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

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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

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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 crosssectional 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

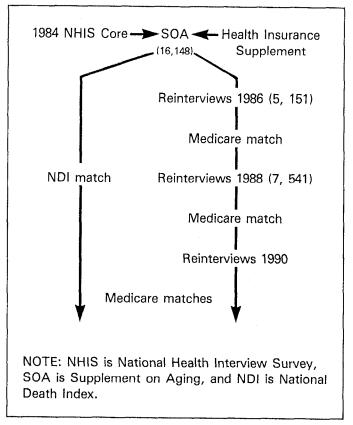


Figure 1. Longitudinal Study of Aging

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.

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 selfrespondents 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 selfresponses 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

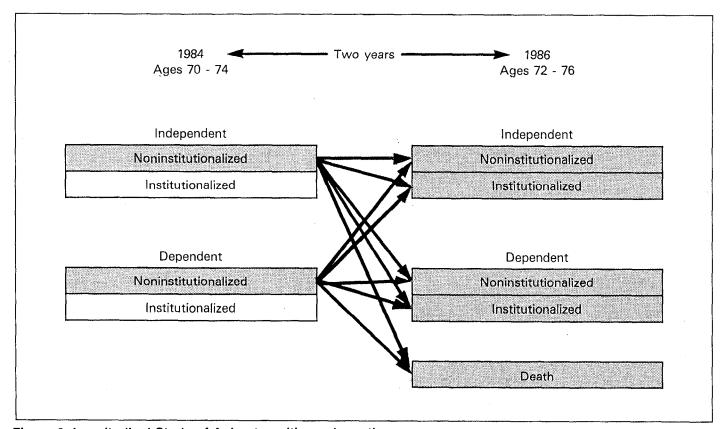


Figure 2. Longitudinal Study of Aging transition schematic

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 base-line 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 65 years and over	9,852 11,894	4,651 11,497	94.4 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

	Survey				
Characteristic	NHIS	SOA	SOA	NHIS	SOA
	Number i	n sample	Response rate	Populatior in thou	
Total 70 years and over	7,793	7,541	0.97	17,335	17,344
Age					
70–74 years	3,243 2,381 1,317 852	3,137 2,309 1,269 826	0.97 0.97 0.96 0.97	7,190 5,311 2,940 1,892	7,199 5,319 2,928 1,896
Quarter					
January–March April–June July–September October–December	1,866 2,016 1,965 1,946	1,764 1,956 1,925 1,896	0.95 0.97 0.98 0.97	4,228 4,331 4,338 4,437	4,244 4,330 4,342 4,428
Sex					
Male Female	2,980 4,813	2,864 4,677	0.96 0.97	6,705 10,629	6,706 10,638
Race					
Other than black	7,206 587	6,978 563	0.97 0.96	15,875 1,459	15,886 1,458
Family in household					
Alone	2,800 103 3,649 1,241	2,747 101 3,507 1,186	0.98 0.98 0.96 0.96	6,210 246 8,122 2,756	6,286 251 8,088 2,718
Health status					
Excellent Very good Good Fair Poor Unknown	1,186 1,563 2,411 1,654 931 48	1,151 1,523 2,332 1,604 889 42	0.97 0.97 0.97 0.97 0.95 0.88	2,640 3,479 5,368 3,658 2,085 103	2,648 3,501 5,368 3,672 2,061 91
Limitation of activity					
Major activity, unable	595 1,033 1,368 4,797	564 1,005 1,337 4,635	0.95 0.97 0.98 0.97	1,340 2,286 3,038 10,668	1,315 2,298 3,075 10,654
Hospital episodes in year					
0	6,120 1,170 503	5,938 1,125 478	0.97 0.96 0.95	13,621 2,587 1,126	13,671 2,570 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		Туре о	f response	
	Total	Self- response	Proxy response	Self- response
		Number		Percent
Both sexes	16,148	14,783	1,365	91.5
Male	6,793 9,355	6,303 8,753	763 602	88.8 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

		5	SOA	
NHIS	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
		Ni	umber	
Total	7,541	5,151	6,921	5,978
Age in 1984				
70–74 years	3,137 2,309 1,269 826	1,745 1,316 1,266 824	3,012 2,181 1,073 655	2,714 1,890 896 478
Race				
White	6,891 650 563 87	4,535 616 560 56	6,333 588 512 76	5,462 516 451 65

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

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

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

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 computerassisted 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

		Mode of collection	
Year	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

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

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

		Year	
Reason for noninterview	1986	1988	1990
		Numbe	er
Noninterviews	435	994	1,128
	Per	cent distrib	oution
Total	100.0	100.0	100.0
Sample person institutionalized	3.9	0.7	5.2
interview	6.5	0.5	6.8
Sample person moved, unable to locate Sample person or proxy	1.6	0.7	1.2
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	1986	1988	1990
		Number	
Interview sample	4,717	5,917	4,802
		Percent	
Total	100.0	100.0	100.0
Self-response	65.7 34.3 30.4 3.9	63.9 36.0 27.5 8.5	63.3 34.6 30.0 4.6 2.0

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).

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	548 525 1 22 23	90.7 86.9 0.2 3.6 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

	Mode of initial interview			
Outcome	Telephone			
	Total	Interviewed	Nontinterviewed	Mail
		Nu	ımber	
Mailed	4,984	3,920	967	97
		Pe	ercent	
Total	100.0	100.0	100.0	100.0
Data received				
Total	48.4 39.4 5.8 3.2	52.4 45.0 6.9 0.5	35.8 19.9 2.2 13.7	16.6 9.3 7.3
No data received				
Total	51.5 1.4 48.0 2.1	47.6 1.7 44.0 1.9	64.3 0.4 60.8 3.1	83.7 1.1 81.5 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

	NDI match through –		
Match results	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 Good match, presumed	1.3	0.9	0.8
deceased	12.0	19.9	24.6
deceased Poor match, probably not	2.0	3.2	4.0
deceased	19.8	24.4	24.6
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

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

mitted 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.

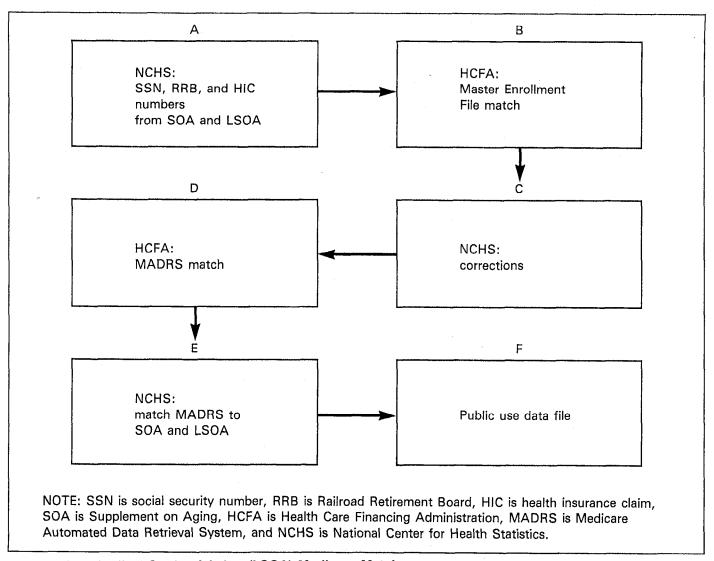


Figure 3. Longitudinal Study of Aging (LSOA) Medicare Match

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

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

	Year of Medicare data		
Match results	1987	1988	1990
	Number		
Total records	5,151	7,527	7,527
	Percent distribution		
Total	100.0	100.0	100.0
No number reported No match to Master	10.8	7.9	7.9
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 Match, both hospital and	19.0	17.7	17.2
other	33.3	42.5	49.6

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.

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 selfrespondent 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 causeof-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)

		1986			1988	
PSU	Total	Male	Female	Total	Male	Female
			Nu	ımber		
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 12
5	16	5	11 9	17 26	5 10	16
<u>6</u>	15 17	6 7	10	33	14	19
7	16	5	11	27	10	17
8	45	18	27	75	32	43
9	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 33	49 75	15 23	34 52
16	50	17 23	33 25	67	33	34
17	48	23 11	23 21	49	19	30
18	32 49	17	32	68	26	42
19	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 28
26	30	9	21	43 48	15 20	28 28
27	36	15 14	21 16	48 48	22	26
28	30 35	12	23	54	21	33
29	38	8	30	54	13	41
30	56	13	43	77	24	53
31	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 8	13 9
37	15	7	8 21	17 34	10	24
38	30	9 6	6	19	10	9
39	12 13	6	7	20	10	10
40	21	9	12	30	12	18
41	9	5	4	19	7	12
43	15	5	10	23	8	15
44	20	5 7	13	31	12	19
45	10	2 6	.8	16	4	12
46	17	6	11	30	13	17 20
47	19	8	11	35 23	15 10	13
48	13	7 4	6 15	23 22	6	16
49	19 13	5	8	22	9	13
50	18	7	11	22	8	14
51	19	6	13	26	10	16
53	14	ő	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 15
58	15	4	11	21 29	6 13	16
59	24 12	9 4	15 .8	18	5	13
60	12 12		10	18	5	13
61	15	2 5	10	18	5	13
62	15	6	9	20	7	13
63	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	3

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

		1986			1988	
PSU	Total	Male	Female	Total	Male	Female
				Number		
68	19	6	13	24	8	16
69	14	<u>5</u>	9	21	8	13
70	16	7	9	19	7	12
71 70	11 17	5 6	6	13	5	8
72	25	10	11 15	27 31	12 13	15
74	16	8	8	22	12	18 10
75	33	12	21	57	22	35
76	30	10	20	53	19	34
77	40	11	29	65	22	43
8	34	12	22	49	19	30
9	34	12	22	46	19	27
0	30	7	23	39	11	28
11	41	12	29	53	16	37
2	30	9	21	45 50	17	28
3	32 36	12 15	20 21	58 51	22 25	36
5	38	11	27	56	23 17	26 39
3	38	13	25	46	17	29
7	39	11	28	53	14	39
8	22	9	13	34	16	18
9	33	15	18	56	19	37
)	45	17	28	73	27	46
1	40	16	24 .	50	21	29
2	32	11	21	47	15	32
	17	5	12	25	.9	16
	19	8	11	29	13	16
	17 33	7 13	10	20	9	11
·	16	6	20 10	39 25	16 11	23
3	19	8	11	23 24	9	14 15
	26	7	19	30	8	22
00	26	1Ó	16	39	16	23
01	10	4	6	10	4	6
)2	16	5	11	26	8	18
13	10	2	8	17	7	10
94	12	6	6	16	8	8
05	14	6	8	22	11	11
)6	12	5	7	15	.7	8
)7	13	6	7	25	10	15
08	14 11	2 5	12	25 15	7	18
0	14	6	6 8	15 17	/ 8	8 9
1	20	8	12	39	19	20
2	18	6	12	27	9	18
3	9	3	6	17	5	12
4	19	8	11	25	11	14
5	19	5	14	25	7	18
6	16	6	10	23	8	15
7	15	7	8	22	11	11
8	23	6	17	35	10	25
9	14	5 4	9	22	8	14
0	17 16	4 5	13 11	23	5	18
2	13	5	8	25 20	11 10	14 10
3	12	5	7	16	7	9
4	12	5	7	15	6	9
5	16	4	12	20	6	14
!6	9	3	6	14	4	10
7	11	6	5	18	8	10
8	16	7	9	19	9	10
<u> 1</u> 9 <i></i>	11	5	6	18	7	11
9	14	7	7	27	15	12
1	14	6	.8	19	9	10
32	15	5	10	27	9	18
2				10	^	
33	14	7	7	18	8	10
33	11	6	5	16	7	9
33						

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

	.,,	1986			1988	
PSU	Total	Male	Female	Total	Male	Female
			N	umber		
137	28	12	16	53	21	32
138	16	5	11	25	10	15
139	10	4	6	10	4 9	6 13
140	15 14	6 5	9 9	22 14	9 5	9
141	30	12	18	38	15	23
142	13	` 1	12	14	1	13
144	13	4	9	18	7	11
145	13	5	8	17	6	1 <u>1</u>
146	.8	2	6	10	` 3	7
147	10	1	9 6	13 17	2 8	11 9
148	12 12	6 2	10	13	2	11
149	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 13
155	16	9 3	7 8	27 17	14 6	11
156	11 10	4	6	13	5	8
157	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	20 48
163	52 33	14 14	38 19	68 45	20	25
164	29	10	19	42	17	25
165	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 25
170	28	6	22 24	35 55	10 17	25 38
171	32 45	8 12	33	54	15	39
172	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 26	57 60	22 26	35 34
178	40 89	14 33	56	29	52	77
179	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 12	9
184	16	8 7	8 3	26 15	12	14 3
185	10 14	7	3 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 17	8 6	12 11
192	14 4	5 1	9 3	17	4	6
193	8	7	1	11	9	ž
194	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	16 139	5 50	11 89
200	96 10	33 4	63 6	21	9	12
201	10 20	6	14	25	7	18
202	53	18	35	78	25	53
204	52	19	33	80	33	47
205	36	14	22	46	18	28
						0.7

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

	1986			1988				
PSU	Total	Male	Female	Total	Male	Female		
			Nun	nber				
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		
:13	32	13	19	45	18	27		
214	24	12	12	39	18			
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

	In 1986	Not in
Sample	sample	1986
	Numb	er
Total	5,151	2,376
	Percent dis	stribution
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.

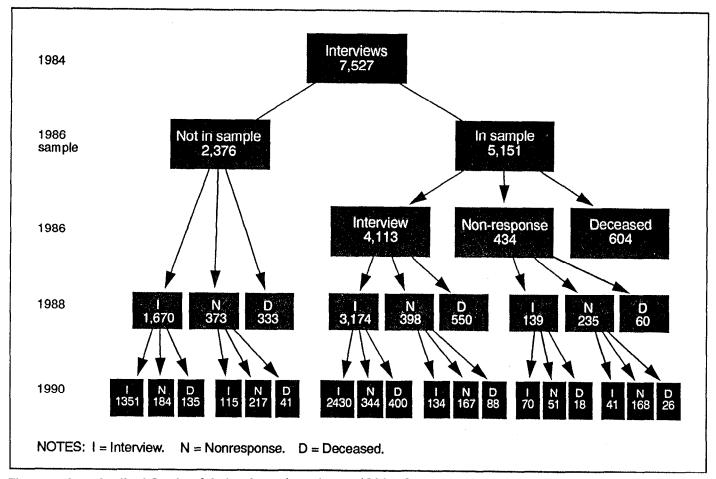


Figure 4. Longitudinal Study of Aging interview status, 1986-90

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

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

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Appendix I 1984 National Health Interview Survey Basic Questionnaire

								0,M.	B. No.	0937-0	0021	: Approva	I Expires Mar	ch 31, 1985
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8.	COVERAGE QUESTIONS							15 🗀	Unus	ed line	of	listing sh	eet)	
	Ask items that are marked									lished				
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٠.	Unit is:		01 THOUSING			14 bake	2)	\vdash						1
	in a Special Place - Refer to Table (Part C of manual; then complete 10d	D In			nsient hotel, m	otel, etc	:.	. 5	- 1	- 1		a.m. p.m.	p.m	:1
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	Through another unit (10c)		more	DEFMAN	or trailer with	d			allbac	ks for			on Aging"	-
			07 [HU n	ot speci	flad above - (Describ o		ı	_] No	10				
٠.	Complete kitchen facilities	į	7.1.700					ļ						
	For this unit only (10d)		e. OTHER un					_		1		1		
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	GO TO HOUSEHOLD COMPOSITION	PAGE						\vdash			1		 	+
	W	 		110	Wan et :-	hami'r	absect 4	2			17	a.m p.m		
11.	What is the telephone number here?	Area code/	number	1 12	. Was this in	CTVIEW	onserved?	! -+			낡		+	
	None				1 🗌 Yes	2 {	∏ No	3			[-]	a.m		
13.	Interviewer's name					Code		\vdash			Р		 -	
								4 1	- 1		: 1	a.m		

		SP Old age AF
A. HOUSEHOLD COMPOSITION PAGE		1
Ia. 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.	1.	First name Age
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: — any babies or small children?. — any lodgers, boarders, or persons you employ who live here?	2.	Last name Sex 1 M 2 F Relationship REFERENCE PERSON Date of birth Month Date Year
- anyone who USUALLY lives here but is now away from home traveling or in a hospital?	C1	HOSP. WORK RD 2-WK. DV
Probe if necessary: Does usually live somewhere else? Ask for all persons beginning with column 2: What is relationship to (reference person)?	C2	CA THA DV INJ. CL LTRINS CONO.
3. What is date of birth? (Enter date and age and mark sex.)	1	LA RA DV INJ. CL LTR HS COND
REFERENCE PERIODS 2-WEEK PERIOD		LA HA DV INJ CLITRIHS ICOND
12-MONTH DATE		LA IRA IOV INJ. CLUTRIHS ICONO.
ASK CONDITION LIST to determine Sample Person(s). Mark "SP" box(es).		LA RA DV INJ. CLLTRIHS ICOND.
	A3	All persons 65 and over (5)
Refer to ages of all related HH members.	A.3	Other (4)
4a. Are any of the persons in this family now on full-time active duty with the armed forces? Yes		
b. Who is this? Delete column number(s) by an ''X'' from I - C2.		
c. Anyone else?		4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
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 callect information on the nation's health. 1 will ask about hospitalizations, disability, visits to doctors, illness in the family, and other health related items.		
HOSPITAL PROBE	6a.	1 ☐ Yes
6a. Since (13-month hospital date) a year ago, was a patient in a hospital OVERNIGHT?		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?	ь.	Number of times (Make entry In ''HOSP.'' box, THEN NP)
Ask for each child under one:	7a.	1 🔲 Yes
7a. Was — born in a hospital? Ask for mother and child: b. Have you included this hospitalization in the number you gave me for ——?	ь.	2 No (NP) Yes (NP) No (Correct 6 and "HCSP."
FOOTNOTES	<u> </u>	box)

	SP Old age AF	SP Old age AF		SP Old age AF	SP Old age AF
	2	3		4	5
1.	First name Age	First name Age	1.	First name Age	First name . Age
	Last name Sex	Last name Sex 1 M 2 F		Last name Sex	M Last name Sex 1 M 2 F
2,	2 F	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
<u> </u>	HOSP, WORK RD 2-WK, DV	HOSP. WORK RD 2-WK, DV		HOSP. WORK RD 2-WK, I	
C1	00 None 1 Wa Yes 00 None	00 None 1 Wa Yes 00 None	C1	00 None 1 Wa Yes 00 No	I Swilson
-	Number 2 Wb No Number	Number 2 Wb No Number		Number 2 Wb No Numbe	r Number 2 W Number
C2			C2		
	LA RA OV INJ. CLUTH HS COND.	LA DV INJ. CLLTR HS COND.		LA RA OV INJ CLETR HS CC	NO LA RA OV INJ. CL LTR HS COND.
			1		
	LA TRA DV INJ. CLLTR HS COND.	LA TOV TINJ CLETA HE CONO.		LA RA TOV NJ. CLLTR HS CO	NO LA RA DV TINJ. CLETR HS COND.
				\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
	LA RA DV NJ. CLLTR HS COND.	LA RA DV INJ. CLUTR HS CONO.		LA RA OV INJ CLLTR HS CO	OND. LA RA DV INJ. CLETR HS COND.
	LA TOV TINJ. CLUTE HS COND.	LA RA TOV INJ. CL LTR HS COND.		LA TRA TOV TINJ CLLTR HE CO	NO. LA RA DV INJ. CLLTR HS COND
	LA RA TOV INJ. CLUTE HE COND.	LA TAA TOV TINJ. TCL LTR HS CONO.	1	LA RA TOV TINJ. CLLTR HS TO	ONO LA RA DV INJ. CLUTA HS COMO.
-			 		
	-				-
4d,	Living at home	Living at home	4d.	Living at home	Living at home
	Not living at home	Not living at home		Not living at home	Not living at home
6a.	t Yes 2 No (Mark "HOSP," box,	1 Yes 2 No (Mark "HOSP." box,	6a.	1 Yes 2 No (Mark "HOSP," box,	1 Yes 2 No (Mark "HOSP." box, THEN NP)
	THEN NP)				
ь.	Number of times (Make entry in "HOSP." box, THEN NP)	Number of times (Make entry in *HOSP," box, THEN NP)	ь.	Number of times (Make entry I	Number of times (Make entry in "HOSP." box, THEN NP)
<u> </u>					
7a.	1 Yes 2 No (NP)	1 Yes 2 No (NP)	7a,	1 Yes 2 No (NP)	1 Yes 2 No (NP)
ь.	Yes (NP)	Yes (NP)	ь.	Yes (NP)	Yes (NP)
500	No (Correct 6 and "HOSP," box)	☐ No (Correct 6 and "HOSP," box)	<u> </u>	No (Correct 6 and "HCSP," box)	□ No (Correct 6 and "HOSP," box)
"00	TNOTES				
	•				
1				•	

			SP Old age AF
, 	A. HOUSEHOLD COMPOSITION PAGE		1
Ta. Who	at are the names of all persons living or staying here? Start with the name of the person or one of	1.	First name Age
the b. Wh c. I h d. Do	at are the names of all persons living or staying here? Start with the name of the person or one of persons who owns or rents this home. Enter name in REFERENCE PERSON column. at are the names of all other persons living or staying here? Enter names in columns. If "Yes," enter names in columns Yes No In your babies or small children?	2. 3. C1	Last name Sex I M 2 F Relationship REFERENCE PERSON Date of birth Month Date HOSP. WORK RD 2-WK, DV 00 None 1 Wa Yes 00 None Number 2 Wb No Number
2. Wh	at is —— relationship to (<u>reference person</u>)?	} '	LA TRA TOV THUS TELETHINE COND.
3. Wh	at is —— date of birth? (Enter date and age and mark sex.)		
Α1	REFERENCE PERIODS 2-WEEK PERIOD 12-MONTH DATE 13-MONTH HOSPITAL DATE		LA RA DV INJ. (CLUTA HS COND
A2	ASK CONDITION LIST Use Table to determine Sample Person(s). Mark "SP" box(es).		LA RA DV INJ. CL LTR HS ICOND
	B. LIMITATION OF ACTIVITIES PAGE		
B1	Refer to age.	Bl	1 18-69 (1) 2 Other (NP)
ke	uat was — doing MOST OF THE PAST 12 MONTHS; working at a job or business, eping house, going to school, or something else? iority if 2 or more activities reported: (1) Spent the most time doing; (2) Considers the most important.	1.	1
	es any impairment or health problem NOW keep —— from working at a job or business?	20.	1 Yes (7) No
	limited in the kind OR amount of work can do because of any impairment or health problem?	ь.	2 Yes (7) 3 No (6)
_	nes any impairment or health problem NOW keep —— from doing any housework at all? —— limited in the kind OR amount of housework —— can do because of any impairment or health problem?	3a, b,	4 Yes (4) No
4a. WI As	nat (other) condition causes this? It if injury or operation: When did [the (injury) occur?/have the operation?] It if operation over 3 months ago: For what condition did have the operation? It is pregnancy/delivery or 0-3 months injury or operation - Reask question 3 where limitation reported, saying: Except for (condition),? OR reask 4b/c.	40.	5 Yes (4) 6 No (5) (Enter condition in C2, THEN 4b) 1 Old age (Mark "Old age" box, THEN 4c)
b. Be	sides (<u>condition)</u> is there any other condition that causes this limitation?	ь.	Yes (Reask 4a and b) No (4d)
c. Is	this limitation caused by any (other) specific condition?	c.	Yes (Reask 4a and b)
	rk box if only one condition. ich of these conditions would you say is the MAIN cause of this limitation?	d.	Only I condition Main cause
	es 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?	ь. В2	2 Yes (7) 3 No
B2	Refer to questions 3a and 3b.	BZ	2 Other (6)
	—— limited in ANY WAY in any activities because of an impairment or health problem?	60.	1 Yes 2 No (NP)
b. In	what way is limited? Record limitation, not condition.	ь.	Limitation
As As If I	at (other) condition causes this? k if injury or operation: When did [the (injury) occur?/have the operation?] k if operation over 3 months ago: For what condition of the condition of the operation? oreganary/delivery or 0-3 months injury or operation of the condition? Reask question 2, 5, or 6 where limitation reported, saying: Except for (condition),? OR reask 7b/c.	70.	(Enter condition in C2, THEN 7b) 1 Old age (Mark "Old age" box, THEN 7c)
b. Be	sides (<u>condition)</u> is there any other condition that causes this limitation?	ь.	Yes (Reask 7a and b)
c. Is	this limitation caused by any (other) specific condition?	c.	Yes (Reask 7a and b)
	rk box if only one condition. ich of these conditions would you say is the MAIN cause of this limitation?	d.	Only 1 condition

Main cause

	SP Old age AF	SP Old age AF		SP Old age AF	SP Old age AF
	2	3		4	5
1.	First name Age	First name Age] '-	First name Age	First name Age
	Last name Sex	Last name Sex		Last name Sex	Last name Sex 1 M 2 F
2.	2 F	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
-	HOSP, WORK RD 2-WK. DV	HOSP. WORK RD 2-WK, D	⊣	HOSP. WORK RD 2-WK, D	
C1	00 None 1 Wa Yes 00 None	00 None 1 Wa Yes 00 Nor	e Ci	00 None 1 Wa Yes 00 No	
	Number 2 Wb No Number	Number 2 Number		Number Number	
C2			C2		
	LA RA DV INJ. CLLTR HS COND.	LA DV INJ. CLLTR HS COM	D.]	LA RA DV INJ. CLLTR HS CO	VD. LA RA DV INJ CLUTA HS COND.
	LA TOV INJ. CLLTR HS COND.	LA TRA DV TINJ CL LTR HS CON	D.	LA RA DV NJ CLLTR HS CO	ND LA RA DV INJ. CLLTR HS COND.
	<u> </u>	1			
	LA RA DV INJ. CLLTR HS COND.	LA DV INJ. CLLTR HS COM	D.	LA RA OV INJ. CLETR HS CO	NO. LA RA DV INJ. CLLTR HS COND.
		 			
	LA RA TOV INJ. CLLIR HS COND.	LA DV INJ. CL CTR HE COI	10.	CA RA TOV INJ CLETR HS CO	ND. LA RA DV INJ. TCL LTR HS COND
			\exists		
	LA RA TOV INJ. CLLTR HS COND.	LA RA DV TINJ. CLITA HS COL	io l	LA RA TOV INJ. CLLTR HS CO	NO. LA RA DV INJ. CLLTA HS CONO.
-			+		
B1	1 10 70 71	1 10 48 (41)	B1	1 10 40/11	1 19 49 41
	1 18-69 (1) 2 Other (NP)	1 18-69 (1) 2 Other (NP)	101	1 18-69 (1) 2 Other (NP)	1 18-69 (1) 2 Other (NP)
1.	1 Working (2) 2 Keeping house (3)	1 Working (2) 2 Keeping house (3)	1.	1 Working (2) 2 Keeping house (3)	1 Working (2) 2 Keeping house (3)
	3 Going to school (5) 4 Something else (5)	3 Going to school (5) 4 Something else (5)		3 Going to school (5) 4 Something else (5)	3 Going to school (5) 4 Something else (5)
20.	1 Yes (7) No	1 Yes (7) No	20.	1 Yes (7) No	1 Yes (7) No
ъ.	2 Yes (7) 3 No (6)	2 Yes (7) 3 No (6)	ь.	2 Yes (7) 3 No (6)	2 Yes (7) 3 No (6)
3a.	4 Yes (4) No	4 Yes (4) No	30.	4 Yes (4) No	4 Tyes (4) No
ь.	5 Yes (4) 6 No (5)	5 Yes (4) 6 No (5)	ь.	5 Yes (4) 6 No (5)	5 Yes (4) 6 No (5)
40.	(Enter condition in C2, THEN 4b)	(Enter condition in C2, THEN 4b)	40.	(Enter condition in C2, THEN 4b)	(Enter condition in C2, THEN 4b)
	1 Old age (Mark "Old age" box, THEN 4c)	1 Old age (Mark "Old age" box, THEN 4C)		1 Old age (Mark "Old age" box THEN 4c)	1 Old age (Mark "Old age" box, THEN 4c)
Ь.	☐ Yes (Reask 4a and b) ☐ No (4d)	Yes (Reask 4a and b)	ь.	Yes (Reask 48 and b) No (4d)	Yes (Reask 4a and b) No (4d)
с,	Yes (Reask 4a and b)	Yes (Reask 4a and b)	с.	Yes (Reask 4a and b)	Yes (Reask 4a and b)
d.	Only I condition	Only 1 condition	d.	Only condition	Only I condition
	Main cause		"	Main cause	Main cause
5a.	1 Yes (7) No	Main cause	5a.	1 Yes (7) No	1 Yes (7) No
ь.	2 Yes (7) 3 No	2 Yes (7) 3 No	ъ.	2 Yes (7) 3 No	2 Yes (7) 3 No
B2	1 ''Yes'' in 3a or 3b (NP)	1 "Yes" in 3a or 3b (NP) 2 Other (6)	B2	1 ["Yes" in 3a or 3b (NP)	1 "Yes" in 3a or 3b (NP)
6a.	2 Other (6) 1 Yes 2 No (NP)	2 Other (6) 1 Yes 2 No (NP)	60.	2 Other (6) 1 Yes 2 No (NP)	2 Other (6)
			-+		
ь.	Limitation	Limitation	ь.	Limitation	Limitation
7a.	(Enter condition in C2, THEN 7b) 1 Old age (Mark "Old age" box,	(Enter condition in C2, THEN 7b) 1 Old age (Mark "Old age" box,	70.	(Enter condition in C2, THEN 7b)	(Enter condition in C2, THEN 7b)
	THEN 70)	THEN 7c)		1 Old age (Mark "Old age" box THEN 7c)	Old age (Mark "Old age" box, THEN 7c)
ь.	Yes (Reask 7a and b)	Yes (Reask 7a and b)	ь.	Yes (Reask 7a and b)	Yes (Reask 7a and b)
ļ	No (7d)	No (7d)		No (7d)	□ No (7d)
c.	Yes (Reask 7a and b)	Yes (Reask 7a and b)	c.	Yes (Reask 7a and b)	Yes (Reask 7a and b)
d.	Only I condition	Only I condition	d,	1	Only I condition
1		I	1		

			SP Old age AF		
	A. HOUSEHOLD COMPOSITION PAGE		1		
la. What	r are the names of all persons living or staying here? Start with the name of the person or one of persons who owns or rents this home. Enter name in REFERENCE PERSON column.	1.	First name Age		
c. I ha ar	t are the names of all other persons living or staying here? Enter names in columns. If "Yes," enter names in columns ve listed (read names). Have I missed: Yes No ye babies or small children?	2. 3.	Last name Sex 1 M 2 F Relationship REFERENCE PERSON Date of birth Month Date Year		
– ar – ar	ny lodgers, boarders, or persons you employ who live here? nyone who USUALLY lives here but is now away from home traveling or in a hospital? nyone else staying here? all of the persons you have named usually live here? No (APPLY HOUSEHOLD MEMBERSHIP)	C1	HOS P. WORK RD 2.4WK, DV		
Doe	be if necessary: RULES. Delete nonhousehold members by an "X" from I—C2 and enter reason.)	C2	LA TRA DV INJ. CLUTRIHS COND.		
	for all persons beginning with column 2: is relationship to (reference person)?		LA IRA INV INJ TOUTE HE COMO		
3. Who	t is date of birth? (Enter date and age and mark sex.)		LA RA DV INJ. CLLTR HS COND.		
	REFERENCE PERIODS				
A 1	2-WEEK PERIOD		LA RA DV INJ. CCLUTRIHS ICOND.		
^'	12-MONTH DATE		LA RA IDV INJ. CL LTR HS ICOND.		
A2	13-MONTH HOSPITAL DATE		LA RA DV INJ. CLLTRIHS COND.		
	ASK CONDITION LIST, Use Tableto determine Sample Person(s). Mark "SP" box(es).				
	B. LIMITATION OF ACTIVITIES PAGE, Continued				
В3	Refer to age.	В3	0 Under 5 (10) 2 [18–69 (NP) 1 5–17 (11) 3 70 and over (8)		
goi	at was —— doing MOST OF THE PAST 12 MONTHS; working at a job or business, keeping house, ng to school, or something else? ority 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		
b. Bed	cause of any impairment or health problem, does — need the help of other persons with — personal e needs, such as eating, bathing, dressing, or getting around this home? cause of any impairment or health problem, does — need the help of other persons in handling — routine ds, such as everyday household chores, doing necessary business, shopping, or getting around for er purposes?	9a. b.	1 Yes (13) No 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)		
	— limited in the kind OR amount of play activities — can do because of any impairment or health problem?	ь.	1 Yes (13) 2 No (12)		
11a. Dae	es any impairment or health problem NOW keep —— from attending school?	11a.	1 Yes (13) No		
	es attend a special school or special classes because of any impairment or health problem? es need to attend a special school or special classes because of any impairment or health problem?	ь.	2 Yes (13) No		
	limited in school attendance because of health?		4 Yes (13) 5 No		
	limited in ANY WAY in any activities because of an impairment or health problem?	12a,	1 Yes 2 No (NP)		
	what way is limited? Record limitation, not condition.				
20 110		ь.	Limitation		
Asi Asi If t	at (ather) condition causes this? k if injury or operation: When did [the (injury) occur?/have the operation?] k if operation over 3 months ago: For what condition did have the operation? oregnancy/delivery or 0-3 months injury or operation Reask question where limitation reported, saying: Except for (condition),? Preask 13b/c.	13a.	(Enter condition in C2, THEN 13b) 1 Old age (Mark "Old age" box, THEN 13c)		
	sides (<u>condition)</u> is there any other condition that causes this limitation?	ь.	Yes (Reask 13a and b) No (13d)		
c. Is 1	this limitation caused by any (other) specific condition?	c.			
	k box if only one condition. ich of these conditions would you say is the MAIN cause of this limitation?		Only I condition		
ECOT	OTES	L	Main cause		
FOOTN					

	SP Old age AF	SP Old age AF		SP Old age	☐ AF	□ SP □ O	ld age	
	2	3		4		5		
1.	First name Age	First name Age	1.	First name	Age	First name	Age	
	Last name Sex	Last name Sex		Last name	Sex 1 M 2 F	Last name	Sex 1 M 2 F	
2,	2 F	2 F Relationship	2.	Relationship	2 F	Relationship	141-11	
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	
\vdash	HOSP, WORK RD 2-WK. DV	HOSP. WORK RD 2-WK, DV	-		RD 2-WK, DV	HOSF. WORK	RD 2-WK, DV	
CI	00 None 1 Wa Yes 00 None	2 [7]Wh [7]No	CI		Yes 00 None No Number	Number 2 Wb	Yes 00 None	
	Number 2 Wo Number	Number 2 Wb Number		Number	Number	Walling Co.	The second second	
C2			C2	LA RA TOV TINJ	CLUTE HE COND	LA RA DV TIN	J. TCL LTR THS COND	
	LA RA OV INJ. CLUTA HS COND.	LA RA DV INJ. CLLTR HS COND.		LA RA DV INJ.	L. LIN INS COMO.	112		
					-15: 7-5 Tue - 15:50.5	LA - AA TOV TIN	J. CLLTR HS COND.	
	LA RA DV INJ. CLLTR HS COND.	LA RA DV INJ. CLLTR HS COND.		LA RA DV INJ.	CL LTR HS CONO.	[A NA DV W	J. CEETA PAS COND.	
	LA RA DV INJ. CLLTA HS COND.	LA RA OV INJ. CLLTA HS COND.		LA RA DV INJ.	CLLTR HS COND.	LA RA DV IN	J. CLLTA HS COND.	
	LA RA OV INJ. CLLTR HS COND.	LA RA OV INJ. CLLTR HS COND.		LA RA DV INJ.	CL LTR HS COND.	LA RA DV IN	J. CLETA HS COND	
	LA RA DV INJ. CLLTR HS COND.	LA RA OV INJ. CELTR HS COND.		LA RA DV INJ.	CLLTR HS COND.	LA RA OV IN	J. CLLTA HS CONO.	
			ĺ					
В3	0 Under 5 (10) 2 18-69 (NP)		В3	0 Under 5 (10)	2 🔲 8–69 (NP)	0 Under 5 (10)	2 🔲 18–69 (NP)	
	1 5–17 (11) 3 70 and over (8)	1 5–17 (11) 3 70 and over (8)		1 🗍 5–17 (11)	70 and over (8)	1 🗆 5-17 (11)	3 70 and over (8)	
8.	1 [] Working	1 Morking	8.	1 Working		1 Working		
	2	2 Keeping house 3 Going to school 4 Something else		2 Keeping house 3 Going to school 4 Something else		2 Keeping hous 3 Going to scho	ool	
9a.	1 [] Yes (13) [] No	1 [] Yes (13) No	9a.	1 [] Yes (13)	☐ No	1 Yes (13)	□ No	
ь.	2 Yes (13) 3 No (12)	2 Yes (13) 3 No (12)	 ь.	2 Tes (13)	3 🗍 No (12)	2 🗌 Yes (13)	3 [] No (12)	
<u></u>								
10a,	☐ Yes 0 ☐ No (13)	Yes 0	10a.	C Yes	0 🔲 No (13)	☐ Yes	' 0 No (13)	
ь.	1 Yes (13) 2 No (12)	1 Yes (13) 2 No (12)	ь.	1 Yes (13)	2 No (12)	1 Yes (13)	2 No (12)	
110.	1 Yes (13)] No	1 Yes (13) No	11a. 	1 🗀 Yes (13)	□ No	1 🗍 Yes (13)	□ No	
ь. 	2 Yes (13) No	2 Yes (13) No	ь. 	2 📋 Yes (13)	[] No	2 🗍 Yes (13)	□ No	
c.	3 Yes (13) No	3 Yes (13) No	с.	3 Tyes (13)	□ No	3 TYes (13)	□ No	
d.	4 [] Yes (13) 5 [] No	4 Yes (13) 5 No	d.	4 Yes (13)	5 No	4 🗌 Yes (13)	5 🗍 No	
12a.	1 [] Yes 2 [] No (NP)	1 Yes 2 No (NP)	12a.	1 Yes	2 [] No (NP)	1 [] Yes	2 No (NP)	
ъ.			ь.					
13a.	Limitation (Enter condition in C2, THEN 13b)	Limitation (Enter condition in C2, THEN 13b)	13a.	Limitation (Enter condition in C2		Limital (Enter condition in		
	1 Old age (Mark "Old age" box, THEN 13c)	i Old age (Mark "Old age" box, THEN 13c)	150.	1 Old age (Mark "C THEN 13c)		1 Old age (Mark THEN 13c)		
	INEN ISC)	THEN 13C)		THEN ISC)		THEN 13C)		
 b.	Yes (Reask 13a and b)	Yes (Reask 13a and b)	ь. ь.	Yes (Reask 13a	and b)	Yes (Reask 1	3a and b)	
c.	No (13d) Yes (Reask 13a and b)	No (13d) Yes (Reask 13a and b)	 c,	No (13d) Yes (Reask 13a		☐ No (13d) ☐ Yes (Reask 1		
	□ No	No .		□ No		□ No		
d.	Only I condition	Only I condition	d.	Only I condition		Only I condit	1011	
FOOT	Main cause	Main cause		Main caus	se	Main cause		
1	•							

			SP Old age AF		
	A. HOUSEHOLD COMPOSITION PAGE		1		
la. What o	are the names of all persons living or staying here? Start with the name of the person or one of reons who owns or rents this home. Enter name in REFERENCE PERSON column.	t.	First name Age		
c. I have – any	the names of all other persons living or staying here? Enter names in columns. If "Yes," enter names in columns relisted (read names). Have I missed: babies or small children?	2.	Last name Sex		
– any – any	lodgers, boarders, or persons you employ who live here? one who USUALLY lives here but is now away from home traveling or in a hospital? one else staying here?	C1	HOSP. WORK RD 2.WK, DV		
Does	if necessary: - usually live somewhere else? No (APPLY HOUSEHOLD MEMBERSHIP RULES. Delete nonhousehold members by an "X" from I-C2 and enter reason.) or all persons beginning with column 2:	C 2	LA IRA DV TINJ. CL LTRIHS COND.		
	s relationship to (<u>reference person</u>)? is date of birth? (Enter date and age and mark sex.)		LA RA OV INJ. CL LTR HS COND.		
-	,				
A1	REFERENCE PERIODS 2-WEEK PERIOD		LA RA DV INJ. ICLUTRINS ICOND		
-	12-MONTH DATE 13-MONTH HOSPITAL DATE		LA TRA TOV TINJ. CL LTR HS TOND.		
A2	ASK CONDITION LIST to determine Sample Person(s), Mark "SP" box(es).		LA PA DV INJ. CL TRINS ICOND.		
	B. LIMITATION OF ACTIVITIES PAGE, Continued	(N. 6.15)			
В4	Refer to age.	B4	0 Under 5 (NP) 2 60-69 (14) 1 5-59 (85) 3 70 and over (NP)		
В5	Refer to "Old age," and "LA" boxes. Mark first appropriate box.	B5	Other (NP)		
If un	use of any impairment or health problem, does need the help of other persons with personal needs, such as eating, bathing, dressing, or getting around this home? der 18, skip to next person, otherwise ask:	14a,	1 [] Yes (15) [] No		
b. Beca needs	use of any impairment or health problem, does —— need the help of other persons in handling —— routine , such as everyday household chores, doing necessary business, shopping, or getting around for other purposes?	ь.	2 [] Yes 3 [] No (NP)		
Ask i Ask i If pre Re	(other) condition causes this? if injury or operation: When did [the (<u>injury</u>) occur?/ have the operation?] if operation over 3 months ago: For what condition did have the operation? sgnancy/delivery or 0-3 months injury or operation - equation 14 where limitation reported, saying: Except for (<u>condition</u>),? R reask 15b/c.	15a.	(Enter condition in C2, THEN 15b) 1 [] Old age (Mark "Old age" box, THEN 15c)		
b. Besid	les (<u>condition)</u> is there any other condition that causes this limitation?	b.	Yes (Reask 15a and b) No (15d)		
c. Is thi	s limitation caused by any (other) specific condition?	c.	Yes (Reask 15a and b)		
	box if only one condition. To of these conditions would you say is the MAIN cause of this limitation?	d.	Only condition		
FOOTNOT					

Hosp. Work RD 2.wk, DV Hosp. Work RD 2.wk, DV Hosp. Work RD 2.wk, DV Hosp. Work RD 00 None 1 Wa Yes 10 None 1 None 1 Wa Yes 10 None 1		SP Old age AF	SP Old age AF				SP Old age AF			
Last name		2	3		•		5			
Relationship	L			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \				Age		
2. Relationship 8. Electroship 8. Electroship 9. Date of birth North		ast name Sex	Last name Sex 1		Last name	ex M F	∟ast name	Sex 1 [] M 2 [] F		
Profit Date Year Month Date Month Date Year Month Date Year Month Date Year Month Date Year Month Date Month Da	. R			2.			1	1 5-3		
C1 00 Norm 10	М	1onth Date Year	Month Date Year	3.	Month Date Year		Month Date	Year		
Number 2 M9 No Number Number 2 M9 Number Number Number 2 M9 Number Numb	~,			CI			 			
Late The Color The The The Color The		Number 2 Wb No Number	Number 2 Wb No Number		Number 2 Wb No Nu	mber	Number 2 Wb	No Number		
Late The Color The The The Color The	2	The section states a part of the section of the sec		C2						
B4	TĀ	T TRA TOV TIME CLETRING TOND	CATTON TINE TOUTHTHS COND		LA TRA TOV INJ. CLUTR HS	COND	LA TOV TINI	CL LTR HS COND		
B4	-					-	1 1			
A	ī.Ā	RA DV INJ. CLLTR HS COND.	LA RA DV TINJ CLETR HS COND		LA RA DV INJ CLLTA HS	COND	LA RA OV TINJ	CLLTR HS COND		
B4	-			-						
B4	-		1					CLUTR HS CONO.		
B4	L	INA TOP THE CELLINIS COME.	1 1 1 1 1 1 1		. 1. 1 1 1	-	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Jecon Just Jesus		
B4							 			
B4		A RA DV INJ. CLLTR HS COND.	ILA RA DV INJ. CLLTR HS COND		LA RA DV INJ CLLTRIHS	CONO.	LA RA DV INJ.	CLLTR HS COND		
B4										
1	LA	RA DV INJ. CLETR HS COND	LA RA DV INJ. CLLTR HS COND		LA RA DV INJ. CLLTR HS	COND.	LA RA OV INJ	CL LTR HS COND.		
1						, , ,				
B5	1	1 [5-59 (B5) 3 170 and	1 [7] 5-59 (B5) 3 [70 and	В4	1 5-59 (B5) 3 70 an	d		2 60-69 (14) 3 70 and over (NP)		
Entry in "LA" box (14)	_									
b. 2 Yes 3 No (NP) 2 Yes 3 No (NP) b. 2 Yes 3 No (NP) 2 Yes Ye	35	Entry in "LA" box (14)	Entry in "LA" box (14)	B5	Entry in "LA" box (14))	Entry in "LA"			
15o. (Enter condition in C2, THEN 15b) (4a.	1 [Yes (15) " No	1 Yes (15) No	140.	1 [] Yes (15) [] No		1 [_] Yes (15)	□ No		
1 Old age (Mark "Old age" box, THEN 15c) 1 Old age (Mark "Old age" box,	b.	2 [] Yes 3 [] No (NP)	2 Yes 3 No (NP)	Ь,	2 [Yes 3 [] No (N	P)	2 Yes	3 🗍 No (NP)		
No (15d)			1	15a.			1			
c. Yes (Reask 15a and b) Yes (Reask 15a and b) C. Yes (Reask 15a and b) Yes (Reask 15a a	ь.			ь. •				and b)		
d. Only I condition Only I condition d. Only I condition Only I condition Main cause Main cause Main cause Main cause	с,	Yes (Reask 15a and b)		с.	[] Yes (Reask 15a and b)			and b)		
	d.			d.	+	-	 			
		Main cause	Main cause		Main cause		Main c	ouse		
	ооты		1	1	Cause		I riani C			

	SP Cld age C AF					
A. HOUSEHOLD COMPOSITION PA	GE 1					
1a. What are the names of all persons living or staying hore? Start with the nar the persons who owns or rents this home. Enter name in REFERENCE PE	RSON column.					
b. What are the names of all other persons living or staying here? Enter name c. I have listed (read names). Have I missed:	names in columns 2, Relationship					
- any babies or small children?	3. Date of birth Month Date Year					
anyone who USUALLY lives here but is now away from home traveling or in anyone else staying here?	o hospital?					
d. Do all of the persons you have named usually live here? Yes (2)	Number 2 Wb No Number					
Probe if necessary: RULES.	PLY HOUSEHOLD MEMBERSHIP Delete nonhousehold members X'' from I—C2 and enter reason.)					
Ask for all persons beginning with column 2:	The state of the s					
2. What is relationship to (reference person)?	LA SA (OV INL CLITELES LOA					
3. What is date of birth? (Enter date and age and mark sex.)	LA RA DV INJ. (CLUTA HS ICON					
REFERENCE PERIOD						
2-WEEK PERIOD	LA IRA DV INJ ICLITA HS CON					
12-MONTH DATE	TA TRA TOV TINJ COLUMN HS TOOM					
13-MONTH HOSPITAL DATE						
ASK CONDITION LIST Use Table to determine Samp	ole Person(s). Mark "SP" box(es).					
D. RESTRICTED ACTIVITY PAGE PERSON 1	D2 Refer to 2b and 3b.					
Hand calendar.	☐ No days in 2b or 3b (6) ☐ I or more days in 2b or 3b (5)					
{The next questions refer to the 2 weeks outlined in red on that calendar, beginning Monday, (date) and ending this past Sunday (date).}	5. On how many of the (<u>number in 2b or 3b</u>) days missed from					
Refer to age.	[work/school] did —— stay in bed more than half of the day because of illness or injury?					
D1	00 No. of days					
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	Refer to 2b, 3b, and 4b, missed from work 6a. (Not counting the day(s) missed from school),					
[farm/business].) 1 Yes (Mark ''Wa'' box, THEN 2) 2 No	(and) in bed Was there any (OTHER) time during those 2 weeks that —— cut down					
b. Even though did not work during those 2 weeks, did	on the things usually does because of illness or injury? Yes OO (No (D3)					
have a job or business? ! [Yes (Mark "Wb" box, THEN 2) 2	b. (Again, not counting the day(s) missed from work missed from school),					
2a. During those 2 weeks, did —— miss any time from a job or business because of illness or injury?	[(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?					
() Yes 00 No (4)	No. of cut-down days					
b. During that 2-week period, how many days did miss more	oo [] None Refer to 2-6.					
than half of the day from —— job or business because of illness or injury?	D3 No days in 2-6 (Mark "No" in RD, THEN NP) I or more days in 2-6 (Mark "Yes" in RD, THEN 7)					
No. of work-loss days No. of work-loss days (4)	Refer to 2b, 3b, 4b, and 6b, miss work					
3a. During those 2 weeks, did miss any time from school because of illness or injury?	7a. What (other) condition caused —— to miss school (or) stay in bed (or) cut down weeks?					
Yes	(Enter condition in C2, THEN 7b) [miss work]					
b. During that 2-week period, how many days did — miss more than half of the day from school because of illness or injury?	b. Did any other condition cause —— to miss school (or) stay in bed during that period?					
No. of school-loss days	1 ☐ Yes (Reask 7a and b) 2 ☐ No FOOTNOTES					
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?						
oo None (6)						

