Appendix III
Questionnaires and flashcards

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

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

FORM **HIS-1 (1994)** (8-2-93)

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

NATIONAL HEALTH INTERVIEW SURVEY

1. Book ___ of ___ books | **2.** R.O. number | **3.** Sample

4. Segment type ☐ Area ☐ Permit ☐ Block

5. Control number — PSU | Segment | Serial

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

LISTING SHEET — Sheet No. — Line No.

City | State | County | ZIP Code

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

City | State | County | ZIP Code

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

AREA AND BLOCK SEGMENTS

7. YEAR BUILT
☐ Ask
☐ Do not ask

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

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

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

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

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

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

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

10. CLASSIFICATION OF LIVING QUARTERS — *Mark by observation*

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

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

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

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

GO TO HOUSEHOLD COMPOSITION PAGE

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

b. Is there any working telephone located INSIDE your home? 1 ☐ Yes 2 ☐ No

12. Interview observed? 1 ☐ Yes 2 ☐ No

13a. Field representative's name | Code

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

14. Noninterview reason

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

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

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

15. Record of calls

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

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

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

17. Record of additional contacts

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

☐ Old age ☐ Cov. ☐ In name

A. HOUSEHOLD COMPOSITION PAGE 1

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

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

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

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

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

Probe if necessary:

Does — — usually live somewhere else?

Ask for all persons beginning with column 2:

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

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

	REFERENCE PERIODS
A1	**2-WEEK PERIOD**
	12-MONTH DATE
	13-MONTH HOSPITAL DATE
A2	**ASK CONDITION LIST____.**

A3 *Refer to ages of all related HH members.*

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

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

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

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

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

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

HOSPITAL PROBE

6a. Since *(13-month hospital date)* **a year ago, was — — a patient in a hospital OVERNIGHT?**

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

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

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

FOOTNOTES

1.	First name / Mid. init. / Age	
	Last name / Sex 1 ☐ M 2 ☐ F	
2.	Relationship **REFERENCE PERSON**	
3.	Date of birth Month / Date / Year	
C1	HOSP. oo ☐ None ____ Number	WORK 1 ☐ Wa 2 ☐ Wb
	RD 1 ☐ Yes 2 ☐ No	2-WK. DV oo ☐ None ____ Number
C2	LA / RA / DV / INJ. / CL LTR / HS / COND.	
A3	☐ All persons 65 and over *(5)* ☐ Other *(4a)*	
4d.	☐ Living at home ☐ Not living at home	
6a.	1 ☐ Yes *(6b)* 2 ☐ No *(Mark "HOSP." box, THEN NP)*	
b.	____ Number of times *(Make entry in "HOSP." box THEN NP)*	
7a.	1 ☐ Yes *(7b)* 2 ☐ No *(NP)*	
b.	☐ Yes *(NP)* ☐ No *(Correct 6 and "HOSP." box)*	

B. LIMITATION OF ACTIVITIES PAGE

B1	*Refer to age.*	**B1** 1 ☐ 18–69 *(1)* 2 ☐ Other *(NP)*
1.	**What was — — doing MOST OF THE PAST 12 MONTHS; working at a job or business, keeping house, going to school, or something else?** *Priority if 2 or more activities reported: (1) Spent the most time doing; (2) Considers the most important.*	**1.** 1 ☐ Working *(2)* 2 ☐ Keeping house *(3)* 3 ☐ Going to school *(5)* 4 ☐ Something else *(5)*
2a.	**Does any impairment or health problem NOW keep — — from working at a job or business?**	**2a.** 1 ☐ Yes *(7)* ☐ No
b.	**Is — — limited in the kind OR amount of work — — can do because of any impairment or health problem?**	**b.** 2 ☐ Yes *(7)* 3 ☐ No *(6)*
3a.	**Does any impairment or health problem NOW keep — — from doing any housework at all?**	**3a.** 4 ☐ Yes *(4)* ☐ No
b.	**Is — — limited in the kind OR amount of housework — — can do because of any impairment or health problem?**	**b.** 5 ☐ Yes *(4)* 6 ☐ No *(5)*
4a.	**What (other) condition causes this?** *Ask if injury or operation:* **When did [the** *(injury)* **occur?/— — have the operation?]** *Ask if operation over 3 months ago:* **For what condition did — — have the operation?** *If pregnancy/delivery or 0—3 months injury or operation —* *Reask question 3 where limitation reported, saying:* **Except for — —** *(condition)*, . . .? *OR reask 4b/c.*	**4a.** *(Enter condition in C2, THEN 4b)* 1 ☐ Old age *(Mark "Old age" box, THEN 4c)*
b.	**Besides** *(condition)* **is there any other condition that causes this limitation?**	**b.** ☐ Yes *(Reask 4a and b)* ☐ No *(4d)*
c.	**Is this limitation caused by any (other) specific condition?**	**c.** ☐ Yes *(Reask 4a and b)* ☐ No
d.	*Mark box if only one condition.* **Which of these conditions would you say is the MAIN cause of this limitation?**	**d.** ☐ Only 1 condition Main cause
5a.	**Does any impairment or health problem keep — — from working at a job or business?**	**5a.** 1 ☐ Yes *(7)* ☐ No
b.	**Is — — limited in the kind OR amount of work — — could do because of any impairment or health problem?**	**b.** 2 ☐ Yes *(7)* 3 ☐ No
B2	*Refer to questions 3a and 3b.*	**B2** 1 ☐ "Yes" in 3a or 3b *(NP)* 2 ☐ Other *(6)*
6a.	**Is — — limited in ANY WAY in any activities because of an impairment or health problem?**	**6a.** 1 ☐ Yes 2 ☐ No *(NP)*
b.	**In what way is — — limited?** *Record limitation, not condition.*	**b.** Limitation
7a.	**What (other) condition causes this?** *Ask if injury or operation:* **When did [the** *(injury)* **occur?/— — have the operation?]** *Ask if operation over 3 months ago:* **For what condition did — — have the operation?** *If pregnancy/delivery or 0—3 months injury or operation —* *Reask question 2, 5, or 6 where limitation reported, saying:* **Except for — —** *(condition)*, . . .? *OR reask 7b/c.*	**7a.** *(Enter condition in C2, THEN 7b)* 1 ☐ Old age *(Mark "Old age" box, THEN 7c)*
b.	**Besides** *(condition)* **is there any other condition that causes this limitation?**	**b.** ☐ Yes *(Reask 7a and b)* ☐ No *(7d)*
c.	**Is this limitation caused by any (other) specific condition?**	**c.** ☐ Yes *(Reask 7a and b)* ☐ No
d.	*Mark box if only one condition.* **Which of these conditions would you say is the MAIN cause of this limitation?**	**d.** ☐ Only 1 condition Main cause

B. LIMITATION OF ACTIVITIES PAGE, Continued

B3	*Refer to age.*	**B3** 0 ☐ Under 5 *(10)* 2 ☐ 18–69 *(NP)* 1 ☐ 5–17 *(11)* 3 ☐ 70 and over *(8)*
8.	**What was — — doing MOST OF THE PAST 12 MONTHS; working at a job or business, keeping house, going to school, or something else?** *Priority if 2 or more activities reported: (1) Spent the most time doing; (2) Considers the most important.*	**8.** 1 ☐ Working 2 ☐ Keeping house 3 ☐ Going to school 4 ☐ Something else
9a.	**Because of any impairment or health problem, does — — need the help of other persons with — — personal care needs, such as eating, bathing, dressing, or getting around this home?**	**9a.** 1 ☐ Yes *(13)* ☐ No
b.	**Because of any impairment or health problem, does — — need the help of other persons in handling — — routine needs, such as everyday household chores, doing necessary business, shopping, or getting around for other purposes?**	**b.** 2 ☐ Yes *(13)* 3 ☐ No *(12)*
10a.	**Is — — able to take part AT ALL in the usual kinds of play activities done by most children — — age?**	**10a.** ☐ Yes 0 ☐ No *(13)*
b.	**Is — — limited in the kind OR amount of play activities — — can do because of any impairment or health problem?**	**b.** 1 ☐ Yes *(13)* 2 ☐ No *(12)*
11a.	**Does any impairment or health problem NOW keep — — from attending school?**	**11a.** 1 ☐ Yes *(13)* ☐ No
b.	**Does — — attend a special school or special classes because of any impairment or health problem?**	**b.** 2 ☐ Yes *(13)* ☐ No
c.	**Does — — need to attend a special school or special classes because of any impairment or health problem?**	**c.** 3 ☐ Yes *(13)* ☐ No
d.	**Is — — limited in school attendance because of — — health?**	**d.** 4 ☐ Yes *(13)* 5 ☐ No
12a.	**Is — — limited in ANY WAY in any activities because of an impairment or health problem?**	**12a.** 1 ☐ Yes 2 ☐ No *(NP)*
b.	**In what way is — — limited?** *Record limitation, not condition.*	**b.** _____ Limitation
13a.	**What (other) condition causes this?** *Ask if injury or operation:* **When did [the** *(injury)* **occur?/— — have the operation?]** *Ask if operation over 3 months ago:* **For what condition did — — have the operation?** *If pregnancy/delivery or 0–3 months injury or operation — Reask question where limitation reported, saying:* **Except for — —** *(condition)*, . . .? *OR reask 13b/c.*	**13a.** *(Enter condition in C2, THEN 13b)* 1 ☐ Old age *(Mark "Old age" box, THEN 13c)*
b.	**Besides** *(condition)* **is there any other condition that causes this limitation?**	**b.** ☐ Yes *(Reask 13a and b)* ☐ No *(13d)*
c.	**Is this limitation caused by any (other) specific condition?**	**c.** ☐ Yes *(Reask 13a and b)* ☐ No
d.	*Mark box if only one condition.* **Which of these conditions would you say is the MAIN cause of this limitation?**	**d.** ☐ Only 1 condition _____ Main cause

FOOTNOTES

B. LIMITATION OF ACTIVITIES PAGE, Continued

B4	*Refer to age.*	**B4**	0 ☐ Under 5 *(NP)* 2 ☐ 60–69 *(14)* 1 ☐ 5–59 *(B5)* 3 ☐ 70 and over *(NP)*
B5	*Refer to "Old age" and "LA" boxes. Mark first appropriate box.*	**B5**	☐ "Old age" box marked *(14)* ☐ Entry in "LA" box *(14)* ☐ Other *(NP)*
14a. Because of any impairment or health problem, does — — need the help of other persons with — — personal care needs, such as eating, bathing, dressing, or getting around this home?		**14a.**	1 ☐ Yes *(15)* ☐ No
If under 18, skip to next person; otherwise ask: **b. Because of any impairment or health problem, does — — need the help of other persons in handling — — routine needs, such as everyday household chores, doing necessary business, shopping, or getting around for other purposes?**		**b.**	2 ☐ Yes *(15)* 3 ☐ No *(NP)*
15a. What (other) condition causes this? *Ask if injury or operation:* **When did [the** *(injury)* **occur?/— — have the operation?]** *Ask if operation over 3 months ago:* **For what condition did — — have the operation?** *If pregnancy/delivery or 0—3 months injury or operation —* *Reask question 14 where limitation reported, saying:* **Except for — —** *(condition)*, . . .? *OR reask 15b/c.*		**15a.**	*(Enter condition in C2, THEN 15b)* 1 ☐ Old age *(Mark "Old age" box, THEN 15c)*
b. Besides *(condition)* **is there any other condition that causes this limitation?**		**b.**	☐ Yes *(Reask 15a and b)* ☐ No *(15d)*
c. Is this limitation caused by any (other) specific condition?		**c.**	☐ Yes *(Reask 15a and b)* ☐ No
Mark box if only one condition. **d. Which of these conditions would you say is the MAIN cause of this limitation?**		**d.**	☐ Only 1 condition _____ Main cause

FOOTNOTES

D. RESTRICTED ACTIVITY PAGE PERSON 1

Hand calendar.

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

D1 *Refer to age.*

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

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

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

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

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

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

☐ Yes oo ☐ No *(4)*

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

oo ☐ None *(4)* No. of work-loss days _____ *(4)*

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

☐ Yes oo ☐ No *(4)*

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

oo ☐ None No. of school-loss days _____

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

☐ Yes oo ☐ No *(6)*

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

oo ☐ None *(6)* No. of bed days _____ *(D2)*

D2 *Refer to 2b and 3b.*

☐ No days in 2b or 3b *(6)*
☐ 1 or more days in 2b or 3b *(5)*

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

oo ☐ None _____ No. of days

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

6a. (Not counting the day(s) [missed from work / missed from school / (and) in bed]), Was there any (OTHER) time during those 2 weeks that — — cut down on the things — — usually does because of illness or injury?

☐ Yes oo ☐ No *(D3)*

b. (Again, not counting the day(s) [missed from work / missed from school / (and) in bed]), During that period, how many (OTHER) days did — — cut down for more than half of the day because of illness or injury?

oo ☐ None No. of cut-down days _____

D3 *Refer to 2–6.*

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

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

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

(Enter condition in C2, THEN 7b)

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

1 ☐ Yes *(Reask 7a and b)* 2 ☐ No

FOOTNOTES

FORM HIS-1 (1994) (8-2-93)

E. 2-WEEK DOCTOR VISITS PROBE PAGE

Read to respondent(s):
These next questions are about health care received during the 2 weeks outlined in red on that calendar.

E1 *Refer to age.*

E1 ☐ Under 14 *(1b)* ☐ 14 and over *(1a)*

1a. During those 2 weeks, how many times did — — see or talk to a medical doctor? {Include all types of doctors, such as dermatologists, psychiatrists, and ophthalmologists, as well as general practitioners and osteopaths.} (Do not count times while an overnight patient in a hospital.)

b. During those 2 weeks, how many times did anyone see or talk to a medical doctor about — —? (Do not count times while an overnight patient in a hospital.)

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

2a. (Besides the time(s) you just told me about) During those 2 weeks, did anyone in the family receive health care at home or go to a doctor's office, clinic, hospital or some other place? Include care from a nurse or anyone working with or for a medical doctor. Do not count times while an overnight patient in a hospital. ☐ Yes ☐ No *(3a)*

b. Who received this care? *Mark "DR Visit" box in person's column.* **2b.** ☐ DR Visit

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

Ask for each person with "DR Visit" in 2b:
d. How many times did — — receive this care during that period? **d.** ☐☐ Number of times

3a. (Besides the time(s) you already told me about) During those 2 weeks, did anyone in the family get any medical advice, prescriptions or test results over the PHONE from a doctor, nurse, or anyone working with or for a medical doctor? ☐ Yes ☐ No *(E2)*

b. Who was the phone call about? *Mark "Phone call" box in person's column.* **3b.** ☐ Phone call

c. Were there any calls about anyone else? ☐ Yes *(Reask 3b and c)* ☐ No

Ask for each person with "Phone call" in 3b:
d. How many telephone calls were made about — —? **d.** ☐☐ Number of calls

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

FOOTNOTES

F. 2-WEEK DOCTOR VISITS PAGE

DR VISIT 1

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

PERSON NUMBER _____

F1 *Refer to age.*

F1 ☐ Under 14 *(1b)* ☐ 14 and over *(1a)*

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

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

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

Ask after last DR visit column for this person:

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

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

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

If doctor's office: Was this office in a hospital?

If hospital: Was it the outpatient clinic or the emergency room?

If clinic: Was it a hospital outpatient clinic, a company clinic, a public health clinic, or some other kind of clinic?

If lab: Was this lab in a hospital?

What was done during this visit? *(Footnote)*

2. 01 ☐ Telephone

Not in hospital:
02 ☐ Home
03 ☐ Doctor's office
04 ☐ Co. or Ind. clinic
05 ☐ Other clinic
06 ☐ Lab
07 ☐ Other *(Specify)* ____

Hospital:
08 ☐ O.P. clinic
09 ☐ Emergency room
10 ☐ Doctor's office
11 ☐ Lab
12 ☐ Overnight patient *(6)*
88 ☐ Other *(Specify)* ____

Ask 3b if under 14.

3a. Did — — actually talk to a medical doctor?

b. Did anyone actually talk to a medical doctor about — —?

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

c. What type of medical person or assistant was talked to?

c. ____ Type 99 ☐ DK

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

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

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

f. Is that doctor a general practitioner or a specialist?

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

g. What kind of specialist?

g. ____ Kind of specialist

Ask 4b if under 14.

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

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

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

c. Was a condition found as a result of the [test(s)/examination]?

c. ☐ Yes *(4h)* ☐ No

d. Was this [test/examination] because of a specific condition — — had?

d. ☐ Yes *(4h)* ☐ No *(4g)*

e. During the past 2 weeks was — — sick because of her pregnancy?

e. ☐ Yes ☐ No *(4g)*

f. What was the matter?

f. ____ Condition *(Item C2, THEN 4g)*

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

g. ☐ Yes ☐ No *(5)*

h. What was the condition?

h. ☐ Pregnancy *(4e)* ____ Condition *(Item C2, THEN 4g)*

Mark box if "Telephone" in 2.

5a. Did — — have any kind of surgery or operation during this visit, including bone settings and stitches?

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

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

b. (1) ____ (2) ____

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

c. ☐ Yes *(Reask 5b and c)* ☐ No

Go to next DV if "Home" in 2.

6. In what city (town), county, and State is the *(place in 2)* located?

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

G. HEALTH INDICATOR PAGE

1a. During the 2-week period outlined in red on that calendar, has anyone in the family had an injury from an accident or other cause that you have not yet told me about?

☐Yes ☐No *(2)*

b. Who was this? *Mark "Injury" box in person's column.* — **1b.** ☐ Injury

c. What was —— injury?
Enter injury(ies) in person's column. — **c.** _____ Injury

d. Did anyone have any other injuries during that period?

☐Yes *(Reask 1b, c, and d)* ☐No

Ask for each injury in 1c:

e. As a result of the *(injury in 1c)* **did [——/anyone] see or talk to a medical doctor or assistant (about ——) or did —— cut down on —— usual activities for more than half of a day?** — **e.** ☐ Yes *(Enter injury in C2, THEN 1e for next injury)* ☐ No *(1e for next injury)*

2. During the past 12 months, {that is, since *(12-month date)* **a year ago} ABOUT how many days did illness or injury keep —— in bed more than half of the day? (Include days while an overnight patient in a hospital.)** — **2.** 000☐None _____ No. of days

3a. During the past 12 months, ABOUT how many times did [——/anyone] see or talk to a medical doctor or assistant (about ——)? (Do not count doctors seen while an overnight patient in a hospital.) (Include the *(number in 2-WK DV box)* **visit(s) you already told me about.)** — **3a.** 000☐None *(3b)* 000☐Only when overnight patient in hospital *(NP)* _____ No. of visits

b. About how long has it been since [——/anyone] last saw or talked to a medical doctor or assistant (about ——)? Include doctors seen while a patient in a hospital. — **b.** 1☐Interview week *(Reask 3b)* 2☐Less than 1 yr. *(Reask 3a)* 3☐1 yr., less than 2 yrs. 4☐2 yrs., less than 5 yrs. 5☐5 yrs. or more 0☐Never

4. Would you say —— health in general is excellent, very good, good, fair, or poor? — **4.** 1☐Excellent 2☐Very good 3☐Good 4☐Fair 5☐Poor

Mark box if under 18.

5a. About how tall is —— without shoes? — **5a.** ☐ Under 18 *(NP)* _____ Feet _____ Inches

b. About how much does —— weigh without shoes? — **b.** _____ Pounds

FOOTNOTES

H. CONDITION LISTS 1 AND 2

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

1

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

b. Who is this?

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

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

B. Paralysis of any kind?

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

e. Who was this?

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

Enter condition and letter in appropriate person's column.

C—L are conditions affecting the bone and muscle.

M—W are conditions affecting the skin.

C. Arthritis of any kind or rheumatism?

D. Gout?

E. Lumbago?

F. Sciatica?

G. A bone cyst or bone spur?

H. Any other disease of the bone or cartilage?

I. A slipped or ruptured disc?

J. REPEATED trouble with neck, back, or spine?

K. Bursitis?

L. Any disease of the muscles or tendons?

Reask 1d

M. A tumor, cyst, or growth of the skin?

N. Skin cancer?

O. Eczema or Psoriasis? (ek'sa-ma) or (so-rye'uh-sis)

P. TROUBLE with dry or itching skin?

Q. TROUBLE with acne?

R. A skin ulcer?

S. Any kind of skin allergy?

T. Dermatitis or any other skin trouble?

U. TROUBLE with ingrown toenails or fingernails?

V. TROUBLE with bunions, corns, or calluses?

W. Any disease of the hair or scalp?

2

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

b. Who is this?

c. Does anyone else NOW have —

Enter condition and letter in appropriate person's column.

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

Conditions M—AA are impairments.

A. Deafness in one or both ears?

B. Any other trouble hearing with one or both ears?

C. Tinnitus or ringing in the ears?

D. Blindness in one or both eyes?

E. Cataracts?

F. Glaucoma?

G. Color blindness?

H. A detached retina or any other condition of the retina?

I. Any other trouble seeing with one or both eyes EVEN when wearing glasses?

J. A cleft palate or harelip?

K. Stammering or stuttering?

L. Any other speech defect?

M. Loss of taste or smell which has lasted 3 months or more?

N. A missing finger, hand, or arm; toe, foot, or leg?

Reask 2a

O. A missing joint?

P. A missing breast, kidney, or lung?

Q. Palsy or cerebral palsy? (ser'a-bral)

R. Paralysis of any kind?

S. Curvature of the spine?

T. REPEATED trouble with neck, back, or spine?

U. Any TROUBLE with fallen arches or flatfeet?

V. A clubfoot?

W. A trick knee?

X. PERMANENT stiffness or any deformity of the foot, leg, or back? *(Permanent stiffness —* **joints will not move at all.)**

Y. PERMANENT stiffness or any deformity of the fingers, hand, or arm?

Z. Mental retardation?

AA. Any condition caused by an accident or injury which happened more than 3 months ago? *If "Yes," ask:* **What is the condition?**

H. CONDITION LISTS 3 AND 4

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

3

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

b. Who was this?

c. DURING THE PAST 12 MONTHS, did anyone else have —
Enter condition and letter in appropriate person's column.
Make no entry in item C2 for cold; flu; red, sore, or strep throat; or "virus" even if reported in this list.
Conditions affecting the digestive system.

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

4

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

b. Who was this?

c. DURING THE PAST 12 MONTHS, did anyone else have —
Enter condition and letter in appropriate person's column.
A—B are conditions affecting the glandular system.
C is a blood condition.
D—I are conditions affecting the nervous system.
J—Y are conditions affecting the genito-urinary system.

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

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

H. CONDITION LISTS 5 AND 6

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

5

5a. Has anyone in the family *{read names}* **EVER had —**
*If "**Yes**," ask 5b and c.*

b. Who was this?

c. Has anyone else EVER had —
Enter condition and letter in appropriate person's column.
Conditions affecting the heart and circulatory system.

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

5d. DURING THE PAST 12 MONTHS, did anyone in the family have —
*If "**Yes**," ask 5e and f.*

e. Who was this?

f. DURING THE PAST 12 MONTHS, did anyone else have —
Enter condition and letter in appropriate person's column.
Conditions affecting the heart and circulatory system.

