OMB No. 0920-0214: Approval Expires 4/30/95

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

DISABILITY FOLLOWBACK SURVEY

FORM DFS-3

B. Telephone (Different from label)

64-70

1 🗌 None

7 Refused 9 DK number

Area code 61-63 Number

(NHIS PHASE II) SUPPLEMENT ON AGING QUESTIONNAIRE **NOTICE** – Information contained on this form which would permit identification of any individual or establishment has been collected with a guarantee that it will be held in strict confidence, will be used only for purposes stated for this study, and will not be disclosed or released to others without the consent of the individual or the establishment in accordance with section 308(d) of the Public Health Service Act (42 USC 242m). Public reporting burden for this collection of information is estimated to vary from 40 to 50 minutes per response, with an average of 45 minutes per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to PHS Reports Clearance Officer; ATTN: PRA; Humphrey Building, Room 721-H, 200 Independence Avenue, SW; Washington, DC 20201; and to the Office of Management and Budget, Paperwork Reduction Project (0920-0214) Washington, DC 20503.

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Γ	8

RT 06

				***************************************	Part	I - CAI	L RECOR	D	******				3-4
Mode	Da Month	ite Day	Beginning time		Resu	lts	<u></u>		Ending time		Comments		
5	6-7	8-9	10-14							5-19			
T			a.m.	1						a.m.			
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A. Final	Status				B. Mode					C. Respondent			, <u></u>
Interv				20-21					22				64
01 🗆 C	complete artial <i>(Exp</i>	plain in N	otes)		1 🗌 Teleph 2 🗌 Person					1 □ Self 2 □ Proxy 🖌			
1	nterview									Reason fo	r proxy		
	P refused roxy refus	ad								1 🗆 SP inc)	65
05	Inable to d	contact			D. Proxy						titutionalized		
	Inable to I	ocate		(Explain	Name				23-63	3 ☐ SP una	- Specify Z	(Fill	
	eceased	lized, no	proxy	Notes)	, italito						opeeny F	(II.D)	
09 🗌 l r	ncapable,	no proxy			E. Field Repre	ocontativ	o's Name	Code	66-68				
	loved o/s)ther noni		ble to phone)		esentativ					,)	
						RT 07	Number	j 		<u> </u>			
		Pai	rt III - NEW AI	DDRESS		3-4	Notes						
A. Addr	ess (Differ	ent from	label)										
Num	ber and st	reet				5-29							
City			30-49	State 50	51 ZIP Code	52-60							
			00,43										

71

INITIAL SCREENING 1. May I please speak with (sample person)? 1. May I please speak with (sample person)? 1. May I please speak with (sample person)? 2. Why is (sample person) not available to be interviewed? 1. SP deceased (Skip to 4) 2. Why is (sample person) not available to be interviewed? 1. SP deceased (Skip to 6) 2. Why is (sample person) not available to be interviewed? 1. SP deceased (Skip to 6) 2. Why is (sample person) [return/be available] before (closeout date)? 3. Will (sample person) moved to a new residence or is [he/she] in a health facility/group home, or some other place? 2. SP in health facility/group home (Go to 4b) 3. SP in jail (Skip to 5) 4a. Has (sample person) moved to a new residence or is [he/she] in a health facility/group home (Go to 4b) 3. SP in jail (Skip to 5) 4a. Has (sample person) moved to a new residence or is [he/she] 1 SP in health facility/group home (Go to 4b) 2 SP in health facility/group home (Go to 4b) 3 SP in jail (Skip to 5) 4 SP in prison (END interview - noninterview) 5 P on vacation/visiting/temporarily absent (Skip to 4l) b. What type of facility or group home is this? Mark (X) first appropriate box. 0 Bart and Care home <	3-4 5 6 7 9-10
