

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)	1 <input type="checkbox"/> Past 2 wks. (Item C)	5 <input type="checkbox"/> 2-4 yrs.		
	2 <input type="checkbox"/> 2 wks.-6 mos.	6 <input type="checkbox"/> 5- yrs.		
	3 <input type="checkbox"/> Over 6-12 mos.	7 <input type="checkbox"/> Never		
	4 <input type="checkbox"/> 1 yr.	8 <input type="checkbox"/> DK if Dr. seen		
		9 <input type="checkbox"/> DK when Dr. seen		
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?				
Do not ask for Cancer <input type="checkbox"/> On Card C (A2)				
b. What was the cause of ...?				
<input type="checkbox"/> 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:				
Abcess	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 00 None (9)		
6. During that 2-week period, how many days did his ... keep him in bed all or most of the day?		___ Days 00 None		
Ask if 17- years:		___ Days (9)		
7. How many days did his ... keep him from work during that 2-week period? (For females): not counting work around the house?		00 None (9)		
Ask if 6-16 years:		___ Days		
8. How many days did his ... keep him from school during that 2-week period?		00 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) (AA)	4 <input type="checkbox"/> Not first eye cond. (AA)			
10. Can -- see well enough to read ordinary newspaper print WITH GLASSES with his {left} eye? ... 1 Y 2 N				
		{right} eye? ... 1 Y 2 N		
FOOTNOTES				

**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  
 4  Never (16c) 5  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 16a OR condition list 4 asked (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)

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