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

6

6a. DURING THE PAST 12 MONTHS, did anyone in the family *{read names}* **have —**
*If "**Yes**," ask 6b and c.*

b. Who was this?

c. DURING THE PAST 12 MONTHS, did anyone else have —
Enter condition and letter in appropriate person's column.
Make no entry in item C2 for cold; flu; red, sore, or strep throat; or "virus" even if reported in this list.
Conditions affecting the respiratory system.

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

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

1. How many times did — — have *(condition)* **in the past 12 months?**
If 2 or more times, enter condition in item C2.
If only 1 time, ask:

2. How long did it last? *If 1 month or longer, enter in item C2.*
If less than 1 month, do not record.
If tonsils or adenoids were removed during past 12 months, enter the condition causing removal in item C2.

J. HOSPITAL PAGE

HOSPITAL STAY 1

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

1. **PERSON NUMBER** _____

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

2.

Month	Date	Year
		19 ___

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

3. 0000 ☐ None *(Next HS)*

_____ Nights

4. **For what condition did — — enter the hospital?**

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

4.

1 ☐ Normal delivery
2 ☐ Normal at birth
3 ☐ No condition
} *(5)*
☐ Condition ↘

_____

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

J1

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

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

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

5a. 1 ☐ Yes 2 ☐ No *(6)*

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

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

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

c. ☐ Yes *(Reask 5b and c)* ☐ No

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

6.

Name

Number and street

City or County State

FOOTNOTES

FORM HIS-1 (1994) (8-2-93)

CONDITION 1 | PERSON NO.____

1. Name of condition

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

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

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

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

1 ☐ Yes 2 ☐ No 9 ☐ DK

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

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

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

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

_____

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

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

1 ☐ Yes *(Probe, then 5)*
2 ☐ No

Ask probes as necessary. Record responses in 3c:
(How did the accident happen?)
(What was —— doing at the time of the injury?)

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

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

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

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

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

_____

_____

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

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

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

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

Show the following detail:

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

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

Infection **Sore** **Soreness**

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

*(Specify)*_____

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

Tumor **Cyst** **Growth**

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

1 ☐ Malignant 2 ☐ Benign 9 ☐ DK

5

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

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

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

Ask probes as necessary:
(Was it on or since (first date of 2-week ref. period) or was it before that date?)
(Was it less than 3 months or more than 3 months ago?)
(Was it less than 1 year or more than 1 year ago?)
(Was it less than 5 years or more than 5 years ago?)

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Mark box if under 18. ☐ Under 18 *(16)*

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

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

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

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

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

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

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

Part(s) of body *	Kind of injury

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

Part(s) of body *	Present effects **

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

L. DEMOGRAPHIC BACKGROUND PAGE

L1 *Refer to age.*

L1 ☐ Under 5 *(NP)* ☐ 5–17 *(2)* ☐ 18 and over *(1)*

1a. Did — — EVER serve on active duty in the Armed Forces of the United States?

1a. 1 ☐ Yes *(1b)* 2 ☐ No *(2)*

b. When did — — serve?

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

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

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

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

c. ☐ Yes 2 ☐ No *(2)* 7 ☐ DK *(2)*

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

d. 1 ☐ Yes 3 ☐ No 9 ☐ DK

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

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

Elem: 1 2 3 4 5 6 7 8

High: 9 10 11 12

College: 1 2 3 4 5 6 +

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

b. 1 ☐ Yes 2 ☐ No

Hand Card O.

3a. Are any of those groups — — National origin or ancestry? (Where did — — ancestors come from?)

3a. 1 ☐ Yes *(3b)* 2 ☐ No *(NP)*

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

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

b. 1 2 3 4 5 6 7

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

4a. [What is the number of the group or groups which represents — — race?] [What is — — race?]

Circle all that apply

1 — White
2 — Black
3 — Indian (American)
4 — Eskimo
5 — Aleut

ASIAN OR PACIFIC ISLANDER (API)

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

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

10 11 12 13 14 15 → 16 →

(Specify)

Ask if multiple entries:

b. Which of those groups; that is, *(entries in 4a)* *would you say BEST represents — — race?*

b. 1 2 3 4 5 6 7 8 9

10 11 12 13 14 15 → 16 →

(Specify)

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

c. 1 ☐ W 2 ☐ B 3 ☐ O

L. DEMOGRAPHIC BACKGROUND PAGE, Continued

L2 *Refer to "Age" and "Wa/Wb" boxes in C1.*

L2
0☐ Under 18 *(NP)*
1☐ Wa box marked *(6a)*
2☐ Wb box marked *(5a)*
3☐ Neither box marked *(5b)*

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

5a. 1☐ Yes *(5c)* 2☐ No *(6b)*

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

b. 1☐ Yes 2☐ No *(NP)*

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

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

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

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

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

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

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

d. Industry

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

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

e. Occupation ☐ AF *(NP)*

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

f. Duties

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

g. Was ——

An employee of a PRIVATE company, business or individual for wages, salary, or commission? ..... P
A FEDERAL government employee? ..... F
A STATE government employee? ..... S
A LOCAL government employee? L

Self-employed in OWN business, professional practice, or farm?
Ask: **Is the business incorporated?**
Yes I
No ..... SE

Working WITHOUT PAY in family business or farm? ..... WP

— NEVER WORKED or never worked at a full-time job lasting 2 weeks or more ..... NEV

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

FOOTNOTES

L.DEMOGRAPHIC BACKGROUND PAGE, Continued

Mark box if under 14. If "Married" refer to household composition and mark accordingly.

7. Is — — now married, widowed, divorced, separated, or has — — never been married?

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

8a. Was the total combined FAMILY income during the past 12 months — that is, yours, *(read names, including Armed Forces members living at home)* more or less than $20,000? Include money from jobs, social security, retirement income, unemployment payments, public assistance, and so forth. Also include income from interest, dividends, net income from business, farm, or rent, and any other money income received.

Read if necessary: **Income is important in analyzing the health information we collect. For example, this information helps us to learn whether persons in one income group use certain types of medical care services or have certain conditions more or less often than those in another group.**

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

Read parenthetical phrase if Armed Forces member living at home or if necessary.

b. Of those income groups, which letter best represents the total combined FAMILY income during the past 12 months (that is, yours, *(read names, including Armed Forces members living at home)*)? Include wages, salaries, and other items we just talked about.

Read if necessary: **Income is important in analyzing the health information we collect. For example, this information helps us to learn whether persons in one income group use certain types of medical care services or have certain conditions more or less often than those in another group.**

b.

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

R

a. *Mark first appropriate box.*

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

b. *Enter person number of respondent.*

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

L3 *Enter person number of first parent listed or mark box.*

L3 _____ Person number of parent

00 ☐ None in household

L4 *Enter person number of spouse or mark box.*

L4 _____ Person number of spouse

00 ☐ None in household

FOOTNOTES

L. DEMOGRAPHIC BACKGROUND PAGE, Continued

RT61

L5 *Read to respondent(s):* **In order to determine how health practices and conditions are related to how long people live, we would like to refer to statistical records maintained by the National Center for Health Statistics.** — 3–4

L6 *Enter date of birth from question 3 on Household Composition page.*

L6 — Date of birth — 5–11

Month	Date	Year

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

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

9a. — 12–13

99 ☐ DK *(L7)*

_____ State

01 ☐ Puerto Rico
02 ☐ Virgin Islands
03 ☐ Guam
04 ☐ Canada
05 ☐ Cuba
06 ☐ Mexico
98 ☐ All other countries

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

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

b. — 14

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

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

c. — 15

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

L7 *Print full name, including middle initial, from question 1 on Household Composition page.*

L7 — Last — 16–35

First — 36–50

Middle initial — 51

Verify for males; ask for females.

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

10. — Father's LAST name — 52–71

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

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

11. What is — — Social Security Number?

11. — 72–80

999999999 ☐ DK

☐☐☐ - ☐☐ - ☐☐☐☐

Social Security Number

Mark if number obtained from — 81

0 ☐ Does not have SSN
1 ☐ Memory
2 ☐ Records
7 ☐ Refused

L8 *Mark box to indicate how Social Security number was or was not obtained.*

L8 — 82

1 ☐ Self-personal
2 ☐ Self-telephone
3 ☐ Proxy-personal
4 ☐ Proxy-telephone

L. DEMOGRAPHIC BACKGROUND PAGE, Continued

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

RT62

12. Contact Person name

Last [3–4] [5–24] | First [25–39] | Middle initial [40]

13a. Address *(Number and street)* [41–65]

b. City [66–85] | State [86–87] | ZIP Code [88–96]

14. Area code/telephone number [97–106]

( ) -

1 ☐ None
2 ☐ Refused
9 ☐ DK

[107]

15. Relationship to household respondent [108–109]

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

FOOTNOTES

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

TABLE X — LIVING QUARTERS DETERMINATIONS AT LISTED ADDRESS

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

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

FOOTNOTES

OMB No. 0920-0214: Approval Expires 4/30/95

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

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
ACTING AS COLLECTING AGENT FOR THE
U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
U.S. PUBLIC HEALTH SERVICE
CENTERS FOR DISEASE CONTROL
NATIONAL CENTER FOR HEALTH STATISTICS

NATIONAL HEALTH INTERVIEW SURVEY

1994 SUPPLEMENT BOOKLET

I. IMMUNIZATION

II. DISABILITY

2. R.O. number 9-10	3. Sample 11-13	RT 51 / 3-7 / 8 1. Book ____ of ____ books

4. Control number PSU 14-16 Segment 17-23 Serial 24-25	5. Family number 26

6. Field Representative's name	Code 27-29

7. Beginning time 30-33 34 1 ☐ a.m. 2 ☐ p.m.	8. Ending time 35-38 39 1 ☐ a.m. 2 ☐ p.m.

SAMPLE CHILD LIST

ITEM I1 **Are there any nondeleted persons under 6 years old in this family?**

☐ Yes *(List by age, oldest to youngest)*
☐ No *(Section II on page 12)*

RT 52 Line No.	3-4 Person No.	5-6 Age	7 Sex	Last name	First name	8 SC	9 19–35 months	10 List No.
1			1 ☐ M 2 ☐ F			1 ☐	2 ☐	1
2			1 ☐ M 2 ☐ F			1 ☐	2 ☐	1
3			1 ☐ M 2 ☐ F			1 ☐	2 ☐	1
4			1 ☐ M 2 ☐ F			1 ☐	2 ☐	1
5			1 ☐ M 2 ☐ F			1 ☐	2 ☐	1
6			1 ☐ M 2 ☐ F			1 ☐	2 ☐	1
7			1 ☐ M 2 ☐ F			1 ☐	2 ☐	1
8			1 ☐ M 2 ☐ F			1 ☐	2 ☐	1
9			1 ☐ M 2 ☐ F			1 ☐	2 ☐	1

Refer to the sample child selection label and circle as applicable. THEN, mark (X) the "SC" box in the column above for the selected sample child under 6.

ITEM I2A **Are there any non-selected 2 year olds in the above list?**

☐ Yes *(Mark (X) box in "19–35 months" column for EACH, then I2B)*
☐ No *(I2B)*

ITEM I2B **Are there any non-selected 1 year olds in the above list?**

☐ Yes *(Refer to Eligibility Chart below for EACH 1 year old)*
☐ No *(Section I)*

ELIGIBILITY CHART

If month of Interview is:	Mark (X) box in "19-35 months" column if child's Date of Birth is Within:
January 1994	02/91 – 06/92
February 1994	03/91 – 07/92
March 1994	04/91 – 08/92
April 1994	05/91 – 09/92
May 1994	06/91 – 10/92
June 1994	07/91 – 11/92
July 1994	08/91 – 12/92
August 1994	09/91 – 01/93
September 1994	10/91 – 02/93
October 1994	11/91 – 03/93
November 1994	12/91 – 04/93
December 1994	01/92 – 05/93
January 1995	02/92 – 06/93

Complete final status on Back Cover

RT 32
3-4

PERSON 1

ITEM X1

Enter conditions reported in the Disability supplement in X1

If insufficient space to enter multiple sources, continue in a footnote

X1

A	C	D	E	F	G
A	C	D	E	F	G
A	C	D	E	F	G
A	C	D	E	F	G

ITEM X2

Indicate ADL Limitations in X2

X2

X2	Help/ Remind	Spec. equip.	Difficulty/ Doesn't do
Bathing			
Dressing			
Eating			
Bed/chair			
Toilet			
Getting around			

ITEM X3

Indicate IADL Limitations in X3

X3

X3	Help/ Supv.	Difficulty/ Doesn't do
Prep. meals		
Shopping		
Managing money		
Telephone		
Heavy work		
Light work		

Notes

FORM HIS-2 (4-1-94)

Section I – IMMUNIZATION – Continued

RT 54

ITEM 13

Enter person number and first name of sample child under 6. — Person number _____ First name _____ — 3-4

Enter person number of respondent. — Person number _____ — 5-6

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

ITEM 14 — *Refer to shot record.* — 1 ☐ Available *(2)* / 2 ☐ Not available *(1)* — 7

1. *Ask only on initial interview. On callback, skip to 9.* **We will need the shot record to complete this section of the interview. If I called you within the next few days, would you be able to have – –'s shot record available?** — 1 ☐ Yes *(Arrange callback, then I5 on page 6)* / 2 ☐ No / 9 ☐ DK *(9)* — 8

2. Transcribe from shot record – *If telephone ask:* **Looking at the shot record, please tell me how many times – – has received** *(names of vaccines)*? *Record number of times for each vaccine.* **What is the date on the record for (first)** *(vaccine)*? *Repeat for second, third – – shots.*

	(1) A DTP/DT shot (some times called a DPT shot, diptheria-tetanus-pertussis-shot, baby shot, or three-in-one shot)?	(2) A polio vaccine by mouth (pink drops) or a polio shot?	(3) A measles or MMR (Measles – Mumps – Rubella) shot? *If telephone ask:* **Was each shot measles only or MMR?** RT 55 3-4	(4) An HIB shot? (This is for meningitis and called *Haemophilus influenzae* (HA-MA-FI-LUS IN-FLU-EN-ZI) HIB vaccine or H. flu vaccine)	(5) A Hepatitis B shot?
	9-10 _____ Shots (Number) *(Record dates)* 00 ☐ None 99 ☐ DK *(Next vaccine)*	59-60 _____ Shots (Number) *(Record dates)* 00 ☐ None 99 ☐ DK *(Next vaccine)*	5-6 _____ Shots (Number) *(Record dates)* 00 ☐ None 99 ☐ DK *(Next vaccine)*	35-36 _____ Shots (Number) *(Record dates)* 00 ☐ None 99 ☐ DK *(Next vaccine)*	61-62 _____ Shots (Number) *(Record dates, then 3)* 00 ☐ None 99 ☐ DK *(3)*
	DTP/DT (Shot)	Polio (Drops or shots)	Measles/MMR (Shots)	HIB (Shot)	Hepatitis B
1st	11-16 __/__/19 MO DAY YR	61-66 __/__/19 MO DAY YR	1 ☐ Measles 2 ☐ MMR 9 ☐ DK 7 8-13 __/__/19 MO DAY YR	37-42 __/__/19 MO DAY YR	63-68 __/__/19 MO DAY YR
2nd	17-22 __/__/19 MO DAY YR	67-72 __/__/19 MO DAY YR	1 ☐ Measles 2 ☐ MMR 9 ☐ DK 14 15-20 __/__/19 MO DAY YR	43-48 __/__/19 MO DAY YR	69-74 __/__/19 MO DAY YR
3rd	23-28 __/__/19 MO DAY YR	73-78 __/__/19 MO DAY YR	1 ☐ Measles 2 ☐ MMR 9 ☐ DK 21 22-27 __/__/19 MO DAY YR	49-54 __/__/19 MO DAY YR	75-80 __/__/19 MO DAY YR
4th	29-34 __/__/19 MO DAY YR	79-84 __/__/19 MO DAY YR	1 ☐ Measles 2 ☐ MMR 9 ☐ DK 28 29-34 __/__/19 MO DAY YR	55-60 __/__/19 MO DAY YR	81-86 __/__/19 MO DAY YR
5th	35-40 __/__/19 MO DAY YR	85-90 __/__/19 MO DAY YR			
6th	41-46 __/__/19 MO DAY YR	91-96 __/__/19 MO DAY YR			
7th	47-52 __/__/19 MO DAY YR	97-102 __/__/19 MO DAY YR			
8th	53-58 __/__/19 MO DAY YR	103-108 __/__/19 MO DAY YR			

FORM HIS-2 (4-1-94)

Section I – IMMUNIZATION – Continued

3. **Are all the immunizations that – – ever received included on this shot record?** — 87

1 ☐ Yes *(11)*
2 ☐ No
9 ☐ DK *(4)*

4a. **Has – – ever received an additional DTP shot (sometimes called a DPT shot, diphtheria-tetanus-pertussis shot, baby shot, or three-in-one-shot)?** — 88

1 ☐ Yes *(4b)*
2 ☐ No
9 ☐ DK *(5)*

b. **How many additional DTP shots has – – received?** — 89

_____ Shots
(Number)

8 ☐ All
9 ☐ DK

5a. **Has – – ever received an additional polio vaccine by mouth (pink drops) or a polio shot?** — 90

1 ☐ Yes *(5b)*
2 ☐ No
9 ☐ DK *(6)*

b. **How many additional polio vaccines has – – received?** — 91

_____ Vaccines
(Number)

8 ☐ All
9 ☐ DK

6a. **Has – – ever received an additional measles or MMR (Measles-Mumps-Rubella) shot?** — 92

1 ☐ Yes *(6b)*
2 ☐ No
9 ☐ DK *(7)*

b. **How many additional measles or MMR shots has – – received?** — 93

_____ Shots
(Number)

8 ☐ All
9 ☐ DK

7a. **Has – – ever received an additional HIB shot? This shot is for meningitis and called Haemophilus influenzae (HA-MA-FI-LUS IN-FLU-EN-ZI), HIB vaccine or H. flu vaccine.** — 94

1 ☐ Yes *(7b)*
2 ☐ No
9 ☐ DK *(8)*

b. **How many additional HIB shots has – – received?** — 95

_____ Shots
(Number)

8 ☐ All
9 ☐ DK

Section I – IMMUNIZATION – Continued

8a. **Has – – ever received an additional Hepatitis B shot?** 96

1 ☐ Yes *(8b)*
2 ☐ No
9 ☐ DK } *(11)*

b. **How many additional Hepatitis B shots has – – received?** 97

_____ Shots (Number)
88 ☐ All
99 ☐ DK } *(11)*

9. **Has – – ever received an immunization (that is a shot or drops)?** 98

1 ☐ Yes *(10)*
2 ☐ No
9 ☐ DK } *(Item I5 on page 6)*

10a. **Has – – ever received:**

(1) A DTP/DT shot (sometimes called a DPT shot, diptheria-tetanus-pertussis-shot, baby shot, or three- in-one shot)?	(2) A polio vaccine by mouth (pink drops) or a polio shot?	(3) A measles or MMR (Measles – Mumps – Rubella) shot?	(4) An HIB shot? (This is for meningitis and called Haemophilus influenzae (HA-MA-FI-LUS IN-FLU-EN-ZI) HIB vaccine or H. flu vaccine)	(5) A Hepatitis B shot?
1 ☐ Yes *(10b)* 99 2 ☐ No 9 ☐ DK } *(Next vaccine)*	1 ☐ Yes *(10b)* 102 2 ☐ No 9 ☐ DK } *(Next vaccine)*	1 ☐ Yes *(10b)* 105 2 ☐ No 9 ☐ DK } *(Next vaccine)*	1 ☐ Yes *(10b)* 108 2 ☐ No 9 ☐ DK } *(Next vaccine)*	1 ☐ Yes *(10b)* 111 2 ☐ No 9 ☐ DK } *(11)*

10b. **How many *(vaccine)* shots did – – ever receive?**

(1) DTP/DT	(2) Polio	(3) Measles or MMR	(4) HIB	(5) Hepatitis B
100-101	103-104	106-107	109-110	112-113
_____ Shots (Number) 88 ☐ All 99 ☐ DK } *(Next vaccine)*	_____ Shots (Number) 88 ☐ All 99 ☐ DK } *(Next vaccine)*	_____ Shots (Number) 88 ☐ All 99 ☐ DK } *(Next vaccine)*	_____ Shots (Number) 88 ☐ All 99 ☐ DK } *(Next vaccine)*	_____ Shots (Number) 88 ☐ All 99 ☐ DK } *(11)*

11. **Are you the person who took – – for most of – – shots? (Most means at least 1/2 of the shots)** 114

1 ☐ Yes
2 ☐ No
9 ☐ DK

12. **In your opinion, has – – received all of the recommended shots for – – age?** 115

1 ☐ Yes
2 ☐ No
9 ☐ DK

Section I – IMMUNIZATION – Continued

ITEM I5

Refer to Sample Child List on Cover.

1 ☐ Additional 19–35 month old child *(Item I8 on page 7)*
2 ☐ No additional 19-35 month old child *(I6)*

ITEM I6

Refer to questions 2 and 10 for SC.
Mark (X) first appropriate box.

116

1 ☐ Callback required } *(Fill HIS-2A if appropriate, then I7)*
2 ☐ Any immunizations }
3 ☐ No immunizations *(Section II on page 12)*

ITEM I7

Status of HIS-2A for SC.
Mark (X) one in each column.

