B. LIMITATION OF ACTIVITIES PAGE

B1  Refer to age.

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 (4)
   (4) Something else (5)

2a. Does any impairment or health problem NOW keep from working at a job or business?
   2a. 1 Yes (7) 2 No (6)

2b. Is limited in the kind OR amount of work can do because of any impairment or health problem?
   2b. 1 Yes (7) 2 No (6)

2c. Does any impairment or health problem NOW keep from doing any housework at all?
   2c. 1 Yes (7) 2 No (6)

2d. What other condition causes this?
   2d. Enter condition in C2, THEN C6

2e. Ask if injury or operation: When did (the injury) occur? / had the operation?
   2e. Enter condition in C2, THEN C6

3a. Does any impairment or health problem keep from doing any housework at all?
   3a. 1 Yes (7) 2 No (6)

3b. Is limited in the kind OR amount of housework can do because of any impairment or health problem?
   3b. 1 Yes (7) 2 No (6)

3c. Besides (condition) is there any other condition that causes this limitation?
   3c. 1 Yes (Reask 4a and b)

3d. Which of these conditions would you say is the MAIN cause of this limitation?
   3d. Enter condition in C2, THEN C6

B2  Refer to questions 3a and 3b.

4a. What other condition causes this?
   4a. Enter condition in C2, THEN C6

4b. Ask if injury or operation: When did (the injury) occur? / had the operation?
   4b. Enter condition in C2, THEN C6

4c. Besides (condition) is there any other condition that causes this limitation?
   4c. 1 Yes (Reask 4a and b)

4d. Which of these conditions would you say is the MAIN cause of this limitation?
   4d. Enter condition in C2, THEN C6

5a. Does any impairment or health problem keep from working at a job or business?
   5a. 1 Yes (7) 2 No (6)

5b. Is limited in the kind OR amount of work can do because of any impairment or health problem?
   5b. 1 Yes (7) 2 No (6)

6a. Is limited in ANY WAY in any activities because of an impairment or health problem?
   6a. 1 Yes (7) 2 No (6)

6b. In what way is limited?
   6b. Limitation

7a. What other condition causes this?
   7a. Enter condition in C2, THEN C6

7b. Ask if injury or operation: When did (the injury) occur? / had the operation?
   7b. Enter condition in C2, THEN C6

7c. Besides (condition) is there any other condition that causes this limitation?
   7c. 1 Yes (Reask 7a and b)

7d. Which of these conditions would you say is the MAIN cause of this limitation?
   7d. Enter condition in C2, THEN C6
B. LIMITATION OF ACTIVITIES PAGE, Continued

Refer to age.

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.

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?

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?

10a. Is -- able to take part AT ALL in the usual kinds of play activities done by most children -- age?

b. Is -- limited in the kind OR amount of play activities -- can do because of any impairment or health problem?

11a. Does any impairment or health problem NOW keep -- from attending school?

b. Does -- attend a special school or special classes because of any impairment or health problem?

c. Does -- need to attend a special school or special classes because of any impairment or health problem?

d. Is -- limited in school attendance because of -- health?

12a. Is -- limited in ANY WAY in any activities because of any impairment or health problem?

b. In what way is -- limited? Record limitation, not condition.

c. Is this limitation caused by any other condition?

13a. What (other) condition causes this?

Ask if injury or operation: What did the injury occur?/... did the operation?/...? If pregnancy/delivery or 0-3 months injury or operation --

Reask question where limitation reported, saying: Except for -- condition...?

b. Besides -- condition is there any other condition that causes this limitation?

c. Is this limitation caused by any other specific condition?

13b. Which of these conditions would you say is the MAIN cause of this limitation?

FOOTNOTES

83 0.d  18-69 INP, I '1, s-17 (71) 3 70 and over (18)

8. 1: Working  2: Keeping house  3: Going to school  4: Something else

9a. 1: Yes (15)  2: No

b. 1: Yes (15)  2: No (15)

c. 1: Yes (15)  2: No (15)

d. 1: Yes (15)  2: No (15)

10a. 1: Yes  2: No

b. 1: Yes (15)  2: No (15)

c. 1: Yes (15)  2: No (15)

d. 1: Yes (15)  2: No (15)

11a. 1: Yes (15)  2: No (15)

b. 1: Yes (15)  2: No (15)

c. 1: Yes (15)  2: No (15)

d. 1: Yes (15)  2: No (15)

12a. 1: Yes  2: No

b. 1: Yes (15)  2: No (15)

c. 1: Yes (15)  2: No (15)

d. 1: Yes (15)  2: No (15)

