

CONDITION 1	PERSON NO. _____																				
1. Name of condition _____																					
<p><i>Mark "2-wk. ref. pd." box without asking if "DV" or "HS" in C2 as source.</i></p>																					
2. When did [---/anyone] last see or talk to a doctor or assistant about --- (condition)?																					
0 <input type="checkbox"/> Interview week (Reask 2) 1 <input type="checkbox"/> 2-wk. ref. pd. 2 <input type="checkbox"/> Over 2 weeks, less than 6 mos. 3 <input type="checkbox"/> 6 mos., less than 1 yr. 4 <input type="checkbox"/> 1 yr., less than 2 yrs.	5 <input type="checkbox"/> 2 yrs., less than 5 yrs. 6 <input type="checkbox"/> 5 yrs. or more 7 <input type="checkbox"/> Dr. seen, DK when 8 <input type="checkbox"/> DK if Dr. seen 9 <input type="checkbox"/> Dr. never seen } (3b)																				
3a. (Earlier you told me about --- (condition) Did the doctor or assistant call the (condition) by a more technical or specific name?																					
1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK																					
<p><i>Ask 3b if "Yes" in 3a, otherwise transcribe condition name from item 1 without asking:</i></p>																					
b. What did he or she call it? _____ (Specify)																					
1 <input type="checkbox"/> Color Blindness (NC) 3 <input type="checkbox"/> Normal pregnancy, normal delivery, vasectomy } (5)	2 <input type="checkbox"/> Cancer (3a) 4 <input type="checkbox"/> Old age (NC) 8 <input type="checkbox"/> Other (3c)																				
c. What was the cause of --- (condition in 3b)? (Specify) ↘																					
<p>Mark box if accident or injury. 0 <input type="checkbox"/> Accident/injury (Probe, then 5)</p>																					
d. Did the (condition in 3b) result from an accident or injury?																					
1 <input type="checkbox"/> Yes (Probe, then 5) (How did the accident happen?) 2 <input type="checkbox"/> No (What was --- doing at the time of the injury?)																					
<p><i>Ask 3e if the condition name in 3b includes any of the following words:</i></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 25%;">Allment</td> <td style="width: 25%;">Cancer</td> <td style="width: 25%;">Disease</td> <td style="width: 25%;">Problem</td> </tr> <tr> <td>Anemia</td> <td>Condition</td> <td>Disorder</td> <td>Rupture</td> </tr> <tr> <td>Asthma</td> <td>Cyst</td> <td>Growth</td> <td>Trouble</td> </tr> <tr> <td>Attack</td> <td>Defect</td> <td>Measles</td> <td>Tumor</td> </tr> <tr> <td>Bad</td> <td></td> <td></td> <td>Ulcer</td> </tr> </table>		Allment	Cancer	Disease	Problem	Anemia	Condition	Disorder	Rupture	Asthma	Cyst	Growth	Trouble	Attack	Defect	Measles	Tumor	Bad			Ulcer
Allment	Cancer	Disease	Problem																		
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e. What kind of (condition in 3b) is it? _____ (Specify)																					
<p><i>Ask 3f only if allergy or stroke in 3b-e:</i></p>																					
f. How does the [allergy/stroke] NOW affect ---? (Specify) ↘																					
<p>For Stroke, fill remainder of this condition page for the first present affect. Enter in item C2 and complete a separate condition page for each additional present affect.</p>																					

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

- | | | |
|-----------------------------|--------------|----------------|
| Abcess | Damage | Palsy |
| Ache (except head or ear) | Growth | Paralysis |
| Bleeding (except menstrual) | Hemorrhage | Rupture |
| Blood clot | Infection | Sore(ness) |
| Boil | Inflammation | Stiff(ness) |
| Cancer | Neuralgia | Tumor |
| Cramps (except menstrual) | Neuritis | Ulcer |
| Cyst | Pain | Varicose veins |
| | | Weak(ness) |

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

Show the following detail:

- Head skull, scalp, face
 Back/spine/vertebrae upper, middle, lower
 Side left or right
 Ear inner or outer; left, right, or both
 Eye left, right, or both
 Arm 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 entire foot, arch, or toes only; left, right, or both

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

- Infection Sore Soreness

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

(Specify) _____

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

- Tumor Cyst Growth

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

- 1 Malignant 2 Benign 9 DK

5

a. When was --- (condition in 3b/3f) first noticed?

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

b. When did --- (name of injury in 3b)?

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?)

K1 Refer to RD and C2.
 1 "Yes" in "RD" box AND more than 1 condition in C2 (6)
 8 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 No (K2)

b. During that period, how many days did -- cut down for more than half of the day?
 00 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?
 00 None _____ Days

8. Ask if "Wa/Wb" box marked in C1:
 During those 2 weeks, how many days did -- miss more than half of the day from -- job or business because of this condition?
 00 None _____ Days

9. Ask if age 5-17:
 During those 2 weeks, how many days did -- miss more than half of the day from school because of this condition?
 00 None _____ Days

K2
 Condition has "CL LTR" in C2 as source (10)
 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.)
 000 None _____ Days

11. Was -- ever hospitalized for -- (condition in 3b)?
 1 Yes 2 No

K3
 Missing extremity or organ (K4)
 Other (12)

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

b. Is this condition completely cured or is it under control?
 2 Cured 8 Other (Specify)
 3 Under control (K4) _____ (K4)

c. About how long did -- have this condition before it was cured?
 000 Less than 1 month OR Number { 1 Months
 2 Years

d. Was this condition present at any time during the past 12 months?
 1 Yes 2 No

K4
 0 Not an accident/injury (NC)
 1 First accident/injury for this person (14)
 8 Other (13)

13. 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.) → _____ (NC) Page No.
 No

14. Where did the accident happen?
 1 At home (inside house)
 2 At home (adjacent premises)
 3 Street and highway (includes roadway and public sidewalk)
 4 Farm
 5 Industrial place (includes premises) (Specify) _____
 6 School (includes premises)
 7 Place of recreation and sports, except at school
 8 Other (Specify) ↓ _____

Mark box if under 18. Under 18 (16)

15a. Was -- under 18 when the accident happened?
 1 Yes (16) No

b. Was -- in the Armed Forces when the accident happened?
 2 Yes (16) No

c. Was -- at work at -- job or business when the accident happened?
 3 Yes 4 No

16a. Was a car, truck, bus, or other motor vehicle involved in the accident in any way?
 1 Yes 2 No (17)

b. Was more than one vehicle involved?
 1 Yes 2 No

c. Was [it/either one] moving at the time?
 1 Yes 2 No

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

Part(s) of body *	Kind of injury

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?

Part(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.