

2. Has . . . had any of the following in the last 12 months?		1	<input type="checkbox"/>	Yes
a. A heart attack?		2	<input type="checkbox"/>	No
CND_2_01	Col. 1124	Char 1		
b. Any other heart problem?		1	<input type="checkbox"/>	Yes
CND_2_02	Col. 1125	Char 1	2	<input type="checkbox"/>
				No
c. Hypertension or high blood pressure?		1	<input type="checkbox"/>	Yes
CND_2_03	Col. 1126	Char 1	2	<input type="checkbox"/>
				No
d. A stroke?		1	<input type="checkbox"/>	Yes
CND_2_04	Col. 1127	Char 1	2	<input type="checkbox"/>
				No
e. Circulation trouble in. . . arms or legs?		1	<input type="checkbox"/>	Yes
CND_2_05	Col. 1128	Char 1	2	<input type="checkbox"/>
				No
f. Has. . . had Pneumonia in LAST 12 months?		1	<input type="checkbox"/>	Yes
CND_2_06	Col. 1129	Char 1	2	<input type="checkbox"/>
				No
g. Bronchitis?		1	<input type="checkbox"/>	Yes
CND_2_07	Col. 1130	Char 1	2	<input type="checkbox"/>
				No
h. Flu?		1	<input type="checkbox"/>	Yes
CND_2_08	Col. 1131	Char 1	2	<input type="checkbox"/>
				No
i. Emphysema?		1	<input type="checkbox"/>	Yes
CND_2_09	Col. 1132	Char 1	2	<input type="checkbox"/>
				No
j. Asthma?		1	<input type="checkbox"/>	Yes
CND_2_10	Col. 1133	Char 1	2	<input type="checkbox"/>
				No
k. A broken hip?		1	<input type="checkbox"/>	Yes
CND_2_11	Col. 1134	Char 1	2	<input type="checkbox"/>
				No
l. Other broken bones?		1	<input type="checkbox"/>	Yes
CND_2_12	Col. 1135	Char 1	2	<input type="checkbox"/>
				No

Part 2 - ACTIVITIES OF DAILY LIVING (ADL)

1a. During the past week, that is, since last (<i>day</i>), did any person help . . . eat?		1	<input type="checkbox"/>	Yes - <i>SKIP to 1d</i>
ADL_1A	Col. 1136	Char 1	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?		1	<input type="checkbox"/>	Yes
ADL_1B	Col. 1137	Char 1	2	<input type="checkbox"/>
				NO - <i>SKIP to 2a</i>
c. Did someone usually stay nearby just in case . . . might need help?		1	<input type="checkbox"/>	Yes } <i>SKIP</i>
ADL_1C	Col. 1138	Char 1	2	<input type="checkbox"/>
				No } <i>to 1g</i>
d. Did someone feed . . . ?		1	<input type="checkbox"/>	Yes - <i>SKIP to 1f</i>
ADL_1D	Col. 1139	Char 1	2	<input type="checkbox"/>
				No
e. Did someone help . . . cut meat or butter bread?		1	<input type="checkbox"/>	Yes
ADL_1E	Col. 1140	Char 1	2	<input type="checkbox"/>
				No
f. Did . . . also use special utensils or special dishes to help . . . eat?		1	<input type="checkbox"/>	Yes
ADL_1F	Col. 1141	Char 1	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?		1	<input type="checkbox"/>	Most of the time
ADL_1G	Col. 1142	Char 1	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
ADL_1H	Col. 1143	Char 1	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. About how long has . . . not eaten? <i>Probe as necessary. Code for longest.</i>		1	<input type="checkbox"/>	Less than 3 months
ADL_1I	Col. 1144	Char 1	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
2a. Since last (<i>day</i>), did any person help . . . get in or out of bed (or didn't . . . get out of bed at all for any reason whatever)?		1	<input type="checkbox"/>	Yes - <i>SKIP to 2d.</i>
		2	<input type="checkbox"/>	No

Mark flap item 1, code 1 - SKIP to 2a.

Mark flap item 1, code 1.

ADL_2A	Col. 1145	Char 1	3	<input type="checkbox"/>	Did not get out of bed at all - <i>SKIP to 2i</i>
b. Did . . . use special equipment like a wheelchair, railing, walker, or cane to help . . . get in or out of bed?			1	<input type="checkbox"/>	Yes
ADL_2B	Col. 1146	Char 1	2	<input type="checkbox"/>	No - <i>SKIP to 3a</i>
c. Did someone usually stay nearby . . . just in case . . . might need help?			1	<input type="checkbox"/>	Yes
ADL_2C	Col. 1147	Char 1	2	<input type="checkbox"/>	No } <i>SKIP to 2f</i>
d. Did someone actually LIFT . . . in or out of bed?			1	<input type="checkbox"/>	Yes
ADL_2D	Col. 1148	Char 1	2	<input type="checkbox"/>	No
e. Did . . . also use special equipment like a wheelchair, railing, walker, or cane to help . . . get out of bed?			1	<input type="checkbox"/>	Yes
ADL_2E	Col. 1149	Char 1	2	<input type="checkbox"/>	No - <i>SKIP to 2g</i>
f. What kind of special equipment did . . . use?					
(1) Wheelchair			1	<input type="checkbox"/>	MARKED
ADL_2F_1	Col. 1150	Char 1			
(2) Railing			1	<input type="checkbox"/>	MARKED
ADL_2F_2	Col. 1151	Char 1			
(3) Walker			1	<input type="checkbox"/>	MARKED
ADL_2F_3	Col. 1152	Char 1			
(4) Cane			1	<input type="checkbox"/>	MARKED
ADL_2F_4	Col. 1153	Char 1			
(5) Crutches			1	<input type="checkbox"/>	MARKED
ADL_2F_5	Col. 1154	Char 1			
(6) Lift			1	<input type="checkbox"/>	MARKED
ADL_2F_6	Col. 1155	Char 1			
(7) Other Device			1	<input type="checkbox"/>	MARKED
ADL_2F_7	Col. 1156	Char 1			
g. How often did . . . (receive help or use special equipment) - most of the time, some of the time, or only occasionally?			1	<input type="checkbox"/>	Most of the time
ADL_2G	Col. 1157	Char 1	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>			1	<input type="checkbox"/>	Less than 3 months
ADL_2H	Col. 1158	Char 1	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 2 - SKIP to 3a,</i>
i. About how long has . . . been unable to get out of bed? <i>Probe as necessary and code for longest.</i>			1	<input type="checkbox"/>	Less than 3 months
ADL_2I	Col. 1159	Char 1	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, codes 2, 3, 4 and 5 - SKIP to 4H</i>
3a. Since last (day) did any person help . . . get around inside (or didn't . . . get around inside at all)?			1	<input type="checkbox"/>	Yes - <i>SKIP to 3d</i>
ADL_3A	Col. 1160	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?			1	<input type="checkbox"/>	Yes
ADL_3B	Col. 1161	Char 1	2	<input type="checkbox"/>	No - <i>SKIP to 4a</i>
c. Did someone usually stay nearby just in case . . . might need some help?			1	<input type="checkbox"/>	Yes
ADL_3C	Col. 1162	Char 1	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?			1	<input type="checkbox"/>	Yes
ADL_3D	Col. 1163	Char 1	2	<input type="checkbox"/>	No - <i>SKIP to 3h</i>
e. Did . . . use a wheelchair?			1	<input type="checkbox"/>	Yes
ADL_3E	Col. 1164	Char 1	2	<input type="checkbox"/>	No - <i>SKIP to 3g</i>
f. Is . . . able to get around at all without the wheelchair?			1	<input type="checkbox"/>	Yes
ADL_3F	Col. 1165	Char 1	2	<input type="checkbox"/>	No - <i>Mark flap item 1, code 6</i>

g. What other kind of special equipment did . . . use?

Anything else?

Mark (1) all apply.

If none, mark "None."

(1) Railing ADL_3G01	Col. 1166	Char 1	1 <input type="checkbox"/>	MARKED
(2) Walker ADL_3G02	Col. 1167	Char 1	1 <input type="checkbox"/>	MARKED
(3) Cane ADL_3G03	Col. 1168	Char 1	1 <input type="checkbox"/>	MARKED
(4) Crutches ADL_3G04	Col. 1169	Char 1	1 <input type="checkbox"/>	MARKED
(5) Elevator/escalator ADL_3G05	Col. 1170	Char 1	1 <input type="checkbox"/>	MARKED
(6) Orthopedic shoes ADL_3G06	Col. 1171	Char 1	1 <input type="checkbox"/>	MARKED
(7) Brace (leg or back) ADL_3G07	Col. 1172	Char 1	1 <input type="checkbox"/>	MARKED
(8) Prosthesis ADL_3G08	Col. 1173	Char 1	1 <input type="checkbox"/>	MARKED
(9) Oxygen/respirator ADL_3G09	Col. 1174	Char 1	1 <input type="checkbox"/>	MARKED
(10) Furniture/walls ADL_3G10	Col. 1175	Char 1	1 <input type="checkbox"/>	MARKED
(11) Chairlift on stairs ADL_3G11	Col. 1176	Char 1	1 <input type="checkbox"/>	MARKED
(12) Other device ADL_3G12	Col. 1177	Char 1	1 <input type="checkbox"/>	MARKED
(13) None ADL_3G13	Col. 1178	Char 1	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. 1179 Char 1

- 1 Most of the time
 2 Some of the time
 3 Only occasionally

i. About how long has . . . had help or used special equipment to get around inside?

ADL_3I Col. 1180 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

Mark flap time 1, code 4 - SKIP to 4a

j. About how long has . . . been unable to get around inside?

ADL_3J Col. 1181 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

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. 1182 Char 1

- 1 Yes - SKIP to 4d
 2 No
 3 Did not dress at all - SKIP to 4h

b. Did . . . wear special clothing or use special equipment to help . . . get dressed?

ADL_4B Col. 1183 Char 1

- 1 Yes
 2 No - SKIP to 5a

c. Did someone usually stay nearby just in case . . . might need help?

ADL_4C Col. 1184 Char 1

- 1 Yes
 2 No } SKIP to 4f

d. Did someone put on all . . . clothes for . . . ?

- 1 Yes

ADL_4D	Col. 1185	Char 1	2	<input type="checkbox"/>	No
e. Did . . . also use special equipment to help . . . dress . . . or use special clothing?			1	<input type="checkbox"/>	Yes
			2	<input type="checkbox"/>	No
ADL_4E	Col. 1186	Char 1			
f. How often did . . . (receive help/use special equipment or clothing) - most of the time, some of the time, or only occasionally?			1	<input type="checkbox"/>	Most of the time
			2	<input type="checkbox"/>	Some of the time
ADL_4F	Col. 1187	Char 1	3	<input type="checkbox"/>	Only occasionally
g. About how long has . . . (had help dressing/used special equipment or clothing)?			1	<input type="checkbox"/>	Less than 3 months
			2	<input type="checkbox"/>	3 months to 6 months
ADL_4G	Col. 1188	Char 1	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 7 - SKIP to 5a</i>					
h. During the past week, did someone help . . . change . . . pajamas or gown?			1	<input type="checkbox"/>	Yes
			2	<input type="checkbox"/>	No
ADL_4H	Col. 1189	Char 1			
i. About how long has . . . been unable to dress? <i>PROBE as necessary.</i>			1	<input type="checkbox"/>	Less than 3 months
			2	<input type="checkbox"/>	3 months to 6 months
ADL_4I	Col. 1190	Char 1	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 7</i>					
CHECK ITEM A.2 <i>Refer to flap item 1.</i>			1	<input type="checkbox"/>	Code 3 marked in flap item 1 - <i>SKIP to 5k</i>
ADL_CK2	Col. 1191	Char 1	2	<input type="checkbox"/>	All others
5a. Since last (<i>day</i>), did any person help . . . bathe, or was . . . unable to bathe at all?			1	<input type="checkbox"/>	Yes - <i>SKIP to 5d</i>
			2	<input type="checkbox"/>	No
ADL_5A	Col. 1192	Char 1	3	<input type="checkbox"/>	Unable to bathe - <i>SKIP to 5j</i>
b. Did . . . use special equipment like a shower seat, tub stool or grab bar to help . . . bathe?			1	<input type="checkbox"/>	Yes
			2	<input type="checkbox"/>	No - <i>SKIP to 6a</i>
ADL_5B	Col. 1193	Char 1			
c. Did someone usually stay nearby just in case . . . might need help?			1	<input type="checkbox"/>	Yes } <i>SKIP to 5g</i>
			2	<input type="checkbox"/>	No }
ADL_5C	Col. 1194	Char 1			
d. Did someone bathe . . . ?			1	<input type="checkbox"/>	Yes - <i>SKIP to 5f</i>
			2	<input type="checkbox"/>	No
ADL_5D	Col. 1195	Char 1			
e. Did someone help . . . get into or out of the bathtub?			1	<input type="checkbox"/>	Yes
			2	<input type="checkbox"/>	No
ADL_5E	Col. 1196	Char 1			
f. Did . . . also use special equipment like a shower seat, tub stool, or grab bars to help . . . bathe?			1	<input type="checkbox"/>	Yes
			2	<input type="checkbox"/>	No - <i>SKIP to 5h</i>
ADL_5F	Col. 1197	Char 1			
g. What kind of special equipment did . . . use? Anything else? Anything else? <i>Mark (1) all that apply.</i>					
(1) Shower seat/tub stool			1	<input type="checkbox"/>	MARKED
ADL_5G_1	Col. 1198	Char 1			
(2) Grab bars/handle bars at sink			1	<input type="checkbox"/>	MARKED
ADL_5G_2	Col. 1199	Char 1			
(3) Hand-held shower			1	<input type="checkbox"/>	MARKED
ADL_5G_3	Col. 1200	Char 1			
(4) Walker/cane			1	<input type="checkbox"/>	MARKED
ADL_5G_4	Col. 1201	Char 1			
(5) Rubber mat			1	<input type="checkbox"/>	MARKED
ADL_5G_5	Col. 1202	Char 1			
(6) Other device			1	<input type="checkbox"/>	MARKED
ADL_5G_6	Col. 1203	Char 1			
h. How often did . . . (receive help or use special equipment) -			1	<input type="checkbox"/>	Most of the time

most of the time, some of the time, or occasionally? ADL_5H Col. 1204 Char 1	2 <input type="checkbox"/> 3 <input type="checkbox"/>	Some of the time Only occasionally	
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. 1205 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 6 months 6 months to 1 year 1 year to 5 years 5 years or over	} Mark flap item 1, code 8 - SKIP to 6a.
j. Did . . . wash . . . body at a sink or basin? ADL_5J Col. 1206 Char 1	1 <input type="checkbox"/> 2 <input type="checkbox"/>	Yes - SKIP to 5l. No	
k. During the past week, did . . . have a bed bath? ADL_5K Col. 1207 Char 1	1 <input type="checkbox"/> 2 <input type="checkbox"/>	Yes No	
l. About how long has . . . been able to bathe? <i>PROBE as necessary. Code for the longest.</i> ADL_5L Col. 1208 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 6 months 6 months to 1 year 1 year to 5 years 5 years or over	} Mark flap item 1, code 8
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. 1209 Char 1	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	Yes - SKIP to 6d. No Did not use toilet seat at all - SKIP to 6l	
b. Did . . . use special equipment like a raised toilet, bedside commode, or grab bar to help . . . to use the toilet? ADL_6B Col. 1210 Char 1	1 <input type="checkbox"/> 2 <input type="checkbox"/>	Yes No - SKIP to 6o	
c. Did someone usually stay nearby just in case . . . might need help to use the toilet? ADL_6C Col. 1211 Char 1	1 <input type="checkbox"/> 2 <input type="checkbox"/>	Yes } No }	} SKIP to 6g
d. Did someone usually help . . . get to the toilet? ADL_6D Col. 1212 Char 1	1 <input type="checkbox"/> 2 <input type="checkbox"/>	Yes No	
e. Did someone help . . . to get on or off the toilet, arrange . . . clothes, or clean . . . self? ADL_6E Col. 1213 Char 1	1 <input type="checkbox"/> 2 <input type="checkbox"/>	Yes No	
f. Did . . . also use special equipment like a raised toilet, bedside commode, or grab bar to help . . . use the toilet? ADL_6F Col. 1214 Char 1	1 <input type="checkbox"/> 2 <input type="checkbox"/>	Yes No - SKIP to 6j	
g. What kind of special equipment did . . . use? Anything else? Anything else? <i>Mark (1) all that apply.</i> (1) Raised toilet ADL_6G_1 Col. 1215 Char 1 (2) Portable toilet/bedside commode ADL_6G_2 Col. 1216 Char 1 (3) Rail/grab bar ADL_6G_3 Col. 1217 Char 1 (4) Bedpan or urinal ADL_6G_4 Col. 1218 Char 1 (5) Cane/walker ADL_6G_5 Col. 1219 Char 1 (6) Other device ADL_6G_6 Col. 1220 Char 1	1 <input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/>	MARKED MARKED MARKED MARKED MARKED MARKED	
h. Did . . . take care of . . . toilet needs by using any OTHER special equipment like a (bedpan/portable toilet/special underwear)? ADL_6H Col. 1221 Char 1	1 <input type="checkbox"/> 2 <input type="checkbox"/>	Yes No - SKIP to 6j	
i. What other special equipment did . . . use? Anything else? Anything else? <i>Mark (1) all that apply.</i> (1) Bed pan ADL_6I_1 Col. 1222 Char 1	1 <input type="checkbox"/>	MARKED	

(2) Portable toilet/bedside commode ADL_6I_2 Col. 1223 Char 1	1 <input type="checkbox"/> MARKED	
(3) Special underwear/diapers ADL_6I_3 Col. 1224 Char 1	1 <input type="checkbox"/> MARKED	
(4) Specify other device ADL_6I_4 Col. 1225 Char 1	1 <input type="checkbox"/> MARKED	
j. How often did . . . (receive help or use special equipment) - most of the time, some of the time, or occasionally? ADL_6J Col. 1226 Char 1	1 <input type="checkbox"/> Most of the time 2 <input type="checkbox"/> Some of the time 3 <input type="checkbox"/> Only occasionally	
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. 1227 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 - SKIP to 6o</i>
l. Did . . . take care of . . . toilet needs by using any special equipment like (a bedpan, portable toilet, or special underwear)? ADL_6L Col. 1228 Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 6n</i>	
m. What special equipment did . . . use? Anything else? Anything else? <i>Mark (1) all that apply.</i> (1) Bed pan ADL_6M_1 Col. 1229 Char 1 (2) Portable toilet/bedside commode ADL_6M_2 Col. 1230 Char 1 (3) Special underwear/diapers ADL_6M_3 Col. 1231 Char 1 (4) Catheter ADL_6M_4 Col. 1232 Char 1 (5) Specify other device ADL_6M_5 Col. 1233 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	
n. About how long has . . . been unable to use the toilet? ADL_6N Col. 1234 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. 1235 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 OR does someone help . . . to take care of it? ADL_6P Col. 1236 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. 1237 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. 1238 Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to Check Item A.3</i>	
s. Does someone help . . . clean up OR does . . . take care of it by himself/herself? ADL_6S Col. 1239 Char 1	1 <input type="checkbox"/> Self care 2 <input type="checkbox"/> With help	
t. About how long . . . had this problem? <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	

ADL_6T

Col. 1240

Char 1

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

CHECK ITEM A.3

Refer to FLAP ITEM 1.
Mark (1) for each MARKED ADL item.

- (1) Eating
ADL_CK3_1 Col. 1241 Char 1
- (2) Getting in/out of bed
ADL_CK3_2 Col. 1242 Char 1
- (3) Getting around inside
ADL_CK3_4 Col. 1243 Char 1
- (4) Dressing
ADL_CK3_7 Col. 1244 Char 1
- (5) Bathing
ADL_CK3_8 Col. 1245 Char 1
- (6) Getting to the bathroom or using the toilet
ADL_CK3_9 Col. 1246 Char 1

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

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

7a. You said that . . . didn't get any help during the past week with
(read UNMARKED items from Check Item A.3).
Did someone usually stay nearby just in case . . . might
need help with any of these things?

ADL_7A Col. 1247 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. 1248 Char 1
- (2) Getting in/out of bed
ADL_7B_2 Col. 1249 Char 1
- (3) Getting around inside
ADL_7B_4 Col. 1250 Char 1
- (4) Dressing
ADL_7B_7 Col. 1251 Char 1
- (5) Bathing
ADL_7B_8 Col. 1252 Char 1
- (6) Getting to the bathroom or using the toilet
ADL_7B_9 Col. 1253 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)?

ADL_7C Col. 1254 Char 1

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

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

ADL_8A Col. 1255 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. 1256 Char 1
- (2) Getting in/out of bed
ADL_8B_2 Col. 1257 Char 1
- (3) Getting around inside
ADL_8B_4 Col. 1258 Char 1

- 1 MARKED
- 1 MARKED
- 1 MARKED

(4) Dressing ADL_8B_7	Col. 1259	Char 1	1 <input type="checkbox"/> MARKED
(5) Bathing ADL_8B_8	Col. 1260	Char 1	1 <input type="checkbox"/> MARKED
(6) Getting to the bathroom or using the toilet ADL_8B_9	Col. 1261	Char 1	1 <input type="checkbox"/> MARKED
CHECK ITEM A.4 Was the Sample Person helped by another person in any ADL item? <i>This includes active help or standby help.</i> ADL_CK5	Col. 1262	Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to Check Item A.5</i>
9a. You said that . . . got help during the past week in: (read MARKED ADL items from Check Item A.3). What is the name of the person who helps . . . MOST with (that/those things)? <i>"Help" includes active and standby help.</i>	<i>Fill flap items 3a and b and mark flap item 3c, box 1, in the first column.</i>		
b. Who else helps . . . with (that/those) things?	<i>Reask until no more helpers named or until the names of six helpers have been entered on the flap. Fill flap items 3a and b and mark flap item 3c, box 1 for each helper</i>		
Part 3 - INSTRUMENTAL ACTIVITIES OF DAILY LIVING (IADL) AND HELPERS			
CHECK ITEM A.5 Refer to flap item 1. IDL_CK2	Col. 1263	Char 1	1 <input type="checkbox"/> Code 3 and/or code 5 - <i>SKIP to 8a</i> 2 <input type="checkbox"/> All others
1a. Does . . . usually do heavy work around the house such as moving furniture, scrubbing floors, or washing windows? IDL_1A	Col. 1264	Char 1	1 <input type="checkbox"/> Yes - <i>SKIP to 3a</i> 2 <input type="checkbox"/> No
b. If . . . had to do heavy work around the house, could . . . do it? IDL_1B	Col. 1265	Char 1	1 <input type="checkbox"/> Yes - <i>SKIP to 3a</i> 2 <input type="checkbox"/> 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. 1266	Char 1	1 <input type="checkbox"/> Disability or health problem (including old age) - <i>Mark flap item 2, code 1</i> 2 <input type="checkbox"/> Other reason
2a. Does . . . usually do light work around the house such as straightening up, putting things away, or washing dishes? IDL_2A	Col. 1267	Char 1	1 <input type="checkbox"/> Yes - <i>SKIP to 3a</i> 2 <input type="checkbox"/> No
b. If . . . had to do light work around the house, could . . . do it? IDL_2B	Col. 1268	Char 1	1 <input type="checkbox"/> Yes - <i>SKIP to 3a</i> 2 <input type="checkbox"/> 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. 1269	Char 1	1 <input type="checkbox"/> Disability or health problem (including old age) - <i>Mark flap item2, code 2</i> 2 <input type="checkbox"/> Other reason
3a. Does . . . usually do . . . own laundry? IDL_3A	Col. 1270	Char 1	1 <input type="checkbox"/> Yes - <i>SKIP to Check Item A.6</i> 2 <input type="checkbox"/> No
b. If . . . had to do . . . own laundry, could . . . do it? IDL_3B	Col. 1271	Char 1	1 <input type="checkbox"/> Yes - <i>SKIP to 3d</i> 2 <input type="checkbox"/> 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_3C1	Col. 1272	Char 1	1 <input type="checkbox"/> Disability or health problem (including old age) - <i>Mark flap item2, code 3</i> 2 <input type="checkbox"/> Other reason
CHECK ITEM A.6 <i>Refer to flap items 1a, 2a, and 3a above.</i> IDL_CK3	Col. 1273	Char 1	1 <input type="checkbox"/> "No" answered to one or more items 2 <input type="checkbox"/> All others - <i>SKIP to 3g</i>