13a. 1: Only 1 condition

2a. 1: Under 5 (10)  2: 10-14 (15)  3: 15 and over (18)

3a. 1: Yes (15)  2: No (15)

4a. 1: Yes (15)  2: No (15)

5a. 1: Yes (15)  2: No (15)

6a. 1: Yes (15)  2: No (15)

7a. 1: Yes (15)  2: No (15)

8a. 1: Yes (15)  2: No (15)

9a. 1: Yes (15)  2: No (15)

10a. 1: Yes  2: No

b. 1: Yes (15)  2: No (15)

c. 1: Yes (15)  2: No (15)

d. 1: Yes (15)  2: No (15)

11a. 1: Yes (15)  2: No (15)

b. 1: Yes (15)  2: No (15)

c. 1: Yes (15)  2: No (15)

d. 1: Yes (15)  2: No (15)

12a. 1: Yes  2: No

b. 1: Yes (15)  2: No (15)

c. 1: Yes (15)  2: No (15)

d. 1: Yes (15)  2: No (15)

13a. 1: Only 1 condition

Main Cause
### B. LIMITATION OF ACTIVITIES PAGE, Continued

**B4**
Refer to age.

**B5**
Refer to "Old age," and "LA" boxes. Mark first appropriate box.

**B6**

1. 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?
   - Yes (TS)
   - No (RP)

2. 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?
   - Yes (TS)
   - No (RP)

3. What other condition causes this?
   - Old age (mark "Old age" box, THEN 15a)
   - Other (TS)
   - Other (RP)

4. Is this limitation caused by any other specific condition?
   - Yes (mark 16a and b)
   - No

5. Which of these conditions would you say is the MAIN cause of this limitation?

---

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

**D1**

<table>
<thead>
<tr>
<th>Under age</th>
<th>5-17</th>
<th>18 and over</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>

1a. During those 2 weeks, did \[\text{--} \] work at any time at a job or business, not counting work around the house? (Include unpaid work in the family.)

\[\text{Yes (Mark "W" box, THEN 2)} \quad 2 \quad \text{No} \]

b. Even though \[\text{--} \] did not work during those 2 weeks, did \[\text{--} \] have a job or business?

\[\text{Yes (Mark "Wb" box, THEN 2)} \quad 2 \quad \text{No (4)} \]

2a. During those 2 weeks, did \[\text{--} \] miss any time from a job or business because of illness or injury?

\[\text{Yes (Mark "W" box, THEN 2)} \quad 2 \quad \text{No (4)} \]

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

\[\text{None (4)} \quad \text{No of work-loss days} \quad (4) \]

3a. During those 2 weeks, did \[\text{--} \] miss any time from school because of illness or injury?

\[\text{Yes (Mark "W" box, THEN 2)} \quad 2 \quad \text{No (4)} \]

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

\[\text{None (4) \quad No of school-loss days} \]

4a. During those 2 weeks, did \[\text{--} \] stay in bed because of illness or injury?

\[\text{Yes (Mark "W" box, THEN 2)} \quad 2 \quad \text{No (6)} \]

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

\[\text{None (6) \quad No of bed days} \quad (2) \]

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

\[\text{None \quad no of days} \]

6a. During the 2 weeks, did \[\text{--} \] cut down on the things \[\text{--} \] usually does because of illness or injury?

\[\text{Yes (Mark "W" box, THEN 2)} \quad 2 \quad \text{No (2)} \]

b. During that period, how many (OTHER) days did \[\text{--} \] cut down for more than half of the day because of illness or injury?

\[\text{None \quad No of cut-down days} \]

**D2**

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

a. Did \[\text{any other condition cause -- to cut down} \quad \text{during those 2 weeks?} \]

\[\text{Yes (Mark "W" box, THEN 2)} \quad 2 \quad \text{No (3)} \]

b. Did any other condition cause -- to cut down for more than half of the day because of illness or injury?

\[\text{None \quad No of cut-down days} \]

**D3**

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

7a. Did \[\text{any other condition cause -- to cut down} \quad \text{during that period?} \]

\[\text{Yes (Mark "W" box, THEN 2)} \quad 2 \quad \text{No (4)} \]

b. Did any other condition cause -- to cut down for more than half of the day because of illness or injury?

\[\text{None \quad No of cut-down days} \]

**FOOTNOTES**

Refer to 2-6.

\[\text{No days in 2-6 (Mark "No" in RD, THEN N/)} \]

\[1 \quad \text{or more days in 2-6 (Mark "Yes" in RD, THEN 7)} \]

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

\[\text{None \quad No of cut-down days} \]

\[\text{No days in 2-6 (Mark "No" in RD, THEN N/)} \]

\[1 \quad \text{or more days in 2-6 (Mark "Yes" in RD, THEN 7)} \]
E. 2-WEEK DOCTOR VISITS PHONE PAGE

Read to respondent(s):

These next questions are about health care received during the 2 weeks outlined in red on that calendar.