	SP Old age AF	SP Old age AF	,	SP Old age	AF	☐ SP ☐	Old age AF		
1	2	3		4		!	5		
1.	First name Age	First name Age	1.	irst name	Age	First name	Age		
	Last name	Last name Sex 1 M 2 F		_ast name	Sex 1 [] M 2 [] F	Last name	Sex 1		
2.	Relationship	Relationship	1 i	Relationship	121-1	Relationship			
3,	Date of birth Month Date Year	Date of birth Month Date Year		Date of birth Month Date	rear .	Date of birth Month Date	l Year		
	HOSP, WORK RD 2-WK, DV	HOSP, WORK RD 2-WK, DV	6,	HOSP. WORK RD	2-WK, DV	+	RD 2-WK, DV		
CI	00 None 1 Wa Yes 00 None Number 2 Wb No Number	00 None 1 Wa Yes 00 None Number 2 Wb No Number	CI	Number	00 None	Number 2 Wb			
	Names I I I I I I I I I I I I I I I I I I I	Trained Trained	C2						
C2	LA TRA JOV INJ CLETT HS COND.	LATTER AND TIME CLUTE HE COND.	\ \frac{1}{1}	RA TOV INJ CLLT	THS COND.	LA RA JOV	INJ. CLUTH HS COND.		
	LA RA DV INJ CLLTRINS COND.	LA TA TOV TINJ TELETATHS COND		RA TOV INJ CLLY	THE TOND	LA RA DV	INJ CLUTE HS COND		
1	1 1 1 1 1 1 1 1] [
	LA TOV TINJ. CLETR HS COND.	LA RA TOV TINJ TOLLTRIHS CONO.		RA TOV TINJ CLLE	F THS COND.	LA RA DV	INJ. CLLTR HS COND		
	1 1 1 1	1 1 1 1 1		. 1, 1 1 1	1 1				
	TARREST TOUR TRANSPORT TO THE TRANSPORT	LA RA DV TINJ TOLLTR HS COND.			R HS COND.		Turner Tecture 1 mer 11 merur		
	LA RA DV INJ. CLLTR HS COND.	LA RA DV INJ. CLLTR HS COND.		A DV INJ. CLLT	HS COND.	LA RA DV	INJ. CLLTR HS COND		
	LA RA TOV INJ. CLUTA HS COND.	LA RA DV TINJ CLITE HS COND.	ī	AA TOV TINJ. CCLT	- F F F F F F F F.	2			
	TA THA TOO THIS CELETH HAS COND.			A JAV INJ. CCLT	I I	LA RA JOV	INJ CLUTR HS CONO.		
	D. RESTRICTED ACTIVIT	Y PAGE PERSON 2	D2	Refer to 2b and 3b.					
-	Hand calendar,	T ROL TENSON E	-	☐ No days in 2b o☐ I or more days i		(5)			
	The next questions refer to the 2 we beginning Monday, (<u>date</u>) and ending	eks outlined in red on that calendar, this past Sunday (<u>date</u>).}	5. Or	how many of the (numbe	r in 2b or 3	3b) days missed fro	nto		
<u> </u>	Refer to age.	<u>, , , , , , , , , , , , , , , , , , , </u>	Lw be	ork/school] did —— stay cause of illness or injury	in bed more?	e than half of the o	lay		
D	1 □ Under 5 (4) □ 51	7 (3) \[\] 18 and over (1)		oo 📋 None		No.	of days		
1a.	DURING THOSE 2 WEEKS, did w	ork at any time at a job or business,	R	efer to 2b, 3b, and 4b.	- missed f	rom work			
	not counting work around the house? [farm/business].)	(Include unpaid work in the family	6a. (Not counting the day(s) missed from school), (and) in bed), Was there any (OTHER) time during those 2 weeks that —— cut down on the things —— usually does because of illness or injury? Yes OO [] No (D3)						
	¹ ☐ Yes (Mark ''Wa'' box, THEN	/ 2) 2 [] No							
Ь.	Even though —— did not work during t have a job or business?	hose 2 weeks, did							
	1 [] Yes (Mark "Wb" box, THEN	2 [] No (4)	Ь. (А	gain, not counting the da	y(s) m	issed from work issed from school],		
2a.	During those 2 weeks, did —— miss a or business because of illness or inju	ny time from a job	Dι	ring that period, how ma	y (OTHER	ind) in bed R) days did cut	down for		
	[Yes oo No		mo	re than half of the day b	ecause of i		t-down days		
ь.	During that 2-week period, how many	days did miss more		00 [] None					
	than half of the day from —— job or bu Ilness or injury?	siness because of	D3	Refer to 2-6. No days in 2-6			· ·		
	No. of work-loss da			☐ I or more days i		rk ''Yes'' in RD, T	HEN 7)		
<u> </u>	00[-] None (4)	(4)		efer to 2b, 3b, 4b, and 6b nat (other) condition caus		miss work	during those 2		
30. [During those 2 weeks, did —— miss ar of illness or injury?	y time from school because	_			(or) stay in bed (or) cut down	weeks?		
	☐ Yes 00 ☐ No	(4)		nter condition in C2, TH	EN 70)				
	Ouring that 2-week period, how many than half of the day from school becau		ь. D	d any other condition ca	use —— to	miss work miss school (or) stay in bed	during that		
	and the second section section section	se of miless of milesy:		1 Tyes (Reask 7a o	nd b)	(or) cut down 2 No	period?		
	No. of school-loss o	lays	FOOT	NOTES					
40. 1	During those 2 weeks, did stay in	bed because of illness or injury?							
	Yes	(6)							
b. [During that 2-week period, how many t han half of the day because of illness	lays did stay in bed more s or injury?							
	No.								
	oo None (6)	(D2)							
FORM H	IS-1 (1984) (8-9-83)		Ц			·			

	SP Old age AF
A. HOUSEHOLD COMPOSITION PAGE	GE 1
la. What are the names of all persons living or staying here? Start with the nan the persons who owns or rents this home. Enter name in REFERENCE PEI	ne of the person or one of 1. First name Age
b. What are the names of all other persons living or staying here? Enter name c. I have listed (read names). Have I missed: — any babies or small children?	s in columns. If "Yes," enter names in columns Yes No 2. Relationship REFERENCE PERSON 3. Date of bitth
- anyone who USUALLY lives here but is now away from home traveling or in - anyone else staying here?	
Probe if necessary: Does — usually live somewhere else? Ask for all persons beginning with column 2: 2. What is — relationship to (reference person)?	PLY HOUSEHOLD MEMBERSHIP Delete nonhousehold members X' from 1—C2 and enter reason.) C2 LA RA DV INJ. CL LTR HS COND.
3. What is —— date of birth? (Enter date and age and mark sex.)	
2-WEEK PERIOD	LA IRA OV INJ. CLITRIHS ICONO.
13-MONTH HOSPITAL DATE	LA RA DV INJ. GLETA HS ICONO.
A2 ASK CONDITION LIST Use Table to determine Samp	le Person(s). Mark "SP" box(es).
D. RESTRICTED ACTIVITY PAGE PERSON 3 Hand calendar.	D2 Refer to 2b and 3b. □ No days in 2b or 3b (6) □ I or more days in 2b or 3b (5)
The next questions refer to the 2 weeks outlined in red on that calendar, beginning Monday, (date) and ending this past Sunday (date).} Refer to age. Under 5 (4) 5-17 (3) [18 and over (1)]	5. On how many of the (<u>number in 2b or 3b</u>) days missed from [work/school] did — stay in bed more than half of the day because of illness or injury? oo [] None No. of days
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?	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? Tyes OD NO (D3)
1 Yes (Mark "Wb" box, THEN 2) 2 No (4) 20. During those 2 weeks, did — miss any time from a job or business because of illness or injury? 1 Yes	b. (Again, not counting the day(s) During that period, how many (OTHER) days did —— cut down for more than half of the day because of illness or injury? No. of cut-down days
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? No. of work-loss days	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)
3a. During those 2 weeks, did — miss any time from school because of illness or injury?	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?
b. During that 2-week period, how many days did —— miss more than half of the day from school because of illness or injury?	b. Did any other condition cause — to miss work miss school (or) stay in bed (or) cut down 1 Yes (Reask 7a and b) 2 No
No. of school-loss days 4a. During those 2 weeks, did stay in bed because of illness or injury? Yes oo (No (6)	FOOTNOTES
b. During that 2-week period, how many days did — stay in bed more than half of the day because of illness or injury? No. of bed days On None (6) None (6) (D2)	

	SP Old age AF	SP Old age	☐ AF	[SP Old ag	ge 🗌 AF	□ SP □ C	Old age	AF
	2	3			4		5		
1.	First name Age	First name	Age	1. F	irst name	Age	First name		Age
	Last name Sex	Last name	Sex 1 M	L	ast name	Sex 1 M	Last name		Sex 1 M 2 F
2,	2 F	Relationship	2 F	2, R	elationship	2 F	Relationship		ا ا
3.	Date of birth Month Date Year	Date of birth Month Date	Year		ate of birth	Year	Date of birth Month Date	l Yea	ır
	HOSP, WORK RD 2-WK, DV	HOSP. WORK RD	2-WK, DV		HOSP, WORK	RD 2-WK, DV	HOSP. WORK		WK. DV
Cl	00 None I Wa Yes 00 None	00 None 1 Wa Yes	1 .			Yes 00 None		N	[]None
2000	Number 2 Wb No Number	Number 2 Wb No	Number		Number 2 WD	Number	Number 2 17 0	L) V T	lumber
C2	The second secon			C2					
	LA RA DV INJ. CLETR HS COND.	LA TOV INJ. CL	TR HS COND	LA	RA JOV IN.	CL LTR HS COND	LA RA DV	NJ. CL LTR HS	COND.
					i !				
	LA PA DV INJ. CLLTR HS COND.	LA TOV TINJ. TOLE	THE COND	Ī.Ā	RA TOV IN	CLUTE THE COND.	LA RA DV T	NJ. CLLTR HS	SCOND
					ti	- 			1
	LA RA DV INJ. CLLTR HS COND.	CA AA DV TINJ. TOLO	TR HS COND	ī	RA DV IN	CLUTR HS COND	LA FA TOV	NJ. CL LTR H	S COND
				-				<u>. i</u>	_
	LA RA DV INJ. CLLTR HS COND.	LA RA DV INJ. TOLL	TA HS COND	Į į	RA TOV TIN	CLLTR HS COND	CA TRA TOV TI	NJ. TCLLTR H	s CONO.
			1	-	1 1 1				_
	LA RA TOV INJ. CLLTR HS COND.	CATTON TINJ. TOLE	TA HS COND	ī,	RA TOV TIN	J. CLLTR HS COND.	[A A DV - 1	พัมา รูเระเวลา ค	S COND.
			<u> </u>		, i i i	<u>i i i i</u>		<u> </u>	!
	D. RESTRICTED ACTIVIT	Y PAGE PERSON 4		D2	Refer to 2b o				
 	Hand calendar,					in 2b or 3b (6) days in 2b or 3b	(5)		
	(The next questions refer to the 2 we beginning Monday, (<u>date</u>) and ending		t calendar,		how many of the	(number in 2b or	3b) days missed from		
-	Refer to age.	'			ork/school] did — cause of illness o		e than half of the d	оу	
D	_ 1	7 (3) 📉 18 and ov	ver (I)		oo 🗀 None		No. o	f days	-
1-	DURING THOSE 2 WEEKS, did w			R	efer to 2b, 3b, and 4				
''	not counting work around the house? [farm/business].)			6a. (N	ot counting the da		rom work rom school),		
	¹ ☐ Yes (Mark "Wa" box, THE!	√ 2) 2 □ No				ER) time during t	hose 2 weeks that -		'n
Ь.	Even though —— did not work during	those 2 weeks, did		on on	Yes	vulty does bécau:	se of illness or inju oo □ No (D3)	ıy:	
	have a job or business? 1 [] Yes (Mark "Wb" box, THE!	J 2) 2 - No (d)					issed from work] .	
2-				1	gain, not counting	[(issed from school and) in bed),	
	During those 2 weeks, did miss a or business because of illness or inju				oring that period, h ore than half of the		R) days did cut illness or injury?	down for	_
	☐ Yes 00 ☐ No	(4)			oo 🔲 None		No. of cut	-down days	
	During that 2-week period, how many				Refer to 2-6.				
	than half of the day from job or builiness or injury?	ISINESS DECQUSE OF		D3	☐ No days		o'' in RD, THEN NF irk ''Yes'' in RD, TI		
	No. of work-loss	.			efer to 2b, 3b, 4b,				
	00 [7] None (4)	(4)			ețer to 20, 30, 40, nat (other) conditie		miss work miss school	during 1	those 2
	During those 2 weeks, did —— miss a of illness or injury?	ny time from school becau	se				(or) stay in bed (or) cut down	weeks?	
	☐ Yes oo ☐ No	(4)		(E	nter condition in	Cz, IHEN 7b) 			
	During that 2-week period, how many			b. D	id any other condi	tion cause to	miss work	during	that
	than half of the day from school beca				•		(or) cut down	period?	
	No. of school-lo	ss days		FOOT	1 [Yes (Red	sk /a and b)	2 []] No		
L	oo [] None				HO I LJ				
4a.	During those 2 weeks, did stay in	bed because of illness or	injury?]					
	☐ Yes 00 ☐ No	(6)							
	During that 2-week period, how many than half of the day because of illnes		.010						
	No. of bed days								
	None (6)	(03)							

								☐ SP	⊏	Old age		٩F
	A. HOUSEHOLD COMPOSITION PA	GE								1		_
Ta. What	are the names of all persons living or staying here? Start with the na versons who owns or rents this home. Enter name in REFERENCE PE	me of the	erson e	or one of		1.	First	name			Age	B
	are the names of all other persons living or staying here? Enter name		•		s,'' enter		Last	name				, M
c. I hav	ve listed (<u>read names</u>). Have I missed:				n columns No	2.	Relati REFE	lonship RENC	E PER	SON		-1.
_ an	y babies or small children?					3.	Date Month	of birth	Date		Year	_
	y lodgers, boarders, or persons you employ who live here?					-	HOS	Ρ.	WORK	RO	2.WK.	DΥ
	yone else staying here?	•				C1	00 🗀	- 1.	w			Non-
d. Do a	ill of the persons you have named usually live here? Yes (2)					-	Num	ber 2	: 🗀 wı	o uo	Numb	er
Prot		. Delete n	onhous	chold me	mbers	C 2		4 14 14	<u> </u>	<u> </u>	************	7
	s usually live somewhere else?	'X'' from I	C2 an	d enter i	eason.)	_	LA	RA	DV	I INJ. CL	LTRIHS	CON
	for all persons beginning with column 2:									1		$\overline{\ }$
	t is date of birth? (Enter date and age and mark sex.)			············		+	LA	- RA	οv	INJ. CL	LTR HS	CONE
	REFERENCE PERIO	D S	· •			┧						7
						1	LA	AA	DV	INJ. CL	LTR HS IC	COND
A1	2-WEEK PERIOD	1			1	1 1		$\overline{\ }$				
~'	12-MONTH DATE					l	TA	- IRA	- iov	INJ. CL	LIRIHS R	CONE
	13-MONTH HOSPITAL DATE					1		<u>. i </u>	<u>i </u>	<u>i i</u>	1 1	$\overline{}$
A2						1	LA	, RA	DV	inu. ici	LTR I HS	CONE
	ASK CONDITION LIST to determine Sam	ple Persor	(s). M	ark "SP'	'box(es).		<u></u>	İ	<u>i</u> .	1 1	<u> </u>	_
Han	D. RESTRICTED ACTIVITY PAGE PERSON 5	D2			in 2b or 3b		(5)					
{Th	a Coleman. e next questions refer to the 2 weeks outlined in red on that calendar, inning Monday, (<u>date</u>).		how mai	ny_of the	(number in b	2b or	3b) da					
	Refer to age.		ause of	illness	or injury?	eu mo	re man	nairo	it the	aay		
D1	Under 5 (4) 5-17 (3) 18 and over (1)		00 [_]	None					No.	of days		
	RING THOSE 2 WEEKS, did —— work at any time at a jab or business, counting work around the house? (Include unpaid work in the family			3b, and	mi		from wa		7			
	rm/business].)	1		ng the do	(0)	nd) in]),			
	1 [] Yes (Mark "Wa" box, THEN 2) 2 [] No				ER) time du vally does l						down	
	en though —— did not work during those 2 weeks, did —— e a job or business?			Yes			٥	0[]]	40 (D3	;) 		
	1 [] Yes (Mark "Wb" box, THEN 2) 2 [] No (4)	b. (Age	oin, not	counting	g the day(s)	l n	nissed nissed	from s),		
	ing those 2 weeks, did miss any time from a job usiness because of illness or injury?				how many (C	THE		s did -		down f	or	
	Yes 00 [No (4)	more	e-than h	ialf of th	e day becau					it-down d	ays	
b. Due	ing that 2-week period, how many days did —— miss more		00 [_]									
thar	ing inar Z-week period, now many days did —— miss more i half of the day from —— job or business because of ess or injury?	D3			in 2–6 (Mai							_
	No. of work-loss days	D - 4	<u> </u>		e days in 2-	-6 (MC						_
	00 None (4) (4)	1			, and 6b. on caused -	to	mis	s work	ol	duri	ng those	2
	ng those 2 weeks, did miss any time from school because Iness or injury?	Ì .						stay cut d		wee		
	_] Yes	(En	er cond	ution in	C2, THEN :	(D)						
	ng that 2-week period, how many days did miss more	b. Did	any ot	her cond	ition cause	to	mis	s work s scho stay	ol		ng that	
than	half of the day from school because of illness or injury?		· 🗀	Yes (Red	osk 7a and b	»)	[(or)	cut d	own] peri	od?	
	No. of school-loss days	FOOTN	OTES									
		┨										
40. DUI	ng those 2 weeks, did stay in bed because of illness or injury?											
	Yes	.[
	ng that 2-week period, how many days did —— stay in bed more half of the day because of illness or injury?											
	No. of bed days											
	00 None (6) (D2)	<u> </u>										
ORM HIS.	(1984) (8-9-83)											

	☐ SP	Old age	☐ AF	☐ SP		Old age	☐ AF		SP Old age	☐ AF	☐ SP	Old age	☐ AF
		2			,	3			4			5	
١.	First name		Age	First name		· ·	Age	1.	First name	Age	First name		Age
	Last name		Sex 1	Last name			Sex i M 2 F		Last name	Sex 1 M	Last name		Sex 1 M
2.	Relationsh	i p	2 🗀 F	Relationshi	p		2 F	2,	Relationship	2 F	Relationship		2 F
3,	Date of bir	th	! Year	Date of birt Month	h Date		ear	3.	Date of birth Month Date	! Year	Date of birth Month	Date	! Year
	Month HOSP,	Date WORK F	RD 2-WK, DV	HOSP.	WORK	i	2-WK, DV	<u> </u>	HOSP. WORK RD	<u> </u>	HOSP.	ORK RD	2-WK. DV
C1	00 [] None		Yes 00 None		ı □Wa	+	00 None	CI	00 None 1 Wa Y	1			1
20 (2007)	Number	s	No Number	Number	2 - WE		Number		Number 2 Wb N	Number	Number 2	□MP □ N¢	Number
C2	A CONTRACTOR	a karana .	**************************************	- Annalia		Albert Kong de Artes		C2	A length of the Common of the				
	LA TRA	DV (NJ	CLETR HS COND	TA AA	DV	INJ. CL LTF	HS COND.	ì	LA TOV TINJ	LITE HS COND	LA RA	DV NJ. C	L LTR HS COND
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	LA ,AA	TOV TINJ.	CL LTR HS COND	TA	- rov -	TINJ. TEL ETI	R HS CONO.		LA TRA TOV INJ. C	LITE THE TOND	LA RA	OV TINJ C	LLTR HS COND
	<u> </u>	<u>i_l</u>		ļl		1	-	ł				<u> </u>	-
	LA RA	- Tov TiNJ.	CL LTR HS COND.	1,	- [nv -	TINJ. CL LTF	R HS COND	1	LA RA DV INJ. C	L LTR HS COND.	LA	ראו האין האין האין האין האין האין האין האין	CLTA HS COND
		1 1	CELITINS COM	ļ.,	<u> </u>		1				ļi	<u>i i i</u>	
	L			J		T TT TS			LA TRA TOV INI C		LA	F T T.	CLLTA HS COND
	LA RA	LON INJ.	CL LTR HS COND	LA RA	DV	IND. CLLTS	HS COND.		LA RA DV INJ C	ELTR HS COND.	TA THA	100 1103. 10	ECIN INS I COMO
												FT1.	n = n = n = x=
	LA	DV INJ	CL LTR HS COND.	LA RA	DV	TINJ. CL LTF	HS CONO		LA RA DV INJ. C	LLTR HS COND.	LA RA	ן ן ן	LLTR HS COND

			☐ SP ☐ Old a	age 🗌 AF
	A. HOUSEHOLD COMPOSITION PAGE		1	
la. What	are the names of all persons living or staying here? Start with the name of the person or one of persons who owns or rents this home. Enter name in REFERENCE PERSON column,	1.	First name	Age
1	are the names of all other persons living or staying here? Enter names in columns. [If "Yes," enter		Last name	Sex 1 ☐ M
	names in columns	2.	Relationship REFERENCE PERSON	2 🗍 F
i	e listed (read names). Have I missed: / babies or small children?.	3.	Date of birth	
1	/ babies or small children?		Month Date	Year
	rone who USUALLY lives here but is now away from home traveling or in a hospital?	CI	HOSP. WORK RI	4- (-1)
_ an	vone else staying here?	-		No.
d. Do a	ll of the persons you have named usually live here? Yes (2)		Number 2 1 110	Number
Prob	e if necessary: No (APPLY HOUSEHOLD MEMBERSHIP RULES. Delete nonhousehold members	C2		
Does	usually live somewhere else? by an "X" from I~C2 and enter reason.)		LA RA DV JINJ.	CL LTRIHS COND
Ask	or all persons beginning with column 2:		<u> </u>	· · · ·
2. What	is relationship to (reference person)?		LA RA IDV IINJ.	CL LTR HS COND
3. What	is date of birth? (Enter date and age and mark sex.)			
	REFERENCE PERIODS	İ		
	2-WEEK PERIOD		LA IRA IOV INJ.	CLETRINS COND
A1	Z-II-EN I ENIOU			
	12-MONTH DATE		LA RA DV INJ.	CL LTR HS COND
	13-MONTH HOSPITAL DATE		1 1 1	
A2			LA RA DV IINJ.	CL LTR IHS ICOND
MZ	ASK CONDITION LIST to determine Sample Person(s). Mark "SP" box(es).	Ш		
	E. 2-WEEK DOCTOR VISITS PROBE PAGE			
	to respondent(s): e next questions are about health care received during the 2 weeks outlined in red on that calendar.			
E1	Refer to age.	EI	Under (14 (15))
such	ng those 2 weeks, how many times did —— see or talk to a medical doctor? {Include all types of doctors, as dermatologists, psychiatrists, and ophthalmologists, as well as general practitioners and osteopaths.} not count times while an overnight patient in a hospital.)	la. and b.	00 None	(NP)
b. Duri	ng those 2 weeks, how many times did anyone see or talk to a medical doctor about? (Do not count		Number of times	
time	while an overnight patient in a hospital.)		 	
care	ides the time(s) you just told me about) During those 2 weeks, did anyone in the family receive health at home or go to a doctor's office, clinic, hospital or some other place? Include care from a nurse or ne working with or for a medical doctor. Do not count times while an overnight patient in a hospital.			
b. Who	received this care? Mark "DR Visit" box in person's column.	2b.	DR Visit	
c. Anvo	ne else?			
	or each person with "DR Visit" in 2b:	 		
	many times did receive this care during that period?	d.	Number of times	
3a. (Bes	des the time(s) you already told me about) During those 2 weeks, did anyone in the family get any		Transer of times	
medi or fo	cal advice, prescriptions or test results over the PHONE from a doctor, nurse, or anyone working with a medical doctor?			
	Yes No (E2)	ļ		
	was the phone call about? Mark "Phone call" box in person's column.	3Ь.	Phone call	
	there any calls about anyone else? Yes (Reask 3b and c) No			
	or each person with ''Phone call'' in 3b: many telephone calls were made about ——?	d.		
4. 110**	many totaphone curs were made about ==:	ļ	Number of calls	
E2	Add white in 1.24 and 24 female when the finish and all in 12 MV DVIII be			
	Add numbers in 1, 2d, and 3d for each person. Record total number of visits and calls in "2-WK, DV" bu	ox in	item CI.	
FOOTNO	1ES			

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

	SP Old age AF	SP Old age AF		SP Old age AF	SP Old age AF
	2	3		4	5
1.	First name Age	First name Age	٦.	First name Age	First name Age
	Last name Sex	Last name Sex		Last name Sex	Last name Sex 1 M 2 F
2,	2 F	Relationship	2.	2 F	Relationship
3.	Date of birth Month Date Year	Date of birth	3,	Date of birth Month Date Year	Date of birth Month Date Year
	HOSP. WORK RD 2-WK, DV	HOSP, WORK RD 2-WK, DV	-	HOSP. WORK RD 2-WK, DV	
C1	00 None 1 Wa Yes 00 None	00 None 1 Wa Yes 00 None	C1	00 None 1 Wa Yes 00 Non	I No I
	Number 2 Wb No Number	Number 2 Wb No Number		Number 2 Wb Number	Number 2 Wb Number
C2			C2		
	LA TOV INJ CLITATES COND	TA TOV THE TOURTHS COND		LA RA DV INJ. CLLTR HS CONT	LA RA DV INJ CCLTR HS COND
	LA RA DV INJ. CLLTR HS COND.	LA TOV INJ. CLUTA HS COND.		LA RA DV INJ. CLLTR HS CON	LA RA TOV TINJ TOLLTR HS COND
			1		
	LA RA DV INJ. CLUTE HS COND.	LA TRA TOV TINJ. TOLETR HS COND.		LA DV INJ. CLLIR HS CON	LA RA DV INJ CLETR HS COND.
	LA RA TOV TINJ. CLUTE HS COND.	LA RA DV INJ. CLLTA HS COND		LA TOV THU CLLTR HIS CON	TA TOV TINJ TOLLTR HS TONO
	LA RA DV INJ CLIR HS COND.	LA RA DV TINJ CLITE HS COND		LA RA OV INJ. CLUTE HS CON	D. LA TRA TOV THUS TOLLTR HS TOONO.
	LA RA DV INJ. CLETR HS COND.	The second secon	_	1 1 1 1 1	
El	Under 14 (1b)	Under 4 (1b)	Εl	Under 14 (1b)	Under 14 (1b)
	14 and over (1a)	[] 4 and over (1a)		14 and over (1a)	14 and over (1a)
la. and	00 None	00 None	la. and	00 None	00 None
Ь.	(NP)	(NP)	ь.	(NP)	Number of times (NP)
	Number of times J	Number of times	<u></u>	Number of times J	Number of times J
-			-		
ļ	· 				<u></u>
2b.	DR Visit	DR Visit	2b.	DR Visit	DR Visit
				ļ	
d.			d.		
\vdash	Number of times	Number of times	-	Number of times	Number of times
				·	
3b.	Phone call	Phone call	3b.	Phone call	Phone call
 			}		
d.	Number of c-11s	Number of calls	d.	Number of calls	Number of calls
	Number of calls	Number of calls		Number of calls	Number of calls
E	Add numbers in 1, 2d, and 3d	for each person. Record total numbe	r of v	isits and calls in "2-WK, DV" box i	n item CI.
F00	TNOTES				
FORM H	HIS-I (1984) (8-9-83)				

	SP Old age AF								
<u> </u>	A. HOUSEHOLD COMPOSITION PAGE				1				
la.	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.		1.	First name		Age			
Ь.	What are the names of all other persons living or staying here? Enter names in columns. If "Yes, names in			Last name		Sex 1 M 2 F			
c.	I have listed (read names). Have I missed:	No	2.	Relationship REFERENCE	PERSON				
ĺ	any babies or small children?	3.	Date of birth	Date	Year				
İ	— any lodgers, boarders, or persons you employ who live here?	<u> </u>			<u> </u>				
	- anyone who USUALLY lives here but is now away from home traveling or in a hospital?	CI	20 [7]	VORK RD	2-WK, DV				
ŀ	- anyone else staying here?	1 10	- ' ' '	☐ Wa ☐ Ye:	1				
d.	Do all of the persons you have named usually live here? Yes (2)		- LANCE	Number 2	□Wb □No	Number			
	No (APPLY HOUSEHOLD MEMBE		63		danieri ve en en en	- James			
	Probe if necessary: RULES. Delete nonhousehold mem by an "X" from 1—C2 and enter re	nbers :ason.)	C2) 					
	Ask for all persons beginning with column 2:			LA IRA	OV INJ. CL	LTRIHS COND.			
2.	What is relationship to (reference person)?								
	What is date of birth? (Enter date and age and mark sex.)			LA RA	OV THU CL	LTR HS COND			
	REFERENCE PERIODS				!				
	REFERENCE PERIODS			LA A	DV INJ. ICL	LTRI HS COND			
Α	2-WEEK PERIOD				<u>i i i</u>				
~	12-MONTH DATE			TA RA	IDV IINJ CL	LTR HS COND			
	13-MONTH HOSPITAL DATE				<u> </u>	1			
					1807 T.T. T.T.				
Α	ASK CONDITION LIST Use Table to determine Sample Person(s), Mark "SP"	box(es).	LA RA	DV HNJ CL	LTR ! HS ICOND.			
	F. 2-WEEK DOCTOR VISITS PAGE	DR V	ISIT 1						
	Refer to CI, "2-WK, DV" box,	PER	SON NU	ON NUMBER					
F	1 Refer to age.	F1		ier 4 (1b) and over (1a)					
10.	On what (other) date(s) during those 2 weeks did see or talk to a medical doctor, nurse, or doctor's assistant?	1		and over (1a)					
ь.	On what (other) date(s) during those 2 weeks did anyone see or talk to a medical doctor, nurse, or doctor's assistant about?	ond b.	Month	Date	OR (7777)	Last week Week before			
	Ask after last DR visit column for this person:		1 🗀 Ye	s (Reask 1a or	<u></u> .				
	Were there any other visits or calls for ——during that period? Make necessary correction to 2-WK, DV box in C1.		2 No	(Ask 2-5 for					
2.	Where did receive health care on (<u>date in 1),</u> at a doctor's office, clinic, hospital, some other place, or was this a telephone call?	2.	01 ☐ Te Notin	dephone n hospital:	Hospital:				
	If doctor's office: Was this office in a hospital?	1	02 Ho	me ctor's office	08 [0.P. 6	clinic :			
	If haspital: 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	1	04 🔲 Co	, or Ind, clinic	10 🔲 Docto				
	other kind of clinic? If Iab: Was this lab in a hospital?	1 1	06 🔲 La		11 🔲 Lab 12 🔲 Overn	ight patient			
	What was done during this visit? (Footnote)		07 [Ot	her (Specify)	(Next 88 🔲 Other	DR visit) (Specify)			
	Ask 3b if under 14.	30.		. (24)	s □ DK if	M D (2-1			
	Did —— actually talk to a medical doctor?	and b.	1 🔲 Ye 2 🔲 No		9 🗍 DK wh	ho was			
	Did anyone actually talk to a medical doctor about? What type of medical person or assistant was talked to?	 -			seen (
c.	what type of medical person or assistant was falked to:	c.		T		99 🔲 DK			
ď.	Does the (entry in 3c) work with or for ONE doctor or MORE than one doctor?	ď.	1 [On		3 None	(4)			
e.	For this [visit/call] what kind of doctor was the (entry in 3c) working with or for — a general	 -	2 Mo		9 DK				
	practitioner or a specialist? Is that doctor a general practitioner or a specialist?	and f.	1 [_] GP	(4) 2 Spe	cialist (3g)	9 🗀 DK (4)			
	What kind of specialist?	1- 2-1							
		g.		Kind of s	pecialist				
4a.	Ask 4b if under 14. For what condition did —— see or talk to the [doctor/(entry in 3c)] on (date in 1)? Mark first appropriate box.	4a.		ndition (Item C	2. THEN 49)				
ь.	For what condition did anyone see or talk to the [doctor/(entry in 3c)] about on (date in 1)?	┦ "	3 🔲 Te	st(s) or examin ner (Specily)	ation (4c)	ļ			
	Mark first appropriate box. "as a condition found as a result of the [fest(s)/examination] ?	e.	Ye	s (4h)	□ No	(4g)			
d.	Was this [test/examination] because of a specific condition had?	d.	☐Ye	s (4h)	□ No (4				
	During the past 2 weeks was — sick because of — pregnancy? What was the matter?		☐ Ye	<u> </u>	□ No (4)	<u>"</u>			
	and was the district.	1.		Condition		Item C2, THEN 4g)			
	During this [visit/call] was the [doctor/(entry in 3c]) talked to about any (other) condition?	9.	☐ Ye		N∩ (5				
h.	What was the condition?	h.	☐ Pre	egnancy (40)	,	Itam C2			
	Mark how if "Talanhama" in 2	1.		Condition		Item C2, THEN 4g)			
	Mark box if "Telephone" in 2. Did — have any kind of surgery or operation during this visit, including bone settings	5a.	1 🔲 Ye		•				
	and stitches?			(Next DR visit	<u> </u>				
D.	What was the name of the surgery or operation? If name of operation not known, describe what was done.	ь.	(1)						
c.	Was there any other surgery or operation during this visit?	c.		s (Reask 5b and	1 c)				

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

Month Date Year Florith Date Year The provided in the pr	Date Year WORK RD 2.WK, DV Wa Yes 00 None
Last name Sex Last name Last name	Sex M 2 F
2. Relationship Relationship 2. Relationship 3. Date of birth	2 F
2. Relationship Relationship 2. Relationship 3. Date of birth	Date Year VORK RD 2-WK, DV Wa Yes 00 None
2. Relationship 3. Date of birth Month Date Year Year Month Date Year Month Date Year Month Date Year Year Month Date Year Year Month Date Year	Date Year WORK RD 2.WK. DV Wa Yes 00 [None
Month Date Year Month Date Year Month Date Year Month Date Year Month Date Year Month Date Year Month Date Year Month Date Year Month Date Year Month Date Year Month Date Year Month Date Tear Tribinit	VORK RD 2-WK, DV
C1 Mone 1 Wa Yes 00 None 1 Wa Yes 10 None	WaYes 00 []None
Number 2 Wb No Number Number 2 Wb No Number Number 2 Wb No Number	···
C2 LA RA DV RU CLIR RS COND LA RA DV RU CLIR RS COND LA RA DV RU CLIR RS COND LA RA LA RA DV RU CLIR RS COND LA RA DV RU CLIR RS COND LA RA RA DV RU CLIR RS COND LA RA RA DV RU CLIR RS COND LA RA RA DV RU CLIR RS COND LA RA	□Wb □No Number
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LA RA OV MJ CLLIR HS COMO LA RA OV MJ CLLIR HS COMO LA RA	OV INJ. CLLTR HS COND.
LA TRA DV INJ CLUTRINS COND LA RA DV INJ CLUTRINS COND LA RA DV INJ CLUTRINS COND LA RA	
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DR VISIT 2 DR VISIT 3 DR VISIT 4 PERSON NUMBER PERSON NUMBER PERSON NUMBER	
F1 Under 14 (1b) F1 Under 14 (1b) F1 Under 14 (1b)	
10	
land ond b. Month Date 8888 Week before b. Month Date 8888 Week before b. Week before	OR { 7777 Last week 8888 Week before
c. 1 Yes (Reask 1a or b and c) yes (Reask 1a or b and c) ye	
2. 01 Telephone 2. 01 Telephone 2. 01 Telephone	Hospital:
02 Home 08 0.P. clinic 02 Home 08 0.P. clinic 02 Home	08 O.P. clinic
04 Co, or Ind, clinic 10 Doctor's office 04 Co. or Ind, clinic 10 Doctor's office 04 Co, or Ind, clinic	c to Doctor's office
05 Other clinic	12 Overnight patient (Next DR visit)
as Other (Specify)	88 (Other (Specify)
3a. 1 Yes (3f) 8 DK if M.D. (3c) 3a. 1 Yes (3f) 8 DK if M.D. (3c) 3a. 1 Yes (3f)	8 DK if M.D. (3c)
ond 2 ☐ No (3c) 9 ☐ DK who was seen (3t) 9 ☐	9 DK who was seen (31)
c99	99 DK
Type Type	3 None (4)
2 More 9 DK 2 More 9 DK 2 More	9 DK
and and and	ecialist (3g) 9 🔲 DK (4)
Kind of appetitude	specialist
4a. 1 Condition (Item C2, THEN 4g) 4a. 1 Condition (Item C2, THEN 4g) 4a. 1 Condition (Item C2, THEN 4g) 4a. 1 Condition (Item C2, THEN 4g) 4a. 1 Condition (Item C2, THEN 4g) 4a. 1 Condition (Item C2, THEN 4g) 4b. and 2 Pregnancy (4e) 2 Pregnancy (4e) and 2 Pregnancy (4e) 3 Test(5) or graph	
3 Test(s) or examination (4c) 8 Other (Specify) 8 Other (Specify)	!
(4g) (4g) (4g) (1g) (1g) (1g) (1g) (1g) (1g) (1g) (1	(4g)
d.	No (4g)
e.	
f. (Item C2, f. (Item C2, THEN 4g) Condition THEN 4g) Condition	(Item C2, THEN 4g)
g. Yes No (5) g. Yes No (5) g. Yes h. Pregnancy (4e) h. Pregnancy (4e) h. Pregnancy (4e)	
(Item C2, (Item C2, Condition THEN 4g) Condition THEN 4g) Condition	(Item C2, THEN 4g)
5a. 0 Telephone in 2 (Next DR visit) 5a. 0 Telephone in 2 (Next DR visit) 5a. 0 Telephone in 2 (Next DR visit)	
1 Yes 1 Yes 2 No (Next DR visit) 1 Yes 2 No (Next DR visit) 2 No (Next DR visit)	s/t)
F	
b. (1) b. (1) b. (2)	and c)
b. (1)	

			SP Old age AF
l	A. HOUSEHOLD COMPOSITION PAGE		1
la. Who	it are the names of all persons living or staying here? Start with the name of the person or one of persons who awns or rents this home. Enter name in REFERENCE PERSON column.	1.	First name Age
b. Wh	at are the names of all other persons living or staying here? Enter names in columns.		Last name Sex
c. lh	names in columns sve listed (read names). Have I missed: Yes No	2.	Relationship REFERENCE PERSON
	ny babies or small children?	3.	Date of birth Month Date Year
	ny lodgers, boarders, or persons y <i>o</i> u employ who live h <i>e</i> re?	<u> </u>	
ı	nyone who USUALLY lives here but is now away from home traveling or in a hospital?	Cı	HOSP, WORK RD 2-WK, DV
) - ·	nyone else staying here?]	Number 2 Wb No Number
d. Do	all of the persons you have named usually live here? Yes (2)	723	Number
Pro	be if necessary: No (APPLY HOUSEHOLD MEMBERSHIP RULES. Delete nonhousehold members	C2	
Do	by an "X" from 1-C2 and enter reason.)		LA TRA DV TINJ. CL LTRIHS COND
	for all persons beginning with column 2:	1	
	t is relationship to (reference person)?]	LA RA DV INJ. CLLTR HS COND.
3. Wh	it is —— date of birth? (Enter date and age and mark sex.)		
	REFERENCE PERIODS		LA TRA IDV TINJ. (CLETRINS ICOND.
	2-WEEK PERIOD		1100
A1	13 HONTH DATE	1	
	12-MONTH DATE	{	LA IRA IDV INJCL LTR HS COND.
	13-MONTH HOSPITAL DATE		
A2	ASK CONDITION LIST to determine Sample Person(s). Mark "SP" box(es).		LA RA DV INJ. CL LTR IHS ICOND.
	G. HEALTH INDICATOR PAGE		
la. Du	ing the 2-week period outlined in red on that calendar, has anyone in the family had an injury		
1701	n 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.	16.	☐ Injury
c. Wh	ot was injury?		
	er injury(ies) in person's column.	c.	Injury
d. Die	anyone have any other injuries during that period?		
	☐ Yes (Reask lb, c, and d) ☐ No	ļ	
e. As	for each injury in Ic: a result of the (<u>injury in Ic</u>) did [——/anyone] see or talk to a medical doctor or assistant	e.	Yes (Enter injury in C2, THEN 1e for next injury)
(аь	out) or did cut down on usual activities for more than half of a day?	<u> </u>	No (1e for next injury)
2. Du	ing the past 12 months, {that is, since (12-month date) a year ago} ABOUT how many days did illness	2.	000 None
ori	njury keep in bed more than half of the day? (Include days while an overnight patient in a hospital.)		No. of days
3a. Dur	ing the past 12 months, ABOUT how many times did [/anyone] see or talk to a medical doctor	30.	000 None (3b)
	ssistant (about ——)? (Do not count doctors seen while an overnight patient in a hospital.) lude the (<u>number in 2-WK DV box</u>) visit(s) you already told me about.)		000 Only when overnight patient in hospital
i .		ì	> (NP)
[No. of visits
b. Abo	ut how long has it been since [/anyone] last saw or talked to a medical doctor or assistant	ь.	1 Interview week (Reask 3b)
(000	ut)? Include doctors seen while a patient in a hospital.		2 Less than 1 yr. (Reask 3a) 3 1 yr., less than 2 yrs.
			4 2 yrs., less than 5 yrs.
		1	O Never
	ld you say —— health in general is excellent, very good, 1, fair, or poor?	4.	1 Excellent 4 Fair 2 Very good 5 Poor
			3 Good
Mar	k box if under 18.	5a.	Under 18 (NP)
	ut how tall is without shoes?	1	FeetInches
b. Abo	ut how much does —— weigh without shoes?		
L		ь.	Pounds
FOOT	NOTES		
1			
FORM III	5-1 (1984) (6-9-83)		
. OKM HI	tion to even		

	SP Old age AF	SP Old age AF		SP Old age	Ar I		AF
	2	3		4		5	Age
1.	First name Age	First name Age	1.	First name	Age	First name	Age
	Last name Sex	Last name Sex		Last name	Sex I M	Last name	5ex 1 M 2 F
2.	2 F Relationship	2 F Relationship	2.	Relationship	2 [] F	Relationship	[4[];
3.	Date of birth	Date of birth Month Date Year	3.	Date of birth Month Date Yea	r	Date of birth Month Date Yea	ır
	Month Date Year HOSP. WORK RD 2-WK, DV	Month Date Year HOSP. WORK RD 2-WK. DV			-WK. DV	HOSF. WORK RD 2-	WK, DV
Cı	HOSP. WORK RD 2-WK. DV	00 None 1 Wa Yes 00 None	С1		None		[_]None
	Number 2 Wb No Number	Number 2 Wb No Number		Number 2 Wb No	Vumber	Number 2 Wb No N	lumber
C2		<u> </u>	C2	angana ang mga mga mga mga mga mga mga mga mga mg		Later Street and Control of Contr	_
1	LA TAA OV INJ CLUTATHS COND.	LA TOV INJ. CLUTE HS COND.		TA RA TOV TINE CLUTE TH	s - FCOND	LA RA OV INJ. CLETR HE	s Tono.
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		LA TRA TOV TINJ TELETATHS CONO.		LA RA DV NJ CLLTR	is Trong	LA RA FOV TINJ TOLLTR H	s TONO.
	LA RA DV INJ. CLLTA HS COND.	LA RA DV INJ. CLLTA HS CONO.					
	LA RA OV INJ. CLLTH HS COND.	LA RA DV INJ. CL LTR HS COND.		LA RA DV INJ. CLLTR	IS COND.	LA RA DV INJ CLETR H	S COND.
	LA TOV THE CLETE HE COND.	LA RA DV TINJ. CLUTR HS COND.		LA RA TOV INJ CLUTR	S COND	LA RA DV INJ CLLTR H	COND
					\	<u> </u>	/
	LA TOV TINJ. CLUTETES CONO.	CA RA TOV TINJ. TOLUTE HE COND.		LA TOV INJ CLLTR	45 CONO.	LA BA - DV - INJ - CELETR H	s COND
					_ l		
<u> </u>							
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ļ	·		ļ				
1Ь,	☐ Injury	Injury	1ь.	lnjury		☐ Injury	
c,			c.				
	Injury	Injury	ļ	Injury		Injury	
e.	Yes (Enter injury in C2, THEN	Yes (Enter injury in C2, THEN	 •.	Yes (Enter injury in C2. 1	HEN	Yes (Enter injury in C2. T	 нем
"	1e for next injury) No (1e for next injury)	1e for next injury) No (1e for next injury)		1e for next injury) No (1e for next injury)		Yes (Enter injury in C2, T 1e for next injury) No (1e for next injury)	
-							
2.	000 None	000 None	2.	000 None		000 None	
	No. of days	No. of days		No. of days		No. of days	
30.	000 None (3b)	000 None (3b)	3a.	000 None (3b)	`	000 None (3b)	
	Only when overnight patient in hospital	000 Only when overnight patient in hospital (NP)		000 Only when overnight patient in hospital) (NP)	000 Only when overnight patient in hospital	(NP)
					J '''' /		
b.	No, of visits 1 [Interview week (Reask 3b)	No. of visits 1 \igcap \text{Interview week (Reask 3b)}	ь.	No. of visits	 k 3b)	No. of visits 1 Interview week (Reask	3b)
	2 Less than I yr. (Reask 3a) 3 I yr., less than 2 yrs.	2 Less than 1 yr. (Reask 3a) 3 1 yr., less than 2 yrs.		2 Less than 1 yr. (Reas	k 3a)	2 Less than I yr. (Reas)	
	4 2 yrs., less than 5 yrs.	4 2 yrs., less than 5 yrs.		4 🔲 2 yrs., less than 5 yrs		4 2 yrs., less than 5 yrs	
	5 5 yrs. or more 0 Never	5 _ 5 yrs. or more 0 _ Never		5 _ 5 yrs. or more 0 _ Never		5 Syrs. or more 0 Never	
4.	1 Excellent 4 Fair	1 Excellent 4 Fair 2 Very good 5 Poor	4.	1 Excellent 4 F		1 Excellent 4 F	
	3 Good	3 Good		3 Good		3 Good	
5a.	Under 18 (NP)	Under 18 (NP)	5a.	Under 18 (NP)		Under 18 (NP)	
	FeetInches	FeetInches			ches		ches
		mores					
Ь,	Pounds	Pounds	ь.	Pounds		Pounds	
F00	TNOTES						
			*				

				<u></u>			SP Oldage AF			
				1						
1a. What	t are the names of all persons t persons who owns or rents this	iving or staying here? Start with t home. Enter name in REFERENC	he name of the pe E PERSON colum	rson or one of		1.	First name Age Last name Sex			
b. Wha	t are the names of all other per	sons living or staying here? Enter	r names in column				1 M			
c. I ha	ve listed (<u>read names</u>). Have l	missed:		Yes	No	2.	Relationship REFERENCE PERSON			
	ny babies or small children?. , ,	3.	Date of birth Month Date Year							
i	ny lodgers, boarders, or persons nyone who USUALLY lives here		HOSP. WORK RD 2-WK, DV							
	yone else staying here?	CI	00 None 1 Wa Yes 00 None							
d. Do	all of the persons you have nam		Number 2 Wb No Number							
Pro	be if necessary:	RSHIP mbers	C 2	The same of the sa						
Doe	s usually live somewhere e	lse?	an ''X'' from I—	C2 and enter r	eason.)		LA THA DV TINJ CELTRINS COND			
	for all persons beginning with is —— relationship to (referen									
3. Who	t is date of birth? (Enter	date and age and mark sex.)			- 1		LA RA DV INJ CLLTRIHS COND.			
		REFERENCE PE	RIODS							
	2-WEEK PERIOD				·	Ì	LA			
A1										
	12-MONTH DATE						LA RA FDV INJ. CL LTR HS ICOND.			
	13-MONTH HOSPITAL DAT	E								
A2	ASK CONDITION LIST	to determin	e Sample Person(s	Mark "SP"	hav(es)		LA RA DV INJ. CLLTRIHS ICOND.			
	AUR CORP. HOR EIGH		TION LISTS 1 A		DOX(es).		<u>' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' </u>			
Red	d to respondent(s) and ask list		TION CISTS I A	AND Z						
	r I am going to read a list of m have mentioned them before.	edical conditions. Tell me if anyo	ne in the family h	as any of thes	e conditions	, ever	ı if			
	la. Does anyone in the family	{read names} NOW have -				- (read names) NOW have -			
	b. Who is this? c. Does anyone else NOW ha			b. Who is th	'ask 2b and is?	c.				
1	Enter condition and letter	in appropriate person's column.	2	c. Does any		W hav	e			
-	A. PERMANENT stiffness of fingers, arm, or back? (P	eny deformity of the foot, leg, ermanent stiffness — joints will		Enter con	dition and le	letter in appropriate person's column. Hearing Vision Speech				
	not move at all.)			A_L are	conditions a					
	B. Paralysis of any kind?	ONTHS, did anyone in the family		M-AA are	impairments		Capeecin			
	have - If "Yes," ask ic									
	e. Who was this?	ONTHS, did anyone else have -		A. Deafness	in one or bot	h	Reask 2a			
		in appropriate person's column.		ears?			O. A missing joint?			
	C-L are conditions affect M-W are conditions affect			B. Any other with one o	trouble hear r both ears?	ing	P. A missing breast, kidney, or lung?			
	Will the constitution affects	Reask Id	- 	C. Tinnitus of	r ringing in		Q. Palsy or cerebral palsy? (ser'a-bral)			
	C. Arthritis of any kind or rheumatism?	M. A tumor, cyst, or growth					R. Paralysis of any kind?			
		of the skin?		D. Blindness eyes?	in one or bo	†n	S. Curvature of the spine?			
	D. Gout?	N. Skin cancer?		E. Cataracts	· 		T. REPEATED trouble with neck, back, or spine?			
	E. Lumbago?	O. Eczema or psoriasis? (ek'sa-ma) or (so-rye-uh-sis)		F. Glaucomas	? 		U. Any TROUBLE with			
	F. Sciatica?	P. TROUBLE with dry or		G. Color blin			V. A clubfoot?			
itching skin? H. A detached retina or any other condition of the										
	G. A bone cyst or bone spur?	Q. TROUBLE with acne?		retina?	trouble soci		W. A trick knee? X. PERMANENT stiffness			
H. Any other disease of the bone or cartilage? R. A skin ulcer? R. A skin ulcer? When wearing glasses:					EN	or any deformity of the foot, leg, or back? (Permanent stiffness —				
	I. A slipped or ruptured disc?	S. Any kind of skin allergy?		J. A cleft pa	late or harel	ip?	ipints will not move at all.)			
		T. Dermatitis or any other skin trouble?		K. Stammerin	g or stutterin	ig?	Y. PERMANENT stiffness or any deformity of the			
neck, back, or spine? U. TROUBLE with ingrown L. Any other speech defect							fingers, hand, or arm?			
	toenails or fingernails? M. Loss of taste or smell which has lasted 3 months or more?						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?			