IDL_7A	Col. 1304	Char 1	4 <input type="checkbox"/> Bus 5 <input type="checkbox"/> Other public transportation 6 <input type="checkbox"/> Other 7 <input type="checkbox"/> Does not travel at all - SKIP to 7h
b. Does someone usually help . . . go places outside or walking distance? IDL_7B	Col. 1305	Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 7h
c. If . . . had to go places outside of walking distance by . . . self, could . . . do it? IDL_7C	Col. 1306	Char 1	1 <input type="checkbox"/> Yes - SKIP to 9a 2 <input type="checkbox"/> No
d. Who regularly helps . . . with this?			<i>If fewer than 6 helpers listed on the flap, fill flap items 3a and b in next available helpers column for name not previously entered. Mark flap item 3c, code 6 for this helper.</i>
e. Who else regularly helps . . . with this?			<i>Reask until no more helpers named or until the names of 6 helpers have been entered on the flap. Fill flap items 3a and b in next available helpers column(s) for names(s) not previously entered. Mark flap item 3c, code 6 for each helper who does this.</i>
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. 1307	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
g. If . . . had to go places outside of walking distance by . . . self, could . . . do it? IDL_7G	Col. 1308	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. 1309	Char 1	1 <input type="checkbox"/> Yes } SKIP 2 <input type="checkbox"/> No } 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. 1310	Char 1	1 <input type="checkbox"/> No one helps 2 <input type="checkbox"/> Someone helps - Mark flap item 2, codes 1, 2, and 3. <i>If fewer than 6 helpers listed on the flap, 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, for each helper who does this.</i>
b. Who regularly prepares meals for . . . to eat here? Who else regularly does this IDL_8B	Col. 1311	Char 1	1 <input type="checkbox"/> No one helps 2 <input type="checkbox"/> Someone helps - Mark flap item 2, code 4. <i>If fewer than 6 helpers listed on the flap, 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, for each helper who does this.</i>
c. Who regularly helps . . . shop for groceries or does it for . . . ? Who else regularly does this? IDL_8C	Col. 1312	Char 1	1 <input type="checkbox"/> No one helps 2 <input type="checkbox"/> Someone helps - Mark flap item 2, code 5. <i>If fewer than 6 helpers listed on the flap, 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, for each helper who does this.</i>
9a. Does . . . usually manage . . . own money by self including things like keeping track of bills or handling cash? IDL_9A	Col. 1313	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. 1314	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. 1315	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

<p>b. Any other condition? <i>Reask until no more conditions named.</i> NOT GIVEN</p>	
<p><i>if more than one condition, ask -</i></p> <p>c. What is the main condition? <i>Mark (1) box of main condition only.</i> IDL_1311 Col. 1327 Char 1</p>	<p>1 <input type="checkbox"/></p>
<p>OFFICIAL USE ONLY</p>	
<p>RECORDED ITEMS TO OPEN-ENDED RESPONSES IN 13A & B</p>	
<p>190 CODED PROBLEM IDL_169 Col. 1328 Char 3</p>	<p><input type="checkbox"/></p>
<p>191 CODED PROBLEM IDL_170 Col. 1331 Char 3</p>	<p><input type="checkbox"/></p>
<p>192 CODED PROBLEM IDL_171 Col. 1334 Char 3</p>	<p><input type="checkbox"/></p>
<p>193 CODED PROBLEM IDL_172 Col. 1337 Char 3</p>	<p><input type="checkbox"/></p>
<p>14a. Does . . . regularly go to a senior center or an adult day care center? NSA_5A Col. 1340 Char 1</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 14d</i></p>
<p>b. Does . . . receive any health services or therapy at the center? NSA_5C Col. 1341 Char 1</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p>c. Does this center provide . . . with transportation between the center and . . . home? NSA_5D Col. 1342 Char 1</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p>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. 1343 Char 1</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p>CHECK ITEM A.8 <i>Refer to flap item 3.</i> IDL_CK6 Col. 1344 Char 1</p>	<p>1 <input type="checkbox"/> Helper(s) reported - <i>Mark Check Item A.9</i> 2 <input type="checkbox"/> No helper reported - <i>SKIP to 1a, Part 5.</i></p>
<p>Column A</p>	
<p>Column Letter PGM10_1 Col 2049 Char 1</p>	<p>A-F <input type="checkbox"/></p>
<p>Personal Number PGM10PN1 Col 2050 Char 2</p>	<p>02-49,99 <input type="checkbox"/></p>
<p>Column Letter PBM7_1 Col 2052 Char 1</p>	<p>A-F <input type="checkbox"/></p>
<p>CHECK ITEM A.9</p>	
<p>15. Refer to flap item 3. <i>In each column enter name and personal number</i> HPA_NO Col. 2053 Char 2</p>	<p>02-48,99 <input type="checkbox"/> Person Number</p>
<p>a1. 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. 2055 Char 1</p>	<p>0 <input type="checkbox"/> None 1-7 <input type="checkbox"/> Days</p>
<p>b1. For how long has (<i>name of helper</i>) helped . . . because of a disability or health problem? HPA_1B Col. 2056 Char 1</p>	<p>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</p>

- 4 1 year to less than 5 years
 5 5 years or over

CHECK ITEM A.10

Does helper assist sample person with any ADL activity? (Is box 1 in flap item 3c marked?)

HPA_CK1 Col. 2057 Char 1

- 1 Yes - Ask 15c
 2 No - SKIP to Check Item A.11

c1. You said that . . . Needs help with (*read items marked in flap item 1*). Which activities does (*name of helper*) help . . . with?

Mark (1) all that apply.

Eating

HPA_1C01 Col. 2058 Char 1

1 Marked

Getting in/out of bed

HPA_1C02 Col. 2059 Char 1

1 Marked

Getting around inside

HPA_1C04 Col. 2060 Char 1

1 Marked

Dressing

HPA_1C07 Col. 2061 Char 1

1 Marked

Bathing

HPA_1C08 Col. 2062 Char 1

1 Marked

Getting to the bathroom/using the toilet

HPA_1C09 Col. 2063 Char 1

1 Marked

If "None" marked in 15a (HPA_1A = 0), mark the "None" box in flap item 3d and 3e, then SKIP to 15f.

d1. During the past week, that is, since last (*day*), about how many hours total did (*name of helper*) help with . . . (*read items marked in item 15c*)?

Record total number of hours spent on ADL activities in flap item 3d. If none, mark the "None" box in flap item 3d.

CHECK ITEM A.11

Does helper assist sample person with any IADL activities? (Are any of codes 2 - 9 in flap item 3c marked?)

HPA_CK2 Col. 2064 Char 1

- 1 Yes - Ask 15e
 2 No - SKIP to 15f

e1. You (*also*) said that . . . Gets help from (*name of helper*) with (*read codes 2 - 9 that are marked in flap item 3c*). During the past week, how many hours total did (*name of helper*) help . . . with (*that/those things*)?

Record total number of hours spent on IADL activities in flap item 3e. If none, mark the "None" box in flap item 3e.

f1. 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.

HPA_1F Col. 2065 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, part 4.

Others

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

				26 <input type="checkbox"/> Someone else
Column Label HP1F2_01	Col. 2067	Char 1		A-F <input type="checkbox"/>
Personal Number HLP_PN1	Col. 2068	Char 2		02-48,99 <input type="checkbox"/>
g1. Is (name of helper) paid to help . . . ? HPA_1G	Col. 2070	Char 1		1 <input type="checkbox"/> Yes - Mark the box in flap item 3f. Then continue with 15h. 2 <input type="checkbox"/> No - SKIP to next helper. If last helper, SKIP to 1a, Part 4.
h1. Will . . . self end up paying any of the charges for the help . . . got from (name of helper) during (previous month)? HPA_1K	Col. 2071	Char 1		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to j
i1. How much? HPA_1L	Col. 2072	Char 4		0000- 9999 <input type="checkbox"/> Dollars per hour
j1. Will insurance, Medicare, Medicaid, or anyone else, including any members of . . . (s) family, end up paying any of the charge for this? HPA_1M	Col. 2076	Char 1		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to next helper. If last helper, SKIP to 1a, Part 5
k1. Who will end up paying? Anyone else? <i>Mark (1) all that apply.</i> Fee for service insurance plans HPA_1N11	Col. 2077	Char 1		1 <input type="checkbox"/> Marked
HMO/prepaid group HPA_1N12	Col. 2078	Char 1		1 <input type="checkbox"/> Marked
Medicare HPA_1N13	Col. 2079	Char 1		1 <input type="checkbox"/> Marked
Medicaid HPA_1N14	Col. 2080	Char 1		1 <input type="checkbox"/> Marked
Household Members HPA_1N15	Col. 2081	Char 1		1 <input type="checkbox"/> Marked
HPA_1N15A	Col. 2082	Char 2		02-20,99 <input type="checkbox"/> Person Number
HPA_1N15B	Col. 2084	Char 2		02-20,99 <input type="checkbox"/> Person Number
Child(ren) not in Household HPA_1N16	Col. 2086	Char 1		1 <input type="checkbox"/> Marked
HPA_1N16A	Col. 2087	Char 2		20-48,99 <input type="checkbox"/> Person Number
HPA_1N16B	Col. 2089	Char 2		20-48,99 <input type="checkbox"/> Person Number
HPA_1N16C	Col. 2091	Char 2		20-48,99 <input type="checkbox"/> Person Number
HPA_1N16D	Col. 2093	Char 2		20-48,99 <input type="checkbox"/> Person Number
Other nonhousehold members Father HPA_1N17	Col. 2095	Char 1		1 <input type="checkbox"/> Marked
Mother HPA_1N18	Col. 2096	Char 1		1 <input type="checkbox"/> Marked
Son-in-law HPA_1N19	Col. 2097	Char 1		1 <input type="checkbox"/> Marked
Daughter-in-law HPA_1N20	Col. 2098	Char 1		1 <input type="checkbox"/> Marked
Brother HPA_1N21	Col. 2099	Char 1		1 <input type="checkbox"/> Marked
Sister HPA_1N22	Col. 2100	Char 1		1 <input type="checkbox"/> Marked
Other male relative HPA_1N23	Col. 2101	Char 1		1 <input type="checkbox"/> Marked

Other female relative HPA_1N24	Col. 2102	Char 1	1 <input type="checkbox"/> Marked
Male friend HPA_1N25	Col. 2103	Char 1	1 <input type="checkbox"/> Marked
Female friend HPA_1N26	Col. 2104	Char 1	1 <input type="checkbox"/> Marked
Other HPA_1N27	Col. 2105	Char 1	1 <input type="checkbox"/> Marked

Column B

Column Letter PGM10_2	Col 2123	Char 1	A-F <input type="checkbox"/>
Personal Number PGM10PN2	Col 2124	Char 2	02-49,99 <input type="checkbox"/>
Column Letter PBM7_2	Col 2126	Char 1	A-F <input type="checkbox"/>

CHECK ITEM A.9			
15. Refer to flap item 3.			
<i>In each column enter name and personal number</i>			
HPB_NO	Col. 2127	Char 2	02-48,99 <input type="checkbox"/> Person Number
a2. 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?			
HPB_1A	Col. 2129	Char 1	0 <input type="checkbox"/> None 1-7 <input type="checkbox"/> Days

b2. For how long has (<i>name of helper</i>) helped . . . because of a disability or health problem?			
HPB_1B	Col. 2130	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

CHECK ITEM A.10			
Does helper assist sample person with any ADL activity? (Is box 1 in flap item 3c marked?)			
HPB_CK1	Col. 2131	Char 1	1 <input type="checkbox"/> Yes - Ask 15c 2 <input type="checkbox"/> No - SKIP to Check Item A.11

c2. You said that . . . Needs help with (<i>read items marked in flap item 1</i>). Which activities does (<i>name of helper</i>) help . . . with?			
<i>Mark (1) all that apply.</i>			
Eating			
HPB_1C01	Col. 2132	Char 1	1 <input type="checkbox"/> Marked
Getting in/out of bed			
HPB_1C02	Col. 2133	Char 1	1 <input type="checkbox"/> Marked
Getting around inside			
HPB_1C04	Col. 2134	Char 1	1 <input type="checkbox"/> Marked
Dressing			
HPB_1C07	Col. 2135	Char 1	1 <input type="checkbox"/> Marked
Bathing			
HPB_1C08	Col. 2136	Char 1	1 <input type="checkbox"/> Marked
Getting to the bathroom/using the toilet			
HPB_1C09	Col. 2137	Char 1	1 <input type="checkbox"/> Marked

<i>If "None" marked in 15a (HPA_2A = 0), mark the "None" box in flap item 3d and 3e, then SKIP to 15f.</i>			
d2. During the past week, that is, since last (<i>day</i>), about how			<i>Record total number of hours spent on ADL activities in flap item 3d. If none</i>

<p>many hours total did (<i>name of helper</i>) help with . . . (read items marked in item 15c)?</p>	<p>Record total number of hours spent on ADL activities in flap item 3d. If none, mark the "None" box in flap item 3d.</p>
<p>CHECK ITEM A.11 Does helper assist sample person with any IADL activities? (Are any of codes 2 - 9 in flap item 3c marked?) HPB_CK2 Col. 2138 Char 1</p>	<p>1 <input type="checkbox"/> Yes - Ask 15e 2 <input type="checkbox"/> No - SKIP to 15f</p>
<p>e2. You (<i>also</i>) said that . . . Gets help from (<i>name of helper</i>) with (read codes 2 - 9 that are marked in flap item 3c). During the past week, how many hours total did (<i>name of helper</i>) help . . . with (<i>that/those things</i>)?</p>	<p>Record total number of hours spent on IADL activities in flap item 3e. If none, mark the "None" box in flap item 3e.</p>
<p>f2. If obvious, code without asking.</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>If "Relative," ASK - How is (<i>name of helper</i>) related to . . . ?</p> <p>Mark (1) all that apply. HPB_1F Col. 2139 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>} SKIP to next helper. If last helper SKIP to 1a, part 4.</p>
<p>Column Label HP1F2_02 Col. 2141 Char 1</p>	<p>A-F <input type="checkbox"/></p>
<p>Personal Number HLP_PN2 Col. 2142 Char 2</p>	<p>02-48,99 <input type="checkbox"/></p>
<p>g2. Is (<i>name of helper</i>) paid to help . . . ? HPB_1G Col. 2144 Char 1</p>	<p>1 <input type="checkbox"/> Yes - Mark the box in flap item 3f. Then continue with 15h. 2 <input type="checkbox"/> No - SKIP to next helper. If last helper, SKIP to 1a, Part 4.</p>
<p>h2. Will . . . self end up paying any of the charges for the help . . . got from (<i>name of helper</i>) during (<i>previous month</i>)? HPB_1H Col. 2145 Char 1</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to j</p>
<p>i2. How much? HPB_1J Col. 2146 Char 4</p>	<p>0000-9999 <input type="checkbox"/> Dollars per hour</p>
<p>j2. Will insurance, Medicare, Medicaid, or anyone else, including any members of . . . ('s) family, end up paying any of the charge for this? HPB_1K Col. 2150 Char 1</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to next helper. If last helper, SKIP to 1a, Part 5</p>
<p>k2. Who will end up paying? Anyone else? Mark (1) all that apply.</p> <p>Fee for service insurance plans HPB_1N11 Col. 2151 Char 1</p> <p>HMO/prepaid group HPB_1N12 Col. 2152 Char 1</p> <p>Medicare HPB_1N13 Col. 2153 Char 1</p>	<p>1 <input type="checkbox"/> Marked 1 <input type="checkbox"/> Marked 1 <input type="checkbox"/> Marked</p>

Medicaid					
HPB_1N14	Col. 2154	Char 1	1	<input type="checkbox"/>	Marked
Household Members					
HPB_1N15	Col. 2155	Char 1	1	<input type="checkbox"/>	Marked
HPB_1N15A	Col. 2156	Char 2	02-20,99	<input type="checkbox"/>	Person Number
HPB_1N15B	Col. 2158	Char 2	02-20,99	<input type="checkbox"/>	Person Number
Child(ren) not in Household					
HPB_1N16	Col. 2160	Char 1	1	<input type="checkbox"/>	Marked
HPB_1N16A	Col. 2161	Char 2	20-48,99	<input type="checkbox"/>	Person Number
HPB_1N16B	Col. 2163	Char 2	20-48,99	<input type="checkbox"/>	Person Number
HPB_1N16C	Col. 2165	Char 2	20-48,99	<input type="checkbox"/>	Person Number
HPB_1N16D	Col. 2167	Char 2	20-48,99	<input type="checkbox"/>	Person Number
Other nonhousehold members					
Father					
HPB_1N17	Col. 2169	Char 1	1	<input type="checkbox"/>	Marked
Mother					
HPB_1N18	Col. 2170	Char 1	1	<input type="checkbox"/>	Marked
Son-in-law					
HPB_1N19	Col. 2171	Char 1	1	<input type="checkbox"/>	Marked
Daughter-in-law					
HPB_1N20	Col. 2172	Char 1	1	<input type="checkbox"/>	Marked
Brother					
HPB_1N21	Col. 2173	Char 1	1	<input type="checkbox"/>	Marked
Sister					
HPB_1N22	Col. 2174	Char 1	1	<input type="checkbox"/>	Marked
Other male relative					
HPB_1N23	Col. 2175	Char 1	1	<input type="checkbox"/>	Marked
Other female relative					
HPB_1N24	Col. 2176	Char 1	1	<input type="checkbox"/>	Marked
Male friend					
HPB_1N25	Col. 2177	Char 1	1	<input type="checkbox"/>	Marked
Female friend					
HPB_1N26	Col. 2178	Char 1	1	<input type="checkbox"/>	Marked
Other					
HPB_1N27	Col. 2179	Char 1	1	<input type="checkbox"/>	Marked

Column C

Column Letter					
PGM10_3	Col 2197	Char 1	A-F	<input type="checkbox"/>	
Personal Number					
PGM10PN3	Col 2198	Char 2	02-49,99	<input type="checkbox"/>	
Column Letter					
PBM7_3	Col 2200	Char 1	A-F	<input type="checkbox"/>	

CHECK ITEM A.9

15. Refer to flap item 3.

In each column enter name and personal number

HPC_NO	Col. 2201	Char 2	02-48,99	<input type="checkbox"/>	Person Number
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a3. 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?

HPC_1A	Col. 2203	Char 1	0	<input type="checkbox"/>	None
			1-7	<input type="checkbox"/>	Days

b3. For how long has (*name of helper*) helped . . . because of a disability or health problem?

HPC_1B	Col. 2204	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 1 year to less than 5 years
- 5 5 years or over

CHECK ITEM A.10

Does helper assist sample person with any ADL activity? (Is box 1 in flap item 3c marked?)

HPC_CK1 Col. 2205 Char 1

- 1 Yes - Ask 15c
- 2 No - SKIP to Check Item A.11

c3. You said that . . . Needs help with (*read items marked in flap item 1*). Which activities does (*name of helper*) help . . . with?

Mark (1) all that apply.

Eating

HPC_1C01 Col. 2206 Char 1

1 Marked

Getting in/out of bed

HPC_1C02 Col. 2207 Char 1

1 Marked

Getting around inside

HPC_1C04 Col. 2208 Char 1

1 Marked

Dressing

HPC_1C07 Col. 2209 Char 1

1 Marked

Bathing

HPC_1C08 Col. 2210 Char 1

1 Marked

Getting to the bathroom/using the toilet

HPC_1C09 Col. 2211 Char 1

1 Marked

If "None" marked in 15a (HPA_3A = 0), mark the "None" box in flap item 3d and 3e, then SKIP to 15f.

d3. During the past week, that is, since last (*day*), about how many hours total did (*name of helper*) help with . . . (*read items marked in item 15c*)?

Record total number of hours spent on ADL activities in flap item 3d. If none, mark the "None" box in flap item 3d.

CHECK ITEM A.11

Does helper assist sample person with any IADL activities? (Are any of codes 2 - 9 in flap item 3c marked?)

HPC_CK2 Col. 2212 Char 1

- 1 Yes - Ask 15e
- 2 No - SKIP to 15f

e3. You (*also*) said that . . . Gets help from (*name of helper*) with (*read codes 2 - 9 that are marked in flap item 3c*). During the past week, how many hours total did (*name of helper*) help . . . with (*that/those things*)?

Record total number of hours spent on IADL activities in flap item 3e. If none, mark the "None" box in flap item 3e.

f3. *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.

HPC_1F Col. 2213 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, part 4.*

Others

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

Column Label

HP1F2_03	Col. 2215	Char 1	A-F <input type="checkbox"/>
Personal Number HLP_PN3	Col. 2216	Char 2	02-48,99 <input type="checkbox"/>
g3. Is (name of helper) paid to help . . . ? HPC_1G	Col. 2218	Char 1	1 <input type="checkbox"/> Yes - Mark the box in flap item 3f. Then continue with 15h. 2 <input type="checkbox"/> No - SKIP to next helper. If last helper, SKIP to 1a, Part 4.
h3. Will . . . self end up paying any of the charges for the help . . . got from (name of helper) during (previous month)? HPC_1H	Col. 2219	Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to j
i3. How much? HPC_1J	Col. 2220	Char 4	0000- 9999 <input type="checkbox"/> Dollars per hour
j3. Will insurance, Medicare, Medicaid, or anyone else, including any members of . . . ('s) family, end up paying any of the charge for this? HPC_1K	Col. 2224	Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to next helper. If last helper, SKIP to 1a, Part 5
k3. Who will end up paying? Anyone else? <i>Mark (1) all that apply.</i> Fee for service insurance plans HPC_1N11	Col. 2225	Char 1	1 <input type="checkbox"/> Marked
HMO/prepaid group HPC_1N12	Col. 2226	Char 1	1 <input type="checkbox"/> Marked
Medicare HPC_1N13	Col. 2227	Char 1	1 <input type="checkbox"/> Marked
Medicaid HPC_1N14	Col. 2228	Char 1	1 <input type="checkbox"/> Marked
Household Members HPC_1N15	Col. 2229	Char 1	1 <input type="checkbox"/> Marked
HPC_1N15A	Col. 2230	Char 2	02-20,99 <input type="checkbox"/> Person Number
HPC_1N15B	Col. 2232	Char 2	02-20,99 <input type="checkbox"/> Person Number
Child(ren) not in Household HPC_1N16	Col. 2234	Char 1	1 <input type="checkbox"/> Marked
HPC_1N16A	Col. 2235	Char 2	20-48,99 <input type="checkbox"/> Person Number
HPC_1N16B	Col. 2237	Char 2	20-48,99 <input type="checkbox"/> Person Number
HPC_1N16C	Col. 2239	Char 2	20-48,99 <input type="checkbox"/> Person Number
HPC_1N16D	Col. 2241	Char 2	20-48,99 <input type="checkbox"/> Person Number
Other nonhousehold members Father HPC_1N17	Col. 2243	Char 1	1 <input type="checkbox"/> Marked
Mother HPC_1N18	Col. 2244	Char 1	1 <input type="checkbox"/> Marked
Son-in-law HPC_1N19	Col. 2245	Char 1	1 <input type="checkbox"/> Marked
Daughter-in-law HPC_1N20	Col. 2246	Char 1	1 <input type="checkbox"/> Marked
Brother HPC_1N21	Col. 2247	Char 1	1 <input type="checkbox"/> Marked
Sister HPC_1N22	Col. 2248	Char 1	1 <input type="checkbox"/> Marked
Other male relative HPC_1N23	Col. 2249	Char 1	1 <input type="checkbox"/> Marked
Other female relative HPC_1N24	Col. 2250	Char 1	1 <input type="checkbox"/> Marked
Male friend HPC_1N25	Col. 2251	Char 1	1 <input type="checkbox"/> Marked

Female friend HPC_1N26	Col. 2252	Char 1	1 <input type="checkbox"/> Marked
Other HPC_1N27	Col. 2253	Char 1	1 <input type="checkbox"/> Marked

Column D

Column Letter PGM10_4	Col 2271	Char 1	A-F <input type="checkbox"/>
Personal Number PGM10PN4	Col 2272	Char 2	02-49,99 <input type="checkbox"/>
Column Letter PBM7_4	Col 2274	Char 1	A-F <input type="checkbox"/>

CHECK ITEM A.9			
15. Refer to flap item 3.			
<i>In each column enter name and personal number</i>			
HPD_NO	Col. 2275	Char 2	02-48,99 <input type="checkbox"/> Person Number
a4. 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?			
HPD_1A	Col. 2277	Char 1	0 <input type="checkbox"/> None 1-7 <input type="checkbox"/> Days

b4. For how long has (<i>name of helper</i>) helped . . . because of a disability or health problem?			
HPD_1B	Col. 2278	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

