

Section II - DISABILITY - Continued

RT 31 3-4 5-6

Part M - CONDITION A

7 PERSON NO. _____

1. Name of condition 8

2. When did [- / anyone] last see or talk to a doctor or assistant about -- (condition)?

- | | |
|---|--|
| <input type="checkbox"/> Interview week (Reask 2) | <input type="checkbox"/> 2 yrs., less than 5 yrs. 9 |
| <input type="checkbox"/> 2-wk. ref. pd. | <input type="checkbox"/> 5 yrs. or more |
| <input type="checkbox"/> Over 2 weeks, less than 6 mos. | <input type="checkbox"/> Dr. seen, DK when |
| <input type="checkbox"/> 6 mos., less than 1 yr. | <input type="checkbox"/> DK if Dr. seen |
| <input type="checkbox"/> 1 yr., less than 2 yrs. | <input type="checkbox"/> Dr. never seen } (3b) |

3a. Did the doctor or assistant call the (condition) by a more technical or specific name? 10

- Yes No DK

Ask 3b if "Yes" in 3a, otherwise transcribe condition name from item 1 without asking: 11-14

b. What did he or she call it? 15
(Specify)

- | | | |
|---|---------------------------------------|-----------------------------|
| <input type="checkbox"/> Color Blindness (NC) | <input type="checkbox"/> Cancer (3e) | <input type="checkbox"/> 18 |
| <input type="checkbox"/> Normal pregnancy, normal delivery, vasectomy (5) | <input type="checkbox"/> Old age (NC) | |
| | <input type="checkbox"/> Other (3c) | |

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

Mark box if accident or injury. Accident/injury (Probe, then 5)

d. Did the (condition in 3b) result from an accident or injury? 17

- Yes (Probe, then 5) No

Ask as necessary. Record responses in 3c: (How did the accident happen?) (What was -- doing at the time of the injury?)

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

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

e. What kind of (condition in 3b) is it? 18
(Specify)

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

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

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

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

g. What part of the body is affected? 19
(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:

- Infection Sore Soreness

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?

(Specify)

Ask if there are any of the following entries in 3b-f: 18

- Tumor Cyst Growth

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

- Malignant Benign DK

5. a. When was -- (condition in 3b) first noticed? 19

- 2-wk. ref. pd.
 Over 2 weeks to 3 months
 Over 3 months to 1 year
 Over 1 year to 5 years
 Over 5 years

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?)

Section II - DISABILITY - Continued

Part M - CONDITION A - Continued

ITEM M1	<input type="checkbox"/> Missing extremity or organ (M2) <input type="checkbox"/> Other (12)		
12a. Does -- still have this condition?		20	
1 <input type="checkbox"/> Yes (M2) <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) <i>Z</i>			
3 <input type="checkbox"/> Under control (M2) _____ (M2)			
c. About how long did -- have this condition before it was cured?		21-23	
000 <input type="checkbox"/> Less than 1 month OR _____			
Number { 1 <input type="checkbox"/> Months 2 <input type="checkbox"/> Years			
d. Was this condition present at any time during the past 12 months?		24	
1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No			

ITEM M2	<input type="checkbox"/> Not an accident/injury (NC) <input type="checkbox"/> Accident/injury (14)		
14. Where did the accident happen?		25	
1 <input type="checkbox"/> At home (inside house)		26	
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) (Specify) <i>Z</i>			

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) <i>Z</i>			

Mark box if under 18. <input type="checkbox"/> Under 18 (16)		27
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?		28
1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (17)		
b. Was more than one vehicle involved?		29
1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		
c. Was [it/either one] moving at the time?		30
1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		

17a. At the time of the accident what part of the body was hurt?		31
What Kind of injury was it?		
Anything else?		
Part(s) of body *	Kind of injury	
Ask if box 3, 4, or 5 marked in Q. 5:		
b. What part of the body is affected now?		32
How is -- (part of body) affected?		
Is -- affected in any other way?		
Part(s) of body *	Present effects	
* Enter part of body in same detail as for 3 g.		