

FORM **DFS-4**
(7-1-94)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
ACTING AS COLLECTING AGENT FOR THE
U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
U.S. PUBLIC HEALTH SERVICE
CENTERS FOR DISEASE CONTROL AND PREVENTION
NATIONAL CENTER FOR HEALTH STATISTICS

DISABILITY FOLLOWBACK SURVEY
(NHIS PHASE II)
POLIO SURVIVOR QUESTIONNAIRE

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RT 70
3-7
8

RT 76
3-4

Part I - CALL RECORD

Mode	Date		Beginning time	Results	Ending time	Comments
	Month	Day				
5	6-7	8-9	10-14		15-19	
T			a.m.		a.m.	
P			p.m.		p.m.	
T			a.m.		a.m.	
P			p.m.		p.m.	
T			a.m.		a.m.	
P			p.m.		p.m.	
T			a.m.		a.m.	
P			p.m.		p.m.	

Notes

POLIO SURVIVORS

5-7

Earlier, we were told that you had polio. The following questions deal with the time when you were first sick with polio, that is the first week or two of the illness.

1. How old were you when you got polio?

000 Less than 1 month

(Age) { 1 Months
2 Years

888 Never had polio (End Interview)
999 DK

2. In what year did you get polio?

8-9

1 9 Year

99 DK

3. In what month of the year did this illness start?

10-11

Enter number in 2-digit numerals: 01-January through 12-December.

Month

99 DK

**ITEM
P1**

Refer to question 1 above:
(Age when respondent got polio.)

12

1 Less than 5 years old (Read intro to question 4)
2 Five years or more (Ask question 4 without intro)
9 DK (Read intro to question 4)

I'm going to ask some questions about the first two weeks of your illness. Because you may have been too young to remember much, just answer the best you can based on what your parents or other family members and friends told you.

4. During the first two weeks you had polio, did you experience —

Yes No DK

a. Fever?

a. 1 2 9

13

b. Headache?

b. 1 2 9

14

c. Stiff neck?

c. 1 2 9

15

d. Diarrhea?

d. 1 2 9

16

e. Muscle pains?

e. 1 2 9

17

f. Skin rash?

f. 1 2 9

18

Notes

POLIO SURVIVORS - Continued

<p>5. During the first month you had polio, did you experience WEAKNESS in the following parts of your body —</p> <p>a. Right arm or hand?</p> <p>b. Left arm or hand?</p> <p>c. Right leg or foot?</p> <p>d. Left leg or foot?</p> <p>e. Swallowing muscles?</p> <p>f. Face muscles?</p> <p>g. Neck muscles?</p> <p>h. Breathing muscles?</p> <p>i. Back or stomach muscles?</p>	<p>Yes No DK</p> <p>a. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/></p> <p>b. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/></p> <p>c. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/></p> <p>d. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/></p> <p>e. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/></p> <p>f. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/></p> <p>g. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/></p> <p>h. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/></p> <p>i. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/></p>	<p align="center">19</p> <p align="center">20</p> <p align="center">21</p> <p align="center">22</p> <p align="center">23</p> <p align="center">24</p> <p align="center">25</p> <p align="center">26</p> <p align="center">27</p>
<p>6. During the first month of your illness, did you have any difficulty passing urine?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p>	<p align="center">28</p>
<p>7. Were you admitted to a hospital at the time you were first diagnosed with polio?</p>	<p>1 <input type="checkbox"/> Yes (Go to 8) 2 <input type="checkbox"/> No } (Skip to 9) 9 <input type="checkbox"/> DK }</p>	<p align="center">29</p>
<p>8. Did you receive a spinal tap at the time you were diagnosed with polio?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p>	<p align="center">30</p>
<p>9. At the time you were diagnosed with polio, did you experience problems with breathing?</p>	<p>1 <input type="checkbox"/> Yes (Go to 10) 2 <input type="checkbox"/> No } (Skip to 12 on page 5) 9 <input type="checkbox"/> DK }</p>	<p align="center">31</p>
<p>10. Did you require help with breathing?</p>	<p>1 <input type="checkbox"/> Yes (Go to 11) 2 <input type="checkbox"/> No } (Skip to 12 on page 5) 9 <input type="checkbox"/> DK }</p>	<p align="center">32</p>
<p>11. What kind of help did you need? <i>Mark (X) all that apply.</i></p>	<p>1 <input type="checkbox"/> Occasional assistance with a hand held device</p> <p>2 <input type="checkbox"/> Mechanical ventilation (iron lung or respirator)</p> <p>3 <input type="checkbox"/> Something else - <i>Specify</i> <input checked="" type="checkbox"/></p> <p>_____</p> <p>_____</p> <p>9 <input type="checkbox"/> DK</p>	<p align="center">33</p> <p align="center">34</p> <p align="center">35</p> <p align="center">36</p>

POLIO SURVIVORS - Continued

12a. Beginning about one month after you got polio, did you go through a period of rehabilitation? This would include a time when you might have had physical therapy, doctor's checkups, and/or surgical procedures to help you recover from polio.

