FAMILY CORE
Section I -- HEALTH STATUS AND LIMITATION OF ACTIVITIES

FR: **ENTER THE FAMILY NUMBER OF THE FAMILY YOU WISH TO CONTINUE.
IF ALL FAMILIES IN THE HOUSEHOLD HAVE BEEN COMPLETED, ENTER (A)
FOR ALL.**

Family number: _____

>**FAMINT**<   (A) All families are totally complete
(N) No one is available to interview now

>**F02_MSG**<

FR: **THE REMAINDER OF THE INTERVIEW IS NOT REQUIRED FOR THIS
FAMILY SINCE ALL ARE CURRENT ARMED FORCES MEMBERS.**

FR: **ASK IF NECESSARY:** With whom am I speaking?
**ENTER PERSON NUMBER OF THE RESPONDENT FOR THE FAMILY
QUESTIONS FOR THIS FAMILY. IF MORE THAN ONE, ENTER THE
NUMBER OF THE ONE YOU CONSIDER TO BE THE MAIN RESPONDENT.**

>**FAMRESP**<   [Enter Person #] [ ]

FR: **CAN YOU CONTINUE WITH THE FAMILY SECTION, OR DO YOU NEED TO
ARRANGE A CALLBACK?**

>**RESPID**<   (1) Continue with Family Section   (FINTRO)
(2) Arrange Callback   (CP_BEG)
(3) Noninterview   (PRE_ARRAN)

FR: **IF ANY PERSONS LISTED BELOW ARE NOT PRESENT, SAY:**

>**FINTRO**<   We would like to have all adult family members who are at home take part in the interview. Are
(**READ NAMES BELOW**) at home now? **IF YES, ASK:** Could they join us? (**ALLOW
TIME**)

FR: **ENTER LINE NUMBER(S) OF FAMILY MEMBERS LISTED BELOW THAT ARE
CURRENTLY PRESENT. ENTER UP TO 10 NUMBERS.**
[ ] >**FINTRO01**<   [ ] >**FINTRO05**<   [ ] >**FINTRO09**<
[ ] >**FINTRO02**<   [ ] >**FINTRO06**<   [ ] >**FINTRO010**<
[ ] >**FINTRO03**<   [ ] >**FINTRO07**<
[ ] >**FINTRO04**<   [ ] >**FINTRO08**<

>**HLTH_BEG**< I am now going to ask about {your/the} general health { /of family members} and the effects of
any physical, mental, or emotional health problems.

Check item FHSCCI1: If any family member is less than 5 years old goto FHS.005; If any family member is
greater than 4 and less than 18 years old goto FHS.050; If all family members are greater
than 17 goto FHS.070.

_____

FHS.005   Are {fill names of children under 5}/Is {fill in name of child under 5} limited in the kind or amount of play activities he/she/they can do because of a physical, mental, or emotional problem?

>**FLAPLYLM**< (1) Yes (FHS.010)   (7) Refused (FHS.050)
                (2) No (FHS.050)   (9) DK (FHS.050)

FHS.010   Who is this? (Anyone else?)
>**PLAPLYLM**< [ ]   [ ]   [ ]
                [ ]   [ ]   [ ]

FHS.020   Is {subject's name listed in PLAYPLYLM} able to take part AT *ALL* in the usual kinds of play activities done by most children {subject's name}'s age?

>**PLAPLYUN**< (1) Yes (FHS.050)   (7) Refused (FHS.050)
                (2) No (FHS.050)   (9) DK (FHS.050)

FHS.050   Do any of the children under 18 in this family, {fill names of children under age 18} receive Special Educational or Early Intervention Services?

>**FSPEDEIS**< (1) Yes (FHS.060)   (7) Refused (FHS.070)
                (2) No (FHS.070)   (9) DK (FHS.070)

FHS.060   Who is this? (Anyone else?)
>**PSPEDEIS**< [ ]   [ ]   [ ]
                [ ]   [ ]   [ ]

FHS.070   Because of a physical, mental, or emotional problem, {do/does} {you/anyone in the family} need the help of other persons with PERSONAL CARE NEEDS, such as eating, bathing, dressing, or getting around inside this home?

>**FLAADL**<   (1) Yes (FHS.080)   (7) Refused (FHS.150)
               (2) No (FHS.150)   (9) DK (FHS.150)

FHS.080   Who is this? (Anyone else?)
<**PLAADL**>   [ ]   [ ]   [ ]
               [ ]   [ ]   [ ]

FHS.090   {Do/Does} {you/subject's name} need the help of other persons with ....?
           (1) Yes (FHS.150)   (7) Refused (FHS.150)
           (2) No (FHS.150)   (9) DK (FHS.150)

>**LABATH**<   Bathing or showering?
>**LADRESS**<   Dressing?
>**LAEAT**<   Eating?
>**LABED**<   Getting in or out of bed or chairs?
>**LATOILT**<   Using the toilet, including getting to the toilet?
>**LAHOME**<   Getting around inside the home?

_____

FHS.150   Because of a physical, mental, or emotional problem, {do/does} {you/anyone in the family} need the help of other persons in handling ROUTINE NEEDS, such as everyday household chores, doing necessary business, shopping, or getting around for other purposes?

>**FLAIADL**<   (1) Yes (FHS.160)   (7) Refused (FHS.170)
                 (2) No (FHS.170)   (9) DK (FHS.170)

FHS.160   Who is this? (Anyone else?)
>**PLAIADL**<   [ ]   [ ]   [ ]
                 [ ]   [ ]   [ ]

FHS.170   Does a physical, mental, or emotional problem NOW keep {you/anyone in the family (fill in names of family members aged 18 and older)} from working at a job or business?

>**FLAWKNOW**<(1) Yes (FHS.180)   (7) Refused (FHS.190)
                 (2) No (FHS.190)   (9) DK (FHS.190)

FHS.180   Who is this? (Anyone else?)
>**PLAWKNOW**<[ ]   [ ]   [ ]
                 [ ]   [ ]   [ ]

FHS.190   {Are/(Other than the persons mentioned), are any of these family members} {you/repeat adult names if needed} limited in the kind OR amount of work {you/they} can do because of a physical, mental or emotional problem?

>**FLAWKLIM**< (1) Yes (FHS.200)   (7) Refused (FHS.210)
                 (2) No (FHS.210)   (9) DK (FHS.210)

FHS.200   Who is this? (Anyone else?)
>**PLAWKLIM**< [ ]   [ ]   [ ]
                 [ ]   [ ]   [ ]

FHS.210   Because of a health problem, {do/does} {you/anyone in the family} have difficulty walking without using any special equipment?

>**FLAWALK**<   (1) Yes (FHS.220)   (7) Refused (FHS.230)
                 (2) No (FHS.230)   (9) DK (FHS.230)

FHS.220   Who is this? (Anyone else?)
>**PLAWALK**<   [ ]   [ ]   [ ]
                 [ ]   [ ]   [ ]

FHS.230   {Are/is} {you/anyone in the family} LIMITED IN ANY WAY because of difficulty remembering or because {you/they} experience periods of confusion?

>**FLAREMEM**<(1) Yes (FHS.240)   (7) Refused (Check item FHSCCI2)
                 (2) No (Check item FHSCCI2)   (9) DK (Check item FHSCCI2)

_____

FHS.240   Who is this? (Anyone else?)
>**PLAREMEM**< [ ]   [ ]   [ ]
                 [ ]   [ ]   [ ]

Check item FHSCCI2: For family members NOT in the entry in FHS.010, FHS.060, FHS.080, FHS.160,
                 FHS.180, FHS.200, FHS.220, or FHS.240 go to FHS.250; Otherwise, go to Check item
                 FHSCCI3.

FHS.250   Are {you/anyone in the family (list names of persons without limitation if needed)} LIMITED IN
                 ANY WAY in any activities because of physical, mental or emotional problems?

>**FLIMANY**<   (1) Yes (FHS.260)   (7) Refused (Check item FHSCCI3
                 (2) No (Check item FHSCCI3))   (9) DK (Check item FHSCCI3)

FHS.260   Who is this? (Anyone else?)
>**PLIMANY**<   [ ]   [ ]   [ ]
                 [ ]   [ ]   [ ]

Check item FHSCCI3: For family members with an entry in FHS.010 through FHS.260:
                 If AGE is less than 18 go to FHS.270; Else goto FHS.290.   If none with entry in
                 FHS.010 through FHS.260, or the family roster is exhausted goto FHS.310.

FHS.270   What conditions or health problems cause {subject's name} limitations?

    FR: **HAND CARD F2. DO NOT READ. CODE ALL THAT APPLY, UP TO 5, BUT DO NOT
                 PROBE. ENTER (N) FOR NO MORE.**

>**LAHCC**<   (1) Vision/ problem seeing   (9) Other mental, emotional, or behavioral problem
                 (2) Hearing problem   (10) Bone, joint, or muscle problem
                 (3) Speech problem   (11) Epilepsy
                 (4) Asthma/breathing problem   (12) Other impairment/problem (specify
                 (5) Birth defect   one)(FHS.271)
                 (6) Injury   (13) Other impairment/problem (specify
                 (7) Mental retardation   one)(FHS.272)
                 (8) Other developmental problem   (97) Refused
                    (e.g. cerebral palsy)   (99) DK/not sure

                 [ ]   [ ]   [ ]
                 [ ]   [ ]
                                                                          (Goto FHS.280)

FHS.271

    FR: **SPECIFY CONDITION CAUSING LIMITATION. THIS SHOULD BE THE NAME OF A
                 SPECIFIC CONDITION THAT IS NOT ON THE CONDITION LIST.**

>**LACCSPEC**< CONDITION: _____

_____

FHS.272

FR: SPECIFY CONDITION CAUSING LIMITATION. THIS SHOULD BE THE NAME OF A SPECIFIC CONDITION THAT IS NOT ON THE CONDITION LIST.

