

FORM **DFS-4**  
(7-1-94)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
ACTING AS COLLECTING AGENT FOR THE  
U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
U.S. PUBLIC HEALTH SERVICE  
CENTERS FOR DISEASE CONTROL AND PREVENTION  
NATIONAL CENTER FOR HEALTH STATISTICS

**DISABILITY FOLLOWBACK SURVEY  
(NHIS PHASE II)  
POLIO SURVIVOR QUESTIONNAIRE**

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RT 70
3-7
8



RT 76
3-4

**Part I – CALL RECORD**

Mode	Date		Beginning time	Results	Ending time	Comments
	Month	Day				
5	6-7	8-9	10-14		15-19	
T			a.m.		a.m.	
P			p.m.		p.m.	
T			a.m.		a.m.	
P			p.m.		p.m.	
T			a.m.		a.m.	
P			p.m.		p.m.	
T			a.m.		a.m.	
P			p.m.		p.m.	

Notes

RT 77  
3-4

**Part II - STATUS**

**A. Final Status**

Interview 5-6

00  Never had polio  
 01  Complete  
 02  Partial *(Explain in notes)*

Noninterview

03  SP refused  
 04  Proxy refused  
 05  Unable to contact  
 06  Unable to locate  
 07  Deceased  
 08  Institutionalized, no proxy  
 09  Incapable, no proxy  
 10  Moved o/s PSU, unable to phone  
 11  Other noninterview

*(Explain in notes)*

**C. Respondent**

1  Self 8  
 2  Proxy

Reason for proxy

1  SP incapable  
 2  SP institutionalized  
 3  SP unavailable  
 4  Other - Specify

9  
*(Fill II.D)*

**B. Mode**

1  Telephone 7  
 2  Personal visit

**D. Proxy**

Name \_\_\_\_\_

Relationship to SP 10-11

**Part III - NEW ADDRESS**

**A. Address (Different from label)**

Number and street 12-36

City 37-56 State 57-58 ZIP Code 59-67

**B. Telephone (Different from label)**

Area code 68-70 Number 71-77

1  None 9  DK number 78  
 7  Refused

Notes

<b>POLIO SURVIVORS</b>		RT 78	
		3-4	
<p><b>Earlier, we were told that you had polio. The following questions deal with the time when you were first sick with polio, that is the first week or two of the illness.</b></p> <p><b>1. How old were you when you got polio?</b></p>	<p>000 <input type="checkbox"/> Less than 1 month</p> <p>_____ (Age)    {    1 <input type="checkbox"/> Months                               2 <input type="checkbox"/> Years</p> <p>888 <input type="checkbox"/> Never had polio (<i>End Interview</i>)</p> <p>999 <input type="checkbox"/> DK</p>	5-7	
<p><b>2. In what year did you get polio?</b></p>	<p><input type="text" value="1"/> <input type="text" value="9"/> <input type="text"/> <input type="text"/> Year</p> <p>99 <input type="checkbox"/> DK</p>	8-9	
<p><b>3. In what month of the year did this illness start?</b></p> <p><i>Enter number in 2-digit numerals: 01-January through 12-December.</i></p>	<p><input type="text"/> <input type="text"/> Month</p> <p>99 <input type="checkbox"/> DK</p>	10-11	
ITEM P1	<p><i>Refer to question 1 above: (Age when respondent got polio.)</i></p>	<p>1 <input type="checkbox"/> Less than 5 years old (<i>Read intro to question 4</i>)</p> <p>2 <input type="checkbox"/> Five years or more (<i>Ask question 4 without intro</i>)</p> <p>9 <input type="checkbox"/> DK (<i>Read intro to question 4</i>)</p>	12
<p><b>I'm going to ask some questions about the first two weeks of your illness. Because you may have been too young to remember much, just answer the best you can based on what your parents or other family members and friends told you.</b></p> <p><b>4. During the first two weeks you had polio, did you experience —</b></p>			
<p><b>a. Fever?</b> .....</p>	<p>Yes      No      DK</p> <p><b>a.</b> 1 <input type="checkbox"/>    2 <input type="checkbox"/>    9 <input type="checkbox"/></p>	13	
<p><b>b. Headache?</b> .....</p>	<p><b>b.</b> 1 <input type="checkbox"/>    2 <input type="checkbox"/>    9 <input type="checkbox"/></p>	14	
<p><b>c. Stiff neck?</b> .....</p>	<p><b>c.</b> 1 <input type="checkbox"/>    2 <input type="checkbox"/>    9 <input type="checkbox"/></p>	15	
<p><b>d. Diarrhea?</b> .....</p>	<p><b>d.</b> 1 <input type="checkbox"/>    2 <input type="checkbox"/>    9 <input type="checkbox"/></p>	16	
<p><b>e. Muscle pains?</b> .....</p>	<p><b>e.</b> 1 <input type="checkbox"/>    2 <input type="checkbox"/>    9 <input type="checkbox"/></p>	17	
<p><b>f. Skin rash?</b> .....</p>	<p><b>f.</b> 1 <input type="checkbox"/>    2 <input type="checkbox"/>    9 <input type="checkbox"/></p>	18	
<p>Notes</p>			

<b>POLIO SURVIVORS - Continued</b>					
<b>5. During the first month you had polio, did you experience WEAKNESS in the following parts of your body —</b>		Yes	No	DK	
<b>a. Right arm or hand?</b> .....	<b>a.</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	19
<b>b. Left arm or hand?</b> .....	<b>b.</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	20
<b>c. Right leg or foot?</b> .....	<b>c.</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	21
<b>d. Left leg or foot?</b> .....	<b>d.</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	22
<b>e. Swallowing muscles?</b> .....	<b>e.</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	23
<b>f. Face muscles?</b> .....	<b>f.</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	24
<b>g. Neck muscles?</b> .....	<b>g.</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	25
<b>h. Breathing muscles?</b> .....	<b>h.</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	26
<b>i. Back or stomach muscles?</b> .....	<b>i.</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	27
<b>6. During the first month of your illness, did you have any difficulty passing urine?</b>		1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No	9 <input type="checkbox"/> DK	28
<b>7. Were you admitted to a hospital at the time you were first diagnosed with polio?</b>		1 <input type="checkbox"/> Yes (Go to 8)	2 <input type="checkbox"/> No	9 <input type="checkbox"/> DK } (Skip to 9)	29
<b>8. Did you receive a spinal tap at the time you were diagnosed with polio?</b>		1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No	9 <input type="checkbox"/> DK	30
<b>9. At the time you were diagnosed with polio, did you experience problems with breathing?</b>		1 <input type="checkbox"/> Yes (Go to 10)	2 <input type="checkbox"/> No	9 <input type="checkbox"/> DK } (Skip to 12 on page 5)	31
<b>10. Did you require help with breathing?</b>		1 <input type="checkbox"/> Yes (Go to 11)	2 <input type="checkbox"/> No	9 <input type="checkbox"/> DK } (Skip to 12 on page 5)	32
<b>11. What kind of help did you need?</b> <i>Mark (X) all that apply.</i>		1 <input type="checkbox"/> Occasional assistance with a hand held device			33
		2 <input type="checkbox"/> Mechanical ventilation (iron lung or respirator)			34
		3 <input type="checkbox"/> Something else - <i>Specify</i> ↙			35
		_____			
		_____			
		9 <input type="checkbox"/> DK			36

**POLIO SURVIVORS - Continued**

<p><b>12a. Beginning about one month after you got polio, did you go through a period of rehabilitation? This would include a time when you might have had physical therapy, doctor's checkups, and/or surgical procedures to help you recover from polio.</b></p>	<p>1 <input type="checkbox"/> Yes (Go to 12b)                  2 <input type="checkbox"/> No } (Skip to 20 on page 8)                  9 <input type="checkbox"/> DK</p>	37
<p><b>b. About how long would you say this period of rehabilitation lasted?</b></p>	<p>000 <input type="checkbox"/> Less than 1 month                  _____ (Number) } 1 <input type="checkbox"/> Months                  } 2 <input type="checkbox"/> Years                  999 <input type="checkbox"/> DK</p>	38-40

HAND CARD P1.

