## Participant ID

| | |
|---|---|
| **Variable #** 1 | **Usage Notes:** none |
| **Sas Name:** ID | **Categories:** Study: Administration |
| **Sas Label:** Participant ID | |
| **Type:** Continuous | |

## F37 Days since randomization/enrollment

| | |
|---|---|
| **Variable #** 2 | **Usage Notes:** none |
| **Sas Name:** F37DAYS | **Categories:** Study: Administration |
| **Sas Label:** F37 Days since randomization/enrollment | |
| **Type:** Continuous | |

## F37 Visit number

Number of the visit where this form was collected.

| | |
|---|---|
| **Variable #** 3 | **Usage Notes:** none |
| **Sas Name:** F37VNUM | **Categories:** Study: Administration |
| **Sas Label:** Visit number | |
| **Type:** Continuous | |

## F37 Contact type

The method used to collect form data.

| | |
|---|---|
| **Variable #** 4 | **Usage Notes:** none |
| **Sas Name:** F37CONT | **Categories:** Study: Administration |
| **Sas Label:** Contact type | |
| **Type:** Categorical | |

**Values**

| | |
|---|---|
| 1 | Phone |
| 2 | Mail |
| 3 | Visit |
| 8 | Other |

## F37 To listen to you

People sometimes look to to others for help, friendship, or other types of support. Next are some questions about the support that you have. How often is each of the following kinds of support available to you if you need it? Someone you can count on to listen to you when you need to talk.

| | |
|---|---|
| **Variable #** 5 | **Usage Notes:** none |
| **Sas Name:** LISTEN | **Categories:** Psychosocial/Behavioral |
| **Sas Label:** Someone to listen when need to talk | |
| **Type:** Categorical | |

**Values**

| | |
|---|---|
| 1 | None of the time |
| 2 | A little of the time |
| 3 | Some of the time |
| 4 | Most of the time |
| 5 | All of the time |

## F37 Someone to give you good advice

People sometimes look to to others for help, friendship, or other types of support. Next are some questions about the support that you have. How often is each of the following kinds of support available to you if you need it?  Someone to give you good advice about a problem

| **Variable #** | 6 | **Usage Notes:** none |
|---|---|---|
| **Sas Name:** | GOODADVC | |
| **Sas Label:** | Someone to give good advice | **Categories:** Psychosocial/Behavioral |
| **Type:** | Categorical | |

**Values**

| | |
|---|---|
| 1 | None of the time |
| 2 | A little of the time |
| 3 | Some of the time |
| 4 | Most of the time |
| 5 | All of the time |

## F37 Someone to take you to the doctor

People sometimes look to to others for help, friendship, or other types of support. Next are some questions about the support that you have. How often is each of the following kinds of support available to you if you need it?  Someone to take you to the doctor if you need it

| **Variable #** | 7 | **Usage Notes:** none |
|---|---|---|
| **Sas Name:** | TAKEDR | |
| **Sas Label:** | Someone can take to the doctor | **Categories:** Psychosocial/Behavioral |
| **Type:** | Categorical | |

**Values**

| | |
|---|---|
| 1 | None of the time |
| 2 | A little of the time |
| 3 | Some of the time |
| 4 | Most of the time |
| 5 | All of the time |

## F37 Someone to have a good time with

People sometimes look to to others for help, friendship, or other types of support. Next are some questions about the support that you have. How often is each of the following kinds of support available to you if you need it? Someone to have a good time with

| **Variable #** | 8 | **Usage Notes:** none |
|---|---|---|
| **Sas Name:** | GOODTIME | |
| **Sas Label:** | Someone to have a good time with | **Categories:** Psychosocial/Behavioral |
| **Type:** | Categorical | |

**Values**

| | |
|---|---|
| 1 | None of the time |
| 2 | A little of the time |
| 3 | Some of the time |
| 4 | Most of the time |
| 5 | All of the time |

## F37 Someone to help you understand problem

People sometimes look to to others for help, friendship, or other types of support. Next are some questions about the support that you have. How often is each of the following kinds of support available to you if you need it? Someone to help you understand a problem when you need it

| | |
|---|---|
| **Variable #** | 9 |
| **Sas Name:** | HLPPROB |
| **Sas Label:** | Someone to help understand a problem |
| **Type:** | Categorical |

**Usage Notes:** none

**Categories:** Psychosocial/Behavioral

**Values**

| | |
|---|---|
| 1 | None of the time |
| 2 | A little of the time |
| 3 | Some of the time |
| 4 | Most of the time |
| 5 | All of the time |

## F37 Someone to help with daily chores

People sometimes look to to others for help, friendship, or other types of support. Next are some questions about the support that you have. How often is each of the following kinds of support available to you if you need it?  Someone to help with daily chores if you are sick

| | |
|---|---|
| **Variable #** | 10 |
| **Sas Name:** | HLPCHORS |
| **Sas Label:** | Someone to help with daily chores |
| **Type:** | Categorical |

**Usage Notes:** none

**Categories:** Psychosocial/Behavioral

**Values**

| | |
|---|---|
| 1 | None of the time |
| 2 | A little of the time |
| 3 | Some of the time |
| 4 | Most of the time |
| 5 | All of the time |

## F37 Someone to share your private worries

People sometimes look to to others for help, friendship, or other types of support. Next are some questions about the support that you have. How often is each of the following kinds of support available to you if you need it? Someone to share your most private worries and fears

| | |
|---|---|
| **Variable #** | 11 |
| **Sas Name:** | SHARE |
| **Sas Label:** | Someone to share private worries/fears |
| **Type:** | Categorical |

**Usage Notes:** none

**Categories:** Psychosocial/Behavioral

**Values**

| | |
|---|---|
| 1 | None of the time |
| 2 | A little of the time |
| 3 | Some of the time |
| 4 | Most of the time |
| 5 | All of the time |

## F37 Someone to do something fun with

People sometimes look to to others for help, friendship, or other types of support. Next are some questions about the support that you have. How often is each of the following kinds of support available to you if you need it? Someone to do something fun with

| **Variable #** | 12 | **Usage Notes:** none |
| **Sas Name:** | FUN | |
| | | **Categories:** Psychosocial/Behavioral |
| **Sas Label:** | Someone to do something fun with | |
| **Type:** | Categorical | |

**Values**

| | |
|---|---|
| 1 | None of the time |
| 2 | A little of the time |
| 3 | Some of the time |
| 4 | Most of the time |
| 5 | All of the time |

## F37 Someone to love you

People sometimes look to to others for help, friendship, or other types of support. Next are some questions about the support that you have. How often is each of the following kinds of support available to you if you need it?  Someone to love you and make you feel wanted

| **Variable #** | 13 | **Usage Notes:** none |
| **Sas Name:** | LOVE | |
| | | **Categories:** Psychosocial/Behavioral |
| **Sas Label:** | Someone to love you/make you feel wanted | |
| **Type:** | Categorical | |

**Values**

| | |
|---|---|
| 1 | None of the time |
| 2 | A little of the time |
| 3 | Some of the time |
| 4 | Most of the time |
| 5 | All of the time |

## F37 Live alone

Who lives with you? (Mark one oval for each item.) I live alone.

| **Variable #** | 14 | **Usage Notes:** none |
| **Sas Name:** | LIVALN | |
| | | **Categories:** Psychosocial/Behavioral |
| **Sas Label:** | Live alone | |
| **Type:** | Categorical | |

**Values**

| | |
|---|---|
| 0 | No |
| 1 | Yes |

## F37 Live with husband or partner

Who lives with you? (Mark one oval for each item.) I live with my husband or partner.

| **Variable #** | 15 | **Usage Notes:** none |
| **Sas Name:** | LIVPRT | |
| | | **Categories:** Psychosocial/Behavioral |
| **Sas Label:** | Live with husband/partner | |
| **Type:** | Categorical | |

**Values**

## F37 Live with children

Who lives with you? (Mark one oval for each item.) I live with my children.

| **Variable #** | 16 | **Usage Notes:** none |
|---|---|---|
| **Sas Name:** | LIVCHLD | |
| **Sas Label:** | Live with children | **Categories:** Psychosocial/Behavioral |
| **Type:** | Categorical | |

**Values**

| 0 | No |
|---|---|
| 1 | Yes |

## F37 Live with brother or sister

Who lives with you? (Mark one oval for each item.) I live with my brother and/or sister.

| **Variable #** | 17 | **Usage Notes:** none |
|---|---|---|
| **Sas Name:** | LIVSIBL | |
| **Sas Label:** | Live with brother/sister | **Categories:** Psychosocial/Behavioral |
| **Type:** | Categorical | |

**Values**

| 0 | No |
|---|---|
| 1 | Yes |

## F37 Live with other relative

Who lives with you? (Mark one oval for each item.) I live with other relatives.

| **Variable #** | 18 | **Usage Notes:** none |
|---|---|---|
| **Sas Name:** | LIVREL | |
| **Sas Label:** | Live with relatives | **Categories:** Psychosocial/Behavioral |
| **Type:** | Categorical | |

**Values**

| 0 | No |
|---|---|
| 1 | Yes |

## F37 Live with friends

Who lives with you? (Mark one oval for each item.) I live with friends.

| **Variable #** | 19 | **Usage Notes:** none |
|---|---|---|
| **Sas Name:** | LIVFRNDS | |
| **Sas Label:** | Live with friends | **Categories:** Psychosocial/Behavioral |
| **Type:** | Categorical | |

**Values**

| 0 | No |
|---|---|
| 1 | Yes |

## F37 Others that live with you

Who lives with you? (Mark one oval for each item.) Other

| | |
|---|---|
| **Variable #** | 20 |
| **Sas Name:** | LIVOTH |
| **Sas Label:** | Live with other than listed |
| **Type:** | Categorical |

**Usage Notes:** none

**Categories:** Psychosocial/Behavioral

**Values**

| | |
|---|---|
| 0 | No |
| 1 | Yes |

## F37 Do you have a pet

Do you have a pet?

| | |
|---|---|
| **Variable #** | 21 |
| **Sas Name:** | PET |
| **Sas Label:** | Have a pet |
| **Type:** | Categorical |

**Usage Notes:** none

**Categories:** Psychosocial/Behavioral

**Values**

| | |
|---|---|
| 0 | No |
| 1 | Yes |

## F37 Dog

What kind of pet do you have? (Mark all that apply.) Dog.

| | |
|---|---|
| **Variable #** | 22 |
| **Sas Name:** | DOG |
| **Sas Label:** | Dog |
| **Type:** | Categorical |

**Usage Notes:** Sub-question of F37 V5 Q11 "Do you have a pet".

**Categories:** Psychosocial/Behavioral

**Values**

| | |
|---|---|
| 0 | No |
| 1 | Yes |

## F37 Cat

What kind of pet do you have? (Mark all that apply.) Cat.

| | |
|---|---|
| **Variable #** | 23 |
| **Sas Name:** | CAT |
| **Sas Label:** | Cat |
| **Type:** | Categorical |

**Usage Notes:** Sub-question of F37 V5 Q11 "Do you have a pet".

**Categories:** Psychosocial/Behavioral

**Values**

| | |
|---|---|
| 0 | No |
| 1 | Yes |

## F37 Bird

What kind of pet do you have? (Mark all that apply.) Bird.

| | |
|---|---|
| **Variable #** | 24 |
| **Sas Name:** | BIRD |
| **Sas Label:** | Bird |
| **Type:** | Categorical |

**Usage Notes:** Sub-question of F37 V5 Q11 "Do you have a pet".

**Categories:** Psychosocial/Behavioral

**Values**

| 0 | No |
|---|---|
| 1 | Yes |

## F37 Fish

What kind of pet do you have? (Mark all that apply.) Fish.

| | |
|---|---|
| **Variable #** | 25 |
| **Sas Name:** | FISH |
| **Sas Label:** | Fish |
| **Type:** | Categorical |

**Usage Notes:** Sub-question of F37 V5 Q11 "Do you have a pet".

**Categories:** Psychosocial/Behavioral

**Values**

| 0 | No |
|---|---|
| 1 | Yes |

## F37 Other Pet

What kind of pet do you have? (Mark all that apply.) Other pet.

| | |
|---|---|
| **Variable #** | 26 |
| **Sas Name:** | OTHPET |
| **Sas Label:** | Other pet |
| **Type:** | Categorical |

**Usage Notes:** Sub-question of F37 V5 Q11 "Do you have a pet".

**Categories:** Psychosocial/Behavioral

**Values**

| 0 | No |
|---|---|
| 1 | Yes |

## F37 How often gone to church

How often have you gone to a religious service or to church during the past month? (Mark only one oval.)

| | |
|---|---|
| **Variable #** | 27 |
| **Sas Name:** | RELGTIME |
| **Sas Label:** | Times attend religious service/church |
| **Type:** | Categorical |

**Usage Notes:** none

**Categories:** Psychosocial/Behavioral

**Values**

| 1 | Not at all in the past month |
|---|---|
| 2 | Once in the past month |
| 3 | 2 or 3 times in the past month |
| 4 | Once a week |
| 5 | 2 or 6 times a week |
| 6 | Every day |

## F37 Religion strength and comfort

How much does religion give you strength and comfort? (Mark one oval.)

| | |
|---|---|
| **Variable #** | 28 |
| **Sas Name:** | RELSTRN |
| **Sas Label:** | Religion gives strength and comfort |
| **Type:** | Categorical |

**Usage Notes:** none

**Categories:** Psychosocial/Behavioral

**Values**

| | |
|---|---|
| 1 | None |
| 2 | A little |
| 3 | A great deal |

## F37 How many meetings

How often have you gone to meetings of clubs, lodges, or parent groups in the last month? (Mark only one oval.)

| | |
|---|---|
| **Variable #** | 29 |
| **Sas Name:** | CLUB |
| **Sas Label:** | Attend clubs/lodges/groups last month |
| **Type:** | Categorical |

**Usage Notes:** none

**Categories:** Psychosocial/Behavioral

**Values**

| | |
|---|---|
| 1 | Not at all in the past month |
| 2 | Once in the past month |
| 3 | 2 or 3 times in the past month |
| 4 | Once a week |
| 5 | 2 or 6 times a week |
| 6 | Every day |

## F37 Helping sick friend

Are you now helping at least one sick, limited, or frail family member or friend on a regular basis?

| | |
|---|---|
| **Variable #** | 30 |
| **Sas Name:** | HLPSICK |
| **Sas Label:** | Helping sick family/friend |
| **Type:** | Categorical |

**Usage Notes:** none

**Categories:** Psychosocial/Behavioral

**Values**

| | |
|---|---|
| 0 | No |
| 1 | Yes |

## F37 How often helped sick family/friend

In the past 4 weeks, how often have you helped this friend or family member?

| | |
|---|---|
| **Variable #** | 31 |
| **Sas Name:** | HLPSICKT |
| **Sas Label:** | Times helped sick family/friend |
| **Type:** | Categorical |

**Usage Notes:** Sub-question of F37 V5 Q15 "Helping sick friend".

**Categories:** Psychosocial/Behavioral

**Values**

| | |
|---|---|
| 1 | Less than once a week |
| 2 | 1-2 times a week |
| 3 | 3-4 times a week |

## F37 Get on your nerves

Of the people who are important to you, how many... Get on your nerves?