- 1 Yes (Go to 12b)
 2 No } (Skip to 20 on page 8)
 9 DK }

37

b. About how long would you say this period of rehabilitation lasted?

- 000 Less than 1 month
 _____ }
 (Number) 1 Months
 2 Years
 999 DK

38-40

HAND CARD P1.

The next few questions deal with this period of REHABILITATION.

13. Beginning approximately two months after you got polio, that is, after the initial phase of your illness had passed:

	Not weakened	Mildly weakened	Moderately weakened	Severely weakened	Completely paralyzed	DK
a. How weakened was your right hip, thigh and knee? Would you say — (Read all categories)?	a. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>
b. How weakened was your right calf, ankle and foot? (Would you say — (Read all categories)?)	b. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>
c. How weakened was your left hip, thigh and knee? (Would you say — (Read all categories)?)	c. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>
d. How weakened was your left calf, ankle and foot? (Would you say — (Read all categories)?)	d. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>
e. How weakened was your right shoulder, upper arm and elbow? (Would you say — (Read all categories)?)	e. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>
f. How weakened was your right forearm, wrist and hand? (Would you say — (Read all categories)?)	f. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>
g. How weakened was your left shoulder, upper arm and elbow? (Would you say — (Read all categories)?)	g. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>
h. How weakened was your left forearm, wrist and hand? (Would you say — (Read all categories)?)	h. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>
i. How weakened were your breathing muscles? (Would you say — (Read all categories)?)	i. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>
j. How weakened were your swallowing muscles? (Would you say — (Read all categories)?)	j. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>
k. How weakened were your face muscles? (Would you say — (Read all categories)?)	k. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>
l. How weakened were your back muscles? (Would you say — (Read all categories)?)	l. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>
m. How weakened were your stomach muscles? (Would you say — (Read all categories)?)	m. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>

41

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POLIO SURVIVORS - Continued

18. During your rehabilitation, did you have surgery on your arms, legs, or spine which was intended to correct a limitation or weakness caused by polio?

- 1 Yes (Go to 19)
 2 No } (Skip to 20 on page 8)
 9 DK }

79

19. Please tell me each surgical procedure you had and your age at the time of the procedure?

Any others?

Enter age in whole years. If less than 1 year old, enter "00".

Enter a description of the procedure if the exact name is not known

Age (Years) 99 DK age

80-81

Surgical procedure description

82-83

99 DK surgical procedure

Age (Years) 99 DK age

84-85

Surgical procedure description

86-87

99 DK surgical procedure

Age (Years) 99 DK age

88-89

Surgical procedure description

90-91

99 DK surgical procedure

Notes

POLIO SURVIVORS - Continued

92-95

20. For the next few questions, please think about the period when you were at your **PHYSICAL BEST after having polio. By **physical best** we mean the period when you had the greatest strength and endurance and were in the best condition to carry on the various activities of daily living such as working, housework, walking, driving, dressing, bathing, and so forth.**

After having polio, at what age, or between what ages, were you at your physical best?

Enter age(s) in whole years or mark (X) box.

to Years of age } (Go to 21)

- 9977 Presently at physical best
- 9988 Never had a physical best } (Skip to 41 on page 15)
- 9999 DK

HAND CARD P4.

96

21. During the period of your **physical best AFTER THE ONSET OF POLIO, which phrase best describes the extent of your disability? Would you say — (Read all categories)**

Mark (X) only one.

- 1 **No disability, (Skip to 29 on page 10)**
- 2 **No noticeable disability,**
- 3 **Mild disability,** } (Go to 22)
- 4 **Moderate disability, or**
- 5 **Severe disability?**
- 9 DK

HAND CARD P2.

97

22. During the period of your **physical best after the onset of polio, how well could you walk?**

*If telephone interview, read: **Would you say you were — (Read all categories)***

Mark (X) only one.