The next few questions deal with this period of REHABILITATION.

<p><b>13. Beginning approximately two months after you got polio, that is, after the initial phase of your illness had passed:</b></p>	Not weakened	Mildly weakened	Moderately weakened	Severely weakened	Completely paralyzed	DK
<p><b>a. How weakened was your right hip, thigh and knee? Would you say — (Read all categories)?</b></p>	a. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>
<p><b>b. How weakened was your right calf, ankle and foot? (Would you say — (Read all categories)?)</b></p>	b. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>
<p><b>c. How weakened was your left hip, thigh and knee? (Would you say — (Read all categories)?)</b></p>	c. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>
<p><b>d. How weakened was your left calf, ankle and foot? (Would you say — (Read all categories)?)</b></p>	d. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>
<p><b>e. How weakened was your right shoulder, upper arm and elbow? (Would you say — (Read all categories)?)</b></p>	e. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>
<p><b>f. How weakened was your right forearm, wrist and hand? (Would you say — (Read all categories)?)</b></p>	f. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>
<p><b>g. How weakened was your left shoulder, upper arm and elbow? (Would you say — (Read all categories)?)</b></p>	g. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>
<p><b>h. How weakened was your left forearm, wrist and hand? (Would you say — (Read all categories)?)</b></p>	h. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>
<p><b>i. How weakened were your breathing muscles? (Would you say — (Read all categories)?)</b></p>	i. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>
<p><b>j. How weakened were your swallowing muscles? (Would you say — (Read all categories)?)</b></p>	j. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>
<p><b>k. How weakened were your face muscles? (Would you say — (Read all categories)?)</b></p>	k. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>
<p><b>l. How weakened were your back muscles? (Would you say — (Read all categories)?)</b></p>	l. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>
<p><b>m. How weakened were your stomach muscles? (Would you say — (Read all categories)?)</b></p>	m. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>

<b>POLIO SURVIVORS – Continued</b>		
<b>ITEM P2</b>	<p>Refer to question 1 on page 3. (Age when respondent got polio)</p>	<div style="text-align: right; border: 1px solid black; width: 30px; float: right; margin-bottom: 5px;">54</div> <p>1 <input type="checkbox"/> Less than 12 months old (Skip to 18 on page 7)                  2 <input type="checkbox"/> 12 months or older (Go to 14)                  3 <input type="checkbox"/> DK (Go to 14)</p>
<p>HAND CARD P2.</p> <p><b>14. Beginning approximately two months after you got polio, how well could you walk? Would you say you were — (Read all categories)</b></p>		<div style="text-align: right; border: 1px solid black; width: 30px; float: right; margin-bottom: 5px;">55</div> <p>1 <input type="checkbox"/> <b>Able to walk without a limp,</b>                  2 <input type="checkbox"/> <b>Able to walk WITH a limp,</b>                  3 <input type="checkbox"/> <b>Unable to walk WITHOUT leg braces or other assistive devices, or</b>                  4 <input type="checkbox"/> <b>Unable to walk at all?</b>                  5 <input type="checkbox"/> Can't remember                  9 <input type="checkbox"/> DK</p>
<p>HAND CARD P3. Read categories if telephone interview.</p> <p><b>15. During your rehabilitation, what kind of physical therapy or exercise did you use to strengthen your muscles?</b></p> <p><b>(Anything else?)</b></p> <p>Mark (X) all that apply.</p>		<div style="display: flex; justify-content: space-between;"> <div style="width: 80%;"> <p>00 <input type="checkbox"/> No exercise or physical therapy (Skip to 20 on page 8)</p> <p>01 <input type="checkbox"/> Stretching exercises</p> <p>02 <input type="checkbox"/> Massage/heat</p> <p>03 <input type="checkbox"/> Yoga</p> <p>04 <input type="checkbox"/> Swimming</p> <p>05 <input type="checkbox"/> Weight lifting/medicine ball</p> <p>06 <input type="checkbox"/> Push-ups/pull-ups</p> <p>07 <input type="checkbox"/> Other – Specify <u>      </u></p> <p>_____</p> <p>_____</p> <p>08 <input type="checkbox"/> Too young to remember</p> <p>99 <input type="checkbox"/> DK (Skip to 20 on page 8)</p> </div> <div style="width: 15%; text-align: center; vertical-align: middle;"> <p style="font-size: 3em;">}</p> <p>(Go to 16)</p> </div> <div style="width: 5%; text-align: right;"> <div style="border: 1px solid black; width: 30px; height: 15px; margin-bottom: 5px;">56-57</div> <div style="border: 1px solid black; width: 30px; height: 15px; margin-bottom: 5px;">58-59</div> <div style="border: 1px solid black; width: 30px; height: 15px; margin-bottom: 5px;">60-61</div> <div style="border: 1px solid black; width: 30px; height: 15px; margin-bottom: 5px;">62-63</div> <div style="border: 1px solid black; width: 30px; height: 15px; margin-bottom: 5px;">64-65</div> <div style="border: 1px solid black; width: 30px; height: 15px; margin-bottom: 5px;">66-67</div> <div style="border: 1px solid black; width: 30px; height: 15px; margin-bottom: 5px;">68-69</div> <div style="border: 1px solid black; width: 30px; height: 15px; margin-bottom: 5px;">70-71</div> <div style="border: 1px solid black; width: 30px; height: 15px; margin-bottom: 5px;">72-73</div> <div style="border: 1px solid black; width: 30px; height: 15px;">74-75</div> </div> </div>
<p><b>16. During your rehabilitation, how often did you do physical therapy or exercise to stretch or strengthen your muscles? Would you say — regularly or only occasionally, such as less than twice a month?</b></p>		<div style="text-align: right; border: 1px solid black; width: 30px; float: right; margin-bottom: 5px;">76</div> <p>1 <input type="checkbox"/> Regularly } (Go to 17)                  2 <input type="checkbox"/> Occasionally }                  9 <input type="checkbox"/> DK (Skip to 20 on page 8)</p>
<p><b>17. For how many years did you continue your physical therapy or exercise schedule?</b></p>		<div style="text-align: right; border: 1px solid black; width: 30px; float: right; margin-bottom: 5px;">77-78</div> <p>00 <input type="checkbox"/> Less than 1 year</p> <p>_____ Years (Number)</p> <p>99 <input type="checkbox"/> DK</p>
<p>Notes</p>		

**POLIO SURVIVORS - Continued**

**18. During your rehabilitation, did you have surgery on your arms, legs, or spine which was intended to correct a limitation or weakness caused by polio?**

- 1  Yes (Go to 19)  
 2  No } (Skip to 20 on page 8)  
 9  DK }

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**19. Please tell me each surgical procedure you had and your age at the time of the procedure?**

**Any others?**

*Enter age in whole years. If less than 1 year old, enter "00".*

*Enter a description of the procedure if the exact name is not known*

Age  DK age  
 (Years)

80-81

Surgical procedure description

82-83

99  DK surgical procedure

Age  DK age  
 (Years)

84-85

Surgical procedure description

86-87

99  DK surgical procedure

Age  DK age  
 (Years)

88-89

Surgical procedure description

90-91

99  DK surgical procedure

Notes

**POLIO SURVIVORS – Continued**

**20. For the next few questions, please think about the period when you were at your PHYSICAL BEST after having polio. By physical best we mean the period when you had the greatest strength and endurance and were in the best condition to carry on the various activities of daily living such as working, housework, walking, driving, dressing, bathing, and so forth.**

**After having polio, at what age, or between what ages, were you at your physical best?**

*Enter age(s) in whole years or mark (X) box.*

□□ to □□ Years of age } (Go to 21)

- 9977  Presently at physical best
- 9988  Never had a physical best } (Skip to 41 on page 15)
- 9999  DK

92-95

HAND CARD P4.

**21. During the period of your physical best AFTER THE ONSET OF POLIO, which phrase best describes the extent of your disability? Would you say — (Read all categories)**

*Mark (X) only one.*

- 1  No disability, (Skip to 29 on page 10)
- 2  No noticeable disability,
- 3  Mild disability,
- 4  Moderate disability, or
- 5  Severe disability? } (Go to 22)
- 9  DK

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HAND CARD P2.

