### CONDITION 1

1. **Person number**
2. **Name of condition**

#### A1
- **Examine "Name of condition" entry and mark**
  - Color blindness (NC)
  - On Card C (A2)
  - Accidents or injury (A2)
  - Neither (30)

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

**If "Doctor talked to, ask:**
- What did the doctor say it was? — Did he give it a medical name?

**For allergy or stroke, ask:**
- How does the allergy (stroke) affect him?

**Show the following detail:**
- Head (skull, scalp, face)
- Back/Spine/Vertebrae (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:**
  - Item 1
  - Q. 3a
  - Q. 3c

#### A3
- **Ask if 17+ years:**
  - When did — first notice his . . . ?
    - Last week
    - Week before
    - Past 2 weeks — DK which
    - More than 12 months ago

**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)                       |

17a. 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

b. About how many days during the past 12 months has this condition kept him from work?  
   000  □  None

   For females: Not counting work around the house?

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)                                                            
   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     10          Months     10      Years

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

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

18. At the time of the accident what part of the body was hurt?  
What kind of injury was it? Anything else?

<table>
<thead>
<tr>
<th>Part(s) of body</th>
<th>Kind of injury</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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?

<table>
<thead>
<tr>
<th>Part(s) of body</th>
<th>Present effects</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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?  
   □  Yes  □  No

21a. Was a car, truck, bus, or other motor vehicle involved in the accident in any way?  
   □  Yes  □  No (NC)

b. Was more than one vehicle involved?  
   □  Yes  □  No

c. Was it (either one) moving at the time?  
   □  Yes  □  No
CONDITION 2

1. Person number (40m) of condition

2. When did -- last see or talk to a doctor about his . . .?
   - In interview: Past 2 wks. (Item C)
   - Over 1 yr.

3. 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:

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

   b. What was the cause of . . . ?
      - On Card C (A2)

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

   Ask c:

   c. What kind of . . . is it?

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

   Abcess
   Ache (except head or ear)
   Allergic
   Amnesia
   Cyst
   Growth
   Tumor

   Ask e:

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

   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, elbows, lower, wrist, hand
   Leg: one or both: hip, upper, knee, lower, ankle, foot

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 . . .?

10. Can -- see well enough to read ordinary newspaper print

   WITH GLASSES with his left eye? . . . 1 Y 2 N

   WITH GLASSES with his right eye? . . . 1 Y 2 N

FOOTNOTES
### AA

<table>
<thead>
<tr>
<th>Question</th>
<th>Option 1</th>
<th>Option 2</th>
<th>Option 3</th>
<th>Option 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Missing extremity (A4)</td>
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<tr>
<td>2. Condition in C2 does not have a letter as source (A4)</td>
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<tr>
<td>3. Condition in C2 has a letter as source, Doctor seen (11)</td>
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<tr>
<td>4. Condition in C2 has a letter as source, Doctor not seen (15)</td>
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<tr>
<td>11a. Does -- NOW take any medicine or treatment for his . . .?</td>
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<tr>
<td>1. Yes</td>
<td>2. No</td>
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<tr>
<td>12. Has he ever had surgery for this condition?</td>
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<tr>
<td>1. Yes</td>
<td>2. No</td>
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<tr>
<td>13. Was he ever hospitalized for this condition?</td>
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<tr>
<td>1. Yes</td>
<td>2. No</td>
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<tr>
<td>14. During the post 12 months, about how many times has -- seen or talked to a doctor about his . . .?</td>
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<tr>
<td>1. Yes</td>
<td>2. No</td>
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<tr>
<td>15a. About how many days during the past 12 months has this condition kept him in bed all or most of the day?</td>
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<tr>
<td>1. Yes</td>
<td>2. No</td>
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<tr>
<td>16a. How often does his . . . bother him - all of the time, often, once in a while, or never?</td>
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<tr>
<td>1. All the time</td>
<td>2. Often</td>
<td>3. Once in a while</td>
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<td>4. Other - Specify</td>
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<td>16b. When it does bother him, is he bothered a great deal, some, or very little?</td>
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<tr>
<td>1. Great deal</td>
<td>2. Some</td>
<td>3. Very little</td>
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<tr>
<td>4. Other - Specify</td>
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<tr>
<td>17a. Did the accident happen during the post 2 years or before that time?</td>
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<tr>
<td>1. During the past 2 years</td>
<td>2. Before 2 years</td>
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<tr>
<td>18a. At the time of the accident what part of the body was hurt?</td>
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<tr>
<td>1. What kind of injury was it? Anything else?</td>
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<tr>
<td>19. Where did the accident happen?</td>
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<tr>
<td>1. At home (inside house)</td>
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<td>3. Street and highway (includes roadway and public sidewalk)</td>
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<td>4. Farm</td>
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<td>5. Industrial place (includes premises)</td>
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<td>6. School (includes premises)</td>
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<td>7. Place of recreation and sports, except at school</td>
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<tr>
<td>8. Other - Specify</td>
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<tr>
<td>20. Was -- at work at his job or business when the accident happened?</td>
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<tr>
<td>1. Yes</td>
<td>2. No</td>
<td></td>
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<tr>
<td>21a. Was a car, truck, bus, or other motor vehicle involved in the accident in any way?</td>
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<tr>
<td>1. Yes</td>
<td>2. No</td>
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<tr>
<td>21b. Was more than one vehicle involved?</td>
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<tr>
<td>1. Yes</td>
<td>2. No</td>
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</table>
# CONDITION 3