- 1 Able to walk without a limp } (Go to 23)
- 2 Able to walk WITH a limp
- 3 Unable to walk WITHOUT leg braces or other assistive devices (Skip to 24)
- 4 Unable to walk at all (Skip to 26 on page 9)
- 5 Can't remember } (Go to 23)
- 9 DK

HAND CARD P5.

98

23. During the period of your **physical best after the onset of your polio, what was the farthest you could walk WITHOUT using assistive devices and WITHOUT stopping?**

*If telephone interview, read: **Would you say you — (Read all categories)***

Mark (X) only one.

- 1 Couldn't walk at all } (Go to 24)
- 2 Could walk across a room
- 3 Could walk up and down the street
- 4 Could walk around the block
- 5 Could walk a mile or more (Skip to 25 on page 9)
- 9 DK (Go to 24)

HAND CARD P5.

99

24. How about WITH a leg brace or assistive devices such as a cane or walker? What was the farthest you could walk WITHOUT stopping during the period of your physical best?

*If telephone interview, read: **Would you say that you — (Read all categories)***

Mark (X) only one.

- 1 Couldn't walk at all (Skip to 26)
- 2 Could walk across a room
- 3 Could walk up and down the street } (Go to 25 on page 9)
- 4 Could walk around the block
- 5 Could walk a mile or more
- 9 DK

POLIO SURVIVORS - Continued

25. During the period of your physical best after the onset of your polio, how well could you climb stairs? Would you say you — (Read all categories)

Mark (X) only one.

- 1 Could climb stairs easily without using a railing,
- 2 Could climb stairs using a railing, or
- 3 Could not climb stairs at all?
- 9 DK

5

26. During the period of your physical best after the onset of your polio, how easily would you tire while performing your usual daily activities? Would you say you — (Read all categories)

Mark (X) only one.

- 1 Tired VERY easily during the day, requiring five or more rest periods,
- 2 Tired easily during the day, requiring two to four rest periods,
- 3 Tired slowly and required one rest period a day, or
- 4 Tired only after strenuous exercise or before bedtime?
- 9 DK

6

27. I am going to read a list of assistive devices. Please tell me if you used each device at any time during your period of physical best.

Read list.

Mark (X) an answer for each type of device.

Yes No DK

a. A cane or canes?

a. 1 2 9

7

b. A crutch or crutches?

b. 1 2 9

8

c. Walker?

c. 1 2 9

9

d. Wheel chair or electric cart?

d. 1 2 9

10

e. Left leg brace?

e. 1 2 9

11

f. Right leg brace?

f. 1 2 9

12

g. Left arm splint or brace?

g. 1 2 9

13

h. Left hand splint or brace?

h. 1 2 9

14

i. Right arm splint or brace?

i. 1 2 9

15

j. Right hand splint or brace?

j. 1 2 9

16

k. Breathing aids?

k. 1 2 9

17

l. Back brace or corset?

l. 1 2 9

18

m. Special shoes, or shoe lifts?

m. 1 2 9

19

n. Another type of device?

n. 1 2 9

20

Specify _____

POLIO SURVIVORS - Continued

<i>HAND CARD P1.</i>	Not weakened	Mildly weakened	Moder- ately weakened	Severely weakened	Com- pletely paralyzed	DK
28. At the time of your physical best:						21
a. How weakened was your right hip, thigh and knee? Would you say — (Read all categories)?	a. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>
b. How weakened was your right calf, ankle and foot? (Would you say — (Read all categories)?)	b. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>
c. How weakened was your left hip, thigh and knee? (Would you say — (Read all categories)?)	c. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>
d. How weakened was your left calf, ankle and foot? (Would you say — (Read all categories)?)	d. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>
e. How weakened was your right shoulder, upper arm and elbow? (Would you say — (Read all categories)?)	e. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>
f. How weakened was your right forearm, wrist and hand? (Would you say — (Read all categories)?)	f. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>
g. How weakened was your left shoulder, upper arm and elbow? (Would you say — (Read all categories)?)	g. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>
h. How weakened is your left forearm, wrist and hand? (Would you say — (Read all categories)?)	h. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>
i. How weakened were your breathing muscles? (Would you say — (Read all categories)?)	i. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>
j. How weakened were your swallowing muscles? (Would you say — (Read all categories)?)	j. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>
k. How weakened were your face muscles? (Would you say — (Read all categories)?)	k. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>
l. How weakened were your back muscles? (Would you say — (Read all categories)?)	l. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>
m. How weakened were your stomach muscles? (Would you say — (Read all categories)?)	m. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>
29. About how much did you weigh during the time of your physical best? <i>Enter weight in whole pounds only.</i>	_____ Pounds					34-36
	999 <input type="checkbox"/> DK					
Now I am going to ask some questions about the period AFTER your physical best.						37
30. At the present time, do you feel you are STILL at your physical best?	1 <input type="checkbox"/> Yes (Skip to 41 on page 15) 2 <input type="checkbox"/> No } (Go to 31 on page 11) 9 <input type="checkbox"/> DK }					
Notes						

