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<p>3. Including yourself, how many people altogether live in this household?</p>	<p> <input type="checkbox"/> SP only (Skip to 5 on page 79) _____ Household members (Go to 4) (Number) <input type="checkbox"/> DK (Go to 4a) </p>	11-12
---	---	-------

4a. What are the names of all persons living in your household?

Enter SP on line 1, all others on subsequent lines.

If more than 9 household members, continue listing in the Notes space.

b. If necessary, ask: What is (name's) sex?

c. If necessary, ask: How is (name) related TO YOU? Record relationship to sample person.

Line No.	4a. Name (First/Middle initial/Last)	7-57	58	b. Sex	59-60	c. Relationship to SP
01				<input type="checkbox"/> M <input type="checkbox"/> F		77 <input type="checkbox"/> SAMPLE PERSON
02				<input type="checkbox"/> M <input type="checkbox"/> F		
03				<input type="checkbox"/> M <input type="checkbox"/> F		
04				<input type="checkbox"/> M <input type="checkbox"/> F		
05				<input type="checkbox"/> M <input type="checkbox"/> F		
06				<input type="checkbox"/> M <input type="checkbox"/> F		
07				<input type="checkbox"/> M <input type="checkbox"/> F		
08				<input type="checkbox"/> M <input type="checkbox"/> F		
09				<input type="checkbox"/> M <input type="checkbox"/> F		

Section K - FAMILY STRUCTURE, RELATIONSHIPS, AND LIVING ARRANGEMENTS - Continued

<p>5a. Including step and adopted children, how many LIVING SONS do you have?</p>	<p>00 <input type="checkbox"/> None _____ Sons (Number) 99 <input type="checkbox"/> DK</p>	<p>5-6</p>
<p>b. Including step and adopted children, how many LIVING DAUGHTERS do you have?</p>	<p>00 <input type="checkbox"/> None _____ Daughters (Number) 99 <input type="checkbox"/> DK</p>	<p>7-8</p>
<p>ITEM K2</p> <p><i>Refer to 5a and 5b above. (Living children)</i></p>	<p>1 <input type="checkbox"/> 1+ living children (Go to Item K3) 2 <input type="checkbox"/> All others (Skip to Item K4 on page 80)</p>	<p>9</p>
<p>ITEM K3</p> <p><i>Refer to question 4 on page 78. (Household composition)</i></p>	<p>1 <input type="checkbox"/> Any of SP's child(ren) in HH (Skip to 7) 2 <input type="checkbox"/> All others (Go to 6)</p>	<p>10</p>
<p>6a. How quickly can [any of your children/your son/your daughter] get here? <i>If asked, "Here" means where the SP resides.</i></p>	<p>_____ { (Number) { 1 <input type="checkbox"/> Minutes 2 <input type="checkbox"/> Hours 3 <input type="checkbox"/> Days 999 <input type="checkbox"/> DK</p>	<p>11-13</p>
<p>b. How often do you see [any of your children/your son/your daughter]?</p>	<p>000 <input type="checkbox"/> Less than once a year/never _____ { (Times) { 1 <input type="checkbox"/> Per day 2 <input type="checkbox"/> Per week 3 <input type="checkbox"/> Per month 4 <input type="checkbox"/> Per year 999 <input type="checkbox"/> DK</p>	<p>14-16</p>
<p>c. How often do you talk on the telephone with [any of your children/your son/your daughter]?</p>	<p>000 <input type="checkbox"/> Less than once a year/never _____ { (Times) { 1 <input type="checkbox"/> Per day 2 <input type="checkbox"/> Per week 3 <input type="checkbox"/> Per month 4 <input type="checkbox"/> Per year 999 <input type="checkbox"/> DK</p>	<p>17-19</p>
<p>d. How often do you get mail from [any of your children/your son/your daughter]?</p>	<p>000 <input type="checkbox"/> Less than once a year/never _____ { (Times) { 1 <input type="checkbox"/> Per day 2 <input type="checkbox"/> Per week 3 <input type="checkbox"/> Per month 4 <input type="checkbox"/> Per year 999 <input type="checkbox"/> DK</p>	<p>20-22</p>
<p>7. [Do your children/Does your son/Does your daughter] routinely give you money to help with your living expenses or pay your bills?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> DK</p>	<p>23</p>

Notes

Section K – FAMILY STRUCTURE, RELATIONSHIPS, AND LIVING ARRANGEMENTS – Continued

<p>ITEM K4</p>	<p>Refer to question 4 on page 78. (Household composition) Mark (X) first appropriate box.</p>	<p>1 <input type="checkbox"/> SP is institutionalized 2 <input type="checkbox"/> SP lives alone 3 <input type="checkbox"/> SP lives w/spouse only 4 <input type="checkbox"/> Other (Go to 8)</p> <p>} (Skip to 11)</p>	<p>24</p>
<p>8. (Other than your spouse) [is/are any of] the person(s) living with you 18 years of age or older?</p>		<p>1 <input type="checkbox"/> Yes (Go to 9) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p> <p>} (Skip to 11)</p>	<p>25</p>
<p>9. Do you live with [these people/this person] NOW because YOU need to share living expenses?</p>		<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p>	<p>26</p>
<p>10. Do you live with [these people/this person] NOW because of a health or physical problem YOU have?</p>		<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p>	<p>27</p>
<p>11. Including step and adopted brothers, how many LIVING brothers do you have?</p>		<p>00 <input type="checkbox"/> None _____ Brothers (Number) 99 <input type="checkbox"/> DK</p>	<p>28-29</p>
<p>12. Including step and adopted sisters, how many LIVING sisters do you have?</p>		<p>00 <input type="checkbox"/> None _____ Sisters (Number) 99 <input type="checkbox"/> DK</p>	<p>30-31</p>
<p>ASK OR VERIFY: 13a. Is your mother still living?</p>		<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p>	<p>32</p>
<p>----- b. Is your father still living?</p>		<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p>	<p>33</p>

Notes

Section K - FAMILY STRUCTURE, RELATIONSHIPS, AND LIVING ARRANGEMENTS - Continued

ITEM K5	Refer to Item K4. (SP's living arrangements)	1 <input type="checkbox"/> Box 1, 2, or 3 marked (Go to 14) 2 <input type="checkbox"/> Box 4 marked (Skip to 15)	34
The next few questions are about contact you have with family members (other than your spouse or children).		35-37	
14a. How quickly can any member of your family (other than your spouse or children) get here? If asked, "Here" means where the SP resides.		000 <input type="checkbox"/> No other family (Skip to Section L on page 82) _____ { (Number) 1 <input type="checkbox"/> Minutes 2 <input type="checkbox"/> Hours 3 <input type="checkbox"/> Days 999 <input type="checkbox"/> DK	38-40
b. How often do you see any member of your family (other than your spouse or children)?		000 <input type="checkbox"/> Less than once a year/Never _____ { (Times) 1 <input type="checkbox"/> Per day 2 <input type="checkbox"/> Per week 3 <input type="checkbox"/> Per month 4 <input type="checkbox"/> Per year 999 <input type="checkbox"/> DK	41-43
c. How often do you talk on the telephone with any member of your family (other than your spouse or children)?		000 <input type="checkbox"/> Less than once a year/Never _____ { (Times) 1 <input type="checkbox"/> Per day 2 <input type="checkbox"/> Per week 3 <input type="checkbox"/> Per month 4 <input type="checkbox"/> Per year 999 <input type="checkbox"/> DK	44-46
d. How often do you get mail from any member of your family (other than your spouse or children)?		000 <input type="checkbox"/> Less than once a year/Never _____ { (Times) 1 <input type="checkbox"/> Per day 2 <input type="checkbox"/> Per week 3 <input type="checkbox"/> Per month 4 <input type="checkbox"/> Per year 999 <input type="checkbox"/> DK	47
15. Do any members of your family (other than your spouse or children) routinely give you money to help with your living expenses or pay your bills?		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	

Notes

Section L - CONDITIONS AND IMPAIRMENTS

ITEM L1	<i>Refer to SP's age.</i>	1 <input type="checkbox"/> 70+ (Go to 1) 2 <input type="checkbox"/> Under 70 (Skip to Section O on page 87)	5
Now I'm going to ask some questions about vision and hearing. Please tell me if you have any of the following conditions, even if you have mentioned them before.			
1. Do you NOW have —		Yes No DK	
a. Cataracts?	a. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	6	
b. Glaucoma?	b. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	7	
c. Blindness in both eyes?	c. 1 <input type="checkbox"/> (Skip to 3) 2 <input type="checkbox"/> 9 <input type="checkbox"/>	8	
d. Blindness in one eye?	d. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	9	
e. Any other trouble seeing with one or both eyes, EVEN when wearing glasses?	e. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	10	
2a. Do you use eyeglasses? Include eyeglasses that just magnify.		1 <input type="checkbox"/> Yes (Go to 2b) 2 <input type="checkbox"/> No } (Skip to 2c) 9 <input type="checkbox"/> DK	11
b. Were these eyeglasses prescribed for you?		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	12
c. Do you use contact lenses?		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	13
3. Have you EVER had an operation for cataracts?		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	14
ITEM L2	<i>Refer to 1c above. (Blind in both eyes)</i>	1 <input type="checkbox"/> "Yes" marked in 1c (Skip to 6) 2 <input type="checkbox"/> All others (Go to 4)	15
4. Do you have a lens implant?		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	16
5. Do you use a magnifying glass to read or to do other close work?		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	17
6. Do you NOW have —		Yes No DK	
a. Deafness in both ears?	a. 1 <input type="checkbox"/> (Skip to 7) 2 <input type="checkbox"/> 9 <input type="checkbox"/>	18	
b. Deafness in one ear?	b. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	19	
c. Any other trouble hearing with one or both ears ?	c. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	20	

Notes

Section L - CONDITIONS AND IMPAIRMENTS - Continued

Now I'm going to ask about some other conditions. Again, please tell me if you ever had any of these conditions, even if you have mentioned them before.

Ask all of 7a(1)-(11) before going to 7b-d across.

Ask 7b-d as appropriate for each "Yes" in 7a.

7a. Have you EVER had ---

b. In what year [did/ was] (condition) first [occur/ noticed]?

c. Did a doctor ever tell you that you had (condition)?

d. Do you still have (condition)?

(1) A broken hip?

- 1 Yes
2 No
9 DK

5

(1) 6-7
19 ____ Year
99 DK

(2) Osteoporosis?

- 1 Yes
2 No
9 DK

8

(2) 9-10
19 ____ Year
99 DK

(2) 11
1 Yes
2 No
9 DK

(3) Diabetes?

- 1 Yes
2 No
9 DK

12

(3) 13-14
19 ____ Year
99 DK

(3) 15
1 Yes
2 No
9 DK

(3) 16
1 Yes
2 No
9 DK

(4) Arthritis?

- 1 Yes
2 No
9 DK

17

(4) 18-19
19 ____ Year
99 DK

(4) 20
1 Yes
2 No
9 DK

(5) Chronic bronchitis or emphysema?

- 1 Yes
2 No
9 DK

21

(5) 22-23
19 ____ Year
99 DK

(5) 24
1 Yes
2 No
9 DK

(5) 25
1 Yes
2 No
9 DK

(6) Asthma?

- 1 Yes
2 No
9 DK

26

(6) 27-28
19 ____ Year
99 DK

(6) 29
1 Yes
2 No
9 DK

(6) 30
1 Yes
2 No
9 DK

(7) Hypertension, sometimes called high blood pressure?

- 1 Yes
2 No
9 DK

31

(7) 32-33
19 ____ Year
99 DK

(7) 34
1 Yes
2 No
9 DK

(7) 34
1 Yes
2 No
9 DK

(8) Heart disease, including coronary heart disease, angina, heart attack or myocardial infarction?

- 1 Yes
2 No
9 DK

36

(8) 37-38
19 ____ Year
99 DK

(8) 39
1 Yes
2 No
9 DK

(9) Any other heart disease?

- 1 Yes
2 No
9 DK

40

(9) 41-42
19 ____ Year
99 DK

(9) 43
1 Yes
2 No
9 DK

(10) A stroke or cerebrovascular accident?

- 1 Yes
2 No
9 DK

44

(10) 45-46
19 ____ Year
99 DK

(10) 47
1 Yes
2 No
9 DK

(11) Cancer of any kind?

- 1 Yes
2 No
9 DK

48

(11) 49-50
19 ____ Year
99 DK

(11) 51
1 Yes
2 No
9 DK

(11) 52
1 Yes
2 No
9 DK

ITEM L3

Refer to 7a (11).
(Cancer of any kind)

- 1 "Yes" marked in 7a (11) (Go to 8)
2 All others (Skip to 9 on page 84)

53

Hand card A19. Read categories if telephone interview.

8. What kind of cancer [was/is] it?

(Anything else?)

Mark (X) all that apply.

- 01 Colon/rectal/bowel
02 Skin - melanoma
03 Skin - nonmelanoma
04 Skin - unknown type
05 Uterine/ovarian
06 Prostate
07 Stomach
08 Leukemia
09 Breast
10 Cervical
11 Lung
12 Other
99 DK

- 54-55
56-57
58-59
60-61
62-63
64-65
66-67
68-69
70-71
72-73
74-75
76-77
78-79

Section L - CONDITIONS AND IMPAIRMENTS - Continued

9a. Do you sometimes have trouble with dizziness?

- 1 Yes (Go to 9b)
- 2 No
- 9 DK } (Skip to 10)

80

b. Does dizziness prevent you in any way from doing things you otherwise could do?

- 1 Yes
- 2 No
- 9 DK

81

10. Do you have trouble biting or chewing any kinds of food, such as firm meat or apples?

If asked, this includes while wearing false teeth or dentures.

- 1 Yes
- 2 No
- 9 DK

82

Notes

Section M - HEALTH OPINIONS AND BEHAVIORS

Reminder - If SP is less than 70 years old, skip to Section O on page 87.

<p><i>READ TO RESPONDENT - Now I'd like to ask your personal opinions about health related matters.</i></p> <p>1. Would you say your health in general is excellent, very good, good, fair, or poor?</p>	<p>1 <input type="checkbox"/> Excellent 2 <input type="checkbox"/> Very good 3 <input type="checkbox"/> Good 4 <input type="checkbox"/> Fair 5 <input type="checkbox"/> Poor 9 <input type="checkbox"/> DK</p> <p style="text-align: right;">5</p>
<p><i>If proxy respondent, skip to 3; otherwise ask.</i></p> <p>2. In the past 12 months, how often did you feel sad or depressed? Would you say you were sad or depressed -- (Read all categories.)</p> <p><i>Mark (X) only one.</i></p>	<p>1 <input type="checkbox"/> All of the time, 2 <input type="checkbox"/> Some of the time, 3 <input type="checkbox"/> A little of the time, or 4 <input type="checkbox"/> None of the time? 9 <input type="checkbox"/> DK</p> <p style="text-align: right;">6</p>
<p>3. Compared to your own level of physical activity 1 year ago, would you say you are now more active, less active, or about the same as you were then?</p> <p><i>Mark (X) only one.</i></p>	<p>1 <input type="checkbox"/> More active 2 <input type="checkbox"/> Less active 3 <input type="checkbox"/> About the same 9 <input type="checkbox"/> DK</p> <p style="text-align: right;">7</p>
<p>4. Do you follow a REGULAR routine of physical exercise?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p> <p style="text-align: right;">8</p>
<p>5. About how tall are you without shoes?</p>	<p>_____ Feet _____ Inches</p> <p>999 <input type="checkbox"/> DK</p> <p style="text-align: right;">9-11</p>
<p>6. About how much do you weigh without shoes?</p>	<p>_____ Pounds</p> <p>999 <input type="checkbox"/> DK</p> <p style="text-align: right;">12-14</p>
<p><i>If proxy respondent, skip to 8; otherwise ask.</i></p> <p>7. What was your usual weight at the age of 50?</p>	<p>_____ Pounds</p> <p>999 <input type="checkbox"/> DK</p> <p style="text-align: right;">15-17</p>
<p>8. Have you smoked at least 100 cigarettes in your entire life?</p> <p><i>If asked: Approximately 5 packs.</i></p>	<p>1 <input type="checkbox"/> Yes (Go to 9) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (Skip to 11)</p> <p style="text-align: right;">18</p>
<p>9. Do you NOW smoke cigarettes every day, some days, or not at all?</p>	<p>1 <input type="checkbox"/> Every day 2 <input type="checkbox"/> Some days 3 <input type="checkbox"/> Not at all 9 <input type="checkbox"/> DK</p> <p style="text-align: right;">19</p>
<p>10. For how many years [have you smoked/did you smoke] cigarettes?</p>	<p>00 <input type="checkbox"/> Less than 1 year</p> <p>_____ Years (Number)</p> <p>99 <input type="checkbox"/> DK</p> <p style="text-align: right;">20-21</p>
<p>11. Now I would like to ask you about drinking alcoholic beverages. By alcoholic beverages I mean beer, wine, or liquor. Have you had at least one drink of beer, wine, or liquor during the past year?</p>	<p>1 <input type="checkbox"/> Yes (Go to 12) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (Skip to Section N on page 86)</p> <p style="text-align: right;">22</p>
<p>12. During the past year, on the average, on how many days did you drink alcoholic beverages, that is beer, wine, or liquor?</p>	<p>0000 <input type="checkbox"/> Every day</p> <p>_____ Days (Number) { 1 <input type="checkbox"/> Per week 2 <input type="checkbox"/> Per month 3 <input type="checkbox"/> Per year</p> <p>9999 <input type="checkbox"/> DK</p> <p style="text-align: right;">23-26</p>
<p>13. On [the/those] day(s) when you drank, about how many drinks would you say you had?</p>	<p>_____ Drink(s) (Number)</p> <p>99 <input type="checkbox"/> DK</p> <p style="text-align: right;">27-28</p>

Section N - COMMUNITY SERVICES

REMINDER - If SP is less than 70 years old, skip to Section O on page 87.

NOTE - Ask 2 immediately after a "Yes" in 1a-f.

READ TO RESPONDENT - The next questions are about community services.

1. [In the past 12 months/in the 12 months prior to coming to this (type of institution)], did you -

2. How often did you use it - frequently, sometimes, or rarely?

a. Use a senior center?

- 1 Yes (Go to 2a)
 2 No } (Go to 1b)
 9 DK }

a. 1 Frequently
 2 Sometimes } (Go to 1b)
 3 Rarely
 9 DK }

b. Use special transportation for the elderly?

- 1 Yes (Go to 2b)
 2 No } (Go to 1c)
 9 DK }

b. 1 Frequently
 2 Sometimes } (Go to 1c)
 3 Rarely
 9 DK }

c. Have meals delivered to your home by an agency or organization like Meals on Wheels?

- 1 Yes (Go to 2c)
 2 No } (Go to 1d)
 9 DK }

c. 1 Frequently
 2 Sometimes } (Go to 1d)
 3 Rarely
 9 DK }

d. Eat meals in a senior center or in some place with a special meal program for the elderly?

- 1 Yes (Go to 2d)
 2 No } (Go to 1e)
 9 DK }

d. 1 Frequently
 2 Sometimes } (Go to 1e)
 3 Rarely
 9 DK }

e. Use a homemaker service for the elderly that provides services like cleaning and cooking in the home?

- 1 Yes (Go to 2e)
 2 No } (Go to 1f)
 9 DK }

e. 1 Frequently
 2 Sometimes } (Go to 1f)
 3 Rarely
 9 DK }

f. Use information and referral services?

- 1 Yes (Go to 2f)
 2 No } (Go to Section O
 9 DK } on page 87)

f. 1 Frequently
 2 Sometimes } (Go to
 3 Rarely } Section O
 9 DK } on page 87)

Notes

Section O - UPDATE CONTACT PERSON INFORMATION

The National Center for Health Statistics may wish to contact you again to obtain additional health related information.

**ITEM
01**

Refer to CP on label.

- 1 CP on label (Ask 1a)
2 No CP on label (Ask 1b)

5

1a. The last time a Census Bureau interviewer talked to you or your family, we were told that (CP on label) will always know how to get in touch with you if we want to contact you again. Is (CP on label) still the best person to contact if we are unable to reach you?

- 1 Yes (Verify CP's address and phone number. If incorrect, enter correct information in 2 below.)
2 No (Go to 1b)

6

b. The National Center for Health Statistics would like the name, address, and telephone number of a relative or friend who would know where you could be reached in case we need additional health information in the future but cannot reach you. Please give me the name of someone who is not currently living in the household.

(Record information in 2.)

2. Contact Person current Information

Last name 7-26 First name 27-41 MI 42

Number and street 43-67

City 68-87 State 88-89 ZIP Code 90-98

Telephone

Area code 99-101 Number 102-108
1 None 9 DK 109
7 Refused

Notes

Section P - INTERVIEWER OBSERVATIONS

ITEM P1	Mark (X) the one that best represents this interview.	1 <input type="checkbox"/> Self response without assistance (Skip to Item P2) 2 <input type="checkbox"/> Self response with assistance (Go to 1a) 3 <input type="checkbox"/> Proxy (Skip to 1b)	5
----------------	---	---	---

ASK OR VERIFY:			6-7
1a. How is (assistant) related to you?	If more than one assistant, indicate the relationship of the one you consider to be the main assistant.	00 <input type="checkbox"/> Parent 01 <input type="checkbox"/> Spouse 02 <input type="checkbox"/> Son/Daughter 03 <input type="checkbox"/> Son-in-law/Daughter-in-law 04 <input type="checkbox"/> Grandchild/Great grandchild 05 <input type="checkbox"/> Brother/Sister 06 <input type="checkbox"/> Brother-in-law/Sister-in-law 07 <input type="checkbox"/> Aunt/Uncle/Cousin 08 <input type="checkbox"/> Niece/Nephew 09 <input type="checkbox"/> Other relative 10 <input type="checkbox"/> Roommate/Friend/Neighbor 11 <input type="checkbox"/> Other non-relative	} (Skip to 1c)

b. How are you related to (sample person)?			8-9
	If more than one proxy, direct this question to the one you consider to be the main proxy.	00 <input type="checkbox"/> Parent 01 <input type="checkbox"/> Spouse 02 <input type="checkbox"/> Son/Daughter 03 <input type="checkbox"/> Son-in-law/Daughter-in-law 04 <input type="checkbox"/> Grandchild/Great grandchild 05 <input type="checkbox"/> Brother/Sister 06 <input type="checkbox"/> Brother-in-law/Sister-in-law 07 <input type="checkbox"/> Aunt/Uncle/Cousin 08 <input type="checkbox"/> Niece/Nephew 09 <input type="checkbox"/> Other relative 10 <input type="checkbox"/> Roommate/Friend/Neighbor 11 <input type="checkbox"/> Other non-relative	

ASK OR VERIFY:			10
c. Do(es) [you/(assistant)] live here?		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	

	<i>Mark each to indicate why a proxy/assistant was needed.</i>		
2a.	Sample person hospitalized	Yes No a. 1 <input type="checkbox"/> 2 <input type="checkbox"/>	11
b.	Sample person institutionalized	b. 1 <input type="checkbox"/> 2 <input type="checkbox"/>	12
c.	Sample person's hearing problem	c. 1 <input type="checkbox"/> 2 <input type="checkbox"/>	13
d.	Sample person's speech problem	d. 1 <input type="checkbox"/> 2 <input type="checkbox"/>	14
e.	Sample person's language problem	e. 1 <input type="checkbox"/> 2 <input type="checkbox"/>	15
f.	Sample person's poor memory, senility, or confusion	f. 1 <input type="checkbox"/> 2 <input type="checkbox"/>	16
g.	Sample person's Alzheimer's disease	g. 1 <input type="checkbox"/> 2 <input type="checkbox"/>	17
h.	Sample person's other mental condition	h. 1 <input type="checkbox"/> 2 <input type="checkbox"/>	18
i.	Sample person's other physical illness and/or disability	i. 1 <input type="checkbox"/> 2 <input type="checkbox"/>	19
j.	Other non-health related reason	j. 1 <input type="checkbox"/> 2 <input type="checkbox"/>	20

ITEM P2	Refer to SP's age.	1 <input type="checkbox"/> 70+ (Go to 3) 2 <input type="checkbox"/> Under 70 (END interview)	21
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	The "respondent" in the following items refers to the sample person if he/she answered questions with or without assistance, or to the proxy if the sample person was not interviewed.		
3.	Do you feel the —	Yes No DK	
a.	Respondent was intellectually capable of responding?	a. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	22
b.	Respondent's answers were reasonably accurate?	b. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	23
c.	Respondent understood the questions?	c. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	24

FORM **DFS-3**
(7-1-84)

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
CENTERS FOR DISEASE CONTROL AND PREVENTION
NATIONAL CENTER FOR HEALTH STATISTICS

**DISABILITY FOLLOWBACK SURVEY
(NHIS PHASE II)
SUPPLEMENT ON AGING QUESTIONNAIRE**

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 50 minutes per response, with an average of 45 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 01
3-7
8

RT 06
3-4

Part I - CALL RECORD

Mode	Date		Beginning time	Results	Ending time	Comments
	Month	Day				
5 T P	6-7	8-9	10-14 a.m. p.m.		15-19 a.m. p.m.	
T P			a.m. p.m.		a.m. p.m.	
T P			a.m. p.m.		a.m. p.m.	
T P			a.m. p.m.		a.m. p.m.	
T P			a.m. p.m.		a.m. p.m.	

Part II - STATUS

A. Final Status		B. Mode		C. Respondent	
Interview 20-21 01 <input type="checkbox"/> Complete 02 <input type="checkbox"/> Partial (Explain in Notes) Noninterview 03 <input type="checkbox"/> SP refused 04 <input type="checkbox"/> Proxy refused 05 <input type="checkbox"/> Unable to contact 06 <input type="checkbox"/> Unable to locate 07 <input type="checkbox"/> Deceased 08 <input type="checkbox"/> Institutionalized, no proxy 09 <input type="checkbox"/> Incapable, no proxy 10 <input type="checkbox"/> Moved o/s PSU, unable to phone 11 <input type="checkbox"/> Other noninterview		1 <input type="checkbox"/> Telephone 2 <input type="checkbox"/> Personal visit		1 <input type="checkbox"/> Self 2 <input type="checkbox"/> Proxy <input checked="" type="checkbox"/>	
(Explain in Notes)		D. Proxy		Reason for proxy 1 <input type="checkbox"/> SP incapable 2 <input type="checkbox"/> SP institutionalized 3 <input type="checkbox"/> SP unavailable 4 <input type="checkbox"/> Other - Specify <input checked="" type="checkbox"/>	
		Name 23-63		(Fill II.D)	
		E. Field Representative's Name		Code 66-68	

Part III - NEW ADDRESS

RT 07
3-4

Notes

A. Address (Different from label)					
Number and street					5-29
City	30-49	State	50-51	ZIP Code	52-60
B. Telephone (Different from label)					
Area code	61-63	Number	64-70	1 <input type="checkbox"/> None 71	
			7 <input type="checkbox"/> Refused 9 <input type="checkbox"/> DK number		

INITIAL SCREENING

1. May I please speak with <u>(sample person)</u>?	<input type="checkbox"/> Yes (Skip to A below) <input type="checkbox"/> No (Go to 2)	5						
2. Why is <u>(sample person)</u> not available to be interviewed?	<input type="checkbox"/> SP deceased (Skip to 6) <input type="checkbox"/> SP moved (Skip to 4) <input type="checkbox"/> SP temporarily absent/unavailable (Go to 3) <input type="checkbox"/> SP incapable } (Skip to 5) <input type="checkbox"/> Other	6						
3. Will <u>(sample person)</u> [return/be available] before <u>(closeout date)</u>?	<input type="checkbox"/> Yes (Schedule appointment) <input type="checkbox"/> No } (Go to 4) <input type="checkbox"/> DK	7						
4a. Has <u>(sample person)</u> moved to a new residence or is [he/she] in a health facility, group home, or some other place?	<input type="checkbox"/> SP moved (Record new address and telephone no.) <input type="checkbox"/> SP in health facility/group home (Go to 4b) <input type="checkbox"/> SP in jail (Skip to 5) <input type="checkbox"/> SP in prison (END interview - noninterview) <input type="checkbox"/> SP on vacation/visiting/temporarily absent (Skip to 4d)	8						
b. What type of facility or group home is this? <i>Mark (X) first appropriate box.</i>	<table style="width:100%; border: none;"> <tr> <td style="border: none;"> <input type="checkbox"/> Hospital <input type="checkbox"/> Nursing/convalescent home } (Go to 4c) <input type="checkbox"/> Retirement home <input type="checkbox"/> Group home <input type="checkbox"/> Supervised apartment <input type="checkbox"/> Halfway house <input type="checkbox"/> Board and Care home <input type="checkbox"/> Developmental Center <input type="checkbox"/> Other supervised group residence or facility <input type="checkbox"/> Other </td> <td style="border: none; vertical-align: middle; padding-left: 10px;"> (Record new address and telephone no.) </td> </tr> </table>	<input type="checkbox"/> Hospital <input type="checkbox"/> Nursing/convalescent home } (Go to 4c) <input type="checkbox"/> Retirement home <input type="checkbox"/> Group home <input type="checkbox"/> Supervised apartment <input type="checkbox"/> Halfway house <input type="checkbox"/> Board and Care home <input type="checkbox"/> Developmental Center <input type="checkbox"/> Other supervised group residence or facility <input type="checkbox"/> Other	(Record new address and telephone no.)	9-10				
<input type="checkbox"/> Hospital <input type="checkbox"/> Nursing/convalescent home } (Go to 4c) <input type="checkbox"/> Retirement home <input type="checkbox"/> Group home <input type="checkbox"/> Supervised apartment <input type="checkbox"/> Halfway house <input type="checkbox"/> Board and Care home <input type="checkbox"/> Developmental Center <input type="checkbox"/> Other supervised group residence or facility <input type="checkbox"/> Other	(Record new address and telephone no.)							
c. Refer to age on label.	<input type="checkbox"/> Under 69 (Skip to 5) <input type="checkbox"/> 69+ (Go to 4d)	11						
d. Is it possible to interview <u>(sample person)</u> at the [facility/present location]?	<input type="checkbox"/> Yes (Record address and telephone no.) <input type="checkbox"/> No (Go to 5)	12						
5. Since I won't be able to interview <u>(sample person)</u>, I need to talk to the person who knows the most about <u>(sample person's)</u> health. Who would that be?	<input type="checkbox"/> Respondent (Skip to A below) <input type="checkbox"/> Other person (Record person's name, address, and telephone no.) <input type="checkbox"/> No one } (END interview - noninterview) <input type="checkbox"/> DK/Ref	13						
6. On what date did <u>(sample person)</u> die?	<table style="border: 1px solid black; display: inline-table; margin-right: 10px;"> <tr> <th style="padding: 2px;">Month</th> <th style="padding: 2px;">Day</th> <th style="padding: 2px;">Year</th> </tr> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 40px; height: 20px;"></td> </tr> </table> } (Go to 7) 999999 <input type="checkbox"/> DK	Month	Day	Year				14-19
Month	Day	Year						
7. Did <u>(sample person)</u> die at home, in a hospital, in a nursing or convalescent home, or some other place?	<input type="checkbox"/> At home <input type="checkbox"/> In hospital <input type="checkbox"/> In nursing/convalescent home <input type="checkbox"/> Other place <input type="checkbox"/> DK } (END interview - noninterview)	20						
A	<i>Begin interview by asking: When we conducted the interview several months ago, we recorded <u>(sample person's)</u> age as <u>(age from label)</u>. Is this still correct?</i>	<input type="checkbox"/> Yes (Skip to Section A on page 4) <input type="checkbox"/> No (Correct age on label, then skip to Section A on page 4)	21					

Notes

Section A – HOUSING AND LONG-TERM CARE SERVICES

ITEM A1

Status of Sample Person (SP).

- 1 Institutionalized (Skip to 6 on page 5)
- 2 All others (Go to 1)

5

These first questions are about the place you live.

1. How long have you been living here?

- 00 Less than 1 year
- _____ Years
(Number)
- 99 DK

6-7

2a. Is it NECESSARY to use any steps or stairs to get into this home from the outside?

- 1 Yes
- 2 No
- 9 DK

8

b. Counting basements and step down living areas as separate levels, does this home have more than one floor or level?

- 1 Yes (Go to 2c)
- 2 No
- 9 DK } (Skip +)

9

c. Does this home have a bathroom, bedroom, and kitchen ALL on the SAME floor or level?

- 1 Yes
- 2 No
- 9 DK

10

3. Because of a physical impairment or health problem, do you have any difficulty —

Yes No DK

a. Entering or leaving your home?

- a. 1 2 9

11

b. Opening or closing any of the doors in your home?

- b. 1 2 9

12

c. Reaching or opening cabinets in your home?

- c. 1 2 9

13

d. Using the bathroom in your home?

- d. 1 2 9

14

4. Some residences have special features to assist persons who have physical impairments or health problems. Whether you use them or not, does your residence have any of these features?

If all "Yes" in 4, skip to 6 on page 5; otherwise, ask 5 only for those features NOT marked "Yes" in 4.

5. Which special features do you NEED to get around this home, but do not have?

a. Widened doorways or hallways?

- a. 1 2 9 15

15

b. Ramps or street level entrances?

- b. 1 2 9 17

17

c. Railings?

- c. 1 2 9 19

19

d. Automatic or easy to open doors?

- d. 1 2 9 21

21

e. Accessible parking or drop-off site?

- e. 1 2 9 23

23

f. Bathroom modifications?

- f. 1 2 9 25

25

g. Kitchen modifications?

- g. 1 2 9 27

27

h. Elevator, chair lift, or stair glide?

- h. 1 2 9 29

29

i. Alerting devices?

- i. 1 2 9 31

31

j. Any other special features?