>LACCSPEC_1< CONDITION:_____

FHS.280   How long {have/has}{you/subject's name} had [fill condition entered in FHS.270]?

[ ] NUMBER

>LHCCLN<   (01-94) 1-94 times   (97) Refused
               (95)   95+   (99) DK
               (96)   Since birth

[ ] TIME PERIOD

>LHCCLT<   (1) Days(s)   (6) Since Birth
               (2) Week(s)   (7) Refused
               (3) Month(s)   (9) DK
               (4) Year(s)

[Go back to Check item FHSCCI3 for next family member. If no more family members goto FHS.310.]

FHS.290   What conditions or health problems cause {subject's name} limitations?

FR: HAND CARD F3. DO NOT READ. CODE ALL THAT APPLY, UP TO 5, BUT DO NOT PROBE. ENTER (N) FOR NO MORE.

>LAHCA<   (1) Vision/ problem seeing   (12) Cancer
               (2) Hearing problem   (13) Birth defect
               (3) Arthritis/rheumatism   (14) Mental retardation
               (4) Back or neck problem   (15) Other developmental problem (e.g. cerebral palsy)
               (5) Fractures, bone/joint injury   (16) Senility
               (6) Other injury   (17) Depression/anxiety/emotional problem
               (7) Heart problem   (18) Weight problem
               (8) Stroke problem   (19) Other impairment/problem (specify one)(FHS.291)
               (9) Hypertension/high blood   (20)Other impairment/problem (specify one)(FHS.292)
                    pressure   (97) Refused
               (10) Diabetes   (99) DK/not sure
               (11) Lung/breathing problem

               [ ]   [ ]   [ ]
               [ ]   [ ]
FHS.291

FR: SPECIFY CONDITION CAUSING LIMITATION. THIS SHOULD BE THE NAME OF A SPECIFIC CONDITION THAT IS NOT ON THE CONDITION LIST.

>LACASPEC< CONDITION: _____

_____

FHS.292

FR: SPECIFY CONDITION CAUSING LIMITATION. THIS SHOULD BE THE NAME OF A SPECIFIC CONDITION THAT IS NOT ON THE CONDITION LIST.

>LACASPEC_1< CONDITION: _____

FHS.300   How long {have/has}{you/subject's name} had [fill condition entered in FHS.290]?

               [ ] NUMBER

>LHCALN<   (01-94) 1-94   (99) DK
                (95)   95+   (97) Refused
                (96)   Since birth

               [ ] TIME PERIOD

>LHCALT<   (1) Days(s)   (6) Since Birth
                (2) Week(s)   (7) Refused
                (3) Month(s)   (9) DK
                (4) Year(s)

               [Go back to Check item FHSCCI3 for next family member. If no more family members goto FHS.310.]

               Ask this question for each member separately:

FHS.310   Would you say {subject's name} health in general is excellent, Very good, good, fair, or poor?

>PHSTAT<   (1) Excellent   (5) Poor
                (2) Very good   (7) Refused
                (3) Good   (9) DK
                (4) Fair

(Goto next section--Injuries)

_____

Section II -- INJURIES

Injuries are a major health problem. In order to develop new ways to help prevent both accidental and intentional injuries, we need to know more about them. In this next set of questions, I will ask about injuries that happened in the past 3 months; Note here that we are only interested in injuries that required medical advice or treatment.

FIJ.010   DURING THE PAST THREE MONTHS, that is since {91 days before today date}, {were/was} {you/anyone in the family} injured seriously enough that {you/they} got medical advice or treatment?

>**FINJ3M**<   (1) Yes (FIJ.020)   (7) Refused (FIJ.300)
                      (2) No (FIJ.300)   (9) DK (FIJ.300)

FIJ.020   Who was this? (Anyone else?)
>**PINJ3MR**<   [ ]   [ ]   [ ]
                       [ ]   [ ]   [ ]

FIJ.030   How many different times in the past three months {were/was} {you/subject's name} injured seriously enough to seek medical advice?

>**IJNO3M**<   Times Injured (01-94): _____

FIJ.040   **[If FIJ.030 equals 1, ask:]**

                 When did {subject's name} injury happen?

>**IJDATE_M**<   MONTH: _____
>**IJDATE_D**<   DAY: _____
>**IJDATE_Y**<   YEAR: _____

                 [If FIJ.030 greater than 1, ask:]

                 Now I'm going to ask a few question about {subject's name} most recent injury. When did that injury happen?

>**IJDATE_M**<   MONTH: _____
>**IJDATE_D**<   DAY: _____
>**IJDATE_Y**<   YEAR: _____

                 [If FIJ.030 equals 2 or more, ask:]

                 We just talked about {subject's name} injury on {recent injury date}. When did {subject's name} injury BEFORE THAT happen?

>**IJDATE_M**<   MONTH: _____
>**IJDATE_D**<   DAY: _____
>**IJDATE_Y**<   YEAR: _____

[FIJ.051 to FIJ.295 are asked for each injury episode]

FIJ.050   At the time of the injury, what part(s) of {subject's name} body was hurt? What kind of injury was it? Anything else?

BODY PART   KIND OF INURY

>IJBODY1<   _____   >IJKIND1<   _____
>IJBODY2<   _____   >IJKIND2<   _____
>IJBODY3<   _____   >IJKIND3<   _____
>IJBODY4<   _____   >IJKIND4<   _____

FIJ.070   How did {subject's name} injury(s) happen? Please describe fully the circumstances or events leading to the injury(s), and any object, substance, or other person involved.

FR: **ENTER THE VERBATIM RESPONSE, PROBING FOR AS MUCH DETAIL AS POSSIBLE, INCLUDING SPECIFICALLY WHAT THE INJURED PERSON WAS DOING AT THE TIME AND ALL CIRCUMSTANCES SURROUNDING THE EVENT. RECORD ALL VOLUNTEERED INFORMATION.**

>IJHOW1<   _____
>IJHOW2<   _____
>IJHOW3<   _____
>IJHOW4<   _____

FIJ.080
FR: **ENTER THE FIRST APPROPRIATE BOX WHICH DESCRIBES THE CAUSE OF THE PERSON'S INJURY FROM THE LIST BELOW.**

>CAUS<   (1) Vehicle as transportation, including Motor Vehicle/   (5) Fall (FIJ.170)
               bicycle/motorcycle/pedestrian/train/boat/airplane(FIJ.090)   (6) Other (FIJ.200)
          (2) Gun/being shot (FIJ.190)   (7) Refused (FIJ.200)
          (3) Fire/burn/scald related (FIJ.150)   (9) DK (FIJ.200)
          (4) Near drowning/water in lungs (FIJ.160)

FR: **THE NEXT SET OF QUESTIONS ARE ASKED TO VERIFY DETAILS OF THE CIRCUMSTANCES SURROUNDING THE INJURY(S). IF YOU ALREADY KNOW THE ANSWER BECAUSE OF THE VERBATIM RESPONSE FOR HOW THE INJURY(S) OCCURRED, VERIFY THE ANSWER WITH THE RESPONDENT. OTHERWISE, ASK THE QUESTION.**

FIJ.090   {Were/Was} {you/subject's name} injured as the driver of a vehicle, a passenger in a vehicle, a bicycle rider, or as a pedestrian?

>MVWHO<   (1) Driver of a vehicle (FIJ.100)   (4) Pedestrian (FIJ.140)
           (2) Passenger of a vehicle (FIJ.100)   (7) Refused (FIJ.200)
           (3) Bicycle rider (FIJ.130)   (9) DK (FIJ.200)

_____

FIJ.100   What type of vehicle {were/was} {you/subject's name} in?

>MVTYP<   (01) Passenger car (FIJ.120)   (07) Farm equipment (tractor) (FIJ.200)
               (02) Light truck (including pickups,   (08) Airplane (FIJ.200)
                    vans and utility vehicles) (FIJ.120) (09) Boat (FIJ.200)
               (03) Bus (FIJ.200)   (10) Train (FIJ.200)
               (04) Large truck (FIJ.120)   (11) Other (FIJ.200)
               (05) Motorcycles (including mopeds,   (97) Refused (FIJ.200)
                    minibikes) (FIJ.130)   (99) DK (FIJ.200)
               (06) All terrain vehicle or ski/snow-
                    mobile (FIJ.130)

FIJ.120   **[If AGE is greater than or equal to 5, ask:]**

               {Were/Was} {you/subject's name} wearing a safety belt at the time of the accident?

               [Else, ask:]

               {Were/Was} {you/subject's name} buckled in a car safety seat at the time of the accident?

>SBELT<   (1) Yes   (7) Refused
               (2) No   (9) DK
                                                                        (Goto FIJ.200)

FIJ.130   {Were/Was} {you/subject's name} wearing a helmet at the time of the accident?

