



	CND_2_01	Col. 361	Char 1	2	<input type="checkbox"/> No
b.	Any other heart problem? CND_2_02	Col. 362	Char 1	1	<input type="checkbox"/> Yes
				2	<input type="checkbox"/> No
c.	Hypertension or high blood pressure? CND_2_03	Col. 363	Char 1	1	<input type="checkbox"/> Yes
				2	<input type="checkbox"/> No
d.	A stroke? CND_2_04	Col. 364	Char 1	1	<input type="checkbox"/> Yes
				2	<input type="checkbox"/> No
e.	Circulation trouble in . . . arms or legs? CND_2_05	Col. 365	Char 1	1	<input type="checkbox"/> Yes
				2	<input type="checkbox"/> No
f.	Has . . . had Pneumonia in LAST 12 months? CND_2_06	Col. 366	Char 1	1	<input type="checkbox"/> Yes
				2	<input type="checkbox"/> No
g.	Bronchitis? CND_2_07	Col. 367	Char 1	1	<input type="checkbox"/> Yes
				2	<input type="checkbox"/> No
h.	Flu? CND_2_08	Col. 368	Char 1	1	<input type="checkbox"/> Yes
				2	<input type="checkbox"/> No
i.	Emphysema? CND_2_09	Col. 369	Char 1	1	<input type="checkbox"/> Yes
				2	<input type="checkbox"/> No
j.	Asthma? CND_2_10	Col. 370	Char 1	1	<input type="checkbox"/> Yes
				2	<input type="checkbox"/> No
k.	A broken hip? CND_2_11	Col. 371	Char 1	1	<input type="checkbox"/> Yes
				2	<input type="checkbox"/> No
l.	Other broken bones? CND_2_12	Col. 372	Char 1	1	<input type="checkbox"/> Yes
				2	<input type="checkbox"/> No

**Part 2 - ACTIVITIES OF DAILY LIVING**

1a.	During the past week, that is, since last ( <i>day</i> ), did any person help . . . eat? ADL_1A	Col. 373	Char 1	1	<input type="checkbox"/> Yes - <i>SKIP to 1d</i>
				2	<input type="checkbox"/> No
				3	<input type="checkbox"/> Did not eat at all - <i>SKIP to 1i</i>
b.	Did . . . use special utensils or special dishes to help . . . eat? ADL_1B	Col. 374	Char 1	1	<input type="checkbox"/> Yes
				2	<input type="checkbox"/> NO - <i>SKIP to 2a</i>
c.	Did someone usually stay nearby just in case . . . might need help? ADL_1C	Col. 375	Char 1	1	<input type="checkbox"/> Yes } <i>SKIP to 1g</i>
				2	<input type="checkbox"/> No
d.	Did someone feed . . . ? ADL_1D	Col. 376	Char 1	1	<input type="checkbox"/> Yes - <i>SKIP to f</i>
				2	<input type="checkbox"/> No
e.	Did someone help . . . cut meat or butter bread? ADL_1E	Col. 377	Char 1	1	<input type="checkbox"/> Yes
				2	<input type="checkbox"/> No
f.	Did . . . also use special utensils or special dishes to help . . . eat? ADL_1F	Col. 378	Char 1	1	<input type="checkbox"/> Yes
				2	<input type="checkbox"/> No
g.	How often did . . . (receive help or use special utensils or special dishes) - most of the time, or only occasionally? ADL_1G	Col. 379	Char 1	1	<input type="checkbox"/> Most of the time
				2	<input type="checkbox"/> Some of the time
				3	<input type="checkbox"/> Only occasionally
h.	About how long has . . . (had help eating or used special dishes or special utensils)? <i>Probe as necessary. Code for longest.</i> ADL_1H	Col. 380	Char 1	1	<input type="checkbox"/> Less than 3 months
				2	<input type="checkbox"/> 3 months to 6 months
				3	<input type="checkbox"/> 6 months to 1 year
				4	<input type="checkbox"/> 1 year to 5 years
				5	<input type="checkbox"/> 5 years or over
				} <i>Mark code 1, in CC, item 30. SKIP to 2a.</i>	
i.	About how long has . . . not eaten? <i>Probe as necessary. Code for longest.</i> ADL_1I	Col. 381	Char 1	1	<input type="checkbox"/> Less than 3 months
				2	<input type="checkbox"/> 3 months to 6 months
				3	<input type="checkbox"/> 6 months to 1 year
				4	<input type="checkbox"/> 1 year to 5 years
				5	<input type="checkbox"/> 5 years or over
				} <i>Mark code 1, in CC, item 30.</i>	

<p>2a. Since last (day), did any person help . . . get in or out of bed (or didn't . . . get out of bed at all for any reason whatever)? ADL_2A Col. 382 Char 1</p>	<p>1 <input type="checkbox"/> Yes - <i>SKIP to d.</i> 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Did not get out of bed at all - <i>SKIP to i</i></p>
<p>b. Did . . . use special equipment like a wheelchair, railing, walker, or cane to help . . . get in or out of bed? ADL_2B Col. 383 Char 1</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 3a</i></p>
<p>c. Did someone usually stay nearby . . . just in case . . . might need help? ADL_2C Col. 384 Char 1</p>	<p>1 <input type="checkbox"/> Yes } <i>SKIP to f</i> 2 <input type="checkbox"/> No }</p>
<p>d. Did someone actually LIFT . . . in or out of bed? ADL_2D Col. 385 Char 1</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p>e. Did . . . also use special equipment like a wheelchair, railing, walker, or cane to help . . . get out of bed? ADL_2E Col. 386 Char 1</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 1g</i></p>
<p>f. What kind of special equipment did . . . use? <i>Mark (1) all that apply.</i></p> <p>(1) Wheelchair ADL_2F_1 Col. 387 Char 1</p> <p>(2) Railing ADL_2F_2 Col. 388 Char 1</p> <p>(3) Walker ADL_2F_3 Col. 389 Char 1</p> <p>(4) Cane ADL_2F_4 Col. 390 Char 1</p> <p>(5) Crutches ADL_2F_5 Col. 391 Char 1</p> <p>(6) Lift ADL_2F_6 Col. 392 Char 1</p> <p>(7) Other Device ADL_2F_7 Col. 393 Char 1</p>	<p>1 <input type="checkbox"/> MARKED 1 <input type="checkbox"/> MARKED 1 <input type="checkbox"/> MARKED 1 <input type="checkbox"/> MARKED 1 <input type="checkbox"/> MARKED 1 <input type="checkbox"/> MARKED 1 <input type="checkbox"/> MARKED</p>
<p>g. How often did . . . (receive help or use special equipment) - most of the time, some of the time, or only occasionally? ADL_2G Col. 394 Char 1</p>	<p>1 <input type="checkbox"/> Most of the time 2 <input type="checkbox"/> Some of the time 3 <input type="checkbox"/> Only occasionally</p>
<p>h. About how long has . . . (had help/used special equipment) to get in or out of bed? <i>Probe as necessary. Code for longest.</i> ADL_2H Col. 395 Char 1</p>	<p>1 <input type="checkbox"/> Less than 3 months 2 <input type="checkbox"/> 3 months to 6 months 3 <input type="checkbox"/> 6 months to 1 year 4 <input type="checkbox"/> 1 year to 5 years 5 <input type="checkbox"/> 5 years or over</p> <p>} <i>Mark code 2 in in CC, item 30. SKIP to 3a.</i></p>
<p>i. About how long has . . . been unable to get out of bed? <i>PROBE as necessary and code for longest.</i> ADL_2I Col. 396 Char 1</p>	<p>1 <input type="checkbox"/> Less than 3 months 2 <input type="checkbox"/> 3 months to 6 months 3 <input type="checkbox"/> 6 months to 1 year 4 <input type="checkbox"/> 1 year to 5 years 5 <input type="checkbox"/> 5 years or over</p> <p>} <i>Mark codes 2, 3, 4 and 5 in CC, item 30. SKIP to 4h</i></p>
<p>3a. Since last (day) did any person help . . . get around inside (or didn't . . . get around inside at all)? ADL_3A Col. 397 Char 1</p>	<p>1 <input type="checkbox"/> Yes - <i>SKIP to 3d</i> 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Did not get around inside at all - <i>SKIP to 3j</i></p>
<p>b. Did . . . use special equipment like a wheelchair, cane, or other device to help . . . get around inside? ADL_3B Col. 398 Char 1</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 4a</i></p>
<p>c. Did someone usually stay nearby just in case . . . might need some help? ADL_3C Col. 399 Char 1</p>	<p>1 <input type="checkbox"/> Yes } <i>SKIP to 3e</i> 2 <input type="checkbox"/> No }</p>
<p>d. Did . . . also use special equipment like a wheelchair, cane,</p>	<p>—</p>

<p>other device to help . . . get around inside? ADL_3D Col. 400 Char 1</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 3h</i></p>
<p>e. Did . . . use a wheelchair? ADL_3E Col. 401 Char 1</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 3g</i></p>
<p>f. Is . . . able to get around at all without the wheelchair? ADL_3F Col. 402 Char 1</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>Mark code 6 in CC, item 30</i></p>
<p>g. What other kind of special equipment did . . . use? Anything else? <i>Mark (1) all apply.</i> <i>If none, mark "None."</i></p> <p>(1) Railing ADL_3G01 Col. 403 Char 1</p> <p>(2) Walker ADL_3G02 Col. 404 Char 1</p> <p>(3) Cane ADL_3G03 Col. 405 Char 1</p> <p>(4) Crutches ADL_3G04 Col. 406 Char 1</p> <p>(5) Elevator/escalator ADL_3G05 Col. 407 Char 1</p> <p>(6) Orthopedic shoes ADL_3G06 Col. 408 Char 1</p> <p>(7) Other device ADL_3G12 Col. 409 Char 1</p> <p>(8) None ADL_3G12A Col. 410 Char 1</p>	<p>1 <input type="checkbox"/> MARKED 1 <input type="checkbox"/> MARKED 1 <input type="checkbox"/> MARKED 1 <input type="checkbox"/> MARKED 1 <input type="checkbox"/> MARKED 1 <input type="checkbox"/> MARKED 1 <input type="checkbox"/> MARKED 1 <input type="checkbox"/> MARKED</p>
<p>h. How often did . . . receive help or use special equipment - most of the time, some of the time, or only occasionally? ADL_3H Col. 411 Char 1</p>	<p>1 <input type="checkbox"/> Most of the time 2 <input type="checkbox"/> Some of the time 3 <input type="checkbox"/> Only occasionally</p>
<p>i. About how long has . . . had help or used special equipment to get around inside? ADL_3I Col. 412 Char 1</p>	<p>1 <input type="checkbox"/> Less than 3 months 2 <input type="checkbox"/> 3 months to 6 months 3 <input type="checkbox"/> 6 months to 1 year 4 <input type="checkbox"/> 1 year to 5 years 5 <input type="checkbox"/> 5 years or over</p> <p>} <i>Mark code 4 in C.C., item 30 - SKIP to 4a</i></p>
<p>j. About how long has . . . been unable to get around inside? ADL_3J Col. 413 Char 1</p>	<p>1 <input type="checkbox"/> Less than 3 months 2 <input type="checkbox"/> 3 months to 6 months 3 <input type="checkbox"/> 6 months to 1 year 4 <input type="checkbox"/> 1 year to 5 years 5 <input type="checkbox"/> 5 years or over</p> <p>} <i>Mark code 4 and 5 in C.C., item 30.</i></p>
<p>4a. The next questions are about dressing, that is, getting and putting on the clothes that . . . wear(s) during the day. Since last (day), did any person usually help . . . to get dressed (or didn't . . . get dressed at all)? ADL_4A Col. 414 Char 1</p>	<p>1 <input type="checkbox"/> Yes - <i>SKIP to 4d</i> 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Did not dress at all - <i>SKIP to 4h</i></p>
<p>b. Did . . . wear special clothing or use special equipment to help . . . get dressed? ADL_4B Col. 415 Char 1</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 5a</i></p>
<p>c. Did someone usually stay nearby just in case . . . might need help? ADL_4C Col. 416 Char 1</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } <i>SKIP to 4f</i></p>
<p>d. Did someone put on all . . . clothes for . . . ? ADL_4D Col. 417 Char 1</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p>e. Did . . . also use special equipment to help . . . dress . . .</p>	<p>—</p>

<p>or use special clothing? ADL_4E Col. 418 Char 1</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p>f. How often did . . . (receive help/use special equipment or clothing) - most of the time, some of the time, or only occasionally? ADL_4F Col. 419 Char 1</p>	<p>1 <input type="checkbox"/> Most of the time 2 <input type="checkbox"/> Some of the time 3 <input type="checkbox"/> Only occasionally</p>
<p>g. About how long has . . . (had help dressing/used special equipment or clothing)? ADL_4G Col. 420 Char 1</p>	<p>1 <input type="checkbox"/> Less than 3 months 2 <input type="checkbox"/> 3 months to 6 months 3 <input type="checkbox"/> 6 months to 1 year 4 <input type="checkbox"/> 1 year to 5 years 5 <input type="checkbox"/> 5 years or over</p> <p>} <i>Mark code 7 in C.C., item 30. SKIP to 5a</i></p>
<p>h. During the past week, did someone help . . . change . . . pajamas or gown? ADL_4H Col. 421 Char 1</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p>i. About how long has . . . been unable to dress? <i>PROBE as necessary.</i> ADL_4I Col. 422 Char 1</p>	<p>1 <input type="checkbox"/> Less than 3 months 2 <input type="checkbox"/> 3 months to 6 months 3 <input type="checkbox"/> 6 months to 1 year 4 <input type="checkbox"/> 1 year to 5 years 5 <input type="checkbox"/> 5 years or over</p> <p>} <i>Mark code 7 in C.C., item 30.</i></p>
<p>CHECK ITEM A.2 <i>Refer to Control Card, item 30</i> ADL_CK2 Col. 423 Char 1</p>	<p>1 <input type="checkbox"/> Code 3 marked in c. c. item 30 - <i>SKIP to 5k</i> 2 <input type="checkbox"/> All others</p>
<p>5a. Since last (<i>day</i>), did any person help . . . bathe, or was . . . unable to bathe at all? ADL_5A Col. 424 Char 1</p>	<p>1 <input type="checkbox"/> Yes - <i>SKIP to 5d</i> 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Unable to bathe - <i>SKIP to 5j</i></p>
<p>b. Did . . . use special equipment like a shower seat, tub stool or grab bar to help . . . bathe? ADL_5B Col. 425 Char 1</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 6a</i></p>
<p>c. Did someone usually stay nearby just in case . . . might need help? ADL_5C Col. 426 Char 1</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> <p>} <i>SKIP to 5g</i></p>
<p>d. Did someone bathe . . . ? ADL_5D Col. 427 Char 1</p>	<p>1 <input type="checkbox"/> Yes - <i>SKIP to 5f</i> 2 <input type="checkbox"/> No</p>
<p>e. Did someone help . . . get into or out of the bathtub? ADL_5E Col. 428 Char 1</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p>f. Did . . . also use special equipment like a shower seat, tub stool, or grab bars to help . . . bathe? ADL_5F Col. 429 Char 1</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 5h</i></p>
<p>g. What kind of special equipment did . . . use? Anything else? Anything else? <i>Mark (1) all that apply.</i> (1) Shower seat/tub stool ADL_5G_1 Col. 430 Char 1 (2) Grab bars/handle bars at sink ADL_5G_2 Col. 431 Char 1 (3) Other device ADL_5G_6 Col. 432 Char 1</p>	<p>1 <input type="checkbox"/> MARKED 1 <input type="checkbox"/> MARKED 1 <input type="checkbox"/> MARKED</p>
<p>h. How often did . . . (receive help or use special equipment) - most of the time, some of the time, or occasionally? ADL_5H Col. 433 Char 1</p>	<p>1 <input type="checkbox"/> Most of the time 2 <input type="checkbox"/> Some of the time 3 <input type="checkbox"/> Only occasionally</p>
<p>i. About how long . . . has had help or used special equipment to bathe? <i>PROBE as necessary. Code for the longest.</i> ADL_5I Col. 434 Char 1</p>	<p>1 <input type="checkbox"/> Less than 3 months 2 <input type="checkbox"/> 3 months to 6 months 3 <input type="checkbox"/> 6 months to 1 year 4 <input type="checkbox"/> 1 year to 5 years</p> <p>} <i>Mark code 8 in C.C., item 30 - SKIP to 6a.</i></p>

				5 <input type="checkbox"/> 5 years or over	
j. Did . . . wash . . . body at a sink or basin? ADL_5J Col. 435 Char 1				1 <input type="checkbox"/> Yes - <i>SKIP to 5i.</i> 2 <input type="checkbox"/> No	
k. During the past week, did . . . have a bed bath? ADL_5K Col. 436 Char 1				1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
l. About how long has . . . been able to bathe? <i>PROBE as necessary. Code for the longest.</i> ADL_5L Col. 437 Char 1				1 <input type="checkbox"/> Less than 3 months 2 <input type="checkbox"/> 3 months to 6 months 3 <input type="checkbox"/> 6 months to 1 year 4 <input type="checkbox"/> 1 year to 5 years 5 <input type="checkbox"/> 5 years or over	} <i>Mark code 8 in C.C., item 30.</i>
6a. Since last ( <i>day</i> ), did any person help . . . to get to the bathroom or use the toilet, or didn't . . . use the toilet at all? ADL_6A Col. 438 Char 1				1 <input type="checkbox"/> Yes - <i>SKIP to 6d.</i> 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Did not use toilet seat at all - <i>SKIP to 6l</i>	
b. Did . . . use special equipment like a raised toilet, bedside commode, or grab bar to help . . . to use the toilet? ADL_6B Col. 439 Char 1				1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 6o</i>	
c. Did someone usually stay nearby just in case . . . might need help to use the toilet? ADL_6C Col. 440 Char 1				1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	} <i>SKIP to 6g</i>
d. Did someone usually help . . . get to the toilet? ADL_6D Col. 441 Char 1				1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
e. Did someone help . . . to get on or off the toilet, arrange . . . clothes, or clean . . . self? ADL_6E Col. 442 Char 1				1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
f. Did . . . also use special equipment like a raised toilet, bedside commode, or grab bar to help . . . use the toilet? ADL_6F Col. 443 Char 1				1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 6j</i>	
g. What kind of special equipment did . . . use? Anything else? Anything else? <i>Mark (1) all that apply.</i> (1) Raised toilet ADL_6G_1 Col. 444 Char 1 (2) Portable toilet/bedside commode ADL_6G_2 Col. 445 Char 1 (3) Rail/grab bar ADL_6G_3 Col. 446 Char 1 (4) Other device ADL_6G_6 Col. 447 Char 1				1 <input type="checkbox"/> MARKED 1 <input type="checkbox"/> MARKED 1 <input type="checkbox"/> MARKED 1 <input type="checkbox"/> MARKED	
h. Did . . . take care of . . . toilet needs by using any OTHER special equipment like a (bedpan/portable toilet/special underwear)? ADL_6H Col. 448 Char 1				1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 6j</i>	
i. What other special equipment did . . . use? Anything else? Anything else? <i>Mark (1) all that apply.</i> (1) Bed pan ADL_6I_1 Col. 449 Char 1 (2) Portable toilet/bedside commode ADL_6I_2 Col. 450 Char 1 (3) Special underwear/diapers ADL_6I_3 Col. 451 Char 1 (4) Specify other device ADL_6I_4 Col. 452 Char 1				1 <input type="checkbox"/> MARKED 1 <input type="checkbox"/> MARKED 1 <input type="checkbox"/> MARKED 1 <input type="checkbox"/> MARKED	

<p>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</p>	<p>1 <input type="checkbox"/> Most of the time 2 <input type="checkbox"/> Some of the time 3 <input type="checkbox"/> Only occasionally</p>
<p>k. About how long has . . . had help using the toilet or used special equipment? <i>PROBE as necessary. Code for longest.</i> ADL_6K Col. 454 Char 1</p>	<p>1 <input type="checkbox"/> Less than 3 months 2 <input type="checkbox"/> 3 months to 6 months 3 <input type="checkbox"/> 6 months to 1 year 4 <input type="checkbox"/> 1 year to 5 years 5 <input type="checkbox"/> 5 years or over</p> <p>} <i>Mark code 9 in C.C., item 30 - SKIP to 6o</i></p>
<p>l. Did . . . take care of . . . toilet needs by using any special equipment like (a bedpan, portable toilet, or special underwear)? ADL_6L Col. 455 Char 1</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 6n</i></p>
<p>m. What special equipment did . . . use? Anything else? Anything else? <i>Mark (1) all that apply.</i> (1) Bed pan ADL_6M_1 Col. 457 Char 1 (2) Portable toilet/bedside commode ADL_6M_2 Col. 456 Char 1 (3) Special underwear/diapers ADL_6M_3 Col. 458 Char 1 (4) Catheter ADL_6M_5 Col. 459 Char 1</p>	<p>1 <input type="checkbox"/> MARKED 1 <input type="checkbox"/> MARKED 1 <input type="checkbox"/> MARKED 1 <input type="checkbox"/> MARKED</p>
<p>n. About how long has . . . been unable to use the toilet? ADL_6N Col. 460 Char 1</p>	<p>1 <input type="checkbox"/> Less than 3 months 2 <input type="checkbox"/> 3 months to 6 months 3 <input type="checkbox"/> 6 months to 1 year 4 <input type="checkbox"/> 1 year to 5 years 5 <input type="checkbox"/> 5 years or over</p> <p>} <i>Mark code 9 in C.C., item 30</i></p>
<p>o. Did . . . use a device such as a urinary catheter or a colostomy bag? ADL_6O Col. 461 Char 1</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 6r</i></p>
<p>p. Does . . . take care of it by . . .self OF does someone help . . . to take care of it? ADL_6P Col. 462 Char 1</p>	<p>1 <input type="checkbox"/> Self care 2 <input type="checkbox"/> With help</p>
<p>q. About how long has . . . been using it? <i>PROBE as necessary. Code for longest</i> ADL_6Q Col. 463 Char 1</p>	<p>1 <input type="checkbox"/> Less than 3 months 2 <input type="checkbox"/> 3 months to 6 months 3 <input type="checkbox"/> 6 months to 1 year 4 <input type="checkbox"/> 1 year to 5 years 5 <input type="checkbox"/> 5 years or over</p>
<p>r. During the past week, has . . . sometimes had trouble controlling . . . bladder or bowels so that . . . accidentally wet or soiled . . .self either day or night? ADL_6R Col. 464 Char 1</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to CHECK ITEM A.3</i></p>
<p>s. About how long . . . had this problem? <i>PROBE as necessary. Code for longest</i> ADL_6T Col. 465 Char 1</p>	<p>1 <input type="checkbox"/> Less than 3 months 2 <input type="checkbox"/> 3 months to 6 months 3 <input type="checkbox"/> 6 months to 1 year 4 <input type="checkbox"/> 1 year to 5 years 5 <input type="checkbox"/> 5 years or over</p>
<p>CHECK ITEM A.3 <i>Refer to Control Card item 30</i> <i>Mark (1) for each MARKED ADL item.</i> (1) Eating ADL_CK3_1 Col. 466 Char 1 (2) Getting in/out of bed</p>	<p>1 <input type="checkbox"/> MARKED</p>

- ADL\_CK3\_2 Col. 467 Char 1
- (3) Getting around inside ADL\_CK3\_4 Col. 468 Char 1
- (4) Dressing ADL\_CK3\_7 Col. 469 Char 1
- (5) Bathing ADL\_CK3\_8 Col. 470 Char 1
- (6) Getting to the bathroom or using the toilet ADL\_CK3\_9 Col. 471 Char 1

- 1  MARKED
- 1  MARKED
- 1  MARKED
- 1  MARKED
- 1  MARKED

If all items marked, skip to CHECK ITEM A.4. Otherwise, ask 7a.

7a. You said that . . . didn't get any help during the past week with (read UNMARKED items from Check Item A.4). Did someone usually stay nearby just in case . . . might need help with any of these things?

ADL\_7A Col. 472 Char 1

- 1  Yes
- 2  No - SKIP to 8a

b. For which of these things did someone usually stay nearby? Anything else?

Mark (1) all that apply.

- (1) Eating ADL\_7B\_1 Col. 473 Char 1
- (2) Getting in/out of bed ADL\_7B\_2 Col. 474 Char 1
- (3) Getting around inside ADL\_7B\_4 Col. 475 Char 1
- (4) Dressing ADL\_7B\_7 Col. 476 Char 1
- (5) Bathing ADL\_7B\_8 Col. 477 Char 1
- (6) Getting to the bathroom or using the toilet ADL\_7B\_9 Col. 478 Char 1

- 1  MARKED
- 1  MARKED
- 1  MARKED
- 1  MARKED
- 1  MARKED
- 1  MARKED

Mark appropriate item(s) in C.C., item 30, and in CHECK ITEM A.3 above.

c. About how long has . . . had someone stay nearby just in case . . . might need help with (that/any of those things)? PROBE as necessary. Code for longest.

ADL\_7C Col. 479 Char 1

- 1  Less than 3 months
- 2  3 months to 6 months
- 3  6 months to 1 year
- 4  1 year to 5 years
- 5  5 years or over

8a. Does . . . NEED help with (read UNMARKED items from CHECK ITEM A.3)?

ADL\_8A Col. 480 Char 1

- 1  Yes
- 2  No - SKIP to CHECK ITEM A.4

b. For which of those things does . . . Need help? Anything else?

Mark (1) all that apply.

- (1) Eating ADL\_8B\_1 Col. 481 Char 1
- (2) Getting in/out of bed ADL\_8B\_2 Col. 482 Char 1
- (3) Getting around inside ADL\_8B\_4 Col. 483 Char 1
- (4) Dressing ADL\_8B\_7 Col. 484 Char 1
- (5) Bathing ADL\_8B\_8 Col. 485 Char 1
- (6) Getting to the bathroom or using the toilet ADL\_8B\_9 Col. 486 Char 1

- 1  MARKED
- 1  MARKED
- 1  MARKED
- 1  MARKED
- 1  MARKED
- 1  MARKED

CHECK ITEM A.4

Was the sample person helped by another person in any ADL item? This includes active help or standby help.

ADL\_CK5 Col. 487 Char 1

- 1  Yes
- 2  No - SKIP to Check Item A.5



<p>9a. You said that you have help in (read marked ADL items from CHECK ITEM A.3). What is the name of the person who helped you MOST with (that/those things)?</p>	<p>Fill Control Card items 32a, b, and item 32c, box 1, in first helpers column.</p>
<p>b. Who helps . . . with (that/those things)?</p>	<p>Reask until no more helpers names. Fill Control Card items 3a and b and item 32c, box1, in all cases.</p>

**Part 3 - INSTRUMENTAL ACTIVITIES OF DAILY LIVING (IADL)**

<p><b>CHECK ITEM A.5</b></p>							
<p><i>Refer to Control Card item 30</i> IDL_CK2 Col. 488 Char 1</p>				<p>1 <input type="checkbox"/> Code 3 and/or code 5 - SKIP to 8a 2 <input type="checkbox"/> All others</p>			
<p>1a. Does you usually do heavy work around the house such as moving furniture, scrubbing floors, or washing windows? IDL_1A Col. 489 Char 1</p>				<p>1 <input type="checkbox"/> Yes - SKIP to 3a 2 <input type="checkbox"/> No</p>			
<p>b. If you had to do heavy work around the house, could you do it? IDL_1B Col. 490 Char 1</p>				<p>1 <input type="checkbox"/> Yes - SKIP to 3a 2 <input type="checkbox"/> No</p>			
<p>c. What is the reason you cannot do heavy work around the house - is that because of disability or health problem, or is there some other reason? IDL_1C Col. 491 Char 1</p>				<p>1 <input type="checkbox"/> Disability or health problem (including old age) - Mark code 1 in C.C., item 31. 2 <input type="checkbox"/> Other reason</p>			
<p>2a. Does you usually do light work around the house such as straightening up, putting things away, or washing dishes? IDL_2A Col. 492 Char 1</p>				<p>1 <input type="checkbox"/> Yes - SKIP to 3a 2 <input type="checkbox"/> No</p>			
<p>b. If you had to do light work around the house, could you do it? IDL_2B Col. 493 Char 1</p>				<p>1 <input type="checkbox"/> Yes - SKIP to 3a 2 <input type="checkbox"/> No</p>			
<p>c. What is the reason you cannot do light work around the house- is that because of disability or health problem, or is there some other reason? IDL_2C Col. 494 Char 1</p>				<p>1 <input type="checkbox"/> Disability or health problem (including old age) - Mark code 2 in C.C., item 30 2 <input type="checkbox"/> Other reason</p>			
<p>3a. Does you usually do you own laundry? IDL_3A Col. 495 Char 1</p>				<p>1 <input type="checkbox"/> Yes - SKIP to CHECK ITEM A.6 2 <input type="checkbox"/> No</p>			
<p>b. If you had to do you own laundry, could you do it? IDL_3B Col. 496 Char 1</p>				<p>1 <input type="checkbox"/> Yes - SKIP to 3d 2 <input type="checkbox"/> No</p>			
<p>c. What is the reason you cannot do you own laundry - is that because of disability or health problem, or is there some other reason? IDL_3C Col. 497 Char 1</p>				<p>1 <input type="checkbox"/> Disability or health problem (including old age) - Mark code 3 in C.C., item 31 2 <input type="checkbox"/> Other reason</p>			
<p><b>CHECK ITEM A.6</b> <i>Refer to flap items 1a, 2a, and 3a above.</i> IDL_CK3 Col. 498 Char 1</p>				<p>1 <input type="checkbox"/> "No" answered to one or more items 2 <input type="checkbox"/> All others - SKIP to 3g</p>			
<p>d. Does someone usually help you with work around the house or laundry or do it for you? IDL_3D Col. 499 Char 1</p>				<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 3g</p>			
<p>e. Who regularly does this?</p>				<p>Fill Control Card items 32a and b in next available helpers column(s) for name(s) not previously entered. Mark item 32, code 2, in all cases.</p>			
<p>f. Who else regularly does this?</p>				<p>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 2, in all cases, THEN SKIP TO 4a.</p>			
<p>g. Does you NEED any help doing work around the house or you laundry? IDL_3H Col. 500 Char 1</p>				<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>			
<p>4a. Does you usually prepare you own meals? IDL_4A Col. 501 Char 1</p>				<p>1 <input type="checkbox"/> Yes - SKIP to 4g 2 <input type="checkbox"/> No</p>			

<p>b. If you had to prepare you own meals, could you do it? IDL_4B Col. 502 Char 1</p>	<p>1 <input type="checkbox"/> Yes - <i>SKIP to 4d</i> 2 <input type="checkbox"/> No</p>
<p>c. What is the reason you cannot prepare you own meals - is that because of disability or health problem, or is there some other reason? IDL_4C Col. 503 Char 1</p>	<p>1 <input type="checkbox"/> Disability or health problem (including old age) - <i>Mark code 4 in C.C., item 31</i> 2 <input type="checkbox"/> Other reason</p>
<p>d. Does another person or organization usually prepare meals for you to eat here? IDL_4D Col. 504 Char 1</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 4g</i></p>
<p>e. Who regularly does this?</p>	<p><i>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.</i></p>
<p>f. Who else regularly does this?</p>	<p><i>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.</i></p>
<p>g. Does you NEED someone to prepare meals for you? IDL_4H Col. 505 Char 1</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p>5a. Does you usually shop for groceries, that is, go to the store, select the items, and get them home? IDL_5A Col. 506 Char 1</p>	<p>1 <input type="checkbox"/> Yes - <i>SKIP to 5g</i> 2 <input type="checkbox"/> No</p>
<p>b. If you had to do you own grocery shopping, could you do it? IDL_5B Col. 507 Char 1</p>	<p>1 <input type="checkbox"/> Yes - <i>SKIP to 5d</i> 2 <input type="checkbox"/> No</p>
<p>c. What is the reason you cannot shop for groceries - is that because of disability or health problem, or is there some other reason? IDL_5C Col. 508 Char 1</p>	<p>1 <input type="checkbox"/> Disability or health problem (including old age) - <i>Mark code 5 in C.C., item 31</i> 2 <input type="checkbox"/> Other reason</p>
<p>d. Does someone usually help you shop for groceries or do it for you? IDL_5D Col. 509 Char 1</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 5g.</i></p>
<p>e. Who regularly does this?</p>	<p><i>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.</i></p>
<p>f. Who else regularly does this?</p>	<p><i>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.</i></p>
<p>g. Does you NEED any help shopping for groceries? IDL_5H Col. 510 Char 1</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p>6a. Does you get around outside at all, either with help or without help? IDL_6A Col. 511 Char 1</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 6i</i></p>
<p>b. When you goes outside, does someone usually help you get around? IDL_6B Col. 512 Char 1</p>	<p>1 <input type="checkbox"/> Yes - <i>Mark code 6 in C.C., item 31</i> 2 <input type="checkbox"/> No - <i>SKIP to 6e</i></p>
<p>c. Who regularly helps you get around?</p>	<p><i>Fill Control Card items 32a and b in next available helpers column(s) for name(s) not previously entered. Mark item 32, code 5, in all cases.</i></p>
<p>d. Who else regularly helps you with this?</p>	<p><i>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.</i></p>
<p>e. When you go outside, does you use special equipment like a cane or walker of a guide dog to help you get around? IDL_6E Col. 513 Char 1</p>	<p>1 <input type="checkbox"/> Yes - <i>Mark code 6, if not already marked in C.C. item 31</i> 2 <input type="checkbox"/> No - <i>SKIP to 6h</i></p>
<p>f. What type of special equipment does you use?</p>	

Anything else?

Mark (1) all apply.