| | | | |
|---|---|---|---|
| **Variable #** | 32 | **Usage Notes:** none | |
| **Sas Name:** | NERVES | | |
| | | **Categories:** | Psychosocial/Behavioral |
| **Sas Label:** | Number of people who get on nerves | | |
| **Type:** | Categorical | | |

**Values**

| | |
|---|---|
| 1 | None |
| 2 | One |
| 3 | Some |
| 4 | Most |
| 5 | All |

## F37 Ask too much of you

Of the people who are important to you, how many... Ask too much of you?

| | | | |
|---|---|---|---|
| **Variable #** | 33 | **Usage Notes:** none | |
| **Sas Name:** | TOOMUCH | | |
| | | **Categories:** | Psychosocial/Behavioral |
| **Sas Label:** | Number of people who ask too much | | |
| **Type:** | Categorical | | |

**Values**

| | |
|---|---|
| 1 | None |
| 2 | One |
| 3 | Some |
| 4 | Most |
| 5 | All |

## F37 Do not include you

Of the people who are important to you, how many... Do not include you?

| | | | |
|---|---|---|---|
| **Variable #** | 34 | **Usage Notes:** none | |
| **Sas Name:** | EXCLUDE | | |
| | | **Categories:** | Psychosocial/Behavioral |
| **Sas Label:** | Number of people who exclude you | | |
| **Type:** | Categorical | | |

**Values**

| | |
|---|---|
| 1 | None |
| 2 | One |
| 3 | Some |
| 4 | Most |
| 5 | All |

## F37 Try to get you to do things

Of the people who are important to you, how many... Try to get you to do things you don't want to?

| | | | |
|---|---|---|---|
| **Variable #** | 35 | **Usage Notes:** none | |
| **Sas Name:** | COERCE | | |
| **Sas Label:** | Number of people who try to coerce | **Categories:** Psychosocial/Behavioral | |
| **Type:** | Categorical | | |

**Values**

| | |
|---|---|
| 1 | None |
| 2 | One |
| 3 | Some |
| 4 | Most |
| 5 | All |

## F37 In unclear times, expect best

In unclear times, I usually expect the best.

| | | | |
|---|---|---|---|
| **Variable #** | 36 | **Usage Notes:** none | |
| **Sas Name:** | EXPCTBST | | |
| **Sas Label:** | Usually expect the best | **Categories:** Psychosocial/Behavioral | |
| **Type:** | Categorical | | |

**Values**

| | |
|---|---|
| 1 | Strongly disagree |
| 2 | Disagree |
| 3 | Neutral (In-between) |
| 4 | Agree |
| 5 | Strongly agree |

## F37 If something can go wrong

If something can go wrong for me, it will.

| | | | |
|---|---|---|---|
| **Variable #** | 37 | **Usage Notes:** none | |
| **Sas Name:** | WRONG | | |
| **Sas Label:** | Expect something that can will go wrong | **Categories:** Psychosocial/Behavioral | |
| **Type:** | Categorical | | |

**Values**

| | |
|---|---|
| 1 | Strongly disagree |
| 2 | Disagree |
| 3 | Neutral (In-between) |
| 4 | Agree |
| 5 | Strongly agree |

## F37 Always hopeful about future

I'm always hopeful about my future.

| **Variable #** | 38 |
|---|---|
| **Sas Name:** | HOPEFUL |
| **Sas Label:** | Always hopeful about future |
| **Type:** | Categorical |

**Usage Notes:** none

**Categories:** Psychosocial/Behavioral

**Values**

| | |
|---|---|
| 1 | Strongly disagree |
| 2 | Disagree |
| 3 | Neutral (In-between) |
| 4 | Agree |
| 5 | Strongly agree |

## F37 Hardly ever expect things to go my way

I hardly ever expect things to go my way.

| **Variable #** | 39 |
|---|---|
| **Sas Name:** | NOTMYWAY |
| **Sas Label:** | Hardly ever expect things to go my way |
| **Type:** | Categorical |

**Usage Notes:** none

**Categories:** Psychosocial/Behavioral

**Values**

| | |
|---|---|
| 1 | Strongly disagree |
| 2 | Disagree |
| 3 | Neutral (In-between) |
| 4 | Agree |
| 5 | Strongly agree |

## F37 Rarely count on good things

I rarely count on good things happening to me.

| **Variable #** | 40 |
|---|---|
| **Sas Name:** | COUNTGD |
| **Sas Label:** | Rarely count on good things happening |
| **Type:** | Categorical |

**Usage Notes:** none

**Categories:** Psychosocial/Behavioral

**Values**

| | |
|---|---|
| 1 | Strongly disagree |
| 2 | Disagree |
| 3 | Neutral (In-between) |
| 4 | Agree |
| 5 | Strongly agree |

## F37 Expect more good things

Overall, I expect more good things to happen to me than bad.

| **Variable #** | 41 | **Usage Notes:** none |
|---|---|---|
| **Sas Name:** | MOREGOOD | |
| **Sas Label:** | Expect more good things than bad | **Categories:** Psychosocial/Behavioral |
| **Type:** | Categorical | |

**Values**

| | |
|---|---|
| 1 | Strongly disagree |
| 2 | Disagree |
| 3 | Neutral (In-between) |
| 4 | Agree |
| 5 | Strongly agree |

## F37 When I am angry, people know

When I am angry, people around me usually know.

| **Variable #** | 42 | **Usage Notes:** none |
|---|---|---|
| **Sas Name:** | KNWANGRY | |
| **Sas Label:** | Usually people around know when angry | **Categories:** Psychosocial/Behavioral |
| **Type:** | Categorical | |

**Values**

| | |
|---|---|
| 1 | Strongly disagree |
| 2 | Disagree |
| 3 | Neutral (In-between) |
| 4 | Agree |
| 5 | Strongly agree |

## F37 People can tell from face

People can tell from my facial expressions how I am feeling.

| **Variable #** | 43 | **Usage Notes:** none |
|---|---|---|
| **Sas Name:** | TELLFEEL | |
| **Sas Label:** | Tell from facial expressions how feeling | **Categories:** Psychosocial/Behavioral |
| **Type:** | Categorical | |

**Values**

| | |
|---|---|
| 1 | Strongly disagree |
| 2 | Disagree |
| 3 | Neutral (In-between) |
| 4 | Agree |
| 5 | Strongly agree |

## F37 Always express disappointment

I always express disappointment when things don't go as I'd like them to.

**Variable #**     44

**Sas Name:**     DISAPPNT

**Sas Label:**     Express disappointment

**Type:**     Categorical

**Usage Notes:** none

**Categories:**     Psychosocial/Behavioral

**Values**

| | |
|---|---|
| 1 | Strongly disagree |
| 2 | Disagree |
| 3 | Neutral (In-between) |
| 4 | Agree |
| 5 | Strongly agree |

## F37 If angry I will "cause scene"

If someone makes me angry in a public place, I will "cause a scene."

**Variable #**     45

**Sas Name:**     SCENEPUB

**Sas Label:**     If angered, cause scene in public place

**Type:**     Categorical

**Usage Notes:** none

**Categories:**     Psychosocial/Behavioral

**Values**

| | |
|---|---|
| 1 | Strongly disagree |
| 2 | Disagree |
| 3 | Neutral (In-between) |
| 4 | Agree |
| 5 | Strongly agree |

## F37 After I express anger

After I express anger at someone, it bothers me for a long time.

**Variable #**     46

**Sas Name:**     BOTHER

**Sas Label:**     After anger bothered for a long time

**Type:**     Categorical

**Usage Notes:** none

**Categories:**     Psychosocial/Behavioral

**Values**

| | |
|---|---|
| 1 | Strongly disagree |
| 2 | Disagree |
| 3 | Neutral (In-between) |
| 4 | Agree |
| 5 | Strongly agree |

## F37 Try to suppress my anger

I try to suppress my anger, but I would like other people to know how I feel.

| **Variable #** | 47 | | **Usage Notes:** none |
|---|---|---|---|
| **Sas Name:** | SUPPRESS | | |
| **Sas Label:** | Usually suppress anger | | **Categories:** Psychosocial/Behavioral |
| **Type:** | Categorical | | |

**Values**

| | |
|---|---|
| 1 | Strongly disagree |
| 2 | Disagree |
| 3 | Neutral (In-between) |
| 4 | Agree |
| 5 | Strongly agree |

## F37 I worry about expressing neg emotions

I worry that if I express negative emotions such as fear and anger, other people will not approve of me.

| **Variable #** | 48 | | **Usage Notes:** none |
|---|---|---|---|
| **Sas Name:** | APPRVNEG | | |
| **Sas Label:** | Fear others will not approve if negative | | **Categories:** Psychosocial/Behavioral |
| **Type:** | Categorical | | |

**Values**

| | |
|---|---|
| 1 | Strongly disagree |
| 2 | Disagree |
| 3 | Neutral (In-between) |
| 4 | Agree |
| 5 | Strongly agree |

## F37 Often have to take orders

I have often had to take orders from someone who did not know as much as I did.

| **Variable #** | 49 | | **Usage Notes:** none |
|---|---|---|---|
| **Sas Name:** | ORDERS | | |
| **Sas Label:** | Take orders from someone who knew less | | **Categories:** Psychosocial/Behavioral |
| **Type:** | Categorical | | |

**Values**

| | |
|---|---|
| 0 | False |
| 1 | True |

## F37 People make bad luck

I think a great many people make a lot of their bad luck in order to gain the sympathy and help of others.

| **Variable #** | 50 | | **Usage Notes:** none |
|---|---|---|---|
| **Sas Name:** | BADLUCK | | |
| **Sas Label:** | Think people make bad luck for sympathy | | **Categories:** Psychosocial/Behavioral |
| **Type:** | Categorical | | |

**Values**

| | |
|---|---|
| 0 | False |
| 1 | True |

## F37 Takes argument to convince truth

It takes a lot of argument to convince most people of the truth.

| | | | |
|---|---|---|---|
| **Variable #** | 51 | **Usage Notes:** none | |
| **Sas Name:** | TRUTH | | |
| **Sas Label:** | Argue to convince people of truth | **Categories:** | Psychosocial/Behavioral |
| **Type:** | Categorical | | |

**Values**

| | |
|---|---|
| 0 | False |
| 1 | True |

## F37 People would lie to get ahead

I think most people would lie to get ahead.

| | | | |
|---|---|---|---|
| **Variable #** | 52 | **Usage Notes:** none | |
| **Sas Name:** | LIE | | |
| **Sas Label:** | Most people would lie to get ahead | **Categories:** | Psychosocial/Behavioral |
| **Type:** | Categorical | | |

**Values**

| | |
|---|---|
| 0 | False |
| 1 | True |

## F37 People are mainly honest due to fear

Most people are honest mainly through fear of being caught.

| | | | |
|---|---|---|---|
| **Variable #** | 53 | **Usage Notes:** none | |
| **Sas Name:** | HONEST | | |
| **Sas Label:** | Most people are honest due to fear | **Categories:** | Psychosocial/Behavioral |
| **Type:** | Categorical | | |

**Values**

| | |
|---|---|
| 0 | False |
| 1 | True |

## F37 People unfair to profit

Most people will use somewhat unfair means to gain profit or an advantage rather than to lose it

| | | | |
|---|---|---|---|
| **Variable #** | 54 | **Usage Notes:** none | |
| **Sas Name:** | UNFAIR | | |
| **Sas Label:** | Most people are unfair to gain profit | **Categories:** | Psychosocial/Behavioral |
| **Type:** | Categorical | | |

**Values**

| | |
|---|---|
| 0 | False |
| 1 | True |

## F37 No one cares much what happens to you

No one cares much what happens to you.

| | |
|---|---|
| **Variable #** | 55 |
| **Sas Name:** | NOCARE |
| **Sas Label:** | No one cares what happens to you |
| **Type:** | Categorical |

**Usage Notes:** none

**Categories:** Psychosocial/Behavioral

**Values**

| | |
|---|---|
| 0 | False |
| 1 | True |

## F37 It is safer to trust nobody

It is safer to trust nobody.

| | |
|---|---|
| **Variable #** | 56 |
| **Sas Name:** | TRUSTNO |
| **Sas Label:** | Safer to trust nobody |
| **Type:** | Categorical |

**Usage Notes:** none

**Categories:** Psychosocial/Behavioral

**Values**

| | |
|---|---|
| 0 | False |
| 1 | True |

## F37 People make friends because useful

Most people make friends because friends are likely to be useful to them.

| | |
|---|---|
| **Variable #** | 57 |
| **Sas Name:** | FRNDSUSE |
| **Sas Label:** | Make friends because friends are useful |
| **Type:** | Categorical |

**Usage Notes:** none

**Categories:** Psychosocial/Behavioral

**Values**

| | |
|---|---|
| 0 | False |
| 1 | True |

## F37 Do not put themselves out

Most people inwardly do not like putting themselves out to help other people.

| | |
|---|---|
| **Variable #** | 58 |
| **Sas Name:** | NOHELP |
| **Sas Label:** | People inwardly don't like to help |
| **Type:** | Categorical |

**Usage Notes:** none

**Categories:** Psychosocial/Behavioral

**Values**

| | |
|---|---|
| 0 | False |
| 1 | True |

## F37 Experts no better than I

I have often met people who were supposed to be experts who were no better than I.

| | | |
|---|---|---|
| **Variable #** | 59 | **Usage Notes:** none |
| **Sas Name:** | EXPERTS | |
| **Sas Label:** | Experts often no better than I | **Categories:** Psychosocial/Behavioral |
| **Type:** | Categorical | |

**Values**

| | |
|---|---|
| 0 | False |
| 1 | True |

## F37 People more for own rights

People often demand more respect for their own rights than they are willing to allow for others.

| | | |
|---|---|---|
| **Variable #** | 60 | **Usage Notes:** none |
| **Sas Name:** | RESPECT | |
| **Sas Label:** | People demand more respect than give | **Categories:** Psychosocial/Behavioral |
| **Type:** | Categorical | |

**Values**

| | |
|---|---|
| 0 | False |
| 1 | True |

## F37 Bad sexual behavior

A large number of people are guilty of bad sexual behavior.

| | | |
|---|---|---|
| **Variable #** | 61 | **Usage Notes:** none |
| **Sas Name:** | BADSEX | |
| **Sas Label:** | People guilty of bad sexual behavior | **Categories:** Psychosocial/Behavioral |
| **Type:** | Categorical | |

**Values**

| | |
|---|---|
| 0 | False |
| 1 | True |

## F37 Rate quality of life

Overall, how you would rate your quality of life? (Mark one oval in the box below.)

| | | |
|---|---|---|
| **Variable #** | 62 | **Usage Notes:** none |
| **Sas Name:** | LIFEQUAL | |
| **Sas Label:** | Rate quality of life | **Categories:** Psychosocial/Behavioral |
| **Type:** | Categorical | |

**Values**

| | |
|---|---|
| 0 | Worst |
| 1 | 1 |
| 10 | Best |
| 2 | 2 |
| 3 | 3 |
| 4 | 4 |
| 5 | Halfway |
| 6 | 6 |

## F37 Satisfied with quality of life

How satisfied are you with your current quality of life? (Mark one oval in the box below.)

| | |
|---|---|
| **Variable #** | 63 |
| **Sas Name:** | SATLIFE |
| **Sas Label:** | Satisfied with quality of life |
| **Type:** | Categorical |

