



Refer to RD and C2  
**K1** 1  "Yes" in "RD" box AND more than 1 condition in C2 (16)  
 8  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) \_\_\_\_\_ (K4)  
 3  Under control (K4)

**c.** About how long did -- have this condition before it was cured?  
 000  Less than 1 month OR Number { 1  Months  
 2  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)  
 No Page 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.