

CONDITION 1		The remaining questions will be asked as appropriate for the condition entered in:																																						
1. Person number	Name of condition	A2	<input type="checkbox"/> Item 1 <input type="checkbox"/> Q. 3b <input type="checkbox"/> Q. 3d <input type="checkbox"/> Q. 3a <input type="checkbox"/> Q. 3c																																					
2. When did -- last see or talk to a doctor about his . . . ?		4. During the past 2 weeks, did his . . . cause him to cut down on the things he usually does?																																						
1 <input type="checkbox"/> In interview week (Reask 2) 2 <input type="checkbox"/> Past 2 wks. (Item C) 3 <input type="checkbox"/> 2 wks.-6 mos. 4 <input type="checkbox"/> Over 6-12 mos. 5 <input type="checkbox"/> 1 yr. 6 <input type="checkbox"/> 2-4 yrs. 7 <input type="checkbox"/> 5+ yrs. 8 <input type="checkbox"/> Never 9 <input type="checkbox"/> DK if Dr. seen 10 <input type="checkbox"/> DK when Dr. seen		1 Y 2 N (9)																																						
A1 Examine "Name of condition" entry and mark <input type="checkbox"/> Accident or injury (A2) <input type="checkbox"/> On Card C (A2) <input type="checkbox"/> Neither (3a)		5. During that period, how many days did he cut down for as much as a day? ___ Days 00 <input type="checkbox"/> None (9)																																						
If "Doctor not talked to," record adequate description of condition. If "Doctor talked to," ask: 3a. What did the doctor say it was? - Did he give it a medical name?		6. During that 2-week period, how many days did his . . . keep him in bed all or most of the day? ___ Days 00 <input type="checkbox"/> None																																						
Do not ask for Cancer		Ask if 17+ years:																																						
b. What was the cause of . . . ? Accident or injury (A2)		7. How many days did his . . . keep him from work during that 2-week period? (For females): not counting work around the house? ___ Days (9) 00 <input type="checkbox"/> None (9)																																						
If the entry in 3a or 3b includes the words:		Ask if 6-16 years:																																						
<table border="0"> <tr> <td>Ailment</td> <td>Condition</td> <td>Disorder</td> <td>Trouble</td> <td rowspan="5">} Ask c:</td> </tr> <tr> <td>Anemia</td> <td>Cyst</td> <td>Growth</td> <td>Tumor</td> </tr> <tr> <td>Asthma</td> <td>Defect</td> <td>Measles</td> <td>Ulcer</td> </tr> <tr> <td>Attack</td> <td>Disease</td> <td>Rupture</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table>		Ailment	Condition	Disorder	Trouble	} Ask c:	Anemia	Cyst	Growth	Tumor	Asthma	Defect	Measles	Ulcer	Attack	Disease	Rupture						8. How many days did his . . . keep him from school during that 2-week period? ___ Days 00 <input type="checkbox"/> None																	
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c. What kind of . . . is it?		9. When did -- first notice his . . . ?																																						
For allergy or stroke, ask: d. How does the allergy (stroke) affect him?		1 <input type="checkbox"/> Last week 4 <input type="checkbox"/> 2 weeks-3 months 2 <input type="checkbox"/> Week before 5 <input type="checkbox"/> Over 3-12 months 3 <input type="checkbox"/> Past 2 weeks-DK which 6 <input type="checkbox"/> More than 12 months ago (Was it during the past 12 months or before that time?) (Was it during the past 3 months or before that time?) (Was it during the past 2 weeks or before that time?)																																						
For an impairment or any of the following entries:		A3																																						
<table border="0"> <tr> <td>Abscess</td> <td>Damage</td> <td>Paralysis</td> <td rowspan="12">} Ask e:</td> </tr> <tr> <td>Ache (except headache)</td> <td>Growth</td> <td>Rupture</td> </tr> <tr> <td>Bleeding</td> <td>Hemorrhage</td> <td>Sore</td> </tr> <tr> <td>Blood clot</td> <td>Infection</td> <td>Soreness</td> </tr> <tr> <td>Boil</td> <td>Inflammation</td> <td>Tumor</td> </tr> <tr> <td>Cancer</td> <td>Neuralgia</td> <td>Ulcer</td> </tr> <tr> <td>Cramps (except menstrual)</td> <td>Neuritis</td> <td>Varicose veins</td> </tr> <tr> <td>Cyst</td> <td>Pain</td> <td>Weak</td> </tr> <tr> <td></td> <td>Palsy</td> <td>Weakness</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>		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										1 <input type="checkbox"/> Not an eye cond. (A4) 3 <input type="checkbox"/> First eye cond. (6+ yrs.) (I 0) 2 <input type="checkbox"/> First eye condition (under 6) (A4) 4 <input type="checkbox"/> Not first eye cond. (A4)	
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e. What part of the body is affected?		10. Can -- see well enough to read ordinary newspaper print WITH GLASSES with his																																						
Show the following detail:		<table border="0"> <tr> <td rowspan="2">left</td> <td>eye? . . . 1 Y 2 N</td> </tr> <tr> <td>right</td> <td>..... 1 Y 2 N</td> </tr> </table>		left	eye? . . . 1 Y 2 N	right 1 Y 2 N																																	
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	right 1 Y 2 N																																						
Head skull, scalp, face Back/spine/vertebra upper, middle, lower Ear or eye one or both Arm one or both; shoulder, upper, elbow, lower, wrist, hand Leg one or both; hip, upper, knee, lower, ankle, foot		A4																																						
		a. First noticed during the past 2 weeks? (Question 9) Y N (AA)																																						
		b. Doctor seen or talked to during the past 2 weeks? (Question 2) Y (Fill buff form) N																																						
		c. One or more cut-down days? (Question 5) Y (Fill blue form) N (AA)																																						
		FOOTNOTES																																						

