CONDITION NO. 1

1. Person number — *Write in and mark* — Person number

*Enter person number and "name of condition" and ask question 2.* — Name of condition

*Ask for all conditions* — **2. DID – – EVER AT ANY TIME TALK TO A DOCTOR ABOUT HIS . . .?** Yes ○ No ○ V ○

*Examine "Name of condition" entry in Item 1 and mark one box.* → ☐ Accident or injury-*Go to 4* ☐ Condition on Card C-*Go to 9* ☐ Neither *Go to 3a.*

*If "Doctor talked to", ask:* → **3a. WHAT DID THE DOCTOR SAY IT WAS? DID HE GIVE IT A MEDICAL NAME?**

*If "Doctor not talked to" record adequate description of condition or illness.*

**3b. WHAT WAS THE CAUSE OF. . .?**
☐ Accident or injury *Go to 4*

*If the entry in 3a or 3b includes the words:*
Asthma, Cyst, Growth, Measles, Tumor; "Ailment", "Attack", "Condition", "Defect", "Disease", "Disorder", "Trouble" — *Ask:*

**3c. WHAT KIND OF . . . IS IT?**

*For ALLERGY OR STROKE, Ask:* → **3d. HOW DOES THE ALLERGY (STROKE) AFFECT HIM?**

*For conditions on Card B-2 and for any entry that includes the words:*
Abscess, Ache (except headache), Bleeding, Blood clot, Boil, Cancer, Cramps (except menstrual), Cyst, Growth, Hemorrhage, Infection, Inflammation, Neuralgia, Neuritis, Pain, Palsy, Paralysis, Sore, Soreness, Tumor, Ulcer, Weak, Weakness — *Ask:*

**3e. WHAT PART OF THE BODY IS AFFECTED?**

*SHOW THE FOLLOWING DETAIL:*
Ear or eye..one or both
Head.....skull, scalp, face
Back .....upper, middle, lower
Arm.....shoulder, upper, elbow, lower, wrist, hand; one or both
Leg.....hip, upper, knee, lower, ankle, foot; one or both

**WASHINGTON USE**

Question number: 8 9 10 11 12 13 14 H C DV HC OT

Cond.....

No. of this condition

*Mark one*: Chronic ○ Acute ○

Total conditions

Accident — First injury code: Yes ○ No ○ — Required hospitalization: Yes ○ No ○

Other Acc.: T.Mis. ○ Oth. ○

IC or dum code.

Person days of disability — V

2Wks. R.A.

2Wks. B.D.

2Wks. T.L. — Under 6 ○

12 Months 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?** ☐ During past 2 years-*Ask 4b* ☐ Before 2 years-*Go to 5a*

**4b. WHEN DID THE ACCIDENT HAPPEN?** *Enter month and year; mark one box*

Month | Year

☐ Last week
☐ Week before
☐ 2 weeks - 3 months
☐ 3 - 12 months
☐ 1 - 2 years

**6a. WAS A CAR, TRUCK, BUS, OR OTHER MOTOR VEHICLE INVOLVED IN THE ACCIDENT IN ANY WAY?** Yes ○ No-*Go to 7* ○ V ○

**b. WAS MORE THAN ONE VEHICLE INVOLVED?** Yes ○ No ○

**c. WAS IT (EITHER ONE) MOVING AT THE TIME?** Yes ○ No ○ V ○

*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?**

| 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?**

| Part(s) of body | Present effects |
|---|---|
| | |

**7. WHERE DID THE ACCIDENT HAPPEN?**

*Specify place*

At home *(inside house)* ○
At home *(adjacent premises)* ○
Street and highway *(includes roadway)* ○
Farm ○
Industrial place *(includes premises)* ○
School *(includes school premises)* ○
Place of recreation and sports *(not school)* ○
Other *(specify place where accident happened)* ○
V ○

**8. WAS – – AT WORK AT HIS JOB OR BUSINESS WHEN THE ACCIDENT HAPPENED?** Yes ○ No ○ Under 17 at time ○ While in Armed Forces ○ V ○

Footnotes

Make no mark in this margin

| CONDITION (Con'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* ____ 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* ____ 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* ____ Days | Under 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* ____ Days | None ○ V ○ |
| *Ask question 14 for all conditions.* | 14a. WHEN DID HE FIRST NOTICE HIS . . .? WAS IT 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? | Past 2 wks. ○ Before 2 wks. - *Go to 16* ○ V ○ |
| | c. WHICH WEEK, LAST WEEK OR THE WEEK BEFORE? | Last week ○ Week before ○ V ○ *Go to 16* |
| *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 person 6 years old or over for whom an eye condition or vision problem (including cataracts and glaucoma) has been reported.* | ☐ Not an eye condition ☐ Not first eye condition ☐ Under 6 | |
| | 16a. CAN - - SEE WELL ENOUGH TO READ ORDINARY NEWSPAPER PRINT WITH GLASSES? | Yes - *Ask 16b* ○ No - *Omit 16b, 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 Q. 17; 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* ____ Days | None - *Go to BB* ○ V ○ |
| | b. WERE ANY OF THESE - - DAYS DURING LAST WEEK OR THE WEEK BEFORE? | Yes ○ No - *Go to BB* ○ |
| | c. HOW MANY? *Write in and mark* ____ Days | |
| **BB:** *Is this the LAST condition for this person?* | ☐ Yes — *Ask 18-21 if person has "1" or more conditions past AA*<br>☐ No — *Go to next condition* | |
| *Show Card D, E, F, or G, as appropriate based on activity status or age.* | 18. PLEASE LOOK AT EACH STATEMENT ON THIS CARD (CARD D, E, F, G). THEN TELL ME WHICH STATEMENT FITS - - BEST IN TERMS OF HEALTH. *Mark statement number* → | 1 ○ 2 ○ 3 ○ 4 - *Go to 20* ○ V ○ |
| *If 1, 2, or 3 marked in 18 ask:* → *If 4 marked in 18 go to 20.* | 19. IS THIS BECAUSE OF ANY OF THE CONDITIONS YOU HAVE TOLD ME ABOUT? | WASHINGTON USE |
| | ☐ Yes → WHICH? ____ *Enter condition numbers* | Yes ○ No ○ V ○ |
| | ☐ No → WHAT DOES CAUSE THIS LIMITATION? ____ *Enter cause* | Age ○ Gen ○ Oth ○ DK ○ |
| | 20. PLEASE LOOK AT THE BLUE CARD, CARD H. WHICH ONE OF THOSE STATEMENTS FITS - - BEST IN TERMS OF HEALTH? *Mark statement number* → | 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 Stop ○ V ○ |
| *If 1, 2, 3, 4, or 5 marked in 20, ask:* → *If 6 marked, omit 21 and go to next person.* | 21. IS THIS BECAUSE OF ANY OF THE CONDITIONS YOU HAVE TOLD ME ABOUT? | WASHINGTON USE |
| | ☐ Yes → WHICH? ____ *Enter condition numbers* | Yes ○ No ○ V ○ |
| | ☐ No → WHAT DOES CAUSE THIS LIMITATION? ____ *Enter cause* | Age ○ Gen ○ Oth ○ DK ○ |

**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?

**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. Palsy?
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?

**Card B**

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

1. Tuberculosis?
2. Emphysema?
3. Hardening of the arteries?
4. High blood pressure?
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 D**

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

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 E**

**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 F**

**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 G**

**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
4. Not limited in any of the above ways.

**Card H**

**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 I**

**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