>HELMT<   (1) Yes   (7) Refused
               (2) No   (9) DK
                                                                        (Goto FIJ.200)

FIJ.140   What type of vehicle {were/was} {you/subject's name} struck by?

>MVHIT<   (01) Passenger car   (07) Farm equipment (tractor)
               (02) Light truck (including pickups,   (08) Bicycle
                    vans and utility vehicles)   (09) Train
               (03) Bus   (10) Boat (includes all on)
               (04) Large truck   water vehicles
               (05) Motorcycle (including mopeds   (11) Other
                    and minibikes)   (97) Refused
               (06) All terrain vehicle or ski or   (99) DK
                    snow-mobile
                                                                        (Goto FIJ.200)

_____

FIJ.150   What was it that burned/scalded {you/subject's name}?

FR: IF RESPONSE IS FIRE OR SMOKE ASK:

What caused the fire/smoke?

>BURN<   (01) Cigarette, cigar, pipe   (07) Other explosive
              (02) Cooking unit   (08) Water or steam
              (03) Heater   (09) Food
              (04) Wiring   (10) Chemicals
              (05) Motor vehicle battery caps,   (11) Other
                   radiator caps   (97) Refused
              (06) Fireworks   (99) DK

                                                                    (Goto FIJ.200)

FIJ.160   What body of water was involved?

>WATER<   (1) Bathtub   (5) River, creek
              (2) Swimming pool   (6) Other
              (3) Lake, pond   (7) Refused
              (4) Bay, ocean, sea   (9) DK

                                                                    (Goto FIJ.200)

FIJ.170   How did {you/subject's name} fall? Anything else?

FR: HAND CARD F4. RECORD UP TO 2 RESPONSES. ENTER 'N' FOR NO MORE.

On or down or from:

>FALL<   (1) Escalator   (7) Building or other structure
              (2) Stairs or steps   (8) Chair, bed, sofa or other furniture
              (3) Floor/level ground   (9) Tree
              (4) Curb, including sidewalk   (10) Toilet, commode
              (5) Ladder or scaffolding   (11) Bathtub, shower
              (6) Playground equipment

              Into:

              (12) Swimming pool   (97) Refused
              (13) Hole or other opening   (99) DK
              (14) Other
              [ ]   [ ]

FIJ.180   What caused {you/subject's name} to fall? Was it due to:

>FWHY<   (1) Slipping, tripping or stumbling   (5) Or something else
              (2) Jumping or diving   (7) Refused
              (3) Collision with/pushing, shoving (9) DK
                  by another person
              (4) Loss of balance/dizziness/
                  becoming faint/seizure

                                                                    (Goto FIJ.200)

_____

FIJ.190   What kind of gun was it?

>GUNTP<   (1) Firearm (handgun, shotgun, rifle)   (4) Other
               (2) BB or pellet gun   (7) Refused
               (3) Dart gun   (9) DK

FIJ.200   What {were/was} {you/subject's name} doing when the injury(s) happened?

        FR: **HAND CARD F5. RECORD UP TO 2 RESPONSES. ENTER 'N' FOR NO MORE.**

>WHAT<   (1) Driving   (7) Leisure activity (excluding sports)
               (2) Working at paid job   (8) Sleeping, resting, eating, drinking
               (3) Working around the house or yard   (9) Cooking
               (4) Attending school   (10) Being cared for (hands on care from
               (5) Unpaid work (incl. housework,   other person)
                   shopping, volunteer work)   (11) Other
               (6) Sports (organized team or individual (97) Refused
                   sport such as running, biking, skating) (99) DK
               [ ]   [ ]

FIJ.220   Where (were/was} {you/subject's name} when the injury(s) happened?

        FR: **HAND CARD F6. RECORD UP TO 2 RESPONSES. ENTER 'N' FOR NO MORE.**

>WHER<   (1) Home (inside)   (11) Farm
               (2) Home (outside)   (12) Park/recreation area (fields, bike
               (3) School (not residential)   or jog path),
               (4) Child care center or Preschool   (13) River/lake/stream/ocean
               (5) Residential institution (excl. hosp.) (14) Swimming pool
               (6) Health care facility (incl. hospital) (15) Industrial or construction area
               (7) Street/highway   (16) Mine/quarry
               (8) Parking lot   (17) Other public building
               (9) Sport facility, ath. field or playground (18) Other
               (10) Trade and service areas (restaurant, (97) Refused
                    store, bank, gas station)   (99) DK
               [ ]   [ ]
                                                                        (Goto FIJ.250)

FIJ.240   {Were/Was} {you/subject's name} hospitalized for at least one night as a result of this
               injury/these injuries?

>IHOSP<   (1) Yes (FIJ.250)   (7) Refused (FIJ.260)
               (2) No (FIJ.260)   (9) DK (FIJ.260)

FIJ.250   How many nights {were/was} {you/subject's name} in the hospital?

        FR: **IF "STILL IN HOSPITAL," ASK HOW MANY NIGHTS UP TO TODAY.**

>IHNO<   (01-94) 1-94 nights   (97) Refused
               (95)   95+ nights   (99) DK

_____

Check item FIJCCI1:   If AGE is greater than 13 then go to FIJ.260; Else
                          If AGE is greater than 4 and less than 14 then go to FIJ.270; Else
                          If AGE is less than 5 then return to FIJ.040 for next injury event or next person.
                          If there are no more persons and no more injuries-events, go to FIJ.300.

FIJ.260   As a result of this injury/these injuries, how much work did{you/subject's name} miss?

    FR: **HAND CARD F7.**

>WKLS<   (0) None   (6) Not employed at the time of the injury
               (1) Less than 1 day   (7) Refused
               (2) 1 to 5 days   (9) DK
               (3) Six or more days

FIJ.270   As a result of this injury/these injuries, how much school did {you/subject's name} miss?

    FR: **HAND CARD F8.**

>SCLS<   (0) None   (6) Not in school at the time of the injury
               (1) Less than 1 day   (7) Refused
               (2) One to five days   (9) DK
               (3) Six or more days

FIJ.280   As a result of this injury/theses injuries {do/does}{you/subject's name} now need the help of
               other persons with {your/his/her} personal care needs, such as eating, bathing, dressing or
               getting around this home?

>IJADL<   (1) Yes (FIJ.285)   (7) Refused (FIJ.290)
               (2) No (FIJ.290)   (9) DK (FIJ.290)

FIJ.285   Do you expect {you/subject's name} will need this help for a total of 6 months or longer?

>LIMTM<   (1) Yes   (7) Refused
               (2) No   (9) DK

FIJ.290   As a result of this injury/these injuries {do/does} {you/subject's name} now need the help of
               other persons in handling routine needs such as everyday household chores, doing necessary
               business, shopping or getting around for other purposes?

>IJIAD<   (1) Yes (FIJ.295)   (7) Refused (FIJ.040/FIJ.300)
               (2) No (FIJ.040/FIJ.300)   (9) DK (FIJ.040/FIJ.300)

FIJ.295   Do you expect {you/subject's name} will need this help for a total of 6 months or longer?

>HLIMT<   (1) Yes (FIJ.040/FIJ.300)   (7) Refused (FIJ.040/FIJ.300)
               (2) No (FIJ.040/FIJ.300)   (9) DK (FIJ.040/FIJ.300)

_____

FIJ.300   The next questions are about POISONING, which includes coming into contact with harmful substances, and overdose or wrong use of any drug or medication. Do not include any illnesses such as poison ivy or food poisoning.

   FR: **HAND CALENDAR CARD.**

              DURING THE PAST THREE MONTHS, that is since {91 days before today's date}, did {you/anyone in the family} have a poisoning that caused someone to seek medical advice or treatment, including calls to a poison control center?

>FPOIS3M<   (1) Yes (FIJ.310)   (7) Refused (FAU.010)
                 (2) No (FAU.010)   (9) DK (FAU.010)

FIJ.310   Who was this? (Anyone else?)

>PPOIS3MR< [ ]   [ ]   [ ]
                [ ]   [ ]   [ ]

FIJ.320   How many different times in the PAST THREE MONTHS {were/was}{you/subject's name} poisoned?

                (01-94) 1-94 times   (97) Refused
                (95)   95+ times   (99) DK

FIJ.330   **[If FIJ.320 equals 1, ask:]**

              When did {subject's name} poisoning happen?

>POIDTEM<   MONTH: _____
>POIDTED<   DAY: _____
>POIDTEY<   YEAR: _____

              [If FIJ.320 is greater than 1, ask:]

              Now I'm going to ask a few question about {subject's name} most recent poisoning. When did that happen?

>POIDTEM<   MONTH: _____
>POIDTED<   DAY: _____
>POIDTEY<   YEAR: _____

              [If FIJ.320 is greater than or equal to 2, ask:]

              We just talked about {subject's name} poisoning on {recent poisoning date}. When did {subject's name} poisoning BEFORE THAT happen?

>POIDTEM<   MONTH: _____
>POIDTED<   DAY: _____
>POIDTEY<   YEAR: _____

_____

[FIJ.340 to FIJ.410 are repeated for each poisoning episode.]

