

**CONDITION 1**

1. Person number \_\_\_\_\_ Name of condition \_\_\_\_\_

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

1 <input type="checkbox"/> In interview week (Reask 2)	2 <input type="checkbox"/> Past 2 wks. (Item C)	3 <input type="checkbox"/> 2 wks.-6 mos.	4 <input type="checkbox"/> Over 6-12 mos.	5 <input type="checkbox"/> 2-4 yrs.	6 <input type="checkbox"/> 5+ yrs.	7 <input type="checkbox"/> Never	8 <input type="checkbox"/> DK if Dr. seen	9 <input type="checkbox"/> DK when Dr. seen
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**A1** Examine "Name of condition" entry and mark

<input type="checkbox"/> Color blindness (NC)	<input type="checkbox"/> On Card C (A2)
<input type="checkbox"/> Accident or injury (A2)	<input type="checkbox"/> Neither (3a)

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

3a. What did the doctor say it was? - Did he give it a medical name?

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Do not ask for Cancer  On Card C (A2)

b. What was the cause of . . . ?

Accident or injury (A2)

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

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

c. What kind of . . . is it?

For allergy or stroke, ask:

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

If in 3a-d there is an impairment or any of the following entries:

Abscess	Damage	Paralysis	} Ask e:
Ache (except head or ear)	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

**A2** Ask remaining questions as appropriate for the condition entered in:

1 <input type="checkbox"/> Item 1	3 <input type="checkbox"/> Q. 3b	5 <input type="checkbox"/> Q. 3d
2 <input type="checkbox"/> Q. 3a	4 <input type="checkbox"/> Q. 3c	6 <input type="checkbox"/> Q. 3e

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  
oo  None (9)

6. During that 2-week period, how many days did his . . . keep him in bed all or most of the day? \_\_\_\_\_ Days  
oo  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)  
oo  None (9)

Ask if 6-16 years:

8. How many days did his . . . keep him from school during that 2-week period? \_\_\_\_\_ Days  
oo  None

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?)

**A3**

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 cond. (under 6) (10g)	4 <input type="checkbox"/> Not first eye cond. (AA)

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? . . . . . 1 Y 2 N  
{right} eye? . . . . . 1 Y 2 N

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

c. Can -- see moving objects, such as cars moving or people walking? Y N

d. Can -- see well enough to step down? Y N

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

If ALL "No," ask 10f; otherwise go to 10g.

f. Can -- see well enough to tell if a light is on? Y (AA) N (AA)

g. How much trouble would you say that -- has in seeing, a great deal, some, or hardly any at all?

<input type="checkbox"/> Great deal	<input type="checkbox"/> Some
<input type="checkbox"/> Hardly any or none	<input type="checkbox"/> Other - Specify _____

**AA**

1  Missing extremity (A4)  
 2  Condition in C2 does not have a letter as source (A4)  
 3  Condition in C2 has a letter as source, Doctor seen (11)  
 4  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 . . . ? \_\_\_ Times  
 (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? \_\_\_ 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

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) 6  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**  Accident or injury  Other (NC)

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

b. When did the accident happen?  
 Last week  Over 3--12 months  
 Week before  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 3  While in Armed Services  
 2 N 4  Under 17 at time of accident

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