

CONDITION 1																													
<b>1. Person number</b>	<b>Name of condition</b>																												
<b>2. When did -- last see or talk to a doctor about his ... ?</b> <input type="checkbox"/> In interview week (Reask 2) <input type="checkbox"/> Past 2 wks. (Item C) <input type="checkbox"/> 2 wks.-6 mos. <input type="checkbox"/> Over 6-12 mos. <input type="checkbox"/> 1 yr. <input type="checkbox"/> 2-4 yrs. <input type="checkbox"/> 5+ yrs. <input type="checkbox"/> Never <input type="checkbox"/> DK if Dr. seen <input type="checkbox"/> DK when Dr. seen																													
<b>A1</b>	Examine "Name of condition" entry and mark <input type="checkbox"/> Accident or injury (A2) <input type="checkbox"/> On Card C (A2) <input type="checkbox"/> Neither (3a)																												
If "Doctor not talked to," transcribe entry from item 1. If "Doctor talked to," ask: <b>3a. What did the doctor say it was? - Did he give it a medical name?</b>																													
Do not ask for Cancer <b>b. What was the cause of ... ?</b> <input type="checkbox"/> Accident or injury (A2)																													
If the entry in 3a or 3b includes the words: <table style="width:100%; border: none;"> <tr> <td style="border: none;">Ailment</td> <td style="border: none;">Condition</td> <td style="border: none;">Disorder</td> <td style="border: none;">Tumor</td> <td rowspan="4" style="border: none; vertical-align: middle;">} Ask c:</td> </tr> <tr> <td style="border: none;">Anemia</td> <td style="border: none;">Cyst</td> <td style="border: none;">Growth</td> <td style="border: none;">Ulcer</td> </tr> <tr> <td style="border: none;">Asthma</td> <td style="border: none;">Defect</td> <td style="border: none;">Measles</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">Artery</td> <td style="border: none;">Disease</td> <td style="border: none;">Rupture</td> <td style="border: none;"></td> </tr> </table>		Ailment	Condition	Disorder	Tumor	} Ask c:	Anemia	Cyst	Growth	Ulcer	Asthma	Defect	Measles		Artery	Disease	Rupture												
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<b>c. What kind of ... is it?</b>																													
For allergy or stroke, ask: <b>d. How does the allergy (stroke) affect him?</b>																													
If in 3a-d there is an impairment or any of the following entries: <table style="width:100%; border: none;"> <tr> <td style="border: none;">Abscess</td> <td style="border: none;">Damage</td> <td style="border: none;">Paralysis</td> <td rowspan="10" style="border: none; vertical-align: middle;">} Ask e:</td> </tr> <tr> <td style="border: none;">Ache (except headache)</td> <td style="border: none;">Growth</td> <td style="border: none;">Rupture</td> </tr> <tr> <td style="border: none;">Bleeding</td> <td style="border: none;">Hemorrhage</td> <td style="border: none;">Sore</td> </tr> <tr> <td style="border: none;">Blood clot</td> <td style="border: none;">Infection</td> <td style="border: none;">Soreness</td> </tr> <tr> <td style="border: none;">Boil</td> <td style="border: none;">Inflammation</td> <td style="border: none;">Tumor</td> </tr> <tr> <td style="border: none;">Cancer</td> <td style="border: none;">Neuralgia</td> <td style="border: none;">Ulcer</td> </tr> <tr> <td style="border: none;">Cramps (except menstrual)</td> <td style="border: none;">Neuritis</td> <td style="border: none;">Varicose veins</td> </tr> <tr> <td style="border: none;">Cyst</td> <td style="border: none;">Pain</td> <td style="border: none;">Weak</td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;">Palsy</td> <td style="border: none;">Weakness</td> </tr> </table>		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
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<b>e. What part of the body is affected?</b>																													
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																													
<b>A2</b>	Ask remaining questions as appropriate for the condition entered in: <input type="checkbox"/> Item 1 <input type="checkbox"/> Q. 3b <input type="checkbox"/> Q. 3d <input type="checkbox"/> Q. 3a <input type="checkbox"/> Q. 3c																												
<b>4. During the past 2 weeks, did his ... cause him to cut down on the things he usually does?</b> 1 Y    2 N (9)																													
<b>5. During that period, how many days did he cut down for as much as a day?</b> ___ Days 00 <input type="checkbox"/> None (9)																													
<b>6. During that 2-week period, how many days did his ... keep him in bed all or most of the day?</b> ___ Days 00 <input type="checkbox"/> None																													
Ask if 17+ years: <b>7. How many days did his ... keep him from work during that 2-week period? (For females): not counting work around the house?</b> ___ Days (9) 00 <input type="checkbox"/> None (9)																													
Ask if 6-16 years: <b>8. How many days did his ... keep him from school during that 2-week period?</b> ___ Days 00 <input type="checkbox"/> None																													
<b>9. When did -- first notice his ... ?</b> 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?)																													
<b>A3</b>	1 <input type="checkbox"/> Not an eye cond. (AA)    3 <input type="checkbox"/> First eye cond. (6+ yrs.) (10) 2 <input type="checkbox"/> First eye condition (under 6) (AA)    4 <input type="checkbox"/> Not first eye cond. (AA)																												
<b>10. Can -- see well enough to read ordinary newspaper print WITH GLASSES with his</b> <table style="display: inline-table; vertical-align: middle;"> <tr> <td style="border: none;">left</td> <td style="border: none;">} eye? .. 1 Y    2 N</td> </tr> <tr> <td style="border: none;">right</td> <td style="border: none;">} .. 1 Y    2 N</td> </tr> </table>		left	} eye? .. 1 Y    2 N	right	} .. 1 Y    2 N																								
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<b>AA</b>	1 <input type="checkbox"/> Missing extremity or organ (A4) 2 <input type="checkbox"/> Condition not listed or reported in probe question 31 (A4) <input type="checkbox"/> Condition listed or reported in probe question 31 3 <input type="checkbox"/> Doctor seen (12) 4 <input type="checkbox"/> Doctor not seen (11)																												
<b>FOOTNOTES</b>																													