- j. 1 2 9 33

33

Yes No DK

- a. 1 2 9 16

16

- b. 1 2 9 18

18

- c. 1 2 9 20

20

- d. 1 2 9 22

22

- e. 1 2 9 24

24

- f. 1 2 9 26

26

- g. 1 2 9 28

28

- h. 1 2 9 30

30

- i. 1 2 9 32

32

- j. 1 2 9 34

34

Notes

Section A – HOUSING AND LONG-TERM CARE SERVICES – Continued

<p>ASK OR VERIFY:</p> <p>6a. Is this place a — <i>(Read all categories)</i></p> <p>Mark (X) only one.</p>	<div style="text-align: right; border: 1px solid black; padding: 2px; width: fit-content; margin-bottom: 5px;">35-36</div> <p>01 <input type="checkbox"/> Single family house or townhouse that is not part of a retirement community, <i>(Skip to 9 on page 6)</i></p> <p>02 <input type="checkbox"/> Single family house, townhouse, or apartment that is part of a retirement community, <i>(Skip to 7)</i></p> <p>03 <input type="checkbox"/> Regular apartment, <i>(Skip to 9 on page 6)</i></p> <p>04 <input type="checkbox"/> Supervised apartment,</p> <p>05 <input type="checkbox"/> Group home,</p> <p>06 <input type="checkbox"/> Halfway house,</p> <p>07 <input type="checkbox"/> Personal care or board and care home,</p> <p>08 <input type="checkbox"/> Developmental center,</p> <p>09 <input type="checkbox"/> Some other type of supervised group residence or facility,</p> <p>10 <input type="checkbox"/> Assisted living facility,</p> <p>11 <input type="checkbox"/> Nursing or convalescent home,</p> <p>12 <input type="checkbox"/> Retirement home,</p> <p>13 <input type="checkbox"/> Center for Independent Living, or</p> <p>14 <input type="checkbox"/> Something else?</p> <p>99 <input type="checkbox"/> DK</p> <div style="text-align: right; margin-top: 10px;"> } (Go to 6b) </div>
<p>ASK OR VERIFY:</p> <p>b. Does this place primarily or exclusively serve people who are elderly?</p>	<div style="text-align: right; border: 1px solid black; padding: 2px; width: fit-content; margin-bottom: 5px;">37</div> <p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>9 <input type="checkbox"/> DK</p>
<p>ITEM A2</p> <p>Status of SP.</p>	<div style="text-align: right; border: 1px solid black; padding: 2px; width: fit-content; margin-bottom: 5px;">38</div> <p>1 <input type="checkbox"/> Institutionalized <i>(Skip to 10 on page 6)</i></p> <p>2 <input type="checkbox"/> All others <i>(Go to 7)</i></p>
<p>7. Whether you use them or not, does this place routinely provide services such as meals, help with housework or personal care, transportation, or recreation?</p>	<div style="text-align: right; border: 1px solid black; padding: 2px; width: fit-content; margin-bottom: 5px;">39</div> <p>1 <input type="checkbox"/> Yes <i>(Go to 8 on page 6)</i></p> <p>2 <input type="checkbox"/> No } <i>(Skip to 9 on page 6)</i></p> <p>9 <input type="checkbox"/> DK }</p>

Notes

Section A – HOUSING AND LONG-TERM CARE SERVICES – Continued

<p>8. Whether you use them or not, does this place routinely provide —</p>	<p align="center">Yes No DK</p>
<p>a. Group meals for residents?</p>	<p>a. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/></p>
<p>b. Housekeeping or maid service?</p>	<p>b. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/></p>
<p>c. Nursing or medical care?</p>	<p>c. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/></p>
<p>d. Supervision of residents who give themselves their own medication?</p>	<p>d. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/></p>
<p>e. Help with bathing, eating, or dressing?</p>	<p>e. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/></p>
<p>f. Help with walking or getting about?</p>	<p>f. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/></p>
<p>g. Help with shopping?</p>	<p>g. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/></p>
<p>h. Planned social activities or trips?</p>	<p>h. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/></p>
<p>i. Educational or training programs?</p>	<p>i. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/></p>
<p>j. Help with laundry?</p>	<p>j. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/></p>
<p>k. Help with money management?</p>	<p>k. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/></p>
<p>l. Transportation?</p>	<p>l. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/></p>
<p>m. Protective oversight?</p>	<p>m. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/></p>
<p>9. Are you planning a move in order to receive any (additional) personal help, assistance or services?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p>
<p><i>Mark "Yes" if SP is currently living in a nursing home; otherwise ask:</i></p> <p>10a. Have you EVER been a resident or patient in a nursing home?</p>	<p>1 <input type="checkbox"/> Yes (<i>Go to 10b</i>) 2 <input type="checkbox"/> No } (<i>Skip to 12 on page 7</i>) 9 <input type="checkbox"/> DK }</p>
<p>b. How many DIFFERENT TIMES have you been a resident or patient in a nursing home (including the current time)?</p>	<p>_____ Times (Number)</p> <p>99 <input type="checkbox"/> DK</p>
<p>c. On what date were you admitted (the FIRST time)? <i>If date not known, ask: Was it within the past 12 months?</i></p>	<p>_____/19_____ Month Year</p> <p>0001 <input type="checkbox"/> In past 12 months 0002 <input type="checkbox"/> Not in past 12 months 9999 <input type="checkbox"/> DK</p>
<p><i>Mark box if "Now in nursing home"; otherwise ask:</i></p> <p>d. On what date were you discharged (the LAST time)? <i>If date not known, ask: Was it within the past 12 months?</i></p>	<p>0000 <input type="checkbox"/> Now in nursing home</p> <p>_____/19_____ Month Year</p> <p>0001 <input type="checkbox"/> In past 12 months 0002 <input type="checkbox"/> Not in past 12 months 9999 <input type="checkbox"/> DK</p>
<p>e. How long [were you/have you been] in the nursing home (the LAST time/THIS time)?</p>	<p>00 <input type="checkbox"/> Less than 1 month</p> <p>_____ Months (Number)</p> <p>99 <input type="checkbox"/> DK</p>
<p><i>Ask if date in 10d is within the past 12 months, including "Now in". If not within the past 12 months, skip to 12 on page 7.</i></p> <p>f. How many weeks in the past 12 months [were you/have you been] in a nursing home?</p>	<p>00 <input type="checkbox"/> Less than 1 week</p> <p>_____ Weeks (Number)</p> <p>99 <input type="checkbox"/> DK</p>

Section A - HOUSING AND LONG-TERM CARE SERVICES - Continued

HAND CARD A1. Read categories if telephone interview.

11a. Who paid or will pay for your nursing home stays in the past 12 months?

(Anyone else?)

Mark (X) all that apply.

- 01 Self or family in household
- 02 Family NOT in household
- 03 Private health insurance
- 04 Medicare
- 05 Medicaid
- 06 Rehabilitation program
- 07 Employer
- 08 School system
- 09 VA program
- 10 Other military
- 11 Other private source
- 12 Other public source
- 13 No one/Free
- 99 DK

} (Skip to 12)

69-70
71-72
73-74
75-76
77-78
79-80
81-82
83-84
85-86
87-88
89-90
91-92
93-94
95-96

Ask if more than one source in 11a. If only one source in 11a, transcribe the number of the box marked without asking.

b. Who paid or will pay the most for your nursing home stays in the past 12 months?

Record number of the main source.

--	--

Paid most
(Number)

99 DK

97-98

Ask only if box 01 marked in 11a; otherwise, skip to 12.

c. During the past 12 months, about how much did you or your family pay for your nursing home stays? Do not count any money that has been or will be reimbursed by insurance or any other source.

000000 None

\$ _____ .

00

999999 DK

99-104

If "Now in nursing home" marked in 10d, skip to Section D on page 10; otherwise, ask:

12. Are you currently on a waiting list to go into a nursing home?

- 1 Yes
- 2 No
- 9 DK

105

Notes

Section B - TRANSPORTATION

ITEM B1	Status of SP.	<input type="checkbox"/> Institutionalized (<i>Skip to Section D on page 10</i>) <input type="checkbox"/> All others (<i>Go to 1</i>)	5
These next questions are about getting around outside your home.			
1. How frequently do you drive a car or other motor vehicle? Would you say — (<u>Read all categories</u>) <i>Mark (X) only one.</i>		<input type="checkbox"/> Everyday or almost everyday, <input type="checkbox"/> Occasionally, <input type="checkbox"/> Seldom, or <input type="checkbox"/> Never? (<i>Go to 2</i>) <input type="checkbox"/> DK (<i>Skip to 3</i>)	6
2. Is this because of an impairment or health problem?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	7
3a. During the past 12 months, have you used local public transportation, such as a regular bus line, rapid transit, subway, or street car? <i>Mark (X) only one.</i>		<input type="checkbox"/> No public system available (<i>Skip to Section C on page 9</i>) <input type="checkbox"/> Yes (<i>Skip to 3c</i>) <input type="checkbox"/> No (<i>Go to 3b</i>) <input type="checkbox"/> DK (<i>Go to 3b</i>)	8
b. Does an impairment or health problem prevent or limit your use of the public transportation service? <i>Mark (X) only one.</i>		<input type="checkbox"/> No public system available <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	9
c. During the past 12 months, how often did you use the local public transportation service? Would you say — (<u>Read all categories</u>) <i>Mark (X) only one.</i>		<input type="checkbox"/> Everyday or almost everyday, <input type="checkbox"/> Occasionally, or <input type="checkbox"/> Seldom? <input type="checkbox"/> DK	10
d. Because of an impairment or health problem, during the past 12 months, did you have any difficulty using the local public transportation service?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	11

Notes

Section C - SOCIAL ACTIVITY

Reminder - If SP is institutionalized, skip to Section D on page 10.

These next questions are about various activities you may have participated in.

1. DURING THE PAST 2 WEEKS, did you —

- | | Yes | No | DK | |
|---|-------------------------------|----------------------------|----------------------------|----|
| a. Get together socially with friends or neighbors? | a. 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 9 <input type="checkbox"/> | 12 |
| b. Talk with friends or neighbors on the telephone? | b. 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 9 <input type="checkbox"/> | 13 |
| c. Get together with ANY relatives not including those living with you? | c. 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 9 <input type="checkbox"/> | 14 |
| d. Talk with ANY relatives on the telephone not including those living with you? | d. 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 9 <input type="checkbox"/> | 15 |
| e. Go to church, temple, or another place of worship for services or other activities? | e. 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 9 <input type="checkbox"/> | 16 |
| f. Go to a show or movie, sports event, club meeting, class, or other group event? | f. 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 9 <input type="checkbox"/> | 17 |
| g. Go out to eat at a restaurant? | g. 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 9 <input type="checkbox"/> | 18 |

2. How many days in the past two weeks did you leave your home for any reason?

- 14 Every day
 00 None
- _____ Days
 (Number)
- 99 DK

19-20

If proxy respondent, skip to Section D on page 10; otherwise ask:

3. Regarding your present social activities, do you feel that you are doing about enough, too much, or would you like to be doing more?

- 1 About enough
 2 Too much
 3 Would like to be doing more
 9 DK

21

Mark (X) only one.

Notes

Section D - WORK HISTORY/EMPLOYMENT

<p>These next questions are about working for pay or profit, and about unpaid volunteer work.</p> <p>1. Have you EVER worked at a job or business?</p>	<p align="right">22</p> <p>1 <input type="checkbox"/> Yes (Go to 2) 2 <input type="checkbox"/> No } (Skip to 7) 9 <input type="checkbox"/> DK }</p>
<p>2. Do you NOW work at a job or business?</p>	<p align="right">23</p> <p>1 <input type="checkbox"/> Yes (Go to 3) 2 <input type="checkbox"/> No } (Skip to 4) 9 <input type="checkbox"/> DK }</p>
<p>3. About how many hours a week do you usually work at your current job? (Note: If more than one job, include all jobs.)</p>	<p align="right">24-25</p> <p>_____ Hours per week } (Skip to 5) (Number) 99 <input type="checkbox"/> DK }</p>
<p>4. In what year did you stop working at your last job?</p>	<p align="right">26-27</p> <p>19 ____ Year 99 <input type="checkbox"/> DK</p>
<p>5a. Have you retired from a job or business?</p>	<p align="right">28</p> <p>1 <input type="checkbox"/> Yes (Go to 5b) 2 <input type="checkbox"/> No } (Skip to 7) 9 <input type="checkbox"/> DK }</p>
<p>b. How old were you when you retired the last time?</p>	<p align="right">29-30</p> <p>_____ Age 99 <input type="checkbox"/> DK</p>
<p>6. Did you retire because of an ongoing health problem, impairment, or disability?</p>	<p align="right">31</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p>
<p>7. DURING THE PAST 12 MONTHS, were you involved in unpaid volunteer work such as teaching or coaching, office work, or providing care?</p>	<p align="right">32</p> <p>1 <input type="checkbox"/> Yes (Go to 8) 2 <input type="checkbox"/> No } (Skip to Section E on page 11) 9 <input type="checkbox"/> DK }</p>
<p>8. How many days did you do volunteer work in the past 12 months?</p>	<p align="right">33-36</p> <p>_____ } 1 <input type="checkbox"/> Per week (Days) } 2 <input type="checkbox"/> Per month } 3 <input type="checkbox"/> Per year 9999 <input type="checkbox"/> DK</p>

Notes

Section E - ASSISTIVE DEVICES AND TECHNOLOGIES

The next questions are about medical devices and implants.

Ask all of 1a-o before going to 2.

Ask for each "Yes" in 1.

1. During the past 12 months, did you use any of the following medical devices or supplies?

2. Did you use (device) in the past two weeks?

	Yes	No	DK		Yes	No	DK	
a. A tracheotomy tube?	a. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	5	a. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	6
b. A respirator?	b. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	7	b. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	8
c. An ostomy bag?	c. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	9	c. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	10
d. Catheterization equipment?	d. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	11	d. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	12
e. A glucose monitor?	e. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	13	e. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	14
f. Diabetic equipment or supplies?	f. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	15	f. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	16
g. An inhaler?	g. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	17	g. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	18
h. A nebulizer?	h. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	19	h. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	20
i. A hearing aid?	i. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	21	i. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	22
j. Crutches?	j. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	23	j. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	24
k. A cane?	k. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	25	k. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	26
l. A walker?	l. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	27	l. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	28
m. A wheelchair?	m. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	29	m. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	30
n. A scooter?	n. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	31	n. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	32
o. A feeding tube?	o. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	33	o. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	34

3. Do you now have any of the following implants?

	Yes	No	DK	
a. Any shunt that drains away fluid?	a. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	35
b. An artificial joint?	b. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	36
c. Implanted lens?	c. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	37
d. Implanted pin, screw, nail, wire, rod, or plate?	d. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	38
e. An artificial heart valve?	e. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	39
f. A pacemaker?	f. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	40
g. Silicone implant?	g. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	41
h. Infusion pump?	h. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	42
i. Implanted catheter?	i. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	43
j. An organ implant?	j. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	44
k. A cochlear (kōk'le-ār) implant?	k. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	45

Notes

Section F – HEALTH INSURANCE

<p>The next questions are about health insurance coverage.</p> <p>There are several government programs that provide medical care or help pay medical bills.</p> <p>People covered by Medicare have a card that looks like this.</p> <p><i>SHOW MEDICARE CARD.</i></p>		46
<p>1a. In (month), were you covered by Medicare?</p>	<p>1 <input type="checkbox"/> Yes (Go to 1b) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (Skip to 2)</p>	
<p>b. How long have you been covered by Medicare?</p> <p><i>Read categories if necessary.</i></p> <p><i>Mark (X) only one.</i></p>	<p>1 <input type="checkbox"/> Less than 6 months 2 <input type="checkbox"/> 6 months, but less than 1 year 3 <input type="checkbox"/> 1 year, but less than 2 years 4 <input type="checkbox"/> 2 years or more 9 <input type="checkbox"/> DK</p>	47
<p>There is a program called MEDICAID that pays for health care for persons in need. In this state, it is also called (state name).</p>		48
<p>2a. In (month), were you covered by MEDICAID or (state name)?</p>	<p>1 <input type="checkbox"/> Yes (Go to 2b) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (Skip to 3)</p>	
<p>b. How long have you had MEDICAID or (state name) coverage?</p> <p><i>Read categories if necessary.</i></p> <p><i>Mark (X) only one.</i></p>	<p>1 <input type="checkbox"/> Less than 6 months 2 <input type="checkbox"/> 6 months, but less than 1 year 3 <input type="checkbox"/> 1 year, but less than 2 years 4 <input type="checkbox"/> 2 years, but less than 5 years 5 <input type="checkbox"/> 5 years or more 6 <input type="checkbox"/> On and off for less than 2 years 7 <input type="checkbox"/> On and off for 2 years, but less than 5 years 8 <input type="checkbox"/> On and off for 5 years or more 9 <input type="checkbox"/> DK</p>	49
<p>3. In (month), were you 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 your ONLY source of care.</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p>	50
<p>4a. In (month), were you covered by military health care, including armed forces retirement benefits, the VA (Department of Veterans' Affairs), CHAMPUS, or CHAMP-VA?</p>	<p>1 <input type="checkbox"/> Yes (Go to 4b) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (Skip to 5)</p>	51
<p>b. Was this CHAMPUS, or CHAMP-VA?</p> <p><i>Read if necessary: CHAMPUS is a program of medical care for dependents of active duty or retired military personnel. CHAMP-VA is medical insurance for dependents or survivors of disabled veterans.</i></p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p>	52
<p>c. In (month), were you covered by any other military health care, including armed forces retirement benefits, or the VA (Department of Veterans' Affairs)?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p>	53
<p>5. In (month), were you covered by the Indian Health Service?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p>	54
<p>6a. (Not counting the government health programs we just mentioned), in (month), were you covered by a private health insurance plan?</p> <p><i>Read if necessary: Besides government programs, people also get health insurance through their jobs or union, through other private groups, or directly from an insurance company. A variety of types of plans are available, including Health Maintenance Organizations or HMOs.</i></p>	<p>1 <input type="checkbox"/> Yes (Go to 6b) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (Skip to Section G on page 13)</p>	55
<p>b. Was any of this private health insurance obtained originally through the workplace, that is through a present or former employer or union?</p> <p><i>Mark (X) only one</i></p>	<p>1 <input type="checkbox"/> Employer 2 <input type="checkbox"/> Union 3 <input type="checkbox"/> Through workplace, DK which 4 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p>	56

Section G – ASSISTANCE WITH KEY ACTIVITIES

READ TO RESPONDENT: The next questions are about how well you are able to do certain activities.
Please tell me if you have **ANY** difficulty when you do the following.

Ask 1a-j before asking 2 and 3.

Ask 2 and 3 for each "Yes" in 1a-j.

1. By yourself and not using aids, do you have any difficulty —		2. How much difficulty do you have (activity), some, a lot, or are you unable to do it?	3. For how long have you [had some difficulty/had a lot of difficulty/been unable to] (activity)?
a. Walking for a quarter of a mile, (that is about 2 or 3 blocks)?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> NA/DK	1 <input type="checkbox"/> Some 2 <input type="checkbox"/> A lot 3 <input type="checkbox"/> Unable 9 <input type="checkbox"/> DK	00 <input type="checkbox"/> Less than 1 year 99 <input type="checkbox"/> DK _____ Number of years
b. Walking up 10 steps without resting?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> NA/DK	1 <input type="checkbox"/> Some 2 <input type="checkbox"/> A lot 3 <input type="checkbox"/> Unable 9 <input type="checkbox"/> DK	00 <input type="checkbox"/> Less than 1 year 99 <input type="checkbox"/> DK _____ Number of years
c. Standing or being on your feet for about 2 hours?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> NA/DK	1 <input type="checkbox"/> Some 2 <input type="checkbox"/> A lot 3 <input type="checkbox"/> Unable 9 <input type="checkbox"/> DK	00 <input type="checkbox"/> Less than 1 year 99 <input type="checkbox"/> DK _____ Number of years
d. Sitting for about 2 hours?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> NA/DK	1 <input type="checkbox"/> Some 2 <input type="checkbox"/> A lot 3 <input type="checkbox"/> Unable 9 <input type="checkbox"/> DK	00 <input type="checkbox"/> Less than 1 year 99 <input type="checkbox"/> DK _____ Number of years
e. Stooping, crouching, or kneeling?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> NA/DK	1 <input type="checkbox"/> Some 2 <input type="checkbox"/> A lot 3 <input type="checkbox"/> Unable 9 <input type="checkbox"/> DK	00 <input type="checkbox"/> Less than 1 year 99 <input type="checkbox"/> DK _____ Number of years
f. Reaching up over your head?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> NA/DK	1 <input type="checkbox"/> Some 2 <input type="checkbox"/> A lot 3 <input type="checkbox"/> Unable 9 <input type="checkbox"/> DK	00 <input type="checkbox"/> Less than 1 year 99 <input type="checkbox"/> DK _____ Number of years
g. Reaching out (as if to shake someone's hand)?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> NA/DK	1 <input type="checkbox"/> Some 2 <input type="checkbox"/> A lot 3 <input type="checkbox"/> Unable 9 <input type="checkbox"/> DK	00 <input type="checkbox"/> Less than 1 year 99 <input type="checkbox"/> DK _____ Number of years
h. Using your fingers to grasp or handle?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> NA/DK	1 <input type="checkbox"/> Some 2 <input type="checkbox"/> A lot 3 <input type="checkbox"/> Unable 9 <input type="checkbox"/> DK	00 <input type="checkbox"/> Less than 1 year 99 <input type="checkbox"/> DK _____ Number of years
i. Lifting or carrying something as heavy as 25 pounds, (such as two full bags of groceries)?	1 <input type="checkbox"/> Yes (Go to j) 2 <input type="checkbox"/> No (Skip to 2) 9 <input type="checkbox"/> NA/DK (Go to j)	1 <input type="checkbox"/> Some 2 <input type="checkbox"/> A lot 3 <input type="checkbox"/> Unable 9 <input type="checkbox"/> DK	00 <input type="checkbox"/> Less than 1 year 99 <input type="checkbox"/> DK _____ Number of years
j. Lifting or carrying something as heavy as 10 pounds?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> NA/DK	1 <input type="checkbox"/> Some 2 <input type="checkbox"/> A lot 3 <input type="checkbox"/> Unable 9 <input type="checkbox"/> DK	00 <input type="checkbox"/> Less than 1 year 99 <input type="checkbox"/> DK _____ Number of years

Notes

Section G – ASSISTANCE WITH KEY ACTIVITIES – Continued

READ TO RESPONDENT: These questions are about some other activities and how well you are able to do them by yourself and without using special equipment.

Ask questions 4A–G before continuing to Item G1. 4. Because of a health or physical problem, do you have ANY difficulty — Ask if "Doesn't do": Is this because of a HEALTH or PHYSICAL problem? If "Yes", mark box 1; if "No" mark box 3.	(A) RT 16 3-4	(B) RT 17 3-4	(C) RT 18 3-4
	Bathing or showering?	Dressing?	Eating?
4.	5 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Doesn't do for other reason 9 <input type="checkbox"/> DK	5 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Doesn't do for other reason 9 <input type="checkbox"/> DK	5 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Doesn't do for other reason 9 <input type="checkbox"/> DK

	(A)	(B)	(C)
	Bathing or showering	Dressing	Eating
ITEM G1	6 Refer to question 4. G1 1 <input type="checkbox"/> "Yes" marked (Go to 5) 2 <input type="checkbox"/> All other (Go to G1 for next activity)	6 Refer to question 4. G1 1 <input type="checkbox"/> "Yes" marked (Go to 5) 2 <input type="checkbox"/> All other (Go to G1 for next activity)	6 Refer to question 4. G1 1 <input type="checkbox"/> "Yes" marked (Go to 5) 2 <input type="checkbox"/> All other (Go to G1 for next activity)
5. By yourself and without using special equipment, how much difficulty do you have (activity), some, a lot, or are you unable to do it?	7 1 <input type="checkbox"/> Some } (Go to 6) 2 <input type="checkbox"/> A lot } 3 <input type="checkbox"/> Unable (G1 for next activity) 9 <input type="checkbox"/> DK (Go to 6)	7 1 <input type="checkbox"/> Some } (Go to 6) 2 <input type="checkbox"/> A lot } 3 <input type="checkbox"/> Unable (G1 for next activity) 9 <input type="checkbox"/> DK (Go to 6)	7 1 <input type="checkbox"/> Some } (Go to 6) 2 <input type="checkbox"/> A lot } 3 <input type="checkbox"/> Unable (G1 for next activity) 9 <input type="checkbox"/> DK (Go to 6)
6. When you DO NOT HAVE HELP OR USE SPECIAL EQUIPMENT, is (activity) by yourself — (1) Very tiring? (2) Does (activity) take a long time? (3) Is it very painful?	8 0 <input type="checkbox"/> Never do without help or special equipment (Go to G1 for next activity) (1) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK 9 (2) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK 10 (3) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK 11 (Go to G1 for next activity)	8 0 <input type="checkbox"/> Never do without help or special equipment (Go to G1 for next activity) (1) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK 9 (2) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK 10 (3) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK 11 (Go to G1 for next activity)	8 0 <input type="checkbox"/> Never do without help or special equipment (Go to G1 for next activity) (1) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK 9 (2) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK 10 (3) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK 11 (Go to G1 for next activity)

	(A)	(B)	(C)
	Bathing or showering	Dressing	Eating
ITEM G2	12 Refer to question 4. G2 1 <input type="checkbox"/> Box 3 marked (Go to G2 for next activity) 2 <input type="checkbox"/> All other (Go to 7)	12 Refer to question 4. G2 1 <input type="checkbox"/> Box 3 marked (Go to G2 for next activity) 2 <input type="checkbox"/> All other (Go to 7)	12 Refer to question 4. G2 1 <input type="checkbox"/> Box 3 marked (Go to G2 for next activity) 2 <input type="checkbox"/> All other (Go to 7)
7a. Do you use any special equipment or aids in (activity)?	13 7a. 1 <input type="checkbox"/> Yes (Go to 7b) 2 <input type="checkbox"/> No (Go to G2 for next activity)	13 7a. 1 <input type="checkbox"/> Yes (Go to 7b) 2 <input type="checkbox"/> No (Go to G2 for next activity)	13 7a. 1 <input type="checkbox"/> Yes (Go to 7b) 2 <input type="checkbox"/> No (Go to G2 for next activity)
b. What special equipment or aids do you use? Anything else? Mark (X) all that apply.	b. 1 <input type="checkbox"/> Stool, seat or chair 14 2 <input type="checkbox"/> Handbar or rail 15 3 <input type="checkbox"/> Other 16 9 <input type="checkbox"/> DK 17	b. 1 <input type="checkbox"/> Special clothes 14 2 <input type="checkbox"/> Special fasteners 15 3 <input type="checkbox"/> Cord, string, zipper pull 16 4 <input type="checkbox"/> Orthopedic shoes 17 5 <input type="checkbox"/> Other 18 9 <input type="checkbox"/> DK 19	b. 1 <input type="checkbox"/> Oversized eating equipment 14 2 <input type="checkbox"/> Bed or lap tray 15 3 <input type="checkbox"/> Covered cup/modified bowl 16 4 <input type="checkbox"/> Other 17 9 <input type="checkbox"/> DK 18
c. When you USE SPECIAL EQUIPMENT AND DO NOT HAVE HELP, is (activity) — (1) Very tiring? (2) Does (activity) take a long time? (3) Is it very painful?	18 0 <input type="checkbox"/> Never do without help (Go to G2 for next activity) (1) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK 19 (2) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK 20 (3) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK 21 (Go to G2 for next activity)	20 0 <input type="checkbox"/> Never do without help (Go to G2 for next activity) (1) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK 21 (2) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK 22 (3) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK 23 (Go to G2 for next activity)	19 0 <input type="checkbox"/> Never do without help (Go to G2 for next activity) (1) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK 20 (2) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK 21 (3) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK 22 (Go to G2 for next activity)

Section G - ASSISTANCE WITH KEY ACTIVITIES - Continued

(D) RT 19 3-4	(E) RT 20 3-4	(F) RT 21 3-4	(G) RT 22 3-4
Getting in and out of bed or chairs?	Walking?	Getting outside?	Using the toilet, including getting to the toilet?
4. <input type="checkbox"/> Yes 5 <input type="checkbox"/> No <input type="checkbox"/> Doesn't do for other reason <input type="checkbox"/> DK	4. <input type="checkbox"/> Yes 5 <input type="checkbox"/> No <input type="checkbox"/> Doesn't do for other reason <input type="checkbox"/> DK	4. <input type="checkbox"/> Yes 5 <input type="checkbox"/> No <input type="checkbox"/> Doesn't do for other reason <input type="checkbox"/> DK	4. <input type="checkbox"/> Yes 5 <input type="checkbox"/> No <input type="checkbox"/> Doesn't do for other reason <input type="checkbox"/> DK

(D)	(E)	(F)	(G)
Getting in and out of bed or chairs	Walking	Getting outside	Using the toilet, including getting to the toilet
G1 <i>Refer to question 4.</i> 6 <input type="checkbox"/> "Yes" marked (Go to 5) <input type="checkbox"/> All other (Go to G1 for next activity)	G1 <i>Refer to question 4.</i> 6 <input type="checkbox"/> "Yes" marked (Go to 5) <input type="checkbox"/> All other (Go to G1 for next activity)	G1 <i>Refer to question 4.</i> 6 <input type="checkbox"/> "Yes" marked (Go to 5) <input type="checkbox"/> All other (Go to G1 for next activity)	G1 <i>Refer to question 4.</i> 6 <input type="checkbox"/> "Yes" marked (Go to 5) <input type="checkbox"/> All other (Skip to G2 for activity (A))
5. <input type="checkbox"/> Some } (Go to 6) <input type="checkbox"/> A lot } <input type="checkbox"/> Unable (Go to G1 for next activity) <input type="checkbox"/> DK (Go to 6) 7	5. <input type="checkbox"/> Some } (Go to 6) <input type="checkbox"/> A lot } <input type="checkbox"/> Unable (Go to G1 for next activity) <input type="checkbox"/> DK (Go to 6) 7	5. <input type="checkbox"/> Some } (Go to 6) <input type="checkbox"/> A lot } <input type="checkbox"/> Unable (Go to G1 for next activity) <input type="checkbox"/> DK (Go to 6) 7	5. <input type="checkbox"/> Some } (Go to 6) <input type="checkbox"/> A lot } <input type="checkbox"/> Unable (Go to G2 for next activity (A)) <input type="checkbox"/> DK (Go to 6) 7
6. <input type="checkbox"/> Never do without help or special equipment (Go to G1 for next activity) 8 (1) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK 9 (2) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK 10 (3) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK 11 <i>(Go to G1 for next activity)</i>	6. <input type="checkbox"/> Never do without help or special equipment (Go to G1 for next activity) 8 (1) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK 9 (2) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK 10 (3) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK 11 <i>(Go to G1 for next activity)</i>	6. <input type="checkbox"/> Never do without help or special equipment (Go to G1 for next activity) 8 (1) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK 9 (2) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK 10 (3) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK 11 <i>(Go to G1 for next activity)</i>	6. <input type="checkbox"/> Never do without help or special equipment (Go to G2 for next activity (A)) 8 (1) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK 9 (2) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK 10 (3) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK 11 <i>(Go to G2 for activity (A))</i>

(D)	(E)	(F)	(G)
Getting in and out of bed or chairs	Walking	Getting outside	Using the toilet, including getting to the toilet
G2 <i>Refer to question 4.</i> 12 <input type="checkbox"/> Box 3 marked (Go to G2 for next activity) <input type="checkbox"/> All other (Go to 7)	G2 <i>Refer to question 4.</i> 12 <input type="checkbox"/> Box 3 marked (Go to G2 for next activity) <input type="checkbox"/> All other (Go to 7)	G2 <i>Refer to question 4.</i> 12 <input type="checkbox"/> Box 3 marked (Go to G2 for next activity) <input type="checkbox"/> All other (Go to 7)	G2 <i>Refer to question 4.</i> 12 <input type="checkbox"/> Box 3 marked (Skip to G3 on page 16) <input type="checkbox"/> All other (Go to 7)
7a. <input type="checkbox"/> Yes (Go to 7b) 13 <input type="checkbox"/> No (Go to G2 for next activity)	7a. <input type="checkbox"/> Yes (Go to 7b) 13 <input type="checkbox"/> No (Go to G2 for next activity)	7a. <input type="checkbox"/> Yes (Go to 7b) 13 <input type="checkbox"/> No (Go to G2 for next activity)	7a. <input type="checkbox"/> Yes (Go to 7b) 13 <input type="checkbox"/> No (Skip to G3 on page 16)
b. <input type="checkbox"/> Cane or walking stick 14 <input type="checkbox"/> Walker 15 <input type="checkbox"/> Extra/special cushions 16 <input type="checkbox"/> Special "raising seat" chair/lift chair 17 <input type="checkbox"/> Hospital bed 18 <input type="checkbox"/> Trapeze/sling 19 <input type="checkbox"/> Ramp 20 <input type="checkbox"/> Other 21 <input type="checkbox"/> DK 22	b. <input type="checkbox"/> 01 Cane or walking stick 14-15 <input type="checkbox"/> 02 Walker 16-17 <input type="checkbox"/> 03 Crutch or crutches 18-19 <input type="checkbox"/> 04 Wheelchair 20-21 <input type="checkbox"/> 05 Artificial leg 22-23 <input type="checkbox"/> 06 Brace 24-25 <input type="checkbox"/> 07 Guide dog 26-27 <input type="checkbox"/> 08 Oxygen/special breathing equipment 28-29 <input type="checkbox"/> 09 Other 30-31 <input type="checkbox"/> 99 DK 32-33	b. <input type="checkbox"/> 01 Cane or walking stick 14-15 <input type="checkbox"/> 02 Walker 16-17 <input type="checkbox"/> 03 Crutch or crutches 18-19 <input type="checkbox"/> 04 Wheelchair 20-21 <input type="checkbox"/> 05 Artificial leg 22-23 <input type="checkbox"/> 06 Brace 24-25 <input type="checkbox"/> 07 Guide dog 26-27 <input type="checkbox"/> 08 Oxygen/special breathing equipment 28-29 <input type="checkbox"/> 09 Other 30-31 <input type="checkbox"/> 99 DK 32-33	b. <input type="checkbox"/> 01 Cane or walking stick 14-15 <input type="checkbox"/> 02 Walker 16-17 <input type="checkbox"/> 03 Crutch or crutches 18-19 <input type="checkbox"/> 04 Wheelchair 20-21 <input type="checkbox"/> 05 Artificial leg 22-23 <input type="checkbox"/> 06 Brace 24-25 <input type="checkbox"/> 07 Guide dog 26-27 <input type="checkbox"/> 08 Bed pan 28-29 <input type="checkbox"/> 09 Raised toilet seat 30-31 <input type="checkbox"/> 10 Special toilet/portable toilet 32-33 <input type="checkbox"/> 11 Hand holds/rails near toilet 34-35 <input type="checkbox"/> 12 Other 36-37 <input type="checkbox"/> 99 DK 38-39
c. <input type="checkbox"/> Never do without help (Go to G2 for next activity) 23 (1) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK 24 (2) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK 25 (3) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK 26 <i>(Go to G2 for next activity)</i>	c. <input type="checkbox"/> Never do without help (Go to G2 for next activity) 34 (1) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK 35 (2) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK 36 (3) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK 37 <i>(Go to G2 for next activity)</i>	c. <input type="checkbox"/> Never do without help (Go to G2 for next activity) 34 (1) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK 35 (2) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK 36 (3) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK 37 <i>(Go to G2 for next activity)</i>	c. <input type="checkbox"/> Never do without help (Go to G3 on page 16) 40 (1) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK 41 (2) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK 42 (3) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK 43 <i>(Go to G3 on page 16)</i>

Section G – ASSISTANCE WITH KEY ACTIVITIES – Continued

	(A) Bathing or showering	(B) Dressing	(C) Eating
	RT 16	RT 17	RT 18
ITEM G3	22 Refer to question 4 on page 14. 1 <input type="checkbox"/> Box 3 marked (Go to G3 for next activity). 2 <input type="checkbox"/> All other (Go to 8)	24 Refer to question 4 on page 14. 1 <input type="checkbox"/> Box 3 marked (Go to G3 for next activity). 2 <input type="checkbox"/> All other (Go to 8)	23 Refer to question 4 on page 14. 1 <input type="checkbox"/> Box 3 marked (Go to G3 for next activity). 2 <input type="checkbox"/> All other (Go to 8)
8a. Do you receive help from another person in (activity)?	23 1 <input type="checkbox"/> Yes (Go to 8b). 2 <input type="checkbox"/> No } (Skip to 8e). 3 <input type="checkbox"/> DK	25 1 <input type="checkbox"/> Yes (Go to 8b). 2 <input type="checkbox"/> No } (Skip to 8e). 3 <input type="checkbox"/> DK	24 1 <input type="checkbox"/> Yes (Go to 8b). 2 <input type="checkbox"/> No } (Skip to 8e). 3 <input type="checkbox"/> DK
b. Is this hands-on help?	24 1 <input type="checkbox"/> Yes (Go to 8c). 2 <input type="checkbox"/> No } (Skip to 8e). 3 <input type="checkbox"/> DK	26 1 <input type="checkbox"/> Yes (Go to 8c). 2 <input type="checkbox"/> No } (Skip to 8e). 3 <input type="checkbox"/> DK	25 1 <input type="checkbox"/> Yes (Go to 8c). 2 <input type="checkbox"/> No } (Skip to 8e). 3 <input type="checkbox"/> DK
c. When you HAVE HANDS-ON HELP FROM ANOTHER PERSON, is (activity) —	25 0 <input type="checkbox"/> Never does activity (Skip to 8e)	27 0 <input type="checkbox"/> Never does activity (Skip to 8e)	26 0 <input type="checkbox"/> Never does activity (Skip to 8e)
(1) Very tiring?	26 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> DK	28 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> DK	27 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> DK
(2) Does (activity) take a long time?	27 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> DK	29 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> DK	28 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> DK
(3) Is it very painful?	28 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> DK	30 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> DK	29 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> DK
d. How often do you have hands-on help with (activity)? Would you say always, sometimes, or rarely?	29 1 <input type="checkbox"/> Always 2 <input type="checkbox"/> Sometimes 3 <input type="checkbox"/> Rarely 9 <input type="checkbox"/> DK	31 1 <input type="checkbox"/> Always 2 <input type="checkbox"/> Sometimes 3 <input type="checkbox"/> Rarely 9 <input type="checkbox"/> DK	30 1 <input type="checkbox"/> Always 2 <input type="checkbox"/> Sometimes 3 <input type="checkbox"/> Rarely 9 <input type="checkbox"/> DK
e. Do you need (more) hands-on help with (activity)?	30 1 <input type="checkbox"/> Yes } (Go to G3 for next activity). 2 <input type="checkbox"/> No } 3 <input type="checkbox"/> DK }	32 1 <input type="checkbox"/> Yes } (Go to G3 for next activity). 2 <input type="checkbox"/> No } 3 <input type="checkbox"/> DK }	31 1 <input type="checkbox"/> Yes } (Go to G3 for next activity). 2 <input type="checkbox"/> No } 3 <input type="checkbox"/> DK }

