Series 1
No. 28

NATIONAL CENTER FOR HEALTH STATISTICS

nchs

Vital and Health Statistics

The Longitudinal Study of Aging: 1984–90

July 1992

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

CDC
CENTERS FOR DISEASE CONTROL

Copyright Information

All material appearing in this report is in the public domain and may be reproduced or copied without permission; citation as to source, however, is appreciated.

Suggested Citation

Kovar MG, Fitti JE, and Chyba MM. The longitudinal study of aging: 1984–90. National Center for Health Statistics. Vital Health Stat 1(28). 1992.

Library of Congress Cataloging-in-Publication Data

Longitudinal study of aging: 1984–90.
p. cm. — (Vital and health statistics. Series I, Programs and collection procedures ; no. 28) (DHHS publication ; no. (PHS) 92–1304)
Includes bibliographical references and index.
ISBN 0–8406–0460–9
1. Aged—Health and hygiene—United States. 2. Health surveys—United States. I. National Center for Health Statistics (U.S.) II. Series. III. Series: DHHS publication ; no. (PHS) 92–1304.
RA409.U44 no. 28
[RA408.A3]
362.1'0723 s—dc20
[305.26'0973] 92–17525
CIP

Vital and Health Statistics

The Longitudinal Study of Aging: 1984–90

Series 1: Programs and Collection Procedures No. 28

Includes descriptions of the samples, interviewing and matching procedures, contents of questionnaires and public-use data files, and a discussion of statistical and analytic issues for the Longitudinal Study of Aging, 1984–90, and the public-use data files released through 1991.

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

Hyattsville, Maryland
July 1992
DHHS Publication No. (PHS) 92-1304

National Center for Health Statistics

Manning Feinleib, M.D., Dr.P.H., *Director*

Jacob J. Feldman, Ph.D., *Associate Director for Analysis and Epidemiology*

Gail F. Fisher, Ph.D., *Associate Director for Planning and Extramural Programs*

Peter L. Hurley, *Associate Director for Vital and Health Statistics Systems*

Robert A. Israel, *Associate Director for International Statistics*

Stephen E. Nieberding, *Associate Director for Management*

Charles J. Rothwell, *Associate Director for Data Processing and Services*

Monroe G. Sirken, Ph.D., *Associate Director for Research and Methodology*

David L. Larson, *Assistant Director, Atlanta*

Office of Vital and Health Statistics Systems

Peter L. Hurley, *Associate Director for Vital and Health Statistics Systems*

Mary Grace Kovar, Dr.P.H., *Special Assistant for Data Policy and Analysis*

Division of Health Interview Statistics

Owen T. Thornberry, Jr., Ph.D., *Director*

Deborah M. Winn, Ph.D., *Deputy Director*

Nelma B. Keen, *Chief, Systems and Programming Branch*

Stewart C. Rice, Jr., *Chief, Survey Planning and Development Branch*

Robert A. Wright, *Chief, Utilization and Expenditure Statistics Branch*

Contents

Introduction 1

Chapter 1. Sample description 3
1984 National Health Interview Survey 3
Health Insurance Supplement 3
Supplement on Aging 3
1986 LSOA interview sample 4
1988 and 1990 LSOA interview samples 5

Chapter 2. Interviewing 7
1984 baseline survey data collection 7
1986, 1988, and 1990 LSOA interview data collection 8
LSOA interviewing procedures 11
Computer-assisted telephone interviewing 11
Mail questionnaires 13
LSOA interview response rates 14
1987 Decedent Followup 14
1990 Economic Supplement 15

Chapter 3. Matching 17
National Death Index (NDI) 17
Multiple cause-of-death file 20
Medicare claims match 20
Matching to the Master Enrollment File 21
Matching to the Medicare Automated Data Retrieval System 23
Using record matching to improve the study procedure 24

Chapter 4. Data processing 25

Chapter 5. Information in the Longitudinal Study of Aging 29
Contents of each data collection 29
Contents by subject 30

Chapter 6. Statistical issues 33
National estimates and weights 33
Variances and tests of significance 34
Two notes of caution 38

Chapter 7. Analytic issues 39
Changes in the sample 39
Potential for bias 40
Analysis of survival or other endpoints 41
Inconsistencies 42
Weights and complex sample design 43
Summary 43

Chapter 8. Public use data files 45
Data tapes 45
Diskettes 45
Addresses and prices 46

References 47

Appendixes

I. 1984 National Health Interview Survey Basic Questionnaire 51
II. 1984 Supplement on Aging Questionnaire 107
III. 1986 Reinterview, 1987 Decedent Followback 135
IV. 1988 Reinterview 161
V. 1990 Reinterview and Economic Supplement 187
VI. Letters in conjunction with telephone surveys 226
VII. Procedure for refining NDI match 233
VIII. Contents of the public-use data files 237

List of text figures

1. Longitudinal study of aging (LSOA) 2
2. Longitudinal Study of Aging transition schematic 5
3. Longitudinal Study of Aging (LSOA) Medicare Match 22
4. Longitudinal Study of Aging interview status, 1986–90 40

List of text tables

A. Number of persons in the National Health Interview (NHIS) and Supplement on Aging (SOA) samples and SOA response rates, by age 8
B. Number of persons 70 years of age and over in the 1984 National Health Interview Survey (NHIS) and Supplement on Aging (SOA) samples, SOA response rates, and population estimates based on the NHIS and SOA, by selected characteristics 9
C. Number of self-respondents and proxy respondents to the 1984 Supplement on Aging and percent of self-responses, by sex 10
D. Number and percent of persons 70 years of age and over responding to the 1984 Supplement on Aging and percent of self-responses, by whether a self-respondent or proxy respondent to the 1984 National Health Interview 10
E. Number of persons in the Longitudinal Study of Aging interview samples, by year of interview, age, and race 10
F. Months when data were collected, by mode of data collection and year of study 12
G. Outcomes of Longitudinal Study of Aging data collection, by year of interview 13
H. Reasons for noninterviews to the Longitudinal Study of Aging, by year of study 14
J. Self-responses and proxy responses to Longitudinal Study of Aging interviews, by year of study 14

K. Outcomes of the 1987 Decedent Followup survey 15
L. Outcomes of the 1990 mail Economic Supplement, by status of initial interview 16
M. Percent distribution of records of sample persons age 70 years of age and over matched to the National Death Index (NDI), by match results, according to year of NDI match..... 19
N. Percent distribution of sample persons records by "best estimate" of sample person's status, according to year of National Death Index (NDI) match 20
O. Percent distribution of sample person records by Medicare claims match results, according to lastest available year of Medicare data 23
P. Number of sample persons in the 1986 and 1988 samples, by sex and pseudo-primary sampling unit (PSU) 35
Q. Status in 1988 of people, by whether they were in the the 1986 sample..... 40
R. Potential bias resulting from interview nonresponse, by year and selected characteristics in 1984..... 41

Symbols

- - -	Data not available
. . .	Category not applicable
-	Quantity zero
0.0	Quantity more than zero but less than 0.05
Z	Quantity more than zero but less than 500 where numbers are rounded to thousands
*	Figure does not meet standard of reliability or precision

The Longitudinal Study of Aging:1984–90

by Mary Grace Kovar, Dr.P.H., Office of Vital and Health Statistics Systems, Joseph E. Fitti, M.S.P.H., and Michele M. Chyba, M.S., Division of Health Interview Statistics

Introduction

The Longitudinal Study of Aging (LSOA) is a collaborative project of the National Center for Health Statistics (NCHS) and the National Institute on Aging (NIA). The study is conducted by the National Center for Health Statistics, and the data are collected by the U.S. Bureau of the Census. The longitudinal study reflects the philosophy, "In research on growth, development and change, longitudinal studies play a special part" (1). Repeated cross-sectional surveys are extremely useful, but they do not provide sufficient information on the changes that individuals undergo. The Longitudinal Study of Aging, which follows a cohort of older individuals over time, provides the kind of information that repeated cross-sectional surveys cannot.

The National Institute on Aging (NIA) has funded all of the data collection through an interagency agreement. Richard Suzman, the NIA project officer, has done far more than monitor the agreement. He has actively participated in the design and content of the study and has been unfailingly helpful in all aspects of the study through the years.

Three members of the National Center for Health Statistics' staff made major contributions to the Longitudinal Study of Aging and to this report. Robert A. Wright adapted the algorithm for the National Death Index match and wrote appendix VII. Julie Ann Weeks scrutinized the documentation of the public-use files to make certain that tables VI–XXIV were correct. She also aided, and sometimes corrected, the authors in their many iterations of the manuscript. Arlene Siller programmed many of the text tables. She also was the programmer for the public-use data tape and the disk file.

This report was edited by Taloria Stevenson and typeset by Annette F. Gaidurgis of the Publications Branch, Division of Data Services.

The study was designed to measure changes in functioning and in living arrangements, including institutionalization, in a cohort of older Americans as they moved into and through the "oldest-old" age group.

It was designed to

- Make data on the oldest-old and on people moving into that age group available to the research community.
- Describe the continuum from functionally independent living in the community through dependence, including institutionalization, to death.
- Measure change in the functional status and in the living arrangements of older people.
- Provide mortality rates for demographic, social, economic, and health characteristics that are not available from the vital statistics system.
- Provide measures of health care use for individuals over time.

The LSOA is based on participants in the Supplement on Aging (SOA) to the 1984 National Health Interview Survey (NHIS). NHIS participants 55 years of age and over were eligible for the SOA. SOA participants 70 years of age and over were eligible for LSOA interviews.

The LSOA is a complex project. One reason is that it is, in one sense, an array of studies.

- All participants in the SOA are followed through matching with the National Death Index. Cause of death is obtained for all decedents.

- All participants in the SOA 65 years of age and over are followed through matching with Medicare records.
- Participants in the SOA 70 years of age and over were followed through interviews every other year through 1990.

A second reason for the complexity is that there are multiple sources of data.

- The 1984 National Health Interview Survey and two supplements that were also conducted in 1984—the Health Insurance Supplement and the Supplement on Aging.
- National Death Index.
- Death certificates.
- Medicare records.
- Reinterviews every other year with SOA participants.

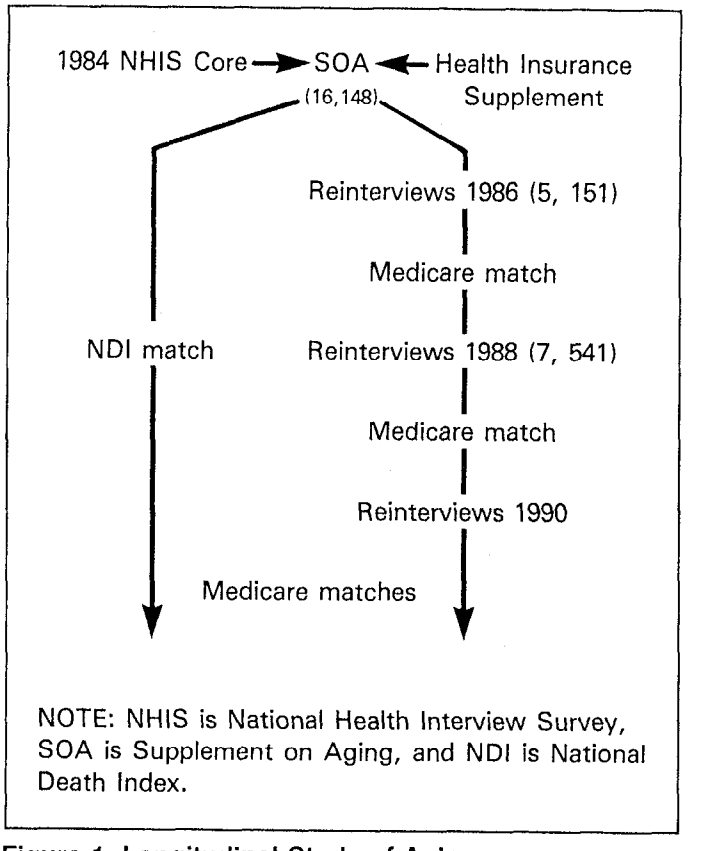
A third reason is that the LSOA relies on several methods for obtaining the data.

- Personal interviews in the household.
- Telephone interviews.
- Mail questionnaires.
- Record linkage.

The overall design of the LSOA is shown in figure 1.

Data from the interviews and record matches provide an extensive file on the health and medical history of older Americans. The multiple sources of data and multiple contacts also make it a complex file for analysis. There are two special complexities that analysts should note: Data from matches are available for every year, but data from reinterviews are available only for alternate years; and there was subsampling for the 1986 reinterview but not for 1988 or 1990.

This report is designed to help analysts understand the survey methodology and use the public use data files and to provide information for others interested in designing studies of older Americans. It includes a description of the study design; the contents and methods for the interviews and matches with other records; the procedures for obtaining and linking the data; strategies for data analysis; and information on the content, arrangement, and availability of the public use data files. The focus is on information on the public use data files, including variables that are not evident from the questionnaires. The report is divided into chapters to make it more useful to readers who are interested in only one aspect of the study. The references are primarily to other materials that the user might find useful in understanding the data.



NOTE: NHIS is National Health Interview Survey, SOA is Supplement on Aging, and NDI is National Death Index.

Figure 1. Longitudinal Study of Aging

Chapter 1
Sample description

The Longitudinal Study of Aging (LSOA) is based on the Supplement on Aging (SOA) to the 1984 National Health Interview Survey (NHIS). To understand the sample for the LSOA, the users must understand the samples for both the NHIS and the SOA.

1984 National Health Interview Survey

The National Health Interview Survey (NHIS) is a continuous survey of the civilian noninstitutionalized population of the United States. It relies on a multistage complex sample, interviewing throughout the year, and personal interviews in people's homes. The U.S. Bureau of the Census hires, trains, and supervises the interviewers. The sample design and procedures in effect for the NHIS in 1984 are described in detail in a *Vital and Health Statistics* report (2). Readers interested in details about the NHIS should consult that publication.

In brief, the households are selected through a multistage probability sampling process and divided into weekly samples. Each weekly sample is representative of the U.S. civilian noninstitutionalized population, and the weeks are accumulated to form quarterly and annual samples. Under the sample design in effect in 1984, there were 42,000 households in the annual sample or about 800 selected for interviewing each week. This sampling scheme was designed to

- Produce national estimates for the civilian noninstitutionalized population of the United States.
- Provide estimates based on interviewing throughout the year to avoid seasonal bias.
- Provide estimates based on interviewing in each of the four quarters to permit the study of seasonal variation.

There were 41,471 eligible households in the 1984 NHIS sample. Interviews were completed in 39,996 (96.4 percent) of them (3).

Health Insurance Supplement

Everyone living in a household where an NHIS interview was completed in 1984 was eligible for the Health Insurance Supplement. The questions were asked immediately after the basic NHIS questionnaire was completed and asked of the same person who responded to the basic NHIS interview. Most respondents were probably unaware that this was a supplement and simply continued to answer the questions. There was no subsampling, and there were no special procedures.

Supplement on Aging

Everyone 55 years of age and over living in a household where an NHIS interview was completed in 1984 was eligible for the Supplement on Aging (SOA). The SOA has also been fully described in a *Vital and Health Statistics* report (3). Readers interested in details should consult that publication. Users of the LSOA files must know that there were two major departures from the procedures for the basic NHIS questionnaire and the Health Insurance Supplement.

- Although everyone 55 years of age and over was eligible for the SOA, only half of those ages 55–64 years were selected to participate in the SOA.
- All participants in the SOA were self-respondents except when incapacity or absence prevented it. That is, even though another adult in the household had been the respondent for an older person during the previous parts of the interview, the interviewer made every effort to obtain self-responses from all older persons during the SOA interview.

The half sample of people ages 55–64 years is important only for users of the files that contain data for all 16,148 participants 55 years of age and over in the SOA. It is immaterial for users of the file with the LSOA reinterviews of persons 70 years of age and over.

Insistence on self-respondents has an impact on both files. Self-response rates were higher for the SOA than for the basic NHIS. However, no SOA data were obtained for about 3 percent of the people for whom data were obtained during the basic NHIS. Therefore, the weights for the basic NHIS were modified for the SOA to take the additional nonresponse into account (see (2) for details).

Weights on the public use data files correct for the half sample of persons ages 55–64 years and for the reliance on self-respondents. Analysts making national estimates should use those weights. Analysts making inferences from the sample should be aware of the implications.

Insisting that older persons answer questions for themselves reduced the potential sample for the LSOA reinterviews somewhat because only the SOA participants were eligible for the LSOA sample. There were 7,793 participants in the NHIS 70 years of age and over and 7,541 in the SOA.

1986 LSOA interview sample

The sampling frame for the 1986 reinterview sample was the 7,541 persons who were 70 years of age and over in 1984 when they participated in the SOA. However, the study had to stay within a predetermined fixed cost. There was not enough money to interview the entire sample. Therefore, a subsample was selected for the 1986 interview.

The sample was selected in stages to accomplish three major goals:

- Select as many of the "oldest-old" as possible.
- Select as many minority people as possible.
- Select all family members 70 years of age and over who were related to these people to maximize the ability to examine family relationships.

The following three steps were taken to accomplish those goals.

First, all NHIS households with an SOA participant 80 years of age and over were selected. Within these households everyone 80 years of age and over and their relatives ages 70–79 years were selected.

Second, all other households with a person 70–79 years of age were selected. From these households, all Hispanic or black persons and their relatives ages 70–79 years were selected.

Third, the remaining households with a person 70–79 years of age, which were households containing only white non-Hispanic persons, were randomly sorted; and one-half of the households were selected for the sample. If there was more than one person in the age group 70–79 years in a household that was selected, all were included.

Because the sample was selected from the SOA file before final editing of that file, five people who would have been selected from the final edited file were omitted.

This selection process resulted in an interview sample of 5,151 persons. Weights for national estimates from the 1986 sample are on the public use data files.

1988 and 1990 LSOA interview samples

The sampling frame for the 1988 and 1990 samples was also the SOA participants who were 70 years of age and over in 1984. However, there was no subsampling. All persons who were 70 years of age and over when they participated in the SOA in 1984 were included in the sample.

The interview samples did not, however, include all 7,541 persons who were 70 years of age and over in 1984. People known to have died at the time of the 1986 interview were not included in the 1988 interview sample. People known to have died at the time of the 1988 interview were not included in the 1990 interview sample.

Figure 2 shows a transition schematic of the possible outcomes after one reinterview. The multiple possible paths moving from the baseline survey in 1984 to the first reinterviews in 1986 suggest the complexity of subsequent years. In 1984, people could be either independent or dependent, but they were all living in the community. By 1986, some people had died, and there were four, instead of two, starting points because people who were in institutions in 1986 and 1988 were eligible for subsequent interviews.

The pattern of people being removed from the interview sample because they were known to have died and the rest starting from one of four possible points persists throughout the remainder of the study. The result is that the interview sample is not the same as the analytic sample.

The number of persons in the interview sample for each year is given in tables A–L in

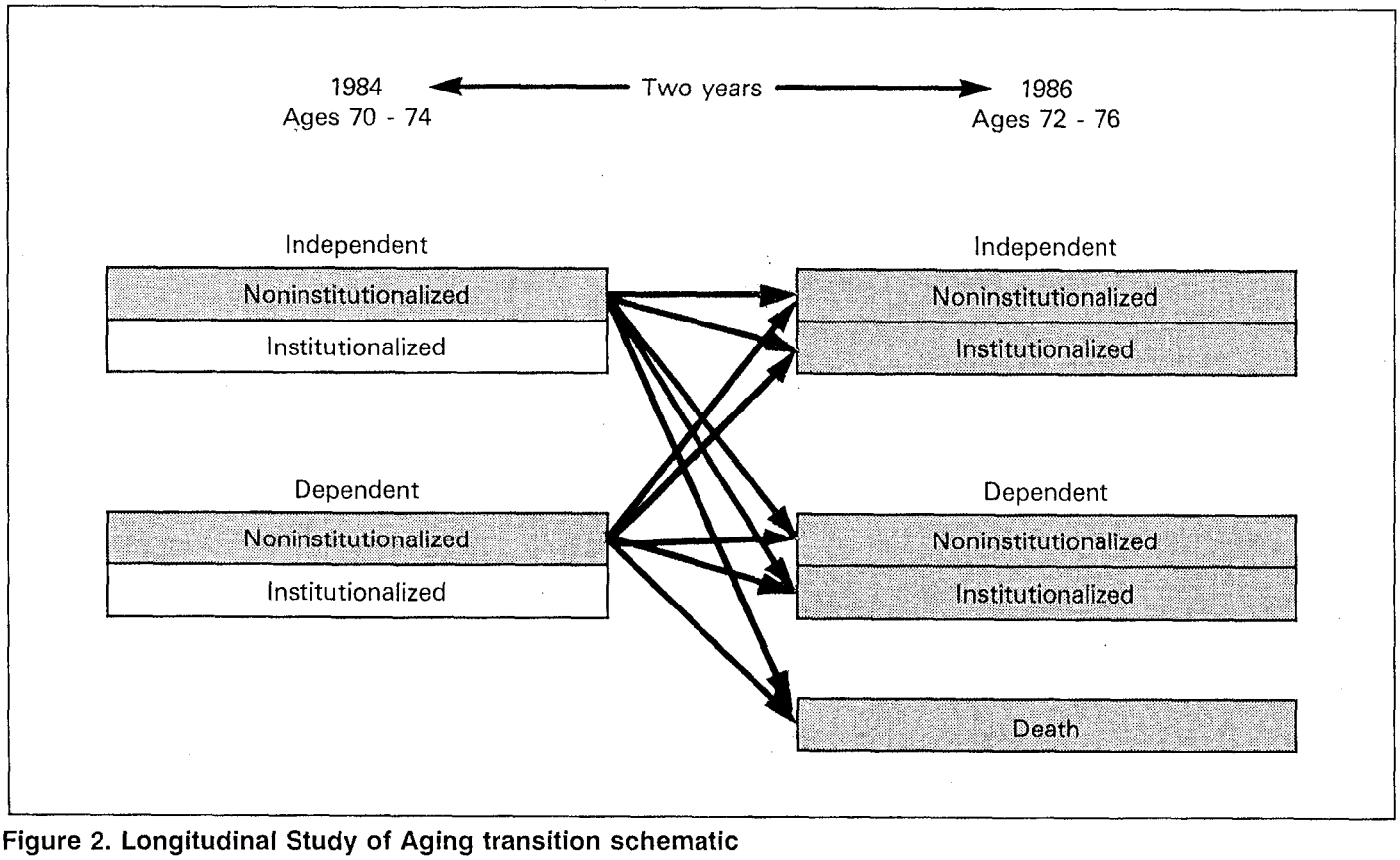


Figure 2. Longitudinal Study of Aging transition schematic

chapter 2 and a flow chart of the outcome of each round of interviewing is shown in chapter 7.

The analytic sample, however, is constant. It is not changed by the number of people eligible for the 1986, 1988, and 1990 interviews. If three time points are used, it is the 7,527 people 70 years of age and over who participated in the SOA in 1984. If four time points are used, it is the 5,151 people who were eligible for the 1986 interview.

Chapter 2
Interviewing

Three different procedures were used to collect the interview data in the Longitudinal Study of Aging (LSOA).

The three interviewing methods used include

- Personal interviewing in the household (1984 Baseline Survey).
- Telephone interviewing (1986–90 LSOA)

  Computer-assisted telephone interviewing (CATI).

  Paper questionnaires.
- Mail questionnaires (1986–90 LSOA).

1984 baseline survey data collection

The 1984 National Health Interview Survey (NHIS), consisting of the core, the Health Insurance Supplement, and the Supplement on Aging (SOA), constituted the baseline survey for the LSOA. The baseline interviews were household interviews conducted by personal interviewing throughout the year. They included the basic NHIS questionnaire and Health Insurance Supplement for all members of a family and the SOA for all persons 65 years of age and over and a half sample of persons 55–64 years of age.

All 1984 interviews were conducted by U.S. Bureau of the Census interviewers who had been trained in basic interviewing techniques, in Bureau of the Census procedures, and in the procedures particular to the NHIS. A family member most knowledgeable about the health of the family served as the NHIS interview respondent for all family members although other adult members were asked to participate if possible.

The interviewers who conducted the personal interviews were Bureau of the Census staff who were familiar with interviewing for the NHIS. Although most of the personal interviewing staff are long-time field staff for the NHIS, special training was held for them on the content and procedures for the special topic supplements. The training consisted of home study assignments, classroom training, and observed practice interviewing.

The NHIS basic questionnaire is used to collect basic health information about all household members. Questions on the Health Insurance Supplement were designed to obtain information about health insurance for hospital care and doctor visits for each member of the family and were asked of the same household respondent at the same time as the NHIS basic questionnaire. The response rate for the 1984 NHIS was high, 96.4 percent of households (4).

The SOA interviews were personal interviews that usually followed the regular NHIS interview and were conducted in the sample person's home. SOA interviews were conducted with the sample person whenever possible. If the SOA sample person was not available at the visit to the household, the interviewer sometimes telephoned to conduct the SOA rather than use a proxy. A broad spectrum of topics related to health, social functioning, and living arrange ments of older people living in the community was covered in the SOA interview. Table A shows response rates for the SOA.

Because the SOA was designed as the baseline for longitudinal study, information needed

Table A. Number of persons in the National Health Interview (NHIS) and Supplement on Aging (SOA) samples and SOA response rates, by age

Age	*NHIS*	*SOA*	*SOA response*
	Number		Percent
Total	21,746	16,148	96.0
55–64 years	9,852	4,651	94.4
65 years and over	11,894	11,497	96.7

NOTE: The SOA response rates are based on the assumption that one-half of the NHIS sample persons ages 55–64 years (4,926 persons) were correctly selected for the SOA sample.

for followup was also collected as part of the interview. All respondents (or their proxies) were told that they might be contacted again and were asked to provide the name, address, and telephone number of someone who did not live in the household and who would know about them. They were also told that NCHS would like to link the interview data with other records of the U.S. Department of Health and Human Services and were asked for all the information (including social security number) that is recommended for linkage with the National Death Index (5).

Table B shows response rates by selected characteristics for the LSOA baseline sample from the 1984 SOA. The table also shows population estimates derived from the core NHIS and the SOA. The estimated population in each quarter and in each age, sex, and race group is the same when derived from either source despite differences in the number of persons in the sample.

When possible, people included in the SOA responded for themselves. The interviews were conducted with 14,783 (91.5 percent) of the sample people themselves. The rate of self-response was higher for women than men. The remaining 1,365 interviews for people unable to respond for themselves because of physical or mental problems or because of hospitalization or other absence while the interviewer was in the area were with proxy respondents. Proxy respondents were almost always a relative living in the same household and knowledgeable about the sample person, usually a spouse, sometimes a sibling or child. Only rarely was the knowledgeable person unrelated to the sample person or not a resident of the household (3). Table C shows the percent of participants in the SOA who were self-respondents.

A cross-classification of self-response and proxy response to the LSOA baseline interview by self-response and proxy response to the basic NHIS interview is shown in Table D. The percent of persons 70 years of age and over who were at least partly self-respondents to both the basic NHIS and the SOA is 82.9 percent. The percent of persons 70 years of age and over who were fully self-respondents to both the basic NHIS and the SOA is 77.7 percent.

As in all the Bureau of the Census' field operations gathering data from sample households in personal interviews, quality control was maintained in the interviewing for the 1984 basic NHIS, the Health Insurance Supplement, and the SOA. The standard practice of supervisor observations of newly trained and newly assigned interviewers was followed for this staff. Standards of performance referencing both response rates and data error rates were used both for qualification to work and in evaluation or rating of the interviewers' work. Additionally, as a quality control procedure, a subsample of the interviewed households was interviewed again by a second field staff member asking a selection of items from the initial interview to establish the level of discrepancy, if any, in reporting.

1986, 1988, and 1990 LSOA interview data collection

A sample of 5,151 people who were 70 years of age and over in 1984 when they participated in the SOA was selected for interview in the LSOA in 1986; in 1988 and 1990 the 7,527 people

Table B. Number of persons 70 years of age and over in the 1984 National Health Interview (NHIS) and Supplement on Aging (SOA) samples, SOA response rates, and population estimates based on the NHIS and SOA, by selected characteristics

Characteristic	Survey				
	NHIS	SOA	SOA	NHIS	SOA
	Number in sample		Response rate	Population estimate in thousands	
Total 70 years and over	7,793	7,541	0.97	17,335	17,344
Age					
70–74 years	3,243	3,137	0.97	7,190	7,199
75–79 years	2,381	2,309	0.97	5,311	5,319
80–84 years	1,317	1,269	0.96	2,940	2,928
85 years and over	852	826	0.97	1,892	1,896
Quarter					
January–March	1,866	1,764	0.95	4,228	4,244
April–June	2,016	1,956	0.97	4,331	4,330
July–September	1,965	1,925	0.98	4,338	4,342
October–December	1,946	1,896	0.97	4,437	4,428
Sex					
Male	2,980	2,864	0.96	6,705	6,706
Female	4,813	4,677	0.97	10,629	10,638
Race					
Other than black	7,206	6,978	0.97	15,875	15,886
Black	587	563	0.96	1,459	1,458
Family in household					
Alone	2,800	2,747	0.98	6,210	6,286
Unrelated person only	103	101	0.98	246	251
Spouse only	3,649	3,507	0.96	8,122	8,088
Other relatives	1,241	1,186	0.96	2,756	2,718
Health status					
Excellent	1,186	1,151	0.97	2,640	2,648
Very good	1,563	1,523	0.97	3,479	3,501
Good	2,411	2,332	0.97	5,368	5,368
Fair	1,654	1,604	0.97	3,658	3,672
Poor	931	889	0.95	2,085	2,061
Unknown	48	42	0.88	103	91
Limitation of activity					
Major activity, unable	595	564	0.95	1,340	1,315
Major activity, limited	1,033	1,005	0.97	2,286	2,298
Outside activity, limited	1,368	1,337	0.98	3,038	3,075
No limitation	4,797	4,635	0.97	10,668	10,654
Hospital episodes in year					
0	6,120	5,938	0.97	13,621	13,671
1	1,170	1,125	0.96	2,587	2,570
2 or more	503	478	0.95	1,126	1,103

who were 70 years of age and over in 1984 and who were not known to have died were scheduled for the interviews. (See chapter 1.)

Table E shows the number of SOA participants and the sample for the 1986, 1988, and 1990 interviews.

Table C. Number of self-respondents and proxy respondents to the 1984 Supplement on Aging and percent of self-responses, by sex

Sex	Type of response			
	Total	Self-response	Proxy response	Self-response
	Number			Percent
Both sexes	16,148	14,783	1,365	91.5
Male	6,793	6,303	763	88.8
Female	9,355	8,753	602	93.6

Table D. Number and percent of persons 70 years of age and over responding to the 1984 Supplement on Aging and percent of self-responses, by whether a self-respondent or proxy respondent to the 1984 National Health Interview

NHIS	SOA			
	Total	Self-response	Proxy response	Self-response
	Number			Percent
Total	7,541	6,793	748	90.1
Self	6,518	6,248	270	95.9
Entirely	6,027	5,858	169	97.2
Partly	444	364	80	82.0
Not recorded	47	26	21	55.3
Proxy	1,023	545	478	53.3
Percent self				
Partly	86.4	92.0	36.1	82.9
Entirely	79.9	86.2	22.6	77.7

Table E. Number of persons in the Longitudinal Study of Aging interview samples, by year of interview, age, and race

Age and race	1984	1986 [1]	1988 [2]	1990 [2]
	Number			
Total	7,541	5,151	6,921	5,978
Age in 1984				
70–74 years	3,137	1,745	3,012	2,714
75–79 years	2,309	1,316	2,181	1,890
80–84 years	1,269	1,266	1,073	896
85 years and over	826	824	655	478
Race				
White	6,891	4,535	6,333	5,462
All other	650	616	588	516
Black	563	560	512	451
Other	87	56	76	65

[1]The 1986 sample was a subsample of persons ages 70–79 years.

[2]The 1988 and 1990 interview samples excluded people known to have died at the time of the previous interview.

The selected households were classified by whether or not a telephone number or the name, address, and telephone number of a person who could be contacted for additional information had been given on the SOA. The people with this information constituted a telephone sample; those with no information for use in a telephone contact constituted a mail sample. In 1986, there

were 5,055 people in the telephone sample and 96 in the initial mail sample. These numbers for 1988 and 1990 are 6,774 in the telephone sample and 147 in the mail sample for 1988 and 5,881 telephone and 97 mail for 1990. (People in the telephone sample who could not be reached by telephone were mailed questionnaires also.)

Prior to telephone interviewing or mailing questionnaires for each LSOA interview, a match was made with the most current National Death Index (NDI) to identify people who had died. (Matches to determine who had died in 1985, 1987, and 1988 were not possible because the NDI file for those years was not available in time prior to the 1986, 1988, and 1990 interviews, respectively.) The match with the NDI file identified people with whom attempting contact was not reasonable because they were known to be dead, having matched on all 10 NDI criteria. No attempt was made to reach them or their contacts by telephone.

LSOA interviewing procedures

Three methods were used to gather the information in the 1986, 1988, and 1990 interviews. They are

- Telephone interviewing using computer-assisted telephone interviewing (CATI).
- Mail questionnaires to

  people without information for telephone calls.

  people with no response to the telephone calls.

  other contacts who were reluctant to answer without some written confirmation about the study.
- Telephone interviewing using paper questionnaires (6).

Approximately 3 weeks before beginning telephone interviewing, a letter that explained the study, cited the legislative authority, and provided assurances of confidentiality was sent to each sample person. The letter was addressed by name and mailed first class with address corrections requested. The letter included the content of the telephone interview, telling the recipient the topics that the interviewer would be asking about. A copy of the advance letter mailed to people in the telephone samples each year is in appendix VI. In 1988 and 1990, if, in response to the advance letter, the Bureau of the Census was informed that the sample person was deceased, a second letter and a copy of the self-administered version of the questionnaire was mailed to the next of kin. A copy of this letter is also in appendix VI.

Computer-assisted telephone interviewing

Telephone interviewing is as feasible a method for surveys of older people as for the general population if done correctly (7). The advance letter is critical. Reporting on a study that was conducted to test the feasibility of the LSOA, Kovar and Fitti concluded that "A linked telephone survey of the elderly is eminently feasible" if certain procedures are followed (8). The feasibility study provided specific information about conducting interviews by telephone with elderly people, such as

- It is necessary to speak slowly and clearly.
- It should be expected that questions will be repeated to assure understanding.
- Elderly people are cooperative if they accept the telephone call as legitimate and not threatening.

Using procedures recommended from that study, computer-assisted telephone interviewing (CATI) was conducted with the selected LSOA sample people. Following specifications provided by NCHS, U.S. Bureau of the Census staff programmed and Census telephone field staff conducted the CATI interviews. The telephone interviews lasted an average of 20 minutes.

The automated procedure allowed for updating the file with address and telephone number changes or changes in the contact person information for use in later interviews. Additionally, it had the advantages of a computerized questionnaire enabling more sophisticated patterns of skips and questions contingent upon different respondent situations. For example, different sequences of questions about stays in nursing homes were used for people who had been in a nursing home but were not there at the time of the telephone interview and for those who were still in nursing homes at the recontact. Automation also enabled modifications of the questionnaire for subsequent interviews, i.e., in 1988 and 1990.

Having the CATI system, and all other phases of the study, in place following the 1986 interview, allowed the ready implementation of later interviews with updated sample lists.

As recommended from the earlier work assessing the feasibility of interviewing the elderly by telephone, advance letters were sent to all the sample people, addressed to them by name. Also, tracing operations were conducted based on procedures tried in the earlier study. These included contact with the local telephone directory assistance office and with local post offices and/or libraries for those persons whose addresses were not in large cities or not listed in telephone directory assistance. Three sample persons (or their proxy respondents) requested, after the 1986 telephone interview, that they not be contacted again. They were removed from the sample for the 1988 and 1990 interviews. One sample person made the same request after the 1988 interview. That request was honored also.

Interviewer training for the telephone interviews was conducted as part of each year's field operation. The interviewer training included classroom instruction on the character of the sample, the content of the questionnaire, how to administer the automated interview, and administrative procedures for keeping records. The observed completion of five practice interview scripts and three interviews with SOA sample who were not included in the LSOA sample constituted the reminder of the interviewer training. Based on interviewer feedback in debriefing sessions conducted after completion of each year's field work, the practice interviewing was the most helpful part of the training.

Telephone interviewing was conducted 7 days per week, from 8 a.m. to 9 p.m. respondent time (3 p.m. on Saturdays), during August and September of 1986 and 1988 and during July through September of 1990. (See table F below.) The original schedule called for interviewing to begin at 10 a.m., but the interviewers found that older people had no objection to being called earlier.

Standard procedures in the interviewing were followed for rotation of calls over days of the week and times of the day and for quality control by supervisory monitoring. The use of a CATI system facilitated these aspects of sample management and quality control in the field operations as well as providing the advantages of the computerized questionnaire.

Table F. Months when data were collected, by mode of data collection and year of study

Year	Mode of collection		
	Personal	*Telephone*	*Mail*
1984	January–December	...	...
1986	...	August–September	October–December
1988	...	August–October	November–December
1990	...	July–September	October–December

Table G. Outcomes of Longitudinal Study of Aging data collection, by year of interview

Outcome	Interview year		
	1986	1988	1990
	Number		
Interview sample	5,151	6,921	5,978
	Percent distribution		
All outcomes	100.0	100.0	100.0
Completed or sufficient partial interview	79.9	72.0	69.3
Deceased	11.7	13.6	11.8
Noninterview	8.4	14.4	18.9

NOTE: Data from the match with the 1990 National Death Index were not available when this table was prepared. It is likely that some of those who were not interviewed will be located through that match.

The respondent rule for the LSOA interviews was identical to that for the 1984 SOA, i.e., self-response with proxy response allowed for the sample people whose mental or physical impairments prevented their answering for themselves. The proxy respondent was, preferably, a relative living in the sample person's house. Including the interview topics with the advance letter had provided the opportunity for people whose physical impairments prevented their answering telephone interviews and people who did not speak English to discuss the information with proxy respondents.

It was felt that the advance letter, including the content of the interview with the letter, the brevity of the interview, the effort to trace people, and the use of a Federal agency for data collection contributed to the high response rates to the telephone interviewing.

Following each period of telephone interviewing, debriefings with the interviewers were conducted to learn about problems, special experiences, procedures attempted for overcoming reluctance, question difficulties, etc. Because about one-half of the interviewers in any one year of LSOA data collection remained until the next interview two years later, information gathered in debriefings aided in preparing interviewers for the next round of interviewing.

Despite the carryover, the advantages of previous experience, and the reduction of the length of the 1990 interview by reducing the ADL and IADL questions for the sample people who were totally incapacitated, response to the 1988 and the 1990 telephone data collection was lower than to the 1986 (table G). Attrition of the available and cooperative sample people, change in interviewer staff with a negative impact of a 1988 and 1990 staff being less motivated and interested only in temporary employment, and the reduction of the length of the interview in 1990 probably contributed to decline in completion rates for the last interview.

Mail questionnaires

A mail questionnaire was designed with the same questions as were in the CATI questionnaire. The mail questionnaire design addressed considerations of the older age of sample people who were to receive it, such as the need for larger type size to permit easier reading and the need for allowing proxy respondents to complete the form. Contents of the mail questionnaires appear in appendixes III, IV, and V.

The self-administered version of the interview, with a letter on the cover explaining the survey and a franked return envelope addressed to the U.S. Bureau of the Census, was sent to sample people with no telephones and no contact person with a telephone. After the CATI portion of the study had been completed, mail questionnaires were sent to the people who did not respond to the attempted telephone contacts or who could not be reached by telephone.

The two mailings to this group, both by first class mail and addressed to the person by name, provided considerable information in addition to the returned completed questionnaires.

Postmaster return requests for forwarding and new address notification requests provided updated addresses in some cases. Some post offices also returned undeliverable mail with information that the addressee was deceased.

Because people in the initial mail sample were more likely to be people of less education, of lower income, and in poorer health, the mail sample provided a method for reducing bias. In addition, nonresponse bias could be assessed using the 1984 baseline demographic and health status information about the entire sample.

Questionnaires and a letter were also sent to a few contact people who were reluctant to divulge information about the sample person without more information about the study. Few of the contacts had been told by the SOA respondent that they had been named as someone who could provide information. They had not been sent an advance letter and some asked for written confirmation about the study when they were reached by telephone. A copy of this information letter appears in appendix VI.

The months during which data collection was conducted for each of the interviews are shown in table F.

LSOA interview response rates

Table G shows the response rates for each of the three LSOA interviews. The information in the table is correct, but it should be interpreted with caution. It was prepared from data from Version 4 of the LSOA that includes data from the 1990 interview but does not include data from the 1990 National Death Index (NDI). Some of the people in the noninterview category will be found when the files are matched to the 1990 NDI.

Table H shows that the majority of the nonresponse was for "other reasons." This category is constituted mainly of persons without a known, working telephone number and with no available contact person. "Institutionalized" people were people in nursing homes at the time of interview; "hearing impairment" was the major "physical incapacity" reason for noninterview.

Table J shows the percent of self-respondents and proxy respondents to each of the interviews. The majority of the interviews were with the sample person each year, but self-response to the telephone interviews was never as high as it was in 1984 when the interviews were in the households (table C).

Table H. Reasons for noninterviews to the Longitudinal Study of Aging, by year of study

Reason for noninterview	*Year* 1986	1988	1990
		Number	
Noninterviews	435	994	1,128
		Percent distribution	
Total	100.0	100.0	100.0
Sample person institutionalized	3.9	0.7	5.2
Sample person mentally or physically incapable of interview	6.5	0.5	6.8
Sample person moved, unable to locate	1.6	0.7	1.2
Sample person or proxy refused	0.7	17.8	38.1
All other reasons	87.3	80.1	48.5

Table J. Self-responses and proxy responses to Longitudinal Study of Aging interviews, by year of study

Type of response	*Year* 1986	1988	1990
		Number	
Interview sample	4,717	5,917	4,802
		Percent	
Total	100.0	100.0	100.0
Self-response	65.7	63.9	63.3
Proxy response	34.3	36.0	34.6
in household	30.4	27.5	30.0
not in household	3.9	8.5	4.6
Unknown	...	...	2.0

1987 Decedent Followup

The 1986 interview yielded the information that 604 sample people had died since the 1984 SOA interview. The CATI interview asked only the date and place of death in these cases. Because other information was needed about the deceased sample person's experience between the 1984 SOA interview and death, a followup was conducted with the sample

Table K. Outcomes of the 1987 Decedent Followup survey

Outcome	*Number*	*Percent*
Total	604	100.0
Interviews	548	90.7
Telephone complete	525	86.9
Telephone partial	1	0.2
Mail complete	22	3.6
Refusal (telephone)	23	3.8
No contact (telephone or mail)	33	5.5

person's named contact or next of kin. This followup was also by telephone but, because the number in the sample was small and the sample would not need to be updated for future contact, it was done using paper questionnaires rather than CATI. The Decedent Followup was conducted in January 1987 after the 1986 interview CATI and mail data files were complete.

Questions on the Decedent Followup were about hospitalizations and nursing home stays of the sample person prior to death. With these data, the history of inpatient care for the decedents was complete and comparable to the information that was obtained for the sample people still alive in reinterview year. A copy of the 1987 Decedent Followup questionnaire appears in appendix III.

The content of the Decedent Followup questions was included in the CATI interviews for the 1988 and 1990 interviews so the questions appeared if the information about the deceased sample person was obtained at the telephone dialing. Consequently, a separate mail questionnaire was not required for Decedent Followup in 1988 or 1990.

Table K shows the response rates to the 1987 Decedent Followup.

1990 Economic Supplement

In 1990, a special series of questions about income was asked. The questions were asked in a separate mail questionnaire that was sent to each of the sample persons who were interviewed in the CATI contacts following the CATI interview. (See appendix V.) The economic supplement questions were also included in the mail questionnaire sent to those persons who were not interviewed by CATI. Sample people interviewed in the CATI telephone interviews were informed that the separate questionnaire, asking for additional information, would be mailed to them.

Mailing the Economic Supplement questionnaire was selected as the mode for gathering this data for several reasons:

- Feedback from interviewers in the 1988 interview indicated that the telephone interview should not be longer than it was.
- Much of the information required either thought or consulting records, and a telephone interview does not allow much time for either.
- Previous experience asking the kind of questions in the Economic Supplement alerted the LSOA study designers to a potentially high nonresponse and to possible jeopardy to the balance of the CATI interview if these questions were included on the telephone.

The procedures for the Economic Supplement mailing were the same as those described for the regular mail questionnaire. The Economic Supplement was not sent to people identified as deceased or who refused the CATI interview. Response rates for the Economic Supplement were lower than those for the regular interview. That had been anticipated, given the usual lower response rates for mailed questionnaires and the difficulty of responding to some of the questions.

The results of mailing the Economic Supplement are shown in table L. Overall, 48 percent of those to whom the Economic Supplement was mailed returned it. Over half of those who had responded to the telephone interview, and who received only the supplemental questions in the mail, returned the questionnaires. In contrast, 36 percent of those who had not participated in

Table L. Outcomes of the 1990 mail Economic Supplement, by status of initial interview

Outcome	Mode of initial interview			
	Telephone			Mail
	Total	Interviewed	Nontinterviewed	
	Number			
Mailed	4,984	3,920	967	97
	Percent			
Total	100.0	100.0	100.0	100.0
Data received				
Total	48.4	52.4	35.8	16.6
Complete	39.4	45.0	19.9	9.3
Partial	5.8	6.9	2.2	---
Deceased	3.2	0.5	13.7	7.3
No data received				
Total	51.5	47.6	64.3	83.7
Refusal	1.4	1.7	0.4	1.1
Not returned or unable to locate	48.0	44.0	60.8	81.5
Other noninterview	2.1	1.9	3.1	1.1

NOTES: People who were interviewed by telephone were mailed only the supplemental questions. People who were not interviewed by telephone or who were in the mail sample were mailed all the questions on the 1990 questionnaire, both the telephone and mail portions. The Economic Supplement was not mailed to 569 people identified as deceased in the initial interview nor to 425 people who refused to complete the telephone interview.

the telephone interview, and who received a questionnaire with both the telephone questions and the Economic Supplement questions, returned the mail questionnaires. Many of those returns were to inform us that the sample person was deceased. Only 17 percent of those without telephones, who also received the telephone and Economic Supplement questions, returned them. A large number of those were also to tell us that the sample person was deceased.

The rate of refusal for the Economic Supplement mailing, that is, those forms actually returned with a notation refusing to complete them, was less than for the regular mail questionnaire (1.4 percent versus 7.2 percent); however, the other reasons for nonresponse were higher (44 percent versus 12.9 percent). Some of these "not returned" are assumed to be tacit refusals.

Nonresponse to the mailed Economic Supplement was higher than that for the telephone interviews. That was anticipated. Item nonresponse, the failure to respond to one or more questions, was also higher on the Economic Supplement than on the regular questionnaire. That was also anticipated. In addition, responses were inconsistent. While that might have been anticipated, it does point up the extreme difficulties of obtaining consistent information from older Americans.

Chapter 3
Matching

This chapter describes the record linking and matching undertaken as part of the Longitudinal Study of Aging (LSOA).

The LSOA matched survey records with three record data bases:

- The National Death Index (NDI), the computerized records of deaths in the United States maintained by the National Center for Health Statistics (NCHS).
- The multiple cause-of-death file maintained by NCHS.
- The Medicare Automated Data Retrieval System (MADRS) maintained by the Health Care Financing Administration (HCFA).

Important to record matching in the longitudinal study was the ability to track and recontact the sample person and to maintain confidentiality. In an effort to maintain contact with the sample person, the interviewer obtained the name of a person to contact in the event the sample person could not be located or contacted for future interviews.

The guarantee of confidentiality is incorporated into the National Health Interview Survey (NHIS). During the NHIS, the interviewer assures the respondent that

- Any identifying information collected will be kept in strict confidence.
- The information will not be used for any purpose other than that for which it was collected.
- The information will not be released without the consent of the individual as stated in section 308(d) of the Public Health Service Act (42 United States Code 242m).

The Supplement on Aging (SOA) and LSOA were bound by this guarantee and law. Both the SOA and the LSOA questionnaires had the guarantee of confidentiality printed on the cover page. The letter sent in advance of the telephone interviews contained the same guarantees. The telephone interviewer asked whether the participant had read the letter and, if not, read the confidentiality statement to the participant. In either case, the telephone interviewer typed in her initials to indicate that the procedures had been followed before beginning the interview. Rigorous procedures were in place through all phases of data collection and processing to ensure that the promise of confidentiality was kept.

Permission was also obtained from the sample person to match the NCHS survey data to other records during the SOA interview. All participants in the SOA were informed of the possibility of matching their interview data with other statistical records.

National Death Index

The National Death Index (NDI) is a computerized file of death record information compiled from magnetic tapes submitted under contractual arrangements to NCHS by the State vital statistics offices. The NDI can be used only for statistical purposes in medical and health research.

A tape submitted for linkage to the NDI contains a standard set of identifying data for

each decedent. The identifying data are used in searches of the NDI to identify and locate death records filed in the United States. Matching to the NDI enabled the study staff to determine if persons in the SOA and LSOA samples had died. Using the NDI reduced the time, expense, and effort involved in State file searches. It provided a convenient computerized source for such searches. For each decedent, the NDI provided the name of the State where the death occurred, the corresponding death certificate number, and the date of death.

Deaths included in the NDI file begin with those occurring in 1979. The file is updated annually. All State data for a given calendar year are received, processed, and added to the file approximately 12 to 18 months after the end of the calendar year. One phase of the LSOA was annual linkage to the NDI file beginning with calendar year 1984.

Approval to use and to link to the NDI was obtained before data from the SOA and the LSOA were linked to the NDI. An application to obtain information from the NDI was submitted to the Division of Vital Statistics within NCHS. The application was reviewed and approved by the Director of NCHS and by an advisory panel composed of persons not employed by NCHS.

The application included a statement of the purpose and objectives of the match, the number of records to be matched, how the NDI data would be used, and how and to whom the results would be released. A sample application form and detailed information about preparing the NDI input file and interpreting the results of the search is in the National Death Index User's Manual (9). The LSOA study staff prepared a file containing records of LSOA sample persons using the format specified in the NDI User's Manual.

To update the date of death information on the SOA sample persons, including those 70 years of age and over in the LSOA interview sample, the NDI has been accessed each year beginning with deaths in 1984. If the survey data matched information in the NDI, a date of death was abstracted from the NDI for each deceased person in the SOA sample and, consequently, the LSOA sample.

Of the 16,148 participants in the 1984 SOA, 15,938 gave permission for their records to be linked to the NDI. The following information was collected during the SOA interview and was submitted for use in the NDI match:

- Month, day, and year of birth.
- Full name, including first and last names and middle initial.
- Father's last name.
- Social security number.
- Sex.
- Race.
- Marital status.
- State of residence.
- State (or country) of birth.

A match to the NDI was determined using the procedure described below (10). The procedure required the presence of at least one of the following two combinations of data items before an NDI match was attempted:

- First and last name AND social security number.
- First and last name AND month and year of birth.

The NDI retrieval program checked the NDI file for matches. The program included the matching criteria. The NDI retrieval program searched the NDI file to determine whether a particular NDI death record qualified as a possible record match with the sample person's input record (the survey information). To qualify as a possible match, both records must have satisfied at least 1 of 12 conditions set by the retrieval program.

The matching criteria in the NDI retrieval program were designed such that the number of

true matches identified was maximized. Because of this design feature, the retrieval program generated a significant number of false matches. The matches were examined and false ones were identified. The examination reduced the number of false matches, which increased the efficiency of using the retrieval program report and subsequent use of the multiple cause-of-death file.

A scoring algorithm was developed that determined the quality of the match identified by the NDI retrieval program. The scoring algorithm used in the match was a modified form of an algorithm developed by Westat, Inc. The algorithm took into account the following variables:

- Social security number.
- Date of birth.
- Sex.
- Race.
- Marital status.
- State of residence.
- State of birth.
- State of residence with State of death.
- First name.
- Last name.
- Middle initial.
- Father's surname, if female.

A weight was assigned to each of the variables listed above. The maximum score for all the variables was 37, and the minimum score was 4.

The scores were grouped into the four categories listed below:

- *Good match*. This category included scores greater than or equal to 28. The category included matches identified as exact matches in the NDI report.
- *Fair match*. This category included scores of 22 and scores of 24 through 27.
- *Poor match*. This category included scores of less than 22 and scores of 23, with an exact match on the social security number.
- *Not a match*. The survey record did not match any record in the NDI.

The results of the match produced by the program were listed in a retrieval report. Records identified by the NDI match were listed in the report and were sorted by person. The records were sorted such that if more than one possible match to the NDI file was identified, the first record listed for the sample person is the NDI death record that was determined by the NDI retrieval program to be the "best" of the possible matches listed.

The sequence of the procedures used to process the records for inclusion in the public use data tape once the correct match was identified differed between the first year and the subsequent years. Once the processing steps were established, it was no longer necessary to repeat each step.

Table M summarizes the results of matching LSOA sample persons to the records in the NDI file for the years 1986 through 1990. As might be expected, the percent of good matches increased while the percent of nonmatches decreased from 1986 through 1990. Summarized in table N are

Table M. Percent distribution of records of sample persons 70 years of age and over matched to the National Death Index (NDI), by match results, according to year of NDI match

Match results	NDI match through– 1986	1988	1989
	Number		
Total records	5,151	7,527	7,527
	Percent distribution		
Total	100.0	100.0	100.0
No NDI input record	1.3	0.9	0.8
Good match, presumed deceased	12.0	19.9	24.6
Fair match, probably deceased	2.0	3.2	4.0
Poor match, probably not deceased	19.8	24.4	24.6
No match, presumed not deceased	64.9	51.6	46.0

NOTE: The 1990 data from the NDI match were not available when this table was prepared.

Table N. Percent distribution of sample person records by "best estimate" of sample person's status, according to year of National Death Index (NDI) match

Status	NDI match through-- 1986	1988	1989
	Number		
Total records	5,151	7,527	7,527
	Percent distribution		
No NDI input record and no interview	0.3	0.3	0.4
Status reported on interview			
Alive	79.8	66.2	55.0
Deceased	11.7	20.6	30.0
No interview			
Presumed deceased	0.6	1.8	1.9
Probably deceased	0.2	0.4	0.6
Probably not deceased	1.8	3.5	3.7
Presumed alive	5.5	7.2	8.5

NOTES: The "best estimate" of the sample person's status is based on interview data and NDI match results. Results of the match to the 1990 NDI were not available when this table was prepared.

the results of the NDI match in combination with the scoring algorithm. The results were not unexpected. The percent of persons deceased increased from 11.7 percent in 1986 to 30.0 percent in 1990.

The LSOA public use data tape includes the following information obtained in the NDI match:

- NDI match status.
- Date of death from the NDI match.
- "Best estimate" of status.
- "Best estimate" of date of death based on the NDI match and survey data.

The NDI match was repeated after each interview, and the appropriate fields on the data tape were updated.

Multiple cause-of-death file

Multiple cause-of-death data have been obtained for the SOA (and therefore the LSOA) sample persons who were identified as deceased in the NDI match. To obtain information from the multiple cause-of-death file, a memorandum requesting permission for the linkage was submitted to the Director of the Division of Vital Statistics (DVS), National Center for Health Statistics.

The memorandum described the objectives of the survey, the confidentiality provisions taken by the study staff, and the plans for the release of the data. The data can be used only for the purposes described in the NDI application.

Permission was granted to match the SOA (and LSOA) decedents identified in the NDI match with the multiple cause-of-death file maintained by NCHS. Based on the contracts with the States, such permission may be granted only for studies involving data collected by NCHS under NCHS' own legislative authority. If the multiple cause-of-death file had not been accessible, the LSOA staff would have purchased copies of death certificates from the State registrars and would have had the information coded.

Only matches identified by the NDI match as "true" and "probable" were sent for matching to the multiple cause-of-death file. The file sent for matching to the multiple cause-of-death file had to conform to the format specified in the National Death Index User's Manual (9). The linkage itself was performed by the DVS Systems and Programming Branch, which is responsible for linking the decedent cases identified by the NDI match with the multiple cause-of-death file.

The following information was obtained from the multiple cause-of-death file (11):

- Underlying cause.
- Multiple causes.
- An occupation recode.
- An industry recode.
- Site of death (e.g., hospital).
- Whether an autopsy was completed.
- Date of death.

Medicare claims match

Information about the SOA and LSOA sample persons was also obtained from Medicare claims records. Not all of the sample persons in the SOA were Medicare beneficiaries. Of the

11,497 sample persons 65 years of age and over, there were 10,442 person records that matched with the Master Enrollment File. These records were included in the file prepared for the Medicare record search. Some of these persons had multiple social security numbers, health insurance claim numbers, and/or railroad retirement board numbers. Neither the SOA nor the LSOA questionnaire obtained detailed information about hospitalizations, such as diagnosis, length of stay, or charge, nor did they obtain detailed information about use of outpatient, home health, or hospice care. The match to the Medicare records obtained such information for medical care covered by Medicare during the years of the longitudinal study. Information on hospitalizations was missing from the claims files for persons enrolled in health maintenance organizations (HMO's). Medical care provided to persons enrolled in HMO's was not covered by Medicare; therefore, the information was not included in the claims files.

For the purposes of obtaining Medicare claims data, the "Federal Agreement for Release of Individual Identifiable Data" form was signed by representatives of NCHS and the Health Care Financing Administration (HCFA) prior to linking survey records to either the Master Enrollment File or the Medicare Automated Data Retrieval System (MADRS) file.

The agreement stipulated that the files received from HCFA would not be released to any other organization or individual in identifiable form without permission from HCFA. The agreement also included a statement about how the HCFA files would be used. The agreement is in effect for the duration of the project. At the completion of the project, the HCFA files will be either destroyed or returned to HCFA. Also, NCHS provides HCFA with a copy of the public use data file.

The inclusion of Medicare data on the LSOA public use data tape required three steps:

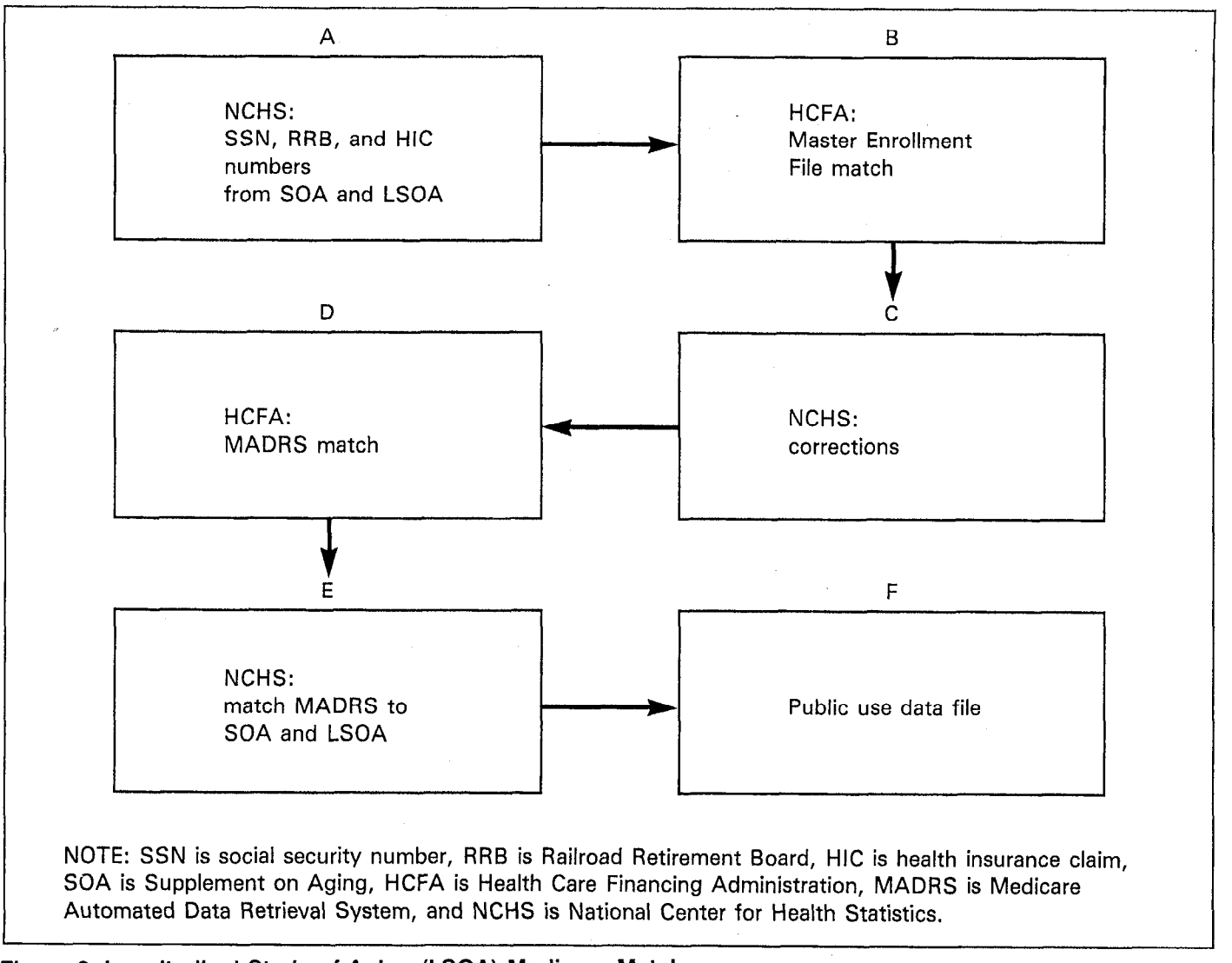
- Submitting a tape of social security numbers, retirement board numbers, and health insurance claim numbers to HCFA to be matched to the Master Enrollment File.
- Submitting a tape of social security and health insurance claim numbers that matched to the Master Enrollment File to HCFA to be matched to the MADRS file.
- Matching the MADRS records to the survey records (12).

The steps followed to complete the matching process are illustrated in figure 3. Box "A" in figure 3 represents the social security numbers (SSN), the Railroad Retirement Board (RRB) numbers, and the health insurance claim numbers (HIC) obtained during the SOA and the LSOA interviews. Hereafter, the word "numbers" will refer to SSN, RRB, and HIC numbers.

Matching to the Master Enrollment File

Before the survey data were matched to the MADRS files, each number was compared with the health insurance claim (HIC) numbers included on the Master Enrollment File. The Master Enrollment File includes an HIC number for every person eligible for Medicare, whether a claim has been filed or not. The file also includes information on deceased persons.

To accomplish the first step of the Medicare match, a file of SSN, RRB, and HIC numbers was prepared at NCHS according to specifications from HCFA. The file was called a "Finder File." The RRB numbers had to be converted before they were included in the Finder File. RRB numbers were distinguishable from SSN or HIC numbers in that RRB numbers were preceded by two alpha characters. The alpha characters were changed using a conversion scheme described in a procedure manual on claim number structure (13); they became either numeric or a symbol.



NOTE: SSN is social security number, RRB is Railroad Retirement Board, HIC is health insurance claim, SOA is Supplement on Aging, HCFA is Health Care Financing Administration, MADRS is Medicare Automated Data Retrieval System, and NCHS is National Center for Health Statistics.