CHECK ITEM A.10			
Does helper assist sample person with any ADL activity? (Is box 1 in flap item 3c marked?)			
HPD_CK1	Col. 2279	Char 1	1 <input type="checkbox"/> Yes - Ask 15c 2 <input type="checkbox"/> No - SKIP to Check Item A.11

c4. You said that . . . Needs help with (<i>read items marked in flap item 1</i>). Which activities does (<i>name of helper</i>) help . . . with?			
<i>Mark (1) all that apply.</i>			
Eating			
HP1C1	Col. 2280	Char 1	1 <input type="checkbox"/> Marked
Getting in/out of bed			
HP1C2	Col. 2281	Char 1	1 <input type="checkbox"/> Marked
Getting around inside			
HP1C4	Col. 2282	Char 1	1 <input type="checkbox"/> Marked
Dressing			
HP1C7	Col. 2283	Char 1	1 <input type="checkbox"/> Marked
Bathing			
HP1C8	Col. 2284	Char 1	1 <input type="checkbox"/> Marked
Getting to the bathroom/using the toilet			
HP1C9	Col. 2285	Char 1	1 <input type="checkbox"/> Marked

<i>If "None" marked in 15a (HPA_4A = 0), mark the "None" box in flap item 3d and 3e, then SKIP to 15f.</i>			
d4. During the past week, that is, since last (<i>day</i>), about how many hours total did (<i>name of helper</i>) help with . . . (<i>read items marked in item 15c</i>)?			<i>Record total number of hours spent on ADL activities in flap item 3d. If none, mark the "None" box in flap item 3d.</i>

CHECK ITEM A.11			1 <input type="checkbox"/> Yes - Ask 15e
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HPD_1N15A	Col. 2304	Char 2	02-20,99	<input type="checkbox"/>	Person Number
HPD_1N15B	Col. 2306	Char 2	02-20,99	<input type="checkbox"/>	Person Number
Child(ren) not in Household					
HPD_1N16	Col. 2308	Char 1		1	<input type="checkbox"/> Marked
HPD_1N16A	Col. 2309	Char 2	20-48,99	<input type="checkbox"/>	Person Number
HPD_1N16B	Col. 2311	Char 2	20-48,99	<input type="checkbox"/>	Person Number
HPD_1N16C	Col. 2313	Char 2	20-48,99	<input type="checkbox"/>	Person Number
HPD_1N16D	Col. 2315	Char 2	20-48,99	<input type="checkbox"/>	Person Number
Other nonhousehold members					
Father					
HPD_1N17	Col. 2317	Char 1		1	<input type="checkbox"/> Marked
Mother					
HPD_1N18	Col. 2318	Char 1		1	<input type="checkbox"/> Marked
Son-in-law					
HPD_1N19	Col. 2319	Char 1		1	<input type="checkbox"/> Marked
Daughter-in-law					
HPD_1N20	Col. 2320	Char 1		1	<input type="checkbox"/> Marked
Brother					
HPD_1N21	Col. 2321	Char 1		1	<input type="checkbox"/> Marked
Sister					
HPD_1N22	Col. 2322	Char 1		1	<input type="checkbox"/> Marked
Other male relative					
HPD_1N23	Col. 2323	Char 1		1	<input type="checkbox"/> Marked
Other female relative					
HPD_1N24	Col. 2324	Char 1		1	<input type="checkbox"/> Marked
Male friend					
HPD_1N25	Col. 2325	Char 1		1	<input type="checkbox"/> Marked
Female friend					
HPD_1N26	Col. 2326	Char 1		1	<input type="checkbox"/> Marked
Other					
HPD_1N27	Col. 2327	Char 1		1	<input type="checkbox"/> Marked

Column E

Column Letter					
PGM10_5	Col 2345	Char 1	A-F	<input type="checkbox"/>	
Personal Number					
PGM10PN5	Col 2346	Char 2	02-49,99	<input type="checkbox"/>	
Column Letter					
PBM7_5	Col 2348	Char 1	A-F	<input type="checkbox"/>	

CHECK ITEM A.9

15. Refer to flap item 3.					
<i>In each column enter name and personal number</i>					
HPE_NO	Col. 2349	Char 2	02-48,99	<input type="checkbox"/>	Person Number
a5. 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?					
HPE_1A	Col. 2351	Char 1	0	<input type="checkbox"/>	None
			1-7	<input type="checkbox"/>	Days

b5. For how long has (<i>name of helper</i>) helped . . . because of a disability or health problem?					
HPE_1B	Col. 2352	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

CHECK ITEM A.10

Does helper assist sample person with any ADL activity? (Is					
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Column F			
Column Letter PGM10_6	Col 2419	Char 1	<input type="checkbox"/>
Personal Number PGM10PN6	Col 2420	Char 2	<input type="checkbox"/>
Column Letter PBM7_6	Col 2422	Char 1	<input type="checkbox"/>
CHECK ITEM A.9			
16 Refer to flap item 3.			
<i>In each column enter name and personal number</i>			
HPF_NO	Col. 2423	Char 2	02-48,99 <input type="checkbox"/> Person Number
a6. 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?			
HPF_1A	Col. 2425	Char 1	0 <input type="checkbox"/> None 1-7 <input type="checkbox"/> Days
b6. For how long has (<i>name of helper</i>) helped . . . because of a disability or health problem?			
HPF_1B	Col. 2426	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
CHECK ITEM A.10			
Does helper assist sample person with any ADL activity? (Is box 1 in flap item 3c marked?)			
HPF_CK1	Col. 2427	Char 1	1 <input type="checkbox"/> Yes - Ask 15c 2 <input type="checkbox"/> No - SKIP to Check Item A.11
c6. You said that . . . Needs help with (<i>read items marked in flap item 1</i>). Which activities does (<i>name of helper</i>) help . . . with?			
<i>Mark (1) all that apply.</i>			
Eating			
HPF_1C01	Col. 2428	Char 1	1 <input type="checkbox"/> Marked
Getting in/out of bed			
HPF_1C02	Col. 2429	Char 1	1 <input type="checkbox"/> Marked
Getting around inside			
HPF_1C04	Col. 2430	Char 1	1 <input type="checkbox"/> Marked
Dressing			
HPF_1C07	Col. 2431	Char 1	1 <input type="checkbox"/> Marked
Bathing			
HPF_1C08	Col. 2432	Char 1	1 <input type="checkbox"/> Marked
Getting to the bathroom/using the toilet			
HPF_1C09	Col. 2433	Char 1	1 <input type="checkbox"/> Marked
<i>If "None" marked in 15a (HPA_6A = 0), mark the "None" box in flap item 3d and 3e, then SKIP to 15f.</i>			
d6. During the past week, that is, since last (<i>day</i>), about how many hours total did (<i>name of helper</i>) help with . . . (<i>read items marked in item 15c</i>)?			
Record total number of hours spent on ADL activities in flap item 3d. If none, mark the "None" box in flap item 3d.			
CHECK ITEM A.11			
Does helper assist sample person with any IADL activities? (Are any of codes 2 - 9 in flap item 3c marked?)			
HPF_CK2	Col. 2434	Char 1	1 <input type="checkbox"/> Yes - Ask 15e 2 <input type="checkbox"/> No - SKIP to 15f
e6. You (<i>also</i>) said that . . . Gets help from (<i>name of helper</i>) with			

(read codes 2 - 9 that are marked in flap item 3c). During the past week, how many hours total did (name of helper) help . . . with (that/those things)?

Record total number of hours spent on IADL activities in flap item 3e. If none, mark the "None" box in flap item 3e.

f6. 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. 2435 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, part 6.

Others

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

Column Label

HP1F2_06 Col. 2437 Char 1

A-F

Personal Number

HLP_PN6 Col. 2438 Char 2

02-48,99

g6. Is (name of helper) paid to help . . . ?

HPF_1G Col. 2440 Char 1

- 1 Yes - Mark the box in flap item 3f. Then continue with 15h.
- 2 No - SKIP to next helper. If last helper, SKIP to 1a, Part 6.

h6. Will . . . self end up paying any of the charges for the help . . . got from (name of helper) during (previous month)?

HPF_1H Col. 2441 Char 1

- 1 Yes
- 2 No - SKIP to j

i6. How much?

HPF_1J Col. 2442 Char 4

0000-9999 Dollars per hour

j6. Will insurance, Medicare, Medicaid, or anyone else, including any members of . . . ('s) family, end up paying any of the charge for this?

HPF_1K Col. 2446 Char 1

- 1 Yes
- 2 No - SKIP to next helper. If last helper, SKIP to 1a, Part 5

k6. Who will end up paying?

Anyone else?

Mark (1) all that apply.

Fee for service insurance plans

HPF_1N11 Col. 2447 Char 1

1 Marked

HMO/prepaid group

HPF_1N12 Col. 2448 Char 1

1 Marked

Medicare

HPF_1N13 Col. 2449 Char 1

1 Marked

Medicaid

HPF_1N14 Col. 2450 Char 1

1 Marked

Household Members

HPF_1N15 Col. 2451 Char 1

1 Marked

HPF_1N15A Col. 2452 Char 2

02-20,99 Person Number

HPF_1N15B Col. 2454 Char 2

02-20,99 Person Number

Child(ren) not in Household

HPF_1N16 Col. 2456 Char 1

1 Marked

HPF_1N16A	Col. 2457	Char 2	20-48,99	<input type="checkbox"/>	Person Number
HPF_1N16B	Col. 2459	Char 2	20-48,99	<input type="checkbox"/>	Person Number
HPF_1N16C	Col. 2461	Char 2	20-48,99	<input type="checkbox"/>	Person Number
HPF_1N16D	Col. 2463	Char 2	20-48,99	<input type="checkbox"/>	Person Number

Other nonhousehold members

Father					
HPF_1N17	Col. 2465	Char 1	1	<input type="checkbox"/>	Marked
Mother					
HPF_1N18	Col. 2466	Char 1	1	<input type="checkbox"/>	Marked
Son-in-law					
HPF_1N19	Col. 2467	Char 1	1	<input type="checkbox"/>	Marked
Daughter-in-law					
HPF_1N20	Col. 2468	Char 1	1	<input type="checkbox"/>	Marked
Brother					
HPF_1N21	Col. 2469	Char 1	1	<input type="checkbox"/>	Marked
Sister					
HPF_1N22	Col. 2470	Char 1	1	<input type="checkbox"/>	Marked
Other male relative					
HPF_1N23	Col. 2471	Char 1	1	<input type="checkbox"/>	Marked
Other female relative					
HPF_1N24	Col. 2472	Char 1	1	<input type="checkbox"/>	Marked
Male friend					
HPF_1N25	Col. 2473	Char 1	1	<input type="checkbox"/>	Marked
Female friend					
HPF_1N26	Col. 2474	Char 1	1	<input type="checkbox"/>	Marked
Other					
HPF_1N27	Col. 2475	Char 1	1	<input type="checkbox"/>	Marked

Part 4 - RANGE OF MOTION AND IMPAIRMENT

1a. Now we'll talk about other problems some people have. Is . . . missing any fingers, a hand, or an arm?	1	<input type="checkbox"/>	Yes
RMI_1A Col. 1345 Char 1	2	<input type="checkbox"/>	No - <i>SKIP to 2a</i>

b. What is . . . missing? Anything else?	1	<input type="checkbox"/>	Left
Entire arm	2	<input type="checkbox"/>	Right
RMI_1B01 Col. 1346 Char 1	3	<input type="checkbox"/>	Both

Lower arm	1	<input type="checkbox"/>	Left
RMI_1B07 Col. 1347 Char 1	2	<input type="checkbox"/>	Right
	3	<input type="checkbox"/>	Both

Hand only	1	<input type="checkbox"/>	Left
RMI_1B02 Col. 1348 Char 1	2	<input type="checkbox"/>	Right
	3	<input type="checkbox"/>	Both

Fingers only	1	<input type="checkbox"/>	Left
RMI_1B08 Col. 1349 Char 1	2	<input type="checkbox"/>	Right
	3	<input type="checkbox"/>	Both

2a. Is . . . missing any toes, a foot or a leg? FR: If obvious - fill without asking	1	<input type="checkbox"/>	Yes
RMI_2A Col. 1350 Char 1	2	<input type="checkbox"/>	No - <i>SKIP to Check Item A.12</i>

b. What is . . . missing? Anything else?	1	<input type="checkbox"/>	Left
Entire leg	2	<input type="checkbox"/>	Right
RMI_01 Col. 1351 Char 1	3	<input type="checkbox"/>	Both

Lower leg	1	<input type="checkbox"/>	Left
RMI_07 Col. 1352 Char 1	2	<input type="checkbox"/>	Right
	3	<input type="checkbox"/>	Both

Foot only	1	<input type="checkbox"/>	Left
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RMI_02	Col. 1353	Char 1	2 <input type="checkbox"/>	Right
			3 <input type="checkbox"/>	Both
Toes only RMI_08	Col. 1354	Char 1	1 <input type="checkbox"/>	Left
			2 <input type="checkbox"/>	Right
			3 <input type="checkbox"/>	Both
CHECK ITEM A.12 <i>Mark first available box.</i>			1 <input type="checkbox"/>	Code 3 marked in flap item 1 - SKIP to 3e
RMI_CK2	Col. 1355	Char 1	2 <input type="checkbox"/>	Code 5 and/or Code 6 marked in flap item 1 - SKIP to 3c
			3 <input type="checkbox"/>	All others - Go to 3a
3. How difficult is it for . . . to-			1 <input type="checkbox"/>	Not difficult
a. Climb one flight of stairs?			2 <input type="checkbox"/>	Somewhat difficult
RMI_3A	Col. 1356	Char 1	3 <input type="checkbox"/>	Very difficult
			4 <input type="checkbox"/>	Can't do it at all
b. Walk to the end of a room and back?			1 <input type="checkbox"/>	Not difficult
RMI_3B	Col. 1357	Char 1	2 <input type="checkbox"/>	Somewhat difficult
			3 <input type="checkbox"/>	Very difficult
			4 <input type="checkbox"/>	Can't do it at all
c. Bend to put on . . . socks or stockings?			1 <input type="checkbox"/>	Not difficult
RMI_3C	Col. 1358	Char 1	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?			1 <input type="checkbox"/>	Not difficult
RMI_3D	Col. 1359	Char 1	2 <input type="checkbox"/>	Somewhat difficult
			3 <input type="checkbox"/>	Very difficult
			4 <input type="checkbox"/>	Can't do it at all
e. Reach above . . . head?			1 <input type="checkbox"/>	Not difficult
RMI_3E	Col. 1360	Char 1	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?			1 <input type="checkbox"/>	Not difficult
RMI_3F	Col. 1361	Char 1	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?			1 <input type="checkbox"/>	Not difficult
RMI_3G	Col. 1362	Char 1	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?			1 <input type="checkbox"/>	Not difficult
RMI_3H	Col. 1363	Char 1	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?			1 <input type="checkbox"/>	Yes
RMI_4	Col. 1364	Char 1	2 <input type="checkbox"/>	No
CHECK ITEM A.13			1 <input type="checkbox"/>	Sample Person - SKIP to 7
<i>Respondent is -</i>			2 <input type="checkbox"/>	Proxy
RMI_CK3	Col. 1365	Char 1		
5a. Can most people understand . . . speech?			1 <input type="checkbox"/>	Yes - SKIP to 6a
RMI_5A	Col. 1366	Char 1	2 <input type="checkbox"/>	No
b. How does . . . usually make self understood?			1 <input type="checkbox"/>	Writing
Mark only one.			2 <input type="checkbox"/>	Standard sign language
RMI_5B_1	Col. 1367	Char 1	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"/>	Computer

		7 <input type="checkbox"/> Some other way
		8 <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. 1368 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. 1369 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 being said to him/her
<i>SHOW FLASHCARD B</i>		
7. Which of these devices does . . . use? Any other? <i>Mark (1) all that apply.</i> Glasses/contact lenses RMI_7_1 Col. 1370 Char 1		1 <input type="checkbox"/> Marked
Hearing aid RMI_7_2 Col. 1371 Char 1		1 <input type="checkbox"/> Marked
Artificial larynx (voice box) RMI_7_3 Col. 1372 Char 1		1 <input type="checkbox"/> Marked
Specify other device RMI_7_4 Col. 1373 Char 1		1 <input type="checkbox"/> Marked
None RMI_7_5 Col. 1374 Char 1		1 <input type="checkbox"/> Marked
Section B - Other Functioning		
1. Compared to other persons the same age, would you say that . . . health is excellent, good fair, or poor? OFN_1 Col. 1375 Char 1		1 <input type="checkbox"/> Excellent 2 <input type="checkbox"/> Good 3 <input type="checkbox"/> Fair 4 <input type="checkbox"/> Poor
CHECK ITEM B.1 Respondent is - OFN_CK2 Col. 1376 Char 1		1 <input type="checkbox"/> Sample Person 2 <input type="checkbox"/> Proxy - <i>SKIP to 4a</i>
<i>SHOW FLASHCARD E</i>		
2. How often do you avoid doing things because you do not have enough energy to do them - would you say all of the time, most of the time, some of the time, once in awhile, or never? OFN_2 Col. 1377 Char 1		1 <input type="checkbox"/> All of the time 2 <input type="checkbox"/> Most of the time 3 <input type="checkbox"/> Some of the time 4 <input type="checkbox"/> Once in awhile 5 <input type="checkbox"/> Never
3. Do you ever feel you need the help of a doctor or counselor for a mental or emotional problem? OFN_3 Col. 1378 Char 1		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
4a. Was . . . ever hospitalized for a mental or emotional problem? OFN_4A Col. 1379 Char 1		1 <input type="checkbox"/> Yes - <i>Ask 4b</i> 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? OFN_4B Col. 1380 Char 1		1 <input type="checkbox"/> Yes..... 2 <input type="checkbox"/> No..... 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? OFN_5A Col. 1381 Char 1		1 <input type="checkbox"/> Yes - <i>Ask 5b</i> 2 <input type="checkbox"/> No..... 9 <input type="checkbox"/> Don' t Know } <i>SKIP to 6</i>

<p>relatives, on the telephone? OFN_9C Col. 1397 Char 1</p>	<p>3 <input type="checkbox"/> Three to five times 4 <input type="checkbox"/> Six to ten times 5 <input type="checkbox"/> Eleven to twenty-nine times 6 <input type="checkbox"/> Thirty or more</p>
<p>CHECK ITEM B.2 Respondent is - OFN_CK3 Col. 1398 Char 1</p>	<p>1 <input type="checkbox"/> Sample Person 2 <input type="checkbox"/> Proxy-SKIP to 10a</p>
<p>d. Would you like to see or talk to your relatives more often, less often, or as often as you do now? OFN_9D Col. 1399 Char 1</p>	<p>1 <input type="checkbox"/> More often 2 <input type="checkbox"/> Less often 3 <input type="checkbox"/> As often as now</p>
<p>10a. (You've told me about . . . Relatives.) Now I want to ask about . . . friends. Does . . . keep in touch with any friends, including neighbors . . . consider(s) as friends, either by visiting or telephone? OFN_10A Col. 1400 Char 1</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to CHECK ITEM B.4</i></p>
<p><i>SHOW FLASHCARD D</i> b. How often in the past month did . . . see . . . friends? <i>Code all friends' visits combined.</i> OFN_10B Col. 1401 Char 1</p>	<p>1 <input type="checkbox"/> None 2 <input type="checkbox"/> Once or twice 3 <input type="checkbox"/> Three to five times 4 <input type="checkbox"/> Six to ten times 5 <input type="checkbox"/> Eleven to twenty-nine times 6 <input type="checkbox"/> Thirty or more times</p>
<p><i>SHOW FLASHCARD D</i> c. How often in the past month did . . . speak with . . . friends on the telephone? OFN_10C Col. 1402 Char 1</p>	<p>1 <input type="checkbox"/> None 2 <input type="checkbox"/> Once or twice 3 <input type="checkbox"/> Three to five times 4 <input type="checkbox"/> Six to ten times 5 <input type="checkbox"/> Eleven to twenty-nine times 6 <input type="checkbox"/> Thirty or more times</p>
<p>CHECK ITEM B.3 Respondent is - OFN_CK4 Col. 1403 Char 1</p>	<p>1 <input type="checkbox"/> Sample Person 2 <input type="checkbox"/> Proxy - <i>SKIP to 12a</i></p>
<p>d. Would you like to see or talk to your friends more often, less often, or as often as you do now? OFN_10D Col. 1404 Char 1</p>	<p>1 <input type="checkbox"/> More often..... 2 <input type="checkbox"/> Less often..... 3 <input type="checkbox"/> As often as now</p> <p>} <i>SKIP to 11</i></p>
<p>CHECK ITEM B.4 Respondent is - OFN_CK5 Col. 1405 Char 1</p>	<p>1 <input type="checkbox"/> Sample Person 2 <input type="checkbox"/> Proxy - <i>SKIP to 12a</i></p>
<p>11. Sometimes people feel that they have nobody to tell their troubles to. Would you say you feel this way most of the time, some of the time, hardly ever, or never? OFN_11 Col. 1406 Char 1</p>	<p>1 <input type="checkbox"/> Most of the time 2 <input type="checkbox"/> Some of the time 3 <input type="checkbox"/> Hardly ever 4 <input type="checkbox"/> Never</p>
<p>12a. Now I' m going to ask you some questions about things people often do indoors. About how many hours a day do(es) . . . usually listen to the radio? OFN_12A Col. 1407 Char 2</p>	<p>01-24 <input type="checkbox"/> Hours..... 25 <input type="checkbox"/> Less than 1 hour 26 <input type="checkbox"/> None</p> <p>} <i>SKIP to 13a</i></p>
<p>b. Is there a radio here that . . . can listen to? OFN_12B Col. 1411 Char 1</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p>13a. About how many hours a day do(es) . . . usually watch television? OFN_13A Col. 1409 Char 2</p>	<p>01-24 <input type="checkbox"/> Hours..... 25 <input type="checkbox"/> Less than 1 hour 26 <input type="checkbox"/> None</p> <p>} <i>SKIP to 14</i></p>
<p>b. Is there a television set here that . . . can watch? OFN_13B Col. 1412 Char 1</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p>14. Do(es) . . . have any pets?</p>	<p>1 <input type="checkbox"/> Yes</p>

OFN_14	Col. 1413	Char 1	2 <input type="checkbox"/> No
15. During the past week did . . . -			
a. Read a book, magazine, or newspaper?			1 <input type="checkbox"/> Yes
OFN_15A	Col. 1414	Char 1	2 <input type="checkbox"/> No
b. Work on a hobby, like painting, sewing, or arts and crafts?			1 <input type="checkbox"/> Yes
OFN_15B	Col. 1415	Char 1	2 <input type="checkbox"/> No
c. Play games such as solitaire or work on a puzzle?			1 <input type="checkbox"/> Yes
OFN_15C	Col. 1416	Char 1	2 <input type="checkbox"/> No
d. Listen to records, tapes, or compact discs?			1 <input type="checkbox"/> Yes
OFN_15D	Col. 1417	Char 1	2 <input type="checkbox"/> No
16. During the past month did . . . -			
a. Go to a religious service?			1 <input type="checkbox"/> Yes
OFN_16A	Col. 1418	Char 1	2 <input type="checkbox"/> No
b. Attend a meeting of civic, religious, professional or recreational club or organization?			1 <input type="checkbox"/> Yes
OFN_16B	Col. 1419	Char 1	2 <input type="checkbox"/> No
CHECK ITEM B.5			
Respondent is -			1 <input type="checkbox"/> Sample Person
OFN_CK6	Col. 1420	Char 1	2 <input type="checkbox"/> Proxy - <i>SKIP to Check Item C.1</i>
17. Taken all together, how would you say things are these days - would you say that you are very happy, pretty happy, or not too happy?			
OFN_18	Col. 1421	Char 1	1 <input type="checkbox"/> Very happy
			2 <input type="checkbox"/> Pretty happy
			3 <input type="checkbox"/> Not too happy
18. Generally speaking, how satisfied are you with your life as a whole - would you say you are very satisfied, satisfied, or not satisfied?			
OFN_19	Col. 1422	Char 1	1 <input type="checkbox"/> Very satisfied
			2 <input type="checkbox"/> Satisfied
			3 <input type="checkbox"/> Not satisfied
Section C - Housing and Neighborhood Characteristics			
CHECK ITEM C.1			
<i>Mark (1) type of area.</i>			1 <input type="checkbox"/> Open country/not a farm
HNC_CK2	Col. 1423	Char 1	2 <input type="checkbox"/> Farm
			3 <input type="checkbox"/> city/Town/Village (under 50,000)
			4 <input type="checkbox"/> City (50,000 to 250,000)
			5 <input type="checkbox"/> A suburb of a large city
			6 <input type="checkbox"/> A large city (over 250,000)
CHECK ITEM C.2			
<i>Mark (1) living quarters</i>			01 <input type="checkbox"/> Detached house
Ask if not obvious.			02 <input type="checkbox"/> Duplex or row house
			03 <input type="checkbox"/> Apartment in building with elevator
			04 <input type="checkbox"/> Apartment in building without elevator
			05 <input type="checkbox"/> Room in hotel/motel with elevator
			06 <input type="checkbox"/> Room in hotel/motel without elevator
			07 <input type="checkbox"/> Room in rooming or boarding house
			08 <input type="checkbox"/> Rented room in private house
			09 <input type="checkbox"/> Trailer (permanent)
			10 <input type="checkbox"/> Trailer (Mobile)
			11 <input type="checkbox"/> Other
CHECK ITEM C.3			
Refer to Control Card items 12c, 12d, 14, and 16. Are adults over 18 - other than sample person's spouse - living with sample person now?			1 <input type="checkbox"/> Sample Person
HNC_CK5	Col. 1426	Char 1	2 <input type="checkbox"/> Proxy - <i>SKIP to 2</i>
1. All things considered, how satisfied are you with the place in			
			1 <input type="checkbox"/> Very satisfied

