

**Section O — PODIATRY**

These next questions are about foot problems.

**1a. DURING THE PAST 12 MONTHS, (that is, since (12 month date) a year ago) did anyone in the family have TROUBLE with —**

If "Yes," ask 1b and c.

**b. Who is this?**

Mark box in appropriate person's column.

**c. DURING THE PAST 12 MONTHS, did anyone else have TROUBLE with —**

<p><b>A. Ingrown toenails or other toenail problems?</b></p>	<p>1 <input type="checkbox"/> Yes      2 <input type="checkbox"/> No</p>	<p>5</p>	<p><b>A.</b></p>	<p>1 <input type="checkbox"/> Toenail problem</p>	<p>5</p>
<p><b>B. Foot infection, including athlete's foot, other fungal infections, and warts?</b></p>	<p>1 <input type="checkbox"/> Yes      2 <input type="checkbox"/> No</p>	<p>6</p>	<p><b>B.</b></p>	<p>1 <input type="checkbox"/> Foot infection</p>	<p>6</p>
<p><b>C. Corns or calluses?</b></p>	<p>1 <input type="checkbox"/> Yes      2 <input type="checkbox"/> No</p>	<p>7</p>	<p><b>C.</b></p>	<p>1 <input type="checkbox"/> Corns/calluses</p>	<p>7</p>
<p><b>D. Flat feet or fallen arches?</b></p>	<p>1 <input type="checkbox"/> Yes      2 <input type="checkbox"/> No</p>	<p>8</p>	<p><b>D.</b></p>	<p>1 <input type="checkbox"/> Flat feet/fallen arches</p>	<p>8</p>
<p><b>E. Clubfoot?</b></p>	<p>1 <input type="checkbox"/> Yes      2 <input type="checkbox"/> No</p>	<p>9</p>	<p><b>E.</b></p>	<p>1 <input type="checkbox"/> Clubfoot</p>	<p>9</p>
<p><b>DURING THE PAST 12 MONTHS, did anyone in the family have TROUBLE with —</b></p>			<p>10</p>		
<p><b>F. Deformities of the toe or joint including hammer toe, claw toe, and missing toes?</b></p>	<p>1 <input type="checkbox"/> Yes      2 <input type="checkbox"/> No</p>	<p>10</p>	<p><b>F.</b></p>	<p>1 <input type="checkbox"/> Toe/joint deformity</p>	<p>10</p>
<p><b>G. Bunions?</b></p>	<p>1 <input type="checkbox"/> Yes      2 <input type="checkbox"/> No</p>	<p>11</p>	<p><b>G.</b></p>	<p>1 <input type="checkbox"/> Bunions</p>	<p>11</p>
<p><b>H. An injury, such as a sprain, strain, fracture or dislocation of the foot?</b></p>	<p>1 <input type="checkbox"/> Yes      2 <input type="checkbox"/> No</p>	<p>12</p>	<p><b>H.</b></p>	<p>1 <input type="checkbox"/> Injury</p>	<p>12</p>
<p><b>I. Arthritis of the toes?</b></p>	<p>1 <input type="checkbox"/> Yes      2 <input type="checkbox"/> No</p>	<p>13</p>	<p><b>I.</b></p>	<p>1 <input type="checkbox"/> Arthritis</p>	<p>13</p>
<p><b>J. Any (other) foot problem? (Specify)</b></p>	<p>1 <input type="checkbox"/> Yes      2 <input type="checkbox"/> No</p>	<p>14</p>	<p><b>J.</b></p>	<p>_____</p> <p>_____</p>	<p>14</p>
<p><i>Probe: What is the foot problem called?</i></p>			<p>14</p>		
					<p>15</p>

Notes

**Section O – PODIATRY – Continued**

**PERSON 1**

**ITEM  
01**

Refer to 1A–J.

**01**

- 1  One or more entries in 1A–J (2)  
 8  Other (NP)

16

Complete questions 2 and 3 separately for up to 4 foot problems for each person.

**FIRST FOOT PROBLEM IN QUESTION 1:**

2. Does -- still have (problem) or has it gone away or been cured?

**2.**

- 1  Still has problem  
 2  Gone away/cured

17–18

Letter in 1      Problem

19

3. How long [has/did]-- [had/have] (problem)?

**3.**

- Number  $\left\{ \begin{array}{l} 1 \text{  Days} \\ 2 \text{  Weeks} \\ 3 \text{  Months} \\ 4 \text{  Years} \end{array} \right.$  (Next problem or Item 01)  
 555  Lifetime/all life  
 999  DK

20–22

**SECOND FOOT PROBLEM IN QUESTION 1:**

2. Does -- still have (problem) or has it gone away or been cured?

**2.**

- 1  Still has problem  
 2  Gone away/cured

23–24

Letter in 1      Problem

25

3. How long [has/did]-- [had/have] (problem)?

**3.**

- Number  $\left\{ \begin{array}{l} 1 \text{  Days} \\ 2 \text{  Weeks} \\ 3 \text{  Months} \\ 4 \text{  Years} \end{array} \right.$  (Next problem or Item 01)  
 555  Lifetime/all life  
 999  DK

26–28

**THIRD FOOT PROBLEM IN QUESTION 1:**

2. Does -- still have (problem) or has it gone away or been cured?

**2.**

- 1  Still has problem  
 2  Gone away/cured

29–30

Letter in 1      Problem

31

3. How long [has/did]-- [had/have] (problem)?

**3.**

- Number  $\left\{ \begin{array}{l} 1 \text{  Days} \\ 2 \text{  Weeks} \\ 3 \text{  Months} \\ 4 \text{  Years} \end{array} \right.$  (Next problem or Item 01)  
 555  Lifetime/all life  
 999  DK

