### Section II - DISABILITY - Continued

#### Part M - CONDITION A

**1. Name of condition**

**2. When did [-/anyone] last see or talk to a doctor or assistant about -- (condition)?**

- [ ] Interview week (Reask 2)
- [ ] 2-wk. ref. pd.
- [ ] Over 2 weeks, less than 6 mos.
- [ ] 6 mos., less than 1 yr.
- [ ] 1 yr., less than 2 yrs.
- [ ] 2 yrs., less than 5 yrs.
- [ ] 5 yrs. or more
- [ ] Dr. seen
- [ ] Dr. never seen

**3a. 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?**

Ask 3c if "Yes" in 3a, otherwise transcribe condition name from item 1 without asking.

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

Mark box if accident or injury.
- Accident/injury (Probe, then 5)
- Other

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

- Yes (Probe, then 5)
- No

Ask necessary. Record responses in 3c:

- How did the accident happen?
- What was -- doing at the time of the injury?

Ask 3c if the condition name in 3b includes any of the following words:

- Ailment
- Attack
- Condition
- Disease
- Disorder
- Problem
- Trouble
- Asthma
- Cancer
- Defect
- Growth
- Rupture
- Ulcer

**3e. What kind of (condition in 3b) is it?** (Specify)

Ask 3f only if allergy or stroke in 3b-e:

**3f. How does the [allergy/stroke] NOW affect -- (condition in 3b)?** (Specify)

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

- Abscess
- Acute (except head or ear)
- Bleeding (except menstrual)
- Blood clot
- Boil
- Cancer
- Cyst
- Crease (except menstrual)
- Damage
- Palsy
- Paralysis

**3g. 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
- Arm... shoulder, upper, elbow, lower or wrist
- Hand... entire hand or fingers
- Leg... hip, upper, knee, lower, or ankle
- Foot... entire foot, arch, toes
- Eye... left, right
- Arm... shoulder, upper, elbow, lower or wrist

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

- Infection
- Sore
- Soreness

**3h. What part of the (part of body in 3g) is affected by the [infection/sore/soreness] -- 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?**

- Malignant
- Benign
- DK

**5. When was -- (condition in 3b) first noticed?**

- 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?)
### Section II - DISABILITY - Continued

#### Part M - CONDITION A - Continued

<table>
<thead>
<tr>
<th>ITEM M1</th>
<th>Mark box if under 18.</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Missing extremity or organ (M2)</td>
<td>□ Under 18 (16)</td>
</tr>
<tr>
<td>□ Other (12)</td>
<td></td>
</tr>
</tbody>
</table>

**12a. Does -- still have this condition?**  
1 □ Yes (M2) □ No

**b. Is this condition completely cured or is it under control?**  
2 □ Cured □ Other (Specify) 
3 □ Under control (M2)

**c. About how long did -- have this condition before it was cured?**  
☐ Less than 1 month OR
☐ Months
☐ Years

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

---

<table>
<thead>
<tr>
<th>ITEM M2</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Not an accident/injury (NC)</td>
<td></td>
</tr>
<tr>
<td>□ Accident/injury (14)</td>
<td></td>
</tr>
</tbody>
</table>

**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)

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**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 □ 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. 6:

**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 3 g.*
### 10. Response Status

#### a. Section I (Immunization)

<table>
<thead>
<tr>
<th>Interview</th>
<th>Noninterview</th>
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<tbody>
<tr>
<td>1 Complete</td>
<td>3 Refused</td>
</tr>
<tr>
<td>2 Partial</td>
<td>4 Other</td>
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- Mark (X) mode. Explain "Partial" in notes.

#### b. Section II (Disability)

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</table>

- Mark (X) mode. Explain "Partial" in notes.

**Mode of interview:***

- All or most
- 1 In person
- 2 By telephone

**Notes**