Refer to age.

1a. During these 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.)

1b. During these 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.)

2. (Besides the times 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.

2a. Yes

2b. No

3. (Besides the time(s) you just told me about) During these 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?

3a. Yes

3b. No

4. (Besides the time(s) you just told me about) During these 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?

4a. Yes

4b. No

Add numbers in 1a, 1b, 2a, 2b, 3a, 3b, 4a, and 4b for each person. Record total number of visits and calls in "2WK. DV" box in item Cl.

FOOTNOTES

35
### F. 2-WEEK DOCTOR VISITS PAGE

<table>
<thead>
<tr>
<th>F1</th>
<th>Refer to age.</th>
</tr>
</thead>
<tbody>
<tr>
<td>F2</td>
<td>WEEK DOCTOR VISITS PAGE</td>
</tr>
</tbody>
</table>

#### 1. Refer to Cl, "2 WK DV" box.
- PERSON NUMBER
- FL
  - Refer to age.
  - Under 14 (lb)
  - 14 and over (la)
  - I

#### 2. Where did -- receive health care or (visit) 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 this 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?

#### 3. What was done during this visit?
- Footnote: Ask after last OR visit column for this person.

#### 4. During this visit/calow what kind of medical person or assistant was talked to?
- Special: Specialist (39) 9 C; OK (4.)
- Specialist: Is that doctor a general practitioner or a specialist?
- What kind of specialist?

#### 5. For what condition did -- see or talk to the doctor in 3c about?
- What was the matter?

#### 6. For what condition did anyone see or talk to the doctor in 3c about? Mark first appropriate box.
- What was the matter?

#### 7. Was there any other surgery or operation during this visit?
- Was there any other surgery or operation during this visit?
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

1b. Who was this? Mark "Injury" box in person’s column.

1c. What was -- injury?

Enter circumstances in person’s column.

1d. Did anyone have any other injuries during that period?

- Yes (Mark 1b, c, and d) 
- No

Ask for each injury in 1e:

e. As a result of the (injury in 1e) 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?

- Yes (Enter injury in C2, THEN

le for next injury)
- No (le 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.)

- 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 1-WK DV box) visit(s) you already told me about.)

- 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.

- Interview week (Reask this)
- Less than 1 yr.
- Less than 2 yrs.
- Less than 3 yrs.
- 3 yrs. or more
- Never

4. Would you say -- health in general is excellent, very good, good, fair, or poor?

- Excellent
- Very good
- Good
- Fair
- Poor

Mark box 1 under 1b.

5a. About how tall is -- without shoes?

- Under 18 (NP)

- Feet
- Inches

b. Pounds

FOOTNOTES
### H. CONDITION LISTS 1 AND 2

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.

1a. Does anyone in the family (read names) NOW have —
   If "Yes," ask 1b and 1c.
   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?

1b. DURING THE PAST 12 MONTHS, did anyone in the family have — If "Yes," ask 1e and 1f.
   a. Who is this?
   b. Who is this?
   c. Does anyone else NOW have —
      Enter condition and letter in appropriate person's column.

1c. PERMANENT stiffness or any deformity of the foot, leg, fingers, arm, or back? (Permanent stiffness — joints will not move at all.)

2. Does anyone in the family (read names) NOW have —
   If "Yes," ask 2a and 2b.
   a. Does anyone else NOW have —
      Enter condition and letter in appropriate person's column.

A-L are conditions affecting the bone and muscle.
M-W are conditions affecting the skin.

