
Public Use

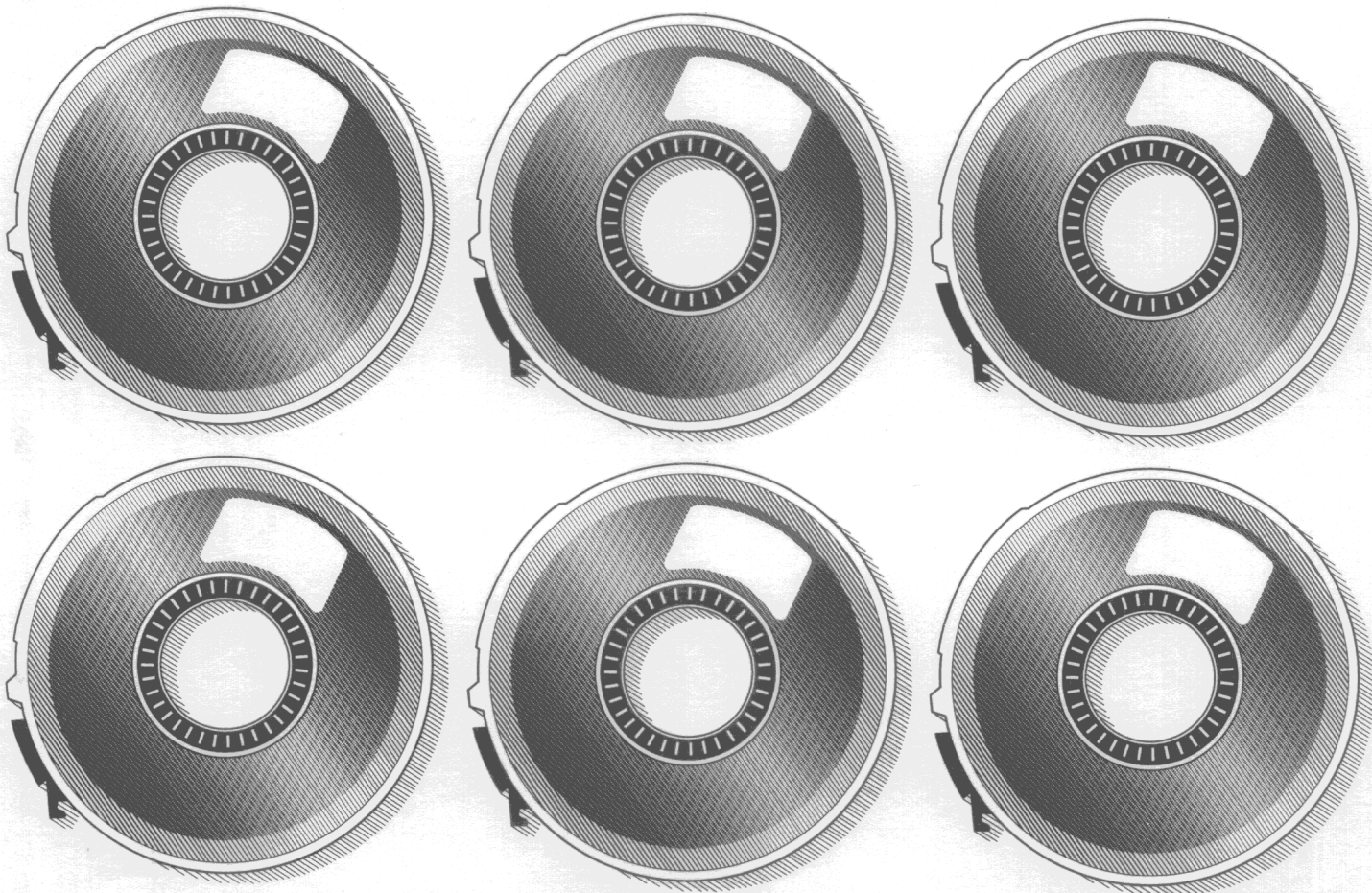
Data Tape

Documentation

Health Care Needs, General Medical History Supplement, and
Respiratory and Cardiovascular Supplements, Ages 25-74

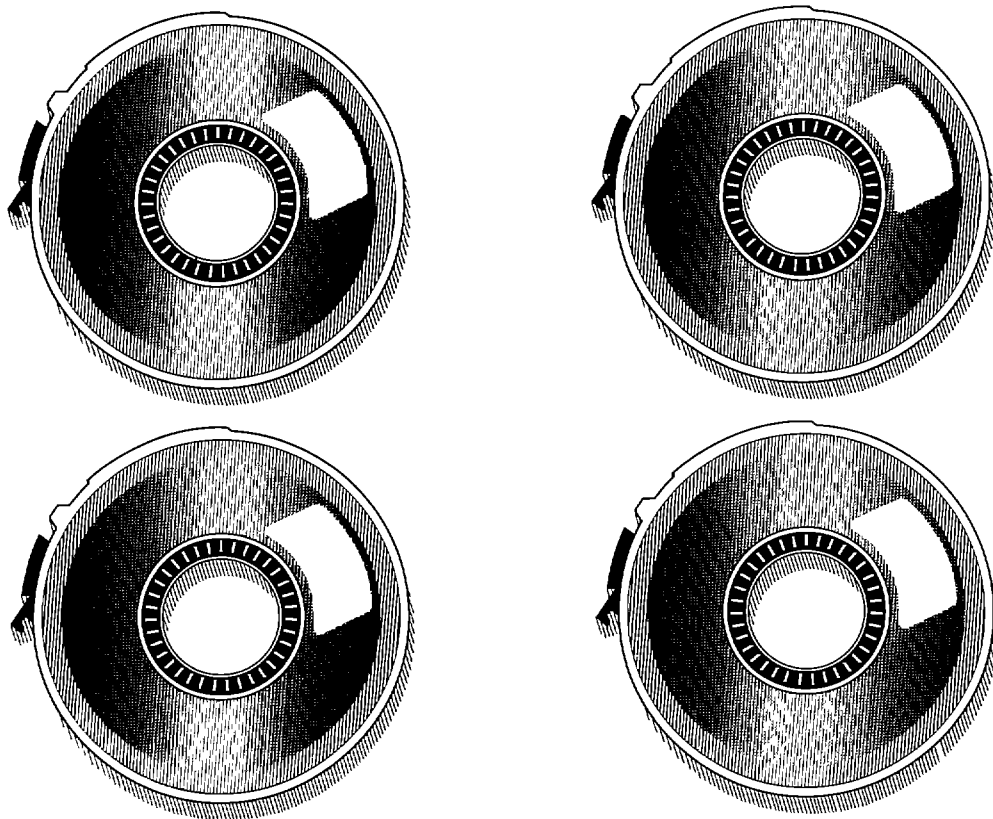
Tape Number 4091

National Health and Nutrition Examination Survey, 1971-75



Public Use Data Tape Documentation

Health Care Needs, General Medical History Supplement, and
Respiratory and Cardiovascular Supplements, Ages 25-74
Tape Number 4091
National Health and Nutrition Examination Survey, 1971-75



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Public Health Service
Centers for Disease Control
National Center for Health Statistics

Hyattsville, MD
Reprinted October 1991

The data compilation and documentation necessary for the Health Care Needs, General Medical History and Supplements on Respiratory and Cardiovascular Data Tape were done by Wilbur Hadden, Kurt Maurer, Everette Collins, Evelyn S. Stanton, Dorothy Blodgett and Mary Dudley of the Division of Health Examination Statistics, National Center for Health Statistics. A special note of gratitude is due Darian Varga who patiently typed and retyped this material.

CONTENTS

	<u>Page</u>
HANES 1971-1975	
Description of Survey.....	1
Target Population	1
Data Collection	2
Use of HANES Data	4
Errors in the Data Sets and Survey Differences	5
Variance Estimation	6
Tape Characteristics	7
General Notes	
Asterisks on Tape Description	8
Demographic Information	8
Administration & Editing of the Health Care Needs, General Medical History & Supplements on Respiratory and Cardiovascular	9
Tape Description Summary	
Demographic Data	11
Health Care Needs, General Medical History & Supplements on Respiratory & Cardiovascular	14
Tape Description	
Demographic Data	27
Health Care Needs, General Medical History & Supplements on Respiratory & Cardiovascular	43
Detailed Notes	154

HEALTH CARE NEEDS, GENERAL MEDICAL HISTORY AND SUPPLEMENTS
ON RESPIRATORY AND CARDIOVASCULAR DATA TAPE

Health and Nutrition Examination Survey, HANES I, 1971-1975

Description of Survey: A detailed description of the design, content and operation of HANES I is provided in the following reports: Plan and Operation of the Health and Nutrition Examination Survey, DHEW Pub. No. (HSM) 73-1310, Series 1, Nos. 10a and 10b, Public Health Service, Washington, D. C., U. S. Government Printing Office, February 1973. Also provided is a draft report on the augmentation survey of adults describing the relevant field work conducted between July 1974 and October 1975.

Target Population: HANES I was conducted on a nationwide probability sample of approximately 28,000 persons, ages 1-74 years, from the civilian, noninstitutionalized population of the coterminous United States, excepting those persons residing on Indian reservations. The survey started in April 1971 and for many survey components was completed in June 1974. The HANES I sample was selected so that certain population groups thought to be at high risk of malnutrition (persons with low incomes, preschool children, women of childbearing age and the elderly) were oversampled at known rates. Adjusted sampling weights were then computed within 60 age, sex and race categories in order to inflate the sample in such a manner as to closely reflect the noninstitutionalized population, ages 1-74 years, of the United States at the midpoint of the survey.

Although the main emphasis of HANES I was on nutrition, a subset of those sample persons aged 25-74 received a more detailed health examination which was continued through October 1975. No particular oversampling of subgroups of the population was done in this subsample (e.g., women of childbearing age were not oversampled as they were for the major nutrition component of HANES I). This subsample is also representative of the United States population aged 25-74 during the time of HANES I.

After the nutrition survey was completed, the detailed examination given to the 25-74 age group was continued until the total number of examined persons was approximately double the number of examinees who received the detailed examination during the nutrition survey.

Data Collection: Information for all examined sample persons in HANES I was obtained by means of a household interview, a general medical history, a 24-hour dietary intake recall interview, a food frequency interview, a food program questionnaire, a general medical examination, dental, dermatological and ophthalmological examinations, anthropometric measurement, hand-wrist x-rays (of those ages 1-17 only) and 24 hematological, blood chemistry, and urological laboratory determinations.

In addition to the information received on all examined persons by means of the above questionnaires, procedures and measurements, the following data were gathered on the subsample of adults aged 25-74: a medical history supplement; supplementary questionnaires concerning arthritis, respiratory and cardiovascular conditions (when applicable); a health care needs questionnaire; a general well-being questionnaire; an

extended medical examination; x-rays of the chest and hip and knee joints; audiometry; electrocardiography; goniometry; spirometry; pulmonary diffusion and tuberculin tests; along with additional laboratory determinations.

Use of HANES Data

With the goal of mutual benefit, NCHS requests the cooperation of recipients of data tapes in certain actions related to their use:

- A. Any published material derived from the data should acknowledge the National Center for Health Statistics as the original source. It should also include a disclaimer which credits any analyses, interpretations, or conclusions reached to the author (recipient of the tape) and not to NCHS, which is responsible only for the initial data.
- B. Consumers who wish to publish a technical description of the data will make a reasonable effort to insure that the description is not inconsistent with that published by NCHS. This does not mean, however, that NCHS will review such descriptions.

Errors in the Data Sets and Survey Differences

The data users tapes have been subjected to a great deal of careful editing. However, due to the large volume of data in the series, it is likely that a small number of errors or discrepancies remain undetected. We would appreciate if any such errors are detected that they be brought to our attention so that new corrected copies of the tape can be created and errata sheets issued to previous purchasers.

Some of the continuous data items have extremely high or low values and we have verified that they do in fact appear that way on the hard documents; that is, we have verified that the values have not been incorrectly keyed.

In general, we have not attempted to resolve any differences that may exist between estimates derived from the various subsamples of HANES I. Nor have we made any comparisons between estimates from HANES I and previous surveys conducted by the Division of Health Examination Statistics.

Variance Estimation

Because the Health and Nutrition Examination Survey is based upon a complex sample design, the assumptions of many statistical tests and routinely available statistical programs are not met. For this reason, when estimates of the variances of statistics from HANES are computed, the technique of estimation must be based upon complex sampling theory. In order to provide the user with the capability of estimating the complex sample variances, we have provided Strata and Primary Sampling Unit (PSU) codes on the HANES user tapes in tape positions 194-198. However, these codes are suitable for making variance estimates only for examination locations 1-65 and 1-100. To compute variance estimates for examination locations 1-35 or 66-100, it is necessary to recode the current Strata-PSU codes according to the specifications that follow. The resultant recoded Strata-PSU codes should be used only for locations 1-35 and 66-100.

One computer program that should be widely available sometime around the summer of 1978 as part of the Statistical Analysis System (available from the SAS Institute, Inc., Post Office Box 10066, Raleigh, North Carolina 27605) is capable of using the Strata-PSU codes provided for HANES to compute complex sample variances. Other programs may also be available.

In those Strata, referred to as certainty or self-representing Strata, the PSU codes are actually the segment numbers. Neither the Strata codes nor the PSU codes are the original codes used in the formation of the HANES sample design, but are none-the-less a unique recoding of the original codes. For further discussion of the sample design of HANES, the user should consult the publications of the National Center for Health Statistics-- Series 1-Nos. 10a and 14 and the detailed note for tape positions 158-193.

Recode Specifications for Strata-PSU Codes

First.--Create a file with only those records in the file for examination locations 1-35.*

Second.--Retain the original Strata-PSU codes in Strata 7-10 and 13 in the original form as the recoded Strata-PSU codes.

Third.--Recode the remaining strata according to the chart below.

Fourth.--Repeat the process for examination locations 66-100.*

<u>Old Strata #</u> <u>(tape positions 194-195)</u>	<u>New Strata #</u>	<u>New PSU #</u>
01	01	001
02	01	002
03	03	001
06	03	002
04	04	001
05	04	002
11	11	001
12	11	002
14	14	001
21	14	002
15	15	001
16	15	002
17	17	001
20	17	002
18	18	001
19	18	002
22	22	001
25	22	002
23	23	001
24	23	002
26	26	001
27	26	002
28	28	001
29	28	002
30	30	001
35	30	002
31	31	001
32	31	002
33	33	001
34	33	002

*See detailed note for tape positions 158-193.

TAPE CHARACTERISTICS

Title: Health Care Needs, General Medical History and Supplements
on Respiratory and Cardiovascular

Catalog Number: 4091

Data Set Name: HEHANESI.DU409105

Record Length: 950

Blocksize: 3800

Number of Reels: 1

Recording Mode: Fixed Block, EBCDIC

Channel: 9 Track

Created by: Division of Health Examination Statistics
National Center for Health Statistics
Hyattsville, Maryland

General Notes

Asterisks on the Tape Description: Some of the data items were obtained only for a particular subsample of HANES. Consequently some of these items appear to have a great deal of missing data (coded as BLANK) due to nonresponse, but in fact the data are missing because the design of HANES dictated that the item was to be obtained only for a particular subsample. (For further discussion of the various subsamples in HANES the user should see the detailed note for tape positions 158-193.)

To alert the user to this fact asterisks were put on the tape description. One asterisk denotes that the data item was obtained only on examinees in Locations 1-65. Two asterisks denote that the data item was obtained only on examinees in Locations 66-100.

Demographic Information: An advance letter, announcing the forthcoming arrival of an interviewer from the U. S. Bureau of the Census, was mailed to each household that fell into the sample area. The interviewer subsequently visited the household to ascertain its composition and to administer a questionnaire, the primary purpose of which was to obtain demographic information. The questionnaire was administered to each potential sample person that was available and competent enough to respond to questions. In the event that a potential sample person was not at home at the time of interview, any responsible adult in the household was asked to respond to the questions for the absent person.

Demographic information for each of the examinees appears in tape positions 1-200.

Administration and Editing of the
Health Care Needs, General Medical History and
Supplements on Respiratory and Cardiovascular Data Tape

The data on this tape are from five component questionnaires of the Health and Nutrition Examination Survey. They are collected on this tape because they are additional health histories on the persons in the detailed examination sample which is representative of persons aged 25 to 74 in the noninstitutionalized population of the United States between 1971 and 1975. These histories were given only to those in the detailed sample. The first, the Health Care Needs Questionnaire, was administered to the sample persons in the Examination Center. The second, the General Medical History, was given in the first part of the survey by the Health Examination Representative when she visited the sample persons in their homes to elicit their cooperation in the survey. For those in the augmentation survey the General Medical History was given by the Census interviewer. The Sample Person Supplement contained questions removed from the Medical History, the General Medical History and some additional questions not asked in the first 65 locations. The cardiovascular and respiratory supplements were given by the physician at the conclusion of the medical examination to those for whom they were deemed relevant. The decision of relevance was made by the physician on the basis of screening questions in the Medical History and additional probes that the physician might ask to clarify the sample person's history.

The forms on which these histories were recorded were keyed by the Bureau of the Census and delivered to the Center on tape. Center staff have edited the data for incomplete or inconsistent responses, out-of-range codes, checked skip patterns and verified extreme values, all with reference to microfilm records of the original forms when necessary. Responses to certain questions on the Health Care Needs Questionnaire to which a large proportion of the respondents answered "other, specify" were coded from the microfilm.

DEMOGRAPHIC DATA SUMMARY - HANES I

	<u>Tape Positions</u>
Sample sequence number	1
Size of place	10
SMSA-not SMSA	11
Type of living quarters	12
Land usage	13
If rural, asked - How many acres of land are included	14
If 10 acres or more asked - Sale of crops, etc. amount to \$50 or more ..	15
If 10 acres or less asked - Sale of crops, etc. amount to \$250 or more .	16
Age - head of household	17
Sex - head of household	19
Highest grade attended - head of household	20
Race - head of household	22
Total number of persons in household	23
Total sample persons in household	25
Number of rooms in house	27
Is there piped water	28
If yes, is there hot and cold piped water	29
If yes to piped water - Does house have a sink with piped water	30
Does house have a range or cook stove	31
Does house have a refrigerator.....	32
Are kitchen facilities used by anyone not living in household	33
Total family income group	34
NOTE: The following income questions were asked <u>only</u> if "Total Family Income" was less than \$7,000	
During Past Year Did you or Any Members of Your Family Receive Money From:	
Wages or salaries	36
If yes - How much altogether before deductions	37
Social Security or Railroad Retirement	41
If yes - How much altogether	42
Welfare payments or other public assistance	46
If yes - How much altogether	47
Unemployment or Workman's Compensation	51
If yes - How much altogether	52
Government employee pensions or private pensions	56
If yes - How much altogether	57

Tape
Positions

Dividends, interest or rent	61
If yes - How much altogether	62
Net income from own non-farm business, professional practice or partnership	66
If yes - How much altogether	67
Net income from a farm	71
If yes - How much altogether	72
Veteran's payments	76
If yes - How much altogether	77
Alimony, child support or contributions from persons not living in household	81
If yes - How much altogether	82
Any other income	86
If yes - How much altogether	87
Total amount	91
Family unit code	95
Relationship to head of household	100
Age at interview	101
Race of examined person	103
Sex of examined person	104
Marital status	105
Date of birth (month and year)	106
Place of birth	110
Highest grade of regular school ever attended	112
Did he finish the grade	114
Is he attending school now	115
Has he ever attended a school of any kind	116
If yes - What kind of school	117
Is any language other than English frequently spoken in the household .	118
If yes - What language	119
What is your main ancestry or national origin	120
What was he doing most of past three months	122
If "something else" - What was he doing	123
If "keeping house" or "something else" - Did he work at a job or business at any time during the past three months	124
If "working" - Did he work full-time or part-time	125
Did he work at any time last week or the week before (not around house)	126
If no - Even though he did not work during that time, does he have a job or business	127

	<u>Tape Positions</u>
Was he looking for work or on lay-off from a job	128
If yes - Which	129
Class of worker	130
If self-employed in "own" business and not a farm, is the business incorporated	131
Business or industry code	132
Occupation code	135
Date of examination	138
Age at examination	144
Farm/non-farm	146
Poverty index	147
Region	150
FOOD PROGRAMS APPLICABILITY	151
Are you certified to participate in the food stamp program?	152
Are you buying food stamps now?	153
What is the main reason you aren't participating in the program?	154
Are you certified to participate in the commodity distribution program?	155
Are you receiving commodity foods now for your family?	156
Why aren't you participating in the program?	157
SAMPLE WEIGHTS	158
STRATA - Primary Sampling Unit (PSU)	194

SUMMARY OF HEALTH CARE NEEDS, GENERAL MEDICAL HISTORY
AND SUPPLEMENT ON RESPIRATORY AND CARDIOVASCULAR

Tape
Positions

CATALOGUE NUMBER - 4091 201

Health Care Needs Questionnaire

When was the last time you talked to a doctor about your health ...	
At a private doctor's office?	225
At a hospital out-patient clinic?	226
At a city clinic?	227
At a clinic at work?	228
At another type clinic?	229
At a hospital emergency room?	230
At home?	231
Over the telephone?	232
In another way?	233
What was the main reason for your last visit with a doctor?	234
For this last visit, how long was it from the time you decided you should see a doctor until you actually saw him?	235
Did you have an appointment to see him?	236
How long was it from the time you made the appointment until you saw him? ...	237
Was this time longer than you would have liked?	238
From what place did you leave to go to the doctor?	239
How did you get from there to the doctor?	240
How long did it take to get there?	241
At this last visit, about how many minutes did you have to wait before being seen by the doctor?	242
Do you think this wait was too long?	245
How well satisfied were you with this visit?	246
During the past 12 months have you had a health problem which you would have liked to see a doctor about but did not for some reason?	247
What was the reason you did not see a doctor ...	
Lack of confidence in available doctors?	248
Didn't have the time?	249
Would cost too much?	250
Couldn't get an appointment?	251
Would have to travel too far?	252
Didn't have a way to get there?	253
Was afraid of finding out what was wrong?	254
Didn't have anyone to care for children or other family members?	255
Other?	256
When did you last have a general checkup or examination, not counting exams made during a visit for an illness?	257
Where did you get this general examination?	258

Health Care Needs Questionnaire - continued

Tape
Positions

During this last general examination, were you given ...	
A cardiogram?	259
A blood pressure check?	260
A chest X-ray?	261
Blood tests?	262
A urinalysis?	263
Vision tests?	264
Hearing tests?	265
A rectal examination?	266
An internal examination? (females only)	267
When was the last time you received any shots, immunizations or vaccinations to prevent an illness (excluding shots for allergy)?	268
Why did you get this shot?	269
Is there a particular doctor you see regularly or whom you would go to if something were bothering you?	270
If you couldn't see this doctor, is there some other particular doctor you would want to see if something were bothering you?	271
Except in an emergency, do you need to have an appointment in order to see a doctor?	272
When you go to a doctor, do you like the doctor to talk to you about your condition or do you like him just to treat it?	273
Do the doctors you usually see talk to you about your condition?	274
Do you try out home remedies or any that you can get without a prescription before going to your doctor about a problem?	275
Do you have a dentist you usually go to?	276
When was the last time you visited or talked with a dentist about yourself ...	
At a dentist's office?	277
At a hospital dental clinic?	278
At a hospital emergency clinic?	279
At another clinic?	280
Over the telephone?	281
In another way?	282
What was the main reason for your last visit or talk with a dentist at either his office or at a clinic?	283
For this last visit, how long was it from the time you decided you needed or wanted to see a dentist until you actually saw him?	284
At the time of this last visit or talk with a dentist did you have an appointment?	285
How long was it from the time you made the appointment until you saw him? ...	286
Was this wait longer than you would have liked it?	287
How did you get to the dentist's office?	288
How long did it take to get there?	289
At this last visit with a dentist about how many minutes did you have to wait before being seen by the dentist?	290
Do you think this wait was too long?	293
How well satisfied were you with this visit?	294

Does your dentist or dental clinic call you or send you a note to remind you when your next regular checkup is due?	295
During the past 12 months have you had a dental problem which you would have liked to see a dentist about but you didn't see the dentist?	296
Why didn't you see him ...	
Didn't have time?	297
Would cost too much?	298
Couldn't get an appointment?	299
Would have to travel too far?	300
Didn't have a way to get there?	301
Didn't have anyone to care for children or other family members?	302
Some other reason?	303
When was the last time you stayed in the hospital overnight or longer?	304
Was this stay in the hospital on account of an emergency or was it planned in advance?	305
What was the main reason you went into the hospital that time?	306
How long was it from the time it was decided you needed to go into the hospital until you went in?	307
What part of the doctor's bill did you or your family have to pay out of your own pocket for treatment the doctor gave you while you were in the hospital?	308
Did you get any of this money back from your health insurance?	309
What part of this hospital bill did you or your family have to pay out of your own pocket?	310
Did you get any of this money back from health insurance?	311
When you see a doctor at his office or at a clinic, what part of the cost do you or your family usually have to pay out of your own pocket?	312
Did you get any of this money back from health insurance?	313
Whenever you see a dentist at either his office or at a clinic, what part of the cost do you or your family have to pay out of your own pocket?	314
Do you get any of this money back from your health insurance?	315
What part of the cost of drugs and medicines prescribed by your doctor do you pay out of your pocket?	316
Do you get any of this money back from health insurance?	317
Do you have insurance or coverage for medical care under ...	
Medicare (for elderly)?	318
Private medical insurance?	319
Insurance through your place of work?	320
Medicaid (for all ages)?	321
Retired military privileges?	322
Veteran's medical care?	323
Some other government assistance program?	324
Some other way?	325

Health Care Needs Questionnaire - continued

Tape
Positions

What part of your medical bills does it pay? ...	
Medicare (for elderly)	326
Private medical insurance	327
Insurance through your place of work	328
Medicaid (for all ages)	329
Retired military privileges	330
Veteran's medical care	331
Some other government assistance program	332
Some other way	333

General Medical History Supplement, Sample Person Supplement

Would you say your health in general is ...?	340
Do you have any health problems now that you would like to talk to a doctor about?	341
What are the problems?	
Trouble with ears, hearing, discharge, ringing, other	342
Trouble with eyes--seeing, other	343
Neuralgia, tremors, lack of coordination	344
Headaches	345
Nervousness, tension, not sleeping well	346
Skin conditions	347
Hay fever, allergy (not limited to skin), asthma	348
Possible goiter or thyroid condition	349
Possible diabetes	350
Trouble with joints, pain, aching, swelling, stiffness	351
Possible heart or circulatory trouble--irregular heart beat, swollen veins, other trouble with veins, leg pains, weakness or paralysis, dizziness, fainting spells, blacking out, chest pains, shortness of breath	352
Cough, cold, sinusitis, upper respiratory infection, persistent	353
Gastrointestinal troubles, stomach troubles, heartburn, abdominal pain, or discomfort, loss of appetite, nausea or vomiting, difficulty swallowing, problem with bowels	354
Kidney or bladder trouble, pain when passing urine	355
Other	356
Have you had a cold, flu or "the virus" during the past month?	357
Do you still have it?	358
In the past 5 years, have you had any injury resulting in a broken bone?	359
Which bone? ...	
Hip, wrist, spine, other	360
In the past 5 years, have you had a back injury?	364
In the past year, have you stayed in a hospital overnight or longer?	365
For what condition?	
First condition, second condition, third condition	366
How long were you in the hospital?	
First condition, second condition, third condition	372

<u>General Medical History Supplement, Sample Person Supplement - continued</u>	<u>Tape Positions</u>
Have you smoked at least 100 cigarettes during your entire life?	378
Do you smoke cigarettes now?	379
On the average, about how many a day do you smoke?	380
How long has it been since you smoked cigarettes fairly regularly?	382
On the average, about how many cigarettes a day were you smoking 12 months ago?	384
During the period when you were smoking the most, about how many cigarettes a day did you usually smoke?	386
About how old were you when you first started smoking cigarettes fairly regularly?	388
Have you smoked at least 50 cigars during your entire life?	390
Do you smoke cigars now?	391
About how many cigars a day do you smoke?	392
About how long has it been since you smoked 3 or more cigars a week?	394
Twelve months ago, about how many cigars a day did you usually smoke?	396
Have you smoked at least 3 packages of pipe tobacco during your entire life? ..	398
Do you smoke a pipe now?	399
About how many pipefuls of tobacco a day do you usually smoke?	400
About how long has it been since you smoked 3 or more pipefuls a week?	402
Twelve months ago, about how many pipefuls a day did you smoke?	404
Do you presently use any other form of tobacco such as snuff or chewing tobacco?	406
If yes, what? Snuff, chewing tobacco, other	407
How important do you think it is for people to have a regular physical check-up?	410
Is there one particular doctor or place you usually go to when you are sick or when you need advice about your health?	411
Where do you go for this care or advice?	412
How long has it been since you last talked to any doctor about yourself?	413
Do you get a checkup from a doctor as often as once every 2 years?	417
At any time over the past few years, have you ever noticed ringing in your ears, or have you been bothered by other funny noises in your ears? ..	418
How often?	419
When it does occur, how much does it bother you?	420
Have you ever had a running ear or any discharge from your ears (not counting wax)?	421
How often have you had this?	422
Did you visit a doctor because of this condition?	423
Did a doctor give you anything for this condition?	424
Have you ever had deafness or trouble hearing with one or both ears?	425
Did you ever see a doctor about it?	426
How old were you when you first began having trouble hearing?	427
Since this trouble began, has it ... (gotten better/ worse/ same)?	428
Was the cause of your hearing trouble or deafness: Ear infection?; Born with it?; Loud noise?; Ear surgery?; Ear injury?; Other?	429
How would you rate your hearing in your right ear?	435
How would you rate your hearing in your left ear?	436
Have you ever attended a school or class for those with poor hearing or a school for the deaf?	437

Have you had any training in lip reading? 438
 Have you ever had any training in speech or in speech correction because
 of poor hearing? 439
 Have you ever had any training in how to use your hearing? 440
 Have you ever had an operation on your ears? 441
 Have you ever had your hearing tested? 442

How old were you when your hearing was first tested? 443
 How often do you now have your hearing tested? 444
 Have you ever used a hearing aid? 445
 Which ear? 446
 With a hearing aid, is your hearing better? 447
 Do you use a hearing aid now? 448
 How well satisfied are you with your present hearing aid? 449

Without a hearing aid can you usually ...
 Hear and understand what a person says without seeing his face if that
 person whispers to you from across a quiet room? 450
 Hear and understand what a person says without seeing his face if that
 person talks in a normal voice to you across a quiet room? 451
 Hear and understand what a person says without seeing his face if that
 person shouts to you from across a quiet room? 452
 Hear and understand a person if that person speaks loudly into your
 better ear? 453
 Tell the sound of speech from other sounds and noises? 454
 Tell one kind of noise from another? 455
 Hear loud noises? 456

Have you ever had ...
 Pain or aching in any of your joints on most days for at least 1 month? ... 457
 Pain in your neck or back on most days for at least 1 month? 458
 Pain in or around either hip joint or knee on most days for at least one
 month? 459
 Pain in or around either hip joint including the buttock, groin, and
 side of the upper thigh on most days for at least 1 month? 460
 Pain in or around the knee including the back of the knee on most days
 for at least 1 month? 461
 Swelling of a joint with pain present in the joint on most days for at
 least 1 month? 462
 Stiffness in the joints and muscles when getting out of bed in the
 morning lasting for at least 15 minutes? 463

Have you ever had ...
 Trouble with recurring persistent cough attacks? 464
 A cough first thing in the morning in the winter? 465
 A cough first thing in the morning in the summer? 466
 Any phlegm from your chest first thing in the morning in the winter? 467
 Any phlegm from your chest first thing in the morning in the summer? 468

During the past three years have you had a period of increased cough or
 phlegm for three weeks or more?..... 469
 If yes to above, how many times? 470

Have you ever had ...

