

R3  Under 19 (NP)  
 19+ (1-2)

1a. Does --- need help from others in using public transportation, such as buses, trains, subways or planes?	1a.	1 Y (2) 2 N								
b. Does --- use public transportation?	b.	1 Y (2) 2 N								
c. If --- had to use public transportation would --- need the help of other persons?	c.	1 Y 2 N								
2a. Does --- drive a car?	2a.	1 Y (2c) 2 N								
b. Does a disability or health problem keep him from driving a car?	b.	1 Y (NP) 2 N (NP)								
c. Is the car he usually drives specially equipped for handicapped persons?	c.	1 Y 2 N (NP)								
d. Was the car specially equipped for ---?	d.	1 Y 2 N								
<p>Ask if 19+:</p> <p>3a. (Besides) During the past 12 months did (adults 19+) have -</p> <p>If "Yes," ask:</p> <p>b. Who was this? Mark "symptom" in person's column and reask 3a and b.</p> <p>If "symptom," ask 3c-e</p> <p>c. Did ---'s (symptom) last more or less than 24 hours?</p> <p>d. Did --- see a doctor for his (symptom(s)) at that time?</p> <p>e. Was --- hospitalized because of the (symptom(s))?</p>	<table border="1"> <tr> <td>1. Sudden paralysis or weakness of an arm and leg on the same side of the body?</td> <td></td> </tr> <tr> <td>2. Sudden numbness on one side of the body?</td> <td></td> </tr> <tr> <td>3. Sudden loss of vision?</td> <td></td> </tr> <tr> <td>4. Sudden loss of speech?</td> <td></td> </tr> </table>	1. Sudden paralysis or weakness of an arm and leg on the same side of the body?		2. Sudden numbness on one side of the body?		3. Sudden loss of vision?		4. Sudden loss of speech?		<p><input type="checkbox"/> Und. 19 (NP)    Less than 24 hours    More than 24 hours</p> <p>1 <input type="checkbox"/> Para.    1 <input type="checkbox"/>    2 <input type="checkbox"/></p> <p>2 <input type="checkbox"/> Numb.    1 <input type="checkbox"/>    2 <input type="checkbox"/></p> <p>3 <input type="checkbox"/> Vis.    1 <input type="checkbox"/>    2 <input type="checkbox"/></p> <p>4 <input type="checkbox"/> Spe.    1 <input type="checkbox"/>    2 <input type="checkbox"/></p> <p>3b. and c.</p> <p>d. 1 Y 2 N (4) 3 DK (4)</p> <p>e. 1 Y 2 N 3 DK</p>
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<p>Ask if 19+:</p> <p>If "stroke" in C2 go to 5b.</p> <p>5a. Has --- EVER had a stroke?</p> <p>b. Has a doctor EVER told --- he had a stroke?</p> <p>c. How old was --- at the time he had his first stroke?</p> <p>d. Was --- hospitalized for this first stroke?</p>	<p><input type="checkbox"/> Under 19 (NP)  <input type="checkbox"/> Stroke in C2 (5b)</p> <p>5a. 1 Y 2 N (NP) 3 DK (NP)</p> <p>b. 1 Y 2 N 3 DK</p> <p>c. _____ Years</p> <p>d. 1 Y 2 N</p>									