POLIO SURVIVORS - Continued

<p>31. Since the period when you were at your physical best have you experienced any DECREASE in your ability to carry out your routine activities of daily living such as working, housework, walking, driving, dressing, bathing, and so forth?</p> <p><i>If "Yes," ask: Would you say that your ability has decreased some or a lot?</i></p>	<p align="right">38</p> <p>1 <input type="checkbox"/> Yes, decreased some 2 <input type="checkbox"/> Yes, decreased a lot 3 <input type="checkbox"/> No, no decrease 9 <input type="checkbox"/> DK</p>
<p>32. Since the time of your physical best, do you NOW weigh more, less, or about the same?</p>	<p align="right">39</p> <p>1 <input type="checkbox"/> More } (Go to 33) 2 <input type="checkbox"/> Less } 3 <input type="checkbox"/> About the same } (Skip to 34) 9 <input type="checkbox"/> DK</p>
<p>33. How many pounds have you [gained/lost]?</p> <p><i>Enter gain or loss in whole pounds only.</i></p>	<p align="right">40-42</p> <p>_____ Pounds</p> <p>999 <input type="checkbox"/> DK</p>
<p>34. Since the time of your physical best, have you had any severe injuries which have limited your ability to carry out your daily activities?</p>	<p align="right">43</p> <p>1 <input type="checkbox"/> Yes (Go to 35) 2 <input type="checkbox"/> No } (Skip to 36) 9 <input type="checkbox"/> DK }</p>
<p>35. What were the injuries and how old were you when they occurred?</p> <p>Any others?</p> <p><i>Enter age in whole years.</i></p> <p><i>Describe the injury, NOT the accident.</i></p> <p><i>(Example: Enter "Broken hip" not "fell")</i></p>	<p align="right">44-45</p> <p><input type="text"/> <input type="text"/> Age 99 <input type="checkbox"/> DK age (Years)</p> <p>Injury <u> </u></p> <p>799 <input type="checkbox"/> DK injury</p>
	<p align="right">46-48</p> <p><input type="text"/> <input type="text"/> Age 99 <input type="checkbox"/> DK age (Years)</p> <p>Injury <u> </u></p> <p>799 <input type="checkbox"/> DK injury</p>
	<p align="right">49-50</p> <p><input type="text"/> <input type="text"/> Age 99 <input type="checkbox"/> DK age (Years)</p> <p>Injury <u> </u></p> <p>799 <input type="checkbox"/> DK injury</p>
	<p align="right">51-53</p> <p><input type="text"/> <input type="text"/> Age 99 <input type="checkbox"/> DK age (Years)</p> <p>Injury <u> </u></p> <p>799 <input type="checkbox"/> DK injury</p>
	<p align="right">54-55</p> <p><input type="text"/> <input type="text"/> Age 99 <input type="checkbox"/> DK age (Years)</p> <p>Injury <u> </u></p> <p>799 <input type="checkbox"/> DK injury</p>
	<p align="right">56-58</p> <p><input type="text"/> <input type="text"/> Age 99 <input type="checkbox"/> DK age (Years)</p> <p>Injury <u> </u></p> <p>799 <input type="checkbox"/> DK injury</p>
<p align="right">59-60</p> <p><input type="text"/> <input type="text"/> Age 99 <input type="checkbox"/> DK age (Years)</p> <p>Injury <u> </u></p> <p>799 <input type="checkbox"/> DK injury</p>	
<p align="right">61-63</p> <p><input type="text"/> <input type="text"/> Age 99 <input type="checkbox"/> DK age (Years)</p> <p>Injury <u> </u></p> <p>799 <input type="checkbox"/> DK injury</p>	
<p>36. Compared with your physical best, has your ability to swallow solid food gotten better, gotten worse, or stayed about the same?</p>	<p align="right">64</p> <p>1 <input type="checkbox"/> Gotten better 2 <input type="checkbox"/> Gotten worse 3 <input type="checkbox"/> Stayed about the same 9 <input type="checkbox"/> DK</p>