Trouble with shortness of breath when hurrying on the level or walking up a slight hill?	471
Wheezy or whistling sounds in your chest?	472
Trouble with any pain or discomfort in your chest?	473
Trouble with any pressure or heavy sensation in your chest?	474
Severe pain across the front of your chest lasting for half an hour or more?	475
Pains in either leg when walking?	476
Heart failure or "weak heart" of any degree of severity?	477
Infections of the kidneys or bladder?	478
Blood in your urine?	479
Pain or burning sensation when passing urine?	480
Loss of vision or blindness lasting from several minutes to several days? .	481
Difficulty in speaking or very slurred speech lasting from several minutes to several days?	482
Prolonged weakness or paralysis of one or both sides of the body lasting up to several months?	483
Loss of sensation or numbness or tingling sensations lasting several minutes to several days?	484
A severe head injury leading to unconsciousness lasting for more than 5 minutes?	485

Diabetes

Do you have any reason to think that you may have diabetes, sometimes called sugar diabetes or sugar disease?	486
Did a doctor tell you that you had it?	487
How long ago did you start having it?	488
Do you take insulin?	489
Do you take any medicine by mouth for diabetes?	490

Have you ever had a goiter or any other thyroid trouble?	491
Who told you that you had goiter or thyroid trouble?	492
Is or was your thyroid ... (overactive/underactive)?	493
How long ago did you first have this trouble?	494
Have you been treated by a doctor for goiter or for thyroid trouble?	495
How treated: Medicines, surgery, radiation, other?	496
Are you currently being treated for this problem?	500
Are you currently taking any pills or medicine to help you lose or gain weight?	501
When was the last time you saw a doctor about goiter or thyroid trouble?	502

Have you ever had any of the following skin conditions?

Acne or pimples, psoriasis, moles or birthmarks, unusual loss of hair, eczema, warts, hives?	503
If yes, were you treated by a doctor for: Acne or pimples, psoriasis, moles or birthmarks, unusual loss of hair, eczema, warts, hives?	510

Have you lost all your teeth from your upper jaw?	517
Do you have a plate for your upper jaw?	518
How long have you had your plate?	519
Have you ever had a dental plate for your upper jaw?	520
How long has it been since you had any teeth to chew with in upper jaw?	521

General Medical History Supplement, Sample Person Supplement - continued Tape
Positions

Have you lost all your teeth from your lower jaw? 522
 Do you have a plate for your lower jaw? 523
 How long have you had your plate? 524
 Have you ever had a dental plate for your lower jaw? 525
 How long has it been since you had teeth to chew with in your lower jaw? 526

Do you usually wear plate(s) while eating? 527
 Do you usually wear your plate(s) when not eating? 528
 Do you usually use denture powder or cream to help keep plate(s) in place? .. 529
 Do you think you need a new plate or that the one(s) you have need(s)
 refitting? 530
 How would you describe the condition of your teeth? 531

How would you describe the condition of your gums? 532
 Do you think that your teeth need cleaning now by a dentist or dental
 hygienist? 533
 How many times a day do you usually brush your teeth? 534
 Do you think that you ought to go to a dentist now or very soon for a
 checkup? 535
 Do you now have an appointment to see a dentist? 536

Do you think you have any teeth that need filling? 537
 Do you think you have any teeth that need to be pulled? 538
 How many need to be pulled? 539
 Have you ever had your teeth cleaned by a dentist or dental hygienist? 540
 When was the last time they were cleaned? 541

Do you have a dentist you usually go to? 542
 How long has it been since you last saw a dentist about yourself? 543
 Do you go to a dentist as often as once every year? 547

Hypertension

Have you ever been told by a doctor that you had high blood pressure? 548
 Have you ever been told by a doctor that you had hypertension? 549
 About how long ago were you first told by a doctor that you had high blood
 pressure/hypertension? 550
 During the past 12 months about how many times have you seen or talked to
 a doctor about your high blood pressure/hypertension? 554

Has a doctor ever advised you to lose weight because of high blood
 pressure/hypertension? 556
 Do you now use more salt, less salt or about the same amount of salt since
 you learned you had high blood pressure/hypertension? 557
 Were you ever advised by a doctor, nurse, or other medical person to use
 less salt? 558
 Has a doctor ever prescribed medicine for your high blood pressure/
 hypertension? 559
 Are you now taking medicine prescribed by a doctor for high blood
 pressure/hypertension? 560

How often are you supposed to take this medicine? 561
 How often do you take your medicine when you are supposed to? 562
 About how many days during the past 12 months has high blood pressure/
 hypertension kept you in bed all or most of the day? 563
 How often does your high blood pressure/hypertension bother you? 565

<u>General Medical History Supplement, Sample Person Supplement - continued</u>	<u>Tape Positions</u>
When it does bother you, are you bothered ... (a great deal/some/a little)?	566
Do you still have high blood pressure/hypertension?	567
Is this condition completely ... (cured/under control)?	568
Can you tell when your blood pressure is high, that is, do you have any symptoms?	569
Has a doctor ever talked to you about problems that can be caused by high blood pressure or hypertension?	570
Has a nurse or other medical person talked to you about problems that can be caused by high blood pressure or hypertension?	571
What type of medical person was this?	572
About how long has it been since you last had your blood pressure taken?	573
Were you told that your reading was ... (high/low/normal/not told)?	577
During the past 12 months, how many times was your blood pressure taken?	578
About how long has it been since you had an electrocardiogram?	580
About how long has it been since you had a chest x-ray?	582
Are you blind in one or both eyes?	584
Do you have any of the following conditions: Cataracts; glaucoma; detached retina; other condition of the retina?	585
Do you have any other trouble seeing in one or both eyes when wearing eyeglasses?	589
Do you wear eyeglasses?	590
Do you wear contact lenses?	591
How often do you use your glasses/contact lenses?	592
Do you use your eyeglasses/contact lenses for reading and other close work?	593
Do you use your eyeglasses/contact lenses for seeing distant objects better?	594
How much trouble do you have seeing with your left eye when wearing eyeglasses/contact lenses?	595
Are you blind in the left eye?	596
How much trouble do you have seeing with your right eye when wearing eyeglasses or contact lenses?	597
Are you blind in the right eye?	598
In terms of total vision, how much trouble do you have seeing when wearing eyeglasses/contact lenses?	599
Are you blind?	600
About how long have you had trouble seeing? Has it been ... (less than 3 months/more)?	601
When wearing eyeglasses/contact lenses can you see well enough to recognize a friend if you get close to his face?	607
When wearing eyeglasses/contact lenses can you see well enough to recognize a friend who is an arms length away?	608
When wearing eyeglasses/contact lenses, can you see well enough to recognize a friend across the room?	609
When wearing eyeglasses/contact lenses, can you see well enough to recognize a friend across the street?	610
Do you have any problems seeing distant objects?	611
Do you read newspapers, magazines or books?	612

When wearing eyeglasses/contact lenses do you have any trouble at all seeing the print?	613
Is this because you have trouble seeing?	614
When wearing eyeglasses/contact lenses can you see well enough to read ordinary newspaper print?	615
When wearing eyeglasses/contact lenses can you see well enough to recognize letters in ordinary newspaper print?	616
In order to read/recognize ordinary newspaper print, must you use a hand magnifying glass?	617
Can you see well enough to read or recognize ordinary newspaper print if you use a hand magnifying glass?	618
Do you have any problem seeing ordinary newspaper print (even when wearing eyeglasses)?	619
When you are wearing eyeglasses/contact lenses can you see large letters in a newspaper such as the headline?	620
If you are in a room, can you see well enough to tell if a light is on or off?	621
Can you see well enough to tell where the light is coming from?	622

Supplement B--Respiratory

Was your problem that of persistent coughing?	625
How long have you had this condition?	626
Have you been bothered by this within the past year?	627
When you have this trouble do you also have chest pains?	628
Where: Upper back, lower back, upper chest, along the rib edge, on the sides?	629
Do you bring up phlegm with the cough?	634
Do you cough persistently like this on most days for as much as three months each year?	635
Do any medicines you take help relieve the cough?	636
What time of year do these coughing attacks seem at their worst?	637
Have you had trouble with coughing spells when you first get up in the early morning?	638
How long have you had this particular condition?	639
Do you have chest pains when you have morning coughing spells?	640
Where: Upper back, lower back, upper chest, along the rib edge, on the sides?	641
What time of year are these morning coughing spells at their worst?	646
Do you have a morning cough like this on most days for as much as three months each year?	647
Do you usually have a persistent cough at other times during the day or at night in the winter?	648
Do you usually have a persistent cough at other times during the day or at night in the summer?	649
Do you usually bring up any phlegm from your chest first thing in the morning?	650
How long have you had this condition?	651
What color is the phlegm: Green, yellow, clear, blood streaked?	652

Do you also bring up any phlegm from your chest at other times during the day or at night in the winter?	656
Do you also bring up any phlegm from your chest during the day or at night in the summer?	657
What time of year do you seem to bring up the most phlegm from your chest? ..	658
If you brought up phlegm, do you bring it up on most days for as much as three months each year?	659
Have you had shortness of breath either when hurrying on the level or walking up a slight hill?	660
Have you had this problem most days for as much as three months each year? ..	661
Do you get short of breath when walking with other people or at an ordinary pace on the level?	662
Do you have to stop for breath when walking at your own pace on the level? ..	663
Do you have to stop for breath after walking about 100 yards or after a few minutes on the level?	664
How long ago did you first have this trouble with shortness of breath?	665
Have you gotten chest pains along with shortness of breath?	666
Where were the chest pains: Upper chest, upper back, lower back, along the lower ribs, on the sides?	667
Do you develop wheezing as well as shortness of breath?	672
Have you ever felt like you were going to pass out from the shortness of breath?	673
Has your chest ever sounded wheezy or whistling?	674
How long have you had this condition?	675
Do you get this wheezing or whistling with colds?	676
Do you get this occasionally apart from colds?	677
Does this usually occur daily?	678
What time of year does it seem worst?	679
Is this wheeziness present on most days for as much as three months each year?	680
Do you take any medicines for wheezing?	681
Do they help relieve the wheezing?	682
Have you had or do you now have asthma?	683
What is it related to or due to: Dust, foods, animal contacts, drugs, pollens, molds, other, don't know?	684
How long have you had this condition? Since you were a child?	692
Do you have asthma symptoms on most days for as much as three months each year?	694
What time of year is it worst: Spring, summer, fall, winter?	695
Do you take any medicines for it?	699
Have you had or do you now have hay fever?	700
What is it related to or due to: Dust, foods, animal contacts, drugs, pollens, molds, air conditioners, other, don't know?	701
How long have you had this condition? Since you were a child?	710
Do you have hay fever symptoms on most days for as much as three months each year?	712
What time of year is it worst: Spring, summer, fall, winter?	713
Do you take any medicine for it?	717

Supplement B--Respiratory - continued

Tape
Positions

Have you ever been tested for TB? 718
How were you tested: A skin test, chest x-ray, sputum examination, don't
know? 719
How often are you tested? 723
How long ago were you last tested? 724
Have you seen a doctor or anyone else about the chest or lung conditions
you mentioned previously? 725

What type of doctor is he? 726
Who initially referred you to this doctor? 727
How long after you first developed the problem did you see him? 728
What did he say the condition or conditions affecting your chest were:
Acute upper respiratory infections, acute bronchitis, influenza,
pneumonia, chronic bronchitis (non-allergic), emphysema, asthma,
hypertrophy of tonsils and adenoids (chronic), chronic pharyngitis/
nasopharyngitis/sinusitis/laryngitis, hay fever (without asthma), other
diseases of the upper respiratory tract (non-allergic)? 729
When you see the doctor about your chest condition, how often do you
receive a chest x-ray? 743

Does he prescribe the medicine for the condition? 744
How is the medicine taken: Swallowed, breathed, injected, other? 745
Has he told you to do any of these other things: Breathing exercises,
use a breathing machine, stop smoking, decrease smoking, regular checkup,
lots of rest, decrease activity, other? 749
When was the last time you saw him? 757
Where do you usually see him? 758
How long will it be until your next appointment? 759

Within the past 12 months, has your chest condition ... (gotten worse/
better/same)? 760
Have you ever been disabled because of any chest condition? 761
Have you ever stayed overnight in a hospital because of a chest condition? .. 762
What was your job status one month before you first had a problem with a
chest or lung condition? 763

As a result of your chest or lung condition, has there been a change in
your job status? 764
What is it now? 765
How many work days would you estimate you have lost during the past 12
months because of your chest or lung condition excluding colds or flu? 766

Supplement C--Cardiovascular

Was the problem that of chest pains, chest discomfort, pressure or
heaviness? 825
How would you best describe this pain or discomfort: Heaviness, burning
sensation, tightness, stabbing pain, pressure, sharp pain, shooting pains?. 826
Have you had it more than three times? 833
Have you been bothered by this within the past 12 months? 834
How old were you when you first had it? 835

Supplement C--Cardiovascular

Tape
Positions

Do you get it if you walk at an ordinary pace on level ground?	836
Do you get it if you walk uphill or hurry?	837
What do you do if you get it while walking: Stop, slow down, continue at same pace, take medicine?	838
If you do stop or slow down, it is relieved or not? How soon?	842
When you get pain or discomfort, where is it located: Upper middle chest, lower middle chest, left side of chest, left arm, right side of chest, other?	844
Do any of these things tend to bring it on: Excitement or emotion, stooping over, eating a heavy meal, coughing spells, cold wind, exertion?	850
Have you ever had severe pain across the front part of your chest lasting for half an hour or more?	856
How many of these attacks have you had?	857
What was the date of your last attack (Month, year)?	858
What was the duration of the pain during your last attack?	862
Did you see a doctor about this last attack?	863
What did he say it was: Rheumatic fever, chronic rheumatic heart disease, hypertension, ischemic heart disease, other forms of heart disease, cerebrovascular disease, arteriosclerosis, other diseases of the circulating system?	864
Do you get pain or discomfort in either leg while walking?	872
Do you also get this pain in your legs while standing still?	873
In what parts of your leg do you feel this pain?	874
Do you get the pain in your legs while quiet or while sitting?	875
Do you get it when you walk up a hill in a hurry?	876
Do you get it when you walk at an ordinary pace on level ground?	877
Does the pain in your legs come on after you have taken a few steps?	878
Does the pain disappear while you are still walking?	879
What do you do when you get it while you are walking: Stop, slow down, continue at same pace, take medicine?	880
If you stop, is it relieved or not? How soon after stopping?	884
Is the pain more likely to occur when you are hurrying than when you are walking at a slower, more even pace?	886
Have you seen a doctor about chest pains, chest discomfort, pains in the legs while walking or heart failure?	887
What type of doctor is he?	888
Who initially referred you to this doctor: No one, he's the regular doctor, another doctor, family, clinic, health nurse, other?	889
How long after this trouble first started did you first visit your doctor about it?	896
Did you have a cardiogram at the first visit?	897
Did you have one at a later visit?	898
How long was it from the time of the first visit?	899

Supplement C--Cardiovascular - continued

Tape
Positions

Did you have a chest x-ray at the first visit?	900
Did you have one at a later visit?	901
How long was it from the time of the first visit?	902
Have you had any other tests for this condition?	903
Did the doctor prescribe medicines to take for your condition?	904
How do you take the medicine: Swallowed, under the tongue, injected, other?.	905
Has he told you to do any of these other things: Make regular visits, have regular cardiograms, decrease activity, increase activity, rest, do exercises, stop smoking, other?	909
When was the last time you saw him?	917
Where do you usually see him?	918
How long will it be until your next visit?	919
Would you say that treatments you have had have done any good?	920
Within the past 12 months, would you say that your condition has ... (gotten better/worse/same)?	921
Have you ever been disabled because of chest pain, leg pain, or heart failure?	922
Have you ever stayed overnight in a hospital because of chest pain, leg pain, or heart failure?	923
What was your job status one month before you first developed chest pain, leg pain or heart failure?	924
As a result of your condition, has there been a change in your job status? ..	925
What is it now?	926
How many work days would you estimate you have lost during the past 12 months because of your heart condition?	927

HEALTH AND NUTRITION EXAMINATION SURVEY (HANES I)

DETAILED PERSONS
LOCATIONS 1-100

DEMOGRAPHIC DATA TAPE

(n=6913)

Item #	Tape Loc.	No. of Positions	ITEM DESCRIPTION & CODES	Control Counts	HANES I Data Source
			<u>DEMOGRAPHIC DATA</u>		
	1-5	5	<u>Sample Sequence Number</u>		
	6-9	4	<u>Catalog Number</u> 4271	6913	
	10	1	<u>Size of Place</u> 1 - Urbanized area with 3,000,000 or more 2 - Urbanized area with 1,000,000 to 2,999,999 3 - Urbanized area with 250,000 to 999,999 4 - Urbanized area under 250,000 5 - Urban place 25,000 or more outside urbanized area 6 - Urban place 10,000 to 24,999 outside urbanized area 7 - Urban place 2,500 to 9,999 outside urbanized area 8 - Rural	1076 824 1091 627 120 338 403 2434	Household Questionnaire See Detailed Notes
	11	1	<u>SMSA - Not SMSA</u> 1 - In SMSA, in central city 2 - In SMSA, not in central city 4 - Not in SMSA	2038 2175 2700	Household Questionnaire See Detailed Notes
	12	1	<u>Type of Living Quarters</u> 1 - Housing Unit 2 - Other unit	6872 41	Household Questionnaire
	13	1	<u>Land Usage</u> 1 - All other 2 - Rural	4535 2378	Household Questionnaire
	14	1	If Rural, asked <u>How Many Acres of Land Are Included?</u> 1 - 10 or more acres 2 - Less than 10 acres 9 - Not applicable	658 1720 4535	Household Questionnaire

HEALTH AND NUTRITION EXAMINATION SURVEY (HANES I)

Item #	Tape Loc.	No. of Positions	ITEM DESCRIPTION & CODES	Control Counts	HANES I Data Source
15		1	If 10 acres or more, asked if <u>Sale of Crops, Etc. Amount to \$50 or more?</u> 2 - Yes 4 - No 9 - Not applicable	402 256 6255	Household Questionnaire
16		1	If 10 acres or less, asked if <u>Sale of Crops, Etc. Amount to \$250 or more?</u> 3 - Yes 5 - No 9 - Not applicable	50 1670 5193	Household Questionnaire
17-18		2	<u>Age - Head of Household</u> 19-89 as given 00-Blank, but applicable Blank	3852 2 3059	Household Questionnaire *
19		1	<u>Sex - Head of Household</u> 1 - Male 2 - Female Blank	3217 637 3059	Household Questionnaire *
20-21		2	<u>Highest Grade Attended - Head of Household</u> 10 - None 21 - 1st grade 22 - 2nd grade 23 - 3rd grade 24 - 4th grade 25 - 5th grade 26 - 6th grade 27 - 7th grade 28 - 8th grade 31 - 9th grade 32 - 10th grade 33 - 11th grade 34 - 12th grade 41 - First year of college 42 - Second year of college 43 - Third year of college 44 - Fourth year of college 45 - Graduate 88 - Blank, but applicable Blank	54 18 31 74 82 104 156 147 557 194 261 168 1047 117 204 71 216 234 119 3059	Household Questionnaire: *

HEALTH AND NUTRITION EXAMINATION SURVEY (HANES I)

Item #	Tape Loc.	No. of Positions	ITEM DESCRIPTION & CODES	Control Counts	HANES I Data Source
22		1	<u>Race - Head of Household</u> 1 - White 2 - Negro 3 - Other Blank	3209 612 33 3059	Household Questionnaire See Detailed Notes *
23-24		2	<u>Total Number of Persons in Household</u> 01-16 - As given	6913	Household Questionnaire
25-26		2	<u>Total Sample Persons in Household</u> 01-06 As given	6913	Household Questionnaire
27		1	<u>Number of Rooms in House</u> 1-8 - As given 9 - 9 or more Blank	3678 176 3059	Household Questionnaire
28		1	<u>Is there piped water?</u> 1 - Yes 2 - No Blank	3753 101 3059	* Household Questionnaire *
29		1	If yes <u>Is there hot and cold piped water?</u> 1 - Yes 2 - No 9 - Not applicable Blank	3655 100 99 3059	Household Questionnaire *
30		1	If yes to piped water <u>Does House Have a Sink with Piped Water?</u> 1 - Yes 2 - No 9 - Not applicable Blank	3726 29 99 3059	Household Questionnaire *
31		1	<u>Does House Have a Range or Cook Stove?</u> 1 - Yes 2 - No Blank	3815 39 3059	Household Questionnaire *

HEALTH AND NUTRITION EXAMINATION SURVEY (HANES I)

Item #	Tape Loc.	No. of Positions	ITEM DESCRIPTION & CODES	Control Counts	HANES I Data Source
32		1	<u>Does House have a Refrigerator?</u> 1 - Yes 2 - No Blank	3815 39 3059	Household Questionnaire *
33		1	<u>Are kitchen facilities used by anyone not living in household?</u> 1 - Yes 2 - No 9 - Not applicable Blank	124 3627 103 3059	Household Questionnaire *
34-35		2	<u>Total Family Income Group</u> 11 - Under \$1,000 (including loss) 12 - \$1,000-1,999 13 - \$2,000-2,999 14 - \$3,000-3,999 15 - \$4,000-4,999 16 - \$5,000-5,999 17 - \$6,000-6,999 18 - \$7,000-9,999 19 - \$10,000-14,999 20 - \$15,000-19,999 21 - \$20,000-24,999 22 - \$25,000 and over 88 - Blank, but applicable	117 330 378 392 372 336 329 1202 1519 842 431 390 275	Household Questionnaire See Detailed Notes
			<u>NOTE: The following income questions were asked only if "Total Family Income" was less than \$7,000.</u>		
			DURING PAST YEAR DID YOU OR ANY MEMBERS OF YOUR FAMILY RECEIVE MONEY FROM:		
36		1	<u>Wages or Salaries?</u> 1 - Yes 2 - No 8 - Blank, but applicable 9 - Not applicable Blank	763 697 140 2254 3059	Household Questionnaire *

HEALTH AND NUTRITION EXAMINATION SURVEY (HANES I)

Item #	Tape Loc.	No. of Positions	ITEM DESCRIPTION & CODES	Control Counts	HANES I Data Source
- IE -	37-40	4	<u>If yes to above, how much altogether before deductions?</u> 0001-6999 - As given 8888 - Blank, but applicable 9999 - Not applicable Blank	709 194 2951 3059	Household Questionnaire *
	41	1	<u>Social Security or Railroad Retirement?</u> 1 - Yes 2 - No 8 - Blank, but applicable 9 - Not applicable Blank	721 737 142 2254 3059	Household Questionnaire *
	42-45	4	<u>If yes to above, how much altogether?</u> 0001-6999 - As given 8888 - Blank, but applicable 9999 - Not applicable Blank	699 164 2991 3059	Household Questionnaire *
	46	1	<u>Welfare Payments or Other Public Assistance?</u> 1 - Yes 2 - No 8 - Blank, but applicable 9 - Not applicable Blank	319 1133 148 2254 3059	Household Questionnaire *
	47-50	4	<u>If yes to above, how much altogether?</u> 0001-6999 - As given 8888 - Blank, but applicable 9999 - Not applicable Blank	314 153 3387 3059	Household Questionnaire *
	51	1	<u>Unemployment or Workmen's Compensation?</u> 1 - Yes 2 - No 8 - Blank, but applicable 9 - Not applicable Blank	59 1391 150 2254 3059	Household Questionnaire *

HEALTH AND NUTRITION EXAMINATION SURVEY (HANES I)

Item #	Tape Loc.	No. of Positions	ITEM DESCRIPTION & CODES	Control Counts	HANES I Data Source
52-55		4	<u>If yes to above, how much altogether?</u> 0001-6999 - As given 8888 - Blank, but applicable 9999 - Not applicable Blank	57 152 3645 3059	Household Questionnaire *
56		1	<u>Government Employee Pensions or Private Pensions?</u> 1 - Yes 2 - No 8 - Blank, but applicable 9 - Not applicable Blank	154 1299 147 2254 3059	Household Questionnaire *
57-60		4	<u>If yes to above, how much altogether?</u> 0001-6999 - As given 8888 - Blank, but applicable 9999 - Not applicable Blank	149 152 3553 3059	Household Questionnaire *
61		1	<u>Dividends, interest or rent?</u> 1 - Yes 2 - No 8 - Blank, but applicable 9 - Not applicable Blank	231 1223 146 2254 3059	Household Questionnaire *
62-65		4	<u>If yes to above, how much altogether?</u> 0001-6999 - As given 8888 - Blank, but applicable 9999 - Not applicable Blank	212 165 3477 3059	Household Questionnaire *
66		1	<u>Net income from own non-farm business, professional practice or partnership?</u> 1 - Yes 2 - No 3 - Loss 8 - Blank, but applicable 9 - Not applicable Blank	67 1384 4 145 2254 3059	Household Questionnaire *

HEALTH AND NUTRITION EXAMINATION SURVEY (HANES I)

Item #	Tape Loc.	No. of Positions	ITEM DESCRIPTION & CODES	Control Counts	HANES I Data Source
	67-70	4	<u>If yes to above, how much altogether?</u> 0001-7500 - As given 8888 - Blank, but applicable 9999 - Not applicable Blank	57 159 3638 3059	Household Questionnaire *
	71	1	<u>Net income from a farm?</u> 1 - Yes 2 - No 3 - Loss 8 - Blank, but applicable 9 - Not applicable Blank	102 1348 5 145 2254 3059	Household Questionnaire *
	72-75	4	<u>If yes to above, how much altogether?</u> 0000-6999 - As given 8888 - Blank, but applicable 9999 - Not applicable Blank	98 154 3602 3059	Household Questionnaire *
	76	1	<u>Veteran's Payments</u> 1 - Yes 2 - No 8 - Blank, but applicable 9 - Not applicable Blank	104 1348 147 2255 3059	Household Questionnaire *
	77-80	4	<u>If yes to above, how much altogether?</u> 0001-6999 - As given 8888 - Blank, but applicable 9999 - Not applicable Blank	99 152 3603 3059	Household Questionnaire *
	81	1	<u>Alimony, child support or contributions from persons not living in household?</u> 1 - Yes 2 - No 8 - Blank, but applicable 9 - Not applicable Blank	50 1403 146 2255 3059	Household Questionnaire *

HEALTH AND NUTRITION EXAMINATION SURVEY (HANES I)

Item #	Tape Loc.	No. of Positions	ITEM DESCRIPTION & CODES	Control Counts	HANES I Data Source
	82-85	4	<u>If yes to above, how much altogether?</u> 0001-6999 - As given 8888 - Blank, but applicable 9999 - Not applicable Blank	47 149 3658 3059	Household Questionnaire *
	86	1	<u>Any other income?</u> 1 - Yes 2 - No 8 - Blank, but applicable 9 - Not applicable Blank	63 1386 150 2255 3059	Household Questionnaire *
	87-90	4	<u>If yes to above, how much altogether?</u> 0001-6999 - As given 8888 - Blank, but applicable 9999 - Not applicable Blank	60 153 3641 3059	Household Questionnaire *
- 34 -	91-94	4	<u>Total Amount (Total of Positions 37-90)</u> 0001-6999 - As given 8888 - Blank, but applicable 9999 - Not applicable Blank	1363 237 2254 3059	Household Questionnaire *
	95-99	5	<u>FAMILY UNIT CODE</u> 00001-23180	6913	Computer generated See Detailed Notes
	100	1	<u>Relationship to Head of Household</u> 1 - Head (1 person living alone or with non-relatives) 2 - Head (2 or more related persons in family) 3 - Wife 4 - Child 5 - Other relative	849 3120 2601 163 180	Household Questionnaire
	101-2	2	<u>Age at Interview</u> 25-74 - As given	6913	Household Questionnaire

HEALTH AND NUTRITION EXAMINATION SURVEY (HANES I)

Item #	Tape Loc.	No. of Positions	ITEM DESCRIPTION & CODES	Control Counts	HANES I Data Source
103		1	<u>Race of Examined Person</u> 1 - White 2 - Negro 3 - Other	5968 873 72	Household Questionnaire See Detailed Notes
104		1	<u>Sex of Examined Person</u> 1 - Male 2 - Female	3171 3742	Household Questionnaire
105		1	<u>Marital Status</u> 1 - Under 17 2 - Married 3 - Widowed 4 - Never married 5 - Divorced 6 - Separated 8 - Blank, but applicable	0 5314 598 451 343 201 6	Household Questionnaire
106-9		4	<u>Date of Birth (month, year)</u> 01-12 - Month as given 00-99 - Year (1896-1975) as given	6913 6913	Household Questionnaire
110-11		2	<u>Place of Birth</u> 01-02 04-06 08-13 15-42 } As given 44-51 53-56 60-81 91-97 88 - Blank, but applicable	6881 32	Household Questionnaire See Detailed Notes

HEALTH AND NUTRITION EXAMINATION SURVEY (HANES I)

Item #	Tape Loc.	No. of Positions	ITEM DESCRIPTION & CODES	Control Counts	HANES I Data Source
	112-13	2	<u>Highest Grade of regular school ever attended?</u> 10 - None 21 - 1st Grade 22 - 2nd Grade 23 - 3rd Grade 24 - 4th Grade 25 - 5th Grade 26 - 6th Grade 27 - 7th Grade 28 - 8th Grade 31 - 9th Grade 32 - 10th Grade 33 - 11th Grade 34 - 12th Grade 41 - First year of college 42 - Second year of college 43 - Third year of college 44 - Fourth year of college 45 - Graduate 77 - Special School 88 - Blank, but applicable 99 - Not applicable	66 21 41 92 110 128 203 211 780 334 480 343 2334 324 399 146 464 404 0 33 0	Household Questionnaire
	114	1	<u>Did he finish the grade?</u> 1 - Yes 2 - No 8 - Blank, but applicable 9 - Not applicable	5436 1307 104 66	Household Questionnaire
	115	1	<u>Is he attending school now?</u> 1 - Yes 2 - No 8 - Blank, but applicable 9 - Not applicable Blank	0 0 0 3854 3059	Household Questionnaire *

HEALTH AND NUTRITION EXAMINATION SURVEY (HANES I)

Item #	Tape Loc.	No. of Positions	ITEM DESCRIPTION & CODES	Control Counts	HANES I Data Source
116		1	<u>Has he ever attended a school of any kind?</u> 1 - Yes 2 - No 8 - Blank, but applicable 9 - Not applicable Blank	0 0 0 3854 3059	Household Questionnaire *
117		1	<u>If yes, what kind of school?</u> 9 - Not applicable Blank	3854 3059	Household Questionnaire *
118		1	<u>Is any language other than English frequently spoken in the household?</u> 1 - Yes. 2 - No 8 - Blank, but applicable	673 6198 42	Household Questionnaire
119		1	<u>If yes, what language?</u> 0 - German 1 - Italian 2 - French 3 - Polish 4 - Russian 5 - Spanish 6 - Chinese 7 - Other language 8 - Blank, but applicable 9 - Not applicable	47 54 93 59 8 242 19 144 49 6198	Household Questionnaire

HEALTH AND NUTRITION EXAMINATION SURVEY (HANES I)

Item #	Tape Loc.	No. of Positions	ITEM DESCRIPTION & CODES	Control Counts	HANES I Data Source
- 38 -	120-21	2	<u>What is your main ancestry or national origin?</u>		Household Questionnaire
			00 - German	1256	
			01 - Irish	940	
			02 - Italian	242	
			03 - French	325	
			04 - Polish	207	
			05 - Russian	67	
			06 - English	975	
			07 - Spanish	112	
			08 - Mexican	128	
			09 - Chinese	20	
			10 - Japanese	14	
			11 - American Indian	82	
			12 - Negro	868	
			13 - Jewish	24	
			14 - American	478	
			15 - Other	979	
88 - Blank, but applicable	15				
99 - Don't know	181				
122	1	<u>What was he doing most of past three months?</u>		Household Questionnaire	
		1 - Working	3741		
		2 - Keeping house	2207		
		3 - Something else	952		
		8 - Blank, but applicable	13		
		9 - Not applicable	0		
123	1	<u>If "something else" from above, what was he doing?</u>		Household Questionnaire	
		0 - Laid off	32		
		1 - Retired	549		
		2 - Student	56		
		3 - Other	57		
		4 - Ill	68		
		5 - Staying home	29		
		6 - Looking for work	23		
		7 - Unable to work	138		
		8 - Blank, but applicable	13		
9 - Not applicable	5948				

