

Section O — PODIATRY

PERSON 1

These next questions are about foot problems.

1a. DURING THE PAST 12 MONTHS, (that is, since (12 month date) a year ago) did anyone in the family have TROUBLE with —

If "Yes," ask 1b and c.

b. Who is this?

Mark box in appropriate person's column.

c. DURING THE PAST 12 MONTHS, did anyone else have TROUBLE with —

A. Ingrown toenails or other toenail problems?	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No	5	A.	1 <input type="checkbox"/> Toenail problem	5
B. Foot infection, including athlete's foot, other fungal infections, and warts?	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No	6	B.	1 <input type="checkbox"/> Foot infection	6
C. Corns or calluses?	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No	7	C.	1 <input type="checkbox"/> Corns/calluses	7
D. Flat feet or fallen arches?	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No	8	D.	1 <input type="checkbox"/> Flat feet/fallen arches	8
E. Clubfoot?	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No	9	E.	1 <input type="checkbox"/> Clubfoot	9
DURING THE PAST 12 MONTHS, did anyone in the family have TROUBLE with —				10		
F. Deformities of the toe or joint including hammer toe, claw toe, and missing toes?	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No	10	F.	1 <input type="checkbox"/> Toe/joint deformity	10
G. Bunions?	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No	11	G.	1 <input type="checkbox"/> Bunions	11
H. An injury, such as a sprain, strain, fracture or dislocation of the foot?	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No	12	H.	1 <input type="checkbox"/> Injury	12
I. Arthritis of the toes?	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No	13	I.	1 <input type="checkbox"/> Arthritis	13
J. Any (other) foot problem? (Specify)	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No	14	J.		14
Probe: What is the foot problem called?						
						15

Notes

Section O – PODIATRY – Continued

PERSON 1

**ITEM
01**

Refer to 1A–J.

01

- 1 One or more entries in 1A–J (2)
 8 Other (NP)

16

Complete questions 2 and 3 separately for up to 4 foot problems for each person.

FIRST FOOT PROBLEM IN QUESTION 1:

2. Does -- still have (problem) or has it gone away or been cured?

2.

- 1 Still has problem
 2 Gone away/cured

17–18

Letter in 1 Problem

19

3. How long [has/did]-- [had/have] (problem)?

3.

- Number $\left\{ \begin{array}{l} 1 \text{ Days} \\ 2 \text{ Weeks} \\ 3 \text{ Months} \\ 4 \text{ Years} \end{array} \right.$ (Next problem or Item 01)
 555 Lifetime/all life
 999 DK

20–22

SECOND FOOT PROBLEM IN QUESTION 1:

2. Does -- still have (problem) or has it gone away or been cured?

2.

- 1 Still has problem
 2 Gone away/cured

23–24

Letter in 1 Problem

25

3. How long [has/did]-- [had/have] (problem)?

3.

- Number $\left\{ \begin{array}{l} 1 \text{ Days} \\ 2 \text{ Weeks} \\ 3 \text{ Months} \\ 4 \text{ Years} \end{array} \right.$ (Next problem or Item 01)
 555 Lifetime/all life
 999 DK

26–28

THIRD FOOT PROBLEM IN QUESTION 1:

2. Does -- still have (problem) or has it gone away or been cured?

2.

- 1 Still has problem
 2 Gone away/cured

29–30

Letter in 1 Problem

31

3. How long [has/did]-- [had/have] (problem)?

3.

- Number $\left\{ \begin{array}{l} 1 \text{ Days} \\ 2 \text{ Weeks} \\ 3 \text{ Months} \\ 4 \text{ Years} \end{array} \right.$ (Next problem or Item 01)
 555 Lifetime/all life
 999 DK

32–34

FOURTH FOOT PROBLEM IN QUESTION 1:

2. Does -- still have (problem) or has it gone away or been cured?

2.

- 1 Still has problem
 2 Gone away/cured

35–36

Letter in 1 Problem

37

3. How long [has/did]-- [had/have] (problem)?

3.

