Conditions (CN) Section

BOX_01
======

-----------------------------------------------------
| IF AT LEAST ONE CONDITION ON PERSON’S-MEDICAL-     |
| CONDITIONS-ROSTER FLAGGED AS ‘CREATED’ DURING THE  |
| CURRENT ROUND, CONTINUE WITH BOX_02                |
-----------------------------------------------------

-----------------------------------------------------
| OTHERWISE, GO TO BOX_07                             |
-----------------------------------------------------

-----------------------------------------------------
| NOTE: FOR THE PURPOSE OF HARD COPY SPECIFICATIONS,  |
| CONDITIONS CAN ONLY BE FLAGGED AS ‘CREATED’ OR     |
| ‘SELECTED’ DURING A PARTICULAR ROUND.               |
-----------------------------------------------------

BOX_02
======

-----------------------------------------------------
| IF ‘PREGNANCY’ ONLY CONDITION FLAGGED AS ‘CREATED’ |
| FOR THIS PERSON DURING THE CURRENT ROUND,          |
| GO TO BOX_07                                        |
-----------------------------------------------------

-----------------------------------------------------
| OTHERWISE, CONTINUE WITH CN01                      |
-----------------------------------------------------

CN01
====

{PERSON'S FIRST MIDDLE AND LAST NAME} {STR-DT}
{END-DT}

Now I would like to ask you some questions about the health conditions we have listed for (PERSON).

PRESS ENTER TO CONTINUE.
CN02
====

{PERSON'S FIRST MIDDLE AND LAST NAME}  {STR-DT}
{END-DT}

{Was the (CONDITION) due to an accident or injury?/INTERVIEWER: CHECK (CONDITION) AGAINST PRIORITY LIST JOB AID.}

IF OBVIOUS, CODE WITHOUT ASKING.
TO LEAVE, PRESS ESC.

1 = YES   2 = NO

<table>
<thead>
<tr>
<th>ROSTER. CONDITION</th>
<th>CN02_02. ACCIDENT/INJURY?</th>
<th>CN02_03. ON LIST?</th>
</tr>
</thead>
<tbody>
<tr>
<td>{PERSON'S CN MEDICAL CONDITION.}</td>
<td>( )</td>
<td>( )</td>
</tr>
<tr>
<td>{PERSON'S CN MEDICAL CONDITION.}</td>
<td>( )</td>
<td>( )</td>
</tr>
<tr>
<td>{PERSON'S CN MEDICAL CONDITION.}</td>
<td>( )</td>
<td>( )</td>
</tr>
<tr>
<td>{PERSON'S CN MEDICAL CONDITION.}</td>
<td>( )</td>
<td>( )</td>
</tr>
</tbody>
</table>

PRESS F1 FOR DEFINITION OF ACCIDENT/INJURY AND LIST OF PRIORITY CONDITIONS.
CN02 SCREEN BEHAVIOR AND FILL SPECIFICATIONS:

1. DO NOT ALLOW CONDITIONS TO BE ADDED, EDITED, OR DELETED.
2. ESC CANNOT BE USED ON THIS SCREEN UNTIL ALL ANSWER FIELDS ARE ACCOUNTED FOR. IF ESC IS USED BEFORE ALL FIELDS ARE COMPLETED, DISPLAY THE FOLLOWING MESSAGE: ‘CANNOT LEAVE SCREEN UNLESS ALL FIELDS COMPLETED. CHECK FOR BLANK FIELDS.’
3. THE CURSOR WILL MOVE FROM CN02_02 TO CN02_03 FOR THE SAME CONDITION AND THEN WILL MOVE TO CN02_02 FOR THE NEXT CONDITION ON THE ROSTER, ETC. THE CURSOR MOVES IN THIS FASHION UNTIL ALL FIELDS ARE COMPLETED. IF ‘PREGNANCY’ IS THE CONDITION, THE CURSOR SKIPS TO THE NEXT CONDITION. IF CONDITION WAS SELECTED AT DN02, THUS CN02_02 IS ALREADY PRECODED, THE CURSOR SKIPS TO CN02_03 FOR THAT CONDITION.
4. WHEN THE CURSOR IS IN COLUMN CN02_02 THE FOLLOWING QUESTION SHOULD BE DISPLAYED: ‘Was the (CONDITION) due to an accident or injury?’. WHEN THE CURSOR IS IN COLUMN CN02_03 THE FOLLOWING TEXT SHOULD BE DISPLAYED: ‘INTERVIEWER: CHECK (CONDITION) AGAINST PRIORITY LIST JOB AID.’