FIJ.340   Did {you/subject's name} poisoning result from:

>**POITPR2<**   (1) a drug or medical substance used mistakenly or in overdose (FIJ.360)
                (2) a harmful or toxic solid or liquid substance (FIJ.360)
                (3) inhaling gases or vapors   (FIJ.360)
                (4) eating a poisonous plant or other substance mistaken for food (FIJ.360)
                (5) a venomous animal or plant (FIJ.360)
                (6) something else (FIJ.350)
                (7) Refused (FIJ.360)
                (9) DK   (FIJ.360)

FIJ.350

     FR: ENTER THE VERBATIM RESPONSE.

>**PSPEC_1<**   _____
>**PSPEC_2<**   _____
>**PSPEC_3<**   _____
>**PSPEC_4<**   _____

FIJ.360   Did you or did someone else call a poison control center for advice in treating {subject's name}
                poisoning?

>**POICC<**   (1) Yes   (7) Refused
                (2) No   (9) DK

FIJ.370   {Were/Was} {you/subject's name} hospitalized for at least one night as a result of this
                poisoning?

>**PHOSP<**   (1) Yes (FIJ.380)   (7) Refused (FIJ.390)
                (2) No (FIJ.390)   (9) DK (FIJ.390)

FIJ.380   How many nights {were/was} {you/subject's name} in the hospital?

     FR: IF "STILL IN HOSPITAL," ASK HOW MANY NIGHTS UP TO TODAY.

>**PHNO<**   (01-94) 1-94 nights   (97) Refused
                (95)   95+ nights   (99) DK

Check item FIJCCI2: If AGE greater than 13 then go to FIJ.400; Else
                    If AGE greater than 4 and less than 14 then go to FIJ.410; Else
                    If AGE less than 5 then return to FIJ.330 for the next poisoning event or the next person.
                    If there are no more persons and no more poisoning events, go to FAU.010.

_____

FIJ.400   As a result of this poisoning, how much work did {you/subject's name} miss?

    FR: **HAND CARD F7.**

>PWKLS<   (0) None   (6) Not employed at the time of poisoning
                    (1) Less than 1 day   (7) Refused
                    (2) One to five days   (9) DK
                    (3) Six or more days

FIJ.410   As a result of this poisoning, how many days of school did {you/subject's name} miss?

    FR: **HAND CARD F8.**

>PSCLS<   (0) None   (6) Not in school at the time of poisoning
                    (1) Less than 1 day   (7) Refused
                    (2) One to five days   (9) DK
                    (3) Six or more days

(Goto next section--Health Care Access and Utilization)

Section III -- HEALTH CARE ACCESS AND UTILIZATION

Part A -- Access To Care

FAU.010   The following questions are about the use of health care. Do not include dental care.

DURING THE PAST 12 MONTHS, has medical care been delayed for {you/anyone in the family} because of worry about the cost?

>**FDMED12M**< (1) Yes (FAU.020)   (7) Refused (FAU.030)
(2) No (FAU.030)   (9) DK (FAU.030)

FAU.020   For which family member was medical care delayed? (Anyone else?)

>**PDMED12M**< [ ]   [ ]   [ ]
[ ]   [ ]   [ ]

FAU.030   DURING THE PAST 12 MONTHS, was there any time when {you/anyone in the family} needed medical care, but did not get it because {you/the family} couldn't afford it?

>**FNMED12M**< (1) Yes (FAU.040)   (7) Refused (FAU.050)
(2) No (FAU.050)   (9) DK (FAU.050)

FAU.040   Who didn't get needed care? (Anyone else?)

>**PNMED12M**< [ ]   [ ]   [ ]
[ ]   [ ]   [ ]

_____

Part B -- Hospital Utilization

FAU.050   DURING THE PAST 12 MONTHS {were/was} {you/anyone in the family} a patient in a
                 hospital OVERNIGHT? (Do not include an overnight stay in the emergency room.)

                 [If there is a child <1 year old in the family add]

                 Remember to include any new mothers and/or babies who were hospitalized for the baby's birth.

>FHOSPYR<   (1) Yes (FAU.060)   (7) Refused (Check item FAU.120)
                 (2) No (FAU.120)   (9) DK (Check item FAU.120)

FAU.060   Who was in a hospital overnight? (Anyone else?)

>PHOSPYR<   [ ]   [ ]   [ ]
                 [ ]   [ ]   [ ]

FAU.070   How many different times did {you/subject's name} stay in any hospital overnight or longer
                 DURING THE PAST 12 MONTHS?

>HOSPNO<   (001-365) 1-365 Times   (999) DK
                 (997)   Refused

FAU.110   Altogether how many nights {were/was} {you/subject's name} in the hospital DURING THE
                 PAST 12 MONTHS?

>HPNITE<   (001-365) 1-365 Nights   (999) DK
                 (997)   Refused

                 [If FAU.070 < FAU.110 goto NEXT_HOSP; Else goto FAU.115]

FAU.115

       FR :   **DO NOT READ ALOUD:**

                 [fill HPNITE_N] is less than the total number of times just reported that {you/subject's name}
                  was in the hospital overnight. PROBE TO CORRECT.

>HPVER<   (1) Increase total number of nights in hospital (FAU.110)
                 (2) Decrease total number of times [you/subject's name] stayed in hospital (FAU.070)
                 (3) Proceed without correcting (NEXT_HOSP)

Check item: NEXT_HOSP: Go back for next person listed in FAU.060. When no more people, goto FAU.120.
.

_____

Part C -- Health Care Contacts

These next questions are about health care received during the 2 WEEKS outlined on that calendar. Include care from ALL types of medical doctors, such as dermatologists, psychiatrists, ophthalmologists, and general practitioners. Also include care from OTHER health professionals such as nurses, physical therapists, and chiropractors. DO NOT INCLUDE DENTAL CARE.

FAU.120   **[If FAU.050 equals 1, add:]**

Do not include care while an overnight patient in a hospital.

[Else, continue to read:]

During those 2 WEEKS, did {you/anyone in the family} receive care AT HOME from a nurse or other health care professional?

>**FHCHM2W<** (1) Yes (FAU.130)   (7) Refused (FAU.150)
                       (2) No (FAU.150)   (9) DK (FAU.150)

FAU.130   Who received care at home? (Anyone else?)

>**PHCHM2W<** [ ]   [ ]   [ ]
                       [ ]   [ ]   [ ]

FAU.140   How many home visits did {you/subject's name} receive during those 2 WEEKS?

>**PHCHMN2W<**(01-49) 1-49 Visits   (97) Refused
                       (50)   50+   (99) DK

FAU.150   During those 2 WEEKS, did {you/anyone in the family} talk over the PHONE with a doctor, nurse, or other health care professional? Include phone calls for medical advice, prescriptions or test results, but do NOT include phone calls to make appointments.

>**FHCPH2W<** (1) Yes (FAU.160)   (7) Refused (FAU.180)
                       (2) No (FAU.180)   (9) DK (FAU.180)

FAU.160   Who was the phone call about? (Anyone else?)

>**PHCPH2W<** [ ]   [ ]   [ ]
                       [ ]   [ ]   [ ]

FAU.170   During those 2 WEEKS, how many telephone calls were made about {you/subject's name}?

>**PHCPHN2W<** (01-49) 1-49 Calls   (97) Refused
                        (50)   50+   (99) DK

_____

FAU.180   During those 2 WEEKS, did {you/anyone in the family} see a doctor or other health care
               professional at a doctor's OFFICE, a clinic, an emergency room, or some other place? (Do not
               include times during an overnight hospital stay.)

>FHCDV2W<   (1) Yes (FAU.190)   (7) Refused (FAU.210)
               (2) No (FAU.210)   (9) DK (FAU.210)

FAU.190   Who received care? (Anyone else?)

>PHCDV2W<   [ ]   [ ]   [ ]
               [ ]   [ ]   [ ]

FAU.200   How many times did {you/subject's name} visit a doctor or other health care professional during
               those 2 WEEKS?

>PHCDVN2W< (01-49) 1-49 Times   (97) Refused
               (50)   50+   (99) DK

FAU.210   During the past 12 MONTHS did {you/anyone in the family} receive care from doctors or other
               health care professionals 10 or more times?

>F10DVYR<   (1) Yes (FAU.220)   (7) Refused   (Goto next section - Health Insurance)
               (2) No   (Goto next section -   (9) DK   (Goto next section - Health Insurance}
                   Health Insurance}

FAU.220   Who received care 10 or more times? (Anyone else?)

>P10DVYR<   [ ]   [ ]   [ ]
               [ ]   [ ]   [ ]

(Goto next section--Health Insurance)

_____

Section IV -- HEALTH INSURANCE

FHI.010 The next questions are about health insurance.

     Are you familiar with the family's health care coverage?

>**HRFHI**< (1) Yes (FHI.050)   (7) Refused   (FHI.020)
      (2) No (FHI.020)   (9) DK   (FHI.020)

FHI.020 Who else in the family could answer questions about the family's health insurance?

>**PHIWHO**< [Enter person #s] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

FHI.030 Is {the person/anyone that} you just mentioned available now to answer questions about health insurance?

>**FAVAIL**< (1) Yes (FHI.040)   (7) Refused (FHI.050)
      (2) No (FHI.050)   (9) DK (FHI.050)

FHI.040

   FR: **SELECT APPROPRIATE PERSON TO ANSWER DETAILED HEALTH INSURANCE QUESTIONS.**

>**FAVAIL31**< [Enter person #] [ ]

Check item FHICCI1: If FHI.040 has more than 1 input: show message "FR: PLEASE MARK ONLY ONE RESPONDENT. <1> Back up and make a correction", go back to FHI.040 for correction.

FHI.050 **FR:** **HAND CARD F9.**

     [If FAVAIL eq <1>]

     The next questions are about health insurance.

     [If FAVAIL ne <1>]

     Since no one else is available to answer these questions, we can just continue. Just give the best answers you can.

     {Are you/Is anyone} covered by health insurance or some other kind of health care plan?

   FR: **READ IF NECESSARY: INCLUDE HEALTH INSURANCE OBTAINED THROUGH EMPLOYMENT OR PURCHASED DIRECTLY AS WELL AS GOVERNMENT PROGRAMS LIKE MEDICARE AND MEDICAID THAT PROVIDE MEDICAL CARE OR HELP PAYMEDICAL BILLS.**

>**FHICOV**< (1) Yes (FHI.060)   (7) Refused (FHICCI9)
      (2) No (FHICCI9)   (9) DK (FHICCI9)

_____

FHI.060   Who has coverage? (Anyone else?)

>PHICOV<   [Enter person #s]   [ ]   [ ]   [ ]   [ ]   [ ]   [ ]   [ ]   [ ]

               **[For members who were not marked in FHI.060, go to FHICCI9; Those family members
               who were marked in FHI.060, go to FHI.070.]**

FHI.070   What kind of health insurance or health care coverage {do/does} {you/subject's name} have?
               EXCLUDE private plans that only provide extra cash while hospitalized or pay for only one type
               of service (nursing home care, accidents, or dental care).

        FR: **ENTER EACH NUMBER THAT APPLIES.** (Anything else?)

[ ] >**HIKINDA**< (01) Private health insurance plan from employer or workplace
[ ] >**HIKINDB**< (02) Private health insurance plan purchased directly
[ ] >**HIKINDC**< (03) Medicare
[ ] >**HIKINDD**< (04) Medi-Gap
[ ] >**HIKINDE**< (05) Medicaid
[ ] >**HIKINDF**< (06) Military health care/VA
[ ] >**HIKINDG**< (07) CHAMPUS/TRICARE/CHAMP-VA
[ ] >**HIKINDH**< (08) Indian Health Service
[ ] >**HIKINDI**< (09) State-sponsored health plan
[ ] >**HIKINDJ**< (10) Other government program

Check item FHICCI3: (Medicare Coverage) Loop through every non-deleted and non Armed Forces family
               member roster:
               1. If the person in FHI.070 marked 4 and not 3, go to FHI.080.
               2. If the person in FHI.070 marked 3, go to FHI.080.
               3. If the person in FHI.070 did not mark 3, go to Check item FHICCI4

FHI.080   Earlier I recorded that {you/subject name} {are/is} covered by Medicare. May I please see
               {your/subject's 0name} Medicare card to determine the type of coverage and to record the Health
               Ins. Claim Number? This number is needed to allow Medicare records of the Health Care
               Financing Administration to be easily and accurately located and identified for statistical or
               research purposes. We may also need to link it with other records in order to re-contact you.
               Except for these purposes, NCHS will not release your Health Insurance Claim Number to
               anyone, including any other government agency. Providing the Health Insurance Claim Number
               is voluntary and collected under the authority of the Public Health Service Act. Whether the
               number is given or not, there will be no effect on your benefits. This number will be held in strict
               confidence.

        FR: **READ IF NECESSARY: THE PUBLIC HEALTH SERVICE ACT IS TITLE 42, UNITED
               STATES CODE, SECTION 242K.**

>**MCNO_1**<   Claim Number (only numbers): _____-_____-_____
>**MCNO_2**<   (any characters): - ____

                                                                              (Goto FHI.090)

_____

FHI.090

FR: FILL IN APPROPRIATE COVERAGE TYPE BELOW

>**MCPART**<   (1) Part A - Hospital Only (Check item FHICCI4)   (4) Card Not Available (FHI.100)
                 (2) Part B - Medical Only (FHI.100)   (7) Refused (FHI.100)
                 (3) Both Part A & Part B (FHI.100)   (9) DK (FHI.100)

FHI.100   {Are/Is} {You/subject's name} signed up with an HMO, that is, a Health Maintenance
             Organization? (With an HMO, you must generally receive care from HMO doctors, otherwise
             the expense is not covered unless you were referred by the HMO or there was a medical
             emergency).

>**MCHMO**<   (1) Yes   (7) Refused (FHICCI4)
                 (2) No (FHICCI4)   (9) DK (FHICCI4)

             [If answer equals 1, ask:]

FHI.110   What is the name of the HMO?

>**MCHMO_NA**< Name: _____

Check item FHICCI4: (Medicaid Coverage) If the person in FHI.070 marked 5 then goto FHI.120; Else goto
                 Check item FHICCI5.

FHI.120   The next questions are about Medicaid coverage. In this State it is also called (state name).
             {You/Subject's name} {are/is} listed as having Medicaid coverage. Can {you/subject name}
             go to ANY doctor who will accept Medicaid or MUST {you/he/she} choose from a book or list
             of doctors or is a doctor assigned?

>**MACHMD**<   (1) Any doctor (FHI.140)   (7) Refused (FHI.140)
                 (2) Select from book/list (MACHMD_1)   (9) DK (FHI.140)
                 (3) Doctor is assigned (MACHMD_2)

FHI.130   **[If answer equals 2, ask:]**

             What is the name of the health plan that provided the book or list?

>**MACHMD_1**<   Name: _____ (FHI.140)

             [If answer equals 3, ask:]

             What is the name of the health plan that assigned the doctor?

>**MACHMD_2**<   Name: _____ (FHI.140)

_____

FHI.140   {Are/Is} {you/subject's name} required to sign up with a certain primary care doctor, group of
                 doctors, or certain clinic which {you/he/she} must go to for all of {your/his/her} routine care?

                 (Do not include emergency care or care from a specialist {you/he/she} was referred to).

>MAPCMD<   (1) Yes   (7) Refused
                 (2) No   (9) DK

FHI.150   If {you/subject's name} {need/needs} to go to a different doctor or place for special care,
                 (do/does) {you/he/she} need approval or a referral? (Do not include emergency care.)

>MAREF<   (1) Yes   (7) Refused
                 (2) No   (9) DK

                 When roster exhausted go to Check item FHICCI5.

<u>Check item FHICCI5</u>: **(Private Coverage)** Loop through the family member roster:
                           If any person with -
                              - Private health insurance plan from employer or workplace (in FHI.070 marked 1),
                              - Private health insurance plan purchased directly (in FHI.070 marked 2),
                              - Medi-gap (in FHI.070 marked 4),
                           Then go to Check item FHICCI6;   Else go to Check item FHICCI7.

<u>Check item FHICCI6:</u> The next questions are about health insurance plans obtained through work or purchased
                            directly.

                 [If more than 1 person has private insurance plan say:]

                 We have the following persons listed as being covered by such plans {read names}.

FHI.160   It is important that we record the complete and accurate name of each health insurance
                 plan. What is the COMPLETE name of the first plan?

       FR: **REMIND RESPONDENT IF NECESSARY:** Do NOT include plans that only provide extra
                 cash while in the hospital or plans that pay for only one type of service, such as nursing home
                 care, accidents, or dental care.

       FR: **IF NECESSARY: DO YOU HAVE SOMETHING WITH THE PLAN NAME ON IT?**

>HIPNAM_N< Name: _____ (FHI.160)

FHI.170   Which family members are covered by that plan?

>HIPNAM_B< [Enter person #s]   [ ]   [ ]   [ ]   [ ]   [ ]   [ ]   [ ]   [ ]

FHI.171   Are there any more health insurance plans?

>MORPLAN<   (1) Yes (FHI.172)   (2) No (FHICCI7)

_____

FHI.172   What is the name of the next plan?

>**NEXTPNM1**< Name: _____ (FHI.173)

FHI.173   Which family members are covered by that plan?

>**NEXTPNM4**< [Enter person #s] [ ]   [ ]   [ ]   [ ]   [ ]   [ ]   [ ]   [ ]

FHI.174   Are there any more health insurance plans in addition to those already mentioned?

>**MORPLAN2**< (1) Yes (FHI.175)   (2) No (FHICCI7)

FHI.175   What is the name of the next plan?

>**NEXTPNM5**< Name: _____ (FHI.176)

FHI.176   Which family members are covered by that plan?

>**NEXTPNM6**< [Enter person #s]   [ ]   [ ]   [ ]   [ ]   [ ]   [ ]   [ ]   [ ]

FHI.177   Are there any more health insurance plans in addition to those already mentioned?

>**MORPLAN3**< (1) Yes (FHI.178)   (2) No (FHICCI7)

FHI.178   What is the name of the next plan?

>**NEXTPNM7**< Name: _____ (FHI.179)

FHI.179   Which family members are covered by that plan?

>**NEXTPNM8**< [Enter person #s]   [ ]   [ ]   [ ]   [ ]   [ ]   [ ]   [ ]   [ ]

Check item FHICCI7: If any private insurance covered person wasn't list on any of the above plans, goto
                FHI.180. If there are no such persons, goto Check item FHICCI8.

FHI.180   {Subject's name} is listed as having private insurance but was not mentioned as being covered by
               any of the plans we just discussed. Is {subject's name} covered by private insurance?