1 Yes (Skip to A below) 2. Why is (sample person) not available to be interviewed? 1 SP deceased (Skip to 6) 2 SP moved (Skip to 4) 3 SP temporarily absent/unavailable (Go to 3) 4 SP incapable (Skip to 5) 3. Will (sample person) [return/be available] before (closeout date)? 1 Yes (Schedule appointment) 2 No 3 (Go to 4) 4a. Has (sample person) moved to a new residence or is [he/she] in a health facility, group home, or some other place? 1 SP moved (Record new address and telephone no.) 2 SP in health facility of componencial to a new residence or is [he/she] in a health facility group home, or some other place? 1 SP moved (Record new address and telephone no.) 3 SP in pisan (END interview - noninterview) 1 SP in pisan (END interview - noninterview) 4 SP in pisan (END interview - noninterview) 5 SP on vacation/visiting/temporarily absent (Skip to 4) b. What type of facility or group home is this? 01 Hospital (Go to 4c) address or Board and Care home address or Board and Care home and address or board and Care home and telephone.) 0 Other Other	 7 8
1 SP deceased (Skip to 6) 2 SP moved (Skip to 6) 3 SP incapable 4 SP incapable 5 Other 1 Yes (Schedule appointment) 2 No 2 No 3 Will (sample person) [return/be available] before (closeout date)? 1 Yes (Schedule appointment) 2 No 2 No 3 DK 4a. Has (sample person) moved to a new residence or is [he/she] in a health facility, group home, or some other place? 1 SP in pail (Skip to 5) 2 SP in pail (Skip to 5) 4 SP in pisi (Skip to 5) 5 SP on vacation/visiting/temporarily absent (Skip to 4d) 5 SP on vacation/visiting/temporarily absent (Skip to 4d) 5 SP on vacation/visiting/temporarily absent (Skip to 4d) 6 Hasing/convalescent home 6 Supervised apartment 6 Group home 6	8
date)? 1 Ges Chedule appointment) 2 No 3 Ges Chedule appointment) 2 No 4a. Has (sample person) moved to a new residence or is [he/she] in a health facility, group home, or some other place? 1 SP moved (Record new address and telephone no.) 2 SP in health facility, group home, or some other place? 2 SP in health facility/group home (Go to 4b) 3 SP in jail (Skip to 5) 4 SP in prison (END interview – noninterview) 5 SP on vacation/visiting/temporarily absent (Skip to 4d) b. What type of facility or group home is this? 01 Hospital Mark (X) first appropriate box. 02 Nursing/convalescent home 04 Group home 6 Halfway house 05 Developmental Center 6 Other supervised group residence or facility 06 Developmental Center 7 Other	8
in a health facility, group home, or some other place? 1 SP moved (Record new address and telephone no.) 2 SP in health facility/group home (Go to 4b) 3 SP in jail (Skip to 5) 4 SP in prison (END interview – noninterview) 5 SP on vacation/visiting/temporarily absent (Skip to 4d) 01 Hospital 02 Nursing/convalescent home 04 Group home 05 Supervised apartment 06 Halfway house 07 Board and Care home 08 Developmental Center 09 Other supervised group residence or facility	
Mark (X) first appropriate box. Mark (X) first appropriate box. (Go to 4c) (Go to 4c) (Record new address and telepho. no.) 10 Other	9-10
Refer to ago on label	ė
2 □ 69+ (Go to 4d)	11
d. Is it possible to interview (sample person) at the [facility/present location]?	12
 5. Since I won't be able to interview (sample person), I need to talk to the person who knows the most about (sample person's) health. Who would that be? 1 Respondent (Skip to A below) 2 Other person (Record person's name, address, and telephone no.) 3 No one 9 DK/Ref 	13
6. On what date did <u>(sample person)</u> die? Month Day Year Go to 7) 999999 DK	14-19
7. Did (sample person) die at home, in a hospital, in a nursing or convalescent home, or some other place? 1 At home 2 In hospital 3 In nursing/convalescent home, or some other place? 4 Other place 9 DK	20
A Begin interview by asking: When we conducted the interview several months ago, we recorded (sample person's) age as (age from label). Is this still correct?	<u>21</u>
Notes	
	1 DFS-3 (7-1-94
Page 2	ι <i>μ</i> гэ-3 (7-1-94