**Usage Notes:** none

**Categories:** Psychosocial/Behavioral

**Values**

| | |
|---|---|
| 0 | Dissatisfied |
| 1 | 1 |
| 10 | Satisfied |
| 2 | 2 |
| 3 | 3 |
| 4 | 4 |
| 5 | Halfway |
| 6 | 6 |
| 7 | 7 |
| 8 | 8 |
| 9 | 9 |

## F37 In general, health is

In general, would you say your health is (Mark one oval.)

| | |
|---|---|
| **Variable #** | 64 |
| **Sas Name:** | GENHEL |
| **Sas Label:** | In general, health is |
| **Type:** | Categorical |

**Usage Notes:** none

**Categories:** Psychosocial/Behavioral

**Values**

| | |
|---|---|
| 1 | Excellent |
| 2 | Very good |
| 3 | Good |
| 4 | Fair |
| 5 | Poor |

## F37 Compare health to 1 year ago

Compared to one year ago, how would you rate your health in general now? (Mark one oval.)

| | |
|---|---|
| **Variable #** | 65 |
| **Sas Name:** | HLTHC1Y |
| **Sas Label:** | Compare health to 1 year ago |
| **Type:** | Categorical |

**Usage Notes:** none

**Categories:** Psychosocial/Behavioral

**Values**

| | |
|---|---|
| 1 | Much better now than 1 year ago |
| 2 | Somewhat better now than 1 year ago |
| 3 | About the same time |
| 4 | Somewhat worse now than 1 year ago |
| 5 | Much worse than 1 year ago |

## F37 Vigorous activities

The following are questions about a typical (or usual) day's activties. Does your health now limit you in these activities and, if so, how much? (Mark one oval for each question.) Vigorous activities, such as running, lifting heavy objects, or strenuous sports

| **Variable #** | 66 | **Usage Notes:** none |
|---|---|---|
| **Sas Name:** | VIGACT | |
| **Sas Label:** | Vigorous activities | **Categories:** Physical Activity |
| **Type:** | Categorical | |

**Values**

| | |
|---|---|
| 1 | Yes, limited a lot |
| 2 | Yes, limited a little |
| 3 | No, not limited at all |

## F37 Moderate activities

The following are questions about a typical (or usual) day's activties. Does your health now limit you in these activities and, if so, how much? (Mark one oval for each question.) Moderate activities, such as moving a table, vacuuming, bowling, or golfing

| **Variable #** | 67 | **Usage Notes:** none |
|---|---|---|
| **Sas Name:** | MODACT | |
| **Sas Label:** | Moderate activities | **Categories:** Physical Activity |
| **Type:** | Categorical | |

**Values**

| | |
|---|---|
| 1 | Yes, limited a lot |
| 2 | Yes, limited a little |
| 3 | No, not limited at all |

## F37 Lifting or carrying groceries

The following are questions about a typical (or usual) day's activties. Does your health now limit you in these activities and, if so, how much? (Mark one oval for each question.) Lifting or carrying groceries

| **Variable #** | 68 | **Usage Notes:** none |
|---|---|---|
| **Sas Name:** | LIFTGROC | |
| **Sas Label:** | Lifting or carrying groceries | **Categories:** Physical Activity |
| **Type:** | Categorical | |

**Values**

| | |
|---|---|
| 1 | Yes, limited a lot |
| 2 | Yes, limited a little |
| 3 | No, not limited at all |

## F37 Climbing several flights

The following are questions about a typical (or usual) day's activities. Does your health now limit you in these activities and, if so, how much? (Mark one oval for each question.) Climbing several flights of stairs

| **Variable #** | 69 | **Usage Notes:** none |
|---|---|---|
| **Sas Name:** | STAIRS | |
| **Sas Label:** | Climbing several flights | **Categories:** Physical Activity |
| **Type:** | Categorical | |

**Values**

| | |
|---|---|
| 1 | Yes, limited a lot |
| 2 | Yes, limited a little |

**Form 37 - Thoughts and Feelings**

## F37 Climbing one flight of stairs

The following are questions about a typical (or usual) day's activities. Does your health now limit you in these activities and, if so, how much? (Mark one oval for each question.) Climbing one flight of stairs

| | | | |
|---|---|---|---|
| **Variable #** | 70 | **Usage Notes:** none | |
| **Sas Name:** | STAIR | | |
| **Sas Label:** | Climbing one flight of stairs | **Categories:** | Physical Activity |
| **Type:** | Categorical | | |

**Values**

| 1 | Yes, limited a lot |
|---|---|
| 2 | Yes, limited a little |
| 3 | No, not limited at all |

## F37 Bending, kneeling, stooping

The following are questions about a typical (or usual) day's activities. Does your health now limit you in these activities and, if so, how much? (Mark one oval for each question.) Bending, kneeling, stooping

| | | | |
|---|---|---|---|
| **Variable #** | 71 | **Usage Notes:** none | |
| **Sas Name:** | BENDING | | |
| **Sas Label:** | Bending, kneeling, stooping | **Categories:** | Physical Activity |
| **Type:** | Categorical | | |

**Values**

| 1 | Yes, limited a lot |
|---|---|
| 2 | Yes, limited a little |
| 3 | No, not limited at all |

## F37 Walking more than one mile

The following are questions about a typical (or usual) day's activities. Does your health now limit you in these activities and, if so, how much? (Mark one oval for each question.) Walking more than a mile

| | | | |
|---|---|---|---|
| **Variable #** | 72 | **Usage Notes:** none | |
| **Sas Name:** | WALK1M | | |
| **Sas Label:** | Walking more than one mile | **Categories:** | Physical Activity |
| **Type:** | Categorical | | |

**Values**

| 1 | Yes, limited a lot |
|---|---|
| 2 | Yes, limited a little |
| 3 | No, not limited at all |

## F37 Walking several blocks

The following are questions about a typical (or usual) day's activities. Does your health now limit you in these activities and, if so, how much? (Mark one oval for each question.) Walking several blocks

| | | | |
|---|---|---|---|
| **Variable #** | 73 | **Usage Notes:** none | |
| **Sas Name:** | WALKBLKS | | |
| **Sas Label:** | Walking several blocks | **Categories:** | Physical Activity |
| **Type:** | Categorical | | |

**Values**

| 1 | Yes, limited a lot |
|---|---|
| 2 | Yes, limited a little |

## F37 Walking one block

The following are questions about a typical (or usual) day's activities. Does your health now limit you in these activities and, if so, how much? (Mark one oval for each question.) Walking one block

| | | | |
|---|---|---|---|
| **Variable #** | 74 | **Usage Notes:** none | |
| **Sas Name:** | WALK1BLK | | |
| | | **Categories:** | Physical Activity |
| **Sas Label:** | Walking one block | | |
| **Type:** | Categorical | | |

**Values**

| | |
|---|---|
| 1 | Yes, limited a lot |
| 2 | Yes, limited a little |
| 3 | No, not limited at all |

## F37 Bathing or dressing yourself

The following are questions about a typical (or usual) day's activities. Does your health now limit you in these activities and, if so, how much? (Mark one oval for each question.) Bathing or dressing yourself

| | | | |
|---|---|---|---|
| **Variable #** | 75 | **Usage Notes:** none | |
| **Sas Name:** | BATHING | | |
| | | **Categories:** | Physical Activity |
| **Sas Label:** | Bathing or dressing yourself | | |
| **Type:** | Categorical | | |

**Values**

| | |
|---|---|
| 1 | Yes, limited a lot |
| 2 | Yes, limited a little |
| 3 | No, not limited at all |

## F37 Phys or emotional probs interfere

During the past 4 weeks, how much of the time has your physical health or emotional problems interfered with your social activities (like visiting with friends and relatives)?

| | | | |
|---|---|---|---|
| **Variable #** | 76 | **Usage Notes:** none | |
| **Sas Name:** | INTSOC | | |
| | | **Categories:** | Lifestyle |
| **Sas Label:** | Phys or emotional probs interfere | | Medical History |
| **Type:** | Categorical | | |

**Values**

| | |
|---|---|
| 1 | Not at all |
| 2 | Slightly |
| 3 | Moderately |
| 4 | Quite a bit |
| 5 | Extremely |

## F37 How much body pain

During the past four weeks, how much bodily pain have you had? (Mark one oval.)

| **Variable #** | 77 | **Usage Notes:** none |
|---|---|---|
| **Sas Name:** | BODPAIN | |
| **Sas Label:** | How much body pain | **Categories:** Lifestyle / Medical History |
| **Type:** | Categorical | |

**Values**

| | |
|---|---|
| 0 | None |
| 2 | Very mild |
| 3 | Mild |
| 4 | Moderate |
| 5 | Severe |

## F37 How much did pain interfere

During the past four weeks, how much did pain interfere with your normal work (both outside your home and at home)? (Mark one oval.)

| **Variable #** | 78 | **Usage Notes:** none |
|---|---|---|
| **Sas Name:** | PAININT | |
| **Sas Label:** | How much did pain interfere | **Categories:** Lifestyle / Medical History |
| **Type:** | Categorical | |

**Values**

| | |
|---|---|
| 1 | Not at all |
| 2 | A little bit |
| 3 | Moderately |
| 4 | Quite a bit |
| 5 | Extremely |

## F37 Phys/cut down on time spent

The next questions are about your regular daily activities like work, child care, or community activities.  As a result of you physical health, have any of the following problems occurred during the past 4 weeks?  You cut down on the amount of time you spent on work or other activities

| **Variable #** | 79 | **Usage Notes:** none |
|---|---|---|
| **Sas Name:** | LESSWRKP | |
| **Sas Label:** | Phys/cut down on time spent | **Categories:** Lifestyle / Medical History |
| **Type:** | Categorical | |

**Values**

| | |
|---|---|
| 0 | No |
| 1 | Yes |

## F37 Phys/Accomplished less

The next questions are about your regular daily activities like work, child care, or community activities.  As a result of you physical health, have any of the following problems occurred during the past 4 weeks?  You accomplished less than you would have liked

| **Variable #** | 80 | **Usage Notes:** none |
|---|---|---|
| **Sas Name:** | LESSACCP | |
| **Sas Label:** | Phys/Accomplished less | **Categories:** Lifestyle / Medical History |
| **Type:** | Categorical | |

**Values**

## F37 Phys/limited kind of work

The next questions are about your regular daily activities like work, child care, or community activities.  As a result of you physical health, have any of the following problems occurred during the past 4 weeks?  You were limited in the kind of work or other activities you did

| | | | |
|---|---|---|---|
| **Variable #** | 81 | **Usage Notes:** none | |
| **Sas Name:** | LESSKNDP | **Categories:** | Lifestyle |
| **Sas Label:** | Phys/limited kind of work | | Medical History |
| **Type:** | Categorical | | |

**Values**

| | |
|---|---|
| 0 | No |
| 1 | Yes |

## F37 Phys/difficulty perform work

The next questions are about your regular daily activities like work, child care, or community activities.  As a result of you physical health, have any of the following problems occurred during the past 4 weeks?  You had difficulty performing work or other activities (it took extra effort)

| | | | |
|---|---|---|---|
| **Variable #** | 82 | **Usage Notes:** none | |
| **Sas Name:** | WRKDIFFP | **Categories:** | Lifestyle |
| **Sas Label:** | Phys/difficulty perform work | | Medical History |
| **Type:** | Categorical | | |

**Values**

| | |
|---|---|
| 0 | No |
| 1 | Yes |

## F37 Emot/cut down on time spent

In the past four weeks, as a result of any emotional problem (feeling depressed or anxious), have any of the following occurred? You cut down on the amount of time spent on work or other activities

| | | | |
|---|---|---|---|
| **Variable #** | 83 | **Usage Notes:** none | |
| **Sas Name:** | LESSWRKE | **Categories:** | Physical Activity |
| **Sas Label:** | Emot/cut down on time spent | | Psychosocial/Behavioral |
| **Type:** | Categorical | | |

**Values**

| | |
|---|---|
| 0 | No |
| 1 | Yes |

## F37 Emot/Accomplished less

In the past four weeks, as a result of any emotional problem (feeling depressed or anxious), have any of the following occurred? You accomplished less than you would have liked

| | | | |
|---|---|---|---|
| **Variable #** | 84 | **Usage Notes:** none | |
| **Sas Name:** | LESSACCE | **Categories:** | Physical Activity |
| **Sas Label:** | Emot/Accomplished less | | Psychosocial/Behavioral |
| **Type:** | Categorical | | |

**Values**

| | |
|---|---|
| 0 | No |
| 1 | Yes |

## F37 Emot/Worked less careful

In the past four weeks, as a result of any emotional problem (feeling depressed or anxious), have any of the following occurred? You did work or other things less carefully than usual.

| **Variable #** | 85 | **Usage Notes:** none |
| --- | --- | --- |
| **Sas Name:** | LESSCARE | |
| **Sas Label:** | Emot/Worked less carefully | **Categories:** Physical Activity |
| | | Psychosocial/Behavioral |
| **Type:** | Categorical | |

**Values**

| 0 | No |
| --- | --- |
| 1 | Yes |

## F37 I get sick easier

Of these statements, how true or false is each for you? I seem to get sick a little easier than other people.

| **Variable #** | 86 | **Usage Notes:** none |
| --- | --- | --- |
| **Sas Name:** | SICKEASY | |
| **Sas Label:** | I get sick easier | **Categories:** Medical History |
| | | Psychosocial/Behavioral |
| **Type:** | Categorical | |

**Values**

| 1 | Definitely true |
| --- | --- |
| 2 | Mostly true |
| 3 | Not sure |
| 4 | Mostly false |
| 5 | Definitely false |

## F37 I am as healthy as anybody

Of these statements, how true or false is each for you? I am as healthy as anybody I know.

| **Variable #** | 87 | **Usage Notes:** none |
| --- | --- | --- |
| **Sas Name:** | HLTHYANY | |
| **Sas Label:** | I am as healthy as anybody | **Categories:** Medical History |
| | | Psychosocial/Behavioral |
| **Type:** | Categorical | |

**Values**

| 1 | Definitely true |
| --- | --- |
| 2 | Mostly true |
| 3 | Not sure |
| 4 | Mostly false |
| 5 | Definitely false |

## F37 I expect health to get worse

Of these statements, how true or false is each for you? I expect my health to get worse.

| **Variable #** | 88 | **Usage Notes:** none |
| --- | --- | --- |
| **Sas Name:** | HLTHWORS | |
| **Sas Label:** | I expect health to get worse | **Categories:** Medical History |
| | | Psychosocial/Behavioral |
| **Type:** | Categorical | |

**Values**

| 1 | Definitely true |
| --- | --- |

## F37 My health is excellent

Of these statements, how true or false is each for you? My health is excellent.

| | | | |
|---|---|---|---|
| **Variable #** | 89 | **Usage Notes:** none | |
| **Sas Name:** | HLTHEXCL | | |
| **Sas Label:** | My health is excellent | **Categories:** | Medical History |
| **Type:** | Categorical | | Psychosocial/Behavioral |

**Values**

| | |
|---|---|
| 1 | Definitely true |
| 2 | Mostly true |
| 3 | Not sure |
| 4 | Mostly false |
| 5 | Definitely false |

## F37 Physical or emotional prob

During the past 4 weeks, how much of the time has your physical health or emotional problems interfered with your social activities (like visiting with friends and relatives)?

