### CONDITION 1

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

2. **When did — last see or talk to a doctor about his ...?**
   - [ ] In interview
   - [ ] Past 2 wks. (Item C)
   - [ ] 2-4 yrs.
   - [ ] 5 yrs.
   - [ ] Never

   (Reask 2)
   - [ ] Over 6-12 mos.
   - [ ] DK if Dr. seen
   - [ ] DK when Dr. seen

3. **Examine "Name of condition" entry and mark**
   - [ ] Accident or injury (A2)
   - [ ] On Card C (A2)
   - [ ] Neither (A2)

   **If "Doctor not talked to," record adequate description of condition.**
   **If "Doctor talked to," ask:**

4. **What did the doctor say it was? — Did he give it a medical name?**

   **Do not ask for Cancer**
   - [ ] Accident or injury (A2)

5. **What was the cause of...?**
   - [ ] Accident or injury (A2)

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

6. **Ask c:**
   - Anemia
   - Cyst
   - Growth
   - Troubled
   - Ulcer

   **Ask d:**

7. **What kind of... is it?**

   **For allergy or stroke, ask:**

8. **How does the allergy (stroke) affect him?**

   **If in 3a–d there is an impairment or any of the following entries:**
   - [ ] Headache (except headache)
   - [ ] Bleeding
   - [ ] boil
   - [ ] Cancer
   - [ ] Cyst
   - [ ] Pain
   - [ ] Weak

   **Ask e:**

9. **What part of the body is affected?**

   **Show the following detail:**
   - Head
   - Back/spine/vertebra
   - Ear or eye
   - Arm
   - Leg

10. **Can — see well enough to read ordinary newspaper print WITH GLASSES with his**

#### A2

The remaining questions will be asked as appropriate for the condition entered:

- [ ] Item 1
- [ ] Q. 3b
- [ ] Q. 3c

4. **During the past 2 weeks, did his ... cause him to cut down on the things he usually does?**
   - [ ] Yes
   - [ ] No

5. **During that period, how many days did he cut down for as much as a day?**
   - [ ] Days (9)

6. **During that 2-week period, how many days did his... keep him in bed all or most of the day?**
   - [ ] Days (Item C, then F)
   - [ ] None

7. **How many days did his ... keep him from work during that 2-week period?**
   - [ ] Days (Item C, then F)
   - [ ] None

8. **How many days did his ... keep him from school during that 2-week period?**

9. **When did — first notice his...?**
   - [ ] Last week
   - [ ] Week before
   - [ ] Past 2 weeks—DK which
   - [ ] More than 12 months ago

   **Ask if 6-16 years:**

10. **When did — first noticed during the past 2 weeks?**
   - [ ] Not an eye cond. (A4)
   - [ ] First eye cond. (6+ yrs.) (10)
   - [ ] Not first eye cond. (A4)

   **Ask:**

   **If in A2...**
   - [ ] First noticed during the past 2 weeks?
   - [ ] Doctor seen or talked to during the past 2 weeks?
   - [ ] One or more cut-down days?

**FOOTNOTES**
A5

<table>
<thead>
<tr>
<th></th>
<th>□ Accident or injury</th>
<th>□ Other (NC)</th>
</tr>
</thead>
</table>

11a. Did the accident happen during the past 2 years or before that time?
- □ During the past 2 years  □ Before 2 years (12a)

b. When did the accident happen?
- □ Last week  □ Over 3–12 months
- □ Week before  □ 1–2 years
- □ 2 weeks–3 months

12a. At the time of the accident what part of the body was hurt?
What kind of injury was it? Anything else?

<table>
<thead>
<tr>
<th>Part(s) of body</th>
<th>Kind of injury</th>
</tr>
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</table>

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>
<thead>
<tr>
<th>Part(s) of body</th>
<th>Present effects</th>
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13. Where did the accident happen?
- □ At home (inside house)
- □ At home (adjacent premises)
- □ Street and highway (includes roadway and public sidewalk)
- □ Farm
- □ Industrial place (includes premises)
- □ School (includes premises)
- □ Place of recreation and sports, except at school
- □ Other (Specify) ♦

14. Was --- at work at his job or business when the accident happened?
- □ Yes  □ No

- □ Under 17 at time of accident

15a. Was a car, truck, bus, or other motor vehicle involved in the accident in any way?
- □ Yes  □ No (NC)

b. Was more than one vehicle involved?
- □ Yes  □ No

c. Was it (either one) moving at the time?
- □ Yes  □ No