- |                                     |          |        |                                   |
|-------------------------------------|----------|--------|-----------------------------------|
| (1) Guide dog<br>IDL_F01            | Col. 514 | Char 1 | 1 <input type="checkbox"/> MARKED |
| (2) Cane<br>IDL_F02                 | Col. 515 | Char 1 | 1 <input type="checkbox"/> MARKED |
| (3) Walker<br>IDL_F03               | Col. 516 | Char 1 | 1 <input type="checkbox"/> MARKED |
| (4) Wheelchair<br>IDL_F04           | Col. 517 | Char 1 | 1 <input type="checkbox"/> MARKED |
| (5) Crutches<br>IDL_F05             | Col. 518 | Char 1 | 1 <input type="checkbox"/> MARKED |
| (6) Orthopedic shoes<br>IDL_F06     | Col. 519 | Char 1 | 1 <input type="checkbox"/> MARKED |
| (7) Specify other device<br>IDL_F12 | Col. 520 | Char 1 | 1 <input type="checkbox"/> MARKED |

g. Does you usually use (equipment in 6f) by you self OR with help from another person?  
IDL\_6G Col. 521 Char 1

1 <input type="checkbox"/> By self	} SKIP to 7a
2 <input type="checkbox"/> With help	

h. Does you NEED any help getting around outside?  
IDL\_6H Col. 522 Char 1

1 <input type="checkbox"/> Yes	} SKIP to 7a
2 <input type="checkbox"/> No	

i. What is the reason you does not get around outside? Is it because of disability or health problem, or is there some other reason?  
IDL\_6I Col. 523 Char 1

1 <input type="checkbox"/> Disability of health problem (including old age) - Mark code 6 in C.C., item 31. THEN SKIP TO 9a.
2 <input type="checkbox"/> Other reason

Look at Flashcard F.  
7a. How does you USUALLY go places outside of walking distance?  
Mark only one.  
IDL\_7A Col. 524 Char 1

1 <input type="checkbox"/> Car
2 <input type="checkbox"/> Van
3 <input type="checkbox"/> Taxi
4 <input type="checkbox"/> Bus
5 <input type="checkbox"/> Other public transportation
6 <input type="checkbox"/> Other
7 <input type="checkbox"/> Does not travel at all - SKIP to 7g

b. Does someone usually help you go places outside or walking distance?  
IDL\_7B Col. 525 Char 1

1 <input type="checkbox"/> Yes
2 <input type="checkbox"/> No - SKIP to 7g

c. If you had to go places outside of walking distance by you self, could you do it?  
IDL\_7C Col. 526 Char 1

1 <input type="checkbox"/> Yes - SKIP to 9a
2 <input type="checkbox"/> No

d. 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 6, in all cases.*

e. 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 6, in all cases.*

f Is the reason you does not go places outside of walking distance by self because of disability or health problem, or is there some other reason?  
IDL\_7F Col. 527 Char 1

1 <input type="checkbox"/> Disability or health problem (including old age) - Mark code 7 in C.C., item 31, THEN SKIP TO 9a.
1 <input type="checkbox"/> Other Reason - SKIP to 9a

g. Does you NEED any help getting around outside of walking distance?  
IDL\_7H Col. 528 Char 1

1 <input type="checkbox"/> Yes	} SKIP to 9a
2 <input type="checkbox"/> No	

8a. Does someone regularly help you with housework and laundry or do housework and laundry for you?  
Who else regularly does this?  
IDL\_8A Col. 529 Char 1

1 <input type="checkbox"/> No one helps
2 <input type="checkbox"/> Someone helps - Mark codes 1, 2, and 3 in Control Card item 31. Fill Control Card items 32a and b in next available helpers column(s) for name(s) not

					<i>previously entered. Mark 32c, code 2, in all cases.</i>
b. Who regularly prepares meals for you to eat here? Who else regularly does this IDL_8B	Col. 530	Char 1	1 <input type="checkbox"/> 2 <input type="checkbox"/>	No one helps Someone helps - <i>Mark code 4 in Control Card item 31.</i> <i>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.</i>	
c. Who regularly helps you shop for groceries or does it for you? Who else regularly does this? IDL_8C	Col. 531	Char 1	1 <input type="checkbox"/> 2 <input type="checkbox"/>	No one helps Someone helps - <i>Mark code 5 in Control Card item 31.</i> <i>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.</i>	
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 <input type="checkbox"/> 2 <input type="checkbox"/>	Yes - <i>SKIP to 9g</i> No	
b. If you had to manage you own money, could you do it? IDL_9B	Col. 533	Char 1	1 <input type="checkbox"/> 2 <input type="checkbox"/>	Yes - <i>SKIP to 9d</i> 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	1 <input type="checkbox"/> 2 <input type="checkbox"/>	Disability of health problem (including old age) - <i>Mark code 8 in C.C., item 31</i> 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 <input type="checkbox"/> 2 <input type="checkbox"/>	Yes No - <i>SKIP to 9g</i>	
e. Who regularly helps you with this?				<i>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.</i>	
f. Who else regularly helps you with this?				<i>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.</i>	
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 <input type="checkbox"/> 2 <input type="checkbox"/>	Yes No	
10a. Does someone usually help you take you medicine? IDL_10A	Col. 537	Char 1	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	Yes No - <i>SKIP to 10d</i> Does not take at all - <i>SKIP to 11a</i>	
b. Who regularly helps you with this?				<i>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.</i>	
c. Who else regularly helps you with this?				<i>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.</i>	
d. Does you NEED any help taking you medicine? IDL_10E	Col. 538	Char 1	1 <input type="checkbox"/> 2 <input type="checkbox"/>	Yes No	
11a. Is there a telephone in this (house/apartment)? IDL_11A	Col. 539	Char 1	1 <input type="checkbox"/> 2 <input type="checkbox"/>	Yes 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 <input type="checkbox"/> 2 <input type="checkbox"/>	Regular Specially equipped	
c. Does you usually make you own telephone calls without the help of another person? IDL_11C	Col. 541	Char 1	1 <input type="checkbox"/> 2 <input type="checkbox"/>	Yes - <i>SKIP to CHECK ITEM A.7</i> No	
d. If you had to make you own telephone calls, could you do it? IDL_11D	Col. 542	Char 1	1 <input type="checkbox"/> 2 <input type="checkbox"/>	Yes - <i>SKIP to CHECK ITEM A.7</i> 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 <input type="checkbox"/>	Disability of health problem (including old age) -	

<p>other reason? IDL_11E                      Col. 543      Char 1</p>	<p>Mark code 9 in C.C., item 31. 2 <input type="checkbox"/> Other reason</p>
<p>CHECK ITEM A.7 Refer to Control Card items 30 and 31 IDL_CK4                      Col. 544      Char 1</p>	<p>1 <input type="checkbox"/> One or more IADL items marked 2 <input type="checkbox"/> No IADL items marked, one or more ADL items marked in flap item 1 - <i>SKIP to 13a</i> 3 <input type="checkbox"/> No ADL or IADL items marked - <i>SKIP to 14a</i></p>
<p>Refer to flap item 2. 12. You said that you (health/age) has kept you From (read <i>MARKED IADL items</i>). About how long has (health/age) kept you from doing (this/any of these things)? <i>PROBE as necessary. Code for longest.</i> IDL_12                      Col. 545      Char 1</p>	<p>1 <input type="checkbox"/> Less than 3 months 2 <input type="checkbox"/> 3 months to 6 months 3 <input type="checkbox"/> 6 months to 1 year 4 <input type="checkbox"/> 1 year to 5 years 5 <input type="checkbox"/> 5 years or over</p>
<p>Refer to Control Card items 30 and 31. 13a. What health conditions, either mental or physical, cause you to have trouble (read <i>MARKED ADL AND IADL ITEMS</i>). <i>Probe for specific condition. Enter verbatim response.</i> <i>NOT GIVEN</i></p> <p>b. Any other condition? <i>Reask until no more conditions named.</i> <i>NOT GIVEN</i> <i>if more than one condition, ask -</i></p>	
<p>c. What is the main condition? <i>Mark (1) box of main condition only.</i> IDL_1311                      Col. 546      Char 1</p>	<p>1-4 <input type="checkbox"/></p>
<p>OFFICIAL USE ONLY IDL_HCC1                      Col. 547      Char 3 IDL_HCC2                      Col. 550      Char 3 IDL_HCC3                      Col. 553      Char 3 IDL_HCC4                      Col. 556      Char 3</p>	<p><input type="checkbox"/> Integer numbers <input type="checkbox"/> Integer numbers <input type="checkbox"/> Integer numbers <input type="checkbox"/> Integer numbers</p>
<p>14a. Does you regularly go to a senior center or an adult day care center? NSA_5B                      Col. 559      Char 1</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 14d.</i></p>
<p>b. Does you receive any health services or therapy at the center? NSA_5C                      Col. 560      Char 1</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p>c. Does this center provide you with transportation between the center and your home? NSA_5D                      Col. 561      Char 1</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p>d. Does you now regularly eat meals in (a senior center or in) some other place with a special meal program for older people? NSA_7C                      Col. 562      Char 1</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p>CHECK ITEM A.8 Refer to Control Card item 32. NSA_HP                      Col. 563      Char 1</p>	<p>1 <input type="checkbox"/> Helper(s) reported - <i>Mark CHECK ITEM A.9</i> 2 <input type="checkbox"/> No helper reported - <i>SKIP to 1a</i></p>
<p><b>Column A</b></p>	
<p>CHECK ITEM A.9 Refer to Control Card item 32. In each column enter name and personal number. Mark appropriate box. Record Number HPA_REC                      Col. 1097      Char 2</p>	<p>01-15 <input type="checkbox"/> Record Number</p>

In each column enter name and personal number

HPA\_NO Col. 1099 Char 2  
Alphabetical Column Header  
HPA\_COL Col. 1101 Char 1  
Personal number  
HPA\_B02 Col. 1111 Char 1

02-48,99  Person Number

A - Z,  
blank

1  ADL or nursing helper and personal number is between  
31 and 38, or 99

2  All others - SKIP to 15b1

15a1. What is . . .'s address and telephone number?  
NOT GIVEN

b1. During the past week, how many days were there when . . .  
helped you because of your disability or health problem?

HPA\_1A Col. 1112 Char 1

0  None  
1-7  Days

c1. For how long has . . . helped you because of your disability  
or health problem?

HPA\_1B Col. 1113 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

d1. If obvious, code without asking.

You mentioned that . . . helps you. Is . . . a relative, friend,  
someone hired to help you, someone from helping organization,  
or someone else?

If "relative," ASK -  
"How is . . . related to you?"

Mark (1) all that apply.

HPA\_1F Col. 1114 Char 2

Relatives

11  Spouse  
12  Father  
13  Mother  
14  Son  
15  Daughter  
16  Brother  
17  Sister  
18  Son-in-law  
19  Daughter-in-law  
20  Other male relative  
21  Other female relative

} SKIP to next  
helper. If last helper  
SKIP to Part 4, 1a

Others

22  Male friend  
23  Female friend  
24  An employee  
25  Someone from helping organization  
26  Someone else

e1. Is . . . paid to help you?

HPA\_1G Col. 1116 Char 1

1  Yes  
2  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

g1. Will insurance, Medicare, Medicaid, or anyone else, including  
any members of your family, end up paying any of the  
charge for this?

HPA\_1M Col. 1122 Char 1

1  Yes  
2  No - SKIP to next helper. If last helper, SKIP to Part 4, 1a.

h1. Who will end up paying?

Anyone else?

Mark (1) all that apply.

(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	<input type="checkbox"/>	Marked
HPA_1N15A	Col. 1127	Char 2	02-20,99	<input type="checkbox"/>	Person Number
HPA_1N15B	Col. 1129	Char 2	02-20,99	<input type="checkbox"/>	Person Number
(15) Child(ren) not in Household					
HPA_1N16	Col. 1131	Char 1	1	<input type="checkbox"/>	Marked
HPA_1N16A	Col. 1132	Char 2	20-48,99	<input type="checkbox"/>	Person Number
HPA_1N16B	Col. 1134	Char 2	20-48,99	<input type="checkbox"/>	Person Number
HPA_1N16C	Col. 1136	Char 2	20-48,99	<input type="checkbox"/>	Person Number
HPA_1N16D	Col. 1138	Char 2	20-48,99	<input type="checkbox"/>	Person Number
Other nonhousehold members					
(16) Father					
HPA_1N17	Col. 1140	Char 1	1	<input type="checkbox"/>	Marked
(17) Mother					
HPA_1N18	Col. 1141	Char 1	1	<input type="checkbox"/>	Marked
(18) Son-in-law					
HPA_1N19	Col. 1142	Char 1	1	<input type="checkbox"/>	Marked
(19) Daughter-in-law					
HPA_1N20	Col. 1143	Char 1	1	<input type="checkbox"/>	Marked
(20) Brother					
HPA_1N21	Col. 1144	Char 1	1	<input type="checkbox"/>	Marked
(21) Sister					
HPA_1N22	Col. 1145	Char 1	1	<input type="checkbox"/>	Marked
(22) Other male relative					
HPA_1N23	Col. 1146	Char 1	1	<input type="checkbox"/>	Marked
(23) Other female relative					
HPA_1N24	Col. 1147	Char 1	1	<input type="checkbox"/>	Marked
(24) Male friend					
HPA_1N25	Col. 1148	Char 1	1	<input type="checkbox"/>	Marked
(25) Female friend					
HPA_1N26	Col. 1149	Char 1	1	<input type="checkbox"/>	Marked
(26) Other					
HPA_1N27	Col. 1150	Char 1	1	<input type="checkbox"/>	Marked

**Column B**

**CHECK ITEM A.9**

Refer to flap item 3.					
Record Number					
HPB_REC	Col. 1151	Char 2	01-15	<input type="checkbox"/>	Record Number
<i>In each column enter name and personal number</i>					
HPB_NO	Col. 1153	Char 2	02-48,99	<input type="checkbox"/>	Person Number
Alphabetical Column Header					
HPB_COL	Col. 1155	Char 1		<input type="checkbox"/>	A - Z, or blank
Personal number					
HPB_B02	Col. 1165	Char 1	1	<input type="checkbox"/>	ADL or nursing helper and personal number is between 31 and 38, or 99
			2	<input type="checkbox"/>	All others - <i>SKIP to 15b2</i>

15a2. What is . . .'s address and telephone number?  
*NOT GIVEN*

b2. During the past week, how many days were there when . . .  
helped you because of your disability or health problem?

HPB_1A	Col. 1166	Char 1	0	<input type="checkbox"/>	None
			1-7	<input type="checkbox"/>	Days

c2. For how long has . . . helped you because of your disability or health problem?

HPB\_1B Col. 1167 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

d2. If obvious, code without asking.

You mentioned that . . . helps you. Is . . . a relative, friend, someone hired to help you, someone from helping organization, or someone else?

If "relative," ASK -  
"How is . . . related to you?"

Mark (1) all that apply.

HPB\_1F Col. 1168 Char 2

Relatives

- 11  Spouse
- 12  Father
- 13  Mother
- 14  Son
- 15  Daughter
- 16  Brother
- 17  Sister
- 18  Son-in-law
- 19  Daughter-in-law
- 20  Other male relative
- 21  Other female relative

} SKIP to next helper.  
If last helper  
SKIP to Part 4, 1a

Others

- 22  Male friend
- 23  Female friend
- 24  An employee
- 25  Someone from helping organization
- 26  Someone else

e2. Is (name of helper) paid to help . . . ?

HPB\_1G Col. 1170 Char 1

- 1  Yes
- 2  No - SKIP to next helper. If last helper, SKIP to Part 4, 1a.

f2. How much?

HPB\_1J Col. 1171 Char 5

- 0000-5000
- 5001  More than \$5000

g2. Will insurance, Medicare, Medicaid, or anyone else, including any members of your family, end up paying any of the charge for this?

HPB\_1M Col. 1176 Char 1

- 1  Yes
- 2  No - SKIP to next helper. If last helper, SKIP to Part 4, 1a.

h2. Who will end up paying?

Anyone else?

Mark (1) all that apply.

(11) Fee for service insurance plans

HPB\_1N11 Col. 1177 Char 1

- 1  Marked

(12) Medicare

HPB\_1N13 Col. 1178 Char 1

- 1  Marked

(13) Medicaid

HPB\_1N14 Col. 1179 Char 1

- 1  Marked

(14) Household Members

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

(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\_1N16B Col. 1188 Char 2

- 20-48,99  Person Number

HPB\_1N16C Col. 1190 Char 2

- 20-48,99  Person Number

HPB\_1N16D Col. 1192 Char 2

- 20-48,99  Person Number



Other nonhousehold members

(16) Father HPB_1N17	Col. 1194	Char 1	1 <input type="checkbox"/> Marked
(17) Mother HPB_1N18	Col. 1195	Char 1	1 <input type="checkbox"/> Marked
(18) Son-in-law HPB_1N19	Col. 1196	Char 1	1 <input type="checkbox"/> Marked
(19) Daughter-in-law HPB_1N20	Col. 1197	Char 1	1 <input type="checkbox"/> Marked
(20) Brother HPB_1N21	Col. 1198	Char 1	1 <input type="checkbox"/> Marked
(21) Sister HPB_1N22	Col. 1199	Char 1	1 <input type="checkbox"/> Marked
(22) Other male relative HPB_1N23	Col. 1200	Char 1	1 <input type="checkbox"/> Marked
(23) Other female relative HPB_1N24	Col. 1201	Char 1	1 <input type="checkbox"/> Marked
(24) Male friend HPB_N125	Col. 1202	Char 1	1 <input type="checkbox"/> Marked
(25) Female friend HPB_1N26	Col. 1203	Char 1	1 <input type="checkbox"/> Marked
(26) Other HPB_1N27	Col. 1204	Char 1	1 <input type="checkbox"/> Marked

**Column C**

CHECK ITEM A.9

Refer to flap item 3.

Record Number

HPC\_REC Col. 1205 Char 2

01-15  Record Number

*In each column enter name and personal number*

HPC\_NO Col. 1207 Char 2

02-48,99  Person Number

Alphabetical Column Header

HPC\_COL Col. 1209 Char 1

A - Z, or blank

Personal number

HPC\_B02 Col. 1219 Char 1

1  ADL or nursing helper and personal number is between 31 and 38, or 99

2  All others - *SKIP to 15b3*

15a3. What is . . .'s address and telephone number?

*NOT GIVEN*

b3. During the past week, how many days were there when . . .

helped you because of your disability or health problem?

HPC\_1A Col. 1220 Char 1

0  None

1-7  Days

c3. For how long has . . . helped you because of your disability

or health problem?

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

4  1 year to less than 5 years

5  5 years or over

d3. *If obvious, code without asking.*

You mentioned that . . . helps you. Is . . . a relative, friend, someone hired to help you, someone from helping organization, or someone else?

Relative

11  Spouse

12  Father

13  Mother

14  Son

If "relative," ASK -  
"How is . . . related to you?"

Mark (1) all that apply.  
HPC\_1F

Col. 1222 Char 2

- 15  Daughter
- 16  Brother
- 17  Sister
- 18  Son-in-law
- 19  Daughter-in-law
- 20  Other male relative
- 21  Other female relative

SKIP to next helper.  
If last helper  
SKIP to Part 4, 1a.

Others

- 22  Male friend
- 23  Female friend
- 24  An employee
- 25  Someone from helping organization
- 26  Someone else

e3. Is (name of helper) paid to help . . . ?

HPC\_1G

Col. 1224 Char 1

- 1  Yes
- 2  No - SKIP to next helper. If last helper, SKIP to Part 4, 1a.

f3. How much?

(This question refers to how much the SAMPLE PERSON will  
pay for the help he/she got from the helper.)

HPC\_1J

Col. 1225 Char 5

- 0000-  Dollars per hour
- 5000  More than \$5000

g2. Will insurance, Medicare, Medicaid, or anyone else, including  
any members of your family, end up paying any of the  
charge for this?

HPC\_1M

Col. 1230 Char 1

- 1  Yes
- 2  No - SKIP to next helper. If last helper, SKIP to Part 4, 1a.

h3. Who will end up paying?

Anyone else?

Mark (1) all that apply.

(11) Fee for service insurance plans

HPC\_1N11

Col. 1231 Char 1

1  Marked

(12) Medicare

HPC\_1N13

Col. 1232 Char 1

1  Marked

(13) Medicaid

HPC\_1N14

Col. 1233 Char 1

1  Marked

(14) Household Members

HPC\_1N15

Col. 1234 Char 1

1  Marked

HPC\_1N15A

Col. 1235 Char 2

02-20,99  Person Number

HPC\_1N15B

Col. 1237 Char 2

02-20,99  Person Number

(15) Child(ren) not in Household

HPC\_1N16

Col. 1239 Char 1

1  Marked

HPC\_1N16A

Col. 1240 Char 2

20-48,99  Person Number

HPC\_1N16B

Col. 1242 Char 2

20-48,99  Person Number

HPC\_1N16C

Col. 1244 Char 2

20-48,99  Person Number

HPC\_1N16D

Col. 1246 Char 2

20-48,99  Person Number

Other nonhousehold members

(16) Father

HPC\_1N17

Col. 1248 Char 1

1  Marked

(17) Mother

HPC\_1N18

Col. 1249 Char 1

1  Marked

(18) Son-in-law

HPC\_1N19

Col. 1250 Char 1

1  Marked

(19) Daughter-in-law

HPC\_1N20

Col. 1251 Char 1

1  Marked

(20) Brother

HPC_1N21	Col. 1252	Char 1	1 <input type="checkbox"/> Marked
(21) Sister HPC_1N22	Col. 1253	Char 1	1 <input type="checkbox"/> Marked
(22) Other male relative HPC_1N23	Col. 1254	Char 1	1 <input type="checkbox"/> Marked
(23) Other female relative HPC_1N24	Col. 1255	Char 1	1 <input type="checkbox"/> Marked
(24) Male friend HPC_1N25	Col. 1256	Char 1	1 <input type="checkbox"/> Marked
(25) Female friend HPC_1N26	Col. 1257	Char 1	1 <input type="checkbox"/> Marked
(26) Other HPC_1N27	Col. 1258	Char 1	1 <input type="checkbox"/> Marked

**Column D**

**CHECK ITEM A.9**

*Refer to flap item 3.*

Record Number

HPD\_REC Col. 1259 Char 2

01-15  Record Number

*In each column enter name and personal number*

HPD\_NO Col. 1261 Char 2

02-48,99  Person Number

Alphabetical Column Header

HPD\_COL Col. 1263 Char 1

A - Z, or blank

Personal number

HPD\_B02 Col. 1273 Char 1

1  ADL or nursing helper and personal number is between 31 and 38, or 99

2  All others - *SKIP to 15b4*

15a4. What is . . .'s address and telephone number?

*NOT GIVEN*

b4. During the past week, how many days were there when . . . helped you because of your disability or health problem?

HPD\_1A Col. 1274 Char 1

0  None  
1-7  Days

c4. For how long has . . . helped you because of your disability or health problem?

HPD\_1B Col. 1275 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

d4. *If obvious, code without asking.*

You mentioned that . . . helps you. Is . . . a relative, friend, someone hired to help you, someone from helping organization, or someone else?

*If "relative," ASK -*

"How is . . . related to you?"

*Mark (1) all that apply.*

HPD\_1F Col. 1276 Char 2

Relative

- 11  Spouse
- 12  Father
- 13  Mother
- 14  Son
- 15  Daughter
- 16  Brother
- 17  Sister
- 18  Son-in-law
- 19  Daughter-in-law
- 20  Other male relative
- 21  Other female relative

Others

- 22  Male friend
- 23  Female friend
- 24  An employee

*SKIP to next helper.  
If last helper  
SKIP to Part 4, 1a*

25  Someone from helping organization  
 26  Someone else

e4. Is (name of helper) paid to help . . . ?  
 HPD\_1G Col. 1278 Char 1  
 1  Yes  
 2  No - SKIP to next helper. If last helper, SKIP to Part 4, 1a.

f4. What was the total amount of pay that (name of helper) received BEFORE deductions to help . . . in (previous month)?  
 HPD\_1J Col. 1279 Char 5  
 0000-  
 5000   
 5001  More than \$5000

g4. Will insurance, Medicare, Medicaid, or anyone else, including any members of your family, end up paying any of the charge for this?  
 HPD\_1M Col. 1284 Char 1  
 1  Yes  
 2  No - SKIP to next helper. If last helper, SKIP to Part 4, 1a.

h4. Who will end up paying?

Anyone else?

Mark (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

HPD\_1N14 Col. 1287 Char 1 1  Marked

(14) Household Members

HPD\_1N15 Col. 1288 Char 1 1  Marked

HPD\_1N15A Col. 1289 Char 2 02-20,99  Person Number

HPD\_1N15B Col. 1291 Char 2 02-20,99  Person Number

(15) Child(ren) not in Household

HPD\_1N16 Col. 1293 Char 1 1  Marked

HPD\_1N16A Col. 1294 Char 2 20-48,99  Person Number

HPD\_1N16B Col. 1296 Char 2 20-48,99  Person Number

HPD\_1N16C Col. 1298 Char 2 20-48,99  Person Number

HPD\_1N16D Col. 1300 Char 2 20-48,99  Person Number

Other nonhousehold members

(16) Father

HPD\_1N17 Col. 1302 Char 1 1  Marked

(17) Mother

HPD\_1N18 Col. 1303 Char 1 1  Marked

(18) Son-in-law

HPD\_1N19 Col. 1304 Char 1 1  Marked

(19) Daughter-in-law

HPD\_1N20 Col. 1305 Char 1 1  Marked

(20) Brother

HPD\_1N21 Col. 1306 Char 1 1  Marked

(21) Sister

HPD\_1N22 Col. 1307 Char 1 1  Marked

(22) Other male relative

HPD\_1N23 Col. 1308 Char 1 1  Marked

(23) Other female relative

HPD\_1N24 Col. 1309 Char 1 1  Marked

(24) Male friend

HPD\_1N25 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 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 personal number*

HPE\_NO

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  ADL or nursing helper and personal number is between 31 and 38, or 99

2  All others - *SKIP to 15b5*

15a5. What is . . .'s address and telephone number?

*NOT GIVEN*

b5. During the past week, how many days were there when . . . helped you because of your disability or health problem?

HPE\_1A

Col. 1328

Char 1

0  None

1-7  Days

c5. For how long has . . . helped you because of your disability or health problem?

HPE\_1B

Col. 1329

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

d5. *If obvious, code without asking.*

You mentioned that . . . helps you. Is . . . a relative, friend, someone hired to help you, someone from helping organization, or someone else?

*If "relative," ASK -*

"How is . . . related to you?"

*Mark (1) all that apply.*

HPE\_1F

Col. 1330

Char 2

Relative

11  Spouse

12  Father

13  Mother

14  Son

15  Daughter

16  Brother

17  Sister

18  Son-in-law

19  Daughter-in-law

20  Other male relative

21  Other female relative

*SKIP to next helper.  
If last helper  
SKIP to Part 4, 1a*

Others

22  Male friend

23  Female friend

24  An employee

25  Someone from helping organization

26  Someone else

e5. Is (*name of helper*) paid to help . . . ?

HPE\_1G

Col. 1332

Char 1

1  Yes

2  No - SKIP to next helper. If last helper, SKIP to Part 4, 1a.

f5. What was the total amount of pay that (*name of helper*) received BEFORE deductions to help . . . in (*previous month*)?

HPE\_1J

Col. 1333

Char 5

0000-  
5000

5001  More than \$5000

g5. Will insurance, Medicare, Medicaid, or anyone else, including any members of your family, end up paying any of the charge for this?

HPE\_1M

Col. 1338

Char 1

1  Yes

2  No - SKIP to next helper. If last helper, SKIP to Part 4, 1a.

h5. Who will end up paying?

Anyone else?

Mark (1) all that apply.

(11) Fee for service insurance plans					
HPE_1N11	Col. 1339	Char 1	1	<input type="checkbox"/>	Marked
(12) Medicare					
HPE_1N13	Col. 1340	Char 1	1	<input type="checkbox"/>	Marked
(13) Medicaid					
HPE_1N14	Col. 1341	Char 1	1	<input type="checkbox"/>	Marked
(14) Household Members					
HPE_1N15	Col. 1342	Char 1	1	<input type="checkbox"/>	Marked
HPE_1N15A	Col. 1343	Char 2	02-20,99	<input type="checkbox"/>	Person Number
HPE_1N15B	Col. 1345	Char 2	02-20,99	<input type="checkbox"/>	Person Number
(15) Child(ren) not in Household					
HPE_1N16	Col. 1347	Char 1	1	<input type="checkbox"/>	Marked
HPE_1N16A	Col. 1348	Char 2	20-48,99	<input type="checkbox"/>	Person Number
HPE_1N16B	Col. 1350	Char 2	20-48,99	<input type="checkbox"/>	Person Number
HPE_1N16C	Col. 1352	Char 2	20-48,99	<input type="checkbox"/>	Person Number
HPE_1N16D	Col. 1354	Char 2	20-48,99	<input type="checkbox"/>	Person Number
Other nonhousehold members					
(16) Father					
HPE_1N17	Col. 1356	Char 1	1	<input type="checkbox"/>	Marked
(17) Mother					
HPE_1N18	Col. 1357	Char 1	1	<input type="checkbox"/>	Marked
(18) Son-in-law					
HPE_1N19	Col. 1358	Char 1	1	<input type="checkbox"/>	Marked
(19) Daughter-in-law					
HPE_1N20	Col. 1359	Char 1	1	<input type="checkbox"/>	Marked
(20) Brother					
HPE_1N21	Col. 1360	Char 1	1	<input type="checkbox"/>	Marked
(21) Sister					
HPE_1N22	Col. 1361	Char 1	1	<input type="checkbox"/>	Marked
(22) Other male relative					
HPE_1N23	Col. 1362	Char 1	1	<input type="checkbox"/>	Marked
(23) Other female relative					
HPE_1N24	Col. 1363	Char 1	1	<input type="checkbox"/>	Marked
(24) Male friend					
HPE_N125	Col. 1364	Char 1	1	<input type="checkbox"/>	Marked
(25) Female friend					
HPE_1N26	Col. 1365	Char 1	1	<input type="checkbox"/>	Marked
(26) Other					
HPE_1N27	Col. 1366	Char 1	1	<input type="checkbox"/>	Marked

**Column F**

**CHECK ITEM A.9**

Refer to flap item 3.

Record Number					
HPF_REC	Col. 1367	Char 2	01-15	<input type="checkbox"/>	Record Number
In each column enter name and personal number					
HPF_NO	Col. 1369	Char 2	02-48,99	<input type="checkbox"/>	Person Number
Alphabetical Column Header					
HPF_COL	Col. 1371	Char 1		<input type="checkbox"/>	A - Z, or blank

Personal number  
HPF\_B02 Col. 1381 Char 1

- 1  ADL or nursing helper and personal number is between 31 and 38, or 99  
2  All others - *SKIP to 15b6*

15a6. What is . . .'s address and telephone number?  
*NOT GIVEN*

a6. During the past week, how many days were there when . . . helped you because of your disability or health problem?  
HPF\_1A Col. 1382 Char 1

- 0  None  
1-7  Days

b6. For how long has . . . helped you because of your disability or health problem?  
HPF\_1B Col. 1383 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

c6. *If obvious, code without asking.*

You mentioned that . . . helps you. Is . . . a relative, friend, someone hired to help you, someone from helping organization, or someone else?

*If "relative," ASK - "How is . . . related to you?"*

*Mark (1) all that apply.*

HPF\_1F Col. 1384 Char 2

Relative

- 11  Spouse  
12  Father  
13  Mother  
14  Son  
15  Daughter  
16  Brother  
17  Sister  
18  Son-in-law  
19  Daughter-in-law  
20  Other male relative  
21  Other female relative

*SKIP to next helper.  
If last helper  
SKIP to Part 4, 1a*

Others

- 22  Male friend  
23  Female friend  
24  An employee  
25  Someone from helping organization  
26  Someone else

d6. Is (*name of helper*) paid to help . . . ?  
HPF\_1G Col. 1386 Char 1

- 1  Yes  
2  No - *SKIP to next helper. If last helper, SKIP to Part 4, 1a.*

f6. What was the total amount of pay that (*name of helper*) received BEFORE deductions to help . . . in (*previous month*)?  
HPF\_1J Col. 1387 Char 5

- 0000-  
5000   
5001  More than \$5000

g6. Will insurance, Medicare, Medicaid, or anyone else, including any members of your family, end up paying any of the charge for this?  
HPF\_1M Col. 1392 Char 1

- 1  Yes  
2  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	Col. 1397	Char 2	02-20,99	<input type="checkbox"/>	Person Number
HPF_1N15B	Col. 1399	Char 2	02-20,99	<input type="checkbox"/>	Person Number
(15) Child(ren) not in Household					
HPF_1N16	Col. 1401	Char 1	1	<input type="checkbox"/>	Marked
HPF_1N16A	Col. 1402	Char 2	20-48,99	<input type="checkbox"/>	Person Number
HPF_1N16B	Col. 1404	Char 2	20-48,99	<input type="checkbox"/>	Person Number
HPF_1N16C	Col. 1406	Char 2	20-48,99	<input type="checkbox"/>	Person Number
HPF_1N16D	Col. 1408	Char 2	20-48,99	<input type="checkbox"/>	Person Number
Other nonhousehold members					
(16) Father					
HPF_1N17	Col. 1410	Char 1	1	<input type="checkbox"/>	Marked
(17) Mother					
HPF_1N18	Col. 1411	Char 1	1	<input type="checkbox"/>	Marked
(18) Son-in-law					
HPF_1N19	Col. 1412	Char 1	1	<input type="checkbox"/>	Marked
(19) Daughter-in-law					
HPF_1N20	Col. 1413	Char 1	1	<input type="checkbox"/>	Marked
(20) Brother					
HPF_1N21	Col. 1414	Char 1	1	<input type="checkbox"/>	Marked
(21) Sister					
HPF_1N22	Col. 1415	Char 1	1	<input type="checkbox"/>	Marked
(22) Other male relative					
HPF_1N23	Col. 1416	Char 1	1	<input type="checkbox"/>	Marked
(23) Other female relative					
HPF_1N24	Col. 1417	Char 1	1	<input type="checkbox"/>	Marked
(24) Male friend					
HPF_N125	Col. 1418	Char 1	1	<input type="checkbox"/>	Marked
(25) Female friend					
HPF_1N26	Col. 1419	Char 1	1	<input type="checkbox"/>	Marked
(26) Other					
HPF_1N27	Col. 1420	Char 1	1	<input type="checkbox"/>	Marked

**Column G**

**CHECK ITEM A.9**

<i>Refer to flap item 3.</i>					
Record Number					
HPG_REC	Col. 1421	Char 2	01-15	<input type="checkbox"/>	Record Number
<i>In each column enter name and personal number</i>					
HPG_NO	Col. 1423	Char 2	02-48,99	<input type="checkbox"/>	Person Number
Alphabetical Column Header					
HPG_COL	Col. 1425	Char 1		<input type="checkbox"/>	A - Z, or blank
Personal number					
HPG_B02	Col. 1435	Char 1	1	<input type="checkbox"/>	ADL or nursing helper and personal number is between 31 and 38, or 99
			2	<input type="checkbox"/>	All others - <i>SKIP to 15b7</i>

15a7. What is . . .'s address and telephone number?  
*NOT GIVEN*

b7. During the past week, how many days were there when . . .  
helped you because of your disability or health problem?

HPG\_1A Col. 1436 Char 1

0  None  
1-7  Days

c7. For how long has . . . helped you because of your disability  
or health problem?

HPG\_1B Col. 1437 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

d7. If obvious, code without asking.

You mentioned that . . . helps you. Is . . . a relative, friend, someone hired to help you, someone from helping organization, or someone else?

If "relative," ASK -  
"How is . . . related to you?"

Mark (1) all that apply.

HPG\_1F Col. 1438 Char 2

Relative

- 11  Spouse
- 12  Father
- 13  Mother
- 14  Son
- 15  Daughter
- 16  Brother
- 17  Sister
- 18  Son-in-law
- 19  Daughter-in-law
- 20  Other male relative
- 21  Other female relative

} SKIP to next helper.  
If last helper  
SKIP to Part 4, 1a

Others

- 22  Male friend
- 23  Female friend
- 24  An employee
- 25  Someone from helping organization
- 26  Someone else

e7. Is (name of helper) paid to help . . . ?

HPG\_1G Col. 1440 Char 1

- 1  Yes
- 2  No - SKIP to next helper. If last helper, SKIP to Part 4, 1a.

f7. What was the total amount of pay that (name of helper) received BEFORE deductions to help . . . in (previous month)?

HPG\_1J Col. 1441 Char 5

- 0000-5000
- 5001  More than \$5000

g7. Will insurance, Medicare, Medicaid, or anyone else, including any members of your family, end up paying any of the charge for this?

HPG\_1M Col. 1446 Char 1

- 1  Yes
- 2  No - SKIP to next helper. If last helper, SKIP to Part 4, 1a.

h7. Who will end up paying?

Anyone else?

Mark (1) all that apply.

(11) Fee for service insurance plans

HPG\_1N11 Col. 1447 Char 1

- 1  Marked

(12) Medicare

HPG\_1N13 Col. 1448 Char 1

- 1  Marked

(13) Medicaid

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

Other nonhousehold members

(16) Father

HPG\_1N17 Col. 1464 Char 1

- 1  Marked

(17) Mother

HPG\_1N18 Col. 1465 Char 1

- 1  Marked

(18) Son-in-law

HPG\_1N19 Col. 1466 Char 1

- 1  Marked

(19) Daughter-in-law HPG_1N20	Col. 1467	Char 1	1 <input type="checkbox"/> Marked
(20) Brother HPG_1N21	Col. 1468	Char 1	1 <input type="checkbox"/> Marked
(21) Sister HPG_1N22	Col. 1469	Char 1	1 <input type="checkbox"/> Marked
(22) Other male relative HPG_1N23	Col. 1470	Char 1	1 <input type="checkbox"/> Marked
(23) Other female relative HPG_1N24	Col. 1471	Char 1	1 <input type="checkbox"/> Marked
(24) Male friend HPG_1N25	Col. 1472	Char 1	1 <input type="checkbox"/> Marked
(25) Female friend HPG_1N26	Col. 1473	Char 1	1 <input type="checkbox"/> Marked
(26) Other HPG_1N27	Col. 1474	Char 1	1 <input type="checkbox"/> Marked

**Column H**

**CHECK ITEM A.9**

*Refer to flap item 3.*

Record Number  
HPH\_REC Col. 1475 Char 2 01-15  Record Number

*In each column enter name and personal number*  
HPH\_NO Col. 1477 Char 2 02-48,99  Person Number

Alphabetical Column Header  
HPH\_COL Col. 1479 Char 1  A - Z, or blank

Personal number  
HPH\_B02 Col. 1489 Char 1 1  ADL or nursing helper and personal number is between 31 and 38, or 99

2  All others - *SKIP to 15b8*

15a8. What is . . . 's address and telephone number?  
*NOT GIVEN*

b8. During the past week, how many days were there when . . .  
helped you because of your disability or health problem?  
HPH\_1A Col. 1490 Char 1 0  None  
1-7  Days

c8. For how long has . . . helped you because of your disability  
or health problem?  
HPH\_1B Col. 1491 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

d8. *If obvious, code without asking.*

You mentioned that . . . helps you. Is . . . a relative, friend,  
someone hired to help you, someone from helping organization,  
or someone else?

*If "relative," ASK -*  
"How is . . . related to you?"

Mark (1) all that apply.  
HPH\_1F Col. 1492 Char 2

Relative

- 11  Spouse
- 12  Father
- 13  Mother
- 14  Son
- 15  Daughter
- 16  Brother
- 17  Sister
- 18  Son-in-law
- 19  Daughter-in-law
- 20  Other male relative
- 21  Other female relative

Others

- 22  Male friend
- 23  Female friend

} *SKIP to next helper.*  
*If last helper*  
*SKIP to Part 4, 1a*

- 24  An employee
- 25  Someone from helping organization
- 26  Someone else

e8. Is (name of helper) paid to help . . . ?

HPH\_1G Col. 1494 Char 1

- 1  Yes
- 2  No - SKIP to next helper. If last helper, SKIP to Part 4, 1a.

f8. What was the total amount of pay that (name of helper) received BEFORE deductions to help . . . in (previous month)?