<table>
<thead>
<tr>
<th>Condition</th>
<th>Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Deafness in one or both ears?</td>
<td>M. A tumor, cyst, or growth of the skin?</td>
</tr>
<tr>
<td>B. Any trouble hearing with one or both ears?</td>
<td>N. Skin cancer?</td>
</tr>
<tr>
<td>C. Paralysis of any kind?</td>
<td>O. Eczema or psoriasis?</td>
</tr>
<tr>
<td>D. Tinnitus or ringing in the ears?</td>
<td>P. TROUBLE with dry or itching skin?</td>
</tr>
<tr>
<td>E. Blindness of any kind or rheumatism?</td>
<td>Q. Palsy or cerebral palsy?</td>
</tr>
<tr>
<td>F. Blindness in one or both eyes?</td>
<td>R. Peroneal nerve palsy?</td>
</tr>
<tr>
<td>G. Arthritis of any kind or rheumatism?</td>
<td>S. Curvature of the spine?</td>
</tr>
<tr>
<td>H. TROUBLE with dry or itching skin?</td>
<td>T. REPEATED trouble with elbow, back, or spine?</td>
</tr>
<tr>
<td>I. Any other trouble seeing with one or both eyes when wearing glasses?</td>
<td>U. TROUBLE with ingrown toenails or fingernails?</td>
</tr>
<tr>
<td>J. Stammering or stuttering?</td>
<td>V. TROUBLE with bunions, corns, or calluses?</td>
</tr>
<tr>
<td>K. Mental retardation?</td>
<td>W. A trick knee?</td>
</tr>
<tr>
<td>L. Any other condition caused by an accident or injury which happened more than 3 months ago?</td>
<td>Z. Mental retardation?</td>
</tr>
<tr>
<td>M. A missing finger, hand, or arm; toe, foot, or leg?</td>
<td>AA. Any condition caused by an accident or injury which happened more than 3 months ago?</td>
</tr>
</tbody>
</table>

**Notes:**
- M - AA are impairments.
Read to respondent(s) and ask list specified in AZ:

**H. CONDITION LISTS 3 AND 4**

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. DURING THE PAST 12 MONTHS, did anyone in the family [read names] have -

- If “Yes,” ask b and c.

#### a. **Who was this?**

- If “Yes,” ask **b** and **c**.

#### b. **Who was this?**

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

  - Enter condition and letter in appropriate person’s column.
  - Make no entry in item C2 for cold, flu, red, sore, or strep throat; or “virus” even if reported in this list.

  - **Conditions affecting the digestive system**

  | A. Gallstones? | N. Enteritis? |
  | B. Any other gallbladder trouble? | O. Diverticulitis? (Dy-vers-ty-kul-i-tis) |
  | C. Cirrhosis of the liver? | P. Celiac |
  | D. Fatty liver? | Q. A spastic colon? |
  | E. Hepatitis? | R. Frequent constipation? |
  | F. Yellow jaundice? | S. Any other bowel trouble? |
  | G. Any other liver trouble? | T. Any other intestinal trouble? |
  | H. An ulcer? | U. Cancer of the stomach, intestines, colon or rectum? |
  | I. A hernia or rupture? | V. Frequent headaches? |
  | J. Any disease of the esophagus? | W. During the past 12 months, did anyone else 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 re-ask V. |
  | L. Frequent indigestion? | M. Any other stomach trouble? |
  | N. Any other intestinal trouble? |

### 4. **DURING THE PAST 12 MONTHS, did anyone in the family [read names] have -**

- If “Yes,” ask **b** and **c**.

#### a. **Who was this?**

- **b. 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 genitourinary system

  | A. A goiter or other thyroid trouble? | B. Diabetes? |
  | C. Anemia of any kind? | D. Epilepsy? |
  | D. A goiter or other thyroid trouble? | E. Hepatitis? |
  | E. Multiple sclerosis? | F. Yellow jaundice? |
  | F. Migraine? | G. A missing breast? |
  | G. Methylene? | H. Frequent headaches? |
  | H. Neuralgia or neuritis? | I. Any disease of the esophagus? |
  | I. Frequent headaches? | J. Nephritis? |
  | J. A hernia or rupture? | K. Kidney stones? |
  | K. Any disease of the stomach, intestines, colon or rectum? | L. Frequent headaches? |
  | L. A missing kidney? | **Ask only if males in family.** |
  | M. A missing kidney? | **Ask only if females in family.** |
  | N. Any other kidney trouble? | O. Diabetes? |
  | O. Bladder trouble? | P. Any disease of the genital organs? |
  | P. Any disease of the genital organs? | Q. A missing breast? |
  | Q. Any other kidney trouble? | R. Breast cancer? |
  | R. Frequent constipation? | S. Any other bowel trouble? |
  | S. Any other bowel trouble? | T. Any other intestinal trouble? |
  | T. Any other intestinal trouble? | **Ask only if females in family.** |
  | U. **Ask only if males in family.** |
  | V. **Any other disease of the uterus or ovaries?** | W. **Any other disease of the uterus or ovaries?** |
  | W. **Any other disease of the uterus or ovaries?** | X. **Any other disease of the uterus or ovaries?** |
  | X. **Any other disease of the uterus or ovaries?** | Y. **Any other disease of the uterus or ovaries?** |
  | Y. **Any other disease of the uterus or ovaries?** | Z. **Any other disease of the uterus or ovaries?** |
  | Z. **Any other disease of the uterus or ovaries?** | **Ask only if females in family.** |
  | **Ask only if females in family.** | **Ask only if females in family.** |
H. CONDITION LISTS 5 AND 6

Read to respondent(s) and ask list specified in A1. 
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. Has anyone in the family \(\text{read names}\) EVER had –
   a. How many times did – have (condition) in the past 12 months?  
   b. How long did it last? If 1 month or longer, enter in item C2.

