

**1994 COMMUNITY QUESTIONNAIRE**

**TRANSCRIBE FROM CONTROL CARD**

1. Regional Office Code COM_ROC	Col. 1406	Char 2	<input type="checkbox"/>
5. Field Representative code COM_FR_CODE	Col. 1408	Char 3	<input type="checkbox"/>
Case Screened by Personal Visit COM_CK_A	Col. 1411	Char 1	<input type="checkbox"/>

**Section A - FUNCTIONAL STATUS**

**Part 1 - CONDITION LIST**

1. Now I'm going to read you a list of medical conditions. Does . . . NOW have any of the following:			1 <input type="checkbox"/> Yes
			2 <input type="checkbox"/> No
a. Rheumatism or arthritis? CND_1A01	Col. 1412	Char 1	
b. Paralysis? CND_1A02	Col. 1413	Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
c. Other permanent numbness or stiffness (besides paralysis/rheumatism or arthritis)? CND_1A03	Col. 1414	Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
d. Multiple Sclerosis? CND_1A04	Col. 1415	Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
e. Cerebral palsy? CND_1A05	Col. 1416	Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
f. Epilepsy? CND_1A06	Col. 1417	Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
g. Parkinson's disease? CND_1A07	Col. 1418	Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
h. Glaucoma? CND_1A08	Col. 1419	Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
i. Diabetes? CND_1A09	Col. 1420	Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
j. Cancer? CND_1A10	Col. 1421	Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
k. Frequent constipation? CND_1A11	Col. 1422	Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
l. Frequent trouble sleeping? CND_1A12	Col. 1423	Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
m. Frequent severe headaches? CND_1A13	Col. 1424	Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
n. Obesity or is . . . overweight? CND_1A14	Col. 1425	Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
o. Arteriosclerosis or hardening of the arteries? CND_1A15	Col. 1426	Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
CHECK A.1 Respondent is - CND_CK2	Col. 1427	Char 1	1 <input type="checkbox"/> Sample Person - <i>SKIP to 2</i> 2 <input type="checkbox"/> Proxy
p. Does. . . NOW have: Alzheimer's disease? CND_1B_1	Col. 1428	Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
q. Mental retardation? CND_1B_2	Col. 1429	Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
r. Senility? CND_1B_3	Col. 1430	Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No

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. 1431	Char 1		
b. Any other heart problem?		1	<input type="checkbox"/>	Yes
CND_2_02	Col. 1432	Char 1	2	<input type="checkbox"/>
				No
c. Hypertension or high blood pressure?		1	<input type="checkbox"/>	Yes
CND_2_03	Col. 1433	Char 1	2	<input type="checkbox"/>
				No
d. A stroke?		1	<input type="checkbox"/>	Yes
CND_2_04	Col. 1434	Char 1	2	<input type="checkbox"/>
				No
e. Circulation trouble in. . . arms or legs?		1	<input type="checkbox"/>	Yes
CND_2_05	Col. 1435	Char 1	2	<input type="checkbox"/>
				No
f. Has. . . had Pneumonia in LAST 12 months?		1	<input type="checkbox"/>	Yes
CND_2_06	Col. 1436	Char 1	2	<input type="checkbox"/>
				No
g. Bronchitis?		1	<input type="checkbox"/>	Yes
CND_2_07	Col. 1437	Char 1	2	<input type="checkbox"/>
				No
h. Flu?		1	<input type="checkbox"/>	Yes
CND_2_08	Col. 1438	Char 1	2	<input type="checkbox"/>
				No
i. Emphysema?		1	<input type="checkbox"/>	Yes
CND_2_09	Col. 1439	Char 1	2	<input type="checkbox"/>
				No
j. Asthma?		1	<input type="checkbox"/>	Yes
CND_2_10	Col. 1440	Char 1	2	<input type="checkbox"/>
				No
k. A broken hip?		1	<input type="checkbox"/>	Yes
CND_2_11	Col. 1441	Char 1	2	<input type="checkbox"/>
				No
l. Other broken bones?		1	<input type="checkbox"/>	Yes
CND_2_12	Col. 1442	Char 1	2	<input type="checkbox"/>
				No
CHECK A.2		1	<input type="checkbox"/>	H - <i>SKIP to Part 5, question 3</i>
Refer to GROUP variable.		2	<input type="checkbox"/>	D } <i>GO to part 2,</i>
CND_CK3	Col. 1443	Char 1	3	N } <i>item 1a in Part 2</i>

**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. 1444	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. 1445	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. 1446	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. 1447	Char 1	2	<input type="checkbox"/>
				No
e. Did someone help . . . cut meat or butter bread?		1	<input type="checkbox"/>	Yes
ADL_1E	Col. 1448	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. 1449	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. 1450	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. 1451	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. 1452	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

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

Mark flap item 1, code 1.

		5 <input type="checkbox"/> 5 years or over	
2a. Since last (day), did any person help . . . get in or out of bed (or didn't . . . get out of bed at all for any reason whatever)? ADL_2A Col. 1453 Char 1	1 <input type="checkbox"/> Yes - <i>SKIP to 2d.</i> 2 <input type="checkbox"/> No 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? ADL_2B Col. 1454 Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 3a</i>		
c. Did someone usually stay nearby . . . just in case . . . might need help? ADL_2C Col. 1455 Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } <i>SKIP to 2f</i>		
d. Did someone actually LIFT . . . in or out of bed? ADL_2D Col. 1456 Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		
e. Did . . . also use special equipment like a wheelchair, railing, walker, or cane to help . . . get out of bed? ADL_2E Col. 1457 Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 2g</i>		
f. What kind of special equipment did . . . use? (1) Wheelchair ADL_2F_1 Col. 1458 Char 1 (2) Railing ADL_2F_2 Col. 1459 Char 1 (3) Walker ADL_2F_3 Col. 1460 Char 1 (4) Cane ADL_2F_4 Col. 1461 Char 1 (5) Crutches ADL_2F_5 Col. 1462 Char 1 (6) Lift ADL_2F_6 Col. 1463 Char 1 (7) Other Device ADL_2F_7 Col. 1464 Char 1	1 <input type="checkbox"/> MARKED 1 <input type="checkbox"/> MARKED 1 <input type="checkbox"/> MARKED 1 <input type="checkbox"/> MARKED 1 <input type="checkbox"/> MARKED 1 <input type="checkbox"/> MARKED 1 <input type="checkbox"/> MARKED		
g. How often did . . . (receive help or use special equipment) - most of the time, some of the time, or only occasionally? ADL_2G Col. 1465 Char 1	1 <input type="checkbox"/> Most of the time 2 <input type="checkbox"/> Some of the time 3 <input type="checkbox"/> Only occasionally		
h. About how long has . . . (had help/used special equipment) to get in or out of bed? <i>Probe as necessary. Code for longest.</i> ADL_2H Col. 1466 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 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> ADL_2I Col. 1467 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, 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)? ADL_3A Col. 1468 Char 1	1 <input type="checkbox"/> Yes - <i>SKIP to 3d</i> 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Did not get around inside at all - <i>SKIP to 3j</i>		
b. Did . . . use special equipment like a wheelchair, cane, or other device to help . . . get around inside? ADL_3B Col. 1469 Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 4a</i>		
c. Did someone usually stay nearby just in case . . . might need some help? ADL_3C Col. 1470 Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } <i>SKIP to 3e</i>		
d. Did . . . also use special equipment like a wheelchair, cane, other device to help . . . get around inside? ADL_3D Col. 1471 Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 3h</i>		

e. Did . . . use a wheelchair? ADL_3E Col. 1472 Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 3g</i>
f. Is . . . able to get around at all without the wheelchair? ADL_3F Col. 1473 Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>Mark flap item 1, code 6</i>
g. What other kind of special equipment did . . . use? Anything else? <i>Mark (1) all apply.</i> <i>If none, mark "None."</i>	
(1) Railing ADL_3G01 Col. 1474 Char 1	1 <input type="checkbox"/> MARKED
(2) Walker ADL_3G02 Col. 1475 Char 1	1 <input type="checkbox"/> MARKED
(3) Cane ADL_3G03 Col. 1476 Char 1	1 <input type="checkbox"/> MARKED
(4) Crutches ADL_3G04 Col. 1477 Char 1	1 <input type="checkbox"/> MARKED
(5) Elevator/escalator ADL_3G05 Col. 1478 Char 1	1 <input type="checkbox"/> MARKED
(6) Orthopedic shoes ADL_3G06 Col. 1479 Char 1	1 <input type="checkbox"/> MARKED
(7) Brace (leg or back) ADL_3G07 Col. 1480 Char 1	1 <input type="checkbox"/> MARKED
(8) Prosthesis ADL_3G08 Col. 1481 Char 1	1 <input type="checkbox"/> MARKED
(9) Oxygen/respirator ADL_3G09 Col. 1482 Char 1	1 <input type="checkbox"/> MARKED
(10) Furniture/walls ADL_3G10 Col. 1483 Char 1	1 <input type="checkbox"/> MARKED
(11) Chairlift on stairs ADL_3G11 Col. 1484 Char 1	1 <input type="checkbox"/> MARKED
(12) Other device ADL_3G12 Col. 1485 Char 1	1 <input type="checkbox"/> MARKED
(13) None ADL_3G13 Col. 1486 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. 1487 Char 1	1 <input type="checkbox"/> Most of the time 2 <input type="checkbox"/> Some of the time 3 <input type="checkbox"/> Only occasionally
i. About how long has . . . had help or used special equipment to get around inside? ADL_3I Col. 1488 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 4 - SKIP to 4a</i>
j. About how long has . . . been unable to get around inside? ADL_3J Col. 1489 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, codes 4 and 5</i>
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. 1490 Char 1	1 <input type="checkbox"/> Yes - <i>SKIP to 4d</i> 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Did not dress at all - <i>SKIP to 4h</i>
b. Did . . . wear special clothing or use special equipment to help . . . get dressed? ADL_4B Col. 1491 Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 5a</i>

c. Did someone usually stay nearby just in case . . . might need help? ADL_4C Col. 1492 Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	} SKIP to 4f
d. Did someone put on all . . . clothes for . . . ? ADL_4D Col. 1493 Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
e. Did . . . also use special equipment to help . . . dress . . . or use special clothing? ADL_4E Col. 1494 Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
f. How often did . . . (receive help/use special equipment or clothing) - most of the time, some of the time, or only occasionally? ADL_4F Col. 1495 Char 1	1 <input type="checkbox"/> Most of the time 2 <input type="checkbox"/> Some of the time 3 <input type="checkbox"/> Only occasionally	
g. About how long has . . . (had help dressing/used special equipment or clothing)? ADL_4G Col. 1496 Char 1	1 <input type="checkbox"/> Less than 3 months 2 <input type="checkbox"/> 3 months to 6 months 3 <input type="checkbox"/> 6 months to 1 year 4 <input type="checkbox"/> 1 year to 5 years 5 <input type="checkbox"/> 5 years or over	} Mark flap item 1, code 7 - SKIP to 5a
h. During the past week, did someone help . . . change . . . pajamas or gown? ADL_4H Col. 1497 Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
i. About how long has . . . been unable to dress? <i>PROBE as necessary.</i> ADL_4I Col. 1498 Char 1	1 <input type="checkbox"/> Less than 3 months 2 <input type="checkbox"/> 3 months to 6 months 3 <input type="checkbox"/> 6 months to 1 year 4 <input type="checkbox"/> 1 year to 5 years 5 <input type="checkbox"/> 5 years or over	} Mark flap item 1, code 7
CHECK ITEM A.3 <i>Refer to flap item 1.</i> ADL_CK2 Col. 1499 Char 1	1 <input type="checkbox"/> Code 3 marked in flap item 1 - SKIP to 5K 2 <input type="checkbox"/> All others	
5a. Since last ( <i>day</i> ), did any person help . . . bathe, or was . . . unable to bathe at all? ADL_5A Col. 1500 Char 1	1 <input type="checkbox"/> Yes - SKIP to 5d 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Unable to bathe - SKIP to 5j	
b. Did . . . use special equipment like a shower seat, tub stool or grab bar to help . . . bathe? ADL_5B Col. 1501 Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 6a	
c. Did someone usually stay nearby just in case . . . might need help? ADL_5C Col. 1502 Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	} SKIP to 5g
d. Did someone bathe . . . ? ADL_5D Col. 1503 Char 1	1 <input type="checkbox"/> Yes - SKIP to 5f 2 <input type="checkbox"/> No	
e. Did someone help . . . get into or out of the bathtub? ADL_5E Col. 1504 Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
f. Did . . . also use special equipment like a shower seat, tub stool, or grab bars to help . . . bathe? ADL_5F Col. 1505 Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 5h	
g. What kind of special equipment did . . . use? Anything else? <i>Anything else?</i> <i>Mark (1) all that apply.</i>		
(1) Shower seat/tub stool ADL_5G_1 Col. 1506 Char 1	1 <input type="checkbox"/> MARKED	
(2) Grab bars/handle bars at sink ADL_5G_2 Col. 1507 Char 1	1 <input type="checkbox"/> MARKED	
(3) Hand-held shower ADL_5G_3 Col. 1508 Char 1	1 <input type="checkbox"/> MARKED	
(4) Walker/cane ADL_5G_4 Col. 1509 Char 1	1 <input type="checkbox"/> MARKED	
(5) Rubber mat		

ADL_5G_5	Col. 1510	Char 1	1	<input type="checkbox"/>	MARKED	
(6) Other device						
ADL_5G_6	Col. 1511	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 occasionally?			1	<input type="checkbox"/>	Most of the time	
			2	<input type="checkbox"/>	Some of the time	
ADL_5H	Col. 1512	Char 1	3	<input type="checkbox"/>	Only occasionally	
i. About how long . . . has had help or used special equipment to bathe? <i>PROBE as necessary. Code for the longest.</i>			1	<input type="checkbox"/>	Less than 3 months	} <i>Mark flap item 1, code 8 - SKIP to 6a.</i>
			2	<input type="checkbox"/>	3 months to 6 months	
			3	<input type="checkbox"/>	6 months to 1 year	
ADL_5I	Col. 1513	Char 1	4	<input type="checkbox"/>	1 year to 5 years	
			5	<input type="checkbox"/>	5 years or over	
j. Did . . . wash . . . body at a sink or basin?			1	<input type="checkbox"/>	Yes - <i>SKIP to 5l.</i>	
ADL_5J	Col. 1514	Char 1	2	<input type="checkbox"/>	No	
k. During the past week, did . . . have a bed bath?			1	<input type="checkbox"/>	Yes	
ADL_5K	Col. 1515	Char 1	2	<input type="checkbox"/>	No	
l. About how long has . . . been able to bathe? <i>PROBE as necessary. Code for the longest.</i>			1	<input type="checkbox"/>	Less than 3 months	} <i>Mark flap item 1, code 8</i>
			2	<input type="checkbox"/>	3 months to 6 months	
			3	<input type="checkbox"/>	6 months to 1 year	
ADL_5L	Col. 1516	Char 1	4	<input type="checkbox"/>	1 year to 5 years	
			5	<input type="checkbox"/>	5 years or over	
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?			1	<input type="checkbox"/>	Yes - <i>SKIP to 6d.</i>	
ADL_6A	Col. 1517	Char 1	2	<input type="checkbox"/>	No	
			3	<input type="checkbox"/>	Did not use toilet seat at all - <i>SKIP to 6l</i>	
b. Did . . . use special equipment like a raised toilet, bedside commode, or grab bar to help . . . to use the toilet?			1	<input type="checkbox"/>	Yes	
ADL_6B	Col. 1518	Char 1	2	<input type="checkbox"/>	No - <i>SKIP to 6o</i>	
c. Did someone usually stay nearby just in case . . . might need help to use the toilet?			1	<input type="checkbox"/>	Yes	} <i>SKIP to 6g</i>
ADL_6C	Col. 1519	Char 1	2	<input type="checkbox"/>	No	
d. Did someone usually help . . . get to the toilet?			1	<input type="checkbox"/>	Yes	
ADL_6D	Col. 1520	Char 1	2	<input type="checkbox"/>	No	
e. Did someone help . . . to get on or off the toilet, arrange . . . clothes, or clean . . . self?			1	<input type="checkbox"/>	Yes	
ADL_6E	Col. 1521	Char 1	2	<input type="checkbox"/>	No	
f. Did . . . also use special equipment like a raised toilet, bedside commode, or grab bar to help . . . use the toilet?			1	<input type="checkbox"/>	Yes	
ADL_6F	Col. 1522	Char 1	2	<input type="checkbox"/>	No - <i>SKIP to 6j</i>	
g. What kind of special equipment did . . . use? Anything else? Anything else? <i>Mark (1) all that apply.</i>						
(1) Raised toilet			1	<input type="checkbox"/>	MARKED	
ADL_6G_1	Col. 1523	Char 1				
(2) Portable toilet/bedside commode			1	<input type="checkbox"/>	MARKED	
ADL_6G_2	Col. 1524	Char 1				
(3) Rail/grab bar			1	<input type="checkbox"/>	MARKED	
ADL_6G_3	Col. 1525	Char 1				
(4) Bedpan or urinal			1	<input type="checkbox"/>	MARKED	
ADL_6G_4	Col. 1526	Char 1				
(5) Cane/walker			1	<input type="checkbox"/>	MARKED	
ADL_6G_5	Col. 1527	Char 1				
(6) Other device			1	<input type="checkbox"/>	MARKED	
ADL_6G_6	Col. 1528	Char 1				
h. Did . . . take care of . . . toilet needs by using any OTHER special equipment like a (bedpan/portable toilet/special underwear)?			1	<input type="checkbox"/>	Yes	
ADL_6H	Col. 1529	Char 1	2	<input type="checkbox"/>	No - <i>SKIP to 6j</i>	
i. What other special equipment did . . . use? Anything else?						

Anything else? <i>Mark (1) all that apply.</i>					
(1) Bed pan	ADL_6I_1	Col. 1530	Char 1	1	<input type="checkbox"/> MARKED
(2) Portable toilet/bedside commode	ADL_6I_2	Col. 1531	Char 1	1	<input type="checkbox"/> MARKED
(3) Special underwear/diapers	ADL_6I_3	Col. 1532	Char 1	1	<input type="checkbox"/> MARKED
(4) Specify other device	ADL_6I_4	Col. 1533	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?				1	<input type="checkbox"/> Most of the time
				2	<input type="checkbox"/> Some of the time
ADL_6J				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>				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)?				1	<input type="checkbox"/> Yes
ADL_6L				2	<input type="checkbox"/> No - <i>SKIP to 6n</i>
m. What special equipment did . . . use? Anything else? <i>Anything else?</i> <i>Mark (1) all that apply.</i>					
(1) Bed pan	ADL_6M_1	Col. 1537	Char 1	1	<input type="checkbox"/> MARKED
(2) Portable toilet/bedside commode	ADL_6M_2	Col. 1538	Char 1	1	<input type="checkbox"/> MARKED
(3) Special underwear/diapers	ADL_6M_3	Col. 1539	Char 1	1	<input type="checkbox"/> MARKED
(4) Catheter	ADL_6M_4	Col. 1540	Char 1	1	<input type="checkbox"/> MARKED
(5) Specify other device	ADL_6M_5	Col. 1541	Char 1	1	<input type="checkbox"/> MARKED
n. About how long has . . . been unable to use the toilet?				1	<input type="checkbox"/> Less than 3 months
ADL_6N				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?				1	<input type="checkbox"/> Yes
ADL_6O				2	<input type="checkbox"/> No - <i>SKIP to 6r</i>
p. Does . . . take care of it by . . .self OF does someone help . . . to take care of it?				1	<input type="checkbox"/> Self care
ADL_6P				2	<input type="checkbox"/> With help
q. About how long has . . . been using it? <i>PROBE as necessary. Code for longest</i>				1	<input type="checkbox"/> Less than 3 months
ADL_6Q				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?				1	<input type="checkbox"/> Yes
ADL_6R				2	<input type="checkbox"/> No - <i>SKIP to Check Item A.4</i>
s. Does someone help . . . clean up OR does . . . take				1	<input type="checkbox"/> Self care

care of it by himself/herself? ADL_6S Col. 1547 Char 1	2 <input type="checkbox"/> With help
t. About how long . . . had this problem? <i>PROBE as necessary. Code for longest</i> ADL_6T Col. 1548 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
CHECK ITEM A.4 <i>Refer to FLAP ITEM 1. Mark (1) for each MARKED ADL item.</i> (1) Eating ADL_CK3_1 Col. 1549 Char 1 (2) Getting in/out of bed ADL_CK3_2 Col. 1550 Char 1 (3) Getting around inside ADL_CK3_4 Col. 1551 Char 1 (4) Dressing ADL_CK3_7 Col. 1552 Char 1 (5) Bathing ADL_CK3_8 Col. 1553 Char 1 (6) Getting to the bathroom or using the toilet ADL_CK3_9 Col. 1554 Char 1	1 <input type="checkbox"/> MARKED 1 <input type="checkbox"/> MARKED 1 <input type="checkbox"/> MARKED 1 <input type="checkbox"/> MARKED 1 <input type="checkbox"/> MARKED 1 <input type="checkbox"/> MARKED <i>If all items marked, SKIP to CHECK ITEM A.5. Otherwise, ask 7a.</i>
7a. You said that . . . didn't get any help during the past week with <i>(read UNMARKED items from Check Item A.4).</i> Did someone usually stay nearby just in case . . . might need help with any of these things? ADL_7A Col. 1555 Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 8a
b. For which of these things did someone usually stay nearby? <i>Anything else? Mark (1) all that apply.</i> (1) Eating ADL_7B_1 Col. 1556 Char 1 (2) Getting in/out of bed ADL_7B_2 Col. 1557 Char 1 (3) Getting around inside ADL_7B_4 Col. 1558 Char 1 (4) Dressing ADL_7B_7 Col. 1559 Char 1 (5) Bathing ADL_7B_8 Col. 1560 Char 1 (6) Getting to the bathroom or using the toilet ADL_7B_9 Col. 1561 Char 1	1 <input type="checkbox"/> MARKED 1 <input type="checkbox"/> MARKED 1 <input type="checkbox"/> MARKED 1 <input type="checkbox"/> MARKED 1 <input type="checkbox"/> MARKED 1 <input type="checkbox"/> MARKED <i>Mark appropriate item(s) in flap item 1 and in CHECK ITEM A.4 above.</i>
c. About how long has . . . had someone stay nearby just in case . . . might need help with (that/any of those things)? ADL_7C Col. 1562 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
CHECK ITEM A.5 <i>Refer to Check Item A.4.</i> ADL_CK4 Col. 1563 Char 1	1 <input type="checkbox"/> All items marked - SKIP to CHECK ITEM A.6 2 <input type="checkbox"/> One or more items marked - Go to 8a
8a. Does . . . NEED help with <i>(read UNMARKED items from Check Item A.4)</i> ? ADL_8A Col. 1564 Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to Check Item A.6
b. For which of those things does . . . Need help?	



Anything else? <i>Mark (1) all that apply.</i>			
(1) Eating	ADL_8B_1	Col. 1565	Char 1
			1 <input type="checkbox"/> MARKED
(2) Getting in/out of bed	ADL_8B_2	Col. 1566	Char 1
			1 <input type="checkbox"/> MARKED
(3) Getting around inside	ADL_8B_4	Col. 1567	Char 1
			1 <input type="checkbox"/> MARKED
(4) Dressing	ADL_8B_7	Col. 1568	Char 1
			1 <input type="checkbox"/> MARKED
(5) Bathing	ADL_8B_8	Col. 1569	Char 1
			1 <input type="checkbox"/> MARKED
(6) Getting to the bathroom or using the toilet	ADL_8B_9	Col. 1570	Char 1
			1 <input type="checkbox"/> MARKED

<b>CHECK ITEM A.6</b>			
Was the Sample Person helped by another person in any ADL item? <i>This includes active help or standby help.</i>			
	ADL_CK5	Col. 1571	Char 1
			1 <input type="checkbox"/> Yes
			2 <input type="checkbox"/> No - <i>SKIP to Check Item A.7</i>

9a. You said that . . . got help during the past week in: <i>(read MARKED ADL items from Check Item A.4).</i>			
(1) Eating	ADL_9A_1	Col. 1572	Char 1
			1 <input type="checkbox"/> MARKED
(2) Getting in/out of bed	ADL_9A_2	Col. 1573	Char 1
			1 <input type="checkbox"/> MARKED
(3) Getting around inside	ADL_9A_4	Col. 1574	Char 1
			1 <input type="checkbox"/> MARKED
(4) Dressing	ADL_9A_7	Col. 1575	Char 1
			1 <input type="checkbox"/> MARKED
(5) Bathing	ADL_9A_8	Col. 1576	Char 1
			1 <input type="checkbox"/> MARKED
(6) Getting to the bathroom or using the toilet	ADL_9A_9	Col. 1577	Char 1
			1 <input type="checkbox"/> MARKED
(7) None	ADL_9A_0	Col. 1578	Char 1
			1 <input type="checkbox"/> MARKED - <i>SKIP to 10a</i>

b. How often did this happen in the past week-often, sometimes or almost never?			
	ADL_9B	Col. 1579	Char 1
			1 <input type="checkbox"/> Often
			2 <input type="checkbox"/> Sometimes
			3 <input type="checkbox"/> Almost never

10a. You said that . . . Has helped in <i>(read marked ADL items from Check Item A.4)</i> . What is the name of the person who helps . . . MOST with <i>(that/those things)</i> ?			
Fill flap item 3a and b and mark flap item 3c, box 1, in the first helper's column.			

b. Who helps . . . With <i>(that/those things)</i> ?			
<i>Reask until no more helpers named. 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)**

<b>CHECK ITEM A.7</b>			
Refer to flap item 1. both of these variables equal to 1?			
	IDL_CK2	Col. 1580	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. 1581	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. 1582	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			
---	--	--	--





IDL_F07	Col. 1616	Char 1	1 <input type="checkbox"/>	MARKED	
(8) Prosthesis					
IDL_F08	Col. 1617	Char 1	1 <input type="checkbox"/>	MARKED	
(9) Oxygen/respirator					
IDL_F09	Col. 1618	Char 1	1 <input type="checkbox"/>	MARKED	
(10) Ramp					
IDL_F10	Col. 1619	Char 1	1 <input type="checkbox"/>	MARKED	
(11) Handrail					
IDL_F11	Col. 1620	Char 1	1 <input type="checkbox"/>	MARKED	
(12) Specify other device					
IDL_F12	Col. 1621	Char 1	1 <input type="checkbox"/>	MARKED	
g. Does . . . usually use ( <i>equipment in 6f</i> ) by . . . self OR with help from another person?			1 <input type="checkbox"/>	By self	} SKIP to 7a, page 10
IDL_6G	Col. 1622	Char 1	2 <input type="checkbox"/>	With help	
h. Does . . . NEED any help getting around outside?			1 <input type="checkbox"/>	Yes	} SKIP to 7a, page 10
IDL_6H	Col. 1623	Char 1	2 <input type="checkbox"/>	No	
i. What is the reason . . . does not get around outside? Is it because of disability or health problem, or is there some other reason?			1 <input type="checkbox"/>	Disability of health problem (including old age) - Mark flap item 2, code 6. THEN SKIP TO 9a.	
IDL_6I_1	Col. 1624	Char 1			
IDL_6I_2	Col. 1625	Char 1	1 <input type="checkbox"/>	Other reason	
<i>Look at Flashcard A.</i>			1 <input type="checkbox"/>	Car	
7a. How does . . . USUALLY go places outside of walking distance? Mark only one.			2 <input type="checkbox"/>	Van	
IDL_7A	Col. 1626	Char 1	3 <input type="checkbox"/>	Taxi	
			4 <input type="checkbox"/>	Bus	
			5 <input type="checkbox"/>	Other public transportation	
			6 <input type="checkbox"/>	Other	
			7 <input type="checkbox"/>	Does not travel at all - SKIP to 7g	
b. Does someone usually help . . . go places outside or walking distance?			1 <input type="checkbox"/>	Yes	
IDL_7B	Col. 1627	Char 1	2 <input type="checkbox"/>	No - SKIP to 7h	
c. If . . . had to go places outside of walking distance by . . . self, could . . . do it?			1 <input type="checkbox"/>	Yes - SKIP to 9a	
IDL_7C	Col. 1628	Char 1	2 <input type="checkbox"/>	No	
d. Who regularly helps . . . with this?			Fill flap items 3a and b in next available helper's column for name not previously entered. Mark flap item 3c, code 6, for this helper.		
e. Who else regularly helps . . . with this?			Reask until no more helpers named. Fill flap items 3a and b in next available helper's column(s) for name(s) not previously entered. Mark flap item 3c, code 6, for each helper who does this.		
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?			1 <input type="checkbox"/>	Disability or health problem (including old age) - Mark flap item 2, code 7, THEN SKIP TO 9a.	
IDL_7F_1	Col. 1629	Char 1			
IDL_7F_2	Col. 1630	Char 1	1 <input type="checkbox"/>	Other Reason	
g. If . . . had to go places outside of walking distance by . . . self, could . . . do it?			1 <input type="checkbox"/>	Yes	
IDL_7G	Col. 1631	Char 1	2 <input type="checkbox"/>	No	
h. Does . . . NEED any help getting around outside of walking distance?			1 <input type="checkbox"/>	Yes	} SKIP to 9a
IDL_7H	Col. 1632	Char 1	2 <input type="checkbox"/>	No	
8a. Does someone regularly help . . . with housework and laundry or do housework and laundry for . . . ? Who else regularly does this?			1 <input type="checkbox"/>	No one helps	
IDL_8A	Col. 1633	Char 1	2 <input type="checkbox"/>	Someone helps - Mark flap item 2, codes 1, 2, and 3. Fill flap items 3a and b in next available helper's column(s) for name(s) not previously entered. Mark flap item 3c, code 2, for each helper who does this.	