<p>which you are living - would you say that you are very satisfied, satisfied, or not satisfied? HNC_2A Col. 1427 Char 1</p>	<p>2 <input type="checkbox"/> Satisfied 3 <input type="checkbox"/> Not satisfied</p>
<p><i>If obvious, mark without asking.</i> 2. Is this place part of a building or community intended for older or retired, or disabled persons? HNC_2B Col. 1428 Char 1</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p><i>SHOW FLASHCARD G</i> 3. Which of these things does . . . have in . . . (house/apartment)? Anything else? <i>Mark (1) all that apply.</i> <i>If none, mark "None."</i></p> <p>(1) Extra handrails or grab bars HNC_3_1 Col. 1429 Char 1</p> <p>(2) Ramps HNC_3_2 Col. 1430 Char 1</p> <p>(3) Elevators or stair lifts HNC_3_3 Col. 1431 Char 1</p> <p>(4) Extra wide doors or hallways HNC_3_4 Col. 1432 Char 1</p> <p>(5) Push bars on doors HNC_3_5 Col. 1433 Char 1</p> <p>(6) Raised toilet HNC_3_6 Col. 1434 Char 1</p> <p>(7) None HNC_3_0 Col. 1435 Char 1</p>	<p>1 <input type="checkbox"/> Marked 1 <input type="checkbox"/> Marked 1 <input type="checkbox"/> Marked 1 <input type="checkbox"/> Marked 1 <input type="checkbox"/> Marked 1 <input type="checkbox"/> Marked 1 <input type="checkbox"/> Marked</p>
<p><i>SHOW FLASHCARD G</i> 4. Which of these things would make things easier or more comfortable for . . . ? Anything else? <i>Mark (1) all that apply.</i> <i>If none, mark "None."</i></p> <p>(1) Extra handrails or grab bars HNC_4_1 Col. 1436 Char 1</p> <p>(2) Ramps HNC_4_2 Col. 1437 Char 1</p> <p>(3) Elevators or stair lifts HNC_4_3 Col. 1438 Char 1</p> <p>(4) Extra wide doors or hallways HNC_4_4 Col. 1439 Char 1</p> <p>(5) Push bars on doors HNC_4_5 Col. 1440 Char 1</p> <p>(6) Raised toilet HNC_4_6 Col. 1441 Char 1</p> <p>(7) None HNC_4_0 Col. 1442 Char 1</p>	<p>1 <input type="checkbox"/> Marked 1 <input type="checkbox"/> Marked 1 <input type="checkbox"/> Marked 1 <input type="checkbox"/> Marked 1 <input type="checkbox"/> Marked 1 <input type="checkbox"/> Marked 1 <input type="checkbox"/> Marked</p>
<p>5a. Is there a toilet conveniently located to the room in which . . . sleeps? HNC_5A Col. 1443 Char 1</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p>b. Is there a toilet conveniently located to the room in which . . . spends most of . . . day? HNC_5B Col. 1444 Char 1</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>

Plan 1:

b1. What is the name of this plan?
NOT GIVEN

c1. Is this (name) plan an HMO?

INS_5C1 Col. 1458 Char 1

1 Yes
2 No

d1. Does this (name) plan pay any part of hospital expenses?

INS_5D1 Col. 1459 Char 1

1 Yes
2 No

e1. Does this (name) plan pay any part of doctor's or surgeon's bills for operations?

INS_5E1 Col. 1460 Char 1

1 Yes
2 No

Reask c, d, and e if more than one plan

Plan 2:

b2. What is the name of this plan?
NOT GIVEN

c2. Is this (name) plan an HMO?

INS_5C2 Col. 1461 Char 1

1 Yes
2 No

d2. Does this (name) plan pay any part of hospital expenses?

INS_5D2 Col. 1462 Char 1

1 Yes
2 No

e2. Does this (name) plan pay any part of doctor's or surgeon's bills for operations?

INS_5E2 Col. 1463 Char 1

1 Yes
2 No

Reask c, d, and e if more than one plan

Plan 3:

b3. What is the name of this plan?
NOT GIVEN

c3. Is this (name) plan an HMO?

INS_5C3 Col. 1464 Char 1

1 Yes
2 No

d3. Does this (name) plan pay any part of hospital expenses?

INS_5D3 Col. 1465 Char 1

1 Yes
2 No

e3. Does this (name) plan pay any part of doctor's or surgeon's bills for operations?

INS_5E3 Col. 1466 Char 1

1 Yes
2 No

6. Is . . . now covered by a health insurance policy which pays any part of a nursing home stay or long term care services in . . . home?

INS_6A Col. 1467 Char 1

1 Yes
2 No - SKIP to 1a, Section E

Section E - MEDICAL PROVIDERS AND PRESCRIPTION MEDICINES

1a. Has . . . EVER been a patient in a nursing home, convalescent or rest home?

MPP_1A Col. 1468 Char 1

1 Yes
2 No - SKIP to 1e

b. How many times?

MPP_1B Col. 1469 Char 2

01-99 Time(s)

c1. When was . . . admitted (that time/the last time/the time before that)?

MPP_1C_1 Col. 1471 Char 2

MPP_1C_2 Col. 1473 Char 2

01-12 Month
1999 Year

c2. time before that?

MPP_1C21 Col. 1475 Char 2

MPP_1C22 Col. 1477 Char 2

01-12 Month
1999 Year

c3. and the time before that?

MPP_1C31	Col. 1479	Char 2	01-12	<input type="checkbox"/>	Month
MPP_1C32	Col. 1481	Char 2	1999	<input type="checkbox"/>	Year
d1. How long was . . . in nursing home (<i>that time</i>)?					
MPP_1D_1	Col. 1483	Char 2	01-99	<input type="checkbox"/>	Days
MPP_1D_2	Col. 1485	Char 2	01-99	<input type="checkbox"/>	Months
d2. time before that (days OR months)?					
MPP_1D21	Col. 1487	Char 2	01-99	<input type="checkbox"/>	Days
MPP_1D22	Col. 1489	Char 2	01-99	<input type="checkbox"/>	Months
d3. and the time before that (days OR months)?					
MPP_1D31	Col. 1491	Char 2	01-99	<input type="checkbox"/>	Days
MPP_1D32	Col. 1493	Char 2	01-99	<input type="checkbox"/>	Months
e. Is . . . now on a waiting list to go into a nursing home?					
MPP_1E	Col. 1495	Char 1	1	<input type="checkbox"/>	Yes
			2	<input type="checkbox"/>	No
2a. Has . . . been a patient in a hospital overnight or longer, in the last 12 months?					
MPP_2A	Col. 1496	Char 1	1	<input type="checkbox"/>	Yes
			2	<input type="checkbox"/>	No - <i>SKIP to 3a</i>
b. How many times?					
MPP_2B	Col. 1497	Char 2	01-99	<input type="checkbox"/>	Time(s)
c1. When was . . . admitted (<i>that time/the last time/the time before that</i>)?					
MPP_2C_1	Col. 1499	Char 2	01-12	<input type="checkbox"/>	Month
MPP_2C_2	Col. 1501	Char 2	98-99	<input type="checkbox"/>	Year
c2. time before that?					
MPP_2C21	Col. 1503	Char 2	01-12	<input type="checkbox"/>	Month
MPP_2C22	Col. 1505	Char 2	98-99	<input type="checkbox"/>	Year
c3. and the time before that?					
MPP_2C31	Col. 1507	Char 2	01-12	<input type="checkbox"/>	Month
MPP_2C32	Col. 1509	Char 2	98-99	<input type="checkbox"/>	Year
d1. How long was . . . in the hospital that time/last time (days OR months)?					
MPP_2D_1	Col. 1511	Char 2	01-99	<input type="checkbox"/>	Days
MPP_2D_2	Col. 1513	Char 2	01-99	<input type="checkbox"/>	Months
d2. time before that (days OR months)?					
MPP_2D21	Col. 1515	Char 2	01-99	<input type="checkbox"/>	Days
MPP_2D22	Col. 1517	Char 2	01-99	<input type="checkbox"/>	Months
d3. and the time before that (days OR months)?					
MPP_2D31	Col. 1519	Char 2	01-99	<input type="checkbox"/>	Days
MPP_2D32	Col. 1521	Char 2	01-99	<input type="checkbox"/>	Months
3a. In the last month, that is, since (<i>date 1 month ago</i>), did . . . see a physical therapist, an occupational therapist, or a speech therapist, or a hearing therapist (not counting when . . . was in the hospital)?					
MPP_3A	Col. 1523	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>					
Physical therapist					
MPP_3B_1	Col. 1524	Char 1	1	<input type="checkbox"/>	Marked
Occupational therapist					
MPP_3B_2	Col. 1528	Char 1	1	<input type="checkbox"/>	Marked
Speech therapist					
MPP_B_3	Col. 1532	Char 1	1	<input type="checkbox"/>	Marked
Hearing therapist					
MPP_B_4	Col. 1536	Char 1	1	<input type="checkbox"/>	Marked
c. How many times did . . . see this therapist(s) in the last month? Physical therapist					

MPP_3CP	Col. 1525	Char 2	01-31	<input type="checkbox"/>	Time(s)	
Occupational therapist						
MPP_3CO	Col. 1529	Char 2	01-31	<input type="checkbox"/>	Time(s)	
Speech therapist						
MPP_3CS	Col. 1533	Char 2	01-31	<input type="checkbox"/>	Time(s)	
Hearing therapist						
MPP_3CH	Col. 1537	Char 2	01-31	<input type="checkbox"/>	Time(s)	
d. Did . . . see this therapist(s) in . . . home or somewhere else?						
Physical therapist			1	<input type="checkbox"/>	At home	
			2	<input type="checkbox"/>	Somewhere else	
MPP_3DP	Col. 1527	Char 1	3	<input type="checkbox"/>	Both	
Occupational therapist			1	<input type="checkbox"/>	At home	
MPP_DO	Col. 1531	Char 1	2	<input type="checkbox"/>	Somewhere else	
			3	<input type="checkbox"/>	Both	
Speech therapist			1	<input type="checkbox"/>	At home	
MPP_DS	Col. 1535	Char 1	2	<input type="checkbox"/>	Somewhere else	
			3	<input type="checkbox"/>	Both	
Hearing therapist			1	<input type="checkbox"/>	At home	
MPP_3DH	Col. 1539	Char 1	2	<input type="checkbox"/>	Somewhere else	
			3	<input type="checkbox"/>	Both	
e. Willself end up paying any of the charges for (<i>that visit/all those visits</i>)?						
MPP_E	Col. 1540	Char 1	1	<input type="checkbox"/>	Yes - Ask 3f	
			2	<input type="checkbox"/>	No.....	} SKIP to 3g
			3	<input type="checkbox"/>	Included with other charges	
f. How much? (Dollars OR percent) <i>PROBE for dollar amount.</i>						
MPP_F_1	Col. 1541	Char 6	000001-	<input type="checkbox"/>	Dollars	
MPP_F_2	Col. 1547	Char 3	999999	<input type="checkbox"/>	Percent	
MPP_F_3	Col. 1550	Char 1	001-100	<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. 1551	Char 1	1	<input type="checkbox"/>	Yes - SKIP to 3i	
			2	<input type="checkbox"/>	No	
CHECK ITEM E.1 <i>Refer to 3e and 3g above.</i>						
MPP_CK6	Col. 1552	Char 1	1	<input type="checkbox"/>	Sample person paid nothing and no one else will pay	
			2	<input type="checkbox"/>	otherwise - SKIP to 4a	
h. Why was there no charge? <i>Mark (1) all that apply.</i>						
One general fee/blanket charge			1	<input type="checkbox"/>	Marked	} SKIP to 4a
MPP_3H_1	Col. 1553	Char 1				
Group practice prepayment/Health Maintenance Organization (HMO)			1	<input type="checkbox"/>	Marked	
MPP_3H_2	Col. 1554	Char 1				
Welfare/Public Assistance			1	<input type="checkbox"/>	Marked	
MPP_3H_3	Col. 1555	Char 1				
Private organization/charity			1	<input type="checkbox"/>	Marked	
MPP_3H_4	Col. 1556	Char 1				
Federal, State, or city hospital, clinic, or health department			1	<input type="checkbox"/>	Marked	
MPP_3H_5	Col. 1557	Char 1				
Professional courtesy			1	<input type="checkbox"/>	Marked	
MPP_3H_6	Col. 1558	Char 1				
Other			1	<input type="checkbox"/>	Marked	
MPP_3H_7	Col. 1559	Char 1				
i. Who will end up paying?						

Anyone else?

Mark (1) all that apply.

Fee for service insurance plans

MPP_3I01 Col. 1560 Char 1 1 Marked

HMO/prepaid group

MPP_3I03 Col. 1561 Char 1 1 Marked

Medicare

MPP_3I05 Col. 1562 Char 1 1 Marked

Medicaid

MPP_3I07 Col. 1563 Char 1 1 Marked

Veterans Administration (VA)

MPP_3I09 Col. 1564 Char 1 1 Marked

Household member(s)

MPP_3I11 Col. 1565 Char 1 1 Marked

MPP_3I11_2 Col. 1566 Char 2 02-20,99 Person Number

MPP_3I11_3 Col. 1568 Char 2 02-20,99 Person Number

Child(ren) of sample person (non-household member(s))

MPP_3I13 Col. 1570 Char 1 1 Marked

MPP_3I13_2 Col. 1571 Char 2 31-48,99 Person Number

MPP_3I13_3 Col. 1573 Char 2 31-48,99 Person Number

MPP_3I13_4 Col. 1575 Char 2 31-48,99 Person Number

MPP_3I13_5 Col. 1577 Char 2 31-48,99 Person Number

Father

MPP_3I16 Col. 1579 Char 1 1 Marked

Mother

MPP_3I18 Col. 1580 Char 1 1 Marked

Son-in-law

MPP_3I02 Col. 1581 Char 1 1 Marked

Daughter-in-law

MPP_3I04 Col. 1582 Char 1 1 Marked

Brother

MPP_3I06 Col. 1583 Char 1 1 Marked

Sister

MPP_3I08 Col. 1584 Char 1 1 Marked

Other male relative

MPP_3I10 Col. 1585 Char 1 1 Marked

Other female relative

MPP_3I12 Col. 1586 Char 1 1 Marked

Male friend

MPP_3I14 Col. 1587 Char 1 1 Marked

Female friend

MPP_3I15 Col. 1588 Char 1 1 Marked

Other

MPP_3I17 Col. 1589 Char 1 1 Marked

02-20,99 Person Number
02-20,99 Person Number
31-48,99 Person Number
31-48,99 Person Number
31-48,99 Person Number
31-48,99 Person Number

Refer to Control Card items 12a and 27a for personal numbers

4a. In the last month, that is, since (date 1 month ago), did . . . discuss any personal problems with a psychiatrist, psychologist, or any other mental health professional?

MPP_4A Col. 1590 Char 1

1 Yes
2 No - SKIP to 5a

b. How many times has . . . seen one of these mental health professionals in the last month?

MPP_4B Col. 1592 Char 2

01-99 Times

c. Will . . . self end up paying any of the charges for (that visit/all those visits)?

1 Yes - Ask 4d
2 No

} SKIP

MPP_4C	Col. 1591	Char 1	3	Included with other charges	to 4e
d. How much? (Dollars OR percent)					
<i>PROBE for dollar amount</i>					
MPP_4D_1	Col. 1594	Char 6	000001-999999	<input type="checkbox"/>	Dollars
MPP_4D_2	Col. 1600	Char 3	001-100	<input type="checkbox"/>	Percent
MPP_D_3	Col. 1603	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 (that visit/all those visits)?					
MPP_4E	Col. 1604	Char 1	1	<input type="checkbox"/>	Yes - SKIP to 4g
			2	<input type="checkbox"/>	No
CHECK ITEM E.2					
<i>Refer to 4c and 4e above.</i>					
MPP_CK8	Col. 1605	Char 1	1	<input type="checkbox"/>	Sample person paid nothing AND no one else will pay
			2	<input type="checkbox"/>	All others - SKIP to 5a
f. Why was there no charge?					
<i>Mark (1) all that apply.</i>					
One general fee/blanket charge					
MPP_4F_1	Col. 1606	Char 1	1	<input type="checkbox"/>	Marked
Group practice prepayment/Health Maintenance Organization (HMO)					
MPP_4F_2	Col. 1607	Char 1	1	<input type="checkbox"/>	Marked
Welfare/Public Assistance					
MPP_4F_3	Col. 1608	Char 1	1	<input type="checkbox"/>	Marked
Private organization/charity					
MPP_4F_4	Col. 1609	Char 1	1	<input type="checkbox"/>	Marked
Federal, State, or city hospital, clinic, or health department					
MPP_4F_5	Col. 1610	Char 1	1	<input type="checkbox"/>	Marked
Professional courtesy					
MPP_4F_6	Col. 1611	Char 1	1	<input type="checkbox"/>	Marked
Specify other reason					
MPP_4F_7	Col. 1612	Char 1	1	<input type="checkbox"/>	Marked
g. Who will end up paying?					
Anyone else?					
<i>Mark (1) all that apply.</i>					
Fee for service insurance plans					
MPP_4G01	Col. 1613	Char 1	1	<input type="checkbox"/>	Marked
HMO/prepaid group					
MPP_4G03	Col. 1614	Char 1	1	<input type="checkbox"/>	Marked
Medicare					
MPP_4G05	Col. 1615	Char 1	1	<input type="checkbox"/>	Marked
Medicaid					
MPP_4G07	Col. 1616	Char 1	1	<input type="checkbox"/>	Marked
Veterans Administration (VA)					
MPP_4G09	Col. 1617	Char 1	1	<input type="checkbox"/>	Marked
Household member(s)					
MPP_4G11	Col. 1618	Char 1	1	<input type="checkbox"/>	Marked
MPP_4G11_2	Col. 1619	Char 2	02-20,99	<input type="checkbox"/>	Personal number
MPP_4G11_3	Col. 1621	Char 2	02-20,99	<input type="checkbox"/>	Personal number
Child(ren) of sample person (non-household member(s))					
MPP_4G13	Col. 1623	Char 1	1	<input type="checkbox"/>	Marked
MPP_4G13_2	Col. 1624	Char 2	31-48,99	<input type="checkbox"/>	Personal number

MPP_4G13_3	Col. 1626	Char 2	31-48,99	<input type="checkbox"/>	Personal number
MPP_4G13_4	Col. 1628	Char 2	31-48,99	<input type="checkbox"/>	Personal number
MPP_4G13_5	Col. 1630	Char 2	31-48,99	<input type="checkbox"/>	Personal number
Father					
MPP_4G16	Col. 1632	Char 1	1	<input type="checkbox"/>	Marked
Mother					
MPP_4G18	Col. 1633	Char 1	1	<input type="checkbox"/>	Marked
Son-in-law					
MPP_4G02	Col. 1634	Char 1	1	<input type="checkbox"/>	Marked
Daughter-in-law					
MPP_4G04	Col. 1635	Char 1	1	<input type="checkbox"/>	Marked
Brother					
MPP_4G06	Col. 1636	Char 1	1	<input type="checkbox"/>	Marked
Sister					
MPP_4G08	Col. 1637	Char 1	1	<input type="checkbox"/>	Marked
Other male relative					
MPP_4G10	Col. 1638	Char 1	1	<input type="checkbox"/>	Marked
Other female relative					
MPP_4G12	Col. 1639	Char 1	1	<input type="checkbox"/>	Marked
Male friend					
MPP_4G14	Col. 1640	Char 1	1	<input type="checkbox"/>	Marked
Female friend					
MPP_4G15	Col. 1641	Char 1	1	<input type="checkbox"/>	Marked
Specify other					
MPP_4G17	Col. 1642	Char 1	1	<input type="checkbox"/>	Marked
5a. In the last month, that is, since (<i>date 1 month ago</i>), did . . . receive care from a dentist, foot doctor, optometrist, or chiropractor?			1	<input type="checkbox"/>	Yes
MPP_5A			2	<input type="checkbox"/>	No - <i>SKIP to 6a</i>
b. Which of these did . . . see?					
Anyone else?					
<i>Mark (1) all that apply.</i>					
Dentist					
MPP_5B_1	Col. 1644	Char 1	1	<input type="checkbox"/>	Marked
Foot doctor					
MPP_5B_2	Col. 1648	Char 1	1	<input type="checkbox"/>	Marked
Optometrist					
MPP_5B_3	Col. 1652	Char 1	1	<input type="checkbox"/>	Marked
Chiropractor					
MPP_5B_4	Col. 1656	Char 1	1	<input type="checkbox"/>	Marked
c. How many times did . . . see this professional(s) in the last month?					
Dentist					
MPP_5CD	Col. 1645	Char 2	01-31	<input type="checkbox"/>	times
Foot doctor					
MPP_5CF	Col. 1649	Char 2	01-31	<input type="checkbox"/>	times
Optometrist					
MPP_5CT	Col. 1653	Char 2	01-31	<input type="checkbox"/>	times
Chiropractor					
MPP_5CC	Col. 1657	Char 2	01-31	<input type="checkbox"/>	times
d. Did . . . see this professional(s) in . . . home or somewhere else?					
Dentist			1	<input type="checkbox"/>	At home
MPP_5DD			2	<input type="checkbox"/>	Somewhere else
			3	<input type="checkbox"/>	Both
Foot doctor			1	<input type="checkbox"/>	At home
MPP_5DF	Col. 1651	Char 1	2	<input type="checkbox"/>	Somewhere else

				3	<input type="checkbox"/>	Both
Optometrist				1	<input type="checkbox"/>	At home
MPP_DT	Col. 1655	Char 1		2	<input type="checkbox"/>	Somewhere else
				3	<input type="checkbox"/>	Both
Chiropractor				1	<input type="checkbox"/>	At home
MPP_DC	Col. 1659	Char 1		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.)				1	<input type="checkbox"/>	Yes
MPP_6A	Col. 1660	Char 1		2	<input type="checkbox"/>	No - <i>SKIP to 7a</i>
b. How many times did . . . go in the last month?				01-31	<input type="checkbox"/>	Times(s)
MPP_6B	Col. 1661	Char 2				
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.)				1	<input type="checkbox"/>	Yes
MPP_7A	Col. 1663	Char 1		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?				01-31	<input type="checkbox"/>	Times(s)
MPP_7B	Col. 1665	Char 2				
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.)				1	<input type="checkbox"/>	Yes
MPP_8A	Col. 1664	Char 1		2	<input type="checkbox"/>	No - <i>SKIP to 9</i>
b. How many times did . . . see a doctor in . . . home in the last month?				01-31	<input type="checkbox"/>	Times(s)
MPP_8B	Col. 1667	Char 2				
9. Does . . . have a regular source of medical care, like a family doctor, a clinic, or some other medical person or place?				1	<input type="checkbox"/>	Yes
MPP_9	Col. 1669	Char 1		2	<input type="checkbox"/>	No
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?				1	<input type="checkbox"/>	Yes
MPP_10A	Col. 1670	Char 1		2	<input type="checkbox"/>	No - <i>SKIP to Check Item E.3</i>
10b. Who provided these services? Anyone else? <i>If fewer than 8 helpers listed on the flap, fill flap item 3a and b in the next available helpers column for name not previously entered. Mark flap item 3c, box 9 for each helper who does this. If new helper, go to CHECK ITEM A.9, page 12 (15 or 18) and administer a helpers column for any new persons as specified. Then continued with Check Item E.3</i>						
CHECK ITEM E.3						
Respondent is -				1	<input type="checkbox"/>	Sample Person
MPP_CK12	Col. 1671	Char 1		2	<input type="checkbox"/>	Proxy - <i>SKIP to 12a</i>
11a. In the last month, did you have any health problem or condition about which you would have liked to see a doctor or other medical person, but did not?				1	<input type="checkbox"/>	Yes
MPP_11A	Col. 1672	Char 1		2	<input type="checkbox"/>	No - <i>SKIP to 12a</i>
11b. What is the reason that you didn't see a doctor or other medical						

person?