6. DURING THE PAST 12 MONTHS, did anyone in the family \(\text{read names}\) have –
   a. Who was this?
   b. Who was this?

Enter condition and letter in appropriate person's column.

### Conditions affecting the heart and circulatory system

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>G. A stroke or a cerebrovascular accident? (see under vas motor)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>H. A hemorrhage of the brain?</td>
<td></td>
<td></td>
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<td></td>
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</tr>
<tr>
<td>I. Angina pectoris? (pain in the chest)</td>
<td></td>
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<tr>
<td>J. Myocardial infarction?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>K. Any other heart attack?</td>
<td></td>
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</tr>
</tbody>
</table>

### Conditions affecting the respiratory system

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>G. Tonsillitis or enlargement of the tonsils or adenoids?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>H. Laryngitis?</td>
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<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>I. A tumor or growth of the throat, larynx, or trachea?</td>
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<td>J. A tumor or growth of the bronchial tube or lung?</td>
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</tbody>
</table>

### Other conditions

<table>
<thead>
<tr>
<th>L. Damaged heart valves?</th>
<th>M. Tachycardia or rapid heart?</th>
<th>N. A heart murmur?</th>
<th>O. Any other heart trouble?</th>
</tr>
</thead>
<tbody>
<tr>
<td>P. An aneurysm? (swelling)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Note:

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

2. You said earlier that -- was a patient in the hospital since [3-month hospital date] a year ago. On what date did -- enter the hospital? (Use last time/first time before that)
   Record each entry date in a separate Hospital Stay column.

3. How many nights was -- in the hospital?

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

5a. Did -- have any kind of surgery or operation during this stay in the hospital, including bone settings and stitches?
   - Yes (Enter condition in C3, THEN 5)
   - No

5b. What was the name of the surgery or operation?
   - If none of operation not known, describe what was done.

5c. Was there any other surgery or operation during this stay?
   - Yes (Refer to a and c) No

6. What is the name and address of this hospital?
   - Name
   - Number and street
   - City or County
   - State

FOOTNOTES
<table>
<thead>
<tr>
<th>CONDITION 1</th>
<th>PERSON NO.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Name of condition</td>
<td></td>
</tr>
</tbody>
</table>

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

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

<table>
<thead>
<tr>
<th>Option</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Interview week (Mean 2)</td>
</tr>
<tr>
<td>2</td>
<td>2 yrs., less than 5 yrs.</td>
</tr>
<tr>
<td>3</td>
<td>Over 2 weeks, less than 6 mos.</td>
</tr>
<tr>
<td>4</td>
<td>6 mos., less than 1 yr.</td>
</tr>
<tr>
<td>5</td>
<td>Dr. never seen</td>
</tr>
</tbody>
</table>

Ask [2b] if "LIP" or "HS" in C2 as source.

2 0 Over 2 weeks, less than 6 mos. 'Li ---

3 0 6 mos., less than 1 yr.

4 E I yr., less than 2 yrs.

2 yrs., less than 5 yrs.

5 yrs. or more

Or. seen. OK when

Ask [2c] if "Yes" in 30, otherwise transcribe condition name from item 1 without asking:

b. What did he or she call it? Specify

c. What was the cause of [condition in 3b] (Specify)

Mark box if accident or injury. Ask 3a if [condition in 3b] includes any of the following words:

Ailment

Bodr

Concor

Condition

Disorder

Disease

Problem

Ask if there are any of the following entries in 3b-

f. Mow does the [allergy/stroke] NOW affect [part of body in 3b-g]?

Specify

h. What part of the body is affected by the [infection/sore/soreness]?

Specify

Ask if there are any of the following entries in 3b-

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

Mark box if "Yes" in 3b-

a. When was [condition in 3b] first noticed?

b. When did [name of injury in 3b] first occur?
Refer to RD and C2.

