

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 | } (3b) |
| <input type="checkbox"/> 1 yr., less than 2 yrs. | <input type="checkbox"/> Dr. never seen | |

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**
 _____ **15**

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

- | | | |
|---|---------------------------------------|-----------|
| <input type="checkbox"/> Color Blindness (NC) | <input type="checkbox"/> Cancer (3e) | 16 |
| <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? _____ (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? _____ (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? **18**

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

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?)

Section II - DISABILITY - Continued

Part M - CONDITION A - Continued

| ITEM M1 | <input type="checkbox"/> Missing extremity or organ (M2) <input type="checkbox"/> Other (12) | 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 <input type="checkbox"/> No | | | | | | | | | | | | |
|-------------------|--|--|-------------------|----------------|--|--|--|--|-------------------|-----------------|--|--|--|--|
| | 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 <input type="checkbox"/> Other (Specify) <input checked="" type="checkbox"/> 3 <input type="checkbox"/> Under control (M2) _____ (M2) | 16a. Was a car, truck, bus, or other motor vehicle involved in the accident in any way? 28 1 <input type="checkbox"/> Yes <input type="checkbox"/> No (17) ----- b. Was more than one vehicle involved? 29 1 <input type="checkbox"/> Yes <input type="checkbox"/> No ----- c. Was [it/either one] moving at the time? 30 1 <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | | | |
| | c. About how long did -- have this condition before it was cured? 21-23 000 <input type="checkbox"/> Less than 1 month OR _____ { 1 <input type="checkbox"/> Months Number { 2 <input type="checkbox"/> Years | | | | | | | | | | | | | |
| | d. Was this condition present at any time during the past 12 months? 24 1 <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | | | | |
| ITEM M2 | <input type="checkbox"/> Not an accident/injury (NC) <input type="checkbox"/> Accident/injury (14) | 17a. At the time of the accident what part of the body was hurt? 31 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> ----- 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? <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:50%;">Part(s) of body *</th> <th style="width:50%;">Present effects</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table> ----- * Enter part of body in same detail as for 3 g. | Part(s) of body * | Kind of injury | | | | | Part(s) of body * | Present effects | | | | |
| Part(s) of body * | Kind of injury | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| Part(s) of body * | Present effects | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | 14. Where did the accident happen? 26 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) (Specify) <input checked="" type="checkbox"/> _____ 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) <input checked="" type="checkbox"/> _____ | | | | | | | | | | | | | |

RT 53

10. Response Status

a. Section I (Immunization)

0 No child 0-5

Interview:

1 Complete }
2 Partial } *Mark (X) mode. Explain "Partial" in notes.*

Noninterview:

3 Refused }
4 Other } *Explain in notes*

b. Section II (Disability)

Interview:

1 Complete }
2 Partial } *Mark (X) mode. Explain "Partial" in notes.*

Noninterview:

3 Refused }
4 Other } *Explain in notes*

Mode of interview:

All or most -

1 In person
2 By telephone

Mode of interview:

All or most -

1 In person
2 By telephone

Notes