IDL_11E_2	Col. 1649	Char 1	1 <input type="checkbox"/> Other reason
CHECK ITEM A.9 Refer to FLAP ITEMS 1 AND 2 IDL_CK4	Col. 1650	Char 1	1 <input type="checkbox"/> One or more IADL items marked in flap item 2 2 <input type="checkbox"/> No IADL items marked in flap item 2, one more ADL items marked in flap item 1 - <i>SKIP to 13a</i> 3 <input type="checkbox"/> No ADL or IADL items marked - <i>SKIP to 14a</i>
<i>Refer to flap item 2.</i> 12. You said that . . . (health/age) has kept . . . From ( <i>read MARKED IADL items</i> ). About how long has (health/age) kept . . . from doing (this/any of these things)? <i>PROBE as necessary. Code for longest.</i> IDL_12	Col. 1651	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>Refer to flap items 1 and 2.</i> 13a. What health conditions, either mental or physical, cause . . . to have trouble ( <i>read MARKED ADL AND IADL ITEMS</i> ). <i>Probe for specific condition. Enter verbatim response.</i> <i>NOT GIVEN</i>			
b. Any other condition? <i>Reask until no more conditions named.</i> <i>NOT GIVEN</i>			
<i>if more than one condition, ask -</i> c. What is the main condition? <i>Mark (1) box of main condition only.</i> IDL_1311	Col. 1652	Char 1	1 <input type="checkbox"/>
OFFICIAL USE ONLY RECORDED ITEMS TO OPEN-ENDED RESPONSES IN 13A & B 190 CODED PROBLEM IDL_13_190	Col. 1653	Char 3	<input type="checkbox"/>
191 CODED PROBLEM IDL_13_191	Col. 1656	Char 3	<input type="checkbox"/>
192 CODED PROBLEM IDL_13_192	Col. 1659	Char 3	<input type="checkbox"/>
193 CODED PROBLEM IDL_13_193	Col. 1662	Char 3	<input type="checkbox"/>
CHECK ITEM A.10 <i>Refer to flap item 3.</i> IDL_CK6	Col. 1665	Char 1	1 <input type="checkbox"/> Helper(s) reported - <i>Mark Check Item A.11</i> 2 <input type="checkbox"/> No helper reported - <i>SKIP to 1a, Part 5.</i>
<b>Part 4 - HELPERS</b>			
<b>Column A</b>			
CHECK ITEM A.11 1. Refer to flap item 3. <i>In each column enter name and personal number</i> HPA_NO	Col. 2947	Char 2	02-48,99 <input type="checkbox"/> Person Number
a. 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. 2949	Char 1	0 <input type="checkbox"/> None 1-7 <input type="checkbox"/> Days
b. For how long has ( <i>name of helper</i> ) helped . . . because of a disability or health problem? HPA_1B	Col. 2950	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.12

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

HPA\_CK1 Col. 2951 Char 1

- 1  Yes - Ask 1c  
 2  No - SKIP to Check Item A.13

c. 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.

- |  |          |           |        |                                   |
|--|----------|-----------|--------|-----------------------------------|
| (1) Eating                                   | HPA_1C01 | Col. 2952 | Char 1 | 1 <input type="checkbox"/> Marked |
| (2) Getting in/out of bed                    | HPA_1C02 | Col. 2953 | Char 1 | 1 <input type="checkbox"/> Marked |
| (4) Getting around inside                    | HPA_1C04 | Col. 2954 | Char 1 | 1 <input type="checkbox"/> Marked |
| (7) Dressing                                 | HPA_1C07 | Col. 2955 | Char 1 | 1 <input type="checkbox"/> Marked |
| (8) Bathing                                  | HPA_1C08 | Col. 2956 | Char 1 | 1 <input type="checkbox"/> Marked |
| (9) Getting to the bathroom/using the toilet | HPA_1C09 | Col. 2957 | Char 1 | 1 <input type="checkbox"/> Marked |

If "None" marked in 1a (HPA\_1A = 0), mark the "None" box in item 1d (set HPA\_1D\_0 = 0), then SKIP to 1f.

d. 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 1c)?

HPA\_1D Col. 2958 Char 2  
 HPA\_1D\_0 Col. 2960 Char 1

- 01-99  Hours  
 0  None

CHECK ITEM A.13

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

HPA\_CK2 Col. 2961 Char 1

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

e. 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)?

HPA\_1E Col. 2962 Char 2  
 HPA\_1E\_0 Col. 2964 Char 1

- 01-99  Hours  
 0  None

f. 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. 2965 Char 2

- Relative
- |    |                          |                       |
|----|--------------------------|-----------------------|
| 11 | <input type="checkbox"/> | Spouse                |
| 12 | <input type="checkbox"/> | Father                |
| 13 | <input type="checkbox"/> | Mother                |
| 14 | <input type="checkbox"/> | Son                   |
| 15 | <input type="checkbox"/> | Daughter              |
| 16 | <input type="checkbox"/> | Brother               |
| 17 | <input type="checkbox"/> | Sister                |
| 18 | <input type="checkbox"/> | Son-in-law            |
| 19 | <input type="checkbox"/> | Daughter-in-law       |
| 20 | <input type="checkbox"/> | Other male relative   |
| 21 | <input type="checkbox"/> | Other female relative |
- Others
- |    |                          |               |
|----|--------------------------|---------------|
| 22 | <input type="checkbox"/> | Male friend   |
| 23 | <input type="checkbox"/> | Female friend |
| 24 | <input type="checkbox"/> | An employee   |

} SKIP to next helper.  
 If last helper  
 SKIP to 1a, part 5.

				25	<input type="checkbox"/>	Someone from helping organization
				26	<input type="checkbox"/>	Someone else
g. Is (name of helper) paid to help . . . ?				1	<input type="checkbox"/>	Yes
HPA_1G	Col. 2967	Char 1		2	<input type="checkbox"/>	No - <i>SKIP to next helper. If last helper, SKIP to 1a, Part 5.</i>
h. Is (name of helper) paid by the hour to help . . . ?				1	<input type="checkbox"/>	Yes
HPA_1H	Col. 2968	Char 1		2	<input type="checkbox"/>	No - <i>SKIP to 1j</i>
i. What was (name of helper)'s hourly pay rate at the end of (previous month)?				0000-		
HPA_1I	Col. 2969	Char 4		9999	<input type="checkbox"/>	Dollars per hour
HPA_1I_DK	Col. 2973	Char 2		88	<input type="checkbox"/>	Refused
				99	<input type="checkbox"/>	DK
j. What was the total amount of pay that (name of helper) received BEFORE deductions to help . . . in (previous month)?				0000-		
HPA_1J	Col. 2975	Char 4		9999	<input type="checkbox"/>	Dollars per hour
HPA_1J_DK	Col. 2979	Char 2		88	<input type="checkbox"/>	Refused
				99	<input type="checkbox"/>	DK
k. Will . . . end up paying any of the charges for the help . . . got from (name of helper) during (previous month)?				1	<input type="checkbox"/>	Yes
HPA_1K	Col. 2981	Char 1		2	<input type="checkbox"/>	No - <i>SKIP to 1m</i>
l. How much? (This question refers to how much the SAMPLE PERSON will pay for the help he/she got from the helper.)				0000-		
HPA_1L	Col. 2982	Char 4		9999	<input type="checkbox"/>	Dollars per hour
HPA_1L_DK	Col. 2986	Char 2		88	<input type="checkbox"/>	Refused
				99	<input type="checkbox"/>	DK
m. Will insurance, Medicare, Medicaid, or anyone else, including any members of . . . ('s) family, end up paying any of the charge for this?				1	<input type="checkbox"/>	Yes
HPA_1M	Col. 2988	Char 1		2	<input type="checkbox"/>	No - <i>SKIP to next helper. If last helper, SKIP to 1a, Part 5</i>
n. Who will end up paying? Anyone else? <i>Mark (1) all that apply.</i>						
(11) Fee for service insurance plans				1	<input type="checkbox"/>	Marked
HPA_1N11	Col. 2989	Char 1				
(12) HMO/prepaid group				1	<input type="checkbox"/>	Marked
HPA_1N12	Col. 2990	Char 1				
(13) Medicare				1	<input type="checkbox"/>	Marked
HPA_1N13	Col. 2991	Char 1				
(14) Medicaid				1	<input type="checkbox"/>	Marked
HPA_1N14	Col. 2992	Char 1				
(15) Household Members				1	<input type="checkbox"/>	Marked
HPA_1N15	Col. 2993	Char 1				
HPA_1N15A	Col. 2994	Char 2		02-20,99	<input type="checkbox"/>	Person Number
HPA_1N15B	Col. 2996	Char 2		02-20,99	<input type="checkbox"/>	Person Number
(16) Child(ren) not in Household				1	<input type="checkbox"/>	Marked
HPA_1N16	Col. 2998	Char 1				
HPA_1N16A	Col. 2999	Char 2		20-48,99	<input type="checkbox"/>	Person Number
HPA_1N16B	Col. 3001	Char 2		20-48,99	<input type="checkbox"/>	Person Number
HPA_1N16C	Col. 3003	Char 2		20-48,99	<input type="checkbox"/>	Person Number
HPA_1N16D	Col. 3005	Char 2		20-48,99	<input type="checkbox"/>	Person Number
Other nonhousehold members						
(17) Father				1	<input type="checkbox"/>	Marked
HPA_1N17	Col. 3007	Char 1				



(18) Mother	HPA_1N18	Col. 3008	Char 1	1 <input type="checkbox"/> Marked
(19) Son-in-law	HPA_1N19	Col. 3009	Char 1	1 <input type="checkbox"/> Marked
(20) Daughter-in-law	HPA_1N20	Col. 3010	Char 1	1 <input type="checkbox"/> Marked
(21) Brother	HPA_1N21	Col. 3011	Char 1	1 <input type="checkbox"/> Marked
(22) Sister	HPA_1N22	Col. 3012	Char 1	1 <input type="checkbox"/> Marked
(23) Other male relative	HPA_1N23	Col. 3013	Char 1	1 <input type="checkbox"/> Marked
(24) Other female relative	HPA_1N24	Col. 3014	Char 1	1 <input type="checkbox"/> Marked
(25) Male friend	HPA_N125	Col. 3015	Char 1	1 <input type="checkbox"/> Marked
(26) Female friend	HPA_1N26	Col. 3016	Char 1	1 <input type="checkbox"/> Marked
(27) Other	HPA_1N27	Col. 3017	Char 1	1 <input type="checkbox"/> Marked

**Column B**

CHECK ITEM A.11

1. Refer to flap item 3.

*In each column enter name and personal number*

HPB\_NO Col. 3029 Char 2

02-48,99  Person Number

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

HPB\_1A Col. 3031 Char 1

0  None  
1-7  Days

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

HPB\_1B Col. 3032 Char 1

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

CHECK ITEM A.12

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

HPB\_CK1 Col. 3033 Char 1

1  Yes - Ask 1c  
2  No - SKIP to Check Item A.13

c. 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.*

(1) Eating	HPB_1C01	Col. 3034	Char 1	1 <input type="checkbox"/> Marked
(2) Getting in/out of bed	HPB_1C02	Col. 3035	Char 1	1 <input type="checkbox"/> Marked
(4) Getting around inside	HPB_1C04	Col. 3036	Char 1	1 <input type="checkbox"/> Marked
(7) Dressing	HPB_1C07	Col. 3037	Char 1	1 <input type="checkbox"/> Marked
(8) Bathing	HPB_1C08	Col. 3038	Char 1	1 <input type="checkbox"/> Marked

<p>(9) Getting to the bathroom/using the toilet  HPB_1C09 Col. 3039 Char 1</p>	<p>1 <input type="checkbox"/> Marked</p>
<p><i>If "None" marked in 1a (HPB_1A = 0), mark the "None" box in item 1d (set HPB_1D_0 = 0), then SKIP to 1f.</i></p> <p>d. 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 1c</i>)?</p> <p>HPB_1D Col. 3040 Char 2  HPB_1D_0 Col. 3042 Char 1</p>	<p>01-99 <input type="checkbox"/> Hours  0 <input type="checkbox"/> None</p>
<p>CHECK ITEM A.13  Does helper assist sample person with any IADL activities?  (Are any of codes 2 - 9 in flap item 3c marked?)  HPB_CK2 Col. 3043 Char 1</p>	<p>1 <input type="checkbox"/> Yes - Ask 1e  2 <input type="checkbox"/> No - SKIP to 1f</p>
<p>e. You (<i>also</i>) said that . . . Gets help from (<i>name of helper</i>) with (<i>read codes 2 - 9 that are marked in flap item 3c</i>). During the past week, how many hours total did (<i>name of helper</i>) help . . . with (<i>that/those things</i>)?</p> <p>HPB_1E Col. 3044 Char 2  HPB_1E_0 Col. 3046 Char 1</p>	<p>01-99 <input type="checkbox"/> Hours  0 <input type="checkbox"/> None</p>
<p>f. <i>If obvious, code without asking.</i></p> <p>You mentioned that (<i>name of helper</i>) helps . . . Is (<i>name of helper</i>) a relative, friend, someone hired to help . . ., someone from helping organization, or someone else?</p> <p><i>If "Relative," ASK -</i>  How is (<i>name of helper</i>) related to . . . ?</p> <p><i>Mark (1) all that apply.</i>  HPB_1F Col. 3047 Char 2</p>	<p>Relative</p> <p>11 <input type="checkbox"/> Spouse  12 <input type="checkbox"/> Father  13 <input type="checkbox"/> Mother  14 <input type="checkbox"/> Son  15 <input type="checkbox"/> Daughter  16 <input type="checkbox"/> Brother  17 <input type="checkbox"/> Sister  18 <input type="checkbox"/> Son-in-law  19 <input type="checkbox"/> Daughter-in-law  20 <input type="checkbox"/> Other male relative  21 <input type="checkbox"/> Other female relative</p> <p>Others</p> <p>22 <input type="checkbox"/> Male friend  23 <input type="checkbox"/> Female friend  24 <input type="checkbox"/> An employee  25 <input type="checkbox"/> Someone from helping organization  26 <input type="checkbox"/> Someone else</p> <p>} <i>SKIP to next helper.  If last helper  SKIP to 1a, part 5.</i></p>
<p>g. Is (<i>name of helper</i>) paid to help . . . ?  HPB_1G Col. 3049 Char 1</p>	<p>1 <input type="checkbox"/> Yes  2 <input type="checkbox"/> No - <i>SKIP to next helper. If last helper, SKIP to 1a, Part 5.</i></p>
<p>h. Is (<i>name of helper</i>) paid by the hour to help . . . ?  HPB_1H Col. 3050 Char 1</p>	<p>1 <input type="checkbox"/> Yes  2 <input type="checkbox"/> No - <i>SKIP to 1j</i></p>
<p>i. What was (<i>name of helper</i>)'s hourly pay rate at the end of (<i>previous month</i>)?  HPB_1I Col. 3051 Char 4  HPB_1I_DK Col. 3055 Char 2</p>	<p>0000-9999 <input type="checkbox"/> Dollars per hour  88 <input type="checkbox"/> Refused  99 <input type="checkbox"/> DK</p>
<p>j. What was the total amount of pay that (<i>name of helper</i>) received BEFORE deductions to help . . . in (<i>previous month</i>)?  HPB_1J Col. 3057 Char 4  HPB_1J_DK Col. 3061 Char 2</p>	<p>0000-9999 <input type="checkbox"/> Dollars per hour  88 <input type="checkbox"/> Refused  99 <input type="checkbox"/> DK</p>
<p>k. Will . . . end up paying any of the charges for the help . . . got from (<i>name of helper</i>) during (<i>previous month</i>)?  HPB_1K Col. 3063 Char 1</p>	<p>1 <input type="checkbox"/> Yes  2 <input type="checkbox"/> No - <i>SKIP to 1m</i></p>

i. How much?

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

HPB\_1L Col. 3064 Char 4  
 HPB\_1L\_DK Col. 3068 Char 2

0000-9999  Dollars per hour  
 88  Refused  
 99  DK

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

HPB\_1M Col. 3070 Char 1

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

n. Who will end up paying?

Anyone else?

Mark (1) all that apply.

(11) Fee for service insurance plans

HPB\_1N11 Col. 3071 Char 1

1  Marked

(12) HMO/prepaid group

HPB\_1N12 Col. 3072 Char 1

1  Marked

(13) Medicare

HPB\_1N13 Col. 3073 Char 1

1  Marked

(14) Medicaid

HPB\_1N14 Col. 3074 Char 1

1  Marked

(15) Household Members

HPB\_1N15 Col. 3075 Char 1

1  Marked

HPB\_1N15A Col. 3076 Char 2

02-20,99  Person Number

HPB\_1N15B Col. 3078 Char 2

02-20,99  Person Number

(16) Child(ren) not in Household

HPB\_1N16 Col. 3080 Char 1

1  Marked

HPB\_1N16A Col. 3081 Char 2

20-48,99  Person Number

HPB\_1N16B Col. 3083 Char 2

20-48,99  Person Number

HPB\_1N16C Col. 3085 Char 2

20-48,99  Person Number

HPB\_1N16D Col. 3087 Char 2

20-48,99  Person Number

Other nonhousehold members

(17) Father

HPB\_1N17 Col. 3089 Char 1

1  Marked

(18) Mother

HPB\_1N18 Col. 3090 Char 1

1  Marked

(19) Son-in-law

HPB\_1N19 Col. 3091 Char 1

1  Marked

(20) Daughter-in-law

HPB\_1N20 Col. 3092 Char 1

1  Marked

(21) Brother

HPB\_1N21 Col. 3093 Char 1

1  Marked

(22) Sister

HPB\_1N22 Col. 3094 Char 1

1  Marked

(23) Other male relative

HPB\_1N23 Col. 3095 Char 1

1  Marked

(24) Other female relative

HPB\_1N24 Col. 3096 Char 1

1  Marked

(25) Male friend

HPB\_N125 Col. 3097 Char 1

1  Marked

(26) Female friend

HPB\_1N26 Col. 3098 Char 1

1  Marked

(27) Other

HPB\_1N27 Col. 3099 Char 1

1  Marked

Column C	
<p>CHECK ITEM A.11</p> <p>1. Refer to flap item 3.</p> <p><i>In each column enter name and personal number</i></p> <p>HPC_NO                                      Col. 3111      Char 2</p>	<p>02-48,99 <input type="checkbox"/> Person Number</p>
<p>a. During the past week, that is since last (<i>day</i>), how many days were there when (<i>name of helper</i>) helped . . . Because of a disability or health problem?</p> <p>HPC_1A                                      Col. 3113      Char 1</p>	<p>0 <input type="checkbox"/> None 1-7 <input type="checkbox"/> Days</p>
<p>b. For how long has (<i>name of helper</i>) helped . . . because of a disability or health problem?</p> <p>HPC_1B                                      Col. 3114      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 4 <input type="checkbox"/> 1 year to less than 5 years 5 <input type="checkbox"/> 5 years or over</p>
<p>CHECK ITEM A.12</p> <p>Does helper assist sample person with any ADL activity? (Is box 1 in flap item 3c marked?)</p> <p>HPC_CK1                                      Col. 3115      Char 1</p>	<p>1 <input type="checkbox"/> Yes - Ask 1c 2 <input type="checkbox"/> No - SKIP to Check Item A.13</p>
<p>c. 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?</p> <p><i>Mark (1) all that apply.</i></p> <p>(1) Eating HPC_1C01                                      Col. 3116      Char 1</p> <p>(2) Getting in/out of bed HPC_1C02                                      Col. 3117      Char 1</p> <p>(4) Getting around inside HPC_1C04                                      Col. 3118      Char 1</p> <p>(7) Dressing HPC_1C07                                      Col. 3119      Char 1</p> <p>(8) Bathing HPC_1C08                                      Col. 3120      Char 1</p> <p>(9) Getting to the bathroom/using the toilet HPC_1C09                                      Col. 3121      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>If "None" marked in 1a (HPC_1A = 0), mark the "None" box in item 1d (set HPC_1D_0 = 0), then SKIP to 1f.</i></p> <p>d. 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 1c</i>)?</p> <p>HPC_1D                                      Col. 3122      Char 2</p> <p>HPC_1D_0                                      Col. 3124      Char 1</p>	<p>01-99 <input type="checkbox"/> Hours 0 <input type="checkbox"/> None</p>
<p>CHECK ITEM A.13</p> <p>Does helper assist sample person with any IADL activities? (Are any of codes 2 - 9 in flap item 3c marked?)</p> <p>HPC_CK2                                      Col. 3125      Char 1</p>	<p>1 <input type="checkbox"/> Yes - Ask 1e 2 <input type="checkbox"/> No - SKIP to 1f</p>
<p>e. You (<i>also</i>) said that . . . Gets help from (<i>name of helper</i>) with (<i>read codes 2 - 9 that are marked in flap item 3c</i>). During the past week, how many hours total did (<i>name of helper</i>) help . . . with (<i>that/those things</i>)?</p> <p>HPC_1E                                      Col. 3126      Char 2</p> <p>HPC_1E_0                                      Col. 3128      Char 1</p>	<p>01-99 <input type="checkbox"/> Hours 0 <input type="checkbox"/> None</p>

f. 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. 3129 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 5.

Others

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

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

HPC\_1G Col. 3131 Char 1

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

h. Is (*name of helper*) paid by the hour to help . . . ?

HPC\_1H Col. 3132 Char 1

- 1  Yes
- 2  No - SKIP to 1j

i. What was (*name of helper*)'s hourly pay rate at the end of (*previous month*)?

HPC\_1I Col. 3133 Char 4

HPC\_1I\_DK Col. 3137 Char 2

- 0000-9999  Dollars per hour
- 88  Refused
- 99  DK

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

HPC\_1J Col. 3139 Char 4

HPC\_1J\_DK Col. 3143 Char 2

- 0000-9999  Dollars per hour
- 88  Refused
- 99  DK

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

HPC\_1K Col. 3145 Char 1

- 1  Yes
- 2  No - SKIP to 1m

l. How much?

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

HPC\_1L Col. 3146 Char 4

HPC\_1L\_DK Col. 3150 Char 2

- 0000-9999  Dollars per hour
- 88  Refused
- 99  DK

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

HPC\_1M Col. 3152 Char 1

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

n. Who will end up paying?

Anyone else?

Mark (1) all that apply.

(11) Fee for service insurance plans

HPC\_1N11 Col. 3153 Char 1

- 1  Marked

(12) HMO/prepaid group

HPC\_1N12 Col. 3154 Char 1

- 1  Marked

(13) Medicare

HPC_1N13	Col. 3155	Char 1	1 <input type="checkbox"/> Marked
(14) Medicaid			
HPC_1N14	Col. 3156	Char 1	1 <input type="checkbox"/> Marked
(15) Household Members			
HPC_1N15	Col. 3157	Char 1	1 <input type="checkbox"/> Marked
HPC_1N15A	Col. 3158	Char 2	02-20,99 <input type="checkbox"/> Person Number
HPC_1N15B	Col. 3160	Char 2	02-20,99 <input type="checkbox"/> Person Number
(16) Child(ren) not in Household			
HPC_1N16	Col. 3162	Char 1	1 <input type="checkbox"/> Marked
HPC_1N16A	Col. 3163	Char 2	20-48,99 <input type="checkbox"/> Person Number
HPC_1N16B	Col. 3165	Char 2	20-48,99 <input type="checkbox"/> Person Number
HPC_1N16C	Col. 3167	Char 2	20-48,99 <input type="checkbox"/> Person Number
HPC_1N16D	Col. 3169	Char 2	20-48,99 <input type="checkbox"/> Person Number
Other nonhousehold members			
(17) Father			
HPC_1N17	Col. 3171	Char 1	1 <input type="checkbox"/> Marked
(18) Mother			
HPC_1N18	Col. 3172	Char 1	1 <input type="checkbox"/> Marked
(19) Son-in-law			
HPC_1N19	Col. 3173	Char 1	1 <input type="checkbox"/> Marked
(20) Daughter-in-law			
HPC_1N20	Col. 3174	Char 1	1 <input type="checkbox"/> Marked
(21) Brother			
HPC_1N21	Col. 3175	Char 1	1 <input type="checkbox"/> Marked
(22) Sister			
HPC_1N22	Col. 3176	Char 1	1 <input type="checkbox"/> Marked
(23) Other male relative			
HPC_1N23	Col. 3177	Char 1	1 <input type="checkbox"/> Marked
(24) Other female relative			
HPC_1N24	Col. 3178	Char 1	1 <input type="checkbox"/> Marked
(25) Male friend			
HPC_1N25	Col. 3179	Char 1	1 <input type="checkbox"/> Marked
(26) Female friend			
HPC_1N26	Col. 3180	Char 1	1 <input type="checkbox"/> Marked
(27) Other			
HPC_1N27	Col. 3181	Char 1	1 <input type="checkbox"/> Marked

**Column D**

CHECK ITEM A.11

1. Refer to flap item 3.

*In each column enter name and personal number*

HPD_NO	Col. 3193	Char 2	02-48,99 <input type="checkbox"/> Person Number
--------	-----------	--------	---

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

HPD_1A	Col. 3195	Char 1	0 <input type="checkbox"/> None
			1-7 <input type="checkbox"/> Days

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

HPD_1B	Col. 3196	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.12

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

HPD_CK1	Col. 3197	Char 1	1 <input type="checkbox"/> Yes - Ask 1c
---------	-----------	--------	---

2  No - SKIP to Check Item A.13

c. 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.

- |  |          |           |        |                            |        |
|--|----------|-----------|--------|----------------------------|--------|
| (1) Eating                                   | HPD_1C01 | Col. 3198 | Char 1 | 1 <input type="checkbox"/> | Marked |
| (2) Getting in/out of bed                    | HPD_1C02 | Col. 3199 | Char 1 | 1 <input type="checkbox"/> | Marked |
| (4) Getting around inside                    | HPD_1C04 | Col. 3200 | Char 1 | 1 <input type="checkbox"/> | Marked |
| (7) Dressing                                 | HPD_1C07 | Col. 3201 | Char 1 | 1 <input type="checkbox"/> | Marked |
| (8) Bathing                                  | HPD_1C08 | Col. 3202 | Char 1 | 1 <input type="checkbox"/> | Marked |
| (9) Getting to the bathroom/using the toilet | HPD_1C09 | Col. 3203 | Char 1 | 1 <input type="checkbox"/> | Marked |

If "None" marked in 1a (HPD\_1A = 0), mark the "None" box in item 1d (set HPD\_1D\_0 = 0), then SKIP to 1f.

d. 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 1c)?

- |          |           |        |                                |       |
|----------|-----------|--------|--------------------------------|-------|
| HPD_1D   | Col. 3204 | Char 2 | 01-99 <input type="checkbox"/> | Hours |
| HPD_1D_0 | Col. 3206 | Char 1 | 0 <input type="checkbox"/>     | None  |

CHECK ITEM A.13

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

- |         |           |        |                            |                 |
|---------|-----------|--------|----------------------------|-----------------|
| HPD_CK2 | Col. 3207 | Char 1 | 1 <input type="checkbox"/> | Yes - Ask 1e    |
|         |           |        | 2 <input type="checkbox"/> | No - SKIP to 1f |

e. 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)?

- |          |           |        |                                |       |
|----------|-----------|--------|--------------------------------|-------|
| HPD_1E   | Col. 3208 | Char 2 | 01-99 <input type="checkbox"/> | Hours |
| HPD_1E_0 | Col. 3210 | Char 1 | 0 <input type="checkbox"/>     | None  |

f. If obvious, code without asking.

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

If "Relative," ASK -

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

Mark (1) all that apply.

- |        |           |        |  |  |
|--------|-----------|--------|--|--|
| HPD_1F | Col. 3211 | Char 2 |  |  |
|--------|-----------|--------|--|--|

Relative

- |                             |                       |
|-----------------------------|-----------------------|
| 11 <input type="checkbox"/> | Spouse                |
| 12 <input type="checkbox"/> | Father                |
| 13 <input type="checkbox"/> | Mother                |
| 14 <input type="checkbox"/> | Son                   |
| 15 <input type="checkbox"/> | Daughter              |
| 16 <input type="checkbox"/> | Brother               |
| 17 <input type="checkbox"/> | Sister                |
| 18 <input type="checkbox"/> | Son-in-law            |
| 19 <input type="checkbox"/> | Daughter-in-law       |
| 20 <input type="checkbox"/> | Other male relative   |
| 21 <input type="checkbox"/> | Other female relative |

} SKIP to next helper.  
If last helper  
SKIP to 1a, part 5.

