		198	2 COMMUNI	TY QUESTIO	NNAIRE
-	ional Office Code T GIVEN				
	d Representative code T GIVEN			i 1 1 1 1 1	
Cas	e Screened by Personal Visit			<u> </u> 	
NO	T GIVEN			i ! !	
1 Nov	/ I'm going to read you a list of med	diaal aanditiana	Section A - FU	INCTIONAL STA	TUS
	you NOW have any of the following			i ! !	
a.	Rheumatism or arthritis?	,		1 🗆	Yes
	CND_1A01	Col. 343	Char 1	2	No
b.	Paralysis?		- · ·	1	Yes
	CND_1A02	Col. 344	Char 1	2	No
C.	Other permanent numbness or s		S		Yes
	paralysis/rheumatism or arthritis) CND_1A03	Col. 345	Char 1	2	No No
d.	Multiple Sclerosis?			1	Yes
-	CND_1A04	Col. 346	Char 1	2	No
e.	Cerebral palsy?			1	Yes
	CND_1A05	Col. 347	Char 1	2	No
f.	Epilepsy? CND_1A06	Col. 348	Char 1	12	Yes No
g.	Parkinson's disease?			1	Yes
9.	CND_1A07	Col. 349	Char 1	2	No
h.	Glaucoma? CND_1A08	Col. 350	Char 1	12	Yes No
i.	Diabetes?			1	Yes
	CND_1A09	Col. 351	Char 1	2	No
j.	Cancer?	0 1 050	01 1	1	Yes
	CND_1A10	Col. 352	Char 1	2	No
k.	Frequent constipation? CND_1A11	Col. 353	Char 1	1 2	Yes No
l.	Frequent trouble sleeping?		Onai i	1	Yes
1.	CND_1A12	Col. 354	Char 1	2	No
m.	Frequent severe headaches?			1	Yes
	CND_1A13	Col. 355	Char 1	2	No
n.	Obesity or isoverweight?			1	Yes
	CND_1A14	Col. 356	Char 1	2	No
0.	Arteriosclerosis or hardening of t			1	Yes
	CND_1A15	Col. 357	Char 1	2	No
CHECK ITE				i ₁□	Sample Person - SKIP to 2
nes	pondent is - CND_CK2	Col. 358	Char 1	2	Proxy
p.	Mental retardation?			1	Yes
	CND_1B_2	Col. 359	Char 1	2	No
q.	Senility?	Col. 360	Char 1	1	Yes
	CND_1B_3	Col. 360	Char 1	2	No
2. Hav a.	e you had any of the following in th A heart attack?	ie iast 12 month	IS?	1	Yes

	CND_2_01	Col. 361	Char 1	2	No	
b.	Any other heart problem?			1	Yes	
	CND_2_02	Col. 362	Char 1	2	No	
C.	Hypertension or high blood pressu	ıre?		1	Yes	
	CND_2_03	Col. 363	Char 1	2	No	
d.	A stroke?		-	1	Yes	
	CND_2_04	Col. 364	Char 1	2	No	
e.	Circulation trouble inarms or le	gs?	İ	1	Yes	
	CND_2_05	Col. 365	Char 1	2	No	
f.	Hashad Pneumonia in LAST 1	2 months?		1	Yes	
	CND_2_06	Col. 366	Char 1	2	No	
g.	Bronchitis?			1	Yes	
	CND_2_07	Col. 367	Char 1	2	No	
h.	Flu?		•	1	Yes	
	CND_2_08	Col. 368	Char 1	2	No	
i.	Emphysema?		1	1	Yes	
	CND_2_09	Col. 369	Char 1	2	No	
j.	Asthma?			1	Yes	
	CND_2_10	Col. 370	Char 1	2	No	
k.	A broken hip?			1	Yes	
	CND_2_11	Col. 371	Char 1	2	No	
I.	Other broken bones?			1	Yes	
	CND_2_12	Col. 372	Char 1	2	No	
Part 2 - ACTI	VITIES OF DAILY LIVING		•			
	ng the past week, that is, since last	(day), did any		1	Yes - SKIP to 1d	
pers	on help eat?	0 1 070		2	No	- d:
	ADL_1A	Col. 373	Char 1	3	Did not eat at all - SKIP to	0 11
b. Did .	use special utensils or special d			1	Yes NO - <i>SKIP to 2a</i>	
	ADL_1B	Col. 374	Char 1	2	NO - 3NIF 10 Za	
	comeone usually stay nearby just in	case			Yes 7 SKIP	
mign	t need help? ADL_1C	Col. 375	Char 1	2	No to 1g	
-1 D:-1 -		001. 070	Onai i		Yes - SKIP to f	
a. Dia s	omeone feed? ADL_1D	Col. 376	Char 1	1 2	Yes - <i>SKIP to I</i> No	
- Dist -			Onai i			
e. Dia s	comeone help cut meat or butte ADL_1E	Col. 377	Char 1	2	Yes No	
f Did					Yes	
i. Dia .	also use special utensils or special ADL 1F	Col. 378	Char 1	1 2	res No	
а Цом	often did (receive help or use s		ŀ	1	Most of the time	
	ial dishes) - most of the time, or on			2	Some of the time	
ادواره	ADL_1G	Col. 379	Char 1	3	Only occasionally	
h. Abou	It how long has (had help eating	g or used specia	al	1	Less than 3 months)
	es or special utensils)?			2	3 months to 6 months	Mark code 1,
Prob	e as necessary. Code for longest.			3	6 months to 1 year	in CC, item 30.
	ADL_1H	Col. 380	Char 1	4	1 year to 5 years	SKIP to 2a.
				5	5 years or over	
	it how long has not eaten?			1	Less than 3 months	Mark and 1
Prob	e as necessary. Code for longest. ADL_1I	Col. 381	Char 1	3	3 months to 6 months 6 months to 1 year	Mark code 1, →in CC.
		301. 001	J. 141	4	1 year to 5 years	item 30.
			į	5	5 years or over	J

2a. Since last (day), did any person help get in or out of bed	1 Yes - SKIP to d.
(or didn't get out of bed at all for any reason whatever)?	2 No
ADL_2A Col. 382 Char 1	3 Did not get out of bed at all - SKIP to i
b. Did use special equipment like a wheelchair, railing,	
walker, or cane to help get in or out of bed?	1 Yes
ADL 2B Col. 383 Char 1	No - SKIP to 3a
	1
c. Did someone usually stay nearby just in case might	
need help?	1 Yes SKIP
ADL_2C Col. 384 Char 1	2 No f to f
d. Did someone actually LIFT in or out of bed?	1 Yes
ADL 2D Col. 385 Char 1	2 No
- Did the control of	
e. Did also use special equipment like a wheelchair,	4 🗖 V
railing, walker, or cane to help get out of bed?	1 Yes
ADL_2E Col. 386 Char 1	2 No - SKIP to 1g
f. What kind of special equipment did use?	
Mark (1) all that apply.	
(1) Wheelchair	
ADL_2F_1 Col. 387 Char 1	1 MARKED
(2) Railing	[
ADL_2F_2 Col. 388 Char 1	1 MARKED
(3) Walker	
ADL_2F_3 Col. 389 Char 1	1 MARKED
(4) Cane	<u> </u>
ADL_2F_4 Col. 390 Char 1	1 MARKED
(5) Crutches	
ADL_2F_5 Col. 391 Char 1	1 MARKED
(6) Lift	
ADL_2F_6 Col. 392 Char 1	1 MARKED
(7) Other Device	
ADL_2F_7 Col. 393 Char 1	1 MARKED
g. How often did (receive help or use special equipment) -	1 Most of the time
most of the time, some of the time, or only occasionally?	2 Some of the time
ADL_2G Col. 394 Char 1	3 Only occasionally
h. About bour long boo. /bod bole/uppd appoint	1 Less than 3 months
h. About how long has (had help/used special	
equipment) to get in or out of bed? Probe as necessary. Code for longest.	3 months to 6 months 6 months to 1 year Mark code 2 in in CC, item 30.
ADL_2H Col. 395 Char 1	1 year to 5 years SKIP to 3a.
ADL_2H Coi. 395 Chai i	
	5 5 years or over
i. About how long hasbeen unable to get out of bed?	1 Less than 3 months
PROBE as necessary and code for longest.	2 3 months to 6 months Mark codes 2, 3,
ADL_2I Col. 396 Char 1	3 6 months to 1 year 4 and 5 in CC, item 30.
	4 1 year to 5 years SKIP to 4h
	5 5 years or over
3a. Since last (day) did any person help get around	1 Yes - SKIP to 3d
inside (or didn't get around inside at all)?	No No
ADL_3A Col. 397 Char 1	Did not get around inside at all - SKIP to 3j
b. Did use special equipment like a wheelchair, cane,	
or other device to help get around inside?	1 Yes
ADL_3B Col. 398 Char 1	2 No - SKIP to 4a
c. Did someone usually stay nearby just in case might	
need some help?	1 Yes SKIP
ADL_3C Col. 399 Char 1	2 No so to 3e
d. Did also use special equipment like a wheelchair, cane,	 -
a. Dia also also special equipment like a wheelenall, carle,	i

			:	.1 1
othe	er device to help get around insi			1 Yes
	ADL_3D	Col. 400	Char 1	2 No - SKIP to 3h
e. Did	use a wheelchair?			1 Yes
	ADL_3E	Col. 401	Char 1	2 No - SKIP to 3g
f le	. able to get around at all without t	he wheelchair?		1 Yes
1. 15 .	ADL 3F	Col. 402	Char 1	No - Mark code 6 in CC, item 30
	_		Onar I	
g. Wha	at other kind of special equipment d	lid use?		
Any	thing else?			
Mar	k (1) all apply.			
If no	one, mark "None."			
(1)	Railing		İ	
	ADL_3G01	Col. 403	Char 1	1 MARKED
(2)	Walker			<u> </u>
	ADL_3G02	Col. 404	Char 1	1 MARKED
(3)	Cane			
	ADL_3G03	Col. 405	Char 1	1 MARKED
(4)	Crutches	0-1 400	Char 1	4 MARKED
(E)	ADL_3G04 Elevator/escalator	Col. 406	Char 1	1 MARKED
(5)	ADL 3G05	Col. 407	Char 1	1 MARKED
(6)	Orthopedic shoes	COI. 407	Cital i	I MATINED
(0)	ADL 3G06	Col. 408	Char 1	1 MARKED
(7)	Other device	30 100	0.14.	
()	ADL_3G12	Col. 409	Char 1	1 MARKED
(8)	None		į	
	ADL_3G12A	Col. 410	Char 1	1 MARKED
h. How	often did receive help or use s	special equipmer	nt -	1 Most of the time
	at of the time, some of the time, or c			2 Some of the time
	ADL_3H	Col. 411	Char 1	3 Only occasionally
: Aba				
	ut how long has had help or use pment to get around inside?	eu speciai		Less than 3 months 3 months to 6 months Mark code 4
equi	ADL_3I	Col. 412	Char 1	3 6 months to 1 year in C.C., item 30 -
	/\BL_0	OOI. 412	Onar i	4 1 year to 5 years SKIP to 4a
				5 5 years or over
			1.0	
j. Abo	ut how long has been unable to	-		Less than 3 months 3 months to 6 months Mark code 4
	ADL_3J	Col. 413	Char 1	
				6 months to 1 year and 5 in C.C.,
			į	1 year to 5 years item 30. 5 years or over
			į	J S years or over
	next questions are about dressing,		and	
	ng on the clothes that wear(s)			
	e last (day), did any person usually	help to get	dressed	1 Yes - SKIP to 4d
(or o	didn't get dressed at all)?			2 No
	ADL_4A	Col. 414	Char 1	3 Did not dress at all - SKIP to 4h
b. Did	wear special clothing or use spe	ecial equipment		
to h	elp get dressed?		į	1 Yes
	ADL_4B	Col. 415	Char 1	2 No - SKIP to 5a
c. Did	someone usually stay nearby just in	n case miah	t need	
help		3	ļ	1 Yes SKIP
·	ADL_4C	Col. 416	Char 1	2 No
d Did	someone put on all clothes for	?		1 Yes
G. Did	ADL 4D	: Col. 417	Char 1	2 No
- D: !	_		<u> </u>	
e. Did	also use special equipment to h	ieip aress		

or use special clothing? ADL_4E	Col. 418	Char 1	12	Yes No	
f. How often did (receive help/use sp	ecial equipment	or clothing)	1	Most of the time	
- most of the time, some of the time, o	r only occasiona	lly?	2	Some of the time	
ADL_4F	Col. 419	Char 1	3	Only occasionally	
g. About how long has (had help dres	sing/used speci	al	1	Less than 3 months	
equipment or clothing)?			2	3 months to 6 months Mark code 7	
ADL_4G	Col. 420	Char 1	3	6 months to 1 year in C.C., item 30.	
			4	1 year to 5 years SKIP to 5a	
			5	5 years or over	
h. During the past week, did someone he	lp change		1	Yes	
pajamas or gown?		İ	2	No	
ADL_4H	Col. 421	Char 1			
i. About how long has been unable to	dress?		1	Less than 3 months	
PROBE as necessary.			2	3 months to 6 months	
ADL_4I	Col. 422	Char 1	3	6 months to 1 year Mark code 7 in C.C., item 30.	
_		į	4	1 year to 5 years	
			5	5 years or over	
CHECK ITEM A.2				·	
Refer to Control Card, item 30		į	1	Code 3 marked in c. c. item 30 - SKIP to 5k	
ADL CK2	Col. 423	Char 1	2	All others	
<u>-</u>					
5a. Since last (day), did any person help.	bathe, or was	}	1	Yes - SKIP to 5d	
unable to bathe at all?			2	No	
ADL_5A	Col. 424	Char 1	3	Unable to bathe - SKIP to 5j	
b. Did use special equipment like a s	hower seat, tub	stool			
or grab bar to help bathe?		İ	1	Yes	
ADL_5B	Col. 425	Char 1	2	No - SKIP to 6a	
c. Did someone usually stay nearby just	in case migh	t need			
help?	· ·	ļ	1	Yes SKIP	
ADL_5C	Col. 426	Char 1	2	No to 5g	
d. Did someone bathe?		<u> </u>	1	Yes - SKIP to 5f	
ADL 5D	Col. 427	Char 1	2	No	
		Ona. 1			
e. Did someone help get into or out o			1	Yes	
ADL_5E	Col. 428	Char 1	2	No	
f. Did also use special equipment like	e a shower seat,		_		
tub stool, or grab bars to help bath	e?		1	Yes	
ADL_5F	Col. 429	Char 1	2	No - SKIP to 5h	
g. What kind of special equipment did	. use? Anything	else?			
Anything else?					
, ,					
Mark (1) all that apply.		İ			
Shower seat/tub stool					
ADL_5G_1	Col. 430	Char 1	1	MARKED	
(2) Grab bars/handle bars at sink		İ			
ADL_5G_2	Col. 431	Char 1	1	MARKED	
(3) Other device					
ADL_5G_6	Col. 432	Char 1	1	MARKED	
h. How often did (receive help or use	special equipme	ent) -	1 1	Most of the time	
most of the time, some of the time, or		- 7	2	Some of the time	
ADL_5H	Col. 433	Char 1	3	Only occasionally	
				<u> </u>	
i. About how long has had help or us	eu special		1	Less than 3 months 3 months to 6 months Mark code 8	
equipment to bathe?					
DDODE on noncome Code for the le	naost		2		
PROBE as necessary. Code for the loa ADL_5I	ngest. Col. 434	Char 1	3 4	6 months to 1 year 1 year to 5 years in C.C., item 30 - SKIP to 6a.	

	5 5 years or over
j. Did wash body at a sink or basin?	1 Yes - SKIP to 5i.
ADL_5J Col. 435 Char 1	2 No
k. During the past week, did have a bed bath?	1 Yes
ADL_5K Col. 436 Char 1	2 No
About how long has been able to bathe?	1 Less than 3 months
PROBE as necessary. Code for the longest.	2 3 months to 6 months
ADL_5L Col. 437 Char 1	6 months to 1 year — Mark code 8 in C.C., item 30.
	4 1 year to 5 years
	5 years or over
6a. Since last (day), did any person help to get to	1 Yes - SKIP to 6d.
the bathroom or use the toilet, or didn't use the toilet at all?	2 No
ADL_6A Col. 438 Char 1	Did not use toilet seat at all - SKIP to 6l
b. Did use special equipment like a raised toilet, bedside	
commode, or grab bar to help to use the toilet?	1 Yes
ADL_6B Col. 439 Char 1	2 No - <i>SKIP to 60</i>
c. Did someone usually stay nearby just in case might	
need help to use the toilet?	1 Yes SKIP
ADL_6C Col. 440 Char 1	2 No to 6g
d. Did someone usually help get to the toilet?	1 Yes
ADL_6D Col. 441 Char 1	2 No
e. Did someone help to get on or off the toilet, arrange	
clothes, or clean self?	1 Yes
ADL 6E Col. 442 Char 1	2 No
_	-1 100
f. Did also use special equipment like a raised toilet, bedside commode, or grab bar to help use the toilet?	1 Yes
ADL 6F Col. 443 Char 1	No - SKIP to 6j
_	
g. What kind of special equipment did use? Anything else?	
Anything else?	
Mark (1) all that apply.	
(1) Raised toilet	
ADL_6G_1 Col. 444 Char 1	1 MARKED
(2) Portable toilet/bedside commode	<u> </u>
ADL_6G_2 Col. 445 Char 1	1 MARKED
(3) Rail/grab bar	
ADL_6G_3 Col. 446 Char 1	1 MARKED
(4) Other device ADL 6G 6 Col. 447 Char 1	1 MARKED
	I MARKED
h. Did take care of toilet needs by using any OTHER special	
equipment like a (bedpan/portable toilet/special underwear)?	Yes No - SKIP to 6j
ADL_6H Col. 448 Char 1	2 100 - 3KIP 10 6)
i. What other special equipment did use? Anything else?	
Anything else?	
Mark (1) all that apply.	
(1) Bed pan	
ADL_6I_1	1 MARKED
(2) Portable toilet/bedside commode	<u> </u>
ADL_6I_2 Col. 450 Char 1	1 MARKED
(3) Special underwear/diapers	
ADL_6I_3 Col. 451 Char 1	1 MARKED
(4) Specify other device	1 MARKED
ADL_6I_4 Col. 452 Char 1	1 MARKED

ı

j. How often did (receive help or use special equipment most of the time, some of the time, or occasionally? ADL_6J Col. 453) - Char 1	Most of the time Some of the time Only occasionally
k. About how long has had help using the toilet or used special equipment? PROBE as necessary. Code for longest. ADL_6K Col. 454	Char 1	Less than 3 months 3 months to 6 months 6 months to 1 year 1 year to 5 years 5 years or over Mark code 9 in C.C., item 30 - SKIP to 60
 Did take care of toilet needs by using any special equipment like (a bedpan, portable toilet, or special under ADL_6L Col. 455 	rwear)? Char 1	1 Yes 2 No - SKIP to 6n
m. What special equipment did use? Anything else?		
Anything else?		
<u> </u>	Char 1	1 MARKED
(2) Portable toilet/bedside commode ADL_6M_2 Col. 456	Char 1	1 MARKED
(3) Special underwear/diapers	Char 1	1 MARKED
` '	Char 1	1 MARKED
n. About how long has been unable to use the toilet? ADL_6N Col. 460 C	Char 1	Less than 3 months 3 months to 6 months 6 months to 1 year 1 year to 5 years 5 years or over Less than 3 months Mark code 9 in C.C., item 30
o. Did use a device such as a urinary catheter		
or a colostomy bag? ADL_6O Col. 461 (Char 1	1 Yes 2 No - <i>SKIP to 6r</i>
p. Does take care of it byself OF does someone help to take care of it? ADL_6P Col. 462	Char 1	1 Self care 2 With help
q. About how long has been using it? PROBE as necessary. Code for longest ADL_6Q Col. 463	Char 1	Less than 3 months months to 6 months months to 1 year months to 5 years months to 5 years months to 5 years months to 6 months to 1 year
r. During the past week, has sometimes had trouble controlling bladder or bowels so that accidentally wet or soiledself either day or night? ADL_6R Col. 464	Char 1	1 Yes 2 No - SKIP to CHECK ITEM A.3
s. About how long had this problem? PROBE as necessary. Code for longest ADL_6T Col. 465	Char 1	Less than 3 months months to 6 months months to 1 year months to 5 years months to 5 years months to 5 years months to 6 months to 1 year months to 1 year
CHECK ITEM A.3		
Refer to Control Card item 30 Mark (1) for each MARKED ADL item.		
(1) Eating	Char 1	1 Marked

	ADL_CK3_2	Col. 467	Char 1	1 MARKED
(3)	Getting around inside			
	ADL_CK3_4	Col. 468	Char 1	1 MARKED If all items marked,
(4)	Dressing			skip to CHECK ITEM A.4.
	ADL_CK3_7	Col. 469	Char 1	1 MARKED Otherwise, ask 7a.
(5)	Bathing			
()	ADL_CK3_8	Col. 470	Char 1	1 MARKED
(6)	Getting to the bathroom or usin			
(0)	ADL CK3 9	Col. 471	Char 1	1 MARKED
				- I III III III I
	said that didn't get any help		veek with	
	nd UNMARKED items from Check			
	someone usually stay nearby jus	t in case mig	ght	
nee	d help with any of these things?			1 Yes
	ADL_7A	Col. 472	Char 1	2 No - SKIP to 8a
b. For	which of these things did someor	ne usually stay n	earby?	
	-	io accamy ciay	ou. 5y .	
Any	thing else?			
Mar	rk (1) all that apply.			
	Eating			1 MARKED
(.)	ADL_7B_1	Col. 473	Char 1	
(2)	Getting in/out of bed			1 MARKED
(-)	ADL_7B_2	Col. 474	Char 1	
(3)	Getting around inside	001. 17 1	Onar 1	1 MARKED Mark appropriate item(s)
(0)	ADL_7B_4	Col. 475	Char 1	in C.C., item 30, and in
(4)	Dressing	001. 473	Onai i	1 MARKED CHECK ITEM A.3 above.
(4)	ADL_7B_7	Col. 476	Char 1	TIME WALLED OF TEST AND ADDITION
(5)	Bathing	001. 470	Oliai i	1 MARKED
(5)	•	Col. 477	Char 1	I WARKED
(C)	ADL_7B_8		Gliai i	1 MARKED
(6)	Getting to the bathroom or usin	Col. 478	Char 1	I MARKED)
	ADL_7B_9	COI. 476	Char i	
c. Abo	ut how long has had someon	e stay nearby ju:	st in	1 Less than 3 months
		6.01	ns)?	2 3 months to 6 months
case	e might need help with (that/a	ny ot tnose tning	go).	
	e might need help with (that/a OBE as necessary. Code for long		<i>3</i> 3).	3 6 months to 1 year
	• • •		Char 1	3 6 months to 1 year 4 1 year to 5 years
	OBE as necessary. Code for long	jest.		
PRO	OBE as necessary. Code for long ADL_7C	gest. Col. 479	Char 1	4 1 year to 5 years
PRO 8a. Doe	OBE as necessary. Code for long ADL_7C	gest. Col. 479	Char 1	4 1 year to 5 years 5 5 years or over
PRO 8a. Doe	OBE as necessary. Code for long ADL_7C es NEED help with (read UNIM ECK ITEM A.3)?	gest. Col. 479 IARKED items fr	Char 1	1 year to 5 years 5 5 years or over
PRO 8a. Doe	OBE as necessary. Code for long ADL_7C	gest. Col. 479	Char 1	4 1 year to 5 years 5 5 years or over
8a. Doe	ADL_7C SNEED help with (read UNM) ECK ITEM A.3)? ADL_8A which of those things doesN	Col. 479 ARKED items fr	Char 1	1 year to 5 years 5 5 years or over
8a. Doe CHI	ADL_7C S NEED help with (read UNM) ECK ITEM A.3)? ADL_8A which of those things does N thing else?	Col. 479 ARKED items fr	Char 1	1 year to 5 years 5 5 years or over
8a. Doe CHI	OBE as necessary. Code for long ADL_7C as NEED help with (read UNM ECK ITEM A.3)? ADL_8A which of those things does N thing else? rk (1) all that apply.	Col. 479 ARKED items fr	Char 1	1 year to 5 years 5 5 years or over
8a. Doe CHI	ADL_7C SSNEED help with (read UNM) ECK ITEM A.3)? ADL_8A which of those things doesNithing else? rk (1) all that apply. Eating	Col. 479 ARKED items fr	Char 1	1 year to 5 years 5 years or over 1 Yes 2 No - SKIP to CHECK ITEM A.4
8a. Doe CHE b. For Any Mar	ADL_7C SSNEED help with (read UNM) ECK ITEM A.3)? ADL_8A which of those things doesNithing else? rk (1) all that apply. Eating ADL_8B_1	Col. 479 ARKED items fr	Char 1	1 year to 5 years 5 5 years or over
8a. Doe CHE b. For Any Mar	ADL_7C SSNEED help with (read UNM) ECK ITEM A.3)? ADL_8A which of those things doesNithing else? rk (1) all that apply. Eating ADL_8B_1 Getting in/out of bed	Col. 480 Col. 481	Char 1 Char 1 Char 1	1 year to 5 years 5 years or over 1 Yes 2 No - SKIP to CHECK ITEM A.4
8a. Doe CHL b. For Any Mar (1)	ADL_7C ADL_7C ADL_7C ADL_7C ADL_8A Which of those things does Nothing else? ADL_8B_1 Getting in/out of bed ADL_8B_2	Col. 479 Col. 479 Col. 480 eed help?	Char 1	1 year to 5 years 5 years or over 1 Yes 2 No - SKIP to CHECK ITEM A.4
8a. Doe CHL b. For Any Mar (1)	ADL_7C SSNEED help with (read UNM) ECK ITEM A.3)? ADL_8A which of those things doesNething else? rk (1) all that apply. Eating ADL_8B_1 Getting in/out of bed ADL_8B_2 Getting around inside	Col. 480 Col. 481 Col. 482	Char 1 Char 1 Char 1 Char 1	1 year to 5 years 5 years or over 1 Yes 2 No - SKIP to CHECK ITEM A.4 1 MARKED 1 MARKED
Ba. Doe CHE b. For Any Mar (1) (2) (3)	ADL_7C SSNEED help with (read UNM) ECK ITEM A.3)? ADL_8A which of those things doesNething else? rk (1) all that apply. Eating ADL_8B_1 Getting in/out of bed ADL_8B_2 Getting around inside ADL_8B_4	Col. 480 Col. 481	Char 1 Char 1 Char 1	1 year to 5 years 5 years or over 1 Yes 2 No - SKIP to CHECK ITEM A.4
8a. Doe CHE b. For Any Mar (1)	ADL_7C SSNEED help with (read UNM) ECK ITEM A.3)? ADL_8A which of those things doesNithing else? rk (1) all that apply. Eating ADL_8B_1 Getting in/out of bed ADL_8B_2 Getting around inside ADL_8B_4 Dressing	Col. 480 eed help? Col. 481 Col. 482 Col. 483	Char 1 Char 1 Char 1 Char 1 Char 1	1 year to 5 years 5 years or over 1 Yes 2 No - SKIP to CHECK ITEM A.4 1 MARKED 1 MARKED 1 MARKED
8a. Doe CHE b. For Any Mar (1) (2) (3) (4)	DBE as necessary. Code for long ADL_7C SSNEED help with (read UNM ECK ITEM A.3)? ADL_8A which of those things doesNething else? rk (1) all that apply. Eating ADL_8B_1 Getting in/out of bed ADL_8B_2 Getting around inside ADL_8B_4 Dressing ADL_8B_7	Col. 480 Col. 481 Col. 482	Char 1 Char 1 Char 1 Char 1	1 year to 5 years 5 years or over 1 Yes 2 No - SKIP to CHECK ITEM A.4 1 MARKED 1 MARKED
Ba. Doe CHE b. For Any Mar (1) (2) (3)	DBE as necessary. Code for long ADL_7C SSNEED help with (read UNM ECK ITEM A.3)? ADL_8A which of those things doesNthing else? rk (1) all that apply. Eating ADL_8B_1 Getting in/out of bed ADL_8B_2 Getting around inside ADL_8B_4 Dressing ADL_8B_7 Bathing	Col. 480 eed help? Col. 481 Col. 482 Col. 483 Col. 484	Char 1 Char 1 Char 1 Char 1 Char 1 Char 1 Char 1	1 year to 5 years 5 years or over 1 Yes 2 No - SKIP to CHECK ITEM A.4 1 MARKED 1 MARKED 1 MARKED 1 MARKED 1 MARKED
8a. Doe CHE b. For Any Mar (1) (2) (3) (4) (5)	ADL_7C SSNEED help with (read UNM) ECK ITEM A.3)? ADL_8A which of those things doesN thing else? rk (1) all that apply. Eating ADL_8B_1 Getting in/out of bed ADL_8B_2 Getting around inside ADL_8B_4 Dressing ADL_8B_7 Bathing ADL_8B_8	Col. 480 eed help? Col. 481 Col. 482 Col. 483 Col. 484 Col. 485	Char 1 Char 1 Char 1 Char 1 Char 1	1 year to 5 years 5 years or over 1 Yes 2 No - SKIP to CHECK ITEM A.4 1 MARKED 1 MARKED 1 MARKED
8a. Doe CHE b. For Any Mar (1) (2) (3) (4)	ADL_7C SSNEED help with (read UNM) ECK ITEM A.3)? ADL_8A which of those things doesN thing else? rk (1) all that apply. Eating ADL_8B_1 Getting in/out of bed ADL_8B_2 Getting around inside ADL_8B_4 Dressing ADL_8B_7 Bathing ADL_8B_8 Getting to the bathroom or usin	Col. 480 eed help? Col. 481 Col. 482 Col. 483 Col. 484 Col. 485 g the toilet	Char 1 Char 1 Char 1 Char 1 Char 1 Char 1 Char 1 Char 1	1 year to 5 years 5 years or over 1 Yes 2 No - SKIP to CHECK ITEM A.4 1 MARKED 1 MARKED 1 MARKED 1 MARKED 1 MARKED 1 MARKED 1 MARKED
8a. Doe CHE b. For Any Mar (1) (2) (3) (4) (5) (6)	ADL_7C SS NEED help with (read UNIM ECK ITEM A.3)? ADL_8A which of those things does Nothing else? Fix (1) all that apply. Eating ADL_8B_1 Getting in/out of bed ADL_8B_2 Getting around inside ADL_8B_4 Dressing ADL_8B_7 Bathing ADL_8B_8 Getting to the bathroom or usin ADL_8B_9	Col. 480 eed help? Col. 481 Col. 482 Col. 483 Col. 484 Col. 485	Char 1 Char 1 Char 1 Char 1 Char 1 Char 1 Char 1	1 year to 5 years 5 years or over 1 Yes 2 No - SKIP to CHECK ITEM A.4 1 MARKED 1 MARKED 1 MARKED 1 MARKED 1 MARKED
8a. Doe CHE b. For Any Mar (1) (2) (3) (4) (5) (6)	ADL_7C SS NEED help with (read UNIM ECK ITEM A.3)? ADL_8A which of those things does Nothing else? Fix (1) all that apply. Eating ADL_8B_1 Getting in/out of bed ADL_8B_2 Getting around inside ADL_8B_4 Dressing ADL_8B_7 Bathing ADL_8B_8 Getting to the bathroom or usin ADL_8B_9	Col. 480 eed help? Col. 481 Col. 482 Col. 483 Col. 484 Col. 485 g the toilet	Char 1 Char 1 Char 1 Char 1 Char 1 Char 1 Char 1 Char 1	1 year to 5 years 5 years or over 1 Yes 2 No - SKIP to CHECK ITEM A.4 1 MARKED 1 MARKED 1 MARKED 1 MARKED 1 MARKED 1 MARKED 1 MARKED
8a. Doe CHE b. For Any Mar (1) (2) (3) (4) (5) (6)	ADL_7C SS NEED help with (read UNIM ECK ITEM A.3)? ADL_8A which of those things does Nothing else? Fix (1) all that apply. Eating ADL_8B_1 Getting in/out of bed ADL_8B_2 Getting around inside ADL_8B_4 Dressing ADL_8B_7 Bathing ADL_8B_8 Getting to the bathroom or usin ADL_8B_9	Col. 480 eed help? Col. 481 Col. 482 Col. 483 Col. 484 Col. 485 g the toilet Col. 486	Char 1 Char 1 Char 1 Char 1 Char 1 Char 1 Char 1 Char 1 Char 1 Char 1	1 year to 5 years 5 years or over 1 Yes 2 No - SKIP to CHECK ITEM A.4 1 MARKED 1 MARKED 1 MARKED 1 MARKED 1 MARKED 1 MARKED 1 MARKED
Ba. Doe CHE b. For Any Mar (1) (2) (3) (4) (5) (6)	ADL_7C ADL_7C ADL_7C ADL_8S NEED help with (read UNIMECK ITEM A.3)? ADL_8A Which of those things does Nothing else? ACK (1) all that apply. Eating ADL_8B_1 Getting in/out of bed ADL_8B_2 Getting around inside ADL_8B_4 Dressing ADL_8B_4 Dressing ADL_8B_7 Bathing ADL_8B_8 Getting to the bathroom or using ADL_8B_9 MA.4	Col. 480 eed help? Col. 481 Col. 482 Col. 483 Col. 484 Col. 485 g the toilet Col. 486	Char 1 Char 1 Char 1 Char 1 Char 1 Char 1 Char 1 Char 1 Char 1 Char 1	1 year to 5 years 5 years or over 1 Yes 2 No - SKIP to CHECK ITEM A.4 1 MARKED 1 MARKED 1 MARKED 1 MARKED 1 MARKED 1 MARKED 1 MARKED
Ba. Doe CHE b. For Any Mar (1) (2) (3) (4) (5) (6) CHECK ITE Was ADL	ADL_7C ADL_7C ADL_7C ADL_7C ADL_8S NEED help with (read UNIMECK ITEM A.3)? ADL_8A Which of those things does Nothing else? ACK (1) all that apply. Eating ADL_8B_1 Getting in/out of bed ADL_8B_2 Getting around inside ADL_8B_4 Dressing ADL_8B_4 Dressing ADL_8B_7 Bathing ADL_8B_7 Bathing ADL_8B_8 Getting to the bathroom or using ADL_8B_9 MA.4 s the sample person helped by ar	Col. 479 Col. 479 Col. 480 eed help? Col. 481 Col. 482 Col. 483 Col. 484 Col. 485 g the toilet Col. 486	Char 1 Char 1 Char 1 Char 1 Char 1 Char 1 Char 1 Char 1 Char 1 Char 1	1 year to 5 years 5 years or over 1 Yes 2 No - SKIP to CHECK ITEM A.4 1 MARKED 1 MARKED 1 MARKED 1 MARKED 1 MARKED 1 MARKED 1 MARKED

9a. You said that you have help in (read CHECK ITEM A.3). What is the nan helped you MOST with (that/those th	ne of the person		Fill Control Card	items 32a, b, and item 32c, box 1, in first helpers column.
b. Who helps with (that/those things	· ,		Reask until no m box1, in all cases	nore helpers names. Fill Control Card items 3a and b and item 32c, s.
Part 3 - INSTRUMENTAL ACTIVITIES OF D	AILY LIVING (I	ADL)	<u>;</u>	
CHECK ITEM A.5	7.1.2.1 2.11.11.C. (1.2		1	
Refer to Control Card item 30 IDL_CK2	Col. 488	Char 1	1 2	Code 3 and/or code 5 - <i>SKIP to 8a</i> All others
1a. Does you usually do heavy work aro				
moving furniture, scrubbing floors, or	-		1	Yes - SKIP to 3a
IDL_1A	Col. 489	Char 1	2	No
b. If you had to do heavy work around t			1	Yes - SKIP to 3a
IDL_1B	Col. 490	Char 1	i ²	No
 c. What is the reason you cannot do he house - is that because of disability of there some other reason? IDL_1C 			1	Disability or health problem (including old age) - Mark code 1 in C.C., item 31. Other reason
 Does you usually do light work aroun straightening up, putting things away IDL_2A 			1 2	Yes - <i>SKIP to 3a</i> No
b. If you had to do light work around the IDL_2B	e house, could y Col. 493	ou do it? Char 1	1 2	Yes - <i>SKIP to 3a</i> No
 c. What is the reason you cannot do lig is that because of disability or health other reason? IDL_2C 			1	Disability or health problem (including old age) - Mark code 2 in C.C., item 30 Other reason
3a. Does you usually do you own laundry	/? Col. 495	Char 1	1 2	Yes - SKIP to CHECK ITEM A.6 No
b. If you had to do you own laundry, co	uld you do it? Col. 496	Char 1	1 2	Yes - SKIP to 3d
			<u> </u>	
 c. What is the reason you cannot do yo because of disability or health proble other reason? IDL_3C 			1	Disability or health problem (including old age) - Mark code 3 in C.C., item 31 Other reason
CHECK ITEM A.6			 	
Refer to flap items 1a, 2a, and 3a ab IDL_CK3	ove. Col. 498	Char 1	1 2	"No" answered to one or more items All others - <i>SKIP to 3g</i>
d. Does someone usually help you with	work around the	e house		
or laundry or do it for you? IDL_3D	Col. 499	Char 1	12	Yes No - SKIP to 3g
e. Who regularly does this?				items 32a and b in next available helpers column(s) for name(s) ntered. Mark item 32, code 2, in all cases.
f. Who else regularly does this?			available helpers	nore helpers are named. Fill Control Card items 32a and b in next scolumn(s) for name(s) not previously entered. Mark item 32c, ses, THEN SKIP TO 4a.
g. Does you NEED any help doing work	around the hou	ise		
or you laundry? IDL_3H	Col. 500	Char 1	1 2	Yes No
4a. Does you usually prepare you own m IDL_4A	eals? Col. 501	Char 1	1 2	Yes - SKIP to 4g No

b. If you had to prepare you own mea	ds. could you do it?		i 1 Yes - SKIP to 4d
IDL_4B	Col. 502	Char 1	2 No
c. What is the reason you cannot pre	pare you own meals	s -	
is that because of disability or heal			1 Disability or health problem (including old age) -
other reason?			Mark code 4 in C.C., item 31
IDL_4C	Col. 503	Char 1	2 Other reason
d. Does another person or organization	on usually prepare r	neals	
for you to eat here?		<u>-</u> . ,	1 Yes
IDL_4D	Col. 504	Char 1	2 No - SKIP to 4g
e. Who regularly does this?			Fill Control Card items 32a and b in next available helpers column(s) for name(s) not previously entered. Mark item 32, code 3, in all cases.
f. Who else regularly does this?			Reask until no more helpers are named. Fill Control Card items 32a and b in next available helpers column(s) for name(s) not previously entered. Mark item 32c, code 3, in all cases, THEN SKIP TO 5a.
g. Does you NEED someone to prepa	are meals for you?		1 Yes
IDL_4H	Col. 505	Char 1	2 No
5a. Does you usually shop for grocerie	s, that is, go to the		
store, select the items, and get the	m home?		1 Yes - SKIP to 5g
IDL_5A	Col. 506	Char 1	2 No
b. If you had to do you own grocery sl	hopping, could		
you do it?			1 Yes - SKIP to 5d
IDL_5B	Col. 507	Char 1	2 No
c. What is the reason you cannot sho	p for groceries -		
is that because of disability or heal	th problem, or is the	ere some	1 Disability or health problem (including old age) -
other reason?			Mark code 5 in C.C., item 31
IDL_5C	Col. 508	Char 1	2 Other reason
d. Does someone usually help you sh	op for groceries		
or do it for you?			1 Yes
IDL_5D	Col. 509	Char 1	2 No - SKIP to 5g.
e. Who regularly does this?			Fill Control Card items 32a and b in next available helpers column(s) for name(s) not previously entered. Mark item 32, code 4, in all cases.
f. Who else regularly does this?			Reask until no more helpers are named. Fill Control Card items 32a and b in next
,			available helpers column(s) for name(s) not previously entered. Mark item 32c,
			code 4, in all cases, THEN SKIP TO 6a.
g. Does you NEED any help shopping	for groceries?		1 Yes
IDL_5H	Col. 510	Char 1	2 No
6a. Does you get around outside at all,	either with help or		<u> </u>
without help?	Cities with holp c.		1 Yes
IDL_6A	Col. 511	Char 1	2 No - SKIP to 6i
b. When you goes outside, does som			
you get around?	eone usuany neip		1 Yes - Mark code 6 in C.C., item 31
IDL_6B	Col. 512	Char 1	2 No - SKIP to 6e
c. Who regularly helps you get around			Fill Control Card items 32a and b in next available helpers column(s) for name(s)
C. Willo regularly helps you get around	u:		not previously entered. Mark item 32, code 5, in all cases.
d. Who else regularly helps you with t	his?		Reask until no more helpers are named. Fill Control Card items 32a and b in next
			available helpers column(s) for name(s) not previously entered. Mark item 32c, code 5, in all cases.
e. When you go outside, does you us			
cane or walker of a guide dog to he	. , .		Yes - Mark code 6, if not already marked in C.C. item 31
IDL_6E	Col. 513	Char 1	2 No - SKIP to 6h
f. What type of special equipment do	es you use?		