-----------------------------------

REFUSED (‘-7’) AND DON’T KNOW (‘-8’) DISALLOWED AT BOTH CN02_02 AND CN02_03.

-----------------------------------

NOTE: CAPI WILL PRECODE PREGNANCY AS ‘2’ (NO) IN BOTH CN02_02 AND CN02_03. THESE PRECODED RESPONSES WILL ALREADY APPEAR AT CN02 BEFORE THE INTERVIEWER ENTERS ANY RESPONSES.

-----------------------------------

FLAG ALL CONDITIONS CODED ‘1’ (YES) AT CN02_02 AS ‘DUE TO ACCIDENT/INJURY’. FLAG ALL CONDITIONS CODED ‘1’ (YES) AT CN02_03 AS ‘ON PRIORITY LIST’.

-----------------------------------
BOX_03
======

----------------------------------------------------
| IF ANY CONDITIONS FLAGGED AS ‘DUE TO ACCIDENT/ |
| INJURY’ OR FLAGGED AS ‘ON PRIORITY LIST’, |
| CONTINUE WITH LOOP_01 |
----------------------------------------------------

----------------------------------------------------
| OTHERWISE, GO TO BOX_07 |
----------------------------------------------------

LOOP_01
=======

----------------------------------------------------
| FOR EACH ELEMENT IN PERSON’S-MEDICAL-CONDITIONS- |
| ROSTER, ASK BOX_04-END_LP01 |
----------------------------------------------------

----------------------------------------------------
| LOOP DEFINITION: LOOP_01 COLLECTS INFORMATION |
| ABOUT MEDICAL CONDITIONS CREATED DURING THE |
| CURRENT ROUND THAT ARE DUE TO AN ACCIDENT OR |
| INJURY AND/OR ARE ON THE PRIORITY LIST. THIS LOOP |
| CYCLES ON MEDICAL CONDITIONS THAT MEET EITHER OR |
| BOTH OF THE FOLLOWING CONDITIONS: |
| |
| - MEDICAL CONDITION IS DUE TO AN ACCIDENT OR |
| INJURY (CN02_02 IS CODED ‘1’ (YES)) |
| - MEDICAL CONDITION IS ON LIST OF PRIORITY |
| CONDITIONS (CN02_03 IS CODED ‘1’ (YES)) |
| |
| AND ALSO MEET THE FOLLOWING CONDITION: |
| |
| - MEDICAL CONDITION IS FLAGGED AS ‘CREATED’ |
| DURING THE CURRENT ROUND |
----------------------------------------------------
CHECK CONDITION LINKS TO MEDICAL PROVIDER VISIT (MV) EVENTS, EMERGENCY ROOM (ER) EVENTS, OUTPATIENT DEPARTMENT (OP) EVENTS, HOSPITAL STAY (HS) EVENTS, AND DENTAL (DN) EVENTS TO DETERMINE WHETHER THE RU MEMBER HAS SEEN OR TALKED WITH A MEDICAL PERSON ABOUT THE CONDITION BETWEEN START DATE AND END DATE.

NOTE: CONDITION LINKS TO HOME HEALTH EVENTS WILL NOT BE CHECKED FOR HERE. IN MANY HOME HEALTH EVENTS, THE SERVICES PROVIDED AND PROVIDER ARE NOT ALWAYS MEDICAL. THERE IS NO CONTROL OR CHECKS DONE TO ASCERTAIN A STRAIGHT-FORWARD LINK TO A HOME HEALTH EVENT RELATED TO MEDICAL SERVICES OR A MEDICAL PROVIDER. THUS ALL CONDITIONS ONLY LINKED TO A HOME HEALTH EVENT WILL CONTINUE WITH CN03.