SP Old age AF		SP Old age A			SP Old age		5 Old age C Ar
1.	2 First name Age	3 First name Ag	e	1,	First name	Age	First name Age
	Last name Sex	Last name Sey	_		Last name	Sex	Last name Sex
	1 M 2 F	2 [] M	2.	Relationship	Sex 1 M 2 F	2 F
3.	Relationship Date of birth	Relationship Date of birth	_	3.	Date of birth		Date of birth
	Month Date Year	Month Date Year				2-WK, DV	Month Date Year
C1	HOSP, WORK RD 2-WK. DV	HOSP. WORK RD 2-WK		Cl		00 None	00 None 1 Wa Yes 00 None
	Number 2 Wb No Number	Number 2 Wb No Num	ber		Number 2 Wb No	Number	Number 2 Wb No Number
C2		er ver ein i engliche i eingeber Eine i Ge		C2	endere in the state of the state of the state of	<u> </u>	
	LA TRA TOV TINI CLLTA HS TOND	LA OV TINJ CLETRIHS	COND		LA TOV INJ CLUTA	нѕ сомо	LA RA DV TINJ. TOLLTR HS COND
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	LA RA DV INJ. CLLTA HS COND.	TA TOV TINJ. CLLTR HS	COND.		LA AA DV INJ. CLLTR	THS COND.	LA RA DV INJ CLUTR HS COND
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	LA RA DV INJ. CLUTE HS CONO.	LA RA OV TINJ. CLLTR HS	CONO.		LA RA DV INJ. CLLTR	HS COND	LA RA OV INJ CLETR HS COND
					· <u> </u>		
	LA TAA TOV INJ. CLLTR HS TOND.	LA RA DV TINJ. CLITA HS	COND		LA HA TOV INJ. CLLTR	HS COND.	LA RA DV INJ. CLLTR HS COND
						<u> </u>	
	LA RA TOV NU CLUTA HS COND	LA RA DV TINJ CLLYA HS	COND		LA RA OV INJ. CLUTR	THE TOND	LA TRA TOV THU TOLETR HS COND
	1 1 1 1 1					<u> </u>	
		H, CONDI	TION	l LIS	TS 3 AND 4		
	Read to respondent(s) and ask list : Now I am going to read a list of me	specified in A2:				condition	s even if
ļ	you have mentioned them before.		7				ONTHS, did anyone in the family
	3a. DURING THE PAST 12 MON family (<u>read names</u>) have —	IIH3, did anyone in the			(<u>read names</u>) hav	e –	ONTINS, and anyone in the taminy
	If "Yes," ask 3b and c. b. Who was this?				If "Yes." ask 41 b. Who was this?	and c.	
3		ITHS, did anyone else have -			A	AST 12 MC	ONTHS, did anyone else have -
	l ·	appropriate person's column. cold; flu; red, sore, or strep		- [in appropriate person's column. ing the glandular system
	throat; or "virus" even if re	ported in this list.			C is a blood con-		ing the grandardr system
	Conditions affecting the dig	Reask 3a	\dashv		į.		ng the nervous system
	A. Gallstones?	N. Enteritis?			J=T are conditio	ns ajjecti	ng the genito-urinary system
	B. Any other gallbladder trouble?	O. Diverticulitis? (Dye-ver-tic-yoo-lye'tis)			A. A goiter or other trouble?	thyroid	Reask 4a N. Any other kidney trouble?
	C. Cirrhosis of the liver?	P. Colitis?			B. Diabetes?		O. Bladder trouble?
	D. Fatty liver?	Q. A spastic colon?			C. Anemia of any ki	nd?	P. Any disease of the genital organs?
		R. FREQUENT			D. Epilepsy?		Q. A missing breast?
	E. Hepatitis?	constipation?	1		E. REPEATED seiz	ures, ickouts?	R. Breast cancer?
	F. Yellow jaundice?	S. Any other bowel trouble?			F. Multiple sclerosi	s?	S. * Cancer of the prostate?
	G. Any other liver trouble?	T. Any other intestinal trouble?			G. Migraine?		T. *Any other prostate trouble?
	H. An ulcer?	U. Cancer of the stomach, intestines, colon or rectum?			H. FREQUENT hea	daches?	U. ** Trouble with menstruation?
	I. A hernia or rupture?				I. Neuralgia or neu	ritis?	V. ** A hysterectomy? If "Yes," ask:
	J. Any disease of the esophagus?				J. Nephritis?		For what condition did —— have a hysterectomy? W. ** A tumor, cyst, or
					K. Kidney stones?	ney	growth of the uterus or ovaries?
	K. Gastritis? L. FREQUENT indigestion?	If "Yes," ask: Who was this? — What was			infections?		X. ** Any other disease of the uterus or ovaries? Y. ** Any other female trouble?
	M. Any other stomach	the condition? Enter in item C2, THEN reask V.			*Ask only if males	in family	

	SP Old age AF									
<u></u>		A. HOUSEHOLD COMPOSITION						1		
la. Who	at are the names of all persons li persons who owns or rents this	ving or staying here? Start with the home. Enter name in REFERENCE	e name PER	of the pe SON colum	rson or one of		1.	First name Age		
c. 1 he	ove listed (<u>read names</u>). Have I ny babies or small children?		nomes	in column	If "Yes, names in Yes	" enter columns	2. 3.	Last name Sex 1 M 2 F Relationship REFERENCE PERSON Date of birth Month Date Year		
– a – a	ny lodgers, boarders, or persons nyone who USUALLY lives here nyone else staying here? all of the persons you have name		C1	HOS P. WORK RD 2-WK, DV 00 None 1 Wa Yes 00 None Number 2 Wb No Number						
ĺ	be if necessary: -s usually live somewhere el	RSHIP bers ason.)	C 2	LA IRA DV INJ. (CLITRINS COND.						
	for all persons beginning with c			- Comb						
3. Who	it is date of birth? (Enter of	date and age and mark sex.)			·			LA RA DV INJ. CL LTR HS COND.		
		REFERENCE PER	100				Ì			
A 1	2-WEEK PERIOD							LA PA DV INJ. CLUBIHS COND.		
	12-MONTH DATE						ŀ	LA RA IDV INJ. CL LTR HS COND.		
A2	13-MONTH HOSPITAL DATE							LA RA DV ; INJ. CLUTRIHS ICOND.		
	ASK CONDITION LIST	. Use Table to determine	Sample	Person(s). Mark "SP"	box(es).		occinis iono.		
		H. CONDIT	ION I	LISTS 5 A	ND 6					
Nov	nd to respondent(s) and ask list s v I am going to read a list of med have mentioned them before.	specified in A2. dical conditions. Tell me if anyone	in th	e family h	as had any of t	hese conditi	ons,	even if		
	5a. Has anyone in the family {r If "Yes," ask 5b and c.	ead names} EVER had —			(read nam	es) have -		ONTHS, did anyone in the family		
5	b. Who was this?				b. Who was t					
•	l '	n appropriate person's column.		6	Enter con	dition and le	etter	ONTHS, did anyone else have — in appropriate person's column. or cold; flu; red, sore, or strep		
	A. Rheumatic fever?	G. A stroke or a	\dashv		throat; or	"virus" eve	en if i	reported in this list, spiratory system.		
	B. Rheumatic heart disease?	cerebrovascular accident? (ser'a-bro vas ku-lar)			A. Bronchitis	.?		Reask 6a. K. A missing lung?		
	C. Hardening of the arteries or arteriosclerosis?	H. A hemorrhage of the brain?			B. Asthma? C. Hay fever			L. Lung cancer?		
	D. Congenital heart disease?	I. Angina pectoris? (pek'to-ris)			D. Sinus trou			M. Emphysema?		
	E. Coronary heart disease?	J. A myocardial infarction?			E. A nasal po	·		O. Tuberculosis?		
	F. Hypertension, sometimes called high blood pressure?	K. Any other heart			F. A deflecte		d	P. Any other work- related respiratory		
	5d. DURING THE PAST 12 MOI family have — If "Yes," ask 5e and f.	NTHS, did anyone in the			G. * Tonsilli ment of th adenoids?	e tonsils or	e-	condition, such as dust on the lungs, silicosis, asbestosis, or pneu-mo-co-ni-o-sis?		
	e. Who was this?	NTHE IN			H. * Laryngit	is?		Q. During the past 12 months did anyone (else) in the		
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. 1. A tumor or growth of the throat, larynx, or trachea?								family have any other respiratory, lung, or pulmonary condition? If "Yes," ask: Who was this?—What was the		
L. Damaged heart valves? Q. Any blood clots?								condition? Enter in item C2, THEN reask Q.		
	M. Tachycardia or rapid heart?	R. Varicose veins?			* If reported in		•	sk: ve (<u>condition</u>) in the past 12 months?		
	N. A heart murmur?	S. Hemorrhoids or piles?				e times, en		ondition in item C2.		
ł	O. Any other heart trouble?	T. Phlebitis or thrombophlebitis?				did it last? n I month, c		nonth or longer, enter in item C2.		
	P. An aneurysm?	or adenoids condition car	were using	removed during past 12 months, removal in item C2.						

	SP Old age AF	SP Old age AF		SP Old age	AF	SP Old age	AF
	2	3	ĺ	4		5	
1,	First name Age	First name Age	1.	First name	Age	First name	Age
	Last name Sex	Last name Sex		Last name	Sex 1 M 2 F	Last name	Sex 1 M 2 F
2,	1 M 2 F	Relationship	2.	Relationship	2 🗍 F	Relationship	2 F
3.	Date of birth	Date of birth	3,	Date of birth		Date of birth Month Date Ye	
	Month Date Year	Month Date Year		<u> </u>	ear	1	-WK, DV
CI	HOSP. WORK RD 2-WK, DV OO None 1 Wa Yes OO None	HOSP. WORK RD 2-WK. DV	CI	HOSP. WORK RD	2-WK, DV 00 □None	 	None
	Number 2 Wb No Number	Number 2 Wb No Number	Ĺ	Number 2 Wb No	Number	Number 2 Wb No -	Number
C2		<u> </u>	C2				
"	LA RA DV INJ. CLUTE HS COND.	LA TOV TINJ TOLLTRINS COND.	-	LA TRA TOV TINJ. CLLTR	THS COND	IA RA JOV TINJ TELETRA	S COND
							
Ì					T = T = T		
	LA RA DV INJ CLLTR HS CONO.	LA RA DV INJ. CL LTR HS COND.		LA RA TOV INJ. CLITA	HS CONO.	LA RA DV INJ CLLTR	IS ICONO.
	LA TOV TINJ. CLETA HS COND.	LA RA DV INJ. CLLTR HS COND.		CA RA DV INJ. CLETE	HS CONO.	CA RA OV MIS. CLLTR	S COND.
			1				/
	LA TOV TINJ. CELETR HE COND	LA TRA TOV TINJ. TOLLTR HS COND.	1	LA RA TOV INJ. CLLTE	HS COND	LA TRA TOV TINJ TOUTEN	s cono
			1		1		-
1	LA AA DV NIJ CLLTR HS COND.	LA RA DV INJ. CLLTR HS COMD.	1	LA RA TOV TINJ. CLETE	THS COND.	LA RA TOV TINJ CELTRA	IS COND
Ļ			L		<u>i i </u>		<u> </u>
FC	OTNOTES					•	
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			☐ 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.	1.	First name	Age			
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: — any babies or small children?.		Relationship REFERENCE Date of birth Month	Sex 1 M 2 F PERSON			
- any lodgers, boarders, or persons you emplay who live here? - anyone who USUALLY lives here but is now away from home traveling or in a hospital?	C1	00 None 1 Number 2	ORK RD 2.WK, DV Wa Yes 00 None Wb No Number			
Ask for all persons beginning with column 2: 2. What is relationship to (reference person)?			li İ			
3. What is date of birth? (Enter date and age and mark sex.)		_	LA RA	DV TINJ. TCL LTR HS COND.		
REFERENCE PERIODS			<u> </u>			
2-WEEK PERIOD			LA IRA	DV INJ. CLLTRIHS COND.		
12-MONTH DATE			LA RA	IDV INJ. CL LTR HS CONO.		
13-MONTH HOSPITAL DATE			LA RA	DV TINJ. CL LTRTHS ICOND.		
ASK CONDITION LIST to determine Sample Person(s). Mark "SP" b	ox(es).	LA , nA	OV INJ. CLLTRIHS ICOND.		
J. HOSPITAL PAGE	HOSE	PITAL STA	Y 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 [] No	000 None (Next HS)			
4. For what condition did —— enter the hospital? • For delivery ask: Was this a normal delivery? Was the boby normal at birth? If "No," ask: What was the matter? What was the matter? What was the matter? ### Condition ask: ### Why did —— enter the hospital? ### 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?	4.	2 Nor	mal delivery mal at birth condition dition	· (5)		
J1 Refer to questions 2, 3, and 2-week reference period.	Jì	refe in C	least one night erence period (£ 22, THEN 5) nights in 2-wes	in 2-week Enter condition ak 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	3	2 🔲 No (6)		
b. What was the name of the surgery or operation? If name of operation not known, describe what was done.	ь.					
c. Was there any other surgery or operation during this stay?	c.	Yes	s (Reask 5b and	<i>10)</i> No		
6. What is the name and address of this hospital?	6.	Name Number an		State		
FOOTNOTES	<u> </u>					

	SP Old age AF	☐ SP ☐	Old age AF	☐ SP	Old age	Ц	AF	SP 01	
	2		3		4			5	
1.	First name Age Fir	rst name	Age	1. First n	ame		Age	First name	Age
	1 _ M	ast name	Sex 1 M	Lastn	ame		Sex 1 M 2 F	Last name	Sex 1 [] M 2 [] F
2.	Relationship Re	elationship	2 F	2. Relation	onship		141-15	Relationship	1-1,11
3.		ate of birth	e Year	3. Date of Month	f birth Date	ļ Y	ear	Date of birth Month Date	l Year
	i	HOSP. WORL	RD 2-WK, DV	HOS		RD	2-WK, DV	HOSP. WORK	RD 2-WK, DV
C1		None 1 N	a lema	1 1 -	2 COMP C		00 None	00 None 1 Wa Number 2 Wb	Yes 00 Number
-	Number 2 Wb No Number N	Number L	Number	Numt	per (Number	Number	
C2				C2					
	LA RA DV INJ. CELTR HS COND. LA	AA DV	INJ. CLUTR HS COND.	LA	RA DV INJ	CL LTR	HS COND.	LA RA DV III	U CLLTA HS COND
	LA TRA DV INJ CLLTR HS COND. LA	FRA DV	INJ CLUTA HS COND.	LA	RA DV (NJ.	CLLTR	HS COND	LA RA DV II	VJ CLUTR HS COND
	LA RA DV INJ CLUTE HS COND LA	RA DV	INJ. CLETR HS COND	LA	TAA DV INJ	CL LTR	HS COND	LA RA DV	CLUTE HS COND
	LA TOV TINJ CLLTR HS TOONO LA	RA-TDV	TINU. TOLLTR HS COND		RA TOV TINJ	CLLTR	THS COND.	LA RA DV T	NJ. TOLLTA HS COND
			<u> </u>		<u>ii. i</u>	_i	· (
	LA TOV TINJ CLLTA HS COND. LA	RADV	INJ. CLLTR HS COND	LA	LIN VOT AR	CLLTR	HS COND	LA RA DV	NJ TOLLTR HS TOOND
-		- 1		<u> </u>		<u></u>		<u> </u>	
ноя	PITAL STAY 2	Hos	PITAL STAY 3			HOSE	PITAL STA	Y 4	
1.	PERSON NUMBER	1.	PERSON NUMBER			ι.	PERSON	NUMBER	
-	Month Date Year		Month Date	Y	'ear	1	Month	Date	Year
2.	19	2.			19	2.			19
3.	0000 None (Next HS)	3.	0000 None (Next HS)		3.	000 [No	ne (Next HS)	
	Nights		Nights					Nights	
4.	1 Normal delivery	4.	1 Normal delivery			4.		mal delivery mal at birth (5)	
	2 Normal at birth 3 No condition		2 Normal at birth 3 No condition) (5)			3 No	condition	
	Condition		Condition 2				[_] Con	Chount	
Jī	At least one night in 2-week reference period (Enter condition	J1	At least one ni	ght in 2-week I (Enter condit	ion	J٦	refe	least one night in 2-we rence period (Enter co	sek ondition
	in C2, THEN 5) No nights in 2-week reference period	1 (5)	In C2, THEN 5, No nights in 2≺)				02, THEN 5) nights in 2-week refer	ence period (5)
5a.	1 Yes 2 No	lo (6) 5a.	↑ Yes		2 🔲 No (6)	50.	1 Yes		- 2 🔲 No (6)
ъ.	(1)	b.	(1)			ь.	(1)		
1	(2)		(2)				(2)		
ļ	(3)		(3)			ļļ	(3)		
c.	Yes (Reask 5b and c)	t t	Yes (Reask 5b		□ No	c.	Yes	(Reask 5b and c)	☐ No
	Name	-	Name				Name		
6.	Number and street	6.	Number and street			6.	Number an	d street	
							61		
	City or County State		City or County		State		City or Co	unky	State
F00	TNOTES								
		*							
5084	H(S-1 (1984) (8-9-83)								

	SP Old age AF									
	A. HOUSEHOLD	COMPOSITION PAG	E		1					
la. What	are the names of all persons living or staying hersons who owns or rents this home. Enter name	ere? Start with the name in REFERENCE PER	e of the person or one of SON column.	1.	First name Age Last name Sex					
c. I hav	are the names of all other persons living or stay e listed (<u>read names</u>). Have I missed: y babies or small children? y lodgers, boarders, or persons you employ who	2.	Relationship REFERENCE PERSON Date of birth Month Date Year							
– an – an d. Do a	yone who USUALLY lives here but is now away yone else staying here?	C1	HOSP. WORK RD 2.WK, DV 00 None 1 Wa Yes 00 None Number 2 Wb No Number							
Does	usually live somewhere else?		Delete nonhousehold members K'' from I—C2 and enter reason.)]	LA IRA DV TINJ. CL LTR HS COND.					
	for all persons beginning with column 2: is relationship to (reference person)?				LA RA IDV INJ. CLLTRIHS COND.					
3. Who	is date of birth? (Enter date and age and	mark sex.)			The state of the s					
		ERENCE PERIOD		1	LA IRA DV INJ. ICLLTRIHS ICOND.					
A1	2-WEEK PERIOD			-						
	12-MONTH DATE			1	LA TRA TOV THIS CLUTRIHS ICOND.					
A2	13-MONTH HOSPITAL DATE			1	LA RA DV INJ. CL LTR HS COND.					
	ASK CONDITION LIST Use Table		le Person(s). Mark "SP" box(es).	<u> </u>						
T. Nam	e of condition	PERSON NO	Ask 3g if there is an impairmer following entries in 3b—f:	t (refe	r to Card CP2) or any of the					
in C 2. When about 1 2 3	"'2-wk. ref. pd." box without asking if "DV" or 2 as source. did [—-/anyone] last see or talk to a doctor or to —- (condition)? Interview week (Reask 2) 2-wk. ref. pd. Over 2 weeks, less than 6 mos. 6 mos., less than 1 yr. 8 DK if Dr.:	assistant s than 5 yrs. nore DK when	Abscess Ache (except head or ear) Bleeding (except menstrual) Blood clot Boil Cancer Cramps (except menstrual) Cyst g. What part of the body is affecte	Infec Infla Neur Neur Pain	th Paralysis Paralysis Paralysis Rupture Ition Sore(ness) Immation Stiff(ness) algia Tumor Itis Ulcer Varicose veins Weak(ness)					
3a. (Ear call substitution of the call substit	yr., less than 2 yrs. 9 \ Dr. never lier you told me about (<u>condition</u>)) Did the depth (<u>condition</u>) by a more technical or specific makes	seen) loctor or assistant lame? on name from	Back/spine/vertebrae Side Ear Eye Arm shaulder, upper, Hand entire Leg hip, upper, Foot entire fo	elbow, hand knee, l	Specify					
Mark d. Did	was the cause of $$ (<u>condition in 3b</u>)? (Specifing the cause of $$ (condition in 3b) result from an accident or in the <u>(condition in 3b)</u> result from an accident or in the <u>(condition in 3b)</u> result from an accident or in the condition in 3b) result from an accident or in the condition i	, (5)	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?							
-==	nia Condition Disorder Rup ma Cyst Growth Trou	blem ture uble or	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							
 Ask	kind of (condition in 3b) is it? Spansy if allergy or stroke in 3b—e: does the [allergy/stroke] NOW affect? (Spec	pecify	a. When was (condition in 3b/3f) 1							
	Stroke, fill remainder of this condition page for t t. Enter in item C2 and complete a separate co		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?)							

	SP Old age AF	SP Old age	☐ AF		SP Old age	AF	☐ SP ☐ Old	age 🗌 AF			
	2	3			4		5				
١.	First name Age	First name	Age	١.	First name	Age	First name	Age			
	Last name Sex	Last name	Sex 1 M		Last name	Sex 1 M	Last name	Sex 1 M			
2.	2 F	Relationship	2 🗀 F	2.	Relationship	2 F	Relationship	2 F			
3,	Date of birth	Date of birth Month Date Yea		3.	Date of birth Month ! Date ! Y	ear	Date of birth Month Date	l Year			
	Month Date Year HOSP, WORK RD 2-WK, DV		-WK, DV		HOSP, WORK RD	2-WK, DV	HOSP. WORK	RD 2-WK, DV			
C1	00 None Wa Yes 00 None	 	0 None	C1	1 -, 1 -, 1-, 1	00 None		Yes 00 None			
	Number 2 Wb No Number	Number z Wb No -	Number		Number 2 Wb No	Number	Number 2 Wb	Number Number			
C2	and the same of th	A Section of the property of the section of the sec		C2							
	LA RA OV INJ CLETR HS COND	TA TOV TINJ. CLETR	HS COND.		LA TRA TOV INJ. CCLTR	HS COND.	LA RA DV TINJ	CL LTR HS COND			
			_								
	LA RA DV INJ CLLTR HS COND	TA TOV TINJ TOLLTR	HS COND.		LA RA DV INJ. CLLTR	THS CONO	LA RA DV INJ	CLUTE HS COND			
					<u> </u>	-		1			
-	LA RA TOV TINJ CLUTE HS COND	LA RA TOV TINI TOLLTR	HS COND		LA TRA TOV INJ CLETR	THS COND.	LA TRA TOV TINU	CLLTR HS COND.			
						-	 				
	LA RA TOV INJ. CLLTR HS COND	LA TRA TOV TINU. TOLETR	HE COND		LA TOV INJ CLITE	HS COND	LA TOV TINJ	CL LTR HS COND			
						- 					
	LA RA TOV TINJ. (CLETRINS COND	TA TRA TOV TINJ. TOLITATI	HS COND.		LA RA TOV TINJ. CLUTR	HS CONO.	LA TRA TOV HIN	CL LTR HS COND			
				<u> </u>		1. 1					
K	Refer to RD and C2.	nore than I condition in C2 (6)		13.	is this (<u>condition in 3b</u>) th	e result o	f the same accident)	rou already			
	Other (K2) During the 2 weeks outlined in red		dition)		Yes (Record condition page number where						
00	cause to cut down on the thing:		ioreron)		□ No		Page No),			
ь	. During that period, how many days		n half	14	Where did the accident ha	nen?					
	of the day?	Day s		1 ☐ At home (inside house) 2 ☐ At home (adjacent premises)							
7.	During those 2 weeks, how many d	ays did stay in bed for mo	re than	3 Street and highway (includes roadway and public sidewalk) 4 Farm							
	half of the day because of this con	dition?		s Industrial place (includes premises) 6 School (includes premises) 7 Place of recreation and sports, except at school 8 Other (Specify)							
	Ask if "Wa/Wb" box marked in CI:										
8.	During those 2 weeks, how many de the day from job or business be	ays did —— miss more than ha ecause of this condition?	lf of								
	00 None	Day s		Mark box if under 18. Under 18 (16)							
	Ask if age 5-17: During those 2 weeks, how many d	ave did miss more than ha	If of the	15a, Was under 18 when the accident happened?							
7.	day from school because of this co			Ь	. Was in the Armed Fore 2 Yes (16)	es when t	he accident happene	d?			
	00 None	Days		، إ	. Was et work at jeb	or busine	ss when the acciden	happened?			
K	Condition has "CL LTR" in Condition does not have "C			160	3 Yes 4		r vehicle involved in	the accident			
1.0.	About how many days since (12-mo condition kept — in bed more than				in any way?		^				
	while an avernight patient in a bos	pital.)	•	ı	. Was more than one vehicle	invalved	?				
<u> </u>	000 Nene	Days		١,	· Was [it/either one] moving						
'''	Wes ever hospitalized for (1 Yes 2	No		L	1 Yes 2						
K	Missing extremity or organ	(K4)		170	 At the time of the accider What kind of injury was it 		rt of the body was hu	rt?			
<u> </u>	Other (12) Does still have this condition?			1	Anything else?		Kind of	inium			
		No			Pari(s) of body		Kille UI				
ь	b. Is this condition completely cured or is it under control? 2 Cured B Other (Specify),										
	3 Under control (K4)		_ (K4)	Ask if box 3, 4, or 5 marked in Q.5:							
، ا	c. About how long did have this condition before it was cured?				b. What part of the body is affected now? How is (part of body) affected?						
	Less than I month OR Number { Months				Is affected in any other		Present e	focts **			
ا ا	d. Was this condition present at any time during the past 12 months?										
-	1 Yes 2 2 Not an accident/injury (NC			<u> </u>		 :					
K				1	* Enter part of body in s ** If multiple present effe			is not the			

			□ s	P Old age AF		
A. HOUSEHOLD COMPOSITION PA	GE			1		
1a. What are the names of all persons living or staying here? Start with the name the persons who owns or rents this home. Enter name in REFERENCE PERSON NAME (No. 1) 1 Persons who owns or rents this home.	me of the person or one of RSON column,	1.	First name	Age Sex		
b. What are the names of all other persons living or staying here? Enter name	es in columns. If "Yes," enter names in columns	2.		1 [] N 2 [] F		
c. I have listed (<u>read names</u>). Have I missed:	Yes No	3.	Date of bir	ip CE PERSON th		
— any babies or small children?			Month	Date Year		
- anyone who USUALLY lives here but is now away from home traveling or in			HOSP.	WORK RD 2-WK, DV		
— anyone else staying here?		101	00 None	. [] [] .es		
d. Do all of the persons you have named usually live here? Yes (2)		-	Number	2 Wb No Number		
	PLY HOUSEHOLD MEMBERSHIP Delete nonhousehold members	C 2	a diamental ad the			
	X' from I—C2 and enter reason.)		LA IRA	DV INJ. ICL LTRIHS CON		
Ask for all persons beginning with column 2:		-	- · i			
2. What is relationship to (reference person)?						
3. What is date of birth? (Enter date and age and mark sex.)			LA RA	DV INJ. ICE LTR HS ICON		
REFERENCE PERIOR	D S		LA IRA	DV INJ. ICLLTRIHS ICON		
2-WEEK PERIOD				TO THE STATE OF TH		
12-MONTH DATE			LA	L IDV INJ. CL LTR HS CON		
13-MONTH HOSPITAL DATE						
A2 ASK CONDITION LIST Use Table to determine Sam	ple Person(s). Mark "SP" box(es).			DV INJ. CL LTR HS ICON		
				' ; ; ;]		
CONDITION 2 PERSON NO 1. Name of condition	Ask 3g if there is an impairme following entries in 3b-f:	nt (refe	r to Card Ci	P2) or any of the		
	Abscess	Dama		Palsy		
Mark "2-wk. ref. pd." box without asking if "DV" or "HS" in C2 as source.	Ache (except head or ear) Bleeding (except menstrual)	Grow Hemo	th rrhage	Paralysis Rupture		
2. When did [/anyone] last see or talk to a doctor or assistant	Blood clot Boil	Infec	tion mmation	Sore(ness) Stiff(ness)		
about (<u>condition</u>)? 0 ☐ Interview week (Reask 2)	Cancer Cramps (except menstrual)	Neuri	algia	Tumor Ulcer		
1 2-wk. ref. pd. 6 5 yrs. or more	Cyst	Pain	1113	Varicose veins		
2 Over 2 weeks, less than 6 mos. 7 Dr. seen, DK when				Weak(ness)		
3 ☐ 6 mos., less than 1 yr. 8 ☐ DK if Dr. seen } 4 ☐ 1 yr., less than 2 yrs. 9 ☐ Dr. never seen } (3b)	g. What part of the body is affect	•d? _	· · · · · · · · · · · · · · · · · · ·	Specify		
3a. (Earlier you told me about (condition)) Did the doctor or assistant	Show the following detail:					
call the (<u>condition)</u> by a more technical or specific name? 1 Yes 2 No 9 DK	Head					
	Back/spine/vertebrae					
Ask 3b if "Yes" in 3a, otherwise transcribé condition name from item I without asking:	Ear					
b. What did he or she call it?	Eye	eibow,	lower or wris	it; left, right, or both		
Specify 1 ☐ Color Blindness (NC) 2 ☐ Cancer (30)	Hand entir Leg hip, upper,					
3 ☐ Normal pregnancy, normal delivery, vasectomy (5) a ☐ Other (3c)	Foot entire fo					
c. What was the cause of (condition in 3b)? (Specify)	Except for eyes, ears, or inter following entries in 3b-f:	nal org	ans, ask 3h	if there are any of the		
-	Infection Sore	Soren	ness			
Mark box if accident or injury. o Accident/injury (5)	h. What part of the (part of body	n 3b-g) is affecte	d by the [infection/		
d. Did the (condition in 3b) result from an accident or injury?	sore/soreness] — the skin, mu	scle, b	one, or som	e other part?		
1 Yes (5) 2 No						
Ask 3e if the condition name in 3b includes any of the following words:	Specify					
Allment Cancer Disease Problem . Anemia Condition Disorder Rupture	Ask if there are any of the foll			b-f:		
Asthma Cyst Growth Trouble	Tumor Cyst	Gro				
Bad Ulcer	Attack Defect Measles Tumor 4. Is this [tumor/cyst/growth] mali Bad Ulcer 1 Malignant 2 B					
·		Benign		9 🔲 DK		
e. What kind of (condition in 3b) is it?	a. When was (condition in first noticed?	3b/3f)		k, ref. pd.		
Specify	5			r 2 weeks to 3 months r 3 months to 1 year		
Ask 3f only if allergy or stroke in 3b-e: f. How does the [allergy/stroke] NOW affect? (Specify)	b. When did (<u>name of injury</u> 3b)?	<u>in</u>		r I year to 5 years		
*	Ask probes as necessary:					
	(Was it on or since (first date or was it before that date?)	of 2-we	ek ref. peri	<u>od</u>)		
FacCountry City and the City	(Was it less than 3 months or m	ore tha	ın 3 months	ago?)		
For Stroke, fill remainder of this condition page for the first present effect. Enter in item C2 and complete a separate condition page for	(Was it less than 1 year or mor	e than	1 year ago?)		
each additional present effect.	(Was it less than 5 years or mo	re than	5 vears an	o?)		

	SP Old age AF	SP Old age	_ AF		SP Old age	·		∟ AF	
	2	3			4		5	1.	
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 Yea	ar .	3.	Date of birth Month Date Yea	r	Date of birth Month Date	ear	
	HOSP. WORK RD 2-WK. DV	 	-WK. DV	<u></u>		-WK. DV	HOSP. WORK RD	2-WK, DV 00 [□]None	
C1	00 None 1 Wa Yes 00 None Number 2 Wb No Number		Number	CI	L CWLCIN-	None	00 None 1 Wa Yes	Number	
	Number 2 Was Number	Number		60	Control of the Contro		and the second second second		
C2		LA TOV TINU TOLLTRY	s COND.	C2	LA TRA TOV INJ. CLUTE TH	2 - L'UND	LA RA DV TINJ. CLLTR	HS TONO	
	LA RA DV INJ. CLETR HS COND.	LA RA DV INJ. CLLTR	is LUMD.		I I I I				
							LA TRA TOV TINJ. TOLETA	7.00 7.000	
	LA RA DV INJ CLLTR HS COND.	CA RA OV INJ. CLUTA	HS COND.		LA RA DV INJ. CLLTR	is COND.	LA RA DV INJ. CLLTA	INS COND	
	LA RA DV INJ. CLLTR HS COND.	LA RA OV TINJ CLETA	HS COND.		LA RA DV INJ CLLTR	S COND.	LA RA DV INJ CLETR	HS COND.	
	LA RA TOV INI ELLTR HS COND.	LA RA DV INJ. CLUTR	s cono		LA RA DV INJ CLLTR	is COND.	LA HA DV INJ., CLLTR	HS COND	
		I							
	LA RA OV INJ CLUTE HS CONO	LA DV INJ. CLUTR	HS COND		LA TOV INJ. CLLTR	is cono.	LA HA DV INJ. CLLTR	HS COND.	
	Refer to RD and C2.	<u> </u>	1	13.	Is this (condition in 3b) the	result o	f the same accident you als	andu .	
K	1 "Yes" in "RD" box AND m Other (K2)	ore than I condition in C2 (6)		'"	told me about? Yes (Record condition pa		•	uuy	
6a	During the 2 weeks outlined in red cause —— to cut down on the things		dition)	1	accident questions in	rst comp	Page No. (NC.	'	
١.		No (K2)	n half						
"	of the day?	ald cor down for more inc.	. ,,41,	14.	Where did the accident happ 1 At home (inside house)	en?			
L	00 None (K2)	Day s			2 At home (adjacent premis 3 Street and highway (inclu		way and public sidewalk)		
7.	During those 2 weeks, how many de half of the day because of this con-		re than		4 Farm 5 Industrial place (includes premises) 6 School (includes premises)				
	00 None	Days		6 School (includes premises) 7 □ Place of recreation and sports, except at school 8 □ Other (Specify),					
8.	Ask if "Wa/Wb" box marked in Cl: During those 2 weeks, how many do		lf of		o E o anion (opcomy)				
	the day from job or business be	cause of this condition?		Mark box if under 18. Under 18 (16)					
-	00 None Ask if age 5–17:	Uays		15a. Was — under 18 when the accident happened?					
9.	During those 2 weeks, how many do		If of the	1 ☐ Yes (16) ☐ No b. Was —— in the Armed Forces when the accident happened?					
	oo None	Days			2 Yes (16)				
K	Condition has "CL LTR" in			L	:. Was — at work at — job o 3Yes 4N	lo			
-	About how many days since (12-mor	nth date) a year ago, has this		16a	i. Was a car, truck, bus, or of in any way?		r vehicle involved in the ac	cident	
	condition kept — in bed more than while an overnight patient in a hos		ys	,	1 Yes 2 N 2. Was more than one vehicle i		?		
l	000 None	Days		İ	1 Yes 2 1	lo 			
11.	Was ever hospitalized for (s	condition in 3b)?		ٔ ا	. Was [it/either one] moving (1 Yes 2 1		me?		
K	Missing extremity or organ			170	. At the time of the accident	what par	rt of the body was hurt?		
				ł	What kind of injury was it? Anything else?				
120	 Does — still have this condition? 1 Yes (K4) 	□No			Part(s) of body *		Kind of injury		
Ь	. Is this condition completely cured a	or is it under control? Other (Specify)							
	3 Under control (K4)				Ask if box 3, 4, or 5 marked				
c	c. About how long did have this condition before it was cured?			1 '	b. What part of the body is aff How is —— (<u>part of body</u>) af		ow?		
1	Less than I month OR	Number Months			Is affected in any other Part(s) of body *	way?	Present effects *	* ,	
a	. Was this condition present at any t	ime during the past 12 months	?.						
ļ		No		L					
K					* Enter part of body in sar ** If multiple present effec			the	
	8 [] Other (13)			1			a separate condition page f		

		SP Old age AF	
A. HOUSEHOLD COMPOSITION PA	AGE		1
1a. What are the names of all persons living or staying here? Start with the n the persons who owns or rents this home. Enter name in REFERENCE P	ame of the person or one of ERSON column.	7.	First name Age
b. What are the names of all other persons living or staying here? Enter names. I have listed (read names). Have I missed: — any babies or small children?	nes in columns. If "Yes," enter names in columns Yes No	2.	Last name Sex 1 N P
— anyone who USUALLY lives here but is now away from home traveling or — anyone else staying here?	CI	HOSP. WORK RD 2-WK, DV 00	
Probe if necessary:	PPLY HOUSEHOLD MEMBERSHIP S. Delete nonhousehold members "X" from 1—C2 and enter reason.)	C 2	LA IRA DV IINJ CCLLTRIHS CON
2. What is relationship to (reference person)? 3. What is date of birth? (Enter date and age and mark sex.)			LA RA OV INJ. ICL LTR HS ICONI
REFERENCE PERIO	DDS		LA INA DY INJ. (CLUTRITIS ICONI
A1 2-WEEK PERIOD 12-MONTH DATE			LA IRA IDV INJ CLUTITHS ICON
A2 ASK CONDITION LIST Use Table to determine Sqr	mple Person(s). Mark ''SP'' box(es).		LA RA DV INJ. CLLTRIHS ICON
CONDITION 3 PERSON NO.	Ask 3g if there is an impairment		
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)? 9	following entries in 3b-f: Infection Sore h. What part of the (part of body in sore/soreness) — the skin, must	Neurai Neurit Pain di?	Paralysis rhage Rupture ion Sore(ness) smation Stiff(ness) Iglo Tumor its Ulcer Varicose veins Weak(ness) Specify Sull, scalp, face upper, middle, lower left, right, or both common or wrist; left, right, or both rfingers anly; left, right, or both wer, or ankle; left, right, or both wer, or ankle; left, right, or both wer, or ankle; left, right, or both over or wrist; left, right, or both iner, or ankle; left, right, or both yer, or ankle; left, right, or both wer, or ankle; left, right, or both iner, or ankle; left, righ
Ask 3e if the condition name in 3b includes any of the following words: Allment Cancer Disease Problem Anemia Condition Disorder Rupture Asthma Cyst Growth Trouble Attack Defect Measles Tumor 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	Ask if there are any of the folion Tumor Cyst 4. Is this [tumor/cyst/growth] malist in Matignant 2 E G. When was (condition in 3) first noticed? b. When did (name of injury 3b)? Ask probes as necessary: (Was it on or since (first date of or was it before that date?) (Was it less than 3 months or mone (Was it less than 1 year or more	Grovignant Benign b/3f) in f 2-wee	with or benign? 9

	SP Old age AF	SP Old age AF		SP Old age	AF	SP Old age AF			
	2	3		4		5			
1.	First name Age	First name Age	1.	First name	Age	First name Age			
	Last name Sex	Last name Sex		Last name	Sex 1 M 2 F	Last name Sex 1			
2.	2 F Relationship	Relationship	2.	Relationship	12 [] .	Relationship			
3.	Date of birth Month Date Year	Date of birth Month Date Year	3.	Date of birth Month Date Ye	ar	Date of birth Month Date Year			
-	HOSP, WORK RD 2-WK, DV	HOSP. WORK RD 2-WK, DV	CI		2-WK, DV	HOSP. WORK RD 2-WK, DV			
C1	Number 2 Wb No Number	Number None None Number	CI		0 None	00 None 1 Wa Yes 00 None Number 2 Wb No Number			
62	Name - Na		C2						
C2	LA THA OV INJ. CLLTRINS COND.	LA RA OV TINJ CLUTA HS COND.		LA RA TOV INJ CLUTE	HS COND.	LA ARA DV TINJ. TCLLTA HS COND			
	LA TRA DV INJ CLLTR HS COND.	CA TRA TOV TINU TELLTA HS COND.		LA RA DV INJ. CLLTR	HS COND.	LA RA DV TINJ CLLTA HS COND			
				<u> </u>					
	LA RA DV INJ. CLUTE HS CONO.	LA TOV TINJ. TCL LTR HS COND.		LA RA DV INJ CLLTR	HS COND	LA RA DV INJ. CLETR HS COND			
	LA TOV THU CLLTR HS COND.	LA RA OV INJ TOLLTA HS COND		LA RA DV INJ. CLLTR	HS COND.	LA RA DV INJ. CLLTR HS CONC			
					-				
	LA RA TOV TINJ. CLLTR HS COND.	LA RA DV TINJ CLETE HS CONO.		LA RA DV INJ. CLLTR	HS COND.	LA DV TINU TOLLTR HS COND			
K	Refer to RD and C2. "Yes" in "RD" box AND m	are then I condition in C2 (6)	13.	Is this (<u>condition in 3b</u>) the told me about?	result o	f the same accident you already			
L	Other (K2)		ļ	Yes (Record condition paccident questions	age numbe first comp	er where			
60	 During the 2 weeks outlined in red cause —— to cut down on the things Yes 		ŀ	□ No	,	Page No.			
Ь	During that period, how many days of the day?		14.	Where did the accident hap	pen?				
	00 None (K2)	Days		1 At home (inside house) 2 At home (adjacent premi	ses)				
7.	During those 2 weeks, how many da half of the day because of this cond		1	4 🦳 Farm		way and public sidewalk)			
	00 None	Day s	5						
	Ask if "Wa/Wb" box marked in CI:	11.3							
8.	During those 2 weeks, how many da the day from —— job or business bea	ys dia —— miss more than half of cause of this condition?							
<u></u>	00 None	Days	Mark box if under 18. Under 18 (16) 15a. Was —— under 18 when the accident happened?						
9.	During those 2 weeks, how many da day from school because of this con		Ь.	Yes (16) Was in the Armed Forc		the accident happened?			
	oo 🗀 None	Days		2 Yes (16)	No				
К	Condition has "CL LTR" in		l °	. Was at work at job 3 Yes 4		ess when the accident happened?			
<u> </u>	About how many days since (12-mon		16a.	in any way?	ther moto	r vehicle involved in the accident			
	condition kept —— in bed more than while an overnight patient in a hosp		۱ ,	1 Yes 2	No (17)				
	000 None	Days		t Yes 2	No				
11.	Was ever haspitalized for (<u>c</u> 1	ondition in 3b)?]] No	۲.	. Was [it/either one] moving		me?			
K	Missing extremity or organ (K4)	17a.	At the time of the accident What kind of injury was it? Anything else?		rt of the body was hurt?			
12a	. Does still have this condition? 1 Yes (K4)] No	1	Part(s) of body *		Kind of injury			
ь	. Is this condition completely cured o								
	2 Cured 8 3 Under control (K4)		Ask if box 3, 4, or 5 marke	d in O.5					
•	c. About how long did —— have this condition before it was cured?			What part of the body is at How is (part of body) a	fected no				
	Less than I month OR	Number		ls affected in any other Part(s) of body *	way?	Present effects **			
d	. Was this condition present at any ti		,.,						
-	1 Yes 2 0 Not an accident/injury (NC)] No	<u> </u>	<u></u>					
K					cts, ente	I as for 3g. r in C2 each one that is not the a separate condition page for it.			