	INITIAL SC	CREEN	IING - Con	tinue	ed	********	aan da ay ahaa ahaa ahaa ahaa ahaa ahaa aha		
NEW ADDRESS (First or only)		RT 09 3-4	Second (If a	npropri	iate)				RT 10 3-4
Name of place (If appropriate)		5-40	Name of pla	ce (If a	ppropriate)		<u></u>		5-40
Number and street		41-64	Number and	l street					41-64
City 65-84	State 85-86 ZIP Code	87-95	City	···		65-84	State 85-86	ZIP Code	87-95
		07-00				03-04			
Telephone			Telephone	*	·····		! 	l 	
Area codo 95.98 Number 99-105	1 □ None 9 □ DK	106	Area code	` 96-98	Number	99-105	1 🗌 None	9 🗌 DK	106
	Refused number	r					7 🗌 Refused	number	
PROXY RESPONDENT		RT 11 3-4	1						
Name		5-40	ļ						
1 ☐ Mark box if same address/phone as SP	(Skip to A1 on page 4)	41 42-65							
Number and street		42-05							
		+							
City66-85	State 86-87 ZIP Code	88-96							
Telephone Area code 97-99 Number 100-106		107							
	1 □ None 9 □ DK 7 □ Refused number	L							
		AL INST	RUCTIONS						
 Conduct all interviews by personal visi get an interview is by telephone. 			6. The fol	lowing	symbols and	d print typ ze the as	pes are used t king of the qu	hroughout th	ne
get an internet, le by telephone.							priate words		m
3 After entropying introductions begin	all interviewe with A on		° E0119	, uasn	the list		priate words	or names no	3111
 After appropriate introductions, begin page 2. 	an interviews with A off		• Und	erlined	l italics in p	arenthes	ses – Insert th name, d		vords,
3. If the sample person (or proxy) is not v assignment area, call your office for in			• Regu	ılar tyı	pe in parent		Either read or parenthetical, the situation a of the questio	depending of and the conte	on
 Make minor corrections to the sample number on the LABEL. Record new add 	person's address or phor dresses and/or phone	ne	• Brac	kets n	ith a slash	O	hoose the app or phrase for the phrase of the phrase o	propriate wo ne particular	rds
numbers above.			• Sold	capita	als – Emphas questio		ord(s) when r	eading the	
 If a question is refused, enter "REF" in respondent does not know the answer "DK" box if there is one, or enter "DK" i 	to a question, mark the		7. If interv approp	viewing riate p	g a proxy, sul ronoun) for t	bstitute tł he word '	ne sample per 'You" in the qu	son's name uestions.	(or
Notes									
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······································	Section A – HOUSING AND	LON	IG-TE	RM CA	RE SE	RVICES)				3-4
ITEM A1	Status of Sample Person (SP).			utionaliz thers (Go		o to 6 on p	age	5)			5
These fi	rst questions are about the place you live.			than 1 y				·····	······································		6-7
1. How lon	g have you been living here?	· 00	L Less		ear						
		1	Numbe DK	Years r)							
		1 99		- <u></u>							8
Za. Is it NEC home fr	ESSARY to use any steps or stairs to get into this om the outside?	2	∃Yes ∃No ∃DK								
b. Countin separate or level?	g basements and step down living areas as levels, does this home have more than one floor	2(□ Yes (□ No	Go to 2c, - (Skip +-)						9
C. Does thi ALL on 1	is home have a bathroom, bedroom, and kitchen the SAME floor or level?	2	☐ Yes ☐ No ☐ DK		~ ~						
3. Because you have	of a physical impairment or health problem, do e any difficulty —	 	Yes	No	DK						
a. Entering	or leaving your home?	a.	1 🗌	2	9 🗌						11
b. Opening	or closing any of the doors in your home?	b.	1 🔲	2 🗌	9 🗌						12
C. Reachin	g or opening cabinets in your home?	c.	1 🗖	2 🗌	9 🗌						13
d. Using th	e bathroom in your home?	d.	1	2 🗌	9 🗌						14
		<u></u>	<u></u>					otherwis	se, ask 5	kip to 6 c only for arked "Ye	
who hav Whether	sidences have special features to assist persons re physical impairments or health problems. r you use them or not, does your residence have nese features?						5.	Which you NE	special ED to g	feature jet arou not hav	es do Ind this
		ł	Yes	No	DK			Yes	No	DK	
a. Widened	I doorways or hallways?	a.	1 🗌	2 🗌	9 🗌	15	a.	1 🗌	2 🗌	9 🗌	16
b. Ramps o	er street level entrances?	b.	1 🗌	2 🗌	9 🗌	17	b.	1 🗌	2	9 🗌	18
C. Railings	?	C.	1 🗌	2	9 🗌	19	c.	1 🗌	2	9 🗌	20
d. Automa	tic or easy to open doors?	d.	1	2	9 🗌	21	d.	1 🗖	2	9 🗋	22
e. Accessil	ble parking or drop-off site?	 e.	1 🗌	2 🗌	9 🗌	23	e.	1 🗔	2 🗌	9 🗌	24
f. Bathroo	m modifications ?	 f.	1	2 🗌	9 🗌	25	f.	1 🛄	2	9 🗖	26
g. Kitchen	modifications?	g.	1	2	9 🗌	27	g.	1 🗌	2	9 🗋	28
h. Elevator	, chair lift, or stair glide?	 h.	1 🗌	2 🗌	9 🗌	29	h.	1 🗌	2 🗌	9 🗔	30
i. Alerting	devices?	 i.	1 🗌	2	9 🗌	31	i.	1 🗌	2 🗌	9 🗌	32
j. Any othe	er special features?	j .	1 🗌	2 🗌	9 🗌	33	j.	1 🗌	2 🗌	9 🗌	34
Notes		1		<u> </u>	· · · · · · · · · · · · · · · · · · ·		<u> </u>				