	(A) Bathing or showering	(B) Dressing	(C) Eating
ITEM G4	31 Refer to G3 and 8b above. 1 <input type="checkbox"/> Box 1 marked in G3 (Go to G4 for next activity). 2 <input type="checkbox"/> "Yes" in 8b (Go to G4 for next activity). 3 <input type="checkbox"/> All other (Go to 9)	33 Refer to G3 and 8b above. 1 <input type="checkbox"/> Box 1 marked in G3 (Go to G4 for next activity). 2 <input type="checkbox"/> "Yes" in 8b (Go to G4 for next activity). 3 <input type="checkbox"/> All other (Go to 9)	32 Refer to G3 and 8b above. 1 <input type="checkbox"/> Box 1 marked in G3 (Go to G4 for next activity). 2 <input type="checkbox"/> "Yes" in 8b (Go to G4 for next activity). 3 <input type="checkbox"/> All other (Go to 9)
9a. Do you have someone who supervises you or stays nearby when you are (activity)?	32 1 <input type="checkbox"/> Yes (Go to 9b). 2 <input type="checkbox"/> No } (Skip to 11). 3 <input type="checkbox"/> DK	34 1 <input type="checkbox"/> Yes (Go to 9b). 2 <input type="checkbox"/> No } (Skip to 11). 3 <input type="checkbox"/> DK	33 1 <input type="checkbox"/> Yes (Go to 9b). 2 <input type="checkbox"/> No } (Skip to 11). 3 <input type="checkbox"/> DK
b. Does this person provide —	33 (1) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> DK	35 (1) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> DK	34 (1) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> DK
(2) Standby help, such as observing to see if any help is needed when you are (activity)?	34 (2) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> DK	36 (2) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> DK	35 (2) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> DK
10. How often do you have supervision or standby help when you are (activity)? Would you say always, sometimes, or rarely?	35 1 <input type="checkbox"/> Always 2 <input type="checkbox"/> Sometimes 3 <input type="checkbox"/> Rarely 9 <input type="checkbox"/> DK	37 1 <input type="checkbox"/> Always 2 <input type="checkbox"/> Sometimes 3 <input type="checkbox"/> Rarely 9 <input type="checkbox"/> DK	36 1 <input type="checkbox"/> Always 2 <input type="checkbox"/> Sometimes 3 <input type="checkbox"/> Rarely 9 <input type="checkbox"/> DK
11. Do you need (more) supervision or standby help with (activity)?	36 1 <input type="checkbox"/> Yes } (Go to G4 for next activity). 2 <input type="checkbox"/> No } 3 <input type="checkbox"/> DK }	38 1 <input type="checkbox"/> Yes } (Go to G4 for next activity). 2 <input type="checkbox"/> No } 3 <input type="checkbox"/> DK }	37 1 <input type="checkbox"/> Yes } (Go to G4 for next activity). 2 <input type="checkbox"/> No } 3 <input type="checkbox"/> DK }

Section G - ASSISTANCE WITH KEY ACTIVITIES - Continued

(D) RT 19		(E) RT 20		(F) RT 21		(G) RT 22	
Getting in and out of bed or chairs		Walking		Getting outside		Using the toilet, including getting to the toilet	
G3	Refer to question 4 on page 15. 1 <input type="checkbox"/> Box 3 marked (Go to G3 for next activity) 2 <input type="checkbox"/> All other (Go to 8)	G3	Refer to question 4 on page 15. 1 <input type="checkbox"/> Box 3 marked (Go to G3 for next activity) 2 <input type="checkbox"/> All other (Go to 8)	G3	Refer to question 4 on page 15. 1 <input type="checkbox"/> Box 3 marked (Go to G3 for next activity) 2 <input type="checkbox"/> All other (Go to 8)	G3	Refer to question 4 on page 15. 1 <input type="checkbox"/> Box 3 marked (Skip to G4 for activity (A)) 2 <input type="checkbox"/> All other (Go to 8)
8a.	1 <input type="checkbox"/> Yes (Go to 8b) 2 <input type="checkbox"/> No } (Skip to 8e) 9 <input type="checkbox"/> DK	8a.	1 <input type="checkbox"/> Yes (Go to 8b) 2 <input type="checkbox"/> No } (Skip to 8e) 9 <input type="checkbox"/> DK	8a.	1 <input type="checkbox"/> Yes (Go to 8b) 2 <input type="checkbox"/> No } (Skip to 8e) 9 <input type="checkbox"/> DK	8a.	1 <input type="checkbox"/> Yes (Go to 8b) 2 <input type="checkbox"/> No } (Skip to 8e) 9 <input type="checkbox"/> DK
b.	1 <input type="checkbox"/> Yes (Go to 8c) 2 <input type="checkbox"/> No } (Skip to 8e) 9 <input type="checkbox"/> DK	b.	1 <input type="checkbox"/> Yes (Go to 8c) 2 <input type="checkbox"/> No } (Skip to 8e) 9 <input type="checkbox"/> DK	b.	1 <input type="checkbox"/> Yes (Go to 8c) 2 <input type="checkbox"/> No } (Skip to 8e) 9 <input type="checkbox"/> DK	b.	1 <input type="checkbox"/> Yes (Go to 8c) 2 <input type="checkbox"/> No } (Skip to 8e) 9 <input type="checkbox"/> DK
c.	0 <input type="checkbox"/> Never does activity (Skip to 8e)	c.	0 <input type="checkbox"/> Never does activity (Go to 8e)	c.	0 <input type="checkbox"/> Never does activity (Skip to 8e)	c.	0 <input type="checkbox"/> Never does activity (Skip to 8e)
(1)	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	(1)	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	(1)	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	(1)	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK
(2)	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	(2)	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	(2)	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	(2)	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK
(3)	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	(3)	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	(3)	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	(3)	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK
d.	1 <input type="checkbox"/> Always 2 <input type="checkbox"/> Sometimes 3 <input type="checkbox"/> Rarely 9 <input type="checkbox"/> DK	d.	1 <input type="checkbox"/> Always 2 <input type="checkbox"/> Sometimes 3 <input type="checkbox"/> Rarely 9 <input type="checkbox"/> DK	d.	1 <input type="checkbox"/> Always 2 <input type="checkbox"/> Sometimes 3 <input type="checkbox"/> Rarely 9 <input type="checkbox"/> DK	d.	1 <input type="checkbox"/> Always 2 <input type="checkbox"/> Sometimes 3 <input type="checkbox"/> Rarely 9 <input type="checkbox"/> DK
e.	1 <input type="checkbox"/> Yes } (Go to G3 for next activity) 2 <input type="checkbox"/> No } 9 <input type="checkbox"/> DK	e.	1 <input type="checkbox"/> Yes } (Go to G3 for next activity) 2 <input type="checkbox"/> No } 9 <input type="checkbox"/> DK	e.	1 <input type="checkbox"/> Yes } (Go to G3 for next activity) 2 <input type="checkbox"/> No } 9 <input type="checkbox"/> DK	e.	1 <input type="checkbox"/> Yes } (Go to G4 for activity (A)) 2 <input type="checkbox"/> No } 9 <input type="checkbox"/> DK

(D)		(E)		(F)		(G)	
Getting in and out of bed or chairs		Walking		Getting outside		Using the toilet, including getting to the toilet	
G4	Refer to G3 and 8b above. 1 <input type="checkbox"/> Box 1 marked in G3 (Go to G4 for next activity) 2 <input type="checkbox"/> "Yes" in 8b (Go to G4 for next activity) 3 <input type="checkbox"/> All other (Go to 9)	G4	Refer to G3 and 8b above. 1 <input type="checkbox"/> Box 1 marked in G3 (Go to G4 for next activity) 2 <input type="checkbox"/> "Yes" in 8b (Go to G4 for next activity) 3 <input type="checkbox"/> All other (Go to 9)	G4	Refer to G3 and 8b above. 1 <input type="checkbox"/> Box 1 marked in G3 (Go to G4 for next activity) 2 <input type="checkbox"/> "Yes" in 8b (Go to G4 for next activity) 3 <input type="checkbox"/> All other (Go to 9)	G4	Refer to G3 and 8b above. 1 <input type="checkbox"/> Box 1 marked in G3 (Skip to G5 on page 18) 2 <input type="checkbox"/> "Yes" in 8b (Skip to G5 on page 18) 3 <input type="checkbox"/> All other (Go to 9)
9a.	1 <input type="checkbox"/> Yes (Go to 9b) 2 <input type="checkbox"/> No } (Skip to 11) 9 <input type="checkbox"/> DK	9a.	1 <input type="checkbox"/> Yes (Go to 9b) 2 <input type="checkbox"/> No } (Skip to 11) 9 <input type="checkbox"/> DK	9a.	1 <input type="checkbox"/> Yes (Go to 9b) 2 <input type="checkbox"/> No } (Skip to 11) 9 <input type="checkbox"/> DK	9a.	1 <input type="checkbox"/> Yes (Go to 9b) 2 <input type="checkbox"/> No } (Skip to 11) 9 <input type="checkbox"/> DK
b.	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	b.	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	b.	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	b.	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK
(1)	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	(1)	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	(1)	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	(1)	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK
(2)	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	(2)	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	(2)	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	(2)	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK
10.	1 <input type="checkbox"/> Always 2 <input type="checkbox"/> Sometimes 3 <input type="checkbox"/> Rarely 9 <input type="checkbox"/> DK	10.	1 <input type="checkbox"/> Always 2 <input type="checkbox"/> Sometimes 3 <input type="checkbox"/> Rarely 9 <input type="checkbox"/> DK	10.	1 <input type="checkbox"/> Always 2 <input type="checkbox"/> Sometimes 3 <input type="checkbox"/> Rarely 9 <input type="checkbox"/> DK	10.	1 <input type="checkbox"/> Always 2 <input type="checkbox"/> Sometimes 3 <input type="checkbox"/> Rarely 9 <input type="checkbox"/> DK
11.	1 <input type="checkbox"/> Yes } (Go to G4 for next activity) 2 <input type="checkbox"/> No } 9 <input type="checkbox"/> DK	11.	1 <input type="checkbox"/> Yes } (Go to G4 for next activity) 2 <input type="checkbox"/> No } 9 <input type="checkbox"/> DK	11.	1 <input type="checkbox"/> Yes } (Go to G4 for next activity) 2 <input type="checkbox"/> No } 9 <input type="checkbox"/> DK	11.	1 <input type="checkbox"/> Yes } (Go to G5 on page 18) 2 <input type="checkbox"/> No } 9 <input type="checkbox"/> DK

Section G - ASSISTANCE WITH KEY ACTIVITIES - Continued

	(A) RT 16 Bathing or showering	(B) RT 17 Dressing	(C) RT 18 Eating
ITEM G5	<p>G5 Refer to 8a, 8e, 9a and 11 on page 16. 37</p> <p>1 <input type="checkbox"/> Any "Yes" (Go to 12)</p> <p>2 <input type="checkbox"/> All other (Go to G5 for activity (B))</p>	<p>G5 Refer to 8a, 8e, 9a and 11 on page 16. 39</p> <p>1 <input type="checkbox"/> Any "Yes" (Go to 12)</p> <p>2 <input type="checkbox"/> All other (Go to G5 for activity (C))</p>	<p>G5 Refer to 8a, 8e, 9a and 11 on page 16. 38</p> <p>1 <input type="checkbox"/> Any "Yes" (Go to 12)</p> <p>2 <input type="checkbox"/> All other (Go to G5 for activity (D))</p>
	<p>12a. How often do you have a complete bath? This could be a tub bath, shower, sink bath or bed bath. Would you say — (Read categories)</p> <p>1 <input type="checkbox"/> Everyday, 38</p> <p>2 <input type="checkbox"/> 2-3 times per week,</p> <p>3 <input type="checkbox"/> Once a week, or</p> <p>4 <input type="checkbox"/> Less than once a week?</p> <p>9 <input type="checkbox"/> DK</p>	<p>12a. Do you get dressed for the day — (Read categories)</p> <p>1 <input type="checkbox"/> Everyday, (Skip to 13) 40</p> <p>2 <input type="checkbox"/> 2-3 times per week, } (Go to 12b)</p> <p>3 <input type="checkbox"/> Once a week, or</p> <p>4 <input type="checkbox"/> Do you stay in night clothes?</p> <p>9 <input type="checkbox"/> DK</p>	<p>12a. During the past month, were there times you were unable to eat when you were hungry because no one was available to help you eat?</p> <p>1 <input type="checkbox"/> Yes 39</p> <p>2 <input type="checkbox"/> No</p> <p>9 <input type="checkbox"/> DK</p>
	<p>b. How often do you have a partial bath? Would you say — (Read categories)</p> <p>1 <input type="checkbox"/> Everyday, 39</p> <p>2 <input type="checkbox"/> 2-3 times per week,</p> <p>3 <input type="checkbox"/> Once a week, or</p> <p>4 <input type="checkbox"/> Less than once a week?</p> <p>9 <input type="checkbox"/> DK</p>	<p>b. How often do you change your night clothes? Would you say — (Read categories)</p> <p>1 <input type="checkbox"/> Everyday, 41</p> <p>2 <input type="checkbox"/> 2-3 times per week,</p> <p>3 <input type="checkbox"/> Once a week, or</p> <p>4 <input type="checkbox"/> Less than once a week?</p> <p>9 <input type="checkbox"/> DK</p>	<p>b. During the past month, have you —</p> <p>(1) Lost any weight because you were on a diet?</p> <p>1 <input type="checkbox"/> Yes 40</p> <p>2 <input type="checkbox"/> No</p> <p>9 <input type="checkbox"/> DK</p>
	<p>13a. During the past month, did you experience discomfort because you were not able to bathe as often as you would have liked?</p> <p><i>If necessary: That can be either physical or emotional discomfort.</i></p> <p>1 <input type="checkbox"/> Yes 40</p> <p>2 <input type="checkbox"/> No</p> <p>9 <input type="checkbox"/> DK</p>	<p>13. During the past month, did you experience discomfort because you were not able to change your clothes as often as you would have liked because you did not have help?</p> <p>1 <input type="checkbox"/> Yes } (Go to G5 for activity (C)) 42</p> <p>2 <input type="checkbox"/> No</p> <p>9 <input type="checkbox"/> DK</p>	<p>(2) Lost weight even though you were not on a diet?</p> <p>1 <input type="checkbox"/> Yes 41</p> <p>2 <input type="checkbox"/> No</p> <p>9 <input type="checkbox"/> DK</p>
	<p>b. During the past month, did you experience a burn or scald caused by bathing with water that was too hot?</p> <p>1 <input type="checkbox"/> Yes } (Go to G5 for activity (B)) 41</p> <p>2 <input type="checkbox"/> No</p> <p>9 <input type="checkbox"/> DK</p>		<p>(3) Been dehydrated, that is not had enough liquid in your diet?</p> <p>1 <input type="checkbox"/> Yes } (Go to G5 for activity (D)) 42</p> <p>2 <input type="checkbox"/> No</p> <p>9 <input type="checkbox"/> DK</p> <p><i>If necessary: If you were dehydrated, you might have been thirsty or lost body fluids.</i></p>

Notes

Section G - ASSISTANCE WITH KEY ACTIVITIES - Continued

(D) RT 19		(E) RT 20		(G) RT 22	
Getting in and out of bed or chairs		Walking		Using the toilet, including getting to the toilet	
G5	Refer to 8a, 8e, 9a and 11 on page 17. 42 1 <input type="checkbox"/> Any "Yes" (Go to 12) 2 <input type="checkbox"/> All other (Go to G5 for activity (E))	G5	Refer to 8a, 8e, 9a and 11 on page 17. 53 1 <input type="checkbox"/> Any "Yes" (Go to 12) 2 <input type="checkbox"/> All other (Go to G5 for activity (G))	G5	Refer to 8a, 8e, 9a and 11 on page 17. 59 1 <input type="checkbox"/> Any "Yes" (Go to 12) 2 <input type="checkbox"/> All other (Skip to G6 on page 20)
12a.	Because of a health or physical problem, do you usually stay in bed all or most of the time? 1 <input type="checkbox"/> Yes (Skip to G5 for activity (E)) 43 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (Go to 12b)	12a.	How often do you move around your [house/ apartment/room]? Would you say — (Read categories) 1 <input type="checkbox"/> Whenever you want, 54 2 <input type="checkbox"/> Often enough to stretch and have a change of scenery now and then. 3 <input type="checkbox"/> Often enough to take care of toileting needs but not much more than that, or 4 <input type="checkbox"/> Not often enough even to use the bathroom? 9 <input type="checkbox"/> DK (Go to G5 for activity (G))	12a.	During the past month, did you experience discomfort because you did not have help getting to the bathroom or changing soiled clothing as often as you needed to? If necessary: That can be either physical or emotional discomfort. 1 <input type="checkbox"/> Yes 60 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK
b.	Because of a health or physical problem, do you usually stay in a chair all or most of the time? 1 <input type="checkbox"/> Yes 44 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK			b.	During the past month, did you wet or soil yourself because you did not have help getting to the bathroom, using a bed pan or using a commode? 1 <input type="checkbox"/> Yes (Go to 12c) 61 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (Skip to 12d)
c.	How often do you get out of bed? Would you say — (Read categories) 1 <input type="checkbox"/> Everyday, 45 2 <input type="checkbox"/> 2-3 times per week, 3 <input type="checkbox"/> Once a week, or 4 <input type="checkbox"/> Less than once a week? 9 <input type="checkbox"/> DK (Go to G5 for activity (E))			c.	During the past month, did you experience skin problems such as a rash or irritation because of this? 1 <input type="checkbox"/> Yes 62 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK
				d.	During the past month, did you use a commode or bed pan because no help was available? 1 <input type="checkbox"/> Yes 63 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK (Go to G6 on page 20)

Notes

Section G - ASSISTANCE WITH KEY ACTIVITIES - Continued

ITEM G6	<p>Refer to question 4 for activities A-G on pages 14 and 15. Indicate the activities marked "Yes".</p> <p>Insert these marked activities when asking 14.</p>	<p><input type="checkbox"/> A. Bathing or showering</p> <p><input type="checkbox"/> B. Dressing</p> <p><input type="checkbox"/> C. Eating</p> <p><input type="checkbox"/> D. Getting in and out of bed or chairs</p> <p><input type="checkbox"/> E. Walking</p> <p><input type="checkbox"/> F. Getting outside</p> <p><input type="checkbox"/> G. Using the toilet, including getting to the toilet</p> <p><input type="checkbox"/> No activities marked (Skip to 15)</p>
<p>Insert activities marked in G6.</p> <p>14a. What (other) condition causes the trouble in (activities)?</p> <p>Record conditions and ask 14b.</p> <p>Ask if operation:</p> <p>For what condition did you have the operation?</p> <p>Record up to 5 conditions.</p>		<p>00 <input type="checkbox"/> No condition (Skip to 15) 5-6</p> <p>01 <input type="checkbox"/> Old age (Go to 14c) 7-8</p> <p>(a) _____ 9-10</p> <p>(b) _____ 11-12</p> <p>(c) _____ 13-14</p> <p>(d) _____ 15-16</p> <p>(e) _____ 17-18</p>
<p>b. Besides (condition), is there any other condition which causes this trouble in (activities)?</p>		<p>1 <input type="checkbox"/> Yes (Reask 14a and 14b) 19</p> <p>2 <input type="checkbox"/> No } (Go to 15)</p> <p>9 <input type="checkbox"/> DK }</p>
<p>c. Is this trouble in (activities) caused by any specific condition?</p>		<p>1 <input type="checkbox"/> Yes (Reask 14a and 14b) 20</p> <p>2 <input type="checkbox"/> No } (Go to 15)</p> <p>9 <input type="checkbox"/> DK }</p>
<p>15a. Do you have difficulty controlling your bowels?</p>		<p>1 <input type="checkbox"/> Yes (Go to 15b) 21</p> <p>2 <input type="checkbox"/> No } (Skip to 15c)</p> <p>9 <input type="checkbox"/> DK }</p>
<p>b. How frequently do you have this difficulty — daily, several times a week, once a week, or less than once a week?</p> <p>Mark (X) only one.</p>		<p>1 <input type="checkbox"/> Daily 22</p> <p>2 <input type="checkbox"/> Several times a week</p> <p>3 <input type="checkbox"/> Once a week</p> <p>4 <input type="checkbox"/> Less than once a week</p> <p>9 <input type="checkbox"/> DK</p>
<p>c. Do you have a colostomy or a device to help control bowel movements?</p>		<p>1 <input type="checkbox"/> Yes (Go to 15d) 23</p> <p>2 <input type="checkbox"/> No } (Skip to 16a on page 21)</p> <p>9 <input type="checkbox"/> DK }</p>
<p>d. Do you need help from another person in taking care of this device?</p>		<p>1 <input type="checkbox"/> Yes 24</p> <p>2 <input type="checkbox"/> No</p> <p>9 <input type="checkbox"/> DK</p>

Notes

Section G - ASSISTANCE WITH KEY ACTIVITIES - Continued

<p>16a. Do you have difficulty controlling urination?</p>	<p>1 <input type="checkbox"/> Yes (Go to 16b) 2 <input type="checkbox"/> No } (Skip to 16c) 9 <input type="checkbox"/> DK</p>	<p>25</p>
<p>b. How frequently do you have this difficulty — daily, several times a week, once a week, or less than once a week?</p> <p><i>Mark (X) only one.</i></p>	<p>1 <input type="checkbox"/> Daily 2 <input type="checkbox"/> Several times a week 3 <input type="checkbox"/> Once a week 4 <input type="checkbox"/> Less than once a week 9 <input type="checkbox"/> DK</p>	<p>26</p>
<p>c. Do you have a urinary catheter or a device to help control urination?</p>	<p>1 <input type="checkbox"/> Yes (Go to 16d) 2 <input type="checkbox"/> No } (Skip to Item G7) 9 <input type="checkbox"/> DK</p>	<p>27</p>
<p>d. Do you need help from another person in taking care of this device?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p>	<p>28</p>
<p>ITEM G7</p>	<p>Status of SP.</p>	<p>29</p>
<p>Notes</p>		

Section G – ASSISTANCE WITH KEY ACTIVITIES – Continued

READ TO RESPONDENT: These questions are about some other activities. Please tell me about doing them by yourself.

<p><i>Ask questions 17(H)–(J) before continuing to Item G8.</i></p> <p>17. Because of a health or physical problem, do you have ANY difficulty —</p> <p><i>Ask if "Doesn't do": Is this because of a HEALTH or PHYSICAL problem?</i></p> <p><i>If "Yes", mark box 1; if "No" mark box 3.</i></p>	<p>(H) RT 24 3-4</p> <p>Preparing your own meals?</p>	<p>(I) RT 25 3-4</p> <p>Shopping for groceries and personal items, such as toilet items or medicines?</p>	<p>(J) RT 26 3-4</p> <p>Managing your money, such as keeping track of expenses or paying bills?</p>
	<p>17. 1 <input type="checkbox"/> Yes 5</p> <p>2 <input type="checkbox"/> No</p> <p>3 <input type="checkbox"/> Doesn't do for other reason \checkmark</p> <p>Does someone else regularly do this for you?</p> <p>4 <input type="checkbox"/> Yes 6</p> <p>5 <input type="checkbox"/> No</p>	<p>1 <input type="checkbox"/> Yes 5</p> <p>2 <input type="checkbox"/> No</p> <p>3 <input type="checkbox"/> Doesn't do for other reason \checkmark</p> <p>Does someone else regularly do this for you?</p> <p>4 <input type="checkbox"/> Yes 6</p> <p>5 <input type="checkbox"/> No</p>	<p>1 <input type="checkbox"/> Yes 5</p> <p>2 <input type="checkbox"/> No</p> <p>3 <input type="checkbox"/> Doesn't do for other reason \checkmark</p> <p>Does someone else regularly do this for you?</p> <p>4 <input type="checkbox"/> Yes 6</p> <p>5 <input type="checkbox"/> No</p>

	<p>(H)</p> <p>Preparing your own meals</p>	<p>(I)</p> <p>Shopping for groceries and personal items</p>	<p>(J)</p> <p>Managing your money</p>
ITEM G8	<p>G8 Refer to question 17. 7</p> <p>1 <input type="checkbox"/> Box 1 "Yes" marked (Go to 18)</p> <p>2 <input type="checkbox"/> All other (Go to G8 for next activity)</p>	<p>Refer to question 17. 7</p> <p>1 <input type="checkbox"/> Box 1 "Yes" marked (Go to 18)</p> <p>2 <input type="checkbox"/> All other (Go to G8 for next activity)</p>	<p>Refer to question 17. 7</p> <p>1 <input type="checkbox"/> Box 1 "Yes" marked (Go to 18)</p> <p>2 <input type="checkbox"/> All other (Go to G8 for next activity)</p>
<p>18. By yourself, how much difficulty do you have (activity), — some, a lot, or are you unable to do it?</p>	<p>18. 1 <input type="checkbox"/> Some } (Go to 19)</p> <p>2 <input type="checkbox"/> A lot } (Go to 19)</p> <p>3 <input type="checkbox"/> Unable (Go to G8 for next activity)</p> <p>9 <input type="checkbox"/> DK (Go to 19)</p>	<p>1 <input type="checkbox"/> Some } (Go to 19)</p> <p>2 <input type="checkbox"/> A lot } (Go to 19)</p> <p>3 <input type="checkbox"/> Unable (Go to G8 for next activity)</p> <p>9 <input type="checkbox"/> DK (Go to 19)</p>	<p>1 <input type="checkbox"/> Some } (Go to 19)</p> <p>2 <input type="checkbox"/> A lot } (Go to 19)</p> <p>3 <input type="checkbox"/> Unable (Go to G8 for next activity)</p> <p>9 <input type="checkbox"/> DK (Go to 19)</p>
<p>19. When you DO NOT HAVE HELP, is (activity) by yourself —</p> <p>a. Very tiring?</p> <p>b. Does (activity) take a long time?</p> <p>c. Is it very painful?</p>	<p>0 <input type="checkbox"/> Never do without help (Go to G8 for next activity) 9</p> <p>Yes No DK</p> <p>19a. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/> 10</p> <p>b. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/> 11</p> <p>c. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/> 12</p> <p>(Go to G8 for next activity)</p>	<p>0 <input type="checkbox"/> Never do without help (Go to G8 for next activity) 9</p> <p>Yes No DK</p> <p>1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/> 10</p> <p>1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/> 11</p> <p>1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/> 12</p> <p>(Go to G8 for next activity)</p>	<p>0 <input type="checkbox"/> Never do without help (Go to G8 for next activity) 9</p> <p>Yes No DK</p> <p>1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/> 10</p> <p>1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/> 11</p> <p>1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/> 12</p> <p>(Go to G8 for next activity)</p>

Notes

Section G – ASSISTANCE WITH KEY ACTIVITIES – Continued

	(K) RT 27 3-4	(L) RT 28 3-4	(M) RT 29 3-4	(N) RT 30 3-4	(O) RT 31 3-4
	Using the telephone?	Doing heavy housework, like scrubbing floors, or washing windows?	Doing light housework, like doing dishes, straightening up, or light cleaning?	Getting to places outside of walking distance?	Managing your medication?
17.	1 <input type="checkbox"/> Yes 5 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Doesn't do for other reason <input checked="" type="checkbox"/> 5 Does someone else regularly do this for you? 4 <input type="checkbox"/> Yes 6 5 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 5 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Doesn't do for other reason <input checked="" type="checkbox"/> 5 Does someone else regularly do this for you? 4 <input type="checkbox"/> Yes 6 5 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 5 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Doesn't do for other reason <input checked="" type="checkbox"/> 5 Does someone else regularly do this for you? 4 <input type="checkbox"/> Yes 6 5 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 5 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Doesn't do for other reason <input checked="" type="checkbox"/> 5 Does someone else regularly do this for you? 4 <input type="checkbox"/> Yes 6 5 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 5 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Doesn't do for other reason <input checked="" type="checkbox"/> 5 Does someone else regularly do this for you? 4 <input type="checkbox"/> Yes 6 5 <input type="checkbox"/> No

	(K)	(L)	(M)	(N)	(O)
	Using the telephone	Doing heavy housework	Doing light housework	Getting to places outside of walking distance	Managing your medication
G8	Refer to question 17. 7 1 <input type="checkbox"/> Box 1 "Yes" marked (Go to 18) 2 <input type="checkbox"/> All other (Go to G8 for next activity)	Refer to question 17. 7 1 <input type="checkbox"/> Box 1 "Yes" marked (Go to 18) 2 <input type="checkbox"/> All other (Go to G8 for next activity)	Refer to question 17. 7 1 <input type="checkbox"/> Box 1 "Yes" marked (Go to 18) 2 <input type="checkbox"/> All other (Go to G8 for next activity)	Refer to question 17. 7 1 <input type="checkbox"/> Box 1 "Yes" marked (Go to 18) 2 <input type="checkbox"/> All other (Go to G8 for next activity)	Refer to question 17. 7 1 <input type="checkbox"/> Box 1 "Yes" marked (Go to 18) 2 <input type="checkbox"/> All other (Skip to G9 on page 24)
18.	1 <input type="checkbox"/> Some } (Go to 19) 2 <input type="checkbox"/> A lot } 8 3 <input type="checkbox"/> Unable (Go to G8 for next activity) 9 <input type="checkbox"/> DK (Go to 19)	1 <input type="checkbox"/> Some } (Go to 19) 2 <input type="checkbox"/> A lot } 8 3 <input type="checkbox"/> Unable (Go to G8 for next activity) 9 <input type="checkbox"/> DK (Go to 19)	1 <input type="checkbox"/> Some } (Go to 19) 2 <input type="checkbox"/> A lot } 8 3 <input type="checkbox"/> Unable (Go to G8 for next activity) 9 <input type="checkbox"/> DK (Go to 19)	1 <input type="checkbox"/> Some } (Go to 19) 2 <input type="checkbox"/> A lot } 8 3 <input type="checkbox"/> Unable (Go to G8 for next activity) 9 <input type="checkbox"/> DK (Go to 19)	1 <input type="checkbox"/> Some } (Go to 19) 2 <input type="checkbox"/> A lot } 8 3 <input type="checkbox"/> Unable (Skip to G9 on page 24) 9 <input type="checkbox"/> DK (Go to 19)
19a.	0 <input type="checkbox"/> Never do without help (Go to G8 for next activity) 9 Yes No DK 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/> 10	0 <input type="checkbox"/> Never do without help (Go to G8 for next activity) 9 Yes No DK 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/> 10	0 <input type="checkbox"/> Never do without help (Go to G8 for next activity) 9 Yes No DK 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/> 10	0 <input type="checkbox"/> Never do without help (Go to G8 for next activity) 9 Yes No DK 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/> 10	0 <input type="checkbox"/> Never do without help (Skip to G9 for activity (H)) 9 Yes No DK 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/> 10
b.	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/> 11	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/> 11	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/> 11	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/> 11	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/> 11
c.	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/> 12 (Go to G8 for next activity)	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/> 12 (Go to G8 for next activity)	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/> 12 (Go to G8 for next activity)	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/> 12 (Go to G8 for next activity)	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/> 12 (Go to G9 on page 24)

Notes

Section G - ASSISTANCE WITH KEY ACTIVITIES - Continued

	(H) <small>RT 24</small> Preparing your own meals	(I) <small>RT 25</small> Shopping for groceries and personal items	(J) <small>RT 26</small> Managing your money
ITEM G9	G9 <small>Refer to question 17 on page 22.</small> 1 <input type="checkbox"/> Box 3 marked (Go to G9 for next activity) 2 <input type="checkbox"/> All others (Go to 20)	<small>Refer to question 17 on page 22.</small> 1 <input type="checkbox"/> Box 3 marked (Go to G9 for next activity) 2 <input type="checkbox"/> All others (Go to 20)	<small>Refer to question 17 on page 22.</small> 1 <input type="checkbox"/> Box 3 marked (Go to G9 for next activity) 2 <input type="checkbox"/> All others (Go to 20)
20a. Do you receive help from another person in (activity)?	20a. 1 <input type="checkbox"/> Yes (Go to 20b) 2 <input type="checkbox"/> No } (Skip to 20e) 9 <input type="checkbox"/> DK	1 <input type="checkbox"/> Yes (Go to 20b) 2 <input type="checkbox"/> No } (Skip to 20e) 9 <input type="checkbox"/> DK	1 <input type="checkbox"/> Yes (Go to 20b) 2 <input type="checkbox"/> No } (Skip to 20e) 9 <input type="checkbox"/> DK
b. Is this hands-on help?	b. 1 <input type="checkbox"/> Yes (Go to 20c) 2 <input type="checkbox"/> No } (Skip to 20e) 9 <input type="checkbox"/> DK	1 <input type="checkbox"/> Yes (Go to 20c) 2 <input type="checkbox"/> No } (Skip to 20e) 9 <input type="checkbox"/> DK	1 <input type="checkbox"/> Yes (Go to 20c) 2 <input type="checkbox"/> No } (Skip to 20e) 9 <input type="checkbox"/> DK
c. When you HAVE HANDS-ON HELP FROM ANOTHER PERSON, is (activity):	c. 0 <input type="checkbox"/> Never does activity (Skip to 20e) Yes No DK	0 <input type="checkbox"/> Never does activity (Skip to 20e) Yes No DK	0 <input type="checkbox"/> Never does activity (Skip to 20e) Yes No DK
(1) Very tiring?	(1) 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>
(2) Does (activity) take a long time?	(2) 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>
(3) Is it very painful?	(3) 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>
d. How often do you have hands-on help with (activity)? Would you say always, sometimes, or rarely?	d. 1 <input type="checkbox"/> Always 2 <input type="checkbox"/> Sometimes 3 <input type="checkbox"/> Rarely 9 <input type="checkbox"/> DK	1 <input type="checkbox"/> Always 2 <input type="checkbox"/> Sometimes 3 <input type="checkbox"/> Rarely 9 <input type="checkbox"/> DK	1 <input type="checkbox"/> Always 2 <input type="checkbox"/> Sometimes 3 <input type="checkbox"/> Rarely 9 <input type="checkbox"/> DK
e. Do you need (more) hands-on help with (activity)?	e. 1 <input type="checkbox"/> Yes } (Go to G9 for next activity) 2 <input type="checkbox"/> No } 9 <input type="checkbox"/> DK }	1 <input type="checkbox"/> Yes } (Go to G9 for next activity) 2 <input type="checkbox"/> No } 9 <input type="checkbox"/> DK }	1 <input type="checkbox"/> Yes } (Go to G9 for next activity) 2 <input type="checkbox"/> No } 9 <input type="checkbox"/> DK }

