

1994 SCREENER QUESTIONNAIRE

1a. Sample person identification <i>NOT GIVEN</i>				
b. Sample components <i>NOT GIVEN</i>				
2. SET INTERVIEW DATE Set Interview Date:				
INTDATE	Col. 98	Char 4	MMDD	<input type="checkbox"/>
3. FIELD REPRESENTATIVE CODE FR_CODE				<input type="checkbox"/>
4a - b: NOT GIVEN				
4c. No telephone number for either sample person or guardian available from any source-Conduct interview by personal visit.				
NOPHONE	Col. 106	Char 1	1	<input type="checkbox"/> MARKED
5. SCREEN TIME SCRTIME				001-999 <input type="checkbox"/>
6. NOT GIVEN				
INTRODUCTION - Hello, I am (<i>your name</i>) from the United State Bureau of the Census. (Here is my identification card.) We are conducting a survey of health conditions and physical activities of persons 65 years of age and over who live in the United States.				
7. Does . . . live there (here)? SC_OPEN				Col. 110 Char 1
			1	<input type="checkbox"/> Yes - May I speak with . . . ? - <i>Skip to 10</i>
			2	<input type="checkbox"/> No
			3	<input type="checkbox"/> Deceased - <i>Skip to 9a.</i>
8a. What is . . . 's current address and telephone number? Address: Name if Institution/Caregivers: NOT GIVEN Number and street: NOT GIVEN				
City	Col. 111	Char 15	<input type="checkbox"/>	Blank
County	Col. 126	Char 15	<input type="checkbox"/>	Blank
ST	Col. 141	Char 2	<input type="checkbox"/>	State Code
Zip	Col. 143	Char 9	<input type="checkbox"/>	Blank
Sample person current phone number: Area code: NOT GIVEN Number: NOT GIVEN PHONE				Col. 152 Char 2
			1	<input type="checkbox"/> No Telephone
			88	<input type="checkbox"/> Refused
			99	<input type="checkbox"/> DK
b. Is this the address of a nursing, convalescent, or rest home, or a home for the aged or needy? INHMH				Col. 154 Char 1
			1	<input type="checkbox"/> Yes - <i>END SCREEN and inform RO supervisor</i>
			2	<input type="checkbox"/> No
c. Is this the address of another type of institution? INOTHER				Col. 155 Char 1
			1	<input type="checkbox"/> Yes
			2	<input type="checkbox"/> No - <i>END SCREEN and contact Sample person</i>
d. What type of institution is it? TPOTH_1				Col. 156 Char 1
			1	<input type="checkbox"/> Correctional - <i>END INTERVIEW. Mark noninterview reason 8.</i>
			2	<input type="checkbox"/> Short hospital stay - <i>Skip to 10.</i>
			3	<input type="checkbox"/> Mental
			4	<input type="checkbox"/> Other - Specify below
				<i>END SCREEN and inform RO supervisor</i>
				<input type="checkbox"/>
9a. When did . . . die? DEA_01_M				Col. 202 Char 2
			1-12	} <i>Skip to 9c</i>
			00-99	
			1	<input type="checkbox"/> DK - <i>Ask 9b</i>
b. Did . . . die before or after April 1, 1994? DEA_02				Col. 207 Char 1
			1	<input type="checkbox"/> Before April 1, 1994
			2	<input type="checkbox"/> After April 1, 1994