| | | | |
|---|---|---|---|
| **Variable #** | 90 | **Usage Notes:** none | |
| **Sas Name:** | INTSOC2 | | |
| **Sas Label:** | Physical or emotional problem | **Categories:** | Medical History |
| **Type:** | Categorical | | Psychosocial/Behavioral |

**Values**

| | |
|---|---|
| 1 | All of the time |
| 2 | Most of the time |
| 3 | Some of the time |
| 4 | A little bit of the time |
| 5 | None of the time |

## F37 Did you feel full of pep

These questions are about how you feel and how things have been during the past 4 weeks. Give the one answer that comes closet to the way you have been feeling. Did you feel full of pep?

| | | | |
|---|---|---|---|
| **Variable #** | 91 | **Usage Notes:** none | |
| **Sas Name:** | FULLPEP | | |
| **Sas Label:** | Did you feel full of pep | **Categories:** | Psychosocial/Behavioral |
| **Type:** | Categorical | | |

**Values**

| | |
|---|---|
| 1 | All of the time |
| 2 | Most of the time |
| 3 | A good bit of the time |
| 4 | Some of the time |
| 5 | A little bit of the time |
| 6 | None of the time |

## F37 Have you been very nervous

These questions are about how you feel and how things have been during the past 4 weeks. Give the one answer that comes closet to the way you have been feeling. Have you been a very nervous person?

| **Variable #** | 92 | **Usage Notes:** none |
| --- | --- | --- |
| **Sas Name:** | NERVOUS | |
| | | **Categories:** Psychosocial/Behavioral |
| **Sas Label:** | Have you been very nervous | |
| **Type:** | Categorical | |

**Values**

| | |
| --- | --- |
| 1 | All of the time |
| 2 | Most of the time |
| 3 | A good bit of the time |
| 4 | Some of the time |
| 5 | A little bit of the time |
| 6 | None of the time |

## F37 Felt down in dumps

These questions are about how you feel and how things have been during the past 4 weeks. Give the one answer that comes closet to the way you have been feeling. Have you felt so down in the dumps that nothing could cheer you up?

| **Variable #** | 93 | **Usage Notes:** none |
| --- | --- | --- |
| **Sas Name:** | DWNDUMPS | |
| | | **Categories:** Psychosocial/Behavioral |
| **Sas Label:** | Felt down in dumps | |
| **Type:** | Categorical | |

**Values**

| | |
| --- | --- |
| 1 | All of the time |
| 2 | Most of the time |
| 3 | A good bit of the time |
| 4 | Some of the time |
| 5 | A little bit of the time |
| 6 | None of the time |

## F37 Felt calm and peaceful

These questions are about how you feel and how things have been during the past 4 weeks. Give the one answer that comes closet to the way you have been feeling. Have you felt calm and peaceful?

| **Variable #** | 94 | **Usage Notes:** none |
| --- | --- | --- |
| **Sas Name:** | CALM | |
| | | **Categories:** Psychosocial/Behavioral |
| **Sas Label:** | Felt calm and peaceful | |
| **Type:** | Categorical | |

**Values**

| | |
| --- | --- |
| 1 | All of the time |
| 2 | Most of the time |
| 3 | A good bit of the time |
| 4 | Some of the time |
| 5 | A little bit of the time |
| 6 | None of the time |

## F37 Had lots of energy

These questions are about how you feel and how things have been during the past 4 weeks. Give the one answer that comes closet to the way you have been feeling. Did you have a lot of energy?

| | | |
|---|---|---|
| **Variable #** | 95 | |
| **Sas Name:** | ENERGY | |
| **Sas Label:** | Had lots of energy | |
| **Type:** | Categorical | |

**Usage Notes:** none

**Categories:** Psychosocial/Behavioral

**Values**

| | |
|---|---|
| 1 | All of the time |
| 2 | Most of the time |
| 3 | A good bit of the time |
| 4 | Some of the time |
| 5 | A little bit of the time |
| 6 | None of the time |

## F37 Felt downhearted and blue

These questions are about how you feel and how things have been during the past 4 weeks. Give the one answer that comes closet to the way you have been feeling. Have you felt downhearted and blue?

| | | |
|---|---|---|
| **Variable #** | 96 | |
| **Sas Name:** | FELTBLUE | |
| **Sas Label:** | Felt downhearted and blue | |
| **Type:** | Categorical | |

**Usage Notes:** none

**Categories:** Psychosocial/Behavioral

**Values**

| | |
|---|---|
| 1 | All of the time |
| 2 | Most of the time |
| 3 | A good bit of the time |
| 4 | Some of the time |
| 5 | A little bit of the time |
| 6 | None of the time |

## F37 Did you feel worn out

These questions are about how you feel and how things have been during the past 4 weeks. Give the one answer that comes closet to the way you have been feeling. Did you feel worn out?

| | | |
|---|---|---|
| **Variable #** | 97 | |
| **Sas Name:** | WORNOUT | |
| **Sas Label:** | Did you feel worn out | |
| **Type:** | Categorical | |

**Usage Notes:** none

**Categories:** Psychosocial/Behavioral

**Values**

| | |
|---|---|
| 1 | All of the time |
| 2 | Most of the time |
| 3 | A good bit of the time |
| 4 | Some of the time |
| 5 | A little bit of the time |
| 6 | None of the time |

## F37 Have you been happy

These questions are about how you feel and how things have been during the past 4 weeks. Give the one answer that comes closet to the way you have been feeling. Have you been happy?

| **Variable #** | 98 | **Usage Notes:** none |
| **Sas Name:** | HAPPY | |
| **Sas Label:** | Have you been happy | **Categories:** Psychosocial/Behavioral |
| **Type:** | Categorical | |

**Values**

| | |
|---|---|
| 1 | All of the time |
| 2 | Most of the time |
| 3 | A good bit of the time |
| 4 | Some of the time |
| 5 | A little bit of the time |
| 6 | None of the time |

## F37 Did you feel tired

These questions are about how you feel and how things have been during the past 4 weeks. Give the one answer that comes closet to the way you have been feeling. Did you feel tired?

| **Variable #** | 99 | **Usage Notes:** none |
| **Sas Name:** | TIRED | |
| **Sas Label:** | Did you feel tired | **Categories:** Psychosocial/Behavioral |
| **Type:** | Categorical | |

**Values**

| | |
|---|---|
| 1 | All of the time |
| 2 | Most of the time |
| 3 | A good bit of the time |
| 4 | Some of the time |
| 5 | A little bit of the time |
| 6 | None of the time |

## F37 Can you eat

Can you eat:

| **Variable #** | 100 | **Usage Notes:** none |
| **Sas Name:** | EAT | |
| **Sas Label:** | Can you eat | **Categories:** Physical Activity |
| **Type:** | Categorical | |

**Values**

| | |
|---|---|
| 1 | Without help (can feed self completely) |
| 2 | With some help (help cutting, etc.) |
| 3 | Completely unable to feed self |

## F37 Can you dress and undress

Can you dress and undress yourself:

| | |
|---|---|
| **Variable #** | 101 |
| **Sas Name:** | DRESS |
| **Sas Label:** | Can you dress and undress self |
| **Type:** | Categorical |

**Usage Notes:** none

**Categories:** Physical Activity

**Values**

| | |
|---|---|
| 1 | Without help (can pick clothes, dress) |
| 2 | With some help |
| 3 | Unable to dress and undress self |

## F37 Can you get in and out of bed

Can you get in and out of bed:

| | |
|---|---|
| **Variable #** | 102 |
| **Sas Name:** | INOUTBED |
| **Sas Label:** | Can you get in and out of bed |
| **Type:** | Categorical |

**Usage Notes:** none

**Categories:** Physical Activity

**Values**

| | |
|---|---|
| 1 | Without any help or aids |
| 2 | With some help (from a person or device) |
| 3 | Totally dependent to person to lift self |

## F37 Can you take a bath or shower

Can you take a bath or shower:

| | |
|---|---|
| **Variable #** | 103 |
| **Sas Name:** | SHOWER |
| **Sas Label:** | Can you take a bath or shower |
| **Type:** | Categorical |

**Usage Notes:** none

**Categories:** Physical Activity

**Values**

| | |
|---|---|
| 1 | Without help |
| 2 | With some help (help in/out, tub attach) |
| 3 | Completely unable to bathe self |

## F37 Bloating or gas

Below is a list of symptoms people sometimes have. For each item, mark the one oval that best describes how bothersome the symptom was during the past 4 weeks for you. Be sure to mark one oval on each line. Bloating or gas

| | |
|---|---|
| **Variable #** | 104 |
| **Sas Name:** | BLOATING |
| **Sas Label:** | Bloating or gas |
| **Type:** | Categorical |

**Usage Notes:** none

**Categories:** Medical History: Other Disease/Condition

**Values**

| | |
|---|---|
| 0 | Symptom did not occur |
| 1 | Symptom was mild |

## F37 Constipation

Below is a list of symptoms people sometimes have. For each item, mark the one oval that best describes how bothersome the symptom was during the past 4 weeks for you. Be sure to mark one oval on each line. Constipation (difficulty having bowel movements)

| **Variable #** | 105 | **Usage Notes:** none |
|---|---|---|
| **Sas Name:** | CONSTIP | |
| **Sas Label:** | Constipation | **Categories:**   Medical History: Other Disease/Condition |
| **Type:** | Categorical | |

**Values**

| | |
|---|---|
| 0 | Symptom did not occur |
| 1 | Symptom was mild |
| 2 | Symptom was moderate |
| 3 | Symptom was severe |

## F37 Night sweats

Below is a list of symptoms people sometimes have. For each item, mark the one oval that best describes how bothersome the symptom was during the past 4 weeks for you. Be sure to mark one oval on each line. Night sweats

| **Variable #** | 106 | **Usage Notes:** none |
|---|---|---|
| **Sas Name:** | NIGHTSWT | |
| **Sas Label:** | Night sweats | **Categories:**   Medical History: Other Disease/Condition |
| **Type:** | Categorical | |

**Values**

| | |
|---|---|
| 0 | Symptom did not occur |
| 1 | Symptom was mild |
| 2 | Symptom was moderate |
| 3 | Symptom was severe |

## F37 General aches and pains

Below is a list of symptoms people sometimes have. For each item, mark the one oval that best describes how bothersome the symptom was during the past 4 weeks for you. Be sure to mark one oval on each line. General aches or pains

| **Variable #** | 107 | **Usage Notes:** none |
|---|---|---|
| **Sas Name:** | ACHES | |
| **Sas Label:** | General aches and pains | **Categories:**   Medical History: Other Disease/Condition |
| **Type:** | Categorical | |

**Values**

| | |
|---|---|
| 0 | Symptom did not occur |
| 1 | Symptom was mild |
| 2 | Symptom was moderate |
| 3 | Symptom was severe |

## F37 Breast tenderness

Below is a list of symptoms people sometimes have. For each item, mark the one oval that best describes how bothersome the symptom was during the past 4 weeks for you. Be sure to mark one oval on each line. Breast tenderness

| **Variable #** | 108 | **Usage Notes:** none |
|---|---|---|
| **Sas Name:** | BRSTTEN | |
| **Sas Label:** | Breast tenderness | **Categories:** Medical History: Other Disease/Condition |
| **Type:** | Categorical | |

**Values**

| | |
|---|---|
| 0 | Symptom did not occur |
| 1 | Symptom was mild |
| 2 | Symptom was moderate |
| 3 | Symptom was severe |

## F37 Hot flashes

Below is a list of symptoms people sometimes have. For each item, mark the one oval that best describes how bothersome the symptom was during the past 4 weeks for you. Be sure to mark one oval on each line. Hot flashes

| **Variable #** | 109 | **Usage Notes:** none |
|---|---|---|
| **Sas Name:** | HOTFLASH | |
| **Sas Label:** | Hot flashes | **Categories:** Medical History: Other Disease/Condition |
| **Type:** | Categorical | |

**Values**

| | |
|---|---|
| 0 | Symptom did not occur |
| 1 | Symptom was mild |
| 2 | Symptom was moderate |
| 3 | Symptom was severe |

## F37 Diarrhea

Below is a list of symptoms people sometimes have. For each item, mark the one oval that best describes how bothersome the symptom was during the past 4 weeks for you. Be sure to mark one oval on each line. Diarrhea

| **Variable #** | 110 | **Usage Notes:** none |
|---|---|---|
| **Sas Name:** | DIARRHEA | |
| **Sas Label:** | Diarrhea | **Categories:** Medical History: Other Disease/Condition |
| **Type:** | Categorical | |

**Values**

| | |
|---|---|
| 0 | Symptom did not occur |
| 1 | Symptom was mild |
| 2 | Symptom was moderate |
| 3 | Symptom was severe |

## F37 Mood swings

Below is a list of symptoms people sometimes have. For each item, mark the one oval that best describes how bothersome the symptom was during the past 4 weeks for you. Be sure to mark one oval on each line. Mood swings

| **Variable #** | 111 | **Usage Notes:** none |
| --- | --- | --- |
| **Sas Name:** | MOODSWNG | |
| **Sas Label:** | Mood swings | **Categories:** Medical History: Other Disease/Condition |
| **Type:** | Categorical | |

**Values**

| | |
| --- | --- |
| 0 | Symptom did not occur |
| 1 | Symptom was mild |
| 2 | Symptom was moderate |
| 3 | Symptom was severe |

## F37 Nausea

Below is a list of symptoms people sometimes have. For each item, mark the one oval that best describes how bothersome the symptom was during the past 4 weeks for you. Be sure to mark one oval on each line. Nausea

| **Variable #** | 112 | **Usage Notes:** none |
| --- | --- | --- |
| **Sas Name:** | NAUSEA | |
| **Sas Label:** | Nausea | **Categories:** Medical History: Other Disease/Condition |
| **Type:** | Categorical | |

**Values**

| | |
| --- | --- |
| 0 | Symptom did not occur |
| 1 | Symptom was mild |
| 2 | Symptom was moderate |
| 3 | Symptom was severe |

## F37 Dizziness

Below is a list of symptoms people sometimes have. For each item, mark the one oval that best describes how bothersome the symptom was during the past 4 weeks for you. Be sure to mark one oval on each line. Dizziness

| **Variable #** | 113 | **Usage Notes:** none |
| --- | --- | --- |
| **Sas Name:** | DIZZY | |
| **Sas Label:** | Dizziness | **Categories:** Medical History: Other Disease/Condition |
| **Type:** | Categorical | |

**Values**

| | |
| --- | --- |
| 0 | Symptom did not occur |
| 1 | Symptom was mild |
| 2 | Symptom was moderate |
| 3 | Symptom was severe |

## F37 Feeling tired

Below is a list of symptoms people sometimes have. For each item, mark the one oval that best describes how bothersome the symptom was during the past 4 weeks for you. Be sure to mark one oval on each line. Feeling tired

| | | |
|---|---|---|
| **Variable #** | 114 | **Usage Notes:** none |
| **Sas Name:** | TIRED2 | |
| **Sas Label:** | Feeling tired | **Categories:** Medical History: Other Disease/Condition |
| **Type:** | Categorical | |

**Values**

| 0 | Symptom did not occur |
|---|---|
| 1 | Symptom was mild |
| 2 | Symptom was moderate |
| 3 | Symptom was severe |