IF CONDITION FLAGGED AS BOTH 'DUE TO ACCIDENT/INJURY' AND 'ON PRIORITY LIST' AND THERE IS AN EVENT-PROVIDER PAIR ASSOCIATED WITH THE CONDITION, AUTOMATICALLY CODE CN03 AS '1' (YES) BY CAPI AND GO TO CN06

IF CONDITION FLAGGED ONLY AS 'DUE TO ACCIDENT/INJURY' AND THERE IS AN EVENT-PROVIDER PAIR ASSOCIATED WITH THE CONDITION, AUTOMATICALLY CODE CN03 AS '1' (YES) BY CAPI AND GO TO CN06

IF CONDITION FLAGGED ONLY AS 'ON PRIORITY LIST' AND THERE IS AN EVENT-PROVIDER PAIR ASSOCIATED WITH THE CONDITION, AUTOMATICALLY CODE CN03 AS '1' (YES) BY CAPI AND GO TO CN05

OTHERWISE (I.E., NO EVENT-PROVIDER PAIR ASSOCIATED WITH THE CONDITION), CONTINUE WITH CN03
CN03
====

{PERSON'S FIRST MIDDLE AND LAST NAME}  {PERSON'S CN MEDICAL CONDITION.}  {STR-DT}
{END-DT}

Did (PERSON) ever see or talk to a doctor or other medical person about the (CONDITION)?

YES ........................................ 1
NO .......................................... 2
REF ........................................ -7
DK ........................................ -8

------------------------------------------
| IF [CODED '2' (NO), '-7' (REFUSED), OR '-8' (DON'T KNOW) OR IF NOT ROUND 1 AND CN03 IS CODED '1' (YES)] AND CONDITION FLAGGED AS BOTH 'DUE TO ACCIDENT/INJURY' AND 'ON PRIORITY LIST', GO TO CN06 |
------------------------------------------

------------------------------------------
| IF [CODED '2' (NO), '-7' (REFUSED), OR '-8' (DON'T KNOW) OR IF NOT ROUND 1 AND CN03 IS CODED '1' (YES)] AND CONDITION FLAGGED ONLY AS 'DUE TO ACCIDENT/INJURY', GO TO CN06 |
------------------------------------------

------------------------------------------
| IF [CODED '2' (NO), '-7' (REFUSED), OR '-8' (DON'T KNOW) OR IF NOT ROUND 1 AND CN03 IS CODED '1' (YES)] AND CONDITION FLAGGED ONLY AS 'ON PRIORITY LIST', GO TO CN05 |
------------------------------------------

------------------------------------------
| OTHERWISE (I.E., IF ROUND 1 AND CN03 IS CODED '1' (YES)), CONTINUE WITH CN04 |
------------------------------------------
{PERSON'S FIRST MIDDLE AND LAST NAME}  {PERSON'S CN MEDICAL CONDITION.}  {STR-DT}  {END-DT}

Was the last time (PERSON) saw or talked with a doctor or medical person about the (CONDITION) before or after (START DATE)?

BEFORE START DATE ...................... 1
AFTER START DATE ....................... 2
REF ................................... -7
DK .................................... -8

[Code One]

| IF CONDITION FLAGGED AS BOTH 'DUE TO ACCIDENT/INJURY' AND 'ON PRIORITY LIST', GO TO CN06 |
----------------------------------------------------

| IF CONDITION FLAGGED ONLY AS 'DUE TO ACCIDENT/INJURY', GO TO CN06 |
----------------------------------------------------

| IF CONDITION FLAGGED ONLY AS 'ON PRIORITY LIST', CONTINUE WITH CN05 |
----------------------------------------------------
When did (PERSON) first notice or find out that (PERSON) had (CONDITION)?

(PROBE IF ANY EVENTS LISTED: The dates we have recorded for the medical care for (CONDITION) include (READ EVENT DATES BELOW).)

TO SCROLL, USE ARROW KEYS.
TO LEAVE BOX AND GO TO ENTRY FIELD, PRESS ESC.

<table>
<thead>
<tr>
<th>CN05_01. PROVIDER</th>
<th>ROSTER. EVENT DATE</th>
<th>CN05_03. EVENT TYPE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Medical Provider-35</td>
<td>[Display Month Day Year-4]</td>
<td>[Display Event Code]</td>
</tr>
<tr>
<td>2. Medical Provider-35</td>
<td>[Display Month Day Year-4]</td>
<td>[Display Event Code]</td>
</tr>
<tr>
<td>3. Medical Provider-35</td>
<td>[Display Month Day Year-4]</td>
<td>[Display Event Code]</td>
</tr>
</tbody>
</table>

[Enter Year-4] .........................
REF ................................... -7 (BOX_06)
DK .................................... -8 (BOX_06)

------------------------------------------------------------------
| ROSTER DEFINITION: THIS ITEM DISPLAYS EVENTS ON | |
| THE PERSON’S-MEDICAL-EVENTS-ROSTER THAT MEET THE | |
| FOLLOWING CONDITIONS: | |
| | |
| - EVENT IS LINKED TO THE CONDITION BEING ASKED | |
| ABOUT | |
| AND | |
| - EVENT OCCURRED DURING THE CURRENT ROUND | |
------------------------------------------------------------------
MATRIX BEHAVIOR SPECIFICATIONS:

1. The roster defined above will be displayed in column 2. The associated medical provider and event type will be displayed for each event in column 1 (CN05_01) and column 2 (CN05_03), respectively.

2. Information in the matrix is for display only.

If there are no events related to the condition being asked about, do not display the probe or event grid.

If year is reference year, continue with CN05OV1

If year is reference year minus 1, go to CN05OV2

Otherwise, go to BOX_06

CN05OV1

ENTER MONTH AND DAY:

[Enter Month-2, Day-2] ................. (BOX_06)
REF ................................... -7 (BOX_06)
DK .................................... -8 (BOX_06)

CN05OV2

ENTER MONTH:

[Enter Month-2] ........................ (BOX_06)
REF ................................... -7 (BOX_06)
DK .................................... -8 (BOX_06)
EDIT/RANGE CHECK:

ENTRYs for month and day fields must correspond to calendar months and days. That is,
- if month, allowable values = 01 - 12.
- if day:
  - allowable values = 01 - 31 if month coded '01', '03', '05', '07', '08', '10', '12';
  - allowable values = 01 - 30 if month coded '04', '06', '09', '11';
  - allowable values = 01 - 29 if month coded '02' and year is 1996, 2000, 2004 or 2008 (leap year);
  - allowable values = 01 - 28 if month coded '02' and year is not 1996, 2000, 2004 or 2008 (i.e., not leap year).

MISSING values = -7 and -8 allowed for month and day fields.

EDIT: THE COMPLETE DATE CANNOT BE BEFORE THE PERSON'S DATE OF BIRTH OR AFTER THE CURRENT REFERENCE PERIOD END DATE FOR THIS PERSON.
When did the accident or injury happen?

{PROBE IF ANY EVENTS LISTED: The dates we have recorded for the medical care for (CONDITION) include (READ EVENT DATES BELOW).}

TO SCROLL, USE ARROW KEYS.
TO LEAVE BOX AND GO TO ENTRY FIELD, PRESS ESC.

<table>
<thead>
<tr>
<th>CN06_01. PROVIDER</th>
<th>ROSTER. EVENT DATE</th>
<th>CN06_03. EVENT TYPE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Medical Provider-35</td>
<td>[Display Month Day Year-4]</td>
<td>[Display Event Code]</td>
</tr>
<tr>
<td>2. Medical Provider-35</td>
<td>[Display Month Day Year-4]</td>
<td>[Display Event Code]</td>
</tr>
<tr>
<td>3. Medical Provider-35</td>
<td>[Display Month Day Year-4]</td>
<td>[Display Event Code]</td>
</tr>
</tbody>
</table>

[Enter Year-4] .........................
REF .................................... -7 (BOX_05)
DK ..................................... -8 (BOX_05)
| IF THERE ARE NO EVENTS RELATED TO THE CONDITION BEING ASKED ABOUT, DO NOT DISPLAY THE PROBE OR EVENT GRID. |

----------------------------------------------------

| IF YEAR IS REFERENCE YEAR, CONTINUE WITH CN06OV1 |

----------------------------------------------------

| IF YEAR IS REFERENCE YEAR MINUS 1, GO TO CN06OV2 |

----------------------------------------------------

| OTHERWISE, GO TO BOX_05 |

----------------------------------------------------

CN06OV1
=======

ENTER MONTH AND DAY:

[Enter Month-2, Day-2] ................. {BOX_05}
REF ................................. -7 {BOX_05}
DK ................................. -8 {BOX_05}

CN06OV2
=======

ENTER MONTH:

[Enter Month-2] ........................
REF ................................. -7
DK ................................. -8
EDIT/RANGE CHECK:

ENTRIES FOR MONTH AND DAY FIELDS MUST CORRESPOND TO CALENDAR MONTHS AND DAYS. THAT IS,
- IF MONTH, ALLOWABLE VALUES = 01 - 12.
- IF DAY:
  - ALLOWABLE VALUES = 01 - 31 IF MONTH CODED '01', '03', '05', '07', '08', '10', '12';
  - ALLOWABLE VALUES = 01 - 30 IF MONTH CODED '04', '06', '09', '11';
  - ALLOWABLE VALUES = 01 - 29 IF MONTH CODED '02' AND YEAR IS 1996, 2000, 2004 OR 2008 (LEAP YEAR);

MISSING VALUES = -7 AND -8 ALLOWED FOR MONTH AND DAY FIELDS.

EDIT: THE COMPLETE DATE CANNOT BE BEFORE THE PERSON’S DATE OF BIRTH OR AFTER THE CURRENT REFERENCE PERIOD END DATE FOR THIS PERSON.

BOX_05
=====

IF PERSON IS = OR > 16 YEARS OF AGE OR IN AGE CATEGORIES 4-9, CONTINUE WITH CN07

OTHERWISE, GO TO CN08
Did the accident or injury happen while (PERSON) (were/was) at work?

YES .................................... 1
NO ..................................... 2
DOES NOT WORK .......................... 3
REF ................................... -7
DK .................................... -8

[Code One]

Where did the accident or injury happen?

AT HOME (OWN OR SOMEONE ELSE’S) ........ 1
ON PUBLIC STREET, ROAD, HIGHWAY, ......... 2 {CN10}
SIDEWALK .................................. 2 {CN10}
ON FARM (OWN OR SOMEONE ELSE’S) ........ 3 {CN10}
SCHOOL (IN BUILDING, ON GROUNDS, INCLUDING PLAYING FIELDS) ................. 4 {CN10}
STORE OR RESTAURANT (INCLUDING MALLS) .. 5 {CN10}
OFFICE (ANY PART OF BUILDING) ............. 6 {CN10}
FACTORY, INDUSTRY SITE .................... 7 {CN10}
MILITARY FACILITY ............................ 8 {CN10}
RECREATIONAL PLACE OR FACILITY .......... 9 {CN10}
OTHER ................................... 91 {CN10}
REF ................................... -7 {CN10}
DK .................................... -8 {CN10}

[Code One]

PRESS F1 FOR DEFINITION OF ANSWER CATEGORIES.
Was it inside or outside the house?

INSIDE ........................................ 1
OUTSIDE ...................................... 2
REF ........................................... -7
DK .............................................. -8

[Code One]

SHOW CARD CN-1.

Did the accident or injury involve any of the things listed on this card?

CODE ALL THAT APPLY.

MOTOR VEHICLE .......................... 1
GUN .......................................... 2
WEAPON OTHER THAN GUN .............. 3
POISON OR SOMETHING THAT CAN POISON (LIKE GASOLINE OR A CLEANING FLUID OR CHEMICAL) .................. 4
FIRE OR SOMETHING HOT THAT WOULD CAUSE A BURN ......................... 5
DROWNING OR NEAR-DROWNING ........ 6
SPORTS INJURY ......................... 7
FALL (EXCLUDE FALLS RELATED TO SPORTS) . 8
SOMETHING ELSE/NOTHING .............. 95
REF ........................................... -7
DK .............................................. -8

[Code All That Apply]

PRESS F1 FOR DEFINITIONS OF ANSWER CATEGORIES.
IF CONDITION FLAGGED AS BOTH ‘DUE TO ACCIDENT/INJURY’ AND ‘ON PRIORITY LIST’ AND CN03 IS CODED ‘2’ (NO-PERSON HAS NEVER SEEN A DOCTOR OR OTHER MEDICAL PERSON ABOUT THE CONDITION), ‘-7’ (REFUSED), OR ‘-8’ (DON’T KNOW), GO TO CN12

IF CONDITION FLAGGED ONLY AS ‘DUE TO ACCIDENT/INJURY’ AND CN03 IS CODED ‘2’ (NO-PERSON HAS NEVER SEEN A DOCTOR OR OTHER MEDICAL PERSON ABOUT THE CONDITION), ‘-7’ (REFUSED), OR ‘-8’ (DON’T KNOW) GO TO CN12