HPH\_1J Col. 1495 Char 5

- 0000-5000
- 5001  More than \$5000

g8. Will insurance, Medicare, Medicaid, or anyone else, including any members of your family, end up paying any of the charge for this?

HPH\_1M Col. 1500 Char 1

- 1  Yes
- 2  No - SKIP to next helper. If last helper, SKIP to Part 4, 1a.

h8. Who will end up paying?

Anyone 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 Col. 1505 Char 2

02-20,99  Person Number

HPH\_1N15B Col. 1507 Char 2

02-20,99  Person Number

(15) Child(ren) not in Household

HPH\_1N16 Col. 1509 Char 1

1  Marked

HPH\_1N16A Col. 1510 Char 2

20-48,99  Person Number

HPH\_1N16B Col. 1512 Char 2

20-48,99  Person Number

HPH\_1N16C Col. 1514 Char 2

20-48,99  Person Number

HPH\_1N16D Col. 1516 Char 2

20-48,99  Person Number

Other 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

HPH\_1N19 Col. 1520 Char 1

1  Marked

(19) Daughter-in-law

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

HPH\_1N23 Col. 1524 Char 1

1  Marked

(23) Other female relative

HPH\_1N24 Col. 1525 Char 1

1  Marked

(24) Male friend

HPH\_1N25 Col. 1526 Char 1

1  Marked

(25) Female friend

HPH\_1N26 Col. 1527 Char 1

1  Marked

(26) Other  
HPH\_1N27

Col. 1528 Char 1

1  Marked

**Column I**

**CHECK ITEM A.9**

*Refer to flap item 3.*

Record Number

HPI\_REC

Col. 1529 Char 2

01-15  Record Number

*In each column enter name and personal number*

HPI\_NO

Col. 1531 Char 2

02-48,99  Person Number

Alphabetical Column Header

HPI\_COL

Col. 1533 Char 1

A - Z, or blank

Personal number

HPI\_B02

Col. 1543 Char 1

1  ADL or nursing helper and personal number is between 31 and 38, or 99

2  All others - *SKIP to 15b9*

15a9. What is . . . 's address and telephone number?

*NOT GIVEN*

b9. During the past week, how many days were there when . . . helped you because of your disability or health problem?

HPI\_1A

Col. 1544 Char 1

0  None

1-7  Days

c9. For how long has . . . helped you because of your disability or health problem?

HPI\_1B

Col. 1545 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

d9. *If obvious, code without asking.*

You mentioned that . . . helps you. Is . . . a relative, friend, someone hired to help you, someone from helping organization, or someone else?

*If "relative," ASK -*

*"How is . . . related to you?"*

*Mark (1) all that apply.*

HPI\_1F

Col. 1546 Char 2

Relative

11  Spouse

12  Father

13  Mother

14  Son

15  Daughter

16  Brother

17  Sister

18  Son-in-law

19  Daughter-in-law

20  Other male relative

21  Other female relative

*SKIP to next helper.  
If last helper  
SKIP to Part 4, 1a*

Others

22  Male friend

23  Female friend

24  An employee

25  Someone from helping organization

26  Someone else

e9. Is (*name of helper*) paid to help . . . ?

HPI\_1G

Col. 1548 Char 1

1  Yes

2  No - *SKIP to next helper. If last helper, SKIP to Part 4, 1a.*

f9. What was the total amount of pay that (*name of helper*) received BEFORE deductions to help . . . in (*previous month*)?

HPI\_1J

Col. 1549 Char 5

0000-

5000

5001  More than \$5000

g9. Will insurance, Medicare, Medicaid, or anyone else, including any members of your family, end up paying any of the charge for this?

HPI\_1M

Col. 1554 Char 1

1  Yes

2  No - *SKIP to next helper. If last helper, SKIP to Part 4, 1a.*

h9. Who will end up paying?

Anyone else?

Mark (1) all that apply.

(11) Fee for service insurance plans HPI_1N11	Col. 1555	Char 1	1 <input type="checkbox"/> Marked
(12) Medicare HPI_1N13	Col. 1556	Char 1	1 <input type="checkbox"/> Marked
(13) Medicaid HPI_1N14	Col. 1557	Char 1	1 <input type="checkbox"/> Marked
(14) Household Members HPI_1N15	Col. 1558	Char 1	1 <input type="checkbox"/> Marked
HPI_1N15A	Col. 1559	Char 2	02-20,99 <input type="checkbox"/> Person Number
HPI_1N15B	Col. 1561	Char 2	02-20,99 <input type="checkbox"/> Person Number
(15) Child(ren) not in Household HPI_1N16	Col. 1563	Char 1	1 <input type="checkbox"/> Marked
HPI_1N16A	Col. 1564	Char 2	20-48,99 <input type="checkbox"/> Person Number
HPI_1N16B	Col. 1566	Char 2	20-48,99 <input type="checkbox"/> Person Number
HPI_1N16C	Col. 1568	Char 2	20-48,99 <input type="checkbox"/> Person Number
HPI_1N16D	Col. 1570	Char 2	20-48,99 <input type="checkbox"/> Person Number
Other nonhousehold members			
(16) Father HPI_1N17	Col. 1572	Char 1	1 <input type="checkbox"/> Marked
(17) Mother HPI_1N18	Col. 1573	Char 1	1 <input type="checkbox"/> Marked
(18) Son-in-law HPI_1N19	Col. 1574	Char 1	1 <input type="checkbox"/> Marked
(19) Daughter-in-law HPI_1N20	Col. 1575	Char 1	1 <input type="checkbox"/> Marked
(20) Brother HPI_1N21	Col. 1576	Char 1	1 <input type="checkbox"/> Marked
(21) Sister HPI_1N22	Col. 1577	Char 1	1 <input type="checkbox"/> Marked
(22) Other male relative HPI_1N23	Col. 1578	Char 1	1 <input type="checkbox"/> Marked
(23) Other female relative HPI_1N24	Col. 1579	Char 1	1 <input type="checkbox"/> Marked
(24) Male friend HPI_1N25	Col. 1580	Char 1	1 <input type="checkbox"/> Marked
(25) Female friend HPI_1N26	Col. 1581	Char 1	1 <input type="checkbox"/> Marked
(26) Other HPI_1N27	Col. 1582	Char 1	1 <input type="checkbox"/> Marked

**Column J**

CHECK ITEM A.9

Refer to flap item 3.

Record Number HPJ_REC	Col. 1583	Char 2	01-15 <input type="checkbox"/> Record Number
<i>In each column enter name and personal number</i>			
HPJ_NO	Col. 1585	Char 2	02-48,99 <input type="checkbox"/> Person Number
Alphabetical Column Header HPJ_COL	Col. 1587	Char 1	<input type="checkbox"/> A - Z, or blank
Personal number HPJ_B02	Col. 1597	Char 1	1 <input type="checkbox"/> ADL or nursing helper and personal number is between 31 and 38, or 99
			2 <input type="checkbox"/> All others - SKIP to 15b10

15a10. What is . . . 's address and telephone number?  
 NOT GIVEN

b10. During the past week, how many days were there when . . . helped you because of your disability or health problem?  
 HPJ\_1A Col. 1598 Char 1

0  None  
 1-7  Days

c10. For how long has . . . helped you because of your disability or health problem?  
 HPJ\_1B Col. 1599 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

d10. *If obvious, code without asking.*

You mentioned that . . . helps you. Is . . . a relative, friend, someone hired to help you, someone from helping organization, or someone else?

*If "relative," ASK - "How is . . . related to you?"*

*Mark (1) all that apply.*  
 HPJ\_1F Col. 1600 Char 2

Relative

11  Spouse  
 12  Father  
 13  Mother  
 14  Son  
 15  Daughter  
 16  Brother  
 17  Sister  
 18  Son-in-law  
 19  Daughter-in-law  
 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

*SKIP to next helper.  
 If last helper  
 SKIP to Part 4, 1a*

e10. Is (name of helper) paid to help . . . ?  
 HPJ\_1G Col. 1602 Char 1

1  Yes  
 2  No - *SKIP to next helper. If last helper, SKIP to Part 4, 1a.*

f10. What was the total amount of pay that (name of helper) received BEFORE deductions to help . . . in (previous month)?  
 HPJ\_1J Col. 1603 Char 5

0000-  
 5000   
 5001  More than \$5000

g10. Will insurance, Medicare, Medicaid, or anyone else, including any members of your family, end up paying any of the charge for this?  
 HPJ\_1M Col. 1608 Char 1

1  Yes  
 2  No - *SKIP to next helper. If last helper, SKIP to Part 4, 1a.*

h10. Who will end up paying?

Anyone else?

*Mark (1) all that apply.*

(11) Fee for service insurance plans  
 HPJ\_1N11 Col. 1609 Char 1 1  Marked

(12) Medicare  
 HPJ\_1N13 Col. 1610 Char 1 1  Marked

(13) Medicaid  
 HPJ\_1N14 Col. 1611 Char 1 1  Marked

(14) Household Members

HPJ\_1N15 Col. 1612 Char 1 1  Marked  
 HPJ\_1N15A Col. 1613 Char 2 02-20,99  Person Number  
 HPJ\_1N15B Col. 1615 Char 2 02-20,99  Person Number

(15) Child(ren) not in Household

HPJ\_1N16 Col. 1617 Char 1 1  Marked  
 HPJ\_1N16A Col. 1618 Char 2 20-48,99  Person Number

HPJ_1N16B	Col. 1620	Char 2	20-48,99	<input type="checkbox"/>	Person Number
HPJ_1N16C	Col. 1622	Char 2	20-48,99	<input type="checkbox"/>	Person Number
HPJ_1N16D	Col. 1624	Char 2	20-48,99	<input type="checkbox"/>	Person Number
Other nonhousehold members					
(16) Father					
HPJ_1N17	Col. 1626	Char 1	1	<input type="checkbox"/>	Marked
(17) Mother					
HPJ_1N18	Col. 1627	Char 1	1	<input type="checkbox"/>	Marked
(18) Son-in-law					
HPJ_1N19	Col. 1628	Char 1	1	<input type="checkbox"/>	Marked
(19) Daughter-in-law					
HPJ_1N20	Col. 1629	Char 1	1	<input type="checkbox"/>	Marked
(20) Brother					
HPJ_1N21	Col. 1630	Char 1	1	<input type="checkbox"/>	Marked
(21) Sister					
HPJ_1N22	Col. 1631	Char 1	1	<input type="checkbox"/>	Marked
(22) Other male relative					
HPJ_1N23	Col. 1632	Char 1	1	<input type="checkbox"/>	Marked
(23) Other female relative					
HPJ_1N24	Col. 1633	Char 1	1	<input type="checkbox"/>	Marked
(24) Male friend					
HPJ_N125	Col. 1634	Char 1	1	<input type="checkbox"/>	Marked
(25) Female friend					
HPJ_1N26	Col. 1635	Char 1	1	<input type="checkbox"/>	Marked
(26) Other					
HPJ_1N27	Col. 1636	Char 1	1	<input type="checkbox"/>	Marked

**Column K**

CHECK ITEM A.9

*Refer to flap item 3.*

Record Number

HPK\_REC Col. 1637 Char 2

01-15  Record Number

*In each column enter name and personal number*

HPK\_NO Col. 1639 Char 2

02-48,99  Person Number

Alphabetical Column Header

HPK\_COL Col. 1641 Char 1

A - Z, or blank

Personal number

HPK\_B02 Col. 1651 Char 1

1  ADL or nursing helper and personal number is between 31 and 38, or 99

2  All others - SKIP to 15b11

15a11. What is . . . 's address and telephone number?  
*NOT GIVEN*

b11. During the past week, how many days were there when . . .  
helped you because of your disability or health problem?

HPK\_1A Col. 1652 Char 1

0  None  
1-7  Days

c11. For how long has . . . helped you because of your disability  
or health 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  
4  1 year to less than 5 years  
5  5 years or over

d11. *If obvious, code without asking.*

You mentioned that . . . helps you. Is . . . a relative, friend,

Relative  
11  Spouse  
12  Father

someone hired to help you, someone from helping organization, or someone else?

If "relative," ASK - "How is . . . related to you?"

Mark (1) all that apply.

HPK\_1F Col. 1654 Char 2

- 13  Mother
- 14  Son
- 15  Daughter
- 16  Brother
- 17  Sister
- 18  Son-in-law
- 19  Daughter-in-law
- 20  Other male relative
- 21  Other female relative

SKIP to next helper.  
If last helper  
SKIP to Part 4, 1a

Others

- 22  Male friend
- 23  Female friend
- 24  An employee
- 25  Someone from helping organization
- 26  Someone else

e11. Is (name of helper) paid to help . . . ?

HPK\_1G Col. 1656 Char 1

- 1  Yes
- 2  No - K2236

f11. What was the total amount of pay that (name of helper) received BEFORE deductions to help . . . in (previous month)?

HPK\_1J Col. 1657 Char 5

- 0000-
- 5000
- 5001  More than \$5000

g11. Will insurance, Medicare, Medicaid, or anyone else, including any members of your family, end up paying any of the charge for this?

HPK\_1M Col. 1662 Char 1

- 1  Yes
- 2  No - SKIP to next helper. If last helper, SKIP to Part 4, 1a.

h11. Who will end up paying?

Anyone 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 Col. 1666 Char 1

1  Marked

HPK\_1N15A Col. 1667 Char 2

02-20,99  Person Number

HPK\_1N15B Col. 1669 Char 2

02-20,99  Person Number

(15) Child(ren) not in Household

HPK\_1N16 Col. 1671 Char 1

1  Marked

HPK\_1N16A Col. 1672 Char 2

20-48,99  Person Number

HPK\_1N16B Col. 1674 Char 2

20-48,99  Person Number

HPK\_1N16C Col. 1676 Char 2

20-48,99  Person Number

HPK\_1N16D Col. 1678 Char 2

20-48,99  Person Number

Other nonhousehold members

(16) 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

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 <input type="checkbox"/> Marked
(22) Other male relative HPK_1N23	Col. 1686	Char 1	1 <input type="checkbox"/> Marked
(23) Other female relative HPK_1N24	Col. 1687	Char 1	1 <input type="checkbox"/> Marked
(24) Male friend HPK_N125	Col. 1688	Char 1	1 <input type="checkbox"/> Marked
(25) Female friend HPK_1N26	Col. 1689	Char 1	1 <input type="checkbox"/> Marked
(26) Other HPK_1N27	Col. 1690	Char 1	1 <input type="checkbox"/> Marked

**Column L**

**CHECK ITEM A.9**

*Refer to flap item 3.*

Record Number HPL_REC	Col. 1691	Char 2	01-15 <input type="checkbox"/> Record Number
<i>In each column enter name and personal number</i> HPL_NO	Col. 1693	Char 2	02-48,99 <input type="checkbox"/> Person Number
Alphabetical Column Header HPL_COL	Col. 1695	Char 1	<input type="checkbox"/> A - Z, or blank
Personal number HPL_B02	Col. 1705	Char 1	1 <input type="checkbox"/> ADL or nursing helper and personal number is between 31 and 38, or 99 2 <input type="checkbox"/> All others - <i>SKIP to 15b12</i>

15a12. What is . . .'s address and telephone number?  
*NOT GIVEN*

b12. During the past week, how many days were there when . . . helped you because of your disability or health problem?  
HPL\_1A Col. 1706 Char 1

0  None  
1-7  Days

c12. For how long has . . . helped you because of your disability or health 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. *If obvious, code without asking.*

You mentioned that . . . helps you. Is . . . a relative, friend, someone hired to help you, someone from helping organization, or someone else?

*If "relative," ASK - "How is . . . related to you?"*

*Mark (1) all that apply.*  
HPL\_1F Col. 1708 Char 2

- Relative
- 11  Spouse
  - 12  Father
  - 13  Mother
  - 14  Son
  - 15  Daughter
  - 16  Brother
  - 17  Sister
  - 18  Son-in-law
  - 19  Daughter-in-law
  - 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
- SKIP to next helper.  
If last helper  
SKIP to Part 4, 1a*

e12. Is (*name of helper*) paid to help . . . ?  
1  Yes

HPL_1G	Col. 1710	Char 1	2	<input type="checkbox"/> No - <i>SKIP to next helper. If last helper, SKIP to Part 4, 1a.</i>
f12. What was the total amount of pay that ( <i>name of helper</i> ) received BEFORE deductions to help . . . in ( <i>previous month</i> )? HPL_1J	Col. 1711	Char 5	0000- 5000 <input type="checkbox"/> 5001 <input type="checkbox"/>	More than \$5000
g12. Will insurance, Medicare, Medicaid, or anyone else, including any members of your family, end up paying any of the charge for this? HPL_1M	Col. 1716	Char 1	1 <input type="checkbox"/> 2 <input type="checkbox"/>	Yes No - <i>SKIP to next helper. If last helper, SKIP to Part 4, 1a.</i>
h12. Who will end up paying? Anyone else? <i>Mark (1) all that apply.</i>				
(11) Fee for service insurance plans HPL_1N11	Col. 1717	Char 1	1 <input type="checkbox"/>	Marked
(12) Medicare HPL_1N13	Col. 1718	Char 1	1 <input type="checkbox"/>	Marked
(13) Medicaid HPL_1N14	Col. 1719	Char 1	1 <input type="checkbox"/>	Marked
(14) Household Members HPL_1N15	Col. 1720	Char 1	1 <input type="checkbox"/>	Marked
HPL_1N15A	Col. 1721	Char 2	02-20,99 <input type="checkbox"/>	Person Number
HPL_1N15B	Col. 1723	Char 2	02-20,99 <input type="checkbox"/>	Person Number
(15) Child(ren) not in Household HPL_1N16	Col. 1725	Char 1	1 <input type="checkbox"/>	Marked
HPL_1N16A	Col. 1726	Char 2	20-48,99 <input type="checkbox"/>	Person Number
HPL_1N16B	Col. 1728	Char 2	20-48,99 <input type="checkbox"/>	Person Number
HPL_1N16C	Col. 1730	Char 2	20-48,99 <input type="checkbox"/>	Person Number
HPL_1N16D	Col. 1732	Char 2	20-48,99 <input type="checkbox"/>	Person Number
Other nonhousehold members				
(16) Father HPL_1N17	Col. 1734	Char 1	1 <input type="checkbox"/>	Marked
(17) Mother HPL_1N18	Col. 1735	Char 1	1 <input type="checkbox"/>	Marked
(18) Son-in-law HPL_1N19	Col. 1736	Char 1	1 <input type="checkbox"/>	Marked
(19) Daughter-in-law HPL_1N20	Col. 1737	Char 1	1 <input type="checkbox"/>	Marked
(20) Brother HPL_1N21	Col. 1738	Char 1	1 <input type="checkbox"/>	Marked
(21) Sister HPL_1N22	Col. 1739	Char 1	1 <input type="checkbox"/>	Marked
(22) Other male relative HPL_1N23	Col. 1740	Char 1	1 <input type="checkbox"/>	Marked
(23) Other female relative HPL_1N24	Col. 1741	Char 1	1 <input type="checkbox"/>	Marked
(24) Male friend HPL_1N25	Col. 1742	Char 1	1 <input type="checkbox"/>	Marked
(25) Female friend HPL_1N26	Col. 1743	Char 1	1 <input type="checkbox"/>	Marked
(26) Other HPL_1N27	Col. 1744	Char 1	1 <input type="checkbox"/>	Marked

**Column M**  
CHECK ITEM A.9

Refer to flap item 3.

Record Number  
HPM\_REC Col. 1745 Char 2

In each column enter name and personal number  
HPM\_NO Col. 1747 Char 2

Alphabetical Column Header  
HPM\_COL Col. 1749 Char 1

Personal number  
HPM\_B02 Col. 1759 Char 1

01-15  Record Number

02-48,99  Person Number

A - Z, or blank

1  ADL or nursing helper and personal number is between 31 and 38, or 99

2  All others - SKIP to 15b13

15a13. What is ...'s address and telephone number?  
NOT GIVEN

b13. During the past week, how many days were there when ...  
helped you because of your disability or health problem?  
HPM\_1A Col. 1760 Char 1

0  None

1-7  Days

c13. For how long has ... helped you because of your disability  
or health problem?  
HPM\_1B Col. 1761 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

d13. If obvious, code without asking.

You mentioned that ... helps you. Is ... a relative, friend,  
someone hired to help you, someone from helping organization,  
or someone else?

If "relative," ASK -  
"How is ... related to you?"

Mark (1) all that apply.

HPM\_1F Col. 1762 Char 2

Relative

11  Spouse

12  Father

13  Mother

14  Son

15  Daughter

16  Brother

17  Sister

18  Son-in-law

19  Daughter-in-law

20  Other male relative

21  Other female relative

} SKIP to next helper.  
If last helper  
SKIP to Part 4, 1a

Others

22  Male friend

23  Female friend

24  An employee

25  Someone from helping organization

26  Someone else

e13. Is (name of helper) paid to help ... ?  
HPM\_1G Col. 1764 Char 1

1  Yes

2  No - SKIP to next helper. If last helper, SKIP to Part 4, 1a.

f13. What was the total amount of pay that (name of helper)  
received BEFORE deductions to help ... in (previous month)?  
HPM\_1J Col. 1765 Char 5

0000-

5000

5001  More than \$5000

g13. Will insurance, Medicare, Medicaid, or anyone else, including  
any members of your family, end up paying any of the  
charge for this?  
HPM\_1M Col. 1770 Char 1

1  Yes

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 <input type="checkbox"/>	Marked
(13) Medicaid HPM_1N14	Col. 1773	Char 1	1 <input type="checkbox"/>	Marked
(14) Household Members HPM_1N15	Col. 1774	Char 1	1 <input type="checkbox"/>	Marked
HPM_1N15A	Col. 1775	Char 2	02-20,99 <input type="checkbox"/>	Person Number
HPM_1N15B	Col. 1777	Char 2	02-20,99 <input type="checkbox"/>	Person Number
(15) Child(ren) not in Household HPM_1N16	Col. 1779	Char 1	1 <input type="checkbox"/>	Marked
HPM_1N16A	Col. 1780	Char 2	20-48,99 <input type="checkbox"/>	Person Number
HPM_1N16B	Col. 1782	Char 2	20-48,99 <input type="checkbox"/>	Person Number
HPM_1N16C	Col. 1784	Char 2	20-48,99 <input type="checkbox"/>	Person Number
HPM_1N16D	Col. 1786	Char 2	20-48,99 <input type="checkbox"/>	Person Number
Other nonhousehold members				
(16) Father HPM_1N17	Col. 1788	Char 1	1 <input type="checkbox"/>	Marked
(17) Mother HPM_1N18	Col. 1789	Char 1	1 <input type="checkbox"/>	Marked
(18) Son-in-law HPM_1N19	Col. 1790	Char 1	1 <input type="checkbox"/>	Marked
(19) Daughter-in-law HPM_1N20	Col. 1791	Char 1	1 <input type="checkbox"/>	Marked
(20) Brother HPM_1N21	Col. 1792	Char 1	1 <input type="checkbox"/>	Marked
(21) Sister HPM_1N22	Col. 1793	Char 1	1 <input type="checkbox"/>	Marked
(22) Other male relative HPM_1N23	Col. 1794	Char 1	1 <input type="checkbox"/>	Marked
(23) Other female relative HPM_1N24	Col. 1795	Char 1	1 <input type="checkbox"/>	Marked
(24) Male friend HPM_1N25	Col. 1796	Char 1	1 <input type="checkbox"/>	Marked
(25) Female friend HPM_1N26	Col. 1797	Char 1	1 <input type="checkbox"/>	Marked
(26) Other HPM_1N27	Col. 1798	Char 1	1 <input type="checkbox"/>	Marked

**Column N**

**CHECK ITEM A.9**

*Refer to flap item 3.*

Record Number HPN_REC	Col. 1799	Char 2	01-15 <input type="checkbox"/>	Record Number
<i>In each column enter name and personal number</i> HPN_NO	Col. 1801	Char 2	02-48,99 <input type="checkbox"/>	Person Number
Alphabetical Column Header HPN_COL	Col. 1803	Char 1	<input type="checkbox"/>	A - Z, or blank
Personal number HPN_B02	Col. 1813	Char 1	1 <input type="checkbox"/>	ADL or nursing helper and personal number is between 31 and 38, or 99
			2 <input type="checkbox"/>	All others - <i>SKIP to 15b14</i>

15a14. What is . . .'s address and telephone number?

*NOT GIVEN*

b14. During the past week, how many days were there when . . . helped you because of your disability or health problem?

HPN\_1A Col. 1814 Char 1

0  None  
1-7  Days

c14. For how long has . . . helped you because of your disability or health problem?  
 HPN\_1B Col. 1815 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

d14. *If obvious, code without asking.*  
  
 You mentioned that . . . helps you. Is . . . a relative, friend, someone hired to help you, someone from helping organization, or someone else?  
  
*If "relative," ASK - "How is . . . related to you?"*  
  
*Mark (1) all that apply.*  
 HPN\_1F Col. 1816 Char 2

- Relative
- 11  Spouse
  - 12  Father
  - 13  Mother
  - 14  Son
  - 15  Daughter
  - 16  Brother
  - 17  Sister
  - 18  Son-in-law
  - 19  Daughter-in-law
  - 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
- } *SKIP to next helper.  
If last helper  
SKIP to Part 4, 1a*

e14. Is (name of helper) paid to help . . . ?  
 HPN\_1G Col. 1818 Char 1

- 1  Yes
- 2  No - SKIP to next helper. If last helper, SKIP to Part 4, 1a.

f14. What was the total amount of pay that (name of helper) received BEFORE deductions to help . . . in (previous month)?  
 HPN\_1J Col. 1819 Char 5

- 0000-
- 5000
- 5001  More than \$5000

g14. Will insurance, Medicare, Medicaid, or anyone else, including any members of your family, end up paying any of the charge for this?  
 HPN\_1M Col. 1824 Char 1

- 1  Yes
- 2  No - SKIP to next helper. If last helper, SKIP to Part 4, 1a.

h14. Who will end up paying?  
 Anyone else?  
*Mark (1) all that apply.*

(11) Fee for service insurance plans  
 HPN\_1N11 Col. 1825 Char 1

(12) Medicare  
 HPN\_1N13 Col. 1826 Char 1

(13) Medicaid  
 HPN\_1N14 Col. 1827 Char 1

(14) Household Members  
 HPN\_1N15 Col. 1828 Char 1  
 HPN\_1N15A Col. 1829 Char 2  
 HPN\_1N15B Col. 1831 Char 2

(15) Child(ren) not in Household  
 HPN\_1N16 Col. 1833 Char 1  
 HPN\_1N16A Col. 1834 Char 2  
 HPN\_1N16B Col. 1836 Char 2  
 HPN\_1N16C Col. 1838 Char 2  
 HPN\_1N16D Col. 1840 Char 2

Other nonhousehold members  
 (16) Father

- 1  Marked
- 1  Marked
- 1  Marked
- 1  Marked
- 02-20,99  Person Number
- 02-20,99  Person Number
- 1  Marked
- 20-48,99  Person Number
- 20-48,99  Person Number
- 20-48,99  Person Number
- 20-48,99  Person Number

HPN_1N17	Col. 1842	Char 1	1 <input type="checkbox"/>	Marked
(17) Mother HPN_1N18	Col. 1843	Char 1	1 <input type="checkbox"/>	Marked
(18) Son-in-law HPN_1N19	Col. 1844	Char 1	1 <input type="checkbox"/>	Marked
(19) Daughter-in-law HPN_1N20	Col. 1845	Char 1	1 <input type="checkbox"/>	Marked
(20) Brother HPN_1N21	Col. 1846	Char 1	1 <input type="checkbox"/>	Marked
(21) Sister HPN_1N22	Col. 1847	Char 1	1 <input type="checkbox"/>	Marked
(22) Other male relative HPN_1N23	Col. 1848	Char 1	1 <input type="checkbox"/>	Marked
(23) Other female relative HPN_1N24	Col. 1849	Char 1	1 <input type="checkbox"/>	Marked
(24) Male friend HPN_1N25	Col. 1850	Char 1	1 <input type="checkbox"/>	Marked
(25) Female friend HPN_1N26	Col. 1851	Char 1	1 <input type="checkbox"/>	Marked
(26) Other HPN_1N27	Col. 1852	Char 1	1 <input type="checkbox"/>	Marked

**Column I**

**CHECK ITEM A.9**

*Refer to flap item 3.*

Record Number

HPO\_REC Col. 1853 Char 2

01-15  Record Number

*In each column enter name and personal number*

HPO\_NO Col. 1855 Char 2

02-48,99  Person Number

Alphabetical Column Header

HPO\_COL Col. 1857 Char 1

A - Z, or blank

Personal number

HPO\_B02 Col. 1867 Char 1

1  ADL or nursing helper and personal number is between 31 and 38, or 99

2  All others - *SKIP to 15b15*

15a15. What is . . .'s address and telephone number?

*NOT GIVEN*

b15. During the past week, how many days were there when . . . helped you because of your disability or health problem?

HPO\_1A Col. 1868 Char 1

0  None

1-7  Days

c15. For how long has . . . helped you because of your disability or health problem?

HPO\_1B Col. 1869 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

d15. *If obvious, code without asking.*

You mentioned that . . . helps you. Is . . . a relative, friend, someone hired to help you, someone from helping organization, or someone else?

*If "relative," ASK -*

"How is . . . related to you?"

Relative

11  Spouse

12  Father

13  Mother

14  Son

15  Daughter

16  Brother

17  Sister

18  Son-in-law

*SKIP to next helper.*

*If last helper*

*SKIP to Part 4, 1a*

Mark (1) all that apply.

HPO\_1F

Col. 1870

Char 2

- 19  Daughter-in-law
- 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

e15. Is (name of helper) paid to help . . . ?

HPO\_1G

Col. 1872

Char 1

- 1  Yes
- 2  No - SKIP to next helper. If last helper, SKIP to Part 4, 1a.

f15. What was the total amount of pay that (name of helper) received BEFORE deductions to help . . . in (previous month)?

HPO\_1J

Col. 1873

Char 5

- 0000-5000
- 5001  More than \$5000

g15. Will insurance, Medicare, Medicaid, or anyone else, including any members of your family, end up paying any of the charge for this?

HPO\_1M

Col. 1878

Char 1

- 1  Yes
- 2  No - SKIP to next helper. If last helper, SKIP to Part 4, 1a.

h15. Who will end up paying?

Anyone else?

Mark (1) all that apply.

(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

Col. 1882

Char 1

1  Marked

HPO\_1N15A

Col. 1883

Char 2

02-20,99  Person Number

HPO\_1N15B

Col. 1885

Char 2

02-20,99  Person Number

(15) Child(ren) not in Household

HPO\_1N16

Col. 1887

Char 1

1  Marked

HPO\_1N16A

Col. 1888

Char 2

20-48,99  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

Other nonhousehold members

(16) Father

HPO\_1N17

Col. 1896

Char 1

1  Marked

(17) Mother

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 <input type="checkbox"/> Marked
(24) Male friend HPO_N125	Col. 1904	Char 1	1 <input type="checkbox"/> Marked
(25) Female friend HPO_1N26	Col. 1905	Char 1	1 <input type="checkbox"/> Marked
(26) Other HPO_1N27	Col. 1906	Char 1	1 <input type="checkbox"/> Marked

**Part 4 - RANGE OF MOTION AND IMPAIRMENT**

1a. Now we'll talk about other problems some people have.

Are you missing any fingers, a hand, or an arm?

RMI_1A	Col. 564	Char 1	1 <input type="checkbox"/> Yes
			2 <input type="checkbox"/> No - <i>SKIP to 2a</i>

b. What are you missing?

Anything else?

Entire arm RMI_1B1	Col. 565	Char 1	1 <input type="checkbox"/> Left 2 <input type="checkbox"/> Right 3 <input type="checkbox"/> Both
Lower Arm RMI_1B2	Col. 566	Char 1	1 <input type="checkbox"/> Left 2 <input type="checkbox"/> Right 3 <input type="checkbox"/> Both
Hand only RMI_1B3	Col. 567	Char 1	1 <input type="checkbox"/> Left 2 <input type="checkbox"/> Right 3 <input type="checkbox"/> Both
Fingers only RMI_1B4	Col. 568	Char 1	1 <input type="checkbox"/> Left 2 <input type="checkbox"/> Right 3 <input type="checkbox"/> Both

2a. Are you missing any toes, a foot or a leg?

RMI_2A	Col. 569	Char 1	1 <input type="checkbox"/> Yes
			2 <input type="checkbox"/> No - <i>SKIP to CHECK ITEM A.10</i>

b. What are you missing?

Anything else?

Entire leg RMI_2B1	Col. 570	Char 1	1 <input type="checkbox"/> Left 2 <input type="checkbox"/> Right 3 <input type="checkbox"/> Both
Lower leg RMI_2B2	Col. 571	Char 1	1 <input type="checkbox"/> Left 2 <input type="checkbox"/> Right 3 <input type="checkbox"/> Both
Foot only RMI_2B3	Col. 572	Char 1	1 <input type="checkbox"/> Left 2 <input type="checkbox"/> Right 3 <input type="checkbox"/> Both
Toes only RMI_2B4	Col. 573	Char 1	1 <input type="checkbox"/> Left 2 <input type="checkbox"/> Right 3 <input type="checkbox"/> Both

CHECK ITEM A.10

Mark first available box.

RMI_CK2	Col. 574	Char 1	1 <input type="checkbox"/> Code 3 marked in C.C item 30 - <i>SKIP to 3d</i>
			2 <input type="checkbox"/> Code 5 and/or 6 marked in C.C. item 30 - <i>SKIP to 3b</i>
			3 <input type="checkbox"/> All others

3. How difficult is it for you to-

a. Climb one flight of stairs?

RMI_3A	Col. 575	Char 1	1 <input type="checkbox"/> Not difficult
			2 <input type="checkbox"/> Somewhat difficult
			3 <input type="checkbox"/> Very difficult
			4 <input type="checkbox"/> Can't do it at all

b. (How difficult is it for you to-) Bend to put on your socks or stockings?