Any other reason?

Record verbatim response below; then mark (1) all that apply.

Financial

MPP_1105 Col. 1673 Char 1 1 Marked

Time

MPP_1106 Col. 1674 Char 1 1 Marked

Availability of a doctor

MPP_1107 Col. 1675 Char 1 1 Marked

Transportation

MPP_1108 Col. 1676 Char 1 1 Marked

Not free to leave

MPP_1109 Col. 1677 Char 1 1 Marked

Problem not serious

MPP_1110 Col. 1678 Char 1 1 Marked

Afraid to find out what's wrong

MPP_1111 Col. 1679 Char 1 1 Marked

Weather

MPP_1112 Col. 1680 Char 1 1 Marked

Other reason(s)

MPP_1113 Col. 1681 Char 1 1 Marked

12a. In the last month, that is, since [date], how many prescription medicines were bought by . . . or obtained for . . . ?

MPP_12A Col. 1682 Char 2

01-99 Number of prescription medicines
0 None - SKIP to 13

b. Will . . . self end up paying any of the charges for (this/these) prescription(s)?

MPP_12B Col. 1684 Char 1

1 Yes - Ask 12c
2 No..... } SKIP
3 Included with other charges } to 12d

c. How much? (Dollars OR percent)

MPP_12C1 Col. 1685 Char 6

MPP_12C2 Col. 1691 Char 3

MPP_12C3 Col. 1694 Char 1

000001-
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. 1695 Char 1

1 Yes - SKIP to 12f
2 No

CHECK ITEM E.4

Refer to 12b and 12d above.

MPP_CK13 Col. 1696 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.

One general fee/blanket charge

MPP_1202 Col. 1697 Char 1 1 Marked

Group practice prepayment/Health Maintenance

Organization (HMO)

MPP_1203 Col. 1698 Char 1 1 Marked

Welfare/Public Assistance

MPP_1204 Col. 1699 Char 1 1 Marked

Private organization/charity

MPP_1205 Col. 1700 Char 1 1 Marked

Federal, State, or city hospital, clinic, or health department

MPP_1206 Col. 1701 Char 1 1 Marked

Professional courtesy MPP_1207	Col. 1702	Char 1	1 <input type="checkbox"/> Marked
Specify other reason MPP_1208	Col. 1703	Char 1	1 <input type="checkbox"/> Marked
f. Who will end up paying?			
Any other reason?			
<i>Mark (1) all that apply.</i>			
Fee for service insurance plans MPP_1213	Col. 1704	Char 1	1 <input type="checkbox"/> Marked
HMO/prepaid group MPP_1215	Col. 1705	Char 1	1 <input type="checkbox"/> Marked
Medicaid MPP_1219	Col. 1706	Char 1	1 <input type="checkbox"/> Marked
Veterans Administration (VA) MPP_1221	Col. 1707	Char 1	1 <input type="checkbox"/> Marked
Household member(s) MPP_1223	Col. 1708	Char 1	1 <input type="checkbox"/> Marked
MPP_1223_2	Col. 1709	Char 2	02-20,99 <input type="checkbox"/> Person Number
MPP_1223_3	Col. 1711	Char 2	02-20,99 <input type="checkbox"/> Person Number
Child(ren) of sample person (non-household member(s)) MPP_1225	Col. 1713	Char 1	1 <input type="checkbox"/> Marked
MPP_1225_2	Col. 1714	Char 2	31-48,99 <input type="checkbox"/> Person Number
MPP_1225_3	Col. 1716	Char 2	31-48,99 <input type="checkbox"/> Person Number
MPP_1225_4	Col. 1718	Char 2	31-48,99 <input type="checkbox"/> Person Number
MPP_1225_5	Col. 1720	Char 2	31-48,99 <input type="checkbox"/> Person Number
Father MPP_1228	Col. 1722	Char 1	1 <input type="checkbox"/> Marked
Mother MPP_1230	Col. 1723	Char 1	1 <input type="checkbox"/> Marked
Son-in-law MPP_1214	Col. 1724	Char 1	1 <input type="checkbox"/> Marked
Daughter-in-law MPP_1216	Col. 1725	Char 1	1 <input type="checkbox"/> Marked
Brother MPP_1218	Col. 1726	Char 1	1 <input type="checkbox"/> Marked
Sister MPP_1220	Col. 1727	Char 1	1 <input type="checkbox"/> Marked
Other male relative MPP_1222	Col. 1728	Char 1	1 <input type="checkbox"/> Marked
Other female relative MPP_1224	Col. 1729	Char 1	1 <input type="checkbox"/> Marked
Male friend MPP_1226	Col. 1730	Char 1	1 <input type="checkbox"/> Marked
Female friend MPP_2127	Col. 1731	Char 1	1 <input type="checkbox"/> Marked
Public Program (Non-Medicare) MPP_1231	Col. 1732	Char 1	1 <input type="checkbox"/> Marked
Private charity MPP_1232	Col. 1733	Char 1	1 <input type="checkbox"/> Marked
Medicare MPP_MED	Col. 1734	Char 1	1 <input type="checkbox"/> Marked
Other - specify MPP_1229	Col. 1735	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. 1736 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. 1737 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. 1738 Char 1	1 <input type="checkbox"/> Plus (+) 2 <input type="checkbox"/> Minus (-)
------------------------------------------------------	-----------------------------------------------------------------------------

2. What day of the week is it? MNT_2 Col. 1739 Char 1	1 <input type="checkbox"/> Plus (+) 2 <input type="checkbox"/> Minus (-)
----------------------------------------------------------	-----------------------------------------------------------------------------

3. What is your street address? MNT_3 Col. 1740 Char 1	1 <input type="checkbox"/> Plus (+) 2 <input type="checkbox"/> Minus (-)
-----------------------------------------------------------	-----------------------------------------------------------------------------

4. In what State is this? MNT_4 Col. 1741 Char 1	1 <input type="checkbox"/> Plus (+) 2 <input type="checkbox"/> Minus (-)
-----------------------------------------------------	-----------------------------------------------------------------------------

5. How old are you? MNT_5 Col. 1742 Char 1	1 <input type="checkbox"/> Plus (+) 2 <input type="checkbox"/> Minus (-)
-----------------------------------------------	-----------------------------------------------------------------------------

6. When were you born? MNT_6 Col. 1743 Char 1	1 <input type="checkbox"/> Plus (+) 2 <input type="checkbox"/> Minus (-)
--------------------------------------------------	-----------------------------------------------------------------------------

7. Who is the President of the United States now? MNT_7 Col. 1744 Char 1	1 <input type="checkbox"/> Plus (+) 2 <input type="checkbox"/> Minus (-)
-----------------------------------------------------------------------------	-----------------------------------------------------------------------------

8. Who was the President just before him? MNT_8 Col. 1745 Char 1	1 <input type="checkbox"/> Plus (+) 2 <input type="checkbox"/> Minus (-)
---------------------------------------------------------------------	-----------------------------------------------------------------------------

9. What was your mother's maiden name? MNT_9 Col. 1746 Char 1	1 <input type="checkbox"/> Plus (+) 2 <input type="checkbox"/> Minus (-)
------------------------------------------------------------------	-----------------------------------------------------------------------------

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. 1747 Char 1 <hr/> Correct answer: 17, 14, 11, 8, 5, 2	1 <input type="checkbox"/> Plus (+) 2 <input type="checkbox"/> Minus (-)
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Section G - MILITARY SERVICE, ETHNICITY, INCOME AND ASSETS

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_CK2 Col. 1748 Char 1	1 <input type="checkbox"/> Yes - <i>SKIP to 4</i> 2 <input type="checkbox"/> No
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CHECK ITEM G.2 Sample person is - SSEX Col. 1749 Char 1	1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female - <i>SKIP to 3a</i>
---------------------------------------------------------------	------------------------------------------------------------------------------------------

1a. Did . . . EVER serve on active duty in the Armed Forces of the United States? INC_1A Col. 1750 Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 3a</i>
--------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------

b. When did . . . serve?
Any other periods of service?
Mark (1) all that apply.

World War I (April '17 - Nov '18) INC_1B_1	Col. 1751	Char 1	1 <input type="checkbox"/> Marked
World War II (Sept '40 - July '47) INC_1B_2	Col. 1752	Char 1	1 <input type="checkbox"/> Marked
Korean War (June '50 - Jan '55) INC_1B_3	Col. 1753	Char 1	1 <input type="checkbox"/> Marked
Vietnam War (Aug '64 - April '75) INC_1B_4	Col. 1754	Char 1	1 <input type="checkbox"/> Marked
Post Vietnam (May '75 - present) INC_1B_5	Col. 1755	Char 1	1 <input type="checkbox"/> Marked
Other Service (All other periods) INC_1B_6	Col. 1756	Char 1	1 <input type="checkbox"/> Marked
c. Was . . . ever an active member of a National Guard or reserve unit? INC_1C	Col. 1757	Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> DK } <i>SKIP to 2a</i>
d. Was ALL of . . . active duty service related to National Guard or military reserve training? INC_1D	Col. 1758	Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
2a. Does . . . have a disability related to . . . service in the Armed Forces of the United States? INC_2A	Col. 1759	Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 3a</i>
b. What is . . . current VA disability rating? INC_2B	Col. 1760	Char 3	000 - 100 <input type="checkbox"/> percent
3a. Is . . . of Spanish/Hispanic origin? INC_3A	Col. 1763	Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
b. <i>SHOW FLASHCARD F</i> What is . . . race? INC_3B	Col. 1764	Char 1	1 <input type="checkbox"/> White 2 <input type="checkbox"/> Black 3 <input type="checkbox"/> Asian or Pacific Islander 4 <input type="checkbox"/> American Indian, Aleut, Eskimo 5 <input type="checkbox"/> Other
<i>SHOW FLASHCARD G</i> 4. Which of these types of places in . . . living in now? INC_4	Col. 1765	Char 1	1 <input type="checkbox"/> Alone or with others in a house/apartment (independent living) 2 <input type="checkbox"/> In a retirement home 3 <input type="checkbox"/> In a boarding home, rooming house, or rented room 4 <input type="checkbox"/> In a foster or family care home 5 <input type="checkbox"/> In a group home or community residential facility 6 <input type="checkbox"/> In a semi-independent setting, like supervised apartment 7 <input type="checkbox"/> In another place - specify 8 <input type="checkbox"/> Don't Know

INSTRUCTION

Refer to Control Card Items 12a, 12b, 12c and 16. Enter names and person numbers of sample person and sample person's family members aged 15 and over (relationship codes 1 - 10) who are living with the sample person NOW.

Column A			
Program 9			
Column Label INCA_9CL	Col. 2493	Char 1	A-H <input type="checkbox"/>
Person Number INCA_9PN	Col. 2494	Char 2	01-20,99 <input type="checkbox"/>
Program 8			
Column Label INCA_8CL	Col. 2496	Char 1	A-H <input type="checkbox"/>

Person Number INCA_PNO	Col. 2497	Char 2	01-20,99 <input type="checkbox"/>
5a1. During the last month, that is, in the month of (previous month), did . . . (or any members of . . . family who live here) receive Social Security benefits or Railroad Retirement benefits? INCA_5A	Col. 2499	Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 6a</i>
b1. Who received these payments? Anyone else? INCA_5B	Col. 2500	Char 1	1 <input type="checkbox"/> received 2 <input type="checkbox"/> Did not receive
<i>Ask for each recipient</i>			
c1. How much . . . receive in (previous month)? INCA_5C	Col. 2501	Char 4	0000- 9999 <input type="checkbox"/>
INCA_5C_DK	Col. 2505	Char 1	8 <input type="checkbox"/> Refused 9 <input type="checkbox"/> Do not know
6a1. During the (previous month), did . . . (or any members of . . . family who live here) receive Veterans Administration compensation or pension? INCA_6A	Col. 2506	Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 7a</i>
b1. Who received these payments? Anyone else? INCA_6B	Col. 2507	Char 1	1 <input type="checkbox"/> received 2 <input type="checkbox"/> Did not receive
<i>Ask for each recipient</i>			
c1. How much . . . receive in (previous month)? INCA_6C	Col. 2508	Char 4	0000- 9999 <input type="checkbox"/>
INCA_6C_DK	Col. 2512	Char 1	8 <input type="checkbox"/> Refused 9 <input type="checkbox"/> Do not know
7a1. During the (previous month), did . . . (or any members of . . . family who live here) receive any other retirement, pension, or annuity income. INCA_7A	Col. 2513	Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 8a</i>
b1. Who received these payments? Anyone else? INCA_7B	Col. 2514	Char 1	1 <input type="checkbox"/> received 2 <input type="checkbox"/> Did not receive
<i>Ask for each recipient</i>			
c1. How much . . . receive in (previous month)? INCA_7C	Col. 2515	Char 4	0000- 9999 <input type="checkbox"/>
INCA_7C_DK	Col. 2519	Char 1	8 <input type="checkbox"/> Refused 9 <input type="checkbox"/> Do not know
8a1. During the (previous month), did . . . (or any members of . . . family who live here) receive unemployment or Worker's Compensation? INCA_8A	Col. 2520	Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 9a</i>
b1. Who received these payments? Anyone else? INCA_8B	Col. 2521	Char 1	1 <input type="checkbox"/> received 2 <input type="checkbox"/> Did not receive
<i>Ask for each recipient</i>			
c1. How much . . . receive in (previous month)? INCA_8C	Col. 2522	Char 4	0000- 9999 <input type="checkbox"/>

INCA_8C_DK	Col. 2526	Char 1	8 <input type="checkbox"/> Refused 9 <input type="checkbox"/> Do not know
9a1. During the (previous month), 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.			
INCA_9A	Col. 2527	Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 10a</i>
b1. Who received these payments?			
Anyone else?			
INCA_9B	Col. 2528	Char 1	1 <input type="checkbox"/> received 2 <input type="checkbox"/> Did not receive
<i>Ask for each recipient</i>			
c1. How much . . . receive in (previous month)?			
INCA_9C	Col. 2529	Char 4	0000- 9999 <input type="checkbox"/>
INCA_9C_DK	Col. 2533	Char 1	8 <input type="checkbox"/> Refused 9 <input type="checkbox"/> Do not know
10a1. During the (previous month), did . . . (or any members of . . . family who live here) receive earning from a job or business? Include wages, salaries, tips, commissions, and net income from own business, professional practice, partnership, or farm.			
INCA_10A	Col. 2534	Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 11a</i>
b1. Who received these payments?			
Anyone else?			
INCA_10B	Col. 2535	Char 1	1 <input type="checkbox"/> received 2 <input type="checkbox"/> Did not receive
<i>Ask for each recipient</i>			
c1. How much . . . receive in (previous month)?			
INCA_10C	Col. 2536	Char 5	0000- 9999 <input type="checkbox"/>
INCA_10C_DK	Col. 2541	Char 1	8 <input type="checkbox"/> Refused 9 <input type="checkbox"/> Do not know
Column Label			
INCA_CL	Col. 2542	Char 1	A-H <input type="checkbox"/>
Person Number			
MEIC_APNO	Col. 2543	Char 2	01-20,99 <input type="checkbox"/>
11a1. During the (previous month), 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. 2545	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. 2546	Char 1	1 <input type="checkbox"/> received 2 <input type="checkbox"/> Did not receive
<i>Ask for each recipient</i>			
c1. How much . . . receive in (previous month)?			
INCA_11C	Col. 2547	Char 4	0000- 9999 <input type="checkbox"/>
INCA_11C_DK	Col. 2551	Char 1	8 <input type="checkbox"/> Refused 9 <input type="checkbox"/> Do not know
12a1. During the (previous month), 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. 2552	Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 13a</i>

b1. Who received these payments?				1 <input type="checkbox"/> received
Anyone else?				2 <input type="checkbox"/> Did not receive
INCA_12B	Col. 2553	Char 1		
<i>Ask for each recipient</i>				
c1. How much . . . receive in (<i>previous month</i>)?				0000-
INCA_12C	Col. 2554	Char 4		9999 <input type="checkbox"/>
				8 <input type="checkbox"/> Refused
INCA_12C_DK	Col. 2558	Char 1		9 <input type="checkbox"/> Do not know
Column B				
Program 9				
Column Label				
INCB_9CL	Col. 2575	Char 1		A-H <input type="checkbox"/>
Person Number				
INCB_9PN	Col. 2576	Char 2		01-20,99 <input type="checkbox"/>
Program 8				
Column Label				
INCB_8CL	Col. 2578	Char 1		A-H <input type="checkbox"/>
Person Number				
INCB_PNO	Col. 2579	Char 2		01-20,99 <input type="checkbox"/>
5a2. During the last month, that is, in the month of (<i>previous month</i>), did . . . (or any members of . . . family who live here) receive Social Security benefits or Railroad Retirement benefits?				<input type="checkbox"/> blanked
INCB_5A	Col. 2581	Char 1		
b2. Who received these payments?				1 <input type="checkbox"/> received
Anyone else?				2 <input type="checkbox"/> Did not receive
INCB_5B	Col. 2582	Char 1		
<i>Ask for each recipient</i>				
c2. How much . . . receive in (<i>previous month</i>)?				0000-
INCB_5C	Col. 2583	Char 4		9999 <input type="checkbox"/>
				8 <input type="checkbox"/> Refused
INCB_5C_DK	Col. 2587	Char 1		9 <input type="checkbox"/> Do not know
6a2. During the (<i>previous month</i>), did . . . (or any members of . . . family who live here) receive Veterans Administration compensation or pension?				<input type="checkbox"/> blanked
INCB_6A	Col. 2588	Char 1		
b2. Who received these payments?				1 <input type="checkbox"/> received
Anyone else?				2 <input type="checkbox"/> Did not receive
INCB_6B	Col. 2589	Char 1		
<i>Ask for each recipient</i>				
c2. How much . . . receive in (<i>previous month</i>)?				0000-
INCB_6C	Col. 2590	Char 4		9999 <input type="checkbox"/>
				8 <input type="checkbox"/> Refused
INCB_6C_DK	Col. 2594	Char 1		9 <input type="checkbox"/> Do not know
7a2. During the (<i>previous month</i>), did . . . (or any members of . . . family who live here) receive any other retirement, pension, or annuity income.				<input type="checkbox"/> blanked
INCB_7A	Col. 2595	Char 1		
b2. Who received these payments?				

Anyone else? INCB_7B	Col. 2596	Char 1	1 <input type="checkbox"/> received 2 <input type="checkbox"/> Did not receive
<i>Ask for each recipient</i>			
c2. How much . . . receive in (<i>previous month</i>)? INCB_7C	Col. 2597	Char 4	0000- 9999 <input type="checkbox"/>
INCB_7C_DK	Col. 2601	Char 1	8 <input type="checkbox"/> Refused 9 <input type="checkbox"/> Do not know
8a2. During the (previous month), did . . . (or any members of . . . family who live here) receive unemployment or Worker's Compensation?			<input type="checkbox"/> blanked
INCB_8A	Col. 2602	Char 1	
b2. Who received these payments?			
Anyone else? INCB_8B	Col. 2603	Char 1	1 <input type="checkbox"/> received 2 <input type="checkbox"/> Did not receive
<i>Ask for each recipient</i>			
c2. How much . . . receive in (<i>previous month</i>)? INCB_8C	Col. 2604	Char 4	0000- 9999 <input type="checkbox"/>
INCB_8C_DK	Col. 2608	Char 1	8 <input type="checkbox"/> Refused 9 <input type="checkbox"/> Do not know
9a2. During the (previous month), 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.			<input type="checkbox"/> blanked
INCB_9A	Col. 2609	Char 1	
b2. Who received these payments?			
Anyone else? INCB_9B	Col. 2610	Char 1	1 <input type="checkbox"/> received 2 <input type="checkbox"/> Did not receive
<i>Ask for each recipient</i>			
c2. How much . . . receive in (<i>previous month</i>)? INCB_9C	Col. 2611	Char 4	0000- 9999 <input type="checkbox"/>
INCB_9C_DK	Col. 2615	Char 1	8 <input type="checkbox"/> Refused 9 <input type="checkbox"/> Do not know
10a2. During the (previous month), did . . . (or any members of . . . family who live here) receive earning from a job or business? Include wages, salaries, tips, commissions, and net income from own business, professional practice, partnership, or farm.			<input type="checkbox"/> blanked
INCB_10A	Col. 2616	Char 1	
b2. Who received these payments?			
Anyone else? INCB_10B	Col. 2617	Char 1	1 <input type="checkbox"/> received 2 <input type="checkbox"/> Did not receive
<i>Ask for each recipient</i>			
c2. How much . . . receive in (<i>previous month</i>)? INCB_10C	Col. 2618	Char 5	0000- 9999 <input type="checkbox"/>
INCB_10C_DK	Col. 2623	Char 1	8 <input type="checkbox"/> Refused 9 <input type="checkbox"/> Do not know
Column Label INCB_CL	Col. 2624	Char 1	A-H <input type="checkbox"/>
Person Number			

MEIC_BPNO	Col. 2625	Char 2	01-20,99 <input type="checkbox"/>
11a2. During the (previous month), 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. 2627	Char 1	<input type="checkbox"/> blanked
b2. Who received these payments?			
Anyone else?			1 <input type="checkbox"/> received
INCB_11B	Col. 2628	Char 1	2 <input type="checkbox"/> Did not receive
<i>Ask for each recipient</i>			
c2. How much . . . receive in (previous month)?			0000- 9999 <input type="checkbox"/>
INCB_11C	Col. 2629	Char 4	8 <input type="checkbox"/> Refused
INCB_11C_DK	Col. 2633	Char 1	9 <input type="checkbox"/> Do not know
12a2. During the (previous month), 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. 2634	Char 1	<input type="checkbox"/> blanked
b2. Who received these payments?			
Anyone else?			1 <input type="checkbox"/> received
INCB_12B	Col. 2635	Char 1	2 <input type="checkbox"/> Did not receive
<i>Ask for each recipient</i>			
c2. How much . . . receive in (previous month)?			0000- 9999 <input type="checkbox"/>
INCB_12C	Col. 2636	Char 4	8 <input type="checkbox"/> Refused
INCB_12C_DK	Col. 2640	Char 1	9 <input type="checkbox"/> Do not know
Column C			
Program 9			
Column Label			
INCC_9CL	Col. 2657	Char 1	A-H <input type="checkbox"/>
Person Number			
INCC_9PN	Col. 2658	Char 2	01-20,99 <input type="checkbox"/>
Program 8			
Column Label			
INCC_8CL	Col. 2660	Char 1	A-H <input type="checkbox"/>
Person Number			
INCC_PNO	Col. 2661	Char 2	01-20,99 <input type="checkbox"/>
5a3. During the last month, that is, in the month of (previous month), did . . . (or any members of . . . family who live here) receive Social Security benefits or Railroad Retirement benefits?			
INCC_5A	Col. 2663	Char 1	<input type="checkbox"/> blanked
b3. Who received these payments?			
Anyone else?			1 <input type="checkbox"/> received
INCC_5B	Col. 2664	Char 1	2 <input type="checkbox"/> Did not receive
<i>Ask for each recipient</i>			
c3. How much . . . receive in (previous month)?			0000- 9999 <input type="checkbox"/>
INCC_5C	Col. 2665	Char 4	8 <input type="checkbox"/> Refused

