

CONDITION	1. Person number	Write tx and mark 									
Enter person number and name of condition from Worksheet and ask question 2.	Name of Condition	Question number	6 7 8 9 10 11 12 Hqs.Con. E. OT.								
Ask for all conditions	2. Did <u> </u> ever AT ANY TIME talk to a doctor about his . . . ?	Yes	No <input type="checkbox"/> V								
If the "Name of condition" in item 1 is a condition on Card C or involves an accident or injury, mark here.	<input type="radio"/> Accident or injury Go to 4 <input type="radio"/> Condition on Card C Go to 9	FOR WASHINGTON USE									
	For all other entries proceed as follows: If "Doctor talked to" ASK: If "Doctor not talked to," record adequate description of condition or illness.	3a. What did the doctor say it was? Did he give it a medical name? <div style="border:1px solid black; padding:5px; width:100%;">Condition</div>	Cond. No. of this condition ... Mark one Chronic Acute								
If the entry in 3a or 3b includes the words: Asthma "Ailment" Cyst "Condition" Growth "Disease" Measles "Disorder" Tumor "Trouble"	3b. What was the cause of . . . ? <div style="border:1px solid black; padding:5px; width:100%;">Cause</div> <input type="radio"/> Accident or injury - Go to 4	Total conditions Accident First injury (code) Yes No Required hospitalization Other Acc. T.Ms Cr-									
For ALLERGY or STROKE, ASK: For conditions on Card B-2 and for any entry that includes the words: Abscess Ache (except headache) Inflammation Bleeding Neuritis Blood clot Pain Boil Palsy Cancer Paralysis Cramps(except menstrual) Soreness Cyst Tumor Growth Ulcer Hemorrhage Weak Infection Weakness	3c. What kind of . . . is it? How does the allergy (stroke) affect him? <div style="border:1px solid black; padding:5px; width:100%;">Kind</div> X	IC or dum. code Person days of disability									
	3d. What part of the body is affected? <div style="border:1px solid black; padding:5px; width:100%;">Part of body</div> X Show detail for: Ear or eye (one or both) Head (skull, scalp, face) Back (upper, middle, lower) Arm (shoulder, upper, elbow, wrist, hand, one or both) Leg (hip, upper, knee, lower, ankle, foot; one or both)	R.A. } 2 Wks. } B.D. } } } Under 6 } T.L. } 12 mos. } B.D. }									
FILL QUESTIONS 4-8 FOR ALL ACCIDENTS OR INJURIES											
4a. Did the accident happen during the past 2 years or before that time? <input type="radio"/> During past 2 years <input type="radio"/> Before 2 years - Go to 4a	Footnotes										
4b. When did the accident happen? Enter month and year, mark one circle. <div style="display: flex; align-items: center;"> <div style="border:1px solid black; padding:2px; margin-right:5px;">Month</div> <div style="border:1px solid black; padding:2px; margin-right:5px;">Year</div> <div style="margin-left:10px;"> <input type="radio"/> Last week <input type="radio"/> Week before <input type="radio"/> 2 weeks - 3 months <input type="radio"/> 3 - 12 months <input type="radio"/> 1 - 2 years </div> </div>											
Ask for all accidents or injuries 5a. At the time of the accident what part of the body was hurt? What kind of injury was it? Anything else? <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:50%;">Part(s) of body</th> <th style="width:50%;">Kind of injury(injuries)</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table>	Part(s) of body	Kind of injury(injuries)							6a. Was a car, truck, bus, or other motor vehicle involved in the accident in any way? Yes No Go to 7 V		
Part(s) of body	Kind of injury(injuries)										
If accident happened before 3 months, ask: 5b. What part of the body is affected now? How is his - - affected? <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:50%;">Part(s) of body</th> <th style="width:50%;">Present effects</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table>	Part(s) of body	Present effects							5. Was more than one vehicle involved? Yes N. V c. Was it (either one) moving at the time? Yes N. V		
Part(s) of body	Present effects										
	7. Where did the accident happen? Specify place <div style="border:1px solid black; padding:5px; width:100%;"> </div> At home (inside house) At home (adjacent premises), Street and highway (includes roadways) Farm Industrial (includes premises) . . . School (includes school premises) Place (recreative and sport, not school) - - - - - (Specify place where accident happened)										
	8. Was <u> </u> at work at his job or business when the accident happened? Yes No Under 17 While in Armed Forces V										