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1 Y (2) 2 N	1a.	1 Y (2) 2 N	1 Y (2) 2 N	1a.	1 Y (2) 2 N	1 Y (2) 2 N
1 Y (2) 2 N	b.	1 Y (2) 2 N	1 Y (2) 2 N	b.	1 Y (2) 2 N	1 Y (2) 2 N
1 Y 2 N	c.	1 Y 2 N	1 Y 2 N	c.	1 Y 2 N	1 Y 2 N
1 Y (2c) 2 N	2a.	1 Y (2c) 2 N	1 Y (2c) 2 N	2a.	1 Y (2c) 2 N	1 Y (2c) 2 N
1 Y (NP) 2 N (NP)	b.	1 Y (NP) 2 N (NP)	1 Y (NP) 2 N (NP)	b.	1 Y (NP) 2 N (NP)	1 Y (NP) 2 N (NP)
1 Y 2 N (NP)	c.	1 Y 2 N (NP)	1 Y 2 N (NP)	c.	1 Y 2 N (NP)	1 Y 2 N (NP)
1 Y 2 N	d.	1 Y 2 N	1 Y 2 N	d.	1 Y 2 N	1 Y 2 N
<input type="checkbox"/> Und. 19 (NP) Less than 24 hours More than 24 hours		<input type="checkbox"/> Und. 19 (NP) Less than 24 hours More than 24 hours	<input type="checkbox"/> Und. 19 (NP) Less than 24 hours More than 24 hours		<input type="checkbox"/> Und. 19 (NP) Less than 24 hours More than 24 hours	<input type="checkbox"/> Und. 19 (NP) Less than 24 hours More than 24 hours
1 <input type="checkbox"/> Para. 1 <input type="checkbox"/> 2 <input type="checkbox"/>	3b. and c.	1 <input type="checkbox"/> Para. 1 <input type="checkbox"/> 2 <input type="checkbox"/>	1 <input type="checkbox"/> Para. 1 <input type="checkbox"/> 2 <input type="checkbox"/>	3b. and c.	1 <input type="checkbox"/> Para. 1 <input type="checkbox"/> 2 <input type="checkbox"/>	1 <input type="checkbox"/> Para. 1 <input type="checkbox"/> 2 <input type="checkbox"/>
2 <input type="checkbox"/> Numb. 1 <input type="checkbox"/> 2 <input type="checkbox"/>		2 <input type="checkbox"/> Numb. 1 <input type="checkbox"/> 2 <input type="checkbox"/>	2 <input type="checkbox"/> Numb. 1 <input type="checkbox"/> 2 <input type="checkbox"/>		2 <input type="checkbox"/> Numb. 1 <input type="checkbox"/> 2 <input type="checkbox"/>	
3 <input type="checkbox"/> Vis. 1 <input type="checkbox"/> 2 <input type="checkbox"/>		3 <input type="checkbox"/> Vis. 1 <input type="checkbox"/> 2 <input type="checkbox"/>	3 <input type="checkbox"/> Vis. 1 <input type="checkbox"/> 2 <input type="checkbox"/>		3 <input type="checkbox"/> Vis. 1 <input type="checkbox"/> 2 <input type="checkbox"/>	
4 <input type="checkbox"/> Spe. 1 <input type="checkbox"/> 2 <input type="checkbox"/>		4 <input type="checkbox"/> Spe. 1 <input type="checkbox"/> 2 <input type="checkbox"/>	4 <input type="checkbox"/> Spe. 1 <input type="checkbox"/> 2 <input type="checkbox"/>		4 <input type="checkbox"/> Spe. 1 <input type="checkbox"/> 2 <input type="checkbox"/>	
1 Y 2 N (4) 9 DK (4)	d.	1 Y 2 N (4) 9 DK (4)	1 Y 2 N (4) 9 DK (4)	d.	1 Y 2 N (4) 9 DK (4)	1 Y 2 N (4) 9 DK (4)
1 Y 2 N 9 DK	e.	1 Y 2 N 9 DK	1 Y 2 N 9 DK	e.	1 Y 2 N 9 DK	1 Y 2 N 9 DK
1 <input type="checkbox"/> Diabetes	4b.	1 <input type="checkbox"/> Diabetes	1 <input type="checkbox"/> Diabetes	4b.	1 <input type="checkbox"/> Diabetes	1 <input type="checkbox"/> Diabetes
2 <input type="checkbox"/> High Blood Pressure		2 <input type="checkbox"/> High Blood Pressure	2 <input type="checkbox"/> High Blood Pressure		2 <input type="checkbox"/> High Blood Pressure	
3 <input type="checkbox"/> Heart Disease		3 <input type="checkbox"/> Heart Disease	3 <input type="checkbox"/> Heart Disease		3 <input type="checkbox"/> Heart Disease	
4 <input type="checkbox"/> Blood Clots		4 <input type="checkbox"/> Blood Clots	4 <input type="checkbox"/> Blood Clots		4 <input type="checkbox"/> Blood Clots	
<input type="checkbox"/> Under 19 (NP) 3 <input type="checkbox"/> Stroke in C2 (5b)		<input type="checkbox"/> Under 19 (NP) 3 <input type="checkbox"/> Stroke in C2 (5b)	<input type="checkbox"/> Under 19 (NP) 3 <input type="checkbox"/> Stroke in C2 (5b)		<input type="checkbox"/> Under 19 (NP) 3 <input type="checkbox"/> Stroke in C2 (5b)	<input type="checkbox"/> Under 19 (NP) 3 <input type="checkbox"/> Stroke in C2 (5b)
1 Y 2 N (NP) 9 DK (NP)	5a.	1 Y 2 N (NP) 9 DK (NP)	1 Y 2 N (NP) 9 DK (NP)	5a.	1 Y 2 N (NP) 9 DK (NP)	1 Y 2 N (NP) 9 DK (NP)
1 Y 2 N 9 DK	b.	1 Y 2 N 9 DK	1 Y 2 N 9 DK	b.	1 Y 2 N 9 DK	1 Y 2 N 9 DK
_____ Years	c.	_____ Years	_____ Years	c.	_____ Years	_____ Years
1 Y 2 N	d.	1 Y 2 N	1 Y 2 N	d.	1 Y 2 N	1 Y 2 N