Figure 3. Longitudinal Study of Aging (LSOA) Medicare Match

In compliance with NCHS' assurance of confidentiality, which was given to the sample and contact persons at each interview, the file sent to HCFA never included names and addresses. The file included only numbers. Social security numbers, health insurance claim numbers, or converted railroad retirement board numbers were sent to HCFA for matching to the Master Enrollment File and the MADRS File. To further ensure confidentiality, the SOA and LSOA records were merged with similar information from two other surveys conducted by NCHS. HCFA staff did not know to which survey the numbers belonged.

As illustrated in box B in figure 3, the Finder File was then linked by HCFA to the Master Enrollment File. The file NCHS received in return included the name, address, date of birth, date of death, sex, and race for each survey number included on the file that matched a record on the eligibility file.

Box C represents the corrections and comparisons of the matched records made by LSOA study. The survey records and Master Enrollment File records were compared based on the name, address, sex, race, date of birth, date of death, SSN, and HIC number. If the number on the survey record was a social security number and it matched the first nine digits of the social security number, name, and sex on the Master Enrollment File record, the social security number

on the survey was replaced with the HIC number from the Master Enrollment File.

Records with numbers that matched on all nine digits of the social security number but not the first and last name were printed and examined. This procedure identified various name spellings as well as rare instances where the names were completely different. The differences were examined for several reasons:

- The sample person could have changed his or her name.
- There was a keying error.
- The respondent could have reported the SSN, RRB, or HIC number incorrectly.

Records that matched on only number and no other variable were not included in the file sent to HCFA for the match to the MADRS file. Instead, the person's record was flagged and the person was asked to provide his or her number in the subsequent LSOA interview.

Matching to the Medicare Automated Data Retrieval System

Hospitalization and other medical care information was obtained on the SOA and LSOA sample persons from the Medicare Automated Data Retrieval System (MADRS) file maintained by HCFA. Matching the survey records to the MADRS file occurred after the fieldwork for each year. Linkage to the MADRS was accomplished through the use of the person's social security number, the converted railroad retirement number, and the health insurance claim number that was obtained in the interview and matched to the Master Enrollment File.

As represented by box D in figure 3, once the numbers were checked and changed where appropriate, a revised file was sent to HCFA for linkage to the MADRS. The MADRS file contains all Medicare claims data for both Part A and Part B beginning in 1984.

Matching MADRS Medicare claims to survey data was done carefully to avoid incorrect matches (box E). The matching process began by using two variables: the HIC number and sex. Instances where the records matched on number but not on sex were examined further. Some of the records were hand matched. Comparisons between other variables were made in an attempt to resolve differences between the survey data and the Medicare claims data. The other variables included age, date of birth, date of discharge, and date of death if there was one.

Table O. Percent distribution of sample person records by Medicare claims match results, according to latest available year of Medicare data

Match results	*Year of Medicare data* 1987	1988	1990
	Number		
Total records	5,151	7,527	7,527
	Percent distribution		
Total	100.0	100.0	100.0
No number reported	10.8	7.9	7.9
No match to Master Enrollment File	18.2	14.1	12.2
Match, no record of use	13.7	13.4	9.3
Match, hospital use only	5.0	4.3	4.0
Match, other use only	19.0	17.7	17.2
Match, both hospital and other	33.3	42.5	49.6

The majority of the cases in which the records matched on number but not on sex were situations in which a spouse filed a claim using the other spouse's HIC number. During the review of the records, it was obvious that the person on the HCFA file was not the same as the LSOA sample person. Some of the records matched a spouse who was not in the LSOA because the person was not 70 years of age or over in 1984.

The results of the MADRS match for each interview year are shown in table O. The percent of sample person records that matched both hospital and other medical care use records increased between 1986 and 1990. The table also shows that between 1988 and 1990, no additional numbers for matching were acquired during the interview. Not unexpectedly, numbers were more likely to be reported by persons who reported Medicare coverage than by those who did not

report coverage. Usually, the number was given by a self-respondent rather than by a proxy. In addition, the number provided by the self-respondent was more likely to match to the Master Enrollment File (14).

As a result of the MADRS match, two files have been added to the LSOA public use data tape: a hospital record file and an "other" medical care use file (box F in figure 3).

These two files can be linked to the LSOA person file by using the LSOA person identification number. A variable on the LSOA public use person file indicates whether there was a match to the Master Enrollment File, the MADRS, or the hospital claims and/or other medical care use claims records.

Using record matching to improve the study procedures

In addition to obtaining information not collected in the interview, matching to the Master Enrollment File and the MADRS enabled the study staff to update the LSOA sample person's name and address. This ability was particularly beneficial for the 1988 interview because the 1988 sample included persons who had not been contacted since 1984. In some cases, the HCFA address was more current than the one on the sample file.

Matching to NDI and Medicare files identified sample persons who had died. Persons who were identified as deceased in the year of the previous interview were excluded from the sample for subsequent interviews.

Chapter 4
Data processing

Data processing is an integral part of any survey. It was part of every phase of the Longitudinal Study of Aging (LSOA): questionnaire design, fieldwork, creating the files from telephone and mail questionnaires, merging data from the two modes of data collection, and creating the public use data files.

Each release of the LSOA public use data tape has included information from population based surveys and from records. The data on the LSOA public use data tape were obtained from the

- 1984 National Health Interview Survey.
- 1984 Health Insurance Supplement.
- 1984 Supplement on Aging.
- 1986 LSOA interview.
- 1987 Decedent Followup.
- 1988 LSOA interview.
- 1990 LSOA interview.
- NDI (National Death Index).
- Multiple cause-of-death file.
- MADRS (Medicare Automated Data Retrieval System).

In order to complete and produce the public use data tape, files were merged, data were edited, and files were created.

Data processing requirements were considered when the 1984 personal interview, the mail questionnaires, the 1990 economic questionnaire, and the computer-assisted telephone interviewing (CATI) instruments were designed.

Following the completion of the fieldwork for the 1986, 1988, and 1990 interviews, data reported on the mail questionnaire were keyed by the U.S. Bureau of the Census. Staff of the Bureau of the Census then subjected the data to consistency checks and edits. The data from the mail questionnaire were then merged with data obtained in the CATI instrument. In addition to merging the mail questionnaire data, during the processing of the 1990 reinterview, the 1990 economic supplement data obtained during the telephone interview were appended to the file. After the data were merged and appended, the file was delivered to the LSOA study staff at NCHS.

Once at NCHS, the file underwent additional data edits such as consistency checks. Variables were combined and recodes were added to the file. For example, some skip patterns that were designated in the mail questionnaire required editing for the preparation of the public use data file because the mail questionnaire excluded some CATI questions. The skip patterns determined to an extent what and how data were entered and recorded.

Skip patterns, together with some consistency edits, and response-code range checks were incorporated into the survey instrument at the time the CATI system was designed. Incorporating edits and skip patterns into the CATI instrument reduced interviewer errors, data entry errors, and skip errors. Using CATI as the primary mode of data collection also eliminated some editing procedures that were completed after the CATI output file was produced by the Bureau of the Census. The mail and economic

questionnaires were hand edited for errors before the data were keyed.

Not all of the variables that appear on the public use data tape were taken directly from the CATI. For selected variables, the basic data were recoded to be more suitable for data users. The following variables are examples of ones that resulted from recoding: number of hospitalizations, number of nursing home stays, and activities of daily living (ADL's). To create these recoded variables, several variables from the CATI output file created by the Bureau of the Census were combined. Recodes varied in complexity; some only combined codes within a variable while others sorted and combined selected codes from more than one variable. The LSOA outcome recode, the nursing home stay recode, and the ADL summary recode were three of the more complicated recodes on the file.

Almost every variable derived from the LSOA reinterview has a code category labelled "blank" in the public use data tape documentation. Typically, the category labelled "blank" consists of noninterviews, persons who had died for whom the questions were not asked, and persons for whom the question was not applicable because of a previous response. For example, if a person was institutionalized, the instrumental activities of daily living questions and questions on whether his or her house was owned or rented or the number of separate rooms in his or her house were not asked. If a person did not move his or her residence in the interim between the interviews, they were not asked why they moved; the records for these persons were coded "blank" for that variable (2).

In the 1990 interview, the CATI instrument was changed to avoid having to ask the entire series of questions about each ADL and IADL about persons who were reported to be totally incapacitated and unable to do anything by themselves. As shown in the 1990 LSOA questionnaire (appendix V), these individuals were excluded from a lengthy and inapplicable sequence of ADL questions about receiving help. These same persons also skipped the entire series of IADL questions. To identify these individuals, the public use data tape contains a code in the IADL variables. The code is labelled "not asked, ADL incapacitated." The IADL questions were considered not applicable for persons living in nursing homes because those activities are done by the nursing home's staff. However, it was possible for a person in a nursing home to respond to the LSOA questions if the telephone number given to the interviewer for recontact was actually the telephone number for the nursing home where the sample person was living. If someone living in a nursing home did respond to the questions, the data are on the file. A note in the public use data tape documentation indicates that one or more persons in a nursing home responded to the questions (2).

Coding and editing the merged CATI and mail data file to prepare the public use data tape were the same each year unless there was an inconsistency in the responses, or a new question was added, or a code was revised to improve the data. Questions were not reworded from year to year. However, occasionally response categories were revised. For example, emphysema was deleted from the list of conditions that pertain to the cause of the difficulty walking a quarter mile or up 10 steps. In the 1990 interview, pneumonia rather than pneumonia/emphysema and Alzheimer disease appeared in the condition list.

If a question in the interview was the same as a question asked in the 1984 SOA, an attempt was made to code the question in the same way. Periodically, new questions were added to the survey instrument that required adding to or modifying the edits. Sources of retirement income and asset questions were added to the 1990 instrument.

Also in the 1990 interview, three additional questions were included in the series of income questions. They were added to permit construction of a poverty index. Additional questions were asked for three income levels below $15,000:

- $6,280 or less.
- $8,240 or less.
- $10,500 or less.

Inconsistencies and some contradictions found in the data have been noted in the public use data tape documentation. Some of the inconsistencies occurred because the respondents reported conflicting answers. Conflicting answers were permitted and retained on the public use data tape because the staff had no more knowledge of the truth than an analyst. Probably the most important inconsistencies are those involving when or whether a person died. There are four cases (216, 483, 484, and 2,529) where responses differed.

The length of the file has increased with each release. The increase occurred because data from a new interview were added to the file, data from previous reinterviews that were not on the tape were added, and new recodes were created. For example, Version 4 of the data tape includes as a new variable the date the interview was conducted in 1986, 1988, and 1990. This variable is needed when the age of the person at the time of the interview is needed for the analysis.

Some variables that appear in the file were generated recodes. For example, the LSOA Outcome Recode and the Transition Living Recode were generated. These fields represent a combination of several variables on the CATI file. They were created for the user's convenience.

The intercounty migration and interstate migration codes were generated similarly. In order to construct the intercounty migration recode, the ZIP Code that corresponded to the sample person's address was hand coded to a county code. In those instances where the ZIP Code was missing, the person's street, city, and State address was reviewed and a ZIP Code was identified using the ZIP Code directory (15). Whether or not a person moved intercounty was determined by comparing the county codes for the two interviews. The person identifier code, the county code, and also the State code were entered into a Lotus file that was subsequently entered into the processing program.

The survey question about whether the sample person had moved since the last interview and what was the reason for the move was asked in each of the three LSOA interviews (appendixes III, IV, and V). However, the reason for moving was an open-ended question in 1986. It was designed in 1986 as an open-ended question in order to develop recodes from the responses. The reasons for moving given in the 1986 reinterview were printed, reviewed, and grouped into categories independently by three persons. Once categories were decided, those categories became the precoded response categories for the subsequent two interviews.

As described in chapter 1, additional persons from the 1984 SOA were added to the 1988 LSOA sample. Adding the sample persons to the file necessitated accessing the 1984 NHIS health insurance supplement and the 1984 SOA data tapes so that relevant data for the "new" sample persons could be abstracted from those tapes for inclusion on their records in the LSOA public use data file.

Record linkage constituted another type of data processing that was a part of the preparation of the tape. Record linkage was the last section of the data tape to be completed. The linkage phase included matches to Medicare Automated Data Retrieval System (MADRS), the NDI, and the multiple cause-of-death file. A description of the record linkage processes appears in chapter 3. A variable indicating the NDI "best estimate" date of death was also created and added to the file.

The Medicare record match resulted in two files being added to the public use data file. In

addition to the LSOA survey data file, two additional files were included on the public use data tape: the Medicare Part A (hospitalization) file and the Medicare Part B (other medical care use) file (2).

Chapter 5
Information in the Longitudinal Study of Aging

There are many ways of organizing the information about data collected in the Longitudinal Study of Aging (LSOA). Two are used for this chapter. The first is an organization by the source of the data. The second is an organization by subject. This chapter outlines information first by source and then by subject. Both methods of organizing the data provide guidelines only. The user with an analytic question must read the questionnaires and the documentation of the public use data files for details.

Copies of all the questionnaires are in appendixes I–VI to enable the user to locate the questions asked during each interview. Analysts should always read the questionnaires for the wording of the questions, skip patterns, and details that cannot be included in either of the summaries of content.

There is also information on the files that is critical for some analyses but is not apparent from examining either questionnaires or records. Two examples should explain the importance of looking at the files closely. The date of interview, which is important for survival analysis, is not noticeable on the questionnaire but is on the files. The address at each interview is not on the files but was used to create codes for the study of migration.

I. Contents of each data collection

A summary of the content of each round of interviewing and for the linked records follows.

1984 National Health Interview Survey

The annual NHIS is used to collect information on

- Limitation of activities (long term).
- Restriction of activities (2 weeks).
- Bed-days (previous year and 2 weeks).
- Chronic conditions and impairments (long term).
- Acute conditions (2 weeks).
- Doctor visits (previous year and 2 weeks).
- Hospital stays and days (previous year).
- Demographic characteristics—age, sex, race, Hispanic origin, marital status, veteran status, major activity, education (individual and head), income (family and, for adults, individual).

Health Insurance Supplement

The 1984 Health Insurance Supplement was one in a series of supplements that are on the NHIS approximately every other year. It was designed to obtain information about

- Whether each person in the household has health insurance for hospital care and doctor visits.
- Whether the insurance is public or private.
- Receipt of Medicaid, military retirement, Veteran's Administration pensions, and eligibility for veterans' medical care and disability compensation.

Supplement on Aging

The information included

- Family structure and living arrangements.
- Relationships and social contacts.
- Use of community services.
- Occupation and retirement (sources of income).
- Health conditions and impairments.
- Activities of daily living (ADL's).
- Instrumental activities of daily living (IADL's).
- Who provided help with ADL's and IADL's.
- Nursing home stays.
- Opinions about one's own health.
- Information needed for tracking.

LSOA interviews

The LSOA interviews were designed to obtain information on changes in living arrangements and functional status and use of medical care. In 1990 questions on economic status were added. The kinds of measures include

living arrangements and change

- People remained outside institutions
  - with no change or lived alone instead of with another person.
  - moved to another residence.
  - someone else moved into their residence.
- People became institutionalized.
- People died who
  - were institutionalized before death.
  - were not institutionalized before death.

physical limitation and change

- People remained the same or changed in difficulty and receipt of help with
  - activities of daily living.
  - instrumental activities of daily living.
  - difficulty with physical movements.

use of medical care

- Nursing home stays since last interview.
- Hospital stays in the past year.
- Contacts with doctors in the past year.
- Hospital and nursing home stays before death.

economic information (1990 only)

Medicare match

Information obtained from the match with Medicare Part A and Part B files included

hospitalizations covered by Medicare

- Date of discharge.
- Diagnoses.
- Surgical procedures.
- Length of stay.

other care covered by Medicare

- Home health care visits.
- Hospice.
- Outpatient.

National Death Index match

Information from the match with the National Death Index that is on the public use data file includes only the degree of certainty about the match and the date of death.

Death certificate information

Information obtained from the match with the computerized file of death certificates, which is released on a diskette, includes

- Underlying cause of death.
- Multiple causes of death (up to eight).
- Whether an autopsy was performed.
- Usual occupation.
- Business or industry.

II. Contents by subject

The tables in appendix VIII give a different view of the data; they are organized by subject, and the source of the data is secondary. The choice of categories is subjective. Users should look at more than one table to determine whether the information they need is there. They should also review the questionnaires, because the tables in appendix VIII cannot give all the detail.

Most of the demographic information (table VI) was collected at baseline; the reinterview information was primarily to assess change in those characteristics subject to change.

There is a great deal of information on family structure and relationships on both the baseline survey and the reinterviews because families change (table VII). Also, changes in health or in marital status are associated with migration and relationships with children (16).

Relatively few of the people in the LSOA interview sample were in the labor force even when first interviewed. Nevertheless, it is useful for some purposes to know something of their work history and when they retired. The information is shown in table VIII.

Economic status in later life is closely related to an individual's work history or to that of other family members, especially a spouse. The economic indicators, including sources of income, are shown in table IX.

The characteristics of people's housing are also economic indicators, and they can influence successful aging. People who have lived in the same place for a long time may have stronger networks or knowledge about the community that make it easier to find care. Physical characteristics of the housing may determine whether an individual can live independently. Ownership may provide an economic reserve. Therefore, the amount of data on housing characteristics, shown in table X, is extensive. Some information, such as whether the individual lived in a retirement community, was obtained each year. Other information, such as whether the individual lived in a trailer, was obtained only at baseline.

There is now an extensive literature on the importance of social networks in preserving health into old age (17). The baseline data for the LSOA did not measure the strength of social networks. It measured only whether an individual had had certain social contacts (table XI). Nevertheless, these data have been used to show that, even when controlling for all the measures of health included on the LSOA, people with such contacts are more likely than people without such contacts to survive longer and to stay out of nursing homes (18). These data on social contacts should be considered in relation to the data on family structure and relationships shown in table VII.

The 1984 surveys, the basic NHIS, and the SOA obtained a vast amount of information on the health of individuals. Much of the information shown in table XII could not be collected again in the telephone interviews, which were relatively brief and which could not take advantage of interviewer interaction, flashcards, or other aids to interviewing.

However, because one of the major purposes of the LSOA was to measure changes in functional status, all of the measures of functional status have been included in every interview (table XIII). Most of the measures of physical status, shown in table XIV, were obtained at every interview for the same reason. Measuring changes in functional status was such an integral part of the LSOA that much of the detail shown on the questionnaires or the public use data files can not be shown in tables XIII and XIV. Therefore, this is an area where the user should be especially careful to read the questionnaire.

The final group of measures of physical functioning, measures of sensory impairment, are shown in table XV. Only measures of visual impairment were obtained at every interview.

The measures shown in table XVI, referred to as health opinions, were obtained at baseline for self-respondents only. These are a mixture of measures of control, self-assessment, and behavior. Most of the people who did not answer these questions did not because they had proxy respondents or because they were very old, ill, or both.

Health care measures can range from informal help with a few activities through acute care for specific problems to long-term care for a general inability to care for oneself. Table XVII

shows measures of informal care, the most prevalent means of caring for older people (19,20), that were obtained from the interviews. Demand for informal medical care is associated with the availability of people to provide it. Those measures from the LSOA are shown in other tables.

Table XVIII shows measures of formal health care from the interviews. These measures include information about hospital stays and doctor visits in the past year and stays in nursing homes since the last interview. These measures can be used in conjunction with data obtained from Medicare matches (see chapter 7 for a discussion of the advantages and disadvantages of each).

Demand for formal medical care is associated with the ability to pay for it. There are also measures on the LSOA to assess ability to pay. Income and ownership of housing have already been mentioned. For many Americans, health insurance may be more important. Those measures are shown in table XIX. The major form of coverage for older Americans is Medicare. Regardless of whether the data are from surveys such as the NHIS (21) or from Medicare files, they agree that more than 90 percent of the people in the United States have Medicare coverage.

Other measures developed from the interviews are shown in table XX. The ability to create these measures is not obvious from the questionnaires because they were developed from address information and from the procedures used to keep track of participants.

The National Death Index (NDI) and cause-of-death files and the Medicare matched files provide information that could never be obtained by interviewing people.

Data on decedents obtained from the interviews and matches with the NDI and the death certificates are shown in table XXI. Information from the NDI linkage through 1989 is on the person file. Information from the multiple cause-of-death file is issued as a separate diskette.

Data from the Medicare matches are on the same tape as the person file but are in separate files that can be linked with the person file that contains the information in tables VI–XXI.

Each episode of hospitalization that was covered by Medicare is a separate record. Table XXII shows the measures. The codes for diagnoses are detailed (15). Data on charges are rounded to the nearest 100 dollars, hospitals have been grouped into three categories, and there is no geographic information to preserve the participant's confidentiality.

The other Medicare file has a record for each person for Part B Medicare covered services. There are indicators on whether the LSOA participant received services for home health care, hospice care, or outpatient care during the calendar year.

Table XXIV shows information about the LSOA that may be of interest to people evaluating the quality of the data, calculating length of survival, or linking the person file with other files.

Chapter 6
Statistical issues

There are two factors that complicate analysis of data from large national surveys such as the National Health Interview Survey (NHIS) and the Supplement on Aging (SOA). One is that the surveys are designed to produce national estimates. The second is that they are based on multistage probability designs that involve clustering. Because the Longitudinal Study of Aging (LSOA) is based on a survey with those design features, they are important for analysts to understand.

National estimates and weights

The NHIS and the SOA were designed to produce national estimates of the number of people in the civilian noninstitutional population of the United States living at the time of interview. The national estimates are produced by using the weights that are included on the public use data tapes. These weights are relatively easy to use because they are simply multipliers—each sample record is multiplied by the weight that is on that record.

The weights reflect a four-stage process. The first three stages adjust for nonresponse at the local and higher geographic levels. The fourth stage forces the estimates to agree with independent estimates of the civilian noninstitutional population at the national level. That final stage of poststratification is by age, sex, and race.

The process is carried out each quarter for the NHIS so that estimates for the quarter represent the noninstitutionalized population living at the middle of the quarter. At the end of the year, the four quarterly weights are averaged to produce an annual weight. Using the annual weight produces an estimate of the population living at midyear (2).

The first three stages were unchanged but, because of the additional nonresponse to the supplement, the SOA was poststratified to the same estimates as the NHIS each quarter, and the annual weight for the SOA was produced the same way. Therefore, although there was additional nonresponse to the SOA, national estimates of the population by age, race, and sex are almost identical to those from the NHIS, as shown in table B.

New weights were needed for the 1986 LSOA sample because of the subsampling. Therefore, that sample was also poststratified to the same independent population estimates, and the new weights were on Versions 1 and 2 of the LSOA data files. There was no adjustment for quarters because interviewing was not done throughout the year (table F). The 1988 and 1990 samples consisted of 7,527 persons 70 years of age and over who participated in the SOA. Therefore, the weights used for the SOA were correct for those samples. They were added to the LSOA data files for Version 3 of the public use data tape.

As a result, there are two weights on the LSOA files. One is for the 1986 sample and should be used if the analysis includes all four time points. The other is for the 1988 and 1990 samples and should be used if the analysis is restricted to the three time points with the larger sample.

The weights are particularly important for national estimates based on the 1986 sample because of the subsampling of people ages 70–79 years. In either case, the weights produce national estimates of the people 70 years of age and over living in the community in 1984. They do not provide estimates of such people in later years.

Variances and tests of significance

The procedures for estimating variances given in most statistical texts and the programs available in most statistical software are based on the assumption of simple random sampling (SRS). The NHIS is not, however, based on a simple random sample. It is based on a multistage design with known, but unequal, probabilities of selection, and there is clustering within geographic areas and within households. In general, variances from a sample with that kind of a design are larger than variances from a sample of the same size based on simple random sampling. In some cases the difference is small, but in others it is large. The variance from a complex sample may be two or three times that of the variance from a simple random sample.

Tests of statistical significance rely on the variance. If the variance from the sample with a complex design is larger than the variance from SRS and the test procedure is based on the assumption of SRS, differences will be found to be more statistically significant than they should be.

Software designed to take such complex sample designs into account is now widely available and should be used for cross-sectional analysis. All of these software programs require knowing the stratum and the primary sampling unit (PSU). The pseudo-PSU's (scrambled to preserve anonymity) are on all of the NHIS, SOA, and LSOA data tapes so that the appropriate software can be used.

The strata are constructed by combining PSU's. PSU's 1 and 2 are in the first stratum, PSU's 3 and 4 are in the second, and so forth.

One requirement for calculating variances using such software is that there should be at least one person in most PSU's. That requirement is not self-evident. Programs may run but, because they rely on paired PSU's, they produce over-estimates of the variance because the value for a PSU with no one in it is set to zero.

It was known from SOA sample counts that there would be no one in the LSOA sample with the characteristics desired for some analyses in many of the PSU's (3). Therefore, some of the PSU's were combined for the LSOA. The combination preserved the sample design, including the ability to make estimates for regions and for metropolitan and nonmetropolitan areas. It was designed to yield an expected 10 sample persons in each of the pseudo-PSU's. However, because of sample design considerations, there are fewer than 10 sample persons 70 years of age and older in some of the pseudo-PSU's. Even with the larger sample introduced in 1988, there are sometimes fewer than 10 people of each sex. Because many potential analyses could not be anticipated, there may be few sample persons in the categories desired for many analyses. The analyst should examine the distribution by PSU for the categories of interest before proceeding.

The number of sample persons in each PSU is shown in table P for the 1986 and 1988 samples. Note that the problem of small numbers is particularly acute for men. It is even more acute for black and other minority populations.

Multivariate analyses are less subject to the difficulties of analyzing data from surveys with complex designs than bivariate analyses. Longitudinal analyses based on studies that follow individuals are relatively free of such considerations. The little work that has been done has shown that conclusions from such analyses are the same whether the complex design is taken into account or not.

Table P. Number of sample persons in the 1986 and 1988 samples, by sex and pseudo-primary sampling unit (PSU)

PSU	1986			1988		
	Total	Male	Female	Total	Male	Female
	Number					
Total	5,151	1,856	3,295	7,527	2,860	4,667
1	17	7	10	25	11	14
2	25	13	12	40	22	18
3	12	2	10	18	3	15
4	20	5	15	32	9	23
5	16	5	11	17	5	12
6	15	6	9	26	10	16
7	17	7	10	33	14	19
8	16	5	11	27	10	17
9	45	18	27	75	32	43
10	18	7	11	33	15	18
11	18	7	11	23	9	14
12	15	6	9	19	7	12
13	30	8	22	37	10	27
14	27	8	19	45	15	30
15	37	11	26	49	15	34
16	50	17	33	75	23	52
17	48	23	25	67	33	34
18	32	11	21	49	19	30
19	49	17	32	68	26	42
20	45	16	29	82	28	54
21	51	17	34	83	24	59
22	62	21	41	96	35	61
23	43	16	27	64	23	41
24	60	21	39	81	31	50
25	21	6	15	32	10	22
26	30	9	21	43	15	28
27	36	15	21	48	20	28
28	30	14	16	48	22	26
29	35	12	23	54	21	33
30	38	8	30	54	13	41
31	56	13	43	77	24	53
32	55	24	31	88	38	50
33	37	12	25	58	20	38
34	43	17	26	70	33	37
35	17	5	12	30	9	21
36	13	5	8	21	8	13
37	15	7	8	17	8	9
38	30	9	21	34	10	24
39	12	6	6	19	10	9
40	13	6	7	20	10	10
41	21	9	12	30	12	18
42	9	5	4	19	7	12
43	15	5	10	23	8	15
44	20	7	13	31	12	19
45	10	2	8	16	4	12
46	17	6	11	30	13	17
47	19	8	11	35	15	20
48	13	7	6	23	10	13
49	19	4	15	22	6	16
50	13	5	8	22	9	13
51	18	7	11	22	8	14
52	19	6	13	26	10	16
53	14	6	8	16	6	10
54	14	7	7	22	12	10
55	17	8	9	22	12	10
56	36	11	25	50	17	33
57	14	3	11	21	6	15
58	15	4	11	21	6	15
59	24	9	15	29	13	16
60	12	4	8	18	5	13
61	12	2	10	18	5	13
62	15	5	10	18	5	13
63	15	6	9	20	7	13
64	16	5	11	21	6	15
65	18	6	12	30	12	18
66	17	9	8	33	16	17
67	10	6	4	18	10	8

Table P. Number of sample persons in the 1986 and 1988 samples, by sex and pseudo-primary sampling unit (PSU) – Con.

PSU	1986			1988		
	Total	Male	Female	Total	Male	Female
	Number					
68	19	6	13	24	8	16
69	14	5	9	21	8	13
70	16	7	9	19	7	12
71	11	5	6	13	5	8
72	17	6	11	27	12	15
73	25	10	15	31	13	18
74	16	8	8	22	12	10
75	33	12	21	57	22	35
76	30	10	20	53	19	34
77	40	11	29	65	22	43
78	34	12	22	49	19	30
79	34	12	22	46	19	27
80	30	7	23	39	11	28
81	41	12	29	53	16	37
82	30	9	21	45	17	28
83	32	12	20	58	22	36
84	36	15	21	51	25	26
85	38	11	27	56	17	39
86	38	13	25	46	17	29
87	39	11	28	53	14	39
88	22	9	13	34	16	18
89	33	15	18	56	19	37
90	45	17	28	73	27	46
91	40	16	24	50	21	29
92	32	11	21	47	15	32
93	17	5	12	25	9	16
94	19	8	11	29	13	16
95	17	7	10	20	9	11
96	33	13	20	39	16	23
97	16	6	10	25	11	14
98	19	8	11	24	9	15
99	26	7	19	30	8	22
100	26	10	16	39	16	23
101	10	4	6	10	4	6
102	16	5	11	26	8	18
103	10	2	8	17	7	10
104	12	6	6	16	8	8
105	14	6	8	22	11	11
106	12	5	7	15	7	8
107	13	6	7	25	10	15
108	14	2	12	25	7	18
109	11	5	6	15	7	8
110	14	6	8	17	8	9
111	20	8	12	39	19	20
112	18	6	12	27	9	18
113	9	3	6	17	5	12
114	19	8	11	25	11	14
115	19	5	14	25	7	18
116	16	6	10	23	8	15
117	15	7	8	22	11	11
118	23	6	17	35	10	25
119	14	5	9	22	8	14
120	17	4	13	23	5	18
121	16	5	11	25	11	14
122	13	5	8	20	10	10
123	12	5	7	16	7	9
124	12	5	7	15	6	9
125	16	4	12	20	6	14
126	9	3	6	14	4	10
127	11	6	5	18	8	10
128	16	7	9	19	9	10
129	11	5	6	18	7	11
130	14	7	7	27	15	12
131	14	6	8	19	9	10
132	15	5	10	27	9	18
133	14	7	7	18	8	10
134	11	6	5	16	7	9
135	5	2	3	8	3	5
136	17	5	12	23	5	18

Table P. Number of sample persons in the 1986 and 1988 samples, by sex and pseudo-primary sampling unit (PSU)—Con.

PSU	1986			1988		
	Total	Male	Female	Total	Male	Female
	Number					
137	28	12	16	53	21	32
138	16	5	11	25	10	15
139	10	4	6	10	4	6
140	15	6	9	22	9	13
141	14	5	9	14	5	9
142	30	12	18	38	15	23
143	13	1	12	14	1	13
144	13	4	9	18	7	11
145	13	5	8	17	6	11
146	8	2	6	10	3	7
147	10	1	9	13	2	11
148	12	6	6	17	8	9
149	12	2	10	13	2	11
150	11	3	8	15	4	11
151	15	5	10	17	7	10
152	12	2	10	14	3	11
153	8	5	3	16	10	6
154	24	9	15	28	10	18
155	16	9	7	27	14	13
156	11	3	8	17	6	11
157	10	4	6	13	5	8
158	13	5	8	21	9	12
159	12	7	5	17	9	8
160	15	7	8	16	7	9
161	16	6	10	20	8	12
162	23	10	13	37	17	20
163	52	14	38	68	20	48
164	33	14	19	45	20	25
165	29	10	19	42	17	25
166	34	12	22	49	17	32
167	31	14	17	48	20	28
168	30	13	17	47	23	24
169	18	5	13	29	9	20
170	28	6	22	35	10	25
171	32	8	24	55	17	38
172	45	12	33	54	15	39
173	21	8	13	30	12	18
174	31	9	22	49	15	34
175	30	10	20	39	14	25
176	23	8	15	43	17	26
177	43	16	27	57	22	35
178	40	14	26	60	26	34
179	89	33	56	29	52	77
180	105	43	62	142	60	82
181	20	7	13	32	11	21
182	15	7	8	25	11	14
183	19	11	8	21	12	9
184	16	8	8	26	12	14
185	10	7	3	15	12	3
186	14	7	7	27	16	11
187	12	6	6	22	12	10
188	16	9	7	19	11	8
189	18	6	12	22	9	13
190	12	6	6	21	11	10
191	14	4	10	20	8	12
192	14	5	9	17	6	11
193	4	1	3	10	4	6
194	8	7	1	11	9	2
195	31	11	20	45	16	29
196	8	4	4	13	7	6
197	9	1	8	17	5	12
198	16	6	10	21	8	13
199	11	5	6	16	5	11
200	96	33	63	139	50	89
201	10	4	6	21	9	12
202	20	6	14	25	7	18
203	53	18	35	78	25	53
204	52	19	33	80	33	47
205	36	14	22	46	18	28

Table P. Number of sample persons in the 1986 and 1988 samples, by sex and pseudo-primary sampling unit (PSU)—Con.

PSU	1986			1988		
	Total	Male	Female	Total	Male	Female
	Number					
206	32	10	22	37	12	25
207	46	14	32	79	23	56
208	35	10	25	48	16	32
209	39	13	26	56	20	36
210	39	14	25	50	20	30
211	58	18	40	87	28	59
212	36	12	24	56	20	36
213	32	13	19	45	18	27
214	24	12	12	39	18	21
215	34	12	22	47	16	31
216	37	9	28	50	14	36

Two notes of caution

The first caution is that an analyst should not use the weights and the assumption of simple random sampling together. Most of the commonly available software programs assume that the weighted data are the sample data, i.e., they assume a larger sample than the real sample. The variances are far too small and the number of tests thought to be significant is far too large.

The second is that, because of the adjusted weights and PSU's, anyone linking data from the 1984 NHIS or SOA files with the LSOA files should add the information to the LSOA file and use the weights and pseudo-PSU's on the LSOA file.

Chapter 7
Analytic issues

The Longitudinal Study of Aging (LSOA) is a national longitudinal study of older Americans that is based on an ongoing cross-sectional survey with a complex sample design. It is one of a few national longitudinal studies of older people; the Long-Term Care Study is another (22). It is also one of a very few longitudinal studies based on an already existing national cross-sectional survey; the only other that the authors know of is the National Health and Nutrition Examination Study (NHANES) Epidemiological Followup Study (23,24).

The analysis of longitudinal data is covered in many textbooks, and there are many approaches available. However, both the complex sample design and the change in sample size between 1986 and 1988 complicate the analysis of the LSOA. There were also changes in questions (although they were kept to a minimum), changes in who responded (which was difficult to control over the telephone), changes in procedures (also kept to a minimum), and differences in the interview dates from year to year. Such realities are rarely addressed in textbooks. This chapter is designed to bring a few of those realities to the attention of analysts and to help them design their analyses and frame their conclusions with appropriate caution.

Changes in the sample

Response rates, which are discussed in chapter 2, are based on the responses to the interviews modified by information from the National Death Index (NDI) match, except in 1990 when the NDI data were not available for Version 4 of the public use data file.

Analysts have to consider responses to the interview samples because they have to account for the people lost to followup, but the true sample for analysis of a longitudinal study is the analytic sample. That sample is unchanged by the number of people eligible for the 1986–90 interviews. If three time points are used, it is the 7,527 people 70 years of age and over who participated in the Supplement on Aging (SOA) in 1984. If four time points are used, it is the 5,151 people who were eligible for the 1986 interview.

Those are the number of people in the baseline surveys. If analysts wish to estimate the number of people experiencing change, they should use the baseline numbers and the appropriate weights, which are discussed in chapter 6, to make national estimates.

There are advantages and disadvantages of using either sample. Most of the advantages and disadvantages of using the 1986 sample are apparent. The major advantage is that there are four time points at approximately 2-year intervals. The major disadvantage is that the smaller sample has less power. The major advantage of using the 1988 sample is also apparent. It is a larger sample with more power. The disadvantages are less apparent.

One disadvantage of using the 1988 sample, which is an advantage for the 1986 sample, is that people added to the 1988 sample were less likely than people who were in the 1986 sample

Table Q. Status in 1988 of people, by whether they were in the 1986 sample

Sample	*In 1986 sample*	*Not in 1986*
	Number	
Total	5,151	2,376
	Percent distribution	
Total	100.0	100.0
1988 status:		
Known	88.1	84.3
Unknown	11.9	15.7

to be located and interviewed. As shown in table Q, the status of 88 percent of the 5,151 persons in the 1986 sample was known in 1988. In contrast, the status of 84 percent of the 2,376 people added to the 1988 sample was known by the time Version 4 of the public use data files was released. That is a difference of only 4 percentage points, but it may be important for some analyses.

Another disadvantage is that changes were measured from "the last time we talked to you." For those interviewed in 1986, that was 2 years; for those added to the 1988 sample, it was 4 years. The problem of measuring change for people who were eligible for any two interviews is less, but it can still exist because, as shown in figure 4, many people who were not interviewed at times when they were eligible were located and interviewed again later. Analysts should be careful about treating answers to those questions as if they always referred to the same time period. They can, however, construct their own measures of change from data on the files.

Potential for bias

There is a potential for bias if the respondents to a survey differ from nonrespondents. Bias may also result from using the matched records.

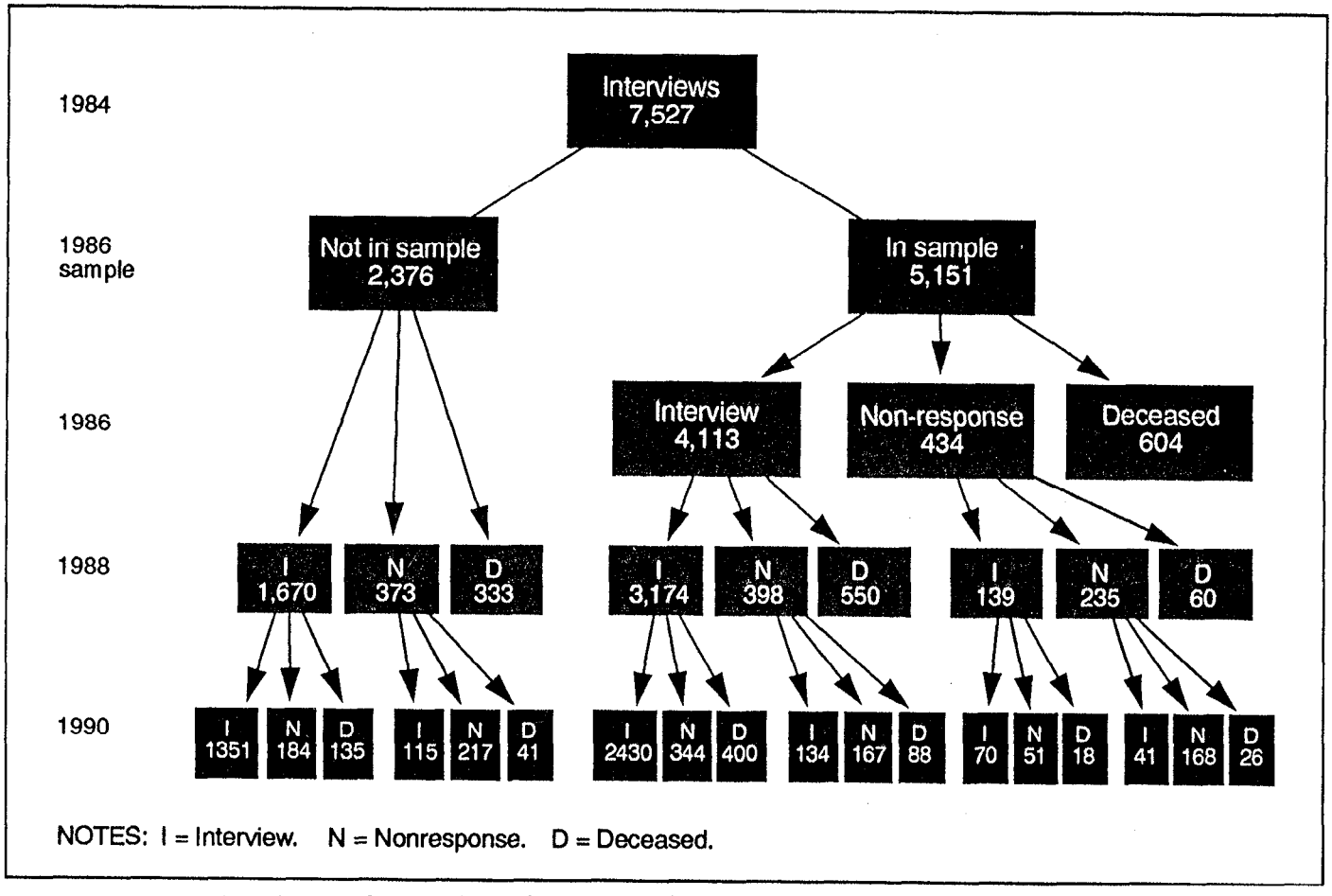


Figure 4. Longitudinal Study of Aging interview status, 1986–90

Table R. Potential bias resulting from interview nonresponse, by year and selected characteristics in 1984

Characteristic	*1986*	*1988*	*1990*
	Cumulative nonresponse percent		
Total	8.1	13.1	14.4
Age			
70–79 years	8.0	13.1	14.8
80 plus years	8.3	13.2	13.4
Sex			
Male	8.5	14.3	15.9
Female	7.4	11.2	12.0
Color			
White	7.8	12.8	14.2
Other	10.4	16.4	16.7
Living arrangements			
Alone	9.9	16.6	17.5
With others	7.0	11.1	12.6
Telephone			
Yes	6.9	11.9	13.5
No	32.0	38.7	34.1
ADL difficulty			
Yes	8.9	13.5	13.0
No	7.8	13.0	15.0

NOTE: The 1986 rate is based on the 1986 sample; the 1988 and 1990 rates are based on the 1988 sample.

Response rates were not the same for all population subgroups in the LSOA. As shown in table R, people with telephones were much more likely than people without telephones to be located in subsequent interviews. There were, however, only 247 (out of 5,151) people without telephones in the 1986 sample and 349 (out of 7,527) in the 1988 sample. Large nonresponse rates for them affect few people, but the few people without telephones differed from those who had them.

Response rates were related to other characteristics as well. Those who lived with others were more likely than those living alone to be interviewed, females were more likely than males, and white people were more likely than others to be interviewed, although those differences were smaller than those between people with and without telephones. However, a person may have more than one of the characteristics shown in table R or may have another characteristic associated with failure to ascertain status that is not shown in table R. Analysts should examine response rates for such combinations of people before drawing conclusions, especially conclusions about people at the extremes.

Some aspects of the matched records can also lead to biases.

There are two issues for the National Death Index (NDI). First, a few people did not provide the information for matching with the NDI; if their deaths were not reported in an interview, they will never be known. Second, even when the information was provided, the correct NDI record may not have been located. There are four categories of possible matches on the public use data tape to allow analysts to judge the certainty of the matches, and the algorithm for creating those categories is given in appendix VII.

There are also several potentials for bias in the Medicare records. About 1,000 people did not provide a number that could be matched to the Medicare records; there are no data from that source on their medical care use on the public use data file. This number was minimized by asking for the health insurance claim number at subsequent interviews if one had not been provided before or if the one given had not matched. Second, the correct records might not have been located. Third, regardless of whether the respondent provided the correct number, Medicare records contain no information of care provided through health maintenance organizations. Thus, there is no record of a sample person's covered care in the Medicare files if that care was provided through a health maintenance organization.

Analysis of survival or other endpoints

The date of an endpoint (such as status at reinterview or date of death) is important for many analyses of longitudinal data. The

accuracy of that date may depend on the source.

Survival analysis is relatively unaffected by differences in response rates to the interviews because the date of death is usually determined from the NDI; the major exception is that the 1990 NDI data were not available when Version 4 was released. However, survival analysis is affected by the date of the 1984 baseline interview because interviewing was conducted throughout the year.

Analysis of endpoints for the living population is more difficult.

People were not interviewed at precise 2-year intervals; the interviews were only approximately 2 years apart for people interviewed by telephone and somewhat longer for respondents to mail questionnaires. The months when in-house, telephone, and mail data were collected are shown in table F and are on the public use data files.

In contrast, the date of death was determined continuously from the NDI match and the dates of hospitalization from the Medicare match. To relate hospitalization to changes in functional status or changes in functional status to death requires careful attention to when the hospitalization took place or the change in functional status was reported. To aid analysts, the week of the 1984 interview and the month of subsequent interviews are on the public use data file, and, for persons either ascertained or presumed to be dead, that date is also on the file.

For data derived from an interview, whether the sample person or another individual was the respondent can be important for both the quality of the data and the interpretation of the questions. Survey research has demonstrated that adults provide more accurate information when they answer questions about themselves than when others answer for them. An example from the LSOA is that there was a higher match rate for Medicare data for people who were self-respondents than for those with proxy respondents (25).

There has been little research, however, on whether self-response is always more accurate for very old people, some of whom may be cognitively impaired. People were more likely to be self-respondents on the SOA than on the basic NHIS, the health insurance supplement, or the subsequent LSOA interviews. People who were self-respondents during one interview may not have been during later ones. Analysts investigating changes in subjective states, such as the degree of difficulty with an activity of daily living, should consider whether the individual or a proxy answered the question during each interview. Changes, especially small changes, could be due to a change in the respondent. The information on medical care use could be useful in making judgments about change.

For people who provided information that permitted access to the Medicare files, information on hospital stays is better from those files than from the interviews. The information from the interviews supplements the Medicare data for those who did not grant permission or provide correct information for accessing the Medicare files. However, the interviews provide better data for doctor visits and nursing home stays than the Medicare files do. Medicare does not pay for much of ambulatory or nursing home care and only a limited amount of information on those services that is on the Medicare files was abstracted.

Inconsistencies

Data on the public use data files are not always consistent for several reasons.

First, the respondents did not always answer questions consistently even within the same interview. Because there is no way of ascertaining truth in such situations, the inconsistencies were

left on the public use data files. Analysts must make, and justify, their own decisions.

Second, the public use data tapes for the LSOA were released as data were received. They were neither changed nor corrected by later data (with the exception of the "best estimate" for date of death and the code indicating whether Medicare records were found). The tables in chapter 2 are based on data as first received. In some cases, there were later reports that could lead to different interpretations.

For example, person number 2529 was reported dead on the 1986 interview, was a self-respondent in 1988, and was still alive according to a proxy respondent in 1990. The tables and figures in this report include that person as having died in 1986. The death has not been confirmed by the NDI match; the later interview reports may be correct. Persons numbered 216, 483, and 484 were reported as alive in 1986; later reports were that they had died in 1986. It is likely that they died soon after the 1986 interview, but during the interviewing period.

Third, the interview data on hospitalizations do not necessarily agree with the data from the matched Medicare files. An enormous amount of care was taken to make certain that the Medicare record was indeed the one for the LSOA participant (see chapter 3), but the Medicare records themselves were sometimes inconsistent. In those cases, the record is on the public use data files for the analysts to either use or discard.

Fourth, although the assumption was that persons in nursing homes would not respond for themselves, some of them did. When the telephone interviewer called and was given another number where the sample person could be reached, she called it and, if the sample person answered, conducted the interview. In rare cases, she learned that the person was in a nursing home. When that happened, the information about the person is on the public use data tape. It can easily be omitted by analysts who do not want it. It has been retained for those who are interested.

Weights and complex sample design

There are statistical issues that must be considered by every analyst. They must decide whether to use the weights and whether to take the complex sample design into account.

If the intent is to provide national estimates, the information needed to do so is on the public use data files, and all of the considerations discussed in chapter 6 apply. Population estimates, especially those based on the 1986 sample, will not be accurate otherwise.

If, however, the intent is to investigate what happens to individuals as they grow older, the need to take the weights and the complex sample design into account is less important. Analyses where the issue was investigated have shown that the conclusions were the same, regardless of whether the weights and complex sample design were taken into account (18).

That does not mean that all other analyses of change would be equally unaffected. If, for example, an analyst took advantage of the ability to construct a file of older people living in the same household to study what happens when one becomes disabled, the clustered sample design could affect the analysis because of the household clustering.

Summary

A study as rich in data as the LSOA requires intensive work to understand. Read the documentation, including the questionnaires, very carefully and think about the implications. Pay careful attention to the skip patterns, how they are implemented, and how they are handled on the data tapes. Recognize that people not interviewed in one round may be interviewed in a later one. Also remember that, regardless of whether there was an interview, the record of their health care use and death is on the files if

the respondent provided the information for linkage.

The analytic issues and cautions in this chapter are intended to help users, not to discourage them. They are presented to enable accurate analyses. They should also alert users to the possibility of similar difficulties in other longitudinal data sets. Using the LSOA may provide both valuable analyses and an experience that will assist in analytic research of other longitudinal data.

Chapter 8
Public use data files

Data for the Longitudinal Study of Aging (LSOA) are released for use by the research community on either tape or diskette and are available from three sources. A number that enables users to link one file with another is on all the tapes and diskettes. No information (names, addresses, telephone numbers, social security numbers, health insurance claim numbers, or other identifying information) that might enable users to identify participants in the surveys is on any public use data file. That information is never released to the public or, except for providing numbers to the Health Care Financing Agency (HCFA) to obtain the Medicare data as described in chapter 3, to any other Government agency.

Data tapes

The public use data tapes for the 1984 National Health Interview Survey and the SOA are available from the National Technical Information Service (NTIS) and the Inter-University Consortium for Political and Social Research (ICPSR).

Public use data tapes for the Supplement on Aging (SOA) are available from the Division of Health Interview Statistics at NCHS, NTIS, and ICPSR.

Because the SOA was a cross-sectional study, the first release was the final release. The LSOA is ongoing; the first release was not the final release.

There have been four versions of the tapes from interviews of people who were 70 years of age and older when they participated in the 1984 SOA. Version 4, released on October 1, 1991, contains all of the information from the four interviews, the National Death Index (NDI) match information through 1989, and the Medicare match data through 1990. Those are the data described in chapter 5 and tables I–XX, XXIII, and XXIV.

Public use data files for the LSOA have been released simultaneously by NCHS and ICPSR as part of the interagency agreement between NCHS and the National Institute on Aging (NIA). Version 4 is available from NCHS, NTIS, and ICPSR.

The documentation for Version 4 of the LSOA public use data tape (which consists of more than 400 printed pages of codebook and about 200 pages of appendixes and notes) is also available as a separate item from NTIS.

Version 4 is the final version of that LSOA tape because 1990 was the last year for interviewing people who were then age 76 and over. Previous versions should not be accepted.

Diskettes

Files with information from matches for the SOA cohort of people 55 years of age and over as well as for the LSOA cohort of people 70 years of age and older who were eligible for the 1986, 1988, and 1990 interviews will continue to be released.

However, those data will be released on diskette, not on tape. Releasing the updated information on diskette will reduce the cost of

updating files to investigators who already have the tapes. New investigators who want to use the data on these diskettes will need to obtain the SOA or the LSOA tape with the basic data. They can also obtain a diskette version of the LSOA tape from ICPSR.

The first release of a diskette updating the public use data tapes contains information from the NDI match (date of death) through 1989 and the match with the multiple cause-of-death file through 1988. It is the first release of data from the multiple cause-of-death file. It contains data from the multiple cause-of-death file shown in table XXI through 1988 and data from the NDI match through 1989 for all participants in the SOA who provided the information and granted permission for the match. This diskette is available, as of this writing, only through NTIS.

Data for later years will be released on diskette as they become available. The intention is to release information from matches with Medicare records in even years and with death records in odd years. This schedule will be altered if the availability of matched data makes other schedules more beneficial to the research community. All such data will be released through NTIS.

Information from the mail portion of the 1990 Economic Supplement will also be released on diskette to members of the research community but there will not be a regular public release because of the high levels of imputation. Users who need these data should write to the study directors.

Addresses and prices

Public use data files are available from:

Division of Health Interview Statistics
National Center for Health Statistics
Room 850
6525 Belcrest Road
Hyattsville, MD 20782
Attention: Nelma Keen

Supplement on Aging tape: $275
Version 4 of the LSOA tape: $240

National Technical Information Service
5285 Port Royal Road
Springfield, VA 22161

NHIS basic questionnaire tape:
$780, PB87–121547
Supplement on Aging tape:
$275, PB92–501675
Version 4 of the LSOA tape:
$240, PB92–500099

Documentation only:
paper $66, PB92–102037

Version 1 of the multiple cause-of-death disk: $55

5.25 inch, PB92–500115
3.50 inch, PB92–500123

Inter-University Consortium for Political and Social Research
426 Thompson Street
P.O. Box 1248
Ann Arbor, MI 48106-1248

Materials are available to members only; there is no charge.

NHIS basic questionnaire tape: Study No. 08659
Supplement on Aging tape: Study No. 08659
Version 4 of the LSOA, tape and diskette: Study No. 08719.

References

1. Goldstein H. The design and analysis of longitudinal studies: Their role in the measurement of change. London. Academic Press. vii. 1979.
2. Kovar MG, Poe G. The National Health Interview Survey design, 1973–84, and procedures, 1975–83. National Center for Health Statistics. Vital Health Stat 1(18). 1985.
3. Fitti JE, Kovar MG. The Supplement on Aging to the 1984 National Health Interview Survey. National Center for Health Statistics. Vital Health Stat 1(21). 1987.
4. Ries P. Current estimates from the National Health Interview Survey, United States, 1984. National Center for Health Statistics. Vital Health Stat 10(156). 1986.
5. National Center for Health Statistics. Users Manual, The National Death Index. Hyattsville, Maryland: Public Health Service. 1981.
6. Fitti JE, Kovar MG. A multi-mode longitudinal study of aging. Proceedings of the American Statistical Association Section on Survey Research Methods. 1987.
7. Herzog R, Rogers WL, Kulka RA. Interviewing older adults: A comparison of telephone and face-to-face modalities. Public Opinion Quarterly. 47:405–18. 1983.
8. Kovar MG, Fitti JE. A linked follow-up study of older people. Proceedings of the American Statistical Association Section on Survey Research Methods. 1985.
9. Bilgrad R. National Death Index User's Manual. Hyattsville, Maryland: Public Health Service. 1990.
10. National Center for Health Statistics. Longitudinal study of aging public-use data tape documentation, version 4, appendix H. Hyattsville, Maryland: Public Health Service. 1991.
11. National Center for Health Statistics. Public use data tape documentation: Multiple cause of death for ICD–9 1988 data. Hyattsville, Maryland: Public Health Service. 1991.
12. Chyba M. The Longitudinal Study of Aging Medicare Record Match. Proceedings of the American Statistical Association Section on Survey Research Methods. 1990.
13. Documentation received from the Health Care Financing Administration on the conversion of Railroad Retirement Board numbers to Health Insurance Claim numbers.
14. Kovar MG. Collecting health data from and about older people: The Longitudinal Study of Aging. In: Fowler FJ Jr., ed. Conference proceedings: Health survey research methods. National Center for Health Services Research and Health Care Technology Assessment. 1989.
15. National Information Data Center. 1987 National Five Digit ZIP Code & Post Office Directory: Volumes 1 and 2. December 31, 1987. United States Postal Service. 1987.
16. Speare A, Avery R, Lawton L. Disability, residential mobility, and changes in living arrangements. J Gerontology: Social Sciences. 46(3):S133–42. 1991.
17. House JS, Landis KR, Umberson D. Social relationships and health. Science 241(4865):540–45. 1988.
18. Tropea DA. Perspective study of the influence of selected social relationships upon changes in the health of a national cohort of older people. [Dissertation]. Toronto, Canada: University of Toronto. 188. 1990.
19. Stone R, Cafferetta GL, Sangl J. Caregivers of the frail elderly: A national profile. The Gerontologist 27(5):616–26. 1987.
20. Doty P. Family care of the elderly. The Milbank Quarterly. 64(1):34–75. 1986.
21. Reis P. Characteristics of persons with and without health care coverage; United States, 1989. Advance data from vital and health statistics; no 20. National Center for Health Statistics. 1991.
22. Prospective Payment Commission. Technical Appendices to the Report and Recommendations to the Secretary, U.S. Department of Health and Human Services. Appendix E, "Medicare

diagnosis-related groups and weights for fiscal year 1986." April 1, 1986.
23. Manton KG. A longitudinal study of functional change and mortality in the United States. J of Gerontology. 43(5):153–61. 1988.
24. Cohen BB, Barbano HE, Cox CS, et al. Plan and operation of the NHANES I epidemiologic followup study, 1982–84. National Center for Health Statistics. Vital Health Stat 1(22). 1987.
25. Finucane FF, Freid VM, Madans JH, et al. Plan and operation of the NHANES I epidemiologic followup study, 1986. National Center for Health Statistics. Vital Health Stat 1(25). 1990.

Appendixes

Contents

I. 1984 National Health Interview Survey Basic Questionnaire 51

II. 1984 Supplement on Aging Questionnaire 107

III. 1986 Reinterview, 1987 Decedent Followback 135

IV. 1988 Reinterview 161

V. 1990 Reinterview and Economic Supplement 187

VI. Letters in conjunction with telephone surveys 226

VII. Procedure for refining NDI match 233

VIII. Contents of the public use data files 237

Tables

I. Items and maximum possible score in the scoring algorithm used to determine a match to the National Death Index 234

II. Distribution of sample persons in the Supplement on Aging (SOA) and the Longitudinal Study of Aging (LSOA) by National Death Index (NDI) status code as of 1989 235

III. "Best estimate" codes and their definitions 235

IV. "Best estimate" status codes assigned to persons in the Longitudinal Study of Aging (LSOA), by 1986 LSOA interview status and National Death Index (NDI) status and code 236

V. Number of 1988 Longitudinal Study of Aging (LSOA) sample persons, by the "best estimate" code and the National Death Index (NDI) status and code as of 1989 236

VI. Demographic data on the Longitudinal Study of Aging, by year of interview 237

VII. Family structure and relationship data on the Longitudinal Study of Aging, by year of interview 238

VIII. Employment and retirement data on the Longitudinal Study of Aging, by year of interview 238

IX. Economic indicators on the Longitudinal Study of Aging, by year of interview 239

X. Housing data on the Longitudinal Study of Aging, by year of interview 240

XI. Social interactions data on the Longitudinal Study of Aging, by year of interview 241

XII. Health status data collected at baseline only 241

XIII. Functional status data on the Longitudinal Study of Aging, by year of interview..... 242
XIV. Physical status data on the Longitudinal Study of Aging, by year of interview 243
XV. Sensory impairment data on the Longitudinal Study of Aging, by year of interview..... 244
XVI. Health opinions on the Longitudinal Study of Aging, by year of interview 244
XVII. Informal, home, and community care data on the Longitudinal Study of Aging, by year of interview..... 245
XVIII. Formal health care measures on the Longitudinal Study of Aging, by year of interview..... 245
XIX. Health insurance and disability coverage data on the Longitudinal Study of Aging, by year of interview..... 246
XX. Geographic and migration information on the Longitudinal Study of Aging, by year of interview..... 246
XXI. Death data on the Longitudinal Study of Aging from interviews, the match with the National Death Index, and the match with the muliple cause-of-death file..... 247
XXII. Medicare Part A Hospital Record information on the Longitudinal Study of Aging from Medicare match 247
XXIII. Medicare Part B information on the Longitudinal Study of Aging from Medicare match..... 248
XXIV. Survey information on the Longitudinal Study of Aging, by year of interview..... 248

Appendix I
1984 National Health Interview Survey Basic Questionnaire

O.M.B. No. 0937-0021: Approval Expires March 31, 1985

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).

1. Book ____ of ____ books

2. R.O. number

3. Sample

FORM HIS-1 (1984) (8-9-83)

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

NATIONAL HEALTH INTERVIEW SURVEY

4. Segment type
- ☐ Area
- ☐ Permit
- ☐ Address
- ☐ Cen-Sup
- ☐ Special Place

5. Control number

PSU	Segment	Serial

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

City	State	County	ZIP code

LISTING SHEET
Sheet No. ____
Line No. ____

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

City	State	County	ZIP code

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

AREA SEGMENTS ONLY

7. YEAR BUILT
- ☐ Ask
- ☐ Do not ask

When was this structure originally built?
- ☐ Before 4-1-70 *(Continue interview)*
- ☐ After 4-1-70 *(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 D in Part C of manual; then complete 10d or e*
- ☐ NOT in a Special Place *(10b)*

b. Access
- ☐ Direct *(10d)*
- ☐ Through another unit *(10c)*

c. Complete kitchen facilities
- ☐ For this unit only *(10d)*
- ☐ Also used by another household
- ☐ None

} *Not a separate HU; combine with unit through which access is gained. (Apply merged unit procedures if additional living quarters space was listed separately.)*

d. 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*

e. OTHER unit *(Mark one)*
- 08 ☐ Quarters not HU in rooming or boarding house
- 09 ☐ Unit not permanent in transient hotel, motel, etc.
- 10 ☐ Unoccupied tent site or trailer site
- 11 ☐ OTHER unit not specified above – *Describe in footnotes*

GO TO HOUSEHOLD COMPOSITION PAGE

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

12. Was this interview observed? 1 ☐ Yes 2 ☐ No

13. Interviewer's name | Code

14. Noninterview reason

TYPE A
- 01 ☐ Refusal – *Describe in footnotes*
- 02 ☐ No one at home – repeated calls
- 03 ☐ Temporarily absent – *Footnote*
- 04 ☐ Other *(Specify)*

} *Fill items 1–6a, 7, 9 as applicable, 10, 12–15*

TYPE B
- 05 ☐ Vacant – nonseasonal
- 06 ☐ Vacant – seasonal
- 07 ☐ Occupied entirely by persons with URE
- 08 ☐ Occupied entirely by Armed Forces members
- 09 ☐ Unfit or to be demolished
- 10 ☐ Under construction, not ready
- 11 ☐ Converted to temporary business or storage
- 12 ☐ Unoccupied tent site or trailer site
- 13 ☐ Permit granted, construction not started
- 14 ☐ Other *(Specify)*

} *Fill items 1–6a, 7, 8, 9 as applicable, 10, 12–15*

TYPE C
- 15 ☐ Unused line of listing sheet
- 16 ☐ Demolished
- 17 ☐ House or trailer moved
- 18 ☐ Outside segment
- 19 ☐ Converted to permanent business or storage
- 20 ☐ Merged
- 21 ☐ Condemned
- 22 ☐ Built after April 1, 1970
- 23 ☐ Other *(Specify)*

} *Fill items 1–6a, 8c if marked, 12–15. Send Inter–Comm.*

15. Record of calls

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

16. List column numbers of persons requiring callbacks for "Supplement on Aging"
- ☐ None

Column number→				

17. Record of additional contacts

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

☐ SP ☐ Old age ☐ AF

A. HOUSEHOLD COMPOSITION PAGE

1

1.	First name / Last name	Age / Sex 1 ☐ M 2 ☐ F
2.	Relationship **REFERENCE PERSON**	
3.	Date of birth Month / Date / Year	
C1	HOSP. 00 ☐ None Number	WORK 1 ☐ Wa 2 ☐ Wb; RD ☐ Yes ☐ No; 2-WK. DV 00 ☐ None Number
C2	LA / RA / DV / INJ. / CL LTR / HS / COND.	