CONDITION (Cont'd.)		REFER RESPONDENT TO TWO-WEEK CALENDAR FOR QUESTIONS 9 - 14									
Ask question 9a for all conditions.	9a. Last week or the week before did his ... cause him to cut down on the things he usually does?	Yes	No	Go to 14a	V						
	b. Did he have to cut down for as much as a day?	Yes	No	Go to 14a	V						
Ask questions 10 and 11 if "Yes" marked in question 9b.	10. How many days did he have to cut down during that two week period?	Write in and mark <input type="text"/>	Days..		V						
	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 <input type="text"/>	Days..	None	V						
Ask question 12 if person is 6 - 16 years old.	12. How many days did his ... keep him from school during that two week period?	Write in and mark <input type="text"/>	Days..	Und. 6	None	V					
Ask question 13 if person is 17 years old or over.	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 <input type="text"/>	Days..		None	V					
Ask question 14 for all conditions.	14a. When did he first notice his ... during the past 3 months or before that time?			During 3 mos.	Before 3 mos. Go to 15	V					
	b. Did he first notice it during the past two weeks or before that time?			Post 2 wks.	Before 2 wks. Go to 16	V					
	c. Which week, last week or the week before?			Last week	Week before	V					
Ask question 15 only if condition was first noticed "Before 3 months."	15. Did -- first notice it during the past 12 months or before that time?			3-12 mos.	Before 12 mos.	V					
Ask for persons 6 years old or over for whom an eye condition or vision problem (including cataracts and glaucoma) has been reported.		<input type="radio"/> Not an eye condition	<input type="radio"/> Not first eye condition	<input type="radio"/> Under 6							
	16a. Can -- see well enough to read ordinary newspaper print with glasses?			Yes - Ask 16b	No - Omit 16 b, c						
	b. Can -- see well enough to recognize a friend walking on the other side of the street?			Yes - Omit 16c	No - Ask 16c						
	c. How much trouble would you say that -- has in seeing: a great deal, some, or hardly any at all?			Great deal	Some	Hardly any or none					
AA: IF THIS IS A CONDITION ON CARD A OR B, OR STARTED "BEFORE 3 MONTHS," ASK 17-18. OTHERWISE GO TO ITEM BB.											
Ask question 17b if "1" or more days in question 17a and question 11 is blank or marked "None."	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 <input type="text"/>	Days..		None	Go to 18					
	b. Were any of these -- days during last week or the week before?			Yes	No	Go to 18					
	c. How many?	Write in and mark <input type="text"/>	Days..								
If "Yes" in question 2, ask: If "No" in question 2, omit.	18. ABOUT how many times during the past 12 months has -- seen or talked to a doctor about his ...?	Write in and mark <input type="text"/>	Times		None	V					
BB: Is this the LAST condition for this person?	<input type="radio"/> YES - Ask 19-22 if person has "1" or more conditions past AA	<input type="radio"/> NO - Go to next condition									
Show Card E, F, G, or H as appropriate based on activity status or age.	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	5	6	Step	V
If 1, 2, or 3 marked in 19, ask: If 4 marked in 19, go to 21.	20. Is this because of any of the conditions you have told me about?	<input type="radio"/> Yes - Which? (Enter condition numbers)									
	<input type="radio"/> No - What does cause this limitation? Enter cause										
If 1, 2, 3, 4, or 5 marked in 21, ask: If 6 marked, omit 22 and go to next person.	21. Please look at the ten card, Card I. Which one of these statements fits -- best in terms of health?			1	2	3	4	5	6	Step	V
	22. Is this because of any of the conditions you have told me about?	<input type="radio"/> Yes - Which? (Enter condition numbers)									
	<input type="radio"/> No - What does cause this limitation? Enter cause										

<p>Card A</p> <p>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?</p> <ol style="list-style-type: none"> 1. Asthma? 2. CHRONIC bronchitis? 3. REPEATED attacks of sinus trouble? 4. TROUBLE with varicose veins? 5. Hemorrhoids 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? 	<p>A-2 Have you, your , etc., had any of these conditions DURING THE PAST 12 MONTHS?</p> <ol style="list-style-type: none"> 12. Thyroid trouble or goiter? 13. Any allergy? 14. CHRONIC nervous trouble? 15. CHRONIC skin trouble? 16. Hernia or rupture? 17. Prostate trouble? 18. Palsy? 19. Paralysis of any kind? 20. REPEATED trouble with back or spine? 21. Cleft palate? 22. Any speech defect? 	<p>Card E</p> <p>For: Workers and other persons except Housewives and Children</p> <ol style="list-style-type: none"> 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. 	<p>Card G</p> <p>For: Children from 6 through 16 years old</p> <ol style="list-style-type: none"> 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. 	<p>Card I</p> <p>For: Mobility</p> <ol style="list-style-type: none"> 1. Must stay in bed all or most of the time. 2. Must stay in the house all or most of the time. 3. Need the help of another person in getting around inside or outside the house. 4. Need the help of some special aid, such as a cane or wheelchair, in getting around inside or outside the house. 5. Does not need the help of another person or a special aid but has trouble in getting around freely. 6. Not limited in any of the above ways.
<p>Card B</p> <p>B-1 Have you, your , etc., EVER had any of these conditions?</p> <ol style="list-style-type: none"> 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? 	<p>B-2 Do you, your , etc., HAVE any of these conditions?</p> <ol style="list-style-type: none"> 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? 	<p>Card F</p> <p>For: Housewife</p> <ol style="list-style-type: none"> 1. Not able to keep house at all. 2. Able to keep house but limited in amount or kind of housework. 3. Able to keep house but limited in kind or amount of other activities. 4. Not limited in any of the above ways. 	<p>Card H</p> <p>For: Children under 6 years old</p> <ol style="list-style-type: none"> 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 play with other children but limited in amount or kind of play. 4. Not limited in any of the above ways. 	<p>Card J</p> <p>For: Total combined family income during past 12 months</p> <p>Under \$500 (including loss) . . . Group A</p> <p>\$500— \$999 Group B</p> <p>\$1,000— \$1,999 Group C</p> <p>\$2,000— \$2,999 Group D</p> <p>\$3,000— \$3,999 Group E</p> <p>\$4,000— \$4,999 Group F</p> <p>\$5,000— \$6,999 Group G</p> <p>\$7,000— \$9,999 Group H</p> <p>\$10,000—\$14,999 Group I</p> <p>\$15,000 and over Group J</p>