				:	•
Anyti	hing else?			į	
Mark	(1) all apply.				
(1)	Guide dog			ļ <u> </u>	
	IDL_F01	Col. 514	Char 1	1	MARKED
(2)	Cane				
	IDL_F02	Col. 515	Char 1	1	MARKED
(3)	Walker			i	
	IDL_F03	Col. 516	Char 1	1	MARKED
(4)	Wheelchair			<u></u>	
	IDL_F04	Col. 517	Char 1	1	MARKED
(5)	Crutches				
	IDL_F05	Col. 518	Char 1	1	MARKED
(6)	Orthopedic shoes				
	IDL_F06	Col. 519	Char 1	1	MARKED
(7)	Specify other device				
	IDL_F12	Col. 520	Char 1	1	MARKED
- Dans	- (aguinment in Cf)	buryayı salf OD	ماختد	· —	
-	s you usually use (equipment in 6f)	by you sell OR	WILLI		By self SKIP
neip	from another person?	Col. 521	Char 1		With help to 7a
	IDL_6G	C01. 521	Char i	2	With help 107a
h. Does	you NEED any help getting around	d outside?		1	Yes SKIP
	IDL_6H	Col. 522	Char 1	2	No to 7a
i Wha	t is the reason you does not get arc	ound outside?	le it	<u> </u>	
	use of disability or health problem,			1	Disability of health problem (including old age) -
	reason?	or is there some	i c	'	Mark code 6 in C.C., item 31. THEN SKIP TO 9a.
other		Col. 523	Char 1	ا ا	Other reason
	IDL_6I	COI. 523	Char 1	2	Other reason
Look	at Flashcard F.			1	Car
7a. How	does you USUALLY go places outs	side of walking	distance?	2	Van
Mark	conly one.			3	Taxi
	IDL_7A	Col. 524	Char 1	4	Bus
				5	Other public transportation
				6	Other
				7	Does not travel at all - SKIP to 7g
h Door	s someone usually help you go place	os outsido or		<u> </u>	
		es outside of		1	Yes
Walki	ng distance?	Cal FOE	Char 1	2	No - SKIP to 7g
	IDL_7B	Col. 525	Char 1	الــا	NO - SKIP 10 7g
c. If you	u had to go places outside of walkir	ng distance by		<u></u>	
you s	self, could you do it?			1	Yes - SKIP to 9a
	IDL_7C	Col. 526	Char 1	2	No
d Who	regularly helps you with this?			Fill Control Cord	items 32a and b in next available helpers column(s) for name(s)
u. WIIO	regularly neips you with this!				ntered. Mark item 32, code 6, in all cases.
				not previously en	nored. Wark norr 62, 6666 6, in all 66363.
e. Who	else regularly helps you with this?			Reask until no m	nore helpers are named. Fill Control Card items 32a and b in next
					s column(s) for name(s) not previously entered. Mark item 32c,
				code 6, in all cas	ses.
f le the	e reason you does not go places ou	itside of walking	n		
	nce by self because of disability or		-		Disability or health problem (including old age) -
	there some other reason?	noaitii piobleiii	',	'	Mark code 7 in C.C., item 31, THEN SKIP TO 9a.
OI IS	IDL 7F	Col. 527	Char 1	i ₁	Other Reason - SKIP to 9a
	IDL_/I	JUI. JZ1	Ulial I	<u>. 'L</u>	Other reason - Other to sa
g. Does	you NEED any help getting around	d outside of wa	lking		
dista	nce?			1	Yes SKIP
	IDL_7H	Col. 528	Char 1	2	No sto 9a
8a Door	s someone regularly help you with h	nousework and		1 1	No one helps
	dry or do housework and laundry fo			2	Someone helps - Mark codes 1, 2, and 3 in Control
		ı you:		-	Card item 31. Fill Control Card items 32a and b in
OUAA	else regularly does this?	Cal FOC	Char 1	•	
	IDL_8A	Col. 529	Char 1	!	next available helpers column(s) for name(s) not

	previously entered. Mark 32c, code 2, in all cases.
b. Who regularly prepares meals for you to eat here? Who else regularly does this IDL_8B Col. 530 Char 1	No one helps Someone helps - Mark code 4 in Control Card item 31. Fill Control Card items 32a and b in next available helpers column(s) for name(s) not previously entered. Mark flap item 32c, code 3, in all cases.
 c. Who regularly helps you shop for groceries or does it for you? Who else regularly does this? IDL_8C Col. 531 Char 1 	No one helps Someone helps - Mark code 5 in Control Card item 31. Fill Control Card items 32a and b in next available helper's column(s) for name(s) not previously entered. Mark 32c, code 4, in all cases.
9a. Does you usually manage you own money by self including things like keeping track of bills or handling cash? IDL_9A Col. 532 Char 1	1 Yes - SKIP to 9g 2 No
b. If you had to manage you own money, could you do it? IDL_9B Col. 533 Char 1	1 Yes - SKIP to 9d 2 No
c. Is the reason you cannot manage you own money because of a disability or health problem, or is there some other reason? IDL_9C Col. 534 Char 1	Disability of health problem (including old age) - Mark code 8 in C.C., item 31 Other reason
d. Does someone usually help you with managing you money, like keeping track or you bills or handling cash for you? IDL_9D Col. 535 Char 1	1 Yes 2 No - SKIP to 9g
e. Who regularly helps you with this?	Fill Control Card items 32a and b in next available helpers column(s) for name(s) not previously entered. Mark item 32, code 7, in all cases.
f. Who else regularly helps you with this?	Reask until no more helpers are named. Fill Control Card items 32a and b in next available helpers column(s) for name(s) not previously entered. Mark item 32c, code 7, in all cases. THEN SKIP TO 10a.
g. Does you NEED any help managing you money like keeping track of you bills or handling cash for you? IDL_9H Col. 536 Char 1	1 Yes 2 No
10a. Does someone usually help you take you medicine? IDL_10A Col. 537 Char 1	1 Yes 2 No - SKIP to 10d 3 Does not take at all - SKIP to 11a
b. Who regularly helps you with this?	Fill Control Card items 32a and b in next available helpers column(s) for name(s) not previously entered. Mark item 32, code 8, in all cases.
c. Who else regularly helps you with this?	Reask until no more helpers are named. Fill Control Card items 32a and b in next available helpers column(s) for name(s) not previously entered. Mark item 32c, code 8, in all cases. THEN SKIP TO 11a.
d. Does you NEED any help taking you medicine? IDL_10E Col. 538 Char 1	1 Yes 2 No
11a. Is there a telephone in this (house/apartment)? IDL_11A Col. 539 Char 1	1 Yes 2 No - <i>SKIP to 11d</i>
 b. Is this a regular phone or a phone with special equipment such as an amplifier or an enlarged dialer? IDL_11B Col. 540 Char 1 	1 Regular 2 Specially equipped
c. Does you usually make you own telephone calls without the help of another person? IDL_11C Col. 541 Char 1	1 Yes - SKIP to CHECK ITEM A.7 2 No
d. If you had to make you own telephone calls, could you do it? IDL_11D Col. 542 Char 1	1 Yes - SKIP to CHECK ITEM A.7 2 No
e. What is the reason you cannot make you own telephone calls because of a disability or health problem, or is there some	1 Disability of health problem (including old age) -

	other reason?		-	Mark code 9 in C.C., item 31.
	IDL_11E	Col. 543	Char 1	2 Other reason
CHECK	TITEM A.7 Refer to Control Card items 30 and			One or more IADL items marked No IADL items marked, one or more ADL items marked
	IDL_CK4	Col. 544	Char 1	in flap item 1 - <i>SKIP to 13a</i> 3 No ADL or IADL items marked - <i>SKIP to 14a</i>
10	Refer to flap item 2.	ant val. Fram (ra	- d	1 Less than 3 months
12.	You said that you (health/age) has k MARKED IADL items). About how k			2 3 months to 6 months
	kept you from doing (this/any of thes	• .	9-7	3 6 months to 1 year
	PROBE as necessary. Code for long			4 1 year to 5 years
	IDL_12	Col. 545	Char 1	5 5 years or over
	Refer to Control Card items 30 and	31.		
13a.	What health conditions, either menta have trouble (read MARKED ADL A			
	Probe for specific condition. Enter ve	erbatim response		
	NOT GIVEN			
b.	Any other condition?			
	Reask until no more conditions nam	ed.		
	NOT GIVEN			
	if more than one condition, ask -			
C.	What is the main condition?			
	Mark (1) box of main condition only.	O-1 F40	Char 1	
	IDL_1311	Col. 546	Char 1	1-4
)FFICI	AL USE ONLY IDL HCC1	Col. 547	Char 3	Integer numbers
	IDL_HCC2	Col. 550	Char 3	Integer numbers
	IDL HCC3	Col. 553	Char 3	Integer numbers
	IDL_HCC4	Col. 556	Char 3	Integer numbers
14a.	Does you regularly go to a senior ce	nter or an adult d	ay	
	care center?			1 Yes
	NSA_5B	Col. 559	Char 1	2 No - SKIP to 14d.
b.	Does you receive any health service	s or therapy at th	e center?	1 Yes
	NSA_5C	Col. 560	Char 1	2 No
c.	Does this center provide you with tra	ensportation betwe	een	
	the center and your home?		<u> </u>	1 Yes
	NSA_5D	Col. 561	Char 1	2 No
d.	Does you now regularly eat meals in		or in)	
	some other place with a special mean older people?	al program for		1 Yes
	NSA_7C	Col. 562	Char 1	2 No
CHECK	(ITEM A.8			1 Helper(s) reported - Mark CHECK ITEM A.9
	Refer to Control Card item 32.			No helper reported - SKIP to 1a
	NSA_HP	Col. 563	Char 1	
Colum				
CHECK	(ITEM A.9			
	Refer to Control Card item 32.			
	In each column enter name and personal Mark appropriate box.	sonal number.		
	Record Number			
	HPA_REC	Col. 1097	Char 2	01-15 Record Number

	In each column enter name and persona HPA_NO	al number Col. 1099	Char 2	02-48,99	Person Number
	Alphabetical Column Header HPA_COL	Col. 1101	Char 1	A - Z, blank	
	Personal number HPA_B02	Col. 1111	Char 1	1	ADL or nursing helper and personal number is between 31 and 38, or 99 All others - <i>SKIP to 15b1</i>
15a1.	. What is's address and telephone nu NOT GIVEN	mber?			
	During the past week, how many days we helped you because of your disability or HPA_1A			0 1-7	None Days
	For how long has helped you because or health problem? HPA_1B	se of your disab	bility Char 1	1 2 3 4 5	Less than 3 months 3 months to less than 6 months 6 months to less than 1 year 1 year to less than 5 years 5 years or over
	You mentioned that helps you. Is someone hired to help you, someone fro or someone else? If "relative," ASK - "How is related to you?" Mark (1) all that apply. HPA_1F			Relatives 11 12 13 14 15 16 17 18 19 20 21	Spouse Father Mother Son Daughter Brother Sister Son-in-law Daughter-in-law Other male relative Other female relative
				Others 22 23 24 25 26	Male friend Female friend An employee Someone from helping organization Someone else
e1.	. ls paid to help you? HPA_1G	Col. 1116	Char 1	1 2	Yes No - SKIP to next helper. If last helper, SKIP to Part 4, 1a.
f1.	. How much? HPA_1J	Col. 1117	Char 5	0000- 5000 5001	More than \$5001
	Will insurance, Medicare, Medicaid, or a any members of your family, end up pay charge for this? HPA_1M		cluding Char 1	1 2	Yes No - SKIP to next helper. If last helper, SKIP to Part 4, 1a.
h1.	. Who will end up paying?		•		
	Anyone else?		!	i ! !	
	Mark (1) all that apply.		ļ		
	(11) Fee for service insurance plans HPA_1N11	Col. 1123	Char 1	1	Marked
	(12) Medicare HPA_1N13	Col. 1124	Char 1	1	Marked
	(13) Medicaid HPA_1N14	Col. 1125	Char 1	1	Marked

	(14)	Household Members				
		HPA_1N15	Col. 1126	Char 1	1	Marked
		HPA_1N15A	Col. 1127	Char 2	02-20,99	Person Number
		HPA_1N15B	Col. 1129	Char 2	02-20,99	Person Number
	(15)	Child(ren) not in Household				
	(15)	, ,	Col. 1131	Char 1	1	Marked
		HPA_1N16	Col. 1131		—	Person Number
		HPA_1N16A		Char 2	20-48,99	
		HPA_1N16B	Col. 1134	Char 2	20-48,99	Person Number
		HPA_1N16C	Col. 1136	Char 2	20-48,99	Person Number
		HPA_1N16D	Col. 1138	Char 2	20-48,99	Person Number
	Othe	r nonhousehold members				
	(16	Father				
	`	HPA_1N17	Col. 1140	Char 1	1	Marked
	- \				<u></u>	
	(17)	Mother			. —	
		HPA_1N18	Col. 1141	Char 1	1	Marked
	(18)	Son-in-law				
	` '	HPA_1N19	Col. 1142	Char 1	1	Marked
		_				
	(19)	Daughter-in-law			. —	
		HPA_1N20	Col. 1143	Char 1	1	Marked
	(20)	Brother				
	()	HPA_1N21	Col. 1144	Char 1	1	Marked
	(21)	Sister		ļ	. —	
		HPA_1N22	Col. 1145	Char 1	1	Marked
	(22)	Other male relative				
	()	HPA_1N23	Col. 1146	Char 1	1	Marked
		711 7_11420	001. 1140	Onai i	· Ш	
	(23)	Other female relative				
		HPA_1N24	Col. 1147	Char 1	1	Marked
	(24)	Male friend				
	(= -)	HPA_N125	Col. 1148	Char 1	1	Marked
			001. 1110	Onai i	`Ш	
	(25)	Female friend				
		HPA_1N26	Col. 1149	Char 1	1	Marked
	(26)	Other		i		
	(- /	HPA 1N27	Col. 1150	Char 1	1	Marked
Column		1.4.0				
CHECK						
	Hete	r to flap item 3.				
	Reco	ord Number				
		HPB_REC	Col. 1151	Char 2	01-15	Record Number
			-1	! !	·	
	ın ea	nch column enter name and persona		01 0	02-48,99	Davage Number
		HPB_NO	Col. 1153	Char 2	02-48,99	Person Number
	Alpha	abetical Column Header				
		HPB_COL	Col. 1155	Char 1		A - Z, or blank
	De:-					ADL or purping helper and personal number is between
	Pers	onal number	0 1 4405		'	ADL or nursing helper and personal number is between
		HPB_B02	Col. 1165	Char 1		31 and 38, or 99
					2	All others - SKIP to 15b2
15a2.	Wha	t is's address and telephone nu	mber?			
		GIVEN				
h2	Durin	ng the past week, how many days w	ere there when			
υ2.		ed you because of your disability or				
	Heibe	ed you because of your disability or HPB_1A	Col. 1166	Char 1		None
		III D_IA	OUI. 1100	Ullal I	, Ӌ—	
					1-7	Days

c2. For	how long has helped you becau	se of your disab	oility		
or h	ealth problem?				
	HPB_1B	Col. 1167	Char 1	1	Less than 3 months
			i	2	3 months to less than 6 months
				3	6 months to less than 1 year
				4	1 year to less than 5 years
			İ	5	5 years or over
d2 If oh	ovious, code without asking.			Relatives	
u2. 11 0L	ovious, code without asking.			neialives 11	Spouse
Vou	mentioned that helps you. Is .	a rolativo, fri	and	12	Father
	eone hired to help you, someone fr			13	Mother
	omeone else?	on neiping orga	anization,		
01 50	official else?			14	Son Daughter SKIP to next helper.
16 11	alatina II AOK			15	,
	elative," ASK -			16	Brother If last helper
"Ho\	w is related to you?"			17	Sister SKIP to Part 4, 1a
			İ	18	Son-in-law
Mar	k (1) all that apply.		İ	19	Daughter-in-law
	HPB_1F	Col. 1168	Char 2	20	Other male relative
				21	Other female relative
				Others	
				22	Male friend
				23	Female friend
			İ	24	An employee
				25	Someone from helping organization
				26	Someone else
e2 ls (r	name of helper) paid to help ?			1	Yes
02. 10 (//	HPB_1G	Col. 1170	Char 1	2	No - SKIP to next helper. If last helper, SKIP to Part 4, 1a.
			011a1 1		The Gran to non nonport in last nonport, or an iterative, rail
f2. How				0000-	
	HPB_1J	Col. 1171	Char 5	5000	
				5001	More than \$5000
g2. Will	insurance, Medicare, Medicaid, or a	anyone else, inc	cluding		
any	members of your family, end up pag	ying any of the			
char	ge for this?			1	Yes
	HPB_1M	Col. 1176	Char 1	2	No - SKIP to next helper. If last helper, SKIP to Part 4, 1a.
h2. Who	will end up paying?				
Anyo	one else?				
Mar	k (1) all that apply.				
(11)	Fee for service insurance plans				
()	HPB_1N11	Col. 1177	Char 1	1	Marked
//		··			
(12)	Medicare	0 1 4470	.		
	HPB_1N13	Col. 1178	Char 1	1	Marked
(13)	Medicaid				
	HPB_1N14	Col. 1179	Char 1	1	Marked
(1.41)	Household Members		į		
(14)	HPB_1N15	Col. 1180	Char 1	1□	Marked
	HPB_1N15A	Col. 1181	Char 2	02-20,99	Person Number
	HPB_1N15B	Col. 1183	Char 2	02-20,99	Person Number
		301. 1100	J.10. 2	02 20,00	. Groom Hambon
(15)	Child(ren) not in Household				
	HPB_1N16	Col. 1185	Char 1	1	Marked
	HPB_1N16A	Col. 1186	Char 2	20-48,99	Person Number
	HPB_1N16A HPB_1N16B	Col. 1186 Col. 1188	Char 2	20-48,99	Person Number
	HPB_1N16A	Col. 1186	ī		

		r nonhousehold members				
	(16	Father HPB_1N17	Col. 1194	Char 1	1	Marked
	(17)	Mother HPB_1N18	Col. 1195	Char 1	1	Marked
	(18)	Son-in-law HPB_1N19	Col. 1196	Char 1		Marked
	(19)	Daughter-in-law HPB_1N20	Col. 1197	Char 1	1□	Marked
	(20)	Brother HPB_1N21	Col. 1198	Char 1		Marked
	(21)	Sister HPB_1N22	Col. 1199	Char 1	·	Marked
	(22)	Other male relative			· —	
	(23)	HPB_1N23 Other female relative	Col. 1200	Char 1	, — — — — — — — — — — — — — — — — — — —	Marked
	(24)	HPB_1N24 Male friend	Col. 1201	Char 1	1	Marked
	(25)	HPB_N125 Female friend	Col. 1202	Char 1	1	Marked
	(26)	HPB_1N26 Other	Col. 1203	Char 1	1	Marked
	` ,	HPB_1N27	Col. 1204	Char 1	1	Marked
Column						
CHECK		I A.9 r to flap item 3.				
		•				
	Reco	rd Number HPC_REC	Col. 1205	Char 2	01-15	Record Number
	In ea	ch column enter name and persona HPC_NO	al number Col. 1207	Char 2	02-48,99	Person Number
	Alpha	abetical Column Header				
		HPC_COL	Col. 1209	Char 1		A - Z, or blank
	Perso	onal number HPC_B02	Col. 1219	Char 1	'L	ADL or nursing helper and personal number is between 31 and 38, or 99 All others - <i>SKIP to 15b3</i>
						All others - Other to 1000
		is's address and telephone nu GIVEN	mber?			
b3.	Durin	g the past week, how many days w	ere there when			
		ed you because of your disability or			. —	
		HPC_1A	Col. 1220	Char 1	0 1-7	None Days
c3	For h	ow long has helped you because	se of your disah	ility		
		alth problem?	J. J. J. J. J. J. J. J. J. J. J. J. J.	-7		
		HPC_1B	Col. 1221	Char 1	1	Less than 3 months
					2	3 months to less than 6 months
					3	6 months to less than 1 year
					5	1 year to less than 5 years 5 years or over
d3.	If obv	vious, code without asking.			Relative	
		J			11	Spouse
		mentioned that helps you. Is			12	Father
		eone hired to help you, someone fro	om helping orga	nization,	13	Mother
	UI SO	meone else?		;	14	Son

"H	"relative," ASK - ow is related to you?" ark (1) all that apply. HPC_1F	Col. 1222	Char 2	15	Daughter Brother Sister Son-in-law Daughter-in-law Other male relative Other female relative Male friend Female friend An employee Someone from helping organization
0 1-	(manage of balance) maintage balance			26	Someone else
e3. IS	(name of helper) paid to help ? HPC_1G	Col. 1224	Char 1	2	Yes No - SKIP to next helper. If last helper, SKIP to Part 4, 1a.
(T	ow much? his question refers to how much the S ny for the help he/she got from the hel HPC_1J		ON will Char 5	0000- 5000 5001	Dollars per hour More than \$5000
an	ill insurance, Medicare, Medicaid, or a y members of your family, end up pay arge for this? HPC_1M		cluding Char 1	1 2	Yes No - SKIP to next helper. If last helper, SKIP to Part 4, 1a.
h3. W	ho will end up paying?				
Ar	nyone else?				
M	ark (1) all that apply.				
·	Fee for service insurance plans HPC_1N11	Col. 1231	Char 1	1	Marked
(1)	2) Medicare HPC_1N13	Col. 1232	Char 1	1	Marked
(1	3) Medicaid HPC_1N14	Col. 1233	Char 1	1	Marked
(1-	4) Household Members HPC_1N15 HPC_1N15A HPC_1N15B	Col. 1234 Col. 1235 Col. 1237	Char 1 Char 2 Char 2	1 02-20,99 02-20,99	Marked Person Number Person Number
(1	5) Child(ren) not in Household HPC_1N16 HPC_1N16A HPC_1N16B HPC_1N16C HPC_1N16D	Col. 1239 Col. 1240 Col. 1242 Col. 1244 Col. 1246	Char 1 Char 2 Char 2 Char 2 Char 2	1 20-48,99 20-48,99 20-48,99	Marked Person Number Person Number Person Number Person Number
Ot (1	her nonhousehold members 6 Father HPC_1N17	Col. 1248	Char 1	1 🗆	Marked
(1	7) Mother HPC_1N18	Col. 1249	Char 1	1	Marked
(1	8) Son-in-law HPC_1N19	Col. 1250	Char 1	1	Marked
(1	9) Daughter-in-law HPC_1N20	Col. 1251	Char 1		Marked
(2	0) Brother				

	HPC_1N21		Col. 1252	2	Char 1	1	Marked
((21) Sister HPC_1N22		Col. 1250	3	Char 1	1	Marked
((22) Other male r HPC_1N23	relative	Col. 1254	4	Char 1	1	Marked
((23) Other female HPC_1N24		Col. 125	5	Char 1	1	Marked
((24) Male friend HPC_N125		Col. 1256	6	Char 1	1	Marked
((25) Female frien HPC_1N26	d	Col. 125	7	Char 1	1	Marked
((26) Other HPC_1N27		Col. 1258	8	Char 1	1	Marked
Column	D					I	
	ITEM A.9					<u> </u>	
1	Refer to flap item :	3.					
ſ	Record Number HPD_REC		Col. 1259	9	Char 2	01-15	Record Number
ı	In each column en HPD_NO	nter name and persona	<i>l number</i> Col. 126		Char 2	02-48,99	Person Number
,	Alphabetical Colur HPD_COL		Col. 1263	2	Char 1		A - Z, or blank
	_		COI. 120	3	Onai i	片	
ı	Personal number HPD_B02		Col. 1273	3	Char 1	¹∟	ADL or nursing helper and personal number is between 31 and 38, or 99
	111 5_502		001. 127	C	Onar I	2	All others - SKIP to 15b4
	What is's addr	ess and telephone nur	mber?				
1	NOT GIVEN	·					
				when			
b4. [During the past we	eek, how many days we se of your disability or	ere there	blem		0	None Days
b4. I	During the past we nelped you becaus HPD_1A For how long has .	eek, how many days we se of your disability or l	ere there health pro Col. 1274	oblem' 4	? Char 1	: —	
b4. I	During the past we nelped you becaus HPD_1A	eek, how many days we se of your disability or look or	ere there health pro Col. 1274	oblem? 4 disabi	? Char 1	: —	
b4. I	During the past we nelped you becaus HPD_1A For how long has a problem?	eek, how many days wase of your disability or leading to the control of the contr	ere there health pro Col. 1274 se of your	oblem? 4 disabi	Char 1	1-7	Days Less than 3 months 3 months to less than 6 months 6 months to less than 1 year 1 year to less than 5 years 5 years or over
b4. I	During the past we nelped you because HPD_1A For how long has a per health problem? HPD_1B If obvious, code we were well as a per health problem?	eek, how many days we see of your disability or leading. helped you because? without asking. at helps you. Is help you, someone from the you, someone from the you?"	ere there health pro Col. 1274 e of your Col. 1275	oblem? disabi	Char 1 lity Char 1	1-7	Less than 3 months 3 months to less than 6 months 6 months to less than 1 year 1 year to less than 5 years

					25 26		Someone from helping organization Someone else
e4. Is (n	ame of helper) paid to help ?				1		Yes
	HPD_1G	Col.	1278	Char 1	2		No - SKIP to next helper. If last helper, SKIP to Part 4, 1a.
f4. Wha	t was the total amount of pay that (name (of helper)		0000-		
recei	ived BEFORE deductions to help	in (<i>p</i>	orevious m	nonth)?	5000		
	HPD_1J	Col.	1279	Char 5	5001		More than \$5000
-	insurance, Medicare, Medicaid, or a			uding			
-	members of your family, end up pay	ing an	y of the			_	
char	ge for this? HPD_1M	Col.	1004	Char 1	1 2		Yes No - SKIP to next helper. If last helper, SKIP to Part 4, 1a.
1.4.14/1		O01.	1204	Oliai i			The Ordin to Host Holper. Il last Holper, Ordin to Fart 4, Ta.
	will end up paying? one else?						
•							
	(1) all that apply.						
(11)	Fee for service insurance plans HPD_1N11	Col.	1285	Char 1	1		Marked
(12)	Medicare						
	HPD_1N13	Col.	1286	Char 1	1		Marked
(13)	Medicaid	0 !	1007	Ob 4			Mankand
	HPD_1N14	Col.	1287	Char 1	1		Marked
(14)	Household Members	0-1	1000	Ob 4	4		Maylood
	HPD_1N15 HPD_1N15A	Col.		Char 1 Char 2	02-20,99		Marked Person Number
	HPD_1N15B	Col.		Char 2	02-20,99		Person Number
(15)	Child(ren) not in Household						
(1-7)	HPD_1N16	Col.	1293	Char 1	1		Marked
	HPD_1N16A	Col.	1294	Char 2	20-48,99		Person Number
	HPD_1N16B	Col.		Char 2	20-48,99		Person Number
	HPD_1N16C	Col.		Char 2	20-48,99		Person Number
	HPD_1N16D	Col.	1300	Char 2	20-48,99		Person Number
	r nonhousehold members						
(16	Father HPD_1N17	Col.	1302	Char 1	1		Marked
(4.7)		001.	1002	Onar i	•		Mariod
(17)	Mother HPD_1N18	Col.	1303	Char 1	1		Marked
(4.0)	_	001.	1000	Ona i			
(18)	Son-in-law HPD_1N19	Col.	1304	Char 1	1		Marked
(10)	Daughter-in-law						
(19)	HPD_1N20	Col.	1305	Char 1	1		Marked
(20)	Brother						
(20)	HPD_1N21	Col.	1306	Char 1	1		Marked
(21)	Sister						
(21)	HPD_1N22	Col.	1307	Char 1	1		Marked
(22)	Other male relative						
(22)	HPD_1N23	Col.	1308	Char 1	1		Marked
(23)	Other female relative						
(23)	HPD_1N24	Col.	1309	Char 1	1		Marked
(24)	Male friend						
(= /)	HPD_N125	Col.	1310	Char 1	1		Marked
(25)	Female friend						
()	HPD_1N26	Col.	1311	Char 1	1		Marked
(26)	Other					_	
(-/				!			

	HPD_1N27	Col. 1312	Char 1	1	Marked	
Column	n E					
CHECK	(ITEM A.9 Refer to flap item 3.					
	Record Number HPE_REC	Col. 1313	Char 2	01-15	Record Number	
	In each column enter name and person HPE_NO	al number Col. 1315	Char 2	02-48,99	Person Number	
	Alphabetical Column Header HPE_COL	Col. 1317	Char 1		A - Z, or blank	
	Personal number HPE_B02	Col. 1327	Char 1	1 2	ADL or nursing helper and persona 31 and 38, or 99 All others - <i>SKIP to 15b5</i>	I number is between
15a5.	What is's address and telephone nu NOT GIVEN	ımber?				
b5.	During the past week, how many days we helped you because of your disability on HPE_1A			0 1-7	None Days	
c5.	For how long has helped you becau	se of your disal	bility			
	or health problem? HPE_1B	Col. 1329	Char 1	1 2 3 4 5	Less than 3 months 3 months to less than 6 months 6 months to less than 1 year 1 year to less than 5 years 5 years or over	
d5.	If obvious, code without asking.			Relative		
	You mentioned that helps you. Is . someone hired to help you, someone froor someone else? If "relative," ASK - "How is related to you?" Mark (1) all that apply. HPE_1F			11	Brother If las	P to next helper. It helper to Part 4, 1a
e5.	Is (name of helper) paid to help ?			1	Yes	
	HPE_1G	Col. 1332	Char 1	2	No - SKIP to next helper. If last hel	per, SKIP to Part 4, 1a.
f5.	What was the total amount of pay that (received BEFORE deductions to help . HPE_1J		·	0000- 5000 5001	More than \$5000	
g5.	Will insurance, Medicare, Medicaid, or a any members of your family, end up pay charge for this? HPE_1M		cluding Char 1	1 2	Yes No - SKIP to next helper. If last hel	per, SKIP to Part 4. 1a.
h5.	Who will end up paying?	-			,	. ,
l			į	!		

Anyo	ne else?		į		
Mark	(1) all that apply.				
(11)	Fee for service insurance plans HPE_1N11	Col. 1339	Char 1	1	Marked
(12)	Medicare HPE_1N13	Col. 1340	Char 1	1	Marked
(13)	Medicaid HPE_1N14	Col. 1341	Char 1	1	Marked
(14)	Household Members HPE_1N15	Col. 1342	Char 1	1	Marked
	HPE_1N15A HPE_1N15B	Col. 1343 Col. 1345	Char 2 Char 2	02-20,99 02-20,99	Person Number Person Number
(15)	Child(ren) not in Household HPE_1N16 HPE_1N16A HPE_1N16B HPE_1N16C HPE_1N16D	Col. 1347 Col. 1348 Col. 1350 Col. 1352 Col. 1354	Char 1 Char 2 Char 2 Char 2 Char 2	1 20-48,99 20-48,99 20-48,99 20-48,99	Marked Person Number Person Number Person Number Person Number
	r nonhousehold members Father HPE_1N17	Col. 1356	Char 1	1	Marked
(17)	Mother HPE_1N18	Col. 1357	Char 1	1	Marked
(18)	Son-in-law HPE_1N19	Col. 1358	Char 1	1	Marked
(19)	Daughter-in-law HPE_1N20	Col. 1359	Char 1	1	Marked
(20)	Brother HPE_1N21	Col. 1360	Char 1	1	Marked
(21)	Sister HPE_1N22	Col. 1361	Char 1	1	Marked
(22)	Other male relative HPE_1N23	Col. 1362	Char 1	1	Marked
(23)	Other female relative HPE_1N24	Col. 1363	Char 1	1	Marked
(24)	Male friend HPE_N125	Col. 1364	Char 1	1	Marked
(25)	Female friend HPE_1N26	Col. 1365	Char 1	1	Marked
(26)	Other HPE_1N27	Col. 1366	Char 1	1	Marked
n F			-		
(ITEN Refe	I A.9 r to flap item 3.				
Reco	rd Number HPF_REC	Col. 1367	Char 2	01-15	Record Number
In ea	ch column enter name and person HPF_NO	<i>al number</i> Col. 1369	Char 2	02-48,99	Person Number
Alpha	abetical Column Header HPF_COL	Col. 1371	Char 1		A - Z, or blank

	Personal number HPF_B02	Col. 1381	Char 1	1 2	ADL or nursing helper and personal number is between 31 and 38, or 99 All others - <i>SKIP to 15b6</i>
15a6.	What is's address and telephone no NOT GIVEN	ımber?			
а6.	During the past week, how many days well- helped you because of your disability of HPF_1A			0 1-7	None Days
b6.	For how long has helped you becau or health problem?	se of your disal	oility		
	HPF_1B	Col. 1383	Char 1	1 2 3 4 5	Less than 3 months 3 months to less than 6 months 6 months to less than 1 year 1 year to less than 5 years 5 years or over
c6.	If obvious, code without asking. You mentioned that helps you. Is . someone hired to help you, someone fror someone else? If "relative," ASK - "How is related to you?" Mark (1) all that apply. HPF_1F			Relative 11 12 13 14 15 16 17 18 19 20 21 Others 22 23 24 25 26	Spouse Father Mother Son Daughter Brother Sister Son-in-law Daughter-in-law Other male relative Other female relative Male friend Female friend An employee Someone from helping organization Someone else
d6.	Is (name of helper) paid to help ? HPF_1G	Col. 1386	Char 1	1 2	Yes No - SKIP to next helper. If last helper, SKIP to Part 4, 1a.
f6.	What was the total amount of pay that (received BEFORE deductions to help . HPF_1J			0000- 5000 5001	More than \$5000
g6.	Will insurance, Medicare, Medicaid, or any members of your family, end up pa charge for this? HPF_1M	•	cluding Char 1	1 2	Yes No - SKIP to next helper. If last helper, SKIP to Part 4, 1a.
h6.	Who will end up paying?				
	Anyone else?				
	Mark (1) all that apply.				
	(11) Fee for service insurance plans HPF_1N11	Col. 1393	Char 1	1	Marked
	(12) Medicare HPF_1N13	Col. 1394	Char 1	1	Marked
	(13) Medicaid HPF_1N14	Col. 1395	Char 1	1	Marked
	(14) Household Members HPF_1N15	Col. 1396	Char 1	1	Marked

		HPF_1N15A HPF_1N15B	Col. 139 Col. 139		Char 2 Char 2	02-20,99 02-20,99	Person Number Person Number
	(15)	Child(ren) not in Household				· <u> </u>	
	(.0)	HPF_1N16	Col. 140)1	Char 1	1	Marked
		HPF_1N16A	Col. 140		Char 2	20-48,99	Person Number
		HPF_1N16B	Col. 140)4	Char 2	20-48,99	Person Number
		HPF_1N16C	Col. 140)6	Char 2	20-48,99	Person Number
		HPF_1N16D	Col. 140	8	Char 2	20-48,99	Person Number
	Othe	r nonhousehold members					
	(16	Father					
		HPF_1N17	Col. 141	0	Char 1	1	Marked
	(17)	Mother					
		HPF_1N18	Col. 141	1	Char 1	1	Marked
	(18)	Son-in-law					
	` '	HPF_1N19	Col. 141	2	Char 1	1	Marked
	(10)	Daughter-in-law					
	(13)	HPF_1N20	Col. 141	3	Char 1	1	Marked
	(00)			-			
	(20)	Brother HPF_1N21	Col. 141	1	Char 1	-1□	Marked
		_	COI. 141	4	Char i	'LJ	Markeu
	(21)	Sister		_		.—	
		HPF_1N22	Col. 141	5	Char 1	1	Marked
	(22)	Other male relative					
		HPF_1N23	Col. 141	6	Char 1	1	Marked
	(23)	Other female relative					
	. ,	HPF_1N24	Col. 141	7	Char 1	1	Marked
	(24)	Male friend					
	(27)	HPF_N125	Col. 141	8	Char 1	1	Marked
	(OF)		00			· L	
	(25)	Female friend HPF_1N26	Col. 141	a	Char 1	1	Marked
	(0.0)		001. 141		Onar 1	`L	Walked
	(26)	Other	Cal 140	00	Char 1	₁ □	Marked
		HPF_1N27	Col. 142	20	Char 1	اـــا	Marked
Column		140				:	
CHECK		r to flap item 3.					
		•					
	Reco	rd Number	Cal 140	14	Char 2	01.15	Record Number
		HPG_REC	Col. 142	1	Char 2	01-15	necord Number
	In ea	ch column enter name and perso			0. 0		5
		HPG_NO	Col. 142	23	Char 2	02-48,99	Person Number
	Alpha	abetical Column Header					
		HPG_COL	Col. 142	25	Char 1		A - Z, or blank
	Perso	onal number				1	ADL or nursing helper and personal number is between
		HPG_B02	Col. 143	35	Char 1		31 and 38, or 99
						2	All others - SKIP to 15b7
15a7.	What	is's address and telephone r	number?			<u>.</u> !	
		GIVEN					
b7.	Durin	g the past week, how many days	were there	when .		<u> </u>	
		ed you because of your disability of				0	None
		HPG_1A	Col. 143	36	Char 1	1-7	Days
c7	For h	ow long has helped you beca	use of vour	r disahil	litv	 [
		alth problem?	51 ,001	J.54511			
		HPG_1B	Col. 143	37	Char 1	1	Less than 3 months
						2	3 months to less than 6 months
						3	6 months to less than 1 year

				4 5	1 year to less than 5 years 5 years or over
d7 If o	bvious, code without asking.			Relative	3 years or over
a7. 11 0	bvious, code without asking.			Helalive 11	Spouse
You	u mentioned that helps you. Is .	a relative, f	riend,	12	Father
sor	neone hired to help you, someone fi	rom helping or	ganization,	13	Mother
ors	someone else?			14	Son
				15	Daughter SKIP to next helper.
	relative," ASK -			16	Brother If last helper
"Ho	ow is related to you?"			17 18	Sister SKIP to Part 4, 1a Son-in-law
Μα	rk (1) all that apply.			19	Daughter-in-law
ivia	HPG_1F	Col. 1438	Char 2	20	Other male relative
				21	Other female relative
				Others	•
				22	Male friend
				23	Female friend
				24	An employee
				25	Someone from helping organization
				26	Someone else
e7. ls (name of helper) paid to help ?			1	Yes
,	HPG_1G	Col. 1440	Char 1	2	No - SKIP to next helper. If last helper, SKIP to Part 4, 1a.
f7. Wh	at was the total amount of pay that	(name of helpe	er)	0000-	
	eived BEFORE deductions to help .			5000]
	HPG_1J	Col. 1441	Char 5	5001	More than \$5000
g7. Wil	l insurance, Medicare, Medicaid, or	anyone else, i	ncluding	İ	
any members of your family, end up paying any of the					
cha	rge for this?			1	Yes
	HPG_1M	Col. 1446	Char 1	2	No - SKIP to next helper. If last helper, SKIP to Part 4, 1a.
h7. Wh	o will end up paying?			•	
Any	one else?				
Ma	rk (1) all that apply.				
(11) Fee for service insurance plans HPG_1N11	Col. 1447	Char 1	! ₁⊏	Marked
	_	001. 1447	Onai i	' '	Marked
(12) Medicare	0 1 1110	O	j	1
	HPG_1N13	Col. 1448	Char 1	1 'L	Marked
(13) Medicaid			<u> </u>	_
	HPG_1N14	Col. 1449	Char 1	1	Marked
(14) Household Members				
•	HPG_1N15	Col. 1450	Char 1	1	Marked
	HPG_1N15A	Col. 1451	Char 2	02-20,99	Person Number
	HPG_1N15B	Col. 1453	Char 2	02-20,99	Person Number
(15) Child(ren) not in Household			!	
,	HPG_1N16	Col. 1455	Char 1	1	Marked
	HPG_1N16A	Col. 1456	Char 2	20-48,99	Person Number
	HPG_1N16B	Col. 1458	Char 2	20-48,99	Person Number
	HPG_1N16C	Col. 1460	Char 2	20-48,99	Person Number
	HPG_1N16D	Col. 1462	Char 2	20-48,99	Person Number
Oth	er nonhousehold members				
(16	Father			ļ <u> </u>	_
	HPG_1N17	Col. 1464	Char 1	1	Marked
(17) Mother			İ	
`	HPG_1N18	Col. 1465	Char 1	1	Marked
(18) Son-in-law			<u> </u>	
(.0	HPG_1N19	Col. 1466	Char 1	1	Marked

