

**1984 COMMUNITY QUESTIONNAIRE**

1. Regional Office Code <i>NOT GIVEN</i>	
5. Field Representative code <i>NOT GIVEN</i>	
Case Screened by Personal Visit <i>NOT GIVEN</i>	

**Section A - FUNCTIONAL STATUS**

1. Now I'm going to read you a list of medical conditions. Does . . . NOW have any of the following:		
a. Rheumatism or arthritis? CND_1A01                      Col. 347      Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
b. Paralysis? CND_1A02                      Col. 348      Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
c. Other permanent numbness or stiffness (besides paralysis/rheumatism or arthritis)? CND_1A03                      Col. 349      Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
d. Multiple Sclerosis? CND_1A04                      Col. 350      Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
e. Cerebral palsy? CND_1A05                      Col. 351      Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
f. Epilepsy? CND_1A06                      Col. 352      Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
g. Parkinson's disease? CND_1A07                      Col. 353      Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
h. Glaucoma? CND_1A08                      Col. 354      Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
i. Diabetes? CND_1A09                      Col. 355      Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
j. Cancer? CND_1A10                      Col. 356      Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
k. Frequent constipation? CND_1A11                      Col. 357      Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
l. Frequent trouble sleeping? CND_1A12                      Col. 358      Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
m. Frequent severe headaches? CND_1A13                      Col. 359      Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
n. Obesity or is. . . overweight? CND_1A14                      Col. 360      Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
o. Arteriosclerosis or hardening of the arteries? CND_1A15                      Col. 361      Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
CHECK ITEM A.1 Respondent is - CND_CK2                      Col. 362      Char 1	1 <input type="checkbox"/> Sample Person - <i>SKIP to 2</i> 2 <input type="checkbox"/> Proxy	
p. Mental retardation? CND_1B_2                      Col. 363      Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
q. Senility?	1 <input type="checkbox"/> Yes	

CND_1B_3	Col. 364	Char 1	2 <input type="checkbox"/> No
2. Has . . . had any of the following in the last 12 months?			
a. A heart attack? CND_2_01	Col. 365	Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
b. Any other heart problem? CND_2_02	Col. 366	Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
c. Hypertension or high blood pressure? CND_2_03	Col. 367	Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
d. A stroke? CND_2_04	Col. 368	Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
e. Circulation trouble in . . . arms or legs? CND_2_05	Col. 369	Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
f. Has . . . had Pneumonia in LAST 12 months? CND_2_06	Col. 370	Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
g. Bronchitis? CND_2_07	Col. 371	Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
h. Flu? CND_2_08	Col. 372	Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
i. Emphysema? CND_2_09	Col. 373	Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
j. Asthma? CND_2_10	Col. 374	Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
k. A broken hip? CND_2_11	Col. 375	Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
l. Other broken bones? CND_2_12	Col. 376	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 (day), did any person help . . . eat? ADL_1A	Col. 377	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. 378	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. 379	Char 1	1 <input type="checkbox"/> Yes } <i>SKIP to 1g</i> 2 <input type="checkbox"/> No }
d. Did someone feed . . . ? ADL_1D	Col. 380	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. 381	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. 382	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. 383	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>			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

Mark flap item 1,  
code 1

ADL_1H	Col. 384	Char 1	4 <input type="checkbox"/> 1 year to 5 years 5 <input type="checkbox"/> 5 years or over	} SKIP to 2a.
i. About how long has . . . not eaten? <i>Probe as necessary. Code for longest.</i> ADL_1I	Col. 385	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	} Mark flap item 1, code 1
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. 386	Char 1	1 <input type="checkbox"/> Yes - SKIP to 1d. 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Did not get out of bed at all - SKIP to 1i	
b. Did . . . use special equipment like a wheelchair, railing, walker, or cane to help . . . get in or out of bed? ADL_2B	Col. 387	Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 3a	
c. Did someone usually stay nearby . . . just in case . . . might need help? ADL_2C	Col. 388	Char 1	1 <input type="checkbox"/> Yes } SKIP 2 <input type="checkbox"/> No } to 1f	
d. Did someone actually LIFT . . . in or out of bed? ADL_2D	Col. 389	Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
e. Did . . . also use special equipment like a wheelchair, railing, walker, or cane to help . . . get out of bed? ADL_2E	Col. 390	Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 1g	
f. What kind of special equipment did . . . use? <i>Mark (1) all that apply.</i>				
(1) Wheelchair ADL_2F_1	Col. 391	Char 1	1 <input type="checkbox"/> MARKED	
(2) Railing ADL_2F_2	Col. 392	Char 1	1 <input type="checkbox"/> MARKED	
(3) Walker ADL_2F_3	Col. 393	Char 1	1 <input type="checkbox"/> MARKED	
(4) Cane ADL_2F_4	Col. 394	Char 1	1 <input type="checkbox"/> MARKED	
(5) Crutches ADL_2F_5	Col. 395	Char 1	1 <input type="checkbox"/> MARKED	
(6) Lift ADL_2F_6	Col. 396	Char 1	1 <input type="checkbox"/> MARKED	
(7) Other Device ADL_2F_7	Col. 397	Char 1	1 <input type="checkbox"/> MARKED	
g. How often did . . . (receive help or use special equipment) - most of the time, some of the time, or only occasionally? ADL_2G	Col. 398	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/used special equipment) to get in or out of bed? <i>Probe as necessary. Code for longest.</i> ADL_2H	Col. 399	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	} Mark flap item 1, code 2 SKIP to 3a.
i. About how long has . . . been unable to get out of bed? <i>Probe as necessary and code for longest.</i> ADL_2I	Col. 400	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	} Mark flap item 1, codes 2, 3, 4 and 5 - SKIP to 4h
3a. Since last (day) did any person help . . . get around			1 <input type="checkbox"/> Yes - SKIP to 3d	

inside (or didn't . . . get around inside at all)? ADL_3A                                      Col. 401      Char 1	2 <input type="checkbox"/> No 3 <input type="checkbox"/> Did not get around inside at all - <i>SKIP to 3j</i>
b. Did . . . use special equipment like a wheelchair, cane, or other device to help . . . get around inside? ADL_3B                                      Col. 402      Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 4a</i>
c. Did someone usually stay nearby just in case . . . might need some help? ADL_3C                                      Col. 403      Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No    } <i>SKIP to 3e</i>
d. Did . . . also use special equipment like a wheelchair, cane, other device to help . . . get around inside? ADL_3D                                      Col. 404      Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 3h</i>
e. Did . . . use a wheelchair? ADL_3E                                      Col. 405      Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 3g</i>
f. Is . . . able to get around at all without the wheelchair? ADL_3F                                      Col. 406      Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>Mark flap item 1, code 6</i>
g. What other kind of special equipment did . . . use? Anything else? <i>Mark (1) all apply.</i> <i>If none, mark "None."</i> (1) Railing ADL_3G01                                      Col. 407      Char 1 (2) Walker ADL_3G02                                      Col. 408      Char 1 (3) Cane ADL_3G03                                      Col. 409      Char 1 (4) Crutches ADL_3G04                                      Col. 410      Char 1 (5) Elevator/escalator ADL_3G05                                      Col. 411      Char 1 (6) Orthopedic shoes ADL_3G06                                      Col. 412      Char 1 (7) Brace (leg or back) ADL_3G07                                      Col. 413      Char 1 (8) Prosthesis ADL_3G08                                      Col. 414      Char 1 (9) Oxygen/respirator ADL_3G09                                      Col. 415      Char 1 (10) Furniture/walls ADL_3G10                                      Col. 416      Char 1 (11) Chairlift on stairs ADL_3G11                                      Col. 417      Char 1 (12) Other device ADL_3G12                                      Col. 418      Char 1 (13) None ADL_3G12A                                      Col. 419      Char 1	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 1 <input type="checkbox"/> MARKED 1 <input type="checkbox"/> MARKED 1 <input type="checkbox"/> MARKED 1 <input type="checkbox"/> MARKED
h. How often did . . . receive help or use special equipment - most of the time, some of the time, or only occasionally? ADL_3H                                      Col. 420      Char 1	1 <input type="checkbox"/> Most of the time 2 <input type="checkbox"/> Some of the time 3 <input type="checkbox"/> Only occasionally
i. About how long has . . . had help or used special equipment to get around inside? ADL_3I                                      Col. 421      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 } <i>Mark flap item 1, code 4 - SKIP to 4a</i>

		5 <input type="checkbox"/> 5 years or over	
j. About how long has . . . been unable to get around inside? ADL_3J Col. 422 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	} Mark flap item 1, codes 4 and 5
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. 423 Char 1		1 <input type="checkbox"/> Yes - SKIP to 4d 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Did not dress at all - SKIP to 4h	
b. Did . . . wear special clothing or use special equipment to help . . . get dressed? ADL_4B Col. 424 Char 1		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 5a	
c. Did someone usually stay nearby just in case . . . might need help? ADL_4C Col. 425 Char 1		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	} SKIP to 4f
d. Did someone put on all . . . clothes for . . . ? ADL_4D Col. 426 Char 1		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
e. Did . . . also use special equipment to help . . . dress . . . or use special clothing? ADL_4E Col. 427 Char 1		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
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. 428 Char 1		1 <input type="checkbox"/> Most of the time 2 <input type="checkbox"/> Some of the time 3 <input type="checkbox"/> Only occasionally	
g. About how long has . . . (had help dressing/used special equipment or clothing)? ADL_4G Col. 429 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	} Mark flap item 1, code 7 - SKIP to 5a
h. During the past week, did someone help . . . change . . . pajamas or gown? ADL_4H Col. 430 Char 1		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
i. About how long has . . . been unable to dress? PROBE as necessary. ADL_4I Col. 431 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	} Mark flap item 1, code 7
CHECK ITEM A.2 Refer to Control Card, item 30 ADL_CK2 Col. 432 Char 1		1 <input type="checkbox"/> Code 3 marked in c. c. item 30 - SKIP to 5k 2 <input type="checkbox"/> All others	
5a. Since last (day), did any person help . . . bathe, or was . . . unable to bathe at all? ADL_5A Col. 433 Char 1		1 <input type="checkbox"/> Yes - SKIP to 5d 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Unable to bathe - SKIP to 5j	
b. Did . . . use special equipment like a shower seat, tub stool or grab bar to help . . . bathe? ADL_5B Col. 434 Char 1		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 6a	
c. Did someone usually stay nearby just in case . . . might need help? ADL_5C Col. 435 Char 1		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	} SKIP to 5g

<p>d. Did someone bathe . . . ? ADL_5D Col. 436 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. 437 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. 438 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. 439 Char 1 (2) Grab bars/handle bars at sink ADL_5G_2 Col. 440 Char 1 (3) Hand-held shower ADL_5G_3 Col. 441 Char 1 (4) Walker/cane ADL_5G_4 Col. 442 Char 1 (5) Rubber mat ADL_5G_5 Col. 443 Char 1 (6) Other device ADL_5G_6 Col. 444 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</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. 445 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. 446 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 style="text-align: right;"><i>Mark flap item 1, code 8 - SKIP to 6a.</i></p>
<p>j. Did . . . wash . . . body at a sink or basin? ADL_5J Col. 447 Char 1</p>	<p>1 <input type="checkbox"/> Yes - <i>SKIP to 5l.</i> 2 <input type="checkbox"/> No</p>
<p>k. During the past week, did . . . have a bed bath? ADL_5K Col. 448 Char 1</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p>l. About how long has . . . been able to bathe? <i>PROBE as necessary. Code for the longest.</i> ADL_5L Col. 449 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 style="text-align: right;"><i>Mark flap item 1, code 8</i></p>
<p>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. 450 Char 1</p>	<p>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></p>
<p>b. Did . . . use special equipment like a raised toilet, bedside commode, or grab bar to help . . . to use the toilet? ADL_6B Col. 451 Char 1</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 6o</i></p>
<p>c. Did someone usually stay nearby just in case . . . might need help to use the toilet? ADL_6C Col. 452 Char 1</p>	<p>1 <input type="checkbox"/> Yes } <i>SKIP to 6g</i> 2 <input type="checkbox"/> No }</p>
<p>d. Did someone usually help . . . get to the toilet? ADL_6D Col. 453 Char 1</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>

<p>e. Did someone help . . . to get on or off the toilet, arrange . . . clothes, or clean . . . self? ADL_6E Col. 454 Char 1</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p>f. Did . . . also use special equipment like a raised toilet, bedside commode, or grab bar to help . . . use the toilet? ADL_6F Col. 455 Char 1</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 6j</i></p>
<p>g. What kind of special equipment did . . . use? Anything else? Anything else? <i>Mark (1) all that apply.</i></p> <p>(1) Raised toilet ADL_6G_1 Col. 456 Char 1</p> <p>(2) Portable toilet/bedside commode ADL_6G_2 Col. 457 Char 1</p> <p>(3) Rail/grab bar ADL_6G_3 Col. 458 Char 1</p> <p>(4) Bedpan or urinal ADL_6G_4 Col. 459 Char 1</p> <p>(5) Cane/walker ADL_6G_5 Col. 460 Char 1</p> <p>(6) Other device ADL_6G_6 Col. 461 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</p>
<p>h. Did . . . take care of . . . toilet needs by using any OTHER special equipment like a (bedpan/portable toilet/special underwear)? ADL_6H Col. 462 Char 1</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 6j</i></p>
<p>i. What other special equipment did . . . use? Anything else? Anything else? <i>Mark (1) all that apply.</i></p> <p>(1) Bed pan ADL_6I_1 Col. 463 Char 1</p> <p>(2) Portable toilet/bedside commode ADL_6I_2 Col. 464 Char 1</p> <p>(3) Special underwear/diapers ADL_6I_3 Col. 465 Char 1</p> <p>(4) Specify other device ADL_6I_4 Col. 466 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>j. How often did . . . (receive help or use special equipment) - most of the time, some of the time, or occasionally? ADL_6J Col. 467 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. 468 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 flap item 1, code 9 - 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. 469 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></p> <p>(1) Bed pan</p>	

ADL_6M_1 (2) Portable toilet/bedside commode	Col. 470	Char 1	1 <input type="checkbox"/> MARKED
ADL_6M_2 (3) Special underwear/diapers	Col. 471	Char 1	1 <input type="checkbox"/> MARKED
ADL_6M_3 (4) Catheter	Col. 472	Char 1	1 <input type="checkbox"/> MARKED
ADL_6M_4 (5) Specify other device	Col. 473	Char 1	1 <input type="checkbox"/> MARKED
ADL_6M_5	Col. 474	Char 1	1 <input type="checkbox"/> MARKED
n. About how long has . . . been unable to use the toilet? ADL_6N	Col. 475	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 flap item 1, code 9</i>			
o. Did . . . use a device such as a urinary catheter or a colostomy bag? ADL_6O	Col. 476	Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 6r</i>
p. Does . . . take care of it by . . .self OF does someone help . . . to take care of it? ADL_6P	Col. 477	Char 1	1 <input type="checkbox"/> Self care 2 <input type="checkbox"/> With help
q. About how long has . . . been using it? <i>PROBE as necessary. Code for longest</i> ADL_6Q	Col. 478	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
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. 479	Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to CHECK ITEM A.3</i>
Does someone help . . . clean up OR does . . . take care of it by himself/herself? ADL_6S	Col. 480	Char 1	1 <input type="checkbox"/> Self care 2 <input type="checkbox"/> With help
s. About how long . . . had this problem? <i>PROBE as necessary. Code for longest</i> ADL_6T	Col. 481	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
<b>CHECK ITEM A.3</b>			
<i>Refer to FLAP ITEM 1.</i>			
<i>Mark (1) for each MARKED ADL item.</i>			
(1) Eating ADL_CK3_1	Col. 482	Char 1	1 <input type="checkbox"/> MARKED
(2) Getting in/out of bed ADL_CK3_2	Col. 483	Char 1	1 <input type="checkbox"/> MARKED
(3) Getting around inside ADL_CK3_4	Col. 484	Char 1	1 <input type="checkbox"/> MARKED
(4) Dressing ADL_CK3_7	Col. 485	Char 1	1 <input type="checkbox"/> MARKED
(5) Bathing ADL_CK3_8	Col. 486	Char 1	1 <input type="checkbox"/> MARKED
(6) Getting to the bathroom or using the toilet			1 <input type="checkbox"/> MARKED
<i>If all items marked, SKIP to CHECK ITEM A.4, Otherwise, ask 7a.</i>			



ADL\_CK3\_9

Col. 487 Char 1

1  MARKED

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. 488 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. 489 Char 1
- (2) Getting in/out of bed ADL\_7B\_2 Col. 490 Char 1
- (3) Getting around inside ADL\_7B\_4 Col. 491 Char 1
- (4) Dressing ADL\_7B\_7 Col. 492 Char 1
- (5) Bathing ADL\_7B\_8 Col. 493 Char 1
- (6) Getting to the bathroom or using the toilet ADL\_7B\_9 Col. 494 Char 1

1  MARKED  
1  MARKED  
1  MARKED  
1  MARKED  
1  MARKED  
1  MARKED

Mark appropriate item(s) in flap item 1 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. 495 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\_CK4 Col. 496 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. 497 Char 1
- (2) Getting in/out of bed ADL\_8B\_2 Col. 498 Char 1
- (3) Getting around inside ADL\_8B\_4 Col. 499 Char 1
- (4) Dressing ADL\_8B\_7 Col. 500 Char 1
- (5) Bathing ADL\_8B\_8 Col. 501 Char 1
- (6) Getting to the bathroom or using the toilet ADL\_8B\_9 Col. 502 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. 503 Char 1

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

9a. You said that . . . has help in (read marked ADL items from CHECK ITEM A.3). What is the name of the person who helps . . . MOST with (that/those things)?

Fill flap items 3a and b and mark flap item 3c, box 1, in first helpers column.

b. Who helps . . . with (that/those things)?

Reask until no more helpers names. Fill flap items 3a and b and mark flap item

3c, box1, in all cases.

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

**CHECK ITEM A.5**

Refer to flap item 1.  
both of these variables equal to 1?

IDL\_CHK2 Col. 504 Char 1

- 1  Code 3 and/or code 5 - *SKIP to 8a*  
2  All others

1a. Does . . . usually do heavy work around the house such as moving furniture, scrubbing floors, or washing windows?

IDL\_1A Col. 505 Char 1

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

b. If . . . had to do heavy work around the house, could . . . do it?

IDL\_1B Col. 506 Char 1

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

c. What is the reason . . . cannot do heavy work around the house - is that because of disability or health problem, or is there some other reason?

IDL\_1C Col. 507 Char 1

- 1  Disability or health problem (including old age) -  
*Mark flap item2, code 1.*  
2  Other reason

2a. Does . . . usually do light work around the house such as straightening up, putting things away, or washing dishes?

IDL\_2A Col. 508 Char 1

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

b. If . . . had to do light work around the house, could . . . do it?

IDL\_2B Col. 509 Char 1

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

c. What is the reason . . . cannot do light work around the house - is that because of disability or health problem, or is there some other reason?

IDL\_2C Col. 510 Char 1

- 1  Disability or health problem (including old age) -  
*Mark flap item2, code 2*  
2  Other reason

3a. Does . . . usually do . . . own laundry?

IDL\_3A Col. 511 Char 1

- 1  Yes - *SKIP to Check Item A.6*  
2  No

b. If . . . had to do . . . own laundry, could . . . do it?

IDL\_3B Col. 512 Char 1

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

c. What is the reason . . . cannot do . . . own laundry - is that because of disability or health problem, or is there some other reason?

IDL\_3C Col. 513 Char 1

- 1  Disability or health problem (including old age) -  
*Mark flap item2, code 3*  
2  Other reason

**CHECK ITEM A.6**

*Refer to flap items 1a, 2a, and 3a above.*

IDL\_CHK3 Col. 514 Char 1

- 1  "No" answered to one or more items  
2  All others - *SKIP to 3g*

d. Does someone usually help . . . with work around the house or laundry or do it for . . . ?

IDL\_3D Col. 515 Char 1

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

e. Who regularly does this?

*Fill flap items 3a and b in next available helper's column for name not previously entered. Mark flap item 3c, code 2, in all cases.*

f. Who else regularly does this?

*Reask until no more helpers named. Fill flap items 3a and b in next available helper's column(s) for name(s) not previously entered. Mark flap item 3c, code 2, in all cases. THEN SKIP TO 4a.*

g. Does . . . NEED any help doing work around the house or . . . laundry?

IDL\_3H Col. 516 Char 1

- 1  Yes  
2  No

4a. Does . . . usually prepare . . . own meals?

IDL\_4A Col. 517 Char 1

- 1  Yes - *SKIP to 4g*  
2  No

b. If . . . had to prepare . . . own meals, could . . . do it?

- 1  Yes - *SKIP to 4d*

IDL_4B	Col. 518	Char 1	2 <input type="checkbox"/> No
c. What is the reason . . . cannot prepare . . . own meals - is that because of disability or health problem, or is there some other reason? IDL_4C	Col. 519	Char 1	1 <input type="checkbox"/> Disability or health problem (including old age) - Mark flap item2, code 4 2 <input type="checkbox"/> Other reason
d. Does another person or organization usually prepare meals for . . . to eat here? IDL_4D	Col. 520	Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 4g
e. Who regularly does this?	<i>Fill flap items 3a and b in next available helper's column for name not previously entered. Mark flap item 3c, code 3, in all cases.</i>		
f. Who else regularly does this?	<i>Reask until no more helpers named. Fill flap items 3a and b in next available helper's column(s) for name(s) not previously entered. Mark flap item 3c, code 3, in all cases. THEN SKIP TO 5a.</i>		
g. Does . . . NEED someone to prepare meals for . . . ? IDL_4H	Col. 521	Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
5a. Does . . . usually shop for groceries, that is, go to the store, select the items, and get them home? IDL_5A	Col. 522	Char 1	1 <input type="checkbox"/> Yes - SKIP to 5g 2 <input type="checkbox"/> No
b. If . . . had to do . . . own grocery shopping, could . . . do it? IDL_5B	Col. 523	Char 1	1 <input type="checkbox"/> Yes - SKIP to 5d 2 <input type="checkbox"/> No
c. What is the reason . . . cannot shop for groceries - is that because of disability or health problem, or is there some other reason? IDL_5C	Col. 524	Char 1	1 <input type="checkbox"/> Disability or health problem (including old age) - Mark flap item2, code 5 2 <input type="checkbox"/> Other reason
d. Does someone usually help . . . shop for groceries or do it for . . . ? IDL_5D	Col. 525	Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 5g.
e. Who regularly does this?	<i>Fill flap items 3a and b in next available helper's column for name not previously entered. Mark flap item 3c, code 4, in all cases.</i>		
f. Who else regularly does this?	<i>Reask until no more helpers named. Fill flap items 3a and b in next available helper's column(s) for name(s) not previously entered. Mark flap item 3c, code 4, in all cases. THEN SKIP TO 6a.</i>		
g. Does . . . NEED any help shopping for groceries? IDL_5H	Col. 526	Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
6a. Does . . . get around outside at all, either with help or without help? IDL_6A	Col. 527	Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 6i
b. When . . . goes outside, does someone usually help . . . get around? IDL_6B	Col. 528	Char 1	1 <input type="checkbox"/> Yes - Mark flap item 2, code 6 2 <input type="checkbox"/> No - SKIP to 6e
c. Who regularly helps . . . Get around?	<i>Fill flap items 3a and b in next available helper's column for name not previously entered. Mark flap item 3c, code 5, in all cases.</i>		
d. Who else regularly helps . . . Get around?	<i>Reask until no more helpers named. Fill flap items 3a and b in next available helper's column(s) for name(s) not previously entered. Mark flap item 3c, code 5, in all cases.</i>		
e. When . . . Goes outside, does . . . Use special equipment like a cane or walker or a guide dog to help . . . Get around? IDL_6E	Col. 529	Char 1	1 <input type="checkbox"/> Yes - Mark flap item 2, code 6, if not already marked 2 <input type="checkbox"/> No - SKIP to 6h

f. What type of special equipment does . . . use?

Anything else?

Mark (1) all apply.

- |                                      |          |        |                                   |
|--------------------------------------|----------|--------|-----------------------------------|
| (1) Guide dog<br>IDL_F01             | Col. 530 | Char 1 | 1 <input type="checkbox"/> MARKED |
| (2) Cane<br>IDL_F02                  | Col. 531 | Char 1 | 1 <input type="checkbox"/> MARKED |
| (3) Walker<br>IDL_F03                | Col. 532 | Char 1 | 1 <input type="checkbox"/> MARKED |
| (4) Wheelchair<br>IDL_F04            | Col. 533 | Char 1 | 1 <input type="checkbox"/> MARKED |
| (5) Crutches<br>IDL_F05              | Col. 534 | Char 1 | 1 <input type="checkbox"/> MARKED |
| (6) Orthopedic shoes<br>IDL_F06      | Col. 535 | Char 1 | 1 <input type="checkbox"/> MARKED |
| (7) Brace (let or back)<br>IDL_F07   | Col. 536 | Char 1 | 1 <input type="checkbox"/> MARKED |
| (8) Prosthesis<br>IDL_F08            | Col. 537 | Char 1 | 1 <input type="checkbox"/> MARKED |
| (9) Oxygen/respirator<br>IDL_F09     | Col. 538 | Char 1 | 1 <input type="checkbox"/> MARKED |
| (10) Ramp<br>IDL_F10                 | Col. 539 | Char 1 | 1 <input type="checkbox"/> MARKED |
| (11) Handrail<br>IDL_F11             | Col. 540 | Char 1 | 1 <input type="checkbox"/> MARKED |
| (12) Specify other device<br>IDL_F12 | Col. 541 | Char 1 | 1 <input type="checkbox"/> MARKED |

g. Does . . . usually use (equipment in 6f) by . . . self OR with help from another person?

IDL\_6G Col. 542 Char 1

- 1  By self } SKIP  
2  With help } to 7a

h. Does . . . NEED any help getting around outside?

IDL\_6H Col. 543 Char 1

- 1  Yes } SKIP  
2  No } to 7a

i. What is the reason . . . does not get around outside? Is it because of disability or health problem, or is there some other reason?

IDL\_6I Col. 544 Char 1

- 1  Disability of health problem (including old age) -  
Mark flap item 2, code 6. THEN SKIP TO 9a.  
2  Other reason - SKIP to 9a

Look at Flashcard A.

7a. How does . . . USUALLY go places outside of walking distance?

Mark only one.

IDL\_7A Col. 545 Char 1

- 1  Car  
2  Van  
3  Taxi  
4  Bus  
5  Other public transportation  
6  Other  
7  Does not travel at all - SKIP to 7g

b. Does someone usually help . . . go places outside or walking distance?

IDL\_7B Col. 546 Char 1

- 1  Yes  
2  No - SKIP to 7h

c. If . . . had to go places outside of walking distance by . . . self, could . . . do it?

IDL\_7C Col. 547 Char 1

- 1  Yes - SKIP to 9a  
2  No

d. Who regularly helps . . . with this?

Fill flap items 3a and b in next available helper's column for name not previously entered. Mark flap item 3c, code 6, in all cases.

e. Who else regularly helps . . . with this?

