CONDITION 1 | **PERSON NO.**____

1. Name of condition

Mark "2-wk. ref. pd." box without asking if "DV" or "HS" in C2 as source.

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

0 ☐ Interview week *(Reask 2)*
1 ☐ 2-wk. ref. pd.
2 ☐ Over 2 weeks, less than 6 mos.
3 ☐ 6 mos., less than 1 yr.
4 ☐ 1 yr., less than 2 yrs.
5 ☐ 2 yrs., less than 5 yrs.
6 ☐ 5 yrs. or more
7 ☐ Dr. seen, DK when
8 ☐ DK if Dr. seen
9 ☐ Dr. never seen
} *(3b)*

3a. (Earlier you told me about -- (condition)) Did the doctor or assistant call the (condition) by a more technical or specific name?

1 ☐ Yes 2 ☐ No 9 ☐ DK

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

b. What did he or she call it? _____ *Specify*

1 ☐ Color Blindness *(NC)*
2 ☐ Cancer *(3e)*
3 ☐ Normal pregnancy; normal delivery, vasectomy } *(5)*
4 ☐ Old age *(NC)*
8 ☐ Other *(3c)*

c. What was the cause of -- (condition in 3b)? *(Specify)*

Mark box if accident or injury. 0 ☐ Accident/injury *(5)*

d. Did the (condition in 3b) result from an accident or injury?

1 ☐ Yes *(5)* 2 ☐ No

Ask 3e if the condition name in 3b includes any of the following words:

Ailment	Cancer	Disease	Problem
Anemia	Condition	Disorder	Rupture
Asthma	Cyst	Growth	Trouble
Attack	Defect	Measles	Tumor
Bad			Ulcer

e. What kind of (condition in 3b) is it? _____ *Specify*

Ask 3f only if allergy or stroke in 3b–e:

f. How does the [allergy/stroke] NOW affect --? *(Specify)*

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.

Ask 3g if there is an impairment (refer to Card CP2) or any of the following entries in 3b–f:

Abscess	Damage	Palsy
Ache (except head or ear)	Growth	Paralysis
Bleeding (except menstrual)	Hemorrhage	Rupture
Blood clot	Infection	Sore(ness)
Boil	Inflammation	Stiff(ness)
Cancer	Neuralgia	Tumor
Cramps (except menstrual)	Neuritis	Ulcer
Cyst	Pain	Varicose veins
		Weak(ness)

g. 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 3h if there are any of the following entries in 3b–f:

Infection Sore Soreness

h. What part of the (part of body in 3b–g) 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 3b–f:

Tumor Cyst Growth

4. Is this [tumor/cyst/growth] malignant or benign?

1 ☐ Malignant 2 ☐ Benign 9 ☐ DK

5

a. When was -- (condition in 3b/3f) first noticed?

b. When did -- (name of injury in 3b)?

1 ☐ 2-wk. ref. pd.
2 ☐ Over 2 weeks to 3 months
3 ☐ Over 3 months to 1 year
4 ☐ Over 1 year to 5 years
5 ☐ Over 5 years

Ask probes as necessary:

(Was it on 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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K1 *Refer to RD and C2.*
☐ "Yes" in "RD" box AND more than 1 condition in C2 *(6)*
☐ Other *(K2)*

6a. During the 2 weeks outlined in red on that calendar, did -- (condition) cause -- to cut down on the things -- usually does?
☐ Yes ☐ No *(K2)*

b. During that period, how many days did -- cut down for more than half of the day?
00 ☐ None *(K2)* _____ Days

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

Ask if "Wa/Wb" box marked in C1:

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

Ask if age 5–17:

9. During those 2 weeks, how many days did -- miss more than half of the day from school because of this condition?
00 ☐ None _____ Days

K2
☐ Condition has "CL LTR" in C2 as source *(10)*
☐ Condition does not have "CL LTR" in C2 as source *(K4)*

10. About how many days since (12-month date) a year ago, has this condition kept -- in bed more than half of the day? (Include days while an overnight patient in a hospital.)
000 ☐ None _____ Days

11. Was -- ever hospitalized for -- (condition in 3b)?
1 ☐ Yes 2 ☐ No

K3
☐ Missing extremity or organ *(K4)*
☐ Other *(12)*

12a. Does -- still have this condition?
1 ☐ Yes *(K4)* ☐ No

b. Is this condition completely cured or is it under control?
2 ☐ Cured 8 ☐ Other *(Specify)* _____
3 ☐ Under control *(K4)* _____ *(K4)*

c. About how long did -- have this condition before it was cured?
☐ Less than 1 month OR _____ Number { ☐ Months ☐ Years

d. Was this condition present at any time during the past 12 months?
1 ☐ Yes 2 ☐ No

K4
0 ☐ Not an accident/injury *(NC)*
1 ☐ First accident/injury for this person *(14)*
8 ☐ Other *(13)*

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.)* → _____ *(NC)* Page No.
☐ No

14. 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)* _____

Mark box if under 18. ☐ Under 18 *(16)*

15a. Was -- under 18 when the accident happened?
1 ☐ Yes *(16)* ☐ No

b. Was -- in the Armed Forces when the accident happened?
2 ☐ Yes *(16)* ☐ No

c. Was -- at work at -- job or business when the accident happened?
3 ☐ Yes 4 ☐ No

16a. Was a car, truck, bus, or other motor vehicle involved in the accident in any way?
1 ☐ Yes 2 ☐ No *(17)*

b. Was more than one vehicle involved?
1 ☐ Yes 2 ☐ No

c. Was [it/either one] moving at the time?
1 ☐ Yes 2 ☐ No

17a. 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

Ask if box 3, 4, or 5 marked in Q.5:

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

Part(s) of body *	Present effects **

* Enter part of body in same detail as for 3g.
** 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.

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