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_____. Use Table _____ to determine Sample Person(s).** *Mark "SP" box(es).*

A3 *Refer to ages of all related HH members.* — A3: ☐ All persons 65 and over (5) ☐ Other (4)

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

If related persons 17 and over are listed in addition to the respondent and are not present, say:

5. We would like to have all adult family members who are at home take part in the interview. Are (*names of persons 17 and over*) **at home now?** *If "Yes," ask:* **Could they join us?** (*Allow time*)

Read to respondent(s):

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

HOSPITAL PROBE

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

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

Ask for each child under one:

7a. Was –– born in a hospital? — 7a. 1 ☐ Yes 2 ☐ No (*NP*)

Ask for mother and child:

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

FOOTNOTES

FORM HIS-1 (10S-4) (8-9-83)

	2	3	4	5
	☐ SP ☐ Old age ☐ AF	☐ SP ☐ Old age ☐ AF	☐ SP ☐ Old age ☐ AF	☐ SP ☐ Old age ☐ AF
1.	First name / Age	First name / Age	First name / Age	First name / Age
	Last name / Sex 1 ☐ M 2 ☐ F	Last name / Sex 1 ☐ M 2 ☐ F	Last name / Sex 1 ☐ M 2 ☐ F	Last name / Sex 1 ☐ M 2 ☐ F
2.	Relationship	Relationship	Relationship	Relationship
3.	Date of birth Month / Date / Year	Date of birth Month / Date / Year	Date of birth Month / Date / Year	Date of birth Month / Date / Year
C1	HOSP. / WORK / RD / 2-WK. DV	HOSP. / WORK / RD / 2-WK. DV	HOSP. / WORK / RD / 2-WK. DV	HOSP. / WORK / RD / 2-WK. DV
	00 ☐ None / 1 ☐ Wa / ☐ Yes / 00 ☐ None	00 ☐ None / 1 ☐ Wa / ☐ Yes / 00 ☐ None	00 ☐ None / 1 ☐ Wa / ☐ Yes / 00 ☐ None	00 ☐ None / 1 ☐ Wa / ☐ Yes / 00 ☐ None
	Number / 2 ☐ Wb / ☐ No / Number	Number / 2 ☐ Wb / ☐ No / Number	Number / 2 ☐ Wb / ☐ No / Number	Number / 2 ☐ Wb / ☐ No / Number
C2	LA RA DV INJ. CL LTR HS COND.	LA RA DV INJ. CL LTR HS COND.	LA RA DV INJ. CL LTR HS COND.	LA RA DV INJ. CL LTR HS COND.
	LA RA DV INJ. CL LTR HS COND.	LA RA DV INJ. CL LTR HS COND.	LA RA DV INJ. CL LTR HS COND.	LA RA DV INJ. CL LTR HS COND.
	LA RA DV INJ. CL LTR HS COND.	LA RA DV INJ. CL LTR HS COND.	LA RA DV INJ. CL LTR HS COND.	LA RA DV INJ. CL LTR HS COND.
	LA RA DV INJ. CL LTR HS COND.	LA RA DV INJ. CL LTR HS COND.	LA RA DV INJ. CL LTR HS COND.	LA RA DV INJ. CL LTR HS COND.
	LA RA DV INJ. CL LTR HS COND.	LA RA DV INJ. CL LTR HS COND.	LA RA DV INJ. CL LTR HS COND.	LA RA DV INJ. CL LTR HS COND.
4d.	☐ Living at home ☐ Not living at home	☐ Living at home ☐ Not living at home	☐ Living at home ☐ Not living at home	☐ Living at home ☐ Not living at home
6a.	1 ☐ Yes 2 ☐ No *(Mark "HOSP." box, THEN NP)*	1 ☐ Yes 2 ☐ No *(Mark "HOSP." box, THEN NP)*	1 ☐ Yes 2 ☐ No *(Mark "HOSP." box, THEN NP)*	1 ☐ Yes 2 ☐ No *(Mark "HOSP." box, THEN NP)*
b.	Number of times } *(Make entry in "HOSP." box, THEN NP)*	Number of times } *(Make entry in "HOSP." box, THEN NP)*	Number of times } *(Make entry in "HOSP." box, THEN NP)*	Number of times } *(Make entry in "HOSP." box, THEN NP)*
7a.	1 ☐ Yes 2 ☐ No *(NP)*	1 ☐ Yes 2 ☐ No *(NP)*	1 ☐ Yes 2 ☐ No *(NP)*	1 ☐ Yes 2 ☐ No *(NP)*
b.	☐ Yes *(NP)* ☐ No *(Correct 6 and "HOSP." box)*	☐ Yes *(NP)* ☐ No *(Correct 6 and "HOSP." box)*	☐ Yes *(NP)* ☐ No *(Correct 6 and "HOSP." box)*	☐ Yes *(NP)* ☐ No *(Correct 6 and "HOSP." box)*

FOOTNOTES

FORM HIS-1 (1984) (8-9-83)

☐ SP ☐ Old age ☐ AF

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.)*

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

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

C2

LA	RA	DV	INJ.	CL LTR	HS	COND.

REFERENCE PERIODS

A1

2-WEEK PERIOD

12-MONTH DATE

13-MONTH HOSPITAL DATE

A2 ASK CONDITION LIST_____. Use Table _____ to determine Sample Person(s). *Mark "SP" box(es).*

B. LIMITATION OF ACTIVITIES PAGE

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

FORM HIS-1 (1984) (8-9-83)

	2	3	4	5
	☐ SP ☐ Old age ☐ AF	☐ SP ☐ Old age ☐ AF	☐ SP ☐ Old age ☐ AF	☐ SP ☐ Old age ☐ AF
1.	First name / Age	First name / Age	First name / Age	First name / Age
	Last name / Sex 1 ☐ M 2 ☐ F	Last name / Sex 1 ☐ M 2 ☐ F	Last name / Sex 1 ☐ M 2 ☐ F	Last name / Sex 1 ☐ M 2 ☐ F
2.	Relationship	Relationship	Relationship	Relationship
3.	Date of birth Month / Date / Year	Date of birth Month / Date / Year	Date of birth Month / Date / Year	Date of birth Month / Date / Year
C1	HOSP. 00 ☐ None Number; WORK 1 ☐ Wa 2 ☐ Wb; RD ☐ Yes ☐ No; 2-WK. DV 00 ☐ None Number	HOSP. 00 ☐ None Number; WORK 1 ☐ Wa 2 ☐ Wb; RD ☐ Yes ☐ No; 2-WK. DV 00 ☐ None Number	HOSP. 00 ☐ None Number; WORK 1 ☐ Wa 2 ☐ Wb; RD ☐ Yes ☐ No; 2-WK. DV 00 ☐ None Number	HOSP. 00 ☐ None Number; WORK 1 ☐ Wa 2 ☐ Wb; RD ☐ Yes ☐ No; 2-WK. DV 00 ☐ None Number
C2	LA RA DV INJ. CL LTR HS COND.	LA RA DV INJ. CL LTR HS COND.	LA RA DV INJ. CL LTR HS COND.	LA RA DV INJ. CL LTR HS COND.
	LA RA DV INJ. CL LTR HS COND.	LA RA DV INJ. CL LTR HS COND.	LA RA DV INJ. CL LTR HS COND.	LA RA DV INJ. CL LTR HS COND.
	LA RA DV INJ. CL LTR HS COND.	LA RA DV INJ. CL LTR HS COND.	LA RA DV INJ. CL LTR HS COND.	LA RA DV INJ. CL LTR HS COND.
	LA RA DV INJ. CL LTR HS COND.	LA RA DV INJ. CL LTR HS COND.	LA RA DV INJ. CL LTR HS COND.	LA RA DV INJ. CL LTR HS COND.
	LA RA DV INJ. CL LTR HS COND.	LA RA DV INJ. CL LTR HS COND.	LA RA DV INJ. CL LTR HS COND.	LA RA DV INJ. CL LTR HS COND.
B1	1 ☐ 18–69 *(1)* 2 ☐ Other *(NP)*	1 ☐ 18–69 *(1)* 2 ☐ Other *(NP)*	1 ☐ 18–69 *(1)* 2 ☐ Other *(NP)*	1 ☐ 18–69 *(1)* 2 ☐ Other *(NP)*
1.	1 ☐ Working *(2)* 2 ☐ Keeping house *(3)* 3 ☐ Going to school *(5)* 4 ☐ Something else *(5)*	1 ☐ Working *(2)* 2 ☐ Keeping house *(3)* 3 ☐ Going to school *(5)* 4 ☐ Something else *(5)*	1 ☐ Working *(2)* 2 ☐ Keeping house *(3)* 3 ☐ Going to school *(5)* 4 ☐ Something else *(5)*	1 ☐ Working *(2)* 2 ☐ Keeping house *(3)* 3 ☐ Going to school *(5)* 4 ☐ Something else *(5)*
2a.	1 ☐ Yes *(7)* ☐ No	1 ☐ Yes *(7)* ☐ No	1 ☐ Yes *(7)* ☐ No	1 ☐ Yes *(7)* ☐ No
b.	2 ☐ Yes *(7)* 3 ☐ No *(6)*	2 ☐ Yes *(7)* 3 ☐ No *(6)*	2 ☐ Yes *(7)* 3 ☐ No *(6)*	2 ☐ Yes *(7)* 3 ☐ No *(6)*
3a.	4 ☐ Yes *(4)* ☐ No	4 ☐ Yes *(4)* ☐ No	4 ☐ Yes *(4)* ☐ No	4 ☐ Yes *(4)* ☐ No
b.	5 ☐ Yes *(4)* 6 ☐ No *(5)*	5 ☐ Yes *(4)* 6 ☐ No *(5)*	5 ☐ Yes *(4)* 6 ☐ No *(5)*	5 ☐ Yes *(4)* 6 ☐ No *(5)*
4a.	*(Enter condition in C2, THEN 4b)* 1 ☐ Old age *(Mark "Old age" box, THEN 4c)*	*(Enter condition in C2, THEN 4b)* 1 ☐ Old age *(Mark "Old age" box, THEN 4c)*	*(Enter condition in C2, THEN 4b)* 1 ☐ Old age *(Mark "Old age" box, THEN 4c)*	*(Enter condition in C2, THEN 4b)* 1 ☐ Old age *(Mark "Old age" box, THEN 4c)*
b.	☐ Yes *(Reask 4a and b)* ☐ No *(4d)*	☐ Yes *(Reask 4a and b)* ☐ No *(4d)*	☐ Yes *(Reask 4a and b)* ☐ No *(4d)*	☐ Yes *(Reask 4a and b)* ☐ No *(4d)*
c.	☐ Yes *(Reask 4a and b)* ☐ No	☐ Yes *(Reask 4a and b)* ☐ No	☐ Yes *(Reask 4a and b)* ☐ No	☐ Yes *(Reask 4a and b)* ☐ No
d.	☐ Only 1 condition Main cause	☐ Only 1 condition Main cause	☐ Only 1 condition Main cause	☐ Only 1 condition Main cause
5a.	1 ☐ Yes *(7)* ☐ No	1 ☐ Yes *(7)* ☐ No	1 ☐ Yes *(7)* ☐ No	1 ☐ Yes *(7)* ☐ No
b.	2 ☐ Yes *(7)* 3 ☐ No	2 ☐ Yes *(7)* 3 ☐ No	2 ☐ Yes *(7)* 3 ☐ No	2 ☐ Yes *(7)* 3 ☐ No
B2	1 ☐ "Yes" in 3a or 3b *(NP)* 2 ☐ Other *(6)*	1 ☐ "Yes" in 3a or 3b *(NP)* 2 ☐ Other *(6)*	1 ☐ "Yes" in 3a or 3b *(NP)* 2 ☐ Other *(6)*	1 ☐ "Yes" in 3a or 3b *(NP)* 2 ☐ Other *(6)*
6a.	1 ☐ Yes 2 ☐ No *(NP)*	1 ☐ Yes 2 ☐ No *(NP)*	1 ☐ Yes 2 ☐ No *(NP)*	1 ☐ Yes 2 ☐ No *(NP)*
b.	Limitation	Limitation	Limitation	Limitation
7a.	*(Enter condition in C2, THEN 7b)* 1 ☐ Old age *(Mark "Old age" box, THEN 7c)*	*(Enter condition in C2, THEN 7b)* 1 ☐ Old age *(Mark "Old age" box, THEN 7c)*	*(Enter condition in C2, THEN 7b)* 1 ☐ Old age *(Mark "Old age" box, THEN 7c)*	*(Enter condition in C2, THEN 7b)* 1 ☐ Old age *(Mark "Old age" box, THEN 7c)*
b.	☐ Yes *(Reask 7a and b)* ☐ No *(7d)*	☐ Yes *(Reask 7a and b)* ☐ No *(7d)*	☐ Yes *(Reask 7a and b)* ☐ No *(7d)*	☐ Yes *(Reask 7a and b)* ☐ No *(7d)*
c.	☐ Yes *(Reask 7a and b)* ☐ No	☐ Yes *(Reask 7a and b)* ☐ No	☐ Yes *(Reask 7a and b)* ☐ No	☐ Yes *(Reask 7a and b)* ☐ No
d.	☐ Only 1 condition Main cause	☐ Only 1 condition Main cause	☐ Only 1 condition Main cause	☐ Only 1 condition Main cause

FORM HIS-1 (1984) (8-9-83)

☐ SP ☐ Old age ☐ AF

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.*)

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

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

C2

LA	RA	DV	INJ.	CL LTR	HS	COND.

A1 REFERENCE PERIODS

2-WEEK PERIOD

12-MONTH DATE

13-MONTH HOSPITAL DATE

A2 ASK CONDITION LIST_____. Use Table _____ to determine Sample Person(s). *Mark "SP" box(es).*

B. LIMITATION OF ACTIVITIES PAGE, Continued

B3 *Refer to age.*

B3: 0 ☐ Under 5 (*10*) 1 ☐ 5–17 (*11*) 2 ☐ 18–69 (*NP*) 3 ☐ 70 and over (*8*)

8. What was –– doing MOST OF THE PAST 12 MONTHS; working at a job or business, keeping house, going to school, or something else?
Priority if 2 or more activities reported: (1) Spent the most time doing; (2) Considers the most important.
8. 1 ☐ Working 2 ☐ Keeping house 3 ☐ Going to school 4 ☐ Something else

9a. Because of any impairment or health problem, does –– need the help of other persons with –– personal care needs, such as eating, bathing, dressing, or getting around this home?
9a. 1 ☐ Yes (*13*) ☐ No

b. Because of any impairment or health problem, does –– need the help of other persons in handling –– routine needs, such as everyday household chores, doing necessary business, shopping, or getting around for other purposes?
b. 2 ☐ Yes (*13*) 3 ☐ No (*12*)

10a. Is –– able to take part AT ALL in the usual kinds of play activities done by most children –– age?
10a. ☐ Yes 0 ☐ No (*13*)

b. Is –– limited in the kind OR amount of play activities –– can do because of any impairment or health problem?
b. 1 ☐ Yes (*13*) 2 ☐ No (*12*)

11a. Does any impairment or health problem NOW keep –– from attending school?
11a. 1 ☐ Yes (*13*) ☐ No

b. Does –– attend a special school or special classes because of any impairment or health problem?
b. 2 ☐ Yes (*13*) ☐ No

c. Does –– need to attend a special school or special classes because of any impairment or health problem?
c. 3 ☐ Yes (*13*) ☐ No

d. Is –– limited in school attendance because of –– health?
d. 4 ☐ Yes (*13*) 5 ☐ No

12a. Is –– limited in ANY WAY in any activities because of an impairment or health problem?
12a. 1 ☐ Yes 2 ☐ No (*NP*)

b. In what way is –– limited? *Record limitation, not condition.*
b. _____ Limitation

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

b. Besides (*condition*) is there any other condition that causes this limitation?
b. ☐ Yes (*Reask 13a and b*) ☐ No (*13d*)

c. Is this limitation caused by any (other) specific condition?
c. ☐ Yes (*Reask 13a and b*) ☐ No

Mark box if only one condition.
d. Which of these conditions would you say is the MAIN cause of this limitation?
d. ☐ Only 1 condition _____ Main cause

FOOTNOTES

FORM HIS-1 (1984) (8-9-83)

	2	3	4	5
	☐ SP ☐ Old age ☐ AF	☐ SP ☐ Old age ☐ AF	☐ SP ☐ Old age ☐ AF	☐ SP ☐ Old age ☐ AF
1.	First name / Age	First name / Age	First name / Age	First name / Age
	Last name / Sex 1 ☐ M 2 ☐ F	Last name / Sex 1 ☐ M 2 ☐ F	Last name / Sex 1 ☐ M 2 ☐ F	Last name / Sex 1 ☐ M 2 ☐ F
2.	Relationship	Relationship	Relationship	Relationship
3.	Date of birth Month / Date / Year	Date of birth Month / Date / Year	Date of birth Month / Date / Year	Date of birth Month / Date / Year
C1	HOSP. 00 ☐ None Number; WORK 1 ☐ Wa 2 ☐ Wb; RD ☐ Yes ☐ No; 2-WK. DV 00 ☐ None Number	HOSP. 00 ☐ None Number; WORK 1 ☐ Wa 2 ☐ Wb; RD ☐ Yes ☐ No; 2-WK. DV 00 ☐ None Number	HOSP. 00 ☐ None Number; WORK 1 ☐ Wa 2 ☐ Wb; RD ☐ Yes ☐ No; 2-WK. DV 00 ☐ None Number	HOSP. 00 ☐ None Number; WORK 1 ☐ Wa 2 ☐ Wb; RD ☐ Yes ☐ No; 2-WK. DV 00 ☐ None Number
C2	LA RA DV INJ. CL LTR HS COND.	LA RA DV INJ. CL LTR HS COND.	LA RA DV INJ. CL LTR HS COND.	LA RA DV INJ. CL LTR HS COND.
	LA RA DV INJ. CL LTR HS COND.	LA RA DV INJ. CL LTR HS COND.	LA RA DV INJ. CL LTR HS COND.	LA RA DV INJ. CL LTR HS COND.
	LA RA DV INJ. CL LTR HS COND.	LA RA DV INJ. CL LTR HS COND.	LA RA DV INJ. CL LTR HS COND.	LA RA DV INJ. CL LTR HS COND.
	LA RA DV INJ. CL LTR HS COND.	LA RA DV INJ. CL LTR HS COND.	LA RA DV INJ. CL LTR HS COND.	LA RA DV INJ. CL LTR HS COND.
	LA RA DV INJ. CL LTR HS COND.	LA RA DV INJ. CL LTR HS COND.	LA RA DV INJ. CL LTR HS COND.	LA RA DV INJ. CL LTR HS COND.
B3	0 ☐ Under 5 *(10)* 1 ☐ 5–17 *(11)* 2 ☐ 18–69 *(NP)* 3 ☐ 70 and over *(8)*	0 ☐ Under 5 *(10)* 1 ☐ 5–17 *(11)* 2 ☐ 18–69 *(NP)* 3 ☐ 70 and over *(8)*	0 ☐ Under 5 *(10)* 1 ☐ 5–17 *(11)* 2 ☐ 18–69 *(NP)* 3 ☐ 70 and over *(8)*	0 ☐ Under 5 *(10)* 1 ☐ 5–17 *(11)* 2 ☐ 18–69 *(NP)* 3 ☐ 70 and over *(8)*
8.	1 ☐ Working 2 ☐ Keeping house 3 ☐ Going to school 4 ☐ Something else	1 ☐ Working 2 ☐ Keeping house 3 ☐ Going to school 4 ☐ Something else	1 ☐ Working 2 ☐ Keeping house 3 ☐ Going to school 4 ☐ Something else	1 ☐ Working 2 ☐ Keeping house 3 ☐ Going to school 4 ☐ Something else
9a.	1 ☐ Yes *(13)* ☐ No	1 ☐ Yes *(13)* ☐ No	1 ☐ Yes *(13)* ☐ No	1 ☐ Yes *(13)* ☐ No
b.	2 ☐ Yes *(13)* 3 ☐ No *(12)*	2 ☐ Yes *(13)* 3 ☐ No *(12)*	2 ☐ Yes *(13)* 3 ☐ No *(12)*	2 ☐ Yes *(13)* 3 ☐ No *(12)*
10a.	☐ Yes 0 ☐ No *(13)*	☐ Yes 0 ☐ No *(13)*	☐ Yes 0 ☐ No *(13)*	☐ Yes 0 ☐ No *(13)*
b.	1 ☐ Yes *(13)* 2 ☐ No *(12)*	1 ☐ Yes *(13)* 2 ☐ No *(12)*	1 ☐ Yes *(13)* 2 ☐ No *(12)*	1 ☐ Yes *(13)* 2 ☐ No *(12)*
11a.	1 ☐ Yes *(13)* ☐ No	1 ☐ Yes *(13)* ☐ No	1 ☐ Yes *(13)* ☐ No	1 ☐ Yes *(13)* ☐ No
b.	2 ☐ Yes *(13)* ☐ No	2 ☐ Yes *(13)* ☐ No	2 ☐ Yes *(13)* ☐ No	2 ☐ Yes *(13)* ☐ No
c.	3 ☐ Yes *(13)* ☐ No	3 ☐ Yes *(13)* ☐ No	3 ☐ Yes *(13)* ☐ No	3 ☐ Yes *(13)* ☐ No
d.	4 ☐ Yes *(13)* 5 ☐ No	4 ☐ Yes *(13)* 5 ☐ No	4 ☐ Yes *(13)* 5 ☐ No	4 ☐ Yes *(13)* 5 ☐ No
12a.	1 ☐ Yes 2 ☐ No *(NP)*	1 ☐ Yes 2 ☐ No *(NP)*	1 ☐ Yes 2 ☐ No *(NP)*	1 ☐ Yes 2 ☐ No *(NP)*
b.	Limitation	Limitation	Limitation	Limitation
13a.	*(Enter condition in C2, THEN 13b)* 1 ☐ Old age *(Mark "Old age" box, THEN 13c)*	*(Enter condition in C2, THEN 13b)* 1 ☐ Old age *(Mark "Old age" box, THEN 13c)*	*(Enter condition in C2, THEN 13b)* 1 ☐ Old age *(Mark "Old age" box, THEN 13c)*	*(Enter condition in C2, THEN 13b)* 1 ☐ Old age *(Mark "Old age" box, THEN 13c)*
b.	☐ Yes *(Reask 13a and b)* ☐ No *(13d)*	☐ Yes *(Reask 13a and b)* ☐ No *(13d)*	☐ Yes *(Reask 13a and b)* ☐ No *(13d)*	☐ Yes *(Reask 13a and b)* ☐ No *(13d)*
c.	☐ Yes *(Reask 13a and b)* ☐ No	☐ Yes *(Reask 13a and b)* ☐ No	☐ Yes *(Reask 13a and b)* ☐ No	☐ Yes *(Reask 13a and b)* ☐ No
d.	☐ Only 1 condition	☐ Only 1 condition	☐ Only 1 condition	☐ Only 1 condition
	Main cause	Main cause	Main cause	Main cause

FOOTNOTES

FORM HIS-1 (1984) (8-9-83)

☐ SP ☐ Old age ☐ AF

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_____. Use Table _____ to determine Sample Person(s).** *Mark "SP" box(es).*

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

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

C2

LA	RA	DV	INJ.	CL LTR	HS	COND.

B. LIMITATION OF ACTIVITIES PAGE, Continued

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

14a. Because of any impairment or health problem, does -- need the help of other persons with -- personal care needs, such as eating, bathing, dressing, or getting around this home? — 14a. 1 ☐ Yes *(15)* ☐ No

If under 18, skip to next person; otherwise ask:

b. Because of any impairment or health problem, does -- need the help of other persons in handling -- routine needs, such as everyday household chores, doing necessary business, shopping, or getting around for other purposes? — b. 2 ☐ Yes 3 ☐ No *(NP)*

15a. What (other) condition causes this? — 15a. *(Enter condition in C2, THEN 15b)* 1 ☐ Old age *(Mark "Old age" box, THEN 15c)*

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.

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. ☐ Only 1 condition

d. Which of these conditions would you say is the MAIN cause of this limitation? — _____ Main cause

FOOTNOTES

FORM HIS-1 (1984) (8-9-83)

	2	3	4	5
	☐ SP ☐ Old age ☐ AF	☐ SP ☐ Old age ☐ AF	☐ SP ☐ Old age ☐ AF	☐ SP ☐ Old age ☐ AF
1.	First name / Age	First name / Age	First name / Age	First name / Age
	Last name / Sex 1 ☐ M 2 ☐ F	Last name / Sex 1 ☐ M 2 ☐ F	Last name / Sex 1 ☐ M 2 ☐ F	Last name / Sex 1 ☐ M 2 ☐ F
2.	Relationship	Relationship	Relationship	Relationship
3.	Date of birth Month / Date / Year	Date of birth Month / Date / Year	Date of birth Month / Date / Year	Date of birth Month / Date / Year
C1	HOSP. 00 ☐ None / Number; WORK 1 ☐ Wa 2 ☐ Wb; RD ☐ Yes ☐ No; 2-WK. DV 00 ☐ None / Number	HOSP. 00 ☐ None / Number; WORK 1 ☐ Wa 2 ☐ Wb; RD ☐ Yes ☐ No; 2-WK. DV 00 ☐ None / Number	HOSP. 00 ☐ None / Number; WORK 1 ☐ Wa 2 ☐ Wb; RD ☐ Yes ☐ No; 2-WK. DV 00 ☐ None / Number	HOSP. 00 ☐ None / Number; WORK 1 ☐ Wa 2 ☐ Wb; RD ☐ Yes ☐ No; 2-WK. DV 00 ☐ None / Number
C2	LA RA DV INJ. CL LTR HS COND.	LA RA DV INJ. CL LTR HS COND.	LA RA DV INJ. CL LTR HS COND.	LA RA DV INJ. CL LTR HS COND.
	LA RA DV INJ. CL LTR HS COND.	LA RA DV INJ. CL LTR HS COND.	LA RA DV INJ. CL LTR HS COND.	LA RA DV INJ. CL LTR HS COND.
	LA RA DV INJ. CL LTR HS COND.	LA RA DV INJ. CL LTR HS COND.	LA RA DV INJ. CL LTR HS COND.	LA RA DV INJ. CL LTR HS COND.
	LA RA DV INJ. CL LTR HS COND.	LA RA DV INJ. CL LTR HS COND.	LA RA DV INJ. CL LTR HS COND.	LA RA DV INJ. CL LTR HS COND.
	LA RA DV INJ. CL LTR HS COND.	LA RA DV INJ. CL LTR HS COND.	LA RA DV INJ. CL LTR HS COND.	LA RA DV INJ. CL LTR HS COND.
B4	0 ☐ Under 5 *(NP)* 1 ☐ 5–59 *(B5)* 2 ☐ 60–69 *(14)* 3 ☐ 70 and over *(NP)*	0 ☐ Under 5 *(NP)* 1 ☐ 5–59 *(B5)* 2 ☐ 60–69 *(14)* 3 ☐ 70 and over *(NP)*	0 ☐ Under 5 *(NP)* 1 ☐ 5–59 *(B5)* 2 ☐ 60–69 *(14)* 3 ☐ 70 and over *(NP)*	0 ☐ Under 5 *(NP)* 1 ☐ 5–59 *(B5)* 2 ☐ 60–69 *(14)* 3 ☐ 70 and over *(NP)*
B5	☐ "Old age" box marked *(14)* ☐ Entry in "LA" box *(14)* ☐ Other *(NP)*	☐ "Old age" box marked *(14)* ☐ Entry in "LA" box *(14)* ☐ Other *(NP)*	☐ "Old age" box marked *(14)* ☐ Entry in "LA" box *(14)* ☐ Other *(NP)*	☐ "Old age" box marked *(14)* ☐ Entry in "LA" box *(14)* ☐ Other *(NP)*
14a.	1 ☐ Yes *(15)* ☐ No	1 ☐ Yes *(15)* ☐ No	1 ☐ Yes *(15)* ☐ No	1 ☐ Yes *(15)* ☐ No
b.	2 ☐ Yes 3 ☐ No *(NP)*	2 ☐ Yes 3 ☐ No *(NP)*	2 ☐ Yes 3 ☐ No *(NP)*	2 ☐ Yes 3 ☐ No *(NP)*
15a.	*(Enter condition in C2, THEN 15b)* 1 ☐ Old age *(Mark "Old age" box, THEN 15c)*	*(Enter condition in C2, THEN 15b)* 1 ☐ Old age *(Mark "Old age" box, THEN 15c)*	*(Enter condition in C2, THEN 15b)* 1 ☐ Old age *(Mark "Old age" box, THEN 15c)*	*(Enter condition in C2, THEN 15b)* 1 ☐ Old age *(Mark "Old age" box, THEN 15c)*
b.	☐ Yes *(Reask 15a and b)* ☐ No *(15d)*	☐ Yes *(Reask 15a and b)* ☐ No *(15d)*	☐ Yes *(Reask 15a and b)* ☐ No *(15d)*	☐ Yes *(Reask 15a and b)* ☐ No *(15d)*
c.	☐ Yes *(Reask 15a and b)* ☐ No	☐ Yes *(Reask 15a and b)* ☐ No	☐ Yes *(Reask 15a and b)* ☐ No	☐ Yes *(Reask 15a and b)* ☐ No
d.	☐ Only 1 condition	☐ Only 1 condition	☐ Only 1 condition	☐ Only 1 condition
	Main cause	Main cause	Main cause	Main cause

FOOTNOTES

FORM HIS-1 (1984) (8-9-83)

☐ SP ☐ Old age ☐ AF

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?

Probe if necessary:

Does -- usually live somewhere else?

☐ Yes (2)
☐ No (*APPLY HOUSEHOLD MEMBERSHIP RULES. Delete nonhousehold members by an "X" from 1–C2 and enter reason.*)

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.*)

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

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

C2

LA	RA	DV	INJ.	CL LTR	HS	COND.

REFERENCE PERIODS

A1

2-WEEK PERIOD

12-MONTH DATE

13-MONTH HOSPITAL DATE

A2

ASK CONDITION LIST_____. Use Table _____ to determine Sample Person(s). *Mark "SP" box(es).*

D. RESTRICTED ACTIVITY PAGE PERSON 1

Hand calendar.

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

D1

Refer to age.

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

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

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

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

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

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

☐ Yes 00 ☐ No (4)

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

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

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

☐ Yes 00 ☐ No (4)

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

00 ☐ None No. of school-loss days _____

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

☐ Yes 00 ☐ No (6)

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

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

D2

Refer to 2b and 3b.

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

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

00 ☐ None _____ No. of days

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

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

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

☐ Yes 00 ☐ No (D3)

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

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

00 ☐ None No. of cut-down days _____

D3

Refer to 2–6.

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

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

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

(*Enter condition in C2, THEN 7b*)

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

1 ☐ Yes (*Reask 7a and b*) 2 ☐ No

FOOTNOTES

FORM HIS-1 (1984) (8-9-83)

	2	3	4	5
	☐ SP ☐ Old age ☐ AF	☐ SP ☐ Old age ☐ AF	☐ SP ☐ Old age ☐ AF	☐ SP ☐ Old age ☐ AF
1. First name / Age				
Last name / Sex 1 ☐ M 2 ☐ F				
2. Relationship				
3. Date of birth Month / Date / Year				
C1 HOSP.	00 ☐ None / Number	00 ☐ None / Number	00 ☐ None / Number	00 ☐ None / Number
C1 WORK	1 ☐ Wa 2 ☐ Wb	1 ☐ Wa 2 ☐ Wb	1 ☐ Wa 2 ☐ Wb	1 ☐ Wa 2 ☐ Wb
C1 RD	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
C1 2-WK. DV	00 ☐ None / Number	00 ☐ None / Number	00 ☐ None / Number	00 ☐ None / Number
C2	LA RA DV INJ CL LTR HS COND	LA RA DV INJ CL LTR HS COND	LA RA DV INJ CL LTR HS COND	LA RA DV INJ CL LTR HS COND
	LA RA DV INJ CL LTR HS COND	LA RA DV INJ CL LTR HS COND	LA RA DV INJ CL LTR HS COND	LA RA DV INJ CL LTR HS COND
	LA RA DV INJ CL LTR HS COND	LA RA DV INJ CL LTR HS COND	LA RA DV INJ CL LTR HS COND	LA RA DV INJ CL LTR HS COND
	LA RA DV INJ CL LTR HS COND	LA RA DV INJ CL LTR HS COND	LA RA DV INJ CL LTR HS COND	LA RA DV INJ CL LTR HS COND
	LA RA DV INJ CL LTR HS COND	LA RA DV INJ CL LTR HS COND	LA RA DV INJ CL LTR HS COND	LA RA DV INJ CL LTR HS COND

D. RESTRICTED ACTIVITY PAGE PERSON 2

Hand calendar.

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

D1 *Refer to age.*

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

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

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

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

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

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

☐ Yes 00 ☐ No *(4)*

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

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

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

☐ Yes 00 ☐ No *(4)*

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

00 ☐ None No. of school-loss days _____

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

☐ Yes 00 ☐ No *(6)*

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

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

D2 *Refer to 2b and 3b.*

☐ No days in 2b or 3b *(6)*

☐ 1 or more days in 2b or 3b *(5)*

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

00 ☐ None _____ No. of days

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

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

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

☐ Yes 00 ☐ No *(D3)*

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

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

00 ☐ None No. of cut-down days _____

D3 *Refer to 2–6.*

☐ No days in 2–6 *(Mark "No" in RD, THEN NP)*

☐ 1 or more days in 2–6 *(Mark "Yes" in RD, THEN 7)*

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

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

(Enter condition in C2, THEN 7b)

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

1 ☐ Yes *(Reask 7a and b)* 2 ☐ No

FOOTNOTES

FORM HIS-1 (1984) (8-9-83)

☐ SP ☐ Old age ☐ AF

A. HOUSEHOLD COMPOSITION PAGE

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.*)

A1 REFERENCE PERIODS

2-WEEK PERIOD

12-MONTH DATE

13-MONTH HOSPITAL DATE

A2 ASK CONDITION LIST____. Use Table ____ to determine Sample Person(s). *Mark "SP" box(es).*

1

1. First name | Age
Last name | Sex 1 ☐ M 2 ☐ F

2. Relationship REFERENCE PERSON

3. Date of birth Month | Date | Year

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

C2

LA	RA	DV	INJ.	CL LTR	HS	COND.

D. RESTRICTED ACTIVITY PAGE PERSON 3

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?

1 ☐ Yes 00 ☐ No (*4*)

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

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

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

☐ Yes 00 ☐ No (*4*)

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

00 ☐ None No. of school-loss days ____

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

☐ Yes 00 ☐ No (*6*)

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

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

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

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

00 ☐ None ____ No. of days

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

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

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

☐ Yes 00 ☐ No (*D3*)

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

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

00 ☐ None No. of cut-down days ____

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

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

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

(*Enter condition in C2, THEN 7b*)

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

1 ☐ Yes (*Reask 7a and b*) 2 ☐ No

FOOTNOTES

FORM HIS-1 (1984) (8-9-83)

	2	3	4	5
	☐ SP ☐ Old age ☐ AF	☐ SP ☐ Old age ☐ AF	☐ SP ☐ Old age ☐ AF	☐ SP ☐ Old age ☐ AF
1. First name / Age				
Last name / Sex 1 ☐ M 2 ☐ F				
2. Relationship				
3. Date of birth Month / Date / Year				
C1 HOSP.	00 ☐ None / Number	00 ☐ None / Number	00 ☐ None / Number	00 ☐ None / Number
WORK	1 ☐ Wa 2 ☐ Wb	1 ☐ Wa 2 ☐ Wb	1 ☐ Wa 2 ☐ Wb	1 ☐ Wa 2 ☐ Wb
RD	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
2-WK. DV	00 ☐ None / Number	00 ☐ None / Number	00 ☐ None / Number	00 ☐ None / Number
C2	LA RA DV INJ. CL LTR HS COND.	LA RA DV INJ. CL LTR HS COND.	LA RA DV INJ. CL LTR HS COND.	LA RA DV INJ. CL LTR HS COND.
	LA RA DV INJ. CL LTR HS COND.	LA RA DV INJ. CL LTR HS COND.	LA RA DV INJ. CL LTR HS COND.	LA RA DV INJ. CL LTR HS COND.
	LA RA DV INJ. CL LTR HS COND.	LA RA DV INJ. CL LTR HS COND.	LA RA DV INJ. CL LTR HS COND.	LA RA DV INJ. CL LTR HS COND.
	LA RA DV INJ. CL LTR HS COND.	LA RA DV INJ. CL LTR HS COND.	LA RA DV INJ. CL LTR HS COND.	LA RA DV INJ. CL LTR HS COND.
	LA RA DV INJ. CL LTR HS COND.	LA RA DV INJ. CL LTR HS COND.	LA RA DV INJ. CL LTR HS COND.	LA RA DV INJ. CL LTR HS COND.

D. RESTRICTED ACTIVITY PAGE PERSON 4

Hand calendar.

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

D1 *Refer to age.*

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

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

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

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

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

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

☐ Yes 00 ☐ No *(4)*

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

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

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

☐ Yes 00 ☐ No *(4)*

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

00 ☐ None No. of school-loss days _____

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

☐ Yes 00 ☐ No *(6)*

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

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

D2 *Refer to 2b and 3b.*

☐ No days in 2b or 3b *(6)*

☐ 1 or more days in 2b or 3b *(5)*

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

00 ☐ None _____ No. of days

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

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

☐ Yes 00 ☐ No *(D3)*

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

00 ☐ None No. of cut-down days _____

D3 *Refer to 2–6.*

☐ No days in 2–6 *(Mark "No" in RD, THEN NP)*

☐ 1 or more days in 2–6 *(Mark "Yes" in RD, THEN 7)*

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

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

(Enter condition in C2, THEN 7b)

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

1 ☐ Yes *(Reask 7a and b)* 2 ☐ No

FOOTNOTES

FORM HIS-1 (1984) (8-9-83)

☐ SP ☐ Old age ☐ AF

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.*)

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

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

C2

LA	RA	DV	INJ.	CL LTR	HS	COND.

A1 REFERENCE PERIODS

2-WEEK PERIOD

12-MONTH DATE

13-MONTH HOSPITAL DATE

A2 ASK CONDITION LIST_____. Use Table _____ to determine Sample Person(s). *Mark "SP" box(es).*

D. RESTRICTED ACTIVITY PAGE PERSON 5

Hand calendar.

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

D1 *Refer to age.*

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

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

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

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

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

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

☐ Yes 00 ☐ No (4)

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

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

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

☐ Yes 00 ☐ No (4)

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

00 ☐ None No. of school-loss days

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

☐ Yes 00 ☐ No (6)

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

00 ☐ None (6) No. of bed days (D2)

D2 *Refer to 2b and 3b.*

☐ No days in 2b or 3b (6)

☐ 1 or more days in 2b or 3b (5)

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

00 ☐ None No. of days

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

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

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

☐ Yes 00 ☐ No (D3)

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

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

00 ☐ None No. of cut-down days

D3 *Refer to 2–6.*

☐ No days in 2–6 (*Mark "No" in RD, THEN NP*)

☐ 1 or more days in 2–6 (*Mark "Yes" in RD, THEN 7*)

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

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

(*Enter condition in C2, THEN 7b*)

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

1 ☐ Yes (*Reask 7a and b*) 2 ☐ No

FOOTNOTES

FORM HIS-1 (1984) (8-9-83)

2	3	4	5
☐ SP ☐ Old age ☐ AF	☐ SP ☐ Old age ☐ AF	☐ SP ☐ Old age ☐ AF	☐ SP ☐ Old age ☐ AF
1. First name / Age	First name / Age	1. First name / Age	First name / Age
Last name / Sex 1 ☐ M 2 ☐ F	Last name / Sex 1 ☐ M 2 ☐ F	Last name / Sex 1 ☐ M 2 ☐ F	Last name / Sex 1 ☐ M 2 ☐ F
2. Relationship	Relationship	2. Relationship	Relationship
3. Date of birth Month / Date / Year	Date of birth Month / Date / Year	3. Date of birth Month / Date / Year	Date of birth Month / Date / Year
C1 HOSP. 00 ☐ None Number	C1 HOSP. 00 ☐ None Number	C1 HOSP. 00 ☐ None Number	C1 HOSP. 00 ☐ None Number
WORK 1 ☐ Wa 2 ☐ Wb	WORK 1 ☐ Wa 2 ☐ Wb	WORK 1 ☐ Wa 2 ☐ Wb	WORK 1 ☐ Wa 2 ☐ Wb
RD ☐ Yes ☐ No	RD ☐ Yes ☐ No	RD ☐ Yes ☐ No	RD ☐ Yes ☐ No
2-WK. DV 00 ☐ None Number	2-WK. DV 00 ☐ None Number	2-WK. DV 00 ☐ None Number	2-WK. DV 00 ☐ None Number
C2 LA RA DV INJ. CL LTR HS COND.	C2 LA RA DV INJ. CL LTR HS COND.	C2 LA RA DV INJ. CL LTR HS COND.	C2 LA RA DV INJ. CL LTR HS COND.
LA RA DV INJ. CL LTR HS COND.	LA RA DV INJ. CL LTR HS COND.	LA RA DV INJ. CL LTR HS COND.	LA RA DV INJ. CL LTR HS COND.
LA RA DV INJ. CL LTR HS COND.	LA RA DV INJ. CL LTR HS COND.	LA RA DV INJ. CL LTR HS COND.	LA RA DV INJ. CL LTR HS COND.
LA RA DV INJ. CL LTR HS COND.	LA RA DV INJ. CL LTR HS COND.	LA RA DV INJ. CL LTR HS COND.	LA RA DV INJ. CL LTR HS COND.
LA RA DV INJ. CL LTR HS COND.	LA RA DV INJ. CL LTR HS COND.	LA RA DV INJ. CL LTR HS COND.	LA RA DV INJ. CL LTR HS COND.

FOOTNOTES

FORM HIS-1 (1984) (8-9-83)

☐ SP ☐ Old age ☐ AF

A. HOUSEHOLD COMPOSITION PAGE

1

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

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

C2

LA	RA	DV	INJ.	CL	LTR	HS	COND.

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.)*

A1 REFERENCE PERIODS

2-WEEK PERIOD

12-MONTH DATE

13-MONTH HOSPITAL DATE

A2 **ASK CONDITION LIST_____. Use Table _____ to determine Sample Person(s).** *Mark "SP" box(es).*

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

FORM HIS-1 (1984) (8-9-83)

	2	3	4	5
	☐ SP ☐ Old age ☐ AF	☐ SP ☐ Old age ☐ AF	☐ SP ☐ Old age ☐ AF	☐ SP ☐ Old age ☐ AF
1.	First name / Age	First name / Age	First name / Age	First name / Age
	Last name / Sex 1 ☐ M 2 ☐ F	Last name / Sex 1 ☐ M 2 ☐ F	Last name / Sex 1 ☐ M 2 ☐ F	Last name / Sex 1 ☐ M 2 ☐ F
2.	Relationship	Relationship	Relationship	Relationship
3.	Date of birth Month / Date / Year	Date of birth Month / Date / Year	Date of birth Month / Date / Year	Date of birth Month / Date / Year
C1	HOSP. / WORK / RD / 2-WK. DV	HOSP. / WORK / RD / 2-WK. DV	HOSP. / WORK / RD / 2-WK. DV	HOSP. / WORK / RD / 2-WK. DV
	00 ☐ None / Number; 1 ☐ Wa 2 ☐ Wb; ☐ Yes ☐ No; 00 ☐ None / Number	00 ☐ None / Number; 1 ☐ Wa 2 ☐ Wb; ☐ Yes ☐ No; 00 ☐ None / Number	00 ☐ None / Number; 1 ☐ Wa 2 ☐ Wb; ☐ Yes ☐ No; 00 ☐ None / Number	00 ☐ None / Number; 1 ☐ Wa 2 ☐ Wb; ☐ Yes ☐ No; 00 ☐ None / Number
C2	LA / RA / DV / INJ. / CL LTR / HS / COND.	LA / RA / DV / INJ. / CL LTR / HS / COND.	LA / RA / DV / INJ. / CL LTR / HS / COND.	LA / RA / DV / INJ. / CL LTR / HS / COND.
	LA / RA / DV / INJ. / CL LTR / HS / COND.	LA / RA / DV / INJ. / CL LTR / HS / COND.	LA / RA / DV / INJ. / CL LTR / HS / COND.	LA / RA / DV / INJ. / CL LTR / HS / COND.
	LA / RA / DV / INJ. / CL LTR / HS / COND.	LA / RA / DV / INJ. / CL LTR / HS / COND.	LA / RA / DV / INJ. / CL LTR / HS / COND.	LA / RA / DV / INJ. / CL LTR / HS / COND.
	LA / RA / DV / INJ. / CL LTR / HS / COND.	LA / RA / DV / INJ. / CL LTR / HS / COND.	LA / RA / DV / INJ. / CL LTR / HS / COND.	LA / RA / DV / INJ. / CL LTR / HS / COND.
	LA / RA / DV / INJ. / CL LTR / HS / COND.	LA / RA / DV / INJ. / CL LTR / HS / COND.	LA / RA / DV / INJ. / CL LTR / HS / COND.	LA / RA / DV / INJ. / CL LTR / HS / COND.
E1	☐ Under 14 *(1b)* ☐ 14 and over *(1a)*	☐ Under 14 *(1b)* ☐ 14 and over *(1a)*	☐ Under 14 *(1b)* ☐ 14 and over *(1a)*	☐ Under 14 *(1b)* ☐ 14 and over *(1a)*
1a. and b.	00 ☐ None; Number of times *(NP)*	00 ☐ None; Number of times *(NP)*	00 ☐ None; Number of times *(NP)*	00 ☐ None; Number of times *(NP)*
2b.	☐ DR Visit	☐ DR Visit	☐ DR Visit	☐ DR Visit
d.	Number of times	Number of times	Number of times	Number of times
3b.	☐ Phone call	☐ Phone call	☐ Phone call	☐ Phone call
d.	Number of calls	Number of calls	Number of calls	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

FORM HIS-1 (1984) (8-9-83)

☐ SP ☐ Old age ☐ AF

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.*)

1.	First name				Age
	Last name				Sex 1 ☐ M 2 ☐ F
2.	Relationship REFERENCE PERSON				
3.	Date of birth Month	Date	Year		
C1	HOSP. 00 ☐ None Number	WORK 1 ☐ Wa 2 ☐ Wb	RD ☐ Yes ☐ No	2-WK. DV 00 ☐ None Number	
C2	LA RA DV INJ. CL LTR HS COND.				
	LA RA DV INJ. CL LTR HS COND.				
	LA RA DV INJ. CL LTR HS COND.				
	LA RA DV INJ. CL LTR HS COND.				
	LA RA DV INJ. CL LTR HS COND.				

REFERENCE PERIODS

A1
- 2-WEEK PERIOD
- 12-MONTH DATE
- 13-MONTH HOSPITAL DATE

A2 ASK CONDITION LIST_____. Use Table _____ to determine Sample Person(s). *Mark "SP" box(es).*

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?	1a. and b.	Month ____ Date ____ OR 7777 ☐ Last week 8888 ☐ Week before
b. On what (other) date(s) during those 2 weeks did anyone see or talk to a medical doctor, nurse, or doctor's assistant about ––?		
Ask after last DR visit column for this person: c. Were there any other visits or calls for ––during that period? *Make necessary correction to 2-WK.DV box in C1.*	c.	1 ☐ Yes (*Reask 1a or b and c*) 2 ☐ No (*Ask 2–5 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 (*Next DR visit*), 88 ☐ Other (*Specify*) ____
Ask 3b if under 14. 3a. Did –– actually talk to a medical doctor?	3a. and b.	1 ☐ Yes (*3f*) 2 ☐ No (*3c*) 8 ☐ DK if M.D. (*3c*) 9 ☐ DK who was seen (*3f*)
b. Did anyone actually talk to a medical doctor about ––?		
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?	e. and f.	1 ☐ GP (*4*) 2 ☐ Specialist (*3g*) 9 ☐ DK (*4*)
f. Is that doctor a general practitioner or a specialist?		
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.*	4a. and b.	1 ☐ Condition (*Item C2, THEN 4g*) 2 ☐ Pregnancy (*4e*) 3 ☐ Test(s) or examination (*4c*) 8 ☐ Other (*Specify*) ____ (*4g*)
b. For what condition did anyone see or talk to the [doctor/(*entry in 3c*)] about –– on (*date in 1*)? *Mark first appropriate box.*		
c. Was a condition found as a result of the [test(s)/examination]?	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 –– 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 (*Next DR visit*)
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

FORM HIS-1 (1984) (8-9 83)

2	3	4	5
☐ SP ☐ Old age ☐ AF	☐ SP ☐ Old age ☐ AF	☐ SP ☐ Old age ☐ AF	☐ SP ☐ Old age ☐ AF
1. First name / Age	First name / Age	1. First name / Age	First name / Age
Last name / Sex 1 ☐ M 2 ☐ F	Last name / Sex 1 ☐ M 2 ☐ F	Last name / Sex 1 ☐ M 2 ☐ F	Last name / Sex 1 ☐ M 2 ☐ F
2. Relationship	Relationship	2. Relationship	Relationship
3. Date of birth Month / Date / Year	Date of birth Month / Date / Year	3. Date of birth Month / Date / Year	Date of birth Month / Date / Year
C1 HOSP. 00 ☐ None / Number; WORK 1 ☐ Wa 2 ☐ Wb; RD ☐ Yes ☐ No; 2-WK. DV 00 ☐ None / Number	C1 HOSP. 00 ☐ None / Number; WORK 1 ☐ Wa 2 ☐ Wb; RD ☐ Yes ☐ No; 2-WK. DV 00 ☐ None / Number	C1 HOSP. 00 ☐ None / Number; WORK 1 ☐ Wa 2 ☐ Wb; RD ☐ Yes ☐ No; 2-WK. DV 00 ☐ None / Number	C1 HOSP. 00 ☐ None / Number; WORK 1 ☐ Wa 2 ☐ Wb; RD ☐ Yes ☐ No; 2-WK. DV 00 ☐ None / Number
C2 LA RA DV INJ CL LTR HS COND	C2 LA RA DV INJ CL LTR HS COND	C2 LA RA DV INJ CL LTR HS COND	C2 LA RA DV INJ CL LTR HS COND
LA RA DV INJ CL LTR HS COND	LA RA DV INJ CL LTR HS COND	LA RA DV INJ CL LTR HS COND	LA RA DV INJ CL LTR HS COND
LA RA DV INJ CL LTR HS COND	LA RA DV INJ CL LTR HS COND	LA RA DV INJ CL LTR HS COND	LA RA DV INJ CL LTR HS COND
LA RA DV INJ CL LTR HS COND	LA RA DV INJ CL LTR HS COND	LA RA DV INJ CL LTR HS COND	LA RA DV INJ CL LTR HS COND
LA RA DV INJ CL LTR HS COND	LA RA DV INJ CL LTR HS COND	LA RA DV INJ CL LTR HS COND	LA RA DV INJ CL LTR HS COND
DR VISIT 2	DR VISIT 3	DR VISIT 4	
PERSON NUMBER _____	PERSON NUMBER _____	PERSON NUMBER _____	
F1 ☐ Under 14 *(1b)* ☐ 14 and over *(1a)*	F1 ☐ Under 14 *(1b)* ☐ 14 and over *(1a)*	F1 ☐ Under 14 *(1b)* ☐ 14 and over *(1a)*	
1a. and b. Month / Date OR 7777 ☐ Last week 8888 ☐ Week before	1a. and b. Month / Date OR 7777 ☐ Last week 8888 ☐ Week before	1a. and b. Month / Date OR 7777 ☐ Last week 8888 ☐ Week before	
c. 1 ☐ Yes *(Reask 1a or b and c)* 2 ☐ No *(Ask 2–5 for each visit)*	c. 1 ☐ Yes *(Reask 1a or b and c)* 2 ☐ No *(Ask 2–5 for each visit)*	c. 1 ☐ Yes *(Reask 1a or b and c)* 2 ☐ No *(Ask 2–5 for each visit)*	
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 *(Next DR visit)*, 88 ☐ Other *(Specify)*	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 *(Next DR visit)*, 88 ☐ Other *(Specify)*	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 *(Next DR visit)*, 88 ☐ Other *(Specify)*	
3a. and b. 1 ☐ Yes *(3f)* 2 ☐ No *(3c)* 8 ☐ DK if M.D. *(3c)* 9 ☐ DK who was seen *(3f)*	3a. and b. 1 ☐ Yes *(3f)* 2 ☐ No *(3c)* 8 ☐ DK if M.D. *(3c)* 9 ☐ DK who was seen *(3f)*	3a. and b. 1 ☐ Yes *(3f)* 2 ☐ No *(3c)* 8 ☐ DK if M.D. *(3c)* 9 ☐ DK who was seen *(3f)*	
c. Type 99 ☐ DK	c. Type 99 ☐ DK	c. Type 99 ☐ DK	
d. 1 ☐ One *(3f)* 2 ☐ More 3 ☐ None *(4)* 9 ☐ DK	d. 1 ☐ One *(3f)* 2 ☐ More 3 ☐ None *(4)* 9 ☐ DK	d. 1 ☐ One *(3f)* 2 ☐ More 3 ☐ None *(4)* 9 ☐ DK	
e. and f. 1 ☐ GP *(4)* 2 ☐ Specialist *(3g)* 9 ☐ DK *(4)*	e. and f. 1 ☐ GP *(4)* 2 ☐ Specialist *(3g)* 9 ☐ DK *(4)*	e. and f. 1 ☐ GP *(4)* 2 ☐ Specialist *(3g)* 9 ☐ DK *(4)*	
g. Kind of specialist	g. Kind of specialist	g. Kind of specialist	
4a. and b. 1 ☐ Condition *(Item C2, THEN 4g)* 2 ☐ Pregnancy *(4e)* 3 ☐ Test(s) or examination *(4c)* 8 ☐ Other *(Specify)* *(4g)*	4a. and b. 1 ☐ Condition *(Item C2, THEN 4g)* 2 ☐ Pregnancy *(4e)* 3 ☐ Test(s) or examination *(4c)* 8 ☐ Other *(Specify)* *(4g)*	4a. and b. 1 ☐ Condition *(Item C2, THEN 4g)* 2 ☐ Pregnancy *(4e)* 3 ☐ Test(s) or examination *(4c)* 8 ☐ Other *(Specify)* *(4g)*	
c. ☐ Yes *(4h)* ☐ No	c. ☐ Yes *(4h)* ☐ No	c. ☐ Yes *(4h)* ☐ No	
d. ☐ Yes *(4h)* ☐ No *(4g)*	d. ☐ Yes *(4h)* ☐ No *(4g)*	d. ☐ Yes *(4h)* ☐ No *(4g)*	
e. ☐ Yes ☐ No *(4g)*	e. ☐ Yes ☐ No *(4g)*	e. ☐ Yes ☐ No *(4g)*	
f. Condition *(Item C2, THEN 4g)*	f. Condition *(Item C2, THEN 4g)*	f. Condition *(Item C2, THEN 4g)*	
g. ☐ Yes ☐ No *(5)*	g. ☐ Yes ☐ No *(5)*	g. ☐ Yes ☐ No *(5)*	
h. ☐ Pregnancy *(4e)* Condition *(Item C2, THEN 4g)*	h. ☐ Pregnancy *(4e)* Condition *(Item C2, THEN 4g)*	h. ☐ Pregnancy *(4e)* Condition *(Item C2, THEN 4g)*	
5a. 0 ☐ Telephone in 2 *(Next DR visit)* 1 ☐ Yes 2 ☐ No *(Next DR visit)*	5a. 0 ☐ Telephone in 2 *(Next DR visit)* 1 ☐ Yes 2 ☐ No *(Next DR visit)*	5a. 0 ☐ Telephone in 2 *(Next DR visit)* 1 ☐ Yes 2 ☐ No *(Next DR visit)*	
b. (1) _____ (2) _____	b. (1) _____ (2) _____	b. (1) _____ (2) _____	
c. ☐ Yes *(Reask 5b and c)* ☐ No	c. ☐ Yes *(Reask 5b and c)* ☐ No	c. ☐ Yes *(Reask 5b and c)* ☐ No	

FORM HS-1 (1984) (8-9-83)

☐ SP ☐ Old age ☐ AF

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.*)

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

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

C2

LA	RA	DV	INJ.	CL LTR	HS	COND.

REFERENCE PERIODS

A1

2-WEEK PERIOD

12-MONTH DATE

13-MONTH HOSPITAL DATE

A2

ASK CONDITION LIST_____. Use Table _____ to determine Sample Person(s). *Mark "SP" box(es).*

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

FORM HIS-1 (1984) (8-9-83)

	2	3	4	5
	☐ SP ☐ Old age ☐ AF	☐ SP ☐ Old age ☐ AF	☐ SP ☐ Old age ☐ AF	☐ SP ☐ Old age ☐ AF
1.	First name / Age	First name / Age	First name / Age	First name / Age
	Last name / Sex 1 ☐ M 2 ☐ F	Last name / Sex 1 ☐ M 2 ☐ F	Last name / Sex 1 ☐ M 2 ☐ F	Last name / Sex 1 ☐ M 2 ☐ F
2.	Relationship	Relationship	Relationship	Relationship
3.	Date of birth Month / Date / Year	Date of birth Month / Date / Year	Date of birth Month / Date / Year	Date of birth Month / Date / Year
C1	HOSP. 00 ☐ None ___ Number; WORK 1 ☐ Wa 2 ☐ Wb; RD ☐ Yes ☐ No; 2-WK. DV 00 ☐ None ___ Number	HOSP. 00 ☐ None ___ Number; WORK 1 ☐ Wa 2 ☐ Wb; RD ☐ Yes ☐ No; 2-WK. DV 00 ☐ None ___ Number	HOSP. 00 ☐ None ___ Number; WORK 1 ☐ Wa 2 ☐ Wb; RD ☐ Yes ☐ No; 2-WK. DV 00 ☐ None ___ Number	HOSP. 00 ☐ None ___ Number; WORK 1 ☐ Wa 2 ☐ Wb; RD ☐ Yes ☐ No; 2-WK. DV 00 ☐ None ___ Number
C2	LA RA DV INJ CL LTR HS COND.	LA RA DV INJ CL LTR HS COND.	LA RA DV INJ CL LTR HS COND.	LA RA DV INJ CL LTR HS COND.
	LA RA DV INJ CL LTR HS COND.	LA RA DV INJ CL LTR HS COND.	LA RA DV INJ CL LTR HS COND.	LA RA DV INJ CL LTR HS COND.
	LA RA DV INJ CL LTR HS COND.	LA RA DV INJ CL LTR HS COND.	LA RA DV INJ CL LTR HS COND.	LA RA DV INJ CL LTR HS COND.
	LA RA DV INJ CL LTR HS COND.	LA RA DV INJ CL LTR HS COND.	LA RA DV INJ CL LTR HS COND.	LA RA DV INJ CL LTR HS COND.
	LA RA DV INJ CL LTR HS COND.	LA RA DV INJ CL LTR HS COND.	LA RA DV INJ CL LTR HS COND.	LA RA DV INJ CL LTR HS COND.
1b.	☐ Injury	☐ Injury	☐ Injury	☐ Injury
c.	___ Injury	___ Injury	___ Injury	___ Injury
e.	☐ Yes *(Enter injury in C2, THEN 1e for next injury)* ☐ No *(1e for next injury)*	☐ Yes *(Enter injury in C2, THEN 1e for next injury)* ☐ No *(1e for next injury)*	☐ Yes *(Enter injury in C2, THEN 1e for next injury)* ☐ No *(1e for next injury)*	☐ Yes *(Enter injury in C2, THEN 1e for next injury)* ☐ No *(1e for next injury)*
2.	000 ☐ None ___ No. of days	000 ☐ None ___ No. of days	000 ☐ None ___ No. of days	000 ☐ None ___ No. of days
3a.	000 ☐ None *(3b)* 000 ☐ Only when overnight patient in hospital } *(NP)* ___ No. of visits	000 ☐ None *(3b)* 000 ☐ Only when overnight patient in hospital } *(NP)* ___ No. of visits	000 ☐ None *(3b)* 000 ☐ Only when overnight patient in hospital } *(NP)* ___ No. of visits	000 ☐ None *(3b)* 000 ☐ Only when overnight patient in hospital } *(NP)* ___ No. of visits
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	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	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	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.	1 ☐ Excellent 2 ☐ Very good 3 ☐ Good 4 ☐ Fair 5 ☐ Poor	1 ☐ Excellent 2 ☐ Very good 3 ☐ Good 4 ☐ Fair 5 ☐ Poor	1 ☐ Excellent 2 ☐ Very good 3 ☐ Good 4 ☐ Fair 5 ☐ Poor	1 ☐ Excellent 2 ☐ Very good 3 ☐ Good 4 ☐ Fair 5 ☐ Poor
5a.	☐ Under 18 *(NP)* ___ Feet ___ Inches	☐ Under 18 *(NP)* ___ Feet ___ Inches	☐ Under 18 *(NP)* ___ Feet ___ Inches	☐ Under 18 *(NP)* ___ Feet ___ Inches
b.	___ Pounds	___ Pounds	___ Pounds	___ Pounds

FOOTNOTES

FORM HIS-1 (1984) (8-9-83)

☐ SP ☐ Old age ☐ AF

A. HOUSEHOLD COMPOSITION PAGE

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.)*

	1
1.	First name / Last name / Age / Sex 1 ☐ M 2 ☐ F
2.	Relationship **REFERENCE PERSON**
3.	Date of birth Month / Date / Year
C1	HOSP.: 00 ☐ None / Number; WORK: 1 ☐ Wa 2 ☐ Wb; RD: ☐ Yes ☐ No; 2-WK. DV: 00 ☐ None / Number
C2	
	LA / RA / DV / INJ. / CL LTR / HS / COND.
	LA / RA / DV / INJ. / CL LTR / HS / COND.
	LA / RA / DV / INJ. / CL LTR / HS / COND.
	LA / RA / DV / INJ. / CL LTR / HS / COND.
	LA / RA / DV / INJ. / CL LTR / HS / COND.

A1 REFERENCE PERIODS

- 2-WEEK PERIOD
- 12-MONTH DATE
- 13-MONTH HOSPITAL DATE

A2 **ASK CONDITION LIST_____. Use Table _____ to determine Sample Person(s).** *Mark "SP" box(es).*

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 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*}

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?**

FORM HIS-1 (1984) (6-9-83)

2	3	4	5
☐ SP ☐ Old age ☐ AF	☐ SP ☐ Old age ☐ AF	☐ SP ☐ Old age ☐ AF	☐ SP ☐ Old age ☐ AF
1. First name / Age	First name / Age	1. First name / Age	First name / Age
Last name / Sex 1 ☐ M 2 ☐ F	Last name / Sex 1 ☐ M 2 ☐ F	Last name / Sex 1 ☐ M 2 ☐ F	Last name / Sex 1 ☐ M 2 ☐ F
2. Relationship	Relationship	2. Relationship	Relationship
3. Date of birth Month / Date / Year	Date of birth Month / Date / Year	3. Date of birth Month / Date / Year	Date of birth Month / Date / Year
C1 HOSP. 00 ☐ None / Number; WORK 1 ☐ Wa 2 ☐ Wb; RD ☐ Yes ☐ No; 2-WK. DV 00 ☐ None / Number	C1 HOSP. 00 ☐ None / Number; WORK 1 ☐ Wa 2 ☐ Wb; RD ☐ Yes ☐ No; 2-WK. DV 00 ☐ None / Number	C1 HOSP. 00 ☐ None / Number; WORK 1 ☐ Wa 2 ☐ Wb; RD ☐ Yes ☐ No; 2-WK. DV 00 ☐ None / Number	C1 HOSP. 00 ☐ None / Number; WORK 1 ☐ Wa 2 ☐ Wb; RD ☐ Yes ☐ No; 2-WK. DV 00 ☐ None / Number
C2	C2	C2	C2
LA RA DV INJ CL LTR HS COND.	LA RA DV INJ CL LTR HS COND.	LA RA DV INJ CL LTR HS COND.	LA RA DV INJ CL LTR HS COND.
LA RA DV INJ CL LTR HS COND.	LA RA DV INJ CL LTR HS COND.	LA RA DV INJ CL LTR HS COND.	LA RA DV INJ CL LTR HS COND.
LA RA DV INJ CL LTR HS COND.	LA RA DV INJ CL LTR HS COND.	LA RA DV INJ CL LTR HS COND.	LA RA DV INJ CL LTR HS COND.
LA RA DV INJ CL LTR HS COND.	LA RA DV INJ CL LTR HS COND.	LA RA DV INJ CL LTR HS COND.	LA RA DV INJ CL LTR HS COND.
LA RA DV INJ CL LTR HS COND.	LA RA DV INJ CL LTR HS COND.	LA RA DV INJ CL LTR HS COND.	LA RA DV INJ CL LTR HS COND.

H. CONDITION LISTS 3 AND 4

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

3

3a. DURING THE PAST 12 MONTHS, did anyone in the family {*read names*} have –

If "Yes," ask 3b and c.

b. Who was this?

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

Enter condition and letter in appropriate person's column.

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

Conditions affecting the digestive system.

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

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

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

FORM HIS-1 (1984) (8-9-83)

☐ SP ☐ Old age ☐ AF

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?

Probe if necessary:

Does –– usually live somewhere else?

☐ Yes (2)
☐ No (*APPLY HOUSEHOLD MEMBERSHIP RULES. Delete nonhousehold members by an "X" from 1–C2 and enter reason.*)

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.*)

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

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

C2

LA	RA	DV	INJ.	CL LTR	HS	COND.

A1 REFERENCE PERIODS

2-WEEK PERIOD

12-MONTH DATE

13-MONTH HOSPITAL DATE

A2 ASK CONDITION LIST_____. Use Table _____ to determine Sample Person(s). *Mark "SP" box(es).*

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.

FORM HIS-1 (1984) (6-9-83)

2	3	4	5
☐ SP ☐ Old age ☐ AF	☐ SP ☐ Old age ☐ AF	☐ SP ☐ Old age ☐ AF	☐ SP ☐ Old age ☐ AF
1. First name / Age	First name / Age	1. First name / Age	First name / Age
Last name / Sex 1 ☐ M 2 ☐ F	Last name / Sex 1 ☐ M 2 ☐ F	Last name / Sex 1 ☐ M 2 ☐ F	Last name / Sex 1 ☐ M 2 ☐ F
2. Relationship	Relationship	2. Relationship	Relationship
3. Date of birth Month / Date / Year	Date of birth Month / Date / Year	3. Date of birth Month / Date / Year	Date of birth Month / Date / Year
C1 HOSP. 00 ☐ None Number	HOSP. 00 ☐ None Number	C1 HOSP. 00 ☐ None Number	HOSP. 00 ☐ None Number
WORK 1 ☐ Wa 2 ☐ Wb	WORK 1 ☐ Wa 2 ☐ Wb	WORK 1 ☐ Wa 2 ☐ Wb	WORK 1 ☐ Wa 2 ☐ Wb
RD ☐ Yes ☐ No	RD ☐ Yes ☐ No	RD ☐ Yes ☐ No	RD ☐ Yes ☐ No
2-WK. DV 00 ☐ None Number	2-WK. DV 00 ☐ None Number	2-WK. DV 00 ☐ None Number	2-WK. DV 00 ☐ None Number
C2 LA RA DV INJ CL LTR HS COND	LA RA DV INJ CL LTR HS COND	C2 LA RA DV INJ CL LTR HS COND	LA RA DV INJ CL LTR HS COND
LA RA DV INJ CL LTR HS COND	LA RA DV INJ CL LTR HS COND	LA RA DV INJ CL LTR HS COND	LA RA DV INJ CL LTR HS COND
LA RA DV INJ CL LTR HS COND	LA RA DV INJ CL LTR HS COND	LA RA DV INJ CL LTR HS COND	LA RA DV INJ CL LTR HS COND
LA RA DV INJ CL LTR HS COND	LA RA DV INJ CL LTR HS COND	LA RA DV INJ CL LTR HS COND	LA RA DV INJ CL LTR HS COND
LA RA DV INJ CL LTR HS COND	LA RA DV INJ CL LTR HS COND	LA RA DV INJ CL LTR HS COND	LA RA DV INJ CL LTR HS COND

FOOTNOTES

FORM HIS-1 (1984) (8-9-83)

☐ SP ☐ Old age ☐ AF

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_____. Use Table _____ to determine Sample Person(s). *Mark "SP" box(es).*

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

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

C2

LA	RA	DV	INJ.	CL LTR	HS	COND.

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 (1984) (8-9-83)

	2	3	4	5
	☐ SP ☐ Old age ☐ AF	☐ SP ☐ Old age ☐ AF	☐ SP ☐ Old age ☐ AF	☐ SP ☐ Old age ☐ AF
1.	First name / Age	First name / Age	First name / Age	First name / Age
	Last name / Sex 1 ☐ M 2 ☐ F	Last name / Sex 1 ☐ M 2 ☐ F	Last name / Sex 1 ☐ M 2 ☐ F	Last name / Sex 1 ☐ M 2 ☐ F
2.	Relationship	Relationship	Relationship	Relationship
3.	Date of birth Month / Date / Year	Date of birth Month / Date / Year	Date of birth Month / Date / Year	Date of birth Month / Date / Year
C1	HOSP. 00 ☐ None / Number; WORK 1 ☐ Wa 2 ☐ Wb; RD ☐ Yes ☐ No; 2-WK. DV 00 ☐ None / Number	HOSP. 00 ☐ None / Number; WORK 1 ☐ Wa 2 ☐ Wb; RD ☐ Yes ☐ No; 2-WK. DV 00 ☐ None / Number	HOSP. 00 ☐ None / Number; WORK 1 ☐ Wa 2 ☐ Wb; RD ☐ Yes ☐ No; 2-WK. DV 00 ☐ None / Number	HOSP. 00 ☐ None / Number; WORK 1 ☐ Wa 2 ☐ Wb; RD ☐ Yes ☐ No; 2-WK. DV 00 ☐ None / Number
C2	LA RA DV INJ CL LTR HS COND.	LA RA DV INJ CL LTR HS COND.	LA RA DV INJ CL LTR HS COND.	LA RA DV INJ CL LTR HS COND.
	LA RA DV INJ CL LTR HS COND.	LA RA DV INJ CL LTR HS COND.	LA RA DV INJ CL LTR HS COND.	LA RA DV INJ CL LTR HS COND.
	LA RA DV INJ CL LTR HS COND.	LA RA DV INJ CL LTR HS COND.	LA RA DV INJ CL LTR HS COND.	LA RA DV INJ CL LTR HS COND.
	LA RA DV INJ CL LTR HS COND.	LA RA DV INJ CL LTR HS COND.	LA RA DV INJ CL LTR HS COND.	LA RA DV INJ CL LTR HS COND.
	LA RA DV INJ CL LTR HS COND.	LA RA DV INJ CL LTR HS COND.	LA RA DV INJ CL LTR HS COND.	LA RA DV INJ CL LTR HS COND.

	HOSPITAL STAY 2	HOSPITAL STAY 3	HOSPITAL STAY 4
1.	PERSON NUMBER _____	PERSON NUMBER _____	PERSON NUMBER _____
2.	Month / Date / Year 19 ___	Month / Date / Year 19 ___	Month / Date / Year 19 ___
3.	0000 ☐ None *(Next HS)* _____ Nights	0000 ☐ None *(Next HS)* _____ Nights	0000 ☐ None *(Next HS)* _____ Nights
4.	1 ☐ Normal delivery 2 ☐ Normal at birth 3 ☐ No condition *(5)*; ☐ Condition _____	1 ☐ Normal delivery 2 ☐ Normal at birth 3 ☐ No condition *(5)*; ☐ Condition _____	1 ☐ Normal delivery 2 ☐ Normal at birth 3 ☐ No condition *(5)*; ☐ Condition _____
J1	☐ At least one night in 2-week reference period *(Enter condition in C2, THEN 5)*; ☐ No nights in 2-week reference period *(5)*	☐ At least one night in 2-week reference period *(Enter condition in C2, THEN 5)*; ☐ No nights in 2-week reference period *(5)*	☐ At least one night in 2-week reference period *(Enter condition in C2, THEN 5)*; ☐ No nights in 2-week reference period *(5)*
5a.	1 ☐ Yes 2 ☐ No *(6)*	1 ☐ Yes 2 ☐ No *(6)*	1 ☐ Yes 2 ☐ No *(6)*
b.	(1) _____ (2) _____ (3) _____	(1) _____ (2) _____ (3) _____	(1) _____ (2) _____ (3) _____
c.	☐ Yes *(Reask 5b and c)* ☐ No	☐ Yes *(Reask 5b and c)* ☐ No	☐ Yes *(Reask 5b and c)* ☐ No
6.	Name; Number and street; City or County; State	Name; Number and street; City or County; State	Name; Number and street; City or County; State

FOOTNOTES

FORM HIS-1 (1984) (8-9-83)

☐ SP ☐ Old age ☐ AF

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.*

	If "Yes," enter names in columns	
	Yes	No
c. I have listed (*read names*). Have I missed:		
– any babies or small children?	☐	☐
– any lodgers, boarders, or persons you employ who live here?	☐	☐
– anyone who USUALLY lives here but is now away from home traveling or in a hospital?	☐	☐
– anyone else staying here?	☐	☐

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

Probe if necessary:

Does –– usually live somewhere else?

Ask for all persons beginning with column 2:

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

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

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

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

C2

LA	RA	DV	INJ.	CL LTR	HS	COND.

	REFERENCE PERIODS
A1	2-WEEK PERIOD
	12-MONTH DATE
	13-MONTH HOSPITAL DATE
A2	ASK CONDITION LIST_____. Use Table _____ to determine Sample Person(s). *Mark "SP" box(es).*

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 } *(3b)*

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

1 ☐ Yes 2 ☐ No 9 ☐ DK

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

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

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

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

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

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

1 ☐ Yes *(5)* 2 ☐ No

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

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

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

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

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

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

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

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

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

Show the following detail:

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

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

Infection Sore Soreness

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

Specify _____

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

Tumor Cyst Growth

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

1 ☐ Malignant 2 ☐ Benign 9 ☐ DK

5
a. When was –– (*condition in 3b/3f*) first noticed?
b. When did –– (*name of injury in 3b*)?

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

Ask probes as necessary:

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

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

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

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

FORM HIS-1 (1984) (8-9-83)

	2	3	4	5
	☐ SP ☐ Old age ☐ AF	☐ SP ☐ Old age ☐ AF	☐ SP ☐ Old age ☐ AF	☐ SP ☐ Old age ☐ AF
1. First name / Age				
Last name / Sex 1 ☐ M 2 ☐ F				
2. Relationship				
3. Date of birth Month / Date / Year				
C1 HOSP.	00 ☐ None / Number	00 ☐ None / Number	00 ☐ None / Number	00 ☐ None / Number
C1 WORK	1 ☐ Wa 2 ☐ Wb	1 ☐ Wa 2 ☐ Wb	1 ☐ Wa 2 ☐ Wb	1 ☐ Wa 2 ☐ Wb
C1 RD	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
C1 2-WK. DV	00 ☐ None / Number	00 ☐ None / Number	00 ☐ None / Number	00 ☐ None / Number
C2	LA RA DV INJ CL LTR HS COND.	LA RA DV INJ CL LTR HS COND.	LA RA DV INJ CL LTR HS COND.	LA RA DV INJ CL LTR HS COND.
	LA RA DV INJ CL LTR HS COND.	LA RA DV INJ CL LTR HS COND.	LA RA DV INJ CL LTR HS COND.	LA RA DV INJ CL LTR HS COND.
	LA RA DV INJ CL LTR HS COND.	LA RA DV INJ CL LTR HS COND.	LA RA DV INJ CL LTR HS COND.	LA RA DV INJ CL LTR HS COND.
	LA RA DV INJ CL LTR HS COND.	LA RA DV INJ CL LTR HS COND.	LA RA DV INJ CL LTR HS COND.	LA RA DV INJ CL LTR HS COND.
	LA RA DV INJ CL LTR HS COND.	LA RA DV INJ CL LTR HS COND.	LA RA DV INJ CL LTR HS COND.	LA RA DV INJ CL LTR HS COND.

K1

Refer to RD and C2.
☐ "Yes" in "RD" box AND more than 1 condition in C2 *(6)*
☐ 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?
☐ Less than 1 month OR _____ Number { ☐ Months ☐ 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.)* → _____ Page No. *(NC)*
☐ No

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

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

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

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

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

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

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

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

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

Part(s) of body *	Kind of injury

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

Part(s) of body *	Present effects **

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

FORM HIS-1 (1984) (8-9-83)

☐ SP ☐ Old age ☐ AF

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?

Probe if necessary:

Does -- usually live somewhere else?

☐ Yes (2)
☐ No (*APPLY HOUSEHOLD MEMBERSHIP RULES. Delete nonhousehold members by an "X" from 1–C2 and enter reason.*)

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.*)

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

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

C2

LA	RA	DV	INJ.	CL LTR	HS	COND.

A1

REFERENCE PERIODS

2-WEEK PERIOD

12-MONTH DATE

13-MONTH HOSPITAL DATE

A2

ASK CONDITION LIST_____. Use Table _____ to determine Sample Person(s). *Mark "SP" box(es).*

CONDITION 2

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
9 ☐ Dr. never seen
} (*3b*)

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

1 ☐ Yes 2 ☐ No 9 ☐ DK

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

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

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

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

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

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

1 ☐ Yes (*5*) 2 ☐ No

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

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

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

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

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

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

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

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

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

Show the following detail:

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

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

Infection Sore Soreness

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

Specify _____

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

Tumor Cyst Growth

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

1 ☐ Malignant 2 ☐ Benign 9 ☐ DK

5
a. When was -- (condition in 3b/3f) first noticed?
b. When did -- (name of injury in 3b)?

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

Ask probes as necessary:

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

FORM HIS-1 (1984) (8-9-83)

	2	3	4	5
	☐ SP ☐ Old age ☐ AF	☐ SP ☐ Old age ☐ AF	☐ SP ☐ Old age ☐ AF	☐ SP ☐ Old age ☐ AF
1. First name / Age				
Last name / Sex 1 ☐ M 2 ☐ F				
2. Relationship				
3. Date of birth Month / Date / Year				
C1 HOSP. / WORK / RD / 2-WK. DV	00 ☐ None / 1 ☐ Wa 2 ☐ Wb / ☐ Yes ☐ No / 00 ☐ None	00 ☐ None / 1 ☐ Wa 2 ☐ Wb / ☐ Yes ☐ No / 00 ☐ None	00 ☐ None / 1 ☐ Wa 2 ☐ Wb / ☐ Yes ☐ No / 00 ☐ None	00 ☐ None / 1 ☐ Wa 2 ☐ Wb / ☐ Yes ☐ No / 00 ☐ None
Number				
C2	LA RA DV INJ CL LTR HS COND.	LA RA DV INJ CL LTR HS COND.	LA RA DV INJ CL LTR HS COND.	LA RA DV INJ CL LTR HS COND.
	LA RA DV INJ CL LTR HS COND.	LA RA DV INJ CL LTR HS COND.	LA RA DV INJ CL LTR HS COND.	LA RA DV INJ CL LTR HS COND.
	LA RA DV INJ CL LTR HS COND.	LA RA DV INJ CL LTR HS COND.	LA RA DV INJ CL LTR HS COND.	LA RA DV INJ CL LTR HS COND.
	LA RA DV INJ CL LTR HS COND.	LA RA DV INJ CL LTR HS COND.	LA RA DV INJ CL LTR HS COND.	LA RA DV INJ CL LTR HS COND.
	LA RA DV INJ CL LTR HS COND.	LA RA DV INJ CL LTR HS COND.	LA RA DV INJ CL LTR HS COND.	LA RA DV INJ CL LTR HS COND.

K1
Refer to RD and C2.
☐ "Yes" in "RD" box AND more than 1 condition in C2 *(6)*
☐ 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)* _____ *(K4)*
3 ☐ Under control *(K4)*

c. About how long did -- have this condition before it was cured?
☐ Less than 1 month **OR** _____ Number { ☐ Months ☐ 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.)* → _____ Page No. *(NC)*
☐ No

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

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

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

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

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

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

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

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

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

Part(s) of body *	Kind of injury

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

Part(s) of body *	Present effects **

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

FORM HIS-1 (1984) (8-9-83)

☐ SP ☐ Old age ☐ AF

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.)*

	1. First name	Age
	Last name	Sex 1 ☐ M 2 ☐ F
	2. Relationship REFERENCE PERSON	
	3. Date of birth Month / Date / Year	
C1	HOSP. 00 ☐ None / Number	WORK 1 ☐ Wa 2 ☐ Wb; RD ☐ Yes ☐ No; 2-WK. DV 00 ☐ None / Number
C2		
	LA / RA / DV / INJ. / CL LTR / HS / COND.	
	LA / RA / DV / INJ. / CL LTR / HS / COND.	
	LA / RA / DV / INJ. / CL LTR / HS / COND.	
	LA / RA / DV / INJ. / CL LTR / HS / COND.	
	LA / RA / DV / INJ. / CL LTR / HS / COND.	

REFERENCE PERIODS

A1

2-WEEK PERIOD

12-MONTH DATE

13-MONTH HOSPITAL DATE

A2

ASK CONDITION LIST_____. Use Table _____ to determine Sample Person(s). *Mark "SP" box(es).*

CONDITION 3 — 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 } *(3b)*

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

1 ☐ Yes 2 ☐ No 9 ☐ DK

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

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

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

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

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

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

1 ☐ Yes *(5)* 2 ☐ No

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

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

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

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

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

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

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

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

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

Show the following detail:

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

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

Infection Sore Soreness

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

Specify _____

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

Tumor Cyst Growth

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

1 ☐ Malignant 2 ☐ Benign 9 ☐ DK

5

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

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

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

Ask probes as necessary:

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

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

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

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

FORM HIS-1 (1984) (8-9-83)

	2	3	4	5
	☐ SP ☐ Old age ☐ AF	☐ SP ☐ Old age ☐ AF	☐ SP ☐ Old age ☐ AF	☐ SP ☐ Old age ☐ AF
1. First name / Age				
Last name / Sex 1 ☐ M 2 ☐ F				
2. Relationship				
3. Date of birth Month / Date / Year				
C1 HOSP.	00 ☐ None / Number	00 ☐ None / Number	00 ☐ None / Number	00 ☐ None / Number
C1 WORK	1 ☐ Wa 2 ☐ Wb	1 ☐ Wa 2 ☐ Wb	1 ☐ Wa 2 ☐ Wb	1 ☐ Wa 2 ☐ Wb
C1 RD	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
C1 2-WK. DV	00 ☐ None / Number	00 ☐ None / Number	00 ☐ None / Number	00 ☐ None / Number
C2	LA RA DV INJ. CL LTR HS COND.	LA RA DV INJ. CL LTR HS COND.	LA RA DV INJ. CL LTR HS COND.	LA RA DV INJ. CL LTR HS COND.
	LA RA DV INJ. CL LTR HS COND.	LA RA DV INJ. CL LTR HS COND.	LA RA DV INJ. CL LTR HS COND.	LA RA DV INJ. CL LTR HS COND.
	LA RA DV INJ. CL LTR HS COND.	LA RA DV INJ. CL LTR HS COND.	LA RA DV INJ. CL LTR HS COND.	LA RA DV INJ. CL LTR HS COND.
	LA RA DV INJ. CL LTR HS COND.	LA RA DV INJ. CL LTR HS COND.	LA RA DV INJ. CL LTR HS COND.	LA RA DV INJ. CL LTR HS COND.
	LA RA DV INJ. CL LTR HS COND.	LA RA DV INJ. CL LTR HS COND.	LA RA DV INJ. CL LTR HS COND.	LA RA DV INJ. CL LTR HS COND.

K1

Refer to RD and C2.
☐ "Yes" in "RD" box AND more than 1 condition in C2 *(6)*
☐ 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)* _____ *(K4)*
3 ☐ Under control *(K4)*

c. About how long did -- have this condition before it was cured?
☐ Less than 1 month **OR** _____ Number { ☐ Months ☐ 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.)* → _____ Page No. *(NC)*
☐ No

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

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

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

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

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

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

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

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

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

Part(s) of body *	Kind of injury

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

Part(s) of body *	Present effects **

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

FORM HIS-1 (1984) (8-9-83)

☐ SP ☐ Old age ☐ AF

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:**

	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?	☐	☐

If "Yes," enter names in columns

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 I–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.*)

1. First name / Age
Last name / Sex 1☐ M 2☐ F

2. Relationship REFERENCE PERSON

3. Date of birth Month | Date | Year

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

C2

LA	RA	DV	INJ.	CL LTR	HS	COND.

REFERENCE PERIODS

A1
- **2-WEEK PERIOD**
- **12-MONTH DATE**
- **13-MONTH HOSPITAL DATE**

A2 **ASK CONDITION LIST______. Use Table ______ to determine Sample Person(s).** *Mark "SP" box(es).*

CONDITION 4 — 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 } (*3b*)

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

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

______

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

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

1 ☐ Yes (*5*) 2 ☐ No

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

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

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

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

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

______

______

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

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

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

g. **What part of the body is affected?** ______ *Specify*

Show the following detail:

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

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

Infection Sore Soreness

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

Specify ______

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

Tumor Cyst Growth

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

1 ☐ Malignant 2 ☐ Benign 9 ☐ DK

5 a. **When was –– (***condition in 3b/3f***) first noticed?**
b. **When did –– (***name of injury in 3b***)?**

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

Ask probes as necessary:

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

FORM HIS-1 (1984) (8-9-83)

2	3	4	5
☐ SP ☐ Old age ☐ AF	☐ SP ☐ Old age ☐ AF	☐ SP ☐ Old age ☐ AF	☐ SP ☐ Old age ☐ AF
1. First name / Age	First name / Age	1. First name / Age	First name / Age
Last name / Sex 1 ☐ M 2 ☐ F	Last name / Sex 1 ☐ M 2 ☐ F	Last name / Sex 1 ☐ M 2 ☐ F	Last name / Sex 1 ☐ M 2 ☐ F
2. Relationship	Relationship	2. Relationship	Relationship
3. Date of birth Month / Date / Year	Date of birth Month / Date / Year	3. Date of birth Month / Date / Year	Date of birth Month / Date / Year
C1 HOSP. 00 ☐ None Number; WORK 1 ☐ Wa 2 ☐ Wb; RD ☐ Yes ☐ No; 2-WK. DV 00 ☐ None Number	C1 HOSP. 00 ☐ None Number; WORK 1 ☐ Wa 2 ☐ Wb; RD ☐ Yes ☐ No; 2-WK. DV 00 ☐ None Number	C1 HOSP. 00 ☐ None Number; WORK 1 ☐ Wa 2 ☐ Wb; RD ☐ Yes ☐ No; 2-WK. DV 00 ☐ None Number	C1 HOSP. 00 ☐ None Number; WORK 1 ☐ Wa 2 ☐ Wb; RD ☐ Yes ☐ No; 2-WK. DV 00 ☐ None Number
C2 LA RA DV INJ. CL LTR HS COND.	C2 LA RA DV INJ. CL LTR HS COND.	C2 LA RA DV INJ. CL LTR HS COND.	C2 LA RA DV INJ. CL LTR HS COND.
LA RA DV INJ. CL LTR HS COND.	LA RA DV INJ. CL LTR HS COND.	LA RA DV INJ. CL LTR HS COND.	LA RA DV INJ. CL LTR HS COND.
LA RA DV INJ. CL LTR HS COND.	LA RA DV INJ. CL LTR HS COND.	LA RA DV INJ. CL LTR HS COND.	LA RA DV INJ. CL LTR HS COND.
LA RA DV INJ. CL LTR HS COND.	LA RA DV INJ. CL LTR HS COND.	LA RA DV INJ. CL LTR HS COND.	LA RA DV INJ. CL LTR HS COND.
LA RA DV INJ. CL LTR HS COND.	LA RA DV INJ. CL LTR HS COND.	LA RA DV INJ. CL LTR HS COND.	LA RA DV INJ. CL LTR HS COND.

K1

Refer to RD and C2.
☐ "Yes" in "RD" box AND more than 1 condition in C2 *(6)*
☐ 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?
☐ Less than 1 month **OR** _____ Number { ☐ Months ☐ 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.)* → _____ Page No. *(NC)*
☐ No

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

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

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

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

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

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

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

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

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

Part(s) of body *	Kind of injury

Ask if box 3, 4, or 5 marked in Q.5:

b. What part of the body is affected now? How is -- (part of body) affected? Is -- affected in any other way?

Part(s) of body *	Present effects **

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

FORM HIS-1 (1984) (8-9-83)

☐ SP ☐ Old age ☐ AF

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.*)

	1.	2.	3.
First name			
Age			
Last name			
Sex 1 ☐ M 2 ☐ F			
Relationship REFERENCE PERSON			
Date of birth Month / Date / Year			
C1 HOSP.	00 ☐ None / Number		
C1 WORK	1 ☐ Wa 2 ☐ Wb		
C1 RD	☐ Yes ☐ No		
C1 2-WK. DV	00 ☐ None / Number		
C2	LA RA DV INJ. CL LTR HS COND.		

REFERENCE PERIODS

A1

2-WEEK PERIOD

12-MONTH DATE

13-MONTH HOSPITAL DATE

A2 **ASK CONDITION LIST_____. Use Table _____ to determine Sample Person(s).** *Mark "SP" box(es).*

CONDITION 5 | 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
9 ☐ Dr. never seen
} (3b)

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

1 ☐ Yes 2 ☐ No 9 ☐ DK

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

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

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

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

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

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

1 ☐ Yes (*5*) 2 ☐ No

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

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

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

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

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

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

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

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

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

Show the following detail:

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

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

Infection Sore Soreness

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

Specify _____

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

Tumor Cyst Growth

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

1 ☐ Malignant 2 ☐ Benign 9 ☐ DK

5
a. When was –– (condition in 3b/3f) first noticed?
b. When did –– (name of injury in 3b)?

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

Ask probes as necessary:

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

FORM HIS-1 (1984) (8-9-63)

	2	3	4	5
	☐ SP ☐ Old age ☐ AF	☐ SP ☐ Old age ☐ AF	☐ SP ☐ Old age ☐ AF	☐ SP ☐ Old age ☐ AF
1. First name / Age				
Last name / Sex 1 ☐ M 2 ☐ F				
2. Relationship				
3. Date of birth Month / Date / Year				
C1 HOSP.	00 ☐ None Number	00 ☐ None Number	00 ☐ None Number	00 ☐ None Number
C1 WORK	1 ☐ Wa 2 ☐ Wb	1 ☐ Wa 2 ☐ Wb	1 ☐ Wa 2 ☐ Wb	1 ☐ Wa 2 ☐ Wb
C1 RD	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
C1 2-WK. DV	00 ☐ None Number	00 ☐ None Number	00 ☐ None Number	00 ☐ None Number
C2	LA RA DV INJ. CL LTR HS COND.	LA RA DV INJ. CL LTR HS COND.	LA RA DV INJ. CL LTR HS COND.	LA RA DV INJ. CL LTR HS COND.
	LA RA DV INJ. CL LTR HS COND.	LA RA DV INJ. CL LTR HS COND.	LA RA DV INJ. CL LTR HS COND.	LA RA DV INJ. CL LTR HS COND.
	LA RA DV INJ. CL LTR HS COND.	LA RA DV INJ. CL LTR HS COND.	LA RA DV INJ. CL LTR HS COND.	LA RA DV INJ. CL LTR HS COND.
	LA RA DV INJ. CL LTR HS COND.	LA RA DV INJ. CL LTR HS COND.	LA RA DV INJ. CL LTR HS COND.	LA RA DV INJ. CL LTR HS COND.
	LA RA DV INJ. CL LTR HS COND.	LA RA DV INJ. CL LTR HS COND.	LA RA DV INJ. CL LTR HS COND.	LA RA DV INJ. CL LTR HS COND.

K1

Refer to RD and C2.
☐ "Yes" in "RD" box AND more than 1 condition in C2 *(6)*
☐ 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?
☐ Less than 1 month **OR** _____ Number { ☐ Months ☐ 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.)* → _____ Page No. *(NC)*
☐ No

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

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

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

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

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

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

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

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

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

Part(s) of body *	Kind of injury

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

Part(s) of body *	Present effects **

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

FORM HIS-1 (1984) (8-9-83)

☐ SP ☐ Old age ☐ AF

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?

Probe if necessary:

Does –– usually live somewhere else?

☐ Yes (2)
☐ No *(APPLY HOUSEHOLD MEMBERSHIP RULES. Delete nonhousehold members by an "X" from 1–C2 and enter reason.)*

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.)*

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

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

C2

LA	RA	DV	INJ.	CL	LTR	HS	COND.

REFERENCE PERIODS

A1

2-WEEK PERIOD

12-MONTH DATE

13-MONTH HOSPITAL DATE

A2

ASK CONDITION LIST_____. Use Table _____ to determine Sample Person(s). *Mark "SP" box(es).*

CONDITION 6 | **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 } *(3b)*

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

1 ☐ Yes 2 ☐ No 9 ☐ DK

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

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

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

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

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

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

1 ☐ Yes *(5)* 2 ☐ No

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

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

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

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

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

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

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

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

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

Show the following detail:

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

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

Infection Sore Soreness

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

Specify _____

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

Tumor Cyst Growth

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

1 ☐ Malignant 2 ☐ Benign 9 ☐ DK

5

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

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

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

Ask probes as necessary:

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

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

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

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

FORM HIS-1 (1984) (8-9-83)

	2	3	4	5
	☐ SP ☐ Old age ☐ AF	☐ SP ☐ Old age ☐ AF	☐ SP ☐ Old age ☐ AF	☐ SP ☐ Old age ☐ AF
1. First name / Age				
Last name / Sex 1 ☐ M 2 ☐ F				
2. Relationship				
3. Date of birth Month / Date / Year				
C1 HOSP.	00 ☐ None / Number	00 ☐ None / Number	00 ☐ None / Number	00 ☐ None / Number
WORK	1 ☐ Wa 2 ☐ Wb	1 ☐ Wa 2 ☐ Wb	1 ☐ Wa 2 ☐ Wb	1 ☐ Wa 2 ☐ Wb
RD	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
2-WK. DV	00 ☐ None / Number	00 ☐ None / Number	00 ☐ None / Number	00 ☐ None / Number
C2	LA RA DV INJ. CL LTR HS COND.	LA RA DV INJ. CL LTR HS COND.	LA RA DV INJ. CL LTR HS COND.	LA RA DV INJ. CL LTR HS COND.
	LA RA DV INJ. CL LTR HS COND.	LA RA DV INJ. CL LTR HS COND.	LA RA DV INJ. CL LTR HS COND.	LA RA DV INJ. CL LTR HS COND.
	LA RA DV INJ. CL LTR HS COND.	LA RA DV INJ. CL LTR HS COND.	LA RA DV INJ. CL LTR HS COND.	LA RA DV INJ. CL LTR HS COND.
	LA RA DV INJ. CL LTR HS COND.	LA RA DV INJ. CL LTR HS COND.	LA RA DV INJ. CL LTR HS COND.	LA RA DV INJ. CL LTR HS COND.
	LA RA DV INJ. CL LTR HS COND.	LA RA DV INJ. CL LTR HS COND.	LA RA DV INJ. CL LTR HS COND.	LA RA DV INJ. CL LTR HS COND.

K1

Refer to RD and C2.
☐ "Yes" in "RD" box AND more than 1 condition in C2 *(6)*
☐ 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?
☐ Less than 1 month OR _____ Number { ☐ Months ☐ Years

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

K4

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

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

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

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

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

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

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

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

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

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

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

Part(s) of body *	Kind of injury

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

Part(s) of body *	Present effects **

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

FORM HIS-1 (1984) (5-9-83)

☐ SP ☐ Old age ☐ AF

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.)*

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

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

C2

LA	RA	DV	INJ.	CL LTR	HS	COND.

REFERENCE PERIODS

A1

2-WEEK PERIOD

12-MONTH DATE

13-MONTH HOSPITAL DATE

A2 **ASK CONDITION LIST_____. Use Table _____ to determine Sample Person(s).** *Mark "SP" box(es).*

CONDITION 7 — 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 } *(3b)*

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

1 ☐ Yes 2 ☐ No 9 ☐ DK

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

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

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

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

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

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

1 ☐ Yes *(5)* 2 ☐ No

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

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

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

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

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

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

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

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

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

Show the following detail:

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

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

Infection Sore Soreness

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

Specify _____

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

Tumor Cyst Growth

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

1 ☐ Malignant 2 ☐ Benign 9 ☐ DK

5 [a. **When was –– (condition in 3b/3f) first noticed?** / b. **When did –– (name of injury in 3b)?**]

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

Ask probes as necessary:

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

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

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

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

	2	3	4	5
	☐ SP ☐ Old age ☐ AF	☐ SP ☐ Old age ☐ AF	☐ SP ☐ Old age ☐ AF	☐ SP ☐ Old age ☐ AF
1. First name / Age				
Last name / Sex 1 ☐ M 2 ☐ F				
2. Relationship				
3. Date of birth Month / Date / Year				
C1 HOSP.	00 ☐ None / Number	00 ☐ None / Number	00 ☐ None / Number	00 ☐ None / Number
WORK	1 ☐ Wa 2 ☐ Wb	1 ☐ Wa 2 ☐ Wb	1 ☐ Wa 2 ☐ Wb	1 ☐ Wa 2 ☐ Wb
RD	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
2-WK. DV	00 ☐ None / Number	00 ☐ None / Number	00 ☐ None / Number	00 ☐ None / Number
C2	LA RA DV INJ. CL LTR HS COND.	LA RA DV INJ. CL LTR HS COND.	LA RA DV INJ. CL LTR HS COND.	LA RA DV INJ. CL LTR HS COND.
	LA RA DV INJ. CL LTR HS COND.	LA RA DV INJ. CL LTR HS COND.	LA RA DV INJ. CL LTR HS COND.	LA RA DV INJ. CL LTR HS COND.
	LA RA DV INJ. CL LTR HS COND.	LA RA DV INJ. CL LTR HS COND.	LA RA DV INJ. CL LTR HS COND.	LA RA DV INJ. CL LTR HS COND.
	LA RA DV INJ. CL LTR HS COND.	LA RA DV INJ. CL LTR HS COND.	LA RA DV INJ. CL LTR HS COND.	LA RA DV INJ. CL LTR HS COND.
	LA RA DV INJ. CL LTR HS COND.	LA RA DV INJ. CL LTR HS COND.	LA RA DV INJ. CL LTR HS COND.	LA RA DV INJ. CL LTR HS COND.

K1

Refer to RD and C2.
☐ "Yes" in "RD" box AND more than 1 condition in C2 *(6)*
☐ 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)* _____ *(K4)*
3 ☐ Under control *(K4)*

c. About how long did -- have this condition before it was cured?
☐ Less than 1 month OR _____ Number { ☐ Months ☐ 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.)* → _____ Page No. *(NC)*
☐ No

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

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

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

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

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

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

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

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

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

Part(s) of body *	Kind of injury

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

Part(s) of body *	Present effects **

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

FORM HIS-1 (1984) (8-9-83)

☐ SP ☐ Old age ☐ AF

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.)*

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

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

C2

LA	RA	DV	INJ.	CL LTR	HS	COND.

A1 REFERENCE PERIODS

2-WEEK PERIOD

12-MONTH DATE

13-MONTH HOSPITAL DATE

A2 **ASK CONDITION LIST_____. Use Table _____ to determine Sample Person(s).** *Mark "SP" box(es).*

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 – *(Mark "AF" box, THEN 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 R. Ask first alternative for first person; ask second alternative for other persons.

3a. [What is the number of the group or groups which represents –– race?
What is –– race?]

Circle all that apply
1 – Aleut, Eskimo, or American Indian
2 – Asian or Pacific Islander
3 – Black
4 – White
5 – Another group not listed – *Specify*

3a. 1 2 3 4 5 *Specify*

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

b. 1 2 3 4 5 *Specify*

c. *Mark observed race of respondent(s) only.* — c. 1 ☐ W 2 ☐ B 3 ☐ O

Hand Card O.

4a. Are any of those groups –– national origin or ancestry? (Where did –– ancestors come from?) — 4a. 1 ☐ Yes 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

FORM HIS-1 (1984) (8-9-83)

	2	3	4	5
	☐ SP ☐ Old age ☐ AF	☐ SP ☐ Old age ☐ AF	☐ SP ☐ Old age ☐ AF	☐ SP ☐ Old age ☐ AF
1.	First name / Age	First name / Age	First name / Age	First name / Age
	Last name / Sex 1 ☐ M 2 ☐ F	Last name / Sex 1 ☐ M 2 ☐ F	Last name / Sex 1 ☐ M 2 ☐ F	Last name / Sex 1 ☐ M 2 ☐ F
2.	Relationship	Relationship	Relationship	Relationship
3.	Date of birth Month / Date / Year	Date of birth Month / Date / Year	Date of birth Month / Date / Year	Date of birth Month / Date / Year
C1	HOSP. 00 ☐ None Number; WORK 1 ☐ Wa 2 ☐ Wb; RD ☐ Yes ☐ No; 2-WK. DV 00 ☐ None Number	HOSP. 00 ☐ None Number; WORK 1 ☐ Wa 2 ☐ Wb; RD ☐ Yes ☐ No; 2-WK. DV 00 ☐ None Number	HOSP. 00 ☐ None Number; WORK 1 ☐ Wa 2 ☐ Wb; RD ☐ Yes ☐ No; 2-WK. DV 00 ☐ None Number	HOSP. 00 ☐ None Number; WORK 1 ☐ Wa 2 ☐ Wb; RD ☐ Yes ☐ No; 2-WK. DV 00 ☐ None Number
C2	LA RA DV INJ CL LTR HS COND.	LA RA DV INJ CL LTR HS COND.	LA RA DV INJ CL LTR HS COND.	LA RA DV INJ CL LTR HS COND.
	LA RA DV INJ CL LTR HS COND.	LA RA DV INJ CL LTR HS COND.	LA RA DV INJ CL LTR HS COND.	LA RA DV INJ CL LTR HS COND.
	LA RA DV INJ CL LTR HS COND.	LA RA DV INJ CL LTR HS COND.	LA RA DV INJ CL LTR HS COND.	LA RA DV INJ CL LTR HS COND.
	LA RA DV INJ CL LTR HS COND.	LA RA DV INJ CL LTR HS COND.	LA RA DV INJ CL LTR HS COND.	LA RA DV INJ CL LTR HS COND.
	LA RA DV INJ CL LTR HS COND.	LA RA DV INJ CL LTR HS COND.	LA RA DV INJ CL LTR HS COND.	LA RA DV INJ CL LTR HS COND.
L1	☐ Under 5 *(NP)* ☐ 5–17 *(2)* ☐ 18 and over *(1)*	☐ Under 5 *(NP)* ☐ 5–17 *(2)* ☐ 18 and over *(1)*	☐ Under 5 *(NP)* ☐ 5–17 *(2)* ☐ 18 and over *(1)*	☐ Under 5 *(NP)* ☐ 5–17 *(2)* ☐ 18 and over *(1)*
1a.	1 ☐ Yes – *(Mark "AF" box, THEN 1b)* 2 ☐ No *(2)*	1 ☐ Yes – *(Mark "AF" box, THEN 1b)* 2 ☐ No *(2)*	1 ☐ Yes – *(Mark "AF" box, THEN 1b)* 2 ☐ No *(2)*	1 ☐ Yes – *(Mark "AF" box, THEN 1b)* 2 ☐ No *(2)*
b.	1 ☐ VN 5 ☐ PVN 2 ☐ KW 8 ☐ OS 3 ☐ WWII 9 ☐ DK 4 ☐ WWI	1 ☐ VN 5 ☐ PVN 2 ☐ KW 8 ☐ OS 3 ☐ WWII 9 ☐ DK 4 ☐ WWI	1 ☐ VN 5 ☐ PVN 2 ☐ KW 8 ☐ OS 3 ☐ WWII 9 ☐ DK 4 ☐ WWI	1 ☐ VN 5 ☐ PVN 2 ☐ KW 8 ☐ OS 3 ☐ WWII 9 ☐ DK 4 ☐ WWI
c.	☐ Yes 2 ☐ No *(2)* 7 ☐ DK *(2)*	☐ Yes 2 ☐ No *(2)* 7 ☐ DK *(2)*	☐ Yes 2 ☐ No *(2)* 7 ☐ DK *(2)*	☐ Yes 2 ☐ No *(2)* 7 ☐ DK *(2)*
d.	1 ☐ Yes 3 ☐ No 9 ☐ DK	1 ☐ Yes 3 ☐ No 9 ☐ DK	1 ☐ Yes 3 ☐ No 9 ☐ DK	1 ☐ Yes 3 ☐ No 9 ☐ DK
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+	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+	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+	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.	1 ☐ Yes 2 ☐ No	1 ☐ Yes 2 ☐ No	1 ☐ Yes 2 ☐ No	1 ☐ Yes 2 ☐ No
3a.	1 2 3 4 5 ↙ *Specify*	1 2 3 4 5 ↙ *Specify*	1 2 3 4 5 ↙ *Specify*	1 2 3 4 5 ↙ *Specify*
b.	1 2 3 4 5 ↙ *Specify*	1 2 3 4 5 ↙ *Specify*	1 2 3 4 5 ↙ *Specify*	1 2 3 4 5 ↙ *Specify*
c.	1 ☐ W 2 ☐ B 3 ☐ O	1 ☐ W 2 ☐ B 3 ☐ O	1 ☐ W 2 ☐ B 3 ☐ O	1 ☐ W 2 ☐ B 3 ☐ O
4a.	1 ☐ Yes 2 ☐ No *(NP)*	1 ☐ Yes 2 ☐ No *(NP)*	1 ☐ Yes 2 ☐ No *(NP)*	1 ☐ Yes 2 ☐ No *(NP)*
b.	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7

FORM HIS-1 (1984) (8-9-83)

☐ SP ☐ Old age ☐ AF

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.*)

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

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

C2

LA	RA	DV	INJ.	CL LTR	HS	COND

A1 REFERENCE PERIODS

2-WEEK PERIOD

12-MONTH DATE

13-MONTH HOSPITAL DATE

A2 **ASK CONDITION LIST_____. Use Table _____ to determine Sample Person(s).** *Mark "SP" box(es).*

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*) 2 ☐ Layoff (*6b*) 3 ☐ Both (*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

e. What kind of work was –– doing? *For example, electrical engineer, stock clerk, typist, farmer. If "AF" in 6b/c, mark "AF" box in person's column without asking.* — 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 2 ☐ F 3 ☐ S 4 ☐ L 5 ☐ I 6 ☐ SE 7 ☐ WP 8 ☐ NEV

FOOTNOTES

FORM HIS-1 (1984) (8-9-83)

	2	3	4	5
	☐ SP ☐ Old age ☐ AF	☐ SP ☐ Old age ☐ AF	☐ SP ☐ Old age ☐ AF	☐ SP ☐ Old age ☐ AF
1.	First name / Age	First name / Age	First name / Age	First name / Age
	Last name / Sex 1 ☐ M 2 ☐ F	Last name / Sex 1 ☐ M 2 ☐ F	Last name / Sex 1 ☐ M 2 ☐ F	Last name / Sex 1 ☐ M 2 ☐ F
2.	Relationship	Relationship	Relationship	Relationship
3.	Date of birth Month / Date / Year	Date of birth Month / Date / Year	Date of birth Month / Date / Year	Date of birth Month / Date / Year
C1	HOSP. / WORK / RD / 2-WK. DV	HOSP. / WORK / RD / 2-WK. DV	HOSP. / WORK / RD / 2-WK. DV	HOSP. / WORK / RD / 2-WK. DV
	00 ☐ None / Number; 1 ☐ Wa 2 ☐ Wb; ☐ Yes ☐ No; 00 ☐ None / Number	00 ☐ None / Number; 1 ☐ Wa 2 ☐ Wb; ☐ Yes ☐ No; 00 ☐ None / Number	00 ☐ None / Number; 1 ☐ Wa 2 ☐ Wb; ☐ Yes ☐ No; 00 ☐ None / Number	00 ☐ None / Number; 1 ☐ Wa 2 ☐ Wb; ☐ Yes ☐ No; 00 ☐ None / Number
C2	LA RA DV INJ. CL LTR HS COND.	LA RA DV INJ. CL LTR HS COND.	LA RA DV INJ. CL LTR HS COND.	LA RA DV INJ. CL LTR HS COND.
	LA RA DV INJ. CL LTR HS COND.	LA RA DV INJ. CL LTR HS COND.	LA RA DV INJ. CL LTR HS COND.	LA RA DV INJ. CL LTR HS COND.
	LA RA DV INJ. CL LTR HS COND.	LA RA DV INJ. CL LTR HS COND.	LA RA DV INJ. CL LTR HS COND.	LA RA DV INJ. CL LTR HS COND.
	LA RA DV INJ. CL LTR HS COND.	LA RA DV INJ. CL LTR HS COND.	LA RA DV INJ. CL LTR HS COND.	LA RA DV INJ. CL LTR HS COND.
	LA RA DV INJ. CL LTR HS COND.	LA RA DV INJ. CL LTR HS COND.	LA RA DV INJ. CL LTR HS COND.	LA RA DV INJ. CL LTR HS COND.
L2	0 ☐ Under 18 *(NP)* 1 ☐ Wa box marked *(6a)* 2 ☐ Wb box marked *(5a)* 3 ☐ Neither box marked *(5b)*	0 ☐ Under 18 *(NP)* 1 ☐ Wa box marked *(6a)* 2 ☐ Wb box marked *(5a)* 3 ☐ Neither box marked *(5b)*	0 ☐ Under 18 *(NP)* 1 ☐ Wa box marked *(6a)* 2 ☐ Wb box marked *(5a)* 3 ☐ Neither box marked *(5b)*	0 ☐ Under 18 *(NP)* 1 ☐ Wa box marked *(6a)* 2 ☐ Wb box marked *(5a)* 3 ☐ Neither box marked *(5b)*
5a.	1 ☐ Yes *(5c)* 2 ☐ No *(6b)*	1 ☐ Yes *(5c)* 2 ☐ No *(6b)*	1 ☐ Yes *(5c)* 2 ☐ No *(6b)*	1 ☐ Yes *(5c)* 2 ☐ No *(6b)*
b.	1 ☐ Yes 2 ☐ No *(NP)*	1 ☐ Yes 2 ☐ No *(NP)*	1 ☐ Yes 2 ☐ No *(NP)*	1 ☐ Yes 2 ☐ No *(NP)*
c.	1 ☐ Looking *(6c)* 3 ☐ Both *(6b)* 2 ☐ Layoff *(6b)*	1 ☐ Looking *(6c)* 3 ☐ Both *(6b)* 2 ☐ Layoff *(6b)*	1 ☐ Looking *(6c)* 3 ☐ Both *(6b)* 2 ☐ Layoff *(6b)*	1 ☐ Looking *(6c)* 3 ☐ Both *(6b)* 2 ☐ Layoff *(6b)*
6b. and c.	Employer ☐ NEV *(6g)* ☐ AF *(6e)*	Employer ☐ NEV *(6g)* ☐ AF *(6e)*	Employer ☐ NEV *(6g)* ☐ AF *(6e)*	Employer ☐ NEV *(6g)* ☐ AF *(6e)*
d.	Industry	Industry	Industry	Industry
e.	Occupation ☐ AF *(NP)*	Occupation ☐ AF *(NP)*	Occupation ☐ AF *(NP)*	Occupation ☐ AF *(NP)*
f.	Duties	Duties	Duties	Duties
g.	Class of worker 1 ☐ P 5 ☐ I 2 ☐ F 6 ☐ SE 3 ☐ S 7 ☐ WP 4 ☐ L 8 ☐ NEV	Class of worker 1 ☐ P 5 ☐ I 2 ☐ F 6 ☐ SE 3 ☐ S 7 ☐ WP 4 ☐ L 8 ☐ NEV	Class of worker 1 ☐ P 5 ☐ I 2 ☐ F 6 ☐ SE 3 ☐ S 7 ☐ WP 4 ☐ L 8 ☐ NEV	Class of worker 1 ☐ P 5 ☐ I 2 ☐ F 6 ☐ SE 3 ☐ S 7 ☐ WP 4 ☐ L 8 ☐ NEV

FOOTNOTES

FORM HIS-1 (1984) (8-9-83)

☐ SP ☐ Old age ☐ AF

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.*)

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

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

C2

LA	RA	DV	INJ.	CL LTR	HS	COND.

REFERENCE PERIODS

A1

2-WEEK PERIOD

12-MONTH DATE

13-MONTH HOSPITAL DATE

A2 **ASK CONDITION LIST_____. Use Table _____ to determine Sample Person(s).** *Mark "SP" box(es).*

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 the 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.
- 0 ☐ Under 17
- 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)

FOOTNOTES

FORM HIS-1 (1984) (8-9-83)

	2	3	4	5
	☐ SP ☐ Old age ☐ AF	☐ SP ☐ Old age ☐ AF	☐ SP ☐ Old age ☐ AF	☐ SP ☐ Old age ☐ AF
1.	First name / Age	First name / Age	First name / Age	First name / Age
	Last name / Sex 1 ☐ M 2 ☐ F	Last name / Sex 1 ☐ M 2 ☐ F	Last name / Sex 1 ☐ M 2 ☐ F	Last name / Sex 1 ☐ M 2 ☐ F
2.	Relationship	Relationship	Relationship	Relationship
3.	Date of birth Month / Date / Year	Date of birth Month / Date / Year	Date of birth Month / Date / Year	Date of birth Month / Date / Year
C1	HOSP. 00 ☐ None Number; WORK 1 ☐ Wa 2 ☐ Wb; RD ☐ Yes ☐ No; 2-WK. DV 00 ☐ None Number	HOSP. 00 ☐ None Number; WORK 1 ☐ Wa 2 ☐ Wb; RD ☐ Yes ☐ No; 2-WK. DV 00 ☐ None Number	HOSP. 00 ☐ None Number; WORK 1 ☐ Wa 2 ☐ Wb; RD ☐ Yes ☐ No; 2-WK. DV 00 ☐ None Number	HOSP. 00 ☐ None Number; WORK 1 ☐ Wa 2 ☐ Wb; RD ☐ Yes ☐ No; 2-WK. DV 00 ☐ None Number
C2	LA RA DV INJ. CL LTR HS COND.	LA RA DV INJ. CL LTR HS COND.	LA RA DV INJ. CL LTR HS COND.	LA RA DV INJ. CL LTR HS COND.
	LA RA DV INJ. CL LTR HS COND.	LA RA DV INJ. CL LTR HS COND.	LA RA DV INJ. CL LTR HS COND.	LA RA DV INJ. CL LTR HS COND.
	LA RA DV INJ. CL LTR HS COND.	LA RA DV INJ. CL LTR HS COND.	LA RA DV INJ. CL LTR HS COND.	LA RA DV INJ. CL LTR HS COND.
	LA RA DV INJ. CL LTR HS COND.	LA RA DV INJ. CL LTR HS COND.	LA RA DV INJ. CL LTR HS COND.	LA RA DV INJ. CL LTR HS COND.
	LA RA DV INJ. CL LTR HS COND.	LA RA DV INJ. CL LTR HS COND.	LA RA DV INJ. CL LTR HS COND.	LA RA DV INJ. CL LTR HS COND.
7.	0 ☐ Under 14 1 ☐ Married – spouse in HH 2 ☐ Married – spouse not in HH 3 ☐ Widowed 4 ☐ Divorced 5 ☐ Separated 6 ☐ Never married	0 ☐ Under 14 1 ☐ Married – spouse in HH 2 ☐ Married – spouse not in HH 3 ☐ Widowed 4 ☐ Divorced 5 ☐ Separated 6 ☐ Never married	0 ☐ Under 14 1 ☐ Married – spouse in HH 2 ☐ Married – spouse not in HH 3 ☐ Widowed 4 ☐ Divorced 5 ☐ Separated 6 ☐ Never married	0 ☐ Under 14 1 ☐ Married – spouse in HH 2 ☐ Married – spouse not in HH 3 ☐ Widowed 4 ☐ Divorced 5 ☐ Separated 6 ☐ Never married
Ra.	0 ☐ Under 17 1 ☐ Present for all questions 2 ☐ Present for some questions 3 ☐ Not present	0 ☐ Under 17 1 ☐ Present for all questions 2 ☐ Present for some questions 3 ☐ Not present	0 ☐ Under 17 1 ☐ Present for all questions 2 ☐ Present for some questions 3 ☐ Not present	0 ☐ Under 17 1 ☐ Present for all questions 2 ☐ Present for some questions 3 ☐ Not present
b.	Person number(s) of respondent(s)	Person number(s) of respondent(s)	Person number(s) of respondent(s)	Person number(s) of respondent(s)

FOOTNOTES

FORM HIS-1 (1984) (6-9-83)

☐ SP ☐ Old age ☐ AF

A. HOUSEHOLD COMPOSITION PAGE

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.*)

A1 REFERENCE PERIODS

2-WEEK PERIOD

12-MONTH DATE

13-MONTH HOSPITAL DATE

A2 ASK CONDITION LIST_____. Use Table _____ to determine Sample Person(s). *Mark "SP" box(es).*

1

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

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

C2: LA | RA | DV | INJ. | CL LTR | HS | COND.

M. HEALTH INSURANCE PAGE

Read to respondent(s):

Medicare is a Social Security health insurance program for disabled persons and for persons 65 years old and over. People covered by Medicare have a card that looks like this.

Show card.

1a. Is anyone in this family, that is (*read names*)**, now covered by Medicare?** ☐ Yes ☐ No (4) ☐ DK

b. Is –– now covered? — 1b. 1 ☐ Covered 2 ☐ Not covered 9 ☐ DK

Ask for each person with "Covered" in 1b:

2a. Is –– now covered by the part of Social Security Medicare which pays for hospital bills? *Mark box in person's column.* — 2a. 1 ☐ Yes 2 ☐ No 9 ☐ DK

b. Is –– now covered by that part of Medicare which pays for doctor's bills? This is the Medicare plan for which –– or some agency must pay a certain amount each month. *Mark box in person's column.* — b. 1 ☐ Yes 2 ☐ No 9 ☐ DK

Ask for each person with "DK" in 2a and/or b:

3. May I please see the Social Security Medicare card(s) for –– (and ––) to determine the type of coverage? *Transcribe the information from the card or mark the "Card N.A." box.* — 3. 1 ☐ Hospital 2 ☐ Medical 3 ☐ Card N.A.

We are interested in all kinds of health insurance plans except those which pay only for accidents.

4a. (Not counting Medicare) Is anyone in the family now covered by a health insurance plan which pays any part of a hospital, doctor's or surgeon's bill? ☐ Yes ☐ No (M1) ☐ DK (M1)

b. What is the name of the plan? *Record in Table H.I.*

c. Is anyone in the family now covered by any other health insurance plan which pays any part of a hospital, doctor's or surgeon's bill? ☐ Yes (*Reask 4b and c*) ☐ No (5)

TABLE H.I.

PLAN 1			
5a. Was this (*name*) **plan obtained through an employer or union?** 1 ☐ Yes 2 ☐ No (6) 9 ☐ DK (6)	**6a. Does this plan pay any part of hospital expenses?** 1 ☐ Yes 2 ☐ No 9 ☐ DK	**7. Is –– covered under this** (*name*) **plan?**	7. 1 ☐ Covered (NP) 2 ☐ Not covered (NP)
b. Is it now carried through an employer or union? 1 ☐ Yes 2 ☐ No 9 ☐ DK	**b. Does this plan pay any part of doctor's or surgeon's bills for operations?** 1 ☐ Yes 2 ☐ No 9 ☐ DK		
PLAN 2			
5a. Was this (*name*) **plan obtained through an employer or union?** 1 ☐ Yes 2 ☐ No (6) 9 ☐ DK (6)	**6a. Does this plan pay any part of hospital expenses?** 1 ☐ Yes 2 ☐ No 9 ☐ DK	**7. Is –– covered under this** (*name*) **plan?**	7. 1 ☐ Covered (NP) 2 ☐ Not covered (NP)
b. Is it now carried through an employer or union? 1 ☐ Yes 2 ☐ No 9 ☐ DK	**b. Does this plan pay any part of doctor's or surgeon's bills for operations?** 1 ☐ Yes 2 ☐ No 9 ☐ DK		
PLAN 3			
5a. Was this (*name*) **plan obtained through an employer or union?** 1 ☐ Yes 2 ☐ No (6) 9 ☐ DK (6)	**6a. Does this plan pay any part of hospital expenses?** 1 ☐ Yes 2 ☐ No 9 ☐ DK	**7. Is –– covered under this** (*name*) **plan?**	7. 1 ☐ Covered (NP) 2 ☐ Not covered (NP)
b. Is it now carried through an employer or union? 1 ☐ Yes 2 ☐ No 9 ☐ DK	**b. Does this plan pay any part of doctor's or surgeon's bills for operations?** 1 ☐ Yes 2 ☐ No 9 ☐ DK		

M1 *Review 1 and 7 for each person and determine if "Covered" by either Medicare and/or insurance, or "Not covered."* — M1 1 ☐ Covered (NP) 2 ☐ Not covered under 65 (NP) 3 ☐ Not covered 65 and over (NP)

Ask for each person "Not covered" in M1. If "Not covered 65 and over," include "or Medicare."

8a. Many people do not carry health insurance for various reasons. *Hand Card M.* **Which of those statements describes why –– is not covered by any health insurance (or Medicare)? Any other reason?** *Circle all reasons given.* — 8a. 1 2 3 4 5 6 7 8 *Specify*

Mark box if only one reason. If "Not covered 65 and over," in M1, include "or Medicare."

b. What is the MAIN reason –– is not covered by any health insurance (or Medicare)? — b. 00 ☐ Only one reason 1 2 3 4 5 6 7 8 *Specify*

FORM HIS-1 (1984) (6-9-83)

	2	3	4	5
	☐ SP ☐ Old age ☐ AF	☐ SP ☐ Old age ☐ AF	☐ SP ☐ Old age ☐ AF	☐ SP ☐ Old age ☐ AF
1.	First name / Age	First name / Age	First name / Age	First name / Age
	Last name / Sex 1 ☐ M 2 ☐ F	Last name / Sex 1 ☐ M 2 ☐ F	Last name / Sex 1 ☐ M 2 ☐ F	Last name / Sex 1 ☐ M 2 ☐ F
2.	Relationship	Relationship	Relationship	Relationship
3.	Date of birth Month / Date / Year	Date of birth Month / Date / Year	Date of birth Month / Date / Year	Date of birth Month / Date / Year
C1	HOSP. 00 ☐ None Number; WORK 1 ☐ Wa 2 ☐ Wb; RD ☐ Yes ☐ No; 2-WK. DV 00 ☐ None Number	HOSP. 00 ☐ None Number; WORK 1 ☐ Wa 2 ☐ Wb; RD ☐ Yes ☐ No; 2-WK. DV 00 ☐ None Number	HOSP. 00 ☐ None Number; WORK 1 ☐ Wa 2 ☐ Wb; RD ☐ Yes ☐ No; 2-WK. DV 00 ☐ None Number	HOSP. 00 ☐ None Number; WORK 1 ☐ Wa 2 ☐ Wb; RD ☐ Yes ☐ No; 2-WK. DV 00 ☐ None Number
C2	LA RA DV INJ. CL LTR HS COND.	LA RA DV INJ. CL LTR HS COND.	LA RA DV INJ. CL LTR HS COND.	LA RA DV INJ. CL LTR HS COND.
	LA RA DV INJ. CL LTR HS COND.	LA RA DV INJ. CL LTR HS COND.	LA RA DV INJ. CL LTR HS COND.	LA RA DV INJ. CL LTR HS COND.
	LA RA DV INJ. CL LTR HS COND.	LA RA DV INJ. CL LTR HS COND.	LA RA DV INJ. CL LTR HS COND.	LA RA DV INJ. CL LTR HS COND.
	LA RA DV INJ. CL LTR HS COND.	LA RA DV INJ. CL LTR HS COND.	LA RA DV INJ. CL LTR HS COND.	LA RA DV INJ. CL LTR HS COND.
	LA RA DV INJ. CL LTR HS COND.	LA RA DV INJ. CL LTR HS COND.	LA RA DV INJ. CL LTR HS COND.	LA RA DV INJ. CL LTR HS COND.
1b.	1 ☐ Covered 9 ☐ DK 2 ☐ Not covered	1 ☐ Covered 9 ☐ DK 2 ☐ Not covered	1 ☐ Covered 9 ☐ DK 2 ☐ Not covered	1 ☐ Covered 9 ☐ DK 2 ☐ Not covered
2a.	1 ☐ Yes 9 ☐ DK 2 ☐ No	1 ☐ Yes 9 ☐ DK 2 ☐ No	1 ☐ Yes 9 ☐ DK 2 ☐ No	1 ☐ Yes 9 ☐ DK 2 ☐ No
b.	1 ☐ Yes 9 ☐ DK 2 ☐ No	1 ☐ Yes 9 ☐ DK 2 ☐ No	1 ☐ Yes 9 ☐ DK 2 ☐ No	1 ☐ Yes 9 ☐ DK 2 ☐ No
3.	1 ☐ Hospital 2 ☐ Medical 3 ☐ Card N.A.	1 ☐ Hospital 2 ☐ Medical 3 ☐ Card N.A.	1 ☐ Hospital 2 ☐ Medical 3 ☐ Card N.A.	1 ☐ Hospital 2 ☐ Medical 3 ☐ Card N.A.
7.	1 ☐ Covered *(NP)* 2 ☐ Not covered *(NP)*	1 ☐ Covered *(NP)* 2 ☐ Not covered *(NP)*	1 ☐ Covered *(NP)* 2 ☐ Not covered *(NP)*	1 ☐ Covered *(NP)* 2 ☐ Not covered *(NP)*
7.	1 ☐ Covered *(NP)* 2 ☐ Not covered *(NP)*	1 ☐ Covered *(NP)* 2 ☐ Not covered *(NP)*	1 ☐ Covered *(NP)* 2 ☐ Not covered *(NP)*	1 ☐ Covered *(NP)* 2 ☐ Not covered *(NP)*
7.	1 ☐ Covered *(NP)* 2 ☐ Not covered *(NP)*	1 ☐ Covered *(NP)* 2 ☐ Not covered *(NP)*	1 ☐ Covered *(NP)* 2 ☐ Not covered *(NP)*	1 ☐ Covered *(NP)* 2 ☐ Not covered *(NP)*
M1	1 ☐ Covered *(NP)* 2 ☐ Not covered under 65 *(NP)* 3 ☐ Not covered 65 and over *(NP)*	1 ☐ Covered *(NP)* 2 ☐ Not covered under 65 *(NP)* 3 ☐ Not covered 65 and over *(NP)*	1 ☐ Covered *(NP)* 2 ☐ Not covered under 65 *(NP)* 3 ☐ Not covered 65 and over *(NP)*	1 ☐ Covered *(NP)* 2 ☐ Not covered under 65 *(NP)* 3 ☐ Not covered 65 and over *(NP)*
8a.	1 2 3 4 5 6 7 8 *Specify*	1 2 3 4 5 6 7 8 *Specify*	1 2 3 4 5 6 7 8 *Specify*	1 2 3 4 5 6 7 8 *Specify*
b.	00 ☐ Only one reason 1 2 3 4 5 6 7 8 *Specify*	00 ☐ Only one reason 1 2 3 4 5 6 7 8 *Specify*	00 ☐ Only one reason 1 2 3 4 5 6 7 8 *Specify*	00 ☐ Only one reason 1 2 3 4 5 6 7 8 *Specify*

FORM HIS-1 (1984) (8-9-83)

☐ SP ☐ Old age ☐ AF

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?