IF CONDITION FLAGGED ONLY AS ‘ON PRIORITY LIST’ AND CN03 IS CODED ‘2’ (NO-PERSON HAS NEVER SEEN A DOCTOR OR OTHER MEDICAL PERSON ABOUT THE CONDITION), ‘-7’ (REFUSED), OR ‘-8’ (DON’T KNOW) GO TO CN13

OTHERWISE, CONTINUE WITH CN11
CN11
====

{PERSON'S FIRST MIDDLE AND LAST NAME}  {PERSON'S CN MEDICAL CONDITION.}  {STR-DT}  
{END-DT}

{(Are/Is)/Was} (PERSON) still being treated for (CONDITION) {at (END DATE)}? That is, {(are/is)/was} (PERSON) still receiving care or taking medicine for (CONDITION)?

YES .................................... 1 {CN13}
NO ..................................... 2
REF ................................... -7
DK .................................... -8

PRESS F1 FOR DEFINITION OF STILL BEING TREATED.

-------------------------------------------------------------------------------------------------------
| DISPLAY '(Are/Is)' AND '(are/is)' IF PERSON BEING ASKED ABOUT IS CURRENTLY IN THE RU. DISPLAY 'Was', 'was' AND 'at (END DATE)' IF PERSON BEING ASKED ABOUT IS NO LONGER IN THE RU OR CURRENT ROUND IS ROUND 5. |
-------------------------------------------------------------------------------------------------------

-------------------------------------------------------------------------------------------------------
| IF CODED '2' (NO), '-7' (REFUSED), OR '-8' (DON'T KNOW) AND CONDITION IS FLAGGED ONLY AS 'ON PRIORITY LIST', GO TO CN13 |
-------------------------------------------------------------------------------------------------------

-------------------------------------------------------------------------------------------------------
| OTHERWISE, CONTINUE WITH CN12 |
-------------------------------------------------------------------------------------------------------
CN12
====

{PERSON'S FIRST MIDDLE AND LAST NAME}  {PERSON'S CN MEDICAL CONDITION.}  {STR-DT}  
{END-DT}

ASK IF APPROPRIATE. IF INAPPROPRIATE TO ASK, CODE '3' TO SHOW THAT THE CONDITION IS PERSISTENT OR PERMANENT.

{(Have/Has)/Had} (PERSON) fully recovered from (CONDITION), or 
{(do/does)/did} (PERSON) still have it?

FULLY RECOVERED ........................ 1
STILL HAVE IT ........................... 2
DID NOT ASK: STILL HAS (CONDITION IS PERSISTENT/PERMANENT) .................. 3
REF ...................................... -7
DK ....................................... -8

[Code One]

PRESS F1 FOR DEFINITION OF RECOVERED.

-----------------------------------------------
| DISPLAY '{Have/Has}' AND '{do/does}' IF PERSON |  
| BEING ASKED ABOUT IS CURRENTLY IN THE RU. DISPLAY|  
| 'Had' AND 'did' IF PERSON BEING ASKED ABOUT IS NO |  
| LONGER IN THE RU OR CURRENT ROUND IS ROUND 5. |  
-----------------------------------------------
How seriously did the (CONDITION) affect (PERSON)'s overall health and well-being {since/between} {(START DATE){and (END DATE)}/that accident or injury}? Would you say it affected (PERSON)'s health ...

very seriously, ........................ 1
somewhat seriously, .................... 2
not very seriously, or ................. 3
not at all? .............................. 4
REF .................................. -7
DK .................................. -8

[Code One]
Earlier you told me about the health care (PERSON) received for the (CONDITION). Did the health care provider recommend further treatment or consultation?

YES .................................... 1
NO ..................................... 2
REF ................................... -7
DK .................................... -8

PRESS F1 FOR DEFINITION OF FURTHER TREATMENT/CONSULTATION.

{How/As of December 31, 2005, how} much of the follow-up care did (PERSON) receive for (CONDITION)? Did (PERSON) receive all of the follow-up care, some of it, none of it, or is (PERSON) still being treated?