## F37 Forgetfulness

Below is a list of symptoms people sometimes have. For each item, mark the one oval that best describes how bothersome the symptom was during the past 4 weeks for you. Be sure to mark one oval on each line. Forgetfulness

| | | |
|---|---|---|
| **Variable #** | 115 | **Usage Notes:** none |
| **Sas Name:** | FORGET | |
| **Sas Label:** | Forgetfulness | **Categories:** Medical History: Other Disease/Condition |
| **Type:** | Categorical | |

**Values**

| 0 | Symptom did not occur |
|---|---|
| 1 | Symptom was mild |
| 2 | Symptom was moderate |
| 3 | Symptom was severe |

## F37 Increased appetite

Below is a list of symptoms people sometimes have. For each item, mark the one oval that best describes how bothersome the symptom was during the past 4 weeks for you. Be sure to mark one oval on each line. Increased appetite

| | | |
|---|---|---|
| **Variable #** | 116 | **Usage Notes:** none |
| **Sas Name:** | HUNGRY | |
| **Sas Label:** | Increased appetite | **Categories:** Medical History: Other Disease/Condition |
| **Type:** | Categorical | |

**Values**

| 0 | Symptom did not occur |
|---|---|
| 1 | Symptom was mild |
| 2 | Symptom was moderate |
| 3 | Symptom was severe |

## F37 Heart racing or skipping

Below is a list of symptoms people sometimes have. For each item, mark the one oval that best describes how bothersome the symptom was during the past 4 weeks for you... Be sure to mark one box on each line. Heart racing or skipping beats

**Variable #**    117

**Sas Name:**    HEARTRAC

**Sas Label:**    Heart racing or skipping beats

**Type:**    Categorical

**Usage Notes:** none

**Categories:**    Medical History: Other Disease/Condition

**Values**

| | |
|---|---|
| 0 | Symptom did not occur |
| 1 | Symptom was mild |
| 2 | Symptom was moderate |
| 3 | Symptom was severe |

## F37 Tremors

Below is a list of symptoms people sometimes have. For each item, mark the one oval that best describes how bothersome the symptom was during the past 4 weeks for you. Be sure to mark one oval on each line. Tremors (shakes)

**Variable #**    118

**Sas Name:**    TREMORS

**Sas Label:**    Tremors

**Type:**    Categorical

**Usage Notes:** none

**Categories:**    Medical History: Other Disease/Condition

**Values**

| | |
|---|---|
| 0 | Symptom did not occur |
| 1 | Symptom was mild |
| 2 | Symptom was moderate |
| 3 | Symptom was severe |

## F37 Heartburn

Below is a list of symptoms people sometimes have. For each item, mark the one oval that best describes how bothersome the symptom was during the past 4 weeks for you. Be sure to mark one oval on each line. Heartburn

**Variable #**    119

**Sas Name:**    HEARTBRN

**Sas Label:**    Heartburn

**Type:**    Categorical

**Usage Notes:** none

**Categories:**    Medical History: Other Disease/Condition

**Values**

| | |
|---|---|
| 0 | Symptom did not occur |
| 1 | Symptom was mild |
| 2 | Symptom was moderate |
| 3 | Symptom was severe |

## F37 Restless and fidgety

Below is a list of symptoms people sometimes have. For each item, mark the one oval that best describes how bothersome the symptom was during the past 4 weeks for you. Be sure to mark one oval on each line. Restless or fidgety

| | | | |
|---|---|---|---|
| **Variable #** | 120 | **Usage Notes:** none | |
| **Sas Name:** | RESTLESS | | |
| | | **Categories:** | Medical History: Other Disease/Condition |
| **Sas Label:** | Restless and fidgety | | |
| **Type:** | Categorical | | |

**Values**

| | |
|---|---|
| 0 | Symptom did not occur |
| 1 | Symptom was mild |
| 2 | Symptom was moderate |
| 3 | Symptom was severe |

## F37 Low back pain

Below is a list of symptoms people sometimes have. For each item, mark the one oval that best describes how bothersome the symptom was during the past 4 weeks for you. Be sure to mark one oval on each line. Low back pain

| | | | |
|---|---|---|---|
| **Variable #** | 121 | **Usage Notes:** none | |
| **Sas Name:** | LOWBACKP | | |
| | | **Categories:** | Medical History: Other Disease/Condition |
| **Sas Label:** | Low back pain | | |
| **Type:** | Categorical | | |

**Values**

| | |
|---|---|
| 0 | Symptom did not occur |
| 1 | Symptom was mild |
| 2 | Symptom was moderate |
| 3 | Symptom was severe |

## F37 Neck pain

Below is a list of symptoms people sometimes have. For each item, mark the one oval that best describes how bothersome the symptom was during the past 4 weeks for you. Be sure to mark one oval on each line. Neck pain

| | | | |
|---|---|---|---|
| **Variable #** | 122 | **Usage Notes:** none | |
| **Sas Name:** | NECKPAIN | | |
| | | **Categories:** | Medical History: Other Disease/Condition |
| **Sas Label:** | Neck pain | | |
| **Type:** | Categorical | | |

**Values**

| | |
|---|---|
| 0 | Symptom did not occur |
| 1 | Symptom was mild |
| 2 | Symptom was moderate |
| 3 | Symptom was severe |

## F37 Skin dryness or scaling

Below is a list of symptoms people sometimes have. For each item, mark the one oval that best describes how bothersome the symptom was during the past 4 weeks for you. Be sure to mark one oval on each line. Skin dryness or scaling

| **Variable #** | 123 | **Usage Notes:** none |
|---|---|---|
| **Sas Name:** | SKINDRY | |
| **Sas Label:** | Skin dryness or scaling | **Categories:** Medical History: Other Disease/Condition |
| **Type:** | Categorical | |

**Values**

| | |
|---|---|
| 0 | Symptom did not occur |
| 1 | Symptom was mild |
| 2 | Symptom was moderate |
| 3 | Symptom was severe |

## F37 Headaches or migraines

Below is a list of symptoms people sometimes have. For each item, mark the one oval that best describes how bothersome the symptom was during the past 4 weeks for you. Be sure to mark one oval on each line. Headaches or migraines

| **Variable #** | 124 | **Usage Notes:** none |
|---|---|---|
| **Sas Name:** | HEADACHE | |
| **Sas Label:** | Headaches or migraines | **Categories:** Medical History: Other Disease/Condition |
| **Type:** | Categorical | |

**Values**

| | |
|---|---|
| 0 | Symptom did not occur |
| 1 | Symptom was mild |
| 2 | Symptom was moderate |
| 3 | Symptom was severe |

## F37 Clumsiness

Below is a list of symptoms people sometimes have. For each item, mark the one oval that best describes how bothersome the symptom was during the past 4 weeks for you. Be sure to mark one oval on each line. Clumsiness

| **Variable #** | 125 | **Usage Notes:** none |
|---|---|---|
| **Sas Name:** | CLUMSY | |
| **Sas Label:** | Clumsiness | **Categories:** Medical History: Other Disease/Condition |
| **Type:** | Categorical | |

**Values**

| | |
|---|---|
| 0 | Symptom did not occur |
| 1 | Symptom was mild |
| 2 | Symptom was moderate |
| 3 | Symptom was severe |

## F37 Trouble with vision

Below is a list of symptoms people sometimes have. For each item, mark the one oval that best describes how bothersome the symptom was during the past 4 weeks for you. Be sure to mark one oval on each line. Any trouble seeing that is uncorrected by lenses

| | | | |
|---|---|---|---|
| **Variable #** | 126 | **Usage Notes:** none | |
| **Sas Name:** | TRBSEE | | |
| **Sas Label:** | Trouble with vision | **Categories:** | Medical History: Other Disease/Condition |
| **Type:** | Categorical | | |

**Values**

| | |
|---|---|
| 0 | Symptom did not occur |
| 1 | Symptom was mild |
| 2 | Symptom was moderate |
| 3 | Symptom was severe |

## F37 Vaginal or genital irritation

Below is a list of symptoms people sometimes have. For each item, mark the one oval that best describes how bothersome the symptom was during the past 4 weeks for you. Be sure to mark one oval on each line. Vaginal or genital irritation or itching

| | | | |
|---|---|---|---|
| **Variable #** | 127 | **Usage Notes:** none | |
| **Sas Name:** | VAGITCH | | |
| **Sas Label:** | Vaginal or genital irritation | **Categories:** | Medical History: Other Disease/Condition |
| **Type:** | Categorical | | |

**Values**

| | |
|---|---|
| 0 | Symptom did not occur |
| 1 | Symptom was mild |
| 2 | Symptom was moderate |
| 3 | Symptom was severe |

## F37 Difficulty concentrating

Below is a list of symptoms people sometimes have. For each item, mark the one oval that best describes how bothersome the symptom was during the past 4 weeks for you. Be sure to mark one oval on each line. Difficulty concentrating

| | | | |
|---|---|---|---|
| **Variable #** | 128 | **Usage Notes:** none | |
| **Sas Name:** | CONCEN | | |
| **Sas Label:** | Difficulty concentrating | **Categories:** | Medical History: Other Disease/Condition |
| **Type:** | Categorical | | |

**Values**

| | |
|---|---|
| 0 | Symptom did not occur |
| 1 | Symptom was mild |
| 2 | Symptom was moderate |
| 3 | Symptom was severe |

## F37 Joint pain or stiffness

Below is a list of symptoms people sometimes have. For each item, mark the one oval that best describes how bothersome the symptom was during the past 4 weeks for you... Be sure to mark one box on each line. Joint pain or stiffness

| **Variable #** | 129 | **Usage Notes:** none |
| **Sas Name:** | JNTPAIN | |
| **Sas Label:** | Joint pain or stiffness | **Categories:** Medical History: Other Disease/Condition |
| **Type:** | Categorical | |

**Values**

| | |
|---|---|
| 0 | Symptom did not occur |
| 1 | Symptom was mild |
| 2 | Symptom was moderate |
| 3 | Symptom was severe |

## F37 Decreased appetite

Below is a list of symptoms people sometimes have. For each item, mark the one oval that best describes how bothersome the symptom was during the past 4 weeks for you. Be sure to mark one oval on each line. Decreased appetite

| **Variable #** | 130 | **Usage Notes:** none |
| **Sas Name:** | NOHUNGER | |
| **Sas Label:** | Decreased appetite | **Categories:** Medical History: Other Disease/Condition |
| **Type:** | Categorical | |

**Values**

| | |
|---|---|
| 0 | Symptom did not occur |
| 1 | Symptom was mild |
| 2 | Symptom was moderate |
| 3 | Symptom was severe |

## F37 Hearing loss

Below is a list of symptoms people sometimes have. For each item, mark the one oval that best describes how bothersome the symptom was during the past 4 weeks for you. Be sure to mark one oval on each line. Hearing loss

| **Variable #** | 131 | **Usage Notes:** none |
| **Sas Name:** | HEARLOSS | |
| **Sas Label:** | Hearing loss | **Categories:** Medical History: Other Disease/Condition |
| **Type:** | Categorical | |

**Values**

| | |
|---|---|
| 0 | Symptom did not occur |
| 1 | Symptom was mild |
| 2 | Symptom was moderate |
| 3 | Symptom was severe |

## F37 Swelling of hands or feet

Below is a list of symptoms people sometimes have. For each item, mark the one oval that best describes how bothersome the symptom was during the past 4 weeks for you. Be sure to mark one oval on each line. Swelling of hands or feet

| | | | |
|---|---|---|---|
| **Variable #** | 132 | **Usage Notes:** none | |
| **Sas Name:** | SWELLHND | | |
| **Sas Label:** | Swelling of hands or feet | **Categories:** | Medical History: Other Disease/Condition |
| **Type:** | Categorical | | |

**Values**

| | |
|---|---|
| 0 | Symptom did not occur |
| 1 | Symptom was mild |
| 2 | Symptom was moderate |
| 3 | Symptom was severe |

## F37 Vaginal or genital dryness

Below is a list of symptoms people sometimes have. For each item, mark the one oval that best describes how bothersome the symptom was during the past 4 weeks for you. Be sure to mark one oval on each line. Vaginal or genital dryness

| | | | |
|---|---|---|---|
| **Variable #** | 133 | **Usage Notes:** none | |
| **Sas Name:** | VAGDRY | | |
| **Sas Label:** | Vaginal or genital dryness | **Categories:** | Medical History: Other Disease/Condition |
| **Type:** | Categorical | | |

**Values**

| | |
|---|---|
| 0 | Symptom did not occur |
| 1 | Symptom was mild |
| 2 | Symptom was moderate |
| 3 | Symptom was severe |

## F37 Upset stomach or belly pain

Below is a list of symptoms people sometimes have. For each item, mark the one oval that best describes how bothersome the symptom was during the past 4 weeks for you. Be sure to mark one oval on each line. Upset stomach or belly pain or discomfort

| | | | |
|---|---|---|---|
| **Variable #** | 134 | **Usage Notes:** none | |
| **Sas Name:** | UPSTOM | | |
| **Sas Label:** | Upset stomach or belly pain | **Categories:** | Medical History: Other Disease/Condition |
| **Type:** | Categorical | | |

**Values**

| | |
|---|---|
| 0 | Symptom did not occur |
| 1 | Symptom was mild |
| 2 | Symptom was moderate |
| 3 | Symptom was severe |

## F37 Pain/burning while urinating

Below is a list of symptoms people sometimes have. For each item, mark the one oval that best describes how bothersome the symptom was during the past 4 weeks for you. Be sure to mark one oval on each line. Pain or burning while urinating

| | |
|---|---|
| **Variable #** | 135 |
| **Sas Name:** | URINPAIN |
| **Sas Label:** | Pain/burning while urinating |
| **Type:** | Categorical |

**Usage Notes:** none

**Categories:** Medical History: Other Disease/Condition

**Values**

| | |
|---|---|
| 0 | Symptom did not occur |
| 1 | Symptom was mild |
| 2 | Symptom was moderate |
| 3 | Symptom was severe |

## F37 Coughing or wheezing

Below is a list of symptoms people sometimes have. For each item, mark the one oval that best describes how bothersome the symptom was during the past 4 weeks for you. Be sure to mark one oval on each line. Cough or wheezing

| | |
|---|---|
| **Variable #** | 136 |
| **Sas Name:** | COUGH |
| **Sas Label:** | Coughing or wheezing |
| **Type:** | Categorical |

**Usage Notes:** none

**Categories:** Medical History: Other Disease/Condition

**Values**

| | |
|---|---|
| 0 | Symptom did not occur |
| 1 | Symptom was mild |
| 2 | Symptom was moderate |
| 3 | Symptom was severe |

## F37 Vaginal or genital discharge

Below is a list of symptoms people sometimes have. For each item, mark the one oval that best describes how bothersome the symptom was during the past 4 weeks for you. Be sure to mark one oval on each line. Vaginal or genital discharge

| | |
|---|---|
| **Variable #** | 137 |
| **Sas Name:** | VAGDIS |
| **Sas Label:** | Vaginal or genital discharge |
| **Type:** | Categorical |

**Usage Notes:** none

**Categories:** Medical History: Other Disease/Condition

**Values**

| | |
|---|---|
| 0 | Symptom did not occur |
| 1 | Symptom was mild |
| 2 | Symptom was moderate |
| 3 | Symptom was severe |

## F37 Did your spouse die

Below are some hard things that sometimes happen to people. Please try to think back over the past year to remember if any of these things happened. Mark the answer that seems best. Over the past year: Did your spouse or partner die?