Reask until no more helpers named. Fill flap items 3a and b in next

				available helper's column(s) for name(s) not previously entered. Mark flap item 3c, code 6, in all cases.
f. Is the reason . . . 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. 548	Char 1	1 <input type="checkbox"/> Disability or health problem (including old age) - Mark flap item 2, code 7, THEN SKIP TO 9a. 2 <input type="checkbox"/> Other reason - SKIP to 9a	
g. If . . . had to go places outside of walking distance by . . . self, could . . . do it? IDL_7G	Col. 549	Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
h. Does . . . NEED any help getting around outside of walking distance? IDL_7H	Col. 550	Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } SKIP to 9a	
8a. Does someone regularly help . . . with housework and laundry or do housework and laundry for . . . ? Who else regularly does this? IDL_8A	Col. 551	Char 1	1 <input type="checkbox"/> No one helps 2 <input type="checkbox"/> Someone helps - Mark flap item 2, codes 1, 2, and 3. Fill flap items 3a and b in next available helper's column(s) for name(s) not previously entered. Mark flap item 3c, code 2, in all cases.	
b. Who regularly prepares meals for . . . to eat here? Who else regularly does this IDL_8B	Col. 552	Char 1	1 <input type="checkbox"/> No one helps 2 <input type="checkbox"/> Someone helps - Mark flap item 2, code 4. Fill flap items 3a and b in next available helper's column(s) for name(s) not previously entered. Mark flap item 3c, code 3, in all cases.	
c. Who regularly helps . . . shop for groceries or does it for . . . ? Who else regularly does this? IDL_8C	Col. 553	Char 1	1 <input type="checkbox"/> No one helps 2 <input type="checkbox"/> Someone helps - Mark flap item 2, code 5. Fill flap items 3a and b in next available helper's column(s) for name(s) not previously entered. Mark flap item 3c, code 4, in all cases.	
9a. Does . . . usually manage . . . own money by self including things like keeping track of bills or handling cash? IDL_9A	Col. 554	Char 1	1 <input type="checkbox"/> Yes - SKIP to 9g 2 <input type="checkbox"/> No	
b. If . . . had to manage . . . own money, could . . . do it? IDL_9B	Col. 555	Char 1	1 <input type="checkbox"/> Yes - SKIP to 9d 2 <input type="checkbox"/> No	
c. Is the reason . . . cannot manage . . . own money because of a disability or health problem, or is there some other reason? IDL_9C	Col. 556	Char 1	1 <input type="checkbox"/> Disability of health problem (including old age) - Mark flap item 2, code 8. 2 <input type="checkbox"/> Other reason	
d. Does someone usually help . . . with managing . . . money, like keeping track or . . . bills or handling cash for . . . ? IDL_9D	Col. 557	Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 9g	
e. Who regularly helps . . . with this?				Fill flap items 3a and b in next available helper's column for name not previously entered. Mark flap item 3c, code 7, in all cases.
f. Who else regularly helps . . . with this?				Reask until no more helpers named. Fill flap items 3a and b in next available helper's column(s) for name(s) not previously entered. Mark flap item 3c, code 7, in all cases. THEN SKIP TO 10a.
g. Does . . . NEED any help managing . . . money like keeping track of . . . bills or handling cash for . . . ? IDL_9H	Col. 558	Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
10a. Does someone usually help . . . take . . . medicine? IDL_10A	Col. 559	Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 10d 3 <input type="checkbox"/> Does not take at all - SKIP to 11a	
b. Who regularly helps . . . with this?				Fill flap items 3a and b in next available helper's column for name



NSA_5B	Col. 581	Char 1	2 <input type="checkbox"/> No - <i>SKIP to 14d.</i>
b. Does . . . receive any health services or therapy at the center? NSA_5C	Col. 582	Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
c. Does this center provide . . . with transportation between the center and . . .'s home? NSA_5D	Col. 583	Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
d. Does . . . now regularly eat meals in (a senior center or in) some other place with a special meal program for older people? NSA_7C	Col. 584	Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
CHECK ITEM A.8 <i>Refer to flap item 3.</i> NSA_HP	Col. 585	Char 1	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>

**Column A**

CHECK ITEM A.9 Refer to flap item 3.			
Record Number HPA_REC	Col. 1461	Char 2	01-15 <input type="checkbox"/> Person Number
<i>In each column enter name and personal number</i>			
HPA_NO	Col. 1463	Char 2	02-48,99 <input type="checkbox"/> Person Number
Alphabetical Column Header HPA_COL	Col. 1465	Char 1	A - Z, blank <input type="checkbox"/>
15a1. During the past week, that is since last ( <i>day</i> ), how many days were there when ( <i>name of helper</i> ) helped . . . Because of a disability or health problem? HPA_1A	Col. 1475	Char 1	0 <input type="checkbox"/> None 1-7 <input type="checkbox"/> Days

b1. For how long has ( <i>name of helper</i> ) helped . . . because of a disability or health problem? HPA_1B	Col. 1476	Char 1	1 <input type="checkbox"/> Less than 3 months 2 <input type="checkbox"/> 3 months to less than 6 months 3 <input type="checkbox"/> 6 months to less than 1 year 4 <input type="checkbox"/> 1 year to less than 5 years 5 <input type="checkbox"/> 5 years or over
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c1. <i>If obvious, code without asking.</i>  You mentioned that ( <i>name of helper</i> ) helps . . . Is ( <i>name of helper</i> ) a relative, friend, someone hired to help . . . , someone from helping organization, or someone else?  <i>If "Relative," ASK -</i> How is ( <i>name of helper</i> ) related to . . . ?  <i>Mark (1) all that apply.</i> HPA_1F	Col. 1477	Char 2	<p>Relatives</p> <p>11 <input type="checkbox"/> Spouse 12 <input type="checkbox"/> Father 13 <input type="checkbox"/> Mother 14 <input type="checkbox"/> Son 15 <input type="checkbox"/> Daughter 16 <input type="checkbox"/> Brother 17 <input type="checkbox"/> Sister 18 <input type="checkbox"/> Son-in-law 19 <input type="checkbox"/> Daughter-in-law 20 <input type="checkbox"/> Other male relative 21 <input type="checkbox"/> Other female relative</p> <p>Others</p> <p>22 <input type="checkbox"/> Male friend 23 <input type="checkbox"/> Female friend 24 <input type="checkbox"/> An employee 25 <input type="checkbox"/> Someone from helping organization 26 <input type="checkbox"/> Someone else</p> <p style="text-align: right;"><i>SKIP to next helper. If last helper SKIP to 1a</i></p>
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d1. Is ( <i>name of helper</i> ) paid to help . . . ?			1 <input type="checkbox"/> Yes
---	--	--	--------------------------------

HPA_1G	Col. 1479	Char 1	2 <input type="checkbox"/> No - <i>SKIP to next helper. If last helper, SKIP to 1a.</i>
e1. Will . . . self end up paying any of the charges for the help . . . got from ( <i>name of helper</i> ) during ( <i>previous month</i> )?			1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 1g</i>
HPA_1K	Col. 1480	Char 1	
f1. How much?			0000- 5000 <input type="checkbox"/> 5001 <input type="checkbox"/> More than \$5001
HPA_1J	Col. 1481	Char 5	
g1. Will insurance, Medicare, Medicaid, or anyone else, including any members of . . . ('s) family, end up paying any of the charge for this?			1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to next helper. If last helper, SKIP to 1a.</i>
HPA_1M	Col. 1486	Char 1	
h1. Who will end up paying?			
Anyone else?			
<i>Mark (1) all that apply.</i>			
(11) Fee for service insurance plans			
HPA_1N11	Col. 1487	Char 1	1 <input type="checkbox"/> Marked
(12) Medicare			
HPA_1N13	Col. 1488	Char 1	1 <input type="checkbox"/> Marked
(13) Medicaid			
HPA_1N14	Col. 1489	Char 1	1 <input type="checkbox"/> Marked
(14) Household Members			
HPA_1N15	Col. 1490	Char 1	1 <input type="checkbox"/> Marked
HPA_1N15A	Col. 1491	Char 2	02-20,99 <input type="checkbox"/> Person Number
HPA_1N15B	Col. 1493	Char 2	02-20,99 <input type="checkbox"/> Person Number
(15) Child(ren) not in Household			
HPA_1N16	Col. 1495	Char 1	1 <input type="checkbox"/> Marked
HPA_1N16A	Col. 1496	Char 2	20-48,99 <input type="checkbox"/> Person Number
HPA_1N16B	Col. 1498	Char 2	20-48,99 <input type="checkbox"/> Person Number
HPA_1N16C	Col. 1500	Char 2	20-48,99 <input type="checkbox"/> Person Number
HPA_1N16D	Col. 1502	Char 2	20-48,99 <input type="checkbox"/> Person Number
Other nonhousehold members			
(16) Father			
HPA_1N17	Col. 1504	Char 1	1 <input type="checkbox"/> Marked
(17) Mother			
HPA_1N18	Col. 1505	Char 1	1 <input type="checkbox"/> Marked
(18) Son-in-law			
HPA_1N19	Col. 1506	Char 1	1 <input type="checkbox"/> Marked
(19) Daughter-in-law			
HPA_1N20	Col. 1507	Char 1	1 <input type="checkbox"/> Marked
(20) Brother			
HPA_1N21	Col. 1508	Char 1	1 <input type="checkbox"/> Marked
(21) Sister			
HPA_1N22	Col. 1509	Char 1	1 <input type="checkbox"/> Marked
(22) Other male relative			
HPA_1N23	Col. 1510	Char 1	1 <input type="checkbox"/> Marked
(23) Other female relative			
HPA_1N24	Col. 1511	Char 1	1 <input type="checkbox"/> Marked
(24) Male friend			



HPA_N125	Col. 1512	Char 1	1 <input type="checkbox"/> Marked
(25) Female friend HPA_1N26	Col. 1513	Char 1	1 <input type="checkbox"/> Marked
(26) Other HPA_1N27	Col. 1514	Char 1	1 <input type="checkbox"/> Marked

**Column B**

CHECK ITEM A.9

Refer to flap item 3.

Record Number

HPB\_REC Col. 1515 Char 2

01-15  Person Number

*In each column enter name and personal number*

HPB\_NO Col. 1517 Char 2

02-48,99  Person Number

Alphabetical Column Header

HPB\_COL Col. 1519 Char 1

A - Z,  
blank

15a2. During the past week, that is since last (*day*), how many days were there when (*name of helper*) helped . . . Because of a disability or health problem?

HPB\_1A Col. 1529 Char 1

0  None  
1-7  Days

b2. For how long has (*name of helper*) helped . . . because of a disability or health problem?

HPB\_1B Col. 1530 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

c2. *If obvious, code without asking.*

You mentioned that (*name of helper*) helps . . . is (*name of helper*) a relative, friend, someone hired to help . . . , someone from helping organization, or someone else?

*If "Relative," ASK -*

How is (*name of helper*) related to . . . ?

Mark (1) all that apply.

HPB\_1F Col. 1531 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 1a

Others

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

d2. Is (*name of helper*) paid to help . . . ?

HPB\_1G Col. 1533 Char 1

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

e2. Will . . . self end up paying any of the charges for the help . . . got from (*name of helper*) during (*previous month*)?

HPB\_1K Col. 1534 Char 1

1  Yes  
2  No - SKIP to 1g

f2. How much?

HPB\_1J Col. 1535 Char 5

0000-  
5000   
5001  More than \$5000

g2. Will insurance, Medicare, Medicaid, or anyone else, including

any members of . . . ('s) family, end up paying any of the charge for this?

HPB\_1M

Col. 1540

Char 1

1  Yes

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

**h2. Who will end up paying?**

Anyone else?

*Mark (1) all that apply.*

(11) Fee for service insurance plans

HPB\_1N11

Col. 1541

Char 1

1  Marked

(12) Medicare

HPB\_1N13

Col. 1542

Char 1

1  Marked

(13) Medicaid

HPB\_1N14

Col. 1543

Char 1

1  Marked

(14) Household Members

HPB\_1N15

Col. 1544

Char 1

1  Marked

HPB\_1N15A

Col. 1545

Char 2

02-20,99  Person Number

HPB\_1N15B

Col. 1547

Char 2

02-20,99  Person Number

(15) Child(ren) not in Household

HPB\_1N16

Col. 1549

Char 1

1  Marked

HPB\_1N16A

Col. 1550

Char 2

20-48,99  Person Number

HPB\_1N16B

Col. 1552

Char 2

20-48,99  Person Number

HPB\_1N16C

Col. 1554

Char 2

20-48,99  Person Number

HPB\_1N16D

Col. 1556

Char 2

20-48,99  Person Number

Other nonhousehold members

(16) Father

HPB\_1N17

Col. 1558

Char 1

1  Marked

(17) Mother

HPB\_1N18

Col. 1559

Char 1

1  Marked

(18) Son-in-law

HPB\_1N19

Col. 1560

Char 1

1  Marked

(19) Daughter-in-law

HPB\_1N20

Col. 1561

Char 1

1  Marked

(20) Brother

HPB\_1N21

Col. 1562

Char 1

1  Marked

(21) Sister

HPB\_1N22

Col. 1563

Char 1

1  Marked

(22) Other male relative

HPB\_1N23

Col. 1564

Char 1

1  Marked

(23) Other female relative

HPB\_1N24

Col. 1565

Char 1

1  Marked

(24) Male friend

HPB\_1N25

Col. 1566

Char 1

1  Marked

(25) Female friend

HPB\_1N26

Col. 1567

Char 1

1  Marked

(26) Other

HPB\_1N27

Col. 1568

Char 1

1  Marked

**Column C**

CHECK ITEM A.9

Refer to flap item 3.

Record Number

<p>HPC_REC                                  Col. 1569    Char 2</p> <p><i>In each column enter name and personal number</i></p> <p>HPC_NO                                    Col. 1571    Char 2</p> <p>Alphabetical Column Header</p> <p>HPC_COL                                  Col. 1573    Char 1</p>	<p>01-15 <input type="checkbox"/> Person Number</p> <p>02-48,99 <input type="checkbox"/> Person Number</p> <p>A - Z, blank <input type="checkbox"/></p>
<p>a3. During the past week, that is since last (<i>day</i>), how many days were there when (<i>name of helper</i>) helped . . . Because of a disability or health problem?</p> <p>HPC_1A                                    Col. 1583    Char 1</p>	<p>0 <input type="checkbox"/> None</p> <p>1-7 <input type="checkbox"/> Days</p>
<p>b3. For how long has (<i>name of helper</i>) helped . . . because of a disability or health problem?</p> <p>HPC_1B                                    Col. 1584    Char 1</p>	<p>1 <input type="checkbox"/> Less than 3 months</p> <p>2 <input type="checkbox"/> 3 months to less than 6 months</p> <p>3 <input type="checkbox"/> 6 months to less than 1 year</p> <p>4 <input type="checkbox"/> 1 year to less than 5 years</p> <p>5 <input type="checkbox"/> 5 years or over</p>
<p>c3. <i>If obvious, code without asking.</i></p> <p>You mentioned that (<i>name of helper</i>) helps . . . Is (<i>name of helper</i>) a relative, friend, someone hired to help . . . , someone from helping organization, or someone else?</p> <p><i>If "Relative," ASK -</i> How is (<i>name of helper</i>) related to . . . ?</p> <p><i>Mark (1) all that apply.</i></p> <p>HPC_1F                                    Col. 1585    Char 2</p>	<p>Relative</p> <p>11 <input type="checkbox"/> Spouse</p> <p>12 <input type="checkbox"/> Father</p> <p>13 <input type="checkbox"/> Mother</p> <p>14 <input type="checkbox"/> Son</p> <p>15 <input type="checkbox"/> Daughter</p> <p>16 <input type="checkbox"/> Brother</p> <p>17 <input type="checkbox"/> Sister</p> <p>18 <input type="checkbox"/> Son-in-law</p> <p>19 <input type="checkbox"/> Daughter-in-law</p> <p>20 <input type="checkbox"/> Other male relative</p> <p>21 <input type="checkbox"/> Other female relative</p> <p>Others</p> <p>22 <input type="checkbox"/> Male friend</p> <p>23 <input type="checkbox"/> Female friend</p> <p>24 <input type="checkbox"/> An employee</p> <p>25 <input type="checkbox"/> Someone from helping organization</p> <p>26 <input type="checkbox"/> Someone else</p> <p><i>SKIP to next helper. If last helper SKIP to 1a.</i></p>
<p>d3. Is (<i>name of helper</i>) paid to help . . . ?</p> <p>HPC_1G                                    Col. 1587    Char 1</p>	<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No - <i>SKIP to next helper. If last helper, SKIP to 1a.</i></p>
<p>e3. Will . . . end up paying any of the charges for the help . . . got from (<i>name of helper</i>) during (<i>previous month</i>)?</p> <p>HPC_1K                                    Col. 1588    Char 1</p>	<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No - <i>SKIP to 1g</i></p>
<p>f3. How much?</p> <p><i>(This question refers to how much the SAMPLE PERSON will pay for the help he/she got from the helper.)</i></p> <p>HPC_1J                                    Col. 1589    Char 5</p>	<p>0000- 5000 <input type="checkbox"/> Dollars per hour</p> <p>5001 <input type="checkbox"/> More than \$5000</p>
<p>g2. Will insurance, Medicare, Medicaid, or anyone else, including any members of . . . ('s) family, end up paying any of the charge for this?</p> <p>HPC_1M                                    Col. 1594    Char 1</p>	<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No - <i>SKIP to next helper. If last helper, SKIP to 1a.</i></p>
<p>h3. Who will end up paying?</p> <p>Anyone else?</p> <p><i>Mark (1) all that apply.</i></p> <p>(11) Fee for service insurance plans</p> <p>HPC_1N11                                  Col. 1595    Char 1</p> <p>(12) Medicare</p>	<p>1 <input type="checkbox"/> Marked</p>

HPC_1N13	Col. 1596	Char 1	1 <input type="checkbox"/>	Marked
(13) Medicaid HPC_1N14	Col. 1597	Char 1	1 <input type="checkbox"/>	Marked
(14) Household Members HPC_1N15	Col. 1598	Char 1	1 <input type="checkbox"/>	Marked
HPC_1N15A	Col. 1599	Char 2	02-20,99 <input type="checkbox"/>	Person Number
HPC_1N15B	Col. 1601	Char 2	02-20,99 <input type="checkbox"/>	Person Number
(15) Child(ren) not in Household HPC_1N16	Col. 1603	Char 1	1 <input type="checkbox"/>	Marked
HPC_1N16A	Col. 1604	Char 2	20-48,99 <input type="checkbox"/>	Person Number
HPC_1N16B	Col. 1606	Char 2	20-48,99 <input type="checkbox"/>	Person Number
HPC_1N16C	Col. 1608	Char 2	20-48,99 <input type="checkbox"/>	Person Number
HPC_1N16D	Col. 1610	Char 2	20-48,99 <input type="checkbox"/>	Person Number
Other nonhousehold members				
(16) Father HPC_1N17	Col. 1612	Char 1	1 <input type="checkbox"/>	Marked
(17) Mother HPC_1N18	Col. 1613	Char 1	1 <input type="checkbox"/>	Marked
(18) Son-in-law HPC_1N19	Col. 1614	Char 1	1 <input type="checkbox"/>	Marked
(19) Daughter-in-law HPC_1N20	Col. 1615	Char 1	1 <input type="checkbox"/>	Marked
(20) Brother HPC_1N21	Col. 1616	Char 1	1 <input type="checkbox"/>	Marked
(21) Sister HPC_1N22	Col. 1617	Char 1	1 <input type="checkbox"/>	Marked
(22) Other male relative HPC_1N23	Col. 1618	Char 1	1 <input type="checkbox"/>	Marked
(23) Other female relative HPC_1N24	Col. 1619	Char 1	1 <input type="checkbox"/>	Marked
(24) Male friend HPC_N125	Col. 1620	Char 1	1 <input type="checkbox"/>	Marked
(25) Female friend HPC_1N26	Col. 1621	Char 1	1 <input type="checkbox"/>	Marked
(26) Other HPC_1N27	Col. 1622	Char 1	1 <input type="checkbox"/>	Marked

**Column D**

CHECK ITEM A.9

*Refer to flap item 3.*

Record Number

HPD\_REC

Col. 1623 Char 2

01-15  Person Number

*In each column enter name and personal number*

HPD\_NO

Col. 1625 Char 2

02-48,99  Person Number

Alphabetical Column Header

HPD\_COL

Col. 1627 Char 1

A - Z,  
blank

a4. During the past week, that is since last (*day*), how many days were there when (*name of helper*) helped . . . Because of a disability or health problem?

HPD\_1A

Col. 1637 Char 1

0  None  
1-7  Days

b4. For how long has *(name of helper)* helped . . . because of a disability or health problem?  
 HPD\_1B Col. 1638 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

c4. *If obvious, code without asking.*  
 You mentioned that *(name of helper)* helps . . . Is *(name of helper)* a relative, friend, someone hired to help . . . , someone from helping organization, or someone else?

*If "Relative," ASK -*  
 How is *(name of helper)* related to . . . ?

*Mark (1) all that apply.*  
 HPD\_1F Col. 1639 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 1a*
- Others
- 22  Male friend
  - 23  Female friend
  - 24  An employee
  - 25  Someone from helping organization
  - 26  Someone else

d4. Is *(name of helper)* paid to help . . . ?  
 HPD\_1G Col. 1641 Char 1

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

e4. Will . . . end up paying any of the charges for the help . . . got from *(name of helper)* during *(previous month)*?  
 HPD\_1K Col. 1642 Char 1

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

f4. What was the total amount of pay that *(name of helper)* received BEFORE deductions to help . . . in *(previous month)*?  
 HPD\_1J Col. 1643 Char 5

- 0000-5000
- 5001  More than \$5000

g4. Will insurance, Medicare, Medicaid, or anyone else, including any members of . . . ('s) family, end up paying any of the charge for this?  
 HPD\_1M Col. 1648 Char 1

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

h3. Who will end up paying?

Anyone else?

*Mark (1) all that apply.*

(11) Fee for service insurance plans  
 HPD\_1N11 Col. 1649 Char 1

- 1  Marked

(12) Medicare  
 HPD\_1N13 Col. 1650 Char 1

- 1  Marked

(13) Medicaid  
 HPD\_1N14 Col. 1651 Char 1

- 1  Marked

(14) Household Members  
 HPD\_1N15 Col. 1652 Char 1  
 HPD\_1N15A Col. 1653 Char 2  
 HPD\_1N15B Col. 1655 Char 2

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

(15) Child(ren) not in Household  
 HPD\_1N16 Col. 1657 Char 1  
 HPD\_1N16A Col. 1658 Char 2

- 1  Marked
- 20-48,99  Person Number

HPD_1N16B	Col. 1660	Char 2	20-48,99	<input type="checkbox"/>	Person Number
HPD_1N16C	Col. 1662	Char 2	20-48,99	<input type="checkbox"/>	Person Number
HPD_1N16D	Col. 1664	Char 2	20-48,99	<input type="checkbox"/>	Person Number

Other nonhousehold members

(16) Father	HPD_1N17	Col. 1666	Char 1	1	<input type="checkbox"/>	Marked
(17) Mother	HPD_1N18	Col. 1667	Char 1	1	<input type="checkbox"/>	Marked
(18) Son-in-law	HPD_1N19	Col. 1668	Char 1	1	<input type="checkbox"/>	Marked
(19) Daughter-in-law	HPD_1N20	Col. 1669	Char 1	1	<input type="checkbox"/>	Marked
(20) Brother	HPD_1N21	Col. 1670	Char 1	1	<input type="checkbox"/>	Marked
(21) Sister	HPD_1N22	Col. 1671	Char 1	1	<input type="checkbox"/>	Marked
(22) Other male relative	HPD_1N23	Col. 1672	Char 1	1	<input type="checkbox"/>	Marked
(23) Other female relative	HPD_1N24	Col. 1673	Char 1	1	<input type="checkbox"/>	Marked
(24) Male friend	HPD_N125	Col. 1674	Char 1	1	<input type="checkbox"/>	Marked
(25) Female friend	HPD_1N26	Col. 1675	Char 1	1	<input type="checkbox"/>	Marked
(26) Other	HPD_1N27	Col. 1676	Char 1	1	<input type="checkbox"/>	Marked

**Column E**

CHECK ITEM A.9

*Refer to flap item 3.*

Record Number	HPE_REC	Col. 1677	Char 2	01-15	<input type="checkbox"/>	Person Number
<i>In each column enter name and personal number</i>						
	HPE_NO	Col. 1679	Char 2	02-48,99	<input type="checkbox"/>	Person Number
Alphabetical Column Header	HPE_COL	Col. 1681	Char 1	A - Z, blank	<input type="checkbox"/>	

a5. During the past week, that is since last (*day*), how many days were there when (*name of helper*) helped . . . Because of a disability or health problem?

HPE_1A	Col. 1691	Char 1	0	<input type="checkbox"/>	None
			1-7	<input type="checkbox"/>	Days

b5. For how long has (*name of helper*) helped . . . because of a disability or health problem?

HPE_1B	Col. 1692	Char 1	1	<input type="checkbox"/>	Less than 3 months
			2	<input type="checkbox"/>	3 months to less than 6 months
			3	<input type="checkbox"/>	6 months to less than 1 year
			4	<input type="checkbox"/>	1 year to less than 5 years
			5	<input type="checkbox"/>	5 years or over

c5. *If obvious, code without asking.*

You mentioned that (*name of helper*) helps . . . Is (*name of helper*) a relative, friend, someone hired to help . . ., someone from helping organization, or someone else?

Relative	
11	<input type="checkbox"/> Spouse
12	<input type="checkbox"/> Father
13	<input type="checkbox"/> Mother
14	<input type="checkbox"/> Son
15	<input type="checkbox"/> Daughter

SKIP to next helper.

If "Relative," ASK -  
How is (name of helper) related to . . . ?

Mark (1) all that apply.

HPE\_1F Col. 1693 Char 2

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

If last helper  
SKIP to 1a

Others

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

d5. Is (name of helper) paid to help . . . ?

HPE\_1G Col. 1695 Char 1

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

e5. Will . . . end up paying any of the charges for the help . . . got from (name of helper) during (previous month)?

HPE\_1K Col. 1696 Char 1

- 1  Yes
- 2  No - SKIP to 1g

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

HPE\_1J Col. 1697 Char 5

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

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

HPE\_1M Col. 1702 Char 1

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

h3. Who will end up paying?

Anyone else?

Mark (1) all that apply.

(11) Fee for service insurance plans

HPE\_1N11 Col. 1703 Char 1

- 1  Marked

(12) Medicare

HPE\_1N13 Col. 1704 Char 1

- 1  Marked

(13) Medicaid

HPE\_1N14 Col. 1705 Char 1

- 1  Marked

(14) Household Members

HPE\_1N15 Col. 1706 Char 1

- 1  Marked

HPE\_1N15A Col. 1707 Char 2

02-20,99  Person Number

HPE\_1N15B Col. 1709 Char 2

02-20,99  Person Number

(15) Child(ren) not in Household

HPE\_1N16 Col. 1711 Char 1

- 1  Marked

HPE\_1N16A Col. 1712 Char 2

20-48,99  Person Number

HPE\_1N16B Col. 1714 Char 2

20-48,99  Person Number

HPE\_1N16C Col. 1716 Char 2

20-48,99  Person Number

HPE\_1N16D Col. 1718 Char 2

20-48,99  Person Number

Other nonhousehold members

(16) Father

HPE\_1N17 Col. 1720 Char 1

- 1  Marked

(17) Mother

HPE\_1N18 Col. 1721 Char 1

- 1  Marked

(18) Son-in-law

HPE_1N19	Col. 1722	Char 1	1 <input type="checkbox"/> Marked
(19) Daughter-in-law HPE_1N20	Col. 1723	Char 1	1 <input type="checkbox"/> Marked
(20) Brother HPE_1N21	Col. 1724	Char 1	1 <input type="checkbox"/> Marked
(21) Sister HPE_1N22	Col. 1725	Char 1	1 <input type="checkbox"/> Marked
(22) Other male relative HPE_1N23	Col. 1726	Char 1	1 <input type="checkbox"/> Marked
(23) Other female relative HPE_1N24	Col. 1727	Char 1	1 <input type="checkbox"/> Marked
(24) Male friend HPE_N125	Col. 1728	Char 1	1 <input type="checkbox"/> Marked
(25) Female friend HPE_1N26	Col. 1729	Char 1	1 <input type="checkbox"/> Marked
(26) Other HPE_1N27	Col. 1730	Char 1	1 <input type="checkbox"/> Marked

**Column F**

CHECK ITEM A.9

*Refer to flap item 3.*

Record Number

HPF\_REC Col. 1731 Char 2

01-15  Person Number

*In each column enter name and personal number*

HPF\_NO Col. 1733 Char 2

02-48,99  Person Number

Alphabetical Column Header

HPF\_COL Col. 1735 Char 1

A - Z,  
blank

a6. During the past week, that is since last (*day*), how many days were there when (*name of helper*) helped . . . Because of a disability or health problem?

HPF\_1A Col. 1745 Char 1

0  None  
1-7  Days

b6. For how long has (*name of helper*) helped . . . because of a disability or health problem?

HPF\_1B Col. 1746 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 (*name of helper*) helps . . . Is (*name of helper*) a relative, friend, someone hired to help . . ., someone from helping organization, or someone else?

*If "Relative," ASK -*

How is (*name of helper*) related to . . . ?