HEALTH AND NUTRITION EXAMINATION SURVEY (HANES I)

Item #	Tape Loc.	No. of Positions	ITEM DESCRIPTION & CODES	Control Counts	HANES I Data Source
124		1	<u>If "keeping house" or "something else" from above, did he work at a job or business at any time during the past three months?</u> 1 - Yes 2 - No 8 - Blank, but applicable 9 - Not applicable	401 2755 16 3741	Household Questionnaire
125		1	<u>If "Working" from above, did he work full-time or part-time?</u> 1 - Full-time 2 - Part-time 8 - Blank, but applicable 9 - Not applicable	3439 702 17 2755	Household Questionnaire
126		1	<u>Did he work at any time last week or the week before? (not around house)</u> 1 - Yes. 2 - No 8 - Blank, but applicable 9 - Not applicable	3738 384 36 2755	Household Questionnaire
127		1	<u>If "no" to above, even though he did not work during that time, does he have a job or business?</u> 1 - Yes 2 - No 8 - Blank, but applicable 9 - Not applicable	277 2861 37 3738	Household Questionnaire
128		1	<u>If "no" in Position 126, was he looking for work or on lay-off from a job?</u> 1 - Yes 2 - No 8 - Blank, but applicable 9 - Not applicable	218 2920 37 3738	Household Questionnaire

HEALTH AND NUTRITION EXAMINATION SURVEY (HANES I)

Item #	Tape Loc.	No. of Positions	ITEM DESCRIPTION & CODES	Control Counts	HANES I Data Source
	129	1	<u>If yes to above - which?</u> 1 - Looking 2 - Lay-off 3 - Both 8 - Blank, but applicable 9 - Not applicable	127 72 19 37 6658	Household Questionnaire
	130	1	<u>Class of Worker</u> 1 - Private paid 2 - Government-Federal 3 - Government-Other 4 - Own 5 - Non-paid 6 - Never worked 8 - Blank, but applicable 9 - Not applicable	2900 175 584 512 49 9 16 2668	Household Questionnaire
	131	1	<u>If self-employed in "own" business and not a farm, is the business incorporated?</u> 1 - Yes 2 - No 8 - Blank, but applicable 9 - Not applicable	70 369 16 6458	Household Questionnaire
	132-34	3	<u>Business or Industry Code</u> 017-999 - As given 000 - Blank, but applicable	6909 4	Household Questionnaire See Detailed Notes
	135-37	3	<u>Occupation Code</u> 001-995 As given 000- Blank, but applicable	6907 6	Household Questionnaire See Detailed Notes
	138-43	6	<u>Date of Examination</u> Month - 01-12 as given Day - 01-31 as given Year - 71-75 as given	6913 6913 6913	Control Record

HEALTH AND NUTRITION EXAMINATION SURVEY (HANES I)

Item	Type Loc.	No. of Positions	ITEM DESCRIPTION & CODES	Control Counts	HANES I Data Source
	144-45	2	<u>Age at Examination</u> 25-75 - As given	6913	Computer generated
	146	1	<u>Farm</u> 1 - Farm 2 - Nonfarm	452 6461	Computer generated See Detailed Notes
	147-49	3	<u>Poverty Index (X.XX)</u> 001-997 - As given 998 - Index computed 998 or greater 999 - Unknown	3671 9 174	Computer generated See Detailed Notes *
	150	1	Blank <u>Region</u> 1 - Northeast 2 - Midwest 3 - South 4 - West	3059 1609 1710 1763 1831	Computer generated See Detailed Notes
	151	1	<u>FOOD PROGRAMS APPLICABILITY</u> 1 - Not applicable 2 - No program available 3 - Food stamps available 4 - Commodities available 8 - Blank, but applicable Blank	2952 14 771 107 10 3059	Food Programs Quest. *
	152	1	<u>Are you certified to participate in the food stamp program?</u> 1 - Yes 2 - No 9 - Don't know Blank	299 348 19 6247	Food Programs Quest. *

HEALTH AND NUTRITION EXAMINATION SURVEY (HANES I)

Item #	Tape Loc.	No. of Positions	ITEM DESCRIPTION & CODES	Control Counts	HANES I Data Source
153		1	<u>Are you buying stamps now?</u>		Food Programs Quest. *
			1 - Yes, regularly	238	
			2 - Yes, occasionally	14	
			3 - No	46	
			8 - Blank, but applicable	1	
		Blank	6614		
154		1	<u>What is the main reason you aren't participating in the program?</u>		Food Programs Quest. *
			1 - No need	8	
			2 - Not enough money at the time	15	
			3 - No transportation	1	
			4 - Pride	2	
			5 - Other	17	
			8 - Blank, but applicable	3	
		Blank	6867		
155		1	<u>Are you certified to participate in the commodity distribution program?</u>		Food Programs Quest. *
			1 - Yes	19	
			2 - No	73	
			9 - Don't know	3	
			Blank	6818	
156		1	<u>Are you receiving commodity foods now for your family?</u>		Food Programs Quest. *
			1 - Yes, regularly	17	
			2 - Yes, occasionally	0	
			3 - No	2	
			Blank	6894	
157		1	<u>Why aren't you participating in the program?</u>		Food Programs Quest. *
			1 - No need	1	
			2 - No transportation	0	
			3 - Pride	0	
			4 - Other	1	
			Blank	6911	

HEALTH AND NUTRITION EXAMINATION SURVEY (HANES I)

Item #	Tape Loc.	No. of Positions	ITEM DESCRIPTION & CODES	Control Counts	HANES I Data Source
			<u>Sample Weights</u>		See Detailed Notes
	158-163	6	<u>Detailed Persons - Locations 01-35</u> Blank	1892 5021	See Detailed Notes
	164-169	6	Blank - Data User Work Area		
	170-175	6	<u>Detailed Persons - Locations 01-65</u> Blank	3854 3059	See Detailed Notes
	176-181	6	Blank - Data User Work Area		
	182-187	6	<u>Detailed Persons - Locations 66-100</u> Blank	3059 3854	See Detailed Notes
	188-193	6	<u>Detailed Persons - Locations 1-100</u>	6913	See Detailed Notes
	194-195	2	Strata ^{1/}	6913	
	196-198	3	Primary Sampling Units ^{1/}	6913	
	199-200	2	Work Area		
			^{1/} Use only for producing variance estimates for examination locations 1-65 or 1-100. See the General Note titled "Variance Estimation" for producing variance estimates for examination locations 1-35 or 66-100.		

HEALTH AND NUTRITION EXAMINATION SURVEY (HANES I)

HEALTH CARE NEEDS, GENERAL MEDICAL HISTORY AND SUPPLEMENT ON RESPIRATORY AND CARDIOVASCULAR

(n = 6913)

Item #	Tape Loc.	No. of Positions	ITEM DESCRIPTION & CODES	Control Counts	HANES I Data Source
	201-204	4	<u>Catalogue Number</u> 4091		
	205-224	20	<u>Work Area</u> WHEN WAS THE LAST TIME YOU TALKED TO A DOCTOR ABOUT YOUR OWN HEALTH..		Health Care Needs Questionnaire
	225	1	<u>At a private doctor's office?</u> 1 - Never 2 - Less than 2 weeks ago 3 - 2 weeks through 5 months ago 4 - 6 through 11 months ago 5 - 1 but less than 2 years ago 6 - 2 through 4 years ago 7 - 5 or more years ago 8 - Blank, but applicable Blank	287 704 2594 999 1002 687 556 6 78	
	226	1	<u>At a hospital out-patient clinic?</u> 1 - Never 2 - Less than 2 weeks ago 3 - 2 weeks through 5 months ago 4 - 6 through 11 months ago 5 - 1 but less than 2 years ago 6 - 2 through 4 years ago 7 - 5 or more years ago 8 - Blank, but applicable Blank	5202 118 305 160 226 321 499 4 78	
	227	1	<u>At a city clinic?</u> 1 - Never 2 - Less than 2 weeks ago 3 - 2 weeks through 5 months ago 4 - 6 through 11 months ago 5 - 1 but less than 2 years ago 6 - 2 through 4 years ago 7 - 5 or more years ago 8 - Blank, but applicable Blank	6354 35 100 59 59 66 156 6 78	

HEALTH AND NUTRITION EXAMINATION SURVEY (HANES I)

HEALTH CARE NEEDS, GENERAL MEDICAL HISTORY AND SUPPLEMENT ON RESPIRATORY AND CARDIOVASCULAR

Item #	Tape Loc.	No. of Positions	ITEM DESCRIPTION & CODES	Control Counts	HANES I Data Source
	228	1	<u>At a clinic at work?</u> 1 - Never 2 - Less than 2 weeks ago 3 - 2 weeks through 5 months ago 4 - 6 through 11 months ago 5 - 1 but less than 2 years ago 6 - 2 through 4 years ago 7 - 5 or more years ago 8 - Blank, but applicable Blank	6244 31 111 68 93 109 172 7 78	Health Care Needs Questionnaire
	229	1	<u>At another type clinic?</u> 1 - Never 2 - Less than 2 weeks ago 3 - 2 weeks through 5 months ago 4 - 6 through 11 months ago 5 - 1 but less than 2 years ago 6 - 2 through 4 years ago 7 - 5 or more years ago 8 - Blank, but applicable Blank	6310 41 123 57 73 70 154 7 78	
	230	1	<u>At a hospital emergency room?</u> 1 - Never 2 - Less than 2 weeks ago 3 - 2 weeks through 5 months ago 4 - 6 through 11 months ago 5 - 1 but less than 2 years ago 6 - 2 through 4 years ago 7 - 5 or more years ago 8 - Blank, but applicable Blank	4311 57 326 245 380 524 988 4 78	

HEALTH AND NUTRITION EXAMINATION SURVEY (HANES I)

HEALTH CARE NEEDS, GENERAL MEDICAL HISTORY AND SUPPLEMENT ON RESPIRATORY AND CARDIOVASCULAR

Item #	Tape Loc.	No. of Positions	ITEM DESCRIPTION & CODES	Control Counts	HANES I Data Source
	231	1	<u>At home?</u> 1 - Never 2 - Less than 2 weeks ago 3 - 2 weeks through 5 months ago 4 - 6 through 11 months ago 5 - 1 but less than 2 years ago 6 - 2 through 4 years ago 7 - 5 or more years ago 8 - Blank, but applicable Blank	5343 15 37 30 61 121 1225 3 78	Health Care Needs Questionnaire
	232	1	<u>Over the telephone?</u> 1 - Never 2 - Less than 2 weeks ago 3 - 2 weeks through 5 months ago 4 - 6 through 11 months ago 5 - 1 but less than 2 years ago 6 - 2 through 4 years ago 7 - 5 or more years ago 8 - Blank, but applicable Blank	5472 138 393 202 209 201 214 6 78	
	233	1	<u>In another way?</u> 0 - Entry given no time indicated 1 - Never 2 - Less than 2 weeks ago 3 - 2 weeks through 5 months ago 4 - 6 through 11 months ago 5 - 1 but less than 2 years ago 6 - 2 through 4 years ago 7 - 5 or more years ago 8 - Blank, but applicable Blank	1 6632 28 63 21 27 19 38 6 78	

HEALTH AND NUTRITION EXAMINATION SURVEY (HANES I)

HEALTH CARE NEEDS, GENERAL MEDICAL HISTORY AND SUPPLEMENT ON RESPIRATORY AND CARDIOVASCULAR

Item #	Tape Loc.	No. of Positions	ITEM DESCRIPTION & CODES	Control Counts	HANES I Data Source
234		1	<u>What was the main reason for your last visit with a doctor?</u>		Health Care Needs Questionnaire
			1 - A sickness or illness	2705	
			2 - An injury	513	
			3 - A follow-up visit	676	
			4 - A regular checkup	2034	
			5 - An injection	103	
			6 - For a prescription	80	
			7 - Some other reason	697	
			8 - Blank, but applicable	13	
			Blank	92	
235		1	<u>For this last visit, how long was it from the time you decided you should see a doctor until you actually saw him?</u>		
			1 - Less than one day	1052	
			2 - 1-6 days	1634	
			3 - 1 but less than 2 weeks	821	
			4 - 2-3 weeks	681	
			5 - 1-2 months	1034	
			6 - 3 months or more	1253	
			8 - Blank, but applicable	21	
			9 - Don't remember	322	
			Blank	95	
236		1	<u>Did you have an appointment to see him?</u>		
			1 - Yes	5096	
			2 - No	1722	
			Blank	95	
237		1	<u>How long was it from the time you made the appointment until you saw him?</u>		
			1 - Less than one day	962	
			2 - 1-6 days	1630	
			3 - 1 but less than 2 weeks	736	
			4 - 2-3 weeks	546	
			5 - 1-2 months	644	
			6 - 3 months or more	428	
			8 - Blank, but applicable	34	
			9 - Don't remember	120	
			Blank	1813	

HEALTH AND NUTRITION EXAMINATION SURVEY (HANES I)

HEALTH CARE NEEDS, GENERAL MEDICAL HISTORY AND SUPPLEMENT ON RESPIRATORY AND CARDIOVASCULAR

Item #	Tape Loc.	No. of Positions	ITEM DESCRIPTION & CODES	Control Counts	HANES I Data Source
- 47 -	238	1	<u>Was this time longer than you would have liked?</u>		Health Care Needs Questionnaire
			1 - Yes	492	
			2 - No	4459	
			8 - Blank, but applicable	48	
			9 - Don't remember	98	
		Blank	1816		
	239	1	<u>From what place did you leave to go to the doctor?</u>		
			1 - From home	5451	
			2 - From work	1178	
			3 - From some other place	136	
			8 - Blank, but applicable	52	
		Blank	96		
240	1	<u>How did you get from there to the doctor?</u>			
		1 - Walked	493		
		2 - Bus	265		
		3 - Own car	4990		
		4 - Someone else's car	770		
		5 - Cab	134		
		6 - Ambulance	41		
		7 - Other means	79		
		8 - Blank, but applicable	45		
			Blank	96	
241	1	<u>How long did it take to get there?</u>			
		1 - Less than 15 minutes	3111		
		2 - 15-29 minutes	2121		
		3 - 30-59 minutes	1093		
		4 - 1 hour or more	410		
		8 - Blank, but applicable	26		
		9 - Don't remember	56		
	Blank	96			

HEALTH AND NUTRITION EXAMINATION SURVEY (HANES I)

HEALTH CARE NEEDS, GENERAL MEDICAL HISTORY AND SUPPLEMENT ON RESPIRATORY AND CARDIOVASCULAR

Item #	Tape Loc.	No. of Positions	ITEM DESCRIPTION & CODES	Control Counts	HANES I Data Source
	242-244	3	<u>At this last visit, about how many minutes did you have to wait before being seen by the doctor?</u> 000-540 - Minutes as given 888 - Blank, but applicable Blank	6693 124 96	Health Care Needs Questionnaire
	245	1	<u>Do you think this wait was too long?</u> 1 - Yes 2 - No 8 - Blank, but applicable Blank	1454 5259 104 96	
	246	1	<u>How well satisfied were you with this visit?</u> 1 - Satisfied 2 - Not completely satisfied 3 - Dissatisfied 4 - No opinion 8 - Blank, but applicable Blank	6087 454 208 41 27 96	
	247	1	<u>During the past 12 months have you had a health problem which you would have liked to see a doctor about but did not for some reason?</u> 1 - Yes 2 - No Blank	1022 5807 84	
	248	1	WHAT WAS THE REASON YOU DID NOT SEE A DOCTOR... <u>Lack of confidence in available doctors?</u> 1 - Yes 2 - No Blank	132 890 5891	
	249	1	<u>Didn't have time?</u> 1 - Yes 2 - No Blank	222 800 5891	

HEALTH AND NUTRITION EXAMINATION SURVEY (HANES I)

HEALTH CARE NEEDS, GENERAL MEDICAL HISTORY AND SUPPLEMENT ON RESPIRATORY AND CARDIOVASCULAR

Item #	Tape Loc.	No. of Positions	ITEM DESCRIPTION & CODES	Control Counts	HANES I Data Source
	250	1	<u>Would cost too much?</u> 1 - Yes 2 - No Blank	238 784 5891	Health Care Needs Questionnaire
	251	1	<u>Couldn't get an appointment?</u> 1 - Yes 2 - No Blank	71 951 5891	
	252	1	<u>Would have to travel too far?</u> 1 - Yes 2 - No Blank	28 994 5891	
	253	1	<u>Didn't have a way to get there?</u> 1 - Yes 2 - No Blank	28 994 5891	
	254	1	<u>Was afraid of finding out what was wrong?</u> 1 - Yes 2 - No Blank	107 915 5891	
	255	1	<u>Didn't have anyone to care for children or other family members?</u> 1 - Yes 2 - No Blank	25 997 5891	

HEALTH AND NUTRITION EXAMINATION SURVEY (HANES I)

HEALTH CARE NEEDS, GENERAL MEDICAL HISTORY AND SUPPLEMENT ON RESPIRATORY AND CARDIOVASCULAR

Item #	Tape Loc.	No. of Positions	ITEM DESCRIPTION & CODES	Control Counts	HANES I Data Source
	256	1	<u>Other</u> 0 - Doctors can't help me 1 - Doctors not available 2 - No other reason 3 - Personal inconvenience, too long to wait 4 - Condition not serious, self-treated, waiting to see if go away 5 - Procrastination, didn't take time, negligent, just didn't go 6 - Waiting for scheduled exam 7 - Dissatisfaction with personal doctors 8 - Difficulty talking or cooperating with doctors 9 - Other Blank	29 22 669 25 83 102 14 14 7 41 5907	Health Care Needs Questionnaire
	257	1	<u>When did you last have a general checkup or examination, not counting exams made during a visit for an illness?</u> 1 - Never 2 - Less than 6 months ago 3 - 6-11 months ago 4 - 1 but less than 2 years ago 5 - 2 years ago or more 8 - Blank, but applicable 9 - Don't remember Blank	1124 1237 889 1119 2237 79 144 84	
	258	1	<u>Where did you get this general examination?</u> 1 - Doctor's office 2 - Hospital clinic 3 - Another clinic 4 - Some other place 5 - Don't remember 8 - Blank, but applicable Blank	3710 1214 594 31 11 143 1210	

HEALTH AND NUTRITION EXAMINATION SURVEY (HANES I)

HEALTH CARE NEEDS, GENERAL MEDICAL HISTORY AND SUPPLEMENT ON RESPIRATORY AND CARDIOVASCULAR

Item #	Tape Loc.	No. of Positions	ITEM DESCRIPTION & CODES	Control Counts	HANES I Data Source
			DURING THIS LAST GENERAL EXAMINATION, WERE YOU GIVEN...		
	259	1	<u>A cardiogram?</u> 1 - Yes 2 - No 8 - Blank, but applicable Blank	1968 3584 153 1208	Health Care Needs Questionnaire
	260	1	<u>A blood pressure check?</u> 1 - Yes 2 - No 8 - Blank, but applicable Blank	5414 141 150 1208	
	261	1	<u>A chest x-ray?</u> 1 - Yes 2 - No 8 - Blank, but applicable Blank	2883 2663 159 1208	
	262	1	<u>Blood tests?</u> 1 - Yes 2 - No 8 - Blank, but applicable Blank	4293 1252 160 1208	
	263	1	<u>A urinalysis?</u> 1 - Yes 2 - No 8 - Blank, but applicable Blank	4601 948 156 1208	
	264	1	<u>Vision tests?</u> 1 - Yes 2 - No 8 - Blank, but applicable Blank	1637 3915 153 1208	

HEALTH AND NUTRITION EXAMINATION SURVEY (HANES I)

HEALTH CARE NEEDS, GENERAL MEDICAL HISTORY AND SUPPLEMENT ON RESPIRATORY AND CARDIOVASCULAR

Item #	Tape Loc.	No. of Positions	ITEM DESCRIPTION & CODES	Control Counts	HANES I Data Source
265		1	<u>Hearing tests?</u>		Health Care Needs Questionnaire
			1 - Yes	1126	
			2 - No	4423	
			8 - Blank, but applicable	156	
			Blank	1208	
266		1	<u>A rectal examination?</u>		
			1 - Yes	2670	
			2 - No	2877	
			8 - Blank, but applicable	158	
			Blank	1208	
267		1	<u>An internal examination? (females only)</u>		
			1 - Yes	1946	
			2 - No	965	
			8 - Not applicable	3171	
			9 - Blank, but applicable	112	
			Blank	719	
268		1	<u>When was the last time you received any shots, immunizations or vaccinations to prevent an illness (excluding shots for allergy)?</u>		
			1 - Never	669	
			2 - Less than 6 months ago	500	
			3 - 6-11 months ago	397	
			4 - 1-2 years ago	854	
			5 - 3-5 years ago	913	
			6 - 6-9 years ago	612	
			7 - 10 years ago or more	1984	
			8 - Blank, but applicable	9	
			9 - Don't remember	888	
				Blank	

HEALTH AND NUTRITION EXAMINATION SURVEY (HANES I)

HEALTH CARE NEEDS, GENERAL MEDICAL HISTORY AND SUPPLEMENT ON RESPIRATORY AND CARDIOVASCULAR

Item #	Tape Loc.	No. of Positions	ITEM DESCRIPTION & CODES	Control Counts	HANES I Data Source
	269	1	<u>Why did you get this shot?</u> 1 - Foreign travel 2 - During military service 3 - Participation in community or work-sponsored immunization campaign 4 - Other 8 - Blank, but applicable Blank	527 532 2200 2294 481 879	Health Care Needs Questionnaire
	270	1	<u>Is there a particular doctor you see regularly or whom you would go to if something were bothering you?</u> 1 - Yes 2 - No Blank	5859 953 101	
	271	1	<u>If you couldn't see this doctor is there some other particular doctor you would want to see if something were bothering you?</u> 1 - Yes 2 - No 9 - Don't know Blank	3863 1829 166 1055	
	272	1	<u>Except in an emergency, do you need to have an appointment in order to see a doctor?</u> 1 - Yes 2 - No 8 - Blank, but applicable Blank	4632 2121 59 101	
	273	1	<u>When you go to a doctor, do you like the doctor to talk to you about your condition or do you like him just to treat it?</u> 1 - Talk 2 - Just treat 8 - Blank, but applicable Blank	6152 628 32 101	

HEALTH AND NUTRITION EXAMINATION SURVEY (HANES I)

HEALTH CARE NEEDS, GENERAL MEDICAL HISTORY AND SUPPLEMENT ON RESPIRATORY AND CARDIOVASCULAR

Item #	Tape Loc.	No. of Positions	ITEM DESCRIPTION & CODES	Control Counts	HANES I Data Source
	274	1	<u>Do the doctors you usually see talk to you about your condition?</u> 1 - Yes 2 - No 8 - Blank, but applicable Blank	5693 1063 56 101	Health Care Needs Questionnaire
	275	1	<u>Do you try out home remedies or any that you can get without a prescription before going to your doctor about a problem?</u> 1 - Yes, often 2 - Yes, sometimes 3 - No 8 - Blank, but applicable Blank	632 2362 3805 26 88	
	276	1	<u>Do you have a dentist you usually go to?</u> 1 - Yes 2 - No 8 - Blank, but applicable Blank WHEN WAS THE LAST TIME YOU VISITED OR TALKED WITH A DENTIST ABOUT YOURSELF...	4507 2298 16 92	
	277	1	<u>At a dentist's office?</u> 1 - Never 2 - Less than 6 months ago 3 - 6 through 11 months ago 4 - 1 but less than 2 years ago 5 - 2 through 4 years ago 6 - 5 or more years ago 8 - Blank, but applicable Blank	275 1899 870 1127 1039 1508 100 95	

HEALTH AND NUTRITION EXAMINATION SURVEY (HANES I)

HEALTH CARE NEEDS, GENERAL MEDICAL HISTORY AND SUPPLEMENT ON RESPIRATORY AND CARDIOVASCULAR

Item #	Tape Loc.	No. of Positions	ITEM DESCRIPTION & CODES	Control Counts	HANES I Data Source
	278	1	<u>At a hospital dental clinic?</u> 1 - Never 2 - Less than 6 months ago 3 - 6 through 11 months ago 4 - 1 but less than 2 years ago 5 - 2 through 4 years ago 6 - 5 or more years ago 8 - Blank, but applicable Blank	6381 36 19 51 63 167 100 96	Health Care Needs Questionnaire
	279	1	<u>At a hospital emergency clinic?</u> 1 - Never 2 - Less than 6 months ago 3 - 6 through 11 months ago 4 - 1 but less than 2 years ago 5 - 2 through 4 years ago 6 - 5 or more years ago 8 - Blank, but applicable Blank	6663 3 1 5 13 31 101 96	
	280	1	<u>At another clinic?</u> 1 - Never 2 - Less than 6 months ago 3 - 6 through 11 months ago 4 - 1 but less than 2 years ago 5 - 2 through 4 years ago 6 - 5 or more years ago 8 - Blank, but applicable Blank	6472 28 7 12 34 163 101 96	
	281	1	<u>Over the telephone?</u> 1 - Never 2 - Less than 6 months ago 3 - 6 through 11 months ago 4 - 1 but less than 2 years ago 5 - 2 through 4 years ago 6 - 5 or more years ago 8 - Blank, but applicable Blank	6486 68 31 42 41 48 101 96	

HEALTH AND NUTRITION EXAMINATION SURVEY (HANES I)

HEALTH CARE NEEDS, GENERAL MEDICAL HISTORY AND SUPPLEMENT ON RESPIRATORY AND CARDIOVASCULAR

Item #	Tape Loc.	No. of Positions	ITEM DESCRIPTION & CODES	Control Counts	HANES I Data Source
	282	1	<u>In another way?</u> 0 - Entry given, no time indicated 1 - Never 2 - Less than 6 months ago 3 - 6 through 11 months ago 4 - 1 but less than 2 years ago 5 - 2 through 4 years ago 6 - 5 or more years ago 8 - Blank, but applicable Blank	1 6627 19 4 8 19 38 101 96	Health Care Needs Questionnaire
	283	1	<u>What was the main reason for your last visit or talk with a dentist at either his office or at a clinic?</u> 0 - Other reason and Blank, but applicable 1 - Adjustment or repair of dental plate 2 - To have dental plate made 3 - Toothache 4 - Tooth pulled or other surgery 5 - Trouble with gums 6 - Regular checkup visit 7 - For cleaning teeth 8 - To have teeth filled 9 - For a prescription Blank	502 592 935 213 1327 101 1500 527 932 2 282	
	284	1	<u>For this last visit, how long was it from the time you decided you needed or wanted to see a dentist until you actually saw him?</u> 1 - Less than one day 2 - 1-6 days 3 - 1 week but less than 2 weeks 4 - 2-3 weeks 5 - 1-2 months 6 - 3 months or more 8 - Blank, but applicable 9 - Don't remember Blank	709 1213 769 592 777 1814 99 657 283	

HEALTH AND NUTRITION EXAMINATION SURVEY (HANES I)

HEALTH CARE NEEDS, GENERAL MEDICAL HISTORY AND SUPPLEMENT ON RESPIRATORY AND CARDIOVASCULAR

Item #	Tape Loc.	No. of Positions	ITEM DESCRIPTION & CODES	Control Counts	HANES I Data Source
	285	1	<u>At the time of this last visit or talk with a dentist did you have an appointment?</u> 1 - Yes 2 - No Blank	5456 1173 284	Health Care Needs Questionnaire
	286	1	<u>How long was it from the time you made the appointment until you saw him?</u> 1 - Less than one day 2 - 1-6 days 3 - 1 week but less than 2 weeks 4 - 2-3 weeks 5 - 1-2 months 6 - 3 months or more 9 - Don't remember Blank	583 1569 991 774 511 656 358 1471	
	287	1	<u>Was this wait longer than you would have liked it?</u> 1 - Yes 2 - No 9 - Don't remember Blank	735 4338 303 1537	
	288	1	<u>How did you get to the dentist's office?</u> 1 - Walked 2 - Bus or subway 3 - Car 4 - Cab 5 - Other means 8 - Blank, but applicable Blank	730 355 5245 77 84 136 286	

HEALTH AND NUTRITION EXAMINATION SURVEY (HANES I)

HEALTH CARE NEEDS, GENERAL MEDICAL HISTORY AND SUPPLEMENT ON RESPIRATORY AND CARDIOVASCULAR

Item #	Tape Loc.	No. of Positions	ITEM DESCRIPTION & CODES	Control Counts	HANES I Data Source
	289	1	<u>How long did it take to get there?</u> 1 - Less than 15 minutes 2 - 15-29 minutes 3 - 30-59 minutes 4 - 1 hour or more 8 - Blank, but applicable 9 - Don't remember Blank	2868 2020 1170 345 112 112 286	Health Care Needs Questionnaire
	290- 292	3	<u>At this last visit with a dentist about how many minutes did you have to wait before being seen by the dentist?</u> 000-480 - Minutes as given 888 - Blank, but applicable Blank	6325 301 287	
	293	1	<u>Do you think this wait was too long?</u> 1 - Yes 2 - No 8 - Blank, but applicable Blank	609 5736 281 287	
	294	1	<u>How well satisfied were you with this visit?</u> 1 - Satisfied 2 - Not completely satisfied 3 - Dissatisfied 4 - No opinion 8 - Blank, but applicable Blank	5999 257 204 32 133 288	
	295	1	<u>Does your dentist or dental clinic call you or send you a note to remind you when your next regular checkup is due?</u> 1 - Yes 2 - No 8 - Blank, but applicable 9 - Don't know Blank	2720 3654 119 132 288	

HEALTH AND NUTRITION EXAMINATION SURVEY (HANES I)

HEALTH CARE NEEDS, GENERAL MEDICAL HISTORY AND SUPPLEMENT ON RESPIRATORY AND CARDIOVASCULAR

Item #	Tape Loc.	No. of Positions	ITEM DESCRIPTION & CODES	Control Counts	HANES I Data Source
	296	1	<u>During the past 12 months have you had a dental problem which you would have liked to see a dentist about but you didn't see the dentist?</u> 1 - Yes 2 - No Blank WHY DIDN'T YOU SEE HIM?	1463 5345 105	Health Care Needs Questionnaire
	297	1	<u>Didn't have time</u> 1 - Yes 2 - No Blank	335 1128 5450	
	298	1	<u>Would cost too much</u> 1 - Yes 2 - No Blank	541 922 5450	
	299	1	<u>Couldn't get an appointment</u> 1 - Yes 2 - No Blank	55 1408 5450	
	300	1	<u>Would have to travel too far</u> 1 - Yes 2 - No Blank	27 1436 5450	
	301	1	<u>Didn't have a way to get there</u> 1 - Yes 2 - No Blank	41 1422 5450	
	302	1	<u>Didn't have anyone to care for children or other family members</u> 1 - Yes 2 - No Blank	23 1440 5450	

HEALTH AND NUTRITION EXAMINATION SURVEY (HANES I)

HEALTH CARE NEEDS, GENERAL MEDICAL HISTORY AND SUPPLEMENT ON RESPIRATORY AND CARDIOVASCULAR

Item #	Tape Loc.	No. of Positions	ITEM DESCRIPTION & CODES	Control Counts	HANES I Data Source
	303	1	<u>Some other reason</u> 0 - Dentist can't help me 1 - Dentist not available, all reasons 2 - No other reason 3 - Personal inconvenience, too long to wait 4 - Condition not serious, self treatment, tooth stopped hurting, doesn't bother him 5 - Procrastination, didn't go, don't want to go, didn't take time 6 - Waiting for scheduled appointment 7 - Dissatisfaction with personal dentist 8 - Afraid 9 - Other (dash) - Doesn't like dentists & - No entry Blank	14 31 841 10 35 137 2 26 117 33 26 187 5454	Health Care Needs Questionnaire
	304	1	<u>When was the last time you stayed in hospital overnight or longer?</u> 1 - Never 2 - Less than 1 month ago 3 - 1-5 months ago 4 - 6-11 months ago 5 - One year ago or more 8 - Blank, but applicable 9 - Don't remember Blank	745 90 346 458 5079 10 78 107	
	305	1	<u>Was this stay in the hospital on account of an emergency or was it planned in advance?</u> 1 - Planned 2 - Emergency 8 - Blank, but applicable Blank	3898 2131 30 854	