>**HIVER1**<   (1) Yes (FHI.190)   (7) Refused (FHI.070)
                (2) No (FHI.070)   (9) DK (FHI.070)

_____

FHI.190   Is the health insurance plan of {subject's name} the same as one of those already mentioned?

FR: MARK "X" ANY THAT APPLY fill in from FHI.170: HIPNAM, NEXTPNM, NEXTPNM2.

>**HIVER2_1**<   [ ]1 [fill HIPNAM]
>**HIVER2_2**<   [ ]2 [fill NEXTPNM] (if available)
>**HIVER2_3**<   [ ]3 [fill NEXTPNM2] (if available)
>**HIVER2_4**<   [ ]4 [fill NEXTPNM3] (if available)
>**HIVER2_5**<   [ ]5 Some other plan not already mentioned

Check item FHICCI8:   **[If more plan name (ie. from item HIPNAM), ask:]**

Now I am going to ask some questions about the {plan/plans} you just told me about,{/starting with} [fill plan name].

[else]

Next I would like to ask you about [fill plan name].

FHI.200   Health insurance plans are usually obtained in one person's name even if other family members are covered. That person is called the policyholder. In whose name is this plan?

>**WHONAM#**<   Enter (0) for policyholder outside of family.

[Enter person #] [ ]

FHI.210   Was this plan originally obtained through the workplace, such as through a present or former employer or union?

>**PLNWRK#**<   (1) Employer   (5) No
                 (2) Union   (7) Refused
                 (3) Through workplace, but DK if employer or union   (9) DK
                 (4) Through workplace, self-employed or professional association

FHI.220   Who pays for this health insurance plan?

FR: ENTER ALL THAT APPLY. IF GOVERNMENT PROGRAM IS REPORTED, PROBE FOR MEDICARE OR MEDICAID BEFORE ENTERING CODE 6. IF GOVERNMENT IS THE EMPLOYER, ENTER CODE 2.

>**PLNPAY##**<   (1) Self or Family (FHI.230)   (5) Medicaid (FHI.240)
                 (2) Employer or Union (FHI.240)   (6) Government Program (FHI.240)
                 (3) Someone outside the household (FHI.240) (7) Refused (FHI.240)
                 (4) Medicare (FHI.240)   (9) DK (FHI.240)
                 [ ]   [ ]   [ ]
                 [ ]   [ ]   [ ]

_____

FHI.230   During the PAST 12 MONTHS, how much did {you/your family} spend for health insurance premiums for {plan name}? Please include payroll deductions for premiums.

FR: HAND CARD F10.

>**HICOST#**<   (1) Less than $500   (5) $3,000 or more
                 (2) $500-$999   (7) Refused
                 (3) $1,000-$1,999   (9) DK
                 (4) $2,000-$2,999

FHI.240   Is {plan name} an HMO (Health Maintenance Organization), an IPA (Individual Practice Association), or is it some other kind of plan?

FR: ACCEPT PPO AS A VALID RESPONSE IF THE RESPONDENT OFFERS IT. ENTER CODE 2 FOR PPO. READ IF NECESSARY: Health Maintenance Organizations, or HMOs, and Individual Practice Associations, or IPAs, are plans whose members are required to use only those doctors who work for or in association with the plan. Sometimes members may choose to go to doctors not associated with the plan, but usually at greater cost to the member. Generally, members do not have to submit claims for costs of medical care services.

>**PLNMGD#**<   (1) HMO/IPA   (7) Refused
                 (2) PPO   (9) DK
                 (3) Other

Check item FHICCI9:   Loop through each non-deleted family member: If any member is in a family with a family member in the armed forces, goto FHI.320; Else if any member with no entry marked in FHI.060 , goto FHI.260; Else if any member marked FHI.070 with 9 or 10 goto FHI.250; Else go to FHI.300.

FHI.250   Earlier I recorded that {you/subject's name} {are/is} covered by a state-sponsored or other public program (other than Medicaid) that pays for health care. What is the name of the plan?

>**STNAME**<   Plan: _____

FHI.260   Earlier I recorded that {you/subject's name} {do/does} not have health care coverage of any kind. {Do/Does} {you/he/she} have Medicare, Medicaid,

FR: READ STATE NAME FOR MEDICAID AND STATE SPONSORED HEALTH INSURANCE PROGRAM FROM FLASHCARD PG.19 AND 20.

CHAMPUS or CHAMPVA... or any private insurance?

>**HICHECK**<   (1) Yes (FHI.060)   (7) Refused (FHI.270)
                 (2) No (FHI.270)   (9) DK (FHI.270)

_____

FHI.270   About how long has it been since {subject's name} last had health care coverage?

     FR: **HAND CARD T.**

>**HILAST**<   (1) 6 months or less (FHI.280)   (4) More than 3 years (FHI.320)
                 (2) More than 6 months, but not   (5) Never (FHI.320)
                     more than 1 year ago (FHI.280)   (7) Refused (FHI.320)
                 (3) More than 1 year, but not more   (9) DK (FHI.320)
                     than 3 years ago (FHI.280)

FHI.280   Which of these are reasons {you/subject's name} stopped being covered by health insurance?

     FR: **HAND CARD F11. ENTER UP TO 5 REASONS. ENTER 'N' FOR NO MORE.**

                 (1) Lost job or changed employers   (11) Other (specify) @SPC
                 (2) Spouse/parent lost job or changed employers   (97) Refused
                 (3) Got divorced or separated/death of spouse or parent   (99) DK
                 (4) Became ineligible because of age/left school
                 (5) Employer stopped offering coverage
                 (6) Cut back to part-time/became temporary employee
                 (7) Benefits from employer/former employer ran out
                 (8) Couldn't afford to pay premiums
                 (9) Insurance plan raised cost of premiums
                 (10) Insurance company refused coverage

>**HISTOP**<   [ ]   [ ]   [ ]
                 [ ]   [ ]
                                                                    (Goto FHI.320)

FHI.300   In the PAST 12 MONTHS, was there any time when {subject's name} did NOT have ANY
               health insurance or coverage?

>**HINOTYR**< (1) Yes (FHI.310)   (7) Refused (FHI.320)
               (2) No (FHI.320)   (9) DK (FHI.320)

FHI.310   In the PAST 12 MONTHS, about how many months {were/was} {you/subject's name} without
               coverage?

>**HINOTMYR**< (01-12) 1-12 months   (99) DK
               (97)   Refused

FHI.320   During the PAST 12 MONTHS, about how much did {you/your family} spend for medical care,
               including dental care? Do NOT include the cost of health insurance premiums, over the counter
               remedies, or any costs for which you expect to be reimbursed.

     FR: **HAND CARD F12.**

>**HCSPFYR**< (0) Zero   (4) $3,000-$4,999
               (1) Less than $500   (5) $5,000 or more
               (2) $500-$1,999   (7) Refused
               (3) $2,000-$2,999   (9) DK

(Goto next section--Socio-Demographic Background)

_____

Section V -- SOCIO-DEMOGRAPHIC BACKGROUND

FSD.001   In what country {were/was} {you/subject's name} born?

>**PLBORN**<

(001) United States	(010) Ecuador	(022) India
(002) Puerto Rico	(011) El Salvador	(023) Iran
(003) Outlying Area of the U.S.	(012) England	(024) Ireland/Eire
(American Samoa, Guam, U.S.	(013) France	(025) Italy
Virgin Islands, Northern	(014) Germany	(026) Jamaica
Marianas, Other U.S. Territory)	(015) Greece	(027) Japan
(004) Canada	(016) Guatemala	(997) Refused
(005) Cambodia	(017) Guyana	(999) DK
(006) China	(018) Haiti	
(007) Colombia	(019) Honduras	
(008) Cuba	(020) Hong Kong	
(009) Dominican Republic	(021) Hungary	

OTHER COUNTRIES FOR NATIVITY

>**PLBORN2**<

(028) Laos	(041) Vietnam	(300) Bermuda
(029) Mexico	(042) Yugoslavia	(376) Bolivia
(030) Nicaragua	(200) Afghanistan	(377) Brazil
(031) Peru	(375) Argentina	(205) Burma
(032) Philippines	(185) Armenia	(378) Chile
(033) Poland	(102) Austria	(311) Costa Rica
(034) Portugal	(501) Australia	(155) Czech Republic
(035) Russia	(130) Azores	(105) Czechoslovakia
(036) Scotland	(333) Bahamas	(106) Denmark
(037) Korea/South Korea	(202) Bangladesh	(338) Dominica
(038) Taiwan	(334) Barbados	(415) Egypt
(039) Thailand	(310) Belize	(417) Ethiopia
(040) Trinidad & Tobago	(103) Belgium	(507) Fiji

OTHER COUNTRIES FOR NATIVITY

>**PLBORN3**<

(108) Finland	(224) Malaysia	(156) Slovakia/Slovak Rep.
(421) Ghana	(436) Morocco	(449) South Africa
(138) Great Britain	(128) Netherlands	(134) Spain
(340) Grenada	(514) New Zealand	(136) Sweden
(126) Holland	(440) Nigeria	(137) Switzerland
(211) Indonesia	(142) Northern Ireland	(237) Syria
(213) Iraq	(127) Norway	(240) Turkey
(214) Israel	(229) Pakistan	(195) Ukraine
(216) Jordan	(253) Palestine	(387) Uruguay
(427) Kenya	(317) Panama	(180) USSR
(183) Latvia	(132) Romania	(388) Venezuela
(222) Lebanon	(233) Saudi Arabia	(353) Caribbean
(184) Lithuania	(234) Singapore	(318) Central America

OTHER REGIONS/CONTINENTS FOR NATIVITY

>PLBORN4<	(389) South America	(252) Middle East	(555) Elsewhere
	(304) North America	(468) North Africa	(462) Other Africa
	(148) Europe	(527) Pacific Islands	(245) Asia

If PLBORN=1 goto FSD.005; all others goto FSDCCI1.