INCC_5C_DK	Col. 2669	Char 1	9 <input type="checkbox"/> Do not know
6a3. During the (previous month), did . . . (or any members of . . . family who live here) receive Veterans Administration compensation or pension?			
INCC_6A	Col. 2670	Char 1	<input type="checkbox"/> blanked
b3. Who received these payments?			
Anyone else?			1 <input type="checkbox"/> received
INCC_6B	Col. 2671	Char 1	2 <input type="checkbox"/> Did not receive
<i>Ask for each recipient</i>			
c3. How much . . . receive in (previous month)?			
INCC_6C	Col. 2672	Char 4	0000-9999 <input type="checkbox"/>
INCC_6C_DK	Col. 2676	Char 1	8 <input type="checkbox"/> Refused
			9 <input type="checkbox"/> Do not know
7a3. During the (previous month), did . . . (or any members of . . . family who live here) receive any other retirement, pension, or annuity income.			
INCC_7A	Col. 2677	Char 1	<input type="checkbox"/> blanked
b3. Who received these payments?			
Anyone else?			1 <input type="checkbox"/> received
INCC_7B	Col. 2678	Char 1	2 <input type="checkbox"/> Did not receive
<i>Ask for each recipient</i>			
c3. How much . . . receive in (previous month)?			
INCC_7C	Col. 2679	Char 4	0000-9999 <input type="checkbox"/>
INCC_7C_DK	Col. 2683	Char 1	8 <input type="checkbox"/> Refused
			9 <input type="checkbox"/> Do not know
8a3. During the (previous month), did . . . (or any members of . . . family who live here) receive unemployment or Worker's Compensation?			
INCC_8A	Col. 2684	Char 1	<input type="checkbox"/> blanked
b3. Who received these payments?			
Anyone else?			1 <input type="checkbox"/> received
INCC_8B	Col. 2685	Char 1	2 <input type="checkbox"/> Did not receive
<i>Ask for each recipient</i>			
c3. How much . . . receive in (previous month)?			
INCC_8C	Col. 2686	Char 4	0000-9999 <input type="checkbox"/>
INCC_8C_DK	Col. 2690	Char 1	8 <input type="checkbox"/> Refused
			9 <input type="checkbox"/> Do not know
9a3. During the (previous month), 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. 2691	Char 1	<input type="checkbox"/> blanked
b3. Who received these payments?			
Anyone else?			1 <input type="checkbox"/> received
INCC_9B	Col. 2692	Char 1	2 <input type="checkbox"/> Did not receive
<i>Ask for each recipient</i>			
c3. How much . . . receive in (previous month)?			
INCC_9C	Col. 2693	Char 4	0000-9999 <input type="checkbox"/>

<p>INCC_9C_DK Col. 2697 Char 1</p>	<p>8 <input type="checkbox"/> Refused 9 <input type="checkbox"/> Do not know</p>
<p>10a3. During the (previous month), did . . . (or any members of . . . family who live here) receive earning from a job or business? Include wages, salaries, tips, commissions, and net income from own business, professional practice, partnership, or farm. INCC_10A Col. 2698 Char 1</p>	<p><input type="checkbox"/> blanked</p>
<p>b3. Who received these payments? Anyone else? INCC_10B Col. 2699 Char 1</p>	<p>1 <input type="checkbox"/> received 2 <input type="checkbox"/> Did not receive</p>
<p><i>Ask for each recipient</i> c3. How much . . . receive in (previous month)? INCC_10C Col. 2700 Char 5 INCC_10C_DK Col. 2705 Char 1</p>	<p>0000- 9999 <input type="checkbox"/> 8 <input type="checkbox"/> Refused 9 <input type="checkbox"/> Do not know</p>
<p>Column Label INCC_CL Col. 2706 Char 1 Person Number MEIC_CPNO Col. 2707 Char 2</p>	<p>A-H <input type="checkbox"/> 01-20,99 <input type="checkbox"/></p>
<p>11a3. During the (previous month), 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. 2709 Char 1</p>	<p><input type="checkbox"/> blanked</p>
<p>b3. Who received these payments? Anyone else? INCC_11B Col. 2710 Char 1</p>	<p>1 <input type="checkbox"/> received 2 <input type="checkbox"/> Did not receive</p>
<p><i>Ask for each recipient</i> c3. How much . . . receive in (previous month)? INCC_11C Col. 2711 Char 4 INCC_11C_DK Col. 2715 Char 1</p>	<p>0000- 9999 <input type="checkbox"/> 8 <input type="checkbox"/> Refused 9 <input type="checkbox"/> Do not know</p>
<p>12a3. During the (previous month), 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. 2716 Char 1</p>	<p><input type="checkbox"/> blanked</p>
<p>b3. Who received these payments? Anyone else? INCC_12B Col. 2717 Char 1</p>	<p>1 <input type="checkbox"/> received 2 <input type="checkbox"/> Did not receive</p>
<p><i>Ask for each recipient</i> c3. How much . . . receive in (previous month)? INCC_12C Col. 2718 Char 4 INCC_12C_DK Col. 2722 Char 1</p>	<p>0000- 9999 <input type="checkbox"/> 8 <input type="checkbox"/> Refused 9 <input type="checkbox"/> Do not know</p>

Column D

Program 9

Column Label
INCD_9CL Col. 2739 Char 1 A-H

Person Number
INCD_9PN Col. 2740 Char 2 01-20,99

Program 8

Column Label
INCD_8CL Col. 2742 Char 1 A-H

Person Number
INCD_PNO Col. 2743 Char 2 01-20,99

5a4. During the last month, that is, in the month of (previous month), did . . . (or any members of . . . family who live here) receive Social Security benefits or Railroad Retirement benefits?
INCD_5A Col. 2745 Char 1 blanked

b4. Who received these payments?

Anyone else?
INCD_5B Col. 2746 Char 1 1 received
2 Did not receive

Ask for each recipient

c4. How much . . . receive in (previous month)?
INCD_5C Col. 2747 Char 4 0000-9999
INCD_5C_DK Col. 2751 Char 1 8 Refused
9 Do not know

6a4. During the (previous month), did . . . (or any members of . . . family who live here) receive Veterans Administration compensation or pension?
INCD_6A Col. 2752 Char 1 blanked

b4. Who received these payments?

Anyone else?
INCD_6B Col. 2753 Char 1 1 received
2 Did not receive

Ask for each recipient

c4. How much . . . receive in (previous month)?
INCD_6C Col. 2754 Char 4 0000-9999
INCD_6C_DK Col. 2758 Char 1 8 Refused
9 Do not know

7a4. During the (previous month), did . . . (or any members of . . . family who live here) receive any other retirement, pension, or annuity income.
INCD_7A Col. 2759 Char 1 blanked

b4. Who received these payments?

Anyone else?
INCD_7B Col. 2760 Char 1 1 received
2 Did not receive

Ask for each recipient

c4. How much . . . receive in (previous month)?
INCD_7C Col. 2761 Char 4 0000-9999
INCD_7C_DK Col. 2765 Char 1 8 Refused
9 Do not know

8a4. During the (previous month) did . . . (or any members of . . . family

<p>During the (previous month), did . . . (or any members of . . . family who live here) receive unemployment or Worker's Compensation?</p> <p>INCD_8A Col. 2766 Char 1</p>	<input type="checkbox"/> blanked
<p>b4. Who received these payments?</p> <p>Anyone else?</p> <p>INCD_8B Col. 2767 Char 1</p>	<p>1 <input type="checkbox"/> received</p> <p>2 <input type="checkbox"/> Did not receive</p>
<p><i>Ask for each recipient</i></p> <p>c4. How much . . . receive in (previous month)?</p> <p>INCD_8C Col. 2768 Char 4</p> <p>INCD_8C_DK Col. 2772 Char 1</p>	<p>0000- 9999 <input type="checkbox"/></p> <p>8 <input type="checkbox"/> Refused</p> <p>9 <input type="checkbox"/> Do not know</p>
<p>9a4. During the (previous month), 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. 2773 Char 1</p>	<input type="checkbox"/> blanked
<p>b4. Who received these payments?</p> <p>Anyone else?</p> <p>INCD_9B Col. 2774 Char 1</p>	<p>1 <input type="checkbox"/> received</p> <p>2 <input type="checkbox"/> Did not receive</p>
<p><i>Ask for each recipient</i></p> <p>c4. How much . . . receive in (previous month)?</p> <p>INCD_9C Col. 2775 Char 4</p> <p>INCD_9C_DK Col. 2779 Char 1</p>	<p>0000- 9999 <input type="checkbox"/></p> <p>8 <input type="checkbox"/> Refused</p> <p>9 <input type="checkbox"/> Do not know</p>
<p>10a4. During the (previous month), did . . . (or any members of . . . family who live here) receive earning 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. 2780 Char 1</p>	<input type="checkbox"/> blanked
<p>b4. Who received these payments?</p> <p>Anyone else?</p> <p>INCD_10B Col. 2781 Char 1</p>	<p>1 <input type="checkbox"/> received</p> <p>2 <input type="checkbox"/> Did not receive</p>
<p><i>Ask for each recipient</i></p> <p>c4. How much . . . receive in (previous month)?</p> <p>INCD_10C Col. 2782 Char 5</p> <p>INCD_10C_DK Col. 2787 Char 1</p>	<p>0000- 9999 <input type="checkbox"/></p> <p>8 <input type="checkbox"/> Refused</p> <p>9 <input type="checkbox"/> Do not know</p>
<p>Column Label</p> <p>INCD_CL Col. 2788 Char 1</p> <p>Person Number</p> <p>MEIC_DPNO Col. 2789 Char 2</p>	<p>A-H <input type="checkbox"/></p> <p>01-20,99 <input type="checkbox"/></p>
<p>11a4. During the (previous month), 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. 2791 Char 1</p>	<input type="checkbox"/> blanked
<p>b4. Who received these payments?</p> <p>Anyone else?</p> <p>INCD_11B Col. 2792 Char 1</p>	<p>1 <input type="checkbox"/> received</p> <p>2 <input type="checkbox"/> Did not receive</p>

<i>Ask for each recipient</i>				
c4. How much . . . receive in (<i>previous month</i>)?				0000- 9999 <input type="checkbox"/>
INCD_11C	Col. 2793	Char 4		8 <input type="checkbox"/> Refused
INCD_11C_DK	Col. 2797	Char 1		9 <input type="checkbox"/> Do not know
12a4. During the (previous month), did . . . (or any members of . . . family who live here) receive regular contributions from friends or relatives (other than those relatives in this household)?				<input type="checkbox"/> blanked
INCD_12A	Col. 2798	Char 1		
b4. Who received these payments?				
Anyone else?				1 <input type="checkbox"/> received
INCD_12B	Col. 2799	Char 1		2 <input type="checkbox"/> Did not receive
<i>Ask for each recipient</i>				
c4. How much . . . receive in (<i>previous month</i>)?				0000- 9999 <input type="checkbox"/>
INCD_12C	Col. 2800	Char 4		8 <input type="checkbox"/> Refused
INCD_12C_DK	Col. 2804	Char 1		9 <input type="checkbox"/> Do not know
Column E				
Program 9				
Column Label				A-H <input type="checkbox"/>
INCE_9CL	Col. 2821	Char 1		
Person Number				01-20,99 <input type="checkbox"/>
INCE_9PN	Col. 2822	Char 2		
Program 8				
Column Label				A-H <input type="checkbox"/>
INCE_8CL	Col. 2824	Char 1		
Person Number				01-20,99 <input type="checkbox"/>
INCE_PNO	Col. 2825	Char 2		
5a5. During the last month, that is, in the month of (previous month), did . . . (or any members of . . . family who live here) receive Social Security benefits or Railroad Retirement benefits?				<input type="checkbox"/> blanked
INCE_5A	Col. 2827	Char 1		
b5. Who received these payments?				
Anyone else?				1 <input type="checkbox"/> received
INCE_5B	Col. 2828	Char 1		2 <input type="checkbox"/> Did not receive
<i>Ask for each recipient</i>				
c5. How much . . . receive in (<i>previous month</i>)?				0000- 9999 <input type="checkbox"/>
INCE_5C	Col. 2829	Char 4		8 <input type="checkbox"/> Refused
INCE_5C_DK	Col. 2833	Char 1		9 <input type="checkbox"/> Do not know
6a5. During the (previous month), did . . . (or any members of . . . family who live here) receive Veterans Administration compensation or pension?				<input type="checkbox"/> blanked
INCE_6A	Col. 2834	Char 1		
b5. Who received these payments?				
Anyone else?				1 <input type="checkbox"/> received
INCE_6B	Col. 2835	Char 1		2 <input type="checkbox"/> Did not receive

<i>Ask for each recipient</i>				
c5. How much . . . receive in (<i>previous month</i>)?				0000- 9999 <input type="checkbox"/>
INCE_6C	Col. 2836	Char 4		8 <input type="checkbox"/> Refused
INCE_6C_DK	Col. 2840	Char 1		9 <input type="checkbox"/> Do not know
7a5. During the (previous month), did . . . (or any members of . . . family who live here) receive any other retirement, pension, or annuity income.				<input type="checkbox"/> blanked
INCE_7A	Col. 2841	Char 1		
b5. Who received these payments?				
Anyone else?				1 <input type="checkbox"/> received
INCE_7B	Col. 2842	Char 1		2 <input type="checkbox"/> Did not receive
<i>Ask for each recipient</i>				
c5. How much . . . receive in (<i>previous month</i>)?				0000- 9999 <input type="checkbox"/>
INCE_7C	Col. 2843	Char 4		8 <input type="checkbox"/> Refused
INCE_7C_DK	Col. 2847	Char 1		9 <input type="checkbox"/> Do not know
8a5. During the (previous month), did . . . (or any members of . . . family who live here) receive unemployment or Worker's Compensation?				<input type="checkbox"/> blanked
INCE_8A	Col. 2848	Char 1		
b5. Who received these payments?				
Anyone else?				1 <input type="checkbox"/> received
INCE_8B	Col. 2849	Char 1		2 <input type="checkbox"/> Did not receive
<i>Ask for each recipient</i>				
c5. How much . . . receive in (<i>previous month</i>)?				0000- 9999 <input type="checkbox"/>
INCE_8C	Col. 2850	Char 4		8 <input type="checkbox"/> Refused
INCE_8C_DK	Col. 2854	Char 1		9 <input type="checkbox"/> Do not know
9a5. During the (previous month), 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.				<input type="checkbox"/> blanked
INCE_9A	Col. 2855	Char 1		
b5. Who received these payments?				
Anyone else?				1 <input type="checkbox"/> received
INCE_9B	Col. 2856	Char 1		2 <input type="checkbox"/> Did not receive
<i>Ask for each recipient</i>				
c5. How much . . . receive in (<i>previous month</i>)?				0000- 9999 <input type="checkbox"/>
INCE_9C	Col. 2857	Char 4		8 <input type="checkbox"/> Refused
INCE_9C_DK	Col. 2861	Char 1		9 <input type="checkbox"/> Do not know
10a5. During the (previous month), did . . . (or any members of . . . family who live here) receive earning from a job or business? Include wages, salaries, tips, commissions, and net income from own business, professional practice, partnership, or farm.				<input type="checkbox"/> blanked
INCE_10A	Col. 2862	Char 1		
b5. Who received these payments?				

Anyone else? INCE_10B	Col. 2863	Char 1	1 <input type="checkbox"/> received 2 <input type="checkbox"/> Did not receive
<i>Ask for each recipient</i>			
c5. How much . . . receive in (<i>previous month</i>)? INCE_10C	Col. 2864	Char 5	0000- 9999 <input type="checkbox"/>
INCE_10C_DK	Col. 2869	Char 1	8 <input type="checkbox"/> Refused 9 <input type="checkbox"/> Do not know
Column Label INCE_CL	Col. 2870	Char 1	A-H <input type="checkbox"/>
Person Number MEIC_EPNO	Col. 2871	Char 2	01-20,99 <input type="checkbox"/>
11a5. During the (previous month), 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. 2873	Char 1	<input type="checkbox"/> blanked
b5. Who received these payments? Anyone else? INCE_11B	Col. 2874	Char 1	1 <input type="checkbox"/> received 2 <input type="checkbox"/> Did not receive
<i>Ask for each recipient</i>			
c5. How much . . . receive in (<i>previous month</i>)? INCE_11C	Col. 2875	Char 4	0000- 9999 <input type="checkbox"/>
INCE_11C_DK	Col. 2879	Char 1	8 <input type="checkbox"/> Refused 9 <input type="checkbox"/> Do not know
12a5. During the (previous month), did . . . (or any members of . . . family who live here) receive regular contributions from friends or relatives (other than those relatives in this household)? INCE_12A	Col. 2880	Char 1	<input type="checkbox"/> blanked
b5. Who received these payments? Anyone else? INCE_12B	Col. 2881	Char 1	1 <input type="checkbox"/> received 2 <input type="checkbox"/> Did not receive
<i>Ask for each recipient</i>			
c5. How much . . . receive in (<i>previous month</i>)? INCE_12C	Col. 2882	Char 4	0000- 9999 <input type="checkbox"/>
INCE_12C_DK	Col. 2886	Char 1	8 <input type="checkbox"/> Refused 9 <input type="checkbox"/> Do not know
Column F			
Program 9			
Column Label INCF_9CL	Col. 2903	Char 1	A-H <input type="checkbox"/>
Person Number INCF_9PN	Col. 2904	Char 2	01-20,99 <input type="checkbox"/>
Program 8			
Column Label INCF_8CL	Col. 2906	Char 1	A-H <input type="checkbox"/>
Person Number INCF_PNO	Col. 2907	Char 2	01-20,99 <input type="checkbox"/>
5a6. During the last month, that is, in the month of (previous month), did . . .			

. (or any members of . . . family who live here) receive Social Security benefits or Railroad Retirement benefits?				<input type="checkbox"/> blanked
INCF_5A	Col. 2909	Char 1		
b6. Who received these payments?				
Anyone else?				1 <input type="checkbox"/> received
INCF_5B	Col. 2910	Char 1		2 <input type="checkbox"/> Did not receive
<i>Ask for each recipient</i>				
c6. How much . . . receive in (<i>previous month</i>)?				0000- 9999 <input type="checkbox"/>
INCF_5C	Col. 2911	Char 4		
INCF_5C_DK	Col. 2915	Char 1		8 <input type="checkbox"/> Refused 9 <input type="checkbox"/> Do not know
6a6. During the (previous month), did . . . (or any members of . . . family who live here) receive Veterans Administration compensation or pension?				<input type="checkbox"/> blanked
INCF_6A	Col. 2916	Char 1		
b6. Who received these payments?				
Anyone else?				1 <input type="checkbox"/> received
INCF_6B	Col. 2917	Char 1		2 <input type="checkbox"/> Did not receive
<i>Ask for each recipient</i>				
c6. How much . . . receive in (<i>previous month</i>)?				0000- 9999 <input type="checkbox"/>
INCF_6C	Col. 2918	Char 4		
INCF_6C_DK	Col. 2922	Char 1		8 <input type="checkbox"/> Refused 9 <input type="checkbox"/> Do not know
7a6. During the (previous month), did . . . (or any members of . . . family who live here) receive any other retirement, pension, or annuity income.				<input type="checkbox"/> blanked
INCF_7A	Col. 2923	Char 1		
b6. Who received these payments?				
Anyone else?				1 <input type="checkbox"/> received
INCF_7B	Col. 2924	Char 1		2 <input type="checkbox"/> Did not receive
<i>Ask for each recipient</i>				
c6. How much . . . receive in (<i>previous month</i>)?				0000- 9999 <input type="checkbox"/>
INCF_7C	Col. 2925	Char 4		
INCF_7C_DK	Col. 2929	Char 1		8 <input type="checkbox"/> Refused 9 <input type="checkbox"/> Do not know
8a6. During the (previous month), did . . . (or any members of . . . family who live here) receive unemployment or Worker's Compensation?				<input type="checkbox"/> blanked
INCF_8A	Col. 2930	Char 1		
b6. Who received these payments?				
Anyone else?				1 <input type="checkbox"/> received
INCF_8B	Col. 2931	Char 1		2 <input type="checkbox"/> Did not receive
<i>Ask for each recipient</i>				
c6. How much . . . receive in (<i>previous month</i>)?				0000- 9999 <input type="checkbox"/>
INCF_8C	Col. 2932	Char 4		
INCF_8C_DK	Col. 2936	Char 1		8 <input type="checkbox"/> Refused 9 <input type="checkbox"/> Do not know

9a6. During the (previous month), 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. 2937 Char 1	<input type="checkbox"/> blanked
b6. Who received these payments? Anyone else? INCF_9B Col. 2938 Char 1	1 <input type="checkbox"/> received 2 <input type="checkbox"/> Did not receive
<i>Ask for each recipient</i> c6. How much . . . receive in (previous month)? INCF_9C Col. 2939 Char 4 INCF_9C_DK Col. 2943 Char 1	0000-9999 <input type="checkbox"/> 8 <input type="checkbox"/> Refused 9 <input type="checkbox"/> Do not know
10a6. During the (previous month), did . . . (or any members of . . . family who live here) receive earning from a job or business? Include wages, salaries, tips, commissions, and net income from own business, professional practice, partnership, or farm. INCF_10A Col. 2944 Char 1	<input type="checkbox"/> blanked
b6. Who received these payments? Anyone else? INCF_10B Col. 2945 Char 1	1 <input type="checkbox"/> received 2 <input type="checkbox"/> Did not receive
<i>Ask for each recipient</i> c6. How much . . . receive in (previous month)? INCF_10C Col. 2946 Char 5 INCF_10C_DK Col. 2951 Char 1	0000-9999 <input type="checkbox"/> 8 <input type="checkbox"/> Refused 9 <input type="checkbox"/> Do not know
Column Label INCF_CL Col. 2952 Char 1 Person Number MEIC_FPNO Col. 2953 Char 2	A-H <input type="checkbox"/> 01-20,99 <input type="checkbox"/>
11a6. During the (previous month), 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. 2955 Char 1	<input type="checkbox"/> blanked
b6. Who received these payments? Anyone else? INCF_11B Col. 2956 Char 1	1 <input type="checkbox"/> received 2 <input type="checkbox"/> Did not receive
<i>Ask for each recipient</i> c6. How much . . . receive in (previous month)? INCF_11C Col. 2957 Char 4 INCF_11C_DK Col. 2961 Char 1	0000-9999 <input type="checkbox"/> 8 <input type="checkbox"/> Refused 9 <input type="checkbox"/> Do not know
12a6. During the (previous month), did . . . (or any members of . . . family who live here) receive regular contributions from friends or relatives (other than those relatives in this household)? INCF_12A Col. 2962 Char 1	<input type="checkbox"/> blanked
b6. Who received these payments? Anyone else?	1 <input type="checkbox"/> received

INCF_12B	Col. 2963	Char 1	2 <input type="checkbox"/> Did not receive
<i>Ask for each recipient</i>			
c6. How much . . . receive in (<i>previous month</i>)?			0000- 9999 <input type="checkbox"/>
INCF_12C	Col. 2964	Char 4	
			8 <input type="checkbox"/> Refused 9 <input type="checkbox"/> Do not know
INCF_12C_DK	Col. 2968	Char 1	
Column G			
Program 9			
Column Label			
INCG_9CL	Col. 2985	Char 1	A-H <input type="checkbox"/>
Person Number			
INCG_9PN	Col. 2986	Char 2	01-20,99 <input type="checkbox"/>
Program 8			
Column Label			
INCG_8CL	Col. 2988	Char 1	A-H <input type="checkbox"/>
Person Number			
INCG_PNO	Col. 2989	Char 2	01-20,99 <input type="checkbox"/>
5a7. During the last month, that is, in the month of (<i>previous month</i>), did . . . (or any members of . . . family who live here) receive Social Security benefits or Railroad Retirement benefits?			
INCG_5A	Col. 2991	Char 1	<input type="checkbox"/> blanked
b7. Who received these payments?			
Anyone else?			1 <input type="checkbox"/> received 2 <input type="checkbox"/> Did not receive
INCG_5B	Col. 2992	Char 1	
<i>Ask for each recipient</i>			
c7. How much . . . receive in (<i>previous month</i>)?			0000- 9999 <input type="checkbox"/>
INCG_5C	Col. 2993	Char 4	
			8 <input type="checkbox"/> Refused 9 <input type="checkbox"/> Do not know
INCG_5C_DK	Col. 2997	Char 1	
6a7. During the (<i>previous month</i>), did . . . (or any members of . . . family who live here) receive Veterans Administration compensation or pension?			
INCG_6A	Col. 2998	Char 1	<input type="checkbox"/> blanked
b7. Who received these payments?			
Anyone else?			1 <input type="checkbox"/> received 2 <input type="checkbox"/> Did not receive
INCG_6B	Col. 2999	Char 1	
<i>Ask for each recipient</i>			
c7. How much . . . receive in (<i>previous month</i>)?			0000- 9999 <input type="checkbox"/>
INCG_6C	Col. 3000	Char 4	
			8 <input type="checkbox"/> Refused 9 <input type="checkbox"/> Do not know
INCG_6C_DK	Col. 3004	Char 1	
7a7. During the (<i>previous month</i>), did . . . (or any members of . . . family who live here) receive any other retirement, pension, or annuity income.			
INCG_7A	Col. 3005	Char 1	<input type="checkbox"/> blanked
b7. Who received these payments?			
Anyone else?			1 <input type="checkbox"/> received 2 <input type="checkbox"/> Did not receive
INCG_7B	Col. 3006	Char 1	

