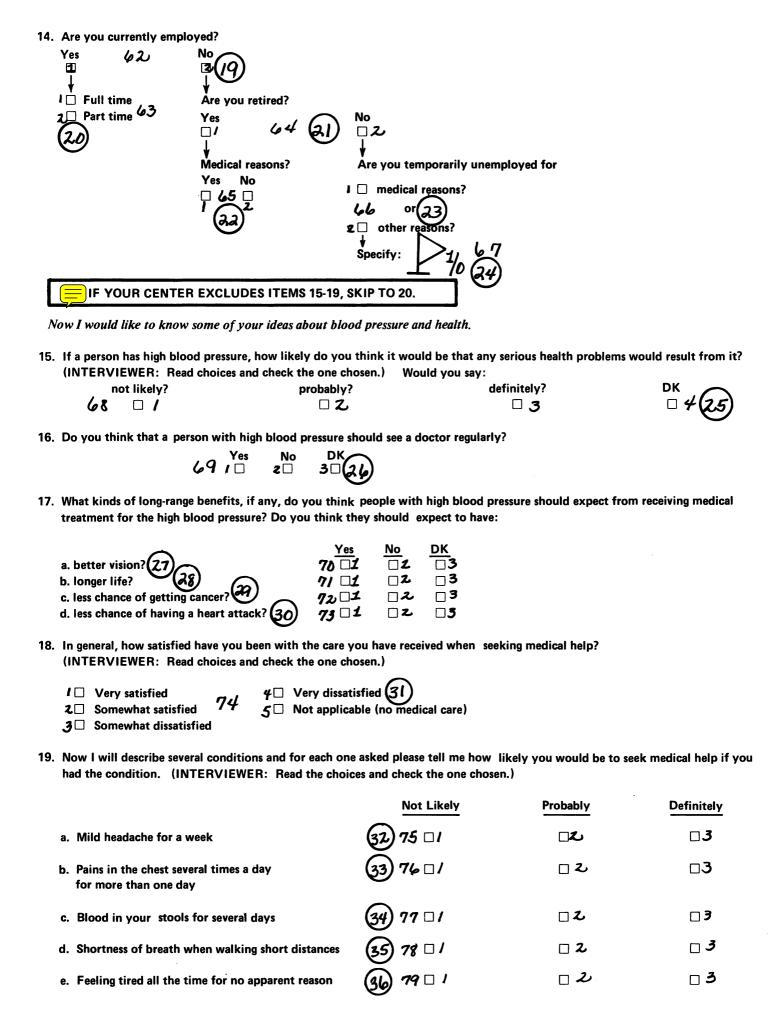
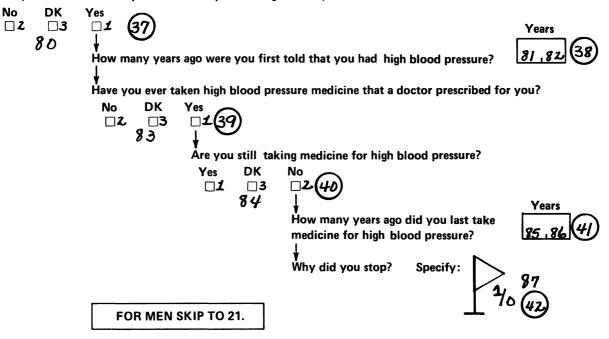
	rm No. 4124 Program Number: 3,4 5,6,4	7,8,9 10,11 (1)	BATCH NO.	18,19,20,21,22,23,24,25
	Name: (PRINT IN BLOCK CAPITALS)	ACROSTIC		and the state of t
۷.	. Traine. (Filler in DEOOK OAFFIALO)	12,13,14,15,16,17		
	Mr., Miss, Mrs.) Last		First	Middle
3.	Address:			
	House No.	Street Name or RR No.		Apt. No.
			4. Telephone No	
	City or Town State	Zip (Code	Area
5.	Birthdate: 6. Se	•	Race:	8. Marital Status:
	Month Day 3 Year M		White	Married
	26,27 28,29 19 30,31	_	Black 5	((((((((((
		,	Other, specify:	
				5 Never Married
	IF HEAD OF HOUSEHOLD, SKIP TO	10.		G NOVEL WATER
9.	What is the highest grade or year of school		10. Location of Interview	w:(g)
	that you completed?		I □ In home	
	☐ 4 Less than 7 years (7)		Z ☐ On porch	
	12.7 - 9 years 35			t or other public building
	☐3 10 - 11 years		36 4 □ In van outside	
	☐ 4 High school graduate		5 ☐ In van at shop	
	☐ 5 Some college, but no degree		6 ☐ At place of em	ployment
	☐ College graduate		7 🗌 In lobby or co	mmon room of residence building
	☐ ¶ Degree beyond college graduation		$g \square$ Other, specify	•
	□ † DK			
	Month D	ay Year Hour	Minute	Field Comments:
11.	Date and Time Interview Completed: 9 37,38 39	40 19 41 42 43 44	: 45,46 2□ p.m.	7
12	Was clinic appointment made?	(10)	(I) $(I2)$	
	Month (14) Day	Year Hour	Minute	
	1 Yes, Date: 49,50 51,5	2 19 53.54 55.5L	. 57,58 2 <u> </u>	9
	☐ ♣ Appointment to be made at clinic	(15)	(1b) (17)	
	□ j Normotensive 49			
	Refused, own doctor and own medic	cal care		
	ାର୍ଚ୍ଚ Refused, house-bound			
	☐ Refused, no reason		(18)	
	☐ ¶ Refused, other, specify:			ا _آ
13.	Interviewer:		[A]. (A]	1 1