					□ SP □	Old age	AF
	A. HOUSEHOLD COMPOSITION PA	GE				1	74
la. Wha	are the names of all persons living or staying here? Start with the napersons who owns or rents this home. Enter name in REFERENCE PE	ne of the person or one of RSON column.] 1		tname		Age
	t are the names of all other persons living or staying here? Enter name	s in columns. If "Yes," names in co	lumns		t name		Sex 1 [] M 2 [] F
	ve listed (<u>read names</u>). Have I missed:		No		tionship ERENCE PEI of birth	RSON	
	y babies or small children?	1 - 1 '		Mon) \	ear .
í	lyone who USUALLY lives here but is now away from home traveling or in		SP. WORK	RD	2-WK, DV		
ſ	yone else staying here?	- .	- C	C1 00 [l. m.		00 None
d. Do	all of the persons you have named usually live here? Yes (2)	Nu	mber 2 W	b No	Number		
	□ No (API	2		text to the line			
	pe if necessary: RULES. by an '' s — usually live somewhere else?		- Z	IRA : DV	LINJ. (CL.)	RIHS COND	
	for all persons beginning with column 2:		——		1 1		
2. What	is relationship to (reference person)?						
3. Who	t is date of birth? (Enter date and age and mark sex.)			LA	AA DV	INJ. CL LT	R HS COND
	REFERENCE PERIOD) S					
	2-WEEK PERIOD		,	LA	IRA : DV	INJ. (CE LI	RIHS ICOND
A 1	12-MONTH DATE				RA IDV	INJ. CL LT	R HS COND
	13-MONTH HOSPITAL DATE			-	i	<u>i i</u>	1
A2	ASK CONDITION LIST Use Table to determine Same	ole Person(s). Mark "SP" bo	x(es).	LA	NA OV	INJ. CL LT	RIHS ICOND
COND	TION 4 PERSON NO.						
	ne of condition	Ask 3g if there is an im following entries in 3b-	ipairment (r -f:	efer to C	ard CP2) or	any of the	
		Abscess		amage	Pal		
	c "2-wk. ref. pd." box without asking if "DV" or "HS" 2 as source.	Ache (except head or ear) Bleeding (except menstru	ol) H	rowth emorrhage	e Rup	alysis iture	
	n did [/anyone] last see or talk to a doctor or assistant of (condition)?	Blood clot Boil	In	nfection nflammati	on Stif	s(ness) f(ness)	
	Interview week (Reask 2) 5 2 yrs., less than 5 yrs.	Cancer Cramps (except menstrual	I) N	euralgia euritis	Tun Ulc	er	
	2-wk. ref. pd. 6 5 yrs. or more Over 2 weeks, less than 6 mos. 7 7 Dr. seen, DK when	Cyst	P	ain		icose veins ik(ness)	•
	6 mos., less than I yr. 8 DK if Dr. seen)	g. What part of the body is	offected?				
4 [l yr., less than 2 yrs. 9 Dr. never seen (3b)	g part or 202, 10			Speci	fy	
3a. (Ea	lier you told me about —— (<u>condition</u>)) Did the doctor or assistant the (<u>condition</u>) by a more technical or specific name?	Show the following deta					
1 []	·	Head					
Ask	3b if "Yes" in 3a, otherwise transcribe condition name from	Side				, left or ri	ght
item	I without asking:	Ear			left,	right, or b	oth
	t did he or she call it?Specify	Arm, shoulder Hand,					
1 <u> </u>	Color Blindness (NC) Normal pregnancy, normal delivery, vasectomy (5) Cancer (3e) A	Leghip Foot	, upper, knee	e, lower,	or ankle; left,	right, or b	oth
c. What	was the cause of (<u>condition in 3b</u>)? (Specify)	Except for eyes, ears, o		organs,	ask 3h if the	re are any	of the
	٧	following entries in 3b- Infection Sore	S	oreness			
d. Did	box if accident or injury. o Accident/injury (5) the (condition in 3b) result from an accident or injury?	h. What part of the (<u>part o</u> sore/soreness] — the si	f body in 31 kin, muscle	b−g) is c e, bone, c	iffected by th or some other	e [infecti r part?	on/
	Yes (6) 2 ☐ No 3e if the condition name in 3b includes any of the following words:	Specify	-				
Ailm		Ask if there are any of	the followin	ng entrie	s in 3b-f:		
Aner Asth	nia Condition Disorder Rupture	Tumor Cyst		Growth			
Atta: Bad		4. Is this [tumor/cyst/grov			=		
_		1 Malignant	2 📋 Ben	ign	9 🔲 D	K	
e. What	kind of (condition in 3b) is it?	a. When was (<u>condit</u> first noticed?	tion in 3b/3	- '	2-wk. ref.		
	Specify	5			Over 2 wee		
	3f. only if allergy or stroke in 3b-e: does the [allergy/stroke] NOW affect? (Specify)	b. When did (<u>name o</u> <u>3b</u>)?	f injury in	4 [Over Iyea Over 5 yea	r to 5 years	
	7	Ask probes as necessar					
		(Was it on or since (firs or was it before that da	t date of 2- te?)	-week re	f. period)		
For	stroke, fill remainder of this condition page for the first present	(Was it less than 3 mont	hs or more		• .		
effec	to the first present t. Enter in item C2 and complete a separate condition page for additional present effect.	(Was it less than 1 year (Was it less than 5 year		-)

[SP Old age AF	SP Old age AF		SP Old age	AF	SP Old	lage AF		
ŀ	2	3		4		5			
1.	First name Age	First name Age	1.	First name	Age	First name	Age		
	Last name Sex 1 M 2 F	Last name		Last name	Sex 1 M 2 F	Last name	Sex 1		
2,	Relationship	Relationship	2.	Relationship	144-11	Relationship	1-1-1		
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		
	HOSP, WORK RD 2-WK, DV	HOSP. WORK RD 2-WK, DV	١	HOSP. WORK RE		HOSP. WORK	RD 2-WK, DV		
C1	00 None 1 Wa Yes 00 None Number 2 Wb No Number	00 None 1 Wa Yes 00 None Number 2 Wb No Number	CI	00 None 1 Wa Y		1 - 1 - 1	Yes 00 None		
	Number Number	Number			4 //				
C2		LA TOV TINI CLITE HS COND.	C2	LA TAA TOV TINJ. K	CLLTR HS COND.	LA BA TOV TH	NJ. TOLLTR HS TONO		
	LA PA DV INJ. CLLTR HS COND.	LA RA DV INJ. CLLTR HS COND.			.comp.	, , , , , , , , , , , , , , , , , , ,	13 15 15 15 15 15 15 15		
		LA TRA TOV TINU CLLTATHS COND.		LA RA DV INJ. C	LUTR HS COND	LA RA - TOV - TI	NJ CLLTR HS CONO.		
	LA RA DV INJ. CLLTR HS COND.	TA RA DV IND. CCCIN HS CONO.	1	TA DV III.	LEIN INS COND	I I I	to de lin ins		
						eeeeoooonaa m	VI. TOULTH HS TOONO.		
	LA RA DV INJ. CLUTR HS COND.	LA RA DV INJ. CLLTR HS COND.		LA RA DV (NJ (LLTR HS COND.	LA RA DV III	NJ. CLLTR HS COND.		
			1						
	LA RA OV INJ. CLUTR HS COND.	LA RA DV INJ. CLLTR HS COND.		LA RA DV INJ	CLLTR HS COND.	LA RA DV II	VJ. CLLTR HS COND		
			1			\			
	CA RA DV INJ. CLLTR HS COND.	LA RA DV INJ. CLUTR HS COND.	ļ	LA AA DV INJ. (CLITA HS COND	LA RA DV	NJ CLUTA HS COND		
	Refer to RD and C2.	13.	Is this (condition in 3)) the result o	f the same accident	you already			
	K1 "Yes" in "RD" box AND more than I condition in C2 (6) Other (K2)			told me about? Tes (Record conditions)	on page numbe	r where			
60.	6a. During the 2 weeks outlined in red on that calendar, did —— (<u>condition</u>) cause —— to cut down on the things —— usually does?			accident quest	ions first comp.	Page N	(NC)		
Ь.	During that period, how many days d	No (K2) lid —— cut down for more than half	<u>L,</u>	100 1111					
	of the day?	Days	14.	Where did the accident At home (inside hou The property of the control of th	ıse)				
7.	During those 2 weeks, how many da	ys did stay in bed for more than	ł			way and public sidewa	slk)		
	half of the day because of this cond		5 Industrial place (includes premises) 6 School (includes premises)						
-	Ask if "Wa/Wb" box marked in CI:	Days	ł	7 Place of recreation 8 Other (Specify)	and sports, ex	cept at school			
8.	During those 2 weeks, how many day the day from —— job or business bed								
	00 None	Days	Mark box if under 18. Under 18 (16) 15a. Was — under 18 when the accident happened? 1 Ves (16) No						
9.	Ask if age 5-17: During those 2 weeks, how many day	ys did miss more than half of the							
	day from school because of this con		b. Was — in the Armed Forces when the accident happened? 2 Yes (16) No						
100	00 None Condition has "CL LTR" in	C2 as source (10)	c. Was —— at work at —— job or business when the accident happened?						
K			160	. Was a car, truck, bus,	or other motor	r vehicle involved in	n the accident		
10.	About how many days since (12-mon condition kept — in bed more than while an overnight patient in a hosp	half of the day? (Include days		in any way?	No (17)				
	DOO None	Days		o. Was more than one veh	icle involved No	?	-		
11.	Was ever hospitalized for (cc		،	. Was [it/either one] mo		ne?			
-	Yes 2		170	. At the time of the acci	dent what par	t of the body was h	urt?		
K	Other (12)			What kind of injury was Anything else?		-			
12a.	Does — still have this condition? 1 Yes (K4)] No		Part(s) of bo	dy *	Kind of	injury		
ь.	Is this condition completely cured or						*		
	2			Ask if box 3, 4, or 5 m					
c.	c. About how long did have this condition before it was cured?			What part of the body in the How is (part of body)	is affected no				
	Less than I month OR		ts affected in any a	other way?	Present e	ifects **			
d.	Was this condition present at any tim								
<u> </u>	1 Yes 2	L							
K4		person <i>(14)</i>		* Enter part of body i ** If multiple present of	effects, enter	in C2 each one that	is not the		
EO BM M	8 Other (13)		L	same as 3b or C2 ar	nd complete a	separate condition	page for it.		

			☐ SP	Old age	AF		
A. HOUSEHOLD COMPOSITION PA	GE	,		1			
la. What are the names of all persons living or staying here? Start with the name the persons who owns or rents this home. Enter name in REFERENCE PE		1.	First name		Age		
b. What are the names of all other persons living or staying here? Enter name c. I have listed (<u>read names</u>). Have I missed: — any babies or small children?	names in columns Yes No	2. 3.	Relationship REFERENCE Date of birth	PERSON Date Yea	1 M 2 F		
l '	a a hospital?	C1	HOSP. V	VORK RD 2.	WK. DV		
Probe if necessary: RULES.	PLY HOUSEHOLD MEMBERSHIP . Delete nonhousehold members X'' from I—C2 and enter reason.)	C 2		DV INJ. CL LTR!H			
3. What is relationship to (reference person)? 3. What is date of birth? (Enter date and age and mark sex.)	· · · · · · · · · · · · · · · · · · ·		LA RA	DV INJ. CL LTR F	is COND.		
			ļ		-/-		
2-WEEK PERIOD	72		LA JAA	DV INJ. CLETRIF	IS ICOND.		
12-MONTH DATE			LA RA	FDV TINJ, CL LTR F	is COND.		
A2 ASK CONDITION LIST THE THE	A December 15 Nove		LA RA	OV (INJ. CL LTR)	IS ICOND.		
ASK CONDITION LIST, Use Table to determine Sum	ple Person(s). Mark "SP" box(es).		1	<u> </u>	1		
CONDITION 5 PERSON NO 1. Name of condition	Ask 3g if there is an impairment following entries in 3b-f: Abscess						
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 obout — (condition)? □ interview week (Reask 2)	Abscoss Ache (except head ar nar) Blood clot Boil Cancer Cramps (except menstrual) Cyst g. What part of the body is affected	Damage Palsy Growth Paralysis Homorrhage Rupture Infection Sore(ness) Inflammation Stiff(ness) Neuralgia Tumor Neuritis Ulcer Pain Varicose veins Weak(ness) ted? Specify					
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 I without asking: b. What did he or she call it? Color Blindness (NC) 2 Cancer (3e) Specify	Show the following detail: Head	 Ibow, hand c	inner or outer;	pper, middle, lower left or right left, right, or both left, right, or both left, right, or both left, right, or both left, right, or both left, right, or both			
C. What was the cause of —— (condition in 3b)? (Specify), Mark box if accident or injury. o — Accident/injury (5) d. Did the (condition in 3b) result from an accident or injury? 1 — Yes (6) 2 — No	following entries in 3b=f: Infection Sare	Soren 3b-g	f organs, ask 3h if there are any of the Soreness 3b-g) is affected by the [infection/le, bone, or some other part?				
Ask 3e if the condition name in 3b includes any of the following words: Aliment Cancer Disease Problem Anemio Condition Disorder Rupture Asthma Cyst Growth Trouble Attack Defect Measles Tumor Bad Ulcer	Specify Ask if there are any of the follow Tumor Cyst 4. Is this [tumor/cyst/growth] mali	Gro gnant	wth orbenign?	-f: DK			
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)	a. When was (condition in 3t first noticed? b. When did (name of injury in 3t)? Ask probes as necessary: (Was it on or since (first date of	in	3 Over ; 4 Over ; 5 Over ;	2 weeks to 3 month 3 months to 1 year 1 year to 5 years 5 years	s		
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.	(Was it on ar since (first date of or was it before that date?) For Stroke, fill remainder of this condition page for the first present effect. Enter in item C2 and complete a separate condition page for						

	SP Old age AF	SP Old age	☐ AF		SP Old age	☐ AF	☐ SP ☐	Old age AF				
	2	3			4			5				
<u> </u>	First name Age	First name	Age	1,	First name	Age	First name	Age				
	Last name Sex	Last name	Sex		Last name	Sex 1 M	Last name	Sex t M				
	2 F	Relationship	2 🗍 F	2.	Relationship	2 F	Relationship	2 F				
2,	Relationship Date of birth	Date of birth		3.	Date of birth		Date of birth Month Date	/ Year				
"	Month Date Year	Month Date Yea			Month Date	Year	<u> </u>					
С1	HOSP, WORK RD 2-WK, DV		-WK. DV	C1	HOSP. WORK RD		HOSP, WORK					
"	Number 2 Wb No Number	D WE CINE	Number		Number 2 Wb No		Number 2 Wb	No Number				
		and the second s		C2	According to the contract of t							
C2				CZ	LA TAA TOV INJ. C	LITE THS COND.	LA RA TOV	INJ. CLLTR HS COND.				
	LA RA DV INJ. CLER HS COND.	LA RA OV INJ. CLUTR H	COND.		1 1 1	- CONO.						
	LA TRA DV INJ. CLLTR HS COND.	LA RA DV TINJ. CL LTR H	S COND.		LA RA TOV INJ. C	LITE HS COND.	LA RA DV	INJ. CL LTR HS COND.				
	LA RA TOV INJ. CLUTE HS COND.	CA PA DV TINJ. TOLLTA H	is cond.		LA BA TOV INJ C	LLTR THE COND.	VO AR	INJ CLETR HS COND.				
						- 	· · · · · · · · · · · · · · · · · · ·	· - · · ·				
	LA TAN TOV TINJ CLUTA HS COND.	LA TRA TOV TINU. TOLLTR H	is COND		LA TRA TOV INT C	LITE HS COND.	LA RA DV	TINJ. TOLLTR HS COND				
:												
						LITE HS COND	LA TRA TOV	TINJ TOULTR HS TOUND				
	LA RA DV INJ. CLLTR HS COND.	LA RA DV INJ. CLLTR H	is cono.		LA RA DV INJ. C	CLIK HS COMO.	1 10	1 1 1				
	Refer to RD and C2.			13	Is this (condition in 3)	n) the result of	f the same accide	nt vou alreadu				
K	1 "Yes" in "RD" box AND m Other (K2)	ore than 1 condition in C2 (6)		'	told me about?			m you amount				
60	6a. During the 2 weeks outlined in red on that calendar, did (conditio cause to cut down on the things usually does?				☐ Yes (Record condition page number where accident questions lirst completed.) → Page No.							
	Yes	No (K2)			ப் ^க							
6	. During that period, how many days of the day?	did cut down for more than	n halt	14. Where did the accident happen? 1								
	00 None (K2)	Days										
7.	During those 2 weeks, how many do half of the day because of this cond		re than									
	·	Day s		School (includes premises) Place of recreation and sports, except at school								
 	Ask if "Wa/Wb" box marked in CI:			e Cher (Specify)								
8.	During those 2 weeks, how many da the day from job or business be		lf of									
	00 [] None	Days		Mark box if under 18. Under 18 (16) 15a. Was —— under 18 when the accident happened?								
	Ask if age 5-17:	we did balan ba	lf of the	1 Yes (16) No								
".	During those 2 weeks, how many da day from school because of this cor		ir or me	Ь	. Was in the Armed I		the accident happe	ened?				
	00 None	Days		Ι,	2 Yes (16) c. Was at work at	No iob or busine	ass when the accid	lent happened?				
K	Condition has "CL LTR" in				3 [] Yes 4	No No						
10.	About how many days since (12-mor	nth date) a year ago, has this		1 160	i. Was a car, truck, bus, in any way?		r vehicle involved	in the accident				
	condition kept —— in bed more than while an overnight patient in a hosp		y s	Ι,	1 Yes b. Was more than one veh	icle involved						
	000 [] None	Days				No						
11.	Was ever hospitalized for (c			۱ ۹	. Was [it/either one] mo	ving at the ti	me?					
_		_ No 		170	. At the time of the acci		rt of the body was	hurt?				
K	Other (12)	••••		1	What kind of injury wa Anything else?	•	,					
12a	. Does still have this condition?	□ No.		1	Part(s) of bo	dy *	Kind	of injury				
b	t Yes (K4) Is this condition completely cured of	No or is it under control?	· · · · · · · · · · · · · · · · · · ·	1								
	2 Cured 3 Other (SpecIty) C. About how long did — have this condition before it was cured? C. About how long did — have this condition before it was cured? C. About how long did — have this condition before it was cured? Number { Months Years}											
					Ask if box 3, 4, or 5 m b. What part of the body							
'					How is (part of books affected in any							
					Part(s) of be		Presen	t effects **				
d	. Was this condition present at any ti 1 Yes 2	ime during the past 12 months	?									
K	0 Not an accident/injury (NC) 1 First accident/injury for thi				* Enter part of body i							
L	8 Other (13)			L	** If multiple present same as 3b or C2 a							

		SP Old age AF					
A. HOUSEHOLD COMPOSITION I	PAGE	1					
la. What are the names of all persons living or staying here? Start with the the persons who owns or rents this home. Enter name in REFERENCE	name of the person or one of PERSON column.	1. First name Age					
b. What are the names of all other persons living or staying here? Enter no	ames in columns. If "Yes," enter	Last name Sex 1 M 2 F					
, , , ,	names in columns	2. Relationship REFERENCE PERSON					
c. I have listed (<u>read names</u>). Have I missed: — any babies or small children?	Yes No	3. Date of birth Month Date Year					
		HOSP, WORK RD 2-WK, DV					
- anyone who USUALLY lives here but is now away from home traveling o		C1 00 None 1 Wa Yes 00 None					
— anyone else staying here?		Number 2 Wb No Number					
d. Do all of the persons you have named usually live here? Yes	(2) APPLY HOUSEHOLD MEMBERSHIP						
by a	ES. Delete nonhousehold members "X" from 1C2 and enter reason.)	C2					
Ask for all persons beginning with column 2:	Does usually live somewhere else? Ask for all persons beginning with column ?:						
2. What is relationship to (reference person)?							
3. What is date of birth? (Enter date and age and mark sex.)		LA RA DV INJ. (CLUTA HS COND					
REFERENCE PER	ODS						
	•	LA TRA DV INJ. ICLETE HS ICOND					
2-WEEK PERIOD							
12-MONTH DATE		LA IRA IDV INJ. CL LTR HS COND					
10.1017111100017111							
13-MONTH HOSPITAL DATE		LA RA DV INJ. CL LTRIHS ICOND					
ASK CONDITION LIST to determine S	ample Person(s). Mark "SP" box(es).						
CONDITION 6 PERSON NO.	Ask 3g if there is an impairment	(refer to Card CP2) or any of the					
1. Name of condition	following entries in 3b-f: Abscess						
Mark "2-wk: ref. pd." box without asking if "DV" or "HS"	Ache (except head or ear) Bleeding (except menstrual)	Damage Palsy Growth Paralysis Hemorrhage Rupture					
in C2 as source. 2. When did [/anyone] last see or talk to a doctor or assistant	Blood clot Boil	Infection Sore(ness) Inflammation Stiff(ness)					
about (<u>condition</u>)? o	Cancer Cramps (except menstrual)	Neuralgia Tumor Neuritis Ulcer					
1 2-wk, ref. pd. 6 5 yrs, or more	Cyst	Pain Varicose veins Weak(ness)					
2 Over 2 weeks, less than 6 mos. 7 Dr. seen, DK when 3 6 mos., less than I yr. 8 DK if Dr. seen }	g. What part of the body is affected	3?					
4 🔲 l yr., less than 2 yrs. 9 🗍 Dr. never seen } (3b)		Specify					
3a. (Earlier you told me about (<u>condition</u>)) Did the doctor or assistant call the (<u>condition</u>) by a more technical or specific name?	Show the following detail:	skull, scalp, face					
1 Yes 2 No 9 DK	Back/spine/vertebrae ,						
Ask 3b if "Yes" in 3a, otherwise transcribe condition name from item I without asking:		left or right inner or outer; left, right, or both					
b. What did he or she call it?		, left, right, or both lbow, lower or wrist; left, right, or both					
Specify 1 ☐ Color Blindness (NC) 2 ☐ Cancer (30)	Hand entire	hand or fingers only; left, right, or both nee, lower, or ankle; left, right, or both					
3 Normal pregnancy, of Old age (NC) normal delivery, vasectomy ormal delivery, of Other (3c)		t, arch, or toes only; left, right, or both					
c. What was the cause of (condition in 3b)? (Specify)	Event for over large or interes	al organs, ask 3h if there are any of the					
(Specify)	following entries in 3b-f:						
	Infection Sore h. What part of the (part of body in	Soreness 3b-g) is affected by the [infection/					
Mark box if accident or injury. o Accident/injury (5) d. Did the (condition in 3b) result from an accident or injury?	sore/soreness] — the skin, musc	cle, bone, or some other part?					
1 Yes (5) 2 No							
Ask 3e if the condition name in 3b includes any of the following words:	Specify						
Ailment Cancer Disease Problem Anomia Condition Disorder Rupture	Ask if there are any of the follow Tumor Cyst	wing entries in 3b-f: Growth					
Asthma Cyst Growth Trouble Attack Defect Measles Tumor	4. Is this [tumor/cyst/growth] mali	gnant or benign?					
Bod Ulcer	t Malignant 2 B	denign 9 DK					
e. What kind of (condition in 3b) is it?	a. When was (condition in 38 first noticed?						
Specify	2 Over 2 weeks to 3 months 3 Over 3 months to I year						
Ask 3f only if allergy or stroke in 3b—e; f. How does the [allergy/stroke] NOW affect? (Specify)	b. When did (name of injury and 3b)?	in 4 Over I year to 5 years 5 Over 5 years					
	Ask probes as necessary:						
	(Was it on or since (first date o or was it before that date?)						
For Stroke, fill remainder of this condition page for the first present	(Was it less than 3 months or mo	- ·					
effect. Enter in item C2 and complete a separate condition page for each additional present effect.	(Was it less than 1 year or more (Was it less than 5 years or more						

	SP Old age AF	SP Old age AF		SP Old age	AF		age Af		
	2	3		4		5			
1.	First name Age	First name Age	1.	First name	Age	First name	Age		
	Last name Sex	Last name Sex		Last name	Sex 1 M	Last name	Sex 1		
2.	2 ☐ F	2 F	2.	Relationship	2 🗍 F	Relationship			
3.	Date of birth Month Date Year	Date of birth Month Date Year	3.	Date of birth Month Date Ye	ar	Date of birth Month Date	Year		
-	HOSP, WORK RD 2-WK, DV	HOSP. WORK RD 2-WK, DV		HOSP, WORK RD	WK, DV	HOSP. WORK	RD 2-WK, DV		
С1	00 None t Wa TiYes 00 None	00 None 1 Wa Yes 00 None	C1	l - la - wh - ina l-		- which	Yes 00 Number		
	Number 2 Wb No Number	Number 2 Wb No Number		Number 2 110	Number	Number 2 L	Number		
C2			C2						
	LA RA OV INJ. CLETHINS COND.	LA RA DV INJ. CLLTR HS COND.		LA RA DV INJ CLLTR	HS COND	LA RA DV INJ.	CL LTR HS COND.		
	LA RA DV INJ CLLTR HS COND.	LA RA DV INJ. CLLTR HS COND.		LA RA DV INJ CLUTR	HS COND.	LA RA DV INJ.	CLLTR HS COND.		
	LA RA OV INJ. CLEIR HS COND.	LA RA DV INJ. CLLTR HS COND.		LA AA OV INJ. CLITE	HS COND	CA RA DV INJ	CL LTR HS COND.		
	LA TOV INJ. CLETR HS COND.	LA TRA DV TINJ. TOLLTR HS COND		LA RA DV INJ. CLETR	HS COND.	LA RA DV (NJ.	CL LTR HS COND		
				1	$\overline{}$				
	LA RA DV INJ. CLUTA HS COND.	TA TOV TINJ. CLLTR HS COND.		LA RA DV INJ. CLLTR	HS COND.	LA RA DV INJ	CLLTR HS COND.		
	<u> </u>		 	<u> </u>		I	·		
K	Refer to RD and C2. "Yes" in "RD" box AND me	ore than I condition in C2 (6)	13.	Is this (<u>condition in 3b</u>) the told me about?	result o	f the same accident y	you already		
60	Other (K2) During the 2 weeks outlined in red of			Yes (Record condition postions accident questions	age numbe lirst compi	r where leted.) → Page No	(NC)		
İ .		No (K2)		□ No			•		
6	 During that period, how many days of of the day? 	did cut down for more than half	14.	Where did the accident hap	pen?				
	00 None (K2)	Day s		1 At home (inside house) 2 At home (adjacent premi					
7.	During those 2 weeks, how many da half of the day because of this cond		3 Street and highway (includes roadway and public sidewalk) 4 Farm 5 Industrial place (includes premises)						
	00 None	Days	e School (includes premises) 7 Place of recreation and sports, except at school 8 Other (Specify)						
8.	Ask if "Wa/Wb" box marked in C1: During those 2 weeks, how many da	ys did miss more than half of							
	the day from job or business bed	ause of this condition?	<u> </u>	Mark have for the control of	111				
-	00 None ————————————————————————————————————	Days	15a.	Mark box if under 18.	accident	happened?			
9.	During those 2 weeks, how many day day from school because of this con		Ь.	Yes (16)		he accident happened	 d?		
	00 None	Days		2 Yes (16)	No				
K	Condition has "CL LTR" in		Ľ	. Was at work at job 3 Yes 4		ss when the accident	happened?		
-	About how many days since (12-mon	th date) a year ago, has this	16a.	. Was a car, truck, bus, or of in any way?	her motor	vehicle involved in	the accident		
	condition kept —— in bed more than while an overnight patient in a hosp		Ь.	1 Yes 2	No (17)				
	000 None	Days		t Yes 2	No 				
11.	Was ever hospitalized for (call 1 [1] Yes 2	ondition in 3b)?] No	c.	. Was [it/either one] moving 1 [] Yes 2 []		ne?			
K	Missing extremity or organ (-	17a.	. At the time of the accident		t of the body was hur	+?		
<u></u>			Į	What kind of injury was it? Anything else?					
1] No		Part(s) of body *		Kind of i	njury		
Ь	. Is this condition completely cured o	r is it under control? Other (Specify)							
	3 Under control (K4)	١.	Ask if box 3, 4, or 5 marke		_L				
c	. About how long did have this co			. What part of the body is af How is (part of body) a	fected?	wr			
	☐ Less than I month OR Number ☐ Years			Is affected in any other Part(s) of body *	way?	Present ef	fects **		
d.	. Was this condition present at any tir	me during the past 12 months?							
-	1 Yes 2 2 0 Not an accident/injury (NC)	J NO	<u> </u>						
K		s person <i>(14)</i>		* Enter part of body in sa ** If multiple present effect	ts, enter	in C2 each one that i			
FORM	8 Other (13)		<u>L</u>	same as 3b or C2 and co					

						☐ SP	Old age AF	
	A. HOUSEHOLD	COMPOSITION PAG					1	
la. What	are the names of all persons living or staying he ersons who owns or rents this home. Enter name	ere? Start with the name in REFERENCE PER	e of the person or one o	F .	1.	First name	Age	
·	are the names of all other persons living or sta		s in columns. If "Ye	s,'' enter		Last name	Sex 1 M 2 F	
c. I hav	e listed (<u>read names</u>). Have I missed:		Yes	No	2. 3.	Relationship REFERENC Date of birth		
	any babies or small children?						Date Year	
	- any ladgers, boarders, or persons you employ who live here?						WORK RD 2-WK, DV	
	vone else staying here?	=	· .		CI	I	Wa Yes 00 Non	
d. Do a	d. Do all of the persons you have named usually live here? Yes (2)						Number Number	
Prob	e if necessary:	C2						
Does	usually live somewhere else?	by an '')	X" from I—C2 and enter	reason.)		LA RA	DV INJ. CL LTRIHS CON	
	for all persons beginning with column 2:							
	is relationship to (reference person)?					LA RA	TOV MIJ. TOL LTRI HS TOOM	
3. What	is date of birth? (Enter date and age and	mark sex.)						
	REF	ERENCE PERIOD	S			LA IAA	DV GINA (CLLTRINS ICON	
	2-WEEK PERIOD				İ	!		
A1	10.10.10.10.10.10.10.10.10.10.10.10.10.1							
	12-MONTH DATE	· · · · · · · · · · · · · · · · · · ·		- -	Į	LA IRA	DV INJ. CLITATHS CON	
	13-MONTH HOSPITAL DATE							
A2	ASK CONDITION LIST Use Table	to determine Samp	ile Person(s). Mark "SP	" box(es).		LA RA	DV (NJ. CL LTR 1HS ICON	
COMPI								
1. Nam	e of condition	PERSON NO	Ask 3g if there is a following entries in		(refe	to Card CP	2) or any of the	
			Abscess Ache (except head a		Dama Grow		Palsy Paralysis	
in C	"2-wk, ref. pd." box without asking if "DV" o 2 as source.		Bleeding (except me Blood clot	enstrual)		rrhage	Rupture Sore(ness)	
	i did [——/anyone] last see or talk to a doctor or t —— (<u>condition</u>)?	assistant	Boil Cancer			nmation	Stiff(ness) Tumor	
_	Interview week (Reask 2) 5 ☐ 2 yrs., les 2-wk, ref. pd. 6 ☐ 5 yrs, or r		Cramps (except menstrual) Neuritis Ulcer				Ulcer Varicase veins	
	Over 2 weeks, less than 6 mos. 7 Dr. seen,						Weak(ness)	
_	6 mos., less than 1 yr. 8 ☐ DK if Dr. 1 yr., less than 2 yrs. 9 ☐ Dr. never	> (3b)	g. What part of the bo	dy is affected	? _		Specify	
	lier you told me about (condition)) Did the		Show the following detail:					
call	the (<u>condition</u>) by a more technical or specific s Yes 2 No 9 DK	name?	Head					
			Back/spine/vertebrae					
	3b if "Yes" in 3a, otherwise transcribe condition is without asking:	on name from					r; left, right, or both _ left, right, or both	
b. Wha	t did he or she call it?Spec	ify	Arm					
	Color Blindness (NC) 2 Cancer (39) Normal pregnancy,		Leg	. hip, upper, k	nee, l	ower, or ankl	e; left, right, or both y; left, right, or both	
	normal delivery, (5) 8 Other (3c) vasectomy				,	1, 01 1003 0111	y, 1011, 11gm, 01 00m	
c. What	was the cause of (condition in 3b)? (Speci	(v))	following entries i	n 3b-f:	il org	ans, ask 3h	if there are any of the	
			Infection h. What part of the (p	Sore art of body in	Sore:		by the Sinfection/	
	box if accident or injury. o Accident/injur		sore/soreness] —	the skin, musc	le, b	one, or some	other part?	
	the <u>(condition in 3b)</u> result from an accident or Yes (5) 2 No	injuryf						
	3e if the condition name in 3b includes any of t	he following words:	Specify					
Ailm Anei		biem sture	Ask if there are ar	y of the follow		entries in 3t wth	p={:	
Asth Atta	ma Cyst Growth Tro	uble nor	4. Is this [tumor/cys	•				
Bad	Ulc	er	1 🦳 Malignant	2 [] B	lenign		9 🗀 DK	
	And of terrations to 200 to 000	o/3f)	_	k, ref, pd.				
e. What	kind of (condition in 3b) is it?	pecify	first noticed?				r 2 weeks to 3 months r 3 months to 1 year	
	3f only if allergy or stroke in 3b—e; does the [allergy/stroke] NOW affect? (Spe	cify)	b. When did (<u>n</u> <u>3b</u>)?	ame of injury	<u>in</u> -		r Iyear to 5 years	
		-	Ask probes as nec				0	
		(first date of at date?)	2-we	eek ref. peri	00)			
For :	Stroke, fill remainder of this condition page for	the first present	(Was it less than 3 (Was it less than 1				-	
	t. Enter in item C2 and complete a separate co		lyearago? n.5 vears aa	•				

	SP Old age AF	SP Old age AF	,. <u></u>	SP Old age	☐ AF	☐ SP L	Old age	AF
	2	3		4			5	
7.	First name Age	First name Age	1.	First name	Age	First name		ge
	Last name Sex 1 M	Last name Sex		Last name	Sex 1 M	Last name	Se 1	ex M F
2.	2 F	2 F	2.	Relationship	2 T F	Relationship		teed '
3.	Date of birth Month Date Year	Date of birth Month Date Year	3.	Date of birth Month Date	Year	Date of birth Month Da	te Year	
	HOSP, WORK RD 2-WK. DV	HOSP. WORK RD 2-WK, DV		HOSP. WORK	RD 2-WK, DV	HOSP. WOR		K, DV
C1	00 None 1 Wa Yes 00 None	00 None 1 Wa Yes 00 None	C1	- - - - - - - - - -	Yes 00 None	00 None 1 Number 2	WI CTING	None
	Number 2 Wb No Number	Number 2 W Number		Number 2 175	Number	Manufat	, Addi	
C2			C2	7,	CL LTR THS TOOND.	LA FA - TOV	TINJ. TOLUTA HS	COND
	LA RA DV INJ. CLLTR HS COND.	LA RA DV INJ CLETR HS COND.	1	LA RA DV INJ.	CL LTR HS COND.	I I	imu. teetin jas	- CONO.
					manana ra	geenngen na	TINJ. CLUTA HS	COND
	LA RA DV INJ. CLLTR HS COND.	LA RA DV INJ CLUTA HS COND.		LA RA DV INJ.	CL LTR HS COND.	LA RA DV	I I I I	LONU.
			1		,,			75.5
	LA RA DV INJ. CLLTR HS COND.	LA RA DV INJ. CLLTR HS CONO.		LA RA DV INJ	CL LTR HS COND.	LA RA DV	INJ. CLETA HS	COND.
	RA DV INJ CLITA HS CONO.	LA RA OV INJ. CLITR HS COND.		LA RA OV INJ	CLLTR HS COND.	LA RA DV	INJ. CLLTA HS	COND
	LA RA TOV INJ. CLLTR HS COND.	LA RA DV INJ. CLLTR HS COND.		LA RA DV INJ.	CL LTR HS COND.	LA RA DA	INJ. CLLTA HS	COND.
K		ore than I condition in C2 (6)	13.	Is this (<u>condition in</u> told me about?			dent you already	,
60	Other (K2) During the 2 weeks outlined in red		1		dition page numbe estions first comp	er where leted.)	age No.	
	cause —— to cut down on the things	No (K2)	.[□ No				
"	 During that period, how many days of the day? 	did cut down tor more than half	14.	Where did the accid				
	00 None (K2)	Days	At home (inside house) At home (adjacent premises) Sitreet and highway (includes roadway and public sidewalk)					
7.	During those 2 weeks, how many do half of the day because of this cond			4 🔲 Farm 5 🔝 Industrial place	(includes premise		*	
<u> </u>	00 None	Days	1	6 School (includes 7 Place of recreat	ion and sports, ex	cept at school		
8.	Ask if "Wa/Wb" box marked in C1: During those 2 weeks, how many da	ys did miss more than half of		8 Other (Specify)	,			
	the day from job or business be	cause of this condition?		Mark hav if under 15	R Clindae 1	8 (16)		
-	00 None Ask if age 5-17:	Days	150	Mark box if under 18 Was under 18 wl				
9.	During those 2 weeks, how many da day from school because of this con		Ь	Yes (16) Was in the Arme	d Forces when t	the accident hap	pened?	
L	00 None	Days] .	2 Yes (16)	No			
K	Condition has "CL LTR" in Condition does not have "Cl			c. Was —— at work at ∙ 3 ☐ Yes	4 📋 No			
	About how many days since (12-mor	nth date) a year ago, has this	160	i. Was a car, truck, bu in any way?	•	r vehicle involv	ed in the accide	ent
	condition kept —— in bed more than while an overnight patient in a hosp		١,	1 Yes 	2 No (17)			
	000 None	Days		1 Yes	. 2 🗀 No			
11.	Was ever hospitalized for (c 1 [] Yes 2	ondition in 3b)? j No	°	. Was [it/either one]	moving at the tir	me?		
K	Missing extremity or organ (170	. At the time of the a		rt of the body w	as hurt?	
<u> </u>			1	What kind of injury Anything else?		•		
120	. Does —— still have this condition? 1 — Yes (K4)] No		Part(s) of	f body *	Kii	nd of injury	
Ь	. Is this condition completely cured o	or is it under control? Other (Specify)				-		
	3 Under control (K4)	(K4)	1.	Ask if box 3, 4, or				
c.	. About how long did —— have this co		"	How is (part of	body) affected?	ow?		
	Less than I month OR	Number Months		ls affected in ar		Pres	ent effects **	
d.	. Was this condition present at any ti	me during the past 12 months?						
-	1 Yes 2 0 Not an accident/injury (NC)] No	L					
K		s person (14)		* Enter part of bod ** If multiple prese	nt effects, enter	in C2 each one		
FORM H	6 Other (73)		<u></u>	same as 3b or C	and complete a	separate condi	tion page for it,	

			SP Old age AF
	A. HOUSEHOLD COMPOSITION PAGE		1
la. W	that 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.	1.	First name Age
c. I	that are the names of all other persons living or staying here? Enter names in columns. have listed (read names). Have I missed: any babies or small children?.	2.	Last name Sex M Z F Relationship REFERENCE PERSON Date of birth Month Date Year
-	any ladgers, boarders, or persons you employ who live here? anyone who USUALLY lives here but is now away from home traveling or in a hospital?	CI	HOS P, WORK RD 2-WK, DV 00 None 1 Wa Yes 00 None Number 2 Wb No Number
P	Probe if necessary: No (APPLY HOUSEHOLD MEMBERSHIP RULES. Delete nonhousehold members by an "X" from 1—C2 and enter reason.)	C 2	LA IRA DV INJ. CLLTRIHS COND.
	isk for all persons beginning with column 2: hat is relationship to (<u>reference person</u>)?		LA RA IDV INJ CLITETES COND.
3. W	hat is —— date of birth? (Enter date and age and mark sex.)		TA OF INC. CELINIAS COND.
	REFERENCE PERIODS 2-WEEK PERIOD		LA RA DV INJ. CLLTRIHS COND
A	12-MONTH DATE		LA IRA IDV INJ. CL LTA HS ICOND
	13-MONTH HOSPITAL DATE		LA RA OV JINJ CLUTATHS ICOND.
A2	ASK CONDITION LIST Use Table to determine Sample Person(s). Mark "SP" box(es).		LA RA DV SNJ. CL LTR HS ICOND.
	L. DEMOGRAPHIC BACKGROUND PAGE		
L1	Refer to age.	Lì	Under 5 (NP) 5–17 (2) 18 and over (1)
1o. C	Did —— EYER serve on active duty in the Armed Forces of the United States?	la.	1 Yes – (Mark "AF" box, THEN 1b) 2 No (2)
A T m	When did — serve? Mark box in descending order of priority. Thus, if person served in Vietnam and in Korea, hark VN. World War II (Sept. '40 to July '47) WWII World War II (April '17 to Nov. '18) WWII World War II (April '17 to Nov. '18) WWII Post Vietnam (May '75 to present) PVN Other Service (all other periods) OS	ь.	1 VN 5 PVN 2 KW 8 OS 3 WWII 9 DK 4 WWI
-	Vas —— EVER an active member of a National Guard or military reserve unit?	c,	Yes 2 No (2) 7 DK (2)
d. ¥	Vas ALL of active duty service related to National Guard or military reserve training?	d,	1 Yes 3 No 9 DK
2a. ₩	that is the highest grade or year of regular school —— has ever attended?	2a.	oo 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+
ь. о	id —— finish the (<u>number in 2a)</u> [grade/year]?	Ь,	1 Yes 2 No
3a.[₩ ₩	and Card R. Ask first alternative for first person; ask second alternative for other persons, hat is the number of the group or groups which represents — race? hat is — race? ircle all that apply	3a.	1 2 3 4 5)
2 3	- Aleut, Eskimo, or American Indian 4 - White - Asian or Pacific Islander 5 - Another group not listed Specify - Black	-	Specify
	sk if multiple entries: hich of those groups; that is, (<u>entries in 3a)</u> would you say BEST ropresents —— race?	ь.	1 2 3 4 5)
c. M	ark observed race of respondent(s) only.	с.	SpecIfy 1
4a. At	and Card O. re any of those groups —— national origin or ancestry? (Where did —— ancestors come from?) lease give me the number of the group. ircle all that apply	4a,	1
2 :	rcie all that apply — Puerto Rican 5 — Chicano — Cuban 6 — Other Latin American — Mexican/Mexicano 7 — Other Spanish — Mexican American	ь.	1 2 3 4 5 6 7

	SP Old age AF	SP Old age AF	т.	SP Old age	AF	SP Old a	age L AF
	2	3		4		5	
1.	First name Age	First name Age] '·	First name	Age	First name	Age
	Last name Sex	Last name Sex 1 M 2 F		Last name	Sex 1 [] M 2 [] F	Last name	Sex 1
2,	Relationship	Relationship	2.	Relationship	L = k.e.i	Relationship	
3.	Date of birth Month Date Year	Date of birth Month Date Year	3.	Date of birth Month Date Yea		Date of birth Month Date	l Year
С1	HOSP. WORK RD 2-WK. DV	HOSP. WORK RD 2-WK, DV			-WK, DV		(D 2-WK, DV Yes 00 ∏None
	Number 2 Wb No Number	Number 2 Wb No Number		Number 2 Wb No	Number	Number 2 Wb	No Number
C2	The state of the s		C2	<u> </u>		lance of the second	
	LA RA DV INJ CLURHS COND	LA RA OV INJ CLLTR HS COMO		LA RA OV INJ CLUTE H	S COND	LA RA DV LINI	CL LTR HS COND.
	LA RA OV INJ. CLLTA HS COND.	LA RA DV INJ CLETA HS COND		LA RA DV INJ CLLTA H	is TCONO.	LA RA DV TINJ.	CLLTR HS COND
	LA RA JOV INJ. CLLTR HS COND.	LA RA DV INJ. CLETA HS COND		LA RA DV INJ CLETR H	is cond	LA RA DV INJ	CLLTR HS COND.
	LA RA OV INJ. CLLTA HS COND.	LA AA OV INJ. CLLTA HS COND		LA RA DV INJ CLITE H	is cond	LA RA DV TINJ	CL LTR HS COND
	LA NA TOV NJ. CLITE HS TOND	LA NA DV INJ CLEIR HS COND		LA RA UV INJ CLUTE	is COND	LA HA DV INJ	CLLTR HS COND.
			<u> </u>				
Lī				Dill-de-E (ND)			
L-1	☐ Under 5 (NP) ☐ 5–17 (2) ☐ IB and over (1)	Under 5 (NP) 5-17 (2) 18 and over (1)	LI	Under 5 (NP) 5-17 (2) 18 and over (1)		Under 5 (NP) 5-17 (2) 18 and over (1)	I
la.	1 Yes — (Mark "AF" box, THEN 1b) 2 No (2)	1 Tes — (Mark "AF" box, THEN 1b, 2 No (2)	la.	1 [] Yes – (Mark "AF" box, 2 [] No (2)	THEN 1b)	1 ☐ Yes — (Mark "Al 2 ☐] No (2)	F'' box, THEN 1b)
ь.	1 VN S PVN 2 KW 8 OS 3 WWII 9 DK 4 WWI	1 VN	ь.	1 VN	N	2 🔲 KW 8	☐ PVN ☐ OS ☐ DK
c.	☐ Yes 2 ☐ No (2) 7 ☐ DK (2)	Yes 2 No (2) 7 DK (2)	c.	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	d.	1 Yes 3 No 9] DK	1 Yes 3 No	9 [DK
2a.	00 Never attended or kindergarten (NP) Elem:	00 Never attended or kindergarten (NP) Elem: 1 2 3 4 5 6 7 8 High: 9 10 11 12	2a.	00 [Never attended or kindergarten (NP) Elem: 1 2 3 4 5 6 7	7 8	00 Never attended kindergarten (A Elem: I 2 3 4 High: 9 10 11	<i>IP)</i> 45678
	College: 2 3 4 5 6+	College: 2 3 4 5 6+		College: 2 3 4 5 6+		College: 2 3 4	1 5 6+
Ь,	1 Yes 2 No	1Yes 2 No	ь.	1 Yes 2 No		1 Yes 2 No	
- 3a.	1 2 3 4 5)	1 2 3 4 5	3a.	1 2 3 4 5		l 2 3 4 5	,
ь.	Specify	Specify	b.	Specify		Specify	
	Specify	Specify	ļ	Specify		Specify	
c.	1 W 2 B 3 O	1 W 2 B 3 O	с.	1 W 2 B 3] 0	1 W 2 B	3 🗌 O
4a.	1 Yes 2 No (NP)	1 Yes 2 No (NP)	40.	1 [] Yes 2 [] No (NP)		↑ Yes 2 No (NP)
ь.	1 2 3 4 5 6 7	1 2 3 4 5 6 7	ь.	1 2 3 4 5 6	7	1 2 3 4 5	6 7

	A. HOUSEHOLD COMPOSITION PAGE			1	Old age AF
. w			1.	First name	Age
	at are the names of all persons living or staying here? Start with the name of the person or one persons who owns or rents this home. Enter name in REFERENCE PERSON column.	e of		Last name	Sex
b. What		Yes,'' enter		Last Hame	1
c. I hav	ave listed (read names). Have I missed:	es in columns	2.	Relationship REFERENCE PERSO	
– on	ny babies or small children?		3.	Date of birth Month Date	Year
	iny lodgers, boarders, or persons you employ who live here?		-	HOSP. WORK	RD 2-WK, D
	inyone who USUALLY lives here but is now away from home traveling or in a hospital?		Cl	00 None 1 Wa	☐Yes 00 ☐Nor
	all of the persons you have named usually live here? Tyes (2)			Number 2 Wb	Number
	□ No (APPLY HOUSEHOLD ME		C2		
	she if necessary: RULES. Delete nonhousehold by an "X" from 1—C2 and ent """ """ """ """ """ """ """ "		۲	LA IRA IDV II	NJ. ICL LTRIHS CON
	ofor all persons beginning with column 2:				
. What	at is relationship to (reference person)?				
. Wha	at is date of birth? (Enter date and age and mark sex.)		İ	LA RA OV	NJ. CLETREHS CON
	REFERENCE PERIODS			,	
	RELEASED LEGIODS		1	LA RA DV I	NJ. CL LTR HS CON
Λ4	2-WEEK PERIOD		[1 1 1	
A1	12-MONTH DATE			LA IRA IDV II	NJCL.LTR. HS ICON
	13-MONTH HOSPITAL DATE			J.	
A2	ASK CONDITION LIST Use Tableto determine Sample Person(s). Mark **	SP'' box(es).		LA RA DV I	NJ. CL LTRIHS ICON
	L. DEMOGRAPHIC BACKGROUND PAGE, Continued		L2	0 Under 18 (NP)	
L2	Refer to "Age" and "Wa/Wb" boxes in C1.			1 Wa box marked	(6a)
	THE TO THE STATE OF THE STATE O			2 Wb box marked 3 Neither box m	
a. Earl	rlier you said that —— has a job or business but did not work last week or the week before.		5a.	1 Yes (5c)	2 🗀 No (6b)
	s — looking for work or on layoff from a job during those 2 weeks?			1	
Was	rlier you said that —— didn't have a job or business last week or the week before. s —— looking for work or on layoff from a job during those 2 weeks?		ь.	1 Tes	2 No (NP
c. Whic	ich, looking for work or on layoff from a job?		с.	1 Looking (6c)	3 🗍 Both(6b
a. Farli	lier you said that worked last week or the week before. Ask 6b.			2 \(\text{Lay off (6b)}	
	itel you said filler worked tust week of the week before. 715k ob.				
, For	whom did work? Enter name of company, business, organization, or other employer.		66. and	Employer	[] NEV(6g
For	whom did —— work at —— last full-time job or business lasting 2 consecutive weeks or more?	Enter name	c.		☐ AF (6e)
	company, business, organization, or other employer or mark "NEV" or "AF" box in person's o	column.			
	it kind of business or industry is this? For example, TV and radio manufacturing, retail shoe te Labor Department, farm.		d.	Industry	
State	ce Labor Department, Junii.				
				1	
	at kind of work was —— doing? For example, electrical engineer, stock clerk, typist, farmer. 'AF'' in 6b/c, mark ''AF'' box in person's column without asking.		6.	Occupation	
	AT THE ODE C, HIGH AT DOX IN PERSON'S COMMIN WITHOUT USKING.				AF (NP
					*
	·				
If ", f. What	t were —— most important activities or duties at that job? For example, types, keeps account	books,	_f .	Duties	
If "/		books,	<u>-</u> -	Duties	
If ", f. What	t were most important activities or duties at that job? For example, types, keeps account s, sells cars, operates printing press, finishes concrete.	books,	f.	Duties	
f. What files	t were most important activities or duties at that job? For example, types, keeps account s, sells cars, operates printing press, finishes concrete. nplete from entries in 6b-f. If not clear, ask:	books,	f.	Class of worker	
If ", What files Comp	t were — most important activities or duties at that job? For example, types, keeps account s, sells cars, operates printing press, finishes concrete. **The properties of th	books,	g.	Class of worker	5 [] 1 6 [] SE
If ", What files Comp Was An er indiv	It were —— most important activities or duties at that job? For example, types, keeps account s, sells cars, operates printing press, finishes concrete. Implete from entries in 6b-f. If not clear, ask:			Class of worker	5
. What files	t were — most important activities or duties at that job? For example, types, keeps account s, sells cars, operates printing press, finishes concrete. Implete from entries in 6b-f. If not clear, ask: Implete from entries in 6b-f. If not clear,	1		Class of worker 1 P 2 F	e 🗀 SE
. What files	t were — most important activities or duties at that job? For example, types, keeps account s, sells cars, operates printing press, finishes concrete. Implete from entries in 6b-f. If not clear, ask:	I SE WP		Class of worker 1 P 2 F 3 S	6 SE
f. What files Comp g. Was An erindiv	t were — most important activities or duties at that job? For example, types, keeps account s, sells cars, operates printing press, finishes concrete. Implete from entries in 6b-f. If not clear, ask: ———————————————————————————————————	I SE WP		Class of worker 1 P 2 F 3 S	6 SE

	SP Old age Af	SP Old age AF		SP Old age AF	SP Old age AF
	2	3		4	5
1.	First name Age	First name Age	1."	First name Age	First name Age
	Last name Sex 1 M 2 F	Last name Sex		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
<u> </u>	HOSP. WORK RD 2-WK, DV	HOSP. WORK RD 2-WK. DV	-	HOSP, WORK RD 2-WK, DV	HOSP, WORK RD 2-WK, DV
C1	00 None Wa Yes 00 None Number Number	00 None 1 Wa Yes 00 None Number 2 Wb No Number	CI	00 None 1 Wa Yes 00 None Number 2 Wb No Number	Number 2 Wb No Number
X	Number 2 WD No Number	Number 2 "" Number		Hadinger Hadinger	Trainer Traine
C2			C2		
	LA RA DV INJ. CLLTR HS COND.	LA RA DV INJ CLETA HS COND.		LA RA DV INJ. CLLTR HS COND.	LA RA DV INJ. CLUTR HS COND.
	LA RA DV INJ. CLLTR HS COND.	LA RA OV INJ. CLETR HS COND.		LA RA TOV INJ. CLLTR HS COND.	LA RA DV INJ. CLUTR HS COND.
	LA RA OV INJ. CLLTR HS COND.	LA RA DV INJ. CL LTA HS COND.		LA RA DV INJ CLLTR HS COND.	LA RA OV MJ. CLUTR HS COND.
	LA TOV TINJ CLLTR HE COND.	LA PA COND.		LA RA DV INJ CLITA HS COND	LA DV TINJ CL LTA HS COND
	LA RA DV INJ. CLLTR HS COND.	LA TRA TOV TINJ. CELTA HS COND.	1	LA RA DV INJ. CLLTR HS COND.	LA RA DV INJ. CLLTR HS COND.
\vdash			_		
L2	0 Under 18 (NP)	0 Under 18 (NP)	L2	0 Under 18 (NP)	0 Under 18 (NP)
	1 Wa box marked (6a) 2 Wb box marked (5a)	1 Wa box marked (6a) 2 Wb hox marked (5a)		1 Wa box marked (6a) 2 Wh box marked (5a)	1 Wa box marked (6a) 2 Wb box marked (5a)
<u> </u>	3 Neither box marked (5b)	3 Neither box marked (5b)	ļ	3 Neither box marked (5b)	3 Neither box marked (5b)
5a.	1 Yes (5c) 2 No (6b)	1 Yes (5c) 2 No (6b)	5a.	1 ☐ Yes (5ċ) 2 ☐ No (6b)	1 Yes (5c) 2 No (6b)
ь.	1 Yes 2 No (NP)	1 Yes 2 No (NP)	ь.	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)	c.	1 Looking (6c) 3 Both/6b, 2 Layoff (6b)	1 Looking (6c) 3 Both(6b) 2 Layoff (6b)
	<u> </u>	2 3 25,511 (25)	_	10 =7 = (00)	2 () 24/34/(04/
	Employer	Employer		Employer	Employer
6b. and c.	☐ NEV(6g) ☐ AF (6e)	☐ NEV(6g) ☐ AF (6e)	6b. and c.	☐ NEV(69, ☐ AF (6e)	☐ NEV (6g) ☐ AF (6e)
d.	Industry	Industry	d.	Industry	Industry
e.	Occupation	Occupation AF (NP)	٠.	Occupation AF (NP)	Occupation
-	Duties	Duties		Duties	Duties
		1			
	Class of worker	Class of worker		Class of worker	Class of worker
g.	1 P 5 I I 2 F 6 SE	1 P 5 1 2 F 6 SE	g.	1 P 5 1 2 F 6 SE	1 P 5 1 2 F 6 SE
	3	3 S 7 WP 4 L 8 NEV		3 S 7 WP 4 L 8 NEV	3 S 7 WP
	*[[4 L 8 NEV		# NEV	4 L 8 NEV
F00	TNOTES		L		J
<u> </u>					
FORM	HIS-1 (1984) (8-9-83)			<u></u>	

			SP Old age AF
	A. HOUSEHOLD COMPOSITION PAGE		1
Ta. Wha	t are the names of all persons living or staying here? Start with the name of the person or one of persons who owns or rents this home. Enter name in REFERENCE PERSON column.	1.	First name Age
	· .		Last name Sex
b. Who	it are the names of all other persons living or staying here? Enter names in columns. If "Yes," enter	2.	2 🗀 F
I	ive listed (read names). Hove I missed:	3.	Relationship REFERENCE PERSON Date of birth
	ny babies or small children?		Month Date Year
1	nyone who USUALLY lives here but is now away from home traveling or in a hospital?	Cı	HOSP, WORK RD 2-WK, DV
- 0	nyone else staying here?		
d. Do	all of the persons you have named usually live here? Yes (2)		Number 2 110 Number
Pro	be if necessary: No (APPLY HOUSEHOLD MEMBERSHIP RULES, Delete nonhousehold members	C 2	
Doe	by an ''X'' from 1C2 and enter reason.)		LA HA DV INJ. CL LTRIHS COND
	for all persons beginning with column 2:		
<u> </u>	t is relationship to (reference person)?		LA RA OV INJ. CLETE HE COND
3. Who	at is —— date of birth? (Enter date and age and mark sex.)		
}	REFERENCE PERIODS		LA JAA DV (INJ. ICE LTRINS ICOND
]	2-WEEK PERIOD		TAN DO CHAS TOCKED
A1			
	12-MONTH DATE		LA THA TOV INJ. CLETATHS COND
	13-MONTH HOSPITAL DATE		
A2			LA RA DV INJ. CL LTR HS COND
	ASK CONDITION LIST, Use Table to determine Sample Person(s). Mark "SP" box(es).	-	<u> </u>
	L. DEMOGRAPHIC BACKGROUND PAGE, Continued	<u> </u>	
	k box if under 14. If "Married" refer to household composition and mark accordingly. now married, widowed, divorced, separated, or has never been married?	7.	0 Under 4 1 Married — spouse in HH
			2 Married — spouse not in HH 3 Widowed
			4 Divorced
1			5 Separated 6 Never married
Arn	s the total combined FAMILY income during the past 12 months — that is, yours, (read names, including ned Forces members living at home) more or less than \$20,000? Include money from jobs, social security,	8a.	1 S20,000 or more (Hand Card I)
ret inte	rement income, unemployment payments, public assistance, and so forth. Also include income from prest, dividends, net income from business, farm, or rent, and any other money income received.		2 Less than \$20,000 (Hand Card J)
Rei	ad if necessary: Income is important in analyzing the health information we collect. For example, this prination helps us to learn whether persons in one income group use certain types of medical care services		
orl	have certain conditions more or less often than those in another group.		
Red	nd parenthetical phrase if Armed Forces member living at home or if necessary.	 b.	00 A 10 K 20 U
b. Of t	hase income groups, which letter best represents the total combined FAMILY income ng the past 12 months (that is, yours, (read names, including Armed Forces members		01 🗍 B 11 🗍 L 21 🗍 V
livi	ng at home))? Include wages, salaries, and the other items we just talked about.		02 C 12 M 22 W 03 D 13 N 23 X
inf	ad if necessary: Income is important in analyzing the health information we collect. For example, this ormation helps us to learn whether persons in one income group use certain types of medical care services	ĺ	04 E 14 O 24 Y 05 F 15 P 25 Z
or	have certain conditions more or less often than those in another group.		06 G 16 Q 26 ZZ 07 H 17 R
			08 🔲 l 18 🔲 S
		_	09 [] 19 [] T
		Ra.	0 Under 17 1 Present for all questions
_	a. Mark first appropriate box.		2 Present for some questions 3 Not present
R		ļ	
	b. Enter person number of respondent.	Ъ.	Parameter (1) f
FOOTN	DTES	L	Person number(s) of respondent(s)

	SP Old age A	\F	SP Old age] AF		SP Old age	AF.	,	AF
<u>_</u>	2	,	3		ļ.,	4		5	
1.	First name	Age	First name	Age	1.	First name	Age	First name Last name	Age
	Last name	1 M 2 F	Last name	1 M		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 Yea		Date of birth Month Date Yea		3,	Date of birth Month Date Yea		Date of birth Month Date Ye	
С1		WK, DV	 	WK, DV ☐None	Сī	L	-WK, DV ☐None	 	-WK. DV
	L	Number		lumber		Number 2 Wb No	Number	Number 2 Wb [No -	Number
C2				7	C2		<u> </u>	and the same of th	
	LA RA DV INJ. CLLTA HS	COND	LA OV TINJ. CLUTR HS	COND.		LA RA TOV INJ. CLITATH	s COND	LA BA OV INJ. CL LTR H	S COND
		-							
	LA RA DV INJ. CLLTR HS	COND.	CA THE TOV THE TOUTH HE	CONO		LA RA TOV INJ. (CLETR TH	s CONO.	LA RA DV TINJ CLLTR	is COND
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	LA RA DV INJ. CLLTR HS	COND.	LA RA TOV TINJ. TOLLTR HS	CONO		LA TOV INJ CLLTR H	S COND	LA RA DV INJ. CLLTR	is cono
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	LA DV INJ. CLLTA HS	COND	LA RA OV TINJ. CLETR HS	cono.		LA RA DV INJ CLETR H	s cond.	LA RA DV INJ. CLLTR	is COND
		\	 			iiii	_	<u> </u>	
	LA RA DV INJ. CLLYR HS	COND.	IA RA DV INJ. CLITA HS	COND.		LA RA DV INJ. CLLTR H	is COND	LA RA OV TINJ TOLLTR	is cono
					V., V	a da espara da a			
7.	0 Under 14		o ☐ Under I4		7.	0 Under 14		0 Under 14	
	1 Married - spouse in HE 2 Married - spouse not in		1 Married — spouse in HH 2 Married — spouse not in	1		1 Married — spouse in Hi 2 Married — spouse not in		1 Married — spouse in Hi 2 Married — spouse not i.	
	3 Widowed 4 Divorced		3 Widowed 4 Divorced			3 Widowed 4 Divorced		3 Widowed 4 Divorced	
	5 📺 Separated 6 🗎 Never married		5 Separated 6 Never married			5 Separated 6 Never married		5 Separated 6 Never married	
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			and the second section of the section of the second section of the second section of the second section of the second section of the second section of the second section of the second section of the second section of the second section of the second section of the second section of the section of the second section of the second section of the second section of the second section of the second section of the second section of the second section of the second section of the second section of the second section of the					,	
				en e Vijere		Similar Simila			
Ra.	0 Under 17		o Under 17		Ra.	0 [] Under 17		0 Under 17	
. ,	1 Present for all question 2 Present for some questi		Present for all question: Present for some question:			1 Present for all question 2 Present for some quest		1 Present for all questio	
	3 Not present		3 Not present			3 Not present		3 Not present	
Ъ.					Ь.				
FOOT	Person number(s) of responde NOTES	ent(s)	Person number(s) of responde	ent(s)		Person number(s) of responde	ent(s)	Person number(s) of respond	dent(s)
	·								
FORM H	IS-1 (1984) (8-9-83)								

						☐ SP ☐ Old age ☐ AF
A. HOUSEHOLD COMPOSITION PAGE						1
Ta. 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.						First name Age
b. What are the names of all other persons living or staying here? Enter names in columns. If "Yes," enter						Last name Sex
c. I have listed (read names). Have I missed: Yes No						Relationship REFERENCE PERSON
c	ny babies or small children?				3.	Date of birth Month Date Year
	iny lodgers, boarders, or persons you empl inyone who USUALLY lives here but is not	•	valina ar in a bassis-12		-	HOSP. WORK RD 2-WK. DV
	inyone who DSDALLT fives here out is not inyone else staying here?				C1	00 None 1 Wa Yes 00 None
d. Do	all of the persons you have named usually	live here?	Yes (2)			Number 2 Wb No Number
Pro	be if necessary:	. [No (APPLY HOUSEHOLE RULES. Delete nonhouse	ehold members	C2	
	es usually live somewhere else?		by an "X" from 1–C2 an	d enter reason.)		LA RA DV INJ. CL LTRINS COND.
	c for all persons beginning with column 2: it is —— relationship to (reference person)?	•				
	at is date of birth? (Enter date and a				\dashv	LA RA DV INJ. CL LTR HS COND.
		REFERENCE	PERIODS		\dashv	
		INCHOL			1	LA RA DV INJ. CL LTR HS ICONO.
A1	2-WEEK PERIOD		÷		4	
	12-MONTH DATE		·			LA IRA IDV INJ. CL LTR HS ICOND.
	13-MONTH HOSPITAL DATE				1	
A2	ASK CONDITION LIST Use T	able to dete	emine Sample Person(s) 44-	ark ((SP)) how(on)	1	LA RA DV INJ CL LTR IHS ICOND.
			rmine Sample Person(s). Ma	iik 31 Dux(es).	 	
P	M. HEAL ead to respondent(s):	TH INSURANC	E PAGE		-	
S/	edicare is a Social Security health insuran nd over. People covered by Medicare have now card. anyone in this family, that is (read names),	a card that looks li	ke this.			
_	— now covered?	covered by Me	NO 168 UNO	17/ DK	1b.	1 ☐ Covered 9 ☐ DK 2 ☐ Not covered
2a. Is	sk for each person with "Covered" in 1b: — now covered by the part of Social Secarb box in person's column.	curity Medicare whi	ich pays for hospital bills?		2a.	1 ☐ Yes 9 ☐ DK 2 ☐ No
	—— now covered by that part of Medicare hich —— or some agency must pay a certa				Ь.	1 ☐ Yes 9 ☐ DK 2 ☐ No
3. M	sk for each person with "DK" in 2s and/or h: ay I please see the Social Security Medica anscribe the information from the card or man	re card(s) for (s k the "Card N.A." bo	and — —) to determine the ty	pe of coverage?	3.	1 Hospital 2 Medical 3 Card N.A.
4a. (N	e are interested in all kinds of health insur lot counting Medicare) is anyone in the far an which pays any part of a hospital, doct	nily now covered by	y a health insurance	_	,	
	/hat is the name of the plan? Record in Tab				F	
	anyone in the family now covered by any o hich pays any part of a hospital, doctor's o	r surgeon's bill?	Yes (Reask 4b a	nd c) 🗆 No (5)	<u> </u>	h
PLAN		TABLE H.I. 6s. Does this plan pa expenses?	ay any part of hospital	7. Is —— covered under this	7.	1 ☐ Covered (NP)
en 1	as this <u>(name)</u> plan obtained through employer or union? Yes 2 \(\text{No } (\text{8}) \) 9 \(\text{DK } (\text{6}) \)	1 🗌 Yes 2	No 9 DK	(name) plan?		2 ☐ Not covered (NP)
1	it now carried through an employer or union? ☐ Yes 2 ☐ No 9 ☐ DK	1 🗌 Yes 2	□ No 9 □ DK		<u> </u>	
	2 as this <u>(name)</u> plan obtained through a employer or union?	expenses?	ay any part of hospital	7. is —— covered under this (name) plan?	7.	1 Covered (NP)
1	Yes 2 No (6) 9 DK (6)	b. Does this plan p	No 9 DK By any part of doctor's or			2 Not covered (NP)
1.	b. Is it now carried through an employer or union? surgeon's bills for operations? 1 Yes 2 No 9 DK 1 Yes 2 No 9 DK					
	as this (name) plan obtained through	expenses?	ay any part of hospital	7. is —— covered under this (<u>name)</u> plan?	7.	1 ☐ Covered (NP) 2 ☐ Not covered (NP)
an employer or union? 1						110. 00.000 (FF)
M 1	M 1 Review 1 and 7 for each person and determine if "Covered" by either Medicare and/or insurance, or "Not covered."					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)?					
8a.{M W	any people do not carry health insurance f hich of those statements describes why —	or various reasons.)Hand Card M. y any health insurance (or M	edicare)?	8a.	1 2 3 4 5 6 7 8
8e.{M W A 	any people do not carry health insurance t	or various reasons. — is not covered by ————————————————————————————————————) Hand Card M. v any health insurance (or M Circ		8a. b.	1 2 3 4 5 6 7 8, Specify □ Only one reason 1 2 3 4 5 6 7 8,

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,,	SP Old age AF	SP Old age AF		SP Old age	AF	SP Old age	☐ AF
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1.	First name Age	First name Age	ί.	First name	Age	First name	Age
	Last name Sex	Last name Sex		Last name	Sex 1 M	Last name	Sex 1 M 2 F
2.	2 F	2 F	2.	Relationship	2 F	Relationship	
3.	Date of birth	Date of birth Month Date Year	3,	Date of birth Month Date Yea		Date of birth Month Date	Year
		HOSP, WORK RD 2-WK, DV	\vdash		-WK, DV	HOSE. WORK RD	2-WK, DV
С1		00 None Wa Yes 00 None	C1	00 [] None 1 [] Wa [] Yes 00		00 None I Wa Yes	00 [_]None
	Number 2 Wb No Number	Number 2 Wb No Number		Number 2 Wb No	Vumber	Number 2 Wb No	Number
C2			C2	A Committee of the Comm		<u> </u>	$\neg \neg$
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	LA TRA DV INJ CLUTE HS COND	TA TOV TINJ TELETRITHS TEONO.		LA RA TOV INJ. CLLTA TH	is - TCONO.	LA AA DV TINJ. CLLI	R HS TONO
	LA RA DV INJ CLLTR HS COND.	I I I I I					
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[LA RA TOV INJ CLETA HS CONO.	LA RA OV TINJ TOLLTR HS COND	1	LA RA DV INJ CL LTR	s COND.	LA DV TINJ TOLL	TR HS COND
					_		
1	LA RA TOV INJ. CLLTR HS COND.	LA TRA TOV TINU. TOLLTA HS COND.	1	LA TOV TINJ. CLETE I	HS TOND.	LA RA DV INJ. CLL	IR IIS COND
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	•						
1b.	1 ☐ Covered 9 ☐ DK	1 ☐ Covered 9 ☐ DK 2 ☐ Not covered	1Ь.	1 ☐ Covered 9 ☐ DK 2 ☐ Not covered		1 Covered 9 C	к
	2 ☐ Not covered 1 ☐ Yes 9 ☐ DK	1 Yes 9 DK		1 ☐ Yes 9 ☐ DK		1 ☐ Yes 9 ☐ □	oK
2a.	1 ☐ Yes 9 ☐ DK 2 ☐ No	2 No	2a.	2 No		2 🗆 No	
b.	1 ☐ Yes 9 ☐ DK 2 ☐ No	1 ☐ Yes 9 ☐ DK 2 ☐ No	b.	1 ☐ Yes 9 ☐ DK 2 ☐ No		1 ☐ Yes 9 ☐ □	ж
	1 Hospital	1 Hospital	+	1 Hospital		1 Hospital	
з.	2 ☐ Medical 3 ☐ Card N.A.	2 Medical 3 Card N.A.	3.	2 Medical 3 Card N.A.		2 Medical 3 Card N.A.	
F	3 Ц Çalu N.A.	J Cald H.A.	+				
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7.			7.			1 ☐ Covered (NP)	
'	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.			7.	_			
 ''	1 ☐ Covered (NP) 2 ☐ Not covered (NP)	1 Covered (NP) 2 Not covered (NP)	1	1 ☐ Covered (NP) 2 ☐ Not covered (NP)		1 Covered (NP) 2 Not covered (NP)	
			1				
7.	1 Covered (NP)	1 Covered (NP)	7.	1 Covered (NP)		1 Covered (NP) 2 Not covered (NP)	
	2 Not covered (NP)	2 Not covered (NP)		2 ☐ Not covered (NP)		2 ⊔ Not covered (NP)	
M 1	1 Covered (NP)	1 Covered (NP)	M 1	1 Covered (NP) 2 Not covered under 65	(NIP)	1 Covered (NP) 2 Not covered under	65 (NP)
	2 Not covered under 65 (NP) 3 Not covered 65 and over (NP)	2 Not covered under 65 (NP) 3 Not covered 65 and over (NP)		2 Not covered under 65 3 Not covered 65 and ov	/er (NP)	3 Not covered 65 ar	d over (NP)
8a.	1 2 3 4 5 6 7 8	1 2 3 4 5 6 7 8)	8a.	1 2 3 4 5 6 7 8))	1 2 3 4 5 6 7	 ر8
	Specify	Specify		Specify		Specify	
[.	00 Only one reason 1 2 3 4 5 6 7 8	00 Only one reason 1 2 3 4 5 6 7 8)	Ь.	oo Only one reason)	00 Only one reason 1 2 3 4 5 6 7	8)
b.	Specify	Specify	D.	Specify	-	Specify	
FORM I	(IS-1 (1984) (8-9-83)	7					

			SP Old age Af
	A. HOUSEHOLD COMPOSITION PAGE		1
la.	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.	1.	First name Age
	What are the names of all other persons living or staying here? Enter names in columns. If "Yes," enter names in columns I have listed (read names). Have I missed: Yes No	2.	Last name Sex 1 M 2 F
1	any babies or small children?	3.	Date of birth Month Date Year HOSP, WORK RD 2-WK, DV
	anyone who USUALLY lives here but is now away from home traveling or in a hospital?	CI	
d.	Do all of the persons you have named usually live here? Yes (2)	7/35	Number
1	Probe if necessary: No (APPLY HOUSEHOLD MEMBERSHIP RULES. Delete nonhousehold members by an "X" from I—C2 and enter reason.)	C2	LA RA DV INJ. CL LTRIHS COND.
1	Ask for all persons beginning with column 2: What is —— relationship to (<u>reference person</u>)?		
3.	What is date of birth? (Enter date and age and mark sex.)	1	LA RA DV INJ. CL LTR HS COND.
H	REFERENCE PERIODS	1	
	2-WEEK PERIOD		LA TRA TOV INJ. TELETRINS ICONO.
A	12-MONTH DATE		LA IRA IDV INJ. CL LTR IMS ICOND.
_	13-MONTH HOSPITAL DATE		LA RA DV INJ. CLITATHS ICOND.
Α	ASK CONDITION LIST to determine Sample Person(s). Mark "SP" box(es).		
	M. HEALTH INSURANCE PAGE, Continued		
9a.	Ask only if persons under 20 in family: Does anyone in this family now receive assistance through the "Ald to Families with Dependent Children" Program, sometimes called "AFDC" or "ADC"?		
b.	☐ Yes ☐ No (10) ☐ DK Does —— now receive AFDC or ADC?	9b.	1
10-			9 DK
108.	Does anyone in this family now receive the "Supplemental Security Income" or "SSI" gold-colored check?		
b.	Does —— now receive this check?	10Ь.	1
11a.	There is a national program called Medicald which pays for health care for persons in need. (In this State it is also called (<u>name</u>)}. During the past 12 months, has anyone in this family received health		9
	care which has been or will be paid for by Medicald (or (<u>name</u>))?		
b.	Has —— received this care in the past 12 months?	11b.	1
12a.	Does anyone in the family now have a Medicaid (or <u>(name)</u>) card which looks like this? Show Medicaid card(s).		
	☐ Yes ☐ No (13) ☐ DK Does — now have this card?		
В.	Does —— now nave this card?	12b.	1
c.	Ask for each person with "Yes" in 12b: May I please see —— (and ——) card(s)? Mark appropriate box(es) in person's column.	c.	☐ Mediceid card seen, 1 ☐ Current 2 ☐ Expired 3 ☐ No card seen 8 ☐ Other card seen,
13a.	is anyone in the family now covered by any other public		Specify
	assistance program that pays for health care? Yes No (Next DK page)		
b.	Is —— now covered?	13Ь.	1

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

	SP Old age AF	SP Old age AF	т	SP Old age		SP Old age AF
<u>,</u>	2	3 Ass	1.	First name	Δ	First name Age
1.	First name Age	First name Age	」 ''		Age	
	Last name Sex 1 M	Last name Sex	1	Last name	Sex 1 [] M 2 [] F	Last name Sex 1 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	'ear	Date of birth Month Date Year
C1	HOSP, WORK RD 2-WK, DV	HOSP. WORK RD 2-WK, D		HOSP. WORK RD	2-WK, DV	HOSP. WORK RD 2.WK. DV
<u> </u>	00 None 1 Wa Yes 00 None 2 Wb No Number	Number 2 Wb No Number		Number 2 []Wb []No	Number	Number 2 Wb No Number
C2			C2			
	LA TRA TOV TINJ CLLTRIHS TOOND.	LA "TRA TOV TINI. TOLLTRIHS TOON		TA TRA TOV TINJ CULL	THS COND	LA TRA TOV TINU TELLTR HS COND
			-		1	
	LA TRA TOV TINJ CLLTRIHS COND	LA TAN TOV THE TOURS OF	3	LA RA TOV INJ. CLLT	THS COND	CA RA DV TINJ CLETR HS COND
			4		<u> </u>	
	LA TA TOV THU CLLTA HS COND	LA RA DV TINJ CLITATHS CON	<u>.</u>	LA RA DV INJ CLLT	HS COND	LA RA DV INJ CLLTR HS COND.
			-		1	
	LA TOV TIND CLLTR HS COND.	LA RA TOV TINUT TELLTR HS TOOK	\$	LA RA TOV INJ CLUT	THS COND.	LA RA DV TINJ TCLLTR HS COND
			-		1	
	LA RA TOV TINJ CLLTA HS COND.	LA RA DV TINJ CLITE HS CON	D.	LA RA TOV THAT CLLT	HS COND	LA TOV INJ CLLIR HS COND
		<u> </u>	+		! !	1 1 1 1 1 1 1
			+			
			1			
		. Dv	+-	+		
9b.	1 ☐ Yes 2 ☐ No	1 Yes 2 No	96	2 🗆 No		1 Yes 2 No
	9 DK	9 DK	+	9		9 DK
10b.	. O v.		10t	h		
100.	1	1 Yes 2 No		2 No		1 Yes 2 No
	3 🗆 DV	9 DK	+-	9		9 DK
11b.	1 ☐ Yes 2 ☐ No	1 Yes 2 No	111	2 🗆 No		1 Yes 2 No
	9 🗆 DK	9	+	9		9
12b.		1 🖸 Yes	121	b. 1 □ Yes		1 Yes
120.	2 🗌 No	2 □ No	'2"	2 🗆 No		2 🗌 No
	9 DK	9 DK		9 DK		9 DK
c.	☐ Medicaid card seen	☐ Medicaid card seen 1 ☐ Current 2 ☐ Expired	'	Medicaid card seen		☐ Medicaid card seen
	2 Expired 3 No card seen	3 ☐ No card seen		2 Expired 3 No card seen		2 Expired 3 No card seen
	8 Other card seen,	8 Other card seen	_	8 Other card seen		8 Other card seen
<u> </u>	Specify	Specify	+	Specify		Specify
			-4			
13ь.	1 ☐ Yes 2 ☐ No	1 ☐ Yes 2 ☐ No	131	b. 1 ☐ Yes 2 ☐ No		1 ☐ Yes 2 ☐ No
FORM H	9 DK S-1 (1984) (8-9-83)	9 DK		9 □ □ □ K		9 □ DK

		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.	1.	First name Age
b. What are the names of all other persons living or staying here? Enter names in columns.		Last name Sex
c. I have listed (read names). Have I missed: Yes No	2.	Relationship REFERENCE PERSON
- any babies or small children?	3.	Date of birth Month Date Year
- any lodgers, boarders, or persons you employ who live here?		HOSP, WORK RD 2-WK, DV
— anyone who USUALLY lives here but is now away from home traveling or in a hospital?	CI	00 None 1 Wa Yes 00 None
d. Do all of the persons you have named usually live here? Yes (2)	<u> </u>	Number z Wb No Number
No (APPLY HOUSEHOLD MEMBERSHIP Probe if necessary: RULES. Delete nonhousehold members	C 2	
Does usually live somewhere else? Does usually live somewhere else?	-	LA TRA DV TINJ CL LTRIHS COND.
Ask for all persons beginning with column 2:	1	
2. What is relationship to (reference person)?	_	LA RA IDV INJ. CLLTRINS COND.
3. What is date of birth? (Enter date and age and mark sex.)	4	
REFERENCE PERIODS	-	LA TRA TOV TINJ TELLTREHS ICOND.
2-WEEK PERIOD		
A1	1	
12-MONTH DATE	-	LA IAA IDV INJ. CL LTA IHS ICOND
13-MONTH HOSPITAL DATE	4	
ASK CONDITION LIST Use Table to determine Sample Person(s). Mark "SP" box(es).		LA RA DV INJ. CL LTR IHS ICOND.
M. HEALTH INSURANCE PAGE, Continued		And the second of the second o
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?		
D. Does — now receive inintary reurement of a 4A pensions	14b.	1 ☐ Yes
	ļ	9 DK
Ask for each person with "Yes" in 14b: c. Which does — — receive — the Armed Forces retirement, the VA pension or both?	c.	1 Armed Forces
Mark box in person's column,		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?		
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	l	
b. Is —— now covered?	16b.	ı ☐ 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.	2 No (NP)
b. Does —— now receive compensation for this disability from the Veterans Administration?	Ь.	1 🖸 Yes
FOOTNOTES	<u></u>	2 🔲 No

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

	SP Old age AF	SP Old age AF	SP Old age AF SP Old age AF 5
1,	2 First name Age	First name Age	1. First name Age First name Age
	Last name Sex	Last name Sex	Last name Sex Last name Sex 1 []
	2 F	Last name Sex 1 M 2 F Relationship	Last name Sex 1 M Last name 1 M 2 F Relationship Relationship
2. 3.	Relationship Date of birth	Date of birth	3. Date of birth Date of birth
	Month Date Year	Month Date Year	Month Date Year Month Date Year HOSP. WORK RD 2-WK, DV HOSP. WORK RD 2-WK, DV DV HOSP. WORK RD 2-WK, DV WORK RD 2-WK, DV WORK RD 2-WK, DV WORK RD 2-WK, DV WORK RD 2-WK, DV WORK RD 2-WK, DV WORK RD 2-WK, DV WORK RD 2-WK, DV WORK RD 2-WK, DV WORK RD 2-WK, DV WORK RD 2-WK, DV WORK RD 2-WK, DV WORK RD 2-WK, DV WORK RD 2-WK, DV WORK RD 2-WK, DV WORK RD 2-WK, DV WORK RD 2-WK, DV WORK RD 2-WK,
С1	HOSP. WORK RD 2-WK, DV	HOSP. WORK RD 2.WK, DV	C1 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 Number Number 2 Number Number 2 Number Number
C2			C2
	LA THA TOV INJ. CLLTR HS CONO.	LA DV TINJ. CLETR HS COND	LA THA TOV THE CLITE HS COND LA THA DV THE CLITE HIS CON
	LA RA TOV INJ CLLTRIHS CONO.	LA RA TOV TINJ TOLLTATHS COND	LA TAN TON THE COMO LA TAN TON THE CONTRACTOR
	LA RA TOV INJ CLLTR HS COND	LA TRA TOV TINJ. TELLTATHS COND	LA RA TOV IN CLLIR HS COND LA RA DV IN CLLIR HS CON
	LA RA TOV INJ. CLUTA HS COND.	LA RA DV TINJ TOLLTA HS COND	LA TA TOV MU CLETE HS COND LA TEA TOV MU CLETE HS CO
	LA RA DV INJ. CLLTA HS COND.	I I I I I I I I I I I I I I I I I I I	INV TO A THE PETER LES COMP IN THE TAX THE PETER LES COM
			LA RA TOV INJ CLITA HS CONO LA RA DV INJ CLITA HS CON
	LA RA DV INJ CLLTR HS COND.	LA RA DV INJ CLLTR HS COND	LA RA DV INJ CLITE HS COND LA RA DV INJ CLITE HS CON
[and the second s		
14b.	1 □ Yes	1 Yes	
	2 No 9 DK	2 No 9 DK	2 No 9 DK
	1 🗆 Armed Forces	1 🗆 Armed Forces	
c.	2 □ VA	2 □ VA	1 ☐ Armed Forces
\vdash	3 ☐ Both	3 🗆 Both	3 ☐ Both 3 ☐ Both
15b.	1 ☐ Yes 2 ☐ No	ı □ Yes 2 □ No	15b.
	9 DK	9 DK	2 No 9 DK 2 No 9 DK
	-		
16b.	1 Yes	1 🗆 Yes	16b. 1 ☐ Yes 1 ☐ Yes
	2	2 No 9 DK	2 No 9 DK
	1 ☐ AF box marked (17)	1 AF box marked (17)	1 ☐ AF box marked (17) 1 ☐ AF box marked (17)
M 2	2 Other (NP)	2 Other (NP)	M2 2 Other (NP) 2 Other (NP)
17a.	1 ☐ Yes 2 ☐ No <i>(NP)</i>	1 ☐ Yes 2 ☐ No (NP)	17a. 1 ☐ Yes
b.	1 Yes	1 Yes	b. 1 Yes 1 Yes
FOOT	2 □ No NOTES	2 No	2 🗆 No 2 🗀 No
			
FORM HIS	-1 (1984) (8-9-83)		

	A. HOUSEHOLD COMPOSITION PAGE		1
la. Wh	at are the names of all persons living or staying here? Start with the name of the person or one of persons who owns or rents this home. Enter name in REFERENCE PERSON calumn.	1.	First name Age
l	at are the names of all other persons living or staying here? Enter names in columns. If "Yes," enter names in columns	2.	Last name Sex 1 M 2 F Relationship REFERENCE PERSON
l	ave listed (read names). Have I missed: Yes No any babies or small children?.	3.	Date of birth
l	any babies or small children?		Month Date Year
	anyone who USUALLY lives here but is now away from home traveling or in a hospital?	СI	HOSP, WORK RD 2-WK, DV
-	anyone else staying here?		
d. De	all of the persons you have named usually live here? Yes (2)	-	Number 2 146 Number
Pi	obe if necessary: \textstyle \text{No (APPLY HOUSEHOLD MEMBERSHIP} \\ \text{RULES. Delete nonhousehold members} \\ \text{RULES.}	C 2	
Do	es usually live somewhere else? by on "X" from 1-C2 and enter reason.)		LA IRA DV INJ. CL LTRIHS COND.
	k for all persons beginning with column 2:		
2. Wh	at is relationship to (<u>reference person</u>)?		LA RA IDV INJ. ICLLTRINS ICOND.
3. WI	nat is date of birth? (Enter date and age and mark sex.)		
	REFERENCE PERIODS		LA THA TOV THAT TOLERAL IS ICOND.
	2-WEEK PERIOD		LA IRA IDV INJ. ICLETRINS ICOND.
A1	12 MONTH DATE		
ļ	12-MONTH DATE		LA TRA FDV TINJ. (CL LTR HS ICOND.
	13-MONTH HOSPITAL DATE		
A2	ASK CONDITION LIST		LA RA DV INJ. CL LTR HS ICOND.
		<u></u>	that same a second seco
10- 1	M. HEALTH INSURANCE PAGE, Continued		
10a. L	luring the past 12 months, that is since <u>(12-month date)</u> a year ago, have <u>(read names of</u> elated HH members 18 or over) been laid off from a job or lost a job?		
	·		
	☐ Yes ☐ No (M4) ☐ DK (M4)		
b. V	Vho was this?	18b.	1 ☐ Laid off/lost job
-	Aark "Laid off/lost job" box in person's column.		
C. #	\text{\text{Nyone else?}} \tag{Yes (Reask 18b and c)} \tag{\text{\text{\$\sigma}\$} \text{No}}		
	ask 18d, e, and f for each person with "Laid off/lost job" in 18b. Iow many times has —— been laid off or lost a job during the past 12 months?	d.	Times
e. I	n what month was — – laid off or did — – lose a job ((the last time/the	e.	
t	ime before that))?		Time 1
			Time 2
			Time 3
f. 1	or ANYTIME during [that/those] job layoff(s) or job loss(es), did — — receive	-	1 Yes
	nemployment insurance benefits?		2 No
19a. E	lecause of (pames of persons in 18b) job levoff(s) or job less(es), did envone in	_	
t	lecause of <u>(names of persons in 18b)</u> job layoff(s) or job loss(es), did enyone in he family lose any health insurance coverage that had been carried through that/those) job(s)?	ļ	
_	☐ Yes ☐ No (M4) ☐ DK (M4)		
	Yho was this?	19b.	1 🗆 Lost coverage
-	Mark ''Lost coverage'' box in person's column. Anyone else?		
G. 7	☐ Yes (Reask 19b and c) ☐ No		
		мз	1 Lost coverage (20)
M 3	Refer to 19b and mark appropriate box.		2 Did not lose coverage (NP)
	or ANYTIME during [that/those] job layoff(s) or job loss(es), was — — without any ype of health insurance coverage? 〈Do not include health care programs, such as	20a.	1 🗆 Yes
	Addicaid, AFDC, or military benefit programs, as health insurance coverage.)		2 No (NP)
	or how long was —— without some type of health insurance coverage?	b.	00 Less than 1 month
(How many months is that?)	L	Months
21a. i	or ANYTIME during [that/those] job layoff(s) or job loss(es), was —— covered by ny health care program, such as Medicaid, AFDC, or a military benefit program?	21a.	1 Yes 2 No (NP)
-	or how long was —— covered by some health care program?	ь.	00 Less than 1 month
	How many months is that?)	".	Months
M4	Refer to age(s) and mark appropriate box.	M4	1 No person 55+ in family (HH pg.) 8 Other (Supplement on Aging)

	SP Old age AF	SP Old age AF	т—	SP Old age AF		SP Old age AF
1.	First name Age	First name Age	1.	First name A	20	5
]"		1 1]			First name Age Last name Sex
	Last name Sex 1 M 2 F	Last name Sex 1 M 2 F		Last name 1	M F	Last name Sex 1 1 M 2 TF
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, WORK RD 2-WK, DV	HOSP, WORK RD 2-WK, DV	C1		K. DV	HOSP. WORK RD 2-WK, DV
C1	00 None 1 Wa Yes 00 None Number 2 Wb No Number	Number 2 Wb No Number	CI		None	Number Wa Yes 00 None Ves Number N
	Humber - Humber	Hamber		Number Num		rumber - Humber
C2			C2		\mathcal{L}	
	LA RA DV INJ. CLLTR HS COND.	LA AA DV INJ. CLETR HE COND.		LA RA DV INJ CLLTR IIS	COND	A RA DV INJ CLUTR HS COND.
	LA RA DV INJ CLLTR HS COND.	LA RA DV INJ. CLUTR HS COND.		LA RA TOV INJ CLETA HS	COND	A RA DV INJ. CLLTR HS CONO
					egthanking	
	LA RA OV INJ CLETR HS COND	LA RA DV INJ. CLLTR HS COND		LA THA DV INJ. CLLTA HS	COND.	LA RA DV INJ CLETA HS COND
	——————————————————————————————————————		1	i	\forall	
	LA RA DV INJ CLLTR HS COND.	LA RA DV TINJ TCLLTR HS COND	1	LA TRA TOV TINJ CLETR HS	COND.	A A DV INJ CLETA HS COND
1			1		\vdash	
	LA TOV TINJ. CLLTR HS COND.	LA RA DV INJ. CLETR HS COND.		LA RA TOV INJ CLLTR HS	CONO.	A RA DV INJ CLETA HS COND
_					1	
					1	•
18b.	1 ☐ Laid off/lost job	1 ☐ Laid off/lost job	18b.	1 ☐ Laid off/lost job		1 ☐ Laid off/lost job
			100.			
d.		Times	d.	Times		Times
е.	·		θ.			
	Time 1	Time 1		Time 1		Time 1
	Time 2	Time 2		Time 2		Time 2
L	Time 3	Time 3	ļ	Time 3		Time 3
	1 ☐ Yes 2 ☐ No	1 ☐ Yes 2 ☐ No		1 ☐ Yes 2 ☐ No		1 ☐ Yes 2 ☐ No
·					ŀ	
19b.	,					
190.	1 🗆 Lost coverage	1 Lost coverage	19Ь.	1 D Lost coverage		1 Lost coverage
	en en en la laction de la company de la comp	i Garage and second second		[
М3	1 Lost coverage (20)	1 Lost coverage (20)	M3	1 ☐ Lost coverage (20)		1 ☐ Lost coverage (20)
	2 Did not lose coverage (NP)	2 Did not lose coverage (NP)		2 ☐ Did not lose coverage (NP)		2 Did not lose coverage (NP)
20a.	1 ☐ Yes 2 ☐ No <i>(NP)</i>	1 Yes	20a.			1 Yes
		2 No (NP)	ļ	2 🗆 No (NP)		2 No (NP)
b.	00 Less than 1 month	00 Less than 1 month	b.	oo 🗆 Less than 1 month		oo Less than 1 month
21a.	Months	1 Yes	21a.	Months	+	Months
	2 No (NP)	2 No (NP)		2 No (NP)	‡	2 □ No (NP)
Ь.	00 Less than 1 month	00 Less than 1 month	b.	oo 🗆 Less than 1 month		00 Less than 1 month
	Months	Months	(200	Months		Months
	The second secon	A Commence of the Commence of				
FORM HI	3-1 (1984) (8-9-83)		Property of	Province the market of the contract of the contract of	re desire	Control of the contro

	· · · · · · · · · · · · · · · · · · ·							
If this questionnaire is for an EXTRA unit, enter Control Number					If in AREA SEGMENT		LISTING	
EXTRA unit, enter Control Number of original sample unit	·		·		also enter for FIRST listed on property	unit	Sheet number	Line number
	T	ABLE X - LIVING	QUARTERS DET	ERMINATIONS AT	LISTED ADDRESS			
ADDRESS OF ADDITIONAL LIVING QUARTERS	LOCATION OF UNIT	SEPARA	TENESS AND FAC	ILITIES	CLASSIFICATION	AREA SEGMENTS	ADDRESS, CEN-SUP AND SPECIAL PLACE SEGMENTS	PERMIT SEGMENTS
Enter basic address and unit address, if any OR description of location	Is this a unit in a special place?	Do the occupants (or intended occupants) of (address in col. (1)) live and eat seperately from all other persons on the property?	Does (<u>address in</u> col. (!)) have direct access from the outside or through a common hall?	Does (<u>address in col.</u> (1)) have complete kitchen facilities for that unit only?	N - Not a separate unit - Include on this questionnaire. Separate unit - Do not include on this questionaire. Complete the appropriate segment type column for interviewing instructions.	Is this unit — • unlisted AND • within the segment boundaries?	Is this unit — unlisted AND within the specific address (basic plus unit, if any) of the original sample unit?	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?
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
	Yes — Skip to col. (6) and mark according to Table D in Part C of manual	Yes No — Skip to col. (6) and mark N	Yes - Skip to col. (6) and mark HU	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 S No — Do not interview	Son 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	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	Yes No - Skip to col. (6) and mark N	Yes - Skip to col. (6) and mark HU	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 a	fter completing Table X	for all lines.						
FOOTNOTES								

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Appendix II 1984 Supplement on Aging Questionnaire

			OMB No. 0937-0	021: Approval Expires March 31, 198
FORM HIS-1(SB) (1984) (3-13-84)	has been collected wit this study, and will no	h a guarantee that it w t be disclosed or releas	n which would permit identification ill be held in strict confidence, will be ed to others without the consent of iic Health Service Act (42 USC 242)	e used only for purposes stated for the individual or the establishment
U.S. DEPARTMENT OF COMMERCE BUREAU OF THE CENSUS	in accordance with sec			
ACTING AS COLLECTING AGENT FOR THE U.S. PUBLIC HEALTH SERVICE	1.	RT 60 2. R.O.	Number 3-4	3. Sample <u>5-7</u>
,	Book of	books		
NATIONAL HEALTH INTERVIEW SURVEY	4. Control number PSU	8-10 Segmen	nt- 11-14	Serial 15-16
SURVET				
SUPPLEMENT BOOKLET	5. Person 17-18		Sample Person name 20-39 Lest	First Initial
OUT ILIMENT DOORLE.		1 Male 2 Female		
8. Final status of supplement 5). Interviewer identification	61-6
o ☐ No SP selected Interview	completed		Name	Code
Complete interview (all appropriate pages complete)	ed) Month Date			į
2 Partial interview (some but not all appropriate pages completed) (Explain in notes)		<u> </u>		<u> </u>
Noninterview	NOTES			
3 Refused (Explain in notes)				
4 SP temporarily absent, no proxy available 5 SP mentally or physically incapable, no proxy avail	nble .			
8 Other (Explain in notes)				
	CONTACT PERSO	N INFORMATIO	V	
Contact information for this family unit already obt				
Read to SOA respondent at end of interview — The Natinformation. Please give me the name, address, and	ional Center for Health 5 I telephone number of a	itatistics may wish close relative or fri	to contact you again to obtai	usus sould be reached in C
case we have trouble reaching you. (Please give me	the name of someone v	the is not currently	living in the household.) Plea	se print items 11, 12, 14. RT 6
11. Contact Person name RT 61 3-4 5-24	25-39	40 13	. Area code/telephone number	
Last	it —	Middle initial		
· ·	į		1 ☐ None 2 ☐ Refused	9 DK 15
12a. Address (Number and street)		41-65 14	. Relationship to Sample Perso	
				•
		15	Supplement ending time	18-2
b. City 66-85 St	te 86-87	Zip 88-96	Hour Minutes 1 = a	.m.) Go to HIS-1
			\{\bar{2} \Brace	o.m. Household Page
	TRANSCRIPTIO	N FROM HIS-1		RT 6
16. Area code/telephone number from HIS-1, item 11				Same as 6a on HIS-1 6
		Number and s		6-3
1 None 2 Refused	33			
17a. Exact address from HIS-1, item 6a (Please print items	24 59	City	31-50 State	51-52 Zip 53-6
Number and street/description	,,,,		į	Code
			į	
City 59-78 State	79-80 Zip 81-89	c. Special Place	name (Fill if applicable)	62-8
	Code	·		
	PPLEMENT ON AGIN	C CAMPIE CEL	ECTION	
Use Table A or 8 as indicated on HIS-1 Household Con				of interview (1 - down RT 6
from the top of the listing, 2 = up from the bottom).	ollow this order whenever	two or more sample	persons are at home at the san	Of British And A County
18. Are there any nondeleted persons 65 years old	1 ☐ Yes (List by age (oldest to youngest)	in upper portion of appropriate t	able,
or older in the family?	mark "SP" box or	HIS-1 for each, TH	EN 19)	
	2 ∐ No (19)			
19. Are there any nondeleted persons 55 – 64 years old in the family?	1 Yes (List by age (oldest to youngest)	in lower portion of appropriate t supplement using the appropria	able, mark "SP" box on
			opriate "order of interview")	ne order or anterview y
TABLE A	, , , , , , , , , , , , , , , , , , , ,	Y	TABLE B	
Age Name	Person Sample number person	Age	Name	Person Samp number pers
7-8	9-10 X	39-40	Value	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	^	5152		
		`		^
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		6566
35-36	37-38	67-68	·	69-70 X

	SUPPLEME	NT ON	AGII	NG	8T 65
		1			5
	a. Initial status of sample person				
N1		Hou	r Minutes	C 1 □ a m	6-9 10
	b. Supplement beginning time		1	10	
Read	to respondent — We are interested in obtaining further inform the United States. I will also ask you some				
Ask o	r verify for each HH member	Person No.	Age on	Relationship to Sample Person	
	is (name on HIS-1) related to you?	on HIS-1			15-10
Enter	''Şample Person'' on appropriate line.	01			
Enter	"Unrelated" for persons not related to the sample person.	02	19-20		21-2
	''Deleted'' for any deleted persons, except AF members at home and babies born during interview week.	23-24	25-26		27-2
_	ages from HIS-1.	03 29 -30	31-32		33-3
Litter	ages nom nio-1.	04			
		35-36 05	37-38		39-4
		41-42	43-44		45-4
		06 47-48	49-50		51-5
		07			
		08	55-56		57-5
		59-60	61-62		63-6
		09 65-66	67-68	,	69-7
		10			71
N2	Refer to marital status (page 46 or 47) on HIS-1				I
INZ	nerer to mantar status (page 40 or 47) or ring-1				20)
		1 7	V (C)		72
N3	Spouse of Sample Person previously interviewed on SOA ,				
2a. How	long have you been married (to (name of spouse))?	00 🗆	Less than o	ne year	73-7
		i		' '	
			Nu	mber of years)	
[wido	r [you told me/l was told] that you are now wed/divorced/separated]. How long have	00 🔲	Less than o	ne year	75-7
you b	een [widowed/divorced/separated]?		Nu	mber of years	
20 Inchis	ding step and adopted children, how many LIVING				77-7
	ren do you have?	1	None (6)		l
		<u> </u>	Nu	mber	
	many of your children are sons and how are daughters?				79-8 81-8
illally	are uaugitters:	į - <u> </u>	Nu	mber of sons	83-8
		 	Nu	mber of daughters	
				· · · · · · · · · · · · · · · · · · ·	
			то	tal number of children	
		Comp	are with 3	a, reconcile differences	
N4	Refer to relationship roster in 1			s children live in household (6)	85
FOOTNO	TES		······································		
ORM HIS-1 (SB)	(100AL/2.12.84)				

Se	ection N. FAMILY STRUCTURE, RELATIONSHIPS, S	SUPPORT, AND LIVING ARRANGEMENTS, Continued	
4a. Ho	w quickly can [any one of your children/your son/your		86-88
dau	ughter] get here?	C1 ☐ Minutes	
		{	
_		· · · · · · · · · · · · · · · · · · ·	
	w often do you see [any one of your children/your	000 🗆 Less than once a year/never	89_91
sor	n/your daughter]?	1 Day	
		1 □ Day 2 □ Week 3 □ Month 4 □ Year	
c. Ho	w often do you talk on the telephone with [any one of	ooo ☐ Less than once a year/never	92-94
you	ur children/your son/your daughter]?	(1 □ Day	
		Times nor 3 Month	
		1 ☐ Day 2 ☐ Week 3 ☐ Month 4 ☐ Year	
	w often do you get mail from [any one of your	000 Less than once a year/never	95-97
chi	ildren/ your son/your daughter]?	∫1 □ Day	
		Times per 2	
	o your children/Does your son/Does your daughter] Itinely give you money to help with your living	1 ☐ Yes	98
	penses or pay your bills?	2 🗆 No	
6a. Inc	cluding step and adopted brothers, how many LIVING	. oo □ None	99-100
	others do you have?		
		Number of brothers	
			101-10
	cluding step and adopted sisters, how many LIVING ters do you have?	00 □ None	1.07
		Number of sisters	
7 Ho	ow long have you been living here, in this [house/apartment]?	I I 00 ☐ Less than 1 year	103-10
7. 110	retions nate you been niting note; in and incase, aparametric	00 Less than 1 year	
		Number of years	
		1	105
N5	Other family member previously interviewed on SOA	1 Yes (12)	103
		2 □ No (8)	106
	ark if known this [house/apartment] in a RETIREMENT	ı ☐ Yes	100
	ommunity/building or complex]?	i 2 □ No (10)	
9. WI	hether you use them or not, are the following services		107
ava	ailable in THIS retirement [community/building or complex]?	1 ☐ Yes	
a. Gr	oup meals for residents?	¦ 2□ No . +	т т.т.
b. Ho	ousekeeping or maid service?	1 ☐ Yes	108
		i 2 No	109
c. Me	edical services?	1	103
			110
d. Te	lephone call service to check on your well-being?	l 1 ☐ Yes l 2 ☐ No	
		L	Г
e. Re	creational services?	1 Yes	111
		2 □ No	112
	it NECESSARY to go up or down a step to get into this ouse/apartment] from the outside?	1 □ No Yes — If not mentioned, ask: Is it one or more than one?,	
		Yes — If not mentioned, ask: 1s to the or more than one:	,
		3 ☐ More than 1 step	
	ounting basements and stepdown living areas as		113
se	parate levels, does this [house/apartment] have more an one floor or level?	! 1 ☐ Yes	
tria	un viid 11001 UI 104011	10 (17.6)	

Section N. FAMILY STRUCTURE, RELATIONSHIPS, SUPF	PORT, AND LIVING ARRANGEMENTS, Continued	3-
a. Does this [house/apartment] have a bathroom, bedroom,	1 Yes	5
and kitchen ALL on the SAME floor or level?	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	1 ☐ Yes	(6
the shower?	2 □ No	7
Because of a health or physical problem, do YOU NEED a bathroom, bedroom, and kitchen all on the same floor	1	
or level? b. Because of a health or physical problem, do YOU NEED		- _F -
a walk-in shower?	1 ☐ Yes 2 ☐ No	
	1 ☐ Sample person lives alone (14)	
Mark first appropriate box	2 ☐ Sample person lives only with persons (N7)	
mark mot appropriate box	under 18 years old (and spouse)	
	8 ☐ All other (13a)	
a. Do you and (read names of all other household members) live together NOW because YOU need to share living expenses?	1 ☐ Yes 2 ☐ No	
	2	- T -
Do you and (<u>read names of all other household members</u>) live together NOW because of a health or physical problem YOU have?	1 ☐ Yes 2 ☐ No	<u> </u>
Spouse of SP previously interviewed on SOA	1 ☐ Yes (Section O) 2 ☐ No (14)	
a. Is this [house/apartment] now —		
(1) Owned or being bought by you (OR someone in the household)?	1 ☐ Yes (14b) ☐ No	
(2) Rented for money?	1 ☐ Yes (14h) ☐ No	F
(3) Occupied without payment of money rent?	1 ☐ Yes (Section O)	
o. Who owns or is buying it?	₁ ☐ Sample person } (14c)	
Anyone else?	2 ☐ Spouse ∫ (1740)	\vdash
Follow skip instructions for lowest numbered box marked.	4 Grandchild (Section 0)	
	5 ☐ Other relative	\vdash
La this place fully used for an in there a management in model?		- [-
c. Is this place fully paid for or is there a mortgage being paid?	1	
	9 ☐ DK (14f)	
d. Do you know about how much principal is still owed on the	1 ☐ Yes	
mortgage?	2 ☐ No/DK (14f)	
e. How much principal is still owed?		24
	\$Amount	
f. Do you know the present value of this place, that is, about how	1 Yes	-L
much it would bring if you sold it on today's market?	2 □ No/DK (Section O)	
g. What is the present value?		3
	\$(Section 0)	
n. Who is paying rent for it?		
	1	
Anyone else?	₃ ☐ Child ₄ ☐ Grandchild	-
	4 ☐ Grandchild 5 ☐ Other relative	
	6 Nonrelative	
OTNOTES		

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			
	E — Ask 2 immediately after receiving to respondent — The next questions community services	are about	How often did you use it — frequently, sometimes, or rarely?				
	past 12 months, did YOU — senior center?	1 ☐ Yes 2 ☐ No 9 ☐ DK (Next service)	1 Frequently 2 Sometimes 3 Reask 1 and resume list	45			
b. Use s elderi	pecial transportation for the y?	1 ☐ Yes 2 ☐ No 9 ☐ DK (Next service)	1 ☐ Frequently 2 ☐ Sometimes 3 ☐ Rarely	47			
by an	meals delivered to your home agency or organization like s on Wheels?	1 ☐ Yes 2 ☐ No 9 ☐ ĎK (Next service)	1 ☐ Frequently 2 ☐ Sometimes 3 ☐ Rarely	49			
some	eals in a senior center or in place with a special meal pro- for the elderly?	1 ☐ Yes50 2 ☐ No 9 ☐ DK (Next service)	1 ☐ Frequently 2 ☐ Sometimes 3 ☐ Rarely	51			
elderl	homemaker service for the y that provides services like ing and cooking in the home?	1 ☐ Yes 2 ☐ No 9 ☐ DK (Next service)	1 Frequently 2 Sometimes 3 Reask 1 and resume list	63			
telept	service which makes routine none calls to check on the n of elderly people?	1 ☐ Yes 2 ☐ No 9 ☐ DK (Next service)	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)	1 ☐ Frequently 2 ☐ Sometimes 3 ☐ Rarely	57			
h. Use a the ho	health aide who comes into ome?	1 Yes 2 No 9 DK (Next service)	1 ☐ Frequently 2 ☐ Sometimes 3 ☐ Rarely	59			
i. Use a elderl	dult day care or day care for the y?	1 ☐ Yes 60 2 ☐ No 9 ☐ DK }(3)	1 ☐ Frequently 2 ☐ Sometimes 3 ☐ Rarely	61			
	past 12 months, did you do any vo ized group?	lunteer work for any	1 □ Yes 2 □ No 9 □ DK } (4)	62			
b. How	often did you do volunteer work — 1	requently, sometimes, or rarely?	1 ☐ Frequently 2 ☐ Sometimes 3 ☐ Rarely	63			
	Calendar o respondent — The next questions and ending this pas	refer to the 2 weeks (outlined in red t Sunday <u>(date)</u> .	on that calendar), beginning Monday (date)				
a. Get to	g those 2 weeks did you — gether socially with friends or neig		1 □ Yes 2 □ No	64			
b. Talk v	vith friends or neighbors on the tele	ephone? 	1 ☐ Yes 2 ☐ No	65			
	gether with ANY relatives (not incl		1 Yes 2 No	66			
house	hold members)?	· · · · · · · · · · · · · · · · · · ·	1 Yes 2 No - 1	68			
	a show or movie, sports event, clul group event?	neeting, classes or	1 1 Yes 2 No	69			
02	Respondent		1 Self (5) 2 Proxy (Section P)	70			
you ar	ding your present social activities, re doing about enough, too much, o doing more?		1 ☐ About enough 2 ☐ Too much 3 ☐ Would like to do more	71			

					RT 67
	<u> </u>	ection P. OCCUPATI			5
Р1	Refer to Wa/Wb boxes for SP in C1 HIS-1, Household Composition Pag		1 ☐ Wa or Wb ma 8 ☐ Other (1a)	rked (1d)	
1a. Have	you EVER worked at a job or busines		1 ☐ Yes 2 ☐ No (2)		6
	you worked at a job or business, at a 45 years old?	ny time since you	1 Yes 2 No 9 DK (2)		7
	ou work at all at a job or business in th hs, that is, since (12 month date) a yea	ne past 12	1 Yes 2 No (2)		8
work,	(12 month date) a year ago, in how m. either full or part time, not counting? Include paid vacations and paid sig	work around the	52 □ All year — 52		9-10
	weeks that you worked, how many h SUALLY work at ALL jobs?	nours a week did		Hours	11-12
2a. At thi partly	s time, do you consider yourself com retired, or not retired at all?	pletely retired,	1 Completely re 2 Partly retired 3 Not retired at 4 Never worker	all \ (2)	13
P2	Refer to SP's work status in 1a and	d 1b	1 ☐ ''No'' in 1a o		14
	you retired more than once?		1 ☐ Yes 2 ☐ No		15
	long has it been since you retired (the		oo 🗆 Less than 1 y		16-17
	and time was gotter to the		<u> </u>	_ Number of γears 	
	ast time you retired) Did you retire many or physical problem you had?	anny Decause of a	1 ☐ Yes (3)- 2 ☐ No		
e. (That work	time) Did you retire mainly because y would cause a health problem?	ou thought your	1 ☐ Yes 2 ☐ No		19
3a. (Even you N	card SOA 1 or read sources for a telepho though you do not consider yourself IOW receiving RETIREMENT income sources? Do NOT include any disabi	retired) Are from any of	1 ☐ Yes 2 ☐ No (6)		20
b, Whicl	h ones? Mark all sources given	Note — Ask 4 and 5 fe	or each source marked i	1 3b	
Any o	other source?	4. How long have you be (source in 3b)?	peen receiving	5. Do you NOW receive it becau OWN work experience or bed a dependent or survivor of so	ause you are
1 🗆 S	ocial Security 21	oo □ Less than 1 yea	r 22-23	1 ☐ Own 2 ☐ Someone else 3 ☐ Both	24
2 🗆 R	ailroad retirement 25	oo □ Less than 1 yea	r 26-27 per of years	1 ☐ Own 2 ☐ Someone else 3 ☐ Both	28
	private employer or 29 nion pension	oo□ Less than 1 yea Numl	r 30-31	1 Own 2 Someone else 3 Both	32
	government employee pension 33 ederal, State, or local)	oo □ Less than 1 yea Numl		1 ☐ Own 2 ☐ Someone else 3 ☐ Both	36
5 🗌 M	lilitary retirement 37	oo □ Less than 1 yea	r 38-39	1 ∐ Own 2 ☐ Someone else	40
	ome other course. Checify 41	Numl	ber of years	3 🗌 Both	
6 ∐ S	ome other source — Specify				
FORM HIS-1 (SB)	(1984) (3-13-84)	<u></u> _			
Auto (19.1 (98) (1.00-1.10-10-0-1				

Section	P. OCCUPATION	ON AI	ND RETIREMENT, Co	ntinued		
6. Are you now receiving disability payments	from any source?		1			44
7. Are you receiving disability payments beca YOU have or because you are a dependent someone else?	7. Are you receiving disability payments because of a disability YOU have or because you are a dependent or survivor of someone else?			")		45
8. How long have you been receiving disabilit	y payments?		oo ☐ Less than 1 year			46-47
If more than one, record the longest one.			· 	mber of yea	ırs	
Have you EVER received any disability pay Social Security?	ments from		1 ☐ Yes 2 ☐ No 9 ☐ DK			48
Note — Ask 10a—j before asking 11 and 12.			Note — Ask 11 and 1	2 for each '	'Yes'' in 10a—j.	
Read to respondent — Please tell me if you have ANY difficulty w following activities —	hen you do the		11. How much difficulty have <u>(activity in 10),</u> s lot, or are you unable	some, a	12. For how long have you some difficulty/had a l difficulty/been unable (activity in 10)?	ot of
10. By yourself and not using aids, do you have any difficulty —	l 1 ☐ Yes	49	ı ☐ Some 2 ☐ A lot	50	oo□ Less than 1 year	51-52
a. Walking for a quarter of a mile (that is about 2 or 3 blocks)?	9 NA/I	DK 53	3 ☐ Unable	54	Number of	years
b. Walking up 10 steps without resting?	1 ☐ Yes	L	1 ☐ Some 2 ☐ A lot 3 ☐ Unable		oo□ Less than 1 year	
	9 🗆 NA/I	DK 57		58	Number of	years 59-6
c. Standing or being on your feet for about 2 hours?	1 Yes 2 No 9 NA/I		1 ☐ Some 2 ☐ A lot 3 ☐ Unable		oo□ Less than 1 year Number of	I
d. Sitting for about 2 hours?	1 Yes 2 No 9 NA/I	61	1 ☐ Some 2 ☐ A lot 3 ☐ Unable	62	oo□ Less than 1 year	63-6
	9 LI NA/I	65		66	Number of	67-6
Reask 10 e. Stooping, crouching, or kneeling?	1 □ Yes 2 □ No 9 □ NA/I	DK	1 ☐ Some 2 ☐ A lot 3 ☐ Unable	<u> </u>	oo□ Less than 1 year Number of	f years
f. Reaching up over your head?	1 ☐ Yes	69	1 Some	70	oo□ Less than 1 year	71-7
	9 🗆 NA/I		з 🗌 Unable		Number o	<u> </u>
g. Reaching out {as if to shake someone's hand}?	1 □ Yes 2 □ No	73	1 ☐ Some 2 ☐ A lot 3 ☐ Unable	74	00 ☐ Less than 1 year	75-7
h. Using your fingers to grasp or handle?	9 NA/I	DK 77	1 ☐ Some 2 ☐ A lot	78	oo□ Less than 1 year	f years <mark>79 – 8</mark>
	9 NA/I		3 ☐ Unable		Number o	
Reask 10 i. Lifting or carrying something as heavy as 25 pounds (such as two full bags of	 1 □ Yes 2 □ No (81	1 ☐ Some 2 ☐ A lot	82	oo⊡ Less than 1 year	83-8
groceries) ?	9 D NA/I	DK	₃ ☐ Unable		Number o	
j. Lifting or carrying something as heavy as 10 pounds?	1 ☐ Yes	85	1 ☐ Some 2 ☐ A lot	86	00□ Less than 1 year	87-8
FORM HIS-1 (SB) (1984) (3-13-84)	9 🗆 NA/I	DK	з 🗆 Unable		Number o	f years

	Secti	ion P. OCCUPATION	AND RETIREMENT, Continued	
P3	Refer to Wa/Wb boxes for SP in HIS-1 Household Composition F	C1 on the Page	1 ☐ Wa or Wb box marked (Section Q) 8 ☐ Other (P4)	89
P4	Mark first appropriate box		1 ☐ SP is 75 + } (Section Q) 2 ☐ Proxy 3 ☐ Self response (13)	90
13a.	Do you think there are some kinds of you could do now if jobs were available.	work ole?	1 ☐ Yes 2 ☐ No 9 ☐ DK/maybe	91
b.	Do you WANT to work at a job or busi	iness?	1 ☐ Yes 2 ☐ No	92
FOOT	NOTES			

				RT 68			
Section Q. CONDITION	S AND IMPAIRME	NTS		3-4			
o respondent — Now tell me if you have any of these eye condit	ions, even if you have r	nentioned them befo	re.				
ou NOW have —				5			
racts?	l 1 ☐ Yes	2 □ No	9 🗆 DK				
coma?	1 ☐ Yes	2 🗀 No	9 🗆 DK	6			
hlindnes?	i !			-, _T 7 -			
	¦ 1□ Yes	₂ □ No	9 🗆 D K				
ached retina or any other condition of the retina? appropriate condition	1	2□ No	9 🗌 DK	8			
lness in one or both eyes? es,'' ask: Which — one or both?	Yes o☐ One 1☐ Both (Q1)	2 □ No	9 🗆 DK	9			
other trouble seeing with one or both eyes EVEN when ing glasses?	ı □ Yes	2 □ No	9 □ DK	10			
Refer to answers in 1a—f	8 Other - Enter	"Yes" responses in EY	/E LTR box on THEN Q2	11			
Blindness in BOTH eyes reported in 1e	1 Yes (4a THEN 2 No (2)	9)		12			
ou use eyeglasses? Include eyeglasses that just magnify.	1 ☐ Yes 2 ☐ No (3)			13			
these eyeglasses prescribed for you?	1 ☐ Yes 2 ☐ No						
ou use contact lenses?	1 ☐ Yes 2 ☐ No			15			
you ever had an operation for cataracts?	1 □ Yes 2 □ No (5)			16			
ou have a lens implant?	1 ☐ Yes 2 ☐ No			17			
ou use a magnifying glass to read or to do other close work?	1 ☐ Yes 2 ☐ No			18			
o respondent — The next few questions are about how well you that's how you see best).	can see (wearing your	[glasses/(or) contact	lenses] if				
rou see well enough to recognize the features of people y are within two or three feet?	ı □ Yes ₂ □ No		,	19			
ou see well enough to watch T.V. 8 to 12 feet away?	1	· 		20			
ou see well enough to read newspaper print?	1	·		21			
ou see well enough to step off a curb or down a step?	1 ☐ Yes 2 ☐ No			22			
ou see well enough to recognize a friend walking on the side of the street?	1 Yes 2 No			23			
h statement best describes your vision (wearing [glasses/ ontact lenses]) — no trouble seeing, a little trouble, or a trouble?	1 ☐ No trouble 2 ☐ Little trouble 3 ☐ Lot of trouble			24			
	prespondent — Now tell me if you have any of these eye condition on NOW have — racts? coma? Indicated retina or any other condition of the retina? Impropriate condition Imposs in one or both eyes? Imposs in one or both eyes? Imposs in one or both eyes? Indicate trouble seeing with one or both eyes EVEN when ing glasses? Refer to answers in 1a—f Blindness in BOTH eyes reported in 1e Du use eyeglasses? Include eyeglasses that just magnify. These eyeglasses prescribed for you? Du use contact lenses? You ever had an operation for cataracts? You ever had an operation for cataracts? Du have a lens implant? For respondent — The next few questions are about how well you that's how you see best). To respondent well enough to recognize the features of people you see well enough to watch T.V. 8 to 12 feet away? Tou see well enough to read newspaper print? Tou see well enough to read newspaper print? Tou see well enough to recognize a friend walking on the side of the street?	pu NOW have — racts? Yes racts? Yes racts? Yes racts? Yes racts Yes racts Yes racts	Lower pondent — Now tell me if you have any of these eye conditions, even if you have mentioned them before the process of the	Trespondent — Now tell me if you have any of these eye conditions, even if you have mentioned them before. DU NOW have — Treate? yes			

	Section Q. CONDITIONS AN	D IMPAIRMENTS, (Continued		
	Read to respondent These next questions are about hearing.				25
9.	Do you NOW have —	1			
a.	Tinnitus or ringing in the ears? Circle appropriate condition.	1 ☐ Yes	2 🗆 No	9 🗌 DK	
b.	Deafness in one or both ears?	Yes			26
	If "Yes," ask: Which — one or both?	l Yes l o ☐ One	2 🗌 No	9 🗌 DK	
!		1			1
c.	Any other trouble hearing with one or both ears?	1 □ Yes	2 □ No	9 □ DK	27
		1	DK'' in 9a—c (10)		28
Q	Refer to answers in 9a—c	8 Other - Enter	''Yes'' responses in E ondition Summary Cha	AR LTR box art, THEN 10	
10a.	Do you use a hearing aid?	1 Yes			29
L	(With your books aid) Can you be 14007 and a	2 No			1 20
D.	(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			31
	haohia say OL FOON BOISES!	2 □ No			
11.	Which statement best describes your hearing (with your	1 ☐ No trouble			32
_	hearing aid) — no trouble hearing, a little trouble, or a lot of trouble?	2 Little trouble 3 Lot of trouble			
•	Read to respondent — Please tell me if you have EVER had any of the	following conditions, e	ven if you have men	tioned them before	
12.	Have you EVER had —	1			33
a.	Osteoporosis, sometimes called fragile or soft bones? (os tee o po ro' sis)	l 1 ☐ Yes	2 🗆 No	9 □ DK	
b.	A broken hip?	ı □ Yes	2 □ No	9 🗌 DK	34
c.	Hardening of the arteries or arteriosclerosis? Circle appropriate condition	ı □ Yes	2 🗆 No	9 🗆 DK	35
d.	Hypertension, sometimes called high blood pressure?	1		9 🗆 DK	36
е.	Rheumatic fever?	ì			37
		1		9 🗌 DK	
f.	Rheumatic heart disease?	I .			38
			2 🗌 No	9 □ DK	
g.	Coronary heart disease?				39
•	·	₁ ☐ Yes	2 🗌 No	9 □ DK	
h.	Angina pectoris?				40
	(pek' to ris)	1 🗆 Yes	2 🗌 No	9 🗆 DK	
i.	A myocardial infarction?	 			41
••	•	ı □ Yes	2 🗌 No	9 🗌 DK	-
	Any other heart attack?	<u>+</u>			42
J.		1 ☐ Yes	2 🗌 No	9 🗌 DK	
	A state of a state of	+			43
K.	A stroke or a cerebrovascular accident? (ser' a-bro vas ku lar) Circle appropriate condition	l 1 ☐ Yes ¹	2 🗆 No	9 □ ОК	
_		+			7-44
i.	Alzheimer's disease? (al' zi mers)	l □ Yes	2 🗆 No	9 □ DK	<u> </u>
m.	Cancer of any kind?	1 Yes	2 □ No	9 □ DK	45
			DKW in 40		46
O	Refer to answers in 12a—m		DK'' in 12a-m (13) r ''Yes'' responses in	EVER LTR box on Co	ndition
_			mary Chart, THEN 13		

	Section Q. CONDITIONS ANI	IMPAIRMENTS,	Continued		
13	During the PAST 12 MONTHS, did you have —				47
ı	Arthritis of any kind or rheumatism? Circle appropriate condition	ı □ Yes	2	9 🗆 DK	
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
6.	Varicose veins?	₁ ☐ Yes	2 🗆 No	9 🗆 DK	51
	_	1 ☐ All "No" or "E	0K‴ in 13a−e <i>(14)</i>		52
Q	Refer to answers in 13a—e	8 Other — Enter box on Conditi	''Yes'' responses ir ion Summary Chart,	12-MO LTR 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)	2.2		53
	How many times?	1 ☐ One 2 ☐ More than one			54
	[Did you fall/Were any of these falls] because you felt dizzy?	1 ☐ Yes (14e) 2 ☐ No			55
	Do you sometimes have trouble with dizziness?	1 Yes 2 No (15)			56
8.	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.	ı ☐ Yes ₂ ☐ No		-	58
	Read to respondent — In order to determine how health practices and to refer to statistical records maintained by the	conditions are related National Center for H	to how long peop ealth Statistics.	le live, we would like	RT 69
16a	I have your date of birth as (birthdate from item 3 on HIS-1 Household Composition page). Is that correct?	Date of birth Month Date	Year		5-11
Ь.	. In what State or country were you born?	99 DK			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.	01 ☐ Puerto Rico 02 ☐ Virgin Islands 03 ☐ Guam 04 ☐ Canada	o₅□ Cuba	State	
c	. To verify the spelling, what is your full name, including middle initial?	Last			14-33
		First		`\	34-48
İ		Middle initial			49
ر ا	Verify for males; ask for females.				50-6
a	. What was your father's LAST name? Verify spelling. DO NOT write "Same."	 		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,	999999999 DK	mber		70-7
8	United States Code, section 242k. . What is your Social Security Number?	Mark if number ob	tained from-	→ 1 ☐ Memory 2 ☐ Records	79

		Section R1. ACTIVITIES	OF DAILY LIVING (ADL'S)	AT 3-	
,		questions are about how well you ar	e able to do certain activities —		
1.	Because of a health or physical	(1)		(3)	
•	problem, do you have ANY difficulty —	Bathing or showering?	(2)22 Dressing?	Eating?	
	Ask if "Doesn't do": Is this because of a HEALTH or PHYSICAL problem?	1 ☐ Yes	1 ☐ Yes	1 ☐ Yes	
	If ''Yes,''mark box 1; if ''No,'' mark box 3	2 No 3 Doesn't do for other reason	2 No 3 Doesn't do for other reason	2 ☐ No 3 ☐ Doesn't do for other reason	
	Ask 2—5 for each ADL marked "Yes" in 1.	6	23	4	
2.	By yourself and without using special equipment, how much idifficulty do you have (ADL), some, a lot, or are you unable to do it?	1 ☐ Some 2 ☐ A lot 3 ☐ Unable	1 ☐ Some 2 ☐ A lot 3 ☐ Unable	1 ☐ Some 2 ☐ A lot 3 ☐ Unable	
3.	Do you receive help from another person in (ADL)?	1 Yes 2 No (5)	1 Yes 2 No (5)	1 ☐ Yes 2 ☐ No (5)	
4a.	Who gives this help?	4a. Source of help 4b. Paid 8-11 12-15	4a. Source of help 4b. Paid 25-28 29-32	4a. Source of help 4b. Paid.	
	Anyone else? Mark the S/C/P box without	HH member 0 S/C/P (5) 1 Relative 1 Yes 2 No 2 Nonrelative 1 Yes 2 No	HH member 0 S/C/P (5) 1 Relative 1 Yes 2 No 2 Nonrelative 1 Yes 2 No	HH member 0 S/C/P (5)	
ь.	asking if ONLY help is from spouse/children/parents.	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	
	Ask if necessary: Which helpers are paid?	4 ☐ Nonrelative . 1 ☐ Yes 2 ☐ No	4 Nonrelative . 1 Yes 2 No	4 Nonrelative . 1 Yes 2	
5a.	Do you use any special equipment or aids in (ADL)?	1 Yes 2 No (2 for next ADL with "Yes" in 1)	1 Yes 2 No (2 for next ADL with "Yes" in 1)	1 Yes 2 No (2 for next ADL with "Yes" in 1)	
b.	What special equipment or	Special equipment or aids	Special equipment or aids	Special equipment or aids	
	aids do you use? Anything else?	17-18	34-35	51	
		19-20	36-37	7	
Ba.	Ask 6 if any ADL marked "Yes" in 1. What (other) condition causes the trouble in (read ADL(s))?	☐ Old age (6c)			
	Ask if injury or operation: When dld [the (<u>injury</u>) 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.				
b.	Besides (<u>condition</u>), is there any other condition which causes this trouble in <u>(read ADL(s))</u> ?	☐ 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	(1) 21 1 □ 0−3 month Inj/Op ONLY 2 □ Old age	(2) 38 1 □ 0−3 month Inj/Op ONLY 2 □ Old age	$ \begin{array}{c c} & \text{(3)} \\ & \text{1} \square \text{ 0-3 month Inj/Op ONLY} \\ & \text{2} \square \text{ Old age} \end{array} $	
d.	or transcribe the only listed condition for each ADL. Which of these conditions, that is (read conditions in 6a) would you say is the MAIN	Ask 6d for next ADL with "Yes" in 1 3 Condition — Enter in ADL box on	Ask 6d for next ADL with "Yes" in 1 3 Condition — Enter in ADL box on Condition Summary Chart, THEN ask	Ask 6d for next ADL with "Yes" in 3 Condition — Enter in ADL box on	
cause of the trouble in (ADL)?		Condition Summary Chart, THEN ask	Condition Summary Chart, THEN a 6d for next ADL with "Yes" in 1.		

S	Section R1. ACTIVITIES OF DA	ILY LIVING (ADL'S), Continue	d 3-4		
Reask 1 (4) 56	(5) 73	(6) 90	(7) 5		
Getting in and out of bed or chairs?	Walking? 1 ☐ Yes	Getting outside? 1 ☐ Yes	Using the toilet, including getting to the toilet?		
2 ☐ No 3 ☐ Doesn't do for other reason	2 ☐ No 3 ☐ Doesn't do for other reason	2 ☐ No 3 ☐ Doesn't do for other reason	2 ☐ No 3 ☐ Doesn't do for other reeson		
57	74	. 91	6		
1 ☐ Some 2 ☐ A lot 3 ☐ Unable	1 ☐ Some 2 ☐ A lot 3 ☐ Unable	1 ☐ Some 2 ☐ A lot 3 ☐ Unable	1 ☐ Some 2 ☐ A lot 3 ☐ Unable		
1 Yes 2 No (5)	75 1 ☐ Yes 2 ☐ No (5)	1 ☐ Yes 2 ☐ No (5)	1 Yes 2 No (5)		
4a. Source of help 4b. Paid 59-62 63-66	4a. Source of help 4b. Paid 76-79 80-83	4a. Source of help 4b. Paid 97–100	4a. Source of help 4b. Paid 8-11 12-		
HH member	HH member 0	HH member 0 □ S/C/P (5) 1 □ Relative 1 □ Yes 2 □ No 2 □ Nonrelative . 1 □ Yes 2 □ No	HH member 0 ☐ S/C/P (5) 1 ☐ Relative 1 ☐ Yes 2 ☐ N 2 ☐ Nonrelative 1 ☐ Yes 2 ☐ N		
Non-HH member 3 Relative 1 Yes 2 No 4 Nonrelative . 1 Yes 2 No	Non-HH member 3 Relative 1 Yes 2 No 4 Nonrelative . 1 Yes 2 No	Non-HH member 3 Relative 1 Yes 2 No 4 Nonrelative 1 Yes 2 No	Non-HH member 3 ☐ Relative 1 ☐ Yes 2 ☐ N 4 ☐ Nonrelative 1 ☐ Yes 2 ☐ N		
1 Yes 2 No (2 for next ADL with "Yes" in 1)	1 Yes 2 No (2 for next ADL with "Yes" in 1)	1 Yes 2 No (2 for next ADL with "Yes" in 1)	1 ☐ Yes 2 ☐ No (6)		
Special equipment or aids	Special equipment or aids	Special equipment or aids	Special equipment or aids		
68-69	85-86	102-103			
1	1 0-3 month Inj/Op ONLY 2 Old age Ask 6d for next ADL with "Yes" in 1 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) 2 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.		

Section R1. ACTIVITIES OF DA	AILY LIVING (ADL'S), Continued
7a. Do you have difficulty controlling your bowels?	1 Yes 2 No (7c)
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
c. Do you have a colostomy or a device to help control bowel movements?	1
d. Do you need help from another person in taking care of this device?	1 Yes 2 No
8a. Do you have difficulty controlling urination?	1 ☐ Yes 2 ☐ No (8c)
b. How frequently do you have this difficulty — dally, 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
c. Do you have a urinary catheter or a device to help control urination?	1
d. Do you need help from another person in taking care of this device?	1 Yes 29 1 2 No
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 8 ☐ All other (Next page)
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
b. Stay in a chair all or most of the time?	1
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?	□ Old age (10c)
Enter condition. b. Besides (<u>condition)</u> , 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 (Next page) 2 □ Old age 3 □ Condition — Enter "9" in ADL box on Condition Summary Chart, THEN next page.

FOOTNOTES	
•	
•	
·	
·	
FORM HIS-1 (SB) (1984) (3-13-84)	

	Section R2. INCIDENTAL ACTIV	ITIES OF DAIL	Y LIVING (IADL	'S)		•
>	Read to respondent — Now I will ask about some other activities.	Fell me about doing	them by yourself.			
11.	Because of a health or physical problem, do you have ANY difficulty	Preparing your ov	1) 34 vn meals?	(; Shopping for per as toilet items or	2) sonal items medicines)	46 , (such ?
	Ask if "Doesn't do":	1 🗀 Yes		1 🗆 Yes		
	Is this because of a HEALTH or PHYSICAL problem?	2 □ No		2 □ No		
	If "Yes," mark box 1; if "No," mark box 3.		o for other reason	3 ☐ Doesn't o	lo for other re	ason
	Ask 12—14 for each IADL marked "Yes" in 11.		35			47
12.	By yourself, how much difficulty do you have (<u>IADL</u>), some, a lot, or are you unable to do it?	1 ☐ Some 2 ☐ A lot 3 ☐ Unable		1 ☐ Some 2 ☐ A lot 3 ☐ Unable		
13.	Do you receive help from another person in (IADL)?		36			48
		1 ☐ Yes 2 ☐ No (12 for ne: "Yes" in 1	xt IADL with	1 ☐ Yes 2 ☐ No (12 for ne "Yes" in	xt IADL with)
14a.	Who gives this help?	Source of help	Paid	Source of help	Pa	
	Anyone else?	14a. 37-40	14b.	14a. 49-52	14	53-56
		HH member	 0	HH member	! o	
	Mark the S/C/P box without asking if ONLY help is from spouse/children/		│ 1 ☐ Yes 2 ☐ No	1 Relative 2 Nonrelative .		
	parents. THEN 12 for next IADL with "Yes" in 11.	Non-HH member	il ⊔ 1es 2 ∐ No I I	Non-HH member	i≀∟∟ tes I	∠ il No
b.	la this help paid for?	3 🗆 Relative	1 ☐ Yes 2 ☐ No	3 ☐ Relative		
	Ask if necessary: Which helpers are paid?	4 Nonrelative .	1 ☐ Yes 2 ☐ No	4 Nonrelative .	1 🗌 Yes	2 ∐ No
15-	Ask 15 if any IADL marked "Yes" in 11. What (other) condition causes the trouble in (read IADL(s))?	☐ Old age (15c))			
100.	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.	, , , , , , ,				
h.	Besides (condition), is there any other condition which					
	causes the trouble in (read IADL(s))?	Yes (Reask 1				
		□ No (15d)				
C.	Is the trouble in <u>(read IADL(s))</u> caused by any (other) specific condition?	☐ Yes (Reask 1	5a and b)			
	If multiple conditions, including old age, are listed in 15a, ask 15d for each IADL with a ''Yes'' in 11. Otherwise, mark appropriate	I <u> </u>	1) 45		2)	57
ور	box or transcribe the only listed condition.	1 ☐ 0 — 3 month Ir 2 ☐ Old age	IJ OF CINLY	1 □ 0-3 month I 2 □ Old age	nj/ Op ONLY	} }
a.	Which of these conditions, that is (read conditions in 15a) would you say is the MAIN cause of the trouble in (IADL)?	Ask 15d for next IA	ADL with "Yes" in 11	Ask 15d for next I	ADL with "\	/es'' in 1
		3 🗆		3 🗆		<u> </u>
			IADL box on Condition N ask 15d for next IADL	Condition — Enter in Summary Chart, THi with "Yes" in 11.		
FOC	DTNOTES	1 with res in it.				
				•		

Section	R2. INCIDENTAL ACTIVIT	ries	OF DAILY LIVI	NG (IADL'S), C	ontinued		
(3) Managing your money, (such as keeping track of expenses or paying bills)?	(4) Reask 11 Using the telephone?	70	(E Doing heavy hous bing floors, or wa	ework, (like scrub-	((Doing light house ing dishes, straig light cleaning)?		
ı □ Yes	ı □ Yes		1 🗌 Yes		1 ☐ Yes		
2 No 3 Doesn't do for other reason	2 No 3 Doesn't do for other reason		2 ☐ No 3 ☐ Doesn't do	o for other reason	2 □ No 3 □ Doesn't d	lo for other re	
		71		83			95
1 Some 2 A lot 3 Unable	1 ☐ Some 2 ☐ A lot 3 ☐ Unable		1 ☐ Some 2 ☐ A lot 3 ☐ Unable		1 ☐ Some 2 ☐ A lot 3 ☐ Unable		
60	ļ 	72		84			96
1 ☐ Yes 2 ☐ No (12 for nextIADL with "Yes" in 11)	1 ☐ Yes 2 ☐ No (12 for next IADL with "Yes" in 11)		1 ☐ Yes 2 ☐ No (12 for nex ''Yes'' in 1		1 ☐ Yes 2 ☐ No (15)		
Source of help Paid	Source of help Paid		Source of help	Paid 14b.	Source of help 14a.	Pa Pa	
61-64 65-68		780	85-88		97-100	1 1	101-104
HH member 0 ☐ S/C/P 1 ☐ Relative 1 ☐ Yes 2 ☐ No 2 ☐ Nonrelative 1 ☐ Yes 2 ☐ No	HH member 0 S/C/P 1 Relative 1 Yes 2 2 Nonrelative 1 Yes 2			0 S/C/P 1 Yes 2 No 1 Yes 2 No	HH member 1 Relative 2 Nonrelative .	o S/C/P 1 Yes 1 1 Yes	2 🗌 No
Non-HH member 3 ☐ Relative 1 ☐ Yes 2 ☐ No 4 ☐ Nonrelative 1 ☐ Yes 2 ☐ No	Non-HH member 3 ☐ Relative 1 ☐ Yes 2 ☐ 4 ☐ Nonrelative 1 ☐ Yes 2 ☐			1 Yes 2 No	Non-HH member 3 Relative 4 Nonrelative .		
(3) 69 1 O - 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	1 □ 0 − 3 month Inj/ Op ONLY 2 □ Old age Ask 15d for next IADL with "Yes" 3 □ □ Condition − Enter in IADL box on Cond	 dition	1 O - 3 month Ir 2 Old age Ask 15d for next IA 3 Condition - Enter in	5) ADL with "Yes" in 11 IADL box on Condition N ask 15d for next JADL	1 0-3 month Inj/ Op ONLY 2 Old age 3 Condition Enter in	Next page	Condition

	Section S. NURSING HOME STAY.	HELP WITH CARE, AND HOSPICE	RT 72 3-4
1a.	Have you ever been a resident or patient in a nursing home?	ı 1 ☐ Yes	6
		2	
b.	How many DIFFERENT TIMES have you been a resident or patient in a nursing home?	Number of times	6-7
c.	When were you admitted (the FIRST time)?	19 Month Year	8-11
d.	When were you discharged (the LAST time)?	Month Year 19	12-15
8.	How long were you in the nursing home (the LAST time)?	oo 🗍 Less than 1 month	16-17
		Number of months	
S	Refer to 1d	□ Date discharged is since the 12-month reference date (1f) □ All other (S2)	18
17.	How many weeks in the past 12 months, that is, since (12 month date) a year ago, were you in a nursing home?	oo ☐ Less than 1 week	19-20
		Number of weeks	
S	2 Refer to age	1 ☐ Sample person is 55—64 (2) 2 ☐ Sample person is 65 or older (1g)	21
1g.	Are you now on a waiting list to go into a nursing home?	1 ☐ Yes 2 ☐ No 9 ☐ DK	22
28.	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.) Mark one box only.	Yes — Who is this person? 2 ☐ No HH member 3 ☐ Relative OR 5 ☐ Relative	23
	Walk one box only.	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.)	Yes — Who is this person? 2 □ No	24
	Mark one box only.	HH member → Non-HH member 3 ☐ Relative OR 5 ☐ Relative 4 ☐ Nonrelative 6 ☐ Nonrelative	
3a.	Skip to Section T if a proxy Are you familiar with the term "HOSPICE," that is, a service for the terminally ill?	1 ☐ Yes 2 ☐ No/DK (Section T)	25
b.	Is there a hospice or an in-home hospice service in the [metropolitan area/county] that you could use if you needed one?	1 ☐ Yes 2 ☐ No 9 ☐ DK	26
FOO	TNOTES	<u> </u>	
,			
0044	5-1 (SB) (1984) (3-13-84)		

	Section T. HEA	LTH OPINIONS	
T	1 Respondent	1 ☐ Self response (1) 2 ☐ Proxy (T2)	27
1.	Read to respondent — Now I'd like to ask your personal opinions about health related matters. 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	28
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	29
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 3 ☐ Hardly any worry 2 ☐ Some worry 4 ☐ No worry at all	30
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)	31
b.	is that [a lot more or a little more active/a lot less or a little less active]?	1 ☐ Lot more 3 ☐ Lot less 2 ☐ Little more 4 ☐ Little less	32
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)	33
b.	Is that [a lot more or a little more active/a lot less or a little less active]?	ı □ Lot more 3 □ Lot less 2 □ Little more 4 □ Little less	34
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 3 ☐ Very little control 2 ☐ Some control 4 ☐ None at all	35
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	36
8.	Do you follow a REGULAR routine of physical exercise?	ı □ Yes 2 □ No	37
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 4 1 day a week 2 4-6 days a week 5 Less than 1 day a week 3 2-3 days a week 0 Never	38
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?		39
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	40
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)	41
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	42
Т	2 Type of interview	1 Self-personal 2 Self-telephone 3 Proxy personal 4 Proxy telephone 1 Go to Condition Summary Chart (T3)	43
	a. Proxy Reason	□ Sample person temporarily absent □ Sample person mentally/physically incapable of responding (□ Other (Explain),	44 Explain, ∡
T 	b. Enter person number of proxy respondent, or mark box.	oo □ Non-HH member Go to Condition Summary	45-46 Chart
FORM H	IS-1 (SB) (1984) (3-13-84)		

Section U. SUPPLEMENT CONDITION PAGES															
		COND	ITION A		3-4 5-6						al orga	ns, ask	3h if the	ere are any	of
1.	Name of condition				1 5-6	┪	Infecti	llowing e Ion	ntries in	3b—f: Sore			Sorene	•••	
] ``						36		part of t	he Inari		in 3h.	_alle of			
2.	When did you last	t see or talk to	a doctor or as	sistant about	7	j "	the [in	nfection,	/sore/so	reness	— the	e skin, n	nuscie,		
	your (condition)?		- a accior or a	olotoni about].	bone,	or some	e other	part? (Specify	1/2			
	o 🗆 Interview weel	k (Reask 2)		, less than 5 yrs	١.										
ļ	1 ☐ 2-wk. ref. pd. 2 ☐ Over 2 weeks,	less than 6 mo	6 ☐ 5 yrs.	or more		<u>_</u>							***		
1	3 📙 6 mos., less th	ian 1 yr.	8 🔲 DK if	Dr. seen 🕽		1	Ask if	there are	any of	the follo	wing e	entries in	3b-f:		15
Ĺ	4 🗌 1 yr., less than	n 2 yrs.	9 🔲 Dr. ne	ver seen } (3b))		Tumoi	r		Cyst			Growt	h	
	Did the doctor or		the (condition)	by a more	8	4.	ls this	(tumor	/cyst/gr	owth] r	nalign	ant or b	enign?		
	technical or speci	ific name? ₂ □ No	-	١			1 🗆 M	alignant		2 🗆 Be	nign		9 🗌 D i	K	
Ì) DK 		5.	a. Wh	en was	vour (co	ndition] ,[2-weel	k ref no		16
	Ask 3b if "Yes" in name from item 1	3a, otherwise	transcribe cond	lition	9-12]	<u>in 3</u>	<u>b/3f)</u> fire	st notice	ed?				to 3 month	s
b.	What did he or sh	-										_		s to 1 year	
			<i>/</i> -/			İ		en did y njury in 3		<u>ie</u>		」Over 1]Over 5		5 years	
]			_	-] "-	3 0 0 0 0	youro		
	1 Color Blindnes	s (NC)	з 🗆 Vasector	nv <i>(5)</i>	13	1		obes as i i t on or s			of 2 w	ook rof	nariadl		
	2 ⊔ Cancer (3e)		8 ∐ Other (3	c)		1		before			01 Z-W	eek rei.j	<u> Senoa)</u> (Or	
_							(Was i	it less th	an 3 mo	onths o	more	than 3	month	s ago?)	
٠.	What was the cau	ise of your (<u>co</u>	nation in Sb/F	(Specify)			(Was i	it less th	an 1 ye	ar or m	ore the	an 1 yea	r ago?)		
								it less th	an 5 yea	ars or m	ore th	an 5 ye	ars ago	(7)	
	— — — — — — — — Mark box if accider				- - 	-	J1				y or or	gan in 3k	s/3f (U2	'}	17_
d.	Did the (condition	nt or injury o∟ in 3b) result fr e	⊒ Accident/inju om an accidei	ry (5) n t or iniury?		_	(3)		other (1:	<u> </u>					
	1 🗆 Yes (5)	 2 🗆 No		,		128	-	u still ha		conditi					
	Ask 3e if the condit		includes any o	f the following	vords:			Yes (U2)				No			18
	Allment Cano			oblem		b	.ls this	s conditi	ion com	pletely	cured	or is it u	ınder c	ontrol?	
	Anemia Cond Asthma Cvst	lition Dis	sorder Ri	pture			2□(Cured			. П	Other (S	Specify	l.	
	Attack Defe			ouble Imor		1		Under co	ontrol (じ	2)	ت ت	Other te	peeny	¥	(U2)
	Bed			cer		١,	Ahou	t how lo	na did s	ou hav	a thie	conditio	n hefo		19-21
٠.	What kind of (con	dition in 3b) is i	it? (Specify)					ured?	ng ala ,	ou nut		OOMAN			<u> </u>
							000 I	Less thar	n 1 mon	th O F	t	Mum	ber	{1 ☐ Mo	nths
	Ask 3f only if allerg	v or stroke in 3				١.								. ` _ <i></i>	S -
	How does the [all			u? (Specify),		°	i.was t 1 past	his cond 12 mont	aition pi hs?	resent a	t any	time dui	ing the	•	
				¥			1□`	Vac			2 🔲	No			
				·		_		165			2 🗀	NO			23
	For Stroke fill remained	lar of this gooditio	n none for the fire	A	W - d d'A'	ı	J2		lot an ac				,	 .	
	For Stroke, fill remaind present effects, enter i	in Condition Sumr	mary Chart each c	ne that is not alrea	dv in the		(4)		orst acci Other (1		ury tor	this per	30n (1,	/b)	
	Condition Summary Cl when editing; if not, fil	hart. (If in C2 in H. I additional supple	IIS-1, enter condit ement nage(s) dur	ion <u>number</u> and tra ing interview l	anscribe	-	Ack if	box 3, 4,			item 5				
	Ask 3g if there is an	n impairment (re				17b		part of t							
	following entries in	<i>3b−f</i> :						s your (ame ac	c. as Cond	·
	Abscess	Cancer	Infection	Ruptur			Are ye	ou affec			r way	<u> </u>			
	Ache (except head or ear)	Cramps (exceptement)	t Inflamma Neuralgia	tion Sore(ne Stiff(ne			 	Part	(s) of body	, -			Preser	nt effects **	24
	Bleeding (except	Cyst	Neuritis	Tumor											
	menstrual) Blood clot	Damage	Pain	Ulcer		ļ									
	Boll	Growth Hemorrhage	Palsy Paralysis	Weak(r	e veins less)	*	Enter p	art of boo	ly in sam	e detail a	s for 3d				
			·		•	* *	* If multip	le present e	ffects, ent	er in Condi	tion Sur	nmary Char	t each one	that is not the	same as 3b
g.	What part of the b	ody is affecte	d? (Specify)											S-1, enter cond uring interview	
						_		· ·			•				25
	Show the following							a. Indic	cate stat	us of th	is			ibed from I	
	Head							cond	dition pa	ge				d in SOA li	nterview
	Back/spine/vertebraeupper, middle, lower Sideleft or right							-							
- 1	Ear		Inner	or outer; left, right	t, or both	L	J3							nis conditio	
	Eye						-							Summary C	
	Arm								AR LTR EVER			ADL NUMB		IADL NUMBERS	СР
Ė	Leg	hlp, up	per, knee, lower,	or ankle; left, righ	t, or both			26	27 2	8 2	9 30) 37	38	3-43	44-45
	Foot	entir	e foot, arch, or to	es only; left, righ	t, or both				i_	İ	į		i		i

	Section U. SUPPLEMENT CONDITION PAGES										
		CO	NDITION B		3-4 5-6	Excep	ot for eyes, ears, or ir	nternal orga	ans, ask 3h if i	here are any of	f
1. 1	lame of condit	tion			1 8-0	the following entries in 3b-f: Infection Sore Soreness					
"											
2. \	When did you	last see or tall	k to a doctor	or assistant	about 7	the [in	part of the (<u>part of</u> nfection/sore/sorer , or some other par	1088] — th	e skin, musc	le,	
١ ١	our (condition	<u>1</u>)?				DOILE	, or some other par	ir (Specii)	y/ _↓		
	☐ Interview v	week (Reask 2)		yrs., less th							
		pa. eks, less than 6		yrs. or more		.				,	15
] з	☐ 6 mos., les	is than 1 yr.	8 🔲 D	K if Dr. seen	<u> </u>		there are any of the				
4	1 yr., less t	than 2 yrs.	9 ∐ D	r. never see	<u> </u>	Tumo	•	st ·	Gro		
		r or assistant o pecific name?		tion) by a m	ore 8	1	s [tumor/cyst/grow		_		
	Bennical or sp ☐ Yes	pecilic mailler 2 □ No		9 🗆 DK		1 🗆 🛭	lalignant 2	Benign	9 🗌	DK	
-					9-12		nen was your (<u>cond</u> 3b/3f) first noticed?		2-week ref.		16
		′′ in 3a, otherw n 1 without ask		condition	8-12	1 "	<u> </u>	! * =	」 Over 2 wee □ Over 3 mon	ks to 3 months ths to 1 vear	
b. \	Vhat did he o	r she call it? (Specify) j			l b. wi	sen did you (<u>name</u>	4 [Over 1 year	to 5 years	
			•			of	injury in 3b)?	5 L	□ Over 5 year	s	
-			F773				robes as necessary:				
1	☐ Color Blind☐ Cancer (3	Iness (NC)	з ∐ Vase в ☐ Othe	ectomy (5)	13		it on or since (first of the control		veek ref. perio	<u>d)</u> or	
-							it less than 3 mont		e than 3 mon	ths ago?)	
c. l	Vhat was the	cause of your	(condition in 3	3b) ? (Specif	'y) _]	1	it less than 1 year o			=	
_						(Was	it less than 5 years	or more ti	han 5 years a	go?)	
-						U1	1 🗌 Missing extr	emity or or	rgan in 3b/ <i>3f (</i>	U2)	17
		ident or injury				(K3)	8 ☐ Other (12)				
	_	tion in 3b) resul		Haent or Inj	uryr	12a.Do y	ou still have this co	ndition?			
-	☐ Yes (5)	2 🗆 No				1 1	Yes (U2)] No		- 18
ŀ		ondition name il Cancer	Disease	Problem	llowing words.	b.is thi	s condition comple	tely cured	d or is it unde	r control?	
,	nemia (Condition	Disorder	Rupture		"	Cured	۰,	Other (Spec	if(z)	
		Cyst Defect	Growth Measles	Trouble Tumor			Under control (U2)	• -	3 Other (Spec		(U2)
	ad			Ulcer		c.Abou			condition be	fore it	19-21
e. \	Vhat kind of (condition in 3b) is it? (Speci	fy) _j		was	cured?			_	
						000	Less than 1 month	OR	Number	_{1 ☐ Mon 2 ☐ Year	tns 's
7		llergy or stroke				4 Was	this condition pres			_ 	7-22
		[allergy/strok		t you? (Sp	ecify),		12 months?	onc at any	umo danng		L
					¥	,,,	Yes	2] No		
-						-					23
Ī	or Stroke fill rem	nainder of this con	ndition name for ti	he first present	t effect. If additiona	U2	1 Not an accide			(17b)	
F	resent effects, e	nter in Condition 5	Summary Chart e	ach one that is	s not already in the	(K4)	8 Other (17b)			, ,	
V	onaition summa, hen editing; if no	ary Chart. (If in C2 ot, fill additional s	upplement page(s) during interv	view.)	1	f box 3, 4, or 5 mark				
7	sk 3g if there	is an impairmer					t part of the body is is your (part of bod			acc. as Cond.	
	ollowing entrie						ou affected in any			acc. as cond.	
	ibacess iche (except	Cancer Cramps (e		ction mmation	Rupture Sore(ness)		Part(s) of body *		Pre	sent effects **	
	head or ear)	menstrus		ralgia	Stiff(ness)						24
	Bleeding (except menstrual)	Cyst Damage	Neu Pair		Tumor Ulcer	1 -					
	lood clot	Growth	Pals		Varicose veina						
	ioil	Hemorrha	ge Para	ilysis	Wesk(ness)		part of body in same d		-		
a.\	What part of t	he body is affe	ected? (Speci	ifv)		above o	ple present effects, enter in or is not already in the Cond	lition Summary	y Chart. (If in C2 in	HIS-1, enter condit	ion number
-				*		and tra	nscribe when editing; if not	, fill additional	supplement page	s) during interview.	
-	N 46							-6.46.	1 mr	scribed from H	25 IIC 1
1	how the follov	•			skull, scalp, face		a. Indicate status condition page			ined in SOA In	
	ack/spine/vertel	brae		uj	oper, middie, lower		ļ				
					left or right	U3	h Whan a distant	transer't.	0011100 d-4- f	e thin and distri-	
	Ear						b. When editing, from the appro	priate line	source data to in the Condition	n this condition on Summary Cl	hart.
•	.rm	shoulder	, upper, elbow, i	ower or wrist;	left, right, or both		EYE LTR EAR LTR EVER LT	R 12 MO. LTR	ADL NUMBERS	IADL NUMBERS	СР
					; left, right, or both ; left, right, or both	1	26 27 28		30 – 37	38-43	44-45
					left, right, or both	}				1	!
	S-1 (SB) (1984) (3-13-8					<u> L</u>	1 1 1			<u>I</u>	1

	Section U. SUPPLEMENT CONDITION PAGES										
		COI	NDITION C		3-4 5-6	Exce	pt for eyes, ears, or	r internal orga	ans, ask 3h if ther	e are any of	f
1.	1. Name of condition				Infec	ollowing entries in 3	Sore	Sorene	10		
						1	t part of the (part of				
2.	When did you l		to a doctor o	r assistant a	about 7	the [i	nfection/sore/sor , or some other p	eness] - th	e skin, muscle,	•	
}	your (condition)						, or some other pr	arti (Specii)	v',↓		
	o ☐ Interview w			yrs., less tha yrs. or more	n 5 yrs.						
	2 Over 2 week	ks, less than 6	mos. 7 🗌 Dr	. seen, DK w	hen	Agki	f than are any of th	o fallousia a			15
l	3 ☐ 6 mos., less 4 ☐ 1 yr., less th	than 1 yr.	8 🗌 Dk	(if Dr. seen . never seen) /3hl	Į	f there are any of th	-			
<u> </u>						Tumo		Cyst	Growth	l	
За.	Did the doctor technical or sp	or assistant c ecific name?	all the (condit	ion) by a mo	re 8	1	is [tumor/cyst/gro //alignant	wth] malign 2 🔲 Benign	nant or benign? 9 ☐ DK		
	1 🗆 Yes	2 🗆 No		9 □ DK			vialignant .	z 🗀 Bernyn	- 9 L DK		
Ì	Ask 3b if "Yes"	-	se transcribe c	 ondition	9-12		hen was your (<u>cor</u> 3b/3f) first notice		☐ 2-week ref. pd. ☐ Over 2 weeks t		16
	name from item	1 without aski	ing:			1 1	 ,,	2	Over 2 weeks to Over 3 months		
D.	What did he or	sne call it? (5	pecity)				hen did you (<u>name</u>		Over 1 year to 5	5 years	
						of	injury in 3b)?	5 L	Over 5 years		
	1 🔲 Color Blindn	ness (NC)	a □ Vasar	etamy (5)	13	Ask p	robes as necessary	/: 			
	2 ☐ Cancer (3e)	в 🗌 Other	(3c)	13	(was	it on or since (firs	t date of 2-w ?)	(eek ref. period) o	r	
	What was the c					(Was	it less than 3 moi	nths or more	than 3 months	ago?)	
٠.	what was the c	ause or your	CONGRUOTIN SI	on (Specify	' ∡		it less than 1 yea				
							it less than 5 year			'}	
	Mark box if accid	dent or injury	o L. I Accident/	 iniurv (5)	14	(K3)	1 ☐ Missing ex		gan in 3b/3f (U2)		17
d.	Did the (condition				ry?		ou still have this o				
	1 Yes (5)	2 🗆 No				1 -] No		
	Ask 3e if the con	ndition name in	3b includes ar	y of the follo	owing words:			- 			18
	Ailment Cancer Disease Problem Anemie Condition Disorder Rupture				1	is condition comp	-				
	Asthma C	yst	Growth	Trouble		2 🗆	Cured Under control (U2	. s <u>□</u>	Other (Specify)		
	Bad D	efect	Measles	Tumor Ulcer							(U2)
Θ.	What kind of (c	ondition in 3b)	is it? (Specify	<i>(</i>),			ut how long did yo cured?	ou have this	condition before	e it	19-21
				*		000	Less than 1 month	OR		1 🔲 Mont	ths
											~
	Ask 3f only if alle How does the [a			vou? (Spec	cify).	d.Was past	this condition pre 12 months?	sent at any	time during the		22
			•	, ,.,	<i>y</i>		Yes	. [] No		
							1	2 L.	1140		23
	For Stroke, fill rema	inder of this cons	lition and for the	first propert	ffeet If additions	U2	1 Not an acc			L1	23
	present effects, ent	ter in Condition St	ummary Chart ea	ch one that is i	not already in the	(K4)	8 Other (17		this person (171	0)	
	Condition Summary when editing; if not,					Ask is	f box 3, 4, or 5 mar	ked in item 5			
	Ask 3g if there is	an Impairmen				1	t part of the body				
	following entries						is your (part of bo you affected in an			as Cond.	
	Abscess Ache (except	Cancer Cramps (ex	Infect cent Inflen	ion imation	Rupture Sore(ness)		Part(s) of body			effects **	
	head or ear)	menstrual	•	lgia	Stiff(ness)						24
	Bleeding (except menstrual)	Cyst Damage	Neurit Pain		Tumor Ulcer	<u> </u>					, <u> </u>
	Blood clot	Growth	Palsy		Varicose veins						
	Boll	Hemorrhage	n Paraly	/sis	Weak(ness)	i	part of body in same		-		
g.	What part of the	e body is affe	cted? (Specify	v),		above o	ple present effects, enter or is not already in the Co	ndition Summary	Chart. (If in C2 in HIS-1	, enter condition	
				*		and trai	nscribe when editing; if n	ot, fill additional	supplement page(s) dur	ing interview.)	25
	Show the followi	ina detail:					a. Indicate statu	e of this	¹ ☐Transcrit	ed from 📖	<u> </u>
	Head						condition pag		→ 2 ☐ Obtained		
	Back/spine/vertebra					<u> </u>					
	Side				-	UЗ	b. When editing	. transcrihe s	ource data for thi	s condition	
	Еуө			le	ft, right, or both				n the Condition S		
	Arm					EYE LTR EAR LTR EVER L	.TR 12 MO. LTR	ADL NUMBERS IA	DL NUMBERS	СР	
	Leg	hip,	, upper, knee, lov	ver, or ankle; l	eft, right, or both		26 27 28	29 30	0- 37 38-	-43	44-45
	Foot	0	ntire foot, arch,	or toes only; le	oft, right, or both			<u> </u>			1
ORM H	IS-1 (SB) (1984) (3-13-84)										

	Section U. SUPPLEMENT CONDITION PAGES										
		COND	ITION D	3-4 5-6				nal organs	, ask 3h if	there are any o	of .
1.	Name of conditi	ion		1 3-9	the following entries in 3b-f: Infection Sore Soreness						
					3h. What	part of the	part of bod	y in 3b—g) is affect	ed by	
2.	When did you l	ast see or talk to	a doctor or assistan	t about 7	the [ir	nfection/sor or some oth	e/soreness	i] — the s	kin, musc	le,	
Ì	your (condition,	•	- [] a	_	"""	0. 000 0	, , , , , , , , , , , , , , , , , , ,	op oo,,,			
l	o ☐ Interview w	od.	5 ☐ 2 yrs., less t	re							
	2 Over 2 wee	ks, less than 6 mo	os. 7 🗌 Dr. seen, DK	when	Ask if	there are any	of the follo	owina ent	ries in 3b –	-f:	15
	3 ☐ 6 mos., less 4 ☐ 1 yr., less ti	s than 1 yr. han 2 yrs.	8 ☐ DK if Dr. see 9 ☐ Dr. never se	$\binom{n}{2n}$ (3b)	Tumo	-	Cyst	, will go one		wth	
20		·····	the (condition) by a n		4	s [tumor/cys	•	malianar			
34.	technical or sp	ecific name?	the (condition) by a n	nore	7	lalignant	2 □ Be	_	9 🗌		
Ì	ı 🗋 Yes	2 🗆 No	9 🗌 DK		5 G W/L	ien was you	- /oondition	 			16
			transcribe condition	9-12	5. a. wi	ien was you <u>3b/3f)</u> first no	r (<u>congition</u> oticed?		2-week ref. Over 2 wee	pa. ks to 3 month	s
۱.		1 without asking she call it? (Spe					-	. 3 □ 0	Over 3 mon	ths to 1 year	
"	William Gla He of	and current tope	¥ City)			en did you (Over 1 year Over 5 year		
						injury in 3b)?	_		over o year		
	1 🗆 Color Blindr	ness (NC)	з 🗆 Vasectomy (5)	13		robes as nece it on or since		of 2-wee	k ref. nerio	d) or	
	2 ☐ Cancer (3e		8 ☐ Other <i>(3c)</i>	L 3.3	was it	before that	date?)	0, 2, 4,00	K TOT. POTTO	<u>u,</u> u.	
c.	What was the c		ondition in 3b)? (Spec			it less than 3				_	
		. , ou (<u>oo</u>	Maition III open	, ₇		it less than 1 it less than 5	-				
										• •	17
			Accident/injury (5)	14	U1 (K3)	8 🗆 Othe	ing extremit r <i>(12)</i>	ty or orga	n in 3b/31 (02)	
d.	Did the (conditi	on in 3b) result fr	rom an accident or in	jury?		ou still have	this condit	ion?			
	1 Tes (5)	2 🗆 No			1 🗆	Yes (U2)		□и	o		
			b includes any of the fo	ollowing words:	h le thi	s condition (cured o	 r ie it unde	 r control?	_ 18
	Allment Cancer Disease Problem Anemia Condition Disorder Rupture						Joinplotory				
		•	rowth Trouble easies Tumor			Cured Under contro	ol (U2)	8 ∐ 0	ther (Spec	ify)↓	
	Bad	01000	Ulcer								(U2) 19-21
θ.	What kind of (g	condition in 3b) is	it? (Specify),		Was	was cured?					
			•		ooo□ Less than 1 month OR {1 □ Months 2 □ Years						
		ergy or stroke in 3	3h_e:								7-22
f.			NOW affect you? (Sp	necify),	d.Was this condition present at any time during the past 12 months?						
				*	1□Yes 2□No						
											23
	For Stroke, fill rema	ainder of this condition	on page for the first preser	nt effect If additiona	U2		an accident, accident/in			(17b)	1
	present effects, en	ter in Condition Sum	mary Chart each one that HS-1, enter condition num	is not already in the	(K4)	8 ☐ Othe		,,	po	,,,_,	
			ement page(s) during inte			box 3, 4, or					
	Ask 3g if there is following entries		refer to Card CP2) or a	ny of the		part of the l	•			acc. as Cond	ı
	Abscess	Cancer	Infection	Buntuna	1	ou affected			Janne	acc. as cond	
	Ache (except	Cramps (exce		Rupture Sore(ness)		Part(s) of	body *		Pre	sent effects **	
	head or ear)	menstruel)	Neuralgia	Stiff(ness)							24
	Bleeding (except menstrual)	Cyst Damage	Neuritis Pain	Tumor Ulcer				1			
	Blood clot	Growth	Palsy	Varicose velns							
	Boll	Hemorrhage	Paralysis	Weak(ness)	1	part of body in		•	ani Chartasah	one that is not the	
g.	What part of th	e body is affecte	ed? (Specify) _/		above o	r is not already in	the Condition S	Summary Ch	art. (If in C2 in	HIS-1, enter cond	ition number
					and tran	action when editi	ing, ir not, till a	uuruonai sup	Pierneur page(s) during interview	25
	Show the follow	ring detail:		a. Indicate	status of ti	his	¹ ☐Tran	scribed from I	L		
						n page		² □Obta	ined in SOA I	nterview	
	Ear		U3					r this conditio			
		shoulder, up		from the	appropriat	te line in t	ne Conditio	on Summary C	hart.		
	Hand		EYE LTR EAR LTI			L NUMBERS	IADL NUMBERS				
1			pper, knee, lower, or ankl			26 27	28 2	29 30-	3/	38-43	44-45
	HIS-1 (SB) (1984) (3-13-84)		ire foot, arch, or toes only	, ιθττ, right, or both	<u> </u>		<u> </u>	<u> </u>		! {	1

		Section		ENT CONDITION PAGES
	cor	NDITION E	3-4 5-6	Except for eyes, ears, or internal organs, ask 3n it there are any of
1. Name of condit	ion			Infection Sore Soreness
				3h. What part of the (part of body in $3b-g$) is affected by
2. When did you l	last see or talk	to a doctor or assi	stant about 7	the [infection/sore/soreness] — the skin, muscle, bone, or some other part? (Specify)
o 🗆 Interview w	.1 -	5 □ 2 yrs., le	ss than 5 yrs.	1
1 2-wk. ref. p		6 □ 5 vrs. or	more	
j 3 □ 6 mos., les:	s than 1 yr.	mos. 7 Dr. seen 8 DK if Dr.		Ask if there are any of the following entries in $3b-f$:
4 ☐ 1 yr., less t	han 2 yrs.	9 🗌 Dr. neve	r seen } (3b)	Tumor Cyst Growth
3a. Did the doctor technical or sp	or assistant c	all the (condition) by	a more 8	4. Is this [tumor/cyst/growth] malignant or benign?
ı □ Yes	2 □ No	9 🗌 D	к	1 ☐ Malignant 2 ☐ Benign 9 ☐ D K
Ask 3b if "Yes"	' in 3a, otherwi	se transcribe conditi		5. a. When was your (condition in 3b/3f) first noticed? 1 \(\sum_2\) 2-week ref. pd. 16 \(\frac{16}{2}\) Over 2 weeks to 3 months
name from item	i 1 without aski	ing:		
b. What did he or	sne call itr (S	pecity)		b. When did you (name of injury in 3h)? 4 □ Over 1 year to 5 years 5 □ Over 5 years
				
1 🔲 Color Blindr	ness (NC)	3 ☐ Vasectomy 8 ☐ Other <i>(3c)</i>	(5) 13	Ask probes as necessary: (Was it on or since (first date of 2-week ref. period) or
				was it before that date?)
c. What was the	cause of your	(condition in 3b)? (S	 pecify) _,	(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 1 ☐ Missing extremity or organ in 3b/3f (U2)
		o □ Accident/injury t from an accident o	(5)	(K3) 8 □ Other (12)
1 🗆 Yes (5)	2 🗆 No		-,- , -	12a.Do you still have this condition?
Ask 3e if the cor		3b includes any of the	– – – – – – – – – ne following words:	1 ☐ Yes (U2) ☐ No
		Disease Probl		b.ls this condition completely cured or is it under control?
Asthma C	yst	Disorder Rupte Growth Troub	ole	2 ☐ Cured 8 ☐ Other (Specify) _j 3 ☐ Under control (U2)
Attack D Bad	efect	Measles Tumo		(U2)
e. What kind of (g	ondition in 3b)	is it? (Specify),		c.About how long did you have this condition before it was cured?
		¥		occ Less than 1 month OR {1 ☐ Months 2 ☐ Years
Ask 3f only if all		n 3h_e		l ==
		NOW affect you?	(Specify),	d.Was this condition present at any time during the past 12 months?
			¥	1 Yes 2 □ No
				Not an accident/injury (NC)
For Stroke, fill rema	ainder of this cond	lition page for the first pr	esent effect. If additiona	First accident/injury for this person (17b)
Condition Summary	y Chart. (If in C2 ii	ummary Chart each one in HIS-1, enter condition	number and transcribe	8 Uther (17b)
		oplement page(s) during t (refer to Card CP2) o		Ask if box 3, 4, or 5 marked in item 5 17b.What part of the body is affected now?
following entries		. (I Crei to Card Cr 2)	or arry or the	How is your (part of body) affected? Same acc. as Cond
Abscess	Cancer	Infection	Rupture	Are you affected in any other way?
Ache (except head or ear)	Cramps (exc menstrual)		Sore(ness)	Part(s) of body * Present effects **
Bleeding (except	Cyst	Neuritis	Tumor	
menstrual) Blood clot	Damage Growth	Pain Paisy	Ulcer Varicose veins	
Boil	Hemorrhage	Paralysis	Weak(ness)	* Enter part of body in same detail as for 3g.
g. What part of the	e body is affec	ted? (Specify);		* * 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.)
Show the following	ina detail:			a. Indicate status of this
Head				condition page. 2 Obtained in SOA Interview
Ear		inner or o	uter; left, right, or both	U3 b. When editing, transcribe source data for this condition
				from the appropriate line in the Condition Summary Chart.
Hand		. entire hand or fingers	only; left, right, or both	EYE LTR EAR LTR EVER LTR 12 MO. LTR ADL NUMBERS LADL NUMBERS CP 26 27 28 29 30 - 37 38 - 43 44 - 45
		upper, knee, lower, or a ntire foot, arch, or toes		26 27 28 29 30 37 38-43 44-45
DRM HIS-1 (SB) (1984) (3-13-84)			, ion, ngin, or both	

			Se	ction U.	SUPPLEME	NT CON	DITION PAGI	ES			
		CONI	DITION F		3-4 5-6		ot for eyes, ears, o		jans, ask 3h if i	there are any of	
1.	Name of condition					Infec	•	Sore	Sore	eness	
•						3h. What	part of the (part	of body in 3b	$(\underline{b}-\underline{g})$ is affect	ed by	- 1
2.	When did you las		to a doctor or	assistant a	about 7	the [i	nfection/sore/so , or some other	oreness) — th part? (Specia	ne skin, musc fy) _,	le,	
	your (condition)?		. [] 2 w	rs., less tha	n E vre				¥		
	o ☐ Interview wed 1 ☐ 2-wk. ref. pd			rs., less tha	ii 5 yis.						
	2 Over 2 weeks	s, less than 6 m	nos. 7 Dr.	seen, DK w	<u>/hen</u>	Ask i	f there are any of	the following	entries in 3b	f:	15
	$3 \square 6$ mos., less t $4 \square 1$ yr., less that	nan i yr. ın 2 yrs.	8 □ DK 9 □ Dr.	never seen	} (3b)	Tume	or	Cyst	Gro	wth	
	Did the doctor of					4. Is thi	is [tumor/cyst/gr	owth] malig	nant or benig	n?	ĺ
3a .	technical or spec	cific name?				1 □ N	Malignant	2 🗌 Benign	9 🗆	DK	
	1 ☐ Yes	2 🗆 No	9	DK		5. a. W	hen was your (co	ondition 1	2-week ref.	pd.	16
	Ask 3b if "Yes" i			ondition	9-12	in	3b/3f) first notic	ed? 2	Over 2 wee	ks to 3 months	
h	name from item 1 What did he or s		-			-			Over 3 mon		
			,,,,,,			b. W	hen did you (nan injury in 3b)?	ie i	Over 5 year	•	
							probes as necessa				
	1 Color Blindne	ss (NC)	з 🗌 Vasec		13) (Was	it on or since (fi	rst date of 2-	week ref. perio	od) or	
	2 Cancer (3e)		в 🗌 Other	(3c)		í	it before that dai	-	the 2	seba ama 31	
C.	What was the ca) ? (Specify	·		it less than 3 m it less than 1 ve				
					¥	_	it less than 5 ye				
						U1			organ in 3b/3f (17
	Mark box if accide				14	(K3)	8 ☐ Other (1				
d.	Did the (condition		from an acci	dent or inju	ıry?	12a.Do y	ou still have this	condition?			
		2 □ No_				1	Yes (U2)	(□No		10
	Ask 3e if the cond				owing words:	b.Is th	is condition con	pletely cure	ed or is it unde	er control?	18
			Disease Disorder	Problem Rupture		1					
	Asthma Cy		Growth Measles	Trouble Tumor			Under control (L	J2)	Other (Spec		(U2)
	Bad	1801	141000100	Ulcar		c Abo	out how long did	vou have thi	is condition b	efore it	19-21
	What kind of (co	ndition in 3b) i	is it? (Specify	0/		WAS	cured?				
1				*		000	Less than 1 mor	ith OR	Number	{1 □ Mon	tns ·s
						- -	this condition p				22
l f	Ask 3f only if alle How does the [a			you? (Spe	cify)		t 12 months?	nesent at an	iy tiiilo dariiig		L
					*	1	Yes	2	□No		
						<u> </u>					23
ĺ	For Stroke, fill remai	nder of this cond	ition page for the	firet pracant	effect If additions	, U2		iccident/injur :ident/injury f	or this person	(17b)	
	present effects ente	er in Condition Su	ımmarv Chart ea	ch one that is	not already in the	" (K4)	8 Other (1			, ,	
	Condition Summary when editing; if not,	fill additional sup	n HIS- I , enter co oplement page(s)	naitio <u>n numb</u> during interv	er and transcribe lew.)		if box 3, 4, or 5 m				
	Ask 3g if there is	an impairment					at part of the boo v is your (part of)			e acc. as Cond.	
	following entries	in 3bt:	,				you affected in			c dos. do coma.	
	Abscess Ache (except	Cancer Cramps (exc	Infect cent Inflan	tion nmation	Rupture Sore(ness)		Part(s) of boo	dy *	Pı	resent effects **	
	head or ear)	menstrual)		lgia	Stiff(ness)						24
	Bleeding (except menstrual)	Cyst Damage	Neuri Pain	tis	Tumor Ulcer						
	Blood clot	Growth	Palsy		Varicose veins						
	Boil	Hemorrhage	e Paraly	ysis	Weak(ness)		r part of body in sar			h ana shas ia a as st - :	nama on OL
a	. What part of the	body is affec	cted? (Specif	y),		above	tiple present effects, er e or is not already in the	Condition Summa	ary Chart. (If in C2 i	n HIS-1, enter condit	tion number
"	•		•	¥		and tr	ranscribe when editing;	it not, till addition	nai supplement page	els) during interview.	.)
	Ch th - 5-11:						a. Indicate sta	atus of this	1 ☐Trai	nscribed from H	
	Show the following	•			skuli, scalp, face	1		atus or triis page. —.——	~ ~	ained in SOA In	
	Back/spine/vertebra	10		up	per, middle, lower						
	Side						h. When editi	na transcribe	e source data f	or this condition	n
	Ear									ion Summary C	
	Arm shoulder, upper, elbow, lower or wrist; left, right, or both						EYE LTR EAR LTR EV	ER LTR 12 MO. LTR	ADL NUMBERS	IADL NUMBERS	СР
1	Hand						26 27	28 29	30- 37	38-43	44-45
	Foot							į	i i	i	į
FORM	HIS-1 (SB) (1984) (3-13-84)					<u> </u>			·	<u> </u>	

			Section l	J. SUPPLEME		DITION PAGES			
Г		COND	ITION G	3-4 5-6	Exce	pt for eyes, ears, or int		ns, ask 3h if there are a	ny of
1.	Name of conditio	n		5-6	Infec	ollowing entries in 3b – tion Sor		C	
``					1	t part of the (part of b	_	Soreness	
2.	When did you la	st see or talk to	a doctor or assistar	nt about 7	the [infection/sore/sorene , or some other part?	ess — the	skin, muscle.	
1	your (condition)?				Done	, or some other parti	г (<i>эреспу)</i> У	4	
l	o ☐ Interview we		5						
	2 Over 2 weeks	s, less than 6 m	os. 🧸 🗌 Dr. seen, Dk	re Cwhen					16
1	3 🔲 6 mos., less	than 1 yr.	8 🔲 DK if Dr. see	en)		f there are any of the fo			10
<u> </u>	4 🗌 1 yr., less tha		9 🗌 Dr. never se		Tume	•-		Growth	
За	Did the doctor o. technical or spe	r assistant call cific name?	the (condition) by a r	nore 8		s [tumor/cyst/growtl			
	ı □ Yes	2 □ No	9 🗆 DK		1 🗆 🛭	Malignant 2 🗌	Benign	9 ☐ DK	
ļ	Ask 3h if "Vac" i	n 3a otherwice	transcribe condition	9-12	5. a. W	hen was your (conditi		2-week ref. pd.	16
J	name from item 1	without asking	:	0-12	1 <u>"</u>	3b/3f) first noticed?		Over 2 weeks to 3 mo Over 3 months to 1 ye	
b	. What did he or s	he call it? (Spe	cify)		h.w	hen did you (name		Over 1 year to 5 years	
						injury in 3b)?	5 🗆	Over 5 years	
	□ 				Ask p	robes as necessary:			
}	1 ☐ Color Blindne 2 ☐ Cancer (3e)	ess (NC)	3 ☐ Vasectomy (5) 8 ☐ Other (3c)	13	(Was	it on or since (first da it before that date?)	ate of 2-we	ek ref. period) or	
						it less than 3 months	s or more 1	than 3 months ago?)	
C.	What was the ca	use of your (<u>co</u>	ndition in 3b)? (Spec	ify) _/		it less than 1 year or		• .	
						it less than 5 years o			
				-	U1	□ Missing extrei	mity or orga	an in 3b/3f (U2)	17
d			☐ Accident/injury (5) om an accident or in		(K3)	8 🗆 Other (12)			
"	1 ☐ Yes (5)	2 LI No	om an accident of in	ılar yı	12a.Do y	ou still have this con	dition?		
1			includes any of the fo	ollowing words:	1	Yes (U2)		٧o	[<u>40</u>
			sease Problem	onowing words.	b.is th	is condition complete	ely cured o	or is it under control?	18
	Anemia Cor Asthma Cys		sorder Rupture owth Trouble		2	Cured	9 □ €	Other (Specify)	
	Attack Def		easles Tumor		3□	Under control (U2)	0	Other (Specify)	(U2)
	Bad		Ulcer	•	c.Abo	at how long did you h			19-21
8.	What kind of (cos	ndition in 3b) is	it? (Specify)		was	cured?		€ □ .	
		·			000	Less than 1 month	OR _	Number { 1	Months Years
	Ask 3f only if aller	gy or stroke in 3	 lb_ө:		d.Was	this condition preser		me during the	7 22
f.	How does the [al	llergy/stroke] N	IOW affect you? (Sp	pecify) _j	past	12 months?	ne action y	o during the	L
				•	l ₁□	Yes	2 🗆 N	٧o	
									23
	For Stroke, fill remain	der of this conditio	n page for the first preser	nt effect. If additiona	U2	1 Not an accide 2 First accident/			
	present effects, enter	r in Condition Sumi	mary Chart each one that IS-1, enter condition num	is not already in the	(K4)	8 ☐ Other (17b)	,,	perder (17.5)	
	when editing; if not, f	fill additional supple	ement page(s) during inter	rview.)		box 3, 4, or 5 marked			
	Ask 3g if there is a following entries in	an impairment (r	efer to Card CP2) or a	ny of the	1	part of the body is a			
	Abscess	Cancer				is your (<u>part of body</u>): ou affected in any of		Same acc. as Co	ona
	Ache (except	Cancer Cramps (excep	Infection t Inflammation	Rupture Sore(ness)	-	Part(s) of body *		Present effects	••
	head or ear)	menstrual)	Neuralgia	Stiff(ness)					24
	Bleeding (except menstrual)	Cyst Damage	Neuritis Pain	Tumor Ulcer	<u> </u>				
	Blood clot	Growth	Paísy	Varicose veins					
	Boil	Hemorrhage	Paralysis	Weak(ness)		part of body in same deta			
g.	What part of the	body is affecte	d? (Specify).		* * If multip	ple present effects, enter in Co or is not already in the Condition	ondition Summ	ary Chart each one that is not hart. (If in C2 in HIS-1, enter c	the same as 3b
_	-	•	¥		and trai	scribe when editing; if not, fil	ll additional sur	pplement page(s) during interv	riew.)
	Charrest fell :							. —	25
	Show the following	-		skull, scaln face		a. Indicate status of condition page		¹ ☐Transcribed from ² ☐Obtained in SO	m HIS-1 A Intervious
	Back/spine/vertebrae			pper, middle, lower					. III LOI VIOVV
			· · · · · · · · · · · · · · · · · · ·		U3				
	Ear					from the appropri	nscribe sou iate line in t	urce data for this condi the Condition Summar	ition v Chart.
						EYE LTR EAR LTR EVER LTR 12			·
			ntire hand or fingers only per, knee, lower, or ankle			26 27 28	29 30-		ERS CP
			per, knee, lower, or ankle e foot, arch, or toes only		l				
	IS-1 (SB) (1984) (3-13-84)				L	<u> </u>	i	<u>i</u>	<u>i</u> .

				Section U	. SUPPLEME	NT CON	DITION PA	GES			
		COI	NDITION H		3-4 5-6		pt for eyes, ears		gans, ask 3h if t	here are any of	
1.	Name of conditi	ion	· - ·			Infec	ū	Sore	Sore	ness	
"						3h. What	t part of the (p.	art of body in 3	(b-g) is affected	d by	
2.	When did you l	ast see or talk	to a doctor	or assistant	about 7	the (i	infection/sore/ , or some other	soreness] — 1	he skin, muscl	e,	
	your (condition)?				50.10	, 0. 00	, part. (opeo	,4		
	o Interview w			2 yrs., less th 5 yrs. or mor							
	2 Over 2 wee	ks, less than 6	mos. 7 🗌	Dr. seen, DK	when	Ack i	f thoro are any	of the following	g entries in 3b —	f.	15
	3 ☐ 6 mos., less 4 ☐ 1 yr., less t	s than 1 yr.	-8	DK if Dr. seer	7 7 7 7 7 7 7	1	•				
	4 🔲 1 yr., less t	han 2 yrs.	9 📙	Dr. never see		Tumo		Cyst	Gro		
За.	Did the doctor			dition) by a m	ore 8	1			gnant or benig		
	technical or sp	ecitic namer 2 🗆 No		9 🗆 DK		1 📖 🛚	Malignant	2 🗌 Benigr	9 🗆	DK	
						5. a. W	hen was your		2-week ref.		16
	Ask 3b if "Yes" name from item			e condition	9-12	<u>'''</u>	3b/3f) first not	-	e ☐ Over 2 weel s ☐ Over 3 mon		
b.	What did he or		_				 hen did you (n	1 .	ı □ Over 1 year	•	
			¥				injury in 3b)?		5 🗌 Over 5 year	s	
						Askr	orobes as neces	sarv:			
	1 🔲 Color Blindi	ness (NC)	з 🔲 Va:	sectomy (5)	13	(Was	it on or since	(first date of 2	-week ref. perio	<u>d)</u> or	
	₂ ☐ Cancer (3	e)	8 ∐ Oth	ner <i>(3c)</i>		l	it before that o	-	4h 3	4h 3)	
c.	What was the				fy),	1			ore than 3 mon than 1 year ago		
		•	-		¥	1		-	than 5 years a		
						U1		·	organ in 3b/3f (17
	Mark box if acc				14	(K3)	8 🗆 Other		organ in ob/o/ (02)	
d.	Did the (condit	ion in 3b) resul	lt from an a	ccident or in	jury?		ou still have t	his condition?	•		
	1 ☐ Yes (5)	2 □ No				1 [Yes (U2)		□No		
l	Ask 3e if the co	ndition name ii	n 3b includes	any of the fo	llowing words:				ed or is it unde		18
		Cancer	Disease	Problem		_	_	-			
		Condition Cyst	Disorder Growth	Rupture Trouble			☐ Cured ☐ Under control	(112)	Other (Spec	ify) _/	
	Attack I Bad	Defect	Measles	Tumor Ulcer							(U2)
_		aanditian in 2h	liniez /Sna			c.Abo	out how long d cured?	id you have th	is condition be	fore it	19-21
	What kind of	condition in 3D	, is it: (Spe	city)		000	less than 1 m	nonth OR	Number	ʃ ı 🛚 Mont	ths
							2000 1707		Number		s
	Ask 3f only if al	llergy or stroke	in 3b—e:					n present at a	ny time during	the	22
f.	How does the	[allergy/strok	e] NOW aff	act you? (Sp	ecify)	past	t 12 months?				
						1	Yes	2	□No		
							₁ ☐ Not a	n accident/inju	ry (NC)		23
	For Stroke, fill rem	nainder of this cor	ndition page for	the first preser	nt effect. If additions	U2	₂ ☐ First a	accident/injury	for this person	(17b)	
	present effects, el Condition Summa	nter in Condition : erv Chart. (If in C2	Summary Char ? in HIS-1. ente	t each one that r condition num	is not already in the ber and transcribe		8 🗌 Other	·			
	when editing; if no	ot, fill additional s	upplement pag	e(s) during inte	rview.)		if box 3, 4, or 5				
	Ask 3g if there following entries	is an impairmei se in 3h—f:	nt (refer to C	ard CP2) or a	ny of the		at part of the b w is your (part o			e acc. as Cond.	
	Abscess	Cancer	In	fection	Rupture	Are	you affected i	in any other w	ay?		
	Ache (except	Cramps (e		flammation	Sore(ness)		Part(s) of	body *	Pr	esent effects **	T - 2 - 2
	head or ear)	menstru		ouralgia	Stiff(ness)						24
	Bleeding (except menstrual)	Cyst Damage		auritis ain	Tumor Ulcer						
	Blood clot	Growth		ilsy	Varicose veins	<u></u>					
ļ	Boll	Hemorrha	ge Pa	ıralysis	Weak(ness)	L	er part of body in		-		
a	. What part of t	he body is aff	ected? (Spe	ecify) ;		above	or is not already in	the Condition Sumn	Summary Chart each nary Chart. (If in C2 in	n HIS-1, enter condit	ion <u>numbe</u> i
"	•	•	·	¥		and to	ranscribe when editi	ng; if not, fill addition	onal supplement page	(s) during interview.	25
		·····				1			1 🗆 T	scribed from H	
l	Show the follow				. skull, scalp, face	1		status of this n page.———		ained in SOA In	
1					pper, middle, lower	1					
	Side				left or right						
1					r; left, right, or both . left, right, or both	U3			pe source data f ne in the Conditi		
					t; left, right, or both					IADL NUMBERS	CP
					y; left, right, or both	1		EVER LTR 12 MO. LT	30- 37	138-43	44-48
1	_				e; left, right, or both y; left, right, or both						
<u></u>	HIS-1 (SB) (1984) (3-13-8		VALUE 1001, 81		,, .3.t, tight, of both			i i		1	1

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.

- 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.
- 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	
EYE LTR EAR LTR	EVER LTR 112 MO. LTR	ADL NUMBERS	TADL NUMBERS	
EYE LTR FAR LTR	EVER LTR 12 MO. LTR	ADL NUMBERS	TADE NUMBERS	- cp
EYE LTR EAR LTR	EVER LTR 12 MO. LTR	ADI. NUMBERS	TADL NUMBERS	- ČP
EYE LTR FAR LTR	EVERLITR 12 MO, LITE	ADL NUMBERS	JADL NUMBERS	- CP
EYE LTR EAR LTR	EVER LTR 12 MO. LTF	ADL NUMBERS	FADL NUMBERS	- CP
EYE LÎTR EAR LITR	EVER LTR 12 MO. LTF	ADL NUMBERS	IADL NUMBERS	T -CP
EVE LTR EAR LTR	TEVER LTR 112 MO. LTF	ADL NUMBERS	IADL NUMBERS	

Appendix III 1986 Reinterview, 1987 Decedent Followback

Longitudinal Study of Aging 1986 Questionnaire Content

INTRODUCTION AND SCREENING QUESTIONS

Hello, I am <u>(your name)</u> 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 (6a)
 other (SPECIFY)
 - other (SPECIFY)

 No SP temporarily absent for entire
 - _ NO SP temporarily absent for entiinterview period
 - No SP deceased (5a)
 - No SP in hospital
 No SP in nursing home
 - No SP in other institution (
 - 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.
- 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 <u>(your name)</u> 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 <u>(sample person's name)</u> 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:

2. What is (sample person's) current address and telephone number:							
Street and number: City: State: ZIP: Telephone: (AC) Number							
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 Date is within interview period (Arrange callback/ start at 1a) in 4 Other (6a)							
5a On what date did (he/she) die?							
Month: DK Month: Day: Year: 198							
b When <u>(sample person)</u> 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							

* 6	<pre>(himself/herself),</pre>	able to talk to <u>(sample person)</u> I would like to speak with the person in the state to the most about <u>(sample person's)</u> health?
	Eligible pro Eligible pro On callback	rer is eligible proxy (6c) oxy comes to phone (6b) oxy not available now (Arrange callback. start at 6b) respondent (End interview. Code non-
* b	Census in Washingto United States Publi	name) from the United States Bureau of the on, D.C. We are conducting a survey for the ic Health Service. (May I speak with xy) ? (These are questions about
* C	current health of peoor two weeks ago we	g conducted to obtain information about the cople who were interviewed in 1984. About one mailed a letter explaining our survey to . Do you recall seeing the letter?
	Yes (7b)	
7 a	information will hell Americans. All info confidential. Finds of statistical total voluntary. If I ask let me know and I'll	prized by the Public Health Service Act. The lp in planning health programs for older primation you give me will be kept ings will be issued only in the form ls. Of course, your help on the survey is a question you do not want to answer, just move on to the next one. However, it is yone participate so we can get accurate ation's health.
* b	In order to evaluate listen as I ask the	e my performance, my supervisor may questions.
SIGN	CERTIFICATION AND GO	TO CHECK ITEM A2
	CERTIFICATION:	I certify that I read item 7 to the respondent.
		Interviewer name:
		Date:
CHECK	C ITEM A2	
Туре	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 <u>now</u> 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:		
<pre>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)</pre>		
Decree Head and III he CD.		
Reasons "external" to SP:		
<pre>Other problems or reasons such as conversion to condo, relocation of breadwinner, etc.</pre>		
(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 available for residents in this retine building or complex?	ce that provides group meals rement community,
	Yes No DK	
o 10	Are you NOW living in a house, in an type of place?	apartment, or some other
	House Apartment Other (SPECIFY)	
o 11 i	Do you HAVE TO USE one or more steps t the outside?	to get into your home from
	No Yes - If not mentioned	d, ask:
	Is it one or more t	chan one?
	One step More than one step	
NOTE:	If Respondent is a Proxy for SP in a 12 a-g, 13 and 14 only are asked.	
The ne	ext questions are about how well you a ities - by yourself and without using	are able to do certain special equipment.
12 Bec	cause of a health or physical problem,	do you have ANY difficulty
a.	Bathing or showering?	PONSES FOR EACH. a-g:
	Dressing?	Yes
	Eating?	Doesn't do for other reason If answer is "doesn't
d.	Getting in and out of bed or chair?	do", PROBE:
e.	Walking?	Is this because of a HEALTH or PHYSICAL
f.	Getting outside?	problem?
g.	Using the toilet, including getting to the toilet?	If "yes", Code "Yes" above; If "no", code "No"

ASK 13-18 FOR EACH ADL MARKED "YES" IN 12

By yourself and without using special equipment, how much difficulty do you have (<u>ADL</u>), 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?
<pre>More difficulty Same difficulty Less difficulty</pre>
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?
<pre>Other relative(s) in household Other relative(s) NOT in household Nonrelative(s) in household Nonrelative(s) NOT in household</pre>

by yourself. 19 Because of a health or physical problem, do you have ANY difficulty o a. Preparing your own meals? RESPONSES FOR EACH, a.- f. o b. Shopping for personal items, Yes such as toilet items or No medicines? Doesn't do for o c. Managing your own money, such as other reasons keeping track of expenses or paying bills? If answer is "doesn't do", o d. Using the telephone? PROBE: o e. Doing heavy housework, (like Is this because of a scrubbing floors or washing HEALTH or PHYSICAL windows)? problem? o f. Doing light housework, (like doing dishes, straightening up, or light cleaning)? ASK 20-25 FOR EACH IADL MARKED "YES" IN 19 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 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) *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

Now I will ask about some other activities. Tell me about doing them

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?
<pre>Yes No (20 for next ADL with "yes" in 19)</pre>
*o 25 Which helper(s) are paid?
<pre>Other relative(s) in household Other relative(s) NOT in household Nonrelative(s) in household Nonrelative(s) NOT in household</pre>
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?
b can you bee well enough to water it to be in least away
Yes No
Yes

	•	a can you see well enough to step off a curr	o or step down?	
		Yes No		
	+	e Can you see well enough to recognize a frother side of the street?	riend walking on t	he
		Yes No		
28	In	tro		
Plac	eas tiv	e tell me if you have ANY difficulty when you	ou do the followin	g
28	Ву	yourself and not using equipment, do you ha	ave any difficulty	:
	a	<pre>walking for a quarter mile (this is about 2 Or 3 blocks)?</pre>	Yes No	
	b	walking up 10 steps?	Yes No	
	С	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 (CH	
	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 Cancer Heart condition Diabetes Stroke Pneumonia/Emphysema A fall Hip fracture Osteoporosis Hypertension Circulatory disease 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 <u>(Sample Person)</u> is now in a hospital. Is that correct?
Yes (32a) No (31b)
<pre>b Since (12 month date) a year ago, were you a patient in a hospital OVERNIGHT?</pre>
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

+0	+0 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	
	ITEM A8 s SF <u>now</u> in a nursing home in lb or 1d?	
	Yes (33 No (33b)	
* 33a	I believe I was told earlier that <u>(Sample Person)</u> is now in a nursing home. 'Is that correct?	
	<pre>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)</pre>	
o b	Since we talked with you <u>(date of SOA)</u> , 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 SOA)?	
_	Number of times	
o d	When were you admitted (the FIRST time)?	
o e	When did you leave (the LAST time)? Month 198	
	Month 198	
0 34	Are you now on a waiting list to go into a nursing home?	
	Yes No DK	

CHEC	K ITEM A9 Is SP <u>now</u> in another institution in 1b or 1d?
	Yes (35a) No (Check Item A10)
	Is SP <u>now</u> in the hospital in 1b or 1d?
	Yes (35b) No (35a)
35a	I believe I was told earlier that <u>(Sample Person)</u> is now in an institution. Is that correct?
	<pre>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)</pre>
b	What is the name, address, and telephone number of the (<u>nursing</u> <u>home/other</u> institution/ hospital)?
	Name Number and street City State ZIP Telephone (AC) Number DK/Refused name
	DK/Refused name DK/Refused address DK/Refused telephone number
36a	On what date was <u>(sample person)</u> admitted to the <u>(nursing home/other institution/hospital)</u> ?
	Month 198
b	Which of the following ways was the care paid for (the last time)?
	<pre>Paid by self or family Paid by Medicare Paid by Medicaid Paid by other source such as private insurance Don't know how paid</pre>

3/a	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)
С	Since <u>(12 month date)</u> a year ago, in how many weeks did you <u>work</u> 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)
	<pre>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</pre>

CHE	CK 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 <u>(your/sample person's)</u> marital status changed since we talke with (you/him/her) in <u>(date of SOA)?</u>
	Yes No (42a)
b	(ARE you/Is <u>(sample person)</u> now married, remarried, widowed, divorced, or separated?
	Married - spouse in HH Married - spouse not in HH Remarried Widowed Divorced Separated Refused (42a)
С	When were you <pre>(married/remarried/widowed/divorced/separated?</pre>
	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.		
С	In our interview with you in <u>(date of SOA)</u> , we recorded your Social Security number as <u>(sample person's Social Security Number)</u> .		
	Is that correct?		
	(IF NECESSARY: I'll wait while you get your Social Security card.)		
	Yes (Check item Al2) No		
đ	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		
CHEC	CHECK ITEM Al2 Is SF covered by Medicare in 42a?		
	Yes No (Check item A13)		
е	(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
<pre>b Do you live with (sample person)? Yes</pre>
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 <u>(your/sample person's)</u> address and telephone number as <u>(SF's address and telephone number).</u> Is that correct?
	Yes No (Make correction(s))
b	If we are unable to contact <u>(you/sample person)</u> at this address and telephone number, would <u>(Contact Person's Name)</u> 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)	or establishment has been co used only for purposes state	tained on this form which would permit identificat ollected with a guarantee that it will be held in stric d for this study, and will not be disclosed or releas or the establishment in accordance with section	t confidence, will be ed to others without
	Health Service Act (42 USC		occiar of the rubile
U.S. DEPARTMENT OF COMMERCE BUREAU OF THE CENSUS		SAMPLE PERSON INFORMATION	1002 074
ACTING AS COLLECTING AGENT FOR THE U.S. PUBLIC HEALTH SERVICE			001-014
	1		030-049
		•	050-074
LONGITUDINAL STUDY			075-094
on aging			095096
			097-101
DECEASED FOLLOW-UP TELEPHONE VERSION			
IBLEFROME VERSION	 		
	<u> </u>		
	Phone Number: ()	102-111
CONTACT PERSON INFORM	ATION	BEST PERSON TO CALL (if obtain	ned)

NAME:		NAME: PHONE:	
PHONE:ADDRESS:		ADDRESS:	
*** BEFORE DIAL:		DATE, AND BEGINNING TIME ON PAG NE SCRIPT	E 4 ***
* ASK TO SPEAK TO		NE SCRIPT T AT THE SAMPLE PERSON'S TELEPH	IONE NIMBER
		G THE CONTACT PERSON'S NUMBER *	
33. 23 23. 23.			
A. Hello, I am (YOUR	NAME) from the U.S	. Census Bureau. We are conduc	ting a
		rvice in Washington, D.C. We'r	
•	ormation we recentl	y obtained about Mr./Ms. [SAMPI	E PERSON'S
NAME].			
About a week or to recall seeing the		letter explaining our survey.	Do you
	□ Va= (Ca ba	ihan (1)	
	☐ Yes (Go to ☐ No (Go to i	— ·	
	DK/REF (Go	- · · · · · · · · · · · · · · · · · · ·	
***		·	
		ic Health Service Act. The inf er medical care programs for ol	
All information w	ill be kept confide	ntial. Findings will be issued	only in the
		se, your help is voluntary. If	
question you do no	ot want to answer,	just let me know and I'll go on	to the next
		everyone participate so we can	
		th as well as the kinds of care	sick and
dying people rece		TO ITEM C)	
C. An associate is we procedures.	orking with me toda	y and may listen in to evaluate	the survey
* ENTER YOUR II			
	NITIALS (), T	HEN CONTINUE WITH QUESTION 1 ON	PAGE 2 *

	CONTIN	UE WIT	н опка	TION	1 BEI	. o w	
	MINISTRATIVE NFORMATION	Sample P	erson's Name erson's Sex: d Year of SO	☐ Male		Female	
1.	* READ PARENTI About 2 years NAME] was incl conducted (and who would know	ago, Mr./Ms iuded in a h 1 gave us	. [SAMPLE PE lealth survey your name a	RSON'S	1 [] 2 []	Yes (2) No (14) DK/REF (14)
	Recently, we to were told that * READ IF NECE	: died.	Is that corr	ect?			
2.	On what date of * ENTER DATE OF MONTH, DATE	OF DEATH USI			Mor 99999 □		114-119 Year 19
	4 2742 242			2 02 224			120
3.	* READ PARENTS During his/her after [1 YEAR was a patic longer?	last year PRIOR TO MO	of life, (th	at is, IN Q2],)	1 2	Yes (4)	
4.	Was a patie	ent in a hos	pital when -	- died?	1 2 9		121
5.	* READ PARENTS During his/her DIFFERENT TIME OVERNIGHT or 1	last year S did st	of life, how ay in any ho	many spital	99 🗀	Number of	122-123 times
6.	During that ye did spend !			ts	999 🗆	Number of	
7.	Since [MONTH Awas a reside HOME?				2 🗀	Yes (Check No (14) DK/REF (14	

Page 2

LSOA-5 (1-87)

СНЕ	CK ITEM A	* REFER TO QUESTION 4 ON PAGE 2. *	1 "Yes" in Questi 2 Other (8)	128 on 4 (9)
8.		resident or patient in a nursing he time of death?	1 Yes 2 No 9 DK/REF	129
				130
	* READ PA	RENTHETICAL IF QUESTION 8 IS "Yes". *		
9.	HOME since	DIFFERENT TIMES was in a MURSING [MONTH AND YEAR OF SOA INTERVIEW] g the last time)?	1	
	* READ PAI	RENTHETICAL IF QUESTION 9 IS 2 OR MES. *		131-134
10.	When was	admitted (the FIRST time)?	Month Year	
	* ENTER M	ONTH AND YEAR USING TWO DIGITS. *	9999 DK/REF	
				135
CHE	CK ITEM B	* REFER TO QUESTION 8 ABOVE. *	1 Tyes" in Questi	on 8 (12)
·	* READ PAI	RENTHETICAL IF QUESTION 9 IS 2 OR MES. *		136-139
11.	When was	discharged (the LAST time)?	Month Year	
	* ENTER M	ONTH AND YEAR USING TWO DIGITS. *	9999 DK/REF	
		REMTHETICAL IF QUESTION 9 IS 2 OR MOR	E TIMES. *	140 141 142
12.		the following ways was the nursing paid for (the LAST time)? - Was it:		143
	* READ AND	SWER CATEGORIES AND MARK ALL PLY. *	Paid by or family? Paid by Medicar Paid by Medicai Paid by some of source, such as private insuran	d? her
			9 DK/REF	

LSOA-5 (1-87)

13.			AST YEAR O			$\int \frac{1}{2}$	☐ Days	144-147
	nursing h		ANTUD GIG	sheud T	4.4		Months	
	* ENTER N	iumber oi	N THE LINE	AND MARK	ONE BOX. *		☐ None ☐ DK/REF	
	* MARK BO				۰	Self respons		148-149
14.	What is y	our rela	tionship (to ?				
	* MARK ON	ILY ONE	вож. *					
	5	Brother Sister Sister- Son or Son-in- Daughte	or stepsis in-law stepson	ster	10	Nephew Niece Grandson Granddaughte OTHER relati Nurse OTHER unrela	ve (Specify	
Tha	nk you for	your co	operation.	* END II TIME.	NTERVIEW. RECORD CA	HANG UP PHON ASE STATUS (I		
Wont1	h Date Beg	in Mina	Ded Mine	RECORD (T =	
1	II Date Beg	a.m.	a.m.	Int.Name	6 d	e Begin Time a.m.	End Time	Int.Name
		p.m.	p.m.			p.m.	p.m.	
21		a.m.	a.m.		7	a.m.	a.m.	
i_		p.m.	p.m.		i	p.m.	p.m.	
3		a.m.	a.m.		8	a.m.	a.m.	
4	- 	p.m. a.m.	p.m. a.m.		9!	p.m.	p.m.	
1	1 1	p.m.	p.m.			a.m.	a.m. p.m.	
5		a.m.	a.m.		10	a.m.	a.m.	
i		p.m.	p.m.			p.m.	p.m.	
				FINAL CAS	SE STATUS			
2	Complete Partial Refusal	(Explain	in notes)	5 🗆	□ Unable t	co contact at to obtain cor oninterview (rect no. fo	r SP/CP
FINAL	L INFORMAT	ION WAS	PROVIDED E	SY CONTACT	WITH: * P	MARK ONLY ONE	BOX *	151
2 [Someone Someone Other (E	at the C	ontact Per	on's numbe son's numb	er Der			
NOTES	S:							
		Decimal (Section 1)	<u> Same militar e de la propieta de la comercia del comercia del comercia de la comercia del la comercia del la comercia de la comercia de la comercia de la comercia de la comercia de la comercia de la comercia de la comercia de la comercia de la comercia de la comercia de la </u>					
Page 4	3						LSOA	-5 (1-87)

FORM LSOA-6

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-LSQA 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). information provided will be kept confidential by the Bureau of the Census and by the Mational 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.