*Mark (1) all that apply.*

HPF\_1F Col. 1747 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 1a*

Others

22  Male friend



				23 <input type="checkbox"/> Female friend
				24 <input type="checkbox"/> An employee
				25 <input type="checkbox"/> Someone from helping organization
				26 <input type="checkbox"/> Someone else
d6. Is (name of helper) paid to help . . . ?				1 <input type="checkbox"/> Yes
HPF_1G	Col. 1749	Char 1		2 <input type="checkbox"/> No - SKIP to next helper. If last helper, SKIP to 1a.
e6. Will . . . end up paying any of the charges for the help . . . got from (name of helper) during (previous month)?				1 <input type="checkbox"/> Yes
HPF_1K	Col. 1750	Char 1		2 <input type="checkbox"/> No - SKIP to 1g
f6. What was the total amount of pay that (name of helper) received BEFORE deductions to help . . . in (previous month)?				0000- <input type="checkbox"/>
HPF_1J	Col. 1751	Char 5		5000 <input type="checkbox"/>
				5001 <input type="checkbox"/> More than \$5000
g6. Will insurance, Medicare, Medicaid, or anyone else, including any members of . . . ('s) family, end up paying any of the charge for this?				1 <input type="checkbox"/> Yes
HPF_1M	Col. 1756	Char 1		2 <input type="checkbox"/> No - SKIP to next helper. If last helper, SKIP to 1a.
h6. Who will end up paying?				
Anyone else?				
Mark (1) all that apply.				
(11) Fee for service insurance plans				
HPF_1N11	Col. 1757	Char 1		1 <input type="checkbox"/> Marked
(12) Medicare				
HPF_1N13	Col. 1758	Char 1		1 <input type="checkbox"/> Marked
(13) Medicaid				
HPF_1N14	Col. 1759	Char 1		1 <input type="checkbox"/> Marked
(14) Household Members				
HPF_1N15	Col. 1760	Char 1		1 <input type="checkbox"/> Marked
HPF_1N15A	Col. 1761	Char 2	02-20,99	<input type="checkbox"/> Person Number
HPF_1N15B	Col. 1763	Char 2	02-20,99	<input type="checkbox"/> Person Number
(15) Child(ren) not in Household				
HPF_1N16	Col. 1765	Char 1		1 <input type="checkbox"/> Marked
HPF_1N16A	Col. 1766	Char 2	20-48,99	<input type="checkbox"/> Person Number
HPF_1N16B	Col. 1768	Char 2	20-48,99	<input type="checkbox"/> Person Number
HPF_1N16C	Col. 1770	Char 2	20-48,99	<input type="checkbox"/> Person Number
HPF_1N16D	Col. 1772	Char 2	20-48,99	<input type="checkbox"/> Person Number
Other nonhousehold members				
(16) Father				
HPF_1N17	Col. 1774	Char 1		1 <input type="checkbox"/> Marked
(17) Mother				
HPF_1N18	Col. 1775	Char 1		1 <input type="checkbox"/> Marked
(18) Son-in-law				
HPF_1N19	Col. 1776	Char 1		1 <input type="checkbox"/> Marked
(19) Daughter-in-law				
HPF_1N20	Col. 1777	Char 1		1 <input type="checkbox"/> Marked
(20) Brother				
HPF_1N21	Col. 1778	Char 1		1 <input type="checkbox"/> Marked
(21) Sister				
HPF_1N22	Col. 1779	Char 1		1 <input type="checkbox"/> Marked
(22) Other male relative				

HPF_1N23	Col. 1780	Char 1	1 <input type="checkbox"/> Marked
(23) Other female relative HPF_1N24	Col. 1781	Char 1	1 <input type="checkbox"/> Marked
(24) Male friend HPF_N125	Col. 1782	Char 1	1 <input type="checkbox"/> Marked
(25) Female friend HPF_1N26	Col. 1783	Char 1	1 <input type="checkbox"/> Marked
(26) Other HPF_1N27	Col. 1784	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. 1785	Char 2	01-15 <input type="checkbox"/> Person Number
<i>In each column enter name and personal number</i>			
HPG_NO	Col. 1787	Char 2	02-48,99 <input type="checkbox"/> Person Number
Alphabetical Column Header HPG_COL	Col. 1789	Char 1	A - Z, blank <input type="checkbox"/>

a7. During the past week, that is since last ( <i>day</i> ), how many days were there when ( <i>name of helper</i> ) helped . . . Because of a disability or health problem? HPG_1A	Col. 1799	Char 1	0 <input type="checkbox"/> None 1-7 <input type="checkbox"/> Days
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b7. For how long has ( <i>name of helper</i> ) helped . . . because of a disability or health problem? HPG_1B	Col. 1800	Char 1	1 <input type="checkbox"/> Less than 3 months 2 <input type="checkbox"/> 3 months to less than 6 months 3 <input type="checkbox"/> 6 months to less than 1 year 4 <input type="checkbox"/> 1 year to less than 5 years 5 <input type="checkbox"/> 5 years or over
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c7. <i>If obvious, code without asking.</i>  You mentioned that ( <i>name of helper</i> ) helps . . . Is ( <i>name of helper</i> ) a relative, friend, someone hired to help . . . , someone from helping organization, or someone else?  <i>If "Relative," ASK -</i> How is ( <i>name of helper</i> ) related to . . . ?  <i>Mark (1) all that apply.</i> HPG_1F	Col. 1801	Char 2	<p>Relative</p> <p>11 <input type="checkbox"/> Spouse 12 <input type="checkbox"/> Father 13 <input type="checkbox"/> Mother 14 <input type="checkbox"/> Son 15 <input type="checkbox"/> Daughter 16 <input type="checkbox"/> Brother 17 <input type="checkbox"/> Sister 18 <input type="checkbox"/> Son-in-law 19 <input type="checkbox"/> Daughter-in-law 20 <input type="checkbox"/> Other male relative 21 <input type="checkbox"/> Other female relative</p> <p>Others</p> <p>22 <input type="checkbox"/> Male friend 23 <input type="checkbox"/> Female friend 24 <input type="checkbox"/> An employee 25 <input type="checkbox"/> Someone from helping organization 26 <input type="checkbox"/> Someone else</p> <p style="text-align: right;">} <i>SKIP to next helper.</i> <i>If last helper</i> <i>SKIP to 1a</i></p>
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d7. Is ( <i>name of helper</i> ) paid to help . . . ? HPG_1G	Col. 1803	Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to next helper. If last helper, SKIP to 1a.</i>
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e7. Will . . . end up paying any of the charges for the help . . . got from ( <i>name of helper</i> ) during ( <i>previous month</i> )? HPG_1K	Col. 1804	Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 1g</i>
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f7. What was the total amount of pay that ( <i>name of helper</i> ) received BEFORE deductions to help . . . in ( <i>previous month</i> )?			0000- 5000 <input type="checkbox"/>
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HPG\_1J

Col. 1805 Char 5

5001  More than \$5000

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

HPG\_1M

Col. 1810 Char 1

1  Yes

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

h7. Who will end up paying?

Anyone else?

Mark (1) all that apply.

(11) Fee for service insurance plans

HPG\_1N11

Col. 1811 Char 1

1  Marked

(12) Medicare

HPG\_1N13

Col. 1812 Char 1

1  Marked

(13) Medicaid

HPG\_1N14

Col. 1813 Char 1

1  Marked

(14) Household Members

HPG\_1N15

Col. 1814 Char 1

1  Marked

HPG\_1N15A

Col. 1815 Char 2

02-20,99  Person Number

HPG\_1N15B

Col. 1817 Char 2

02-20,99  Person Number

(15) Child(ren) not in Household

HPG\_1N16

Col. 1819 Char 1

1  Marked

HPG\_1N16A

Col. 1820 Char 2

20-48,99  Person Number

HPG\_1N16B

Col. 1822 Char 2

20-48,99  Person Number

HPG\_1N16C

Col. 1824 Char 2

20-48,99  Person Number

HPG\_1N16D

Col. 1826 Char 2

20-48,99  Person Number

Other nonhousehold members

(16) Father

HPG\_1N17

Col. 1828 Char 1

1  Marked

(17) Mother

HPG\_1N18

Col. 1829 Char 1

1  Marked

(18) Son-in-law

HPG\_1N19

Col. 1830 Char 1

1  Marked

(19) Daughter-in-law

HPG\_1N20

Col. 1831 Char 1

1  Marked

(20) Brother

HPG\_1N21

Col. 1832 Char 1

1  Marked

(21) Sister

HPG\_1N22

Col. 1833 Char 1

1  Marked

(22) Other male relative

HPG\_1N23

Col. 1834 Char 1

1  Marked

(23) Other female relative

HPG\_1N24

Col. 1835 Char 1

1  Marked

(24) Male friend

HPG\_N125

Col. 1836 Char 1

1  Marked

(25) Female friend

HPG\_1N26

Col. 1837 Char 1

1  Marked

(26) Other

HPG\_1N27

Col. 1838 Char 1

1  Marked

Column H

CHECK ITEM A.9

<i>Refer to flap item 3.</i>			
Record Number HPH_REC	Col. 1839	Char 2	01-15 <input type="checkbox"/> Person Number
<i>In each column enter name and personal number</i>			
HPH_NO	Col. 1841	Char 2	02-48,99 <input type="checkbox"/> Person Number
Alphabetical Column Header HPH_COL	Col. 1843	Char 1	A - Z, blank <input type="checkbox"/>
a8. During the past week, that is since last ( <i>day</i> ), how many days were there when ( <i>name of helper</i> ) helped . . . Because of a disability or health problem?			
HPH_1A	Col. 1853	Char 1	0 <input type="checkbox"/> None 1-7 <input type="checkbox"/> Days
b8. For how long has ( <i>name of helper</i> ) helped . . . because of a disability or health problem?			
HPH_1B	Col. 1854	Char 1	1 <input type="checkbox"/> Less than 3 months 2 <input type="checkbox"/> 3 months to less than 6 months 3 <input type="checkbox"/> 6 months to less than 1 year 4 <input type="checkbox"/> 1 year to less than 5 years 5 <input type="checkbox"/> 5 years or over
c8. <i>If obvious, code without asking.</i>			
You mentioned that ( <i>name of helper</i> ) helps . . . Is ( <i>name of helper</i> ) a relative, friend, someone hired to help . . . , someone from helping organization, or someone else?			
<i>If "Relative," ASK -</i> How is ( <i>name of helper</i> ) related to . . . ?			
<i>Mark (1) all that apply.</i>			
HPH_1F	Col. 1855	Char 2	Relative 11 <input type="checkbox"/> Spouse 12 <input type="checkbox"/> Father 13 <input type="checkbox"/> Mother 14 <input type="checkbox"/> Son 15 <input type="checkbox"/> Daughter 16 <input type="checkbox"/> Brother 17 <input type="checkbox"/> Sister 18 <input type="checkbox"/> Son-in-law 19 <input type="checkbox"/> Daughter-in-law 20 <input type="checkbox"/> Other male relative 21 <input type="checkbox"/> Other female relative Others 22 <input type="checkbox"/> Male friend 23 <input type="checkbox"/> Female friend 24 <input type="checkbox"/> An employee 25 <input type="checkbox"/> Someone from helping organization 26 <input type="checkbox"/> Someone else
d8. Is ( <i>name of helper</i> ) paid to help . . . ?			
HPH_1G	Col. 1857	Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to next helper. If last helper, SKIP to 1a.</i>
e8. Will . . . end up paying any of the charges for the help . . . got from ( <i>name of helper</i> ) during ( <i>previous month</i> )?			
HPH_1K	Col. 1858	Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 1g</i>
f8. What was the total amount of pay that ( <i>name of helper</i> ) received BEFORE deductions to help . . . in ( <i>previous month</i> )?			
HPH_1J	Col. 1859	Char 5	0000- 5000 <input type="checkbox"/> 5001 <input type="checkbox"/> More than \$5000
g8. Will insurance, Medicare, Medicaid, or anyone else, including any members of . . . ('s) family, end up paying any of the charge for this?			
HPH_1M	Col. 1864	Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to next helper. If last helper, SKIP to 1a.</i>
h8. Who will end up paying?			
Anyone else?			
<i>Mark (1) all that apply.</i>			
(11) Fee for service insurance plans			
HPH_1N11	Col. 1865	Char 1	1 <input type="checkbox"/> Marked
(12) Medicare			

HPH_1N13	Col. 1866	Char 1	1 <input type="checkbox"/>	Marked
(13) Medicaid HPH_1N14	Col. 1867	Char 1	1 <input type="checkbox"/>	Marked
(14) Household Members HPH_1N15	Col. 1868	Char 1	1 <input type="checkbox"/>	Marked
HPH_1N15A	Col. 1869	Char 2	02-20,99 <input type="checkbox"/>	Person Number
HPH_1N15B	Col. 1871	Char 2	02-20,99 <input type="checkbox"/>	Person Number
(15) Child(ren) not in Household HPH_1N16	Col. 1873	Char 1	1 <input type="checkbox"/>	Marked
HPH_1N16A	Col. 1874	Char 2	20-48,99 <input type="checkbox"/>	Person Number
HPH_1N16B	Col. 1876	Char 2	20-48,99 <input type="checkbox"/>	Person Number
HPH_1N16C	Col. 1878	Char 2	20-48,99 <input type="checkbox"/>	Person Number
HPH_1N16D	Col. 1880	Char 2	20-48,99 <input type="checkbox"/>	Person Number
Other nonhousehold members				
(16) Father HPH_1N17	Col. 1882	Char 1	1 <input type="checkbox"/>	Marked
(17) Mother HPH_1N18	Col. 1883	Char 1	1 <input type="checkbox"/>	Marked
(18) Son-in-law HPH_1N19	Col. 1884	Char 1	1 <input type="checkbox"/>	Marked
(19) Daughter-in-law HPH_1N20	Col. 1885	Char 1	1 <input type="checkbox"/>	Marked
(20) Brother HPH_1N21	Col. 1886	Char 1	1 <input type="checkbox"/>	Marked
(21) Sister HPH_1N22	Col. 1887	Char 1	1 <input type="checkbox"/>	Marked
(22) Other male relative HPH_1N23	Col. 1888	Char 1	1 <input type="checkbox"/>	Marked
(23) Other female relative HPH_1N24	Col. 1889	Char 1	1 <input type="checkbox"/>	Marked
(24) Male friend HPH_N125	Col. 1890	Char 1	1 <input type="checkbox"/>	Marked
(25) Female friend HPH_1N26	Col. 1891	Char 1	1 <input type="checkbox"/>	Marked
(26) Other HPH_1N27	Col. 1892	Char 1	1 <input type="checkbox"/>	Marked

**Column I**

CHECK ITEM A.9

*Refer to flap item 3.*

Record Number

HPI\_REC

Col. 1893

Char 2

01-15

Person Number

*In each column enter name and personal number*

HPI\_NO

Col. 1895

Char 2

02-48,99

Person Number

Alphabetical Column Header

HPI\_COL

Col. 1897

Char 1

A - Z,

blank

a9. During the past week, that is since last (*day*), how many days were there when (*name of helper*) helped . . . Because of a disability or health problem?

HPI\_1A

Col. 1907

Char 1

0

None

1-7

Days

b9. For how long has (*name of helper*) helped . . . because of

1

Less than 3 months

<p>a disability or health problem? HPI_1B Col. 1908 Char 1</p>	<p>2 <input type="checkbox"/> 3 months to less than 6 months  3 <input type="checkbox"/> 6 months to less than 1 year  4 <input type="checkbox"/> 1 year to less than 5 years  5 <input type="checkbox"/> 5 years or over</p>
<p>c9. <i>If obvious, code without asking.</i></p> <p>You mentioned that (<i>name of helper</i>) helps . . . Is (<i>name of helper</i>) a relative, friend, someone hired to help . . . , someone from helping organization, or someone else?</p> <p><i>If "Relative," ASK -</i> How is (<i>name of helper</i>) related to . . . ?</p> <p><i>Mark (1) all that apply.</i> HPI_1F Col. 1909 Char 2</p>	<p>Relative</p> <p>11 <input type="checkbox"/> Spouse  12 <input type="checkbox"/> Father  13 <input type="checkbox"/> Mother  14 <input type="checkbox"/> Son  15 <input type="checkbox"/> Daughter  16 <input type="checkbox"/> Brother  17 <input type="checkbox"/> Sister  18 <input type="checkbox"/> Son-in-law  19 <input type="checkbox"/> Daughter-in-law  20 <input type="checkbox"/> Other male relative  21 <input type="checkbox"/> Other female relative</p> <p>Others</p> <p>22 <input type="checkbox"/> Male friend  23 <input type="checkbox"/> Female friend  24 <input type="checkbox"/> An employee  25 <input type="checkbox"/> Someone from helping organization  26 <input type="checkbox"/> Someone else</p> <p>} <i>SKIP to next helper. If last helper SKIP to 1a</i></p>
<p>d9. Is (<i>name of helper</i>) paid to help . . . ? HPI_1G Col. 1911 Char 1</p>	<p>1 <input type="checkbox"/> Yes  2 <input type="checkbox"/> No - <i>SKIP to next helper. If last helper, SKIP to 1a.</i></p>
<p>e9. Will . . . end up paying any of the charges for the help . . . got from (<i>name of helper</i>) during (<i>previous month</i>)? HPI_1K Col. 1912 Char 1</p>	<p>1 <input type="checkbox"/> Yes  2 <input type="checkbox"/> No - <i>SKIP to 1g</i></p>
<p>f9. What was the total amount of pay that (<i>name of helper</i>) received BEFORE deductions to help . . . in (<i>previous month</i>)? HPI_1J Col. 1913 Char 5</p>	<p>0000- 5000 <input type="checkbox"/> 5001 <input type="checkbox"/> More than \$5000</p>
<p>g9. Will insurance, Medicare, Medicaid, or anyone else, including any members of . . . ('s) family, end up paying any of the charge for this? HPI_1M Col. 1918 Char 1</p>	<p>1 <input type="checkbox"/> Yes  2 <input type="checkbox"/> No - <i>SKIP to next helper. If last helper, SKIP to 1a.</i></p>
<p>h9. Who will end up paying?</p> <p>Anyone else?</p> <p><i>Mark (1) all that apply.</i></p> <p>(11) Fee for service insurance plans HPI_1N11 Col. 1919 Char 1</p> <p>(12) Medicare HPI_1N13 Col. 1920 Char 1</p> <p>(13) Medicaid HPI_1N14 Col. 1921 Char 1</p> <p>(14) Household Members HPI_1N15 Col. 1922 Char 1 HPI_1N15A Col. 1923 Char 2 HPI_1N15B Col. 1925 Char 2</p> <p>(15) Child(ren) not in Household HPI_1N16 Col. 1927 Char 1 HPI_1N16A Col. 1928 Char 2 HPI_1N16B Col. 1930 Char 2 HPI_1N16C Col. 1932 Char 2</p>	<p>1 <input type="checkbox"/> Marked</p> <p>1 <input type="checkbox"/> Marked</p> <p>1 <input type="checkbox"/> Marked</p> <p>1 <input type="checkbox"/> Marked  02-20,99 <input type="checkbox"/> Person Number  02-20,99 <input type="checkbox"/> Person Number</p> <p>1 <input type="checkbox"/> Marked  20-48,99 <input type="checkbox"/> Person Number  20-48,99 <input type="checkbox"/> Person Number  20-48,99 <input type="checkbox"/> Person Number</p>

HPI_1N16D	Col. 1934	Char 2	20-48,99	<input type="checkbox"/> Person Number
Other nonhousehold members				
(16) Father HPI_1N17	Col. 1936	Char 1	1	<input type="checkbox"/> Marked
(17) Mother HPI_1N18	Col. 1937	Char 1	1	<input type="checkbox"/> Marked
(18) Son-in-law HPI_1N19	Col. 1938	Char 1	1	<input type="checkbox"/> Marked
(19) Daughter-in-law HPI_1N20	Col. 1939	Char 1	1	<input type="checkbox"/> Marked
(20) Brother HPI_1N21	Col. 1940	Char 1	1	<input type="checkbox"/> Marked
(21) Sister HPI_1N22	Col. 1941	Char 1	1	<input type="checkbox"/> Marked
(22) Other male relative HPI_1N23	Col. 1942	Char 1	1	<input type="checkbox"/> Marked
(23) Other female relative HPI_1N24	Col. 1943	Char 1	1	<input type="checkbox"/> Marked
(24) Male friend HPI_N125	Col. 1944	Char 1	1	<input type="checkbox"/> Marked
(25) Female friend HPI_1N26	Col. 1945	Char 1	1	<input type="checkbox"/> Marked
(26) Other HPI_1N27	Col. 1946	Char 1	1	<input type="checkbox"/> Marked

**Column J**

CHECK ITEM A.9

*Refer to flap item 3.*

Record Number HPJ_REC	Col. 1947	Char 2	01-15	<input type="checkbox"/> Person Number
<i>In each column enter name and personal number</i>				
HPJ_NO	Col. 1949	Char 2	02-48,99	<input type="checkbox"/> Person Number
Alphabetical Column Header HPJ_COL	Col. 1951	Char 1	A - Z, blank	<input type="checkbox"/>

a10. During the past week, that is since last (*day*), how many days were there when (*name of helper*) helped . . . Because of a disability or health problem?

HPJ\_1A Col. 1961 Char 1

- 0  None
- 1-7  Days

b10. For how long has (*name of helper*) helped . . . because of a disability or health problem?

HPJ\_1B Col. 1962 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

c10. *If obvious, code without asking.*

You mentioned that (*name of helper*) helps . . . Is (*name of helper*) a relative, friend, someone hired to help . . ., someone from helping organization, or someone else?

*If "Relative," ASK -*  
How is (*name of helper*) related to . . . ?

- 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 1a*

Mark (1) all that apply.

HPJ\_1F

Col. 1963 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

d10. Is (name of helper) paid to help . . . ?

HPJ\_1G

Col. 1965 Char 1

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

e10. Will . . . end up paying any of the charges for the help . . . got from (name of helper) during (previous month)?

HPJ\_1K

Col. 1966 Char 1

- 1  Yes
- 2  No - SKIP to 1g

f10. What was the total amount of pay that (name of helper) received BEFORE deductions to help . . . in (previous month)?

HPJ\_1J

Col. 1967 Char 5

- 0000-5000
- 5001  More than \$5000

g10. Will insurance, Medicare, Medicaid, or anyone else, including any members of . . . (s) family, end up paying any of the charge for this?

HPJ\_1M

Col. 1972 Char 1

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

h10. Who will end up paying?

Anyone else?

Mark (1) all that apply.

(11) Fee for service insurance plans

HPJ\_1N11

Col. 1973 Char 1

- 1  Marked

(12) Medicare

HPJ\_1N13

Col. 1974 Char 1

- 1  Marked

(13) Medicaid

HPJ\_1N14

Col. 1975 Char 1

- 1  Marked

(14) Household Members

HPJ\_1N15

Col. 1976 Char 1

- 1  Marked

HPJ\_1N15A

Col. 1977 Char 2

- 02-20,99  Person Number

HPJ\_1N15B

Col. 1979 Char 2

- 02-20,99  Person Number

(15) Child(ren) not in Household

HPJ\_1N16

Col. 1981 Char 1

- 1  Marked

HPJ\_1N16A

Col. 1982 Char 2

- 20-48,99  Person Number

HPJ\_1N16B

Col. 1984 Char 2

- 20-48,99  Person Number

HPJ\_1N16C

Col. 1986 Char 2

- 20-48,99  Person Number

HPJ\_1N16D

Col. 1988 Char 2

- 20-48,99  Person Number

Other nonhousehold members

(16) Father

HPJ\_1N17

Col. 1990 Char 1

- 1  Marked

(17) Mother

HPJ\_1N18

Col. 1991 Char 1

- 1  Marked

(18) Son-in-law

HPJ\_1N19

Col. 1992 Char 1

- 1  Marked

(19) Daughter-in-law

HPJ\_1N20

Col. 1993 Char 1

- 1  Marked

(20) Brother

HPJ\_1N21

Col. 1994 Char 1

- 1  Marked



(21) Sister HPJ_1N22	Col. 1995	Char 1	1 <input type="checkbox"/> Marked
(22) Other male relative HPJ_1N23	Col. 1996	Char 1	1 <input type="checkbox"/> Marked
(23) Other female relative HPJ_1N24	Col. 1997	Char 1	1 <input type="checkbox"/> Marked
(24) Male friend HPJ_N125	Col. 1998	Char 1	1 <input type="checkbox"/> Marked
(25) Female friend HPJ_1N26	Col. 1999	Char 1	1 <input type="checkbox"/> Marked
(26) Other HPJ_1N27	Col. 2000	Char 1	1 <input type="checkbox"/> Marked

**Column K**

CHECK ITEM A.9

*Refer to flap item 3.*

Record Number HPK_REC	Col. 2001	Char 2	01-15 <input type="checkbox"/> Person Number
<i>In each column enter name and personal number</i> HPK_NO	Col. 2003	Char 2	02-48,99 <input type="checkbox"/> Person Number
Alphabetical Column Header HPK_COL	Col. 2005	Char 1	A - Z, blank <input type="checkbox"/>

a11. During the past week, that is since last ( <i>day</i> ), how many days were there when ( <i>name of helper</i> ) helped . . . Because of a disability or health problem? HPK_1A	Col. 2015	Char 1	0 <input type="checkbox"/> None 1-7 <input type="checkbox"/> Days
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b11. For how long has ( <i>name of helper</i> ) helped . . . because of a disability or health problem? HPK_1B	Col. 2016	Char 1	1 <input type="checkbox"/> Less than 3 months 2 <input type="checkbox"/> 3 months to less than 6 months 3 <input type="checkbox"/> 6 months to less than 1 year 4 <input type="checkbox"/> 1 year to less than 5 years 5 <input type="checkbox"/> 5 years or over
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c11. <i>If obvious, code without asking.</i>  You mentioned that ( <i>name of helper</i> ) helps . . . Is ( <i>name of helper</i> ) a relative, friend, someone hired to help . . . , someone from helping organization, or someone else?  <i>If "Relative," ASK -</i> How is ( <i>name of helper</i> ) related to . . . ?  <i>Mark (1) all that apply.</i> HPK_1F	Col. 2017	Char 2	Relative 11 <input type="checkbox"/> Spouse 12 <input type="checkbox"/> Father 13 <input type="checkbox"/> Mother 14 <input type="checkbox"/> Son 15 <input type="checkbox"/> Daughter 16 <input type="checkbox"/> Brother 17 <input type="checkbox"/> Sister 18 <input type="checkbox"/> Son-in-law 19 <input type="checkbox"/> Daughter-in-law 20 <input type="checkbox"/> Other male relative 21 <input type="checkbox"/> Other female relative  Others 22 <input type="checkbox"/> Male friend 23 <input type="checkbox"/> Female friend 24 <input type="checkbox"/> An employee 25 <input type="checkbox"/> Someone from helping organization 26 <input type="checkbox"/> Someone else
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} *SKIP to next helper.*  
*If last helper*  
*SKIP to 1a*

d11. Is ( <i>name of helper</i> ) paid to help . . . ? HPK_1G	Col. 2019	Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to next helper. If last helper, SKIP to 1a.</i>
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e11. Will . . . end up paying any of the charges for the help . . . got from ( <i>name of helper</i> ) during ( <i>previous month</i> )?			1 <input type="checkbox"/> Yes
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HPK_1K	Col. 2020	Char 1	2 <input type="checkbox"/> No - <i>SKIP to 1g</i>
f11. What was the total amount of pay that ( <i>name of helper</i> ) received BEFORE deductions to help . . . in ( <i>previous month</i> )? HPK_1J	Col. 2021	Char 5	0000- 5000 <input type="checkbox"/> 5001 <input type="checkbox"/> More than \$5000
g11. Will insurance, Medicare, Medicaid, or anyone else, including any members of . . . ('s) family, end up paying any of the charge for this? HPK_1M	Col. 2026	Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to next helper. If last helper, SKIP to 1a.</i>
h11. Who will end up paying? Anyone else? <i>Mark (1) all that apply.</i>			
(11) Fee for service insurance plans HPK_1N11	Col. 2027	Char 1	1 <input type="checkbox"/> Marked
(12) Medicare HPK_1N13	Col. 2028	Char 1	1 <input type="checkbox"/> Marked
(13) Medicaid HPK_1N14	Col. 2029	Char 1	1 <input type="checkbox"/> Marked
(14) Household Members HPK_1N15 HPK_1N15A HPK_1N15B	Col. 2030 Col. 2031 Col. 2033	Char 1 Char 2 Char 2	1 <input type="checkbox"/> Marked 02-20,99 <input type="checkbox"/> Person Number 02-20,99 <input type="checkbox"/> Person Number
(15) Child(ren) not in Household HPK_1N16 HPK_1N16A HPK_1N16B HPK_1N16C HPK_1N16D	Col. 2035 Col. 2036 Col. 2038 Col. 2040 Col. 2042	Char 1 Char 2 Char 2 Char 2 Char 2	1 <input type="checkbox"/> Marked 20-48,99 <input type="checkbox"/> Person Number 20-48,99 <input type="checkbox"/> Person Number 20-48,99 <input type="checkbox"/> Person Number 20-48,99 <input type="checkbox"/> Person Number
Other nonhousehold members			
(16) Father HPK_1N17	Col. 2044	Char 1	1 <input type="checkbox"/> Marked
(17) Mother HPK_1N18	Col. 2045	Char 1	1 <input type="checkbox"/> Marked
(18) Son-in-law HPK_1N19	Col. 2046	Char 1	1 <input type="checkbox"/> Marked
(19) Daughter-in-law HPK_1N20	Col. 2047	Char 1	1 <input type="checkbox"/> Marked
(20) Brother HPK_1N21	Col. 2048	Char 1	1 <input type="checkbox"/> Marked
(21) Sister HPK_1N22	Col. 2049	Char 1	1 <input type="checkbox"/> Marked
(22) Other male relative HPK_1N23	Col. 2050	Char 1	1 <input type="checkbox"/> Marked
(23) Other female relative HPK_1N24	Col. 2051	Char 1	1 <input type="checkbox"/> Marked
(24) Male friend HPK_N125	Col. 2052	Char 1	1 <input type="checkbox"/> Marked
(25) Female friend HPK_1N26	Col. 2053	Char 1	1 <input type="checkbox"/> Marked
(26) Other			

HPK\_1N27

Col. 2054 Char 1

1  Marked

**Column L**

**CHECK ITEM A.9**

*Refer to flap item 3.*

Record Number

HPL\_REC

Col. 2055 Char 2

01-15  Person Number

*In each column enter name and personal number*

HPL\_NO

Col. 2057 Char 2

02-48,99  Person Number

Alphabetical Column Header

HPL\_COL

Col. 2059 Char 1

A - Z,  
blank

a12. During the past week, that is since last (*day*), how many days were there when (*name of helper*) helped . . . Because of a disability or health problem?

