

Section M3 — FIXATION DEVICE (FIX) PAGE

CHECK ITEM 6

Enter name and person number from Table MDI.

Name _____

3-4
5-6

Person No. _____

7-8

These next questions are about implants such as pins, screws, nails, wires, rods or plates.

1 a. In what part of the body is your implant located?

- 1. _____ 9-10
- 2. _____ 11-12
- 3. _____ 13-14
- 4. _____ 15-16
- 5. _____

b. Do you have any implants anywhere else?

- Yes (Reask 1a and b)
- No

17-18

CHECK ITEM 7

Enter each body part in a separate column, as well as name and person number in CHECK ITEM 6.

_____ Body part

2 a. Have you ever had surgery to replace or repair the implant in your (entry in CHECK ITEM 7)?

- 1 Yes
- 2 No (3)

19

b. How many times have you had surgery to replace or repair the implant in your (entry in CHECK ITEM 7)?

_____ Times

20-21

c. Why did you have to have surgery to replace or repair the implant in your (entry in CHECK ITEM 7) (the last time)?

- 00 Normal growth
- 01 Breakage or defect
 - 1 Less than 30 days
 - 2 30-90 days
 - 3 More than 90 days

22-23

24-25

Mark first three mentioned

- 02 Healing problem
 - 1 Less than 30 days
 - 2 30-90 days
 - 3 More than 90 days

26

27-28

Ask for each entry in 2c, except "Normal growth"

d. How long did you have the implant before the (entry in 2c) was first noticed? Was it less than 30 days, 30 to 90 days, or more than 90 days?

- 03 Infection
 - 1 Less than 30 days
 - 2 30-90 days
 - 3 More than 90 days

29

30-31

- 04 Pain or irritation
 - 1 Less than 30 days
 - 2 30-90 days
 - 3 More than 90 days

32

33-34

- 05 Loosening
 - 1 Less than 30 days
 - 2 30-90 days
 - 3 More than 90 days

35

36-37

06 Some other reason — Specify _____

38

39-40

- 1 Less than 30 days
- 2 30-90 days
- 3 More than 90 days

41

3 a. How long has it been since the [surgery for/last surgery on] the implant in your (entry in CHECK ITEM 7)?

- 07 Less than 6 months
- 08 6-11 months
- _____ Years

42-43

b. In what month and year did you have the (last) surgery?

_____/19_____
Month Year

44-47

- 0000 Before 1968
- 8888 1968 or later

Section M3 – FIXATION DEVICE (FIX) PAGE – Continued

Since the [surgery for/last surgery on] the implant in your (entry in CHECK ITEM 7) have you had any of the following problems or complications?

4a. Have you had an Infection?

- 1 Yes
- 2 No
- 9 DK } (4c)

48

b. How long after the (last) surgery was the infection first noticed? Was it less than 30 days, 30 to 90 days, or more than 90 days?

- 1 Less than 30 days
- 2 30–90 days
- 3 More than 90 days

49

c. Have you had any healing problems (since the (last) surgery)?

- 1 Yes
- 2 No
- 9 DK } (4e)

50

d. How long after the (last) surgery was the healing problem first noticed? Was it less than 30 days, 30 to 90 days, or more than 90 days?

- 1 Less than 30 days
- 2 30–90 days
- 3 More than 90 days

51

e. Other than discomfort generally associated with surgery and healing, have you had any other pain (since the (last) surgery)?

- 1 Yes
- 2 No
- 9 DK } (4g)

52

f. How long after the (last) surgery was the pain noticed? Was it less than 30 days, 30 to 90 days, or more than 90 days?

- 1 Less than 30 days
- 2 30–90 days
- 3 More than 90 days

53

g. Has the Implant loosened (since the (last) surgery) ?

- 1 Yes
- 2 No
- 9 DK } (4i)

54

h. How long after the surgery was this loosening first noticed? Was it less than 30 days, 30 to 90 days, or more than 90 days?

- 1 Less than 30 days
- 2 30–90 days
- 3 More than 90 days

55

i. Have any other problems occurred with the implant since the (last) surgery, such as a part breaking or wearing out?

- 1 Yes
- 2 No
- 9 DK } (4k)

56

j. How long after the surgery was this problem first noticed? Was it less than 30 days, 30 to 90 days, or more than 90 days?

- 1 Less than 30 days
- 2 30–90 days
- 3 More than 90 days

57

k. Have you had any other problems or complications since the (last) surgery?

- 1 Yes
- 2 No
- 9 DK } (5)

58

l. What were they?

Record first three mentioned.

01 _____

Ask for each entry in 4l :

- 1 Less than 30 days
- 2 30–90 days
- 3 More than 90 days

m. How long after the (last) surgery was the (entry in 4l) first noticed? Was it less than 30 days, 30 to 90 days, or more than 90 days?

02 _____

- 1 Less than 30 days
- 2 30–90 days
- 3 More than 90 days

03 _____

- 1 Less than 30 days
- 2 30–90 days
- 3 More than 90 days

61

62–63

64

65–66

67

Section M3 — FIXATION DEVICE (FIX) PAGE — Continued

5a. Why did you need to get the implant in your (entry in CHECK ITEM 7) in the first place?

Mark all mentioned

- 01 Injury
- 02 Deformity
- 03 Infection
- 04 Cancer
- 98 Other — Specify

68-69
70-71
72-73
74-75
76-77

Mark first box or ask:

b. How long ago did you get the first implant in your (entry in CHECK ITEM 7)?

- 00 "No" in 2a page 12 (CHECK ITEM 8)
- 97 Less than 6 months
- 98 6-11 months
- _____ Years

78-79

c. In what month and year did you get it?

_____/ 19_____
Month Year

0000 Before 1968
9898 1968 or later

80-83

CHECK ITEM 8

Mark appropriate respondent box and enter relationship to MDI person if proxy.

- 1 Self—personal
 - 2 Self—telephone
 - 3 Proxy —personal
 - 4 Proxy — telephone } Relationship
- Go to next column or next device

84
85-88

Notes