

□ Old age □ Cov. □ In name

A. HOUSEHOLD COMPOSITION PAGE		1																																																																													
<p>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.</p> <p>b. What are the names of all other persons living or staying here? Enter names in columns.</p> <p>c. I have listed (read names). Have I missed:</p> <ul style="list-style-type: none"> — 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 travelling or in a hospital? — anyone else staying here? 		<p>1. First name _____ Mid. init. _____ Age _____</p> <p>Last name _____ Sex <input type="checkbox"/> M <input type="checkbox"/> F</p> <p>2. Relationship _____</p> <p>3. REFERENCE PERSON</p> <p>Date of birth _____</p> <p>Month _____ Date _____ Year _____</p>																																																																													
<p>d. Do all of the persons you have named usually live here? <input type="checkbox"/> Yes (2) <input type="checkbox"/> No (APPLY HOUSEHOLD MEMBERSHIP RULES. Delete nonhousehold members by an "X" from 1-C2 and enter reason.)</p> <p>Probe if necessary:</p> <p>Does -- usually live somewhere else? _____</p> <p>Ask for all persons beginning with column 2:</p>		<p>C1</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>HOSP.</td> <td>WORK</td> <td>RD</td> <td>2-WK. DV</td> </tr> <tr> <td>00 <input type="checkbox"/> None</td> <td>1 <input type="checkbox"/> Wa</td> <td>1 <input type="checkbox"/> Yes</td> <td>00 <input type="checkbox"/> None</td> </tr> <tr> <td>Number</td> <td>2 <input type="checkbox"/> Wb</td> <td>2 <input type="checkbox"/> No</td> <td>Number</td> </tr> </table> <p>C2</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>LA</td> <td>RA</td> <td>DV</td> <td>INJ.</td> <td>CL</td> <td>LTR</td> <td>HS</td> <td>COND.</td> </tr> <tr> <td> </td> </tr> <tr> <td>LA</td> <td>RA</td> <td>DV</td> <td>INJ.</td> <td>CL</td> <td>LTR</td> <td>HS</td> <td>COND.</td> </tr> <tr> <td> </td> </tr> <tr> <td>LA</td> <td>RA</td> <td>DV</td> <td>INJ.</td> <td>CL</td> <td>LTR</td> <td>HS</td> <td>COND.</td> </tr> <tr> <td> </td> </tr> <tr> <td>LA</td> <td>RA</td> <td>DV</td> <td>INJ.</td> <td>CL</td> <td>LTR</td> <td>HS</td> <td>COND.</td> </tr> <tr> <td> </td> </tr> </table>		HOSP.	WORK	RD	2-WK. DV	00 <input type="checkbox"/> None	1 <input type="checkbox"/> Wa	1 <input type="checkbox"/> Yes	00 <input type="checkbox"/> None	Number	2 <input type="checkbox"/> Wb	2 <input type="checkbox"/> No	Number	LA	RA	DV	INJ.	CL	LTR	HS	COND.									LA	RA	DV	INJ.	CL	LTR	HS	COND.									LA	RA	DV	INJ.	CL	LTR	HS	COND.									LA	RA	DV	INJ.	CL	LTR	HS	COND.								
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<p>2. What is -- relationship to (reference person)?</p> <p>3. What is -- date of birth? (Enter date and age and mark sex.)</p>																																																																															
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A2	ASK CONDITION LIST																																																																														
HAND CARD O.																																																																															
<p>A3 Refer to ages of all HH members.</p>		<p>A3 <input type="checkbox"/> All persons 65 and over (5) <input type="checkbox"/> Other (4a)</p>																																																																													
<p>4a. Are any of the persons in this household now on full-time active duty with the armed forces? <input type="checkbox"/> Yes (4b) <input type="checkbox"/> No (5)</p> <p>b. Who is this? Mark "AF member" box in person's column</p> <p>c. Anyone else? <input type="checkbox"/> Yes (Reask 4b and c) <input type="checkbox"/> No (4d)</p> <p>Ask for each person with "AF member" box marked in 4b.</p> <p>d. Where does -- usually live and sleep, here or somewhere else? Mark box in person's column.</p>		<p>4b. <input type="checkbox"/> AF member</p> <p>4d. <input type="checkbox"/> Living at home (Exclude from health questions) <input type="checkbox"/> Not living at home (Delete from household by an "X" from 1-C2)</p>																																																																													
<p>5a. Are any of those groups -- National origin or ancestry? (Where did -- ancestors come from?)</p> <p>b. Please give me the number of the group. Circle all that apply.</p> <p>1 - Puerto Rican 3 - Mexican/Mexicano 5 - Chicano 7 - Other Spanish 2 - Cuban 4 - Mexican American 6 - Other Latin American</p>		<p>5a. <input type="checkbox"/> Yes (5b) <input type="checkbox"/> No (NP)</p> <p>b. 1 2 3 4 5 6 7</p>																																																																													
<p>6a. [What is the number of the group or groups which represents -- race? What is -- race?]</p> <p>Circle all that apply.</p> <table style="width:100%; border: none;"> <tr> <td>1 - White</td> <td>4 - Eskimo</td> <td>6 - Chinese</td> <td>10 - Vietnamese</td> <td>14 - Guamanian</td> </tr> <tr> <td>2 - Black/African American</td> <td>5 - Aleut</td> <td>7 - Filipino</td> <td>11 - Japanese</td> <td>15 - Other API - Specify</td> </tr> <tr> <td>3 - Indian (American)</td> <td></td> <td>8 - Hawaiian</td> <td>12 - Asian Indian</td> <td>16 - Other race - Specify</td> </tr> <tr> <td></td> <td></td> <td>9 - Korean</td> <td>13 - Samoan</td> <td></td> </tr> </table> <p>Ask if multiple entries in 6a:</p> <p>b. Which of those groups, that is, (entries in 6a) would you say BEST represents -- race?</p> <p>c. Mark observed race of respondent(s) only.</p>		1 - White	4 - Eskimo	6 - Chinese	10 - Vietnamese	14 - Guamanian	2 - Black/African American	5 - Aleut	7 - Filipino	11 - Japanese	15 - Other API - Specify	3 - Indian (American)		8 - Hawaiian	12 - Asian Indian	16 - Other race - Specify			9 - Korean	13 - Samoan		<p>6a. 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17</p> <p>(Specify)</p> <p>b. 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17</p> <p>(Specify)</p> <p>c. 1 <input type="checkbox"/> W 2 <input type="checkbox"/> B 3 <input type="checkbox"/> O</p>																																																									
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<p>A4 Refer to item 6 "Status" on the Household Page.</p>		<p>A4 <input type="checkbox"/> S (Item A5) <input type="checkbox"/> I (Next page)</p>																																																																													
<p>A5 Refer to 5a and 6a above for all household members. Mark (X) first appropriate box.</p>		<p>A5 <input type="checkbox"/> Any "Yes" in 5a (Next page) <input type="checkbox"/> Any "2" in 6a (Next page) <input type="checkbox"/> All others (7)</p>																																																																													
<p>7. Enter person number of the respondent and then read:</p>		<p>Person number _____ Respondent _____</p>																																																																													
<p>Not every household in our survey is asked all questions. I have all the information about your household that I need at this time.</p> <p>END INTERVIEW</p>																																																																															