


National Study on Health and Safety

Start Here

- ▶ Please use a black or blue pen to complete this form.
- ▶ Mark to indicate your answer.
- ▶ If you want to change your answer, darken the box  and mark the correct answer.

About You

This survey may be completed by any household member age 18 years or older. Completion of this survey is voluntary.

Please answer the first questions about your own health and safety behaviors.

1. Would you say in general that your health is...?

- Excellent..... 1
- Very good..... 2
- Good..... 3
- Fair..... 4
- Poor..... 5

2. On average, during the last 12 months, how often have you ridden public transportation?

- Almost every day (or more frequently)..... 1
- At least once a week..... 2
- At least once a month..... 3
- Less often..... 4
- Never..... 5

3. In the last 12 months, have you gone to a hospital or emergency room because of an injury?

- Yes..... 1
- No..... 2

Household Questions

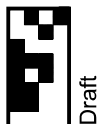
Please answer the following questions for each adult in the household, age 18 years or older. Include yourself as Person 1. If more than five persons, continue on back. Include adults who usually stay at this address but are temporarily away on business, on vacation, or in a hospital. Do not include college students who live away from home.

	Person 1 (You)	Person 2	Person 3	Person 4	Person 5
4. How many adults age 18 years or older live in this household?	<input type="text"/> <input type="text"/>				
5. What is the person's first name or initials?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
6. Is this person:	1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female	1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female	1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female	1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female	1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female
7. What is his/her age?	<input type="text"/> <input type="text"/> years	<input type="text"/> <input type="text"/> years	<input type="text"/> <input type="text"/> years	<input type="text"/> <input type="text"/> years	<input type="text"/> <input type="text"/> years
8. Is this person of Hispanic or Latino origin?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
9. What is his/her race? You may mark more than one.	1 <input type="checkbox"/> White 2 <input type="checkbox"/> Black or African American 3 <input type="checkbox"/> American Indian or Alaska Native 4 <input type="checkbox"/> Asian 5 <input type="checkbox"/> Native Hawaiian or other Pacific Islander	1 <input type="checkbox"/> White 2 <input type="checkbox"/> Black or African American 3 <input type="checkbox"/> American Indian or Alaska Native 4 <input type="checkbox"/> Asian 5 <input type="checkbox"/> Native Hawaiian or other Pacific Islander	1 <input type="checkbox"/> White 2 <input type="checkbox"/> Black or African American 3 <input type="checkbox"/> American Indian or Alaska Native 4 <input type="checkbox"/> Asian 5 <input type="checkbox"/> Native Hawaiian or other Pacific Islander	1 <input type="checkbox"/> White 2 <input type="checkbox"/> Black or African American 3 <input type="checkbox"/> American Indian or Alaska Native 4 <input type="checkbox"/> Asian 5 <input type="checkbox"/> Native Hawaiian or other Pacific Islander	1 <input type="checkbox"/> White 2 <input type="checkbox"/> Black or African American 3 <input type="checkbox"/> American Indian or Alaska Native 4 <input type="checkbox"/> Asian 5 <input type="checkbox"/> Native Hawaiian or other Pacific Islander

Please provide us with your name and telephone number in case we need to contact you about this survey.

NAME TELEPHONE - ▶ Please continue on back if additional adults live in this household.

Thank you for completing this survey.



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Household Questions

Please answer the following questions for each additional adult in the household, age 18 years or older.

	Person 6	Person 7	Person 8
5. What is the person's first name or initials?	<input type="text"/>	<input type="text"/>	<input type="text"/>
6. Is this person:	1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female	1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female	1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female
7. What is his/her age?	<input type="text"/> <input type="text"/> years	<input type="text"/> <input type="text"/> years	<input type="text"/> <input type="text"/> years
8. Is this person of Hispanic or Latino origin?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
9. What is his/her race? You may mark more than one.	1 <input type="checkbox"/> White 2 <input type="checkbox"/> Black or African American 3 <input type="checkbox"/> American Indian or Alaska Native 4 <input type="checkbox"/> Asian 5 <input type="checkbox"/> Native Hawaiian or other Pacific Islander	1 <input type="checkbox"/> White 2 <input type="checkbox"/> Black or African American 3 <input type="checkbox"/> American Indian or Alaska Native 4 <input type="checkbox"/> Asian 5 <input type="checkbox"/> Native Hawaiian or other Pacific Islander	1 <input type="checkbox"/> White 2 <input type="checkbox"/> Black or African American 3 <input type="checkbox"/> American Indian or Alaska Native 4 <input type="checkbox"/> Asian 5 <input type="checkbox"/> Native Hawaiian or other Pacific Islander

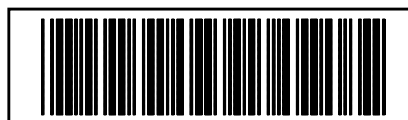
All of the information you provide will be kept strictly confidential and not disclosed to anyone but the study researchers.

Return completed survey to Westat, 1600 Research Blvd., RW2634, Rockville, MD 20850



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FPO Barcode



National Study on Health and Safety

Bureau of Justice Statistics



OMB #: xxxx-xxxx
Exp Date: MM/DD/YYYY



Public reporting burden for this collection of information is estimated to average xx minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: xxx, ATTN: PRA (XXXX-XXXX).