## CONDITION 1

<table>
<thead>
<tr>
<th>Person No.</th>
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1. **Name of condition**

   Mark "D&K, ref. pd." box without asking if "DV" or "HS" in C2 or C3.

2. **What illness did (--/anyone) last see or talk to a doctor or assistant about — (condition)?**

   
   | Mark box | Definition
<table>
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<tr>
<td>Yes (3)</td>
<td>No (5)</td>
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3. **(Exact) What was the cause of — (condition)?**

   Specify

4. **What part of the body is affected?**

   Specify

5. **Was the condition in 3b result from an accident or injury?**

   Mark box if accident or injury. 

   | Mark box | Definition
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6. **Ask 3a if "Yes" in 3b, otherwise transcribe condition name from item 1 without asking:

   - Color Blindness (8)
   - Normal pregnancy (7)
   - Cyst (5)
   - Other (5)

7. **What was the cause of — (condition in 3b)?**

   Specify

8. **Ask 2b if "Yes" in 3a, otherwise transcribe condition name from item 1 without asking:

   - Color Blindness (8)
   - Cyst (5)
   - Other (5)

9. **Ask if there are any of the following entries in 3b—:

   - Infection
   - Sore
   - Soreness

   Specify

10. **Ask if there are any of the following entries in 3b—:

    - Tumor
    - Cyst
    - Growth

11. **Is this (tumor/cyst/growth) malignant or benign?**

   - Malignant
   - Benign
   - Other

12. **When was — (condition in 3b)?**

    | Mark box | Definition
    | --- | --- |
    | Yes (3) | No (5) | OK (2) |

13. **Ask if there is an impairment (refer to Card CP2) or any of the following entries in 3b—:

    - Heme
    - Damage
    - Pain
    - Paralysis
    - Hemorrhage
    - Palsy
    - Infection
    - Soreness
    - Stiffness
    - Tumor
    - Ulcer
    - Various pains
    - Weakness

14. **What part of the body is affected?**

   Specify

Show the following detail:

- Head...
- Back/spine/vertebra...
- Upper, middle, lower...
- Left or right...
- Inner or outer...
- Left, right, or both...
- Arm...
- Shoulder, upper, elbow, lower, wrist...
- Left, right, or both...
- Hand...
- Entire hand or fingers only...
- Left, right, or both...
- Leg...
- Hip, knee, shin, lower, or ankle...
- Left, right, or both...
- Foot...
- Entire foot, arch, or toes only...
- Left, right, or both...

15. **Except for eyes, ears, or internal organs, ask if there are any of the following entries in 3b—:

    - Allergy
    - Cyst
    - Growth

    Specify

16. **Ask if there is any allergy to (condition in 3b):**

    - Allergy
    - Cyst

    Specify

17. **Ask if there is any allergy to (condition in 3b):**

    - Allergy
    - Cyst

    Specify

18. **When was — (condition in 3b)?**

    | Mark box | Definition
    | --- | --- |
    | Yes (3) | No (5) | OK (2) |

19. **What was the cause of — (condition in 3b)?**

    Specify

20. **Ask if there is any allergy to (condition in 3b):**

    - Allergy
    - Cyst

    Specify

21. **When did — (name of injury in 3b)?**

    | Mark box | Definition
    | --- | --- |
    | Yes (3) | No (5) | OK (2) |

22. **Ask the following as necessary:**

   - Was it an or since (first date of 2-week ref. period)
   - or was it before that date?
   - (Was it less than 3 months or more than 3 months ago?)
   - (Was it less than 1 year or more than 1 year ago?)
   - (Was it less than 5 years or more than 5 years ago?)

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For stroke, fill remainder of this condition page for the first present effect. Enter in item C2 and complete a separate condition page for each additional present effect.
K1
- Refer to RD and C2.
- "Yes" if "RDP" box AND more than 1 condition in C1 (R)
- Other (K2)

4a. During the 2 weeks outlined in red on that calendar, did — (condition) cause — to cut down on the things — usually does?
- Yes
- No

4b. During that period, how many days did — cut down for more than half of the day?
- None
- Days

7. During these 2 weeks, how many days did — stay in bed for more than half of the day because of this condition?
- None
- Days

Ask if "Wu/WN" box marked in C1:

8. During these 2 weeks, how many days did — miss more than half of the day from — job or business because of this condition?
- None
- Days

9. Ask if "Wu/WN" box marked in C1:

10. Ask how many ky.

K2
- Condition has "CL LYR" in C2 as source (C10)
- Condition does not have "CL LYR" in C2 as source (K4)

10. About how many days since (12 month date) is twice a year, has this condition lay — to bed more than half of the day while on an overnight patient in a hospital?
- None
- Days

11. Was — ever hospitalized for — (condition in 3b)?
- Yes
- No

K3
- Missing extremity or organ (K6)
- Other (K2)

12a. Does — still have this condition?
- Yes (K6)
- No

12b. In this condition completely cured or is it under control?
- Yes
- Under control (K4)
- Other (Specific)

12c. About how long did — have this condition before it was cured?
- Less than 1 month OR
- Months

12d. Was this condition present at any time during the past 12 months?
- Yes
- No

K4
- Not an accident/injury (NC)
- First accident/injury for this person (14)
- Other (12)

13. Is this (condition in 3b) the result of the same accident you already told me about?
- Yes (Record condition page number where accident questions first completed)
- No

14. Where did the accident happen?
- At home (inside house)
- At school (includes playground)
- Street or highway (includes roadway and public sidewalk)
- Public place (includes parks)
- Industrial place (includes premises)
- School (includes premises)
- Places of recreation and sports, except at school
- Other (Specify)

Ask if "Under 18" box marked in C1:

15a. Was — under 18 when the accident happened?
- Yes
- No

15b. Was multiple present effects, enter in C2 each one that is not the same as 3b or C2 and complete a separate condition page for it.

16a. Was a car, truck, bus, or other motor vehicle involved in the accident in any way?
- Yes
- No

16b. Was more than one vehicle involved?
- Yes
- No

16c. Was [End/Other] and moving at the time?
- Yes
- No

17b. At the time of the accident what part of the body was hurt? What kind of injury was it?

<table>
<thead>
<tr>
<th>Part(s) of body</th>
<th>Kind of injury</th>
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Ask if box 3, 4, or 5 marked in C2:

b. What part of the body is affected now? How is — (part of body) affected? Is — affected in any other way?

17c. Enter part of body in same detail as for 3b.

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<th>Present effect(s)</th>
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* Enter part of body in same detail as for 3b.
** If multiple present effects, enter in C2 each one that is not the same as 3b or C2 and complete a separate condition page for it.