### Table I - ILLNESSES, IMPAIRMENTS, AND INJURIES

<table>
<thead>
<tr>
<th>Line number</th>
<th>Col. No. of person</th>
<th>Question No.</th>
<th>Did you ever ask a doctor about...?</th>
<th>Ask for all illnesses and present effects of old injuries: (a) If doctor talked to:</th>
<th>Ask if the entry in Col. (d-5) is:</th>
<th>Ask only if Col. (d-1) or Col. (d-2) that includes the words:</th>
<th>LAST WEEK OR THE WEEK BEFORE did... cause you to cut down on the things you usually do?</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a)</td>
<td>(b)</td>
<td>(c)</td>
<td>(d-1)</td>
<td>(d-2)</td>
<td>(d-3)</td>
<td>(d-4)</td>
<td>Check one</td>
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<td>3.</td>
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<td>4.</td>
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<td>5.</td>
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</tbody>
</table>

### Table II - HOSPITALIZATION DURING PAST 12 MONTHS

<table>
<thead>
<tr>
<th>Line number</th>
<th>Col. No. of person</th>
<th>Question No.</th>
<th>You said that you were in the hospital (once, twice, etc.) during the past year —</th>
<th>How many nights were you in the hospital? (If exact number not known, obtain estimate.)</th>
<th>Complete from entries in Columns (c) and (d) or, if not clear, ask the questions.</th>
<th>For what condition did you enter the hospital — do you know the medical name? (If medical name not known, enter respondent's description.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a)</td>
<td>(b)</td>
<td>(c)</td>
<td>(d)</td>
<td>(e)</td>
<td>(f)</td>
<td>(g)</td>
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<tr>
<td>1.</td>
<td></td>
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<td>Month</td>
<td>Day</td>
<td>Year</td>
<td>Nights</td>
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<td></td>
<td></td>
<td>Month</td>
<td>Day</td>
<td>Year</td>
<td>Nights</td>
</tr>
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<td></td>
<td>Month</td>
<td>Day</td>
<td>Year</td>
<td>Nights</td>
</tr>
<tr>
<td>4.</td>
<td></td>
<td></td>
<td>Month</td>
<td>Day</td>
<td>Year</td>
<td>Nights</td>
</tr>
</tbody>
</table>

### Table A - ACCIDENTS AND INJURIES

<table>
<thead>
<tr>
<th>Line No. from Table I</th>
<th>1. When did the accident happen?</th>
<th>2. At the time of the accident, what part of the body was hurt?</th>
<th>What kind of injury was it?</th>
<th>Anything else?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accident happened last week or week before (see Q. 5)</td>
<td>Yes</td>
<td>No</td>
<td>(See Q. 4)</td>
<td>Yes</td>
</tr>
</tbody>
</table>

3. (a) Was a car, truck, bus or other motor vehicle involved in the accident in any way? | Yes | No | (See Q. 4) | Yes | No | (More than one) | No | No |

(b) Was more than one motor vehicle involved? | Yes | No | (More than one) | No | No |

(c) Was it (either one) moving at the time? | Yes | No | (More than one) | No | No |

4. (a) Where did the accident happen — at home or some other place? | Yes | No | Some other place |

(b) What kind of place was it? | Yes | No | Some other place |

If "Some other place," ask: | Yes | No | Some other place |

If "Other" (Specify the place where accident happened) | Yes | No | Some other place |

5. Were you at work at your job or business when the accident happened? | Yes | No | Some other place |
Table 1 - HOSPITALIZATION DURING PAST 12 MONTHS

<table>
<thead>
<tr>
<th>Line number</th>
<th>(a) Date of Accident</th>
<th>(b) Type of Accident</th>
<th>(c) Place of Accident</th>
<th>(d) Condition on Card A</th>
<th>(e) Condition on Card B</th>
<th>(f) Condition on Card C</th>
<th>(g) Condition on Card D</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
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<td>4</td>
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</tr>
</tbody>
</table>

- **(a) Date of Accident**: 
  - Yes
  - No

- **(b) Type of Accident**: 
  - Car
  - Other

- **(c) Place of Accident**: 
  - Home
  - School
  - Industrial place
  - Military

- **(d) Condition on Card A**: 
  - Yes
  - No

- **(e) Condition on Card B**: 
  - Yes
  - No

- **(f) Condition on Card C**: 
  - Yes
  - No

- **(g) Condition on Card D**: 
  - Yes
  - No
Check List of Chronic Conditions

Was anyone in the family had any of these conditions during the past 12 months?

1. Asthma
2. Heart trouble
3. Chronic bronchitis
4. Repeated attacks of sinus trouble
5. Rheumatic fever
6. Palsy
7. Paralysis of any kind
8. Tuberculosis trouble
9. Cleft palate
10. Hemorrhoids or piles
11. Hay fever
12. Trouble with red nose
13. Blood, eye, or head trouble
14. Stroke
15. Sore foot
16. Any other chronic condition
17. Severe trouble hearing with one or both ears
18. Deafness or serious trouble hearing
19. Not able to work at all
20. Unable to work but limited in amount or kind of work
21. Limited in any of these ways.
22. Epilepsy
23. Chronic skin trouble
24. Cataracts
25. Cancer
26. Kidney stones or bladder trouble
27. Thyroid trouble or goiter
28. Hemis or rupture
29. Mumps
30. Typhoid trouble
31. Prostate trouble
32. Any allergy
33. Common nervous trouble
34. Any speech defect
35. Missing fingers, hand, or arm
36. Permanent stiffness or arthritis
37. Repeated trouble with back
38. Trouble with varicose veins
39. Trouble with back
40. Hardening of the arteries
41. Hemorrhoids or piles
42. Gallbladder or liver trouble
43. Headache or frontal sinus trouble
44. Cyst or growth
45. Trouble with urine
46. Trouble with prostate
47. Cyst or growth
48. Trouble with bladder
49. Trouble with spine or back
50. Trouble with leg
51. Trouble with arm
52. Sore ankle
53. Thumb or finger trouble
54. Trouble with foot
55. Trouble with hand
56. Trouble with knee
57. Trouble with elbow
58. Trouble with ankle
59. Trouble with elbow
60. Trouble with rib
61. Trouble with wrist
62. Trouble with back
63. Trouble with head
64. Trouble with neck
65. Trouble with shoulder
66. Trouble with hip
67. Trouble with foot
68. Trouble with trunk
69. Trouble with leg
70. Trouble with arm
71. Trouble with wrist
72. Trouble with hand
73. Trouble with knee
74. Trouble with elbow
75. Trouble with ankle
76. Trouble with elbow
77. Trouble with rib
78. Trouble with wrist
79. Trouble with hand
80. Trouble with neck
81. Trouble with shoulder
82. Trouble with hip
83. Trouble with foot
84. Trouble with trunk
85. Trouble with leg
86. Trouble with arm
87. Trouble with wrist
88. Trouble with hand
89. Trouble with neck
90. Trouble with shoulder
91. Trouble with hip
92. Trouble with foot
93. Trouble with trunk
94. Trouble with leg
95. Trouble with arm
96. Trouble with wrist
97. Trouble with hand
98. Trouble with neck
99. Trouble with shoulder
100. Trouble with hip
101. Trouble with foot
102. Trouble with trunk
103. Trouble with leg
104. Trouble with arm
105. Trouble with wrist
106. Trouble with hand
107. Trouble with neck
108. Trouble with shoulder