| **Variable #** | 138 | **Usage Notes:** none |
| **Sas Name:** | SPOUSDIE | |
| **Sas Label:** | Did your spouse die | **Categories:** Psychosocial/Behavioral |
| **Type:** | Categorical | |

**Values**

| 0 | No |
|---|---|
| 1 | Yes and upset me: Not too much |
| 2 | Yes and upset me: Moderately |
| 3 | Yes and upset me: Very much |

## F37 Did your spouse have a serious illness

Below are some hard things that sometimes happen to people. Please try to think back over the past year to remember if any of these things happened. Mark the answer that seems best. Over the past year: Did your spouse or partner have a serious illness?

| **Variable #** | 139 | **Usage Notes:** none |
| **Sas Name:** | SPOUSILL | |
| **Sas Label:** | Did your spouse have a serious illness | **Categories:** Psychosocial/Behavioral |
| **Type:** | Categorical | |

**Values**

| 0 | No |
|---|---|
| 1 | Yes and upset me: Not too much |
| 2 | Yes and upset me: Moderately |
| 3 | Yes and upset me: Very much |

## F37 Did a close friend die

Below are some hard things that sometimes happen to people. Please try to think back over the past year to remember if any of these things happened. Over the past year: Did a close friend or family member die or have a serious illness (other than your spouse or partner)?

| **Variable #** | 140 | **Usage Notes:** none |
| **Sas Name:** | FRIENDIE | |
| **Sas Label:** | Did a close friend die | **Categories:** Psychosocial/Behavioral |
| **Type:** | Categorical | |

**Values**

| 0 | No |
|---|---|
| 1 | Yes and upset me: Not too much |
| 2 | Yes and upset me: Moderately |
| 3 | Yes and upset me: Very much |

## F37 Major problems with money

Below are some hard things that sometimes happen to people. Please try to think back over the past year to remember if any of these things happened. Mark the answer that seems best. Over the past year: Did you have any major problems with money?

| | | | |
|---|---|---|---|
| **Variable #** | 141 | **Usage Notes:** none | |
| **Sas Name:** | MONPROB | | |
| **Sas Label:** | Major problems with money | **Categories:** | Psychosocial/Behavioral |
| **Type:** | Categorical | | |

**Values**

| | |
|---|---|
| 0 | No |
| 1 | Yes and upset me: Not too much |
| 2 | Yes and upset me: Moderately |
| 3 | Yes and upset me: Very much |

## F37 Have a divorce or break-up

Below are some hard things that sometimes happen to people. Please try to think back over the past year to remember if any of these things happened. Mark the answer that seems best. Over the past year: Did you have a divorce or break-up with a spouse or partner?

| | | | |
|---|---|---|---|
| **Variable #** | 142 | **Usage Notes:** none | |
| **Sas Name:** | DIVORCE | | |
| **Sas Label:** | Have a divorce or break-up | **Categories:** | Psychosocial/Behavioral |
| **Type:** | Categorical | | |

**Values**

| | |
|---|---|
| 0 | No |
| 1 | Yes and upset me: Not too much |
| 2 | Yes and upset me: Moderately |
| 3 | Yes and upset me: Very much |

## F37 Close friend had a divorce

Below are some hard things that sometimes happen to people. Please try to think back over the past year to remember if any of these things happened. Mark the answer that seems best. Over the past year: Did a family member or close friend have a divorce or break-up?

| | | | |
|---|---|---|---|
| **Variable #** | 143 | **Usage Notes:** none | |
| **Sas Name:** | FRNDIV | | |
| **Sas Label:** | Close friend had a divorce | **Categories:** | Psychosocial/Behavioral |
| **Type:** | Categorical | | |

**Values**

| | |
|---|---|
| 0 | No |
| 1 | Yes and upset me: Not too much |
| 2 | Yes and upset me: Moderately |
| 3 | Yes and upset me: Very much |

## F37 Major conflict with children

Below are some hard things that sometimes happen to people. Please try to think back over the past year to remember if any of these things happened. Mark the answer that seems best. Over the past year: Did you have a major conflict with children or grandchildren?

**Variable #**   144

**Sas Name:**   CHILCON

**Sas Label:**   Major conflict with children

**Type:**   Categorical

**Usage Notes:** none

**Categories:**   Psychosocial/Behavioral

**Values**

| 0 | No |
|---|---|
| 1 | Yes and upset me: Not too much |
| 2 | Yes and upset me: Moderately |
| 3 | Yes and upset me: Very much |

## F37 Major accident or disaster

Below are some hard things that sometimes happen to people. Pls try to think back over the past yr to remember if any of these things happened. Over the past year: Did you have any major accidents,disasters, muggings, unwanted sexual experiences, robberies or similar events?

**Variable #**   145

**Sas Name:**   MAJACC

**Sas Label:**   Major accident or disaster

**Type:**   Categorical

**Usage Notes:** none

**Categories:**   Psychosocial/Behavioral

**Values**

| 0 | No |
|---|---|
| 1 | Yes and upset me: Not too much |
| 2 | Yes and upset me: Moderately |
| 3 | Yes and upset me: Very much |

## F37 Close friend lost job

Below are some hard things that sometimes happen to people. Please try to think back over the past year to remember if any of these things happened. Mark the answer that seems best. Over the past year: Did a family member or close friend lose their job or retire?

**Variable #**   146

**Sas Name:**   FRNJOB

**Sas Label:**   Close friend lost job

**Type:**   Categorical

**Usage Notes:** none

**Categories:**   Psychosocial/Behavioral

**Values**

| 0 | No |
|---|---|
| 1 | Yes and upset me: Not too much |
| 2 | Yes and upset me: Moderately |
| 3 | Yes and upset me: Very much |

## F37 You were physically abused

Below are some hard things that sometimes happen to people. Please try to think back over the past year to remember if any of these things happened. Mark the answer that seems best. Over the past year: Were you physically abused by being hit, slapped, pushed, shoved, punched or threatened with a weapon by a family member or close friend?

| | |
|---|---|
| **Variable #** | 147 |
| **Sas Name:** | PHYAB |
| **Sas Label:** | You were physically abused |
| **Type:** | Categorical |

**Usage Notes:** none

**Categories:** Psychosocial/Behavioral

**Values**

| 0 | No |
|---|---|
| 1 | Yes and upset me: Not too much |
| 2 | Yes and upset me: Moderately |
| 3 | Yes and upset me: Very much |

## F37 You were verbally abused

Below are some hard things that sometimes happen to people. Please try to think back over the past year to remember if any of these things happened. Mark the answer that seems best. Over the past year: . Were you verbally abused by being made fun of, severely criticized, told you were a stupid or worthless person, or threatened with harm to yourself, your possessions, or your pets, by a family member or close friend?

| | |
|---|---|
| **Variable #** | 148 |
| **Sas Name:** | VERBAB |
| **Sas Label:** | You were verbally abused |
| **Type:** | Categorical |

**Usage Notes:** none

**Categories:** Psychosocial/Behavioral

**Values**

| 0 | No |
|---|---|
| 1 | Yes and upset me: Not too much |
| 2 | Yes and upset me: Moderately |
| 3 | Yes and upset me: Very much |

## F37 Did a pet die

Below are some hard things that sometimes happen to people. Please try to think back over the past year to remember if any of these things happened. Mark the answer that seems best. Over the past year: Did a pet die?

| | |
|---|---|
| **Variable #** | 149 |
| **Sas Name:** | PETDIE |
| **Sas Label:** | Did a pet die |
| **Type:** | Categorical |

**Usage Notes:** none

**Categories:** Psychosocial/Behavioral

**Values**

| 0 | No |
|---|---|
| 1 | Yes and upset me: Not too much |
| 2 | Yes and upset me: Moderately |
| 3 | Yes and upset me: Very much |

## F37 You felt depressed

These are questions about your feelings during the past week. For each of the statements, please indicate the choice that tells how often you felt that way. You felt depressed (blue or down)

| | |
|---|---|
| **Variable #** | 150 |
| **Sas Name:** | FELTDEP |
| **Sas Label:** | You felt depressed |
| **Type:** | Categorical |

**Usage Notes:** none

**Categories:** Psychosocial/Behavioral

**Values**

| | |
|---|---|
| 0 | Rarely or none of the time |
| 1 | Some or a little of the time |
| 2 | Occasionally or a moderate amount |
| 3 | Most or all of the time |

## F37 Your sleep was restless

These are questions about your feelings during the past week. For each of the statements, please indicate the choice that tells how often you felt that way. Your sleep was restless

| | |
|---|---|
| **Variable #** | 151 |
| **Sas Name:** | RESTSLP |
| **Sas Label:** | Your sleep was restless |
| **Type:** | Categorical |

**Usage Notes:** none

**Categories:** Lifestyle: Sleep
Psychosocial/Behavioral

**Values**

| | |
|---|---|
| 0 | Rarely or none of the time |
| 1 | Some or a little of the time |
| 2 | Occasionally or a moderate amount |
| 3 | Most or all of the time |

## F37 You enjoyed life

These are questions about your feelings during the past week. For each of the statements, please indicate the choice that tells how often you felt that way. You enjoyed life

| | |
|---|---|
| **Variable #** | 152 |
| **Sas Name:** | ENJLIF |
| **Sas Label:** | You enjoyed life |
| **Type:** | Categorical |

**Usage Notes:** none

**Categories:** Psychosocial/Behavioral

**Values**

| | |
|---|---|
| 0 | Rarely or none of the time |
| 1 | Some or a little of the time |
| 2 | Occasionally or a moderate amount |
| 3 | Most or all of the time |

## F37 You had crying spells

These are questions about your feelings during the past week. For each of the statements, please indicate the choice that tells how often you felt that way. You had crying spells

**Variable #**   153

**Sas Name:**   CRYSPELL

**Sas Label:**   You had crying spells

**Type:**   Categorical

**Usage Notes:** none

**Categories:**   Psychosocial/Behavioral

**Values**

| | |
|---|---|
| 0 | Rarely or none of the time |
| 1 | Some or a little of the time |
| 2 | Occasionally or a moderate amount |
| 3 | Most or all of the time |

## F37 You felt sad

These are questions about your feelings during the past week. For each of the statements, please indicate the choice that tells how often you felt that way. You felt sad

**Variable #**   154

**Sas Name:**   FELTSAD

**Sas Label:**   You felt sad

**Type:**   Categorical

**Usage Notes:** none

**Categories:**   Psychosocial/Behavioral

**Values**

| | |
|---|---|
| 0 | Rarely or none of the time |
| 1 | Some or a little of the time |
| 2 | Occasionally or a moderate amount |
| 3 | Most or all of the time |

## F37 You felt people disliked you

These are questions about your feelings during the past week. For each of the statements, please indicate the choice that tells how often you felt that way. You felt that people disliked you

**Variable #**   155

**Sas Name:**   PEOPDIS

**Sas Label:**   You felt people disliked you

**Type:**   Categorical

**Usage Notes:** none

**Categories:**   Psychosocial/Behavioral

**Values**

| | |
|---|---|
| 0 | Rarely or none of the time |
| 1 | Some or a little of the time |
| 2 | Occasionally or a moderate amount |
| 3 | Most or all of the time |

## F37 Felt sad for two weeks

In the past year, have you had two weeks or more during which you felt sad, blue, or depressed, or lost pleasure in things that you usually cared about or enjoyed?

| **Variable #** | 156 | **Usage Notes:** none |
|---|---|---|
| **Sas Name:** | SAD2WK | |
| **Sas Label:** | Felt sad for two weeks | **Categories:** Psychosocial/Behavioral |
| **Type:** | Categorical | |

**Values**

| 0 | No |
|---|---|
| 1 | Yes |

## F37 Felt sad two or more years

Have you had two years or more in your life when you felt depressed or sad on most days, even if you felt okay sometimes?

| **Variable #** | 157 | **Usage Notes:** none |
|---|---|---|
| **Sas Name:** | SAD2YRS | |
| **Sas Label:** | Felt sad two or more years | **Categories:** Psychosocial/Behavioral |
| **Type:** | Categorical | |

**Values**

| 0 | No |
|---|---|
| 1 | Yes |

## F37 Felt sad much of past year

Have you felt depressed or sad much of the time in the past year?

| **Variable #** | 158 | **Usage Notes:** Sub-question of F37 V5 Q102 "Felt sad two or more years". |
|---|---|---|
| **Sas Name:** | SADMUCH | Not collected on all versions of Form 37. |
| **Sas Label:** | Felt sad much of past year | **Categories:** Psychosocial/Behavioral |
| **Type:** | Categorical | |

**Values**

| 0 | No |
|---|---|
| 1 | Yes |

## F37 take medication for sleep

These next questions are about your sleep habits. Please mark one of the answers for each of the following questions. Pick the answer that best describes how often you experienced the situation in the past 4 weeks. Did you take any kind of medication or alcohol at bedtime to help you sleep?

| **Variable #** | 159 | **Usage Notes:** none |
|---|---|---|
| **Sas Name:** | MEDSLEEP | |
| **Sas Label:** | take medication for sleep | **Categories:** Lifestyle: Sleep |
| **Type:** | Categorical | |

**Values**

| 1 | No, not in past 4 weeks |
|---|---|
| 2 | Yes, less than once a week |
| 3 | Yes 1 or 2 times a week |
| 4 | Yes, 3 or 4 times a week |
| 5 | Yes, 5 or more times a week |

## F37 fall asleep during quiet activity

These next questions are about your sleep habits. Please mark one of the answers for each of the following questions. Pick the answer that best describes how often you experienced the situation in the past 4 weeks. Did you fall asleep during quiet activities like reading, watching TV, or riding in a car?

**Variable #**   160

**Sas Name:**   FALLSLP

**Sas Label:**   fall asleep during quiet activ

**Type:**   Categorical

**Usage Notes:** none

**Categories:**   Lifestyle: Sleep

**Values**

| | |
|---|---|
| 1 | No, not in past 4 weeks |
| 2 | Yes, less than once a week |
| 3 | Yes 1 or 2 times a week |
| 4 | Yes, 3 or 4 times a week |
| 5 | Yes, 5 or more times a week |

## F37 Did you nap during the day

These next questions are about your sleep habits. Please mark one of the answers for each of the following questions. Pick the answer that best describes how often you experienced the situation in the past 4 weeks. Did you nap during the day?

**Variable #**   161

**Sas Name:**   NAP

**Sas Label:**   Did you nap during the day

**Type:**   Categorical

**Usage Notes:** none

**Categories:**   Lifestyle: Sleep

**Values**

| | |
|---|---|
| 1 | No, not in past 4 weeks |
| 2 | Yes, less than once a week |
| 3 | Yes 1 or 2 times a week |
| 4 | Yes, 3 or 4 times a week |
| 5 | Yes, 5 or more times a week |

## F37 Did you have trouble sleeping

These next questions are about your sleep habits. Please mark one of the answers for each of the following questions. Pick the answer that best describes how often you experienced the situation in the past 4 weeks. Did you have trouble falling asleep?