Provider 117	Permission 118
0 ☐ Not required	0 ☐ Not required
1 ☐ Complete	1 ☐ Complete
2 ☐ Refused	2 ☐ Refused
3 ☐ Other *(Explain in notes)*	3 ☐ Other *(Explain in notes)*

(Section II on page 12)

Notes

1 Sample child 119

FORM HIS-2 (4-1-94)

Section I – IMMUNIZATION – Continued

RT 54

ITEM I8

Enter person number and first name of other 19–35 month old child. — Person number _____ First name _____ — 3-4

Enter person number of respondent. — Person number _____ — 5-6

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

ITEM I9

Refer to shot record. — 1 ☐ Available *(14)* 2 ☐ Not available *(13)* — 7

13. *Ask only on initial interview. On callback, skip to 21.* **We will need the shot record to complete this section of the interview. If I called you within the next few days, would you be able to have – –'s shot record available?** — 1 ☐ Yes *(Arrange callback, then I10 on page 10)* 2 ☐ No 9 ☐ DK *(21)* — 8

14. Transcribe from shot record – *If telephone ask:* **Looking at the shot record, please tell me how many times – – has received** *(names of vaccines)*? *Record number of times for each vaccine.* **What is the date on the record for (first)** *(vaccine)*? *Repeat for second, third – – shots.*

	(1) A DTP/DT shot (some times called a DPT shot, diptheria-tetanus-pertussis-shot, baby shot, or three-in-one shot)?	(2) A polio vaccine by mouth (pink drops) or a polio shot?	(3) A measles or MMR (Measles – Mumps – Rubella) shot? *If telephone ask:* Was each shot measles only or MMR? RT 55 3-4	(4) An HIB shot? (This is for meningitis and called Haemophilus influenzae (HA-MA-FI-LUS IN-FLU-EN-ZI) HIB vaccine or H. flu vaccine)	(5) A Hepatitis B shot?
	9-10 _____ Shots (Number) (Record dates) 00 ☐ None 99 ☐ DK (Next vaccine)	59-60 _____ Shots (Number) (Record dates) 00 ☐ None 99 ☐ DK (Next vaccine)	5-6 _____ Shots (Number) (Record dates) 00 ☐ None 99 ☐ DK (Next vaccine)	35-36 _____ Shots (Number) (Record dates) 00 ☐ None 99 ☐ DK (Next vaccine)	61-62 _____ Shots (Number) (Record dates, then 15) 00 ☐ None 99 ☐ DK (15)
	DTP/DT (Shot)	Polio (Drops or shots)	Measles/MMR (Shots)	HIB (Shot)	Hepatitis B
1st	11-16 __/__/19 MO DAY YR	61-66 __/__/19 MO DAY YR	1 ☐ Measles 2 ☐ MMR 9 ☐ DK 7 8-13 __/__/19 MO DAY YR	37-42 __/__/19 MO DAY YR	63-68 __/__/19 MO DAY YR
2nd	17-22 __/__/19 MO DAY YR	67-72 __/__/19 MO DAY YR	1 ☐ Measles 2 ☐ MMR 9 ☐ DK 14 15-20 __/__/19 MO DAY YR	43-48 __/__/19 MO DAY YR	69-74 __/__/19 MO DAY YR
3rd	23-28 __/__/19 MO DAY YR	73-78 __/__/19 MO DAY YR	1 ☐ Measles 2 ☐ MMR 9 ☐ DK 21 22-27 __/__/19 MO DAY YR	49-54 __/__/19 MO DAY YR	75-80 __/__/19 MO DAY YR
4th	29-34 __/__/19 MO DAY YR	79-84 __/__/19 MO DAY YR	1 ☐ Measles 2 ☐ MMR 9 ☐ DK 28 29-34 __/__/19 MO DAY YR	55-60 __/__/19 MO DAY YR	81-86 __/__/19 MO DAY YR
5th	35-40 __/__/19 MO DAY YR	85-90 __/__/19 MO DAY YR			
6th	41-46 __/__/19 MO DAY YR	91-96 __/__/19 MO DAY YR			
7th	47-52 __/__/19 MO DAY YR	97-102 __/__/19 MO DAY YR			
8th	53-58 __/__/19 MO DAY YR	103-108 __/__/19 MO DAY YR			

Section I – IMMUNIZATION – Continued

15. **Are all the immunizations that – – ever received included on this shot record?** — 87

1 ☐ Yes *(23)*
2 ☐ No } *(16)*
9 ☐ DK }

16a. **Has – – ever received an additional DTP shot (sometimes called a DPT shot, diphtheria-tetanus-pertussis shot, baby shot, or three-in-one-shot)?** — 88

1 ☐ Yes *(16b)*
2 ☐ No } *(17)*
9 ☐ DK }

b. **How many additional DTP shots has – – received?** — 89

_____ Shots
(Number)

8 ☐ All
9 ☐ DK

17a. **Has – – ever received an additional polio vaccine by mouth (pink drops) or a polio shot?** — 90

1 ☐ Yes *(17b)*
2 ☐ No } *(18)*
9 ☐ DK }

b. **How many additional polio vaccines has – – received?** — 91

_____ Vaccines
(Number)

8 ☐ All
9 ☐ DK

18a. **Has – – ever received an additional measles or MMR (Measles-Mumps-Rubella) shot?** — 92

1 ☐ Yes *(18b)*
2 ☐ No } *(19)*
9 ☐ DK }

b. **How many additional measles or MMR shots has – – received?** — 93

_____ Shots
(Number)

8 ☐ All
9 ☐ DK

19a. **Has – – ever received an additional HIB shot? This shot is for meningitis and called Haemophilus influenzae (HA-MA-FI-LUS IN-FLU-EN-ZI), HIB vaccine or H. flu vaccine.** — 94

1 ☐ Yes *(19b)*
2 ☐ No } *(20)*
9 ☐ DK }

b. **How many additional HIB shots has – – received?** — 95

_____ Shots
(Number)

8 ☐ All
9 ☐ DK

Section I – IMMUNIZATION – Continued

20a. **Has – – ever received an additional Hepatitis B shot?** 96

1 ☐ Yes *(20b)*
2 ☐ No
9 ☐ DK } *(23)*

b. **How many additional Hepatitis B shots has – – received?** 97

_____ Shots (Number)
88 ☐ All
99 ☐ DK } *(23)*

21. **Has – – ever received an immunization (that is a shot or drops)?** 98

1 ☐ Yes *(22)*
2 ☐ No
9 ☐ DK } *(Item I10)*

22a. **Has – – ever received:**

(1) A DTP/DT shot (sometimes called a DPT shot, diptheria-tetanus-pertussis-shot, baby shot, or three- in-one shot)?	(2) A polio vaccine by mouth (pink drops) or a polio shot?	(3) A measles or MMR (Measles – Mumps – Rubella) shot?	(4) An HIB shot? (This is for meningitis and called Haemophilus influenzae (HA-MA-FI-LUS IN-FLU-EN-ZI) HIB vaccine or H. flu vaccine)	(5) A Hepatitis B shot?
1 ☐ Yes *(22b)* 99 2 ☐ No 9 ☐ DK } *(Next vaccine)*	1 ☐ Yes *(22b)* 102 2 ☐ No 9 ☐ DK } *(Next vaccine)*	1 ☐ Yes *(22b)* 105 2 ☐ No 9 ☐ DK } *(Next vaccine)*	1 ☐ Yes *(22b)* 108 2 ☐ No 9 ☐ DK } *(Next vaccine)*	1 ☐ Yes *(22b)* 111 2 ☐ No 9 ☐ DK } *(23)*

22b. **How many *(vaccine)* shots did – – ever receive?**

(1) DTP/DT	(2) Polio	(3) Measles or MMR	(4) HIB	(5) Hepatitis B
100-101	103-104	106-107	109-110	112-113
_____ Shots (Number) 88 ☐ All 99 ☐ DK } *(Next vaccine)*	_____ Shots (Number) 88 ☐ All 99 ☐ DK } *(Next vaccine)*	_____ Shots (Number) 88 ☐ All 99 ☐ DK } *(Next vaccine)*	_____ Shots (Number) 88 ☐ All 99 ☐ DK } *(Next vaccine)*	_____ Shots (Number) 88 ☐ All 99 ☐ DK } *(23)*

23. **Are you the person who took – – for most of – – shots? (Most means at least 1/2 of the shots)** 114

1 ☐ Yes
2 ☐ No
9 ☐ DK

24. **In your opinion, has – – received all of the recommended shots for – – age?** 115

1 ☐ Yes
2 ☐ No
9 ☐ DK

Section I – IMMUNIZATION – Continued

ITEM I10

Refer to questions 14 and 22 for additional 19-35 month old. Mark (X) first appropriate box.

116

1 ☐ Callback required } *(Fill HIS-2A, then I11)*
2 ☐ Any immunizations }
3 ☐ No immunizations *(Return to I6 on page 6)*

ITEM I11

Status of HIS-2A for additional 19-35 month old. Mark (X) one in each column.

117 Provider	118 Permission
1 ☐ Complete	0 ☐ Not required
2 ☐ Refused	1 ☐ Complete
3 ☐ Other *(Explain in notes)*	2 ☐ Refused
	3 ☐ Other *(Explain in notes)*

(Return to I6 on page 6)

Notes

2 Other 19-35 month child 119

Section II – DISABILITY

RT 65

Part A – SENSORY, COMMUNICATION AND MOBILITY

PERSON 1 — 3–4

These next questions refer to everyone in the family, that is *(read names of all nondeleted family members)*.

1a. Does anyone in the family have SERIOUS difficulty seeing, even when wearing glasses or contact lenses?

1a. — 5
1 ☐ Yes *(1b)*
2 ☐ No
9 ☐ DK
(2 on page 14)

b. Who is this? (Anyone else?)

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

b. — 6
1 ☐ Difficulty seeing

Ask 1c–f for each person with box marked in 1b.

c. What is the MAIN problem or condition which causes – – serious difficulty seeing?

c. — 7
(Enter condition on X1 and mark box)
1 ☐ In C2
2 ☐ Not in C2

d. Is – – legally blind?

d. — 8
1 ☐ Yes *(1f)*
2 ☐ No
9 ☐ DK
(1e)

e. [Do you expect/Is – – expected] to have SERIOUS difficulty seeing for at least the next 12 months?

e. — 9
1 ☐ Yes *(1f)*
2 ☐ No
9 ☐ DK
(1c for NP in 1b, or 2 on page 14)

f. Does – – NOW use telescopic lenses, braille, readers, a guide dog, white cane, or any other equipment for people with visual impairments?

If "No", mark (X) box 0.
If "Yes", ask – **"Which?"** *Mark (X) all that apply.*

f. — *(1c for NP in 1b, or 2 on page 14)*
0 ☐ Does not use any — 10
1 ☐ Telescopic lenses — 11
2 ☐ Braille — 12
3 ☐ Readers — 13
4 ☐ Guide dog — 14
5 ☐ White cane — 15
6 ☐ Computer equipment — 16
7 ☐ Other — 17

Notes

Section II – DISABILITY – Continued

Part A – SENSORY, COMMUNICATION AND MOBILITY – Continued

PERSON 1

2a. Does anyone in the family now use a hearing aid? — 2a. — 18
1 ☐ Yes *(2b)*
2 ☐ No } *(2d)*
9 ☐ DK }

b. Who is this?
Mark (X) "Hearing aid" box in person's column. — b. — 19
1 ☐ Hearing aid

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

d. Does anyone in the family have any trouble hearing what is said in normal conversation (even when wearing a hearing aid)? — d. — 20
1 ☐ Yes *(2e)*
2 ☐ No } *(4 on page 16)*
9 ☐ DK }

e. Who is this? (Anyone else?)
Mark (X) "Trouble hearing" box in person's column. — e. — 21
1 ☐ Trouble hearing

Ask 2f–h and 3 for each person with box marked in 2e.

f. What is the MAIN problem or condition which causes – – to have trouble hearing? — f. — 22
(Enter condition in X1 and mark box)
1 ☐ In C2
2 ☐ Not in C2

g. Is – – able to hear loud noises? — g. — 23
1 ☐ Yes
2 ☐ No
9 ☐ DK

h. [Do you expect/Is – – expected] to have this trouble hearing for at least the next 12 months? — h. — 24
1 ☐ Yes *(3)*
2 ☐ No } *(2f for NP in 2e, or 4 on page 16)*
9 ☐ DK }

3. (Besides a hearing aid,) Does – – NOW use an amplifier for the telephone, a TDD, TTY or teletype, closed caption TV, assistive listening or signaling devices, an interpreter, or any other equipment for people with hearing impairments?

Read if necessary: **Assistive listening devices include a loop, FM systems, and direct input devices that connect to a TV. Assistive signaling devices indicate that a door, telephone or fire bells are ringing.**

If "No", mark (X) box 0.
If "Yes", ask **"Which"?** *Mark (X) all that apply.*

3.
0 ☐ Does not use any — 25
1 ☐ Amplifier for telephone — 26
2 ☐ TDD, TTY, or teletype — 27
3 ☐ Closed caption TV — 28
4 ☐ Assistive listening devices — 29
5 ☐ Assistive signaling devices — 30
6 ☐ Interpreter — 31
7 ☐ Other — 32

(2f for NP in 2e, or 4 on page 16)

FORM HIS-2 (4-1-94)

Section II – DISABILITY – Continued

Part A – SENSORY, COMMUNICATION AND MOBILITY – Continued

PERSON 1

The next few questions refer only to family members who are 5 years old or older, that is *(read names of family members 5 years old or older)*.

33

4a. Do *(read names of persons 5+)* **have SERIOUS difficulty communicating so that PEOPLE OUTSIDE THE FAMILY understand?**

Read if necessary: **Do not include language problems.**

4a. 1 ☐ Yes *(4b)*; 2 ☐ No; 9 ☐ DK *(4f)*

b. Who is this?

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

b. 34 — 1 ☐ Difficulty communicating

c. Anyone else?

☐ Yes *(Reask 4b and c)* ☐ No

Ask 4d–e for each person with "Difficulty communicating" marked in 4b.

35

d. Does – – have any difficulty communicating so that FAMILY MEMBERS understand?

d. 1 ☐ Yes *(4e)*; 2 ☐ No; 9 ☐ DK *(NP in 4b, or 4f)*

e. Does – – have difficulty communicating – – basic needs, such as hunger and thirst, to family members?

e. 36 — 1 ☐ Yes; 2 ☐ No; 9 ☐ DK *(4d for NP in 4b, or 4f)*

37

f. Do *(read names of persons 5+)* **have SERIOUS difficulty understanding other people when they talk or ask questions?**

Read if necessary: **Do not include language problems.**

f. 1 ☐ Yes *(4g)*; 2 ☐ No; 9 ☐ DK *(A1)*

g. Who is this?

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

g. 38 — 1 ☐ Difficulty understanding

h. Anyone else?

☐ Yes *(Reask 4g and h)* ☐ No *(A1)*

ITEM A1

Refer to age or questions 4b and 4g for each person.

A1 39 — 2 ☐ Under 5 *(NP, or 4n on page 18)*; 1 ☐ "Difficulty communicating" in 4b and/or "Difficulty understanding" in 4g *(4i on page 18)*; 2 ☐ All others *(NP, or 4n on page 18)*

Notes

FORM HIS-2 (4-1-94)

Section II – DISABILITY – Continued

Part A – SENSORY, COMMUNICATION AND MOBILITY – Continued

PERSON 1

4i. **How old was – – when – – first had difficulty [communicating with/(and) understanding] other people?**

4i. 40–41
_____ Years old *(4l)*
96 ☐ At birth *(4l)*
99 ☐ DK *(4j)*

j. **Was it before – – was 18 years old?**

j. 42
1 ☐ Yes *(4l)*
2 ☐ No *(4k)*
9 ☐ DK *(4l)*

k. **Was it before – – was 22 years old?**

k. 43
1 ☐ Yes
2 ☐ No } *(4l)*
9 ☐ DK

If obvious, mark without asking; otherwise ask:

l. **Is – – expected to have this difficulty with [communication/(and) understanding other people] for at least 12 months longer?**

l. 44
1 ☐ Yes
2 ☐ No } *(4m)*
9 ☐ DK

m. **What condition causes – – difficulty [communicating with/(and) understanding] other people?**

Accept up to 2 conditions; then go to A1 on page 16 for next person, or 4n.

m. 45
(Enter condition in X1 and mark box)
1 ☐ In C2
2 ☐ Not in C2

46
(Enter condition in X1 and mark box)
1 ☐ In C2
2 ☐ Not in C2

n. **Do** *(read names of persons 5+)* **have SERIOUS difficulty learning how to do things that most people their age are able to learn?**

n. 47
1 ☐ Yes *(4o)*
2 ☐ No } *(5 on page 20)*
9 ☐ DK

o. **Who is this?**

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

o. 48
1 ☐ Difficulty learning

p. **Anyone else?**

☐ Yes *(Reask 4o and p)* ☐ No *(5 on page 20)*

Notes

Section II – DISABILITY – Continued

Part A – SENSORY, COMMUNICATION AND MOBILITY – Continued

PERSON 1

HAND CARD DA1. Read parenthetical if telephone interview. — 49

5a. Does ANYONE in the family now use any of these aids to get around? (A cane, crutches, walker, medically prescribed shoes, a wheelchair, or a scooter?)

5a. 1 ☐ Yes *(5b)*
2 ☐ No } *(6 on page 22)*
9 ☐ DK }

b. Who is this?

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

b. — 50
1 ☐ Mobility aid

c. Anyone else?

☐ Yes *(Reask 5b and c)* ☐ No

Ask 5d and e for each person with "Mobility aid" in 5b.

d. Which aids does – – use?

Any others?

Mark (X) all that apply.

If "wheelchair", ask: **Does – – use an electric or manual wheelchair?**

d.
1 ☐ Cane — 51
2 ☐ Crutches — 52
3 ☐ Walker — 53
4 ☐ Medically prescribed shoes — 54
5 ☐ Manual wheelchair — 55
6 ☐ Electric wheelchair — 56
7 ☐ Scooter — 57

Ask only about each aid marked in 5d. Then 5d for next person with 5b; otherwise 6 on page 22. — 58

e. Has – – used or is – – expected to use *(aid in 5d)* **for 12 months or longer?**

e.

(1) A cane	(1)	1 ☐ Yes 2 ☐ No 9 ☐ DK — 59
(2) Crutches	(2)	1 ☐ Yes 2 ☐ No 9 ☐ DK — 60
(3) A walker	(3)	1 ☐ Yes 2 ☐ No 9 ☐ DK — 61
(4) Medically prescribed shoes	(4)	1 ☐ Yes 2 ☐ No 9 ☐ DK — 62
(5) A manual wheelchair	(5)	1 ☐ Yes 2 ☐ No 9 ☐ DK — 63
(6) An electric wheelchair	(6)	1 ☐ Yes 2 ☐ No 9 ☐ DK — 64
(7) A scooter	(7)	1 ☐ Yes 2 ☐ No 9 ☐ DK

Notes

Section II – DISABILITY – Continued

Part A – SENSORY, COMMUNICATION AND MOBILITY – Continued

PERSON 1

6a. Does anyone in the family now use a brace of any kind? — 65

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

b. Who is this?

Ask if necessary: **On what part of the body is the brace worn? Is it worn on the back, neck, arm, hand, leg, foot or knee?**

Mark (X) appropriate box(es) in person's column.

b.
- 1 ☐ Back — 66
- 2 ☐ Neck — 67
- 3 ☐ Arm — 68
- 4 ☐ Hand — 69
- 5 ☐ Leg — 70
- 6 ☐ Foot — 71
- 7 ☐ Knee — 72
- 8 ☐ Other — 73

c. Does anyone else now use a brace?

☐ Yes *(Reask 6b and c)* ☐ No

Ask 6d for each person with an entry in 6b. — 74

d. Has – – used or is – – expected to use [this brace/any of these braces] for 12 months or longer?

d. 1 ☐ Yes 2 ☐ No 9 ☐ DK *(6d for NP with entry in 6b, or 7)*

7a. (Does anyone in the family now use) an artificial leg, foot, arm or hand? — 75

7a. 1 ☐ Yes *(7b)* 2 ☐ No 9 ☐ DK *(A2 on page 24)*

b. Who is this?

Ask if necessary: **Which does – – use – an artificial leg, foot, arm or hand?**

Mark (X) appropriate box(es) in person's column.

b.
- 1 ☐ Artificial leg or foot — 76
- 2 ☐ Artificial arm or hand — 77

c. Does anyone else now use an artificial limb?

☐ Yes *(Reask 7b and c)* ☐ No *(A2 on page 24)*

Notes

Section II – DISABILITY – Continued

Part A – SENSORY, COMMUNICATION AND MOBILITY – Continued

PERSON 1

ITEM A2 — *Refer to ages of ALL family members.*

A2 — 78
1 ☐ All under 18 *(Part B on page 28)*
2 ☐ Any 18+ *(8)*

8a. **Do** *(names of persons 18+)* **now have any problem with dizziness that has lasted for at least three months?** — **8a.** — 79
1 ☐ Yes *(8b)*
2 ☐ No } *(8d)*
9 ☐ DK }

b. Who is this?
Mark (X) "Dizziness" box in person's column. — **b.** — 80
1 ☐ Dizziness

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

d. **Do** *(names of persons 18+)* **have any problem with balance that has lasted for at least three months?** — **d.** — 81
1 ☐ Yes *(8e)*
2 ☐ No } *(9)*
9 ☐ DK }

e. Who is this?
Mark (X) "Problem with balance" box in person's column. — **e.** — 82
1 ☐ Problem with balance

f. Anyone else?
☐ Yes *(Reask 8e and f)* ☐ No

Ask 8g for each person with "Problem with balance" marked in 8e. — 83

g. Does – – need support or touch walls when walking due to balance problems? — **g.**
1 ☐ Yes
2 ☐ No } *(NP in 8e, or 9)*
9 ☐ DK }

9a. **Do** *(names of persons 18+)* **now have ringing, roaring, or buzzing in the ears that has lasted for at least three months?** — **9a.** — 84
1 ☐ Yes *(9b)*
2 ☐ No } *(10 on page 26)*
9 ☐ DK }

b. Who is this?
Mark (X) "Noise in ears" box in person's column. — **b.** — 85
1 ☐ Noise in ears

c. Anyone else?
☐ Yes *(Reask 9b and c)* ☐ No *(10 on page 26)*

Notes

Section II – DISABILITY – Continued

Part A – SENSORY, COMMUNICATION AND MOBILITY – Continued

PERSON 1

10a. Do *(names of persons 18+)* now have any problems with their sense of smell, such as not being able to smell things or things not smelling the way they are supposed to? — 10a. — 86
1 ☐ Yes *(10b)*
2 ☐ No } *(11)*
9 ☐ DK

b. Who is this?
Mark (X) "Problem with smell" box in person's column. — b. — 87
1 ☐ Problem with smell

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

Ask 10d–f for each person with box marked in 10b. — 88

d. Which problem does – – have, not being able to smell things or things not smelling the way they are supposed to? — d.
1 ☐ Loss of smell *(10e)*
2 ☐ Things don't smell right } *(10f)*
9 ☐ DK

e. Is – – loss of smell complete or partial? — e. — 89
1 ☐ Complete
2 ☐ Partial
9 ☐ DK

f. Has – – had problems with – – sense of smell for at least three months? — f. — 90
1 ☐ Yes
2 ☐ No } *(10d for NP in 10b, or 11)*
9 ☐ DK

11a. Do *(names of persons 18+)* have a problem with their sense of taste, such as not being able to taste salt or sugar or with tastes in the mouth that shouldn't be there, like bitter, salty, sour or sweet tastes? — 11a. — 91
1 ☐ Yes *(11b)*
2 ☐ No } *(Part B on page 28)*
9 ☐ DK

b. Who is this?
Mark (X) "Problem with taste" box in person's column. — b. — 92
1 ☐ Problem with taste

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

Ask 11d–e for each person with box marked in 11b.

d. Which problem does – – have, not being able to taste salt or sugar, tastes in the mouth that shouldn't be there, or some other problem?
Mark (X) all that apply. — d.
1 ☐ Not tasting salt — 93
2 ☐ Not tasting sugar — 94
3 ☐ Tastes that shouldn't be there — 95
4 ☐ Other problem — 96

e. Has – – had [any of these/this] problem(s) with taste for at least three months? — e. — 97
1 ☐ Yes
2 ☐ No } *(11d for NP in 11b, or Part B on page 28)*
9 ☐ DK

Section II – DISABILITY – Continued

RT 66

Part B – CONDITIONS

PERSON 1 — 3–4

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

1a. Does anyone in the family, that is *(read names)* **have –**

1a.