POLIO SURVIVORS - Continued

<p>37. Since reaching your physical best, have you experienced any NEW polio related difficulties?</p> <p><i>If "Yes", ask: How many new polio-related difficulties have you experienced?</i></p> <p><i>Mark (X) only one.</i></p>	<p>1 <input type="checkbox"/> Yes, one new polio-related difficulty</p> <p>2 <input type="checkbox"/> Yes, more than one new polio-related difficulty</p> <p>3 <input type="checkbox"/> New difficulties, BUT not sure they are polio-related</p> <p>4 <input type="checkbox"/> No</p> <p>9 <input type="checkbox"/> DK</p> <p style="text-align: right;">} (Go to 38)</p> <p style="text-align: right;">} (Skip to 41 on page 15)</p>	65
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<p>38. How old were you when [this/your MAIN] new polio-related difficulty began?</p> <p><i>Enter age in whole years only.</i></p>	<p>_____ Years of age</p> <p>99 <input type="checkbox"/> DK</p>	66-67
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<p>39. About how quickly did [this/your MAIN] new polio-related difficulty develop? Was it over a period of — (Read all categories)</p> <p><i>Mark (X) only one.</i></p>	<p>1 <input type="checkbox"/> Less than one month,</p> <p>2 <input type="checkbox"/> One month, but less than a year,</p> <p>3 <input type="checkbox"/> One year, but less than 5 years,</p> <p>4 <input type="checkbox"/> 5 years, but less than 10 years, or</p> <p>5 <input type="checkbox"/> 10 or more years?</p> <p>6 <input type="checkbox"/> Other – Specify _____</p> <p>9 <input type="checkbox"/> DK</p>	68
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<p>40a. Compared with your physical best, have you experienced any NEW muscle WEAKNESS?</p>	<p>1 <input type="checkbox"/> Yes (Go to 40b)</p> <p>2 <input type="checkbox"/> No</p> <p>9 <input type="checkbox"/> DK</p> <p style="text-align: right;">} (Skip to 40c)</p>	69
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HAND CARD P6.

b. Which of the following muscles are involved?

	Yes	No	DK	
(1) Left arm or hand?	(1) 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	70
(2) Right arm or hand?	(2) 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	71
(3) Left leg or foot?	(3) 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	72
(4) Right leg or foot?	(4) 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	73
(5) Stomach, back or torso?	(5) 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	74
(6) Neck or face?	(6) 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	75

<p>Notes</p>	
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POLIO SURVIVORS - Continued

40c. Compared with your physical best, have you experienced any NEW muscle PAIN?

- 1 Yes (Go to 40d)
 2 No } (Skip to 40e)
 9 DK }

76

HAND CARD P6.

d. Which of the following muscles are involved?

Yes No DK

(1) Left arm or hand? (1) 1 2 9

77

(2) Right arm or hand? (2) 1 2 9

78

(3) Left leg or foot? (3) 1 2 9

79

(4) Right leg or foot? (4) 1 2 9

80

(5) Stomach, back or torso? (5) 1 2 9

81

(6) Neck or face? (6) 1 2 9

82

e. Compared with your physical best, have you experienced any NEW JOINT pains?

- 1 Yes (Go to 40f)
 2 No } (Skip to 40g)
 9 DK }

83

HAND CARD P7.

f. Which of the following joints are involved?

Yes No DK

(1) Left shoulder, elbow, or wrist? (1) 1 2 9

84

(2) Right shoulder, elbow, or wrist? (2) 1 2 9

85

(3) Left hip, knee, or ankle? (3) 1 2 9

86

(4) Right hip, knee, or ankle? (4) 1 2 9

87

(5) Neck or spine? (5) 1 2 9

88

Notes

POLIO SURVIVORS - Continued

40g. Compared with your physical best, have you noticed any change in the size of muscles FORMERLY WEAKENED by polio?

- 1 Yes (Go to 40h)
 2 No } (Skip to 41 on page 15)
 9 DK }

89

h. Have the muscles increased or decreased in size?

Mark (X) only one.

- 1 Increased in size
 2 Decreased in size
 3 Some increased/some decreased
 9 DK

90

HAND CARD P6.

i. Which of the following muscles are involved?

	Yes	No	DK	
(1) Left arm or hand?	(1) 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	91
(2) Right arm or hand?	(2) 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	92
(3) Left leg or foot?	(3) 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	93
(4) Right leg or foot?	(4) 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	94
(5) Stomach, back or torso?	(5) 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	95
(6) Neck or face?	(6) 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	96

Notes

POLIO SURVIVORS - Continued

HAND CARD P1.