	(H) <small>RT 24</small> Preparing your own meals	(I) <small>RT 25</small> Shopping for groceries and personal items	(J) <small>RT 26</small> Managing your money
ITEM G10	G10 <small>Refer to G9 and 20b:</small> 1 <input type="checkbox"/> Box 1 marked in G9 (Go to G10 for next activity) 2 <input type="checkbox"/> "Yes" marked in 20b (Go to G10 for next activity) 3 <input type="checkbox"/> Other (Go to 21)	<small>Refer to G9 and 20b:</small> 1 <input type="checkbox"/> Box 1 marked in G9 (Go to G10 for next activity) 2 <input type="checkbox"/> "Yes" marked in 20b (Go to G10 for next activity) 3 <input type="checkbox"/> Other (Go to 21)	<small>Refer to G9 and 20b:</small> 1 <input type="checkbox"/> Box 1 marked in G9 (Go to G10 for next activity) 2 <input type="checkbox"/> "Yes" marked in 20b (Go to G10 for next activity) 3 <input type="checkbox"/> Other (Go to 21)
21a. Do you have someone who supervises you or stays nearby when you are (activity)?	21a. 1 <input type="checkbox"/> Yes (Go to 21b) 2 <input type="checkbox"/> No } (Skip to 23) 9 <input type="checkbox"/> DK	1 <input type="checkbox"/> Yes (Go to 21b) 2 <input type="checkbox"/> No } (Skip to 23) 9 <input type="checkbox"/> DK	1 <input type="checkbox"/> Yes (Go to 21b) 2 <input type="checkbox"/> No } (Skip to 23) 9 <input type="checkbox"/> DK
b. Does this person provide —	b.		
(1) Supervisory help, such as making sure the activity is performed correctly when you are (activity)?	(1) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK
(2) Stand-by help, such as observing to see if any help is needed when you are (activity)?	(2) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK
22. How often do you have supervision or standby help when you are (activity)? Would you say always, sometimes, or rarely?	22. 1 <input type="checkbox"/> Always 2 <input type="checkbox"/> Sometimes 3 <input type="checkbox"/> Rarely 9 <input type="checkbox"/> DK	1 <input type="checkbox"/> Always 2 <input type="checkbox"/> Sometimes 3 <input type="checkbox"/> Rarely 9 <input type="checkbox"/> DK	1 <input type="checkbox"/> Always 2 <input type="checkbox"/> Sometimes 3 <input type="checkbox"/> Rarely 9 <input type="checkbox"/> DK
23. Do you need (more) supervision or standby help with (activity)?	23. 1 <input type="checkbox"/> Yes } (Go to G10 for next activity) 2 <input type="checkbox"/> No } 9 <input type="checkbox"/> DK }	1 <input type="checkbox"/> Yes } (Go to G10 for next activity) 2 <input type="checkbox"/> No } 9 <input type="checkbox"/> DK }	1 <input type="checkbox"/> Yes } (Go to G10 for next activity) 2 <input type="checkbox"/> No } 9 <input type="checkbox"/> DK }

Notes

Section G - ASSISTANCE WITH KEY ACTIVITIES - Continued

		(H) RT 24	(I) RT 25	
		Preparing your own meals	Shopping for groceries and personal items	
ITEM G11	G11	Refer to 20a, 20a, 21a, and 23 on page 24. 28 1 <input type="checkbox"/> Any "Yes" (Go to 24) 2 <input type="checkbox"/> All other (Go to G11 for activity (I))	Refer to 20a, 20a, 21a, and 23 on page 24. 28 1 <input type="checkbox"/> Any "Yes" (Go to 24) 2 <input type="checkbox"/> All other (Go to G11 for activity (L))	
	24a.	During the past month, did you experience discomfort because you were unable to eat when you were hungry because no one was available to prepare food? 29 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	24a. During the past month, were you unable to follow a special diet because you needed help shopping? 29 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	
	b.	During the past month, were you unable to follow a special diet because you needed help cooking? 30 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	b. During the past month, did you miss a meal because you were unable to shop? 30 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (Go to G11 for activity (L))	
	c.	During the past month, were you unable to eat the kind of food you are used to and you prefer because you needed help cooking? 31 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (Go to G11 for activity (I))		

		(H) RT 24	(I) RT 25	(J) RT 26
		Prepare your own meals	Shop for groceries and personal items	Manage your money
ITEM G12	G12	Refer to 17 on page 22. 32 1 <input type="checkbox"/> Box 3 marked (Go to G12 for next activity) 2 <input type="checkbox"/> All other (Go to 25)	Refer to 17 on page 22. 31 1 <input type="checkbox"/> Box 3 marked (Go to G12 for next activity) 2 <input type="checkbox"/> All other (Go to 25)	Refer to 17 on page 22. 28 1 <input type="checkbox"/> Box 3 marked (Go to G12 for activity (L)) 2 <input type="checkbox"/> All other (Go to 25)
	25.	25. In your household, how often do YOU (activity)? Would you say always, sometimes, rarely, or never? 33 1 <input type="checkbox"/> Always 2 <input type="checkbox"/> Sometimes 3 <input type="checkbox"/> Rarely 4 <input type="checkbox"/> Never 9 <input type="checkbox"/> DK } (Go to G12 for next activity)	25. 32 1 <input type="checkbox"/> Always 2 <input type="checkbox"/> Sometimes 3 <input type="checkbox"/> Rarely 4 <input type="checkbox"/> Never 9 <input type="checkbox"/> DK } (Go to G12 for next activity)	25. 29 1 <input type="checkbox"/> Always 2 <input type="checkbox"/> Sometimes 3 <input type="checkbox"/> Rarely 4 <input type="checkbox"/> Never 9 <input type="checkbox"/> DK } (Go to G12 for activity (L))

Notes

Section G - ASSISTANCE WITH KEY ACTIVITIES - Continued

(L) RT 28		(M) RT 29		(N) RT 30	
Doing heavy housework		Doing light housework		Getting to places outside of walking distance	
G11	Refer to 20a, 20e, 21a, and 23 on page 25. 28 1 <input type="checkbox"/> Any "Yes" (Go to 24) 2 <input type="checkbox"/> All other (Go to G11 for activity (M))	G11	Refer to 20a, 20e, 21a, and 23 on page 25. 28 1 <input type="checkbox"/> Any "Yes" (Go to 24) 2 <input type="checkbox"/> All other (Go to G11 for activity (N))	G11	Refer to 20a, 20e, 21a, and 23 on page 25. 28 1 <input type="checkbox"/> Any "Yes" (Go to 24) 2 <input type="checkbox"/> All other (Skip to G12 for activity (H))
24.	During the past month, did you experience distress because you were not able to wash clothes or clean up around the house? 1 <input type="checkbox"/> Yes 29 2 <input type="checkbox"/> No } (Go to G11 for activity (M)) 9 <input type="checkbox"/> DK	24.	During the past month, did you experience distress because you were not able to do dishes or straighten up around the house? 1 <input type="checkbox"/> Yes 29 2 <input type="checkbox"/> No } (Go to G11 for activity (N)) 9 <input type="checkbox"/> DK	24a.	During the past month, did you miss a doctor's or other medical appointment because you were unable to get there? 1 <input type="checkbox"/> Yes 29 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK
				b.	During the past month, were you unable to go places you wanted to for fun or recreation because you did not have transportation? 1 <input type="checkbox"/> Yes 30 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK
				c.	During the past month, did you run out of food because you were unable to get to the store? 1 <input type="checkbox"/> Yes } (Go to G12 for activity (H)) 31 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK

(L)		(M)	
Do heavy housework		Do light housework	
G12	Refer to 17 on page 23. 30 1 <input type="checkbox"/> Box 3 marked (Go to G12 for next activity) 2 <input type="checkbox"/> All other (Go to 25)	G12	Refer to 17 on page 23. 30 1 <input type="checkbox"/> Box 3 marked (Skip to G13 on page 28) 2 <input type="checkbox"/> All other (Go to 25)
25.	1 <input type="checkbox"/> Always 2 <input type="checkbox"/> Sometimes } (Go to G12 for next activity) 31 3 <input type="checkbox"/> Rarely 4 <input type="checkbox"/> Never 9 <input type="checkbox"/> DK	25.	1 <input type="checkbox"/> Always 2 <input type="checkbox"/> Sometimes } (Skip to G13 on page 28) 31 3 <input type="checkbox"/> Rarely 4 <input type="checkbox"/> Never 9 <input type="checkbox"/> DK

Notes

Section G – ASSISTANCE WITH KEY ACTIVITIES – Continued

**ITEM
G13**

Refer to question 17 for activities H–O on pages 22 and 23. Indicate the activities marked "Yes".
Insert these marked activities when asking 26.

- H. Preparing your own meals
- I. Shopping for groceries and personal items
- J. Managing your money
- K. Using the telephone
- L. Doing heavy housework
- M. Doing light housework
- N. Getting to places outside of walking distance
- O. Managing your medication
- No activities marked (Skip to 27)

Insert activities marked in G13.

26a. What (other) condition causes the trouble in (activities)?

Record conditions and ask 26b.

Ask if operation:

For what condition did you have the operation?

Record up to 5 conditions.

- 00 No condition (Skip to 27)
- 01 Old age (Skip to 26c)

- (a) _____ 5-6
7-8
9-10
- (b) _____ 11-12
- (c) _____ 13-14
- (d) _____ 15-16
- (e) _____ 17-18

b. Besides (condition), is there any other condition which causes this trouble in (activities)?

- 1 Yes (Reask 26a and b)
- 2 No } (Skip to 27)
- 9 DK }

c. Is this trouble in (activities) caused by any specific condition?

- 1 Yes (Reask 26a and b)
- 2 No } (Go to 27)
- 9 DK }

27a. During the past 12 months, that is, since (today's date) a year ago, have you fallen?

- 1 Yes (Go to 27b)
- 2 No } (Skip to Item G14 on page 29)
- 9 DK }

b. Have you fallen more than once during the past 12 months?

- 1 Yes
- 2 No
- 9 DK

c. Were you injured as a result of the fall(s)?

- 1 Yes (Go to 27d)
- 2 No } (Skip to 27e)
- 9 DK }

d. What kind of injuries did you have — a fracture, bruise, scrape or cut; did you lose consciousness, or did you have some other injury?

Mark (X) all that apply.

- 1 Fracture
- 2 Bruise, cut, or scrape
- 3 Lost consciousness
- 4 Other
- 9 DK

e. [Did you fall/Were any of these falls] because you did not have help getting around or because your helper could not prevent you from falling?

- 1 Yes
- 2 No
- 9 DK

f. [Did you fall/Were any of these falls] because you felt dizzy?

- 1 Yes
- 2 No
- 9 DK

Notes

Section G – ASSISTANCE WITH KEY ACTIVITIES – Continued

ITEM G14	Status of SP.	1 <input type="checkbox"/> Institutionalized (<i>Skip to 40 on page 33</i>) 2 <input type="checkbox"/> All others (<i>Go to Item G15</i>)	31
ITEM G15	Refer to questions 8a, columns A, D, and G on pages 16–17. [Receives help] Mark (X) all that apply.	<input type="checkbox"/> "Yes" in 8a for A. Bathing <input type="checkbox"/> "Yes" in 8a for D. Getting in/out of bed/chairs <input type="checkbox"/> "Yes" in 8a for G. Using the toilet <input type="checkbox"/> All others (<i>Skip to 29</i>)	} (<i>Go to 28</i>) 32
28. You said that you receive help with [bathing/(and) getting in or out of a bed or chair/(and) using the toilet]. Is the person who helps you most with [this/these activities] strong enough to give you the help you need or is helping physically difficult for him or her?		1 <input type="checkbox"/> Yes, strong enough 2 <input type="checkbox"/> No, physically difficult 9 <input type="checkbox"/> DK	33
If proxy respondent, ask; otherwise, skip to Item G16. 29. Does (sample person) need supervision to ensure [his/her] personal safety or the safety of others?		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	34
ITEM G16	Refer to questions 8a and 9a on pages 16–17 and questions 20a and 21a on pages 24–25. (Receives help and/or supervision) Mark (X) all that apply.	<input type="checkbox"/> "Yes" in 8a or 9a for A. Bathing <input type="checkbox"/> "Yes" in 8a or 9a for B. Dressing <input type="checkbox"/> "Yes" in 8a or 9a for C. Eating <input type="checkbox"/> "Yes" in 8a or 9a for D. Getting in/out of bed/chairs <input type="checkbox"/> "Yes" in 8a or 9a for E. Walking <input type="checkbox"/> "Yes" in 8a or 9a for F. Getting outside <input type="checkbox"/> "Yes" in 8a or 9a for G. Using the toilet <input type="checkbox"/> "Yes" in 20a or 21a for H. Preparing your own meals <input type="checkbox"/> "Yes" in 20a or 21a for I. Shopping <input type="checkbox"/> "Yes" in 20a or 21a for J. Managing your money <input type="checkbox"/> "Yes" in 20a or 21a for K. Using the telephone <input type="checkbox"/> "Yes" in 20a or 21a for L. Doing heavy housework <input type="checkbox"/> "Yes" in 20a or 21a for M. Doing light housework <input type="checkbox"/> "Yes" in 20a or 21a for N. Getting places <input type="checkbox"/> "Yes" in 20a or 21a for O. Managing your medication <input type="checkbox"/> All others (<i>Skip to 38 on page 32</i>)	} (<i>Insert marked activities when asking question 30 on page 30</i>)
Notes			

Section G - ASSISTANCE WITH KEY ACTIVITIES - Continued

<p>30. Who usually helps you with (activities marked in G16)? Anyone else? Enter the name or description of each helper in separate column.</p>	30.	RT 33	3-4 5-6																																																																														
<p>Ask 31-35 for each helper in 30. ASK OR VERIFY:</p> <p>31. Which activities does (Helper) help you with? Mark (X) all that apply.</p>	31.	(01) _____ First helper																																																																															
<p>ASK OR VERIFY: HAND CARD A5. Read answers if telephone interview.</p> <p>32a. Which of these best describes (Helper)? Mark (X) only one.</p>	32a.	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;"> <input type="checkbox"/> Bathing or showering <input type="checkbox"/> Dressing <input type="checkbox"/> Eating <input type="checkbox"/> Getting in or out of bed/chairs <input type="checkbox"/> Walking <input type="checkbox"/> Getting outside <input type="checkbox"/> Using or getting to the toilet <input type="checkbox"/> Preparing your own meals <input type="checkbox"/> Shopping for groceries <input type="checkbox"/> Managing your money <input type="checkbox"/> Using the telephone <input type="checkbox"/> Doing heavy housework <input type="checkbox"/> Doing light housework <input type="checkbox"/> Getting to places outside <input type="checkbox"/> Managing your medications <input type="checkbox"/> DK </td> <td style="width:5%; text-align: center; vertical-align: top;">7-8 9-10 11-12 13-14 15-16 17-18 19-20 21-22 23-24 25-26 27-28 29-30 31-32 33-34 35-36 37-38</td> </tr> <tr> <td style="vertical-align: top;"> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;"><input type="checkbox"/> Spouse</td> <td rowspan="2" style="font-size: 2em; vertical-align: middle;">}</td> <td rowspan="2" style="vertical-align: middle;">In household</td> </tr> <tr> <td><input type="checkbox"/> Child</td> </tr> <tr> <td><input type="checkbox"/> Parent</td> <td rowspan="3" style="font-size: 2em; vertical-align: middle;">}</td> <td rowspan="3" style="vertical-align: middle;">Not in household</td> </tr> <tr> <td><input type="checkbox"/> Spouse</td> </tr> <tr> <td><input type="checkbox"/> Child</td> </tr> <tr> <td><input type="checkbox"/> Parent</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Other HH relative</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Non-HH relative</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> HH non-relative</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Friend/Neighbor</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Unpaid volunteer from organization/business</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Paid employee of organization/business</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Paid employee of yours</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Other</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> DK</td> <td></td> <td></td> </tr> </table> </td> <td style="text-align: center; vertical-align: top;">39-40</td> </tr> <tr> <td style="vertical-align: top;"> <p>ASK OR VERIFY:</p> <p>b. Is (Helper) male or female?</p> </td> <td style="text-align: center; vertical-align: top;">b.</td> <td colspan="2" style="vertical-align: top;"> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;"> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> DK </td> <td style="width:5%; text-align: center; vertical-align: top;">41</td> </tr> </table> </td> </tr> <tr> <td style="vertical-align: top;"> <p>If parent, child, spouse, or unpaid volunteer in 32a, skip to 34; otherwise ask:</p> <p>33a. Is (Helper) paid? HAND CARD A1. Read answers if telephone interview.</p> </td> <td style="text-align: center; vertical-align: top;">33a.</td> <td colspan="2" style="vertical-align: top;"> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;"> <input type="checkbox"/> Yes (Go to 33b) <input type="checkbox"/> No (Skip to 34) </td> <td style="width:5%; text-align: center; vertical-align: top;">42</td> </tr> </table> </td> </tr> <tr> <td style="vertical-align: top;"> <p>b. Who pays for this help? (Anyone else?) Mark (X) all that apply.</p> </td> <td style="text-align: center; vertical-align: top;">b.</td> <td colspan="2" style="vertical-align: top;"> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;"> <input type="checkbox"/> Self and family in household <input type="checkbox"/> Family NOT in household <input type="checkbox"/> Private health insurance <input type="checkbox"/> Medicare <input type="checkbox"/> Medicaid <input type="checkbox"/> Rehabilitation program <input type="checkbox"/> Employer <input type="checkbox"/> School system <input type="checkbox"/> VA program <input type="checkbox"/> Other military <input type="checkbox"/> Other private source <input type="checkbox"/> Other public source <input type="checkbox"/> No one/Free <input type="checkbox"/> DK </td> <td style="width:5%; text-align: center; vertical-align: top;">43-44 45-46 47-48 49-50 51-52 53-54 55-56 57-58 59-60 61-62 63-64 65-66 67-68 69-70</td> </tr> </table> </td> </tr> <tr> <td style="vertical-align: top;"> <p>34. DURING THE PAST 2 WEEKS, how many days did (Helper) help you?</p> </td> <td style="text-align: center; vertical-align: top;">34.</td> <td colspan="2" style="vertical-align: top;"> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;"> <input type="checkbox"/> None in past 2 weeks _____ Days (Number) <input type="checkbox"/> DK </td> <td style="width:5%; text-align: center; vertical-align: top;">71-72</td> </tr> </table> </td> </tr> <tr> <td style="vertical-align: top;"> <p>35. On the days you receive help from (Helper), about how many hours per day does [he/she] usually help you?</p> </td> <td style="text-align: center; vertical-align: top;">35.</td> <td colspan="2" style="vertical-align: top;"> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;"> _____ Hours/day (Number) <input type="checkbox"/> DK </td> <td style="width:5%; text-align: center; vertical-align: top;">73-74</td> <td style="width:30%; vertical-align: middle;"> } (Go to 31 for next helper, or G17) </td> </tr> </table> </td> </tr> <tr> <td style="vertical-align: top;"> <p>ITEM G17</p> </td> <td style="vertical-align: top;"> Refer to 30 above. (Number of helpers) </td> <td style="text-align: center; vertical-align: top;">G17</td> <td style="vertical-align: top;"> <input type="checkbox"/> Only one helper (Skip to 37 on page 32) <input type="checkbox"/> More than one helper (Go to 36 on page 32) </td> </tr> </table>		<input type="checkbox"/> Bathing or showering <input type="checkbox"/> Dressing <input type="checkbox"/> Eating <input type="checkbox"/> Getting in or out of bed/chairs <input type="checkbox"/> Walking <input type="checkbox"/> Getting outside <input type="checkbox"/> Using or getting to the toilet <input type="checkbox"/> Preparing your own meals <input type="checkbox"/> Shopping for groceries <input type="checkbox"/> Managing your money <input type="checkbox"/> Using the telephone <input type="checkbox"/> Doing heavy housework <input type="checkbox"/> Doing light housework <input type="checkbox"/> Getting to places outside <input type="checkbox"/> Managing your medications <input type="checkbox"/> DK	7-8 9-10 11-12 13-14 15-16 17-18 19-20 21-22 23-24 25-26 27-28 29-30 31-32 33-34 35-36 37-38	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;"><input type="checkbox"/> Spouse</td> <td rowspan="2" style="font-size: 2em; vertical-align: middle;">}</td> <td rowspan="2" style="vertical-align: middle;">In household</td> </tr> <tr> <td><input type="checkbox"/> Child</td> </tr> <tr> <td><input type="checkbox"/> Parent</td> <td rowspan="3" style="font-size: 2em; vertical-align: middle;">}</td> <td rowspan="3" style="vertical-align: middle;">Not in household</td> </tr> <tr> <td><input type="checkbox"/> Spouse</td> </tr> <tr> <td><input type="checkbox"/> Child</td> </tr> <tr> <td><input type="checkbox"/> Parent</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Other HH relative</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Non-HH relative</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> HH non-relative</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Friend/Neighbor</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Unpaid volunteer from organization/business</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Paid employee of organization/business</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Paid employee of yours</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Other</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> DK</td> <td></td> <td></td> </tr> </table>	<input type="checkbox"/> Spouse	}	In household	<input type="checkbox"/> Child	<input type="checkbox"/> Parent	}	Not in household	<input type="checkbox"/> Spouse	<input type="checkbox"/> Child	<input type="checkbox"/> Parent			<input type="checkbox"/> Other HH relative			<input type="checkbox"/> Non-HH relative			<input type="checkbox"/> HH non-relative			<input type="checkbox"/> Friend/Neighbor			<input type="checkbox"/> Unpaid volunteer from organization/business			<input type="checkbox"/> Paid employee of organization/business			<input type="checkbox"/> Paid employee of yours			<input type="checkbox"/> Other			<input type="checkbox"/> DK			39-40	<p>ASK OR VERIFY:</p> <p>b. 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<input type="checkbox"/> Bathing or showering <input type="checkbox"/> Dressing <input type="checkbox"/> Eating <input type="checkbox"/> Getting in or out of bed/chairs <input type="checkbox"/> Walking <input type="checkbox"/> Getting outside <input type="checkbox"/> Using or getting to the toilet <input type="checkbox"/> Preparing your own meals <input type="checkbox"/> Shopping for groceries <input type="checkbox"/> Managing your money <input type="checkbox"/> Using the telephone <input type="checkbox"/> Doing heavy housework <input type="checkbox"/> Doing light housework <input type="checkbox"/> Getting to places outside <input type="checkbox"/> Managing your medications <input type="checkbox"/> DK	7-8 9-10 11-12 13-14 15-16 17-18 19-20 21-22 23-24 25-26 27-28 29-30 31-32 33-34 35-36 37-38																																																																																
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;"><input type="checkbox"/> Spouse</td> <td rowspan="2" style="font-size: 2em; vertical-align: middle;">}</td> <td rowspan="2" style="vertical-align: middle;">In household</td> </tr> <tr> <td><input type="checkbox"/> Child</td> </tr> <tr> <td><input type="checkbox"/> Parent</td> <td rowspan="3" style="font-size: 2em; vertical-align: middle;">}</td> <td rowspan="3" style="vertical-align: middle;">Not in household</td> </tr> <tr> <td><input type="checkbox"/> Spouse</td> </tr> <tr> <td><input type="checkbox"/> Child</td> </tr> <tr> <td><input type="checkbox"/> Parent</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Other HH relative</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Non-HH relative</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> HH non-relative</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Friend/Neighbor</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Unpaid volunteer from organization/business</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Paid employee of organization/business</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Paid employee of yours</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Other</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> DK</td> <td></td> <td></td> </tr> </table>	<input type="checkbox"/> Spouse	}	In household	<input type="checkbox"/> Child	<input type="checkbox"/> Parent	}	Not in household	<input type="checkbox"/> Spouse	<input type="checkbox"/> Child	<input type="checkbox"/> Parent					<input type="checkbox"/> Other HH relative			<input type="checkbox"/> Non-HH relative			<input type="checkbox"/> HH non-relative			<input type="checkbox"/> Friend/Neighbor			<input type="checkbox"/> Unpaid volunteer from organization/business			<input type="checkbox"/> Paid employee of organization/business			<input type="checkbox"/> Paid employee of yours			<input type="checkbox"/> Other			<input type="checkbox"/> DK			39-40																																							
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<input type="checkbox"/> Other																																																																																	
<input type="checkbox"/> DK																																																																																	
<p>ASK OR VERIFY:</p> <p>b. Is (Helper) male or female?</p>	b.	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;"> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> DK </td> <td style="width:5%; text-align: center; vertical-align: top;">41</td> </tr> </table>		<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> DK	41																																																																												
<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> DK	41																																																																																
<p>If parent, child, spouse, or unpaid volunteer in 32a, skip to 34; otherwise ask:</p> <p>33a. Is (Helper) paid? HAND CARD A1. Read answers if telephone interview.</p>	33a.	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;"> <input type="checkbox"/> Yes (Go to 33b) <input type="checkbox"/> No (Skip to 34) </td> <td style="width:5%; text-align: center; vertical-align: top;">42</td> </tr> </table>		<input type="checkbox"/> Yes (Go to 33b) <input type="checkbox"/> No (Skip to 34)	42																																																																												
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<p>b. Who pays for this help? (Anyone else?) Mark (X) all that apply.</p>	b.	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;"> <input type="checkbox"/> Self and family in household <input type="checkbox"/> Family NOT in household <input type="checkbox"/> Private health insurance <input type="checkbox"/> Medicare <input type="checkbox"/> Medicaid <input type="checkbox"/> Rehabilitation program <input type="checkbox"/> Employer <input type="checkbox"/> School system <input type="checkbox"/> VA program <input type="checkbox"/> Other military <input type="checkbox"/> Other private source <input type="checkbox"/> Other public source <input type="checkbox"/> No one/Free <input type="checkbox"/> DK </td> <td style="width:5%; text-align: center; vertical-align: top;">43-44 45-46 47-48 49-50 51-52 53-54 55-56 57-58 59-60 61-62 63-64 65-66 67-68 69-70</td> </tr> </table>		<input type="checkbox"/> Self and family in household <input type="checkbox"/> Family NOT in household <input type="checkbox"/> Private health insurance <input type="checkbox"/> Medicare <input type="checkbox"/> Medicaid <input type="checkbox"/> Rehabilitation program <input type="checkbox"/> Employer <input type="checkbox"/> School system <input type="checkbox"/> VA program <input type="checkbox"/> Other military <input type="checkbox"/> Other private source <input type="checkbox"/> Other public source <input type="checkbox"/> No one/Free <input type="checkbox"/> DK	43-44 45-46 47-48 49-50 51-52 53-54 55-56 57-58 59-60 61-62 63-64 65-66 67-68 69-70																																																																												
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<p>34. DURING THE PAST 2 WEEKS, how many days did (Helper) help you?</p>	34.	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;"> <input type="checkbox"/> None in past 2 weeks _____ Days (Number) <input type="checkbox"/> DK </td> <td style="width:5%; text-align: center; vertical-align: top;">71-72</td> </tr> </table>		<input type="checkbox"/> None in past 2 weeks _____ Days (Number) <input type="checkbox"/> DK	71-72																																																																												
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<p>ITEM G17</p>	Refer to 30 above. (Number of helpers)	G17	<input type="checkbox"/> Only one helper (Skip to 37 on page 32) <input type="checkbox"/> More than one helper (Go to 36 on page 32)																																																																														

Section G – ASSISTANCE WITH KEY ACTIVITIES – Continued

36. You said that (Read all helpers) assist you. Who helps you the most? If 2 or more equally, ask the respondent to specify who he/she considers the main helper.

Helper No. _____

Name : _____

Ask 37 about only helper listed in 30 or main helper in 36.

37. How satisfied are you with —

Very satisfied	Somewhat satisfied	Somewhat dissatisfied	Very dissatisfied	DK
----------------	--------------------	-----------------------	-------------------	----

a. (Helper's) scheduled hours or availability when you need [him/her]? Would you say very satisfied, somewhat satisfied, somewhat dissatisfied, or very dissatisfied?

1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	9 <input type="checkbox"/>
----------------------------	----------------------------	----------------------------	----------------------------	----------------------------

b. The amount of assistance (helper) provides? (Would you say — (Read categories)?)

1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	9 <input type="checkbox"/>
----------------------------	----------------------------	----------------------------	----------------------------	----------------------------

c. (Helper's) willingness to do what you ask? (Would you say — Read categories?)

1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	9 <input type="checkbox"/>
----------------------------	----------------------------	----------------------------	----------------------------	----------------------------

d. (Helper's) ability to do what you need [him/her] to do? (Would you say — (Read categories)?)

1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	9 <input type="checkbox"/>
----------------------------	----------------------------	----------------------------	----------------------------	----------------------------

If helper is present or related to SP, skip to 38; otherwise, ask:

How satisfied are you with —

e. (Helper's) reliability? (Would you say — (Read categories)?)

1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	9 <input type="checkbox"/>
----------------------------	----------------------------	----------------------------	----------------------------	----------------------------

f. (Helper's) trustworthiness? (Would you say — (Read categories)?)

1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	9 <input type="checkbox"/>
----------------------------	----------------------------	----------------------------	----------------------------	----------------------------

g. How (helper) treats you? (Would you say — (Read categories)?)

1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	9 <input type="checkbox"/>
----------------------------	----------------------------	----------------------------	----------------------------	----------------------------

38a. Including other persons living here, is there a friend, relative, or neighbor who would take care of you for a few DAYS, if necessary?

1 Yes (Go to 38b)
 2 No } (Skip to 40 on page 33)
 9 DK }

b. Who is this person?

Probe for description if necessary.

Mark (X) only one.

1 HH member – Related
 2 HH member – Unrelated
 3 Non HH member – Related
 4 Non HH member – Unrelated
 9 DK

Notes

Section G – ASSISTANCE WITH KEY ACTIVITIES – Continued

39a. Again, including other persons living here, is there a friend, relative, or neighbor who would take care of you for a few WEEKS, if necessary?	<input type="checkbox"/> Yes (Go to 39b) <input type="checkbox"/> No } (Skip to 40) <input type="checkbox"/> DK }	16
--	---	----

b. Who is this person? <i>Probe for description if necessary.</i> <i>Mark (X) only one.</i>	<input type="checkbox"/> HH member – Related <input type="checkbox"/> HH member – Unrelated <input type="checkbox"/> Non HH member – Related <input type="checkbox"/> Non HH member – Unrelated <input type="checkbox"/> DK	17
--	---	----

40a. [In the past 12 months/In the 12 months prior to moving to this (type of institution)], did you experience problems of any kind because you were home by yourself?	<input type="checkbox"/> Yes (Go to 40b) <input type="checkbox"/> No } (Skip to Item H1 on page 34) <input type="checkbox"/> DK }	18
--	---	----

b. What kind of problems did you have? Anything else? <i>Read categories if necessary.</i> <i>Mark (X) all that apply.</i>	<input type="checkbox"/> Fall <input type="checkbox"/> Other accident or injury <input type="checkbox"/> Incontinence – No reminders <input type="checkbox"/> Incontinence – Unable to get to toilet <input type="checkbox"/> Confinement to bed or chairs <input type="checkbox"/> Hunger or thirst <input type="checkbox"/> Fire on stove/left stove on <input type="checkbox"/> Fell asleep while smoking <input type="checkbox"/> Got lost/wandered off <input type="checkbox"/> Forgot medications <input type="checkbox"/> Took wrong dose of medication (too much/little) <input type="checkbox"/> Fear <input type="checkbox"/> Other <input type="checkbox"/> DK	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>19-20</td></tr> <tr><td>21-22</td></tr> <tr><td>23-24</td></tr> <tr><td>25-26</td></tr> <tr><td>27-28</td></tr> <tr><td>29-30</td></tr> <tr><td>31-32</td></tr> <tr><td>33-34</td></tr> <tr><td>35-36</td></tr> <tr><td>37-38</td></tr> <tr><td>39-40</td></tr> <tr><td>41-42</td></tr> <tr><td>43-44</td></tr> <tr><td>45-46</td></tr> </table>	19-20	21-22	23-24	25-26	27-28	29-30	31-32	33-34	35-36	37-38	39-40	41-42	43-44	45-46
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37-38																
39-40																
41-42																
43-44																
45-46																

Notes

Section H - OTHER SERVICES

3-4

ITEM H1

Status of SP.

- 1 Institutionalized (Skip to Section I on page 39)
- 2 All others (Go to 1)

5

Now I would like to ask about prescription medicines.

6

1. How many different prescription medicines are you supposed to use? Please count ones you should use each day and those that you use regularly but not every day. Include injections, eye drops, suppositories, creams, ointments, and skin patches, but not vitamins, oxygen, or medicines you get through an IV.

- 0 None (Skip to 9 on page 35)
 - 1 One or two
 - 2 Three - five
 - 3 Six - nine
 - 4 Ten or more
 - 9 DK
- } (Go to 2)

Mark (X) only one.

The next questions are about these prescription medicines.

7

2. Would you say that you use medicine(s) as prescribed by the doctor - (Read all categories)

- 1 All of the time, (Skip to 6)
 - 2 Most of the time,
 - 3 Some of the time,
 - 4 Rarely, or,
 - 5 Never?
 - 9 DK
- } (Go to 3)

Mark (X) only one.

3. Are there any prescription medicines that you are supposed to use, but -

Yes No DK

a. did not get when first prescribed because of the cost? a.

- 1 2 9

8

b. did not get the entire prescription filled because of the cost? b.

- 1 2 9

9

c. did not refill when you ran out because of the cost? c.

- 1 2 9

10

d. use less often than prescribed in order to stretch them out because of the cost? d.

- 1 2 9

11

e. sometimes forget to use? e.

- 1 2 9

12

f. don't use as prescribed because of the side effects? f.

- 1 2 9

13

g. cannot pick up from the drug store or get delivered? g.

- 1 2 9

14

h. don't use because you think you don't need it? h.

- 1 2 9

15

4. Have you experienced any problems because you forgot to use your medicine or didn't use your medicine as prescribed?

- 1 Yes (Go to 5)
 - 2 No
 - 9 DK
- } (Skip to 6)

16

5. What problems did you experience?

Anything else?

Mark (X) all that apply.

- 01 Pain/Discomfort
- 02 Dizziness/Fainting
- 03 Disorientation
- 04 Overdose/Withdrawal
- 05 Change in blood pressure, breathing, or other vital signs
- 06 Condition for which medicine prescribed got worse
- 07 Other condition(s) got worse
- 08 Had to be admitted to hospital
- 09 Had to go to doctor/emergency room
- 10 Drug reaction
- 11 Other
- 99 DK

17-18
19-20
21-22
23-24
25-26
27-28
29-30
31-32
33-34
35-36
37-38
39-40

6. Do you receive help using your medications? This includes reminding you or measuring the medicines, and setting them up for you, OR do you use ALL of your medicine completely by yourself?

Mark (X) only one.

- 1 Receive help
- 2 All by self
- 9 DK

41

7. Not counting financial help, do you NEED (more) help with your medicine?

- 1 Yes (Go to 8)
 - 2 No
 - 9 DK
- } (Skip to 9 on page 35)

42

8. What do you NEED (more) help with?

Mark (X) all that apply.

- 1 Ordering/Shopping for/Getting medicines from pharmacy
- 2 Reminder/Monitoring/Measuring/Setting up/Taking medicines
- 3 Other
- 9 DK

43
44
45
46

Section H - OTHER SERVICES - Continued

<p>These next questions are about your sources of medical care.</p> <p>9. Do you have a general practitioner, internist, or family doctor whom you see regularly?</p>	<p align="right">47</p> <p>1 <input type="checkbox"/> Yes (Go to 10) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (Skip to 14 on page 36)</p>
<p>10. Which do you see most often — a general practitioner, an internist, or family doctor?</p> <p><i>Mark (X) only one.</i></p>	<p align="right">48</p> <p>1 <input type="checkbox"/> General practitioner 2 <input type="checkbox"/> Internist 3 <input type="checkbox"/> Family doctor 4 <input type="checkbox"/> DK specialty/title 9 <input type="checkbox"/> DK which seen most often</p>
<p>11. Have you seen this [(provider in 10)/doctor] in the past 12 months?</p>	<p align="right">49</p> <p>1 <input type="checkbox"/> Yes (Go to 12) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (Skip to 13)</p>
<p>12. In the past 3 months, how many times have you seen this [(provider in 10)/doctor]?</p>	<p align="right">50-51</p> <p>00 <input type="checkbox"/> None</p> <p>_____ Times (Number)</p> <p>99 <input type="checkbox"/> DK</p>
<p>13. How would you rate this [(provider in 10)/doctor] in terms of overall quality of care and services? Would you say excellent, good, fair, or poor?</p> <p><i>Mark (X) only one.</i></p>	<p align="right">52</p> <p>1 <input type="checkbox"/> Excellent 2 <input type="checkbox"/> Good 3 <input type="checkbox"/> Fair 4 <input type="checkbox"/> Poor 9 <input type="checkbox"/> DK</p>

Notes

Section H - OTHER SERVICES - Continued		RT 36 3-4	RT 36 3-4
		A	B
The next questions are about other services you may have received.		1	2
		A visiting nurse	A personal care attendant (other than family or a friend)
14a. During the past 12 months, did you receive any services from ____?		14a.	14a.
		1 <input type="checkbox"/> Yes (Skip to 15)	1 <input type="checkbox"/> Yes (Skip to 15)
		2 <input type="checkbox"/> No } (Go to 14b)	2 <input type="checkbox"/> No } (Go to 14b)
		9 <input type="checkbox"/> DK } (Go to 14b)	9 <input type="checkbox"/> DK } (Go to 14b)
b. Did you need the services of ____ in the past 12 months?		b.	b.
		1 <input type="checkbox"/> Yes (Skip to 18)	1 <input type="checkbox"/> Yes (Skip to 18)
		2 <input type="checkbox"/> No } (Go to 14a for next service)	2 <input type="checkbox"/> No } (Go to 14a for next service)
		9 <input type="checkbox"/> DK } (Go to 14a for next service)	9 <input type="checkbox"/> DK } (Go to 14a for next service)
15a. During the past 12 months, in how many months did you receive services from ____?		15a.	15a.
		____ Months (Number)	____ Months (Number)
		99 <input type="checkbox"/> DK	99 <input type="checkbox"/> DK
b. What was the total number of times you received services from ____ during [that/those] month(s)?		b.	b.
		____ Times (Number)	____ Times (Number)
		99 <input type="checkbox"/> DK	99 <input type="checkbox"/> DK
HAND CARD A1. Read categories if telephone interview.			
16a. Who paid or will pay for the services received from ____ in the past 12 months? (Anyone else?)		16a.	16a.
<i>Mark (X) all that apply.</i>			
		01 <input type="checkbox"/> Self or family in household	01 <input type="checkbox"/> Self or family in household
		02 <input type="checkbox"/> Family NOT in household	02 <input type="checkbox"/> Family NOT in household
		03 <input type="checkbox"/> Private health insurance	03 <input type="checkbox"/> Private health insurance
		04 <input type="checkbox"/> Medicare	04 <input type="checkbox"/> Medicare
		05 <input type="checkbox"/> Medicaid	05 <input type="checkbox"/> Medicaid
		06 <input type="checkbox"/> Rehabilitation program	06 <input type="checkbox"/> Rehabilitation program
		07 <input type="checkbox"/> Employer	07 <input type="checkbox"/> Employer
		08 <input type="checkbox"/> School system	08 <input type="checkbox"/> School system
		09 <input type="checkbox"/> VA program	09 <input type="checkbox"/> VA program
		10 <input type="checkbox"/> Other military	10 <input type="checkbox"/> Other military
		11 <input type="checkbox"/> Other private source	11 <input type="checkbox"/> Other private source
		12 <input type="checkbox"/> Other public source	12 <input type="checkbox"/> Other public source
		13 <input type="checkbox"/> No one/ Free } (Skip to 17)	13 <input type="checkbox"/> No one/ Free } (Skip to 17)
		99 <input type="checkbox"/> DK } (Skip to 17)	99 <input type="checkbox"/> DK } (Skip to 17)
b. Who paid most of the cost for the services received from ____ in the past 12 months? Record number of main source.		b.	b.
<i>Ask if more than one source in 16a. If only one, transcribe number of box marked without asking.</i>		____ Paid most (Number)	____ Paid most (Number)
		99 <input type="checkbox"/> DK	99 <input type="checkbox"/> DK
c. During the past 12 months, about how much did you or your family pay for the services received from ____? Do not count any money that has been or will be reimbursed by insurance or any other source.		c.	c.
<i>Ask only if box 01 marked in 16a; otherwise, skip to 17.</i>		00000 <input type="checkbox"/> None	00000 <input type="checkbox"/> None
		\$ _____ .00	\$ _____ .00
		99999 <input type="checkbox"/> DK	99999 <input type="checkbox"/> DK
17. During (month) did you receive services from ____?		17.	17.
		1 <input type="checkbox"/> Yes (Skip to 14a for next service)	1 <input type="checkbox"/> Yes (Skip to 14a for next service)
		2 <input type="checkbox"/> No (Go to 18)	2 <input type="checkbox"/> No (Go to 18)
		9 <input type="checkbox"/> DK (Skip to 14a for next service)	9 <input type="checkbox"/> DK (Skip to 14a for next service)
HAND CARD A7. Read categories if telephone interview.			
18. Why didn't you receive services from ____ [in (month)] in the past 12 months? (Anything else?)		18.	18.
<i>Mark (X) all that apply.</i>			
		00 <input type="checkbox"/> Didn't need services	00 <input type="checkbox"/> Didn't need services
		01 <input type="checkbox"/> Provider thinks no longer needed	01 <input type="checkbox"/> Provider thinks no longer needed
		02 <input type="checkbox"/> Too expensive/ can't afford	02 <input type="checkbox"/> Too expensive/ can't afford
		03 <input type="checkbox"/> Insurance doesn't cover	03 <input type="checkbox"/> Insurance doesn't cover
		04 <input type="checkbox"/> Insurance no longer covers	04 <input type="checkbox"/> Insurance no longer covers
		05 <input type="checkbox"/> No longer on Medicaid	05 <input type="checkbox"/> No longer on Medicaid
		06 <input type="checkbox"/> Provider not available	06 <input type="checkbox"/> Provider not available
		07 <input type="checkbox"/> Didn't like provider	07 <input type="checkbox"/> Didn't like provider
		08 <input type="checkbox"/> Transportation problems	08 <input type="checkbox"/> Transportation problems
		09 <input type="checkbox"/> Could not take time off from work	09 <input type="checkbox"/> Could not take time off from work
		10 <input type="checkbox"/> Other	10 <input type="checkbox"/> Other
		99 <input type="checkbox"/> DK	99 <input type="checkbox"/> DK

		RT 36	
C		3-4	Notes
3	An adult day care center or day activity center	5	
14a.	<input type="checkbox"/> Yes (Skip to 15) <input type="checkbox"/> No } (Go to 14b) <input type="checkbox"/> DK	6	
b.	<input type="checkbox"/> Yes (Skip to 18) <input type="checkbox"/> No } (Skip to 19 on page 38) <input type="checkbox"/> DK	7	
15a.	_____ Months (Number) <input type="checkbox"/> DK	8-9	
b.	_____ Times (Number) <input type="checkbox"/> DK	10-11	
16a.	<input type="checkbox"/> Self or family in household	12-13	
	<input type="checkbox"/> Family NOT in household	14-15	
	<input type="checkbox"/> Private health insurance	16-17	
	<input type="checkbox"/> Medicare	18-19	
	<input type="checkbox"/> Medicaid	20-21	
	<input type="checkbox"/> Rehabilitation program	22-23	
	<input type="checkbox"/> Employer	24-25	
	<input type="checkbox"/> School system	26-27	
	<input type="checkbox"/> VA program	28-29	
	<input type="checkbox"/> Other military	30-31	
	<input type="checkbox"/> Other private source	32-33	
	<input type="checkbox"/> Other public source	34-35	
	<input type="checkbox"/> No one/Free } (Skip to 17) <input type="checkbox"/> DK	36-37 38-39	
b.	<input type="checkbox"/> Paid most (Number) <input type="checkbox"/> DK	40-41	
c.	00000 <input type="checkbox"/> None \$ _____ <input type="checkbox"/> 00 99999 <input type="checkbox"/> DK	42-46	
17.	<input type="checkbox"/> Yes (Skip to 19 on page 38) <input type="checkbox"/> No (Go to 18) <input type="checkbox"/> DK (Skip to 19 on page 38)	47	
18.	<input type="checkbox"/> Didn't need services	48-49	
	<input type="checkbox"/> Provider thinks no longer needed	50-51	
	<input type="checkbox"/> Too expensive/can't afford	52-53	
	<input type="checkbox"/> Insurance doesn't cover	54-55	
	<input type="checkbox"/> Insurance no longer covers	56-57	
	<input type="checkbox"/> No longer on Medicaid	58-59	
	<input type="checkbox"/> Provider not available	60-61	
	<input type="checkbox"/> Didn't like provider	62-63	
	<input type="checkbox"/> Transportation problems	64-65	
	<input type="checkbox"/> Could not take time off from work	66-67	
	<input type="checkbox"/> Other <input type="checkbox"/> DK	68-69 70-71	

Section H - OTHER SERVICES - Continued

<p>19a. Are you currently on a waiting list for services from a visiting nurse, personal care attendant, or an adult day care or day activity center?</p>	<p>1 <input type="checkbox"/> Yes (Go to 19b) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } Skip to 20</p>	<p>72</p>
--	--	-----------

<p>b. For which of these services are you on a waiting list? <i>Read list if necessary.</i> <i>Mark (X) all that apply.</i></p>	<p>01 <input type="checkbox"/> A visiting nurse 02 <input type="checkbox"/> A personal care attendant, other than family or a friend 03 <input type="checkbox"/> An adult day care center or day activity center 09 <input type="checkbox"/> DK</p>	<p>73-74 75-76 77-78 79-80</p>
--	--	--

<p>20a. Do you NEED help filling out insurance forms or benefit applications? <i>Mark (X) only one.</i></p>	<p>1 <input type="checkbox"/> Yes } (Go to 20b) 2 <input type="checkbox"/> No } 3 <input type="checkbox"/> Never filled forms/applications (Skip to Section I on page 39) 9 <input type="checkbox"/> DK (Go to 20b)</p>	<p>81</p>
---	--	-----------

<p>b. Who helps you fill out insurance forms or applications for public programs or benefits? <i>Mark (X) all that apply.</i></p>	<p>0 <input type="checkbox"/> No one 1 <input type="checkbox"/> Household member 2 <input type="checkbox"/> Friend/Other relative not in household 3 <input type="checkbox"/> Paid caregiver 4 <input type="checkbox"/> Volunteer from organization 5 <input type="checkbox"/> Other 9 <input type="checkbox"/> DK</p>	<p>82 83 84 85 86 87 88</p>
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Notes

Section I - FAMILY STRUCTURE, RELATIONSHIPS, AND LIVING ARRANGEMENTS

<p>1. Are you now married, widowed, divorced, separated, or have you never been married?</p> <p><i>If married, probe as necessary to determine if the spouse is a current household member.</i></p> <p><i>Mark (X) only one.</i></p>	<p> <input type="checkbox"/> Married - spouse in HH <input type="checkbox"/> Married - spouse not in HH } (Go to 2a) <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced } (Go to 2b) <input type="checkbox"/> Separated <input type="checkbox"/> Never married } (Skip to Item 1) <input type="checkbox"/> DK </p>
---	--

5

<p>2a. How long have you been married to your current spouse?</p>	<p> <input type="checkbox"/> Less than 1 year _____ Years (Number) } (Skip to Item 1) <input type="checkbox"/> DK </p>
--	---

6-7

<p>b. How long have you been [widowed/divorced/separated]?</p>	<p> <input type="checkbox"/> Less than 1 year _____ Years (Number) <input type="checkbox"/> DK </p>
---	--

8-9

ITEM 11	<p>Status of SP.</p>	<p> <input type="checkbox"/> Institutionalized (Skip to 5 on page 40) <input type="checkbox"/> All others (Go to 3) </p>
----------------	----------------------	---

10

<p>3. Including yourself, how many people altogether live in this household?</p>	<p> <input type="checkbox"/> SP only (Skip to 5 on page 40) _____ Household members (Go to 4) (Number) <input type="checkbox"/> DK (Go to 4) </p>
---	--

11-12

4a. What are the names of all persons living in your household?

Enter SP on line 1, all others on subsequent lines.

If more than 9 household members, continue listing in the Notes space.

b. If necessary, ask: What is (name's) sex?

c. If necessary, ask: How is (name) related TO YOU? Record relationships to the sample person.

RT 38

Line No.	4a. Name (First/Middle initial/Last)	7-57	58	b. Sex	c. Relationship to Sample Person	59-60
3-4					77 <input type="checkbox"/> SAMPLE PERSON	59-60
5-6				1 <input type="checkbox"/> M 2 <input type="checkbox"/> F		
01						
3-4						59-60
5-6				1 <input type="checkbox"/> M 2 <input type="checkbox"/> F		
02						
3-4						59-60
5-6				1 <input type="checkbox"/> M 2 <input type="checkbox"/> F		
03						
3-4						59-60
5-6				1 <input type="checkbox"/> M 2 <input type="checkbox"/> F		
04						
3-4						59-60
5-6				1 <input type="checkbox"/> M 2 <input type="checkbox"/> F		
05						
3-4						59-60
5-6				1 <input type="checkbox"/> M 2 <input type="checkbox"/> F		
06						
3-4						59-60
5-6				1 <input type="checkbox"/> M 2 <input type="checkbox"/> F		
07						
3-4						59-60
5-6				1 <input type="checkbox"/> M 2 <input type="checkbox"/> F		
08						
3-4						59-60
5-6				1 <input type="checkbox"/> M 2 <input type="checkbox"/> F		
09						

Section I - FAMILY STRUCTURE, RELATIONSHIPS, AND LIVING ARRANGEMENTS - Continued

<p>5a. Including step and adopted children, how many LIVING SONS do you have?</p>	<p>00 <input type="checkbox"/> None</p> <p>_____ Sons (Number)</p> <p>99 <input type="checkbox"/> DK</p>	5-6
<p>b. Including step and adopted children, how many LIVING DAUGHTERS do you have?</p>	<p>00 <input type="checkbox"/> None</p> <p>_____ Daughters (Number)</p> <p>99 <input type="checkbox"/> DK</p>	7-8
<p>ITEM 12</p> <p><i>Refer to 5a and 5b. (Living children)</i></p>	<p>1 <input type="checkbox"/> 1+ living children (Go to Item 13) 2 <input type="checkbox"/> All others (Skip to Item 14 on page 41)</p>	9
<p>ITEM 13</p> <p><i>Refer to question 4 on page 39. (Household composition)</i></p>	<p>1 <input type="checkbox"/> Any of SP's child(ren) in HH (Skip to 7) 2 <input type="checkbox"/> All others (Go to 6)</p>	10
<p>6a. How quickly can [any of your children/your son/your daughter] get here? <i>If asked, "Here" means where the SP resides.</i></p>	<p>_____ { (Number) 1 <input type="checkbox"/> Minutes 2 <input type="checkbox"/> Hours 3 <input type="checkbox"/> Days</p> <p>999 <input type="checkbox"/> DK</p>	11-13
<p>b. How often do you see [any of your children/your son/your daughter]?</p>	<p>000 <input type="checkbox"/> Less than once a year/never</p> <p>_____ { (Times) 1 <input type="checkbox"/> Per day 2 <input type="checkbox"/> Per week 3 <input type="checkbox"/> Per month 4 <input type="checkbox"/> Per year</p> <p>999 <input type="checkbox"/> DK</p>	14-16
<p>c. How often do you talk on the telephone with [any of your children/your son/your daughter]?</p>	<p>000 <input type="checkbox"/> Less than once a year/never</p> <p>_____ { (Times) 1 <input type="checkbox"/> Per day 2 <input type="checkbox"/> Per week 3 <input type="checkbox"/> Per month 4 <input type="checkbox"/> Per year</p> <p>999 <input type="checkbox"/> DK</p>	17-19
<p>d. How often do you get mail from [any of your children/your son/your daughter]?</p>	<p>000 <input type="checkbox"/> Less than once a year/never</p> <p>_____ { (Times) 1 <input type="checkbox"/> Per day 2 <input type="checkbox"/> Per week 3 <input type="checkbox"/> Per month 4 <input type="checkbox"/> Per year</p> <p>999 <input type="checkbox"/> DK</p>	20-22
<p>7. [Do your children/Does your son/Does your daughter] routinely give you money to help with your living expenses or pay your bills?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p>	23

Notes

Section I - FAMILY STRUCTURE, RELATIONSHIPS, AND LIVING ARRANGEMENTS - Continued

<p>ITEM 14</p>	<p>Refer to question 4 on page 39. (Household composition) Mark (X) first appropriate box.</p>	<p>1 <input type="checkbox"/> SP is institutionalized 2 <input type="checkbox"/> SP lives alone 3 <input type="checkbox"/> SP lives w/spouse only 4 <input type="checkbox"/> Other (Go to 8)</p> <p>(Skip to 11)</p>	<p>24</p>
<p>8. (Other than your spouse) [Is/are any of] the person(s) living with you 18 years of age or older?</p>		<p>1 <input type="checkbox"/> Yes (Go to 9) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p> <p>(Skip to 11)</p>	<p>25</p>
<p>9. Do you live with [these people/this person] NOW because YOU need to share living expenses?</p>		<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p>	<p>26</p>
<p>10. Do you live with [these people/this person] NOW because of a health or physical problem YOU have?</p>		<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p>	<p>27</p>
<p>11. Including step and adopted brothers, how many LIVING brothers do you have?</p>		<p>00 <input type="checkbox"/> None ____ Brothers (Number) 99 <input type="checkbox"/> DK</p>	<p>28-29</p>
<p>12. Including step and adopted sisters, how many LIVING sisters do you have?</p>		<p>00 <input type="checkbox"/> None ____ Sisters (Number) 99 <input type="checkbox"/> DK</p>	<p>30-31</p>
<p>ASK OR VERIFY: 13a. Is your mother still living?</p>		<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p>	<p>32</p>
<p>b. Is your father still living?</p>		<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p>	<p>33</p>
<p>ITEM 15</p>	<p>Refer to Item 14. (SP's living arrangement)</p>	<p>1 <input type="checkbox"/> Box 1, 2, or 3 marked (Go to 14) 2 <input type="checkbox"/> Box 4 marked (Skip to 15)</p>	<p>34</p>
<p>The next few questions are about contact you have with family members (other than your spouse or children). 14a. How quickly can any member of your family (other than your spouse or children) get here? If asked, "Here" means where the SP resides.</p>		<p>000 <input type="checkbox"/> No other family (Skip to Section J on page 42)</p> <p>____ { 1 <input type="checkbox"/> Minutes (Number) { 2 <input type="checkbox"/> Hours { 3 <input type="checkbox"/> Days 999 <input type="checkbox"/> DK</p>	<p>35-37</p>
<p>b. How often do you see any member of your family (other than your spouse or children)?</p>		<p>000 <input type="checkbox"/> Less than once a year/Never</p> <p>____ { 1 <input type="checkbox"/> Per day (Times) { 2 <input type="checkbox"/> Per week { 3 <input type="checkbox"/> Per month { 4 <input type="checkbox"/> Per year 999 <input type="checkbox"/> DK</p>	<p>38-40</p>
<p>c. How often do you talk on the telephone with any member of your family (other than your spouse or children)?</p>		<p>000 <input type="checkbox"/> Less than once a year/Never</p> <p>____ { 1 <input type="checkbox"/> Per day (Times) { 2 <input type="checkbox"/> Per week { 3 <input type="checkbox"/> Per month { 4 <input type="checkbox"/> Per year 999 <input type="checkbox"/> DK</p>	<p>41-43</p>
<p>d. How often do you get mail from any member of your family (other than your spouse or children)?</p>		<p>000 <input type="checkbox"/> Less than once a year/Never</p> <p>____ { 1 <input type="checkbox"/> Per day (Times) { 2 <input type="checkbox"/> Per week { 3 <input type="checkbox"/> Per month { 4 <input type="checkbox"/> Per year 999 <input type="checkbox"/> DK</p>	<p>44-46</p>
<p>15. Do any members of your family (other than your spouse or children) routinely give you money to help with your living expenses or pay your bills?</p>		<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p>	<p>47</p>

Section J - CONDITIONS AND IMPAIRMENTS

Now I'm going to ask some questions about vision and hearing. Please tell me if you have any of the following conditions, even if you have mentioned them before.

1. Do you NOW have —		Yes	No	DK	
a. Cataracts?	a.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	5
b. Glaucoma?	b.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	6
c. Blindness in both eyes?	c.	1 <input type="checkbox"/> (Skip to 3)	2 <input type="checkbox"/>	9 <input type="checkbox"/>	7
d. Blindness in one eye?	d.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	8
e. Any other trouble seeing with one or both eyes, EVEN when wearing glasses?	e.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	9
					10
2a. Do you use eyeglasses? Include eyeglasses that just magnify.		1 <input type="checkbox"/> Yes (Go to 2b) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (Skip to 2c)			
b. Were these eyeglasses prescribed for you?		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK			11
c. Do you use contact lenses?		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK			12
					13
3. Have you EVER had an operation for cataracts?		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK			
					14
ITEM J1	Refer to 1c above. (Blind in both eyes)	1 <input type="checkbox"/> "Yes" marked in 1c (Skip to 6) 2 <input type="checkbox"/> All others (Go to 4)			
					15
4. Do you have a lens implant?		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK			
					16
5. Do you use a magnifying glass to read or to do other close work?		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK			
					17
6. Do you NOW have —		Yes	No	DK	
a. Deafness in both ears?	a.	1 <input type="checkbox"/> (Skip to 7)	2 <input type="checkbox"/>	9 <input type="checkbox"/>	17
b. Deafness in one ear?	b.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	18
c. Any other trouble hearing with one or both ears?	c.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	19

Notes

Section J - CONDITIONS AND IMPAIRMENTS - Continued

Now I'm going to ask about some other conditions. Again, please tell me if you ever had any of these conditions, even if you have mentioned them before.

Ask all of 7a (1)-(11) before going to 7b-d across.

Ask 7b-d as appropriate for each "Yes" in 7a.

7a. Have you EVER had —

b. In what year (did/was) (condition) first [occur/noticed]?

c. Did a doctor ever tell you that you had (condition)?

d. Do you still have (condition)?

(1) A broken hip?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	20	(1)	21-22		
(2) Osteoporosis?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	23	(2)	24-25	(2)	26
(3) Diabetes?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	27	(3)	28-29	(3)	30
(4) Arthritis?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	32	(4)	33-34	(4)	35
(5) Chronic bronchitis or emphysema?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	36	(5)	37-38	(5)	39
(6) Asthma?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	41	(6)	42-43	(6)	44
(7) Hypertension, sometimes called high blood pressure?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	46	(7)	47-48	(7)	49
(8) Heart disease, including coronary heart disease, angina, heart attack or myocardial infarction?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	51	(8)	52-53	(8)	54
(9) Any other heart disease?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	55	(9)	56-57	(9)	58
(10) A stroke or cerebrovascular accident?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	59	(10)	60-61	(10)	62
(11) Cancer of any kind?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	63	(11)	64-65	(11)	66

ITEM J2

Refer to 7a (11).
(Cancer of any kind)

1 "Yes" marked in 7a (11) (Go to 8)
2 All others (Skip to 9 on page 44)

68

HAND CARD A19. Read categories if telephone interview.

8. What kind of cancer [is/was] it? (Anything else?)

Mark (X) all that apply.

- 01 Colon/rectal/bowel
- 02 Skin - melanoma
- 03 Skin - nonmelanoma
- 04 Skin - unknown type
- 05 Uterine/ovarian
- 06 Prostate
- 07 Stomach
- 08 Leukemia
- 09 Breast
- 10 Cervical
- 11 Lung
- 12 Other
- 99 DK

69-70
71-72
73-74
75-76
77-78
79-80
81-82
83-84
85-86
87-88
89-90
91-92
93-94

Section J - CONDITIONS AND IMPAIRMENTS - Continued

9a. Do you sometimes have trouble with dizziness?

- 1 Yes (Go to 9b)
- 2 No
- 9 DK } (Skip to 10)

95

b. Does dizziness prevent you in any way from doing things you otherwise could do?

- 1 Yes
- 2 No
- 9 DK

96

10. Do you have trouble biting or chewing any kinds of food, such as firm meat or apples?

If asked, this includes while wearing false teeth or dentures.

- 1 Yes
- 2 No
- 9 DK

97

Notes

Section K – HEALTH OPINIONS AND BEHAVIORS

READ TO RESPONDENT – Now I'd like to ask your personal opinions about health related matters.

5

1. Would you say your health in general is excellent, very good, good, fair, or poor?

- 1 Excellent
- 2 Very good
- 3 Good
- 4 Fair
- 5 Poor
- 9 DK

If proxy respondent, skip to 3; otherwise ask:

6

2. In the past 12 months, how often did you feel sad or depressed? Would you say you were sad or depressed — (Read all categories)

Mark (X) only one.

- 1 All of the time,
- 2 Some of the time,
- 3 A little of the time, or
- 4 None of the time?
- 9 DK

3. Compared to your own level of physical activity 1 year ago, would you say you are now more active, less active, or about the same as you were then?

Mark (X) only one.

- 1 More active
- 2 Less active
- 3 About the same
- 9 DK

7

4. Do you follow a REGULAR routine of physical exercise?

- 1 Yes
- 2 No
- 9 DK

8

5. About how tall are you without shoes?

_____ Feet _____ Inches

999 DK

9-11

6. About how much do you weigh without shoes?

_____ Pounds

999 DK

12-14

If proxy respondent, skip to 8; otherwise ask:

15-17

7. What was your usual weight at the age of 50?

_____ Pounds

999 DK

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

If asked: Approximately 5 packs.

- 1 Yes (Go to 9)
- 2 No
- 9 DK } (Skip to 11)

18

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

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

19

10. For how many years [have you smoked/did you smoke] cigarettes?

00 Less than 1 year

_____ Years
(Number)

99 DK

20-21

11. Now I would like to ask you about drinking alcoholic beverages. By alcoholic beverages I mean beer, wine, or liquor. Have you had at least one drink of beer, wine, or liquor during the past year?

- 1 Yes (Go to 12)
- 2 No
- 9 DK } (Skip to Section L on page 46)

22

12. During the past year, on the average, on how many days did you drink alcoholic beverages, that is beer, wine, or liquor?

0000 Every day

_____ Days { 1 Per week
(Number) { 2 Per month
3 Per year

9999 DK

23-26

13. On [the/those] day(s) when you drank, about how many drinks would you say you had?

_____ Drinks
(Number)

99 DK

27-28

Section L - COMMUNITY SERVICES

NOTE - Ask 2 immediately after a "Yes" in 1a-f.

READ TO RESPONDENT - The next questions are about community services.

1. [In the past 12 months/in the 12 months prior to coming to this (type of institution)], did you -

2. How often did you use it - frequently, sometimes, or rarely?

a. Use a senior center?

- 1 Yes (Go to 2a)
 2 No } (Go to 1b)
 9 DK

29

a.

- 1 Frequently
 2 Sometimes
 3 Rarely
 9 DK } (Go to 1b)

30

b. Use special transportation for the elderly?

- 1 Yes (Go to 2b)
 2 No } (Go to 1c)
 9 DK

31

b.

- 1 Frequently
 2 Sometimes
 3 Rarely
 9 DK } (Go to 1c)

32

c. Have meals delivered to your home by an agency or organization like Meals on Wheels?

- 1 Yes (Go to 2c)
 2 No } (Go to 1d)
 9 DK

33

c.

- 1 Frequently
 2 Sometimes
 3 Rarely
 9 DK } (Go to 1d)

34

d. Eat meals in a senior center or in some place with a special meal program for the elderly?

- 1 Yes (Go to 2d)
 2 No } (Go to 1e)
 9 DK

35

d.

- 1 Frequently
 2 Sometimes
 3 Rarely
 9 DK } (Go to 1e)

36

e. Use a homemaker service for the elderly that provides services like cleaning and cooking in the home?

- 1 Yes (Go to 2e)
 2 No } (Go to 1f)
 9 DK

37

e.

- 1 Frequently
 2 Sometimes
 3 Rarely
 9 DK } (Go to 1f)

38

f. Use information and referral services?

- 1 Yes (Go to 2f)
 2 No } (Go to
 9 DK } Section M
 on page 47)

39

f.

- 1 Frequently
 2 Sometimes
 3 Rarely
 9 DK } (Go to
 Section M
 on page 47)

40

Notes

Section M - UPDATE CONTACT PERSON INFORMATION

The National Center for Health Statistics may wish to contact you again to obtain additional health related information.

**ITEM
M1**

Refer to CP on label.

- 1 CP on label (Ask 1a)
2 No CP on label (Ask 1b)

5

1a. The last time a Census Bureau interviewer talked to you or your family, we were told that (CP on label) will always know how to get in touch with you if we want to contact you again. Is (CP on label) still the best person to contact if we are unable to reach you?

- 1 Yes (Verify CP's address and phone number. If incorrect, enter correct information in 2 below.)
2 No (Go to 1b)

6

b. The National Center for Health Statistics would like the name, address, and telephone number of a relative or friend who would know where you could be reached in case we need additional health information in the future but cannot reach you. Please give me the name of someone who is not currently living in the household.

(Record information in 2.)

2. Contact Person current information

Last name 7-26 First name 27-41 MI 42

Number and street 43-67

City 68-87 State 88-89 ZIP Code 90-98

Telephone

Area code 99-101 Number 102-108
1 None 9 DK 109
7 Refused

Notes

Section N - INTERVIEWER OBSERVATIONS

ITEM N1	<i>Mark (X) the one that best represents this interview.</i>	<input type="checkbox"/> Self response without assistance (<i>Skip to 3</i>) <input type="checkbox"/> Self response with assistance (<i>Go to 1a</i>) <input type="checkbox"/> Proxy (<i>Skip to 1b</i>)	5
----------------	--	--	---

ASK OR VERIFY:			6-7
1a. How is (<i>assistant</i>) related to you?	<i>If more than one assistant, indicate the relationship of the one you consider to be the main assistant.</i>	<input type="checkbox"/> Parent <input type="checkbox"/> Spouse <input type="checkbox"/> Son/Daughter <input type="checkbox"/> Son-in-law/Daughter-in-law <input type="checkbox"/> Grandchild/Great grandchild <input type="checkbox"/> Brother/Sister <input type="checkbox"/> Brother-in-law/Sister-in-law <input type="checkbox"/> Aunt/Uncle/Cousin <input type="checkbox"/> Niece/Nephew <input type="checkbox"/> Other relative <input type="checkbox"/> Roommate/Friend/Neighbor <input type="checkbox"/> Other non-relative	} (<i>Skip to 1c</i>)

b. How are you related to (<i>sample person</i>)?	<i>If more than one proxy, direct this question to the one you consider to be the main proxy.</i>	<input type="checkbox"/> Parent <input type="checkbox"/> Spouse <input type="checkbox"/> Son/Daughter <input type="checkbox"/> Son-in-law/Daughter-in-law <input type="checkbox"/> Grandchild/Great grandchild <input type="checkbox"/> Brother/Sister <input type="checkbox"/> Brother-in-law/Sister-in-law <input type="checkbox"/> Aunt/Uncle/Cousin <input type="checkbox"/> Niece/Nephew <input type="checkbox"/> Other relative <input type="checkbox"/> Roommate/Friend/Neighbor <input type="checkbox"/> Other non-relative	8-9
--	---	--	-----

ASK OR VERIFY:			10
c. Do(es) [you/assistant] live here?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	

<i>Mark each to indicate why a proxy/assistant was needed.</i>		Yes	No	
2a. Sample person hospitalized	a.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	11
b. Sample person institutionalized	b.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	12
c. Sample person's hearing problem	c.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	13
d. Sample person's speech problem	d.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	14
e. Sample person's language problem	e.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	15
f. Sample person's poor memory, senility, or confusion	f.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	16
g. Sample person's Alzheimer's disease	g.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	17
h. Sample person's other mental condition	h.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	18
i. Sample person's other physical illness and/or disability	i.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	19
j. Other non-health related reason	j.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	20

<i>The "respondent" in the following items refers to the sample person if he/she answered questions with or without assistance, or to the proxy if the sample person was not interviewed.</i>		Yes	No	DK	
3. Do you feel the —					
a. Respondent was intellectually capable of responding?	a.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 9	21
b. Respondent's answers were reasonably accurate?	b.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 9	22
c. Respondent understood the questions?	c.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 9	23

Notes

Section N - INTERVIEWER OBSERVATIONS - Continued

<p>4a. Was there a section which seemed to be particularly upsetting or problematic to the respondent?</p>	<p>1 <input type="checkbox"/> Yes (<i>Go to 4b</i>) 2 <input type="checkbox"/> No (<i>Skip to 5</i>)</p>	<p align="center">24</p>													
<p>b. Which section(s)? <i>Mark (X) all that apply.</i></p>	<p>01 <input type="checkbox"/> A. Housing and long-term care services 02 <input type="checkbox"/> B. Transportation 03 <input type="checkbox"/> C. Social activity 04 <input type="checkbox"/> D. Work history/employment 05 <input type="checkbox"/> E. Assistive devices and technologies 06 <input type="checkbox"/> F. Health insurance 07 <input type="checkbox"/> G. Assistance with key activities 08 <input type="checkbox"/> H. Other services 09 <input type="checkbox"/> I. Family structure, relationships, and living arrangements 10 <input type="checkbox"/> J. Conditions and impairments 11 <input type="checkbox"/> K. Health opinions and behaviors 12 <input type="checkbox"/> L. Community services 13 <input type="checkbox"/> M. Contact person</p>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td align="center">25-26</td></tr> <tr><td align="center">27-28</td></tr> <tr><td align="center">29-30</td></tr> <tr><td align="center">31-32</td></tr> <tr><td align="center">33-34</td></tr> <tr><td align="center">35-36</td></tr> <tr><td align="center">37-38</td></tr> <tr><td align="center">39-40</td></tr> <tr><td align="center">41-42</td></tr> <tr><td align="center">43-44</td></tr> <tr><td align="center">45-46</td></tr> <tr><td align="center">47-48</td></tr> <tr><td align="center">49-50</td></tr> </table>	25-26	27-28	29-30	31-32	33-34	35-36	37-38	39-40	41-42	43-44	45-46	47-48	49-50
25-26															
27-28															
29-30															
31-32															
33-34															
35-36															
37-38															
39-40															
41-42															
43-44															
45-46															
47-48															
49-50															
<p>5. How tiring did the interview seem to be for the respondent?</p>	<p>1 <input type="checkbox"/> Very tiring 2 <input type="checkbox"/> A little tiring 3 <input type="checkbox"/> Not tiring</p>	<p align="center">51</p>													
<p>6. Did the respondent have difficulty hearing you during the interview?</p>	<p>1 <input type="checkbox"/> Yes (<i>Go to 7</i>) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (<i>END interview</i>)</p>	<p align="center">52</p>													
<p>7. Do you feel the respondent's hearing difficulty affected the interview?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>	<p align="center">53</p>													

Notes

FORM **DFS-4**
(7-1-94)

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
CENTERS FOR DISEASE CONTROL AND PREVENTION
NATIONAL CENTER FOR HEALTH STATISTICS

**DISABILITY FOLLOWBACK SURVEY
(NHIS PHASE II)
POLIO SURVIVOR QUESTIONNAIRE**

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 50 minutes per response, with an average of 45 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 70
3-7
8

RT 76
3-4

Part I – CALL RECORD

Mode	Date		Beginning time	Results	Ending time	Comments
	Month	Day				
5	6-7	8-9	10-14		15-19	
T			a.m.		a.m.	
P			p.m.		p.m.	
T			a.m.		a.m.	
P			p.m.		p.m.	
T			a.m.		a.m.	
P			p.m.		p.m.	
T			a.m.		a.m.	
P			p.m.		p.m.	