**22. During the period of your physical best after the onset of polio, how well could you walk?**

*If telephone interview, read: Would you say you were — (Read all categories)*

*Mark (X) only one.*

- 1  Able to walk without a limp } (Go to 23)
- 2  Able to walk WITH a limp
- 3  Unable to walk WITHOUT leg braces or other assistive devices (Skip to 24)
- 4  Unable to walk at all (Skip to 26 on page 9)
- 5  Can't remember } (Go to 23)
- 9  DK

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HAND CARD P5.

**23. During the period of your physical best after the onset of your polio, what was the farthest you could walk WITHOUT using assistive devices and WITHOUT stopping?**

*If telephone interview, read: Would you say you — (Read all categories)*

*Mark (X) only one.*

- 1  Couldn't walk at all
- 2  Could walk across a room
- 3  Could walk up and down the street } (Go to 24)
- 4  Could walk around the block
- 5  Could walk a mile or more (Skip to 25 on page 9)
- 9  DK (Go to 24)

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HAND CARD P5.

**24. How about WITH a leg brace or assistive devices such as a cane or walker? What was the farthest you could walk WITHOUT stopping during the period of your physical best?**

*If telephone interview, read: Would you say that you — (Read all categories)*

*Mark (X) only one.*

- 1  Couldn't walk at all (Skip to 26)
- 2  Could walk across a room
- 3  Could walk up and down the street } (Go to 25 on page 9)
- 4  Could walk around the block
- 5  Could walk a mile or more
- 9  DK

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**POLIO SURVIVORS – Continued**

**25. During the period of your physical best after the onset of your polio, how well could you climb stairs? Would you say you —** *(Read all categories)*

Mark (X) only one.

- 1  Could climb stairs easily without using a railing,
- 2  Could climb stairs using a railing, or
- 3  Could not climb stairs at all?
- 9  DK

5

**26. During the period of your physical best after the onset of your polio, how easily would you tire while performing your usual daily activities? Would you say you —** *(Read all categories)*

Mark (X) only one.

- 1  Tired VERY easily during the day, requiring five or more rest periods,
- 2  Tired easily during the day, requiring two to four rest periods,
- 3  Tired slowly and required one rest period a day, or
- 4  Tired only after strenuous exercise or before bedtime?
- 9  DK

6

**27. I am going to read a list of assistive devices. Please tell me if you used each device at any time during your period of physical best.**

Read list.

Mark (X) an answer for each type of device.

Yes      No      DK

**a. A cane or canes?** .....

**a.** 1       2       9

7

**b. A crutch or crutches?** .....

**b.** 1       2       9

8

**c. Walker?** .....

**c.** 1       2       9

9

**d. Wheel chair or electric cart?** .....

**d.** 1       2       9

10

**e. Left leg brace?** .....

**e.** 1       2       9

11

**f. Right leg brace?** .....

**f.** 1       2       9

12

**g. Left arm splint or brace?** .....

**g.** 1       2       9

13

**h. Left hand splint or brace?** .....

**h.** 1       2       9

14

**i. Right arm splint or brace?** .....

**i.** 1       2       9

15

**j. Right hand splint or brace?** .....

**j.** 1       2       9

16

**k. Breathing aids?** .....

**k.** 1       2       9

17

**l. Back brace or corset?** .....

**l.** 1       2       9

18

**m. Special shoes, or shoe lifts?** .....

**m.** 1       2       9

19

**n. Another type of device?** .....

**n.** 1       2       9

20

Specify \_\_\_\_\_

**POLIO SURVIVORS – Continued**

<i>HAND CARD P1.</i>		Not weakened	Mildly weakened	Moderately weakened	Severely weakened	Completely paralyzed	DK
<b>28. At the time of your physical best:</b>							<b>21</b>
<b>a. How weakened was your right hip, thigh and knee? Would you say — (Read all categories)?</b>	<b>a.</b> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>						9 <input type="checkbox"/>
<b>b. How weakened was your right calf, ankle and foot? (Would you say — (Read all categories)?)</b>	<b>b.</b> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>						<b>22</b>
<b>c. How weakened was your left hip, thigh and knee? (Would you say — (Read all categories)?)</b>	<b>c.</b> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>						9 <input type="checkbox"/>
<b>d. How weakened was your left calf, ankle and foot? (Would you say — (Read all categories)?)</b>	<b>d.</b> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>						<b>23</b>
<b>e. How weakened was your right shoulder, upper arm and elbow? (Would you say — (Read all categories)?)</b>	<b>e.</b> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>						9 <input type="checkbox"/>
<b>f. How weakened was your right forearm, wrist and hand? (Would you say — (Read all categories)?)</b>	<b>f.</b> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>						<b>24</b>
<b>g. How weakened was your left shoulder, upper arm and elbow? (Would you say — (Read all categories)?)</b>	<b>g.</b> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>						9 <input type="checkbox"/>
<b>h. How weakened is your left forearm, wrist and hand? (Would you say — (Read all categories)?)</b>	<b>h.</b> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>						<b>25</b>
<b>i. How weakened were your breathing muscles? (Would you say — (Read all categories)?)</b>	<b>i.</b> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>						9 <input type="checkbox"/>
<b>j. How weakened were your swallowing muscles? (Would you say — (Read all categories)?)</b>	<b>j.</b> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>						<b>26</b>
<b>k. How weakened were your face muscles? (Would you say — (Read all categories)?)</b>	<b>k.</b> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>						9 <input type="checkbox"/>
<b>l. How weakened were your back muscles? (Would you say — (Read all categories)?)</b>	<b>l.</b> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>						<b>27</b>
<b>m. How weakened were your stomach muscles? (Would you say — (Read all categories)?)</b>	<b>m.</b> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>						9 <input type="checkbox"/>
<b>29. About how much did you weigh during the time of your physical best?</b>	_____ Pounds						<b>28</b>
<i>Enter weight in whole pounds only.</i>	999 <input type="checkbox"/> DK						<b>29</b>
<b>Now I am going to ask some questions about the period AFTER your physical best.</b>							<b>30</b>
<b>30. At the present time, do you feel you are STILL at your physical best?</b>	1 <input type="checkbox"/> Yes (Skip to 41 on page 15) 2 <input type="checkbox"/> No } (Go to 31 on page 11) 9 <input type="checkbox"/> DK }						<b>31</b>
Notes							<b>32</b>