Probe if necessary:

Does –– usually live somewhere else?

☐ Yes (2)
☐ No (*APPLY HOUSEHOLD MEMBERSHIP RULES. Delete nonhousehold members by an "X" from 1–C2 and enter reason.*)

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.*)

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

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

C2

LA	RA	DV	INJ.	CL LTR	HS	COND.

REFERENCE PERIODS

A1

2-WEEK PERIOD

12-MONTH DATE

13-MONTH HOSPITAL DATE

A2

ASK CONDITION LIST_____. Use Table _____ to determine Sample Person(s). *Mark "SP" box(es).*

M. HEALTH INSURANCE PAGE, Continued

Ask only if persons under 20 in family:

9a. Does anyone in this family now receive assistance through the "Aid to Families with Dependent Children" Program, sometimes called "AFDC" or "ADC"?

☐ Yes ☐ No (*10*) ☐ DK

b. Does –– now receive AFDC or ADC? — **9b.** 1 ☐ Yes 2 ☐ No 9 ☐ DK

10a. Does anyone in this family now receive the "Supplemental Security Income" or "SSI" gold-colored check?

☐ Yes ☐ No (*11*) ☐ DK

b. Does –– now receive this check? — **10b.** 1 ☐ Yes 2 ☐ No 9 ☐ DK

11a. There is a national program called Medicaid which pays for health care for persons in need. (In this State it is also called (*name*)).

During the past 12 months, has anyone in this family received health care which has been or will be paid for by Medicaid (or (*name*))?

☐ Yes ☐ No (*12*) ☐ DK

b. Has –– received this care in the past 12 months? — **11b.** 1 ☐ Yes 2 ☐ No 9 ☐ DK

12a. Does anyone in the family now have a Medicaid (or (*name*)) card which looks like this? *Show Medicaid card(s).*

☐ Yes ☐ No (*13*) ☐ DK

b. Does –– now have this card? — **12b.** 1 ☐ Yes 2 ☐ No 9 ☐ DK

Ask for each person with "Yes" in 12b:

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

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

c. ☐ Medicaid card seen
1 ☐ Current
2 ☐ Expired
3 ☐ No card seen
8 ☐ Other card seen

_____ *Specify*

13a. Is anyone in the family now covered by any other public assistance program that pays for health care?

☐ Yes ☐ No (*Next page*) ☐ DK

b. Is –– now covered? — **13b.** 1 ☐ Yes 2 ☐ No 9 ☐ DK

FORM HIS-1 (1984) (8-9-83)

	2	3	4	5
	☐ SP ☐ Old age ☐ AF	☐ SP ☐ Old age ☐ AF	☐ SP ☐ Old age ☐ AF	☐ SP ☐ Old age ☐ AF
1.	First name / Age	First name / Age	First name / Age	First name / Age
	Last name / Sex 1 ☐ M 2 ☐ F	Last name / Sex 1 ☐ M 2 ☐ F	Last name / Sex 1 ☐ M 2 ☐ F	Last name / Sex 1 ☐ M 2 ☐ F
2.	Relationship	Relationship	Relationship	Relationship
3.	Date of birth Month / Date / Year	Date of birth Month / Date / Year	Date of birth Month / Date / Year	Date of birth Month / Date / Year
C1	HOSP. / WORK / RD / 2-WK. DV	HOSP. / WORK / RD / 2-WK. DV	HOSP. / WORK / RD / 2-WK. DV	HOSP. / WORK / RD / 2-WK. DV
	00 ☐ None / 1 ☐ Wa / ☐ Yes / 00 ☐ None	00 ☐ None / 1 ☐ Wa / ☐ Yes / 00 ☐ None	00 ☐ None / 1 ☐ Wa / ☐ Yes / 00 ☐ None	00 ☐ None / 1 ☐ Wa / ☐ Yes / 00 ☐ None
	Number / 2 ☐ Wb / ☐ No / Number	Number / 2 ☐ Wb / ☐ No / Number	Number / 2 ☐ Wb / ☐ No / Number	Number / 2 ☐ Wb / ☐ No / Number
C2	LA RA DV INJ CL LTR HS COND	LA RA DV INJ CL LTR HS COND	LA RA DV INJ CL LTR HS COND	LA RA DV INJ CL LTR HS COND
	LA RA DV INJ CL LTR HS COND	LA RA DV INJ CL LTR HS COND	LA RA DV INJ CL LTR HS COND	LA RA DV INJ CL LTR HS COND
	LA RA DV INJ CL LTR HS COND	LA RA DV INJ CL LTR HS COND	LA RA DV INJ CL LTR HS COND	LA RA DV INJ CL LTR HS COND
	LA RA DV INJ CL LTR HS COND	LA RA DV INJ CL LTR HS COND	LA RA DV INJ CL LTR HS COND	LA RA DV INJ CL LTR HS COND
	LA RA DV INJ CL LTR HS COND	LA RA DV INJ CL LTR HS COND	LA RA DV INJ CL LTR HS COND	LA RA DV INJ CL LTR HS COND
9b.	1 ☐ Yes 2 ☐ No 9 ☐ DK	1 ☐ Yes 2 ☐ No 9 ☐ DK	1 ☐ Yes 2 ☐ No 9 ☐ DK	1 ☐ Yes 2 ☐ No 9 ☐ DK
10b.	1 ☐ Yes 2 ☐ No 9 ☐ DK	1 ☐ Yes 2 ☐ No 9 ☐ DK	1 ☐ Yes 2 ☐ No 9 ☐ DK	1 ☐ Yes 2 ☐ No 9 ☐ DK
11b.	1 ☐ Yes 2 ☐ No 9 ☐ DK	1 ☐ Yes 2 ☐ No 9 ☐ DK	1 ☐ Yes 2 ☐ No 9 ☐ DK	1 ☐ Yes 2 ☐ No 9 ☐ DK
12b.	1 ☐ Yes 2 ☐ No 9 ☐ DK	1 ☐ Yes 2 ☐ No 9 ☐ DK	1 ☐ Yes 2 ☐ No 9 ☐ DK	1 ☐ Yes 2 ☐ No 9 ☐ DK
c.	☐ Medicaid card seen 1 ☐ Current 2 ☐ Expired 3 ☐ No card seen 8 ☐ Other card seen Specify	☐ Medicaid card seen 1 ☐ Current 2 ☐ Expired 3 ☐ No card seen 8 ☐ Other card seen Specify	☐ Medicaid card seen 1 ☐ Current 2 ☐ Expired 3 ☐ No card seen 8 ☐ Other card seen Specify	☐ Medicaid card seen 1 ☐ Current 2 ☐ Expired 3 ☐ No card seen 8 ☐ Other card seen Specify
13b.	1 ☐ Yes 2 ☐ No 9 ☐ DK	1 ☐ Yes 2 ☐ No 9 ☐ DK	1 ☐ Yes 2 ☐ No 9 ☐ DK	1 ☐ Yes 2 ☐ No 9 ☐ DK

FORM HIS-1 (1984) (8-9-83)

☐ SP ☐ Old age ☐ AF

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.)*

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

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

C2	LA	RA	DV	INJ.	CL LTR	HS	COND.
	LA	RA	DV	INJ.	CL LTR	HS	COND.
	LA	RA	DV	INJ.	CL LTR	HS	COND.
	LA	RA	DV	INJ.	CL LTR	HS	COND.
	LA	RA	DV	INJ.	CL LTR	HS	COND.

A1

REFERENCE PERIODS
2-WEEK PERIOD
12-MONTH DATE
13-MONTH HOSPITAL DATE

A2 ASK CONDITION LIST_____. Use Table _____ to determine Sample Person(s). *Mark "SP" box(es).*

M. HEALTH INSURANCE PAGE, Continued

14a. Does anyone in the family now receive military retirement payments from any branch of the Armed Forces or a pension from the Veterans Administration? Do not include VA disability compensation.

☐ Yes ☐ No *(15)* ☐ DK

b. Does –– now receive military retirement or a VA pension? — **14b.** 1 ☐ Yes 2 ☐ No 9 ☐ DK

Ask for each person with "Yes" in 14b:

c. Which does –– receive – the Armed Forces retirement, the VA pension or both? *Mark box in person's column.* — **c.** 1 ☐ Armed Forces 2 ☐ VA 3 ☐ Both

15a. Is anyone in the family now covered by CHAMP–VA, which is medical insurance for dependents or survivors of disabled veterans?

☐ Yes ☐ No *(16)* ☐ DK

b. Is –– now covered by CHAMP–VA? — **15b.** 1 ☐ Yes 2 ☐ No 9 ☐ DK

16a. Is anyone in the family now covered by any other program that provides health care for military dependents or survivors of military persons?

☐ Yes ☐ No *(M2)* ☐ DK

b. Is –– now covered? — **16b.** 1 ☐ Yes 2 ☐ No 9 ☐ DK

M2 *Refer to "AF" box above person's column.* — **M2** 1 ☐ AF box marked *(17)* 2 ☐ Other *(NP)*

17a. Does –– have a disability related to –– service in the Armed Forces of the United States? — **17a.** 1 ☐ Yes 2 ☐ No *(NP)*

b. Does –– now receive compensation for this disability from the Veterans Administration? — **b.** 1 ☐ Yes 2 ☐ No

FOOTNOTES

FORM HIS-1 (1984) (8-9-83)

	2	3	4	5
	☐ SP ☐ Old age ☐ AF	☐ SP ☐ Old age ☐ AF	☐ SP ☐ Old age ☐ AF	☐ SP ☐ Old age ☐ AF
1.	First name / Age	First name / Age	First name / Age	First name / Age
	Last name / Sex 1 ☐ M 2 ☐ F	Last name / Sex 1 ☐ M 2 ☐ F	Last name / Sex 1 ☐ M 2 ☐ F	Last name / Sex 1 ☐ M 2 ☐ F
2.	Relationship	Relationship	Relationship	Relationship
3.	Date of birth Month / Date / Year	Date of birth Month / Date / Year	Date of birth Month / Date / Year	Date of birth Month / Date / Year
C1	HOSP. 00 ☐ None / Number; WORK 1 ☐ Wa 2 ☐ Wb; RD ☐ Yes ☐ No; 2-WK. DV 00 ☐ None / Number	HOSP. 00 ☐ None / Number; WORK 1 ☐ Wa 2 ☐ Wb; RD ☐ Yes ☐ No; 2-WK. DV 00 ☐ None / Number	HOSP. 00 ☐ None / Number; WORK 1 ☐ Wa 2 ☐ Wb; RD ☐ Yes ☐ No; 2-WK. DV 00 ☐ None / Number	HOSP. 00 ☐ None / Number; WORK 1 ☐ Wa 2 ☐ Wb; RD ☐ Yes ☐ No; 2-WK. DV 00 ☐ None / Number
C2	LA RA DV INJ CL LTR HS COND	LA RA DV INJ CL LTR HS COND	LA RA DV INJ CL LTR HS COND	LA RA DV INJ CL LTR HS COND
	LA RA DV INJ CL LTR HS COND	LA RA DV INJ CL LTR HS COND	LA RA DV INJ CL LTR HS COND	LA RA DV INJ CL LTR HS COND
	LA RA DV INJ CL LTR HS COND	LA RA DV INJ CL LTR HS COND	LA RA DV INJ CL LTR HS COND	LA RA DV INJ CL LTR HS COND
	LA RA DV INJ CL LTR HS COND	LA RA DV INJ CL LTR HS COND	LA RA DV INJ CL LTR HS COND	LA RA DV INJ CL LTR HS COND
	LA RA DV INJ CL LTR HS COND	LA RA DV INJ CL LTR HS COND	LA RA DV INJ CL LTR HS COND	LA RA DV INJ CL LTR HS COND
14b.	1 ☐ Yes 2 ☐ No 9 ☐ DK	1 ☐ Yes 2 ☐ No 9 ☐ DK	1 ☐ Yes 2 ☐ No 9 ☐ DK	1 ☐ Yes 2 ☐ No 9 ☐ DK
c.	1 ☐ Armed Forces 2 ☐ VA 3 ☐ Both	1 ☐ Armed Forces 2 ☐ VA 3 ☐ Both	1 ☐ Armed Forces 2 ☐ VA 3 ☐ Both	1 ☐ Armed Forces 2 ☐ VA 3 ☐ Both
15b.	1 ☐ Yes 2 ☐ No 9 ☐ DK	1 ☐ Yes 2 ☐ No 9 ☐ DK	1 ☐ Yes 2 ☐ No 9 ☐ DK	1 ☐ Yes 2 ☐ No 9 ☐ DK
16b.	1 ☐ Yes 2 ☐ No 9 ☐ DK	1 ☐ Yes 2 ☐ No 9 ☐ DK	1 ☐ Yes 2 ☐ No 9 ☐ DK	1 ☐ Yes 2 ☐ No 9 ☐ DK
M2	1 ☐ AF box marked *(17)* 2 ☐ Other *(NP)*	1 ☐ AF box marked *(17)* 2 ☐ Other *(NP)*	1 ☐ AF box marked *(17)* 2 ☐ Other *(NP)*	1 ☐ AF box marked *(17)* 2 ☐ Other *(NP)*
17a.	1 ☐ Yes 2 ☐ No *(NP)*	1 ☐ Yes 2 ☐ No *(NP)*	1 ☐ Yes 2 ☐ No *(NP)*	1 ☐ Yes 2 ☐ No *(NP)*
b.	1 ☐ Yes 2 ☐ No	1 ☐ Yes 2 ☐ No	1 ☐ Yes 2 ☐ No	1 ☐ Yes 2 ☐ No

FOOTNOTES

FORM HIS-1 (1984) (8-9-83)

☐ SP ☐ Old age ☐ AF

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.)

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

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

C2

LA	RA	DV	INJ.	CL LTR	HS	COND.

	REFERENCE PERIODS
A1	2-WEEK PERIOD
	12-MONTH DATE
	13-MONTH HOSPITAL DATE
A2	ASK CONDITION LIST_____. Use Table _____ to determine Sample Person(s). *Mark "SP" box(es).*

M. HEALTH INSURANCE PAGE, Continued

18a. During the past 12 months, that is since (*12-month date*) a year ago, have (*read names of related HH members 18 or over*) been laid off from a job or lost a job?

☐ Yes ☐ No (*M4*) ☐ DK (*M4*)

b. Who was this? *Mark "Laid off/lost job" box in person's column.* — 18b. 1 ☐ Laid off/lost job

c. Anyone else? ☐ Yes (*Reask 18b and c*) ☐ No

Ask 18d, e, and f for each person with "Laid off/lost job" in 18b.

d. How many times has –– been laid off or lost a job during the past 12 months? — d. _____ Times

e. In what month was –– laid off or did –– lose a job ((the last time/the time before that))? — e. ☐ Time 1 ☐ Time 2 ☐ Time 3

f. For ANYTIME during [that/those] job layoff(s) or job loss(es), did –– receive unemployment insurance benefits? — 1 ☐ Yes 2 ☐ No

19a. Because of (*names of persons in 18b*) job layoff(s) or job loss(es), did anyone in the family lose any health insurance coverage that had been carried through [that/those] job(s)?

☐ Yes ☐ No (*M4*) ☐ DK (*M4*)

b. Who was this? *Mark "Lost coverage" box in person's column.* — 19b. 1 ☐ Lost coverage

c. Anyone else? ☐ Yes (*Reask 19b and c*) ☐ No

M3 *Refer to 19b and mark appropriate box.* — M3 1 ☐ Lost coverage (*20*) 2 ☐ Did not lose coverage (*NP*)

20a. For ANYTIME during [that/those] job layoff(s) or job loss(es), was –– without any type of health insurance coverage? ⟨Do not include health care programs, such as Medicaid, AFDC, or military benefit programs, as health insurance coverage.⟩ — 20a. 1 ☐ Yes 2 ☐ No (*NP*)

b. For how long was –– without some type of health insurance coverage? (How many months is that?) — b. 00 ☐ Less than 1 month _____ Months

21a. For ANYTIME during [that/those] job layoff(s) or job loss(es), was –– covered by any health care program, such as Medicaid, AFDC, or a military benefit program? — 21a. 1 ☐ Yes 2 ☐ No (*NP*)

b. For how long was –– covered by some health care program? (How many months is that?) — b. 00 ☐ Less than 1 month _____ Months

M4 *Refer to age(s) and mark appropriate box.* — M4 1 ☐ No person 55+ in family (*HH pg.*) 8 ☐ Other (*Supplement on Aging*)

FORM HIS-1 (1984) (8-9-83)

	2	3	4	5
	☐ SP ☐ Old age ☐ AF	☐ SP ☐ Old age ☐ AF	☐ SP ☐ Old age ☐ AF	☐ SP ☐ Old age ☐ AF
1.	First name / Age	First name / Age	First name / Age	First name / Age
	Last name / Sex 1 ☐ M 2 ☐ F	Last name / Sex 1 ☐ M 2 ☐ F	Last name / Sex 1 ☐ M 2 ☐ F	Last name / Sex 1 ☐ M 2 ☐ F
2.	Relationship	Relationship	Relationship	Relationship
3.	Date of birth Month / Date / Year	Date of birth Month / Date / Year	Date of birth Month / Date / Year	Date of birth Month / Date / Year
C1	HOSP. / WORK / RD / 2-WK. DV	HOSP. / WORK / RD / 2-WK. DV	HOSP. / WORK / RD / 2-WK. DV	HOSP. / WORK / RD / 2-WK. DV
	00 ☐ None / 1 ☐ Wa 2 ☐ Wb / ☐ Yes ☐ No / 00 ☐ None	00 ☐ None / 1 ☐ Wa 2 ☐ Wb / ☐ Yes ☐ No / 00 ☐ None	00 ☐ None / 1 ☐ Wa 2 ☐ Wb / ☐ Yes ☐ No / 00 ☐ None	00 ☐ None / 1 ☐ Wa 2 ☐ Wb / ☐ Yes ☐ No / 00 ☐ None
	Number / Number	Number / Number	Number / Number	Number / Number
C2	LA RA DV INJ CL LTR HS COND	LA RA DV INJ CL LTR HS COND	LA RA DV INJ CL LTR HS COND	LA RA DV INJ CL LTR HS COND
	LA RA DV INJ CL LTR HS COND	LA RA DV INJ CL LTR HS COND	LA RA DV INJ CL LTR HS COND	LA RA DV INJ CL LTR HS COND
	LA RA DV INJ CL LTR HS COND	LA RA DV INJ CL LTR HS COND	LA RA DV INJ CL LTR HS COND	LA RA DV INJ CL LTR HS COND
	LA RA DV INJ CL LTR HS COND	LA RA DV INJ CL LTR HS COND	LA RA DV INJ CL LTR HS COND	LA RA DV INJ CL LTR HS COND
	LA RA DV INJ CL LTR HS COND	LA RA DV INJ CL LTR HS COND	LA RA DV INJ CL LTR HS COND	LA RA DV INJ CL LTR HS COND
18b.	1 ☐ Laid off/lost job	1 ☐ Laid off/lost job	1 ☐ Laid off/lost job	1 ☐ Laid off/lost job
d.	_____ Times	_____ Times	_____ Times	_____ Times
e.	☐ Time 1 ☐ Time 2 ☐ Time 3	☐ Time 1 ☐ Time 2 ☐ Time 3	☐ Time 1 ☐ Time 2 ☐ Time 3	☐ Time 1 ☐ Time 2 ☐ Time 3
	1 ☐ Yes 2 ☐ No	1 ☐ Yes 2 ☐ No	1 ☐ Yes 2 ☐ No	1 ☐ Yes 2 ☐ No
19b.	1 ☐ Lost coverage	1 ☐ Lost coverage	1 ☐ Lost coverage	1 ☐ Lost coverage
M3	1 ☐ Lost coverage *(20)* 2 ☐ Did not lose coverage *(NP)*	1 ☐ Lost coverage *(20)* 2 ☐ Did not lose coverage *(NP)*	1 ☐ Lost coverage *(20)* 2 ☐ Did not lose coverage *(NP)*	1 ☐ Lost coverage *(20)* 2 ☐ Did not lose coverage *(NP)*
20a.	1 ☐ Yes 2 ☐ No *(NP)*	1 ☐ Yes 2 ☐ No *(NP)*	1 ☐ Yes 2 ☐ No *(NP)*	1 ☐ Yes 2 ☐ No *(NP)*
b.	00 ☐ Less than 1 month _____ Months	00 ☐ Less than 1 month _____ Months	00 ☐ Less than 1 month _____ Months	00 ☐ Less than 1 month _____ Months
21a.	1 ☐ Yes 2 ☐ No *(NP)*	1 ☐ Yes 2 ☐ No *(NP)*	1 ☐ Yes 2 ☐ No *(NP)*	1 ☐ Yes 2 ☐ No *(NP)*
b.	00 ☐ Less than 1 month _____ Months	00 ☐ Less than 1 month _____ Months	00 ☐ Less than 1 month _____ Months	00 ☐ Less than 1 month _____ Months

FORM HIS-1 (1984) (8-9-83)

FORM H15-1 (1984) (6-28-83)

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

TABLE X – LIVING QUARTERS DETERMINATIONS AT LISTED ADDRESS

ADDRESS OF ADDITIONAL LIVING QUARTERS	LOCATION OF UNIT	SEPARATENESS AND FACILITIES			CLASSIFICATION	AREA SEGMENTS	ADDRESS, CEN-SUP AND SPECIAL PLACE SEGMENTS	PERMIT SEGMENTS
Enter basic address and unit address, if any OR *description of location* (1)	**Is this a unit in a special place?** (2)	**Do the occupants (or intended occupants) of (*address in col. (1)*) live and eat seperately from all other persons on the property?** (3)	**Does (*address in col. (1)*) have direct access from the outside or through a common hall?** (4)	**Does (*address in col. (1)*) have complete kitchen facilities for that unit only?** (5)	**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.*** (6)	**Is this unit –** • **unlisted** **AND** • **within the segment boundaries?** (7)	**Is this unit –** • **unlisted** **AND** • **within the specific address (basic plus unit, if any) of the original sample unit?** (8)	**Is this unit –** • **unlisted** **AND** • **within the specific address (basic plus unit, if any) of the original sample unit** **AND** • **within the same structure as the original sample unit?** (9)
	☐ Yes – *Skip to col. (6) and mark according to Table D in Part C of manual* ☐ No	☐ Yes ☐ No – *Skip to col. (6) and mark N*	☐ Yes – *Skip to col. (6) and mark HU* ☐ No	☐ Yes – *Mark HU in col. (6)* ☐ No – *Mark N in col. (6)*	☐ N – *Stop Table X for this line* ☐ HU – *Fill col. (7), (8), or (9), as appropriate* ☐ OT – *Fill col. (7), (8), or (9), as appropriate*	☐ Yes – *Interview as an EXTRA unit* ☐ No – *Do not interview*	☐ Yes – *Interview as an EXTRA unit* ☐ No – *Do not interview*	☐ Yes – *Interview as an EXTRA unit* ☐ No – *Do not interview*
	☐ Yes – *Skip to col. (6) and mark according to Table D in Part C of manual* ☐ No	☐ Yes ☐ No – *Skip to col. (6) and mark N*	☐ Yes – *Skip to col. (6) and mark HU* ☐ No	☐ Yes – *Mark HU in col. (6)* ☐ No – *Mark N in col. (6)*	☐ N – *Stop Table X for this line* ☐ HU – *Fill col. (7), (8), or (9), as appropriate* ☐ OT – *Fill col. (7), (8), or (9), as appropriate*	☐ Yes – *Interview as an EXTRA unit* ☐ No – *Do not interview*	☐ Yes – *Interview as an EXTRA unit* ☐ No – *Do not interview*	☐ Yes – *Interview as an EXTRA unit* ☐ No – *Do not interview*
	☐ Yes – *Skip to col. (6) and mark according to Table D in Part C of manual* ☐ No	☐ Yes ☐ No – *Skip to col. (6) and mark N*	☐ Yes – *Skip to col. (6) and mark HU* ☐ No	☐ Yes – *Mark HU in col. (6)* ☐ No – *Mark N in col. (6)*	☐ N – *Stop Table X for this line* ☐ HU – *Fill col. (7), (8), or (9), as appropriate* ☐ OT – *Fill col. (7), (8), or (9), as appropriate*	☐ Yes – *Interview as an EXTRA unit* ☐ No – *Do not interview*	☐ Yes – *Interview as an EXTRA unit* ☐ No – *Do not interview*	☐ Yes – *Interview as an EXTRA unit* ☐ No – *Do not interview*

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

FOOTNOTES

Appendix II
1984 Supplement on Aging Questionnaire

OMB No. 0937-0021: Approval Expires March 31, 1985

FORM **HIS-1(SB) (1984)**
(3-13-84)

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

NATIONAL HEALTH INTERVIEW SURVEY

SUPPLEMENT BOOKLET

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).

1. RT 60 — Book ____ of ____ books
2. R.O. Number 3–4
3. Sample 5–7
4. Control number PSU 8–10 — Segment 11–14 — Serial 15–16
5. Person number 17–18
6. Sex 19 — 1 ☐ Male 2 ☐ Female
7. Sample Person name 20–39 Last — First 40–54 — Middle initial 55
8. Final status of supplement 56
   - 0 ☐ No SP selected
   - Interview
     - 1 ☐ Complete interview (all appropriate pages completed)
     - 2 ☐ Partial interview (some but not all appropriate pages completed) *(Explain in notes)*
   - Noninterview
     - 3 ☐ Refused *(Explain in notes)*
     - 4 ☐ SP temporarily absent, no proxy available
     - 5 ☐ SP mentally or physically incapable, no proxy available
     - 8 ☐ Other *(Explain in notes)*
9. Date supplement completed 57–60 — Month | Date
10. Interviewer identification 61–62 — Name — Code

NOTES

CONTACT PERSON INFORMATION

☐ Contact information for this family unit already obtained, transcribe when editing. *Fill item 15 below, THEN go to HIS-1 Household Page or next SOA.*

Read to SOA respondent at end of interview — **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 close 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 11, 12, 14.* RT 62 3–4

11. Contact Person name RT 61 3–4 5–24 Last — First 25–39 — Middle initial 40
12a. Address *(Number and street)* 41–65
b. City 66–85 — State 86–87 — Zip Code 88–96
13. Area code/telephone number 5–14
    1 ☐ None 2 ☐ Refused 9 ☐ DK 15
14. Relationship to Sample Person 16–17
15. Supplement ending time 18–21 — Hour | Minutes — 1 ☐ a.m. 2 ☐ p.m. — *Go to HIS-1 Household Page or next SOA* 22

TRANSCRIPTION FROM HIS-1

RT 63 3–4

16. Area code/telephone number from HIS-1, item 11 23–32
    1 ☐ None 2 ☐ Refused 33
17a. Exact address from HIS-1, item 6a *(Please print items 17a–c)* 34–58
    Number and street/description
    City 59–78 — State 79–80 — Zip Code 81–89
17b. Mailing address from HIS-1, item 6b 5
    1 ☐ Same as 6a on HIS-1
    Number and street 6–30
    City 31–50 — State 51–52 — Zip Code 53–61
c. Special Place name *(Fill if applicable)* 62–97

SUPPLEMENT ON AGING SAMPLE SELECTION

Use Table A or B as indicated on HIS-1 Household Composition Page. Circle that letter and enter number below to indicate the order of interview (1 = down from the top of the listing, 2 = up from the bottom). Follow this order whenever two or more sample persons are at home at the same time. RT 64 3–4

18. Are there any nondeleted persons 65 years old or older in the family? 5
    1 ☐ Yes *(List by age (oldest to youngest) in upper portion of appropriate table, mark "SP" box on HIS-1 for each, THEN 19)*
    2 ☐ No *(19)*
19. Are there any nondeleted persons 55–64 years old in the family? 6
    1 ☐ Yes *(List by age (oldest to youngest) in lower portion of appropriate table, mark "SP" box on HIS-1 for each "X" person, and begin supplement using the appropriate "order of interview")*
    2 ☐ No *(Begin interview(s) using the appropriate "order of interview")*

TABLE A ____				TABLE B ____			
Age	Name	Person number	Sample person	Age	Name	Person number	Sample person
7–8		9–10	X	39–40		41–42	X
11–12		13–14	X	43–44		45–46	X
15–16		17–18	X	47–48		49–50	X
19–20		21–22	X	51–52		53–54	X
23–24		25–26	X	55–56		57–58	
27–28		29–30		59–60		61–62	X
31–32		33–34	X	63–64		65–66	
35–36		37–38		67–68		69–70	X

RT 65 3–4

SUPPLEMENT ON AGING

Section N. FAMILY STRUCTURE, RELATIONSHIPS, SUPPORT, AND LIVING ARRANGEMENTS

N1

a. *Initial status of sample person* — 5
1 ☐ Available *(N1b)*
2 ☐ Callback required *(Next SP)*

b. *Supplement beginning time* — 6–9 (Hour), 10 (Minutes)
1 ☐ a.m.
2 ☐ p.m.

Read to respondent — **We are interested in obtaining further information about the health of people 55 years of age and older in the United States. I will also ask you some questions about your family and social activities.**

Ask or verify for each HH member

1. How is *(name on HIS-1)* **related to you?**

Enter "Sample Person" on appropriate line.

Enter "Unrelated" for persons not related to the sample person.

Enter "Deleted" for any deleted persons, except AF members living at home and babies born during interview week.

Enter ages from HIS-1.

Person No. on HIS-1	Age on HIS-1	Relationship to Sample Person	
11–12	13–14		15–16
01			
17–18	19–20		21–22
02			
23–24	25–26		27–28
03			
29–30	31–32		33–34
04			
35–36	37–38		39–40
05			
41–42	43–44		45–46
06			
47–48	49–50		51–52
07			
53–54	55–56		57–58
08			
59–60	61–62		63–64
09			
65–66	67–68		69–70
10			

N2 *Refer to marital status (page 46 or 47) on HIS-1* — 71
1 ☐ Sample person is now married *(N3)*
2 ☐ Sample person is now widowed, divorced, separated *(2b)*
3 ☐ Sample person has never been married *(6)*

N3 *Spouse of Sample Person previously interviewed on SOA* — 72
1 ☐ Yes *(6)*
2 ☐ No *(2)*

2a. How long have you been married (to *(name of spouse)***)?** — 73–74
00 ☐ Less than one year
_____ Number of years
(3)

b. Earlier [you told me/I was told] that you are now [widowed/divorced/separated]. How long have you been [widowed/divorced/separated]? — 75–76
00 ☐ Less than one year
_____ Number of years

3a. Including step and adopted children, how many LIVING children do you have? — 77–78
00 ☐ None *(6)*
_____ Number

b. How many of your children are sons and how many are daughters?
_____ Number of sons — 79–80
_____ Number of daughters — 81–82
☐ Total number of children — 83–84
Compare with 3a, reconcile differences

N4 *Refer to relationship roster in 1* — 85
1 ☐ Any of SP's children live in household *(6)*
8 ☐ Other *(4)*

FOOTNOTES

FORM HIS-1 (SB) (1984) (3-13-84)

Section N. FAMILY STRUCTURE, RELATIONSHIPS, SUPPORT, AND LIVING ARRANGEMENTS, Continued

4a. How quickly can [any one of your children/your son/your daughter] get here?	_____ Number { 1 ☐ Minutes, 2 ☐ Hours, 3 ☐ Days }	86–88
b. How often do you see [any one of your children/your son/your daughter]?	000 ☐ Less than once a year/never _____ Times per { 1 ☐ Day, 2 ☐ Week, 3 ☐ Month, 4 ☐ Year }	89–91
c. How often do you talk on the telephone with [any one of your children/your son/your daughter]?	000 ☐ Less than once a year/never _____ Times per { 1 ☐ Day, 2 ☐ Week, 3 ☐ Month, 4 ☐ Year }	92–94
d. How often do you get mail from [any one of your children/ your son/your daughter]?	000 ☐ Less than once a year/never _____ Times per { 1 ☐ Day, 2 ☐ Week, 3 ☐ Month, 4 ☐ Year }	95–97
5. [Do your children/Does your son/Does your daughter] routinely give you money to help with your living expenses or pay your bills?	1 ☐ Yes 2 ☐ No	98
6a. Including step and adopted brothers, how many LIVING brothers do you have?	00 ☐ None _____ Number of brothers	99–100
b. Including step and adopted sisters, how many LIVING sisters do you have?	00 ☐ None _____ Number of sisters	101–102
7. How long have you been living here, in this [house/apartment]?	00 ☐ Less than 1 year _____ Number of years	103–104
N5 *Other family member previously interviewed on SOA*	1 ☐ Yes *(12)* 2 ☐ No *(8)*	105
Mark if known **8. Is this [house/apartment] in a RETIREMENT [community/building or complex]?**	1 ☐ Yes 2 ☐ No *(10)*	106
9. Whether you use them or not, are the following services available in THIS retirement [community/building or complex]? **a. Group meals for residents?**	1 ☐ Yes 2 ☐ No	107
b. Housekeeping or maid service?	1 ☐ Yes 2 ☐ No	108
c. Medical services?	1 ☐ Yes 2 ☐ No	109
d. Telephone call service to check on your well-being?	1 ☐ Yes 2 ☐ No	110
e. Recreational services?	1 ☐ Yes 2 ☐ No	111
10a. Is it NECESSARY to go up or down a step to get into this [house/apartment] from the outside?	1 ☐ No Yes — *If not mentioned, ask:* **Is it one or more than one?** 2 ☐ 1 step 3 ☐ More than 1 step	112
b. Counting basements and stepdown living areas as separate levels, does this [house/apartment] have more than one floor or level?	1 ☐ Yes 2 ☐ No *(11b)*	113

FORM HIS-1 (SB) (1984) (3-13-84)

RT 66

Section N. FAMILY STRUCTURE, RELATIONSHIPS, SUPPORT, AND LIVING ARRANGEMENTS, Continued

3–4

11a. Does this [house/apartment] have a bathroom, bedroom, and kitchen ALL on the SAME floor or level? — 5
1 ☐ Yes
2 ☐ No

b. Does this [house/apartment] have a walk-in shower, that is, where you don't step over the side of the tub to get into the shower? — 6
1 ☐ Yes
2 ☐ No

12a. Because of a health or physical problem, do YOU NEED a bathroom, bedroom, and kitchen all on the same floor or level? — 7
1 ☐ Yes
2 ☐ No

b. Because of a health or physical problem, do YOU NEED a walk-in shower? — 8
1 ☐ Yes
2 ☐ No

N6 *Mark first appropriate box* — 9
1 ☐ Sample person lives alone *(14)*
2 ☐ Sample person lives with spouse only } *(N7)*
3 ☐ Sample person lives only with persons under 18 years old (and spouse) } *(N7)*
8 ☐ All other *(13a)*

13a. Do you and *(read names of all other household members)* **live together NOW because YOU need to share living expenses?** — 10
1 ☐ Yes
2 ☐ No

b. Do you and *(read names of all other household members)* **live together NOW because of a health or physical problem YOU have?** — 11
1 ☐ Yes
2 ☐ No

N7 *Spouse of SP previously interviewed on SOA* — 12
1 ☐ Yes *(Section O)*
2 ☐ No *(14)*

14a. Is this [house/apartment] now —

(1) Owned or being bought by you (OR someone in the household)? . . 1 ☐ Yes *(14b)* ☐ No — 13

(2) Rented for money? . . . . . 1 ☐ Yes *(14h)* ☐ No — 14

(3) Occupied without payment of money rent? . . . . . 1 ☐ Yes *(Section O)* — 15

b. Who owns or is buying it? — 16
1 ☐ Sample person } *(14c)*
2 ☐ Spouse } *(14c)* — 17
3 ☐ Child } *(Section O)* — 18
4 ☐ Grandchild } *(Section O)* — 19
5 ☐ Other relative } *(Section O)* — 20
6 ☐ Nonrelative } *(Section O)* — 21

Anyone else?

Follow skip instructions for lowest numbered box marked.

c. Is this place fully paid for or is there a mortgage being paid? — 22
1 ☐ Fully paid for *(14f)*
2 ☐ Mortgage being paid
9 ☐ DK *(14f)*

d. Do you know about how much principal is still owed on the mortgage? — 23
1 ☐ Yes
2 ☐ No/DK *(14f)*

e. How much principal is still owed? — 24–29
$ _____
Amount

f. Do you know the present value of this place, that is, about how much it would bring if you sold it on today's market? — 30
1 ☐ Yes
2 ☐ No/DK *(Section O)*

g. What is the present value? — 31–36
$ _____ *(Section O)*
Amount

h. Who is paying rent for it? — 37
1 ☐ Sample person
2 ☐ Spouse — 38
3 ☐ Child — 39
4 ☐ Grandchild — 40
5 ☐ Other relative — 41
6 ☐ Nonrelative — 42

Anyone else?

FOOTNOTES

FORM HIS-1 (SB) (1984) (3-13-84)

Section O. COMMUNITY AND SOCIAL SUPPORT

01 *Refer to age*

1 ☐ Sample person is 55–59 *(3)*
2 ☐ Sample person is 60 or older *(1)* [43]

NOTE *— Ask 2 immediately after receiving a "Yes" in 1.*

Read to respondent — **The next questions are about community services.**

1. In the past 12 months, did YOU —		**2. How often did you use it — frequently, sometimes, or rarely?**
a. Use a senior center?	1 ☐ Yes 2 ☐ No 9 ☐ DK *(Next service)* [44]	1 ☐ Frequently 2 ☐ Sometimes 3 ☐ Rarely *Reask 1 and resume list* [45]
b. Use special transportation for the elderly?	1 ☐ Yes 2 ☐ No 9 ☐ DK *(Next service)* [46]	1 ☐ Frequently 2 ☐ Sometimes 3 ☐ Rarely *Reask 1 and resume list* [47]
c. Have meals delivered to your home by an agency or organization like Meals on Wheels?	1 ☐ Yes 2 ☐ No 9 ☐ DK *(Next service)* [48]	1 ☐ Frequently 2 ☐ Sometimes 3 ☐ Rarely *Reask 1 and resume list* [49]
d. Eat meals in a senior center or in some place with a special meal program for the elderly?	1 ☐ Yes 2 ☐ No 9 ☐ DK *(Next service)* [50]	1 ☐ Frequently 2 ☐ Sometimes 3 ☐ Rarely *Reask 1 and resume list* [51]
e. Use a homemaker service for the elderly that provides services like cleaning and cooking in the home?	1 ☐ Yes 2 ☐ No 9 ☐ DK *(Next service)* [52]	1 ☐ Frequently 2 ☐ Sometimes 3 ☐ Rarely *Reask 1 and resume list* [53]
f. Use a service which makes routine telephone calls to check on the health of elderly people?	1 ☐ Yes 2 ☐ No 9 ☐ DK *(Next service)* [54]	1 ☐ Frequently 2 ☐ Sometimes 3 ☐ Rarely *Reask 1 and resume list* [55]
g. Use a visiting nurse service?	1 ☐ Yes 2 ☐ No 9 ☐ DK *(Next service)* [56]	1 ☐ Frequently 2 ☐ Sometimes 3 ☐ Rarely *Reask 1 and resume list* [57]
h. Use a health aide who comes into the home?	1 ☐ Yes 2 ☐ No 9 ☐ DK *(Next service)* [58]	1 ☐ Frequently 2 ☐ Sometimes 3 ☐ Rarely *Reask 1 and resume list* [59]
i. Use adult day care or day care for the elderly?	1 ☐ Yes 2 ☐ No 9 ☐ DK *(3)* [60]	1 ☐ Frequently 2 ☐ Sometimes 3 ☐ Rarely [61]

3a. In the past 12 months, did you do any volunteer work for any organized group?

1 ☐ Yes
2 ☐ No
9 ☐ DK *(4)* [62]

b. How often did you do volunteer work — frequently, sometimes, or rarely?

1 ☐ Frequently
2 ☐ Sometimes
3 ☐ Rarely [63]

Hand Calendar

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

4. During those 2 weeks did you — [64]

a. Get together socially with friends or neighbors?	1 ☐ Yes	2 ☐ No
b. Talk with friends or neighbors on the telephone?	1 ☐ Yes	2 ☐ No [65]
c. Get together with ANY relatives (not including household members)?	1 ☐ Yes	2 ☐ No [66]
d. Talk with ANY relatives on the telephone (not including household members)?	1 ☐ Yes	2 ☐ No [67]
e. Go to church or temple for services or other activities?	1 ☐ Yes	2 ☐ No [68]
f. Go to a show or movie, sports event, club meeting, classes or other group event?	1 ☐ Yes	2 ☐ No [69]

02 *Respondent*

1 ☐ Self *(5)*
2 ☐ Proxy *(Section P)* [70]

5. Regarding your present social activities, do you feel that you are doing about enough, too much, or would you like to be doing more?

1 ☐ About enough
2 ☐ Too much
3 ☐ Would like to do more [71]

FORM HIS-1 (SB) (1984) (3-13-84)

RT 67 3–4

Section P. OCCUPATION AND RETIREMENT

P1	*Refer to Wa/Wb boxes for SP in C1 on the HIS-1, Household Composition Page*	1 ☐ Wa or Wb marked *(1d)* 8 ☐ Other *(1a)* — 5
1a. Have you EVER worked at a job or business?		1 ☐ Yes 2 ☐ No *(2)* — 6
b. Have you worked at a job or business, at any time since you were 45 years old?		1 ☐ Yes 2 ☐ No 9 ☐ DK } *(2)* — 7
c. Did you work at all at a job or business in the past 12 months, that is, since *(12 month date)* **a year ago?**		1 ☐ Yes 2 ☐ No *(2)* — 8
d. Since *(12 month date)* **a year ago, in how many weeks did you work, either full or part time, not counting work around the house? Include paid vacations and paid sick leave.**		52 ☐ All year — 52 weeks _____ Weeks — 9–10
e. In the weeks that you worked, how many hours a week did you USUALLY work at ALL jobs?		_____ Hours — 11–12
2a. At this time, do you consider yourself completely retired, partly retired, or not retired at all?		1 ☐ Completely retired 2 ☐ Partly retired 3 ☐ Not retired at all 4 ☐ Never worked } *(3)* — 13
P2	*Refer to SP's work status in 1a and 1b*	1 ☐ "No" in 1a or 1b *(3)* 8 ☐ All other *(2b)* — 14
2b. Have you retired more than once?		1 ☐ Yes 2 ☐ No — 15
c. How long has it been since you retired (the last time)?		00 ☐ Less than 1 year _____ Number of years — 16–17
d. (The last time you retired) Did you retire mainly because of a health or physical problem you had?		1 ☐ Yes *(3)* 2 ☐ No — 18
e. (That time) Did you retire mainly because you thought your work would cause a health problem?		1 ☐ Yes 2 ☐ No — 19
Hand card SOA 1 or read sources for a telephone interview **3a. (Even though you do not consider yourself retired) Are you NOW receiving RETIREMENT income from any of these sources? Do NOT include any disability income.**		1 ☐ Yes 2 ☐ No *(6)* — 20

b. Which ones? *Mark all sources given*

Note *— Ask 4 and 5 for each source marked in 3b*

Any other source?		4. How long have you been receiving *(source in 3b)*?		5. Do you NOW receive it because of your OWN work experience or because you are a dependent or survivor of someone else?	
1 ☐ Social Security	21	00 ☐ Less than 1 year _____ Number of years	22–23	1 ☐ Own 2 ☐ Someone else 3 ☐ Both	24
2 ☐ Railroad retirement	25	00 ☐ Less than 1 year _____ Number of years	26–27	1 ☐ Own 2 ☐ Someone else 3 ☐ Both	28
3 ☐ A private employer or union pension	29	00 ☐ Less than 1 year _____ Number of years	30–31	1 ☐ Own 2 ☐ Someone else 3 ☐ Both	32
4 ☐ A government employee pension (Federal, State, or local)	33	00 ☐ Less than 1 year _____ Number of years	34–35	1 ☐ Own 2 ☐ Someone else 3 ☐ Both	36
5 ☐ Military retirement	37	00 ☐ Less than 1 year _____ Number of years	38–39	1 ☐ Own 2 ☐ Someone else 3 ☐ Both	40
6 ☐ Some other source — *Specify* ↙ _____ _____	41 42–43	FOOTNOTES			

FORM HIS-1 (SB) (1984) (3-13-84)

Section P. OCCUPATION AND RETIREMENT, Continued

6. Are you now receiving disability payments from any source?	1 ☐ Yes 2 ☐ No *(9)*	44
7. Are you receiving disability payments because of a disability YOU have or because you are a dependent or survivor of someone else?	1 ☐ Own 2 ☐ Someone else *(9)* 3 ☐ Both	45
8. How long have you been receiving disability payments? *If more than one, record the longest one.*	00 ☐ Less than 1 year _____ Number of years	46–47
9. Have you EVER received any disability payments from Social Security?	1 ☐ Yes 2 ☐ No 9 ☐ DK	48

Note *— Ask 10a—j before asking 11 and 12.*

Note *— Ask 11 and 12 for each "Yes" in 10a—j.*

Read to respondent — **Please tell me if you have ANY difficulty when you do the following activities —**		**11. How much difficulty do you have** *(activity in 10)*, **some, a lot, or are you unable to do it?**	**12. For how long have you [had some difficulty/had a lot of difficulty/been unable to]** *(activity in 10)*?
10. By yourself and not using aids, do you have any difficulty — **a. Walking for a quarter of a mile (that is about 2 or 3 blocks)?**	49 1 ☐ Yes 2 ☐ No 9 ☐ NA/DK	50 1 ☐ Some 2 ☐ A lot 3 ☐ Unable	51–52 00 ☐ Less than 1 year _____ Number of years
b. Walking up 10 steps without resting?	53 1 ☐ Yes 2 ☐ No 9 ☐ NA/DK	54 1 ☐ Some 2 ☐ A lot 3 ☐ Unable	55–56 00 ☐ Less than 1 year _____ Number of years
c. Standing or being on your feet for about 2 hours?	57 1 ☐ Yes 2 ☐ No 9 ☐ NA/DK	58 1 ☐ Some 2 ☐ A lot 3 ☐ Unable	59–60 00 ☐ Less than 1 year _____ Number of years
d. Sitting for about 2 hours?	61 1 ☐ Yes 2 ☐ No 9 ☐ NA/DK	62 1 ☐ Some 2 ☐ A lot 3 ☐ Unable	63–64 00 ☐ Less than 1 year _____ Number of years
Reask 10 **e. Stooping, crouching, or kneeling?**	65 1 ☐ Yes 2 ☐ No 9 ☐ NA/DK	66 1 ☐ Some 2 ☐ A lot 3 ☐ Unable	67–68 00 ☐ Less than 1 year _____ Number of years
f. Reaching up over your head?	69 1 ☐ Yes 2 ☐ No 9 ☐ NA/DK	70 1 ☐ Some 2 ☐ A lot 3 ☐ Unable	71–72 00 ☐ Less than 1 year _____ Number of years
g. Reaching out (as if to shake someone's hand)?	73 1 ☐ Yes 2 ☐ No 9 ☐ NA/DK	74 1 ☐ Some 2 ☐ A lot 3 ☐ Unable	75–76 00 ☐ Less than 1 year _____ Number of years
h. Using your fingers to grasp or handle?	77 1 ☐ Yes 2 ☐ No 9 ☐ NA/DK	78 1 ☐ Some 2 ☐ A lot 3 ☐ Unable	79–80 00 ☐ Less than 1 year _____ Number of years
Reask 10 **i. Lifting or carrying something as heavy as 25 pounds (such as two full bags of groceries)?**	81 1 ☐ Yes 2 ☐ No *(11)* 9 ☐ NA/DK	82 1 ☐ Some 2 ☐ A lot 3 ☐ Unable	83–84 00 ☐ Less than 1 year _____ Number of years
j. Lifting or carrying something as heavy as 10 pounds?	85 1 ☐ Yes 2 ☐ No 9 ☐ NA/DK	86 1 ☐ Some 2 ☐ A lot 3 ☐ Unable	87–88 00 ☐ Less than 1 year _____ Number of years

FORM HIS-1 (SB) (1984) (3-13-84)

Section P. OCCUPATION AND RETIREMENT, Continued

P3	*Refer to Wa/Wb boxes for SP in C1 on the HIS-1 Household Composition Page*	1 ☐ Wa or Wb box marked *(Section Q)* 8 ☐ Other *(P4)*	89
P4	*Mark first appropriate box*	1 ☐ SP is 75 + 2 ☐ Proxy } *(Section Q)* 3 ☐ Self response *(13)*	90
13a. Do you think there are some kinds of work you could do now if jobs were available?		1 ☐ Yes 2 ☐ No 9 ☐ DK/maybe } *(Section Q)*	91
b. Do you WANT to work at a job or business?		1 ☐ Yes 2 ☐ No	92

FOOTNOTES

FORM HIS-1 (SB) (1984) (3-13-84)

RT 68

Section Q. CONDITIONS AND IMPAIRMENTS

3–4

Read to respondent — **Now tell me if you have any of these eye conditions, even if you have mentioned them before.**

1. Do you NOW have —		5
a. Cataracts?	1☐ Yes 2☐ No 9☐ DK	
b. Glaucoma?	1☐ Yes 2☐ No 9☐ DK	6
c. Color blindness?	1☐ Yes 2☐ No 9☐ DK	7
d. A detached retina or any other condition of the retina? *Circle appropriate condition*	1☐ Yes 2☐ No 9☐ DK	8
e. Blindness in one or both eyes? *If "Yes," ask:* **Which — one or both?**	Yes 0☐ One 1☐ Both *(Q1)* 2☐ No 9☐ DK	9
f. Any other trouble seeing with one or both eyes EVEN when wearing glasses?	1☐ Yes 2☐ No 9☐ DK	10
Q1 *Refer to answers in 1a—f*	1☐ All "No" or "DK" in 1a—f *(2)* 8☐ Other — *Enter "Yes" responses in EYE LTR box on Condition Summary Chart, THEN Q2*	11
Q2 *Blindness in BOTH eyes reported in 1e*	1☐ Yes *(4a THEN 9)* 2☐ No *(2)*	12
2a. Do you use eyeglasses? Include eyeglasses that just magnify.	1☐ Yes 2☐ No *(3)*	13
b. Were these eyeglasses prescribed for you?	1☐ Yes 2☐ No	14
3. Do you use contact lenses?	1☐ Yes 2☐ No	15
4a. Have you ever had an operation for cataracts?	1☐ Yes 2☐ No *(5)*	16
b. Do you have a lens implant?	1☐ Yes 2☐ No	17
5. Do you use a magnifying glass to read or to do other close work?	1☐ Yes 2☐ No	18

Read to respondent — **The next few questions are about how well you can see (wearing your [glasses/(or) contact lenses] if that's how you see best).**

6a. Can you see well enough to recognize the features of people if they are within two or three feet?	1☐ Yes 2☐ No	19
b. Can you see well enough to watch T.V. 8 to 12 feet away?	1☐ Yes 2☐ No	20
c. Can you see well enough to read newspaper print?	1☐ Yes 2☐ No	21
7a. Can you see well enough to step off a curb or down a step?	1☐ Yes 2☐ No	22
b. Can you see well enough to recognize a friend walking on the other side of the street?	1☐ Yes 2☐ No	23
8. Which statement best describes your vision (wearing [glasses/(or) contact lenses]) — no trouble seeing, a little trouble, or a lot of trouble?	1☐ No trouble 2☐ Little trouble 3☐ Lot of trouble	24

FORM HIS-1 (SB) (1984) (3-13-84)

Section Q. CONDITIONS AND IMPAIRMENTS, Continued

Read to respondent — **These next questions are about hearing.**

9. Do you NOW have —

a. Tinnitus or ringing in the ears? *Circle appropriate condition.*	1 ☐ Yes 2 ☐ No 9 ☐ DK	25
b. Deafness in one or both ears? *If "Yes," ask:* **Which — one or both?**	Yes 0 ☐ One 2 ☐ No 9 ☐ DK 1 ☐ Both *(Q3)*	26
c. Any other trouble hearing with one or both ears?	1 ☐ Yes 2 ☐ No 9 ☐ DK	27
Q3 *Refer to answers in 9a—c*	1 ☐ All "No" or "DK" in 9a—c *(10)* 8 ☐ Other — *Enter "Yes" responses in EAR LTR box on Condition Summary Chart, THEN 10*	28
10a. Do you use a hearing aid?	1 ☐ Yes 2 ☐ No	29
b. (With your hearing aid) Can you hear MOST of the things people say?	1 ☐ Yes *(11)* 2 ☐ No	30
c. (With your hearing aid) Can you hear ONLY A FEW WORDS people say or LOUD noises?	1 ☐ Yes 2 ☐ No	31
11. Which statement best describes your hearing (with your hearing aid) — no trouble hearing, a little trouble, or a lot of trouble?	1 ☐ No trouble 2 ☐ Little trouble 3 ☐ Lot of trouble	32

Read to respondent — **Please tell me if you have EVER had any of the following conditions, even if you have mentioned them before.**

12. Have you EVER had —

a. Osteoporosis, sometimes called fragile or soft bones? (os tee o po ro' sis)	1 ☐ Yes 2 ☐ No 9 ☐ DK	33
b. A broken hip?	1 ☐ Yes 2 ☐ No 9 ☐ DK	34
c. Hardening of the arteries or arteriosclerosis? *Circle appropriate condition*	1 ☐ Yes 2 ☐ No 9 ☐ DK	35
d. Hypertension, sometimes called high blood pressure?	1 ☐ Yes 2 ☐ No 9 ☐ DK	36
e. Rheumatic fever?	1 ☐ Yes 2 ☐ No 9 ☐ DK	37
f. Rheumatic heart disease?	1 ☐ Yes 2 ☐ No 9 ☐ DK	38
g. Coronary heart disease?	1 ☐ Yes 2 ☐ No 9 ☐ DK	39
h. Angina pectoris? (pek' to ris)	1 ☐ Yes 2 ☐ No 9 ☐ DK	40
i. A myocardial infarction?	1 ☐ Yes 2 ☐ No 9 ☐ DK	41
j. Any other heart attack?	1 ☐ Yes 2 ☐ No 9 ☐ DK	42
k. A stroke or a cerebrovascular accident? (ser' a-bro vas ku lar) *Circle appropriate condition*	1 ☐ Yes 2 ☐ No 9 ☐ DK	43
l. Alzheimer's disease? (al' zī mers)	1 ☐ Yes 2 ☐ No 9 ☐ DK	44
m. Cancer of any kind?	1 ☐ Yes 2 ☐ No 9 ☐ DK	45
Q4 *Refer to answers in 12a—m*	1 ☐ All "No" or "DK" in 12a—m *(13)* 8 ☐ Other — *Enter "Yes" responses in EVER LTR box on Condition Summary Chart, THEN 13*	46

FORM HIS-1(SB)(1984) (3-13-84)

Section Q. CONDITIONS AND IMPAIRMENTS, Continued

13. During the PAST 12 MONTHS, did you have —

a. Arthritis of any kind or rheumatism? *Circle appropriate condition* — 1 ☐ Yes 2 ☐ No 9 ☐ DK [47]

b. Diabetes? — 1 ☐ Yes 2 ☐ No 9 ☐ DK [48]

c. An aneurysm? (an' yoo rizm) — 1 ☐ Yes 2 ☐ No 9 ☐ DK [49]

d. Any blood clots? — 1 ☐ Yes 2 ☐ No 9 ☐ DK [50]

e. Varicose veins? — 1 ☐ Yes 2 ☐ No 9 ☐ DK [51]

Q5 *Refer to answers in 13a—e* — 1 ☐ All "No" or "DK" in 13a—e *(14)* [52]
8 ☐ Other — *Enter "Yes" responses in 12-MO LTR box on Condition Summary Chart, THEN 14*

14a. During the past 12 months, that is, since *(12-month date)* **a year ago, have you fallen?** — 1 ☐ Yes 2 ☐ No *(14d)* [53]

b. How many times? — 1 ☐ One 2 ☐ More than one [54]

c. [Did you fall/Were any of these falls] because you felt dizzy? — 1 ☐ Yes *(14e)* 2 ☐ No [55]

d. Do you sometimes have trouble with dizziness? — 1 ☐ Yes 2 ☐ No *(15)* [56]

e. Does dizziness prevent you in any way from doing things you otherwise could do? — 1 ☐ Yes 2 ☐ No [57]

15. Do you have trouble biting or chewing any kinds of food, such as firm meat or apples? *If asked — includes wearing false teeth/dentures.* — 1 ☐ Yes 2 ☐ No [58]

Read to respondent — **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.** [RT 69] [3–4]

16a. I have your date of birth as *(birthdate from item 3 on HIS-1 Household Composition page)*. **Is that correct?** [5–11]

Date of birth

Month	Date	Year

b. In what State or country were you born? [12–13]

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

99 ☐ DK

_____ State

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

c. To verify the spelling, what is your full name, including middle initial?