HEALTH AND NUTRITION EXAMINATION SURVEY (HANES I)

HEALTH CARE NEEDS, GENERAL MEDICAL HISTORY AND SUPPLEMENT ON RESPIRATORY AND CARDIOVASCULAR

Item #	Tape Loc.	No. of Positions	ITEM DESCRIPTION & CODES	Control Counts	HANES I Data Source
- 61 -	306	1	<u>What was the main reason you went into the hospital that time?</u>		Health Care Needs Questionnaire
			1 - Sickness or illness	1407	
			2 - Injury	670	
			3 - Surgery	2450	
			4 - Child birth	978	
			5 - Checkup	192	
			6 - Other reason	335	
			8 - Blank, but applicable	27	
			Blank	854	
			307	1	
1 - Less than one day	1836				
2 - 1-6 days	762				
3 - 1 but less than 2 weeks	459				
4 - 2-3 weeks	404				
5 - 1-2 months	401				
6 - 3 months or more	367				
8 - Blank, but applicable	21				
9 - Don't remember	304				
Blank	2359				
308	1	<u>What part of the doctor's bill did you or your family have to pay out of your own pocket for treatment the doctor gave you while you were in the hospital?</u>			
		1 - None	2218		
		2 - Less than half	1697		
		3 - More than half, but not all	358		
		4 - All	1065		
		8 - Blank, but applicable	16		
		9 - Don't know	705		
		Blank	854		

HEALTH AND NUTRITION EXAMINATION SURVEY (HANES I)

HEALTH CARE NEEDS, GENERAL MEDICAL HISTORY AND SUPPLEMENT ON RESPIRATORY AND CARDIOVASCULAR

Item #	Tape Loc.	No. of Positions	ITEM DESCRIPTION & CODES	Control Counts	HANES I Data Source
	309	1	<u>Did you get any of this money back from your health insurance?</u> 1 - Yes 2 - No 8 - Blank, but applicable Blank	284 2815 37 3777	Health Care Needs Questionnaire
	310	1	<u>What part of this hospital bill did you or your family have to pay out of your own pocket?</u> 1 - None 2 - Less than half 3 - More than half, but not all 4 - All 8 - Blank, but applicable 9 - Don't know Blank	2704 1538 248 880 19 669 855	
	311	1	<u>Did you get any of this money back from health insurance?</u> 1 - Yes 2 - No 8 - Blank, but applicable Blank	185 2460 40 4228	
	312	1	<u>When you see a doctor at his office or at a clinic, what part of the cost do you or your family usually have to pay out of your own pocket?</u> 1 - Never been to a doctor 2 - None 3 - Less than half 4 - More than half, but not all 5 - All 8 - Blank, but applicable 9 - Don't know Blank	77 833 715 265 4649 17 245 112	

HEALTH AND NUTRITION EXAMINATION SURVEY (HANES I)

HEALTH CARE NEEDS, GENERAL MEDICAL HISTORY AND SUPPLEMENT ON RESPIRATORY AND CARDIOVASCULAR

Item #	Tape Loc.	No. of Positions	ITEM DESCRIPTION & CODES	Control Counts	HANES I Data Source
	313	1	<u>Did you get any of this money back from health insurance?</u> 1 - Yes 2 - No 8 - Blank, but applicable Blank	520 5085 44 1264	Health Care Needs Questionnaire
	314	1	<u>When ever you see a dentist at either his office or at a clinic, what part of the cost do you or your family have to pay out of your own pocket?</u> 1 - Never been to a dentist 2 - None 3 - Less than half 4 - More than half, but not all 5 - All 8 - Blank, but applicable 9 - Don't know Blank	265 398 301 123 5393 79 244 110	
	315	1	<u>Do you get any of this money back from your health insurance?</u> 1 - Yes 2 - No 8 - Blank, but applicable Blank	137 5675 111 990	
	316	1	<u>What part of the cost of drugs and medicine prescribed by your doctor do you pay out of your pocket?</u> 1 - No drugs or medicines ever prescribed 2 - None 3 - Less than half 4 - More than half, but not all 5 - All 8 - Blank, but applicable 9 - Don't know Blank	109 544 567 213 5150 21 196 113	

HEALTH AND NUTRITION EXAMINATION SURVEY (HANES I)

HEALTH CARE NEEDS, GENERAL MEDICAL HISTORY AND SUPPLEMENT ON RESPIRATORY AND CARDIOVASCULAR

Item #	Tape Loc.	No. of Positions	ITEM DESCRIPTION & CODES	Control Counts	HANES I Data Source
	317	1	<u>Do you get any of this money back from health insurance?</u> 1 - Yes 2 - No 8 - Blank, but applicable Blank	337 5560 54 962	Health Care Needs Questionnaire
			DO YOU HAVE INSURANCE OR COVERAGE FOR MEDICAL CARE UNDER...		
	318	1	<u>Medicare (for elderly)?</u> 1 - Yes 2 - No Blank	1042 5759 112	
	319	1	<u>Private medical insurance?</u> 1 - Yes 2 - No Blank	1565 5236 112	
	320	1	<u>Insurance through your place of work?</u> 1 - Yes 2 - No Blank	3840 2961 112	
	321	1	<u>Medicaid (for all ages)?</u> 1 - Yes 2 - No Blank	258 6543 112	
	322	1	<u>Retired military privileges?</u> 1 - Yes 2 - No Blank	105 6696 112	
	323	1	<u>Veteran's medical care?</u> 1 - Yes 2 - No Blank	291 6510 112	

HEALTH AND NUTRITION EXAMINATION SURVEY (HANES I)

HEALTH CARE NEEDS, GENERAL MEDICAL HISTORY AND SUPPLEMENT ON RESPIRATORY AND CARDIOVASCULAR

Item #	Tape Loc.	No. of Positions	ITEM DESCRIPTION & CODES	Control Counts	HANES I Data Source
	324	1	<u>Some other government assistance program?</u> 1 - Yes 2 - No Blank	146 6655 112	Health Care Needs Questionnaire
	325	1	<u>Some other way?</u> 1 - Yes 2 - No Blank	170 6631 112	
	326	1	WHAT PART OF YOUR MEDICAL BILLS DOES IT PAY? . . . <u>Medicare (for elderly)</u> 1 - Less than half 2 - More than half, but not all 3 - All 9 - Don't know Blank	171 487 84 301 5870	
	327	1	<u>Private medical insurance</u> 1 - Less than half 2 - More than half, but not all 3 - All 9 - Don't know Blank	381 665 137 382 5348	
	328	1	<u>Insurance through your place of work</u> 1 - Less than half 2 - More than half, but not all 3 - All 9 - Don't know Blank	587 2206 514 533 3073	
	329	1	<u>Medicaid (for all ages)</u> 1 - Less than half 2 - More than half, but not all 3 - All 9 - Don't know Blank	22 60 110 66 6655	

HEALTH AND NUTRITION EXAMINATION SURVEY (HANES I)

HEALTH CARE NEEDS, GENERAL MEDICAL HISTORY AND SUPPLEMENT ON RESPIRATORY AND CARDIOVASCULAR

Item #	Tape Loc.	No. of Positions	ITEM DESCRIPTION & CODES	Control Counts	HANES I Data Source
	330	1	<u>Retired military privileges</u> 1 - Less than half 2 - More than half, but not all 3 - All 9 - Don't know Blank	10 24 53 18 6808	Health Care Needs Questionnaire
	331	1	<u>Veteran's medical care</u> 1 - Less than half 2 - More than half, but not all 3 - All 9 - Don't know Blank	65 25 125 76 6622	
	332	1	<u>Some other government assistance program</u> 1 - Less than half 2 - More than half, but not all 3 - All 9 - Don't know Blank	15 44 67 20 6767	
	333	1	<u>Some other way</u> 1 - Less than half 2 - More than half, but not all 3 - All 9 - Don't know Blank	25 46 55 44 6743	
	334- 339	6	<u>Work Area</u>		
	340	1	<u>Would you say your health in general is---</u> 1 - Excellent 2 - Very good 3 - Good 4 - Fair 5 - Poor 8 - Blank, but applicable Blank	1548 1706 2154 1101 395 2 7	General Medical History Supplement (Ages 25-74) (Q1) Sample Person Supple. (Q7)

HEALTH AND NUTRITION EXAMINATION SURVEY (HANES I)

HEALTH CARE NEEDS, GENERAL MEDICAL HISTORY AND SUPPLEMENT ON RESPIRATORY AND CARDIOVASCULAR

Item #	Tape Loc.	No. of Positions	ITEM DESCRIPTION & CODES	Control Counts	HANES I Data Source
	341	1	<u>Do you have any health problems now that you would like to talk to a doctor about?</u> 1 - Yes 2 - No Blank	2027 4878 8	General Medical History Supple. (Q2a) Sample Person Supple. (Q8a)
			WHAT ARE THE PROBLEMS?		
	342	1	<u>Trouble with ears, hearing, discharge, ringing, other</u> 1 - Yes Blank	80 6833	General Medical History Supple. (Q2b) Sample Person Supple. (Q8b)
	343	1	<u>Trouble with eyes--seeing, other</u> 1 - Yes Blank	99 6814	Same as above
	344	1	<u>Neuralgia, tremors, lack of coordination</u> 1 - Yes Blank	8 6905	Same as above
	345	1	<u>Headaches</u> 1 - Yes Blank	81 6832	Same as above
	346	1	<u>Nervousness, tension, not sleeping well</u> 1 - Yes Blank	85 6828	Same as above
	347	1	<u>Skin Conditions</u> 1 - Yes Blank	127 6786	Same as above

HEALTH AND NUTRITION EXAMINATION SURVEY (HANES I)

HEALTH CARE NEEDS, GENERAL MEDICAL HISTORY AND SUPPLEMENT ON RESPIRATORY AND CARDIOVASCULAR

Item #	Tape Loc.	No. of Positions	ITEM DESCRIPTION & CODES	Control Counts	HANES I Data Source
	348	1	<u>Hay fever, allergy (not limited to skin), asthma</u> 1 - Yes Blank	63 6850	General Medical History Supple. (Q2b) Sample Person Supple. (Q8b)
	349	1	<u>Possible goiter or thyroid condition</u> 1 - Yes Blank	65 6848	Same as above
	350	1	<u>Possible diabetes</u> 1 - Yes Blank	63 6850	Same as above
	351	1	<u>Trouble with joints, pain, aching, swelling, stiffness</u> 1 - Yes Blank	377 6536	Same as above
	352	1	<u>Possible heart or circulatory trouble--irregular heart beat, swollen veins, other trouble with veins, leg pains, weakness or paralysis, dizziness, fainting spells, blacking out, chest pains, shortness of breath</u> 1 - Yes Blank	428 6485	Same as above
	353	1	<u>Cough, cold, sinusitis, upper respiratory infection, persistent</u> 1 - Yes Blank	114 6799	Same as above
	354	1	<u>Gastrointestinal troubles, stomach troubles, heartburn, abdominal pain, or discomfort, loss of appetite, nausea or vomiting, difficulty swallowing, problem with bowels</u> 1 - Yes Blank	291 6622	Same as above
	355	1	<u>Kidney or bladder trouble, pain when passing urine</u> 1 - Yes Blank	83 6830	Same as above

HEALTH AND NUTRITION EXAMINATION SURVEY (HANES I)

HEALTH CARE NEEDS, GENERAL MEDICAL HISTORY AND SUPPLEMENT ON RESPIRATORY AND CARDIOVASCULAR

Item #	Tape Loc.	No. of Positions	ITEM DESCRIPTION & CODES	Control Counts	HANES I Data Source
	356	1	<u>Other</u> 1 - Yes Blank	732 6181	General Medical History Supple. (Q2b) Sample Person Supple. (Q8b)
	357	1	<u>Have you had a cold, flu or "the virus" during the past month?</u> 1 - Yes 2 - No Blank	1861 5044 8	General Medical History Supple. (3a) Sample Person Supple. (9a)
	358	1	<u>Do you still have it?</u> 1 - Yes 2 - No Blank	831 1030 5052	General Medical History Supple. (3b) Sample Person Supple. (9b)
	359	1	<u>In the past 5 years, have you had any injury resulting in a broken bone?</u> 1 - Yes 2 - No Blank	354 3493 3066	General Medical History Supple. (4a) *
			WHICH BONE?		
	360	1	<u>Hip</u> 1 - Yes 2 - No Blank	10 344 6559	General Medical History Supple. (4b) *
	361	1	<u>Wrist</u> 1 - Yes 2 - No Blank	47 307 6559	Same as above *
	362	1	<u>Spine</u> 1 - Yes 2 - No Blank	14 340 6559	Same as above *

HEALTH AND NUTRITION EXAMINATION SURVEY (HANES I)

HEALTH CARE NEEDS, GENERAL MEDICAL HISTORY AND SUPPLEMENT ON RESPIRATORY AND CARDIOVASCULAR

Item #	Tape Loc.	No. of Positions	ITEM DESCRIPTION & CODES	Control Counts	HANES I Data Source
	363	1	<u>Other</u> 1 - Yes 2 - No Blank	287 67 6559	General Medical History Supple. (4b) *
	364	1	<u>In the past 5 years, have you had a back injury?</u> 1 - Yes 2 - No 8 - Blank, but applicable Blank	674 6209 22 8	General Medical History Supple. (5) Sample Person Supple. (10)
	365	1	<u>In the past year have you stayed in a hospital overnight or longer?</u> 1 - Yes 2 - No Blank FOR WHAT CONDITION?	1066 5839 8	General Medical History Supple. (6a) Sample Person Supple. (36a) See Detailed Notes
	366- 367	2	<u>First Condition</u> 01-38 - as given 88 - Blank, but applicable Blank	1063 3 5847	General Medical History Supple. (6b) Sample Person Supple. (36b)
	368- 369	2	<u>Second Condition</u> 01-38 - As given Blank	192 6721	Same as above
	370- 371	2	<u>Third Condition</u> 01-38 - As given Blank	53 6860	Same as above

HEALTH AND NUTRITION EXAMINATION SURVEY (HANES I)

HEALTH CARE NEEDS, GENERAL MEDICAL HISTORY AND SUPPLEMENT ON RESPIRATORY AND CARDIOVASCULAR

Item #	Tape Loc.	No. of Positions	ITEM DESCRIPTION & CODES	Control Counts	HANES I Data Source
			HOW LONG WERE YOU IN THE HOSPITAL		
	372-373	2	<u>First condition</u> 00 - Less than one week 01-24 - Weeks as given Blank	440 613 5860	General Medical History Supple. (6c) Sample Person Supple. (36c)
	374-375	2	<u>Second condition</u> 00 - Less than one week 01-28 - Weeks as given Blank	64 128 6721	General Medical History Supple. (6c) Sample Person Supple. (36c)
	376-377	2	<u>Third condition</u> 00 - Less than one week 01-16 - Weeks as given Blank	14 43 6856	General Medical History Supple. (6c) Sample Person Supple. (36c)
	378	1	<u>Have you smoked at least 100 cigarettes during your entire life?</u> 1 - Yes 2 - No Blank	4083 2822 8	General Medical History Supple. (7a) Sample Person Supple. (77a)
	379	1	<u>Do you smoke cigarettes now?</u> 1 - Yes 2 - No Blank	2587 1496 2830	General Medical History Supple. (7b) Sample Person Supple. (77b)
	380-381	2	<u>On the average, about how many a day do you smoke?</u> 00-80,90,98 - Cigarettes per day 88 - Blank, but applicable Blank	2580 7 4326	General Medical History Supple. (7c) Sample Person Supple. (77c)
	382-383	2	<u>How long has it been since you smoked cigarettes fairly regularly?</u> 00 - Blank, but applicable 01-53 - Years 77 - Under one year 88 - Never smoked cigarettes regularly 99 - Don't know Blank	4 1256 119 102 15 5417	General Medical History Supple. (7d) Sample Person Supple. (77d)

HEALTH AND NUTRITION EXAMINATION SURVEY (HANES I)

HEALTH CARE NEEDS, GENERAL MEDICAL HISTORY AND SUPPLEMENT ON RESPIRATORY AND CARDIOVASCULAR

Item #	Tape Loc.	No. of Positions	ITEM DESCRIPTION & CODES	Control Counts	HANES I Data Source
384-385		2	<u>On the average, about how many cigarettes a day were you smoking 12 months ago?</u> 00-80,90,98 - Cigarettes per day 87 - Blank, but applicable 88 - Did not smoke 99 - Don't know Blank	2562 23 104 36 4188	General Medical History Supple. (7e) Sample Person Supple. (77e)
386-387		2	<u>During the period when you were smoking the most, about how many cigarettes a day did you usually smoke?</u> 00-85,90,98 - Cigarettes per day 88 - Blank, but applicable 99 - Don't know Blank	3904 30 50 2929	General Medical History Supple. (7f) Sample Person Supple. (77f)
388-389		2	<u>About how old were you when you first started smoking cigarettes fairly regularly?</u> 00 - Blank, but applicable 02-68 - Years old as given 88 - Never smoked regularly 99 - Don't know Blank	31 3854 30 69 2929	General Medical History Supple. (7g) Sample Person Supple. (77g)
390		1	<u>Have you smoked at least 50 cigars during your entire life?</u> 1 - Yes 2 - No Blank	1202 5703 8	General Medical History Supple. (8a) Sample Person Supple. (78a)
391		1	<u>Do you smoke cigars now?</u> 1 - Yes 2 - No Blank	447 755 5711	General Medical History Supple. (8b) Sample Person Supple. (78b)

HEALTH AND NUTRITION EXAMINATION SURVEY (HANES I)

HEALTH CARE NEEDS, GENERAL MEDICAL HISTORY AND SUPPLEMENT ON RESPIRATORY AND CARDIOVASCULAR

Item #	Tape Loc.	No. of Positions	ITEM DESCRIPTION & CODES	Control Counts	HANES I Data Source
392-393		2	<u>About how many cigars a day do you smoke?</u> 00-20 - Cigars per day 88 - 3 to 6 per week 99 - Less than 3 per week Blank	199 45 203 6466	General Medical History Supple. (8c) Sample Person Supple. (78c)
394-395		2	<u>About how long has it been since you smoked 3 or more cigars a week?</u> 01-50 - Number of years 66 - Blank, but applicable 77 - Under 1 year 88 - Never smoked 3 or more cigars a week 99 - Don't know Blank	260 9 61 229 25 6329	General Medical History Supple. (8d & e) Sample Person Supple. (78d)
396-397		2	<u>Twelve months ago, about how many cigars a day did you usually smoke?</u> 01-15 - Cigars per day 66 - Blank, but applicable 77 - 3 to 6 per week 88 - Less than 3 per week 99 - Did not smoke cigars Blank	119 26 26 50 24 6668	General Medical History Supple. (8f) Sample Person Supple. (78e)
398		1	<u>Have you smoked at least 3 packages of pipe tobacco during your entire life?</u> 1 - Yes 2 - No Blank	1293 5612 8	General Medical History Supple. (9a) Sample Person Supple. (79a)
399		1	<u>Do you smoke a pipe now?</u> 1 - Yes 2 - No Blank	342 951 5620	General Medical History Supple. (9b) Sample Person Supple. (79b)

HEALTH AND NUTRITION EXAMINATION SURVEY (HANES I)

HEALTH CARE NEEDS, GENERAL MEDICAL HISTORY AND SUPPLEMENT ON RESPIRATORY AND CARDIOVASCULAR

Item #	Tape Loc.	No. of Positions	ITEM DESCRIPTION & CODES	Control Counts	HANES I Data Source
	400-401	2	<u>About how many pipefuls of tobacco a day do you usually smoke?</u> 01-30 - Pipefuls per day 66 - Blank, but applicable 77 - 3 to 6 per week 88 - Less than 3 per week Blank	231 2 29 80 6571	General Medical History Supple. (9c) Sample Person Supple. (79c)
	402-403	2	<u>About how long has it been since you smoked 3 or more pipefuls a week?</u> 01-55 - Years as given 66 - Blank, but applicable 77 - Under 1 year 88 - Never smoked 3 or more pipefuls a week 99 - Don't know Blank	385 7 28 93 16 6384	General Medical History Supple. (9d & e) Sample Person Supple. (79d)
	404-405	2	<u>Twelve months ago, about how many pipefuls a day did you smoke?</u> 01-30 - Pipefuls per day 66 - Blank, but applicable 77 - 3 to 6 per week 88 - Less than 3 per week 99 - Did not smoke a pipe Blank	206 20 25 23 42 6597	General Medical History Supple. (9f) Sample Person Supple. (79e)
	406	1	<u>Do you presently use any other form of tobacco such as snuff or chewing tobacco?</u> 1 - Yes 2 - No Blank IF YES, WHAT?	207 3640 3066	General Medical History Supple. (10a) *
	407	1	<u>Snuff</u> 1 - Yes 2 - No Blank	135 3130 3648	General Medical History Supple. (10b) Sample Person Supple. (80)

HEALTH AND NUTRITION EXAMINATION SURVEY (HANES I)

HEALTH CARE NEEDS, GENERAL MEDICAL HISTORY AND SUPPLEMENT ON RESPIRATORY AND CARDIOVASCULAR

Item #	Tape Loc.	No. of Positions	ITEM DESCRIPTION & CODES	Control Counts	HANES I Data Source
	408	1	<u>Chewing tobacco</u> 1 - Yes 2 - No Blank	235 3030 3648	General Medical History Supple. (10b) Sample Person Supple. (80)
	409	1	<u>Other</u> 1 - Yes 2 - No Blank	25 3240 3648	Same as above
	410	1	<u>How important do you think it is for people to have a regular physical check-up?</u> 1 - Very important 2 - Fairly important 3 - Hardly important 9 - Don't know Blank	2449 511 73 25 3855	Sample Person Supple. (81) **
	411	1	<u>Is there one particular doctor or place you usually go to when you are sick or when you need advice about your health?</u> 1 - Yes 2 - No Blank	2656 402 3855	Sample Person Supple. (82) **
	412	1	<u>Where do you go for this care or advice?</u> 1 - Private doctor's office 2 - Home 3 - Doctor's clinic 4 - Group practice 5 - Hospital outpatient clinic 6 - Hospital emergency room 7 - Company or industry clinic 8 - Other Blank	2167 4 226 76 85 16 20 62 4257	Sample Person Supple. (83) **

HEALTH AND NUTRITION EXAMINATION SURVEY (HANES I)

HEALTH CARE NEEDS, GENERAL MEDICAL HISTORY AND SUPPLEMENT ON RESPIRATORY AND CARDIOVASCULAR

Item #	Tape Loc.	No. of Positions	ITEM DESCRIPTION & CODES	Control Counts	HANES I Data Source
413-414		2	<u>How long has it been since you last talked to any doctor about yourself?</u> 01-11 - Months as given 88 - Blank, but applicable Blank	1648 3 5262	Sample Person Supple. (84) **
415-416		2	00 - Less than 1 month 01-29 - Years as given 77 - Never Blank	598 815 5 5495	Sample Person Supple. (84) **
417		1	<u>Do you get a checkup from a doctor as often as once every 2 years?</u> 1 - Yes 2 - No 8 - Blank, but applicable Blank	2117 933 3 3860	Sample Person Supple. (85) **
418		1	<u>At any time over the past few years, have you ever noticed ringing in your ears, or have you been bothered by other funny noises in your ears?</u> 1 - Yes 2 - No Blank	1899 5006 8	General Medical History Supple. (11a) Sample Person Supple. (11a)
419		1	<u>How often?</u> 1 - Every few days 2 - Less often 8 - Blank, but applicable Blank	656 1232 6 5019	General Medical History Supple. (11b) Sample Person Supple. (11b)
420		1	<u>When it does occur how much does it bother you?</u> 1 - Quite a bit 2 - Just a little 3 - Not at all 8 - Blank, but applicable Blank	391 870 631 7 5014	General Medical History Supple. (11c) Sample Person Supple. (11c)

HEALTH AND NUTRITION EXAMINATION SURVEY (HANES I)

HEALTH CARE NEEDS, GENERAL MEDICAL HISTORY AND SUPPLEMENT ON RESPIRATORY AND CARDIOVASCULAR

Item #	Tape Loc.	No. of Positions	ITEM DESCRIPTION & CODES	Control Counts	HANES I Data Source
	421	1	<u>Have you ever had a running ear or any discharge from your ears (not counting wax)?</u> 1 - Yes 2 - No 8 - Blank, but applicable 9 - Don't know Blank	758 6107 3 37 8	General Medical History Supple. (12a) Sample Person Supple. (12a)
	422	1	<u>How often have you had this?</u> 1 - Once only 2 - Twice 3 - Three or more times 8 - Blank, but applicable 9 - Don't know Blank	256 74 353 2 73 6155	General Medical History Supple. (12b) Sample Person Supple. (12b)
	423	1	<u>Did you visit a doctor because of this condition?</u> 1 - Yes 2 - No 9 - Don't know Blank	289 63 9 6552	Sample Person Supple. (12c) **
	424	1	<u>Did a doctor give you anything for this condition?</u> 1 - Yes 2 - No 9 - Don't know Blank	253 23 13 6624	Sample Person Supple. (12d) **
	425	1	<u>Have you ever had deafness or trouble hearing with one or both ears?</u> 1 - Yes 2 - No Blank	1223 5682 8	General Medical History Supple. (13a) Sample Person Supple. (13a)
	426	1	<u>Did you ever see a doctor about it?</u> 1 - Yes 2 - No 8 - Blank, but applicable Blank	749 469 3 5692	General Medical History Supple. (13b) Sample Person Supple. (13b)

HEALTH AND NUTRITION EXAMINATION SURVEY (HANES I)

HEALTH CARE NEEDS, GENERAL MEDICAL HISTORY AND SUPPLEMENT ON RESPIRATORY AND CARDIOVASCULAR

Item #	Tape Loc.	No. of Positions	ITEM DESCRIPTION & CODES	Control Counts	HANES I Data Source
427		1	<u>How old were you when you first began having trouble hearing?</u>		
			1 - 0-4 years old	63	General Medical History
			2 - 5-9 years old	96	Supple. (13c)
			3 - 10-19 years old	134	Sample Person Supple.
			4 - 20-29 years old	176	(13c)
428		1	<u>Since this trouble began has it...</u>		
			1 - Gotten worse	297	General Medical History
			2 - Gotten better	203	Supple. (13d)
			3 - Stayed about the same	720	Sample Person Supple.
			8 - Blank, but applicable	3	(13d)
429		1	<u>Ear infection?</u>		
			1 - Yes	230	General Medical History
			2 - No	657	Supple. (13e)
			9 - Don't know	336	Sample Person Supple.
			Blank	5690	(13e)
430		1	<u>Born with it?</u>		
			1 - Yes	44	Same as above
			2 - No	853	
			9 - Don't know	326	
			Blank	5690	
431		1	<u>Loud noise?</u>		
			1 - Yes	283	Same as above
			2 - No	608	
			9 - Don't know	332	
			Blank	5690	

HEALTH AND NUTRITION EXAMINATION SURVEY (HANES I)

HEALTH CARE NEEDS, GENERAL MEDICAL HISTORY AND SUPPLEMENT ON RESPIRATORY AND CARDIOVASCULAR

Item #	Tape Loc.	No. of Positions	ITEM DESCRIPTION & CODES	Control Counts	HANES I Data Source
- 79 -	432	1	<u>Ear surgery?</u> 1 - Yes 2 - No 9 - Don't know Blank	21 889 313 5690	General Medical History Supple. (13e) Sample Person Supple. (13e)
	433	1	<u>Ear injury?</u> 1 - Yes 2 - No 9 - Don't know Blank	50 849 324 5690	Same as above
	434	1	<u>Other</u> 1 - Yes 2 - No 9 - Don't know Blank	294 577 352 5690	Same as above
	435	1	<u>How would you rate your hearing in your right ear?</u> 1 - Good 2 - A little decreased 3 - A lot decreased 4 - Deaf 8 - Blank, but applicable Blank	399 581 186 48 5 5694	General Medical History Supple. (13f) Sample Person Supple. (13f)
	436	1	<u>How would you rate your hearing in your left ear?</u> 1 - Good 2 - A little decreased 3 - A lot decreased 4 - Deaf 8 - Blank, but applicable Blank	358 584 214 58 4 5695	General Medical History Supple. (13g) Sample Person Supple. (13g)

HEALTH AND NUTRITION EXAMINATION SURVEY (HANES I)

HEALTH CARE NEEDS, GENERAL MEDICAL HISTORY AND SUPPLEMENT ON RESPIRATORY AND CARDIOVASCULAR

Item #	Tape Loc.	No. of Positions	ITEM DESCRIPTION & CODES	Control Counts	HANES I Data Source
437		1	<u>Have you ever attended a school or class for those with poor hearing or a school for the deaf?</u> 1 - Yes 2 - No 8 - Blank, but applicable Blank	15 1204 4 5690	General Medical History Supple. (13h) Sample Person Supple. (13h)
438		1	<u>Have you ever had any training in lip reading?</u> 1 - Yes 2 - No 8 - Blank, but applicable Blank	22 1198 3 5690	General Medical History Supple. (13i) Sample Person Supple. (13i)
439		1	<u>Have you ever had any training in speech or in speech correction because of poor hearing?</u> 1 - Yes 2 - No 8 - Blank, but applicable Blank	16 1204 3 5690	General Medical History Supple. (13j) Sample Person Supple. (13j)
440		1	<u>Have you ever had any training in how to use your hearing?</u> 1 - Yes 2 - No 8 - Blank, but applicable Blank	16 1203 4 5690	General Medical History Supple. (13k) Sample Person Supple. (13k)
441		1	<u>Have you ever had an operation on your ears?</u> 1 - Yes 2 - No 8 - Blank, but applicable Blank	111 1107 5 5690	General Medical History Supple. (13l) Sample Person Supple. (13l)
442		1	<u>Have you ever had your hearing tested?</u> 1 - Yes 2 - No 8 - Blank, but applicable Blank	731 489 3 5690	General Medical History Supple. (13m) Sample Person Supple. (13m)

HEALTH AND NUTRITION EXAMINATION SURVEY (HANES I)

HEALTH CARE NEEDS, GENERAL MEDICAL HISTORY AND SUPPLEMENT ON RESPIRATORY AND CARDIOVASCULAR

Item #	Tape Loc.	No. of Positions	ITEM DESCRIPTION & CODES	Control Counts	HANES I Data Source
443		1	<u>How old were you when your hearing was first tested?</u>		
			1 - 0-9 years old	95	General Medical History
			2 - 10-19 years old	134	Supple. (13n)
			3 - 20-29 years old	112	Sample Person Supple. (13n)
			4 - 30 years old or older	385	
8 - Blank, but applicable	7				
Blank	6180				
444		1	<u>How often do you now have your hearing tested?</u>		
			1 - Twice a year	19	General Medical History
			2 - Once a year	74	Supple. (13o)
			3 - Once every 2 years	41	Sample Person Supple. (13o)
			4 - Less often than once every two years	593	
8 - Blank, but applicable	6				
Blank	6180				
445		1	<u>Have you ever used a hearing aid?</u>		
			1 - Yes	127	General Medical History
			2 - No	1094	Supple. (13p)
			8 - Blank, but applicable	2	Sample Person Supple. (13p)
Blank	5690				
446		1	<u>Which ear?</u>		
			1 - Right	48	General Medical History
			2 - Left	51	Supple. (13q)
			3 - Both	28	Sample Person Supple. (13q)
			8 - Blank, but applicable	2	
Blank	6784				
447		1	<u>With a hearing aid, is your hearing better?</u>		
			1 - Yes	49	General Medical History
			2 - No	19	Supple. (13r) *
			8 - Blank, but applicable	2	
Blank	6843				