32–34

**FOURTH FOOT PROBLEM IN QUESTION 1:**

2. Does -- still have (problem) or has it gone away or been cured?

**2.**

- 1  Still has problem  
 2  Gone away/cured

35–36

Letter in 1      Problem

37

3. How long [has/did]-- [had/have] (problem)?

**3.**

- Number  $\left\{ \begin{array}{l} 1 \text{  Days} \\ 2 \text{  Weeks} \\ 3 \text{  Months} \\ 4 \text{  Years} \end{array} \right.$  (Next problem or Item 01)  
 555  Lifetime/all life  
 999  DK

38–40

Notes

**Section O – PODIATRY – Continued**

**PERSON 1**

**ITEM  
02**

Refer to 2.

**02**

- 1  Any box "1" (4) **41**  
 2  All box "2" (5)  
 8  Other (NP)

**4.** [Is/are any of] the foot problem(s) that -- has severe or serious enough to consider getting professional care?

**4.**

- 1  Yes **42**  
 2  No  
 9  DK } (Item O2 for NP)

**5.** DURING THE PAST 12 MONTHS, did -- get medical care for the foot problem(s)?

**5.**

- 1  Yes (9) **43**  
 2  No  
 9  DK } (6)

**6.** Why did -- NOT get professional health treatment for the foot problem(s) (during the past 12 months)?

Mark all that apply.

Any other reason?

**6.**

- 1  Problem(s) not severe **44**  
 2  No regular doctor **45**  
 1  Too much bother **46**  
 2  No transportation **47**  
 1  No time **48**  
 2  Office/hours not convenient **49**  
 1  Costs too much **50**  
 2  No health insurance/not covered **51**  
 1  Didn't need care/problem(s) cured **52**  
 8  Other -- Specify **53**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 9  DK **54**

**7.** Was -- covered by health insurance that would pay for treatment for the foot problem(s)?

**7.**

- 1  Yes (Item O2 for NP) **55**  
 2  No  
 9  DK } (8)

**8.** If insurance paid for the medical care, do you think -- WOULD have gone for the foot problem(s)?

**8.**

- 1  Yes } **56**  
 2  No } (Item O2 for NP)  
 9  DK }

**9a.** DURING THE PAST 12 MONTHS, which of these types of health professionals did -- see about the foot problem(s) --

- (1) A podiatrist? ..... (1)  
 (2) An orthopedic specialist or surgeon? ..... (2)  
 (3) An osteopath? ..... (3)  
 (4) A physical therapist? ..... (4)  
 (5) Any other medical doctor? ..... (5)  
 (6) Any other health professional? (Specify) ..... (6)

- | 9a.                      |                          |                          | 9b.                    |
|--------------------------|--------------------------|--------------------------|------------------------|
| Yes                      | No                       | DK                       | No. of times           |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <b>57</b> <b>58-59</b> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <b>60</b> <b>61-62</b> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <b>63</b> <b>64-65</b> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <b>66</b> <b>67-68</b> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <b>69</b> <b>70-71</b> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <b>72</b> <b>73-74</b> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <b>75-76</b>           |

Ask 9b for each "Yes" in 9a.

**b.** How many times in the past 12 months did -- see the (health professional) for the foot problem(s)?

(Go to 10 after completing all of 9)

Section O — PODIATRY — Continued		PERSON 1	
<p><b>10. Where did — see the health professional(s) about the foot problem(s) — at a doctor's office, clinic, hospital or some other place?</b></p> <p><i>If hospital: Was it the outpatient clinic or the emergency room?</i></p> <p><i>If Clinic: Was it a hospital outpatient clinic, a company clinic, a public health clinic, or some other kind of clinic?</i></p> <p><i>Mark all that apply.</i></p>	<b>10.</b>	<p>1 <input type="checkbox"/> Doctor's office (group practice, doctor's clinic, or HMO) <span style="float: right;">77</span></p> <p>2 <input type="checkbox"/> Hospital outpatient clinic <span style="float: right;">78</span></p> <p>1 <input type="checkbox"/> Person's home <span style="float: right;">79</span></p> <p>2 <input type="checkbox"/> Hospital emergency room <span style="float: right;">80</span></p> <p>1 <input type="checkbox"/> Company or industry clinic <span style="float: right;">81</span></p> <p>2 <input type="checkbox"/> Another type of clinic <span style="float: right;">82</span></p> <p>1 <input type="checkbox"/> Health center <span style="float: right;">83</span></p> <p>8 <input type="checkbox"/> Other — Specify ↴ <span style="float: right;">84</span></p> <p>9 <input type="checkbox"/> DK <span style="float: right;">85</span></p>	
<p><b>11. Has or will health insurance pay for any part of the care for — foot problem(s)?</b></p>	<b>11.</b>	<p>1 <input type="checkbox"/> Yes (12) <span style="float: right;">86</span></p> <p>2 <input type="checkbox"/> No } (Item O2 for NP)</p> <p>9 <input type="checkbox"/> DK }</p>	
<p><b>12. If health insurance had NOT paid for medical care, do you think — would STILL have gone for medical care for the foot problem(s)?</b></p>	<b>12.</b>	<p>1 <input type="checkbox"/> Yes } <span style="float: right;">87</span></p> <p>2 <input type="checkbox"/> No } (Item O2 for NP)</p> <p>9 <input type="checkbox"/> DK }</p>	
<p>Notes</p>			