

1. Name of condition _____

Mark "2-wk. ref. pd." box without asking if "DV" or "HS" in C2 as source.

2. When did [---/anyone] last see or talk to a doctor or assistant about --- (condition)?
- | | |
|---|---|
| 0 <input type="checkbox"/> Interview week (Reask 2) | 5 <input type="checkbox"/> 2 yrs., less than 5 yrs. |
| 1 <input type="checkbox"/> 2-wk. ref. pd. | 6 <input type="checkbox"/> 5 yrs. or more |
| 2 <input type="checkbox"/> Over 2 weeks, less than 6 mos. | 7 <input type="checkbox"/> Dr. seen, DK when |
| 3 <input type="checkbox"/> 6 mos., less than 1 yr. | 8 <input type="checkbox"/> DK if Dr. seen |
| 4 <input type="checkbox"/> 1 yr., less than 2 yrs. | 9 <input type="checkbox"/> Dr. never seen |
- (3b)

3a. (Earlier you told me about --- (condition)) Did the doctor or assistant call the (condition) by a more technical or specific name?

1 Yes 2 No 9 DK

Ask 3b if "Yes" in 3a, otherwise transcribe condition name from item 1 without asking:

- b. What did he or she call it? _____ Specify
- | | |
|---|---|
| 1 <input type="checkbox"/> Color Blindness (NC) | 3 <input type="checkbox"/> Cancer (3a) |
| 2 <input type="checkbox"/> Normal pregnancy, normal delivery, vasectomy } (5) | 4 <input type="checkbox"/> Old age (NC) |
| | 8 <input type="checkbox"/> Other (3c) |

c. What was the cause of --- (condition in 3b)? (Specify) _____

Mark box if accident or injury. 0 Accident/injury (5)

d. Did the (condition in 3b) result from an accident or injury?

1 Yes (5) 2 No

Ask 3e if the condition name in 3b includes any of the following words:

| | | | |
|---------|-----------|----------|---------|
| Ailment | Cancer | Disease | Problem |
| Anemia | Condition | Disorder | Rupture |
| Asthma | Cyst | Growth | Trouble |
| Attack | Defect | Measles | Tumor |
| Bad | | | Ulcer |

e. What kind of (condition in 3b) is it? _____ Specify

Ask 3f only if allergy or stroke in 3b-e.

f. How does the [allergy/stroke] NOW affect ---? (Specify) _____

For Stroke, fill remainder of this condition page for the first present effect. Enter in item C2 and complete a separate condition page for each additional present effect.

Ask 3g if there is an impairment (refer to Card CP2) or any of the following entries in 3b-f:

| | | |
|-----------------------------|--------------|----------------|
| Abscess | Damage | Palsy |
| Ache (except head or ear) | Growth | Paralysis |
| Bleeding (except menstrual) | Hemorrhage | Rupture |
| Blood clot | Infection | Sore(ness) |
| Boil | Inflammation | Stiff(ness) |
| Cancer | Neuralgia | Tumor |
| Cramps (except menstrual) | Neuritis | Ulcer |
| Cyst | Pain | Varicose veins |
| | | Weakness |

g. What part of the body is affected? _____ Specify

- Show the following detail:
- Head skull, scalp, face
- Back/spine/vertebrae upper, middle, lower
- Side left or right
- Ear inner or outer; left, right, or both
- Eye left, right, or both
- Arm shoulder, upper, elbow, lower or wrist; left, right, or both
- Hand entire hand or fingers only; left, right, or both
- Leg hip, upper, knee, lower, or ankle; left, right, or both
- Foot entire foot, arch, or toes only; left, right, or both

Except for eyes, ears, or internal organs, ask 3h if there are any of the following entries in 3b-f:

h. What part of the (part of body in 3b-g) is affected by the [infection/sore/soreness] - the skin, muscle, bone, or some other part?

Infection Sore Soreness

Specify _____

Ask if there are any of the following entries in 3b-f:

Tumor Cyst Growth

4. Is this [tumor/cyst/growth] malignant or benign?

1 Malignant 2 Benign 9 DK

5. a. When was --- (condition in 3b/3f) first noticed?

| |
|---|
| 1 <input type="checkbox"/> 2-wk. ref. pd. |
| 2 <input type="checkbox"/> Over 2 weeks to 3 months |
| 3 <input type="checkbox"/> Over 3 months to 1 year |
| 4 <input type="checkbox"/> Over 1 year to 5 years |
| 5 <input type="checkbox"/> Over 5 years |

b. When did --- (name of injury in 3b)?

Ask probes as necessary:

(Was it on or since (first date of 2-week ref. period) or was it before that date?)

(Was it less than 3 months or more than 3 months ago?)

(Was it less than 1 year or more than 1 year ago?)

