### CONDITION 1

<table>
<thead>
<tr>
<th>PERSON NO.</th>
<th></th>
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#### 1. Name of condition

**Note:** "Dev. ref. "Do not without asking if "DV" or "PS."

#### 2. When did [---] (condition) last see or talk to a doctor or assistant about [condition]?

- [ ] 1st week, less than 1 yr.
- [ ] 2nd week, less than 6 mos.
- [ ] Over 2 weeks, less than 6 mos.
- [ ] Over 6 months, less than 1 yr.
- [ ] Over 1 yr., less than 2 yrs.
- [ ] From 2 yrs. to 5 yrs.
- [ ] Over 5 yrs. or more

#### 3a. (For only) Did the doctor or assistant call (condition) by a more technical or specific name?

- [ ] Yes
- [ ] No
- [ ] Not sure

#### 3b. (If "Yes" in 3a) Did the doctor or assistant call (condition) by a more technical or specific name?

Ask 3b if "Yes" in 3a. Otherwise, transcribe condition name from item 1 without asking.

#### 4. What was the cause of [condition] (Specify)?

#### 5. During what period was the [condition] a problem?

- [ ] 1st month of 1st year
- [ ] 2nd through 5th month of 1st year
- [ ] 6th through 11th month of 1st year
- [ ] Over 1 year

#### 6. What kind of (condition) is it? (Specify)

#### 7. Has [condition] ever been a problem?

#### 8. How does the (allergy/stroke) NOW affect [condition]? (Specify)

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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 [ ] No

K2

Condition has "CL LTR" in C2 as source (10)
Condition does not have "CL LTR" in C2 as source (K4)

K3

[ ] Missing extremity or organ (K4)
[ ] Other (12)

K4

[ ] Yes [ ] No

13. In this (condition in K2) the result of the same accident you already told me about?

[ ] Yes [ ] No

14. What did the accident happen?

[ ] At home (inside house) [ ] At home (adjacent premises)
[ ] Street and highway (includes roadway and public sidewalks)
[ ] Industrial place (includes premises)
[ ] School (includes premises)
[ ] Place of recreation and sports, except at school

15a. Was -- under 18 when the accident happened?

[ ] Yes [ ] No

b. Was in the Armed Forces when the accident happened?

[ ] Yes [ ] No

c. Was -- at work or at a job or business when the accident happened?

[ ] Yes [ ] No

16a. Was a car, truck, bus, or other motor vehicle involved in the accident in any way?

[ ] Yes [ ] No

b. Was more than one vehicle involved?

[ ] Yes [ ] No

c. Was [X](either one) moving at the time?

[ ] Yes [ ] No

17a. At the time of the accident what part of the body was hurt?

[ ] Enter part of body in same detail as for 2g.

b. What kind of injury was it?

[ ] Enter kind of injury in same detail as for 2g.

c. Is -- affected in any other way?

[ ] Enter present effects in same detail as for 2g.

* Enter part of body in same detail as for 2g.
** If multiple present effects, enter in C3 each one that is not the same as 3b or C2 and complete a separate condition page for it.