The following questions deal with the **PRESENT TIME** that is, over the past few weeks.

41. At the present time,

a. How weakened is your right hip, thigh and knee? Would you say — (Read all categories)?

Not weakened	Mildly weakened	Moderately weakened	Severely weakened	Completely paralyzed	DK
a. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>
b. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>
c. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>
d. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>
e. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>
f. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>
g. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>
h. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>
i. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>
j. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>
k. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>
l. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>
m. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>

b. How weakened is your right calf, ankle and foot? (Would you say — (Read all categories)?)

c. How weakened is your left hip, thigh and knee? (Would you say — (Read all categories)?)

d. How weakened is your left calf, ankle and foot? (Would you say — (Read all categories)?)

e. How weakened is your right shoulder, upper arm and elbow? (Would you say — (Read all categories)?)

f. How weakened is your right forearm, wrist and hand? (Would you say — (Read all categories)?)

g. How weakened is your left shoulder, upper arm and elbow? (Would you say — (Read all categories)?)

h. How weakened is your left forearm, wrist and hand? (Would you say — (Read all categories)?)

i. How weakened are your breathing muscles? (Would you say — (Read all categories)?)

j. How weakened are your swallowing muscles? (Would you say — (Read all categories)?)

k. How weakened are your face muscles? (Would you say — (Read all categories)?)

l. How weakened are your back muscles? (Would you say — (Read all categories)?)

m. How weakened are your stomach muscles? (Would you say — (Read all categories)?)

HAND CARD P8.

42. At the present time, what is the farthest you can walk WITHOUT using assistive devices and WITHOUT stopping? Would you say you — (Read all categories)

- 1 Cannot walk at all,
- 2 Can walk across a room,
- 3 Can walk up and down the street,
- 4 Can walk around the block, or
- 5 Can walk a mile or more?
- 9 DK

43. At the present time, how well can you climb stairs? Would you say you — (Read all categories)

- 1 Can climb stairs easily without using a railing,
- 2 Can climb stairs with a railing, or
- 3 Cannot climb stairs at all?
- 9 DK

POLIO SURVIVORS – Continued

44. Do you NOW use any of the following assistive devices?

Mark (X) an answer for each type of device.

Read list.

	Yes	No	DK	
a. A cane or canes?	a. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	20
b. A crutch or crutches?	b. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	21
c. Walker?	c. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	22
d. Wheel chair or electric cart?	d. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	23
e. Left leg brace?	e. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	24
f. Right leg brace?	f. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	25
g. Left arm splint or brace?	g. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	26
h. Left hand splint or brace?	h. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	27
i. Right arm splint or brace?	i. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	28
j. Right hand splint or brace?	j. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	29
k. Breathing aids?	k. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	30
l. Back brace or corset?	l. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	31
m. Special shoes, or shoe lifts?	m. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	32
n. Another type of device?	n. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	33

Specify _____

45. During the past few weeks, how easily did you tire while performing your usual daily activities? Would you say you — (Read all categories)

Mark (X) only one.

- 34
- 1 Tire **VERY** easily during the day, requiring five or more rest periods in the day,
 - 2 Tire easily during the day, requiring two to four rest periods,
 - 3 Tire slowly and require one rest period a day, or
 - 4 Tire only after strenuous exercise or before bedtime?
 - 9 DK

Notes

POLIO SURVIVORS - Continued

<p>46. At present, do you feel your general health is improving, declining, or staying about the same?</p>	<p>1 <input type="checkbox"/> Improving <i>(Skip to 50 on page 18)</i> 2 <input type="checkbox"/> Declining <i>(Go to 47)</i> 3 <input type="checkbox"/> About the same } <i>(Skip to 50 on page 18)</i> 9 <input type="checkbox"/> DK</p>	<p>35</p>
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<p>47. What do you think is the main cause of this decline?</p> <p><i>Mark (X) only one.</i></p>	<p>1 <input type="checkbox"/> Aging 2 <input type="checkbox"/> Sedentary lifestyle 3 <input type="checkbox"/> Return of old problems/conditions 4 <input type="checkbox"/> New chronic conditions 5 <input type="checkbox"/> Other new illness 6 <input type="checkbox"/> Late effects of polio <i>(Go to 48)</i> 7 <input type="checkbox"/> Other } <i>(Skip to 50 on page 18)</i> 9 <input type="checkbox"/> DK</p>	<p>36</p>
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<p><i>Mark (X) box "0" or ask.</i> <i>HAND CARD P9. Read categories if telephone interview.</i></p> <p>48. Which statement best describes how you feel about your physical condition?</p>	<p>0 <input type="checkbox"/> Proxy <i>(Skip to 50 on page 18)</i> 1 <input type="checkbox"/> I do not feel disabled 2 <input type="checkbox"/> I feel disabled for the first time in my life 3 <input type="checkbox"/> Now I feel like I have a second disability 4 <input type="checkbox"/> None of the above 9 <input type="checkbox"/> DK</p>	<p>37</p>
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<p>49. To what extent do you feel that your earlier experience with polio has prepared you to deal with this decline? Would you say — <i>(Read all categories)</i></p>	<p>1 <input type="checkbox"/> Not at all, 2 <input type="checkbox"/> Somewhat, or 3 <input type="checkbox"/> A lot? 9 <input type="checkbox"/> DK</p>	<p>38</p>
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Notes