- Number $\left\{ \begin{array}{l} 1 \text{ Days} \\ 2 \text{ Weeks} \\ 3 \text{ Months} \\ 4 \text{ Years} \end{array} \right.$ (Next problem or Item 01)
 555 Lifetime/all life
 999 DK

38–40

Notes

Section O – PODIATRY – Continued

PERSON 1

**ITEM
02**

Refer to 2.

02

- 1 Any box "1" (4) **41**
 2 All box "2" (5)
 8 Other (NP)

4. [Is/are any of] the foot problem(s) that -- has severe or serious enough to consider getting professional care?

4.

- 1 Yes **42**
 2 No
 9 DK } (Item O2 for NP)

5. DURING THE PAST 12 MONTHS, did -- get medical care for the foot problem(s)?

5.

- 1 Yes (9) **43**
 2 No
 9 DK } (6)

6. Why did -- NOT get professional health treatment for the foot problem(s) (during the past 12 months)?

Mark all that apply.

Any other reason?

6.

- 1 Problem(s) not severe **44**
 2 No regular doctor **45**
 1 Too much bother **46**
 2 No transportation **47**
 1 No time **48**
 2 Office/hours not convenient **49**
 1 Costs too much **50**
 2 No health insurance/not covered **51**
 1 Didn't need care/problem(s) cured **52**
 8 Other -- Specify **53**

 9 DK **54**

7. Was -- covered by health insurance that would pay for treatment for the foot problem(s)?

7.

- 1 Yes (Item O2 for NP) **55**
 2 No
 9 DK } (8)

8. If insurance paid for the medical care, do you think -- WOULD have gone for the foot problem(s)?

8.

- 1 Yes } **56**
 2 No } (Item O2 for NP)
 9 DK }

9a. DURING THE PAST 12 MONTHS, which of these types of health professionals did -- see about the foot problem(s) --

- (1) A podiatrist? (1)
- (2) An orthopedic specialist or surgeon? (2)
- (3) An osteopath? (3)
- (4) A physical therapist? (4)
- (5) Any other medical doctor? (5)
- (6) Any other health professional? (Specify) (6)

- | 9a. | | | 9b. |
|--------------------------|--------------------------|--------------------------|------------------------|
| Yes | No | DK | No. of times |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 57 58-59 |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 60 61-62 |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 63 64-65 |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 66 67-68 |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 69 70-71 |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 72 73-74 |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 75-76 |

Ask 9b for each "Yes" in 9a.

b. How many times in the past 12 months did -- see the (health professional) for the foot problem(s)?

(Go to 10 after completing all of 9)

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<p>10. Where did — see the health professional(s) about the foot problem(s) — at a doctor's office, clinic, hospital or some other place?</p> <p><i>If hospital: Was it the outpatient clinic or the emergency room?</i></p> <p><i>If Clinic: Was it a hospital outpatient clinic, a company clinic, a public health clinic, or some other kind of clinic?</i></p> <p><i>Mark all that apply.</i></p>	10.	<p>1 <input type="checkbox"/> Doctor's office (group practice, doctor's clinic, or HMO) 77</p> <p>2 <input type="checkbox"/> Hospital outpatient clinic 78</p> <p>1 <input type="checkbox"/> Person's home 79</p> <p>2 <input type="checkbox"/> Hospital emergency room 80</p> <p>1 <input type="checkbox"/> Company or industry clinic 81</p> <p>2 <input type="checkbox"/> Another type of clinic 82</p> <p>1 <input type="checkbox"/> Health center 83</p> <p>8 <input type="checkbox"/> Other — Specify ↴ 84</p> <p>9 <input type="checkbox"/> DK 85</p>	
<p>11. Has or will health insurance pay for any part of the care for — foot problem(s)?</p>	11.	<p>1 <input type="checkbox"/> Yes (12) 86</p> <p>2 <input type="checkbox"/> No } (Item O2 for NP)</p> <p>9 <input type="checkbox"/> DK }</p>	
<p>12. If health insurance had NOT paid for medical care, do you think — would STILL have gone for medical care for the foot problem(s)?</p>	12.	<p>1 <input type="checkbox"/> Yes } 87</p> <p>2 <input type="checkbox"/> No } (Item O2 for NP)</p> <p>9 <input type="checkbox"/> DK }</p>	
<p>Notes</p>			