(1) A learning disability? — 5
1 ☐ Yes *(1b)* 2 ☐ No 9 ☐ DK

(2) Cerebral palsy (cĕ rĕ' brăl pawl'zee)**?** — 6
1 ☐ Yes *(1b)* 2 ☐ No 9 ☐ DK

(3) Cystic fibrosis (sĭs'tic fī brō'sĭs)**?** — 7
1 ☐ Yes *(1b)* 2 ☐ No 9 ☐ DK

(4) Down syndrome? — 8
1 ☐ Yes *(1b)* 2 ☐ No 9 ☐ DK

(5) Mental retardation? — 9
1 ☐ Yes *(1b)* 2 ☐ No 9 ☐ DK

(6) Muscular dystrophy (dĭs' trō fee)**?** — 10
1 ☐ Yes *(1b)* 2 ☐ No 9 ☐ DK

(7) Spina bifida (spī' ah bĭf ĭ dah)**?** — 11
1 ☐ Yes *(1b)* 2 ☐ No 9 ☐ DK

(8) Autism (aw'tism)**?** — 12
1 ☐ Yes *(1b)* 2 ☐ No 9 ☐ DK

(9) Hydrocephalus (hī drō sef'ah lŭs)**?** — 13
1 ☐ Yes *(1b)* 2 ☐ No *(2)* 9 ☐ DK *(2)*

b. Who is this?

Mark (X) appropriate box in person's column.

b.

1 ☐ Learning disability — 14
2 ☐ Cerebral Palsy — 15
3 ☐ Cystic Fibrosis — 16
4 ☐ Down Syndrome — 17
5 ☐ Mental Retardation — 18
6 ☐ Muscular Dystrophy — 19
7 ☐ Spina Bifida — 20
8 ☐ Autism — 21
9 ☐ Hydrocephalus — 22

c. Anyone else?

If "Yes" *(Reask 1b and c)* If "No" *(1a for NC, or 2)*

2a. Was anyone in the family EVER told by a doctor that they had polio, whether or not it resulted in physical disability?

2a. — 23
1 ☐ Yes *(2b)*
2 ☐ No } *(Part C on page 30)*
9 ☐ DK }

b. Who is this? (Anyone else?)

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

b. — 24
1 ☐ Polio

Ask 2c for each person with "Polio" box marked in 2b.

c. Did – – EVER have paralysis of any kind caused by polio? — 25
c.
1 ☐ Yes
2 ☐ No
9 ☐ DK

Section II – DISABILITY – Continued

RT 67 3-4

Part C – ADL / IADL

PERSON 1

HAND CARD DC1.

These next questions refer only to *(read names of persons 5+)*.

1a. Because of a physical, mental, or emotional problem, do *(read names of persons 5+)* **GET HELP FROM ANOTHER PERSON in —** — 1a.

(1) Bathing or showering? — 5
1 ☐ Yes *(1b)* 2 ☐ No 9 ☐ DK

(2) Dressing? — 6
1 ☐ Yes *(1b)* 2 ☐ No 9 ☐ DK

(3) Eating? — 7
1 ☐ Yes *(1b)* 2 ☐ No 9 ☐ DK

(4) Getting in and out of bed or chairs? — 8
1 ☐ Yes *(1b)* 2 ☐ No 9 ☐ DK

(5) Using the toilet, including getting to the toilet? — 9
1 ☐ Yes *(1b)* 2 ☐ No 9 ☐ DK

(6) Getting around inside the home? — 10
1 ☐ Yes *(1b)* 2 ☐ No *(2)* 9 ☐ DK *(2)*

b. Who is this? (Anyone else?) — b.

Mark (X) appropriate box in person's column AND in "Help/Remind" column in X2, then continue with 1a for next activity, or 2.

1 ☐ Bathing or showering — 11
2 ☐ Dressing — 12
3 ☐ Eating — 13
4 ☐ Getting in/out bed or chairs — 14
5 ☐ Using the toilet, including getting to the toilet — 15
6 ☐ Getting around inside the home — 16

(Mark (X) appropriate box(es) in X2)

Refer to Card DC1. Read all categories in 2c if telephone interview. — 17

2a. Because of a physical, mental, or emotional problem, do *(read names of persons 5+)* **need to be reminded to do [any of these/any of the following] activities, or need to have someone close by when they do them?** — 2a.

1 ☐ Yes *(2b)*
2 ☐ No } *(3 on page 32)*
9 ☐ DK }

b. Who is this? (Anyone else?) — b. — 18

Mark (X) "Remind/close" box in person's column.

1 ☐ Remind/close

Ask 2c for each person with "Remind/close" in 2b, then 3 on page 32.

Refer to Card DC1. Read each category if telephone interview.

c. For which activities does – – need to be reminded or to have someone close by? (Any others?) — c.

Mark (X) all that apply in person's column AND in "Help/Remind" column in X2.

1 ☐ Bathing or showering — 19
2 ☐ Dressing — 20
3 ☐ Eating — 21
4 ☐ Getting in/out bed or chairs — 22
5 ☐ Using the toilet, including getting to the toilet — 23
6 ☐ Getting around inside the home — 24

(Mark (X) appropriate box(es) in X2)

FORM HIS-2 (4-1-94)

Section II – DISABILITY – Continued

Part C – ADL / IADL – Continued

PERSON 1

Refer to Card DC1. Read all categories in 3c if telephone interview.

3a. Do *(read names of persons 5+)* **use any SPECIAL EQUIPMENT to do any of [these/the following] activities?** — **3a.** — 25
1 ☐ Yes *(3b)*
2 ☐ No } *(Item C1)*
9 ☐ DK }

b. Who is this? (Anyone else?) — **b.** — 26
Mark (X) "Equipment" box in person's column.
1 ☐ Equipment

Ask 3c for each person with "Equipment" in 3b, then go to C1.

Refer to Card DC1. Read each category if telephone interview.

c. For which activities does – – use special equipment? (Any others?) — **c.**

Mark (X) all that apply in person's column AND in "Spec. Equip." column in X2.

1 ☐ Bathing or showering — 27
2 ☐ Dressing — 28
3 ☐ Eating — 29
4 ☐ Getting in/out bed or chairs — 30
5 ☐ Using the toilet, including getting to the toilet — 31
6 ☐ Getting around inside the home — 32

(Mark (X) appropriate box(es) in X2)

ITEM C1 — *Refer to age and Item X2. Mark (X) first appropriate box.* — **C1** — 33
0 ☐ Under 5 *(NP, or C2 on page 38)*
1 ☐ One or more activities marked in X2 *(4)*
2 ☐ No activities in X2 *(5 on page 36)*

Mark (X) box 0 or ask:

4a. Does – – have any difficulty bathing? — **4a.** — 34
0 ☐ Bathing in X2 (4c)
1 ☐ Yes *(Mark X2 then 4b)*
2 ☐ No *(4c)*
3 ☐ Doesn't do/health *(Mark X2, then 4c)*
9 ☐ DK *(4c)*

If doesn't do, Ask: **Is this because of a physical, mental, or emotional problem?**

If "Yes", mark (X) box 3 "Doesn't do/health"
If "No", mark (X) box 2 "No"

b. How much difficulty does – – have bathing — some, a lot, or is – – unable to do it? — **b.** — 35
1 ☐ Some
2 ☐ A lot
3 ☐ Unable
9 ☐ DK

Mark (X) box 0 or ask:

c. Does – – have any difficulty dressing? — **c.** — 36
0 ☐ Dressing in X2 *(4e on page 34)*
1 ☐ Yes *(Mark X2 then 4d on page 34)*
2 ☐ No *(4e on page 34)*
3 ☐ Doesn't do/health *(Mark X2, then 4e on page 34)*
9 ☐ DK *(4e on page 34)*

If doesn't do, Ask: **Is this because of a physical, mental, or emotional problem?**

If "Yes", mark (X) box 3 "Doesn't do/health"
If "No", mark (X) box 2 "No"

Section II - DISABILITY - Continued

Part C - ADL / IADL-Continued

PERSON 1

4d. How much difficulty does - - have dressing — some, a lot, or is - - unable to do it? — 4d. — 37

1 ☐ Some
2 ☐ A lot
3 ☐ Unable
9 ☐ DK

Mark (X) box 0 or ask:

e. Does - - have any difficulty eating? — e. — 38

0 ☐ Eating in X2 *(4g)*
1 ☐ Yes *(Mark X2 then 4f)*
2 ☐ No *(4g)*
3 ☐ Doesn't do/health *(Mark X2, then 4g)*
9 ☐ DK *(4g)*

If doesn't do, Ask: **Is this because of a physical, mental, or emotional problem?**

If "Yes", mark (X) box 3 "Doesn't do/health"
If "No", mark (X) box 2 "No"

f. How much difficulty does - - have eating — some, a lot, or is - - unable to do it? — f. — 39

1 ☐ Some
2 ☐ A lot
3 ☐ Unable
9 ☐ DK

Mark (X) box 0 or ask:

g. Does - - have any difficulty getting in and out of bed or chairs? — g. — 40

0 ☐ Bed/Chair in X2 (4i)
1 ☐ Yes *(Mark X2 then 4h)*
2 ☐ No *(4i)*
3 ☐ Doesn't do/health *(Mark X2, then 4i)*
9 ☐ DK *(4i)*

If doesn't do, Ask: **Is this because of a physical, mental, or emotional problem?**

If "Yes", mark (X) box 3 "Doesn't do/health"
If "No", mark (X) box 2 "No"

h. How much difficulty does - - have getting in and out of beds or chairs — some, a lot, or is - - unable to do it? — h. — 41

1 ☐ Some
2 ☐ A lot
3 ☐ Unable
9 ☐ DK

Mark (X) box 0 or ask:

i. Does - - have any difficulty using the toilet, including getting to the toilet? — i. — 42

0 ☐ Toilet in X2 *(4k on page 36)*
1 ☐ Yes *(Mark X2 then 4j)*
2 ☐ No *(4k on page 36)*
3 ☐ Doesn't do/health *(Mark X2, then 4k on page 36)*
9 ☐ DK *(4k on page 36)*

If doesn't do, Ask: **Is this because of a physical, mental, or emotional problem?**

If "Yes", mark (X) box 3 "Doesn't do/health"
If "No", mark (X) box 2 "No"

j. How much difficulty does - - have using the toilet, including getting to the toilet — some, a lot, or is - - unable to do it? — j. — 43

1 ☐ Some
2 ☐ A lot
3 ☐ Unable
9 ☐ DK
(4k on page 36)

Section II – DISABILITY – Continued

Part C – ADL / IADL – Continued

PERSON 1

Mark (X) box 0 or ask:

4k. Does – – have any difficulty getting around inside the home?

If doesn't do, Ask: **Is this because of a physical, mental, or emotional problem?**

If "Yes", mark (X) box 3 "Doesn't do/health"
If "No", mark (X) box 2 "No"

4k. 0 ☐ Getting around in X2 *(C1 on page 32 for NP, or C2 on page 38)* — 44
1 ☐ Yes *(Mark X2 then 4l)*
2 ☐ No *(C1 on page 32 for NP, or C2 on page 38)*
3 ☐ Doesn't do/health *(Mark X2, then C1 on page 32 for NP, or C2 on page 38)*
9 ☐ DK *(C1 on page 32 for NP, or C2 on page 38)*

l. How much difficulty does – – have getting around inside the home — some, a lot, or is – – unable to do it?

l. 1 ☐ Some, 2 ☐ A lot, 3 ☐ Unable, 9 ☐ DK *(C1 on page 32 for NP, or C2 on page 38)* — 45

HAND CARD DC1. Read categories if telephone interview.

5a. Because of a physical, mental, or emotional problem, does – – have any difficulty with any of [these/the following] activities?

If "Yes", ask **"Which"?** *and mark the appropriate box(es) in person's column AND in "Difficulty/Doesn't do" column in X2.*

If doesn't do, ask: **Is this because of a physical, mental, or emotional problem?**

If "Yes", mark (X) box for that activity
If "No", do not mark the box for that activity

Mark (X) box 0 only if no other boxes are marked.

5a. 0 ☐ No difficulty *(C1 on page 32 for NP, or C2 on page 38)* — 46
1 ☐ Bathing or showering — 47
2 ☐ Dressing — 48
3 ☐ Eating — 49
4 ☐ Getting in/out bed or chairs — 50
5 ☐ Using the toilet, including getting to the toilet — 51
6 ☐ Getting around inside the home — 52

Mark (X) appropriate box(es) in X2

Ask only if box 1 "Bathing" in 5a; otherwise, skip to 5c.

b. How much difficulty does – – have bathing or showering — some, a lot, or is – – unable to do it?

b. 1 ☐ Some, 2 ☐ A lot, 3 ☐ Unable, 9 ☐ DK — 53

Ask only if box 2 "Dressing" in 5a; otherwise, skip to 5d.

c. How much difficulty does – – have dressing — some, a lot, or is – – unable to do it?

c. 1 ☐ Some, 2 ☐ A lot, 3 ☐ Unable, 9 ☐ DK — 54

Ask only if box 3 "Eating" in 5a; otherwise, skip to 5e.

d. How much difficulty does – – have eating — some, a lot, or is – – unable to do it?

d. 1 ☐ Some, 2 ☐ A lot, 3 ☐ Unable, 9 ☐ DK — 55

Ask only if box 4 "Getting in/out bed or chairs" in 5a; otherwise, skip to 5f on page 38.

e. How much difficulty does – – have getting in and out of bed or chairs — some, a lot, or is – – unable to do it?

e. 1 ☐ Some, 2 ☐ A lot, 3 ☐ Unable, 9 ☐ DK *(5f on page 38)* — 56

Section II – DISABILITY – Continued

Part C – ADL / IADL – Continued

PERSON 1

Ask only if box 5 "Using the toilet" in 5a; otherwise, skip to 5g.

5f. How much difficulty does – – have using the toilet, including getting to the toilet — some, a lot, or is – – unable to do it?

5f. 57
1 ☐ Some
2 ☐ A lot
3 ☐ Unable
9 ☐ DK

Ask only if box 6 "Getting around inside" in 5a; otherwise, go to C1 on page 32 for NP, or C2.

g. How much difficulty does – – have getting around inside the home — some, a lot, or is – – unable to do it?

g. 58
1 ☐ Some
2 ☐ A lot
3 ☐ Unable
9 ☐ DK
(C1 on page 32 for NP, or C2)

ITEM C2

Refer to age and item X2. Mark (X) first appropriate box.

C2 59
0 ☐ Under 5 *(NP, or 10 on page 56)*
1 ☐ One or more activities marked in X2 *(ADL table)*
2 ☐ No activities in X2 *(NP, or 10 on page 56)*

If no more persons in family, skip to 10 on page 56.

Notes

Section II – DISABILITY – Continued

RT 68

Part C – ADL / IADL – Continued

ADL TABLE 1

ITEM C3 — *Enter person's number and name.*

C3 — 3-4

Person number _____

Name _____

ITEM C4 — *Refer to X2 for this person. Mark (X) first appropriate box.*

C4 — 5

1 ☐ "Help/Remind" *(6)*
2 ☐ "Special equip." *(7)*
3 ☐ "Difficulty/doesn't do" *(8 on page 42)*

6a. You said that – – gets help, needs to be reminded, or needs someone close by when *(activities with "help/remind" in X2)*.
Who gives this help?
Anyone else?
Mark (X) all that apply.

6a.

Household members		Nonhousehold members	
1 ☐ Relative(s)	6	3 ☐ Relative(s)	8
2 ☐ Nonrelative(s)	7	4 ☐ Nonrelative(s)	9

If ONLY help is from spouse/child(ren)/parent, mark (X) box 0; otherwise, ask:

b. Is any of this help paid for?

b. — 10

0 ☐ Spouse/child(ren)/parent only *(7)*
1 ☐ Yes *(6c)*
2 ☐ No } *(7)*
9 ☐ DK }

c. Which helpers are paid?
Anyone else?
Mark (X) all the apply.

c.

Household members		Nonhousehold members	
1 ☐ Relative(s)	11	3 ☐ Relative(s)	13
2 ☐ Nonrelative(s)	12	4 ☐ Nonrelative(s)	14

*Ask 7a and b only if "Help/remind" and/or "Special equip." for **Bathing**; otherwise, skip to 7c.* — 15

7a. If – – did not [get help from another person/(and) use special equipment], how much difficulty would – – have bathing — some, a lot, or would – – be completely unable to do this?

1 ☐ Some
2 ☐ A lot
3 ☐ Completely unable
9 ☐ DK

b. WITH [help from another person/(and) special equipment], how much difficulty does – – have bathing — some, a lot, or is – – completely unable to do this? — 16

0 ☐ No difficulty
1 ☐ Some
2 ☐ A lot
3 ☐ Completely unable
9 ☐ DK

*Ask 7c and d only if "Help/remind" and/or "Special equip." for **Dressing**; otherwise, skip to 7e.* — 17

7c. If – – did not [get help from another person/(and) use special equipment], how much difficulty would – – have dressing — some, a lot, or would – – be completely unable to do this?

1 ☐ Some
2 ☐ A lot
3 ☐ Completely unable
9 ☐ DK

d. WITH [help from another person/(and) special equipment] how much difficulty does – – have dressing — some, a lot, or is – – completely unable to do this? — 18

0 ☐ No difficulty
1 ☐ Some
2 ☐ A lot
3 ☐ Completely unable
9 ☐ DK

Notes

FORM HIS-2 (4-1-94)

Section II – DISABILITY – Continued

Part C – ADL / IADL – Continued

ADL TABLE 1 – Continued

*Ask 7e and f only if "Help/remind" and/or "Special equip." for **Eating**; otherwise, skip to 7g.* 19

7e. If – – did not [get help from another person/(and) use special equipment], how much difficulty would – – have eating — some, a lot, or would – – be completely unable to do this?

1 ☐ Some
2 ☐ A lot
3 ☐ Completely unable
9 ☐ DK

f. WITH [help from another person/(and) special equipment] how much difficulty does – – have eating — some, a lot, or is – – completely unable to do this? 20

0 ☐ No difficulty
1 ☐ Some
2 ☐ A lot
3 ☐ Completely unable
9 ☐ DK

*Ask 7g and h only if "Help/remind" and/or "Special equip." for **Bed or chair**; otherwise, skip to 7i.* 21

g. If – – did not [get help from another person/(and) special equipment], how much difficulty would – – have getting in and out of bed or chairs — some, a lot, or would – – be completely unable to do this?

1 ☐ Some
2 ☐ A lot
3 ☐ Completely unable
9 ☐ DK

h. WITH [help from another person/(and) special equipment], how much difficulty does – – have getting in and out of bed or chairs — some, a lot, or is – – completely unable to do this? 22

0 ☐ No difficulty
1 ☐ Some
2 ☐ A lot
3 ☐ Completely unable
9 ☐ DK

*Ask 7i and j only if "Help/remind" and/or "Special equip." for **Toilet**; otherwise, skip to 7k.* 23

7i. If – – did not [get help from another person/(and) special equipment], how much difficulty would – – have using the toilet, including getting to the toilet — some, a lot, or would – – be completely unable to do this?

1 ☐ Some
2 ☐ A lot
3 ☐ Completely unable
9 ☐ DK

j. WITH [help from another person/(and) special equipment] how much difficulty does – – have using the toilet, including getting to the toilet — some, a lot, or would – – be completely unable to do this? 24

0 ☐ No difficulty
1 ☐ Some
2 ☐ A lot
3 ☐ Completely unable
9 ☐ DK

*Ask 7k and l only if "Help/remind" and/or "Special equip." for **Getting around**; otherwise, skip to 8 on page 42.* 25

k. If – – did not [get help from another person/(and) special equipment], how much difficulty, would – – have getting around inside the home — some, a lot, or would – – be completly unable to do this?

1 ☐ Some
2 ☐ A lot
3 ☐ Completely unable
9 ☐ DK

l. WITH [help from another person/(and) special equipment] how much difficulty does – – have getting around inside the home — some, a lot, or is – – completely unable to do this? 26

0 ☐ No difficulty
1 ☐ Some
2 ☐ A lot
3 ☐ Completely unable
9 ☐ DK

(Go to 8 on page 42)

Notes

Section II – DISABILITY – Continued

Part C – ADL / IADL – Continued

ADL TABLE 1 – Continued

*Ask only if **"Bathing"** marked in X2; otherwise, 8a for next activity.* 27-28

8a. How old was – – when – – first had a problem with bathing or showering?

_____ Years old *(8d)*
96 ☐ At birth *(8d)*
99 ☐ DK *(8b)*

b. Was it before – – was 18 years old? 29
1 ☐ Yes *(8d)*
2 ☐ No *(8c)*
9 ☐ DK *(8d)*

c. Was it before – – was 22 years old? 30
1 ☐ Yes
2 ☐ No
9 ☐ DK

If obvious, mark without asking; otherwise ask: 31

d. Is – – expected to have this problem with bathing or showering for at least 12 months longer?
1 ☐ Yes
2 ☐ No
9 ☐ DK
(8a for next activity)

*Ask only if **"Dressing"** marked in X2; otherwise, 8a for next activity.* 37-38

8a. How old was – – when – – first had a problem with dressing?

_____ Years old *(8d)*
96 ☐ At birth *(8d)*
99 ☐ DK *(8b)*

b. Was it before – – was 18 years old? 39
1 ☐ Yes *(8d)*
2 ☐ No *(8c)*
9 ☐ DK *(8d)*

c. Was it before – – was 22 years old? 40
1 ☐ Yes
2 ☐ No
9 ☐ DK

If obvious, mark without asking; otherwise ask: 41

d. Is – – expected to have this problem with dressing for at least 12 months longer?
1 ☐ Yes
2 ☐ No
9 ☐ DK
(8a for next activity)

*Ask only if **"Eating"** marked in X2; otherwise, 8a for next activity.* 32-33

8a. How old was – – when – – first had a problem with eating?

_____ Years old *(8d)*
96 ☐ At birth *(8d)*
99 ☐ DK *(8b)*

b. Was it before – – was 18 years old? 34
1 ☐ Yes *(8d)*
2 ☐ No *(8c)*
9 ☐ DK *(8d)*

c. Was it before – – was 22 years old? 35
1 ☐ Yes
2 ☐ No
9 ☐ DK

If obvious, mark without asking; otherwise ask: 36

d. Is – – expected to have this problem with eating for at least 12 months longer?
1 ☐ Yes
2 ☐ No
9 ☐ DK
(8a for next activity)

*Ask only if **"Bed or chairs"** marked in X2; otherwise, 8a for next activity.* 42-43

8a. How old was – – when – – first had a problem with getting in and out of bed or chairs?

_____ Years old *(8d)*
96 ☐ At birth *(8d)*
99 ☐ DK *(8b)*

b. Was it before – – was 18 years old? 44
1 ☐ Yes *(8d)*
2 ☐ No *(8c)*
9 ☐ DK *(8d)*

c. Was it before – – was 22 years old? 45
1 ☐ Yes
2 ☐ No
9 ☐ DK

If obvious, mark without asking; otherwise ask: 46

d. Is – – expected to have this problem with getting in and out of bed or chairs for at least 12 months longer?
1 ☐ Yes
2 ☐ No
9 ☐ DK
(8a for next activity)

Section II – DISABILITY – Continued

Part C – ADL / IADL – Continued

ADL TABLE 1 – Continued

*Ask only if **"Toilet"** marked in X2; otherwise, 8a for next activity.* 47-48

8a. How old was – – when – – first had a problem with using the toilet?

