

CONDITION 1		4. During the past 2 weeks, did his . . . cause him to cut down on the things he usually does?		
1. Person number	Name of condition	1 Y	2 N (9)	
2. When did -- last see or talk to a doctor about his . . . ?		5. During that period, how many days did he cut down for as much as a day?		
1 <input type="checkbox"/> In interview week (Reask 2)		--- Days 00 <input type="checkbox"/> None (9)		
1 <input type="checkbox"/> Past 2 wks. (Item C)		6. During that 2-week period, how many days did his . . . keep him in bed all or most of the day?		
2 <input type="checkbox"/> 2 wks. - 6 mos.		--- Days 00 <input type="checkbox"/> None		
3 <input type="checkbox"/> Over 6-12 mos.		Ask if 17+ years:		
4 <input type="checkbox"/> 1 yr.		7. How many days did his . . . keep him from work during that 2-week period? (For females): not counting work around the house?		
5 <input type="checkbox"/> 2-4 yrs.		--- Days (9) <input type="checkbox"/> None (9)		
6 <input type="checkbox"/> 5+ yrs.		Ask if 6 - 16 years:		
7 <input type="checkbox"/> Never		8. How many days did his . . . keep him from school during that 2-week period?		
A1 Examine "Name of condition" entry and mark		--- Days 00 <input type="checkbox"/> None		
<input type="checkbox"/> Color blindness (NC)		9. When did -- first notice his . . . ?		
<input type="checkbox"/> Accident or injury (4)		1 <input type="checkbox"/> Last week		
<input type="checkbox"/> On Card C (4)		4 <input type="checkbox"/> 2 weeks - 3 months		
<input type="checkbox"/> Neither (3a)		2 <input type="checkbox"/> Week before		
If "Doctor not talked to," record adequate description of condition.		5 <input type="checkbox"/> 3 - 12 months		
If "Doctor talked to," ask:		3 <input type="checkbox"/> Past 2 weeks - DK which		
3a. What did the doctor say it was? - Did he give it a medical name?		6 <input type="checkbox"/> More than 12 mos. ago		
-----		(Was it during the past 12 months or before that time?)		
Do not ask for cancer		(Was it during the past 3 months or before that time?)		
b. What was the cause of . . . ?		(Was it during the past 2 weeks or before that time?)		
<input type="checkbox"/> Accident or injury (4)		A A Continue for conditions listed or reported in Probe question 36 except missing organs or extremities. Otherwise, go to A2.		
-----		<input type="checkbox"/> Doctor seen (10) <input type="checkbox"/> Doctor not seen (13)		
If the entry in 3a or 3b includes the words:		10. Has he ever had surgery for this condition?		
Ailment	Cyst	Growth	Tumor	
Asthma	Defect	Measles	Ulcer	
Attack	Disease	Rupture	} Ask c	
Condition	Disorder	Trouble		
c. What kind of . . . is it?		11. Was he ever hospitalized for this condition?		
-----		1 Y		
For allergy or stroke, ask:		2 N		
d. How does the allergy (stroke) affect him?		12. During the past 12 months, about how many times has -- seen or talked to a doctor about his . . . ?		
-----		(Do not count visits while a patient in a hospital.)		
For an impairment or any of the following entries:		--- Times (14) 000 <input type="checkbox"/> None (14)		
Abscess	Damage	Paralysis	} Ask e	
Ache (except headache)	Growth	Rupture		
Bleeding	Hemorrhage	Sore		
Blood clot	Infection	Soreness		
Boil	Inflammation	Tumor		
Cancer	Neuralgia	Ulcer		
Cramps (except menstrual)	Neuritis	Varicose veins		
Cyst	Pain	Weak		
	Palsy	Weakness		
e. What part of the body is affected?		13a. Has -- ever seen any professional person or practitioner for his . . . ?		
-----		Y		
Show the following detail:		N (14)		
Head . . . . . skull, scalp, face		b. What kind of professional person?		
Back/spine/vertebra . . . . . upper, middle, lower		-----		
Ear or eye . . . . . one or both		14. About how many days during the past 12 months has this condition kept him in bed all or most of the day?		
Arm . . . . . one or both; shoulder, upper, elbow, lower, wrist, hand		--- Days 000 <input type="checkbox"/> None		
Leg . . . . . one or both; hip, upper, knee, lower, ankle, foot		15a. How often does his . . . bother him - all of the time, often, once in a while, or never?		
		1 <input type="checkbox"/> All the time		
		2 <input type="checkbox"/> Often		
		3 <input type="checkbox"/> Once in a while		
		0 <input type="checkbox"/> Never (A2)		
		4 <input type="checkbox"/> Other (Specify) _____		
		b. When it does bother him, is he bothered a great deal, some, or very little?		
		1 <input type="checkbox"/> Great deal		
		2 <input type="checkbox"/> Some		
		3 <input type="checkbox"/> Very little		
		4 <input type="checkbox"/> Other (Specify) _____		

