## CONDITION 1

1. **Person number**

   Name of condition

   **Ask for all conditions.**

2. **Di — ever at any time talk to a doctor about his . . .?**

   - **Yes**
   - **No**

   **Examine "Name of condition" entry in item 1, and mark.**

   - **Accident or injury (4)**
   - **Condition on Card C (9)**
   - **Neither (3a)**

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

   - **Name of condition**
   - **Ask for all conditions.**

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

   **Do not ask for Cancer.**

   **If the entry includes:**

   - **Asthma**
   - **"Allergy"**
   - **"Amput"**
   - **"Arthritis"**
   - **"Bone"**
   - **"Cancer"**
   - **"Condition"**
   - **"Diabetes"**
   - **"Emphysema"**
   - **"Gout"**
   - **"Ulcer"**
   - **"Trouble"**

   **Asthma:**

   - **"Allergy"**
   - **"Amput"**
   - **"Arthritis"**
   - **"Bone"**
   - **"Cancer"**
   - **"Condition"**
   - **"Diabetes"**
   - **"Emphysema"**
   - **"Gout"**
   - **"Ulcer"**
   - **"Trouble"**

   **For ALLERGY OR STROKE, ask:**

   - **How does the ALLERGY (STROKE) affect him?**

   **For any entry that includes the word:**

   - **Abscess**
   - **"Addiction"**
   - **"Alcohol"**
   - **"Blood"**
   - **"Bleeding"**
   - **"Bone"**
   - **"Blood clot"**
   - **"Bone"**
   - **"Cancer"**
   - **"Cramps (except menstrual)"**
   - **"Cysts"**
   - **"Diatry"**
   - **"Diabetes"**
   - **"Emphysema"**
   - **"Gout"**
   - **"Growth"**
   - **"Hemorrhage"**
   - **"Infection"**
   - **"Inflammation"**
   - **"Nevus"**
   - **"Neuralgia"**
   - **"Neuritis"**
   - **"Pain"**
   - **"Peptic ulcer"**
   - **"Poison"**
   - **"Prometheus"**
   - **"Recovery"**
   - **"Rheum"**
   - **"Rupture"**
   - **"Sore"**
   - **"Soreness"**
   - **"Surgery"**
   - **"Tumor"**
   - **"Ulcer"**
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   - **"Ulcer""
<table>
<thead>
<tr>
<th>Question</th>
<th>Answer Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>10a. During the past two weeks, did his ... cause him to cut down on the things he usually does?</td>
<td>Yes/No (15a)</td>
</tr>
<tr>
<td>b. Did he have to cut down for as much as a day?</td>
<td>Yes/No (15a)</td>
</tr>
<tr>
<td>11. How many days did he have to cut down during that 2-week period?</td>
<td>Days</td>
</tr>
<tr>
<td>12. During that 2-week period, how many days did his ... keep him in bed all or most of the day?</td>
<td>Days, None</td>
</tr>
<tr>
<td>13. Ask if 6 - 16 years: How many days did his ... keep him from school during that 2-week period?</td>
<td>Days, None</td>
</tr>
<tr>
<td>14. Ask if 17+ years: How many days did his ... keep him from work during that 2-week period? (For females): not counting work around the house?</td>
<td>Days, None</td>
</tr>
<tr>
<td>15a. When did he first notice his ...? - Was it during the past 3 months or before that time?</td>
<td>Days, None</td>
</tr>
<tr>
<td>b. Did he first notice it during the past two weeks or before that time?</td>
<td>Days, None</td>
</tr>
<tr>
<td>16. Did first notice it during the past 12 months or before that time?</td>
<td>Days, None</td>
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<tr>
<td>17. During the past 12 months what did do or take for his ...? Anything else? Write in</td>
<td></td>
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<tr>
<td>18. After first noticed something was wrong, how long was it before he talked to a doctor about it? (Estimate is acceptable)</td>
<td>Days, Months</td>
</tr>
<tr>
<td>19. Before talked to a doctor about his ... , what did he do or take for this condition? Anything else? Write in</td>
<td></td>
</tr>
<tr>
<td>20a. Does NOW take any medicine or treatment for his ... ?</td>
<td>Yes/No (21)</td>
</tr>
<tr>
<td>b. Was any of this medicine or treatment recommended by a doctor?</td>
<td>Yes/No (21)</td>
</tr>
<tr>
<td>21. Has he EVER had surgery for this condition?</td>
<td>Yes/No</td>
</tr>
<tr>
<td>22. Has he EVER been hospitalized for this condition?</td>
<td>Yes/No</td>
</tr>
<tr>
<td>23. During the past 12 months, about how many times has --- seen or talked to a doctor about his ...?</td>
<td>Times, None</td>
</tr>
<tr>
<td>24. About how many days during the past 12 months, has this condition kept him in bed all or most of the day?</td>
<td>Days, None</td>
</tr>
<tr>
<td>25a. How often does his ... bother him - all of the time, some of the time, or never? (Mark one box)</td>
<td></td>
</tr>
<tr>
<td>25b. When it does bother him, is he bothered a great deal, some, or very little? (Mark one box)</td>
<td>Ground, None, Very little, Other (Specify)</td>
</tr>
<tr>
<td>25c. Does ... still have his ...?</td>
<td></td>
</tr>
<tr>
<td>d. Is this condition completely cured or is it under control?</td>
<td>Yes (Next condition)</td>
</tr>
<tr>
<td>e. About how long did --- have this condition before it was cured?</td>
<td>Days, None</td>
</tr>
</tbody>
</table>

**NOTE:** If bothered at all, ask 25b. If not bothered, go to 25c.