POLIO SURVIVORS – Continued

50. Now I want to ask some questions about other health problems.

Read each condition and mark (X) box. Then proceed to question 51.

Has a doctor ever told you that you had —

Ask for each condition marked "Yes" in 50.

51. Are you currently taking medication for your (condition)?

	Yes	No	DK	Yes	No	DK
			39			40
a. Diabetes?	a. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	a. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>
			41			42
b. Emphysema?	b. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	b. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>
			43			44
c. Chronic bronchitis?	c. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	c. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>
			45			46
d. Asthma?	d. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	d. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>
			47			48
e. Heart problems?	e. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	e. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>
			49			50
f. Circulation problems in your arms or legs?	f. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	f. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>
			51			52
g. Hypertension?	g. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	g. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>
			53			54
h. A stroke?	h. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	h. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>
			55			56
i. Stomach ulcers?	i. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	i. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>
			57			58
j. Gallbladder problems?	j. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	j. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>
			59			60
k. Urinary tract problems?	k. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	k. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>
			61			62
l. Kidney stones?	l. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	l. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>
			63			64
m. Arthritis?	m. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	m. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>
			65			66
n. Other joint problems?	n. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	n. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>
			67			68
o. Cancer or leukemia?	o. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	o. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>
			69			70
p. A nerve or muscle disorder other than polio?	p. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	p. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>
			71			72
q. A sleep disorder?	q. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	q. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>
			73			74
r. (Males only) Prostate problems?	r. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	r. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>

POLIO SURVIVORS - Continued

52. Has a doctor ever told you that you are suffering from post-polio syndrome?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	75
53. Post-polio syndrome is NEW weakness, NEW pain or NEW tiredness in people who previously had polio. Do YOU think you have post-polio syndrome?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	76
If proxy interview, skip to 56, otherwise, read the appropriate statement. If personal visit, HAND CARD P10 and read: Please read the statements on this card. If telephone interview, read: Now, I am going to read some statements.		
54. For each one, please tell me whether it is not true, somewhat true, or very true for you.	Not true Somewhat true Very true DK	
a. I've always felt that I could make of my life pretty much what I wanted to make of it. Is that not true, somewhat true, or very true for you?	a. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 9 <input type="checkbox"/>	77
b. Once I make up my mind to do something, I stay with it until the job is completely done. (Is that not true, somewhat true, or very true for you?)	b. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 9 <input type="checkbox"/>	78
c. I don't let my personal feelings get in the way of getting a job done. (Is that not true, somewhat true, or very true for you?)	c. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 9 <input type="checkbox"/>	79
d. It's important for me to be able to do things in the way I want to do them rather than in the way other people want me to do them. (Is that not true, somewhat true, or very true for you?)	d. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 9 <input type="checkbox"/>	80
e. Sometimes I feel that if anything is going to be done right, I have to do it myself. (Is that not true, somewhat true, or very true for you?)	e. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 9 <input type="checkbox"/>	81
f. I like doing things that other people thought could not be done. (Is that not true, somewhat true, or very true for you?)	f. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 9 <input type="checkbox"/>	82
g. I feel like I am the kind of person who stands for what she/he believes in, regardless of the consequences. (Is that not true, somewhat true, or very true for you?)	g. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 9 <input type="checkbox"/>	83
h. Hard work is the best possible way for a young person to get ahead in life. (Is that not true, somewhat true, or very true for you?)	h. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 9 <input type="checkbox"/>	84
i. People have made fun of me because of the physical effects of polio. (Is that not true, somewhat true, or very true for you?)	i. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 9 <input type="checkbox"/>	85
j. I have been discriminated against because of the physical effects of polio. (Is that not true, somewhat true, or very true for you?)	j. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 9 <input type="checkbox"/>	86
55. On a scale from 1 to 7, with 1 being VERY SATISFIED and 7 being VERY UNSATISFIED, how satisfied or unsatisfied are you with your life as a whole these days? Repeat if necessary. Mark (X) only one.	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> Very satisfied → Very unsatisfied	87

