CONDITION 1

1. Name of condition

Mark "2-wk. ref. pd."

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

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

b. What did he or she call it?

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

Ask 3d if the condition in 3b resulted from an accident or injury.

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

3e. What part of the body is affected?

3f. How does the [allergy/stroke] NOW affect ——?

3g. What part of the body is affected? (Specify)

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

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

Ask 3j if the condition in 3b—f included any of the following words:

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

Ask 3l if the condition in 3b—f included any of the following words:

Ask probes as necessary:

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.
I refer to RD and C2.

6a. During the 2 weeks outlined in red on that calendar, did —— condition cause —— to cut down on the things —— usually does?

☐ Yes ☐ No (C2)

b. During that period, how many days did —— cut down for more than half of the day?

☐ None (C2) ______ 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 "Wac/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

9. 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:

10. About how many days since (l Z-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 C3?

☐ Yes ☐ No

K2

☐ Condition has "CL LTR" in C2 as source (10)

☑ Condition does not have "CL LTR" in C2 as source (K4)

12a. Does —— still have this condition?

☐ Yes (K4) ☐ No

K3

☐ Missing extremity or organ (K4)

☐ Other (12)

12b. Is this condition completely cured or is it under control?

☐ Cured ☐ Other (Specify) y

☑ Under control (K4)

12c. About how long did —— have this condition before it was cured?

☐ Less than 1 month ☐ 1—11 months ☐ 12—23 months ☐ 24—35 months ☐ 36—47 months ☐ 48—59 months ☐ 60—71 months ☐ 72—83 months ☐ 84—95 months ☐ 96—115 months ☐ 116—135 months ☐ 136+ months

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

12d. Was this condition present at any time during the past 12 months?

☐ Yes ☐ No

K4

☐ Not an accident/injury (NC)

☐ First accident/injury for this person (14)

☐ Other (15)

13. Is this (condition in C3) the result of the same accident you already told me about?

☐ Yes (record condition page number where accident questions first completed.) ☐ No (NC)

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)

15a. Was —— under 18 when the accident happened?

☐ Yes (18) ☐ 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 there (either one) moving at the time?

☐ Yes ☐ No

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

What kind of injury was it?

Anything else?

<table>
<thead>
<tr>
<th>Partial of body *</th>
<th>Kind of Injury</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

17b. What part of the body is affected now?

How is —— (part of body) affected?

Is —— affected in any other way?

<table>
<thead>
<tr>
<th>Partial of body *</th>
<th>Present effects **</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* 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.