**CONDITION**

1. **Person number**

Enter person number and write in and mark.

<table>
<thead>
<tr>
<th>1. Person number</th>
<th>Write in and mark</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2. **Name of condition**

Name of condition from Worksheet and ask question 2.

<table>
<thead>
<tr>
<th>Name of condition</th>
<th>Write in and mark</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

3. **Did ___ ever AT ANY TIME talk to a doctor about his...?**

Yes  No  

4. **FOR WASHINGTON USE**

Mark condition.

<table>
<thead>
<tr>
<th>Mark one</th>
<th>Chronic</th>
<th>Acute</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

5. **Total conditions**

Total conditions.

<table>
<thead>
<tr>
<th>Accident</th>
<th>Code</th>
<th>Cause</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

6. **For ALLERGY or STROKE**

For conditions on Card B-2 and for any entries that include the words:

- Allergy
- Asthma
- Cyst
- Disease
- Growth
- Measles
- Tumor
- Trouble

7. **Ask for all accidents or injuries**

Ask for all accidents or injuries.

<table>
<thead>
<tr>
<th>Part(s) of body</th>
<th>Kind of injury(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

8. **If accident happened before 3 months, ask:**

5b. **What part of the body is affected now?**

How is his... - affected?

<table>
<thead>
<tr>
<th>Part(s) of body</th>
<th>Present effects</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Footnotes

- [ ]

- [ ]

- [ ]

- [ ]

- [ ]
<table>
<thead>
<tr>
<th>CONDITION (Cont'd.)</th>
<th>REFER RESPONDENT TO TWO-WEEK CALENDAR FOR QUESTIONS 9 – 14</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ask question 9a for all conditions.</td>
<td>9a. Last week or the week before did his . . . cause him to cut down on the things he usually does? Yes No Go to Q.14 V</td>
</tr>
<tr>
<td></td>
<td>b. Did he have to cut down for as much as a day? Yes No Go to Q.14 V</td>
</tr>
<tr>
<td>Ask questions 10 and 11 if “Yes” marked in question 9b.</td>
<td>10. How many days did he have to cut down during that two week period? Write in and mark Days:</td>
</tr>
<tr>
<td></td>
<td>11. During that two week period, how many days did his . . . keep him in bed all or most of the day? Write in and mark Days: None</td>
</tr>
<tr>
<td>Ask question 12 if person is 6–16 years old.</td>
<td>12. How many days did his . . . keep him from school during that two week period? Write in and mark Days: Unil. None</td>
</tr>
<tr>
<td>Ask question 13 if person is 17 years old or over.</td>
<td>13. How many days did his . . . keep him from work during that two week period? (For females add) not counting work around the house? Write in and mark Days:</td>
</tr>
<tr>
<td>Ask question 14 for all conditions.</td>
<td>14a. When did he first notice his . . . during the past 3 months or before that time? During 3 mos. Before 3 mos. Go to Q.15 V</td>
</tr>
<tr>
<td></td>
<td>b. Did he first notice it during the past two weeks or before that time? Past 2 wks. Before 2 wks. Go to Q.16 V</td>
</tr>
<tr>
<td>Ask questions 15 only if condition was first noticed “Before 3 months.”</td>
<td>c. Which week, last week or the week before? Last week. Week before Go to Q.16 V</td>
</tr>
<tr>
<td></td>
<td>15. Did — first notice it during the past 12 months or before that time? 3-12 mos. Before 12 mos. V</td>
</tr>
<tr>
<td>Ask for person 6 years old or over for whom an eye condition or visual problem (including cataracts and glaucoma) has been reported.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>16a. Can — see well enough to read ordinary newspaper print with glasses? Yes: Add 15 No: Add 16</td>
</tr>
<tr>
<td></td>
<td>b. Can — see well enough to recognize a friend walking on the other side of the street? Yes: Add 15 No: Add 16</td>
</tr>
<tr>
<td></td>
<td>c. How much trouble would you say that — has in seeing; a great deal, some, hardly any at all? Great deal. Some. No trouble.</td>
</tr>
<tr>
<td>Ask question 17b if “1” or more days in question 17a and question 11 in blank or marked “None.”</td>
<td>17a. ABOUT how many days during the past 12 months has his . . . kept him in bed all or most of the day? Write in and mark Days: Unil. None</td>
</tr>
<tr>
<td></td>
<td>b. Were any of these — days during last week or the week before? Yes No Go to Q.18 V</td>
</tr>
<tr>
<td></td>
<td>c. How many? Write in and mark Times:</td>
</tr>
<tr>
<td>If “Yes” in question 2, mark:</td>
<td>18. ABOUT how many times during the past 12 months has — seen or talked to a doctor about his . . .? Write in and mark Times:</td>
</tr>
<tr>
<td>If “No” in question 2, omit:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Is this the 1. LAST condition for this person? O: Yes – Ask 19-22 if person has “1” or more conditions past AA. O: No – Go to next condition</td>
</tr>
<tr>
<td>Show Card E, F, G, or H as appropriate based on activity status or age.</td>
<td>19. Please look at each statement on this card (Card E, F, G, H). Then tell me which statement fits — best in terms of health. 1 2 3 4 = Go to Q.20 V</td>
</tr>
<tr>
<td></td>
<td>If 1, 2, or 3 marked in 19, ask: 20. Is this because of any of the conditions you have told me about? Washington use Yes No O</td>
</tr>
<tr>
<td></td>
<td>If 3 marked in 19, go to 21. O Yes Which? (Other conditions mentioned) O No What does cause this limitation? Enter cause</td>
</tr>
<tr>
<td></td>
<td>21. Please look at the two cards, Card E &amp; F. Which one of those statements fits — best in terms of health? 1 2 3 4 5 6 Yes No Go to Q.22 V</td>
</tr>
<tr>
<td></td>
<td>If 1, 2, 3, 4, or 5 marked in 21, ask: 22. Is this because of any of the conditions you have told me about? Washington use Yes No O</td>
</tr>
</tbody>
</table>
|                      | If 6 marked, omit 22 and go to next person. O Yes Which? (Other conditions mentioned) O No What does cause this limitation? O EASY O
### Card A

