**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)?**
   - Interview week
   - Less than 5 yrs.
   - 5 yrs. or more
   - Dr. seen, DK when
   - 6 mos., less than 1 yr.
   - DK if Dr. seen
   - 1 yr., less than 2 yrs.
   - Dr. never seen
   - 2-wk. ref. pd.
   - 5 yrs. or more
   - Over 2 weeks, less than a mos.
   - Or. seen, DK when

3a. **(Earlier you told me about —— condition)) Did the doctor or assistant call the (condition) by a more technical or specific name?**
   - Yes
   - No
   - DK

3b. **What did he or she call it?**
   - Color
   - Blindness (NC)
   - Cancer (3e)
   - Normal pregnancy, normal delivery
   - Other (3c)
   - *Specify*

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

3d. **Did the (condition in 3b) result from an accident or injury?**
   - Yes (8)
   - No

3e. **Ask 3f if the condition name in 3b includes any of the following words:**
   - Allergies
   - Ascites
   - Cancer
   - Disease
   - Disorder
   - Asthma
   - Cyst
   - Growth
   - Trouble
   - Attack
   - Defect
   - Measles
   - Tumor
   - Bad
   - Ulcer

4. **Is this [tumor/cyst/growth] malignant or benign?**
   - Malignant
   - Benign
   - DK

5. **When was —— (condition in 3b/3f)?**
   - 2-wk. ref. pd.
   - Over 2 weeks to 3 months
   - Over 3 months to 1 year
   - Over 1 year to 5 years
   - Over 5 years

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.

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

- Abscess
- Damage
- Palsy
- Active (except head or ear)
- Growth
- Paralysis
- Bleeding (except menstural)
- Hemorrhage
- Rupture
- Blood clot
- Infection
- Scare
- Inflammation
- Stiffness
- Cancer
- Neuropathy
- Tumor
- Vasectomy
- Ulcer
- Varicose veins
- Weak

**g.** **What part of the body is affected?** (Specify)

*Show the following detail:*

- Head
  - Skull, scalp, face
  - Back, spine/vertebrae
  - Upper, middle, lower
  - Side
  - Inner or outer, left, right, or both
- Ear
  - 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
  - Whole foot, arch, or toes only, left, right, or both

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

- Infection
- Sore
- Soreness

*What part of the (part of body in 3b—a) is affected by the [infection/sore/soreness] — the skin, muscle, bone, or some other part?* (Specify)

Ask 3i if there are any of the following entries in 3b—f:

- Tumor
- Cyst
- Growth

4. **Is this [tumor/cyst/growth] malignant or benign?**
   - Malignant
   - Benign
   - DK

5a. **When was —— (condition in 3b/3f)?**
   - 2-wk. ref. pd.
   - Over 2 weeks to 3 months
   - Over 3 months to 1 year
   - Over 1 year to 5 years
   - Over 5 years

5b. **When did —— [name of injury in 3b]?**
   - 2-wk. ref. pd.
   - Over 2 weeks to 3 months
   - Over 3 months to 1 year
   - Over 1 year to 5 years
   - 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?)
Refer to RD and C2.

6a. During the 2 weeks outlined in red on that calendar, did —— 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?
      ✔ 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?
     ✔ 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?
     ✔ 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?
    ✔ None ________ Days

K1

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.)
     ✔ None ________ Days

11. Was —— ever hospitalized for —— (condition in 3b)?
     ✔ Yes  ❌ No

K2

12a. Does —— still have this condition?
     ✔ Yes (K4)  ❌ No

   b. Is this condition completely cured or is it under control?
      ✔ Cured  ❌ Other (Specify) (K4)

   c. About how long did —— have this condition before it was cured?
      ✔ Less than 1 month OR ________ Months 2 Years

   d. Was this condition present at any time during the past 12 months?
      ✔ Yes  ❌ No

K3

13a. 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) —— ________ INC
     ❌ No

14. Where did the accident happen?
     ✔ At home (inside house)  ❌ At home (adjacent premises)  ❌ Street and highway (includes roadway and public sidewalk)  ❌ Farm  ❌ Industrial place (includes premises)  ❌ School (includes premises)  ❌ Place of recreation and sports, except at school  ❌ Other (Specify)

Mark box if under 18.  ❌ Under 18 (16)

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

   b. Was —— in the Armed Forces when the accident happened?
      ✔ Yes (16)  ❌ No

   c. Was —— at work at —— job or business when the accident happened?
      ✔ Yes  ❌ No

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

   b. Was more than one vehicle involved?
      ✔ Yes  ❌ No

   c. Was it (either one) moving at the time?
      ✔ Yes  ❌ No

7a. At the time of the accident what part of the body was hurt? What kind of injury was it?

   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?

   Partial of body *  Kind of injury

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

   Partial of body *  Present effect **

* 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.