c. Were you knowledgeable about . . . 's health and general care while . . . was living? DEA_03 Col. 208 Char 1	1 <input type="checkbox"/> Yes - <i>Skip to 9e.</i> 2 <input type="checkbox"/> No - <i>Ask 9d</i>
d. Do you know of someone who knew about . . . 's health and general care? DEA_04 Col. 209 Char 1	1 <input type="checkbox"/> Yes - <i>Ask 9e</i> 2 <input type="checkbox"/> No - <i>END INTERVIEW: Skip to 27 and mark noninterview reason 7.</i>
e. What is [your/that person's] relationship to . . . ? DEA_05 Col. 210 Char 2	02 <input type="checkbox"/> Spouse 03 <input type="checkbox"/> Son / Daughter 04 <input type="checkbox"/> Son-in-law / Daughter-in-law 05 <input type="checkbox"/> Parent 06 <input type="checkbox"/> Parent-in-law 07 <input type="checkbox"/> Brother / Sister 08 <input type="checkbox"/> Brother-in-law / Sister-in-law 09 <input type="checkbox"/> Grandchild 10 <input type="checkbox"/> Other relative 11 <input type="checkbox"/> Employee 12 <input type="checkbox"/> Other Nonrelative 13 <input type="checkbox"/> Unable to determine
f. What is [your/. . . 's] name, address, and telephone number? Name: NOT GIVEN Address: NOT GIVEN Number and street: NOT GIVEN City Col. 212 Char 15 County Col. 227 Char 15 State Col. 242 Char 2 Zip Col. 244 Char 9 Area code: NOT GIVEN Number: NOT GIVEN	<input type="checkbox"/> Blank } <i>END INTERVIEW: Skip to 27 and mark noninterview reason 7.</i> <input type="checkbox"/> Blank <input type="checkbox"/> Blank <input type="checkbox"/> Blank
10. (If talking to different person, repeat introduction) Did . . . receive the letter? ADVLTR Col. 253 Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>Read Flashcard W or provide LTC-9-L1</i>
CHECK ITEM A SC_DETRE Col. 254 Char 1 SCPR Col. 255 Char 1	Type of Interview 1 <input type="checkbox"/> Sample person - <i>Skip to 12a.</i> 2 <input type="checkbox"/> Proxy - <i>Give Name</i> Reason for proxy 3 <input type="checkbox"/> Sample person is mentally pr physically incapable. 4 <input type="checkbox"/> Sample person has hearing/speech problem. 5 <input type="checkbox"/> Sample person cannot speak English. 6 <input type="checkbox"/> Sample person is temporarily absent. 7 <input type="checkbox"/> Other
11a. What is your relationship to . . . ? SCPR_REL Col. 256 Char 2	02 <input type="checkbox"/> Spouse 03 <input type="checkbox"/> Son / Daughter 04 <input type="checkbox"/> Son-in-law / Daughter-in-law 05 <input type="checkbox"/> Parent 06 <input type="checkbox"/> Parent-in-law 07 <input type="checkbox"/> Brother / Sister 08 <input type="checkbox"/> Brother-in-law / Sister-in-law 09 <input type="checkbox"/> Grandchild 10 <input type="checkbox"/> Other relative 11 <input type="checkbox"/> Employee 12 <input type="checkbox"/> Other Nonrelative 13 <input type="checkbox"/> Unable to determine 14 <input type="checkbox"/> Institution 99 <input type="checkbox"/> DK
11b. Do you reside with . . . ? SCPR_RES Col. 258 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
12a. What is. . . 's age? - <i>If under 65, verify date of birth</i>	001-999 <input type="checkbox"/> <i>Skip to Check Item B</i>

SCPR_AGE	Col. 259	Char 3	88, D <input type="checkbox"/> Refused - Ask 12b 99, R <input type="checkbox"/> DK
b. Is . . . 65 years or older? CALCAGE	Col. 262	Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
CHECK ITEM B Is this the correct person (name, sex, age)? VER_PER	Col. 263	Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - STOP SCREEN
13. What is . . . 's exact address? VER_ADD	Col. 264	Char 1	1 <input type="checkbox"/> Same as label (or item 1a) 2 <input type="checkbox"/> Different - Correct label (or item 1a)
CHECK ITEM C Is the sample person in an institution? SCN_ININ	Col. 265	Char 1	1 <input type="checkbox"/> Yes - Skip to Check Item J 2 <input type="checkbox"/> No
CHECK ITEM D The first letter in the control card in item 1a is - SAMP_N	Col. 266	Char 1	1 <input type="checkbox"/> S 2 <input type="checkbox"/> N - Mark "Sample component N" in item 1b, then skip to Check Item J.
CHECK ITEM E Is this Screen being conducted by telephone or by personal visit? SC_VISIT	Col. 267	Char 1	1 <input type="checkbox"/> Telephone - Skip to Introduction below 2 <input type="checkbox"/> Personal Visit
14. What is . . . 's telephone number? Area code: NOT GIVEN Number: NOT GIVEN SCN_PHO	Col. 268	Char 2	1 <input type="checkbox"/> No telephone 88 <input type="checkbox"/> Refused 99 <input type="checkbox"/> DK } Go to Introduction below