RMI_3C	Col. 576	Char 1	1 <input type="checkbox"/> Not difficult
			2 <input type="checkbox"/> Somewhat difficult
			3 <input type="checkbox"/> Very difficult
			4 <input type="checkbox"/> Can't do it at all



<p>c. Lift a 10-pound package like a bag of groceries and hold it for a few minutes? RMI_3D Col. 577 Char 1</p>	<p>1 <input type="checkbox"/> Not difficult 2 <input type="checkbox"/> Somewhat difficult 3 <input type="checkbox"/> Very difficult 4 <input type="checkbox"/> Can't do it at all</p>
<p>d. (How difficult is it for you to-) Reach above your head? RMI_3E Col. 578 Char 1</p>	<p>1 <input type="checkbox"/> Not difficult 2 <input type="checkbox"/> Somewhat difficult 3 <input type="checkbox"/> Very difficult 4 <input type="checkbox"/> Can't do it at all</p>
<p>e. Comb or brush your hair? RMI_3F Col. 579 Char 1</p>	<p>1 <input type="checkbox"/> Not difficult 2 <input type="checkbox"/> Somewhat difficult 3 <input type="checkbox"/> Very difficult 4 <input type="checkbox"/> Can't do it at all</p>
<p>f. Wash your hair? RMI_3G Col. 580 Char 1</p>	<p>1 <input type="checkbox"/> Not difficult 2 <input type="checkbox"/> Somewhat difficult 3 <input type="checkbox"/> Very difficult 4 <input type="checkbox"/> Can't do it at all</p>
<p>g. Use your fingers to grasp and handle small objects? RMI_3H Col. 581 Char 1</p>	<p>1 <input type="checkbox"/> Not difficult 2 <input type="checkbox"/> Somewhat difficult 3 <input type="checkbox"/> Very difficult 4 <input type="checkbox"/> Can't do it at all</p>
<p>4. Do you usually see well enough to read ordinary newsprint, with or without glasses or contact lenses? RMI_4 Col. 582 Char 1</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p>CHECK ITEM A.11 Respondent is - RMI_CK3 Col. 583 Char 1</p>	<p>1 <input type="checkbox"/> Sample Person - <i>SKIP to 1.</i> 2 <input type="checkbox"/> Proxy</p>
<p>5a. Can most people understand your speech? RMI_5A Col. 584 Char 1</p>	<p>1 <input type="checkbox"/> Yes - <i>SKIP to 6a</i> 2 <input type="checkbox"/> No</p>
<p>b. How do you usually make himself/herself understood? Choose only one. RMI_5B_1 Col. 585 Char 1</p>	<p>1 <input type="checkbox"/> Writing 2 <input type="checkbox"/> Standard sign language 3 <input type="checkbox"/> Gestures, grunts, or some other motion 4 <input type="checkbox"/> Talking slow/ repeating himself/herself 5 <input type="checkbox"/> Using an interpreter 6 <input type="checkbox"/> Some other way 7 <input type="checkbox"/> Does not make self understood</p>
<p>6a. Do you usually hear and understand what is being said to you without difficulty either with or without a hearing aid? RMI_6A Col. 586 Char 1</p>	<p>1 <input type="checkbox"/> Yes - <i>SKIP to 1</i> 2 <input type="checkbox"/> No</p>
<p>b. What means do you usually use to understand what is being said to you? Choose only one. RMI_6B_1 Col. 587 Char 1</p>	<p>1 <input type="checkbox"/> Reading written materials or lip reading 2 <input type="checkbox"/> Standard sign language 3 <input type="checkbox"/> Gestures, grunts, or some other motion 4 <input type="checkbox"/> Some other way 5 <input type="checkbox"/> Does not understand what is said to him/her</p>
<b>Section B - Other Functioning</b>	
<p>1. Compared to other persons the same age, would you say that . . . health is excellent, good fair, or poor? OFN_1 Col. 588 Char 1</p>	<p>1 <input type="checkbox"/> Excellent 2 <input type="checkbox"/> Good 3 <input type="checkbox"/> Fair 4 <input type="checkbox"/> Poor</p>
<p>CHECK ITEM B.1 Respondent is - OFN_CK2 Col. 589 Char 1</p>	<p>1 <input type="checkbox"/> Sample Person 2 <input type="checkbox"/> Proxy - <i>SKIP to 4a</i></p>
<p><i>SHOW FLASHCARD G</i> 2. How often do you avoid doing things because you do not have enough energy to do them - would you say all of the time, most of the time, some of the time, once in awhile, or never? OFN_2 Col. 590 Char 1</p>	<p>1 <input type="checkbox"/> All of the time 2 <input type="checkbox"/> Most of the time 3 <input type="checkbox"/> Some of the time 4 <input type="checkbox"/> Once in awhile 5 <input type="checkbox"/> Never</p>

<p>3. Do you ever feel you need the help of a doctor or counselor for a mental or emotional problem?          OFN_3 Col. 591 Char 1</p>	<p>1 <input type="checkbox"/> Yes          2 <input type="checkbox"/> No</p>
<p>4a. Were you ever hospitalized for a mental or emotional problem?          OFN_4A Col. 592 Char 1</p>	<p>1 <input type="checkbox"/> Yes          2 <input type="checkbox"/> No - SKIP to 5a</p>
<p>b. Were you hospitalized for a mental or emotional problem in the last 5 years?          OFN_4B Col. 593 Char 1</p>	<p>1 <input type="checkbox"/> Yes - SKIP to 6          2 <input type="checkbox"/> No - SKIP to 6</p>
<p>5a. Has a doctor EVER advised you -- either recently or a long time ago -- to get treatment for a mental or emotional problem?          OFN_5A Col. 594 Char 1</p>	<p>1 <input type="checkbox"/> Yes - Ask 5b          2 <input type="checkbox"/> No - SKIP to 6</p>
<p>b. Has a doctor told you that in the last 5 years?          OFN_5B Col. 595 Char 1</p>	<p>1 <input type="checkbox"/> Yes          2 <input type="checkbox"/> No</p>
<p>6. Sometimes people lose their temper, and throw, kick, slam, or destroy things. Does this happen to you frequently, occasionally, or not at all?          OFN_6 Col. 596 Char 1</p>	<p>1 <input type="checkbox"/> Frequently          2 <input type="checkbox"/> Occasionally          3 <input type="checkbox"/> Not at all</p>
<p>7. Now I'm going to read a list of things people have told us that they have sometimes done. In the past month did you at any time -</p>	
<p>a. Lose you way and not find the way back          OFN_7A Col. 597 Char 1</p>	<p>1 <input type="checkbox"/> Yes          2 <input type="checkbox"/> No/Never goes out</p>
<p>b. Take any money or anything else that didn't belong to you without realizing it?          OFN_7B Col. 598 Char 1</p>	<p>1 <input type="checkbox"/> Yes          2 <input type="checkbox"/> No</p>
<p>c. Forget to do important things like eat, take medicine, or pay you bills?          OFN_7C Col. 599 Char 1</p>	<p>1 <input type="checkbox"/> Yes          2 <input type="checkbox"/> No</p>
<p>8a. Does anyone phone or check on you regularly just to make sure you is all right?          OFN_8A Col. 600 Char 1</p>	<p>1 <input type="checkbox"/> Yes          2 <input type="checkbox"/> No - SKIP to 8c</p>
<p>b. Who regularly does this?          Anyone else?  <i>Repeat until answer is "No one else"</i>          First Person          OFN_8B1 Col. 601 Char 1          Second Person          OFN_8B2 Col. 602 Char 1          Third Person          OFN_8B3 Col. 603 Char 1          Fourth Person          OFN_8B4 Col. 604 Char 1          Fifth Person          OFN_8B5 Col. 605 Char 1          Sixth Person          OFN_8B6 Col. 606 Char 1</p>	<p>1 <input type="checkbox"/> Spouse          2 <input type="checkbox"/> Daughter          3 <input type="checkbox"/> Son          4 <input type="checkbox"/> Other relative          5 <input type="checkbox"/> Neighbor          6 <input type="checkbox"/> Friend          7 <input type="checkbox"/> Person from helping organization          8 <input type="checkbox"/> Someone who works here          9 <input type="checkbox"/> Other</p>
<p>c. Do you NEED someone to phone or check on you regularly just to make sure you is all right?          OFN_8C Col. 607 Char 1</p>	<p>1 <input type="checkbox"/> Yes          2 <input type="checkbox"/> No</p>
<p>9a. Now I have some questions about being in touch with you relatives and friends. First, I'd like to ask about your relatives who don't live with you, including children.</p>	

Do you keep in touch with any relatives either by visiting or by telephone?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 10a</i>
OFN_9A Col. 608 Char 1	
<i>SHOW FLASHCARD H</i> b. (Not counting you relatives who live here) how many times in the past month did you see your relatives, including children? <i>Code all relatives' visits combined.</i>	1 <input type="checkbox"/> None 2 <input type="checkbox"/> Once or twice 3 <input type="checkbox"/> Three to five times 4 <input type="checkbox"/> Six to ten times 5 <input type="checkbox"/> Eleven to twenty-nine times 6 <input type="checkbox"/> Thirty or more
OFN_9B Col. 609 Char 1	
<i>SHOW FLASHCARD H</i> c. In the past month, how often did you speak with your relatives, on the telephone?	1 <input type="checkbox"/> None 2 <input type="checkbox"/> Once or twice 3 <input type="checkbox"/> Three to five times 4 <input type="checkbox"/> Six to ten times 5 <input type="checkbox"/> Eleven to twenty-nine times 6 <input type="checkbox"/> Thirty or more
OFN_9C Col. 610 Char 1	
CHECK ITEM B.2	
Respondent is - OFN_CK3 Col. 611 Char 1	1 <input type="checkbox"/> Sample Person 2 <input type="checkbox"/> Proxy - <i>SKIP to 10a</i>
d. Would you like to see or talk to your relatives more often, less often, or as often as you do now?	1 <input type="checkbox"/> More often 2 <input type="checkbox"/> Less often 3 <input type="checkbox"/> As often as now
OFN_9D Col. 612 Char 1	
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?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to CHECK ITEM B.4</i>
OFN_10A Col. 613 Char 1	
<i>SHOW FLASHCARD H</i> b. How often in the past month did you see your friends? <i>Code all friends' visits combined.</i>	1 <input type="checkbox"/> None 2 <input type="checkbox"/> Once or twice 3 <input type="checkbox"/> Three to five times 4 <input type="checkbox"/> Six to ten times 5 <input type="checkbox"/> Eleven to twenty-nine times 6 <input type="checkbox"/> Thirty or more times
OFN_10B Col. 614 Char 1	
<i>SHOW FLASHCARD H</i> c. How often in the past month did you speak with your friends on the telephone?	1 <input type="checkbox"/> None 2 <input type="checkbox"/> Once or twice 3 <input type="checkbox"/> Three to five times 4 <input type="checkbox"/> Six to ten times 5 <input type="checkbox"/> Eleven to twenty-nine times 6 <input type="checkbox"/> Thirty or more times
OFN_10C Col. 615 Char 1	
CHECK ITEM B.3	
Respondent is - OFN_CK4 Col. 616 Char 1	1 <input type="checkbox"/> Sample Person 2 <input type="checkbox"/> 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?	1 <input type="checkbox"/> More often 2 <input type="checkbox"/> Less often 3 <input type="checkbox"/> As often as now } <i>SKIP to 11</i>
OFN_10D Col. 617 Char 1	
CHECK ITEM B.4	
Respondent is - OFN_CK5 Col. 618 Char 1	1 <input type="checkbox"/> Sample Person 2 <input type="checkbox"/> Proxy - <i>SKIP to 12a</i>
11. 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?	1 <input type="checkbox"/> Most of the time 2 <input type="checkbox"/> Some of the time 3 <input type="checkbox"/> Hardly ever 4 <input type="checkbox"/> Never
OFN_11 Col. 619 Char 1	
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 <input type="checkbox"/> Hours } <i>SKIP</i>

the radio? OFN_12A	Col. 620	Char 2	25 <input type="checkbox"/> Less than 1 hour } to 13a 26 <input type="checkbox"/> None
b. Is there a radio here that you can listen to? OFN_12B	Col. 622	Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
13a. About how many hours a day do you usually watch television? OFN_13A	Col. 623	Char 2	01-24 <input type="checkbox"/> Hours } SKIP 25 <input type="checkbox"/> Less than 1 hour } to 14 26 <input type="checkbox"/> None
b. Is there a television set here that you can watch? OFN_13B	Col. 625	Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
14. Do you have any pets? OFN_14	Col. 626	Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
15a. During the past week did you - Read a book, magazine, or newspaper? OFN_15A	Col. 627	Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
b. Work on a hobby, like painting, sewing, or arts and crafts? OFN_15B	Col. 628	Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
c. Play games such as solitaire or work on a puzzle? OFN_15C	Col. 629	Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
d. Listen to a record player or a tape recorder? OFN_15D	Col. 630	Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
16a. During the past month did you - Go to a religious service? OFN_16A	Col. 631	Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
b. Attend a meeting of civic, religious, professional or recreational club or organization? OFN_16B	Col. 632	Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
CHECK ITEM B.5 Respondent is - OFN_CK6	Col. 633	Char 1	1 <input type="checkbox"/> Sample Person 2 <input type="checkbox"/> Proxy - SKIP to CHECK ITEM C.1
17. Taken all together, how would you say things are these days - would you say that you are very happy, pretty happy, or not too happy? OFN_18	Col. 634	Char 1	1 <input type="checkbox"/> Very happy 2 <input type="checkbox"/> Pretty happy 3 <input type="checkbox"/> Not too happy
18. Generally speaking, how satisfied are you with your life as a whole - would you say you are very satisfied, satisfied, or not satisfied? OFN_19	Col. 635	Char 1	1 <input type="checkbox"/> Very satisfied 2 <input type="checkbox"/> Satisfied 3 <input type="checkbox"/> Not satisfied
<b>Section C - Housing and Neighborhood Characteristics</b>			
CHECK ITEM C.1 Mark (1) type of area. HNC_CK2	Col. 636	Char 1	1 <input type="checkbox"/> Open country/not a farm 2 <input type="checkbox"/> Farm 3 <input type="checkbox"/> City/town/village (under 50,000) 4 <input type="checkbox"/> City (50,000 to 250,000) 5 <input type="checkbox"/> A suburb of a large city 6 <input type="checkbox"/> A large city (over 250,000 people)
CHECK ITEM C.2 Mark (1) living quarters Ask if not obvious. HNC_CK3	Col. 637	Char 1	1 <input type="checkbox"/> Detached house 2 <input type="checkbox"/> Duplex or row house 3 <input type="checkbox"/> Apartment 4 <input type="checkbox"/> Room in hotel/motel 5 <input type="checkbox"/> Room in rooming or boarding house 6 <input type="checkbox"/> Rented room in private house 7 <input type="checkbox"/> Trailer (permanent) 8 <input type="checkbox"/> Trailer (mobile)

9  Other

CHECK ITEM C.3

Respondent is -  
HNC\_CK5 Col. 638 Char 1

1  Sample Person  
2  Proxy - SKIP to 2

1. All things considered, how satisfied are you with the place in which you are living - would you say that you are very satisfied, satisfied, or not satisfied?  
HNC\_2A Col. 639 Char 1

1  Very satisfied  
2  Satisfied  
3  Not satisfied

*If obvious, mark without asking.*  
2. Is this place part of a building or community intended for older or retired, or disabled persons?  
HNC\_2B Col. 640 Char 1

1  Yes  
2  No

*SHOW FLASHCARD I*

3. Which of these things do you have in your (house/apartment)?

Anything else?

*Mark (1) all that apply.*

*If none, mark "None."*

- (1) Extra handrails or grab bars  
HNC\_3\_1 Col. 641 Char 1
- (2) Ramps  
HNC\_3\_2 Col. 642 Char 1
- (3) Elevators or stair lifts  
HNC\_3\_3 Col. 643 Char 1
- (4) Extra wide doors or hallways  
HNC\_3\_4 Col. 644 Char 1
- (5) Push bars on doors  
HNC\_3\_5 Col. 645 Char 1
- (6) Raised toilet  
HNC\_3\_6 Col. 646 Char 1
- (7) None  
HNC\_3\_0 Col. 647 Char 1

1  Marked  
1  Marked  
1  Marked  
1  Marked  
1  Marked  
1  Marked  
1  Marked

*SHOW FLASHCARD I*

4. Which of these things would make things easier or more comfortable for you?

Anything else?

*Mark (1) all that apply.*

*If none, mark "None."*

- (1) Extra handrails or grab bars  
HNC\_4\_1 Col. 648 Char 1
- (2) Ramps  
HNC\_4\_2 Col. 649 Char 1
- (3) Elevators or stair lifts  
HNC\_4\_3 Col. 650 Char 1
- (4) Extra wide doors or hallways  
HNC\_4\_4 Col. 651 Char 1
- (5) Push bars on doors  
HNC\_4\_5 Col. 652 Char 1
- (6) Raised toilet  
HNC\_4\_6 Col. 653 Char 1
- (7) None  
HNC\_4\_0 Col. 654 Char 1

1  Marked  
1  Marked  
1  Marked  
1  Marked  
1  Marked  
1  Marked  
1  Marked

5a. Is there a toilet or portable toilet conveniently located to the room in which you sleeps?

1  Yes

HNC_5A	Col. 655	Char 1	2	<input type="checkbox"/> No
b. Is there a toilet or portable toilet conveniently located to the room in which you spends most of your day?			1	<input type="checkbox"/> Yes
HNC_5B	Col. 656	Char 1	2	<input type="checkbox"/> No
<b>CHECK ITEM C.4</b>				
Respondent is -			1	<input type="checkbox"/> Sample Person
HNC_CK6	Col. 657	Char 1	2	<input type="checkbox"/> Proxy - <i>SKIP to 7a</i>
6. All things considered, how satisfied are you with this neighborhood - would you say that you are very satisfied, satisfied, or not satisfied?			1	<input type="checkbox"/> Very satisfied
HNC_6	Col. 658	Char 1	2	<input type="checkbox"/> Satisfied
			3	<input type="checkbox"/> Not satisfied
7a. Is there a conveniently located food or grocery store in this neighborhood?			1	<input type="checkbox"/> Yes
HNC_7A	Col. 659	Char 1	2	<input type="checkbox"/> No
b. Is there a conveniently located drug store or pharmacy in this neighborhood?			1	<input type="checkbox"/> Yes
HNC_7B	Col. 660	Char 1	2	<input type="checkbox"/> No
8a. Is crime a serious problem in this neighborhood?			1	<input type="checkbox"/> Yes
HNC_8A	Col. 661	Char 1	2	<input type="checkbox"/> No
b. During the past year, has you (or any other members of your household) been a victim of a crime in this neighborhood?			1	<input type="checkbox"/> Yes
HNC_8B	Col. 662	Char 1	2	<input type="checkbox"/> No
<b>CHECK ITEM C.5</b>				
Respondent is -			1	<input type="checkbox"/> Sample Person
HNC_8CK6	Col. 663	Char 1	2	<input type="checkbox"/> Proxy - <i>SKIP To 1a in HEALTH INSURANCE</i>
9a. Now I am going to read you some things that people have said about nursing homes. Even though you may not have had much experience with them, we would like to have your opinions. As I read each statement, please tell me if you mostly agree with it or most disagree with it.				
In a nursing home people can count on help 24 hours a day. Do you mostly agree or disagree?			1	<input type="checkbox"/> Yes, mostly agree
HNC_9A	Col. 664	Char 1	2	<input type="checkbox"/> No, mostly disagree
			3	<input type="checkbox"/> No opinion
b. It's better to stay out of nursing homes as long as you can.			1	<input type="checkbox"/> Yes, mostly agree
HNC_9B	Col. 665	Char 1	2	<input type="checkbox"/> No, mostly disagree
			3	<input type="checkbox"/> No opinion
c. Most nursing homes take good care of people.			1	<input type="checkbox"/> Yes, mostly agree
HNC_9C	Col. 666	Char 1	2	<input type="checkbox"/> No, mostly disagree
			3	<input type="checkbox"/> No opinion
d. People go to a nursing home only when there is no other place to live.			1	<input type="checkbox"/> Yes, mostly agree
HNC_9D	Col. 667	Char 1	2	<input type="checkbox"/> No, mostly disagree
			3	<input type="checkbox"/> No opinion
e. Nursing homes are lonely places to live in.			1	<input type="checkbox"/> Yes, mostly agree
HNC_9E	Col. 668	Char 1	2	<input type="checkbox"/> No, mostly disagree
			3	<input type="checkbox"/> No opinion
f. There are lots of things to do in a nursing home to keep people busy.			1	<input type="checkbox"/> Yes, mostly agree
HNC_9F	Col. 669	Char 1	2	<input type="checkbox"/> No, mostly disagree
			3	<input type="checkbox"/> No opinion

**Section D - Health Insurance**

1a. There is a national program called Medicaid which pays for health care for persons in need. In this state it is called (name).				
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<p>During the past 12 months, have you received health care which has been or will be paid for by Medicaid (or (name))?</p> <p>INS_2A                      Col. 670           Char 1</p>	<p>1 <input type="checkbox"/> Yes  2 <input type="checkbox"/> No  3 <input type="checkbox"/> DK</p>
<p>b. Do you NOW have a Medicaid (or (name)) card?</p> <p>INS_2B                      Col. 671           Char 1</p>	<p>1 <input type="checkbox"/> Yes  2 <input type="checkbox"/> No - <i>SKIP to 2</i></p>
<p>c. May I please see your card?</p> <p>INS_2C_1                      Col. 672           Char 1</p>	<p>1 <input type="checkbox"/> Current Medicaid card seen  2 <input type="checkbox"/> Expired Medicaid card seen  3 <input type="checkbox"/> No card seen  4 <input type="checkbox"/> Other card seen</p>
<p>2. Are you NOW covered by any OTHER public assistance program that pays for health care?</p> <p>INS_3A                      Col. 673           Char 1</p>	<p>1 <input type="checkbox"/> Yes  2 <input type="checkbox"/> No  3 <input type="checkbox"/> DK</p>
<p>3. Are you NOW covered by CHAMPUS or CHAMPVA, which are programs that provide medical insurance for dependents or survivors of military personnel and disabled veterans?</p> <p>INS_4                      Col. 674           Char 1</p>	<p>1 <input type="checkbox"/> Yes  2 <input type="checkbox"/> No</p>
<p>4a. We are interested in all kinds of private health insurance plans except those which pay only for accidents.</p> <p>Are you now covered by a private health insurance plan which pays any part of a hospital, doctor's or surgeon's bill?</p> <p>INS_5A                      Col. 675           Char 1</p>	<p>1 <input type="checkbox"/> Yes  2 <input type="checkbox"/> No - <i>SKIP to 1a</i></p>
<p>Plan 1:</p> <p>b1. What is the name of this plan?  <i>NOT GIVEN</i></p>	
<p>c1. Does this (name) plan pay any part of hospital expenses?</p> <p>INS_5D1                      Col. 676           Char 1</p>	<p>1 <input type="checkbox"/> Yes  2 <input type="checkbox"/> No</p>
<p>d1. Does this (name) plan pay any part of doctor's or surgeon's bills for operations?</p> <p>INS_5E1                      Col. 677           Char 1</p>	<p>1 <input type="checkbox"/> Yes  2 <input type="checkbox"/> No</p>
<p><i>Reask c, d, and e if more than one plan</i></p> <p>Plan 2:</p> <p>b2. What is the name of this plan?  <i>NOT GIVEN</i></p>	
<p>c2. Is this (name) plan an HMO?</p> <p>INS_5D2                      Col. 678           Char 1</p>	<p>1 <input type="checkbox"/> Yes  2 <input type="checkbox"/> No</p>
<p>d2. Does this (name) plan pay any part of hospital expenses?</p> <p>INS_5E2                      Col. 679           Char 1</p>	<p>1 <input type="checkbox"/> Yes  2 <input type="checkbox"/> No</p>
<p><i>Reask c, d, and e if more than one plan</i></p> <p>Plan 3:</p> <p>b3. What is the name of this plan?  <i>NOT GIVEN</i></p>	
<p>c3. Is this (name) plan an HMO?</p> <p>INS_5D3                      Col. 680           Char 1</p>	<p>1 <input type="checkbox"/> Yes  2 <input type="checkbox"/> No</p>
<p>d3. Does this (name) plan pay any part of hospital expenses?</p> <p>INS_5E3                      Col. 681           Char 1</p>	<p>1 <input type="checkbox"/> Yes  2 <input type="checkbox"/> No</p>
<b>Section E - MEDICAL PROVIDERS AND PRESCRIPTION MEDICINES</b>	
<p>1a. Have you EVER been a patient in a nursing home, convalescent or rest home?</p> <p>MPP_1A                      Col. 682           Char 1</p>	<p>1 <input type="checkbox"/> Yes  2 <input type="checkbox"/> No - <i>SKIP to 1e</i></p>
<p>b. How many times?</p> <p>MPP_1B                      Col. 683           Char 2</p>	<p>01-99 <input type="checkbox"/> Time(s)</p>

c1. When were you admitted (that time/the last time/ the time before that)?				01-12 <input type="text"/> <input type="text"/> Month
MPP_1C_1	Col. 685	Char 2	1999 <input type="text"/> <input type="text"/> Year	
MPP_1C_2	Col. 687	Char 2		
c2. Next to last time?				01-12 <input type="text"/> <input type="text"/> Month
MPP_1C21	Col. 689	Char 2	1999 <input type="text"/> <input type="text"/> Year	
MPP_1C22	Col. 691	Char 2		
c3. Time before that?				01-12 <input type="text"/> <input type="text"/> Month
MPP_1C31	Col. 693	Char 2	1999 <input type="text"/> <input type="text"/> Year	
MPP_1C32	Col. 695	Char 2		
d1. How long were you in nursing home (that time)?				01-99 <input type="text"/> <input type="text"/> Days
MPP_1D_1	Col. 697	Char 2	01-99 <input type="text"/> <input type="text"/> Months	
MPP_1D_2	Col. 699	Char 2		
d2. Next to last time?				01-99 <input type="text"/> <input type="text"/> Days
MPP_1D21	Col. 701	Char 2	01-99 <input type="text"/> <input type="text"/> Months	
MPP_1D22	Col. 703	Char 2		
d3. Time before that?				01-99 <input type="text"/> <input type="text"/> Days
MPP_1D31	Col. 705	Char 2	01-99 <input type="text"/> <input type="text"/> Months	
MPP_1D32	Col. 707	Char 2		
e. Are you now on a waiting list to go into a nursing home?				1 <input type="checkbox"/> Yes
MPP_1E	Col. 709	Char 1	2 <input type="checkbox"/> No	
2a. Have you been a patient in a hospital overnight or longer, in the last 12 months?				1 <input type="checkbox"/> Yes
MPP_2A	Col. 710	Char 1	2 <input type="checkbox"/> No - <i>SKIP to 3a</i>	
b. How many times?				01-99 <input type="text"/> Time(s)
MPP_2B	Col. 711	Char 2		
c1. When were you admitted (that time/the last time/the time before that)?				01-12 <input type="text"/> <input type="text"/> Month
MPP_2C_1	Col. 713	Char 2	98-99 <input type="text"/> <input type="text"/> Year	
MPP_2C_2	Col. 715	Char 2		
c2. Next to last time?				01-12 <input type="text"/> <input type="text"/> Month
MPP_2C21	Col. 717	Char 2	01-12 <input type="text"/> <input type="text"/> Month	
MPP_2C22	Col. 719	Char 2	98-99 <input type="text"/> <input type="text"/> Year	
c3. Time before that?				01-12 <input type="text"/> <input type="text"/> Month
MPP_2C31	Col. 721	Char 2	01-12 <input type="text"/> <input type="text"/> Month	
MPP_2C32	Col. 723	Char 2	98-99 <input type="text"/> <input type="text"/> Year	
d1. How long were you in the hospital that time/last time (days or months)?				01-99 <input type="text"/> <input type="text"/> Days
MPP_2D_1	Col. 725	Char 2	01-99 <input type="text"/> <input type="text"/> Months	
MPP_2D_2	Col. 727	Char 2		
d2. Next to last time?				01-99 <input type="text"/> <input type="text"/> Days
MPP_2D21	Col. 729	Char 2	01-99 <input type="text"/> <input type="text"/> Months	
MPP_2D22	Col. 731	Char 2		
d3. Time before that?				01-99 <input type="text"/> <input type="text"/> Days
MPP_2D31	Col. 733	Char 2	01-99 <input type="text"/> <input type="text"/> Months	
MPP_2D32	Col. 735	Char 2		
3a. In the last month, that is, since (date 1 month ago), did you see a physical therapist, an occupational therapist, or a speech therapist, or a hearing therapist (not counting when you were in the hospital)?				1 <input type="checkbox"/> Yes
MPP_3A	Col. 737	Char 1	2 <input type="checkbox"/> No - <i>SKIP to 4a</i>	
Which of these therapists did you see? Anyone else?				



Mark (1) all that apply.

b1. Physical therapist  
MPP\_3B\_1 Col. 738 Char 1  
1  Yes  
 blank - SKIP to 3b2.

c1. How many times did you see this Physical therapist in the last month?  
MPP\_3CP Col. 739 Char 2  
01-99  Time(s)

d1. Did you see this Physical therapist in your home or somewhere else?  
MPP\_3DP Col. 741 Char 1  
1  At home  
2  Somewhere else  
3  Both

b2. Occupational therapist  
MPP\_3B\_2 Col. 742 Char 1  
1  Yes  
 blank - SKIP to 3b3.

c2. How many times did you see this Occupational therapist in the last month?  
MPP\_3CO Col. 743 Char 2  
01-99  Time(s)

d2. Did you see this Occupational therapist in your home or somewhere else?  
MPP\_DO Col. 745 Char 1  
1  At home  
2  Somewhere else  
3  Both

b3. Speech therapist  
MPP\_3B\_3 Col. 746 Char 1  
1  Yes  
 blank - SKIP to 3b4.

c3. How many times did you see this Speech therapist in the last month?  
MPP\_3CS Col. 747 Char 2  
01-31  Time(s)

d3. Did you see this Speech therapist in your home or somewhere else?  
MPP\_DS Col. 749 Char 1  
1  At home  
2  Somewhere else  
3  Both

b4. Hearing therapist  
MPP\_B\_4 Col. 750 Char 1  
1  Yes  
 blank - SKIP to e

c4. How many times did you see this Hearing therapist in the last month?  
MPP\_3CH Col. 751 Char 2  
01-31  Time(s)

d4. Did you see this Hearing therapist in your home or somewhere else?  
MPP\_3DH Col. 753 Char 1  
1  At home  
2  Somewhere else  
3  Both

e. How much? (Dollars OR percent)  
*PROBE for dollar amount.*  
MPP\_F Col. 754 Char 6  
MPP\_F\_2 Col. 760 Char 3  
MPP\_F\_3 Col. 763 Char 1  
000001-999999  Dollars  
001-100  Percent  
0  Nothing  
1  Included with other charges

f. Will insurance, Medicare, Medicaid, or anyone else, including any members of you family, end up paying any of the charges for that visit/all those visits?  
MPP\_3G Col. 764 Char 1  
1  Yes - SKIP to 3h  
2  No

CHECK ITEM E.1  
*Refer to 3e and 3f above.*  
MPP\_CK6 Col. 765 Char 1  
1  Sample person paid nothing AND no one else will pay  
2  All others - SKIP to 4a

g. Why was there no charge?  
*Mark (1) all that apply.*

- (1) One general fee/blanket charge  
MPP\_3H\_1 Col. 766 Char 1
- (2) Group practice prepayment/Health Maintenance Organization (HMO)  
MPP\_3H\_2 Col. 767 Char 1
- (3) Welfare/Public Assistance  
MPP\_3H\_3 Col. 768 Char 1
- (4) Private organization/charity  
MPP\_3H\_4 Col. 769 Char 1
- (5) Federal, State, or city hospital, clinic, or health department  
MPP\_3H\_5 Col. 770 Char 1
- (6) Professional courtesy  
MPP\_3H\_6 Col. 771 Char 1
- (7) Other  
MPP\_3H\_7 Col. 772 Char 1

- 1  Marked
- 1  Marked
- 1  Marked
- 1  Marked
- 1  Marked
- 1  Marked
- 1  Marked

SKIP  
to 4a

h. Who will end up paying?

Anyone else?

Mark (1) all that apply.

- (1) Insurance  
MPP\_3I01 Col. 773 Char 1
- (3) Medicare  
MPP\_3I05 Col. 774 Char 1
- (4) Medicaid  
MPP\_3I07 Col. 775 Char 1
- (5) Veterans Administration (VA)  
MPP\_3I09 Col. 776 Char 1
- (6) Household member(s)  
MPP\_3I11 Col. 777 Char 1  
MPP\_3I11\_2 Col. 778 Char 2  
MPP\_3I11\_3 Col. 780 Char 2
- (7) Child(ren) of sample person (non-household member(s))  
MPP\_3I13 Col. 782 Char 1  
MPP\_3I13\_2 Col. 783 Char 2  
MPP\_3I13\_3 Col. 785 Char 2  
MPP\_3I13\_4 Col. 787 Char 2  
MPP\_3I13\_5 Col. 789 Char 2
- (8) Father  
MPP\_3I16 Col. 791 Char 1
- (9) Mother  
MPP\_3I18 Col. 792 Char 1
- (10) Son-in-law  
MPP\_3I02 Col. 793 Char 1
- (11) Daughter-in-law  
MPP\_3I04 Col. 794 Char 1
- (12) Brother  
MPP\_3I06 Col. 795 Char 1
- (13) Sister  
MPP\_3I08 Col. 796 Char 1
- (14) Other male relative  
MPP\_3I10 Col. 797 Char 1
- (15) Other female relative  
MPP\_3I12 Col. 798 Char 1
- (16) Male friend  
MPP\_3I14 Col. 799 Char 1
- (17) Female friend  
MPP\_3I15 Col. 800 Char 1

- 1  Marked
- 1  Marked
- 1  Marked
- 1  Marked
- 1  Marked
- 1  Marked
- 01-30  Person Number
- 01-30  Person Number
- 1  Marked
- 31-60  Person Number
- 31-60  Person Number
- 31-60  Person Number
- 31-60  Person Number
- 1  Marked
- 1  Marked
- 1  Marked
- 1  Marked
- 1  Marked
- 1  Marked
- 1  Marked
- 1  Marked
- 1  Marked

Refer to Control Card  
items 11 and 20  
for personal numbers

(18) Other MPP_3117	Col. 801	Char 1	1 <input type="checkbox"/> Marked
4a. In the last month, that is, since (date 1 month ago), did you discuss any personal problems with a psychiatrist, psychologist, or any other mental health professional? MPP_4A	Col. 802	Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 5a</i>
b. How many times Have you seen one of these mental health professionals in the last month? MPP_4B	Col. 803	Char 2	01-99 <input type="checkbox"/> Times
c. How much will you yourself end up paying for (that visit/all those visits)? <i>Fill in only one.</i> <i>PROBE for dollar amount</i>			
MPP_4D_1	Col. 805	Char 6	000001-999999 <input type="checkbox"/> Dollars
MPP_4D_2	Col. 811	Char 3	001-100 <input type="checkbox"/> Percent
MPP_D_3	Col. 814	Char 1	0 <input type="checkbox"/> Nothing 1 <input type="checkbox"/> Included with other charges
d. Will insurance, Medicare, Medicaid, or anyone else, including any members of your family, end up paying any of the charges for (that visit/all those visits)? MPP_4E	Col. 815	Char 1	1 <input type="checkbox"/> Yes - <i>SKIP to 4f</i> 2 <input type="checkbox"/> No
CHECK ITEM E.2 <i>Refer to 4c and 4d above.</i> MPP_CK8	Col. 816	Char 1	1 <input type="checkbox"/> Sample person paid nothing AND no one else will pay 2 <input type="checkbox"/> All others - <i>SKIP to 5a</i>
e. Why was there no charge? <i>Mark (1) all that apply.</i>			
(1) One general fee/blanket charge MPP_4F_1	Col. 817	Char 1	1 <input type="checkbox"/> Marked
(2) Group practice prepayment/Health Maintenance Organization (HMO) MPP_4F_2	Col. 818	Char 1	1 <input type="checkbox"/> Marked
(3) Welfare/Public Assistance MPP_4F_3	Col. 819	Char 1	1 <input type="checkbox"/> Marked
(4) Private organization/charity MPP_4F_4	Col. 820	Char 1	1 <input type="checkbox"/> Marked
(5) Federal, State, or city hospital, clinic, or health department MPP_4F_5	Col. 821	Char 1	1 <input type="checkbox"/> Marked
(6) Professional courtesy MPP_4F_6	Col. 822	Char 1	1 <input type="checkbox"/> Marked
(7) Specify MPP_4F_7	Col. 823	Char 1	1 <input type="checkbox"/> Marked
f. Who will end up paying? Anyone else? <i>Mark (1) all that apply.</i>			
(1) Insurance MPP_4G01	Col. 824	Char 1	1 <input type="checkbox"/> Marked
(3) Medicare MPP_4G05	Col. 825	Char 1	1 <input type="checkbox"/> Marked
(4) Medicaid MPP_4G07	Col. 826	Char 1	1 <input type="checkbox"/> Marked
(5) Veterans Administration (VA)			

} *SKIP to 5a*

MPP_4G09	Col. 827	Char 1	1 <input type="checkbox"/> Marked
(6) Household member(s)			
MPP_4G11	Col. 828	Char 1	1 <input type="checkbox"/> Marked
MPP_4G11_2	Col. 829	Char 2	01-30 <input type="checkbox"/> Personal number
MPP_4G11_3	Col. 831	Char 2	01-30 <input type="checkbox"/> Personal number
(7) Child(ren) of sample person (non-household member(s))			
MPP_4G13	Col. 833	Char 1	1 <input type="checkbox"/> Marked
MPP_4G13_2	Col. 834	Char 2	31-60 <input type="checkbox"/> Personal number
MPP_4G13_3	Col. 836	Char 2	31-60 <input type="checkbox"/> Personal number
MPP_4G13_4	Col. 838	Char 2	31-60 <input type="checkbox"/> Personal number
MPP_4G13_5	Col. 840	Char 2	31-60 <input type="checkbox"/> Personal number
(8) Father			
MPP_4G16	Col. 842	Char 1	1 <input type="checkbox"/> Marked
(9) Mother			
MPP_4G18	Col. 843	Char 1	1 <input type="checkbox"/> Marked
(10) Son-in-law			
MPP_4G02	Col. 844	Char 1	1 <input type="checkbox"/> Marked
(11) Daughter-in-law			
MPP_4G04	Col. 845	Char 1	1 <input type="checkbox"/> Marked
(12) Brother			
MPP_4G06	Col. 846	Char 1	1 <input type="checkbox"/> Marked
(13) Sister			
MPP_4G08	Col. 847	Char 1	1 <input type="checkbox"/> Marked
(14) Other male relative			
MPP_4G10	Col. 848	Char 1	1 <input type="checkbox"/> Marked
(15) Other female relative			
MPP_4G12	Col. 849	Char 1	1 <input type="checkbox"/> Marked
(16) Male friend			
MPP_4G14	Col. 850	Char 1	1 <input type="checkbox"/> Marked
(17) Female friend			
MPP_4G15	Col. 851	Char 1	1 <input type="checkbox"/> Marked
(18) Specify other			
MPP_4G17	Col. 852	Char 1	1 <input type="checkbox"/> Marked

5a. In the last month, that is, since (date 1 month ago), did you receive care from a dentist, foot doctor, optometrist, or chiropractor?  
MPP\_5A Col. 853 Char 1

1  Yes  
2  No - SKIP to 6a

Which of these did you see?  
Anyone else?  
Mark (1) all that apply.

b1. Dentist  
MPP\_5B\_1 Col. 854 Char 1

1  Yes  
 blank - SKIP to 5b2.

c1. How many times did you see the Dentist in the last month?  
MPP\_5CD Col. 855 Char 2