_____ Years old *(8d)*

96 ☐ At birth *(8d)*
99 ☐ DK *(8b)*

b. Was it before – – was 18 years old? 49

1 ☐ Yes *(8d)*
2 ☐ No *(8c)*
9 ☐ DK *(8d)*

c. Was it before – – was 22 years old? 50

1 ☐ Yes
2 ☐ No
9 ☐ DK

If obvious, mark without asking; otherwise ask: 51

d. Is – – expected to have this problem with using the toilet for at least 12 months longer?

1 ☐ Yes
2 ☐ No
9 ☐ DK
} *(8a for next activity)*

*Ask only if **"Getting around"** marked in X2; otherwise, 9 below.* 52-53

8a. How old was – – when – – first had a problem with getting around inside the home?

_____ Years old *(8d)*

96 ☐ At birth *(8d)*
99 ☐ DK *(8b)*

b. Was it before – – was 18 years old? 54

1 ☐ Yes *(8d)*
2 ☐ No *(8c)*
9 ☐ DK *(8d)*

c. Was it before – – was 22 years old? 55

1 ☐ Yes
2 ☐ No
9 ☐ DK

If obvious, mark without asking; otherwise ask: 56

d. Is – – expected to have this problem with getting around inside the home for at least 12 months longer?

1 ☐ Yes
2 ☐ No
9 ☐ DK
} *(9)*

9. What is the MAIN problem or condition which causes – – trouble in *(activities marked in X2)*?

(Enter condition in X1 and mark box) 57

1 ☐ In C2
2 ☐ Not in C2
} *(C2 on page 38 for NP; or 10 on page 56)*

Notes

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Section II – DISABILITY – Continued

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Part C – ADL / IADL

PERSON 1 — 3-4

Skip to Part D, page 80 if no family members 18+ years old.

HAND CARD DC2.

{Now I will ask about some other activities. These next few questions refer only to *(read names of persons 18+).***}**

10a. Because of a physical, mental, or emotional problem, do *(read names of persons 18+)* **GET HELP OR SUPERVISION FROM ANOTHER PERSON with —**

10a.

(1) Preparing their own meals? — 5
1 ☐ Yes*(10b)* 2 ☐ No 9 ☐ DK

(2) Shopping for personal items, such as toilet items or medicine? — 6
1 ☐ Yes*(10b)* 2 ☐ No 9 ☐ DK

(3) Managing money, such as keeping track of expenses or paying bills? — 7
1 ☐ Yes*(10b)* 2 ☐ No 9 ☐ DK

(4) Using the telephone? — 8
1 ☐ Yes*(10b)* 2 ☐ No 9 ☐ DK

(5) Doing heavy work around the house like scrubbing floors, washing windows, and doing heavy yard work? — 9
1 ☐ Yes*(10b)* 2 ☐ No 9 ☐ DK

(6) Doing light work around the house like doing dishes, straightening up, light cleaning, or taking out the trash? — 10
1 ☐ Yes*(10b)* 2 ☐ No*(C5)* 9 ☐ DK*(C5)*

b. Who is this?

(Anyone else?)

Mark (X) appropriate box in person's column AND in "Help/supv." column in X3, then continue with 10a, or go to C5.

b.

1 ☐ Preparing meals — 11
2 ☐ Shopping — 12
3 ☐ Managing money — 13
4 ☐ Using telephone — 14
5 ☐ Heavy housework — 15
6 ☐ Light housework — 16

(Mark (X) appropriate box(es) in X3)

ITEM C5 — *Refer to age and item X3 for each person. Mark (X) first appropriate box.*

C5 — 17

0 ☐ Under 18 *(NP, or C6 on page 62)*
1 ☐ One or more activities marked in X3 *(11)*
2 ☐ No activities in X3 *(12 on page 60)*

Mark (X) box 0 or ask:

11a. Does – – have any difficulty preparing – – own meals?

If doesn't do, ask: **Is this because of a physical, mental, or emotional problem?**

If "Yes", mark (X) box 3 "Doesn't do/health"
If "No", mark (X) box 2 "No"

11a. — 18

0 ☐ Preparing meals in X3 *(11c on page 58)*
1 ☐ Yes *(Mark X3, then 11b)*
2 ☐ No *(11c on page 58)*
3 ☐ Doesn't do/health *(Mark X3, then 11c on page 58)*
9 ☐ DK*(11c on page 58)*

b. How much difficulty does – – have preparing – – own meals — some, a lot, or is – – unable to do it?

b. — 19

1 ☐ Some
2 ☐ A lot
3 ☐ Unable
} *(11c on page 58)*
9 ☐ DK

FORM HIS-2 (4-1-94)

Section II – DISABILITY – Continued

Part C – ADL / IADL – Continued

		PERSON 1
Mark (X) box 0 or ask: **11c. Does – – have any difficulty shopping for personal items?** *If doesn't do, ask:* **Is this because of a physical, mental, or emotional problem?** *If "Yes", mark (X) box 3 "Doesn't do/health"* *If "No", mark (X) box 2 "No"*	11c.	20 0 ☐ Shopping in X3 *(11e)* 1 ☐ Yes *(Mark X3, then 11d)* 2 ☐ No *(11e)* 3 ☐ Doesn't do/health *(Mark X3, then 11e)* 9 ☐ DK *(11e)*
d. How much difficulty does – – have shopping for personal items — some, a lot, or is – – unable to do it?	d.	21 1 ☐ Some 2 ☐ A lot 3 ☐ Unable 9 ☐ DK
Mark (X) box 0 or ask: **e. Does – – have any difficulty managing money?** *If doesn't do, ask:* **Is this because of a physical, mental, or emotional problem?** *If "Yes", mark (X) box 3 "Doesn't do/health"* *If "No", mark (X) box 2 "No"*	e.	22 0 ☐ Managing money in X3 *(11g)* 1 ☐ Yes *(Mark X3, then 11f)* 2 ☐ No *(11g)* 3 ☐ Doesn't do/health *(Mark X3, then 11g)* 9 ☐ DK *(11g)*
f. How much difficulty does – – have managing money — some, a lot, or is – – unable to do it?	f.	23 1 ☐ Some 2 ☐ A lot 3 ☐ Unable 9 ☐ DK
Mark (X) box 0 or ask: **g. Does – – have any difficulty using the telephone?** *If doesn't do, ask:* **Is this because of a physical, mental, or emotional problem?** *If "Yes", mark (X) box 3 "Doesn't do/health"* *If "No", mark (X) box 2 "No"*	g.	24 0 ☐ Telephone in X3 *(11i)* 1 ☐ Yes *(Mark X3, then 11h)* 2 ☐ No *(11i)* 3 ☐ Doesn't do/health *(Mark X3, then 11i)* 9 ☐ DK *(11i)*
h. How much difficulty does – – have using the telephone — some, a lot, or is – – unable to do it?	h.	25 1 ☐ Some 2 ☐ A lot 3 ☐ Unable 9 ☐ DK
Mark (X) box 0 or ask: **i. Does – – have any difficulty doing heavy work around the house?** *If doesn't do, ask:* **Is this because of a physical, mental, or emotional problem?** *If "Yes", mark (X) box 3 "Doesn't do/health"* *If "No", mark (X) box 2 "No"*	i.	26 0 ☐ Heavy work in X3 *(11k on page 60)* 1 ☐ Yes *(Mark X3, then 11j)* 2 ☐ No *(11k on page 60)* 3 ☐ Doesn't do/health *(Mark X3, then 11k on page 60)* 9 ☐ DK *(11k on page 60)*
j. How much difficulty does – – have doing heavy work around the house — some, a lot, or is – – unable to do it?	j.	27 1 ☐ Some 2 ☐ A lot 3 ☐ Unable 9 ☐ DK *(11k on page 60)*

FORM HIS-2 (4-1-94)

Section II – DISABILITY – Continued

Part C – ADL / IADL – Continued

PERSON 1

Mark (X) box 0 or ask:

11k. Does – – have any difficulty doing light work around the house? — 11k.

If doesn't do, ask: **Is this because of a physical, mental, or emotional problem?**

If "Yes", mark (X) box 3 "Doesn't do/health"
If "No", mark (X) box 2 "No"

28
- 0 ☐ Light work in X3 *(C5 on page 56 for NP, or C6 on page 62)*
- 1 ☐ Yes *(Mark X3, then 11l)*
- 2 ☐ No *(C5 on page 56 for NP, or C6 on page 62)*
- 3 ☐ Doesn't do/health *(Mark X3, then C5 on page 56 for NP, or C6 on page 62)*
- 9 ☐ DK *(C5 on page 56 for NP, or C6 on page 62)*

l. How much difficulty does – – have doing light work around the house — some, a lot, or is – – unable to do it? — l.

29
- 1 ☐ Some
- 2 ☐ A lot
- 3 ☐ Unable
- 9 ☐ DK

(C5 on page 56 for NP, or C6 on page 62)

Hand Card DC2.

12a. Because of a physical, mental, or emotional problem does – – have any difficulty with any of [these/the following] activities? *Read categories if telephone interview.* — 12a.

If "Yes", ask **"Which"?** *and mark the appropriate box(es), in person's column AND in "Difficulty/doesn't do" column in X3.*

If doesn't do, ask: **Is this because of a physical, mental, or emotional problem?**

If "Yes", mark the box for that activity
If "No", do not make any entries

Mark (X) box 0 only if no other box(es) are marked.

- 0 ☐ No difficulty *(C5 for NP, or C6)* — 30
- 1 ☐ Preparing meals — 31
- 2 ☐ Shopping — 32
- 3 ☐ Managing money — 33
- 4 ☐ Using the telephone — 34
- 5 ☐ Heavy housework — 35
- 6 ☐ Light housework — 36

(Mark (X) appropriate box(es) in X3)

Ask only if box 1 "Preparing meals" in 12a; otherwise, skip to 12c.

b. How much difficulty does – – have preparing – – own meals — some, a lot, or is – – unable to do it? — b.

37
- 1 ☐ Some
- 2 ☐ A lot
- 3 ☐ Unable
- 9 ☐ DK

Ask only if box 2 "Shopping" in 12a; otherwise, skip to 12d.

c. How much difficulty does – – have shopping for personal items — some, a lot, or is – – unable to do it? — c.

38
- 1 ☐ Some
- 2 ☐ A lot
- 3 ☐ Unable
- 9 ☐ DK

Ask only if box 3 "Managing money" in 12a; otherwise, skip to 12e.

d. How much difficulty does – – have managing money — some, a lot, or is – – unable to do it? — d.

39
- 1 ☐ Some
- 2 ☐ A lot
- 3 ☐ Unable
- 9 ☐ DK

Ask only if box 4 "Using the telephone" in 12a; otherwise, skip to 12f on page 62.

e. How much difficulty does – – have using the telephone — some, a lot, or is – – unable to do it? — e.

40
- 1 ☐ Some
- 2 ☐ A lot
- 3 ☐ Unable
- 9 ☐ DK

(12f on page 62)

Section II – DISABILITY – Continued

Part C – ADL / IADL – Continued

PERSON 1

Ask only if box 5 "Heavy housework" in 12a; otherwise, skip to 12g.

12f. How much difficulty does – – have doing heavy work around the house — some, a lot, or is – – unable to do it? — **12f.** — 41

1 ☐ Some
2 ☐ A lot
3 ☐ Unable
9 ☐ DK

Ask only if box 6 "Light housework" in 12a; otherwise, go to C5 on page 56 for NP, or C6.

g. How much difficulty does – – have doing light work around the house — some, a lot, or is – – unable to do it? — **g.** — 42

1 ☐ Some
2 ☐ A lot
3 ☐ Unable
9 ☐ DK
(C5 on page 56 for NP, or C6)

ITEM C6

Refer to age and item X3. Mark (X) first appropriate box. — **C6** — 43

0 ☐ Under 18 *(NP, or Part D on page 80)*
1 ☐ One or more activities marked in X3 *(IADL table)*
2 ☐ No activities in X3 *(NP, or Part D on page 80)*

If no more persons in family, skip to Part D on page 80.

Notes

Part C – ADL / IADL – Continued

IADL TABLE 1

ITEM C7	*Enter person's number and name.*	**C7**	Person number _____ 3-4 Name _____
ITEM C8	*Refer to X3 for this person.* *Mark (X) first appropriate box.*	**C8**	5 1 ☐ "Help/supv." *(13)* 2 ☐ "Difficulty/doesn't do" *(15 on page 66)*

13a. You said that – – gets help or supervision with *(activities with "help/supv." in X3).*

Who gives this help?

Anyone else?

Mark (X) all that apply.

13a.

Household members		Nonhousehold members	
1 ☐ Relative(s)	6	3 ☐ Relative(s)	8
2 ☐ Nonrelative(s)	7	4 ☐ Nonrelative(s)	9

If ONLY help is from spouse/child(ren)/parent, mark (X) box 0; otherwise, ask:

b. Is any of this help paid for?

10

0 ☐ Spouse/child(ren)/parent only *(14)*

b.
1 ☐ Yes *(13c)*
2 ☐ No
9 ☐ DK
(14)

c. Which helpers are paid?

Anyone else?

Mark (X) all the apply.

c.

Household members		Nonhousehold members	
1 ☐ Relative(s)	11	3 ☐ Relative(s)	13
2 ☐ Nonrelative(s)	12	4 ☐ Nonrelative(s)	14

*Ask 14a and b only if "Help/supv." for **Preparing meals**; otherwise, skip to 14c.* 15

14a. If – – did not get help or supervision from another person, how much difficulty would – – have preparing – – meals on – – own — some, a lot, or would – – be completely unable to do this?

1 ☐ Some
2 ☐ A lot
3 ☐ Completely unable
9 ☐ DK

b. WITH help or supervision, how much difficulty does – – have preparing – – meals — some, a lot, or is – – completely unable to do this? 16

0 ☐ No difficulty
1 ☐ Some
2 ☐ A lot
3 ☐ Completely unable
9 ☐ DK

*Ask 14c and d only if "Help or supv." for **Shopping**; otherwise, skip to 14e.* 17

14c. If – – did not get help or supervision from another person, how much difficulty would – – have shopping for personal items on – – own — some, a lot, or would – – be completely unable to do this?

1 ☐ Some
2 ☐ A lot
3 ☐ Completely unable
9 ☐ DK

d. WITH help or supervision, how much difficulty does – – have shopping for personal items — some, a lot, or is – – completely unable to do this? 18

0 ☐ No difficulty
1 ☐ Some
2 ☐ A lot
3 ☐ Completely unable
9 ☐ DK

Notes

Section II – DISABILITY – Continued

Part C – ADL / IADL – Continued

IADL TABLE 1 – Continued

*Ask 14e and f only if "Help/supv." for **Managing money**; otherwise, skip to 14g.* 19

14e. If – – did not get help or supervision from another person, how much difficulty would – – managing money on – – own — some, a lot, or is – – be completely unable to do this?

1 ☐ Some
2 ☐ A lot
3 ☐ Completely unable
9 ☐ DK

f. WITH help or supervision, how much difficulty does – – have managing money — some, a lot, or is – – completely unable to do this? 20

0 ☐ No difficulty
1 ☐ Some
2 ☐ A lot
3 ☐ Completely unable
9 ☐ DK

*Ask 14g and h only if "Help/supv. for **Telephone**; otherwise, skip to 14i.* 21

g. If – – did not get help or supervision from another person, how much difficulty would – – have using the telephone — some, a lot, or would – – be completely unable to do this?

1 ☐ Some
2 ☐ A lot
3 ☐ Completely unable
9 ☐ DK

h. WITH help or supervision, how much difficulty does – – have using the telephone — some, a lot, or is – – completely unable to do this? 22

0 ☐ No difficulty
1 ☐ Some
2 ☐ A lot
3 ☐ Completely unable
9 ☐ DK

*Ask 14i and j only if "Help/supv." for **Heavy housework**; otherwise, skip to 14k.* 23

14i. If – – did not get help or supervision from another person, how much difficulty would – – have doing heavy work around the house — some, a lot, or would – – be completely unable to do this?

1 ☐ Some
2 ☐ A lot
3 ☐ Completely unable
9 ☐ DK

j. WITH help or supervision, how much difficulty does – – have doing heavy work around the house — some, a lot, or is – – completely unable to do this? 24

0 ☐ No difficulty
1 ☐ Some
2 ☐ A lot
3 ☐ Completely unable
9 ☐ DK

*Ask 14k and l only if "Help/supv." for **Light housework**; otherwise, skip to 15 on page 66.* 25

k. If – – did not get help or supervision from another person, how much difficulty would – – have doing light work around the house — some, a lot, or would – – be completly unable to do this?

1 ☐ Some
2 ☐ A lot
3 ☐ Completely unable
9 ☐ DK

l. WITH help or supervision, how much difficulty does – – have doing light work around the house — some, a lot, or is – – completely unable to do this? 26

0 ☐ No difficulty
1 ☐ Some
2 ☐ A lot
3 ☐ Completely unable
9 ☐ DK

(Go to 15 on page 66)

Notes

Section II – DISABILITY – Continued

Part C – ADL / IADL – Continued

IADL TABLE 1 – Continued

*Ask only if **"Preparing meals"** marked in X3; otherwise, 15a for next activity.* 27-28

15a. How old was – – when – – first had a problem with preparing – – own meals?

_____ Years old *(15d)*
96 ☐ At birth *(15d)*
99 ☐ DK *(15b)*

b. Was it before – – was 18 years old? 29
1 ☐ Yes *(15d)*
2 ☐ No *(15c)*
9 ☐ DK *(15d)*

c. Was it before – – was 22 years old? 30
1 ☐ Yes
2 ☐ No
9 ☐ DK

If obvious, mark without asking; otherwise ask: 31

d. Is – – expected to have this problem with preparing – – own meals for at least 12 months longer?
1 ☐ Yes
2 ☐ No
9 ☐ DK
(15a for next activity)

*Ask only if **"Shopping"** marked in X3; otherwise, 15a for next activity.* 37-38

15a. How old was – – when – – first had a problem with shopping for personal items?

_____ Years old *(15d)*
96 ☐ At birth *(15d)*
99 ☐ DK *(15b)*

b. Was it before – – was 18 years old? 39
1 ☐ Yes *(15d)*
2 ☐ No *(15c)*
9 ☐ DK *(15d)*

c. Was it before – – was 22 years old? 40
1 ☐ Yes
2 ☐ No
9 ☐ DK

If obvious, mark without asking; otherwise ask: 41

d. Is – – expected to have this problem with shopping for personal items for at least 12 months longer?
1 ☐ Yes
2 ☐ No
9 ☐ DK
(15a for next activity)

*Ask only if **"Managing money"** marked in X3; otherwise, 15a for next activity.* 32-33

15a. How old was – – when – – first had a problem with managing money?

_____ Years old *(15d)*
96 ☐ At birth *(15d)*
99 ☐ DK *(15b)*

b. Was it before – – was 18 years old? 34
1 ☐ Yes *(15d)*
2 ☐ No *(15c)*
9 ☐ DK *(15d)*

c. Was it before – – was 22 years old? 35
1 ☐ Yes
2 ☐ No
9 ☐ DK

If obvious, mark without asking; otherwise ask: 36

d. Is – – expected to have this problem managing money for at least 12 months longer?
1 ☐ Yes
2 ☐ No
9 ☐ DK
(15a for next activity)

*Ask only if **"Telephone"** marked in X3; otherwise, 15a, for next activity.* 42-43

15a. How old was – – when – – first had a problem with using the telephone?

_____ Years old *(15d)*
96 ☐ At birth *(15d)*
99 ☐ DK *(15b)*

b. Was it before – – was 18 years old? 44
1 ☐ Yes *(15d)*
2 ☐ No *(15c)*
9 ☐ DK *(15d)*

c. Was it before – – was 22 years old? 45
1 ☐ Yes
2 ☐ No
9 ☐ DK

If obvious, mark without asking; otherwise ask: 46

d. Is – – expected to have this problem using the telephone for at least 12 months longer?
1 ☐ Yes
2 ☐ No
9 ☐ DK
(15a for next activity)

*Ask only if **"Heavy work"** marked in X3; otherwise, 15a for next activity.* 47-48

15a. How old was – – when – – first had a problem with doing heavy work around the house?

_____ Years old *(15d)*

96 ☐ At birth *(15d)*
99 ☐ DK *(15b)*

b. Was it before – – was 18 years old? 49

1 ☐ Yes *(15d)*
2 ☐ No *(15c)*
9 ☐ DK *(15d)*

c. Was it before – – was 22 years old? 50

1 ☐ Yes
2 ☐ No
9 ☐ DK

If obvious, mark without asking; otherwise ask: 51

d. Is – – expected to have this problem doing heavy work around the house for at least 12 months longer?

1 ☐ Yes
2 ☐ No
9 ☐ DK
} *(15a for next activity)*

*Ask only if **"Light work"** marked in X3; otherwise, 16, below.* 52-53

15a. How old was – – when – – first had a problem with doing light work around the house?

_____ Years old *(15d)*

96 ☐ At birth *(15d)*
99 ☐ DK *(15b)*

b. Was it before – – was 18 years old? 54

1 ☐ Yes *(15d)*
2 ☐ No *(15c)*
9 ☐ DK *(15d)*

c. Was it before – – was 22 years old? 55

1 ☐ Yes
2 ☐ No
9 ☐ DK

If obvious, mark without asking; otherwise ask: 56

d. Is – – expected to have this problem doing light work around the house for at least 12 months longer?

1 ☐ Yes
2 ☐ No
9 ☐ DK
} *(16)*

16. What is the MAIN problem or condition which causes – – trouble in *(activities marked in X3)***?**

(Enter condition in X1 and mark box)

1 ☐ In C2
2 ☐ Not in C2
} *(C6 on page 62 for NP, or part D on page 80)*

Notes

Section II – DISABILITY – Continued

RT 71

Part D – FUNCTIONAL LIMITATION

PERSON 1 — 3-4

ITEM D1 — *Refer to ages of all family members.*

D1 — 5

1 ☐ All under 18 *(Section G on page 112)*
2 ☐ Any 18+ *(1)*

These next few questions also refer to family members who are 18 years old or older, that is *(read names of nondeleted persons 18+)*.

6

1a. Do *(names of persons 18+)* **have ANY difficulty lifting something as heavy as 10 pounds, such as a full bag of groceries?**

1a.
1 ☐ Yes *(1b)*
2 ☐ No
9 ☐ DK
(2 on page 82)

b. Who is this?

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

b. — 7

1 ☐ Difficulty lifting

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

Ask 1d–g for each person with "Difficulty lifting" marked in 1b.

8

d. How much difficulty does – – have lifting 10 pounds, some, a lot, or is – – completely unable to do this?

d.
1 ☐ Some difficulty
2 ☐ A lot of difficulty
3 ☐ Completely unable
9 ☐ DK

e. At what age did – – first have difficulty doing this?

e. — 9-10

_____ Years old
OR
96 ☐ Always had difficulty
97 ☐ Never able
99 ☐ DK

Ask only if "Completely unable" in 1d; otherwise, skip to 1g.