Notes

Part II - STATUS

A. Final Status

Interview

- 00 Never had polio
- 01 Complete
- 02 Partial (*Explain in notes*)

Noninterview

- 03 SP refused
- 04 Proxy refused
- 05 Unable to contact
- 06 Unable to locate
- 07 Deceased
- 08 Institutionalized, no proxy
- 09 Incapable, no proxy
- 10 Moved o/s PSU, unable to phone
- 11 Other noninterview

(Explain in notes)

5-6

C. Respondent

- 1 Self
- 2 Proxy *z*

Reason for proxy

- 1 SP incapable
- 2 SP institutionalized
- 3 SP unavailable
- 4 Other - *Specify z*

8

9

(Fill II.D)

D. Proxy

Name

Relationship to SP

B. Mode

- 1 Telephone
- 2 Personal visit

7

10-11

Part III - NEW ADDRESS

A. Address (*Different from label*)

Number and street					12-36
City		37-56	State	57-58	ZIP Code 59-67

B. Telephone (*Different from label*)

Area code 68-70	Number 71-77	1 <input type="checkbox"/> None	9 <input type="checkbox"/> DK number	78
		7 <input type="checkbox"/> Refused		

Notes

POLIO SURVIVORS

<p>Earlier, we were told that you had polio. The following questions deal with the time when you were first sick with polio, that is the first week or two of the illness.</p> <p>1. How old were you when you got polio?</p>	<p>000 <input type="checkbox"/> Less than 1 month</p> <p>(Age) { 1 <input type="checkbox"/> Months 2 <input type="checkbox"/> Years</p> <p>888 <input type="checkbox"/> Never had polio (<i>End Interview</i>)</p> <p>999 <input type="checkbox"/> DK</p>
---	---

5-7

<p>2. In what year did you get polio?</p>	<p><input type="text" value="1"/> <input type="text" value="9"/> <input type="text"/> <input type="text"/> Year</p> <p>99 <input type="checkbox"/> DK</p>
--	---

8-9

<p>3. In what month of the year did this illness start?</p> <p><i>Enter number in 2-digit numerals: 01-January through 12-December.</i></p>	<p><input type="text"/> <input type="text"/> Month</p> <p>99 <input type="checkbox"/> DK</p>
--	--

10-11

<p>ITEM P1</p>	<p><i>Refer to question 1 above: (Age when respondent got polio.)</i></p>	<p>1 <input type="checkbox"/> Less than 5 years old (<i>Read intro to question 4</i>)</p> <p>2 <input type="checkbox"/> Five years or more (<i>Ask question 4 without intro</i>)</p> <p>9 <input type="checkbox"/> DK (<i>Read intro to question 4</i>)</p>
-----------------------	---	---

12

<p>I'm going to ask some questions about the first two weeks of your illness. Because you may have been too young to remember much, just answer the best you can based on what your parents or other family members and friends told you.</p>	
<p>4. During the first two weeks you had polio, did you experience —</p>	<p>Yes No DK</p>
<p>a. Fever?.....</p>	<p>a. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/></p>
<p>b. Headache?.....</p>	<p>b. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/></p>
<p>c. Stiff neck?</p>	<p>c. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/></p>
<p>d. Diarrhea?.....</p>	<p>d. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/></p>
<p>e. Muscle pains?</p>	<p>e. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/></p>
<p>f. Skin rash?</p>	<p>f. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/></p>

13

14

15

16

17

18

<p>Notes</p>

POLIO SURVIVORS - Continued

12a. Beginning about one month after you got polio, did you go through a period of rehabilitation? This would include a time when you might have had physical therapy, doctor's checkups, and/or surgical procedures to help you recover from polio. 37

1 Yes (Go to 12b)
 2 No } (Skip to 20 on page 8)
 9 DK }

b. About how long would you say this period of rehabilitation lasted? 38-40

000 Less than 1 month

(Number) { 1 Months
 2 Years

999 DK

HAND CARD P1.

The next few questions deal with this period of REHABILITATION.

	Not weakened	Mildly weakened	Moderately weakened	Severely weakened	Completely paralyzed	DK
13. Beginning approximately two months after you got polio, that is, after the initial phase of your illness had passed:						41
a. How weakened was your right hip, thigh and knee? Would you say — (Read all categories?)	a. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>
b. How weakened was your right calf, ankle and foot? (Would you say — (Read all categories?)?)	b. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>
c. How weakened was your left hip, thigh and knee? (Would you say — (Read all categories?)?)	c. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>
d. How weakened was your left calf, ankle and foot? (Would you say — (Read all categories?)?)	d. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>
e. How weakened was your right shoulder, upper arm and elbow? (Would you say — (Read all categories?)?)	e. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>
f. How weakened was your right forearm, wrist and hand? (Would you say — (Read all categories?)?)	f. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>
g. How weakened was your left shoulder, upper arm and elbow? (Would you say — (Read all categories?)?)	g. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>
h. How weakened was your left forearm, wrist and hand? (Would you say — (Read all categories?)?)	h. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>
i. How weakened were your breathing muscles? (Would you say — (Read all categories?)?)	i. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>
j. How weakened were your swallowing muscles? (Would you say — (Read all categories?)?)	j. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>
k. How weakened were your face muscles? (Would you say — (Read all categories?)?)	k. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>
l. How weakened were your back muscles? (Would you say — (Read all categories?)?)	l. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>
m. How weakened were your stomach muscles? (Would you say — (Read all categories?)?)	m. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>

POLIO SURVIVORS - Continued

18. During your rehabilitation, did you have surgery on your arms, legs, or spine which was intended to correct a limitation or weakness caused by polio?

- 1 Yes (Go to 19)
 2 No } (Skip to 20 on page 8)
 9 DK }

79

19. Please tell me each surgical procedure you had and your age at the time of the procedure?

Any others?

Enter age in whole years. If less than 1 year old, enter "00".

Enter a description of the procedure if the exact name is not known

Age 99 DK age
 (Years)

80-81

Surgical procedure description

82-83

99 DK surgical procedure

Age 99 DK age
 (Years)

84-85

Surgical procedure description

86-87

99 DK surgical procedure

Age 99 DK age
 (Years)

88-89

Surgical procedure description

90-91

99 DK surgical procedure

Notes

POLIO SURVIVORS - Continued

92-95

20. For the next few questions, please think about the period when you were at your PHYSICAL BEST after having polio. By physical best we mean the period when you had the greatest strength and endurance and were in the best condition to carry on the various activities of daily living such as working, housework, walking, driving, dressing, bathing, and so forth.

After having polio, at what age, or between what ages, were you at your physical best?

Enter age(s) in whole years or mark (X) box.

to Years of age } (Go to 21)

- 9977 Presently at physical best
- 9988 Never had a physical best } (Skip to 41 on page 15)
- 9999 DK

HAND CARD P4.

96

21. During the period of your physical best AFTER THE ONSET OF POLIO, which phrase best describes the extent of your disability? Would you say — (Read all categories)

Mark (X) only one.

- 1 No disability, (Skip to 29 on page 10)
- 2 No noticeable disability,
- 3 Mild disability,
- 4 Moderate disability, or
- 5 Severe disability? } (Go to 22)
- 9 DK

HAND CARD P2.

97

22. During the period of your physical best after the onset of polio, how well could you walk?

If telephone interview, read: Would you say you were — (Read all categories)

Mark (X) only one.

- 1 Able to walk without a limp } (Go to 23)
- 2 Able to walk WITH a limp
- 3 Unable to walk WITHOUT leg braces or other assistive devices (Skip to 24)
- 4 Unable to walk at all (Skip to 26 on page 9)
- 5 Can't remember } (Go to 23)
- 9 DK

HAND CARD P5.

98

23. During the period of your physical best after the onset of your polio, what was the farthest you could walk WITHOUT using assistive devices and WITHOUT stopping?

If telephone interview, read: Would you say you — (Read all categories)

Mark (X) only one.

- 1 Couldn't walk at all
- 2 Could walk across a room
- 3 Could walk up and down the street
- 4 Could walk around the block
- 5 Could walk a mile or more (Skip to 25 on page 9)
- 9 DK (Go to 24)

HAND CARD P5.

99

24. How about WITH a leg brace or assistive devices such as a cane or walker? What was the farthest you could walk WITHOUT stopping during the period of your physical best?

If telephone interview, read: Would you say that you — (Read all categories)

Mark (X) only one.

- 1 Couldn't walk at all (Skip to 26)
- 2 Could walk across a room
- 3 Could walk up and down the street
- 4 Could walk around the block
- 5 Could walk a mile or more
- 9 DK

POLIO SURVIVORS - Continued

25. During the period of your physical best after the onset of your polio, how well could you climb stairs? Would you say you — (Read all categories)

Mark (X) only one.

- 1 Could climb stairs easily without using a railing,
- 2 Could climb stairs using a railing, or
- 3 Could not climb stairs at all?
- 9 DK

5

26. During the period of your physical best after the onset of your polio, how easily would you tire while performing your usual daily activities? Would you say you — (Read all categories)

Mark (X) only one.

- 1 Tired VERY easily during the day, requiring five or more rest periods,
- 2 Tired easily during the day, requiring two to four rest periods,
- 3 Tired slowly and required one rest period a day, or
- 4 Tired only after strenuous exercise or before bedtime?
- 9 DK

6

27. I am going to read a list of assistive devices. Please tell me if you used each device at any time during your period of physical best.

Read list.

Mark (X) an answer for each type of device.

Yes No DK

- a. A cane or canes?
- b. A crutch or crutches?
- c. Walker?
- d. Wheel chair or electric cart?
- e. Left leg brace?
- f. Right leg brace?
- g. Left arm splint or brace?
- h. Left hand splint or brace?
- i. Right arm splint or brace?
- j. Right hand splint or brace?
- k. Breathing aids?
- l. Back brace or corset?
- m. Special shoes, or shoe lifts?
- n. Another type of device?

- a. 1 2 9
- b. 1 2 9
- c. 1 2 9
- d. 1 2 9
- e. 1 2 9
- f. 1 2 9
- g. 1 2 9
- h. 1 2 9
- i. 1 2 9
- j. 1 2 9
- k. 1 2 9
- l. 1 2 9
- m. 1 2 9
- n. 1 2 9

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19
20

Specify _____

POLIO SURVIVORS - Continued

HAND CARD P1.

28. <u>At the time of your physical best:</u>	Not weakened	Mildly weakened	Moderately weakened	Severely weakened	Completely paralyzed	DK
a. How weakened was your right hip, thigh and knee? Would you say — <i>(Read all categories)?</i>	a. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/> 21
b. How weakened was your right calf, ankle and foot? (Would you say — <i>(Read all categories)?</i>)	b. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/> 22
c. How weakened was your left hip, thigh and knee? (Would you say — <i>(Read all categories)?</i>)	c. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/> 23
d. How weakened was your left calf, ankle and foot? (Would you say — <i>(Read all categories)?</i>)	d. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/> 24
e. How weakened was your right shoulder, upper arm and elbow? (Would you say — <i>(Read all categories)?</i>)	e. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/> 25
f. How weakened was your right forearm, wrist and hand? (Would you say — <i>(Read all categories)?</i>)	f. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/> 26
g. How weakened was your left shoulder, upper arm and elbow? (Would you say — <i>(Read all categories)?</i>)	g. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/> 27
h. How weakened is your left forearm, wrist and hand? (Would you say — <i>(Read all categories)?</i>)	h. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/> 28
i. How weakened were your breathing muscles? (Would you say — <i>(Read all categories)?</i>)	i. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/> 29
j. How weakened were your swallowing muscles? (Would you say — <i>(Read all categories)?</i>)	j. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/> 30
k. How weakened were your face muscles? (Would you say — <i>(Read all categories)?</i>)	k. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/> 31
l. How weakened were your back muscles? (Would you say — <i>(Read all categories)?</i>)	l. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/> 32
m. How weakened were your stomach muscles? (Would you say — <i>(Read all categories)?</i>)	m. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/> 33
29. About how much did you weigh during the time of your physical best? <i>Enter weight in whole pounds only.</i>	_____ Pounds 999 <input type="checkbox"/> DK					34-36
30. At the present time, do you feel you are STILL at your physical best?	1 <input type="checkbox"/> Yes <i>(Skip to 41 on page 15)</i> 2 <input type="checkbox"/> No } <i>(Go to 31 on page 11)</i> 9 <input type="checkbox"/> DK }					37
Notes						

POLIO SURVIVORS - Continued

31. Since the period when you were at your physical best have you experienced any DECREASE in your ability to carry out your routine activities of daily living such as working, housework, walking, driving, dressing, bathing, and so forth? <i>If "Yes," ask: Would you say that your ability has decreased some or a lot?</i>	<div style="text-align: right; border: 1px solid black; width: 30px; float: right; margin-bottom: 5px;">38</div> 1 <input type="checkbox"/> Yes, decreased some 2 <input type="checkbox"/> Yes, decreased a lot 3 <input type="checkbox"/> No, no decrease 9 <input type="checkbox"/> DK
32. Since the time of your physical best, do you NOW weigh more, less, or about the same?	<div style="text-align: right; border: 1px solid black; width: 30px; float: right; margin-bottom: 5px;">39</div> 1 <input type="checkbox"/> More } (Go to 33) 2 <input type="checkbox"/> Less } 3 <input type="checkbox"/> About the same } (Skip to 34) 9 <input type="checkbox"/> DK
33. How many pounds have you [gained/lost]? <i>Enter gain or loss in whole pounds only.</i>	<div style="text-align: right; border: 1px solid black; width: 50px; float: right; margin-bottom: 5px;">40-42</div> _____ Pounds 999 <input type="checkbox"/> DK
34. Since the time of your physical best, have you had any severe injuries which have limited your ability to carry out your daily activities?	<div style="text-align: right; border: 1px solid black; width: 30px; float: right; margin-bottom: 5px;">43</div> 1 <input type="checkbox"/> Yes (Go to 35) 2 <input type="checkbox"/> No } (Skip to 36) 9 <input type="checkbox"/> DK
35. What were the injuries and how old were you when they occurred? Any others? <i>Enter age in whole years.</i> <i>Describe the injury, NOT the accident.</i> <i>(Example: Enter "Broken hip" not "fell")</i>	<div style="text-align: right; border: 1px solid black; width: 50px; float: right; margin-bottom: 5px;">44-45</div> [][] Age 99 <input type="checkbox"/> DK age (Years) Injury <input type="checkbox"/> <div style="text-align: right; border: 1px solid black; width: 50px; float: right; margin-top: 5px;">46-48</div> _____ 799 <input type="checkbox"/> DK injury
(Example: Enter "Broken hip" not "fell")	<div style="text-align: right; border: 1px solid black; width: 50px; float: right; margin-bottom: 5px;">49-50</div> [][] Age 99 <input type="checkbox"/> DK age (Years) Injury <input type="checkbox"/> <div style="text-align: right; border: 1px solid black; width: 50px; float: right; margin-top: 5px;">51-53</div> _____ 799 <input type="checkbox"/> DK injury
	<div style="text-align: right; border: 1px solid black; width: 50px; float: right; margin-bottom: 5px;">54-55</div> [][] Age 99 <input type="checkbox"/> DK age (Years) Injury <input type="checkbox"/> <div style="text-align: right; border: 1px solid black; width: 50px; float: right; margin-top: 5px;">56-58</div> _____ 799 <input type="checkbox"/> DK injury
	<div style="text-align: right; border: 1px solid black; width: 50px; float: right; margin-bottom: 5px;">59-60</div> [][] Age 99 <input type="checkbox"/> DK age (Years) Injury <input type="checkbox"/> <div style="text-align: right; border: 1px solid black; width: 50px; float: right; margin-top: 5px;">61-63</div> _____ 799 <input type="checkbox"/> DK injury
	<div style="text-align: right; border: 1px solid black; width: 50px; float: right; margin-bottom: 5px;">61-63</div> [][] Age 99 <input type="checkbox"/> DK age (Years) Injury <input type="checkbox"/> _____ 799 <input type="checkbox"/> DK injury
	<div style="text-align: right; border: 1px solid black; width: 50px; float: right; margin-bottom: 5px;">59-60</div> [][] Age 99 <input type="checkbox"/> DK age (Years) Injury <input type="checkbox"/> _____ 799 <input type="checkbox"/> DK injury
36. Compared with your physical best, has your ability to swallow solid food gotten better, gotten worse, or stayed about the same?	<div style="text-align: right; border: 1px solid black; width: 30px; float: right; margin-bottom: 5px;">64</div> 1 <input type="checkbox"/> Gotten better 2 <input type="checkbox"/> Gotten worse 3 <input type="checkbox"/> Stayed about the same 9 <input type="checkbox"/> DK

POLIO SURVIVORS - Continued

<p>37. Since reaching your physical best, have you experienced any NEW polio related difficulties?</p> <p><i>If "Yes", ask: How many new polio-related difficulties have you experienced?</i></p> <p><i>Mark (X) only one.</i></p>	<div style="text-align: right; border: 1px solid black; padding: 2px; float: right;">65</div> <p>1 <input type="checkbox"/> Yes, one new polio-related difficulty</p> <p>2 <input type="checkbox"/> Yes, more than one new polio-related difficulty</p> <p>3 <input type="checkbox"/> New difficulties, BUT not sure they are polio-related</p> <p>4 <input type="checkbox"/> No</p> <p>9 <input type="checkbox"/> DK</p> <p style="text-align: right;">} (Go to 38)</p> <p style="text-align: right;">} (Skip to 41 on page 15)</p>
---	--

<p>38. How old were you when [this/your MAIN] new polio-related difficulty began?</p> <p><i>Enter age in whole years only.</i></p>	<div style="text-align: right; border: 1px solid black; padding: 2px; float: right;">66-67</div> <p>_____ Years of age</p> <p>99 <input type="checkbox"/> DK</p>
---	--

<p>39. About how quickly did [this/your MAIN] new polio-related difficulty develop? Was it over a period of — (Read all categories)</p> <p><i>Mark (X) only one.</i></p>	<div style="text-align: right; border: 1px solid black; padding: 2px; float: right;">68</div> <p>1 <input type="checkbox"/> Less than one month,</p> <p>2 <input type="checkbox"/> One month, but less than a year,</p> <p>3 <input type="checkbox"/> One year, but less than 5 years,</p> <p>4 <input type="checkbox"/> 5 years, but less than 10 years, or</p> <p>5 <input type="checkbox"/> 10 or more years?</p> <p>6 <input type="checkbox"/> Other - Specify <u> </u></p> <p>_____</p> <p>9 <input type="checkbox"/> DK</p>
---	--

<p>40a. Compared with your physical best, have you experienced any NEW muscle WEAKNESS?</p> <p>-----</p> <p><i>HAND CARD P6.</i></p> <p>b. Which of the following muscles are involved?</p>	<div style="text-align: right; border: 1px solid black; padding: 2px; float: right;">69</div> <p>1 <input type="checkbox"/> Yes (Go to 40b)</p> <p>2 <input type="checkbox"/> No</p> <p>9 <input type="checkbox"/> DK</p> <p style="text-align: right;">} (Skip to 40c)</p>																																			
<p>(1) Left arm or hand?</p> <p>(2) Right arm or hand?</p> <p>(3) Left leg or foot?</p> <p>(4) Right leg or foot?</p> <p>(5) Stomach, back or torso?</p> <p>(6) Neck or face?</p>	<table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:10%;"></th> <th style="width:15%;">Yes</th> <th style="width:15%;">No</th> <th style="width:15%;">DK</th> <th style="width:45%;"></th> </tr> </thead> <tbody> <tr> <td>(1) 1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>9 <input type="checkbox"/></td> <td></td> <td style="text-align: right; border: 1px solid black; padding: 2px;">70</td> </tr> <tr> <td>(2) 1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>9 <input type="checkbox"/></td> <td></td> <td style="text-align: right; border: 1px solid black; padding: 2px;">71</td> </tr> <tr> <td>(3) 1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>9 <input type="checkbox"/></td> <td></td> <td style="text-align: right; border: 1px solid black; padding: 2px;">72</td> </tr> <tr> <td>(4) 1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>9 <input type="checkbox"/></td> <td></td> <td style="text-align: right; border: 1px solid black; padding: 2px;">73</td> </tr> <tr> <td>(5) 1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>9 <input type="checkbox"/></td> <td></td> <td style="text-align: right; border: 1px solid black; padding: 2px;">74</td> </tr> <tr> <td>(6) 1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>9 <input type="checkbox"/></td> <td></td> <td style="text-align: right; border: 1px solid black; padding: 2px;">75</td> </tr> </tbody> </table>		Yes	No	DK		(1) 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>		70	(2) 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>		71	(3) 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>		72	(4) 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>		73	(5) 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>		74	(6) 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>		75
	Yes	No	DK																																	
(1) 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>		70																																
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(3) 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>		72																																
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(5) 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>		74																																
(6) 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>		75																																

Notes

POLIO SURVIVORS - Continued

40c. Compared with your physical best, have you experienced any NEW muscle PAIN?

76

- 1 Yes (Go to 40d)
 2 No } (Skip to 40e)
 9 DK }

HAND CARD P6.

d. Which of the following muscles are involved?

Yes No DK

(1) Left arm or hand? (1) 1 2 9 77

(2) Right arm or hand? (2) 1 2 9 78

(3) Left leg or foot? (3) 1 2 9 79

(4) Right leg or foot? (4) 1 2 9 80

(5) Stomach, back or torso? (5) 1 2 9 81

(6) Neck or face? (6) 1 2 9 82

e. Compared with your physical best, have you experienced any NEW JOINT pains?

83

- 1 Yes (Go to 40f)
 2 No } (Skip to 40g)
 9 DK }

HAND CARD P7.

f. Which of the following joints are involved?

Yes No DK

(1) Left shoulder, elbow, or wrist? (1) 1 2 9 84

(2) Right shoulder, elbow, or wrist? (2) 1 2 9 85

(3) Left hip, knee, or ankle? (3) 1 2 9 86

(4) Right hip, knee, or ankle? (4) 1 2 9 87

(5) Neck or spine? (5) 1 2 9 88

Notes

POLIO SURVIVORS - Continued

40g. Compared with your physical best, have you noticed any change in the size of muscles FORMERLY WEAKENED by polio?

- 1 Yes (Go to 40h)
 2 No
 9 DK } (Skip to 41 on page 15)

89

h. Have the muscles increased or decreased in size?

Mark (X) only one.

- 1 Increased in size
 2 Decreased in size
 3 Some increased/some decreased
 9 DK

90

HAND CARD P6.

i. Which of the following muscles are involved?

- | | Yes | No | DK | |
|--|--------------------------------|----------------------------|----------------------------|----|
| (1) Left arm or hand? | (1) 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 9 <input type="checkbox"/> | 91 |
| (2) Right arm or hand? | (2) 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 9 <input type="checkbox"/> | 92 |
| (3) Left leg or foot? | (3) 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 9 <input type="checkbox"/> | 93 |
| (4) Right leg or foot? | (4) 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 9 <input type="checkbox"/> | 94 |
| (5) Stomach, back or torso? | (5) 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 9 <input type="checkbox"/> | 95 |
| (6) Neck or face? | (6) 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 9 <input type="checkbox"/> | 96 |

Notes

POLIO SURVIVORS - Continued

HAND CARD P1.

The following questions deal with the PRESENT TIME that is, over the past few weeks.

41. At the present time,

	Not weakened	Mildly weakened	Moderately weakened	Severely weakened	Completely paralyzed	DK
						5
a. How weakened is your right hip, thigh and knee? Would you say — (Read all categories)?	a. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>
						6
b. How weakened is your right calf, ankle and foot? (Would you say — (Read all categories)?)	b. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>
						7
c. How weakened is your left hip, thigh and knee? (Would you say — (Read all categories)?)	c. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>
						8
d. How weakened is your left calf, ankle and foot? (Would you say — (Read all categories)?)	d. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>
						9
e. How weakened is your right shoulder, upper arm and elbow? (Would you say — (Read all categories)?)	e. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>
						10
f. How weakened is your right forearm, wrist and hand? (Would you say — (Read all categories)?)	f. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>
						11
g. How weakened is your left shoulder, upper arm and elbow? (Would you say — (Read all categories)?)	g. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>
						12
h. How weakened is your left forearm, wrist and hand? (Would you say — (Read all categories)?)	h. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>
						13
i. How weakened are your breathing muscles? (Would you say — (Read all categories)?)	i. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>
						14
j. How weakened are your swallowing muscles? (Would you say — (Read all categories)?)	j. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>
						15
k. How weakened are your face muscles? (Would you say — (Read all categories)?)	k. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>
						16
l. How weakened are your back muscles? (Would you say — (Read all categories)?)	l. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>
						17
m. How weakened are your stomach muscles? (Would you say — (Read all categories)?)	m. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>

HAND CARD P8.

42. At the present time, what is the farthest you can walk WITHOUT using assistive devices and WITHOUT stopping? Would you say you — (Read all categories)

- 1 Cannot walk at all,
- 2 Can walk across a room,
- 3 Can walk up and down the street,
- 4 Can walk around the block, or
- 5 Can walk a mile or more?
- 9 DK

43. At the present time, how well can you climb stairs? Would you say you — (Read all categories)

- 1 Can climb stairs easily without using a railing,
- 2 Can climb stairs with a railing, or
- 3 Cannot climb stairs at all?
- 9 DK

POLIO SURVIVORS - Continued

44. Do you NOW use any of the following assistive devices?

Mark (X) an answer for each type of device.

Read list.

	Yes	No	DK	
a. A cane or canes?	a. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	20
b. A crutch or crutches?	b. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	21
c. Walker?	c. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	22
d. Wheel chair or electric cart?	d. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	23
e. Left leg brace?	e. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	24
f. Right leg brace?	f. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	25
g. Left arm splint or brace?	g. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	26
h. Left hand splint or brace?	h. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	27
i. Right arm splint or brace?	i. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	28
j. Right hand splint or brace?	j. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	29
k. Breathing aids?	k. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	30
l. Back brace or corset?	l. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	31
m. Special shoes, or shoe lifts?	m. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	32
n. Another type of device?	n. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	33

Specify _____

45. During the past few weeks, how easily did you tire while performing your usual daily activities? Would you say you — (Read all categories)

Mark (X) only one.

- 34
- 1 Tire VERY easily during the day, requiring five or more rest periods in the day,
 - 2 Tire easily during the day, requiring two to four rest periods,
 - 3 Tire slowly and require one rest period a day, or
 - 4 Tire only after strenuous exercise or before bedtime?
 - 9 DK

Notes

POLIO SURVIVORS - Continued

46. At present, do you feel your general health is improving, declining, or staying about the same?

35

- 1 Improving *(Skip to 50 on page 18)*
- 2 Declining *(Go to 47)*
- 3 About the same } *(Skip to 50 on page 18)*
- 9 DK

47. What do you think is the main cause of this decline?

36

Mark (X) only one.

- 1 Aging
- 2 Sedentary lifestyle
- 3 Return of old problems/conditions } *(Skip to 50 on page 18)*
- 4 New chronic conditions
- 5 Other new illness
- 6 Late effects of polio *(Go to 48)*
- 7 Other } *(Skip to 50 on page 18)*
- 9 DK

*Mark (X) box "0" or ask.
HAND CARD P9. Read categories if telephone interview.*

48. Which statement best describes how you feel about your physical condition?

37

- 0 Proxy *(Skip to 50 on page 18)*
- 1 I do not feel disabled
- 2 I feel disabled for the first time in my life
- 3 Now I feel like I have a second disability
- 4 None of the above
- 9 DK

49. To what extent do you feel that your earlier experience with polio has prepared you to deal with this decline? Would you say —
(Read all categories)

38

- 1 Not at all,
- 2 Somewhat, or
- 3 A lot?
- 9 DK

Notes

POLIO SURVIVORS – Continued

50. Now I want to ask some questions about other health problems.

Read each condition and mark (X) box. Then proceed to question 51.

Has a doctor ever told you that you had —

Ask for each condition marked "Yes" in 50.

51. Are you currently taking medication for your (condition)?

	50. Has a doctor ever told you that you had —			51. Are you currently taking medication for your (condition)?		
	Yes	No	DK	Yes	No	DK
			39			40
a. Diabetes?	a. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	a. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>
			41			42
b. Emphysema?	b. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	b. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>
			43			44
c. Chronic bronchitis?	c. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	c. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>
			45			46
d. Asthma?	d. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	d. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>
			47			48
e. Heart problems?	e. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	e. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>
			49			50
f. Circulation problems in your arms or legs?	f. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	f. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>
			51			52
g. Hypertension?	g. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	g. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>
			53			54
h. A stroke?	h. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	h. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>
			55			56
i. Stomach ulcers?	i. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	i. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>
			57			58
j. Gallbladder problems?	j. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	j. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>
			59			60
k. Urinary tract problems?	k. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	k. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>
			61			62
l. Kidney stones?	l. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	l. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>
			63			64
m. Arthritis?	m. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	m. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>
			65			66
n. Other joint problems?	n. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	n. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>
			67			68
o. Cancer or leukemia?	o. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	o. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>
			69			70
p. A nerve or muscle disorder other than polio?	p. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	p. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>
			71			72
q. A sleep disorder?	q. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	q. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>
			73			74
r. (Males only) Prostate problems?	r. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	r. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>

POLIO SURVIVORS - Continued

52. Has a doctor ever told you that you are suffering from post-polio syndrome?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	75
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53. Post-polio syndrome is NEW weakness, NEW pain or NEW tiredness in people who previously had polio. Do YOU think you have post-polio syndrome?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	76
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If proxy interview, skip to 56, otherwise, read the appropriate statement.

If personal visit, HAND CARD P10 and read: Please read the statements on this card.

If telephone interview, read: Now, I am going to read some statements.

	Not true	Somewhat true	Very true	DK
54. For each one, please tell me whether it is <u>not true</u>, <u>somewhat true</u>, or <u>very true</u> for you.				77
a. I've always felt that I could make of my life pretty much what I wanted to make of it. Is that not true, somewhat true, or very true for you?	a. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	78
b. Once I make up my mind to do something, I stay with it until the job is completely done. (Is that not true, somewhat true, or very true for you?)	b. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	79
c. I don't let my personal feelings get in the way of getting a job done. (Is that not true, somewhat true, or very true for you?)	c. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	80
d. It's important for me to be able to do things in the way I want to do them rather than in the way other people want me to do them. (Is that not true, somewhat true, or very true for you?)	d. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	81
e. Sometimes I feel that if anything is going to be done right, I have to do it myself. (Is that not true, somewhat true, or very true for you?)	e. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	82
f. I like doing things that other people thought could not be done. (Is that not true, somewhat true, or very true for you?)	f. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	83
g. I feel like I am the kind of person who stands for what she/he believes in, regardless of the consequences. (Is that not true, somewhat true, or very true for you?)	g. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	84
h. Hard work is the best possible way for a young person to get ahead in life. (Is that not true, somewhat true, or very true for you?)	h. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	85
i. People have made fun of me because of the physical effects of polio. (Is that not true, somewhat true, or very true for you?)	i. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	86
j. I have been discriminated against because of the physical effects of polio. (Is that not true, somewhat true, or very true for you?)	j. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	86

55. On a scale from 1 to 7, with 1 being VERY SATISFIED and 7 being VERY UNSATISFIED, how satisfied or unsatisfied are you with your life as a whole these days?	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/>	87
<i>Repeat if necessary. Mark (X) only one.</i>	Very satisfied → Very unsatisfied	

POLIO SURVIVORS - Continued

ITEM P3	<i>Refer to other DFS questionnaires for this sample person.</i>	1 <input type="checkbox"/> Any DFS 1, 2, or 3 completed (<i>Skip to 58a on page 21</i>) 2 <input type="checkbox"/> None completed (<i>Go to Intro</i>)	88
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INTRO **The National Center for Health Statistics may wish to contact you again to obtain additional health related information.**

ITEM P4	<i>Refer to CP on label.</i>	1 <input type="checkbox"/> CP on label (<i>Ask 56a</i>) 2 <input type="checkbox"/> No CP on label (<i>Ask 56b</i>)	89
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<p>56a. The last time a Census Bureau interviewer talked to you or your family, we were told that (CP on label) will always know how to get in touch with you if we want to contact you again. Is (CP on label) still the best person to contact if we are unable to reach you?</p>	1 <input type="checkbox"/> Yes (<i>Verify CP's address and phone number. If incorrect, enter correct information in 57 below</i>) 2 <input type="checkbox"/> No (<i>Go to 56b</i>)	90
<p>b. The National Center for Health Statistics would like the name, address, and telephone number of a relative or friend who would know where you could be reached in case we need additional health information in the future but cannot reach you. Please give me the name of someone who is not currently living in the household.</p> <p><i>(Record information in 57)</i></p>		RT 81

57. Contact person current information

Last name	3-4 5-24	First name	25-39	Middle initial	40
Address (<i>Number and street</i>)					41-65
City	66-85	State	86-87	ZIP Code	88-96
Telephone:	Area code	97-99	Number	100-106	107
					1 <input type="checkbox"/> None 7 <input type="checkbox"/> Refused 9 <input type="checkbox"/> DK

Notes

POLIO SURVIVORS - Continued

READ: The last few questions deal with locating medical records.

5

58a. The physicians who designed this questionnaire have a special interest in post-polio syndrome and would like to review the past medical records of as many polio survivors as possible. Could we have your permission to get copies of your medical records?

- 1 Yes (Go to 58b)
- 2 No (END INTERVIEW)
- 9 DK (Go to 58b)

b. What is the name and address of the hospital to which you were first admitted when you got polio?

6

- 0 None (Go to 58c)
- 1 Name of hospital/facility

Address (Number and street)		
City/Town	State	ZIP Code

- 9 DK

c. What are the names and addresses of any other hospitals or medical facilities to which you were admitted for rehabilitation or surgery related to your illness?

7

Any other?

- 0 None (Go to 59)
- 1 Name of hospital/facility

Address (Number and street)		
City/Town	State	ZIP Code

- 9 DK

- 0 None (Go to 59)
- 1 Name of hospital/facility

8

Address (Number and street)		
City/Town	State	ZIP Code

- 9 DK

59a. Are there additional persons, physicians, physical therapists, and so forth, who may have records of your polio illness?

9

- 1 Yes (Go to 59b on page 22)
 - 2 No
 - 9 DK
- } (Skip to Item P5a on page 22)

POLIO SURVIVORS - Continued

59b. What are their names and addresses?

10

Any other?

- 0 None
 1 Name

Address (Number and street)		
City/Town	State	ZIP Code
Telephone number	Area code ()	Number

- 0 None
 1 Name

11

Address (Number and street)		
City/Town	State	ZIP Code
Telephone number	Area code ()	Number

- 0 None
 1 Name

12

Address (Number and street)		
City/Town	State	ZIP Code
Telephone number	Area code ()	Number

13

ITEM P5a

Mode of interview

- 1 Telephone
 2 Personal visit

ITEM P5b

Respondent status

- 1 Adult self response (Go to 60)
 2 Adult - Proxy (END INTERVIEW)

14

60. So that we might obtain your records, will you sign a form consenting to the release of records relating to your polio illness? Your confidentiality will be carefully safeguarded and no personal information will be made available at any time.