HPL\_1A

Col. 2069 Char 1

0  None  
1-7  Days

b12. For how long has (*name of helper*) helped . . . because of a disability or health problem?

HPL\_1B

Col. 2070 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

c12. *If obvious, code without asking.*

You mentioned that (*name of helper*) helps . . . Is (*name of helper*) a relative, friend, someone hired to help . . ., someone from helping organization, or someone else?

*If "Relative," ASK -*

How is (*name of helper*) related to . . . ?

*Mark (1) all that apply.*

HPL\_1F

Col. 2071 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 1a*

Others

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

d12. Is (*name of helper*) paid to help . . . ?

HPL\_1G

Col. 2073 Char 1

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

e12. Will . . . end up paying any of the charges for the help . . . got from (*name of helper*) during (*previous month*)?

HPL\_1K

Col. 2074 Char 1

1  Yes  
2  No - *SKIP to 1g*

f12. What was the total amount of pay that (*name of helper*) received BEFORE deductions to help . . . in (*previous month*)?

HPL\_1J

Col. 2075 Char 5

0000-  
5000   
5001  More than \$5000

g12. Will insurance, Medicare, Medicaid, or anyone else, including any members of . . . ('s) family, end up paying any of the charge for this?

HPL\_1M

Col. 2080 Char 1

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

h12. Who will end up paying?

Anyone else?

*Mark (1) all that apply.*

(11) Fee for service insurance plans HPL_1N11	Col. 2081	Char 1	1 <input type="checkbox"/> Marked
(12) Medicare HPL_1N13	Col. 2082	Char 1	1 <input type="checkbox"/> Marked
(13) Medicaid HPL_1N14	Col. 2083	Char 1	1 <input type="checkbox"/> Marked
(14) Household Members HPL_1N15	Col. 2084	Char 1	1 <input type="checkbox"/> Marked
HPL_1N15A	Col. 2085	Char 2	02-20,99 <input type="checkbox"/> Person Number
HPL_1N15B	Col. 2087	Char 2	02-20,99 <input type="checkbox"/> Person Number
(15) Child(ren) not in Household HPL_1N16	Col. 2089	Char 1	1 <input type="checkbox"/> Marked
HPL_1N16A	Col. 2090	Char 2	20-48,99 <input type="checkbox"/> Person Number
HPL_1N16B	Col. 2092	Char 2	20-48,99 <input type="checkbox"/> Person Number
HPL_1N16C	Col. 2094	Char 2	20-48,99 <input type="checkbox"/> Person Number
HPL_1N16D	Col. 2096	Char 2	20-48,99 <input type="checkbox"/> Person Number
Other nonhousehold members			
(16) Father HPL_1N17	Col. 2098	Char 1	1 <input type="checkbox"/> Marked
(17) Mother HPL_1N18	Col. 2099	Char 1	1 <input type="checkbox"/> Marked
(18) Son-in-law HPL_1N19	Col. 2100	Char 1	1 <input type="checkbox"/> Marked
(19) Daughter-in-law HPL_1N20	Col. 2101	Char 1	1 <input type="checkbox"/> Marked
(20) Brother HPL_1N21	Col. 2102	Char 1	1 <input type="checkbox"/> Marked
(21) Sister HPL_1N22	Col. 2103	Char 1	1 <input type="checkbox"/> Marked
(22) Other male relative HPL_1N23	Col. 2104	Char 1	1 <input type="checkbox"/> Marked
(23) Other female relative HPL_1N24	Col. 2105	Char 1	1 <input type="checkbox"/> Marked
(24) Male friend HPL_N125	Col. 2106	Char 1	1 <input type="checkbox"/> Marked
(25) Female friend HPL_1N26	Col. 2107	Char 1	1 <input type="checkbox"/> Marked
(26) Other HPL_1N27	Col. 2108	Char 1	1 <input type="checkbox"/> Marked

**Column M**

CHECK ITEM A.9

*Refer to flap item 3.*

Record Number HPM_REC	Col. 2109	Char 2	01-15 <input type="checkbox"/> Person Number
<i>In each column enter name and personal number</i> HPM_NO	Col. 2111	Char 2	02-48,99 <input type="checkbox"/> Person Number
Alphabetical Column Header HPM_COL	Col. 2113	Char 1	A - Z, blank <input type="checkbox"/>

a13. During the past week, that is since last (*day*), how many days were there when (*name of helper*) helped . . . Because of a



HPM_1N16A	Col. 2144	Char 2	20-48,99	<input type="checkbox"/>	Person Number
HPM_1N16B	Col. 2146	Char 2	20-48,99	<input type="checkbox"/>	Person Number
HPM_1N16C	Col. 2148	Char 2	20-48,99	<input type="checkbox"/>	Person Number
HPM_1N16D	Col. 2150	Char 2	20-48,99	<input type="checkbox"/>	Person Number

Other nonhousehold members

(16) Father				1	<input type="checkbox"/>	Marked
HPM_1N17	Col. 2152	Char 1				
(17) Mother				1	<input type="checkbox"/>	Marked
HPM_1N18	Col. 2153	Char 1				
(18) Son-in-law				1	<input type="checkbox"/>	Marked
HPM_1N19	Col. 2154	Char 1				
(19) Daughter-in-law				1	<input type="checkbox"/>	Marked
HPM_1N20	Col. 2155	Char 1				
(20) Brother				1	<input type="checkbox"/>	Marked
HPM_1N21	Col. 2156	Char 1				
(21) Sister				1	<input type="checkbox"/>	Marked
HPM_1N22	Col. 2157	Char 1				
(22) Other male relative				1	<input type="checkbox"/>	Marked
HPM_1N23	Col. 2158	Char 1				
(23) Other female relative				1	<input type="checkbox"/>	Marked
HPM_1N24	Col. 2159	Char 1				
(24) Male friend				1	<input type="checkbox"/>	Marked
HPM_N125	Col. 2160	Char 1				
(25) Female friend				1	<input type="checkbox"/>	Marked
HPM_1N26	Col. 2161	Char 1				
(26) Other				1	<input type="checkbox"/>	Marked
HPM_1N27	Col. 2162	Char 1				

**Column N**

CHECK ITEM A.9

*Refer to flap item 3.*

Record Number			01-15	<input type="checkbox"/>	Person Number
HPN_REC	Col. 2163	Char 2			
<i>In each column enter name and personal number</i>			02-48,99	<input type="checkbox"/>	Person Number
HPN_NO	Col. 2165	Char 2			
Alphabetical Column Header			A - Z,		
HPN_COL	Col. 2167	Char 1	blank	<input type="checkbox"/>	

a14. During the past week, that is since last (*day*), how many days were there when (*name of helper*) helped . . . Because of a disability or health problem?

HPN_1A	Col. 2177	Char 1	0	<input type="checkbox"/>	None
			1-7	<input type="checkbox"/>	Days

b14. For how long has (*name of helper*) helped . . . because of a disability or health problem?

HPN_1B	Col. 2178	Char 1	1	<input type="checkbox"/>	Less than 3 months
			2	<input type="checkbox"/>	3 months to less than 6 months
			3	<input type="checkbox"/>	6 months to less than 1 year
			4	<input type="checkbox"/>	1 year to less than 5 years
			5	<input type="checkbox"/>	5 years or over

c14. *If obvious, code without asking.*

You mentioned that (*name of helper*) helps . . . Is (*name of helper*) a relative, friend, someone hired to help . . ., someone from helping organization, or someone else?

Relative

11	<input type="checkbox"/>	Spouse
12	<input type="checkbox"/>	Father
13	<input type="checkbox"/>	Mother
14	<input type="checkbox"/>	Son
15	<input type="checkbox"/>	Daughter

SKIP to next helper.

If "Relative," ASK -  
How is (name of helper) related to . . . ?

Mark (1) all that apply.

HPN\_1F Col. 2179 Char 2

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

If last helper  
SKIP to 1a

Others

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

d14. Is (name of helper) paid to help . . . ?

HPN\_1G Col. 2181 Char 1

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

e14. Will . . . end up paying any of the charges for the help . . . got from (name of helper) during (previous month)?

HPN\_1K Col. 2182 Char 1

- 1  Yes
- 2  No - SKIP to 1g

f14. What was the total amount of pay that (name of helper) received BEFORE deductions to help . . . in (previous month)?

HPN\_1J Col. 2183 Char 5

- 0000-5000
- 5001  More than \$5000

g14. Will insurance, Medicare, Medicaid, or anyone else, including any members of . . . ('s) family, end up paying any of the charge for this?

HPN\_1M Col. 2188 Char 1

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

h14. Who will end up paying?

Anyone else?

Mark (1) all that apply.

(11) Fee for service insurance plans  
HPN\_1N11 Col. 2189 Char 1

- 1  Marked

(12) Medicare  
HPN\_1N13 Col. 2190 Char 1

- 1  Marked

(13) Medicaid  
HPN\_1N14 Col. 2191 Char 1

- 1  Marked

(14) Household Members  
HPN\_1N15 Col. 2192 Char 1  
HPN\_1N15A Col. 2193 Char 2  
HPN\_1N15B Col. 2195 Char 2

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

(15) Child(ren) not in Household  
HPN\_1N16 Col. 2197 Char 1  
HPN\_1N16A Col. 2198 Char 2  
HPN\_1N16B Col. 2200 Char 2  
HPN\_1N16C Col. 2202 Char 2  
HPN\_1N16D Col. 2204 Char 2

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

Other nonhousehold members

(16) Father  
HPN\_1N17 Col. 2206 Char 1

- 1  Marked

(17) Mother  
HPN\_1N18 Col. 2207 Char 1

- 1  Marked

(18) Son-in-law  
HPN\_1N19 Col. 2208 Char 1

- 1  Marked

(19) Daughter-in-law

HPN_1N20	Col. 2209	Char 1	1 <input type="checkbox"/>	Marked
(20) Brother HPN_1N21	Col. 2210	Char 1	1 <input type="checkbox"/>	Marked
(21) Sister HPN_1N22	Col. 2211	Char 1	1 <input type="checkbox"/>	Marked
(22) Other male relative HPN_1N23	Col. 2212	Char 1	1 <input type="checkbox"/>	Marked
(23) Other female relative HPN_1N24	Col. 2213	Char 1	1 <input type="checkbox"/>	Marked
(24) Male friend HPN_N125	Col. 2214	Char 1	1 <input type="checkbox"/>	Marked
(25) Female friend HPN_1N26	Col. 2215	Char 1	1 <input type="checkbox"/>	Marked
(26) Other HPN_1N27	Col. 2216	Char 1	1 <input type="checkbox"/>	Marked

**Column O**

CHECK ITEM A.9

*Refer to flap item 3.*

Record Number HPO_REC	Col. 2217	Char 2	01-15 <input type="checkbox"/>	Person Number
<i>In each column enter name and personal number</i> HPO_NO	Col. 2219	Char 2	02-48,99 <input type="checkbox"/>	Person Number
Alphabetical Column Header HPO_COL	Col. 2221	Char 1	A - Z, blank <input type="checkbox"/>	

a15. During the past week, that is since last ( <i>day</i> ), how many days were there when ( <i>name of helper</i> ) helped . . . Because of a disability or health problem? HPO_1A	Col. 2231	Char 1	0 <input type="checkbox"/> 1-7 <input type="checkbox"/>	None Days
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b15. For how long has ( <i>name of helper</i> ) helped . . . because of a disability or health problem? HPO_1B	Col. 2232	Char 1	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	Less than 3 months 3 months to less than 6 months 6 months to less than 1 year 1 year to less than 5 years 5 years or over
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c15. <i>If obvious, code without asking.</i>  You mentioned that ( <i>name of helper</i> ) helps . . . Is ( <i>name of helper</i> ) a relative, friend, someone hired to help . . . , someone from helping organization, or someone else?  <i>If "Relative," ASK -</i> How is ( <i>name of helper</i> ) related to . . . ?  <i>Mark (1) all that apply.</i> HPO_1F	Col. 2233	Char 2	Relative 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 <input type="checkbox"/> 18 <input type="checkbox"/> 19 <input type="checkbox"/> 20 <input type="checkbox"/> 21 <input type="checkbox"/>  Others 22 <input type="checkbox"/> 23 <input type="checkbox"/> 24 <input type="checkbox"/> 25 <input type="checkbox"/> 26 <input type="checkbox"/>	Spouse Father Mother Son Daughter Brother Sister Son-in-law Daughter-in-law Other male relative Other female relative  Male friend Female friend An employee Someone from helping organization Someone else	} <i>SKIP to next helper. If last helper SKIP to 1a</i>
--	-----------	--------	--	---	--

d15. Is ( <i>name of helper</i> ) paid to help . . . ?			1 <input type="checkbox"/>	Yes
--	--	--	----------------------------	-----



HPO_1G	Col. 2235	Char 1	2 <input type="checkbox"/>	No - <i>SKIP to next helper. If last helper, SKIP to 1a.</i>
e15. Will . . . end up paying any of the charges for the help . . . got from ( <i>name of helper</i> ) during ( <i>previous month</i> )?			1 <input type="checkbox"/>	Yes
HPO_1K	Col. 2236	Char 1	2 <input type="checkbox"/>	No - <i>SKIP to 1g</i>
f15. What was the total amount of pay that ( <i>name of helper</i> ) received BEFORE deductions to help . . . in ( <i>previous month</i> )?			0000- 5000 <input type="checkbox"/>	
HPO_1J	Col. 2237	Char 5	5001 <input type="checkbox"/>	More than \$5000
g15. Will insurance, Medicare, Medicaid, or anyone else, including any members of . . . ('s) family, end up paying any of the charge for this?			1 <input type="checkbox"/>	Yes
HPO_1M	Col. 2242	Char 1	2 <input type="checkbox"/>	No - <i>SKIP to next helper. If last helper, SKIP to 1a.</i>
h15. Who will end up paying?				
Anyone else?				
<i>Mark (1) all that apply.</i>				
(11) Fee for service insurance plans			1 <input type="checkbox"/>	Marked
HPO_1N11	Col. 2243	Char 1		
(12) Medicare			1 <input type="checkbox"/>	Marked
HPO_1N13	Col. 2244	Char 1		
(13) Medicaid			1 <input type="checkbox"/>	Marked
HPO_1N14	Col. 2245	Char 1		
(14) Household Members			1 <input type="checkbox"/>	Marked
HPO_1N15	Col. 2246	Char 1		
HPO_1N15A	Col. 2247	Char 2	02-20,99 <input type="checkbox"/>	Person Number
HPO_1N15B	Col. 2249	Char 2	02-20,99 <input type="checkbox"/>	Person Number
(15) Child(ren) not in Household			1 <input type="checkbox"/>	Marked
HPO_1N16	Col. 2251	Char 1		
HPO_1N16A	Col. 2252	Char 2	20-48,99 <input type="checkbox"/>	Person Number
HPO_1N16B	Col. 2254	Char 2	20-48,99 <input type="checkbox"/>	Person Number
HPO_1N16C	Col. 2256	Char 2	20-48,99 <input type="checkbox"/>	Person Number
HPO_1N16D	Col. 2258	Char 2	20-48,99 <input type="checkbox"/>	Person Number
Other nonhousehold members				
(16) Father			1 <input type="checkbox"/>	Marked
HPO_1N17	Col. 2260	Char 1		
(17) Mother			1 <input type="checkbox"/>	Marked
HPO_1N18	Col. 2261	Char 1		
(18) Son-in-law			1 <input type="checkbox"/>	Marked
HPO_1N19	Col. 2262	Char 1		
(19) Daughter-in-law			1 <input type="checkbox"/>	Marked
HPO_1N20	Col. 2263	Char 1		
(20) Brother			1 <input type="checkbox"/>	Marked
HPO_1N21	Col. 2264	Char 1		
(21) Sister			1 <input type="checkbox"/>	Marked
HPO_1N22	Col. 2265	Char 1		
(22) Other male relative			1 <input type="checkbox"/>	Marked
HPO_1N23	Col. 2266	Char 1		
(23) Other female relative			1 <input type="checkbox"/>	Marked
HPO_1N24	Col. 2267	Char 1		
(24) Male friend			1 <input type="checkbox"/>	Marked
HPO_N125	Col. 2268	Char 1		

(25) Female friend  
HPO\_1N26 Col. 2269 Char 1

1  Marked

(26) Other  
HPO\_1N27 Col. 2270 Char 1

1  Marked

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

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

Is . . . missing any fingers, a hand, or an arm?

RMI\_1A Col. 586 Char 1

1  Yes  
2  No - *SKIP to 2a*

b. What is . . . missing?

Anything else?

Entire arm

RMI\_1B1 Col. 587 Char 1

1  Left  
2  Right  
3  Both

Lower Arm

RMI\_1B2 Col. 588 Char 1

1  Left  
2  Right  
3  Both

Hand only

RMI\_1B3 Col. 589 Char 1

1  Left  
2  Right  
3  Both

Fingers only

RMI\_1B4 Col. 590 Char 1

1  Left  
2  Right  
3  Both

2a. Is . . . missing any toes, a foot or a leg?

RMI\_2A Col. 591 Char 1

1  Yes  
2  No - *SKIP to Check Item A.10*

b. What is . . . missing?

Anything else?

Entire leg

RMI\_2B1 Col. 592 Char 1

1  Left  
2  Right  
3  Both

Lower leg

RMI\_2B2 Col. 593 Char 1

1  Left  
2  Right  
3  Both

Foot only

RMI\_2B3 Col. 594 Char 1

1  Left  
2  Right  
3  Both

Toes only

RMI\_2B4 Col. 595 Char 1

1  Left  
2  Right  
3  Both

CHECK ITEM A.10

Mark first available box.

RMI\_CK2 Col. 596 Char 1

1  Code 3 marked in flap item 1 - *SKIP to 3e*  
2  Code 5 and/or Code 6 marked in flap item 1 - *SKIP to 3c*  
3  All others

3. How difficult is it for . . . to-

a. Climb one flight of stairs?

RMI\_3A Col. 597 Char 1

1  Not difficult  
2  Somewhat difficult  
3  Very difficult  
4  Can't do it at all

b. Walk to the end of a room and back?

RMI\_3B Col. 598 Char 1

1  Not difficult  
2  Somewhat difficult  
3  Very difficult

				4 <input type="checkbox"/> Can't do it at all
c. (How difficult is it for . . . to-) Bend to put on . . . socks or stockings? RMI_3C Col. 599 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
d. Lift a 10-pound package like a bag of groceries and hold it for a few minutes? RMI_3D Col. 600 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
e. (How difficult is it for . . . to-) Reach above . . . head? RMI_3E Col. 601 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
f. Comb or brush . . . hair? RMI_3F Col. 602 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
g. Wash . . . hair? RMI_3G Col. 603 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
h. Use . . . fingers to grasp and handle small objects? RMI_3H Col. 604 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
4. Does . . . usually see well enough to read ordinary newsprint, with or without glasses or contact lenses? RMI_4 Col. 605 Char 1				1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
CHECK ITEM A.11 Respondent is - RMI_CK3 Col. 606 Char 1				1 <input type="checkbox"/> Sample Person - <i>SKIP to 7</i> 2 <input type="checkbox"/> Proxy
5a. Can most people understand . . . speech? RMI_5A Col. 607 Char 1				1 <input type="checkbox"/> Yes - <i>SKIP to 6a</i> 2 <input type="checkbox"/> No
b. How does . . . usually make himself/herself understood? Mark only one. RMI_5B_1 Col. 608 Char 1				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
6a. Does . . . usually hear and understand what is being said to . . . without difficulty either with or without a hearing aid? RMI_6A Col. 609 Char 1				1 <input type="checkbox"/> Yes - <i>SKIP to 7</i> 2 <input type="checkbox"/> No
b. What means does . . . usually use to understand what is being said to . . .? Mark only one. RMI_6B_1 Col. 610 Char 1				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"/> Hearing aid 5 <input type="checkbox"/> Talking loudly/talking slowly/repeating/facing speaker 6 <input type="checkbox"/> With interpreter/facilitator 7 <input type="checkbox"/> Some other way 8 <input type="checkbox"/> Does not understand what is said to him/her

**SHOW FLASHCARD B**

7. Which of these devices does . . . use?

Any other?

Mark (1) all that apply.

- |                                   |          |        |  |                                   |
|-----------------------------------|----------|--------|--|-----------------------------------|
| (1) Glasses/contact lenses        |          |        |  | 1 <input type="checkbox"/> Marked |
| RMI_7_1                           | Col. 611 | Char 1 |  |                                   |
| (2) Hearing aid                   |          |        |  | 1 <input type="checkbox"/> Marked |
| RMI_7_2                           | Col. 612 | Char 1 |  |                                   |
| (3) Artificial larynx (voice box) |          |        |  | 1 <input type="checkbox"/> Marked |
| RMI_7_3                           | Col. 613 | Char 1 |  |                                   |
| (4) Specify other device          |          |        |  | 1 <input type="checkbox"/> Marked |
| RMI_7_4                           | Col. 614 | Char 1 |  |                                   |
| (5) None                          |          |        |  | 1 <input type="checkbox"/> Marked |
| RMI_7_5                           | Col. 615 | Char 1 |  |                                   |

**Section B - Other Functioning**

- |  |          |        |  |                                      |
|--|----------|--------|--|--------------------------------------|
| 1. Compared to other persons the same age, would you say that . . . health is excellent, good fair, or poor? |          |        |  | 1 <input type="checkbox"/> Excellent |
| OFN_1  | Col. 616 | Char 1 |  | 2 <input type="checkbox"/> Good      |
|  |          |        |  | 3 <input type="checkbox"/> Fair      |
|  |          |        |  | 4 <input type="checkbox"/> Poor      |

**CHECK ITEM B.1**

- |                 |          |        |  |  |
|-----------------|----------|--------|--|--|
| Respondent is - |          |        |  | 1 <input type="checkbox"/> Sample Person             |
| OFN_CK2         | Col. 617 | Char 1 |  | 2 <input type="checkbox"/> Proxy - <i>SKIP to 4a</i> |

**SHOW FLASHCARD H**

- |  |          |        |  |   |
|--|----------|--------|--|---|
| 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? |          |        |  | 1 <input type="checkbox"/> All of the time  |
| OFN_2  | Col. 618 | Char 1 |  | 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            |

- |   |          |        |  |                                |
|---|----------|--------|--|--------------------------------|
| 3. Do you ever feel you need the help of a doctor or counselor for a mental or emotional problem? |          |        |  | 1 <input type="checkbox"/> Yes |
| OFN_3   | Col. 619 | Char 1 |  | 2 <input type="checkbox"/> No  |

- |  |          |        |  |   |
|--|----------|--------|--|---|
| 4a. Was . . . ever hospitalized for a mental or emotional problem? |          |        |  | 1 <input type="checkbox"/> Yes - Ask 4b |
| OFN_4A   | Col. 620 | Char 1 |  | 2 <input type="checkbox"/> No           |
|  |          |        |  | 3 <input type="checkbox"/> Don't Know   |
|  |          |        |  | } <i>SKIP to 5a</i>                     |

- |  |          |        |  |  |
|--|----------|--------|--|--|
| b. Was . . . hospitalized for a mental or emotional problem in the last 5 years? |          |        |  | 1 <input type="checkbox"/> Yes - SKIP to 6 |
| OFN_4B   | Col. 621 | Char 1 |  | 2 <input type="checkbox"/> No - SKIP to 6  |
|  |          |        |  | 3 <input type="checkbox"/> Don't Know      |
|  |          |        |  | } <i>SKIP to 6</i>                         |

- |  |          |        |  |   |
|--|----------|--------|--|---|
| 5a. Has a doctor EVER advised . . . -- either recently or a long time ago -- to get treatment for a mental or emotional problem? |          |        |  | 1 <input type="checkbox"/> Yes - Ask 5b |
| OFN_5A   | Col. 622 | Char 1 |  | 2 <input type="checkbox"/> No           |
|  |          |        |  | 9 <input type="checkbox"/> Don't Know   |
|  |          |        |  | } <i>SKIP to 6</i>                      |

- |  |          |        |  |                                |
|--|----------|--------|--|--------------------------------|
| b. Has a doctor told . . . That in the last 5 years? |          |        |  | 1 <input type="checkbox"/> Yes |
| OFN_5B   | Col. 623 | Char 1 |  | 2 <input type="checkbox"/> No  |

- |   |          |        |  |   |
|---|----------|--------|--|---|
| 6. Sometimes people lose their temper, and throw, kick, slam, or destroy things. Does this happen to . . . frequently, occasionally, or not at all? |          |        |  | 1 <input type="checkbox"/> Frequently   |
| OFN_6   | Col. 624 | Char 1 |  | 2 <input type="checkbox"/> Occasionally |
|   |          |        |  | 3 <input type="checkbox"/> Not at all   |

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 . . . at any time -

- |   |          |        |  |  |
|---|----------|--------|--|--|
| a. Lose . . . way and not find the way back |          |        |  | 1 <input type="checkbox"/> Yes               |
| OFN_7A                                      | Col. 625 | Char 1 |  | 2 <input type="checkbox"/> No/Never goes out |







SHOW FLASHCARD J

3. Which of these things does . . . have in . . .  
(house/apartment)?

Anything else?

Mark (1) all that apply.

If none, mark "None."

- (1) Extra handrails or grab bars  
HNC\_3\_1 Col. 670 Char 1 1  Marked
- (2) Ramps  
HNC\_3\_2 Col. 671 Char 1 1  Marked
- (3) Elevators or stair lifts  
HNC\_3\_3 Col. 672 Char 1 1  Marked
- (4) Extra wide doors or hallways  
HNC\_3\_4 Col. 673 Char 1 1  Marked
- (5) Push bars on doors  
HNC\_3\_5 Col. 674 Char 1 1  Marked
- (6) Raised toilet  
HNC\_3\_6 Col. 675 Char 1 1  Marked
- (7) None  
HNC\_3\_0 Col. 676 Char 1 1  Marked

SHOW FLASHCARD G

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

Anything else?

Mark (1) all that apply.

If none, mark "None."