POLIO SURVIVORS - Continued

ITEM P3	<i>Refer to other DFS questionnaires for this sample person.</i>	1 <input type="checkbox"/> Any DFS 1, 2, or 3 completed (<i>Skip to 58a on page 21</i>) 2 <input type="checkbox"/> None completed (<i>Go to Intro</i>)	88
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INTRO **The National Center for Health Statistics may wish to contact you again to obtain additional health related information.**

ITEM P4	<i>Refer to CP on label.</i>	1 <input type="checkbox"/> CP on label (<i>Ask 56a</i>) 2 <input type="checkbox"/> No CP on label (<i>Ask 56b</i>)	89
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<p>56a. The last time a Census Bureau interviewer talked to you or your family, we were told that <u>(CP on label)</u> will always know how to get in touch with you if we want to contact you again. Is <u>(CP on label)</u> still the best person to contact if we are unable to reach you?</p> <p>-----</p> <p>b. The National Center for Health Statistics would like the name, address, and telephone number of a relative or friend who would know where you could be reached in case we need additional health information in the future but cannot reach you. Please give me the name of someone who is not currently living in the household.</p> <p><i>(Record information in 57)</i></p>	1 <input type="checkbox"/> Yes (<i>Verify CP's address and phone number. If incorrect, enter correct information in 57 below</i>) 2 <input type="checkbox"/> No (<i>Go to 56b</i>)	90
<div style="border: 1px dashed black; height: 100px; width: 100%;"></div>		

57. Contact person current information

Last name	3-4 5-24	First name	25-39	Middle initial	40
Address (<i>Number and street</i>)					41-65
City	66-85	State	86-87	ZIP Code	88-96
Telephone:	Area code	97-99	Number	100-106	107
					1 <input type="checkbox"/> None 7 <input type="checkbox"/> Refused 9 <input type="checkbox"/> DK

Notes

POLIO SURVIVORS - Continued

READ: The last few questions deal with locating medical records.

5

58a. The physicians who designed this questionnaire have a special interest in post-polio syndrome and would like to review the past medical records of as many polio survivors as possible. Could we have your permission to get copies of your medical records?

- 1 Yes (Go to 58b)
- 2 No (END INTERVIEW)
- 9 DK (Go to 58b)

b. What is the name and address of the hospital to which you were first admitted when you got polio?

6

- 0 None (Go to 58c)
- 1 Name of hospital/facility

Address (Number and street)		
City/Town	State	ZIP Code

- 9 DK

c. What are the names and addresses of any other hospitals or medical facilities to which you were admitted for rehabilitation or surgery related to your illness?

Any other?

7

- 0 None (Go to 59)
- 1 Name of hospital/facility

Address (Number and street)		
City/Town	State	ZIP Code

- 9 DK

- 0 None (Go to 59)
- 1 Name of hospital/facility

8

Address (Number and street)		
City/Town	State	ZIP Code

- 9 DK

59a. Are there additional persons, physicians, physical therapists, and so forth, who may have records of your polio illness?

9

- 1 Yes (Go to 59b on page 22)
 - 2 No
 - 9 DK
- } (Skip to Item P5a on page 22)

POLIO SURVIVORS - Continued

59b. What are their names and addresses?

10

Any other?

- 0 None
 1 Name

Address (Number and street)		
City/Town	State	ZIP Code
Telephone number	Area code ()	Number

- 0 None
 1 Name

11

Address (Number and street)		
City/Town	State	ZIP Code
Telephone number	Area code ()	Number

- 0 None
 1 Name

12

Address (Number and street)		
City/Town	State	ZIP Code
Telephone number	Area code ()	Number

13

**ITEM
P5a**

Mode of interview

- 1 Telephone
 2 Personal visit

**ITEM
P5b**

Respondent status

- 1 Adult self response (Go to 60)
 2 Adult - Proxy (END INTERVIEW)

14

60. So that we might obtain your records, will you sign a form consenting to the release of records relating to your polio illness? Your confidentiality will be carefully safeguarded and no personal information will be made available at any time.

- 1 Yes (Provide form on page 23 for signature. If telephone interview, mail page 23 to respondent for signature)
 2 No (END INTERVIEW)

15