- 1 Yes (Provide form on page 23 for signature. If telephone interview, mail page 23 to respondent for signature)
 2 No (END INTERVIEW)

15

FORM **ACS-2 (1994)**
(6-1-94)

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
CENTERS FOR DISEASE CONTROL
NATIONAL CENTER FOR HEALTH STATISTICS

1994 ACCESS TO CARE SURVEY

NOTICE - Information contained on this form which would permit identification of any individual or establishment has been collected with a guarantee that it will be held in strict confidence, will be used only for purposes stated for this study, and will not be disclosed or released to others without the consent of the individual or the establishment in accordance with section 308(d) of the Public Health Service Act (42 USC 242m). Public reporting burden for this collection of information is estimated to average 25 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-B, 200 Independence Avenue, SW; Washington, DC 20201; and to the Office of Management and Budget, Paperwork Reduction Project (0920-0346) Washington, DC 20503.

PROXY STATUS

Mark (X) the appropriate proxy status for the sample person.

- 1 Self-respondent 2 Proxy-respondent for child 3 Proxy-respondent for adult

RECORD OF INTERVIEW

Field Representative's name

Code

1. Beginning time

- 1 a.m.
2 p.m.

2. Ending time

- 1 a.m.
2 p.m.

3. Length of interview (Minutes)

4. Date completed

Month	Day	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

NONINTERVIEW REASON

1 Refused - Explain *z*

2 Temporarily absent - Explain (e.g., unavailable through closeout) *z*

3 Ill, hospitalized - Explain *z*

4 No knowledgeable proxy - Explain *z*

5 Unable to contact

6 Sample person deceased

7 Sample person institutionalized

8 Other - Explain *z*

Notes

Section A – GENERAL INFORMATION

A1. Would you say (Name's/your) health, in general, is excellent, very good, good, fair, or poor?	<input type="checkbox"/> 1 Excellent <input type="checkbox"/> 2 Very good <input type="checkbox"/> 3 Good <input type="checkbox"/> 4 Fair <input type="checkbox"/> 5 Poor
A2. Since (Date) a year ago, (was/were) (Name/you) a patient in a hospital overnight or longer?	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No – GO to A4
A3. How many different times did (Name/you) stay in a hospital overnight or longer since (Date) a year ago?	_____ Times
A4. During the past 12 months, (that is, since (Date) a year ago,) about how many times did (Name/you) see or talk to a medical doctor or assistant? (Do not count doctors seen while an overnight patient in a hospital.)	_____ Times

CHECK ITEM A5

Refer to A5. For each "Yes" in A5, ask A6–A8. If all of the responses in A5 are "No", GO to A9.

A5. In the past 12 months, (has/have) (Name/you) seen a professional for any of the following kinds of treatment? (IF ASKED: A PROFESSIONAL IS SOMEONE WHO PROVIDES CARE OR GIVES ADVICE AND IS PAID FOR HIS OR HER SERVICES.) <i>Mark (X) all that apply.</i>	A6. You said that (Name/you) had (service from A5 where response is "Yes") in the past twelve months. Was this for a specific problem or condition, or not?	A7. What was the problem or condition? (RECORD VERBATIM)	A8. (Has/Have) (Name/you) also seen a medical doctor about this condition?
a. chiropractic services? <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<input type="checkbox"/> 1 Specific condition <input type="checkbox"/> 2 Not for specific condition (GO to next service)	_____ _____ _____	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> 3 Provider was a medical doctor
b. relaxation techniques? <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<input type="checkbox"/> 1 Specific condition <input type="checkbox"/> 2 Not for specific condition (GO to next service)	_____ _____ _____	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> 3 Provider was a medical doctor
c. therapeutic massage? <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<input type="checkbox"/> 1 Specific condition <input type="checkbox"/> 2 Not for specific condition (GO to next service)	_____ _____ _____	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> 3 Provider was a medical doctor
d. acupuncture? <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<input type="checkbox"/> 1 Specific condition <input type="checkbox"/> 2 Not for specific condition (GO to A9)	_____ _____ _____	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> 3 Provider was a medical doctor

The next few questions are about (Name's/your) health care coverage.	
A9. Medicare is a government health insurance program for disabled persons and for persons 65 years of age or older. (Is/are) (Name/you) covered by Medicare?	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No
A10. (Is/are) (Name/you) covered by CHAMPUS or CHAMPVA? <i>Read if necessary: CHAMPUS is a program of medical care for dependents of active or retired military personnel. CHAMPVA is medical insurance for dependents or survivors of disabled veterans.</i>	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No

Section B – USUAL SOURCE OF CARE

<p>B1. Is there ONE particular person or place that (Name/you) usually (goes/go) to when (he/she/you) (is/are) sick or need advice about health?</p>	<p>1 <input type="checkbox"/> Yes – GO to B7 2 <input type="checkbox"/> No 3 <input type="checkbox"/> THERE IS MORE THAN ONE</p>
<p>B2. People have many different reasons for not having a usual source of medical care. Some people have two or more regular doctors or places, and where they go depends on what's wrong. Is that a reason (Name/you) (doesn't/don't) have a usual source of medical care?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – GO to B4</p>
<p>B3. Would you say that is the main reason?</p>	<p>1 <input type="checkbox"/> Yes – GO to B6 2 <input type="checkbox"/> No</p>
<p>B4. I am going to read some other reasons people have given for not having a usual source of medical care. For each one, please tell me whether that is a reason in (Name's/your) case. (First, next.)</p> <p>a. There is no reason to have a usual source of care because (Name/I) seldom or never (gets/get) sick. Is that a reason (Name/you) (doesn't/don't) have a usual source of medical care?</p> <p>b. (Name/I) recently moved into the area. Is that a reason (Name/you) (doesn't/don't) have a usual source of medical care?</p> <p>c. (Name's/my) usual source of medical care in this area is no longer available. Is that a reason (Name/you) (does not/do not) have a usual source of medical care?</p> <p>c1. Why is (Name's/your) usual source of medical care no longer available?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – GO to B5</p> <p>1 <input type="checkbox"/> Previous doctor retired 2 <input type="checkbox"/> Previous doctor died 3 <input type="checkbox"/> Previous doctor moved 4 <input type="checkbox"/> (Name/You) moved 5 <input type="checkbox"/> Previous doctor/place too far away 88 <input type="checkbox"/> Other – Specify \neq</p> <p>_____</p> <p>_____</p>
<p>B5. Is there any other reason (he/she/you) (does NOT/do NOT) have a usual source of care?</p>	<p>1 <input type="checkbox"/> Yes – Specify \neq – GO to C1</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>2 <input type="checkbox"/> No – GO to C1</p>
<p>B6. Is there one of these places that (Name/you) (goes/go) to most often when (Name/you) (is/are) sick or needs advice about (his/her/your) health?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 99 <input type="checkbox"/> Don't know } GO to D1</p>
<p>B7. What kind of a place is it — a clinic, a health care center, a hospital, a doctor's office, or some other place?</p>	<p>1 <input type="checkbox"/> Doctor's Office or Private Clinic 2 <input type="checkbox"/> Company or School Health Clinic/Center 3 <input type="checkbox"/> Community/Neighborhood or Migrant/Rural Health Center/Clinic 4 <input type="checkbox"/> County/City Clinic or County Hospital Outpatient Clinic (Public Clinic) 5 <input type="checkbox"/> Private/Other Hospital Outpatient Clinic 6 <input type="checkbox"/> Hospital Emergency Room 7 <input type="checkbox"/> HMO (Health Maintenance Organization)/Other Prepaid Group 8 <input type="checkbox"/> Psychiatric Hospital or Clinic 9 <input type="checkbox"/> VA Hospital or Clinic 88 <input type="checkbox"/> Some Other Place – Specify \neq</p> <p>_____</p> <p>_____</p>

Section B – USUAL SOURCE OF CARE – Continued

B8. Is there a particular person (Name/you) usually (sees/see) when (he/she/you) (goes/go) there?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – GO to B13
B9. Is that person a doctor, a nurse, or some other type of health professional? <i>Probe for type of health professional.</i>	1 <input type="checkbox"/> Doctor 2 <input type="checkbox"/> Nurse 3 <input type="checkbox"/> Nurse Practitioner 4 <input type="checkbox"/> Physician's assistant 5 <input type="checkbox"/> Chiropractor 88 <input type="checkbox"/> Other – Specify \checkmark _____ 99 <input type="checkbox"/> Don't know } GO to B12a
B10. Is the doctor a general or family practitioner 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?	1 <input type="checkbox"/> General Practitioner 2 <input type="checkbox"/> Obstetrician/Gynecologist (OB/GYN) 3 <input type="checkbox"/> Other specialist 99 <input type="checkbox"/> Don't know – GO to B12a } GO to B12a
B11. What is the doctor's specialty?	1 <input type="checkbox"/> Internist/Internal Medicine 2 <input type="checkbox"/> Pediatrics 3 <input type="checkbox"/> General Surgery 88 <input type="checkbox"/> Other – Specify \checkmark _____
B12a. Is this person male or female?	1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female
b. What is this person's race?	1 <input type="checkbox"/> Black 2 <input type="checkbox"/> White 3 <input type="checkbox"/> Asian/Pacific Islander 4 <input type="checkbox"/> American Indian/Alaska Native 88 <input type="checkbox"/> Other – Specify \checkmark _____
c. Is this person of Hispanic origin?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 99 <input type="checkbox"/> Don't know
d. Does (he/she) speak (Name's/your) primary language?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 99 <input type="checkbox"/> Don't know
B13. How long (has/have) (Name/you) been (seeing this person/going to this place) for medical care?	_____ Years OR _____ Months 77 <input type="checkbox"/> All (Name's/your) life
B14a. How (does/do) (Name/you) usually get there — by walking, driving, being driven by someone else, by taxi, by public transportation, or some other way?	1 <input type="checkbox"/> Walking 2 <input type="checkbox"/> Driving 3 <input type="checkbox"/> Being driven by someone else 4 <input type="checkbox"/> Taxi 5 <input type="checkbox"/> Other public transportation 6 <input type="checkbox"/> Ambulance 88 <input type="checkbox"/> Other – Specify \checkmark – GO to B14c _____ } GO to B14c
b. How much does it usually cost to get there (one way)?	\$ _____ Cost
c. About how long does it usually take (Name/you) to get there?	_____ Minutes OR _____ Hours

Section B – USUAL SOURCE OF CARE – Continued

B15. When was the last time (Name/you) went to this (person/place) for medical care?	1 <input type="checkbox"/> Less than 6 months ago 2 <input type="checkbox"/> At least 6 months, but less than one year ago 3 <input type="checkbox"/> At least one year, but less than three years ago 4 <input type="checkbox"/> Three or more years ago 5 <input type="checkbox"/> Never been there – GO to CHECK ITEM B15
---	--

CHECK ITEM B15	If the response to B1 is "Yes", ask "You said that you have never been to a particular person or place for medical care; however, earlier you indicated that you had been to a particular person or place when (Name/you (were/was) sick or needed advice about health. Is this correct?" If the response is "Yes" continue with B16a, if the response is "No" reask B15.
-----------------------	---

B16a. About how long (does/do) (Name/you) usually have to wait before getting an appointment to see a medical person (with/at) this (person/place)?	_____ Days OR _____ Weeks 97 <input type="checkbox"/> No appointment needed
b. About how long (does/do) (Name/you) usually have to wait in the waiting room before seeing a medical person when (he/she/you) (goes/go) to this (person/place)?	_____ Minutes OR _____ Hours

CHECK ITEM B7	Refer to B7. If the response to B7 is 6 (hospital emergency room), GO to CHECK ITEM B13, else GO to D1a1.
----------------------	---

CHECK ITEM B13	Refer to B13. If the response to B13 is 77 (All (Name/your) life), GO to B19, else GO to B17.
-----------------------	--

B17. You said that (Name's/your) usual source of care is a hospital emergency room. In the past 12 months did (Name/you) go to a different kind of place, like a clinic or doctor's office, when (he/she/you) (was/were) sick or needed advice about (his/her/your) health?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – GO to B19
--	---

B18. [You said that (Name's/your) usual source of care is a hospital emergency room.] Did a doctor at the emergency room ever tell (Name/you) (he/she/you) should go somewhere else for medical care?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
--	---

CHECK ITEM B17	Refer to B17. If the response to B17 is "Yes", GO to D1a1.
-----------------------	--

B19. (Has/Have) (Name/you) tried to find a different place to get professional medical care?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – GO to B21
---	---

B20. (Has/Have) (Name/you) been able to find a different place?	1 <input type="checkbox"/> Yes – GO to D1a1 2 <input type="checkbox"/> No
--	--

B21. Why not?	1 <input type="checkbox"/> No health insurance 2 <input type="checkbox"/> Can't find an affordable place 3 <input type="checkbox"/> Can't find a place that takes Medicaid 4 <input type="checkbox"/> Language problem 5 <input type="checkbox"/> Transportation problem 88 <input type="checkbox"/> Other – Specify <u> </u> _____ _____
----------------------	---

} GO to D1a1

Notes

Section C – NO USUAL SOURCE

C1. At ANY time in the past 12 months did (he/she/you) have a place that (he/she/you) went to or called when (he/she/you) (was/were) sick or needed advice about health?

- 1 Yes
- 2 No – GO to D1a1

C2. What kind of a place was it — a clinic, a health center, a hospital, a doctor's office, or some other place?

- 1 Doctor's office or private clinic
- 2 Company or school health clinic/Center
- 3 Community/Neighborhood or migrant/Rural health center/Clinic
- 4 County/City clinic or county hospital outpatient clinic (public clinic)
- 5 Private/Other hospital outpatient clinic
- 6 Hospital emergency room
- 7 HMO (Health Maintenance Organization)/Other prepaid group
- 8 Psychiatric hospital
- 88 Some other place – Specify

C3. If (he/she/you) needed medical care now, would (he/she/you) use (Place in C2)?

- 1 Yes – GO to D1a1
- 2 No

C4. What is the main reason (Name/you) would not use that place for medical care now? (RECORD VERBATIM)

Notes

Section D – UNMET NEEDS

<p>D1a1. Sometimes people have difficulties in getting medical care when they need it. During the past 12 months, was there a time when (Name/you) wanted medical care or surgery but could not get it at that time?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – GO to D1a3</p>
<p>D1a2. Did you try to obtain medical care or surgery?</p>	<p>1 <input type="checkbox"/> Yes } GO to D1b1 2 <input type="checkbox"/> No }</p>
<p>D1a3. During the past 12 months, was there a time when a clinic or doctor refused to see you when you tried to obtain medical care or surgery?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p>D1b1. During the past 12 months, was there a time when (Name/you) wanted dental care but could not get it at that time?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – GO to D1c1</p>
<p>D1b2. Did you try to obtain dental care?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p>D1c1. During the past 12 months, was there a time when (Name/you) wanted a prescribed medicine but could not get it at that time?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – GO to D1d1</p>
<p>D1c2. Did you try to obtain the medicine?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p>D1d1. During the past 12 months, was there a time when (Name/you) wanted eyeglasses but could not get them at that time?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – GO to D1e1</p>
<p>D1d2. Did you try to obtain eyeglasses?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p>D1e1. During the past 12 months, was there a time when (Name/you) wanted mental health care or counseling but could not get it at that time?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – GO to CHECK ITEM D1</p>
<p>D1e2. Did you try to obtain mental health care or counseling?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p>CHECK ITEM D1</p>	<p>If the response to D1a1, D1a3, D1b1, D1c1, D1d1 and D1e1 are all "No", GO to E1, else GO to CHECK ITEM D2.</p>
<p>CHECK ITEM D2</p>	<p>Refer to D1a2.</p> <p>1 <input type="checkbox"/> D1a2 is "Yes" – GO to D2a1 2 <input type="checkbox"/> D1a2 is "No" – GO to D2a2 3 <input type="checkbox"/> Other – GO to CHECK ITEM D3</p>
<p>D2a1. The LAST TIME (Name/you) did not get the medical care (he/she/you) wanted, what was the MAIN reason (he/she/you) didn't get care?</p>	<p>1 <input type="checkbox"/> Could not afford it 2 <input type="checkbox"/> No insurance 3 <input type="checkbox"/> Doctor did not accept Medicaid/Insurance 4 <input type="checkbox"/> Not serious enough 5 <input type="checkbox"/> Wait too long in clinic/office 6 <input type="checkbox"/> Difficulty in getting appointment 7 <input type="checkbox"/> Doesn't like/trust/believe in doctors 8 <input type="checkbox"/> No doctor available 9 <input type="checkbox"/> Didn't know where to go 10 <input type="checkbox"/> No way to get there 11 <input type="checkbox"/> Hours not convenient 12 <input type="checkbox"/> Speak a different language 13 <input type="checkbox"/> Health of another family member 14 <input type="checkbox"/> Other reason – Specify <u> </u> <u> </u></p> <p align="right">} GO to CHECK ITEM D3</p>
<p>Notes</p>	

Section D - UNMET NEEDS - Continued

D2a2. The LAST TIME (Name/you) did not try to get the medical care (he/she/you) wanted, what was the MAIN reason (he/she/you) didn't try to get care?

- 1 Could not afford it
- 2 No insurance
- 3 Doctor did not accept Medicaid/Insurance
- 4 Not serious enough
- 5 Wait too long in clinic/office
- 6 Difficulty in getting appointment
- 7 Doesn't like/trust/believe in doctors
- 8 No doctor available
- 9 Didn't know where to go
- 10 No way to get there
- 11 Hours not convenient
- 12 Speak a different language
- 13 Health of another family member
- 88 Other reason - *Specify* z

CHECK ITEM D3

Refer to D1b2.

- 1 D1b2 is "Yes" - GO to D2b1
- 2 D1b2 is "No" - GO to D2b2
- 3 Other - GO to CHECK ITEM D4

D2b1. The LAST TIME (Name/you) did not get the dental care (he/she/you) wanted, what was the MAIN reason (he/she/you) didn't get care?

- 1 Could not afford it
- 2 No insurance
- 3 Doctor did not accept Medicaid/Insurance
- 4 Not serious enough
- 5 Wait too long in clinic/office
- 6 Difficulty in getting appointment
- 7 Doesn't like/trust/believe in doctors
- 8 No doctor available
- 9 Didn't know where to go
- 10 No way to get there
- 11 Hours not convenient
- 12 Speak a different language
- 13 Health of another family member
- 88 Other reason - *Specify* z

} GO to CHECK ITEM D4

D2b2. The LAST TIME (Name/you) did not try to get the dental care (he/she/you) wanted, what was the MAIN reason (he/she/you) didn't try to get care?

- 1 Could not afford it
- 2 No insurance
- 3 Doctor did not accept Medicaid/Insurance
- 4 Not serious enough
- 5 Wait too long in clinic/office
- 6 Difficulty in getting appointment
- 7 Doesn't like/trust/believe in doctors
- 8 No doctor available
- 9 Didn't know where to go
- 10 No way to get there
- 11 Hours not convenient
- 12 Speak a different language
- 13 Health of another family member
- 88 Other reason - *Specify* z

CHECK ITEM D4

Refer to D1c2.

- 1 D1c2 is "Yes" - GO to D2c1
- 2 D1c2 is "No" - GO to D2c2
- 3 Other - GO to CHECK ITEM D5

Notes

Section D - UNMET NEEDS - Continued

D2c1. The LAST TIME (Name/you) did not get the prescribed medicine (he/she/you) wanted, what was the MAIN reason (he/she/you) didn't get the medicine?

- 1 Could not afford it
- 2 No insurance
- 3 Doctor did not accept Medicaid/Insurance
- 4 Not serious enough
- 5 Wait too long in clinic/office
- 6 Difficulty in getting appointment
- 7 Doesn't like/trust/believe in doctors
- 8 No doctor available
- 9 Didn't know where to go
- 10 No way to get there
- 11 Hours not convenient
- 12 Speak a different language
- 13 Health of another family member
- 88 Other reason - *Specify* z

GO to
CHECK
ITEM D5

D2c2. The LAST TIME (Name/you) did not try to get the prescribed medicine (he/she/you) wanted, what was the MAIN reason (he/she/you) didn't try to get the medicine?

- 1 Could not afford it
- 2 No insurance
- 3 Doctor did not accept Medicaid/Insurance
- 4 Not serious enough
- 5 Wait too long in clinic/office
- 6 Difficulty in getting appointment
- 7 Doesn't like/trust/believe in doctors
- 8 No doctor available
- 9 Didn't know where to go
- 10 No way to get there
- 11 Hours not convenient
- 12 Speak a different language
- 13 Health of another family member
- 88 Other reason - *Specify* z

**CHECK
ITEM D5**

Refer to D1d2.

- 1 D1d2 is "Yes" - GO to D2d1
- 2 D1d2 is "No" - GO to D2d2
- 3 Other - GO to CHECK ITEM D6

D2d1. The LAST TIME (Name/you) did not get the eyeglasses (he/she/you) wanted, what was the MAIN reason (he/she/you) didn't get the eyeglasses?

- 1 Could not afford it
- 2 No insurance
- 3 Doctor did not accept Medicaid/Insurance
- 4 Not serious enough
- 5 Wait too long in clinic/office
- 6 Difficulty in getting appointment
- 7 Doesn't like/trust/believe in doctors
- 8 No doctor available
- 9 Didn't know where to go
- 10 No way to get there
- 11 Hours not convenient
- 12 Speak a different language
- 13 Health of another family member
- 88 Other reason - *Specify* z

GO to
CHECK
ITEM D6

Notes

Section D – UNMET NEEDS – Continued

D2d2. The LAST TIME (Name/you) did not try to get the eyeglasses (he/she/you) wanted, what was the MAIN reason (he/she/you) didn't try to get the eyeglasses?

- 1 Could not afford it
- 2 No insurance
- 3 Doctor did not accept Medicaid/Insurance
- 4 Not serious enough
- 5 Wait too long in clinic/office
- 6 Difficulty in getting appointment
- 7 Doesn't like/trust/believe in doctors
- 8 No doctor available
- 9 Didn't know where to go
- 10 No way to get there
- 11 Hours not convenient
- 12 Speak a different language
- 13 Health of another family member
- 88 Other reason – *Specify*

CHECK ITEM D6

Refer to D1e2.

- 1 D1e2 is "Yes" – *GO to D2e1*
- 2 D1e2 is "No" – *GO to D2e2*
- 3 Other – *GO to CHECK ITEM D7(1)*

D2e1. The LAST TIME (Name/you) did not get the mental health care or counseling (he/she/you) wanted, what was the MAIN reason (he/she/you) didn't get care?

- 1 Could not afford it
- 2 No insurance
- 3 Doctor did not accept Medicaid/Insurance
- 4 Not serious enough
- 5 Wait too long in clinic/office
- 6 Difficulty in getting appointment
- 7 Doesn't like/trust/believe in doctors
- 8 No doctor available
- 9 Didn't know where to go
- 10 No way to get there
- 11 Hours not convenient
- 12 Speak a different language
- 13 Health of another family member
- 88 Other reason – *Specify*

} *GO to CHECK ITEM D7(1)*

D2e2. The LAST TIME (Name/you) did not try to get the mental health care or counseling (he/she/you) wanted, what was the MAIN reason (he/she/you) didn't try to get care?

- 1 Could not afford it
- 2 No insurance
- 3 Doctor did not accept Medicaid/Insurance
- 4 Not serious enough
- 5 Wait too long in clinic/office
- 6 Difficulty in getting appointment
- 7 Doesn't like/trust/believe in doctors
- 8 No doctor available
- 9 Didn't know where to go
- 10 No way to get there
- 11 Hours not convenient
- 12 Speak a different language
- 13 Health of another family member
- 88 Other reason – *Specify*

CHECK ITEM D7(1)

Refer to D1a1.

- 1 D1a1 is "Yes" – *GO to D3*
- 2 D1a1 is "No" – *GO to CHECK ITEM D7(2)*

CHECK ITEM D7(2)

Refer to D1a3.

- 1 D1a3 is "Yes" – *GO to D3*
- 2 D1a3 is "No" – *GO to CHECK ITEM D8*

Notes

Section D - UNMET NEEDS - Continued

D3. (The last time/The last time a clinic or doctor refused to see) (Name/you) when (Name/you) tried to obtain medical care or surgery but could not get it at that time, did a doctor tell (Name/you) that (he/she/you) needed medical care or surgery?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
D4. What kind of problem was it for? (RECORD VERBATIM) _____ _____	
D5. At that time, how serious did (he/she/you) think it was? Was it —	1 <input type="checkbox"/> Very serious, 2 <input type="checkbox"/> Somewhat serious, 3 <input type="checkbox"/> Not serious at all?
D6. Did (he/she/you) cut down on the things (he/she/you) usually (does/do) for longer than a day because of this problem?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
D7. (Was/were) (Name/you) treated for this problem later?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - GO to D11
D8. How long after (he/she/you) tried to get medical care or surgery (was/were) (he/she/you) treated for this problem. Was it —	1 <input type="checkbox"/> Weeks 2 <input type="checkbox"/> Months 3 <input type="checkbox"/> Years
D9. Why (was/were) (he/she/you) able to get care then? (RECORD VERBATIM) _____ _____	
D10a. Where did (he/she/you) get care?	1 <input type="checkbox"/> Doctor's office or private clinic 2 <input type="checkbox"/> Company or school health clinic/center 3 <input type="checkbox"/> Community/Neighborhood or Migrant/Rural health center/clinic 4 <input type="checkbox"/> County/City clinic or county hospital outpatient clinic (public clinic) 5 <input type="checkbox"/> Private/Other hospital outpatient clinic 6 <input type="checkbox"/> Hospital emergency room 7 <input type="checkbox"/> HMO (health maintenance organization)/Other prepaid group 8 <input type="checkbox"/> Psychiatric hospital 88 <input type="checkbox"/> Some other place - Specify <u> </u>
D10b. Was this the first place (he/she/you) tried to (get care)?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
D11. Do you think (he/she/you) would have been better off if (he/she/you) had received care (earlier)?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
CHECK ITEM D8	Refer to D1b1. 1 <input type="checkbox"/> D1b1 is "Yes" - GO to D12 2 <input type="checkbox"/> D1b1 is "No" - GO to CHECK ITEM D9
In the next few questions I will be asking you about (Name's/your) dental care.	
D12. (The last time) (Name/you) wanted dental care but could not get it at that time, did a doctor or dentist tell (Name/you) that (he/she/you) needed dental care?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
D13. What kind of problem was it for? (RECORD VERBATIM) _____ _____	

Section D - UNMET NEEDS - Continued

D14. At that time, how serious did (Name/you) think it was? Was it —	1 <input type="checkbox"/> Very serious, 2 <input type="checkbox"/> Somewhat serious, 3 <input type="checkbox"/> Not serious at all?
D15. Did (he/she/you) cut down on things (he/she/you) usually (does/do) for longer than a day because of this problem?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
D16. (Was/were) (he/she/you) treated for this later?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - GO to D19
D17. How long after (he/she/you) tried to get dental care (was/were) (he/she/you) treated? Was it —	1 <input type="checkbox"/> Weeks 2 <input type="checkbox"/> Months 3 <input type="checkbox"/> Years
D18. Why (was/were) (he/she/you) finally able to get care? (RECORD VERBATIM)	
_____ _____	
D19. Do you think (Name/you) would have been better off if (he/she/you) had gotten care (earlier)?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
CHECK ITEM D9	Refer to D1c1. 1 <input type="checkbox"/> D1c1 is "Yes" - GO to D20 2 <input type="checkbox"/> D1c1 is "No" - GO to CHECK ITEM D10
In the next few questions I will be asking you about (Name's/your) prescribed medicine.	
D20. (The last time) (Name/you) wanted a prescribed medicine but could not get it at that time, did (Name/you) actually have a prescription from a doctor for the medicine (he/she/you) could not get when it was needed?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
D21. What condition or problem was it for? (RECORD VERBATIM)	
_____ _____	
D22. At that time, how serious did (Name/you) think it was? Was it —	1 <input type="checkbox"/> Very serious, 2 <input type="checkbox"/> Somewhat serious, 3 <input type="checkbox"/> Not serious at all?
D23. Did (Name/you) get the medicine later?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - GO to D26
D24. How long after (he/she/you) tried to get it did (he/she/you) get the prescribed medicine? Was it —	1 <input type="checkbox"/> Weeks 2 <input type="checkbox"/> Months 3 <input type="checkbox"/> Years
D25. Why (was/were) (he/she/you) finally able to get the medicine? (RECORD VERBATIM)	
_____ _____	
D26. Do you think (NAME/you) would have been better off if (he/she/you) had gotten the medicine (earlier)?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
CHECK ITEM D10	Refer to D1d1. 1 <input type="checkbox"/> D1d1 is "Yes" - GO to D27 2 <input type="checkbox"/> D1d1 is "No" - GO to CHECK ITEM D11

Section D – UNMET NEEDS – Continued

<p>In the next few questions, I will be asking you about (Name's/your) need for eyeglasses.</p>		
<p>D27. (The last time) (Name/you) wanted eyeglasses but could not get them at that time, did a doctor or other health professional tell (Name/you) that (he/she/you) needed eyeglasses?</p>		<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p>D28. At that time, how serious did (he/she/you) think it was? Was it —</p>		<p>1 <input type="checkbox"/> Very serious, 2 <input type="checkbox"/> Somewhat serious, 3 <input type="checkbox"/> Not serious at all?</p>
<p>D29. Did (he/she/you) get the eyeglasses later?</p>		<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – GO to D32</p>
<p>D30. How long after (he/she/you) tried to get them did (he/she/you) get the eyeglasses? Was it —</p>		<p>1 <input type="checkbox"/> Weeks 2 <input type="checkbox"/> Months 3 <input type="checkbox"/> Years</p>
<p>D31. Why (was/were) (he/she/you) finally able to get the eyeglasses? (RECORD VERBATIM)</p> <p>_____</p> <p>_____</p>		
<p>D32. Do you think (Name/you) would have been better off if (he/she/you) had gotten the eyeglasses (earlier)?</p>		<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p>CHECK ITEM D11</p>	<p>Refer to D1e1.</p>	<p>1 <input type="checkbox"/> D1e1 is "Yes" – GO to D33 2 <input type="checkbox"/> D1e1 is "No" – GO to E1</p>
<p>In the next few questions, I will be asking you about (Name's/your) mental health care.</p>		
<p>D33. (The last time) (Name/you) wanted mental health care or counseling but could not get it at that time, did a doctor or other mental health professional tell (Name/you) that (he/she/you) needed this mental health care or counseling?</p>		<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p>D34. At that time, how serious did (he/she/you) think it was? Was it —</p>		<p>1 <input type="checkbox"/> Very serious, 2 <input type="checkbox"/> Somewhat serious, 3 <input type="checkbox"/> Not serious at all?</p>
<p>D35. Did (he/she/you) cut down on the things (he/she/you) usually (does/do) for longer than a day because of this problem?</p>		<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p>D36. Did (he/she/you) get the mental health care or counseling (he/she/you) needed later?</p>		<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – GO to D40</p>
<p>D37. How long after (he/she/you) tried to get care did (he/she/you) get care? Was it —</p>		<p>1 <input type="checkbox"/> Weeks 2 <input type="checkbox"/> Months 3 <input type="checkbox"/> Years</p>
<p>D38. Why (was/were) (he/she/you) finally able to get care? (RECORD VERBATIM)</p> <p>_____</p> <p>_____</p>		
<p>D39. Did (he/she/you) get the care at the first place (he/she/you) tried?</p>		<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p>D40. Do you think (Name/you) would have been better off if (he/she/you) had received care (earlier)?</p>		<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>

Section E - SICK LEAVE, GETTING TO THE DOCTOR

In the next few questions, I will be asking you about (Name's/your) sick leave and questions about how and who goes with (Name/you) to the doctor.

CHECK ITEM E	Refer to age on cover page.	<input type="checkbox"/> Age is 17 or younger – GO to E6 <input type="checkbox"/> Age is 18 or older – GO to E1
E1.	(Does/Do) (Name/you) currently have a job for pay?	<input type="checkbox"/> Yes <input type="checkbox"/> No – GO to E6
E2.	(Is/Are) (Name/ you) self-employed, or (does/do) (he/she/you) work for someone else?	<input type="checkbox"/> Self-employed – GO to E6 <input type="checkbox"/> Works for someone else <input type="checkbox"/> Both
E3.	(Does/do) (Name/you) get paid time off from work when (he/she/you) (is/are) sick?	<input type="checkbox"/> Yes <input type="checkbox"/> No
E4.	(Does/do) (Name/you) get paid time off from work when (he/she/you) (has/have) to go to see a doctor?	<input type="checkbox"/> Yes <input type="checkbox"/> No
E5.	How would you describe (Name's/your) employer's reaction to (his/her/your) taking time off from work to go to the doctor — does it cause a lot of trouble or concern, some trouble or concern, a little trouble or concern, or no trouble or concern at all?	<input type="checkbox"/> Lot of trouble/concern <input type="checkbox"/> Some trouble/concern <input type="checkbox"/> A little trouble/concern <input type="checkbox"/> No trouble/concern at all <input type="checkbox"/> EMPLOYER DOESN'T KNOW
E6.	Does someone usually go with (Name/you) when (he/she/you) (goes/go) to the doctor?	<input type="checkbox"/> Yes <input type="checkbox"/> No – GO to F1
E7.	Who usually goes to the doctor with (Name/you)?	<input type="checkbox"/> Spouse <input type="checkbox"/> Mother/Stepmother <input type="checkbox"/> Father/Stepfather <input type="checkbox"/> Sister <input type="checkbox"/> Brother <input type="checkbox"/> Son/Daughter <input type="checkbox"/> Grandparent <input type="checkbox"/> Other relative <input type="checkbox"/> Non-relative
E8.	Does (Person in E7) ever have to take time off from work to take (Name/you) to the doctor?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Doesn't work } GO to F1
E9.	Is (Person in E7) self-employed, or does (he/she) work for someone else?	<input type="checkbox"/> Self-employed – GO to F1 <input type="checkbox"/> Works for someone else <input type="checkbox"/> Both – GO to F1
CHECK ITEM E1	Refer to PROXY STATUS on cover page to determine type of proxy. If self-respondent, GO to E10a. If proxy for someone else in household (proxy-respondent) and they are the person in E7, GO to E10b, else GO to F1.	
E10a.	Have you ever had to put off going to the doctor because (Person in E7) could not get time off from work?	<input type="checkbox"/> Yes } GO to F1 <input type="checkbox"/> No }
	b. Are you always able to take paid leave when you take time off from work to accompany (Name) to the doctor?	<input type="checkbox"/> Yes <input type="checkbox"/> No
E11.	How would you describe your employer's reaction to your taking time off from work to accompany (Name) to the doctor — does it cause a lot of trouble or concern, some trouble or concern, a little trouble or concern, or no trouble or concern at all?	<input type="checkbox"/> Lot of trouble/concern <input type="checkbox"/> Some trouble/concern <input type="checkbox"/> A little trouble/concern <input type="checkbox"/> No trouble/concern at all <input type="checkbox"/> EMPLOYER DOESN'T KNOW

Notes

Section F – SYMPTOMS/RESPONSE

SYMPTOM 1

F2-INSTRUCTIONS

You will ask the series of questions F2 through F24, as appropriate, for the first three symptoms to which the respondent answers "Yes". However, ask ONLY item F2 as the follow-up for items n, o, and p. Also, if item n, o, or p is "Yes", DO NOT COUNT THIS ITEM AS ONE OF THE THREE FOLLOW-UPS.