## 1. Person number  
**Name of condition**

## 2. When did --- last see or talk to a doctor about his . . .? 
- **1** In interview
- **2** Past 2 wks., (Item C)
  - **3** a) 2-4 yrs.
  - **3** b) 2 wks.-6 mos.
  - **3** c) Over 6-12 mos.
  - **3** d) 1 yr.
  - **3** e) DK if Dr. seen

### A1
- **A1.** Name of condition entry and mark
- **A1.** Color blindness (NC)
- **A2.** On Card C (A2)
- **A2.** Accident or injury (A2)
- **A2.** Neither (3a)

### A2
- **A2.** Ask remaining questions as appropriate for the condition entered in:
  - 1. Item 1
  - 2. Q. 3b
  - 3. Q. 3a
  - 4. Q. 3c
  - 5. Q. 3d

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

### A1
- **A1.** Doctor not talked to; transcribe entry from item 1.
- **A1.** Doctor talked to, ask:

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

### A2
- **A2.** Ask c:
- **A2.** First eye cond. (6+ yrs.)
- **A2.** Not first eye cond. (AA)

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

### A2
- **A2.** Ask remaining questions as appropriate for the condition entered in:
  - 1. Item 1
  - 2. Q. 3b
  - 3. Q. 3a
  - 4. Q. 3c
  - 5. Q. 3d

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

### A2
- **A2.** 00 None (9)

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

### A2
- **A2.** 00 None (9)

## 7. How many days did his . . . keep him from work?

### A2
- **A2.** 00 None (9)

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

### A2
- **A2.** 00 None (9)

## 9. When did --- first notice his . . .?

### A2
- **A2.** Last week
- **A2.** Week before
- **A2.** Over 3-12 months ago

## 10. Can --- see well enough to read ordinary newspaper print WITH GLASSES with his . . .

### A2
- **A2.** left eye? . . . 1 Y 2 N
- **A2.** right eye? . . . 1 Y 2 N

## FOOTNOTES

### A1

#### 3. a. What kind of . . . is it?

#### a. What part of the body is affected?

#### show the following detail:

- **Head:** skull, scalp, face
- **Back/spine/vertebra:** upper, middle, lower
- **Eye or ear:** one or both
- **Arm:** one or both; shoulder, upper, elbow, lower, wrist, hand
- **Leg:** one or both; hip, upper, knee, lower, ankle, foot
### Table: 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 . . .?
  - Y
  - N (12)

#### 11b. Was any of this medicine or treatment recommended by a doctor?

- Y
  - N

#### 12. Has he ever had surgery for this condition?

- Y
  - N

#### 13. Was he ever hospitalized for this condition?

- Y
  - N

#### 14. During the past 12 months, about how many times has -- seen or talked to a doctor about his . . .?

- Times
  - 0
  - 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
  - 0
  - None

#### 15b. About how many days during the past 12 months has this condition kept him from work?

- Ask if 17+ years:
  - Days
  - 0
  - None

#### 16a. How often does his . . . bother him -- all of the time, often, once in a while, or never?

- All the time
  - Y (A4)
  - N

#### 16b. When it does bother him, is he bothered a great deal, some, or very little?

- Great deal
  - Y
  - N

### Table: Accident or injury (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
  - Y
  - N

#### 17b. When did the accident happen?

- Last week
  - Y
  - N

#### 18a. At the time of the accident what part of the body was hurt?

#### 18b. What part of the body is affected now?

#### 19. Where did the accident happen?

- At home (inside house)
  - Y
  - N

#### 20. Was -- at work at his job or business when the accident happened?

- Y
  - N (NC)

#### 21a. Was a car, truck, bus, or other motor vehicle involved in the accident in any way?

- Y
  - N (NC)

#### 21b. Was more than one vehicle involved?

- Y
  - N

#### 21c. Was it (either one) moving at the time?

- Y
  - N
CONDITION 4

1. Person number
Name of condition

2. When did -- last see or talk to a doctor about his . . .?
1 [ ] In interview
2 [ ] Past 2 wks. (Item C)
3 [ ] Past 6-12 mos.
4 [ ] Over 2 yrs.
5 [ ] Never

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

a. What was the cause of . . .?

