CONDITION 1

1. Person number | Name of condition

2. When did -- last see or talk to a doctor about his . . .?
1 ☐ In interview week (Reask 2)
1 ☐ Past 2 wks. (Item C)
2 ☐ 2 wks.–6 mos.
3 ☐ Over 6–12 mos.
4 ☐ 1 yr.
5 ☐ 2–4 yrs.
6 ☐ 5+ yrs.
7 ☐ Never
8 ☐ DK if Dr. seen
9 ☐ DK when Dr. seen

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:
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, Anemia, Asthma, Attack, Condition, Cyst, Defect, Disease, Disorder, Growth, Measles, Problem, Rupture, Trouble, Tumor, Ulcer } 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, Ache (except head or ear), Bleeding, Blood clot, Boil, Cancer, Cramps (except menstrual), Cyst, Damage, Growth, Hemorrhage, Infection, Inflammation, Neuralgia, Neuritis, Pain, Palsy, Paralysis, Rupture, Sore(ness), Stiff(ness), Tumor, Ulcer, Varicose veins, Weak(ness) } Ask e:

e. What part of the body is affected? ____________ Specify

Show the following detail:
Head . . . . skull, scalp, face
Back/spine/vertebrae . . . . upper, middle, lower
Side . . . . left or right
Ear . . . . inner or outer; left, right, or both
Eye . . . . left, right, or both
Arm . . . . shoulder, upper, elbow, lower or wrist; left, right, or both
Hand . . . . entire hand or fingers only; left, right, or both
Leg . . . . hip, upper, knee, lower, or ankle; left, right, or both
Foot . . . . entire foot, arch, or toes only; left, right, or both

Except for eyes, ears, or internal organs, ask if there are any of the following entries in 3a–d:
Infection Sore Soreness
f. What part of the (part of body in 3e) is affected by the (infection/sore/soreness) – the skin, muscle, bone, or some other part? Specify

Ask if there are any of the following entries in 3a–d:
Tumor Cyst Growth
g. Is this (tumor/cyst/growth) malignant or benign?
1 ☐ Malignant 2 ☐ Benign 9 ☐ DK

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 6 ☐ 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 ☐ Last week
2 ☐ Week before
3 ☐ Past 2 weeks–DK which
4 ☐ 2 weeks–3 months
5 ☐ Over 3–12 months
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
1 ☐ Not an eye cond. (AA)
2 ☐ First eye cond. (under 6) (AA)
3 ☐ First eye cond. (6+ yrs.) (10)
4 ☐ 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)* 8 ☐ 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