A-1 Now I'm going to read a list of conditions. Please tell me if you, your , etc., have had any of these conditions DURING THE PAST 12 MONTHS?

1. Asthma?
2. CHRONIC bronchitis?
3. REPEATED attacks of sinus trouble?
4. TROUBLE with varicose veins?
5. Hemoanoids or piles?
6. Hay fever?
7. Tumor, cyst, or growth?
8. CHRONIC gallbladder or liver trouble?
9. Stomach ulcer?
10. Any other CHRONIC stomach trouble?
11. Kidney stones or CHRONIC kidney trouble?

A-2 Have you, your , etc., had any of these conditions DURING THE PAST 12 MONTHS?

12. Thyroid trouble or goiter?
13. Any allergy?
14. CHRONIC nervous trouble?
15. CHRONIC skin trouble?
16. Hemia or rupture?
17. Prostate trouble?
18. Palay?
19. Paralysis of any kind?
20. REPEATED trouble with back or spine?
21. Cleft palate?
22. Any speech defect?

### Card B

B-1 Have you, your , etc., EVER had any of these conditions?

1. Tuberculosis?
2. Hardening of the arteries?
3. High blood pressure?
4. Cancer?
5. Heart trouble?
6. Stroke?
7. Rheumatic fever?
8. Arthritis or rheumatism?
9. Mental illness?
10. Diabetes?
11. Epilepsy?

B-2 Do you, your , etc., HAVE any of these conditions?

1. Deafness or SERIOUS trouble hearing with one or both ears?
2. SERIOUS trouble seeing with one or both eyes even when wearing glasses?
3. Missing fingers, hand or arm— toes, foot or leg?
4. Missing lung or kidney (or breast)?
5. Club foot?
6. PERMANENT stiffness or any deformity of foot, leg, fingers, arm or back?

### Card C

C-1 Do you, your , etc., have had any of these conditions IN THE PAST 12 MONTHS?

1. Not able to work at all.
2. Able to work but limited in amount of work or kind of work.
3. Able to work but limited in kind or amount of other activities.
4. Not limited in any of the above ways.

### Card D

D-1 Have you, your , etc., had any of these conditions IN THE PAST 12 MONTHS?

1. Not able to go to school at all.
2. Able to go to school but limited to certain types of schools or in school attendance.
3. Able to go to school but limited in other activities.
4. Not limited in any of the above ways.

### Card E

E-1 Have you, your , etc., had any of these conditions IN THE PAST 12 MONTHS?

1. Not able to take part at all in ordinary play with other children.
2. Able to play with other children but limited in amount or kind of play.
3. Able to keep house but limited in kind or amount of other activities.
4. Not limited in any of the above ways.

### Card F

F-1 Have you, your , etc., had any of these conditions IN THE PAST 12 MONTHS?

1. Not able to keep house at all.
2. Able to keep house but limited in amount of work or kind of work.
3. Able to keep house but limited in kind or amount of other activities.
4. Not limited in any of the above ways.

### Card G

G-1 Have you, your , etc., had any of these conditions IN THE PAST 12 MONTHS?