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

a. 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:

a. What part of the body is affected?

A1
Examine 'Name of condition' entry and mark
[ ] Color blindness (NC) [ ] On Card C (A2)
[ ] Accident or injury (A2) [ ] Neither (30)

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:

Allergy  Condition  Disorder  Trouble
Asthma  Cyst  Growth  Tumor
Arthritis  Defect  Maladies  Ulcer

Ask c:
c. What kind of . . . is it?

For allergy or stroke, ask:
d. How does the allergy (stroke) affect him?

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?
[ ] 1 Y [ ] 2 N (9)

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 . . .?

10. Can -- see well enough to read ordinary newspaper print with glasses with his left eye? . . . 1 Y [ ] 2 N

FOOTNOTES
<table>
<thead>
<tr>
<th>AA</th>
<th>A4</th>
</tr>
</thead>
</table>

1. Does **now** take any medicine or treatment for his...?  
   [ ] Y  
   [ ] N (12)  

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

3. Has he ever had surgery for this condition?  
   [ ] Y  
   [ ] N  

4. Has he ever been hospitalized for this condition?  
   [ ] Y  
   [ ] N  

5. During the past 12 months, about how many times has he seen or talked to a doctor about his...?  
   [ ] Times  
   [ ] None  

6. About how many days during the past 12 months has this condition kept him in bed all or most of the day?  
   [ ] Days  
   [ ] None  

7. 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?  
   [ ] Days  
   [ ] None  

8. How often does his... bother him - all of the time, often, once in a while, or never?  
   [ ] All the time  
   [ ] Often  
   [ ] Once in a while  
   [ ] Never (16c)  
   [ ] Other - Specify  

9. When it does bother him, is he bothered a great deal, some, or very little?  
   [ ] Great deal  
   [ ] Some  
   [ ] Very little  
   [ ] Other - Specify  

10. All the time in 16a OR condition list 4 asked (A4)  

11. c. Does --- still have this condition?  
   [ ] Y (A4)  
   [ ] N  

12. d. Is this condition completely cured or is it under control?  
   [ ] Cured  
   [ ] Under control (A4)  
   [ ] Other - Specify (A4)  

13. e. About how long did --- have this condition before it was cured?  
   [ ] Less than one month  
   [ ] Months  
   [ ] Years  

14. During the past 2 years or before that time?  
   [ ] During the past 2 years  
   [ ] Before 2 years (18a)  

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

16. a. 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 he --- affected? Is he affected in any other way?  
   
   Part(s) of body  
   Present effects  

17. Where did the accident happen?  
   [ ] At home (inside house)  
   [ ] At home (adjacent premises)  
   [ ] Street and highway (includes roadway and public sidewalk)  
   [ ] Farm  
   [ ] Industrial place (includes premises)  
   [ ] School (includes premises)  
   [ ] Place of recreation and sports, except at school  
   [ ] Other - Specify  

18. Was --- at work at his job or business when the accident happened?  
   [ ] Y  
   [ ] N  
   [ ] While in Armed Services  
   [ ] Under 17 at time of accident  

19. Was a car, truck, bus, or other motor vehicle involved in the accident in any way?  
   [ ] Y  
   [ ] N (NC)  
   [ ] More than one vehicle involved?  
   [ ] Y  
   [ ] N  
   [ ] Other - Specify  

20. Was it (either one) moving at the time?  
   [ ] Y  
   [ ] N  

89
1. Person number

2. When did -- last see or talk to a doctor about his . . .?
   1. In interview
   2. Past 2 wks. (Item C)
   3. 2-4 yrs.
   4. 5 yrs.
   5. Over 6-12 mos.
   6. Never

3a. What did the doctor say it was? — Did he give it a medical name?
   a. Not an eye cond. (AA)
   b. First eye cond. (AA)
   c. Not first eye cond. (AA)

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?
   a. None

6. During that 2-week period, how many days did his . . . keep him in bed all or most of the day?
   a. None

7. When did -- first notice his . . .?
   1. Last week
   2. Week before
   3. Past 2 weeks
   4. More than 12 months ago

8. Who did -- first notice his . . .?
   a. What was the cause of . . .?
   1. Accident or injury (A2)
   2. None

9. Can -- see well enough to read ordinary newspaper print
   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)**
   - [ ]

### 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
- [ ] 1-2 years
- [ ] 2 weeks-3 months

#### 18a. At the time of the accident what part of the body was hurt?

<table>
<thead>
<tr>
<th>Part(s) of body</th>
<th>Kind of injury</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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?