FSD.005 In what state {were/was} {you/subject's name} born?

>USBORN< State: _____ (Goto FSDCCI1)

Check item FSDCCI1: If AGE is less than or equal to 6, goto FSD.006. When no more family members AGE is less than or equal 6, then goto FSD.010.

FSD.006 Is {subject's name} now attending Head Start?

>HEADST<	(1) Yes (FSD.010)	(7) Refused (FSD.007)
	(2) No (FSD.007)	(9) DK (FSD.007)

FSD.007 Has {subject's name} ever attended Head Start?

>HEADSTEV<	(1) Yes	(7) Refused
	(2) No	(9) DK

FSD.010 What is the HIGHEST level of school {you/subject's name} {have/has} completed or the highest degree {you/subject's name} {have/has} received? Please tell me the number from the card. Enter highest level of school:

    FR: HAND CARD F13.

>EDUC<	(00) Never attended/ kindergarten only	(14) GED or equivalent
	(01) 1st grade	(15) Some college, no degree
	(02) 2nd grade	(16) Associate degree: occupational, technical, or vocational program
	(03) 3rd grade	(17) Associate degree: academic program
	(04) 4th grade	(18) Bachelor's degree
	(05) 5th grade	(Example: BA, AB, BS, BBA)
	(06) 6th grade	(19) Master's degree
	(07) 7th grade	(Example: MA, MS, Meng, Med, MBA)
	(08) 8th grade	(20) Professional School degree
	(09) 9th grade	(Example: MD, DDS, DVM, JD)
	(10) 10th grade	(21) Doctoral degree (Example: PhD, EdD)
	(11) 11th grade	(22) Child under 5 years old
	(12) 12th grade, no diploma	(97) Refused
	(13) HIGH SCHOOL GRADUATE	(99) Don't know

_____

FSD.041   {Have you/Has anyone in the family} ever been honorably discharged from active duty in the U.S. Army, Navy, Air Force, Marine Corp, or Coast Guard? (If so, who? Anyone else?)

**FR: SERVICE IN NATIONAL GUARD OR RESERVES IS NOT CONSIDERED ACTIVE
            DUTY**

>MILTRYDS< [ ]   [ ]   [ ]   [ ]
            [ ]   [ ]   [ ]

Check item FSDCCI2: Go through all non-deleted family members, If AGE greater than or equal to 18 goto
            FSD.050; Else goto next section. When the family roster is exhausted, goto next section.

FSD.050   Which of the following {were/was} {you/subject's name} doing LAST WEEK?

>DOINGLW< (1) Working at a job or business (FSD.070)   (7) Refused (FSD.060)
            (2) With a job or business but not at work (FSD.060) (9) DK (FSD.060)
            (3) Looking for work (FSD.060)
            (4) Not working at a job or business (FSD.090)

FSD.060   Did {you/subject's name} do any work at a job or business at all LAST WEEK (includes unpaid
            work in family farm or business)?

>WRKLW<   (1) Yes (FSD.070)   (7) Refused (FSD.100)
            (2) No (if FSD.050=3   (9) DK (FSD.100)
                Goto FSD.100;
                ELSE FSD.090)

FSD.070   How many hours did {you/subject's name} work LAST WEEK at ALL jobs or businesses?

>WRKHRS<   (01-94) 1-94 hours (FSD.080)   (97) Refused (FSD.080)
            (95)   95+ (FSD.110)   (99) DK (FSD.080)

FSD.080   {Do/Does} {you/subject's name} USUALLY work 35 hours or more per week in total at ALL
            jobs or businesses?

>WRKFTALL< (1) Yes   (7) Refused
            (2) No   (9) DK
                                                               (Goto FSD.110)

FSD.090   **[If FSD.050 equals 2, ask:]**

             What is the main reason {you/subject's name} did not work last week?

            [Else, ask:]

            What is the main reason {you/subject's name} did not have a job or business last week?

>WHYNOWRK< (1) Keeping house   (5) On layoff
            (2) Going to school   (6) Other
            (3) Retired   (7) Refused
            (4) Unable to work   (9) DK
                for health reasons

_____

FSD.100 **[If FSD.060 equals 7 or 9, ask:]**

Did {you/he/she} work for pay at any time in {last year in 4 digit format}?

[Else, ask:]

Although you reported that {you/subject's name} did not work at any time in the LAST week, did {you/he/she} work for pay at any time in {last year in 4 digit format}?

>WRKLYR<   (1) Yes (FSD.110)   (7) Refused (Check item FSDCCI3)
                        (2) No (Check item FSDCCI3)   (9) DK (Check item FSDCCI3)

FSD.110 How many months in {last year in 4 digit format} did {you/subject's name} have at least one job or business?

     FR: **IF LESS THAN ONE MONTH, ENTER (1).**

>WRKMYR<   (01-12) 1-12 months   (99) DK
                         (97)   Refused

FSD.120 What is your best estimate of {your/subject's name} earnings (include hourly wages, salaries, tips and commissions) before taxes and deductions from ALL jobs and businesses in {last year in 4 digit format}?

     FR: **ENTER 999,995 IF THE REPORTED INCOME IS GREATER THAN $999,995.**

.**>ERNYR<**   (000001-999994) 1-999994 dollars   (999997) Refused
                        (999995) $999,995+   (999999) DK

Check item FSDCCI3: If FSD.050 equals 1 or 2, goto FSD.130; Else, goto Check item FSDCCI2 for next person. When roster exhausted, goto next section.

FSD.130 Was health insurance offered to {you/subject's name} through {your/his/her} workplace?

>HIEMPOF<   (1) Yes   (7) Refused
                          (2) No   (9) DK

(Goto next section--Income and Assets)

_____

Section VI -- INCOME AND ASSETS
Part A -- Sources of Income

>INTROINC<

FR: READ THE FOLLOWING:

The next questions are about {your/your combined family} income.

FIN.010   When answering these questions, please remember that by "combined family income", I mean your income PLUS the income of all family members living in this household (including cohabiting partners, and armed forces members living at home) BEFORE TAXES.

Are you knowledgeable about your family's finances?

>**FCINC**<   (1) Yes (FIN.030)   (7) Refused (FIN.011)
                (2) No (FIN.011)   (9) DK (FIN.011)

FIN.011   Who else in the family could answer questions about the family's finances?

[ ] >**PINWHO_1**<   [ ] >**PINWHO_2**<   [ ] >**PINWHO_3**<
[ ] >**PINWHO_4**<   [ ] >**PINWHO_5**<

FIN.012   Is anyone that you just mentioned available now to answer questions about finances?

>**FINAVAIL**<   (1) Yes (FIN.013)   (7) Refused (Check item FINCCI1)
                   (2) No (Check item FINCCI1)   (9) DK (Check item FINCCI1)

FIN.013   Person number of respondent for detailed income questions.

>**PNINDT**<   [Enter person #s]   [ ]   [ ]   [ ]   [ ]   [ ]   [ ]   [ ]   [ ]

Check item FINCCI1:   If an entry in FIN.011 equals respondent, set SAINFLG = 1 (SAINFLG = Sample Adult Income Flag), go to FIN.030.

FIN.030   **[If FINAVAIL eq <2>, ask:]**

Since no one else is available to answer these questions, we can just continue. Just give the best answers you can.

[If one person family, ask:]

Did you receive income in {last year in 4 digit format} from... Wages and Salaries?

[else, ask:]

Did any family members 18 and older, **that is** (READ NAMES) receive income in {last year in 4 digit format} from... Wages and Salaries?

>**FSAL**<   (1) Yes (FIN.040)   (7) Refused (FIN.050)
               (2) No (FIN.050)   (9) DK (FIN.050)

_____

FIN.040   Who received this? (Anyone else?)
>**PSAL**<   [ ]   [ ]   [ ]
               [ ]   [ ]   [ ]

FIN.050   **[If one person family, ask:]**

               Did you receive income from... self-employment including business and farm income?

               [else, ask:]

               Did they **(FR: READ NAMES AGAIN IF NECESSARY)** receive income from...
               self-employment including business and farm income?

>**FSEINC**<   (1) Yes (FIN.060)   (7) Refused (FIN.070)
               (2) No (FIN.070)   (9) DK (FIN.070)

FIN.060   Who received this? (Anyone else?)

>**PSEINC**<   [ ]   [ ]   [ ]
               [ ]   [ ]   [ ]

FIN.070   Did {you/anyone in the family} receive income in {last year in 4 digit format} from
               Social Security or Railroad Retirement?

>**FSSRR**<   (1) Yes (FIN.080)   (7) Refused (FIN.090)
               (2) No (FIN.090)   (9) DK (FIN.090)

FIN.080   Who received this? (Anyone else?)

>**PSSRR**<   [ ]   [ ]   [ ]
               [ ]   [ ]   [ ]

FIN.090   Did {you/anyone in the family} receive income from... pensions from other sources?