	(19)	Daughter-in-law HPG_1N20	Col. 1467	Char 1	1 🔲	Marked
	(20)	Brother HPG_1N21	Col. 1468	Char 1	1	Marked
	(21)	Sister HPG_1N22	Col. 1469	Char 1	1	Marked
	(22)	Other male relative HPG_1N23	Col. 1470	Char 1	1	Marked
	(23)	Other female relative HPG_1N24	Col. 1471	Char 1	1	Marked
	(24)	Male friend HPG_N125	Col. 1472	Char 1	1	Marked
	(25)	Female friend HPG_1N26	Col. 1473	Char 1	1	Marked
	(26)	Other HPG_1N27	Col. 1474	Char 1	1	Marked
Column	Н					
CHECK	ITEM	1 A.9 r to flap item 3.				
	Reco	ord Number HPH_REC	Col. 1475	Char 2	01-15	Record Number
	In ea	ch column enter name and person HPH_NO	<i>al number</i> Col. 1477	Char 2	02-48,99	Person Number
	Alpha	abetical Column Header				
		HPH_COL	Col. 1479	Char 1		A - Z, or blank
	Perso	onal number			1	ADL or nursing helper and personal number is between
		HPH_B02	Col. 1489	Char 1	, <u> </u>	31 and 38, or 99
					2	All others - SKIP to 15b8
		t is's address and telephone nu GIVEN	mber?			
b8.	Durin	ng the past week, how many days v	vere there when			
	helpe	ed you because of your disability or			0	None
		HPH_1A	Col. 1490	Char 1	1-7	Days
		ow long has helped you becau alth problem?	se of your disabi	ility		
		HPH_1B	Col. 1491	Char 1	1	Less than 3 months
					23	3 months to less than 6 months 6 months to less than 1 year
					4	1 year to less than 5 years
					5	5 years or over
d8.	If obv	vious, code without asking.			Relative	
		,			11	Spouse
		mentioned that helps you. Is .			12	Father
		eone hired to help you, someone from	om helping orgai	nization,	13 14	Mother Son
	01 50	meone else:			15	Daughter SKIP to next helper.
	If "rel	lative," ASK -			16	Brother If last helper
	"How	is related to you?"			17	Sister SKIP to Part 4, 1a
	1100	(1) all that apply			18	Son-in-law
		: (1) all that apply. HPH_1F	Col. 1492	Char 2	19 20	Daughter-in-law Other male relative
		_	- -		21	Other female relative
					Others	
					22	Male friend
					23	Female friend

						24 25		An employee Someone from helping organization
						26		Someone else
e8.	Is (na	ame of helper) paid to help ? HPH_1G	Col.	1494	Char 1	1 2		Yes No - SKIP to next helper. If last helper, SKIP to Part 4, 1a.
		t was the total amount of pay that (0000-		
	recei	ved BEFORE deductions to help				5000		Mara than \$5000
		HPH_1J		1495	Char 5	5001		More than \$5000
_		nsurance, Medicare, Medicaid, or a			uding			
	-	nembers of your family, end up pay ge for this?	ning ai	ly of the		1		Yes
		HPH_1M	Col.	1500	Char 1	2		No - SKIP to next helper. If last helper, SKIP to Part 4, 1a.
h8.	Who	will end up paying?						
	Anyo	ne else?						
	Mark	(1) all that apply.						
	(11)	Fee for service insurance plans						
	` ,	HPH_1N11	Col.	1501	Char 1	1		Marked
	(12)	Medicare						
	. ,	HPH_1N13	Col.	1502	Char 1	1		Marked
	(13)	Medicaid						
	. ,	HPH_1N14	Col.	1503	Char 1	1		Marked
	(14)	Household Members						
		HPH_1N15	Col.	1504	Char 1	1		Marked
		HPH_1N15A		1505	Char 2	02-20,99		Person Number
		HPH_1N15B	Col.	1507	Char 2	02-20,99		Person Number
	. ,	Child(ren) not in Household				. 1		
		HPH_1N16		1509	Char 1	1 00 40 00		Marked Person Number
		HPH_1N16A HPH_1N16B		1510 1512	Char 2 Char 2	20-48,99 20-48,99		Person Number
		HPH_1N16C		1514	Char 2	20-48,99		Person Number
		HPH_1N16D	Col.	1516	Char 2	20-48,99		Person Number
	Othe	r nonhousehold members						
	(16	Father						
		HPH_1N17	Col.	1518	Char 1	1		Marked
	(17)	Mother						
		HPH_1N18	Col.	1519	Char 1	1		Marked
	(18)	Son-in-law	_			ı		
		HPH_1N19	Col.	1520	Char 1	1		Marked
	(19)	Daughter-in-law				. 1		
		HPH_1N20	Col.	1521	Char 1	1		Marked
	(20)	Brother						
		HPH_1N21	Col.	1522	Char 1	1		Marked
	(21)	Sister					_	
		HPH_1N22	Col.	1523	Char 1	1		Marked
	(22)	Other male relative			O	. 1		
		HPH_1N23	Col.	1524	Char 1	1		Marked
	(23)	Other female relative			0	. 1		<u></u>
		HPH_1N24	Col.	1525	Char 1	1	Ш	Marked
	(24)	Male friend	_					<u></u>
		HPH_N125	Col.	1526	Char 1	1		Marked
	(25)	Female friend	<u>.</u> .			ı		<u></u>
		HPH_1N26	Col.	1527	Char 1	1	Ш	Marked

	()				
((26) Other	Cal 1500	Char 1		Madrad
	HPH_1N27	Col. 1528	Char 1	<u> </u>	Marked
Column					
	ITEM A.9 Refer to flap item 3.				
ı	Record Number				
	HPI_REC	Col. 1529	Char 2	01-15	Record Number
1	In each column enter name and persona HPI_NO	al number Col. 1531	Char 2	02-48,99	Person Number
,	Alphabetical Column Header HPI_COL	Col. 1533	Char 1		A - Z, or blank
ſ	Personal number HPI_B02	Col. 1543	Char 1	1 2	ADL or nursing helper and personal number is between 31 and 38, or 99 All others - <i>SKIP to 15b9</i>
	What is's address and telephone nu NOT GIVEN	mber?			
b9. I	During the past week, how many days w	ere there wher	١		
ŀ	nelped you because of your disability or HPI_1A	health problen Col. 1544	n? Char 1	0 1-7	None Days
	For how long has helped you because	se of your disa	bility	<u> </u>	
(or health problem? HPI_1B	Col. 1545	Char 1		Less than 3 months
	HFI_IB	COI. 1545	Chai i	2	3 months to less than 6 months
				3	6 months to less than 1 year
				4	1 year to less than 5 years
				5	5 years or over
d9. <i>l</i>	If obvious, code without asking.			Relative	
				11	Spouse
	You mentioned that helps you. Is			12	Father
	someone hired to help you, someone fro	m helping orga	anization,	13	Mother
	or someone else?			14 15	Son Daughter SKIP to next helper.
	If "relative," ASK -			16	Brother If last helper
	'How is related to you?"			17	Sister SKIP to Part 4, 1a
				18	Son-in-law
1	Mark (1) all that apply.			19	Daughter-in-law
	HPI_1F	Col. 1546	Char 2	20	Other male relative
				21	Other female relative
				Others	
				22	Male friend
				23 24	Female friend
				25	An employee Someone from helping organization
				26	Someone else
o0 I	s (name of helper) paid to help ?			·	Yes
63. 1	HPI_1G	Col. 1548	Char 1	2	No - SKIP to next helper. If last helper, SKIP to Part 4, 1a.
	What was the total amount of pay that (•	•	0000-	
r	received BEFORE deductions to help			5000	
	HPI_1J	Col. 1549	Char 5	5001	More than \$5000
-	Will insurance, Medicare, Medicaid, or a		cluding		
	any members of your family, end up pay	ing any of the			
	charge for this?	Col. 1554	Char 1	1	Yes No - SKIP to next helper. If last helper, SKIP to Part 4, 1a.
	HPI_1M	OUI. 1004	Oliai I	! [_]	140 - OMI TO HEAL HEIPEL. II IASL HEIPEL, SMF TO FAIL 4, TA.
h9. \	Who will end up paying?				
,	Anyone else?				
				1	

I	Mark	(1) all that apply.		į		
((11)	Fee for service insurance plans HPI_1N11	Col. 1555	Char 1	1	Marked
((12)	Medicare HPI_1N13	Col. 1556	Char 1	1□	Marked
((13)	Medicaid HPI_1N14	Col. 1557	Char 1	1□	Marked
((14)	Household Members HPI_1N15 HPI_1N15A HPI_1N15B	Col. 1558 Col. 1559 Col. 1561	Char 1 Char 2 Char 2	1 02-20,99 02-20,99	Marked Person Number Person Number
((15)	Child(ren) not in Household HPI_1N16 HPI_1N16A HPI_1N16B HPI_1N16C HPI_1N16D	Col. 1563 Col. 1564 Col. 1566 Col. 1568 Col. 1570	Char 1 Char 2 Char 2 Char 2 Char 2 Char 2	1 20-48,99 20-48,99 20-48,99 20-48,99	Marked Person Number Person Number Person Number Person Number
		r nonhousehold members Father HPI_1N17	Col. 1572	Char 1	1□	Marked
((17)	Mother HPI_1N18	Col. 1573	Char 1	1	Marked
((18)	Son-in-law HPI_1N19	Col. 1574	Char 1	1	Marked
((19)	Daughter-in-law HPI_1N20	Col. 1575	Char 1	1	Marked
((20)	Brother HPI_1N21	Col. 1576	Char 1	1	Marked
((21)	Sister HPI_1N22	Col. 1577	Char 1	1	Marked
((22)	Other male relative HPI_1N23	Col. 1578	Char 1	1	Marked
((23)	Other female relative HPI_1N24	Col. 1579	Char 1	1	Marked
·	,	Male friend HPI_N125	Col. 1580	Char 1	1	Marked
·	,	Female friend HPI_1N26	Col. 1581	Char 1	1	Marked
		Other HPI_1N27	Col. 1582	Char 1	1	Marked
Column						
HECK I		1 A.9 r to flap item 3.				
F	Reco	ord Number HPJ_REC	Col. 1583	Char 2	01-15	Record Number
ı	In ea	ch column enter name and persona HPJ_NO	al number Col. 1585	Char 2	02-48,99	Person Number
,	Alpha	abetical Column Header HPJ_COL	Col. 1587	Char 1		A - Z, or blank
F	Perso	onal number HPJ_B02	Col. 1597	Char 1	1	ADL or nursing helper and personal number is between 31 and 38, or 99 All others - <i>SKIP to 15b10</i>

15a10.		is's address and telephone nu GIVEN	mber?)				
b10.	helpe	g the past week, how many days wed you because of your disability or HPJ_1A		n problem		0 1-7	None Days	
c10.	or hea	ow long has helped you becaus alth problem? HPJ_1B	se of y		bility Char 1	1 2 3 4 5	Less than 3 months 3 months to less than 6 m 6 months to less than 1 ye 1 year to less than 5 years 5 years or over	ear
d10.	You n some or son	rious, code without asking. mentioned that helps you. Is cone hired to help you, someone fromeone else? lative," ASK - is related to you?" (1) all that apply. HPJ_1F	om hel			Relative 11 12 13 14 15 16 17 18 19 20 21 Others 22 23 24 25 26	Spouse Father Mother Son Daughter Brother Sister Son-in-law Daughter-in-law Other male relative Other female relative Male friend Female friend An employee Someone from helping ord Someone else	SKIP to next helper. If last helper SKIP to Part 4, 1a
e10.		ame of helper) paid to help ? HPJ_1G	Col.	1602	Char 1	1 2	Yes No - SKIP to next helper.	If last helper, SKIP to Part 4, 1a.
f10.	receiv	was the total amount of pay that (wed BEFORE deductions to help HPJ_1J	in (<i>p</i>			0000- 5000 5001	More than \$5000	
g10.	any m	nsurance, Medicare, Medicaid, or a nembers of your family, end up pay ge for this? HPJ_1M	ing ar		cluding Char 1	1	Yes No - <i>SKIP to next helper.</i>	If last helper, SKIP to Part 4, 1a.
h10.	Who	will end up paying?						
	•	ne else? (1) all that apply.						
	` '	Fee for service insurance plans HPJ_1N11	Col.	1609	Char 1	1	Marked	
	` '	Medicare HPJ_1N13	Col.	1610	Char 1	1	Marked	
	` '	Medicaid HPJ_1N14	Col.	1611	Char 1	1	Marked	
		Household Members HPJ_1N15 HPJ_1N15A HPJ_1N15B	Col. Col.		Char 1 Char 2 Char 2	1 02-20,99 02-20,99	Marked Person Number Person Number	
	, ,	Child(ren) not in Household HPJ_1N16 HPJ_1N16A	Col.	1617 1618	Char 1 Char 2	1 20-48,99	Marked Person Number	

	HPJ_1N16B	Col. 1620	Char 2	20-48,99	Person Number
	HPJ_1N16C	Col. 1622	Char 2	20-48,99	Person Number
	HPJ_1N16D	Col. 1624	Char 2	20-48,99	Person Number
	er nonhousehold members Father	Col. 1626	Char 1		Marked
	HPJ_1N17	Col. 1626	Char 1	'Ш	Marked
(17)	Mother HPJ_1N18	Col. 1627	Char 1	1	Marked
(18)	Son-in-law HPJ_1N19	Col. 1628	Char 1	1	Marked
(19)	Daughter-in-law HPJ_1N20	Col. 1629	Char 1	1	Marked
(20)	Brother HPJ_1N21	Col. 1630	Char 1	1	Marked
(21)	Sister HPJ_1N22	Col. 1631	Char 1	1	Marked
(22)	Other male relative HPJ_1N23	Col. 1632	Char 1	1	Marked
(23)	Other female relative HPJ_1N24	Col. 1633	Char 1	1	Marked
(24)	Male friend HPJ_N125	Col. 1634	Char 1	1	Marked
(25)	Female friend HPJ_1N26	Col. 1635	Char 1	1	Marked
(26)	Other HPJ_1N27	Col. 1636	Char 1	1	Marked
Column K					
CHECK ITEN	Л А.9				
Refe	er to flap item 3.				
Reco	ord Number				
	HPK_REC	Col. 1637	Char 2	01-15	Record Number
In ea	ach column enter name and persor		Char O	02-48,99	Person Number
	HPK_NO	Col. 1639	Char 2	02-46,99	Ferson Number
Alph	abetical Column Header HPK_COL	Col. 1641	Char 1		A - Z, or blank
Pers	onal number			1	ADL or nursing helper and personal number is between
	HPK_B02	Col. 1651	Char 1	2	31 and 38, or 99 All others - <i>SKIP to 15b11</i>
NOT	t is's address and telephone no GIVEN				
	ng the past week, how many days ed you because of your disability o HPK_1A			0	None Days
c11. For h	now long has helped you becau	se of your disab	oility		
or he	ealth problem?				
	HPK_1B	Col. 1653	Char 1	1	Less than 3 months
				2	3 months to less than 6 months
				3	6 months to less than 1 year
				5	1 year to less than 5 years 5 years or over
d11 If ah	vious, code without asking.			Relative	
u11. 11 00	widas, code willioul askilly.			Helalive 11	Spouse
You	mentioned that helps you. Is .	a relative, frie	end,	12	Father

	eone hired to help you, someone from	om helping orga	anization,	13 14	Mother Son	
"How	lative," ASK - v is related to you?" (1) all that apply. HPK_1F	Col. 1654	Char 2	15 16 17 18 19 20 21	Daughter Brother Sister Son-in-law Daughter-in-law Other male relative Other female relative	SKIP to next helper. If last helper SKIP to Part 4, 1a
44 10 (0				Others 22 23 24 25 26	Male friend Female friend An employee Someone from helping org Someone else	janization
	ame of helper) paid to help ? HPK_1G	Col. 1656	Char 1	2	Yes No - <i>K2236</i>	
	t was the total amount of pay that (ved BEFORE deductions to help . HPK_1J			0000- 5000 5001	More than \$5000	
any r	nsurance, Medicare, Medicaid, or a members of your family, end up pag ge for this? HPK_1M		cluding Char 1	1 2	Yes No - <i>SKIP to next helper.</i>	If last helper, SKIP to Part 4, 1a.
h11. Who	will end up paying?					
Anyo	ne else?					
Mark	(1) all that apply.					
(11)	Fee for service insurance plans HPK_1N11	Col. 1663	Char 1	1	Marked	
(12)	Medicare HPK_1N13	Col. 1664	Char 1	1 🔲	Marked	
(13)	Medicaid HPK_1N14	Col. 1665	Char 1	1	Marked	
(14)	Household Members HPK_1N15 HPK_1N15A HPK_1N15B	Col. 1666 Col. 1667 Col. 1669	Char 1 Char 2 Char 2	1 02-20,99 02-20,99	Marked Person Number Person Number	
(15)	Child(ren) not in Household HPK_1N16 HPK_1N16A HPK_1N16B HPK_1N16C HPK_1N16D	Col. 1671 Col. 1672 Col. 1674 Col. 1676 Col. 1678	Char 1 Char 2 Char 2 Char 2 Char 2	1 20-48,99 20-48,99 20-48,99	Marked Person Number Person Number Person Number Person Number	
	r nonhousehold members Father HPK_1N17	Col. 1680	Char 1	1	Marked	
(17)	Mother HPK_1N18	Col. 1681	Char 1	1□	Marked	
(18)	Son-in-law HPK_1N19	Col. 1682	Char 1		Marked	
(19)	Daughter-in-law HPK_1N20	Col. 1683	Char 1	1	Marked	
(20)	Brother HPK_1N21	Col. 1684	Char 1	1	Marked	

(21) Sister HPK_1N22	Col. 1685	Char 1	1	Marked
(22	Other male relative HPK_1N23	Col. 1686	Char 1	1	Marked
(23	Other female relative HPK 1N24	Col. 1687	Char 1	1	Marked
(24) Male friend	Coi. 1667	Cilai i	, 	
(25	HPK_N125) Female friend	Col. 1688	Char 1	1	Marked
,	HPK_1N26	Col. 1689	Char 1	1	Marked
(26	O) Other HPK_1N27	Col. 1690	Char 1	1	Marked
Column L					
CHECK ITE	-Μ Δ 9				
Re	fer to flap item 3.				
Red	cord Number HPL_REC	Col. 1691	Char 2	01-15	Record Number
In e	each column enter name and persona	al number			
	HPL_NO	Col. 1693	Char 2	02-48,99	Person Number
Alp	habetical Column Header HPL_COL	Col. 1695	Char 1		A - Z, or blank
Per	rsonal number HPL_B02	Col. 1705	Char 1	1	ADL or nursing helper and personal number is between 31 and 38, or 99
				2	All others - SKIP to 15b12
NC	nat is's address and telephone nu DT GIVEN				
b12. Dui	ring the past week, how many days w	ere there when			
hel	ped you because of your disability or	health problem	?	0	None
	HPL_1A	Col. 1706	Char 1	1-7	Days
					•
	how long has helped you because	se of your disab	ollity		
or h	nealth problem?				
	HPL_1B	Col. 1707	Char 1	1	Less than 3 months
				2	3 months to less than 6 months
				3	6 months to less than 1 year
				4	1 year to less than 5 years
				5	5 years or over
d12. <i>If o</i>	bvious, code without asking.			Relative	2
V				11	Spouse
	u mentioned that helps you. Is			12	Father
	meone hired to help you, someone fro	om neiping orga	inization,	13	Mother
or s	someone else?			14	Son Daughter SKIP to next helper.
I£ "	rolativa " ASK			15 16	Daughter SKIP to next helper. Brother If last helper
	relative," ASK -			17	Sister SKIP to Part 4, 1a
П	ow is related to you?"			18	Son-in-law
140	rk (1) all that apply.			19	Daughter-in-law
ivia	HPL_1F	Col. 1708	Char 2	20	Other male relative
	· · · · · · ·	301. 1700	Jilai Z	21	Other finale relative Other female relative
					Janes Island Island
				Others	M. C. J
				22	Male friend
				23	Female friend
				24	An employee
				25 26	Someone from helping organization Someone else
e12. ls (name of helper) paid to help ?			1	Yes
,					

		HPL_1G	Col.	1710	Char 1	2	No - SKIP to next helper. If last helper, SKIP to Part 4, 1a.
f12.	What	was the total amount of pay that (name	of helper))	0000-	
	recei	ved BEFORE deductions to help .			nonth)?	5000	
		HPL_1J	Col.	1711	Char 5	5001	More than \$5000
-		nsurance, Medicare, Medicaid, or a	-		luding		
	-	nembers of your family, end up pay	ying a	ny of the			V
		ge for this? HPL_1M	Col	1716	Char 1	1 2	Yes No - SKIP to next helper. If last helper, SKIP to Part 4, 1a.
h-40			001.	1710	Onai i	<u>i </u>	The Star to note hoper. In act hoper, Star to Fart 1, 1a.
		will end up paying?					
	-	ne else?				İ	
	Mark	(1) all that apply.					
	(11)	Fee for service insurance plans				<u> </u>	
		HPL_1N11	Col.	1717	Char 1	1	Marked
	(12)	Medicare					
		HPL_1N13	Col.	1718	Char 1	1	Marked
	(13)	Medicaid		.=.	.		
		HPL_1N14	Col.	1719	Char 1	¹ □	Marked
	(14)	Household Members	٠.	1700	01 1		Madead
		HPL_1N15 HPL_1N15A		1720 1721	Char 1 Char 2	02-20,99	Marked Person Number
		HPL_1N15B		1721	Char 2	02-20,99	Person Number
	/1E\	_	001.	1720	Onai L	02 20,00	T Gloon Number
	(15)	Child(ren) not in Household HPL_1N16	Col	1725	Char 1	1	Marked
		HPL_1N16A		1726	Char 2	20-48,99	Person Number
		HPL_1N16B		1728	Char 2	20-48,99	Person Number
		HPL_1N16C		1730	Char 2	20-48,99	Person Number
		HPL_1N16D	Col.	1732	Char 2	20-48,99	Person Number
	Othe	r nonhousehold members					
	(16	Father				<u></u>	
		HPL_1N17	Col.	1734	Char 1	1	Marked
	(17)	Mother					
		HPL_1N18	Col.	1735	Char 1	1	Marked
	(18)	Son-in-law				<u></u>	
		HPL_1N19	Col.	1736	Char 1	1	Marked
	(19)	Daughter-in-law					
		HPL_1N20	Col.	1737	Char 1	1	Marked
	(20)	Brother				<u></u>	
		HPL_1N21	Col.	1738	Char 1	1	Marked
	(21)	Sister				i	
		HPL_1N22	Col.	1739	Char 1	1	Marked
	(22)	Other male relative					
		HPL_1N23	Col.	1740	Char 1	1	Marked
	(23)	Other female relative				<u> </u>	
		HPL_1N24	Col.	1741	Char 1	1	Marked
	(24)	Male friend				<u></u>	
		HPL_N125	Col.	1742	Char 1	1 🔲	Marked
	(25)	Female friend				<u> </u>	
		HPL_1N26	Col.	1743	Char 1	1 🗆	Marked
	(26)	Other				<u> </u>	
		HPL_1N27	Col.	1744	Char 1	1 🔲	Marked
Column							
CHECK	ITEM	1 A.9				İ	

	Refer to flap item 3.					
	Record Number HPM_REC	Col. 1745	Char 2	01-15	Record Number	
	In each column enter name and persor	nal number		<u> </u>		
	HPM_NO	Col. 1747	Char 2	02-48,99	Person Number	
	Alphabetical Column Header HPM_COL	Col. 1749	Char 1		A - Z, or blank	
	Personal number			1	ADL or nursing helper and p	ersonal number is between
	HPM_B02	Col. 1759	Char 1		31 and 38, or 99	
				2	All others - SKIP to 15b13	
15a13.	What is 's address and telephone no NOT GIVEN	umber?				
b13.	During the past week, how many days					
	helped you because of your disability o HPM_1A	r health problem Col. 1760	າ? Char 1	1-7	None Days	
				1-7	Days	
c13.	For how long has helped you because or health problem?	use of your disal	oility			
	HPM_1B	Col. 1761	Char 1	1	Less than 3 months	
	_			2	3 months to less than 6 mon	nths
				3	6 months to less than 1 year	f
				5	1 year to less than 5 years 5 years or over	
d13	If obvious, code without asking.			Relative		
415.	Trobvious, code without asking.			11	Spouse	
	You mentioned that \ldots helps you. Is .			12	Father	
	someone hired to help you, someone fi	rom helping orga	anization,	13	Mother	
	or someone else?			14 15	Son Daughter	SKIP to next helper.
	If "relative," ASK -			16	Brother	If last helper
	"How is related to you?"			17	Sister	SKIP to Part 4, 1a
	Mark (1) all that apply			18 19	Son-in-law Daughter-in-law	
	Mark (1) all that apply. HPM_1F	Col. 1762	Char 2	20	Other male relative	
	_			21	Other female relative	
				Others		
				22	Male friend	
				23 24	Female friend An employee	
				25	Someone from helping organ	nization
				26	Someone else	
e13.	Is (name of helper) paid to help ?			1	Yes	
	HPM_1G	Col. 1764	Char 1	2	No - SKIP to next helper. If	last helper, SKIP to Part 4, 1a.
f13.	What was the total amount of pay that			0000-		
	received BEFORE deductions to help .			5000	Μ ΦΕΟΟΟ	
	HPM_1J	Col. 1765	Char 5	5001	More than \$5000	
g13.	Will insurance, Medicare, Medicaid, or any members of your family, end up pa	,	cluding			
	charge for this?	lying any or the		1□	Yes	
	HPM_1M	Col. 1770	Char 1	2	No - SKIP to next helper. If	last helper, SKIP to Part 4, 1a.
h13.	Who will end up paying?					
	Anyone else?					
	Mark (1) all that apply.					
	(11) Fee for service insurance plans					
	HPM_1N11	Col. 1771	Char 1	1	Marked	
	(12) Medicare					

		HPM_1N13	Col. 1772	Char 1	1	Marked
	(13)	Medicaid HPM_1N14	Col. 1773	Char 1	1	Marked
	(14)	Household Members HPM_1N15 HPM_1N15A HPM_1N15B	Col. 1774 Col. 1775 Col. 1777	Char 1 Char 2 Char 2	1 02-20,99 02-20,99	Marked Person Number Person Number
	(15)	Child(ren) not in Household HPM_1N16 HPM_1N16A HPM_1N16B HPM_1N16C HPM_1N16D	Col. 1779 Col. 1780 Col. 1782 Col. 1784 Col. 1786	Char 1 Char 2 Char 2 Char 2 Char 2	1 20-48,99 20-48,99 20-48,99 20-48,99	Marked Person Number Person Number Person Number Person Number
		r nonhousehold members Father HPM_1N17	Col. 1788	Char 1	1	Marked
	(17)	Mother HPM_1N18	Col. 1789	Char 1	1	Marked
	(18)	Son-in-law HPM_1N19	Col. 1790	Char 1	1	Marked
	(19)	Daughter-in-law HPM_1N20	Col. 1791	Char 1	1	Marked
	, ,	Brother HPM_1N21	Col. 1792	Char 1	1	Marked
		Sister HPM_1N22	Col. 1793	Char 1	1	Marked
	, ,	Other male relative HPM_1N23	Col. 1794	Char 1	1	Marked
	, ,	Other female relative HPM_1N24	Col. 1795	Char 1	1	Marked
	, ,	Male friend HPM_N125	Col. 1796	Char 1	1	Marked
	, ,	Female friend HPM_1N26	Col. 1797	Char 1	1	Marked
Columr		Other HPM_1N27	Col. 1798	Char 1	1	Marked
CHECK		1 1 0			!	
OI ILON		r to flap item 3.			ļ	
		•			! ! !	
	Reco	ord Number HPN_REC	Col. 1799	Char 2	01-15	Record Number
	In ea	ach column enter name and person HPN_NO	onal number Col. 1801	Char 2	02-48,99	Person Number
				-	;	
		abetical Column Header HPN_COL	Col. 1803	Char 1		A - Z, or blank
	Pers	onal number HPN_B02	Col. 1813	Char 1	1 2	ADL or nursing helper and personal number is between 31 and 38, or 99 All others - SKIP to 15b14
	NOT	t is's address and telephone GIVEN				
b14.		ng the past week, how many day			ļ —	
	helpe	ed you because of your disability HPN_1A	or health problem Col. 1814	n? Char 1	0 1-7	None Days

				i	
	now long has helped you becau	use of your disa	bility		
or ne	ealth problem? HPN_1B	Col. 1815	Char 1		Less than 3 months
	HEN_IB	COI. 1615	Chai i	, '	3 months to less than 6 months
				3	6 months to less than 1 year
				4	1 year to less than 5 years
				5	5 years or over
d11 16 ab	vieve ende without enline			Dolotivo	
014. <i>II 00</i>	vious, code without asking.			Relative 11	Spouse
You	mentioned that helps you. Is .	a relative fri	iend	12	Father
	eone hired to help you, someone fi	-	-	13	Mother
	omeone else?		,	14	Son
				15	Daughter SKIP to next helper.
If "re	elative," ASK -			16	Brother If last helper
"How	v is related to you?"			17	Sister SKIP to Part 4, 1a
				18	Son-in-law
Mark	k (1) all that apply.			19	Daughter-in-law
	HPN_1F	Col. 1816	Char 2	20	Other male relative
				21	Other female relative
				Others	
				22	Male friend
				23	Female friend
				24	An employee
				25	Someone from helping organization
				26	Someone else
e14. ls (n	ame of helper) paid to help ?			1	Yes
	HPN_1G	Col. 1818	Char 1	2	No - SKIP to next helper. If last helper, SKIP to Part 4, 1a.
f14. Wha	t was the total amount of pay that	(name of helpe	r)	0000-	
	ived BEFORE deductions to help.			5000	
	HPN_1J	Col. 1819	Char 5	5001	More than \$5000
a14 Will i	insurance, Medicare, Medicaid, or	anvone else in	cluding	 	
-	members of your family, end up pa		ordanig		
-	ge for this?	, , ,		1	Yes
	HPN_1M	Col. 1824	Char 1	2	No - SKIP to next helper. If last helper, SKIP to Part 4, 1a.
h14. Who	will end up paying?			<u> </u>	
	one else?				
•					
Mark	k (1) all that apply.			į	
(11)	Fee for service insurance plans				
	HPN_1N11	Col. 1825	Char 1	1	Marked
(12)	Medicare			į	
,	HPN_1N13	Col. 1826	Char 1	1	Marked
(12)	Medicaid			<u> </u>	
(13)	HPN_1N14	Col. 1827	Char 1	1 1	Marked
	_	001. 1027	Onai i	'Ш	Warked
(14)	Household Members			<u> </u>	
	HPN_1N15	Col. 1828	Char 1	1	Marked
	HPN_1N15A	Col. 1829	Char 2	02-20,99	Person Number
	HPN_1N15B	Col. 1831	Char 2	02-20,99	Person Number
(15)	Child(ren) not in Household			i	
	HPN_1N16	Col. 1833	Char 1	1	Marked
	HPN_1N16A	Col. 1834	Char 2	20-48,99	Person Number
	HPN_1N16B	Col. 1836	Char 2	20-48,99	Person Number
	HPN_1N16C	Col. 1838	Char 2	20-48,99	Person Number
	HPN_1N16D	Col. 1840	Char 2	20-48,99	Person Number
	er nonhousehold members				
	Father			Į.	

		HPN_1N17	Col. 1842	Char 1	1	Marked
	(17)	Mother HPN_1N18	Col. 1843	Char 1	1	Marked
	(18)	Son-in-law HPN_1N19	Col. 1844	Char 1	1	Marked
	(19)	Daughter-in-law HPN_1N20	Col. 1845	Char 1	1	Marked
	(20)	Brother HPN_1N21	Col. 1846	Char 1	1	Marked
	(21)	Sister HPN_1N22	Col. 1847	Char 1	1	Marked
	(22)	Other male relative HPN_1N23	Col. 1848	Char 1	1	Marked
	` ,	Other female relative HPN_1N24	Col. 1849	Char 1	1 🗀	Marked
	` ,	Male friend HPN_N125	Col. 1850	Char 1	1	Marked
	. ,	Female friend HPN_1N26	Col. 1851	Char 1	1	Marked
		Other HPN_1N27	Col. 1852	Char 1	1	Marked
Column		4.4.0			!	
CHECK						
	nete	r to flap item 3.				
	Reco	ord Number HPO_REC	Col. 1853	Char 2	01-15	Record Number
		nch column enter name and person HPO_NO	nal number Col. 1855	Char 2	02-48,99	Person Number
		abetical Column Header HPO_COL	Col. 1857	Char 1		A - Z, or blank
	Pers	onal number HPO_B02	Col. 1867	Char 1	2	ADL or nursing helper and personal number is between 31 and 38, or 99 All others - <i>SKIP to 15b15</i>
		t is's address and telephone n	umber?		<u> </u>	
b15	Durir	ng the past week, how many days	were there who	n	<u>. </u>	
		ed you because of your disability of			О	None
	. 5.00	HPO_1A	Col. 1868	Char 1	1-7	Days
		now long has helped you becauselth problem?			: ' ' <u> </u>	
		HPO_1B	Col. 1869	Char 1	1	Less than 3 months 3 months to less than 6 months 6 months to less than 1 year 1 year to less than 5 years 5 years or over
d15.	If ob	vious, code without asking.	-		Relative	
	some or so	mentioned that helps you. Is . eone hired to help you, someone fi meone else?			11	Spouse Father Mother Son Daughter Brother SKIP to next helper. If last helper
		ris related to you?"			17 18	Sister Son-in-law SKIP to Part 4, 1a

Mark	s (1) all that apply. HPO_1F	Col. 1870	Char 2	19 20 21	Daughter-in-law Other male relative Other female relative
				Others 22 23 24 25 26	Male friend Female friend An employee Someone from helping organization Someone else
•	ame of helper) paid to help ? HPO_1G	Col. 1872	Char 1	1 2	Yes No - SKIP to next helper. If last helper, SKIP to Part 4, 1a.
	t was the total amount of pay that (ved BEFORE deductions to help HPO_1J			0000- 5000 5001	More than \$5000
g15. Will i	nsurance, Medicare, Medicaid, or a	anyone else, inc	luding	<u></u>	
	members of your family, end up pay	ing any of the	 		
	ge for this? HPO_1M	Col. 1878	Char 1	2	Yes No - SKIP to next helper. If last helper, SKIP to Part 4, 1a.
h15. Who	will end up paying?] 	
Anyo	one else?		į		
Mark	(1) all that apply.		į		
(11)	Fee for service insurance plans HPO_1N11	Col. 1879	Char 1	1	Marked
(12)	Medicare HPO_1N13	Col. 1880	Char 1	1	Marked
(13)	Medicaid HPO_1N14	Col. 1881	Char 1	1	Marked
(14)	Household Members HPO_1N15 HPO_1N15A HPO_1N15B	Col. 1882 Col. 1883 Col. 1885	Char 1 Char 2 Char 2	1 02-20,99 02-20,99	Marked Person Number Person Number
(15)	Child(ren) not in Household				
` ,	HPO_1N16 HPO_1N16A	Col. 1887 Col. 1888	Char 1 Char 2	1 20-48.99	Marked Person Number
	HPO_1N16B	Col. 1890	Char 2	20-48,99	Person Number
	HPO_1N16C	Col. 1892	Char 2	20-48,99	Person Number
	HPO_1N16D	Col. 1894	Char 2	20-48,99	Person Number
	r nonhousehold members Father	2 1 1200			
(17)	HPO_1N17 Mother	Col. 1896	Char 1	'ـــا	Marked
` ,	HPO_1N18	Col. 1897	Char 1	1	Marked
(18)	Son-in-law HPO_1N19	Col. 1898	Char 1	1	Marked
(19)	Daughter-in-law HPO_1N20	Col. 1899	Char 1	1	Marked
(20)	Brother HPO_1N21	Col. 1900	Char 1	1	Marked
(21)	Sister HPO_1N22	Col. 1901	Char 1	1 🗀	Marked
(22)	Other male relative HPO_1N23	Col. 1902	Char 1	1	Marked
(23)	Other female relative				