Others

- |                             |                                   |
|-----------------------------|-----------------------------------|
| 22 <input type="checkbox"/> | Male friend                       |
| 23 <input type="checkbox"/> | Female friend                     |
| 24 <input type="checkbox"/> | An employee                       |
| 25 <input type="checkbox"/> | Someone from helping organization |
| 26 <input type="checkbox"/> | Someone else                      |

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

- |        |           |        |                            |   |
|--------|-----------|--------|----------------------------|---|
| HPD_1G | Col. 3213 | Char 1 | 1 <input type="checkbox"/> | Yes   |
|        |           |        | 2 <input type="checkbox"/> | No - SKIP to next helper. If last helper, SKIP to 1a, Part 5. |





(20) Daughter-in-law HPD_1N20	Col. 3256	Char 1	1 <input type="checkbox"/> Marked
(21) Brother HPD_1N21	Col. 3257	Char 1	1 <input type="checkbox"/> Marked
(22) Sister HPD_1N22	Col. 3258	Char 1	1 <input type="checkbox"/> Marked
(23) Other male relative HPD_1N23	Col. 3259	Char 1	1 <input type="checkbox"/> Marked
(24) Other female relative HPD_1N24	Col. 3260	Char 1	1 <input type="checkbox"/> Marked
(25) Male friend HPD_N125	Col. 3261	Char 1	1 <input type="checkbox"/> Marked
(26) Female friend HPD_1N26	Col. 3262	Char 1	1 <input type="checkbox"/> Marked
(27) Other HPD_1N27	Col. 3263	Char 1	1 <input type="checkbox"/> Marked

**Column E**

**CHECK ITEM A.11**

1. Refer to flap item 3.

*In each column enter name and personal number*

HPE\_NO Col. 3275 Char 2

02-48,99  Person Number

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

HPE\_1A Col. 3277 Char 1

0  None  
1-7  Days

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

HPE\_1B Col. 3278 Char 1

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

**CHECK ITEM A.12**

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

HPE\_CK1 Col. 3279 Char 1

1  Yes - Ask 1c  
2  No - SKIP to Check Item A.13

c. 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.*

(1) Eating HPE_1C01	Col. 3280	Char 1	1 <input type="checkbox"/> Marked
(2) Getting in/out of bed HPE_1C02	Col. 3281	Char 1	1 <input type="checkbox"/> Marked
(4) Getting around inside HPE_1C04	Col. 3282	Char 1	1 <input type="checkbox"/> Marked
(7) Dressing HPE_1C07	Col. 3283	Char 1	1 <input type="checkbox"/> Marked
(8) Bathing HPE_1C08	Col. 3284	Char 1	1 <input type="checkbox"/> Marked
(9) Getting to the bathroom/using the toilet HPE_1C09	Col. 3285	Char 1	1 <input type="checkbox"/> Marked

*If "None" marked in 1a (HPE\_1A = 0), mark the "None" box in item 1d (set HPE\_1D\_0 = 0), then SKIP to 1f.*

d. During the past week, that is, since last (*day*), about how many hours total did (*name of helper*) help with . . . (*read*

<i>items marked in item 1c)?</i>					
HPE_1D	Col. 3286	Char 2	01-99	<input type="checkbox"/> Hours	
HPE_1D_0	Col. 3288	Char 1	0	<input type="checkbox"/> None	
CHECK ITEM A.13					
Does helper assist sample person with any IADL activities? (Are any of codes 2 - 9 in flap item 3c marked?)			1	<input type="checkbox"/> Yes - Ask 1e	
HPE_CK2		Col. 3289	Char 1	2	<input type="checkbox"/> No - SKIP to 1f
e. 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)?					
HPE_1E	Col. 3290	Char 2	01-99	<input type="checkbox"/> Hours	
HPE_1E_0	Col. 3292	Char 1	0	<input type="checkbox"/> None	
f. If obvious, code without asking.					
You mentioned that (name of helper) helps . . . Is (name of helper) a relative, friend, someone hired to help . . . , someone from helping organization, or someone else?			Relative		
If "Relative," ASK - How is (name of helper) related to . . . ?			11	<input type="checkbox"/> Spouse	
Mark (1) all that apply.			12	<input type="checkbox"/> Father	
HPE_1F	Col. 3293	Char 2	13	<input type="checkbox"/> Mother	
			14	<input type="checkbox"/> Son	
			15	<input type="checkbox"/> Daughter	
			16	<input type="checkbox"/> Brother	
			17	<input type="checkbox"/> Sister	
			18	<input type="checkbox"/> Son-in-law	
			19	<input type="checkbox"/> Daughter-in-law	
			20	<input type="checkbox"/> Other male relative	
			21	<input type="checkbox"/> Other female relative	
			Others		
			22	<input type="checkbox"/> Male friend	
			23	<input type="checkbox"/> Female friend	
			24	<input type="checkbox"/> An employee	
			25	<input type="checkbox"/> Someone from helping organization	
			26	<input type="checkbox"/> Someone else	
g. Is (name of helper) paid to help . . . ?			1	<input type="checkbox"/> Yes	
HPE_1G	Col. 3295	Char 1	2	<input type="checkbox"/> No - SKIP to next helper. If last helper, SKIP to 1a, Part 5.	
h. Is (name of helper) paid by the hour to help . . . ?			1	<input type="checkbox"/> Yes	
HPE_1H	Col. 3296	Char 1	2	<input type="checkbox"/> No - SKIP to 1j	
i. What was (name of helper)'s hourly pay rate at the end of (previous month)?			0000-		
HPE_1I	Col. 3297	Char 4	9999	<input type="checkbox"/> Dollars per hour	
HPE_1I_DK	Col. 3301	Char 2	88	<input type="checkbox"/> Refused	
			99	<input type="checkbox"/> DK	
j. What was the total amount of pay that (name of helper) received BEFORE deductions to help . . . in (previous month)?			0000-		
HPE_1J	Col. 3303	Char 4	9999	<input type="checkbox"/> Dollars per hour	
HPE_1J_DK	Col. 3307	Char 2	88	<input type="checkbox"/> Refused	
			99	<input type="checkbox"/> DK	
k. Will . . . end up paying any of the charges for the help . . . got from (name of helper) during (previous month)?			1	<input type="checkbox"/> Yes	
HPE_1K	Col. 3309	Char 1	2	<input type="checkbox"/> No - SKIP to 1m	
l. How much? (This question refers to how much the SAMPLE PERSON will pay for the help he/she got from the helper.)			0000-		
HPE_1L	Col. 3310	Char 4	9999	<input type="checkbox"/> Dollars per hour	
HPE_1L_DK	Col. 3314	Char 2	88	<input type="checkbox"/> Refused	

SKIP to next helper.  
If last helper  
SKIP to 1a, part 5.

99  DK

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

HPE\_1M Col. 3316 Char 1

1  Yes

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

n. Who will end up paying?

Anyone else?

Mark (1) all that apply.

(11) Fee for service insurance plans

HPE\_1N11 Col. 3317 Char 1

1  Marked

(12) HMO/prepaid group

HPE\_1N12 Col. 3318 Char 1

1  Marked

(13) Medicare

HPE\_1N13 Col. 3319 Char 1

1  Marked

(14) Medicaid

HPE\_1N14 Col. 3320 Char 1

1  Marked

(15) Household Members

HPE\_1N15 Col. 3321 Char 1

1  Marked

HPE\_1N15A Col. 3322 Char 2

02-20,99  Person Number

HPE\_1N15B Col. 3324 Char 2

02-20,99  Person Number

(16) Child(ren) not in Household

HPE\_1N16 Col. 3326 Char 1

1  Marked

HPE\_1N16A Col. 3327 Char 2

20-48,99  Person Number

HPE\_1N16B Col. 3329 Char 2

20-48,99  Person Number

HPE\_1N16C Col. 3331 Char 2

20-48,99  Person Number

HPE\_1N16D Col. 3333 Char 2

20-48,99  Person Number

Other nonhousehold members

(17) Father

HPE\_1N17 Col. 3335 Char 1

1  Marked

(18) Mother

HPE\_1N18 Col. 3336 Char 1

1  Marked

(19) Son-in-law

HPE\_1N19 Col. 3337 Char 1

1  Marked

(20) Daughter-in-law

HPE\_1N20 Col. 3338 Char 1

1  Marked

(21) Brother

HPE\_1N21 Col. 3339 Char 1

1  Marked

(22) Sister

HPE\_1N22 Col. 3340 Char 1

1  Marked

(23) Other male relative

HPE\_1N23 Col. 3341 Char 1

1  Marked

(24) Other female relative

HPE\_1N24 Col. 3342 Char 1

1  Marked

(25) Male friend

HPE\_N125 Col. 3343 Char 1

1  Marked

(26) Female friend

HPE\_1N26 Col. 3344 Char 1

1  Marked

(27) Other

HPE\_1N27 Col. 3345 Char 1

1  Marked

**Column F**

CHECK ITEM A.11

1. Refer to flap item 3.

In each column enter name and personal number

HPF\_NO Col. 3357 Char 2

02-48,99  Person Number





(16) Child(ren) not in Household

HPF_1N16	Col. 3408	Char 1
HPF_1N16A	Col. 3409	Char 2
HPF_1N16B	Col. 3411	Char 2
HPF_1N16C	Col. 3413	Char 2
HPF_1N16D	Col. 3415	Char 2

1	<input type="checkbox"/>	Marked
20-48,99	<input type="checkbox"/>	Person Number
20-48,99	<input type="checkbox"/>	Person Number
20-48,99	<input type="checkbox"/>	Person Number
20-48,99	<input type="checkbox"/>	Person Number

Other nonhousehold members

(17) Father		
HPF_1N17	Col. 3417	Char 1
(18) Mother		
HPF_1N18	Col. 3418	Char 1
(19) Son-in-law		
HPF_1N19	Col. 3419	Char 1
(20) Daughter-in-law		
HPF_1N20	Col. 3420	Char 1
(21) Brother		
HPF_1N21	Col. 3421	Char 1
(22) Sister		
HPF_1N22	Col. 3422	Char 1
(23) Other male relative		
HPF_1N23	Col. 3423	Char 1
(24) Other female relative		
HPF_1N24	Col. 3424	Char 1
(25) Male friend		
HPF_1N25	Col. 3425	Char 1
(26) Female friend		
HPF_1N26	Col. 3426	Char 1
(27) Other		
HPF_1N27	Col. 3427	Char 1

1	<input type="checkbox"/>	Marked
1	<input type="checkbox"/>	Marked
1	<input type="checkbox"/>	Marked
1	<input type="checkbox"/>	Marked
1	<input type="checkbox"/>	Marked
1	<input type="checkbox"/>	Marked
1	<input type="checkbox"/>	Marked
1	<input type="checkbox"/>	Marked
1	<input type="checkbox"/>	Marked
1	<input type="checkbox"/>	Marked
1	<input type="checkbox"/>	Marked
1	<input type="checkbox"/>	Marked
1	<input type="checkbox"/>	Marked
1	<input type="checkbox"/>	Marked
1	<input type="checkbox"/>	Marked
1	<input type="checkbox"/>	Marked

Column G

CHECK ITEM A.11

1. Refer to flap item 3.

*In each column enter name and personal number*

HPG_NO	Col. 3439	Char 2
--------	-----------	--------

02-48,99	<input type="checkbox"/>	Person Number
----------	--------------------------	---------------

a. 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?

HPG_1A	Col. 3441	Char 1
--------	-----------	--------

0	<input type="checkbox"/>	None
1-7	<input type="checkbox"/>	Days

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

HPG_1B	Col. 3442	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.12

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

HPG_CK1	Col. 3443	Char 1
---------	-----------	--------

1	<input type="checkbox"/>	Yes - Ask 1c
2	<input type="checkbox"/>	No - SKIP to Check Item A.13

c. 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.*

(1) Eating		
HPG_1C01	Col. 3444	Char 1

1	<input type="checkbox"/>	Marked
---	--------------------------	--------

(2) Getting in/out of bed HPG_1C02	Col. 3445	Char 1	1 <input type="checkbox"/> Marked	
(4) Getting around inside HPG_1C04	Col. 3446	Char 1	1 <input type="checkbox"/> Marked	
(7) Dressing HPG_1C07	Col. 3447	Char 1	1 <input type="checkbox"/> Marked	
(8) Bathing HPG_1C08	Col. 3448	Char 1	1 <input type="checkbox"/> Marked	
(9) Getting to the bathroom/using the toilet HPG_1C09	Col. 3449	Char 1	1 <input type="checkbox"/> Marked	
<p><i>If "None" marked in 1a (HPG_1A = 0), mark the "None" box in item 1d (set HPG_1D_0 = 0), then SKIP to 1f.</i></p> <p>d. 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 1c</i>)?</p> <p>HPG_1D Col. 3450 Char 2 01-99 <input type="checkbox"/> Hours</p> <p>HPG_1D_0 Col. 3452 Char 1 0 <input type="checkbox"/> None</p>				
<p>CHECK ITEM A.13</p> <p>Does helper assist sample person with any IADL activities? (Are any of codes 2 - 9 in flap item 3c marked?)</p> <p>HPG_CK2 Col. 3453 Char 1</p>			<p>1 <input type="checkbox"/> Yes - Ask 1e</p> <p>2 <input type="checkbox"/> No - SKIP to 1f</p>	
<p>e. You (<i>also</i>) said that . . . Gets help from (<i>name of helper</i>) with (<i>read codes 2 - 9 that are marked in flap item 3c</i>). During the past week, how many hours total did (<i>name of helper</i>) help . . . with (<i>that/those things</i>)?</p> <p>HPG_1E Col. 3454 Char 2 01-99 <input type="checkbox"/> Hours</p> <p>HPG_1E_0 Col. 3456 Char 1 0 <input type="checkbox"/> None</p>				
<p>f. <i>If obvious, code without asking.</i></p> <p>You mentioned that (<i>name of helper</i>) helps . . . Is (<i>name of helper</i>) a relative, friend, someone hired to help . . . , someone from helping organization, or someone else?</p> <p><i>If "Relative," ASK -</i> How is (<i>name of helper</i>) related to . . . ?</p> <p><i>Mark (1) all that apply.</i></p> <p>HPG_1F Col. 3457 Char 2</p>				<p>Relative</p> <p>11 <input type="checkbox"/> Spouse</p> <p>12 <input type="checkbox"/> Father</p> <p>13 <input type="checkbox"/> Mother</p> <p>14 <input type="checkbox"/> Son</p> <p>15 <input type="checkbox"/> Daughter</p> <p>16 <input type="checkbox"/> Brother</p> <p>17 <input type="checkbox"/> Sister</p> <p>18 <input type="checkbox"/> Son-in-law</p> <p>19 <input type="checkbox"/> Daughter-in-law</p> <p>20 <input type="checkbox"/> Other male relative</p> <p>21 <input type="checkbox"/> Other female relative</p> <p>Others</p> <p>22 <input type="checkbox"/> Male friend</p> <p>23 <input type="checkbox"/> Female friend</p> <p>24 <input type="checkbox"/> An employee</p> <p>25 <input type="checkbox"/> Someone from helping organization</p> <p>26 <input type="checkbox"/> Someone else</p> <p>} <i>SKIP to next helper.</i> <i>If last helper</i> <i>SKIP to 1a, part 5.</i></p>
<p>g. Is (<i>name of helper</i>) paid to help . . . ?</p> <p>HPG_1G Col. 3459 Char 1</p>			<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No - <i>SKIP to next helper. If last helper, SKIP to 1a, Part 5.</i></p>	
<p>h. Is (<i>name of helper</i>) paid by the hour to help . . . ?</p> <p>HPG_1H Col. 3460 Char 1</p>			<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No - <i>SKIP to 1j</i></p>	
<p>i. What was (<i>name of helper</i>)'s hourly pay rate at the end of (<i>previous month</i>)?</p> <p>HPG_1I Col. 3461 Char 4 0000-9999 <input type="checkbox"/> Dollars per hour</p> <p>HPG_1I_DK Col. 3465 Char 2 88 <input type="checkbox"/> Refused</p> <p>99 <input type="checkbox"/> DK</p>				





(24) Other female relative HPG_1N24	Col. 3506	Char 1	1 <input type="checkbox"/> Marked
(25) Male friend HPG_N125	Col. 3507	Char 1	1 <input type="checkbox"/> Marked
(26) Female friend HPG_1N26	Col. 3508	Char 1	1 <input type="checkbox"/> Marked
(27) Other HPG_1N27	Col. 3509	Char 1	1 <input type="checkbox"/> Marked

**Column H**

**CHECK ITEM A.11**

1. Refer to flap item 3.

*In each column enter name and personal number*

HPH\_NO Col. 3521 Char 2

02-48,99  Person Number

a. 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?

HPH\_1A Col. 3523 Char 1

0  None  
1-7  Days

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

HPH\_1B Col. 3524 Char 1

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

**CHECK ITEM A.12**

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

HPH\_CK1 Col. 3525 Char 1

1  Yes - Ask 1c  
2  No - SKIP to Check Item A.13

c. 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.*

(1) Eating HPH_1C01	Col. 3526	Char 1	1 <input type="checkbox"/> Marked
(2) Getting in/out of bed HPH_1C02	Col. 3527	Char 1	1 <input type="checkbox"/> Marked
(4) Getting around inside HPH_1C04	Col. 3528	Char 1	1 <input type="checkbox"/> Marked
(7) Dressing HPH_1C07	Col. 3529	Char 1	1 <input type="checkbox"/> Marked
(8) Bathing HPH_1C08	Col. 3530	Char 1	1 <input type="checkbox"/> Marked
(9) Getting to the bathroom/using the toilet HPH_1C09	Col. 3531	Char 1	1 <input type="checkbox"/> Marked

*If "None" marked in 1a (HPH\_1A = 0), mark the "None" box in item 1d (set HPH\_1D\_0 = 0), then SKIP to 1f.*

d. 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 1c*)?

HPH\_1D Col. 3532 Char 2

01-99  Hours

HPH\_1D\_0 Col. 3534 Char 1

0  None

**CHECK ITEM A.13**

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

HPH\_CK2 Col. 3535 Char 1

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



Mark (1) all that apply.

(11) Fee for service insurance plans					
HPH_1N11	Col. 3563	Char 1		1 <input type="checkbox"/>	Marked
(12) HMO/prepaid group					
HPH_1N12	Col. 3564	Char 1		1 <input type="checkbox"/>	Marked
(13) Medicare					
HPH_1N13	Col. 3565	Char 1		1 <input type="checkbox"/>	Marked
(14) Medicaid					
HPH_1N14	Col. 3566	Char 1		1 <input type="checkbox"/>	Marked
(15) Household Members					
HPH_1N15	Col. 3567	Char 1		1 <input type="checkbox"/>	Marked
HPH_1N15A	Col. 3568	Char 2	02-20,99	<input type="checkbox"/>	Person Number
HPH_1N15B	Col. 3570	Char 2	02-20,99	<input type="checkbox"/>	Person Number
(16) Child(ren) not in Household					
HPH_1N16	Col. 3572	Char 1		1 <input type="checkbox"/>	Marked
HPH_1N16A	Col. 3573	Char 2	20-48,99	<input type="checkbox"/>	Person Number
HPH_1N16B	Col. 3575	Char 2	20-48,99	<input type="checkbox"/>	Person Number
HPH_1N16C	Col. 3577	Char 2	20-48,99	<input type="checkbox"/>	Person Number
HPH_1N16D	Col. 3579	Char 2	20-48,99	<input type="checkbox"/>	Person Number
Other nonhousehold members					
(17) Father					
HPH_1N17	Col. 3581	Char 1		1 <input type="checkbox"/>	Marked
(18) Mother					
HPH_1N18	Col. 3582	Char 1		1 <input type="checkbox"/>	Marked
(19) Son-in-law					
HPH_1N19	Col. 3583	Char 1		1 <input type="checkbox"/>	Marked
(20) Daughter-in-law					
HPH_1N20	Col. 3584	Char 1		1 <input type="checkbox"/>	Marked
(21) Brother					
HPH_1N21	Col. 3585	Char 1		1 <input type="checkbox"/>	Marked
(22) Sister					
HPH_1N22	Col. 3586	Char 1		1 <input type="checkbox"/>	Marked
(23) Other male relative					
HPH_1N23	Col. 3587	Char 1		1 <input type="checkbox"/>	Marked
(24) Other female relative					
HPH_1N24	Col. 3588	Char 1		1 <input type="checkbox"/>	Marked
(25) Male friend					
HPH_1N25	Col. 3589	Char 1		1 <input type="checkbox"/>	Marked
(26) Female friend					
HPH_1N26	Col. 3590	Char 1		1 <input type="checkbox"/>	Marked
(27) Other					
HPH_1N27	Col. 3591	Char 1		1 <input type="checkbox"/>	Marked

**Part 5 - RANGE OF MOTION AND IMPAIRMENT**

1a. Now we'll talk about other problems some people have.				1 <input type="checkbox"/>	Yes
Is . . . missing any fingers, a hand, or an arm?				2 <input type="checkbox"/>	No - <i>SKIP to 2a</i>
	RMI_1A	Col. 1666	Char 1		
b. What is . . . missing? Anything else?					
(1)	Entire arm- left				
	RMI_1B01	Col. 1667	Char 1	1 <input type="checkbox"/>	Marked
(2)	Entire arm- right				
	RMI_1B03	Col. 1668	Char 1	1 <input type="checkbox"/>	Marked
(3)	Entire arm- both				
	RMI_1B05	Col. 1669	Char 1	1 <input type="checkbox"/>	Marked
(4)	Lower arm- left				
	RMI_1B07	Col. 1670	Char 1	1 <input type="checkbox"/>	Marked

(5) Lower arm- right RMI_1B09	Col. 1671	Char 1	1 <input type="checkbox"/> Marked
(6) Lower arm- both RMI_1B11	Col. 1672	Char 1	1 <input type="checkbox"/> Marked
(7) Hand only- left RMI_1B02	Col. 1673	Char 1	1 <input type="checkbox"/> Marked
(8) Hand only- right RMI_1B04	Col. 1674	Char 1	1 <input type="checkbox"/> Marked
(9) Hand only- both RMI_1B06	Col. 1675	Char 1	1 <input type="checkbox"/> Marked
(10) Fingers only- left RMI_1B08	Col. 1676	Char 1	1 <input type="checkbox"/> Marked
(11) Fingers only- right RMI_1B10	Col. 1677	Char 1	1 <input type="checkbox"/> Marked
(12) Fingers only- both hands RMI_1B12	Col. 1678	Char 1	1 <input type="checkbox"/> Marked
2a. Is . . . missing any toes, a foot or a leg? FR: If obvious - fill without asking RMI_2A	Col. 1679	Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to Check Item A.14</i>
b. What is . . . missing? Anything else?			
(1) Entire leg- left RMI_01	Col. 1680	Char 1	1 <input type="checkbox"/> Marked
(2) Entire leg- right RMI_03	Col. 1681	Char 1	1 <input type="checkbox"/> Marked
(3) Entire leg- both RMI_05	Col. 1682	Char 1	1 <input type="checkbox"/> Marked
(4) Lower leg- left RMI_07	Col. 1683	Char 1	1 <input type="checkbox"/> Marked
(5) Lower leg- right RMI_09	Col. 1684	Char 1	1 <input type="checkbox"/> Marked
(6) Lower leg- both RMI_11	Col. 1685	Char 1	1 <input type="checkbox"/> Marked
(7) Foot only- left RMI_02	Col. 1686	Char 1	1 <input type="checkbox"/> Marked
(8) Foot only- right RMI_04	Col. 1687	Char 1	1 <input type="checkbox"/> Marked
(9) Foot only- both RMI_06	Col. 1688	Char 1	1 <input type="checkbox"/> Marked
(10) Toes only- left RMI_08	Col. 1689	Char 1	1 <input type="checkbox"/> Marked
(11) Toes only-right RMI_10	Col. 1690	Char 1	1 <input type="checkbox"/> Marked
(12) Toes only-both feet RMI_12	Col. 1691	Char 1	1 <input type="checkbox"/> Marked
CHECK ITEM A.14 <i>Mark first available box.</i> RMI_CK2	Col. 1692	Char 1	1 <input type="checkbox"/> Code 3 marked in flap item 1 - SKIP to 3e 2 <input type="checkbox"/> Code 5 and/or Code 6 marked in flap item 1 - <i>SKIP to 3c</i> 3 <input type="checkbox"/> All others - <i>Go to 3a</i>
3. How difficult is it for . . . to- a. Climb one flight of stairs? RMI_3A	Col. 1693	Char 1	1 <input type="checkbox"/> Not difficult 2 <input type="checkbox"/> Somewhat difficult 3 <input type="checkbox"/> Very difficult 4 <input type="checkbox"/> Can't do it at all
b. Walk to the end of a room and back? RMI_3B	Col. 1694	Char 1	1 <input type="checkbox"/> Not difficult 2 <input type="checkbox"/> Somewhat difficult 3 <input type="checkbox"/> Very difficult 4 <input type="checkbox"/> Can't do it at all

c. Bend to put on . . . socks or stockings? RMI_3C Col. 1695 Char 1	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	Not difficult Somewhat difficult Very difficult Can't do it at all
d. Lift a 10-pound package like a bag of groceries and hold it for a few minutes? RMI_3D Col. 1696 Char 1	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	Not difficult Somewhat difficult Very difficult Can't do it at all
e. Reach above . . . head? RMI_3E Col. 1697 Char 1	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	Not difficult Somewhat difficult Very difficult Can't do it at all
f. Comb or brush . . . hair? RMI_3F Col. 1698 Char 1	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	Not difficult Somewhat difficult Very difficult Can't do it at all
g. Wash . . . hair? RMI_3G Col. 1699 Char 1	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	Not difficult Somewhat difficult Very difficult Can't do it at all
h. Use . . . fingers to grasp and handle small objects? RMI_3H Col. 1700 Char 1	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	Not difficult Somewhat difficult Very difficult Can't do it at all
4. Does . . . usually see well enough to read ordinary newsprint, with or without glasses or contact lenses? RMI_4 Col. 1701 Char 1	1 <input type="checkbox"/> 2 <input type="checkbox"/>	Yes No
CHECK ITEM A.15 <i>Respondent is -</i> RMI_CK3 Col. 1702 Char 1	1 <input type="checkbox"/> 2 <input type="checkbox"/>	Sample Person - <i>SKIP to 7</i> Proxy
5a. Can most people understand . . . speech? RMI_5A Col. 1703 Char 1	1 <input type="checkbox"/> 2 <input type="checkbox"/>	Yes - <i>SKIP to 6a</i> No
b. How does . . . usually make self understood? Mark only one. RMI_5B_1 Col. 1704 Char 1  RMI_5B_7 Col. 1705 Char 1 RMI_5B_8 Col. 1706 Char 1	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/>	Writing Standard sign language Gestures, grunts, or some other motion Talking slow/ repeating himself/herself Using an interpreter Computer Some other way 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. 1707 Char 1	1 <input type="checkbox"/> 2 <input type="checkbox"/>	Yes - <i>SKIP to 7</i> No
b. What means does . . . usually use to understand what is being said to . . .? Mark only one. RMI_6B_1 Col. 1708 Char 1  RMI_B_7 Col. 1709 Char 1 RMI_B_8 Col. 1710 Char 1	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/>	Reading written materials or lip reading Standard sign language Gestures, grunts, or some other motion Hearing aid Talking loudly/talking slowly/repeating/facing speaker With interpreter/facilitator Some other way Does not understand what is being said to him/her
<i>SHOW FLASHCARD B</i> 7. Which of these devices does . . . use?		

Any other?

Mark (1) all that apply.

- |                                   |           |        |  |                            |        |
|-----------------------------------|-----------|--------|--|----------------------------|--------|
| (1) Glasses/contact lenses        |           |        |  | 1 <input type="checkbox"/> | Marked |
| RMI_7_1                           | Col. 1711 | Char 1 |  |                            |        |
| (2) Hearing aid                   |           |        |  | 1 <input type="checkbox"/> | Marked |
| RMI_7_2                           | Col. 1712 | Char 1 |  |                            |        |
| (3) Artificial larynx (voice box) |           |        |  | 1 <input type="checkbox"/> | Marked |
| RMI_7_3                           | Col. 1713 | Char 1 |  |                            |        |
| (4) Specify other device          |           |        |  | 1 <input type="checkbox"/> | Marked |
| RMI_7_4                           | Col. 1714 | Char 1 |  |                            |        |
| (5) None                          |           |        |  | 1 <input type="checkbox"/> | Marked |
| RMI_7_5                           | Col. 1715 | Char 1 |  |                            |        |

CHECK ITEM A.16

Is flap item 1, codes 3 and/or 5 marked?

RMI\_CK Col. 1716 Char 1

- 1  Yes - SKIP to Part 7  
2  No - SKIP to Part 6

Part 6 - ACTIVITY LIST

SHOW FLASHCARD C

NOTE: Ask all of 1a before going to 1b.