01-31  times

d1. Did you see the Dentist in you home or somewhere else?  
MPP\_5DD Col. 857 Char 1

1  At home  
2  Somewhere else  
3  Both

b2. Foot doctor  
MPP\_5B\_2 Col. 858 Char 1

1  Yes  
 blank - SKIP to 5b3.

c2. How many times did you see the Foot doctor in the last month?  
MPP\_5CF Col. 859 Char 2

01-31  times

d2. Did you see the Foot doctor in you home or somewhere else?  
MPP\_5DF Col. 861 Char 1

1  At home  
2  Somewhere else  
3  Both

b3. Optometrist MPP_5B_3                      Col. 862      Char 1	1 <input type="checkbox"/> Yes <input type="checkbox"/> blank - <i>SKIP to 5b4.</i>
c3. How many times did you see the Optometrist in the last month? MPP_5CT                      Col. 863      Char 2	01-31 <input type="checkbox"/> times
d3. Did you see the Optometrist in you home or somewhere else? MPP_DT                      Col. 865      Char 1	1 <input type="checkbox"/> At home 2 <input type="checkbox"/> Somewhere else 3 <input type="checkbox"/> Both
b4. Chiropractor MPP_5B_4                      Col. 866      Char 1	1 <input type="checkbox"/> Yes <input type="checkbox"/> blank - <i>SKIP to 6a.</i>
c4. How many times did you see the Chiropractor in the last month? MPP_5CC                      Col. 867      Char 2	01-31 <input type="checkbox"/> times
d4. Did you see the Chiropractor in you home or somewhere else? MPP_DC                      Col. 869      Char 1	1 <input type="checkbox"/> At home 2 <input type="checkbox"/> Somewhere else 3 <input type="checkbox"/> 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 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 6a</i>
b. How many times did you go in the last month? MPP_6B                      Col. 871      Char 2	01-31 <input type="checkbox"/> 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 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 8a</i>
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 <input type="checkbox"/> 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 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 9</i>
b. How many times did you see a doctor in you home in the last month? MPP_8B                      Col. 877      Char 2	01-31 <input type="checkbox"/> 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 <input type="checkbox"/> Yes 2 <input type="checkbox"/> 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 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to CHECK ITEM E.3</i>
10b. Who provided these services?  Anyone else?  <i>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.</i>  <i>Then continued with CHECK ITEM E.3</i>	

CHECK ITEM E.3				
Respondent is - MPP_CK12	Col. 881	Char 1		1 <input type="checkbox"/> Sample Person 2 <input type="checkbox"/> Proxy - <i>SKIP to 12a</i>
11a. In the last month, did you have any health problem or condition about which you would have liked to see a doctor or other medical person, but did not? MPP_11A	Col. 882	Char 1		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 12a</i>
11b. What is the reason that you didn't see a doctor or other medical person? Any other reason? <i>Record verbatim response below; then mark (1) all that apply.</i>				
(1) Financial MPP_1105	Col. 883	Char 1		1 <input type="checkbox"/> Marked
(2) Time MPP_1106	Col. 884	Char 1		1 <input type="checkbox"/> Marked
(3) Availability of a doctor MPP_1107	Col. 885	Char 1		1 <input type="checkbox"/> Marked
(4) Transportation MPP_1108	Col. 886	Char 1		1 <input type="checkbox"/> Marked
(5) Not free to leave MPP_1109	Col. 887	Char 1		1 <input type="checkbox"/> Marked
(6) Problem not serious MPP_1110	Col. 888	Char 1		1 <input type="checkbox"/> Marked
(7) Afraid to find out what's wrong MPP_1111	Col. 889	Char 1		1 <input type="checkbox"/> Marked
(8) Weather MPP_1112	Col. 890	Char 1		1 <input type="checkbox"/> Marked
(9) Other reason(s) MPP_1113	Col. 891	Char 1		1 <input type="checkbox"/> Marked
12a. In the last month, that is, since ( <i>date 1 month ago</i> ), how many prescription medicines were bought by you or obtained for you? MPP_12A	Col. 892	Char 2		01-99 <input type="checkbox"/> Number of prescription medicines 00 <input type="checkbox"/> None - <i>SKIP to 13</i>
b. How much will you yourself end up paying for (this/these) prescriptions? <i>PROBE for dollar amount.</i>				
MPP_12C1	Col. 894	Char 6		0000- 5000 <input type="checkbox"/> 5001 <input type="checkbox"/> More than \$5001
MPP_12C2	Col. 900	Char 3		001-100 <input type="checkbox"/> Percent
MPP_12B	Col. 903	Char 1		0 <input type="checkbox"/> Nothing 1 <input type="checkbox"/> Included with other charges
c. Will insurance, Medicaid, or anyone else, including any members of your family, end up paying any of the charges for (this/these) prescription(s)? MPP_12D	Col. 904	Char 1		1 <input type="checkbox"/> Yes - <i>SKIP to 12e</i> 2 <input type="checkbox"/> No
CHECK ITEM E.4				
<i>Refer to 12b and 12c above.</i> MPP_CK13	Col. 905	Char 1		1 <input type="checkbox"/> Sample person paid nothing AND no one else will pay 2 <input type="checkbox"/>
d. Why was there no charge? Any other reason? <i>Mark (1) all that apply.</i>				
(1) One general fee/blanket charge				

MPP_1202	Col. 906	Char 1
(2) Group practice prepayment/Health Maintenance Organization (HMO)		
MPP_1203	Col. 907	Char 1
(3) Welfare/Public Assistance		
MPP_1204	Col. 908	Char 1
(4) Private organization/charity		
MPP_1205	Col. 909	Char 1
(5) Federal, State, or city hospital, clinic, or health department		
MPP_1206	Col. 910	Char 1
(6) Professional courtesy		
MPP_1207	Col. 911	Char 1
(7) Specify other reason		
MPP_1208	Col. 912	Char 1

X <input type="checkbox"/>	X if used, blank otherwise
X <input type="checkbox"/>	X if used, blank otherwise
1 <input type="checkbox"/>	Marked
1 <input type="checkbox"/>	Marked
1 <input type="checkbox"/>	Marked
1 <input type="checkbox"/>	Marked
1 <input type="checkbox"/>	Marked

SKIP to 13

e. Who will end up paying?

Any other reason?

Mark (1) all that apply.

(1) Insurance		
MPP_1213	Col. 913	Char 1
(2) Medicaid		
MPP_1219	Col. 914	Char 1
(3) Veterans Administration (VA)		
MPP_1221	Col. 915	Char 1
(4) Household member(s)		
MPP_1223	Col. 916	Char 1
MPP_1223_2	Col. 917	Char 2
MPP_1223_3	Col. 919	Char 2
(5) Child(ren) of sample person (non-household member(s))		
MPP_1225	Col. 921	Char 1
MPP_1225_2	Col. 922	Char 2
MPP_1225_3	Col. 924	Char 2
MPP_1225_4	Col. 926	Char 2
MPP_1225_5	Col. 928	Char 2
(6) Father		
MPP_1228	Col. 930	Char 1
(7) Mother		
MPP_1230	Col. 931	Char 1
(8) Son-in-law		
MPP_1214	Col. 932	Char 1
(9) Daughter-in-law		
MPP_1216	Col. 933	Char 1
(10) Brother		
MPP_1218	Col. 934	Char 1
(11) Sister		
MPP_1220	Col. 935	Char 1
(12) Other male relative		
MPP_1222	Col. 936	Char 1
(13) Other female relative		
MPP_1224	Col. 937	Char 1
(14) Male friend		
MPP_1226	Col. 938	Char 1
(15) Female friend		
MPP_1227	Col. 939	Char 1
(19) Other - specify		
MPP_1229	Col. 940	Char 1

1 <input type="checkbox"/>	Marked
1 <input type="checkbox"/>	Marked
1 <input type="checkbox"/>	Marked
1 <input type="checkbox"/>	Marked
01-30 <input type="checkbox"/>	Person Number
01-30 <input type="checkbox"/>	Person Number
1 <input type="checkbox"/>	Marked
31-60 <input type="checkbox"/>	Person Number
31-60 <input type="checkbox"/>	Person Number
31-60 <input type="checkbox"/>	Person Number
31-60 <input type="checkbox"/>	Person Number
1 <input type="checkbox"/>	Marked
1 <input type="checkbox"/>	Marked
1 <input type="checkbox"/>	Marked
1 <input type="checkbox"/>	Marked
1 <input type="checkbox"/>	Marked
1 <input type="checkbox"/>	Marked
1 <input type="checkbox"/>	Marked
1 <input type="checkbox"/>	Marked
1 <input type="checkbox"/>	Marked
1 <input type="checkbox"/>	Marked
1 <input type="checkbox"/>	Marked

13. Are you taking any prescription medicine now to help calm you

—

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 -

MNT\_CK1

Col. 942

Char 1

- 1  Sample Person
- 2  Proxy - *SKIP to CHECK ITEM G.1*

Sometimes when people get older, they have trouble remembering things. If you do not know the answers to some of the next questions, that's okay. It's very normal. If you DO know the answers, the questions may seem very simple.

INTERVIEWER INSTRUCTIONS -  
Score this item after you complete the interview.

1. What is the date today?

MNT\_1

Col. 943

Char 1

- 1  Plus (+)
- 2  Minus (-)

2. What day of the week is it?

MNT\_2

Col. 944

Char 1

- 1  Plus (+)
- 2  Minus (-)

3. What is your street address?

MNT\_3

Col. 945

Char 1

- 1  Plus (+)
- 2  Minus (-)

4. In what State is this?

MNT\_4

Col. 946

Char 1

- 1  Plus (+)
- 2  Minus (-)

5. How old are you?

MNT\_5

Col. 947

Char 1

- 1  Plus (+)
- 2  Minus (-)

6. When were you born?

MNT\_6

Col. 948

Char 1

- 1  Plus (+)
- 2  Minus (-)

7. Who is the President of the United States now?

MNT\_7

Col. 949

Char 1

- 1  Plus (+)
- 2  Minus (-)

8. Who was the President just before him?

MNT\_8

Col. 950

Char 1

- 1  Plus (+)
- 2  Minus (-)

9. What was your mother's maiden name?

MNT\_9

Col. 951

Char 1

- 1  Plus (+)
- 2  Minus (-)

10. Subtract 3 from 20 and keep subtracting 3 from each new number you get, all the way down.

*PROBE:* Can you subtract 3 from that?

MNT\_10

Col. 952

Char 1

- 1  Plus (+)
- 2  Minus (-)

Correct answer: 17, 14, 11, 8, 5, 2

**Section G - MILITARY SERVICE, ETHNICITY, INCOME AND ASSETS**

**CHECK ITEM G.1**

Sample person is -

INC\_SEX

Col. 954

Char 1

- 1  Male
- 2  Female - *SKIP to 3*

1a. Did . . . EVER serve on active duty in the Armed Forces of the United States?

INC\_1A

Col. 955

Char 1

- 1  Yes
- 2  No - *SKIP to 3*

b. When did . . . serve?

Any other periods of service?

*Mark (1) all that apply.*

(1) World War I (April '17 - Nov '18)

INC\_1B\_1

Col. 956

Char 1

- 1  Marked

(2) World War II (Sept '40 - July '47)

INC\_1B\_2

Col. 957

Char 1

- 1  Marked

(3) Korean War (June '50 - Jan '55)

INC\_1B\_3

Col. 958

Char 1

- 1  Marked

(4) Vietnam War (Aug '64 - April '75)



INC_1B_4	Col. 959	Char 1	1 <input type="checkbox"/> Marked
(5) Post Vietnam (May '75 - present)			
INC_1B_5	Col. 960	Char 1	1 <input type="checkbox"/> Marked
(6) Other Service (All other periods)			
INC_1B_6	Col. 961	Char 1	1 <input type="checkbox"/> Marked
c. Was . . . ever an active member of a National Guard or reserve unit?			1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> DK } <i>SKIP to 2a</i>
INC_1C	Col. 962	Char 1	
d. Was ALL of . . . active duty service related to National Guard or military reserve training?			1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
INC_1D	Col. 963	Char 1	
2a. Does . . . have a disability related to . . . service in the Armed Forces of the United States?			1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 3</i>
INC_2A	Col. 964	Char 1	
b. What is . . . current VA disability rating?			000-100 <input type="checkbox"/> percent
INC_2B	Col. 965	Char 3	
3. <i>SHOW FLASHCARD J</i> What is . . . ethnic origin or descent?			01 <input type="checkbox"/> German 02 <input type="checkbox"/> Italian 03 <input type="checkbox"/> Irish 04 <input type="checkbox"/> French 05 <input type="checkbox"/> Polish 06 <input type="checkbox"/> Russian 07 <input type="checkbox"/> English 08 <input type="checkbox"/> Scottish 09 <input type="checkbox"/> Welsh 10 <input type="checkbox"/> Mexican American 11 <input type="checkbox"/> Chicano 12 <input type="checkbox"/> Mexican 13 <input type="checkbox"/> Puerto Rican 14 <input type="checkbox"/> Cuban 15 <input type="checkbox"/> Central or South American (Spanish country) 16 <input type="checkbox"/> Other Spanish 20 <input type="checkbox"/> Afro-American (Black or Negro) 30 <input type="checkbox"/> Another group not listed 39 <input type="checkbox"/> DK
INC_3	Col. 968	Char 2	

**INSTRUCTION**

Refer to Control Card items 11, 12a, 12c, 12d, and 16. Enter names and person of sample person's family members aged 15 and over (relationship codes 1 - 10).

<b>COLUMN A</b>			
5a1. During the last month, that is, in the month of ( <i>previous month</i> ), did . . . (or any members of . . . family who lives here) receive Social Security benefits or Railroad Retirement benefits?			1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 6a</i>
INC_A_5A	Col. 2149	Char 1	
b1. Who received these payments? Anyone else?			1 <input type="checkbox"/> Received 2 <input type="checkbox"/> Did not receive
INC_A_5B	Col. 2150	Char 1	
c1. How much did . . . receive in ( <i>previous month</i> )?			00000- 50,000 <input type="checkbox"/> 50,001 <input type="checkbox"/> More than \$50,000 7 <input type="checkbox"/> Received but no entry 8 <input type="checkbox"/> Refused 9 <input type="checkbox"/> DK
INC_A_5C	Col. 2151	Char 5	
INC_A_5C_DK	Col. 2156	Char 1	
6a1. During ( <i>previous month</i> ) did . . . (or any members of . . . Family who live here) receive Veterans Administration compensation			

or pension? INCA_6A	Col. 2157	Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 7a</i>
b1. Who received these payments? Anyone else? INCA_6B	Col. 2158	Char 1	1 <input type="checkbox"/> Received 2 <input type="checkbox"/> Did not receive
c1. How much did . . . receive in ( <i>previous month</i> )? INCA_6C	Col. 2159	Char 5	00000- 50,000 <input type="checkbox"/> 50,001 <input type="checkbox"/> More than \$50,000
INCA_6C_DK	Col. 2164	Char 1	7 <input type="checkbox"/> Received but no entry 8 <input type="checkbox"/> Refused 9 <input type="checkbox"/> DK
7a1. During ( <i>previous month</i> ), did . . . (or any members of . . . family who live here) receive any other retirement, pension, or annuity income? INCA_7A	Col. 2165	Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 8a</i>
b1. Who received these payments? Anyone else? INCA_7B	Col. 2166	Char 1	1 <input type="checkbox"/> Received 2 <input type="checkbox"/> Did not receive
c1. How much did . . . receive in ( <i>previous month</i> )? INCA_7C	Col. 2167	Char 5	00000- 50,000 <input type="checkbox"/> 50,001 <input type="checkbox"/> More than \$50,000
INCA_7C_DK	Col. 2172	Char 1	7 <input type="checkbox"/> Received but no entry 8 <input type="checkbox"/> Refused 9 <input type="checkbox"/> DK
8a1. During ( <i>previous month</i> ), did . . . (or any members of . . . family who live here) receive unemployment or Worker's Compensation? INCA_8A	Col. 2173	Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 9a</i>
b1. Who received these payments? Anyone else? INCA_8B	Col. 2174	Char 1	1 <input type="checkbox"/> Received 2 <input type="checkbox"/> Did not receive
c1. How much did . . . receive in ( <i>previous month</i> )? INCA_8C	Col. 2175	Char 5	00000- 50,000 <input type="checkbox"/> 50,001 <input type="checkbox"/> More than \$50,000
INCA_8C_DK	Col. 2180	Char 1	7 <input type="checkbox"/> Received but no entry 8 <input type="checkbox"/> Refused 9 <input type="checkbox"/> DK
9a1. During ( <i>previous month</i> ), did . . . (or any members of . . . family who live here) receive Supplemental Security Income, that is SSI payments? These can come from either the Federal government (gold checks) or the State government. INCA_9A	Col. 2181	Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 10a</i>
b1. Who received these payments? Anyone else? INCA_9B	Col. 2182	Char 1	1 <input type="checkbox"/> Received 2 <input type="checkbox"/> Did not receive
c1. How much did . . . receive in ( <i>previous month</i> )? INCA_9C	Col. 2183	Char 5	00000- 50,000 <input type="checkbox"/> 50,001 <input type="checkbox"/> More than \$50,000
INCA_9C_DK	Col. 2188	Char 1	7 <input type="checkbox"/> Received but no entry 8 <input type="checkbox"/> Refused 9 <input type="checkbox"/> DK
10a1. During ( <i>previous month</i> ), did . . . (or any members of . . . family who live here) receive earnings from a job or business?			

Include wages, salaries, tips, commissions, and net income from own business, professional practice, partnership, or farm.	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 11a</i>
INCA_10A Col. 2189 Char 1	
b1. Who received these payments? Anyone else?	1 <input type="checkbox"/> Received 2 <input type="checkbox"/> Did not receive
INCA_10B Col. 2190 Char 1	
c1. How much did . . . receive in ( <i>previous month</i> )?	00000- 50,000 <input type="checkbox"/> 50,001 <input type="checkbox"/> More than \$50,000 7 <input type="checkbox"/> Received but no entry 8 <input type="checkbox"/> Refused 9 <input type="checkbox"/> DK
INCA_10C Col. 2191 Char 5  INCA_10C_DK Col. 2196 Char 1	
11a1. During ( <i>previous month</i> ), did . . . (or any members of . . . family who live here) receive net income from rent of an apartment or other real estate or income from roomers or borders?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 12a</i>
INCA_11A Col. 2197 Char 1	
b1. Who received these payments? Anyone else?	1 <input type="checkbox"/> Received 2 <input type="checkbox"/> Did not receive
INCA_11B Col. 2198 Char 1	
c1. How much did . . . receive in ( <i>previous month</i> )?	00000- 50,000 <input type="checkbox"/> 50,001 <input type="checkbox"/> More than \$50,000 7 <input type="checkbox"/> Received but no entry 8 <input type="checkbox"/> Refused 9 <input type="checkbox"/> DK
INCA_11C Col. 2199 Char 5  INCA_11C_DK Col. 2204 Char 1	
12a1. During ( <i>previous month</i> ), did . . . (or any members of . . . family who live here) receive regular contributions from friends or relatives (other than those relatives in this household)?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 13a</i>
INCA_12A Col. 2205 Char 1	
b1. Who received these payments? Anyone else?	1 <input type="checkbox"/> Received 2 <input type="checkbox"/> Did not receive
INCA_12B Col. 2206 Char 1	
c1. How much did . . . receive in ( <i>previous month</i> )?	00000- 50,000 <input type="checkbox"/> 50,001 <input type="checkbox"/> More than \$50,000 7 <input type="checkbox"/> Received but no entry 8 <input type="checkbox"/> Refused 9 <input type="checkbox"/> DK
INCA_12C Col. 2207 Char 5  INCA_12C_DK Col. 2212 Char 1	
<b>COLUMN B</b>	
5a2. During the last month, that is, in the month of ( <i>previous month</i> ), did . . . (or any members of . . . family who lives here) receive Social Security benefits or Railroad Retirement benefits?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 6a</i>
INCB_5A Col. 2247 Char 1	
b2. Who received these payments? Anyone else?	1 <input type="checkbox"/> Received 2 <input type="checkbox"/> Did not receive
INCB_5B Col. 2248 Char 1	
c2. How much did . . . receive in ( <i>previous month</i> )?	00000- 50,000 <input type="checkbox"/> 50,001 <input type="checkbox"/> More than \$50,000 7 <input type="checkbox"/> Received but no entry 8 <input type="checkbox"/> Refused 9 <input type="checkbox"/> DK
INCB_5C Col. 2249 Char 5  INCB_5C_DK Col. 2254 Char 1	
6a2. During ( <i>previous month</i> ) did . . . (or any members of . . . family	

who live here) receive Veterans Administration compensation or pension?	INCB_6A                      Col. 2255           Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 7a</i>
b2. Who received these payments? Anyone else?	INCB_6B                      Col. 2256           Char 1	1 <input type="checkbox"/> Received 2 <input type="checkbox"/> Did not receive
c2. How much did . . . receive in ( <i>previous month</i> )?	INCB_6C                      Col. 2257           Char 5	00000- 50,000 <input type="checkbox"/> 50,001 <input type="checkbox"/> More than \$50,000
INCB_6C_DK                      Col. 2262           Char 1	8 <input type="checkbox"/> Refused 9 <input type="checkbox"/> DK	
7a2. During ( <i>previous month</i> ), did . . . (or any members of . . . family who live here) receive any other retirement, pension, or annuity income?	INCB_7A                      Col. 2263           Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 8a</i>
b2. Who received these payments? Anyone else?	INCB_7B                      Col. 2264           Char 1	1 <input type="checkbox"/> Received 2 <input type="checkbox"/> Did not receive
c2. How much did . . . receive in ( <i>previous month</i> )?	INCB_7C                      Col. 2265           Char 5	00000- 50,000 <input type="checkbox"/> 50,001 <input type="checkbox"/> More than \$50,000
INCB_7C_DK                      Col. 2270           Char 1	8 <input type="checkbox"/> Refused 9 <input type="checkbox"/> DK	
8a2. During ( <i>previous month</i> ), did . . . (or any members of . . . family who live here) receive unemployment or Worker's Compensation?	INCB_8A                      Col. 2271           Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 9a</i>
b2. Who received these payments? Anyone else?	INCB_8B                      Col. 2272           Char 1	1 <input type="checkbox"/> Received 2 <input type="checkbox"/> Did not receive
c2. How much did . . . receive in ( <i>previous month</i> )?	INCB_8C                      Col. 2273           Char 5	00000- 50,000 <input type="checkbox"/> 50,001 <input type="checkbox"/> More than \$50,000
INCB_8C_DK                      Col. 2278           Char 1	8 <input type="checkbox"/> Refused 9 <input type="checkbox"/> DK	
9a2. During ( <i>previous month</i> ), did . . . (or any members of . . . family who live here) receive Supplemental Security Income, that is SSI payments? These can come from either the Federal government (gold checks) or the State government.	INCB_9A                      Col. 2279           Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 10a</i>
b2. Who received these payments? Anyone else?	INCB_9B                      Col. 2280           Char 1	1 <input type="checkbox"/> Received 2 <input type="checkbox"/> Did not receive
c2. How much did . . . receive in ( <i>previous month</i> )?	INCB_9C                      Col. 2281           Char 5	00000- 50,000 <input type="checkbox"/> 50,001 <input type="checkbox"/> More than \$50,000
INCB_9C_DK                      Col. 2286           Char 1	8 <input type="checkbox"/> Refused 9 <input type="checkbox"/> DK	
10a2. During ( <i>previous month</i> ), did . . . (or any members of . . . family who live here) receive earnings from a job or business? Include wages, salaries, tips, commissions, and net income from own business, professional practice, partnership, or farm.	INCB_10A                      Col. 2287           Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 11a</i>

<p>b2. Who received these payments? Anyone else? INCB_10B Col. 2288 Char 1</p>	<p>1 <input type="checkbox"/> Received 2 <input type="checkbox"/> Did not receive</p>
<p>c2. How much did . . . receive in (<i>previous month</i>)? INCB_10C Col. 2289 Char 5  INCB_10C_DK Col. 2294 Char 1</p>	<p>00000- 50,000 <input type="checkbox"/> 50,001 <input type="checkbox"/> More than \$50,000  8 <input type="checkbox"/> Refused 9 <input type="checkbox"/> DK</p>
<p>11a2. During (<i>previous month</i>), did . . . (or any members of . . . family who live here) receive net income from rent of an apartment or other real estate or income from roomers or borders? INCB_11A Col. 2295 Char 1</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 12a</i></p>
<p>b2. Who received these payments? Anyone else? INCB_11B Col. 2296 Char 1</p>	<p>1 <input type="checkbox"/> Received 2 <input type="checkbox"/> Did not receive</p>
<p>c2. How much did . . . receive in (<i>previous month</i>)? INCB_11C Col. 2297 Char 5  INCB_11C_DK Col. 2302 Char 1</p>	<p>00000- 50,000 <input type="checkbox"/> 50,001 <input type="checkbox"/> More than \$50,000  8 <input type="checkbox"/> Refused 9 <input type="checkbox"/> DK</p>
<p>12a2. During (<i>previous month</i>), did . . . (or any members of . . . family who live here) receive regular contributions from friends or relatives (other than those relatives in this household)? INCB_12A Col. 2303 Char 1</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 13a</i></p>
<p>b2. Who received these payments? Anyone else? INCB_12B Col. 2304 Char 1</p>	<p>1 <input type="checkbox"/> Received 2 <input type="checkbox"/> Did not receive</p>
<p>c2. How much did . . . receive in (<i>previous month</i>)? INCB_12C Col. 2305 Char 5  INCB_12C_DK Col. 2310 Char 1</p>	<p>00000- 50,000 <input type="checkbox"/> 50,001 <input type="checkbox"/> More than \$50,000  8 <input type="checkbox"/> Refused 9 <input type="checkbox"/> DK</p>
<b>COLUMN C</b>	
<p>5a3. During the last month, that is, in the month of (<i>previous month</i>), did . . . (or any members of . . . family who lives here) receive Social Security benefits or Railroad Retirement benefits? INCC_5A Col. 2345 Char 1</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 6a</i></p>
<p>b3. Who received these payments? Anyone else? INCC_5B Col. 2346 Char 1</p>	<p>1 <input type="checkbox"/> Received 2 <input type="checkbox"/> Did not receive</p>
<p>c3. How much did . . . receive in (<i>previous month</i>)? INCC_5C Col. 2347 Char 5  INCC_5C_DK Col. 2352 Char 1</p>	<p>00000- 50,000 <input type="checkbox"/> 50,001 <input type="checkbox"/> More than \$50,000  8 <input type="checkbox"/> Refused 9 <input type="checkbox"/> DK</p>
<p>6a3. During (<i>previous month</i>) did . . . (or any members of . . . Family who live here) receive Veterans Administration compensation or pension? INCC_6A Col. 2353 Char 1</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 7a</i></p>
<p>b3. Who received these payments? Anyone else?</p>	<p>1 <input type="checkbox"/> Received</p>

INCC_6B	Col. 2354	Char 1	2 <input type="checkbox"/> Did not receive
c3. How much did . . . receive in ( <i>previous month</i> )? INCC_6C	Col. 2355	Char 5	00000- 50,000 <input type="checkbox"/> 50,001 <input type="checkbox"/> More than \$50,000
INCC_6C_DK	Col. 2360	Char 1	8 <input type="checkbox"/> Refused 9 <input type="checkbox"/> DK
7a3. During ( <i>previous month</i> ), did . . . (or any members of . . . family who live here) receive any other retirement, pension, or annuity income? INCC_7A	Col. 2361	Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 8a</i>
b3. Who received these payments? Anyone else? INCC_7B	Col. 2362	Char 1	1 <input type="checkbox"/> Received 2 <input type="checkbox"/> Did not receive
c3. How much did . . . receive in ( <i>previous month</i> )? INCC_7C	Col. 2363	Char 5	00000- 50,000 <input type="checkbox"/> 50,001 <input type="checkbox"/> More than \$50,000
INCC_7C_DK	Col. 2368	Char 1	8 <input type="checkbox"/> Refused 9 <input type="checkbox"/> DK
8a3. During ( <i>previous month</i> ), did . . . (or any members of . . . family who live here) receive unemployment or Worker's Compensation? INCC_8A	Col. 2369	Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 9a</i>
b3. Who received these payments? Anyone else? INCC_8B	Col. 2370	Char 1	1 <input type="checkbox"/> Received 2 <input type="checkbox"/> Did not receive
c3. How much did . . . receive in ( <i>previous month</i> )? INCC_8C	Col. 2371	Char 5	00000- 50,000 <input type="checkbox"/> 50,001 <input type="checkbox"/> More than \$50,000
INCC_8C_DK	Col. 2376	Char 1	8 <input type="checkbox"/> Refused 9 <input type="checkbox"/> DK
9a3. During ( <i>previous month</i> ), did . . . (or any members of . . . family who live here) receive Supplemental Security Income, that is SSI payments? These can come from either the Federal government or the State government. INCC_9A	Col. 2377	Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 10a</i>
b3. Who received these payments? Anyone else? INCC_9B	Col. 2378	Char 1	1 <input type="checkbox"/> Received 2 <input type="checkbox"/> Did not receive
c3. How much did . . . receive in ( <i>previous month</i> )? INCC_9C	Col. 2379	Char 5	00000- 50,000 <input type="checkbox"/> 50,001 <input type="checkbox"/> More than \$50,000
INCC_9C_DK	Col. 2384	Char 1	8 <input type="checkbox"/> Refused 9 <input type="checkbox"/> DK
10a3. During ( <i>previous month</i> ), did . . . (or any members of . . . family who live here) receive earnings from a job or business? Include wages, salaries, tips, commissions, and net income from own business, professional practice, partnership, or farm. INCC_10A	Col. 2385	Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 11a</i>
b3. Who received these payments? Anyone else? INCC_10B	Col. 2386	Char 1	1 <input type="checkbox"/> Received 2 <input type="checkbox"/> Did not receive

<p>c3. How much did . . . receive in (<i>previous month</i>)?  INCC_10C                      Col. 2387      Char 5</p> <p>INCC_10C_DK                      Col. 2392      Char 1</p>	<p>00000-  50,000 <input type="checkbox"/>  50,001 <input type="checkbox"/> More than \$50,000</p> <p>8 <input type="checkbox"/> Refused  9 <input type="checkbox"/> DK</p>
<p>11a3. During (<i>previous month</i>), did . . . (or any members of . . . family who live here) receive net income from rent of an apartment or other real estate or income from roomers or borders?  INCC_11A                      Col. 2393      Char 1</p>	<p>1 <input type="checkbox"/> Yes  2 <input type="checkbox"/> No - <i>SKIP to 12a</i></p>
<p>b3. Who received these payments?  Anyone else?  INCC_11B                      Col. 2394      Char 1</p>	<p>1 <input type="checkbox"/> Received  2 <input type="checkbox"/> Did not receive</p>
<p>c3. How much did . . . receive in (<i>previous month</i>)?  INCC_11C                      Col. 2395      Char 5</p> <p>INCC_11C_DK                      Col. 2400      Char 1</p>	<p>00000-  50,000 <input type="checkbox"/>  50,001 <input type="checkbox"/> More than \$50,000</p> <p>8 <input type="checkbox"/> Refused  9 <input type="checkbox"/> DK</p>
<p>12a3. During (<i>previous month</i>), did . . . (or any members of . . . family who live here) receive regular contributions from friends or relatives (other than those relatives in this household)?  INCC_12A                      Col. 2401      Char 1</p>	<p>1 <input type="checkbox"/> Yes  2 <input type="checkbox"/> No - <i>SKIP to 13a</i></p>
<p>b3. Who received these payments?  Anyone else?  INCC_12B                      Col. 2402      Char 1</p>	<p>1 <input type="checkbox"/> Received  2 <input type="checkbox"/> Did not receive</p>
<p>c3. How much did . . . receive in (<i>previous month</i>)?  INCC_12C                      Col. 2403      Char 5</p> <p>INCC_12C_DK                      Col. 2408      Char 1</p>	<p>00000-  50,000 <input type="checkbox"/>  50,001 <input type="checkbox"/> More than \$50,000</p> <p>8 <input type="checkbox"/> Refused  9 <input type="checkbox"/> DK</p>
<b>COLUMN D</b>	
<p>5a4. During the last month, that is, in the month of (<i>previous month</i>), did . . . (or any members of . . . family who lives here) receive Social Security benefits or Railroad Retirement benefits?  INCD_5A                      Col. 2443      Char 1</p>	<p>1 <input type="checkbox"/> Yes  2 <input type="checkbox"/> No - <i>SKIP to 6a</i></p>
<p>b4. Who received these payments?  Anyone else?  INCD_5B                      Col. 2444      Char 1</p>	<p>1 <input type="checkbox"/> Received  2 <input type="checkbox"/> Did not receive</p>
<p>c4. How much did . . . receive in (<i>previous month</i>)?  INCD_5C                      Col. 2445      Char 5</p> <p>INCD_5C_DK                      Col. 2450      Char 1</p>	<p>00000-  50,000 <input type="checkbox"/>  50,001 <input type="checkbox"/> More than \$50,000</p> <p>8 <input type="checkbox"/> Refused  9 <input type="checkbox"/> DK</p>
<p>6a4. During (<i>previous month</i>) did . . . (or any members of . . . Family who live here) receive Veterans Administration compensation or pension?  INCD_6A                      Col. 2451      Char 1</p>	<p>1 <input type="checkbox"/> Yes  2 <input type="checkbox"/> No - <i>SKIP to 7a</i></p>
<p>b4. Who received these payments?  Anyone else?  INCD_6B                      Col. 2452      Char 1</p>	<p>1 <input type="checkbox"/> Received  2 <input type="checkbox"/> Did not receive</p>
<p>c4. How much did . . . receive in (<i>previous month</i>)?  INCD_6C                      Col. 2453      Char 5</p>	<p>00000-  50,000 <input type="checkbox"/></p>

INCD_6C_DK	Col. 2458	Char 1	50,001 <input type="checkbox"/> More than \$50,000 8 <input type="checkbox"/> Refused 9 <input type="checkbox"/> DK
7a4. During ( <i>previous month</i> ), did . . . (or any members of . . . family who live here) receive any other retirement, pension, or annuity income? INCD_7A	Col. 2459	Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 8a</i>
b4. Who received these payments? Anyone else? INCD_7B	Col. 2460	Char 1	1 <input type="checkbox"/> Received 2 <input type="checkbox"/> Did not receive
c4. How much did . . . receive in ( <i>previous month</i> )? INCD_7C	Col. 2461	Char 5	00000- 50,000 <input type="checkbox"/> 50,001 <input type="checkbox"/> More than \$50,000
INCD_7C_DK	Col. 2466	Char 1	8 <input type="checkbox"/> Refused 9 <input type="checkbox"/> DK
8a4. During ( <i>previous month</i> ), did . . . (or any members of . . . family who live here) receive unemployment or Worker's Compensation? INCD_8A	Col. 2467	Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 9a</i>
b4. Who received these payments? Anyone else? INCD_8B	Col. 2468	Char 1	1 <input type="checkbox"/> Received 2 <input type="checkbox"/> Did not receive
c4. How much did . . . receive in ( <i>previous month</i> )? INCD_8C	Col. 2469	Char 5	00000- 50,000 <input type="checkbox"/> 50,001 <input type="checkbox"/> More than \$50,000
INCD_8C_DK	Col. 2474	Char 1	8 <input type="checkbox"/> Refused 9 <input type="checkbox"/> DK
9a4. During ( <i>previous month</i> ), did . . . (or any members of . . . family who live here) receive Supplemental Security Income, that is SSI payments? These can come from either the Federal government or the State government. INCD_9A	Col. 2475	Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 10a</i>
b4. Who received these payments? Anyone else? INCD_9B	Col. 2476	Char 1	1 <input type="checkbox"/> Received 2 <input type="checkbox"/> Did not receive
c4. How much did . . . receive in ( <i>previous month</i> )? INCD_9C	Col. 2477	Char 5	00000- 50,000 <input type="checkbox"/> 50,001 <input type="checkbox"/> More than \$50,000
INCD_9C_DK	Col. 2482	Char 1	8 <input type="checkbox"/> Refused 9 <input type="checkbox"/> DK
10a4. During ( <i>previous month</i> ), did . . . (or any members of . . . family who live here) receive earnings from a job or business? Include wages, salaries, tips, commissions, and net income from own business, professional practice, partnership, or farm. INCD_10A	Col. 2483	Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 11a</i>
b4. Who received these payments? Anyone else? INCD_10B	Col. 2484	Char 1	1 <input type="checkbox"/> Received 2 <input type="checkbox"/> Did not receive
c4. How much did . . . receive in ( <i>previous month</i> )? INCD_10C	Col. 2485	Char 5	00000- 50,000 <input type="checkbox"/> 50,001 <input type="checkbox"/> More than \$50,000
INCD_10C_DK	Col. 2490	Char 1	8 <input type="checkbox"/> Refused 9 <input type="checkbox"/> DK