11

f. [Do you expect/Is – – expected] to remain unable to do this for at least 12 months longer?

f.
1 ☐ Yes
2 ☐ No
9 ☐ DK

g. Did this difficulty result from a motor vehicle accident?

g. — 12

1 ☐ Yes
2 ☐ No
9 ☐ DK
(1d for NP in 1b, or 2 on page 82)

Notes

Section II – DISABILITY – Continued

Part D – FUNCTIONAL LIMITATION – Continued

		PERSON 1
2a. Do *(names of persons 18+)* **have any difficulty walking up 10 steps without resting?**	2a.	13 1 ☐ Yes *(2b)* 2 ☐ No 9 ☐ DK *(3 on page 84)*
b. Who is this? *Mark (X) "Difficulty walking up steps" box in person's column.*	b.	14 1 ☐ Difficulty walking up steps
c. Anyone else? ☐ Yes *(Reask 2b and c)* ☐ No		
Ask 2d–g for each person with "Difficulty walking up steps" marked in 2b.		15
d. How much difficulty does – – have walking up 10 steps without rest, some, a lot, or is – – completely unable to do this?	d.	1 ☐ Some difficulty 2 ☐ A lot of difficulty 3 ☐ Completely unable 9 ☐ DK
e. At what age did – – first have difficulty doing this?	e.	_____ Years old 16-17 OR 96 ☐ Always had difficulty 97 ☐ Never able 99 ☐ DK
Ask only if "Completely unable" in 2d; otherwise, skip to 2g.		18
f. [Do you expect/Is – – expected] to remain unable to do this for at least 12 months longer?	f.	1 ☐ Yes 2 ☐ No 9 ☐ DK
g. Did this difficulty result from a motor vehicle accident?	g.	19 1 ☐ Yes 2 ☐ No 9 ☐ DK *(2d for NP in 2b, or 3 on page 84)*

Notes

FORM HIS-2 (4-1-94)

Section II – DISABILITY – Continued

Part D – FUNCTIONAL LIMITATION – Continued

PERSON 1

3a. Do *(names of persons 18+)* **have any difficulty walking a quarter of a mile – about 3 city blocks?**

3a. 20
1 ☐ Yes *(3b)*
2 ☐ No
9 ☐ DK
(4 on page 86)

b. Who is this?

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

b. 21
1 ☐ Difficulty walking

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

Ask 3d–g for each person with "Difficulty walking" marked in 3b.

22

d. How much difficulty does – – have walking a quarter of a mile, some, a lot, or is – – completely unable to do this?

d.
1 ☐ Some difficulty
2 ☐ A lot of difficulty
3 ☐ Completely unable
9 ☐ DK

e. At what age did – – first have difficulty doing this?

e.
_____ Years old 23-24
OR
96 ☐ Always had difficulty
97 ☐ Never able
99 ☐ DK

Ask only if "Completely unable" in 3d; otherwise, skip to 3g.

25

f. [Do you expect/Is – – expected] to remain unable to do this for at least 12 months longer?

f.
1 ☐ Yes
2 ☐ No
9 ☐ DK

g. Did this difficulty result from a motor vehicle accident?

g. 26
1 ☐ Yes
2 ☐ No
9 ☐ DK
(3d for NP in 3b, or 4 on page 86)

Notes

FORM HIS-2 (4-1-94)

Section II – DISABILITY – Continued

Part D – FUNCTIONAL LIMITATION – Continued

PERSON 1

4a. Do *(names of persons 18+)* **have any difficulty standing for about 20 minutes?** — 4a. — 27
1 ☐ Yes *(4b)*
2 ☐ No
9 ☐ DK
(5 on page 88)

b. Who is this?
Mark (X) "Difficulty standing" box in person's column. — b. — 28
1 ☐ Difficulty standing

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

Ask 4d–g for each person with "Difficulty standing" marked in 4b. — 29

d. How much difficulty does – – have standing for about 20 minutes, some, a lot, or is – – completely unable to do this? — d.
1 ☐ Some difficulty
2 ☐ A lot of difficulty
3 ☐ Completely unable
9 ☐ DK

e. At what age did – – first have difficulty doing this? — e. — 30-31
_____ Years old
OR
96 ☐ Always had difficulty
97 ☐ Never able
99 ☐ DK

Ask only if "Completely unable" in 4d; otherwise, skip to 4g. — 32

f. [Do you expect/Is – – expected] to remain unable to do this for at least 12 months longer? — f.
1 ☐ Yes
2 ☐ No
9 ☐ DK

g. Did this difficulty result from a motor vehicle accident? — g. — 33
1 ☐ Yes
2 ☐ No
9 ☐ DK
(4d for NP in 4b, or 5 on page 88)

Notes

Section II – DISABILITY – Continued

Part D – FUNCTIONAL LIMITATION – Continued

PERSON 1

5a. **Do** *(names of persons 18+)* **have any difficulty bending down from a standing position to pick up an object from the floor, for example, a shoe?** — 5a. — 34
1 ☐ Yes *(5b)*
2 ☐ No
9 ☐ DK
(6 on page 90)

b. Who is this?
Mark (X) "Difficulty bending" box in person's column. — b. — 35
1 ☐ Difficulty bending

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

Ask 5d–g for each person with "Difficulty bending" marked in 5b. — 36

d. How much difficulty does – – have bending down from a standing position, some, a lot, or is – completely unable to do this? — d.
1 ☐ Some difficulty
2 ☐ A lot of difficulty
3 ☐ Completely unable
9 ☐ DK

e. At what age did – – first have difficulty doing this? — e. — 37-38
_____ Years old
OR
96 ☐ Always had difficulty
97 ☐ Never able
99 ☐ DK

Ask only if "Completely unable" in 5d; otherwise, skip to 5g. — 39

f. [Do you expect/Is – – expected] to remain unable to do this for at least 12 months longer? — f.
1 ☐ Yes
2 ☐ No
9 ☐ DK

g. Did this difficulty result from a motor vehicle accident? — g. — 40
1 ☐ Yes
2 ☐ No
9 ☐ DK
(5d for NP in 5b, or 6 on page 90)

Notes

FORM HIS-2 (4-1-94)

Section II – DISABILITY – Continued

Part D – FUNCTIONAL LIMITATION – Continued

		PERSON 1
6a. Do *(names of persons 18+)* **have any difficulty reaching up over the head or reaching out as if to shake someone's hand?**	6a.	41 1 ☐ Yes *(6b)* 2 ☐ No 9 ☐ DK *(7 on page 92)*
b. Who is this? *Mark (X) "Difficulty reaching" box in person's column.*	b.	42 1 ☐ Difficulty reaching
c. Anyone else? ☐ Yes *(Reask 6b and c)* ☐ No		
Ask 6d–g for each person with "Difficulty reaching" marked in 6b.		43
d. How much difficulty does – – have reaching up over the head or reaching out, some, a lot, or is – – completely unable to do this?	d.	1 ☐ Some difficulty 2 ☐ A lot of difficulty 3 ☐ Completely unable 9 ☐ DK
e. At what age did – – first have difficulty doing this?	e.	44-45 _____ Years old OR 96 ☐ Always had difficulty 97 ☐ Never able 99 ☐ DK
Ask only if "Completely unable" in 6d; otherwise, skip to 6g.		46
f. [Do you expect/Is – – expected] to remain unable to do this for at least 12 months longer?	f.	1 ☐ Yes 2 ☐ No 9 ☐ DK
g. Did this difficulty result from a motor vehicle accident?	g.	47 1 ☐ Yes 2 ☐ No 9 ☐ DK *(6d for NP in 6b, or 7 on page 92)*

Notes

Section II – DISABILITY – Continued

Part D – FUNCTIONAL LIMITATION – Continued

PERSON 1

7a. Do *(names of persons 18+)* **have any difficulty using fingers to grasp or handle something such as picking up a glass from a table?**

7a. 48
1 ☐ Yes *(7b)*
2 ☐ No
9 ☐ DK
(8 on page 94)

b. Who is this?

Mark (X) "Difficulty using fingers" box in person's column.

b. 49
1 ☐ Difficulty using fingers

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

Ask 7d–g for each person with "Difficulty using fingers" marked in 7b.

50

d. How much difficulty does – – have using the fingers to grasp or handle something, some, a lot, or is – – completely unable to do this?

d.
1 ☐ Some difficulty
2 ☐ A lot of difficulty
3 ☐ Completely unable
9 ☐ DK

e. At what age did – – first have difficulty doing this?

e. _____ Years old 51-52
OR
96 ☐ Always had difficulty
97 ☐ Never able
99 ☐ DK

Ask only if "Completely unable" in 7d; otherwise, skip to 7g.

53

f. [Do you expect/Is – – expected] to remain unable to do this for at least 12 months longer?

f.
1 ☐ Yes
2 ☐ No
9 ☐ DK

g. Did this difficulty result from a motor vehicle accident?

g. 54
1 ☐ Yes
2 ☐ No
9 ☐ DK
(7d for NP in 7b, or 8 on page 94)

Notes

Section II – DISABILITY – Continued

Part D – FUNCTIONAL LIMITATION – Continued

PERSON 1

8a. Do *(names of persons 18+)* **have any difficulty holding a pen or pencil?** — 8a. — 55
1 ☐ Yes *(8b)*
2 ☐ No } *(D2)*
9 ☐ DK

b. Who is this?
Mark (X) "Difficulty holding a pen or pencil" box in person's column. — b. — 56
1 ☐ Difficulty holding a pen or pencil

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

Ask 8d–g for each person with "Difficulty holding a pen or pencil" marked in 8b. — 57

d. How much difficulty – – have holding a pen or pencil, some, a lot, or is – – completely unable to do this? — d.
1 ☐ Some difficulty
2 ☐ A lot of difficulty
3 ☐ Completely unable
9 ☐ DK

e. At what age did – – first have difficulty doing this? — e. — 58-59
_____ Years old
OR
96 ☐ Always had difficulty
97 ☐ Never able
99 ☐ DK

Ask only if "Completely unable" in 8d; otherwise, skip to 8g. — 60

f. Is – – expected to remain unable to do this for at least 12 months longer? — f.
1 ☐ Yes
2 ☐ No
9 ☐ DK

g. Did this difficulty result from a motor vehicle accident? — g. — 61
1 ☐ Yes } *(8d for NP in 8b, or D2)*
2 ☐ No
9 ☐ DK

ITEM D2 — *Refer to questions 1b, 2b, 3b, 4b, 5b, 6b, 7b, and 8b on pages 80–95 in the HIS-2.* — D2 — 62
1 ☐ Any limitations marked *(9)*
2 ☐ No limitations marked *(NP)*

9. What is the MAIN problem or condition which causes – – trouble in *(limitations marked in Part D, Q1–8)*? — 9. — 63
(Enter condition in X1 and mark box)
1 ☐ In C2 } *(D2 for NP, or D3 on page 96)*
2 ☐ Not in C2

FORM HIS-2 (4-1-84)

Section II – DISABILITY – Continued

Part D – FUNCTIONAL LIMITATION – Continued

PERSON 1

ITEM D3

Refer to age or HIS-1, Part B, Questions 2a/b and 5a/b (pages 4–5).

D3 64

2 ☐ Under 18 *(NP, or Part E on page 98)*

1 ☐ Yes in 2a/b or 5a/b *(10)*

2 ☐ Other *(NP, or Part E on page 98)*

10. Earlier, I was told that – – was unable to work or was limited in the kind or amount of work – – could do because of an impairment or health problem. About how long has – – been unable to work or limited in the kind or amount of work – – can do?

If less than one month, enter 1 month.

10. 65–67

_____ Number { 1 ☐ Months / 2 ☐ Years

OR

3 ☐ Never able

(D3 for NP, or Part E on page 98)

Notes

Section II – DISABILITY – Continued

RT 72 3–4

Part E – MENTAL HEALTH

PERSON 1

These next questions are about mental and emotional health. They refer again only to *(names of nondeleted persons age 18+)*.

1a. Are *(read names of persons 18+)* **FREQUENTLY depressed or anxious?** — 1a. — 5
1 ☐ Yes *(1b)*
2 ☐ No } *(2)*
9 ☐ DK }

b. Who is this?
Mark (X) "Depressed or anxious" box in person's column. — b. — 6
1 ☐ Depressed or anxious

c. Anyone else? ☐ Yes *(Reask 1b and c)* ☐ No *(2)*

2a. Do ([any of/either of]) you have a lot of trouble making or keeping friendships? — 2a. — 7
1 ☐ Yes *(2b)*
2 ☐ No } *(3)*
9 ☐ DK }

b. Who is this?
Mark (X) "Trouble with friendships" box in person's column. — b. — 8
1 ☐ Trouble with friendships

c. Anyone else? ☐ Yes *(Reask 2b and c)* ☐ No *(3)*

3a. Do ([any of/either of]) you have a lot of trouble getting along with other people in social or recreational settings? — 3a. — 9
1 ☐ Yes *(3b)*
2 ☐ No } *(4)*
9 ☐ DK }

b. Who is this?
Mark (X) "Trouble in social settings" box in person's column. — b. — 10
1 ☐ Trouble in social settings

c. Anyone else? ☐ Yes *(Reask 3b and c)* ☐ No *(4)*

4a. Do ([any of/either of]) you have a lot of trouble concentrating long enough to complete everyday tasks? — 4a. — 11
1 ☐ Yes *(4b)*
2 ☐ No } *(5 on page 98)*
9 ☐ DK }

b. Who is this?
Mark (X) "Trouble concentrating" box in person's column. — b. — 12
1 ☐ Trouble concentrating

c. Anyone else? ☐ Yes *(Reask 4b and c)* ☐ No *(5 on page 100)*

FORM P.S-2 (4-1-94)

Section II – DISABILITY – Continued

Part E – MENTAL HEALTH – Continued

PERSON 1

5a. Do ([any of/either of]) you have SERIOUS difficulty coping with day-to-day stresses? — 5a. — 13
1 ☐ Yes *(5b)*
2 ☐ No } *(6)*
9 ☐ DK

b. Who is this?
Mark (X) "Trouble coping with stress" box in person's column. — b. — 14
1 ☐ Trouble coping with stress

c. Anyone else?
☐ Yes *(Reask 5b and c)* ☐ No *(6)*

6a. Are ([any of/either of]) you FREQUENTLY confused, disoriented or forgetful? — 6a. — 15
1 ☐ Yes *(6b)*
2 ☐ No } *(7)*
9 ☐ DK

b. Who is this?
Mark (X) "Confused" box in person's column. — b. — 16
1 ☐ Confused

c. Anyone else?
☐ Yes *(Reask 6b and c)* ☐ No *(7)*

7a. Do ([any of/either of]) you have phobias or UNREASONABLY strong fears, that is, a fear of something or some situation where most people would not be afraid? — 7a. — 17
1 ☐ Yes *(7b)*
2 ☐ No } *(Check Item E1)*
9 ☐ DK

b. Who is this?
Mark (X) "Phobia" box in person's column. — b. — 18
1 ☐ Phobia

c. Anyone else?
☐ Yes *(Reask 7b and c)* ☐ No *(Check Item E1)*

ITEM E1 — *Refer to age or questions 1b, 2b, 3b, 4b, 5b, 6b, and 7b for each person.* — E1 — 19
2 ☐ Under 18 *(NP, or 9 on page 102)*
1 ☐ Any box marked *(8)*
2 ☐ No box marked *(NP, or 9 on page 102)*

8. During the past 12 months, did any of these problems SERIOUSLY interfere with -- ability to work or attend school or to manage -- day-to-day activities? — 8. — 20
1 ☐ Yes
2 ☐ No } *(E1 for NP, or 9 on page 102)*
9 ☐ DK

Section II – DISABILITY – Continued

Part E – MENTAL HEALTH – Continued

PERSON 1

These next questions are about specific mental and emotional disorders. Again, I will only ask about *(names of persons 18 years of age and older)*.

9a. During the past 12 months, did *(names of persons 18+)* **have –**

(1)	**Schizophrenia** (skit-suh-free'-nee-uh)**?**	9a. (1)	1 ☐ Yes *(9b)* 2 ☐ No 9 ☐ DK — 21
(2)	**Paranoid or delusional disorder, other than schizophrenia?**	(2)	1 ☐ Yes *(9b)* 2 ☐ No 9 ☐ DK — 22
(3)	**Manic episodes or manic depression, also called bipolar disorder?**	(3)	1 ☐ Yes *(9b)* 2 ☐ No 9 ☐ DK — 23
(4)	**Major depression? Major depression is a depressed mood and loss of interest in almost all activities FOR AT LEAST 2 WEEKS.**	(4)	1 ☐ Yes *(9b)* 2 ☐ No 9 ☐ DK — 24
(5)	**Anti-social personality, obsessive-compulsive personality, or any other SEVERE personality disorder?**	(5)	1 ☐ Yes *(9b)* 2 ☐ No 9 ☐ DK — 25
(6)	**Alzheimer's** (alltz'hi-merz) **disease or another type of senile disorder?**	(6)	1 ☐ Yes *(9b)* 2 ☐ No 9 ☐ DK — 26
(7)	**Alcohol abuse disorder?**	(7)	1 ☐ Yes *(9b)* 2 ☐ No 9 ☐ DK — 27
(8)	**Drug abuse disorder?**	(8)	1 ☐ Yes *(9b)* 2 ☐ No *(10)* 9 ☐ DK *(10)* — 28

b. Who is this?

Mark (X) appropriate box in person's column and enter condition in X1.

b.

1 ☐ Schizophrenia	29
2 ☐ Paranoid disorder	30
3 ☐ Bipolar disorder	31
4 ☐ Major depression	32
5 ☐ Personality disorder	33
6 ☐ Senility	34
7 ☐ Alcohol abuse	35
8 ☐ Drug abuse disorder	36

c. Anyone else?

If "Yes" *(Reask 9b and c)* If "No" *(9a for next disorder, or 10 on page 104)*

Notes

Section II – DISABILITY – Continued

Part E – MENTAL HEALTH – Continued

PERSON 1

10a. DURING THE PAST 12 MONTHS, did ([any of/either of]) you have any OTHER mental or emotional disorders? Include only those disorders which SERIOUSLY interfered with [their/your] ability to work or attend school or to manage [their/your] day-to-day activities. — 10a. — 37
1 ☐ Yes *(10b)*
2 ☐ No } *(11)*
9 ☐ DK }

b. Who is this?
Mark (X) "Other disorder" box in person's column. — b. — 38
1 ☐ Other disorder

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

Ask for each person with "Other disorder" marked in 10b.

d. What would you call the disorder – – has?
If more than one other disorder, probe for the "Main" one causing difficulty. — d. — 39
(Enter condition in X1 and mark box)
1 ☐ In C2 } *(10d for NP with 10b, or 11)*
2 ☐ Not in C2 }

11a. DURING THE PAST 12 MONTHS, did ([any of/either of]) you take any prescription medication for any ongoing mental or emotional condition? — 11a. — 40
1 ☐ Yes *(11b)*
2 ☐ No } *(Item E2)*
9 ☐ DK }

b. Who is this?
Mark (X) "Medication" box in person's column. — b. — 41
1 ☐ Medication

c. Anyone else? ☐ Yes *(Reask 11b and c)* ☐ No *(Item E2)*

ITEM E2 — *Refer to age or questions 1b, 2b, 3b, 4b, 5b, 6b, 7b, 9b, 10b, and 11b for each person.* — E2 — 42
0 ☐ Under 18 *(NP, or Part F on page 106)*
1 ☐ Any box marked *(12)*
2 ☐ No box marked *(NP, or Part F on page 106)*

12a. Because of [this/any of these] mental or emotional problem(s), is – – UNABLE TO WORK OR LIMITED IN THE KIND OR AMOUNT OF WORK – – CAN DO? — 12a. — 43
1 ☐ Yes *(13)*
2 ☐ No } *(12b)*
9 ☐ DK }

b. Because of [this/any of these] mental or emotional problem(s), does – – have trouble FINDING OR KEEPING A JOB OR DOING JOB TASKS? — b. — 44
1 ☐ Yes
2 ☐ No
9 ☐ DK

13. Because of [this/any of these] mental or emotional problem(s), during the past 12 months, has – – received any services from a mental health community support program?
Read if necessary: **A community support program for clients with mental or emotional problems is a program that makes available mental health, health, social and support services based on individual need.** — 13. — 45
1 ☐ Yes
2 ☐ No } *(E2 for NP, or Part F on page 106)*
9 ☐ DK }

FORM HIS-2 (4-1-94)

Section II – DISABILITY – Continued

RT 73

Part F – SERVICES AND BENEFITS

PERSON 1 — 3-4

1a. Some programs help people with disabilities to develop skills and opportunities for paid employment. During the past 12 months, did *(read names of persons 18+)* **participate in a sheltered workshop, transitional work training, or supported employment?**

1a. 5
1 ☐ Yes *(1b)*
2 ☐ No } *(1d)*
9 ☐ DK

b. Who is this?

Ask if necessary: **In which programs did – – participate during the past 12 months, sheltered workshop, transitional work training, or supported employment?**

Mark (X) appropriate box(es) in person's column.

b.
1 ☐ Sheltered workshop — 6
2 ☐ Transitional work training — 7
3 ☐ Supported employment — 8

c. Did anyone else participate in any of these programs during the past 12 months?

☐ Yes *(Reask 1b and c)* ☐ No *(1d)*

d. Are *(names of persons 18+)* **now on a waiting list for any of these programs?**

d. 9
1 ☐ Yes *(1e)*
2 ☐ No } *(2 on page 108)*
9 ☐ DK

e. Who is this?

e. 10
1 ☐ Waiting list

f. Anyone else?