1a. These next questions are about physical exercise. In the past 2 weeks, beginning Monday (DATE) ending Sunday (DATE), which of these exercises, sports or physically active hobbies did you do?

Anything else?

Read all categories below and mark (1) all that apply.

- |                                  |           |        |  |                            |        |
|----------------------------------|-----------|--------|--|----------------------------|--------|
| Walking for exercise             |           |        |  | 1 <input type="checkbox"/> | Marked |
| AL_1A_1                          | Col. 1717 | Char 1 |  |                            |        |
| Jogging or running               |           |        |  | 1 <input type="checkbox"/> | Marked |
| AL_1A_2                          | Col. 1718 | Char 1 |  |                            |        |
| Hiking                           |           |        |  | 1 <input type="checkbox"/> | Marked |
| AL_1A_3                          | Col. 1719 | Char 1 |  |                            |        |
| Gardening or yard work           |           |        |  | 1 <input type="checkbox"/> | Marked |
| AL_1A_4                          | Col. 1720 | Char 1 |  |                            |        |
| Aerobics or aerobic dancing      |           |        |  | 1 <input type="checkbox"/> | Marked |
| AL_1A_5                          | Col. 1721 | Char 1 |  |                            |        |
| Other dancing                    |           |        |  | 1 <input type="checkbox"/> | Marked |
| AL_1A_6                          | Col. 1722 | Char 1 |  |                            |        |
| Calisthenics or general exercise |           |        |  | 1 <input type="checkbox"/> | Marked |
| AL_1A_7                          | Col. 1723 | Char 1 |  |                            |        |
| Golf                             |           |        |  | 1 <input type="checkbox"/> | Marked |
| AL_1A_8                          | Col. 1724 | Char 1 |  |                            |        |
| Tennis                           |           |        |  | 1 <input type="checkbox"/> | Marked |
| AL_1A_9                          | Col. 1725 | Char 1 |  |                            |        |
| Bowling                          |           |        |  | 1 <input type="checkbox"/> | Marked |
| AL_1A_10                         | Col. 1726 | Char 1 |  |                            |        |
| Biking                           |           |        |  | 1 <input type="checkbox"/> | Marked |
| AL_1A_11                         | Col. 1727 | Char 1 |  |                            |        |
| Swimming or water exercise       |           |        |  | 1 <input type="checkbox"/> | Marked |
| AL_1A_12                         | Col. 1728 | Char 1 |  |                            |        |
| Yoga                             |           |        |  | 1 <input type="checkbox"/> | Marked |
| AL_1A_13                         | Col. 1729 | Char 1 |  |                            |        |
| Weight lifting or training       |           |        |  | 1 <input type="checkbox"/> | Marked |
| AL_1A_14                         | Col. 1730 | Char 1 |  |                            |        |
| Basketball                       |           |        |  | 1 <input type="checkbox"/> | Marked |
| AL_1A_15                         | Col. 1731 | Char 1 |  |                            |        |
| Baseball or softball             |           |        |  | 1 <input type="checkbox"/> | Marked |

AL_1A_16	Col. 1732	Char 1	1 <input type="checkbox"/> Marked
Football			
AL_1A_17	Col. 1733	Char 1	1 <input type="checkbox"/> Marked
Soccer			
AL_1A_18	Col. 1734	Char 1	1 <input type="checkbox"/> Marked
Volleyball			
AL_1A_19	Col. 1735	Char 1	1 <input type="checkbox"/> Marked
Handball, racquetball, or squash			
AL_1A_20	Col. 1736	Char 1	1 <input type="checkbox"/> Marked
Skating			
AL_1A_21	Col. 1737	Char 1	1 <input type="checkbox"/> Marked
Skiing			
AL_1A_22	Col. 1738	Char 1	1 <input type="checkbox"/> Marked
Any other physically active hobbies			
AL_1A_23	Col. 1739	Char 1	1 <input type="checkbox"/> Marked
None - <i>SKIP to item 2</i>			
AL_1A_24	Col. 1740	Char 1	1 <input type="checkbox"/> Marked - <i>SKIP to item 2</i>

*NOTE: For each activity marked in 1a, ask 1b-1d.*

b. How many times in the past 2 weeks did you  
(play/go/do) (activity in 1a)?

00-99

Walking for exercise			
AL_1B_1	Col. 1741	Char 2	
Jogging or running			
AL_1B_2	Col. 1743	Char 2	
Hiking			
AL_1B_3	Col. 1745	Char 2	
Gardening or yard work			
AL_1B_4	Col. 1747	Char 2	
Aerobics or aerobic dancing			
AL_1B_5	Col. 1749	Char 2	
Other dancing			
AL_1B_6	Col. 1751	Char 2	
Calisthenics or general exercise			
AL_1B_7	Col. 1753	Char 2	
Golf			
AL_1B_8	Col. 1755	Char 2	
Tennis			
AL_1B_9	Col. 1757	Char 2	
Bowling			
AL_1B_10	Col. 1759	Char 2	
Biking			
AL_1B_11	Col. 1761	Char 2	
Swimming or water exercise			
AL_1B_12	Col. 1763	Char 2	
Yoga			
AL_1B_13	Col. 1765	Char 2	
Weight lifting or training			
AL_1B_14	Col. 1767	Char 2	
Basketball			
AL_1B_15	Col. 1769	Char 2	
Baseball or softball			
AL_1B_16	Col. 1771	Char 2	
Football			
AL_1B_17	Col. 1773	Char 2	
Soccer			
AL_1B_18	Col. 1775	Char 2	
Volleyball			
AL_1B_19	Col. 1777	Char 2	

Handball, racquetball, or squash			
AL_1B_20	Col. 1779	Char 2	
Skating			
AL_1B_21	Col. 1781	Char 2	
Skiing			
AL_1B_22	Col. 1783	Char 2	
Any other physically active hobbies			
AL_1B_23	Col. 1785	Char 2	

c. On the average, about how many minutes did you actually spend (activity in 1a) on each occasion?

000-999

Walking for exercise			
AL_1C_1	Col. 1787	Char 3	
Jogging or running			
AL_1C_2	Col. 1790	Char 3	
Hiking			
AL_1C_3	Col. 1793	Char 3	
Gardening or yard work			
AL_1C_4	Col. 1796	Char 3	
Aerobics or aerobic dancing			
AL_1C_5	Col. 1799	Char 3	
Other dancing			
AL_1C_6	Col. 1802	Char 3	
Calisthenics or general exercise			
AL_1C_7	Col. 1805	Char 3	
Golf			
AL_1C_8	Col. 1808	Char 3	
Tennis			
AL_1C_9	Col. 1811	Char 3	
Bowling			
AL_1C_10	Col. 1814	Char 3	
Biking			
AL_1C_11	Col. 1817	Char 3	
Swimming or water exercise			
AL_1C_12	Col. 1820	Char 3	
Yoga			
AL_1C_13	Col. 1823	Char 3	
Weight lifting or training			
AL_1C_14	Col. 1826	Char 3	
Basketball			
AL_1C_15	Col. 1829	Char 3	
Baseball or softball			
AL_1C_16	Col. 1832	Char 3	
Football			
AL_1C_17	Col. 1835	Char 3	
Soccer			
AL_1C_18	Col. 1838	Char 3	
Volleyball			
AL_1C_19	Col. 1841	Char 3	
Handball, racquetball, or squash			
AL_1C_20	Col. 1844	Char 3	
Skating			
AL_1C_21	Col. 1847	Char 3	
Skiing			
AL_1C_22	Col. 1850	Char 3	
Any other physically active hobbies			
AL_1C_23	Col. 1853	Char 3	

d. What usually happened to your heart of breathing when you (*activity in 1a*)? Did you have a small, moderate, or large

1	<input type="text"/>	Small
2	<input type="text"/>	Moderate



increase, or no increase at all in your heart rate or breathing?

3  Large  
4  No

Walking for exercise			
AL_1D_1	Col. 1856	Char 1	
Jogging or running			
AL_1D_2	Col. 1857	Char 1	
Hiking			
AL_1D_3	Col. 1858	Char 1	
Gardening or yard work			
AL_1D_4	Col. 1859	Char 1	
Aerobics or aerobic dancing			
AL_1D_5	Col. 1860	Char 1	
Other dancing			
AL_1D_6	Col. 1861	Char 1	
Calisthenics or general exercise			
AL_1D_7	Col. 1862	Char 1	
Golf			
AL_1D_8	Col. 1863	Char 1	
Tennis			
AL_1D_9	Col. 1864	Char 1	
Bowling			
AL_1D_10	Col. 1865	Char 1	
Biking			
AL_1D_11	Col. 1866	Char 1	
Swimming or water exercise			
AL_1D_12	Col. 1867	Char 1	
Yoga			
AL_1D_13	Col. 1868	Char 1	
Weight lifting or training			
AL_1D_14	Col. 1869	Char 1	
Basketball			
AL_1D_15	Col. 1870	Char 1	
Baseball or softball			
AL_1D_16	Col. 1871	Char 1	
Football			
AL_1D_17	Col. 1872	Char 1	
Soccer			
AL_1D_18	Col. 1873	Char 1	
Volleyball			
AL_1D_19	Col. 1874	Char 1	
Handball, racquetball, or squash			
AL_1D_20	Col. 1875	Char 1	
Skating			
AL_1D_21	Col. 1876	Char 1	
Skiing			
AL_1D_22	Col. 1877	Char 1	
Any other physically active hobbies			
AL_1D_23	Col. 1878	Char 1	

2. Do you exercise or play sports regularly?  
AL\_2 Col. 1879 Char 1

1  Yes  
2  No - *SKIP to 4a*

3a. For how long have you exercised or played sports regularly?  
AL\_3A Col. 1880 Char 1

1  Days  
2  Weeks  
3  Months  
4  Years

b. Length  
AL\_3B Col. 1881 Char 6

4a. Would you say that you are physically more active, less active, or about as active as other persons your age?

1  More active  
2  Less active

AL_4A	Col. 1887	Char 1	3 <input type="checkbox"/>	About the same - <i>SKIP to 5</i>
b. Is that (a lot more or little more/a lot less or a little less) active?			1 <input type="checkbox"/>	A lot more
AL_4B	Col. 1888	Char 1	2 <input type="checkbox"/>	A little more
			3 <input type="checkbox"/>	A lot less
			4 <input type="checkbox"/>	A little less
<i>SHOW FLASHCARD D</i>				
5. We are interested in how much difficulty people have with activities because of a health or physical problem. Please tell me how difficult each activity is for you. Exclude any difficulties that you expect to last less than three months.				
How difficult is it for you to -				
a. . . . Run or jog about a mile?			1 <input type="checkbox"/>	Not at all difficult - <i>SKIP to e</i>
<i>(Is this not at all difficult, a little difficult, somewhat difficult, very difficult, or something you can't do at all)?</i>				
AL_5A	Col. 1889	Char 1	2 <input type="checkbox"/>	A little difficult
b. . . . walk several blocks?			3 <input type="checkbox"/>	Somewhat difficult
AL_5B	Col. 1890	Char 1	4 <input type="checkbox"/>	Very difficult/can't do
c. . . . walk a blocks?			5 <input type="checkbox"/>	Do not do
AL_5C	Col. 1891	Char 1		
d. . . . walk across a room?			1 <input type="checkbox"/>	Not at all difficult
AL_5D	Col. 1892	Char 1	2 <input type="checkbox"/>	A little difficult
e. . . . sit for about 2 hours?			3 <input type="checkbox"/>	Somewhat difficult
AL_5E	Col. 1893	Char 1	4 <input type="checkbox"/>	Very difficult/can't do
f. . . . get up from a chair after sitting for long periods?			5 <input type="checkbox"/>	Do not do
AL_5F	Col. 1894	Char 1		
g. . . . get in and out of bed without help?				
AL_5G	Col. 1895	Char 1		
h. . . . climb several flights of stairs without resting?			1 <input type="checkbox"/>	Not at all difficult - <i>SKIP to j</i>
NSA_5H	Col. 1896	Char 1	2 <input type="checkbox"/>	A little difficult
			3 <input type="checkbox"/>	Somewhat difficult
			4 <input type="checkbox"/>	Very difficult/can't do
			5 <input type="checkbox"/>	Do not do
i. . . . climb one flight of stairs without resting?			1 <input type="checkbox"/>	Not at all difficult - <i>SKIP to e</i>
AL_5I	Col. 1897	Char 1	2 <input type="checkbox"/>	A little difficult
j. . . . lift or carry weights over 10 pounds, like a heavy bag of laundry?			3 <input type="checkbox"/>	Somewhat difficult
AL_5J	Col. 1898	Char 1	4 <input type="checkbox"/>	Very difficult/can't do
k. . . . stoop, kneel, or crouch?			5 <input type="checkbox"/>	Do not do
AL_5K	Col. 1899	Char 1		
l. . . . pick up a dime from a table?				
AL_5L	Col. 1900	Char 1		
m. . . . bathe or shower without help?				
AL_5M	Col. 1901	Char 1		
n. . . . reach or extend your arms above shoulder level?				
AL_5N	Col. 1902	Char 1		
o. . . . pull or push large objects like a living room chair?				
AL_5O	Col. 1903	Char 1		
p. . . . eat without help?				
AL_5P	Col. 1904	Char 1		
q. . . . dress without help?				
AL_5Q	Col. 1905	Char 1		
Here are some other activities that people may have difficulty with.				
How difficult is it for you to -				

- r. . . use a map to figure out how to get around in a strange place?  
 AL\_5R Col. 1906 Char 1
- s. . . use a microwave oven after reading the instructions?  
 AL\_5S Col. 1907 Char 1
- t. . . use a calculator to help balance your checkbook?  
 AL\_5T Col. 1908 Char 1
- u. . . use a computer or word processor:  
 AL\_5U Col. 1909 Char 1

**Part 7 - NUTRITION AND SOCIAL ACTIVITIES**

**Introduction - Now I would like to ask you some questions about nutrition.**

1. What is (your/. . .)'s current height? (Without shoes on.) NSA_1_T1 Col. 1910 Char 1 NSA_1_T2 Col. 1911 Char 2	<input type="text"/> Feet <input type="text"/> Inches
2. What is (your/. . .)'s current weight? NSA_2 Col. 1913 Char 3	0-999 <input type="text"/> Pounds
3. What was (your/. . .)'s weight when (you/. . .)'s was 50 years of age? NSA_3 Col. 1916 Char 3	0-999 <input type="text"/> Pounds
4. What was (your/. . .)'s weight last (month of interview), one year ago? NSA_4 Col. 1919 Char 3	0-999 <input type="text"/> Pounds
5a. (Do/Does) (you/ . . .) regularly go to a senior center? NSA_5A Col. 1922 Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
b. (Do/Does) (you/ . . .) regularly go to an adult day care center NSA_5B Col. 1923 Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 6a</i>
c. (Do/Does) (you/ . . .) receive any health services or therapy at the care center? NSA_5C Col. 1924 Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
d. Does this adult day care center provide (you/ . . .) with transportation between the center and (your/ . . .) home? NSA_5D Col. 1925 Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
6a. On a typical day, how many meals (do/does) (you/ . . .) eat? NSA_6A Col. 1926 Char 2	0-24 <input type="text"/> Total number of meals
b. Besides breakfast, lunch, and dinner, how many other times during the day (do/does) (you/ . . .) eat? NSA_6B Col. 1928 Char 2	0-24 <input type="text"/> Times
7a. In a typical week, how many meals (do/does) (you/ . . .) eat at home? NSA_7A Col. 1930 Char 2	0-99 <input type="text"/> Total number of meals
b. (In a typical week,) of those meals eaten at home, how many are brought in for (you/ . . .) by someone else? NSA_7B Col. 1932 Char 2	0-99 <input type="text"/> Total number of meals
c. (Do/Does) (you/ . . .) now regularly eat meals in a senior center or some other place with a special meal for older people? NSA_7C Col. 1934 Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 7e</i>
d. In a typical week, how many meals (do/does) (you/ . . .) eat in a meals program or a social center? NSA_7D Col. 1935 Char 2	0-99 <input type="text"/> Total number of meals
e. (Do/Does) (you/ . . .) have meals delivered to (you/ . . .) home by an agency or organization like MEALS ON WHEELS? NSA_7E Col. 1937 Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 8a</i>
f. In a typical week, how many of (your/ . . .) meals are from home delivered meals programs like MEAL ON WHEELS?	0-99 <input type="text"/> Total number of meals

NSA_7F	Col. 1938	Char 2	
8a. (Do/Does) (you/ . . .) usually take a vitamin and/or mineral supplement once a week or more?			1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 9</i>
NSA_8A	Col. 1940	Char 1	
b. What type of vitamins and/or mineral supplement(s) (do/does) (you/ . . .) take <i>Such as, calcium supplement once a day)</i> Vitamin/Supplement Name			
NSA_18B1	Col. 1941	Char 25	1 <input type="checkbox"/> MARKED
Vitamin/Supplement Name			
NSA_18B2	Col. 1966	Char 25	1 <input type="checkbox"/> MARKED
Vitamin/Supplement Name			
NSA_18B3	Col. 1991	Char 25	1 <input type="checkbox"/> MARKED
Vitamin/Supplement Name			
NSA_18B4	Col. 2016	Char 25	1 <input type="checkbox"/> MARKED
Amount per day first supplement is taken			
NSA_28B1	Col. 2041	Char 20	1 <input type="checkbox"/> MARKED
Amount per day second supplement is taken			
NSA_28B2	Col. 2061	Char 20	1 <input type="checkbox"/> MARKED
Amount per day third supplement is taken			
NSA_28B3	Col. 2081	Char 20	1 <input type="checkbox"/> MARKED
Amount per day fourth supplement is taken			
NSA_28B4	Col. 2101	Char 20	1 <input type="checkbox"/> MARKED
Times per day first supplement is taken			
NSA_38B1	Col. 2121	Char 2	1 <input type="checkbox"/> MARKED
Times per day second supplement is taken			
NSA_38B2	Col. 2123	Char 2	1 <input type="checkbox"/> MARKED
Times per day third supplement is taken			
NSA_38B3	Col. 2125	Char 2	1 <input type="checkbox"/> MARKED
Times per day fourth supplement is taken			
NSA_38B4	Col. 2127	Char 2	1 <input type="checkbox"/> MARKED
9. On a usual day, how much time do you spend on:			
a. vigorous activities such as digging in the garden, strenuous sports, jogging, chopping wood, sustained swimming, brisk walking, carpentry, bicycling on hills, etc?			0-16 <input type="checkbox"/> Hours 0-59 <input type="checkbox"/> Minutes
NSA_9A_1	Col. 2129	Char 2	
NSA_9A_2	Col. 2131	Char 2	
b. Moderate activities such as housework, light sports, walking outside, golf, yard work, lawn mowing, painting, repairing, dancing, bicycling on level ground, etc?			0-16 <input type="checkbox"/> Hours 0-59 <input type="checkbox"/> Minutes
NSA_9B_1	Col. 2133	Char 2	
NSA_9B_2	Col. 2135	Char 2	
c. Light activities such as office work, driving a car, strolling, walking inside, etc?			0-16 <input type="checkbox"/> Hours 0-59 <input type="checkbox"/> Minutes
NSA_9C_1	Col. 2137	Char 2	
NSA_9C_2	Col. 2139	Char 2	
<b>Part 8 - ALCOHOL CONSUMPTION AND SMOKING</b>			
INTRODUCTION - The next questions are about drinking alcoholic beverages and smoking.			
1. (Do/Does) (you/ . . .) currently drink any kind of alcoholic beverages, such as beer, wine, or liquor?			1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 4</i>
ACS_1	Col. 2141	Char 1	
2. How often (do/does) (you/ . . .) drink any alcoholic beverages,			1 <input type="checkbox"/> Every day

such as beer, wine, or liquor? ACS_2	Col. 2142	Char 1	2 <input type="checkbox"/> 3 to 6 times a week 3 <input type="checkbox"/> 1 to 2 times a week 4 <input type="checkbox"/> 1 to 3 times a month 5 <input type="checkbox"/> Less than once a month
3. On the days that (you/ . . . ) ( drink/drinks, how many drinks (do/does) (you/ . . . ) have on the average, per day? ACS_3	Col. 2143	Char 1	1 <input type="checkbox"/> 12 or more 2 <input type="checkbox"/> 7 to 11 3 <input type="checkbox"/> 5 or 6 4 <input type="checkbox"/> 3 or 4 5 <input type="checkbox"/> 2 6 <input type="checkbox"/> 1
4. (Do/Does) (you/ . . . ) currently smoke? ACS_4	Col. 2144	Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to Section B, item 1</i>
5. On the average, how many cigarettes (do/does) (you/ . . . ) usually smoke in a day? Number of cigarettes ACS_T1	Col. 2145	Char 2	0-99 <input type="checkbox"/> Cigarettes OR
Number of packs ACS_T2	Col. 2147	Char 1	0-9 <input type="checkbox"/> Packs
<b>Section B - OTHER FUNCTIONING</b>			
1. Compared to other persons the same age, would you say that . . . health is excellent, good fair, or poor? OFN_1	Col. 2148	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. 2149	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. 2150	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. 2151	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. 2152	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. 2153	Char 1	1 <input type="checkbox"/> Yes - <i>SKIP to 6</i> 2 <input type="checkbox"/> No - <i>SKIP to 6</i> 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. 2154	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>
b. Has a doctor told . . . That in the last 5 years? OFN_5B	Col. 2155	Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
6. Sometimes people lose their temper, and throw, kick, slam, or destroy things. Does this happen to . . . frequently, occasionally, or not at all? OFN_6	Col. 2156	Char 1	1 <input type="checkbox"/> Frequently 2 <input type="checkbox"/> Occasionally 3 <input type="checkbox"/> Not at all
7. Now I'm going to read a list of things people have told us that they have sometimes done. In the past month did . . . at any			

time -			
a. Lose . . . way and not find the way back OFN_7A Col. 2157 Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No/Never goes out		
b. Take any money or anything else that didn't belong to . . . without realizing it? OFN_7B Col. 2158 Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		
c. Forget to do important things like eat, take medicine, or pay . . . bills? OFN_7C Col. 2159 Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		
8a. Does anyone phone or check on . . . regularly just to make sure . . . is all right? OFN_8A Col. 2160 Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 8c		
b. Who regularly does this? Anyone else? <i>Repeat until answer is "No one else"</i> First Person OFN_8B1 Col. 2161 Char 1 Second Person OFN_8B2 Col. 2162 Char 1 Third Person OFN_8B3 Col. 2163 Char 1 Fourth Person OFN_8B4 Col. 2164 Char 1 Fifth Person OFN_8B5 Col. 2165 Char 1 Sixth Person OFN_8B6 Col. 2166 Char 1	1 <input type="checkbox"/> Spouse 2 <input type="checkbox"/> Daughter 3 <input type="checkbox"/> Son 4 <input type="checkbox"/> Other relative 5 <input type="checkbox"/> Neighbor 6 <input type="checkbox"/> Friend 7 <input type="checkbox"/> Person from helping organization 8 <input type="checkbox"/> Someone who works here 9 <input type="checkbox"/> Other		
<b>SKIP to 9a</b>			
c. Does . . . NEED someone to phone or check on . . . regularly just to make sure . . . is all right? OFN_8C Col. 2167 Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		
9a. Now I have some questions about being in touch with . . . relatives and friends. First, I'd like to ask about . . . relatives who don't live with . . ., including children. Does . . . keep in touch with any relatives either by visiting or by telephone? OFN_9A Col. 2168 Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 10a		
<i>SHOW FLASHCARD F</i> b. (Not counting . . . relatives who live here) how many times in the past month did . . . see . . . relatives, including children? <i>Code all relatives' visits combined.</i> OFN_9B Col. 2169 Char 1	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		
<i>SHOW FLASHCARD F</i> c. In the past month, how often did . . . speak with . . . relatives, on the telephone? OFN_9C Col. 2170 Char 1	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		
CHECK ITEM B.2 Respondent is - OFN_CK3 Col. 2171 Char 1	1 <input type="checkbox"/> Sample Person 2 <input type="checkbox"/> Proxy-SKIP to 10a		



b. Work on a hobby, like painting, sewing, or arts and crafts? OFN_15B Col. 2188 Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
c. Play games such as solitaire or work on a puzzle? OFN_15C Col. 2189 Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
d. Listen to records, tapes, or compact discs? OFN_15D Col. 2190 Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
16. During the past month did . . . -	
a. Go to a religious service? OFN_16A Col. 2191 Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
b. Attend a meeting of civic, religious, professional or recreational club or organization? OFN_16B Col. 2192 Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
CHECK ITEM B.5 Respondent is - OFN_CK6 Col. 2193 Char 1	1 <input type="checkbox"/> Sample Person 2 <input type="checkbox"/> Proxy - <i>SKIP to Check Item C.1</i>
17. During the last two weeks, have (you/ . . .) felt so sad, blue, or depressed that (you/ . . .)	
a. Did not feel like doing the things (you/ . . .) usually (do/does)? OFN_17A Col. 2194 Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
b. . . .could not sleep like (you/ . . .) usually (do/does)? OFN_17B Col. 2195 Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
c. . . .lost (your/ . . .) appetite or could not eat like usually (do/does)? OFN_17C Col. 2196 Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
18. 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. 2197 Char 1	1 <input type="checkbox"/> Very happy 2 <input type="checkbox"/> Pretty happy 3 <input type="checkbox"/> Not too happy
19. 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. 2198 Char 1	1 <input type="checkbox"/> Very satisfied 2 <input type="checkbox"/> Satisfied 3 <input type="checkbox"/> Not satisfied
<b>Section C - HOUSING AND NEIGHBORHOOD CHARACTERISTICS</b>	
CHECK ITEM C.1 <i>Mark (1) type of area.</i> HNC_CK2 Col. 2199 Char 2	1 <input type="checkbox"/> Open country/not a farm 2 <input type="checkbox"/> A rural or farming community 3 <input type="checkbox"/> A small city/town village of fewer than 50,000 people than is not a suburb of a larger city 4 <input type="checkbox"/> A medium-sized city (50,000 to 100,000 people) 5 <input type="checkbox"/> A suburb of a medium-sized city 6 <input type="checkbox"/> A large city (100,000 to 500,000 people) 7 <input type="checkbox"/> A suburb of a large city 8 <input type="checkbox"/> A very large city (over 500,000) people 9 <input type="checkbox"/> A suburb of a very large city 10 <input type="checkbox"/> An Indian reservation
CHECK ITEM C.2 <i>Mark (1) living quarters</i>  Ask if not obvious.  HNC_CK3 Col. 2201 Char 2	1 <input type="checkbox"/> Detached house 2 <input type="checkbox"/> Duplex or row house 3 <input type="checkbox"/> Apartment or flat in building with elevator 4 <input type="checkbox"/> Apartment or flat in building without elevator 5 <input type="checkbox"/> Room in hotel/motel with elevator 6 <input type="checkbox"/> Room in hotel/motel without elevator 7 <input type="checkbox"/> Room in rooming or boarding house



- 8  Rented room in private house
- 9  Mobile home or trailer with no permanent room added
- 10  Mobile home or trailer with one or more permanent rooms added
- 11  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?

HNC\_CK4 Col. 2203 Char 1

- 1  Yes - Ask 1a
- 2  No - SKIP to Check Item C.4

1. What is the reason that . . . and the other household member(s) are living together NOW?

a. Is that because of health or physical problem . . . has?

HNC\_1A Col. 2204 Char 1

- 1  Yes
- 2  No

b. Is it to share living expenses?

HNC\_1B Col. 2205 Char 1

- 1  Yes
- 2  No

c. Did . . . come to live with the other household member(s), or did the other household member(s) come to live with . . . ?

HNC\_1C\_1 Col. 2206 Char 1

- 1  Sample person came to live with other(s)
- 2  Others came to live with sample person

HNC\_1C\_2 Col. 2207 Char 1

- 1  Other

d. When did . . . and (any of) other household member(s) start living together?

HNC\_1D Col. 2208 Char 6

MMDDYY

**CHECK ITEM C.4**

Respondent is -

HNC\_CK5 Col. 2214 Char 1

- 1  Sample Person
- 2  Proxy - SKIP to 2b

2a. All things considered, how satisfied are you with the place in which you are living - would you say that you are very satisfied, satisfied, or not satisfied?

HNC\_2A Col. 2215 Char 1

- 1  Very satisfied
- 2  Satisfied
- 3  Not satisfied

*If obvious, mark without asking.*

b. Is this place part of a building or community intended for older or retired, or disabled persons?

HNC\_2B Col. 2216 Char 1

- 1  Yes
- 2  No

**SHOW FLASHCARD G**

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

Anything else?

