CONCLUSION 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 (Refer 2)
- 2-wk. ref. pd.
- Over 2 weeks, less than 6 mos.
- 6 mos., less than 1 yr.
- 1 yr., less than 2 yrs.
- Dr. seen, DK whem
- DK if Dr. seen

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

- Yes
- No
- Dr.

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

Mark box if accident or injury.

- 0 Accident/injury (Prove, then 5)
- 1 2-wk. ref. pd.
- 2 Over 2 weeks to 3 months
- 3 Over 3 months to 1 year

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

- Malignant
- Benign
- DK

5. When was —— (condition in 3b/3f)

- 1 2-wk. ref. pd.
- 2 Over 2 weeks to 3 months
- 3 Over 3 months to 1 year
- 4 Over 1 year to 5 years
- 5 Over 5 years

Ask probes as necessary.

Show following detail:

- Head
- Back spine/vertebra
- Side
- Ear
- Arm
- Hand
- Leg
- Foot

Aside from eyes, ears, or internal organs, ask 3h if there are any of the following entries in 3b-f:

- Cancer
- Tumor
- Cyst
- Ulcer
- Vascular veins
- Weakness
**K1**

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

- Yes
- No

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

- Days

7. During those 2 weeks, how many days did — stay in bed for more than half of the day because of this condition?

- Days

K2

- Condition has "CL LTR" in C2 as source (K6)
- 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.)

- Days

K3

- Missing extremity or organ (K4)
- Other (12)

12a. Does — still have this condition?

- Yes (K4)
- No

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

- Cured
- Other (Specify)

- Under control (K4)

- Number of months

- Number of years

- Not an accident/injury (NC1)

- First accident/injury for this person (14)

- Other (13)

13. Is this (condition in 3b) the result of the same accident you already told me about?

- Yes
- No

14. Where did the accident happen?

- At home (inside house)
- At home (adjacent premises)
- Green and highway (includes roadway and public sidewalks)
- Farm
- Industrial place (includes premises) (Specify)
- School (includes premises)
- Place of recreation and sports, except at school
- Other (Specify) 

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

b. Was more than one vehicle involved?

- Yes
- No

c. Was (it/other 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?

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**Notes**

- Enter part of body in same detail as for 3b.
- 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.