<b>POLIO SURVIVORS - Continued</b>																																																	
<p><b>31. Since the period when you were at your physical best have you experienced any DECREASE in your ability to carry out your routine activities of daily living such as working, housework, walking, driving, dressing, bathing, and so forth?</b></p> <p><i>If "Yes," ask: Would you say that your ability has decreased some or a lot?</i></p>	<p>1 <input type="checkbox"/> Yes, decreased some                  2 <input type="checkbox"/> Yes, decreased a lot                  3 <input type="checkbox"/> No, no decrease                  9 <input type="checkbox"/> DK</p> <p style="text-align: right;"><b>38</b></p>																																																
<p><b>32. Since the time of your physical best, do you NOW weigh more, less, or about the same?</b></p>	<p>1 <input type="checkbox"/> More } (Go to 33)                  2 <input type="checkbox"/> Less }                  3 <input type="checkbox"/> About the same } (Skip to 34)                  9 <input type="checkbox"/> DK }</p> <p style="text-align: right;"><b>39</b></p>																																																
<p><b>33. How many pounds have you [gained/lost]?</b></p> <p><i>Enter gain or loss in whole pounds only.</i></p>	<p>_____ Pounds</p> <p>999 <input type="checkbox"/> DK</p> <p style="text-align: right;"><b>40-42</b></p>																																																
<p><b>34. Since the time of your physical best, have you had any severe injuries which have limited your ability to carry out your daily activities?</b></p>	<p>1 <input type="checkbox"/> Yes (Go to 35)                  2 <input type="checkbox"/> No } (Skip to 36)                  9 <input type="checkbox"/> DK }</p> <p style="text-align: right;"><b>43</b></p>																																																
<p><b>35. What were the injuries and how old were you when they occurred?</b></p> <p><b>Any others?</b></p> <p><i>Enter age in whole years.</i></p> <p><i>Describe the injury, NOT the accident.</i></p> <p><i>(Example: Enter "Broken hip" not "fell")</i></p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%; text-align: center;"> <input type="text"/> <input type="text"/> Age (Years)                 </td> <td style="width: 45%;"></td> <td style="width: 15%; text-align: center;">                     99 <input type="checkbox"/> DK age                 </td> <td style="width: 25%; text-align: right;"><b>44-45</b></td> </tr> <tr> <td style="text-align: center;">Injury <u>        </u></td> <td></td> <td></td> <td style="text-align: right;"><b>46-48</b></td> </tr> <tr> <td></td> <td></td> <td>799 <input type="checkbox"/> DK injury</td> <td></td> </tr> <tr> <td style="text-align: center;"> <input type="text"/> <input type="text"/> Age (Years)                 </td> <td></td> <td style="text-align: center;">                     99 <input type="checkbox"/> DK age                 </td> <td style="text-align: right;"><b>49-50</b></td> </tr> <tr> <td style="text-align: center;">Injury <u>        </u></td> <td></td> <td></td> <td style="text-align: right;"><b>51-53</b></td> </tr> <tr> <td></td> <td></td> <td>799 <input type="checkbox"/> DK injury</td> <td></td> </tr> <tr> <td style="text-align: center;"> <input type="text"/> <input type="text"/> Age (Years)                 </td> <td></td> <td style="text-align: center;">                     99 <input type="checkbox"/> DK age                 </td> <td style="text-align: right;"><b>54-55</b></td> </tr> <tr> <td style="text-align: center;">Injury <u>        </u></td> <td></td> <td></td> <td style="text-align: right;"><b>56-58</b></td> </tr> <tr> <td></td> <td></td> <td>799 <input type="checkbox"/> DK injury</td> <td></td> </tr> <tr> <td style="text-align: center;"> <input type="text"/> <input type="text"/> Age (Years)                 </td> <td></td> <td style="text-align: center;">                     99 <input type="checkbox"/> DK age                 </td> <td style="text-align: right;"><b>59-60</b></td> </tr> <tr> <td style="text-align: center;">Injury <u>        </u></td> <td></td> <td></td> <td style="text-align: right;"><b>61-63</b></td> </tr> <tr> <td></td> <td></td> <td>799 <input type="checkbox"/> DK injury</td> <td></td> </tr> </table>	<input type="text"/> <input type="text"/> Age (Years)		99 <input type="checkbox"/> DK age	<b>44-45</b>	Injury <u>        </u>			<b>46-48</b>			799 <input type="checkbox"/> DK injury		<input type="text"/> <input type="text"/> Age (Years)		99 <input type="checkbox"/> DK age	<b>49-50</b>	Injury <u>        </u>			<b>51-53</b>			799 <input type="checkbox"/> DK injury		<input type="text"/> <input type="text"/> Age (Years)		99 <input type="checkbox"/> DK age	<b>54-55</b>	Injury <u>        </u>			<b>56-58</b>			799 <input type="checkbox"/> DK injury		<input type="text"/> <input type="text"/> Age (Years)		99 <input type="checkbox"/> DK age	<b>59-60</b>	Injury <u>        </u>			<b>61-63</b>			799 <input type="checkbox"/> DK injury	
<input type="text"/> <input type="text"/> Age (Years)		99 <input type="checkbox"/> DK age	<b>44-45</b>																																														
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		799 <input type="checkbox"/> DK injury																																															
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<input type="text"/> <input type="text"/> Age (Years)		99 <input type="checkbox"/> DK age	<b>59-60</b>																																														
Injury <u>        </u>			<b>61-63</b>																																														
		799 <input type="checkbox"/> DK injury																																															
<p><b>36. Compared with your physical best, has your ability to swallow solid food gotten better, gotten worse, or stayed about the same?</b></p>	<p>1 <input type="checkbox"/> Gotten better                  2 <input type="checkbox"/> Gotten worse                  3 <input type="checkbox"/> Stayed about the same                  9 <input type="checkbox"/> DK</p> <p style="text-align: right;"><b>64</b></p>																																																

**POLIO SURVIVORS - Continued**

<p><b>37. Since reaching your physical best, have you experienced any NEW polio related difficulties?</b></p> <p><i>If "Yes", ask: How many new polio-related difficulties have you experienced?</i></p> <p><i>Mark (X) only one.</i></p>	<p style="text-align: right;">65</p> <p>1 <input type="checkbox"/> Yes, one new polio-related difficulty</p> <p>2 <input type="checkbox"/> Yes, more than one new polio-related difficulty</p> <p>3 <input type="checkbox"/> New difficulties, BUT not sure they are polio-related</p> <p>4 <input type="checkbox"/> No</p> <p>9 <input type="checkbox"/> DK</p> <p style="text-align: right;">} (Go to 38)</p> <p style="text-align: right;">} (Skip to 41 on page 15)</p>
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<p><b>38. How old were you when [this/your MAIN] new polio-related difficulty began?</b></p> <p><i>Enter age in whole years only.</i></p>	<p style="text-align: right;">66-67</p> <p>_____ Years of age</p> <p>99 <input type="checkbox"/> DK</p>
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<p><b>39. About how quickly did [this/your MAIN] new polio-related difficulty develop? Was it over a period of — (Read all categories)</b></p> <p><i>Mark (X) only one.</i></p>	<p style="text-align: right;">68</p> <p>1 <input type="checkbox"/> Less than one month,</p> <p>2 <input type="checkbox"/> One month, but less than a year,</p> <p>3 <input type="checkbox"/> One year, but less than 5 years,</p> <p>4 <input type="checkbox"/> 5 years, but less than 10 years, or</p> <p>5 <input type="checkbox"/> 10 or more years?</p> <p>6 <input type="checkbox"/> Other - Specify _____</p> <p>9 <input type="checkbox"/> DK</p>
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<p><b>40a. Compared with your physical best, have you experienced any NEW muscle WEAKNESS?</b></p>	<p style="text-align: right;">69</p> <p>1 <input type="checkbox"/> Yes (Go to 40b)</p> <p>2 <input type="checkbox"/> No</p> <p>9 <input type="checkbox"/> DK</p> <p style="text-align: right;">} (Skip to 40c)</p>
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HAND CARD P6.

		Yes	No	DK	
<b>b. Which of the following muscles are involved?</b>					
<b>(1) Left arm or hand?</b> .....	<b>(1)</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	70
<b>(2) Right arm or hand?</b> .....	<b>(2)</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	71
<b>(3) Left leg or foot?</b> .....	<b>(3)</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	72
<b>(4) Right leg or foot?</b> .....	<b>(4)</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	73
<b>(5) Stomach, back or torso?</b> .....	<b>(5)</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	74
<b>(6) Neck or face?</b> .....	<b>(6)</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	75

Notes

**POLIO SURVIVORS – Continued**

**40c. Compared with your physical best, have you experienced any NEW muscle PAIN?**

- 1  Yes (Go to 40d)  
 2  No } (Skip to 40e)  
 9  DK }

76

HAND CARD P6.

**d. Which of the following muscles are involved?**

- |                                   | Yes                            | No                         | DK                         |    |
|-----------------------------------|--------------------------------|----------------------------|----------------------------|----|
| (1) Left arm or hand? .....       | (1) 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 9 <input type="checkbox"/> | 77 |
| (2) Right arm or hand? .....      | (2) 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 9 <input type="checkbox"/> | 78 |
| (3) Left leg or foot? .....       | (3) 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 9 <input type="checkbox"/> | 79 |
| (4) Right leg or foot? .....      | (4) 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 9 <input type="checkbox"/> | 80 |
| (5) Stomach, back or torso? ..... | (5) 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 9 <input type="checkbox"/> | 81 |
| (6) Neck or face? .....           | (6) 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 9 <input type="checkbox"/> | 82 |

**e. Compared with your physical best, have you experienced any NEW JOINT pains?**

- 1  Yes (Go to 40f)  
 2  No } (Skip to 40g)  
 9  DK }

83

HAND CARD P7.