*Mark (1) all that apply.*

*If none, mark "None."*

(1) Extra handrails or grab bars

HNC\_3\_1 Col. 2217 Char 1

1  Marked

(2) Ramps

HNC\_3\_2 Col. 2218 Char 1

1  Marked

(3) Elevators or stair lifts

HNC\_3\_3 Col. 2219 Char 1

1  Marked

(4) Extra wide doors or hallways

HNC\_3\_4 Col. 2220 Char 1

1  Marked

(5) Push bars on doors

HNC\_3\_5 Col. 2221 Char 1

1  Marked

(6) Raised toilet

HNC\_3\_6 Col. 2222 Char 1

1  Marked

(7) None HNC_3_0	Col. 2223	Char 1	1 <input type="checkbox"/> Marked
<b>SHOW FLASHCARD G</b>			
4. Which of these things would make things easier or more comfortable for . . . ? Anything else? Mark (1) all that apply. If none, mark "None."			
(1) Extra handrails or grab bars HNC_4_1	Col. 2224	Char 1	1 <input type="checkbox"/> Marked
(2) Ramps HNC_4_2	Col. 2225	Char 1	1 <input type="checkbox"/> Marked
(3) Elevators or stair lifts HNC_4_3	Col. 2226	Char 1	1 <input type="checkbox"/> Marked
(4) Extra wide doors or hallways HNC_4_4	Col. 2227	Char 1	1 <input type="checkbox"/> Marked
(5) Push bars on doors HNC_4_5	Col. 2228	Char 1	1 <input type="checkbox"/> Marked
(6) Raised toilet HNC_4_6	Col. 2229	Char 1	1 <input type="checkbox"/> Marked
(7) None HNC_4_0	Col. 2230	Char 1	1 <input type="checkbox"/> Marked
5a. Is there a toilet conveniently located to the room in which . . . sleeps? HNC_5A	Col. 2231	Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
b. Is there a toilet conveniently located to the room in which . . . spends most of . . . day? HNC_5B	Col. 2232	Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
CHECK ITEM C.5 Respondent is - HNC_CK6	Col. 2233	Char 1	1 <input type="checkbox"/> Sample Person 2 <input type="checkbox"/> Proxy - SKIP to 7a
6. All things considered, how satisfied are you with this neighborhood - would you say that you are very satisfied, satisfied, or not satisfied? HNC_6	Col. 2234	Char 1	1 <input type="checkbox"/> Very satisfied 2 <input type="checkbox"/> Satisfied 3 <input type="checkbox"/> Not satisfied
7a. Is there a conveniently located food or grocery store in this neighborhood? HNC_7A	Col. 2235	Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
b. Is there a conveniently located drug store or pharmacy in this neighborhood? HNC_7B	Col. 2236	Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
8a. Is crime a serious problem in this neighborhood? HNC_8A	Col. 2237	Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
b. During the past year, has . . . (or any other members of . . . household) been a victim of a crime in this neighborhood? HNC_8B	Col. 2238	Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
<b>Section D - HEALTH INSURANCE</b>			
1. Medicare is a Social Security health insurance program for disabled persons and for persons 65 years old and over. Is . . . now covered by Medicare? INS_1	Col. 2239	Char 2	01 <input type="checkbox"/> Yes 02 <input type="checkbox"/> No 99 <input type="checkbox"/> DK
2. There is a national program called Medicaid which pays for			

<p>health care for persons in need. In this state it is called (<i>name</i>).</p> <p>a. During the past 12 months, has . . . received health care which has been or will be paid for by Medicaid (or (<i>name</i>))?</p> <p>INS_2A Col. 2241 Char 2</p>	<p>01 <input type="checkbox"/> Yes  02 <input type="checkbox"/> No  99 <input type="checkbox"/> DK</p>
<p>b. Does . . . NOW have a Medicaid (or (<i>name</i>)) card?</p> <p>INS_2B Col. 2243 Char 1</p>	<p>1 <input type="checkbox"/> Yes  2 <input type="checkbox"/> No - <i>SKIP to 3</i></p>
<p>c. May I please see . . . card?  Mark (1) first available box.</p> <p>INS_2C_1 Col. 2244 Char 1</p>	<p>1 <input type="checkbox"/> Current Medicaid card seen- <i>Ask 2d</i>  2 <input type="checkbox"/> Expired Medicaid card seen  3 <input type="checkbox"/> No card seen  4 <input type="checkbox"/> Other card seen - Specify in } <i>SKIP to 3</i></p>
<p>d. In order to determine how health practices and conditions are related to the use of medical services, we would like to refer to Medicaid records for other health information in this study.</p> <p>Providing . . . Medicaid number is voluntary and WILL NOT AFFECT . . . BENEFITS in any way. What is . . . Medicaid number?</p> <p>INS_C_2 Col. 2245 Char 20  Col. 2265 Char 2</p>	<p><input type="checkbox"/> BLANKED  88 <input type="checkbox"/> Refused  99 <input type="checkbox"/> DK</p>
<p>3. Is . . . NOW covered by any OTHER public assistance program that pays for health care?</p> <p>INS_3A Col. 2267 Char 2</p>	<p>1 <input type="checkbox"/> Yes  2 <input type="checkbox"/> No  99 <input type="checkbox"/> DK</p>
<p>4. Is . . . NOW covered by CHAMPUS or CHAMPVA, which are programs that provide medical insurance for dependents or survivors of military personnel and disabled veterans?</p> <p>INS_4 Col. 2269 Char 1</p>	<p>1 <input type="checkbox"/> Yes  2 <input type="checkbox"/> No</p>
<p>5a. We are interested in all kinds of private health insurance plans except those which pay only for accidents. By private insurance plans, we mean both fee for service plans which reimburse you or the health care provider for covered services, and prepaid plans, such as Health Maintenance Organizations or HMOs, which provide or arrange for health care by designated plan physicians, hospitals and other providers at designated locations.</p> <p>Is . . . now covered by a private health insurance plan which pays any part of a hospital, doctor's or surgeon's bill?</p> <p>INS_5A Col. 2270 Char 1</p>	<p>1 <input type="checkbox"/> Yes  2 <input type="checkbox"/> No - <i>SKIP to 1a, Section E</i></p>
<p>Plan 1:</p> <p>b1. What is the name of this plan?  INS_5B1 Col. 2271 Char 6</p> <p>c1. Is this (<i>name</i>) plan an HMO?  INS_5C1 Col. 2277 Char 1</p> <p>d1. Does this (<i>name</i>) plan pay any part of hospital expenses?  INS_5D1 Col. 2278 Char 1</p> <p>e1. Does this (<i>name</i>) plan pay any part of doctor's or surgeon's bills for operations?  INS_5E1 Col. 2279 Char 1</p>	<p><input type="checkbox"/> Name of the plan</p> <p>1 <input type="checkbox"/> Yes  2 <input type="checkbox"/> No</p> <p>1 <input type="checkbox"/> Yes  2 <input type="checkbox"/> No</p> <p>1 <input type="checkbox"/> Yes  2 <input type="checkbox"/> No</p>
<p><i>Reask c, d, and e if more than one plan</i></p> <p>Plan 2:</p> <p>b2. What is the name of this plan?  INS_5B2 Col. 2280 Char 6</p>	<p><input type="checkbox"/> Name of the plan</p>



MPP_1A	Col. 2317	Char 1		
b. How many times?			01-99	<input type="text"/> Time(s)
MPP_1B	Col. 2318	Char 2		
c1. When was . . . admitted ( <i>that time/the last time/the time before that</i> )?				
MPP_1C_1	Col. 2320	Char 2	01-12	<input type="text"/> Month
MPP_1C_2	Col. 2322	Char 2	1999	<input type="text"/> Year
c2. time before that?				
MPP_1C21	Col. 2324	Char 2	01-12	<input type="text"/> Month
MPP_1C22	Col. 2326	Char 2	1999	<input type="text"/> Year
c3. and the time before that?				
MPP_1C31	Col. 2328	Char 2	01-12	<input type="text"/> Month
MPP_1C32	Col. 2330	Char 2	1999	<input type="text"/> Year
d1. How long was . . . in nursing home ( <i>that time</i> )?				
MPP_1D_1	Col. 2332	Char 2	01-99	<input type="text"/> Days
MPP_1D_2	Col. 2334	Char 2	01-99	<input type="text"/> Months
d2. time before that (days OR months)?				
MPP_1D21	Col. 2336	Char 2	01-99	<input type="text"/> Days
MPP_1D22	Col. 2338	Char 2	01-99	<input type="text"/> Months
d3. and the time before that (days OR months)?				
MPP_1D31	Col. 2340	Char 2	01-99	<input type="text"/> Days
MPP_1D32	Col. 2342	Char 2	01-99	<input type="text"/> Months
e. Is . . . now on a waiting list to go into a nursing home?				
MPP_1E	Col. 2344	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. 2345	Char 1	1	<input type="checkbox"/> Yes
			2	<input type="checkbox"/> No - <i>SKIP to 3a</i>
b. How many times?			01-99	<input type="text"/> Time(s)
MPP_2B	Col. 2346	Char 2		
c1. When was . . . admitted ( <i>that time/the last time/the time before that</i> )?				
MPP_2C_1	Col. 2348	Char 2	01-12	<input type="text"/> Month
MPP_2C_2	Col. 2350	Char 2	98-99	<input type="text"/> Year
c2. time before that?				
MPP_2C21	Col. 2352	Char 2	01-12	<input type="text"/> Month
MPP_2C22	Col. 2354	Char 2	98-99	<input type="text"/> Year
c3. and the time before that?				
MPP_2C31	Col. 2356	Char 2	01-12	<input type="text"/> Month
MPP_2C32	Col. 2358	Char 2	98-99	<input type="text"/> Year
d1. How long was . . . in the hospital that time/last time (days OR months)?				
MPP_2D_1	Col. 2360	Char 2	01-99	<input type="text"/> Days
MPP_2D_2	Col. 2362	Char 2	01-99	<input type="text"/> Months
d2. time before that (days OR months)?				
MPP_2D21	Col. 2364	Char 2	01-99	<input type="text"/> Days
MPP_2D22	Col. 2366	Char 2	01-99	<input type="text"/> Months
d3. and the time before that (days OR months)?				
MPP_2D31	Col. 2368	Char 2	01-99	<input type="text"/> Days
MPP_2D32	Col. 2370	Char 2	01-99	<input type="text"/> 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. 2372	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?				

Mark (1) all that apply.

- (1) Physical therapist  
MPP\_3B\_1 Col. 2373 Char 1 1  Marked
- (2) Occupational therapist  
MPP\_3B\_2 Col. 2377 Char 1 1  Marked
- (3) Speech therapist  
MPP\_B\_3 Col. 2381 Char 1 1  Marked
- (4) Hearing therapist  
MPP\_B\_4 Col. 2385 Char 1 1  Marked

c. How many times did . . . see this therapist(s) in the last month?

- (1) Physical therapist  
MPP\_3CP Col. 2374 Char 2 01-31  Time(s)
- (2) Occupational therapist  
MPP\_3CO Col. 2378 Char 2 01-31  Time(s)
- (3) Speech therapist  
MPP\_3CS Col. 2382 Char 2 01-31  Time(s)
- (4) Hearing therapist  
MPP\_3CH Col. 2386 Char 2 01-31  Time(s)

d. Did . . . see this therapist(s) in . . . home or somewhere else?

- (1) Physical therapist  
MPP\_3DP Col. 2376 Char 1 1  At home  
2  Somewhere else  
3  Both
- (2) Occupational therapist  
MPP\_DO Col. 2380 Char 1 1  At home  
2  Somewhere else  
3  Both
- (3) Speech therapist  
MPP\_DS Col. 2384 Char 1 1  At home  
2  Somewhere else  
3  Both
- (4) Hearing therapist  
MPP\_3DH Col. 2388 Char 1 1  At home  
2  Somewhere else  
3  Both

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

- MPP\_E Col. 2389 Char 1 1  Yes - Ask 3f  
2  No..... } SKIP  
3  Included with other charges } to 3g

f. How much? (Dollars OR percent)  
PROBE for dollar amount.

- MPP\_F\_1 Col. 2390 Char 6 000001-999999  Dollars
- MPP\_F\_2 Col. 2396 Char 3 001-100  Percent
- MPP\_F\_3 Col. 2399 Char 2 99  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. 2401 Char 1 1  Yes - SKIP to 3i  
2  No

CHECK ITEM E.1

Refer to 3e and 3g above.

- MPP\_CK6 Col. 2402 Char 1 1  Sample person paid nothing and no one else will pay  
2  All others - SKIP to 4a

h. Why was there no charge?

Mark (1) all that apply.

- (1) One general fee/blanket charge  
MPP\_3H\_1 Col. 2403 Char 1 1  Marked
- (2) Group practice prepayment/Health Maintenance Organization (HMO)

	MPP_3H_2	Col. 2404	Char 1	1 <input type="checkbox"/> Marked
(3)	Welfare/Public Assistance			
	MPP_3H_3	Col. 2405	Char 1	1 <input type="checkbox"/> Marked
(4)	Private organization/charity			
	MPP_3H_4	Col. 2406	Char 1	1 <input type="checkbox"/> Marked
(5)	Federal, State, or city hospital, clinic, or health department			
	MPP_3H_5	Col. 2407	Char 1	1 <input type="checkbox"/> Marked
(6)	Professional courtesy			
	MPP_3H_6	Col. 2408	Char 1	1 <input type="checkbox"/> Marked
(7)	Other			
	MPP_3H_7	Col. 2409	Char 1	1 <input type="checkbox"/> Marked

SKIP  
to 4a

i. Who will end up paying?

Anyone else?

Mark (1) all that apply.

(1)	Fee for service insurance plans			1 <input type="checkbox"/> Marked
	MPP_3I01	Col. 2410	Char 1	
(2)	HMO/prepaid group			1 <input type="checkbox"/> Marked
	MPP_3I03	Col. 2411	Char 1	
(3)	Medicare			1 <input type="checkbox"/> Marked
	MPP_3I05	Col. 2412	Char 1	
(4)	Medicaid			1 <input type="checkbox"/> Marked
	MPP_3I07	Col. 2413	Char 1	
(5)	Veterans Administration (VA)			1 <input type="checkbox"/> Marked
	MPP_3I09	Col. 2414	Char 1	
(6)	Household member(s)			1 <input type="checkbox"/> Marked
	MPP_3I11	Col. 2415	Char 1	
	MPP_3I11_2	Col. 2416	Char 2	02-20,99 <input type="checkbox"/> Person Number
	MPP_3I11_3	Col. 2418	Char 2	02-20,99 <input type="checkbox"/> Person Number
(7)	Child(ren) of sample person (non-household member(s))			1 <input type="checkbox"/> Marked
	MPP_3I13	Col. 2420	Char 1	
	MPP_3I13_2	Col. 2421	Char 2	31-48,99 <input type="checkbox"/> Person Number
	MPP_3I13_3	Col. 2423	Char 2	31-48,99 <input type="checkbox"/> Person Number
	MPP_3I13_4	Col. 2425	Char 2	31-48,99 <input type="checkbox"/> Person Number
	MPP_3I13_5	Col. 2427	Char 2	31-48,99 <input type="checkbox"/> Person Number
(8)	Father			1 <input type="checkbox"/> Marked
	MPP_3I16	Col. 2429	Char 1	
(9)	Mother			1 <input type="checkbox"/> Marked
	MPP_3I18	Col. 2430	Char 1	
(10)	Son-in-law			1 <input type="checkbox"/> Marked
	MPP_3I02	Col. 2431	Char 1	
(11)	Daughter-in-law			1 <input type="checkbox"/> Marked
	MPP_3I04	Col. 2432	Char 1	
(12)	Brother			1 <input type="checkbox"/> Marked
	MPP_3I06	Col. 2433	Char 1	
(13)	Sister			1 <input type="checkbox"/> Marked
	MPP_3I08	Col. 2434	Char 1	
(14)	Other male relative			1 <input type="checkbox"/> Marked
	MPP_3I10	Col. 2435	Char 1	
(15)	Other female relative			1 <input type="checkbox"/> Marked
	MPP_3I12	Col. 2436	Char 1	
(16)	Male friend			1 <input type="checkbox"/> Marked
	MPP_3I14	Col. 2437	Char 1	
(17)	Female friend			1 <input type="checkbox"/> Marked
	MPP_3I15	Col. 2438	Char 1	

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

(18) Other MPP_3I17	Col. 2439	Char 1	1 <input type="checkbox"/> Marked
4a. In the last month, that is, since ( <i>date 1 month ago</i> ), did . . . discuss any personal problems with a psychiatrist, psychologist, or any other mental health professional? MPP_4A	Col. 2440	Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 5a</i>
b. How many times has . . . seen one of these mental health professionals in the last month? MPP_4B	Col. 2441	Char 2	01-99 <input type="checkbox"/> Times
c. Will . . . self end up paying any of the charges for ( <i>that visit/all those visits</i> )? MPP_4C	Col. 2443	Char 1	1 <input type="checkbox"/> Yes - <i>Ask 4d</i> 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Included with other charges } <i>SKIP to 4e</i>
d. How much? (Dollars OR percent) <i>PROBE for dollar amount</i>			
MPP_4D_1	Col. 2444	Char 6	000001-999999 <input type="checkbox"/> Dollars
MPP_4D_2	Col. 2450	Char 3	001-100 <input type="checkbox"/> Percent
MPP_D_3	Col. 2453	Char 2	99 <input type="checkbox"/> DK
e. Will insurance, Medicare, Medicaid, or anyone else, including any members of . . . family, end up paying any of the charges for ( <i>that visit/all those visits</i> )? MPP_4E	Col. 2455	Char 1	1 <input type="checkbox"/> Yes - <i>SKIP to 4g</i> 2 <input type="checkbox"/> No
CHECK ITEM E.2 <i>Refer to 4c and 4e above.</i> MPP_CK8	Col. 2456	Char 1	1 <input type="checkbox"/> Sample person paid nothing AND no one else will pay 2 <input type="checkbox"/> All others - <i>SKIP to 5a</i>
f. Why was there no charge? <i>Mark (1) all that apply.</i>			
(1) One general fee/blanket charge MPP_4F_1	Col. 2457	Char 1	1 <input type="checkbox"/> Marked
(2) Group practice prepayment/Health Maintenance Organization (HMO) MPP_4F_2	Col. 2458	Char 1	1 <input type="checkbox"/> Marked
(3) Welfare/Public Assistance MPP_4F_3	Col. 2459	Char 1	1 <input type="checkbox"/> Marked
(4) Private organization/charity MPP_4F_4	Col. 2460	Char 1	1 <input type="checkbox"/> Marked
(5) Federal, State, or city hospital, clinic, or health department MPP_4F_5	Col. 2461	Char 1	1 <input type="checkbox"/> Marked
(6) Professional courtesy MPP_4F_6	Col. 2462	Char 1	1 <input type="checkbox"/> Marked
(7) Specify other reason MPP_4F_7	Col. 2463	Char 1	1 <input type="checkbox"/> Marked
g. Who will end up paying? Anyone else? <i>Mark (1) all that apply.</i>			
(1) Fee for service insurance plans MPP_4G01	Col. 2464	Char 1	1 <input type="checkbox"/> Marked
(2) HMO/prepaid group MPP_4G03	Col. 2465	Char 1	1 <input type="checkbox"/> Marked
(3) Medicare MPP_4G05	Col. 2466	Char 1	1 <input type="checkbox"/> Marked
(4) Medicaid			



MPP_4G07	Col. 2467	Char 1	1 <input type="checkbox"/> Marked
(5) Veterans Administration (VA)			
MPP_4G09	Col. 2468	Char 1	1 <input type="checkbox"/> Marked
(6) Household member(s)			
MPP_4G11	Col. 2469	Char 1	1 <input type="checkbox"/> Marked
MPP_4G11_2	Col. 2470	Char 2	02-20,99 <input type="checkbox"/> Personal number
MPP_4G11_3	Col. 2472	Char 2	02-20,99 <input type="checkbox"/> Personal number
(7) Child(ren) of sample person (non-household member(s))			
MPP_4G13	Col. 2474	Char 1	1 <input type="checkbox"/> Marked
MPP_4G13_2	Col. 2475	Char 2	31-48,99 <input type="checkbox"/> Personal number
MPP_4G13_3	Col. 2477	Char 2	31-48,99 <input type="checkbox"/> Personal number
MPP_4G13_4	Col. 2479	Char 2	31-48,99 <input type="checkbox"/> Personal number
MPP_4G13_5	Col. 2481	Char 2	31-48,99 <input type="checkbox"/> Personal number
(8) Father			
MPP_4G16	Col. 2483	Char 1	1 <input type="checkbox"/> Marked
(9) Mother			
MPP_4G18	Col. 2484	Char 1	1 <input type="checkbox"/> Marked
(10) Son-in-law			
MPP_4G02	Col. 2485	Char 1	1 <input type="checkbox"/> Marked
(11) Daughter-in-law			
MPP_4G04	Col. 2486	Char 1	1 <input type="checkbox"/> Marked
(12) Brother			
MPP_4G06	Col. 2487	Char 1	1 <input type="checkbox"/> Marked
(13) Sister			
MPP_4G08	Col. 2488	Char 1	1 <input type="checkbox"/> Marked
(14) Other male relative			
MPP_4G10	Col. 2489	Char 1	1 <input type="checkbox"/> Marked
(15) Other female relative			
MPP_4G12	Col. 2490	Char 1	1 <input type="checkbox"/> Marked
(16) Male friend			
MPP_4G14	Col. 2491	Char 1	1 <input type="checkbox"/> Marked
(17) Female friend			
MPP_4G15	Col. 2492	Char 1	1 <input type="checkbox"/> Marked
(18) Specify other			
MPP_4G17	Col. 2493	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 2 <input type="checkbox"/> No - <i>SKIP to 6a</i>
MPP_5A	Col. 2494	Char 1	
b. Which of these did . . . see?			
Anyone else?			
<i>Mark (1) all that apply.</i>			
(1) Dentist			
MPP_5B_1	Col. 2495	Char 1	1 <input type="checkbox"/> Marked
(2) Foot doctor			
MPP_5B_2	Col. 2499	Char 1	1 <input type="checkbox"/> Marked
(3) Optometrist			
MPP_5B_3	Col. 2503	Char 1	1 <input type="checkbox"/> Marked
(4) Chiropractor			
MPP_5B_4	Col. 2507	Char 1	1 <input type="checkbox"/> Marked
c. How many times did . . . see this professional(s) in the last month?			
(1) Dentist			
MPP_5CD	Col. 2496	Char 2	01-31 <input type="checkbox"/> times

(2) Foot doctor MPP_5CF	Col. 2500	Char 2	01-31 <input type="checkbox"/>	times
(3) Optometrist MPP_5CT	Col. 2504	Char 2	01-31 <input type="checkbox"/>	times
(4) Chiropractor MPP_5CC	Col. 2508	Char 2	01-31 <input type="checkbox"/>	times
d. Did . . . see this professional(s) in . . . home or somewhere else?			1 <input type="checkbox"/>	At home
(1) Dentist MPP_5DD	Col. 2498	Char 1	2 <input type="checkbox"/>	Somewhere else
			3 <input type="checkbox"/>	Both
(2) Foot doctor MPP_5DF	Col. 2502	Char 1	1 <input type="checkbox"/>	At home
			2 <input type="checkbox"/>	Somewhere else
			3 <input type="checkbox"/>	Both
(3) Optometrist MPP_DT	Col. 2506	Char 1	1 <input type="checkbox"/>	At home
			2 <input type="checkbox"/>	Somewhere else
			3 <input type="checkbox"/>	Both
(4) Chiropractor MPP_DC	Col. 2510	Char 1	1 <input type="checkbox"/>	At home
			2 <input type="checkbox"/>	Somewhere else
			3 <input type="checkbox"/>	Both
6a. In the last month, that is, since ( <i>date 1 month ago</i> ), did . . . go to an emergency room or hospital clinic when . . . did NOT stay overnight? (Do not include any visits you have already told me about.)			1 <input type="checkbox"/>	Yes
			2 <input type="checkbox"/>	No - <i>SKIP to 7a</i>
MPP_6A	Col. 2511	Char 1		
b. How many times did . . . go in the last month?			01-31 <input type="checkbox"/>	Times(s)
MPP_6B	Col. 2512	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
			2 <input type="checkbox"/>	No - <i>SKIP to 8a</i>
MPP_7A	Col. 2514	Char 1		
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. 2515	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
			2 <input type="checkbox"/>	No - <i>SKIP to 9</i>
MPP_8A	Col. 2517	Char 1		
b. How many times did . . . see a doctor in . . . home in the last month?			01-31 <input type="checkbox"/>	Times(s)
MPP_8B	Col. 2518	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
			2 <input type="checkbox"/>	No
MPP_9	Col. 2520	Char 1		
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
			2 <input type="checkbox"/>	No - <i>SKIP to Check Item E.3</i>
MPP_10A	Col. 2521	Char 1		
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.11, page 12 (15 or 18)</i>				

and administer a helpers column for any new persons as specified. Then continued with Check Item E.3

CHECK ITEM E.3

Respondent is -  
MPP\_CK12 Col. 2522 Char 1

- 1  Sample Person
- 2  Proxy - SKIP to 12a

11a. In the last month, did you have any health problem or condition about which you would have liked to see a doctor or other medical person, but did not?  
MPP\_11A Col. 2523 Char 1

- 1  Yes
- 2  No - SKIP to 12a

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.

- (1) Financial  
MPP\_1105 Col. 2524 Char 1
- (2) Time  
MPP\_1106 Col. 2525 Char 1
- (3) Availability of a doctor  
MPP\_1107 Col. 2526 Char 1
- (4) Transportation  
MPP\_1108 Col. 2527 Char 1
- (5) Not free to leave  
MPP\_1109 Col. 2528 Char 1
- (6) Problem not serious  
MPP\_1110 Col. 2529 Char 1
- (7) Afraid to find out what's wrong  
MPP\_1111 Col. 2530 Char 1
- (8) Weather  
MPP\_1112 Col. 2531 Char 1
- (9) Other reason(s)  
MPP\_1113 Col. 2532 Char 1

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

12a. In the last month, that is, since [date], how many prescription medicines were bought by . . . or obtained for . . . ?  
MPP\_12A Col. 2533 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. 2535 Char 1

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

c. How much? (Dollars OR percent)

- MPP\_12C1 Col. 2536 Char 6
- MPP\_12C2 Col. 2542 Char 3
- MPP\_12C3 Col. 2545 Char 2

- 000001-999999  Dollars
- 001-100  Percent
- 99  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. 2547 Char 1

- 1  Yes - SKIP to 12f
- 2  No

CHECK ITEM E.4

Refer to 12b and 12d above.

MPP\_CK13 Col. 2548 Char 1

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

e. Why was there no charge?

Any other reason?

Mark (1) all that apply.

- |   |           |        |   |                                 |
|---|-----------|--------|---|---------------------------------|
| (1) One general fee/blanket charge                                  |           |        |   |                                 |
| MPP_1202  | Col. 2549 | Char 1 | 1 | <input type="checkbox"/> Marked |
| (2) Group practice prepayment/Health Maintenance Organization (HMO) |           |        |   |                                 |
| MPP_1203  | Col. 2550 | Char 1 | 1 | <input type="checkbox"/> Marked |
| (3) Welfare/Public Assistance                                       |           |        |   |                                 |
| MPP_1204  | Col. 2551 | Char 1 | 1 | <input type="checkbox"/> Marked |
| (4) Private organization/charity                                    |           |        |   |                                 |
| MPP_1205  | Col. 2552 | Char 1 | 1 | <input type="checkbox"/> Marked |
| (5) Federal, State, or city hospital, clinic, or health department  |           |        |   |                                 |
| MPP_1206  | Col. 2553 | Char 1 | 1 | <input type="checkbox"/> Marked |
| (6) Professional courtesy   |           |        |   |                                 |
| MPP_1207  | Col. 2554 | Char 1 | 1 | <input type="checkbox"/> Marked |
| (7) Specify other reason  |           |        |   |                                 |
| MPP_1208  | Col. 2555 | Char 1 | 1 | <input type="checkbox"/> Marked |

f. Who will end up paying?

Any other reason?