HPO_1N24	Col. 1903	Char 1	1 Marked
(24) Male friend HPO_N125	Col. 1904	Char 1	1 Marked
(25) Female friend HPO_1N26	Col. 1905	Char 1	1 Marked
(26) Other HPO_1N27	Col. 1906	Char 1	1 Marked
	Part 4	- RANGE OF	.: MOTION AND IMPAIRMENT
1a. Now we'll talk about other proble	ems some people have) .	
Are you missing any fingers, a h	nand, or an arm?		1 Yes
RMI_1A	Col. 564	Char 1	2 No - SKIP to 2a
b. What are you missing?			
Anything else?			
Entire arm			1 Left
RMI_1B1	Col. 565	Char 1	2 Right
TUMI_TOT	001. 303	Onai i	3 Both
			! :
Lower Arm	Oal 500	Char 1	1 Left
RMI_1B2	Col. 566	Char 1	2 Right Both
Hand only			1 Left
RMI_1B3	Col. 567	Char 1	2 Right
			3 Both
Fingers only			1 Left
RMI_1B4	Col. 568	Char 1	2 Right
			3 Both
2a. Are you missing any toes, a foot	t or a leg?		1 Yes
RMI_2A	Col. 569	Char 1	2 No - SKIP to CHECK ITEM A.10
b. What are you missing?			
Anything else?			
Entire leg	0 570	O	1 Left
RMI_2B1	Col. 570	Char 1	2 Right
			3 Both
Lower leg			1 Left
RMI_2B2	Col. 571	Char 1	2 Right
			3 Both
Foot only			1 Left
RMI_2B3	Col. 572	Char 1	2 Right
			3 Both
Toes only			1 Left
RMI_2B4	Col. 573	Char 1	2 Right
			3 Both
CHECK ITEM A.10			1 Code 3 marked in C.C item 30 - SKIP to 3d
Mark first available box.			2 Code 5 and/or 6 marked in C.C. item 30 - SKIP to 3b
RMI_CK2	Col. 574	Char 1	3 All others
3. How difficult is it for you to-			1 Not difficult
a. Climb one flight of stairs?			2 Somewhat difficult
RMI_3A	Col. 575	Char 1	3 Very difficult
			4 Can't do it at all
b. (How difficult is it for you to-) Be	nd to put on your sock	s	1 Not difficult
or stockings?	_		2 Somewhat difficult
RMI_3C	Col. 576	Char 1	3 Very difficult
			4 Can't do it at all

			i al lacego o
c. Lift a 10-pound package like a	bag of groceries		1 Not difficult
and hold it for a few minutes?	Oal 577	01	Somewhat difficult
RMI_3D	Col. 577	Char 1	3 Very difficult 4 Can't do it at all
d. (How difficult is it for you to-) F	Pasah ahaya yayır haad?		4 Can't do it at all 1 Not difficult
a. (How difficult is it for you to-) H	Col. 578	Char 1	2 Somewhat difficult
HIVII_SE	GUI. 576	Cilai i	3 Very difficult
			4 Can't do it at all
e. Comb or brush your hair?			1 Not difficult
RMI_3F	Col. 579	Char 1	2 Somewhat difficult
1.00.	Juli 2.2	Ona	3 Very difficult
			4 Can't do it at all
f. Wash your hair?			1 Not difficult
RMI_3G	Col. 580	Char 1	2 Somewhat difficult
_			3 Very difficult
			4 Can't do it at all
g. Use your fingers to grasp and	handle small objects?		1 Not difficult
RMI_3H	Col. 581	Char 1	2 Somewhat difficult
			3 Very difficult
			4 Can't do it at all
4. Do you usually see well enoug	h to read ordinary		
newsprint, with or without glass			1 Yes
RMI_4	Col. 582	Char 1	2 No
CHECK ITEM A.11			1 Sample Person - SKIP to 1.
Respondent is -			2 Proxy
RMI_CK3	Col. 583	Char 1	
			1
5a. Can most people understand y		Ohar 1	Yes - SKIP to 6a
RMI_5A	Col. 584	Char 1	2 No
b. How do you usually make hims	self/herself understood?	_	1 Writing
Choose only one.			2 Standard sign language
RMI_5B_1	Col. 585	Char 1	Gestures, grunts, or some other motion
			4 Talking slow/ repeating himself/herself
			5 Using an interpreter
			6 Some other way
			7 Does not make self understood
6a. Do you usually hear and under	-		1 Yes - SKIP to 1
you without difficulty either with	•	?	2 No
RMI_6A	Col. 586	Char 1	ļ
 b. What means do you usually us 			1 Reading written materials or lip reading
is being said to you? Choose	only one.		2 Standard sign language
	•		
RMI_6B_1	Col. 587	Char 1	3 Gestures, grunts, or some other motion
	•	Char 1	4 Some other way
	•	Char 1	
	•		Some other way Does not understand what is said to him/her Other Functioning
RMI_6B_1 1. Compared to other persons the	Col. 587	Section B	Some other way Does not understand what is said to him/her Other Functioning 1 Excellent
1. Compared to other persons the that health is excellent, god	Col. 587 e same age, would you sood fair, or poor?	Section B	Some other way Does not understand what is said to him/her Other Functioning 1
RMI_6B_1 1. Compared to other persons the	Col. 587	Section B	Some other way Does not understand what is said to him/her Other Functioning Excellent Good Fair
1. Compared to other persons the that health is excellent, god	Col. 587 e same age, would you sood fair, or poor?	Section B	Some other way Does not understand what is said to him/her Other Functioning 1
1. Compared to other persons the that health is excellent, god OFN_1	Col. 587 e same age, would you sood fair, or poor?	Section B	Some other way Does not understand what is said to him/her Other Functioning Excellent Good Fair
1. Compared to other persons the that health is excellent, god OFN_1	Col. 587 e same age, would you sood fair, or poor?	Section B	Some other way Does not understand what is said to him/her Other Functioning Code
1. Compared to other persons the that health is excellent, god OFN_1 CHECK ITEM B.1	Col. 587 e same age, would you sood fair, or poor?	Section B	Some other way Does not understand what is said to him/her Other Functioning
1. Compared to other persons the that health is excellent, god OFN_1 CHECK ITEM B.1 Respondent is -	e same age, would you sood fair, or poor? Col. 588	Section B ay Char 1	Some other way Does not understand what is said to him/her Other Functioning Code
1. Compared to other persons the that health is excellent, god OFN_1 CHECK ITEM B.1 Respondent is - OFN_CK2	e same age, would you sood fair, or poor? Col. 588 Col. 589	Section B ay Char 1 Char 1	Some other way Does not understand what is said to him/her Other Functioning
1. Compared to other persons the that health is excellent, god OFN_1 CHECK ITEM B.1 Respondent is - OFN_CK2 SHOW FLASHCARD G	Col. 587 e same age, would you sood fair, or poor? Col. 588 Col. 589 things because you do no	Section B ay Char 1 Char 1	Some other way Does not understand what is said to him/her Other Functioning
1. Compared to other persons the that health is excellent, god OFN_1 CHECK ITEM B.1 Respondent is - OFN_CK2 SHOW FLASHCARD G 2. How often do you avoid doing	e same age, would you sood fair, or poor? Col. 588 Col. 589 things because you do no ould you say all of the time	Section B ay Char 1 Char 1 ot have ne, most	Some other way Does not understand what is said to him/her Other Functioning

Do you ever feel you need the help of	of a doctor or co	unselor for	· _
a mental or emotional problem?			1 Yes
OFN_3	Col. 591	Char 1	2 No
4a. Were your ever hospitalized for a me	ental or emotion:	al problem?	1 Yes
OFN_4A	Col. 592	Char 1	No - SKIP to 5a
			!
b. Were your hospitalized for a mental	or emotional pro	blem in the	
last 5 years?			1 Yes - SKIP to 6
OFN_4B	Col. 593	Char 1	2 No - <i>SKIP to 6</i>
5a. Has a doctor EVER advised you e	ither recently or	a long time	i
ago to get treatment for a mental of		-	1 Yes - <i>Ask 5b</i>
OFN 5A	Col. 594	Char 1	2 No - SKIP to 6
		Onari	2 10 0/1/1/10 0
 b. Has a doctor told you that in the last 	5 years?		1 Yes
OFN_5B	Col. 595	Char 1	2 No
6. Sometimes people lose their temper	and throw kick	elam	<u> </u>
or destroy things. Does this happen			1 Frequently
	to you nequent	ıy,	
occasionally, or not at all?	0-1 500	014	
OFN_6	Col. 596	Char 1	3 Not at all
7. Now I'm going to read a list of things	people have tol	d us that	
they have sometimes done. In the p			
time -	·	•	
			.
 a. Lose you way and not find the way b 			1 Yes
OFN_7A	Col. 597	Char 1	2 No/Never goes out
b. Take any money or anything else the	at didn't belong t	o vou	
without realizing it?		- ,	1 Yes
OFN_7B	Col. 598	Char 1	2 No
OI N_/B	001. 000	Onari	2 140
 c. Forget to do important things like ea 	t, take medicine,	or	<u> </u>
pay you bills?			1 Yes
OFN_7C	Col. 599	Char 1	2 No
8a. Does anyone phone or check on you	ı regularly iyet to	n make	
sure you is all right?	regularly just to	mare	1 Yes
•	Col. 600	Char 1	No - SKIP to 8c
OFN_8A	COI. 600	Chari	2 10 - 3/1/1 10 00
b. Who regularly does this?			
Anyone else?			
Anyone else:			
Repeat until answer is "No one else	"		
First Person			1 Spouse
OFN 8B1	Col. 601	Char 1	2 Daughter
Second Person	COI. 60 I	Chai i	3 Son
	Cal C00	Char 1	
OFN_8B2	Col. 602	Char 1	4 Other relative
Third Person	0 1 000		5 Neighbor
OFN_8B3	Col. 603	Char 1	6 Friend
Fourth Person			Person from helping organization
OFN_8B4	Col. 604	Char 1	8 Someone who works here
Fifth Person			9 Other
OFN_8B5	Col. 605	Char 1	
Sixth Person			
OFN_8B6	Col. 606	Char 1	
c. Do you NEED someone to phone or	check on you re	gularly	
just to make sure you is all right?	Shook on you le	galary	1 Yes
OFN 8C	Col. 607	Char 1	2 No
			² 1 ^{NO}
9a. Now I have some questions about b	eing in touch witl	h you	
relatives and friends. First, I'd like to	ask about your	relatives	
who don't live with you, including ch	ildren.		
			!

Do you keep in touch with any relatives either by visiting or by telephone?	1 Yes
OFN_9A Col. 608 Char 1	2 No - SKIP to 10a
SHOW FLASHCARD H b. (Not counting you relatives who live here) how many times in the past month did you see your relatives, including children? Code all relatives' visits combined. OFN_9B Col. 609 Char 1	1 None 2 Once or twice 3 Three to five times 4 Six to ten times 5 Eleven to twenty-nine times 6 Thirty or more
SHOW FLASHCARD H c. In the past month, how often did you speak with your relatives, on the telephone? OFN_9C Col. 610 Char 1	None Once or twice Three to five times Six to ten times Eleven to twenty-nine times Thirty or more
HECK ITEM B.2 Respondent is - OFN_CK3 Col. 611 Char 1	1 Sample Person 2 Proxy - SKIP to 10a
d. Would you like to see or talk to your relatives more often, less often, or as often as you do now? OFN_9D Col. 612 Char 1	1 More often 2 Less often 3 As often as now
10a. (You've told me about your relatives.) Now I want to ask about you friends. Do you keep in touch with any friends, including neighbors you consider(s) as friends, either by visiting or telephone? OFN_10A Col. 613 Char 1	1 Yes 2 No - SKIP to CHECK ITEM B.4
SHOW FLASHCARD H b. How often in the past month did you see your friends? Code all friends' visits combined. OFN_10B Col. 614 Char 1	None Once or twice Three to five times Six to ten times Eleven to twenty-nine times Thirty or more times
SHOW FLASHCARD H c. How often in the past month did you speak with your friends on the telephone? OFN_10C Col. 615 Char 1	1 None 2 Once or twice 3 Three to five times 4 Six to ten times 5 Eleven to twenty-nine times 6 Thirty or more times
HECK ITEM B.3 Respondent is - OFN_CK4 Col. 616 Char 1	1 Sample Person 2 Proxy - <i>SKIP to 12a</i>
d. Would you like to see or talk to your friends more often, less often, or as often as you do now? OFN_10D Col. 617 Char 1	1 More often 2 Less often 3 As often as now
HECK ITEM B.4 Respondent is - OFN_CK5 Col. 618 Char 1	Sample Person Proxy - SKIP to 12a
Sometimes people feel that they have nobody to tell their troubles to. Would you say you feel this way most of the time, some of the time, hardly ever, or never? OFN_11 Col. 619 Char 1	1 Most of the time 2 Some of the time 3 Hardly ever Never
12a. Now I'm going to ask you some questions about things people often do indoors.	
About how many hours a day Do you usually listen to	01-24 Hours

					≻
	the radio? OFN_12A	Col. 620	Char 2	25 26	Less than 1 hour to 13a None
b.	. Is there a radio here that you can listen	to?		1	Yes
	OFN_12B	Col. 622	Char 1	2	No
13a.	. About how many hours a day do you us	ually		01-24	Hours SKIP
	watch television?			25	Less than 1 hour $\int to 14$
	OFN_13A	Col. 623	Char 2	26	None
b.	. Is there a television set here that you ca	an watch?		1	Yes
	OFN_13B	Col. 625	Char 1	2	No
1/				1	Yes
14.	Do) you have any pets? OFN 14	Col. 626	Char 1	2	No No
		CUI. 020	Cital i	لـــا	NO
15a.	During the past week did you -				
	Read a book, magazine, or newspaper?	?		1	Yes
	OFN_15A	Col. 627	Char 1	2	No
h				<u> </u>	
D.	. Work on a hobby, like painting, sewing,	or arts and craft Col. 628		1 2	Yes
	OFN_15B	COI. 620	Char 1	2	No
C.	. Play games such as solitaire or work on	a puzzle?		1	Yes
	OFN_15C	Col. 629	Char 1	2	No
d.	Listen to a record player or a tape recor	der?		1	Yes
-	OFN_15D	Col. 630	Char 1	2	No
				<u> </u>	110
16a.	. During the past month did you -			•	
	Go to a religious service?			1	Yes
	OFN_16A	Col. 631	Char 1	2	No
h	. Attend a meeting of civic, religious, prof	fossional or rec	reational	<u></u>	
υ.	club or organization?	888IUIIai Ui 160i	ealioriai	1	Yes
	OFN 16B	Col. 632	Char 1	ا اُو	No
	_		Ona	<u></u>	NO
CHECK	KITEM B.5				
	Respondent is -			1	Sample Person
	OFN_CK6	Col. 633	Char 1	2	Proxy - SKIP to CHECK ITEM C.1
17.	. Taken all together, how would you say t	hings are these	days -		
	would you say that you are very happy,	pretty happy,		1	Very happy
	or not too happy?			2	Pretty happy
	OFN_18	Col. 634	Char 1	3	Not too happy
18	. Generally speaking, how satisfied are yo	ou with your life	`	<u> </u>	
	as a whole - would you say you are very			1	Very satisfied
	or not satisfied?	Salionoa, Jane	ilica,	2	Satisfied
	OFN_19	Col. 635	Char 1	3	Not satisfied
	5				
211501	(1751.0.1	Section C	- Housing and	Neighborhood C	
CHECK	(ITEM C.1			1	Open country/not a farm
	Mark (1) type of area.	2 : 222	6 1 4	2	Farm
	HNC_CK2	Col. 636	Char 1	3	City/town/village (under 50,000)
				4	City (50,000 to 250,000)
				5	A suburb of a large city
				6	A large city (over 250,000 people)
CHEC	(ITEM C.2			1	Detached house
	Mark (1) living quarters			2	Duplex or row house
	Ask if not obvious.			3	Apartment
	HNC_CK3	Col. 637	Char 1	4	Room in hotel/motel
				5	Room in rooming or boarding house
				6	Rented room in private house
				7	Trailer (permanent)
				8	Trailer (mobile)

				9	Other
CHECK ITEN					
Resp	pondent is -				Sample Person
	HNC_CK5	Col. 638	Char 1	2	Proxy - SKIP to 2
	hings considered, how satisfied are		ace in		
	ch you are living - would you say the	at you are very			Very satisfied
Saus	sfied, satisfied, or not satisfied? HNC_2A	Col. 639	Char 1	2	Satisfied Not satisfied
16 ab			Onai .	<u></u>	Not satisfied
	ovious, mark without asking. his place part of a building or commi	unity intended fo	or older		
	etired, or disabled persons?	JIIII IIII IIII III III III	Ji Oldel	1	Yes
-	HNC_2B	Col. 640	Char 1		No
SHC	OW FLASHCARD I				
	ch of these things do you have in y	our			
(hou	use/apartment)?				
Anyt	thing else?				
Mark	k (1) all that apply.				
If no	one, mark "None."				
(1)	Extra handrails or grab bars				
(-/	HNC_3_1	Col. 641	Char 1	1	Marked
(2)	Ramps	2 240	21 4	₁ □	NA
(3)	HNC_3_2 Elevators or stair lifts	Col. 642	Char 1	'Ш	Marked
(5)	HNC_3_3	Col. 643	Char 1	1	Marked
(4)	Extra wide doors or hallways				
(5)	HNC_3_4	Col. 644	Char 1	1	Marked
(5)	Push bars on doors HNC_3_5	Col. 645	Char 1	1	Marked
(6)	Raised toilet	001. 010	Orial 1	· L	Mariod
	HNC_3_6	Col. 646	Char 1	1	Marked
(7)	None	0-1-047	Oh 4	₁	Marked
	HNC_3_0	Col. 647	Char 1	<u> </u>	Marked
	OW FLASHCARD I	== eccior or mo			
	ch of these things would make thing fortable for you?	Js easier or mor	i'e		
	thing else?		İ		
•			İ		
	k (1) all that apply.		İ		
If no	one, mark "None."				
(1)	Extra handrails or grab bars			. —	
(2)	HNC_4_1	Col. 648	Char 1	1	Marked
(2)	Ramps HNC_4_2	Col. 649	Char 1	1	Marked
(3)	Elevators or stair lifts				
	HNC_4_3	Col. 650	Char 1	1	Marked
(4)	Extra wide doors or hallways	O-1 651	Ohar 1	1	Marked
(5)	HNC_4_4 Push bars on doors	Col. 651	Char 1	'Ш	Warked
(-/	HNC_4_5	Col. 652	Char 1	1	Marked
(6)	Raised toilet			. —	
(7)	HNC_4_6	Col. 653	Char 1	1	Marked
(7)	None HNC_4_0	Col. 654	Char 1	1	Marked
Fo. lo th	nere a toilet or portable toilet conver			<u> </u>	Mariou
	room in which you sleeps?	nemily located to	,	1	Yes

	HNC_5A	Col. 655	Char 1	2_	No
	Is there a toilet or portable toilet conventhe room in which you spends most of y	our day?		1	Yes
	HNC_5B	Col. 656	Char 1	² L	No
_	ITEM C.4 Respondent is - HNC_CK6	Col. 657	Char 1	1 2	Sample Person Proxy - SKIP to 7a
r	All things considered, how satisfied are neighborhood - would you say that you satisfied, or not satisfied? HNC_6		d, Char 1	1 2 3	Very satisfied Satisfied Not satisfied
	Is there a conveniently located food or on this neighborhood? HNC_7A	grocery store in Col. 659	Char 1	1 2	Yes No
	Is there a conveniently located drug sto neighborhood? HNC_7B	re or pharmacy Col. 660	in this Char 1	1 2	Yes No
8a. I	Is crime a serious problem is this neighl HNC_8A	borhood? Col. 661	Char 1	1 2	Yes No
	During the past year, has you (or any ot household) been a victim of a crime in t HNC_8B			1 2	Yes No
	ITEM C.5 Respondent is - HNC_8CK6	Col. 663	Char 1	1 2	Sample Person Proxy - SKIP To 1a in HEALTH INSURANCE
s h	Now I am going to read you some things said about nursing homes. Even though had much experience with them, we wo opinions. As I read each statement, ple mostly agree with it or most disagree wi	h you may not h uld like to have ease tell me if yo	ave your		
	In a nursing home people can count on Do you mostly agree or disagree? HNC_9A	help 24 hours a	•	1 2 3	Yes, mostly agree No, mostly disagree No opinion
b. I	It's better to stay out of nursing homes a HNC_9B	as long as you o Col. 665	an. Char 1	1 2 3	Yes, mostly agree No, mostly disagree No opinion
c. 1	Most nursing homes take good care of p HNC_9C	people. Col. 666	Char 1	1 2 3	Yes, mostly agree No, mostly disagree No opinion
	People go to a nursing home only when place to live. HNC_9D	there is no other		1 2 3	Yes, mostly agree No, mostly disagree No opinion
e. 1	Nursing homes are lonely places to live HNC_9E	in. Col. 668	Char 1	1 2 3	Yes, mostly agree No, mostly disagree No opinion
	There are lots of things to do in a nursin	ng home to keep)	1	Yes, mostly agree
ŗ	people busy. HNC_9F	Col. 669		3	No, mostly disagree No opinion
				Health Insura	nce
f	There is a national program called Medi for health care for persons in need. In t called (name).		3	_	<u>_</u>

During the past 12 months, have y			1	Yes
has been or will be paid for by Med			2	No
INS_2A	Col. 670	Char 1	3	DK
b. Do you NOW have a Medicaid (or	(name)) card?		1	Yes
INS_2B	Col. 671	Char 1	2	No - SKIP to 2
c. May I please see your card?			1	Current Medicaid card seen
INS_2C_1	Col. 672	Char 1	2	Expired Medicaid card seen
	-		3	No card seen
			4	Other card seen
2. Are you NOW covered by any OTH	HFR public assistar	nce program	1	Yes
that pays for health care?	ILI i public acciera	100 program	2	No
INS_3A	Col. 673	Char 1	3	DK
Are you NOW covered by CHAMP			<u> </u>	1 - 11
programs that provide medical insu				
survivors of military personnel and			1 1	Yes
INS_4	Col. 674	Char 1	2	No
				NO .
4a. We are interested in all kinds of pri		nce plans		
except those which pay only for ac-			ļ	
Are you now covered by a private h			ļ <u> </u>	
pays any part of a hospital, doctor's	-		1	Yes
INS_5A	Col. 675	Char 1	2	No - SKIP to 1a
Plan 1:			<u> </u>	
b1. What is the name of this plan?			į	
NOT GIVEN				
c1. Does this (name) plan pay any par	t of hospital expen	ses?	1	Yes
INS_5D1	Col. 676	Char 1	2	No
			<u> </u>	1
d1. Does this (name) plan pay any par bills for operations?	[OI GOCIOI S OI Suit	geons	1	Yes
INS_5E1	Col. 677	Char 1	, <u>'</u>	No
			<u> </u>	NO
Reask c, d, and e if more than one	plan		ļ	
Plan 2:			-	
b2. What is the name of this plan?			į	
NOT GIVEN			•	
c2. Is this (name) plan an HMO?			1	Yes
INS_5D2	Col. 678	Char 1	2	No
d2. Does this (name) plan pay any par	t of hospital expen	ISAS?	1	Yes
INS 5E2	Col. 679	Char 1	2	No
Reask c, d, and e if more than one	plan			
Plan 3:			į	
b3. What is the name of this plan?			1	Yes
NOT GIVEN			2	No
c3. Is this (name) plan an HMO?			1	Yes
INS_5D3	Col. 680	Char 1	2	No
d3. Does this (name) plan pay any par	t of hospital expen	ISAS?	1	Yes
INS_5E3	Col. 681	Char 1	2	No
				CRIPTION MEDICINES
1a. Have you EVER been a patient in			i	CRIPTION MEDICINES
or rest home?	a nursing nome, co	nivalescent	1	Yes
MPP_1A	Col. 682	Char 1	2	No - SKIP to 1e
	001. 002	Onai i		
b. How many times?			01-99	Time(s)
MPP_1B	Col. 683	Char 2	į	

c1. When were you admitted (that the time before that)?	time/the last time/		
MPP_1C_1	Col. 685	Char 2	01-12 Month
MPP_1C_2	Col. 687	Char 2	1999 Year
c2. Next to last time?			
MPP_1C21	Col. 689	Char 2	01-12 Month
MPP_1C22	Col. 691	Char 2	1999 Year
c3. Time before that?			
MPP 1C31	Col. 693	Char 2	01-12 Month
MPP_1C32	Col. 695	Char 2	1999 Year
d1. How long were you in nursing h	nome (that time)?		
MPP_1D_1	Col. 697	Char 2	01-99 Days
MPP_1D_2	Col. 699	Char 2	01-99 Months
d2. Next to last time?	0 701	01 0	
MPP_1D21	Col. 701	Char 2	01-99 Days
MPP_1D22	Col. 703	Char 2	01-99 Months
d3. Time before that?			
MPP_1D31	Col. 705	Char 2	01-99 Days
MPP_1D32	Col. 707	Char 2	01-99 Months
e. Are you now on a waiting list to	go into a nursing hom	e?	1 Yes
MPP_1E	Col. 709	Char 1	2 No
2a. Have you been a patient in a h	ospital overnight or ler	gor in	1 Yes
the last 12 months?	ospital overnight of lor	iger, iii	No - SKIP to 3a
MPP_2A	Col. 710	Char 1	10 ON 10 00
b. How many times?	-		01-99 Time(s)
MPP_2B	Col. 711	Char 2	
c1. When were you admitted (that	time/the last time/the t	ime	
before that)?			
MPP_2C_1	Col. 713	Char 2	01-12 Month
MPP_2C_2	Col. 715	Char 2	98-99 Year
c2. Next to last time?			01-12 Month
MPP_2C21	Col. 717	Char 2	01-12 Month
MPP_2C22	Col. 719	Char 2	98-99 Year
c3. Time before that?			01-12 Month
MPP_2C31	Col. 721	Char 2	01-12 Month
MPP_2C32	Col. 723	Char 2	98-99 Year
	ital that time/last time	(daya ar mantha)	<u> </u>
d1. How long were you in the hosp MPP 2D 1	Col. 725	Char 2	9 01-99 Days
MPP_2D_2	Col. 727	Char 2	01-99 Months
	001. 727	Onar 2	UT-00 INIOTILIS
d2. Next to last time?			
MPP_2D21	Col. 729	Char 2	01-99 Days
MPP_2D22	Col. 731	Char 2	01-99 Months
d3. Time before that?			
MPP_2D31	Col. 733	Char 2	01-99 Days
MPP_2D32	Col. 735	Char 2	01-99 Months
3a. In the last month, that is, since	(date 1 month ago), d	id you see	
a physical therapist, an occupa			
therapist, or a hearing therapis			
in the hospital)?			1 Yes
MPP_3A	Col. 737	Char 1	2 No - SKIP to 4a
Which of these therapists did y	ou see?		
	000.		
Anyone else?			

	Mark (1) all that apply.				
	. , , , , , , , , , , , , , , , , , , ,			4 C	Voc
b1.	Physical therapist	Col. 738	Char 1	'⊨⊣	Yes blank - SKIP to 3b2.
	MPP_3B_1		Char 1		DIATIK - SKIF 10 302.
c1.	How many times did you see this Phys	ical therapist in t	he		
	last month?	Col. 739	Char 0	01-99	Time(a)
	MPP_3CP		Char 2		Time(s)
d1.	Did you see this Physical therapist in y	our home or		1	At home
	somewhere else?	0 744	01 4	2	Somewhere else
	MPP_3DP	Col. 741	Char 1	3	Both
b2.	Occupational therapist		-	1	Yes
	MPP_3B_2	Col. 742	Char 1		blank - SKIP to 3b3.
c2.	How many times did you see this Occu	pational therapis	it		
	in the last month?				
	MPP_3CO	Col. 743	Char 2	01-99	Time(s)
d2.	Did you see this Occupational therapis	t in your home o	r	1	At home
	somewhere else?			2	Somewhere else
	MPP_DO	Col. 745	Char 1	3	Both
b3.	Speech therapist			1	Yes
	MPP_3B_3	Col. 746	Char 1		blank - SKIP to 3b4.
c3.	How many times did you see this Spee	ch therapist			
	in the last month?				
	MPP_3CS	Col. 747	Char 2	01-31	Time(s)
d3.	Did you see this Speech therapist in yo	our home or			
	somewhere else?			1	At home
	MPP_DS	Col. 749	Char 1	2	Somewhere else
				3	Both
b4.	Hearing therapist			1	Yes
	MPP_B_4	Col. 750	Char 1		blank - SKIP to e
c4.	How many times did you see this Hear	ing therapist			
	in the last month?				
	MPP_3CH	Col. 751	Char 2	01-31	Time(s)
d4.	Did you see this Hearing therapist in yo	our home or		1	At home
	somewhere else?			2	Somewhere else
	MPP_3DH	Col. 753	Char 1	3	Both
e.	How much? (Dollars OR percent)				
	PROBE for dollar amount.				
				000001	
	MPP_F	Col. 754	Char 6	000001- 999999	Dollars
	MPP_F_2	Col. 760	Char 3	001-100	Percent
	MPP_F_3	Col. 763	Char 1	0	Nothing
				1	Included with other charges
f.	Will insurance, Medicare, Medicaid, or	anyone else, inc	luding		
	any members of you family, end up pa	ying any of the cl	narges	_	
	for that visit/all those visits?			1	Yes - SKIP to 3h
	MPP_3G	Col. 764	Char 1	2	No
CHECK	ITEM E.1				
	Refer to 3e and 3f above.	0 1 ===	0	1	Sample person paid nothing AND no one else will pay
	MPP_CK6	Col. 765	Char 1	2	All others - SKIP to 4a
g.	Why was there no charge?				
	Mark (1) all that apply.				
	• • • •		į		

(1)	One general fee/blanket charge				
	MPP_3H_1	Col.	766	Char 1	1 Marked
(2)	Group practice prepayment/Healt	h Mai	ntenance		
	Organization (HMO)				<u> </u>
	MPP_3H_2	Col.	767	Char 1	1 Marked
(3)	Welfare/Public Assistance				
	MPP_3H_3	Col.	768	Char 1	1 Marked
(4)	Private organization/charity				SKIP
	MPP_3H_4	Col.	769	Char 1	1 Marked to 4a
(5)	Federal, State, or city hospital, cli	nic, o	r health de	partment	
	MPP_3H_5	Col.	770	Char 1	1 Marked
(6)	Professional courtesy				
. ,	MPP_3H_6	Col.	771	Char 1	1 Marked
(7)	Other				
. ,	MPP_3H_7	Col.	772	Char 1	1 Marked
n. wno	will end up paying?				
Anyo	ne else?				
Mark	(1) all that apply.				
	.,				
(1)	Insurance				
	MPP_3I01	Col.	773	Char 1	1 Marked
(3)	Medicare				
	MPP_3I05	Col.	. 774	Char 1	1 Marked
(4)	Medicaid				
	MPP_3I07	Col.	775	Char 1	1 Marked
(5)	Veterans Administration (VA)				
	MPP_3I09	Col.	776	Char 1	1 Marked
(6)	Household member(s)				
. ,	MPP_3I11	Col.	. 777	Char 1	1 Marked
	MPP_3I11_2	Col.	778	Char 2	01-30 Person Number
	MPP_3I11_3		780	Char 2	01-30 Person Number
(7)		haua	ممسم مسلما مام	la a u/a\\	Defeate Control Cond
(7)	Child(ren) of sample person (non-				Refer to Control Card items 11 and 20
	MPP_3I13		782	Char 1	· H /
	MPP_3I13_2		783	Char 2 Char 2	31-60 Person Number for personal numbers 31-60 Person Number
	MPP_3I13_3		785		i
	MPP_3I13_4		787	Char 2	i <u></u>
	MPP_3I13_5	COI.	789	Char 2	31-60 Person Number
(8)	Father				
	MPP_3I16	Col.	791	Char 1	1 Marked
(9)	Mother				<u></u>
	MPP_3I18	Col.	792	Char 1	1 Marked
(10)	Son-in-law				_
	MPP_3I02	Col.	793	Char 1	1 Marked
(11)	Daughter-in-law				
	MPP_3I04	Col.	794	Char 1	1 Marked
(12)	Brother				
	MPP_3I06	Col.	795	Char 1	1 Marked
(13)	Sister				_
	MPP_3I08	Col.	796	Char 1	1 Marked
(14)	Other male relative				
	MPP_3I10	Col.	797	Char 1	1 Marked
(15)	Other female relative				<u> </u>
	MPP_3I12	Col.	798	Char 1	1 Marked
(16)	Male friend				
	MPP_3I14	Col.	799	Char 1	1 Marked
(17)	Female friend				<u> </u>
	MPP_3I15	Col.	800	Char 1	1 Marked

(18	B) Other MPP_3I17	Col. 801	Char 1	1 Marked	
dis	the last month, that is, since (date 1 cuss any personal problems with a pychologist, or any other mental health MPP_4A	sychiatrist,	I you Char 1	1 Yes 2 No - SKIP to	o 5a
	w many times Have you seen one of fessionals in the last month? MPP_4B	these mental h	nealth Char 2	01-99 Times	
	w much will you yourself end up payi it/all those visits)?	ing for (that			
Fill	in only one.				
PF	ROBE for dollar amount				
	MPP_4D_1	Col. 805	Char 6	000001- 999999 Dollars	
	MPP_4D_2	Col. 811	Char 3	001-100 Percent	
	MPP_D_3	Col. 814	Char 1	0 Nothing 1 Included wit	th other charges
an	Il insurance, Medicare, Medicaid, or y members of your family, end up pa (that visit/all those visits)? MPP_4E		-	1 Yes - SKIP	to 4f
CHECK ITE					
	fer to 4c and 4d above.			1 Sample per	son paid nothing AND no one else will pay
	MPP_CK8	Col. 816	Char 1	2 All others -	SKIP to 5a
e. Wł	ny was there no charge?				
	ny was there no charge? ark (1) all that apply.				
	ark (1) all that apply.				_
<i>Ma</i> (1)	ork (1) all that apply. One general fee/blanket charge MPP_4F_1	Col. 817	Char 1	1 Marked)
Ma	ork (1) all that apply. One general fee/blanket charge MPP_4F_1 Group practice prepayment/Healt		Char 1	1 Marked)
<i>Ma</i> (1)	ork (1) all that apply. One general fee/blanket charge MPP_4F_1 Group practice prepayment/Healt Organization (HMO)		Char 1 Char 1	1 Marked 1 Marked	
<i>Ma</i> (1)	ork (1) all that apply. One general fee/blanket charge MPP_4F_1 Group practice prepayment/Healt	h Maintenance		_	
(1) (2) (3)	ork (1) all that apply. One general fee/blanket charge MPP_4F_1 Group practice prepayment/Healt Organization (HMO) MPP_4F_2 Welfare/Public Assistance MPP_4F_3	h Maintenance		_	
(1)	ork (1) all that apply. One general fee/blanket charge MPP_4F_1 Group practice prepayment/Healt Organization (HMO) MPP_4F_2 Welfare/Public Assistance MPP_4F_3 Private organization/charity	h Maintenance Col. 818 Col. 819	Char 1 Char 1	1 Marked 1 Marked	SKIP to 5a
(1) (2) (3)	ork (1) all that apply. One general fee/blanket charge MPP_4F_1 Group practice prepayment/Healt Organization (HMO) MPP_4F_2 Welfare/Public Assistance MPP_4F_3 Private organization/charity MPP_4F_4	h Maintenance Col. 818 Col. 819 Col. 820	Char 1 Char 1 Char 1	1 Marked	SKIP to 5a
(1) (2) (3) (4)	ork (1) all that apply. One general fee/blanket charge MPP_4F_1 Group practice prepayment/Healt Organization (HMO) MPP_4F_2 Welfare/Public Assistance MPP_4F_3 Private organization/charity MPP_4F_4	h Maintenance Col. 818 Col. 819 Col. 820	Char 1 Char 1 Char 1	1 Marked 1 Marked	
(1) (2) (3) (4)	one general fee/blanket charge MPP_4F_1 Group practice prepayment/Healt Organization (HMO) MPP_4F_2 Welfare/Public Assistance MPP_4F_3 Private organization/charity MPP_4F_4 Federal, State, or city hospital, cli MPP_4F_5 Professional courtesy	h Maintenance Col. 818 Col. 819 Col. 820 nic, or health do Col. 821	Char 1 Char 1 Char 1 epartment Char 1	1 Marked 1 Marked 1 Marked 1 Marked	
(1) (2) (3) (4) (5) (6)	one general fee/blanket charge MPP_4F_1 Group practice prepayment/Healt Organization (HMO) MPP_4F_2 Welfare/Public Assistance MPP_4F_3 Private organization/charity MPP_4F_4 Federal, State, or city hospital, cli MPP_4F_5 Professional courtesy MPP_4F_6	h Maintenance Col. 818 Col. 819 Col. 820 nic, or health do	Char 1 Char 1 Char 1 epartment	1 Marked 1 Marked 1 Marked	
(1) (2) (3) (4) (5)	one general fee/blanket charge MPP_4F_1 Group practice prepayment/Healt Organization (HMO) MPP_4F_2 Welfare/Public Assistance MPP_4F_3 Private organization/charity MPP_4F_4 Federal, State, or city hospital, cli MPP_4F_5 Professional courtesy MPP_4F_6	h Maintenance Col. 818 Col. 819 Col. 820 nic, or health do Col. 821	Char 1 Char 1 Char 1 epartment Char 1	1 Marked 1 Marked 1 Marked 1 Marked	
(1) (2) (3) (4) (5) (6)	one general fee/blanket charge MPP_4F_1 Group practice prepayment/Healt Organization (HMO) MPP_4F_2 Welfare/Public Assistance MPP_4F_3 Private organization/charity MPP_4F_4 Federal, State, or city hospital, cli MPP_4F_5 Professional courtesy MPP_4F_6 Specify	h Maintenance Col. 818 Col. 819 Col. 820 nic, or health do Col. 821 Col. 822	Char 1 Char 1 Char 1 epartment Char 1 Char 1	1 Marked 1 Marked 1 Marked 1 Marked 1 Marked 1 Marked	
(1) (2) (3) (4) (5) (6) (7)	one general fee/blanket charge MPP_4F_1 Group practice prepayment/Healt Organization (HMO) MPP_4F_2 Welfare/Public Assistance MPP_4F_3 Private organization/charity MPP_4F_4 Federal, State, or city hospital, cli MPP_4F_5 Professional courtesy MPP_4F_6 Specify MPP_4F_7	h Maintenance Col. 818 Col. 819 Col. 820 nic, or health do Col. 821 Col. 822	Char 1 Char 1 Char 1 epartment Char 1 Char 1	1 Marked 1 Marked 1 Marked 1 Marked 1 Marked 1 Marked	
(1) (2) (3) (4) (5) (6) (7)	one general fee/blanket charge MPP_4F_1 Group practice prepayment/Healt Organization (HMO) MPP_4F_2 Welfare/Public Assistance MPP_4F_3 Private organization/charity MPP_4F_4 Federal, State, or city hospital, cli MPP_4F_5 Professional courtesy MPP_4F_6 Specify MPP_4F_7 no will end up paying?	h Maintenance Col. 818 Col. 819 Col. 820 nic, or health do Col. 821 Col. 822	Char 1 Char 1 Char 1 epartment Char 1 Char 1	1 Marked 1 Marked 1 Marked 1 Marked 1 Marked 1 Marked	
(1) (2) (3) (4) (5) (6) (7)	one general fee/blanket charge MPP_4F_1 Group practice prepayment/Healt Organization (HMO) MPP_4F_2 Welfare/Public Assistance MPP_4F_3 Private organization/charity MPP_4F_4 Federal, State, or city hospital, cli MPP_4F_5 Professional courtesy MPP_4F_6 Specify MPP_4F_7 owill end up paying? yone else? ark (1) all that apply. Insurance	h Maintenance Col. 818 Col. 819 Col. 820 nic, or health do Col. 821 Col. 822 Col. 823	Char 1 Char 1 epartment Char 1 Char 1 Char 1	1 Marked 1 Marked 1 Marked 1 Marked 1 Marked 1 Marked 1 Marked	
(1) (2) (3) (4) (5) (6) (7) f. Wh An Ma (1)	one general fee/blanket charge MPP_4F_1 Group practice prepayment/Healt Organization (HMO) MPP_4F_2 Welfare/Public Assistance MPP_4F_3 Private organization/charity MPP_4F_4 Federal, State, or city hospital, cli MPP_4F_5 Professional courtesy MPP_4F_6 Specify MPP_4F_7 on will end up paying? yone else? ark (1) all that apply. Insurance MPP_4G01	h Maintenance Col. 818 Col. 819 Col. 820 nic, or health do Col. 821 Col. 822	Char 1 Char 1 Char 1 epartment Char 1 Char 1	1 Marked 1 Marked 1 Marked 1 Marked 1 Marked 1 Marked	
(1) (2) (3) (4) (5) (6) (7) f. Wh	one general fee/blanket charge MPP_4F_1 Group practice prepayment/Healt Organization (HMO) MPP_4F_2 Welfare/Public Assistance MPP_4F_3 Private organization/charity MPP_4F_4 Federal, State, or city hospital, cli MPP_4F_5 Professional courtesy MPP_4F_6 Specify MPP_4F_7 on will end up paying? yone else? ark (1) all that apply. Insurance MPP_4G01	h Maintenance Col. 818 Col. 819 Col. 820 nic, or health do Col. 821 Col. 822 Col. 823	Char 1 Char 1 epartment Char 1 Char 1 Char 1	1 Marked 1 Marked 1 Marked 1 Marked 1 Marked 1 Marked 1 Marked	
(1) (2) (3) (4) (5) (6) (7) f. Wh An Ma (1)	one general fee/blanket charge MPP_4F_1 Group practice prepayment/Healt Organization (HMO) MPP_4F_2 Welfare/Public Assistance MPP_4F_3 Private organization/charity MPP_4F_4 Federal, State, or city hospital, cli MPP_4F_5 Professional courtesy MPP_4F_6 Specify MPP_4F_7 on will end up paying? yone else? ark (1) all that apply. Insurance MPP_4G01 Medicare MPP_4G05 Medicaid	h Maintenance Col. 818 Col. 819 Col. 820 nic, or health do Col. 821 Col. 822 Col. 823 Col. 823	Char 1 Char 1 epartment Char 1 Char 1 Char 1 Char 1	1 Marked 1 Marked 1 Marked 1 Marked 1 Marked 1 Marked 1 Marked 1 Marked	
(1) (2) (3) (4) (5) (6) (7) f. Wh Ma (1) (3)	one general fee/blanket charge MPP_4F_1 Group practice prepayment/Healt Organization (HMO) MPP_4F_2 Welfare/Public Assistance MPP_4F_3 Private organization/charity MPP_4F_4 Federal, State, or city hospital, cli MPP_4F_5 Professional courtesy MPP_4F_6 Specify MPP_4F_7 no will end up paying? yone else? ark (1) all that apply. Insurance MPP_4G01 Medicare MPP_4G05 Medicaid MPP_4G07	h Maintenance Col. 818 Col. 819 Col. 820 nic, or health do Col. 821 Col. 822 Col. 823	Char 1 Char 1 epartment Char 1 Char 1 Char 1	1 Marked 1 Marked 1 Marked 1 Marked 1 Marked 1 Marked 1 Marked	