Last [14–33]

First [34–48]

Middle initial [49]

Verify for males; ask for females.

d. What was your father's LAST name? *Verify spelling. DO NOT write "Same."* [50–69]

_____ Father's LAST name

Read to respondent — **We also need your Social Security Number. This information is voluntary and collected under the authority of the Public Health Service Act. There will be no effect on your benefits and no information will 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.**

e. What is your Social Security Number? [70–78]

999999999 ☐ DK

☐☐☐ – ☐☐ – ☐☐☐☐

Social Security Number

Mark if number obtained from → 1 ☐ Memory 2 ☐ Records [79]

FORM HIS-1(SB)(1984) (3-13-84)

RT 70

Section R1. ACTIVITIES OF DAILY LIVING (ADL'S) 3–4

Read to respondent — **The next questions are about how well you are able to do certain activities — by yourself and without using special equipment.**

	(1)	(2)	(3)
1. Because of a health or physical problem, do you have ANY difficulty — *Ask if "Doesn't do":* **Is this because of a HEALTH or PHYSICAL problem?** *If "Yes," mark box 1; if "No," mark box 3*	5 **Bathing or showering?** 1 ☐ Yes 2 ☐ No 3 ☐ Doesn't do for other reason	22 **Dressing?** 1 ☐ Yes 2 ☐ No 3 ☐ Doesn't do for other reason	39 **Eating?** 1 ☐ Yes 2 ☐ No 3 ☐ Doesn't do for other reason
Ask 2—5 for each ADL marked "Yes" in 1. **2. By yourself and without using special equipment, how much difficulty do you have (ADL), some, a lot, or are you unable to do it?**	6 1 ☐ Some 2 ☐ A lot 3 ☐ Unable	23 1 ☐ Some 2 ☐ A lot 3 ☐ Unable	40 1 ☐ Some 2 ☐ A lot 3 ☐ Unable
3. Do you receive help from another person in (ADL)?	7 1 ☐ Yes 2 ☐ No *(5)*	24 1 ☐ Yes 2 ☐ No *(5)*	41 1 ☐ Yes 2 ☐ No *(5)*
4a. Who gives this help? **Anyone else?** *Mark the S/C/P box without asking if ONLY help is from spouse/children/parents.* **b. Is this help paid for?** *Ask if necessary:* **Which helpers are paid?**	**4a.** Source of help 8–11 / **4b.** Paid 12–15	**4a.** Source of help 25–28 / **4b.** Paid 29–32	**4a.** Source of help 42–45 / **4b.** Paid 46–49
	HH member: 1 ☐ Relative . . . . / 0 ☐ S/C/P *(5)* 1 ☐ Yes 2 ☐ No	HH member: 1 ☐ Relative . . . . / 0 ☐ S/C/P *(5)* 1 ☐ Yes 2 ☐ No	HH member: 1 ☐ Relative . . . . / 0 ☐ S/C/P *(5)* 1 ☐ Yes 2 ☐ No
	2 ☐ Nonrelative . / 1 ☐ Yes 2 ☐ No	2 ☐ Nonrelative . / 1 ☐ Yes 2 ☐ No	2 ☐ Nonrelative . / 1 ☐ Yes 2 ☐ No
	Non-HH member: 3 ☐ Relative . . . . / 1 ☐ Yes 2 ☐ No	Non-HH member: 3 ☐ Relative . . . . / 1 ☐ Yes 2 ☐ No	Non-HH member: 3 ☐ Relative . . . . / 1 ☐ Yes 2 ☐ No
	4 ☐ Nonrelative . / 1 ☐ Yes 2 ☐ No	4 ☐ Nonrelative . / 1 ☐ Yes 2 ☐ No	4 ☐ Nonrelative . / 1 ☐ Yes 2 ☐ No
5a. Do you use any special equipment or aids in (ADL)?	16 1 ☐ Yes 2 ☐ No *(2 for next ADL with "Yes" in 1)*	33 1 ☐ Yes 2 ☐ No *(2 for next ADL with "Yes" in 1)*	50 1 ☐ Yes 2 ☐ No *(2 for next ADL with "Yes" in 1)*
b. What special equipment or aids do you use? **Anything else?**	Special equipment or aids _____ 17–18 _____ 19–20	Special equipment or aids _____ 34–35 _____ 36–37	Special equipment or aids _____ 51–52 _____ 53–54
Ask 6 if any ADL marked "Yes" in 1. **6a. What (other) condition causes the trouble in (read ADL(s))?** *Ask if injury or operation:* **When did [the (injury) occur? / you have the operation?]** *Enter injury if over 3 months ago.* *Ask or reask 6b, if 0—3 months injury or operation.* *Ask if operation over 3 months ago:* **For what condition did you have the operation?** *Enter condition.*	☐ Old age *(6c)*		
b. Besides (condition), is there any other condition which causes this trouble in (read ADL(s))?	☐ Yes *(Reask 6a and b)* ☐ No *(6d)*		
c. Is this trouble in (read ADL(s)) caused by any (other) specific condition?	☐ Yes *(Reask 6a and b)* ☐ No		
If multiple conditions, including old age, are listed in 6a, ask 6d for each ADL with a "Yes" in 1. Otherwise, mark appropriate box or transcribe the only listed condition for each ADL. **d. Which of these conditions, that is (read conditions in 6a) would you say is the MAIN cause of the trouble in (ADL)?**	(1) 21 1 ☐ 0—3 month Inj/Op ONLY 2 ☐ Old age — *Ask 6d for next ADL with "Yes" in 1* 3 ☐ _____ Condition — *Enter in ADL box on Condition Summary Chart, THEN ask 6d for next ADL with "Yes" in 1.*	(2) 38 1 ☐ 0—3 month Inj/Op ONLY 2 ☐ Old age — *Ask 6d for next ADL with "Yes" in 1* 3 ☐ _____ Condition — *Enter in ADL box on Condition Summary Chart, THEN ask 6d for next ADL with "Yes" in 1.*	(3) 55 1 ☐ 0—3 month Inj/Op ONLY 2 ☐ Old age — *Ask 6d for next ADL with "Yes" in 1* 3 ☐ _____ Condition — *Enter in ADL box on Condition Summary Chart, THEN ask 6d for next ADL with "Yes" in 1.*

FOOTNOTES

FORM HIS-1 (SB) (1984) (3-13-84)

RT 71
3–4

Section R1. ACTIVITIES OF DAILY LIVING (ADL'S), Continued

(4) 56	(5) 73	(6) 90	(7) 5
Reask 1 **Getting in and out of bed or chairs?**	**Walking?**	**Getting outside?**	**Using the toilet, including getting to the toilet?**
1 ☐ Yes 2 ☐ No 3 ☐ Doesn't do for other reason	1 ☐ Yes 2 ☐ No 3 ☐ Doesn't do for other reason	1 ☐ Yes 2 ☐ No 3 ☐ Doesn't do for other reason	1 ☐ Yes 2 ☐ No 3 ☐ Doesn't do for other reason
57 1 ☐ Some 2 ☐ A lot 3 ☐ Unable	74 1 ☐ Some 2 ☐ A lot 3 ☐ Unable	91 1 ☐ Some 2 ☐ A lot 3 ☐ Unable	6 1 ☐ Some 2 ☐ A lot 3 ☐ Unable
58 1 ☐ Yes 2 ☐ No *(5)*	75 1 ☐ Yes 2 ☐ No *(5)*	92 1 ☐ Yes 2 ☐ No *(5)*	7 1 ☐ Yes 2 ☐ No *(5)*
4a. Source of help 59–62 / **4b.** Paid 63–66	**4a.** Source of help 76–79 / **4b.** Paid 80–83	**4a.** Source of help 93–96 / **4b.** Paid 97–100	**4a.** Source of help 8–11 / **4b.** Paid 12–15
HH member 1 ☐ Relative . . . . 2 ☐ Nonrelative .	0 ☐ S/C/P *(5)* 1 ☐ Yes 2 ☐ No 1 ☐ Yes 2 ☐ No	HH member 1 ☐ Relative . . . . 2 ☐ Nonrelative .	0 ☐ S/C/P *(5)* 1 ☐ Yes 2 ☐ No 1 ☐ Yes 2 ☐ No	HH member 1 ☐ Relative . . . . 2 ☐ Nonrelative .	0 ☐ S/C/P *(5)* 1 ☐ Yes 2 ☐ No 1 ☐ Yes 2 ☐ No	HH member 1 ☐ Relative . . . . 2 ☐ Nonrelative .	0 ☐ S/C/P *(5)* 1 ☐ Yes 2 ☐ No 1 ☐ Yes 2 ☐ No
Non-HH member 3 ☐ Relative . . . . 4 ☐ Nonrelative .	1 ☐ Yes 2 ☐ No 1 ☐ Yes 2 ☐ No	Non-HH member 3 ☐ Relative . . . . 4 ☐ Nonrelative .	1 ☐ Yes 2 ☐ No 1 ☐ Yes 2 ☐ No	Non-HH member 3 ☐ Relative . . . . 4 ☐ Nonrelative .	1 ☐ Yes 2 ☐ No 1 ☐ Yes 2 ☐ No	Non-HH member 3 ☐ Relative . . . . 4 ☐ Nonrelative .	1 ☐ Yes 2 ☐ No 1 ☐ Yes 2 ☐ No
67 1 ☐ Yes 2 ☐ No *(2 for next ADL with "Yes" in 1)*	84 1 ☐ Yes 2 ☐ No *(2 for next ADL with "Yes" in 1)*	101 1 ☐ Yes 2 ☐ No *(2 for next ADL with "Yes" in 1)*	16 1 ☐ Yes 2 ☐ No *(6)*
Special equipment or aids _____ 68–69 _____ 70–71	Special equipment or aids _____ 85–86 _____ 87–88	Special equipment or aids _____ 102–103 _____ 104–105	Special equipment or aids _____ 17–18 _____ 19–20
(4) 72 1 ☐ 0–3 month Inj/Op ONLY 2 ☐ Old age *Ask 6d for next ADL with "Yes" in 1* 3 ☐ _____ Condition — *Enter in ADL box on Condition Summary Chart, THEN ask 6d for next ADL with "Yes" in 1.*	(5) 89 1 ☐ 0–3 month Inj/Op ONLY 2 ☐ Old age *Ask 6d for next ADL with "Yes" in 1* 3 ☐ _____ Condition — *Enter in ADL box on Condition Summary Chart, THEN ask 6d for next ADL with "Yes" in 1.*	(6) 106 1 ☐ 0–3 month Inj/Op ONLY 2 ☐ Old age *Ask 6d for next ADL with "Yes" in 1* 3 ☐ _____ Condition — *Enter in ADL box on Condition Summary Chart, THEN ask 6d for next ADL with "Yes" in 1.*	(7) 21 1 ☐ 0–3 month Inj/Op ONLY 2 ☐ Old age *(Next page)* 3 ☐ _____ Condition — *Enter in ADL box on Condition Summary Chart, THEN next page.*

FOOTNOTES

FORM HIS-1 (SB) (1984) (3-13-84)

Section R1. ACTIVITIES OF DAILY LIVING (ADL'S), Continued

7a. Do you have difficulty controlling your bowels?	1☐ Yes 2☐ No *(7c)*	22
b. How frequently do you have this difficulty — daily, several times a week, once a week, or less than once a week?	1☐ Daily 2☐ Several times a week 3☐ Once a week 4☐ Less than once a week 9☐ DK	23
c. Do you have a colostomy or a device to help control bowel movements?	1☐ Yes 2☐ No *(8)*	24
d. Do you need help from another person in taking care of this device?	1☐ Yes 2☐ No	25
8a. Do you have difficulty controlling urination?	1☐ Yes 2☐ No *(8c)*	26
b. How frequently do you have this difficulty — daily, several times a week, once a week, or less than once a week?	1☐ Daily 2☐ Several times a week 3☐ Once a week 4☐ Less than once a week 9☐ DK	27
c. Do you have a urinary catheter or a device to help control urination?	1☐ Yes 2☐ No *(R1)*	28
d. Do you need help from another person in taking care of this device?	1☐ Yes 2☐ No	29
R1 *Mark first appropriate box*	1☐ Respondent is a proxy 2☐ Sample person has only been seen in a bed or chair 3☐ Telephone interview } *(9)* 8☐ All other *(Next page)*	30
Mark if known **9. Because of a health or physical problem, do you usually —** **a. Stay in bed all or most of the time?**	1☐ Yes *(10)* 2☐ No	31
b. Stay in a chair all or most of the time?	1☐ Yes *(10)* 2☐ No *(Next page)*	32
10a. What (other) condition causes you to stay in [bed/a chair]? *Ask if injury or operation:* **When did [the** *(injury)* **occur? / you have the operation?]** *Enter injury if over 3 months ago.* *Ask or reask 10b, if 0—3 months injury or operation.* *Ask if operation over 3 months ago:* **For what condition did you have the operation?** *Enter condition.*	☐ Old age *(10c)*	
b. Besides *(condition)*, **is there any other condition which causes this?**	☐ Yes *(Reask 10a and b)* ☐ No *(10d)*	
c. Is this caused by any (other) specific condition?	☐ Yes *(Reask 10a and b)* ☐ No	
Ask if multiple conditions, including old age, are listed in 10a. Otherwise, mark appropriate box or transcribe the only listed condition. **d. Which of these conditions, that is** *(read conditions in 10a)* **would you say is the MAIN cause of your staying in [bed/a chair] all or most of the time?**	1☐ 0—3 month Inj/Op ONLY 2☐ Old age } *(Next page)* 3☐ _____ Condition — *Enter "9" in ADL box on Condition Summary Chart, THEN next page.*	33

FORM HIS-1 (SB) (1984) (3-13-84)

FOOTNOTES

FORM HIS-1 (SB) (1984) (3-13-84)

Section R2. INCIDENTAL ACTIVITIES OF DAILY LIVING (IADL'S)

Read to respondent — **Now I will ask about some other activities. Tell me about doing them by yourself.**

	(1) 34	(2) 46
11. Because of a health or physical problem, do you have ANY difficulty — *Ask if "Doesn't do":* **Is this because of a HEALTH or PHYSICAL problem?** *If "Yes," mark box 1; if "No," mark box 3.*	**Preparing your own meals?** 1 ☐ Yes 2 ☐ No 3 ☐ Doesn't do for other reason	**Shopping for personal items, (such as toilet items or medicines)?** 1 ☐ Yes 2 ☐ No 3 ☐ Doesn't do for other reason
Ask 12—14 for each IADL marked "Yes" in 11. **12. By yourself, how much difficulty do you have (IADL), some, a lot, or are you unable to do it?**	35 1 ☐ Some 2 ☐ A lot 3 ☐ Unable	47 1 ☐ Some 2 ☐ A lot 3 ☐ Unable
13. Do you receive help from another person in (IADL)?	36 1 ☐ Yes 2 ☐ No *(12 for next IADL with "Yes" in 11)*	48 1 ☐ Yes 2 ☐ No *(12 for next IADL with "Yes" in 11)*

14a. Who gives this help? **Anyone else?**	Source of help 14a. 37—40	Paid 14b. 41—44	Source of help 14a. 49—52	Paid 14b. 53—56
Mark the S/C/P box without asking if ONLY help is from spouse/children/parents. THEN 12 for next IADL with "Yes" in 11.	HH member 1 ☐ Relative . . . . 2 ☐ Nonrelative .	o ☐ S/C/P 1 ☐ Yes 2 ☐ No 1 ☐ Yes 2 ☐ No	HH member 1 ☐ Relative . . . . 2 ☐ Nonrelative .	o ☐ S/C/P 1 ☐ Yes 2 ☐ No 1 ☐ Yes 2 ☐ No
b. Is this help paid for? *Ask if necessary:* **Which helpers are paid?**	Non-HH member 3 ☐ Relative . . . . 4 ☐ Nonrelative .	1 ☐ Yes 2 ☐ No 1 ☐ Yes 2 ☐ No	Non-HH member 3 ☐ Relative . . . . 4 ☐ Nonrelative .	1 ☐ Yes 2 ☐ No 1 ☐ Yes 2 ☐ No

Ask 15 if any IADL marked "Yes" in 11. **15a. What (other) condition causes the trouble in (read IADL(s))?** *Ask if injury or operation:* **When did [the (injury) occur? / you have the operation?]** *Enter injury if over 3 months ago.* *Ask or reask 15b, if 0—3 months injury or operation.* *Ask if operation over 3 months ago:* **For what condition did you have the operation?** *Enter condition.*	☐ Old age *(15c)*	
b. Besides (condition), is there any other condition which causes the trouble in (read IADL(s))?	☐ Yes *(Reask 15a and b)* ☐ No *(15d)*	
c. Is the trouble in (read IADL(s)) caused by any (other) specific condition?	☐ Yes *(Reask 15a and b)* ☐ No	
If multiple conditions, including old age, are listed in 15a, ask 15d for each IADL with a "Yes" in 11. Otherwise, mark appropriate box or transcribe the only listed condition. **d. Which of these conditions, that is (read conditions in 15a) would you say is the MAIN cause of the trouble in (IADL)?**	(1) 45 1 ☐ 0—3 month Inj/ Op ONLY 2 ☐ Old age *Ask 15d for next IADL with "Yes" in 11* 3 ☐ _____ Condition — *Enter in IADL box on Condition Summary Chart, THEN ask 15d for next IADL with "Yes" in 11.*	(2) 57 1 ☐ 0—3 month Inj/ Op ONLY 2 ☐ Old age *Ask 15d for next IADL with "Yes" in 11* 3 ☐ _____ Condition — *Enter in IADL box on Condition Summary Chart, THEN ask 15d for next IADL with "Yes" in 11.*

FOOTNOTES

FORM HIS-1 (SB) (1984) (3-13-84)

Section R2. INCIDENTAL ACTIVITIES OF DAILY LIVING (IADL'S), Continued

(3) 58	(4) 70	(5) 82	(6) 94
Managing your money, (such as keeping track of expenses or paying bills)?	*Reask 11* **Using the telephone?**	**Doing heavy housework, (like scrubbing floors, or washing windows)?**	**Doing light housework, (like doing dishes, straightening up, or light cleaning)?**
1 ☐ Yes	1 ☐ Yes	1 ☐ Yes	1 ☐ Yes
2 ☐ No	2 ☐ No	2 ☐ No	2 ☐ No
3 ☐ Doesn't do for other reason	3 ☐ Doesn't do for other reason	3 ☐ Doesn't do for other reason	3 ☐ Doesn't do for other reason
59	71	83	95
1 ☐ Some	1 ☐ Some	1 ☐ Some	1 ☐ Some
2 ☐ A lot	2 ☐ A lot	2 ☐ A lot	2 ☐ A lot
3 ☐ Unable	3 ☐ Unable	3 ☐ Unable	3 ☐ Unable
60	72	84	96
1 ☐ Yes	1 ☐ Yes	1 ☐ Yes	1 ☐ Yes
2 ☐ No *(12 for next IADL with "Yes" in 11)*	2 ☐ No *(12 for next IADL with "Yes" in 11)*	2 ☐ No *(12 for next IADL with "Yes" in 11)*	2 ☐ No *(15)*
Source of help 14a. / Paid 14b.	Source of help 14a. / Paid 14b.	Source of help 14a. / Paid 14b.	Source of help 14a. / Paid 14b.
61–64 / 65–68	73–76 / 77–80	85–88 / 89–92	97–100 / 101–104
HH member	HH member	HH member	HH member
1 ☐ Relative . . . . / 0 ☐ S/C/P	1 ☐ Relative . . . . / 0 ☐ S/C/P	1 ☐ Relative . . . . / 0 ☐ S/C/P	1 ☐ Relative . . . . / 0 ☐ S/C/P
2 ☐ Nonrelative . / 1 ☐ Yes 2 ☐ No	2 ☐ Nonrelative . / 1 ☐ Yes 2 ☐ No	2 ☐ Nonrelative . / 1 ☐ Yes 2 ☐ No	2 ☐ Nonrelative . / 1 ☐ Yes 2 ☐ No
Non-HH member	Non-HH member	Non-HH member	Non-HH member
3 ☐ Relative . . . . / 1 ☐ Yes 2 ☐ No	3 ☐ Relative . . . . / 1 ☐ Yes 2 ☐ No	3 ☐ Relative . . . . / 1 ☐ Yes 2 ☐ No	3 ☐ Relative . . . . / 1 ☐ Yes 2 ☐ No
4 ☐ Nonrelative . / 1 ☐ Yes 2 ☐ No	4 ☐ Nonrelative . / 1 ☐ Yes 2 ☐ No	4 ☐ Nonrelative . / 1 ☐ Yes 2 ☐ No	4 ☐ Nonrelative . / 1 ☐ Yes 2 ☐ No
(3) 69	(4) 81	(5) 93	(6) 105
1 ☐ 0–3 month Inj/ Op ONLY 2 ☐ Old age *Ask 15d for next IADL with "Yes" in 11*	1 ☐ 0–3 month Inj/ Op ONLY 2 ☐ Old age *Ask 15d for next IADL with "Yes" in 11*	1 ☐ 0–3 month Inj/ Op ONLY 2 ☐ Old age *Ask 15d for next IADL with "Yes" in 11*	1 ☐ 0–3 month Inj/ Op ONLY 2 ☐ Old age *Next page*
3 ☐ _____	3 ☐ _____	3 ☐ _____	3 ☐ _____
Condition – *Enter in IADL box on Condition Summary Chart, THEN ask 15d for next IADL with "Yes" in 11.*	Condition – *Enter in IADL box on Condition Summary Chart, THEN ask 15d for next IADL with "Yes" in 11.*	Condition – *Enter in IADL box on Condition Summary Chart, THEN ask 15d for next IADL with "Yes" in 11.*	Condition – *Enter in IADL box on Condition Summary Chart, THEN next page.*

FOOTNOTES

FORM HIS-1 (SB) (1984) (3-13-84)

RT 72

Section S. NURSING HOME STAY, HELP WITH CARE, AND HOSPICE

3–4

1a. Have you ever been a resident or patient in a nursing home? 5

1 ☐ Yes
2 ☐ No } *(S2)*
9 ☐ DK

b. How many DIFFERENT TIMES have you been a resident or patient in a nursing home? 6–7

_____ Number of times

c. When were you admitted (the FIRST time)? 8–11

_____ Month 19_____ Year

d. When were you discharged (the LAST time)? 12–15

Month	Year
	19 ___

e. How long were you in the nursing home (the LAST time)? 16–17

00 ☐ Less than 1 month

_____ Number of months

S1 *Refer to 1d* 18

1 ☐ Date discharged is since the 12-month reference date *(1f)*
8 ☐ All other *(S2)*

1f. How many weeks in the past 12 months, that is, since *(12 month date)* **a year ago, were you in a nursing home?** 19–20

00 ☐ Less than 1 week

_____ Number of weeks

S2 *Refer to age* 21

1 ☐ Sample person is 55–64 *(2)*
2 ☐ Sample person is 65 or older *(1g)*

1g. Are you now on a waiting list to go into a nursing home? 22

1 ☐ Yes
2 ☐ No
9 ☐ DK

2a. Is there a friend, relative, or neighbor who would take care of you for a few DAYS, if necessary? (Include the people you live with.) 23

Mark one box only.

Yes — **Who is this person?**
2 ☐ No

HH member		Non-HH member
3 ☐ Relative	OR	5 ☐ Relative
4 ☐ Nonrelative		6 ☐ Nonrelative

b. Is there a friend, relative, or neighbor who would take care of you for a few WEEKS, if necessary? (Include the people you live with.) 24

Mark one box only.

Yes — **Who is this person?**
2 ☐ No

HH member		Non-HH member
3 ☐ Relative	OR	5 ☐ Relative
4 ☐ Nonrelative		6 ☐ Nonrelative

Skip to Section T if a proxy

3a. Are you familiar with the term "HOSPICE," that is, a service for the terminally ill? 25

1 ☐ Yes
2 ☐ No/DK *(Section T)*

b. Is there a hospice or an in-home hospice service in the [metropolitan area/county] that you could use if you needed one? 26

1 ☐ Yes
2 ☐ No
9 ☐ DK

FOOTNOTES

FORM HIS-1 (SB) (1984) (3-13-84)

Section T. HEALTH OPINIONS

T1	*Respondent*	1 ☐ Self response *(1)* 2 ☐ Proxy *(T2)*
	Read to respondent — **Now I'd like to ask your personal opinions about health related matters.** **1. How good a job do you feel you are doing in TAKING CARE of your health? Would you say excellent, very good, good, fair, or poor?**	1 ☐ Excellent 2 ☐ Very good 3 ☐ Good 4 ☐ Fair 5 ☐ Poor
	2. Compared with 1 year ago, would you say that your health is now better, worse, or about the same as it was then?	1 ☐ Better 2 ☐ Worse 3 ☐ Same
	3. During the PAST YEAR, has your overall health caused you a great deal of worry, some worry, hardly any worry, or no worry at all?	1 ☐ A great deal of worry 2 ☐ Some worry 3 ☐ Hardly any worry 4 ☐ No worry at all
	4a. Compared to other people your age, would you say you are physically more active, less active, or about as active?	1 ☐ More active 2 ☐ Less active 3 ☐ About as active *(5)*
	b. Is that [a lot more or a little more active/a lot less or a little less active]?	1 ☐ Lot more 2 ☐ Little more 3 ☐ Lot less 4 ☐ Little less
	5a. Compared to your own level of physical activity 1 year ago, would you say you are now more active, less active, or about the same as you were then?	1 ☐ More active 2 ☐ Less active 3 ☐ About the same *(6)*
	b. Is that [a lot more or a little more active/a lot less or a little less active]?	1 ☐ Lot more 2 ☐ Little more 3 ☐ Lot less 4 ☐ Little less
	6. How much control do you think YOU have over your future health? Would you say you have a great deal of control, some, very little, or none at all?	1 ☐ A great deal of control 2 ☐ Some control 3 ☐ Very little control 4 ☐ None at all
	7. Do you feel that you get as much exercise as you need, or less than you need?	1 ☐ As much as needed 2 ☐ Less than needed
	8. Do you follow a REGULAR routine of physical exercise?	1 ☐ Yes 2 ☐ No
	9. How often do you walk a mile or more at a time, without resting? *(Note: One mile equals 8—12 blocks.)* *Probe if necessary:* **About how many days a week is that?**	1 ☐ Every day 2 ☐ 4—6 days a week 3 ☐ 2—3 days a week 4 ☐ 1 day a week 5 ☐ Less than 1 day a week 0 ☐ Never
	10a. People find that they sometimes have more trouble remembering things as they get older. In the PAST YEAR, about how often did you have trouble remembering things — frequently, sometimes, rarely, or never?	1 ☐ Frequently 2 ☐ Sometimes 3 ☐ Rarely 0 ☐ Never *(11)*
	b. Compared with a year ago, does this now happen more often, less often, or about the same?	1 ☐ More often 2 ☐ Less often 3 ☐ About the same
	11a. People find that they sometimes get confused as they get older. In the PAST YEAR, about how often did you get confused — frequently, sometimes, rarely, or never?	1 ☐ Frequently 2 ☐ Sometimes 3 ☐ Rarely 0 ☐ Never *(T2)*
	b. Compared with a year ago, does this now happen more often, less often, or about the same?	1 ☐ More often 2 ☐ Less often 3 ☐ About the same
T2	*Type of interview*	1 ☐ Self-personal 2 ☐ Self-telephone 3 ☐ Proxy personal 4 ☐ Proxy telephone } *Go to Condition Summary Chart (T3)*
T3	**a.** *Proxy Reason*	1 ☐ Sample person temporarily absent 2 ☐ Sample person mentally/physically incapable of responding *(Explain)* 8 ☐ Other *(Explain)* _____
	b. *Enter person number of proxy respondent, or mark box.*	00 ☐ Non-HH member _____ Proxy Person No. } *Go to Condition Summary Chart*

FORM HIS-1 (SB) (1984) (3-13-84)

RT 73

Section U. SUPPLEMENT CONDITION PAGES

CONDITION A

3–4
5–6

1. Name of condition

2. **When did you last see or talk to a doctor or assistant about your** *(condition)*? 7

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
9 ☐ Dr. never seen } *(3b)*

3a. **Did the doctor or assistant call the** *(condition)* **by a more technical or specific name?** 8

1 ☐ Yes 2 ☐ No 9 ☐ DK

Ask 3b if "Yes" in 3a, otherwise transcribe condition name from item 1 without asking: 9–12

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

1 ☐ Color Blindness *(NC)* 3 ☐ Vasectomy *(5)* 13
2 ☐ Cancer *(3e)* 8 ☐ Other *(3c)*

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

Mark box if accident or injury 0 ☐ Accident/injury *(5)* 14

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

1 ☐ Yes *(5)* 2 ☐ No

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

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

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

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

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

For Stroke, fill remainder of this condition page for the first present effect. If additional present effects, enter in Condition Summary Chart each one that is not already in the Condition Summary Chart. (If in C2 in HIS-1, enter condition number and transcribe when editing; if not, fill additional supplement page(s) during interview.)

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

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

3h. **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: 15

Tumor **Cyst** **Growth**

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

1 ☐ Malignant 2 ☐ Benign 9 ☐ DK

5. a. **When was your** *(condition in 3b/3f)* **first noticed?** 16
b. **When did you** *(name of injury in 3b)*?

1 ☐ 2-week 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?)

U1 (K3) 17
1 ☐ Missing extremity or organ in 3b/3f *(U2)*
8 ☐ Other *(12)*

12a. **Do you still have this condition?**

1 ☐ Yes *(U2)* ☐ No

b. **Is this condition completely cured or is it under control?** 18

2 ☐ Cured
3 ☐ Under control *(U2)*
8 ☐ Other *(Specify)* *(U2)*

c. **About how long did you have this condition before it was cured?** 19–21

000 ☐ Less than 1 month **OR** Number { 1 ☐ Months 2 ☐ Years

d. **Was this condition present at any time during the past 12 months?** 22

1 ☐ Yes 2 ☐ No

U2 (K4) 23
1 ☐ Not an accident/injury *(NC)*
2 ☐ First accident/injury for this person *(17b)*
8 ☐ Other *(17b)*

Ask if box 3, 4, or 5 marked in item 5

17b. **What part of the body is affected now?**
How is your *(part of body)* **affected?** Same acc. as Cond. ____
Are you affected in any other way?

Part(s) of body *	Present effects **

24

* Enter part of body in same detail as for 3g.

** If multiple present effects, enter in Condition Summary Chart each one that is not the same as 3b above or is not already in the Condition Summary Chart. (If in C2 in HIS-1, enter condition number and transcribe when editing; if not, fill additional supplement page(s) during interview.)

U3 25

a. *Indicate status of this condition page.* → 1 ☐ Transcribed from HIS-1 2 ☐ Obtained in SOA Interview

b. *When editing, transcribe source data for this condition from the appropriate line in the Condition Summary Chart.*

EYE LTR	EAR LTR	EVER LTR	12 MO. LTR	ADL NUMBERS	IADL NUMBERS	CP
26	27	28	29	30–37	38–43	44–45

FORM HIS-1 (SB) (1984) (3-13-84)

RT 73

Section U. SUPPLEMENT CONDITION PAGES

CONDITION B

3–4
5–6

1. Name of condition

7

2. When did you last see or talk to a doctor or assistant about your (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
9 ☐ Dr. never seen
} *(3b)*

8

3a. Did the doctor or assistant call the (condition) by a more technical or specific name?

1 ☐ Yes 2 ☐ No 9 ☐ DK

9–12

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

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

13

1 ☐ Color Blindness *(NC)*
2 ☐ Cancer *(3e)*
3 ☐ Vasectomy *(5)*
8 ☐ Other *(3c)*

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

14

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

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

1 ☐ Yes *(5)* 2 ☐ No

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

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

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

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

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

For Stroke, fill remainder of this condition page for the first present effect. If additional present effects, enter in Condition Summary Chart each one that is not already in the Condition Summary Chart. (If in C2 in HIS-1, enter condition number and transcribe when editing; if not, fill additional supplement page(s) during interview.)

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

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

3h. 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)*

15

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

16

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

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

1 ☐ 2-week 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?)

U1 (K3)

17

1 ☐ Missing extremity or organ in 3b/*3f (U2)*
8 ☐ Other *(12)*

12a. Do you still have this condition?

1 ☐ Yes *(U2)* ☐ No

18

b. Is this condition completely cured or is it under control?

2 ☐ Cured
3 ☐ Under control *(U2)*
8 ☐ Other *(Specify)* _____ *(U2)*

19–21

c. About how long did you have this condition before it was cured?

000 ☐ Less than 1 month **OR** _____ Number { 1 ☐ Months 2 ☐ Years

22

d. Was this condition present at any time during the past 12 months?

1 ☐ Yes 2 ☐ No

U2 (K4)

23

1 ☐ Not an accident/injury *(NC)*
2 ☐ First accident/injury for this person *(17b)*
8 ☐ Other *(17b)*

Ask if box 3, 4, or 5 marked in item 5

17b. What part of the body is affected now?
How is your (part of body) affected? Same acc. as Cond. _____
Are you affected in any other way?

Part(s) of body *	Present effects **

24

* Enter part of body in same detail as for 3g.

** If multiple present effects, enter in Condition Summary Chart each one that is not the same as 3b above or is not already in the Condition Summary Chart. (If in C2 in HIS-1, enter condition number and transcribe when editing; if not, fill additional supplement page(s) during interview.)

25

U3

a. *Indicate status of this condition page.* → 1 ☐ Transcribed from HIS-1 2 ☐ Obtained in SOA Interview

b. *When editing, transcribe source data for this condition from the appropriate line in the Condition Summary Chart.*

EYE LTR	EAR LTR	EVER LTR	12 MO. LTR	ADL NUMBERS	IADL NUMBERS	CP
26	27	28	29	30–37	38–43	44–45

FORM HIS-1 (SB) (1984) (3-13-84)

RT 73

Section U. SUPPLEMENT CONDITION PAGES

CONDITION C 3–4 5–6

1. Name of condition

2. **When did you last see or talk to a doctor or assistant about your** *(condition)*? 7

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
9 ☐ Dr. never seen
} *(3b)*

3a. **Did the doctor or assistant call the** *(condition)* **by a more technical or specific name?** 8

1 ☐ Yes 2 ☐ No 9 ☐ DK

Ask 3b if "Yes" in 3a, otherwise transcribe condition name from item 1 without asking: 9–12

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

1 ☐ Color Blindness *(NC)* 3 ☐ Vasectomy *(5)* 13
2 ☐ Cancer *(3e)* 8 ☐ Other *(3c)*

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

Mark box if accident or injury 0 ☐ Accident/injury *(5)* 14

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

1 ☐ Yes *(5)* 2 ☐ No

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

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

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

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

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

For Stroke, fill remainder of this condition page for the first present effect. If additional present effects, enter in Condition Summary Chart each one that is not already in the Condition Summary Chart. (If in C2 in HIS-1, enter condition number and transcribe when editing; if not, fill additional supplement page(s) during interview.)

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

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

3h. **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: 15

Tumor **Cyst** **Growth**

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

1 ☐ Malignant 2 ☐ Benign 9 ☐ DK

5. a. **When was your** *(condition in 3b/3f)* **first noticed?** 16

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

1 ☐ 2-week 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?)

U1 (K3)

1 ☐ Missing extremity or organ in 3b/3f *(U2)* 17
8 ☐ Other *(12)*

12a. **Do you still have this condition?**

1 ☐ Yes *(U2)* ☐ No

b. **Is this condition completely cured or is it under control?** 18

2 ☐ Cured
3 ☐ Under control *(U2)*
8 ☐ Other *(Specify)* *(U2)*

c. **About how long did you have this condition before it was cured?** 19–21

000 ☐ Less than 1 month **OR** ____ Number { 1 ☐ Months 2 ☐ Years

d. **Was this condition present at any time during the past 12 months?** 22

1 ☐ Yes 2 ☐ No

U2 (K4)

1 ☐ Not an accident/injury *(NC)* 23
2 ☐ First accident/injury for this person *(17b)*
8 ☐ Other *(17b)*

Ask if box 3, 4, or 5 marked in item 5

17b. **What part of the body is affected now?**
How is your *(part of body)* **affected?** Same acc. as Cond. ____
Are you affected in any other way?

Part(s) of body *	Present effects **

24

* Enter part of body in same detail as for 3g.

** If multiple present effects, enter in Condition Summary Chart each one that is not the same as 3b above or is not already in the Condition Summary Chart. (If in C2 in HIS-1, enter condition number and transcribe when editing; if not, fill additional supplement page(s) during interview.)

U3

25

a. *Indicate status of this condition page.* 1 ☐ Transcribed from HIS-1 2 ☐ Obtained in SOA Interview

b. *When editing, transcribe source data for this condition from the appropriate line in the Condition Summary Chart.*

EYE LTR	EAR LTR	EVER LTR	12 MO. LTR	ADL NUMBERS	IADL NUMBERS	CP
26	27	28	29	30–37	38–43	44–45

FORM HIS-1 (SB) (1984) (3-13-84)

RT 73

Section U. SUPPLEMENT CONDITION PAGES

CONDITION D 3–4 / 5–6

1. Name of condition

2. **When did you last see or talk to a doctor or assistant about your** *(condition)*? 7

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
9 ☐ Dr. never seen
} *(3b)*

3a. **Did the doctor or assistant call the** *(condition)* **by a more technical or specific name?** 8

1 ☐ Yes 2 ☐ No 9 ☐ DK

Ask 3b if "Yes" in 3a, otherwise transcribe condition name from item 1 without asking: 9–12

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

1 ☐ Color Blindness *(NC)*
2 ☐ Cancer *(3e)*
3 ☐ Vasectomy *(5)*
8 ☐ Other *(3c)* 13

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

Mark box if accident or injury 0 ☐ Accident/injury *(5)* 14

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

1 ☐ Yes *(5)* 2 ☐ No

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

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

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

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

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

For Stroke, fill remainder of this condition page for the first present effect. If additional present effects, enter in Condition Summary Chart each one that is not already in the Condition Summary Chart. (If in C2 in HIS-1, enter condition number and transcribe when editing; if not, fill additional supplement page(s) during interview.)

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

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

3h. **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: 15

Tumor **Cyst** **Growth**

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

1 ☐ Malignant 2 ☐ Benign 9 ☐ DK

5. a. **When was your** *(condition in 3b/3f)* **first noticed?** 16

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

1 ☐ 2-week 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?)

U1 (K3) 1 ☐ Missing extremity or organ in 3b/3f *(U2)* 8 ☐ Other *(12)* 17

12a. **Do you still have this condition?**

1 ☐ Yes *(U2)* ☐ No

b. **Is this condition completely cured or is it under control?** 18

2 ☐ Cured
3 ☐ Under control *(U2)*
8 ☐ Other *(Specify)* *(U2)*

c. **About how long did you have this condition before it was cured?** 19–21

ooo ☐ Less than 1 month **OR** _____ Number { 1 ☐ Months 2 ☐ Years

d. **Was this condition present at any time during the past 12 months?** 22

1 ☐ Yes 2 ☐ No

U2 (K4) 1 ☐ Not an accident/injury *(NC)* 2 ☐ First accident/injury for this person *(17b)* 8 ☐ Other *(17b)* 23

Ask if box 3, 4, or 5 marked in item 5

17b. **What part of the body is affected now?**
How is your *(part of body)* **affected?** Same acc. as Cond. _____
Are you affected in any other way?

Part(s) of body *	Present effects **

24

* Enter part of body in same detail as for 3g.

** If multiple present effects, enter in Condition Summary Chart each one that is not the same as 3b above or is not already in the Condition Summary Chart. (If in C2 in HIS-1, enter condition number and transcribe when editing; if not, fill additional supplement page(s) during interview.)

U3 25

a. *Indicate status of this condition page.* 1 ☐ Transcribed from HIS-1 2 ☐ Obtained in SOA Interview

b. *When editing, transcribe source data for this condition from the appropriate line in the Condition Summary Chart.*

EYE LTR	EAR LTR	EVER LTR	12 MO. LTR	ADL NUMBERS	IADL NUMBERS	CP
26	27	28	29	30–37	38–43	44–46

FORM HIS-1 (SBI (1984) (3-13-84)

RT 73

Section U. SUPPLEMENT CONDITION PAGES

CONDITION E

3–4
5–6

1. Name of condition

2. **When did you last see or talk to a doctor or assistant about your** *(condition)*? 7

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
9 ☐ Dr. never seen
} *(3b)*

3a. **Did the doctor or assistant call the** *(condition)* **by a more technical or specific name?** 8

1 ☐ Yes 2 ☐ No 9 ☐ DK

Ask 3b if "Yes" in 3a, otherwise transcribe condition name from item 1 without asking: 9–12

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

1 ☐ Color Blindness *(NC)*
2 ☐ Cancer *(3e)*
3 ☐ Vasectomy *(5)*
8 ☐ Other *(3c)*
13

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

Mark box if accident or injury 0 ☐ Accident/injury *(5)* 14

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

1 ☐ Yes *(5)* 2 ☐ No

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

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

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

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

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

For Stroke, fill remainder of this condition page for the first present effect. If additional present effects, enter in Condition Summary Chart each one that is not already in the Condition Summary Chart. (If in C2 in HIS-1, enter condition number and transcribe when editing; if not, fill additional supplement page(s) during interview.)

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

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

3h. **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: 15

Tumor **Cyst** **Growth**

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

1 ☐ Malignant 2 ☐ Benign 9 ☐ DK

5. a. **When was your** *(condition in 3b/3f)* **first noticed?** 16
b. **When did you** *(name of injury in 3b)*?

1 ☐ 2-week 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?)

U1 (K3)
1 ☐ Missing extremity or organ in 3b/3f *(U2)*
8 ☐ Other *(12)*
17

12a. **Do you still have this condition?**

1 ☐ Yes *(U2)* ☐ No 18

b. **Is this condition completely cured or is it under control?**

2 ☐ Cured
3 ☐ Under control *(U2)*
8 ☐ Other *(Specify)* _____ *(U2)*

c. **About how long did you have this condition before it was cured?** 19–21

000 ☐ Less than 1 month **OR** _____ Number { 1 ☐ Months 2 ☐ Years

d. **Was this condition present at any time during the past 12 months?** 22

1 ☐ Yes 2 ☐ No

U2 (K4)
1 ☐ Not an accident/injury *(NC)*
2 ☐ First accident/injury for this person *(17b)*
8 ☐ Other *(17b)*
23

Ask if box 3, 4, or 5 marked in item 5

17b. **What part of the body is affected now?**
How is your *(part of body)* **affected?** Same acc. as Cond. _____
Are you affected in any other way?

Part(s) of body *	Present effects **

24

* Enter part of body in same detail as for 3g.

** If multiple present effects, enter in Condition Summary Chart each one that is not the same as 3b above or is not already in the Condition Summary Chart. (If in C2 in HIS-1, enter condition number and transcribe when editing; if not, fill additional supplement page(s) during interview.)

U3

25

a. *Indicate status of this condition page.* 1 ☐ Transcribed from HIS-1 2 ☐ Obtained in SOA Interview

b. *When editing, transcribe source data for this condition from the appropriate line in the Condition Summary Chart.*

EYE LTR	EAR LTR	EVER LTR	12 MO. LTR	ADL NUMBERS	IADL NUMBERS	CP
26	27	28	29	30–37	38–43	44–45

FORM HIS-1 (SB) (1984) (3-13-84)

RT 73

Section U. SUPPLEMENT CONDITION PAGES

CONDITION F

3–4
5–6

1. Name of condition

7

2. **When did you last see or talk to a doctor or assistant about your** *(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
9 ☐ Dr. never seen } *(3b)*

8

3a. **Did the doctor or assistant call the** *(condition)* **by a more technical or specific name?**

1 ☐ Yes 2 ☐ No 9 ☐ DK

9–12

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

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

13

1 ☐ Color Blindness *(NC)*
2 ☐ Cancer *(3e)*
3 ☐ Vasectomy *(5)*
8 ☐ Other *(3c)*

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

14

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

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

1 ☐ Yes *(5)* 2 ☐ No

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

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

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

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

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

For Stroke, fill remainder of this condition page for the first present effect. If additional present effects, enter in Condition Summary Chart each one that is not already in the Condition Summary Chart. (If in C2 in HIS-1, enter condition number and transcribe when editing; if not, fill additional supplement page(s) during interview.)

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

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

3h. **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)*

15

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

16

5. a. **When was your** *(condition in 3b/3f)* **first noticed?**
b. **When did you** *(name of injury in 3b)*?

1 ☐ 2-week 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?)

U1 (K3)

17

1 ☐ Missing extremity or organ in 3b/3f *(U2)*
8 ☐ Other *(12)*

12a. **Do you still have this condition?**

1 ☐ Yes *(U2)* ☐ No

18

b. **Is this condition completely cured or is it under control?**

2 ☐ Cured
3 ☐ Under control *(U2)*
8 ☐ Other *(Specify)* _____ *(U2)*

19–21

c. **About how long did you have this condition before it was cured?**

000 ☐ Less than 1 month **OR** _____ Number { 1 ☐ Months 2 ☐ Years

22

d. **Was this condition present at any time during the past 12 months?**

1 ☐ Yes 2 ☐ No

U2 (K4)

23

1 ☐ Not an accident/injury *(NC)*
2 ☐ First accident/injury for this person *(17b)*
8 ☐ Other *(17b)*

Ask if box 3, 4, or 5 marked in item 5

17b. **What part of the body is affected now?**
How is your *(part of body)* **affected?** Same acc. as Cond. _____
Are you affected in any other way?

Part(s) of body *	Present effects **

24

* Enter part of body in same detail as for 3g.

** If multiple present effects, enter in Condition Summary Chart each one that is not the same as 3b above or is not already in the Condition Summary Chart. (If in C2 in HIS-1, enter condition number and transcribe when editing; if not, fill additional supplement page(s) during interview.)

U3

25

a. *Indicate status of this condition page.* → 1 ☐ Transcribed from HIS-1 2 ☐ Obtained in SOA Interview

b. *When editing, transcribe source data for this condition from the appropriate line in the Condition Summary Chart.*

EYE LTR	EAR LTR	EVER LTR	12 MO. LTR	ADL NUMBERS	IADL NUMBERS	CP
26	27	28	29	30–37	38–43	44–45

FORM HIS-1 (SB) (1984) (3-13-84)

RT 73

Section U. SUPPLEMENT CONDITION PAGES

CONDITION G

3–4
5–6

1. Name of condition

2. **When did you last see or talk to a doctor or assistant about your** *(condition)*? 7

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
9 ☐ Dr. never seen
} *(3b)*

3a. **Did the doctor or assistant call the** *(condition)* **by a more technical or specific name?** 8

1 ☐ Yes 2 ☐ No 9 ☐ DK

Ask 3b if "Yes" in 3a, otherwise transcribe condition name from item 1 without asking: 9–12

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

1 ☐ Color Blindness *(NC)*
2 ☐ Cancer *(3e)*
3 ☐ Vasectomy *(5)*
8 ☐ Other *(3c)*
13

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

Mark box if accident or injury 0 ☐ Accident/injury *(5)* 14

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

1 ☐ Yes *(5)* 2 ☐ No

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

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

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

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

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

For Stroke, fill remainder of this condition page for the first present effect. If additional present effects, enter in Condition Summary Chart each one that is not already in the Condition Summary Chart. (If in C2 in HIS-1, enter condition number and transcribe when editing; if not, fill additional supplement page(s) during interview.)

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

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

3h. **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: 15

Tumor **Cyst** **Growth**

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

1 ☐ Malignant 2 ☐ Benign 9 ☐ DK

5. a. **When was your** *(condition in 3b/3f)* **first noticed?** 16
b. **When did you** *(name of injury in 3b)*?

1 ☐ 2-week 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?)

U1 (K3)
1 ☐ Missing extremity or organ in 3b/3f *(U2)*
8 ☐ Other *(12)*
17

12a. **Do you still have this condition?**

1 ☐ Yes *(U2)* ☐ No

b. **Is this condition completely cured or is it under control?** 18

2 ☐ Cured
3 ☐ Under control *(U2)*
8 ☐ Other *(Specify)* _____ *(U2)*

c. **About how long did you have this condition before it was cured?** 19–21

000 ☐ Less than 1 month **OR** _____ Number { 1 ☐ Months 2 ☐ Years

d. **Was this condition present at any time during the past 12 months?** 22

1 ☐ Yes 2 ☐ No

U2 (K4)
1 ☐ Not an accident/injury *(NC)*
2 ☐ First accident/injury for this person *(17b)*
8 ☐ Other *(17b)*
23

Ask if box 3, 4, or 5 marked in item 5

17b. **What part of the body is affected now?**
How is your *(part of body)* **affected?** Same acc. as Cond. _____
Are you affected in any other way?

Part(s) of body *	Present effects **

24

* Enter part of body in same detail as for 3g.

** If multiple present effects, enter in Condition Summary Chart each one that is not the same as 3b above or is not already in the Condition Summary Chart. (If in C2 in HIS-1, enter condition number and transcribe when editing; if not, fill additional supplement page(s) during interview.)

U3

25

a. *Indicate status of this condition page.* 1 ☐ Transcribed from HIS-1 2 ☐ Obtained in SOA Interview

b. *When editing, transcribe source data for this condition from the appropriate line in the Condition Summary Chart.*

EYE LTR	EAR LTR	EVER LTR	12 MO. LTR	ADL NUMBERS	IADL NUMBERS	CP
26	27	28	29	30–37	38–43	44–45

FORM HIS-1 (SB) (1984) (3-13-84)

RT 73

Section U. SUPPLEMENT CONDITION PAGES

CONDITION H 3–4 5–6

1. Name of condition

2. **When did you last see or talk to a doctor or assistant about your** *(condition)*? 7

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
9 ☐ Dr. never seen } *(3b)*

3a. **Did the doctor or assistant call the** *(condition)* **by a more technical or specific name?** 8

1 ☐ Yes 2 ☐ No 9 ☐ DK

Ask 3b if "Yes" in 3a, otherwise transcribe condition name from item 1 without asking: 9–12

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

1 ☐ Color Blindness *(NC)* 3 ☐ Vasectomy *(5)* 13
2 ☐ Cancer *(3e)* 8 ☐ Other *(3c)*

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

Mark box if accident or injury 0 ☐ Accident/injury *(5)* 14

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

1 ☐ Yes *(5)* 2 ☐ No

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

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

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

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

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

For Stroke, fill remainder of this condition page for the first present effect. If additional present effects, enter in Condition Summary Chart each one that is not already in the Condition Summary Chart. (If in C2 in HIS-1, enter condition number and transcribe when editing; if not, fill additional supplement page(s) during interview.)

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

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

3h. **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: 15

Tumor **Cyst** **Growth**

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

1 ☐ Malignant 2 ☐ Benign 9 ☐ DK

5. a. **When was your** *(condition in 3b/3f)* **first noticed?** 16
b. **When did you** *(name of injury in 3b)*?

1 ☐ 2-week 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?)

U1 (K3) 17
1 ☐ Missing extremity or organ in 3b/3f *(U2)*
8 ☐ Other *(12)*

12a. **Do you still have this condition?**

1 ☐ Yes *(U2)* ☐ No 18

b. **Is this condition completely cured or is it under control?**

2 ☐ Cured 8 ☐ Other *(Specify)*
3 ☐ Under control *(U2)* _____ *(U2)*

c. **About how long did you have this condition before it was cured?** 19–21

000 ☐ Less than 1 month **OR** _____ Number { 1 ☐ Months 2 ☐ Years

d. **Was this condition present at any time during the past 12 months?** 22

1 ☐ Yes 2 ☐ No

U2 (K4) 23
1 ☐ Not an accident/injury *(NC)*
2 ☐ First accident/injury for this person *(17b)*
8 ☐ Other *(17b)*

Ask if box 3, 4, or 5 marked in item 5

17b. **What part of the body is affected now?**
How is your *(part of body)* **affected?** Same acc. as Cond. _____
Are you affected in any other way?

Part(s) of body *	Present effects **

24

* Enter part of body in same detail as for 3g.

** If multiple present effects, enter in Condition Summary Chart each one that is not the same as 3b above or is not already in the Condition Summary Chart. (If in C2 in HIS-1, enter condition number and transcribe when editing; if not, fill additional supplement page(s) during interview.)

U3 25

a. *Indicate status of this condition page.* 1 ☐ Transcribed from HIS-1 2 ☐ Obtained in SOA Interview

b. *When editing, transcribe source data for this condition from the appropriate line in the Condition Summary Chart.*

EYE LTR	EAR LTR	EVER LTR	12 MO. LTR	ADL NUMBERS	IADL NUMBERS	CP
26	27	28	29	30–37	38–43	44–45

FORM HIS-1 (SB) (1984) (3-13-84)

CONDITION SUMMARY CHART

INSTRUCTIONS — If no entries in Summary Chart, complete cover page and any additional supplement booklets required.

All conditions in Summary Chart must be accounted for. Compare to C2 in HIS-1 for sample person.

1. If a condition page IS already filled, enter the condition NUMBER in the diagonal space on the Summary Chart.
2. If a condition page is NOT filled, complete a LETTERED supplement condition page and enter the letter in the diagonal space.
3. If the condition wording on the HIS-1 and the Summary Chart are similar but NOT identical, probe: **Is the** *(supplement condition)* **the same condition as the** *(HIS-1 condition)* **I was told about earlier?**

   If any doubt, fill a lettered supplement condition page.

When editing, transcribe the appropriate data items from the HIS-1 Condition Page to a lettered supplement condition page for those conditions with a number in the diagonal space on the Summary Chart. Also, cross out the number in the diagonal space and indicate the lettered supplement condition page.

EYE LTR	EAR LTR	EVER LTR	12 MO. LTR	ADL NUMBERS	IADL NUMBERS	CP
EYE LTR	EAR LTR	EVER LTR	12 MO. LTR	ADL NUMBERS	IADL NUMBERS	CP
EYE LTR	EAR LTR	EVER LTR	12 MO. LTR	ADL NUMBERS	IADL NUMBERS	CP
EYE LTR	EAR LTR	EVER LTR	12 MO. LTR	ADL NUMBERS	IADL NUMBERS	CP
EYE LTR	EAR LTR	EVER LTR	12 MO. LTR	ADL NUMBERS	IADL NUMBERS	CP
EYE LTR	EAR LTR	EVER LTR	12 MO. LTR	ADL NUMBERS	IADL NUMBERS	CP
EYE LTR	EAR LTR	EVER LTR	12 MO. LTR	ADL NUMBERS	IADL NUMBERS	CP
EYE LTR	EAR LTR	EVER LTR	12 MO. LTR	ADL NUMBERS	IADL NUMBERS	CP
EYE LTR	EAR LTR	EVER LTR	12 MO. LTR	ADL NUMBERS	IADL NUMBERS	CP
EYE LTR	EAR LTR	EVER LTR	12 MO. LTR	ADL NUMBERS	IADL NUMBERS	CP
EYE LTR	EAR LTR	EVER LTR	12 MO. LTR	ADL NUMBERS	IADL NUMBERS	CP

FORM HIS-1 (SB) (1984) (3-13-84)

☆ U. S. GOVERNMENT PRINTING OFFICE:1984--760-998

Appendix III
1986 Reinterview, 1987
Decedent Followback

Longitudinal Study of Aging

1986 Questionnaire Content

INTRODUCTION AND SCREENING QUESTIONS

Hello, I am (your name) from the United States Bureau of the Census in Washington, D.C. We are conducting a survey for the United States Public Health Service.

*1a May I speak with (sample person)

(Confirm telephone number if not sure the correct household has been reached.)

__ Yes - SP is telephone answerer
__ Yes - SP comes to the phone (6b)
__ No - SP not available

b Why is (he/she) not available - has (he/she) moved or died or is (he/she) not able to use a telephone, or is there some other reason?

__ No - SP not available now (Arrange callback/ on callback start with Intro.)
__ No - SP mentally incapable of responding (Explain) _____
__ No - SP emotionally incapable of responding - (Explain) _____
__ No - SP physically incapable of responding - hearing
__ No - SP physically incapable of responding - speech
__ No - SP physically incapable of responding - other (SPECIFY) _____
__ No - SP temporarily absent for entire interview period
(6a)
__ No - SP deceased (5a)
__ No - SP in hospital
__ No - SP in nursing home
__ No - SP in other institution
(4)
__ No - SF moved to another residence (2)

---

* Questions appear in Telephone Questionnaire only; all other questions appear in both the Telephone and the Mail Questionnaires.

0 Question was not asked of the Sample Person was in a nursing home or other institution.

\+ Question was not asked if the Respondent was a Proxy.

Contact Person Screening

* Hello, I am (your name) from the United States Bureau of the Census in Washington, D.C. We are conducting a survey for the United States Public Health Service.

* 1c May I speak with (contact person)

(Confirm telephone number if not sure the correct household has been reached.)

__ Yes - CP is telephone answerer 1d)
__ Yes - CP comes to the phone (Repeat Intro., then 1d)
__ No - CP not available now (Arrange callback/start with Contact Person Introduction)
__ No - Other reason (SPECIFY)_____
(Arrange callback, if appropriate. Otherwise mark for supervisor follow-up)
__ Supervisor follow-up

* 1d About two years ago we spoke with (sample person's name) and we would like to talk with (him/her) again. We are calling you because we are unable to reach (him/her) at the same place as in 1984, and (he/she) gave you as someone who would know where to reach (him/her).

I have (SP address and telephone number) for (sample person), would that be correct?

__ Yes (6a)
__ No - not correct (2)
__ No - SP temporarily absent for entire interview period (6a)
__ No - SP deceased (5a)
__ No - SP in hospital
__ No - SP in nursing home
__ No - SP in other institution (4)
__ No - SP moved to another residence (2)

MARK AND USE PROBE, RECODE CATEGORY ABOVE, IF NECESSARY:

__ CP volunteered to be interviewed (Probe: Why can't (sample person) respond for (himself/herself)?

2. What is (sample person's) current address and telephone number?

Street and number: _____
City: _____ State: _____ ZIP: _____
Telephone: (AC) _____ Number _____

__ No telephone
__ DK/Refused address
__ DK/Refused telephone number

MARK, IF APPROPRIATE:
__ Address provided is nursing home/institution (4)

3. When did (he/she) move there?

Month: _____ Day: _____ Year: 198__

END THIS INTERVIEW. CONTACT SP AT NEW ADDRESS IN 2, IF GIVEN.

ON CALL, START AT SCREENER INTRODUCTION AND 1a.

OTHERWISE, CALL CONTACT PERSON AND START AT CP INTRO.

IF CONTACT PERSON ALREADY CALLED, CODE FOR SUPERVISOR FOLLOW-UP

---

4 About what date do you expect (sample person) to come home?

__ Don't expect SP to come home
__ DK when SP will come home

Month: _____ Day: _____ Year: 198__

CHECK ITEM A1

Refer to release date in 4	__ Date is within interview period (Arrange callback/ start at 1a) __ Other (6a)

5a On what date did (he/she) die?

__ DK

Month: _____ Day: _____ Year: 198__

b When (sample person) died, was (he/she) living here at home, in a hospital, in a nursing home, or someplace else?

__ At home
__ Hospital
__ Nursing home
__ Someplace else - SPECIFY

END INTERVIEW

---

* 6a Since I will be unable to talk to (sample person) (himself/herself), I would like to speak with the person in the household who knows the most about (sample person's) health ?

__ Phone answerer is eligible proxy (6c)
__ Eligible proxy comes to phone (6b)
__ Eligible proxy not available now (Arrange callback. On callback start at 6b)
__ No eligible respondent (End interview. Code non-interview)

* b Hello, I am (your name) from the United States Bureau of the Census in Washington, D.C. We are conducting a survey for the United States Public Health Service. (May I speak with (sample person/proxy) ? (These are questions about (sampleperson).

* c This survey is being conducted to obtain information about the current health of people who were interviewed in 1984. About one or two weeks ago we mailed a letter explaining our survey to (you/sample person). Do you recall seeing the letter ?

__ Yes (7b)
__ No

7a This survey is authorized by the Public Health Service Act. The information will help in planning health programs for older Americans. All information you give me will be kept confidential. Findings will be issued only in the form of statistical totals. Of course, your help on the survey is voluntary. If I ask a question you do not want to answer, just let me know and I'll move on to the next one. However, it is important that everyone participate so we can get accurate statistics on the Nation's health.

* b In order to evaluate my performance, my supervisor may listen as I ask the questions.

SIGN CERTIFICATION AND GO TO CHECK ITEM A2

CERTIFICATION: I certify that I read item 7 to the respondent.

Interviewer name: _____

Date: _____

CHECK ITEM A2

Type of Interview __ Self response (Read questions as worded)
__ Proxy response (Substitute of SP)

CHECK ITEM A3

__ SP moved in 1b or 1d (8b)
__ Other (Check Item A4)

CHECK ITEM A4
Is SP now in a nursing home or some other institution in 1b or 1d?

__ Yes (12)
__ No (8a)

----- INTERVIEW -----

o 8a Have you moved since (Date of 1984 SOA Interview) ?

__ Yes
__ No (12)

o b When did you last move?

Month: _____ Year: 198__

o c Why did you move at that time? (Mark all that apply)
NOTE: CATI will record verbatim responses here.

Reasons pertaining to SP:

__ Change is SP's health status
__ Change in SP's financial status
__ Change in the people or availability of people who help or live with SP
__ Other changes in SP's status (SPECIFY)

_____

Reasons "external" to SP:

__ Other problems or reasons such as conversion to condo, relocation of breadwinner, etc.

(SPECIFY)_____

o 9a Do you live in a RETIREMENT community, RETIREMENT building, or RETIREMENT complex where some or all of the units are formally set aside for older people ?

__ Yes
__ No (10)

o 9b Whether you use it or not, is a service that provides group meals available for residents in this retirement community, building or complex?

__ Yes
__ No
__ DK

o 10 Are you NOW living in a house, in an apartment, or some other type of place?

__ House
__ Apartment
__ Other (SPECIFY) _____

o 11 Do you HAVE TO USE one or more steps to get into your home from the outside?

__ No
__ Yes - If not mentioned, ask:

Is it one or more than one?

__ One step
__ More than one step

NOTE: If Respondent is a Proxy for SP in a nursing home/institution, 12 a-g, 13 and 14 only are asked. 15-18 and IADL's (19-25) are NOT asked.

The next questions are about how well you are able to do certain activities - by yourself and without using special equipment.

12 Because of a health or physical problem, do you have ANY difficulty

	RESPONSES FOR EACH. a-g:
a. Bathing or showering?	__ Yes __ No __ Doesn't do for other reason If answer is "doesn't do", PROBE: Is this because of a HEALTH or PHYSICAL problem? If "yes", Code "Yes" above; If "no", code "No" above.
b. Dressing?	
c. Eating?	
d. Getting in and out of bed or chair?	
e. Walking?	
f. Getting outside?	
g. Using the toilet, including getting to the toilet?	

ASK 13-18 FOR EACH ADL MARKED "YES" IN 12

13 By yourself and without using special equipment, how much difficulty do you have (ADL), some, a lot, or are you unable to do it?

__ Some
__ A lot
__ Unable to do

14 Compared to this time in 1984, are you NOW having more difficulty, the same amount, or less difficulty than you did then?

__ More difficulty
__ Same difficulty
__ Less difficulty

o 15 Do you receive help from another person in (ADL)?

__ Yes
__ No (13 for next ADL with "yes" in 12)

*o 16 Who gives this help? Anyone else?
PROBE: Does this person live with you?

__ Spouse of Sample Person
__ Parents of Sample Person
__ Sample Person's child(ren) in household
__ Sample person's child(ren) NOT in household
__ Other relative(s) in household
__ Other relatives NOT in household
__ Nonrelative(s) in household
__ Nonrelatives NOT in household

ASK 17-18 IF "Other relative(s)" OR "Nonrelative(s)"IN 16, OTHERWISE ASK 13 FOR NEXT ADL WITH "Yes" IN 12.

*o 17 Is this help paid for?

__ Yes
__ No (13 for next ADL with "yes" in 12)

*o 18 Which helper(s) are paid?

__ Other relative(s) in household
__ Other relative(s) NOT in household
__ Nonrelative(s) in household
__ Nonrelative(s) NOT in household

Now I will ask about some other activities. Tell me about doing them by yourself.

o 19 Because of a health or physical problem, do you have ANY difficulty

o a. Preparing your own meals? o b. Shopping for personal items, such as toilet items or medicines? o c. Managing your own money, such as keeping track of expenses or paying bills? o d. Using the telephone? o e. Doing heavy housework, (like scrubbing floors or washing windows)? o f. Doing light housework, (like straightening up, or light cleaning)?	RESPONSES FOR EACH, a.- f. __ Yes __ No __ Doesn't do for other reasons If answer is "doesn't do", PROBE: Is this because of a HEALTH or PHYSICAL problem? doing dishes,

---

ASK 20-25 FOR EACH IADL MARKED "YES" IN 19

o 20 By yourself, how much difficulty do you have (IADL). some, a lot, or are you unable to do it?

__ Some
__ A lot
__ Unable to do

o 21 Compared to this time in 1984, are you NOW having more difficulty, the same amount, or less difficulty (IADL) than you did then?

__ More difficulty
__ Same difficulty
__ Less difficulty

o 22 Do you receive help from another person in (IADL)?

__ Yes
__ No (20 for next IADL with "yes" in 19)

*o 23 Who gives this help? Anyone else?
PROBE: Does this person live with you?

__ Spouse of Sample Person Parents of Sample Person
__ Sample Person's child(ren) in household
__ Sample person's child(ren) NOT in household
__ Other relative(s) in household
__ Other relatives NOT in household
__ Nonrelative(s) in household
__ Nonrelatives NOT in household

ASK 24-25 IF "Other relative(s)" OR "Nonrelative(s)"IN 23, OTHERWISE ASK 20 FOR NEXT ADL WITH "Yes" IN 19.

*o 24 Is this help Paid for?

__ Yes
__ No (20 for next ADL with "yes" in 19)

*o 25 Which helper(s) are paid?

__ Other relative(s) in household
__ Other relative(s) NOT in household
__ Nonrelative(s) in household
__ Nonrelative(s) NOT in household

26 Because of a health or physical problem, do you USUALLY

a. stay in bed all or most of the time?

__ Yes (27a)
__ No

b. stay in a chair all or most of the time?

__ Yes
__ No

CHECK ITEM A5
Respondent is: __ Proxy (28 Intro)
__ Self (27 Intro)

+ 27 Intro
The next few questions are about how well you can see, wearing your glasses or contact lenses, if that's how you see best.

+ a Can you see well enough to recognize features of people if they are within two or three feet?

__ Yes
__ No

+ b Can you see well enough to watch TV 8 to 12 feet away?

__ Yes
__ No

+ c Can you see well enough to read newspaper print?

__ Yes
__ No

+ d Can you see well enough to step off a curb or step down?

__ Yes
__ No

+ e Can you see well enough to recognize a friend walking on the other side of the street?

__ Yes
__ No

28 Intro

Please tell me if you have ANY difficulty when you do the following activities:

28 By yourself and not using equipment, do you have any difficulty:

a	walking for a quarter mile (this is about 2 Or 3 blocks)?	__ Yes	__ No
b	walking up 10 steps?	__ Yes	__ No
c	standing or being on your feet for about two hours?	__ Yes	__ No
d	Sitting for about two hours?	__ Yes	__ No
e	stooping, crouching, or kneeling?	__ Yes	__ No
f	reaching up over your head?	__ Yes	__ No
g	reaching out (as if to shake someone's hand)?	__ Yes	__ No
h	using your fingers grasp or handle?	__ Yes	__ No
i	lifting or carrying something as heavy as 25 pounds (such as two full bags of groceries)?	__ Yes	__ No (CHECK ITEM A6)
j	lifting or carrying something as heavy as a 10 pound bag of potatoes?	__ Yes	__ No

c What health or physical problem caused the change in your ability to walk a quarter mile? (Mark all that apply)

__ Arthritis
__ Heart condition
__ Stroke
__ A fall
__ Osteoporosis
__ Circulatory disease
__ Cancer
__ Diabetes
__ Pneumonia/Emphysema
__ Hip fracture
__ Hypertension
__ Other

IF MORE THAN ONE, ASK:

Which of these is the main condition that caused the change?

31a I believe I was told earlier that (Sample Person) is now in a hospital. Is that correct?

__ Yes (32a)
__ No (31b)

b Since (12 month date) a year ago, were you a patient in a hospital OVERNIGHT?

__ Yes
__ No (32a)

c How many different times did you stay in any hospital overnight or longer since (12 month date) a year ago?

_____ Number of times

NOTE: If Respondent is a Proxy for SP in a nursing home/institution,
32a-b are NOT asked.