ALL ITEMS F2 THROUGH F24 REFER TO THE SPECIFIC SYMPTOM MENTIONED IN THE LIST. THE QUESTIONS DO NOT REFER TO ANY UNDERLYING CONDITION WHICH MIGHT CAUSE THE SYMPTOMS.

F2.	You said that (Name/you) had had (symptom in F1a-x where response is "Yes") in the past three months. During that time, (have/has) (Name/you) seen a doctor, nurse, or other professional about this problem?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
	<i>ASK F2n ONLY if F1n is "Yes".</i>	
F2n.	You said that (Name/you) had had (symptom in F1n) in the past three months. During that time, (have/has) (Name/you) seen a doctor, nurse, or other professional about this problem?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
	<i>ASK F2o ONLY if F1o is "Yes".</i>	
F2o.	You said that (Name/you) had had (symptom in F1o) in the past three months. During that time, (have/has) (Name/you) seen a doctor, nurse, or other professional about this problem?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
	<i>ASK F2p ONLY if F1p is "Yes".</i>	
F2p.	You said that (Name/you) had had (symptom in F1p) in the past three months. During that time, (have/has) (Name/you) seen a doctor, nurse, or other professional about this problem?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
F3.	Is this an old problem, or something new?	1 <input type="checkbox"/> Old problem 2 <input type="checkbox"/> Something new
F4.	Did (Name/you) see a doctor, nurse, or other professional for the same problem at any time in the preceding year?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
CHECK ITEM F2	<i>Refer to F2 and F3.</i>	1 <input type="checkbox"/> F2 is "Yes" and F3 is "Something new" – GO to F5 2 <input type="checkbox"/> F2 is "Yes" and F3 is "Old problem" – GO to F6 3 <input type="checkbox"/> F2 is "No" – GO to F7
F5.	How soon did (Name/you) see a doctor, nurse, or other professional about this problem after it started? Was it —	1 <input type="checkbox"/> Days 2 <input type="checkbox"/> Weeks 3 <input type="checkbox"/> Months
F6.	How many times during the past three months (has/have) (Name/you) seen a doctor, nurse, or other professional about this problem?	_____ Times (next symptom in F1a-x) (GO to G1 once all symptoms are complete)
F7.	During the past three months, (has/have) (Name/you) talked to a doctor or nurse by telephone about this problem?	1 <input type="checkbox"/> Yes – GO to CHECK ITEM F3 2 <input type="checkbox"/> No – GO to F16
CHECK ITEM F3	<i>Refer to F3.</i>	1 <input type="checkbox"/> F3 is "Something new" – GO to F8 2 <input type="checkbox"/> F3 is "Old problem" – GO to F9
F8.	How soon did (Name/you) telephone a doctor or nurse about this problem after it started?	1 <input type="checkbox"/> Days 2 <input type="checkbox"/> Weeks 3 <input type="checkbox"/> Months
F9.	How many times during the past three months (have/has) (Name/you) talked with a doctor or nurse about this problem?	_____ Times
F10.	Did (Name/you) think that (he/she/you) needed to see a medical person for treatment of this problem, rather than just talk to someone on the telephone, at any time in the past three months?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (Next symptom in F1a-x) (GO to G1 once symptoms are complete)

Section F – SYMPTOMS/RESPONSE – Continued

F11. Why didn't (Name/you) actually see a doctor or nurse in the past three months about this problem?

Probe: "Any other reason?"

Mark (X) all that apply.

- 1 Doctor said didn't need to be seen
- 2 Could not afford it/no insurance
- 3 Refused care because of lack of money or insurance
- 4 Provider did not accept Medicaid/insurance
- 5 Difficulty in getting appointment
- 6 Afraid/Embarrassed/Ashamed to go
- 7 Didn't think they could help
- 8 No provider available
- 9 Didn't know where to go
- 10 No way to get there
- 11 Hours not convenient
- 12 Speaks a different language
- 13 Health of another family member
- 88 Other reason – *Specify z (RECORD VERBATIM)*

F12. (Was/were) (Name's/your) health affected in any way because (Name/you) did not receive medical care?

- 1 Yes
- 2 No – GO to F14

F13. How was (Name's/your) health affected? (RECORD VERBATIM)

F14. Did (Name/you) have any personal, household, or work problems because (he/she/you) did not receive medical care for this problem?

- 1 Yes
- 2 No (*Next symptom in F1a-x) (GO to G1 once symptoms are complete)*

F15. What were they? (RECORD VERBATIM)

GO to next symptom in F1a-x, if no more symptoms, GO to G1

F16. At any time in the past three months, did (Name/you) think that (he/she/you) needed to contact a doctor or other medical person about this problem?

- 1 Yes – GO to F18
- 2 No – GO to F17

F17. Why did (Name/you) think that medical care was unnecessary? (RECORD VERBATIM)

Probe: Is there any other reason?

GO to next symptom, if no more, GO to G1

F18. Did (Name/you) actually try to see a medical person about this problem?

- 1 Yes
- 2 No – GO to F20

Notes

Section F – SYMPTOMS/RESPONSE – Continued

F19. Why couldn't (Name/you) see a medical person?

Probe: "Any other reason?"

Mark (X) all that apply.

- 1 Doctor said didn't need to be seen
- 2 Could not afford it/no insurance
- 3 Refused care because of lack of money or insurance
- 4 Provider did not accept Medicaid/insurance
- 5 Difficulty in getting appointment
- 6 Afraid/Embarrassed/Ashamed to go
- 7 Didn't think they could help
- 8 No provider available
- 9 Didn't know where to go
- 10 No way to get there
- 11 Hours not convenient
- 12 Speaks a different language
- 13 Health of another family member
- 88 Other reason – Specify (RECORD VERBATIM)

GO to F21

F20. Why did (Name/you) not try to see a medical person?

Probe: "Any other reason?"

Mark (X) all that apply.

- 1 Could not afford it
- 2 No insurance
- 3 Doctor had treated it previously
- 4 Not serious enough
- 5 Difficulty in getting appointment
- 6 Didn't think a doctor could help
- 7 Afraid/embarrassed/ashamed
- 8 Didn't want to get care
- 9 No provider available
- 10 Didn't know where to go
- 11 No way to get there
- 12 Hours not convenient
- 13 Speak a different language
- 14 Health of another family member
- 88 Other reason – Specify (RECORD VERBATIM)

F21. Was (Name's/your) health affected in any way because (Name/you) did not receive medical care?

- 1 Yes
- 2 No – GO to F23

F22. How was (Name's/your) health affected? (RECORD VERBATIM)

F23. Did (Name/you) have any personal, household, or work problems because (Name/you) did not receive medical care for this problem?

- 1 Yes
- 2 No – GO to next symptom in F1a-x; if no more symptoms, GO to G1

F24. What were they? (RECORD VERBATIM)

GO to next symptom in F1a-x; if no more symptoms, GO to G1

Notes

Section G - HEALTH BELIEFS

**CHECK
ITEM G**

Refer to PROXY STATUS and age on cover page to determine type of respondent. If proxy is for an adult, GO to H1. If proxy is for a child, GO to G1. If self-respondent, GO to G2.

G1. Do you make decisions about health care for (Name)?

- 1 Yes
- 2 No - GO to H1

Next, I will read a few statements. After each, please tell me if you disagree strongly, disagree somewhat, agree somewhat, or agree strongly.

G2. "If you wait long enough, you can get over most any illness without getting medical care." (Do you disagree strongly, disagree somewhat, agree somewhat, or agree strongly?)

- 1 Disagree strongly
- 2 Disagree somewhat
- 3 Agree somewhat
- 4 Agree strongly
- 5 UNCERTAIN/NEITHER AGREE NOR DISAGREE

G3. "Some home remedies are still better than prescribed drugs for curing illness." (Do you disagree strongly, disagree somewhat, agree somewhat, or agree strongly?)

- 1 Disagree strongly
- 2 Disagree somewhat
- 3 Agree somewhat
- 4 Agree strongly
- 5 UNCERTAIN/NEITHER AGREE NOR DISAGREE

G4. "Doctors never recommend surgery (an operation) unless there is no other way to solve the problem." (Do you disagree strongly, disagree somewhat, agree somewhat, or agree strongly?)

- 1 Disagree strongly
- 2 Disagree somewhat
- 3 Agree somewhat
- 4 Agree strongly
- 5 UNCERTAIN/NEITHER AGREE NOR DISAGREE

G5. As you know, there has been much talk about the cost of health care in this country. Some ideas for reducing costs would affect the services people get.

If it meant that you would pay significantly less for health care, how much would you mind if (Name/you) couldn't see a specialist unless (he/she/you) (was/were) referred by (his/her/your) regular doctor — would you mind a lot, a little, or not at all?

- 1 A lot
- 2 A little
- 3 Not at all

G6. If it meant that you would pay significantly less for health care, how much would you mind if (Name/you) had to choose (his/her/your) doctor from a list provided by the insurance company — would you mind a lot, a little, or not at all?

- 1 A lot
- 2 A little
- 3 Not at all

G7. If it meant that you would pay significantly less for health care, how much would you mind if (Name/you) sometimes saw a nurse instead of a doctor — would you mind a lot, a little, or not at all?

- 1 A lot
- 2 A little
- 3 Not at all

G8. If it meant that you would pay significantly less for health care, how much would you mind if (Name/you) had to wait more than a day or two to see a doctor when (Name/you) (was/were) sick — would you mind a lot, a little, or not at all?

- 1 A lot
- 2 A little
- 3 Not at all

Notes

Section H - ASTHMA

Next, I will be asking you questions about the condition of asthma.

H1a. (Does/Do) (Name/you) have asthma?

- 1 Yes
2 No - GO to I1

b. About how old were you when your asthma was first diagnosed by a medical doctor?

_____ Years old

H2. In the past six months, (has/have) (Name/you) been hospitalized for asthma?

- 1 Yes
2 No - GO to H4

H3. How many times?

_____ Times

H4. In the past six months, how many times (has/have) (Name/you) had to go to a doctor's office or emergency room for *unscheduled* appointments and urgent treatment of asthma?

_____ Times

H5. (Does/Do) (Name/you) take prednisone, Medrol, or another "steroid" by mouth to control asthma?

- 1 Yes
2 No - GO to H8

H6. In the past six months, (has/have) (Name/you) had to increase and suddenly decrease (Name's/your) dose of steroids in a short time period?

- 1 Yes
2 No - GO to H8

H7. How many times has this happened in the past six months?

_____ Times

H8. (Is/Are) (Name/you) currently taking any other drugs for asthma?

- 1 Yes
2 No - GO to H10

H9. What drug (is/are) (Name/you) taking?

Probe: Any other drug?
Mark (X) all that apply.

- 1 Albuterol Inhalants such as Proventil or Ventolin
2 Steroid Inhalants such as Azmacort
3 Theophylline pills such as Theo-Dur or Primatene
4 Other - Specify

(a) _____
(b) _____
(c) _____

H10. Over the past four weeks, how frequently (has/have) (Name/you) had the following symptoms? What about —

a. coughing —

- 1 never,
2 occasionally,
3 once or twice a day,
4 many times a day, or
5 all the time?

b. chest tightness —

- 1 never,
2 occasionally,
3 once or twice a day,
4 many times a day, or
5 all the time?

c. wheezing —

- 1 never,
2 occasionally,
3 once or twice a day,
4 many times a day, or
5 all the time?

d. shortness of breath —

- 1 never,
2 occasionally,
3 once or twice a day,
4 many times a day, or
5 all the time?

Section H - ASTHMA

H11. The next questions are about activities (*Name/you*) might do in a typical day. We are interested in how much (*Name's/your*) asthma limits these activities — whether a lot, a little, or not at all.

On a typical day, does (*Name's/your*) asthma limit (*him/her/you*) in —

a. vigorous activities, such as running, lifting heavy objects, or participating in strenuous sports?

- 1 Yes, limited a lot
- 2 Yes, limited a little
- 3 No, not limited at all — GO to I1
- 4 Not applicable

b. moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf?

- 1 Yes, limited a lot
- 2 Yes, limited a little
- 3 No, not limited at all — GO to I1
- 4 Not applicable

c. lifting or carrying groceries?

- 1 Yes, limited a lot
- 2 Yes, limited a little
- 3 No, not limited at all
- 4 Not applicable

d. climbing several flights of stairs?

- 1 Yes, limited a lot
- 2 Yes, limited a little
- 3 No, not limited at all — GO to H11f
- 4 Not applicable

e. climbing one flight of stairs?

- 1 Yes, limited a lot
- 2 Yes, limited a little
- 3 No, not limited at all
- 4 Not applicable

f. bending, kneeling, or stooping?

- 1 Yes, limited a lot
- 2 Yes, limited a little
- 3 No, not limited at all
- 4 Not applicable

g. walking more than a mile?

- 1 Yes, limited a lot
- 2 Yes, limited a little
- 3 No, not limited at all — GO to I1
- 4 Not applicable

h. walking several blocks?

- 1 Yes, limited a lot
- 2 Yes, limited a little
- 3 No, not limited at all — GO to I1
- 4 Not applicable

i. walking one block?

- 1 Yes, limited a lot
- 2 Yes, limited a little
- 3 No, not limited at all — GO to I1
- 4 Not applicable

j. bathing and dressing?

- 1 Yes, limited a lot
- 2 Yes, limited a little
- 3 No, not limited at all
- 4 Not applicable

H12. Besides asthma, is there any other condition that might cause (this limitation/these limitations)?

- 1 Yes
- 2 No — GO to I1

H13. What other condition might cause (this limitation/these limitations)? Write in condition name. Probe with "Anything else?" until respondent indicates no other conditions.

Section I - ISCHEMIC HEART DISEASE

Next, I will be asking you questions about the condition of Ischemic Heart Disease.

I1a. (Has/Have) (Name's/you) ever had angina pectoris?

- 1 Yes
2 No - Go to I2

Read if necessary: Angina pectoris is a severe constricting pain that usually starts in the chest and radiates to the left shoulder and down the right arm.

b. About how old (was/were) (Name/you) when (his/her/your) angina pectoris was first diagnosed by a medical doctor?

_____ Years old

I2. (Has/Have) (Name/you) ever had a myocardial infarction or heart attack?

- 1 Yes - GO to I3
2 No

CHECK ITEM I1

Refer to I1a.

- 1 I1a is "Yes", GO to I11
2 I1a is "No", GO to CLOSING

I3. In what month and year did (Name/you) have heart attacks? (RECORD DATES OF UP TO THREE MOST RECENT HEART ATTACKS.)

<input type="text"/>	Month	<input type="text"/>	Year
<input type="text"/>	Month	<input type="text"/>	Year
<input type="text"/>	Month	<input type="text"/>	Year

I4. (Has/Have) (Name/you) ever been in the hospital overnight or longer any other times because of heart trouble or chest pain?

- 1 Yes
2 No

I5. (Has/Have) (Name/you) ever had heart surgery or coronary bypass surgery?

- 1 Yes
2 No - GO to I7

I6. In what month and year did (Name/you) have heart or coronary bypass surgery? (RECORD DATES OF UP TO THREE MOST RECENT SURGERIES.)

<input type="text"/>	Month	<input type="text"/>	Year
<input type="text"/>	Month	<input type="text"/>	Year
<input type="text"/>	Month	<input type="text"/>	Year

I7. (Has/Have) (Name/you) ever had coronary or balloon angioplasty?

- 1 Yes
2 No - GO to I9

I8. In what month and year did (Name/you) have coronary or balloon angioplasty? (RECORD DATES OF UP TO THREE MOST RECENT ANGIOPLASTIES.)

<input type="text"/>	Month	<input type="text"/>	Year
<input type="text"/>	Month	<input type="text"/>	Year
<input type="text"/>	Month	<input type="text"/>	Year

I9. (Has/Have) (Name/you) ever had coronary catheterization, also known as a cardiac cath test?

- 1 Yes
2 No - GO to I11

I10. In what month and year did (Name/you) have coronary catheterization? (RECORD DATES OF UP TO THREE MOST RECENT CATHETERIZATIONS.)

<input type="text"/>	Month	<input type="text"/>	Year
<input type="text"/>	Month	<input type="text"/>	Year
<input type="text"/>	Month	<input type="text"/>	Year

I11. (Does/Do) (Name/you) currently ever have pain or discomfort in the chest?

- 1 Yes
2 No

I12. (Does/Do) (Name/you) ever have pressure or heaviness in the chest?

- 1 Yes
2 No

CHECK ITEM I11a

Refer to I11 and I12. If I11 and I12 are "No," GO to I18, else continue with I13.

Section I – ISCHEMIC HEART DISEASE – Continued

I13. (Does/Do) (Name/you) get this pain (or heaviness) when (Name/you) walk(s) up a hill in a hurry?		<input type="checkbox"/> Yes <input type="checkbox"/> No
I14. What (does/do) (Name/you) do if (Name/you) get this pain while walking — (does/do) (Name/you) —		<input type="checkbox"/> Stop or slow down, <input type="checkbox"/> Take a nitroglycerin, <input type="checkbox"/> Continue at the same pace, or <input type="checkbox"/> Something else? <input type="checkbox"/> NEVER GET THE PAIN WHILE WALKING – GO to I17
I15. If (Name/you) stand(s) still, does the pain continue or go away?		<input type="checkbox"/> Continues – GO to I17 <input type="checkbox"/> Goes away
I16. How soon does the pain go away —		<input type="checkbox"/> In 10 minutes or less, <input type="checkbox"/> Or more than 10 minutes?
I17. Where does the pain or discomfort occur on (Name's/your) body? <i>Probe: Anywhere else?</i> <i>Mark (X) all that apply.</i>		<input type="checkbox"/> Middle of chest <input type="checkbox"/> Lower part of chest <input type="checkbox"/> Left part of chest <input type="checkbox"/> Left arm <input type="checkbox"/> Other – Specify <i>X</i> <hr/>
I18. (Has/Have) (Name/you) ever had severe chest pain across the front of the chest lasting half an hour or more?		<input type="checkbox"/> Yes – GO to I19 <input type="checkbox"/> No – GO to CHECK ITEM I18; GO to I19
CHECK ITEM I18	<i>Refer to I1a and I2. If the response to I1a and/or I2 is "Yes", ask ("You indicated that (you/Name) (have/has) had (angina pectoris) and/or (heart attack); however, you have not had severe chest pains across the front of the chest lasting half hour or more. Is this correct?")</i>	<input type="checkbox"/> Yes – GO to CHECK ITEM I11b <input type="checkbox"/> No – Reask I18
I19. Did (Name/you) see a doctor because of this pain?		<input type="checkbox"/> Yes – GO to CHECK ITEM I11b <input type="checkbox"/> No – GO to CHECK ITEM I19; GO to I20
CHECK ITEM I19	<i>Refer to I1a and I2. If the response to I1a and/or I2 is "Yes", ask ("You indicated that (you/Name) (have/has) not seen a doctor for this pain; however, earlier you indicated that (you/Name) (have/has) had angina pectoris, a heart attack, or myocardial infarction. Is this correct?")</i>	<input type="checkbox"/> Yes – GO to I20 <input type="checkbox"/> No – Reask I19
I20. Why not?		<input type="checkbox"/> Could not afford it <input type="checkbox"/> No insurance <input type="checkbox"/> Doctor had treated it previously <input type="checkbox"/> Not serious enough <input type="checkbox"/> Difficulty in getting appointment <input type="checkbox"/> Didn't think a doctor could help <input type="checkbox"/> Afraid/embarrassed/ashamed <input type="checkbox"/> Didn't want to get care <input type="checkbox"/> No provider available <input type="checkbox"/> Didn't know where to go <input type="checkbox"/> No way to get there <input type="checkbox"/> Hours not convenient <input type="checkbox"/> Speak a different language <input type="checkbox"/> Health of another family member <input type="checkbox"/> Other reason – Specify <i>X</i> <hr/>
CHECK ITEM I11b	<i>Refer to I11 and I12.</i>	<input type="checkbox"/> I11 or I12 is "Yes" – GO to I21 <input type="checkbox"/> I11 and I12 is "No" – GO to CLOSING
Notes		

Section I – ISCHEMIC HEART DISEASE – Continued

I21. The next questions are about activities (*Name/you*) might do in a typical day. We are interested in how much (*Name's/your*) chest pain or discomfort limits these activities — whether a lot, a little, or not at all.

On a typical day, does (*Name's/your*) chest pain or discomfort limit (him/her/you) in —

a. *vigorous activities, such as running, lifting heavy objects, or participating in strenuous sports?*

- 1 Yes, limited a lot
- 2 Yes, limited a little
- 3 No, not limited at all – *GO to CLOSING*
- 4 Not applicable

b. *moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf?*

- 1 Yes, limited a lot
- 2 Yes, limited a little
- 3 No, not limited at all – *GO to CLOSING*
- 4 Not applicable

c. *lifting or carrying groceries?*

- 1 Yes, limited a lot
- 2 Yes, limited a little
- 3 No, not limited at all
- 4 Not applicable

d. *climbing several flights of stairs?*

- 1 Yes, limited a lot
- 2 Yes, limited a little
- 3 No, not limited at all – *GO to I21f*
- 4 Not applicable

e. *climbing one flight of stairs?*

- 1 Yes, limited a lot
- 2 Yes, limited a little
- 3 No, not limited at all
- 4 Not applicable

f. *bending, kneeling, or stooping?*

- 1 Yes, limited a lot
- 2 Yes, limited a little
- 3 No, not limited at all
- 4 Not applicable

g. *walking more than a mile?*

- 1 Yes, limited a lot
- 2 Yes, limited a little
- 3 No, not limited at all – *GO to CLOSING*
- 4 Not applicable

h. *walking several blocks?*

- 1 Yes, limited a lot
- 2 Yes, limited a little
- 3 No, not limited at all – *GO to CLOSING*
- 4 Not applicable

i. *walking one block?*

- 1 Yes, limited a lot
- 2 Yes, limited a little
- 3 No, not limited at all – *GO to CLOSING*
- 4 Not applicable

j. *bathing and dressing?*

- 1 Yes, limited a lot
- 2 Yes, limited a little
- 3 No, not limited at all
- 4 Not applicable

I22. Besides angina pectoris, is there any other condition that might cause (this limitation/these limitations)?

- 1 Yes
- 2 No – *GO to CLOSING*

Notes

Section I - ISCHEMIC HEART DISEASE - Continued

123. What other condition might cause (this limitation/these limitations)?

Write in condition name. Probe with "Anything else?" until respondent indicates no other conditions.

CLOSING

1. How long (has/have) (Name/you) lived in this community?

- 1 Less than one year
- 2 One year to less than two years
- 3 Two years to less than three years
- 4 Three years to less than five years
- 5 Five years to less than ten years
- 6 Ten years or longer

Thank you for assisting us in this important survey. Your time and effort are appreciated.

Notes

Section F - SYMPTOMS/RESPONSE

VERSION 1

Next, I am going to ask you whether (Name/you) (has/have) had some particular health problems in the last 3 months.

F1. In the past 3 months, (have/has) (Name/you) had —

- | | |
|---|---|
| v. difficulty hearing conversations or telephone calls? | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No |
| a. sadness, hopelessness, frequent crying, or felt depressed? | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No |
| b. shortness of breath when lying down, waking up short of breath, or shortness of breath with light work or exercise? | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No |
| c. loss of consciousness or fainting? | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No |
| d. blurry vision or difficulty seeing? | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No |
| e. headaches that are either new or more frequent or severe than ones (Name/you) (has/have) had before? | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No |
| f. cough with yellow sputum and fever? | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No |
| g. bright red blood on the toilet paper after a bowel movement? | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No |
| h. back pain or neck pain that made it very painful to walk a block or go up a flight of stairs? | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No |
| i. anxiety, nervousness, or fear that has kept (Name/you) from doing (his/her/your) usual amount of work or social activities? | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No |
| j. pain in the hip, knee, or leg that makes it difficult to walk a block or go up a flight of stairs? | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No |
| k. a sprained ankle that is too painful to bear weight? | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No |
| l. headaches that come on two or three times per week, but have not changed in frequency or severity? | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No |
| m. fatigue, extreme tiredness, or generalized weakness?
<i>Ask F2n if response is "Yes".</i> | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No |
| n. sore throat, dry cough, or head cold with no fever or a low fever?
<i>Ask F2o if response is "Yes".</i> | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No |
| o. diarrhea or loose bowel movements without blood for only one or two days?
<i>Ask F2p if response is "Yes".</i> | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No |
| p. nausea or vomiting for one day or less? | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No |

CHECK ITEM F

Refer to sex on cover page. If respondent is male, GO to F1t.

- | | |
|---|---|
| q. a lump or mass in the breast? | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No |
| r. accidental urination once a week or more? | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No |
| s. pain when urinating? | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No |

CHECK ITEM F1

Refer to age on cover page. If respondent is less than 25, GO to F1x. If respondent is between the age of 25 and 40, GO to F2-INSTRUCTIONS. If respondent is over 40 and female, GO to F1w.

- | | |
|--|---|
| t. pain, mass, or swelling in the groin or crotch? | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No |
| u. a great deal of difficulty starting urination or passing urine? | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No |
| w. chest pain that lasted more than a minute?
<i>Mark (X) "Yes", or "No", Then GO to F2-INSTRUCTIONS</i> | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No |
| x. acne that leaves scars and does not improve with over-the-counter medication? | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No |

Section F - SYMPTOMS/RESPONSE

VERSION 2

Next, I am going to ask you whether (Name/you) (has/have) had some particular health problems in the last 3 months.

F1. In the past 3 months, (have/has) (Name/you) had —	
v. difficulty hearing conversations or telephone calls?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
k. a sprained ankle that is too painful to bear weight?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
l. headaches that come on two or three times per week, but have not changed in frequency or severity?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
m. fatigue, extreme tiredness, or generalized weakness? <i>Ask F2n if response is "Yes".</i>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
n. sore throat, dry cough, or head cold with no fever or a low fever? <i>Ask F2o if response is "Yes".</i>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
o. diarrhea or loose bowel movements without blood for only one or two days? <i>Ask F2p if response is "Yes".</i>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
p. nausea or vomiting for one day or less?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
h. back pain or neck pain that made it very painful to walk a block or go up a flight of stairs?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
i. anxiety, nervousness, or fear that has kept (Name/you) from doing (his/her/your) usual amount of work or social activities?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
j. pain in the hip, knee, or leg that makes it difficult to walk a block or go up a flight of stairs?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
g. bright red blood on the toilet paper after a bowel movement?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
d. blurry vision or difficulty seeing?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
e. headaches that are either new or more frequent or severe than ones (Name/you) (has/have) had before?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
f. cough with yellow sputum and fever?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
a. sadness, hopelessness, frequent crying, or felt depressed?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
b. shortness of breath when lying down, waking up short of breath, or shortness of breath with light work or exercise?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
c. loss of consciousness or fainting?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
CHECK ITEM F	<i>Refer to sex on cover page. If respondent is male, GO to F1t.</i>
q. a lump or mass in the breast?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
r. accidental urination once a week or more?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
s. pain when urinating?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
CHECK ITEM F1	<i>Refer to age on cover page. If respondent is less than 25, GO to F1x. If respondent is between the age of 25 and 40, GO to F2-INSTRUCTIONS. If respondent is over 40 and female, GO to F1w.</i>
t. pain, mass, or swelling in the groin or crotch?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
u. a great deal of difficulty starting urination or passing urine?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
w. chest pain that lasted more than a minute? <i>Mark (X) "Yes", or "No", Then GO to F2-INSTRUCTIONS</i>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
x. acne that leaves scars and does not improve with over-the-counter medication?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No

CARD DA1

1. A Cane
2. Crutches
3. A walker
4. Medically prescribed shoes
5. A manual wheelchair
6. An electric wheelchair
7. A scooter

CARD DC1

1. Bathing or showering
2. Dressing
3. Eating
4. Getting in and out of bed or chairs
5. Using the toilet, including getting to the toilet
6. Getting around inside your home

Card DA1
Card DC1

(Cut along broken lines)

CARD DC2

1. Preparing their own meals
2. Shopping for personal items, such as toilet items or medicines
3. Managing money, such as keeping track of expenses or paying bills
4. Using the telephone
5. Doing HEAVY work around the house like scrubbing floors, washing windows, doing heavy yard work
6. Doing LIGHT work around the house like doing dishes, straightening up, light cleaning, or taking out the trash

CARD DG1

0. Parent
1. Other relative who lives here
2. Other relative who does not live here
3. Non-relative who lives here
4. Friend/Neighbor
5. Unpaid volunteer from an organization or business
6. Paid employee of an organization or business
7. Paid employee of yours
8. Other
9. DK

Card DC2
Card DG1

(Cut along broken lines)

CARD DG2

- 00. Parent
- 01. Other family member in HH
- 02. Other family member not in HH
- 03. Private insurance
- 04. Rehabilitation program
- 05. Medicaid
- 06. Public school system
- 07. Other public source
- 08. Other private source
- 09. Other
- 99. DK or Refused

CARD DH1

- 1. Under 4 months
- 2. 4-8 months
- 3. 9-15 months
- 4. 16-29 months
- 5. 30-59 months

Card DG2
Card DH1

(Cut along broken lines)

CARD DJ1

- 1. Not old enough yet
- 2. Illness
- 3. Receiving home teaching by parents or others
- 4. Permanently expelled/suspended from school
- 5. Quit school to get a job
- 6. Quit school for other reason
- 7. Graduated
- 8. Other
- 9. Don't know

CARD DJ2

- A. Understanding instructional materials
- B. Paying attention in class
- C. Following rules or controlling his/her behavior
- D. Communicating with teachers and other students

Card DJ1
Card DJ2

(Cut along broken lines)

CARD FC1

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

CARD FC2

1. Job layoff/loss/unemployment
2. Wasn't offered by employer
3. Not eligible because part time worker
4. Family coverage not offered by employer
5. Benefits from former employer ran out
6. Can't obtain because of poor health, illness, or age
7. Too expensive/Can't afford
8. Dissatisfied with previous insurance
9. 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)*

Card FC1

Card FC2

FC1 along broken line!

CARD FC3

1. Lost job or changed employers
2. Spouse/parent lost job or changed employers
3. Death of spouse or parent
4. Became divorced or separated
5. Became ineligible because of age
6. Employer stopped offering coverage
7. Cut back to part time
8. Benefits from employer/former employer ran out
98. Other *(Specify)*

CARD FC4

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

Card FC3

Card FC4

FC4 along broken line!

CARD FD1

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

CARD FD2

1. \$ 25 - \$ 99
2. \$ 100 - \$ 499
3. \$ 500 - \$ 999
4. \$1,000 - \$4,999
5. \$5,000 or more

Card FD1
Card FD2

(Cut along broken line)

CARD FD3

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

CARD FD4

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 FD3
Card FD4

(Cut along broken line)

CARD FD5

1. Less than \$500
2. \$ 500 - \$ 999
3. \$1,000 - \$1,999
4. \$2,000 or more

CARD YC1

1. Work mainly indoors
2. Work mainly outdoors
3. Travel to different buildings or sites
4. In a motor vehicle
5. Other (Specify)

Card FD5
Card YC1

(Cut along broken lines)

CARD YC2

1. Not allowed in ANY indoor common areas
2. Allowed in SOME indoor common areas including designated smoking areas
3. Allowed in ALL indoor common areas

CARD YC3

1. Not allowed in ANY work areas
2. Allowed in SOME work areas
3. Allowed in ALL work areas

Card YC2
Card YC3

(Cut along broken lines)

CARD YC4

- 1. Gymnasium/Exercise room**
- 2. Weight lifting equipment**
- 3. Exercise equipment**
- 4. Walking/Jogging path**
- 5. Parcours/Fitness trails**
- 6. Bike path**
- 7. Bike racks**
- 8. Swimming pool**
- 9. Showers**
- 10. Lockers**
- 11. Other (Specify)**
- 00. No facilities**

CARD YC5

- 1. Walking group**
- 2. Jogging/Running group**
- 3. Biking/Cycling group**
- 4. Aerobics class**
- 5. Swimming class**
- 6. Non-aerobic exercise class**
- 7. Weight lifting class**
- 8. Fully paid membership in health/fitness club**
- 9. Partially paid membership in health/fitness club**
- 10. Physical activity or exercise competitions**
- 11. Other (Specify)**
- 00. No Programs**

Card YC4
Card YC5

(Cut along bottom line)

CARD YC6

- 1. Weight control**
- 2. Nutrition information**
- 3. Prenatal education**
- 4. Stress reduction and management**
- 5. Alcohol and other drugs**
- 6. Sexually transmitted diseases (including HIV or AIDS)**
- 7. Job hazards and injury prevention**
- 8. Back care and prevention of back injury**
- 9. Preventing off-the-job accidents**
- 10. Other (Specify)**
- 00. None**

CARD YG1

- 1. The firearm is kept in a LOCKED PLACE, such as a drawer, cabinet, or closet**
- 2. The firearm is kept in an UNLOCKED place**

Card YC6
Card YG1

(Cut along bottom line)

CARD YG2

1. Taken apart
2. With a trigger lock or other locking mechanism
3. Assembled without a locking mechanism
4. Other (Specify)

CARD YG3

1. ALL the firearms are kept in LOCKED PLACES, such as drawers, cabinets, or closets
2. One or more firearms are kept in an UNLOCKED PLACE
9. DK

Card YG2
Card YG3

(Cut along bottom line)

CARD A1

1. Very likely
2. Somewhat likely
3. Somewhat unlikely
4. Very unlikely
5. Definitely not possible

CARD A2

1. A church or other religious organization
2. A family planning clinic or STD clinic
3. A hospital, HMO clinic or other health facility
4. A school
5. A social or civic club
6. Your workplace
7. Some other place (Specify)
8. Attended no programs

Card A1
Card A2

(Cut along bottom line)

CARD A3

1. Just to find out/I am worried that I am infected
2. Because a doctor asked you to
3. Because the Health Dept. asked you to
4. Because a sex partner asked you to
5. For hospitalization or a surgical procedure
6. To apply for health or life insurance
7. To comply with guidelines for health workers
8. To apply for a new job
9. For military induction, separation or during military service
10. For immigration
11. For some other reason *(Please specify the other reason or reasons)*

CARD A4

1. How AIDS is transmitted
2. How to prevent transmission
3. The correct use of condoms
4. Needle cleaning/using clean needles
5. Dangers of needle sharing
6. Abstinence from sex
7. Contraception
8. Safe sex practices
9. Other *(Please specify what other topics)*

Card A3
Card A4

(Cut along broken lines)

CARD A5

1. Because you want to find out if you are infected
2. It will be part of hospitalization or surgery you expect to have
3. Because you expect to apply for life or health insurance
4. Because you expect to apply for a job
5. Because you expect to join the military
6. Because of guidelines for health care workers
7. Because it will be a required part of some other activity that includes automatic AIDS testing
8. Because it is required in your non-health care employment
9. Because you plan to have/begin a sexual relationship
10. Some other reason *(Please specify what other reason or reasons)*

CARD A6

- a. You have hemophilia and have received clotting factor concentrations.
- b. You are a man who has had sex with another man at some time since 1980, even one time.
- c. You have taken street drugs by needle at any time since 1980.
- d. You have traded sex for money or drugs at any time since 1980.
- e. Since 1980, you are or have been the sex partner of any person who would answer "Yes" to any of the items above on this card.

Card A5
Card A6

(Cut along broken lines)

CARD A7

- 1. Breathing the air around a person who is sick with TB**
- 2. Through food and water**
- 3. By sexual intercourse**
- 4. It is inherited from parents**
- 5. From mosquito or other insect bites**
- 6. Other (*Specify*)**

CARD A8

- 0. Diaphragm**
- 1. Condom (rubber)**
- 2. IUD (loop, coil)**
- 3. Rhythm (safe period by calendar)**
- 4. Foam**
- 5. Pill**
- 6. Withdrawal (pulling out)**

Card A7
Card A8

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For answers to questions about this report or for a list of reports published in these series, contact:

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