(Was it less than 5 years or more than 5 years ago?)

| K1 | Refer to RD and C2. <input type="checkbox"/> "Yes" in "RD" box AND more than 1 condition in C2 (6) <input type="checkbox"/> Other (K2) | 13. Is this (condition in 3b) the result of the same accident you already told me about? <input type="checkbox"/> Yes (Record condition page number where accident questions first completed.) → _____ (NC) Page No. <input type="checkbox"/> No | | | | | | |
|-------------------|---|--|--------------------|--|--|--|--|--|
| | 6a. During the 2 weeks outlined in red on that calendar, did -- (condition) cause -- to cut down on the things -- usually does? <input type="checkbox"/> Yes <input type="checkbox"/> No (K2) | | | | | | | |
| | b. During that period, how many days did -- cut down for more than half of the day? 00 <input type="checkbox"/> None (K2) _____ Days | | | | | | | |
| | 7. During those 2 weeks, how many days did -- stay in bed for more than half of the day because of this condition? 00 <input type="checkbox"/> None _____ Days | | | | | | | |
| | Ask if "Wa/Wb" box marked in C1: 8. During those 2 weeks, how many days did -- miss more than half of the day from -- job or business because of this condition? 00 <input type="checkbox"/> None _____ Days | | | | | | | |
| | Ask if age 5-17: 9. During those 2 weeks, how many days did -- miss more than half of the day from school because of this condition? 00 <input type="checkbox"/> None _____ Days | | | | | | | |
| K2 | <input type="checkbox"/> Condition has "CL LTR" in C2 as source (10) <input type="checkbox"/> Condition does not have "CL LTR" in C2 as source (K4) | | | | | | | |
| | 10. About how many days since (12-month date) a year ago, has this condition kept -- in bed more than half of the day? (Include days while an overnight patient in a hospital.) 000 <input type="checkbox"/> None _____ Days | | | | | | | |
| | 11. Was -- ever hospitalized for -- (condition in 3b)? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No | | | | | | | |
| K3 | <input type="checkbox"/> Missing extremity or organ (K4) <input type="checkbox"/> Other (12) | | | | | | | |
| | 12a. Does -- still have this condition? 1 <input type="checkbox"/> Yes (K4) <input type="checkbox"/> No | | | | | | | |
| | b. Is this condition completely cured or is it under control? 2 <input type="checkbox"/> Cured 3 <input type="checkbox"/> Other (Specify) _____ (K4) 3 <input type="checkbox"/> Under control (K4) | | | | | | | |
| | c. About how long did -- have this condition before it was cured? <input type="checkbox"/> Less than 1 month OR _____ Number { <input type="checkbox"/> Months <input type="checkbox"/> Years | | | | | | | |
| | d. Was this condition present at any time during the past 12 months? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No | | | | | | | |
| K4 | <input type="checkbox"/> Not an accident/injury (NC) <input type="checkbox"/> First accident/injury for this person (14) <input type="checkbox"/> Other (13) | | | | | | | |
| | 14. Where did the accident happen? 1 <input type="checkbox"/> At home (inside house) 2 <input type="checkbox"/> At home (adjacent premises) 3 <input type="checkbox"/> Street and highway (includes roadway and public sidewalk) 4 <input type="checkbox"/> Farm 5 <input type="checkbox"/> Industrial place (includes premises) 6 <input type="checkbox"/> School (includes premises) 7 <input type="checkbox"/> Place of recreation and sports, except at school 8 <input type="checkbox"/> Other (Specify) _____ | | | | | | | |
| | Mark box if under 18. <input type="checkbox"/> Under 18 (16) 15a. Was -- under 18 when the accident happened? 1 <input type="checkbox"/> Yes (16) <input type="checkbox"/> No | | | | | | | |
| | b. Was -- in the Armed Forces when the accident happened? 2 <input type="checkbox"/> Yes (16) <input type="checkbox"/> No | | | | | | | |
| | c. Was -- at work at -- job or business when the accident happened? 3 <input type="checkbox"/> Yes 4 <input type="checkbox"/> No | | | | | | | |
| | 16a. Was a car, truck, bus, or other motor vehicle involved in the accident in any way? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (17) | | | | | | | |
| | b. Was more than one vehicle involved? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No | | | | | | | |
| | c. Was [it/either one] moving at the time? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No | | | | | | | |
| | 17a. At the time of the accident what part of the body was hurt? What kind of injury was it? Anything else? | | | | | | | |
| | <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">Part(s) of body *</th> <th style="width: 50%;">Kind of injury</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> </tbody> </table> | Part(s) of body * | Kind of injury | | | | | |
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| | | | | | | | | |
| | | | | | | | | |
| | Ask if box 3, 4, or 5 marked in Q.5: b. What part of the body is affected now? How is -- (part of body) affected? Is -- affected in any other way? | | | | | | | |
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| | | | | | | | | |
| | | | | | | | | |
| | * Enter part of body in same detail as for 3g. ** If multiple present effects, enter in C2 each one that is not the same as 3b or C2 and complete a separate condition page for it. | | | | | | | |