+o 32a During the past 12 months, that is since (12 month date) a year ago, ABOUT how many times did you see or talk to a medical doctor or assistant? (Do not count doctors seen while an overnight patient in a hospital.)

__ None
__ 1 - 24 times (actual)
__ 25 or more times

+o b About how long has it been since you last saw or talked to a medical doctor or assistant? (Include doctors seen while an overnight patient in a hospital.)

__ Less than 1 month
__ 1 month to less than 6 months
__ 6 months to less than 1 year
__ 1 year to less than 2 years
__ 2 years to less than 5 years
__ 5 years or more

CHECK ITEM A8
Is SF now in a nursing home in 1b or 1d?

__ Yes (33
__ No (33b)

---

* 33a I believe I was told earlier that (Sample Person) is now in a nursing home.
Is that correct?

__ Yes, SF is living in a nursing home (35b)
__ Yes, SP is living in some other type of institution (33b)
__ No, SF is not living in any type of institution (Correct 1a)

o b Since we talked with you (date of S0A), have you been a resident or patient in a nursing home ?

__ Yes
__ No
__ DK (34)

o c How many DIFFERENT TIMES have you been a resident or patient in a nursing home since (date of S0A)?

_____ Number of times

o d When were you admitted (the FIRST time)?

_____ Month 198__

o e When did you leave (the LAST time)?

_____ Month 198__

o 34 Are you now on a waiting list to go into a nursing home?

__ Yes
__ No
__ DK

CHECK ITEM A9

Is SP now in another institution in 1b or 1d?

__ Yes (35a)
__ No (Check Item A10)

Is SP now in the hospital in 1b or 1d?

__ Yes (35b)
__ No (35a)

35a I believe I was told earlier that (Sample Person) is now in an institution. Is that correct?

__ Yes, SP is living in an institution other than a nursing home (35b)
__ Yes, SF is living in a nursing home (35b)
__ No, SF is not living in any type of institution (Correct 1a)

b What is the name, address, and telephone number of the (nursing home/other institution/ hospital)?

Name _____
Number and street _____
City _____ State _____ ZIP _____
Telephone (AC) _____ Number _____

__ DK/Refused name
__ DK/Refused address
__ DK/Refused telephone number

36a On what date was (sample person) admitted to the (nursing home/other institution/hospital) ?

_____ Month 198__

b Which of the following ways was the care paid for (the last time)?

__ Paid by self or family
__ Paid by Medicare
__ Paid by Medicaid
__ Paid by other source such as private insurance
__ Don't know how paid

37a Compared to your own level of activity one year ago, would you say you are NOW more active, less active, or about the same as you were then?

__ More active
__ Less active
__ About the same (38a)

b Is that (a lot more or a little more/a lot less or a little less)?

__ Lot more
__ Little more
__ Lot less
__ Little less

38a Have you worked at a job or business, either full or part time, at any time since you were 65 years old?

__ Yes
__ No (39a)

b Did you work at all at a job or business in the past 12 months, that is since (12 month date) a year ago?

__ Yes
__ No (39a)

c Since (12 month date) a year ago, in how many weeks did you work, either full or part-time, not counting work around the house? Include paid vacations and paid sick leave?

__ All year (52 weeks)
_____ Weeks

39a I'd like to ask about your (present living arrangements/living arrangements before entering the nursing home). (Do you NOW/Did you) live by yourself or with other people?

__ Live alone (41a)
__ Live with others

b Who (do/did) you live with? Just tell me their relationship to you and whether they are 18 years old or older. Anybody else? (Mark all that apply)

__ Husband or wife
__ Any children under 18 years
__ Sample person's or spouse's children 18 years or older
__ Other adults 18 years or older

CHECK ITEM A11

Is "Other adults 18 years or older" marked in 39b?

__ Yes (40)
__ No (41a)

---

40 Do you and the other household members live together NOW because of a health or physical problem YOU have?

__ Yes
__ No

41a Has (your/sample person's) marital status changed since we talked with (you/him/her) in (date of SOA)?

__ Yes
__ No (42a)

b (ARE you/Is (sample person)) now married, remarried, widowed, divorced, or separated?

__ Married - spouse in HH
__ Married - spouse not in HH
__ Remarried
__ Widowed
__ Divorced
__ Separated
__ Refused (42a)

c When were you (married/remarried/widowed/divorced/separated?

Month: _____ Day: _____ Year: 198__

42a Medicare is a Social Security health insurance program for disabled persons and for persons 65 years old or over. People who are covered have a Medicare card.

Are you covered by Medicare now?

__ Yes
__ No (42c)

b The Social Security Number allows Medicare records to be easily and accurately located and identified for statistical research purposes.

c In our interview with you in (date of SOA), we recorded your Social Security number as (sample person's Social Security Number).

Is that correct?

(IF NECESSARY: I'll wait while you get your Social Security card.)

__ Yes (Check item A12)
__ No

d What is your Social Security number? Providing your Social Security number is voluntary and will not effect your benefits in any way.

(IF NECESSARY: I'll wait while you get your Social Security card.)

__ __ __ - __ __ - __ __ __ __
__ Refused SS number
__ DK SS number

CHECK ITEM A12
Is SF covered by Medicare in 42a?

__ Yes
__ No (Check item A13)

---

e (And) what is your Health Insurance Claim number -- it is on your Medicare Card? You can just read it to me. Providing your Health Insurance Claim number is voluntary and will not effect your benefits in any way.

(IF NECESSARY: I'll wait while you get your Medicare card.)

__ __ __ - __ __ - __ __ __ __
__ Refused HIC number
__ DK HIC numbe

CHECK ITEM A13
Type of Interview

__ Self (CHECH ITEM A15)
__ Proxy (45a)

45a What is your relationship to (sample person)?

__ Spouse
__ Daughter or step-daughter
__ Daughter-in-law
__ Son or step-son
__ Son-in-law
__ Sister or step-sister
__ Sister-in-law
__ Brother or step-brother
__ Brother-in-law
__ Nephew
__ Neice
__ Grandson or great-grandson
__ Granddaughter or great-granddaughter
__ Other relative
__ Nurse
__ Other nonrelative

b Do you live with (sample person)?

__ Yes
__ No

c How long has it been since you last saw or talked to (him/her)?

__ Less than 2 weeks
__ 2 weeks to less than 3 months
__ 3 months to less than 6 months
__ 6 months to less than 1 year
__ 1 year or longer

CHECK ITEM A15

CONCLUDING THE INTERVIEW:
Since we are obtaining information on the health of selected people we spoke to in 1984 and any changes which may have occurred since then, we may want to talk to (you/sample person) again at a later time to find out what other changes may occur.

45a I have (your/sample person's) address and telephone number as (SF's address and telephone number). Is that correct?

__ Yes
__ No (Make correction(s))

b If we are unable to contact (you/sample person) at this address and telephone number, would (Contact Person's Name) be the person who would know how to reach you?

__ Yes (Verify Contact Person Data, then 47)
__ No

46a Who would be a person who would know how we may reach you at a later time if we are unable to contact (you/sample person)? And what is (his/her) relationship to you?

Name: _____

Relationship to SP:
__ Spouse
__ Daughter
__ Son
__ Sister
__ Brother
__ Other relative
__ Nurse
__ Other (SPECIFY) _____

b What is (his/her) address and telephone number?

Street and number: _____
City: _____ State: _____ ZIP: _____
Telephone: AC:_____ Number: _____

47 These are all the questions I have at this time. Thank you very much for the help you have given.

OMB No. 0937-0139: Approval Expires January 31, 1989

LSOA-5
(1-87)

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

LONGITUDINAL STUDY ON AGING

DECEASED FOLLOW-UP TELEPHONE VERSION

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).

SAMPLE PERSON INFORMATION

001-014
015-029
030-049
050-074
075-094
095-096
097-101

Phone Number: (_____) _____-_____ 102-111

CONTACT PERSON INFORMATION	BEST PERSON TO CALL (if obtained)
NAME: _____	NAME: _____
PHONE: _____	PHONE: _____
ADDRESS: _____	ADDRESS: _____

***** BEFORE DIALING, RECORD MONTH, DATE, AND BEGINNING TIME ON PAGE 4 *****

TELEPHONE SCRIPT

* ASK TO SPEAK TO A RESPONSIBLE ADULT AT THE SAMPLE PERSON'S TELEPHONE NUMBER OR TO THE CONTACT PERSON IF CALLING THE CONTACT PERSON'S NUMBER *

A. **Hello, I am (YOUR NAME) from the U.S. Census Bureau. We are conducting a survey for the U.S. Public Health Service in Washington, D.C. We're calling YOU to verify information we recently obtained about Mr./Ms. [SAMPLE PERSON'S NAME].**

About a week or two ago we mailed a letter explaining our survey. Do you recall seeing the letter?

☐ Yes (Go to item C)
☐ No (Go to item B)
☐ DK/REF (Go to item B)

B. **The survey is authorized by the Public Health Service Act. The information will help in planning health and other medical care programs for older Americans.**

All information will be kept confidential. Findings will be issued only in the form of statistical totals. Of course, your help is voluntary. If I ask a question you do not want to answer, just let me know and I'll go on to the next one. However, it is important that everyone participate so we can get accurate statistics about people in good health as well as the kinds of care sick and dying people receive.

(GO TO ITEM C)

C. **An associate is working with me today and may listen in to evaluate the survey procedures.**

* ENTER YOUR INITIALS (_____), THEN CONTINUE WITH QUESTION 1 ON PAGE 2 *

112

CONTINUE WITH QUESTION 1 BELOW

ADMINISTRATIVE INFORMATION	Sample Person's Name: _____ Sample Person's Sex: ☐ Male ☐ Female Month and Year of SOA Interview: _____

113

* READ PARENTHETICAL IF CALL IS TO THE CONTACT PERSON. *

1. **About 2 years ago, Mr./Ms. [SAMPLE PERSON'S NAME] was included in a health survey we conducted (and -- gave us your name as someone who would know about him/her).**

   Recently, we tried to contact him/her and we were told that -- died. Is that correct?
   * READ IF NECESSARY: **That is, has -- died?** *

   1☐ Yes (2)
   2☐ No (14)
   9☐ DK/REF (14)

114-119

2. **On what date did -- die?**

   * ENTER DATE OF DEATH USING TWO DIGITS FOR MONTH, DATE, AND YEAR. *

Month	Date	Year
		19

   999999☐ DK/REF

120

* READ PARENTHETICAL IF MONTH AND YEAR OF DEATH IS ENTERED IN Q2 *

3. **During his/her last year of life, (that is, after [1 YEAR PRIOR TO MONTH AND YEAR IN Q2],) was -- a patient in a hospital OVERNIGHT or longer?**

   1☐ Yes (4)
   2☐ No (7)
   9☐ DK/REF (7)

121

4. **Was -- a patient in a hospital when -- died?**

   1☐ Yes
   2☐ No
   9☐ DK/REF

122-123

* READ PARENTHETICAL IF QUESTION 4 IS "Yes". *

5. **During his/her last year of life, how many DIFFERENT TIMES did -- stay in any hospital OVERNIGHT or longer (including the last time)?**

   ___ Number of times
   99☐ DK/REF

124-126

6. **During that year, how many total nights did -- spend in hospitals?**

   ___ Number of nights
   999☐ DK/REF

127

7. **Since [MONTH AND YEAR OF SOA INTERVIEW], was -- a resident or patient in a NURSING HOME?**

   1☐ Yes (Check Item A)
   2☐ No (14)
   9☐ DK/REF (14)

CHECK ITEM A	* REFER TO QUESTION 4 ON PAGE 2. *	128 1 ☐ "Yes" in Question 4 (9) 2 ☐ Other (8)
8. **Was -- a resident or patient in a nursing home at the time of death?**		129 1 ☐ Yes 2 ☐ No 9 ☐ DK/REF
* READ PARENTHETICAL IF QUESTION 8 IS "Yes". * 9. **How many DIFFERENT TIMES was -- in a NURSING HOME since [MONTH AND YEAR OF SOA INTERVIEW] (including the last time)?**		130 1 ☐ 1 time 2 ☐ 2 times 3 ☐ 3 times 4 ☐ 4 times 5 ☐ 5 times 6 ☐ 6 or more times 9 ☐ DK/REF
* READ PARENTHETICAL IF QUESTION 9 IS 2 OR MORE TIMES. * 10. **When was -- admitted (the FIRST time)?** * ENTER MONTH AND YEAR USING TWO DIGITS. *		131-134 Month | Year 19 9999 ☐ DK/REF
CHECK ITEM B	* REFER TO QUESTION 8 ABOVE. *	135 1 ☐ "Yes" in Question 8 (12) 2 ☐ Other (11)
* READ PARENTHETICAL IF QUESTION 9 IS 2 OR MORE TIMES. * 11. **When was -- discharged (the LAST time)?** * ENTER MONTH AND YEAR USING TWO DIGITS. *		136-139 Month | Year 19 9999 ☐ DK/REF
* READ PARENTHETICAL IF QUESTION 9 IS 2 OR MORE TIMES. * 12. **Which of the following ways was the nursing home care paid for (the LAST time)? - Was it:** * READ ANSWER CATEGORIES AND MARK ALL THAT APPLY. *		140 141 142 143 1 ☐ **Paid by -- or -- family?** 2 ☐ **Paid by Medicare?** 3 ☐ **Paid by Medicaid?** 4 ☐ **Paid by some other source, such as private insurance?** ---------- 9 ☐ DK/REF

144-147

13. **DURING HIS/HER LAST YEAR OF LIFE, how many TOTAL WEEKS or MONTHS did -- spend in nursing homes?** _____

1 ☐ Days
2 ☐ Weeks
3 ☐ Months

* ENTER NUMBER ON THE LINE AND MARK ONE BOX. *

0 ☐ None
9999 ☐ DK/REF

148-149

* MARK BOX OR ASK *

0 ☐ Self response (SP is living)

14. **What is your relationship to -- ?**

* MARK ONLY ONE BOX. *

1 ☐ Spouse
5 ☐ Brother or stepbrother
15 ☐ Brother-in-law
4 ☐ Sister or stepsister
14 ☐ Sister-in-law
3 ☐ Son or stepson
13 ☐ Son-in-law
2 ☐ Daughter or stepdaughter
12 ☐ Daughter-in-law
9 ☐ Nephew
10 ☐ Niece
11 ☐ Grandson
16 ☐ Granddaughter
6 ☐ OTHER relative (Specify) _____
7 ☐ Nurse
8 ☐ OTHER unrelated (Specify) _____
99 ☐ DK/REF

Thank you for your cooperation. * END INTERVIEW. HANG UP PHONE. RECORD ENDING TIME. RECORD CASE STATUS (IF "FINAL"). *

RECORD OF CALLS

Month	Date	Begin Time	End Time	Int.Name	Month	Date	Begin Time	End Time	Int.Name
1		a.m. p.m.	a.m. p.m.		6		a.m. p.m.	a.m. p.m.	
2		a.m. p.m.	a.m. p.m.		7		a.m. p.m.	a.m. p.m.	
3		a.m. p.m.	a.m. p.m.		8		a.m. p.m.	a.m. p.m.	
4		a.m. p.m.	a.m. p.m.		9		a.m. p.m.	a.m. p.m.	
5		a.m. p.m.	a.m. p.m.		10		a.m. p.m.	a.m. p.m.	

FINAL CASE STATUS

150

1 ☐ Complete Interview
2 ☐ Partial (Explain in notes)
3 ☐ Refusal (Explain in notes)
4 ☐ Unable to contact at SP or CP number
5 ☐ Unable to obtain correct no. for SP/CP
6 ☐ Other noninterview (Explain in notes)

FINAL INFORMATION WAS PROVIDED BY CONTACT WITH: * MARK ONLY ONE BOX * 151

1 ☐ Someone at the Sample Person's number
2 ☐ Someone at the Contact Person's number
3 ☐ Other (Explain in notes)

NOTES:

OMB No. 0937-0139: Approval Expires January 31, 1989

FORM **LSOA-6**
(1-87)

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

LONGITUDINAL STUDY ON AGING

IMPORTANT — Please read the letter below, complete and return this form in the enclosed envelope which requires no postage to —

Bureau of the Census
Attn: DSD-LSOA
Room 3339, FOB-3
Washington, D.C. 20233

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).

FROM THE UNITED STATES PUBLIC HEALTH SERVICE

In 1984, the Bureau of the Census conducted a health survey for the United States Public Health Service among older people in the United States. Some of the people included in our survey were also contacted in 1986. The information obtained in those interviews helped us to learn about older people and how they handle their health problems.

We are now recontacting some people included in the 1986 survey to verify information and to learn about changes, including deaths, that have taken place. Obtaining accurate information about the kinds of care sick and dying people receive will enable us to help plan health and medical care programs for older Americans.

Recently, we tried to contact the person named above and we were told that the person has died. We are contacting you to verify that information by completing this questionnaire. Please answer the questions and mail the form back to the Bureau of the Census within FIVE DAYS. Our envelope does not need postage.

Our survey is voluntary, but it is essential that we receive a completed questionnaire for everyone who is selected for the survey. Otherwise, important information will be missing.

The survey is authorized by the Public Health Service Act (42 U.S.C. 242k). All information provided will be kept confidential by the Bureau of the Census and by the National Center for Health Statistics. The information collected will be published as statistical summaries in which no person or family can be identified. Although there is no penalty for failing to answer any question, each unanswered question lessens the accuracy of the final data.

Thank you for your cooperation.

Sincerely yours,

M Feinleib, MD

Manning Feinleib, M.D.,Dr.P.H.
Director
National Center for Health Statistics

113

1. About 2 years ago, the person named on the front page was included in a health survey we conducted. Recently, we tried to contact the person and we were told that he or she died.

   Is that correct; that is, has he or she died?

   1 ☐ Yes (Go to question 2)

   2 ☐ No (Skip to question 14 on page 4)

114-119

2. On what date did he or she die?

Month	Date	Year
		19___

120

3. During his or her last year of life, was the person a patient in a hospital OVERNIGHT or longer?

   1 ☐ Yes (Go to question 4)

   2 ☐ No (Skip to question 7)

121

4. Was the person a patient in a hospital when he or she died?

   1 ☐ Yes

   2 ☐ No

122-123

5. During his or her last year of life, how many DIFFERENT TIMES did the person stay in any hospital OVERNIGHT or longer?

   Please include the last time if the person died while in a hospital.

   _____ Number of times

124-126

6. During his or her last year of life, how many total nights did the person spend in hospitals?

   _____ Number of nights

127

7. Since January 1, 1984, was the person a resident or patient in a NURSING HOME?

   1 ☐ Yes (Go to question 8 on page 3)

   2 ☐ No (Skip to question 13 on page 4)

   9 ☐ Don't know (Skip to question 13 on page 4)

128 BL
129

8. **Was the person a patient in a nursing home at the time of death?**

1 ☐ Yes

2 ☐ No

130

9. **How many DIFFERENT TIMES was the person in a NURSING HOME since January 1, 1984?**

_____ Number of times

Please include the last time if the person died while in a nursing home.

131-134
135 BL
136-139

10. **Please indicate the dates the person was a patient in a nursing home since January 1, 1984.**

[If the person was in more than once, complete both columns.]

	First OR Only stay		Last Stay	
	Month	Year	Month	Year
Date admitted		19____		19____
Date left		19____		19____

140
141
142
143

11. **Which of the following ways was the nursing home care paid for?**

[MARK (X) ALL BOXES THAT APPLY.]

1 ☐ **Paid by the person or his/her family?**

2 ☐ **Paid by Medicare?**

3 ☐ **Paid by Medicaid?**

4 ☐ **Paid by some other source, such as private insurance?**

9 ☐ **Don't know**

144-147

12. **DURING HIS OR HER LAST YEAR OF LIFE, how many TOTAL WEEKS or MONTHS did the person spend in nursing homes?**

[ENTER NUMBER ON ONE LINE OR MARK (X) THE BOX.]

_____ Weeks

OR

_____ Months

0 ☐ Not in nursing home during last year of life

148-149

13. **What is your relationship to the person?**

[MARK (X) ONLY ONE BOX.]

I am the person's:

1 ☐ Spouse
2 ☐ Daughter
3 ☐ Son
4 ☐ Sister
5 ☐ Brother
6 ☐ Another relative
7 ☐ Nurse
8 ☐ Someone else - Specify

_____

14. **Please enter your name, address, and telephone number below.**

FIRST NAME 150-164	MIDDLE INITIAL 165	LAST NAME 166-185

NUMBER AND STREET 186-210

CITY 211-230	STATE 231-232	ZIP CODE 233-237

TELEPHONE →	AREA CODE	NUMBER	238-247
		0 ☐ No telephone	248

THANK YOU FOR YOUR COOPERATION.

Please return the completed form in the enclosed envelope. No postage is required.

FOR OFFICE USE ONLY

Appendix IV
1988 Reinterview

Longitudinal Study of Aging

1988 Questionnaire Content

Questions marked * appear in the telephone questionnaire only; all other questions appear in both the telephone and mail questionnaires.

INTRODUCTION AND SCREENING QUESTIONS

* Hello, I am (your name) from the United States Bureau of the Census in Washington, D.C. We are conducting a survey for the United States Public Health Service.

* 1a May I speak with (sample person) ?

(Confirm telephone number if not sure the correct household has been reached.)

__ Yes - SP is telephone answerer (6c)
__ Yes - SP comes to the phone (6b)
__ No - SP not available

b Why is (he/she) not available - has (he/she) moved or died or is (he/she) not able to use a telephone, or is there some other reason?

__ No - SP not available now (Arrange callback/ on callback start with Intro.)
__ No - SP mentally incapable of responding (Explain) _____
__ No - SP emotionally incapable of responding - (Explain) _____
__ No - SP physically incapable of responding - hearing
__ No - SP physically incapable of responding - speech
__ No - SP physically incapable of responding - other (SPECIFY) _____
__ No - SP temporarily absent for entire interview period
(6a)
__ No - SP deceased (5a)
__ No - SP in hospital
__ No - SP in nursing home
__ No - SP in other institution
(4)
__ No - SP moved to another residence (2)

---- Contact Person Screening ----

* Hello, I am (your name) from the United States Bureau of the Census in Washington, D.C. We are conducting a survey for the United States Public Health Service.

* 1c May I speak with (contact person) ?

(Confirm telephone number if not sure the correct household has been reached.)

__ Yes - CP is telephone answerer 1d)
__ Yes - CP comes to the phone (Repeat Intro., then 1d)
__ No - CP not available now (Arrange callback/start with Contact Person Intro)
__ No - Other reason (SPECIFY) _____
(Arrange callback, if appropriate. Otherwise mark for supervisor follow-up)
__ Supervisor follow-up

* 1d About two years ago we spoke with (sample person's name) and we would like to talk with (him/her) again. We are calling you because we are unable to reach (him/her) at the same place as in (1984/1986), and (he/she) gave us your name as the person to call if we had trouble locating (him/her).

I have (SP address and telephone number) for (sample person), would that be correct?

__ Yes (6a)
__ No - not correct (2)
__ No - SP temporarily absent for entire interview period (6a)
__ No - SP deceased (5a)
__ No - SP in hospital
__ No - SP in nursing home (4)
__ No - SP in other institution
__ No - SP moved to another residence (2)

MARK AND USE PROBE, RECODE CATEGORY ABOVE, IF NECESSARY:
__ CP volunteered to be interviewed (Probe: Why can't (sample person) respond for (himself/herself)?

2. What is (sample person's) current address and telephone number?

Street and number: _____
City: _____ State: _____ ZIP: _____
Telephone: (AC) _____ Number _____

__ No telephone
__ DK/Refused address
__ DK/Refused telephone number

MARK, IF APPROPRIATE:
__ Address provided is nursing home/institution (4)

3. When did (he/she) move there?

Month: _____ Day: _____ Year: 198__

END THIS INTERVIEW. CONTACT SP AT NEW ADDRESS IN 2, IF GIVEN.

ON CALL, START AT SCREENER INTRODUCTION AND 1a.

OTHERWISE, CALL CONTACT PERSON AND START AT CP INTRO.

IF CONTACT PERSON ALREADY CALLED, CODE FOR SUPERVISOR FOLLOW-UP

---

* 4 About what date do you expect (sample person) to come home?

__ Don't expect SP to come home
__ DK when SP will come home

Month: _____ Day: _____ Year: 198__

CHECK ITEM A1

Refer to release date in 4

__ Date is within interview period (Arrange callback/ start at 1a)
__ Other (6a)

5a On what date did (he/she) die?

__ DK
Month: _____ Day: _____ Year: 198__

b When (sample person) died, was (he/she) living here at home, in a hospital, in a nursing home, or someplace else?

__ At home
__ Hospital
__ Nursing home
__ Someplace else - SPECIFY _____ (52)

---

* 6a Since I will be unable to talk to (sample person) (himself/herself), I would like to speak with someone 18 or older in the household who knows the most about (sample person's) health ?

__ Phone answerer is eligible proxy (6c)
__ Eligible proxy comes to phone (6b)
__ Eligible proxy not available now (Arrange callback. On callback start at 6b)
__ No eligible respondent (End interview. Code non-interview)

* b Hello, I am (your name) from the United States Bureau of the Census in Washington, D.C. We are conducting a survey for the United States Public Health Service. (May I speak with (sample person/proxy) ? (These are questions about (sample person).

* c This survey is being conducted to obtain information about the current health of people who were interviewed in 1984/1986. Recently we mailed a letter explaining our survey to (you/sample person). Do you recall seeing the letter ?

__ Yes (7b)
__ No

7a This survey is authorized by the Public Health Service Act. The information will help in planning health programs for older Americans. All information you give me will be kept confidential. Findings will be issued only in the form of statistical totals. Of course, your help on the survey is voluntary. If I ask a question you do not want to answer, just let me know and I'll move on to the next one. However, it is important that everyone participate so we can get accurate statistics on the Nation's health.

* b In order to evaluate my performance, my supervisor may listen as I ask the questions.

SIGN CERTIFICATION AND GO TO CHECK ITEM A2

CERTIFICATION: I certify that I read item 7 to the respondent.

Interviewer name: _____
Date: _____

CHECK ITEM A2 Type of Interview
__ Self response (Read questions as worded)
__ Proxy response (Substitute (name of SP)

CHECK ITEM A3
__ SP moved in 1b or 1d (8b)
__ Other (Check Item A4)

CHECK ITEM A4 Is SP now in a nursing home or some other institution in 1b or 1d ?
__ Yes (12)
__ No (8a)

------ INTERVIEW ------

8a Have you moved since (Date of 1984/1986LSOA SOA Interview) ?

__ Yes
__ No (12)

b When did you move the last time?

Month: _____ Year: 198__

*c Why did you move at that time? (Mark all that apply) NOTE: CATI will record verbatim responses here.

01 SP's health deteriorated
02 Spouse's health deteriorated
03 To move to a different climate (better weather)
04 Spouse moved to a nursing home
05 Spouse moved to an institution other than a nursing home
06 Spouse died
07 Divorced
08 Remarried
09 Separated from spouse
10 To live CLOSER to child/children
11 To live WITH child/children
12 To live with or closer to other relatives
13 to move to smaller house/apartment

14 To move to a home that was less expensive to maintain
15 Because of structural limitations of the previous house. For example, moving to a place that has fewer steps to climb or to get wider doorways or ramp for wheelchair, to get more convenient bathrooms, etc.
16 To move to a better neighborhood
17 To move to a retirement home or retirement community
18 Other reasons (SPECIFY)

d. What is the MAIN reason?

(NOTE: The same response codes as for Question 8c are used for question 8d.)

9 Are you NOW living in a house, in an apartment, or some other type of place?

__ House
__ Apartment
__ Mobile home/trailer
__ Rooming or boarding house
__ Hotel or motel
__ Other (SPECIFY) _____

10 Do you HAVE TO USE one or more steps to get into your home from the outside?

__ No
__ Yes - If not mentioned, ask: Is it one or more than one?
__ One step
__ More than one step

11a Do you live in a RETIREMENT community, RETIREMENT building, or RETIREMENT complex where some or all of the units are formally set aside for older people ?

__ Yes
__ No (12)

11b Whether you use it or not, is a service that provides group meals available for residents in this retirement community, building or complex?

__ Yes
__ No
__ DK

NOTE: If Respondent is a Proxy for SP in a nursing home/institution, 12 a-g, 13 and 14 only are asked. 15-18 and IADL's (19-25) are NOT asked.

The next questions are about doing certain activities - BY YOURSELF AND WITHOUT USING SPECIAL EQUIPMENT.

12 Because of a health or physical problem, do you have ANY difficulty -

	RESPONSES FOR EACH, a.- g.:
a. Bathing or showering?	__ Yes __ No __ Doesn't do for other reason
b. Dressing?	
c. Eating?	
d. Getting in and out of bed or chair?	If answer is "doesn't do", PROBE: Is this because of a HEALTH or PHYSICAL problem?
e. Walking?	
f. Getting outside?	
g. Using the toilet, including getting to the toilet?	If "yes", code "Yes" above, If "no", code "Doesn't do" above.

ASK 13-18 FOR EACH ADL MARKED "YES" IN 12

13 By yourself and without using special equipment, how much difficulty do you have (ADL), some, a lot, or are you unable to do it?

__ Some
__ A lot
__ Unable to do

14 Compared to this time in 1984/1986, are you NOW having more difficulty, the same amount, or less difficulty (ADL) than you did then?

__ More difficulty
__ Same difficulty
__ Less difficulty

15 Do you receive help from another person in (ADL)?

__ Yes
__ No (13 for next ADL with "yes" in 12)

* 16 Who gives this help? Anyone else?

Probe: Does this person live with you?

__ Spouse of sample person
__ Parents of sample person
__ Sample person's child(ren) in household
__ Sample persons's child(ren) NOT in household
__ Other relative(s) in household
__ Other relative(s) NOT in household
__ Nonrelative(s) in household
__ Nonelative NOT in household

ASK 17-18 IF "Other relative(s)" OR "Nonrelative(s)" IN 16, OTHERWISE ASK 13 FOR NEXT ADL WITH "yes" IN 12

* 17 Is this help paid for?

__ Yes
__ No (13 for next ADL with "yes" in 12)

* 18 Which helpers are paid?

__ Other relative(s) in household
__ Other relative(s) NOT in household
__ Nonrelative(s) in household
__ Nonrelative(s) NOT in household

The next questions are about doing other activities - BY YOURSELF.

19 Because of a health or physical problem, do you have ANY difficulty

	RESPONSES FOR EACH, a. - f.
a. Preparing your own meals? b. Shopping for personal items, such as toilet items or medicines? c. Managing your own money, such as keeping track of expenses or paying bills? d. Using the telephone? e. Doing heavy housework, like scrubbing floors or washing windows? f. Doing light housework, like doing dishes, straightening up, or light cleaning?	__ Yes __ No __ Doesn't do for other reasons If answer is "doesn't do", PROBE: Is this because of a HEALTH or PHYSICAL problem?

ASK 20-25 FOR EACH IADL MARKED "YES" IN 19

20 By yourself, how much diffculty do you have (IADL), some, a lot, or are you unable to do it?

__ Some
__ A lot
__ Unable to do

21 Compared to this time in 1984, are you NOW having more difficulty, the same amount, or less difficulty (IADL) than you did then?

__ More difficulty
__ Same difficulty
__ Less difficulty

22 Do you receive help from another person in (IADL)?

__ Yes
__ No (20 for next IADL with "yes" in 19)

* 23 Who gives this help? Anyone else?

Probe: Does this person live with you?

__ Spouse of sample person
__ Parents of sample person
__ Sample person's child(ren) in household
__ Sample persons's child(ren) NOT in household
__ Other relative(s) in household
__ Other relative(s) NOT in household
__ Nonrelative(s) in household
__ Nonelative NOT in household

ASK 24-25 IF "Other relative(s)" OR "Nonrelative(s)" IN 23, OTHERWISE ASK 20 FOR NEXT IADL WITH "Yes" IN 19

* 24 Is this help paid for?

__ Yes
__ No (20 for next ADL with "yes" in 19)

* 25 Which helpers are paid?

__ Other relative(s) in household
__ Other relative(s) NOT in household
__ Nonrelative(s) in household
__ Nonrelative(s) NOT in household

26 Because of a health or physical problem, do you USUALLY-

a. stay in bed all or most of the time?

__ Yes (27a)
__ No

b. stay in a chair all or most of the time?

__ Yes
__ No

CHECK ITEM A5

Respondent is: __ Proxy (29a)
__ Self

The next few questions are about how well you can see, wearing your glasses or contact lenses, if that's how you see best).

27a Can you see well enough to recognize features of people if they are within two or three feet?

__ Yes
__ No

b Can you see well enough to watch TV 8 to 12 feet away?

__ Yes
__ No

c Can you see well enough to read newspaper print?

__ Yes
__ No

28a Can you see well enough to step off a curb or down a step?

__ Yes
__ No

b Can you see well enough to recognize a friend walking on the other side of the street?

__ Yes
__ No

Please tell me if you have ANY difficulty when you do the following activities :

29a By yourself and not using aids, do you have any difficulty:

1. walking for a quarter mile (that is about 2 or 3 blocks)?	__ Yes	__ No
2. walking up 10 steps without resting?	__ Yes	__ No
3. standing or being on your feet for about 2 hours?	__ Yes	__ No
4. sitting for about 2 hours?	__ Yes	__ No
5. stooping, crouching, or kneeling?	__ Yes	__ No
6. reaching up over your head?	__ Yes	__ No
7. reaching out as if to shake someone's hand?	__ Yes	__ No
8. using your fingers to grasp or handle?	__ Yes	__ No
9. lifting or carrying something as heavy as 25 pounds such as two full bags of groceries?	__ Yes	__ No (29b)
10. lifting or carrying something as heavy as a 10 pound bag of potatoes?	__ Yes	__ No

IF "Yes" in 29a(1) ASK b - e:

b You told me before you have difficulty walking for a quarter of a mile. Is this a CHANGE since (date of 1984 SOA/1986 LSOA interview)?

__ Yes
__ No (29f)

c Is this change because of a health or physical problem?

__ Yes
__ No (29f)

d What health or physical problem caused the change in your ability to walk a quarter of a mile? (Mark all that apply)

1 A fall
2 Arthritis
3 Cancer
4 Circulatory disease
5 Diabetes
6 Fatigue/tiredness
7 Heart condition
8 Hip fracture
9 Hypertension/high blood pressure
10 Old age (no specific condition mentioned
11 Osteoporosis
12 Parkinson's Disease
13 Pneumonia/Emphysema
14 Stroke
15 Other

e (If MORE THAN ONE condition in 29d)
Which is the MAIN problem that caused this change?

(Same codes as 29d above)

IF "Yes" in 29a(2) ASK f - i:

f You told me before that you have difficulty walking up 10 steps without resting. Is this a CHANGE since (date of 1984 SOA/1986 LSOA interview) ?

__ Yes
__ No (30a)

g Is this change because of a health or physical problem?

__ Yes
__ No (30a)

h What health or physical problem caused this change in your ability to walk up 10 steps?

(Same codes as item 29d above)

i (If MORE THAN ONE condition in 29 h) Which is the MAIN problem that caused this change?)

(Same codes as 29d above)

30a Since (12 month date) - A YEAR AGO - were you a patient in a hospital OVERNIGHT or longer?

__ Yes
__ No (31a)

b How many different times did you stay in any hospital overnight or longer since (12 month date) a year ago?

_____ Number of times

NOTE: If Respondent is a Proxy for SP in a nursing home/institution, 31a-b are NOT asked

---

31a During the past 12 months, that is since (12 month date) A YEAR AGO, ABOUT how many times did you see or talk to a medical doctor or assistant?
(Do not count doctors seen while an overnight patient in a hospital.)

__ None
__ 1 - 24 times (actual)
__ 25 or more times

b About how long has it been since you last saw or talked to a medical doctor or assistant? (Include doctors seen while an overnight patient in a hospital.)

__ Less than 1 month
__ 1 month to less than 6 months
__ 6 months to less than 1 year
__ 1 year to less than 2 years
__ 2 years to less than 5 years
__ 5 years or more

CHECK ITEM A6
Is SP now in a nursing home in 1b or 1d?

__ Yes (Check Item A7)
__ No (32a)

32a Since we talked with you (date of SOA/LSOA), have you been a resident or patient in a nursing home ?

__ Yes
__ No | (33)
__ DK |

b How many DIFFERENT TIMES have you been a resident or patient in a nursing home since (date of SOA/LSOA)?

_____ Number of times

c When were you admitted (the FIRST time)?

_____ Month 198__

d. When were you admitted the LAST time?

_____ Month 198__

e When did you leave (the LAST time)?

_____ Month 198__

f How was the care paid for (the last time)?

__ paid by self or family
__ paid by Medicare
__ Paid by Medicaid
__ paid by some other source such as private insurance
__ DK

33 Are you now on a waiting list to go into a nursing home?

__ Yes
__ No
__ DK

CHECK ITEM A7

Is Sp now in another institution in 1b or 1d?

__ Yes (34)
__ No (36a)

*34 What is the name, address, and telephone number of the (nursing home/other institution)?

Name _____
Number and street _____
City _____ State _____ ZIP _____
Telephone (AC) _____ Number _____

__ DK/Refused name
__ DK/Refused address
__ DK/Refused telephone number

35 On what date was (sample person) admitted to the (nursing home/other institution) ?

_____ Month 198__

36a Compared to your own level of activity one year ago, would you say you are NOW more active, less active, or about the same as you were then?

__ More active
__ Less active
__ About the same (37a)

b Is that (a lot more or a little more/a lot less or a little less)?

__ Lot more
__ Little more
__ Lot less
__ Little less

37a Have you worked at a job or business, either full or part time, at any time since you were 65 years old?

__ Yes
__ No (38a)

b Did you work at all at a job or business in the past 12 months, that is since (12 month date) a year ago?

__ Yes
__ No (38a)

c Since (12 month date) a year ago, in how many weeks did you work, either full or part-time, not counting work around the house? Include paid vacations and paid sick leave?

__ All year (52 weeks)
_____ Weeks

38a I'd like to ask about your (present living arrangements/living arrangements before entering the nursing home). (Do you NOW/Did you) live by yourself or with other people?

__ Live alone (40a)
__ Live with others

b Who (do/did) you live with? Just tell me their relationship to you and whether they are 18 years old or older. Anybody else? (Mark all that apply)

__ Husband or wife
__ Any children under 18 years
__ Sample person's or spouse's children 18+
__ Other adults 18 years or older

CHECK ITEM A8

Is "Other adults 18 years or older" marked in 41b?

__ Yes (39)
__ No (40a)

39a Do you and the other household members live together NOW because of a health or physical probem YOU have?

or, if the SP is presently in an institution or nursing home,

Did (SP) and the other houshold members live together because of a health or physical problem HE/SHE had?

__ Yes
__ No

b (Do you/Did Sample Person) and the other household members live together to share living expenses?

__ Yes
__ No

c Did (he/she/any of them) come to live with (you/SP) or did (you/Sample Person) move in with them?

__ Came to live with SP
__ SP moved in with others
__ Other (SPECIFY)

d When did (he/she/any of these people) come to live with (Sample Person)?

_____ Month 198__

40a Including step and adopted children, how many living children (do you/does Sample Person) have?

0 None
_____ 1-25
Number

a1 How many of (Sample Person's) children are sons and how many are daughters?

_____ Sons
Number
_____ Daughters
Number

b How quickly can (any one of your children/ your son/your daughter) get to your (house/apartment)?

Minutes
_____ Hours
Number Days

c How often do you see (any one of your children/your son/your daughter)?

0 Less than once a year/Never

Daily
Weekly
_____ Monthly
No. Times Yearly

d How often do you talk on the telephone with (any one of your children/your son/your daughter)?

0 Less than once a year/never

_____	Daily
No. Times	Weekly
	Monthly
	Yearly

e How often do you get mail from (any one of your children/your son/your daughter)?

0 Less than once a year/Never

_____	Daily
No. Times	Weekly
	Monthly
	Yearly

41a Is your house or apartment now:

1.	Owned or being bought by you or someone in your household?	Yes	(41b)	No
2.	Rented for money?	Yes	(41c)	No
3.	Occupied without payment of money rent?	Yes	(42)	No

b Who is buying it?

__ Sample person
__ Spouse
__ Child
__ Grandchild
__ Other relative
__ Nonrelative

c Who is paying the rent?

__ Sample Person
__ Spouse
__ Child
__ Grandchild
__ Other relative
__ Nonrelative

42a Does your (house/apartment) have six or more separate rooms? Include bathrooms, kitchens, finished basements, and attic rooms.

__ Yes (43)
__ Less than 6 rooms

b How many separate rooms does the (house/apartment) have?

_____ Number of rooms (1-5)

43a (ARE you/Is (sample person)) now married, remarried, widowed, divorced, or separated?

__ Married - spouse in HH
__ Married - spouse not in HH
__ Remarried since 1984/1986 - spouse in HH
__ Remarried since 1984/1986 - spouse NOT in HH
__ Widowed
__ Divorced
__ Separated
__ Refused (44a)

b Is this a change since (month/date of last interview)?

__ Yes
__ No (44a)

c When were you (married/remarried/widowed/divorced/separated)?

Month: _____ Day: _____ Year: 198__

The next few questions are about MEDICARE and MEDICAID.

44a Medicare is a Social Security health insurance program for disabled persons and for persons 65 years old or over. People who are covered have a Medicare card.

Are you covered by Medicare now?

__ Yes
__ No (44c)

b The Social Security Number allows Medicare records to be easily and accurately located and identified for statistical research purposes.

* c In our interview with you in (date of SOA/LSOA), we recorded your Social Security number as (sample person's Social Security Number). Is that correct?

(IF NECESSARY: I'll wait while you get your Social Security card.)

__ Yes (Check item A9)
__ No

* d What is your Social Security number? Providing your Social Security number is voluntary and will not effect your benefits in any way.

(IF NECESSARY: I'll wait while you get your Social Security card.)

__ __ __ - __ __ - __ __ __ __

__ Refused SS number
__ DK SS number

NOTE; SS Number verified; RR Number confirmed.

CHECK ITEM A9

Is SP covered by Medicare in 44a?

__ Yes
__ No (Check item A10)

---

e (And) what is your Health Insurance Claim number -- it is on your Medicare Card? You can just read it to me. Providing your Health Insurance Claim number is voluntary and will not effect your benefits in any way.

(IF NECESSARY: I'll wait while you get your Medicare card.)

__ __ __ - __ __ - __ __ __ __ __ (__) (__)
__ Refused HIC number
__ DK HIC number

f A different health insurance program - MEDICAID - pays for health care for persons in need. (In your state it is called (name of State program)).

During the past 12 months, have you received health care which has been or will be paid for by Medicaid (or by (name of State program))?

__ Yes
__ No

45a. Now I'd like to ask about (Sample Person's) income.

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, farms or rents, and any other money income received.

Was (Sample Person's) total (family) income during the past 12 months more or less than $30,000?

__ $30,000 or more (45c)
__ Less than $30,000

b Was (Sample Person's) total (family) income during the past 12 months more or less than $15,000?

__ $15,000 or more
__ Less than $15,000 (CHECK ITEM A10)

c Was (Sample Person's) total (family) income during the past 12 months more or less than $45,000?

__ $45,000 or more
__ Less than $45,000

CHECK ITEM A10

Is SP now in the hospital in 1b or 1d?

__ Yes (46)
__ No (A11)

*46 What is the name, address, and telephone number of the hospital?

Name: _____
Number and street: _____
City: _____ State: _____ ZIP: _____
Telephone (AC): _____ Number: _____
__ DK/Refused address
__ DK/Refused telephone number

47 On what date was (sample person) admitted to the hospital?

Month: _____ Day: _____ Year: 198__

CHECK ITEM A11

Type of Interview

__ Self (A12)
__ Proxy (48a)

48a What is your relationship to (sample person)?

__ Spouse
__ Daughter or step-daughter
__ Daughter-in-law
__ Son or step-son
__ Son-in-law
__ Sister or Step-sister
__ Sister-in-law
__ Brother or step-brother
__ Brother-in-law
__ Nephew
__ Niece
__ Grandson or great-grandson
__ Granddaughter or great-granddaughter
__ Other relative
__ Nurse
__ Other nonrelative

b Do you live with (sample person)?

__ Yes
__ No

c How long has it been since you last saw or talked to (him/her)?

__ Less than 2 weeks
__ 2 weeks to less than 3 months
__ 3 months to less than 6 months
__ 6 months to less than 1 year
__ 1 year or longer

CHECK ITEM A12

CONCLUDING THE INTERVIEW:
Since we are obtaining information on the health of selected people we spoke to in 1984 and any changes which may have occurred since then, we may want to talk to (you/sample person) again at a later time to find out what other changes may occur.

49a I have (your/sample person's) address and telephone number as (SP's address and telephone number). Is that correct?

__ Yes
__ No (Make correction(s))

b If we are unable to contact (you/sample person) at this address and telephone number, would (Contact Person's Name) be the person who would know how to reach you?

__ Yes (Verify Contact Person Data, then 50)
__ No

50a Who would be a person who would know how we may reach you at a later time if we are unable to contact (you/sample person)? And what is (his/her) relationship to you?

Name: _____

Relationship to SP:
__ Spouse
__ Daughter
__ Son
__ Sister
__ Brother
__ Other relative
__ Nurse
__ Other (SPECIFY) _____

b What is (his/her) address and telephone number?

Street and number: _____
City: _____ State: _____ ZIP: _____
Telephone: AC:_____ Number: _____

51 These are all the questions I have at this time. Thank you very much for the help you have given.

52 Because of the importance of medical care for older people in the United States, I have a few questions to obtain information about hospitalizations and nursing home stays prior to (Sample Person's) death. The information we collect will help to provide accurate statistics about the kinds of care sick and dying people receive.

(IF KNOWN IN Q. 5a, VERIFY INFORMATION)

On what date did (he/she) die?

_____ Month ___ Day 198___

53a (READ PARANTHETICAL IF MONTH AND YEAR ARE GIVEN IN Q. 52) During (his/her) last year of life (that is, after 1 year prior to Month and Year in q. 50), was (Sample Person's name) a patient in a hospital OVERNIGHT or longer?

___ Yes
___ No (54a)

(IF KNOWN IN Q. 5a, VERIFY INFORMATION)

b Was (sample person) a patient in a hospital when (he/she) died?

___ Yes
___ No

c (READ PARENTHETCIAL IF 'YES' IN Q. 53b) During (his/her) last year of life, how many DIFFERENT TIMES did (Sample Person) stay in a hospital OVERNIGHT or longer (including the last stay)?

_____ (01-98)
Number

d During that year, how many total nights did (sample person) spend in hospitals?

_____ (001-365)
Number

54a Since (Month and Year of SOA/LSOA interview), was (sample person) a resident in a NURSING HOME?

___ Yes
___ No (56)

b Was (sample person) in a nursing home at the time of death?

___ Yes
___ No

c How many DIFFERENT TIMES was (sample person) in a NURSING HOME since (Month and Year of SOA/LSOA interview) (including the last time)?

_____ (1-5)
6 Six or more times

d (READ PARANTHETICAL IS Q. 54c IS 2 OR MORE TIMES)
When was (sample person) admitted the FIRST time?

_____ Month 198___

c When was (sample person) admitted the LAST time?

_____ Month 198___

d When was (sample person) discharged the LAST time?

_____ Month 198___

55a (READ PARENTHETICAL IF Q. 54c IS 2 OR MORE TIMES)
How was the care paid for (the LAST time)?

___ Paid by SP or SP's family
___ Paid by Medicare
___ Paid by Medicaid
___ Paid for by some other source, such as private insurance

b DURING (HIS/HER) LAST YEAR OF LIFE, how many TOTAL DAYS, WEEKS or MONTHS did (sample person) spend in nursing homes?

_____ Days
Number Weeks
Months

56 What was your relationship to (sample person)?

01 Spouse	09 Daughter-in-law
02 Brother/Step	10 Nephew
03 Brother-in-law	11 Niece
04 Sister/Step	12 Grandson
05 Sister-in-law	13 Granddaughter
06 Son/Step	14 Other relative (SPECIFY)
07 Son-in-law	15 Nurse
08 Daughter/Step	16 Other unrelated (SPECIFY)

57 These are all the questions I have at this time. Thank you very much for the help you have given.

Appendix V
1990 Reinterview and Economic Supplement

Longitudinal Study of Aging

1990 Questionnaire Content

Questions marked * appear in the telephone questionnaire only; all other questions appear in both the telephone and mail questionnaires.

If the interview is conducted with a Proxy respondent, the name or relationship of the Sample Person is substituted for "you".

OMB NO. 0920-0219
Expiration Date: 3/31/91

Public burden for this collection of information is estimated to average 30 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:

Public Health Service Reports Clearance Officer ATTN: PRA

Hubert H. Humphrey Bldg, Rm 721-H
200 Independence Ave., SW
Washington, D.C. 20201,

and to the

Office of Management and Budget
Paperwork Reduction Project (0920-0219)
Washington, D.C. 20503.

CASE IDENTIFICATION

Sample Number: _____

Sample Person's Name: _____

Sample Person's Address: _____
Street

_____ \ _____ \ _____
City State Zip

INTRODUCTION AND SCREENING QUESTIONS

* Hello, I am (your name) from the United States Bureau of the Census in Washington, D.C. We are conducting a survey for the United States Public Health Service.

* 1a May I speak with (sample person) ?

(Confirm telephone number if not sure the correct household has been reached.)

__ Yes - SP is telephone answerer (6c)
__ Yes - SP comes to the phone (6b)
__ No - SP not available

1b Why is (he/she) not available - has (he/she) moved or died or is (he/she) not able to use a telephone, or is there some other reason?

__ No - SP not available now (Arrange callback/ on callback start with Intro.)

__ No - SP mentally incapable of responding (Explain) _____
__ No - SP emotionally incapable of responding - (Explain) _____
__ No - SP physically incapable of responding - hearing
__ No - SP physically incapable of responding - speech
__ No - SP physically incapable of responding - other (SPECIFY) _____
__ No - SP temporarily absent for entire interview period
(6a)

__ No - SP deceased (5a)
__ No - SP in hospital
__ No - SP in nursing home
__ No - SP in other institution
(4)

__ No - SP moved to another residence (2)

---- Contact Person Screening ----

* Hello, I am (your name) from the United States Bureau of the Census in Washington, D.C. We are conducting a survey for the United States Public Health Service.

* 1c May I speak with (contact person) ?

(Confirm telephone number if not sure the correct household has been reached.)

__ Yes - CP is telephone answerer 1d)
__ Yes - CP comes to the phone (Repeat Intro., then 1d)
__ No - CP not available now (Arrange callback/start with Contact Person Intro)
__ No - Other reason (SPECIFY) _____
(Arrange callback, if appropriate. Otherwise mark for supervisor follow-up)
__ Supervisor follow-up

* 1d About two years ago we spoke with (sample person's name) and we would like to talk with (him/her) again. We are calling you because we are unable to reach (him/her) at the same place as in (1984/1986), and (he/she) gave us your name as the person to call if we had trouble locating (him/her).

I have (SP address and telephone number) for (sample person), would that be correct?

__ Yes (6a)
__ No - not correct (2)
__ No - SP temporarily absent for entire interview period (6a)
__ No - SP deceased (5a)
__ No - SP in hospital (4)
__ No - SP in nursing home (4)
__ No - SP in other institution (4)
__ No - SP moved to another residence (2)

MARK AND USE PROBE, RECODE CATEGORY ABOVE, IF NECESSARY:
__ CP volunteered to be interviewed (Probe: Why can't (sample person) respond for (himself/herself)?

2 What is (sample person's) current address and telephone number?

Street andnumber: _____
City: _____ State: _____ ZIP: _____
Telephone: (AC) _____ Number _____

__ No telephone
__ DK/Refused address
__ DK/Refused telephone number

MARK, IF APPROPRIATE:
__ Address provided is nursing home/institution (4)

3 When did (he/she) move there?

Month: _____ Day: _____ Year: 198__/1990

END THIS INTERVIEW. CONTACT SP AT NEW ADDRESS IN 2, IF GIVEN.

ON CALL, START AT SCREENER INTRODUCTION AND 1a.

OTHERWISE, CALL CONTACT PERSON AND START AT CP INTRO.

IF CONTACT PERSON ALREADY CALLED, CODE FOR SUPERVISOR FOLLOW-UP

---

*4 About what date do you expect (sample person) to come home?

__ Don't expect SP to come home
__ DK when SP will come home

Month: _____ Day: _____ Year: 198__/1990

CHECK ITEM A1

Refer to release date in 4	__ Date is within interview period (Arrange callback/ start at 1a) __ Other (6a)

5a On what date did (he/she) die?

__ DK

Month: _____ Day: _____ Year: 198__/1990

b When (sample person) died, was (he/she) living here at home, in a hospital, in a nursing home, or someplace else?

__ At home
__ Hospital
__ Nursing home
__ Someplace else - SPECIFY

(56, Page 33)

* 6a Since I will be unable to talk to (sample person) himself/hersefl), I would like to speak with someone 18 or older in the household who knows the most about (sample person's) health ?

__ Phone answerer is eligible proxy (6c)
__ Eligible proxy comes to phone (6b)
__ Eligible proxy not available now (Arrange callback. On callback start at 6b)
__ No eligible respondent (End interview. Code non-interview)

* b Hello, I am (your name) from the United States Bureau of the Census in Washington, D.C. We are conducting a survey for the United States Public Health Service. (May I speak with (sample person/proxy) ? (These are questions about (sample person).

* c This survey is being conducted to obtain information about the current health of people who were interviewed in 1984/1986. Recently we mailed a letter explaining our survey to (you/sample person). Do you recall seeing the letter ?

__ Yes (7b)
__ No

7a This survey is authorized by the Public Health Service Act. The information will help in planning health programs for older Americans. All information you give me will be kept confidential. Findings will be issued only in the form of statistical totals. Of course, your help on the survey is voluntary. If I ask a question you do not want to answer, just let me know and I'll move on to the next one. However, it is important that everyone participate so we can get accurate statistics on the Nation's health.

* b In order to evaluate my performance, my supervisor may listen as I ask the questions.

SIGN CERTIFICATION AND GO TO CHECK ITEM A2

CERTIFICATION: I certify that I read item 7 to the respondent.

Interviewer name: _____

Date: _____

CHECK ITEM A2 Type of Interview

__ Self response (Read questions as worded)

__ Proxy response (Substitute name of SP)

CHECK ITEM A3

__ SP moved in 1b or 1d (8b)

__ Other (Check Item A4)

CHECK ITEM A4 Is SP <u>now</u> in a nursing home or some other institution in 1b or 1d ?

__ Yes (12)

__ No (8a)

------ INTERVIEW ------

8a Have you moved since (Date of 1984/1986LSOA SOA Interview) ?

__ Yes
__ No (12)

b When did you move the last time?

Month: _____ Year: 198__/1990

*c Why did you move at that time? (Mark all that apply) NOTE: CATI will record verbatim responses here.

01 SP's health deteriorated
02 Spouse's health deteriorated
03 To move to a different climate (better weather)
04 Spouse moved to a nursing home
05 Spouse moved to an institution other than a nursing home
06 Spouse died
07 Divorced
08 Remarried
09 Separated from spouse
10 To live CLOSER to child/children
11 To live WITH child/children
12 To live with or closer to other relatives
13 to move to smaller house/apartment
14 To move to a home that was less expensive to maintain
15 Because of structural limitations of the previous house. For example, moving to a place that has fewer steps to climb, or to get wider doorways or ramp for wheelchair, to get more convenient bathrooms, etc.
16 To move to a better neighborhood
17 To move to a retirement home or retirement community
18 Other reasons (SPECIFY)

d What is the MAIN reason?

(NOTE: The same response codes as for Question 8c are used for question 8d.)

9 Are you NOW living in a house, in an apartment, or some other type of place?

__ House
__ Apartment
__ Mobile home/trailer
__ Rooming or boarding house
__ Hotel or motel
__ Other (SPECIFY) _____

10a Do you HAVE TO USE one or more steps to get into your home from the outside?

__ No
__ Yes - If not mentioned, ask:

Is it one or more than one?
__ One step
__ More than one step

b Counting basements and stepdown living areas as separate levels, does this [house/apartment] have more than one floor or level?

__ Yes
__ No

c Does this house/apartment have a bathroom bedroom, and kitchen ALL on the SAME floor or level?

__ Yes
__ No

d Does this [house/apartment] have a walk-in shower, that is, where you don't step over the side of the tub to get into the shower?

__ Yes
__ No

11a Do you live in a RETIREMENT community, RETIREMENT building, or RETIREMENT complex where some or all of the units are formally set aside for older people?

__ Yes
__ No (12)

b Whether you use it or not, is a service that provides group meals available for residents in this retirement community, building or complex?

__ Yes
__ No
__ DK

NOTE: If Respondent is a Proxy for SP in a nursing home/institution, 12 a-g, 13 and 14 only are asked. 15-18 and IADL's (19-25) are NOT asked.

NOTE: If Respondent is a proxy and reports that SP "Can't do anything", "Is a vegetable", "Can't even get out of bed", or words to that effect, 12 a-g are not asked but are confirmed. If inability is confirmed, 13 through 18 are asked only once, and IADL's (19-25) are NOT asked.

The next questions are about doing certain activities - BY YOURSELF AND WITHOUT USING SPECIAL EQUIPMENT.

12 Because of a health or physical problem, do you have ANY difficulty -

	RESPONSES FOR, a.- g.:
a. Bathing or showering?	__ Yes __ No __ Doesn't do for other reason
b. Dressing?	
c. Eating?	
d. Getting in and out of bed or chair?	If answer is "doesn't do", PROBE: Is this because of a HEALTH or PHYSICAL problem?
e. Walking?	
f. Getting outside?	
g. Using the toilet, including getting to the toilet?	If "yes", code "Yes" above, If "no", code "Doesn't do" above.

ASK 13-18 FOR EACH ADL MARKED "YES" IN 12

13 By yourself and without using special equipment, how much difficulty do you have (ADL), some, a lot, or are you unable to do it?

__ Some
__ A lot
__ Unable to do

14 Compared to this time in 1984/1986/1988, are you NOW having more difficulty, the same amount, or less difficulty (ADL) than you did then?

__ More difficulty
__ Same difficulty
__ Less difficulty

15 Do you receive help from another person in (ADL)?

__ Yes
__ No (13 for next ADL with "yes" in 12)

*16 Who gives this help? Anyone else?

Probe: Does this person live with you?

__ Spouse of sample person
__ Parents of sample person
__ Sample person's child(ren) in household
__ Sample persons's child(ren) NOT in household
__ Other relative(s) in household
__ Other relative(s) NOT in household
__ Nonrelative(s) in household
__ Nonelative NOT in household

ASK 17-18 IF "Other relative(s)" OR "Nonrelative(s)" IN 16, OTHERWISE ASK 13 FOR NEXT ADL WITH "yes" IN 12

*17 Is this help paid for?

__ Yes
__ No (13 for next ADL with "yes" in 12)

*18 Which helpers are paid?

__ Other relative(s) in household
__ Other relative(s) NOT in household
__ Nonrelative(s) in household
__ Nonrelative(s) NOT in household

The next questions are about doing other activities - BY YOURSELF.

19 Because of a health or physical problem, do you have ANY difficulty

	RESPONSES FOR EACH, a. - f.
a. Preparing your own meals? b. Shopping for personal items, such as toilet items or medicines? c. Managing your own money, such as keeping track of expenses or paying bills? d. Using the telephone? e. Doing heavy housework, like scrubbing floors or washing windows? f. Doing light housework, like doing dishes, straightening up, or light cleaning?	__ Yes __ No __ Doesn't do for other reasons If answer is "doesn't do", PROBE: Is this because of a HEALTH or PHYSICAL problem?

ASK 20-25 FOR EACH IADL MARKED "YES" IN 19

20 By yourself, how much diffculty do you have (IADL), some, a lot, or are you unable to do it?

__ Some
__ A lot
__ Unable to do

21 Compared to this time in 1984/1986/1988, are you NOW having more difficulty, the same amount, or less difficulty (IADL) than you did then?

__ More difficulty
__ Same difficulty
__ Less difficulty

22 Do you receive help from another person in (IADL)?

__ Yes
__ No (20 for next IADL with "yes" in 19)

*23 Who gives this help? Anyone else?

Probe: Does this person live with you?

__ Spouse of sample person
__ Parents of sample person
__ Sample person's child(ren) in household
__ Sample persons's child(ren) NOT in household
__ Other relative(s) in household
__ Other relative(s) NOT in household
__ Nonrelative(s) in household
__ Nonelative NOT in household

ASK 24-25 IF "Other relative(s)" OR "Nonrelative(s)" IN 23, OTHERWISE ASK 20 FOR NEXT IADL WITH "Yes" IN 19

*24 Is this help paid for?

__ Yes
__ No (20 for next ADL with "yes" in 19)

*25 Which helpers are paid?

__ Other relative(s) in household
__ Other relative(s) NOT in household
__ Nonrelative(s) in household
__ Nonrelative(s) NOT in household

26 Because of a health or physical problem, do you USUALLY-

a stay in bed all or most of the time?

__ Yes (27a)
__ No

b stay in a chair all or most of the time?

__ Yes
__ No

CHECK ITEM A5

Respondent is: __ Proxy (29a)
__ Self

The next few questions are about how well you can see, wearing your glasses or contact lenses, if that's how you see best).

27a Can you see well enough to recognize features of people if they are within two or three feet?

__ Yes
__ No

b Can you see well enough to watch TV 8 to 12 feet away?

__ Yes
__ No

c Can you see well enough to read newspaper print?

__ Yes
__ No

28a Can you see well enough to step off a curb or down a step?

__ Yes
__ No

b Can you see well enough to recognize a friend walking on the other side of the street?

__ Yes
__ No

Please tell me if you have ANY difficulty when you do the following activities :

29a By yourself and not using aids, do you have any difficulty:

1. walking for a quarter mile (that is about 2 or 3 blocks)? __ Yes __ No
2. walking up 10 steps without resting? __ Yes __ No
3. standing or being on your feet for about 2 hours? __ Yes __ No
4. sitting for about 2 hours? __ Yes __ No
5. stooping, crouching, or kneeling? __ Yes __ No

6. reaching up over your head? __ Yes __ No

7. reaching out as if to shake someone's hand? __ Yes __ No

8. using your fingers to grasp or handle? __ Yes __ No

9. lifting or carrying something as heavy as 25 pounds such as two full bags of groceries? __ Yes __ No (29b)

10. lifting or carrying something as heavy as a 10 pound bag of potatoes? __ Yes __ No

IF "Yes" in 29a(1) ASK b - e:

b You told me before you have difficulty walking for a quarter of a mile. Is this a CHANGE since (date of last interview)?
__ Yes
__ No (29f)

c Is this change because of a health or physical problem?
__ Yes
__ No (29f)

d What health or physical problem caused the change in your ability to walk a quarter of a mile? (Mark all that apply)

1 A fall/falls
2 Arthritis
3 Cancer
4 Circulatory disease
5 Diabetes
6 Fatigue/tiredness
7 Heart condition
8 Hip fracture
9 Hypertension/high blood pressure
10 Old age (no specific condition mentioned)
11 Osteoporosis
12 Parkinson's Disease
13 Pneumonia
14 Senility/Alzheimers
15 Stroke
16 Other

e (If MORE THAN ONE condition in 29d)
Which is the MAIN problem that caused this change?