<i>Ask for each recipient</i>				
c7. How much . . . receive in (<i>previous month</i>)?				0000- 9999 <input type="checkbox"/>
INCG_7C	Col. 3007	Char 4		8 <input type="checkbox"/> Refused
INCG_7C_DK	Col. 3011	Char 1		9 <input type="checkbox"/> Do not know
8a7. During the (previous month), did . . . (or any members of . . . family who live here) receive unemployment or Worker's Compensation?				<input type="checkbox"/> blanked
INCG_8A	Col. 3012	Char 1		
b7. Who received these payments?				
Anyone else?				1 <input type="checkbox"/> received
INCG_8B	Col. 3013	Char 1		2 <input type="checkbox"/> Did not receive
<i>Ask for each recipient</i>				
c7. How much . . . receive in (<i>previous month</i>)?				0000- 9999 <input type="checkbox"/>
INCG_8C	Col. 3014	Char 4		8 <input type="checkbox"/> Refused
INCG_8C_DK	Col. 3018	Char 1		9 <input type="checkbox"/> Do not know
9a7. During the (previous month), 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.				<input type="checkbox"/> blanked
INCG_9A	Col. 3019	Char 1		
b7. Who received these payments?				
Anyone else?				1 <input type="checkbox"/> received
INCG_9B	Col. 3020	Char 1		2 <input type="checkbox"/> Did not receive
<i>Ask for each recipient</i>				
c7. How much . . . receive in (<i>previous month</i>)?				0000- 9999 <input type="checkbox"/>
INCG_9C	Col. 3021	Char 4		8 <input type="checkbox"/> Refused
INCG_9C_DK	Col. 3025	Char 1		9 <input type="checkbox"/> Do not know
10a7. During the (previous month), did . . . (or any members of . . . family who live here) receive earning from a job or business? Include wages, salaries, tips, commissions, and net income from own business, professional practice, partnership, or farm.				<input type="checkbox"/> blanked
INCG_10A	Col. 3026	Char 1		
b7. Who received these payments?				
Anyone else?				1 <input type="checkbox"/> received
INCG_10B	Col. 3027	Char 1		2 <input type="checkbox"/> Did not receive
<i>Ask for each recipient</i>				
c7. How much . . . receive in (<i>previous month</i>)?				0000- 9999 <input type="checkbox"/>
INCG_10C	Col. 3028	Char 5		8 <input type="checkbox"/> Refused
INCG_10C_DK	Col. 3033	Char 1		9 <input type="checkbox"/> Do not know
Column Label				A-H <input type="checkbox"/>
INCG_CL	Col. 3034	Char 1		
Person Number				01-20,99 <input type="checkbox"/>
MEIC_GPNO	Col. 3035	Char 2		
11a7. During the (previous month), did . . . (or any members of . . . family				

During the (previous month), 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?				<input type="checkbox"/> blanked
INCG_11A	Col. 3037	Char 1		
b7. Who received these payments?				
Anyone else?				1 <input type="checkbox"/> received
INCG_11B	Col. 3038	Char 1		2 <input type="checkbox"/> Did not receive
<i>Ask for each recipient</i>				
c7. How much . . . receive in (previous month)?				0000- 9999 <input type="checkbox"/>
INCG_11C	Col. 3039	Char 4		8 <input type="checkbox"/> Refused
INCG_11C_DK	Col. 3043	Char 1		9 <input type="checkbox"/> Do not know
12a7. During the (previous month), did . . . (or any members of . . . family who live here) receive regular contributions from friends or relatives (other than those relatives in this household)?				<input type="checkbox"/> blanked
INCG_12A	Col. 3044	Char 1		
b7. Who received these payments?				
Anyone else?				1 <input type="checkbox"/> received
INCG_12B	Col. 3045	Char 1		2 <input type="checkbox"/> Did not receive
<i>Ask for each recipient</i>				
c7. How much . . . receive in (previous month)?				0000- 9999 <input type="checkbox"/>
INCG_12C	Col. 3046	Char 4		8 <input type="checkbox"/> Refused
INCG_12C_DK	Col. 3050	Char 1		9 <input type="checkbox"/> Do not know
Column H				
Program 9				
Column Label				A-H <input type="checkbox"/>
INCH_9CL	Col. 3067	Char 1		
Person Number				01-20,99 <input type="checkbox"/>
INCH_9PN	Col. 3068	Char 2		
Program 8				
Column Label				A-H <input type="checkbox"/>
INCH_8CL	Col. 3070	Char 1		
Person Number				01-20,99 <input type="checkbox"/>
INCH_PNO	Col. 3071	Char 2		
5a8. During the last month, that is, in the month of (previous month), did . . . (or any members of . . . family who live here) receive Social Security benefits or Railroad Retirement benefits?				<input type="checkbox"/> blanked
INCH_5A	Col. 3073	Char 1		
b8. Who received these payments?				
Anyone else?				1 <input type="checkbox"/> received
INCH_5B	Col. 3074	Char 1		2 <input type="checkbox"/> Did not receive
<i>Ask for each recipient</i>				
c8. How much . . . receive in (previous month)?				0000- 9999 <input type="checkbox"/>
INCH_5C	Col. 3075	Char 4		8 <input type="checkbox"/> Refused
INCH_5C_DK	Col. 3079	Char 1		9 <input type="checkbox"/> Do not know
6a8. During the (previous month), did . . . (or any members of . . . family				

<p>who live here) receive Veterans Administration compensation or pension?</p> <p>INCH_6A Col. 3080 Char 1</p>	<input type="checkbox"/> blanked
<p>b8. Who received these payments?</p> <p>Anyone else?</p> <p>INCH_6B Col. 3081 Char 1</p>	<p>1 <input type="checkbox"/> received</p> <p>2 <input type="checkbox"/> Did not receive</p>
<p><i>Ask for each recipient</i></p> <p>c8. How much . . . receive in (<i>previous month</i>)?</p> <p>INCH_6C Col. 3082 Char 4</p> <p>INCH_6C_DK Col. 3086 Char 1</p>	<p>0000- 9999 <input type="checkbox"/></p> <p>8 <input type="checkbox"/> Refused</p> <p>9 <input type="checkbox"/> Do not know</p>
<p>7a8. During the (previous month), did . . . (or any members of . . . family who live here) receive any other retirement, pension, or annuity income.</p> <p>INCH_7A Col. 3087 Char 1</p>	<input type="checkbox"/> blanked
<p>b8. Who received these payments?</p> <p>Anyone else?</p> <p>INCH_7B Col. 3088 Char 1</p>	<p>1 <input type="checkbox"/> received</p> <p>2 <input type="checkbox"/> Did not receive</p>
<p><i>Ask for each recipient</i></p> <p>c8. How much . . . receive in (<i>previous month</i>)?</p> <p>INCH_7C Col. 3089 Char 4</p> <p>INCH_7C_DK Col. 3093 Char 1</p>	<p>0000- 9999 <input type="checkbox"/></p> <p>8 <input type="checkbox"/> Refused</p> <p>9 <input type="checkbox"/> Do not know</p>
<p>8a8. During the (previous month), did . . . (or any members of . . . family who live here) receive unemployment or Worker's Compensation?</p> <p>INCH_8A Col. 3094 Char 1</p>	<input type="checkbox"/> blanked
<p>b8. Who received these payments?</p> <p>Anyone else?</p> <p>INCH_8B Col. 3095 Char 1</p>	<p>1 <input type="checkbox"/> received</p> <p>2 <input type="checkbox"/> Did not receive</p>
<p><i>Ask for each recipient</i></p> <p>c8. How much . . . receive in (<i>previous month</i>)?</p> <p>INCH_8C Col. 3096 Char 4</p> <p>INCH_8C_DK Col. 3100 Char 1</p>	<p>0000- 9999 <input type="checkbox"/></p> <p>8 <input type="checkbox"/> Refused</p> <p>9 <input type="checkbox"/> Do not know</p>
<p>9a8. During the (previous month), 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>INCH_9A Col. 3101 Char 1</p>	<input type="checkbox"/> blanked
<p>b8. Who received these payments?</p> <p>Anyone else?</p> <p>INCH_9B Col. 3102 Char 1</p>	<p>1 <input type="checkbox"/> received</p> <p>2 <input type="checkbox"/> Did not receive</p>
<p><i>Ask for each recipient</i></p> <p>c8. How much . . . receive in (<i>previous month</i>)?</p> <p>INCH_9C Col. 3103 Char 4</p> <p>INCH_9C_DK Col. 3107 Char 1</p>	<p>0000- 9999 <input type="checkbox"/></p> <p>8 <input type="checkbox"/> Refused</p> <p>9 <input type="checkbox"/> Do not know</p>

<p>10a8. During the (previous month), did . . . (or any members of . . . family who live here) receive earning from a job or business? Include wages, salaries, tips, commissions, and net income from own business, professional practice, partnership, or farm.</p> <p>INCH_10A Col. 3108 Char 1</p>	<p><input type="checkbox"/> blanked</p>
<p>b8. Who received these payments?</p> <p>Anyone else?</p> <p>INCH_10B Col. 3109 Char 1</p>	<p>1 <input type="checkbox"/> received 2 <input type="checkbox"/> Did not receive</p>
<p><i>Ask for each recipient</i></p> <p>c8. How much . . . receive in (previous month)?</p> <p>INCH_10C Col. 3110 Char 5</p> <p>INCH_10C_DK Col. 3115 Char 1</p>	<p>0000- 9999 <input type="checkbox"/></p> <p>8 <input type="checkbox"/> Refused 9 <input type="checkbox"/> Do not know</p>
<p>Column Label</p> <p>INCH_CL Col. 3116 Char 1</p> <p>Person Number</p> <p>MEIC_HPNO Col. 3117 Char 2</p>	<p>A-H <input type="checkbox"/></p> <p>01-20,99 <input type="checkbox"/></p>
<p>11a8. During the (previous month), 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>INCH_11A Col. 3119 Char 1</p>	<p><input type="checkbox"/> blanked</p>
<p>b8. Who received these payments?</p> <p>Anyone else?</p> <p>INCH_11B Col. 3120 Char 1</p>	<p>1 <input type="checkbox"/> received 2 <input type="checkbox"/> Did not receive</p>
<p><i>Ask for each recipient</i></p> <p>c8. How much . . . receive in (previous month)?</p> <p>INCH_11C Col. 3121 Char 4</p> <p>INCH_11C_DK Col. 3125 Char 1</p>	<p>0000- 9999 <input type="checkbox"/></p> <p>8 <input type="checkbox"/> Refused 9 <input type="checkbox"/> Do not know</p>
<p>12a8. During the (previous month), 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>INCH_12A Col. 3126 Char 1</p>	<p><input type="checkbox"/> blanked</p>
<p>b8. Who received these payments?</p> <p>Anyone else?</p> <p>INCH_12B Col. 3127 Char 1</p>	<p>1 <input type="checkbox"/> received 2 <input type="checkbox"/> Did not receive</p>
<p><i>Ask for each recipient</i></p> <p>c8. How much . . . receive in (previous month)?</p> <p>INCH_12C Col. 3128 Char 4</p> <p>INCH_12C_DK Col. 3132 Char 1</p>	<p>0000- 9999 <input type="checkbox"/></p> <p>8 <input type="checkbox"/> Refused 9 <input type="checkbox"/> Do not know</p>
<p>13a. Did . . . (or any family member of . . . who live here) receive food stamps in (previous month)?</p> <p>INC_13A Col. 1766 Char 1</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to CHECK ITEM G.3</p>
<p>b. What was the value of the stamps received in [previous month]?</p> <p>INC_13B Col. 1767 Char 4</p>	<p>0000- 9999 <input type="checkbox"/> Dollars</p>
<p>CHECK ITEM G.3 <i>Refer to Control Card item 16.</i></p>	

Sample person's family in household NOW has - INC_CK2A Col. 1771 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. 1772 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. 1773 Char 2	01-48,99 <input type="checkbox"/> Personal Number
c. How much was the check for? INC_14C Col. 1775 Char 4	0001-9999 <input type="checkbox"/> Dollars
d. Whom did the check cover? Anyone else? INC_14D1 Col. 1779 Char 2 INC_14D2 Col. 1781 Char 2 INC_14D3 Col. 1783 Char 2 INC_14D4 Col. 1785 Char 2 INC_14D5 Col. 1787 Char 2	X <input type="checkbox"/> Selected 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. 1789 Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to Instruction</i>
b. Whose name was on the check? INC_15B Col. 1790 Char 2	01-48,99 <input type="checkbox"/> Personal Number
c. How much was the check for? INC_15C Col. 1792 Char 4	0001-9999 <input type="checkbox"/>
d. Whom did the check cover? Anyone else? INC_15D1 Col. 1796 Char 2 INC_15D2 Col. 1798 Char 2 INC_15D3 Col. 1800 Char 2 INC_15D4 Col. 1802 Char 2 INC_15D5 Col. 1804 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

INSTRUCTION

Refer to Control Card items 12a, 12b, 12c and 16. Enter names and person numbers of sample person's family members aged 15 and over (relationship codes 1-10) who are living with the sample person NOW.

Column A	
16a1. During the last 12 months, did . . . (or any members of . . . family who live here) receive interest of dividends? INCA_16A Col. 2559 Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 17a</i>
b1. Who received these payments? Anyone else? INCA_16B Col. 2560 Char 1	1 <input type="checkbox"/> Received 2 <input type="checkbox"/> Did not receive
<i>Ask for each recipient</i> c1. How much did . . . Receive in the last 12 months? INCA_16C Col. 2561 Char 5 INCA_16C_DK Col. 2566 Char 1	0001-9999 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/>
17a1. During the last 12 months, did . . . (or any members of . . . family who live here) receive any other kind of regular income that you have not already told me about?	1 <input type="checkbox"/> Yes

INCA_17A	Col. 2567	Char 1	2 <input type="checkbox"/> No - <i>SKIP to 18a</i>
b1. Who received these payments?			
Anyone else?			1 <input type="checkbox"/> Received
INCA_17B	Col. 2568	Char 1	2 <input type="checkbox"/> Did not receive
<i>Ask for each recipient</i>			
c1. What kind of income was it?			
<i>NOT GIVEN</i>			
<i>Ask for each recipient</i>			
d1. How much did . . . Receive in the last 12 months?			
INCA_17C	Col. 2569	Char 5	0001- 9999 <input type="checkbox"/>
			8 <input type="checkbox"/>
INCA_17C_DK	Col. 2574	Char 1	9 <input type="checkbox"/>
Column B			
16a2. During the last 12 months, did . . . (or any members of . . . family who live here) receive interest of dividends?			
INCB_16A	Col. 2641	Char 1	<input type="checkbox"/> blanked
b2. Who received these payments?			
Anyone else?			1 <input type="checkbox"/> Received
INCB_16B	Col. 2642	Char 1	2 <input type="checkbox"/> Did not receive
<i>Ask for each recipient</i>			
c2. How much did . . . Receive in the last 12 months?			
INCB_16C	Col. 2643	Char 5	0001- 9999 <input type="checkbox"/>
			8 <input type="checkbox"/>
INCB_16C_DK	Col. 2648	Char 1	9 <input type="checkbox"/>
17a2. During the last 12 months, did . . . (or any members of . . . family who live here) receive any other kind of regular income that you have not already told me about?			
INCB_17A	Col. 2649	Char 1	<input type="checkbox"/> blanked
b2. Who received these payments?			
Anyone else?			1 <input type="checkbox"/> Received
INCB_17B	Col. 2650	Char 1	2 <input type="checkbox"/> Did not receive
<i>Ask for each recipient</i>			
c2. What kind of income was it?			
<i>NOT GIVEN</i>			
<i>Ask for each recipient</i>			
d2. How much did . . . Receive in the last 12 months?			
INCB_17C	Col. 2651	Char 5	0001- 9999 <input type="checkbox"/>
			8 <input type="checkbox"/>
INCB_17C_DK	Col. 2656	Char 1	9 <input type="checkbox"/>
Column C			
16a3. During the last 12 months, did . . . (or any members of . . . family who live here) receive interest of dividends?			
INCC_16A	Col. 2723	Char 1	<input type="checkbox"/> blanked
b3. Who received these payments?			
Anyone else?			1 <input type="checkbox"/> Received
INCC_16B	Col. 2724	Char 1	2 <input type="checkbox"/> Did not receive

INCD_17C_DK	Col. 2820	Char 1	9 <input type="checkbox"/>
Column E			
16a5. During the last 12 months, did . . . (or any members of . . . family who live here) receive interest of dividends?			
INCE_16A	Col. 2887	Char 1	<input type="checkbox"/> blanked
b5. Who received these payments?			
Anyone else?			1 <input type="checkbox"/> Received
INCE_16B	Col. 2888	Char 1	2 <input type="checkbox"/> Did not receive
<i>Ask for each recipient</i>			
c5. How much did . . . Receive in the last 12 months?			0001-
INCE_16C	Col. 2889	Char 5	9999 <input type="checkbox"/>
			8 <input type="checkbox"/>
INCE_16C_DK	Col. 2894	Char 1	9 <input type="checkbox"/>
17a5. During the last 12 months, did . . . (or any members of . . . family who live here) receive any other kind of regular income that you have not already told me about?			
INCE_17A	Col. 2895	Char 1	<input type="checkbox"/> blanked
b5. Who received these payments?			
Anyone else?			1 <input type="checkbox"/> Received
INCE_17B	Col. 2896	Char 1	2 <input type="checkbox"/> Did not receive
<i>Ask for each recipient</i>			
c5. What kind of income was it?			
NOT GIVEN			
<i>Ask for each recipient</i>			
d5. How much did . . . Receive in the last 12 months?			0001-
INCE_17C	Col. 2897	Char 5	9999 <input type="checkbox"/>
			8 <input type="checkbox"/>
INCE_17C_DK	Col. 2902	Char 1	9 <input type="checkbox"/>
Column F			
16a6. During the last 12 months, did . . . (or any members of . . . family who live here) receive interest of dividends?			
INCF_16A	Col. 2969	Char 1	<input type="checkbox"/> blanked
b6. Who received these payments?			
Anyone else?			1 <input type="checkbox"/> Received
INCF_16B	Col. 2970	Char 1	2 <input type="checkbox"/> Did not receive
<i>Ask for each recipient</i>			
c6. How much did . . . Receive in the last 12 months?			0001-
INCF_16C	Col. 2971	Char 5	9999 <input type="checkbox"/>
			8 <input type="checkbox"/>
INCF_16C_DK	Col. 2976	Char 1	9 <input type="checkbox"/>
17a6. During the last 12 months, did . . . (or any members of . . . family who live here) receive any other kind of regular income that you have not already told me about?			
INCF_17A	Col. 2977	Char 1	<input type="checkbox"/> blanked
b6. Who received these payments?			
Anyone else?			1 <input type="checkbox"/> Received
INCF_17B	Col. 2978	Char 1	2 <input type="checkbox"/> Did not receive

INCH_16C_DK	Col. 3140	Char 1	9 <input type="checkbox"/>
17a8. During the last 12 months, did . . . (or any members of . . . family who live here) receive any other kind of regular income that you have not already told me about?			<input type="checkbox"/> blanked
INCH_17A	Col. 3141	Char 1	
b8. Who received these payments? Anyone else?			1 <input type="checkbox"/> Received 2 <input type="checkbox"/> Did not receive
INCH_17B	Col. 3142	Char 1	
<i>Ask for each recipient</i> c8. What kind of income was it? <i>NOT GIVEN</i>			
<i>Ask for each recipient</i> d8. How much did . . . Receive in the last 12 months?			0001- 9999 <input type="checkbox"/>
INCH_17C	Col. 3143	Char 5	
INCH_17C_DK	Col. 3148	Char 1	8 <input type="checkbox"/> 9 <input type="checkbox"/>
<i>SHOW FLASHCARD J</i> 18a. Which category on this card represents the total combined income before deductions during the LAST 12 months for . . . (and all members of . . . family who live with . . .). Include money from jobs, net income from business or farm, pensions, dividends, interests, net income from rent, Social Security payments and any other money income received by . . . (and all members of . . . family).			1 <input type="checkbox"/> Under \$3,000 2 <input type="checkbox"/> \$3,000 - 3,999 3 <input type="checkbox"/> 4,000 - 4,999 4 <input type="checkbox"/> 5,000 - 5,999 5 <input type="checkbox"/> 6,000 - 6,999 6 <input type="checkbox"/> 7,000 - 7,999 7 <input type="checkbox"/> 8,000 - 8,999 8 <input type="checkbox"/> 9,000 - ,9999 9 <input type="checkbox"/> 10,000 - 11,999 10 <input type="checkbox"/> 12,000 - 14,999 11 <input type="checkbox"/> 15,000 - 1,9999 12 <input type="checkbox"/> 20,000 - 24,999 13 <input type="checkbox"/> 25,000 - 29,999 14 <input type="checkbox"/> 30,000 - 39,999 15 <input type="checkbox"/> 40,000 - 49,999 16 <input type="checkbox"/> 50,000 or more 88 <input type="checkbox"/> Refused 99 <input type="checkbox"/> DK
INC_18A	Col. 1806	Char 2	
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?			1 <input type="checkbox"/> Yes - Ask 18b 2 <input type="checkbox"/> No - SKIP to 19
INC_CK3	Col. 1808	Char 1	
b. <i>SHOW FLASHCARD H</i> 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).			1 <input type="checkbox"/> Under \$3,000 2 <input type="checkbox"/> \$3,000 - 3,999 3 <input type="checkbox"/> 4,000 - 4,999 4 <input type="checkbox"/> 5,000 - 5,999 5 <input type="checkbox"/> 6,000 - 6,999 6 <input type="checkbox"/> 7,000 - 7,999 7 <input type="checkbox"/> 8,000 - 8,999 8 <input type="checkbox"/> 9,000 - ,9999 9 <input type="checkbox"/> 10,000 - 11,999 10 <input type="checkbox"/> 12,000 - 14,999 11 <input type="checkbox"/> 15,000 - 1,9999 12 <input type="checkbox"/> 20,000 - 24,999 13 <input type="checkbox"/> 25,000 - 29,999
INC_18B	Col. 1809	Char 2	

		14 <input type="checkbox"/> 30,000 - 39,999
		15 <input type="checkbox"/> 40,000 - 49,999
		16 <input type="checkbox"/> 50,000 or more
		88 <input type="checkbox"/> Refused
		99 <input type="checkbox"/> DK
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. 1811 Char 2	1-99 <input type="checkbox"/> Vehicles 0 <input type="checkbox"/> None
20a. Since 1989, (has/have) . . . (or . . . husband/wife) sold a house? Include primary residence, secondary or vacation homes, and investment homes.		
INC_20A	Col. 1813 Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 21a</i>
b. What year did . . . (or . . . husband/wife) sell this house?		
INC_20B	Col. 1814 Char 2	89-94 <input type="checkbox"/> 1989 to 1994
INC_20B1	Col. 1816 Char 1	1 <input type="checkbox"/> DK
c. Why did . . . (or . . . husband/wife) sell this house?		
<i>Mark (1) all that apply.</i>		
No longer needed/wanted/able to maintain home		
INC_20C1	Col. 1817 Char 1	1 <input type="checkbox"/> Marked
Wanted less expensive house to maintain		
INC_20C2	Col. 1818 Char 1	1 <input type="checkbox"/> Marked
Married/widowed/divorced/separated		
INC_20C3	Col. 1819 Char 1	1 <input type="checkbox"/> Marked
To be closer to family/friends		
INC_20C4	Col. 1820 Char 1	1 <input type="checkbox"/> Marked
To help cover medical expenses		
INC_20C5	Col. 1821 Char 1	1 <input type="checkbox"/> Marked
Employment related		
INC_20C6	Col. 1822 Char 1	1 <input type="checkbox"/> Marked
Retired and relocated		
INC_20C7	Col. 1823 Char 1	1 <input type="checkbox"/> Marked
To be convenient to public transportation/public services		
INC_20C8	Col. 1824 Char 1	1 <input type="checkbox"/> Marked
Other		
INC_20C9	Col. 1825 Char 1	1 <input type="checkbox"/> Marked
<i>If box 5 is marked in 20c, SKIP to item 21a.</i>		
d. Were any of the proceeds from the sale of this house used to cover health care costs?		
INC_20D	Col. 1826 Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
21a. Are . . . living quarters owned or being bought by someone in . . . household?		
INC_21A	Col. 1827 Char 1	1 <input type="checkbox"/> Yes - <i>SKIP to 24a</i> 2 <input type="checkbox"/> No
b. Are . . . living quarters rented for cash OR are they occupied without payment of cash rent?		
INC_21B	Col. 1828 Char 1	1 <input type="checkbox"/> Rented for cash 2 <input type="checkbox"/> Occupied without payment of cash - <i>SKIP to item 26a</i>
22. About how much is the rent each month?		
INC_22	Col. 1829 Char 6	000001- 999999 <input type="checkbox"/> Dollars
23. In whose name is this house/apartment rented?		
Anyone else?		
<i>Mark all that apply.</i>		

