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CONDITION 1	Except for eyes, ears, or internal organs, ask if there are any of
1. Person number Name of condition 2. When did last see or talk to a dector about his? 1 in interview 1 Past 2 wks. (Item C) s 2 2 wks6 mos. 6 5+ yrs. g 0 ver 6-12 mos. 7 Never 4 yr. 9 DK when Dr. seen Examine "Name of condition" entry and mark	the following entries in 3a-d: Infection Sere Serencess f. What part of the (<u>part of body in 3e</u>) is affected by the (infection/ sore/sorencess) - the skin, muscle, bone, or some other part? Specify/ Ask if there are any of the following entries in 3a-d: Tumer Cyst Growth g. Is this (tumer/cyst/growth) melignant or benign?
A1 Color blindness (NC) On Card C (A2) Accident or injury (A2) Neither (3a)	1 □ Malignant 2 □ Benign 9 □ DK A2 Ask remaining questions as appropriate for the condition entered in: 1 □ Item 1 3 □ Q, 3b 3 □ Q, 3d
if "Doctor talked to," ask: 3a. What did the dector say it was? – Did he give it a medical name?	1 1 tem 1 3 Q. 3b 3 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)
Do not ask for Cancer	5. During that period, how many days did he cut down for as much as a day? Days oo Days
If the entry in 3a or 3b includes the words: Ailment Condition Disorder Rupture Anemia Cyst Growth Trouble Asthmo Defect Measles Tumor Ask c:	6. During that 2-week period, hew many days did hiskeep him in bed all or most of the day?
Astrack Disease Problem Ulcer	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)
For allergy or stroke, ask: d. How does the allergy (stroke) affect him?	Ask if 6-16 years: 8. How many days did his keep him from Days school during that 2-week period? 00 None 9. When did first notice his?
If in 3a-d there is an impairment or any of the following entries: Abscess Domage Parelysis Ache (except head or eer) Growth Rupture Bleeding Hemerthage Sore(ness) Bleed clot Infection Stiff(ness) Beil Inflemmation Tumer Ask e:	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?)
Concer Nouraigia Ulcer Gromps (except Neuritis Varicese voins menstrual) Pain Weak(ness) Cyst Paisy	1 Not an eye cond. (AA) 3 First eye cond. (6+ yrs.) (10) 2 First eye cond. (AA) 4 Not first eye cond. (AA)
e. What part of the body is affected?	10. Can see well enough to read ordinary newspaper print WITH GLASSES with his left right eye?1 Y 2 N FOOTNOTES

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A A 1 Condition in C2 does not have a letter as source (A4)	A4 Accident or injury Other (NC)
AA 2 Condition in C2 does not have a letter as source (A4) 3 Condition in C2 has a letter as source, Doctor seen (11)	17a. Did the accident happen during the past 2 years or before that time?
4 Condition in C2 has a letter as source, Doctor not seen (15)	During the past 2 years Before 2 years (180)
11e. Dees NOW take any medicine or treatment 1 Y	b. When did the accident happen?
fer his? 2 N (12)	C Last week Over 3-12 months
b. Was any of this medicine or treatment recommended 1 Y	Week before I-2 years
by a dector? 2 N	2 weeks-3 months
12. Has he ever had surgery for this condition? 1 Y	18a. At the time of the accident what part of the body was hurt?
2 N	What kind of injury was it? Anything else?
13. Was he ever hespitalized for this condition? 1 Y	Part(s) of body Kind of injury
14. During the past 12 months, about how many times has —— seen or talked to a dector about his?	
(De not count visits while a patient in a hospital.) 000 (T None	
	If accident happened more than 3 months ago, ask:
15a. About how many days during the past 12 months has this condition kept him in bod all or most of the day? Days	b. What part of the body is affected now?
	How is his affected? Is he affected in any other way?
000 🗌 None	Part(s) of body Present effects
Ask if 17+ years:	
b. About how many days during the past 12 months has Days this condition kept him from work?	
For females: Not counting work around the house? oco 🗌 None	
16a. How often does his bother him – all of the time, often, once in a while, or never?	19. Where did the accident happen? 1 [T] At home (inside house)
1 All the time 2 Often 3 Once in a while	z At home (adjacent premises)
• Never (16c) • Other - Specify	3 TStreet and highway (includes roadway and public sidewalk)
	4 🗍 Farm 5 🦳 Industrial place (includes premises)
b. When it does bother him, is he bothered a great deal, some, or very little?	s School (includes premises)
t 🛄 Great deal 2 🛄 Some 3 🛄 Very little	7 Place of recreation and sports, except at school
4 🖸 Other - Specify	$\mathbf{B} \square \text{ Other} - \text{Specify}_{\mathbf{y}}$
All the time in 16a OR condition list 4 asked (A4)	20. Was —— at work at his job or business when the accident happened?
c. Does still have this condition?	1 Y 3 1 While in Armed Services
$1 \ge (A4)$ N	2 N 4 Under 17 at time of accident
d. Is this condition completely cured or is it under control?	21a. Was a car, truck, bus, or other motor vehicle
2 Cured 3 Under control (A4)	involved in the accident in any way? 1 Y 2 N (NC)
4 🛄 Other – Specify (A4)	b. Was more than one vehicle involved? Y N
e. About how long did —— have this condition before it was cured?	
o 🛄 Less than one month Months Years	c. Was it (either one) moving at the time? 1 Y 2 N