**Variable #**   162

**Sas Name:**   TRBSLEEP

**Sas Label:**   Did you have trouble sleeping

**Type:**   Categorical

**Usage Notes:** none

**Categories:**   Lifestyle: Sleep

**Values**

| | |
|---|---|
| 1 | No, not in past 4 weeks |
| 2 | Yes, less than once a week |
| 3 | Yes 1 or 2 times a week |
| 4 | Yes, 3 or 4 times a week |
| 5 | Yes, 5 or more times a week |

## F37 Did you wake up several times

These next questions are about your sleep habits. Please mark one of the answers for each of the following questions. Pick the answer that best describes how often you experienced the situation in the past 4 weeks. Did you wake up several times at night?

| **Variable #** | 163 | **Usage Notes:** none |
|---|---|---|
| **Sas Name:** | WAKENGHT | |
| **Sas Label:** | Did you wake up several times | **Categories:** Lifestyle: Sleep |
| **Type:** | Categorical | |

**Values**

| | |
|---|---|
| 1 | No, not in past 4 weeks |
| 2 | Yes, less than once a week |
| 3 | Yes 1 or 2 times a week |
| 4 | Yes, 3 or 4 times a week |
| 5 | Yes, 5 or more times a week |

## F37 wake up earlier than planned

These next questions are about your sleep habits. Please mark one of the answers for each of the following questions. Pick the answer that best describes how often you experienced the situation in the past 4 weeks. Did you wake up earlier than you planned

| **Variable #** | 164 | **Usage Notes:** none |
|---|---|---|
| **Sas Name:** | UPEARLY | **Categories:** Lifestyle: Sleep |
| **Sas Label:** | wake up earlier than planned | |
| **Type:** | Categorical | |

**Values**

| | |
|---|---|
| 1 | No, not in past 4 weeks |
| 2 | Yes, less than once a week |
| 3 | Yes 1 or 2 times a week |
| 4 | Yes, 3 or 4 times a week |
| 5 | Yes, 5 or more times a week |

## F37 trouble getting back to sleep

These next questions are about your sleep habits. Please mark one of the answers for each of the following questions. Pick the answer that best describes how often you experienced the situation in the past 4 weeks. Did you have trouble getting back to sleep after you woke up too early?

| **Variable #** | 165 | **Usage Notes:** none |
|---|---|---|
| **Sas Name:** | BACKSLP | **Categories:** Lifestyle: Sleep |
| **Sas Label:** | trouble getting back to sleep | |
| **Type:** | Categorical | |

**Values**

| | |
|---|---|
| 1 | No, not in past 4 weeks |
| 2 | Yes, less than once a week |
| 3 | Yes 1 or 2 times a week |
| 4 | Yes, 3 or 4 times a week |
| 5 | Yes, 5 or more times a week |

## F37 Did you snore

These next questions are about your sleep habits. Please mark one of the answers for each of the following questions. Pick the answer that best describes how often you experienced the situation in the past 4 weeks. Did you snore?

| **Variable #** | 166 | **Usage Notes:** none |
|---|---|---|
| **Sas Name:** | SNORE | |
| **Sas Label:** | Did you snore | **Categories:** Lifestyle: Sleep |
| **Type:** | Categorical | |

**Values**

| 1 | No, not in past 4 weeks |
|---|---|
| 2 | Yes, less than once a week |
| 3 | Yes 1 or 2 times a week |
| 4 | Yes, 3 or 4 times a week |
| 5 | Yes, 5 or more times a week |
| 9 | Don't know |

## F37 Typical nights sleep

Overall, was your typical night's sleep during the past 4 weeks:

| **Variable #** | 167 | **Usage Notes:** none |
|---|---|---|
| **Sas Name:** | QUALSLP | |
| **Sas Label:** | Typical night's sleep | **Categories:** Lifestyle: Sleep |
| **Type:** | Categorical | |

**Values**

| 1 | Very restless |
|---|---|
| 2 | Restless |
| 3 | Average quality |
| 4 | Sound or restful |
| 5 | Very sound or restful |

## F37 How many hours of sleep

About how many hours of sleep did you get on a typical night during the past 4 weeks?

| **Variable #** | 168 | **Usage Notes:** none |
|---|---|---|
| **Sas Name:** | HRSSLP | |
| **Sas Label:** | How many hours of sleep | **Categories:** Lifestyle: Sleep |
| **Type:** | Categorical | |

**Values**

| 1 | 5 or less hours |
|---|---|
| 2 | 6 hours |
| 3 | 7 hours |
| 4 | 8 hours |
| 5 | 9 hours |
| 6 | 10 or more hours |

## F37 Ever leaked urine

Have you ever leaked even a very small amount of urine involuntarily and you couldn't control it?

| | |
|---|---|
| **Variable #** | 169 |
| **Sas Name:** | INCONT |
| **Sas Label:** | Ever leaked urine |
| **Type:** | Categorical |

**Usage Notes:** none

**Categories:** Medical History: Incontinence

**Values**

| | |
|---|---|
| 0 | No |
| 1 | Yes |

## F37 How often leaked urine

How often does this leaking urine occur? (Mark one oval.)

| | |
|---|---|
| **Variable #** | 170 |
| **Sas Name:** | FRQINCON |
| **Sas Label:** | How often leaked urine |
| **Type:** | Categorical |

**Usage Notes:** Sub-question of F37 V5 Q113 "Ever leaked urine".
Not collected on all versions of Form 37.

**Categories:** Medical History: Incontinence

**Values**

| | |
|---|---|
| 1 | Not once during past year |
| 2 | Less than once a month |
| 3 | More than once a month |
| 4 | One or more times a week |
| 5 | Daily |

## F37 No longer leak urine

When do you usually leak urine? (Mark all that apply.) No longer leak urine

| | |
|---|---|
| **Variable #** | 171 |
| **Sas Name:** | NOINCON |
| **Sas Label:** | No longer leak urine |
| **Type:** | Categorical |

**Usage Notes:** Sub-question of F37 V5 Q113 "Ever leaked urine".
Not collected on all versions of Form 37.

**Categories:** Medical History: Incontinence

**Values**

| | |
|---|---|
| 0 | No |
| 1 | Yes |

## F37 Leak urine when cough, laugh

When do you usually leak urine? (Mark all that apply.) When I cough, laugh, sneeze, lift, stand up. Or exercise

| | |
|---|---|
| **Variable #** | 172 |
| **Sas Name:** | CGHINCON |
| **Sas Label:** | Leak urine when cough, laugh |
| **Type:** | Categorical |

**Usage Notes:** Sub-question of F37 V5 Q113 "Ever leaked urine".
Sub-question of F37 V5 Q115 "No longer leak urine".
Not collected on all versions of Form 37.

**Categories:** Medical History: Incontinence

**Values**

| | |
|---|---|
| 0 | No |
| 1 | Yes |

## F37 Leak when can't get to toilet

When do you usually leak urine? (Mark all that apply.) When I feel the need to urinate and can't get to a toilet fast enough

| **Variable #** | 173 | **Usage Notes:** | Sub-question of F37 V5 Q113 "Ever leaked urine". |
|---|---|---|---|
| **Sas Name:** | TOINCON | | Sub-question of F37 V5 Q115 "No longer leak urine". |
| | | | Not collected on all versions of Form 37. |
| **Sas Label:** | Leak when can't get to toilet | **Categories:** | Medical History: Incontinence |
| **Type:** | Categorical | | |

**Values**

| 0 | No |
|---|---|
| 1 | Yes |

## F37 Leak when I am sleeping

When do you usually leak urine? (Mark all that apply.) When I sleep

| **Variable #** | 174 | **Usage Notes:** | Sub-question of F37 V5 Q113 "Ever leaked urine". |
|---|---|---|---|
| **Sas Name:** | SLPINCON | | Sub-question of F37 V5 Q115 "No longer leak urine". |
| | | | Not collected on all versions of Form 37. |
| **Sas Label:** | Leak when I am sleeping | **Categories:** | Medical History: Incontinence |
| **Type:** | Categorical | | |

**Values**

| 0 | No |
|---|---|
| 1 | Yes |

## F37 When leak urine, Other

When do you usually leak urine? (Mark all that apply.) Other

| **Variable #** | 175 | **Usage Notes:** | Sub-question of F37 V5 Q113 "Ever leaked urine". |
|---|---|---|---|
| **Sas Name:** | OTHINCON | | Sub-question of F37 V5 Q115 "No longer leak urine". |
| | | | Not collected on all versions of Form 37. |
| **Sas Label:** | When leak urine, Other | **Categories:** | Medical History: Incontinence |
| **Type:** | Categorical | | |

**Values**

| 0 | No |
|---|---|
| 1 | Yes |

## F37 How much urine do you lose

How much urine do you usually lose when it leaks? (Mark one oval.)

| **Variable #** | 176 | **Usage Notes:** | Sub-question of F37 V5 Q113 "Ever leaked urine". |
|---|---|---|---|
| **Sas Name:** | LEAKAMT | | Sub-question of F37 V5 Q115 "No longer leak urine". |
| | | | Not collected on all versions of Form 37. |
| **Sas Label:** | How much urine do you lose | **Categories:** | Medical History: Incontinence |
| **Type:** | Categorical | | |

**Values**

| 1 | None |
|---|---|
| 2 | Barely noticeable on underpants |
| 3 | Soaked underpants |
| 4 | Soaked through to outer clothing |

## F37 Leak Protect/No protection

What protection do you wear in case you leak urine? (Mark all that apply.) None

| | | |
|---|---|---|
| **Variable #** | 177 | |
| **Sas Name:** | NOPRTCT | |
| **Sas Label:** | Leak Protect/No protection | |
| **Type:** | Categorical | |

**Usage Notes:** Sub-question of F37 V5 Q113 "Ever leaked urine".
Sub-question of F37 V5 Q115 "No longer leak urine".
Not collected on all versions of Form 37.

**Categories:** Medical History: Incontinence

**Values**

| | |
|---|---|
| 0 | No |
| 1 | Yes |

## F37 Leak Protect/Mini-pad, tissue

What protection do you wear in case you leak urine? (Mark all that apply.) Mini-pad, tissue or towel

| | | |
|---|---|---|
| **Variable #** | 178 | |
| **Sas Name:** | MINIPAD | |
| **Sas Label:** | Leak Protect/Mini-pad, tissue | |
| **Type:** | Categorical | |

**Usage Notes:** Sub-question of F37 V5 Q113 "Ever leaked urine".
Sub-question of F37 V5 Q115 "No longer leak urine".
Not collected on all versions of Form 37.

**Categories:** Medical History: Incontinence

**Values**

| | |
|---|---|
| 0 | No |
| 1 | Yes |

## F37 Leak Protection/Menstrual pad

What protection do you wear in case you leak urine? (Mark all that apply.) Menstrual pad or shield

| | | |
|---|---|---|
| **Variable #** | 179 | |
| **Sas Name:** | MENSPAD | |
| **Sas Label:** | Leak Protection/Menstrual pad | |
| **Type:** | Categorical | |

**Usage Notes:** Sub-question of F37 V5 Q113 "Ever leaked urine".
Sub-question of F37 V5 Q115 "No longer leak urine".
Not collected on all versions of Form 37.

**Categories:** Medical History: Incontinence

**Values**

| | |
|---|---|
| 0 | No |
| 1 | Yes |

## F37 Leak protect/Diaper, Attends

What protection do you wear in case you leak urine? (Mark all that apply.) Diaper, towel, Attends, Depends

| | | |
|---|---|---|
| **Variable #** | 180 | |
| **Sas Name:** | DIAPER | |
| **Sas Label:** | Leak protect/Diaper, Attends | |
| **Type:** | Categorical | |

**Usage Notes:** Sub-question of F37 V5 Q113 "Ever leaked urine".
Sub-question of F37 V5 Q115 "No longer leak urine".
Not collected on all versions of Form 37.

**Categories:** Medical History: Incontinence

**Values**

| | |
|---|---|
| 0 | No |
| 1 | Yes |

## F37 Leaking urine protection other

What protection do you wear in case you leak urine? (Mark all that apply.) Other

| | | | |
|---|---|---|---|
| **Variable #** | 181 | **Usage Notes:** | Sub-question of F37 V5 Q113 "Ever leaked urine". |
| **Sas Name:** | OTHPRTCT | | Sub-question of F37 V5 Q115 "No longer leak urine". |
| | | | Not collected on all versions of Form 37. |
| **Sas Label:** | Leaking urine protection, Other | **Categories:** | Medical History: Incontinence |
| **Type:** | Categorical | | |

**Values**

| | |
|---|---|
| 0 | No |
| 1 | Yes |

## F37 leak limit activities

How often does the leakage of urine limit your daily activities? (Mark one oval.)

| | | | |
|---|---|---|---|
| **Variable #** | 182 | **Usage Notes:** | Sub-question of F37 V5 Q113 "Ever leaked urine". |
| **Sas Name:** | INCONLMT | | Sub-question of F37 V5 Q115 "No longer leak urine". |
| | | | Not collected on all versions of Form 37. |
| **Sas Label:** | leak limit activities | **Categories:** | Medical History: Incontinence |
| **Type:** | Categorical | | |

**Values**

| | |
|---|---|
| 1 | Never |
| 2 | Almost never |
| 3 | Sometimes |
| 4 | Fairly often |
| 5 | Very often |

## F37 How much does leakage bother you

How much does the leakage of urine bother or disturb you? (Mark one oval.)

| | | | |
|---|---|---|---|
| **Variable #** | 183 | **Usage Notes:** | Sub-question of F37 V5 Q113 "Ever leaked urine". |
| **Sas Name:** | INCONDIS | | Sub-question of F37 V5 Q115 "No longer leak urine". |
| | | | Not collected on all versions of Form 37. |
| **Sas Label:** | How much does leakage bother | **Categories:** | Medical History: Incontinence |
| **Type:** | Categorical | | |

**Values**

| | |
|---|---|
| 1 | Not at all disturbing |
| 2 | A little disturbing |
| 3 | Somewhat disturbing |
| 4 | Very disturbing |
| 5 | Extremely disturbing |

## F37 Currently married or intimate

Are you currently married or in an intimate relationship with at least one person?

| | | | |
|---|---|---|---|
| **Variable #** | 184 | **Usage Notes:** | none |
| **Sas Name:** | MARRIED | | |
| | | **Categories:** | Lifestyle: Sexual Activity |
| **Sas Label:** | Currently married or intimate | | |
| **Type:** | Categorical | | |

**Values**

| | |
|---|---|
| 0 | No |
| 1 | Yes |

## F37 Sexual activity in last year

Did you have any sexual activity with a partner in the last year?

| **Variable #** | 185 | **Usage Notes:** none |
|---|---|---|
| **Sas Name:** | SEXACTIV | |
| **Sas Label:** | Sexual activity in last year | **Categories:** Lifestyle: Sexual Activity |
| **Type:** | Categorical | |

**Values**

| 0 | No |
|---|---|
| 1 | Yes |
| 9 | Don't want to answer |

## F37 How satisfied sexually

How satisfied are you with your current sexual activities, either with a partner or alone? (Mark one oval.)

| **Variable #** | 186 | **Usage Notes:** none |
|---|---|---|
| **Sas Name:** | SATSEX | |
| **Sas Label:** | How satisfied sexually | **Categories:** Lifestyle: Sexual Activity |
| **Type:** | Categorical | |

**Values**

| 1 | Very unsatisfied |
|---|---|
| 2 | A little unsatisfied |
| 3 | Somewhat satisfied |
| 4 | Very satisfied |
| 9 | Don't want to answer |

## F37 Satisfied with sex frequency

Are you satisfied with the frequency of your sexual activity, or would you like to have sex more or less often? (Mark one oval.)