Household members					
INC_23_1	Col. 1835	Char 1	1	<input type="checkbox"/>	Marked - <i>Specify below</i>
INC_23_1A	Col. 1836	Char 2	02-20,99	<input type="checkbox"/>	Personal Number
INC_23_1B	Col. 1838	Char 2	02-20,99	<input type="checkbox"/>	Personal Number
Child(ren) of sample person (nonhousehold members(s))					
INC_23_2	Col. 1840	Char 1	1	<input type="checkbox"/>	Marked - <i>Specify below</i>
INC_23_2A	Col. 1841	Char 2	31-48,99	<input type="checkbox"/>	Personal Number
INC_23_2B	Col. 1843	Char 2	31-48,99	<input type="checkbox"/>	Personal Number
INC_23_2C	Col. 1845	Char 2	31-48,99	<input type="checkbox"/>	Personal Number
INC_23_2D	Col. 1847	Char 2	31-48,99	<input type="checkbox"/>	Personal Number
Other nonhousehold member(s)					
INC_23_3	Col. 1849	Char 1	1	<input type="checkbox"/>	Marked - <i>SKIP to item 26a</i>
<i>Refer to Control Card items 12a and 27a for person numbers. SKIP to item 26a.</i>					
24a. What is the present value of this home (and lot/farm), that is, how much would it bring if . . . sold it on today's market?					
INC_24B	Col. 1850	Char 1	1	<input type="checkbox"/>	Under \$20,000
			2	<input type="checkbox"/>	\$20,000 - \$34,999
			3	<input type="checkbox"/>	\$35,000 - \$49,999
			4	<input type="checkbox"/>	\$50,000 - \$74,999
			5	<input type="checkbox"/>	\$75,000 - \$99,999
			6	<input type="checkbox"/>	\$100,000 - \$149,999
			7	<input type="checkbox"/>	\$150,000 or more
c. Is there a mortgage or other indebtedness on this home (and lot/farm) at the present time?					
INC_24C	Col. 1851	Char 1	1	<input type="checkbox"/>	Yes
			2	<input type="checkbox"/>	No - <i>SKIP to 25</i>
d. About how much is still owed?					
INC_24D	Col. 1852	Char 6	000000-	<input type="checkbox"/>	Dollars
			999999	<input type="checkbox"/>	
e. About how much is . . . monthly mortgage payment?					
INC_24E	Col. 1858	Char 6	000000-	<input type="checkbox"/>	Dollars
			999999	<input type="checkbox"/>	
25. Who owns this (house/apartment)?					
Anyone else?					
<i>Mark all that apply.</i>					
Household members(s) - <i>Specify</i>					
INC_25_1	Col. 1864	Char 1	1	<input type="checkbox"/>	Marked - <i>Specify below</i>
INC_25_1A	Col. 1865	Char 2	02-20,99	<input type="checkbox"/>	Personal Number
INC_25_1B	Col. 1867	Char 2	02-20,99	<input type="checkbox"/>	Personal Number
Child(ren) of sample person (nonhousehold member(s)) - <i>Specify</i>					
INC_25_2	Col. 1869	Char 1	1	<input type="checkbox"/>	Marked - <i>Specify below</i>
INC_25_2A	Col. 1870	Char 2	31-48,99	<input type="checkbox"/>	Personal Number
INC_25_2B	Col. 1872	Char 2	31-48,99	<input type="checkbox"/>	Personal Number
INC_25_2C	Col. 1874	Char 2	31-48,99	<input type="checkbox"/>	Personal Number
INC_25_2D	Col. 1876	Char 2	31-48,99	<input type="checkbox"/>	Personal Number
Other nonhousehold member(s)					
INC_25_3	Col. 1878	Char 1	1	<input type="checkbox"/>	
SHOW FLASHCARD I					
26. During last month, that is, during (<i>previous month</i>) did . . .					
(. . . Or husband/wife) own -					
a1. Savings accounts in a bank, savings and loan, or credit union?					
INC_26A1	Col. 1879	Char 1	1	<input type="checkbox"/>	Yes - <i>Ask b1 and c1</i>
			2	<input type="checkbox"/>	No - <i>SKIP to 27a.</i>
b1. What is the total value of all . . . (read item) as of today?					
INC_26B1	Col. 1880	Char 6	000000-	<input type="checkbox"/>	Dollars
			999999	<input type="checkbox"/>	
INC_26B1_DK	Col. 1886	Char 1	8	<input type="checkbox"/>	Refused
			9	<input type="checkbox"/>	Don't Know

INC_26B7	Col. 1934	Char 6	999999 <input type="checkbox"/> Dollars
INC_26B7_DK	Col. 1940	Char 1	8 <input type="checkbox"/> Refused
			9 <input type="checkbox"/> Don't Know
c7. Does . . . own (read item) JOINTLY with (. . . husband/wife or) anyone else?			1 <input type="checkbox"/> Yes
INC_26C7	Col. 1941	Char 1	2 <input type="checkbox"/> No
a8. Other interest-earning assets?			1 <input type="checkbox"/> Yes - Ask b8 and c8
INC_26A8	Col. 1942	Char 1	2 <input type="checkbox"/> No - SKIP to 27a.
b8. What is the total value of all . . . (read item) as of today?			000000-
INC_26B8	Col. 1943	Char 6	999999 <input type="checkbox"/> Dollars
INC_26B8_DK	Col. 1949	Char 1	8 <input type="checkbox"/> Refused
			9 <input type="checkbox"/> Don't Know
c8. Does . . . own (read item) JOINTLY with (. . . husband/wife or) anyone else?			1 <input type="checkbox"/> Yes
INC_26C8	Col. 1950	Char 1	2 <input type="checkbox"/> No
27. During (previous month) did . . . (or . . . husband/wife) have -			
a1. Stocks or mutual fund shares?			1 <input type="checkbox"/> Yes - Ask b1 and c1
INC_27A1	Col. 1951	Char 1	2 <input type="checkbox"/> No - SKIP to 28
b1. What is the total value of all . . . (read item) as of today?			000000-
INC_27B1	Col. 1952	Char 6	999999 <input type="checkbox"/> Dollars
INC_27B1_DK	Col. 1958	Char 1	8 <input type="checkbox"/> Refused
			9 <input type="checkbox"/> Don't Know
c1. Does . . . own (read item) JOINTLY with (. . . husband/wife or) anyone else?			1 <input type="checkbox"/> Yes
INC_27C1	Col. 1959	Char 1	2 <input type="checkbox"/> No
a2. Property from which . . . (or husband/wife or) received rental income?			1 <input type="checkbox"/> Yes - Ask b2 and c2
INC_27A2	Col. 1960	Char 1	2 <input type="checkbox"/> No - SKIP to 28
b2. What is the total value of all . . . (read item) as of today?			000000-
INC_27B2	Col. 1961	Char 6	999999 <input type="checkbox"/> Dollars
INC_27B2_DK	Col. 1967	Char 1	8 <input type="checkbox"/> Refused
			9 <input type="checkbox"/> Don't Know
c2. Does . . . own (read item) JOINTLY with (. . . husband/wife or) anyone else?			1 <input type="checkbox"/> Yes
INC_27C2	Col. 1968	Char 1	2 <input type="checkbox"/> No
a3. Financial interest in a business?			1 <input type="checkbox"/> Yes - Ask b3 and c3
INC_27A3	Col. 1969	Char 1	2 <input type="checkbox"/> No - SKIP to 28
b3. What is the total value of all . . . (read item) as of today?			000000-
INC_27B3	Col. 1970	Char 6	999999 <input type="checkbox"/> Dollars
INC_27B3_DK	Col. 1976	Char 1	8 <input type="checkbox"/> Refused
			9 <input type="checkbox"/> Don't Know
c3. Does . . . own (read item) JOINTLY with (. . . husband/wife or) anyone else?			1 <input type="checkbox"/> Yes
INC_27C3	Col. 1977	Char 1	2 <input type="checkbox"/> No
a4. Any other financial investments?			1 <input type="checkbox"/> Yes - Ask b4 and c4
INC_27A4	Col. 1978	Char 1	2 <input type="checkbox"/> No - SKIP to 28
b4. What is the total value of all . . . (read item) as of today?			000000-
INC_27B4	Col. 1979	Char 6	999999 <input type="checkbox"/> Dollars
INC_27B4_DK	Col. 1985	Char 1	8 <input type="checkbox"/> Refused
			9 <input type="checkbox"/> Don't Know
c4. Does . . . own (read item) JOINTLY with (. . . husband/wife or)			1 <input type="checkbox"/> Yes

anyone else? INC_27C4	Col. 1986	Char 1	2 <input type="checkbox"/> No
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Section H - Field Observations

CHECK ITEM H.1 <i>Mark only one.</i> OBS_FR1	Col. 1987	Char 1	1 <input type="checkbox"/> Sample person answered all questions - <i>SKIP to 7</i> 2 <input type="checkbox"/> Proxy answered all questions - <i>Complete items 1 - 6</i> 3 <input type="checkbox"/> Both sample person and proxy answered all questions - <i>ANSWER 1 and 2</i>
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1. What is the proxy's name? If applicable, enter the proxy's person number OBS_PRN1 OBS_PRN2	Col. 1988 Col. 1990	Char 2 Char 2	01-48,99 <input type="checkbox"/> Personal Number 01-48,99 <input type="checkbox"/> Personal Number
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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 OBS_7_2	Col. 1992 Col. 1993	Char 1 Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
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CAREGIVER SELECTION PROCEDURE

Follow this procedure only if: the control number ends with the letter "C"			
Check Item 1 - <i>Refer to flap item 3f.</i> Are all helpers listed on the flap paid to help the sample person (Box 1 in flap item 3f marked for EACH helper)? CKITEM_1			
Col. 1994	Char 1	1 <input type="checkbox"/> Yes - <i>END INTERVIEW. Mark 1 in Check Item 8.</i> 2 <input type="checkbox"/> No	

Check Item 2 - <i>Refer to flap item 3d for unpaid helpers only.</i> Did any unpaid helpers spend hours on ADL activity (number greater than zero entered in flap item 3d)? CKITEM_2			
Col. 1995	Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to Check Item 4</i>	

Check Item 3 - <i>refer to flap item 3d for unpaid helpers only.</i> Are any unpaid helpers tied for the largest number entered in flap item 3d? CKITEM_3			
Col. 1996	Char 1	1 <input type="checkbox"/> Yes - <i>Of those helpers who tied for the largest number entered, mark (1) flap item 3g for the helper whose column was filled first. Then skip to Check Item 6.</i> 2 <input type="checkbox"/> No - <i>Mark (1) flap item 3g for the helper with the largest number entered in item 3d. Then skip to Check Item 6.</i>	

Check Item 4 - <i>Refer to flap item 3e for unpaid helpers only.</i> Did any unpaid helpers spend hours in IADL activities (number greater than zero entered in flap item 3e)? CKITEM_4			
Col. 1997	Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>END INTERVIEW. Mark box 2 in Check Item 8.</i>	

Check Item 5 - <i>Refer to flap item 3e for unpaid helpers only.</i> Are any unpaid helpers tied for the largest number entered in flap item 3e? CKITEM_5			
Col. 1998	Char 1	1 <input type="checkbox"/> Yes - <i>Of those helpers who tied for the largest number entered, mark (1) flap item 3g for the helper whose column was filled first. Then skip to Check Item 6.</i> 2 <input type="checkbox"/> No - <i>Mark (1) flap item 3g for the helper with the largest number entered in item 3e. Then skip to Check Item 6.</i>	

Check Item 6 - <i>Refer to the box marked (1) in flap item 3 and transcribe the name and personal number of that caregiver (from flap item 3a and 3b)</i> NAME NOT GIVEN Personal number CKITEM_6			
Col. 1999	Char 2	02-48, 99 <input type="checkbox"/>	

Check Item 7 Is the caregiver a member of sample person's household? CKITEM_7			
Col. 2001	Char 1	1 <input type="checkbox"/> Yes - <i>SKIP to Item 2</i> 2 <input type="checkbox"/> No - <i>Ask item 1</i>	

1. NAME AND ADDRESS OF THE CAREGIVER

NOT GIVEN

2. (SET TIME AND DATE TO MEET CAREGIVER)

NOT GIVEN

Check Item 8

CKITEM_8

Col. 2002

Char 1

1

No caregiver selected - all helpers paid.

2

No caregiver selected - no ADL and IADL help given

END INTERVIEW - Thank respondent for his or her time.

BACKFLAP ITEMS

1. ADL - Activities of Daily Living

(1) Eating

ADL_EAT

Col. 2003

Char 1

1

Marked

(2) Getting in/out of bed

ADL_BED

Col. 2004

Char 1

1

Marked

(3) Did not get out of bed at all

ADL_IBD

Col. 2005

Char 1

1

Marked

(4) Getting around inside

ADL_INS

Col. 2006

Char 1

1

Marked

(5) Did not get around inside at all

ADL_NAR

Col. 2007

Char 1

1

Marked

(6) Confined to a wheelchair

ADL_WHL

Col. 2008

Char 1

1

Marked

(7) Dressing

ADL_DRS

Col. 2009

Char 1

1

Marked

(8) Bathing

ADL_BTH

Col. 2010

Char 1

1

Marked

(9) Getting to the bathroom or using the toilet

ADL_TOI

Col. 2011

Char 1

1

Marked

2. IALD - Instrumental Activities of Daily Living

(1) Doing heavy work

IDL_HVW

Col. 2012

Char 1

1

Marked

(2) Doing light work

IDL_TWK

Col. 2013

Char 1

1

Marked

(3) Doing laundry

IDL_LND

Col. 2014

Char 1

1

Marked

(4) Preparing meals

IDL_MLS

Col. 2015

Char 1

1

Marked

(5) Shopping for groceries

IDL_SHP

Col. 2016

Char 1

1

Marked

(6) Getting around outside

IDL_OUT

Col. 2017

Char 1

1

Marked

(7) Going places outside of walking distance

IDL_WLK

Col. 2018

Char 1

1

Marked

(8) Managing money

IDL_MON

Col. 2019

Char 1

1

Marked

(9) Making telephone calls

IDL_TEL

Col. 2020

Char 1

1

Marked

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

A section

a1. Name of helper/organization

NOT GIVEN

b1. Personal Number

GIVEN (PGM10_1)

c1. Type of help

Mark (1) all that apply.

Any ADL activity

HPABF_3C1 Col. 2106 Char 1 1 Marked

IADL

Doing housework

HPABF_3C2 Col. 2107 Char 1 1 Marked

Preparing meals

HPABF_3C3 Col. 2108 Char 1 1 Marked

Shopping for groceries

HPABF_3C4 Col. 2109 Char 1 1 Marked

Getting around outside

HPABF_3C5 Col. 2110 Char 1 1 Marked

Going places outside of walking distance

HPABF_3C6 Col. 2111 Char 1 1 Marked

Managing money

HPABF_3C7 Col. 2112 Char 1 1 Marked

Taking medicine

HPABF_3C8 Col. 2113 Char 1 1 Marked

Nursing services

HPABF_3C9 Col. 2114 Char 1 1 Marked

d1. Total hours spent on ADL activities

HP_1D_01 Col. 2115 Char 3 000 None
001-999 Hours

e1. Total hours spent on IADL activities

HP_1E_01 Col. 2118 Char 3 000 None
001-999 Hours

f1. Person is paid to help sample person

HP_1K_01 Col. 2121 Char 1 1 Yes
2 No

g1. Helper was selected for Caregiver Survey

HP_SEL01 Col. 2122 Char 1 1 Yes
2 No

B section

a2. Name of Helper/organization

NOT GIVEN

b2. Personal Number

GIVEN (PGM10_2)

c2. Type of help

Mark (1) all that apply.

Any ADL activity

HPBBF_3C1 Col. 2180 Char 1 1 Marked

IADL

Doing housework

HPBBF_3C2 Col. 2181 Char 1 1 Marked

Preparing meals

HPBBF_3C3 Col. 2182 Char 1 1 Marked

Shopping for groceries

HPBBF_3C4 Col. 2183 Char 1 1 Marked

Getting around outside

HPBBF_3C5 Col. 2184 Char 1 1 Marked

Going places outside of walking distance

HPBBF_3C6 Col. 2185 Char 1 1 Marked

Managing money

HPBBF_3C7 Taking medicine	Col. 2186	Char 1	1 <input type="checkbox"/> Marked
HPBBF_3C8 Nursing services	Col. 2187	Char 1	1 <input type="checkbox"/> Marked
HPBBF_3C9	Col. 2188	Char 1	1 <input type="checkbox"/> Marked
d2. Total hours spent on ADL activities HP_1D_02	Col. 2189	Char 3	000 <input type="checkbox"/> None 002-999 <input type="checkbox"/> Hours
e2. Total hours spent on IADL activities HP_1E_02	Col. 2192	Char 3	000 <input type="checkbox"/> None 002-999 <input type="checkbox"/> Hours
f2. Person is paid to help sample person HP_1K_02	Col. 2195	Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
g2. Helper was selected for Caregiver Survey HP_SEL02	Col. 2196	Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
C section			
a2. Name of Helper/organization <i>NOT GIVEN</i>			
b2. Personal Number <i>GIVEN (PGM10_3)</i>			
c2. Type of help <i>Mark (1) all that apply.</i>			
Any ADL activity HPCBF_3C1	Col. 2254	Char 1	1 <input type="checkbox"/> Marked
IADL			
Doing housework HPCBF_3C2	Col. 2255	Char 1	1 <input type="checkbox"/> Marked
Preparing meals HPCBF_3C3	Col. 2256	Char 1	1 <input type="checkbox"/> Marked
Shopping for groceries HPCBF_3C4	Col. 2257	Char 1	1 <input type="checkbox"/> Marked
Getting around outside HPCBF_3C5	Col. 2258	Char 1	1 <input type="checkbox"/> Marked
Going places outside of walking distance HPCBF_3C6	Col. 2259	Char 1	1 <input type="checkbox"/> Marked
Managing money HPCBF_3C7	Col. 2260	Char 1	1 <input type="checkbox"/> Marked
Taking medicine HPCBF_3C8	Col. 2261	Char 1	1 <input type="checkbox"/> Marked
Nursing services HPCBF_3C9	Col. 2262	Char 1	1 <input type="checkbox"/> Marked
d2. Total hours spent on ADL activities HP_1D_03	Col. 2263	Char 3	000 <input type="checkbox"/> None 002-999 <input type="checkbox"/> Hours
e2. Total hours spent on IADL activities HP_1E_03	Col. 2266	Char 3	000 <input type="checkbox"/> None 002-999 <input type="checkbox"/> Hours
f2. Person is paid to help sample person HP_1K_03	Col. 2269	Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
g2. Helper was selected for Caregiver Survey HP_SEL03	Col. 2270	Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
D section			
a4. Name of Helper/organization			

NOT GIVEN

b4. Personal Number
GIVEN (PGM10_4)

c4. Type of help

Mark (1) all that apply.

Any ADL activity

HPDBF_3C1

Col. 2328

Char 1

1 Marked

IADL

Doing housework

HPDBF_3C2

Col. 2329

Char 1

1 Marked

Preparing meals

HPDBF_3C3

Col. 2330

Char 1

1 Marked

Shopping for groceries

HPDBF_3C4

Col. 2331

Char 1

1 Marked

Getting around outside

HPDBF_3C5

Col. 2332

Char 1

1 Marked

Going places outside of walking distance

HPDBF_3C6

Col. 2333

Char 1

1 Marked

Managing money

HPDBF_3C7

Col. 2334

Char 1

1 Marked

Taking medicine

HPDBF_3C8

Col. 2335

Char 1

1 Marked

Nursing services

HPDBF_3C9

Col. 2336

Char 1

1 Marked

d4. Total hours spent on ADL activities

HP_1D_04

Col. 2337

Char 3

000 None
002-999 Hours

e4. Total hours spent on IADL activities

HP_1E_04

Col. 2340

Char 3

000 None
002-999 Hours

f4. Person is paid to help sample person

HP_1K_04

Col. 2343

Char 1

1 Yes
2 No

g4. Helper was selected for Caregiver Survey

HP_SEL04

Col. 2344

Char 1

1 Yes
2 No

E section

a5. Name of Helper/organization

NOT GIVEN

b5. Personal Number

GIVEN (PGM10_5)

c5. Type of help

Mark (1) all that apply.

Any ADL activity

HPEBF_3C1

Col. 2402

Char 1

1 Marked

IADL

Doing housework

HPEBF_3C2

Col. 2403

Char 1

1 Marked

Preparing meals

HPEBF_3C3

Col. 2404

Char 1

1 Marked

Shopping for groceries

HPEBF_3C4

Col. 2405

Char 1

1 Marked

Getting around outside

HPEBF_3C5	Col. 2406	Char 1	1 <input type="checkbox"/>	Marked
Going places outside of walking distance				
HPEBF_3C6	Col. 2407	Char 1	1 <input type="checkbox"/>	Marked
Managing money				
HPEBF_3C7	Col. 2408	Char 1	1 <input type="checkbox"/>	Marked
Taking medicine				
HPEBF_3C8	Col. 2409	Char 1	1 <input type="checkbox"/>	Marked
Nursing services				
HPEBF_3C9	Col. 2410	Char 1	1 <input type="checkbox"/>	Marked
d5. Total hours spent on ADL activities			000 <input type="checkbox"/>	None
HP_1D_05	Col. 2411	Char 3	002-999 <input type="checkbox"/>	Hours
e5. Total hours spent on IADL activities			000 <input type="checkbox"/>	None
HP_1E_05	Col. 2414	Char 3	002-999 <input type="checkbox"/>	Hours
f5. Person is paid to help sample person			1 <input type="checkbox"/>	Yes
HP_1K_05	Col. 2417	Char 1	2 <input type="checkbox"/>	No
g5. Helper was selected for Caregiver Survey			1 <input type="checkbox"/>	Yes
HP_SEL05	Col. 2418	Char 1	2 <input type="checkbox"/>	No
F section				
a5. Name of Helper/organization				
NOT GIVEN				
b5. Personal Number				
GIVEN (PGM10_6)				
c5. Type of help				
Mark (1) all that apply.				
Any ADL activity				
HPFBF_3C1	Col. 2476	Char 1	1 <input type="checkbox"/>	Marked
IADL				
Doing housework				
HPFBF_3C2	Col. 2477	Char 1	1 <input type="checkbox"/>	Marked
Preparing meals				
HPFBF_3C3	Col. 2478	Char 1	1 <input type="checkbox"/>	Marked
Shopping for groceries				
HPFBF_3C4	Col. 2479	Char 1	1 <input type="checkbox"/>	Marked
Getting around outside				
HPFBF_3C5	Col. 2480	Char 1	1 <input type="checkbox"/>	Marked
Going places outside of walking distance				
HPFBF_3C6	Col. 2481	Char 1	1 <input type="checkbox"/>	Marked
Managing money				
HPFBF_3C7	Col. 2482	Char 1	1 <input type="checkbox"/>	Marked
Taking medicine				
HPFBF_3C8	Col. 2483	Char 1	1 <input type="checkbox"/>	Marked
Nursing services				
HPFBF_3C9	Col. 2484	Char 1	1 <input type="checkbox"/>	Marked
d5. Total hours spent on ADL activities			000 <input type="checkbox"/>	None
HP_1D_06	Col. 2485	Char 3	002-999 <input type="checkbox"/>	Hours
e5. Total hours spent on IADL activities			000 <input type="checkbox"/>	None
HP_1E_07	Col. 2488	Char 3	002-999 <input type="checkbox"/>	Hours
f5. Person is paid to help sample person			1 <input type="checkbox"/>	Yes
HP_1K_08	Col. 2491	Char 1	2 <input type="checkbox"/>	No
g5. Helper was selected for Caregiver Survey			1 <input type="checkbox"/>	Yes

HP_SEL06

Col. 2492

Char 1

2 No