☐ Yes *(Reask 1e and f)* ☐ No *(2 on page 108)*

Notes

Section II – DISABILITY – Continued

Part F – SERVICES AND BENEFITS – Continued

		PERSON 1
2a. During the past 12 months, did *(read names of persons 18+)* **go to a day activity center for persons with disabilities which provides social, recreational and developmental activities during normal working hours?**	2a.	11 1 ☐ Yes *(2b)* 2 ☐ No 9 ☐ DK *(2d)*
b. Who is this? *Mark (X) "Day activity center" box in person's column.*	b.	12 1 ☐ Day activity center
c. Anyone else? ☐ Yes *(Reask 2b and c)* ☐ No *(2d)*		
d. Are *(names of persons 18+)* **now on a waiting list for a day activity center?**	d.	13 1 ☐ Yes *(2e)* 2 ☐ No 9 ☐ DK *(3 on page 110)*
e. Who is this? *Mark (X) "Waiting list" box in person's column.*	e.	14 1 ☐ Waiting list
f. Anyone else? ☐ Yes *(Reask 2e and f)* ☐ No *(3 on page 110)*		

Notes

Section II – DISABILITY – Continued

Part F – SERVICES AND BENEFITS – Continued

PERSON 1

3a. During the past 12 months, have *(names of persons 18+)* **received any physical therapy?** — 3a. — 15
1 ☐ Yes *(3b)*
2 ☐ No } *(4a)*
9 ☐ DK }

b. Who is this?
(Anyone else?)
Mark (X) "Physical therapy" box in person's column. — b. — 16
1 ☐ Physical therapy

Ask 3c–d for each person with box marked in 3b.
c. Has the condition for which – – gets physical therapy been going on or is it expected to go on for at least 12 months? — c. — 17
1 ☐ Yes *(3d)*
2 ☐ No } *(NP with 3b, or 4)*
9 ☐ DK }

d. What is the main condition for which – – gets physical therapy? — d. — 18
(Enter condition in X1 and mark box)
1 ☐ In C2 } *(3c for NP with 3b, or 4)*
2 ☐ Not in C2 }

4a. During the past 12 months, have *(names of persons 18+)* **received any occupational therapy?** — 4a. — 19
1 ☐ Yes *(4b)*
2 ☐ No } *(5 on page 112)*
9 ☐ DK }

b. Who is this?
(Anyone else?)
Mark (X) "Occupational therapy" box in person's column. — b. — 20
1 ☐ Occupational therapy

Ask 4c–d for each person with box marked in 4b.
c. Has the condition for which – – gets occupational therapy been going on or is it expected to go on for at least 12 months? — c. — 21
1 ☐ Yes *(4d)*
2 ☐ No } *(NP with 4b, or 5 on page 112)*
9 ☐ DK }

d. What is the main condition for which – – gets occupational therapy? — d. — 22
(Enter condition in X1 and mark box)
1 ☐ In C2 } *(4c for NP with 4b, or 5 on page 112)*
2 ☐ Not in C2 }

Notes

Section II – DISABILITY – Continued

Part F – SERVICES AND BENEFITS – Continued

PERSON 1

Vocational rehabilitation provides equipment and services to people with disabilities to improve their ability to work or live independently.

5a. Have *(read names of persons 18+)* **EVER received any equipment or services through vocational rehabilitation?** — 5a. — 23
1 ☐ Yes *(5b)*
2 ☐ No } *(6)*
9 ☐ DK }

b. Who is this? — b. — 24
Mark (X) "Vocational rehabilitation" box in person's column.
1 ☐ Vocational rehabilitation

c. Anyone else?
☐ Yes *(Reask 5b and c)* ☐ No *(6)*

A case manager coordinates personal care, and social or medical services for persons with special needs.

6a. During the past 12 months, did *(read names of persons 18+)* **have a case manager?** — 6a. — 25
1 ☐ Yes *(6b)*
2 ☐ No } *(7)*
9 ☐ DK }

b. Who is this? — b. — 26
Mark (X) "Case manager" box in person's column.
1 ☐ Case manager

c. Anyone else?
☐ Yes *(Reask 6b and c)* ☐ No *(7)*

Ask only for persons 18+ without 6b marked; otherwise, go to 8.

7a. During the past 12 months, did *(persons 18+ without 6b marked)* **NEED a case manager to coordinate personal care or social or medical services?** — 7a. — 27
1 ☐ Yes *(7b)*
2 ☐ No } *(8)*
9 ☐ DK }

b. Who is this? — b. — 28
Mark (X) "Needs case manager" box in person's column.
1 ☐ Needs case manager

c. Anyone else?
☐ Yes *(Reask 7b and c)* ☐ No *(8)*

8a. Do *(read names of persons 18+)* **have a court-appointed legal guardian?** — 8a. — 29
1 ☐ Yes *(8b)*
2 ☐ No } *(Part G on page 114)*
9 ☐ DK }

b. Who has a legal guardian? — b. — 30
Mark (X) "Legal guardian" box in person's column.
1 ☐ Legal guardian

c. Anyone else?
☐ Yes *(Reask 8b and c)* ☐ No *(Part G on page 114)*

Section II – DISABILITY – Continued

RT 74

Part G – SPECIAL HEALTH NEEDS OF CHILDREN

PERSON 1 — 3–4

ITEM G1 — *Refer to family composition.*

G1 — 5

1 ☐ One or more members under 18 *(1)*
2 ☐ All members 18+ *(Part L on page 156)*

The next questions refer to family members who are under 18 years old, that is *(read names of nondeleted persons under 18)*.

1a. Do *(names of persons under 18)* **NOW go to a medical doctor or specialist on a regular basis for anything other than routine physical exams?** — **1a.** — 6

1 ☐ Yes *(1b)*
2 ☐ No } *(2)*
9 ☐ DK }

b. Who is this?
(Anyone else?)
Mark (X) "Regular visits" box in person's column. — **b.** — 7

1 ☐ Regular visits

Ask 1c–d for each person with box marked in 1b.

c. Has any problem or condition for which – – sees a doctor regularly been going on or is it expected to go on for at least 12 months? — **c.** — 8

1 ☐ Yes *(1d)*
2 ☐ No } *(NP with 1b, or 2)*
9 ☐ DK }

Ask only if "Yes" in 1c.

d. What is the main problem or condition for which – – goes to a doctor regularly? — **d.** — 9

(Enter condition in X1 and mark box)

1 ☐ In C2 } *(1c for NP with 1b, or 2)*
2 ☐ Not in C2 }

2a. Do you think that *(names of persons under 18)* **have any significant problems or delays in physical development?** — **2a.** — 10

1 ☐ Yes *(2b)*
2 ☐ No } *(3 on page 116)*
9 ☐ DK }

b. Who is this?
(Anyone else?)
Mark (X) "Problem or delay" box in person's column. — **b.** — 11

1 ☐ Problem or delay

Ask 2c for each person with box marked in 2b.

c. Have any doctors or health care professionals discussed or mentioned – – problem or delay in physical development? — **c.** — 12

1 ☐ Yes } *(NP with 2b, or 3 on page 116)*
2 ☐ No }
9 ☐ DK }

Notes

FORM HIS-2 (4-1-94)

Section II – DISABILITY – Continued

Part G – SPECIAL HEALTH NEEDS OF CHILDREN – Continued

PERSON 1

3a. Do *(names of persons under 18)* **NOW have a physical, mental, or emotional problem for which they regularly take prescription medication?** — 3a. — 13
1 ☐ Yes *(3b)*
2 ☐ No } *(4)*
9 ☐ DK }

b. Who is this?
(Anyone else?)
Mark (X) "Prescription medication" box in person's column. — b. — 14
1 ☐ Prescription medication

Ask 3c–d for each person with box marked in 3b.

c. Has the problem or condition for which – – regularly takes prescription medication been going on or is it expected to go on for at least 12 months? — c. — 15
1 ☐ Yes *(3d)*
2 ☐ No } *(NP with 3b, or 4)*
9 ☐ DK }

Ask only if "Yes" in 3c.

d. What is the main problem or condition for which – – regularly takes prescription medication? — d. — 16
(Enter condition in X1 and mark box)
1 ☐ In C2 } *(3c for NP with 3b, or 4)*
2 ☐ Not in C2 }

4a. Has *(names of persons under 18)* **ever been a patient in a hospital overnight for a physical, mental, or emotional condition that they STILL HAVE or GET FROM TIME TO TIME?** — 4a. — 17
1 ☐ Yes *(4b)*
2 ☐ No } *(5)*
9 ☐ DK }

b. Who is this?
(Anyone else?)
Mark (X) "Hospital overnight" box in person's column. — b. — 18
1 ☐ Hospital overnight

Ask 4c–d for each person with box marked in 4b.

c. Has the problem or condition for which – – was hospitalized been going on or is it expected to go on for at least 12 months? — c. — 19
1 ☐ Yes *(4d)*
2 ☐ No } *(NP with 4b, or 5)*
9 ☐ DK }

Ask only if "Yes" in 4c.

d. What is the main condition which caused – – hospitalization(s)? — d. — 20
(Enter condition in X1 and mark box)
1 ☐ In C2 } *(4c for NP with 4b, or 5)*
2 ☐ Not in C2 }

5a. Do *(names of persons under 18)* **NOW have any life-threatening allergic reactions to any foods?** — 5a. — 21
1 ☐ Yes *(5b)*
2 ☐ No } *(6 on page 118)*
9 ☐ DK }

b. Who is this?
(Anyone else?)
Mark (X) "Allergic reaction" box in person's column. — b. — 22
1 ☐ Allergic reaction

FORM HIS-2 (4-1-94)

Section II – DISABILITY – Continued

Part G – SPECIAL HEALTH NEEDS OF CHILDREN – Continued

PERSON 1

6a. Are *(names of persons under 18)* **following a special diet ordered by a doctor because of a serious ongoing medical condition?** — 6a. — 23
1 ☐ Yes *(6b)*
2 ☐ No } *(7)*
9 ☐ DK }

b. Who is this?
(Anyone else?)
Mark (X) "Special diet" box in person's column. — b. — 24
1 ☐ Special diet

Ask 6c–d for each person with box marked in 6b.

c. Would going off this diet cause – – to have a serious life-threatening reaction or illness? — c. — 25
1 ☐ Yes *(6d)*
2 ☐ No } *(NP with 6b, or 7)*
9 ☐ DK }

Ask only if "Yes" in 6c.

d. What is the main problem or condition for which – – follows a special diet? — d. — 26
(Enter condition in X1 and mark box)
1 ☐ In C2 } *(6c for NP with 6b, or 7)*
2 ☐ Not in C2 }

7a. Do *(names of persons under 18)* **NOW need special medical equipment in order to breathe?** — 7a. — 27
1 ☐ Yes *(7b)*
2 ☐ No } *(8 on page 120)*
9 ☐ DK }

b. Who is this?
(Anyone else?)
Mark (X) "Special equipment" box in person's column. — b. — 28
1 ☐ Special equipment

Ask 7c–d for each person with box marked in 7b.

c. Has the problem or condition for which – – needs this equipment been going on or is it expected to go on for at least 12 months? — c. — 29
1 ☐ Yes *(7d)*
2 ☐ No } *(NP with 7b, or 8 on page 120)*
9 ☐ DK }

Ask only if "Yes" in 7c.

d. What is the main problem or condition for which – – needs medical equipment in order to breathe? — d. — 30
(Enter condition in X1 and mark box)
1 ☐ In C2 } *(7c for NP with 7b, or 8 on page 120)*
2 ☐ Not in C2 }

Notes

FORM HIS-2 (4-1-94)

Section II – DISABILITY – Continued

Part G – SPECIAL HEALTH NEEDS OF CHILDREN – Continued

PERSON 1

8a. **Do** *(names of persons under 18)* **NOW go to a counselor, psychiatrist, psychologist, or social worker on a regular basis?**

8a. 31
1 ☐ Yes *(8b)*
2 ☐ No } *(9)*
9 ☐ DK

b. Who is this?
(Anyone else?)
Mark (X) "Counselor" box in person's column.

b. 32
1 ☐ Counselor

Ask 8c for each person with box marked in 8b.

c. Has – – counseling gone on or is it expected to go on for at least 12 months?

c. 33
1 ☐ Yes
2 ☐ No } *(NP with 8b, or 9)*
9 ☐ DK

9a. **During the past 12 months, have** *(names of persons under 18)* **received any physical therapy?**

9a. 34
1 ☐ Yes *(9b)*
2 ☐ No } *(10 on page 122)*
9 ☐ DK

b. Who is this?
(Anyone else?)
Mark (X) "Physical therapy" box in person's column.

b. 35
1 ☐ Physical therapy

Ask 9c–d for each person with box marked in 9b.

c. Has the problem or condition for which – – gets physical therapy been going on or is it expected to go on for at least 12 months?

c. 36
1 ☐ Yes *(9d)*
2 ☐ No } *(NP with 9b, or 10 on page 122)*
9 ☐ DK

Ask only if "Yes" in 9c.

d. What is the main problem or condition for which – – gets physical therapy?

d. 37
(Enter condition in X1 and mark box)
1 ☐ In C2 } *(9c for NP with 9b, or 10 on page 122)*
2 ☐ Not in C2

Notes

Section II – DISABILITY – Continued

Part G – SPECIAL HEALTH NEEDS OF CHILDREN – Continued

PERSON 1

10a. **During the past 12 months, have** *(names of persons under 18)* **received any occupational therapy?** — 10a. — 38
1 ☐ Yes *(10b)*
2 ☐ No } *(Item G2)*
9 ☐ DK

b. **Who is this?**
(Anyone else?)
Mark (X) "Occupational therapy" box in person's column. — b. — 39
1 ☐ Occupational therapy

Ask 10c–d for each person with box marked in 10b.

c. **Has the problem or condition for which – – gets occupational therapy been going on or is it expected to go on for at least 12 months?** — c. — 40
1 ☐ Yes *(10d)*
2 ☐ No } *(NP with 10b, or G2)*
9 ☐ DK

Ask only if "Yes" in 10c.

d. **What is the main problem or condition for which – – gets occupational therapy?** — d. — 41
(Enter condition in X1 and mark box)
1 ☐ In C2 } *(10c for NP with 10b, or G2)*
2 ☐ Not in C2

ITEM G2 *Refer to age or 9c and 10c for each person.* — G2 — 42
2 ☐ 18+ *(NP, or 14 on page 132)*
1 ☐ Yes in 9c or 10c *(11)*
2 ☐ Other *(NP, or 14 on page 132)*

11a. **Does – – NOW receive any physical or occupational therapy AT HOME? THIS INCLUDES THERAPY GIVEN BY YOU, OTHER FAMILY MEMBERS, FRIENDS, VOLUNTEERS, OR PAID PROFESSIONALS.** — 11a. — 43
1 ☐ Yes *(11b)*
2 ☐ No } *(12 on page 128)*
9 ☐ DK

b. **What are the names of all persons who give – – therapy at home?** — b.
(Record up to 4 names in Table T on page 124, then return to 11c)

Ask 11c and d only if 4 names were entered in Table T; otherwise, go to 11e in Table T.

c. **Are there any other persons who give – – physical or occupational therapy at home?** — c. — 44
1 ☐ Yes *(11d)*
2 ☐ No } *(11e in Table T on page 124)*
9 ☐ DK

d. **How many others?** — d. — 45–46
_____ (Number) Therapist(s) *(11e in Table T on page 124)*

Notes

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THERAPIST AT HOME

Child's name

Child's number 3–4

Therapist name 5–6

11e. Does *(therapist)* **do physical or occupational therapy with – –?** 11e. 7

1 ☐ Physical
2 ☐ Occupational
3 ☐ Both
9 ☐ DK

HAND CARD DG1. Read categories if telephone interview. 8

f. What is *(therapist)* **relationship to – –?** f.

Mark (X) only one.

0 ☐ Parent *(11k)*
1 ☐ Other relative who lives here
2 ☐ Other relative who does not live here } *(11g)*
3 ☐ Non-relative who lives here
4 ☐ Friend/neighbor
5 ☐ Unpaid volunteer from an organization or business *(11j)*
6 ☐ Paid employee of an organization or business } *(11h)*
7 ☐ Paid employee of yours
8 ☐ Other } *(11g)*
9 ☐ DK

g. Is this therapy paid for? g. 9

1 ☐ Yes *(11h on page 126)*
2 ☐ No } *(11j on page 126)*
9 ☐ DK

Notes

FORM HIS-2 (4-1-94)

Part G – SPECIAL HEALTH NEEDS OF CHILDREN – Continued

TABLE T – Continued

THERAPIST AT HOME

HAND CARD DG2. Read categories if telephone interview.

11h. Who pays for this therapy?
(Anyone else?)
Mark (X) all that apply.

11h.

- 00 ☐ Parent — 10–11
- 01 ☐ Other family member in HH — 12–13
- 02 ☐ Other family member not in HH — 14–15
- 03 ☐ Private insurance — 16–17
- 04 ☐ Rehabilitation program — 18–19
- 05 ☐ Medicaid — 20–21
- 06 ☐ Public school system — 22–23
- 07 ☐ Other public source — 24–25
- 08 ☐ Other private source — 26–27
- 09 ☐ Other — 28–29
- 99 ☐ DK or Refused — 30–31

Ask 11i only if box 00 or 01 is marked in 11h; otherwise, skip to 11j. — 32–35

i. How much did [you/the family] pay for this therapy during the past 2 weeks? Do not count money that will be reimbursed by insurance, an HMO, or other source.

If none, enter 0; otherwise, enter amount in whole dollars.

i. $ _____ (Dollars)

j. How satisfied are you with this therapy? Would you say very satisfied, somewhat satisfied, somewhat dissatisfied, or very dissatisfied?

If respondent is not a parent or guardian, explain, if necessary, that "you" refers to the family in general.

j. — 36

- 1 ☐ Very satisfied
- 2 ☐ Somewhat satisfied
- 3 ☐ Somewhat dissatisfied
- 4 ☐ Very dissatisfied
- 9 ☐ DK

k. How many days during the past 2 weeks did *(therapist)* work with – – ?

k. — 37–38

- 00 ☐ None in past 2 weeks
- _____ Days (Number)

l. Please estimate the hours per day that *(therapist)* did therapy with – – . Include therapy that is part of another activity such as play.

l. — 39–40

- _____ Hours/Day
- 00 ☐ Less than 1 hour/day

If another therapist in Table T for this person, ask 11e on page 124 for the next therapist; otherwise, continue with 12a on page 128 for this person.

Notes

Section II – DISABILITY – Continued

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Part G – SPECIAL HEALTH NEEDS OF CHILDREN – Continued

PERSON 1 — 3-4

12a. Does – – receive any physical or occupational therapy at any other place, that is, OTHER THAN AT HOME? — 12a. — 5

1 ☐ Yes *(12b)*
2 ☐ No
9 ☐ DK
(G2 on page 122 for NP, or 14 on page 132)

b. Does – – receive this therapy at school, at a location other than school or both places?

Mark (X) only one. — b. — 6

1 ☐ School *(12c)*
2 ☐ Location other than school *(13 on page 130)*
3 ☐ Both *(12c)*

c. Is the therapy – – receives at school physical therapy, occupational therapy or both?

Mark (X) only one. — c. — 7

1 ☐ Physical therapy
2 ☐ Occupational therapy
3 ☐ Both

ITEM G3 — *Refer to 12b for this person.* — G3 — 8

1 ☐ School only *(G2 on page 122 for NP, or 14 on page 132)*
2 ☐ All others *(13 on page 130)*

Notes

FORM HIS-2 (4-1-94)

Section II – DISABILITY – Continued

Part G – SPECIAL HEALTH NEEDS OF CHILDREN – Continued

PERSON 1

These questions are about therapy that – – receives OTHER THAN AT HOME AND AT SCHOOL. 9

13a. Is this physical therapy, occupational therapy, or both?

Mark (X) only one.

13a.
1 ☐ Physical therapy
2 ☐ Occupational therapy
3 ☐ Both

b. During the past 2 weeks how often did – – receive [physical/(and)occupational] therapy NOT COUNTING THERAPY AT HOME OR SCHOOL? 10-11

b.
00 ☐ None
_____ Times
(Number)

SHOW CARD DG2. Read categories if telephone interview.

c. Who pays for this therapy?

Mark (X) all that apply.

c.
00 ☐ Parent 12-13
01 ☐ Other family member in HH 14-15
02 ☐ Other family member not in HH 16-17
03 ☐ Private insurance 18-19
04 ☐ Rehabilitation program 20-21
05 ☐ Medicaid 22-23
06 ☐ Public school system 24-25
07 ☐ Other public source 26-27
08 ☐ Other private source 28-29
09 ☐ Other 30-31
99 ☐ DK or Refused 32-33

Ask 13d only if box 00 or 01 is marked in 13c; otherwise, skip to 13e. 34-37

d. How much did [you/the family] pay for this therapy during the past 2 weeks. Do not count money that will be reimbursed by insurance, an HMO, or other source.

If none, enter 0; otherwise enter amount in whole dollars.

d. $ _____
(Dollars)

e. How satisfied are you with this therapy? Would you say very satisfied, somewhat satisfied, somewhat dissatisfied, or very dissatisfied? 38

If respondent is not a parent or guardian, explain, if necessary, that "you" refers to the family in general.

e.
1 ☐ Very satisfied
2 ☐ Somewhat satisfied
3 ☐ Somewhat dissatisfied
4 ☐ Very dissatisfied

(G2 on page 122 for NP, or 14 on page 132)

Notes

FORM HIS-2 (4-1-94)

Section II – DISABILITY – Continued

Part G – SPECIAL HEALTH NEEDS OF CHILDREN – Continued

PERSON 1

14a. **(Besides physical or occupational therapy) do** *(names of persons under 18)* **NOW have any (other) medical or health procedures done AT HOME?** — 14a. — 39
1 ☐ Yes *(14b)*
2 ☐ No } *(Item G4)*
9 ☐ DK }

b. Who is this?
(Anyone else?)
Mark (X) "Medical Procedures" box in person's column. — b. — 40
1 ☐ Medical procedures

Ask 14c – d for each person with box marked in 14b.

c. Has the problem or condition for which – – has (other) medical procedures done AT HOME been going on or is it expected to go on for at least 12 months? — c. — 41
1 ☐ Yes *(14d)*
2 ☐ No } *(NP with 14b, or G4)*
9 ☐ DK }

Ask only if "Yes" in 14c.

d. What is the main problem or condition for which – – gets medical procedures done AT HOME? — d. — 42
(Enter condition in X1 and mark box)
1 ☐ In C2 } *(14c for NP with 14b, or G4)*
2 ☐ Not in C2 }

ITEM G4 — *Refer to ages of all family members.* — G4 — 43
1 ☐ Any 1–17 years *(15)*
2 ☐ All others *(Item G6 on page 136)*

15a. **Do you think that** *(names of persons 1–17 years old)* **NOW have any problems or delays in understanding things, that is, delays in cognitive or mental development?** — 15a. — 44
1 ☐ Yes *(15b)*
2 ☐ No } *(16)*
9 ☐ DK }

b. Who is this?
(Anyone else?)
Mark (X) "Mental development" box in person's column. — b. — 45
1 ☐ Mental development

Ask 15c for each person with box marked in 15b.

c. Have any doctors or health care professionals discussed or mentioned – – problem or delay in understanding things? — c. — 46
1 ☐ Yes
2 ☐ No } *(NP with 15b, or 16)*
9 ☐ DK }

16a. **Do you think that** *(names of persons 1–17 years old)* **NOW have any problems or delays in speech or language development?** — 16a. — 47
1 ☐ Yes *(16b)*
2 ☐ No } *(17 on page 134)*
9 ☐ DK }

b. Who is this?
(Anyone else?)
Mark (X) "Speech" box for each appropriate person. — b. — 48
1 ☐ Speech

Ask 16c for each person with box marked in 16b.

c. Have any doctors or health care professionals discussed or mentioned – – problem or delay in speech or language development? — c. — 49
1 ☐ Yes
2 ☐ No } *(NP with 16b, or 17 on page 134)*
9 ☐ DK }

Section II – DISABILITY – Continued

Part G – SPECIAL HEALTH NEEDS OF CHILDREN – Continued

PERSON 1

17a. **Do you think that** *(names of persons 1–17 years old)* **NOW have any problems or delays in emotional or behavioral development?** — 17a. — 50
1 ☐ Yes *(17b)*
2 ☐ No
9 ☐ DK
(Item G5)

b. **Who is this?**
(Anyone else?)
Mark (X) "Behavior" box in person's column. — b. — 51
1 ☐ Behavior