*Mark (1) all that apply.*

- |   |           |        |          |  |
|---|-----------|--------|----------|--|
| (1) Fee for service insurance plans                       |           |        |          |  |
| MPP_1213  | Col. 2556 | Char 1 | 1        | <input type="checkbox"/> Marked        |
| (2) HMO/prepaid group                                     |           |        |          |  |
| MPP_1215  | Col. 2557 | Char 1 | 1        | <input type="checkbox"/> Marked        |
| (3) Medicare  |           |        |          |  |
| MPP_1217  | Col. 2558 | Char 1 | 1        | <input type="checkbox"/> Marked        |
| (4) Medicaid  |           |        |          |  |
| MPP_1219  | Col. 2559 | Char 1 | 1        | <input type="checkbox"/> Marked        |
| (5) Veterans Administration (VA)                          |           |        |          |  |
| MPP_1221  | Col. 2560 | Char 1 | 1        | <input type="checkbox"/> Marked        |
| (6) Household member(s)                                   |           |        |          |  |
| MPP_1223  | Col. 2561 | Char 1 | 1        | <input type="checkbox"/> Marked        |
| MPP_1223_2  | Col. 2562 | Char 2 | 02-20,99 | <input type="checkbox"/> Person Number |
| MPP_1223_3  | Col. 2564 | Char 2 | 02-20,99 | <input type="checkbox"/> Person Number |
| (7) Child(ren) of sample person (non-household member(s)) |           |        |          |  |
| MPP_1225  | Col. 2566 | Char 1 | 1        | <input type="checkbox"/> Marked        |
| MPP_1225_2  | Col. 2567 | Char 2 | 31-48,99 | <input type="checkbox"/> Person Number |
| MPP_1225_3  | Col. 2569 | Char 2 | 31-48,99 | <input type="checkbox"/> Person Number |
| MPP_1225_4  | Col. 2571 | Char 2 | 31-48,99 | <input type="checkbox"/> Person Number |
| MPP_1225_5  | Col. 2573 | Char 2 | 31-48,99 | <input type="checkbox"/> Person Number |
| (8) Father  |           |        |          |  |
| MPP_1228  | Col. 2575 | Char 1 | 1        | <input type="checkbox"/> Marked        |
| (9) Mother  |           |        |          |  |
| MPP_1230  | Col. 2576 | Char 1 | 1        | <input type="checkbox"/> Marked        |
| (10) Son-in-law   |           |        |          |  |
| MPP_1214  | Col. 2577 | Char 1 | 1        | <input type="checkbox"/> Marked        |
| (11) Daughter-in-law                                      |           |        |          |  |
| MPP_1216  | Col. 2578 | Char 1 | 1        | <input type="checkbox"/> Marked        |
| (12) Brother  |           |        |          |  |
| MPP_1218  | Col. 2579 | Char 1 | 1        | <input type="checkbox"/> Marked        |
| (13) Sister   |           |        |          |  |
| MPP_1220  | Col. 2580 | Char 1 | 1        | <input type="checkbox"/> Marked        |
| (14) Other male relative                                  |           |        |          |  |
| MPP_1222  | Col. 2581 | Char 1 | 1        | <input type="checkbox"/> Marked        |
| (15) Other female relative                                |           |        |          |  |
| MPP_1224  | Col. 2582 | Char 1 | 1        | <input type="checkbox"/> Marked        |

(16) Male friend MPP_1226	Col. 2583	Char 1	1 <input type="checkbox"/> Marked
(17) Female friend MPP_2127	Col. 2584	Char 1	1 <input type="checkbox"/> Marked
(18) Public Program (Non-Medicade) MPP_1231	Col. 2585	Char 1	1 <input type="checkbox"/> Marked
(19) Private charity MPP_1232	Col. 2586	Char 1	1 <input type="checkbox"/> Marked
-20 Other - specify MPP_1229	Col. 2587	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. 2588	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. 2589	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. 2590	Char 1	1 <input type="checkbox"/> Plus (+) 2 <input type="checkbox"/> Minus (-)
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2. What day of the week is it? MNT_2	Col. 2591	Char 1	1 <input type="checkbox"/> Plus (+) 2 <input type="checkbox"/> Minus (-)
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3. What is your street address? MNT_3	Col. 2592	Char 1	1 <input type="checkbox"/> Plus (+) 2 <input type="checkbox"/> Minus (-)
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4. In what State is this? MNT_4	Col. 2593	Char 1	1 <input type="checkbox"/> Plus (+) 2 <input type="checkbox"/> Minus (-)
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5. How old are you? MNT_5	Col. 2594	Char 1	1 <input type="checkbox"/> Plus (+) 2 <input type="checkbox"/> Minus (-)
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6. When were you born? MNT_6	Col. 2595	Char 1	1 <input type="checkbox"/> Plus (+) 2 <input type="checkbox"/> Minus (-)
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7. Who is the President of the United States now? MNT_7	Col. 2596	Char 1	1 <input type="checkbox"/> Plus (+) 2 <input type="checkbox"/> Minus (-)
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8. Who was the President just before him? MNT_8	Col. 2597	Char 1	1 <input type="checkbox"/> Plus (+) 2 <input type="checkbox"/> Minus (-)
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9. What was your mother's maiden name? MNT_9	Col. 2598	Char 1	1 <input type="checkbox"/> Plus (+) 2 <input type="checkbox"/> Minus (-)
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10. Subtract 3 from 20 and keep subtracting 3 from each new number you get, all the way down.  <i>PROBE:</i> Can you subtract 3 from that?  MNT_10	Col. 2599	Char 1	1 <input type="checkbox"/> Plus (+) 2 <input type="checkbox"/> Minus (-)
Correct answer: 17, 14, 11, 8, 5, 2			

**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"?			1 <input type="checkbox"/> Yes - <i>SKIP to 4</i>
--	--	--	---

INC_CK2	Col. 2600	Char 1	2 <input type="checkbox"/> No
1a. Did . . . EVER serve on active duty in the Armed Forces of the United States?			1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 3a</i>
INC_1A	Col. 2601	Char 1	
b. When did . . . serve? Any other periods of service? <i>Mark (1) all that apply.</i>			
(1) World War I (April '17 - Nov '18) INC_1B_1	Col. 2602	Char 1	1 <input type="checkbox"/> Marked
(2) World War II (Sept '40 - July '47) INC_1B_2	Col. 2603	Char 1	1 <input type="checkbox"/> Marked
(3) Korean War (June '50 - Jan '55) INC_1B_3	Col. 2604	Char 1	1 <input type="checkbox"/> Marked
(4) Vietnam War (Aug '64 - April '75) INC_1B_4	Col. 2605	Char 1	1 <input type="checkbox"/> Marked
(5) Post Vietnam (May '75 - present) INC_1B_5	Col. 2606	Char 1	1 <input type="checkbox"/> Marked
(6) Other Service (All other periods) INC_1B_6	Col. 2607	Char 1	1 <input type="checkbox"/> Marked
c. Was . . . ever an active member of a National Guard or reserve unit?			1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> DK } <i>SKIP to 2a</i>
INC_1C	Col. 2608	Char 1	
d. Was ALL of . . . active duty service related to National Guard or military reserve training?			1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
INC_1D	Col. 2609	Char 1	
2a. Does . . . have a disability related to . . . service in the Armed Forces of the United States?			1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 3a</i>
INC_2A	Col. 2610	Char 1	
b. What is . . . current VA disability rating?			000 - 100 <input type="checkbox"/> percent
INC_2B	Col. 2611	Char 3	
3a. Is . . . of Spanish/Hispanic origin?			1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
INC_3A	Col. 2614	Char 1	
b. <i>SHOW FLASHCARD H</i> What is . . . race?			1 <input type="checkbox"/> White 2 <input type="checkbox"/> Black 3 <input type="checkbox"/> American Indian, Aleut, Eskimo 4 <input type="checkbox"/> Asian or Pacific Islander (Japanese, Chinese, Filipino, Asian Indian, Vietnamese, Hawaiian, Guamanian, Samoan, other Asian) 5 <input type="checkbox"/> Other
INC_3B	Col. 2615	Char 1	
<i>SHOW FLASHCARD I</i> 4. Which of these types of places in . . . living in now?			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 4 <input type="checkbox"/> In a boarding home, rooming house, or rented room 5 <input type="checkbox"/> In a group home or community residential facility 6 <input type="checkbox"/> In assisted living setting with board and/or personal care services available 7 <input type="checkbox"/> In another place - specify 9 <input type="checkbox"/> DK
INC_4	Col. 2616	Char 1	

**INSTRUCTION**

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

PERSON #1 INCA_PNO	Col. 3603	Char 2	02-20,99 <input type="checkbox"/> Person Number
5a1. During the last month, that is, in the month of ( <i>previous month</i> ), did . . . (or any members of . . . family who lives here) receive Social Security benefits or Railroad Retirement benefits? INCA_5A	Col. 3605	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. 3606	Char 1	1 <input type="checkbox"/> Received 2 <input type="checkbox"/> Did not receive
c1. How much did . . . receive in ( <i>previous month</i> )? INCA_5C	Col. 3607	Char 4	0001- 9999 <input type="checkbox"/>
INCA_5C_DK	Col. 3611	Char 2	88 <input type="checkbox"/> Refused 99 <input type="checkbox"/> DK
6a1. During ( <i>previous month</i> ) did . . . (or any members of . . . Family who live here) receive Veterans Administration compensation or pension? INCA_6A	Col. 3613	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. 3614	Char 1	1 <input type="checkbox"/> Received 2 <input type="checkbox"/> Did not receive
c1. How much did . . . receive in ( <i>previous month</i> )? INCA_6C	Col. 3615	Char 4	0001- 9999 <input type="checkbox"/>
INCA_6C_DK	Col. 3619	Char 2	88 <input type="checkbox"/> Refused 99 <input type="checkbox"/> DK
7a1. During ( <i>previous month</i> ), did . . . (or any members of . . . family who live here) receive any other retirement, pension, or annuity income? INCA_7A	Col. 3621	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. 3622	Char 1	1 <input type="checkbox"/> Received 2 <input type="checkbox"/> Did not receive
c1. How much did . . . receive in ( <i>previous month</i> )? INCA_7C	Col. 3623	Char 4	0001- 9999 <input type="checkbox"/>
INCA_7C_DK	Col. 3627	Char 2	88 <input type="checkbox"/> Refused 99 <input type="checkbox"/> DK
8a1. During ( <i>previous month</i> ), did . . . (or any members of . . . family who live here) receive unemployment or Worker's Compensation? INCA_8A	Col. 3629	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. 3630	Char 1	1 <input type="checkbox"/> Received 2 <input type="checkbox"/> Did not receive
c1. How much did . . . receive in ( <i>previous month</i> )? INCA_8C	Col. 3631	Char 4	0001- 9999 <input type="checkbox"/>
INCA_8C_DK	Col. 3635	Char 2	88 <input type="checkbox"/> Refused 99 <input type="checkbox"/> DK
9a1. During ( <i>previous month</i> ), did . . . (or any members of . . . family who live here) receive Supplemental Security Income, that is SSI payments? These can come from either the Federal government or the State government. INCA_9A	Col. 3637	Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 10a</i>

<p>b1. Who received these payments? Anyone else? INCA_9B Col. 3638 Char 1</p>	<p>1 <input type="checkbox"/> Received 2 <input type="checkbox"/> Did not receive</p>
<p>c1. How much did . . . receive in (<i>previous month</i>)? INCA_9C Col. 3639 Char 4 INCA_9C_DK Col. 3643 Char 2</p>	<p>0001-9999 <input type="checkbox"/> 88 <input type="checkbox"/> Refused 99 <input type="checkbox"/> DK</p>
<p>10a1. During (<i>previous month</i>), did . . . (or any members of . . . family who live here) receive earnings from a job or business? Include wages, salaries, tips, commissions, and net income from own business, professional practice, partnership, or farm. INCA_10A Col. 3645 Char 1</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 11a</i></p>
<p>b1. Who received these payments? Anyone else? INCA_10B Col. 3646 Char 1</p>	<p>1 <input type="checkbox"/> Received 2 <input type="checkbox"/> Did not receive</p>
<p>c1. How much did . . . receive in (<i>previous month</i>)? INCA_10C Col. 3647 Char 5 INCA_10C_DK Col. 3652 Char 2</p>	<p>0001-9999 <input type="checkbox"/> 88 <input type="checkbox"/> Refused 99 <input type="checkbox"/> DK</p>
<p>11a1. During (<i>previous month</i>), did . . . (or any members of . . . family who live here) receive net income from rent of an apartment or other real estate or income from roomers or borders? INCA_11A Col. 3654 Char 1</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 12a</i></p>
<p>b1. Who received these payments? Anyone else? INCA_11B Col. 3655 Char 1</p>	<p>1 <input type="checkbox"/> Received 2 <input type="checkbox"/> Did not receive</p>
<p>c1. How much did . . . receive in (<i>previous month</i>)? INCA_11C Col. 3656 Char 4 INCA_11C_DK Col. 3660 Char 2</p>	<p>0001-9999 <input type="checkbox"/> 88 <input type="checkbox"/> Refused 99 <input type="checkbox"/> DK</p>
<p>12a1. During (<i>previous month</i>), did . . . (or any members of . . . family who live here) receive regular contributions from friends or relatives (other than those relatives in this household)? INCA_12A Col. 3662 Char 1</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 13a</i></p>
<p>b1. Who received these payments? Anyone else? INCA_12B Col. 3663 Char 1</p>	<p>1 <input type="checkbox"/> Received 2 <input type="checkbox"/> Did not receive</p>
<p>c1. How much did . . . receive in (<i>previous month</i>)? INCA_12C Col. 3664 Char 4 INCA_12C_DK Col. 3668 Char 2</p>	<p>0001-9999 <input type="checkbox"/> 88 <input type="checkbox"/> Refused 99 <input type="checkbox"/> DK</p>
<p>COLUMN B</p>	
<p>PERSON #2 INCB_PNO Col. 3670 Char 2</p>	<p>02-20,99 <input type="checkbox"/> Person Number</p>
<p>5a2. During the last month, that is, in the month of (<i>previous month</i>), did . . . (or any members of . . . family who lives here) receive Social Security benefits or Railroad Retirement benefits? INCB_5A Col. 3672 Char 1</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 6a</i></p>
<p>b2. Who received these payments? Anyone else? INCB_5B Col. 3673 Char 1</p>	<p>1 <input type="checkbox"/> Received 2 <input type="checkbox"/> Did not receive</p>
<p>c2. How much did . . . receive in (<i>previous month</i>)?</p>	<p>0001-</p>



INCB_5C	Col. 3674	Char 4	9999 <input type="checkbox"/>
INCB_5C_DK	Col. 3678	Char 2	88 <input type="checkbox"/> Refused 99 <input type="checkbox"/> DK
6a2. During ( <i>previous month</i> ) did . . . (or any members of . . . Family who live here) receive Veterans Administration compensation or pension?			1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 7a</i>
INCB_6A	Col. 3680	Char 1	
b2. Who received these payments? Anyone else?			1 <input type="checkbox"/> Received 2 <input type="checkbox"/> Did not receive
INCB_6B	Col. 3681	Char 1	
c2. How much did . . . receive in ( <i>previous month</i> )?			0001- 9999 <input type="checkbox"/>
INCB_6C	Col. 3682	Char 4	
INCB_6C_DK	Col. 3686	Char 2	88 <input type="checkbox"/> Refused 99 <input type="checkbox"/> DK
7a2. During ( <i>previous month</i> ), did . . . (or any members of . . . family who live here) receive any other retirement, pension, or annuity income?			1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 8a</i>
INCB_7A	Col. 3688	Char 1	
b2. Who received these payments? Anyone else?			1 <input type="checkbox"/> Received 2 <input type="checkbox"/> Did not receive
INCB_7B	Col. 3689	Char 1	
c2. How much did . . . receive in ( <i>previous month</i> )?			0001- 9999 <input type="checkbox"/>
INCB_7C	Col. 3690	Char 4	
INCB_7C_DK	Col. 3694	Char 2	88 <input type="checkbox"/> Refused 99 <input type="checkbox"/> DK
8a2. During ( <i>previous month</i> ), did . . . (or any members of . . . family who live here) receive unemployment or Worker's Compensation?			1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 9a</i>
INCB_8A	Col. 3696	Char 1	
b2. Who received these payments? Anyone else?			1 <input type="checkbox"/> Received 2 <input type="checkbox"/> Did not receive
INCB_8B	Col. 3697	Char 1	
c2. How much did . . . receive in ( <i>previous month</i> )?			0001- 9999 <input type="checkbox"/>
INCB_8C	Col. 3698	Char 4	
INCB_8C_DK	Col. 3702	Char 2	88 <input type="checkbox"/> Refused 99 <input type="checkbox"/> DK
9a2. During ( <i>previous month</i> ), did . . . (or any members of . . . family who live here) receive Supplemental Security Income, that is SSI payments? These can come from either the Federal government or the State government.			1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 10a</i>
INCB_9A	Col. 3704	Char 1	
b2. Who received these payments? Anyone else?			1 <input type="checkbox"/> Received 2 <input type="checkbox"/> Did not receive
INCB_9B	Col. 3705	Char 1	
c2. How much did . . . receive in ( <i>previous month</i> )?			0001- 9999 <input type="checkbox"/>
INCB_9C	Col. 3706	Char 4	
INCB_9C_DK	Col. 3710	Char 2	88 <input type="checkbox"/> Refused 99 <input type="checkbox"/> DK
10a2. During ( <i>previous month</i> ), did . . . (or any members of . . . family who live here) receive earnings from a job or business?			1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 11a</i>

<p>Include wages, salaries, tips, commissions, and net income from own business, professional practice, partnership, or farm.</p> <p>INCB_10A Col. 3712 Char 1</p>	
<p>b2. Who received these payments? Anyone else?</p> <p>INCB_10B Col. 3713 Char 1</p>	<p>1 <input type="checkbox"/> Received 2 <input type="checkbox"/> Did not receive</p>
<p>c2. How much did . . . receive in (<i>previous month</i>)?</p> <p>INCB_10C Col. 3714 Char 5</p> <p>INCB_10C_DK Col. 3719 Char 2</p>	<p>0001- 9999 <input type="checkbox"/></p> <p>88 <input type="checkbox"/> Refused 99 <input type="checkbox"/> DK</p>
<p>11a2. During (<i>previous month</i>), did . . . (or any members of . . . family who live here) receive net income from rent of an apartment or other real estate or income from roomers or borders?</p> <p>INCB_11A Col. 3721 Char 1</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 12a</i></p>
<p>b2. Who received these payments? Anyone else?</p> <p>INCB_11B Col. 3722 Char 1</p>	<p>1 <input type="checkbox"/> Received 2 <input type="checkbox"/> Did not receive</p>
<p>c2. How much did . . . receive in (<i>previous month</i>)?</p> <p>INCB_11C Col. 3723 Char 4</p> <p>INCB_11C_DK Col. 3727 Char 2</p>	<p>0001- 9999 <input type="checkbox"/></p> <p>88 <input type="checkbox"/> Refused 99 <input type="checkbox"/> DK</p>
<p>12a2. During (<i>previous month</i>), did . . . (or any members of . . . family who live here) receive regular contributions from friends or relatives (other than those relatives in this household)?</p> <p>INCB_12A Col. 3729 Char 1</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 13a</i></p>
<p>b2. Who received these payments? Anyone else?</p> <p>INCB_12B Col. 3730 Char 1</p>	<p>1 <input type="checkbox"/> Received 2 <input type="checkbox"/> Did not receive</p>
<p>c2. How much did . . . receive in (<i>previous month</i>)?</p> <p>INCB_12C Col. 3731 Char 4</p> <p>INCB_12C_DK Col. 3735 Char 2</p>	<p>0001- 9999 <input type="checkbox"/></p> <p>88 <input type="checkbox"/> Refused 99 <input type="checkbox"/> DK</p>
COLUMN C	
<p>PERSON #3</p> <p>INCC_PNO Col. 3737 Char 2</p>	<p>02-20,99 <input type="checkbox"/> Person Number</p>
<p>5a3. During the last month, that is, in the month of (<i>previous month</i>), did . . . (or any members of . . . family who lives here) receive Social Security benefits or Railroad Retirement benefits?</p> <p>INCC_5A Col. 3739 Char 1</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 6a</i></p>
<p>b3. Who received these payments? Anyone else?</p> <p>INCC_5B Col. 3740 Char 1</p>	<p>1 <input type="checkbox"/> Received 2 <input type="checkbox"/> Did not receive</p>
<p>c3. How much did . . . receive in (<i>previous month</i>)?</p> <p>INCC_5C Col. 3741 Char 4</p> <p>INCC_5C_DK Col. 3745 Char 2</p>	<p>0001- 9999 <input type="checkbox"/></p> <p>88 <input type="checkbox"/> Refused 99 <input type="checkbox"/> DK</p>
<p>6a3. During (<i>previous month</i>) did . . . (or any members of . . . Family who live here) receive Veterans Administration compensation or pension?</p> <p>INCC_6A Col. 3747 Char 1</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 7a</i></p>
<p>b3. Who received these payments? Anyone else?</p>	<p>1 <input type="checkbox"/> Received 2 <input type="checkbox"/> Did not receive</p>

INCC_6B	Col. 3748	Char 1	
c3. How much did . . . receive in ( <i>previous month</i> )?			0001-
INCC_6C	Col. 3749	Char 4	9999 <input type="checkbox"/>
INCC_6C_DK	Col. 3753	Char 2	88 <input type="checkbox"/> Refused 99 <input type="checkbox"/> DK
7a3. During ( <i>previous month</i> ), did . . . (or any members of . . . family who live here) receive any other retirement, pension, or annuity income?			1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 8a</i>
INCC_7A	Col. 3755	Char 1	
b3. Who received these payments? Anyone else?			1 <input type="checkbox"/> Received 2 <input type="checkbox"/> Did not receive
INCC_7B	Col. 3756	Char 1	
c3. How much did . . . receive in ( <i>previous month</i> )?			0001-
INCC_7C	Col. 3757	Char 4	9999 <input type="checkbox"/>
INCC_7C_DK	Col. 3761	Char 2	88 <input type="checkbox"/> Refused 99 <input type="checkbox"/> DK
8a3. During ( <i>previous month</i> ), did . . . (or any members of . . . family who live here) receive unemployment or Worker's Compensation?			1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 9a</i>
INCC_8A	Col. 3763	Char 1	
b3. Who received these payments? Anyone else?			1 <input type="checkbox"/> Received 2 <input type="checkbox"/> Did not receive
INCC_8B	Col. 3764	Char 1	
c3. How much did . . . receive in ( <i>previous month</i> )?			0001-
INCC_8C	Col. 3765	Char 4	9999 <input type="checkbox"/>
INCC_8C_DK	Col. 3769	Char 2	88 <input type="checkbox"/> Refused 99 <input type="checkbox"/> DK
9a3. During ( <i>previous month</i> ), did . . . (or any members of . . . family who live here) receive Supplemental Security Income, that is SSI payments? These can come from either the Federal government or the State government.			1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 10a</i>
INCC_9A	Col. 3771	Char 1	
b3. Who received these payments? Anyone else?			1 <input type="checkbox"/> Received 2 <input type="checkbox"/> Did not receive
INCC_9B	Col. 3772	Char 1	
c3. How much did . . . receive in ( <i>previous month</i> )?			0001-
INCC_9C	Col. 3773	Char 4	9999 <input type="checkbox"/>
INCC_9C_DK	Col. 3777	Char 2	88 <input type="checkbox"/> Refused 99 <input type="checkbox"/> DK
10a3. During ( <i>previous month</i> ), did . . . (or any members of . . . family who live here) receive earnings from a job or business? Include wages, salaries, tips, commissions, and net income from own business, professional practice, partnership, or farm.			1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 11a</i>
INCC_10A	Col. 3779	Char 1	
b3. Who received these payments? Anyone else?			1 <input type="checkbox"/> Received 2 <input type="checkbox"/> Did not receive
INCC_10B	Col. 3780	Char 1	
c3. How much did . . . receive in ( <i>previous month</i> )?			0001-
INCC_10C	Col. 3781	Char 5	9999 <input type="checkbox"/>
INCC_10C_DK	Col. 3786	Char 2	88 <input type="checkbox"/> Refused 99 <input type="checkbox"/> DK



<p>b4. Who received these payments? Anyone else? INCD_7B Col. 3823 Char 1</p>	<p>1 <input type="checkbox"/> Received 2 <input type="checkbox"/> Did not receive</p>
<p>c4. How much did . . . receive in (<i>previous month</i>)? INCD_7C Col. 3824 Char 4 INCD_7C_DK Col. 3828 Char 2</p>	<p>0001-9999 <input type="checkbox"/> 88 <input type="checkbox"/> Refused 99 <input type="checkbox"/> DK</p>
<p>8a4. During (<i>previous month</i>), did . . . (or any members of . . . family who live here) receive unemployment or Worker's Compensation? INCD_8A Col. 3830 Char 1</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 9a</i></p>
<p>b4. Who received these payments? Anyone else? INCD_8B Col. 3831 Char 1</p>	<p>1 <input type="checkbox"/> Received 2 <input type="checkbox"/> Did not receive</p>
<p>c4. How much did . . . receive in (<i>previous month</i>)? INCD_8C Col. 3832 Char 4 INCD_8C_DK Col. 3836 Char 2</p>	<p>0001-9999 <input type="checkbox"/> 88 <input type="checkbox"/> Refused 99 <input type="checkbox"/> DK</p>
<p>9a4. During (<i>previous month</i>), did . . . (or any members of . . . family who live here) receive Supplemental Security Income, that is SSI payments? These can come from either the Federal government or the State government. INCD_9A Col. 3838 Char 1</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 10a</i></p>
<p>b4. Who received these payments? Anyone else? INCD_9B Col. 3839 Char 1</p>	<p>1 <input type="checkbox"/> Received 2 <input type="checkbox"/> Did not receive</p>
<p>c4. How much did . . . receive in (<i>previous month</i>)? INCD_9C Col. 3840 Char 4 INCD_9C_DK Col. 3844 Char 2</p>	<p>0001-9999 <input type="checkbox"/> 88 <input type="checkbox"/> Refused 99 <input type="checkbox"/> DK</p>
<p>10a4. During (<i>previous month</i>), did . . . (or any members of . . . family who live here) receive earnings from a job or business? Include wages, salaries, tips, commissions, and net income from own business, professional practice, partnership, or farm. INCD_10A Col. 3846 Char 1</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 11a</i></p>
<p>b4. Who received these payments? Anyone else? INCD_10B Col. 3847 Char 1</p>	<p>1 <input type="checkbox"/> Received 2 <input type="checkbox"/> Did not receive</p>
<p>c4. How much did . . . receive in (<i>previous month</i>)? INCD_10C Col. 3848 Char 5 INCD_10C_DK Col. 3853 Char 2</p>	<p>0001-9999 <input type="checkbox"/> 88 <input type="checkbox"/> Refused 99 <input type="checkbox"/> DK</p>
<p>11a4. During (<i>previous month</i>), did . . . (or any members of . . . family who live here) receive net income from rent of an apartment or other real estate or income from roomers or borders? INCD_11A Col. 3855 Char 1</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 12a</i></p>
<p>b4. Who received these payments? Anyone else? INCD_11B Col. 3856 Char 1</p>	<p>1 <input type="checkbox"/> Received 2 <input type="checkbox"/> Did not receive</p>
<p>c4. How much did . . . receive in (<i>previous month</i>)? INCD_11C Col. 3857 Char 4 INCD_11C_DK Col. 3861 Char 2</p>	<p>0001-9999 <input type="checkbox"/> 88 <input type="checkbox"/> Refused</p>

				99 <input type="checkbox"/> DK
12a4. During ( <i>previous month</i> ), did . . . (or any members of . . . family who live here) receive regular contributions from friends or relatives (other than those relatives in this household)?	INCD_12A	Col. 3863	Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 13a</i>
b4. Who received these payments? Anyone else?	INCD_12B	Col. 3864	Char 1	1 <input type="checkbox"/> Received 2 <input type="checkbox"/> Did not receive
c4. How much did . . . receive in ( <i>previous month</i> )?	INCD_12C	Col. 3865	Char 4	0001- 9999 <input type="checkbox"/>
INCD_12C_DK	Col. 3869	Char 2		88 <input type="checkbox"/> Refused 99 <input type="checkbox"/> DK
<b>COLUMN E</b>				
PERSON #5	INCE_PNO	Col. 3871	Char 2	02-20,99 <input type="checkbox"/> Person Number
5a5. During the last month, that is, in the month of ( <i>previous month</i> ), did . . . (or any members of . . . family who lives here) receive Social Security benefits or Railroad Retirement benefits?	INCE_5A	Col. 3873	Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 6a</i>
b5. Who received these payments? Anyone else?	INCE_5B	Col. 3874	Char 1	1 <input type="checkbox"/> Received 2 <input type="checkbox"/> Did not receive
c5. How much did . . . receive in ( <i>previous month</i> )?	INCE_5C	Col. 3875	Char 4	0001- 9999 <input type="checkbox"/>
INCE_5C_DK	Col. 3879	Char 2		88 <input type="checkbox"/> Refused 99 <input type="checkbox"/> DK
6a5. During ( <i>previous month</i> ) did . . . (or any members of . . . Family who live here) receive Veterans Administration compensation or pension?	INCE_6A	Col. 3881	Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 7a</i>
b5. Who received these payments? Anyone else?	INCE_6B	Col. 3882	Char 1	1 <input type="checkbox"/> Received 2 <input type="checkbox"/> Did not receive
c5. How much did . . . receive in ( <i>previous month</i> )?	INCE_6C	Col. 3883	Char 4	0001- 9999 <input type="checkbox"/>
INCE_6C_DK	Col. 3887	Char 2		88 <input type="checkbox"/> Refused 99 <input type="checkbox"/> DK
7a5. During ( <i>previous month</i> ), did . . . (or any members of . . . family who live here) receive any other retirement, pension, or annuity income?	INCE_7A	Col. 3889	Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 8a</i>
b5. Who received these payments? Anyone else?	INCE_7B	Col. 3890	Char 1	1 <input type="checkbox"/> Received 2 <input type="checkbox"/> Did not receive
c5. How much did . . . receive in ( <i>previous month</i> )?	INCE_7C	Col. 3891	Char 4	0001- 9999 <input type="checkbox"/>
INCE_7C_DK	Col. 3895	Char 2		88 <input type="checkbox"/> Refused 99 <input type="checkbox"/> DK
8a5. During ( <i>previous month</i> ), did . . . (or any members of . . . family who live here) receive unemployment or Worker's Compensation?	INCE_8A	Col. 3897	Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 9a</i>