1. Not able to keep house at all.
2. Able to keep house but limited in kind or amount of other activities.
3. Not limited in any of the above ways.

### Card H

H-1 Have you, your , etc., had any of these conditions IN THE PAST 12 MONTHS?

1. Not able to go to school at all.
2. Able to go to school but limited to certain types of schools or in school attendance.
3. Able to go to school but limited in other activities.
4. Not limited in any of the above ways.

### Card I

I-1 Have you, your , etc., had any of these conditions IN THE PAST 12 MONTHS?

1. Not able to go to school at all.
2. Able to go to school but limited to certain types of schools or in school attendance.
3. Able to go to school but limited in other activities.
4. Not limited in any of the above ways.

### Card J

J-1 Have you, your , etc., had any of these conditions IN THE PAST 12 MONTHS?

1. Not able to take part at all in ordinary play with other children.
2. Able to play with other children but limited in amount or kind of play.
3. Able to keep house but limited in kind or amount of other activities.
4. Not limited in any of the above ways.

### Card K

K-1 Have you, your , etc., had any of these conditions IN THE PAST 12 MONTHS?

1. Not able to take part at all in ordinary play with other children.
2. Able to play with other children but limited in amount or kind of play.
3. Able to keep house but limited in kind or amount of other activities.
4. Not limited in any of the above ways.

### Card L

L-1 Have you, your , etc., had any of these conditions IN THE PAST 12 MONTHS?

1. Not able to take part at all in ordinary play with other children.
2. Able to play with other children but limited in amount or kind of play.
3. Able to keep house but limited in kind or amount of other activities.
4. Not limited in any of the above ways.

### Card M

M-1 Have you, your , etc., had any of these conditions IN THE PAST 12 MONTHS?

1. Not able to take part at all in ordinary play with other children.
2. Able to play with other children but limited in amount or kind of play.
3. Able to keep house but limited in kind or amount of other activities.
4. Not limited in any of the above ways.

### Card N

N-1 Have you, your , etc., had any of these conditions IN THE PAST 12 MONTHS?

1. Not able to take part at all in ordinary play with other children.
2. Able to play with other children but limited in amount or kind of play.
3. Able to keep house but limited in kind or amount of other activities.
4. Not limited in any of the above ways.

### Card O

O-1 Have you, your , etc., had any of these conditions IN THE PAST 12 MONTHS?

1. Not able to take part at all in ordinary play with other children.
2. Able to play with other children but limited in amount or kind of play.
3. Able to keep house but limited in kind or amount of other activities.
4. Not limited in any of the above ways.

### Card P

P-1 Have you, your , etc., had any of these conditions IN THE PAST 12 MONTHS?

1. Not able to take part at all in ordinary play with other children.
2. Able to play with other children but limited in amount or kind of play.
3. Able to keep house but limited in kind or amount of other activities.
4. Not limited in any of the above ways.

### Card Q

Q-1 Have you, your , etc., had any of these conditions IN THE PAST 12 MONTHS?

1. Not able to take part at all in ordinary play with other children.
2. Able to play with other children but limited in amount or kind of play.
3. Able to keep house but limited in kind or amount of other activities.
4. Not limited in any of the above ways.

### Card R

R-1 Have you, your , etc., had any of these conditions IN THE PAST 12 MONTHS?

1. Not able to take part at all in ordinary play with other children.
2. Able to play with other children but limited in amount or kind of play.
3. Able to keep house but limited in kind or amount of other activities.
4. Not limited in any of the above ways.

### Card S

S-1 Have you, your , etc., had any of these conditions IN THE PAST 12 MONTHS?

1. Not able to take part at all in ordinary play with other children.
2. Able to play with other children but limited in amount or kind of play.
3. Able to keep house but limited in kind or amount of other activities.
4. Not limited in any of the above ways.

### Card T

T-1 Have you, your , etc., had any of these conditions IN THE PAST 12 MONTHS?

1. Not able to take part at all in ordinary play with other children.
2. Able to play with other children but limited in amount or kind of play.
3. Able to keep house but limited in kind or amount of other activities.
4. Not limited in any of the above ways.

### Card U

U-1 Have you, your , etc., had any of these conditions IN THE PAST 12 MONTHS?

1. Not able to take part at all in ordinary play with other children.
2. Able to play with other children but limited in amount or kind of play.
3. Able to keep house but limited in kind or amount of other activities.
4. Not limited in any of the above ways.

### Card V

V-1 Have you, your , etc., had any of these conditions IN THE PAST 12 MONTHS?

1. Not able to take part at all in ordinary play with other children.
2. Able to play with other children but limited in amount or kind of play.
3. Able to keep house but limited in kind or amount of other activities.
4. Not limited in any of the above ways.