ACTIVITIES OF DAILY LIVING (ADL)

INTRODUCTION

First, I'd like to ask about . . . 's ability to do everyday activities without help. By help, I mean either the help of another person, including people who lived with . . . , or the help of special equipment.

INSTRUCTION - If the person cannot or does not do an activity listed below, mark the "Yes" box for that activity. For the personal visit interviews, mark the "Yes" box without asking, if apparent by observation.

15. Does . . . Have any problem - a. Eating without the help of another person or special equipment? SCN_15_A	Col. 374	Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
b. Getting in or out of bed without help? SCN_15_B	Col. 375	Char 1	
c. Getting in or out of chairs without help? SCN_15_C	Col. 376	Char 1	
d. Walking around inside without help? SCN_15_D	Col. 377	Char 1	
e. Going outside without the help of another person or special equipment? SCN_15_E	Col. 378	Char 1	
f. Dressing without help? SCN_15_F	Col. 379	Char 1	
g. Bathing without help? SCN_15_G	Col. 380	Char 1	
h. Getting to the bathroom or using the toilet? SCN_15_H	Col. 381	Char 1	
i. Does . . . have any accidents or any problem controlling bowel movements or urination? SCN_15_I	Col. 382	Char 1	
CHECK ITEM F Is "Yes" marked in any part of 15? ADL_FLAG	Col. 383	Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - Skip to 17
16a. You said that . . . has a problem (Read ADL's marked "Yes" in 15). Has . . . had this problem/any of these problems) for 3 months or longer?			1 <input type="checkbox"/> Yes - Skip to 17 2 <input type="checkbox"/> No

SCN_16_A	Col. 384	Char 1	
b. Do you expect that (this problem/any or these problems) will last for the next 3 months or longer?			1 <input type="checkbox"/> Yes - <i>Skip to 17</i> 2 <input type="checkbox"/> No
SCN_16_B	Col. 385	Char 1	
c. Altogether, from beginning to end, will (this problem/any of these problems) have lasted 3 months or longer?			1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
SCN_16_C	Col. 386	Char 1	
INSTRUMENTAL ACTIVITIES OF DAILY LIVING (IADL)			
INSTRUCTION - If a person does not do, but is able to do, an activity listed below, mark "Yes" for the activity.			
17. Is . . . able to:			1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
a. Prepare meals without help?			
SCN_17_A	Col. 387	Char 1	
b. Do laundry without help?			
SCN_17_B	Col. 388	Char 1	
c. Do light housework such as washing dishes?			
SCN_17_C	Col. 389	Char 1	
d. Shop for groceries without help?			
SCN_17_D	Col. 390	Char 1	
e. Manage money such as keeping track of bills and handling case?			
SCN_17_E	Col. 391	Char 1	
f. Take medicine without help?			
SCN_17_F	Col. 392	Char 1	
g. Make telephone calls without help?			
SCN_17_G	Col. 393	Char 1	
CHECK ITEM G			
Is 'No' marked in any segment of 17?			1 <input type="checkbox"/> Yes - <i>Ask 18</i> 2 <input type="checkbox"/> No - <i>Skip to CHECK ITEM H</i>
SCN_CKD	Col. 394	Char 1	
18. Does a disability or a health problem keep . . . from [<i>Read IADL marked "No" in item 17</i>]?			1 <input type="checkbox"/> Yes - <i>Ask 19</i> 2 <input type="checkbox"/> No - <i>Skip to CHECK ITEM H</i>
SCN_18	Col. 395	Char 1	
<i>Ask if more than one IADL marked "No" in item 17. Otherwise, mark without asking</i>			
19. Which of these activities is . . . Unable to do because of a disability or health problem (<i>read IADL's marked "No" in item 17</i>)? Mark (X) all that apply.			
a. preparing meals?			1 <input type="checkbox"/> Marked
SCN_19_A	Col. 398	Char 1	
b. doing laundry?			1 <input type="checkbox"/> Marked
SCN_19_B	Col. 399	Char 1	
c. doing light housework?			1 <input type="checkbox"/> Marked
SCN_19_C	Col. 400	Char 1	
d. shopping for groceries?			1 <input type="checkbox"/> Marked
SCN_19_D	Col. 401	Char 1	
e. managing money?			1 <input type="checkbox"/> Marked
SCN_19_E	Col. 402	Char 1	
f. taking medicine?			1 <input type="checkbox"/> Marked
SCN_19_F	Col. 403	Char 1	
g. making telephone calls?			1 <input type="checkbox"/> Marked
SCN_19_G	Col. 404	Char 1	
h. None			1 <input type="checkbox"/> Marked
SCN_19_H	Col. 405	Char 1	
20a. Has . . . had a problem (<i>Read IADL's marked in 19</i>) for 3 months or longer?			1 <input type="checkbox"/> Yes - <i>Skip to Check Item H</i> 2 <input type="checkbox"/> No
SCN_20A	Col. 406	Char 1	
b. Do you expect that . . . 's problem doing (this/any of these things) will last for the next three months or longer?			1 <input type="checkbox"/> Yes - <i>Skip to Check Item H</i> 2 <input type="checkbox"/> No