711 Femleit, MD

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

Director

Mational Center for Health Statistics

1 110
1 Yes (Go to question 2) 2 No (Skip to question 14 on page 4)
Month Date Year
120 1 Yes (Go to question 4) 2 No (Skip to question 7)
121 1 Yes 2 No
Number of times
Number of nights
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)

Page 2

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					128 BL
8.	Was the person a pa		sing home	l Yes	129
	at the time of deat	ht		2 🗀 No	
					130
9.				•	
l	WURSING HOME since	January 1, 198	47 _.	Number of times	
	Please include the died while in a nur		he person		
					131-134
10.	Please indicate the	dates the per	son was a pat.	ient in a	135 BL 136-139
	nursing home since				
	[If the person was	in more than o	nce, complete	both columns.]	
		First OR O	nlv stav	Last Stay	
		Month	Year	Month Ye	ar
	Date admitted		19	19_	
	Date left		19	19_	
	•		······································	• • • • • • • • • • • • • • • • • • •	
				, , , , , , , , , , , , , , , , , , ,	140
11.	Which of the follow	ing ways was t	he nursing		141
	home care paid for?		•		143
	(WARY (T) ALL DOWNS			1 Paid by the	
į	[MARK (X) ALL BOXES	THAT APPLY.		or his/her	ramilyr
				2 Paid by Med	icare?
	·			3 Paid by Med	icaid?
		•		4 Paid by som	
				source, suc private ins	
				9 Don't know	
				> La poil c mov	

Page 3

				-			144-147
12.	DURING HIS OR HER LA TOTAL WEEKS OF MONTI nursing homes?				-	Weeks	
	ENTER NUMBER ON ONI	E LINE OR	MARK (X) THE BOX.] -	Months	
						O Not in no during 1:	ursing home ast year of
							148-149
13.	What is your relation	onship to	the pe	rson?			
	[MARK (X) ONLY ONE I	BOX.]					
	I am the person's:						
	l ☐ Spouse 2 ☐ Daughter		_	☐ Brother☐ Another	relativ	e	
	3 ☐ Son 4 ☐ Sister		7 <u>[</u> 8 [☐ Nurse ☐ Someone	else -	Specify —	
ļ			0.		0100	Specify /	
							
14.	Please enter your na	ame, addre	ss, an	d telephone	number	below.	
	FIRST NAME	150-164	MID	DLE INITIAL	165	LAST NAME	166-185
	NUMBER AND STREET				· · · · · · · · · · · · · · · · · · ·	<u> </u>	186-210
	CITY	211-2	230	STATE	231-23	ZIP CODE	233-237
	TELEPHONE AREA	CODE NUM	BER		۰	No telephone	238-247 248
	i			·			
THANK YOU FOR YOUR COOPERATION.							
Please return the completed form in the enclosed envelope. No postage is required.							
	enclosed envelope. So postage is required.						
		#OP	OFFIC	B USE ONLY			
			W. F. & U.	AAM AMAI			
Page ·	<u> </u>			·			LSOA-6 (1-87)

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 <u>(your name)</u> 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 (6a) No - SP physically incapable of responding other (SPECIFY) No - SP temporarily absent for entire interview period 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)

	Contact	Person	Screening	
--	---------	--------	-----------	--

- * Hello, I am <u>(your name)</u> 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) ?

	Temperature Accusate Persons.
	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 <u>(sample person's name)</u> 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 <u>(SP address and telephone number)</u> for <u>(sample person),</u> 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)
	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:

۷.	What is (Sample person b) current address and serephone names	
	Street and number:	
	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 Date is within interview period (Arrange callback/ start at 1a) in 4 Other (6a)	
5a	On what date did (he/she) die?	
	DK Month: Day: Year: 198	

b	When <u>(sample person)</u> 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 Someplace else - SPECIFY
* (Since I will be unable to talk to <u>(sample person)</u> (himself/herself), I would like to speak with someone 18 or older in the household who knows the most about <u>(sample person's)</u> 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)
* k	Hello, I am <u>(your name)</u> 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 <u>(sample person/proxy)</u> ? (These are questions about <u>(sample person)</u> .
* 0	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

 $\mbox{\scriptsize *}$ b In order to evaluate my performance, my supervisor may listen as I ask the questions.

health.

SIGN CERTIFICATION AND GO TO CHECK ITEM A2

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 Senavated from spouse	CERTIFICATION: I certify that I read item / t Interviewer name: Date:	
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	Self response (Read questio	
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		
Have you moved since (Date of 1984/1986LSOA SOA Interview) ? Yes No (12) 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	institution in 1b or 1d ? Yes (12)	ome other
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	INTERVIEW	
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	8a Have you moved since (Date of 1984/1986LSOA SO	A Interview) ?
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		
*c Why did you move at that time? (Mark all that apply) NOTE: CATI will record verbatim responses here. O1 SP's health deteriorated O2 Spouse's health deteriorated O3 To move to a different climate (better weather) O4 Spouse moved to a nursing home O5 Spouse moved to an institution other than a nursing home O6 Spouse died O7 Divorced O8 Remarried	b When did you move the last time?	
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	Month: Year: 198	<u> </u>
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		apply) NOTE: CATI
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	02 Spouse's health deteriorated 03 To move to a different climate (bette 04 Spouse moved to a nursing home 05 Spouse moved to an institution other 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 relate	than a nursing home

	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. 1	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-q, 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.- q.: a. Bathing or showering? Yes Dressing? No b. Doesn't do for other reason c. Eating? Getting in and out of bed or chair? d. If answer is "doesn't do", PROBE: Is this because of a e. Walking? HEALTH or PHYSICAL problem? Getting outside? f. If "yes", code "Yes" above, Using the toilet, including getting If "no", code "Doesn't do" above. to the toilet? ASK 13-18 FOR EACH ADL MARKED "YES" IN 12 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

Compared to this time in 1984/1986, are you NOW having more

then?

difficulty, the same amount, or less difficulty (ADL) than you did

Note the same	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 hel	lp? 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
	ative(s)" OR "Nonrelative(s)" IN 16, OTHERWISE
* 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

RESPONSES FOR EACH, a. - f. a. Preparing your own meals? b. Shopping for personal items, Yes such as toilet items or No Doesn't do for medicines? other reasons c. Managing your own money, such as keeping track of expenses If answer is "doesn't do", or paying bills? PROBE: d. Using the telephone? Is this because of a e. Doing heavy housework, like HEALTH or PHYSICAL scrubbing floors or washing problem? windows? f. Doing light housework, like doing dishes, straightening up, or light cleaning? ASK 20-25 FOR EACH IADL MARKED "YES" IN 19 By yourself, how much diffculty do you have (IADL), some, a lot, or are you unable to do it? A lot Unable to do 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)? 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

The next questions are about doing other activities - BY YOURSELF.

19 Because of a health or physical problem, do you have ANY difficulty

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 (20 for next ADL with "yes" in 19)
* 25 Which helpers are paid?
<pre>Other relative(s) in household Other relative(s) NOT in household Nonrelative(s) in household Nonrelative(s) NOT in household</pre>
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

С	Can you see well enough to read newspaper print	?
	Yes No	
28a	Can you see well enough to step off a curb or de	own a step?
	Yes No	
þ	Can you see well enough to recognize a friend we other side of the street?	alking on the
	Yes No	
	se tell me if you have ANY difficulty when you d	o the following
29a	By yourself and not using aids, do you have any	difficulty:
	<pre>1. walking for a quarter mile (that is about 2 or 3 blocks)?</pre>	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

F "Yes" in 29a(1) ASK b - e:	
You told me before you have difficulty walking for a quarter a mile. Is this a CHANGE since (<u>date of 1984 SOA/1986 LSOA interview)</u> ? Yes	of
Yes No (29f)	
Is this change because of a health or physical problem?	
Yes No (29f)	
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 pres 10 Old age (no specific condition mentioned 11 Osteoporosis 12 Parkinson's Disease 13 Pneumonia/Emphysema 14 Stroke 15 Other	sure .on
e (If MORE THAN ONE condition in 29d) Which is the MAIN problem that caused this change?	
(Same codes as 29d above)	
"Yes" in 29a(2) ASK f - i:	
You told me before that you have difficulty walking up 10 st without resting. Is this a CHANGE since (<u>date of 1984 SOA/1LSOA interview</u>) ?	eps 986
Yes No (30a)	
Is this change because of a health or physical problem?	
Yes No (30a)	
What health or physical problem caused this change in your ability to walk up 10 steps?	
(Same codes as item 29d above)	
(If MORE THAN ONE condition in 29 h) Which is the MAIN probthat caused this change?)	lem
(Same codes as 29d above)	

30a	hospital OVERNIGHT or longer?
	Yes No (31a)
þ	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

CHECI	K ITEM A6 Is SP <u>now</u> 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
С	When were you admitted (the FIRST time)?
	Month 198
d.	When were you admitted the LAST time?
	Month 198
е	When did you leave (the LAST time)?
	Month 198
f	How was the care paid for (the last time)?
	<pre>paid by self or family paid by Medicare Paid by Medicaid paid by some other source such as private insurance DK</pre>
33 A	re you now on a waiting list to go into a nursing home?
	Yes No DK

CHECK	K 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	
	er and street
City	Telephone (AC) State ZIP
	Telephone (AC) Number
	DK/Refused name DK/Refused address DK/Refused telephone number
35	On what date was <u>(sample person)</u> admitted to the (nursing home/ <u>other institution</u>) ?
	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)

d	that is since <u>(12 month date)</u> a year ago?
	Yes No (38a)
С	Since <u>(12 month date)</u> a year ago, in how many weeks did you <u>work</u> 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
CHEC	K 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
С	Did (he/she/any of them) come to live with (you/SP) or did (you/Sample Person) move in with them?
	<pre>Came to live with SP SP moved in with others Other (SPECIFY)</pre>
đ	When did (he/she/any of these people) come to live with (<u>Sample Person</u>)? Month 198
40a	Including step and adopted children, how many living children (do you/does <u>Sample Person</u>) have?
	0 None 1-25 Number
a1	How many of <u>(Sample Person's)</u> 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
С	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		ften do ren/you					ne wit	h (an	y one of	f your
				0 Les	s than	once a	year	/never	•		
				No	. Times	We Mo	ily ekly onthly early				
	е		often d your da			il from	(any	one c	of you	r child	ren/your
				0 Les	s than	once a	year	/Never	•		
				No.	Times	Dail Week Mont Year	ly hly				
1a	Is	s your	house	or apa	rtment	now:					
	1		wned or r someo		_				Yes	(41b)	No
	2	2. R	ented f	or mon	ey?				Yes	(41c)	No
	3		ccupied oney re		ut payr	ment of	•		Yes	(42)	No
}	o V	Who is	buying	it?							
			Spous Child Grand Other		ive						
(e V	Who is	paying	the r	ent?						
			Spous Child Grand Other	child	ive						

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 <u>(sample person)</u>) 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)
С	When were you <pre>(married/remarried/widowed/divorced/separated)?</pre>
	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 <u>(date of SOA/LSOA)</u> , we recorded your Social Security number as <u>(sample person's Social Security Number)</u> . 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.
СНЕСК	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 you 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.)
<pre>f A different health insurance program - MEDICAID - pays for health care for persons in need. (In your state it is called</pre>
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
15a. Now I'd like to ask about <u>(Sample Person's)</u> 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 <u>(Sample Person's)</u> 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 <u>(Sample Person's)</u> 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)						
	is the name, address, and	telephone	number	of the	hospital?		
	ame:				· · ·		
	umber and street:						
	ity:elephone (AC):	State: Numb	·~~·	ZII			
1.	DK/Refused		,er				
	DK/Refused		number				
47 On what	t date was <u>(sample person)</u>	admitted	to the	hospita	11?		
	Month:	Day:	Year:	198			
	Type of Interview		Self (Proxy (•			
	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-grands Granddaughter or great-grands Other relative Nurse Other nonrelative	er					

d	Do you live with <u>(sample person)</u> :
	Yes No
С	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
CHEC	K ITEM A12
CONC	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/ <u>sample person's</u>) address and telephone number as (SP's address and telephone number). Is that correct?
	<pre>Yes No (Make correction(s))</pre>
b	If we are unable to contact (you/ <u>sample person</u>) at this address and telephone number, would (<u>Contact Person's Name</u>) be the person who would know how to reach you?
	<pre>Yes (Verify Contact Person Data, then 50) No</pre>
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:
Telephone: AC: Number:
51 These are all the questions I have at this time. Thank you very much for the help you have given.
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
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 (<u>Sample Person</u>) stay in a hospital OVERNIGHT or longer (including the last stay)?
Number (01-98)
d During that year, how many total nights did (<u>sample person</u>) sper in hospitals?
Number (001-365)

	nce (<u>Month and Year of SOA/LSOA interview</u>), was (<u>sample person</u>) resident in a NURSING HOME?
	Yes No (56)
b W	as (sample person) in a nursing home at the time of death?
	Yes No
s	Now many DIFFERENT TIMES was (<u>sample person</u>) in a NURSING HOME since (<u>Month and Year of SOA/LSOA interview</u>)(including the last time)?
	(1-5) 6 Six or more times
d (READ PARANTHETICAL IS Q. 54c IS 2 OR MORE TIMES) Then was (sample person) admitted the FIRST time?
	Month 198
c W	then was (sample person) admitted the LAST time?
	Month 198
d W	then was (sample person) discharged the LAST time?
	Month 198
	READ PARENTHETICAL IF Q. 54c IS 2 OR MORE TIMES) 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
	RING (HIS/HER) LAST YEAR OF LIFE, how many TOTAL DAYS, WEEKS or NTHS did (<u>sample person</u>) spend in nursing homes?
	Days Weeks Number Months
	WIMPON HONTRO

56 What was your relationship to (sample person)?

```
09 Daughter-in-law
01 Spouse
                     10 Nephew
02 Brother/Step
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:

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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
			CILLY		State	ZID

INTRODUCTION AND SCREENING QUESTIONS

* 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 oth 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 — No - SP in hospital — No - SP in nursing home (4) — No - SP in other institution — No - SP moved to another residence (2)	*	Hello, I am <u>(your name)</u> from the United States Bureau in Washington, D.C. We are conducting a survey for t States Public Health Service.	of the Census the United
Yes - SP is telephone answerer (6c) Yes - SP comes to the phone (6b) No - SP not available	*	1a May I speak with (sample person) ?	
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Is (he/she) not able to use a telephone, or is there some oth 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 No - SP deceased (5a) No - SP in hospital No - SP in nursing home (4) No - SP in other institution		Yes - SP comes to the phone (6b)	
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(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 No - SP deceased (5a) No - SP in hospital No - SP in nursing home (4) No - SP in other institution		<pre>No - SP not available now (Arrange callback/ on callback start with Intro.)</pre>	
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No - SP physically incapable of responding -		<pre>No - SP physically incapable of responding - speech</pre>	(6a)
No - SP temporarily absent for entire interview period No - SP deceased (5a) No - SP in hospital No - SP in nursing home (4) No - SP in other institution		<pre>No - SP physically incapable of responding - other (SPECIFY)</pre>	
<pre>No - SP deceased (5a) No - SP in hospital No - SP in nursing home (4) No - SP in other institution</pre>		No - SP temporarily absent for entire	
		<pre>Mo - SP deceased (5a) No - SP in hospital No - SP in nursing home (4) No - SP in other institution</pre>	.

	Contact	Person	Screening	
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- * Hello, I am <u>(your name)</u> 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)

* 1d About two years ago we spoke with <u>(sample person's name)</u> 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 <u>(SP address and telephone number)</u> for <u>(sample person)</u>, 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 <u>(sample person's)</u> current address and telephone number?
	Street andnumber: City: State:ZIP: Telephone: (AC) Number
	<pre>No telephone DK/Refused address DK/Refused telephone number</pre>
	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
СНІ	CCK ITEM A1
	Refer to release date Date is within interview period (Arrange callback/ start at 1a) in 4 Other (6a)

5 a (On what date	did (he/she) die?		
		DK		
		Month:	Day:	Year: 198/1990
b V	When <u>(sample</u> hospital, in	person) died, was (a nursing home, or	he/she) livi someplace ela	ng here at home, in a se?
		At home Hospital Nursing home Someplace else	- SPECIFY	(56, Page 33)
* 6a	himself/he like to sp	ll be unable to talk rsefl), I would eak with someone 18 most about <u>(sample p</u>	or older in	the household who
		Phone answerer is endingible proxy come Eligible proxy not No eligible respondance non-interview)	s to phone available no On ca	(6b) w (Arrange callback. llback start at 6b)
* b	Census in W United Stat	(<u>(your name)</u> from the vashington, D.C. Wese Public Health Ser (xy) ? (These are c	are conduct vice. (May	ing a survey for the I speak with <u>(sample</u>
* C	current hea	y is being conducted alth of people who we mailed a letter expersion). Do you r	re interview plaining our	ed in 1984/1986. survey to
		Yes (7b) No		
1	information Americans. Findings will Of course, y question you move on to t	l be issued only in your help on the surv n do not want to answ	ng health progive me will the form of vey is volunt ver, just letver, it is im	grams for older be kept confidential. statistical totals. ary. If I ask a me know and I'll aportant that everyone

* b In order to evaluate my performance, my supervisor may listen as I ask the questions. SIGN CERTIFICATION AND GO TO CHECK ITEM A2 I certify that I read item 7 to the respondent. CERTIFICATION: 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) (8a) No

	INTERVIEW	
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8a	Have '	you	moved	since	(Date o	f 1984	1/1986LSOA	SOA	<u> Interview)</u>	?
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— 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
С	Does this house/apartment have a bathroom bedroom, and kitchen ALL on the SAME floor or level?
	Yes No
đ	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 available for residents in this retire complex?	e that provides group meals ment community, building or
	Yes No	
	DK	
NOTE:	If Respondent is a Proxy for SP in a <u>12 a-g, 13 and 14 only</u> are asked. 15-NOT asked.	nursing home/institution, -18 and IADL's (19-25) are
NOTE	If Respondent is a proxy and reports anything", "Is a vegetable", "Can't e words to that effect, 12 a-g are not If inability is confirmed, 13 through and IADL's (19-25) are NOT asked.	even get out of bed", or asked but are confirmed.
The 1	next questions are about doing certain WITHOUT USING SPECIAL EQUIPMENT.	activities - BY YOURSELF
12 Be	ecause of a health or physical problem, o you have ANY difficulty -	
a	. Bathing or showering?	RESPONSES FOR, a g.: Yes
b	. Dressing?	No Doesn't do for other reason
С	. Eating?	
d	. Getting in and out of bed or chair?	If answer is "doesn't do", PROBE:
е	. Walking?	Is this because of a HEALTH or PHYSICAL problem?
f	. Getting outside?	probrem.
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 ASK	17-18 IF "Other relative(s)" OR "Nonrelative(s)" IN 16, OTHERWISE 13 FOR NEXT ADL WITH "yes" IN 12
*17	Is this help paid for?
	Yes No (13 for next ADL with "yes" in 12)

Other relative(s) Other relative(s) Nonrelative(s) Nonrelative(s)) in household) NOT in household n household OT in household
The next questions are about doing other	activities - BY YOURSELF.
19 Because of a health or physical prob difficulty	blem, do you have ANY
 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? 	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?
ASK 20-25 FOR EACH IADL MARKED "YES" IN 20 By yourself, how much diffculty do yourself, or are you unable to do	ou have <u>(IADL),</u>
Some A lot Unable to do	
21 Compared to this time in 1984/1986/19 difficulty, the same amount, or less did then?	
More difficulty Same difficulty Less difficulty	

*18 Which helpers are paid?

22 Do you receive help from another person in <u>(IADL)</u> ?
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

	next few questions are about how well you can see, wearing your ses 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
	se tell me if you have ANY difficulty when you do the following vities:
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	1?	Yes No
	7. reaching out as if to shall	ce someone's hand?	Yes No
	8. using your fingers to gras	sp or handle?	Yes No
	9. lifting or carrying someth as 25 pounds such as two f groceries?		Yes No(29b)
:	10. lifting or carrying someth as a 10 pound bag of potat		Yes No
IF	"Yes" in 29a(1) ASK b - e:		
	You told me before you have of a mile. Is this a CHANGE sin Yes No (29f)	nce (<u>date of last in</u>	terview)?
С	Is this change because of a Yes No (29f)	health or physical	problem?
đ	What health or physical probl to walk a quarter of a mile?	em caused the chang. (Mark all that app	e in your ability ly)
	1 A fall/falls 2 Arthritis 3 Cancer 4 Circulatory disease 5 Diabetes 6 Fatigue/tiredness 7 Heart condition 8 Hip fracture	9 Hypertension/hi 10 Old age (no spe mentioned) 11 Osteoporosis 12 Parkinson's Dis 13 Pneumonia 14 Senility/Alzhei 15 Stroke 16 Other	cific condition
е	(If MORE THAN ONE condition Which is the MAIN problem th	in 29d) at caused this chan	ge?
	(Same codes as 20d above	`	

<pre>f You told me before that you have difficulty walking up 10 steps without resting. Is this a CHANGE since (date of last interview)?</pre>					
	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)				
þ	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				

IF "Yes" in 29a(2) ASK f - i:

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 <u>now</u> 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 nursing home since <u>(1986/current month 1988)?</u>
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
<pre>f How was the care paid for (the LAST time)? (Mark all that apply)</pre>
<pre>paid by self or family paid by Medicare Paid by Medicaid paid by some other source such as private insurance DK</pre>

33	Are you now on a waiting list to go into a nursing home?
	Yes No DK
СНЕС	CK ITEM A7 Is Sp <u>now</u> 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 State ZIP
	Telephone (AC) Number
	DK/Refused name
	DK/Refused address
	DK/Refused telephone number
35	On what date was <u>(sample person)</u> admitted to the (nursing home/ <u>other institution</u>) ?
	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

37 a	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)				
С	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/Diyou) 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	TITEM A8				
	<pre>Is "Other adults 18 years or older" or "Sample person's or spouse's children 18+" marked in 38b?</pre>				
	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
þ	(Do you/Did Sample Person) and the other household members live together to share living expenses?
	Yes No
С	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)
đ	When did (he/she/any of these people) come to live with (you/ <u>Sample Person</u>)? Month 198/1990
40a	Including step and adopted children, how many living children (do you/does Sample Person) have?
	0 None 1-25 Number
a 1	How many of (Sample Person's) children are sons and how many are daughters?
	Number Daughters
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

С	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
е	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 <u>Sample Person</u> have a house/apartment) now:
	<pre>1. Owned or being bought by (you/ Sample Person) or someone in (your/ Sample Person's) household? Yes (41b) No</pre>
	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 (Your/Sample Person (Your/Sample Person	s) Son/Daughter		Other relative Nonrelative
C	Who is paying the rent?			
	You/Sample Person (Your/Sample Person (Your/Sample Person (Your/Sample Person	s) Son/Daughter		Other relative Nonrelative
42a	Does (your/Sample Person separate rooms? Include and attic rooms.	s) (house/apartm bathrooms, kitch	ent) ens,	have six or more finished basements,
	Yes (43) Less than 6 room	ns		
b	How many separate rooms	does the (house/	apart	ment) have?
	Number of room	ns (1-5)		
43a	(ARE you/Is <u>(sample perso</u> divorced, or separated?	on)) now married,	rema	rried, widowed,
	Married - Remarried		/1988	- spouse in HH - spouse NOT in HH
b	Is this a change since (\underline{m}	onth/date of las	t int	erview)?
	Yes No (4	4a)		
C	When were you <u>(married/r</u>	emarried/widowed	/divo	rced/separated)?
	Month:	Day: _		Year: 198/1990

The n	ext 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)
ď	The Social Security Number allows Medicare records to be easily and accurately located and identified for statistical research purposes.
	In our interview with you in <u>(date of last interview)</u> , we recorded your Social Security number as <u>(sample person's Social Security Number)</u> . Is that correct?
	(IF NECESSARY: I'll wait while you get your Social Security card.)
	Yes (Check item A9) No
:	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.
СНЕСК	ITEM A9 Is SP covered by Medicare in 44a?
	Yes No (Check item A10)

Me He	And) what is your Health Insurance Claim number it is on your edicare Card? You can just read it to me. Providing your ealth Insurance Claim number is voluntary and will not effect our benefits in any way.
	(IF NECESSARY: I'll wait while you get your Medicare card.)
th	(different) health insurance program - MEDICAID, this is not ne same as Medicare - pays for health care for persons in need. In your state it is called (name of State program)).
ha	uring the past 12 months, have you received health care which as been or will be paid for by Medicaid (or by <u>(name of State rogram)</u>)?
	Yes No
ot do (]	ot counting Medicare or Medicaid, are you NOW covered by any ther health insurance plan which pays any part of hospital, octor, or dental bills? Include Health Maintenance Organizations called HMO's and ndividual Practice Associations called IPA's.)
	Yes No
him/her	Instruction will be provided for the interviewer to remind r NOT to include CHAMPUS, CHAMPVA or other Armed Forces or VA care benefits.
	re you NOW receiving RETIREMENT income? Do NOT include any isability income.
	Yes No (47)
	rom which of these sources do you receive retirement income? ARK 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)

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	y sourc	e?	
	Yes No (48b)			
	re you receiving disability payments because of a ave or because you are a dependent or survivor of			
	Own Someone else Both			
b A	re 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	
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?			
funds,	to interviewer: "Bank account" includes money mark treasury notes, IRA's or certificates of deposit, g checking accounts, bonds or any other investment st.)	intere	st h earn	
	re you, or anyone else who lives with you, now rectamps?	ceiving	Food	
	Yes			
	No			

49a	Now	ľ	d	like	to	ask	about	(<u>Sample</u>	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 ITH	EM A10 Is SP <u>now</u> in the hospital in 1b or 1d?
	Yes (50) No (A11)
*50 Wha	Name: Number and street: City: State: ZIP:
51 On 1	Telephone (AC): DK/Refused address DK/Refused telephone number
51 On w	Month: Day: Year: 198/1990
CHECK ITE	Type of Interview Self (A12) Proxy (52a)
52a Wha	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

D	Do you live with (sample person):
	Yes No
С	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
CHEC	K ITEM A12
CONC	LUDING 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/ <u>sample person's</u>) 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/ <u>sample person</u>) at this address and telephone number, would <u>(Contact Person's Name)</u> be the person who would know how to reach you?
	<pre>Yes (Verify Contact Person Data, then 54) No</pre>
54 a	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)
	Other (brecht)

b What is (his/her) address and telephone number?

Street an	d 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

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	30	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)
Ouring (his/her) last year of life (that is, after 1 year prior to Month and Year in g. 56), was (Sample Person's name) a patient in a hospital OVERNIGHT or longer?		On what date did (he/she) die?
During (his/her) last year of life (that is, after 1 year prior to Month and Year in g. 56), was (Sample Person's name) a patient in a hospital OVERNIGHT or longer?		Month Day 198/1990
(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) 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	57a	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
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		Yes No (58a)
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)?	b	
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		Yes No
<pre>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</pre>	С	During (his/her) last year of life, how many DIFFERENT TIMES did (<u>Sample Person</u>) stay in a hospital OVERNIGHT or longer (including the last stay)?
Number 58a Since (Month and Year of last interview), was (sample person) a resident in a NURSING HOME? Yes	đ	During that year, how many total nights did (sample person) spend
resident in a NURSING HOME? Yes		
	58a	

b	Was (<u>sample person</u>) in a nursing home at the time of death?
	Yes No
С	How many DIFFERENT TIMES was (<u>sample person</u>) in a NURSING HOME since (<u>Current Month 1988</u>) (including the last time)?
	(1-5) Six or more times
đ	(READ PARANTHETICAL IS Q. 58c IS 2 OR MORE TIMES) When was (sample person) admitted the FIRST time?
	Month 198/1990
е	When was (sample person) admitted the LAST time?
	Month 198/1990
f	When was (sample person) discharged the LAST time?
	Month 198/1990
59 a	(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 (<u>sample person</u>) spend in nursing homes?
	Days Weeks Number 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.

FORM LSOA-3

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

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 individ	auu.
or establishment has been collected with a guarantee that it will be held in strict confidence, wil	ll be
used only for purposes stated for this study, and will not be disclosed or released to others with	nout
the consent of the individual or the establishment in accordance with section 308(d) of the Pu	ıblic
Health Service Act (42 USC 242m).	

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,

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

m Feinlert

Director

National Center for Health Statistics

	PLEASE READ THESE INSTRUCTIONS: label. However, if this person is unable to rest completed by someone who knows the most you to skip to another question. The "You" in	oond or is aw about the pe	vay from home tr erson's income.	aveling or in a hospita Answer every questior	l, the form should be n unless the instruction	s tell
1.	How many separate rooms does your home have?	PGM 8				
	Include bathrooms, kitchens, finished basements, and attic rooms.	· .	1 One room 2 Two roor 3 Three roo 4 Four roor 5 Five room 6 Six or mo	ns oms ns ns		053
2.	Does your home have working air conditioning?		1 ☐ Yes, in al 2 ☐ Yes, in so 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	G
3a	.Group meals		1 🗔	2 🗌	3 🗆 .	058
	· · · · · · · · · · · · · · · · · · ·					
3b	. Maid or cleaning service		1 🗆	2 🗆	3 🗆	059
3с	. Laundry 		1 🗆	2 🗆	з 🗆	060
3d	.Transportation		1 🗆	2 🗆	3 🗆	061
Зе	.Recreation		1 🗆	2 🗆	3 🗆	062
3f	. Nursing or help with medication		1 🗆	2 🗆	3 🗆	063

FORM LSOA-3 (8-1-90)

4a. Is your home now —	PGM 4			
Mark (X) only one box.				
		1 Owned or I	being bought by you or someone in bhold? — Skip to question 5a, page 4	032
			money? — Go to question 4b	
			without payment of money rent? — stion 6, page 5	
		Skip to que	stion o, page 5	
4b. Who pays the rent?				
Mark (X) all that apply.		1 Person nam	ned on address label	033
		₂ ☐ Spouse		*
		з 🗌 Child		
		4 🗌 Grandchild		
		5 Other relati		
		6 Nonrelative) 	
	- · · · · · · · · · · · · · · · · · · ·	·	· .	
4C. Does the rent include —				
(1) Heat?		1 🗌 Yes	2 □ No	034
(2) Gas?		ı □ Yes	2 □ No	035
(2) G881				
		₁ ☐ Yes	- T N-	
(3) Electricity?		1 LJ Yes	2 □ NO	036
			_	
(4) Water?		₁ 🗌 Yes	2 □ No	037
(5) Furnishings such as furniture				F
and appliances?		1 🗆 Yes	2 No	038
4d. How much is the rent per month?				
			Rent per month — Skip to	
		\$	question 6, page 5	039

5a.	Who owns or is buying this home?		
	Mark (X) all that apply.	1 ☐ Person named on address label 2 ☐ Spouse	*
5b.	About how much are the total yearly property taxes for this home?	.00	
	Include city, county, and school taxes.	\$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?	\$Insurance premium per year	043
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?	\$ 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?	\$ Amount of monthly payment	049
	About how many more years are left to pay on it?	Number of years	050
		FORM LSO	A-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 (''O'') if there is no income from a source.		
6a.	Social Security or Railroad Retirement payments	\$ You per month	21
	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.	\$ Your spouse per month	21
6b	. Wages and salaries from an employer		
		\$ You per month	21
		\$ Your spouse per month	21
6c	Supplemental Security Income or SSI		
	Federal SSI checks are either automatically deposited in the bank or mailed to arrive on the	\$.00 You per month	21
	first of every month. If mailed, they are sent in a blue colored envelope.	\$ Your spouse per month	21
6d	Pension from employer or spouse's employer	\$ 90 You per month	2
		\$.00 Your spouse per month	2
6e.	Veteran's Administration: serviceman's pension or survivor's pension or service disability	\$.00 You per month	2
		\$.00 Your spouse per month	2:
6f.	Other disability payments	\$.00 You per month	22
		\$ Your spouse per month	2:
6g.	Alimony	\$ You per month	22
		\$.00 Your spouse per month	
6h.	Public assistance or welfare payments from the State or local welfare office	\$ You per month	2:
	Do not include SSI or any other source mentioned above.	\$ Your spouse per month	2:

7.	Please give the approximate amount of income you (and your spouse) received in 1989 from each of the following sources.			
7a.	Write zero ("0") if there was no income from a source during 1989. Interest earned from money in any kind of savings or other bank account which	\$.00	Received by −	228
	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.	Amount received in 1989	2 ☐ Your spouse 3 ☐ Both	
7b.	Dividend income from stocks or mutual funds or income from rental property, royalties, estates, or trusts	\$.00 Amount received in 1989	Received by — 1 You 2 Your spouse 3 Both	230
7c.	Net income from ownership or partnership of a business or farm	\$Amount received in 1989	Received by — 1 ☐ You 2 ☐ Your spouse 3 ☐ Both	232
7d.	Net income from employment in a professional practice, trade, or business (self-employment)	\$.00 Amount received in 1989	Received by — 1 You 2 Your spouse 3 Both	234
7e.	Rents from property that you rent to others	\$.00 Amount received in 1989	Received by — 1 ☐ You 2 ☐ Your spouse 3 ☐ Both	236
7f.	Rents from roomers or boarders	\$ 00 Amount received in 1989	Received by — 1 ☐ You 2 ☐ Your spouse 3 ☐ Both	238
7g.	Annuity from an insurance policy	\$.00 Amount received in 1989	Received by — 1 ☐ You 2 ☐ Your spouse 3 ☐ Both	240
7h.	Lump sum from the sale of house, farm, or other property	\$.00 Amount received in 1989	Received by — 1 ☐ You 2 ☐ Your spouse 3 ☐ Both	242
7i.	Financial help from relatives	\$.00 Amount received in 1989	Received by — 1 ☐ You 2 ☐ Your spouse 3 ☐ Both	244
7j.	Other income received in 1989	\$.00 Amount received in 1989	Received by — 1 ☐ You 2 ☐ Your spouse 3 ☐ Both	246
7k.	What was the TOTAL income in 1989 from these sources?	\$	OTAL amount received in 19	247 989

FORM LSOA-3 (8-1-90)

3. Please give the approximate value of any of the assets listed below that you (and your spouse) own.	\$.00 Amount	248
Write zero (''0'') if you do not have the asset.	₁ ☐ Owned by you	249
8a. House, apartment or trailer that you occupy	2 Owned by your spouse	
	3 ☐ Owned by both you and your spouse	
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	
BC. Stocks or mutual funds, rental property, royalties, estates, or trusts	\$.00 Amount	252
	1 ☐ Owned by you	253
	2 ☐ Owned by your spouse	<u> 2</u> 33
	3 ☐ Owned by both you and your spouse	
d. Savings or other bank accounts		
- 	\$.00 Amount	25
	1 ☐ Owned by you	25
	2 ☐ Owned by your spouse	
	3 ☐ Owned by both you and your spouse	
Be. Business or farm	\$.00 Amount	25
	Amount	250
	1 🗆 Owned by you	25
	2 Owned by your spouse	
	3 Owned by both you and your spouse	
8f. Professional practice or trade	\$.00 Amount	<u> </u>
	Amount	25
	1 🗆 Owned by you	259
	2 🗍 Owned by your spouse	
	3 🗌 Owned by both you and your spouse	
g. Other assets owned	,	ļ
	\$ Amount	26
	1 🗌 Owned by you	26
	2 Owned by your spouse	
	3 Owned by both you and your spouse	
8h. What is the TOTAL value of these assets?	\$ TOTAL amount	26
	· IOTAL amount	
9. Did you or anyone living with you receive food stamps in 1989?	1 ☐ Yes	26
ivou stainips iii 19091	2 🗆 No	

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,

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

In Temleit, MD

Director

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,

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

Director

National Center for Health Statistics

Enclosure

LS0A-80(L)



LSOA-10(L)

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,

MANNING FEINLEIB, M.D., Dr. P.H.

M teinlest

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)

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

Chief, Health Surveys Branch Demographic Surveys Division

Robert W. Mangold

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.

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

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 Date of birth	7 4 4 2 2 2 2 2 4 4 4 4
Father's surname, if sex was female	2

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

		Survey		
Match status NDI	Status code	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"

Table III. "Best estimate" codes and their definitions

"Best estimate" code	Definition
00	No National Dealth Index input record Alive Deceased Presumed deceased Probably deceased Probably not deceased Presumed alive

status codes assigned to persons in the LSOA by reinterview status and NDI status.

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

		NDI s	tatus and code)	
1986 LSOA interview status	No record	Good	Fair	Poor	None
	(00)	(01)	(02)	(03)	(04)
"Best estimate" codes					
Alive (interviewed)	01	01	01	01	01
	02	02	02	02	02
	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

	NDI status and code						
"Best estimate" code	Total	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	Х	Х
Change in marital status		X	X	Х
Date of change in marital status		X	X	Х
Veteran status	X			
Education	X			
Family income	X	X	X	Х
Poverty index	X			Х
Family relationship	X			
Size of family	X			
Major activity	X			
Activity now compared with 1 year ago	X	X	X	Х
Class of worker	Х			
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	Х			
Generations in household	X			
Children in household	Х			
Length of time married	X			
Length of time widowed, divorced, or separated	X			
Change in marital status		X	X	Х
Date of change		X	X	Х
Live together to share expenses	X	Х	X	Х
Live together because of physical or health problems	X	X	X	Х
Number of living sons	X		X	Х
Number of living daughters	X		X	Х
Number of living children	X		Χ	Х
Children routinely give money	X		X	Х
How quickly children can get there	X		X	Х
How often see children	X		X	Х
How often talk on telephone with children	X		X	Х
How often get mail from children	X	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	X	Х
Number of living brothers	X			
Number of living sisters	Х			· · · · · · · · · · · · · · · · · · ·

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	Х			
Worked since age 45	X			
Worked since age 65		X	X	Х
Worked past 12 months	X	X	Х	Х
Number of weeks worked	X	X	X	Х
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	Х			
Want to work at job or business	Х			

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

Characteristic	1984	1986	1988	1990
Total family income	X	Х	X	Х
Poverty index	X			Х
Retirement income	X			Х
Receive retirement from social security	X			Х
Time received social security	X			
Receive social security from own work or dependent	Х			Х
Receive railroad retirement	X			Х
Time received railroad retirement	X			
Receive railroad retirement from own work or dependent	Х			X
Receive retirement from government pension plan	X	-		Х
Time received government pension	X			
Receive government pension from own work or dependent	Х			Х
Receive retirement from military retirement	X			Х
Time received military retirement	X			
Receive military retirement from own work or dependent	Х			х
Some other source of retirement income	X			Х
Which other sources	X			Х
Number of retirement sources	X			Х
Types of retirement income sources	X			Х
Disability income	Х			
Now receiving disability from any source	X			Х
Receive due to own disability or dependent	X			Х
Time received disability	Х			
Ever received disability payments from social security	Х			
Children routinely give money	X			
Receive food stamps		X	X	Х

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	Х	X	X	Х
Number of years living here	X	·		
Whether moved or not		Х	X	Х
Date of moving here		Х	Х	Х
One or more steps to outside	Х	X	X	Х
More than one floor level	X	1		X
Number of separate rooms			X	X
Working air-conditioner				Х
Bathroom, bedroom, kitchen on same floor	Х			Х
Needed for health	Х			
Walk-in shower	X			X
Needed for health	X			
Own, buy, or rent residence	X		X	X
Who owns or buys	X		X	Х
Who pays rent	Х		X	Х
Paid for or still being paid	X		X	Х
Amount principle still owed	X			Х
Present value	X			Х
Place is retirement community, building, or complex	X	Х	X	X
Group meals	X	X	X	Х
Housekeeping or maid service	X			Х
Medical services	X			Х
Telephone checkup service	X			Х
Recreational services	X			Х
Laundry services				Х
Transportation service				Х

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	Х
Weight without shoes	Х
Bed days in past 12 months	Х
Falls in past 12 months	Х
Trouble biting or chewing food	Х
Controlling bowels	Х
How often have difficulty	Х
Have a colostomy or a device to control bowel	Х
Need help taking care of device	Х
Controlling urination	Х
How often have difficulty	Х
Urinary catheter or device	Х
Need help taking care of device	Х
List of conditions and impairments	Х

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	Х	X	X
Dressing	X	Х	X	X
Eating	X	Х	Х	X
Getting in or out of bed or chair	X	Х	Χ	Х
Walking	X	Х	Х	X
Getting outside	X	Х	Х	Х
Using or getting to toilet	X	Χ	X	Х
Instrumental activities of daily living:				<u> </u>
Preparing own meals	X	Х	X	Х
Shopping for personal items	X	X	X	Х
Managing money	X	X	X	X
Using the telephone	X	Х	Х	Х
Doing heavy housework	X	X	X	X
Doing light housework	X	X	X	X
For each ADL and IADL:				
Whether any difficulty	X	X	Х	Х
Degree of difficulty	X	X	X	Х
Change in difficulty		X	Х	Х
Change due to health		X	X	Х
Whether receiving help	X	Х	X	Х
Whether helper in household	X	Х	Х	Х
Whether helper a relative	X	X	X	Х
Whether helper paid	X	Х	X	Х
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	Х	X
Change in difficulty	,	X	X	Χ
Change due to health		X	X	X
Condition causing change		X	X	Х
Walking up 10 steps	X	X	Х	X
Change in difficulty		X	X	Х
Change due to health		X	X	Х
Condition causing change		X	X	Х
Being on feet for 2 hours	X	X	X	Х
Sitting for 2 hours	X	X	X	Х
Stooping, crouching, kneeling	X	Х	X	Х
Reaching up over head	X	X	X	Х
Reaching out	X	X	X	Х
Using fingers to grasp	X	X	X	Х
Lifting 25 pounds	X	Х	X	Х
Lifting 10 pounds	X	X	X	Х
For each Nagi item:				
Amount of difficulty	X			
Duration of difficulty	X			
Confinement to bed or chair	X	X	X	Х
Condition causing this	X			
Fallen in past 12 months	Х			
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:			L	
Eye conditions	X			
Corrections for vision	X			
Trouble with vision	X			
Ability to:				
Recognize features	X	X	Х	X
TV at 8-12 feet	X	X	X	Х
Read newsprint	X	X	X	Х
Step off curb	X	X	X	X
See friend across street	X	Х	Х	Х
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	Х	X	Х
Worry over health	X			
Physical activity compared to peers	X			
Level of activity compared to a year ago	X		The state of the s	
Perceived control of health	X			
Get as much exercise as needed	×			
Regular exercise routine	X			
Frequency of walking 1 mile	X			
Trouble remembering things	Х		 	
Trouble remembering compared with a year ago	Х			
Frequency getting confused	Х			
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	Х	X	Х
Helper in household	X	Х	X	Х
Helper a relative	X	X	X	X
Helper paid	X	Х	X	Х

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	Х
Short-stay hospital days in 12 months	X			
Number of doctor visits in 12 months	X	X	X	Х
Interval since last doctor visit	X	Х	X	Х
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	Х	Х	Х
Number of times a resident or patient	X	X	Х	X
Date admitted first time	X	X	Х	Х
Date discharged last time	X	Х	Х	Х
Weeks in nursing home in 12 months	X	Х	Х	Х
Now in nursing home		X	X	Х
How nursing home paid for		X	X	Х
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	Х
Private health insurance	Х			Х
Supplemental Security Income	X			Х
Medicaid	X	X	Х	X
Medicaid use	X	X	X	Х
Other public assistance program	X			Х
Military dependent program	X			Х
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	Х			
USDA county adjacency code	X	X	X	Х
Moved since last interview		X	X	Х
Date of move		X	X	X
Reason for move		X	X	X
Across county line		X	X	Х
Across State line		X	X	Х
Transition living code		Х	Х	Х

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	Х
Date of death (interview & NDI match)	X	X	X	X
Death certificates				
Autopsy performed	X	X	Х	Х
Death in medical facility	X	X	X	Х
Cause of death	X	X	X	Х
Underlying cause	X	Х	X	Х
Recode 282 selected causes	X	X	X	Х
Recode 72 selected causes	X	X	X	Х
Axis causes	X	X	X	Х
8 causes	X	Х	X	Х
NDI status	X	X	X	Х
Jsual occupation recode	X	X	X	X
Business or industry recode	Х	X	X	Х

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	Х
Number of procedures	Х
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 Date of birth	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	Х
Respondent	X	X	X	X
Reason for proxy	X	X	X	Х
Interview method	X	Х	Х	Х
Information for linkage	X	Х	Х	X

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