FORM DFS-3 (7-1-94)

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	VERIFY: place a — <u>(Read all categories)</u>) only one.	01 Single family house or townhouse that is not part of a retirement community, (Skip to 9 on page 02 Single family house, townhouse, or apartment that is part of a retirement community, (Skip to 7) 03 Regular apartment, (Skip to 9 on page 6) 04 Supervised apartment, (Skip to 9 on page 6) 04 Supervised apartment, (Skip to 9 on page 6) 04 Supervised apartment, (Skip to 9 on page 6) 04 Supervised apartment, (Skip to 9 on page 6) 04 Supervised apartment, (Skip to 9 on page 6) 04 Supervised apartment, (Skip to 9 on page 6) 04 Supervised apartment, (Skip to 9 on page 6) 04 Supervised apartment, (Skip to 9 on page 6) 04 Supervised apartment, (Skip to 9 on page 6) 05 Group home, (Skip to 9 on page 6) 06 Halfway house, (Skip to 9 on page 6) 07 Personal care or board and care home, (Skip to 7) 08 Developmental center, (Skip to 7) 09 Some other type of supervised group residence or facility, (Skip to 7) 10 Assisted living facility, (Skip to 7) 11 Nursing or convalescent home, (Skip to 7) 12 Retirement home, (Skip to 7) 13	at
ASK OR b. Does th who are	VERIFY: is place primarily or exclusively serve people elderly?	1 □ Yes 2 □ No 9 □ DK	
ITEM A2	Status of SP.	 □ Institutionalized (Skip to 10 on page 6) 2 □ All others (Go to 7) 	
7. Whethe provide persona	r you use them or not, does this place routinely services such as meals, help with housework or I care, transportation, or recreation?	1 □ Yes (Go to 8 on page 6) 2 □ No 9 □ DK { (Skip to 9 on page 6)	