| **Variable #** | 187 | **Usage Notes:** none |
|---|---|---|
| **Sas Name:** | SATFRQSX | |
| **Sas Label:** | Satisfied with sex frequency | **Categories:** Lifestyle: Sexual Activity |
| **Type:** | Categorical | |

**Values**

| 1 | Less often |
|---|---|
| 2 | Satisfied with current frequency |
| 3 | More often |
| 9 | Don't want to answer |

## F37 Sexual activity affects health

Are you worried that sexual activities will affect your health?

| **Variable #** | 188 | **Usage Notes:** none |
|---|---|---|
| **Sas Name:** | SEXWORRY | |
| **Sas Label:** | Sexual activity affect healh | **Categories:** Lifestyle: Sexual Activity |
| **Type:** | Categorical | |

**Values**

| 1 | Not at all worried |
|---|---|
| 2 | A little worried |

## F37 Who you have had sex with

Regardless of whether you are currently sexually active, which response best describes who you have had sex with over your adult lifetime?

| | |
|---|---|
| **Variable #** | 189 |
| **Sas Name:** | SEX |
| **Sas Label:** | Who you have had sex with |
| **Type:** | Categorical |

**Usage Notes:** none

**Categories:** Lifestyle: Sexual Activity

**Values**

| | |
|---|---|
| 1 | Have never had sex |
| 2 | Sex with a woman or with women |
| 3 | Sex with a man or with men |
| 4 | Sex with both men and women |
| 9 | Prefer not to answer |

## F37 Who had sex with after 45

Which response best describes who you have had sex with after 45 years of age?

| | |
|---|---|
| **Variable #** | 190 |
| **Sas Name:** | SEX45 |
| **Sas Label:** | Description of adult sexual orientation |
| **Type:** | Categorical |

**Usage Notes:** Sub-question of F37 V5 Q125 "Who you have had sex with". Not collected on all versions of Form 37.

**Categories:** Lifestyle: Sexual Activity

**Values**

| | |
|---|---|
| 0 | Never had sex |
| 1 | Sex with a women or with women |
| 2 | Sex with a man or with men |
| 3 | Sex with both men and women |

## Activities of daily living construct

Computed from Forms 36/37, questions 84-87.  Source: WHI BAC.  Four items describing basic activities (whether can eat, dress, get in and out of bed, and take a bath) each of which has three possible values (1=without help, 2=some help, 3=completely unable) are summed.  A lower score indicates greater ability to cope with daily living activities.  Missing if any of the four items are missing.

| | |
|---|---|
| **Variable #** | 191 |
| **Sas Name:** | ACTDLY |
| **Sas Label:** | Activities of Daily Living Construct |
| **Type:** | Continuous |

**Usage Notes:** none

**Categories:** Computed Variables

## Ambivalence over emotional expressiveness

Computed from Form 36/37, questions 30, 31 and 32.  Reference:  King L, Emmons R (1990).  Average of three components coded from 1=strongly disagree to 5=strongly agree.  The summary score ranges from 1 to 5 where a higher score indicates greater ambivalence in expressing negative emotions.  Missing if any of the three components is missing.

| | |
|---|---|
| **Variable #** | 192 |
| **Sas Name:** | AMBEMOT |
| **Sas Label:** | Ambivalence over Emotional Expressivenes |
| **Type:** | Continuous |

**Usage Notes:** none

**Categories:** Computed Variables

## Care giving construct #1 (0,1 scoring)

Computed from Form 36/37, question 15.  Source:  Cardiovascular Health Study.  CAREGIV1 is an indicator of whether the participant is currently helping a sick, limited or frail family member on a regular basis.  (See also CAREGIV2.)

| **Variable #** | 193 | **Usage Notes:** none |
|---|---|---|
| **Sas Name:** | CAREGIV1 | |
| **Sas Label:** | Care Giving Construct #1 (0,1 scoring) | **Categories:**  Computed Variables |
| **Type:** | Categorical | |

**Values**

| 0 | No |
|---|---|
| 1 | Yes |

## Care giving construct #2 (0-5+ scoring)

Computed from Form 36/37, question 15 and 15.1.  Source:  Cardiovascular Health Study.  CAREGIV2 combines questions 15 and 15.1 to give the number of times per week a participant currently helps a friend or family member.  (See also CAREGIV1. )

| **Variable #** | 194 | **Usage Notes:** none |
|---|---|---|
| **Sas Name:** | CAREGIV2 | |
| **Sas Label:** | Care Giving Construct #2 (0-5+ scoring) | **Categories:**  Computed Variables |
| **Type:** | Categorical | |

**Values**

| 0 | No |
|---|---|
| 1 | Less than once a week |
| 2 | 1-2 times a week |
| 3 | 3-4 times a week |
| 4 | 5 or more times a week |

## Role limitations due to emotional problems

Computed from Form 36/37, questions 67, 68, and 69.  Source:  Rand 36-Item Health Survey (SF-36).  Quality of life subscale on role limitations due to emotional problems.  EMOLIMIT ranges from 0 to 100 with a higher score indicating a more favorable health state.

| **Variable #** | 195 | **Usage Notes:** none |
|---|---|---|
| **Sas Name:** | EMOLIMIT | |
| **Sas Label:** | Role Limitations Due to Emotional Proble | **Categories:**  Computed Variables |
| **Type:** | Continuous | |

## Emotional well-being

Computed from Form 36/37, questions 76, 77, 78, 80, and 82.  Source:  Rand 36-Item Health Survey (SF-36).  Quality of life subscale on emotional well-being.  EMOWELL ranges from 0 to 100 with a higher score indicating a more favorable health state.

| **Variable #** | 196 | **Usage Notes:** none |
|---|---|---|
| **Sas Name:** | EMOWELL | |
| **Sas Label:** | Emotional Well-being | **Categories:**  Computed Variables |
| **Type:** | Continuous | |

## Energy/fatigue

Computed from Form 36/37, questions 75, 79, 81, and 83.  Source:  Rand 36-Item Health Survey (SF-36).  Quality of life subscale on energy/fatigue. ENERFAT ranges from 0 to 100 with a higher score indicating a more favorable health state.

| | | | |
|---|---|---|---|
| **Variable #** | 197 | **Usage Notes:** none | |
| **Sas Name:** | ENERFAT | | |
| **Sas Label:** | Energy/Fatigue | **Categories:**  Computed Variables | |
| **Type:** | Continuous | | |

## Hostility construct

Computed from Form 36/37, questions 33-45.  Source:  Cynicism Subscale of Cooke-Medley Questionnaire.  Sum of thirteen True/False items resulting in a possible range from 0 to 13 where a higher score indicates greater hostility.  Missing if any of the thirteen items are missing.

| | | | |
|---|---|---|---|
| **Variable #** | 198 | **Usage Notes:** none | |
| **Sas Name:** | HOSTIL | | |
| **Sas Label:** | Hostility Construct | **Categories:**  Computed Variables | |
| **Type:** | Continuous | | |

## General health construct

Computed from Form 36/37, questions 48, 70, 71, 72, and 73.  Source:  Rand 36-Item Health Survey (SF-36).  Quality of life subscale on general health.  GENHLTH ranges from 0 to 100 with a higher score indicating a more favorable health state.

| | | | |
|---|---|---|---|
| **Variable #** | 199 | **Usage Notes:** none | |
| **Sas Name:** | GENHLTH | | |
| **Sas Label:** | General Health Construct | **Categories:**  Computed Variables | |
| **Type:** | Continuous | | |

## Life event construct #1 (0,1 scoring)

Computed from Form 36/37, questions 89.1, and 90-99.  Source:  WHI BAC; based on measures used in the Alameda County Study and BHAT.  The eleven items are recoded, setting original responses from 1-3 equal to 1, and then summed.  The construct has a range from 0 to 11 with a higher score indicating a greater number of life events. Missing if any of the eleven items are missing.

| | | | |
|---|---|---|---|
| **Variable #** | 200 | **Usage Notes:** none | |
| **Sas Name:** | LFEVENT1 | | |
| **Sas Label:** | Life Event Construct #1 (0,1 scoring) | **Categories:**  Computed Variables | |
| **Type:** | Continuous | | |

## Life event construct #2 (0-3 scoring)

Computed from Form 36/37, question questions 89.1, and 90-99.   Source:  WHI BAC; based on measures used in the Alameda County Study and BHAT.  This construct is a sum of the eleven items that are coded from 0-3 resulting in  a range from 0 to 33 with a higher score indicating a greater number of life events. If any of the eleven items are missing, LFEVENT2 is set to missing.

| | | | |
|---|---|---|---|
| **Variable #** | 201 | **Usage Notes:** none | |
| **Sas Name:** | LFEVENT2 | | |
| **Sas Label:** | Life Event Construct #2 (0-3 scoring) | **Categories:**  Computed Variables | |
| **Type:** | Continuous | | |

## Living alone

Computed from Form 36/37, questions 10.1-10.7. Indicator of whether the participant lives alone.

| **Variable #** | 202 | **Usage Notes:** none |
|---|---|---|
| **Sas Name:** | LIVALOR | |
| **Sas Label:** | Living Alone | **Categories:** Computed Variables |
| **Type:** | Categorical | |

**Values**

| | |
|---|---|
| 0 | No |
| 1 | Yes |

## Negative emotional expressiveness (NEE)

Computed from Form 36/37, questions 26-29. Reference: King L, Emmons R (1990). Average of four components coded from 1=strongly disagree to 5=strongly agree. The summary score ranges from 1 to 5 where a higher score indicates greater ambivalence in expressing negative emotions. Missing if any of the four components is missing.

| **Variable #** | 203 | **Usage Notes:** none |
|---|---|---|
| **Sas Name:** | NEGEMOT | |
| **Sas Label:** | Negative Emotional Expressiveness (NEE) | **Categories:** Computed Variables |
| **Type:** | Continuous | |

## Optimism construct

Computed from Form 36/37, questions 20-25. Source: Life Orientation Test-Revised (LOT-R). Sum of six components coded from 1=strongly disagree to 5=strongly agree. Questions 21, 23 and 24 are reverse coded before summing. The summary score ranges from 6 to 30 where a higher score indicates greater optimisim. Missing if any of the six components is missing.

| **Variable #** | 204 | **Usage Notes:** none |
|---|---|---|
| **Sas Name:** | OPTIMISM | |
| **Sas Label:** | Optimism Construct | **Categories:** Computed Variables |
| **Type:** | Continuous | |

## Pain construct

Computed from Form 36/37, questions 61 and 62. Source: Rand 36-Item Health Survey (SF-36). Quality of life subscale on pain. PAIN ranges from 0 to 100 with a higher score indicating a more favorable health state.

| **Variable #** | 205 | **Usage Notes:** none |
|---|---|---|
| **Sas Name:** | PAIN | |
| **Sas Label:** | Pain Construct | **Categories:** Computed Variables |
| **Type:** | Continuous | |

## Role limitations due to physical health

Computed from Form 36/37, questions 63-66. Source: Rand 36-Item Health Survey (SF-36). Quality of life subscale on role limitations due to physical health. PHYLIMIT ranges from 0 to 100 with a higher score indicating a more favorable health state.

| **Variable #** | 206 | **Usage Notes:** none |
|---|---|---|
| **Sas Name:** | PHYLIMIT | |
| **Sas Label:** | Role Limitations Due to Physical Health | **Categories:** Computed Variables |
| **Type:** | Continuous | |

## Physical functioning construct

Computed from Form 36/37, questions 50-59. Source: Rand 36-Item Health Survey (SF-36). Quality of life subscale on physical functioning. PHYSFUN ranges from 0 to 100 with a higher score indicating a more favorable health state.

| | | | |
|---|---|---|---|
| **Variable #** | 207 | **Usage Notes:** none | |
| **Sas Name:** | PHYSFUN | | |
| **Sas Label:** | Physical Functioning Construct | **Categories:** | Computed Variables |
| **Type:** | Continuous | | |

## Shortened CES-D/DIS screening instrument

Computed from Form 36/37, questions 100.1-100.6, 101, and 102. Source: Center for Epidemiological Studies; depression scale (CES-D, short form). PSHTDEP ranges from 0 to 1 with a higher score indicating a greater likelihood of depression. Cutoff values of .06 and .009 have been used to indicate depression.

| | | | |
|---|---|---|---|
| **Variable #** | 208 | **Usage Notes:** none | |
| **Sas Name:** | PSHTDEP | | |
| **Sas Label:** | Shortened CES-D/DIS Screening Instrument | **Categories:** | Computed Variables |
| **Type:** | Continuous | | |

## Sleep disturbance construct

Computed from Form 36/37, questions 106-109 and 111. Sum of five components. Questions 106-109 range from 1-5 and question 111 is recoded and reverse coded resulting in a range from 0-4 before summing. The summary score ranges from 4 to 24 where a higher score indicates greater sleep disturbance. Missing if any of the five components is missing.

| | | | |
|---|---|---|---|
| **Variable #** | 209 | **Usage Notes:** none | |
| **Sas Name:** | SLPDSTRB | | |
| **Sas Label:** | Sleep Disturbance Construct | **Categories:** | Computed Variables |
| **Type:** | Continuous | | |

## Social functioning

Computed from Form 36/37, questions 60 and 74. Source: Rand 36-Item Health Survey (SF-36). Quality of life subscale on social functioning. SOCFUNC ranges from 0 to 100 with a higher score indicating a more favorable health state.

| | | | |
|---|---|---|---|
| **Variable #** | 210 | **Usage Notes:** none | |
| **Sas Name:** | SOCFUNC | | |
| **Sas Label:** | Social Functioning | **Categories:** | Computed Variables |
| **Type:** | Continuous | | |

## Social strain construct

Computed from Form 36/37, questions 16-19. Source: Antonucci TA, Kahn RC, Akiyama H (1989). Scale measuring negative aspects of social relations. Sum of four components coded from 1=none to 5=all. The summary score ranges from 4 to 20 where a higher score indicates more social strain. Missing if any of the four components is missing.

| | | | |
|---|---|---|---|
| **Variable #** | 211 | **Usage Notes:** none | |
| **Sas Name:** | SOCSTRN | | |
| **Sas Label:** | Social Strain Construct | **Categories:** | Computed Variables |
| **Type:** | Continuous | | |

## Social support construct

Computed from Form 36/37, questions 1-9. Source: Medical Outcomes Study. Sum of nine components coded from 1=none of the time to 5=all of the time. The summary score ranges from 9 to 45 where a higher score indicates more social support. Missing if any of the nine components is missing.

| | | | |
|---|---|---|---|
| **Variable #** | 212 | **Usage Notes:** | none |
| **Sas Name:** | SOCSUPP | | |
| **Sas Label:** | Social Support Construct | **Categories:** | Computed Variables |
| **Type:** | Continuous | | |

## Symptom construct

Computed from Form 36/37, questions 88.1-88.34. Source: PEPI, national and other surveys. Average of 34 items measuring occurrence and severity of symptoms. The summary score ranges from 0 to 3 where a higher score indicates more numerous and/or more severe symptoms. Missing if any of the 34 items is missing.

| | | | |
|---|---|---|---|
| **Variable #** | 213 | **Usage Notes:** | none |
| **Sas Name:** | SYMPTOM | | |
| **Sas Label:** | Symptom Construct | **Categories:** | Computed Variables |
| **Type:** | Continuous | | |