INCE_12C_DK	Col. 3936	Char 2	88 <input type="checkbox"/> Refused 99 <input type="checkbox"/> DK
COLUMN F			
PERSON #6 INCF_PNO	Col. 3938	Char 2	02-20,99 <input type="checkbox"/> Person Number
5a6. During the last month, that is, in the month of ( <i>previous month</i> ), did . . . (or any members of . . . family who lives here) receive Social Security benefits or Railroad Retirement benefits? INCF_5A	Col. 3940	Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 6a</i>
b6. Who received these payments? Anyone else? INCF_5B	Col. 3941	Char 1	1 <input type="checkbox"/> Received 2 <input type="checkbox"/> Did not receive
c6. How much did . . . receive in ( <i>previous month</i> )? INCF_5C	Col. 3942	Char 4	0001- 9999 <input type="checkbox"/>
INCF_5C_DK	Col. 3946	Char 2	88 <input type="checkbox"/> Refused 99 <input type="checkbox"/> DK
6a6. During ( <i>previous month</i> ) did . . . (or any members of . . . Family who live here) receive Veterans Administration compensation or pension? INCF_6A	Col. 3948	Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 7a</i>
b6. Who received these payments? Anyone else? INCF_6B	Col. 3949	Char 1	1 <input type="checkbox"/> Received 2 <input type="checkbox"/> Did not receive
c6. How much did . . . receive in ( <i>previous month</i> )? INCF_6C	Col. 3950	Char 4	0001- 9999 <input type="checkbox"/>
INCF_6C_DK	Col. 3954	Char 2	88 <input type="checkbox"/> Refused 99 <input type="checkbox"/> DK
7a6. During ( <i>previous month</i> ), did . . . (or any members of . . . family who live here) receive any other retirement, pension, or annuity income? INCF_7A	Col. 3956	Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 8a</i>
b6. Who received these payments? Anyone else? INCF_7B	Col. 3957	Char 1	1 <input type="checkbox"/> Received 2 <input type="checkbox"/> Did not receive
c6. How much did . . . receive in ( <i>previous month</i> )? INCF_7C	Col. 3958	Char 4	0001- 9999 <input type="checkbox"/>
INCF_7C_DK	Col. 3962	Char 2	88 <input type="checkbox"/> Refused 99 <input type="checkbox"/> DK
8a6. During ( <i>previous month</i> ), did . . . (or any members of . . . family who live here) receive unemployment or Worker's Compensation? INCF_8A	Col. 3964	Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 9a</i>
b6. Who received these payments? Anyone else? INCF_8B	Col. 3965	Char 1	1 <input type="checkbox"/> Received 2 <input type="checkbox"/> Did not receive
c6. How much did . . . receive in ( <i>previous month</i> )? INCF_8C	Col. 3966	Char 4	0001- 9999 <input type="checkbox"/>
INCF_8C_DK	Col. 3970	Char 2	88 <input type="checkbox"/> Refused 99 <input type="checkbox"/> DK
9a6. During ( <i>previous month</i> ), did . . . (or any members of . . . family who live here) receive Supplemental Security Income, that is			1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 10a</i>



SSI payments? These can come from either the Federal government or the State government. INCF_9A Col. 3972 Char 1	
b6. Who received these payments? Anyone else? INCF_9B Col. 3973 Char 1	1 <input type="checkbox"/> Received 2 <input type="checkbox"/> Did not receive
c6. How much did . . . receive in ( <i>previous month</i> )? INCF_9C Col. 3974 Char 4 INCF_9C_DK Col. 3978 Char 2	0001- 9999 <input type="checkbox"/> 88 <input type="checkbox"/> Refused 99 <input type="checkbox"/> DK
10a6. During ( <i>previous month</i> ), did . . . (or any members of . . . family who live here) receive earnings from a job or business? Include wages, salaries, tips, commissions, and net income from own business, professional practice, partnership, or farm. INCF_10A Col. 3980 Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 11a</i>
b6. Who received these payments? Anyone else? INCF_10B Col. 3981 Char 1	1 <input type="checkbox"/> Received 2 <input type="checkbox"/> Did not receive
c6. How much did . . . receive in ( <i>previous month</i> )? INCF_10C Col. 3982 Char 5 INCF_10C_DK Col. 3987 Char 2	0001- 9999 <input type="checkbox"/> 88 <input type="checkbox"/> Refused 99 <input type="checkbox"/> DK
11a6. During ( <i>previous month</i> ), did . . . (or any members of . . . family who live here) receive net income from rent of an apartment or other real estate or income from roomers or borders? INCF_11A Col. 3989 Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 12a</i>
b6. Who received these payments? Anyone else? INCF_11B Col. 3990 Char 1	1 <input type="checkbox"/> Received 2 <input type="checkbox"/> Did not receive
c6. How much did . . . receive in ( <i>previous month</i> )? INCF_11C Col. 3991 Char 4 INCF_11C_DK Col. 3995 Char 2	0001- 9999 <input type="checkbox"/> 88 <input type="checkbox"/> Refused 99 <input type="checkbox"/> DK
12a6. During ( <i>previous month</i> ), did . . . (or any members of . . . family who live here) receive regular contributions from friends or relatives (other than those relatives in this household)? INCF_12A Col. 3997 Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 13a</i>
b6. Who received these payments? Anyone else? INCF_12B Col. 3998 Char 1	1 <input type="checkbox"/> Received 2 <input type="checkbox"/> Did not receive
c6. How much did . . . receive in ( <i>previous month</i> )? INCF_12C Col. 3999 Char 4 INCF_12C_DK Col. 4003 Char 2	0001- 9999 <input type="checkbox"/> 88 <input type="checkbox"/> Refused 99 <input type="checkbox"/> DK
<b>COLUMN G</b>	
PERSON #7 INCG_PNO Col. 4005 Char 2	02-20,99 <input type="checkbox"/> Person Number
5a7. During the last month, that is, in the month of ( <i>previous month</i> ), did . . . (or any members of . . . family who lives here) receive Social Security benefits or Railroad Retirement benefits? INCG_5A Col. 4007 Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 6a</i>
b7. Who received these payments?	1 <input type="checkbox"/> Received

Anyone else? INCG_5B	Col. 4008	Char 1	2 <input type="checkbox"/> Did not receive
c7. How much did . . . receive in ( <i>previous month</i> )? INCG_5C	Col. 4009	Char 4	0001- 9999 <input type="checkbox"/>
INCG_5C_DK	Col. 4013	Char 2	88 <input type="checkbox"/> Refused 99 <input type="checkbox"/> DK
6a7. During ( <i>previous month</i> ) did . . . (or any members of . . . Family who live here) receive Veterans Administration compensation or pension? INCG_6A	Col. 4015	Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 7a</i>
b7. Who received these payments? Anyone else? INCG_6B	Col. 4016	Char 1	1 <input type="checkbox"/> Received 2 <input type="checkbox"/> Did not receive
c7. How much did . . . receive in ( <i>previous month</i> )? INCG_6C	Col. 4017	Char 4	0001- 9999 <input type="checkbox"/>
INCG_6C_DK	Col. 4021	Char 2	88 <input type="checkbox"/> Refused 99 <input type="checkbox"/> DK
7a7. During ( <i>previous month</i> ), did . . . (or any members of . . . family who live here) receive any other retirement, pension, or annuity income? INCG_7A	Col. 4023	Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 8a</i>
b7. Who received these payments? Anyone else? INCG_7B	Col. 4024	Char 1	1 <input type="checkbox"/> Received 2 <input type="checkbox"/> Did not receive
c7. How much did . . . receive in ( <i>previous month</i> )? INCG_7C	Col. 4025	Char 4	0001- 9999 <input type="checkbox"/>
INCG_7C_DK	Col. 4029	Char 2	88 <input type="checkbox"/> Refused 99 <input type="checkbox"/> DK
8a7. During ( <i>previous month</i> ), did . . . (or any members of . . . family who live here) receive unemployment or Worker's Compensation? INCG_8A	Col. 4031	Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 9a</i>
b7. Who received these payments? Anyone else? INCG_8B	Col. 4032	Char 1	1 <input type="checkbox"/> Received 2 <input type="checkbox"/> Did not receive
c7. How much did . . . receive in ( <i>previous month</i> )? INCG_8C	Col. 4033	Char 4	0001- 9999 <input type="checkbox"/>
INCG_8C_DK	Col. 4037	Char 2	88 <input type="checkbox"/> Refused 99 <input type="checkbox"/> DK
9a7. During ( <i>previous month</i> ), did . . . (or any members of . . . family who live here) receive Supplemental Security Income, that is SSI payments? These can come from either the Federal government or the State government. INCG_9A	Col. 4039	Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 10a</i>
b7. Who received these payments? Anyone else? INCG_9B	Col. 4040	Char 1	1 <input type="checkbox"/> Received 2 <input type="checkbox"/> Did not receive
c7. How much did . . . receive in ( <i>previous month</i> )? INCG_9C	Col. 4041	Char 4	0001- 9999 <input type="checkbox"/>
INCG_9C_DK	Col. 4045	Char 2	88 <input type="checkbox"/> Refused 99 <input type="checkbox"/> DK

<p>10a7. During (<i>previous month</i>), did . . . (or any members of . . . family who live here) receive earnings from a job or business? Include wages, salaries, tips, commissions, and net income from own business, professional practice, partnership, or farm.</p> <p>INCG_10A                      Col. 4047      Char 1</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 11a</i></p>
<p>b7. Who received these payments? Anyone else?</p> <p>INCG_10B                      Col. 4048      Char 1</p>	<p>1 <input type="checkbox"/> Received 2 <input type="checkbox"/> Did not receive</p>
<p>c7. How much did . . . receive in (<i>previous month</i>)?</p> <p>INCG_10C                      Col. 4049      Char 5</p> <p>INCG_10C_DK                      Col. 4054      Char 2</p>	<p>0001- 9999 <input type="checkbox"/></p> <p>88 <input type="checkbox"/> Refused 99 <input type="checkbox"/> DK</p>
<p>11a7. During (<i>previous month</i>), did . . . (or any members of . . . family who live here) receive net income from rent of an apartment or other real estate or income from roomers or borders?</p> <p>INCG_11A                      Col. 4056      Char 1</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 12a</i></p>
<p>b7. Who received these payments? Anyone else?</p> <p>INCG_11B                      Col. 4057      Char 1</p>	<p>1 <input type="checkbox"/> Received 2 <input type="checkbox"/> Did not receive</p>
<p>c7. How much did . . . receive in (<i>previous month</i>)?</p> <p>INCG_11C                      Col. 4058      Char 4</p> <p>INCG_11C_DK                      Col. 4062      Char 2</p>	<p>0001- 9999 <input type="checkbox"/></p> <p>88 <input type="checkbox"/> Refused 99 <input type="checkbox"/> DK</p>
<p>12a7. During (<i>previous month</i>), did . . . (or any members of . . . family who live here) receive regular contributions from friends or relatives (other than those relatives in this household)?</p> <p>INCG_12A                      Col. 4064      Char 1</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 13a</i></p>
<p>b7. Who received these payments? Anyone else?</p> <p>INCG_12B                      Col. 4065      Char 1</p>	<p>1 <input type="checkbox"/> Received 2 <input type="checkbox"/> Did not receive</p>
<p>c7. How much did . . . receive in (<i>previous month</i>)?</p> <p>INCG_12C                      Col. 4066      Char 4</p> <p>INCG_12C_DK                      Col. 4070      Char 2</p>	<p>0001- 9999 <input type="checkbox"/></p> <p>88 <input type="checkbox"/> Refused 99 <input type="checkbox"/> DK</p>
<p>13a. Did . . . (or any family member of . . . who live here) receive food stamps in (<i>previous month</i>)?</p> <p>INC_13A                      Col. 2617      Char 1</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to CHECK ITEM G.2</i></p>
<p>b. What was the value of the stamps received in [<i>previous month</i>]?</p> <p>INC_13B                      Col. 2618      Char 6</p>	<p>000000- 999999 <input type="checkbox"/> Dollars</p>
<p>c. How long has . . . received food stamps?</p> <p>INC_13C1                      Col. 2624      Char 2</p> <p>INC_13C2                      Col. 2626      Char 2</p>	<p>01-50 <input type="checkbox"/> Years 01-24 <input type="checkbox"/> Months</p>
<p>CHECK ITEM G.2 <i>Refer to Control Card item 16.</i></p> <p>Sample person's family in household NOW has -</p> <p>INC_CK2A                      Col. 2628      Char 1</p>	<p>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></p>
<p>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"?</p> <p>INC_14A                      Col. 2629      Char 1</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 15a</i></p>
<p>b. Whose name was on the check?</p> <p>INC_14B                      Col. 2630      Char 2</p>	<p>01-48,99 <input type="checkbox"/> Personal Number</p>

c. How much was the check for? INC_14C	Col. 2632	Char 6	000001- 999999 <input type="checkbox"/>	Dollars
d. Whom did the check cover? Anyone else?				
INC_14D1	Col. 2638	Char 2	01-48,99 <input type="checkbox"/>	Personal Number
INC_14D2	Col. 2640	Char 2	01-48,99 <input type="checkbox"/>	Personal Number
INC_14D3	Col. 2642	Char 2	01-48,99 <input type="checkbox"/>	Personal Number
INC_14D4	Col. 2644	Char 2	01-48,99 <input type="checkbox"/>	Personal Number
15a. Did . . . (or any members of . . . family who live here) receive any (other) welfare payments in ( <i>previous month</i> )?			1 <input type="checkbox"/> 2 <input type="checkbox"/>	Yes No - <i>SKIP to Instruction</i>
INC_15A	Col. 2646	Char 1		
b. Whose name was on the check?			01-48,99 <input type="checkbox"/>	Personal Number
INC_15B	Col. 2647	Char 2		
c. How much was the check for? INC_15C	Col. 2649	Char 6	000001- 999999 <input type="checkbox"/>	
d. Whom did the check cover? Anyone else?				
INC_15D1	Col. 2655	Char 2	01-48,99 <input type="checkbox"/>	Personal Number
INC_15D2	Col. 2657	Char 2	01-48,99 <input type="checkbox"/>	Personal Number
INC_15D3	Col. 2659	Char 2	01-48,99 <input type="checkbox"/>	Personal Number
INC_15D4	Col. 2661	Char 2	01-48,99 <input type="checkbox"/>	Personal Number
<b>INSTRUCTION</b> <i>Refer to Control Card Items 12a, 12c, 12d and 16. Enter names and person number's family aged 15 and over (relationship codes 1-10) who are living with the sample person NOW.</i>				
PERSON #1: MEIC_APNO	Col. 4072	Char 2	01-20,99 <input type="checkbox"/>	Person Number
16a1. During the last 12 months, did . . . (or any members of . . . family who lives here) receive interest or dividends?			1 <input type="checkbox"/> 2 <input type="checkbox"/>	Yes No - <i>SKIP to 17a1</i>
INCA_16A	Col. 4074	Char 1		
b1. Who received these payments?			1 <input type="checkbox"/> 2 <input type="checkbox"/>	Received Did not receive
INCA_16B	Col. 4075	Char 1		
c1. How much did . . . receive in the last 12 months?			0001- 9999 <input type="checkbox"/>	
INCA_16C	Col. 4076	Char 5		
INCA_16C_DK	Col. 4081	Char 2	88 <input type="checkbox"/> 99 <input type="checkbox"/>	Refused DK
17a1. During the last 12 months, did . . . (or any members of . . . family who lives here) receive any other kind of regular income that you have not already told me about?			1 <input type="checkbox"/> 2 <input type="checkbox"/>	Yes No - <i>SKIP to 18a</i>
INCA_17A	Col. 4083	Char 1		
b1. Who received this income?			1 <input type="checkbox"/> 2 <input type="checkbox"/>	Received Did not receive
INCA_17B	Col. 4084	Char 1		
c1. What kind of income was it?			<input type="checkbox"/>	
INCA_17C	Col. 4085	Char 10		
d1. How much did . . . receive in the last 12 months?			0001- 9999 <input type="checkbox"/>	
INCA_17D	Col. 4095	Char 5		
INCA_17D_DK	Col. 4100	Char 2	88 <input type="checkbox"/> 99 <input type="checkbox"/>	Refused DK
PERSON #2: MEIC_BPNO	Col. 4102	Char 2	01-20,99 <input type="checkbox"/>	Person Number
16a2. During the last 12 months, did . . . (or any members of . . .			1 <input type="checkbox"/>	Yes

family who lives here) receive interest or dividends? INCB_16A	Col. 4104	Char 1	2 <input type="checkbox"/> No - <i>SKIP to 17a2</i>
b2. Who received these payments? INCB_16B	Col. 4105	Char 1	1 <input type="checkbox"/> Received 2 <input type="checkbox"/> Did not receive
c2. How much did . . . receive in the last 12 months? INCB_16C	Col. 4106	Char 5	0001- 9999 <input type="checkbox"/>
INCB_16C_DK	Col. 4111	Char 2	88 <input type="checkbox"/> Refused 99 <input type="checkbox"/> DK
17a2. During the last 12 months, did . . . (or any members of . . . family who lives here) receive any other kind of regular income that you have not already told me about? INCB_17A	Col. 4113	Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 18a</i>
b2. Who received this income? INCB_17B	Col. 4114	Char 1	1 <input type="checkbox"/> Received 2 <input type="checkbox"/> Did not receive
c2. What kind of income was it? INCB_17C	Col. 4115	Char 10	<input type="checkbox"/>
d1. How much did . . . receive in the last 12 months? INCB_17D	Col. 4125	Char 5	0001- 9999 <input type="checkbox"/>
INCB_17D_DK	Col. 4130	Char 2	88 <input type="checkbox"/> Refused 99 <input type="checkbox"/> DK
PERSON #3: MEIC_CPNO	Col. 4132	Char 2	01-20,99 <input type="checkbox"/> Person Number
16a3. During the last 12 months, did . . . (or any members of . . . family who lives here) receive interest or dividends? INCC_16A	Col. 4134	Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 17a3</i>
b3. Who received these payments? INCC_16B	Col. 4135	Char 1	1 <input type="checkbox"/> Received 2 <input type="checkbox"/> Did not receive
c3. How much did . . . receive in the last 12 months? INCC_16C	Col. 4136	Char 5	0001- 9999 <input type="checkbox"/>
INCC_16C_DK	Col. 4141	Char 2	88 <input type="checkbox"/> Refused 99 <input type="checkbox"/> DK
17a3. During the last 12 months, did . . . (or any members of . . . family who lives here) receive any other kind of regular income that you have not already told me about? INCC_17A	Col. 4143	Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 18a</i>
b3. Who received this income? INCC_17B	Col. 4144	Char 1	1 <input type="checkbox"/> Received 2 <input type="checkbox"/> Did not receive
c3. What kind of income was it? INCC_17C	Col. 4145	Char 10	<input type="checkbox"/>
d1. How much did . . . receive in the last 12 months? INCC_17D	Col. 4155	Char 5	0001- 9999 <input type="checkbox"/>
INCC_17D_DK	Col. 4160	Char 2	88 <input type="checkbox"/> Refused 99 <input type="checkbox"/> DK
PERSON #4: MEIC_DPNO	Col. 4162	Char 2	01-20,99 <input type="checkbox"/> Person Number
16a4. During the last 12 months, did . . . (or any members of . . . family who lives here) receive interest or dividends? INCD_16A	Col. 4164	Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 17a4</i>
b4. Who received these payments? INCD_16B	Col. 4165	Char 1	1 <input type="checkbox"/> Received 2 <input type="checkbox"/> Did not receive
c4. How much did . . . receive in the last 12 months? INCD_16C	Col. 4166	Char 5	0001- 9999 <input type="checkbox"/>

INCD_16C_DK	Col. 4171	Char 2	88 <input type="checkbox"/> Refused 99 <input type="checkbox"/> DK
17a4. During the last 12 months, did . . . (or any members of . . . family who lives here) receive any other kind of regular income that you have not already told me about? INCD_17A	Col. 4173	Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 18a</i>
b4. Who received this income? INCD_17B	Col. 4174	Char 1	1 <input type="checkbox"/> Received 2 <input type="checkbox"/> Did not receive
c4. What kind of income was it? INCD_17C	Col. 4175	Char 10	<input type="checkbox"/>
d1. How much did . . . receive in the last 12 months? INCD_17D	Col. 4185	Char 5	0001- 9999 <input type="checkbox"/>
INCD_17D_DK	Col. 4190	Char 2	88 <input type="checkbox"/> Refused 99 <input type="checkbox"/> DK
PERSON #5: MEIC_EPNO	Col. 4192	Char 2	01-20,99 <input type="checkbox"/> Person Number
16a5. During the last 12 months, did . . . (or any members of . . . family who lives here) receive interest or dividends? INCE_16A	Col. 4194	Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 17a5</i>
b5. Who received these payments? INCE_16B	Col. 4195	Char 1	1 <input type="checkbox"/> Received 2 <input type="checkbox"/> Did not receive
c5. How much did . . . receive in the last 12 months? INCE_16C	Col. 4196	Char 5	0001- 9999 <input type="checkbox"/>
INCE_16C_DK	Col. 4201	Char 2	88 <input type="checkbox"/> Refused 99 <input type="checkbox"/> DK
17a5. During the last 12 months, did . . . (or any members of . . . family who lives here) receive any other kind of regular income that you have not already told me about? INCE_17A	Col. 4203	Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 18a</i>
b5. Who received this income? INCE_17B	Col. 4204	Char 1	1 <input type="checkbox"/> Received 2 <input type="checkbox"/> Did not receive
c5. What kind of income was it? INCE_17C	Col. 4205	Char 10	<input type="checkbox"/>
d1. How much did . . . receive in the last 12 months? INCE_17D	Col. 4215	Char 5	0001- 9999 <input type="checkbox"/>
INCE_17D_DK	Col. 4220	Char 2	88 <input type="checkbox"/> Refused 99 <input type="checkbox"/> DK
PERSON #6: MEIC_FPNO	Col. 4222	Char 2	01-20,99 <input type="checkbox"/> Person Number
16a6. During the last 12 months, did . . . (or any members of . . . family who lives here) receive interest or dividends? INCF_16A	Col. 4224	Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 17a6</i>
b6. Who received these payments? INCF_16B	Col. 4225	Char 1	1 <input type="checkbox"/> Received 2 <input type="checkbox"/> Did not receive
c6. How much did . . . receive in the last 12 months? INCF_16C	Col. 4226	Char 5	0001- 9999 <input type="checkbox"/>
INCF_16C_DK	Col. 4231	Char 2	88 <input type="checkbox"/> Refused 99 <input type="checkbox"/> DK
17a6. During the last 12 months, did . . . (or any members of . . . family who lives here) receive any other kind of regular income that you have not already told me about? INCF_17A	Col. 4233	Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 18a</i>

b6. Who received this income? INCF_17B	Col. 4234	Char 1	1 <input type="checkbox"/> Received 2 <input type="checkbox"/> Did not receive
c6. What kind of income was it? INCF_17C	Col. 4235	Char 10	<input type="checkbox"/>
d1. How much did . . . receive in the last 12 months? INCF_17D	Col. 4245	Char 5	0001- 9999 <input type="checkbox"/>
INCF_17D_DK	Col. 4250	Char 2	88 <input type="checkbox"/> Refused 99 <input type="checkbox"/> DK
PERSON #7: MEIC_GPNO	Col. 4252	Char 2	01-20,99 <input type="checkbox"/> Person Number
16a7. During the last 12 months, did . . . (or any members of . . . family who lives here) receive interest or dividends? INCG_16A	Col. 4254	Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 17a7
b7. Who received these payments? INCG_16B	Col. 4255	Char 1	1 <input type="checkbox"/> Received 2 <input type="checkbox"/> Did not receive
c7. How much did . . . receive in the last 12 months? INCG_16C	Col. 4256	Char 5	0001- 9999 <input type="checkbox"/>
INCG_16C_DK	Col. 4261	Char 2	88 <input type="checkbox"/> Refused 99 <input type="checkbox"/> DK
17a7. During the last 12 months, did . . . (or any members of . . . family who lives here) receive any other kind of regular income that you have not already told me about? INCG_17A	Col. 4263	Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 18a
b7. Who received this income? INCG_17B	Col. 4264	Char 1	1 <input type="checkbox"/> Received 2 <input type="checkbox"/> Did not receive
c7. What kind of income was it? INCG_17C	Col. 4265	Char 10	<input type="checkbox"/>
d1. How much did . . . receive in the last 12 months? INCG_17D	Col. 4275	Char 5	0001- 9999 <input type="checkbox"/>
INCG_17D_DK	Col. 4280	Char 2	88 <input type="checkbox"/> Refused 99 <input type="checkbox"/> DK
<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). INC_18A	Col. 2663	Char 2	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 - 59,999 17 <input type="checkbox"/> 60,000 - 74,999 18 <input type="checkbox"/> 75,000 Or more 88 <input type="checkbox"/> Refused 99 <input type="checkbox"/> DK
CHECK ITEM G.3 Refer to Control Card items 12c, 14, and 16. Are there family			1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 19

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

INC\_CK3 Col. 2665 Char 1

b. *SHOW FLASHCARD J*

Now only consider . . . (and . . . husband/wife). Which category on this card represents the total combined income before deductions during the LAST 12 months? Include money from jobs, net income from business or farm, pensions, dividends, interests, net income from rent, Social Security payments and any other money income received by . . . (and . . . husband/wife).

INC\_18B Col. 2666 Char 2

- 1  Under \$3,000
- 2  \$3,000 - 3,999
- 3  4,000 - 4,999
- 4  5,000 - 5,999
- 5  6,000 - 6,999
- 6  7,000 - 7,999
- 7  8,000 - 8,999
- 8  9,000 - ,9999
- 9  10,000 - 11,999
- 10  12,000 - 14,999
- 11  15,000 - 1,9999
- 12  20,000 - 24,999
- 13  25,000 - 29,999
- 14  30,000 - 39,999
- 15  40,000 - 49,999
- 16  50,000 - 59,999
- 17  60,000 - 74,999
- 18  75,000 Or more
- 88  Refused
- 99  DK

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

INC\_19 Col. 2668 Char 2

- 1-99  Vehicles
- 0  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. 2670 Char 1

- 1  Yes
- 2  No - *SKIP to 21a*

b. What year did . . . (or . . . husband/wife) sell this house?

INC\_20B Col. 2671 Char 2

- 89-94  1989 to 1994
- 99  DK

c. Why did . . . (or . . . husband/wife) sell this house?

