

AA

1 Missing extremity (A4)
 2 Condition in C2 does not have a letter as source (A4)
 3 Condition in C2 has a letter as source, Doctor seen (11)
 4 Condition in C2 has a letter as source, Doctor not seen (15)

11a. Does -- NOW take any medicine or treatment for his . . . ? 1 Y
 2 N (12)

b. Was any of this medicine or treatment recommended by a doctor? 1 Y
 2 N

12. Has he ever had surgery for this condition? 1 Y
 2 N

13. Was he ever hospitalized for this condition? 1 Y
 2 N

14. During the past 12 months, about how many times has -- seen or talked to a doctor about his . . . ? _____ Times
 (Do not count visits while a patient in a hospital.) 000 None

15a. About how many days during the past 12 months has this condition kept him in bed all or most of the day? _____ Days
 000 None
 Ask if 17+ years:

b. About how many days during the past 12 months has this condition kept him from work? _____ Days
 For females: Not counting work around the house? 000 None

16a. How often does his . . . bother him -- all of the time, often, once in a while, or never?
 1 All the time 2 Often 3 Once in a while
 0 Never (16c) 8 Other -- Specify _____

b. When it does bother him, is he bothered a great deal, some, or very little?
 1 Great deal 2 Some 3 Very little
 4 Other -- Specify _____
 All the time in 16a (A4)

c. Does -- still have this condition?
 1 Y (A4) 2 N

d. Is this condition completely cured or is it under control?
 2 Cured 3 Under control (A4)
 4 Other -- Specify _____ (A4)

e. About how long did -- have this condition before it was cured?
 0 Less than one month _____ Months _____ Years

A4 Accident or injury Other (NC)

17a. Did the accident happen during the past 2 years or before that time?
 During the past 2 years Before 2 years (18a)

b. When did the accident happen?
 Last week Over 3-12 months
 Week before 1-2 years
 2 weeks-3 months

18a. 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

If accident happened more than 3 months ago, ask:

b. What part of the body is affected now?
 How is his -- affected? Is he affected in any other way?

Part(s) of body	Present effects

19. 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)
 6 School (includes premises)
 7 Place of recreation and sports, except at school
 8 Other -- Specify _____

20. Was -- at work at his job or business when the accident happened?
 1 Y 3 While in Armed Services
 2 N 4 Under 17 at time of accident

21a. Was a car, truck, bus, or other motor vehicle involved in the accident in any way? 1 Y 2 N (NC)

b. Was more than one vehicle involved? Y N

c. Was it (either one) moving at the time? 1 Y 2 N