	Section A - HOUSING AND LONG	TERM CARE SERVICES - Continued
8.	Whether you use them or not, does this place routinely	TERM CARE SERVICES - Continued
	provide —	Yes No DK
a.	Group meals for residents?	a. 1 2 9 1 40
b.	Housekeeping or maid service?	b. 1 2 9 1 41
	Nursing or medical care?	
	Supervision of residents who give themselves	
u.	their own medication?	d. 1 2 9 2 43
e.	Help with bathing, eating, or dressing?	e. 1 2 9 2 44
f.	Help with walking or getting about?	f. 1 2 9 45
g.	Help with shopping?	g. 1 2 9 9 46
h.	Planned social activities or trips?	h. 1 2 2 9 47
	Educational or training programs?	i. 1 2 9 9 48
	Help with laundry?	1
	Help with money management?	K. 1 2 9 50
1.	Transportation?	1 1 2 9 51
m.	Protective oversight?	m. 1 2 9 52
9.	Are you planning a move in order to receive any (additional) personal help, assistance or services?	1 🗌 Yes 2 🗌 No
		9 □ DK
	Mark "Yes" if SP is currently living in a nursing home;	54
10a	otherwise ask: Have you EVER been a resident or patient in a nursing	1
ıva.	home?	$ \begin{array}{c} 2 \square \text{ No} \\ 9 \square \text{ DK} \end{array} $ (Skip to 12 on page 7)
b.	How many DIFFERENT TIMES have you been a resident or	55-56
	patient in a nursing home (including the current time)?	(Number)
		99 🗆 DK
C.	On what date were you admitted (the FIRST time)?	57-60
	If date not known, ask: Was it within the past 12 months?	/19 Month Year
		0001 🗆 In past 12 months
		0002 □ Not in past 12 months
	Mark box if "Now in nursing home"; otherwise ask:	61-64
d.	On what date were you discharged (the LAST time)?	/10
	If date not known, ask: Was it within the past 12 months?	Month Year
		0001 □ In past 12 months 0002 □ Not in past 12 months
		9999 DK
е.	How long [were you/have you been] in the nursing home (the LAST time/THIS time)?	00 🗆 Less than 1 month
		Months (Number)
	Ask if date in 10d is within the past 12 months, including "Now	67-68
	in". If not within the past 12 months, skip to 12 on page 7.	00 🗆 Less than 1 week
f.	How many weeks in the past 12 months [were you/have you been] in a nursing home?	Weeks
		(Number)
		99 🗍 DK
Page 6		FORM DFS-3 (7-1-94

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		G-TERM CARE SERVICES - Continued	. <u> </u>
	HAND CARD A1. Read categories if telephone interview.		
11a.	Who paid or will pay for your nursing home stays in the past 12 months?	1 01 C Self or family in household	69-70
	past 12 months?	 02 Family NOT in household 03 Private health insurance 	71-72
	(Anyone else?)		75-76
	Mark (V) all that apply		77-78
	Mark (X) all that apply.	06 🗌 Rehabilitation program	79-80
		07 🔲 Employer	81-82
		08 🗆 School system	83-84
		l 09 □ VA program l 10 □ Other military	85-80 87-88
		10 Other military	89-90
		$12 \square$ Other public source	91-92
		13 No one/Free	93-94
		$\begin{array}{c} 1 \\ 99 \end{array} \square DK \end{array} \left\{ \begin{array}{c} (Skip \ to \ 12) \\ \end{array} \right\}$	95-96
	Ask if more than one source in 11a. If only one source in 11a, transcribe the number of the box marked without asking.		97-98
b.	Who paid or will pay the most for your nursing home stays in the past 12 months?	Paid most	
		(Number)	
	Record number of the main source.	99 🗖 DK	
	Ask only if box 01 marked in 11a; otherwise, skip to 12.		
			L
	During the past 12 months, about how much did you or your family pay for your nursing home stays? Do not		
	count any money that has been or will be reimbursed by	\$ ²⁰	
	insurance or any other source.	999999 🗆 DK	
	If "Now in nursing home" marked in 10d, skip to Section D on page 10; otherwise, ask:		105
12.	Are you currently on a waiting list to go into a	1 🗌 Yes	
	nursing home?	2 🗆 No	
		9 □ DK	
Notes			

		Section B - TI	RANSPORTATION		
TEM B1	Status of SP.		1 ☐ Institutionalized (Skip to Section 2 ☐ All others (Go to 1)	D on page 10)	
These n	ext questions are about getting arou	nd outside	· · · · · · · · · · · · · · · · · · ·		[
Would y	me. equently do you drive a car or other m ou say — <u>(Read all categories)</u> only one.	iotor vehicle?	1 Everyday or almost everyday 2 Occasionally, 3 Seldom, or 4 Never? (Go to 2) 9 DK (Skip to 3)	(Skip to 3)	
ls this b	ecause of an impairment or health pr	roblem?	1 □ Yes		
	na de la companya de La companya de la comp La companya de la comp	na ≇rin an an an an an a	2 □ No 9 □ DK	a an	
transpo subway	the past 12 months, have you used lo rtation, such as a regular bus line, ra , or street car? only one.	ocal public pid transit,	0 □ No public system available (Skip 1 □ Yes (Skip to 3c) 2 □ No (Go to 3b) 9 □ DK (Go to 3b)	to Section C on page 9)	
. Does an	impairment or health problem preve of the public transportation service	ent or limit	l l		
	only one.	an a	1 □ Yes 2 □ No 9 □ DK	kip to Section C on page 9,	n dan Jacip Nation
local pu	the past 12 months, how often did yo blic transportation service? Would yo categories)	ou use the ou say —	1 Everyday or almost everyday 2 Occasionally, or		
Mark (X)	only one.		3		
past 12	e of an impairment or health problem months, did you have any difficulty u ransportation service?	, during the using the local	1 □ Yes 2 □ No 9 □ DK		
tes					
	n sense a sense i sense Reference i sense i sens		an a		
			n an	- 	
• •	and the second secon	an an an an Arthur An Anna Anna Anna Anna Anna Anna Anna A	an a	ای این ایند. ایند از میترد در هم دروانی ایند ایند کرده از این از د	•
	and the second				
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			ر این در این	and a second	
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- <u>.</u>		n and a second			