>**FPENS**<   (1) Yes (FIN.100)   (7) Refused (FIN.110)
               (2) No (FIN.110)   (9) DK (FIN.110)

FIN.100   Who received this? (Anyone else?)

>**PPENS**<   [ ]   [ ]   [ ]
               [ ]   [ ]   [ ]

FIN.110   Did {you/anyone in the family} receive Supplemental Security Income (SSI)?

>**FSSI**<   (1) Yes - the entire family (FIN.130)   (7) Refused (FIN.130)
               (2) Yes - some people but not everybody (FIN.120) (9) DK (FIN.130)
               (3) No (FIN.130)

_____

FIN.120   Who in the family received this? (Anyone else?)

>PSSI<   [ ]   [ ]   [ ]
               [ ]   [ ]   [ ]

FIN.130   Did {you/anyone in the family} receive income from... Social Security Disability Insurance?

>FSSDI<   (1) Yes - the entire family (FIN.150)   (7) Refused (FIN.150)
               (2) Yes - some people but not everybody (FIN.140)   (9) DK (FIN.150)
               (3) No (FIN.150)

FIN.140   Who in the family received this? (Anyone else?)

>PSSDI<   [ ]   [ ]   [ ]
               [ ]   [ ]   [ ]

FIN.150   Did {you/anyone in the family} receive income from... Welfare, Aid for Families with
               Dependent Children, or General Assistance?

>FAFDC<   (1) Yes - the entire family (FIN.170)   (7) Refused (FIN.170)
               (2) Yes - some people but not everybody (FIN.160)   (9) DK (FIN.170)
               (3) No (FIN.170)

FIN.160   Who in the family received this? (Anyone else?)

>PAFDC<   [ ]   [ ]   [ ]
               [ ]   [ ]   [ ]

FIN.170   Did {you/anyone in the family} receive interest from savings or other bank accounts?

>FINTRST<   (1) Yes (FIN.180)   (7) Refused (FIN.190)
               (2) No (FIN.190)   (9) DK (FIN.190)

FIN.180   Who received this? (Anyone else?)

>PINTRST<   [ ]   [ ]   [ ]
               [ ]   [ ]   [ ]

FIN.190   Did {you/anyone in the family} receive income from... dividends received from stocks
               or mutual funds, or net rental income from property, royalties, estates or trusts?

>FDIVD<   (1) Yes (FIN.200)   (7) Refused (FIN.210)
               (2) No (FIN.210)   (9) DK (FIN.210)

FIN.200   Who received this? (Anyone else?)

>PDIVD<   [ ]   [ ]   [ ]
               [ ]   [ ]   [ ]

_____

FIN.210   Did {you/anyone in the family} receive income from... child support?

>FCHLDSP<   (1) Yes (FIN.200)   (7) Refused (FIN.230)
               (2) No (FIN.230)   (9) DK (FIN.230)

FIN.220   Who received this? (Anyone else?)

>PCHLDSP<   [ ]   [ ]   [ ]
               [ ]   [ ]   [ ]

FIN.230   Did {you/anyone in the family} receive income from any other source such as alimony,
               contributions from family/others, VA payments, Worker's Compensation, or unemployment
               compensation?

>FINCOT<   (1) Yes (FIN.240)   (7) Refused (FIN.250)
               (2) No (FIN.250)   (9) DK (FIN.250)

FIN.240   Who received this? (Anyone else?)

>PINCOT<   [ ]   [ ]   [ ]
               [ ]   [ ]   [ ]

_____

Part B -- Amounts and Home Ownership

FIN.250   Now I am going to ask about the total combined income {for you/of your family} in {last year in 4 digit format}, including income from all sources we have just talked about such as wages, salaries, Social Security or retirement benefits, help from relatives and so forth. Can you tell me that amount before taxes?

    FR: **IF NECESSARY REMIND RESPONDENT THAT TOTAL COMBINED FAMILY INCOME IS THEIR INCOME PLUS THE INCOME OF ALL FAMILY MEMBERS INCLUDING COHABITING PARTNERS AND ARMED FORCES MEMBERS LIVING AT HOME BEFORE TAXES.**

>FAMINC<   (0-999995) 0-999995 dollars (FIN.280)   (999997) Refused (FIN.260)
                   (999996)   999,995+ dollars (FIN.280)   (999999) DK (FIN.260)

FIN.260   You may not be able to give us an exact figure for your { /total combined family} income, but can you tell me, if your income in {last year in 4 digit format} was

>FINC20<   (1) $20,000 or more (FIN.270)   (7) Refused (FIN.280)
                   (2) Less than $20,000 (FIN.270)   (9) DK (FIN.280)

    FR: **IF ANSWER FOR FIN.260 EQUALS 1, HAND CARD F14.**
               IF ANSWER FOR FIN.260 EQUALS 2, HAND CARD F15.
               READ IF NECESSARY: INCOME IS IMPORTANT IN ANALYZING THE HEALTH INFORMATION WE COLLECT. FOR EXAMPLE, THIS INFORMATION HELPS US TO LEARN WHETHER PERSONS IN ONE INCOME GROUP USE CERTAIN TYPES OF MEDICAL SERVICES OR HAVE CERTAIN CONDITIONS MORE OR LESS OFTEN THAN THOSE IN ANOTHER GROUP.

FIN.270   Of those income groups, can you tell me which letter best represents {your/the total combined FAMILY} income during {last year in 4 digit format}?

>FINCCAT<

(00) A	(08) I	(16) Q	(24) Y	(32) GG	(40) OO
(01) B	(09) J	(17) R	(25) Z	(33) HH	(41) PP
(02) C	(10) K	(18) S	(26) AA	(34) II	(42) QQ
(03) D	(11) L	(19) T	(27) BB	(35) JJ	(43) RR
(04) E	(12) M	(20) U	(28) CC	(36) KK	(97) Refused
(05) F	(13) N	(21) V	(29) DD	(37) LL	(99) DK
(06) G	(14) O	(22) W	(30) EE	(38) MM	
(07) H	(15) P	(23) X	(31) FF	(39) NN	

FIN.280   Is this house/apartment owned, being bought, rented or occupied by some other arrangement by {you or anyone in the family/you}?

>HOUSEOWN<(1) Owned   (4) Other arrangement
                       (2) Being bought   (7) Refused
                       (3) Rented   (9) DK

Part C -- Program Participation

[If FIN.110=1,2, goto FIN.290; Else goto FIN.300]

FIN.290   Earlier I recorded that {you/subject's name} received income from Supplemental Security Income. Did {you/subject's name} receive SSI because {you/he/she} {have/has} a disability?

>SSPDISB<   (1) Yes   (7) Refused
                 (2) No   (9) DK

[If FIN.130=1,2, goto FIN.320; Else goto FIN.330]

FIN.300   Have {you/anyone in the family (READ NAMES)} ever applied for Supplemental Security Income, { /This includes people who applied for benefits} even if the claim was denied?

>FSSAPL<   (1) Yes (FIN.310)   (7) Refused (FIN.320)
               (2) No (FIN.320)   (9) DK (FIN.320)

FIN.310   Who in the family applied for it? (Anyone else?)

>PSSAPL<   [ ]   [ ]   [ ]
               [ ]   [ ]   [ ]

FIN.320   Earlier I recorded that {you/subject's name} received income from Social Security Disability Income. Did {you/subject's name} receive SSDI because {you/he/she} {have/has} a disability?

>SDPDISB<   (1) Yes   (7) Refused
                 (2) No   (9) DK

[If FIN.150=1,2, goto FIN.350; Else goto FIN.360]

FIN.330   Have {you/anyone in the family (READ NAMES)}ever applied for Social Security Disability Income, { /This includes people who applied for benefits} even if the claim was denied?

>FSDAPL<   (1) Yes   (7) Refused
                 (2) No   (9) DK

FIN.340   Who in the family applied for it? (Anyone else?)

>PSDAPL<   [ ]   [ ]   [ ]
               [ ]   [ ]   [ ]

FIN.350   Earlier I recorded that {you/subject's name} received AFDC or General Assistance in {last year in 4 digit format}. During {last year in 4 digit format}, about how many months did {you/subject's name} receive AFDC or general assistance?

FR: **IF LESS THAN 1 MONTH, ENTER (1).**

>AFDCMYR<   (01-11) 1-11 months   (97) Refused
                (12)   12 months or all   (99) DK

FIN.360   {Were/Was} {you/anyone in the family} authorized to receive food stamps (which includes a food stamp card or voucher, or cash grants from the state for food) at anytime during {last year in 4 digit format}?

FR: **AN AUTHORIZED PERSON IS ONE WHOSE NAME APPEARS ON A CERTIFICATION CARD**

>FFSTIP<   (1) Yes (single person family FIN.380; else FIN.370)   (7) Refused (next section)
                (2) No (next section)   (9) DK (next section)

FIN.370   Who was authorized to receive Food Stamps? (Anyone else?)

>PFSTP<   [ ]   [ ]   [ ]
                [ ]   [ ]   [ ]

FIN.380   During {last year in 4 digit format}, about how many months {were/was} {you/subject's name} authorized to receive Food Stamps?

FR: **IF LESS THAN 1 MONTH, ENTER (1).**

>FSTPMYR<   (01-11) 1-11 months   (97) Refused
                (12)   12 months or all   (99) DK

(Goto next section)

_____