

# CONDITION PAGE

CONDITION 1		FILL QUESTIONS 4-9 FOR ALL ACCIDENTS OR INJURIES																														
1. Person number	Name of condition	4a. Did the accident happen during the past 2 years or before that time? <input type="checkbox"/> During the past 2 years (4b) <input type="checkbox"/> Before 2 years (5a)																														
2. When did -- last see or talk to a doctor about his . . . ?		b. When did the accident happen?																														
1 <input type="checkbox"/> In interview week (Reask 2)      2 <input type="checkbox"/> 2 wks. - 6 mos.      3 <input type="checkbox"/> Over 6-12 mos.      4 <input type="checkbox"/> 1 yr. 5 <input type="checkbox"/> Past 2 wks. (Item C)      6 <input type="checkbox"/> 2-4 yrs.      7 <input type="checkbox"/> 5+ yrs.      8 <input type="checkbox"/> Never		<input type="checkbox"/> Last week <input type="checkbox"/> 3-12 months <input type="checkbox"/> Week before <input type="checkbox"/> 1-2 years <input type="checkbox"/> 2 weeks-3 months																														
Examine "Name of condition" entry and mark <input type="checkbox"/> Accident or injury (4) <input type="checkbox"/> On Card C (Check item) <input type="checkbox"/> Neither (3a)		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? <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Part(s) of body</td> <td style="width: 50%;">Kind of injury</td> </tr> <tr> <td> </td> <td> </td> </tr> </table>		Part(s) of body	Kind of injury																											
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If "Doctor not talked to," record adequate description of condition. If "Doctor talked to," ask: 3a. What did the doctor say it was? - Did he give it a medical name? ----- Do not ask for Cancer b. What was the cause of . . . ? <input type="checkbox"/> Accident or injury (4)		If accident happened more than 3 months ago, ask: b. What part of the body is affected now? How is his -- affected? Is he affected in any other way? <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Part(s) of body</td> <td style="width: 50%;">Present effects</td> </tr> <tr> <td> </td> <td> </td> </tr> </table>		Part(s) of body	Present effects																											
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If the entry in 3a or 3b includes the words: Allment      Cyst      Growth      Tumor      Ulcer Asthma      Defect      Measles Attack      Disease      Rupture Condition      Disorder      Trouble } Ask c:		6a. Was a car, truck, bus, or other motor vehicle involved in the accident in any way?      1 Y      2 N (?) ----- b. Was more than one vehicle involved?      Y      N ----- c. Was it (either one) moving at the time?      1 Y      2 N																														
For allergy or stroke, ask: d. How does the allergy (stroke) affect him? ----- For an impairment or any of the following entries: <table border="0" style="width: 100%;"> <tr> <td style="width: 33%;">Abcess</td> <td style="width: 33%;">Damage</td> <td style="width: 33%;">Paralysis</td> <td rowspan="10" style="font-size: 3em; vertical-align: middle;">}</td> <td rowspan="10" style="vertical-align: middle;">Ask e:</td> </tr> <tr> <td>Ache (except headache)</td> <td>Growth</td> <td>Rupture</td> </tr> <tr> <td>Bleeding</td> <td>Hemorrhage</td> <td>Sore</td> </tr> <tr> <td>Blood clot</td> <td>Infection</td> <td>Soreness</td> </tr> <tr> <td>Boil</td> <td>Inflammation</td> <td>Tumor</td> </tr> <tr> <td>Cancer</td> <td>Neuralgia</td> <td>Ulcer</td> </tr> <tr> <td>Cramps (except menstrual)</td> <td>Neuritis</td> <td>Varicose veins</td> </tr> <tr> <td>Cyst</td> <td>Pain</td> <td>Weak</td> </tr> <tr> <td></td> <td>Palsy</td> <td>Weakness</td> </tr> </table>		Abcess	Damage	Paralysis	}	Ask e:	Ache (except headache)	Growth	Rupture	Bleeding	Hemorrhage	Sore	Blood clot	Infection	Soreness	Boil	Inflammation	Tumor	Cancer	Neuralgia	Ulcer	Cramps (except menstrual)	Neuritis	Varicose veins	Cyst	Pain	Weak		Palsy	Weakness	7. Where did the accident happen? 1 <input type="checkbox"/> At home (inside house) 2 <input type="checkbox"/> At home (adjacent premises) 3 <input type="checkbox"/> Street and highway (includes roadway and public sidewalk) 4 <input type="checkbox"/> Farm 5 <input type="checkbox"/> Industrial place (includes premises) 6 <input type="checkbox"/> School (includes premises) 7 <input type="checkbox"/> Place of recreation and sports, except at school 8 <input type="checkbox"/> Other (Specify) _____	
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e. What part of the body is affected? ----- Show the following detail: Head . . . . . skull, scalp, face Back/spine/vertebra. . . . . upper, middle, lower Ear or eye . . . . . one or both Arm. . . . . one or both; shoulder, upper, elbow, lower, wrist, hand Leg . . . . . one or both; hip, upper, knee, lower, ankle, foot		8. Was -- at work at his job or business when the accident happened? 1 Y      3 <input type="checkbox"/> While in Armed Services 2 N      4 <input type="checkbox"/> Under 17 at time of accident ----- Ask for all accidents that happened during the past 2 weeks except those involving moving motor vehicles. 9. We are interested in the objects that caused both the accident and the injury. How did the accident happen? Cause of accident _____ _____ Cause of injury _____ _____																														