		MPP_4G09	Col.	827	Char 1	į	1	Marked
(6	6)	Household member(s)				ŀ		
(0	,	MPP_4G11	Col.	828	Char 1	į	1	Marked
		MPP_4G11_2	Col.		Char 2	01	-30	Personal number
			Col.		Char 2		-30	Personal number
		MPP_4G11_3	COI.	031	Criar 2	0'	-30	i ersonal number
(7	')	Child(ren) of sample person (non-l	house	hold meml	ber(s))	Ì		
		MPP_4G13	Col.	833	Char 1	i	1	Marked
		MPP_4G13_2	Col.	834	Char 2	31	-60	Personal number
		MPP_4G13_3	Col.	836	Char 2	31	-60	Personal number
		MPP_4G13_4	Col.	838	Char 2	31	-60	Personal number
		MPP_4G13_5	Col.	840	Char 2	31	-60	Personal number
(0						į		
(8	5)	Father	0 1	0.40	01 4	į	₁ □	Markad
		MPP_4G16	Col.	842	Char 1	į	'Ш	Marked
(9	9)	Mother				į	. —	
		MPP_4G18	Col.	843	Char 1	į	1	Marked
(1	0)	Son-in-law				į		
		MPP_4G02	Col.	844	Char 1	į	1	Marked
(1	1)	Daughter-in-law				İ		
		MPP_4G04	Col.	845	Char 1	į	1	Marked
(1	2)	Brother				į		
`	,	MPP 4G06	Col.	846	Char 1		1	Marked
(1	3)	Sister						
(.	0,	MPP_4G08	Col.	847	Char 1		1	Marked
/1	4)	-	COI.	047	Onai i	ļ	'الل	Walked
(1	4)	Other male relative	0-1	0.40	0	ļ	₁ □	Markad
	-\	MPP_4G10	Col.	848	Char 1	ļ	'	Marked
(1	5)	Other female relative			. .	į	. —	
		MPP_4G12	Col.	849	Char 1		1	Marked
(1	6)	Male friend						
		MPP_4G14	Col.	850	Char 1		1	Marked
(1	7)	Female friend				ļ		
		MPP_4G15	Col.	851	Char 1		1	Marked
(1	8)	Specify other				į	· · · · · · · · · · · · · · · · · · ·	
		MPP_4G17	Col.	852	Char 1		1	Marked
5a In	the	e last month, that is, since (date 1 r	nonth	ann) did v	/OU	<u> </u>		
		ve care from a dentist, foot doctor,			/ou	į		
			opton	iletiist, oi		ļ	₁ □	Yes
CI	шо	practor?	Cal	0.50	Char 1	į.	1	No - SKIP to 6a
		MPP_5A	Col.	853	Char 1		2	No - SKIF to ba
W	/hic	h of these did you see?				l l		
Δι	nvo	ne else?				ļ		
A	iiyo	ne else:				Ì		
Μ	lark	(1) all that apply.				İ		
b1. D	onti	ot.				ŀ	1	Yes
טו. ט	enn		0-1	054	0	i	'⊢⊣	blank - SKIP to 5b2.
		MPP_5B_1	Col.	854	Char 1	ŀ		DIATIK - SKIP 10 302.
c1. H	ow	many times did you see the Dentist	t in the	e last mont	th?	i		
		MPP 5CD	Col.	855	Char 2	01	-31	times
14 D					0			All
a1. D	ıa y	ou see the Dentist in you home or				į	1	At home
		MPP_5DD	Col.	857	Char 1	į	2	Somewhere else
						į	3	Both
h2 Fo	nnt	doctor				ŀ	11 1	Yes
DL. 1 \	001	MPP_5B_2	Col.	858	Char 1	į	· H	blank - SKIP to 5b3.
		WII 1 _0D_E	JUI.	550	Jilai I		ш	5.a 5/11/10 000.
c2. H	ow	many times did you see the Foot de	octor	in the last i	month?			
		MPP_5CF	Col.	859	Char 2	01	-31	times
40 D	id ·	ou see the Foot doctor in you home	o or o	omowboro	olco?			At home
u∠. D	ıu y					į	1	
		MPP_5DF	Col.	001	Char 1	į	2	Somewhere else
						:	3	Both

	j j
b3. Optometrist MPP_5B_3 Col. 862 Char 1	1 Yes blank - SKIP to 5b4.
c3. How many times did you see the Optometrist in the last month? MPP_5CT Col. 863 Char 2	01-31 times
d3. Did you see the Optometrist in you home or somewhere else? MPP_DT Col. 865 Char 1	1 At home 2 Somewhere else Both
b4. Chiropractor MPP_5B_4 Col. 866 Char 1	1 Yes blank - SKIP to 6a.
c4. How many times did you see the Chiropractor in the last month? MPP_5CC Col. 867 Char 2	01-31 times
d4. Did you see the Chiropractor in you home or somewhere else? MPP_DC Col. 869 Char 1	1 At home 2 Somewhere else Both
6a. In the last month, that is, since (date 1 month ago), did you go to an emergency room or hospital clinic when you did NOT stay overnight? (Do not include any visits you have already told me about.) MPP_6A Col. 870 Char 1	1 Yes 2 No - <i>SKIP to 7a</i>
b. How many times did you go in the last month? MPP_6B Col. 871 Char 2	01-31 Times(s)
7a. (Not counting any visits you've already told me about) in the last month, that is, since (date 1 month ago), did you receive medical care in a doctor's office? (Do NOT count doctors seen in a hospital emergency room or hospital clinic, or while a patient in the hospital.) MPP_7A Col. 873 Char 1	1 Yes 2 No - SKIP to 8a
b. How many times did you receive care in a doctor's office in the last month? MPP_7B Col. 874 Char 2	01-31 Times(s)
8a. In the last month, that is, since (date 1 month ago), did you see a doctor in you home? (Do NOT count any visits you already told me about.) MPP_8A Col. 876 Char 1	1 Yes 2 No - SKIP to 9
b. How many times did you see a doctor in you home in the last month? MPP_8B Col. 877 Char 2	01-31 Times(s)
9. Does you have a regular source of medical care, like a family doctor, a clinic, or some other medical person or place? MPP_9 Col. 879 Char 1	1 Yes 2 No
10a. In the last month, that is, since (date 1 month ago), did you receive nursing services at home from someone such as a visiting nurse, home health aide, or nurse's aide? MPP_10A Col. 880 Char 1	1 Yes 2 No - SKIP to CHECK ITEM E.3
10b. Who provided these services?	
Anyone else?	
Fill flap item 3a and b in the next available helpers column for name not previously entered. Mark flap item 3c, box 9 in all cases. If new helper, go to CHECK ITEM A.9 and administer a helpers column for any new persons as specified.	
Then continued with CHECK ITEM E.3	:

					:	
CHECK	ITEN	M E.3				
	Resp	pondent is -			1	Sample Person
		MPP_CK12	Col. 881	Char 1	2	Proxy - SKIP to 12a
11a.	In th	e last month, did you have any hea	alth problem or	condition	!	
		ut which you would have liked to se				
	med	lical person, but did not?			1 🔲	Yes
		MPP_11A	Col. 882	Char 1	2	No - SKIP to 12a
11b.	Wha	at is the reason that you didn't see a	a doctor or othe	er	!	
		lical person?				
	Anv	other reason?				
	-					
	нес	ord verbatim response below; then	mark (1) all tha	и арріу.		
	(1)	Financial				
	(0)	MPP_1105	Col. 883	Char 1	<u>¹</u>	Marked
	(2)	Time	Cal 004	Char 1	1	Marked
	(3)	MPP_1106 Availability of a doctor	Col. 884	Char 1	'ـــا	Ividineu
	(3)	MPP_1107	Col. 885	Char 1	1	Marked
	(4)	Transportation	33.1. 333	J		
	()	MPP_1108	Col. 886	Char 1	1	Marked
	(5)	Not free to leave				
		MPP_1109	Col. 887	Char 1	1	Marked
	(6)	Problem not serious			.—	
	(7)	MPP_1110	Col. 888	Char 1	1 1 L	Marked
	(7)	Afraid to find out what's wrong	Col. 889	Char 1	1	Marked
	(8)	MPP_1111 Weather	C01. 669	Chai i	<u>'</u>	Warked
	(0)	MPP_1112	Col. 890	Char 1	1	Marked
	(9)	Other reason(s)				
		MPP_1113	Col. 891	Char 1	1	Marked
12a.	In th	e last month, that is, since (date 1	month ago), ho)W	i I !	
	man	y prescription medicines were boug	ght by you or			
	obta	ined for you?			01-99	Number of prescription medicines
		MPP_12A	Col. 892	Char 2	00	None - SKIP to 13
b.	How	much will you yourself end up payi	ing for (this/the	se)	l l	_
	pres	criptions?				
	PRC	OBE for dollar amount.			0000-	
		MPP_12C1	Col. 894	Char 6	5000	
					5001	More than \$5001
		MPP_12C2	Col. 900	Char 3	001-100	Percent
				Char 1	. =	Nothing
		MPP_12B	Col. 903	Char i	0	Included with other charges
	147				'	
C.		insurance, Medicaid, or anyone els			! !	
		nbers of your family, end up paying this/these) prescription(s)?	any or the cha	iges	1□	Yes - SKIP to 12e
	101 (1	MPP_12D	Col. 904	Char 1	<u> </u>	No
CLIECK	/ ITEN					
CHECK		N E.4 er to 12b and 12c above.			1	Sample person paid nothing AND no one else will pay
	пете	MPP_CK13	Col. 905	Char 1	<u> </u>	Sample person paid nothing AND no one else will pay
	14/1		JUI. 300	J.10. 1		
d.		was there no charge?				
	Any	other reason?				
	Mark	k (1) all that apply.				
	(1)	One general fee/blanket charge				
		_				

	MDD 4000	0 1 000	O	i
(0)	MPP_1202	Col. 906	Char 1	X I X if used, blank otherwise
(2)	Group practice prepayment/Hea	aith Maintenan	ce	
	Organization (HMO)	0-1-007	Ob 4	V Vitared blank atheroide
(0)	MPP_1203	Col. 907	Char 1	X X if used, blank otherwise
(3)	Welfare/Public Assistance	0 1 000	O 1 4	i de Madad
	MPP_1204	Col. 908	Char 1	1 Marked
(4)	Private organization/charity			SKIP
	MPP_1205	Col. 909	Char 1	1 Marked to 13
(5)	Federal, State, or city hospital,	clinic, or health	n department	<u> </u>
	MPP_1206	Col. 910	Char 1	1 Marked
(6)	Professional courtesy			<u> </u>
	MPP_1207	Col. 911	Char 1	1 Marked
(7)	Specify other reason			<u> </u>
	MPP_1208	Col. 912	Char 1	1 Marked
e Who	will end up paying?			<u> </u>
Any	other reason?			
Mark	(1) all that apply.			
(1)	Insurance			
. ,	MPP_1213	Col. 913	Char 1	1 Marked
(2)	Medicaid			
` '	MPP_1219	Col. 914	Char 1	1 Marked
(3)	Veterans Administration (VA)			
(0)	MPP_1221	Col. 915	Char 1	1 Marked
(4)	Household member(s)			
(+)	MPP_1223	Col. 916	Char 1	1 Marked
	MPP_1223_2	Col. 910	Char 2	01-30 Person Number
	MPP_1223_3	Col. 919	Char 2	01-30 Person Number
	MPP_1223_3	COI. 919	Glai Z	1 erson Number
(5)	Child(ren) of sample person (no	on-household n	nember(s))	
	MPP_1225	Col. 921	Char 1	1 Marked
	MPP_1225_2	Col. 922	Char 2	31-60 Person Number
	MPP_1225_3	Col. 924	Char 2	31-60 Person Number
	MPP_1225_4	Col. 926	Char 2	31-60 Person Number
	MPP_1225_5	Col. 928	Char 2	31-60 Person Number
		00 020	0	
(6)	Father			
	MPP_1228	Col. 930	Char 1	1 Marked
(7)	Mother			
	MPP_1230	Col. 931	Char 1	1 Marked
(8)	Son-in-law			<u> </u>
	MPP_1214	Col. 932	Char 1	1 Marked
(9)	Daughter-in-law			
	MPP_1216	Col. 933	Char 1	1 Marked
(10)	Brother			<u> </u>
	MPP_1218	Col. 934	Char 1	1 Marked
(11)	Sister			<u> </u>
` '	MPP_1220	Col. 935	Char 1	1 Marked
(12)	Other male relative		- · · · · ·	
(14)	MPP_1222	Col. 936	Char 1	1 Marked
(12)	···· · _ · _ ·	20 000	J 1	
	Other female relative			1 Marked
	Other female relative	Col 027	Char 1	Marked
(13)	MPP_1224	Col. 937	Char 1	<u> </u>
(13)	MPP_1224 Male friend			1 Marked
(13) (14)	MPP_1224 Male friend MPP_1226	Col. 937 Col. 938	Char 1 Char 1	1 Marked
(13) (14)	MPP_1224 Male friend MPP_1226 Female friend	Col. 938	Char 1	
(13) (14) (15)	MPP_1224 Male friend MPP_1226 Female friend MPP_1227			1 Marked 1 Marked
(13) (14) (15)	MPP_1224 Male friend MPP_1226 Female friend	Col. 938	Char 1	

			: .1 1 I					
down or to relieve depression? MPP_13	Col. 941	Char 1	1 Yes 2 No					
Section F - COGNITIVE FUNCTIONING								
CHECK ITEM F.1								
Respondent is -	Col. 942	Char 1	1 Sample Person 2 Proxy - SKIP to CHECK ITEM G.1					
MNT_CK1		Char i	2 Fluxy - SKIF to CHECK ITEM G.1					
Sometimes when people get older, remembering things. If you do not		to some	INTERVIEWER INSTRUCTIONS -					
of the next questions, that's okay.			Score this item after you complete the interview.					
know the answers, the questions m	ay seem very sim	ole.						
1. What is the date today?			1 Plus (+)					
MNT_1	Col. 943	Char 1	2 Minus (-)					
2. What day of the week is it?	0.1.044		1 Plus (+)					
MNT_2	Col. 944	Char 1	2 Minus (-)					
3. What is your street address?	Col. 045	Char 1	1 Plus (+)					
MNT_3	Col. 945	Char 1	2 Minus (-)					
In what State is this?MNT 4	Col. 946	Char 1	1 Plus (+) 2 Minus (-)					
	001. 340	Onai i						
How old are you? MNT_5	Col. 947	Char 1	1 Plus (+) 2 Minus (-)					
6. When were you born?			1 Plus (+)					
MNT_6	Col. 948	Char 1	2 Minus (-)					
7. Who is the President of the United	States now?		1 Plus (+)					
MNT_7	Col. 949	Char 1	2 Minus (-)					
8. Who was the President just before	him?		1 Plus (+)					
MNT_8	Col. 950	Char 1	2 Minus (-)					
9. What was your mother's maiden na			1 Plus (+)					
MNT_9	Col. 951	Char 1	2 Minus (-)					
10. Subtract 3 from 20 and keep subtra	cting 3 from each	new						
number you get, all the way down.								
PROBE: Can you subtract 3 from t	nat?							
MNT_10	Col. 952	Char 1	1 Plus (+)					
Correct answer: 17, 14, 11, 8, 5, 2			2 Minus (-)					
	Section G - MII	ITARY SERVICE	E, ETHNICITY, INCOME AND ASSETS					
CHECK ITEM G.1	300 Will		-,,,,					
Sample person is -			1 Male					
INC_SEX	Col. 954	Char 1	2 Female - SKIP to 3					
1a. Did EVER serve on active duty	in the Armed Force	es of the						
United States? INC_1A	Col. 955	Char 1	1 Yes 2 No - <i>SKIP to 3</i>					
b. When did serve?	Joi. 300	Onai i						
Any other periods of service?								
Mark (1) all that apply.								
(1) World War I (April '17 - Nov '		Char 4	1 Marked					
INC_1B_1 (2) World War II (Sept '40 - July '	Col. 956 47)	Char 1	1 Marked					
INC_1B_2	Col. 957	Char 1	1 Marked					
(3) Korean War (June '50 - Jan '								
INC_1B_3 (4) Viotage War (Aug 164 April	Col. 958	Char 1	1 Marked					
(4) Vietnam War (Aug '64 - April	70)		! !					

	INC_1B_4	Col. 959	Char 1	1	Marked
(5)	Post Vietnam (May '75 - present)				
(6)	INC_1B_5 Other Service (All other periods)	Col. 960	Char 1	'Ш	Marked
(0)	INC_1B_6	Col. 961	Char 1	1	Marked
. \\\-				- 1	
	 ever an active member of a Narve unit?	itional Guard or		12	Yes No SKIP
1030	INC_1C	Col. 962	Char 1	3	DK to 2a
d \\/aa	ALL of active duty service relat				
	ary reserve training?	led to National	Guaru or	1	Yes
1111110	INC_1D	Col. 963	Char 1	2	No
2a Door	s have a disability related to				
	es of the United States?	service in the /	Annea	1	Yes
1 010	INC_2A	Col. 964	Char 1	2	No - SKIP to 3
h Mha					
D. WIIA	t is current VA disability rating? INC_2B	Col. 965	Char 3	000-100	percent
0 0116			Onar o		•
	OW FLASHCARD J			01 02	German Italian
vviia	tt is ethnic origin or descent? INC_3	Col. 968	Char 2	03	Irish
	1140_0	001. 000	Onar 2	04	French
				05	Polish
				06	Russian
				07	English
				08	Scottish
				09	Welsh
				10	Mexican American
				11 12	Chicano Mexican
				13	Puerto Rican
				14	Cuban
				15	Central or South American (Spanish country)
				16	Other Spanish
				20	Afro-American (Black or Negro)
				30	Another group not listed
				39	DK
INSTRUCTIO	ON				
D-ft 0	tual Cand the use 11, 10, 10, 10, 10, 1				
	troi Card items 11, 12a, 12c, 12d, a	na 16. Enter n	ames and perso	n of sample pers	son's family members aged 15 and over (relationship codes 1 - 10).
COLUMN A					
5a1. Durii	ng the last month, that is, in the mo	nth of (<i>previous</i>	month),		
	\ldots (or any members of \ldots family w				
Soci	al Security benefits or Railroad Reti		i	1	Yes
	INCA_5A	Col. 2149	Char 1	2	No - SKIP to 6a
	received these payments?			. —	
Anyo	one else?	0 1 0450	01 4	1	Received
	INCA_5B	Col. 2150	Char 1	2	Did not receive
c1. How	much did receive in (previous i	month)?		00000-	
	INCA EC	Cal 0151	Char F	50,000	More than \$50,000
	INCA_5C	Col. 2151	Char 5	50,001	More than \$50,000
	INCA_5C_DK	Col. 2156	Char 1	7	Received but no entry
				8	Refused
				9	DK
	ng (<i>previous month</i>) did (or any				
who	live here) receive Veterans Adminis	stration comper	isation		

or pension? INCA 6A	Col. 2157	Char 1	1 Yes 2 No - <i>SKIP to 7a</i>
b1. Who received these payments?	ſ		1 Received
Anyone else? INCA_6B	Col. 2158	Char 1	2 Did not receive
		Onai i	Z Did not receive
c1. How much did receive in (p.			00000-
INCA_6C	Col. 2159	Char 5	50,000
			50,001 More than \$50,000
INCA 6C DK	Col. 2164	Char 1	7 Received but no entry
			8 Refused
			9 DK
7a1. During (previous month), did	(or any members of	family	
who live here) receive any othe	, ,	•	
annuity income?	r rotiromont, pondion, o	,	1 Yes
INCA_7A	Col. 2165	Char 1	2 No - SKIP to 8a
b1. Who received these payments?	!		4 □ 5 · 1
Anyone else?	0-1-0400	Ob - :: 4	1 Received
INCA_7B	Col. 2166	Char 1	2 Did not receive
c1. How much did receive in (p.	revious month)?		00000-
INCA_7C	Col. 2167	Char 5	50,000
			50,001 More than \$50,000
INCA_7C_DK	Col. 2172	Char 1	7 Received but no entry
			8 Refused
			9 DK
8a1. During (previous month), did	(or any members of	family	
who live here) receive unemplo		laililly	
Compensation?	yment or workers		1 Yes
INCA_8A	Col. 2173	Char 1	2 No - SKIP to 9a
		Ona. 1	10 01 10 00
b1. Who received these payments?	!		4 □ 5 · 1
Anyone else?	0-1-0474	Ob - :: 4	1 Received
INCA_8B	Col. 2174	Char 1	2 Did not receive
c1. How much did receive in (p.	revious month)?		00000-
INCA_8C	Col. 2175	Char 5	50,000
			50,001 More than \$50,000
INCA_8C_DK	Col. 2180	Char 1	7 Received but no entry
			8 Refused
			9 DK
9a1. During (previous month), did	(or any members of	family	
who live here) receive Supplem			
SSI payments? These can con	•		
government (gold checks) or th		iai	1 Yes
INCA_9A	Col. 2181	Char 1	2 No - SKIP to 10a
b1. Who received these payments?	?		4 December
Anyone else?	Cal 0100	Char 1	1 Received
INCA_9B	Col. 2182	Char 1	2 Did not receive
c1. How much did receive in (p.			00000-
INCA_9C	Col. 2183	Char 5	50,000
			50,001 More than \$50,000
INCA_9C_DK	Col. 2188	Char 1	7 Received but no entry
			8 Refused
			9 DK
10a1. During (previous month), did	(or any members of	family	_ _
who live here) receive earnings			

Include wages, salaries, tips, commissions, and ne own business, professional practice, partnership, of INCA_10A Col. 2189	or farm.	1 Yes 2 No - <i>SKIP to 11a</i>
b1. Who received these payments?		
Anyone else?		1 Received
INCA_10B Col. 2190	Char 1	2 Did not receive
c1. How much did receive in (previous month)?		00000-
INCA_10C Col. 2191	1 Char 5	50,000 50,001 More than \$50,000
INCA_10C_DK Col. 2196	6 Char 1	7 Received but no entry 8 Refused
		9 DK
11a1. During (previous month), did (or any members	of family	
who live here) receive net income from rent of an		
other real estate or income from roomers or borde		1 Yes
INCA_11A Col. 2197	7 Char 1	2 No - <i>SKIP to 12a</i>
b1. Who received these payments?		
Anyone else? INCA_11B Col. 2198	3 Char 1	1 Received 2 Did not receive
	o Glai i	:
c1. How much did receive in (previous month)? INCA 11C Col. 2199	9 Char 5	00000- 50,000
INOA_110 001. 2198	9 Onai 5	50,001 More than \$50,000
INCA 11C DK Col. 2204	4 Char 1	7 Received but no entry
INCA_11C_DK Col. 2204	+ Chari	8 Refused
		9 DK
12a1. During (previous month), did (or any members	of family	
who live here) receive regular contributions from fr		
relatives (other than those relatives in this househouse		1 Yes
INCA_12A Col. 2205	5 Char 1	2 No - <i>SKIP to 13a</i>
b1. Who received these payments?		
Anyone else?	Char 1	1 Received 2 Did not receive
INCA_12B Col. 2206	6 Char 1	<u> </u>
c1. How much did receive in (previous month)? INCA_12C Col. 2207	7 Char 5	00000- 50,000
INOA_120 Col. 2207	Oliai 5	50,001 More than \$50,000
INCA_12C_DK Col. 2212	2 Char 1	7 Received but no entry
11(6)(<u>1</u> 26 <u>5</u> 1(- Onar i	8 Refused
		9 DK
COLUMN B		
5a2. During the last month, that is, in the month of (<i>pre</i>		
did (or any members of family who lives he Social Security benefits or Railroad Retirement be	,	1 Yes
INCB_5A Col. 2247		No - SKIP to 6a
b2. Who received these payments?		
Anyone else?		1 Received
INCB_5B Col. 2248	3 Char 1	2 Did not receive
c2. How much did receive in (previous month)?		00000-
INCB_5C Col. 2249	9 Char 5	50,000
		50,001 More than \$50,000
INCB_5C_DK Col. 2254	4 Char 1	7 Received but no entry
		8 Refused 9 DK
6a2. During (previous month) did (or any members	of family	[
סמב. שנווווש (<i>previous montin</i>) מום (or any members	oi iamiiy	İ

	who live here) receive Veterans Admin	istration compe	nsation	_	
	or pension?			1	Yes
	INCB_6A	Col. 2255	Char 1	2	No - SKIP to 7a
b2.	Who received these payments?			_	
	Anyone else?	0 1 0050	01 4	1	Received
	INCB_6B	Col. 2256	Char 1	2	Did not receive
c2.	How much did receive in (previous	•		00000-	
	INCB_6C	Col. 2257	Char 5	50,000	Mare than 050,000
			i	50,001	More than \$50,000
	INCB_6C_DK	Col. 2262	Char 1	8 9	Refused DK
7a2	During (previous month), did (or a	nv members of .	family		
	who live here) receive any other retirer		· .		
	annuity income?			1	Yes
	INCB_7A	Col. 2263	Char 1	2	No - SKIP to 8a
b2.	Who received these payments?				
	Anyone else?			1	Received
	INCB_7B	Col. 2264	Char 1	2	Did not receive
c2.	How much did receive in (previous	month)?		00000-	
	INCB_7C	Col. 2265	Char 5	50,000	
			İ	50,001	More than \$50,000
	INCB_7C_DK	Col. 2270	Char 1	8	Refused
				9	DK
8a2.	During (previous month), did (or a	ny members of .	family		
	who live here) receive unemployment of	or Worker's	i		
	Compensation?			1	Yes
	INCB_8A	Col. 2271	Char 1	2	No - SKIP to 9a
b2.	Who received these payments?				
	Anyone else?	0 1 0070	01 4	1	Received
	INCB_8B	Col. 2272	Char 1	2	Did not receive
c2.	How much did receive in (previous			00000-	
	INCB_8C	Col. 2273	Char 5	50,000	Many than 050 000
				50,001	More than \$50,000
	INCB_8C_DK	Col. 2278	Char 1	8	Refused
				9	DK
9a2.	During (previous month), did (or a	•			
	who live here) receive Supplemental S	-			
	SSI payments? These can come from government (gold checks) or the State		rai	1	Yes
	INCB_9A	Col. 2279	Char 1	2	No - SKIP to 10a
h2			<u>'</u>		
UZ.	Who received these payments? Anyone else?			1	Received
	INCB_9B	Col. 2280	Char 1	2	Did not receive
c2	How much did receive in (previous	month)?		00000-	
02.	INCB_9C	Col. 2281	Char 5	50,000	
				50,001	More than \$50,000
	INCB_9C_DK	Col. 2286	Char 1	8	Refused
				9	DK
10a2	During (<i>previous month</i>), did (or ar	ny members of	familv		
. our.	who live here) receive earnings from a		-		
	Include wages, salaries, tips, commiss				
	own business, professional practice, pa			1 🔲	Yes
	INCB_10A	Col. 2287	Char 1	2	No - SKIP to 11a

1				.	
b2.	Who received these payments?				
	Anyone else?			1	Received
	INCB_10B	Col. 2288	Char 1	2	Did not receive
c2.	How much did receive in (previous	month)?		00000-	
	INCB_10C	Col. 2289	Char 5	50,000	
				50,001	More than \$50,000
	INIOD 100 DIV	0-1 0004	Ol 4	ر ا	Defined
	INCB_10C_DK	Col. 2294	Char 1	8 9	Refused DK
				- ا	DIX.
11a2.	During (previous month), did (or ar	-	•		
	who live here) receive net income from other real estate or income from roome	•	ment or	₁□	Yes
	INCB_11A	Col. 2295	Char 1	2	No - SKIP to 12a
- 0			- Criai i		110 01111 10 124
02.	Who received these payments? Anyone else?			₁□	Received
	INCB_11B	Col. 2296	Char 1	2	Did not receive
			- Criai i		Did Hot 1000H0
C2.	How much did receive in (<i>previous</i> INCB_11C	<i>montn</i>) ? Col. 2297	Char 5	00000- 50,000	
	INCB_ITC	COI. 2297	Char 5	50,000	More than \$50,000
	INCB_11C_DK	Col. 2302	Char 1	8	Refused
				9	DK
12a2.	During (<i>previous month</i>), did (or ar		-		
	who live here) receive regular contribut				
	relatives (other than those relatives in t	,		1	Yes
	INCB_12A	Col. 2303	Char 1	2	No - SKIP to 13a
b2.	Who received these payments?				
	Anyone else?	0-1 0004	Ol 4	1	Received
	INCB_12B	Col. 2304	Char 1	2	Did not receive
c2.	How much did receive in (previous			00000-	
	INCB_12C	Col. 2305	Char 5	50,000	Maria than 050 000
				50,001	More than \$50,000
	INCB_12C_DK	Col. 2310	Char 1	8	Refused
				9	DK
COLUN	AN C				
F-0	Divine the lest month that is in the ma	anth of (musiciani			
583.	During the last month, that is, in the mo		*		
	did (or any members of family v Social Security benefits or Railroad Re			1	Yes
	INCC_5A	Col. 2345	Char 1	2	No - SKIP to 6a
L O				<u>-</u>	
D3.	Who received these payments? Anyone else?				Received
	INCC_5B	Col. 2346	Char 1	2	Did not receive
-0					2.0.1.0(1000).10
C3.	. How much did receive in (<i>previous</i> INCC 5C	•	Char 5	00000- 50,000	
	11400_30	Col. 2347	Char 5	50,000	More than \$50,000
	NOO EO DI	0 1 6070	01 4		
	INCC_5C_DK	Col. 2352	Char 1	8	Refused
				9	DK
6a3.	During (previous month) did (or an		-		
	who live here) receive Veterans Admin	istration comper	nsation	, —	Voc
	or pension? INCC_6A	Col. 2353	Char 1	1	Yes No - <i>SKIP to 7a</i>
		OUI. 2303	Onai I	ــــا ــــا	140 0101 10 70
b3.	Who received these payments?			1	Received
	Anyone else?				neceiveu

INCC_6B	Col. 2354	Char 1	2 Did not receive
c3. How much did receive in (previo	us month)?		00000-
INCC_6C	Col. 2355	Char 5	50,000
_			50,001 More than \$50,000
INCC_6C_DK	Col. 2360	Char 1	8 Refused
11400_00_DIX	001. 2000	Onai i	9 DK
= - D ' / ' '			
7a3. During (<i>previous month</i>), did (or			!
who live here) receive any other reting annuity income?	ement, perision, i	or	1 Yes
INCC_7A	Col. 2361	Char 1	No - SKIP to 8a
			1
b3. Who received these payments? Anyone else?			1 Received
Anyone else? INCC_7B	Col. 2362	Char 1	1 Heceived 2 Did not receive
		Ullai i	
c3. How much did receive in (<i>previo</i>			00000-
INCC_7C	Col. 2363	Char 5	50,000 More than \$50,000
			50,001 More than \$50,000
INCC_7C_DK	Col. 2368	Char 1	8 Refused
			9 DK
8a3. During (previous month), did (or	any members of	family	
who live here) receive unemploymer	it or Worker's		<u> </u>
Compensation?			1 Yes
INCC_8A	Col. 2369	Char 1	2 No - SKIP to 9a
b3. Who received these payments?			
Anyone else?			1 Received
INCC_8B	Col. 2370	Char 1	2 Did not receive
c3. How much did receive in (previo	us month)?		<u> </u>
INCC_8C	Col. 2371	Char 5	00000
			50,000
			50,001 More than \$50,000
INCC_8C_DK	Col. 2376	Char 1	8 Refused
			9 DK
9a3. During (previous month), did (or	any members of	family	
who live here) receive Supplemental			
SSI payments? These can come from	m either the Fede	eral	
government or the State governmen	t.		1 Yes
INCC_9A	Col. 2377	Char 1	2 No - <i>SKIP to 10a</i>
b3. Who received these payments?			
Anyone else?			1 Received
INCC_9B	Col. 2378	Char 1	2 Did not receive
c3. How much did receive in (previo	us month)?		00000-
INCC_9C	Col. 2379	Char 5	50,000
			50,001 More than \$50,000
INCC_9C_DK	Col. 2384	Char 1	8 Refused
	30 200 .	J	9 DK
10a3. During (previous month), did (or	any members of	family	<u> </u>
who live here) receive earnings from			
Include wages, salaries, tips, commi			
own business, professional practice,			1 Yes
INCC_10A	Col. 2385	Char 1	2 No - SKIP to 11a
b3. Who received these payments?			<u>i — — — — — — — — — — — — — — — — — — —</u>
Anyone else?			1 Received
INCC_10B	Col. 2386	Char 1	2 Did not receive

			_	
c3. How much did receive in (previous	s month)?		00000-	
INCC_10C	Col. 2387	Char 5	50,000	
			50,001	More than \$50,000
INCC_10C_DK	Col. 2392	Char 1	8	Refused
INCC_IOC_DR	O01. 2392	Gilai i	9	DK
			اللا	DN
11a3. During (previous month), did (or a			! ! !	
who live here) receive net income from		tment or		
other real estate or income from room			1	Yes
INCC_11A	Col. 2393	Char 1	² [No - SKIP to 12a
b3. Who received these payments?			!	
Anyone else?			1	Received
INCC_11B	Col. 2394	Char 1	2	Did not receive
c3. How much did receive in (previous	month)?		00000-	
INCC_11C	Col. 2395	Char 5	50,000	
			50,001	More than \$50,000
INIOO 440 PK	0 1 0400	01 4		
INCC_11C_DK	Col. 2400	Char 1	8 -	Refused
			9	DK
12a3. During (previous month), did (or a	ny members of .	family	Î 	
who live here) receive regular contribu	tions from friend	ds or		
relatives (other than those relatives in	this household)	?	1	Yes
INCC_12A	Col. 2401	Char 1	2	No - SKIP to 13a
b3. Who received these payments?				
Anyone else?			1	Received
INCC_12B	Col. 2402	Char 1	2	Did not receive
c3. How much did receive in (previous	: month\?		00000-	
INCC_12C	Col. 2403	Char 5	50,000	
	001. 2 100	onal o	50,001	More than \$50,000
			00,001	11010 (11411 \$60,000
INCC_12C_DK	Col. 2408	Char 1	8	Refused
			9	DK
COLUMN D				
5a4. During the last month, that is, in the m	onth of (previou	s month),		
did (or any members of family	who lives here)	receive	<u> </u>	
Social Security benefits or Railroad Re	etirement benefit	ts?	1	Yes
INCD_5A	Col. 2443	Char 1	2	No - SKIP to 6a
b4. Who received these payments?			: !	
Anyone else?			1□	Received
INCD_5B	Col. 2444	Char 1	2	Did not receive
c4. How much did receive in (<i>previous</i> INCD 5C	•	Char 5	00000- 50,000	
INOD_3C	Col. 2445	Onar 5	50,000	More than \$50,000
			50,001	พเดเซ เกลก ชุวบ,บบบ
INCD_5C_DK	Col. 2450	Char 1	8	Refused
			9	DK
6a4. During (previous month) did (or ar	ny members of .	Family		
who live here) receive Veterans Admir			i !	
or pension?			1	Yes
INCD_6A	Col. 2451	Char 1	2	No - SKIP to 7a
b4. Who received these payments?				
Anyone else?			·□	Received
INCD_6B	Col. 2452	Char 1	2	Did not receive
		J.10. 1		2.3
c4. How much did receive in (previous	,	o	00000-	
INCD_6C	Col. 2453	Char 5	50,000	

		į	50,001	More than \$50,000
INCD_6C_DK	Col. 2458	Char 1	8	Refused
		0.12.	9	DK
7a4. During (previous month), did (or an	y members of .	family		
who live here) receive any other retirem	ent, pension, or	r		
annuity income?	Cal 2450	Char 1	1 2	Yes No - <i>SKIP to 8a</i>
INCD_7A	Col. 2459	Char 1	- ا	100 - SKIP 10 8a
b4. Who received these payments? Anyone else?			1□	Received
INCD_7B	Col. 2460	Char 1	2	Did not receive
c4. How much did receive in (previous			00000-	310 1100 1100 1100
INCD_7C	Col. 2461	Char 5	50,000	
			50,001	More than \$50,000
INCD_7C_DK	Col. 2466	Char 1	8	Refused
			9	DK
8a4. During (previous month), did (or an	y members of .	family		
who live here) receive unemployment of	r Worker's			
Compensation?	2 2407	21 4	1	Yes
INCD_8A	Col. 2467	Char 1	2	No - SKIP to 9a
b4. Who received these payments?			ļ ,	5 1 - 1
Anyone else? INCD_8B	Col. 2468	Char 1	1 2	Received Did not receive
		Gilai i		Did not receive
c4. How much did receive in (<i>previous</i> INCD_8C	month)? Col. 2469	Char 5	00000- 50,000	
11400_00	OUI. 2403	Onai 3	50,000	More than \$50,000
INCD_8C_DK	Col. 2474	Char 1	8	Refused
1140D_00_B1	001. 2474	Onai i	9	DK
9a4. During (previous month), did (or an	ıv members of .	family		
who live here) receive Supplemental Se		-		
SSI payments? These can come from	either the Feder	ral		
government or the State government.	0-1-0475	Ob - :: 1	1	Yes No - <i>SKIP to 10a</i>
INCD_9A	Col. 2475	Char 1	2	NO - SKIP to 10a
b4. Who received these payments?				Received
Anyone else? INCD_9B	Col. 2476	Char 1	2	Did not receive
c4. How much did receive in (previous		Orial 1	00000-	Did not receive
INCD_9C	Col. 2477	Char 5	50,000	
	00	Gridi S	50,001	More than \$50,000
INCD_9C_DK	Col. 2482	Char 1	8	Refused
	00 2 .02	Orial 1	9	DK
10a4. During (previous month), did (or an	y members of .	family		
who live here) receive earnings from a	job or business?	?		
Include wages, salaries, tips, commissi			,	·
own business, professional practice, pa INCD_10A	artnership, or far Col. 2483	rm. Char 1	2	Yes No - <i>SKIP to 11a</i>
b4. Who received these payments?	OOI. 2-100	Onar i		110 0101 15 1.12
Anyone else?			1	Received
INCD_10B	Col. 2484	Char 1	2	Did not receive
c4. How much did receive in (previous	month)?	-	00000-	
INCD_10C	Col. 2485	Char 5	50,000	
			50,001	More than \$50,000
INCD_10C_DK	Col. 2490	Char 1	8	Refused
		į.	9	DK

