CONDITION NO. _____

Enter person number and "name of condition" and ask question 2.	1. **Person number**
	Name of condition

Ask for all conditions	2. **Did – – ever at any time talk to a doctor about his . . . ?**	1 ☐ Yes 2 ☐ No

Examine "Name of condition" entry in Item 1 and mark

☐ 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.

Do not ask for Cancer

3b. **What was the cause of . . . ?**

☐ Accident or injury – *Go to 4*

If the entry in 3a or 3b includes the words:

Asthma	Measles
Cyst	Rupture
Growth	Tumor
Hernia	Ulcer

"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 any entry that includes the words:

Abscess	Inflammation
Ache (except	Neuralgia
headache)	Neuritis
Bleeding	Pain
Blood clot	Palsy
Boil	Paralysis
Cancer	Rupture
Cramps (except	Sore
menstrual)	Soreness
Cyst	Tumor
Damage	Ulcer
Growth	Weak
Hemorrhage	Weakness
Infection	

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

☐ Not an eye condition   ☐ Not first eye condition   ☐ Under 6

For person 6 years old or over ————→ 3f. **Can – – see well enough to read ordinary newspaper print with glasses?**   ☐ Yes   ☐ No

---

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

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

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

6a. **Was a car, truck, bus, or other motor vehicle involved in the accident in any way?**   1 ☐ Yes – *Ask b*   2 ☐ No – *Go to 7*

b. **Was more than one vehicle involved?**   ☐ Yes   ☐ No

c. **Was it (either one) moving at the time?**   1 ☐ Yes   2 ☐ No

7. **Where did the accident happen?**

1 ☐ At home (inside house)
2 ☐ At home (adjacent premises)
3 ☐ Street and highway (includes roadway)
4 ☐ Farm
5 ☐ Industrial place (includes premises)
6 ☐ School (includes premises)
7 ☐ Place of recreation and sports, except at school
8 ☐ Other – *Specify the place where accident happened*

8. **Was – – at work or at his job or business when the accident happened?**

1 ☐ Yes
2 ☐ No
3 ☐ While in Armed Services
4 ☐ Under 17 at time of accident

Ask question 9a for all conditions.	9a. During the past two weeks, did his . . . cause him to cut down on the things he usually does?	☐ Yes ☐ No– *Go to 14a*
	b. Did he have to cut down for as much as a day?	☐ Yes ☐ No– *Go to 14a*
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?	——— Days
	11. During that two-week period, how many days did his . . . keep him in bed all or most of the day?	——— Days ☐ None
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?	——— Days ☐ None
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?	——— Days ☐ None
Ask question 14 for all conditions.	14a. When did he first notice his . . . ? Was it during the past 3 months or before that time?	2 ☐ During 3 months 6 ☐ Before 3 months – *Go to 15*
	b. Did he first notice it during the past two weeks or before that time?	☐ Past 2 weeks 3 ☐ Before 2 weeks – *Go to AA*
	c. Which week, last week or the week before?	0 ☐ Last week 1 ☐ Week before *Go to AA*
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?	4 ☐ 3 – 12 months s ☐ Before 12 months

AA: Continue if this condition started "Before 3 months" or is in this list:

Cancer, any kind	Diverticulitis	Gallstones	Piles
Cirrhosis of the liver	Enteritis	Hemorrhoids	Rupture, any kind
Colitis	Fatty liver	Hernia, any kind	Spastic colon

STOP for all other conditions and for accidents, injuries, and pregnancies.

☐ "Doctor not seen" in question 2 – *Ask question 16*   ☐ "Doctor seen" in question 2 – *Ask question 17*

Ask if "Doctor not seen" in question 2.	16. During the past 12 months what did —— do or take for his . . . ?	*Go to 24*
Ask if "Doctor seen" in question 2.	17. Before —— first talked to a doctor about his . . . , what did he do or take for this condition?	
	18. Before —— first talked to a doctor about this condition, what kind of symptoms did he have?	☐ None – *Go to 20*
	19. About how long did —— have any of these symptoms before he talked to a doctor about them?	___ day(s) ___ month(s) ___ week(s) ___ year(s)
	20. Does —— take any medicine or treatment which a doctor advised for his . . . ?	1 ☐ Yes 2 ☐ No
	21. Has —— ever had surgery for . . . ?	1 ☐ Yes 2 ☐ No
	22. Was —— ever hospitalized for . . . ?	1 ☐ Yes 2 ☐ No
	23. During the past 12 months about how many times has —— seen or talked to a doctor for this condition?	——Times ☐ None
Ask for all conditions past AA.	24. About how many days during the past 12 months, has his . . . kept him in bed all or most of the day?	___Days ☐ None
	25a. Does his . . . bother him – a great deal, some, very little, or not at all?	☐ Great deal ⎫ *Go to* ☐ Some ⎬ *next* ☐ Very little ⎭ *condition* ☐ Not at all – *Ask b* ☐ Other
	For "Other" answers: If "not bothered at all" ask b, otherwise go to next condition	
	b. Does —— still have this condition?	1 ☐ Yes – *Go to next person* ☐ No – *Ask c*
	c. Is this condition completely cured or is it under control?	☐ Cured–*Ask d* 2 ☐ Und. control ☐ Other – *Specify*
	d. About how long did —— have this condition?	___ month(s) ___ year(s)

65