<p><b>INTERVIEWER CHECK ITEM</b></p> <p><input type="checkbox"/> Not an eye cond. (11)    <input type="checkbox"/> First eye cond. (10)</p> <p><input type="checkbox"/> Under 6 (11)            <input type="checkbox"/> Not first eye cond. (11)</p>	<p><b>INTERVIEWER CHECK ITEM</b></p> <p><input type="checkbox"/> Doctor seen (19)        <input type="checkbox"/> Doctor not seen (18)</p>
<p>10. Can -- see well enough to read ordinary newspaper print with glasses with his              left eye? ..... 1 Y    2 N              right } ..... 1 Y    2 N</p>	<p>18. During the past 12 months what did -- do or take for his ...? (Write in)</p> <p>Anything else? _____ (25)</p>
<p>11. During the past 2 weeks, did his ... cause him to cut down on the things he usually does?              1 Y    2 N (16a)</p>	<p>19. After -- first noticed something was wrong, about how long was it before he talked to a doctor about it?          (Probe: Was it a matter of days, weeks, or months?)</p> <p>0 <input type="checkbox"/> Discovered by doctor (21a)                          4 ___ Months</p> <p>2 ___ Days    5 ___ Years</p> <p>3 ___ Weeks</p>
<p>12. During that period, how many days did he cut down for as much as a day?          ___ Days    00 <input type="checkbox"/> None (16a)</p>	<p>20. BEFORE -- talked to a doctor about his ... , did he do or take anything for it?              1 Y    2 N</p>
<p>13. During that 2-week period, how many days did his ... keep him in bed all or most of the day?          ___ Days    00 <input type="checkbox"/> None</p>	<p>21a. Does -- NOW take any medicine or treatment for his ... ?              1 Y    2 N (22)</p> <p>b. Was any of this medicine or treatment recommended by a doctor?              1 Y    2 N</p>
<p>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 (16a)    00 <input type="checkbox"/> None (16a)</p>	<p>22. Has he ever had surgery for this condition?              1 Y    2 N</p>
<p>15. Ask if 6 - 16 years:          How many days did his ... keep him from school during that 2-week period?          ___ Days    00 <input type="checkbox"/> None</p>	<p>23. Was he ever hospitalized for this condition?              1 Y    2 N</p>
<p>16a. When did -- first notice his ... ?          (Was it during the past 3 months or before that time?)</p> <p><input type="checkbox"/> During 3 mos.    <input type="checkbox"/> More than 3 mos. ago (17)</p> <p>b. Did he first notice it during the past 2 weeks or before that time?              3 <input type="checkbox"/> Past 2 weeks    4 <input type="checkbox"/> More than 2 wks. ago (AA)</p> <p>c. Which week, last week or the week before?              1 <input type="checkbox"/> Last week } (AA)              2 <input type="checkbox"/> Week before }</p>	<p>24. During the past 12 months, about how many times has -- seen or talked to a doctor about his ... ?          (Do not count visits while a patient in a hospital.)</p> <p>___ Times    000 <input type="checkbox"/> None</p>
<p>17. Did -- first notice it during the past 12 months or before that time?              5 <input type="checkbox"/> 3-12 months    6 <input type="checkbox"/> More than 12 mos. ago</p>	<p>25. About how many days during the past 12 months has this condition kept him in bed all or most of the day?          ___ Days    000 <input type="checkbox"/> None</p>
<div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>AA</b></div> <p>Continue if condition listed or reported in probe Q. 16          Otherwise, go to next condition.  <i>Do not continue for missing extremities or organs.</i></p>	<p>26a. How often does his ... bother him - all of the time, often, once in a while, or never?              1 <input type="checkbox"/> All the time    2 <input type="checkbox"/> Often    3 <input type="checkbox"/> Once in a while              0 <input type="checkbox"/> Never (26c)    4 <input type="checkbox"/> Other (Specify) _____</p> <p>b. When it does bother him, is he bothered a great deal, some, or very little?              1 <input type="checkbox"/> Great deal    2 <input type="checkbox"/> Some    3 <input type="checkbox"/> Very little</p> <p>4 <input type="checkbox"/> Other (Specify) _____</p> <p><input type="checkbox"/> All the time in 26a (NC)</p> <p>c. Does -- still have his ... ?              1 Y (NC)    N</p> <p>d. Is this condition completely cured or is it under control?              2 <input type="checkbox"/> Cured (26e)    3 <input type="checkbox"/> Und. cont. (NC)</p> <p>4 <input type="checkbox"/> Other (Specify) _____ (NC)</p> <p>e. About how long did -- have this condition before it was cured?              0 <input type="checkbox"/> Less than one month    _____ Months    _____ Years</p>