	Section C – SO		CTIVII	ſY		
	Reminder – If SP is institutionali	zed, skip t	o Sectio	n D on page 10.		
These next questions are have participated in.	e about various activities you may					
1. DURING THE PAST 2 WE	• •	 Yes	No	DK		
a. Get together socially with	th friends or neighbors?	a. 1	2 🗌	9 🗔		12
b. Talk with friends or neig	hbors on the telephone?	b. 1 🗌	2 🗔	9 🗋		13
C. Get together with ANY r those living with you?	relatives not including	 C. 1 []	2 🗌	9 🗌		14
d. Talk with ANY relatives those living with you?	on the telephone not including	 d. 1 🗌 	2 🗌	9		15
e. Go to church, temple, or services or other activiti	another place of worship for es?	 e. 1 🗌 	2	9 🗋		16
f. Go to a show or movie, s class, or other group eve	sports event, club meeting, ent?	 f. 1□ 	2	9 🗋		17
g. Go out to eat at a restau	rant?	g. 1	2	9		18
2. How many days in the pa home for any reason?	ast two weeks did you leave your	14 □ Ev 00 □ Nc	ery day one			19-20
) (Nun	D	ays		
		 99 🗌 DK				
If proxy respondent, skip to	Section D on page 10; otherwise ask:	 	<u> </u>	<u> </u>	······	21
3. Regarding your present s you are doing about eno to be doing more?	social activities, do you feel that ugh, too much, or would you like	2 □ To 3 □ Wo				
Mark (X) only one.		9 🗆 DK	ζ.			
Notes		<u></u>				

	Section D - WORK H	ISTORY/EMPLOYMENT	
	These next questions are about working for pay or profit, and about unpaid volunteer work.		22
1.	Have you EVER worked at a job or business?	1 ☐ Yes (Go to 2) 2 ☐ No } (Skip to 7) 9 ☐ DK }	
2.	Do you NOW work at a job or business?	1 □ Yes (Go to 3) 2 □ No } 9 □ DK } (Skip to 4)	23
3.	About how many hours a week do you usually work at your current job?	Hours per week (Number) { (Skip to 5)	24-25
	(Note: If more than one job, include all jobs.)	99 🗆 DK	
4.	In what year did you stop working at your last job?	19 Year 99 □ DK	26-27
5a.	Have you retired from a job or business?	$1 \square \text{ Yes } (Go \text{ to } 5b)$ $2 \square \text{ No}$ $9 \square \text{ DK} $ (Skip to 7)	28
b.	How old were you when you retired the last time?	Age	29-30
6.	Did you retire because of an ongoing health problem, impairment, or disability?	1 ☐ Yes 2 ☐ No 9 ☐ DK	31
7.	DURING THE PAST 12 MONTHS, were you involved in unpaid volunteer work such as teaching or coaching, office work, or providing care?	1 ☐ Yes (Go to 8) 2 ☐ No 9 ☐ DK } (Skip to Section E on page 11)	32
8.	How many days did you do volunteer work in the past 12 months?	$ \frac{1}{(\text{Days})} \begin{cases} 1 \square \text{ Per week} \\ 2 \square \text{ Per month} \\ 3 \square \text{ Per year} \end{cases} $ 99999 $\square \text{ DK}$	33-36
NIst			
Note	es		
- - -			
1			
'age	10	<u></u>	FORM DFS-3 (7-1-94)

	Section E – ASSISTIVE DEV		ND TE	CHNO	LOGIES				RT-1 3-4
	The next questions are about medical devices and implants.								
	Ask all of 1a–o before going to 2.					Ask fo	or each	"Yes" in 1	
1.	During the past 12 months, did you use any of the following medical devices or supplies?					2. Did y past	ou use two we	<u>(device)</u> i eks?	in the
		Yes	No	DK	·	Yes	No	DK	· · · · · ·
a.	A tracheotomy tube?	a. 1	2	9 🗌	5	¦ a. ¹□	2	9 🗌	6
b.	A respirator?	b. 1	2 🗌	9 🗌	7	b. ¹	2 🗌	9 🗌	8
C.	An ostomy bag?	c. ¹	2	9 🗌	9	1 C. ¹	2	9 🗌	10
d.	Catheterization equipment?	d. 1	2	9 🗌	11	d.1□	2	9 🛄	12
e.	A glucose monitor?	e. 1	2	9 🗌	13	e.1	2	9 🗌	14
f.	Diabetic equipment or supplies?	f 1	2	9 🗌	15	f f. 1	2	9 🗌	16
g.	An inhaler?	g. 1	2	9 🗌	17	¹ g. ¹ □	2	9 🗌	18
h.	A nebulizer?	h. 1	2	9 🗌	19	i h.1□	2 🗌	9 🗌	20
	A hearing aid?		2	9 🗌	21	1 † i 1 🗆	2	9 🗌	22
j.	Crutches?	j. 1	2	9 🗌	23	ł ∤ j. ¹□	2	9 🗌	24
k.	A cane?	k. 1	2	9 🗌	25	 k. 1	2	9 🗌	20
I.	A walker?	I. 1	2	9 🗌	27	 _ 1 []	2	9	21
m.	A wheelchair?	m. 1 🗆	2 🗌	9 🗌	29	1 m. 1 🗆	2 🗌	9 🗌	30
n.	A scooter?	n. 1	2	9 🗌	31	n. 1	2	9 🗌	32
0.	A feeding tube?	0. 1	2	9 🗌	33	0. 1	2	9 🗌	34
8.	Do you now have any of the following implants?	Yes	No	DK					
a.	Any shunt that drains away fluid?	a. 1	2	9 🗌					35
b.	An artificial joint?	b. 1	2 🗌	9 🗌					36
c.	Implanted lens?	∣ ∣ с. 1□	2	9 🗌					37
d.	Implanted pin, screw, nail, wire, rod, or plate?	l d. 1	2	9 🗌					38
e.	An artificial heart valve?	∣ ∣ e. 1□	2	9 🗌					39
f.	A pacemaker?	 f. 1 🗆	2	9 🗌					40
g.	Silicone implant?	∣ ∣g. 1□	2	9 🗌					41
•	Infusion pump?	∣ ∣ h. 1□	2	9 🗌					42
	Implanted catheter?] _ 1 🗖	2	э 🗔					43
	An organ implant?	 j. 1 🗆	2	9 🗌					44
-	A cochlear (kŏk $^{\prime}$ lē- ∂ r) implant?	 k. 1 🗌	2	9 🗌					45