ALL FOLLOW-UP CARE RECEIVED ............ 1
SOME FOLLOW-UP CARE RECEIVED ........... 2
NO FOLLOW-UP CARE RECEIVED ............. 3
STILL BEING TREATED ..................... 4
REF ................................... -7
DK .................................... -8

[Code One]

PRESS F1 FOR DEFINITIONS OF FOLLOW-UP CARE AND ANSWER CATEGORIES.
END_LP01

---------------------------------------------
| CYCLE ON NEXT CONDITION IN PERSON’S-MEDICAL- |
| CONDITIONS-ROSTER THAT MEETS THE CONDITIONS  |
| STATED IN THE LOOP DEFINITION.              |
---------------------------------------------

---------------------------------------------
| IF NO OTHER CONDITIONS MEET THE STATED      |
| CONDITIONS, END LOOP_01 AND CONTINUE WITH   |
| BOX_07                                      |
---------------------------------------------

BOX_07

---------------------------------------------
| IF AT LEAST ONE CONDITION ON PERSON’S-MEDICAL- |
| CONDITIONS-ROSTER FLAGGED AS ‘SELECTED’ DURING THE |
| CURRENT ROUND, CONTINUE WITH BOX_08            |
---------------------------------------------

---------------------------------------------
| NOTE: ‘SELECTED’ HERE REFERS TO CONDITIONS PICKED |
| DURING A ROUND AFTER THE ROUND IN WHICH THEY WERE |
| CREATED.                                          |
---------------------------------------------

---------------------------------------------
| OTHERWISE, GO TO BOX_09                      |
---------------------------------------------
CHECK CONDITIONS FLAGGED AS 'SELECTED' DURING THE CURRENT ROUND. IF AT LEAST ONE CONDITION FLAGGED AS 'SELECTED' AND FLAGGED AS 'ON PRIORITY LIST', CONTINUE WITH LOOP_02

OTHERWISE, GO TO BOX_09

LOOP DEFINITION: LOOP_02 COLLECTS 'FOLLOW-UP' INFORMATION ABOUT MEDICAL CONDITIONS THAT WERE NOT CREATED BUT WERE SELECTED DURING THE CURRENT ROUND, AND WERE FLAGGED AS 'ON PRIORITY LIST' DURING A PREVIOUS ROUND. THIS LOOP CYCLES ON MEDICAL CONDITIONS THAT MEET THE FOLLOWING CONDITIONS:

- MEDICAL CONDITION IS FLAGGED AS 'SELECTED' DURING THE CURRENT ROUND (NOTE THAT CONDITIONS 'CREATED' DURING THE CURRENT ROUND ARE EXCLUDED FROM THIS LOOP BUT ARE ASKED ABOUT IN LOOP_01)

AND

- MEDICAL CONDITION WAS FLAGGED AS 'ON PRIORITY LIST' (CN02_03 CODED '1' (YES)) DURING A PREVIOUS ROUND
Today, (PERSON)’s (CONDITION) was mentioned. We talked about this condition {another/last} time I was here. I’d just like to ask a few questions about it.

PRESS ENTER TO CONTINUE.
MEPS FAMES Panel 9 Round 5 Conditions (CN) Section
November 29, 2005

------------------------------------------------------------------------
 | OTHERWISE (I.E., NO EVENT-PROVIDER PAIR FROM THE CURRENT ROUND       |
 | ASSOCIATED WITH THE CONDITION), CONTINUE WITH CN17                    |
------------------------------------------------------------------------

CN17
====

{PERSON'S FIRST MIDDLE AND LAST NAME}  {PERSON'S CN MEDICAL CONDITION.}  {STR-DT}
{END-DT}

Since (START DATE)/Between (START DATE) and (END DATE), have/has (PERSON) seen or talked with a doctor or other medical person about the (CONDITION)?

YES .................................... 1
NO ..................................... 2
REF ................................... -7
DK .................................... -8

------------------------------------------------------------------------
 | DISPLAY 'Since (START DATE)' IF NOT ROUND 5.                      |
 | DISPLAY 'Between (START DATE) and (END DATE)' IF ROUND 5.      |
------------------------------------------------------------------------

------------------------------------------------------------------------
 | IF CODED '2' (NO), '-7' (REFUSED), OR '-8' (DON'T KNOW), AND CN03  |
 | WAS CODED '2' (NO), '-7' (REFUSED), OR '-8' (DON'T KNOW) FOR THIS  |
 | CONDITION DURING THE ROUND IN WHICH THE CONDITION WAS CREATED, GO |
 | TO CN19                                                       |
------------------------------------------------------------------------

------------------------------------------------------------------------
 | OTHERWISE, CONTINUE WITH CN18                                     |
------------------------------------------------------------------------
{PERSON'S FIRST MIDDLE AND LAST NAME}  {PERSON'S CN MEDICAL CONDITION.}  {STR-DT}
{END-DT}

{(Are/Is)/Was} (PERSON) still being treated for (CONDITION) {at (END DATE)}? That is, {(are/is)/was} (PERSON) still receiving care or taking medicine for (CONDITION)?