HEALTH AND NUTRITION EXAMINATION SURVEY (HANES I)

HEALTH CARE NEEDS, GENERAL MEDICAL HISTORY AND SUPPLEMENT ON RESPIRATORY AND CARDIOVASCULAR

Item #	Tape Loc.	No. of Positions	ITEM DESCRIPTION & CODES	Control Counts	HANES I Data Source
448		1	<u>Do you use a hearing aid now?</u> 1 - Yes 2 - No Blank	36 23 6854	Sample Person Supple. (13r) **
449		1	<u>How well satisfied are you with your present hearing aid?</u> 1 - Helps a lot 2 - Helps a little 3 - Helps very little 4 - Does not help at all Blank (WITHOUT A HEARING AID) CAN YOU USUALLY	26 5 3 3 6876	Sample Person Supple. (13s) **
450		1	<u>Hear and understand what a person says without seeing his face if that person whispers to you from across a quiet room?</u> 1 - Yes 2 - No Blank	2412 646 3855	Sample Person Supple. (14a) **
451		1	<u>Hear and understand what a person says without seeing his face if that person talks in a normal voice to you across a quiet room?</u> 1 - Yes 2 - No Blank	550 96 6267	Sample Person Supple. (14b) **
452		1	<u>Hear and understand what a person says without seeing his face if that person shouts to you from across a quiet room?</u> 1 - Yes 2 - No Blank	80 16 6817	Sample Person Supple. (14c) **
453		1	<u>Hear and understand a person if that person speaks loudly into your better ear?</u> 1 - Yes 2 - No Blank	10 6 6897	Sample Person Supple. (14d) **

HEALTH AND NUTRITION EXAMINATION SURVEY (HANES I)

HEALTH CARE NEEDS, GENERAL MEDICAL HISTORY AND SUPPLEMENT ON RESPIRATORY AND CARDIOVASCULAR

Item #	Tape Loc.	No. of Positions	ITEM DESCRIPTION & CODES	Control Counts	HANES I Data Source
454		1	<u>Tell the sound of speech from other sounds and noises?</u> 1 - Yes 2 - No Blank	0 6 6907	Sample Person Supple. (14e) **
455		1	<u>Tell one kind of noise from another?</u> 1 - Yes 2 - No Blank	1 5 6907	Sample Person Supple. (14f) **
456		1	<u>Hear loud noises?</u> 1 - Yes 2 - No Blank HAVE YOU EVER HAD	2 3 6908	Sample Person Supple. (14g) **
457		1	<u>Pain or aching in any of your joints on most days for at least 1 month?</u> 1 - Yes 2 - No 8 - Blank, but applicable Blank	1888 5013 4 8	General Medical History Supple. (14a) Sample Person Supple. (15a)
458		1	<u>Pain in your neck or back on most days for at least 1 month?</u> 1 - Yes 2 - No 8 - Blank, but applicable Blank	1473 5427 5 8	General Medical History Supple. (14b) Sample Person Supple. (15b)
459		1	<u>Pain in or around either hip joint or knee on most days for at least one month?</u> 1 - Yes 2 - No 8 - Blank, but applicable Blank	772 3072 3 3066	General Medical History Supple. (14c) *

HEALTH AND NUTRITION EXAMINATION SURVEY (HANES I)

HEALTH CARE NEEDS, GENERAL MEDICAL HISTORY AND SUPPLEMENT ON RESPIRATORY AND CARDIOVASCULAR

Item #	Tape Loc.	No. of Positions	ITEM DESCRIPTION & CODES	Control Counts	HANES I Data Source
460		1	<u>Pain in or around either hip joint including the buttock, groin, and side of the upper thigh on most days for at least one month?</u> 1 - Yes 2 - No Blank	400 2658 3855	Sample Person Supple. (15c) **
461		1	<u>Pain in or around the knee including the back of the knee on most days for at least one month?</u> 1 - Yes 2 - No Blank	453 2605 3855	Sample Person Supple. (15d) **
462		1	<u>Swelling of a joint with pain present in the joint on most days for at least one month?</u> 1 - Yes 2 - No 8 - Blank, but applicable Blank	797 6103 5 8	General Medical History Supple. (14d) Sample Person Supple. (15e)
463		1	<u>Stiffness in the joints and muscles when getting out of bed in the morning lasting for at least 15 minutes?</u> 1 - Yes 2 - No 8 - Blank, but applicable Blank HAVE YOU EVER HAD	1404 5498 3 8	General Medical History Supple. (14e) Sample Person Supple. (15f)
464		1	<u>Trouble with recurring persistent cough attacks</u> 1 - Yes 2 - No 8 - Blank, but applicable Blank	644 6258 3 8	General Medical History Supple. (14f) Sample Person Supple. (15g)
465		1	<u>A cough first thing in the morning in the winter?</u> 1 - Yes 2 - No 8 - Blank, but applicable Blank	930 5971 4 8	General Medical History Supple. (14g) Sample Person Supple. (15h)

HEALTH AND NUTRITION EXAMINATION SURVEY (HANES I)

HEALTH CARE NEEDS, GENERAL MEDICAL HISTORY AND SUPPLEMENT ON RESPIRATORY AND CARDIOVASCULAR

Item #	Tape Loc.	No. of Positions	ITEM DESCRIPTION & CODES	Control Counts	HANES I Data Source
	466	1	<u>A cough first thing in the morning in the summer?</u> 1 - Yes 2 - No 8 - Blank, but applicable Blank	760 6140 5 8	General Medical History Supple. (14h) Sample Person Supple. (15i)
	467	1	<u>Any phlegm from your chest first thing in the morning in the winter?</u> 1 - Yes 2 - No 8 - Blank, but applicable Blank	1143 5758 4 8	General Medical History Supple. (14i) Sample Person Supple. (15j)
	468	1	<u>Any phlegm from your chest the first thing in the morning in the summer?</u> 1 - Yes 2 - No 8 - Blank, but applicable Blank	911 5988 6 8	General Medical History Supple. (14j) Sample Person Supple. (15k)
	469	1	<u>During the past three years have you had a period of increased cough or phlegm for three weeks or more?</u> 1 - Yes 2 - No 8 - Blank, but applicable Blank	484 6413 8 8	General Medical History Supple. (14k) Sample Person Supple. (15l)
	470	1	<u>If yes to above, how many times?</u> 1 - One time 2 - Two times 3 - More than two times 8 - Blank, but applicable Blank	153 70 243 26 6421	General Medical History Supple. (14k) Sample Person Supple. (15l)

HEALTH AND NUTRITION EXAMINATION SURVEY (HANES I)

HEALTH CARE NEEDS, GENERAL MEDICAL HISTORY AND SUPPLEMENT ON RESPIRATORY AND CARDIOVASCULAR

Item #	Tape Loc.	No. of Positions	ITEM DESCRIPTION & CODES	Control Counts	HANES I Data Source
			HAVE YOU EVER HAD		
	471	1	<u>Trouble with shortness of breath when hurrying on the level or walking up a slight hill?</u> 1 - Yes 2 - No 8 - Blank, but applicable Blank	2143 4756 6 8	General Medical History Supple. (14i) Sample Person Supple. (15m)
	472	1	<u>Wheezy or whistling sounds in your chest?</u> 1 - Yes 2 - No 8 - Blank, but applicable Blank	1094 5807 4 8	General Medical History Supple. (14j) Sample Person Supple. (15n)
	473	1	<u>Trouble with any pain or discomfort in your chest?</u> 1 - Yes 2 - No 8 - Blank, but applicable Blank	1191 5711 3 8	General Medical History Supple. (14n) Sample Person Supple. (15o)
	474	1	<u>Trouble with any pressure or heavy sensation in your chest?</u> 1 - Yes 2 - No 8 - Blank, but applicable Blank	944 5955 6 8	General Medical History Supple. (14o) Sample Person Supple. (15p)
	475	1	<u>Severe pain across the front of your chest lasting for half an hour or more?</u> 1 - Yes 2 - No 8 - Blank, but applicable Blank	524 6378 3 8	General Medical History Supple. (14p) Sample Person Supple. (15q)

HEALTH AND NUTRITION EXAMINATION SURVEY (HANES I)

HEALTH CARE NEEDS, GENERAL MEDICAL HISTORY AND SUPPLEMENT ON RESPIRATORY AND CARDIOVASCULAR

Item #	Tape Loc.	No. of Positions	ITEM DESCRIPTION & CODES	Control Counts	HANES I Data Source
476		1	<u>Pains in either leg when walking?</u> 1 - Yes 2 - No 8 - Blank, but applicable Blank	1138 5761 6 8	General Medical History Supple. (14q) Sample Person Supple. (15r)
477		1	<u>Heart failure or "weak heart" of any degree of severity?</u> 1 - Yes 2 - No 8 - Blank, but applicable Blank	472 6423 10 8	General Medical History Supple. (14r) Sample Person Supple. (15s)
478		1	<u>Infections of the kidneys or bladder?</u> 1 - Yes 2 - No 8 - Blank, but applicable Blank	1647 5250 8 8	General Medical History Supple. (14s) Sample Person Supple. (15t)
479		1	<u>Blood in your urine?</u> 1 - Yes 2 - No 8 - Blank, but applicable Blank	276 3566 5 3066	General Medical History Supple. (14t) *
480		1	<u>Pain or burning sensation when passing urine?</u> 1 - Yes 2 - No 8 - Blank, but applicable Blank	680 3162 5 3066	General Medical History Supple. (14u) *
481		1	<u>Loss of vision or blindness lasting from several minutes to several days?</u> 1 - Yes 2 - No 8 - Blank, but applicable Blank	369 6531 5 8	General Medical History Supple. (14v) Sample Person Supple. (15u)

HEALTH AND NUTRITION EXAMINATION SURVEY (HANES I)

HEALTH CARE NEEDS, GENERAL MEDICAL HISTORY AND SUPPLEMENT ON RESPIRATORY AND CARDIOVASCULAR

Item #	Tape Loc.	No. of Positions	ITEM DESCRIPTION & CODES	Control Counts	HANES I Data Source
	482	1	<u>Difficulty in speaking or very slurred speech lasting from several minutes to several days?</u> 1 - Yes 2 - No 8 - Blank, but applicable Blank	203 6697 5 8	General Medical History Supple. (14w) Sample Person Supple. (15v)
	483	1	<u>Prolonged weakness or paralysis of one or both sides of the body lasting up to several months?</u> 1 - Yes 2 - No 8 - Blank, but applicable Blank	168 6730 7 8	General Medical History Supple. (14x) Sample Person Supple. (15w)
	484	1	<u>Loss of sensation or numbness or tingling sensations lasting several minutes to several days?</u> 1 - Yes 2 - No 8 - Blank, but applicable Blank	1145 5751 9 8	General Medical History Supple. (14y) Sample Person Supple. (15x)
	485	1	<u>A severe head injury leading to unconsciousness lasting for more than 5 minutes?</u> 1 - Yes 2 - No 8 - Blank, but applicable Blank DIABETES	645 6249 11 8	General Medical History Supple. (14z) Sample Person Supple. (15y)
	486	1	<u>Do you have any reason to think that you may have diabetes, sometimes called sugar diabetes or sugar disease?</u> 1 - Yes 2 - No Blank	449 6456 8	General Medical History Supple. (15a) Sample Person Supple. (16a)

HEALTH AND NUTRITION EXAMINATION SURVEY (HANES I)

HEALTH CARE NEEDS, GENERAL MEDICAL HISTORY AND SUPPLEMENT ON RESPIRATORY AND CARDIOVASCULAR

Item #	Tape Loc.	No. of Positions	ITEM DESCRIPTION & CODES	Control Counts	HANES I Data Source
	487	1	<u>Did a doctor tell you that you had it?</u> 1 - Yes 2 - No Blank	330 119 6464	General Medical History Supple. (15b) Sample Person Supple. (16b)
	488	1	<u>How long ago did you start having it?</u> 1 - Less than one year ago 2 - 1-4 years ago 3 - 5 or more years ago 8 - Blank, but applicable Blank	39 114 175 2 6583	General Medical History Supple. (15c) Sample Person Supple. (16c)
	489	1	<u>Do you take insulin?</u> 1 - Yes 2 - No 8 - Blank, but applicable Blank	57 269 4 6583	General Medical History Supple. (15d) Sample Person Supple. (16d)
	490	1	<u>Do you take any medicine by mouth for diabetes?</u> 1 - Yes 2 - No 8 - Blank, but applicable Blank	151 178 1 6583	General Medical History Supple. (15e) Sample Person Supple. (16e.)
	491	1	<u>Have you ever had a goiter or any other thyroid trouble?</u> 1 - Yes 2 - No Blank	610 6295 8	General Medical History Supple. (16a) Sample Person Supple. (17a)
	492	1	<u>Who told you that you had goiter or thyroid trouble?</u> 1 - A doctor 2 - A nurse 3 - Other 8 - Blank, but applicable Blank	595 2 11 2 6303	General Medical History Supple. (16b) Sample Person Supple. (17b)

HEALTH AND NUTRITION EXAMINATION SURVEY (HANES I)

HEALTH CARE NEEDS, GENERAL MEDICAL HISTORY AND SUPPLEMENT ON RESPIRATORY AND CARDIOVASCULAR

Item #	Tape Loc.	No. of Positions	ITEM DESCRIPTION & CODES	Control Counts	HANES I Data Source
- 06 -	493	1	<u>Is or was your thyroid...</u> 1 - Overactive (hyperactive) 2 - Underactive (hypoactive) 3 - Neither 9 - Don't know Blank	120 220 45 225 6303	General Medical History Supple. (16c) Sample Person Supple. (17c)
	494	1	<u>How long ago did you first have this trouble?</u> 1 - Less than 1 year ago 2 - 1-4 years ago 3 - 5-9 years ago 4 - 10 or more years ago 8 - Blank, but applicable Blank	32 97 100 379 2 6303	General Medical History Supple. (16d) Sample Person Supple. (17d)
	495	1	<u>Have you been treated by a doctor for goiter or for thyroid trouble?</u> 1 - Yes 2 - No Blank HOW TREATED	527 82 6304	General Medical History Supple. (16e) Sample Person Supple. (17e)
	496	1	<u>Medicines</u> 1 - Yes 2 - No 8 - Blank, but applicable Blank	437 89 1 6386	General Medical History Supple (16f) Sample Person Supple. (17f)
	497	1	<u>Surgery</u> 1 - Yes 2 - No 8 - Blank, but applicable Blank	111 415 1 6386	Same as above
498	1	<u>Radiation</u> 1 - Yes 2 - No 8 - Blank, but applicable Blank	22 504 1 6386	Same as above	

HEALTH AND NUTRITION EXAMINATION SURVEY (HANES I)

HEALTH CARE NEEDS, GENERAL MEDICAL HISTORY AND SUPPLEMENT ON RESPIRATORY AND CARDIOVASCULAR

Item #	Tape Loc.	No. of Positions	ITEM DESCRIPTION & CODES	Control Counts	HANES I Data Source
	499	1	<u>Other</u> 1 - Yes 2 - No 8 - Blank, but applicable Blank	20 506 1 6386	General Medical History Supple. (16f) Sample Person Supple. (17f)
	500	1	<u>Are you currently being treated for this problem?</u> 1 - Yes 2 - No 8 - Blank, but applicable Blank	201 325 1 6386	General Medical History Supple. (16g) Sample Person Supple. (17g)
	501	1	<u>Are you currently taking any pills or medicine to help you lose or gain weight?</u> 1 - Yes 2 - No 8 - Blank, but applicable Blank	76 450 1 6386	General Medical History Supple. (16h) Sample Person Supple. (17h)
	502	1	<u>When was the last time you saw a doctor about goiter or thyroid trouble?</u> 1 - Less than 1 month ago 2 - 1-3 months ago 3 - 4-6 months ago 4 - 7-11 months ago 5 - 1 or more years ago 8 - Blank, but applicable 9 - Don't know Blank	52 76 43 34 304 3 15 6386	General Medical History Supple. (16i) Sample Person Supple. (17i)
			HAVE YOU EVER HAD ANY OF THE FOLLOWING SKIN CONDITIONS?		
	503	1	<u>Acne or pimples</u> 1 - Yes 2 - No 8 - Blank, but applicable Blank	713 3107 27 3066	General Medical History Supple. (17a)*

HEALTH AND NUTRITION EXAMINATION SURVEY (HANES I)

HEALTH CARE NEEDS, GENERAL MEDICAL HISTORY AND SUPPLEMENT ON RESPIRATORY AND CARDIOVASCULAR

Item #	Tape Loc.	No. of Positions	ITEM DESCRIPTION & CODES	Control Counts	HANES I Data Source
504		1	<u>Psoriasis</u> 1 - Yes 2 - No 8 - Blank, but applicable Blank	140 3680 27 3066	General Medical History Supple. (17a) *
505		1	<u>Moles or birthmarks</u> 1 - Yes 2 - No 8 - Blank, but applicable Blank	1226 2594 27 3066	Same as above *
506		1	<u>Unusual loss of hair</u> 1 - Yes 2 - No 8 - Blank, but applicable Blank	184 3636 27 3066	Same as above *
507		1	<u>Eczema</u> 1 - Yes 2 - No 8 - Blank, but applicable Blank	166 3654 27 3066	Same as above *
508		1	<u>Warts</u> 1 - Yes 2 - No 8 - Blank, but applicable Blank	731 3089 27 3066	Same as above *
509		1	<u>Hives</u> 1 - Yes 2 - No 8 - Blank, but applicable Blank	318 3502 27 3066	Same as above *

HEALTH AND NUTRITION EXAMINATION SURVEY (HANES I)

HEALTH CARE NEEDS, GENERAL MEDICAL HISTORY AND SUPPLEMENT ON RESPIRATORY AND CARDIOVASCULAR

Item #	Tape Loc.	No. of Positions	ITEM DESCRIPTION & CODES	Control Counts	HANES I Data Source
			IF YES, WERE YOU TREATED BY A DOCTOR FOR		
	510	1	<u>Acne or pimples</u> 1 - Yes 2 - No 8 - Blank, but applicable Blank	160 546 34 6173	General Medical History Supple. (17b) *
	511	1	<u>Psoriasis</u> 1 - Yes 2 - No 8 - Blank, but applicable Blank	89 48 30 6746	Same as above *
	512	1	<u>Moles or birthmarks</u> 1 - Yes 2 - No 8 - Blank, but applicable Blank	312 907 34 5660	Same as above *
	513	1	<u>Unusual loss of hair</u> 1 - Yes 2 - No 8 - Blank, but applicable Blank	52 130 29 6702	Same as above *
	514	1	<u>Eczema</u> 1 - Yes 2 - No 8 - Blank, but applicable Blank	123 41 29 6720	Same as above *
	515	1	<u>Warts</u> 1 - Yes 2 - No 8 - Blank, but applicable Blank	240 488 30 6155	Same as above *

HEALTH AND NUTRITION EXAMINATION SURVEY (HANES I)

HEALTH CARE NEEDS, GENERAL MEDICAL HISTORY AND SUPPLEMENT ON RESPIRATORY AND CARDIOVASCULAR

Item #	Tape Loc.	No. of Positions	ITEM DESCRIPTION & CODES	Control Counts	HANES I Data Source
516		1	<u>Hives</u>		
			1 - Yes	167	General Medical History
			2 - No	149	Supple. (17b)
			8 - Blank, but applicable	29	
			Blank	6568	
517		1	<u>Have you lost all your teeth from your upper jaw?</u>		
			1 - Yes	2197	General Medical History
			2 - No	4712	Supple. (18a)
			Blank	4	Sample Person Supple. (18a)
518		1	<u>Do you have a plate for your upper jaw?</u>		
			1 - Yes	2032	General Medical History
			2 - No	114	Supple. (18b)
			8 - Blank, but applicable	51	Sample Person Supple. (18b)
			Blank	4716	
519		1	<u>How long have you had your plate?</u>		
			1 - Less than 1 year	58	General Medical History
			2 - 1-4 years	272	Supple. (18c)
			3 - 5-9 years	345	Sample Person Supple. (18c)
			4 - 10-19 years	608	
			5 - 20 or more years	725	
			8 - Blank, but applicable	76	
			Blank	4829	
520		1	<u>Have you ever had a dental plate for your upper jaw?</u>		
			1 - Yes	32	General Medical History
			2 - No	79	Supple. (18d)
			8 - Blank, but applicable	2	Sample Person Supple. (18d)
			Blank	6800	
521		1	<u>How long has it been since you had any teeth to chew with in upper jaw?</u>		
			1 - Less than 1 year	18	General Medical History
			2 - 1-4 years	30	Supple. (18e)
			3 - 5-9 years	20	Sample Person Supple. (18e)
			4 - 10-19 years	17	
			5 - 20 or more years	17	
			8 - Blank, but applicable	11	
			Blank	6800	

HEALTH AND NUTRITION EXAMINATION SURVEY (HANES I)

HEALTH CARE NEEDS, GENERAL MEDICAL HISTORY AND SUPPLEMENT ON RESPIRATORY AND CARDIOVASCULAR

Item #	Tape Loc.	No. of Positions	ITEM DESCRIPTION & CODES	Control Counts	HANES I Data Source
	522	1	<u>Have you lost all your teeth from your lower jaw?</u> 1 - Yes 2 - No Blank	1483 5427 3	General Medical History Supple. (19a) Sample Person Supple. (19a)
	523	1	<u>Do you have a plate for your lower jaw?</u> 1 - Yes 2 - No 8 - Blank, but applicable Blank	1320 122 41 5430	General Medical History Supple. (19b) Sample Person Supple. (19b)
	524	1	<u>How long have you had your plate?</u> 1 - Less than 1 year 2 - 1-4 years 3 - 5-9 years 4 - 10-19 years 5 - 20 or more years 8 - Blank, but applicable Blank	44 176 193 403 481 65 5551	General Medical History Supple. (19c) Sample Person Supple. (19c)
	525	1	<u>Have you ever had a dental plate for your lower jaw?</u> 1 - Yes 2 - No 8 - Blank, but applicable Blank	31 88 2 6792	General Medical History Supple. (19d) Sample Person Supple. (19d)
	526	1	<u>How long has it been since you had teeth to chew with in your lower jaw?</u> 1 - Less than 1 year 2 - 1-4 years 3 - 5-9 years 4 - 10-19 years 5 - 20 or more years 8 - Blank, but applicable Blank	18 29 23 16 22 13 6792	General Medical History Supple (19e) Sample Person Supple. (19e)

HEALTH AND NUTRITION EXAMINATION SURVEY (HANES I)

HEALTH CARE NEEDS, GENERAL MEDICAL HISTORY AND SUPPLEMENT ON RESPIRATORY AND CARDIOVASCULAR

Item #	Tape Loc.	No. of Positions	ITEM DESCRIPTION & CODES	Control Counts	HANES I Data Source
- 96 -	527	1	<u>Do you usually wear your plate(s) while eating?</u> 1 - Yes 2 - No 8 - Blank, but applicable Blank	1896 135 147 4735	General Medical History Supple. (20) Sample Person Supple. (20a)
	528	1	<u>Do you usually wear your plate(s) when not eating?</u> 1 - Yes 2 - No 8 - Blank, but applicable Blank	1861 170 147 4735	General Medical History Supple. (21) Sample Person Supple. (20b)
	529	1	<u>Do you usually use denture powder or cream to help keep plate(s) in place?</u> 1 - Yes 2 - No 8 - Blank, but applicable Blank	522 1509 147 4735	General Medical History Supple. (22) Sample Person Supple. (20c)
	530	1	<u>Do you think you need a new plate or that the one(s) you have need(s) refitting?</u> 1 - No 2 - Yes, one 3 - Yes, both 8 - Blank, but applicable 9 - Don't know Blank	1178 417 363 143 77 4735	General Medical History Supple. (23) Sample Person Supple. (20d)
	531	1	<u>How would you describe the condition of your teeth?</u> 1 - Excellent 2 - Good 3 - Fair 4 - Poor 8 - Blank, but applicable Blank	644 2223 1581 953 60 1452	General Medical History Supple. (24) Sample Person Supple. (21)

HEALTH AND NUTRITION EXAMINATION SURVEY (HANES I)

HEALTH CARE NEEDS, GENERAL MEDICAL HISTORY AND SUPPLEMENT ON RESPIRATORY AND CARDIOVASCULAR

Item #	Tape Loc.	No. of Positions	ITEM DESCRIPTION & CODES	Control Counts	HANES I Data Source
	532	1	<u>How would you describe the condition of your gums?</u> 1 - Excellent 2 - Good 3 - Fair 4 - Poor 8 - Blank, but applicable Blank	947 3213 914 328 59 1452	General Medical History Supple. (25) Sample Person Supple. (22)
	533	1	<u>Do you think that your teeth need cleaning now by a dentist or dental hygienist?</u> 1 - Yes 2 - No 8 - Blank, but applicable 9 - Don't know Blank	2834 2242 54 331 1452	General Medical History Supple. (26) Sample Person Supple. (28c)
	534	1	<u>How many times a day do you usually brush your teeth?</u> 0-7 - Times a day as given 8 - Blank, but applicable Blank	5398 63 1452	General Medical History Supple. (27) Sample Person Supple. (23)
	535	1	<u>Do you think that you ought to go to a dentist now or very soon for a checkup?</u> 1 - Yes 2 - No 8 - Blank, but applicable 9 - Don't know Blank	3333 1943 55 130 1452	General Medical History Supple. (28) Sample Person Supple. (24)
	536	1	<u>Do you now have an appointment to see a dentist?</u> 1 - Yes 2 - No 8 - Blank, but applicable Blank	935 4460 66 1452	General Medical History Supple. (29) Sample Person Supple. (25)

HEALTH AND NUTRITION EXAMINATION SURVEY (HANES I)

HEALTH CARE NEEDS, GENERAL MEDICAL HISTORY AND SUPPLEMENT ON RESPIRATORY AND CARDIOVASCULAR

Item #	Tape Loc.	No. of Positions	ITEM DESCRIPTION & CODES	Control Counts	HANES I Data Source
537		1	<u>Do you think you have any teeth that need filling?</u>		
			1 - Yes	1508	General Medical History Supple. (30) Sample Person Supple. (26)
			2 - No	3410	
			8 - Blank, but applicable	59	
			9 - Don't know	484	
Blank	1452				
538		1	<u>Do you think you have any teeth that need to be pulled?</u>		
			1 - Yes	1142	General Medical History Supple. (31a) Sample Person Supple. (27a)
			2 - No	3870	
			8 - Blank, but applicable	55	
			9 - Don't know	394	
Blank	1452				
539		1	<u>How many need to be pulled?</u>		
			1 - Some	715	General Medical History Supple. (31b) Sample Person Supple. (27b)
			2 - All	374	
			8 - Blank, but applicable	108	
			Blank	5716	
540		1	<u>Have you ever had your teeth cleaned by a dentist or dental hygienist?</u>		
			1 - Yes	4586	General Medical History Supple. (32a) Sample Person Supple. (28a)
			2 - No	814	
			8 - Blank, but applicable	61	
			Blank	1452	
541		1	<u>When was the last time they were cleaned?</u>		
			1 - Less than 1 year ago	2076	General Medical History Supple. (32b) Sample Person Supple. 28b)
			2 - 1-2 years ago	1185	
			3 - 3-4 years ago	432	
			4 - 5 or more years ago	875	
			8 - Blank, but applicable	80	
			Blank	2265	
542		1	<u>Do you have a dentist you usually go to?</u>		
			1 - Yes	1987	*** Sample Person Supple. (29)
			2 - No	506	
			8 - Blank, but applicable	12	
			Blank	4408	

HEALTH AND NUTRITION EXAMINATION SURVEY (HANES I)

HEALTH CARE NEEDS, GENERAL MEDICAL HISTORY AND SUPPLEMENT ON RESPIRATORY AND CARDIOVASCULAR

Item #	Tape Loc.	No. of Positions	ITEM DESCRIPTION & CODES	Control Counts	HANES I Data Source
			HOW LONG HAS IT BEEN SINCE YOU LAST SAW A DENTIST ABOUT YOURSELF ?		
543- 544		2	01-11 - Month(s) as given 88 - Blank, but applicable Blank	1168 13 5732	Sample Person Supple. (30) **
545- 546		2	00 - Less than 1 month ago 01-59 - Years as given 77 - Never Blank	244 1074 18 5577	Same as above **
547		1	<u>Do you go to a dentist as often as once every year?</u> 1 - Yes 2 - No 8 - Blank, but applicable Blank	1207 205 14 5487	Sample Person Supple. (31) **
			HYPERTENSION		
548		1	<u>Have you ever been told by a doctor that you had high blood pressure?</u> 1 - Yes 2 - No Blank	730 2328 3855	Sample Person Supple. (39a) **
549		1	<u>Have you ever been told by a doctor that you had hypertension?</u> 1 - Yes 2 - No Blank	51 2277 4585	Sample Person Supple. (39b) **
			ABOUT HOW LONG AGO WERE YOU FIRST TOLD BY A DOCTOR THAT YOU HAD HIGH BLOOD PRESSURE/HYPERTENSION		
550- 551		2	01-11 - Months as given Blank	103 6810	Sample Person Supple. (39c) **
552- 553		2	00 - Less than 1 month 01-47 - Years as given Blank	14 673 6226	Same as above **

HEALTH AND NUTRITION EXAMINATION SURVEY (HANES I)

HEALTH CARE NEEDS, GENERAL MEDICAL HISTORY AND SUPPLEMENT ON RESPIRATORY AND CARDIOVASCULAR

Item #	Tape Loc.	No. of Positions	ITEM DESCRIPTION & CODES	Control Counts	HANES I Data Source
554-555		2	<u>During the past 12 months about how many times have you seen or talked to a doctor about your high blood pressure/hypertension?</u> 00 - None 01-52 - Times as given Blank	252 529 6132	Sample Person Supple. (40) **
556		1	<u>Has a doctor ever advised you to lose weight because of high blood pressure/hypertension?</u> 1 - Yes 2 - No Blank	320 461 6132	Sample Person Supple. (41) **
557		1	<u>Do you now use more salt, less salt or about the same amount of salt since you learned you had high blood pressure/hypertension?</u> 1 - More 2 - Less 3 - Same Blank	7 373 401 6132	Sample Person Supple. (42a) **
558		1	<u>Were you ever advised by a doctor, nurse, or other medical person to use less salt?</u> 1 - Yes 2 - No 8 - Blank, but applicable Blank	400 380 1 6132	Sample Person Supple. (42b) **
559		1	<u>Has a doctor ever prescribed medicine for your high blood pressure/hypertension?</u> 1 - Yes 2 - No Blank	509 272 6132	Sample Person Supple. (43a) **
560		1	<u>Are you now taking medicine prescribed by a doctor for high blood pressure/hypertension?</u> 1 - Yes 2 - No 3 - No longer has high blood pressure Blank	300 150 58 6405	Sample Person Supple. (43b) **

HEALTH AND NUTRITION EXAMINATION SURVEY (HANES I)

HEALTH CARE NEEDS, GENERAL MEDICAL HISTORY AND SUPPLEMENT ON RESPIRATORY AND CARDIOVASCULAR

Item #	Tape Loc.	No. of Positions	ITEM DESCRIPTION & CODES	Control Counts	HANES I Data Source
561		1	<u>How often are you supposed to take this medicine?</u> 1 - More than once a day 2 - Once a day 3 - Less than once a day Blank	111 156 32 6614	Sample Person Supple. (43c) **
562		1	<u>How often do you take your medicine when you are supposed to?</u> 1 - All the time 2 - Often 3 - Once in a while 4 - Never 5 - Other Blank	263 19 14 2 1 6614	Sample Person Supple. (43d) **
563- 564		2	<u>About how many days during the past 12 months has high blood pressure/hypertension kept you in bed all or most of the day?</u> 00 - None 01-50 - Days as given Blank	744 37 6132	Sample Person Supple. (44) **
565		1	<u>How often does your high blood pressure/hypertension bother you?</u> 1 - All the time 2 - Often 3 - Once in a while 4 - Never 5 - Other 8 - Blank, but applicable Blank	22 32 241 421 9 3 6185	Sample Person Supple. (45a) **
566		1	<u>When it does bother you, are you bothered a . . .</u> 1 - Great deal 2 - Some 3 - Very little 4 - Other 8 - Blank, but applicable Blank	83 97 117 8 3 6605	Sample Person Supple. (45b) **

