## CONDITION 1

<table>
<thead>
<tr>
<th>1. Person number</th>
<th>Name of condition</th>
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### A1

Examine "Name of condition" entry and mark:
- Color blindness (NC)
- On Card C (A2)
- Accident or injury (A2)
- Neither (3a)

#### If "Doctor not talked to," transcribe entry from item 1.

If "Doctor talked to," ask:

1. **What did the doctor say it was?** - Did he give it a medical name?
2. **What was the cause of . . .?**
   - Accident or injury (A2)

#### If the entry in 3a or 3b includes the words:
- Ailment Condition Disorder Trouble
- Anemia Defect Measles Ulcer

Ask c:

- On Card C (A2)
- First eye cond. (4+ yrs.)
- First eye cond. (6+ yrs.)
- Not first eye cond. (AA)

### A2

Ask remaining questions as appropriate for the condition entered in:

- Item 1
- Item 2
- Item 3

#### 4. During the past 2 weeks, did his . . . cause him to cut down on the things he usually does?
- Item 1
- Item 2

#### 5. During that period, how many days did he cut down for as much as a day?

#### 6. During that 2-week period, how many days did his . . . keep him in bed all or most of the day?

#### 7. How many days did his . . . keep him from work during that 2-week period? (For females): not counting work around the house?

#### 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
- Over 3–12 months
- More than 12 months ago

#### 10. Can -- see well enough to read ordinary newspaper with his right? eye? Y N

### A3

These next questions are about how well -- can see (with glasses/contacts).

#### 10a. Can -- see well enough to read ordinary newspaper print with his left eye?

#### 10b. Can -- see well enough to recognize the features of people he knows if they are close enough?

#### 10c. Can -- see moving objects, such as cars moving or people walking?

#### 10d. Can -- see enough to step down?

#### 10e. Can -- see enough to recognize a friend walking on the other side of the street?

#### 10f. Can -- see well enough to tell if a light is on?

#### 10g. 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
- Other - Specify

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76
AA

1. □ Missing extremity (A4)
   □ Condition in C2 does not have a letter as source (A4)
   □ Condition in C2 has a letter as source, Doctor seen (11)
   □ Condition in C2 has a letter as source, Doctor not seen (15)

11a. Does -- NOW take any medicine or treatment
   for his . . . ?
   1 Y
   2 N (12)

b. Was any of this medicine or treatment recommended
   by a doctor?
   1 Y
   2 N

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

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

14. 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.)
   000 □ None

15a. About how many days during the past 12 months has
   this condition kept him in bed all or most of the day?
   000 □ None

Ask if 17+ years:

b. About how many days during the past 12 months has
   this condition kept him from work?
   For females: Not counting work around the house?
   000 □ None

16a. 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 (A4)
   □ 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

FOOTNOTES

A4

17a. Did the accident happen during the past 2 years or before that time?
   □ During the past 2 years
   □ Before 2 years (18b)

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

18a. 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

19. 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

20. Was -- at work at his job or business when the accident happened?
   1 Y
   2 N (19)

21a. 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