**K1**

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

6b. During that period, how many days did -- cut down for more than half of the day?  
- None  

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

**K2**

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 on overnight patient in a hospital.)  
- None  

**K3**

12a. Does -- still have this condition?  
- Yes  
- No  

12b. Is this condition completely cured or is it under control?  
- Yes  
- No  

12c. (Under control (K4))  

12d. About how long did -- have this condition before it was cured?  
- Less than 6 months  
- 6 months or more  

12e. Was this condition present at any time during the past 12 months?  
- Yes  
- No  

**K4**

13. Is this (condition in K3) the result of the same accident you already told me about?  
- Yes  
- No  

14. Where did the accident happen?  
- At home (inclusive to you)  
- At farm (exclusive to you)  
- Streets and highways (inclusive to you and public sidewalks)  
- Farm  
- Industrial place (exclusive to you)  
- Public place (exclusive to you)  
- Home  
- Other (Specify)  

15a. Was -- under 18 when the accident happened?  
- Yes  
- No  

15b. Was -- in the Armed Forces when the accident happened?  
- Yes  
- No  

15c. Was -- at work or business when the accident happened?  
- Yes  
- No  

15d. Was a car, truck, bus, or other motor vehicle involved in the accident in any way?  
- Yes  
- No  

15e. Was more than one vehicle involved?  
- Yes  
- No  

15f. Was either one moving at the time?  
- Yes  
- No  

16. At the time of the accident what part of the body was hurt?  

17. What kind of injury was it?  

18. Anything else?  

19. Enter part of body in same detail as for 13.  

If multiple present effects, enter in C2 each one that is not the same as 3b or C2 and complete a separate condition page for it.
L. DEMOGRAPHIC BACKGROUND PAGE

L1

Refer to age.

1a. Did -- EVER serve on active duty in the Armed Forces of the United States?
   a. Yes -- (Mark "AF" box, THEN go)
   b. No (2)

b. When did -- serve?
   a. Vietnam Era (Aug. '64 to April '75) -- VN
   b. Korean War (June '50 to Jan. '55) -- KW
   c. World War II (Sept. '40 to July '47) -- WWII
   d. World War I (April '17 to Nov. '18) -- WWI
   e. Post Vietnam (Mar. '75 to present) -- PVN
   f. Other Service (all other periods) -- OS

1b. Was -- EVER an active member of a National Guard or military reserve unit?
   a. Yes (Mark "NG" box, THEN go)
   b. No (2)

1c. Was ALL of -- active duty service related to National Guard or military reserve training?
   a. Yes (Mark "NG" box again, THEN go)
   b. No (2)

2a. What is the highest grade or year of regular school -- has ever attended?
   a. Never attended or kindergarten (NP)
   b. Elems 1-2-3-4-5-6-7-8
   c. High: 9-10-11-12
   d. College: 1-2-3-4-5-6-7

   b. Did -- finish the grade/year?
   a. Yes (Mark "GRAD" box, THEN go)
   b. No (2)

Hand Card B. 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?
   a. Aleut, Eskimo, or American Indian
   b. Asian or Pacific Islander
   c. Black
   d. Other group not listed: Specify
   Ask if multiple entries.

b. Which of those groups, that is, (entries in 3a) would you say BEST represents -- race?
   Specify

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

Hand Card G.

4a. Are any of those groups -- national origin or ancestry? (Where did -- ancestors come from?)
   a. Yes -- (Mark "NOC" box, THEN go)
   b. No (NP)

b. Please give me the number of the group.
   a. Puerto Rican
   b. Cuban
   c. Mexican/Mexican
   d. Mexican American
   e. Other Latin American
   f. Other Spanish
   g. Other

FORM USED: TBA (6/70)
**L. DEMOGRAPHIC BACKGROUND PAGE, Continued**

<table>
<thead>
<tr>
<th>L2</th>
<th>Refer to &quot;Age&quot; and &quot;Wb/Wb&quot; boxes in C1.</th>
</tr>
</thead>
</table>

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?  
5b. 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?  
5c. Which, looking for work or on layoff from a job?  
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.  
d. What kind of business or industry is this? For example, TV and radio manufacturing, retail shoe store, State Labor Department, farm.  
e. What kind of work was -- doing? For example, electrical engineer, stock clerk, types, farmer.  
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.  

Complete from entries in 6b-f. If not clear, ask:  
9a. Was -- an employee of a PRIVATE company, business or institution? Enter name of company, business, or institution?  
9b. FEDERAL government employee?  
9c. LOCAL government employee?  

- Self-employed in OWN business, professional practice, or farm?  
- In own business, professional practice, or farm?  
- Never worked or never worked a full-time job lasting 2 weeks or more?  