HEALTH AND NUTRITION EXAMINATION SURVEY (HANES I)

HEALTH CARE NEEDS, GENERAL MEDICAL HISTORY AND SUPPLEMENT ON RESPIRATORY AND CARDIOVASCULAR

Item #	Tape Loc.	No. of Positions	ITEM DESCRIPTION & CODES	Control Counts	HANES I Data Source
567		1	<u>Do you still have high blood pressure/hypertension?</u> 1 - Yes 2 - No 9 - Don't know Blank	369 247 102 6195	Sample Person Supple. (45c) **
568		1	<u>Is this condition completely . . .</u> 1 - Cured 2 - Under control 8 - Blank, but applicable Blank	150 256 1 6506	Sample Person Supple. (45d) **
569		1	<u>Can you tell when your blood pressure is high, that is, do you have any symptoms?</u> 1 - Yes 2 - No Blank	354 285 6274	Sample Person Supple. (46) **
570		1	<u>Has a doctor ever talked to you about problems that can be caused by high blood pressure or hypertension?</u> 1 - Yes 2 - No 8 - Blank, but applicable Blank	638 2419 1 3855	Sample Person Supple. (47a) **
571		1	<u>Has a nurse or other medical person ever talked to you about problems that can be caused by high blood pressure or hypertension?</u> 1 - Yes 2 - No 8 - Blank, but applicable Blank	51 2359 10 4493	Sample Person Supple. (47b) **
572		1	<u>What type of medical person was this?</u> 1 - Nurse 2 - Other 8 - Blank, but applicable Blank	43 7 11 6852	Sample Person Supple. (47c) **

HEALTH AND NUTRITION EXAMINATION SURVEY (HANES I)

HEALTH CARE NEEDS, GENERAL MEDICAL HISTORY AND SUPPLEMENT ON RESPIRATORY AND CARDIOVASCULAR

Item #	Tape Loc.	No. of Positions	ITEM DESCRIPTION & CODES	Control Counts	HANES I Data Source
			ABOUT HOW LONG HAS IT BEEN SINCE YOU LAST HAD YOUR BLOOD PRESSURE TAKEN?		
573-574		2	00 - Less than 1 month 01-11 - Months as given 88 - Blank, but applicable Blank	577 1563 2 4771	Sample Person Supple. (48) **
575-576		2	01-29 years as given 77 - Never 88 - Blank, but applicable Blank	910 13 2 5988	Same as above **
577		1	<u>Were you told that your reading was...?</u> 1 - High 2 - Low 3 - Normal 4 - Not told 5 - Other 8 - Blank, but applicable Blank	179 87 1253 547 70 2 4775	Sample Person Supple. (49) **
578-579		2	<u>During the past 12 months, how many times was your blood pressure taken?</u> 00-62 - Times as given 99 - or greater 88 - Blank, but applicable Blank	2131 3 5 4774	Sample Person Supple. (50) **
580-581		2	<u>About how long has it been since you had an electrocardiogram?</u> 00 - Less than 1 year 01-45 - Years as given 77 - Never 88 - Blank, but applicable Blank	565 1073 1414 6 3855	Sample Person Supple. (51a) **

HEALTH AND NUTRITION EXAMINATION SURVEY (HANES I)

HEALTH CARE NEEDS, GENERAL MEDICAL HISTORY AND SUPPLEMENT ON RESPIRATORY AND CARDIOVASCULAR

Item #	Tape Loc.	No. of Positions	ITEM DESCRIPTION & CODES	Control Counts	HANES I Data Source
582-583		2	<u>About how long has it been since you had a chest x-ray?</u> 00 - Less than 1 year 01-40 - Years as given 77 - Never 88 - Blank, but applicable Blank	844 1937 255 22 3855	Sample Person Supple. (51b) **
584		1	<u>Are you blind in one or both eyes?</u> 1 - Yes 2 - No 8 - Blank, but applicable Blank DO YOU HAVE ANY OF THE FOLLOWING CONDITIONS?	65 2992 1 3855	Sample Person Supple. (52) ** See detailed notes
585		1	<u>Cataracts</u> 1 - Yes 2 - No Blank	71 2987 3855	Sample Person Supple. (53a) **
586		1	<u>Glaucoma</u> 1 - Yes 2 - No Blank	22 3036 3855	Same as above **
587		1	<u>Detached Retina</u> 1 - Yes 2 - No Blank	3 3055 3855	Same as above **
588		1	<u>Other condition of Retina</u> 1 - Yes 2 - No Blank	27 3031 3855	Same as above **

HEALTH AND NUTRITION EXAMINATION SURVEY (HANES I)

HEALTH CARE NEEDS, GENERAL MEDICAL HISTORY AND SUPPLEMENT ON RESPIRATORY AND CARDIOVASCULAR

Item #	Tape Loc.	No. of Positions	ITEM DESCRIPTION & CODES	Control Counts	HANES I Data Source
589		1	<u>Do you have any other trouble seeing in one or both eyes when wearing eyeglasses?</u> 1 - Yes 2 - No 8 - Blank, but applicable Blank	327 2723 8 3855	Sample Person Supple. (53b) ***
590		1	<u>Do you wear eyeglasses?</u> 1 - Yes 2 - No 8 - Blank, but applicable Blank	2127 929 2 3855	Sample Person Supple. (54a) ***
591		1	<u>Do you wear contact lenses?</u> 1 - Yes 2 - No 8 - Blank, but applicable Blank	93 2962 3 3855	Sample Person Supple. (54b) ***
592		1	<u>How often do you use your glasses/contact lenses?</u> 1 - All the time 2 - Most of the time 3 - Some of the time 4 - Hardly ever 5 - Never 8 - Blank, but applicable Blank	1079 309 611 140 11 2 4761	Sample Person Supple. (55) ***
593		1	<u>Do you use your eyeglasses/contact lenses for reading and other close work?</u> 1 - Yes 2 - No 8 - Blank, but applicable Blank	874 184 3 5852	Sample Person Supple. (56) ***

HEALTH AND NUTRITION EXAMINATION SURVEY (HANES I)

HEALTH CARE NEEDS, GENERAL MEDICAL HISTORY AND SUPPLEMENT ON RESPIRATORY AND CARDIOVASCULAR

Item #	Tape Loc.	No. of Positions	ITEM DESCRIPTION & CODES	Control Counts	HANES I Data Source
	594	1	<u>Do you use your eyeglasses/contact lenses for seeing distant objects better?</u> 1 - Yes 2 - No 8 - Blank, but applicable Blank WHEN WEARING EYEGLASSES/CONTACT LENSES---	367 690 4 5852	Sample Person Supple. (57) **
	595	1	<u>How much trouble do you have seeing with your left eye when wearing eyeglasses/contact lenses?</u> 1 - A lot of trouble 2 - A little trouble 3 - No trouble 8 - Blank, but applicable Blank	95 282 2677 4 3855	Sample Person Supple. (59a) **
	596	1	<u>Are you blind in the left eye?</u> 1 - Yes 2 - No 8 - Blank, but applicable Blank	23 67 9 6814	Sample Person Supple. (59b) **
	597	1	<u>How much trouble do you have seeing with your right eye when wearing eyeglasses or contact lenses?</u> 1 - A lot of trouble 2 - A little trouble 3 - No trouble 8 - Blank, but applicable Blank	82 259 2710 7 3855	Sample Person Supple. (60a) **
	598	1	<u>Are you blind in the right eye?</u> 1 - Yes 2 - No 8 - Blank, but applicable Blank	22 59 8 6824	Sample Person Supple. (60b) **

HEALTH AND NUTRITION EXAMINATION SURVEY (HANES I)

HEALTH CARE NEEDS, GENERAL MEDICAL HISTORY AND SUPPLEMENT ON RESPIRATORY AND CARDIOVASCULAR

Item #	Tape Loc.	No. of Positions	ITEM DESCRIPTION & CODES	Control Counts	HANES I Data Source
- 107 -	599	1	<u>In terms of total vision, how much trouble do you have seeing when wearing eyeglasses/contact lenses?</u> 1 - A lot of trouble 2 - A little trouble 3 - No trouble 8 - Blank, but applicable Blank	47 328 2668 9 3861	Sample Person Supple. (61a)***
	600	1	<u>Are you blind?</u> 1 - Yes 2 - No 8 - Blank, but applicable Blank	2 52 4 6855	Sample Person Supple. (61b)***
			ABOUT HOW LONG HAVE YOU HAD TROUBLE SEEING?		
	601- 602	2	01-10 - Months as given Blank	54 6859	Sample Person Supple. (62a)***
	603- 604	2	01-67 - Years as given Blank	296 6617	Same as above***
	605	1	1 - Since birth 9 - Don't know Blank	18 10 6885	Same as above**
	606	1	<u>Has it been...</u> 1 - Less than 3 months 2 - 3 months or more 8 - Blank, but applicable Blank	0 8 1 6904	Sample Person Supple. (62b)***
	607	1	<u>When wearing eyeglasses/contact lenses can you see well enough to recognize a friend if you get close to his face?</u> 1 - Yes 2 - No 8 - Blank, but applicable Blank	2991 62 5 3855	Sample Person Supple. (63a)***

HEALTH AND NUTRITION EXAMINATION SURVEY (HANES I)

HEALTH CARE NEEDS, GENERAL MEDICAL HISTORY AND SUPPLEMENT ON RESPIRATORY AND CARDIOVASCULAR

Item #	Tape Loc.	No. of Positions	ITEM DESCRIPTION & CODES	Control Counts	HANES I Data Source
608		1	<u>When wearing eyeglasses/contact lenses can you see well enough to recognize a friend who is an arms length away?</u> 1 - Yes 2 - No 8 - Blank, but applicable Blank	3008 45 5 3855	Sample Person Supple. (64) **
609		1	<u>When wearing eyeglasses/contact lenses can you see well enough to recognize a friend across a room?</u> 1 - Yes 2 - No 8 - Blank, but applicable Blank	2979 27 7 3900	Sample Person Supple. (65) **
610		1	<u>When wearing eyeglasses/contact lenses can you see well enough to recognize a friend across the street?</u> 1 - Yes 2 - No 8 - Blank, but applicable Blank	2898 82 6 3927	Sample Person Supple. (66a) **
611		1	<u>Do you have any problems seeing distant objects?</u> 1 - Yes 2 - No 8 - Blank, but applicable Blank	255 2636 13 4009	Sample Person Supple. (66b) **
612		1	<u>Do you read newspapers, magazines or books?</u> 1 - Yes 2 - No 8 - Blank, but applicable Blank	2952 100 6 3855	Sample Person Supple. (67a) **
613		1	<u>When wearing eyeglasses/contact lenses do you have any trouble at all seeing the print?</u> 1 - Yes 2 - No 8 - Blank, but applicable Blank	273 2678 7 3955	Sample Person Supple. (67b) **

HEALTH AND NUTRITION EXAMINATION SURVEY (HANES I)

HEALTH CARE NEEDS, GENERAL MEDICAL HISTORY AND SUPPLEMENT ON RESPIRATORY AND CARDIOVASCULAR

Item #	Tape Loc.	No. of Positions	ITEM DESCRIPTION & CODES	Control Counts	HANES I Data Source
614		1	<u>Is this because you have trouble seeing?</u> 1 - Yes 2 - No Blank	30 70 6813	Sample Person Supple. (67c) **
615		1	<u>When wearing eyeglasses/contact lenses can you see well enough to read ordinary newspaper print?</u> 1 - Yes 2 - No 8 - Blank, but applicable Blank	322 51 7 6533	Sample Person Supple. (68a) **
616		1	<u>When wearing eyeglasses/contact lenses can you see well enough to recognize letters in ordinary newspaper print?</u> 1 - Yes 2 - No 8 - Blank, but applicable Blank	18 32 8 6855	Sample Person Supple. (68b) **
617		1	<u>In order to read/recognize ordinary newspaper print, must you use a hand magnifying glass?</u> 1 - Yes 2 - No 8 - Blank, but applicable Blank	20 321 7 6565	Sample Person Supple. (69a) **
618		1	<u>Can you see well enough to read or recognize ordinary newspaper print if you use a hand magnifying glass?</u> 1 - Yes 2 - No 8 - Blank, but applicable Blank	17 15 1 6880	Sample Person Supple. (69b) **
619		1	<u>Do you have any problem seeing ordinary newspaper print (even when wearing eyeglasses)?</u> 1 - Yes 2 - No 8 - Blank, but applicable Blank	117 2881 6 3909	Sample Person Supple. (70a) **

HEALTH AND NUTRITION EXAMINATION SURVEY (HANES I)

HEALTH CARE NEEDS, GENERAL MEDICAL HISTORY AND SUPPLEMENT ON RESPIRATORY AND CARDIOVASCULAR

Item #	Tape Loc.	No. of Positions	ITEM DESCRIPTION & CODES	Control Counts	HANES I Data Source
	620	1	<u>When you are wearing eyeglasses/contact lenses can you see large letters in a newspaper such as the headline?</u> 1 - Yes 2 - No 8 - Blank, but applicable Blank	27 7 1 6878	Sample Person Supple. (71) **
	621	1	<u>If you are in a room, can you see well enough to tell if a light is on or off?</u> 1 - Yes 2 - No Blank	2 5 6906	Sample Person Supple. (72a) **
	622	1	<u>Can you see well enough to tell where the light is coming from?</u> 1 - Yes 2 - No Blank	2 0 6911	Sample Person Supple. (72b) **
	623-24	2	<u>Work Area</u>		

HEALTH AND NUTRITION EXAMINATION SURVEY (HANES I)

HEALTH CARE NEEDS, GENERAL MEDICAL HISTORY AND SUPPLEMENT ON RESPIRATORY AND CARDIOVASCULAR

Item #	Tape Loc.	No. of Positions	ITEM DESCRIPTION & CODES	Control Counts	HANES I Data Source
			RESPIRATORY		Supplement B
	625	1	<u>Was your problem that of persistent coughing?</u> 1 - Yes 2 - No Blank	548 1397 4968	
	626	1	<u>How long have you had this condition?</u> 1 - Less than 1 year 2 - 1-3 years 3 - 4-9 years 4 - 10 years or more 8 - Blank, but applicable Blank	86 147 92 220 3 6365	
	627	1	<u>Have you been bothered by this within the past year?</u> 1 - Yes 2 - No Blank	477 71 6365	
	628	1	<u>When have this trouble do you also have chest pains?</u> 1 - Yes 2 - No Blank	133 414 6366	
			WHERE?		
	629	1	<u>Upper back</u> 1 - Yes 2 - No 8 - Blank, but applicable Blank	6 125 2 6780	
	630	1	<u>Lower back</u> 1 - Yes 2 - No 8 - Blank, but applicable Blank	1 130 2 6780	

HEALTH AND NUTRITION EXAMINATION SURVEY (HANES I)

HEALTH CARE NEEDS, GENERAL MEDICAL HISTORY AND SUPPLEMENT ON RESPIRATORY AND CARDIOVASCULAR

Item #	Tape Loc.	No. of Positions	ITEM DESCRIPTION & CODES	Control Counts	HANES I Data Source
631		1	<u>Upper chest?</u> 1 - Yes 2 - No 8 - Blank, but applicable Blank	107 24 2 6780	Supplement B
632		1	<u>Along the rib edge?</u> 1 - Yes 2 - No 8 - Blank, but applicable Blank	23 108 2 6780	
633		1	<u>On the sides?</u> 1 - Yes 2 - No 8 - Blank, but applicable Blank	14 117 2 6780	
634		1	<u>Do you bring up phlegm with the cough?</u> 1 - Yes 2 - No 8 - Blank, but applicable Blank	432 109 7 6365	
635		1	<u>Do you cough persistently like this on most days for as much as three months each year?</u> 1 - Yes 2 - No 8 - Blank, but applicable Blank	396 150 2 6365	
636		1	<u>Do any medicines you take help relieve the cough?</u> 1 - Yes 2 - No 8 - Blank, but applicable Blank	179 364 5 6365	

HEALTH AND NUTRITION EXAMINATION SURVEY (HANES I)

HEALTH CARE NEEDS, GENERAL MEDICAL HISTORY AND SUPPLEMENT ON RESPIRATORY AND CARDIOVASCULAR

Item #	Tape Loc.	No. of Positions	ITEM DESCRIPTION & CODES	Control Counts	HANES I Data Source
637		1	<u>What time of year do these coughing attacks seem at their worst?</u>		Supplement B
			1 - Winter	173	
			2 - Summer	52	
			3 - No difference	314	
			8 - Blank, but applicable	9	
		Blank	6365		
638		1	<u>Have you had trouble with coughing spells when you first get up in the early morning?</u>		
			1 - Yes	630	
			2 - No	1314	
			Blank	4969	
639		1	<u>How long have you had this particular condition?</u>		
			1 - Less than one year	98	
			2 - 1-3 years	183	
			3 - 4-9 years	101	
			4 - 10 years or more	235	
			8 - Blank, but applicable	1	
			9 - Don't know	12	
			Blank	6283	
640		1	<u>Do you have chest pains when you have morning coughing spells?</u>		
			1 - Yes	103	
			2 - No	528	
			Blank	6282	
641		1	WHERE?		
			<u>Upper back?</u>		
			1 - Yes	3	
			2 - No	99	
			8 - Blank, but applicable	1	
		Blank	6810		
642		1	<u>Lower back?</u>		
			1 - Yes	1	
			2 - No	101	
			8 - Blank, but applicable	1	
			Blank	6810	

HEALTH AND NUTRITION EXAMINATION SURVEY (HANES I)

HEALTH CARE NEEDS, GENERAL MEDICAL HISTORY AND SUPPLEMENT ON RESPIRATORY AND CARDIOVASCULAR

Item #	Tape Loc.	No. of Positions	ITEM DESCRIPTION & CODES	Control Counts	HANES I Data Source
	643	1	<u>Upper chest?</u> 1 - Yes 2 - No 8 - Blank, but applicable Blank	84 18 1 6810	Supplement B
	644	1	<u>Along the rib edge?</u> 1 - Yes 2 - No 8 - Blank, but applicable Blank	16 86 1 6810	
	645	1	<u>On the sides?</u> 1 - Yes 2 - No 8 - Blank, but applicable Blank	4 98 1 6810	
	646	1	<u>What time of year are these morning coughing spells at their worst?</u> 1 - Winter 2 - Summer 3 - No difference 8 - Blank, but applicable Blank	194 63 365 9 6282	
	647	1	<u>Do you have a morning cough like this on most days for as much as three months each year?</u> 1 - Yes 2 - No 8 - Blank, but applicable Blank	464 160 6 6283	
	648	1	<u>Do you usually have a persistent cough at other times during the day or at night in the winter?</u> 1 - Yes 2 - No 8 - Blank, but applicable Blank	212 410 8 6283	

HEALTH AND NUTRITION EXAMINATION SURVEY (HANES I)

HEALTH CARE NEEDS, GENERAL MEDICAL HISTORY AND SUPPLEMENT ON RESPIRATORY AND CARDIOVASCULAR

Item #	Tape Loc.	No. of Positions	ITEM DESCRIPTION & CODES	Control Counts	HANES I Data Source
649		1	<u>Do you usually have a persistent cough at other times during the day or at night in the summer?</u> 1 - Yes 2 - No 8 - Blank, but applicable Blank	195 426 9 6283	Supplement B
650		1	<u>Do you usually bring up any phlegm from your chest first thing in the morning?</u> 1 - Yes 2 - No Blank	648 1296 4969	
651		1	<u>How long have you had this condition?</u> 1 - Less than 1 year 2 - 1-3 years 3 - 4-9 years 4 - 10 years or more 8 - Blank, but applicable 9 - Don't know Blank	92 179 112 240 1 24 6265	
			<u>WHAT COLOR IS THE PHLEGM?</u>		
652		1	<u>Green</u> 1 - Yes 2 - No 8 - Blank, but applicable Blank	63 552 33 6265	
653		1	<u>Yellow</u> 1 - Yes 2 - No 8 - Blank, but applicable Blank	218 397 33 6265	

HEALTH AND NUTRITION EXAMINATION SURVEY (HANES I)

HEALTH CARE NEEDS, GENERAL MEDICAL HISTORY AND SUPPLEMENT ON RESPIRATORY AND CARDIOVASCULAR

Item #	Tape Loc.	No. of Positions	ITEM DESCRIPTION & CODES	Control Counts	HANES I Data Source
- 116 -	654	1	<u>Clear</u> 1 - Yes 2 - No 8 - Blank, but applicable Blank	393 222 33 6265	Supplement B
	655	1	<u>Blood streaked</u> 1 - Yes 2 - No 8 - Blank, but applicable Blank	22 593 33 6265	
	656	1	<u>Do you also bring up any phlegm from your chest at other times during the day or at night in the winter?</u> 1 - Yes 2 - No 8 - Blank, but applicable Blank	273 371 4 6265	
	657	1	<u>Do you also bring up any phlegm from your chest during the day or at night in the summer?</u> 1 - Yes 2 - No 8 - Blank, but applicable Blank	256 387 5 6265	
	658	1	<u>What time of year do you seem to bring up the most phlegm from your chest?</u> 1 - Winter 2 - Summer 3 - No difference 8 - Blank, but applicable Blank	215 55 369 9 6265	
659	1	<u>If you brought up phlegm, do you bring it up on most days for as much as three months each year?</u> 1 - Yes 2 - No 8 - Blank, but applicable Blank	487 152 9 6265		

HEALTH AND NUTRITION EXAMINATION SURVEY (HANES I)

HEALTH CARE NEEDS, GENERAL MEDICAL HISTORY AND SUPPLEMENT ON RESPIRATORY AND CARDIOVASCULAR

Item #	Tape Loc.	No. of Positions	ITEM DESCRIPTION & CODES	Control Counts	HANES I Data Source
- 117 -	660	1	<u>Have you had shortness of breath either when hurrying on the level or walking up a slight hill?</u> 1 - Yes 2 - No Blank	1151 794 4968	Supplement B
	661	1	<u>Have you had this problem most days for as much as three months each year?</u> 1 - Yes 2 - No 8 - Blank, but applicable Blank	821 327 3 5762	
	662	1	<u>Do you get short of breath when walking with other people or at an ordinary pace on the level?</u> 1 - Yes 2 - No 8 - Blank, but applicable Blank	432 716 3 5762	
	663	1	<u>Do you have to stop for breath when walking at your own pace on the level?</u> 1 - Yes 2 - No 8 - Blank, but applicable Blank	228 918 5 5762	
	664	1	<u>Do you have to stop for breath after walking about 100 yds or after a few minutes on the level?</u> 1 - Yes 2 - No 8 - Blank, but applicable Blank	200 944 7 5762	

HEALTH AND NUTRITION EXAMINATION SURVEY (HANES I)

HEALTH CARE NEEDS, GENERAL MEDICAL HISTORY AND SUPPLEMENT ON RESPIRATORY AND CARDIOVASCULAR

Item #	Tape Loc.	No. of Positions	ITEM DESCRIPTION & CODES	Control Counts	HANES I Data Source
665		1	<u>How long ago did you first have this trouble with shortness of breath?</u>		Supplement B
			1 - Less than 1 year ago	145	
			2 - 1-3 years ago	365	
			3 - 4-9 years ago	287	
			4 - 10 years ago or more	305	
			9 - Don't know	49	
Blank	5762				
666		1	<u>Have you gotten chest pains along with shortness of breath?</u>		
			1 - Yes	296	
			2 - No	854	
Blank	5763				
WHERE WERE CHEST PAINS?					
667		1	<u>Upper chest</u>		
			1 - Yes	247	
			2 - No	46	
			8 - Blank, but applicable	3	
			Blank	6617	
668		1	<u>Upper back</u>		
			1 - Yes	15	
			2 - No	278	
			8 - Blank, but applicable	3	
			Blank	6617	
669		1	<u>Lower back</u>		
			1 - Yes	6	
			2 - No	287	
			8 - Blank, but applicable	3	
			Blank	6617	
670		1	<u>Along the lower ribs</u>		
			1 - Yes	25	
			2 - No	268	
			8 - Blank, but applicable	3	
			Blank	6617	

HEALTH AND NUTRITION EXAMINATION SURVEY (HANES I)

HEALTH CARE NEEDS, GENERAL MEDICAL HISTORY AND SUPPLEMENT ON RESPIRATORY AND CARDIOVASCULAR

Item #	Tape Loc.	No. of Positions	ITEM DESCRIPTION & CODES	Control Counts	HANES I Data Source
	671	1	<u>On the sides</u> 1 - Yes 2 - No 8 - Blank, but applicable Blank	17 276 3 6617	Supplement B
	672	1	<u>Do you develop wheezing as well as shortness of breath?</u> 1 - Yes 2 - No 8 - Blank, but applicable Blank	372 707 70 5764	
	673	1	<u>Have you ever felt like you were going to pass out from the shortness of breath?</u> 1 - Yes 2 - No 8 - Blank, but applicable Blank	276 809 64 5764	
	674	1	<u>Has chest ever sounded wheezy or whistling?</u> 1 - Yes 2 - No Blank	835 1106 4972	
	675	1	<u>How long have you had this condition?</u> 1 - Less than 1 year 2 - 1-3 years 3 - 4-9 years 4 - 10 years or more 8 - Blank, but applicable Blank	134 214 173 306 7 6079	
	676	1	<u>Do you get this wheezing or whistling with colds?</u> 1 - Yes 2 - No 8 - Blank, but applicable Blank	608 224 2 6079	

HEALTH AND NUTRITION EXAMINATION SURVEY (HANES I)

HEALTH CARE NEEDS, GENERAL MEDICAL HISTORY AND SUPPLEMENT ON RESPIRATORY AND CARDIOVASCULAR

Item #	Tape Loc.	No. of Positions	ITEM DESCRIPTION & CODES	Control Counts	HANES I Data Source
677		1	<u>Do you get this occasionally apart from colds?</u> 1 - Yes 2 - No 8 - Blank, but applicable Blank	547 282 4 6080	Supplement B
678		1	<u>Does this usually occur daily?</u> 1 - Yes 2 - No 8 - Blank, but applicable Blank	183 647 3 6080	
679		1	<u>What time or year does it seem worst?</u> 1 - Winter 2 - Summer 3 - No difference 8 - Blank, but applicable Blank	275 102 454 2 6080	
680		1	<u>Is this wheeziness present on most days for as much as three months each year?</u> 1 - Yes 2 - No 8 - Blank, but applicable Blank	319 512 2 6080	
681		1	<u>Do you take any medicines for wheezing?</u> 1 - Yes 2 - No 8 - Blank, but applicable Blank	234 598 1 6080	
682		1	<u>Do they help relieve the wheezing?</u> 1 - Not at all 2 - A small amount 3 - A great deal 8 - Blank, but applicable Blank	10 73 145 7 6678	

HEALTH AND NUTRITION EXAMINATION SURVEY (HANES I)

HEALTH CARE NEEDS, GENERAL MEDICAL HISTORY AND SUPPLEMENT ON RESPIRATORY AND CARDIOVASCULAR

Item #	Tape Loc.	No. of Positions	ITEM DESCRIPTION & CODES	Control Counts	HANES I Data Source
	683	1	<u>Have you had or do you now have asthma?</u> 1 - Yes 2 - No Blank	296 1643 4974	Supplement B
			WHAT IS IT RELATED TO OR DUE TO?		
	684	1	<u>Dust</u> 1 - Yes 2 - No Blank	141 88 6684	
	685	1	<u>Foods</u> 1 - Yes 2 - No Blank	46 183 6684	
	686	1	<u>Animal Contacts</u> 1 - Yes 2 - No Blank	65 164 6684	
	687	1	<u>Drugs</u> 1 - Yes 2 - No Blank	23 206 6684	
	688	1	<u>Pollens</u> 1 - Yes 2 - No Blank	125 104 6684	
	689	1	<u>Molds</u> 1 - Yes 2 - No Blank	41 188 6684	

HEALTH AND NUTRITION EXAMINATION SURVEY (HANES I)

HEALTH CARE NEEDS, GENERAL MEDICAL HISTORY AND SUPPLEMENT ON RESPIRATORY AND CARDIOVASCULAR

Item #	Tape Loc.	No. of Positions	ITEM DESCRIPTION & CODES	Control Counts	HANES I Data Source
690		1	<u>Other</u> 1 - Yes 2 - No Blank	41 188 6684	Supplement B
691		1	<u>Don't know</u> 9 - Don't know Blank	96 6817	
692		1	<u>How long have you had this condition?</u> 1 - Less than 1 year 2 - 1-3 years 3 - 4-9 years 4 - 10 years or more 8 - Blank, but applicable Blank	6 22 47 217 2 6619	
693		1	<u>Since you were a child?</u> 1 - Yes 2 - No 8 - Blank, but applicable Blank	124 89 6 6694	
694		1	<u>Do you have asthma symptoms on most days for as much as three months each year?</u> 1 - Yes 2 - No 8 - Blank, but applicable Blank	118 173 3 6619	
695		1	WHAT TIME OF YEAR IS IT WORST? <u>Spring</u> 1 - Yes 2 - No 8 - Blank, but applicable Blank	76 201 16 6620	

HEALTH AND NUTRITION EXAMINATION SURVEY (HANES I)

HEALTH CARE NEEDS, GENERAL MEDICAL HISTORY AND SUPPLEMENT ON RESPIRATORY AND CARDIOVASCULAR

Item #	Tape Loc.	No. of Positions	ITEM DESCRIPTION & CODES	Control Counts	HANES I Data Source
	696	1	<u>Summer</u> 1 - Yes 2 - No 8 - Blank, but applicable Blank	57 220 17 6619	Supplement B
	697	1	<u>Fall</u> 1 - Yes 2 - No 8 - Blank, but applicable Blank	66 211 17 6619	
	698	1	<u>Winter</u> 1 - Yes 2 - No 8 - Blank, but applicable Blank	74 203 17 6619	
	699	1	<u>Do you take any medicines for it?</u> 1 - Yes 2 - No 8 - Blank, but applicable Blank	154 128 12 6619	
	700	1	<u>Have you had or do you now have hay fever?</u> 1 - Yes 2 - No Blank	396 1540 4977	
	701	1	WHAT IS IT RELATED TO OR DUE TO? <u>Dust</u> 1 - Yes 2 - No Blank	189 143 6581	

HEALTH AND NUTRITION EXAMINATION SURVEY (HANES I)

HEALTH CARE NEEDS, GENERAL MEDICAL HISTORY AND SUPPLEMENT ON RESPIRATORY AND CARDIOVASCULAR

Item #	Tape Loc.	No. of Positions	ITEM DESCRIPTION & CODES	Control Counts	HANES I Data Source
	702	1	<u>Foods</u> 1 - Yes 2 - No Blank	34 298 6581	Supplement B
	703	1	<u>Animal contacts</u> 1 - Yes 2 - No Blank	71 261 6581	
	704	1	<u>Drugs</u> 1 - Yes 2 - No Blank	18 314 6581	
	705	1	<u>Pollens</u> 1 - Yes 2 - No Blank	261 71 6581	
	706	1	<u>Molds</u> 1 - Yes 2 - No Blank	49 283 6581	
	707	1	<u>Air conditioners</u> 1 - Yes 2 - No Blank	31 301 6581	
	708	1	<u>Other</u> 1 - Yes 2 - No Blank	51 281 6581	
	709	1	<u>Don't know</u> 9 - Don't know Blank	78 6835	

HEALTH AND NUTRITION EXAMINATION SURVEY (HANES I)