Ask 17c for each person with box marked in 17b.

c. **Have any doctors or health care professionals discussed or mentioned – – problem or delay in emotional or behavioral development?** — c. — 52
1 ☐ Yes
2 ☐ No
9 ☐ DK
(NP with 17b, or G5)

ITEM G5 — *Refer to ages of all family members.* — G5 — 53
1 ☐ Any 2–17 *(18)*
2 ☐ Others *(Item G6 on page 136)*

18a. **Because of a physical, mental, or emotional problem, do** *(names of persons 2–17 years old)* **NOW have any difficulty participating in strenuous activity, such as running or swimming, compared to other children their age?** — 18a. — 54
1 ☐ Yes *(18b)*
2 ☐ No
9 ☐ DK
(19 on page 136)

b. **Who is this?**
(Anyone else?)
Mark (X) "Activity" box in person's column. — b. — 55
1 ☐ Activity

Ask 18c–d for each person with box marked in 18b.

c. **Has the problem or condition which causes – – to have difficulty participating in strenuous activity been going on or is it expected to go on for at least 12 months?** — c. — 56
1 ☐ Yes *(18d)*
2 ☐ No
9 ☐ DK
(NP with 18b, or 19 on page 136)

Ask only if "Yes" in 18c.

d. **What is the main problem or condition which causes – – to have difficulty participating in strenuous activity?** — d. — 57
(Enter condition in X1 and mark box)
1 ☐ In C2
2 ☐ Not in C2
(18c for NP with 18b, or 19 on page 136)

Notes

Section II – DISABILITY – Continued

Part G – SPECIAL HEALTH NEEDS OF CHILDREN – Continued

PERSON 1

19a. **Because of a physical, mental, or emotional problem, do** *(names of persons 2–17 years old)* **NOW have any difficulty playing or getting along with others their age?** — 19a. — 58
1 ☐ Yes *(19b)*
2 ☐ No } *(Item G6)*
9 ☐ DK }

b. **Who is this?**
(Anyone else?)
Mark (X) "Getting along" box in person's column. — b. — 59
1 ☐ Getting along

Ask 19c–d for each person with box marked in 19b.

c. **Has the problem or condition which causes – – to have difficulty getting along with others been going on or is it expected to go on for at least 12 months?** — c. — 60
1 ☐ Yes *(19d)*
2 ☐ No }
9 ☐ DK } *(NP with 19b, or G6)*

Ask only if "Yes" in 19c.

d. **What is the main problem or condition which causes – – to have difficulty getting along with others?** — d. — 61
(Enter condition in X1 and mark box)
1 ☐ In C2 } *(19c for NP with 19b, or G6)*
2 ☐ Not in C2 }

ITEM G6 — *Refer to ages of all family members.* — G6 — 62
1 ☐ Any persons under 5 *(20)*
2 ☐ None under 5 *(Part J on page 146)*

20a. **Do** *(names of persons under 5)* **NOW have any physical, mental, or emotional problems which makes it difficult to chew, swallow, or digest?** — 20a. — 63
1 ☐ Yes *(20b)*
2 ☐ No }
9 ☐ DK } *(21 on page 138)*

b. **Who is this?**
(Anyone else?)
Mark (X) "Digest" box in person's column. — b. — 64
1 ☐ Digest

Ask 20c–d for each person with box marked in 20b.

c. **Has the problem or condition which causes – – to have difficulty chewing, swallowing, or digesting been going on or is it expected to go on for at least 12 months?** — c. — 65
1 ☐ Yes *(20d)*
2 ☐ No }
9 ☐ DK } *(NP with 20b, or 21 on page 138)*

Ask only if "Yes" in 20c.

d. **What is the main problem or condition which causes – – to have difficulty chewing, swallowing, or digesting?** — d. — 66
(Enter condition in X1 and mark box)
1 ☐ In C2 } *(20c for NP with 20b, or 21 on page 138)*
2 ☐ Not in C2 }

Notes

FORM HIS-2 (4-1-94)

Section II – DISABILITY – Continued

Part G – SPECIAL HEALTH NEEDS OF CHILDREN – Continued

		PERSON 1
21a. **Do** *(names of persons under age 5)* **NOW need special medical equipment to assist with eating or toileting?**	21a.	67 1 ☐ Yes *(21b)* 2 ☐ No 9 ☐ DK *(Part H on page 140)*
b. Who is this? **(Anyone else?)** *Mark (X) "Eating or toileting" box in person's column.*	b.	68 1 ☐ Eating or toileting
Ask 21c–d for each person with box marked in 21b. **c. Has the problem or condition which causes – – to need special medical equipment been going on or is it expected to go on for at least 12 months?**	c.	69 1 ☐ Yes *(21d)* 2 ☐ No 9 ☐ DK *(NP with 21b, or Part H on page 140)*
Ask only if "Yes" in 21c. **d. What is the main problem or condition which causes – – to need special medical equipment to assist with eating or toileting?**	d.	70 *(Enter condition in X1 and mark box)* 1 ☐ In C2 2 ☐ Not in C2 *(21c for NP with 21b, or Part H on page 140)*

Notes

Section II – DISABILITY – Continued

RT 77

Part H – EARLY CHILD DEVELOPMENT

PERSON 1 — 3–4

ITEM H1	*Refer to age for each family member.*	**H1**	5 1 ☐ 5+ *(NP, or Part J on page 146)* 2 ☐ Under 5 *(H2)*
ITEM H2	*Refer to child's date of birth and date of interview. Calculate age in months.*	**H2**	6–7 _____ Months ☐ Birthdate unknown *(1)*
ITEM H3	*Refer to H2.*	**H3**	8 1 ☐ Under 4 months *(H1 for NP, or Part J on page 146)* 2 ☐ 4–8 months *(2)* 3 ☐ 9–15 months *(5)* 4 ☐ 16–29 months *(11 on page 142)* 5 ☐ 30–59 months *(18 on page 142)*

HAND CARD DH1. Read categories if telephone interview.

1. Which age group do you think – – belongs in?	**1.**	9 1 ☐ Under 4 months *(H1 for NP, or Part J on page 146)* 2 ☐ 4–8 months (2) 3 ☐ 9–15 months (5) 4 ☐ 16–29 months *(11 on page 142)* 5 ☐ 30–59 months *(18 on page 142)*
2. Does – – usually show an interest in things around – – by looking at sights or by turning toward sounds?	**2.**	10 1 ☐ Yes 2 ☐ No
3. Does – – usually seem happy or pleased when – – sees – – favorite people?	**3.**	11 1 ☐ Yes 2 ☐ No
4. Can – – hold – – head up without support?	**4.**	12 1 ☐ Yes 2 ☐ No } *(H1 for NP, or Part J on page 146)*
5. Does – – usually show an interest in things around – – by looking at sights or by turning toward sounds?	**5.**	13 1 ☐ Yes 2 ☐ No
6. Does – – usually seem happy or pleased when – – sees – – favorite people?	**6.**	14 1 ☐ Yes 2 ☐ No
7. Can – – sit upright without leaning against anything?	**7.**	15 1 ☐ Yes 2 ☐ No
8. Has – – ever crawled or crept on hands or stomach?	**8.**	16 1 ☐ Yes 2 ☐ No } *(9 on page 142)*

FORM HIS-2 (4-1-94)

Section II – DISABILITY – Continued		
Part H – EARLY CHILD DEVELOPMENT – Continued		**PERSON 1**
9. Is – – able to show what – – wants by pointing at something, reaching out to be picked up, making special noises, or saying words?	**9.**	17 1 ☐ Yes 2 ☐ No
10. Does – – ever respond to people talking or playing with – – by making sounds, faces, or saying words?	**10.**	18 1 ☐ Yes 2 ☐ No } *(H1 on page 140 for NP, or Part J on page 146)*
11. Does – – usually pay attention to things that interest – – such as toys, picture books, or a person – – likes for as long as a minute?	**11.**	19 1 ☐ Yes 2 ☐ No
12. Does – – usually seem happy or pleased when – – sees – – favorite people?	**12.**	20 1 ☐ Yes 2 ☐ No
13. Can – – sit upright without leaning against anything?	**13.**	21 1 ☐ Yes 2 ☐ No
14. Is – – able to show what – – wants by pointing at things, reaching out to be picked up, making special noises, or saying words?	**14.**	22 1 ☐ Yes 2 ☐ No
15a. Does – – walk without holding on to anything?	**15a.**	23 1 ☐ Yes *(16)* 2 ☐ No *(15b)*
b. Has – – ever crawled or crept on hands or stomach?	**b.**	24 1 ☐ Yes 2 ☐ No
16. Is – – able to show what – – wants or needs by using actions or words, such as leading you by the hand to open a door or saying words like "juice" or "that"?	**16.**	25 1 ☐ Yes 2 ☐ No
17. Does – – ever respond to people talking or playing with – – by making sounds or faces or by saying words?	**17.**	26 1 ☐ Yes 2 ☐ No } *(H1 on page 140 for NP, or Part J on page 146)*
18. Does – – usually pay attention for as long as a minute to things that interest – –, such as toys, picture books, or a person – – likes?	**18.**	27 1 ☐ Yes 2 ☐ No
19. Does – – usually seem happy or pleased when – – sees – – favorite people?	**19.**	28 1 ☐ Yes 2 ☐ No
20. Does – – walk rapidly or run?	**20.**	29 1 ☐ Yes *(22 on page 144)* 2 ☐ No *(21 on page 144)*

Section II – DISABILITY – Continued

Part H – EARLY CHILD DEVELOPMENT – Continued

PERSON 1

21a. Does – – walk without holding on to anything? — 21a. — 30
1 ☐ Yes *(22)*
2 ☐ No *(21b)*

b. Has – – ever crawled or crept on hands or stomach? — b. — 31
1 ☐ Yes
2 ☐ No

c. Can – – sit upright without leaning against anything? — c. — 32
1 ☐ Yes
2 ☐ No

22. Is – – able to show what – – wants or needs by using actions, or words, such as leading you by the hand to open a door or saying words like "juice" or "that" or talking? — 22. — 33
1 ☐ Yes
2 ☐ No

23a. Does – – talk in phrases or sentences most of the time? — 23a. — 34
1 ☐ Yes *(25)*
2 ☐ No *(24)*
3 ☐ Child is deaf *(23b)*

b. Is – – able to show that – – likes or dislikes something by actions such as shaking – – head or using gestures? — b. — 35
1 ☐ Yes } *(25)*
2 ☐ No }

24. Is – – able to use words to show what – – likes or dislikes, such as "want that" or "no want"? — 24. — 36
1 ☐ Yes } *(25)*
2 ☐ No }

25. Does – – ever play "make believe," such as feeding a doll, playing house, or pretending to be a TV or movie superstar? — 25. — 37
1 ☐ Yes
2 ☐ No

26. Can – – play with another person? For example, can – – help another person build with blocks or feed a baby doll? — 26. — 38
1 ☐ Yes } *(H1 on page 140 for NP, or Part J on page 146)*
2 ☐ No }

Notes

Section II - DISABILITY - Continued

RT 78

Part J - EDUCATION

PERSON 1 — 3-4

ITEM J1 — *Refer to age for each family member.* — **J1** — 5

1 ☐ Under 3 *(6 on page 150)*
2 ☐ 3–17 *(1)*
3 ☐ 18+ *(NP, or Part K on page 152)*

1a. Is - - now going to school or on vacation from school? — **1a.** — 6

1 ☐ Yes *(2 on page 148)*
2 ☐ No *(1b)*

Hand Card DJ1. Read categories if telephone interview. — 7

b. Why isn't - - going to school?
Mark (X) only one. — **b.**

1 ☐ Not old enough yet
2 ☐ Illness
(3 on page 148)
3 ☐ Receiving home teaching by parents or others *(1c)*
4 ☐ Permanently expelled/ suspended from school
5 ☐ Quit school to get a job
6 ☐ Quit school for other reason
7 ☐ Graduated
8 ☐ Other
9 ☐ DK
(J1 for NP, or Part K on page 152)

c. Is this because of a physical, mental, or emotional problem? — **c.** — 8

1 ☐ Yes *(1d)*
2 ☐ No *(J1 for NP, or Part K on page 152)*

d. Has - - had this problem for at least 12 months or is - - expected to have it for 12 months? — **d.** — 9

1 ☐ Yes *(3 on page 148)*
2 ☐ No *(J1 for NP, or Part K on page 152)*

Notes

FORM HIS-2 (4-1-94)

Section II – DISABILITY – Continued

Part J – EDUCATION – Continued

PERSON 1

Hand Card DJ2.

2. Does – – have significant problems at school with –

a. Understanding instructional materials? — a. — 10
1 ☐ Yes
2 ☐ No
3 ☐ Can't do or does not apply because of limitation

b. Paying attention in class? — b. — 11
1 ☐ Yes
2 ☐ No
3 ☐ Can't do or does not apply because of limitation

c. Following rules or controlling [his/her] behavior? — c. — 12
1 ☐ Yes
2 ☐ No
3 ☐ Can't do or does not apply because of limitation

d. Communicating with teachers and other students? — d. — 13
1 ☐ Yes
2 ☐ No
3 ☐ Can't do or does not apply because of limitation

{Special education is teaching designed to meet the individual needs of a child with special needs. It is paid for by the public school system and may take place at a regular school, a special school, a private school, at home, or at a hospital.}

3. Is – – now receiving special education services? Do not include gifted or talented programs. — 3. — 14
1 ☐ Yes
2 ☐ No
9 ☐ DK

{An IEP, or Individual Education Plan, is a written plan for a child with special needs, describing what that child will learn.}

4. Does – – now have an Individual Education Plan or IEP? — 4. — 15
1 ☐ Yes
2 ☐ No
9 ☐ DK

5. Does – – attend a special school or day camp for children with special needs? — 5. — 16
1 ☐ Yes
2 ☐ No
9 ☐ DK
(J1 on page 146 for NP, or Part K on page 152)

Notes

FORM HIS-2 (4-1-94)

Section II – DISABILITY – Continued

Part J – EDUCATION – Continued

PERSON 1

{Early Intervention Services are services designed to meet the needs of very young children with special needs. They are provided by the State or school system at no cost to the parent.}

6. Does – – now receive Early Intervention Services? — 17

6. 1 ☐ Yes
2 ☐ No
9 ☐ DK

{An Individual Family Service Plan (IFSP) is a written plan of goals and services for young children with special needs and their families.}

7. Does – – now have an Individual Family Service Plan or IFSP? — 18

7. 1 ☐ Yes
2 ☐ No
9 ☐ DK

ITEM J2 *Refer to this child's age.* — 19

J2 1 ☐ 1–2 years *(8)*
2 ☐ Other *(J1 on page 146 for NP, or Part K on page 152)*

8. Does – – now attend a special school or day camp for children with special needs? — 20

8. 1 ☐ Yes, 2 ☐ No } *(J1 on page 146 for NP, or Part K on page 152)*

Notes

Section II – DISABILITY – Continued

RT 79

Part K – RELATIONSHIPS TO RESPONDENT

PERSON 1 — 3–4

ITEM K1 — *Enter person number of respondent for each family member.*

K1 — 5–6

Person number _____

ITEM K2 — *Refer to each person's age.*

K2 — 7

1 ☐ 18+ *(NP)*
2 ☐ Under 18 *(1)*

Verify or ask:

1a. How are you related to – –?

Mark (X) only one.

1a. — 8

1 ☐ Mother
2 ☐ Father
(1b)
3 ☐ Brother/Sister *(1d)*
4 ☐ Grandparent
5 ☐ Other relative
6 ☐ Nonrelative
(2 on page 154)
7 ☐ Self
8 ☐ Spouse
(K1 for NP, or Part L on page 156)

b. Are you – – biological or natural, adoptive, step, or foster parent?

Mark (X) only one.

b. — 9

1 ☐ Biological/Natural *(2 on page 154)*
2 ☐ Adoptive
3 ☐ Step
4 ☐ Foster
(1c)

c. How old was – – when – – first started living with you?

c. — 10–12

_____ 1 ☐ Months / 2 ☐ Years
000 ☐ Since birth
999 ☐ DK
(2 on page 154)

d. Are you – – full, half, step, adoptive, or foster [brother/sister]?

Mark (X) only one.

d. — 13

1 ☐ Full
2 ☐ Half
3 ☐ Step
4 ☐ Adoptive
5 ☐ Foster
(2 on page 154)

Notes

FORM HIS-2 (4-1-94)

Section II – DISABILITY – Continued

Part K – RELATIONSHIPS TO RESPONDENT – Continued

PERSON 1

2a. Are you the person in the household who knows the MOST about – – health?

2a. 14

1 ☐ Yes *(K1 on page 152 for NP, or Part L on page 156)*
2 ☐ No *(2b)*

b. Who in the household knows the MOST about – – health?

Enter name and person number, or mark (X) box.

b. 15–16

99 ☐ No one in household or DK

Person number _____

First name _____ 17–36

Last name _____ 37–56

(K1 on page 152 for NP, or Part L on page 156)

Notes

Section II – DISABILITY – Continued

RT 80

Part L – PERCEIVED DISABILITY

PERSON 1 — 3-4

1a. Do you consider yourself (or anyone in your family) to have a disability? — 1a. — 5

1 ☐ Yes *(1b)*
2 ☐ No
9 ☐ DK
(2)

b. Who is this?

Mark (X) "Respondent-perceived disability" box in person's column. — b. — 6

1 ☐ Respondent-perceived disability

c. Anyone else?

☐ Yes *(Reask 1b and c)* ☐ No *(2)*

2a. Would other people consider you (or anyone in the family) to have a disability? — 2a. — 7

1 ☐ Yes *(2b)*
2 ☐ No
9 ☐ DK
(L1)

b. Who would others consider to have a disability?

Mark (X) "Others perceived disability" box in person's column. — b. — 8

1 ☐ Others perceived disability

c. Anyone else?

☐ Yes *(Reask 2b and c)* ☐ No *(L1)*

ITEM L1 — *Enter person number(s) of respondent(s) for Section II, Disability.* — L1 — 9-10, 11-12

Person number(s) of respondents

Review X1 for each person. If a condition is also in C2 on the HIS-1, enter the condition NUMBER in the triangular space. If it is not in C2, complete a Disability Condition Page in Part M for it and enter the condition LETTER in the triangular space.

Notes

Section II - DISABILITY - Continued

RT 31 | 3-4 | 5-6

Part M - CONDITION A

7 | PERSON NO. ____

1. Name of condition 8

2. When did [- -/anyone] last see or talk to a doctor or assistant about - - (condition)? 9

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

3a. Did the doctor or assistant call the (condition) by a more technical or specific name? 10

1 ☐ Yes 2 ☐ No 9 ☐ DK

Ask 3b if "Yes" in 3a, otherwise transcribe condition name from item 1 without asking: 11-14 | 15

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

1 ☐ Color Blindness *(NC)*
2 ☐ Cancer *(3e)*
3 ☐ Normal pregnancy, normal delivery, vasectomy *(5)*
4 ☐ Old age *(NC)*
8 ☐ Other *(3c)*
16

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

_____

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

d. Did the (condition in 3b) result from an accident or injury? 17

1 ☐ Yes *(Probe, then 5)* 2 ☐ No

Ask as necessary. Record responses in 3c:
(How did the accident happen?)
(What was - - doing at the time of the injury?)

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

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

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

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

f. How does the [allergy/stroke] NOW affect - -? *(Specify)* ✓

_____

_____

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

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

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

Show the following detail:

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

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

Infection Sore Soreness

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

(Specify) _____

Ask if there are any of the following entries in 3b–f: 18

Tumor Cyst Growth

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

1 ☐ Malignant 2 ☐ Benign 9 ☐ DK

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

b. When did - - (name of injury in 3b)? 19

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

Ask probes as necessary:
(Was it on or since (first date of 2-week ref. period) or was it before that date?)
(Was it less than 3 months or more than 3 months ago?)
(Was it less than 1 year or more than 1 year ago?)
(Was it less than 5 years or more than 5 years ago?)

FORM HIS-2 (4-1-94)

Section II – DISABILITY – Continued

Part M – CONDITION A – Continued

ITEM M1

☐ Missing extremity or organ *(M2)*
☐ Other *(12)*

12a. Does – – still have this condition? 20

1 ☐ Yes *(M2)* ☐ No

b. Is this condition completely cured or is it under control?

2 ☐ Cured
3 ☐ Under control *(M2)*
8 ☐ Other *(Specify)* ✍ _____ *(M2)*

c. About how long did – – have this condition before it was cured? 21-23

000 ☐ Less than 1 month **OR** _____ Number { 1 ☐ Months / 2 ☐ Years

d. Was this condition present at any time during the past 12 months? 24

1 ☐ Yes 2 ☐ No

25

ITEM M2

0 ☐ Not an accident/injury *(NC)*
1 ☐ Accident/injury *(14)*

14. Where did the accident happen?

1 ☐ At home (inside house) 26
2 ☐ At home (adjacent premises)
3 ☐ Street and highway (includes roadway and public sidewalk)
4 ☐ Farm
5 ☐ Industrial place (includes premises) *(Specify)* ✍ _____
6 ☐ School (includes premises)
7 ☐ Place of recreation and sports, except at school
8 ☐ Other *(Specify)* ✍ _____

Mark box if under 18. ☐ Under 18 *(16)* 27

15a. Was – – under 18 when the accident happened?

1 ☐ Yes *(16)* ☐ No

b. Was – – in the Armed Forces when the accident happened?

2 ☐ Yes *(16)* ☐ No

c. Was – – at work at – – job or business when the accident happened?

3 ☐ Yes 4 ☐ No

16a. Was a car, truck, bus, or other motor vehicle involved in the accident in any way? 28

1 ☐ Yes 2 ☐ No *(17)*

b. Was more than one vehicle involved? 29

1 ☐ Yes 2 ☐ No

c. Was [it/either one] moving at the time? 30

1 ☐ Yes 2 ☐ No

17a. At the time of the accident what part of the body was hurt? 31
What kind of injury was it?
Anything else?

Part(s) of body *	Kind of injury

Ask if box 3, 4, or 5 marked in Q. 5:

b. What part of the body is affected now? 32
How is – – *(part of body)* affected?
Is – – affected in any other way?

Part(s) of body *	Present effects

** Enter part of body in same detail as for 3 g.*

RT 53

9. Response Status

a. Section I (Immunization)	b. Section II (Disability)
3	5
0 ☐ No child 0–5	
Interview:	**Interview:**
1 ☐ Complete 2 ☐ Partial } *Mark (X) mode. Explain "Partial" in notes.*	1 ☐ Complete 2 ☐ Partial } *Mark (X) mode. Explain "Partial" in notes.*
Noninterview:	**Noninterview:**
3 ☐ Refused 4 ☐ Other } *Explain in notes*	3 ☐ Refused 4 ☐ Other } *Explain in notes*
4	6
Mode of interview:	**Mode of interview:**
All or most –	All or most –
1 ☐ In person 2 ☐ By telephone	1 ☐ In person 2 ☐ By telephone

Notes