

Section 13 - MEDICAL CONDITIONS

Statement R

Now I'd like to ask some questions about your health.

1. (Not counting hospitalization for delivery of a healthy liveborn infant,) How many separate times did you stay in a hospital overnight or longer in the last 12 months?	_____ Number of times (If "0", SKIP to 3)
2. (Again not counting hospitalization for delivery of a healthy liveborn infant,) How many days altogether did you spend in the hospital in the last 12 months?	_____ Number of days
3. In the last 12 months, how many times did you receive medical care or treatment in a hospital emergency room?	_____ Number of times
4. In the last 12 months, how many injuries have you had that caused you to seek medical help or to cut down your usual activities for more than half a day?	_____ Number of injuries
5. In the past 12 months, how many times were you PERSONALLY the victim of a crime or attempted crime, such as if a stranger or someone you knew beat you up, mugged or attacked you, hit you with something, took something from you by force or threat of force or forced you to have sex with them? Do not count robberies that occurred when you were not present.	_____ Number of times
6a. In the past 12 months, have you had. . . (Repeat phrase frequently)	b. Did a doctor or other health professional tell you that you had (Name of condition)?
(1) Hardening of the arteries or arteriosclerosis?	1 <input type="checkbox"/> Yes —————> 2 <input type="checkbox"/> No - Go to next condition
(2) High blood pressure or hypertension?	1 <input type="checkbox"/> Yes —————> 2 <input type="checkbox"/> No - Go to next condition
(3) Cirrhosis of the liver?	1 <input type="checkbox"/> Yes —————> 2 <input type="checkbox"/> No - Go to next condition
(4) Any other form of liver disease?	1 <input type="checkbox"/> Yes —————> 2 <input type="checkbox"/> No - Go to next condition
(5) Chest pain or angina pectoris?	1 <input type="checkbox"/> Yes —————> 2 <input type="checkbox"/> No - Go to next condition
(6) Rapid heart beat or tachycardia?	1 <input type="checkbox"/> Yes —————> 2 <input type="checkbox"/> No - Go to next condition
(7) A heart attack or myocardial infarction?	1 <input type="checkbox"/> Yes —————> 2 <input type="checkbox"/> No - Go to next condition
(8) Any other form of heart disease?	1 <input type="checkbox"/> Yes —————> 2 <input type="checkbox"/> No - Go to next condition
(9) A stomach ulcer?	1 <input type="checkbox"/> Yes —————> 2 <input type="checkbox"/> No - Go to next condition, page 127

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6a. In the past 12 months, have you had:		b. Did a doctor or other health professional tell you that you had (Name of condition)?
(10) Gastritis?	1 <input type="checkbox"/> Yes → 2 <input type="checkbox"/> No - <i>Go to next condition</i>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(11) Arthritis?	1 <input type="checkbox"/> Yes → 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
6c. Did a doctor or other health professional EVER tell you that you had schizophrenia or a psychotic illness or episode?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to Check Item 13.1</i>	
d. Did this happen in the last 12 months?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to Check Item 13.1</i>	
e. Did this happen before 12 months ago?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
CHECK ITEM 13.1 Is the respondent a female aged 18 - 55?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to Section 10</i>	
7a. Are you pregnant at this time?	1 <input type="checkbox"/> Yes - <i>SKIP to 7c</i> 2 <input type="checkbox"/> No	
b. Were you pregnant at any time during the last year?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to Section 10</i>	
c. (Did you experience/Have you experienced) any complications with your pregnancy (or during delivery)?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
CHECK ITEM 13.2 Is respondent a current drinker?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to Section 10</i>	
8a. Earlier, you told me about how much and how often you drank during the last 12 months. Was this the way you drank during the time you WERE pregnant, during the time you WERE NOT pregnant, or averaged over both?	1 <input type="checkbox"/> During pregnancy 2 <input type="checkbox"/> Not during pregnancy 3 <input type="checkbox"/> Averaged over both	
b. During the months you WERE pregnant, did you drink about the same, drink more or drink less than when you WERE NOT pregnant?	1 <input type="checkbox"/> Drank about the same 2 <input type="checkbox"/> Drank more 3 <input type="checkbox"/> Drank less 4 <input type="checkbox"/> Didn't drink at all	} <i>SKIP to Section 10</i>