HEALTH CARE NEEDS, GENERAL MEDICAL HISTORY AND SUPPLEMENT ON RESPIRATORY AND CARDIOVASCULAR

Item #	Tape Loc.	No. of Positions	ITEM DESCRIPTION & CODES	Control Counts	HANES I Data Source
	710	1	<u>How long have you had this condition?</u> 1 - Less than 1 year 2 - 1-3 years 3 - 4-9 years 4 - 10 years or more 8 - Blank, but applicable Blank	15 35 70 272 2 6519	Supplement B
	711	1	<u>Since you were a child?</u> 1 - Yes 2 - No 8 - Blank, but applicable Blank	129 142 3 6639	
	712	1	<u>Do you have hay fever symptoms on most days for as much as three months each year?</u> 1 - Yes 2 - No 8 - Blank, but applicable Blank	174 217 3 6519	
	713	1	WHAT TIME OF YEAR IS IT WORST? <u>Spring</u> 1 - Yes 2 - No 8 - Blank, but applicable Blank	155 196 43 6519	
	714	1	<u>Summer</u> 1 - Yes 2 - No 8 - Blank, but applicable Blank	108 243 43 6519	
	715	1	<u>Fall</u> 1 - Yes 2 - No 8 - Blank, but applicable Blank	125 226 43 6519	

HEALTH AND NUTRITION EXAMINATION SURVEY (HANES I)

HEALTH CARE NEEDS, GENERAL MEDICAL HISTORY AND SUPPLEMENT ON RESPIRATORY AND CARDIOVASCULAR

Item #	Tape Loc.	No. of Positions	ITEM DESCRIPTION & CODES	Control Counts	HANES I Data Source
716		1	<u>Winter</u> 1 - Yes 2 - No 8 - Blank, but applicable Blank	27 324 43 6519	Supplement B
717		1	<u>Do you take any medicine for it?</u> 1 - Yes 2 - No 8 - Blank, but applicable Blank	183 175 36 6519	
718		1	<u>Have you ever been tested for TB?</u> 1 - Yes 2 - No Blank HOW WERE YOU TESTED?	1561 371 4981	
719		1	<u>A skin test</u> 1 - Yes 2 - No Blank	798 721 5394	
720		1	<u>Chest X-Ray</u> 1 - Yes 2 - No Blank	1409 110 5394	
721		1	<u>Sputum Examination</u> 1 - Yes 2 - No Blank	140 1379 5394	
722		1	<u>Don't know</u> 9 - Don't know Blank	42 6871	

HEALTH AND NUTRITION EXAMINATION SURVEY (HANES I)

HEALTH CARE NEEDS, GENERAL MEDICAL HISTORY AND SUPPLEMENT ON RESPIRATORY AND CARDIOVASCULAR

Item #	Tape Loc.	No. of Positions	ITEM DESCRIPTION & CODES	Control Counts	HANES I Data Source
	723	1	<u>How often are you tested?</u> 1 - Once every year 2 - Once every two years 3 - Once every 3-5 years 4 - Less often than once every 5 years 8 - Blank, but applicable Blank	427 197 204 711 20 5354	Supplement B
	724	1	<u>How long ago were you last tested?</u> 1 - Less than 1 year ago 2 - 1-2 years ago 3 - 3-5 years ago 4 - 6-9 years ago 5 - 10 years ago or more 8 - Blank, but applicable 9 - Don't know Blank	558 299 274 109 227 1 91 5354	
	725	1	<u>Have you seen a doctor or anyone else about the chest or lung conditions you mentioned previously?</u> 1 - Yes 2 - No Blank	763 1161 4989	
	726	1	<u>What type of doctor is he?</u> 1 - General Practitioner 2 - Internist 3 - Osteopath 4 - Surgeon 5 - Lung specialist 6 - Allergist 7 - Other 8 - Blank, but applicable Blank	490 78 11 24 32 37 77 6 6158	

HEALTH AND NUTRITION EXAMINATION SURVEY (HANES I)

HEALTH CARE NEEDS, GENERAL MEDICAL HISTORY AND SUPPLEMENT ON RESPIRATORY AND CARDIOVASCULAR

Item #	Tape Loc.	No. of Positions	ITEM DESCRIPTION & CODES	Control Counts	HANES I Data Source
	727	1	<u>Who initially referred you to this doctor?</u> 1 - No one 2 - He's the regular doctor 3 - Another physician 4 - Health nurse 5 - Clinic 6 - Family 7 - Other 8 - Blank, but applicable Blank	93 393 117 3 43 42 58 5 6159	Supplement B
	728	1	<u>How long after you first developed the problem did you see him?</u> 1 - 1-6 days 2 - 1-7 weeks 3 - 2-6 months 4 - 7-11 months 5 - One year or more 9 - Don't know Blank WHAT DID HE SAY THE CONDITION OR CONDITIONS AFFECTING YOUR CHEST WERE?	123 88 66 12 210 248 6166	See Detailed Notes
	729	1	<u>Acute upper respiratory infections</u> 1 - Yes 8 - Blank, but applicable Blank	27 106 6780	
	730	1	<u>Acute Bronchitis</u> 1 - Yes 8 - Blank, but applicable Blank	33 106 6774	
	731	1	<u>Influenza</u> 1 - Yes 8 - Blank, but applicable Blank	6 106 6801	

HEALTH AND NUTRITION EXAMINATION SURVEY (HANES I)

HEALTH CARE NEEDS, GENERAL MEDICAL HISTORY AND SUPPLEMENT ON RESPIRATORY AND CARDIOVASCULAR

Item #	Tape Loc.	No. of Positions	ITEM DESCRIPTION & CODES	Control Counts	HANES I Data Source
732		1	<u>Pneumonia</u> 1 - Yes 8 - Blank, but applicable Blank	26 106 6781	Supplement B
733		1	<u>Chronic bronchitis (non-allergic)</u> 1 - Yes 8 - Blank, but applicable Blank	81 106 6726	
734		1	<u>Emphysema</u> 1 - Yes 8 - Blank, but applicable Blank	59 106 6748	
735		1	<u>Asthma</u> 1 - Yes 8 - Blank, but applicable Blank	153 106 6654	
736		1	<u>Hypertrophy of tonsils and adnoids (chronic)</u> 1 - Yes 8 - Blank, but applicable Blank	0 106 6807	
737		1	<u>Chronic Pharyngitis/nasopharyngitis/sinusitis/laryngitis</u> 1 - Yes 8 - Blank, but applicable Blank	17 106 6790	
738		1	<u>Hay fever (without asthma)</u> 1 - Yes 8 - Blank, but applicable Blank	70 106 6737	

HEALTH AND NUTRITION EXAMINATION SURVEY (HANES I)

HEALTH CARE NEEDS, GENERAL MEDICAL HISTORY AND SUPPLEMENT ON RESPIRATORY AND CARDIOVASCULAR

Item #	Tape Loc.	No. of Positions	ITEM DESCRIPTION & CODES	Control Counts	HANES I Data Source
	739-742	4	<u>Other diseases of the upper respiratory tract (non-allergic)</u> 0001 - As given 0002 - As given 0003 - As given 0004 - As given 0013 - As given 0034 - As given 0234 - As given 8888 - Blank, but applicable Blank	165 12 33 35 1 2 1 110 6554	Supplement B See Detailed Notes.

HEALTH AND NUTRITION EXAMINATION SURVEY (HANES I)

HEALTH CARE NEEDS, GENERAL MEDICAL HISTORY AND SUPPLEMENT ON RESPIRATORY AND CARDIOVASCULAR

Item #	Tape Loc.	No. of Positions	ITEM DESCRIPTION & CODES	Control Counts	HANES I Data Source
	743	1	<u>When you see the doctor about your chest condition, how often do you receive a chest x-ray?</u> 1 - At every visit 2 - At every other visit 3 - Less often than every other visit 8 - Blank, but applicable Blank	54 32 644 14 6169	Supplement B
	744	1	<u>Does he prescribe the medicine for the condition?</u> 1 - Yes 2 - No 8 - Blank, but applicable Blank HOW IS THE MEDICINE TAKEN?	507 234 2 6170	
	745	1	<u>Swallowed</u> 1 - Yes 2 - No 8 - Blank, but applicable Blank	436 67 6 6404	
	746	1	<u>Breathed</u> 1 - Yes 2 - No 8 - Blank, but applicable Blank	66 437 6 6404	
	747	1	<u>Injected</u> 1 - Yes 2 - No 8 - Blank, but applicable Blank	118 385 6 6404	
	748	1	<u>Other</u> 1 - Yes 2 - No 8 - Blank, but applicable Blank	15 488 6 6404	

HEALTH AND NUTRITION EXAMINATION SURVEY (HANES I)

HEALTH CARE NEEDS, GENERAL MEDICAL HISTORY AND SUPPLEMENT ON RESPIRATORY AND CARDIOVASCULAR

Item #	Tape Loc.	No. of Positions	ITEM DESCRIPTION & CODES	Control Counts	HANES I Data Source
			HAS HE TOLD YOU TO DO ANY OF THESE OTHER THINGS?		
	749	1	<u>Breathing exercises</u> 1 - Yes 2 - No 8 - Blank, but applicable Blank	47 690 6 6170	Supplement B
	750	1	<u>Use a breathing machine</u> 1 - Yes 2 - No 8 - Blank, but applicable Blank	30 707 6 6170	
	751	1	<u>Stop smoking</u> 1 - Yes 2 - No 8 - Blank, but applicable Blank	225 512 6 6170	
	752	1	<u>Decrease smoking</u> 1 - Yes 2 - No 8 - Blank, but applicable Blank	137 600 6 6170	
	753	1	<u>Regular checkup</u> 1 - Yes 2 - No 8 - Blank, but applicable Blank	241 496 6 6170	
	754	1	<u>Lots of Rest</u> 1 - Yes 2 - No 8 - Blank, but applicable Blank	149 588 6 6170	

HEALTH AND NUTRITION EXAMINATION SURVEY (HANES I)

HEALTH CARE NEEDS, GENERAL MEDICAL HISTORY AND SUPPLEMENT ON RESPIRATORY AND CARDIOVASCULAR

Item #	Tape Loc.	No. of Positions	ITEM DESCRIPTION & CODES	Control Counts	HANES I Data Source
	755	1	<u>Decrease activity</u> 1 - Yes 2 - No 8 - Blank, but applicable Blank	114 623 6 6170	Supplement B
	756	1	<u>Other</u> 1 - Yes 2 - No 8 - Blank, but applicable Blank	39 698 6 6170	
	757	1	<u>When was the last time you saw him?</u> 1 - Less than 1 month ago 2 - 1-3 months ago 3 - 4-6 months ago 4 - 7-11 months ago 5 - 1 year ago or more 9 - Don't know Blank	208 148 84 50 230 21 6172	
	758	1	<u>Where do you usually see him?</u> 1 - At his office 2 - At a clinic 3 - At home 4 - Other 8 - Blank, but applicable Blank	583 114 3 25 10 6178	
	759	1	<u>How long will it be until your next appointment?</u> 1 - Less than 1 month 2 - 1-3 months 3 - 4-6 months 4 - 7-11 months 5 - 1 year or more 9 - Don't know Blank	145 74 24 3 16 473 6178	

HEALTH AND NUTRITION EXAMINATION SURVEY (HANES I)

HEALTH CARE NEEDS, GENERAL MEDICAL HISTORY AND SUPPLEMENT ON RESPIRATORY AND CARDIOVASCULAR

Item #	Tape Loc.	No. of Positions	ITEM DESCRIPTION & CODES	Control Counts	HANES I Data Source
	760	1	<u>Within the past 12 months, has your chest condition..</u> 1 - Gotten worse 2 - Gotten better 3 - Stayed about the same 8 - Blank, but applicable Blank	170 252 1459 12 5020	Supplement B
	761	1	<u>Have you ever been disabled because of any chest condition?</u> 1 - Yes 2 - No 8 - Blank, but applicable Blank	195 1689 8 5021	
	762	1	<u>Have you ever stayed overnight in a hospital because of a chest condition?</u> 1 - Yes 2 - No 8 - Blank, but applicable Blank	222 1657 13 5021	
	763	1	<u>What was your job status one month before you first had a problem with a chest or lung condition?</u> 1 - Retired because of age 2 - Retired because of disability 3 - Unemployed 4 - Working full-time 5 - Working part-time 6 - Housewife with full duties 7 - Housewife with partial or no duties 8 - Other 9 - Blank, but applicable Blank	83 48 18 977 88 487 14 102 74 5022	

HEALTH AND NUTRITION EXAMINATION SURVEY (HANES I)

HEALTH CARE NEEDS, GENERAL MEDICAL HISTORY AND SUPPLEMENT ON RESPIRATORY AND CARDIOVASCULAR

Item #	Tape Loc.	No. of Positions	ITEM DESCRIPTION & CODES	Control Counts	HANES I Data Source
	764	1	<u>As a result of your chest or lung condition, has there been a change in your job status?</u> 1 - Yes 2 - No 8 - Blank, but applicable Blank	153 1734 4 5022	Supplement B
	765	1	<u>What is it now?</u> 1 - Retired because of disability 2 - Unemployed 3 - Working only part-time 4 - Changed to easier job 5 - Housewife with partial duties 6 - Housewife with no duties 7 - Other 8 - Blank, but applicable Blank	59 12 10 15 18 6 33 4 6756	
	766	1	<u>How many work days would you estimate you have lost during the past 12 months because of your chest or lung condition excluding colds or flu?</u> 1 - None 2 - 1-4 days 3 - 5-9 days 4 - 10-14 days 5 - 15-19 days 6 - 20-29 days 7 - 30 days or more 8 - Blank, but applicable Blank	1759 34 13 13 6 7 49 10 5022	
	767- 824	58	<u>Data User Work Area</u>		

HEALTH AND NUTRITION EXAMINATION SURVEY (HANES I)

HEALTH CARE NEEDS, GENERAL MEDICAL HISTORY AND SUPPLEMENT ON RESPIRATORY AND CARDIOVASCULAR

Item #	Tape Loc.	No. of Positions	ITEM DESCRIPTION & CODES	Control Counts	HANES I Data Source
			CARDIOVASCULAR		Supplement C
	825	1	<u>Was the problem that of chest pains, chest discomfort, pressure or heaviness?</u> 1 - Yes 2 - No Blank	893 306 5714	
			HOW WOULD YOU BEST DESCRIBE THIS PAIN OR DISCOMFORT?		
	826	1	<u>Heaviness</u> 1 - Yes 2 - No 8 - Blank, but applicable Blank	335 547 11 6020	
	827	1	<u>Burning sensation</u> 1 - Yes 2 - No 8 - Blank, but applicable Blank	124 758 11 6020	
	828	1	<u>Tightness</u> 1 - Yes 2 - No 8 - Blank, but applicable Blank	330 552 11 6020	
	829	1	<u>Stabbing pain</u> 1 - Yes 2 - No 8 - Blank, but applicable Blank	165 717 11 6020	
	830	1	<u>Pressure</u> 1 - Yes 2 - No 8 - Blank, but applicable Blank	357 525 11 6020	

HEALTH AND NUTRITION EXAMINATION SURVEY (HANES I)

HEALTH CARE NEEDS, GENERAL MEDICAL HISTORY AND SUPPLEMENT ON RESPIRATORY AND CARDIOVASCULAR

Item #	Tape Loc.	No. of Positions	ITEM DESCRIPTION & CODES	Control Counts	HANES I Data Source
	831	1	<u>Sharp pain</u> 1 - Yes 2 - No 8 - Blank, but applicable Blank	305 577 11 6020	Supplement C
	832	1	<u>Shooting pains</u> 1 - Yes 2 - No 8 - Blank, but applicable Blank	128 754 11 6020	
	833	1	<u>Have you had it more than three times?</u> 1 - Yes 2 - No 8 - Blank, but applicable Blank	727 164 2 6020	
	834	1	<u>Have you been bothered by this within the past 12 months?</u> 1 - Yes 2 - No 8 - Blank, but applicable Blank	722 170 1 6020	
	835	1	<u>How old were you when you first had it?</u> 1 - 10-19 years old 2 - 20-29 years old 3 - 30-39 years old 4 - 40-49 years old 5 - 50-59 years old 6 - 60 years old or older 8 - Blank, but applicable Blank	24 92 130 229 229 185 4 6020	
	836	1	<u>Do you get it if you walk at an ordinary pace on level ground?</u> 1 - Yes 2 - No 8 - Blank, but applicable Blank	153 739 1 6020	

HEALTH AND NUTRITION EXAMINATION SURVEY (HANES I)

HEALTH CARE NEEDS, GENERAL MEDICAL HISTORY AND SUPPLEMENT ON RESPIRATORY AND CARDIOVASCULAR

Item #	Tape Loc.	No. of Positions	ITEM DESCRIPTION & CODES	Control Counts	HANES I Data Source
	837	1	<u>Do you get it if you walk uphill or hurry?</u> 1 - Yes 2 - No Blank	407 486 6020	Supplement C
			WHAT DO YOU DO IF YOU GET IT WHILE WALKING?		
	838	1	<u>Stop</u> 1 - Yes 2 - No 8 - Blank, but applicable Blank	297 109 1 6506	
	839	1	<u>Slow down</u> 1 - Yes 2 - No 8 - Blank, but applicable Blank	140 266 1 6506	
	840	1	<u>Continue at same pace</u> 1 - Yes 2 - No 8 - Blank, but applicable Blank	34 372 1 6506	
	841	1	<u>Take medicine</u> 1 - Yes 2 - No 8 - Blank, but applicable Blank	84 322 1 6506	
	842	1	<u>If you do stop or slow down, is it relieved or not?</u> 1 - Relieved 2 - Not relieved Blank	364 42 6507	

HEALTH AND NUTRITION EXAMINATION SURVEY (HANES I)

HEALTH CARE NEEDS, GENERAL MEDICAL HISTORY AND SUPPLEMENT ON RESPIRATORY AND CARDIOVASCULAR

Item #	Tape Loc.	No. of Positions	ITEM DESCRIPTION & CODES	Control Counts	HANES I Data Source
	843	1	<u>How soon?</u> 1 - Less than 10 minutes 2 - 10 minutes or more 8 - Blank, but applicable Blank	260 103 1 6549	Supplement C
			WHEN YOU GET PAIN OR DISCOMFORT, WHERE IS IT LOCATED?		
	844	1	<u>Upper middle chest</u> 1 - Yes 2 - No 8 - Blank, but applicable Blank	377 508 6 6022	
	845	1	<u>Lower middle chest</u> 1 - Yes 2 - No 8 - Blank, but applicable Blank	329 556 6 6022	
	846	1	<u>Left side of chest</u> 1 - Yes 2 - No 8 - Blank, but applicable Blank	342 543 6 6022	
	847	1	<u>Left arm</u> 1 - Yes 2 - No 8 - Blank, but applicable Blank	169 716 6 6022	
	848	1	<u>Right side of chest</u> 1 - Yes 2 - No 8 - Blank, but applicable Blank	64 821 6 6022	

HEALTH AND NUTRITION EXAMINATION SURVEY (HANES I)

HEALTH CARE NEEDS, GENERAL MEDICAL HISTORY AND SUPPLEMENT ON RESPIRATORY AND CARDIOVASCULAR

Item #	Tape Loc.	No. of Positions	ITEM DESCRIPTION & CODES	Control Counts	HANES I Data Source
849		1	<u>Other</u>		Supplement C
			1 - Yes	68	
			2 - No	817	
			8 - Blank, but applicable	6	
			Blank	6022	
DO ANY OF THESE THINGS TEND TO BRING IT ON?					
850		1	<u>Excitement or emotion</u>		
			1 - Yes	346	
			2 - No	539	
			8 - Blank, but applicable	6	
			Blank	6022	
851		1	<u>Stooping over</u>		
			1 - Yes	144	
			2 - No	741	
			8 - Blank, but applicable	6	
			Blank	6022	
852		1	<u>Eating a heavy meal</u>		
			1 - Yes	190	
			2 - No	695	
			8 - Blank, but applicable	6	
			Blank	6022	
853		1	<u>Coughing spells</u>		
			1 - Yes	149	
			2 - No	736	
			8 - Blank, but applicable	6	
			Blank	6022	
854		1	<u>Cold wind</u>		
			1 - Yes	177	
			2 - No	708	
			8 - Blank, but applicable	6	
			Blank	6022	

HEALTH AND NUTRITION EXAMINATION SURVEY (HANES I)

HEALTH CARE NEEDS, GENERAL MEDICAL HISTORY AND SUPPLEMENT ON RESPIRATORY AND CARDIOVASCULAR

Item #	Tape Loc.	No. of Positions	ITEM DESCRIPTION & CODES	Control Counts	HANES I Data Source
- 171 -	855	1	<u>Exertion</u> 1 - Yes 2 - No 8 - Blank, but applicable Blank	452 433 6 6022	Supplement C
	856	1	<u>Have you ever had severe pain across the front part of your chest lasting for half an hour or more?</u> 1 - Yes 2 - No Blank	328 869 5716	
	857	1	<u>How many of these attacks have you had?</u> 1 - One 2 - 2-3 3 - 4 or more 8 - Blank, but applicable Blank	118 66 135 9 6585	
	858- 859	2	<u>Month</u> 01-12 - Month as given 88 - Blank, but applicable Blank	280 48 6585	
	860- 861	2	<u>Year</u> 48-75 - Year as given 88 - Blank, but applicable Blank	312 16 6585	
	862	1	<u>What was the duration of the pain during your last attack?</u> 1 - 30-59 minutes 2 - 1-2 hours 3 - 3-5 hours 4 - 6-11 hours 5 - 12-23 hours 6 - 24-47 hours 7 - 2 days or more 8 - Blank, but applicable Blank	106 62 37 26 30 12 34 20 6586	

HEALTH AND NUTRITION EXAMINATION SURVEY (HANES I)

HEALTH CARE NEEDS, GENERAL MEDICAL HISTORY AND SUPPLEMENT ON RESPIRATORY AND CARDIOVASCULAR

Item #	Tape Loc.	No. of Positions	ITEM DESCRIPTION & CODES	Control Counts	HANES I Data Source
	863	1	<u>Did you see a doctor about this last attack?</u> 1 - Yes 2 - No Blank	208 119 6586	Supplement C
			WHAT DID HE SAY IT WAS?		See Detailed Notes
	864	1	<u>Rheumatic fever</u> 1 - Yes Blank	1 6912	
	865	1	<u>Chronic Rheumatic Heart Disease</u> 1 - Yes Blank	0 6913	
	866	1	<u>Hypertension</u> 1 - Yes Blank	1 6912	
	867	1	<u>Ischemic Heart Disease</u> 1 - Yes Blank	20 6893	
	868	1	<u>Other forms of heart disease</u> 1 - Yes Blank	111 6802	
	869	1	<u>Cerebrovascular disease</u> 1 - Yes Blank	1 6912	
	870	1	<u>Arteriosclerosis</u> 1 - Yes Blank	1 6912	
	871	1	<u>Other diseases of the circulating system</u> 1 - Yes Blank	47 6866	

HEALTH AND NUTRITION EXAMINATION SURVEY (HANES I)

HEALTH CARE NEEDS, GENERAL MEDICAL HISTORY AND SUPPLEMENT ON RESPIRATORY AND CARDIOVASCULAR

Item #	Tape Loc.	No. of Positions	ITEM DESCRIPTION & CODES	Control Counts	HANES I Data Source
	872	1	<u>Do you get pain or discomfort in either leg while walking?</u> 1 - Yes 2 - No Blank	351 842 5720	Supplement C
	873	1	<u>Do you also get this pain in your legs while standing still?</u> 1 - Yes 2 - No Blank	211 140 6562	
	874	1	<u>In what parts of your leg do you feel this pain?</u> 1 - Lower part (calf) 2 - Upper part (thigh) 3 - Both upper and lower parts 8 - Blank, but applicable Blank	201 36 111 2 6563	
	875	1	<u>Do you get the pain in your legs while quiet or while sitting?</u> 1 - Yes 2 - No Blank	182 168 6563	
	876	1	<u>Do you get it when you walk up a hill in a hurry?</u> 1 - Yes 2 - No 8 - Blank, but applicable Blank	256 86 7 6564	
	877	1	<u>Do you get it when you walk at an ordinary pace on level ground?</u> 1 - Yes 2 - No Blank	214 134 6565	
	878	1	<u>Does the pain in your legs come on after you have taken a few steps?</u> 1 - Yes 2 - No 8 - Blank, but applicable Blank	113 233 1 6566	

HEALTH AND NUTRITION EXAMINATION SURVEY (HANES I)

HEALTH CARE NEEDS, GENERAL MEDICAL HISTORY AND SUPPLEMENT ON RESPIRATORY AND CARDIOVASCULAR

Item #	Tape Loc.	No. of Positions	ITEM DESCRIPTION & CODES	Control Counts	HANES I Data Source
	879	1	<u>Does the pain disappear while you are still walking?</u> 1 - Yes 2 - No 8 - Blank, but applicable Blank	89 253 5 6566	Supplement C
			WHAT DO YOU DO WHEN YOU GET IT WHILE YOU ARE WALKING?		
	880	1	<u>Stop</u> 1 - Yes 2 - No 8 - Blank, but applicable Blank	186 153 7 6567	
	881	1	<u>Slow down</u> 1 - Yes 2 - No 8 - Blank, but applicable Blank	94 245 7 6567	
	882	1	<u>Continue at same pace</u> 1 - Yes 2 - No 8 - Blank, but applicable Blank	103 236 7 6567	
	883	1	<u>Take medicine</u> 1 - Yes 2 - No 8 - Blank, but applicable Blank	16 323 7 6567	
	884	1	<u>If you stop, is it relieved or not?</u> 1 - Relieved 2 - Not relieved 8 - Blank, but applicable Blank	212 131 2 6568	

HEALTH AND NUTRITION EXAMINATION SURVEY (HANES I)

HEALTH CARE NEEDS, GENERAL MEDICAL HISTORY AND SUPPLEMENT ON RESPIRATORY AND CARDIOVASCULAR

Item #	Tape Loc.	No. of Positions	ITEM DESCRIPTION & CODES	Control Counts	HANES I Data Source
885		1	<u>How soon after stopping</u> 1 - Less than 10 minutes 2 - 10 minutes or more 8 - Blank, but applicable Blank	151 59 4 6699	Supplement C
886		1	<u>Is the pain more likely to occur when you are hurrying than when you are walking at a slower, more even pace?</u> 1 - Yes 2 - No 8 - Blank, but applicable Blank	205 134 6 6568	
887		1	<u>Have you seen a doctor about chest pains, chest discomfort, pains in the legs while walking or heart failure?</u> 1 - Yes 2 - No Blank	772 413 5728	
888		1	<u>What type of doctor is he?</u> 1 - General practitioner 2 - Osteopath 3 - Heart specialist 4 - Other specialist 5 - Other 9 - Don't know Blank	467 12 121 34 84 50 6145	
			WHO INITIALLY REFERRED YOU TO THIS DOCTOR?		
889		1	<u>No One</u> 1 - Yes 2 - No 8 - Blank, but applicable Blank	104 657 3 6149	

HEALTH AND NUTRITION EXAMINATION SURVEY (HANES I)

HEALTH CARE NEEDS, GENERAL MEDICAL HISTORY AND SUPPLEMENT ON RESPIRATORY AND CARDIOVASCULAR

Item #	Tape Loc.	No. of Positions	ITEM DESCRIPTION & CODES	Control Counts	HANES I Data Source
- 146 -	890	1	<u>He's the regular doctor</u>		Supplement C
			1 - Yes	408	
			2 - No	353	
			8 - Blank, but applicable	3	
			Blank	6149	
	891	1	<u>Another doctor</u>		
			1 - Yes	113	
			2 - No	648	
			8 - Blank, but applicable	3	
			Blank	6149	
	892	1	<u>Family</u>		
			1 - Yes	65	
			2 - No	696	
			8 - Blank, but applicable	3	
			Blank	6149	
	893	1	<u>Clinic</u>		
			1 - Yes	30	
			2 - No	731	
			8 - Blank, but applicable	3	
			Blank	6149	
	894	1	<u>Health nurse</u>		
			1 - Yes	2	
			2 - No	759	
			8 - Blank, but applicable	3	
			Blank	6149	
	895	1	<u>Other</u>		
			1 - Yes	72	
			2 - No	689	
			8 - Blank, but applicable	3	
			Blank	6149	

HEALTH AND NUTRITION EXAMINATION SURVEY (HANES I)

HEALTH CARE NEEDS, GENERAL MEDICAL HISTORY AND SUPPLEMENT ON RESPIRATORY AND CARDIOVASCULAR

Item #	Tape Loc.	No. of Positions	ITEM DESCRIPTION & CODES	Control Counts	HANES I Data Source
	896	1	<u>How long after this trouble first started did you first visit your doctor about it?</u> 1 - Less than 1 day 2 - 1-2 days 3 - 3-6 days 4 - 1-3 weeks 5 - 1-5 months 6 - 6-11 months 7 - 1 year or more 9 - Don't remember Blank	234 70 39 92 72 22 107 123 6154	Supplement C
	897	1	<u>Did you have a cardiogram at the first visit?</u> 1 - Yes 2 - No 8 - Blank, but applicable Blank	515 227 11 6160	
	898	1	<u>Did you have one at a later visit?</u> 1 - Yes 2 - No 8 - Blank, but applicable Blank	448 297 6 6162	
	899	1	<u>How long was it from the time of the first visit?</u> 1 - 1-2 days 2 - 3-6 days 3 - 1-3 weeks 4 - 1-5 months 5 - 6-11 months 6 - 1 year or more 8 - Blank, but applicable 9 - Don't know Blank	129 25 35 45 16 53 7 144 6459	
	900	1	<u>Did you have a chest x-ray at the first visit?</u> 1 - Yes 2 - No 8 - Blank, but applicable Blank	481 251 18 6163	

HEALTH AND NUTRITION EXAMINATION SURVEY (HANES I)

HEALTH CARE NEEDS, GENERAL MEDICAL HISTORY AND SUPPLEMENT ON RESPIRATORY AND CARDIOVASCULAR

Item #	Tape Loc.	No. of Positions	ITEM DESCRIPTION & CODES	Control Counts	HANES I Data Source
901		1	<u>Did you have one at a later visit?</u>		Supplement C
			1 - Yes	404	
			2 - No	335	
			8 - Blank, but applicable	10	
			Blank	6164	
902		1	<u>How long was it from the time of first visit?</u>		
			1 - 1-2 days	70	
			2 - 3-6 days	20	
			3 - 1-3 weeks	27	
			4 - 1-5 months	33	
			5 - 6-11 months	21	
			6 - 1 year or more	58	
			8 - Blank, but applicable	7	
			9 - Don't know	178	
			Blank	6499	
903		1	<u>Have you had any other tests for this condition?</u>		
			1 - Yes	477	
			2 - No	256	
			8 - Blank, but applicable	12	
			Blank	6168	
904		1	<u>Did the doctor prescribe medicines to take for your condition?</u>		
			1 - Yes	533	
			2 - No	204	
			8 - Blank, but applicable	6	
			Blank	6170	
905		1	HOW DO YOU TAKE THE MEDICINE?		
			<u>Swallowed</u>		
			1 - Yes	461	
			2 - No	70	
			8 - Blank, but applicable	7	
Blank	6375				

HEALTH AND NUTRITION EXAMINATION SURVEY (HANES I)

HEALTH CARE NEEDS, GENERAL MEDICAL HISTORY AND SUPPLEMENT ON RESPIRATORY AND CARDIOVASCULAR

Item #	Tape Loc.	No. of Positions	ITEM DESCRIPTION & CODES	Control Counts	HANES I Data Source
	906	1	<u>Under the tongue</u> 1 - Yes 2 - No 8 - Blank, but applicable Blank	166 364 8 6375	Supplement C
	907	1	<u>Injected</u> 1 - Yes 2 - No 8 - Blank, but applicable Blank	75 455 8 6375	
	908	1	<u>Other</u> 1 - Yes 2 - No 8 - Blank, but applicable Blank	8 522 8 6375	
			HAS HE TOLD YOU TO DO ANY OF THESE OTHER THINGS?		
	909	1	<u>Make regular visits</u> 1 - Yes 2 - No 8 - Blank, but applicable Blank	362 367 11 6173	
	910	1	<u>Have regular cardiograms</u> 1 - Yes 2 - No 8 - Blank, but applicable Blank	180 549 11 6173	
	911	1	<u>Decrease activity</u> 1 - Yes 2 - No 8 - Blank, but applicable Blank	256 473 11 6173	