<p>11a4. During (<i>previous month</i>), did . . . (or any members of . . . family who live here) receive net income from rent of an apartment or other real estate or income from roomers or borders?  INCD_11A                      Col. 2491      Char 1</p>	<p>1 <input type="checkbox"/> Yes  2 <input type="checkbox"/> No - <i>SKIP to 12a</i></p>
<p>b4. Who received these payments?  Anyone else?  INCD_11B                      Col. 2492      Char 1</p>	<p>1 <input type="checkbox"/> Received  2 <input type="checkbox"/> Did not receive</p>
<p>c4. How much did . . . receive in (<i>previous month</i>)?  INCD_11C                      Col. 2493      Char 5   INCD_11C_DK                      Col. 2498      Char 1</p>	<p>00000-  50,000 <input type="checkbox"/>  50,001 <input type="checkbox"/> More than \$50,000   8 <input type="checkbox"/> Refused  9 <input type="checkbox"/> DK</p>
<p>12a4. During (<i>previous month</i>), did . . . (or any members of . . . family who live here) receive regular contributions from friends or relatives (other than those relatives in this household)?  INCD_12A                      Col. 2499      Char 1</p>	<p>1 <input type="checkbox"/> Yes  2 <input type="checkbox"/> No - <i>SKIP to 13a</i></p>
<p>b4. Who received these payments?  Anyone else?  INCD_12B                      Col. 2500      Char 1</p>	<p>1 <input type="checkbox"/> Received  2 <input type="checkbox"/> Did not receive</p>
<p>c4. How much did . . . receive in (<i>previous month</i>)?  INCD_12C                      Col. 2501      Char 5   INCD_12C_DK                      Col. 2506      Char 1</p>	<p>00000-  50,000 <input type="checkbox"/>  50,001 <input type="checkbox"/> More than \$50,000   8 <input type="checkbox"/> Refused  9 <input type="checkbox"/> DK</p>
<b>COLUMN E</b>	
<p>5a5. During the last month, that is, in the month of (<i>previous month</i>), did . . . (or any members of . . . family who lives here) receive Social Security benefits or Railroad Retirement benefits?  INCE_5A                      Col. 2541      Char 1</p>	<p>1 <input type="checkbox"/> Yes  2 <input type="checkbox"/> No - <i>SKIP to 6a</i></p>
<p>b5. Who received these payments?  Anyone else?  INCE_5B                      Col. 2542      Char 1</p>	<p>1 <input type="checkbox"/> Received  2 <input type="checkbox"/> Did not receive</p>
<p>c5. How much did . . . receive in (<i>previous month</i>)?  INCE_5C                      Col. 2543      5   INCE_5C_DK                      Col. 2548      1</p>	<p>00000-  50,000 <input type="checkbox"/>  50,001 <input type="checkbox"/> More than \$50,000   8 <input type="checkbox"/> Refused  9 <input type="checkbox"/> DK</p>
<p>6a5. During (<i>previous month</i>) did . . . (or any members of . . . Family who live here) receive Veterans Administration compensation or pension?  INCE_6A                      Col. 2549      Char 1</p>	<p>1 <input type="checkbox"/> Yes  2 <input type="checkbox"/> No - <i>SKIP to 7a</i></p>
<p>b5. Who received these payments?  Anyone else?  INCE_6B                      Col. 2550      Char 1</p>	<p>1 <input type="checkbox"/> Received  2 <input type="checkbox"/> Did not receive</p>
<p>c5. How much did . . . receive in (<i>previous month</i>)?  INCE_6C                      Col. 2551      Char 5   INCE_6C_DK                      Col. 2556      Char 1</p>	<p>00000-  50,000 <input type="checkbox"/>  50,001 <input type="checkbox"/> More than \$50,000   8 <input type="checkbox"/> Refused  9 <input type="checkbox"/> DK</p>
<p>7a5. During (<i>previous month</i>), did . . . (or any members of . . . family who live here) receive any other retirement, pension, or</p>	

annuity income? INCE_7A	Col. 2557	Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 8a</i>
b5. Who received these payments? Anyone else? INCE_7B	Col. 2558	Char 1	1 <input type="checkbox"/> Received 2 <input type="checkbox"/> Did not receive
c5. How much did . . . receive in ( <i>previous month</i> )? INCE_7C	Col. 2559	Char 5	00000- 50,000 <input type="checkbox"/> 50,001 <input type="checkbox"/> More than \$50,000
INCE_7C_DK	Col. 2564	Char 1	8 <input type="checkbox"/> Refused 9 <input type="checkbox"/> DK
8a5. During ( <i>previous month</i> ), did . . . (or any members of . . . family who live here) receive unemployment or Worker's Compensation? INCE_8A	Col. 2565	Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 8a</i>
b5. Who received these payments? Anyone else? INCE_8B	Col. 2566	Char 1	1 <input type="checkbox"/> Received 2 <input type="checkbox"/> Did not receive
c5. How much did . . . receive in ( <i>previous month</i> )? INCE_8C	Col. 2567	Char 5	00000- 50,000 <input type="checkbox"/> 50,001 <input type="checkbox"/> More than \$50,000
INCE_8C_DK	Col. 2572	Char 1	8 <input type="checkbox"/> Refused 9 <input type="checkbox"/> DK
9a5. During ( <i>previous month</i> ), did . . . (or any members of . . . family who live here) receive Supplemental Security Income, that is SSI payments? These can come from either the Federal government or the State government. INCE_9A	Col. 2573	Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 10a</i>
b5. Who received these payments? Anyone else? INCE_9B	Col. 2574	Char 1	1 <input type="checkbox"/> Received 2 <input type="checkbox"/> Did not receive
c5. How much did . . . receive in ( <i>previous month</i> )? INCE_9C	Col. 2575	Char 5	00000- 50,000 <input type="checkbox"/> 50,001 <input type="checkbox"/> More than \$50,000
INCE_9C_DK	Col. 2580	Char 1	8 <input type="checkbox"/> Refused 9 <input type="checkbox"/> DK
10a5. During ( <i>previous month</i> ), did . . . (or any members of . . . family who live here) receive earnings from a job or business? Include wages, salaries, tips, commissions, and net income from own business, professional practice, partnership, or farm. INCE_10A	Col. 2581	Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 11a</i>
b5. Who received these payments? Anyone else? INCE_10B	Col. 2582	Char 1	1 <input type="checkbox"/> Received 2 <input type="checkbox"/> Did not receive
c5. How much did . . . receive in ( <i>previous month</i> )? INCE_10C	Col. 2583	Char 5	00000- 50,000 <input type="checkbox"/> 50,001 <input type="checkbox"/> More than \$50,000
INCE_10C_DK	Col. 2588	Char 1	8 <input type="checkbox"/> Refused 9 <input type="checkbox"/> DK
11a5. During ( <i>previous month</i> ), did . . . (or any members of . . . family who live here) receive net income from rent of an apartment or other real estate or income from roomers or borders? INCE_11A	Col. 2589	Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 12a</i>

<p>b5. Who received these payments? Anyone else? INCE_11B                      Col. 2590      Char 1</p>	<p>1 <input type="checkbox"/> Received 2 <input type="checkbox"/> Did not receive</p>
<p>c5. How much did . . . receive in (<i>previous month</i>)? INCE_11C                      Col. 2591      Char 5  INCE_11C_DK                      Col. 2596      Char 1</p>	<p>00000- 50,000 <input type="checkbox"/> 50,001 <input type="checkbox"/> More than \$50,000  8 <input type="checkbox"/> Refused 9 <input type="checkbox"/> DK</p>
<p>12a5. During (<i>previous month</i>), did . . . (or any members of . . . family who live here) receive regular contributions from friends or relatives (other than those relatives in this household)? INCE_12A                      Col. 2597      Char 1</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 13a</i></p>
<p>b5. Who received these payments? Anyone else? INCE_12B                      Col. 2598      Char 1</p>	<p>1 <input type="checkbox"/> Received 2 <input type="checkbox"/> Did not receive</p>
<p>c5. How much did . . . receive in (<i>previous month</i>)? INCE_12C                      Col. 2599      Char 5  INCE_12C_DK                      Col. 2604      Char 1</p>	<p>00000- 50,000 <input type="checkbox"/> 50,001 <input type="checkbox"/> More than \$50,000  8 <input type="checkbox"/> Refused 9 <input type="checkbox"/> DK</p>
<b>COLUMN F</b>	
<p>5a6. During the last month, that is, in the month of (<i>previous month</i>), did . . . (or any members of . . . family who lives here) receive Social Security benefits or Railroad Retirement benefits? INCF_5A                      Col. 2639      Char 1</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 6a</i></p>
<p>b6. Who received these payments? Anyone else? INCF_5B                      Col. 2640      Char 1</p>	<p>1 <input type="checkbox"/> Received 2 <input type="checkbox"/> Did not receive</p>
<p>c6. How much did . . . receive in (<i>previous month</i>)? INCF_5C                      Col. 2641      Char 5  INCF_5C_DK                      Col. 2646      Char 1</p>	<p>00000- 50,000 <input type="checkbox"/> 50,001 <input type="checkbox"/> More than \$50,000  8 <input type="checkbox"/> Refused 9 <input type="checkbox"/> DK</p>
<p>6a6. During (<i>previous month</i>) did . . . (or any members of . . . Family who live here) receive Veterans Administration compensation or pension? INCF_6A                      Col. 2647      Char 1</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 7a</i></p>
<p>b6. Who received these payments? Anyone else? INCF_6B                      Col. 2648      Char 1</p>	<p>1 <input type="checkbox"/> Received 2 <input type="checkbox"/> Did not receive</p>
<p>c6. How much did . . . receive in (<i>previous month</i>)? INCF_6C                      Col. 2649      Char 5  INCF_6C_DK                      Col. 2654      Char 1</p>	<p>00000- 50,000 <input type="checkbox"/> 50,001 <input type="checkbox"/> More than \$50,000  8 <input type="checkbox"/> Refused 9 <input type="checkbox"/> DK</p>
<p>7a6. During (<i>previous month</i>), did . . . (or any members of . . . family who live here) receive any other retirement, pension, or annuity income? INCF_7A                      Col. 2655      Char 1</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 8a</i></p>
<p>b6. Who received these payments? Anyone else? INCF_7B                      Col. 2656      Char 1</p>	<p>1 <input type="checkbox"/> Received 2 <input type="checkbox"/> Did not receive</p>

<p>c6. How much did . . . receive in (<i>previous month</i>)?  INCF_7C                              Col. 2657      Char 5</p> <p>INCF_7C_DK                              Col. 2662      Char 1</p>	<p>00000-  50,000 <input type="checkbox"/>  50,001 <input type="checkbox"/> More than \$50,000</p> <p>8 <input type="checkbox"/> Refused  9 <input type="checkbox"/> DK</p>
<p>8a6. During (<i>previous month</i>), did . . . (or any members of . . . family who live here) receive unemployment or Worker's Compensation?  INCF_8A                              Col. 2663      Char 1</p>	<p>1 <input type="checkbox"/> Yes  2 <input type="checkbox"/> No - <i>SKIP to 8a</i></p>
<p>b6. Who received these payments?  Anyone else?  INCF_8B                              Col. 2664      Char 1</p>	<p>1 <input type="checkbox"/> Received  2 <input type="checkbox"/> Did not receive</p>
<p>c6. How much did . . . receive in (<i>previous month</i>)?  INCF_8C                              Col. 2665      Char 5</p> <p>INCF_8C_DK                              Col. 2670      Char 1</p>	<p>00000-  50,000 <input type="checkbox"/>  50,001 <input type="checkbox"/> More than \$50,000</p> <p>8 <input type="checkbox"/> Refused  9 <input type="checkbox"/> DK</p>
<p>9a6. During (<i>previous month</i>), did . . . (or any members of . . . family who live here) receive Supplemental Security Income, that is SSI payments? These can come from either the Federal government or the State government.  INCF_9A                              Col. 2671      Char 1</p>	<p>1 <input type="checkbox"/> Yes  2 <input type="checkbox"/> No - <i>SKIP to 10a</i></p>
<p>b6. Who received these payments?  Anyone else?  INCF_9B                              Col. 2672      Char 1</p>	<p>1 <input type="checkbox"/> Received  2 <input type="checkbox"/> Did not receive</p>
<p>c6. How much did . . . receive in (<i>previous month</i>)?  INCF_9C                              Col. 2673      Char 5</p> <p>INCF_9C_DK                              Col. 2678      Char 1</p>	<p>00000-  50,000 <input type="checkbox"/>  50,001 <input type="checkbox"/> More than \$50,000</p> <p>8 <input type="checkbox"/> Refused  9 <input type="checkbox"/> DK</p>
<p>10a6. During (<i>previous month</i>), did . . . (or any members of . . . family who live here) receive earnings from a job or business? Include wages, salaries, tips, commissions, and net income from own business, professional practice, partnership, or farm.  INCF_10A                              Col. 2679      Char 1</p>	<p>1 <input type="checkbox"/> Yes  2 <input type="checkbox"/> No - <i>SKIP to 11a</i></p>
<p>b6. Who received these payments?  Anyone else?  INCF_10B                              Col. 2680      Char 1</p>	<p>1 <input type="checkbox"/> Received  2 <input type="checkbox"/> Did not receive</p>
<p>c6. How much did . . . receive in (<i>previous month</i>)?  INCF_10C                              Col. 2681      Char 5</p> <p>INCF_10C_DK                              Col. 2686      Char 1</p>	<p>00000-  50,000 <input type="checkbox"/>  50,001 <input type="checkbox"/> More than \$50,000</p> <p>8 <input type="checkbox"/> Refused  9 <input type="checkbox"/> DK</p>
<p>11a6. During (<i>previous month</i>), did . . . (or any members of . . . family who live here) receive net income from rent of an apartment or other real estate or income from roomers or borders?  INCF_11A                              Col. 2687      Char 1</p>	<p>1 <input type="checkbox"/> Yes  2 <input type="checkbox"/> No - <i>SKIP to 12a</i></p>
<p>b6. Who received these payments?  Anyone else?  INCF_11B                              Col. 2688      Char 1</p>	<p>1 <input type="checkbox"/> Received  2 <input type="checkbox"/> Did not receive</p>
<p>c6. How much did . . . receive in (<i>previous month</i>)?</p>	<p>00000-</p>

INCF_11C	Col. 2689	Char 5	50,000 <input type="checkbox"/>	More than \$50,000
			50,001 <input type="checkbox"/>	
INCF_11C_DK	Col. 2694	Char 1	8 <input type="checkbox"/>	Refused
			8 <input type="checkbox"/>	Refused
12a6. During ( <i>previous month</i> ), did . . . (or any members of . . . family who live here) receive regular contributions from friends or relatives (other than those relatives in this household)?			1 <input type="checkbox"/>	Yes
INCF_12A	Col. 2695	Char 1	2 <input type="checkbox"/>	No - <i>SKIP to 13a</i>
b6. Who received these payments? Anyone else?			1 <input type="checkbox"/>	Received
INCF_12B	Col. 2696	Char 1	2 <input type="checkbox"/>	Did not receive
c6. How much did . . . receive in ( <i>previous month</i> )?			00000- <input type="checkbox"/>	More than \$50,000
INCF_12C	Col. 2697	Char 5	50,000 <input type="checkbox"/>	
			50,001 <input type="checkbox"/>	
INCF_12C_DK	Col. 2702	Char 1	8 <input type="checkbox"/>	Refused
			9 <input type="checkbox"/>	DK
<b>COLUMN G</b>				
5a7. During the last month, that is, in the month of ( <i>previous month</i> ), did . . . (or any members of . . . family who lives here) receive Social Security benefits or Railroad Retirement benefits?			1 <input type="checkbox"/>	Yes
INCG_5A	Col. 2737	Char 1	2 <input type="checkbox"/>	No - <i>SKIP to 6a</i>
b7. Who received these payments? Anyone else?			1 <input type="checkbox"/>	Received
INCG_5B	Col. 2738	Char 1	2 <input type="checkbox"/>	Did not receive
c7. How much did . . . receive in ( <i>previous month</i> )?			00000- <input type="checkbox"/>	More than \$50,000
INCG_5C	Col. 2739	Char 5	50,000 <input type="checkbox"/>	
			50,001 <input type="checkbox"/>	
INCG_5C_DK	Col. 2744	Char 1	8 <input type="checkbox"/>	Refused
			9 <input type="checkbox"/>	DK
6a7. During ( <i>previous month</i> ) did . . . (or any members of . . . Family who live here) receive Veterans Administration compensation or pension?			1 <input type="checkbox"/>	Yes
INCG_6A	Col. 2745	Char 1	2 <input type="checkbox"/>	No - <i>SKIP to 7a</i>
b7. Who received these payments? Anyone else?			1 <input type="checkbox"/>	Received
INCG_6B	Col. 2746	Char 1	2 <input type="checkbox"/>	Did not receive
c7. How much did . . . receive in ( <i>previous month</i> )?			00000- <input type="checkbox"/>	More than \$50,000
INCG_6C	Col. 2747	Char 5	50,000 <input type="checkbox"/>	
			50,001 <input type="checkbox"/>	
INCG_6C_DK	Col. 2752	Char 1	8 <input type="checkbox"/>	Refused
			9 <input type="checkbox"/>	DK
7a7. During ( <i>previous month</i> ), did . . . (or any members of . . . family who live here) receive any other retirement, pension, or annuity income?			1 <input type="checkbox"/>	Yes
INCG_7A	Col. 2753	Char 1	2 <input type="checkbox"/>	No - <i>SKIP to 8a</i>
b7. Who received these payments? Anyone else?			1 <input type="checkbox"/>	Received
INCG_7B	Col. 2754	Char 1	2 <input type="checkbox"/>	Did not receive
c7. How much did . . . receive in ( <i>previous month</i> )?			00000- <input type="checkbox"/>	More than \$50,000
INCG_7C	Col. 2755	Char 5	50,000 <input type="checkbox"/>	
			50,001 <input type="checkbox"/>	

INCG_7C_DK	Col. 2760	Char 1	8 <input type="checkbox"/> Refused 9 <input type="checkbox"/> DK
8a7. During ( <i>previous month</i> ), did . . . (or any members of . . . family who live here) receive unemployment or Worker's Compensation? INCG_8A	Col. 2761	Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 8a</i>
b7. Who received these payments? Anyone else? INCG_8B	Col. 2762	Char 1	1 <input type="checkbox"/> Received 2 <input type="checkbox"/> Did not receive
c7. How much did . . . receive in ( <i>previous month</i> )? INCG_8C	Col. 2763	Char 5	00000- 50,000 <input type="checkbox"/> 50,001 <input type="checkbox"/> More than \$50,000
INCG_8C_DK	Col. 2768	Char 1	8 <input type="checkbox"/> Refused 9 <input type="checkbox"/> DK
9a7. During ( <i>previous month</i> ), did . . . (or any members of . . . family who live here) receive Supplemental Security Income, that is SSI payments? These can come from either the Federal government or the State government. INCG_9A	Col. 2769	Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 10a</i>
b7. Who received these payments? Anyone else? INCG_9B	Col. 2770	Char 1	1 <input type="checkbox"/> Received 2 <input type="checkbox"/> Did not receive
c7. How much did . . . receive in ( <i>previous month</i> )? INCG_9C	Col. 2771	Char 5	00000- 50,000 <input type="checkbox"/> 50,001 <input type="checkbox"/> More than \$50,000
INCG_9C_DK	Col. 2776	Char 1	8 <input type="checkbox"/> Refused 9 <input type="checkbox"/> DK
10a7. During ( <i>previous month</i> ), did . . . (or any members of . . . family who live here) receive earnings from a job or business? Include wages, salaries, tips, commissions, and net income from own business, professional practice, partnership, or farm. INCG_10A	Col. 2777	Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 11a</i>
b7. Who received these payments? Anyone else? INCG_10B	Col. 2778	Char 1	1 <input type="checkbox"/> Received 2 <input type="checkbox"/> Did not receive
c7. How much did . . . receive in ( <i>previous month</i> )? INCG_10C	Col. 2779	Char 5	00000- 50,000 <input type="checkbox"/> 50,001 <input type="checkbox"/> More than \$50,000
INCG_10C_DK	Col. 2784	Char 1	8 <input type="checkbox"/> Refused 9 <input type="checkbox"/> DK
11a7. During ( <i>previous month</i> ), did . . . (or any members of . . . family who live here) receive net income from rent of an apartment or other real estate or income from roomers or borders? INCG_11A	Col. 2785	Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 12a</i>
b7. Who received these payments? Anyone else? INCG_11B	Col. 2786	Char 1	1 <input type="checkbox"/> Received 2 <input type="checkbox"/> Did not receive
c7. How much did . . . receive in ( <i>previous month</i> )? INCG_11C	Col. 2787	Char 5	00000- 50,000 <input type="checkbox"/> 50,001 <input type="checkbox"/> More than \$50,000
INCG_11C_DK	Col. 2792	Char 1	8 <input type="checkbox"/> Refused 9 <input type="checkbox"/> DK

<p>12a7. During (<i>previous month</i>), did . . . (or any members of . . . family who live here) receive regular contributions from friends or relatives (other than those relatives in this household)?</p> <p>INCG_12A                      Col. 2793      Char 1</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 13a</i></p>
<p>b7. Who received these payments? Anyone else?</p> <p>INCG_12B                      Col. 2794      Char 1</p>	<p>1 <input type="checkbox"/> Received 2 <input type="checkbox"/> Did not receive</p>
<p>c7. How much did . . . receive in (<i>previous month</i>)?</p> <p>INCG_12C                      Col. 2795      Char 5</p> <p>INCG_12C_DK                      Col. 2800      Char 1</p>	<p>00000- 50,000 <input type="checkbox"/> 50,001 <input type="checkbox"/> More than \$50,000</p> <p>8 <input type="checkbox"/> Refused 9 <input type="checkbox"/> DK</p>
<b>COLUMN H</b>	
<p>5a8. During the last month, that is, in the month of (<i>previous month</i>), did . . . (or any members of . . . family who lives here) receive Social Security benefits or Railroad Retirement benefits?</p> <p>INCH_5A                      Col. 2835      Char 1</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 6a</i></p>
<p>b8. Who received these payments? Anyone else?</p> <p>INCH_5B                      Col. 2836      Char 1</p>	<p>1 <input type="checkbox"/> Received 2 <input type="checkbox"/> Did not receive</p>
<p>c8. How much did . . . receive in (<i>previous month</i>)?</p> <p>INCH_5C                      Col. 2837      Char 5</p> <p>INCH_5C_DK                      Col. 2842      Char 1</p>	<p>00000- 50,000 <input type="checkbox"/> 50,001 <input type="checkbox"/> More than \$50,000</p> <p>8 <input type="checkbox"/> Refused 9 <input type="checkbox"/> DK</p>
<p>6a8. During (<i>previous month</i>) did . . . (or any members of . . . Family who live here) receive Veterans Administration compensation or pension?</p> <p>INCH_6A                      Col. 2843      Char 1</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 7a</i></p>
<p>b8. Who received these payments? Anyone else?</p> <p>INCH_6B                      Col. 2844      Char 1</p>	<p>1 <input type="checkbox"/> Received 2 <input type="checkbox"/> Did not receive</p>
<p>c8. How much did . . . receive in (<i>previous month</i>)?</p> <p>INCH_6C                      Col. 2845      Char 5</p> <p>INCH_6C_DK                      Col. 2850      Char 1</p>	<p>00000- 50,000 <input type="checkbox"/> 50,001 <input type="checkbox"/> More than \$50,000</p> <p>8 <input type="checkbox"/> Refused 9 <input type="checkbox"/> DK</p>
<p>7a8. During (<i>previous month</i>), did . . . (or any members of . . . family who live here) receive any other retirement, pension, or annuity income?</p> <p>INCH_7A                      Col. 2851      Char 1</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 8a</i></p>
<p>b8. Who received these payments? Anyone else?</p> <p>INCH_7B                      Col. 2852      Char 1</p>	<p>1 <input type="checkbox"/> Received 2 <input type="checkbox"/> Did not receive</p>
<p>c8. How much did . . . receive in (<i>previous month</i>)?</p> <p>INCH_7C                      Col. 2853      Char 5</p> <p>INCH_7C_DK                      Col. 2858      Char 1</p>	<p>00000- 50,000 <input type="checkbox"/> 50,001 <input type="checkbox"/> More than \$50,000</p> <p>8 <input type="checkbox"/> Refused 9 <input type="checkbox"/> DK</p>
<p>8a8. During (<i>previous month</i>), did . . . (or any members of . . . family who live here) receive unemployment or Worker's Compensation?</p> <p>INCH_8A                      Col. 2859      Char 1</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 8a</i></p>

<p>b8. Who received these payments? Anyone else? INCH_8B Col. 2860 Char 1</p>	<p>1 <input type="checkbox"/> Received 2 <input type="checkbox"/> Did not receive</p>
<p>c8. How much did . . . receive in (<i>previous month</i>)? INCH_8C Col. 2861 Char 5 INCH_8C_DK Col. 2866 Char 1</p>	<p>00000- 50,000 <input type="checkbox"/> 50,001 <input type="checkbox"/> More than \$50,000 8 <input type="checkbox"/> Refused 9 <input type="checkbox"/> DK</p>
<p>9a8. During (<i>previous month</i>), did . . . (or any members of . . . family who live here) receive Supplemental Security Income, that is SSI payments? These can come from either the Federal government or the State government. INCH_9A Col. 2867 Char 1</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 10a</i></p>
<p>b8. Who received these payments? Anyone else? INCH_9B Col. 2868 Char 1</p>	<p>1 <input type="checkbox"/> Received 2 <input type="checkbox"/> Did not receive</p>
<p>c8. How much did . . . receive in (<i>previous month</i>)? INCH_9C Col. 2869 Char 5 INCH_9C_DK Col. 2874 Char 1</p>	<p>00000- 50,000 <input type="checkbox"/> 50,001 <input type="checkbox"/> More than \$50,000 8 <input type="checkbox"/> Refused 9 <input type="checkbox"/> DK</p>
<p>10a8. During (<i>previous month</i>), did . . . (or any members of . . . family who live here) receive earnings from a job or business? Include wages, salaries, tips, commissions, and net income from own business, professional practice, partnership, or farm. INCH_10A Col. 2875 Char 1</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 11a</i></p>
<p>b8. Who received these payments? Anyone else? INCH_10B Col. 2876 Char 1</p>	<p>1 <input type="checkbox"/> Received 2 <input type="checkbox"/> Did not receive</p>
<p>c8. How much did . . . receive in (<i>previous month</i>)? INCH_10C Col. 2877 Char 5 INCH_10C_DK Col. 2882 Char 1</p>	<p>00000- 50,000 <input type="checkbox"/> 50,001 <input type="checkbox"/> More than \$50,000 8 <input type="checkbox"/> Refused 9 <input type="checkbox"/> DK</p>
<p>11a8. During (<i>previous month</i>), did . . . (or any members of . . . family who live here) receive net income from rent of an apartment or other real estate or income from roomers or borders? INCH_11A Col. 2883 Char 1</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 12a</i></p>
<p>b8. Who received these payments? Anyone else? INCH_11B Col. 2884 Char 1</p>	<p>1 <input type="checkbox"/> Received 2 <input type="checkbox"/> Did not receive</p>
<p>c8. How much did . . . receive in (<i>previous month</i>)? INCH_11C Col. 2885 Char 5 INCH_11C_DK Col. 2890 Char 1</p>	<p>00000- 50,000 <input type="checkbox"/> 50,001 <input type="checkbox"/> More than \$50,000 8 <input type="checkbox"/> Refused 9 <input type="checkbox"/> DK</p>
<p>12a8. During (<i>previous month</i>), did . . . (or any members of . . . family who live here) receive regular contributions from friends or relatives (other than those relatives in this household)? INCH_12A Col. 2891 Char 1</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 13a</i></p>
<p>b8. Who received these payments? Anyone else? INCH_12B Col. 2892 Char 1</p>	<p>1 <input type="checkbox"/> Received 2 <input type="checkbox"/> Did not receive</p>
<p>c8. How much did . . . receive in (<i>previous month</i>)?</p>	<p>00000-</p>



INCH_12C	Col. 2893	Char 5	50,000 <input type="checkbox"/> 50,001 <input type="checkbox"/>	More than \$50,000
INCH_12C_DK	Col. 2898	Char 1	8 <input type="checkbox"/> 9 <input type="checkbox"/>	Refused DK
<b>COLUMN I</b>				
5a9. During the last month, that is, in the month of ( <i>previous month</i> ), did . . . (or any members of . . . family who lives here) receive Social Security benefits or Railroad Retirement benefits? INCI_5A	Col. 2933	Char 1	1 <input type="checkbox"/> 2 <input type="checkbox"/>	Yes No - <i>SKIP to 6a</i>
b9. Who received these payments? Anyone else? INCI_5B	Col. 2934	Char 1	1 <input type="checkbox"/> 2 <input type="checkbox"/>	Received Did not receive
c9. How much did . . . receive in ( <i>previous month</i> )? INCI_5C	Col. 2935	Char 5	00000- 50,000 <input type="checkbox"/> 50,001 <input type="checkbox"/>	More than \$50,000
INCI_5C_DK	Col. 2940	Char 1	8 <input type="checkbox"/> 9 <input type="checkbox"/>	Refused DK
6a9. During ( <i>previous month</i> ) did . . . (or any members of . . . Family who live here) receive Veterans Administration compensation or pension? INCI_6A	Col. 2941	Char 1	1 <input type="checkbox"/> 2 <input type="checkbox"/>	Yes No - <i>SKIP to 7a</i>
b9. Who received these payments? Anyone else? INCI_6B	Col. 2942	Char 1	1 <input type="checkbox"/> 2 <input type="checkbox"/>	Received Did not receive
c9. How much did . . . receive in ( <i>previous month</i> )? INCI_6C	Col. 2943	Char 5	00000- 50,000 <input type="checkbox"/> 50,001 <input type="checkbox"/>	More than \$50,000
INCI_6C_DK	Col. 2948	Char 1	8 <input type="checkbox"/> 9 <input type="checkbox"/>	Refused DK
7a9. During ( <i>previous month</i> ), did . . . (or any members of . . . family who live here) receive any other retirement, pension, or annuity income? INCI_7A	Col. 2949	Char 1	1 <input type="checkbox"/> 2 <input type="checkbox"/>	Yes No - <i>SKIP to 8a</i>
b9. Who received these payments? Anyone else? INCI_7B	Col. 2950	Char 1	1 <input type="checkbox"/> 2 <input type="checkbox"/>	Received Did not receive
c9. How much did . . . receive in ( <i>previous month</i> )? INCI_7C	Col. 2951	Char 5	00000- 50,000 <input type="checkbox"/> 50,001 <input type="checkbox"/>	More than \$50,000
INCI_7C_DK	Col. 2956	Char 1	8 <input type="checkbox"/> 9 <input type="checkbox"/>	Refused DK
8a9. During ( <i>previous month</i> ), did . . . (or any members of . . . family who live here) receive unemployment or Worker's Compensation? INCI_8A	Col. 2957	Char 1	1 <input type="checkbox"/> 2 <input type="checkbox"/>	Yes No - <i>SKIP to 8a</i>
b9. Who received these payments? Anyone else? INCI_8B	Col. 2958	Char 1	1 <input type="checkbox"/> 2 <input type="checkbox"/>	Received Did not receive
c9. How much did . . . receive in ( <i>previous month</i> )? INCI_8C	Col. 2959	Char 5	00000- 50,000 <input type="checkbox"/> 50,001 <input type="checkbox"/>	More than \$50,000
INCI_8C_DK	Col. 2964	Char 1	8 <input type="checkbox"/> 9 <input type="checkbox"/>	Refused DK



INCJ_5A	Col. 3031	Char 1	2 <input type="checkbox"/> No - <i>SKIP to 6a</i>
b10. Who received these payments? Anyone else? INCJ_5B	Col. 3032	Char 1	1 <input type="checkbox"/> Received 2 <input type="checkbox"/> Did not receive
c10. How much did . . . receive in ( <i>previous month</i> )? INCJ_5C	Col. 3033	Char 5	00000- 50,000 <input type="checkbox"/> 50,001 <input type="checkbox"/> More than \$50,000
INCJ_5C_DK	Col. 3038	Char 1	8 <input type="checkbox"/> Refused 9 <input type="checkbox"/> DK
6a10. During ( <i>previous month</i> ) did . . . (or any members of . . . Family who live here) receive Veterans Administration compensation or pension? INCJ_6A	Col. 3039	Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 7a</i>
b10. Who received these payments? Anyone else? INCJ_6B	Col. 3040	Char 1	1 <input type="checkbox"/> Received 2 <input type="checkbox"/> Did not receive
c10. How much did . . . receive in ( <i>previous month</i> )? INCJ_6C	Col. 3041	Char 5	00000- 50,000 <input type="checkbox"/> 50,001 <input type="checkbox"/> More than \$50,000
INCJ_6C_DK	Col. 3046	Char 1	8 <input type="checkbox"/> Refused 9 <input type="checkbox"/> DK
7a10. During ( <i>previous month</i> ), did . . . (or any members of . . . family who live here) receive any other retirement, pension, or annuity income? INCJ_7A	Col. 3047	Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 8a</i>
b10. Who received these payments? Anyone else? INCJ_7B	Col. 3048	Char 1	1 <input type="checkbox"/> Received 2 <input type="checkbox"/> Did not receive
c10. How much did . . . receive in ( <i>previous month</i> )? INCJ_7C	Col. 3049	Char 5	00000- 50,000 <input type="checkbox"/> 50,001 <input type="checkbox"/> More than \$50,000
INCJ_7C_DK	Col. 3054	Char 1	8 <input type="checkbox"/> Refused 9 <input type="checkbox"/> DK
8a10. During ( <i>previous month</i> ), did . . . (or any members of . . . family who live here) receive unemployment or Worker's Compensation? INCJ_8A	Col. 3055	Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 8a</i>
b10. Who received these payments? Anyone else? INCJ_8B	Col. 3056	Char 1	1 <input type="checkbox"/> Received 2 <input type="checkbox"/> Did not receive
c10. How much did . . . receive in ( <i>previous month</i> )? INCJ_8C	Col. 3057	Char 5	00000- 50,000 <input type="checkbox"/> 50,001 <input type="checkbox"/> More than \$50,000
INCJ_8C_DK	Col. 3062	Char 1	8 <input type="checkbox"/> Refused 9 <input type="checkbox"/> DK
9a10. During ( <i>previous month</i> ), did . . . (or any members of . . . family who live here) receive Supplemental Security Income, that is SSI payments? These can come from either the Federal government or the State government. INCJ_9A	Col. 3063	Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 10a</i>
b10. Who received these payments? Anyone else? INCJ_9B	Col. 3064	Char 1	1 <input type="checkbox"/> Received 2 <input type="checkbox"/> Did not receive
c10. How much did . . . receive in ( <i>previous month</i> )?			00000-

INCJ_9C	Col. 3065	Char 5	50,000 <input type="checkbox"/> 50,001 <input type="checkbox"/>	More than \$50,000
INCJ_9C_DK	Col. 3070	Char 1	8 <input type="checkbox"/> 9 <input type="checkbox"/>	Refused DK
10a10. During ( <i>previous month</i> ), did . . . (or any members of . . . family who live here) receive earnings from a job or business? Include wages, salaries, tips, commissions, and net income from own business, professional practice, partnership, or farm.				
INCJ_10A	Col. 3071	Char 1	1 <input type="checkbox"/> 2 <input type="checkbox"/>	Yes No - <i>SKIP to 11a</i>
b10. Who received these payments? Anyone else?				
INCJ_10B	Col. 3072	Char 1	1 <input type="checkbox"/> 2 <input type="checkbox"/>	Received Did not receive
c10. How much did . . . receive in ( <i>previous month</i> )?				
INCJ_10C	Col. 3073	Char 5	00000- 50,000 <input type="checkbox"/> 50,001 <input type="checkbox"/>	More than \$50,000
INCJ_10C_DK	Col. 3078	Char 1	8 <input type="checkbox"/> 9 <input type="checkbox"/>	Refused DK
11a10. During ( <i>previous month</i> ), did . . . (or any members of . . . family who live here) receive net income from rent of an apartment or other real estate or income from roomers or borders?				
INCJ_11A	Col. 3079	Char 1	1 <input type="checkbox"/> 2 <input type="checkbox"/>	Yes No - <i>SKIP to 12a</i>
b10. Who received these payments? Anyone else?				
INCJ_11B	Col. 3080	Char 1	1 <input type="checkbox"/> 2 <input type="checkbox"/>	Received Did not receive
c10. How much did . . . receive in ( <i>previous month</i> )?				
INCJ_11C	Col. 3081	Char 5	00000- 50,000 <input type="checkbox"/> 50,001 <input type="checkbox"/>	More than \$50,000
INCJ_11C_DK	Col. 3086	Char 1	8 <input type="checkbox"/> 9 <input type="checkbox"/>	Refused DK
12a10. During ( <i>previous month</i> ), did . . . (or any members of . . . family who live here) receive regular contributions from friends or relatives (other than those relatives in this household)?				
INCJ_12A	Col. 3087	Char 1	1 <input type="checkbox"/> 2 <input type="checkbox"/>	Yes No - <i>SKIP to 13a</i>
b10. Who received these payments? Anyone else?				
INCJ_12B	Col. 3088	Char 1	1 <input type="checkbox"/> 2 <input type="checkbox"/>	Received Did not receive
c10. How much did . . . receive in ( <i>previous month</i> )?				
INCJ_12C	Col. 3089	Char 5	00000- 50,000 <input type="checkbox"/> 50,001 <input type="checkbox"/>	More than \$50,000
INCJ_12C_DK	Col. 3094	Char 1	8 <input type="checkbox"/> 9 <input type="checkbox"/>	Refused DK
<b>COLUMN K</b>				
5a11. During the last month, that is, in the month of ( <i>previous month</i> ), did . . . (or any members of . . . family who lives here) receive Social Security benefits or Railroad Retirement benefits?				
INCK_5A	Col. 3129	Char 1	1 <input type="checkbox"/> 2 <input type="checkbox"/>	Yes No - <i>SKIP to 6a</i>
b11. Who received these payments? Anyone else?				
INCK_5B	Col. 3130	Char 1	1 <input type="checkbox"/> 2 <input type="checkbox"/>	Received Did not receive
c11. How much did . . . receive in ( <i>previous month</i> )?				
INCK_5C	Col. 3131	Char 5	00000- 50,000 <input type="checkbox"/> 50,001 <input type="checkbox"/>	More than \$50,000
INCK_5C_DK	Col. 3136	Char 1	8 <input type="checkbox"/> 9 <input type="checkbox"/>	Refused DK