**f. Which of the following joints are involved?**

- |  | Yes                            | No                         | DK                         |    |
|--|--------------------------------|----------------------------|----------------------------|----|
| (1) Left shoulder, elbow, or wrist? .....  | (1) 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 9 <input type="checkbox"/> | 84 |
| (2) Right shoulder, elbow, or wrist? ..... | (2) 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 9 <input type="checkbox"/> | 85 |
| (3) Left hip, knee, or ankle? .....        | (3) 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 9 <input type="checkbox"/> | 86 |
| (4) Right hip, knee, or ankle? .....       | (4) 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 9 <input type="checkbox"/> | 87 |
| (5) Neck or spine? .....                   | (5) 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 9 <input type="checkbox"/> | 88 |

Notes

**POLIO SURVIVORS - Continued**

**40g. Compared with your physical best, have you noticed any change in the size of muscles FORMERLY WEAKENED by polio?**

- 1  Yes (Go to 40h)  
 2  No  
 9  DK } (Skip to 41 on page 15)

89

**h. Have the muscles increased or decreased in size?**

Mark (X) only one.

- 1  Increased in size  
 2  Decreased in size  
 3  Some increased/some decreased  
 9  DK

90

HAND CARD P6.

**i. Which of the following muscles are involved?**

(1) Left arm or hand? .....

- |     | Yes                        | No                         | DK                         |
|-----|----------------------------|----------------------------|----------------------------|
| (1) | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 9 <input type="checkbox"/> |

91

(2) Right arm or hand? .....

- |     |                            |                            |                            |
|-----|----------------------------|----------------------------|----------------------------|
| (2) | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 9 <input type="checkbox"/> |
|-----|----------------------------|----------------------------|----------------------------|

92

(3) Left leg or foot? .....

- |     |                            |                            |                            |
|-----|----------------------------|----------------------------|----------------------------|
| (3) | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 9 <input type="checkbox"/> |
|-----|----------------------------|----------------------------|----------------------------|

93

(4) Right leg or foot? .....

- |     |                            |                            |                            |
|-----|----------------------------|----------------------------|----------------------------|
| (4) | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 9 <input type="checkbox"/> |
|-----|----------------------------|----------------------------|----------------------------|

94

(5) Stomach, back or torso? .....

- |     |                            |                            |                            |
|-----|----------------------------|----------------------------|----------------------------|
| (5) | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 9 <input type="checkbox"/> |
|-----|----------------------------|----------------------------|----------------------------|

95

(6) Neck or face? .....

- |     |                            |                            |                            |
|-----|----------------------------|----------------------------|----------------------------|
| (6) | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 9 <input type="checkbox"/> |
|-----|----------------------------|----------------------------|----------------------------|

96

Notes

**POLIO SURVIVORS – Continued**

HAND CARD P1.

The following questions deal with the PRESENT TIME that is, over the past few weeks.

**41. At the present time,**

Not weakened	Mildly weakened	Moderately weakened	Severely weakened	Completely paralyzed	DK
					5
<b>a.</b> 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>
<b>6</b>					
<b>b.</b> 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>
<b>7</b>					
<b>c.</b> 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>
<b>8</b>					
<b>d.</b> 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>
<b>9</b>					
<b>e.</b> 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>
<b>10</b>					
<b>f.</b> 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>
<b>11</b>					
<b>g.</b> 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>
<b>12</b>					
<b>h.</b> 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>
<b>13</b>					
<b>i.</b> 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>
<b>14</b>					
<b>j.</b> 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>
<b>15</b>					
<b>k.</b> 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>
<b>16</b>					
<b>l.</b> 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>
<b>17</b>					
<b>m.</b> 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>

HAND CARD P8.

**42. At the present time, what is the farthest you can walk WITHOUT using assistive devices and WITHOUT stopping? Would you say you — (Read all categories)**

- 1  Cannot walk at all,
- 2  Can walk across a room,
- 3  Can walk up and down the street,
- 4  Can walk around the block, or
- 5  Can walk a mile or more?
- 9  DK

18

**43. At the present time, how well can you climb stairs? Would you say you — (Read all categories)**

- 1  Can climb stairs easily without using a railing,
- 2  Can climb stairs with a railing, or
- 3  Cannot climb stairs at all?
- 9  DK

19

**POLIO SURVIVORS – Continued**

**44. Do you NOW use any of the following assistive devices?**

Mark (X) an answer for each type of device.

Read list.

	Yes	No	DK	
<b>a. A cane or canes?</b> .....	<b>a.</b> 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	20
<b>b. A crutch or crutches?</b> .....	<b>b.</b> 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	21
<b>c. Walker?</b> .....	<b>c.</b> 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	22
<b>d. Wheel chair or electric cart?</b> .....	<b>d.</b> 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	23
<b>e. Left leg brace?</b> .....	<b>e.</b> 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	24
<b>f. Right leg brace?</b> .....	<b>f.</b> 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	25
<b>g. Left arm splint or brace?</b> .....	<b>g.</b> 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	26
<b>h. Left hand splint or brace?</b> .....	<b>h.</b> 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	27
<b>i. Right arm splint or brace?</b> .....	<b>i.</b> 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	28
<b>j. Right hand splint or brace?</b> .....	<b>j.</b> 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	29
<b>k. Breathing aids?</b> .....	<b>k.</b> 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	30
<b>l. Back brace or corset?</b> .....	<b>l.</b> 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	31
<b>m. Special shoes, or shoe lifts?</b> .....	<b>m.</b> 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	32
<b>n. Another type of device?</b> .....	<b>n.</b> 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	33

Specify \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**45. During the past few weeks, how easily did you tire while performing your usual daily activities? Would you say you — (Read all categories)**

Mark (X) only one.

- 34
- 1  Tire **VERY** easily during the day, requiring five or more rest periods in the day,
  - 2  Tire easily during the day, requiring two to four rest periods,
  - 3  Tire slowly and require one rest period a day, or
  - 4  Tire only after strenuous exercise or before bedtime?
  - 9  DK

Notes

**POLIO SURVIVORS - Continued**

**46. At present, do you feel your general health is improving, declining, or staying about the same?**

35

- 1  Improving *(Skip to 50 on page 18)*
- 2  Declining *(Go to 47)*
- 3  About the same } *(Skip to 50 on page 18)*
- 9  DK

**47. What do you think is the main cause of this decline?**

36

*Mark (X) only one.*

- 1  Aging
- 2  Sedentary lifestyle
- 3  Return of old problems/conditions } *(Skip to 50 on page 18)*
- 4  New chronic conditions
- 5  Other new illness
- 6  Late effects of polio *(Go to 48)*
- 7  Other } *(Skip to 50 on page 18)*
- 9  DK

*Mark (X) box "0" or ask.*

*HAND CARD P9. Read categories if telephone interview.*

**48. Which statement best describes how you feel about your physical condition?**

37

- 0  Proxy *(Skip to 50 on page 18)*
- 1  I do not feel disabled
- 2  I feel disabled for the first time in my life
- 3  Now I feel like I have a second disability
- 4  None of the above
- 9  DK

**49. To what extent do you feel that your earlier experience with polio has prepared you to deal with this decline? Would you say —**  
*(Read all categories)*

38

- 1  **Not at all,**
- 2  **Somewhat, or**
- 3  **A lot?**
- 9  DK

Notes

**POLIO SURVIVORS – Continued**

**50. Now I want to ask some questions about other health problems.**

*Read each condition and mark (X) box. Then proceed to question 51.*

**Has a doctor ever told you that you had —**

*Ask for each condition marked "Yes" in 50.*

**51. Are you currently taking medication for your (condition)?**

	Yes	No	DK	Yes	No	DK
			39			40
<b>a. Diabetes?</b>	a. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	a. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>
<b>b. Emphysema?</b>	b. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	41	b. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	42
<b>c. Chronic bronchitis?</b>	c. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	43	c. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	44
<b>d. Asthma?</b>	d. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	45	d. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	46
<b>e. Heart problems?</b>	e. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	47	e. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	48
<b>f. Circulation problems in your arms or legs?</b>	f. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	49	f. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	50
<b>g. Hypertension?</b>	g. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	51	g. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	52
<b>h. A stroke?</b>	h. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	53	h. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	54
<b>i. Stomach ulcers?</b>	i. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	55	i. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	56
<b>j. Gallbladder problems?</b>	j. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	57	j. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	58
<b>k. Urinary tract problems?</b>	k. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	59	k. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	60
<b>l. Kidney stones?</b>	l. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	61	l. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	62
<b>m. Arthritis?</b>	m. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	63	m. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	64
<b>n. Other joint problems?</b>	n. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	65	n. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	66
<b>o. Cancer or leukemia?</b>	o. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	67	o. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	68
<b>p. A nerve or muscle disorder other than polio?</b>	p. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	69	p. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	70
<b>q. A sleep disorder?</b>	q. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	71	q. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	72
<b>r. (Males only) Prostate problems?</b>	r. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	73	r. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	74

