CONDITION 1

1. Person number | **Name of condition**

2. When did -- last see or talk to a doctor about his . . . ?

1 ☐ In interview week *(Reask 2)*

1 ☐ Past 2 wks. *(Item C)*
2 ☐ 2 wks. – 6 mos.
3 ☐ Over 6–12 mos.
4 ☐ 1 yr.
5 ☐ 2–4 yrs.
6 ☐ 5+ yrs.
7 ☐ Never

A1 Examine "Name of condition" entry and mark

☐ Color blindness *(NC)* ☐ On Card C *(4)*
☐ Accident or injury *(4)* ☐ Neither *(3a)*

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 . . . ?

☐ Accident or injury *(4)*

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

Ailment	Cyst	Growth	Tumor	Ask c
Asthma	Defect	Measles	Ulcer	
Attack	Disease	Rupture		
Condition	Disorder	Trouble		

c. What kind of . . . is it?

For allergy or stoke, ask:

d. How does the allergy (stroke) affect him?

For an impairment or any of the following entries:

Abscess	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	

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

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4. During the past 2 weeks, did his . . . cause him to cut down on the things he usually does? 1 Y 2 N *(9)*

5. During that period, how many days did he cut down for as much as a day? ____Days 00 ☐ None *(9)*

6. During that 2-week period, how many days did his . . . keep him in bed all or most of the day? ____Days 00 ☐ None

Ask if 17+ years:

7. How many days did his . . . keep him from work during that 2-week period? *(For females):* **not counting work around the house?** ____Days *(9)* ☐ None *(9)*

Ask if 6 – 16 years:

8. How many days did his . . . keep him from school during that 2-week period? ____Days 00 ☐ None

9. When did -- first notice his . . . ?

1 ☐ Last week
2 ☐ Week before
3 ☐ Past 2 weeks – DK which
4 ☐ 2 weeks – 3 months
5 ☐ 3 – 12 months
6 ☐ More than 12 mos. ago

(Was it during the past 12 months or before that time?)
(Was it during the past 3 months or before that time?)
(Was it during the past 2 weeks or before that time?)

A A Continue for conditions listed or reported in Probe question 36 except missing organs or extremities. Otherwise, go to A2.

☐ Doctor seen *(10)* ☐ Doctor not seen *(13)*

10. Has he ever had surgery for this condition? 1 Y 2 N

11. Was he ever hospitalized for this condition? 1 Y 2 N

12. 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.)

____Times *(14)* 000 ☐ None *(14)*

13a. Has -- ever seen any professional person or practitioner for his . . . ?

Y N *(14)*

b. What kind of professional person?

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14. 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

15a. How often does his . . . bother him – all of the time, often, once in a while, or never?

1 ☐ All the time
2 ☐ Often
3 ☐ Once in a while
0 ☐ Never *(A2)*
4 ☐ Other *(Specify)* _____

b. When it does bother him, is he bothered a great deal, some, or very little?

1 ☐ Great deal
2 ☐ Some
3 ☐ Very little
4 ☐ Other *(Specify)* _____

A2 ☐ Accident or injury ☐ Other *(A3)*

16a. Did the accident happen during the past 2 years or before that time?
☐ During the past 2 years *(16b)* ☐ Before 2 years *(17a)*

b. When did the accident happen?
☐ Last week ☐ Week before } What time of day was it?_____ ☐ 2 weeks–3 months ☐ 3–12 months ☐ 1–2 years

17a. 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 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?

Part(s) of body	Present effects

18. Where did the accident happen?
1 ☐ At home (inside house)
2 ☐ At home (adjacent premises)
3 ☐ Street and highway (includes roadway and public sidewalk)
4 ☐ Farm
5 ☐ Industrial place (includes premises)
6 ☐ School (includes premises)
7 ☐ Place of recreation and sports, except at school
8 ☐ Other *(Specify)* —Y

19. Was –– at work at his job or business when the accident happened?
1 Y
2 N
3 ☐ While in Armed Services
4 ☐ Under 17 at time of accident

20a. Was a car, truck, bus, or other motor vehicle involved in the accident in any way? 1 Y 2 N *(22)*

b. Was more than one vehicle involved? Y N

c. Was it (either one) moving at the time? 1 Y 2 N

21a. Was –– outside the vehicle, getting in or out of it, a passenger or was –– the driver?
1 ☐ Outside *(b)* 3 ☐ Passenger *(c)*
2 ☐ Getting in or out *(c)* 4 ☐ Driver *(c)*

b. What kind(s) of motor vehicle was involved?
1 ☐ Car *(22)* 2 ☐ Taxi *(22)* 3 ☐ Bus *(22)*
4 ☐ Truck *(22)* 5 ☐ Motorcycle *(22)* 6 ☐ Other *(Specify)* _____ *(22)*

c. What kind of motor vehicle was –– in (getting in or out of)?
1 ☐ Car 2 ☐ Taxi 3 ☐ Bus
4 ☐ Truck 5 ☐ Motorcycle 6 ☐ Other *(Specify)* _____

22. How did the accident happen?

For motor vehicle accident, refer to Card Y and circle number for answer given.

If "Outside" –
1 2 3* *(Specify)* _____

If "Inside" or "Getting in or out of" –
4 5 6 7* *(Specify object)* _____

8 ☐ Accident on roadway ☐ Accident not on roadway } *(Specify how)* _____

For nonmotor vehicle accident, refer to Card Z and circle number for answer given.

11 12 13 14* 15 16 17 18* 19 20 21 22

23 24 25 26 27 28* _____ **(Specify)*

A3 ☐ Not an eye cond. *(NC)* ☐ First eye cond. (6+ yrs.) *(23)* ☐ First eye condition (under 6) *(29)* ☐ Not first eye cond. *(NC)*

These next questions are about how well –– can see (with glasses).

23. Can –– see well enough to read ordinary newspaper print with his { left } eye? . . . . . 1 Y 2 N
{ right } . . . . . 1 Y 2 N

24. Can –– see well enough to recognize the features of people he knows if they are close enough?
Y N

25. Can –– see moving objects, such as cars moving or people walking?
Y N

26. Can –– see well enough to step down?
Y N

27. Can –– see well enough to recognize a friend walking on the other side of the street?
Y N

If ALL "No," ask 28; otherwise go to 29.

28. Can –– see well enough to tell if a light is on?
Y *(NC)* N *(NC)*

29. 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