- (1) Extra handrails or grab bars  
HNC\_4\_1 Col. 677 Char 1 1  Marked
- (2) Ramps  
HNC\_4\_2 Col. 678 Char 1 1  Marked
- (3) Elevators or stair lifts  
HNC\_4\_3 Col. 679 Char 1 1  Marked
- (4) Extra wide doors or hallways  
HNC\_4\_4 Col. 680 Char 1 1  Marked
- (5) Push bars on doors  
HNC\_4\_5 Col. 681 Char 1 1  Marked
- (6) Raised toilet  
HNC\_4\_6 Col. 682 Char 1 1  Marked
- (7) None  
HNC\_4\_0 Col. 683 Char 1 1  Marked

5a. Is there a toilet or portable toilet conveniently located to  
the room in which . . . sleeps?  
HNC\_5A Col. 684 Char 1

- 1  Yes
- 2  No

b. Is there a toilet or portable toilet conveniently located to  
the room in which . . . spends most of . . . day?  
HNC\_5B Col. 685 Char 1

- 1  Yes
- 2  No

CHECK ITEM C.4

Respondent is -  
HNC\_CK6 Col. 686 Char 1

- 1  Sample Person
- 2  Proxy - SKIP to 7a

6. All things considered, how satisfied are you with this  
neighborhood - would you say that you are very satisfied,

- 1  Very satisfied



satisfied, or not satisfied? HNC_6 Col. 687 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? HNC_7A Col. 688 Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
b. Is there a conveniently located drug store or pharmacy in this neighborhood? HNC_7B Col. 689 Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
8a. Is crime a serious problem in this neighborhood? HNC_8A Col. 690 Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
b. During the past year, has . . . (or any other members of . . . household) been a victim of a crime in this neighborhood? HNC_8B Col. 691 Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
CHECK ITEM C.5 Respondent is - HNC_8CK6 Col. 692 Char 1	1 <input type="checkbox"/> Sample Person 2 <input type="checkbox"/> Proxy - SKIP To 1 in HEALTH INSURANCE
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? HNC_9A Col. 693 Char 1	1 <input type="checkbox"/> Yes, mostly agree 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. HNC_9B Col. 694 Char 1	1 <input type="checkbox"/> Yes, mostly agree 2 <input type="checkbox"/> No, mostly disagree 3 <input type="checkbox"/> No opinion
c. Most nursing homes take good care of people. HNC_9C Col. 695 Char 1	1 <input type="checkbox"/> Yes, mostly agree 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. HNC_9D Col. 696 Char 1	1 <input type="checkbox"/> Yes, mostly agree 2 <input type="checkbox"/> No, mostly disagree 3 <input type="checkbox"/> No opinion
e. Nursing homes are lonely places to live in. HNC_9E Col. 697 Char 1	1 <input type="checkbox"/> Yes, mostly agree 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. HNC_9F Col. 698 Char 1	1 <input type="checkbox"/> Yes, mostly agree 2 <input type="checkbox"/> No, mostly disagree 3 <input type="checkbox"/> No opinion
<b>Section D - Health Insurance</b>	
1. Medicare is a Social Security health insurance program for disabled persons and for persons 65 years old and over. Is . . . now covered by Medicare? INS_1 Col. 699 Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> DK
2a. There is a national program called Medicaid which pays for health care for persons in need. In this state it is called (name).  During the past 12 months, has . . . received health care which has been or will be paid for by Medicaid (or (name))?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No

INS_2A	Col. 700	Char 1	3 <input type="checkbox"/> DK
b. Does . . . NOW have a Medicaid (or (name)) card? INS_2B	Col. 701	Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 2</i>
c. May I please see . . . card? INS_2C_1	Col. 702	Char 1	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
3. Is . . . NOW covered by any OTHER public assistance program that pays for health care? INS_3A	Col. 703	Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> DK
4. Is . . . NOW covered by CHAMPUS or CHAMPVA, which are programs that provide medical insurance for dependents or survivors of military personnel and disabled veterans? INS_4	Col. 704	Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
5a. We are interested in all kinds of private health insurance plans except those which pay only for accidents.  Is . . . now covered by a private health insurance plan which pays any part of a hospital, doctor's or surgeon's bill? INS_5A	Col. 705	Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 1a of Section E</i>
Plan 1: b1. What is the name of this plan? <i>NOT GIVEN</i>			
c1. Does this (name) plan pay any part of hospital expenses? INS_5D1	Col. 706	Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
d1. Does this (name) plan pay any part of doctor's or surgeon's bills for operations? INS_5E1	Col. 707	Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
<i>Reask c, d, and e if more than one plan</i> Plan 2: b2. What is the name of this plan? <i>NOT GIVEN</i>			
c2. Is this (name) plan an HMO? INS_5D2	Col. 708	Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
d2. Does this (name) plan pay any part of hospital expenses? INS_5E2	Col. 709	Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
<i>Reask c, d, and e if more than one plan</i> Plan 3: b3. What is the name of this plan? <i>NOT GIVEN</i>			
c3. Is this (name) plan an HMO? INS_5D3	Col. 710	Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
d3. Does this (name) plan pay any part of hospital expenses? INS_5E3	Col. 711	Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
<b>Section E - MEDICAL PROVIDERS AND PRESCRIPTION MEDICINES</b>			
1a. Has . . . EVER been a patient in a nursing home, convalescent or rest home? MPP_1A	Col. 712	Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 1e</i>
b. How many times?			—

MPP_1B	Col. 713	Char 2	01-99	<input type="text"/>	Time(s)
c1. When was . . . admitted (that time/the last time/ the time before that)?					
MPP_1C_1	Col. 715	Char 2	01-12	<input type="text"/>	Month
MPP_1C_2	Col. 717	Char 2	1999	<input type="text"/>	Year
c2. Next to last time?					
MPP_1C21	Col. 719	Char 2	01-12	<input type="text"/>	Month
MPP_1C22	Col. 721	Char 2	1999	<input type="text"/>	Year
c3. Time before that?					
MPP_1C31	Col. 723	Char 2	01-12	<input type="text"/>	Month
MPP_1C32	Col. 725	Char 2	1999	<input type="text"/>	Year
d1. How long was . . . in nursing home (that time)?					
MPP_1D_1	Col. 727	Char 2	01-99	<input type="text"/>	Days
MPP_1D_2	Col. 729	Char 2	01-99	<input type="text"/>	Months
d2. Next to last time?					
MPP_1D21	Col. 731	Char 2	01-99	<input type="text"/>	Days
MPP_1D22	Col. 733	Char 2	01-99	<input type="text"/>	Months
d3. Time before that?					
MPP_1D31	Col. 735	Char 2	01-99	<input type="text"/>	Days
MPP_1D32	Col. 737	Char 2	01-99	<input type="text"/>	Months
e. Is . . . now on a waiting list to go into a nursing home?					
MPP_1E	Col. 739	Char 1	1	<input type="text"/>	Yes
			2	<input type="text"/>	No
2a. Has . . . been a patient in a hospital overnight or longer, in the last 12 months?					
MPP_2A	Col. 740	Char 1	1	<input type="text"/>	Yes
			2	<input type="text"/>	No - SKIP to 3a
b. How many times?					
MPP_2B	Col. 741	Char 2	01-99	<input type="text"/>	Time(s)
c1. When was . . . admitted (that time/the last time/the time before that)?					
MPP_2C_1	Col. 743	Char 2	01-12	<input type="text"/>	Month
MPP_2C_2	Col. 745	Char 2	98-99	<input type="text"/>	Year
c2. Next to last time?					
MPP_2C21	Col. 747	Char 2	01-12	<input type="text"/>	Month
MPP_2C22	Col. 749	Char 2	01-12	<input type="text"/>	Month
			98-99	<input type="text"/>	Year
c3. Time before that?					
MPP_2C31	Col. 751	Char 2	01-12	<input type="text"/>	Month
MPP_2C32	Col. 753	Char 2	01-12	<input type="text"/>	Month
			98-99	<input type="text"/>	Year
d1. How long was . . . in the hospital that time/last time (days OR months)?					
MPP_2D_1	Col. 755	Char 2	01-99	<input type="text"/>	Days
MPP_2D_2	Col. 757	Char 2	01-99	<input type="text"/>	Months
d2. Next to last time?					
MPP_2D21	Col. 759	Char 2	01-99	<input type="text"/>	Days
MPP_2D22	Col. 761	Char 2	01-99	<input type="text"/>	Months
d3. Time before that?					
MPP_2D31	Col. 763	Char 2	01-99	<input type="text"/>	Days
MPP_2D32	Col. 765	Char 2	01-99	<input type="text"/>	Months
3a. In the last month, that is, since (date 1 month ago), did . . . see a physical therapist, an occupational therapist, or a speech therapist, or a hearing therapist (not counting when . . . was					
				<input type="text"/>	

in the hospital)? MPP_3A	Col. 767	Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 4a</i>
b. Which of these therapists did . . . see? Anyone else? <i>Mark (1) all that apply.</i>			
(1) Physical therapist MPP_3B_1	Col. 768	Char 1	1 <input type="checkbox"/> Marked
(2) Occupational therapist MPP_3B_2	Col. 772	Char 1	1 <input type="checkbox"/> Marked
(3) Speech therapist MPP_B_3	Col. 776	Char 1	1 <input type="checkbox"/> Marked
(4) Hearing therapist MPP_B_4	Col. 780	Char 1	1 <input type="checkbox"/> Marked
c. How many times did . . . see this therapist(s) in the last month?			
(1) Physical therapist MPP_3CP	Col. 769	Char 2	01-31 <input type="checkbox"/> Time(s)
(2) Occupational therapist MPP_3CO	Col. 773	Char 2	01-31 <input type="checkbox"/> Time(s)
(3) Speech therapist MPP_3CS	Col. 777	Char 2	01-31 <input type="checkbox"/> Time(s)
(4) Hearing therapist MPP_3CH	Col. 781	Char 2	01-31 <input type="checkbox"/> Time(s)
d. Did . . . see this therapist(s) in . . . home or somewhere else?			
(1) Physical therapist MPP_3DP	Col. 771	Char 1	1 <input type="checkbox"/> At home 2 <input type="checkbox"/> Somewhere else 3 <input type="checkbox"/> Both
(2) Occupational therapist MPP_DO	Col. 775	Char 1	1 <input type="checkbox"/> At home 2 <input type="checkbox"/> Somewhere else 3 <input type="checkbox"/> Both
(3) Speech therapist MPP_DS	Col. 779	Char 1	1 <input type="checkbox"/> At home 2 <input type="checkbox"/> Somewhere else 3 <input type="checkbox"/> Both
(4) Hearing therapist MPP_3DH	Col. 783	Char 1	1 <input type="checkbox"/> At home 2 <input type="checkbox"/> Somewhere else 3 <input type="checkbox"/> Both
e. Will . . . self end up paying any of the charges for (that visit/all those visits)?			
MPP_E	Col. 784	Char 1	1 <input type="checkbox"/> Yes - <i>Ask 3f</i> 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Included with other charges } <i>SKIP to 3g</i>
f. How much? (Dollars OR percent)			
<i>PROBE for dollar amount.</i>			
MPP_F_1	Col. 785	Char 6	000001-999999 <input type="checkbox"/> Dollars
MPP_F_2	Col. 791	Char 3	001-100 <input type="checkbox"/> Percent
MPP_F_3	Col. 794	Char 1	1 <input type="checkbox"/> DK
g. Will insurance, Medicare, Medicaid, or anyone else, including any members of . . . family, end up paying any of the charges for that visit/all those visits?			
MPP_3G	Col. 795	Char 1	1 <input type="checkbox"/> Yes - <i>SKIP to 3i</i> 2 <input type="checkbox"/> No
CHECK ITEM E.1			
<i>Refer to 3e and 3g above.</i>			
MPP_CK6	Col. 796	Char 1	1 <input type="checkbox"/> Sample person paid nothing AND no one else will pay 2 <input type="checkbox"/> otherwise - <i>SKIP to 4a</i>

h. Why was there no charge?

Mark (1) all that apply.

- (1) One general fee/blanket charge  
MPP\_3H\_1 Col. 797 Char 1
- (2) Group practice prepayment/Health Maintenance Organization (HMO)  
MPP\_3H\_2 Col. 798 Char 1
- (3) Welfare/Public Assistance  
MPP\_3H\_3 Col. 799 Char 1
- (4) Private organization/charity  
MPP\_3H\_4 Col. 800 Char 1
- (5) Federal, State, or city hospital, clinic, or health department  
MPP\_3H\_5 Col. 801 Char 1
- (6) Professional courtesy  
MPP\_3H\_6 Col. 802 Char 1
- (7) Other  
MPP\_3H\_7 Col. 803 Char 1

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

} SKIP to 4a

i. Who will end up paying?

Anyone else?

Mark (1) all that apply.

- (1) Insurance  
MPP\_3I01 Col. 804 Char 1
- (3) Medicare  
MPP\_3I05 Col. 805 Char 1
- (4) Medicaid  
MPP\_3I07 Col. 806 Char 1
- (5) Veterans Administration (VA)  
MPP\_3I09 Col. 807 Char 1
- (6) Household member(s)  
MPP\_3I11 Col. 808 Char 1  
MPP\_3I11\_2 Col. 809 Char 2  
MPP\_3I11\_3 Col. 811 Char 2
- (7) Child(ren) of sample person (non-household member(s))  
MPP\_3I13 Col. 813 Char 1  
MPP\_3I13\_2 Col. 814 Char 2  
MPP\_3I13\_3 Col. 816 Char 2  
MPP\_3I13\_4 Col. 818 Char 2  
MPP\_3I13\_5 Col. 820 Char 2
- (8) Father  
MPP\_3I16 Col. 822 Char 1
- (9) Mother  
MPP\_3I18 Col. 823 Char 1
- (10) Son-in-law  
MPP\_3I02 Col. 824 Char 1
- (11) Daughter-in-law  
MPP\_3I04 Col. 825 Char 1
- (12) Brother  
MPP\_3I06 Col. 826 Char 1
- (13) Sister  
MPP\_3I08 Col. 827 Char 1
- (14) Other male relative  
MPP\_3I10 Col. 828 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

} Refer to Control Card items 12a and 23a for personal numbers

(15) Other female relative MPP_3112	Col. 829	Char 1	1 <input type="checkbox"/> Marked
(16) Male friend MPP_3114	Col. 830	Char 1	1 <input type="checkbox"/> Marked
(17) Female friend MPP_3115	Col. 831	Char 1	1 <input type="checkbox"/> Marked
(18) Other MPP_3117	Col. 832	Char 1	1 <input type="checkbox"/> Marked

4a. In the last month, that is, since <i>(date 1 month ago)</i> , did . . . discuss any personal problems with a psychiatrist, psychologist, or any other mental health professional? MPP_4A	Col. 833	Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 5a</i>
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b. How many times has . . . seen one of these mental health professionals in the last month? MPP_4B	Col. 834	Char 2	01-99 <input type="checkbox"/> Times
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c. Will . . . . . self end up paying any of the charges for <i>(that visit/all those visits)</i> ? MPP_4C	Col. 836	Char 1	1 <input type="checkbox"/> Yes - <i>Ask 4d</i> 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Included with other charges } <i>SKIP to 4e</i>
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d. How much? <i>PROBE for dollar amount</i>			
MPP_4D_1	Col. 837	Char 6	000001-999999 <input type="checkbox"/> Dollars
MPP_4D_2	Col. 843	Char 3	001-100 <input type="checkbox"/> Percent
MPP_D_3	Col. 846	Char 1	1 <input type="checkbox"/> DK

e. Will insurance, Medicare, Medicaid, or anyone else, including any members of . . . family, end up paying any of the charges for <i>(that visit/all those visits)</i> ? MPP_4E	Col. 847	Char 1	1 <input type="checkbox"/> Yes - <i>SKIP to 4g</i> 2 <input type="checkbox"/> No
---	----------	--------	---

CHECK ITEM E.2 <i>Refer to 4c and 4e above.</i> MPP_CK8	Col. 848	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>
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f. Why was there no charge? <i>Mark (1) all that apply.</i>			
(1) One general fee/blanket charge MPP_4F_1	Col. 849	Char 1	1 <input type="checkbox"/> Marked
(2) Group practice prepayment/Health Maintenance Organization (HMO) MPP_4F_2	Col. 850	Char 1	1 <input type="checkbox"/> Marked
(3) Welfare/Public Assistance MPP_4F_3	Col. 851	Char 1	1 <input type="checkbox"/> Marked
(4) Private organization/charity MPP_4F_4	Col. 852	Char 1	1 <input type="checkbox"/> Marked
(5) Federal, State, or city hospital, clinic, or health department MPP_4F_5	Col. 853	Char 1	1 <input type="checkbox"/> Marked
(6) Professional courtesy MPP_4F_6	Col. 854	Char 1	1 <input type="checkbox"/> Marked
(7) Specify MPP_4F_7	Col. 855	Char 1	1 <input type="checkbox"/> Marked

g. Who will end up paying? Anyone else?			
--	--	--	--

Mark (1) all that apply.

- |   |          |        |  |
|---|----------|--------|--|
| (1) Insurance<br>MPP_4G01   | Col. 856 | Char 1 | 1 <input type="checkbox"/> Marked              |
| (3) Medicare<br>MPP_4G05  | Col. 857 | Char 1 | 1 <input type="checkbox"/> Marked              |
| (4) Medicaid<br>MPP_4G07  | Col. 858 | Char 1 | 1 <input type="checkbox"/> Marked              |
| (5) Veterans Administration (VA)<br>MPP_4G09                          | Col. 859 | Char 1 | 1 <input type="checkbox"/> Marked              |
| (6) Household member(s)<br>MPP_4G11                                   | Col. 860 | Char 1 | 1 <input type="checkbox"/> Marked              |
| MPP_4G11_2  | Col. 861 | Char 2 | 01-30 <input type="checkbox"/> Personal number |
| MPP_4G11_3  | Col. 863 | Char 2 | 01-30 <input type="checkbox"/> Personal number |
| (7) Child(ren) of sample person (non-household member(s))<br>MPP_4G13 | Col. 865 | Char 1 | 1 <input type="checkbox"/> Marked              |
| MPP_4G13_2  | Col. 866 | Char 2 | 31-60 <input type="checkbox"/> Personal number |
| MPP_4G13_3  | Col. 868 | Char 2 | 31-60 <input type="checkbox"/> Personal number |
| MPP_4G13_4  | Col. 870 | Char 2 | 31-60 <input type="checkbox"/> Personal number |
| MPP_4G13_5  | Col. 872 | Char 2 | 31-60 <input type="checkbox"/> Personal number |
| (8) Father<br>MPP_4G16  | Col. 874 | Char 1 | 1 <input type="checkbox"/> Marked              |
| (9) Mother<br>MPP_4G18  | Col. 875 | Char 1 | 1 <input type="checkbox"/> Marked              |
| (10) Son-in-law<br>MPP_4G02   | Col. 876 | Char 1 | 1 <input type="checkbox"/> Marked              |
| (11) Daughter-in-law<br>MPP_4G04                                      | Col. 877 | Char 1 | 1 <input type="checkbox"/> Marked              |
| (12) Brother<br>MPP_4G06  | Col. 878 | Char 1 | 1 <input type="checkbox"/> Marked              |
| (13) Sister<br>MPP_4G08   | Col. 879 | Char 1 | 1 <input type="checkbox"/> Marked              |
| (14) Other male relative<br>MPP_4G10                                  | Col. 880 | Char 1 | 1 <input type="checkbox"/> Marked              |
| (15) Other female relative<br>MPP_4G12                                | Col. 881 | Char 1 | 1 <input type="checkbox"/> Marked              |
| (16) Male friend<br>MPP_4G14  | Col. 882 | Char 1 | 1 <input type="checkbox"/> Marked              |
| (17) Female friend<br>MPP_4G15  | Col. 883 | Char 1 | 1 <input type="checkbox"/> Marked              |
| (18) Specify other<br>MPP_4G17  | Col. 884 | Char 1 | 1 <input type="checkbox"/> Marked              |

5a. In the last month, that is, since (*date 1 month ago*), did . . .  
receive care from a dentist, foot doctor, optometrist, or  
chiropractor?

MPP\_5A Col. 885 Char 1

- 1  Yes  
2  No - *SKIP to 6a*

b. Which of these did . . . see?

Anyone else?

Mark (1) all that apply.

- |                             |          |        |                                   |
|-----------------------------|----------|--------|-----------------------------------|
| (1) Dentist<br>MPP_5B_1     | Col. 886 | Char 1 | 1 <input type="checkbox"/> Marked |
| (2) Foot doctor<br>MPP_5B_2 | Col. 890 | Char 1 | 1 <input type="checkbox"/> Marked |

(3) Optometrist MPP_5B_3	Col. 894	Char 1	1 <input type="checkbox"/> Marked
(4) Chiropractor MPP_5B_4	Col. 898	Char 1	1 <input type="checkbox"/> Marked
c. How many times did . . . see this professional(s) in the last month?			
(1) Dentist MPP_5CD	Col. 887	Char 2	01-31 <input type="checkbox"/> times
(2) Foot doctor MPP_5CF	Col. 891	Char 2	01-31 <input type="checkbox"/> times
(3) Optometrist MPP_5CT	Col. 895	Char 2	01-31 <input type="checkbox"/> times
(4) Chiropractor MPP_5CC	Col. 899	Char 2	01-31 <input type="checkbox"/> times
d. Did . . . see this professional(s) in . . . home or somewhere else?			
(1) Dentist MPP_5DD	Col. 889	Char 1	1 <input type="checkbox"/> At home 2 <input type="checkbox"/> Somewhere else 3 <input type="checkbox"/> Both
(2) Foot doctor MPP_5DF	Col. 893	Char 1	1 <input type="checkbox"/> At home 2 <input type="checkbox"/> Somewhere else 3 <input type="checkbox"/> Both
(3) Optometrist MPP_DT	Col. 897	Char 1	1 <input type="checkbox"/> At home 2 <input type="checkbox"/> Somewhere else 3 <input type="checkbox"/> Both
(4) Chiropractor MPP_DC	Col. 901	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 ( <i>date 1 month ago</i> ), did . . . go to an emergency room or hospital clinic when . . . did NOT stay overnight? (Do not include any visits you have already told me about.)			
MPP_6A	Col. 902	Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 7a</i>
b. How many times did . . . go in the last month?			
MPP_6B	Col. 903	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 ( <i>date 1 month ago</i> ), did . . . 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. 905	Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 8a</i>
b. How many times did . . . receive care in a doctor's office in the last month?			
MPP_7B	Col. 906	Char 2	01-31 <input type="checkbox"/> Times(s)
8a. In the last month, that is, since ( <i>date 1 month ago</i> ), did . . . see a doctor in . . . home? (Do NOT count any visits you already told me about.)			
MPP_8A	Col. 908	Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 9</i>
b. How many times did . . . see a doctor in . . . home in the last month?			
MPP_8B	Col. 909	Char 2	01-31 <input type="checkbox"/> Times(s)
9. Does . . . have a regular source of medical care, like a family doctor, a clinic, or some other medical person or place?			
MPP_9	Col. 911	Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No



<p>10a. In the last month, that is, since <i>(date 1 month ago)</i>, did . . . receive nursing services at home from someone such as a visiting nurse, home health aide, or nurse's aide? MPP_10A Col. 912 Char 1</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to CHECK ITEM E.3</i></p>																		
<p>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></p>																			
<p>CHECK ITEM E.3 Respondent is - MPP_CK12 Col. 913 Char 1</p>	<p>1 <input type="checkbox"/> Sample Person 2 <input type="checkbox"/> Proxy - <i>SKIP to 12a</i></p>																		
<p>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. 914 Char 1</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 12a</i></p>																		
<p>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></p> <table border="0"> <tr> <td>(1) Financial MPP_1105 Col. 915 Char 1</td> <td>1 <input type="checkbox"/> Marked</td> </tr> <tr> <td>(2) Time MPP_1106 Col. 916 Char 1</td> <td>1 <input type="checkbox"/> Marked</td> </tr> <tr> <td>(3) Availability of a doctor MPP_1107 Col. 917 Char 1</td> <td>1 <input type="checkbox"/> Marked</td> </tr> <tr> <td>(4) Transportation MPP_1108 Col. 918 Char 1</td> <td>1 <input type="checkbox"/> Marked</td> </tr> <tr> <td>(5) Not free to leave MPP_1109 Col. 919 Char 1</td> <td>1 <input type="checkbox"/> Marked</td> </tr> <tr> <td>(6) Problem not serious MPP_1110 Col. 920 Char 1</td> <td>1 <input type="checkbox"/> Marked</td> </tr> <tr> <td>(7) Afraid to find out what's wrong MPP_1111 Col. 921 Char 1</td> <td>1 <input type="checkbox"/> Marked</td> </tr> <tr> <td>(8) Weather MPP_1112 Col. 922 Char 1</td> <td>1 <input type="checkbox"/> Marked</td> </tr> <tr> <td>(9) Other reason(s) MPP_1113 Col. 923 Char 1</td> <td>1 <input type="checkbox"/> Marked</td> </tr> </table>	(1) Financial MPP_1105 Col. 915 Char 1	1 <input type="checkbox"/> Marked	(2) Time MPP_1106 Col. 916 Char 1	1 <input type="checkbox"/> Marked	(3) Availability of a doctor MPP_1107 Col. 917 Char 1	1 <input type="checkbox"/> Marked	(4) Transportation MPP_1108 Col. 918 Char 1	1 <input type="checkbox"/> Marked	(5) Not free to leave MPP_1109 Col. 919 Char 1	1 <input type="checkbox"/> Marked	(6) Problem not serious MPP_1110 Col. 920 Char 1	1 <input type="checkbox"/> Marked	(7) Afraid to find out what's wrong MPP_1111 Col. 921 Char 1	1 <input type="checkbox"/> Marked	(8) Weather MPP_1112 Col. 922 Char 1	1 <input type="checkbox"/> Marked	(9) Other reason(s) MPP_1113 Col. 923 Char 1	1 <input type="checkbox"/> Marked	
(1) Financial MPP_1105 Col. 915 Char 1	1 <input type="checkbox"/> Marked																		
(2) Time MPP_1106 Col. 916 Char 1	1 <input type="checkbox"/> Marked																		
(3) Availability of a doctor MPP_1107 Col. 917 Char 1	1 <input type="checkbox"/> Marked																		
(4) Transportation MPP_1108 Col. 918 Char 1	1 <input type="checkbox"/> Marked																		
(5) Not free to leave MPP_1109 Col. 919 Char 1	1 <input type="checkbox"/> Marked																		
(6) Problem not serious MPP_1110 Col. 920 Char 1	1 <input type="checkbox"/> Marked																		
(7) Afraid to find out what's wrong MPP_1111 Col. 921 Char 1	1 <input type="checkbox"/> Marked																		
(8) Weather MPP_1112 Col. 922 Char 1	1 <input type="checkbox"/> Marked																		
(9) Other reason(s) MPP_1113 Col. 923 Char 1	1 <input type="checkbox"/> Marked																		
<p>12a. In the last month, that is, since <i>(date 1 month ago)</i>, how many prescription medicines were bought by . . . or obtained for . . . ? MPP_12A Col. 924 Char 2</p>	<p>01-99 <input type="checkbox"/> Number of prescription medicines 00 <input type="checkbox"/> None - <i>SKIP to 13</i></p>																		
<p>b. Will . . . self end up paying any of the charges for (this/these) prescription(s)? MPP_12B Col. 926 Char 1</p>	<p>1 <input type="checkbox"/> Yes - <i>Ask 12c</i> 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Included with other charges } <i>SKIP to 12d</i></p>																		
<p>c. How much? (Dollars OR percent) <i>PROBE for dollar amount.</i></p>	<p>000001-</p>																		

MPP\_12C1 Col. 927 Char 6  
 MPP\_12C2 Col. 933 Char 3  
 MPP\_12C3 Col. 936 Char 1

999999  Dollars  
 001-100  Percent  
 1  DK

d. Will insurance, Medicaid, or anyone else, including any members of . . . family, end up paying any of the charges for (this/these) prescription(s)?

MPP\_12D Col. 937 Char 1

1  Yes - *SKIP to 12f*  
 2  No

CHECK ITEM E.4

*Refer to 12b and 12d above.*

MPP\_CK13 Col. 938 Char 1

1  Sample person paid nothing AND no one else will pay  
 2  All others - *SKIP to 13*

e. Why was there no charge?

Any other reason?

*Mark (1) all that apply.*

- (1) One general fee/blanket charge  
 MPP\_1202 Col. 939 Char 1
- (2) Group practice prepayment/Health Maintenance Organization (HMO)  
 MPP\_1203 Col. 940 Char 1
- (3) Welfare/Public Assistance  
 MPP\_1204 Col. 941 Char 1
- (4) Private organization/charity  
 MPP\_1205 Col. 942 Char 1
- (5) Federal, State, or city hospital, clinic, or health department  
 MPP\_1206 Col. 943 Char 1
- (6) Professional courtesy  
 MPP\_1207 Col. 944 Char 1
- (7) Specify other reason  
 MPP\_1208 Col. 945 Char 1

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

} *SKIP to 13*

f. Who will end up paying?

Any other reason?

*Mark (1) all that apply.*

- (1) Insurance  
 MPP\_1213 Col. 946 Char 1
- (2) Medicaid  
 MPP\_1219 Col. 947 Char 1
- (3) Veterans Administration (VA)  
 MPP\_1221 Col. 948 Char 1
- (4) Household member(s)  
 MPP\_1223 Col. 949 Char 1  
 MPP\_1223\_2 Col. 950 Char 2  
 MPP\_1223\_3 Col. 952 Char 2
- (5) Child(ren) of sample person (non-household member(s))  
 MPP\_1225 Col. 954 Char 1  
 MPP\_1225\_2 Col. 955 Char 2  
 MPP\_1225\_3 Col. 957 Char 2  
 MPP\_1225\_4 Col. 959 Char 2  
 MPP\_1225\_5 Col. 961 Char 2
- (6) Father  
 MPP\_1228 Col. 963 Char 1
- (7) Mother  
 MPP\_1230 Col. 964 Char 1

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

(8) Son-in-law MPP_1214	Col. 965	Char 1	1 <input type="checkbox"/> Marked
(9) Daughter-in-law MPP_1216	Col. 966	Char 1	1 <input type="checkbox"/> Marked
(10) Brother MPP_1218	Col. 967	Char 1	1 <input type="checkbox"/> Marked
(11) Sister MPP_1220	Col. 968	Char 1	1 <input type="checkbox"/> Marked
(12) Other male relative MPP_1222	Col. 969	Char 1	1 <input type="checkbox"/> Marked
(13) Other female relative MPP_1224	Col. 970	Char 1	1 <input type="checkbox"/> Marked
(14) Male friend MPP_1226	Col. 971	Char 1	1 <input type="checkbox"/> Marked
(15) Female friend MPP_2127	Col. 972	Char 1	1 <input type="checkbox"/> Marked
(16) Public Program (Non-Medicade) MPP_1231	Col. 973	Char 1	1 <input type="checkbox"/> Marked
(17) Private charity MPP_1232	Col. 974	Char 1	1 <input type="checkbox"/> Marked
(18) Medicare MPP_1217	Col. 975	Char 1	1 <input type="checkbox"/> Marked
(19) Other - specify MPP_1229	Col. 976	Char 1	1 <input type="checkbox"/> Marked

13. Is . . . taking any prescription medicine now to help calm . . . down or to relieve depression? MPP_13	Col. 977	Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
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**Section F - COGNITIVE FUNCTIONING**

CHECK ITEM F.1 Respondent is - MNT_CK1	Col. 978	Char 1	1 <input type="checkbox"/> Sample Person 2 <input type="checkbox"/> Proxy - <i>SKIP to CHECK ITEM G.1</i>
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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.