Notes

	Section F – HEA	LTH INSURANCE	
	The next questions are about health insurance coverage.		46
	There are several government programs that provide medical care or help pay medical bills.		
	People covered by Medicare have a card that looks like this.		
	SHOW MEDICARE CARD.		
1a.	In (<u>month</u>), were you covered by Medicare?	1 □ Yes (Go to 1b) 2 □ No	
b.	How long have you been covered by Medicare?	'	47
	Read categories if necessary.	2 🗆 6 months, but less than 1 year	
	Mark (X) only one.	3 ☐ 1 year, but less than 2 years 4 ☐ 2 years or more 9 ☐ DK	
	There is a program called MEDICAID that pays for health care for persons in need. In this state, it is also called <u>(state name)</u> .		48
2a.	In (<u>month</u>), were you covered by MEDICAID or <u>(state name)</u> ?	1 □ Yes (Go to 2b) 2 □ No 9 □ DK } (Skip to 3)	
b.	How long have you had MEDICAID or (state name) coverage?	1 🗆 Less than 6 months	49
	Read categories if necessary.	2 □ 6 months, but less than 1 year 3 □ 1 year, but less than 2 years	
	Mark (X) only one.	 4 2 years, but less than 5 years 5 5 years or more 6 On and off for less than 2 years 7 On and off for 2 years, but less than 5 years 8 On and off for 5 years or more 9 DK 	
3.		· · · · · · · · · · · · · · · · · · ·	50
э.	In (<u>month</u>), were you covered by any OTHER public assistance program (other than Medicaid) that pays for health care? Do NOT include use of public or free clinics if that is your ONLY source of care.	1 ☐ Yes 2 ☐ No 9 ☐ DK	
4a.	In (<u>month</u>), were you covered by military health care, including armed forces retirement benefits, the VA (Department of Veterans' Affairs), CHAMPUS, or CHAMP-VA?	1 □ Yes (Go to 4b) 2 □ No 9 □ DK (Skip to 5)	51
b.	Was this CHAMPUS, or CHAMP-VA?		52
	Read if necessary: CHAMPUS is a program of medical care for dependents of active duty or retired military personnel. CHAMP-VA is medical insurance for dependents or survivors of disabled veterans.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
C.	In (month), were you covered by any other military health care, including armed forces retirement benefits, or the VA (Department of Veterans' Affairs)?	1 ☐ Yes 2 ☐ No 9 ☐ DK	53
5.	In (<u>month</u>), were you covered by the Indian Health Service?	1 □ Yes 2 □ No 9 □ DK	54
6a.	(Not counting the government health programs we just mentioned), in <u>(month)</u> , were you covered by a private health insurance plan?	1 ☐ Yes (Go to 6b) 2 ☐ No } (Skip to Section G on page 13)	55
	Read if necessary: Besides government programs, people also get health insurance through their jobs or union, through other private groups, or directly from an insurance company. A variety of types of plans are available, including Health Maintenance Organizations or HMOs.	$_{9} \square DK \int (Skip to Section G on page 13)$	
b.	Was any of this private health insurance obtained originally through the workplace, that is through a present or former employer or union?	1 Employer 2 Union 3 Through workplace, DK which 4 No	56
	Mark (X) only one	4 ⊡ No 9 □ DK	
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	Sectio	on G - ASSIS	TANC	E WITH KEY ACTIV	/ITIES		RT 15 3-4
	READ TO RESPONDENT: The next question Please tell me if y	s are about hov ou have ANY di	v well ifficult	you are able to do cert y when you do the foll	ain activitie owing.	28.	
	Ask 1a–j before asking 2 and 3.			Ask	2 and 3 for e	each "Yes" in 1a–j.	<u></u>
1.	By yourself and not using aids, do you have any difficulty —			2. How much difficu have <u>(activity)</u> , som are you unable to	Ity do you ne, a lot, or	3. For how long have you some difficulty/had a lo difficulty/been unable (activity)?	ot of
a.	Walking for a quarter of a mile, (that is about 2 or 3 blocks)?	1 ☐ Yes 2 ☐ No 9 ☐ NA/DK	5	1 ☐ Some 2 ☐ A lot 3 ☐ Unable 9 ☐ DK	6	00 🗌 Less than 1 year 99 🗌 DK Number of yea	7-8
Ь.	Walking up 10 steps without resting?	1 □ Yes 2 □ No 9 □ NA/DK	9	1 □ Some 2 □ A lot 3 □ Unable 9 □ DK	10	00 Less than 1 year 99 DKNumber of yea	11-12 ars
C.	Standing or being on your feet for about 2 hours?	1 □ Yes 2 □ No 9 □ NA/DK	13	1	14	00 🗌 Less than 1 year 99 🗍 DK Number of yea	15-16
d.	Sitting for about 2 hours?	1 □ Yes 2 □ No 9 □ NA/DK	17	1 □ Some 2 □ A lot 3 □ Unable 9 □ DK	18	00 🗆 Less than 1 year 99 🗆 DK Number of yea	<u>19-20</u>
e.	By yourself and not using aids, do you have any difficulty — Stooping, crouching, or kneeling?	1 □ Yes 2 □ No 9 □ NA/DK	21	1 □ Some 2 □ A lot 3 □ Unable 9 □ DK	22	00 □ Less than 1 year 99 □ DK Number of yea	23-24 ars
f.	Reaching up over your head?	1 □ Yes 2 □ No 9 □ NA/DK	25	1 □ Some 2 □ A lot 3 □ Unable 9 □ DK	26	00 🗌 Less than 1 year 99 🗋 DK Number of yea	27-28 ars
g.	Reaching out (as if to shake someone's hand)?	1 □ Yes 2 □ No 9 □ NA/DK	29	1 □ Some 2 □ A lot 3 □ Unable 9 □ DK	30	00 □ Less than 1 year 99 □ DK Number of yea	31-32
h.	Using your fingers to grasp or handle?	1 □ Yes 2 □ No 9 □ NA/DK	33	1 □ Some 2 □ A lot 3 □ Unable 9 □ DK	34	00 □ Less than 1 year 99 □ DK Number of yea	35-36
i.	By yourself and not using aids, do you have any difficulty — Lifting or carrying something as heavy as 25 pounds, (such as two full bags of groceries)?	1 □ Yes (Go to 2 □ No (Ski 9 □ NA/DK to j)	ip to 2)	1 Some 2 A lot 3 Unable 9 DK	38	00 🗋 Less than 1 year 99 🔤 DK Number of yea	39-40 Irs
j.	Lifting or carrying something as heavy as 10 pounds?	1 □ Yes 2 □ No 9 □ NA/DK	41	1 □ Some 2 □ A lot 3 □ Unable 9 □ DK	42	00 🗌 Less than 1 year 99 🗋 DK Number of yea	43-44

