

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.	6 <input type="checkbox"/> 5+ yrs.
3 <input type="checkbox"/> Over 6-12 mos.	7 <input type="checkbox"/> Never	7 <input type="checkbox"/> Never
4 <input type="checkbox"/> 1 yr.	8 <input type="checkbox"/> DK if Dr. seen	8 <input type="checkbox"/> DK if Dr. seen
	9 <input type="checkbox"/> DK when 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 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 c:
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:

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)
00 None (9)

Ask if 6-16 years:

8. How many days did his ... keep him from school during that 2-week period? _____ Days
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
 0 Never (16c) 4 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) 2 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

CONDITION 2

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. -6 mos.	3 <input type="checkbox"/> Over 6-12 mos.	4 <input type="checkbox"/> 1 yr.	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?

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
Anemia	Cyst	Growth	Tumor
Asthma	Defect	Measles	Ulcer
Attack	Disease	Rupture	

} Ask c:

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
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

} Ask e:

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:

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)
00 None (9)

Ask if 6-16 years:

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

____ Days
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 . . . ?
 (Do not count visits while a patient in a hospital.) ___ Times
 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 (16c) 4 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

CONDITION 3

1. Person number Name of condition

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

A1 Examine "Name of condition" entry and mark

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 On Card C (A2)

b. What was the cause of ... ?

If the entry in 3a or 3b includes the words: Ailment Condition Disorder Trouble

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 Ache (except head or ear) Growth Rupture

e. What part of the body is affected?

Show the following detail:

Head skull, scalp, face Back/spine/vertebra upper, middle, lower

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

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

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 ... ?

A3 1. Not an eye cond. (AA) 3. First eye cond. (6+ yrs.)

10. Can -- see well enough to read ordinary newspaper print WITH GLASSES with his left 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
 0 Never (16c) 4 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)
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 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

CONDITION 4

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
Anemia	Cyst	Growth	Tumor
Asthma	Defect	Measles	Ulcer
Attack	Disease	Rupture	
			} Ask c:
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	
Bull	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 <input type="checkbox"/> 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 <input type="checkbox"/> 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) 00 <input type="checkbox"/> None (9)	
Ask if 6-16 years:			
8. How many days did his . . . keep him from school during that 2-week period?		____ Days 00 <input type="checkbox"/> 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 right} eye? . . . 1 Y 2 N			
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)
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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
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12. Has he ever had surgery for this condition? 1 Y
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13. Was he ever hospitalized for this condition? 1 Y
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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
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b. When it does bother him, is he bothered a great deal, some, or very little?
 1 Great deal 2 Some 3 Very little
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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)
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 5 Industrial place (includes premises)
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 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

CONDITION 5

1.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">Person number</td> <td>Name of condition</td> </tr> </table>	Person number	Name of condition	A2	Ask remaining questions as appropriate for the condition entered in: 1 <input type="checkbox"/> Item I 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																										
Person number	Name of condition																														
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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 (16c) 4 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

CONDITION 6

1. Person number	Name of condition
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2. When did -- last see or talk to a doctor about his . . . ?

<input type="checkbox"/> In interview week (Reask 2)	<input type="checkbox"/> Past 2 wks. (Item C)	<input type="checkbox"/> 2-4 yrs.
<input type="checkbox"/> 2 wks.-6 mos.	<input type="checkbox"/> 5+ yrs.	
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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?

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
Anemia	Cyst	Growth	Tumor
Asthma	Defect	Measles	Ulcer
Attack	Disease	Rupture	

} Ask c:

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
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

} Ask e:

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
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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)
00 None (9)

Ask if 6-16 years:

8. How many days did his . . . keep him from school during that 2-week period? ____ Days
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
}	right

 eye? . . . 1 Y 2 N

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FOOTNOTES

AA

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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)

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