1. What is the date today? MNT_1	Col. 979	Char 1	1 <input type="checkbox"/> Plus (+) 2 <input type="checkbox"/> Minus (-)
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2. What day of the week is it? MNT_2	Col. 980	Char 1	1 <input type="checkbox"/> Plus (+) 2 <input type="checkbox"/> Minus (-)
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3. What is your street address? MNT_3	Col. 981	Char 1	1 <input type="checkbox"/> Plus (+) 2 <input type="checkbox"/> Minus (-)
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4. In what State is this? MNT_4	Col. 982	Char 1	1 <input type="checkbox"/> Plus (+) 2 <input type="checkbox"/> Minus (-)
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5. How old are you? MNT_5	Col. 983	Char 1	1 <input type="checkbox"/> Plus (+) 2 <input type="checkbox"/> Minus (-)
------------------------------	----------	--------	---

6. When were you born? MNT_6	Col. 984	Char 1	1 <input type="checkbox"/> Plus (+) 2 <input type="checkbox"/> Minus (-)
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7. Who is the President of the United States now? MNT_7	Col. 985	Char 1	1 <input type="checkbox"/> Plus (+) 2 <input type="checkbox"/> Minus (-)
--	----------	--------	---

8. Who was the President just before him? MNT_8	Col. 986	Char 1	1 <input type="checkbox"/> Plus (+) 2 <input type="checkbox"/> Minus (-)
--	----------	--------	---

<p>9. What was your mother's maiden name? MNT_9 Col. 987 Char 1</p>	<p>1 <input type="checkbox"/> Plus (+) 2 <input type="checkbox"/> Minus (-)</p>
<p>10. Subtract 3 from 20 and keep subtracting 3 from each new number you get, all the way down. <i>PROBE: Can you subtract 3 from that?</i> MNT_10 Col. 988 Char 1 <hr/>Correct answer: 17, 14, 11, 8, 5, 2</p>	<p>1 <input type="checkbox"/> Plus (+) 2 <input type="checkbox"/> Minus (-)</p>

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

<p>CHECK ITEM G.1 <i>Refer to item 2 on the cover.</i> Is the first character of the control number the letter "N"? INC_CHK2 Col. 989 Char 1</p>	<p>1 <input type="checkbox"/> Yes - <i>SKIP to INTERVIEWER INSTRUCTION (after 4)</i> 2 <input type="checkbox"/> No</p>
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<p>CHECK ITEM G.2 Sample person is - INC_CHK2_1 Col. 990 Char 1</p>	<p>1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female - <i>SKIP to 3</i></p>
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<p>1a. Did . . . EVER serve on active duty in the Armed Forces of the United States? INC_1A Col. 991 Char 1</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 3</i></p>
---	--

<p>b. When did . . . serve? Any other periods of service? <i>Mark (1) all that apply.</i></p> <p>(1) World War I (April '17 - Nov '18) INC_1B_1 Col. 992 Char 1</p> <p>(2) World War II (Sept '40 - July '47) INC_1B_2 Col. 993 Char 1</p> <p>(3) Korean War (June '50 - Jan '55) INC_1B_3 Col. 994 Char 1</p> <p>(4) Vietnam War (Aug '64 - April '75) INC_1B_4 Col. 995 Char 1</p> <p>(5) Post Vietnam (May '75 - present) INC_1B_5 Col. 996 Char 1</p> <p>(6) Other Service (All other periods) INC_1B_6 Col. 997 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</p>
---	--

<p>c. Was . . . ever an active member of a National Guard or reserve unit? INC_1C Col. 998 Char 1</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> DK } <i>SKIP to 2a</i></p>
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<p>d. Was ALL of . . . active duty service related to National Guard or military reserve training? INC_1D Col. 999 Char 1</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
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<p>2a. Does . . . have a disability related to . . . service in the Armed Forces of the United States? INC_2A Col. 1000 Char 1</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 3</i></p>
--	--

<p>b. What is . . . current VA disability rating? INC_2B Col. 1001 Char 3</p>	<p>000-100 <input type="checkbox"/> percent</p>
---	---

<p>3. <i>SHOW FLASHCARD E</i> What is . . . ethnic origin or descent? INC_3 Col. 1004 Char 2</p>	<p>01 <input type="checkbox"/> German 02 <input type="checkbox"/> Italian 03 <input type="checkbox"/> Irish 04 <input type="checkbox"/> French</p>
--	--

- 05  Polish
- 06  Russian
- 07  English
- 08  Scottish
- 09  Welsh
- 10  Mexican American
- 11  Chicano
- 12  Mexican
- 13  Puerto Rican
- 14  Cuban
- 15  Central or South American (Spanish country)
- 16  Other Spanish
- 20  Afro-American (Black or Negro)
- 30  Another group not listed
- 39  DK

*SHOW FLASHCARD D*  
 4. What is . . . race?  
 INC\_3B Col. 1006 Char 1

- 1  White
- 2  Black
- 3  Asian or Pacific Islander
- 4  American Indian, Eskimo, or Aleut
- 5  Other

**INTERVIEWER INSTRUCTION**

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

**COLUMN A**

5a1. During the last month, that is, in the month of (*previous month*), did . . . (or any members of . . . family who lives here) receive Social Security benefits or Railroad Retirement benefits?  
 INCA\_5A Col. 2513 Char 1

- 1  Yes
- 2  No - *SKIP to 6a*

b1. Who received these payments?  
 Anyone else?  
 INCA\_5B Col. 2514 Char 1

- 1  Received
- 2  Did not receive

c1. How much did . . . receive in (*previous month*)?  
 INCA\_5C Col. 2515 Char 5  
 INCA\_5C\_DK Col. 2520 Char 1

- 00000-50,000
- 50,001  More than \$50,001
- 7  Received but no entry
- 8  Refused
- 9  DK

6a1. During (*previous month*) did . . . (or any members of . . . Family who live here) receive Veterans Administration compensation or pension?  
 INCA\_6A Col. 2521 Char 1

- 1  Yes
- 2  No - *SKIP to 7a*

b1. Who received these payments?  
 Anyone else?  
 INCA\_6B Col. 2522 Char 1

- 1  Received
- 2  Did not receive

c1. How much did . . . receive in (*previous month*)?  
 INCA\_6C Col. 2523 Char 5  
 INCA\_6C\_DK Col. 2528 Char 1

- 00000-50,000
- 50,001  More than \$50,001
- 7  Received but no entry
- 8  Refused
- 9  DK

7a1. During (*previous month*), did . . . (or any members of . . . family

<p>who live here) receive any other retirement, pension, or annuity income? INCA_7A Col. 2529 Char 1</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 8a</i></p>
<p>b1. Who received these payments? Anyone else? INCA_7B Col. 2530 Char 1</p>	<p>1 <input type="checkbox"/> Received 2 <input type="checkbox"/> Did not receive</p>
<p>c1. How much did . . . receive in (<i>previous month</i>)? INCA_7C Col. 2531 Char 5  INCA_7C_DK Col. 2536 Char 1</p>	<p>00000- 50,000 <input type="checkbox"/> 50,001 <input type="checkbox"/> More than \$50,001  7 <input type="checkbox"/> Received but no entry 8 <input type="checkbox"/> Refused 9 <input type="checkbox"/> DK</p>
<p>8a1. During (<i>previous month</i>), did . . . (or any members of . . . family who live here) receive unemployment or Worker's Compensation? INCA_8A Col. 2537 Char 1</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 9a</i></p>
<p>b1. Who received these payments? Anyone else? INCA_8B Col. 2538 Char 1</p>	<p>1 <input type="checkbox"/> Received 2 <input type="checkbox"/> Did not receive</p>
<p>c1. How much did . . . receive in (<i>previous month</i>)? INCA_8C Col. 2539 Char 5  INCA_8C_DK Col. 2544 Char 1</p>	<p>00000- 50,000 <input type="checkbox"/> 50,001 <input type="checkbox"/> More than \$50,001  7 <input type="checkbox"/> Received but no entry 8 <input type="checkbox"/> Refused 9 <input type="checkbox"/> DK</p>
<p>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. 2545 Char 1</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 10a</i></p>
<p>b1. Who received these payments? Anyone else? INCA_9B Col. 2546 Char 1</p>	<p>1 <input type="checkbox"/> Received 2 <input type="checkbox"/> Did not receive</p>
<p>c1. How much did . . . receive in (<i>previous month</i>)? INCA_9C Col. 2547 Char 5  INCA_9C_DK Col. 2552 Char 1</p>	<p>00000- 50,000 <input type="checkbox"/> 50,001 <input type="checkbox"/> More than \$50,001  7 <input type="checkbox"/> Received but no entry 8 <input type="checkbox"/> Refused 9 <input type="checkbox"/> DK</p>
<p>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. INCA_10A Col. 2553 Char 1</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 11a</i></p>
<p>b1. Who received these payments? Anyone else? INCA_10B Col. 2554 Char 1</p>	<p>1 <input type="checkbox"/> Received 2 <input type="checkbox"/> Did not receive</p>
<p>c1. How much did . . . receive in (<i>previous month</i>)? INCA_10C Col. 2555 Char 5</p>	<p>00000- 50,000 <input type="checkbox"/> 50,001 <input type="checkbox"/> More than \$50,001</p>

INCA_10C_DK	Col. 2560	Char 1	7 <input type="checkbox"/> Received but no entry 8 <input type="checkbox"/> Refused 9 <input type="checkbox"/> DK
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? INCA_11A	Col. 2561	Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 12a</i>
b1. Who received these payments? Anyone else? INCA_11B	Col. 2562	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_11C	Col. 2563	Char 5	00000- 50,000 <input type="checkbox"/> 50,001 <input type="checkbox"/> More than \$50,001
INCA_11C_DK	Col. 2568	Char 1	7 <input type="checkbox"/> Received but no entry 8 <input type="checkbox"/> Refused 9 <input type="checkbox"/> DK
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)? INCA_12A	Col. 2569	Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 13a</i>
b1. Who received these payments? Anyone else? INCA_12B	Col. 2570	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_12C	Col. 2571	Char 5	00000- 50,000 <input type="checkbox"/> 50,001 <input type="checkbox"/> More than \$50,001
INCA_12C_DK	Col. 2576	Char 1	7 <input type="checkbox"/> Received but no entry 8 <input type="checkbox"/> Refused 9 <input type="checkbox"/> DK
<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? INCB_5A	Col. 2611	Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 6a</i>
b2. Who received these payments? Anyone else? INCB_5B	Col. 2612	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_5C	Col. 2613	Char 5	00000- 50,000 <input type="checkbox"/> 50,001 <input type="checkbox"/> More than \$50,001
INCB_5C_DK	Col. 2618	Char 1	7 <input type="checkbox"/> Received but no entry 8 <input type="checkbox"/> Refused 9 <input type="checkbox"/> DK
6a2. During ( <i>previous month</i> ) did . . . (or any members of . . . family who live here) receive Veterans Administration compensation or pension? INCB_6A	Col. 2619	Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 7a</i>
b2. Who received these payments? Anyone else?			1 <input type="checkbox"/> Received

INCB_6B	Col. 2620	Char 1	2 <input type="checkbox"/> Did not receive
c2. How much did . . . receive in ( <i>previous month</i> )? INCB_6C	Col. 2621	Char 5	00000- 50,000 <input type="checkbox"/> 50,001 <input type="checkbox"/> More than \$50,001
INCB_6C_DK	Col. 2626	Char 1	7 <input type="checkbox"/> Received but no entry 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. 2627	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. 2628	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. 2629	Char 5	00000- 50,000 <input type="checkbox"/> 50,001 <input type="checkbox"/> More than \$50,001
INCB_7C_DK	Col. 2634	Char 1	7 <input type="checkbox"/> Received but no entry 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. 2635	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. 2636	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. 2637	Char 5	00000- 50,000 <input type="checkbox"/> 50,001 <input type="checkbox"/> More than \$50,001
INCB_8C_DK	Col. 2642	Char 1	7 <input type="checkbox"/> Received but no entry 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. 2643	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. 2644	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. 2645	Char 5	00000- 50,000 <input type="checkbox"/> 50,001 <input type="checkbox"/> More than \$50,001
INCB_9C_DK	Col. 2650	Char 1	7 <input type="checkbox"/> Received but no entry 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			



<p>from own business, professional practice, partnership, or farm. INCB_10A Col. 2651 Char 1</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 11a</i></p>
<p>b2. Who received these payments? Anyone else? INCB_10B Col. 2652 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. 2653 Char 5  INCB_10C_DK Col. 2658 Char 1</p>	<p>00000- 50,000 <input type="checkbox"/> 50,001 <input type="checkbox"/> More than \$50,001  7 <input type="checkbox"/> Received but no entry 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. 2659 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. 2660 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. 2661 Char 5  INCB_11C_DK Col. 2666 Char 1</p>	<p>00000- 50,000 <input type="checkbox"/> 50,001 <input type="checkbox"/> More than \$50,001  7 <input type="checkbox"/> Received but no entry 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. 2667 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. 2668 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. 2669 Char 5  INCB_12C_DK Col. 2674 Char 1</p>	<p>00000- 50,000 <input type="checkbox"/> 50,001 <input type="checkbox"/> More than \$50,001  7 <input type="checkbox"/> Received but no entry 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. 2709 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. 2710 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. 2711 Char 5  INCC_5C_DK Col. 2716 Char 1</p>	<p>00000- 50,000 <input type="checkbox"/> 50,001 <input type="checkbox"/> More than \$50,001  7 <input type="checkbox"/> Received but no entry</p>

				8 <input type="checkbox"/> Refused 9 <input type="checkbox"/> DK
6a3. During ( <i>previous month</i> ) did . . . (or any members of . . . Family who live here) receive Veterans Administration compensation or pension? INCC_6A Col. 2717 Char 1				1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 7a</i>
b3. Who received these payments? Anyone else? INCC_6B Col. 2718 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_6C Col. 2719 Char 5  INCC_6C_DK Col. 2724 Char 1				00000- 50,000 <input type="checkbox"/> 50,001 <input type="checkbox"/> More than \$50,001  7 <input type="checkbox"/> Received but no entry 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. 2725 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. 2726 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. 2727 Char 5  INCC_7C_DK Col. 2732 Char 1				00000- 50,000 <input type="checkbox"/> 50,001 <input type="checkbox"/> More than \$50,001  7 <input type="checkbox"/> Received but no entry 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. 2733 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. 2734 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. 2735 Char 5  INCC_8C_DK Col. 2740 Char 1				00000- 50,000 <input type="checkbox"/> 50,001 <input type="checkbox"/> More than \$50,001  7 <input type="checkbox"/> Received but no entry 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. 2741 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. 2742 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_9C Col. 2743 Char 5</p> <p>INCC_9C_DK Col. 2748 Char 1</p>	<p>00000-  50,000 <input type="checkbox"/>  50,001 <input type="checkbox"/> More than \$50,001</p> <p>7 <input type="checkbox"/> Received but no entry  8 <input type="checkbox"/> Refused  9 <input type="checkbox"/> DK</p>
<p>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. 2749 Char 1</p>	<p>1 <input type="checkbox"/> Yes  2 <input type="checkbox"/> No - <i>SKIP to 11a</i></p>
<p>b3. Who received these payments?  Anyone else?  INCC_10B Col. 2750 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_10C Col. 2751 Char 5</p> <p>INCC_10C_DK Col. 2756 Char 1</p>	<p>00000-  50,000 <input type="checkbox"/>  50,001 <input type="checkbox"/> More than \$50,001</p> <p>7 <input type="checkbox"/> Received but no entry  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. 2757 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. 2758 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. 2759 Char 5</p> <p>INCC_11C_DK Col. 2764 Char 1</p>	<p>00000-  50,000 <input type="checkbox"/>  50,001 <input type="checkbox"/> More than \$50,001</p> <p>7 <input type="checkbox"/> Received but no entry  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. 2765 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. 2766 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. 2767 Char 5</p> <p>INCC_12C_DK Col. 2772 Char 1</p>	<p>00000-  50,000 <input type="checkbox"/>  50,001 <input type="checkbox"/> More than \$50,001</p> <p>7 <input type="checkbox"/> Received but no entry  8 <input type="checkbox"/> Refused  9 <input type="checkbox"/> DK</p>
<p><b>COLUMN D</b></p>	
<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</p>	

Social Security benefits or Railroad Retirement benefits? INCD_5A                                      Col. 2807    Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 6a</i>
b4. Who received these payments? Anyone else? INCD_5B                                      Col. 2808    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_5C                                      Col. 2809    Char 5  INCD_5C_DK                                      Col. 2814    Char 1	00000- 50,000 <input type="checkbox"/> 50,001 <input type="checkbox"/> More than \$50,001  7 <input type="checkbox"/> Received but no entry 8 <input type="checkbox"/> Refused 9 <input type="checkbox"/> DK
6a4. During ( <i>previous month</i> ) did . . . (or any members of . . . Family who live here) receive Veterans Administration compensation or pension? INCD_6A                                      Col. 2815    Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 7a</i>
b4. Who received these payments? Anyone else? INCD_6B                                      Col. 2816    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_6C                                      Col. 2817    Char 5  INCD_6C_DK                                      Col. 2822    Char 1	00000- 50,000 <input type="checkbox"/> 50,001 <input type="checkbox"/> More than \$50,001  7 <input type="checkbox"/> Received but no entry 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. 2823    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. 2824    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. 2825    Char 5  INCD_7C_DK                                      Col. 2830    Char 1	00000- 50,000 <input type="checkbox"/> 50,001 <input type="checkbox"/> More than \$50,001  7 <input type="checkbox"/> Received but no entry 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. 2831    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. 2832    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. 2833    Char 5  INCD_8C_DK                                      Col. 2838    Char 1	00000- 50,000 <input type="checkbox"/> 50,001 <input type="checkbox"/> More than \$50,001  7 <input type="checkbox"/> Received but no entry 8 <input type="checkbox"/> Refused 9 <input type="checkbox"/> DK

<p>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.</p> <p>INCD_9A                      Col. 2839    Char 1</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 10a</i></p>
<p>b4. Who received these payments? Anyone else?</p> <p>INCD_9B                      Col. 2840    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>)?</p> <p>INCD_9C                      Col. 2841    Char 5</p> <p>INCD_9C_DK                      Col. 2846    Char 1</p>	<p>00000- 50,000 <input type="checkbox"/> 50,001 <input type="checkbox"/> More than \$50,001</p> <p>7 <input type="checkbox"/> Received but no entry 8 <input type="checkbox"/> Refused 9 <input type="checkbox"/> DK</p>
<p>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.</p> <p>INCD_10A                      Col. 2847    Char 1</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 11a</i></p>
<p>b4. Who received these payments? Anyone else?</p> <p>INCD_10B                      Col. 2848    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>)?</p> <p>INCD_10C                      Col. 2849    Char 5</p> <p>INCD_10C_DK                      Col. 2854    Char 1</p>	<p>00000- 50,000 <input type="checkbox"/> 50,001 <input type="checkbox"/> More than \$50,001</p> <p>7 <input type="checkbox"/> Received but no entry 8 <input type="checkbox"/> Refused 9 <input type="checkbox"/> DK</p>
<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?</p> <p>INCD_11A                      Col. 2855    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?</p> <p>INCD_11B                      Col. 2856    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>)?</p> <p>INCD_11C                      Col. 2857    Char 5</p> <p>INCD_11C_DK                      Col. 2862    Char 1</p>	<p>00000- 50,000 <input type="checkbox"/> 50,001 <input type="checkbox"/> More than \$50,001</p> <p>7 <input type="checkbox"/> Received but no entry 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)?</p> <p>INCD_12A                      Col. 2863    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?</p> <p>INCD_12B                      Col. 2864    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>)?</p> <p>INCD_12C                      Col. 2865    Char 5</p>	<p>00000- 50,000 <input type="checkbox"/></p>

<p>INCD_12C_DK                      Col. 2870    Char 1</p>	<p>50,001 <input type="checkbox"/> More than \$50,001  7 <input type="checkbox"/> Received but no entry  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. 2905    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. 2906    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. 2907            5   INCE_5C_DK                      Col. 2912            1</p>	<p>00000-  50,000 <input type="checkbox"/>  50,001 <input type="checkbox"/> More than \$50,001  7 <input type="checkbox"/> Received but no entry  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. 2913    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. 2914    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. 2915    Char 5   INCE_6C_DK                      Col. 2920    Char 1</p>	<p>00000-  50,000 <input type="checkbox"/>  50,001 <input type="checkbox"/> More than \$50,001  7 <input type="checkbox"/> Received but no entry  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 annuity income?  INCE_7A                      Col. 2921    Char 1</p>	<p>1 <input type="checkbox"/> Yes  2 <input type="checkbox"/> No - <i>SKIP to 8a</i></p>
<p>b5. Who received these payments?  Anyone else?  INCE_7B                      Col. 2922    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_7C                      Col. 2923    Char 5   INCE_7C_DK                      Col. 2928    Char 1</p>	<p>00000-  50,000 <input type="checkbox"/>  50,001 <input type="checkbox"/> More than \$50,001  7 <input type="checkbox"/> Received but no entry  8 <input type="checkbox"/> Refused  9 <input type="checkbox"/> DK</p>
<p>8a5. During (<i>previous month</i>), did . . . (or any members of . . . family who live here) receive unemployment or Worker's Compensation?  INCE_8A                      Col. 2929    Char 1</p>	<p>1 <input type="checkbox"/> Yes  2 <input type="checkbox"/> No - <i>SKIP to 8a</i></p>
<p>b5. Who received these payments?</p>	<p>—</p>

Anyone else? INCE_8B	Col. 2930	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. 2931	Char 5	00000- 50,000 <input type="checkbox"/> 50,001 <input type="checkbox"/> More than \$50,001
INCE_8C_DK	Col. 2936	Char 1	7 <input type="checkbox"/> Received but no entry 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. 2937	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. 2938	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. 2939	Char 5	00000- 50,000 <input type="checkbox"/> 50,001 <input type="checkbox"/> More than \$50,001
INCE_9C_DK	Col. 2944	Char 1	7 <input type="checkbox"/> Received but no entry 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. 2945	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. 2946	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. 2947	Char 5	00000- 50,000 <input type="checkbox"/> 50,001 <input type="checkbox"/> More than \$50,001
INCE_10C_DK	Col. 2952	Char 1	7 <input type="checkbox"/> Received but no entry 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. 2953	Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 12a</i>
b5. Who received these payments? Anyone else? INCE_11B	Col. 2954	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_11C	Col. 2955	Char 5	00000- 50,000 <input type="checkbox"/> 50,001 <input type="checkbox"/> More than \$50,001
INCE_11C_DK	Col. 2960	Char 1	7 <input type="checkbox"/> Received but no entry 8 <input type="checkbox"/> Refused 9 <input type="checkbox"/> DK
12a5. During ( <i>previous month</i> ), did . . . (or any members of . . . family			

<p>who live here) receive regular contributions from friends or relatives (other than those relatives in this household)?</p> <p>INCE_12A                      Col. 2961    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?</p> <p>INCE_12B                      Col. 2962    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>)?</p> <p>INCE_12C                      Col. 2963    Char 5</p> <p>INCE_12C_DK                      Col. 2968    Char 1</p>	<p>00000- 50,000 <input type="checkbox"/> 50,001 <input type="checkbox"/> More than \$50,001</p> <p>7 <input type="checkbox"/> Received but no entry 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?</p> <p>INCF_5A                      Col. 3003    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?</p> <p>INCF_5B                      Col. 3004    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>INCF_5C                      Col. 3005    Char 5</p> <p>INCF_5C_DK                      Col. 3010    Char 1</p>	<p>00000- 50,000 <input type="checkbox"/> 50,001 <input type="checkbox"/> More than \$50,001</p> <p>7 <input type="checkbox"/> Received but no entry 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?</p> <p>INCF_6A                      Col. 3011    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?</p> <p>INCF_6B                      Col. 3012    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>INCF_6C                      Col. 3013    Char 5</p> <p>INCF_6C_DK                      Col. 3018    Char 1</p>	<p>00000- 50,000 <input type="checkbox"/> 50,001 <input type="checkbox"/> More than \$50,001</p> <p>7 <input type="checkbox"/> Received but no entry 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?</p> <p>INCF_7A                      Col. 3019    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?</p> <p>INCF_7B                      Col. 3020    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>INCF_7C                      Col. 3021    Char 5</p>	<p>00000- 50,000 <input type="checkbox"/> 50,001 <input type="checkbox"/> More than \$50,001</p>



INCF_7C_DK	Col. 3026	Char 1	7 <input type="checkbox"/> Received but no entry 8 <input type="checkbox"/> Refused 9 <input type="checkbox"/> DK
8a6. During ( <i>previous month</i> ), did . . . (or any members of . . . family who live here) receive unemployment or Worker's Compensation? INCF_8A	Col. 3027	Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 8a</i>
b6. Who received these payments? Anyone else? INCF_8B	Col. 3028	Char 1	1 <input type="checkbox"/> Received 2 <input type="checkbox"/> Did not receive
c6. How much did . . . receive in ( <i>previous month</i> )? INCF_8C	Col. 3029	Char 5	00000- 50,000 <input type="checkbox"/> 50,001 <input type="checkbox"/> More than \$50,001
INCF_8C_DK	Col. 3034	Char 1	7 <input type="checkbox"/> Received but no entry 8 <input type="checkbox"/> Refused 9 <input type="checkbox"/> DK
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. 3035	Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 10a</i>
b6. Who received these payments? Anyone else? INCF_9B	Col. 3036	Char 1	1 <input type="checkbox"/> Received 2 <input type="checkbox"/> Did not receive
c6. How much did . . . receive in ( <i>previous month</i> )? INCF_9C	Col. 3037	Char 5	00000- 50,000 <input type="checkbox"/> 50,001 <input type="checkbox"/> More than \$50,001
INCF_9C_DK	Col. 3042	Char 1	7 <input type="checkbox"/> Received but no entry 8 <input type="checkbox"/> Refused 9 <input type="checkbox"/> DK
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. 3043	Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 11a</i>
b6. Who received these payments? Anyone else? INCF_10B	Col. 3044	Char 1	1 <input type="checkbox"/> Received 2 <input type="checkbox"/> Did not receive
c6. How much did . . . receive in ( <i>previous month</i> )? INCF_10C	Col. 3045	Char 5	00000- 50,000 <input type="checkbox"/> 50,001 <input type="checkbox"/> More than \$50,001
INCF_10C_DK	Col. 3050	Char 1	7 <input type="checkbox"/> Received but no entry 8 <input type="checkbox"/> Refused 9 <input type="checkbox"/> DK
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. 3051	Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 12a</i>
b6. Who received these payments? Anyone else?			1 <input type="checkbox"/> Received

INCF_11B	Col. 3052	Char 1	2 <input type="checkbox"/> Did not receive
c6. How much did . . . receive in ( <i>previous month</i> )?			00000- 50,000 <input type="checkbox"/> 50,001 <input type="checkbox"/> More than \$50,001
INCF_11C	Col. 3053	Char 5	
INCF_11C_DK	Col. 3058	Char 1	7 <input type="checkbox"/> Received but no entry 8 <input type="checkbox"/> Refused 9 <input type="checkbox"/> DK
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 2 <input type="checkbox"/> No - <i>SKIP to 13a</i>
INCF_12A	Col. 3059	Char 1	
b6. Who received these payments? Anyone else?			1 <input type="checkbox"/> Received 2 <input type="checkbox"/> Did not receive
INCF_12B	Col. 3060	Char 1	
c6. How much did . . . receive in ( <i>previous month</i> )?			00000- 50,000 <input type="checkbox"/> 50,001 <input type="checkbox"/> More than \$50,001
INCF_12C	Col. 3061	Char 5	
INCF_12C_DK	Col. 3066	Char 1	7 <input type="checkbox"/> Received but no entry 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 2 <input type="checkbox"/> No - <i>SKIP to 6a</i>
INCG_5A	Col. 3101	Char 1	
b7. Who received these payments? Anyone else?			1 <input type="checkbox"/> Received 2 <input type="checkbox"/> Did not receive
INCG_5B	Col. 3102	Char 1	
c7. How much did . . . receive in ( <i>previous month</i> )?			00000- 50,000 <input type="checkbox"/> 50,001 <input type="checkbox"/> More than \$50,001
INCG_5C	Col. 3103	Char 5	
INCG_5C_DK	Col. 3108	Char 1	7 <input type="checkbox"/> Received but no entry 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 2 <input type="checkbox"/> No - <i>SKIP to 7a</i>
INCG_6A	Col. 3109	Char 1	
b7. Who received these payments? Anyone else?			1 <input type="checkbox"/> Received 2 <input type="checkbox"/> Did not receive
INCG_6B	Col. 3110	Char 1	
c7. How much did . . . receive in ( <i>previous month</i> )?			00000- 50,000 <input type="checkbox"/> 50,001 <input type="checkbox"/> More than \$50,001
INCG_6C	Col. 3111	Char 5	
INCG_6C_DK	Col. 3116	Char 1	7 <input type="checkbox"/> Received but no entry 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? INCG_7A	Col. 3117	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_7B	Col. 3118	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_7C	Col. 3119	Char 5	00000- 50,000 <input type="checkbox"/> 50,001 <input type="checkbox"/> More than \$50,001
INCG_7C_DK	Col. 3124	Char 1	7 <input type="checkbox"/> Received but no entry 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. 3125	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. 3126	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. 3127	Char 5	00000- 50,000 <input type="checkbox"/> 50,001 <input type="checkbox"/> More than \$50,001
INCG_8C_DK	Col. 3132	Char 1	7 <input type="checkbox"/> Received but no entry 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. 3133	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. 3134	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. 3135	Char 5	00000- 50,000 <input type="checkbox"/> 50,001 <input type="checkbox"/> More than \$50,001
INCG_9C_DK	Col. 3140	Char 1	7 <input type="checkbox"/> Received but no entry 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. 3141	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. 3142	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. 3143	Char 5	00000- 50,000 <input type="checkbox"/> 50,001 <input type="checkbox"/> More than \$50,001
INCG_10C_DK	Col. 3148	Char 1	7 <input type="checkbox"/> Received but no entry