SCN_20B	Col. 407	Char 1	
c. Altogether, from beginning to end, will (this problem/ any or these problems) have lasted 3 months or longer? SCN_20C			Col. 408 Char 1
			1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
CHECK ITEM H			
Is "Yes" marked in any of the following items - 16a, 16b, 16c; 20a, 20b, 20c? SCN_CK_H			Col. 396 Char 1
			1 <input type="checkbox"/> Yes - Mark "Group D" in Item 1b on cover page. Then Skip to Check Item J. 2 <input type="checkbox"/> No - Continue to Check Item I.
CHECK ITEM I			
Is the second letter to the last digit of the control number a letter "H"? SCN_CK_I			Col. 397 Char 1
			1 <input type="checkbox"/> Yes - Mark "Group H" in Item 1b on cover page. Then Skip to Check Item J. 2 <input type="checkbox"/> No - Ask item 21a.
21a. Has . . . EVER been a patient in a nursing, convalescent, or rest home? SCN_21A			Col. 409 Char 1
			1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - Skip to 21e.
b. How many times? SCN_21B			Col. 410 Char 2
			1-20 <input type="checkbox"/> Times
c. When was . . . admitted (that time/the time/the time before that)? <i>Begin with the last time and obtain up to four responses.</i> That time/Last time SCN_21C1 SCN_21C2			Col. 412 Char 2 Col. 414 Char 2
Time before that SCN_21C3 SCN_21C4			Col. 416 Char 2 Col. 418 Char 2
Time before that SCN_21C5 SCN_21C6			Col. 420 Char 2 Col. 422 Char 2
Time before that SCN_21C7 SCN_21C8			Col. 424 Char 2 Col. 426 Char 2
d. How long was . . . in the nursing home (that time)? <i>Reask 21c and d if more than one time.</i> That time/Last time SCN_21D1 SCN_21D2			Col. 428 Char 1 Col. 429 Char 2
Time before that SCN_21D3 SCN_21D4			Col. 431 Char 1 Col. 432 Char 2
Time before that SCN_21D5 SCN_21D6			Col. 434 Char 1 Col. 435 Char 2
Time before that SCN_21D7 SCN_21D8			Col. 437 Char 1 Col. 438 Char 2
e. Is . . . now on a waiting list to go into a nursing home? SCN_21E5			Col. 440 1
			1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
22. Including . . . , how many people live in . . . 's household? SCN_22			Col. 441 Char 2
			01-99 <input type="checkbox"/> People

<p>23a. Does . . . have any living children? <i>Include natural, adopted and stepchildren.</i> SCN_23_A Col. 443 Char 1</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>Skip to item 24.</i></p>
<p>b. How many of . . . 's children do NOT live in . . . 's household? SCN_23_B Col. 444 2</p>	<p>01-99 <input type="checkbox"/> Children</p>
<p>24. Is . . . now married, widowed, divorced, separated, or never married? SCN_24 Col. 446 Char 1</p>	<p>1 <input type="checkbox"/> Married 2 <input type="checkbox"/> Widowed 3 <input type="checkbox"/> Divorced 4 <input type="checkbox"/> Separated 5 <input type="checkbox"/> Never Married</p>
<p>25a. Is . . . of Spanish or Hispanic origin? SCN_25A Col. 447 Char 1</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p>b. What is . . . 's race? <i>If personal visit, show Flashcard H.</i> (NOTE: VALUES 3 & 4 ARE THE REVERSE OF THE 1989 5-CODE RACE VARIABLE) <i>Read categories</i> SCN_25B1 Col. 448 Char 1 SCN_25B2 Col. 449 Char 65</p>	<p>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, Korean, Asian Indian, Vietnamese, Hawaiian, Guamanian, Samoan, other Asian) 5 <input type="checkbox"/> Other - Specify <input type="checkbox"/></p>
<p>CHECK ITEM J Is this screen being conducted by telephone or by personal visit? SCN_CK_J Col. 514 Char 1</p>	<p>1 <input type="checkbox"/> Telephone 2 <input type="checkbox"/> Personal visit - <i>Enter finish time in item 5 on page 1 and then go to Control Card, item 7a</i></p>
<p>26. We would like to visit you to ask further questions about . . . 's health and physical activities. When would be the best time to visit? SCN_26_D Col. 515 Char 9 SCN_26_T Col. 524 Char 4 SCN_26_AP Col. 528 Char 1</p>	<p>Sunday - Saturday <input type="checkbox"/> Day of the week <input type="checkbox"/> Time of Day A, P <input type="checkbox"/> AM/PM } END SCREEN</p>
<p>INSTRUCTION - inform your regional office supervisor of all scheduled visits to institutions.</p>	
<p>NONINTERVIEW REASON Telephone screening NIR_TEL Col. 270 Char 2</p>	<p>Field type A 01 <input type="checkbox"/> No telephone number 02 <input type="checkbox"/> No answer after repeated calls 03 <input type="checkbox"/> Sample person temporary absent/proxy unavailable 04 <input type="checkbox"/> Refused 05 <input type="checkbox"/> Sample person unable to respond/proxy unavailable 06 <input type="checkbox"/> Other Field type C 07 <input type="checkbox"/> Deceased 08 <input type="checkbox"/> In correctional facility 09 <input type="checkbox"/> Moved outside country before April 1, 1994 10 <input type="checkbox"/> Moved outside country after April 1, 1995 11 <input type="checkbox"/> Moved within country, beyond limit 12 <input type="checkbox"/> Other</p>
<p>Personal visit screening NIR_PV Col. 272 Char 2</p>	<p>Field type A 01 <input type="checkbox"/> Unable to locate/moved, address unknown 02 <input type="checkbox"/> No one home 03 <input type="checkbox"/> Sample person temporarily absent/proxy unavailable 04 <input type="checkbox"/> Refused 05 <input type="checkbox"/> Sample person unable to respond/proxy unavailable 06 <input type="checkbox"/> Other Field type C 07 <input type="checkbox"/> Deceased 08 <input type="checkbox"/> In correctional facility 09 <input type="checkbox"/> Moved outside country before April 1, 1994 10 <input type="checkbox"/> Moved outside country after April 1, 1995</p>

11 Moved within country, beyond limit
 12 Other

RECORD OF TELEPHONE CALLS

First call				
Date of first call (MM/DD)				
PH1_DATE	Col. 274	Char 4	MMDD	<input type="checkbox"/>
Time of first call				
Before 9AM				
PH1TI1	Col. 278	Char 1	1	<input type="checkbox"/> Marked
9:01 - 12:00PM				
PH1TI2	Col. 279	Char 1	1	<input type="checkbox"/> Marked
12:01 - 3PM				
PH1TI3	Col. 280	Char 1	1	<input type="checkbox"/> Marked
3:01 - 6PM				
PH1TI4	Col. 281	Char 1	1	<input type="checkbox"/> Marked
6:01 - 9PM				
PH1TI5	Col. 282	Char 1	1	<input type="checkbox"/> Marked
After 9PM				
PH1TI6	Col. 283	Char 1	1	<input type="checkbox"/> Marked
Second call				
Date of call (MMDD)				
PH2_DATE	Col. 284	Char 4	MMDD	<input type="checkbox"/> Marked
Time of call				
Before 9AM				
PH2TI1	Col. 288	Char 1	1	<input type="checkbox"/> Marked
9:01 - 12:00PM				
PH2TI2	Col. 289	Char 1	1	<input type="checkbox"/> Marked
12:01 - 3PM				
PH2TI3	Col. 290	Char 1	1	<input type="checkbox"/> Marked
3:01 - 6PM				
PH2TI4	Col. 291	Char 1	1	<input type="checkbox"/> Marked
6:01 - 9PM				
PH2TI5	Col. 292	Char 1	1	<input type="checkbox"/> Marked
After 9PM				
PH2TI6	Col. 293	Char 1	1	<input type="checkbox"/> Marked
Third call				
Date of call (MMDD)				
PH3_DATE	Col. 294	Char 4	MMDD	<input type="checkbox"/> Marked
Time of call				
Before 9AM				
PH3TI1	Col. 298	Char 1	1	<input type="checkbox"/> Marked
9:01 - 12:00PM				
PH3TI2	Col. 299	Char 1	1	<input type="checkbox"/> Marked
12:01 - 3PM				
PH3TI3	Col. 300	Char 1	1	<input type="checkbox"/> Marked
3:01 - 6PM				
PH3TI4	Col. 301	Char 1	1	<input type="checkbox"/> Marked
6:01 - 9PM				
PH3TI5	Col. 302	Char 1	1	<input type="checkbox"/> Marked
After 9PM				
PH3TI6	Col. 303	Char 1	1	<input type="checkbox"/> Marked
Fourth call				

Date of call (MMDD)				
PH4_DATE	Col. 304	Char 4	MMDD	<input type="checkbox"/> Marked
Time of call				
Before 9AM				
PH4TI1	Col. 308	Char 1	1	<input type="checkbox"/> Marked
9:01 - 12:00PM				
PH4TI2	Col. 309	Char 1	1	<input type="checkbox"/> Marked
12:01 - 3PM				
PH4TI3	Col. 310	Char 1	1	<input type="checkbox"/> Marked
3:01 - 6PM				
PH4TI4	Col. 311	Char 1	1	<input type="checkbox"/> Marked
6:01 - 9PM				
PH4TI5	Col. 312	Char 1	1	<input type="checkbox"/> Marked
After 9PM				
PH4TI6	Col. 313	Char 1	1	<input type="checkbox"/> Marked
Fifth call				
Date of call (MMDD)				
PH5_DATE	Col. 314	Char 4	MMDD	<input type="checkbox"/> Marked
Time of call				
Before 9AM				
PH5TI1	Col. 318	Char 1	1	<input type="checkbox"/> Marked
9:01 - 12:00PM				
PH5TI2	Col. 319	Char 1	1	<input type="checkbox"/> Marked
12:01 - 3PM				
PH5TI3	Col. 320	Char 1	1	<input type="checkbox"/> Marked
3:01 - 6PM				
PH5TI4	Col. 321	Char 1	1	<input type="checkbox"/> Marked
6:01 - 9PM				
PH5TI5	Col. 322	Char 1	1	<input type="checkbox"/> Marked
After 9PM				
PH5TI6	Col. 323	Char 1	1	<input type="checkbox"/> Marked
Sixth call				
Date of call (MMDD)				
PH6_DATE	Col. 324	Char 4	MMDD	<input type="checkbox"/> Marked
Time of call				
Before 9AM				
PH6TI1	Col. 328	Char 1	1	<input type="checkbox"/> Marked
9:01 - 12:00PM				
PH6TI2	Col. 329	Char 1	1	<input type="checkbox"/> Marked
12:01 - 3PM				
PH6TI3	Col. 330	Char 1	1	<input type="checkbox"/> Marked
3:01 - 6PM				
PH6TI4	Col. 331	Char 1	1	<input type="checkbox"/> Marked
6:01 - 9PM				
PH6TI5	Col. 332	Char 1	1	<input type="checkbox"/> Marked
After 9PM				
PH6TI6	Col. 333	Char 1	1	<input type="checkbox"/> Marked
RECORD OF PERSONAL VISITS				
First visit				
Date of first visit (MM/DD)				
PV1_DATE	Col. 334	Char 4	MMDD	<input type="checkbox"/>
Time of first visit				