**POLIO SURVIVORS - Continued**

<b>52. Has a doctor ever told you that you are suffering from post-polio syndrome?</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	75				
<b>53. Post-polio syndrome is NEW weakness, NEW pain or NEW tiredness in people who previously had polio. Do YOU think you have post-polio syndrome?</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	76				
If proxy interview, skip to 56, otherwise, read the appropriate statement. If personal visit, HAND CARD P10 and read: <b>Please read the statements on this card.</b> If telephone interview, read: <b>Now, I am going to read some statements.</b>						
<b>54. For each one, please tell me whether it is not true, somewhat true, or very true for you.</b>	<table style="width:100%; text-align: center; border-collapse: collapse;"> <tr> <td style="width:25%;">Not true</td> <td style="width:25%;">Somewhat true</td> <td style="width:25%;">Very true</td> <td style="width:25%;">DK</td> </tr> </table>	Not true	Somewhat true	Very true	DK	
Not true	Somewhat true	Very true	DK			
<b>a. I've always felt that I could make of my life pretty much what I wanted to make of it. Is that not true, somewhat true, or very true for you?</b>	<table style="width:100%; text-align: center; border-collapse: collapse;"> <tr> <td style="width:25%;">a. 1 <input type="checkbox"/></td> <td style="width:25%;">2 <input type="checkbox"/></td> <td style="width:25%;">3 <input type="checkbox"/></td> <td style="width:25%;">9 <input type="checkbox"/></td> </tr> </table>	a. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	9 <input type="checkbox"/>	77
a. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	9 <input type="checkbox"/>			
<b>b. Once I make up my mind to do something, I stay with it until the job is completely done. (Is that not true, somewhat true, or very true for you?)</b>	<table style="width:100%; text-align: center; border-collapse: collapse;"> <tr> <td style="width:25%;">b. 1 <input type="checkbox"/></td> <td style="width:25%;">2 <input type="checkbox"/></td> <td style="width:25%;">3 <input type="checkbox"/></td> <td style="width:25%;">9 <input type="checkbox"/></td> </tr> </table>	b. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	9 <input type="checkbox"/>	78
b. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	9 <input type="checkbox"/>			
<b>c. I don't let my personal feelings get in the way of getting a job done. (Is that not true, somewhat true, or very true for you?)</b>	<table style="width:100%; text-align: center; border-collapse: collapse;"> <tr> <td style="width:25%;">c. 1 <input type="checkbox"/></td> <td style="width:25%;">2 <input type="checkbox"/></td> <td style="width:25%;">3 <input type="checkbox"/></td> <td style="width:25%;">9 <input type="checkbox"/></td> </tr> </table>	c. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	9 <input type="checkbox"/>	79
c. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	9 <input type="checkbox"/>			
<b>d. It's important for me to be able to do things in the way I want to do them rather than in the way other people want me to do them. (Is that not true, somewhat true, or very true for you?)</b>	<table style="width:100%; text-align: center; border-collapse: collapse;"> <tr> <td style="width:25%;">d. 1 <input type="checkbox"/></td> <td style="width:25%;">2 <input type="checkbox"/></td> <td style="width:25%;">3 <input type="checkbox"/></td> <td style="width:25%;">9 <input type="checkbox"/></td> </tr> </table>	d. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	9 <input type="checkbox"/>	80
d. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	9 <input type="checkbox"/>			
<b>e. Sometimes I feel that if anything is going to be done right, I have to do it myself. (Is that not true, somewhat true, or very true for you?)</b>	<table style="width:100%; text-align: center; border-collapse: collapse;"> <tr> <td style="width:25%;">e. 1 <input type="checkbox"/></td> <td style="width:25%;">2 <input type="checkbox"/></td> <td style="width:25%;">3 <input type="checkbox"/></td> <td style="width:25%;">9 <input type="checkbox"/></td> </tr> </table>	e. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	9 <input type="checkbox"/>	81
e. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	9 <input type="checkbox"/>			
<b>f. I like doing things that other people thought could not be done. (Is that not true, somewhat true, or very true for you?)</b>	<table style="width:100%; text-align: center; border-collapse: collapse;"> <tr> <td style="width:25%;">f. 1 <input type="checkbox"/></td> <td style="width:25%;">2 <input type="checkbox"/></td> <td style="width:25%;">3 <input type="checkbox"/></td> <td style="width:25%;">9 <input type="checkbox"/></td> </tr> </table>	f. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	9 <input type="checkbox"/>	82
f. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	9 <input type="checkbox"/>			
<b>g. I feel like I am the kind of person who stands for what she/he believes in, regardless of the consequences. (Is that not true, somewhat true, or very true for you?)</b>	<table style="width:100%; text-align: center; border-collapse: collapse;"> <tr> <td style="width:25%;">g. 1 <input type="checkbox"/></td> <td style="width:25%;">2 <input type="checkbox"/></td> <td style="width:25%;">3 <input type="checkbox"/></td> <td style="width:25%;">9 <input type="checkbox"/></td> </tr> </table>	g. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	9 <input type="checkbox"/>	83
g. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	9 <input type="checkbox"/>			
<b>h. Hard work is the best possible way for a young person to get ahead in life. (Is that not true, somewhat true, or very true for you?)</b>	<table style="width:100%; text-align: center; border-collapse: collapse;"> <tr> <td style="width:25%;">h. 1 <input type="checkbox"/></td> <td style="width:25%;">2 <input type="checkbox"/></td> <td style="width:25%;">3 <input type="checkbox"/></td> <td style="width:25%;">9 <input type="checkbox"/></td> </tr> </table>	h. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	9 <input type="checkbox"/>	84
h. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	9 <input type="checkbox"/>			
<b>i. People have made fun of me because of the physical effects of polio. (Is that not true, somewhat true, or very true for you?)</b>	<table style="width:100%; text-align: center; border-collapse: collapse;"> <tr> <td style="width:25%;">i. 1 <input type="checkbox"/></td> <td style="width:25%;">2 <input type="checkbox"/></td> <td style="width:25%;">3 <input type="checkbox"/></td> <td style="width:25%;">9 <input type="checkbox"/></td> </tr> </table>	i. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	9 <input type="checkbox"/>	85
i. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	9 <input type="checkbox"/>			
<b>j. I have been discriminated against because of the physical effects of polio. (Is that not true, somewhat true, or very true for you?)</b>	<table style="width:100%; text-align: center; border-collapse: collapse;"> <tr> <td style="width:25%;">j. 1 <input type="checkbox"/></td> <td style="width:25%;">2 <input type="checkbox"/></td> <td style="width:25%;">3 <input type="checkbox"/></td> <td style="width:25%;">9 <input type="checkbox"/></td> </tr> </table>	j. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	9 <input type="checkbox"/>	86
j. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	9 <input type="checkbox"/>			
<b>55. On a scale from 1 to 7, with 1 being VERY SATISFIED and 7 being VERY UNSATISFIED, how satisfied or unsatisfied are you with your life as a whole these days?</b> Repeat if necessary. Mark (X) only one.	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> Very satisfied <span style="font-size: 2em;">→</span> Very unsatisfied	87				

**POLIO SURVIVORS - Continued**

<b>ITEM P3</b>	<p><i>Refer to other DFS questionnaires for this sample person.</i></p>	<p>1 <input type="checkbox"/> Any DFS 1, 2, or 3 completed (<i>Skip to 58a on page 21</i>)</p> <p>2 <input type="checkbox"/> None completed (<i>Go to Intro</i>)</p>	<b>88</b>
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**INTRO**     **The National Center for Health Statistics may wish to contact you again to obtain additional health related information.**