				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. 3149 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. 3150 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. 3151 Char 5  INCG_11C_DK Col. 3156 Char 1				00000- 50,000 <input type="checkbox"/> 50,001 <input type="checkbox"/> More than \$50,001  7 <input type="checkbox"/> Received but no entry 8 <input type="checkbox"/> Refused 9 <input type="checkbox"/> DK
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)? INCG_12A Col. 3157 Char 1				1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 13a</i>
b7. Who received these payments? Anyone else? INCG_12B Col. 3158 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_12C Col. 3159 Char 5  INCG_12C_DK Col. 3164 Char 1				00000- 50,000 <input type="checkbox"/> 50,001 <input type="checkbox"/> More than \$50,001  7 <input type="checkbox"/> Received but no entry 8 <input type="checkbox"/> Refused 9 <input type="checkbox"/> DK
<b>COLUMN H</b>				
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? INCH_5A Col. 3199 Char 1				1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 6a</i>
b8. Who received these payments? Anyone else? INCH_5B Col. 3200 Char 1				1 <input type="checkbox"/> Received 2 <input type="checkbox"/> Did not receive
c8. How much did . . . receive in ( <i>previous month</i> )? INCH_5C Col. 3201 Char 5  INCH_5C_DK Col. 3206 Char 1				00000- 50,000 <input type="checkbox"/> 50,001 <input type="checkbox"/> More than \$50,001  7 <input type="checkbox"/> Received but no entry 8 <input type="checkbox"/> Refused 9 <input type="checkbox"/> DK
6a8. During ( <i>previous month</i> ) did . . . (or any members of . . . Family who live here) receive Veterans Administration compensation or pension? INCH_6A Col. 3207 Char 1				1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 7a</i>
b8. Who received these payments? Anyone else? INCH_6B Col. 3208 Char 1				1 <input type="checkbox"/> Received 2 <input type="checkbox"/> Did not receive
c8. How much did . . . receive in ( <i>previous month</i> )?				00000-

INCH_6C	Col. 3209	Char 5	50,000 <input type="checkbox"/> 50,001 <input type="checkbox"/>	More than \$50,001
INCH_6C_DK	Col. 3214	Char 1	7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/>	Received but no entry Refused DK
7a8. 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"/> 2 <input type="checkbox"/>	Yes No - <i>SKIP to 8a</i>
INCH_7A	Col. 3215	Char 1		
b8. Who received these payments? Anyone else?			1 <input type="checkbox"/> 2 <input type="checkbox"/>	Received Did not receive
INCH_7B	Col. 3216	Char 1		
c8. How much did . . . receive in ( <i>previous month</i> )?			00000- 50,000 <input type="checkbox"/> 50,001 <input type="checkbox"/>	More than \$50,001
INCH_7C	Col. 3217	Char 5		
INCH_7C_DK	Col. 3222	Char 1	7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/>	Received but no entry Refused DK
8a8. During ( <i>previous month</i> ), did . . . (or any members of . . . family who live here) receive unemployment or Worker's Compensation?			1 <input type="checkbox"/> 2 <input type="checkbox"/>	Yes No - <i>SKIP to 8a</i>
INCH_8A	Col. 3223	Char 1		
b8. Who received these payments? Anyone else?			1 <input type="checkbox"/> 2 <input type="checkbox"/>	Received Did not receive
INCH_8B	Col. 3224	Char 1		
c8. How much did . . . receive in ( <i>previous month</i> )?			00000- 50,000 <input type="checkbox"/> 50,001 <input type="checkbox"/>	More than \$50,001
INCH_8C	Col. 3225	Char 5		
INCH_8C_DK	Col. 3230	Char 1	7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/>	Received but no entry Refused DK
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.			1 <input type="checkbox"/> 2 <input type="checkbox"/>	Yes No - <i>SKIP to 10a</i>
INCH_9A	Col. 3231	Char 1		
b8. Who received these payments? Anyone else?			1 <input type="checkbox"/> 2 <input type="checkbox"/>	Received Did not receive
INCH_9B	Col. 3232	Char 1		
c8. How much did . . . receive in ( <i>previous month</i> )?			00000- 50,000 <input type="checkbox"/> 50,001 <input type="checkbox"/>	More than \$50,001
INCH_9C	Col. 3233	Char 5		
INCH_9C_DK	Col. 3238	Char 1	7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/>	Received but no entry Refused DK
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.			1 <input type="checkbox"/> 2 <input type="checkbox"/>	Yes No - <i>SKIP to 11a</i>
INCH_10A	Col. 3239	Char 1		
b8. Who received these payments? Anyone else?			1 <input type="checkbox"/>	Received

INCH_10B	Col. 3240	Char 1	2 <input type="checkbox"/> Did not receive
c8. How much did . . . receive in ( <i>previous month</i> )?			00000- 50,000 <input type="checkbox"/> 50,001 <input type="checkbox"/> More than \$50,001
INCH_10C	Col. 3241	Char 5	
INCH_10C_DK	Col. 3246	Char 1	7 <input type="checkbox"/> Received but no entry 8 <input type="checkbox"/> Refused 9 <input type="checkbox"/> DK
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?			1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 12a</i>
INCH_11A	Col. 3247	Char 1	
b8. Who received these payments? Anyone else?			1 <input type="checkbox"/> Received 2 <input type="checkbox"/> Did not receive
INCH_11B	Col. 3248	Char 1	
c8. How much did . . . receive in ( <i>previous month</i> )?			00000- 50,000 <input type="checkbox"/> 50,001 <input type="checkbox"/> More than \$50,001
INCH_11C	Col. 3249	Char 5	
INCH_11C_DK	Col. 3254	Char 1	7 <input type="checkbox"/> Received but no entry 8 <input type="checkbox"/> Refused 9 <input type="checkbox"/> DK
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)?			1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 13a</i>
INCH_12A	Col. 3255	Char 1	
b8. Who Anyone else?			1 <input type="checkbox"/> Received 2 <input type="checkbox"/> Did not receive
INCH_10B INCH_12B	Col. 3256	Char 1	
c8. How much did . . . receive in ( <i>previous month</i> )?			00000- 50,000 <input type="checkbox"/> 50,001 <input type="checkbox"/> More than \$50,001
INCH_12C	Col. 3257	Char 5	
INCH_12C_DK	Col. 3262	Char 1	7 <input type="checkbox"/> Received but no entry 8 <input type="checkbox"/> Refused 9 <input type="checkbox"/> 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?			1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 6a</i>
INCI_5A	Col. 3297	Char 1	
b9. Who received these payments? Anyone else?			1 <input type="checkbox"/> Received 2 <input type="checkbox"/> Did not receive
INCI_5B	Col. 3298	Char 1	
c9. How much did . . . receive in ( <i>previous month</i> )?			00000- 50,000 <input type="checkbox"/> 50,001 <input type="checkbox"/> More than \$50,001
INCI_5C	Col. 3299	Char 5	
INCI_5C_DK	Col. 3304	Char 1	7 <input type="checkbox"/> Received but no entry 8 <input type="checkbox"/> Refused 9 <input type="checkbox"/> DK
6a9. 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 2 <input type="checkbox"/> No - <i>SKIP to 7a</i>
INCI_6A	Col. 3305	Char 1	



<p>own business, professional practice, partnership, or farm.            INCI_10A Col. 3337 Char 1</p>	<p>1 <input type="checkbox"/> Yes            2 <input type="checkbox"/> No - <i>SKIP to 11a</i></p>
<p>b9. Who received these payments?            Anyone else?            INCI_10B Col. 3338 Char 1</p>	<p>1 <input type="checkbox"/> Received            2 <input type="checkbox"/> Did not receive</p>
<p>c9. How much did . . . receive in (<i>previous month</i>)?            INCI_10C Col. 3339 Char 5             INCI_10C_DK Col. 3344 Char 1</p>	<p>00000-            50,000 <input type="checkbox"/>            50,001 <input type="checkbox"/> More than \$50,001             7 <input type="checkbox"/> Received but no entry            8 <input type="checkbox"/> Refused            9 <input type="checkbox"/> DK</p>
<p>11a9. 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?            INCI_11A Col. 3345 Char 1</p>	<p>1 <input type="checkbox"/> Yes            2 <input type="checkbox"/> No - <i>SKIP to 12a</i></p>
<p>b9. Who received these payments?            Anyone else?            INCI_11B Col. 3346 Char 1</p>	<p>1 <input type="checkbox"/> Received            2 <input type="checkbox"/> Did not receive</p>
<p>c9. How much did . . . receive in (<i>previous month</i>)?            INCI_11C Col. 3347 Char 5             INCI_11C_DK Col. 3352 Char 1</p>	<p>00000-            50,000 <input type="checkbox"/>            50,001 <input type="checkbox"/> More than \$50,001             7 <input type="checkbox"/> Received but no entry            8 <input type="checkbox"/> Refused            9 <input type="checkbox"/> DK</p>
<p>12a9. 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)?            INCI_12A Col. 3353 Char 1</p>	<p>1 <input type="checkbox"/> Yes            2 <input type="checkbox"/> No - <i>SKIP to 13a</i></p>
<p>b9. Who received these payments?            Anyone else?            INCI_12B Col. 3354 Char 1</p>	<p>1 <input type="checkbox"/> Received            2 <input type="checkbox"/> Did not receive</p>
<p>c9. How much did . . . receive in (<i>previous month</i>)?            INCI_12C Col. 3355 Char 5             INCI_12C_DK Col. 3360 Char 1</p>	<p>00000-            50,000 <input type="checkbox"/>            50,001 <input type="checkbox"/> More than \$50,001             7 <input type="checkbox"/> Received but no entry            8 <input type="checkbox"/> Refused            9 <input type="checkbox"/> DK</p>
<b>COLUMN J</b>	
<p>5a10. 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?            INCJ_5A Col. 3395 Char 1</p>	<p>1 <input type="checkbox"/> Yes            2 <input type="checkbox"/> No - <i>SKIP to 6a</i></p>
<p>b10. Who received these payments?            Anyone else?            INCJ_5B Col. 3396 Char 1</p>	<p>1 <input type="checkbox"/> Received            2 <input type="checkbox"/> Did not receive</p>
<p>c10. How much did . . . receive in (<i>previous month</i>)?            INCJ_5C Col. 3397 Char 5             INCJ_5C_DK Col. 3402 Char 1</p>	<p>00000-            50,000 <input type="checkbox"/>            50,001 <input type="checkbox"/> More than \$50,001             7 <input type="checkbox"/> Received but no entry            8 <input type="checkbox"/> Refused            9 <input type="checkbox"/> DK</p>





				9 <input type="checkbox"/> 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. 3435	Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 11a</i>
b10. Who received these payments? Anyone else?	INCJ_10B	Col. 3436	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_10C	Col. 3437	Char 5	00000- 50,000 <input type="checkbox"/> 50,001 <input type="checkbox"/> More than \$50,001
	INCJ_10C_DK	Col. 3442	Char 1	7 <input type="checkbox"/> Received but no entry 8 <input type="checkbox"/> Refused 9 <input type="checkbox"/> 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. 3443	Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 12a</i>
b10. Who received these payments? Anyone else?	INCJ_11B	Col. 3444	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_11C	Col. 3445	Char 5	00000- 50,000 <input type="checkbox"/> 50,001 <input type="checkbox"/> More than \$50,001
	INCJ_11C_DK	Col. 3450	Char 1	7 <input type="checkbox"/> Received but no entry 8 <input type="checkbox"/> Refused 9 <input type="checkbox"/> 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. 3451	Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 13a</i>
b10. Who received these payments? Anyone else?	INCJ_12B	Col. 3452	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_12C	Col. 3453	Char 5	00000- 50,000 <input type="checkbox"/> 50,001 <input type="checkbox"/> More than \$50,001
	INCJ_12C_DK	Col. 3458	Char 1	7 <input type="checkbox"/> Received but no entry 8 <input type="checkbox"/> Refused 9 <input type="checkbox"/> 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. 3493	Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 6a</i>
b11. Who received these payments? Anyone else?	INCK_5B	Col. 3494	Char 1	1 <input type="checkbox"/> Received 2 <input type="checkbox"/> Did not receive
c11. How much did . . . receive in ( <i>previous month</i> )?	INCK_5C	Col. 3495	Char 5	00000- 50,000 <input type="checkbox"/>

<p>INCK_5C_DK                      Col. 3500    Char 1</p>	<p>50,001 <input type="checkbox"/> More than \$50,001  7 <input type="checkbox"/> Received but no entry  8 <input type="checkbox"/> Refused  9 <input type="checkbox"/> DK</p>
<p>6a11. During (<i>previous month</i>) did . . . (or any members of . . . Family who live here) receive Veterans Administration compensation or pension?  INCK_6A                      Col. 3501    Char 1</p>	<p>1 <input type="checkbox"/> Yes  2 <input type="checkbox"/> No - <i>SKIP to 7a</i></p>
<p>b11. Who received these payments?  Anyone else?  INCK_6B                      Col. 3502    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_6C                      Col. 3503    Char 5   INCK_6C_DK                      Col. 3508    Char 1</p>	<p>00000-  50,000 <input type="checkbox"/>  50,001 <input type="checkbox"/> More than \$50,001  7 <input type="checkbox"/> Received but no entry  8 <input type="checkbox"/> Refused  9 <input type="checkbox"/> DK</p>
<p>7a11. During (<i>previous month</i>), did . . . (or any members of . . . family who live here) receive any other retirement, pension, or annuity income?  INCK_7A                      Col. 3509    Char 1</p>	<p>1 <input type="checkbox"/> Yes  2 <input type="checkbox"/> No - <i>SKIP to 8a</i></p>
<p>b11. Who received these payments?  Anyone else?  INCK_7B                      Col. 3510    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_7C                      Col. 3511    Char 5   INCK_7C_DK                      Col. 3516    Char 1</p>	<p>00000-  50,000 <input type="checkbox"/>  50,001 <input type="checkbox"/> More than \$50,001  7 <input type="checkbox"/> Received but no entry  8 <input type="checkbox"/> Refused  9 <input type="checkbox"/> DK</p>
<p>8a11. During (<i>previous month</i>), did . . . (or any members of . . . family who live here) receive unemployment or Worker's Compensation?  INCK_8A                      Col. 3517    Char 1</p>	<p>1 <input type="checkbox"/> Yes  2 <input type="checkbox"/> No - <i>SKIP to 8a</i></p>
<p>b11. Who received these payments?  Anyone else?  INCK_8B                      Col. 3518    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_8C                      Col. 3519    Char 5   INCK_8C_DK                      Col. 3524    Char 1</p>	<p>00000-  50,000 <input type="checkbox"/>  50,001 <input type="checkbox"/> More than \$50,001  7 <input type="checkbox"/> Received but no entry  8 <input type="checkbox"/> Refused  9 <input type="checkbox"/> DK</p>
<p>9a11. 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.  INCK_9A                      Col. 3525    Char 1</p>	<p>1 <input type="checkbox"/> Yes  2 <input type="checkbox"/> No - <i>SKIP to 10a</i></p>
<p>b11. Who received these payments?  Anyone else?  INCK_9B                      Col. 3526    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>)?</p>	<p>00000-</p>

INCK_9C	Col. 3527	Char 5	50,000 <input type="checkbox"/> 50,001 <input type="checkbox"/>	More than \$50,001
INCK_9C_DK	Col. 3532	Char 1	7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/>	Received but no entry Refused DK
10a11. 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>	
INCK_10A	Col. 3533	Char 1		
b11. Who received these payments? Anyone else?			1 <input type="checkbox"/> Received 2 <input type="checkbox"/> Did not receive	
INCK_10B	Col. 3534	Char 1		
c11. How much did . . . receive in ( <i>previous month</i> )?			00000- 50,000 <input type="checkbox"/> 50,001 <input type="checkbox"/>	
INCK_10C	Col. 3535	Char 5	More than \$50,001	
INCK_10C_DK	Col. 3540	Char 1	7 <input type="checkbox"/> Received but no entry 8 <input type="checkbox"/> Refused 9 <input type="checkbox"/> DK	
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?			1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 12a</i>	
INCK_11A	Col. 3541	Char 1		
b11. Who received these payments? Anyone else?			1 <input type="checkbox"/> Received 2 <input type="checkbox"/> Did not receive	
INCK_11B	Col. 3542	Char 1		
c11. How much did . . . receive in ( <i>previous month</i> )?			00000- 50,000 <input type="checkbox"/> 50,001 <input type="checkbox"/>	
INCK_11C	Col. 3543	Char 5	More than \$50,001	
INCK_11C_DK	Col. 3548	Char 1	7 <input type="checkbox"/> Received but no entry 8 <input type="checkbox"/> Refused 9 <input type="checkbox"/> DK	
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)?			1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 13a</i>	
INCK_12A	Col. 3549	Char 1		
b11. Who received these payments? Anyone else?			1 <input type="checkbox"/> Received 2 <input type="checkbox"/> Did not receive	
INCK_12B	Col. 3550	Char 1		
c11. How much did . . . receive in ( <i>previous month</i> )?			00000- 50,000 <input type="checkbox"/> 50,001 <input type="checkbox"/>	
INCK_12C	Col. 3551	Char 5	More than \$50,001	
INCK_12C_DK	Col. 3556	Char 1	7 <input type="checkbox"/> Received but no entry 8 <input type="checkbox"/> Refused 9 <input type="checkbox"/> DK	
<b>COLUMN L</b>				
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?			1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 6a</i>	
INCL_5A	Col. 3591	Char 1		
b12. Who received these payments?				

Anyone else? INCL_5B	Col. 3592	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_5C	Col. 3593	Char 5	00000- 50,000 <input type="checkbox"/> 50,001 <input type="checkbox"/> More than \$50,001
INCL_5C_DK	Col. 3598	Char 1	7 <input type="checkbox"/> Received but no entry 8 <input type="checkbox"/> Refused 9 <input type="checkbox"/> DK
6a12. During ( <i>previous month</i> ) did . . . (or any members of . . . Family who live here) receive Veterans Administration compensation or pension? INCL_6A	Col. 3599	Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 7a</i>
b12. Who received these payments? Anyone else? INCL_6B	Col. 3600	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_6C	Col. 3601	Char 5	00000- 50,000 <input type="checkbox"/> 50,001 <input type="checkbox"/> More than \$50,001
INCL_6C_DK	Col. 3606	Char 1	7 <input type="checkbox"/> Received but no entry 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. 3607	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. 3608	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. 3609	Char 5	00000- 50,000 <input type="checkbox"/> 50,001 <input type="checkbox"/> More than \$50,001
INCL_7C_DK	Col. 3614	Char 1	7 <input type="checkbox"/> Received but no entry 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. 3615	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. 3616	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. 3617	Char 5	00000- 50,000 <input type="checkbox"/> 50,001 <input type="checkbox"/> More than \$50,001
INCL_8C_DK	Col. 3622	Char 1	7 <input type="checkbox"/> Received but no entry 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. 3623	Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 10a</i>



b. What was the value of the stamps received in [previous month]? INC_13B Col. 1008 Char 6	000000- 999999 <input type="checkbox"/> Dollars
<b>CHECK ITEM G.3</b> <i>Refer to Control Card item 16.</i> Sample person's family in household NOW has - INC_CK2A Col. 1014 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 15a</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. 1015 Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 15a</i>
b. Whose name was on the check? INC_14B Col. 1016 Char 2	01-48,99 <input type="checkbox"/> Personal Number
c. How much was the check for? INC_14C Col. 1018 Char 6	000001- 999999 <input type="checkbox"/> Dollars
d. Whom did the check cover? Anyone else? INC_14D1 Col. 1024 Char 2 INC_14D2 Col. 1026 Char 2 INC_14D3 Col. 1028 Char 2 INC_14D4 Col. 1030 Char 2 INC_14D5 Col. 1032 Char 2	01-48,99 <input type="checkbox"/> Personal Number 01-48,99 <input type="checkbox"/> Personal Number 01-48,99 <input type="checkbox"/> Personal Number 01-48,99 <input type="checkbox"/> Personal Number 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. 1034 Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to INSTRUCTOR INTERVIEW after 15d</i>
b. Whose name was on the check? INC_15B Col. 1035 Char 2	01-30,99 <input type="checkbox"/> Personal Number
c. How much was the check for? INC_15C Col. 1037 Char 6	000001- 999999 <input type="checkbox"/>
d. Whom did the check cover? Anyone else? INC_15D1 Col. 1043 Char 2 INC_15D2 Col. 1045 Char 2 INC_15D3 Col. 1047 Char 2 INC_15D4 Col. 1049 Char 2 INC_15D5 Col. 1051 Char 2	01-48,99 <input type="checkbox"/> Personal Number 01-48,99 <input type="checkbox"/> Personal Number 01-48,99 <input type="checkbox"/> Personal Number 01-48,99 <input type="checkbox"/> Personal Number 01-48,99 <input type="checkbox"/> Personal Number
<b>INTERVIEWER 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).</i>	
<b>COLUMN A</b> INCA_ALPHA Col. 2577 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. 2578 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. 2579 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. 2580 Char 5	00000- 50,000 <input type="checkbox"/>

<p>INCA_16C_DK                      Col. 2585    Char 1</p>	<p>50,001 <input type="checkbox"/> More than \$50,001  7 <input type="checkbox"/> Received but no entry  8 <input type="checkbox"/> Refused  9 <input type="checkbox"/> DK</p>
<p>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. 2586    Char 1</p>	<p>1 <input type="checkbox"/> Yes  2 <input type="checkbox"/> No - <i>SKIP to 18a</i></p>
<p>b1. Who received this income?  INCA_17B                      Col. 2587    Char 1</p>	<p>1 <input type="checkbox"/> Received  2 <input type="checkbox"/> Did not receive</p>
<p>c1. What kind of income was it?  <i>NOT GIVEN</i></p>	
<p>d1. How much did . . . receive in the last 12 months?  INCA_17D                      Col. 2588    Char 5   INCA_17D_DK                      Col. 2593    Char 1</p>	<p>00000-  50,000 <input type="checkbox"/>  50,001 <input type="checkbox"/> More than \$50,001  7 <input type="checkbox"/> Received but no entry  8 <input type="checkbox"/> Refused  9 <input type="checkbox"/> DK</p>
<p><b>COLUMN B</b>  INCB_ALPHA                      Col. 2675    Char 1</p>	<p>A - Z,  blank <input type="checkbox"/></p>
<p>16a2. During the last 12 months, did . . . (or any members of . . . family who lives here) receive interest or dividends?  INCB_16A                      Col. 2676    Char 1</p>	<p>1 <input type="checkbox"/> Yes  2 <input type="checkbox"/> No - <i>SKIP to 17a</i></p>
<p>b2. Who received these payments?  INCB_16B                      Col. 2677    Char 1</p>	<p>1 <input type="checkbox"/> Received  2 <input type="checkbox"/> Did not receive</p>
<p>c2. How much did . . . receive in the last 12 months?  INCB_16C                      Col. 2678    Char 5   INCB_16C_DK                      Col. 2683    Char 1</p>	<p>00000-  50,000 <input type="checkbox"/>  50,001 <input type="checkbox"/> More than \$50,001  7 <input type="checkbox"/> Received but no entry  8 <input type="checkbox"/> Refused  9 <input type="checkbox"/> DK</p>
<p>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. 2684    Char 1</p>	<p>1 <input type="checkbox"/> Yes  2 <input type="checkbox"/> No - <i>SKIP to 18a</i></p>
<p>b2. Who received this income?  INCB_17B                      Col. 2685    Char 1</p>	<p>1 <input type="checkbox"/> Received  2 <input type="checkbox"/> Did not receive</p>
<p>c2. How much did . . . receive in the last 12 months?  INCB_17D                      Col. 2686    Char 5   INCB_17D_DK                      Col. 2691    Char 1</p>	<p>00000-  50,000 <input type="checkbox"/>  50,001 <input type="checkbox"/> More than \$50,001  7 <input type="checkbox"/> Received but no entry  8 <input type="checkbox"/> Refused  9 <input type="checkbox"/> DK</p>
<p><b>COLUMN C</b>  INCC_ALPHA                      Col. 2773    Char 1</p>	<p>A - Z,  blank <input type="checkbox"/></p>
<p>16a3. During the last 12 months, did . . . (or any members of . . . family who lives here) receive interest or dividends?  INCC_16A                      Col. 2774    Char 1</p>	<p>1 <input type="checkbox"/> Yes  2 <input type="checkbox"/> No - <i>SKIP to 17a</i></p>
<p>b3. Who received these payments?</p>	<p>1 <input type="checkbox"/> Received</p>



INCC_16B	Col. 2775	Char 1	2 <input type="checkbox"/> Did not receive
c3. How much did . . . receive in the last 12 months? INCC_16C	Col. 2776	Char 5	00000- 50,000 <input type="checkbox"/> 50,001 <input type="checkbox"/> More than \$50,001
INCC_16C_DK	Col. 2781	Char 1	7 <input type="checkbox"/> Received but no entry 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. 2782	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. 2783	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. 2784	Char 5	00000- 50,000 <input type="checkbox"/> 50,001 <input type="checkbox"/> More than \$50,001
INCC_17D_DK	Col. 2789	Char 1	7 <input type="checkbox"/> Received but no entry 8 <input type="checkbox"/> Refused 9 <input type="checkbox"/> DK
<b>COLUMN D</b> INCD_ALPHA	Col. 2871	Char 1	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. 2872	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. 2873	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. 2874	Char 5	00000- 50,000 <input type="checkbox"/> 50,001 <input type="checkbox"/> More than \$50,001
INCD_16C_DK	Col. 2879	Char 1	7 <input type="checkbox"/> Received but no entry 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. 2880	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. 2881	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. 2882	Char 5	00000- 50,000 <input type="checkbox"/> 50,001 <input type="checkbox"/> More than \$50,001
INCD_17D_DK	Col. 2887	Char 1	7 <input type="checkbox"/> Received but no entry 8 <input type="checkbox"/> Refused 9 <input type="checkbox"/> DK
<b>COLUMN E</b> INCE_ALPHA	Col. 2969	Char 1	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. 2970	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. 2971	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. 2972	Char 5	00000- 50,000 <input type="checkbox"/> 50,001 <input type="checkbox"/> More than \$50,001
INCE_16C_DK	Col. 2977	Char 1	7 <input type="checkbox"/> Received but no entry 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. 2978	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. 2979	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. 2980	Char 5	00000- 50,000 <input type="checkbox"/> 50,001 <input type="checkbox"/> More than \$50,001
INCE_17D_DK	Col. 2985	Char 1	7 <input type="checkbox"/> Received but no entry 8 <input type="checkbox"/> Refused 9 <input type="checkbox"/> DK
<b>COLUMN F</b> INCF_ALPHA	Col. 3067	Char 1	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. 3068	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. 3069	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. 3070	Char 5	00000- 50,000 <input type="checkbox"/> 50,001 <input type="checkbox"/> More than \$50,001
INCF_16C_DK	Col. 3075	Char 1	7 <input type="checkbox"/> Received but no entry 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. 3076	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. 3077	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. 3078	Char 5	00000- 50,000 <input type="checkbox"/> 50,001 <input type="checkbox"/> More than \$50,001
INCF_17D_DK	Col. 3083	Char 1	7 <input type="checkbox"/> Received but no entry 8 <input type="checkbox"/> Refused 9 <input type="checkbox"/> DK
<b>COLUMN G</b> INCG_ALPHA	Col. 3165	Char 1	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. 3166	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. 3167	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. 3168	Char 5	00000- 50,000 <input type="checkbox"/> 50,001 <input type="checkbox"/> More than \$50,001
INCG_16C_DK	Col. 3173	Char 1	7 <input type="checkbox"/> Received but no entry 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. 3174	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. 3175	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. 3176	Char 5	00000- 50,000 <input type="checkbox"/> 50,001 <input type="checkbox"/> More than \$50,001
INCG_17D_DK	Col. 3181	Char 1	7 <input type="checkbox"/> Received but no entry 8 <input type="checkbox"/> Refused 9 <input type="checkbox"/> DK
<b>COLUMN H</b> INCH_ALPHA	Col. 3263	Char 1	A - Z, blank <input type="checkbox"/>
16a8. During the last 12 months, did . . . (or any members of . . . family who lives here) receive interest or dividends? INCH_16A	Col. 3264	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. 3265	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. 3266	Char 5	00000- 50,000 <input type="checkbox"/> 50,001 <input type="checkbox"/> More than \$50,001
INCH_16C_DK	Col. 3271	Char 1	7 <input type="checkbox"/> Received but no entry 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. 3272	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. 3273	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. 3274	Char 5	00000- 50,000 <input type="checkbox"/> 50,001 <input type="checkbox"/> More than \$50,001
INCH_17D_DK	Col. 3279	Char 1	7 <input type="checkbox"/> Received but no entry 8 <input type="checkbox"/> Refused 9 <input type="checkbox"/> DK
<b>COLUMN I</b> INCI_ALPHA	Col. 3361	Char 1	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. 3362	Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 17a</i>
b9. Who received these payments?			1 <input type="checkbox"/> Received

INCI_16B	Col. 3363	Char 1	2 <input type="checkbox"/> Did not receive
c9. How much did . . . receive in the last 12 months? INCI_16C	Col. 3364	Char 5	00000- 50,000 <input type="checkbox"/> 50,001 <input type="checkbox"/> More than \$50,001
INCI_16C_DK	Col. 3369	Char 1	7 <input type="checkbox"/> Received but no entry 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. 3370	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. 3371	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. 3372	Char 5	00000- 50,000 <input type="checkbox"/> 50,001 <input type="checkbox"/> More than \$50,001
INCI_17D_DK	Col. 3377	Char 1	7 <input type="checkbox"/> Received but no entry 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. 3460	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. 3461	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. 3462	Char 5	00000- 50,000 <input type="checkbox"/> 50,001 <input type="checkbox"/> More than \$50,001
INCJ_16C_DK	Col. 3467	Char 1	7 <input type="checkbox"/> Received but no entry 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. 3468	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. 3469	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. 3470	Char 5	00000- 50,000 <input type="checkbox"/> 50,001 <input type="checkbox"/> More than \$50,001
INCJ_17D_DK	Col. 3475	Char 1	7 <input type="checkbox"/> Received but no entry 8 <input type="checkbox"/> Refused 9 <input type="checkbox"/> DK
<b>COLUMN K</b>			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. 3558	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. 3559	Char 1	1 <input type="checkbox"/> Received 2 <input type="checkbox"/> Did not receive



INC\_18A

Col. 1053 Char 2

- 9  10,000 - 11,999
- 10  12,000 - 14,999
- 11  15,000 - 19,999
- 12  20,000 - 24,999
- 13  25,000 - 29,999
- 14  30,000 - 39,999
- 15  40,000 - 49,999
- 16  50,000 or more
- 88  Refused
- 99  DK

CHECK ITEM G.4

Refer to Control Card items 12c, 14, and 16.

