# CONDITION 1

<table>
<thead>
<tr>
<th>PERSON NO.</th>
</tr>
</thead>
</table>

## 1. Name of condition

Mark "2nd, ref. pat." box without asking if "DIV" or "HS" in C2 as source.

### 2. When did (in anyone) last see or talk to a doctor or assistant about — (condition)?

- [ ] Over 2 weeks, less than 6 mos.
- [ ] 6 mos. to less than 1 yr.
- [ ] 1 yr. to less than 3 yrs.
- [ ] 3 yrs. to less than 5 yrs.
- [ ] 5 yrs. or more
- [ ] 0 yrs.

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

- [ ] Yes
- [ ] No

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

### a. What was the cause of — (condition in 3b)?

- [ ] Skull
- [ ] Scalp
- [ ] Face
- [ ] Back
- [ ] Spine
- [ ] Joints
- [ ] Skin
- [ ] Nerve
- [ ] Other

**Specify**

### b. What kind of (condition in 3b) is it?

- [ ] Allergy
- [ ] Cancer
- [ ] Disease
- [ ] Disorder
- [ ] Autoimmune
- [ ] Virus
- [ ] Other

### c. What was the name of — (condition in 3b)?

- [ ] Allergy
- [ ] Cancer
- [ ] Disease
- [ ] Disorder
- [ ] Autoimmune
- [ ] Virus
- [ ] Other

**Specify**

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

- [ ] Yes
- [ ] No

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

- [ ] Allergy
- [ ] Cancer
- [ ] Disease
- [ ] Disorder
- [ ] Autoimmune
- [ ] Virus
- [ ] Other

### e. What was the course of — (condition in 3b)?

- [ ] Abrupt
- [ ] Chronic
- [ ] Recurrent

**Specify**

### f. How does the (allergy/stroke) NOW affect --? (Specify)

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

- [ ] Eye
- [ ] Ear
- [ ] Nervous system
- [ ] Skin
- [ ] Muscle
- [ ] Bone

### g. What part of the body is affected?

**Specify**

Show the following detail:

- Head
- Eye
- Ear
- Nervous system
- Skin
- Muscle
- Bone
- Other

### h. What part of the (part of body in 3b—) is affected by the (condition in 3b)?

**Specify**

For Stroke, fill remainder of this condition page for the first present effect. Enter in item C2 and complete (1 separate condition page for each additional present effect.)

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**Note:** The text provided is a sample of the conditional structure and does not represent the full document. For detailed information, please refer to the original document.
13. Is this condition (or condition in K) the result of the same accident you already told me about? 
- Yes (Record condition page number where accident questions first completed) — (NC) 
- No 

14. Where did the accident happen? 
- At home (residence premises) 
- Street and highway (includes roadway and public sidewalks) 
- Farm 
- Industrial place (includes premises) 
- School (includes premises) 
- Place of recreation and sports, except at school 
- Other (Specify) 

15a. Was — under 18 when the accident happened? 
- Yes (16) 
- No (17) 

15b. Was — in the Armed Forces when the accident happened? 
- Yes (16) 
- No (17) 

15c. Was — work or — job or business when the accident happened? 
- Yes (16) 
- No (17) 

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

16b. Was more than one vehicle involved? 
- Yes (16) 
- No (17) 

16c. Was (1/2) either one moving at the time? 
- Yes (16) 
- No (17) 

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

What kind of injury was it? 

Any other? 

Part(s) of body: 

Kind of injury: 

Ask if box 2, 4, or 5 marked in Q:3. 

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 3g or C2 and complete a separate condition case for it.