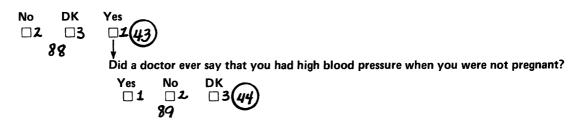
ASK THE REMAINING QUESTIONS OF EVERYONE.

Now I would like to ask you about some medical conditions you may have had.

20. Have you ever been told by a doctor that you had high blood pressure?



Were you pregnant when the doctor first told you that you had high blood pressure?



21. Have you ever been told by a doctor that you had diabetes (sugar in your urine or high blood sugar)?



22. Did a doctor ever tell you that you had a heart attack or a coronary (myocardial infarction, coronary thrombosis or coronary occlusion)?



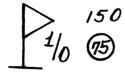
23. Have you ever been told by a doctor that you had a stroke?



24. (Compared with oth	ner people your own age	, would you say you	ır health is:		
	excellent? 99 □ 1	good? □ 2	fair? □ <i>3</i>	poor? □ <i>4</i>	(51)	
10	never? occasi ∂ □ ∠ [a. Thinking about	worry about your healt onally? frequently? □ 2 □ 3 (52) the things you do at wo compared with others o	rk (or housework), h			unt of physical
	much more active? /0/ □ 1	somewhat more active? □ ಒ	about the same? □ 3	somewhat less active? □ #	much less active? ☐ <i>5</i>	not applicable ☐ 6 (53
ı	o. Now, thinking a	about the things you do o				as to the amount
	mu	ich more some active? more	what abo	out the son	newhat mu	ich less ctive? 54
	•	months, that is, since . ou seen or talked to a m	•	ago, about how alth reasons?	3,104 (55)	
		months, that is, sinceisits have you made to t	(date) a year he dentist?	ago, /05,1065 6)	
		months, that is, since _ ble to carry out your us	•	•	y days were you away ability, or injury?	107,108,109 days
30. 1	Were you a patient No DK ロン ロ3 //0	in a hospital at any time Yes □ 1(58) How many times were How many days (total	you in the hospital		a year ago? 111 1112 spend in the hospital	[59] : [113.114.115](60)
31.	Have you ever smo No DK □2 □3 //6	No Yes No Yes 1 No Yes 1 1 1 1 1 1 1 1 1 1 1 1 1)	usually smoke per d	lay? [18] [19]	

Now I would like to ask you about your health in general and any medical care you may have received.

Now I would like to record your height and weight and take your pulse and blood pressure. 32. How tall are you (without shoes on)? pounds 33. How much do you weigh (without heavy clothes on)? 34. Pulse: number of beats in 30 seconds Now I would like to take three readings of your blood pressure. 35. Blood Pressure Readings: Diastolic (5th Phase) Systolic Reading 1 Reading 2 Reading 3 Average of Readings 2 and 3 INTERVIEWER: Explain the readings and enter any remarks.



36. Social Security Number: 151,152,153 - 154,155 - 156,157,158,159

INTERVIEWER: If SUM of diastolic Readings 2 and 3 is less than 190, thank the respondent and terminate the interview. Enter interview completion information on page 1.

37. Do you have a personal physician or family doctor?

No	Yes	
口と	ΠZ	(77)
160	1	•

a. May I have his name, address and telephone number?

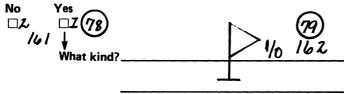
First	Middle	Last
House No.	Street Name or RR No.	Apt. No.
City or Town	Ctata	Zin Code

Telephone No.: ____/

b. When did you last see him?

38. Do you have insurance to help pay:

a. all or part of your hospital bills?



b. all or part of the bill when you go to a doctor's office?



INTERVIEWER: 1. Schedule a clinic appointment.

- 2. Ask the participant to bring all medications to First Clinic Visit to insure proper identification.
- 3. Complete remaining items on page 1.

Remarks: