

CONDITION (Con'd.)		REFER RESPONDENT TO TWO-WEEK CALENDAR FOR QUESTIONS 9-14	
Ask question 9a for all conditions.	9a. LAST WEEK OR THE WEEK BEFORE DID HIS . . . CAUSE HIM TO CUT DOWN ON THE THINGS HE USUALLY DOES?	Yes <input type="radio"/>	No - Go to 14a <input type="radio"/>
	b. DID HE HAVE TO CUT DOWN FOR AS MUCH AS A DAY?	Yes <input type="radio"/>	No - Go to 14a <input type="radio"/>
Ask questions 10 and 11 if "Yes" marked in question 9b.	10. HOW MANY DAYS DID HE HAVE TO CUT DOWN DURING THAT TWO WEEK PERIOD? Write in and mark <input type="text"/> Days	<input type="radio"/>	<input type="radio"/>
	11. DURING THAT TWO WEEK PERIOD, HOW MANY DAYS DID HIS . . . KEEP HIM IN BED ALL OR MOST OF THE DAY? Write in and mark <input type="text"/> Days	<input type="radio"/>	None <input type="radio"/>
Ask question 12 if person is 6-16 years old.	12. HOW MANY DAYS DID HIS . . . KEEP HIM FROM SCHOOL DURING THAT TWO WEEK PERIOD? Write in and mark <input type="text"/> Days	Under 6 <input type="radio"/>	None <input type="radio"/>
Ask question 13 if person is 17 years old or over.	13. HOW MANY DAYS DID HIS . . . KEEP HIM FROM WORK DURING THAT TWO WEEK PERIOD? (For females add) Write in and mark <input type="text"/> Days	<input type="radio"/>	None <input type="radio"/>
Ask question 14 for all conditions.	14a. WHEN DID HE FIRST NOTICE HIS . . . ? WAS IT DURING THE PAST 3 MONTHS OR BEFORE THAT TIME?	During 3 mos. <input type="radio"/>	Before 3 mos. - Go to 15 <input type="radio"/>
	b. DID HE FIRST NOTICE IT DURING THE PAST TWO WEEKS OR BEFORE THAT TIME?	Past 2 wks. <input type="radio"/>	Before 2 wks. - Go to 16 <input type="radio"/>
	c. WHICH WEEK, LAST WEEK OR THE WEEK BEFORE?	Last week <input type="radio"/>	Week before <input type="radio"/>
Ask question 15 only if condition was first noticed "Before 3 months."	15. DID -- FIRST NOTICE IT DURING THE PAST 12 MONTHS OR BEFORE THAT TIME?	3-12 mos. <input type="radio"/>	Before 12 mos. <input type="radio"/>
Ask for person 6 years old or over for whom an eye condition or vision problem (including cataracts and glaucoma) has been reported.	<input type="checkbox"/> Not an eye condition <input type="checkbox"/> Not first eye condition <input type="checkbox"/> Under 6	Yes - Ask 16a <input type="radio"/>	No - Go to 16a <input type="radio"/>
	16a. CAN -- SEE WELL ENOUGH TO READ ORDINARY NEWSPAPER PRINT WITH GLASSES?	Yes - Ask 16b <input type="radio"/>	No - Ask 16b <input type="radio"/>
	b. CAN -- SEE WELL ENOUGH TO RECOGNIZE A FRIEND WALKING ON THE OTHER SIDE OF THE STREET?	Yes - Ask 16c <input type="radio"/>	No - Ask 16c <input type="radio"/>
	c. HOW MUCH TROUBLE WOULD YOU SAY THAT -- HAS IN SEEING: A GREAT DEAL, SOME, OR HARDLY ANY AT ALL?	Great deal <input type="radio"/>	Some <input type="radio"/>
AA: IF THIS IS A CONDITION ON CARD A OR B, OR STARTED "BEFORE 3 MONTHS," ASK Q. 17; OTHERWISE GO TO ITEM BB.			
Ask question 17b if "1" or more days in question 17a and question 11 is blank or marked "None."	17a. ABOUT HOW MANY DAYS DURING THE PAST 12 MONTHS HAS HIS . . . KEPT HIM IN BED ALL OR MOST OF THE DAY? Write in and mark <input type="text"/> Days	<input type="radio"/>	None - Go to BB <input type="radio"/>
	b. WERE ANY OF THESE -- DAYS DURING LAST WEEK OR THE WEEK BEFORE?	Yes <input type="radio"/>	No - Go to BB <input type="radio"/>
	c. HOW MANY? Write in and mark <input type="text"/> Days	<input type="radio"/>	<input type="radio"/>
BB: Is this the LAST condition for this person?	<input type="checkbox"/> Yes - Ask 18-21 if person has "1" or more conditions past AA <input type="checkbox"/> No - Go to next condition		
Show Card D, E, F, or G, as appropriate based on activity status or age.	18. PLEASE LOOK AT EACH STATEMENT ON THIS CARD (CARD D, E, F, G). THEN TELL ME WHICH STATEMENT FITS -- BEST IN TERMS OF HEALTH. Mark statement number →	1 <input type="radio"/>	2 <input type="radio"/>
If 1, 2, or 3 marked in 18 ask:	19. IS THIS BECAUSE OF ANY OF THE CONDITIONS YOU HAVE TOLD ME ABOUT?	3 <input type="radio"/>	4 - Go to 20 <input type="radio"/>
If 4 marked in 18 go to 20.	<input type="checkbox"/> Yes → WHICH? Enter condition numbers	WASHINGTON USE Yes <input type="radio"/>	No <input type="radio"/>
	<input type="checkbox"/> No → WHAT DOES CAUSE THIS LIMITATION? Enter cause	Age <input type="radio"/>	Gen <input type="radio"/>
		Clt <input type="radio"/>	DX <input type="radio"/>
	20. PLEASE LOOK AT THE BLUE CARD, CARD H. WHICH ONE OF THOSE STATEMENTS FITS -- BEST IN TERMS OF HEALTH? Mark statement number →	1 <input type="radio"/>	2 <input type="radio"/>
If 1, 2, 3, 4, or 5 marked in 20, ask:	21. IS THIS BECAUSE OF ANY OF THE CONDITIONS YOU HAVE TOLD ME ABOUT?	3 <input type="radio"/>	4 <input type="radio"/>
If 6 marked, omit 21 and go to next person.	<input type="checkbox"/> Yes → WHICH? Enter condition numbers	5 <input type="radio"/>	6 - Stop <input type="radio"/>
	<input type="checkbox"/> No → WHAT DOES CAUSE THIS LIMITATION? Enter cause	WASHINGTON USE Yes <input type="radio"/>	No <input type="radio"/>
		Age <input type="radio"/>	Gen <input type="radio"/>
		Clt <input type="radio"/>	DX <input type="radio"/>

<p>Card A</p> <p>A--1 Now I'm going to read a list of conditions--Please tell me if you, your , etc., have had any of these conditions DURING THE PAST 12 MONTHS?</p> <ol style="list-style-type: none"> 1. Asthma? 2. CHRONIC bronchitis? 3. REPEATED attacks of sinus trouble? 4. TROUBLE with varicose veins? 5. Hemorrhoids or piles? 6. Hay fever? 7. Tumor, cyst, or growth? 8. CHRONIC gallbladder or liver trouble? 9. Stomach ulcer? 10. Any other CHRONIC stomach trouble? 11. Kidney stones or CHRONIC kidney trouble? 	<p>A--2 Have you, your , etc., had any of these conditions DURING THE PAST 12 MONTHS?</p> <ol style="list-style-type: none"> 12. Thyroid trouble or goiter? 13. Any allergy? 14. CHRONIC nervous trouble? 15. CHRONIC skin trouble? 16. Palsy? 17. Paralysis of any kind? 18. REPEATED trouble with back or spine? 19. Cleft palate? 20. Any speech defect? 21. Hernia or rupture? 22. Prostate trouble? 	<p>Card D</p> <p>For: Workers and other persons except Housewives and Children</p> <ol style="list-style-type: none"> 1. Not able to work at all. 2. Able to work but limited in amount of work or kind of work. 3. Able to work but limited in kind or amount of other activities. 4. Not limited in any of the above ways. 	<p>Card F</p> <p>For: Children from 6 through 16 years old</p> <ol style="list-style-type: none"> 1. Not able to go to school at all. 2. Able to go to school but limited to certain types of schools or in school attendance. 3. Able to go to school but limited in other activities. 4. Not limited in any of the above ways. 	<p>Card H</p> <p>For: Mobility</p> <ol style="list-style-type: none"> 1. Must stay in bed all or most of the time. 2. Must stay in the house all or most of the time. 3. Need the help of another person in getting around inside or outside the house. 4. Need the help of some special aid, such as a cane or wheelchair, in getting around inside or outside the house. 5. Does not need the help of another person or a special aid but has trouble in getting around freely. 6. Not limited in any of the above ways.
<p>Card B</p> <p>B--1 Have you, your , etc., EVER had any of these conditions?</p> <ol style="list-style-type: none"> 1. Tuberculosis? 2. Emphysema? 3. Hardening of the arteries? 4. High blood pressure? 5. Cancer? 6. Heart trouble? 7. Stroke? 8. Rheumatic fever? 9. Arthritis or rheumatism? 10. Mental illness? 11. Diabetes? 12. Epilepsy? 	<p>B--2 Do you, your , etc., HAVE any of these conditions?</p> <ol style="list-style-type: none"> 1. Deafness or SERIOUS trouble hearing with one or both ears? 2. SERIOUS trouble seeing with one or both eyes even when wearing glasses? 3. Missing fingers, hand or arm -- toes, foot or leg? 4. Missing lung or kidney (or breast)? 5. Club foot? 6. PERMANENT stiffness or any deformity of foot, leg, fingers, arm or back? 	<p>Card E</p> <p>For: Housewife</p> <ol style="list-style-type: none"> 1. Not able to keep house at all. 2. Able to keep house but limited in amount or kind of housework. 3. Able to keep house but limited in kind or amount of other activities. 4. Not limited in any of the above ways. 	<p>Card G</p> <p>For: Children under 6 years old</p> <ol style="list-style-type: none"> 1. Not able to take part at all in ordinary play with other children. 2. Able to play with other children but limited in amount or kind of play. 4. Not limited in any of the above ways. 	<p>Card I</p> <p>Which of the following income groups represents your total combined family income for the past 12 months? Include income from all sources such as wages, salaries, social security or retirement benefits, help from relatives, rents from property, and so forth.</p> <p>Under \$500 Group A \$500-- \$999 Group B \$1,000-- \$1,999 Group C \$2,000-- \$2,999 Group D \$3,000-- \$3,999 Group E \$4,000-- \$4,999 Group F \$5,000-- \$6,999 Group G \$7,000-- \$9,999 Group H \$10,000--\$14,999 Group I \$15,000 and over Group J</p>