<p>b11. Who received these payments? Anyone else? INCK_10B Col. 3170 Char 1</p>	<p>1 <input type="checkbox"/> Received 2 <input type="checkbox"/> Did not receive</p>
<p>c11. How much did . . . receive in (<i>previous month</i>)? INCK_10C Col. 3171 Char 5  INCK_10C_DK Col. 3176 Char 1</p>	<p>00000- 50,000 <input type="checkbox"/> 50,001 <input type="checkbox"/> More than \$50,000  8 <input type="checkbox"/> Refused 9 <input type="checkbox"/> DK</p>
<p>11a11. During (<i>previous month</i>), did . . . (or any members of . . . family who live here) receive net income from rent of an apartment or other real estate or income from roomers or borders? INCK_11A Col. 3177 Char 1</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 12a</i></p>
<p>b11. Who received these payments? Anyone else? INCK_11B Col. 3178 Char 1</p>	<p>1 <input type="checkbox"/> Received 2 <input type="checkbox"/> Did not receive</p>
<p>c11. How much did . . . receive in (<i>previous month</i>)? INCK_11C Col. 3179 Char 5  INCK_11C_DK Col. 3184 Char 1</p>	<p>00000- 50,000 <input type="checkbox"/> 50,001 <input type="checkbox"/> More than \$50,000  8 <input type="checkbox"/> Refused 9 <input type="checkbox"/> DK</p>
<p>12a11. During (<i>previous month</i>), did . . . (or any members of . . . family who live here) receive regular contributions from friends or relatives (other than those relatives in this household)? INCK_12A Col. 3185 Char 1</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 13a</i></p>
<p>b11. Who received these payments? Anyone else? INCK_12B Col. 3186 Char 1</p>	<p>1 <input type="checkbox"/> Received 2 <input type="checkbox"/> Did not receive</p>
<p>c11. How much did . . . receive in (<i>previous month</i>)? INCK_12C Col. 3187 Char 5  INCK_12C_DK Col. 3192 Char 1</p>	<p>00000- 50,000 <input type="checkbox"/> 50,001 <input type="checkbox"/> More than \$50,000  8 <input type="checkbox"/> Refused 9 <input type="checkbox"/> DK</p>
<b>COLUMN L</b>	
<p>5a12. During the last month, that is, in the month of (<i>previous month</i>), did . . . (or any members of . . . family who lives here) receive Social Security benefits or Railroad Retirement benefits? INCL_5A Col. 3227 Char 1</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 6a</i></p>
<p>b12. Who received these payments? Anyone else? INCL_5B Col. 3228 Char 1</p>	<p>1 <input type="checkbox"/> Received 2 <input type="checkbox"/> Did not receive</p>
<p>c12. How much did . . . receive in (<i>previous month</i>)? INCL_5C Col. 3229 Char 5  INCL_5C_DK Col. 3234 Char 1</p>	<p>00000- 50,000 <input type="checkbox"/> 50,001 <input type="checkbox"/> More than \$50,000  8 <input type="checkbox"/> Refused 9 <input type="checkbox"/> DK</p>
<p>6a12. During (<i>previous month</i>) did . . . (or any members of . . . Family who live here) receive Veterans Administration compensation or pension? INCL_6A Col. 3235 Char 1</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 7a</i></p>
<p>b12. Who received these payments? Anyone else? INCL_6B Col. 3236 Char 1</p>	<p>1 <input type="checkbox"/> Received 2 <input type="checkbox"/> Did not receive</p>
<p>c12. How much did . . . receive in (<i>previous month</i>)? INCL_6C Col. 3237 Char 5</p>	<p>00000- 50,000 <input type="checkbox"/></p>

INCL_6C_DK	Col. 3242	Char 1	50,001 <input type="checkbox"/> More than \$50,000 8 <input type="checkbox"/> Refused 9 <input type="checkbox"/> DK
7a12. During ( <i>previous month</i> ), did . . . (or any members of . . . family who live here) receive any other retirement, pension, or annuity income? INCL_7A	Col. 3243	Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 9a</i>
b12. Who received these payments? Anyone else? INCL_7B	Col. 3244	Char 1	1 <input type="checkbox"/> Received 2 <input type="checkbox"/> Did not receive
c12. How much did . . . receive in ( <i>previous month</i> )? INCL_7C	Col. 3245	Char 5	00000- 50,000 <input type="checkbox"/> 50,001 <input type="checkbox"/> More than \$50,000
INCL_7C_DK	Col. 3250	Char 1	8 <input type="checkbox"/> Refused 9 <input type="checkbox"/> DK
8a12. During ( <i>previous month</i> ), did . . . (or any members of . . . family who live here) receive unemployment or Worker's Compensation? INCL_8A	Col. 3251	Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 8a</i>
b12. Who received these payments? Anyone else? INCL_8B	Col. 3252	Char 1	1 <input type="checkbox"/> Received 2 <input type="checkbox"/> Did not receive
c12. How much did . . . receive in ( <i>previous month</i> )? INCL_8C	Col. 3253	Char 5	00000- 50,000 <input type="checkbox"/> 50,001 <input type="checkbox"/> More than \$50,000
INCL_8C_DK	Col. 3258	Char 1	8 <input type="checkbox"/> Refused 9 <input type="checkbox"/> DK
9a12. During ( <i>previous month</i> ), did . . . (or any members of . . . family who live here) receive Supplemental Security Income, that is SSI payments? These can come from either the Federal government or the State government. INCL_9A	Col. 3259	Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 10a</i>
b12. Who received these payments? Anyone else? INCL_9B	Col. 3260	Char 1	1 <input type="checkbox"/> Received 2 <input type="checkbox"/> Did not receive
c12. How much did . . . receive in ( <i>previous month</i> )? INCL_9C	Col. 3261	Char 5	00000- 50,000 <input type="checkbox"/> 50,001 <input type="checkbox"/> More than \$50,000
INCL_9C_DK	Col. 3266	Char 1	8 <input type="checkbox"/> Refused 9 <input type="checkbox"/> DK
10a12. During ( <i>previous month</i> ), did . . . (or any members of . . . family who live here) receive earnings from a job or business? Include wages, salaries, tips, commissions, and net income from own business, professional practice, partnership, or farm. INCL_10A	Col. 3267	Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 11a</i>
b12. Who received these payments? Anyone else? INCL_10B	Col. 3268	Char 1	1 <input type="checkbox"/> Received 2 <input type="checkbox"/> Did not receive
c12. How much did . . . receive in ( <i>previous month</i> )? INCL_10C	Col. 3269	Char 5	00000- 50,000 <input type="checkbox"/> 50,001 <input type="checkbox"/> More than \$50,000
INCL_10C_DK	Col. 3274	Char 1	8 <input type="checkbox"/> Refused 9 <input type="checkbox"/> DK
11a12. During ( <i>previous month</i> ), did . . . (or any members of . . . family			





Anyone else? INCM_7B	Col. 3342	Char 1	1 <input type="checkbox"/> Received 2 <input type="checkbox"/> Did not receive
c13. How much did . . . receive in ( <i>previous month</i> )? INCM_7C	Col. 3343	Char 5	00000- 50,000 <input type="checkbox"/> 50,001 <input type="checkbox"/> More than \$50,000
INCM_7C_DK	Col. 3348	Char 1	8 <input type="checkbox"/> Refused 9 <input type="checkbox"/> DK
8a13. During ( <i>previous month</i> ), did . . . (or any members of . . . family who live here) receive unemployment or Worker's Compensation? INCM_8A	Col. 3349	Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 8a</i>
b13. Who received these payments? Anyone else? INCM_8B	Col. 3350	Char 1	1 <input type="checkbox"/> Received 2 <input type="checkbox"/> Did not receive
c13. How much did . . . receive in ( <i>previous month</i> )? INCM_8C	Col. 3351	Char 5	00000- 50,000 <input type="checkbox"/> 50,001 <input type="checkbox"/> More than \$50,000
INCM_8C_DK	Col. 3356	Char 1	8 <input type="checkbox"/> Refused 9 <input type="checkbox"/> DK
9a13. During ( <i>previous month</i> ), did . . . (or any members of . . . family who live here) receive Supplemental Security Income, that is SSI payments? These can come from either the Federal government or the State government. INCM_9A	Col. 3357	Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 10a</i>
b13. Who received these payments? Anyone else? INCM_9B	Col. 3358	Char 1	1 <input type="checkbox"/> Received 2 <input type="checkbox"/> Did not receive
c13. How much did . . . receive in ( <i>previous month</i> )? INCM_9C	Col. 3359	Char 5	00000- 50,000 <input type="checkbox"/> 50,001 <input type="checkbox"/> More than \$50,000
INCM_9C_DK	Col. 3364	Char 1	8 <input type="checkbox"/> Refused 9 <input type="checkbox"/> DK
10a13. During ( <i>previous month</i> ), did . . . (or any members of . . . family who live here) receive earnings from a job or business? Include wages, salaries, tips, commissions, and net income from own business, professional practice, partnership, or farm. INCM_10A	Col. 3365	Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 11a</i>
b13. Who received these payments? Anyone else? INCM_10B	Col. 3366	Char 1	1 <input type="checkbox"/> Received 2 <input type="checkbox"/> Did not receive
c13. How much did . . . receive in ( <i>previous month</i> )? INCM_10C	Col. 3367	Char 5	00000- 50,000 <input type="checkbox"/> 50,001 <input type="checkbox"/> More than \$50,000
INCM_10C_DK	Col. 3372	Char 1	8 <input type="checkbox"/> Refused 9 <input type="checkbox"/> DK
11a13. During ( <i>previous month</i> ), did . . . (or any members of . . . family who live here) receive net income from rent of an apartment or other real estate or income from roomers or boarders? INCM_11A	Col. 3373	Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 12a</i>
b13. Who received these payments? Anyone else? INCM_11B	Col. 3374	Char 1	1 <input type="checkbox"/> Received 2 <input type="checkbox"/> Did not receive
c13. How much did . . . receive in ( <i>previous month</i> )? INCM_11C	Col. 3375	Char 5	00000- 50,000 <input type="checkbox"/> 50,001 <input type="checkbox"/> More than \$50,000

INCM_11C_DK	Col. 3380	Char 1	8 <input type="checkbox"/> Refused 9 <input type="checkbox"/> DK	
12a13. During ( <i>previous month</i> ), did . . . (or any members of . . . family who live here) receive regular contributions from friends or relatives (other than those relatives in this household)?	INCM_12A	Col. 3381	Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 13a</i>
b13. Who received these payments? Anyone else?	INCM_12B	Col. 3382	Char 1	1 <input type="checkbox"/> Received 2 <input type="checkbox"/> Did not receive
c13. How much did . . . receive in ( <i>previous month</i> )?	INCM_12C	Col. 3383	Char 5	00000- 50,000 <input type="checkbox"/> 50,001 <input type="checkbox"/> More than \$50,000
INCM_12C_DK	Col. 3388	Char 1	8 <input type="checkbox"/> Refused 9 <input type="checkbox"/> DK	
<b>COLUMN N</b>				
5a14. During the last month, that is, in the month of ( <i>previous month</i> ), did . . . (or any members of . . . family who lives here) receive Social Security benefits or Railroad Retirement benefits?	INCN_5A	Col. 3423	Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 6a</i>
b14. Who received these payments? Anyone else?	INCN_5B	Col. 3424	Char 1	1 <input type="checkbox"/> Received 2 <input type="checkbox"/> Did not receive
c14. How much did . . . receive in ( <i>previous month</i> )?	INCN_5C	Col. 3425	Char 5	00000- 50,000 <input type="checkbox"/> 50,001 <input type="checkbox"/> More than \$50,000
INCN_5C_DK	Col. 3430	Char 1	8 <input type="checkbox"/> Refused 9 <input type="checkbox"/> DK	
6a14. During ( <i>previous month</i> ) did . . . (or any members of . . . Family who live here) receive Veterans Administration compensation or pension?	INCN_6A	Col. 3431	Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 7a</i>
b14. Who received these payments? Anyone else?	INCN_6B	Col. 3432	Char 1	1 <input type="checkbox"/> Received 2 <input type="checkbox"/> Did not receive
c14. How much did . . . receive in ( <i>previous month</i> )?	INCN_6C	Col. 3433	Char 5	00000- 50,000 <input type="checkbox"/> 50,001 <input type="checkbox"/> More than \$50,000
INCN_6C_DK	Col. 3438	Char 1	8 <input type="checkbox"/> Refused 9 <input type="checkbox"/> DK	
7a14. During ( <i>previous month</i> ), did . . . (or any members of . . . family who live here) receive any other retirement, pension, or annuity income?	INCN_7A	Col. 3439	Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 9a</i>
b14. Who received these payments? Anyone else?	INCN_7B	Col. 3440	Char 1	1 <input type="checkbox"/> Received 2 <input type="checkbox"/> Did not receive
c14. How much did . . . receive in ( <i>previous month</i> )?	INCN_7C	Col. 3441	Char 5	00000- 50,000 <input type="checkbox"/> 50,001 <input type="checkbox"/> More than \$50,000
INCN_7C_DK	Col. 3446	Char 1	8 <input type="checkbox"/> Refused 9 <input type="checkbox"/> DK	
8a14. During ( <i>previous month</i> ), did . . . (or any members of . . . family who live here) receive unemployment or Worker's				

Compensation? INCN_8A                      Col. 3447      Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 8a</i>
b14. Who received these payments? Anyone else? INCN_8B                      Col. 3448      Char 1	1 <input type="checkbox"/> Received 2 <input type="checkbox"/> Did not receive
c14. How much did . . . receive in ( <i>previous month</i> )? INCN_8C                      Col. 3449      Char 5  INCN_8C_DK                  Col. 3454      Char 1	00000- 50,000 <input type="checkbox"/> 50,001 <input type="checkbox"/> More than \$50,000  8 <input type="checkbox"/> Refused 9 <input type="checkbox"/> DK
9a14. During ( <i>previous month</i> ), did . . . (or any members of . . . family who live here) receive Supplemental Security Income, that is SSI payments? These can come from either the Federal government or the State government. INCN_9A                      Col. 3455      Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 10a</i>
b14. Who received these payments? Anyone else? INCN_9B                      Col. 3456      Char 1	1 <input type="checkbox"/> Received 2 <input type="checkbox"/> Did not receive
c14. How much did . . . receive in ( <i>previous month</i> )? INCN_9C                      Col. 3457      Char 5  INCN_9C_DK                  Col. 3462      Char 1	00000- 50,000 <input type="checkbox"/> 50,001 <input type="checkbox"/> More than \$50,000  8 <input type="checkbox"/> Refused 9 <input type="checkbox"/> DK
10a14. During ( <i>previous month</i> ), did . . . (or any members of . . . family who live here) receive earnings from a job or business? Include wages, salaries, tips, commissions, and net income from own business, professional practice, partnership, or farm. INCN_10A                      Col. 3463      Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 11a</i>
b14. Who received these payments? Anyone else? INCN_10B                      Col. 3464      Char 1	1 <input type="checkbox"/> Received 2 <input type="checkbox"/> Did not receive
c14. How much did . . . receive in ( <i>previous month</i> )? INCN_10C                      Col. 3465      Char 5  INCN_10C_DK                  Col. 3470      Char 1	00000- 50,000 <input type="checkbox"/> 50,001 <input type="checkbox"/> More than \$50,000  8 <input type="checkbox"/> Refused 9 <input type="checkbox"/> DK
11a14. During ( <i>previous month</i> ), did . . . (or any members of . . . family who live here) receive net income from rent of an apartment or other real estate or income from roomers or borders? INCN_11A                      Col. 3471      Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 12a</i>
b14. Who received these payments? Anyone else? INCN_11B                      Col. 3472      Char 1	1 <input type="checkbox"/> Received 2 <input type="checkbox"/> Did not receive
c14. How much did . . . receive in ( <i>previous month</i> )? INCN_11C                      Col. 3473      Char 5  INCN_11C_DK                  Col. 3478      Char 1	00000- 50,000 <input type="checkbox"/> 50,001 <input type="checkbox"/> More than \$50,000  8 <input type="checkbox"/> Refused 9 <input type="checkbox"/> DK
12a14. During ( <i>previous month</i> ), did . . . (or any members of . . . family who live here) receive regular contributions from friends or relatives (other than those relatives in this household)? INCN_12A                      Col. 3479      Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 13a</i>
b14. Who received these payments? Anyone else?	1 <input type="checkbox"/> Received

INCN_12B	Col. 3480	Char 1	2 <input type="checkbox"/> Did not receive
c14. How much did . . . receive in ( <i>previous month</i> )? INCN_12C	Col. 3481	Char 5	00000- 50,000 <input type="checkbox"/> 50,001 <input type="checkbox"/> More than \$50,000
INCN_12C_DK	Col. 3486	Char 1	8 <input type="checkbox"/> Refused 9 <input type="checkbox"/> DK
<b>COLUMN O</b>			
5a15. During the last month, that is, in the month of ( <i>previous month</i> ), did . . . (or any members of . . . family who lives here) receive Social Security benefits or Railroad Retirement benefits? INCO_5A	Col. 3521	Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 6a</i>
b15. Who received these payments? Anyone else? INCO_5B	Col. 3522	Char 1	1 <input type="checkbox"/> Received 2 <input type="checkbox"/> Did not receive
c15. How much did . . . receive in ( <i>previous month</i> )? INCO_5C	Col. 3523	Char 5	00000- 50,000 <input type="checkbox"/> 50,001 <input type="checkbox"/> More than \$50,000
INCO_5C_DK	Col. 3528	Char 1	8 <input type="checkbox"/> Refused 9 <input type="checkbox"/> DK
6a15. During ( <i>previous month</i> ) did . . . (or any members of . . . Family who live here) receive Veterans Administration compensation or pension? INCO_6A	Col. 3529	Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 7a</i>
b15. Who received these payments? Anyone else? INCO_6B	Col. 3530	Char 1	1 <input type="checkbox"/> Received 2 <input type="checkbox"/> Did not receive
c15. How much did . . . receive in ( <i>previous month</i> )? INCO_6C	Col. 3531	Char 5	00000- 50,000 <input type="checkbox"/> 50,001 <input type="checkbox"/> More than \$50,000
INCO_6C_DK	Col. 3536	Char 1	8 <input type="checkbox"/> Refused 9 <input type="checkbox"/> DK
7a15. During ( <i>previous month</i> ), did . . . (or any members of . . . family who live here) receive any other retirement, pension, or annuity income? INCO_7A	Col. 3537	Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 9a</i>
b15. Who received these payments? Anyone else? INCO_7B	Col. 3538	Char 1	1 <input type="checkbox"/> Received 2 <input type="checkbox"/> Did not receive
c15. How much did . . . receive in ( <i>previous month</i> )? INCO_7C	Col. 3539	Char 5	00000- 50,000 <input type="checkbox"/> 50,001 <input type="checkbox"/> More than \$50,000
INCO_7C_DK	Col. 3544	Char 1	8 <input type="checkbox"/> Refused 9 <input type="checkbox"/> DK
8a15. During ( <i>previous month</i> ), did . . . (or any members of . . . family who live here) receive unemployment or Worker's Compensation? INCO_8A	Col. 3545	Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 8a</i>
b15. Who received these payments? Anyone else? INCO_8B	Col. 3546	Char 1	1 <input type="checkbox"/> Received 2 <input type="checkbox"/> Did not receive
c15. How much did . . . receive in ( <i>previous month</i> )? INCO_8C	Col. 3547	Char 5	00000- 50,000 <input type="checkbox"/> 50,001 <input type="checkbox"/> More than \$50,000

INCO_8C_DK	Col. 3552	Char 1	8 <input type="checkbox"/> Refused 9 <input type="checkbox"/> DK
9a15. During ( <i>previous month</i> ), did . . . (or any members of . . . family who live here) receive Supplemental Security Income, that is SSI payments? These can come from either the Federal government or the State government. INCO_9A	Col. 3553	Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 10a</i>
b15. Who received these payments? Anyone else? INCO_9B	Col. 3554	Char 1	1 <input type="checkbox"/> Received 2 <input type="checkbox"/> Did not receive
c15. How much did . . . receive in ( <i>previous month</i> )? INCO_9C	Col. 3555	Char 5	00000- 50,000 <input type="checkbox"/> 50,001 <input type="checkbox"/> More than \$50,000
INCO_9C_DK	Col. 3560	Char 1	8 <input type="checkbox"/> Refused 9 <input type="checkbox"/> DK
10a15. During ( <i>previous month</i> ), did . . . (or any members of . . . family who live here) receive earnings from a job or business? Include wages, salaries, tips, commissions, and net income from own business, professional practice, partnership, or farm. INCO_10A	Col. 3561	Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 11a</i>
b15. Who received these payments? Anyone else? INCO_10B	Col. 3562	Char 1	1 <input type="checkbox"/> Received 2 <input type="checkbox"/> Did not receive
c15. How much did . . . receive in ( <i>previous month</i> )? INCO_10C	Col. 3563	Char 5	00000- 50,000 <input type="checkbox"/> 50,001 <input type="checkbox"/> More than \$50,000
INCO_10C_DK	Col. 3568	Char 1	8 <input type="checkbox"/> Refused 9 <input type="checkbox"/> DK
11a15. During ( <i>previous month</i> ), did . . . (or any members of . . . family who live here) receive net income from rent of an apartment or other real estate or income from roomers or boarders? INCO_11A	Col. 3569	Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 12a</i>
b15. Who received these payments? Anyone else? INCO_11B	Col. 3570	Char 1	1 <input type="checkbox"/> Received 2 <input type="checkbox"/> Did not receive
c15. How much did . . . receive in ( <i>previous month</i> )? INCO_11C	Col. 3571	Char 5	00000- 50,000 <input type="checkbox"/> 50,001 <input type="checkbox"/> More than \$50,000
INCO_11C_DK	Col. 3576	Char 1	8 <input type="checkbox"/> Refused 9 <input type="checkbox"/> DK
12a15. During ( <i>previous month</i> ), did . . . (or any members of . . . family who live here) receive regular contributions from friends or relatives (other than those relatives in this household)? INCO_12A	Col. 3577	Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 13a</i>
b15. Who received these payments? Anyone else? INCO_12B	Col. 3578	Char 1	1 <input type="checkbox"/> Received 2 <input type="checkbox"/> Did not receive
c15. How much did . . . receive in ( <i>previous month</i> )? INCO_12C	Col. 3579	Char 5	00000- 50,000 <input type="checkbox"/> 50,001 <input type="checkbox"/> More than \$50,000
INCO_12C_DK	Col. 3584	Char 1	8 <input type="checkbox"/> Refused 9 <input type="checkbox"/> DK
13a. Did . . . (or any family member of . . . who live here) receive food stamps in ( <i>previous month</i> )?			1 <input type="checkbox"/> Yes

INC_13A	Col. 970	Char 1	2 <input type="checkbox"/> No - <i>SKIP to CHECK ITEM G.2</i>
b. What was the value of the stamps received in [previous month]?	000000-		
INC_13B	Col. 971	Char 6	999999 <input type="checkbox"/> Dollars
<b>CHECK ITEM G.2</b>			
<i>Refer to Control Card item 16.</i>			
Sample person's family in household has -			
INC_CK2A	Col. 977	Char 1	1 <input type="checkbox"/> One or more persons under 21 years of age
			2 <input type="checkbox"/> No persons under 21 - <i>SKIP to 14a</i>
14a. In ( <i>previous month</i> ), Did . . . (or any members of . . . family who live here) receive any payments from Aid to Families with Dependent Children, sometimes called "AFDC" or "ADC"?			
INC_14A	Col. 978	Char 1	1 <input type="checkbox"/> Yes
			2 <input type="checkbox"/> No - <i>SKIP to 14a</i>
b. Whose name was on the check?			
INC_14B	Col. 979	Char 2	01-48,99 <input type="checkbox"/> Personal Number
c. How much was the check for?			
INC_14C	Col. 981	Char 6	000001- 999999 <input type="checkbox"/> Dollars
d. Whom did the check cover?			
Anyone else?			
INC_14D1	Col. 987	Char 2	01-48,99 <input type="checkbox"/> Personal Number
INC_14D2	Col. 989	Char 2	01-48,99 <input type="checkbox"/> Personal Number
INC_14D3	Col. 991	Char 2	01-48,99 <input type="checkbox"/> Personal Number
INC_14D4	Col. 993	Char 2	01-48,99 <input type="checkbox"/> Personal Number
INC_14D5	Col. 995	Char 2	01-48,99 <input type="checkbox"/> Personal Number
15a. Did . . . (or any members of . . . family who live here) receive any (other) welfare payments in ( <i>previous month</i> )?			
INC_15A	Col. 997	Char 1	1 <input type="checkbox"/> Yes
			2 <input type="checkbox"/> No - <i>SKIP to INSTRUCTOR INTERVIEW</i>
b. Whose name was on the check?			
INC_15B	Col. 998	Char 2	01-30,99 <input type="checkbox"/> Personal Number
c. How much was the check for?			
INC_15C	Col. 1000	Char 6	000001- 999999 <input type="checkbox"/>
d. Whom did the check cover?			
Anyone else?			
INC_15D1	Col. 1006	Char 2	01-48,99 <input type="checkbox"/> Personal Number
INC_15D2	Col. 1008	Char 2	01-48,99 <input type="checkbox"/> Personal Number
INC_15D3	Col. 1010	Char 2	01-48,99 <input type="checkbox"/> Personal Number
INC_15D4	Col. 1012	Char 2	01-48,99 <input type="checkbox"/> Personal Number
INC_15D5	Col. 1014	Char 2	01-48,99 <input type="checkbox"/> Personal Number
<b>INSTRUCTION</b>			
<i>Refer to Control Card Items 12a, 12c, 12d and 16. Enter names and person number's family aged 15 and over (relationship codes 1-10) who are living with the sample person NOW.</i>			
<b>COLUMN A</b>			
INCA_ALPHA	Col. 2213	Char 1	A-Z, blank <input type="checkbox"/>
16a1. During the last 12 months, did . . . (or any members of . . . family who lives here) receive interest or dividends?			
INCA_16A	Col. 2214	Char 1	1 <input type="checkbox"/> Yes
			2 <input type="checkbox"/> No - <i>SKIP to 17a</i>
b1. Who received these payments?			
INCA_16B	Col. 2215	Char 1	1 <input type="checkbox"/> Received
			2 <input type="checkbox"/> Did not receive
c1. How much did . . . receive in the last 12 months?			
INCA_16C	Col. 2216	Char 5	00000- 50,000 <input type="checkbox"/>
			50,001 <input type="checkbox"/> More than \$50,000
INCA_16C_DK	Col. 2221	Char 1	8 <input type="checkbox"/> Refused

				9 <input type="checkbox"/> DK
17a1. During the last 12 months, did . . . (or any members of . . . family who lives here) receive any other kind of regular income that you have not already told me about?	INCA_17A	Col. 2222	Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 18a</i>
b1. Who received this income?	INCA_17B	Col. 2223	Char 1	1 <input type="checkbox"/> Received 2 <input type="checkbox"/> Did not receive
c1. What kind of income was it? <i>NOT GIVEN</i>				
d1. How much did . . . receive in the last 12 months?	INCA_17D	Col. 2224	Char 5	00000- 50,000 <input type="checkbox"/> 50,001 <input type="checkbox"/> More than \$50,000
	INCA_17D_DK	Col. 2229	Char 1	8 <input type="checkbox"/> Refused 9 <input type="checkbox"/> DK
<b>COLUMN B</b>	INCB_ALPHA	Col. 2311	Char 1	A-Z, blank <input type="checkbox"/>
16a2. During the last 12 months, did . . . (or any members of . . . family who lives here) receive interest or dividends?	INCB_16A	Col. 2312	Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 17a</i>
b2. Who received these payments?	INCB_16B	Col. 2313	Char 1	1 <input type="checkbox"/> Received 2 <input type="checkbox"/> Did not receive
c2. How much did . . . receive in the last 12 months?	INCB_16C	Col. 2314	Char 5	00000- 50,000 <input type="checkbox"/> 50,001 <input type="checkbox"/> More than \$50,000
	INCB_16C_DK	Col. 2319	Char 1	8 <input type="checkbox"/> Refused 9 <input type="checkbox"/> DK
17a2. During the last 12 months, did . . . (or any members of . . . family who lives here) receive any other kind of regular income that you have not already told me about?	INCB_17A	Col. 2320	Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 18a</i>
b2. Who received this income?	INCB_17B	Col. 2321	Char 1	1 <input type="checkbox"/> Received 2 <input type="checkbox"/> Did not receive
c2. How much did . . . receive in the last 12 months?	INCB_17D	Col. 2322	Char 5	00000- 50,000 <input type="checkbox"/> 50,001 <input type="checkbox"/> More than \$50,000
	INCB_17D_DK	Col. 2327	Char 1	8 <input type="checkbox"/> Refused 9 <input type="checkbox"/> DK
<b>COLUMN C</b>	INCC_ALPHA	Col. 2409	Char 1	A-Z, blank <input type="checkbox"/>
16a3. During the last 12 months, did . . . (or any members of . . . family who lives here) receive interest or dividends?	INCC_16A	Col. 2410	Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 17a</i>
b3. Who received these payments?	INCC_16B	Col. 2411	Char 1	1 <input type="checkbox"/> Received 2 <input type="checkbox"/> Did not receive
c3. How much did . . . receive in the last 12 months?	INCC_16C	Col. 2412	Char 5	00000- 50,000 <input type="checkbox"/> 50,001 <input type="checkbox"/> More than \$50,000
	INCC_16C_DK	Col. 2417	Char 1	8 <input type="checkbox"/> Refused 9 <input type="checkbox"/> DK
17a3. During the last 12 months, did . . . (or any members of . . . family who lives here) receive any other kind of regular				

	income that you have not already told me about? INCC_17A	Col. 2418	Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 18a</i>
b3.	Who received this income? INCC_17B	Col. 2419	Char 1	1 <input type="checkbox"/> Received 2 <input type="checkbox"/> Did not receive
d1.	How much did . . . receive in the last 12 months? INCC_17D	Col. 2420	Char 5	00000- 50,000 <input type="checkbox"/> 50,001 <input type="checkbox"/> More than \$50,000
	INCC_17C_DK	Col. 2425	Char 1	8 <input type="checkbox"/> Refused 9 <input type="checkbox"/> DK
<b>COLUMN D</b>				A-Z, blank <input type="checkbox"/>
16a4.	During the last 12 months, did . . . (or any members of . . . family who lives here) receive interest or dividends? INCD_16A	Col. 2508	Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 17a</i>
b4.	Who received these payments? INCD_16B	Col. 2509	Char 1	1 <input type="checkbox"/> Received 2 <input type="checkbox"/> Did not receive
c4.	How much did . . . receive in the last 12 months? INCD_16C	Col. 2510	Char 5	00000- 50,000 <input type="checkbox"/> 50,001 <input type="checkbox"/> More than \$50,000
	INCD_16C_DK	Col. 2515	Char 1	8 <input type="checkbox"/> Refused 9 <input type="checkbox"/> DK
17a4.	During the last 12 months, did . . . (or any members of . . . family who lives here) receive any other kind of regular income that you have not already told me about? INCD_17A	Col. 2516	Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 18a</i>
b4.	Who received this income? INCD_17B	Col. 2517	Char 1	1 <input type="checkbox"/> Received 2 <input type="checkbox"/> Did not receive
C4.	How much did . . . receive in the last 12 months? INCD_17D	Col. 2518	Char 5	00000- 50,000 <input type="checkbox"/> 50,001 <input type="checkbox"/> More than \$50,000
	INCD_17D_DK	Col. 2523	Char 1	8 <input type="checkbox"/> Refused 9 <input type="checkbox"/> DK
<b>COLUMN E</b>				A-Z, blank <input type="checkbox"/>
16a5.	During the last 12 months, did . . . (or any members of . . . family who lives here) receive interest or dividends? INCE_16A	Col. 2606	Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 17a</i>
b5.	Who received these payments? INCE_16B	Col. 2607	Char 1	1 <input type="checkbox"/> Received 2 <input type="checkbox"/> Did not receive
c5.	How much did . . . receive in the last 12 months? INCE_16C	Col. 2608	Char 5	00000- 50,000 <input type="checkbox"/> 50,001 <input type="checkbox"/> More than \$50,000
	INCE_16C_DK	Col. 2613	Char 1	8 <input type="checkbox"/> Refused 9 <input type="checkbox"/> DK
17a5.	During the last 12 months, did . . . (or any members of . . . family who lives here) receive any other kind of regular income that you have not already told me about? INCE_17A	Col. 2614	Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 18a</i>
b5.	Who received this income? INCE_17B	Col. 2615	Char 1	1 <input type="checkbox"/> Received 2 <input type="checkbox"/> Did not receive
C5.	How much did . . . receive in the last 12 months? INCE_17D	Col. 2616	Char 5	00000- 50,000 <input type="checkbox"/>



	INCE_17D_DK	Col. 2621	Char 1	50,001 <input type="checkbox"/> More than \$50,000 8 <input type="checkbox"/> Refused 9 <input type="checkbox"/> DK
<b>COLUMN F</b>				A-Z, blank <input type="checkbox"/>
16a6.	During the last 12 months, did . . . (or any members of . . . family who lives here) receive interest or dividends? INCF_16A	Col. 2704	Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 17a</i>
b6.	Who received these payments? INCF_16B	Col. 2705	Char 1	1 <input type="checkbox"/> Received 2 <input type="checkbox"/> Did not receive
c6.	How much did . . . receive in the last 12 months? INCF_16C	Col. 2706	Char 5	00000- 50,000 <input type="checkbox"/> 50,001 <input type="checkbox"/> More than \$50,000
	INCF_16C_DK	Col. 2711	Char 1	8 <input type="checkbox"/> Refused 9 <input type="checkbox"/> DK
17a6.	During the last 12 months, did . . . (or any members of . . . family who lives here) receive any other kind of regular income that you have not already told me about? INCF_17A	Col. 2712	Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 18a</i>
b6.	Who received this income? INCF_17B	Col. 2713	Char 1	1 <input type="checkbox"/> Received 2 <input type="checkbox"/> Did not receive
c6.	How much did . . . receive in the last 12 months? INCF_17D	Col. 2714	Char 5	00000- 50,000 <input type="checkbox"/> 50,001 <input type="checkbox"/> More than \$50,000
	INCF_17D_DK	Col. 2719	Char 1	8 <input type="checkbox"/> Refused 9 <input type="checkbox"/> DK
<b>COLUMN G</b>				A-Z, blank <input type="checkbox"/>
16a7.	During the last 12 months, did . . . (or any members of . . . family who lives here) receive interest or dividends? INCG_16A	Col. 2802	Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 17a</i>
b7.	Who received these payments? INCG_16B	Col. 2803	Char 1	1 <input type="checkbox"/> Received 2 <input type="checkbox"/> Did not receive
c7.	How much did . . . receive in the last 12 months? INCG_16C	Col. 2804	Char 5	00000- 50,000 <input type="checkbox"/> 50,001 <input type="checkbox"/> More than \$50,000
	INCG_16C_DK	Col. 2809	Char 1	8 <input type="checkbox"/> Refused 9 <input type="checkbox"/> DK
17a7.	During the last 12 months, did . . . (or any members of . . . family who lives here) receive any other kind of regular income that you have not already told me about? INCG_17A	Col. 2810	Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 18a</i>
b7.	Who received this income? INCG_17B	Col. 2811	Char 1	1 <input type="checkbox"/> Received 2 <input type="checkbox"/> Did not receive
c7.	How much did . . . receive in the last 12 months? INCG_17D	Col. 2812	Char 5	00000- 50,000 <input type="checkbox"/> 50,001 <input type="checkbox"/> More than \$50,000
	INCG_17D_DK	Col. 2817	Char 1	8 <input type="checkbox"/> Refused 9 <input type="checkbox"/> DK
<b>COLUMN H</b>				A-Z, blank <input type="checkbox"/>
	INCH_ALPHA	Col. 2899	Char 1	

