☐ SP   ☐ Old age

A. HOUSEHOLD COMPOSITION PAGE

1

1.	First name	Mid. init.	Age
	Last name		Sex 1☐M 2☐F

1a. What are the names of all persons living or staying here? Start with the name of the person or one of the persons who owns or rents this home. *Enter name in REFERENCE PERSON column.*

b. What are the names of all other persons living or staying here? *Enter names in columns.*

If "Yes," enter names in columns
	Yes	No

c. I have listed *(read names)*. Have I missed:
- any babies or small children? .... ☐ ☐
- any lodgers, boarders, or persons you employ who live here? .... ☐ ☐
- anyone who USUALLY lives here but is now away from home traveling or in a hospital? .... ☐ ☐
- anyone else staying here? .... ☐ ☐

2. Relationship **REFERENCE PERSON**

3. Date of birth
Month | Date | Year

C1

HOSP.	WORK	RD	2-WK. DV
00☐ None	1☐ Wa	1☐ Yes	00☐ None
Number	2☐ Wb	2☐ No	Number

d. Do all of the persons you have named usually live here?
☐ Yes *(2)*
☐ No *(APPLY HOUSEHOLD MEMBERSHIP RULES. Delete nonhousehold members by an "X" from 1—C2 and enter reason.)*

Probe if necessary:

Does —— usually live somewhere else?

C2

LA IRA DV TINJ. CL LTRI HSTCOND.

Ask for all persons beginning with column 2:

2. What is —— relationship to *(reference person)*?

LA IRA DV TINJ. CL LTRI HSTCOND.

3. What is —— date of birth? *(Enter date and age and mark sex.)*

LA IRA DV TINJ. CL LTRI HSTCOND.

REFERENCE PERIODS

A1
2-WEEK PERIOD

12-MONTH DATE

LA IRA DV TINJ. CL LTRI HSTCOND.

13-MONTH HOSPITAL DATE

A2 ASK CONDITION LIST_____.

LA IRA DV TINJ. CL LTRI HSTCOND.

A3 Refer to ages of all related HH members.

A3
☐ All persons 65 and over *(4e)*
☐ Other *(4a)*

4a. Are any of the persons in this family now on full-time active duty with the armed forces?
☐ Yes   ☐ No *(4e)*

b. Who is this? *Delete column number(s) _____ by an "X" from 1—C2.*

c. Anyone else?   ☐ Yes *(Reask 4b and c)*   ☐ No

Ask for each person in armed forces:
d. Where does —— usually live and sleep, here or somewhere else? *Mark box in person's column.*

4d.
☐ Living at home
☐ Not living at home

Hand Card O. Ask for each nondeleted family member, including Armed Forces members living at home.
4e. Are any of those groups —— National origin or ancestry? *(Where did —— ancestors come from?)*

4e.
1 ☐ Yes *(4f)*
2 ☐ No *(NP)*

f. Please give me the number of the group. *Circle all that apply.*
1 — Puerto Rican   3 — Mexican/Mexicano   5 — Chicano   7 — Other Spanish
2 — Cuban   4 — Mexican American   6 — Other Latin American

f.
1 2 3 4 5 6 7

A4 If unrelated person or group, skip to 5; otherwise, refer to 4f above and item 3 "Sample" on household page.
Codes 1—7 circled for any 18+ family member?

A4
1 ☐ Yes *(4g)*
2 ☐ No — Sample 921—924 *(5)*
3 ☐ No — Sample 911—914 *(Type B noninterview)*

4g. Did *(Reference person)* live at this address on *(today's date)* last year?

4g.
1 ☐ Yes *(A5)*
2 ☐ No — Sample 921—924 *(5)*
3 ☐ No — Sample 911—914 *(Type B noninterview)*

A5 Refer to 4f for reference person.
Codes 1—7 circled for reference person?

A5
1 ☐ Yes *(5)*
2 ☐ No *(4h)*

4h. Did any of the following family members live at this address on *(today's date)* last year? *(Read names of all 18+ persons with codes 1—7 in 4f.)*

4h.
1 ☐ Yes *(5)*
2 ☐ No — Sample 921—924 *(5)*
3 ☐ No — Sample 911—914 *(Type B noninterview)*

If related persons 17 and over are listed in addition to the respondent and are not present, say:
5. We would like to have all adult family members who are at home take part in the interview. Are *(names of persons 17 and over)* at home now? *If "Yes," ask:* Could they join us? *(Allow time)*

Read to respondent(s):
This survey is being conducted to collect information on the nation's health. I will ask about hospitalizations, disability, visits to doctors, illness in the family, and other health related items.

HOSPITAL PROBE

6a. Since *(13-month hospital date)* a year ago, was —— a patient in a hospital OVERNIGHT?

6a.
1 ☐ Yes *(6b)*
2 ☐ No *(Mark "HOSP." box, THEN NP)*

b. How many different times did —— stay in any hospital overnight or longer since *(13-month hospital date)* a year ago?

b.
_____ Number of times
(Make entry in "HOSP." box THEN NP)

Ask for each child under one:
7a. Was —— born in a hospital?

7a.
1 ☐ Yes *(7b)*
2 ☐ No *(NP)*

Ask for mother and child:
b. Have you included this hospitalization in the number you gave me for ——?

b.
☐ Yes *(NP)*
☐ No *(Correct 6 and "HOSP." box)*