---

**FOOTNOTES**

| L2 | Under 12 (NP)  
|----|----------------|
| 2 | Box marked (6a)  
| 3 | No box marked (5b)  

| 1 | Yes (5c)  
| 2 | Not (6d)  
| 3 | No (NP)  

| 1 | Yes (6b)  
| 2 | Not (NP)  
| 3 | No (6c)  

| 1 | Looking (6c)  
| 2 | Not (NP)  
| 3 | No (6d)  

| 1 | NEV (6g)  
| 2 | AF (6e)  

| 1 | NEV (6h)  
| 2 | AF (NP)  

| 1 | Class of worker  
| 2 | F  
| 3 | S  
| 4 | L  

| 1 | EXCEPTIONS  
| 2 | WP  
| 3 | NEV  

45
L. DEMOGRAPHIC BACKGROUND PAGE. Continued

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

1. Is --- new married, widowed, divorced, separated, or has --- never been married?

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<tbody>
<tr>
<td></td>
<td>Under 14</td>
<td>Married - spouse in HH</td>
<td>Married - spouse not in HH</td>
<td>Widowed</td>
<td>Divorced</td>
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7. 19 -- now married, widowed, divorced, separated, or has -- never been married?

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<td>1</td>
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<td>3</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>Married - spouse in HH</td>
<td>Married - spouse not in HH</td>
<td>Widowed</td>
<td>Divorced</td>
<td>Separated</td>
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8. 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.

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<td>1</td>
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<tr>
<td></td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>$20,000 or more (Read Card 1)</td>
</tr>
</tbody>
</table>

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.

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<tbody>
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<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
<td>E</td>
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<td>F</td>
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<td>K</td>
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<td></td>
<td>U</td>
<td>V</td>
<td>W</td>
<td>X</td>
<td>Y</td>
</tr>
</tbody>
</table>

a. Mark first appropriate box.

b. Enter person number of respondent.

b. Enter person number(s) of respondent(s).

FOOTNOTES

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 (name), now covered by Medicare? □ Yes □ No (M1) □ DK (M1)

b. Is (name) now covered?

1b. □ Covered □ DK

Ask for each person with "Covered" in 1b:

2a. Is (name) now covered by the part of Social Security Medicare which pays for hospital bills?

2b. Is (name) 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.

Ask for each person with "DK" in 2a and/or 2b:

b. Is (name) now covered by that part of Social Security Medicare which pays for hospital bills?

b. Is (name) 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.

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 1 4b and c) 0 DK

b. Is (name) now covered by any other health insurance plan which pays any part of a hospital, doctor’s or surgeon’s bill? □ Yes □ No □ DK (M1)

TABLE M1

Review 1 and 2 for each person and determine if “Covered” by either Medicare and/or insurance, or “Not covered.”

2a. Is (name) now covered by Medicare?

2b. Is (name) now covered by either Medicare and/or insurance, or “Not covered.”

Ask for each person "Not covered" in M1. If "Not covered 65 and over, “ include "or Medicare.”

b. Is (name) now covered by the part of Social Security Medicare which pays for hospital bills?

b. Is (name) now covered by Medicare?

Any other reason? Mark box if only one reason. If "Not covered 65 and over, “ in M1, include “or Medicare.”

b. Is (name) now covered by Medicare?

What is the MAIN reason — Is not covered by any health insurance (or Medicare)?
### M. HEALTH INSURANCE PAGE, Continued