<b>ITEM P4</b>	<p><i>Refer to CP on label.</i></p>	<p>1 <input type="checkbox"/> CP on label (<i>Ask 56a</i>)</p> <p>2 <input type="checkbox"/> No CP on label (<i>Ask 56b</i>)</p>	<b>89</b>
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<p><b>56a. The last time a Census Bureau interviewer talked to you or your family, we were told that <i>(CP on label)</i> will always know how to get in touch with you if we want to contact you again. Is <i>(CP on label)</i> still the best person to contact if we are unable to reach you?</b></p>	<p>1 <input type="checkbox"/> Yes (<i>Verify CP's address and phone number. If incorrect, enter correct information in 57 below</i>)</p> <p>2 <input type="checkbox"/> No (<i>Go to 56b</i>)</p>	<b>90</b>
<p><b>b. The National Center for Health Statistics would like the name, address, and telephone number of a relative or friend who would know where you could be reached in case we need additional health information in the future but cannot reach you. Please give me the name of someone who is not currently living in the household.</b></p> <p><i>(Record information in 57)</i></p>		<b>RT 81</b>

**57. Contact person current information**

Last name	3-4	First name	25-39	Middle initial	40
	5-24				
Address ( <i>Number and street</i> )					41-65
City			66-85	State	86-87
				ZIP Code	88-96
Telephone:	Area code	97-99	Number	100-106	107
					1 <input type="checkbox"/> None
					7 <input type="checkbox"/> Refused
					9 <input type="checkbox"/> DK

Notes

**POLIO SURVIVORS - Continued**

*READ: The last few questions deal with locating medical records.*

5

**58a.** The physicians who designed this questionnaire have a special interest in post-polio syndrome and would like to review the past medical records of as many polio survivors as possible. Could we have your permission to get copies of your medical records?

- 1  Yes (Go to 58b)
- 2  No (END INTERVIEW)
- 9  DK (Go to 58b)

**b.** What is the name and address of the hospital to which you were first admitted when you got polio?

6

- 0  None (Go to 58c)
- 1  Name of hospital/facility *z*

Address (Number and street)		
City/Town	State	ZIP Code

- 9  DK

**c.** What are the names and addresses of any other hospitals or medical facilities to which you were admitted for rehabilitation or surgery related to your illness?

7

- 0  None (Go to 59)
- 1  Name of hospital/facility *z*

Address (Number and street)		
City/Town	State	ZIP Code

- 9  DK

Any other?

- 0  None (Go to 59)
- 1  Name of hospital/facility *z*

8

Address (Number and street)		
City/Town	State	ZIP Code

- 9  DK

**59a.** Are there additional persons, physicians, physical therapists, and so forth, who may have records of your polio illness?

9

- 1  Yes (Go to 59b on page 22)
- 2  No } (Skip to Item P5a on page 22)
- 9  DK }

**POLIO SURVIVORS - Continued**

**59b. What are their names and addresses?**

10

Any other?

- 0  None
- 1  Name

Address (Number and street)		
City/Town	State	ZIP Code
Telephone number	Area code (      )	Number

- 0  None
- 1  Name

11

Address (Number and street)		
City/Town	State	ZIP Code
Telephone number	Area code (      )	Number

- 0  None
- 1  Name

12

Address (Number and street)		
City/Town	State	ZIP Code
Telephone number	Area code (      )	Number

13

**ITEM P5a**

*Mode of interview*

- 1  Telephone
- 2  Personal visit

**ITEM P5b**

*Respondent status*

- 1  Adult self response (Go to 60)
- 2  Adult - Proxy (END INTERVIEW)

14

**60. So that we might obtain your records, will you sign a form consenting to the release of records relating to your polio illness? Your confidentiality will be carefully safeguarded and no personal information will be made available at any time.**

- 1  Yes (Provide form on page 23 for signature. If telephone interview, mail page 23 to respondent for signature)
- 2  No (END INTERVIEW)

15

**CARD O  
ORIGIN**

1. Puerto Rican
2. Cuban
3. Mexican/Mexicano
4. Mexican American
5. Chicano
6. Other Latin American
7. Other Spanish

**CARD R**

1. White
2. Black
3. Indian (American)
4. Eskimo
5. Aleut
- Asian or Pacific Islander (API)
6. Chinese
7. Filipino
8. Hawaiian
9. Korean
10. Vietnamese
11. Japanese
12. Asian Indian
13. Samoan
14. Guamanian
15. Other API (*Specify*)

O

R

(Cut along broken lines)

**CARD I  
INCOME**

- U ... \$20,000 - \$24,999
- V ... \$25,000 - \$29,999
- W ... \$30,000 - \$34,999
- X ... \$35,000 - \$39,999
- Y ... \$40,000 - \$44,999
- Z ... \$45,000 - \$49,999
- ZZ ... \$50,000 and over

**CARD J  
INCOME**

- A .... Less than \$1,000 (including loss)
- B .... \$1,000 - \$1,999
- C .... \$2,000 - \$2,999
- D .... \$3,000 - \$3,999
- E .... \$4,000 - \$4,999
- F .... \$5,000 - \$5,999
- G .... \$6,000 - \$6,999
- H .... \$7,000 - \$7,999
- I .... \$8,000 - \$8,999
- J .... \$9,000 - \$9,999
- K .... \$10,000 - \$10,999
- L .... \$11,000 - \$11,999
- M .... \$12,000 - \$12,999
- N .... \$13,000 - \$13,999
- O .... \$14,000 - \$14,999
- P .... \$15,000 - \$15,999
- Q .... \$16,000 - \$16,999
- R .... \$17,000 - \$17,999
- S .... \$18,000 - \$18,999
- T .... \$19,000 - \$19,999

J

(Cut along broken lines)

**CARD DA1**

- 1. A Cane**
- 2. Crutches**
- 3. A walker**
- 4. Medically prescribed shoes**
- 5. A manual wheelchair**
- 6. An electric wheelchair**
- 7. A scooter**

**CARD DC1**

- 1. Bathing or showering**
- 2. Dressing**
- 3. Eating**
- 4. Getting in and out of bed or chairs**
- 5. Using the toilet, including getting to the toilet**
- 6. Getting around inside your home**

Card DA1  
Card DC1

(Cut along broken lines)

**CARD DC2**

- 1. Preparing their own meals**
- 2. Shopping for personal items, such as toilet items or medicines**
- 3. Managing money, such as keeping track of expenses or paying bills**
- 4. Using the telephone**
- 5. Doing HEAVY work around the house like scrubbing floors, washing windows, doing heavy yard work**
- 6. Doing LIGHT work around the house like doing dishes, straightening up, light cleaning, or taking out the trash**

**CARD DG1**

- 0. Parent**
- 1. Other relative who lives here**
- 2. Other relative who does not live here**
- 3. Non-relative who lives here**
- 4. Friend / Neighbor**
- 5. Unpaid volunteer from an organization or business**
- 6. Paid employee of an organization or business**
- 7. Paid employee of yours**
- 8. Other**

Card DC2  
Card DG1

(Cut along broken lines)

**CARD DG2**

- 0. Parent**
- 1. Other relative who lives here**
- 2. Other relative who does not live here**
- 3. Private insurance**
- 4. Rehabilitation program**
- 5. Medicaid**
- 6. Public school system**
- 7. Other public source**
- 8. Other private source**
- 9. Other**

**CARD DH1**

- 1. Under 4 months**
- 2. 4-8 months**
- 3. 9-15 months**
- 4. 16-29 months**
- 5. 30-59 months**

Card DG2  
Card DH1

(Cut along broken lines)

**CARD DJ1**

- 1. Not old enough yet**
- 2. Illness**
- 3. Receiving home teaching by parents or others**
- 4. Permanently expelled / suspended from school**
- 5. Quit school to get a job**
- 6. Quit school for other reason**
- 7. Graduated**
- 8. Other**

**CARD DJ2**

- A. Understanding instructional materials**
- B. Paying attention in class**
- C. Following rules or controlling his/her behavior**
- D. Communicating with teachers and other students**