HEALTH AND NUTRITION EXAMINATION SURVEY (HANES I)

HEALTH CARE NEEDS, GENERAL MEDICAL HISTORY AND SUPPLEMENT ON RESPIRATORY AND CARDIOVASCULAR

Item #	Tape Loc.	No. of Positions	ITEM DESCRIPTION & CODES	Control Counts	HANES I Data Source
	912	1	<u>Increase activity</u> 1 - Yes 2 - No 8 - Blank, but applicable Blank	30 699 11 6173	Supplement C
	913	1	<u>Rest</u> 1 - Yes 2 - No 8 - Blank, but applicable Blank	293 436 11 6173	
	914	1	<u>Do exercises</u> 1 - Yes 2 - No 8 - Blank, but applicable Blank	74 655 11 6173	
	915	1	<u>Stop smoking</u> 1 - Yes 2 - No 8 - Blank, but applicable Blank	169 560 11 6173	
	916	1	<u>Other</u> 1 - Yes 2 - No 8 - Blank, but applicable Blank	60 669 11 6173	
	917	1	<u>When was the last time you saw him?</u> 1 - Less than 1 month ago 2 - 1-3 months ago 3 - 4-6 months ago 4 - 7-11 months ago 5 - 1 year ago or more 8 - Blank, but applicable 9 - Don't remember Blank	241 176 78 40 187 3 14 6174	

HEALTH AND NUTRITION EXAMINATION SURVEY (HANES I)

HEALTH CARE NEEDS, GENERAL MEDICAL HISTORY AND SUPPLEMENT ON RESPIRATORY AND CARDIOVASCULAR

Item #	Tape Loc.	No. of Positions	ITEM DESCRIPTION & CODES	Control Counts	HANES I Data Source
	918	1	<u>Where do you usually see him?</u> 1 - At his office 2 - At a clinic 3 - At home 4 - Other 8 - Blank, but applicable Blank	603 94 3 32 7 6174	Supplement C
	919	1	<u>How long will it be until your next visit?</u> 1 - Less than 1 month 2 - 1-3 months 3 - 4-6 months 4 - 7-11 months 5 - 1 year or more 8 - Blank, but applicable 9 - Don't know Blank	200 110 25 4 10 1 388 6175	
	920	1	<u>Would you say that treatments you have had have done any good?</u> 1 - No, not at all 2 - Yes, partly 3 - Yes, quite a bit 8 - Blank, but applicable Blank	109 230 329 70 6175	
	921	1	<u>Within the past 12 months, would you say that your condition has...</u> 1 - Gotten worse 2 - Gotten better 3 - Stayed about the same 8 - Blank, but applicable Blank	129 248 757 13 5766	
	922	1	<u>Have you ever been disabled because of chest pain, leg pain, or heart failure?</u> 1 - Yes 2 - No 8 - Blank, but applicable Blank	305 831 11 5766	

HEALTH AND NUTRITION EXAMINATION SURVEY (HANES I)

HEALTH CARE NEEDS, GENERAL MEDICAL HISTORY AND SUPPLEMENT ON RESPIRATORY AND CARDIOVASCULAR

Item #	Tape Loc.	No. of Positions	ITEM DESCRIPTION & CODES	Control Counts	HANES I Data Source
	923	1	<u>Have you ever stayed overnight in a hospital because of chest pain, leg pain, or heart failure?</u> 1 - Yes 2 - No 8 - Blank, but applicable Blank	337 801 9 5766	Supplement C
	924	1	<u>What was your job status one month before you first developed chest pain, leg pain or heart failure?</u> 1 - Retired because of age 2 - Retired because of disability 3 - Unemployed 4 - Working full-time 5 - Working part-time 6 - Housewife with full duties 7 - Housewife with partial or no duties 8 - Other 9 - Blank, but applicable Blank	65 46 24 594 65 272 17 29 34 5767	
	925	1	<u>As a result of your condition, has there been a change in your job status?</u> 1 - Yes 2 - No 8 - Blank, but applicable Blank	223 922 1 5767	
	926	1	<u>What is it now?</u> 1 - Retired because of disability 2 - Unemployed 3 - Working only part-time 4 - Changed to easier job 5 - Housewife with partial duties 6 - Housewife with no duties 7 - Other 8 - Blank, but applicable Blank	104 13 17 22 34 5 28 1 6689	

HEALTH AND NUTRITION EXAMINATION SURVEY (HANES I)

HEALTH CARE NEEDS, GENERAL MEDICAL HISTORY AND SUPPLEMENT ON RESPIRATORY AND CARDIOVASCULAR

Item #	Tape Loc.	No. of Positions	ITEM DESCRIPTION & CODES	Control Counts	HANES I Data Source
	927	1	<u>How many work days would you estimate you have lost during the past 12 months, because of your heart condition?</u> 1 - None 2 - 1-4 days 3 - 5-9 days 4 - 10-14 days 5 - 15-19 days 6 - 20-29 days 7 - 30 days or more 8 - Blank, but applicable Blank	983 10 14 12 4 3 108 12 5767	Supplement C
	928-950	23	<u>Work Area</u>		

DETAILED NOTES

TAPE POSITION 10

Size of Place

Size of place classification was derived from the 1960 census. According to the definition used in the 1960 census, the urban population was comprised of all persons living in (a) places of 2,500 inhabitants or more incorporated as cities, boroughs, villages and towns (except towns in New York, New England, and Wisconsin); (b) the densely settled urban fringe, whether incorporated or unincorporated, of urbanized areas; (c) towns in New England and townships in New Jersey and Pennsylvania which contained no incorporated municipalities as subdivisions and had either 2,500 inhabitants or more, or a population of 2,500 to 25,000 and a density of 1,500 persons or more per square mile; (d) counties in states other than the New England states, New Jersey, and Pennsylvania, that had no incorporated municipalities within their boundaries and had a density of 1,500 persons per square mile; and (e) unincorporated places of 2,500 inhabitants or more not included in any urban fringe. The remaining population was classified as rural.

Urban areas are further classified by population size for places within urbanized areas and other places outside urbanized areas.

DETAILED NOTES

TAPE POSITION 11

SMSA

A standard metropolitan statistical area is basically a county or a group of contiguous counties which contains at least one city of 50,000 inhabitants or more, or "twin cities" with a combined population of at least 50,000.

In addition to the county or counties containing such a city or cities, contiguous counties are included in an SMSA if, according to the 1960 Census, they are socially and economically integrated with the central city.

Each SMSA must include at least one central city, and the complete title of an SMSA identifies the central city or cities.

DETAILED NOTES

TAPE POSITIONS 22 AND 103

Race

The race of the respondent was marked by observation and it was assumed the race of all related persons was the same as the respondent unless otherwise learned. The race categories were "White", "Negro" or "other." If the appropriate category could not be marked by observation, then race was asked. Persons of races other than White or Negro, such as Japanese, Chinese, American Indian, Korean, Hindu, Eskimo, etc. were reported as "Other." Mexicans were included with "White" unless definitely known to be American Indian or of other nonwhite race.

DETAILED NOTES

TAPE POSITIONS 34-35

Total Family Income Group

The income group represents the total combined family income for the past twelve (12) months. It includes income from all sources such as wages, salaries, social security or retirement benefits, help from relatives, rent from property and so forth. The income groups were not reconciled to the component parts (tape positions 36-94). The income component parts were not asked when the gross income was greater than \$6,999 per annum. However, amounts greater than \$6,999 appear in tape positions 37-40, 67-70, and 72-75. Some respondents reported a loss of income from their nonfarm business, professional practice, partnership or farm and this explains why some data fields are greater than \$6,999, but the individual total in tape positions 91-94 does not exceed this figure.

DETAILED NOTES
TAPE POSITIONS 95-99

Family Unit Code

All related sample persons in the same family unit have the same computer generated family unit code. This will enable detailed analysis of the individual family unit.

DETAILED NOTES
TAPE POSITIONS 110-111

UNITED STATES			OUTLYING AREAS OF THE U.S.	
	Standard Abbreviation	Code	Name of Place	Code
ALABAMA	Ala.	01	American Samoa	60
ALASKA	Alaska	02	Canal Zone	61
ARIZONA	Ariz.	04	Canton and Enderbury Islands	62
ARKANSAS	Ark.	05	Caroline Islands	63
CALIFORNIA	Calif.	06	Cook Islands	64
COLORADO	Colo.	08	Gilbert and Ellice Islands	65
CONNECTICUT	Conn.	09	Guam	66
DELAWARE	Del.	10	Johnston Atoll	67
DIST. OF COLUMBIA	D.C.	11	Line Islands - Southern	68
FLORIDA	Fla.	12	Mariana Islands	69
GEORGIA	Ga.	13	Marshall Islands	70
HAWAII	Hawaii	15	Midway Islands	71
IDAHO	Idaho	16	Puerto Rico	72
ILLINOIS	Ill.	17	Ryukyn Islands - Southern	73
INDIANA	Ind.	18	Swan Islands	74
IOWA	Iowa	19	Tokelau Islands	75
KANSAS	Kans.	20	U.S. Misc. Caribbean	76
KENTUCKY	Ky.	21	U.S. Misc. Pacific Islands	77
LOUISIANA	La.	22	Virgin Islands	78
MAINE	Maine	23	Wake Islands	79
MARYLAND	Md.	24	Cuba	80
MASSACHUSETTS	Mass.	25	West Indies	81
MICHIGAN	Mich.	26	North America	91
MINNESOTA	Minn.	27	South America	92
MISSISSIPPI	Miss.	28	Europe	93
MISSOURI	Mo.	29	Africa	94
MONTANA	Mont.	30	Asia	95
NEBRASKA	Nebr.	31	Australasia	96
NEVADA	Nev.	32	Pacific Islands	97
NEW HAMPSHIRE	N.H.	33		
NEW JERSEY	J.J.	34		
NEW MEXICO	N. Mex.	35		
NEW YORK	N.Y.	36		
NORTH CAROLINA	N.C.	37		
NORTH DAKOTA	N. Dak.	38		
OHIO	Ohio	39		
OKLAHOMA	Okla.	40		
OREGON	Oreg.	41		
PENNSYLVANIA	Pa.	42		
RHODE ISLAND	R.I.	44		
SOUTH CAROLINA	S.C.	45		
SOUTH DAKOTA	S. Dak.	46		
TENNESSEE	Tenn.	47		
TEXAS	Tex.	48		
UTAH	Utah	49		
VERMONT	Vt.	50		
VIRGINIA	Va.	51		
WASHINGTON	Wash.	53		
WEST VIRGINIA	W. Va.	54		
WISCONSIN	Wis.	55		
WYOMING	Wyo.	56		

DETAILED NOTES

TAPE POSITIONS 132-134 AND 135-137

Industry and Occupation Codes

A person's occupation may be defined as his principal job or business. For this survey purpose, the principal job or business of a respondent is defined in one of the following ways: If the person worked during the two week interview period or had a job or business, the question concerning his occupation (or work) applies to his job during that period. If the respondent held more than one job, the question is directed to the one at which he spent the most time. It refers to the one he considers most important when equal time is spent at each job. A person who has not begun work at a new job, is looking for work, or is on layoff from work is questioned about his last full-time civilian job. A full-time job is defined as one at which the person spent 35 or more hours per week and which lasted two consecutive weeks or more. A person who has a job to which he has not yet reported and has never had a previous job or business is classified as a "new worker."

The 1970 census of population Alphabetical Index of Industries and Occupations was used in the coding of both the industry and occupation.

Library of Congress Number 74-612012. For sale by the Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402. \$3.00. Stock Number 0301-2283.

DETAILED NOTES

TAPE POSITION 146

Land used for farming purposes (Code 1 in Tape Position 146) was identified as being rural land (Code 2 in Tape Position 13) consisting of 10 or more acres (Code 1 in Tape Position 14) with crop sales amounting to \$50 or more (Code 2 in Tape Position 15), or rural land (Code 2 in Tape Position 13) consisting of less than 10 acres (Code 2 in Tape Position 14) with crop sales amounting to \$250 or more (Code 3 in Tape Position 16). All Other land is classified as nonfarm (Code 2 in Tape Position 146).

DETAILED NOTES

TAPE POSITIONS 147-149

Poverty Index--Income status was determined by the Poverty Income Ratio (PIR). Poverty statistics published in the Census Bureau reports^{1/} were based on the poverty index developed by the Social Security Administration in 1964. (For a detailed discussion of the SSA poverty standards, see reference 2.) Modifications in the definition of poverty were adopted in 1969.^{3/} The standard data series in poverty for statistical use by all executive departments and establishments has been established.^{4/}

The two components of the PIR are the total income of the household (numerator) and a multiple of the total income necessary to maintain a family with given characteristics on a nutritionally adequate food plan^{3/} (denominator). The dollar value of the denominator of the PIR is constructed from a food plan (economy plan) necessary to maintain minimum recommended daily nutritional requirements. The economy plan is designated by the Department of Agriculture for "emergency or temporary use when funds are low."

For families of three or more persons, the poverty level was set at three times the cost of the economy food plan. For smaller families and persons living alone, the cost of the economy food plan was adjusted by the relatively higher fixed expenses of these smaller households.

The denominator or poverty income cutoff adjusts the family poverty income maintenance requirements by the family size, the sex of the family head, the age of the family head in families with one or two members, and the place of residence (farm, nonfarm). Annual revisions of the poverty income cutoffs are based on the changes in the average cost of living as reflected in the Consumer Price Index.

As shown in the table, the annual income considered to be the poverty level increases as the family size increases. A family with any combination of characteristics and with the same income as shown in the table has been designated as having a PIR or poverty level of 1.0. The same family with twice the income found in the table would have a PIR of 2.0. Ratios of less than 1.0 can be described as "below poverty," ratios greater than or equal to 1.0, as "at or above poverty."

Poverty thresholds are computed on a national basis only. No attempt has been made to adjust these thresholds for regional, State, or other local variation in the cost of living (except for the farm, nonfarm difference). None of the noncash public welfare benefits such as food stamp bonuses or free food commodities are included in the income of the low income families receiving these benefits.

^{1/}Current Population Reports, "Consumer Income," Series P-60, No. 77, May 7, 1971

^{2/}Orshansky, M.: "Counting the Poor: Another Look at the Poverty Profile," Social Security Bulletin, January 1965; "Who's Who Among the Poor: A Demographic View of Poverty," Social Security Bulletin, July 1965.

^{3/}Current Population Reports, "Special Studies," Series P-23, No. 28, August 12, 1969.

^{4/}Circular No. A-46, Transmitted Memorandum No. 9, Executive Office of the President, Bureau of the Budget, August 29, 1969, and Exhibit L (rev.).

DETAILED NOTES

TAPE POSITIONS 147-149

Weighted average thresholds at the low income level in 1971 by size of family and sex of head, by farm-nonfarm residence

Size of family	Total	Nonfarm			Farm		
		Total	Male ¹ head	Female ¹ head	Total	Male ¹ head	Female ¹ head
All unrelated individuals-----	\$2,033	\$2,040	\$2,136	\$1,978	\$1,727	\$1,783	\$1,669
Under 65 years-----	2,093	2,098	2,181	2,017	1,805	1,853	1,715
65 years and over-----	1,931	1,940	1,959	1,934	1,652	1,666	1,643
All families-----	3,700	3,724	3,764	3,428	3,235	3,242	3,079
2 persons-----	2,612	2,633	2,641	2,581	2,219	2,224	2,130
Head under 65 years-----	2,699	2,716	2,731	2,635	2,317	2,322	2,195
Head 65 years and over-----	2,424	2,448	2,450	2,437	2,082	2,081	2,089
3 persons-----	3,207	3,229	3,246	3,127	2,745	2,749	2,627
4 persons-----	4,113	4,137	4,139	4,116	3,527	3,528	3,513
5 persons-----	4,845	4,880	4,884	4,837	4,159	4,159	4,148
6 persons-----	5,441	5,489	5,492	5,460	4,688	4,689	4,656
7 persons or more-----	6,678	6,751	6,771	6,583	5,736	5,749	5,516

¹For unrelated individuals, sex of the individual.

SOURCE: U.S. Department of Commerce, Social and Economic Statistics Administration, U.S. Bureau of the Census "Characteristics of the Low Income Population: 1971," Current Population Reports, Series P-60, No. 86, p. 18.

DETAILED NOTES

TAPE POSITION 150

Region

The United States was divided into four broad geographic regions of approximately equal population. Those regions, which deviate somewhat from the groups used by the Bureau of the Census, are as follows:

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

DETAILED NOTES

TAPE POSITIONS 158-193

HANES is a multistage, stratified, probability sample of loose clusters of persons in land-based segments. In addition, HANES is composed of two distinct examination components--a nutrition screening examination (taken by all examinees) and a more detailed examination taken by a pre-selected subsample of all examinees, ages 25-74. For the nutrition screening examination, locations 1-35 and 1-65 constituted national probability samples and for the detailed examination, locations 1-35, 1-65, 66-100 and 1-100 all constitute national probability samples. In other words, HANES is composed of six distinct subsamples of the U.S. population. For a more detailed discussion of the sample design see Series 1, No. 10a.

Since each of these six subsamples is a distinct subsample of the U.S. population, each subsample requires a different set of weights. The weights are based upon the probability of selection into the sample, adjustments for nonresponse and further adjustments to approximate the U.S. noninstitutionalized population as of the midpoint of each subsample.

In order to select all of those examinees in a particular subsample, i.e. received a particular exam component, it is necessary to exclude all examinees with a weight of zero or blank. It is also necessary to exclude all zero or blank weights because that is the only way to differentiate missing data due to nonresponse from data that is missing because the sample design dictated that a particular examinee was not supposed to receive a particular examination component.

It is suggested that any analyses that are desired by the researcher be performed using the greatest number of examinees possible; that is, if the researcher is interested in an exam component of the nutrition screening examination he should use the weight and consequently the data from the 65 location subsample rather than the 35 location subsample. For the detailed examination, the researcher should use the 100 location subsample rather than one of the others. However, some exam components were only done in a particular subsample; for example, only at the first 35 locations. In that case, the researcher has no choice in selecting a particular subsample.

There may be occasions when a researcher may want to make comparisons of estimates obtained from various subsamples. For example, the prevalence of some disease condition as estimated from the first 35 locations could be compared with an estimate based upon locations 66-100. The researcher may also want to formulate hypotheses using one subsample and test those hypotheses using another subsample.

Diseases for General Medical History-Ages 25-74

Tape Positions 366-367, 368-369, and 370-371

Code Number	Disease																																				
01	Tuberculosis, all sites																																				
02	Other infective and parasitic diseases																																				
	<table border="0"> <tr> <td>Anthrax</td> <td>Paratyphoid fever</td> </tr> <tr> <td>Brucellosis</td> <td>Pediculosis</td> </tr> <tr> <td>Chicken pox</td> <td>Plague</td> </tr> <tr> <td>Cholera</td> <td>Poliomyelitis</td> </tr> <tr> <td>Cowpox</td> <td>Psittacosis</td> </tr> <tr> <td>Dengue fever</td> <td>Rabies</td> </tr> <tr> <td>Diarrhea</td> <td>Rocky Mountain Spotted fever</td> </tr> <tr> <td>Diphtheria</td> <td>Rubella</td> </tr> <tr> <td>Dysentary</td> <td>Scarlet fever</td> </tr> <tr> <td>Erysipilas</td> <td>Septicemia</td> </tr> <tr> <td>Food poisoning</td> <td>Smallpox</td> </tr> <tr> <td>Infectious hepatitis</td> <td>Streptococcal sore throat</td> </tr> <tr> <td>Infective mononucleosis</td> <td>Syphilis and other VD</td> </tr> <tr> <td>Leprosy</td> <td>Tetanus</td> </tr> <tr> <td>Malaria</td> <td>Tularemia</td> </tr> <tr> <td>Measles</td> <td>Typhoid fever</td> </tr> <tr> <td>Meningitis</td> <td>Whooping cough</td> </tr> <tr> <td>Mumps</td> <td>Yellow fever</td> </tr> </table>	Anthrax	Paratyphoid fever	Brucellosis	Pediculosis	Chicken pox	Plague	Cholera	Poliomyelitis	Cowpox	Psittacosis	Dengue fever	Rabies	Diarrhea	Rocky Mountain Spotted fever	Diphtheria	Rubella	Dysentary	Scarlet fever	Erysipilas	Septicemia	Food poisoning	Smallpox	Infectious hepatitis	Streptococcal sore throat	Infective mononucleosis	Syphilis and other VD	Leprosy	Tetanus	Malaria	Tularemia	Measles	Typhoid fever	Meningitis	Whooping cough	Mumps	Yellow fever
Anthrax	Paratyphoid fever																																				
Brucellosis	Pediculosis																																				
Chicken pox	Plague																																				
Cholera	Poliomyelitis																																				
Cowpox	Psittacosis																																				
Dengue fever	Rabies																																				
Diarrhea	Rocky Mountain Spotted fever																																				
Diphtheria	Rubella																																				
Dysentary	Scarlet fever																																				
Erysipilas	Septicemia																																				
Food poisoning	Smallpox																																				
Infectious hepatitis	Streptococcal sore throat																																				
Infective mononucleosis	Syphilis and other VD																																				
Leprosy	Tetanus																																				
Malaria	Tularemia																																				
Measles	Typhoid fever																																				
Meningitis	Whooping cough																																				
Mumps	Yellow fever																																				
03	Malignant Neoplasms (Cancer)																																				
04	Benign Neoplasms																																				
05	Diabetes (Mellitus)																																				
06	Diseases of Thyroid gland Pituitary gland Simple goiter Nutritional deficiency Gout Obesity																																				

Code
Number

Disease

- | Code Number | Disease |
|-------------|--|
| 07 | Mental and personality disorders
Psychoses
Alcoholism
Depression
Drug dependence
Neuroses
Paranoid states
Schizophrenia
Senile Dementia |
| 08 | Cerebrovascular disease
Cerebral:
Embolism
Hemorrhage
Thrombosis
Stroke |
| 09 | Diseases of the eye and Visual impairment
Cataract
Conjunctivitis
Ophthalmia
Detachment of Retina
Glaucoma
Iritis
Strabismus |
| 10 | Diseases of Central Nervous system
Encephalitis
Encephalomyelitis
Epilepsy
Mastoiditis
Meniere's disease
Meningitis
Migraine - Severe headaches
Multiple sclerosis
Myelitis
Neuralgia and Neuritis

Sciatica |
| 11 | Diseases of the heart
Angina pectoris
Heart failure
Hypertensive heart
Myocarditis
Myocardial infarction
Pericarditis
Rheumatic fever
Tachycardia |

Code Number	Disease
12	Hypertensive disease
13	Arteriosclerosis
14	Varicose veins
15	Hemorrhoids
16	Diseases of the circulatory system <ul style="list-style-type: none"> Aortic aneurysm Arterial embolism & thrombosis Fainting Gangrene Pulmonary embolism & infarction Peripheral vascular disease Phlebitis
17	Upper respiratory conditions <ul style="list-style-type: none"> Bronchitis Deflected nasal septum Hay fever Laryngitis Pharyngitis Sinusitis Tonsillitis
18	Other respiratory system conditions <ul style="list-style-type: none"> Abscess of lung Asthma Emphysema Empyema Influenza Pneumonia
19	Ulcer of Stomach and Duodenum
20	Appendicitis (All forms)
21	Hernia (Inguinal)
22	Gallbladder
23	Digestive system conditions <ul style="list-style-type: none"> Colic Cirrhosis & necrosis of liver Diverticula Dyspepsia Enteritis Gastritis and duodenitis Gastroenteritis Gingivitis Heartburn Hepatitis and liver abscess

Code Number	Disease
23 cont	Hiccough Indigestion Peritonitis Periodontal diseases
24	Male genital disorders
25	Female genital disorders
26	Acute or Chronic Nephritis Cystitis Infection of kidney Renal sclerosis Urethritis Renal disease
27	Delivery, without mention of complications
28	Delivery, with complications
29	Complications of pregnancy & the puerperium Abortion Ectopic pregnancy Mastitis Pre-eclampsia, eclampsia & Toxemia Puerperal pulmonary embolism Puerperal phlebitis & thrombosis Sepsis of childbirth
30	Diseases of skin and cellular tissue Boil or carbuncle Ulcer of skin Corn and callosities Eczema and dermatitis Impetigo Pilonidal cyst Psoriasis Urticaria
31	Arthritis and Rheumatism (except Rheumatic Fever)
32	Conditions of bones and joints (late effect) Fractures
33	Other conditions of musculoskeletal system Bunion Bursitis Cramps Pain or swelling in upper or lower extremities Synovitis Lumbago

Code Number	Disease
34	Fractures or dislocation (current)
35	Other current injuries Adverse effect of: Air pressure Alcohol in combination with medicine Antibiotics Diuretics Drugs Heat Hormones Local anesthetics Radiation Surgery Burns Cerebral lacerations and contusion Concussion Contusion and crushing Injury to nerves and spinal cord Internal injury to chest, abdomen and pelvis Lacerations and open wounds Subdural hemorrhage following injury Toxic effect of: Alcohol Carbon Monoxide Foodstuff Industrial solvents Lead Petroleum products Other gases, fumes or vapors
36	Paralysis, all sites
37	Observation only, without need for further medical care
38	All other reasons for admission to hospital.

TAPE POSITIONS 729-742

Diseases - Respiratory

Tape Pos.	
729	Acute upper respiratory infections Acute nasopharyngitis (common cold) Coryza Nasal catarrh (acute) Rhinitis Acute Sinusitis Empyema Infection Inflammation Maxillary sinusitis (acute) Acute Pharyngitis Acute sore throat Pneumococcal pharyngitis Staphylococcal pharyngitis Ulcerative pharyngitis Acute Tonsillitis Acute Laryngitis and tracheitis H. Influenza Laryngotracheitis Viral laryngitis Viral tracheitis Acute Upper Respiratory infection
730	Acute Bronchitis Bronchiolitis Pneumococcal bronchitis Tracheobronchitis Viral bronchitis
731	Influenza Flu Gastrointestinal influenza Grippe Influenzal bronchopneumonia Influenzal laryngitis Influenzal pharyngitis Influenzal pneumonia Influenzal respiratory infection Intestinal influenza

TAPE POSITIONS 729-742

Diseases - Respiratory

Tape Pos.	
732	Pneumonia Acute pneumonitis Interstitial bronchopneumonia Interstitial pneumonia Lobar pneumonia Pneumococcal pneumonia Staphylococcal pneumonia Streptococcal pneumonia Viral pneumonia
733	Chronic bronchitis (non-allergic) Asthmatic bronchitis Bronchial catarrh Bronchorrhoea Chronic bronchitis Senile bronchitis
734	Emphysema Atrophic emphysema Lung emphysema Pulmonary emphysema
735	Asthma Allergic asthma Allergic bronchitis Bronchial Asthma Hay fever with asthma
736	Hypertrophy of tonsils and adnoids (chronic) Adenoids Chronic tonsillitis Diseased or enlarged tonsils or adenoids
737	Chronic pharyngitis Chronic sore throat or smoker's throat (smoking) Chronic granular pharyngitis Chronic nasopharyngitis Chronic nasal catarrh Chronic rhinitis Ozena Chronic sinusitis Empyema (chronic) Sinusitis abscess Sinusitis infection Sinusitis inflammation Chronic maxillary sinusitis

TAPE POSITIONS 729-742

Diseases - Respiratory

Tape Pos.	
737	Chronic laryngitis Catarrh of larynx Laryngotracheitis
738	Hay fever (without asthma) Conjunctivitis with hay fever Allergy due to: Dander (animal) Dust Grass Pollen Ragweed Tree
739-742 Code 1	Other diseases of the upper respiratory tract (non-allergic) Abscess of lung or congestion of lung Acute pulmonary edema Adhesions of lung or pleura Pleuritis Thickening of pleura Aluminosis Angina faucium Anthracosis Atelactasis Bronchiectasis Calcicosis Chronic pneumonia Cirrhosis of lung Cirrhotic pneumonia Coal miner's lung Collapse of lung Deflected nasal septum Deviation nasal septum Edema of larynx Edema of glottis Empyema Pleura abscess Thorax abscess Encysted pleurisy Farmer's lung Fibrosis of lung Fistula Bronchocutaneous Hepalopleural Mediastinal Pleural Pleurisy Pyothorax Thoracic

TAPE POSITIONS 729-742

Diseases - Respiratory

Tape Pos.	
739-742	Gangrene of lung
Code 1	Hemothorax
Con't	Hydrothorax
	Hypostatic pneumonia
	Inflammation of lung
	Nasal polyp
	Frontal nasal polyp
	Polyp of nasal cavity
	Polyp of sinus
	Sphenoidal polyp
	Nasopharyngeal abscess
	Paralysis of vocal cord or larynx
	Peritonsillar abscess
	Abscess of tonsils
	Peritonsillitis
	Quinsy
	Pleuropneumonia
	Pneumoconiosis
	Polyp of vocal cord and larynx
	Postpharyngeal abscess
	Pulmonary congestion
	Retropharyngeal abscess
	Silicosis
	Silo-filler's disease
	Ulceration of nose (septum)
	Vocal cord or larynx diseases
	Abscess
	Cellulitis
	Chorditis
	Laryngeal spasm
	Laryngismus
	Necrosis of larynx
	Obstruction of larynx
	Pachyderma of larynx
	Perichondritis of larynx
	Singer's node
	Stenosis of glottis or larynx
	Ulceration of larynx
Code 2	TB
Code 3	Cardiovascular
Code 4	Other

TAPE POSITIONS 864-871

Diseases - Cardiovascular

Tape Pos. 864	Rheumatic Fever (Active) Chorea Endocarditis (Rheumatic) (Active or Acute) Myocarditis (Rheumatic) (Active or Acute) Pericarditis (Rheumatic) (Active or Acute) Rheumatic Heart Disease (Active or Acute)
865	Chronic Rheumatic Heart Disease Aortic, Endocardial or Mitral (Chronic) Incompetency Insufficiency Obstruction Sclerosis Stenosis Endocardial Aneurysm
866	Hypertension Arteriolar Nephritis Arteriosclerosis of kidney Bright's disease (chronic) Hypertensive Cardiovascular Renal Hypertensive renal failure Nephrosclerosis
867	Ischemic Heart Disease Acute Myocardial Infarction Angina Pectoris Cardiac Infarction Coronary: Embolism Occlusion Rupture, Insufficiency Thrombosis Infarction of heart, myocardium or ventricle Rupture of heart or myocardium
868	Other forms of Heart Disease Acute Pericarditis (nonrheumatic) Aortic, Endocardial or Mitral (nonrheumatic) Incompetency Insufficiency Obstruction Stenosis Auricular fibrillation or flutter Bacterial endocarditis Cardiac enlargement or hypertrophy Cardiac or Myocardial Insufficiency Heart Attack

TAPE POSITIONS 864-871

Diseases - Cardiovascular

Tape Pos.	
868	Carditis
Con't	Congestive heart failure
	Enlargement of heart
	Left ventricular failure
	Acute edema of lung
	Acute pulmonary edema
	Acute cardiac asthma
	Mycotic aneurysm
	Paroxysmal tachycardia
	Pulmonary heart disease
	Septic myocarditis
	Toxic myocarditis
	Ventricular dilation
	Ventricular fibrillation or flutter
869	Cerebrovascular disease
	Cerebral:
	Arteriosclerosis
	Embolism
	Hemorrhage
	Thrombosis
	Meningeal hemorrhage
	Paralytic stroke
	Ruptured cerebral aneurysm
870	Arteriosclerosis
	Of Aorta
	Of Renal Artery
	Senile
	Generalized and unspecified
871	Other disease of the circulatory system
	Aortic aneurysm
	Arterial embolism and thrombosis
	Buerger's disease
	Chilblains
	Elephantiasis
	Gangrene
	Hemorrhoids
	Hypotension
	Peripheral Vascular disease
	Phlebitis
	Piles
	Pulmonary embolism and infarction
	Raynaud's Disease
	Rupture of blood vessel
	Varicose veins
	Pleurodynia

