### CONDITION NO. 1

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

**Ask for all conditions**

- Enter person number and "name of condition" and ask question 2.

**2.** DID YOU EVER AT ANY TIME TALK TO A DOCTOR ABOUT HIS...

- Yes
- No
- V (Not sure)

**Question**

- Washington Use
- C (Cancer)
- H (Heart)
- H C (Heart, Cancer)

**Examze "Name of condition" entry in Item 1 and mark one box.**

- Accident or injury-Go to 5
- Condition on Card C-Go to 9
- Neither-Go to 3c.

**If "Doctor talked to", ask:**

- 3a. **WHAT DID THE DOCTOR SAY IT WAS?**

**Mark one:**

- Accident or injury

**And mark on box:**

- Name of condition

**Examze the entry in 3a or 3b includes the words:**

- Asthma
- "Attack" ("Disorder")
- Cyst
- "Attack" ("Disorder")
- Growth
- "Condition" ("Trouble")
- Muscles
- "Effect"
- Tumor

**For ALLERGIES OR STROKE.**

**Ask:**

- 3d. **HOW DOES THE ALLERGY (STROKE) AFFECT HIM?**

**Fill questions 4-8 for all accidents or injuries**

- 4a. DID THE ACCIDENT HAPPEN DURING THE
- 4b. WHEN DID THE ACCIDENT HAPPEN?
- 4c. AT THE TIME OF THE ACCIDENT WHAT PART OF THE BODY WAS HURT?
- 4d. WHAT KIND OF INJURY WAS IT? ANYTHING ELSE?
- 4e. WAS A CAR, TRUCK, BUS, OR OTHER

**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><strong>Ask question 9a for all conditions.</strong></td>
<td><strong>a. LAST WEEK OR THE WEEK BEFORE DID HIS ... CAUSE HIM TO CUT DOWN ON THE THINGS HE USUALLY DOES?</strong></td>
</tr>
<tr>
<td><strong>b. DID HE HAVE TO CUT DOWN FOR AS MUCH AS A DAY?</strong></td>
<td><strong>Yes</strong></td>
</tr>
<tr>
<td><strong>Ask questions 10 and 11 if &quot;Yes&quot; marked in question 9b.</strong></td>
<td><strong>10. HOW MANY DAYS DID HE HAVE TO CUT DOWN DURING THAT TWO WEEK PERIOD?</strong></td>
</tr>
<tr>
<td></td>
<td><strong>11. DURING THAT TWO WEEK PERIOD, HOW MANY DAYS DID HIS ... KEEP HIM IN BED ALL OR MOST OF THE DAY?</strong></td>
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<tr>
<td></td>
<td><strong>Ask question 12 if person is 6-15 years old.</strong></td>
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<td></td>
<td><strong>Ask question 13 if person is 16 years old or over.</strong></td>
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<tr>
<td></td>
<td><strong>NOT COUNTING WORK AROUND THE HOUSE?</strong></td>
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<tr>
<td></td>
<td><strong>b. DID HE FIRST NOTICE IT DURING THE LAST TWO WEEKS OR BEFORE THAT TIME?</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Ask question 15 only if condition was first noticed &quot;Before 3 months.&quot;</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Ask for person 6 years old or over for when an eye condition or vision problem (including cataracts and glaucoma) has been reported.</strong></td>
</tr>
<tr>
<td></td>
<td><strong>b. CAN -- SEE WELL ENOUGH TO RECOGNIZE A FRIEND WALKING ON THE OTHER SIDE OF THE STREET?</strong></td>
</tr>
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<td></td>
<td><strong>Ask for person 6 years old or over for when an eye condition or vision problem (including cataracts and glaucoma) has been reported.</strong></td>
</tr>
<tr>
<td></td>
<td><strong>b. WERE ANY OF THESE -- DAYS DURING LAST WEEK OR THE WEEK BEFORE?</strong></td>
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<tr>
<td></td>
<td><strong>c. HOW MANY?</strong></td>
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<td></td>
<td><strong>Ask this for the LAST condition for this person?</strong></td>
</tr>
<tr>
<td></td>
<td><strong>19. IS THIS BECAUSE OF ANY OF THE CONDITIONS YOU HAVE TOLD ME ABOUT?</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Yes -- WHICH?</strong></td>
</tr>
<tr>
<td></td>
<td><strong>No</strong></td>
</tr>
<tr>
<td></td>
<td><strong>WHAT DOES CAUSE THIS LIMITATION?</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Enter condition number</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Enter cause</strong></td>
</tr>
<tr>
<td></td>
<td><strong>21. IS THIS BECAUSE OF ANY OF THE CONDITIONS YOU HAVE TOLD ME ABOUT?</strong></td>
</tr>
</tbody>
</table>
**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. 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?
12. Thyroid trouble or goiter?
13. Any allergy?
14. CHRONIC nervous trouble?
15. CHRONIC skin trouble?
16. Polio?
17. Paralysis of any kind?
18. REPEATED trouble with back or spine?
19. Cleft palate?
20. Any speech defect?
21. Hernia or rupture?
22. Prostate trouble?

**A-2** Have you, your , etc., had any of these conditions DURING 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 B**

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

1. Tuberculosis?
2. Emphysema?
3. Hardening of the arteries?
4. Heart trouble?
5. Cancer?
6. Heart trouble?
7. Stroke?
8. Rheumatic fever?
9. Arthritis or rheumatism?
10. Mental illness?
11. Diabetes?
12. 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**

**For: Workers and other persons except Housewives and Children**

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 D**

**For: Housewife**

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.

**Card E**

**For: Children from 6 through 16 years old**

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 F**

**For: Children under 6 years old**

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. Not limited in any of the above ways.

**Card G**

**For: Mobility**

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.

**Card H**

Which of the following income groups represents your total combined family income for the past 12 months? Include income from all sources such as wages, salaries, social security or retirement benefits, help from relatives, rents from property, and so forth.

- **Under $500** .................. Group A
- **$500-- $999** .................. Group B
- **$1,000-- $1,999** ............ Group C
- **$2,000-- $2,999** ............ Group D
- **$3,000-- $3,999** ............ Group E
- **$4,000-- $4,999** ............ Group F
- **$5,000-- $6,999** ............ Group G
- **$7,000-- $9,999** ............ Group H
- **$10,000--$14,999** .......... Group I
- **$15,000 and over** .......... Group J