	 During (previous month), did (or a who live here) receive net income from 			
	other real estate or income from room		tilletit of	1 Yes
	INCD_11A	Col. 2491	Char 1	2 No - SKIP to 12a
h4				
04.	. Who received these payments? Anyone else?			1 Received
	INCD 11B	Col. 2492	Char 1	2 Did not receive
- 1	. How much did receive in (<i>previous</i>			
C4.	INCD_11C	Col. 2493	Char 5	00000- 50,000
	INOD_ITO	001. 2493	Onai 3	50,000 More than \$50,000
	INOD 440 DIA	0 1 0/00	O	
	INCD_11C_DK	Col. 2498	Char 1	8 Refused 9 DK
				a
12a4.	During (previous month), did (or a			
	who live here) receive regular contribu			4 🗖 V
	relatives (other than those relatives in INCD_12A	Col. 2499	f Char 1	1 Yes 2 No - <i>SKIP to 13a</i>
		COI. 2499	Chai i	2 NO - OKII 10 13a
b4.	. Who received these payments?			4 Provinced
	Anyone else?	C-I 0500	Ohar 1	1 Received
	INCD_12B	Col. 2500	Char 1	2 Did not receive
c4.	. How much did receive in (previous	,		00000-
	INCD_12C	Col. 2501	Char 5	50,000
				50,001 More than \$50,000
	INCD_12C_DK	Col. 2506	Char 1	8 Refused
				9 DK
COLUI	MN E			
F-F	During the last month, that is, in the m	anth of (provious	o month)	
585.	did (or any members of family		· i	
	Social Security benefits or Railroad Re			1 Yes
	INCE_5A	Col. 2541	Char 1	No - SKIP to 6a
h5	. Who received these payments?			
50.	Anyone else?			1 Received
	INCE_5B	Col. 2542	Char 1	2 Did not receive
c5	. How much did receive in (previous	s month\?		00000-
00.	INCE_5C	Col. 2543	5	50,000
			Ü	50,001 More than \$50,000
	INCE 5C DK	Col. 2548		50,001 More than \$50,000
	INCE_5C_DK	Col. 2548	1	50,001 More than \$50,000 8 Refused
e o F			1	50,001 More than \$50,000
6a5.	During (<i>previous month</i>) did (or a	ny members of .	1 Family	50,001 More than \$50,000 8 Refused
6a5.	During (<i>previous month</i>) did (or an who live here) receive Veterans Admi	ny members of .	1 Family	50,001 More than \$50,000 8 Refused 9 DK
6a5.	During (<i>previous month</i>) did (or a	ny members of .	1 Family	50,001 More than \$50,000 8 Refused
	During (<i>previous month</i>) did (or an who live here) receive Veterans Admit or pension? INCE_6A	ny members of . nistration compe	1 Family nsation	50,001 More than \$50,000 8 Refused 9 DK 1 Yes
	During (previous month) did (or at who live here) receive Veterans Admit or pension? INCE_6A Who received these payments?	ny members of . nistration compe	1 Family nsation	50,001 More than \$50,000 8 Refused 9 DK 1 Yes 2 No - SKIP to 7a
	During (<i>previous month</i>) did (or an who live here) receive Veterans Admit or pension? INCE_6A	ny members of . nistration compe	1 Family nsation	50,001 More than \$50,000 8 Refused 9 DK 1 Yes
b5.	During (previous month) did (or an who live here) receive Veterans Admit or pension? INCE_6A Who received these payments? Anyone else? INCE_6B	ny members of . nistration compe Col. 2549 Col. 2550	1 Family nsation Char 1	50,001 More than \$50,000 8 Refused DK 1 Yes 2 No - SKIP to 7a 1 Received Did not receive
b5.	During (previous month) did (or an who live here) receive Veterans Admir or pension? INCE_6A Who received these payments? Anyone else? INCE_6B How much did receive in (previous)	ny members of . nistration compe Col. 2549 Col. 2550 s month)?	1 Family nsation Char 1 Char 1	50,001 More than \$50,000 8 Refused DK 1 Yes 2 No - SKIP to 7a 1 Received Did not receive
b5.	During (previous month) did (or an who live here) receive Veterans Admit or pension? INCE_6A Who received these payments? Anyone else? INCE_6B	ny members of . nistration compe Col. 2549 Col. 2550	1 Family nsation Char 1	50,001 More than \$50,000 8 Refused DK 1 Yes 2 No - SKIP to 7a 1 Received Did not receive
b5.	During (previous month) did (or an who live here) receive Veterans Admit or pension? INCE_6A Who received these payments? Anyone else? INCE_6B How much did receive in (previous INCE_6C	ny members of . nistration compe Col. 2549 Col. 2550 s month)? Col. 2551	1 Family nsation Char 1 Char 1 Char 5	50,001 More than \$50,000 8 Refused 9 DK 1 Yes 2 No - SKIP to 7a 1 Received Did not receive 00000- 50,000 More than \$50,000
b5.	During (previous month) did (or an who live here) receive Veterans Admir or pension? INCE_6A Who received these payments? Anyone else? INCE_6B How much did receive in (previous)	ny members of . nistration compe Col. 2549 Col. 2550 s month)?	1 Family nsation Char 1 Char 1	50,001
b5.	During (previous month) did (or an who live here) receive Veterans Admit or pension? INCE_6A Who received these payments? Anyone else? INCE_6B How much did receive in (previous INCE_6C	col. 2550 s month)? Col. 2556	1 . Family nsation Char 1 Char 1 Char 5 Char 1	50,001 More than \$50,000 8 Refused 9 DK 1 Yes 2 No - SKIP to 7a 1 Received Did not receive 00000- 50,000 More than \$50,000

annuity income?			1	Yes
INCE_7A	Col. 2557	Char 1	2	No - SKIP to 8a
b5. Who received these payments?				
Anyone else?			1	Received
INCE_7B	Col. 2558	Char 1	2	Did not receive
c5. How much did receive in (previous	s month)?		00000-	
INCE 7C	Col. 2559	Char 5	50,000	
	33 2000	5.1d. 5	50,001	More than \$50,000
INOE 70 DV	0-1 0504	Ol 4		
INCE_7C_DK	Col. 2564	Char 1	8	Refused DK
			9	DK
8a5. During (previous month), did (or a		family		
who live here) receive unemployment	or Worker's			
Compensation?			1 1	Yes
INCE_8A	Col. 2565	Char 1	2	No - SKIP to 8a
b5. Who received these payments?				
Anyone else?			1	Received
INCE_8B	Col. 2566	Char 1	2	Did not receive
c5. How much did receive in (previous	s month)?		00000-	
INCE 8C	Col. 2567	Char 5	50,000	
			50,001	More than \$50,000
NOT 00 DV	0-1 0570	Ob 5 4		
INCE_8C_DK	Col. 2572	Char 1	8	Refused
			9	DK
9a5. During (previous month), did (or a				
who live here) receive Supplemental S	Security Income	, that is		
SSI payments? These can come from	n either the Fed	eral		
government or the State government.			1	Yes
INCE_9A	Col. 2573	Char 1	2	No - SKIP to 10a
b5. Who received these payments?				
Anyone else?			1	Received
INCE_9B	Col. 2574	Char 1	2	Did not receive
c5. How much did receive in (previous	s month)?		00000-	
INCE 9C	Col. 2575	Char 5	50,000	
	001. 2070	ona. o	50,001	More than \$50,000
		.		
INCE_9C_DK	Col. 2580	Char 1	8	Refused
			9	DK
10a5. During (previous month), did (or a	iny members of	family	-	
who live here) receive earnings from a	a job or busines:	s?	Ì	
Include wages, salaries, tips, commiss	sions, and net ir	come from		
own business, professional practice, p	artnership, or fa	arm.	1 🔲	Yes
INCE_10A	Col. 2581	Char 1	2	No - SKIP to 11a
b5. Who received these payments?				
Anyone else?			1	Received
INCE_10B	Col. 2582	Char 1	2	Did not receive
			00000	
c5. How much did receive in (<i>previous</i>	•	Char 5	00000- 50,000	
INCE_10C	Col. 2583	Char 5	50,000	More than \$50,000
			30,001	More than \$50,000
INCE_10C_DK	Col. 2588	Char 1	8	Refused
			9	DK
11a5. During (previous month), did (or a	ny members of	family	1	
who live here) receive net income from			İ	
other real estate or income from room	ers or borders?		1	Yes
INCE_11A	Col. 2589	Char 1	2	No - SKIP to 12a

b5. Who received these payments?			_
Anyone else?	_		1 Received
INCE_11B	Col. 2590	Char 1	2 Did not receive
c5. How much did receive in (previo			00000-
INCE_11C	Col. 2591	Char 5	50,000
			50,001 More than \$50,000
INCE_11C_DK	Col. 2596	Char 1	8 Refused
			9 DK
12a5. During (previous month), did (o	r any members of	family	
who live here) receive regular contr			
relatives (other than those relatives	,		1 Yes
INCE_12A	Col. 2597	Char 1	2 No - SKIP to 13a
b5. Who received these payments?			
Anyone else?		-	1 Received
INCE_12B	Col. 2598	Char 1	2 Did not receive
c5. How much did receive in (previo			00000-
INCE_12C	Col. 2599	Char 5	50,000
			50,001 More than \$50,000
INCE_12C_DK	Col. 2604	Char 1	8 Refused
			9 DK
COLUMN F			
	month of /	io month)	<u> </u>
5a6. During the last month, that is, in the			
did (or any members of fam Social Security benefits or Railroad			1 Yes
INCF_5A	Col. 2639	Char 1	No - SKIP to 6a
			<u>-</u>
b6. Who received these payments? Anyone else?			1 Received
INCF_5B	Col. 2640	Char 1	2 Did not receive
c6. How much did receive in (<i>previ</i> d			00000-
INCF_5C	Col. 2641	Char 5	50,000
	JUI. 2041	Onai J	50,000 More than \$50,000
INCE EC DI	Cal 0040	Char 1	
INCF_5C_DK	Col. 2646	Char 1	8 Refused 9 DK
O O Duning (providence accords) 414		Fam:!!:	<u> </u>
6a6. During (previous month) did (or who live here) receive Veterans Ada			
or pension?	minoriation compe	στιδαιΙΟΙΤ -	1 Yes
INCF_6A	Col. 2647	Char 1	No - SKIP to 7a
b6. Who received these payments?			
Anyone else?			1 Received
INCF_6B	Col. 2648	Char 1	2 Did not receive
c6. How much did receive in (<i>previ</i> d			00000-
INCF_6C	Col. 2649	Char 5	50,000
	201. 2040	Onai O	50,001 More than \$50,000
INCF 6C DK	Col. 2654	Char 1	8 Refused
IINOF_0O_DK	OUI. 2004	Char 1	9 DK
7.0 Poulos (annui (1) Pi		f = 9	* LJ **\
7a6. During (<i>previous month</i>), did (o			
who live here) receive any other ret annuity income?	rement, pension,	UI	1 Yes
INCF_7A	Col. 2655	Char 1	No - SKIP to 8a
		Onai I	
b6. Who received these payments?			1 Received
Anyone else? INCF 7B	Col. 2656	Char 1	1 Received 2 Did not receive
11401 / 12	JUI. 2000	Ona I	E DIG HOL TOUCHTO

c6	How much did receive in (previous	s month)?		00000-
	INCF_7C	Col. 2657	Char 5	50,000
				50,001 More than \$50,000
	INCF_7C_DK	Col. 2662	Char 1	8 Refused
				9 DK
8a6	During (previous month), did (or a	any members of	family	
	who live here) receive unemployment	or Worker's		
	Compensation?			1 Yes
	INCF 8A	Col. 2663	Char 1	2 No - SKIP to 8a
				
D6	Who received these payments?			√ ¬ ¬ · · ·
	Anyone else?	0 1 0001	O	1 Received
	INCF_8B	Col. 2664	Char 1	2 Did not receive
c6	How much did receive in (previous	s month)?		00000-
	INCF_8C	Col. 2665	Char 5	50,000
	_			50,001 More than \$50,000
	INOE OO DIK	0 0070	01 4	
	INCF_8C_DK	Col. 2670	Char 1	8 Refused
				9 DK
	D : ()			
9a6	During (previous month), did (or a	-	•	
	who live here) receive Supplemental			
	SSI payments? These can come from		eral	·
	government or the State government.			1 Yes
	INCF_9A	Col. 2671	Char 1	2 No - SKIP to 10a
b6	Who received these payments?			
	Anyone else?			1 Received
	INCF_9B	Col. 2672	Char 1	2 Did not receive
		a manth\0		
C6	How much did receive in (previous		01 5	00000-
	INCF_9C	Col. 2673	Char 5	50,000
				50,001 More than \$50,000
	INCF_9C_DK	Col. 2678	Char 1	8 Refused
				9 DK
1026	During (<i>previous month</i>), did (or a	any members of	family	
Tuau	who live here) receive earnings from a			
	Include wages, salaries, tips, commis	•		
	own business, professional practice,			1 Yes
		Col. 2679	Char 1	No - SKIP to 11a
	INCF_10A	COI. 2679	Char i	NO - SKIF to TTa
b6	Who received these payments?			
	Anyone else?			1 Received
	INCF_10B	Col. 2680	Char 1	2 Did not receive
c6	How much did receive in (previous	s month\?		00000-
00	INCF_10C	Col. 2681	Char 5	50,000
		JJI. 2001	Chai U	50,001 More than \$50,000
				30,001 More than \$50,000
	INCF_10C_DK	Col. 2686	Char 1	8 Refused
				9 DK
11a6	During (previous month), did (or a	any members of	family	
	who live here) receive net income from	•	rtment or	
	other real estate or income from room			1 Yes
	INCF_11A	Col. 2687	Char 1	2 No - SKIP to 12a
h6	Who received these payments?			
20	Anyone else?			1 Received
	INCF_11B	Col. 2688	Char 1	2 Did not receive
c6	How much did receive in (previous	s month)'?		00000-

INCF_11C	Col. 2689	Char 5	50,000 50,001	More than \$50,000
WGE 445 E15	0 1 0			More than \$50,000
INCF_11C_DK	Col. 2694	Char 1	8	Refused Refused
			٥	Helused
12a6. During (previous month), did (or an	•	· .		
who live here) receive regular contribut		1	, —	Vac
relatives (other than those relatives in t INCF_12A	his household)? Col. 2695	Char 1	1 2	Yes No - <i>SKIP to 13a</i>
	JUI. 2030	Oliai i	۷	THE OTHER TOTAL
b6. Who received these payments? Anyone else?			1	Received
INCF_12B	Col. 2696	Char 1	2	Did not receive
c6. How much did receive in (previous	month)?		00000-	
INCF_12C	Col. 2697	Char 5	50,000	
		ļ	50,001	More than \$50,000
INCF_12C_DK	Col. 2702	Char 1	8	Refused
			9	DK
COLUMN G				
5a7. During the last month, that is, in the mo	onth of (previous	month),		
did (or any members of family v				
Social Security benefits or Railroad Ret			1	Yes
INCG_5A	Col. 2737	Char 1	2	No - SKIP to 6a
b7. Who received these payments?				
Anyone else?	Cal 2729	Char 1	1 2	Received
INCG_5B	Col. 2738	Char 1		Did not receive
c7. How much did receive in (<i>previous</i>		Char F	00000-	
INCG_5C	Col. 2739	Char 5	50,000 50,001	More than \$50,000
INCO EC DIC	Cal 0744	Char 1		
INCG_5C_DK	Col. 2744	Char 1	8	Refused DK
6a7. During (previous month) did (or any	/ members of	Family		
who live here) receive Veterans Admini		· .		
or pension?	1		1	Yes
INCG_6A	Col. 2745	Char 1	2	No - SKIP to 7a
b7. Who received these payments?				
Anyone else?			1	Received
INCG_6B	Col. 2746	Char 1	2	Did not receive
c7. How much did receive in (<i>previous</i>	,	Char 5	00000-	
INCG_6C	Col. 2747	Char 5	50,000 50,001	More than \$50,000
W00 00 511	0 1 0===		=	
INCG_6C_DK	Col. 2752	Char 1	8	Refused DK
7a7. During (<i>previous month</i>), did (or an	v members of	family	٧	
who live here) receive any other retirem		i i		
annuity income?	, μεο.ο, οι	ļ	1	Yes
INCG_7A	Col. 2753	Char 1	2	No - SKIP to 8a
b7. Who received these payments?				
Anyone else?		ļ	1	Received
INCG_7B	Col. 2754	Char 1	2	Did not receive
c7. How much did receive in (previous	,		00000-	
INCG_7C	Col. 2755	Char 5	50,000	Mare then 050 000
		ļ	50,001	More than \$50,000

INCG_7C_DK	Col. 2760	Char 1	8 Refused 9 DK
8a7. During (previous month), did (or a	iny members of	family	
who live here) receive unemployment	or Worker's		<u> </u>
Compensation?			1 Yes
INCG_8A	Col. 2761	Char 1	2 No - <i>SKIP to 8a</i>
b7. Who received these payments?			<u>;</u>
Anyone else?			1 Received
INCG_8B	Col. 2762	Char 1	2 Did not receive
			: <u></u>
c7. How much did receive in (previous	a month\2		00000- 50,000
	Col. 2763	Char 5	
INCG_8C	COI. 2703	Gilai 5	50,001 More than \$50,000
INCG_8C_DK	Col. 2768	Char 1	8 Refused
			9 DK
9a7. During (previous month), did (or a	iny members of	family	
who live here) receive Supplemental S			
SSI payments? These can come from	•		
government or the State government.			1 Yes
INCG_9A	Col. 2769	Char 1	2 No - SKIP to 10a
b7. Who received these payments?			
Anyone else?			1 Received
INCG_9B	Col. 2770	Char 1	2 Did not receive
		Griai i	Z Did not receive
c7. How much did receive in (previous	s month)?		00000-
INCG_9C	Col. 2771	Char 5	50,000
			50,001 More than \$50,000
INCG_9C_DK	Col. 2776	Char 1	8 Refused
			9 DK
40-7 During (proving month) did (or o		formily	
10a7. During (previous month), did (or a			
who live here) receive earnings from a			
Include wages, salaries, tips, commiss own business, professional practice, p			1 Yes
INCG_10A	Col. 2777	Char 1	2 No - SKIP to 11a
	001. 2777	Onai i	2 10 0/0/10 //4
b7. Who received these payments?			
Anyone else?			1 Received
INCG_10B	Col. 2778	Char 1	2 Did not receive
c7. How much did receive in (previous	s month)?		00000-
INCG_10C	Col. 2779	Char 5	50,000
			50,001 More than \$50,000
INCC 10C DK	Cal 0704	Char 1	<u> </u>
INCG_10C_DK	Col. 2784	Char 1	8 Refused 9 DK
			9 DK
11a7. During (previous month), did (or a	inv members of	family	
who live here) receive net income from			
other real estate or income from room			1 Yes
INCG_11A	Col. 2785	Char 1	2 No - SKIP to 12a
	001. 2700	01141 1	1.0 0.0.1 10 120
b7. Who received these payments?			<u> </u>
Anyone else?		-	1 Received
INCG_11B	Col. 2786	Char 1	2 Did not receive
c7. How much did receive in (previous	s month)?		00000-
INCG_11C	Col. 2787	Char 5	50,000
			50,001 More than \$50,000
INCG_11C_DK	Col. 2792	Char 1	8 Refused
	JUI. 2702	Onai i	9 DK
			· · · · · · · · · · · · · · · · · · ·

			;
12a7. During (previous month), did (or	any members of	family	
who live here) receive regular contri	butions from frien	ds or	
relatives (other than those relatives			1 Yes
INCG_12A	Col. 2793	Char 1	2 No - SKIP to 13a
b7. Who received these payments?			
Anyone else?			1 Received
INCG_12B	Col. 2794	Char 1	2 Did not receive
c7. How much did receive in (previo	ous month)?		00000-
INCG_12C	Col. 2795	Char 5	50,000
1100_120	001. 2700	Onai o	50,001 More than \$50,000
			wore than 400,000
INCG_12C_DK	Col. 2800	Char 1	8 Refused
			9 DK
COLUMN H			
5a8. During the last month, that is, in the	month of (previous	us month),	
did (or any members of fami	ly who lives here)	receive	
Social Security benefits or Railroad	Retirement benef	its?	1 Yes
INCH_5A	Col. 2835	Char 1	2 No - SKIP to 6a
b8. Who received these payments?			<u> </u>
Anyone else?			1 Received
INCH_5B	Col. 2836	Char 1	2 Did not receive
_		Chai i	
c8. How much did receive in (previo	ous month)?		00000
INCH_5C	Col. 2837	Char 5	50,000
			50,001 More than \$50,000
INCH_5C_DK	Col. 2842	Char 1	8 Refused
	00 202	0 11a. 1	9 DK
C-C During (provious month) did (or		Family	
6a8. During (previous month) did (or			
who live here) receive Veterans Adr	ninistration compe	ensation	1 Vee
or pension?	Cal 0040	Char 1	1 Yes 2 No - SKIP to 7a
INCH_6A	Col. 2843	Char 1	2 NO - SKIP 10 7a
b8. Who received these payments?			
Anyone else?			1 Received
INCH_6B	Col. 2844	Char 1	2 Did not receive
c8. How much did receive in (previo	ous month)?		00000-
INCH 6C	Col. 2845	Char 5	50,000
	20 200	3 114. 3	50,001 More than \$50,000
		<u> </u>	
INCH_6C_DK	Col. 2850	Char 1	8 Refused
			9 DK
7a8. During (previous month), did (or	any members of	family	
who live here) receive any other reti	rement, pension,	or	
annuity income?			1 Yes
INCH_7A	Col. 2851	Char 1	2 No - SKIP to 8a
b8. Who received these payments?			<u> </u>
Anyone else?			1 Received
INCH_7B	Col. 2852	Char 1	2 Did not receive
		Onar i	
c8. How much did receive in (<i>previo</i>	,	-	00000-
INCH_7C	Col. 2853	Char 5	50,000
			50,001 More than \$50,000
INCH_7C_DK	Col. 2858	Char 1	8 Refused
- -			9 DK
8a8. During (previous month), did (or	r any members of	family	
who live here) receive unemployme		iaiiiiiy	į
Compensation?	III UI VVUIKEIS		1 Voc
•	Cal 2050	Char 1	1 Yes 2 No - SKIP to 8a
INCH_8A	Col. 2859	Char 1	Z INU - SMIF IU Od

				_	
b8.	Who received these payments?			ا ا	5
	Anyone else? INCH 8B	Col. 2860	Char 1	2	Received Did not receive
				00000-	510 1101 1000110
c8.	How much did receive in (previous	month)?		50,000	
	INCH_8C	Col. 2861	Char 5	50,001	More than \$50,000
	INCH_8C_DK	Col. 2866	Char 1	8	Refused
				9	DK
9a8.	During (previous month), did (or an	y members of .	family		
	who live here) receive Supplemental Se	•			
	SSI payments? These can come from government or the State government.	either the Fede	ral	1□	Yes
	INCH_9A	Col. 2867	Char 1	2	No - SKIP to 10a
b8.	Who received these payments?			<u> </u>	
	Anyone else?			1	Received
	INCH_9B	Col. 2868	Char 1	2	Did not receive
c8.	How much did receive in (previous	month)?		00000-	
	INCH_9C	Col. 2869	Char 5	50,000	Marra the are 050,000
				50,001	More than \$50,000
	INCH_9C_DK	Col. 2874	Char 1	8 9	Refused DK
	D : (' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '			ş	DK
10a8.	During (<i>previous month</i>), did (or an who live here) receive earnings from a		•		
	Include wages, salaries, tips, commission				
	own business, professional practice, pa	rtnership, or far	m.	1	Yes
	INCH_10A	Col. 2875	Char 1	2	No - SKIP to 11a
b8.	Who received these payments?			. —	
	Anyone else? INCH_10B	Col. 2876	Char 1	12	Received Did not receive
-00			Onar 1	00000-	Did not receive
Co.	How much did receive in (<i>previous</i> INCH_10C	Col. 2877	Char 5	50,000	
		20 20	0.1a. 0	50,001	More than \$50,000
	INCH_10C_DK	Col. 2882	Char 1	8	Refused
				9	DK
11-0	During (provious month) did (or on	, mambara of	family		
11a8.	During (<i>previous month</i>), did (or an who live here) receive net income from				
	other real estate or income from roome	•		1	Yes
	INCH_11A	Col. 2883	Char 1	2	No - SKIP to 12a
b8.	Who received these payments?				
	Anyone else?	0 1 0004	01 4	1	Received
	INCH_11B	Col. 2884	Char 1	2	Did not receive
c8.	How much did receive in (<i>previous</i> INCH 11C	,	Char E	00000- 50,000	
	INCH_ITC	Col. 2885	Char 5	50,000	More than \$50,000
	INCH_11C_DK	Col. 2890	Char 1	8	Refused
	11011_110_BK	001. 2000	Onai i	9	DK
12a8	During (previous month), did (or an	y members of .	family		
	who live here) receive regular contributi	*	•	_	
	relatives (other than those relatives in the	,		1 🗔	Yes
	INCH_12A	Col. 2891	Char 1	2	No - SKIP to 13a
b8.	Who received these payments?			,	Dessived
	Anyone else? INCH_12B	Col. 2892	Char 1	2	Received Did not receive
٥٥	How much did receive in (previous		J 1	00000-	
co.				00000-	

	INCH_12C	Col. 2893	Char 5	50,000 50,001	More than \$50,000
	INCH_12C_DK	Col. 2898	Char 1	8 9	Refused DK
COLUM	IN I				
5a9.	During the last month, that is, in the mo				
	did (or any members of family w Social Security benefits or Railroad Ret INCI_5A			1 2	Yes No - <i>SKIP to 6a</i>
b9.	Who received these payments?				
	Anyone else? INCI_5B	Col. 2934	Char 1	12	Received Did not receive
c9.	How much did receive in (previous	month)?		00000-	
	INCI_5C	Col. 2935	Char 5	50,000 50,001	More than \$50,000
	INCI_5C_DK	Col. 2940	Char 1	8	Refused DK
6a9.	During (previous month) did (or any				
	who live here) receive Veterans Admini or pension?	stration comper	nsation	1□	Yes
	INCI_6A	Col. 2941	Char 1	2	No - SKIP to 7a
b9.	Who received these payments?		i		
	Anyone else?			1	Received
	INCI_6B	Col. 2942	Char 1	2	Did not receive
с9.	How much did receive in (previous			00000-	
	INCI_6C	Col. 2943	Char 5	50,000 50,001	More than \$50,000
	INCI_6C_DK	Col. 2948	Char 1	8	Refused DK
7a9.	During (previous month), did (or an				
	who live here) receive any other retirem	ient, pension, oi	r	4 C	Voc
	annuity income? INCI_7A	Col. 2949	Char 1	2	Yes No - <i>SKIP to 8a</i>
b9.	Who received these payments?		<u> </u>		
	Anyone else?			1	Received
	INCI_7B	Col. 2950	Char 1	2	Did not receive
с9.	How much did receive in (previous			00000-	
	INCI_7C	Col. 2951	Char 5	50,000 50,001	More than \$50,000
	INCI_7C_DK	Col. 2956	Char 1	8	Refused DK
950	During (<i>previous month</i>), did (or an	v mombore of	family	٧	
6a9.	who live here) receive unemployment o		iaiiiiiy		
	Compensation?		İ	1	Yes
	INCI_8A	Col. 2957	Char 1	2	No - SKIP to 8a
b9.	Who received these payments?				
	Anyone else?	0-1 0050	Char t	1	Received
	INCI_8B	Col. 2958	Char 1	2	Did not receive
ca	How much did receive in (previous	month\?		00000- 50,000	
65.	INCI_8C	Col. 2959	Char 5	50,000	More than \$50,000
	INCI_8C_DK	Col. 2964	Char 1	8	Refused
				9	DK

9a9. During (previous month), did (or an				
who live here) receive Supplemental Se				
SSI payments? These can come from government or the State government.	eitner the Fede	raı	1	Yes
INCI_9A	Col. 2965	Char 1	2	No - SKIP to 10a
b9. Who received these payments?			4	Received
Anyone else? INCI 9B	Col. 2966	Char 1	1 2	Did not receive
c9. How much did receive in (previous			00000-	
INCL 9C	Col. 2967	Char 5	50,000	
_			50,001	More than \$50,000
INCI_9C_DK	Col. 2972	Char 1	8	Refused
			9	DK
10a9. During (previous month), did (or an	y members of .	family		
who live here) receive earnings from a				
Include wages, salaries, tips, commissi own business, professional practice, pa		ī	1	Yes
INCI_10A	Col. 2973	Char 1	2	No - SKIP to 11a
b9. Who received these payments?				
Anyone else?		į	1	Received
INCI_10B	Col. 2974	Char 1	2	Did not receive
c9. How much did receive in (previous	month)?		00000-	
INCI_10C	Col. 2975	Char 5	50,000	
			50,001	More than \$50,000
INCI_10C_DK	Col. 2980	Char 1	8	Refused
			9	DK
11a9. During (previous month), did (or an				
who live here) receive net income from	•	tment or	. —	Voc
other real estate or income from roome INCI_11A	Col. 2981	Char 1	2	Yes No - SKIP to 12a
b9. Who received these payments?				
Anyone else?			1	Received
INCI_11B	Col. 2982	Char 1	2	Did not receive
c9. How much did receive in (previous	month)?		00000-	
INCI_11C	Col. 2983	Char 5	50,000	
			50,001	More than \$50,000
INCI_11C_DK	Col. 2988	Char 1	8	Refused
			9	DK
12a9. During (<i>previous month</i>), did (or an				
who live here) receive regular contribut relatives (other than those relatives in t		:	1	Yes
INCI_12A	Col. 2989	Char 1	2	No - SKIP to 13a
b9. Who received these payments?		<u> </u>		
Anyone else?			1	Received
INCI_12B	Col. 2990	Char 1	2	Did not receive
c9. How much did receive in (previous	month)?		00000-	
INCI_12C	Col. 2991	Char 5	50,000	
			50,001	More than \$50,000
INCI_12C_DK	Col. 2996	Char 1	8	Refused
			9	DK
COLUMN J				
5a10. During the last month, that is, in the mo	· ·	, · · · · i		
did (or any members of family v Social Security benefits or Railroad Ret	,	1	1□	Yes
Occidi Occurry Dericins di Halifudu Nel	OILIOITE DELICITE	∵ .	'	.00

INCJ_5A	Col. 30	031	Char 1	2	No - SKIP to 6a
b10. Who received these payments?					
Anyone else?				1	Received
INCJ_5B	Col. 30	032	Char 1	2	Did not receive
c10. How much did receive in (previous	month\2			00000-	
INCJ 5C	Col. 30		Char 5	50,000	
1100_50	001. 30)33	Char 5	50,000	More than \$50,000
				50,001	More than \$50,000
INCJ_5C_DK	Col. 30)38	Char 1	8	Refused
				9	DK
6a10. During (previous month) did (or ar	v membe	re of	Family	! 	
who live here) receive Veterans Admir					
,	iistration (compen	Salion	1 ,	Voc
or pension?	0-1-00	200	014	<u> </u>	Yes
INCJ_6A	Col. 30)39	Char 1	2	No - SKIP to 7a
b10. Who received these payments?					
Anyone else?				1	Received
INCJ_6B	Col. 30	040	Char 1	2	Did not receive
	manth\0			00000	
c10. How much did receive in (previous	,		01 5	00000-	
INCJ_6C	Col. 30)41	Char 5	50,000	
				50,001	More than \$50,000
INCJ_6C_DK	Col. 30)46	Char 1	8	Refused
				9	DK
				<u> </u>	J.,
7a10. During (previous month), did (or a	-		•		
who live here) receive any other retires	ment, pen	ision, or		! <u> </u>	
annuity income?				1	Yes
INCJ_7A	Col. 30)47	Char 1	2	No - SKIP to 8a
b10. Who received these payments?				 	
Anyone else?				1	Received
INCJ_7B	Col. 30	1/18	Char 1	2	Did not receive
			Onai i	<u>: </u>	Did not receive
c10. How much did receive in (previous	month)?			00000-	
INCJ_7C	Col. 30)49	Char 5	50,000	
				50,001	More than \$50,000
INCJ_7C_DK	Col. 30	154	Char 1	8	Refused
11400_70_BIX	001. 00	75-7	Onai i	9	DK
				9	DK
8a10. During (previous month), did (or a			family	-	
who live here) receive unemployment	or Worker	r's		i	
Compensation?				1	Yes
INCJ_8A	Col. 30)55	Char 1	2	No - SKIP to 8a
b10. Who received these payments?				! 	
Anyone else?					Received
INCJ 8B	Col. 30)EC	Char 1	! ¦⊢	Did not receive
INCJ_6B	COI. 30)36	Criar i	! ²	Did not receive
				00000-	
c10. How much did receive in (previous	month)?			50,000	
INCJ_8C	Col. 30)57	Char 5	50,001	More than \$50,000
INC LOC DIC	Cal 00	000	Char 1		Defined
INCJ_8C_DK	Col. 30	J62	Char 1	8	Refused
				9	DK
9a10. During (previous month), did (or a	ny membe	ers of	family	<u> </u>	
who live here) receive Supplemental S					
SSI payments? These can come from	either the	e Feder	al		
government or the State government.				1	Yes
INCJ_9A	Col. 30	063	Char 1	2	No - SKIP to 10a
				 	
b10. Who received these payments?				i .—	Descrived
Anyone else?	0 1 6	20.4	OL 1	1 1	Received
INCJ_9B	Col. 30		Char 1	2	Did not receive
c10. How much did receive in (previous	month)?			00000-	

INCJ_9C		Col. 3065	Char 5	50,000 50,001	More than \$50,000
INCJ_9C_	DK	Col. 3070	Char 1	8	Refused DK
Include wages,	eceive earnings from a j salaries, tips, commissio professional practice, pa	ob or business?	ome from	1 2	Yes No - <i>SKIP to 11a</i>
b10. Who received the Anyone else? INCJ_10E	3	Col. 3072	Char 1	1 2	Received Did not receive
c10. How much did . INCJ_100	receive in (<i>previous i</i>	month)? Col. 3073	Char 5	00000- 50,000 50,001	More than \$50,000
INCJ_10C	C_DK	Col. 3078	Char 1	8	Refused DK
other real estate	eceive net income from e or income from roome	rent of an apartirs or borders?	ment or	1	Yes
INCJ_11A		Col. 3079	Char 1	2	No - SKIP to 12a
b10. Who received the Anyone else? INCJ_11E		Col. 3080	Char 1	1 2	Received Did not receive
c10. How much did . INCJ_110	receive in (<i>previous</i>)	month)? Col. 3081	Char 5	00000- 50,000 50,001	More than \$50,000
INCJ_11C	C_DK	Col. 3086	Char 1	8 9	Refused DK
12a10. During (previous					
,	eceive regular contributi than those relatives in tl		or Char 1	1 2	Yes No - <i>SKIP to 13a</i>
b10. Who received the Anyone else? INCJ_12E		Col. 3088	Char 1	12	Received Did not receive
c10. How much did . INCJ_120	receive in (<i>previous</i>)	month)? Col. 3089	Char 5	00000- 50,000 50,001	More than \$50,000
INCJ_120	C_DK	Col. 3094	Char 1	8	Refused DK
COLUMN K					
did (or any r	month, that is, in the mo members of family w benefits or Railroad Ret	ho lives here) re	eceive	1 2	Yes No - <i>SKIP to 6a</i>
b11. Who received the	nese payments?				
Anyone else? INCK_5B		Col. 3130	Char 1	1 2	Received Did not receive
c11. How much did . INCK_5C	receive in (previous	month)? Col. 3131	Char 5	00000- 50,000 50,001	More than \$50,000
INCK_5C	_DK	Col. 3136	Char 1	8 9	Refused DK

6a11. During (previous month) did (or an	•	•	
who live here) receive Veterans Admin	istration compe	nsation	. □ v
or pension? INCK_6A	Col. 3137	Char 1	1 Yes 2 No - <i>SKIP to 7a</i>
		Onai i	2 100 0707 1070
b11. Who received these payments? Anyone else?			1 Received
INCK 6B	Col. 3138	Char 1	2 Did not receive
c11. How much did receive in (previous			00000-
INCK 6C	Col. 3139	Char 5	50,000
			50,001 More than \$50,000
INCK_6C_DK	Col. 3144	Char 1	8 Refused
	30 31.1	J. 1.	9 DK
7a11. During (<i>previous month</i>), did (or a	ny members of .	family	
who live here) receive any other retirer			
annuity income?			1 Yes
INCK_7A	Col. 3145	Char 1	2 No - SKIP to 8a
b11. Who received these payments?			
Anyone else?	0 0440	01 1	1 Received
INCK_7B	Col. 3146	Char 1	2 Did not receive
c11. How much did receive in (previous			00000-
INCK_7C	Col. 3147	Char 5	50,000 50,001
INCK_7C_DK	Col. 3152	Char 1	8 Refused 9 DK
D 1 () () ()			9 DK
8a11. During (<i>previous month</i>), did (or an		family	
who live here) receive unemployment (Compensation?	JI WOIKEIS		1 Yes
INCK_8A	Col. 3153	Char 1	2 No - SKIP to 8a
b11. Who received these payments?			
Anyone else?			1 Received
INCK_8B	Col. 3154	Char 1	2 Did not receive
			00000-
c11. How much did receive in (previous	month)?		50,000
INCK_8C	Col. 3155	Char 5	50,001 More than \$50,000
INCK_8C_DK	Col. 3160	Char 1	8 Refused
			9 DK
9a11. During (previous month), did (or a			
who live here) receive Supplemental S	•		
SSI payments? These can come from government or the State government.	either the Fede	eral	1 Yes
INCK_9A	Col. 3161	Char 1	2 No - SKIP to 10a
b11. Who received these payments?			
Anyone else?			1 Received
INCK_9B	Col. 3162	Char 1	2 Did not receive
c11. How much did receive in (previous	month)?		00000-
INCK_9C	Col. 3163	Char 5	50,000
			50,001 More than \$50,000
INCK_9C_DK	Col. 3168	Char 1	8 Refused
			9 DK
10a11. During (previous month), did (or a	ny members of .	family	
who live here) receive earnings from a			
Include wages, salaries, tips, commiss			
own business, professional practice, p			1 Yes
INCK_10A	Col. 3169	Char 1	2 No - SKIP to 11a

b11	. Who received these payments?			<u> </u>
	Anyone else?			1 Received
	INCK_10B	Col. 3170	Char 1	2 Did not receive
c11	. How much did receive in (previo	us month)?		00000-
	INCK_10C	Col. 3171	Char 5	50,000
				50,001 More than \$50,000
	INCK_10C_DK	Col. 3176	Char 1	8 Refused
				9 DK
11a11	. During (previous month), did (or	any members of	family	
	who live here) receive net income from	om rent of an apar	tment or	
	other real estate or income from roo	mers or borders?		1 Yes
	INCK_11A	Col. 3177	Char 1	2 No - SKIP to 12a
b11	. Who received these payments?			
	Anyone else?			1 Received
	INCK_11B	Col. 3178	Char 1	2 Did not receive
c11	. How much did receive in (previo	us month)?		00000-
	INCK_11C	Col. 3179	Char 5	50,000
				50,001 More than \$50,000
	INCK_11C_DK	Col. 3184	Char 1	8 Refused
				9 DK
12a11	During (previous month), did (or	any members of	family	
	who live here) receive regular contril			
	relatives (other than those relatives	in this household)	?	1 Yes
	INCK_12A	Col. 3185	Char 1	2 No - SKIP to 13a
b11	. Who received these payments?			
	Anyone else?			1 Received
	INCK_12B	Col. 3186	Char 1	2 Did not receive
c11	. How much did receive in (previo	us month)?		00000-
	INCK_12C	Col. 3187	Char 5	50,000
				50,001 More than \$50,000
	INCK_12C_DK	Col. 3192	Char 1	8 Refused
				9 DK
				<u>i —</u> [
COLUI				
5a12	. During the last month, that is, in the			
	did (or any members of famil			
	Social Security benefits or Railroad I		s? Char 1	1 Yes 2 No - <i>SKIP to 6a</i>
	INCL_5A	Col. 3227	Char i	2 NO - SNIF to 0a
b12	. Who received these payments?			
	Anyone else?	Col. 2000	Char 1	1 Received 2 Did not receive
	INCL_5B	Col. 3228	Char 1	
c12	. How much did receive in (previo	,		00000-
	INCL_5C	Col. 3229	Char 5	50,000 May that \$50,000
				50,001 More than \$50,000
	INCL_5C_DK	Col. 3234	Char 1	8 Refused
				9 DK
6a12	. During (previous month) did (or	any members of .	Family	
	who live here) receive Veterans Adm	ninistration compe	nsation	
	or pension?			1 Yes
	INCL_6A	Col. 3235	Char 1	2 No - SKIP to 7a
b12	. Who received these payments?			_
	Anyone else?			1 Received
	INCL_6B	Col. 3236	Char 1	2 Did not receive
c12	. How much did receive in (previo	us month)?		00000
	INCL 6C	Col. 3237	Char 5	50,000