YES .................................... 1
NO ..................................... 2
REF ................................... -7
DK .................................... -8

PRESS F1 FOR DEFINITION OF STILL BEING TREATED.

--------------------------------------------------------------------------
| DISPLAY '{Are/Is}' AND '{are/is}' IF PERSON BEING |  
| ASKED ABOUT IS CURRENTLY IN THE RU. DISPLAY 'Was', |  
| 'was', AND 'at (END DATE)' IF PERSON BEING ASKED |  
| ABOUT IS NO LONGER IN THE RU OR CURRENT ROUND IS |  
| ROUND 5.                                           |  
--------------------------------------------------------------------------
{PERSON'S FIRST MIDDLE AND LAST NAME}  {PERSON'S CN MEDICAL CONDITION.}  {STR-DT}
{END-DT}

How seriously did the (CONDITION) affect (PERSON)'s overall health and well-being {since (START DATE)/between (START DATE) and (END DATE)}? Would you say it affected (PERSON)'s health ...

very seriously, ........................ 1
somewhat seriously, .................... 2
not very seriously, .................... 3
or not at all? .......................... 4
REF ................................... -7
DK .................................... -8

[Code One]
BOX_09
======

----------------------------------------------------
| IF ROUND 3 OR ROUND 5, CONTINUE WITH BOX_10       |
----------------------------------------------------

----------------------------------------------------
| OTHERWISE, GO TO BOX_12                           |
----------------------------------------------------

BOX_10
======

----------------------------------------------------
| IF PERSON IS 18 YEARS OF AGE OR OLDER (OR AGE     |
| CATEGORIES 4-9), CONTINUE WITH BOX_11             |
----------------------------------------------------

----------------------------------------------------
| OTHERWISE, GO TO BOX_12                           |
----------------------------------------------------

BOX_11
======

----------------------------------------------------
| IF AT LEAST ONE CONDITION ON PERSON’S-MEDICAL-    |
| CONDITIONS-ROSTER, CONTINUE WITH CN20             |
----------------------------------------------------

----------------------------------------------------
| OTHERWISE, GO TO BOX_12                           |
----------------------------------------------------
Are any of the health conditions, accidents, and injuries we have listed for (PERSON) [(READ CONDITION NAMES BELOW, IF NECESSARY)] related to service in the Armed Forces of the United States?

CODE ‘3’ IF RESPONDENT VOLUNTEERS NEVER IN ARMED FORCES.

TO SCROLL, USE ARROW KEYS.
TO LEAVE BOX AND GO TO ENTRY FIELD, PRESS ESC.

[1. Medical Condition]
[2. Medical Condition]
[3. Medical Condition]

YES .................................... 1
NO ..................................... 2 {BOX_12}
NEVER IN ARMED FORCES ............... 3 {BOX_12}
REF .................................... -7 {BOX_12}
DK .................................... -8 {BOX_12}
Which of the health conditions, accidents, and injuries we have listed for (PERSON) are related to service in the Armed Forces of the United States?

PROBE: Any other health conditions related to service in the Armed Forces?

TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER.
TO LEAVE, PRESS ESC.

[1. Medical Condition] .................
[2. Medical Condition] .................
[3. Medical Condition] .................

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| ROSTER DEFINITION: THIS ITEM DISPLAYS PERSON’S- |
| MEDICAL-CONDITIONS-ROSTER.                  |
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| ROSTER BEHAVIOR SPECIFICATIONS:           |
| 1. AT LEAST ONE CONDITION SHOULD BE SELECTED. |
| 2. CONDITIONS MAY NOT BE ADDED OR DELETED. |
| 3. SELECTION OF CONDITIONS AT THIS QUESTION SHOULD |
|     NOT FLAG THE CONDITION AS ’SELECTED’ OR |
|     ’CREATED’ FOR THIS ROUND.             |
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GO TO NEXT QUESTIONNAIRE SECTION