(Same codes as 29d above)

IF "Yes" in 29a(2) ASK f - i:

f You told me before that you have difficulty walking up 10 steps without resting. Is this a CHANGE since (date of last interview)?

__ Yes
__ No (30a)

g Is this change because of a health or physical problem?

__ Yes
__ No (30a)

h What health or physical problem caused this change in your ability to walk up 10 steps?

(Same codes as item 29d above)

i (If MORE THAN ONE condition in 29 h) Which is the MAIN problem that caused this change?)

(Same codes as 29d above)

30a Since (12 month date) - A YEAR AGO - were you a patient in a hospital OVERNIGHT or longer?

__ Yes
__ No (31a)

b How many different times did you stay in any hospital overnight or longer since (12 month date) a year ago?

_____ Number of times

NOTE: If Respondent is a Proxy for SP in a nursing home/institution, 31a-b are NOT asked.

31a During the past 12 months, that is since (12 month date) A YEAR AGO, ABOUT how many times did you see or talk to a medical doctor or assistant? (Do not count doctors seen while an overnight patient in a hospital.)

__ None
__ 1 - 24 times (actual)
__ 25 or more times

b About how long has it been since you last saw or talked to a medical doctor or assistant? (Include doctors seen while an overnight patient in a hospital.)

__ Less than 1 month
__ 1 month to less than 6 months
__ 6 months to less than 1 year
__ 1 year to less than 2 years
__ 2 years to less than 5 years
__ 5 years or more

CHECK ITEM A6
Is SP now in a nursing home in 1b or 1d?

__ Yes (34)
__ No (32a)

32a Since (1986/current month 1988), have you been a resident or patient in a nursing home ?

__ Yes
__ No (33)
__ DK

b How many DIFFERENT TIMES have you been a resident or patient in a nursing home since (1986/current month 1988)?

_____ Number of times

c When were you admitted (the FIRST time)?

_____ Month 198__/1990

d When were you admitted the LAST time?

_____ Month 198__/1990

e When did you leave (the LAST time)?

_____ Month 198__/1990

f How was the care paid for (the LAST time)? (Mark all that apply)

__ paid by self or family
__ paid by Medicare
__ Paid by Medicaid
__ paid by some other source such as private insurance
__ DK

33 Are you now on a waiting list to go into a nursing home?

__ Yes
__ No
__ DK

CHECK ITEM A7

Is Sp now in another institution in 1b or 1d?

__ Yes (34)
__ No (36a)

---

*34 What is the name, address, and telephone number of the (nursing home/other institution)?

Name_____
Number and street_____
City _____ State _____ ZIP_____
Telephone (AC) _____ Number _____

__ DK/Refused name
__ DK/Refused address
__ DK/Refused telephone number

35 On what date was (sample person) admitted to the (nursing home/other institution) ?

_____ Month 198__/1990

36a Compared to your own level of activity one year ago, would you say you are NOW more active, less active, or about the same as you were then?

__ More active
__ Less active
__ About the same (37a)

b Is that (a lot more or a little more/a lot less or a little less)?

__ Lot more
__ Little more
__ Lot less
__ Little less

37a Have you worked at a job or business, either full or part time, at any time since you were 65 years old?

__ Yes
__ No (38a)

NOTE: Do NOT ask 37 b and c if response in 35 is equal to or greater than the 12 month date minus the admission date; skip to 38a.

---

b Did you work at all at a job or business in the past 12 months, that is since (12 month date) a year ago?

__ Yes
__ No (38a)

c Since (12 month date) a year ago, in how many weeks did you work, either full or part-time, not counting work around the house? Include paid vacations and paid sick leave?

__ All year (52 weeks)
__ Weeks

38a I'd like to ask about your (present living arrangements/living arrangements before entering the nursing home). (Do you NOW/Did you) live by yourself or with other people?

__ Live alone (40a)
__ Live with others

b Who (do/did) you live with? Just tell me their relationship to you and whether they are 18 years old or older. Anybody else? (Mark all that apply)

__ Husband or wife
__ Any children under 18 years
__ Sample person's or spouse's children 18+
__ Other adults 18 years or older

CHECK ITEM A8

Is "Other adults 18 years or older" or "Sample person's or spouse's children 18+" marked in 38b?

__ Yes (39)
__ No (40a)

39a Do you and the other household members live together NOW because of a health or physical probem YOU have?

OR, IF SP IS PRESENTLY IN AN INSTITUTION OR NURSING HOME:

Did (SP) and the other houshold members live together because of a health or physical problem HE/SHE had?

__ Yes
__ No

b (Do you/Did Sample Person) and the other household members live together to share living expenses?

__ Yes
__ No

c Did (he/she/any of them {with whom you lived}) come to live with (you/Sample Person) or did (you/Sample Person) move in with them?

__ Came to live with SP
__ SP moved in with others ¦ (40a)
__ Other (SPECIFY) ¦

d When did (he/she/any of these people) come to live with (you/Sample Person)?

_____ Month 198__/1990

40a Including step and adopted children, how many living children (do you/does Sample Person) have?

0 None
_____ 1-25
Number

a1 How many of (Sample Person's) children are sons and how many are daughters?

_____ Sons
Number
_____ Daughters
Number

b How quickly can (any one of your-SP's children/ your-SP's son/your-SP's daughter) get to (your/Sample Person's) (house/apartment)?

Minutes
_____ Hours
Number Days

c How often (do you/does Sample Person) see (any one of your-SP's children/your-SP's son/ your-SP's daughter)?

0 Less than once a year/Never

	Daily
	Weekly
	Monthly
_____	
No. Times	Yearly

d How often (do you/does Sample Person) talk on the telephone with (any one of your-SP's children/your-SP's son/your-SP's daughter)?

0 Less than once a year/never

	Daily
	Weekly
	Monthly
_____	
No. Times	Yearly

e How often (do you/does Sample Person) get mail from (any one of your-SP's children/your-SP's son/your/SP's daughter)?

0 Less than once a year/Never

	Daily
	Weekly
	Monthly
_____	
No. Times	Yearly

41a Is (your/Sample Person's) (house/apartment) now:

OR, IF SP IS PRESENTLY IN AN INSTITUTION OR NURSING HOME:

Does Sample Person have a house/apartment) now:

1.	Owned or being bought by (you/ Sample Person) or someone in (your/ Sample Person's) household?	____	Yes	(41b)	____ No
2.	Rented for money?	____	Yes	(41c)	____ No
3.	Occupied without payment of money rent?	____	Yes	(42)	____ No

b Who is buying it?

__ You/Sample person
__ (Your/Sample Person's) Spouse
__ (Your/Sample Person's) Son/Daughter
__ (Your/Sample Person's) Grandchild
__ Other relative
__ Nonrelative

c Who is paying the rent?

__ You/Sample Person
__ (Your/Sample Person's) Spouse
__ (Your/Sample Person's) Son/Daughter
__ (Your/Sample Person's) Grandchild
__ Other relative
__ Nonrelative

42a Does (your/Sample Person's) (house/apartment) have six or more separate rooms? Include bathrooms, kitchens, finished basements, and attic rooms.

__ Yes (43)
__ Less than 6 rooms

b How many separate rooms does the (house/apartment) have?

_____ Number of rooms (1-5)

43a (ARE you/Is (sample person)) now married, remarried, widowed, divorced, or separated?

__ Married - spouse in HH
__ Married - spouse not in HH
__ Remarried since 1984/1986/1988 - spouse in HH
__ Remarried since 1984/1986/1988 - spouse NOT in HH
__ Widowed
__ Divorced
__ Separated
__ Refused (44a)

b Is this a change since (month/date of last interview)?

__ Yes
__ No (44a)

c When were you (married/remarried/widowed/divorced/separated)?

Month: _____ Day: _____ Year: 198__/1990

The next few questions are about MEDICARE and MEDICAID.

NOTE: These questions (44a-e) are asked only to review numbers for those people for whom no match has been established.

44a Medicare is a Social Security health insurance program for disabled persons and for persons 65 years old or over. People who are covered have a Medicare card.

Are you covered by Medicare now?

__ Yes
__ No (44c)

b The Social Security Number allows Medicare records to be easily and accurately located and identified for statistical research purposes.

* c In our interview with you in (date of last interview), we recorded your Social Security number as (sample person's Social Security Number). Is that correct?

(IF NECESSARY: I'll wait while you get your Social Security card.)

__ Yes (Check item A9)
__ No

* d What is your Social Security number? Providing your Social Security number is voluntary and will not effect your benefits in any way.

(IF NECESSARY: I'll wait while you get your Social Security card.)

__ __ __ - __ __ - __ __ __ __

__ Refused SS number
__ DK SS number

NOTE: SS Number verified; RR Number confirmed.

CHECK ITEM A9

Is SP covered by Medicare in 44a?

__ Yes
__ No (Check item A10)

---

e (And) what is your Health Insurance Claim number -- it is on your Medicare Card? You can just read it to me. Providing your Health Insurance Claim number is voluntary and <u>will not effect your benefits in any way.</u>

(IF NECESSARY: I'll wait while you get your Medicare card.)

__ __ __ - __ __ - __ __ __ __ __ (__) (__)
__ Refused HIC number
__ DK HIC number

f A (different) health insurance program - MEDICAID, this is not the same as Medicare - pays for health care for persons in need. (In your state it is called <u>(name of State program)</u>).

During the past 12 months, have you received health care which has been or will be paid for by Medicaid (or by <u>(name of State program)</u>)?

__ Yes
__ No

g Not counting Medicare or Medicaid, are you NOW covered by any other health insurance plan which pays any part of hospital, doctor, or dental bills?
(Include Health Maintenance Organizations called HMO's and Individual Practice Associations called IPA's.)

__ Yes
__ No

NOTE: Instruction will be provided for the interviewer to remind him/her NOT to include CHAMPUS, CHAMPVA or other Armed Forces or VA health care benefits.

45a Are you NOW receiving RETIREMENT income? Do NOT include any disability income.

__ Yes
__ No (47)

b From which of these sources do you receive retirement income? MARK ALL SOURCES GIVEN. Any other source?
__ Social Security
__ Railroad Retirement
__ A private employer or union pension
__ A government employee pension (Federal, State, or local)
__ Military retirement
__ Some other source (specify)

46 (Ask for each source marked in 45b).
Do you NOW receive it because of your OWN work experience or because you are a dependent or survivor of someone else?

___ Own
___ Someone else
___ Both

47 Are you now receiving disability payments from any source?

___ Yes
___ No (48b)

48a Are you receiving disability payments because of a disability YOU have or because you are a dependent or survivor of someone else?

___ Own
___ Someone else
___ Both

b Are you now receiving

	Yes	No
1. Supplemental Security Income called SSI?	___	___
2. Public Assistance or welfare payments from the state or local welfare office?	___	___
3. Wages, salary, or self-employment income?	___	___
4. Interest from money in any kind of savings or other bank account?	___	___
5. Dividend income from stocks or mutual funds or income from rental properties, royalties, estates or trusts?	___	___
6. Income from ANY OTHER SOURCE we have not mentioned?	___	___

(Note to interviewer: "Bank account" includes money market funds,treasury notes, IRA's or certificates of deposit, interest earning checking accounts, bonds or any other investments which earn interest.)

c Are you, or anyone else who lives with you, now receiving Food Stamps?

___ Yes

___ No

49a Now I'd like to ask about (Sample Person's) income.

Include money from all sources including jobs, social security, retirement income, unemployment payments, public assistance, and so forth. Also include income from interest, dividends, net income from business, farms or rents, and any other MONEY income received.

Was (Sample Person's) total (family) income during the past 12 months more or less than $30,000?

__ $30,000 or more (49d)
__ Less than $30,000

b Was (Sample Person's) total (family) income during the past 12 months more or less than $15,000?

__ $15,000 or more (CHECK ITEM A10)
__ Less than $15,000

c IF SP LIVES ALONE (Q. 38a)
Was (Sample Person's) total income $6,280 or less?

-- $6,280 or less | (CHECK ITEM A10)
__ More than $6,280 |

OR IF SP LIVES WITH SPOUSE ONLY (Q. 38b)
Was (Sample Person's) total income $8,240 or ?

__ $8,240 or less | (CHECK ITEM A10)
__ More than $8,240|

OR IF SP NOT LIVING ALONE OR WITH SPOUSE ONLY (Q.38a & 38b)
Was (Sample Person's) total income $10,500 or less?

__ $10,500 or less | (CHECK ITEM A10)
__ More than $10,500 |

d Was (Sample Person's) total (family) income during the past 12 months more or less than $45,000?

__ $45,000 or more
__ Less than $45,000

CHECK ITEM A10

Is SP now in the hospital in 1b or 1d?

__ Yes (50)
__ No (A11)

*50 What is the name, address, and telephone number of the hospital?

Name: _____
Number and street: _____
City: _____ State: _____ ZIP: _____
Telephone (AC): _____ Number: _____
__ DK/Refused address
__ DK/Refused telephone number

51 On what date was (sample person) admitted to the hospital?

Month: _____ Day: _____ Year: 198__/1990

CHECK ITEM A11

Type of Interview __ Self (A12)
__ Proxy (52a)

52a What is your relationship to (sample person)?

__ Spouse
__ Daughter or step-daughter
__ Daughter-in-law
__ Son or step-son
__ Son-in-law
__ Sister or Step-sister
__ Sister-in-law
__ Brother or step-brother
__ Brother-in-law
__ Nephew
__ Niece
__ Grandson or great-grandson
__ Granddaughter or great-granddaughter
__ Other relative
__ Nurse
__ Other nonrelative

b Do you live with (sample person)?

__ Yes
__ No

c How long has it been since you last saw or talked to (him/her)?

__ Less than 2 weeks
__ 2 weeks to less than 3 months
__ 3 months to less than 6 months
__ 6 months to less than 1 year
__ 1 year or longer

CHECK ITEM A12

CONCLUDING THE INTERVIEW:
Since we are obtaining information on the health of selected people we spoke to in 1984 and any changes which may have occurred since then, we may want to talk to (you/sample person) again at a later time to find out what other changes may occur.

53a I have (your/sample person's) address and telephone number as (SP's address and telephone number). Is that correct?

__ Yes
__ No (Make correction(s))

b If we are unable to contact (you/sample person) at this address and telephone number, would (Contact Person's Name) be the person who would know how to reach you?

__ Yes (Verify Contact Person Data, then 54)
__ No

54a Who would be a person who would know how we may reach you at a later time if we are unable to contact (you/sample person)? And what is (his/her) relationship to you?

Name: _____
Relationship to SP:
__ Spouse
__ Daughter
__ Son
__ Sister
__ Brother
__ Other relative
__ Nurse
__ Other (SPECIFY) _____

b What is (his/her) address and telephone number?

Street and number: _____
City: _____ State: _____ ZIP: _____
Telephone: AC:_____ Number: _____

55 These are all the questions I have at this time.

Because of the importance of the cost of medical care for older people in the United States, we have more questions about your income and finances. But, I will not ask them today because I don't want to take more of your time now.

Instead, I am going to mail a questionnaire for you to complete; that way you can take time to think about the answers or look up information to answer the questions.

You should receive your questionnaire within the next two weeks.

Thank you very much for the help you have given.

NOW END INTERVIEW

56 Because of the importance of medical care for older people in the United States, I have a few questions to obtain information about hospitalizations and nursing home stays prior to (Sample Person's) death. The information we collect will help to provide accurate statistics about the kinds of care sick and dying people receive.

(IF KNOWN IN Q. 5a, VERIFY INFORMATION)

On what date did (he/she) die?

_____ Month ___ Day 198___/1990

57a (READ PARANTHETICAL IF MONTH AND YEAR ARE GIVEN IN Q. 56) During (his/her) last year of life (that is, after 1 year prior to Month and Year in q. 56), was (Sample Person's name) a patient in a hospital OVERNIGHT or longer?

___ Yes
___ No (58a)

(IF KNOWN IN Q. 5a, VERIFY INFORMATION)

b Was (sample person) a patient in a hospital when (he/she) died?

___ Yes
___ No

c (READ PARENTHETCIAL IF 'YES' IN Q. 57b) During (his/her) last year of life, how many DIFFERENT TIMES did (Sample Person) stay in a hospital OVERNIGHT or longer (including the last stay)?

_____ (01-98)
Number

d During that year, how many total nights did (sample person) spend in hospitals?

_____ (001-365)
Number

58a Since (Month and Year of last interview), was (sample person) a resident in a NURSING HOME?

___ Yes
___ No (60)

b Was (sample person) in a nursing home at the time of death?

___ Yes
___ No

c How many DIFFERENT TIMES was (sample person) in a NURSING HOME since (Current Month 1988)(including the last time)?

_____ (1-5)
6 Six or more times

d (READ PARANTHETICAL IS Q. 58c IS 2 OR MORE TIMES)
When was (sample person) admitted the FIRST time?

_____ Month 198___/1990

e When was (sample person) admitted the LAST time?

_____ Month 198___/1990

f When was (sample person) discharged the LAST time?

_____ Month 198___/1990

59a (READ PARENTHETICAL IF Q. 58c IS 2 OR MORE TIMES)
How was the care paid for (the LAST time)?
MARK ALL THAT APPLY

___ Paid by SP or SP's family
___ Paid by Medicare
___ Paid by Medicaid
___ Paid for by some other source, such as private insurance

b DURING (HIS/HER) LAST YEAR OF LIFE, how many TOTAL DAYS, WEEKS or MONTHS did (sample person) spend in nursing homes?

_____ Days
Number Weeks
Months

60 What was your relationship to (sample person)?

01 Spouse	09 Daughter-in-law
02 Brother/Step	10 Nephew
03 Brother-in-law	11 Niece
04 Sister/Step	12 Grandson
05 Sister-in-law	13 Granddaughter
06 Son/Step	14 Other relative (SPECIFY)
07 Son-in-law	15 Nurse
08 Daughter/Step	16 Other unrelated (SPECIFY)

61 These are all the questions I have at this time. Thank you very much for the help you have given.

OMB No. 0920-0219: Approval Expires 05/31/91

FORM **LSOA-3**
(8-1-90)

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

LONGITUDINAL STUDY OF AGING

ECONOMIC SUPPLEMENT

IMPORTANT — Please read the letter below, complete and return this form in the enclosed preaddressed envelope to —

BUREAU OF THE CENSUS
ATTN LSOA
1201 EAST TENTH STREET
JEFFERSONVILLE IN 47132-0001

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).

PGM 2

FROM THE UNITED STATES PUBLIC HEALTH SERVICE

You recently took part in a health survey conducted by the Bureau of the Census and the United States Public Health Service. We greatly appreciate your cooperation.

The interviewer did not ask all of the financial questions on the telephone because we wanted to mail them to give you time to look up answers. These questions, which are about your income and assets, are on the following pages.

If you cannot answer the questions yourself, someone else may do it for you. Please answer all the questions and mail the form back to the Bureau of the Census in the enclosed preaddressed envelope within FIVE DAYS. Our envelope does not need postage.

The survey is authorized by the Public Health Service Act (42 U.S.C. 242k). All information that you give will be kept confidential by the Bureau of the Census and the National Center for Health Statistics. The information collected will be published as statistical summaries in which no person or family can be identified. Although there is no penalty for failing to answer any question, each unanswered question lessens the accuracy of the final data.

We expect it will take you about 20 minutes to complete this questionnaire. If you have any comments regarding the burden estimate or any other aspect of this survey, including suggestions for reducing this burden, send them to the Public Health Service Reports Clearance Officer, Room 721-H, Humphrey Building, 200 Independence Avenue S.W., Washington, DC 20201; and to the Office of Management and Budget, Paperwork Reduction Project (0920-0219), Washington, DC 20503.

This survey is voluntary, but it is essential that we have a completed questionnaire for everyone who is selected for the survey. Otherwise, important information will be missed. We need to know more about the relationship between health, medical care, and finances to help plan good health programs for older Americans.

Thank you for your help and cooperation.

Sincerely yours,

M Feinleib

Manning Feinleib, M.D., Dr. P.H.
Director
National Center for Health Statistics

PLEASE READ THESE INSTRUCTIONS: This form should be completed by the person whose name is on the address label. However, if this person is unable to respond or is away from home traveling or in a hospital, the form should be completed by someone who knows the most about the person's income. Answer every question unless the instructions tell you to skip to another question. The "You" in all questions refers to the person whose name appears on the address label.

1. How many separate rooms does your home have? PGM 8

Include bathrooms, kitchens, finished basements, and attic rooms.

1 ☐ One room
2 ☐ Two rooms
3 ☐ Three rooms
4 ☐ Four rooms
5 ☐ Five rooms
6 ☐ Six or more rooms

053

2. Does your home have working air conditioning?

1 ☐ Yes, in all rooms
2 ☐ Yes, in some rooms
3 ☐ No

056

3. If you live in a retirement community, building, or complex, please check the services that are provided. Check them even if you do not use them. If you do not live in a retirement community, skip to question 4a, page 3.

	NOT PROVIDED	PROVIDED AND PAID FOR SEPARATELY	PROVIDED AND INCLUDED IN COST OF HOUSING	
3a. Group meals	1 ☐	2 ☐	3 ☐	058
3b. Maid or cleaning service	1 ☐	2 ☐	3 ☐	059
3c. Laundry	1 ☐	2 ☐	3 ☐	060
3d. Transportation	1 ☐	2 ☐	3 ☐	061
3e. Recreation	1 ☐	2 ☐	3 ☐	062
3f. Nursing or help with medication	1 ☐	2 ☐	3 ☐	063

FORM LSOA-3 (8-1-90)

PGM 4

4a. Is your home now —

*Mark (X) **only one** box.*

1 ☐ **Owned or being bought by you or someone in your household?** — *Skip to question 5a, page 4* 032

2 ☐ **Rented for money?** — *Go to question 4b*

3 ☐ **Occupied without payment of money rent?** — *Skip to question 6, page 5*

4b. Who pays the rent?

Mark (X) all that apply.

1 ☐ Person named on address label 033

2 ☐ Spouse *

3 ☐ Child

4 ☐ Grandchild

5 ☐ Other relative

6 ☐ Nonrelative

4c. Does the rent include —

(1) Heat? 1 ☐ Yes 2 ☐ No 034

(2) Gas? 1 ☐ Yes 2 ☐ No 035

(3) Electricity? 1 ☐ Yes 2 ☐ No 036

(4) Water? 1 ☐ Yes 2 ☐ No 037

(5) Furnishings such as furniture and appliances? 1 ☐ Yes 2 ☐ No 038

4d. How much is the rent per month?

$_____ .00 Rent per month — *Skip to question 6, page 5* 039

FORM LSOA-3 (8-1-90)

5a. Who owns or is buying this home?
Mark (X) all that apply.

1 ☐ Person named on address label
2 ☐ Spouse
Go to question 5b if either of these boxes is marked

3 ☐ Child
4 ☐ Grandchild
5 ☐ Other relative
6 ☐ Nonrelative
Skip to question 6, page 5, if these are the only boxes marked

040 *

5b. About how much are the total yearly property taxes for this home?
Include city, county, and school taxes.

$_____ .00 Property tax per year 041

5c. Are the yearly property taxes included in your mortgage payment?

1 ☐ Yes
2 ☐ No
3 ☐ No mortgage payment

042

5d. How much is the yearly homeowner's insurance premium for this home?

$_____ .00 Insurance premium per year 043
0 ☐ No homeowner's insurance

5e. Is your homeowner's insurance premium included in your mortgage payment?

1 ☐ Yes
2 ☐ No
3 ☐ No mortgage payment

044

5f. Is your home fully paid for or is there a mortgage being paid?
Do not include home equity loans or second mortgages.

1 ☐ Fully paid — *Skip to question 5i*
2 ☐ Still paying — *Go to question 5g*

045

5g. How much is the monthly mortgage payment?

$_____ .00 Mortgage payment per month 046

5h. About how many more years are left to pay on it?

_____ Number of years 047

5i. Is there a second mortgage or home equity loan?

1 ☐ Yes — *Go to question 5j*
2 ☐ No — *Skip to question 6, page 5*

048

5j. How much is the second mortgage or home equity loan monthly payment?

$_____ .00 Amount of monthly payment 049

5k. About how many more years are left to pay on it?

_____ Number of years 050

FORM LSOA-3 (8-1-90)

6. Please give the approximate amount of INCOME you (and your spouse) receive per month from each of the following sources before deductions.

Write zero (''0'') if there is no income from a source.

6a. Social Security or Railroad Retirement payments

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

$ _____ .00 You per month 211

$ _____ .00 Your spouse per month 212

6b. Wages and salaries from an employer

$ _____ .00 You per month 213

$ _____ .00 Your spouse per month 214

6c. Supplemental Security Income or SSI

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

$ _____ .00 You per month 215

$ _____ .00 Your spouse per month 216

6d. Pension from employer or spouse's employer

$ _____ .00 You per month 217

$ _____ .00 Your spouse per month 218

6e. Veteran's Administration: serviceman's pension or survivor's pension or service disability

$ _____ .00 You per month 219

$ _____ .00 Your spouse per month 220

6f. Other disability payments

$ _____ .00 You per month 221

$ _____ .00 Your spouse per month 222

6g. Alimony

$ _____ .00 You per month 223

$ _____ .00 Your spouse per month 224

6h. Public assistance or welfare payments from the State or local welfare office

Do not include SSI or any other source mentioned above.

$ _____ .00 You per month 225

$ _____ .00 Your spouse per month 226

FORM LSOA-3 (8-1-90)

7. Please give the approximate amount of income you (and your spouse) received in 1989 from each of the following sources.
Write zero ("0") if there was no income from a source during 1989.

7a. Interest earned from money in any kind of savings or other bank account which earned interest
Do not include dividends. Do include money market funds, treasury notes, IRA's, or certificates of deposit, interest earning checking accounts, bonds, or any other investments which earn interest.

227 $ _____ .00 Amount received in 1989
228 Received by — 1 ☐ You 2 ☐ Your spouse 3 ☐ Both

7b. Dividend income from stocks or mutual funds or income from rental property, royalties, estates, or trusts

229 $ _____ .00 Amount received in 1989
230 Received by — 1 ☐ You 2 ☐ Your spouse 3 ☐ Both

7c. Net income from ownership or partnership of a business or farm

231 $ _____ .00 Amount received in 1989
232 Received by — 1 ☐ You 2 ☐ Your spouse 3 ☐ Both

7d. Net income from employment in a professional practice, trade, or business (self-employment)

233 $ _____ .00 Amount received in 1989
234 Received by — 1 ☐ You 2 ☐ Your spouse 3 ☐ Both

7e. Rents from property that you rent to others

235 $ _____ .00 Amount received in 1989
236 Received by — 1 ☐ You 2 ☐ Your spouse 3 ☐ Both

7f. Rents from roomers or boarders

237 $ _____ .00 Amount received in 1989
238 Received by — 1 ☐ You 2 ☐ Your spouse 3 ☐ Both

7g. Annuity from an insurance policy

239 $ _____ .00 Amount received in 1989
240 Received by — 1 ☐ You 2 ☐ Your spouse 3 ☐ Both

7h. Lump sum from the sale of house, farm, or other property

241 $ _____ .00 Amount received in 1989
242 Received by — 1 ☐ You 2 ☐ Your spouse 3 ☐ Both

7i. Financial help from relatives

243 $ _____ .00 Amount received in 1989
244 Received by — 1 ☐ You 2 ☐ Your spouse 3 ☐ Both

7j. Other income received in 1989

245 $ _____ .00 Amount received in 1989
246 Received by — 1 ☐ You 2 ☐ Your spouse 3 ☐ Both

7k. What was the TOTAL income in 1989 from these sources?

247 $ _____ .00 TOTAL amount received in 1989

FORM LSOA-3 (8-1-90)

8. Please give the approximate value of any of the assets listed below that you (and your spouse) own.

Write zero ("0") if you do not have the asset.

$ _____ .00 Amount 248

1 ☐ Owned by you 249
2 ☐ Owned by your spouse
3 ☐ Owned by both you and your spouse

8a. House, apartment or trailer that you occupy

8b. Other real estate property that you own

$ _____ .00 Amount 250

1 ☐ Owned by you 251
2 ☐ Owned by your spouse
3 ☐ Owned by both you and your spouse

8c. Stocks or mutual funds, rental property, royalties, estates, or trusts

$ _____ .00 Amount 252

1 ☐ Owned by you 253
2 ☐ Owned by your spouse
3 ☐ Owned by both you and your spouse

8d. Savings or other bank accounts

$ _____ .00 Amount 254

1 ☐ Owned by you 255
2 ☐ Owned by your spouse
3 ☐ Owned by both you and your spouse

8e. Business or farm

$ _____ .00 Amount 256

1 ☐ Owned by you 257
2 ☐ Owned by your spouse
3 ☐ Owned by both you and your spouse

8f. Professional practice or trade

$ _____ .00 Amount 258

1 ☐ Owned by you 259
2 ☐ Owned by your spouse
3 ☐ Owned by both you and your spouse

8g. Other assets owned

$ _____ .00 Amount 260

1 ☐ Owned by you 261
2 ☐ Owned by your spouse
3 ☐ Owned by both you and your spouse

8h. What is the TOTAL value of these assets?

$ _____ .00 TOTAL amount 262

9. Did you or anyone living with you receive food stamps in 1989?

1 ☐ Yes 263
2 ☐ No

FORM LSOA-3 (8-1-90)

We,

the National Center for Health Statistics,
the National Institute on Aging,
and
the Bureau of the Census

THANK YOU FOR YOUR COOPERATION.

Please return the completed form in the enclosed preaddressed envelope.

☆U.S. GOVERNMENT PRINTING OFFICE: 1990 - 748-036/20018 FORM LSOA-3 (8-1-90)

Appendix VI
Letters in conjunction with telephone surveys

DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

National Center for Health Statistics
3700 East-West Highway
Hyattsville MD 20782

FROM THE UNITED STATES PUBLIC HEALTH SERVICE

In 1984, you took part in a health survey conducted by the Bureau of the Census for the United States Public Health Service. We greatly appreciate your cooperation.

The information helped us to learn more about the health of older people and how they handle their health problems. However, we also need to find out how their health and living arrangements have changed and we have asked the Bureau of the Census to collect additional information. This information will be used to help plan health programs for older Americans.

An interviewer from the Bureau of the Census will telephone you within the next few weeks to conduct a short interview.

We have listed on the back of this letter some of the topics that the interviewer will ask about. If you are unable to talk with the interviewer yourself, the interviewer will ask to talk with someone who knows about your health.

Our survey is voluntary, but it is essential that we complete an interview for everyone who is selected for the survey. Otherwise, important information will be missed.

The survey is authorized by the Public Health Service Act (42 U.S.C. 242k). All information that you give will be kept confidential by the Bureau of the Census and the National Center for Health Statistics. The information collected will be published as statistical summaries in which no person or family can be identified. Although there is no penalty for failing to answer any question, each unanswered question lessens the accuracy of the final data.

Thank you for your help and cooperation.

Sincerely yours,

M Feinleib, MD

Manning Feinleib, M.D., Dr. P.H.
Director

LSOA-10(L) (4-86)

The interview is expected to take about 15 minutes. The interviewer will ask about some of the following topics:

- whether you have health and physical problems that cause you difficulty in doing everyday activities like bathing, dressing, eating, or shopping;
- whether you have had medical care from a doctor, hospital, or nursing home in the past 12 months;
- whether you live with relatives or other people and whether you live in a retirement apartment or community;
- whether your living arrangements have changed since we talked with you in 1984.

The answers to these brief questions will help provide valuable information on the health of people 70 years of age and older and how their health and changes in living arrangements affect their daily lives.

Thank you for your cooperation.

LSOA-10(L) (4-86)

U.S. DEPARTMENT OF
HEALTH AND HUMAN SERVICES
Public Health Service
National Center for Health Statistics
3700 East-West Highway
Hyattsville, Maryland 20782
(301) 436-7016

Thank you

. . . for the assistance you gave the U.S. Public Health Service when the Census Bureau contacted you recently for the Longitudinal Study on Aging. It is only through the cooperation of people like you that an important health survey such as this can be carried out.

Nothing about an individual will ever be released. Instead, the information you provided will be combined with that reported by other people in the study. I have enclosed a copy of one of the reports from the 1984 survey so you can see how we publish the findings.

This study will help the U.S. Public Health Service and other organizations plan more effectively for the health needs of our Nation. It is because such knowledge was lacking that Congress authorized the National Center for Health Statistics, a part of the U.S. Public Health Service, to conduct this survey.

Thank you again for your assistance.

Sincerely yours,

M Feinleib

Manning Feinleib, M.D., Dr.P.H.
Director
National Center for Health Statistics

Enclosure

LS0A-80(L)

DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

LSOA-10(L)
(3-90)

National Center for Health Statistics
Centers for Disease Control
6525 Belcrest Road
Hyattsville, MD 20782

FROM THE UNITED STATES PUBLIC HEALTH SERVICE

Previously you took part in a health survey conducted by the Bureau of the Census and the United States Public Health Service. We greatly appreciate your help in that survey.

The information helped us learn more about the health of older people and how they handle their health problems. However, we also need to find out how their health and living arrangements have changed and we have asked the Bureau of the Census to collect additional information. This information will be used to help plan health programs for older Americans. Some information from the previous survey is enclosed.

An interviewer from the Bureau of the Census will telephone you within the next few weeks to conduct a short interview.

We have listed on the back of this letter some of the topics that the interviewer will ask about. If you are unable to talk with the interviewer yourself, the interviewer will ask to talk with someone who knows about your health.

Our survey is voluntary, but it is essential that we have a completed questionnaire for everyone who is selected for the survey. Otherwise, important information will be missed.

The survey is authorized by the Public Health Survey Act (42 U.S.C. 242k). All information that you give will be kept confidential by the Bureau of the Census and the National Center for Health Statistics. The information collected will be published as statistical summaries in which no person or family can be identified. Although there is no penalty for failing to answer any question, each unanswered question lessens the accuracy of the final data.

Thank you for your help and cooperation.

Sincerely yours,

M Feinleib

MANNING FEINLEIB, M.D., Dr. P.H.
Director, National Center for Health Statistics

Enclosure

WHAT IS THIS SURVEY ALL ABOUT?

The interviewer will ask about some of the following topics:

- whether you have health and physical problems that cause you difficulty in doing everyday activities like bathing, dressing, eating, or shopping;
- whether you have had medical care from a doctor, hospital, or nursing home in the past 12 months;
- whether you live with relatives or other people and whether you live in a retirement apartment or community; and
- whether your living arrangements have changed since we last talked with you.

WHY ARE MY ANSWERS IMPORTANT?

Researchers and scientists need the statistics from this survey to develop effective health programs directed toward the nation's older people. The answers to these questions will help provide valuable information on the health of people 75 years of age and older. For this reason, this information must be as accurate and complete as possible. The only way we can get this information is through the cooperation of sample households such as yours. Your answers represent about 2,200 other people.

INFORMATION ABOUT YOUR PARTICIPATION

We expect the interview to take about 25 minutes. It may be shorter or longer depending upon individual circumstances. There are no penalties for not answering the questions. If you have any comments about this survey or have recommendations for reducing its length, send them 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 (0920-0219), Washington, DC 20503.

LSOA-10(L) (3-90)

UNITED STATES DEPARTMENT OF COMMERCE
Bureau of the Census
Washington, D.C. 20233

Recently one of our interviewers called you to conduct a health interview for the National Health Interview Survey (NHIS) which is currently being conducted throughout the United States. According to our interviewer, you were somewhat hesitant to participate until you were given more information about the survey and its purposes.

Briefly, the Bureau of the Census is conducting the NHIS for the National Center for Health Statistics (NCHS), which is part of the U.S. Public Health Service. This program is a major part of the National Health Survey which is authorized by Congress because of the urgent need for up-to-date statistics on the health od our people.

The NHIS collects current information on the occurrence of illness and disease, injuries, hospitalizations, and visits to the doctor, as well as information on age , occupation, education, and related information used in analyzing the health data. this information will help the U.S. Public Health Service and other organizations plan more effectively for the health needs of our nation.

This survey is authorized by Title 42, United States Code, Section 242k. Participation is voluntary and both agencies will keep any information reported in this survey that could identify an individual or family strictly confidential.

Because this is a sample survey, your answers represent not only you and your household, but also hundreds of other households like yours. For this reason, your participation in this survey is extremely important to ensure the completeness and accuracy of the final data. The Bureau and NCHS will greatly appreciate your cooperation in this important survey.

I hope that this additional explanation of the purposes of the survey and used of these data will encourage your participation. Our interviewer will call you again sometime within the next few days.

If you have any questions on this subject, please telephone this office too free at 800-638-6719 and ask to speak to one of the Health Interview Survey supervisors.

Sincerely,

THOMAS C. WALSH
Chief, Demographic Surveys Division
Bureau of the Census

UNITED STATES DEPARTMENT OF COMMERCE
Bureau of the Census
Washington, D.C. 20233

October 15, 1990

FROM THE BUREAU OF THE CENSUS

In 1984, the Bureau of the Census conducted a health survey for the United States Public Health Service among older people in the United States. The information obtained in those interviews helped us to learn about older people and how they handle their health problems.

We are now recontacting some people included in the survey to verify information and to learn about changes, including deaths, that have taken place. Obtaining accurate information about the kinds of care sick and dying people receive will enable us to help plan health and medical care programs for older Americans.

Recently, we tried to contact the person named on the questionnaire and we were informed that the person has died. We are contacting you to verify that information by completing pages 29-31 of this questionnaire. Please answer the questions and mail the form back to the Bureau of the Census within FIVE DAYS. Our envelope does not need postage.

Our survey is voluntary, but it is essential that we receive a completed questionnaire for everyone who is selected for the survey. Otherwise, important information will be missing.

Thank you for your cooperation.

Sincerely yours,

Robert W. Mangold

ROBERT W. MANGOLD
Chief, Health Surveys Branch
Demographic Surveys Division
Bureau of the Census
Washington, D.C. 20233

Appendix VII
Procedure for refining NDI match

Linkage of survey data to other data bases is one way of improving and expanding the amount of information available without placing additional burden on the respondent. In some circumstances, linkage can provide access to information not readily available to household respondents. One such data base is the National Death Index (NDI), a file of the deaths occurring in the United States (1). Linkage to this data base allows analysis of causes of death and related information that cannot be known when the person is interviewed.

In order to determine how health practices and conditions are related to how long people live, the Supplement on Aging (SOA) study design included matching to the NDI. All respondents (or their proxies) were told that the National Center for Health Statistics (NCHS) ". . . would like to refer to statistical records maintained by the National Center for Health Statistics." The respondents were asked to provide all information (including social security number) that is recommended for linkage with the NDI.

Items collected

The information collected during the SOA interview to facilitate matching to the NDI included

- Month, day, and year of birth.
- Full name, including first and last names and middle initial.
- Father's last name.
- Social security number.
- Sex.
- Race.
- Marital status.
- State of residence.
- State (or country) of birth.

(Only one other item of information can be used as part of the NDI matching process, the actual or estimated date of death; that information is not available because the survey respondents were living at the time of the SOA interview.)

At least one of the following combinations of data items is required before an NDI match will be attempted:

- First and last name AND social security number.
- First and last name AND month and year of birth.

Records that did not have at least one of these combinations were rejected by the NCHS NDI edit program; 215 such records from the SOA were not submitted to NDI for matching. For many of these records the respondent refused to provide the necessary information; the rest could not be matched because only incomplete information was available from the SOA.

The procedure

The NDI Retrieval Program searches the NDI file to determine whether a particular NDI death record qualifies as a possible record match with a particular input record. To qualify as a possible match, both records must satisfy at least 1 of 12 conditions set by the Retrieval Program.

These matching criteria are designed to maximize the number of true matches identified. Because of this design feature, the Retrieval Program also generates a significant number of false matches (false positives). These false matches must be examined and their number reduced to make efficient use of the Retrieval Program Report, either to obtain copies of the death certificates from the States or to directly link the records to other data sets.

The Retrieval Report is sorted so that the first-listed record for each person in the NDI death record was determined by the NDI Retrieval Program to be the "best" of the possible matches, whenever there was more than one possible match in the NDI file.

Table I. Items and maximum possible score in the scoring algorithm used to determine a match to the National Death Index

Item	*Maximum possible score*
Social security number	7
Date of birth	4
Sex	4
Race	2
Marital status	2
State of residence	2
State of birth	2
State of residence with State of death	4
First name	4
Last name	4
Middle initial	2
Father's surname, if sex was female	2

Results of the match

The match between the 16,148 persons in the SOA and the NDI for 1982–85 resulted in 12,301 possible matches. Of these possible matches, 4,745 were to the 5,151 persons in the Longitudinal Study of Aging (LSOA) population. The procedure described below was used to reduce the number of possible matches to a set more closely representative of actual deaths in the SOA population, while eliminating as many of the false matches as possible.

First, the 12,301 possible matches were reduced to 5,106 (2,057 in the LSOA) by eliminating those with a date of death prior to the SOA interview.

Then the 5,106 possible matches were reviewed by hand to determine the "best" single possible match for each person. Sixty-six of the "best" records were not the first-listed of the possible matches from the NDI matching process. This review resulted in 3,151 possible matches, 1 for each person with a possible match.

Scoring algorithm

These 3,151 records were given a mathematical score by a computer algorithm, sorted into groups, and examined by hand to determine which appeared to be accurate matches and which did not.

The scoring algorithm for the possible NDI matches, a modified form of one developed by Westat, Inc., scored the items listed in table I. The maximum score was 37; the minimum score was 4.

Recording procedure

Examination of the scores led to the following conclusions and code categories:

- Scores greater than or equal to 28 indicated matches with no obvious reasons for rejecting them. These were coded as "good matches." Included were all of the matches designated as "exact" in the NDI report.
- Scores of 22 and scores of 24 through 27 indicated likely matches. They matched on fewer items than the good matches and were coded as "fair matches."
- Scores of less than 22 matched on only a few items; they were coded as "poor matches."
- Scores of 23 also matched on only a few items; however, the social security number was an exact match. These were also coded as "poor matches."

Table II. Distribution of sample persons in the Supplement on Aging (SOA) and the Longitudinal Study of Aging (LSOA) by National Death Index (NDI) status code as of 1989

Match status NDI	Status code	*Survey* SOA	LSOA
Total		16,148	7,527
No match	4	12,997	3,532
Poor match	3	2,386	1,848
Fair match	2	98	299
Good match	1	667	1,848

- A fourth category was created for those SOA records that did not match any record in the NDI.

Table II shows the count of persons in the SOA and LSOA in each of these categories.

Reinterview results and best estimation

1986 reinterview results

Because the LSOA actually recontacted the SOA respondents, it was possible, for the LSOA sample, to examine probable errors in matching. Of the 5,151 persons included in the LSOA sample, 4,113 completed an interview, 604 were reported deceased, and 45 were not interviewed for reasons that imply that they were alive at the time of the attempted interview (for example, in a nursing home, temporarily absent, or too ill to be interviewed). The remaining 389 persons were not located, and, therefore, their status at the time of the attempted interview could not be determined.

A "best estimate" of the status of each person was determined by using the interview information when it was available and the NDI code when it was not. Table III lists the definitions for the "best estimate" codes that appear in table IV. Table IV shows the "best estimate" status codes assigned to persons in the LSOA by reinterview status and NDI status.

Table III. "Best estimate" codes and their definitions

"Best estimate" code	*Definition*
00	No National Dealth Index input record
01	Alive
02	Deceased
03	Presumed deceased
04	Probably deceased
05	Probably not deceased
06	Presumed alive

National Death Index versus "best estimates"

Table V shows the comparison of the "best estimate" codes with the NDI status codes. The data in the table do not reflect changes that occurred as a result of the NDI matching update completed in 1990. Therefore some of the numbers may not agree with those found in the public-use data tape documentation.

Possible errors

There are 11 fair matches with the NDI that indicate that the person in the LSOA is deceased. However, those persons were alive at the time of the LSOA interview, as shown in table V. These are probable erroneous matches that are readily detectable.

The 46 "poor matches" reported as deceased at the time of the interview and the 169 persons reported as deceased at the time of the interview who did not match with the NDI at all may be errors, but they may also be persons who died in 1986, after the latest date of death in available NDI records.

Table IV. "Best estimate" status codes assigned to persons in the Longitudinal Study of Aging (LSOA), by 1986 LSOA interview status and National Death Index (NDI) status and code

1986 LSOA interview status	*NDI status and code*				
	No record (00)	*Good (01)*	*Fair (02)*	*Poor (03)*	*None (04)*
"Best estimate" codes					
Alive (interviewed)	01	01	01	01	01
Deceased (reported)	02	02	02	02	02
Indeterminate	00	03	04	05	06

Table V. Number of 1988 Longitudinal Study of Aging (LSOA) sample persons, by the "best estimate" code and the National Death Index (NDI) status and code as of 1989

"Best estimate" code	*Total*	*NDI status and code*				
		No record (00)	*Good (01)*	*Fair (02)*	*Poor (03)*	*None (04)*
Total	7,527	68	1,848	299	1,848	3,464
No NDI input record (00)	26	26	0	0	0	0
Alive (01)	4,142	20	6	34	1,433	2,649
Deceased (02)	2,257	22	1,700	223	106	206
Presumed deceased (03)	140	0	140	0	0	0
Probably deceased (04)	42	0	0	42	0	0
Probably not deceased (05)	282	0	0	0	282	0
Presumed alive (06)	638	0	2	0	27	609

Appendix VIII
Contents of the public use data files

Table VI. Demographic data on the Longitudinal Study of Aging, by year of interview

Characteristic	*1984*	*1986*	*1988*	*1990*
Sex	X			
Age	X			
Date of birth	X			
Race	X			
Hispanic origin	X			
Marital status	X	X	X	X
Change in marital status		X	X	X
Date of change in marital status		X	X	X
Veteran status	X			
Education	X			
Family income	X	X	X	X
Poverty index	X			X
Family relationship	X			
Size of family	X			
Major activity	X			
Activity now compared with 1 year ago	X	X	X	X
Class of worker	X			
Industry	X			
Occupation	X			

NOTE: See also tables VII, VIII, IX, and XX.

Table VII. Family structure and relationship data on the Longitudinal Study of Aging, by year of interview

Characteristic	*1984*	*1986*	*1988*	*1990*
Number of related persons in household	X			
Generations in household	X			
Children in household	X			
Length of time married	X			
Length of time widowed, divorced, or separated	X			
Change in marital status		X	X	X
Date of change		X	X	X
Live together to share expenses	X	X	X	X
Live together because of physical or health problems	X	X	X	X
Number of living sons	X		X	X
Number of living daughters	X		X	X
Number of living children	X		X	X
Children routinely give money	X		X	X
How quickly children can get there	X		X	X
How often see children	X		X	X
How often talk on telephone with children	X		X	X
How often get mail from children	X		X	X
Number of living brothers	X			
Number of living sisters	X			

NOTE: See also table XX.

Table VIII. Employment and retirement data on the Longitudinal Study of Aging, by year of interview

Characteristic	*1984*	*1986*	*1988*	*1990*
Ever worked at job or business	X			
Worked since age 45	X			
Worked since age 65		X	X	X
Worked past 12 months	X	X	X	X
Number of weeks worked	X	X	X	X
Hours worked per week	X			
How often does volunteer work	X			
Perception of retirement status	X			
Retired more than once	X			
Time since retired last time	X			
Retired because of health	X			
Retired because work caused health problem	X			
Job related ability and desire	X			
Could work if job available	X			
Want to work at job or business	X			

Table IX. Economic indicators on the Longitudinal Study of Aging, by year of interview

Characteristic	*1984*	*1986*	*1988*	*1990*
Total family income	X	X	X	X
Poverty index	X			X
Retirement income	X			X
Receive retirement from social security	X			X
Time received social security	X			
Receive social security from own work or dependent	X			X
Receive railroad retirement	X			X
Time received railroad retirement	X			
Receive railroad retirement from own work or dependent	X			X
Receive retirement from government pension plan	X			X
Time received government pension	X			
Receive government pension from own work or dependent	X			X
Receive retirement from military retirement	X			X
Time received military retirement	X			
Receive military retirement from own work or dependent	X			X
Some other source of retirement income	X			X
Which other sources	X			X
Number of retirement sources	X			X
Types of retirement income sources	X			X
Disability income	X			
Now receiving disability from any source	X			X
Receive due to own disability or dependent	X			X
Time received disability	X			
Ever received disability payments from social security	X			
Children routinely give money	X			
Receive food stamps		X	X	X

NOTE: See also tables XIX, XXII, and XXIII.

Table X. Housing data on the Longitudinal Study of Aging, by year of interview

Characteristic	*1984*	*1986*	*1988*	*1990*
Type of place where living now	X	X	X	X
Number of years living here	X			
Whether moved or not		X	X	X
Date of moving here		X	X	X
One or more steps to outside	X	X	X	X
More than one floor level	X			X
Number of separate rooms			X	X
Working air-conditioner				X
Bathroom, bedroom, kitchen on same floor	X			X
Needed for health	X			
Walk-in shower	X			X
Needed for health	X			
Own, buy, or rent residence	X		X	X
Who owns or buys	X		X	X
Who pays rent	X		X	X
Paid for or still being paid	X		X	X
Amount principle still owed	X			X
Present value	X			X
Place is retirement community, building, or complex	X	X	X	X
Group meals	X	X	X	X
Housekeeping or maid service	X			X
Medical services	X			X
Telephone checkup service	X			X
Recreational services	X			X
Laundry services				X
Transportation service				X

NOTE: See also table IX.

Table XI. Social interactions data on the Longitudinal Study of Aging, by year of interview

Characteristic	*1984*	*1986*	*1988*	*1990*
Satisfaction with amount of social activity	X			
Volunteer work in past 12 months	X			
Within past 2 weeks:				
Get together with friends or neighbors	X			
Talk with friends or neighbors on telephone	X			
Get together with relatives	X			
Talk with relatives on telephone	X			
Go to church or temple	X			
Go to movies, sports events, etc.	X			

NOTE: See also table VII.

Table XII. Health status data collected at baseline only

Characteristic	*1984*
NHIS limitation of activity status	X
Height without shoes	X
Weight without shoes	X
Bed days in past 12 months	X
Falls in past 12 months	X
Trouble biting or chewing food	X
Controlling bowels	X
How often have difficulty	X
Have a colostomy or a device to control bowel	X
Need help taking care of device	X
Controlling urination	X
How often have difficulty	X
Urinary catheter or device	X
Need help taking care of device	X
List of conditions and impairments	X

NOTES: See also table XI. NHIS stands for National Health Interview Survey. Supplement on Aging has file with detailed information on each condition.

Table XIII. Functional status data on the Longitudinal Study of Aging, by year of interview

Characteristic	*1984*	*1986*	*1988*	*1990*
Activities of daily living:				
Bathing or showering	X	X	X	X
Dressing	X	X	X	X
Eating	X	X	X	X
Getting in or out of bed or chair	X	X	X	X
Walking	X	X	X	X
Getting outside	X	X	X	X
Using or getting to toilet	X	X	X	X
Instrumental activities of daily living:				
Preparing own meals	X	X	X	X
Shopping for personal items	X	X	X	X
Managing money	X	X	X	X
Using the telephone	X	X	X	X
Doing heavy housework	X	X	X	X
Doing light housework	X	X	X	X
For each ADL and IADL:				
Whether any difficulty	X	X	X	X
Degree of difficulty	X	X	X	X
Change in difficulty		X	X	X
Change due to health		X	X	X
Whether receiving help	X	X	X	X
Whether helper in household	X	X	X	X
Whether helper a relative	X	X	X	X
Whether helper paid	X	X	X	X
Use of special equipment	X			
Condition causing difficulty	X			

NOTE: See also table XVII. ADL stands for activities of daily living. IADL stands for instrumental activities of daily living.

Table XIV. Physical status data on the Longitudinal Study of Aging, by year of interview

Characteristic	*1984*	*1986*	*1988*	*1990*
Nagi activities:				
Walking quarter mile	X	X	X	X
Change in difficulty		X	X	X
Change due to health		X	X	X
Condition causing change		X	X	X
Walking up 10 steps	X	X	X	X
Change in difficulty		X	X	X
Change due to health		X	X	X
Condition causing change		X	X	X
Being on feet for 2 hours	X	X	X	X
Sitting for 2 hours	X	X	X	X
Stooping, crouching, kneeling	X	X	X	X
Reaching up over head	X	X	X	X
Reaching out	X	X	X	X
Using fingers to grasp	X	X	X	X
Lifting 25 pounds	X	X	X	X
Lifting 10 pounds	X	X	X	X
For each Nagi item:				
Amount of difficulty	X			
Duration of difficulty	X			
Confinement to bed or chair	X	X	X	X
Condition causing this	X			
Fallen in past 12 months	X			
Number of falls	X			
Dizziness	X			

NOTE: See also tables XIII and XV.

Table XV. Sensory impairment data on the Longitudinal Study of Aging, by year of interview

Characteristic	*1984*	*1986*	*1988*	*1990*
Vision:				
Eye conditions	X			
Corrections for vision	X			
Trouble with vision	X			
Ability to:				
Recognize features	X	X	X	X
TV at 8–12 feet	X	X	X	X
Read newsprint	X	X	X	X
Step off curb	X	X	X	X
See friend across street	X	X	X	X
Hearing:				
Hearing conditions	X			
Use of hearing aid	X			
Trouble with hearing	X			

NOTE: See also tables XIII and XIV.

Table XVI. Health opinions on the Longitudinal Study of Aging, by year of interview

Characteristic	*1984*	*1986*	*1988*	*1990*
Taking care of health	X			
Health compared with a year ago	X	X	X	X
Worry over health	X			
Physical activity compared to peers	X			
Level of activity compared to a year ago	X			
Perceived control of health	X			
Get as much exercise as needed	X			
Regular exercise routine	X			
Frequency of walking 1 mile	X			
Trouble remembering things	X			
Trouble remembering compared with a year ago	X			
Frequency getting confused	X			
Frequency of confusion compared with a year ago	X			

NOTE: Data from self-respondents only.

Table XVII. Informal, home, and community care data on the Longitudinal Study of Aging, by year of interview

Characteristic	*1984*	*1986*	*1988*	*1990*
Someone to take care of you if necessary	X			
Number and nearness of children	X		X	X
Number of siblings	X			
Social contacts	X			
Use of community services:	X			
Frequency of use	X			
For each ADL and IADL:				
Whether receiving help	X	X	X	X
Helper in household	X	X	X	X
Helper a relative	X	X	X	X
Helper paid	X	X	X	X

NOTES: See also table X. ADL stands for activities of daily living. IADL stands for instrumental activities of daily living.

Table XVIII. Formal health care measures on the Longitudinal Study of Aging, by year of interview

Type of health care	*1984*	*1986*	*1988*	*1990*
Short-stay hospital episodes in 12 months	X	X	X	X
Short-stay hospital days in 12 months	X			
Number of doctor visits in 12 months	X	X	X	X
Interval since last doctor visit	X	X	X	X
For each chronic condition, when doctor seen	X			
Ever resident or patient in a nursing home	X			
Length of stay last time	X			
Resident or patient in 12 months	X	X	X	X
Number of times a resident or patient	X	X	X	X
Date admitted first time	X	X	X	X
Date discharged last time	X	X	X	X
Weeks in nursing home in 12 months	X	X	X	X
Now in nursing home		X	X	X
How nursing home paid for		X	X	X
On nursing home waiting list	X	X	X	X
Visiting nurse or health aide in 12 months	X			
Familiar with term hospice	X			
Hospice in area	X			

NOTE: See also table XVII.

Table XIX. Health insurance and disability coverage data on the Longitudinal Study of Aging, by year of interview

Type of coverage	*1984*	*1986*	*1988*	*1990*
Medicare	X	X	X	X
Private health insurance	X			X
Supplemental Security Income	X			X
Medicaid	X	X	X	X
Medicaid use	X	X	X	X
Other public assistance program	X			X
Military dependent program	X			X
Service-related disability and VA compensation	X			X

NOTES: See also table XII. VA stands for Veterans Administration.

Table XX. Geographic and migration information on the Longitudinal Study of Aging, by year of interview

Characteristic	*1984*	*1986*	*1988*	*1990*
Region	X			
USDA county adjacency code	X	X	X	X
Moved since last interview		X	X	X
Date of move		X	X	X
Reason for move		X	X	X
Across county line		X	X	X
Across State line		X	X	X
Transition living code		X	X	X

NOTES: See also table VII. USDA stands for United States Department of Agriculture.

Table XXI. Death data on the Longitudinal Study of Aging from interviews, the match with the National Death Index, and the match with the multiple cause-of-death file

Characteristic	*1984*	*1986*	*1988*	*1990*
Interview or NDI match				
Residence at death (interview)	X	X	X	X
Date of death (interview & NDI match)	X	X	X	X
Death certificates				
Autopsy performed	X	X	X	X
Death in medical facility	X	X	X	X
Cause of death	X	X	X	X
Underlying cause	X	X	X	X
Recode 282 selected causes	X	X	X	X
Recode 72 selected causes	X	X	X	X
Axis causes	X	X	X	X
8 causes	X	X	X	X
NDI status	X	X	X	X
Usual occupation recode	X	X	X	X
Business or industry recode	X	X	X	X

NOTES: Information from matches is available every year. Multiple cause-of-death file is on diskette. Date of death from the National Dealth Index match is also on the diskette.

Table XXII. Medicare Part A Hospital Record information on the Longitudinal Study of Aging from Medicare match

Characteristic	*Every year*
Date of birth	X
Sex	X
Date of discharge or service	X
Length of stay	X
Total charge for stay	X
Type of institution	X
Number of diagnoses	X
ICD–9–CM diagnostic codes	X
Diagnosis related groups	X
Major diagnostic categories	X
Number of procedures	X
ICD–9–CM procedure codes	X

NOTES: Dates are in Julian format. ICD–9–CM stands for *International Classification of Diseases, 9th Revision, Clinical Modification.*

Table XXIII. Medicare Part B information on the Longitudinal Study of Aging from Medicare match

Characteristic	*Every year*
Date of birth	X
Sex	X
Home health care indicator	X
Hospice indicator	X
Outpatient care indicator	X

NOTE: Date is in Julian format.

Table XXIV. Survey information on the Longitudinal Study of Aging, by year of interview

Characteristic	*1984*	*1986*	*1988*	*1990*
Date of interview	X	X	X	X
Respondent	X	X	X	X
Reason for proxy	X	X	X	X
Interview method	X	X	X	X
Information for linkage	X	X	X	X

☆ U.S. GOVERNMENT PRINTING OFFICE: 1992—312-082/60008

Vital and Health Statistics series description

SERIES 1. **Programs and Collection Procedures**—Reports describing the general programs of the National Center for Health Statistics and its offices and divisions and the data collection methods used. They also include definitions and other material necessary for understanding the data.

SERIES 2. **Data Evaluation and Methods Research**—Studies of new statistical methodology including experimental tests of new survey methods, studies of vital statistics collection methods, new analytical techniques, objective evaluations of reliability of collected data, and contributions to statistical theory. Studies also include comparison of U.S. methodology with those of other countries.

SERIES 3. **Analytical and Epidemiological Studies**—Reports presenting analytical or interpretive studies based on vital and health statistics, carrying the analysis further than the expository types of reports in the other series.

SERIES 4. **Documents and Committee Reports**—Final reports of major committees concerned with vital and health statistics and documents such as recommended model vital registration laws and revised birth and death certificates.

SERIES 5. **Comparative International Vital and Health Statistics Reports**—Analytical and descriptive reports comparing U.S. vital and health statistics with those of other countries.

SERIES 6. **Cognition and Survey Measurement**—Reports from the National Laboratory for Collaborative Research in Cognition and Survey Measurement using methods of cognitive science to design, evaluate, and test survey instruments.

SERIES 10. **Data From the National Health Interview Survey**—Statistics on illness, accidental injuries, disability, use of hospital, medical, dental, and other services, and other health-related topics, all based on data collected in the continuing national household interview survey.

SERIES 11. **Data From the National Health Examination Survey and the National Health and Nutrition Examination Survey**—Data from direct examination, testing, and measurement of national samples of the civilian noninstitutionalized population provide the basis for (1) estimates of the medically defined prevalence of specific diseases in the United States and the distributions of the population with respect to physical, physiological, and psychological characteristics and (2) analysis of relationships among the various measurements without reference to an explicit finite universe of persons.

SERIES 12. **Data From the Institutionalized Population Surveys**—Discontinued in 1975. Reports from these surveys are included in Series 13.

SERIES 13. **Data on Health Resources Utilization**—Statistics on the utilization of health manpower and facilities providing long-term care, ambulatory care, hospital care, and family planning services.

SERIES 14. **Data on Health Resources: Manpower and Facilities**—Statistics on the numbers, geographic distribution, and characteristics of health resources including physicians, dentists, nurses, other health occupations, hospitals, nursing homes, and outpatient facilities.

SERIES 15. **Data From Special Surveys**—Statistics on health and health-related topics collected in special surveys that are not a part of the continuing data systems of the National Center for Health Statistics.

SERIES 16. **Compilations of Advance Data From Vital and Health Statistics**—These reports provide early release of data from the National Center for Health Statistics' health and demographic surveys. Many of these releases are followed by detailed reports in the Vital and Health Statistics Series.

SERIES 20. **Data on Mortality**—Various statistics on mortality other than as included in regular annual or monthly reports. Special analyses by cause of death, age, and other demographic variables; geographic and time series analyses; and statistics on characteristics of deaths not available from the vital records based on sample surveys of those records.

SERIES 21. **Data on Natality, Marriage, and Divorce**—Various statistics on natality, marriage, and divorce other than those included in regular annual or monthly reports. Special analyses by demographic variables; geographic and time series analyses; studies of fertility; and statistics on characteristics of births not available from the vital records based on sample surveys of those records.

SERIES 22. **Data From the National Mortality and Natality Surveys**—Discontinued in 1975. Reports from these sample surveys based on vital records are included in Series 20 and 21, respectively.

SERIES 23. **Data From the National Survey of Family Growth**—Statistics on fertility, family formation and dissolution, family planning, and related maternal and infant health topics derived from a periodic survey of a nationwide probability sample of women 15–44 years of age.

SERIES 24. **Compilations of Data on Natality, Mortality, Marriage, Divorce, and Induced Terminations of Pregnancy**—Advance reports of births, deaths, marriages, and divorces are based on final data from the National Vital Statistics System and are published annually as supplements to the Monthly Vital Statistics Report (MVSR). These reports are followed by the publication of detailed data in Vital Statistics of the United States annual volumes. Other reports including induced terminations of pregnancy issued periodically as supplements to the MVSR provide selected findings based on data from the National Vital Statistics System and may be followed by detailed reports in the Vital and Health Statistics Series.

For answers to questions about this report or for a list of titles of reports published in these series, contact:

Scientific and Technical Information Branch
National Center for Health Statistics
Centers for Disease Control
Public Health Service
6525 Belcrest Road, Room 1064
Hyattsville, Md. 20782

301-436-8500

DEPARTMENT OF
HEALTH & HUMAN SERVICES

Public Health Service
Centers for Disease Control
National Center for Health Statistics
6525 Belcrest Road
Hyattsville, Maryland 20782

OFFICIAL BUSINESS
PENALTY FOR PRIVATE USE, $300

PRESORTED
SPECIAL FOURTH-CLASS RATE
POSTAGE & FEES PAID
PHS/NCHS
PERMIT NO. G-281

DHHS Publication No. (PHS) 92-1304, Series 1, No. 28