16a8.	During the last 12 months, did . . . (or any members of . . . family who lives here) receive interest or dividends? INCH_16A	Col. 2900	Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 17a</i>
b8.	Who received these payments? INCH_16B	Col. 2901	Char 1	1 <input type="checkbox"/> Received 2 <input type="checkbox"/> Did not receive
c8.	How much did . . . receive in the last 12 months? INCH_16C	Col. 2902	Char 5	00000- 50,000 <input type="checkbox"/> 50,001 <input type="checkbox"/> More than \$50,000
	INCH_16C_DK	Col. 2907	Char 1	8 <input type="checkbox"/> Refused 9 <input type="checkbox"/> DK
17a8.	During the last 12 months, did . . . (or any members of . . . family who lives here) receive any other kind of regular income that you have not already told me about? INCH_17A	Col. 2908	Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 18a</i>
b8.	Who received this income? INCH_17B	Col. 2909	Char 1	1 <input type="checkbox"/> Received 2 <input type="checkbox"/> Did not receive
c8.	How much did . . . receive in the last 12 months? INCH_17D	Col. 2910	Char 5	00000- 50,000 <input type="checkbox"/> 50,001 <input type="checkbox"/> More than \$50,000
	INCH_17D_DK	Col. 2915	Char 1	8 <input type="checkbox"/> Refused 9 <input type="checkbox"/> DK
<b>COLUMN I</b>				A-Z, blank <input type="checkbox"/>
16a9.	During the last 12 months, did . . . (or any members of . . . family who lives here) receive interest or dividends? INCI_16A	Col. 2998	Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 17a</i>
b9.	Who received these payments? INCI_16B	Col. 2999	Char 1	1 <input type="checkbox"/> Received 2 <input type="checkbox"/> Did not receive
c9.	How much did . . . receive in the last 12 months? INCI_16C	Col. 3000	Char 5	00000- 50,000 <input type="checkbox"/> 50,001 <input type="checkbox"/> More than \$50,000
	INCI_16C_DK	Col. 3005	Char 1	8 <input type="checkbox"/> Refused 9 <input type="checkbox"/> DK
17a9.	During the last 12 months, did . . . (or any members of . . . family who lives here) receive any other kind of regular income that you have not already told me about? INCI_17A	Col. 3006	Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 18a</i>
b9.	Who received this income? INCI_17B	Col. 3007	Char 1	1 <input type="checkbox"/> Received 2 <input type="checkbox"/> Did not receive
c9.	How much did . . . receive in the last 12 months? INCI_17D	Col. 3008	Char 5	00000- 50,000 <input type="checkbox"/> 50,001 <input type="checkbox"/> More than \$50,000
	INCI_17D_DK	Col. 3013	Char 1	8 <input type="checkbox"/> Refused 9 <input type="checkbox"/> DK
<b>COLUMN J</b>				A-Z, blank <input type="checkbox"/>
16a10.	During the last 12 months, did . . . (or any members of . . . family who lives here) receive interest or dividends? INCJ_16A	Col. 3096	Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 17a</i>
b10.	Who received these payments? INCJ_16B	Col. 3097	Char 1	1 <input type="checkbox"/> Received 2 <input type="checkbox"/> Did not receive
c10.	How much did . . . receive in the last 12 months? INCJ_16C	Col. 3098	Char 5	00000- 50,000 <input type="checkbox"/>

INCJ_16C_DK	Col. 3103	Char 1	50,001 <input type="checkbox"/> More than \$50,000 8 <input type="checkbox"/> Refused 9 <input type="checkbox"/> DK
17a10. During the last 12 months, did . . . (or any members of . . . family who lives here) receive any other kind of regular income that you have not already told me about? INCJ_17A	Col. 3104	Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 18a</i>
b10. Who received this income? INCJ_17B	Col. 3105	Char 1	1 <input type="checkbox"/> Received 2 <input type="checkbox"/> Did not receive
c10. How much did . . . receive in the last 12 months? INCJ_17D	Col. 3106	Char 5	00000- 50,000 <input type="checkbox"/> 50,001 <input type="checkbox"/> More than \$50,000
INCJ_17D_DK	Col. 3111	Char 1	8 <input type="checkbox"/> Refused 9 <input type="checkbox"/> DK
<b>COLUMN K</b> INCK_ALPHA	Col. 3193	Char 1	A-Z, blank <input type="checkbox"/>
16a11. During the last 12 months, did . . . (or any members of . . . family who lives here) receive interest or dividends? INCK_16A	Col. 3194	Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 17a</i>
b11. Who received these payments? INCK_16B	Col. 3195	Char 1	1 <input type="checkbox"/> Received 2 <input type="checkbox"/> Did not receive
c11. How much did . . . receive in the last 12 months? INCK_16C	Col. 3196	Char 5	00000- 50,000 <input type="checkbox"/> 50,001 <input type="checkbox"/> More than \$50,000
INCK_16C_DK	Col. 3201	Char 1	8 <input type="checkbox"/> Refused 9 <input type="checkbox"/> DK
17a11. During the last 12 months, did . . . (or any members of . . . family who lives here) receive any other kind of regular income that you have not already told me about? INCK_17A	Col. 3202	Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 18a</i>
b11. Who received this income? INCK_17B	Col. 3203	Char 1	1 <input type="checkbox"/> Received 2 <input type="checkbox"/> Did not receive
c11. How much did . . . receive in the last 12 months? INCK_17D	Col. 3204	Char 5	00000- 50,000 <input type="checkbox"/> 50,001 <input type="checkbox"/> More than \$50,000
INCK_17D_DK	Col. 3209	Char 1	8 <input type="checkbox"/> Refused 9 <input type="checkbox"/> DK
<b>COLUMN L</b> INCL_ALPHA	Col. 3291	Char 1	A-Z, blank <input type="checkbox"/>
16a12. During the last 12 months, did . . . (or any members of . . . family who lives here) receive interest or dividends? INCL_16A	Col. 3292	Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 17a</i>
b12. Who received these payments? INCL_16B	Col. 3293	Char 1	1 <input type="checkbox"/> Received 2 <input type="checkbox"/> Did not receive
c12. How much did . . . receive in the last 12 months? INCL_16C	Col. 3294	Char 5	00000- 50,000 <input type="checkbox"/> 50,001 <input type="checkbox"/> More than \$50,000
INCL_16C_DK	Col. 3299	Char 1	8 <input type="checkbox"/> Refused 9 <input type="checkbox"/> DK
17a12. During the last 12 months, did . . . (or any members of . . . family who lives here) receive any other kind of regular income that you have not already told me about? INCL_17A	Col. 3300	Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 18a</i>

b12.	Who received this income? INCL_17B	Col. 3301	Char 1	1 <input type="checkbox"/> Received 2 <input type="checkbox"/> Did not receive
c12.	How much did . . . receive in the last 12 months? INCL_17D	Col. 3302	Char 5	00000- 50,000 <input type="checkbox"/> 50,001 <input type="checkbox"/> More than \$50,000
	INCL_17D_DK	Col. 3307	Char 1	8 <input type="checkbox"/> Refused 9 <input type="checkbox"/> DK
<b>COLUMN M</b>				A-Z, blank <input type="checkbox"/>
16a13.	During the last 12 months, did . . . (or any members of . . . family who lives here) receive interest or dividends? INCM_16A	Col. 3390	Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 17a</i>
b13.	Who received these payments? INCM_16B	Col. 3391	Char 1	1 <input type="checkbox"/> Received 2 <input type="checkbox"/> Did not receive
c13.	How much did . . . receive in the last 12 months? INCM_16C	Col. 3392	Char 5	00000- 50,000 <input type="checkbox"/> 50,001 <input type="checkbox"/> More than \$50,000
	INCM_16C_DK	Col. 3397	Char 1	8 <input type="checkbox"/> Refused 9 <input type="checkbox"/> DK
17a13.	During the last 12 months, did . . . (or any members of . . . family who lives here) receive any other kind of regular income that you have not already told me about? INCM_17A	Col. 3398	Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 18a</i>
b13.	Who received this income? INCM_17B	Col. 3399	Char 1	1 <input type="checkbox"/> Received 2 <input type="checkbox"/> Did not receive
c13.	How much did . . . receive in the last 12 months? INCM_17D	Col. 3400	Char 5	00000- 50,000 <input type="checkbox"/> 50,001 <input type="checkbox"/> More than \$50,000
	INCM_17D_DK	Col. 3405	Char 1	8 <input type="checkbox"/> Refused 9 <input type="checkbox"/> DK
<b>COLUMN N</b>				A-Z, blank <input type="checkbox"/>
16a14.	During the last 12 months, did . . . (or any members of . . . family who lives here) receive interest or dividends? INCN_16A	Col. 3488	Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 17a</i>
b14.	Who received these payments? INCN_16B	Col. 3489	Char 1	1 <input type="checkbox"/> Received 2 <input type="checkbox"/> Did not receive
c14.	How much did . . . receive in the last 12 months? INCN_16C	Col. 3490	Char 5	00000- 50,000 <input type="checkbox"/> 50,001 <input type="checkbox"/> More than \$50,000
	INCN_16C_DK	Col. 3495	Char 1	8 <input type="checkbox"/> Refused 9 <input type="checkbox"/> DK
17a14.	During the last 12 months, did . . . (or any members of . . . family who lives here) receive any other kind of regular income that you have not already told me about? INCN_17A	Col. 3496	Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 18a</i>
b14.	Who received this income? INCN_17B	Col. 3497	Char 1	1 <input type="checkbox"/> Received 2 <input type="checkbox"/> Did not receive
c14.	How much did . . . receive in the last 12 months? INCN_17D	Col. 3498	Char 5	00000- 50,000 <input type="checkbox"/> 50,001 <input type="checkbox"/> More than \$50,000
	INCN_17D_DK	Col. 3503	Char 1	8 <input type="checkbox"/> Refused 9 <input type="checkbox"/> DK

COLUMN O				A-Z, blank
INCO_ALPHA	Col. 3585	Char 1		<input type="checkbox"/>
16a15. During the last 12 months, did . . . (or any members of . . . family who lives here) receive interest or dividends?				1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 17a</i>
INCO_16A	Col. 3586	Char 1		
b15. Who received these payments?				1 <input type="checkbox"/> Received 2 <input type="checkbox"/> Did not receive
INCO_16B	Col. 3587	Char 1		
c15. How much did . . . receive in the last 12 months?				00000- 50,000 <input type="checkbox"/> 50,001 <input type="checkbox"/> More than \$50,000
INCO_16C	Col. 3588	Char 5		
INCO_16C_DK	Col. 3593	Char 1		8 <input type="checkbox"/> Refused 9 <input type="checkbox"/> DK
17a15. During the last 12 months, did . . . (or any members of . . . family who lives here) receive any other kind of regular income that you have not already told me about?				1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 18a</i>
INCO_17A	Col. 3594	Char 1		
b15. Who received this income?				1 <input type="checkbox"/> Received 2 <input type="checkbox"/> Did not receive
INCO_17B	Col. 3595	Char 1		
c15. How much did . . . receive in the last 12 months?				00000- 50,000 <input type="checkbox"/> 50,001 <input type="checkbox"/> More than \$50,000
INCO_17D	Col. 3596	Char 5		
INCO_17D_DK	Col. 3601	Char 1		8 <input type="checkbox"/> Refused 9 <input type="checkbox"/> DK
<i>SHOW FLASHCARD K</i>				
17. Which category on this card represents the total combined income before deductions during the LAST 12 months for . . . (and all members of . . . family who live with . . .). Include money from jobs, net income from business or farm, pensions, dividends, interests, net income from rent, Social Security payments and any other money income received by . . . (and all members of . . . family).				1 <input type="checkbox"/> Under \$3,000 2 <input type="checkbox"/> \$3,000 - 3,999 3 <input type="checkbox"/> 4,000 - 4,999 4 <input type="checkbox"/> 5,000 - 5,999 5 <input type="checkbox"/> 6,000 - 6,999 6 <input type="checkbox"/> 7,000 - 7,999 7 <input type="checkbox"/> 8,000 - 8,999 8 <input type="checkbox"/> 9,000 - ,9999 9 <input type="checkbox"/> 10,000 - 11,999 10 <input type="checkbox"/> 12,000 - 14,999 11 <input type="checkbox"/> 15,000 - 19,999 12 <input type="checkbox"/> 20,000 - 24,999 13 <input type="checkbox"/> 25,000 - 29,999 14 <input type="checkbox"/> 30,000 - 39,999 15 <input type="checkbox"/> 40,000 - 49,999 16 <input type="checkbox"/> 50,000 or more 88 <input type="checkbox"/> Refused 99 <input type="checkbox"/> DK
INC_18A	Col. 1016	Char 2		
18. How many vehicles, including cars, vans, trailers, motorcycles, or other vehicles are owned by . . . (and all members of . . . family who live with . . .)?				1-99 <input type="checkbox"/> Vehicles 0 <input type="checkbox"/> None
INC_19	Col. 1018	Char 2		
19a. Are you living quarters owned or being bought by someone in you household?				1 <input type="checkbox"/> Yes - <i>SKIP to 22a</i> 2 <input type="checkbox"/> No
INC_21A	Col. 1020	Char 1		
b. Are you living quarters rented for cash OR are they occupied without payment of cash rent?				1 <input type="checkbox"/> Rented for cash 2 <input type="checkbox"/> Occupied without payment of cash - <i>SKIP to CHECK ITEM G.3.</i>
INC_21B	Col. 1021	Char 1		
20. About how much is the rent each month?				000001- 999999 <input type="checkbox"/> Dollars
INC_22	Col. 1022	Char 6		

21. In whose name is this house/apartment rented?

Anyone else?

Mark all that apply.

(1) Household members

INC\_23\_1A Col. 1028 Char 2  
INC\_23\_1B Col. 1030 Char 2

01-30  Personal Number  
01-30  Personal Number

(2) Child(ren) of sample person (nonhousehold members(s))

INC\_23\_2A Col. 1032 Char 2  
INC\_23\_2B Col. 1034 Char 2  
INC\_23\_2C Col. 1036 Char 2  
INC\_23\_2D Col. 1038 Char 2

31-60  Personal Number  
31-60  Personal Number  
31-60  Personal Number  
31-60  Personal Number

} SKIP to CHECK ITEM G.3

(3) Other nonhousehold member(s)

INC\_23\_3 Col. 1040 Char 1

1  Marked - SKIP to item 26a

22a. What is the present value of this home (and lot/farm), that is, about how much would it bring if you sold it on today's market?

Mark only one.

INC\_24B Col. 1041 Char 1

1  Under \$20,000  
2  \$20,000 - \$34,999  
3  \$35,000 - \$49,999  
4  \$50,000 - \$74,999  
5  \$75,000 - \$99,999  
6  \$100,000 - \$149,999  
7  \$150,000 or more

b. Is there a mortgage or other Indebtedness on this home (and lot/farm) at the present time?

INC\_24C Col. 1042 Char 1

1  Yes  
2  No - SKIP to 23

c. About how much is still owed?

INC\_24D Col. 1043 Char 6

000000-  
500000   
500001  More than \$500,000

d. About how much is your monthly mortgage payment?

INC\_24E Col. 1049 Char 6

0000-  
5000   
5001  More than \$5,000

23. Who owns this (house/apartment)?

INC\_25\_1 Col. 1055 Char 1

1  Household member - Specify

Anyone else?

Mark all that apply.

(1) Household members(s) - Specify

INC\_25\_1A Col. 1056 Char 2  
INC\_25\_1B Col. 1058 Char 2

01-30  Personal Number  
01-30  Personal Number

(2) Child(ren) of sample person (nonhousehold member(s)) - Specify

INC\_25\_2 Col. 1060 Char 1  
INC\_25\_2A Col. 1061 Char 2  
INC\_25\_2B Col. 1063 Char 2  
INC\_25\_2C Col. 1065 Char 2  
INC\_25\_2D Col. 1067 Char 2

1  Nonhousehold member - Specify  
31-60  Personal Number  
31-60  Personal Number  
31-60  Personal Number  
31-60  Personal Number

(3) Other nonhousehold member(s)

INC\_25\_3 Col. 1069 Char 1

1

CHECK ITEM G.3

Refer to Control Card item 32

Were any ADL helpers reported?

INC\_CK3G Col. 1070 Char 1

1  Yes  
2  No - Go to Control Card item 9a and record end time.  
Then mark item 9c, if appropriate.

24. As part of this research, we may want to speak to the helper(s) you have told me about. Of course, everything

1  Statement was read - Go to Control Card item 9a, and

(he/she/they) tell(s) us will be kept completely confidential.  
INC\_SPADV1 Col. 1071 Char 1

record end time. Then mark  
items 9b and 9c, if appropriate.

**Section H - INTERVIEWER OBSERVATIONS**

**CHECK ITEM H.1**

Mark only one.  
OBS\_FR1 Col. 1072 Char 1

- 1  Sample person answered all questions - *SKIP to 2*
- 2  Proxy answered all questions - *Answer 1 only*
- 3  Both sample person and proxy answered all questions -  
*Answer 1 - 2*

**1. What is the proxy's name?**

If applicable, enter the proxy's person number

OBS\_PRN1 Col. 1073 Char 2  
OBS\_PRN2 Col. 1075 Char 2

02-60,99  Personal Number  
02-60,99  Personal Number

**2. Did sample person show any sign of confusion at any time during the interview, such as difficulty in remembering dates, places, or other things?**

OBS\_7\_1 Col. 1077 Char 1  
OBS\_7\_2 Col. 1078 Char 1

- 1  Yes
- 1  No

**BACKFLAP ITEMS**

**1. ADL - Activities of Daily Living**

- (1) Eating  
ADL\_EAT Col. 1079 Char 1 1  Marked
- (2) Getting in/out of bed  
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  
ADL\_INS Col. 1082 Char 1 1  Marked
- (5) Did not get around inside at all  
ADL\_OUT Col. 1083 Char 1 1  Marked
- (6) Confined to a wheelchair  
ADL\_WHL Col. 1084 Char 1 1  Marked
- (7) Dressing  
ADL\_DRS Col. 1085 Char 1 1  Marked
- (8) Bathing  
ADL\_BTH Col. 1086 Char 1 1  Marked
- (9) Getting to the bathroom or using the toilet  
ADL\_TOI Col. 1087 Char 1 1  Marked

**2. IADL - Instrumental Activities of Daily Living**

- (1) Doing heavy work  
IDL\_HVW Col. 1088 Char 1 1  Marked
- (2) Doing light work  
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  
IDL\_OUT Col. 1093 Char 1 1  Marked
- (7) Going places outside of walking distance  
IDL\_WLK Col. 1094 Char 1 1  Marked
- (8) Managing money  
IDL\_MON Col. 1095 Char 1 1  Marked
- (9) Making telephone calls  
IDL\_TEL Col. 1096 Char 1 1  Marked

**3. HELPERS - If personal number has not been preassigned, enter 99 in 3b.**

Column A				
a1. Name of Helper/organization (information not given)				
c1. Type of help				
<i>Mark (1) all that apply.</i>				
(1) Any ADL activity HPA_CK1	Col. 1102	Char 1	1	<input type="checkbox"/> Marked
IADL				
(2) Doing housework HPA_CK2	Col. 1103	Char 1	1	<input type="checkbox"/> Marked
(3) Preparing meals HPABF_3C3	Col. 1104	Char 1	1	<input type="checkbox"/> Marked
(4) Shopping for groceries HPABF_3C4	Col. 1105	Char 1	1	<input type="checkbox"/> Marked
(5) Getting around outside HPABF_3C5	Col. 1106	Char 1	1	<input type="checkbox"/> Marked
(6) Going places outside of walking distance HPABF_3C6	Col. 1107	Char 1	1	<input type="checkbox"/> Marked
(7) Managing money HPABF_3C7	Col. 1108	Char 1	1	<input type="checkbox"/> Marked
(8) Taking medicine HPABF_3C8	Col. 1109	Char 1	1	<input type="checkbox"/> Marked
(9) Nursing services HPABF_3C9	Col. 1110	Char 1	1	<input type="checkbox"/> Marked
Column B				
a2. Name of Helper/organization (information not given)				
c2. Type of help				
<i>Mark (1) all that apply.</i>				
(1) Any ADL activity HPB_CK1	Col. 1156	Char 1	1	<input type="checkbox"/> Marked
IADL				
(2) Doing housework HPB_CK2	Col. 1157	Char 1	1	<input type="checkbox"/> Marked
(3) Preparing meals HPBBF_3C3	Col. 1158	Char 1	1	<input type="checkbox"/> Marked
(4) Shopping for groceries HPBBF_3C4	Col. 1159	Char 1	1	<input type="checkbox"/> Marked
(5) Getting around outside HPBBF_3C5	Col. 1160	Char 1	1	<input type="checkbox"/> Marked
(6) Going places outside of walking distance HPBBF_3C6	Col. 1161	Char 1	1	<input type="checkbox"/> Marked
(7) Managing money HPBBF_3C7	Col. 1162	Char 1	1	<input type="checkbox"/> Marked
(8) Taking medicine HPBBF_3C8	Col. 1163	Char 1	1	<input type="checkbox"/> Marked
(9) Nursing services HPBBF_3C9	Col. 1164	Char 1	1	<input type="checkbox"/> Marked
Column C				
a3. Name of Helper/organization (information not given)				
c3. Type of help				
<i>Mark (1) all that apply.</i>				
(1) Any ADL activity				



HPC_CK1	Col. 1210	Char 1	1 <input type="checkbox"/> Marked
<b>IADL</b>			
(2) Doing housework HPC_CK2	Col. 1211	Char 1	1 <input type="checkbox"/> Marked
(3) Preparing meals HPCBF_3C3	Col. 1212	Char 1	1 <input type="checkbox"/> Marked
(4) Shopping for groceries HPCBF_3C4	Col. 1213	Char 1	1 <input type="checkbox"/> Marked
(5) Getting around outside HPCBF_3C5	Col. 1214	Char 1	1 <input type="checkbox"/> Marked
(6) Going places outside of walking distance HPCBF_3C6	Col. 1215	Char 1	1 <input type="checkbox"/> Marked
(7) Managing money HPCBF_3C7	Col. 1216	Char 1	1 <input type="checkbox"/> Marked
(8) Taking medicine HPCBF_3C8	Col. 1217	Char 1	1 <input type="checkbox"/> Marked
(9) Nursing services HPCBF_3C9	Col. 1218	Char 1	1 <input type="checkbox"/> Marked

**Column D**  
a4. Name of Helper/organization  
(information not given)

c4. Type of help

*Mark (1) all that apply.*

(1) Any ADL activity HPD_CK1	Col. 1264	Char 1	1 <input type="checkbox"/> Marked
<b>IADL</b>			
(2) Doing housework HPD_CK2	Col. 1265	Char 1	1 <input type="checkbox"/> Marked
(3) Preparing meals HPDBF_3C3	Col. 1266	Char 1	1 <input type="checkbox"/> Marked
(4) Shopping for groceries HPDBF_3C4	Col. 1267	Char 1	1 <input type="checkbox"/> Marked
(5) Getting around outside HPDBF_3C5	Col. 1268	Char 1	1 <input type="checkbox"/> Marked
(6) Going places outside of walking distance HPDBF_3C6	Col. 1269	Char 1	1 <input type="checkbox"/> Marked
(7) Managing money HPDBF_3C7	Col. 1270	Char 1	1 <input type="checkbox"/> Marked
(8) Taking medicine HPDBF_3C8	Col. 1271	Char 1	1 <input type="checkbox"/> Marked
(9) Nursing services HPDBF_3C9	Col. 1272	Char 1	1 <input type="checkbox"/> Marked

**Column E**  
e1. Name of Helper/organization  
(information not given)

e3. Type of help

*Mark (1) all that apply.*

(1) Any ADL activity HPE_CK1	Col. 1318	Char 1	1 <input type="checkbox"/> Marked
<b>IADL</b>			
(2) Doing housework HPE_CK2	Col. 1319	Char 1	1 <input type="checkbox"/> Marked
(3) Preparing meals HPEBF_3C3	Col. 1320	Char 1	1 <input type="checkbox"/> Marked
(4) Shopping for groceries			

	HPEBF_3C4	Col. 1321	Char 1	1 <input type="checkbox"/> Marked
(5)	Getting around outside			
	HPEBF_3C5	Col. 1322	Char 1	1 <input type="checkbox"/> Marked
(6)	Going places outside of walking distance			
	HPEBF_3C6	Col. 1323	Char 1	1 <input type="checkbox"/> Marked
(7)	Managing money			
	HPEBF_3C7	Col. 1324	Char 1	1 <input type="checkbox"/> Marked
(8)	Taking medicine			
	HPEBF_3C8	Col. 1325	Char 1	1 <input type="checkbox"/> Marked
(9)	Nursing services			
	HPEBF_3C9	Col. 1326	Char 1	1 <input type="checkbox"/> Marked

**Column F**

f1. Name of Helper/organization  
(information not given)

f3. Type of help

*Mark (1) all that apply.*

(1)	Any ADL activity			
	HPF_CK1	Col. 1372	Char 1	1 <input type="checkbox"/> Marked
IADL				
(2)	Doing housework			
	HPF_CK2	Col. 1373	Char 1	1 <input type="checkbox"/> Marked
(3)	Preparing meals			
	HPFBF_3C3	Col. 1374	Char 1	1 <input type="checkbox"/> Marked
(4)	Shopping for groceries			
	HPFBF_3C4	Col. 1375	Char 1	1 <input type="checkbox"/> Marked
(5)	Getting around outside			
	HPFBF_3C5	Col. 1376	Char 1	1 <input type="checkbox"/> Marked
(6)	Going places outside of walking distance			
	HPFBF_3C6	Col. 1377	Char 1	1 <input type="checkbox"/> Marked
(7)	Managing money			
	HPFBF_3C7	Col. 1378	Char 1	1 <input type="checkbox"/> Marked
(8)	Taking medicine			
	HPFBF_3C8	Col. 1379	Char 1	1 <input type="checkbox"/> Marked
(9)	Nursing services			
	HPFBF_3C9	Col. 1380	Char 1	1 <input type="checkbox"/> Marked

**Column G**

g1. Name of Helper/organization  
(information not given)

g3. Type of help

*Mark (1) all that apply.*

(1)	Any ADL activity			
	HPG_CK1	Col. 1426	Char 1	1 <input type="checkbox"/> Marked
IADL				
(2)	Doing housework			
	HPG_CK2	Col. 1427	Char 1	1 <input type="checkbox"/> Marked
(3)	Preparing meals			
	HPGBF_3C3	Col. 1428	Char 1	1 <input type="checkbox"/> Marked
(4)	Shopping for groceries			
	HPGBF_3C4	Col. 1429	Char 1	1 <input type="checkbox"/> Marked
(5)	Getting around outside			
	HPGBF_3C5	Col. 1430	Char 1	1 <input type="checkbox"/> Marked
(6)	Going places outside of walking distance			
	HPGBF_3C6	Col. 1431	Char 1	1 <input type="checkbox"/> Marked
(7)	Managing money			
	HPGBF_3C7	Col. 1432	Char 1	1 <input type="checkbox"/> Marked
(8)	Taking medicine			

HPGBF_3C8	Col. 1433	Char 1	1 <input type="checkbox"/> Marked
(9) Nursing services			
HPGBF_3C9	Col. 1434	Char 1	1 <input type="checkbox"/> Marked

**Column H**

h1. Name of Helper/organization  
(information not given)

h3. Type of help

*Mark (1) all that apply.*

(1) Any ADL activity				
HPH_CK1	Col. 1480	Char 1	1 <input type="checkbox"/> Marked	
<b>IADL</b>				
(2) Doing housework				
HPH_CK2	Col. 1481	Char 1	1 <input type="checkbox"/> Marked	
(3) Preparing meals				
HPHBF_3C3	Col. 1482	Char 1	1 <input type="checkbox"/> Marked	
(4) Shopping for groceries				
HPHBF_3C4	Col. 1483	Char 1	1 <input type="checkbox"/> Marked	
(5) Getting around outside				
HPHBF_3C5	Col. 1484	Char 1	1 <input type="checkbox"/> Marked	
(6) Going places outside of walking distance				
HPHBF_3C6	Col. 1485	Char 1	1 <input type="checkbox"/> Marked	
(7) Managing money				
HPHBF_3C7	Col. 1486	Char 1	1 <input type="checkbox"/> Marked	
(8) Taking medicine				
HPHBF_3C8	Col. 1487	Char 1	1 <input type="checkbox"/> Marked	
(9) Nursing services				
HPHBF_3C9	Col. 1488	Char 1	1 <input type="checkbox"/> Marked	

**Column I**

i1. Name of Helper/organization  
(information not given)

i3. Type of help

*Mark (1) all that apply.*

(1) Any ADL activity				
HPI_CK1	Col. 1534	Char 1	1 <input type="checkbox"/> Marked	
<b>IADL</b>				
(2) Doing housework				
HPI_CK2	Col. 1535	Char 1	1 <input type="checkbox"/> Marked	
(3) Preparing meals				
HPIBF_3C3	Col. 1536	Char 1	1 <input type="checkbox"/> Marked	
(4) Shopping for groceries				
HPIBF_3C4	Col. 1537	Char 1	1 <input type="checkbox"/> Marked	
(5) Getting around outside				
HPIBF_3C5	Col. 1538	Char 1	1 <input type="checkbox"/> Marked	
(6) Going places outside of walking distance				
HPIBF_3C6	Col. 1539	Char 1	1 <input type="checkbox"/> Marked	
(7) Managing money				
HPIBF_3C7	Col. 1540	Char 1	1 <input type="checkbox"/> Marked	
(8) Taking medicine				
HPIBF_3C8	Col. 1541	Char 1	1 <input type="checkbox"/> Marked	
(9) Nursing services				
HPIBF_3C9	Col. 1542	Char 1	1 <input type="checkbox"/> Marked	

**J section**

j1. Name of Helper/organization  
(information not given)

j3. Type of help

Mark (1) all that apply.

(1) Any ADL activity HPJ_CK1	Col. 1588	Char 1	1 <input type="checkbox"/> Marked
IADL			
(2) Doing housework HPJ_CK2	Col. 1589	Char 1	1 <input type="checkbox"/> Marked
(3) Preparing meals HPJBF_3C3	Col. 1590	Char 1	1 <input type="checkbox"/> Marked
(4) Shopping for groceries HPJBF_3C4	Col. 1591	Char 1	1 <input type="checkbox"/> Marked
(5) Getting around outside HPJBF_3C5	Col. 1592	Char 1	1 <input type="checkbox"/> Marked
(6) Going places outside of walking distance HPJBF_3C6	Col. 1593	Char 1	1 <input type="checkbox"/> Marked
(7) Managing money HPJBF_3C7	Col. 1594	Char 1	1 <input type="checkbox"/> Marked
(8) Taking medicine HPJBF_3C8	Col. 1595	Char 1	1 <input type="checkbox"/> Marked
(9) Nursing services HPJBF_3C9	Col. 1596	Char 1	1 <input type="checkbox"/> Marked

**K section**

k1. Name of Helper/organization  
(information not given)

k3. Type of help

Mark (1) all that apply.

(1) Any ADL activity HPK_CK1	Col. 1642	Char 1	1 <input type="checkbox"/> Marked
IADL			
(2) Doing housework HPK_CK2	Col. 1643	Char 1	1 <input type="checkbox"/> Marked
(3) Preparing meals HPKBF_3C3	Col. 1644	Char 1	1 <input type="checkbox"/> Marked
(4) Shopping for groceries HPKBF_3C4	Col. 1645	Char 1	1 <input type="checkbox"/> Marked
(5) Getting around outside HPKBF_3C5	Col. 1646	Char 1	1 <input type="checkbox"/> Marked
(6) Going places outside of walking distance HPKBF_3C6	Col. 1647	Char 1	1 <input type="checkbox"/> Marked
(7) Managing money HPKBF_3C7	Col. 1648	Char 1	1 <input type="checkbox"/> Marked
(8) Taking medicine HPKBF_3C8	Col. 1649	Char 1	1 <input type="checkbox"/> Marked
(9) Nursing services HPKBF_3C9	Col. 1650	Char 1	1 <input type="checkbox"/> Marked

**L section**

l1. Name of Helper/organization  
(information not given)

l3. Type of help

Mark (1) all that apply.

(1) Any ADL activity HPL_CK1	Col. 1696	Char 1	1 <input type="checkbox"/> Marked
IADL			
(2) Doing housework HPL_CK2	Col. 1697	Char 1	1 <input type="checkbox"/> Marked
(3) Preparing meals HPLBF_3C3	Col. 1698	Char 1	1 <input type="checkbox"/> Marked
(4) Shopping for groceries			

	HPLBF_3C4	Col. 1699	Char 1	1 <input type="checkbox"/> Marked
(5)	Getting around outside			
	HPLBF_3C5	Col. 1700	Char 1	1 <input type="checkbox"/> Marked
(6)	Going places outside of walking distance			
	HPLBF_3C6	Col. 1701	Char 1	1 <input type="checkbox"/> Marked
(7)	Managing money			
	HPLBF_3C7	Col. 1702	Char 1	1 <input type="checkbox"/> Marked
(8)	Taking medicine			
	HPLBF_3C8	Col. 1703	Char 1	1 <input type="checkbox"/> Marked
(9)	Nursing services			
	HPLBF_3C9	Col. 1704	Char 1	1 <input type="checkbox"/> Marked

**M section**

m1. Name of Helper/organization  
(information not given)

m3. Type of help

*Mark (1) all that apply.*

(1)	Any ADL activity			
	HPM_CK1	Col. 1750	Char 1	1 <input type="checkbox"/> Marked
IADL				
(2)	Doing housework			
	HPM_CK2	Col. 1751	Char 1	1 <input type="checkbox"/> Marked
(3)	Preparing meals			
	HPMBF_3C3	Col. 1752	Char 1	1 <input type="checkbox"/> Marked
(4)	Shopping for groceries			
	HPMBF_3C4	Col. 1753	Char 1	1 <input type="checkbox"/> Marked
(5)	Getting around outside			
	HPMBF_3C5	Col. 1754	Char 1	1 <input type="checkbox"/> Marked
(6)	Going places outside of walking distance			
	HPMBF_3C6	Col. 1755	Char 1	1 <input type="checkbox"/> Marked
(7)	Managing money			
	HPMBF_3C7	Col. 1756	Char 1	1 <input type="checkbox"/> Marked
(8)	Taking medicine			
	HPMBF_3C8	Col. 1757	Char 1	1 <input type="checkbox"/> Marked
(9)	Nursing services			
	HPMBF_3C9	Col. 1758	Char 1	1 <input type="checkbox"/> Marked

**N section**

n1. Name of Helper/organization  
(information not given)

n3. Type of help

*Mark (1) all that apply.*

(1)	Any ADL activity			
	HPN_CK1	Col. 1804	Char 1	1 <input type="checkbox"/> Marked
IADL				
(2)	Doing housework			
	HPN_CK2	Col. 1805	Char 1	1 <input type="checkbox"/> Marked
(3)	Preparing meals			
	HPNBF_3C3	Col. 1806	Char 1	1 <input type="checkbox"/> Marked
(4)	Shopping for groceries			
	HPNBF_3C4	Col. 1807	Char 1	1 <input type="checkbox"/> Marked
(5)	Getting around outside			
	HPNBF_3C5	Col. 1808	Char 1	1 <input type="checkbox"/> Marked
(6)	Going places outside of walking distance			
	HPNBF_3C6	Col. 1809	Char 1	1 <input type="checkbox"/> Marked
(7)	Managing money			
	HPNBF_3C7	Col. 1810	Char 1	1 <input type="checkbox"/> Marked
(8)	Taking medicine			
	HPNBF_3C8	Col. 1811	Char 1	1 <input type="checkbox"/> Marked
(9)	Nursing services			

HPNBF\_3C9

Col. 1812

Char 1

1  Marked

**O section**

o1. Name of Helper/organization  
(information not given)

o3. Type of help

*Mark (1) all that apply.*

(1) Any ADL activity  
HPO\_CK1

Col. 1858

Char 1

1  Marked

IADL

(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  
HPOBF\_3C6

Col. 1863

Char 1

1  Marked

(7) Managing money  
HPOBF\_3C7

Col. 1864

Char 1

1  Marked

(8) Taking medicine  
HPOBF\_3C8

Col. 1865

Char 1

1  Marked

(9) Nursing services  
HPOBF\_3C9

Col. 1866

Char 1

1