

CONDITION 1		The remaining questions will be asked as appropriate for the condition entered in:	
1. Person number	Name of condition	A2	<input type="checkbox"/> Item 1 <input type="checkbox"/> Q. 3b <input type="checkbox"/> Q. 3a <input type="checkbox"/> Q. 3c <input type="checkbox"/> Q. 3d
2. When did -- last see or talk to a doctor about his . . . ?		4. During the past 2 weeks, did his . . . cause him to cut down on the things he usually does? 1 Y 2 N (9)	
1 <input type="checkbox"/> In interview week 2 <input type="checkbox"/> Past 2 wks. (Item C) 3 <input type="checkbox"/> 2 wks.-6 mos. (Reask 2) 4 <input type="checkbox"/> Over 6-12 mos. 5 <input type="checkbox"/> 1 yr. 6 <input type="checkbox"/> 2-4 yrs. 7 <input type="checkbox"/> 5+ yrs. 8 <input type="checkbox"/> Never 9 <input type="checkbox"/> DK if Dr. seen <input type="checkbox"/> DK when Dr. seen		5. During that period, how many days did he cut down for as much as a day? ___ Days 00 <input type="checkbox"/> None (9)	
A1 Examine "Name of condition" entry and mark Accident or injury (A2) On Card C (A2) Neither (3a)		6. 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	
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?		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) 00 <input type="checkbox"/> None (9)	
Do not ask for Cancer b. What was the cause of . . . ? Accident or injury (A2)		Ask if 6-16 years: 8. How many days did his . . . keep him from school during that 2-week period? ___ Days 00 <input type="checkbox"/> None	
If the entry in 3a or 3b includes the words: Ailment Condition Disorder Trouble Anemia Cyst Growth Tumor Asthma Defect Measles Ulcer Attack Disease Rupture } Ask c:		9. When did -- first notice his . . . ? 1 <input type="checkbox"/> Last week 4 <input type="checkbox"/> 2 weeks-3 months 2 <input type="checkbox"/> Week before 5 <input type="checkbox"/> Over 3-12 months 3 <input type="checkbox"/> Past 2 weeks-DK which 6 <input type="checkbox"/> More than 12 months 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?)	
c. What kind of . . . is it? For allergy or stroke, ask: d. How does the allergy (stroke) affect him?		A3 1 <input type="checkbox"/> Not an eye cond. (A4) 3 <input type="checkbox"/> First eye cond. (6+ yrs.) (10) 2 <input type="checkbox"/> First eye condition (under 6) (A4) 4 <input type="checkbox"/> Not first eye cond. (A4)	
For an impairment or any of the following entries: Abscess Damage Paralysis 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 Palsy Weak Pain Weakness } Ask e:		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	
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		A4 a. First noticed during the past 2 weeks? (Question 9) Y N (AA) b. Doctor seen or talked to during the past 2 weeks? (Question 2) Y (Fill buff form) N c. One or more cut-down days? (Question 5) Y (Fill blue form) N (AA)	
		FOOTNOTES	

AA Continue for conditions listed or reported in probe question 31, otherwise, go to A5. For missing extremities or organs, go to A5. <input type="checkbox"/> Doctor seen (I2) <input type="checkbox"/> Doctor not seen (I1)	A5 Accident or injury Other (NC)				
11. During the past 12 months what did -- do or take for his . . . ? (Write in) Anything else? _____ (I8)	20a. Did the accident happen during the past 2 years or before that time? <input type="checkbox"/> During the past 2 years (20b) Before 2 years (21a)				
12. 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?) 000 <input type="checkbox"/> Discovered by doctor (14a) 3 _____ Weeks 100 <input type="checkbox"/> Less than one day 4 _____ Months 2 _____ Days 5 _____ Years	b. When did the accident happen? Last week Over 3-12 months Week before 1-2 years 2 weeks-3 months				
13. BEFORE -- talked to a doctor about his . . . , did he do or take anything for it? 1 Y 2 N	21a. At the time of the accident what part of the body was hurt? What kind of injury was it? Anything else? <table border="1" data-bbox="739 386 1327 531"> <thead> <tr> <th>Part(s) of body</th> <th>Kind of injury</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> </tr> </tbody> </table>	Part(s) of body	Kind of injury		
Part(s) of body	Kind of injury				
14a. Does -- NOW take any medicine or treatment for his . . . ? 1 Y 2 N (I5)	If accident happened more than 3 months ago, ask.				
b. Was any of this medicine or treatment recommended by a doctor? 1 Y 2 N	b. What part of the body is affected now? How is his -- affected? Is he affected in any other way?				
15. Has he ever had surgery for this condition? 1 Y 2 N	<table border="1" data-bbox="739 608 1327 753"> <thead> <tr> <th>Part(s) of body</th> <th>Present effects</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> </tr> </tbody> </table>	Part(s) of body	Present effects		
Part(s) of body	Present effects				
16. Was he ever hospitalized for this condition? 1 Y 2 N	22. 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 _____				
17. 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 000 <input type="checkbox"/> None	23. Was -- at work at his job or business when the accident happened? 1 Y 3 While in Armed Services 2 N 4 Under 17 at time of accident				
18. 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	24a. Was a car, truck, bus, or other motor vehicle involved in the accident in any way? 1 Y 2 N (NC)				
19a. 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 (I9c) 4 <input type="checkbox"/> Other - Specify _____	b. Was more than one vehicle involved? Y N				
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 4 <input type="checkbox"/> Other - Specify _____ <input type="checkbox"/> All the time in 19a (A5)	c. Was it (either one) moving at the time? 1 Y 2 N				
c. Does -- still have this condition? 1 Y (A5) N					
d. Is this condition completely cured or is it under control? 2 <input type="checkbox"/> Cured 3 <input type="checkbox"/> Under control (A5) 4 <input type="checkbox"/> Other - Specify _____ (A5)					
e. About how long did -- have this condition before it was cured? 0 <input type="checkbox"/> Less than one month _____ Months _____ Years					