Are there family members over 15 years of age (relationship codes 3 - 10) - other than spouse - living with the sample person NOW?

INC\_CK3 Col. 1055 Char 1

- 1  Yes - Ask 18b
- 2  No - SKIP to 19

b. SHOW FLASHCARD K

Now only consider . . . (and . . . husband/wife). Which category on this card represents the total combined income before deductions during the LAST 12 months? 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 . . . husband/wife).

INC\_18B Col. 1056 Char 2

- 1  Under \$3,000
- 2  \$3,000 - 3,999
- 3  4,000 - 4,999
- 4  5,000 - 5,999
- 5  6,000 - 6,999
- 6  7,000 - 7,999
- 7  8,000 - 8,999
- 8  9,000 - ,9999
- 9  10,000 - 11,999
- 10  12,000 - 14,999
- 11  15,000 - 19,999
- 12  20,000 - 24,999
- 13  25,000 - 29,999
- 14  30,000 - 39,999
- 15  40,000 - 49,999
- 16  50,000 or more
- 88  Refused
- 99  DK

19. How many vehicles, including cars, vans, trailers, motorcycles, or other vehicles are owned by . . . (and all members of . . . family who live with . . .)?

INC\_19 Col. 1058 Char 2

- 1-99  Vehicles
- 0  None

20a. Are . . . living quarters owned or being bought by someone in . . . household?

INC\_21A Col. 1060 Char 1

- 1  Yes - SKIP to 24a
- 2  No

b. Are . . . living quarters rented for cash OR are they occupied without payment of cash rent?

INC\_21B Col. 1061 Char 1

- 1  Rented for cash
- 2  Occupied without payment of cash - SKIP to item 26a

21. About how much is the rent each month?

INC\_22 Col. 1062 Char 6

000001-999999  Dollars

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

Anyone else?

Mark all that apply.

(1) Household members

INC\_23\_1A Col. 1068 Char 1

INC\_23\_1B Col. 1069 Char 2

- 1  Marked - Specify below
- 01-30  Personal Number



corporate bonds, mortgages, or any other kind of assets which earn interest which you have not already told me about?

INC\_26A0 Col. 1114 Char 1

1  Yes  
2  No - *SKIP to 25e.*

**SHOW FLASHCARD L**

d. Which kinds of assets did . . . (or . . . spouse) own?

*Mark (1) all that apply.*

- |  |           |        |                                   |
|--|-----------|--------|-----------------------------------|
| (1) Money Mark funds<br>INC_26A3             | Col. 1115 | Char 1 | 1 <input type="checkbox"/> Marked |
| (2) U. S. Government Securities<br>INC_26A4  | Col. 1116 | Char 1 | 1 <input type="checkbox"/> Marked |
| (3) Municipal or corporate bonds<br>INC_26A5 | Col. 1117 | Char 1 | 1 <input type="checkbox"/> Marked |
| (4) Money market account<br>INC_26A6         | Col. 1118 | Char 1 | 1 <input type="checkbox"/> Marked |
| (5) Mortgages<br>INC_26A7                    | Col. 1119 | Char 1 | 1 <input type="checkbox"/> Marked |
| (6) Other<br>INC_26A8                        | Col. 1120 | Char 1 | 1 <input type="checkbox"/> Marked |

e. During (*previous month*) did . . . (or . . . spouse) own any stocks or mutual fund shares?

INC\_27A1 Col. 1121 Char 1

1  Yes  
2  No

f. Own any property from which . . . received rental income?

INC\_27A2 Col. 1122 Char 1

1  Yes  
2  No

g. Have a financial interest in a business?

INC\_27A3 Col. 1123 Char 1

1  Yes  
2  No

**CHECK ITEM G.5**

*Refer to items 25a, b, d, and e above.*

*Mark (1) all that apply.*

*If none, mark "None."*

Respondent had -

- |  |           |        |                                   |
|--|-----------|--------|-----------------------------------|
| (1) Savings accounts<br>INC_CK4                      | Col. 1124 | Char 1 | 1 <input type="checkbox"/> Marked |
| (2) Savings certificates<br>INC_CK5                  | Col. 1125 | Char 1 | 1 <input type="checkbox"/> Marked |
| (3) Money market fund<br>INC_CK6                     | Col. 1126 | Char 1 | 1 <input type="checkbox"/> Marked |
| (4) U. S. government securities<br>INC_CK7           | Col. 1127 | Char 1 | 1 <input type="checkbox"/> Marked |
| (5) Municipal or corporate bonds<br>INC_CK8          | Col. 1128 | Char 1 | 1 <input type="checkbox"/> Marked |
| (6) Money market account<br>INC_CK9                  | Col. 1129 | Char 1 | 1 <input type="checkbox"/> Marked |
| (7) Stock or mutual fund shares<br>INC_CK10          | Col. 1130 | Char 1 | 1 <input type="checkbox"/> Marked |
| (8) None - <i>SKIP to CHECK ITEM H.1</i><br>INC_CK11 | Col. 1131 | Char 1 | 1 <input type="checkbox"/> Marked |

h. You said that . . . (or . . . spouse) had (*red names of assets types in CHECK ITEM G.5 above*).



What is your best estimates of the total amount that . . . (and . . . spouse) had in these assets during (*previous month*).

INC\_27B4 Col. 1132 Char 6  
 INC\_27B5 Col. 1138 Char 1

000000-  
 999999

0  Refused  
 1  DK

**Section H - INTERVIEWER OBSERVATIONS**

CHECK ITEM H.1

Mark only one.

OBS\_FR1 Col. 1139 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 and 2*

1. What is the proxy's name?

If applicable, enter the proxy's person number

OBS\_PRN1 Col. 1140 Char 2  
 OBS\_PRN2 Col. 1142 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. 1144 Char 1  
 OBS\_7\_2 Col. 1145 Char 1

1  Yes  
 1  No

**BACKFLAP ITEMS**

1. ADL - Activities of Daily Living

- (1) Eating  
 ADL\_EAT Col. 1146 Char 1
- (2) Getting in/out of bed  
 ADL\_BED Col. 1147 Char 1
- (3) Did not get out of bed at all  
 ADL\_IBD Col. 1148 Char 1
- (4) Getting around inside  
 ADL\_INS Col. 1149 Char 1
- (5) Did not get around inside at all  
 ADL\_OUT Col. 1150 Char 1
- (6) Confined to a wheelchair  
 ADL\_WHL Col. 1151 Char 1
- (7) Dressing  
 ADL\_DRS Col. 1152 Char 1
- (8) Bathing  
 ADL\_BTH Col. 1153 Char 1
- (9) Getting to the bathroom or using the toilet  
 ADL\_TOI Col. 1154 Char 1

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

2. IADL - Instrumental Activities of Daily Living

- (1) Doing heavy work  
 IDL\_HVW Col. 1155 Char 1
- (2) Doing light work  
 IDL\_LTW Col. 1156 Char 1
- (3) Doing laundry  
 IDL\_LND Col. 1157 Char 1
- (4) Preparing meals  
 IDL\_MLS Col. 1158 Char 1
- (5) Shopping for groceries  
 IDL\_SHP Col. 1159 Char 1
- (6) Getting around outside  
 IDL\_OUT Col. 1160 Char 1

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

(7) Going places outside of walking distance IDL_WLK	Col. 1161	Char 1	1 <input type="checkbox"/> Marked
(8) Managing money IDL_MON	Col. 1162	Char 1	1 <input type="checkbox"/> Marked
(9) Making telephone calls IDL_TEL	Col. 1163	Char 1	1 <input type="checkbox"/> Marked

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

**Column A**

a1. Name of Helper/organization  
(information not given)

b1. Personal Number  
*NOT GIVEN*

c1. Type of help

*Mark (1) all that apply.*

(1) Any ADL activity HPA_CK1	Col. 1466	Char 1	1 <input type="checkbox"/> Marked
IADL			
(2) Doing housework HPA_CK2	Col. 1467	Char 1	1 <input type="checkbox"/> Marked
(3) Preparing meals HPABF_3C3	Col. 1468	Char 1	1 <input type="checkbox"/> Marked
(4) Shopping for groceries HPABF_3C4	Col. 1469	Char 1	1 <input type="checkbox"/> Marked
(5) Getting around outside HPABF_3C5	Col. 1470	Char 1	1 <input type="checkbox"/> Marked
(6) Going places outside of walking distance HPABF_3C6	Col. 1471	Char 1	1 <input type="checkbox"/> Marked
(7) Managing money HPABF_3C7	Col. 1472	Char 1	1 <input type="checkbox"/> Marked
(8) Taking medicine HPABF_3C8	Col. 1473	Char 1	1 <input type="checkbox"/> Marked
(9) Nursing services HPABF_3C9	Col. 1474	Char 1	1 <input type="checkbox"/> Marked

**Column B**

a2. Name of Helper/organization  
(information not given)

b2. Personal Number  
*NOT GIVEN*

c2. Type of help

*Mark (1) all that apply.*

(1) Any ADL activity HPB_CK1	Col. 1520	Char 1	1 <input type="checkbox"/> Marked
IADL			
(2) Doing housework HPB_CK2	Col. 1521	Char 1	1 <input type="checkbox"/> Marked
(3) Preparing meals HPBBF_3C3	Col. 1522	Char 1	1 <input type="checkbox"/> Marked
(4) Shopping for groceries HPBBF_3C4	Col. 1523	Char 1	1 <input type="checkbox"/> Marked
(5) Getting around outside HPBBF_3C5	Col. 1524	Char 1	1 <input type="checkbox"/> Marked

(6) Going places outside of walking distance HPBBF_3C6	Col. 1525	Char 1	1 <input type="checkbox"/> Marked
(7) Managing money HPBBF_3C7	Col. 1526	Char 1	1 <input type="checkbox"/> Marked
(8) Taking medicine HPBBF_3C8	Col. 1527	Char 1	1 <input type="checkbox"/> Marked
(9) Nursing services HPBBF_3C9	Col. 1528	Char 1	1 <input type="checkbox"/> Marked

**C section**

a3. Name of Helper/organization  
(information not given)

b3. Personal Number  
*NOT GIVEN*

c3. Type of help

*Mark (1) all that apply.*

(1) Any ADL activity HPC_CK1	Col. 1574	Char 1	1 <input type="checkbox"/> Marked
IADL			
(2) Doing housework HPC_CK2	Col. 1575	Char 1	1 <input type="checkbox"/> Marked
(3) Preparing meals HPCBF_3C3	Col. 1576	Char 1	1 <input type="checkbox"/> Marked
(4) Shopping for groceries HPCBF_3C4	Col. 1577	Char 1	1 <input type="checkbox"/> Marked
(5) Getting around outside HPCBF_3C5	Col. 1578	Char 1	1 <input type="checkbox"/> Marked
(6) Going places outside of walking distance HPCBF_3C6	Col. 1579	Char 1	1 <input type="checkbox"/> Marked
(7) Managing money HPCBF_3C7	Col. 1580	Char 1	1 <input type="checkbox"/> Marked
(8) Taking medicine HPCBF_3C8	Col. 1581	Char 1	1 <input type="checkbox"/> Marked
(9) Nursing services HPCBF_3C9	Col. 1582	Char 1	1 <input type="checkbox"/> Marked

**D section**

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

b4. Personal Number  
*NOT GIVEN*

c4. Type of help

*Mark (1) all that apply.*

(1) Any ADL activity HPD_CK1	Col. 1628	Char 1	1 <input type="checkbox"/> Marked
IADL			
(2) Doing housework HPD_CK2	Col. 1629	Char 1	1 <input type="checkbox"/> Marked
(3) Preparing meals HPDBF_3C3	Col. 1630	Char 1	1 <input type="checkbox"/> Marked
(4) Shopping for groceries HPDBF_3C4	Col. 1631	Char 1	1 <input type="checkbox"/> Marked
(5) Getting around outside			

	HPDBF_3C5	Col. 1632	Char 1	1 <input type="checkbox"/> Marked
(6)	Going places outside of walking distance			
	HPDBF_3C6	Col. 1633	Char 1	1 <input type="checkbox"/> Marked
(7)	Managing money			
	HPDBF_3C7	Col. 1634	Char 1	1 <input type="checkbox"/> Marked
(8)	Taking medicine			
	HPDBF_3C8	Col. 1635	Char 1	1 <input type="checkbox"/> Marked
(9)	Nursing services			
	HPDBF_3C9	Col. 1636	Char 1	1 <input type="checkbox"/> Marked

**E section**

a5. Name of Helper/organization  
(information not given)

b5. Personal Number  
*NOT GIVEN*

c5. Type of help

*Mark (1) all that apply.*

(1)	Any ADL activity			
	HPE_CK1	Col. 1682	Char 1	1 <input type="checkbox"/> Marked
	IADL			
(2)	Doing housework			
	HPE_CK2	Col. 1683	Char 1	1 <input type="checkbox"/> Marked
(3)	Preparing meals			
	HPEBF_3C3	Col. 1684	Char 1	1 <input type="checkbox"/> Marked
(4)	Shopping for groceries			
	HPEBF_3C4	Col. 1685	Char 1	1 <input type="checkbox"/> Marked
(5)	Getting around outside			
	HPEBF_3C5	Col. 1686	Char 1	1 <input type="checkbox"/> Marked
(6)	Going places outside of walking distance			
	HPEBF_3C6	Col. 1687	Char 1	1 <input type="checkbox"/> Marked
(7)	Managing money			
	HPEBF_3C7	Col. 1688	Char 1	1 <input type="checkbox"/> Marked
(8)	Taking medicine			
	HPEBF_3C8	Col. 1689	Char 1	1 <input type="checkbox"/> Marked
(9)	Nursing services			
	HPEBF_3C9	Col. 1690	Char 1	1 <input type="checkbox"/> Marked

**F section**

a6. Name of Helper/organization  
(information not given)

b6. Personal Number  
*NOT GIVEN*

c6. Type of help

*Mark (1) all that apply.*

(1)	Any ADL activity			
	HPF_CK1	Col. 1736	Char 1	1 <input type="checkbox"/> Marked
	IADL			
(2)	Doing housework			
	HPF_CK2	Col. 1737	Char 1	1 <input type="checkbox"/> Marked
(3)	Preparing meals			
	HPFBF_3C3	Col. 1738	Char 1	1 <input type="checkbox"/> Marked
(4)	Shopping for groceries			
	HPFBF_3C4	Col. 1739	Char 1	1 <input type="checkbox"/> Marked

(5) Getting around outside HPFBF_3C5	Col. 1740	Char 1	1 <input type="checkbox"/> Marked
(6) Going places outside of walking distance HPFBF_3C6	Col. 1741	Char 1	1 <input type="checkbox"/> Marked
(7) Managing money HPFBF_3C7	Col. 1742	Char 1	1 <input type="checkbox"/> Marked
(8) Taking medicine HPFBF_3C8	Col. 1743	Char 1	1 <input type="checkbox"/> Marked
(9) Nursing services HPFBF_3C9	Col. 1744	Char 1	1 <input type="checkbox"/> Marked

**G section**

a7. Name of Helper/organization  
(information not given)

b7. Personal Number  
*NOT GIVEN*

c7. Type of help

*Mark (1) all that apply.*

(1) Any ADL activity HPG_CK1	Col. 1790	Char 1	1 <input type="checkbox"/> Marked
IADL			
(2) Doing housework HPG_CK2	Col. 1791	Char 1	1 <input type="checkbox"/> Marked
(3) Preparing meals HPGBF_3C3	Col. 1792	Char 1	1 <input type="checkbox"/> Marked
(4) Shopping for groceries HPGBF_3C4	Col. 1793	Char 1	1 <input type="checkbox"/> Marked
(5) Getting around outside HPGBF_3C5	Col. 1794	Char 1	1 <input type="checkbox"/> Marked
(6) Going places outside of walking distance HPGBF_3C6	Col. 1795	Char 1	1 <input type="checkbox"/> Marked
(7) Managing money HPGBF_3C7	Col. 1796	Char 1	1 <input type="checkbox"/> Marked
(8) Taking medicine HPGBF_3C8	Col. 1797	Char 1	1 <input type="checkbox"/> Marked
(9) Nursing services HPGBF_3C9	Col. 1798	Char 1	1 <input type="checkbox"/> Marked

**H section**

a8. Name of Helper/organization  
(information not given)

b8. Personal Number  
*NOT GIVEN*

c8. Type of help

*Mark (1) all that apply.*

(1) Any ADL activity HPH_CK1	Col. 1844	Char 1	1 <input type="checkbox"/> Marked
IADL			
(2) Doing housework HPH_CK2	Col. 1845	Char 1	1 <input type="checkbox"/> Marked
(3) Preparing meals HPHBF_3C3	Col. 1846	Char 1	1 <input type="checkbox"/> Marked
(4) Shopping for groceries			

	HPHBF_3C4	Col. 1847	Char 1	1 <input type="checkbox"/> Marked
(5)	Getting around outside			
	HPHBF_3C5	Col. 1848	Char 1	1 <input type="checkbox"/> Marked
(6)	Going places outside of walking distance			
	HPHBF_3C6	Col. 1849	Char 1	1 <input type="checkbox"/> Marked
(7)	Managing money			
	HPHBF_3C7	Col. 1850	Char 1	1 <input type="checkbox"/> Marked
(8)	Taking medicine			
	HPHBF_3C8	Col. 1851	Char 1	1 <input type="checkbox"/> Marked
(9)	Nursing services			
	HPHBF_3C9	Col. 1852	Char 1	1 <input type="checkbox"/> Marked

**I section**

a9. Name of Helper/organization  
(information not given)

b9. Personal Number  
*NOT GIVEN*

c9. Type of help

*Mark (1) all that apply.*

(1)	Any ADL activity			
	HPI_CK1	Col. 1898	Char 1	1 <input type="checkbox"/> Marked
	IADL			
(2)	Doing housework			
	HPI_CK2	Col. 1899	Char 1	1 <input type="checkbox"/> Marked
(3)	Preparing meals			
	HPIBF_3C3	Col. 1900	Char 1	1 <input type="checkbox"/> Marked
(4)	Shopping for groceries			
	HPIBF_3C4	Col. 1901	Char 1	1 <input type="checkbox"/> Marked
(5)	Getting around outside			
	HPIBF_3C5	Col. 1902	Char 1	1 <input type="checkbox"/> Marked
(6)	Going places outside of walking distance			
	HPIBF_3C6	Col. 1903	Char 1	1 <input type="checkbox"/> Marked
(7)	Managing money			
	HPIBF_3C7	Col. 1904	Char 1	1 <input type="checkbox"/> Marked
(8)	Taking medicine			
	HPIBF_3C8	Col. 1905	Char 1	1 <input type="checkbox"/> Marked
(9)	Nursing services			
	HPIBF_3C9	Col. 1906	Char 1	1 <input type="checkbox"/> Marked

**J section**

a10. Name of Helper/organization  
(information not given)

b10. Personal Number  
*NOT GIVEN*

c10. Type of help

*Mark (1) all that apply.*

(1)	Any ADL activity			
	HPJ_CK1	Col. 1952	Char 1	1 <input type="checkbox"/> Marked
	IADL			
(2)	Doing housework			
	HPJ_CK2	Col. 1953	Char 1	1 <input type="checkbox"/> Marked
(3)	Preparing meals			
	HPJBF_3C3	Col. 1954	Char 1	1 <input type="checkbox"/> Marked
(4)	Shopping for groceries			
	HPJBF_3C4	Col. 1955	Char 1	1 <input type="checkbox"/> Marked

- |   |           |        |                                   |
|---|-----------|--------|-----------------------------------|
| (5) Getting around outside<br>HPJBF_3C5                   | Col. 1956 | Char 1 | 1 <input type="checkbox"/> Marked |
| (6) Going places outside of walking distance<br>HPJBF_3C6 | Col. 1957 | Char 1 | 1 <input type="checkbox"/> Marked |
| (7) Managing money<br>HPJBF_3C7                           | Col. 1958 | Char 1 | 1 <input type="checkbox"/> Marked |
| (8) Taking medicine<br>HPJBF_3C8                          | Col. 1959 | Char 1 | 1 <input type="checkbox"/> Marked |
| (9) Nursing services<br>HPJBF_3C9                         | Col. 1960 | Char 1 | 1 <input type="checkbox"/> Marked |

**K section**

a11. Name of Helper/organization  
(information not given)

b11. Personal Number  
*NOT GIVEN*

c11. Type of help

*Mark (1) all that apply.*

- |   |           |        |                                   |
|---|-----------|--------|-----------------------------------|
| (1) Any ADL activity<br>HPK_CK1                           | Col. 2006 | Char 1 | 1 <input type="checkbox"/> Marked |
| IADL  |           |        |                                   |
| (2) Doing housework<br>HPK_CK2                            | Col. 2007 | Char 1 | 1 <input type="checkbox"/> Marked |
| (3) Preparing meals<br>HPKBF_3C3                          | Col. 2008 | Char 1 | 1 <input type="checkbox"/> Marked |
| (4) Shopping for groceries<br>HPKBF_3C4                   | Col. 2009 | Char 1 | 1 <input type="checkbox"/> Marked |
| (5) Getting around outside<br>HPKBF_3C5                   | Col. 2010 | Char 1 | 1 <input type="checkbox"/> Marked |
| (6) Going places outside of walking distance<br>HPKBF_3C6 | Col. 2011 | Char 1 | 1 <input type="checkbox"/> Marked |
| (7) Managing money<br>HPKBF_3C7                           | Col. 2012 | Char 1 | 1 <input type="checkbox"/> Marked |
| (8) Taking medicine<br>HPKBF_3C8                          | Col. 2013 | Char 1 | 1 <input type="checkbox"/> Marked |
| (9) Nursing services<br>HPKBF_3C9                         | Col. 2014 | Char 1 | 1 <input type="checkbox"/> Marked |

**L section**

a12. Name of Helper/organization  
(information not given)

b12. Personal Number  
*NOT GIVEN*

c12. Type of help

*Mark (1) all that apply.*

- |   |           |        |                                   |
|---|-----------|--------|-----------------------------------|
| (1) Any ADL activity<br>HPL_CK1         | Col. 2060 | Char 1 | 1 <input type="checkbox"/> Marked |
| IADL                                    |           |        |                                   |
| (2) Doing housework<br>HPL_CK2          | Col. 2061 | Char 1 | 1 <input type="checkbox"/> Marked |
| (3) Preparing meals<br>HPLBF_3C3        | Col. 2062 | Char 1 | 1 <input type="checkbox"/> Marked |
| (4) Shopping for groceries<br>HPLBF_3C4 | Col. 2063 | Char 1 | 1 <input type="checkbox"/> Marked |
| (5) Getting around outside              |           |        |                                   |

HPLBF_3C5	Col. 2064	Char 1	1 <input type="checkbox"/> Marked
(6) Going places outside of walking distance			
HPLBF_3C6	Col. 2065	Char 1	1 <input type="checkbox"/> Marked
(7) Managing money			
HPLBF_3C7	Col. 2066	Char 1	1 <input type="checkbox"/> Marked
(8) Taking medicine			
HPLBF_3C8	Col. 2067	Char 1	1 <input type="checkbox"/> Marked
(9) Nursing services			
HPLBF_3C9	Col. 2068	Char 1	1 <input type="checkbox"/> Marked

**M section**

a13. Name of Helper/organization  
(information not given)

b13. Personal Number  
*NOT GIVEN*

c13. Type of help

*Mark (1) all that apply.*

(1) Any ADL activity				
HPM_CK1	Col. 2114	Char 1	1 <input type="checkbox"/> Marked	
IADL				
(2) Doing housework				
HPM_CK2	Col. 2115	Char 1	1 <input type="checkbox"/> Marked	
(3) Preparing meals				
HPMBF_3C3	Col. 2116	Char 1	1 <input type="checkbox"/> Marked	
(4) Shopping for groceries				
HPMBF_3C4	Col. 2117	Char 1	1 <input type="checkbox"/> Marked	
(5) Getting around outside				
HPMBF_3C5	Col. 2118	Char 1	1 <input type="checkbox"/> Marked	
(6) Going places outside of walking distance				
HPMBF_3C6	Col. 2119	Char 1	1 <input type="checkbox"/> Marked	
(7) Managing money				
HPMBF_3C7	Col. 2120	Char 1	1 <input type="checkbox"/> Marked	
(8) Taking medicine				
HPMBF_3C8	Col. 2121	Char 1	1 <input type="checkbox"/> Marked	
(9) Nursing services				
HPMBF_3C9	Col. 2122	Char 1	1 <input type="checkbox"/> Marked	

**N section**

a14. Name of Helper/organization  
(information not given)

b14. Personal Number  
*NOT GIVEN*

c14. Type of help

*Mark (1) all that apply.*

(1) Any ADL activity				
HPN_CK1	Col. 2168	Char 1	1 <input type="checkbox"/> Marked	
IADL				
(2) Doing housework				
HPN_CK2	Col. 2169	Char 1	1 <input type="checkbox"/> Marked	
(3) Preparing meals				
HPNBF_3C3	Col. 2170	Char 1	1 <input type="checkbox"/> Marked	
(4) Shopping for groceries				
HPNBF_3C4	Col. 2171	Char 1	1 <input type="checkbox"/> Marked	
(5) Getting around outside				
HPNBF_3C5	Col. 2172	Char 1	1 <input type="checkbox"/> Marked	



(6) Going places outside of walking distance HPNBF_3C6	Col. 2173	Char 1	1 <input type="checkbox"/> Marked
(7) Managing money HPNBF_3C7	Col. 2174	Char 1	1 <input type="checkbox"/> Marked
(8) Taking medicine HPNBF_3C8	Col. 2175	Char 1	1 <input type="checkbox"/> Marked
(9) Nursing services HPNBF_3C9	Col. 2176	Char 1	1 <input type="checkbox"/> Marked

**O section**

a15. Name of Helper/organization  
(information not given)

b15. Personal Number  
*NOT GIVEN*

c15. Type of help

*Mark (1) all that apply.*

(1) Any ADL activity HPO_CK1	Col. 2222	Char 1	1 <input type="checkbox"/> Marked
IADL			
(2) Doing housework HPO_CK2	Col. 2223	Char 1	1 <input type="checkbox"/> Marked
(3) Preparing meals HPOBF_3C3	Col. 2224	Char 1	1 <input type="checkbox"/> Marked
(4) Shopping for groceries HPOBF_3C4	Col. 2225	Char 1	1 <input type="checkbox"/> Marked
(5) Getting around outside HPOBF_3C5	Col. 2226	Char 1	1 <input type="checkbox"/> Marked
(6) Going places outside of walking distance HPOBF_3C6	Col. 2227	Char 1	1 <input type="checkbox"/> Marked
(7) Managing money HPOBF_3C7	Col. 2228	Char 1	1 <input type="checkbox"/> Marked
(8) Taking medicine HPOBF_3C8	Col. 2229	Char 1	1 <input type="checkbox"/> Marked
(9) Nursing services HPOBF_3C9	Col. 2230	Char 1	1 <input type="checkbox"/> Marked

**Section H - INTERVIEWER OBSERVATIONS**

**Section H - INFORMATION NOT GIVEN**































































































































































































































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