11. During the past 12 months what did -- do or take for his . . . ? (Write in) Anything else? \_\_\_\_\_ (18)

12. After -- first noticed something was wrong, about how long was it before he talked to a doctor about it - was it a matter of days, weeks, or months?  
 000  Discovered by dr. (14) 2 \_\_\_\_\_ Days 4 \_\_\_\_\_ Months  
 100  Less than one day 3 \_\_\_\_\_ Weeks 5 \_\_\_\_\_ Years

13. BEFORE -- talked to a doctor about his . . . , did he do or take anything for it? 1 Y 2 N  
 If "Diabetes," ask 14a; otherwise go to 14c. 1 Y (15)

14a. Does -- take insulin injections for his diabetes? 2 N  
 b. Does he take diabetes pills? 1 Y (15) 2 N  
 c. Does -- NOW take any medicine or treatment for his . . . ? 1 Y 2 N (15)  
 d. Was any of this medicine or treatment recommended by a doctor? 1 Y 2 N

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

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

17. During the past 12 months, about how many times has -- seen or talked to a doctor about his . . . ? \_\_\_\_\_ Times (Do not count visits while a patient in a hospital.) 000  None

18a. 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  
 Ask if 17+ years:  
 b. About how many days during the past 12 months has this condition kept him from work? \_\_\_\_\_ Days  
 For females: Not counting work around the house? 000  None

19a. 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 (19c) 8  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 \_\_\_\_\_  
 All the time in 19a (A4)  
 c. Does -- still have this condition?  
 1 Y (A4) N  
 d. Is this condition completely cured or is it under control?  
 2  Cured 3  Under control (A4)  
 4  Other - Specify \_\_\_\_\_ (A4)  
 e. About how long did -- have this condition before it was cured?  
 0  Less than one month \_\_\_\_\_ Months \_\_\_\_\_ Years

**A4**  Accident or injury  Other (NC)

20a. Did the accident happen during the past 2 years or before that time?  
 During the past 2 years  Before 2 years (21a)

b. When did the accident happen?  
 Last week  Over 3-12 months  
 Week before  1-2 years (21a)  
 2 weeks-3 months

Complete from 20b; if not clear, ask:  
 c. Did the accident happen since (date) ?  
 1 Y (Item C, THEN 21) 2 N

21a. 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

22. 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 \_\_\_\_\_

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

24a. Was a car, truck, bus, or other motor vehicle involved in the accident in any way? 1 Y 2 N (NC)

b. Was more than one vehicle involved? Y N

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