Card DJ1  
Card DJ2

(Cut along broken lines)

**CARD FA1**

1. Two or more usual doctors / places
2. Doesn't need a doctor
3. Doesn't like / trust / believe in doctors
4. Doesn't know where to go
5. Previous doctor is not available / moved
6. No insurance / Can't afford it
7. Speak a different language
8. No care available / Care too far away, not convenient
9. Changed residence
98. Other (Specify)

**CARD FA2**

1. Changed residence / moved
2. Changed jobs
3. Employer changed insurance coverage
4. Former usual source not available
5. Owed money to former usual source
6. Dissatisfied with former source / liked new source better
7. Medical care needs changed
8. Former usual source stopped taking insurance / coverage
98. Other (Specify)

Card FA1  
Card FA2

(Continuing on next page)

**MEDICARE**

<b>Health Insurance</b>	
SOCIAL SECURITY ACT	
NAME OF BENEFICIARY <b>JOHN Q PUBLIC</b>	
CLAIM NUMBER <b>000-00-0000-A</b>	SEX <b>MALE</b>
IS ENTITLED TO <b>HOSPITAL INSURANCE</b>	EFFECTIVE DATE <b>7-1-66</b>
<b>MEDICAL INSURANCE 7-1-66</b>	
SIGN HERE → <i>John Q. Public</i>	

**CARD FC1**

1. Zero
2. \$ 1 - \$ 9
3. \$ 10 - \$ 19
4. \$ 20 - \$ 49
5. \$ 50 - \$ 99
6. \$100 - \$199
7. \$200 - \$499
8. \$500 or more

Medicare  
Card FC1

(Continuing on next page)

**CARD FC2**

- 1. Job layoff / loss / unemployment
- 2. Wasn't offered by employer
- 3. Not eligible because part time worker
- 4. Family coverage not offered by employer
- 5. Benefits from former employer ran out
- 6. Can't obtain because of poor health, illness, or age
- 7. Too expensive / Can't afford
- 8. Dissatisfied with previous insurance
- 9. Don't believe in insurance
- 10. Have usually been healthy, haven't needed insurance
- 11. Covered by some other plan
- 12. Too old for coverage under family plans
- 13. Free / inexpensive source of care readily available
- 98. Other reason *(Specify)*

**CARD FC3**

- 1. Lost job or changed employers
- 2. Spouse / parent lost job or changed employers
- 3. Death of spouse or parent
- 4. Became divorced or separated
- 5. Became ineligible because of age
- 6. Employer stopped offering coverage
- 7. Cut back to part time
- 8. Benefits from employer / former employer ran out
- 98. Other *(Specify)*

Card FC2  
Card FC3

(Cut along broken lines)

**CARD FC4**

- 1. Zero
- 2. Less than \$500
- 3. \$ 500 - \$1,999
- 4. \$2,000 - \$2,999
- 5. \$3,000 - \$4,999
- 6. \$5,000 or more

**CARD FD1**

- 1. 1 - 9 employees
- 2. 10 - 24 employees
- 3. 25 - 49 employees
- 4. 50 - 99 employees
- 5. 100 - 499 employees
- 6. 500 - 999 employees
- 7. 1000 or more employees

Card FC4  
Card FD1

(Cut along broken lines)

**CARD FD2**

- 1. \$ 25 - \$ 99
- 2. \$ 100 - \$ 499
- 3. \$ 500 - \$ 999
- 4. \$1,000 - \$4,999
- 5. \$5,000 or more

**CARD FD3**

- 1. Less than \$ 2,000
- 2. \$ 2,000 - \$ 4,999
- 3. \$ 5,000 - \$ 9,999
- 4. \$10,000 - \$19,999
- 5. \$20,000 - \$49,999
- 6. \$50,000 - \$99,999
- 7. \$100,000 or more

Card FD2  
Card FD3

(Cut along broken lines)

**CARD FD4**

- 1. Less than \$25,000
- 2. \$ 25,000 - \$ 49,999
- 3. \$ 50,000 - \$ 99,999
- 4. \$100,000 - \$199,999
- 5. \$200,000 - \$299,999
- 6. \$300,000 - \$499,999
- 7. \$500,000 or more

**CARD FD5**

- 1. Less than \$500
- 2. \$ 500 - \$ 999
- 3. \$1,000 - \$1,999
- 4. \$2,000 or more

Card FD4  
Card FD5

(Cut along broken lines)

**CARD YB1**

- 1. Joined a weight loss program**
- 2. Eating fewer calories**
- 3. Eating special products such as canned or powdered food supplements**
- 4. Exercising more**
- 5. Eating less fat**
- 6. Skipping meals**
- 7. Taking diet pills**
- 8. Taking laxatives**
- 9. Taking water pills or diuretics**
- 10. Vomiting**
- 11. Fasting for 24 hours or longer**
- 98. Something else (Specify)**

**CARD A1**

- 1. Very likely**
- 2. Somewhat likely**
- 3. Somewhat unlikely**
- 4. Very unlikely**
- 5. Definitely not possible**

Card YB1  
Card A1

(Cut along dashed line)

**CARD A2**

- 1. A church or other religious organization**
- 2. A family planning clinic or STD clinic**
- 3. A hospital, HMO clinic or other health facility**
- 4. A school**
- 5. A social or civic club**
- 6. Your workplace**
- 7. Some other place (Specify)**
- 8. Attended no programs**

**CARD A3**

- 1. Just to find out / Worried that you were infected**
- 2. Because a doctor asked you to**
- 3. Because the Health Dept. asked you to**
- 4. Because a sex partner asked you to**
- 5. For hospitalization or a surgical procedure**
- 6. To apply for health or life insurance**
- 7. To comply with guidelines for health workers**
- 8. To apply for a new job**
- 9. For military induction, separation or during military service**
- 10. For immigration**
- 11. For some other reason (Please specify)**

Card A2  
Card A3

(Cut along dashed line)

**CARD A4**

1. How AIDS is transmitted
2. How to prevent transmission
3. The correct use of condoms
4. Needle cleaning / using clean needles
5. Dangers of needle sharing
6. Abstinence from sex
7. Contraception
8. Safe sex practices
9. Other *(Please specify)*

**CARD A5**

1. Because you want to find out if you are infected
2. It will be part of hospitalization or surgery you expect to have
3. Because you expect to apply for life or health insurance
4. Because you expect to apply for a job
5. Because you expect to join the military
6. Because of guidelines for health care workers
7. Because it will be a required part of some other activity that includes automatic AIDS testing
8. Because it is required in your non-health care employment
9. Because you plan to have / begin a sexual relationship
10. Some other reason *(Please specify)*

Card A4  
Card A5

(Cut along broken lines)

**CARD A6**

- a. You have hemophilia and have received clotting factor concentrations.
- b. You are a man who has had sex with another man at some time since 1980, even one time.
- c. You have taken street drugs by needle at any time since 1980.
- d. You have traded sex for money or drugs at any time since 1980.
- e. Since 1980, you are or have been the sex partner of any person who would answer "Yes" to any of the items above on this card.

**CARD A7**

1. Breathing the air around a person who is sick with TB
2. Through food and water
3. By sexual intercourse
4. It is inherited from parents
5. From mosquito or other insect bites
6. Other *(Specify)*

Card A6  
Card A7

(Cut along broken lines)

**CARD A8**

- 0. Diaphragm**
- 1. Condom (rubber)**
- 2. IUD (loop, coil)**
- 3. Rhythm (safe period by calendar)**
- 4. Foam**
- 5. Pill**
- 6. Withdrawal (pulling out)**

# Vital and Health Statistics series descriptions

- SERIES 1. **Programs and Collection Procedures**—These reports describe the data collection programs of the National Center for Health Statistics. They include descriptions of the methods used to collect and process the data, definitions, and other material necessary for understanding the data.
- SERIES 2. **Data Evaluation and Methods Research**—These reports are studies of new statistical methods and include analytical techniques, objective evaluations of reliability of collected data, and contributions to statistical theory. These studies also include experimental tests of new survey methods and comparisons of U.S. methodology with those of other countries.
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For answers to questions about this report or for a list of reports published in these series, contact:

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