*Mark (1) all that apply.*

- (1) No longer needed/wanted/able to maintain home  
INC\_20C1 Col. 2673 Char 1
- (2) Wanted less expensive house to maintain  
INC\_20C2 Col. 2674 Char 1
- (3) Married/widowed/divorced/separated  
INC\_20C3 Col. 2675 Char 1
- (4) To be closer to family/friends  
INC\_20C4 Col. 2676 Char 1
- (5) To help cover medical expenses  
INC\_20C5 Col. 2677 Char 1
- (6) Employment related  
INC\_20C6 Col. 2678 Char 1
- (7) Retired and relocated  
INC\_20C7 Col. 2679 Char 1
- (8) To be convenient to public transportation/public services  
INC\_20C8 Col. 2680 Char 1
- (9) Other  
INC\_20C9 Col. 2681 Char 1

- 1  Marked
- 1  Marked
- 1  Marked
- 1  Marked
- 1  Marked
- 1  Marked - *SKIP to 21a.*
- 1  Marked
- 1  Marked
- 1  Marked
- 1  Marked

*If box 5 is marked in 20c, SKIP to item 21a.*



<p>d. Were any of the proceeds from the sale of this house used to cover health care costs? INC_20D Col. 2682 Char 1</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p>21a. Are . . . living quarters owned or being bought by someone in . . . household? INC_21A Col. 2683 Char 1</p>	<p>1 <input type="checkbox"/> Yes - <i>SKIP to 24a</i> 2 <input type="checkbox"/> No</p>
<p>b. Are . . . living quarters rented for cash OR are they occupied without payment of cash rent? INC_21B Col. 2684 Char 1</p>	<p>1 <input type="checkbox"/> Rented for cash 2 <input type="checkbox"/> Occupied without payment of cash - <i>SKIP to item 26a</i></p>
<p>22. About how much is the rent each month? INC_22 Col. 2685 Char 6</p>	<p>000001-999999 <input type="checkbox"/> Dollars</p>
<p>23. In whose name is this house/apartment rented? Anyone else? <i>Mark all that apply.</i></p> <p>(1) Household members INC_23_1 Col. 2691 Char 1 INC_23_1A Col. 2692 Char 2 INC_23_1B Col. 2694 Char 2</p> <p>(2) Child(ren) of sample person (nonhousehold members(s)) INC_23_2 Col. 2696 Char 1 INC_23_2A Col. 2697 Char 2 INC_23_2B Col. 2699 Char 2 INC_23_2C Col. 2701 Char 2 INC_23_2D Col. 2703 Char 2</p> <p>(3) Other nonhousehold member(s) INC_23_3 Col. 2705 Char 1</p>	<p>1 <input type="checkbox"/> Marked - <i>Specify below</i> 02-20,99 <input type="checkbox"/> Personal Number 02-20,99 <input type="checkbox"/> Personal Number</p> <p>1 <input type="checkbox"/> Marked - <i>Specify below</i> 31-48,99 <input type="checkbox"/> Personal Number 31-48,99 <input type="checkbox"/> Personal Number 31-48,99 <input type="checkbox"/> Personal Number 31-48,99 <input type="checkbox"/> Personal Number</p> <p>1 <input type="checkbox"/> Marked - <i>SKIP to item 26a</i></p> <p><i>Refer to Control Card items 12a and 27a for person numbers. SKIP to item 26a.</i></p>
<p>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_24A Col. 2706 Char 6 INC_24A_DK Col. 2712 Char 2</p>	<p>000001-999999 <input type="checkbox"/> Dollars - <i>SKIP to 25</i> 88 <input type="checkbox"/> Refused 99 <input type="checkbox"/> Don't Know</p>
<p><i>SHOW FLASHCARD K</i> b. Which category on this card would you say best represents the present value of this home? INC_24B Col. 2714 Char 1</p>	<p>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</p>
<p>c. Is there a mortgage or other indebtedness on this home (and lot/farm) at the present time? INC_24C Col. 2715 Char 1</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 25</i></p>
<p>d. About how much is still owed? INC_24D Col. 2716 Char 6</p>	<p>000000-999999 <input type="checkbox"/> Dollars</p>
<p>e. About how much is . . . monthly mortgage payment? INC_24E Col. 2722 Char 6</p>	<p>000000-999999 <input type="checkbox"/> Dollars</p>
<p>25. Who owns this (house/apartment)? Anyone else? <i>Mark all that apply.</i></p> <p>(1) Household members(s) - <i>Specify</i> INC_25_1 Col. 2728 Char 1</p>	<p>1 <input type="checkbox"/> Marked - <i>Specify below</i></p>

INC_25_1A	Col. 2729	Char 2	02-20,99	<input type="checkbox"/>	Personal Number
INC_25_1B	Col. 2731	Char 2	02-20,99	<input type="checkbox"/>	Personal Number
(2) Child(ren) of sample person (nonhousehold member(s)) - <i>Specify</i>					
INC_25_2	Col. 2733	Char 1	1	<input type="checkbox"/>	Marked - <i>Specify below</i>
INC_25_2A	Col. 2734	Char 2	31-48,99	<input type="checkbox"/>	Personal Number
INC_25_2B	Col. 2736	Char 2	31-48,99	<input type="checkbox"/>	Personal Number
INC_2F_2C	Col. 2738	Char 2	31-48,99	<input type="checkbox"/>	Personal Number
INC_25_2D	Col. 2740	Char 2	31-48,99	<input type="checkbox"/>	Personal Number
(3) Other nonhousehold member(s)					
INC_25_3	Col. 2742	Char 1	1	<input type="checkbox"/>	
<b>SHOW FLASHCARD L</b>					
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. 2743	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. 2744	Char 6	000000-	<input type="checkbox"/>	Dollars
INC_26B1_DK	Col. 2750	Char 2	88	<input type="checkbox"/>	Refused
			99	<input type="checkbox"/>	Don't Know
c1. Does . . . own (read item) JOINTLY with (. . . husband/wife or) anyone else?					
INC_26C1	Col. 2752	Char 1	1	<input type="checkbox"/>	Yes
			2	<input type="checkbox"/>	No
a2. Certificates of deposit of any other kind of sayings certificates?					
INC_26A2	Col. 2753	Char 1	1	<input type="checkbox"/>	Yes - <i>Ask b2 and c2</i>
			2	<input type="checkbox"/>	No - <i>SKIP to 27a.</i>
b2. What is the total value of all . . . (read item) as of today?					
INC_26B2	Col. 2754	Char 6	000000-	<input type="checkbox"/>	Dollars
INC_26B2_DK	Col. 2760	Char 2	88	<input type="checkbox"/>	Refused
			99	<input type="checkbox"/>	Don't Know
c2. Does . . . own (read item) JOINTLY with (. . . husband/wife or) anyone else?					
INC_26C2	Col. 2762	Char 1	1	<input type="checkbox"/>	Yes
			2	<input type="checkbox"/>	No
a3. Money Market Funds?					
INC_26A3	Col. 2763	Char 1	1	<input type="checkbox"/>	Yes - <i>Ask b3 and c3</i>
			2	<input type="checkbox"/>	No - <i>SKIP to 27a.</i>
b3. What is the total value of all . . . (read item) as of today?					
INC_26B3	Col. 2764	Char 6	000000-	<input type="checkbox"/>	Dollars
INC_26B3_DK	Col. 2770	Char 2	88	<input type="checkbox"/>	Refused
			99	<input type="checkbox"/>	Don't Know
c3. Does . . . own (read item) JOINTLY with (. . . husband/wife or) anyone else?					
INC_26C3	Col. 2772	Char 1	1	<input type="checkbox"/>	Yes
			2	<input type="checkbox"/>	No
a4. U. S. Government securities, including savings bonds?					
INC_26A4	Col. 2773	Char 1	1	<input type="checkbox"/>	Yes - <i>Ask b4 and c4</i>
			2	<input type="checkbox"/>	No - <i>SKIP to 27a.</i>
b4. What is the total value of all . . . (read item) as of today?					
INC_26B4	Col. 2774	Char 6	000000-	<input type="checkbox"/>	Dollars
INC_26B4_DK	Col. 2780	Char 2	88	<input type="checkbox"/>	Refused
			99	<input type="checkbox"/>	Don't Know
c4 Does . . . own (read item) JOINTLY with (. . . husband/wife or) anyone else?					
INC_26C4	Col. 2782	Char 1	1	<input type="checkbox"/>	Yes
			2	<input type="checkbox"/>	No
a5. Municipal or corporate bonds?					
INC_26A5	Col. 2783	Char 1	1	<input type="checkbox"/>	Yes - <i>Ask b5 and c5</i>
			2	<input type="checkbox"/>	No - <i>SKIP to 27a.</i>

<p>b5. What is the total value of all . . . (read item) as of today?  INC_26B5 Col. 2784 Char 6  INC_26B5_DK Col. 2790 Char 2</p> <p>c5. Does . . . own (read item) JOINTLY with (. . . husband/wife or) anyone else?  INC_26C5 Col. 2792 Char 1</p>	<p>000000-  999999 <input type="checkbox"/> Dollars  88 <input type="checkbox"/> Refused  99 <input type="checkbox"/> Don't Know</p> <p>1 <input type="checkbox"/> Yes  2 <input type="checkbox"/> No</p>
<p>a6. Money Market Funds?  INC_26A6 Col. 2793 Char 1</p> <p>b6. What is the total value of all . . . (read item) as of today?  INC_26B6 Col. 2794 Char 6  INC_26B6_DK Col. 2800 Char 2</p> <p>c6. Does . . . own (read item) JOINTLY with (. . . husband/wife or) anyone else?  INC_26C6 Col. 2802 Char 1</p>	<p>1 <input type="checkbox"/> Yes - Ask b6 and c6  2 <input type="checkbox"/> No - SKIP to 27a.</p> <p>000000-  999999 <input type="checkbox"/> Dollars  88 <input type="checkbox"/> Refused  99 <input type="checkbox"/> Don't Know</p> <p>1 <input type="checkbox"/> Yes  2 <input type="checkbox"/> No</p>
<p>a7. Mortgages?  INC_26A7 Col. 2803 Char 1</p> <p>b7. What is the total value of all . . . (read item) as of today?  INC_26B7 Col. 2804 Char 6  INC_26B7_DK Col. 2810 Char 2</p> <p>c7. Does . . . own (read item) JOINTLY with (. . . husband/wife or) anyone else?  INC_26C7 Col. 2812 Char 1</p>	<p>1 <input type="checkbox"/> Yes - Ask b7 and c7  2 <input type="checkbox"/> No - SKIP to 27a.</p> <p>000000-  999999 <input type="checkbox"/> Dollars  88 <input type="checkbox"/> Refused  99 <input type="checkbox"/> Don't Know</p> <p>1 <input type="checkbox"/> Yes  2 <input type="checkbox"/> No</p>
<p>a8. Other interest-earning assets?  INC_26A8 Col. 2813 Char 1</p> <p>b8. What is the total value of all . . . (read item) as of today?  INC_26B8 Col. 2814 Char 6  INC_26B8_DK Col. 2820 Char 2</p> <p>c8. Does . . . own (read item) JOINTLY with (. . . husband/wife or) anyone else?  INC_26C8 Col. 2822 Char 1</p>	<p>1 <input type="checkbox"/> Yes - Ask b8 and c8  2 <input type="checkbox"/> No - SKIP to 27a.</p> <p>000000-  999999 <input type="checkbox"/> Dollars  88 <input type="checkbox"/> Refused  99 <input type="checkbox"/> Don't Know</p> <p>1 <input type="checkbox"/> Yes  2 <input type="checkbox"/> No</p>
<p>27. During (previous month) did . . . (or . . . Husband/wife) have -  a1. Stocks or mutual fund shares?  INC_27A1 Col. 2823 Char 1</p> <p>b1. What is the total value of all . . . (read item) as of today?  INC_27B1 Col. 2824 Char 6  INC_27B1_DK Col. 2830 Char 2</p> <p>c1. Does . . . own (read item) JOINTLY with (. . . husband/wife or) anyone else?  INC_27C1 Col. 2832 Char 1</p>	<p>1 <input type="checkbox"/> Yes - Ask b1 and c1  2 <input type="checkbox"/> No - SKIP to 28</p> <p>000000-  999999 <input type="checkbox"/> Dollars  88 <input type="checkbox"/> Refused  99 <input type="checkbox"/> Don't Know</p> <p>1 <input type="checkbox"/> Yes  2 <input type="checkbox"/> No</p>
<p>a2. Property from which . . . (or husband/wife or) received rental income?  INC_27A2 Col. 2833 Char 1</p> <p>b2. What is the total value of all . . . (read item) as of today?  INC_27B2 Col. 2834 Char 6  INC_27B2_DK Col. 2840 Char 2</p>	<p>1 <input type="checkbox"/> Yes - Ask b2 and c2  2 <input type="checkbox"/> No - SKIP to 28</p> <p>000000-  999999 <input type="checkbox"/> Dollars  88 <input type="checkbox"/> Refused  99 <input type="checkbox"/> Don't Know</p>

c2. Does . . . own (read item) JOINTLY with (. . . husband/wife or anyone else? INC_27C2 Col. 2842 Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
a3. Financial interest in a business? INC_27A3 Col. 2843 Char 1	1 <input type="checkbox"/> Yes - Ask b3 and c3 2 <input type="checkbox"/> No - SKIP to 28
b3. What is the total value of all . . . (read item) as of today? INC_27B3 Col. 2844 Char 6 INC_27B3_DK Col. 2850 Char 2	000000- 999999 <input type="checkbox"/> Dollars 88 <input type="checkbox"/> Refused 99 <input type="checkbox"/> Don't Know
c3. Does . . . own (read item) JOINTLY with (. . . husband/wife or anyone else? INC_27C3 Col. 2852 Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
a4. Any other financial investments? INC_27A4 Col. 2853 Char 1	1 <input type="checkbox"/> Yes - Ask b4 and c4 2 <input type="checkbox"/> No - SKIP to 28
b4. What is the total value of all . . . (read item) as of today? INC_27B4 Col. 2854 Char 6 INC_27B4_DK Col. 2860 Char 2	000000- 999999 <input type="checkbox"/> Dollars 88 <input type="checkbox"/> Refused 99 <input type="checkbox"/> Don't Know
c4. Does . . . own (read item) JOINTLY with (. . . husband/wife or anyone else? INC_27C4 Col. 2862 Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No

28. In order to determine how health practices and conditions are related to the use of medical services, we would like to refer to Medicare records for other health information in this study. In order to do this, we need your Social Security number.  What is your Social Security number?  Providing . . . Social Security number is voluntary and will not affect . . . benefits in any way.  Col. 2863 Char 20 INC_28_DK Col. 2883 Char 2	<input type="checkbox"/> Blank 88 <input type="checkbox"/> Refused 99 <input type="checkbox"/> Don't Know
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**Section G - FIELD OBSERVATIONS**

CHECK ITEM H.1 <i>Mark only one.</i> OBS_FR1 Col. 2885 Char 1	1 <input type="checkbox"/> Sample person answered all questions - SKIP to 7 2 <input type="checkbox"/> Proxy answered all questions - Complete items 1 - 6 3 <input type="checkbox"/> Both sample person and proxy answered all questions - Complete items 1 - 7
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1. What is the proxy's name?  If applicable, enter the proxy's person number OBS_PRN1 Col. 2886 Char 2 OBS_PRN2 Col. 2888 Char 2	01-48,99 <input type="checkbox"/> Personal Number 01-48,99 <input type="checkbox"/> Personal Number
--	--

2. What is the proxy's relationship to . . . ? <i>Mark (1) all that apply.</i> OBS_2_1 Col. 2890 Char 2	<p>Relatives</p> <p>1 <input type="checkbox"/> Spouse 2 <input type="checkbox"/> Father 3 <input type="checkbox"/> Mother 4 <input type="checkbox"/> Son 5 <input type="checkbox"/> Daughter 6 <input type="checkbox"/> Brother 7 <input type="checkbox"/> Sister</p> <p>} SKIP to Item 4</p>
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- 8  Son-in-law
- 9  Daughter-in-law
- 10  Other male relative
- 11  Other female relative

Others

- 12  Male friend
- 13  Female friend
- 14  An employee
- 15  Someone from helping organization
- 16  Someone else

<p>3. How many years has proxy known sample person? OBS_3 Col. 2892 Char 1</p>	<p>1 <input type="checkbox"/> Less than 1 year          2 <input type="checkbox"/> 1 year to less than 3 years          3 <input type="checkbox"/> 3 years to less than 6 years          4 <input type="checkbox"/> 6 years to less than 11 years          5 <input type="checkbox"/> 11 years to less than 16 years          6 <input type="checkbox"/> 16 years to less than 21 years          7 <input type="checkbox"/> 21 years to less than 31 years          8 <input type="checkbox"/> 31 years or more</p>
<p>4. Is proxy paid to help? OBS_4 Col. 2893 Char 1</p>	<p>1 <input type="checkbox"/> Yes          2 <input type="checkbox"/> No</p>
<p>5. Did proxy and . . . Live together? OBS_5A Col. 2894 Char 1</p>	<p>1 <input type="checkbox"/> Yes          2 <input type="checkbox"/> No - <i>Ask for proxy's mailing address</i></p>
<p>c. Proxy's mailing address          City Col. 2895 Char 15          State          OBS_5C_3 Col. 2910 Char 2          Zip Code Col. 2912 Char 9</p>	<p><input type="checkbox"/> Blank   <input type="checkbox"/> State  <input type="checkbox"/> Blank</p>
<p>6. What is proxy's birth date? OBS_6_P3 Col. 2921 Char 6</p>	<p><input type="checkbox"/> MMDDYY</p>
<p>7. 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 Col. 2927 Char 2</p>	<p>1 <input type="checkbox"/> General confusion          2 <input type="checkbox"/> Dates          3 <input type="checkbox"/> Places          4 <input type="checkbox"/> Other things you asked (<i>him/her</i>) about          5 <input type="checkbox"/> Other things</p>

**BACKFLAP ITEMS**

<p>1. ADL - Activities of Daily Living</p>		
<p>(1) Eating ADL_EAT</p>	<p>Col. 2929 Char 1</p>	<p>1 <input type="checkbox"/> Marked</p>
<p>(2) Getting in/out of bed ADL_BED</p>	<p>Col. 2930 Char 1</p>	<p>1 <input type="checkbox"/> Marked</p>
<p>(3) Did not get out of bed at all ADL_IBD</p>	<p>Col. 2931 Char 1</p>	<p>1 <input type="checkbox"/> Marked</p>
<p>(4) Getting around inside ADL_INS</p>	<p>Col. 2932 Char 1</p>	<p>1 <input type="checkbox"/> Marked</p>
<p>(5) Did not get around inside at all ADL_OUT</p>	<p>Col. 2933 Char 1</p>	<p>1 <input type="checkbox"/> Marked</p>
<p>(6) Confined to a wheelchair ADL_WHL</p>	<p>Col. 2934 Char 1</p>	<p>1 <input type="checkbox"/> Marked</p>
<p>(7) Dressing ADL_DRS</p>	<p>Col. 2935 Char 1</p>	<p>1 <input type="checkbox"/> Marked</p>
<p>(8) Bathing ADL_BTH</p>	<p>Col. 2936 Char 1</p>	<p>1 <input type="checkbox"/> Marked</p>
<p>(9) Getting to the bathroom or using the toilet</p>		

ADL_TOI	Col. 2937	Char 1	1 <input type="checkbox"/> Marked
<b>2. IADL - Instrumental Activities of Daily Living</b>			
(1) Doing heavy work IDL_HVW	Col. 2938	Char 1	1 <input type="checkbox"/> Marked
(2) Doing light work IDL_LTW	Col. 2939	Char 1	1 <input type="checkbox"/> Marked
(3) Doing laundry IDL_LND	Col. 2940	Char 1	1 <input type="checkbox"/> Marked
(4) Preparing meals IDL_MLS	Col. 2941	Char 1	1 <input type="checkbox"/> Marked
(5) Shopping for groceries IDL_SHP	Col. 2942	Char 1	1 <input type="checkbox"/> Marked
(6) Getting around outside IDL_OUT	Col. 2943	Char 1	1 <input type="checkbox"/> Marked
(7) Going places outside of walking distance IDL_WLK	Col. 2944	Char 1	1 <input type="checkbox"/> Marked
(8) Managing money IDL_MON	Col. 2945	Char 1	1 <input type="checkbox"/> Marked
(9) Making telephone calls IDL_TEL	Col. 2946	Char 1	1 <input type="checkbox"/> Marked
<b>3. HELPERS - If personal number has not been preassigned, enter 99 in 3b.</b>			
<b>A section</b>			
a1. Name of helper/organization (information not given)			
a2. Person number HPABF_PNO Col. 3018 Char 2 02-48,99 <input type="checkbox"/> Person Number			
a3. Type of help <i>Mark (1) all that apply.</i>			
(1) Any ADL activity HPABF_3C1	Col. 3020	Char 1	1 <input type="checkbox"/> Marked
<b>IADL</b>			
(2) Doing housework HPABF_3C2	Col. 3021	Char 1	1 <input type="checkbox"/> Marked
(3) Preparing meals HPABF_3C3	Col. 3022	Char 1	1 <input type="checkbox"/> Marked
(4) Shopping for groceries HPABF_3C4	Col. 3023	Char 1	1 <input type="checkbox"/> Marked
(5) Getting around outside HPABF_3C5	Col. 3024	Char 1	1 <input type="checkbox"/> Marked
(6) Going places outside of walking distance HPABF_3C6	Col. 3025	Char 1	1 <input type="checkbox"/> Marked
(7) Managing money HPABF_3C7	Col. 3026	Char 1	1 <input type="checkbox"/> Marked
(8) Taking medicine HPABF_3C8	Col. 3027	Char 1	1 <input type="checkbox"/> Marked
(9) Nursing services HPABF_3C9	Col. 3028	Char 1	1 <input type="checkbox"/> Marked
<b>B section</b>			
b1. Name of Helper/organization (information not given)			
b2. Person number HPBBF_PNO Col. 3100 Char 2 02-48,99 <input type="checkbox"/> Person Number			

b3. Type of help

*Mark (1) all that apply.*

- |   |           |        |                                   |
|---|-----------|--------|-----------------------------------|
| (1) Any ADL activity<br>HPBBF_3C1                         | Col. 3102 | Char 1 | 1 <input type="checkbox"/> Marked |
| IADL  |           |        |                                   |
| (2) Doing housework<br>HPBBF_3C2                          | Col. 3103 | Char 1 | 1 <input type="checkbox"/> Marked |
| (3) Preparing meals<br>HPBBF_3C3                          | Col. 3104 | Char 1 | 1 <input type="checkbox"/> Marked |
| (4) Shopping for groceries<br>HPBBF_3C4                   | Col. 3105 | Char 1 | 1 <input type="checkbox"/> Marked |
| (5) Getting around outside<br>HPBBF_3C5                   | Col. 3106 | Char 1 | 1 <input type="checkbox"/> Marked |
| (6) Going places outside of walking distance<br>HPBBF_3C6 | Col. 3107 | Char 1 | 1 <input type="checkbox"/> Marked |
| (7) Managing money<br>HPBBF_3C7                           | Col. 3108 | Char 1 | 1 <input type="checkbox"/> Marked |
| (8) Taking medicine<br>HPBBF_3C8                          | Col. 3109 | Char 1 | 1 <input type="checkbox"/> Marked |
| (9) Nursing services<br>HPBBF_3C9                         | Col. 3110 | Char 1 | 1 <input type="checkbox"/> Marked |

C section

c1. Name of Helper/organization  
(information not given)

c2. Person number

HPCBF\_PNO Col. 3182 Char 2 02-48,99  Person Number

c3. Type of help

*Mark (1) all that apply.*

- |   |           |        |                                   |
|---|-----------|--------|-----------------------------------|
| (1) Any ADL activity<br>HPCBF_3C1                         | Col. 3184 | Char 1 | 1 <input type="checkbox"/> Marked |
| IADL  |           |        |                                   |
| (2) Doing housework<br>HPCBF_3C2                          | Col. 3185 | Char 1 | 1 <input type="checkbox"/> Marked |
| (3) Preparing meals<br>HPCBF_3C3                          | Col. 3186 | Char 1 | 1 <input type="checkbox"/> Marked |
| (4) Shopping for groceries<br>HPCBF_3C4                   | Col. 3187 | Char 1 | 1 <input type="checkbox"/> Marked |
| (5) Getting around outside<br>HPCBF_3C5                   | Col. 3188 | Char 1 | 1 <input type="checkbox"/> Marked |
| (6) Going places outside of walking distance<br>HPCBF_3C6 | Col. 3189 | Char 1 | 1 <input type="checkbox"/> Marked |
| (7) Managing money<br>HPCBF_3C7                           | Col. 3190 | Char 1 | 1 <input type="checkbox"/> Marked |
| (8) Taking medicine<br>HPCBF_3C8                          | Col. 3191 | Char 1 | 1 <input type="checkbox"/> Marked |
| (9) Nursing services<br>HPCBF_3C9                         | Col. 3192 | Char 1 | 1 <input type="checkbox"/> Marked |

D section

d1. Name of Helper/organization  
(information not given)

d2. Person number

HPDBF\_PNO Col. 3264 Char 2 02-48,99  Person Number

d3. Type of help				
<i>Mark (1) all that apply.</i>				
(1) Any ADL activity HPDBF_3C1	Col. 3266	Char 1		1 <input type="checkbox"/> Marked
IADL				
(2) Doing housework HPDBF_3C2	Col. 3267	Char 1		1 <input type="checkbox"/> Marked
(3) Preparing meals HPDBF_3C3	Col. 3268	Char 1		1 <input type="checkbox"/> Marked
(4) Shopping for groceries HPDBF_3C4	Col. 3269	Char 1		1 <input type="checkbox"/> Marked
(5) Getting around outside HPDBF_3C5	Col. 3270	Char 1		1 <input type="checkbox"/> Marked
(6) Going places outside of walking distance HPDBF_3C6	Col. 3271	Char 1		1 <input type="checkbox"/> Marked
(7) Managing money HPDBF_3C7	Col. 3272	Char 1		1 <input type="checkbox"/> Marked
(8) Taking medicine HPDBF_3C8	Col. 3273	Char 1		1 <input type="checkbox"/> Marked
(9) Nursing services HPDBF_3C9	Col. 3274	Char 1		1 <input type="checkbox"/> Marked

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

e2. Person number HPEBF_PNO				02-48,99 <input type="checkbox"/> Person Number
Col. 3346	Char 2			

e3. Type of help				
<i>Mark (1) all that apply.</i>				
(1) Any ADL activity HPEBF_3C1	Col. 3348	Char 1		1 <input type="checkbox"/> Marked
IADL				
(2) Doing housework HPEBF_3C2	Col. 3349	Char 1		1 <input type="checkbox"/> Marked
(3) Preparing meals HPEBF_3C3	Col. 3350	Char 1		1 <input type="checkbox"/> Marked
(4) Shopping for groceries HPEBF_3C4	Col. 3351	Char 1		1 <input type="checkbox"/> Marked
(5) Getting around outside HPEBF_3C5	Col. 3352	Char 1		1 <input type="checkbox"/> Marked
(6) Going places outside of walking distance HPEBF_3C6	Col. 3353	Char 1		1 <input type="checkbox"/> Marked
(7) Managing money HPEBF_3C7	Col. 3354	Char 1		1 <input type="checkbox"/> Marked
(8) Taking medicine HPEBF_3C8	Col. 3355	Char 1		1 <input type="checkbox"/> Marked
(9) Nursing services HPEBF_3C9	Col. 3356	Char 1		1 <input type="checkbox"/> Marked

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

f2. Person number				
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HPFBF_PNO	Col. 3428	Char 2	02-48,99 <input type="checkbox"/> Person Number
f3. Type of help			
<i>Mark (1) all that apply.</i>			
(1) Any ADL activity HPFBF_3C1	Col. 3430	Char 1	1 <input type="checkbox"/> Marked
IADL			
(2) Doing housework HPFBF_3C2	Col. 3431	Char 1	1 <input type="checkbox"/> Marked
(3) Preparing meals HPFBF_3C3	Col. 3432	Char 1	1 <input type="checkbox"/> Marked
(4) Shopping for groceries HPFBF_3C4	Col. 3433	Char 1	1 <input type="checkbox"/> Marked
(5) Getting around outside HPFBF_3C5	Col. 3434	Char 1	1 <input type="checkbox"/> Marked
(6) Going places outside of walking distance HPFBF_3C6	Col. 3435	Char 1	1 <input type="checkbox"/> Marked
(7) Managing money HPFBF_3C7	Col. 3436	Char 1	1 <input type="checkbox"/> Marked
(8) Taking medicine HPFBF_3C8	Col. 3437	Char 1	1 <input type="checkbox"/> Marked
(9) Nursing services HPFBF_3C9	Col. 3438	Char 1	1 <input type="checkbox"/> Marked
G section			
g1. Name of Helper/organization (information not given)			
g2. Person number			
HPGBF_PNO	Col. 3510	Char 2	02-48,99 <input type="checkbox"/> Person Number
g3. Type of help			
<i>Mark (1) all that apply.</i>			
(1) Any ADL activity HPGBF_3C1	Col. 3512	Char 1	1 <input type="checkbox"/> Marked
IADL			
(2) Doing housework HPGBF_3C2	Col. 3513	Char 1	1 <input type="checkbox"/> Marked
(3) Preparing meals HPGBF_3C3	Col. 3514	Char 1	1 <input type="checkbox"/> Marked
(4) Shopping for groceries HPGBF_3C4	Col. 3515	Char 1	1 <input type="checkbox"/> Marked
(5) Getting around outside HPGBF_3C5	Col. 3516	Char 1	1 <input type="checkbox"/> Marked
(6) Going places outside of walking distance HPGBF_3C6	Col. 3517	Char 1	1 <input type="checkbox"/> Marked
(7) Managing money HPGBF_3C7	Col. 3518	Char 1	1 <input type="checkbox"/> Marked
(8) Taking medicine HPGBF_3C8	Col. 3519	Char 1	1 <input type="checkbox"/> Marked
(9) Nursing services HPGBF_3C9	Col. 3520	Char 1	1 <input type="checkbox"/> Marked
H section			
h1. Name of Helper/organization (information not given)			

h2. Person number

HPHBF\_PNO

Col. 3592

Char 2

02-48,99

Person Number

h3. Type of help

*Mark (1) all that apply.*

(1) Any ADL activity

HPHBF\_3C1

Col. 3594

Char 1

1

Marked

IADL

(2) Doing housework

HPHBF\_3C2

Col. 3595

Char 1

1

Marked

(3) Preparing meals

HPHBF\_3C3

Col. 3596

Char 1

1

Marked

(4) Shopping for groceries

HPHBF\_3C4

Col. 3597

Char 1

1

Marked

(5) Getting around outside

HPHBF\_3C5

Col. 3598

Char 1

1

Marked

(6) Going places outside of walking distance

HPHBF\_3C6

Col. 3599

Char 1

1

Marked

(7) Managing money

HPHBF\_3C7

Col. 3600

Char 1

1

Marked

(8) Taking medicine

HPHBF\_3C8

Col. 3601

Char 1

1

Marked

(9) Nursing services

HPHBF\_3C9

Col. 3602

Char 1

1

Marked