	INCL_6C_DK	Col. 3242	Char 1	50,001 8 9	More than \$50,000 Refused DK
7.40	During (granting grants) did (grant		formally.	<u> </u>	DIX.
/a12.	During (<i>previous month</i>), did (or an who live here) receive any other retirem				
	annuity income?	ient, pension, o	' į	1	Yes
	INCL_7A	Col. 3243	Char 1	2	No - SKIP to 9a
h12	Who received these payments?		<u> </u>		
012.	Anyone else?		į	1	Received
	INCL_7B	Col. 3244	Char 1	2	Did not receive
012	How much did receive in (previous	month\2		00000-	
U12.	INCL 7C	Col. 3245	Char 5	50,000	
		001. 02 10	Onal o	50,001	More than \$50,000
	INCL 7C DK	Cal 2250	Char 1	=	
	INCL_7C_DK	Col. 3250	Char 1	8	Refused DK
				<u> </u>	
8a12.	During (<i>previous month</i>), did (or an who live here) receive unemployment of		tamily		
	Compensation?	i workers	į	1	Yes
	INCL_8A	Col. 3251	Char 1	2	No - SKIP to 8a
h10	Who received these payments?		<u> </u>		
UIZ.	Anyone else?		į.	1	Received
	INCL 8B	Col. 3252	Char 1	2	Did not receive
			· · · · · · · · · · · · · · · · · · ·	00000-	
c12	How much did receive in (previous	month)?		50,000	
012.	INCL_8C	Col. 3253	Char 5	50,001	More than \$50,000
	_		Char 1		
	INCL_8C_DK	Col. 3258	Char 1	8	Refused DK
			1	Ŭ	Sit.
0-10	During (provious month) did (or on	v momboro of	family		
9a12.	During (previous month), did (or an				
9a12.	who live here) receive Supplemental Se	ecurity Income,	that is		
9a12.	who live here) receive Supplemental Se SSI payments? These can come from	ecurity Income,	that is		Yes
9a12.	who live here) receive Supplemental Se	ecurity Income,	that is	1 2	Yes No - <i>SKIP to 10a</i>
	who live here) receive Supplemental Se SSI payments? These can come from government or the State government. INCL_9A	ecurity Income, either the Fede	that is ral	1 2	
	who live here) receive Supplemental Se SSI payments? These can come from government or the State government.	ecurity Income, either the Fede	that is ral	1 1	
	who live here) receive Supplemental Se SSI payments? These can come from government or the State government. INCL_9A Who received these payments?	ecurity Income, either the Fede	that is ral	1 1 2 1 2	No - SKIP to 10a
b12.	who live here) receive Supplemental Set SSI payments? These can come from government or the State government. INCL_9A Who received these payments? Anyone else? INCL_9B	courity Income, either the Fede Col. 3259	that is ral Char 1	1 2 1 2 00000-	No - SKIP to 10a Received
b12.	who live here) receive Supplemental Se SSI payments? These can come from government or the State government. INCL_9A Who received these payments? Anyone else?	courity Income, either the Fede Col. 3259	that is ral Char 1	1 2 1 2 00000-50,000 1	No - SKIP to 10a Received
b12.	who live here) receive Supplemental Se SSI payments? These can come from government or the State government. INCL_9A Who received these payments? Anyone else? INCL_9B How much did receive in (previous)	ecurity Income, either the Fede Col. 3259 Col. 3260 month)?	that is ral Char 1 Char 1		No - SKIP to 10a Received
b12.	who live here) receive Supplemental Set SSI payments? These can come from government or the State government. INCL_9A Who received these payments? Anyone else? INCL_9B How much did receive in (previous INCL_9C	courity Income, either the Fede Col. 3259 Col. 3260 month)? Col. 3261	that is ral Char 1 Char 1 Char 5	50,000	No - SKIP to 10a Received Did not receive More than \$50,000
b12.	who live here) receive Supplemental Se SSI payments? These can come from government or the State government. INCL_9A Who received these payments? Anyone else? INCL_9B How much did receive in (previous)	ecurity Income, either the Fede Col. 3259 Col. 3260 month)?	that is ral Char 1 Char 1	50,000	No - SKIP to 10a Received Did not receive
b12.	who live here) receive Supplemental Set SSI payments? These can come from government or the State government. INCL_9A Who received these payments? Anyone else? INCL_9B How much did receive in (previous INCL_9C INCL_9C_DK	courity Income, either the Fede Col. 3259 Col. 3260 month)? Col. 3261 Col. 3266	that is ral Char 1 Char 1 Char 5 Char 1	50,000 50,001 8	No - SKIP to 10a Received Did not receive More than \$50,000 Refused
b12.	who live here) receive Supplemental Set SSI payments? These can come from government or the State government. INCL_9A Who received these payments? Anyone else? INCL_9B How much did receive in (previous INCL_9C	courity Income, either the Fede Col. 3259 Col. 3260 month)? Col. 3261 Col. 3266 y members of .	that is ral Char 1 Char 1 Char 5 Char 1	50,000 50,001 8	No - SKIP to 10a Received Did not receive More than \$50,000 Refused
b12.	who live here) receive Supplemental Set SSI payments? These can come from government or the State government. INCL_9A Who received these payments? Anyone else? INCL_9B How much did receive in (previous INCL_9C INCL_9C_DK	courity Income, either the Fede Col. 3259 Col. 3260 month)? Col. 3261 Col. 3266 y members of . ijob or business	that is ral Char 1 Char 1 Char 5 Char 1 family	50,000 50,001 8	No - SKIP to 10a Received Did not receive More than \$50,000 Refused
b12.	who live here) receive Supplemental Set SSI payments? These can come from government or the State government. INCL_9A Who received these payments? Anyone else? INCL_9B How much did receive in (previous INCL_9C INCL_9C_DK During (previous month), did (or any who live here) receive earnings from a Include wages, salaries, tips, commissiown business, professional practice, pages and commission of the state of the s	courity Income, either the Fede Col. 3259 Col. 3260 month)? Col. 3261 Col. 3266 y members of . ijob or business ons, and net incurtnership, or fail	that is ral Char 1 Char 1 Char 5 Char 1 . family ? come from	50,000 50,001 8	No - SKIP to 10a Received Did not receive More than \$50,000 Refused DK
b12.	who live here) receive Supplemental Set SSI payments? These can come from government or the State government. INCL_9A Who received these payments? Anyone else? INCL_9B How much did receive in (previous INCL_9C INCL_9C_DK During (previous month), did (or any who live here) receive earnings from a Include wages, salaries, tips, commissi	courity Income, either the Fede Col. 3259 Col. 3260 month)? Col. 3261 Col. 3266 y members of . ijob or business ons, and net income.	that is ral Char 1 Char 1 Char 5 Char 1 . family ? come from	50,000 50,001 8	No - SKIP to 10a Received Did not receive More than \$50,000 Refused DK
b12. c12.	who live here) receive Supplemental Set SSI payments? These can come from government or the State government. INCL_9A Who received these payments? Anyone else? INCL_9B How much did receive in (previous INCL_9C INCL_9C_DK During (previous month), did (or an who live here) receive earnings from a Include wages, salaries, tips, commissi own business, professional practice, parallel in the payments?	courity Income, either the Fede Col. 3259 Col. 3260 month)? Col. 3261 Col. 3266 y members of . ijob or business ons, and net incurtnership, or fail	that is ral Char 1 Char 1 Char 5 Char 1 family ? come from rm.	50,000 50,001 8	Received Did not receive More than \$50,000 Refused DK Yes No - SKIP to 11a
b12. c12.	who live here) receive Supplemental Set SSI payments? These can come from government or the State government. INCL_9A Who received these payments? Anyone else? INCL_9B How much did receive in (previous INCL_9C INCL_9C_DK During (previous month), did (or an who live here) receive earnings from a Include wages, salaries, tips, commissi own business, professional practice, particularly includes these payments? Anyone else?	courity Income, either the Fede Col. 3259 Col. 3260 month)? Col. 3261 Col. 3266 y members of . job or business ons, and net incurtnership, or fair Col. 3267	that is ral Char 1 Char 1 Char 5 Char 1 family ? come from rm. Char 1	50,000 50,001 8	Received Did not receive More than \$50,000 Refused DK Yes No - SKIP to 11a Received
b12. c12.	who live here) receive Supplemental Set SSI payments? These can come from government or the State government. INCL_9A Who received these payments? Anyone else? INCL_9B How much did receive in (previous INCL_9C INCL_9C_DK During (previous month), did (or an who live here) receive earnings from a Include wages, salaries, tips, commissi own business, professional practice, parallel in the payments?	courity Income, either the Fede Col. 3259 Col. 3260 month)? Col. 3261 Col. 3266 y members of . ijob or business ons, and net incurtnership, or fail	that is ral Char 1 Char 1 Char 5 Char 1 family ? come from rm.	50,000 50,001 8	Received Did not receive More than \$50,000 Refused DK Yes No - SKIP to 11a
b12.	who live here) receive Supplemental Set SSI payments? These can come from government or the State government. INCL_9A Who received these payments? Anyone else? INCL_9B How much did receive in (previous INCL_9C INCL_9C_DK During (previous month), did (or an who live here) receive earnings from a Include wages, salaries, tips, commissi own business, professional practice, parallel include wages, professional practice, parallel include wages, salaries, tips, commissi own business, professional practice, parallel include wages, salaries, tips, commissi own business, professional practice, parallel include wages, salaries, tips, commissi own business, professional practice, parallel include wages, salaries, tips, commissi own business, professional practice, parallel include wages, salaries, tips, commissi own business, professional practice, parallel include wages, salaries, tips, commissi own business, professional practice, parallel include wages, salaries, tips, commissi own business, professional practice, parallel include wages, salaries, tips, commission of the wages, salaries, tips, commission own business, professional practice, parallel include wages, salaries, tips, commission own business, professional practice, parallel include wages, salaries, tips, commission own business, professional practice, parallel include wages, salaries, tips, commission own business, professional practice, parallel include wages, salaries, tips, commission own business, professional practice, parallel include wages, salaries, tips, commission own business, professional practice, parallel include wages, salaries, tips, commission own business, professional practice, parallel include wages, salaries, tips, commission own business, professional practice, parallel include wages, salaries, tips, commission own business, professional practice, parallel include wages, salaries, tips, commission own business, professional practice, parallel include wages, salaries, tips, commission own business, professional practice,	courity Income, either the Fede Col. 3259 Col. 3260 month)? Col. 3261 Col. 3266 y members of . job or business ons, and net incurtnership, or fair Col. 3267 Col. 3268 month)?	that is ral Char 1 Char 1 Char 5 Char 1 family ? come from rm. Char 1 Char 1	50,000	Received Did not receive More than \$50,000 Refused DK Yes No - SKIP to 11a Received
b12.	who live here) receive Supplemental Set SSI payments? These can come from government or the State government. INCL_9A Who received these payments? Anyone else? INCL_9B How much did receive in (previous INCL_9C INCL_9C_DK During (previous month), did (or an who live here) receive earnings from a Include wages, salaries, tips, commissi own business, professional practice, particulated in the payments? Anyone else? INCL_10B	courity Income, either the Fede Col. 3259 Col. 3260 month)? Col. 3261 Col. 3266 y members of . job or business ons, and net incurtnership, or fair Col. 3267 Col. 3268	that is ral Char 1 Char 1 Char 5 Char 1 family ? come from rm. Char 1	50,000	Received Did not receive More than \$50,000 Refused DK Yes No - SKIP to 11a Received Did not receive
b12.	who live here) receive Supplemental Set SSI payments? These can come from government or the State government. INCL_9A Who received these payments? Anyone else? INCL_9B How much did receive in (previous INCL_9C INCL_9C_DK During (previous month), did (or an who live here) receive earnings from a Include wages, salaries, tips, commissi own business, professional practice, parallel include wages, professional practice, parallel include wages, salaries, tips, commissi own business, professional practice, parallel include wages, salaries, tips, commissi own business, professional practice, parallel include wages, salaries, tips, commissi own business, professional practice, parallel include wages, salaries, tips, commissi own business, professional practice, parallel include wages, salaries, tips, commissi own business, professional practice, parallel include wages, salaries, tips, commissi own business, professional practice, parallel include wages, salaries, tips, commissi own business, professional practice, parallel include wages, salaries, tips, commission of the wages, salaries, tips, commission own business, professional practice, parallel include wages, salaries, tips, commission own business, professional practice, parallel include wages, salaries, tips, commission own business, professional practice, parallel include wages, salaries, tips, commission own business, professional practice, parallel include wages, salaries, tips, commission own business, professional practice, parallel include wages, salaries, tips, commission own business, professional practice, parallel include wages, salaries, tips, commission own business, professional practice, parallel include wages, salaries, tips, commission own business, professional practice, parallel include wages, salaries, tips, commission own business, professional practice, parallel include wages, salaries, tips, commission own business, professional practice, parallel include wages, salaries, tips, commission own business, professional practice,	courity Income, either the Fede Col. 3259 Col. 3260 month)? Col. 3261 Col. 3266 y members of . job or business ons, and net incurtnership, or fair Col. 3267 Col. 3268 month)?	that is ral Char 1 Char 1 Char 5 Char 1 family ? come from rm. Char 1 Char 1	50,000	Received Did not receive More than \$50,000 Refused DK Yes No - SKIP to 11a Received
b12.	who live here) receive Supplemental Set SSI payments? These can come from government or the State government. INCL_9A Who received these payments? Anyone else? INCL_9B How much did receive in (previous INCL_9C INCL_9C_DK During (previous month), did (or an who live here) receive earnings from a Include wages, salaries, tips, commissi own business, professional practice, parallel include wages, professional practice, parallel include wages, salaries, tips, commissi own business, professional practice, parallel include wages, salaries, tips, commissi own business, professional practice, parallel include wages, salaries, tips, commissi own business, professional practice, parallel include wages, salaries, tips, commissi own business, professional practice, parallel include wages, salaries, tips, commissi own business, professional practice, parallel include wages, salaries, tips, commissi own business, professional practice, parallel include wages, salaries, tips, commissi own business, professional practice, parallel include wages, salaries, tips, commission of the wages, salaries, tips, commission own business, professional practice, parallel include wages, salaries, tips, commission own business, professional practice, parallel include wages, salaries, tips, commission own business, professional practice, parallel include wages, salaries, tips, commission own business, professional practice, parallel include wages, salaries, tips, commission own business, professional practice, parallel include wages, salaries, tips, commission own business, professional practice, parallel include wages, salaries, tips, commission own business, professional practice, parallel include wages, salaries, tips, commission own business, professional practice, parallel include wages, salaries, tips, commission own business, professional practice, parallel include wages, salaries, tips, commission own business, professional practice, parallel include wages, salaries, tips, commission own business, professional practice,	courity Income, either the Fede Col. 3259 Col. 3260 month)? Col. 3261 Col. 3266 y members of . job or business ons, and net incurtnership, or fair Col. 3267 Col. 3268 month)?	that is ral Char 1 Char 1 Char 5 Char 1 family ? come from rm. Char 1 Char 1	50,000	Received Did not receive More than \$50,000 Refused DK Yes No - SKIP to 11a Received Did not receive More than \$50,000 Refused
b12.	who live here) receive Supplemental Set SSI payments? These can come from government or the State government. INCL_9A Who received these payments? Anyone else? INCL_9B How much did receive in (previous INCL_9C INCL_9C_DK During (previous month), did (or an who live here) receive earnings from a Include wages, salaries, tips, commissi own business, professional practice, particulated in the payments? Anyone else? INCL_10B How much did receive in (previous INCL_10C	courity Income, either the Fede Col. 3259 Col. 3260 month)? Col. 3261 Col. 3266 y members of . job or business ons, and net incurtnership, or fair Col. 3267 Col. 3268 month)? Col. 3268	that is ral Char 1 Char 1 Char 5 Char 1 . family ? come from rm. Char 1 Char 1 Char 5 Char 1	50,000 50,001 8 9 1 2 00000- 50,000 50,001	Received Did not receive More than \$50,000 Refused DK Yes No - SKIP to 11a Received Did not receive More than \$50,000

	who live here) receive net income from other real estate or income from room INCL_11A		ment or Char 1	1 2	Yes No - <i>SKIP to 12a</i>
b12.	Who received these payments?				
	Anyone else?			1	Received
	INCL_11B	Col. 3276	Char 1	2	Did not receive
c12.	How much did receive in (previous	month)?		00000	
	INCL_11C	Col. 3277	Char 5	50,000 50,001	More than \$50,000
	INCL_11C_DK	Col. 3282	Char 1	8 9	Refused DK
12a12.	During (previous month), did (or a	ny members of .	family		
	who live here) receive regular contribu	tions from friends	s or	_	
	relatives (other than those relatives in	,		1	Yes
	INCL_12A	Col. 3283	Char 1	2	No - <i>SKIP to 13a</i>
b12.	Who received these payments?			.—	
	Anyone else?	0-1 0004	Ol : . 4	1	Received
	INCL_12B	Col. 3284	Char 1	2	Did not receive
c12.	How much did receive in (previous			00000-	
	INCL_12C	3285	Char 5	50,000	M
				50,001	More than \$50,000
	INCL_12C_DK	Col. 3290	Char 1	8	Refused
				9	DK
COLUN					
5a13.	During the last month, that is, in the m				
	did (or any members of family				Vee
	Social Security benefits or Railroad Re INCM_5A	Col. 3325	Char 1	2	Yes No - SKIP to 6a
140			Onar 1		110 07.11 10 00
D13.	Who received these payments? Anyone else?			1□	Received
	INCM 5B	Col. 3326	Char 1	2	Did not receive
-10	_		J. 12. 1		2.0.100.1000.10
C13.	How much did receive in (<i>previous</i> INCM_5C	Col. 3327	Char 5	00000- 50,000	
	1140W_30	Ooi. 3327	Onai 5	50,000	More than \$50,000
				00,001	
	INCM_5C_DK	Col. 3332	Char 1	8	Refused
				9	DK
6a13.	During (previous month) did (or ar	y members of	. Family		
	who live here) receive Veterans Admir	istration comper	nsation	<u> </u>	
	or pension?			1	Yes
	INCM_6A	Col. 3333	Char 1	2	No - SKIP to 7a
b13.	Who received these payments?				
	Anyone else?			1	Received
	INCM_6B	Col. 3334	Char 1	2	Did not receive
c13.	How much did receive in (previous			00000-	
	INCM_6C	Col. 3335	Char 5	50,000	Many than 050 000
				50,001	More than \$50,000
	INCM_6C_DK	Col. 3340	Char 1	8	Refused
				9	DK
7a13.	During (previous month), did (or a				
	who live here) receive any other retired	ment, pension, o	r		
	annuity income?	0.1.6544	01 4	1	Yes
	INCM_7A	Col. 3341	Char 1	2	No - SKIP to 9a
	Who received these payments?				

	Anyone else? INCM_7B	Col. 3342	Char 1	1 2	Received Did not receive
c13	How much did receive in (previous	month\?		00000-	
010.	INCM_7C	Col. 3343	Char 5	50,000 50,001	More than \$50,000
	INCM_7C_DK	Col. 3348	Char 1	8	Refused DK
8a13.	During (previous month), did (or ar	ny members of .	family		
	who live here) receive unemployment of		,		
	Compensation?			1	Yes
	INCM_8A	Col. 3349	Char 1	2	No - SKIP to 8a
b13.	Who received these payments?			. —	
	Anyone else? INCM_8B	Col. 3350	Char 1	12	Received Did not receive
				00000-	
c13.	How much did receive in (previous	month)?		50,000	
	INCM_8C	Col. 3351	Char 5	50,001	More than \$50,000
	INOM 00 DIC	0-1 0050	Ob - : : 4	. =	Defined
	INCM_8C_DK	Col. 3356	Char 1	8 9	Refused DK
9a13.	During (previous month), did (or ar	ny members of .	family		
	who live here) receive Supplemental S	ecurity Income,	that is		
	SSI payments? These can come from	either the Fede	ral		
	government or the State government.			1	Yes
	INCM_9A	Col. 3357	Char 1	<u> </u>	No - SKIP to 10a
	INOM_9A	Ooi. 3337	Oriai i	ــــا ــ	NO - ONII TO TOA
b13.	Who received these payments?				
	Anyone else?			1	Received
	INCM_9B	Col. 3358	Char 1	2	Did not receive
	_				
c13.	How much did receive in (previous	month)?		00000-	
	INCM_9C	Col. 3359	Char 5	50,000	
				50,001	More than \$50,000
	INCM_9C_DK	Col. 3364	Char 1	8	Refused
	114CIM_9C_DK	Coi. 3304	Chai i	9	DK
10a13.	During (previous month), did (or ar	ny members of .	family		
	who live here) receive earnings from a	job or business	?		
	Include wages, salaries, tips, commiss	ions, and net inc	come from		
	own business, professional practice, pa			1	Yes
	INCM_10A	Col. 3365	Char 1	<u>,</u>	No - SKIP to 11a
	INOM_TOA	001. 3303	Oriai i	۷	No Chill to The
b13.	Who received these payments?	- 			
	Anyone else?			1	Received
	INCM_10B	Col. 3366	Char 1	2	Did not receive
c13	How much did receive in (previous	month\2		00000-	
013.	INCM 10C	Col. 3367	Char 5	50,000	
	INCIN_TOC	COI. 3367	Char 5		M 11 050 000
				50,001	More than \$50,000
	INCM_10C_DK	Col. 3372	Char 1	8	Refused
				9	DK
44	During (providence and the first		familie		
Hais.	During (previous month), did (or ar	•	•		
	who live here) receive net income from	•	tment or	. —	
	other real estate or income from roome	ers or borders?		1	Yes
	INCM_11A	Col. 3373	Char 1	2	No - SKIP to 12a
h12	Who received these payments?			_	
515.	Anyone else?			₁ ┌┐	Received
		Cal 2274	Char 1	¦	
	INCM_11B	Col. 3374	Char 1		Did not receive
c13.	How much did receive in (previous	month)?		00000-	
	INCM_11C	Col. 3375	Char 5	50,000	
				50,001	More than \$50,000

	INCM_11C_DK	Col. 3380	Char 1	8 Refused 9 DK
12a13.	During (previous month), did (or an	ny members of .	family	
	who live here) receive regular contribu-			
	relatives (other than those relatives in INCM 12A	this household)? Col. 3381		1 Yes 2 No - <i>SKIP to 13a</i>
	_	C01. 3381	Char 1	2 NO - SKIP 10 13a
b13.	Who received these payments?			4 🗔 n
	Anyone else? INCM_12B	Col. 3382	Char 1	1 Received 2 Did not receive
			Onai i	
c13.	How much did receive in (previous	montn)? Col. 3383	Char 5	00000-
	INCM_12C	COI. 3383	Char 5	50,000 More than \$50,000
	INIONA 400 DIC	0 1 0000	01 4	
	INCM_12C_DK	Col. 3388	Char 1	8 Refused 9 DK
				!
COLUN				
5a14.	During the last month, that is, in the mo			
	did (or any members of family			
	Social Security benefits or Railroad Re	Col. 3423	s? Char 1	1 Yes 2 No - <i>SKIP to 6a</i>
	INCN_5A	C01. 3423	Char i	2 NO - SKIP 10 0a
b14.	Who received these payments?			4 <u> </u>
	Anyone else?	Col. 3424	Char 1	1 Received
	INCN_5B		Char i	2 Did not receive
c14.	How much did receive in (previous	,	O	00000-
	INCN_5C	Col. 3425	Char 5	50,000 More than \$50,000
	INCN_5C_DK	Col. 3430	Char 1	8 Refused
				9[] DK
6a14.	During (previous month) did (or an			
	who live here) receive Veterans Admin or pension?	istration compe	nsation	1 Yes
	INCN_6A	Col. 3431	Char 1	No - SKIP to 7a
h1/	Who received these payments?			
014.	Anyone else?			1 Received
	INCN_6B	Col. 3432	Char 1	2 Did not receive
c14	How much did receive in (previous	month)?		00000-
0	INCN_6C	Col. 3433	Char 5	50,000
	_			50,001 More than \$50,000
	INCN_6C_DK	Col. 3438	Char 1	8 Refused
		30 33		9 DK
721/	During (previous month), did (or a	nv members of	family	
/ai+.	who live here) receive any other retirer			
	annuity income?	, ,		1 Yes
	INCN_7A	Col. 3439	Char 1	2 No - SKIP to 9a
b14.	Who received these payments?			
	Anyone else?			1 Received
	INCN_7B	Col. 3440	Char 1	2 Did not receive
c14.	How much did receive in (previous	month)?		00000
	INCN_7C	Col. 3441	Char 5	50,000
				50,001 More than \$50,000
	INCN_7C_DK	Col. 3446	Char 1	8 Refused
				9 DK
8a14.	During (previous month), did (or as		family	
	who live here) receive unemployment of			

	Compensation?			1	Yes
	INCN_8A	Col. 3447	Char 1	2	No - SKIP to 8a
b14	Who received these payments?				
~	Anyone else?			1	Received
	INCN_8B	Col. 3448	Char 1	2	Did not receive
				00000-	
014	How much did receive in (previous	month\2		50,000	
C14.	INCN_8C	Col. 3449	Char 5	50,000	More than \$50,000
			Char 5	30,001	
	INCN_8C_DK	Col. 3454	Char 1	8	Refused
				9	DK
9a14.	During (previous month), did (or an	y members of .	family		
	who live here) receive Supplemental Se				
	SSI payments? These can come from	either the Feder	al		
	government or the State government.			1	Yes
	INCN_9A	Col. 3455	Char 1	2	No - SKIP to 10a
b14.	Who received these payments?				
٠	Anyone else?			1	Received
	INCN_9B	Col. 3456	Char 1	2	Did not receive
				20000	
C14.	How much did receive in (previous	,	Char E	00000-	
	INCN_9C	Col. 3457	Char 5	50,000 50,001	More than \$50,000
				50,001	More than \$50,000
	INCN_9C_DK	Col. 3462	Char 1	8	Refused
				9	DK
10a14.	During (previous month), did (or an	y members of .	family		
	who live here) receive earnings from a j		·		
	Include wages, salaries, tips, commission				
	own business, professional practice, pa			1	Yes
	INCN_10A	Col. 3463	Char 1	2	No - SKIP to 11a
h1/	Who received these payments?				
Ο1 -1 .	Anyone else?			1	Received
	INCN_10B	Col. 3464	Char 1	2	Did not receive
C14.	How much did receive in (previous	•	Ob	00000-	
	INCN_10C	Col. 3465	Char 5	50,000	Marra 45 are \$50,000
				50,001	More than \$50,000
	INCN_10C_DK	Col. 3470	Char 1	8	Refused
				9	DK
11a14.	During (previous month), did (or an	y members of .	family		
	who live here) receive net income from				
	other real estate or income from roome	•		1	Yes
	INCN_11A	Col. 3471	Char 1	2	No - SKIP to 12a
L 4 4	-				
014.	Who received these payments? Anyone else?			₁ □	Received
	INCN_11B	Col. 3472	Char 1	2	Did not receive
			Chai i	۷	Did not receive
c14.	How much did receive in (previous			00000-	
	INCN_11C	Col. 3473	Char 5	50,000	
				50,001	More than \$50,000
	INON 440 PK	0 0470	01 4	,	D ()
	INCN_11C_DK	Col. 3478	Char 1	8	Refused
				9	DK
12a14.	During (previous month), did (or an	y members of .	family		
	who live here) receive regular contributi				
	relatives (other than those relatives in the	his household)?		1	Yes
	INCN_12A	Col. 3479	Char 1	2	No - SKIP to 13a
b14	Who received these payments?				
	Anyone else?			1	Received

	INCN_12B	Col. 3480	Char 1	2 Did not receive
c14.	How much did receive in (previous	month)?		00000
	INCN_12C	Col. 3481	Char 5	50,000
				50,001 More than \$50,000
	INCN_12C_DK	Col. 3486	Char 1	8 Refused
			ļ	9 DK
COLUN	IN O			
5a15.	During the last month, that is, in the mo	onth of (previous	s month),	
	did (or any members of family v			
	Social Security benefits or Railroad Ret			1 Yes 2 No - <i>SKIP to 6a</i>
	INCO_5A	Col. 3521	Char 1	2 No - 3NIF 10 0a
b15.	Who received these payments?			4 Description
	Anyone else? INCO_5B	Col. 3522	Char 1	1 Received 2 Did not receive
-45			Onai i	
C15.	How much did receive in (<i>previous</i> INCO 5C	Col. 3523	Char 5	00000- 50,000
	11400_00	001. 0020	Oriai o	50,001 More than \$50,000
	INCO_5C_DK	Col. 3528	Char 1	8 Refused
	11400_00_BK	001. 0020	Onai i	9 DK
6a15	During (previous month) did (or any	/ members of	Familv	1
0010.	who live here) receive Veterans Admini		,	
	or pension?	·		1 Yes
	INCO_6A	Col. 3529	Char 1	2 No - <i>SKIP to 7a</i>
b15.	Who received these payments?			
	Anyone else?			1 Received
	INCO_6B	Col. 3530	Char 1	2 Did not receive
c15.	How much did receive in (previous		o	00000-
	INCO_6C	Col. 3531	Char 5	50,000 50,001 More than \$50,000
	NIGO OG DIK	0 0=00		
	INCO_6C_DK	Col. 3536	Char 1	8 Refused 9 DK
7a15.	During (previous month), did (or an	y members of .	family	
	who live here) receive any other retirem			
	annuity income?			1 Yes
	INCO_7A	Col. 3537	Char 1	2 No - <i>SKIP to 9a</i>
b15.	Who received these payments?			
	Anyone else?	Col 2529	Char 1	1 Received
	INCO_7B	Col. 3538	Char 1	2 Did not receive
c15.	How much did receive in (<i>previous</i> INCO_7C	month)? Col. 3539	Char 5	00000- 50,000
	1100_70	JUI. JUJU	Oliai J	50,000 Solution 50,000 More than \$50,000
	INCO_7C_DK	Col. 3544	Char 1	8 Refused
	INCO_7C_DK	COI. 3344	Char i	9 DK
8a15	During (previous month), did (or an	v members of	family	
5410.	who live here) receive unemployment of			
	Compensation?			1 Yes
	INCO_8A	Col. 3545	Char 1	2 No - SKIP to 8a
b15.	Who received these payments?			
	Anyone else?	0 0=:=	. ·	1 Received
	INCO_8B	Col. 3546	Char 1	2 Did not receive
- 4 -	How much did	month\0		00000-
C15.	How much did receive in (<i>previous</i> INCO_8C	month)? Col. 3547	Char 5	50,000 50,001 More than \$50,000
	11400_00	JUI. JU47	Oliai J	30,001 NIOLE MAIN \$50,000

	INCO_8C_DK	Col. 3552	Char 1	8 9	Refused DK
9a15.	During (previous month), did (or any who live here) receive Supplemental Se SSI payments? These can come from a government or the State government. INCO 9A	curity Income,	that is	1 2	Yes No - <i>SKIP to 10a</i>
L 4 C		001. 0000	Onai i	ـــــا ــــــا	140 61411 16 164
	Who received these payments? Anyone else? INCO_9B	Col. 3554	Char 1	1 2	Received Did not receive
c15.	How much did receive in (previous r INCO_9C	month)? Col. 3555	Char 5	00000- 50,000 50,001	More than \$50,000
	INCO_9C_DK	Col. 3560	Char 1	8 9	Refused DK
10a15.	During (previous month), did (or any who live here) receive earnings from a junclude wages, salaries, tips, commission own business, professional practice, para INCO_10A	ob or business ons, and net in	? come from	1 2	Yes No - <i>SKIP to 11a</i>
b15.	Who received these payments? Anyone else? INCO_10B	Col. 3562	Char 1	1 2	Received Did not receive
c15.	How much did receive in (previous r INCO_10C	month)? Col. 3563	Char 5	00000- 50,000 50,001	More than \$50,000
	INCO_10C_DK	Col. 3568	Char 1	8 9	Refused DK
11a15.	During (previous month), did (or any who live here) receive net income from other real estate or income from roomer INCO_11A	rent of an apai		1 2	Yes No - <i>SKIP to 12a</i>
b15.	Who received these payments? Anyone else? INCO_11B	Col. 3570	Char 1	1 2	Received Did not receive
c15.	How much did receive in (previous r INCO_11C	month)? Col. 3571	Char 5	00000- 50,000 50,001	More than \$50,000
	INCO_11C_DK	Col. 3576	Char 1	8 9	Refused DK
12a15.	During (previous month), did (or any who live here) receive regular contribution relatives (other than those relatives in the INCO_12A	ons from friend	ds or	1 2	Yes No - <i>SKIP to 13a</i>
b15.	Who received these payments? Anyone else? INCO_12B	Col. 3578	Char 1	1 2	Received Did not receive
c15.	How much did receive in (previous r		Char 5	00000-	
	INCO_12C_DK	Col. 3584	Char 1	50,001 8 9	More than \$50,000 Refused DK
13a.	Did (or any family member of who food stamps in (previous month)?	no live here) re	eceive	1	Yes

INC_13A	Col. 970	Char 1	2	No - SKIP to CHECK ITEM G.2
b. What was the value of the stamps re-	ceived in [previo	us month]?	000000-	
INC_13B	Col. 971	Char 6	999999	Dollars
CHECK ITEM G.2			į	
Refer to Control Card item 16.			į	
Sample person's family in household	has -		1 🔲	One or more persons under 21 years of age
INC_CK2A	Col. 977	Char 1	2	No persons under 21 - SKIP to 14a
14a. In (previous month), Did (or any	members of	family who	!	
live here) receive any payments from				
Dependent Children, sometimes calle				Yes
INC_14A	Col. 978	Char 1	2	No - SKIP to 14a
b. Whose name was on the check?			01-48,99	Personal Number
INC_14B	Col. 979	Char 2	İ	
c. How much was the check for?			000001-	
INC_14C	Col. 981	Char 6	999999	Dollars
d. Whom did the check cover?			İ	
Anyone else?			İ	
INC_14D1	Col. 987	Char 2	01-48,99	Personal Number
INC_14D1	Col. 989	Char 2	01-48,99	Personal Number
INC_14D3	Col. 991	Char 2	01-48,99	Personal Number
INC_14D4	Col. 993	Char 2	01-48,99	Personal Number
 INC_14D5	Col. 995	Char 2	01-48,99	Personal Number
15a. Did (or any members of famil	v who live here)	receive	<u> </u>	
any (other) welfare payments in (<i>prev</i>			1	Yes
INC_15A	Col. 997	Char 1	2	No - SKIP to INSTRUCTOR INTERVIEW
b. Whose name was on the check?				
INC_15B	Col. 998	Char 2	01-30,99	Personal Number
c. How much was the check for?			000001-	
INC_15C	Col. 1000	Char 6	999999	
d. Whom did the check cover?				
Anyone else?				
INC_15D1	Col. 1006	Char 2	01-48,99	Personal Number
INC_15D2	Col. 1008	Char 2	01-48,99	Personal Number
INC_15D3	Col. 1010	Char 2	01-48,99	Personal Number
INC_15D4	Col. 1012	Char 2	01-48,99	Personal Number
INC_15D5	Col. 1014	Char 2	01-48,99	Personal Number
INSTRUCTION			i	
Refer to Control Card Items 12a, 12c	-			
and person number's family aged 15				
codes 1-10) who are living with the s	ample person No	OW.		
COLUMN A			A-Z,	
INCA_ALPHA	Col. 2213	Char 1	blank	
16a1. During the last 12 months, did (or		of		
family who lives here) receive interes			1	Yes
INCA_16A	Col. 2214	Char 1	2	No - SKIP to 17a
b1. Who received these payments?	<u> </u>	<u> </u>	1	Received
INCA_16B	Col. 2215	Char 1	2	Did not receive
c1. How much did receive in the last	12 months?		00000-	
INCA_16C	Col. 2216	Char 5	50,000	<u> </u>
			50,001	More than \$50,000
INCA_16C_DK	Col. 2221	Char 1	8	Refused

				9	DK
17a1.	During the last 12 months, did (or any name of a family who lives here) receive any other kin income that you have not already told me a INCA_17A Co	d of regular	 Char 1	1 2	Yes No - <i>SKIP to 18a</i>
b1.	Who received this income? INCA_17B Co	ol. 2223	Char 1	1	Received Did not receive
c1.	What kind of income was it? NOT GIVEN				
d1.	How much did receive in the last 12 mo	nths?		00000-	
	INCA_17D Co	ol. 2224	Char 5	50,000 50,001	More than \$50,000
	INCA_17D_DK Co	ol. 2229	Char 1	8 9	Refused DK
COLUN	IN B			A-Z,	
	_	ol. 2311	Char 1	blank	
16a2.	During the last 12 months, did (or any n			_	
	family who lives here) receive interest or div			1	Yes
	INCB_16A Co	ol. 2312	Char 1	2	No - SKIP to 17a
b2.	Who received these payments?			1	Received
	INCB_16B Co	ol. 2313	Char 1	2	Did not receive
c2	How much did receive in the last 12 mo	nths?		00000-	
02.		ol. 2314	Char 5	50,000	
		J 2011	0a. 0	50,001	More than \$50,000
	INCD 160 DV	J 0010	Char 1		
	INCB_16C_DK Co	ol. 2319	Char 1	8 9	Refused DK
17a2	During the last 12 months, did (or any n	nembers of			
1742.	family who lives here) receive any other kin				
	income that you have not already told me a	-		1	Yes
		ol. 2320	Char 1	2	No - SKIP to 18a
h2	Who received this income?			1	Received
DZ.		ol. 2321	Char 1	2	Did not receive
C2.	How much did receive in the last 12 mo		Char E	00000-	
	INCB_17D Co	ol. 2322	Char 5	50,000 50,001	More than \$50,000
					, ,
	INCB_17D_DK Co	ol. 2327	Char 1	8	Refused
				9	DK
COLUN				A-Z,	
	INCC_ALPHA Co	ol. 2409	Char 1	blank	
16a3.	During the last 12 months, did (or any n	nembers of .			
	family who lives here) receive interest or div	vidends?		1	Yes
	INCC_16A Co	ol. 2410	Char 1	2	No - SKIP to 17a
b3.	Who received these payments?			1	Received
		ol. 2411	Char 1	2	Did not receive
c3.	How much did receive in the last 12 mo	nths?		00000-	
		ol. 2412	Char 5	50,000 50,001	More than \$50,000
	INCC_16C_DK Co	ol. 2417	Char 1	89	Refused DK
17a3.	During the last 12 months, did (or any n	nembers of .			
	family who lives here) receive any other kin				
•	• •	•			·

	income that you have not already INCC_17A	told me about? Col. 2418	Char 1	1 Yes 2 No - <i>SKIP to 18a</i>
b3.	Who received this income? INCC_17B	Col. 2419	Char 1	1 Received 2 Did not receive
d1.	How much did receive in the la INCC_17D	ast 12 months? Col. 2420	Char 5	00000- 50,000 50,001 More than \$50,000
	INCC_17C_DK	Col. 2425	Char 1	8 Refused 9 DK
COLUI	MN D INCD_ALPHA	Col. 2507	Char 1	A-Z, blank
16a4.	During the last 12 months, did			
	family who lives here) receive inte INCD_16A	rest or dividends? Col. 2508	Char 1	1 Yes 2 No - <i>SKIP to 17a</i>
b4.	Who received these payments? INCD_16B	Col. 2509	Char 1	1 Received 2 Did not receive
c4.	How much did receive in the la	ast 12 months?		00000-
	INCD_16C	Col. 2510	Char 5	50,000 50,001 More than \$50,000
	INCD_16C_DK	Col. 2515	Char 1	8 Refused 9 DK
17a4.	During the last 12 months, did family who lives here) receive any income that you have not already	other kind of regular		1 Yes
	INCD_17A	Col. 2516	Char 1	2 No - SKIP to 18a
b4.	Who received this income? INCD_17B	Col. 2517	Char 1	1 Received 2 Did not receive
C4.	How much did receive in the la	ast 12 months?		00000
	INCD_17D	Col. 2518	Char 5	50,000 More than \$50,000
	INCD_17D_DK	Col. 2523	Char 1	8 Refused 9 DK
COLUI	MN E			A-Z,
	INCE_ALPHA	Col. 2605	Char 1	blank
16a5.	During the last 12 months, did family who lives here) receive inte INCE_16A		Char 1	1 Yes 2 No - <i>SKIP to 17a</i>
b5.	Who received these payments? INCE_16B	Col. 2607	Char 1	1 Received 2 Did not receive
c5.	How much did receive in the la INCE_16C	ast 12 months? Col. 2608	Char 5	00000- 50,000 50,001 More than \$50,000
	INCE_16C_DK	Col. 2613	Char 1	8 Refused 9 DK
17a5.	During the last 12 months, did	•		
	family who lives here) receive any income that you have not already INCE 17A	-	r Char 1	1 Yes 2 No - <i>SKIP to 18a</i>
b5.	Who received this income? INCE_17B	Col. 2615	Char 1	1 Received 2 Did not receive
C5.	How much did receive in the la		Ondi i	00000-
00.	INCE 17D	Col. 2616	Char 5	50,000

				50,001	More than \$50,000
	INCE_17D_DK	Col. 2621	Char 1	8	Refused
				9	DK
COLUI	MN F INCF_ALPHA	Col. 2703	Char 1	A-Z, blank	
16a6.	During the last 12 months, did (or a				
	family who lives here) receive interest of INCF 16A	or dividends? Col. 2704	Char 1	1 2	Yes No - <i>SKIP to 17a</i>
b6.	Who received these payments?	001. 2704	Onai i	1	Received
	INCF_16B	Col. 2705	Char 1	12	Did not receive
c6.	How much did receive in the last 12 INCF_16C	2 months? Col. 2706	Char 5	00000- 50,000 50,001	More than \$50,000
	INCF_16C_DK	Col. 2711	Char 1	8 9	Refused DK
17a6.	During the last 12 months, did (or a			i i	
	family who lives here) receive any othe income that you have not already told r			1	Yes
	INCF_17A	Col. 2712	Char 1	2	No - SKIP to 18a
b6.	Who received this income?			1	Received
	INCF_17B	Col. 2713	Char 1	2	Did not receive
c6.	How much did receive in the last 12 INCF_17D	2 months? Col. 2714	Char 5	00000- 50,000 50,001	More than \$50,000
	INCF_17D_DK	Col. 2719	Char 1	8 9	Refused DK
COLUI	MN G			A-Z,	
	INCG_ALPHA	Col. 2801	Char 1	blank	
16a7.	During the last 12 months, did (or a				
	family who lives here) receive interest of INCG_16A	Col. 2802	Char 1	1	Yes No - <i>SKIP to 17a</i>
b7.	Who received these payments? INCG_16B	Col. 2803	Char 1	12	Received Did not receive
c7.	How much did receive in the last 12 INCG_16C	2 months? Col. 2804	Char 5	00000- 50,000 50,001	More than \$50,000
	INCG_16C_DK	Col. 2809	Char 1	8 9	Refused DK
17a7.	During the last 12 months, did (or a family who lives here) receive any othe income that you have not already told r INCG_17A	r kind of regular	Char 1	1 2	Yes No - <i>SKIP to 18a</i>
b7.	Who received this income? INCG_17B	Col. 2811	Char 1	12	Received Did not receive
c7.	How much did receive in the last 12 INCG_17D	2 months? Col. 2812	Char 5	00000- 50,000 50,001	More than \$50,000
	INCG_17D_DK	Col. 2817	Char 1	8 9	Refused DK
COLUI	MN H			A-Z,	
	INCH_ALPHA	Col. 2899	Char 1	blank	