**Ask only if persons under 20 in family:**

<table>
<thead>
<tr>
<th>Q.</th>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>9a</td>
<td>Does anyone in this family now receive assistance through the &quot;Aid to Families with Dependent Children&quot; Program, sometimes called &quot;AFDC&quot; or &quot;ADC&quot;?</td>
<td>Yes ☐ No ☐ DK ☐</td>
</tr>
<tr>
<td>9b</td>
<td>Does —— now receive AFDC or ADC?</td>
<td>Yes ☐ No ☐ DK ☐</td>
</tr>
<tr>
<td>10a</td>
<td>Does anyone in this family now receive the &quot;Supplemental Security Income&quot; or &quot;SSI&quot; gold-colored check?</td>
<td>Yes ☐ No ☐ DK ☐</td>
</tr>
<tr>
<td>10b</td>
<td>Does —— now receive this check?</td>
<td>Yes ☐ No ☐ DK ☐</td>
</tr>
<tr>
<td>11a</td>
<td>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])?</td>
<td>Yes ☐ No ☐ DK ☐</td>
</tr>
<tr>
<td>11b</td>
<td>Has —— received this care in the past 12 months?</td>
<td>Yes ☐ No ☐ DK ☐</td>
</tr>
<tr>
<td>12a</td>
<td>Does anyone in the family now have a Medicaid (or [name]) card which looks like this? Show Medicaid card(s).</td>
<td>Yes ☐ No ☐ DK ☐</td>
</tr>
<tr>
<td>12b</td>
<td>Does —— now have this card?</td>
<td>Yes ☐ No ☐ DK ☐</td>
</tr>
<tr>
<td>12c</td>
<td>Ask for each person with &quot;Yes&quot; in 12b:</td>
<td>Medicaid card seen</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Current ☑ Expired ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No card seen ☐ Other card seen ☐</td>
</tr>
<tr>
<td></td>
<td>Specify</td>
<td></td>
</tr>
<tr>
<td>13a</td>
<td>Is anyone in the family now covered by any other public assistance program that pays for health care?</td>
<td>Yes ☐ No ☐ DK ☐</td>
</tr>
<tr>
<td>13b</td>
<td>Is —— new covered?</td>
<td>Yes ☐ No ☐ DK ☐</td>
</tr>
<tr>
<td>M. HEALTH INSURANCE PAGE, Continued</td>
<td></td>
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<td>-------------------------------------</td>
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<tr>
<td><strong>14a.</strong> 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.</td>
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<tr>
<td><img src="https://via.placeholder.com/150" alt="Image" /></td>
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<tr>
<td><strong>14b.</strong> Does —— now receive military retirement or a VA pension?</td>
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<td><img src="https://via.placeholder.com/150" alt="Image" /></td>
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<tr>
<td><strong>14c.</strong> Which does —— receive — the Armed Forces retirement, the VA pension or both?</td>
<td></td>
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<tr>
<td><img src="https://via.placeholder.com/150" alt="Image" /></td>
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<tr>
<td><strong>15a.</strong> Is anyone in the family now covered by CHAMP-VA, which is medical insurance for dependents or survivors of disabled veterans?</td>
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<td><img src="https://via.placeholder.com/150" alt="Image" /></td>
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<tr>
<td><strong>15b.</strong> Is —— now covered by CHAMP-VA?</td>
<td></td>
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<td><img src="https://via.placeholder.com/150" alt="Image" /></td>
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</tr>
<tr>
<td><strong>16a.</strong> Is anyone in the family now covered by any other program that provides health care for military dependents or survivors of military persons?</td>
<td></td>
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<td><img src="https://via.placeholder.com/150" alt="Image" /></td>
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<tr>
<td><strong>16b.</strong> Is —— now covered?</td>
<td></td>
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<td><img src="https://via.placeholder.com/150" alt="Image" /></td>
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<tr>
<td><strong>M2</strong> Refer to &quot;AF&quot; box above person's column.</td>
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</tbody>
</table>

| **FOOTNOTES** |
| Form HS-1 (1984-1985) |
### M. Health Insurance Page, Continued

#### 18a. During the past 12 months, that is since (12-month date) 1 year ago, have (list names of related HH members 16 or over) been laid off or lost a job?

- [ ] Yes
- [ ] No (M4)
- [ ] DK (M4)

**18b.** Who was this?

- Mark "Laid off/lost job" box in person's column.

- [ ] Yes (M4)
- [ ] DK (M4)
- [ ] NO

- Ask 18d. a. and c. for each person with "Laid off/lost job" in 18b.

- [ ] No

- [ ] DK (M4)

#### 18c. Anyone else?

- [ ] Yes
- [ ] NO

- [ ] DK (M4)

#### 18d. How many times has —— been laid off or lost a job during the past 12 months?

- In what month was —— laid off or lost a job (the last time/the time before that)?

- [ ] Time 1
- [ ] Time 2
- [ ] Time 3

#### 19f. For ANY TIME during [that/those] job layoff(s) or job loss(es), did —— receive unemployment insurance benefits?

- [ ] Yes
- [ ] No

- [ ] DK (M4)

#### 19b. 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)

#### 19b. Who was this?

- Mark "Lost coverage" box in person's column.

#### 19c. Anyone else?

- [ ] Yes (Reask 19b and c)
- [ ] NO

- [ ] DK (M4)

#### M3 Refer to 18b and mark appropriate box.

- [ ] Lost coverage (20)
- [ ] Did not lose coverage (NPT)

#### 20a. For ANY TIME 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 coverages.)

- [ ] Yes
- [ ] No (NAP)

#### 20b. For how long was —— without some type of health insurance coverage? (How many months is that?)

- [ ] Less than 1 month
- [ ] Months

#### 21a. For ANY TIME 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?

- [ ] Yes
- [ ] No (NAP)

#### 21b. For how long was —— covered by some health care program? (How many months is that?)

- [ ] Less than 1 month
- [ ] Months

#### M4 Refer to age(s) and mark appropriate box.

- [ ] No person 55+ in family (NAP)
- [ ] Other (Supplement on Aging)