CONDITION 1

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 (ifask 2)
- [ ] 2-wk. ref. pd.
- [ ] Over 2 weeks, less than 6 mos.
- [ ] 6 mos., less than 1 yr.
- [ ] 1 yr., less than 2 yrs.
- [ ] Over 2 weeks, less than 6 mos.
- [ ] Dr. seen, OK when
- [ ] 6 mos., less than 1 yr.
- [ ] Over 2 weeks, less than 6 mos.
- [ ] Dr. seen, OK when
- [ ] 1 yr., less than 2 yrs.
- [ ] Over 2 weeks, less than 6 mos.
- [ ] Dr. seen, OK when
- [ ] 6 mos., less than 1 yr.
- [ ] Over 2 weeks, less than 6 mos.
- [ ] Dr. seen, OK when
- [ ] 1 yr., less than 2 yrs.
- [ ] Over 2 weeks, less than 6 mos.
- [ ] Dr. seen, OK when
- [ ] 6 mos., less than 1 yr.
- [ ] Over 2 weeks, less than 6 mos.
- [ ] Dr. seen, OK when
- [ ] 1 yr., less than 2 yrs.
- [ ] Over 2 weeks, less than 6 mos.
- [ ] Dr. seen, OK when
- [ ] 6 mos., less than 1 yr.
- [ ] Over 2 weeks, less than 6 mos.
- [ ] Dr. seen, OK when
- [ ] 1 yr., less than 2 yrs.
- [ ] Over 2 weeks, less than 6 mos.
- [ ] Dr. seen, OK when
- [ ] 6 mos., less than 1 yr.
- [ ] Over 2 weeks, less than 6 mos.
- [ ] Dr. seen, OK when
- [ ] 1 yr., less than 2 yrs.

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

- [ ] Yes
- [ ] No

b. What did he or she call it?

[ ] Color Blindness (NC)
[ ] Cancer (3e)
[ ] Normal pregnancy (normal delivery, vasectomy)
[ ] Other (3e)

[ ] Allergy (3b)
[ ] Cyst (3b)
[ ] Ulcer (3b)

4. Is this [tumor/cyst/growth] malignant or benign?

- [ ] Malignant
- [ ] Benign
- [ ] DK

5. When was —— (condition in 3b/3f) first noticed?

- [ ] 2-wk. ref. pd.
- [ ] Over 2 weeks to 3 months
- [ ] 6 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.
### K1

**Refer to RD and C2.**
- Yes (RD) box AND more than 1 condition in C2 (K6)
- 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 (K4)
- No (K4)

#### B. During that period, how many days did —— cut down for more than half of the day?
- None (K3)

#### 7. During those 2 weeks, how many days did —— stay in bed for more than half of the day because of this condition?
- None (K2)

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 (K1)

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 (K1)

*Ask if "Wa/Wb" box marked in C1:*

#### 10. About how many days since (12-month date) a year ago, has this condition kept —— in bad more than half of the day? (Include days while an overnight patient in a hospital.)
- None (K1)

### K2

- Condition has "CL LTR" in C2 as source (K10)
- Condition does not have "CL LTR" in C2 as source (K4)

### 11. Was —— over hospitalized for —— (condition in 3b)?
- Yes (K7)
- No (K7)

### K3

- Missing extremity or organ (K4)
- Other (K4)

#### 12a. Does —— still have this condition?
- Yes (K4)
- No (K4)

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

#### c. About how long did —— have this condition before it was cured?
- Less than 1 month (K4)
- 1-2 months (K4)
- 3-5 months (K4)
- 6-12 months (K4)
- 1-2 years (K4)
- 3-5 years (K4)
- 6-12 years (K4)
- More than 12 years (K4)

#### d. Was this condition present at any time during the past 12 months?
- Yes (K4)
- No (K4)

### K4

- Not an accident/injury (NC)
- First accident/injury for this person (K4)
- Other (K4)

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### 13. Is this (condition in 3b) the result of the same accident you already told me about?
- Yes (Record condition page number when accident questions first completed.)
- No

#### 14. Where did the accident happen?
- At home (inside house) (K4)
- At home (adjacent premises) (K4)
- Street and highway (includes roadway and public sidewalk) (K4)
- Farm (K4)
- Industrial place (includes premises) (K4)
- School (includes premises) (K4)
- Place of recreation and sports, except at school (K4)
- Other (Specify) (K4)

Mark box if under 18:
- Under 18 (K6)
- No

b. Was —— in the Armed Forces when the accident happened?
- Yes (K6)
- No

**15a.** Was —— under 18 when the accident happened?
- Yes (K6)
- No

**15b.** Was —— at work at —— job or business when the accident happened?
- Yes (K6)
- No

**15c.** Was a car, truck, bus, or other motor vehicle involved in the accident in any way?
- Yes (K6)
- No

**16a.** Was more than one vehicle involved?
- Yes (K6)
- No

**16b.** Was [either one] moving at the time?
- Yes (K6)
- No

### 17a. At the time of the accident what part of the body was hurt? What kind of injury was it?

#### Part(s) of body * Kind of Injury

**Anything else?**

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

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

#### How is —— (part of body) affected?
- Affected in any other way?

**Partial(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.**