16a8.	During the last 12 months, did (or family who lives here) receive interest INCH_16A		Char 1	1 2	Yes No - <i>SKIP to 17a</i>
b8.	Who received these payments? INCH_16B	Col. 2901	Char 1	i —	Received Did not receive
c8.	How much did receive in the last INCH_16C	12 months? Col. 2902	Char 5	00000- 50,000 50,001	More than \$50,000
	INCH_16C_DK	Col. 2907	Char 1	: —	Refused DK
17a8.	During the last 12 months, did (or family who lives here) receive any other				
	income that you have not already told INCH_17A	l me about? Col. 2908	Char 1	: —	Yes No - SKIP to 18a
b8.	Who received this income? INCH_17B	Col. 2909	Char 1	. —	Received Did not receive
c8.	How much did receive in the last INCH_17D	12 months? Col. 2910	Char 5	00000- 50,000 50,001	More than \$50,000
	INCH_17D_DK	Col. 2915	Char 1	!	Refused DK
COLUM	INCI_ALPHA	Col. 2997	Char 1	A-Z, blank	
16a9.	During the last 12 months, did (or	•			
	family who lives here) receive interest INCI_16A	t or dividends? Col. 2998	Char 1		Yes No - SKIP to 17a
b9.	Who received these payments? INCI_16B	Col. 2999	Char 1	i —	Received Did not receive
c9.	How much did receive in the last INCI_16C	12 months? Col. 3000	Char 5	00000- 50,000 50,001	More than \$50,000
	INCI_16C_DK	Col. 3005	Char 1	8 9	Refused DK
17a9.	During the last 12 months, did (or family who lives here) receive any oth income that you have not already tologous the control of the	er kind of regular I me about?		1	Yes
	INCI_17A	Col. 3006	Char 1	2	No - SKIP to 18a
b9.	Who received this income? INCI_17B	Col. 3007	Char 1	· —	Received Did not receive
c9.	How much did receive in the last		01 5	00000-	
	INCI_17D	Col. 3008	Char 5	50,000 50,001	More than \$50,000
	INCI_17D_DK	Col. 3013	Char 1		Refused DK
COLUM	INCJ_ALPHA	Col. 3095	Char 1	A-Z, blank	
16a10.	During the last 12 months, did (or	•			
	family who lives here) receive interest INCJ_16A	t or dividends? Col. 3096	Char 1	• —	Yes No - <i>SKIP to 17a</i>
b10.	Who received these payments? INCJ_16B	Col. 3097	Char 1	. —	Received Did not receive
c10.	How much did receive in the last INCJ 16C	12 months? Col. 3098	Char 5	00000- 50,000	
i		331. 3000	J.141 J	55,500	

				50,001	More than \$50,000
	INCJ_16C_DK	Col. 3103	Char 1	8	Refused
				9	DK
17a10.	During the last 12 months, did (or	any members of			
	family who lives here) receive any other				
	income that you have not already told			1	Yes
	INCJ_17A	Col. 3104	Char 1	2	No - SKIP to 18a
b10.	Who received this income?			1	Received
	INCJ_17B	Col. 3105	Char 1	2	Did not receive
c10.	How much did receive in the last 1	2 months?		00000-	
	INCJ_17D	Col. 3106	Char 5	50,000	
				50,001	More than \$50,000
	INCJ_17D_DK	Col. 3111	Char 1	8	Refused
				9	DK
COLUM	IN K			A-Z,	
	INCK_ALPHA	Col. 3193	Char 1	blank	
16a11.	During the last 12 months, did (or	any members of			
	family who lives here) receive interest			1	Yes
	INCK_16A	Col. 3194	Char 1	2	No - SKIP to 17a
b11.	Who received these payments?			1	Received
	INCK_16B	Col. 3195	Char 1	2	Did not receive
c11.	How much did receive in the last 1	2 months?		00000-	
	INCK_16C	Col. 3196	Char 5	50,000	
	_			50,001	More than \$50,000
	INCK_16C_DK	Col. 3201	Char 1	8	Refused
		001. 0201	Onar 1	9	DK
17a11	During the last 12 months, did (or a	any members of		<u> </u>	
17411.	family who lives here) receive any other				
	income that you have not already told			1	Yes
	INCK_17A	Col. 3202	Char 1	2	No - SKIP to 18a
b11.	Who received this income?			1	Received
	INCK_17B	Col. 3203	Char 1	2	Did not receive
c11.	How much did receive in the last 1	2 months?		00000-	
	INCK_17D	Col. 3204	Char 5	50,000	
				50,001	More than \$50,000
	INCK_17D_DK	Col. 3209	Char 1	8	Refused
				9	DK
COLUM	MN L			A-Z,	
352011	INCL_ALPHA	Col. 3291	Char 1	blank	
16212	During the last 12 months, did (or a			<u> </u>	
. οα ι Δ.	family who lives here) receive interest			1	Yes
	INCL_16A	Col. 3292	Char 1	2	No - SKIP to 17a
b12.	Who received these payments?			1	Received
012.	INCL 16B	Col. 3293	Char 1	2	Did not receive
-10				i	
c12.	How much did receive in the last 1 INCL 16C	Col. 3294	Char 5	00000- 50,000	
	11VOL_100	001. 3234	Onai J	50,000	More than \$50,000
	INCL 160 DV	Col. 2200	Char 1	: =	
	INCL_16C_DK	Col. 3299	Char 1	8	Refused DK
47 4-	D : 11 1 2 20 11 11 11			- ا	
1/a12.	During the last 12 months, did (or a family who lives here) receive any other				
	income that you have not already told				Yes
	INCL_17A	Col. 3300	Char 1	2	No - SKIP to 18a

b12.	Who received this income? INCL_17B	Col. 3301	Char 1	1	Received Did not receive
c12.	How much did receive in the last 1 INCL_17D	2 months? Col. 3302	Char 5	00000- 50,000 50,001	More than \$50,000
	INCL_17D_DK	Col. 3307	Char 1	8 9	Refused DK
COLUN	INCM_ALPHA	Col. 3389	Char 1	A-Z, blank	
16a13.	During the last 12 months, did (or family who lives here) receive interest INCM_16A		Char 1	1 2	Yes No - <i>SKIP to 17a</i>
b13.	Who received these payments? INCM_16B	Col. 3391	Char 1	12	Received Did not receive
c13.	How much did receive in the last 1 INCM_16C	2 months? Col. 3392	Char 5	00000- 50,000 50,001	More than \$50,000
	INCM_16C_DK	Col. 3397	Char 1	8 9	Refused DK
17a13.	During the last 12 months, did (or family who lives here) receive any othe income that you have not already told INCM_17A	er kind of regular		1 2	Yes No - <i>SKIP to 18a</i>
b13.	Who received this income? INCM_17B	Col. 3399	Char 1	1 2	Received Did not receive
c13.	How much did receive in the last 1 INCM_17D	2 months? Col. 3400	Char 5	00000- 50,000 50,001	More than \$50,000
	INCM_17D_DK	Col. 3405	Char 1	8 9	Refused DK
COLUN	MN N INCN_ALPHA	Col. 3487	Char 1	A-Z, blank	
16a14.	During the last 12 months, did (or family who lives here) receive interest INCN_16A		Char 1	1 2	Yes No - <i>SKIP to 17a</i>
b14.	Who received these payments? INCN_16B	Col. 3489	Char 1	1 2	Received Did not receive
c14.	How much did receive in the last 1 INCN_16C	2 months? Col. 3490	Char 5	00000- 50,000 50,001	More than \$50,000
	INCN_16C_DK	Col. 3495	Char 1	8 9	Refused DK
17a14.	During the last 12 months, did (or family who lives here) receive any othe income that you have not already told INCN_17A	er kind of regular		1 2	Yes No - <i>SKIP to 18a</i>
b14.	Who received this income? INCN_17B	Col. 3497	Char 1	1 2	Received Did not receive
c14.	How much did receive in the last 1 INCN_17D	2 months? Col. 3498	Char 5	00000- 50,000	Mare than \$50,000
	INCN_17D_DK	Col. 3503	Char 1	50,001 8 9	More than \$50,000 Refused DK

loor un	W 0			i 4.7	
COLUN	INCO_ALPHA	Col. 3585	Char 1	A-Z, blank	
16a15.	During the last 12 months, did (or		f		
	family who lives here) receive interest		<u>-</u> . ,	1	Yes
	INCO_16A	Col. 3586	Char 1	2	No - SKIP to 17a
b15.	Who received these payments?			1	Received
	INCO_16B	Col. 3587	Char 1	2	Did not receive
c15.	How much did receive in the last	12 months?		00000-	
-	INCO_16C	Col. 3588	Char 5	50,000	
	_			50,001	More than \$50,000
	INCO_16C_DK	Col. 3593	Char 1	8	Refused
	1100_100_DIX	001. 0000	Onai i	9	DK
17-15	D. I with a last 40 magnitude which	··· wala a wa a w	,		
1/a15.	During the last 12 months, did (or	•			
	family who lives here) receive any oth	-	r		Yes
	income that you have not already told INCO_17A	Col. 3594	Char 1	<u> </u>	ves No - SKIP to 18a
		OUI. 3334	Gilai i	ـــــا	
b15.	Who received this income?			1	Received
	INCO_17B	Col. 3595	Char 1	2	Did not receive
c15.	How much did receive in the last	12 months?		00000-	
l	INCO_17D	Col. 3596	Char 5	50,000	
				50,001	More than \$50,000
	INCO_17D_DK	Col. 3601	Char 1	8	Refused
i	1100_175_51	001. 0001	Onai i	9	DK
	SHOW FLASHCARD K			1	Under \$3,000
17.	Which category on this card represen			2	\$3,000 - 3,999
	income before deductions during the			3	4,000 - 4,999
	(and all members of family who live			4	5,000 - 5,999
	money from jobs, net income from bu			5	6,000 - 6,999
	dividends, interests, net income from			6	7,000 - 7,999
	payments and any other money incom	ne received by .	(and	7	8,000 - 8,999
	all members of family).			8	9,000 - ,9999
	INC_18A	Col. 1016	Char 2	9	10,000 - 11,999
				10	12,000 - 14,999
				11	15,000 - 19,999
				12	20,000 - 24,999
				13	25,000 - 29,999
				14	30,000 - 39,999
				15	40,000 - 49,999
				16	50,000 or more
				88	Refused
				99	DK
18.	How many vehicles, including cars, va	ans, trailers, mot	orcycles,		
	or other vehicles are owned by (a		•		
	family who live with)?			1-99	Vehicles
	INC_19	Col. 1018	Char 2	0	None
100					Yes - SKIP to 22a
19a.	Are you living quarters owned or bein in you household?	g bought by som	eone	<u></u>	
		Cal 1000	Char 1	<u> </u>	No
	INC_21A	Col. 1020	Char i		
b.	Are you living quarters rented for cash	h OR are they oc	cupied		
	without payment of cash rent?			1	Rented for cash
	INC_21B	Col. 1021	Char 1	2	Occupied without payment of cash - SKIP to
					CHECK ITEM G.3.
20	About how much is the rent each mor	nth?		000001-	
20.	INC_22	Col. 1022	Char 6	999999	Dollars
	1110_22	001. 1022	Onai o	555555	Dollars

21. ln w	hose name is this house/apartment	rented?			
Any	yone else?				
Mar	rk all that apply.				
(1)	Household members INC_23_1A INC_23_1B	Col. 1028 Col. 1030	Char 2 Char 2	01-30 01-30	Personal Number Personal Number
(2)	Child(ren) of sample person (nonh INC_23_2A INC_23_2B INC_23_2C INC_23_2D	ousehold meml Col. 1032 Col. 1034 Col. 1036 Col. 1038	oers(s)) Char 2 Char 2 Char 2 Char 2	31-60 31-60 31-60 31-60	Personal Number Personal Number Personal Number Personal Number
(3)	Other nonhoyusehold member(s) INC_23_3	Col. 1040	Char 1	1	Marked - SKIP to item 26a
abo <i>Mar</i>	at is the present value of this home (but how much would it bring if you so it only one. INC_24B	ld it on today's Col. 1041	market? Char 1	1	Under \$20,000 \$20,000 - \$34,999 \$35,000 - \$49,999 \$50,000 - \$74,999 \$75,000 - \$99,999 \$100,000 - \$149,999 \$150,000 or more
	nere a mortgage or other Indebtedne arm) at the present time? INC_24C	ss on this home	e (and Char 1	1 2	Yes No - <i>SKIP to 23</i>
c. Abo	out how much is still owed? INC_24D	Col. 1043	Char 6	000000- 500000 500001	More than \$500,000
d. Abo	ut how much is you monthly mortga INC_24E	ge payment? Col. 1049	Char 6	0000- 5000 5001	More than \$5,000
23. Who	o owns this (house/apartment)? INC_25_1	Col. 1055	Char 1	1	Household member - Specify
Any	one else?				
Mar	k all that apply.				
(1)	Household members(s) - <i>Specify</i> INC_25_1A INC_25_1B	Col. 1056 Col. 1058	Char 2 Char 2	01-30 01-30	Personal Number Personal Number
(2)	Child(ren) of sample person (nonh Specify INC_25_2 INC_25_2A INC_25_2B INC_25_2C INC_25_2D	Col. 1060 Col. 1061 Col. 1063 Col. 1065 Col. 1067	Char 1 Char 2 Char 2 Char 2 Char 2 Char 2	1 31-60 31-60 31-60 31-60	Nonhousehold member - Specify Personal Number Personal Number Personal Number Personal Number
(3)	Other nonhousehold member(s) INC_25_3	Col. 1069	Char 1	1	
HECK ITE	M G.3				
Refe	er to Control Card item 32				
Wer	re any ADL helpers reported? INC_CK3G	Col. 1070	Char 1	1 2	Yes No - Go to Control Card item 9a and record end time. Then mark item 9c, if appropriate.
	part of this research, we may want to per(s) you have told me about. Of co		g	1	Statement was read - Go to Control Card item 9a, and

	INC_SPADVI	Col. 1071	Char 1		items 9b and 9c, if appropriate.
		Sec	ction H - INTER	VIEWER OBSERV	
HECK ITEN				1	Sample person answered all questions - SKIP to 2
Mark	k only one.			2	Proxy answered all questions - Answer 1 only
	OBS_FR1	Col. 1072	Char 1	3	Both sample person and proxy answered all questions -
					Answer 1 - 2
1. Wha	t is the proxy's name?				
If app	plicable, enter the proxy's person r	number			
	OBS_PRN1	Col. 1073	Char 2	02-60,99	Personal Number
	OBS_PRN2	Col. 1075	Char 2	02-60,99	Personal Number
2. Did s	sample person show any sign of co	onfusion at any	time		
durin	ng the interview, such as difficulty i	n remembering	ı dates,	ļ	
place	es, or other things?				
	OBS_7_1	Col. 1077	Char 1	1	Yes
	OBS_7_2	Col. 1078	Char 1	1	No
			BACK	FLAP ITEMS	-
1. ADL	- Activities of Daily Living				
(1)	Eating			<u> </u>	
	ADL_EAT	Col. 1079	Char 1	1	Marked
(2)	Getting in/out of bed			l	
	ADL_BED	Col. 1080	Char 1	1	Marked
(3)	Did not get out of bed at all				
	ADL_IBD	Col. 1081	Char 1	1	Marked
(4)	Getting around inside		.	,—	Madead
(5)	ADL_INS	Col. 1082	Char 1	ļ ¹∐	Marked
(5)	Did not get around inside at all	0 1 4000	01 4		Madrad
(0)	ADL_OUT	Col. 1083	Char 1	['L	Marked
(6)	Confined to a wheelchair	Cal 1004	Char 1		Marked
(7)	ADL_WHL Dressing	Col. 1084	Char 1	¦ '└─	Iviaineu
(7)	ADL_DRS	Col. 1085	Char 1	1	Marked
(8)	Bathing	001. 1003	Onai i	<u> </u>	Mariou
(0)	ADL_BTH	Col. 1086	Char 1	1	Marked
(9)	Getting to the bathroom or using		ona. I		
(0)	ADL_TOI	Col. 1087	Char 1	1	Marked
2 IVDI	Instrumental Activities of Daily L	iving		<u> </u>	
	Doing heavy work	-ivilly		•	
(')	IDL_HVW	Col. 1088	Char 1	1 □	Marked
(2)	Doing light work		J 1	<u> </u>	
ν-/	IDL LTW	Col. 1089	Char 1	1	Marked
(3)	Doing laundry				
. ,	IDL_LND	Col. 1090	Char 1	1	Marked
(4)	Preparing meals			!	
	IDL_MLS	Col. 1091	Char 1	1	Marked
(5)	Shopping for groceries				
	IDL_SHP	Col. 1092	Char 1	1 🔲	Marked
(6)	Getting around outside			İ —	
	IDL_OUT	Col. 1093	Char 1	1	Marked
(7)	Going places outside of walking of			. —	
	IDL_WLK	Col. 1094	Char 1	1	Marked
(8)	Managing money				
	IDL_MON	Col. 1095	Char 1	<u>1</u>	Marked
(9)	Making telephone calls	0-1 4000	Ob. 4		Markad
	IDL_TEL	Col. 1096	Char 1	1 1 L	Marked

Columr a1.	Name	e of Helper/organization			
01	•	of help			
01.					
		(1) all that apply.			
	(1)	Any ADL activity HPA_CK1	Col. 1102	Char 1	1 Marked
	IADL				
	(2)	Doing housework			
	(0)	HPA_CK2	Col. 1103	Char 1	1 Marked
	(3)	Preparing meals	Col. 1104	Char 1	1 Marked
	(4)	HPABF_3C3 Shopping for groceries	Col. 1104	Char 1	I Warked
	(4)	HPABF_3C4	Col. 1105	Char 1	1 Marked
	(5)	Getting around outside	001. 1100	Orial I	
	(-)	HPABF_3C5	Col. 1106	Char 1	1 Marked
	(6)	Going places outside of walking			
		HPABF_3C6	Col. 1107	Char 1	1 Marked
	(7)	Managing money			
		HPABF_3C7	Col. 1108	Char 1	1 Marked
	(8)	Taking medicine	0 1 1:	O	4 Martine
	(0)	HPABF_3C8	Col. 1109	Char 1	1 Marked
	(9)	Nursing services HPABF_3C9	Col. 1110	Char 1	1 Marked
		TII ADI _509	001. 1110	Onar i	T Marked
olumr					
a2.		e of Helper/organization mation not given)			
	•				
c2.	Type	of help			
	Mark	(1) all that apply.			
	(1)	Any ADL activity			
		HPB_CK1	Col. 1156	Char 1	1 Marked
	IADL				
	(2)	Doing housework			
	()	HPB_CK2	Col. 1157	Char 1	1 Marked
	(3)	Preparing meals			
		HPBBF_3C3	Col. 1158	Char 1	1 Marked
	(4)	Shopping for groceries			
		HPBBF_3C4	Col. 1159	Char 1	1 Marked
	(5)	Getting around outside			
	(0)	HPBBF_3C5	Col. 1160	Char 1	1 Marked
	(6)	Going places outside of walking		Char 1	1 Marked
	(7)	HPBBF_3C6 Managing money	Col. 1161	Char 1	i maineu
	(7)	HPBBF_3C7	Col. 1162	Char 1	1 Marked
	(8)	Taking medicine	301. 1102	Onar I	· — · · · · · · · · · · · · · · · · · ·
	(-)	HPBBF_3C8	Col. 1163	Char 1	1 Marked
	(9)	Nursing services			
	-	HPBBF_3C9	Col. 1164	Char 1	1 Marked
olumr	n C				1
		e of Helper/organization			
		mation not given)			
c3.		of help			
		(1) all that apply.			
	(1)	Any ADL activity			

		HPC_CK1	Col	. 1210	Char 1	1 Marked
L	ADL					
		Doing housework				į
(,	HPC_CK2	Col	. 1211	Char 1	1 Marked
(:	3)	Preparing meals		•	•	
(,	HPCBF_3C3	Col	. 1212	Char 1	1 Marked
(-	4)	Shopping for groceries				
`	,	HPCBF_3C4	Col	. 1213	Char 1	1 Marked
(5)	Getting around outside				
`	,	HPCBF_3C5	Col	. 1214	Char 1	1 Marked
(6)	Going places outside of walking				
`		HPCBF_3C6		. 1215	Char 1	1 Marked
(Managing money				
`		HPCBF_3C7	Col	. 1216	Char 1	1 Marked
(8)	Taking medicine				
`	,	HPCBF_3C8	Col	. 1217	Char 1	1 Marked
(9)	Nursing services				
`	,	HPCBF_3C9	Col	. 1218	Char 1	1 Marked
O-1						
Column I		o of Holpoy/organization				
		e of Helper/organization				
	intor	mation not given)				<u> </u>
c4. T	уре	of help				
٨	Mark	(1) all that apply.				
(,	Any ADL activity				
		HPD_CK1	Col	. 1264	Char 1	1 Marked
L	ADL					
		Doing housework				
(_,	HPD_CK2	Col	. 1265	Char 1	1 Marked
(:	3)	Preparing meals	301	50	J 1	
(-,	HPDBF_3C3	Col	. 1266	Char 1	1 Marked
1.	4)	Shopping for groceries	301	50	J 1	
(• /	HPDBF_3C4	Col	. 1267	Char 1	1 Marked
1	5)	Getting around outside	001	. 1201	Jilai I	'
(:	J)	HPDBF_3C5	Col	. 1268	Char 1	1 Marked
1	6)	Going places outside of walking			Jilai I	·⊔ ········
(٥)	HPDBF_3C6		. 1269	Char 1	1 Marked
ľ	7)	Managing money	001	. 1203	Cital 1	· 🗀 manos
(')	HPDBF_3C7	Cal	. 1270	Char 1	1 Marked
1	۵)	Taking medicine	COL	. 12/0	Oliai I	'L Mained
(-	8)	•	Cal	. 1271	Char 1	1 Marked
4	۵)	HPDBF_3C8	COL	. 12/1	Char 1	
(:		Nursing services HPDBF_3C9	Cal	1979	Char 1	1 Marked
		III DBF_303	COL	. 1272	Oliai I	' L Ividined
Column						
e1. N	Name	e of Helper/organization				
(infor	mation not given)				
е3. Т	ype	of help				
٨	Mark	(1) all that apply.				
(1)	Any ADL activity				
`		HPE_CK1	Col	. 1318	Char 1	1 Marked
	ADL					
(2)	Doing housework	0-1	1010	Char 1	1 Marked
	3)	HPE_CK2	COL	. 1319	Char 1	1 Marked
(;	3)	Preparing meals	C-1	1220	Char 1	1 Marked
,	4)	HPEBF_3C3	COL	. 1320	Char 1	1 Marked
(-	4)	Shopping for groceries				į

	(5)	HPEBF_3C4 Getting around outside	Col. 132		Char 1	1	Marked
	(6)	HPEBF_3C5 Going places outside of walking dis			Char 1	i ¹□	Marked
		HPEBF_3C6 Managing money	Col. 132	23 (Char 1	¹ ∐	Marked
		HPEBF_3C7	Col. 132	24 (Char 1	1	Marked
		Taking medicine HPEBF_3C8	Col. 132	25 (Char 1	1	Marked
		Nursing services HPEBF_3C9	Col. 132	26 (Char 1	1 🔲	Marked
Column	F						
		e of Helper/organization mation not given)					
f3.	Туре	of help					
	Mark	(1) all that apply.					
		Any ADL activity HPF_CK1	Col. 137	72 (Char 1	1	Marked
	IADL					<u> </u>	
		Doing housework					
		_	Col. 137	73 (Char 1	1	Marked
		HPFBF_3C3	Col. 137	74 (Char 1	1	Marked
		Shopping for groceries HPFBF_3C4	Col. 137	75 (Char 1	1	Marked
		Getting around outside HPFBF_3C5	Col. 137	76 (Char 1	1	Marked
		Going places outside of walking dis					
		HPFBF_3C6 Managing money	Col. 137	77 (Char 1	1	Marked
		HPFBF_3C7 Taking medicine	Col. 137	78 (Char 1	1	Marked
		HPFBF_3C8 Nursing services	Col. 137	79 (Char 1	1	Marked
	. ,	HPFBF_3C9	Col. 138	30 (Char 1	1	Marked
Column	G						
-		e of Helper/organization mation not given)					
g3.	Туре	of help				<u>:</u> !	
	Mark	(1) all that apply.					
		Any ADL activity				 	
		HPG_CK1	Col. 142	26 (Char 1	1	Marked
	IADL					!	
		Doing housework		_			
		HPG_CK2	Col. 142	27 (Char 1	ا لــا'	Marked
		Preparing meals HPGBF_3C3	Col. 142	28 (Char 1	1	Marked
		Shopping for groceries HPGBF_3C4	Col. 142	29 (Char 1	1	Marked
		Getting around outside HPGBF_3C5	Col. 143	30 (Char 1	1	Marked
	(6)	Going places outside of walking dis HPGBF_3C6			Char 1		Marked
	(7)	Managing money				'	
		HPGBF_3C7 Taking medicine	Col. 143	o∠ (Char 1	'-	Marked

	(9)	HPGBF_3C8 Nursing services	Col.	1433	Char 1	1 Marked	
	. ,	HPGBF_3C9	Col.	1434	Char 1	1 Marked	
Columr							
h1.		e of Helper/organization rmation not given)					
h3.	Туре	of help					
	Mark	(1) all that apply.					
	(1)	Any ADL activity	0.1	4 400	01 4	1 Marked	
		HPH_CK1	Col.	1480	Char 1	1 Marked	
	IADL						
	(2)	Doing housework	Col	1481	Char 1	1 Marked	
	(3)	HPH_CK2 Preparing meals	COI.	1401	Chai i	I Walked	
		HPHBF_3C3	Col.	1482	Char 1	1 Marked	
	(4)	Shopping for groceries HPHBF_3C4	Col.	1483	Char 1	1 Marked	
	(5)	Getting around outside			-		
	(C)	HPHBF_3C5		1484	Char 1	1 Marked	
	(6)	Going places outside of walking HPHBF_3C6		1485	Char 1	1 Marked	
	(7)	Managing money HPHBF_3C7	Col.	1486	Char 1	1 Marked	
	(8)	Taking medicine HPHBF_3C8	Col	1487	Char 1	1 Marked	
	(9)	Nursing services	001.	. 107	Orial 1		
		HPHBF_3C9	Col.	1488	Char 1	1 Marked	
Columr	1 I						
Oolullii							
	Name	e of Helper/organization rmation not given)					
i1.	Name (infor						
i1.	Name (infor	rmation not given) of help					
i1.	Name (infor	rmation not given) of help (1) all that apply. Any ADL activity					
i1.	Name (infor	rmation not given) of help (1) all that apply.	Col.	1534	Char 1	1 Marked	
i1.	Name (infor Type Mark (1)	rmation not given) of help (1) all that apply. Any ADL activity HPI_CK1	Col.	1534	Char 1	1 Marked	
i1.	Name (infor Type Mark (1)	rmation not given) of help (1) all that apply. Any ADL activity HPI_CK1 Doing housework					
i1.	Type Mark (1) IADL (2)	rmation not given) of help (1) all that apply. Any ADL activity HPI_CK1 Doing housework HPI_CK2		1534 1535	Char 1 Char 1	1 Marked 1 Marked	
i1.	Type Mark (1) IADL (2) (3)	rmation not given) of help (1) all that apply. Any ADL activity HPI_CK1 Doing housework HPI_CK2 Preparing meals HPIBF_3C3	Col.				
i1.	Type Mark (1) IADL (2) (3)	rmation not given) of help (1) all that apply. Any ADL activity HPI_CK1 Doing housework HPI_CK2 Preparing meals HPIBF_3C3 Shopping for groceries HPIBF_3C4	Col.	1535	Char 1	1 Marked	
i1.	Type Mark (1) IADL (2) (3)	rmation not given) of help (1) all that apply. Any ADL activity HPI_CK1 Doing housework HPI_CK2 Preparing meals HPIBF_3C3 Shopping for groceries	Col.	1535 1536	Char 1 Char 1	1 Marked 1 Marked	
i1.	Name (information Type Mark (1) IADL (2) (3) (4)	rmation not given) of help (1) all that apply. Any ADL activity HPI_CK1 Doing housework HPI_CK2 Preparing meals HPIBF_3C3 Shopping for groceries HPIBF_3C4 Getting around outside HPIBF_3C5 Going places outside of walking	Col. Col. Col. Col. g distance	1535 1536 1537 1538	Char 1 Char 1 Char 1	1 Marked 1 Marked 1 Marked 1 Marked 1 Marked	
i1.	Name (information of the control of	rmation not given) of help (1) all that apply. Any ADL activity HPI_CK1 Doing housework HPI_CK2 Preparing meals HPIBF_3C3 Shopping for groceries HPIBF_3C4 Getting around outside HPIBF_3C5 Going places outside of walking HPIBF_3C6	Col. Col. Col. Col. g distance	1535 1536 1537 1538	Char 1 Char 1 Char 1	1 Marked 1 Marked 1 Marked	
i1.	Name (infor Type Mark (1) IADL (2) (3) (4) (5) (6) (7)	rmation not given) of help (1) all that apply. Any ADL activity HPI_CK1 Doing housework HPI_CK2 Preparing meals HPIBF_3C3 Shopping for groceries HPIBF_3C4 Getting around outside HPIBF_3C5 Going places outside of walking HPIBF_3C6 Managing money HPIBF_3C7	Col. Col. Col. g distance Col.	1535 1536 1537 1538	Char 1 Char 1 Char 1 Char 1	1 Marked 1 Marked 1 Marked 1 Marked 1 Marked	
i1.	Name (infor Type Mark (1) IADL (2) (3) (4) (5) (6) (7) (8)	rmation not given) of help (1) all that apply. Any ADL activity HPI_CK1 Doing housework HPI_CK2 Preparing meals HPIBF_3C3 Shopping for groceries HPIBF_3C4 Getting around outside HPIBF_3C5 Going places outside of walking HPIBF_3C6 Managing money HPIBF_3C7 Taking medicine HPIBF_3C8	Col. Col. Col. g distance Col. Col.	1535 1536 1537 1538 5e 1539	Char 1 Char 1 Char 1 Char 1 Char 1	1 Marked 1 Marked 1 Marked 1 Marked 1 Marked 1 Marked	
i1.	Name (infor Type Mark (1) IADL (2) (3) (4) (5) (6) (7)	rmation not given) of help (1) all that apply. Any ADL activity HPI_CK1 Doing housework HPI_CK2 Preparing meals HPIBF_3C3 Shopping for groceries HPIBF_3C4 Getting around outside HPIBF_3C5 Going places outside of walking HPIBF_3C6 Managing money HPIBF_3C7 Taking medicine	Col. Col. Gol. g distance Col. Col. Col.	1535 1536 1537 1538 2e 1539 1540	Char 1 Char 1 Char 1 Char 1 Char 1 Char 1 Char 1	1	
i1.	Name (infor Type Mark (1) IADL (2) (3) (4) (5) (6) (7) (8) (9)	rmation not given) of help (1) all that apply. Any ADL activity HPI_CK1 Doing housework HPI_CK2 Preparing meals HPIBF_3C3 Shopping for groceries HPIBF_3C4 Getting around outside HPIBF_3C5 Going places outside of walking HPIBF_3C6 Managing money HPIBF_3C7 Taking medicine HPIBF_3C8 Nursing services	Col. Col. Col. g distance Col. Col. Col.	1535 1536 1537 1538 2e 1539 1540	Char 1 Char 1 Char 1 Char 1 Char 1 Char 1 Char 1 Char 1	1	
i1.	Name (information of the content of	rmation not given) of help (1) all that apply. Any ADL activity HPI_CK1 Doing housework HPI_CK2 Preparing meals HPIBF_3C3 Shopping for groceries HPIBF_3C4 Getting around outside HPIBF_3C5 Going places outside of walking HPIBF_3C6 Managing money HPIBF_3C7 Taking medicine HPIBF_3C8 Nursing services HPIBF_3C9 e of Helper/organization	Col. Col. Col. g distance Col. Col. Col.	1535 1536 1537 1538 2e 1539 1540	Char 1 Char 1 Char 1 Char 1 Char 1 Char 1 Char 1 Char 1	1	
i1.	Name (information information	rmation not given) of help (1) all that apply. Any ADL activity HPI_CK1 Doing housework HPI_CK2 Preparing meals HPIBF_3C3 Shopping for groceries HPIBF_3C4 Getting around outside HPIBF_3C5 Going places outside of walking HPIBF_3C6 Managing money HPIBF_3C7 Taking medicine HPIBF_3C8 Nursing services HPIBF_3C9	Col. Col. Col. g distance Col. Col. Col.	1535 1536 1537 1538 2e 1539 1540	Char 1 Char 1 Char 1 Char 1 Char 1 Char 1 Char 1 Char 1	1	

	Mark	(1) all that apply.			
	(1)	Any ADL activity HPJ_CK1	Col. 1588	3 Char 1	1 Marked
	IADL	_			
		Doing housework			
	. /	-	Col. 1589	Ohar 1	1 Marked
		Preparing meals			
		_	Col. 1590	Char 1	1 Marked
		_	Col. 1591	Char 1	1 Marked
	` '	Getting around outside HPJBF_3C5	Col. 1592	2 Char 1	1 Marked
	(6)	Going places outside of walking dis HPJBF_3C6	tance Col. 1593	3 Char 1	1 Marked
	(7)	Managing money	Col. 1594		1 Marked
		Taking medicine	COI. 139º	- Onal I	i Mariou
	. ,		Col. 1595	5 Char 1	1 Marked
	(9)	Nursing services			
		HPJBF_3C9	Col. 1596	6 Char 1	1 Marked
K section					
k1.		e of Helper/organization mation not given)			
k3.	Туре	of help			
	Mark	(1) all that apply.			
	. ,	Any ADL activity HPK_CK1	Col. 1642	2 Char 1	1 Marked
	IADL				
	(2)	Doing housework			
			Col. 1643	3 Char 1	1 Marked
	(3)	Preparing meals	0 1 4=:	4 6 6	. □
	(4)	HPKBF_3C3 Shopping for groceries	Col. 1644	1 Char 1	1 Marked
	(+)		Col. 1645	5 Char 1	1 Marked
	(5)	Getting around outside			
	(C)	_	Col. 1646	6 Char 1	1 Marked
	(6)	Going places outside of walking dis HPKBF_3C6	tance Col. 1647	7 Char 1	1 Marked
	(7)	Managing money	20 10-17	Jilai i	
		HPKBF_3C7	Col. 1648	Char 1	1 Marked
	(8)	Taking medicine	0-1 404	Oba:: 4	4 Marked
	(9)	HPKBF_3C8 Nursing services	Col. 1649	O Char 1	1 Marked
			Col. 1650	Char 1	1 Marked
L section					_
		e of Helper/organization			
	(infor	mation not given)			
I3.	Туре	of help			
	Mark	(1) all that apply.			
	(1)	Any ADL activity			
			Col. 1696	6 Char 1	1 Marked
	IADL				
	(2)	Doing housework			
	(0)	_	Col. 1697	7 Char 1	1 Marked
	(3)	Preparing meals HPLBF_3C3	Col. 1698	3 Char 1	1 Marked
	(4)	Shopping for groceries	JUI. 1030	oliai i	Manoa
1	` '	11 0 0			

					. —	
		HPLBF_3C4	Col. 1699	Char 1	1	Marked
	(5)	Getting around outside		}		
			Col. 1700	Char 1	1	Marked
		Going places outside of walking dis		01.0.		
				~: .	₁ □	** 1 1
		_	Col. 1701	Char 1	'Ш	Marked
	(7)	Managing money		į		
			Col. 1702	Char 1	1	Marked
		Taking medicine		i		
			0.1.4700	014	4 C	N 4l I
		_	Col. 1703	Char 1	'	Marked
	(9)	Nursing services		!		
		HPLBF_3C9	Col. 1704	Char 1	1	Marked
				<u></u>		
/I section				į		
m1.	Name	e of Helper/organization		!		
		mation not given)		į		
	,					
m3.	Туре	of help				
		·		!		
	Mark	(1) all that apply.		į		
	/4\	A ADI astivitu		!		
	. ,	Any ADL activity		į	. —	
		HPM_CK1	Col. 1750	Char 1	1	Marked
				į	_	
	IADL			!		
	(2)	Doing housework		į		
		HPM_CK2	Col. 1751	Char 1	1	Marked
		Preparing meals	.	i		
			0.1.4750	01	- - □	N #ll
		_	Col. 1752	Char 1	'	Marked
	(4)	Shopping for groceries		!		
		HPMBF_3C4	Col. 1753	Char 1	1	Marked
		Getting around outside		1		
			0-1 4754	05-2-1		Manicad
		_		Char 1	'	Marked
	(6)	Going places outside of walking dis	tance			
		HPMBF_3C6	Col. 1755	Char 1	1	Marked
		Managing money				
			0-1 4750	05-2-1		Manicad
		_	Col. 1756	Char 1	'ــــا	Marked
		Taking medicine		į		
		HPMBF_3C8	Col. 1757	Char 1	1	Marked
		Nursing services		į		
			Cal 1750	Char 1	1	Marked
		HPMBF_3C9	Col. 1758	Char 1	'ـــا	Marked
N section	าท					
		e of Helper/organization		İ		
				i		
	(intori	mation not given)		İ		
n3	Type	of holp				
no.	ı ype	of help		Į.		
	Mark	(1) all that apply.		!		
	IVIC	(1) an ina appij.		į		
	(1)	Any ADL activity		į		
			Col. 1804	Char 1	1	Marked
		TII N_0.01	001. 1001	Onar i	۔	Warked
	IADL			į		
		Doing housework		!		
		<u> </u>	0-1 4005	05-2-1	- - □	N #ll
			Col. 1805	Char 1	'	Marked
	(3)	Preparing meals		į		
		HPNBF_3C3	Col. 1806	Char 1	1	Marked
		Shopping for groceries				
			0.1.4007	014	- - □	N #ll
			Col. 1807	Char 1	1	Marked
	(5)	Getting around outside				
			Col. 1808	Char 1	1	Marked
		Going places outside of walking dis		i		
	. ,			014	- I	N A =l . =l
		_	Col. 1809	Char 1	'	Marked
	(7)	Managing money		1		
		HPNBF_3C7	Col. 1810	Char 1	1	Marked
		Taking medicine				
			Cal 1011	Char 1	4 C	Marked
			Col. 1811	Char 1	'	Marked
	(9)	Nursing services		i		

	HPNBF_3C9	Col. 1812	Char 1	1 Marked	
	me of Helper/organization ormation not given)				
оЗ. Тур	pe of help				
Ма	rk (1) all that apply.				
(1)	Any ADL activity HPO_CK1	Col. 1858	Char 1	1 Marked	
IAD	DL				
(2)	Doing housework HPO_CK2	Col. 1859	Char 1	1 Marked	
(3)	Preparing meals HPOBF_3C3	Col. 1860	Char 1	1 Marked	
(4)	Shopping for groceries HPOBF_3C4	Col. 1861	Char 1	1 Marked	
(5)	Getting around outside HPOBF 3C5	Col. 1862	Char 1	1 Marked	
(6)	Going places outside of walking	distance			
(7)	HPOBF_3C6 Managing money	Col. 1863	Char 1	1 Marked	
(8)	HPOBF_3C7 Taking medicine	Col. 1864	Char 1	1 Marked	
	HPOBF_3C8	Col. 1865	Char 1	1 Marked	
(9)	Nursing services HPOBF_3C9	Col. 1866	Char 1	1	