<table>
<thead>
<tr>
<th>Part(s) of body</th>
<th>Present effects</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 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. [ ] 3 — While in Armed Services
3. [ ] 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. [ ] 2 — (NC)

#### b. Was more than one vehicle involved?

- [ ] Y
- [ ] N

#### c. Was it (either one) moving at the time?

- [ ] Y
- [ ] N
CONDITION 6

1. Person number  Name of condition

2. When did -- last see or talk to a doctor about his . . . ?
   [4] 1 yr.  [8] DK if Dr. seen
   [9] DK when Dr. seen

   A1  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:
   3a. What did the doctor say it was? — Did he give it a medical name?

   A2  Ask remaining questions as appropriate for the condition entered in:
   1  [ ] Item 1  3  [ ] Q. 3b  5  [ ] Q. 3d
   2  [ ] Q. 3a  4  [ ] Q. 3c

   4. During the past 2 weeks, did his . . . cause him
to cut down on the things he usually does?  [ ] Y  [ ] N (9)

   5. During that period, how many days did he cut
   down for as much as a day?  Days (9)

   6. During that 2-week period, how many days did
   his . . . keep him in bed all or most of the day?  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?  Days (9)

   8. How many days did his . . . keep him from
   school during that 2-week period?  Days (9)

   9. When did -- first notice his . . . ?
   [1] Last week  4 [ ] 2 weeks—3 months
   [2] Week before  5 [ ] Over 3—12 months
   [3] Past 2 weeks—DK which  6 [ ] 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  Ask:
   1  [ ] Not an eye cond. (AA)  3  [ ] First eye cond. (6+ yrs.)
   2  [ ] First eye cond. (under 6) (AA)  4  [ ] Not first eye cond. (AA)

   10. Can . . . see well enough to read ordinary newspaper print
   WITH GLASSES with his [ ] left  [ ] right
   eye?  [ ] Y  [ ] N
   eye?  [ ] Y  [ ] 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 . . . ?
- □ Yes (Y)
- □ No (N)
- □ Sometimes (S)
- □ Other - Specify (O)

For females: Not counting work around the house?

### 12. Has he ever had surgery for this condition?
- □ Yes (Y)
- □ No (N)

### 13. Was he ever hospitalized for this condition?
- □ Yes (Y)
- □ No (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.)
- □ 0
- □ 1
- □ 2
- □ 3
- □ 4
- □ 5
- □ 6
- □ 7
- □ More than 7
- □ Other - Specify (O)

### 15a. About how many days during the past 12 months has this condition kept him in bed all or most of the day?

(Ask if 17+ years:
- □ 0
- □ 1
- □ 2
- □ 3
- □ 4
- □ 5
- □ 6
- □ 7
- □ More than 7
- □ Other - Specify (O)

### 16a. How often does his . . . bother him – all of the time, often, once in a while, or never?
- □ All the time
- □ Often
- □ Once in a while
- □ Never (16c)
- □ Other – Specify (O)

### 16b. When it does bother him, is he bothered a great deal, some, or very little?
- □ Great deal
- □ Some
- □ Very little
- □ Other – Specify (O)

### 16c. Does -- still have this condition?
- □ Yes (Y)
- □ No (N)

### 16d. Is this condition completely cured or is it under control?
- □ Cured
- □ Under control (A4)
- □ Other – Specify (A4)

### 16e. About how long did -- have this condition before it was cured?
- □ Less than one month
- □ Months
- □ Years

**A4**

1. □ Accident or injury
2. □ 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)

### 17b. 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?

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If accident happened more than 3 months ago, ask:

### 18b. What part of the body is affected now?

How is his -- affected? Is he affected in any other way?

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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 (O)

### 20. Was -- at work at his job or business when the accident happened?

1. □ Yes (Y)
2. □ No (N)

### 21a. Was a car, truck, bus, or other motor vehicle involved in the accident in any way?

1. □ Yes (Y)
2. □ No (N)

### 21b. Was more than one vehicle involved?

1. □ Yes (Y)
2. □ No (N)

### 21c. Was it (either one) moving at the time?

1. □ Yes (Y)
2. □ No (N)