Before 10AM PV1TI1	Col. 338	Char 1	1 <input type="checkbox"/> Marked
10:01 - 12PM PV1TI2	Col. 339	Char 1	1 <input type="checkbox"/> Marked
12:01 - 2PM PV1TI3	Col. 340	Char 1	1 <input type="checkbox"/> Marked
2:01 - 4PM PV1TI4	Col. 341	Char 1	1 <input type="checkbox"/> Marked
4:01 - 6PM PV1TI5	Col. 342	Char 1	1 <input type="checkbox"/> Marked
After 6PM PV1TI6	Col. 343	Char 1	1 <input type="checkbox"/> Marked
Second visit			
Date of visit (MM/DD) PV2_DATE	Col. 344	Char 4	MMDD <input type="checkbox"/>
Time of visit			
Before 10AM PV2TI1	Col. 348	Char 1	1 <input type="checkbox"/> Marked
10:01 - 12PM PV2TI2	Col. 349	Char 1	1 <input type="checkbox"/> Marked
12:01 - 2PM PV2TI3	Col. 350	Char 1	1 <input type="checkbox"/> Marked
2:01 - 4PM PV2TI4	Col. 351	Char 1	1 <input type="checkbox"/> Marked
4:01 - 6PM PV2TI5	Col. 352	Char 1	1 <input type="checkbox"/> Marked
After 6PM PV2TI6	Col. 353	Char 1	1 <input type="checkbox"/> Marked
Third visit			
Date of visit (MM/DD) PV3_DATE	Col. 354	Char 4	MMDD <input type="checkbox"/>
Time of visit			
Before 10AM PV3TI1	Col. 358	Char 1	1 <input type="checkbox"/> Marked
10:01 - 12PM PV3TI2	Col. 359	Char 1	1 <input type="checkbox"/> Marked
12:01 - 2PM PV3TI3	Col. 360	Char 1	1 <input type="checkbox"/> Marked
2:01 - 4PM PV3TI4	Col. 361	Char 1	1 <input type="checkbox"/> Marked
4:01 - 6PM PV3TI5	Col. 362	Char 1	1 <input type="checkbox"/> Marked
After 6PM PV3TI6	Col. 363	Char 1	1 <input type="checkbox"/> Marked
Fourth visit			
Date of visit (MM/DD) PV4_DATE	Col. 364	Char 4	MMDD <input type="checkbox"/>
Time of visit			
Before 10AM PV4TI1	Col. 368	Char 1	1 <input type="checkbox"/> Marked
10:01 - 12PM PV4TI2	Col. 369	Char 1	1 <input type="checkbox"/> Marked

12:01 - 2PM

PV4TI3

Col. 370

Char 1

1 Marked

2:01 - 4PM

PV4TI4

Col. 371

Char 1

1 Marked

4:01 - 6PM

PV4TI5

Col. 372

Char 1

1 Marked

After 6PM

PV4TI6

Col. 373

Char 1

1 Marked