CONDITION 1

1. 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 . . .? 1 ☐ Yes 2 ☐ 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: →
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?

WASHINGTON ONLY
Question No.

Do not ask for Cancer.

b. What was the cause of . . .?
☐ Accident or injury *(4)*

Condition diag. code

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

c. What kind of . . . is it?

Number of this condition

1 ☐ Chronic 2 ☐ Acute

Total conditions

For ALLERGY OR STROKE, ask:

d. How does the ALLERGY (STROKE) affect him?

Accident - 1st injury
1 ☐ Yes 2 ☐ No

For any entry that includes the words:
Abscess, Ache(except headache), Bleeding, Blood clot, Boil, Cancer, Cramps (except menstrual), Cyst, Damage, Growth, Hemorrhage, Infection, Inflammation, Neuralgia, Neuritis, Pain, Palsy, Paralysis, Rupture, Sore, Soreness, Tumor, Ulcer, Varicose veins, Weak, Weakness
Ask:

e. What part of the body is affected?

Req. hospital
1 ☐ Yes 2 ☐ No

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

Other accident
1 ☐ Adv. Reac. 2 ☐ Other

I.C. or Dum. code

Cause of limitation
0 ☐ NA 1 ☐ Yes *(MC)*
2 ☐ Yes *(Not MC)* 3 ☐ 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 *(4b)* ☐ Before 2 years *(5a)*

b. 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? 1 ☐ Yes *(6b)* 2 ☐ No *(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)* →

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:

b. What part of the body is affected now? How is his —— affected? Is he affected in any other way?

Part(s) of body	Present effects

8. Was —— at work 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

Mark for all conditions	9. ☐ Not an eye cond. *(10a)* ☐ First eye cond. *(9a)* ☐ Under 6 *(10a)* ☐ Not first eye cond. *(10a)*	9a. Can — see well enough to read ordinary newspaper print with glasses? ☐ Yes ☐ No
10a. During the past two weeks, did his . . . cause him to cut down on the things he usually does?		☐ Yes ☐ No *(15a)*
b. Did he have to cut down for as much as a day?		☐ Yes ☐ No *(15a)*
11. How many days did he have to cut down during that 2-week period?		___ Days
12. During that 2-week period, how many days did his . . . keep him in bed all or most of the day?		___ Days 00 ☐ None
13. *Ask if 6 – 16 years:* How many days did his . . . keep him from school during that 2-week period?		___ Days *(15a)* 00 ☐ None *(15a)*
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?		___ Days 00 ☐ None
15a. When did he first notice his . . . ? – Was it during the past 3 months or before that time?		☐ During 3 mos. *(15b)* ☐ More than 3 mos. ago *(16)*
b. Did he first notice it during the past two weeks or before that time?		☐ Past 2 weeks *(15c)* 4 ☐ More than 2 wks. ago *(AA)*
c. Which week, last week or the week before?		1 ☐ Last week 2 ☐ Wk before *(AA)*
16. Did — first notice it during the past 12 months or before that time?		5 ☐ 3-12 months 6 ☐ More than 12 mos. ago
AA Continue if { reported in probe Q. 16 / reported in probe Q. 25 / on Card D } Otherwise, go to next condition		
INTERVIEWER CHECK ITEM	☐ "Yes" in question 2 *(18)* ☐ "No" in question 2 *(17)*	
17. During the past 12 months what did — do or take for his . . . ? Anything else? Write in →		*(24)*
18. After — first noticed something was wrong, how long was it before he talked to a doctor about it? (Estimate is acceptable)		0 ☐ Discovered by doctor *(20)* 2 ___ Days 4 ___ Months 3 ___ Weeks 5 ___ Years
19. Before — talked to a doctor about his . . ., what did he do or take for this condition? Anything else? Write in →		
20a. Does — NOW take any medicine or treatment for his . . .?		1 ☐ Yes 2 ☐ No *(21)*
b. Was any of this medicine or treatment recommended by a doctor?		1 ☐ Yes 2 ☐ No
21. Has he EVER had surgery for this condition?		1 ☐ Yes 2 ☐ No
22. Has he EVER been hospitalized for this condition?		1 ☐ Yes 2 ☐ No
23. During the past 12 months, about how many times has — seen or talked to a doctor about his . . . ?		___ Times 000 ☐ None
24. About how many days during the past 12 months, has this condition kept him in bed all or most of the day?		___ Days 000 ☐ None
25a. How often does his . . . bother him – all of the time, some of the time, or never? *(Mark one box)* 1 ☐ All the time *(25b)* 2 ☐ Some time *(25b)* 0 ☐ Never *(25c)* 3 ☐ Other ___ *(Specify)*		*If bothered at all, ask 25b. If not bothered, go to 25c.*
b. When it does bother him, is he bothered a great deal, some, or very little? *(Mark one box)* 1 ☐ Great deal *(NC)* 2 ☐ Some *(NC)* 3 ☐ Very little *(NC)* 4 ☐ Other *(Specify)* ___ *(NC)*		
c. Does — still have his . . . ?		1 ☐ Yes *(Next condition)* ☐ No *(25d)*
d. Is this condition completely cured or is it under control?		2 ☐ Cured *(25e)* 3 ☐ Und. cont. *(Next cond.)* 4 ☐ Other *(Specify) (Next Cond.)*
e. About how long did — have this condition before it was cured?		0 ☐ Less than one month ___ Months ___ Years