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	READ TO RESPONDENT: These do th	e que	stions are about some oth y yourself and without usi	er activi ng spec	ties and how well you are a ial equipment.	ble to	.*
	Ask questions 4A–G before continuing to Item G1.	T	(A) RT 16 3	-4	(B) RT 17 3-4		(C) RT 18 3-4
			Bathing or showering?		Dressing?		Eating?
I.	Because of a health or physical problem, do you have ANY difficulty —	4.	1 🗌 Yes	<u>5</u> 4.	1 🗌 Yes 📃 5	_ 4.	1 🗌 Yes
	Ask if "Doesn't do": Is this because of a HEALTH or PHYSICAL problem? If "Yes", mark box 1; if "No"		2 ☐ No 3 ☐ Doesn't do for other reason 9 ☐ DK		2 ☐ No 3 ☐ Doesn't do for other reason 9 ☐ DK		2 ☐ No 3 ☐ Doesn't do for other reason 9 ☐ DK
	mark box 3.	<u> </u>					
		1	(A)		(B)	1	(C)
			Bathing or showering		Dressing		Eating
			Refer to question 4.	6	6 Refer to question 4.	_	Refer to question 4.
	G1	G1	1 ☐ "Yes" marked (Go to 5) 2 ☐ All other (Go to G1 for next activity)	G1	1 ☐ "Yes" marked (Go to 5) 2 ☐ All other (Go to G1 for next activity)	G1	1 □ "Yes" marked (Go to 5) 2 □ All other (Go to G1 for next activity)
	By yourself and without using special equipment,	5.	1 Some]	⁷ 5.		5.	
	how much difficulty do you have <u>(activity)</u> , some, a lot, or are you unable to do it?		$\begin{array}{c} \text{Go to 6} \\ \text{Go to 6} $	'ity)	$\begin{array}{c c} & \text{Go to } 6 \\ & \text{2} \square \text{ A lot} \\ & \text{3} \square \text{ Unable } (G1 \text{ for next activity} \\ & \text{9} \square \text{ DK } (Go \text{ to } 6) \\ \end{array}$	1	$\begin{array}{c} \text{I Go to 6} \\ \text{2 A lot} \\ \text{3 Unable (G1 for next activity} \\ \text{9 DK (Go to 6)} \end{array}$
).	When you DO NOT HAVE HELP OR USE SPECIAL EQUIPMENT, is <u>(activity)</u> by yourself —	6.	0 Never do without help or special equipment (Go to G1 for next activity)	- V.	0 Never do without 8 help or special equipment (Go to G1 for next activity)	6.	Never do without help or special equipment (Go to G1 for next activity)
	(1) Very tiring? (2) Does (activity) take a	(1)	1 Yes 2 No 9 DK	. (1)	1 Yes 2 No 9 DK 9	(1)	1 9 Yes 2 No 9 DK 9
	(2) Does <u>(activity)</u> take a long time? (3) Is it very painful?	(2) (3)	1 Yes 2 No 9 DK 1 1 Yes 2 No 9 DK 1		1 Yes 2 No 9 DK 10 1 Yes 2 No 9 DK 11	(2) (3)	1 Yes 2 No 9 DK 10 1 Yes 2 No 9 DK 11
			(Go to G1 for next activity)		(Go to G1 for next activity)	-	(Go to G1 for next activity)
		T	(A)	<u> </u>	(B)	T	(C)
			Bathing or showering		Dressing		Eating
	ITEM G2	G2	1 □ Box 3 marked (Go to G2 i next activity) 2 □ All other (Go to 7)	2 for G2	12 Refer to question 4: 1 □ Box 3 marked (Go to G2 for next activity) 2 □ All other (Go to 7)	G2	12 Refer to question 4. 1 □ Box 3 marked (Go to G2 for next activity) 2 □ All other (Go to 7)
		+		~			
a	Do you use any special equipment or aids in (activity)?	7a.	1 ☐ Yes (Go to 7b) 2 ☐ No (Go to G2 for next activity)	³ 7a.	1 ☐ Yes (Go to 7b) 2 ☐ No (Go to G2 for next activity)	_7a.	1 ☐ Yes (Go to 7b) 2 ☐ No (Go to G2 for next activity)
_	equipment or aids in	7a. b.	1 ∐ Yes (Go to 7b) 2 ☐ No (Go to G2 for next activity) 1 ☐ Stool, seat or chair 14	/a.	1 U Yes (Go to 7b) 2 No (Go to G2 for next activity) 1 O Special clothes	_7a.	1 ∐ Yes (Go to 7b) 2 ☐ No (Go to G2 for next activity) 1 ☐ Oversized eating 14
_	equipment or aids in <u>(activity)</u> ? What special equipment or		1 U Yes (Go to 7b) 2 No (Go to G2 for next activity) 1 Stool, seat or chair 2 Handbar or rail 3 Other	4 b.	1 Yes (Go to 7b) 2 No (Go to G2 for next activity) 1 Special clothes 2 Special fasteners 3 Cord, string,		1 Yes (Go to 7b) 2 No (Go to G2 for next activity) 1 Oversized eating equipment 2 Bed or lap tray
_	equipment or aids in <u>(activity)</u> ? What special equipment or aids do you use?		1 □ Yes (Go to 7b) 2 □ No (Go to G2 for next activity) 1 □ Stool, seat or chair 2 □ Handbar or rail	4 b.	1 Yes (Go to 7b) 2 No (Go to G2 for next activity) 1 Special clothes 2 Special fasteners 3 Cord, string, zipper pull 4 Orthopedic shoes		1 Yes (Go to 7b) 2 No (Go to G2 for next activity) 1 Oversized eating equipment 2 Bed or lap tray 3 Covered cup/ modified bowl
_	equipment or aids in (activity)? What special equipment or aids do you use? Anything else?		1 U Yes (Go to 7b) 2 No (Go to G2 for next activity) 1 Stool, seat or chair 2 Handbar or rail 3 Other	4 b.	1 Yes (Go to 7b) 2 No (Go to G2 for next activity) 1 Special clothes 2 Special fasteners 3 Cord, string, zipper pull		1 Yes (Go to 7b) 2 No (Go to G2 for next activity) 1 Oversized eating equipment 2 Bed or lap tray 3 Covered cup/
_	equipment or aids in (activity)? What special equipment or aids do you use? Anything else?		1 U Yes (Go to 7b) 2 No (Go to G2 for next activity) 1 Stool, seat or chair 2 Handbar or rail 3 Other	4 b.	1 Yes (Go to 7b) 2 No (Go to G2 for next activity) 1 Special clothes 2 Special fasteners 3 Cord, string, zipper pull 4 Orthopedic shoes 5 Other		1 Yes (Go to 7b) 2 No (Go to G2 for next activity) 1 Oversized eating equipment 2 Bed or lap tray 3 Covered cup/ modified bowl 4 Other
_	equipment or aids in (activity)? What special equipment or aids do you use? Anything else?		1 U Yes (Go to 7b) 2 No (Go to G2 for next activity) 1 Stool, seat or chair 2 Handbar or rail 3 Other	4 b.	1 Yes (Go to 7b) 2 No (Go to G2 for next activity) 1 Special clothes 2 Special fasteners 3 Cord, string, zipper pull 4 Orthopedic shoes 5 Other		1 Yes (Go to 7b) 2 No (Go to G2 for next activity) 1 Oversized eating equipment 2 Bed or lap tray 3 Covered cup/ modified bowl 4 Other
_	equipment or aids in (activity)? What special equipment or aids do you use? Anything else?		1 U Yes (Go to 7b) 2 No (Go to G2 for next activity) 1 Stool, seat or chair 2 Handbar or rail 3 Other	4 b.	1 Yes (Go to 7b) 2 No (Go to G2 for next activity) 1 Special clothes 2 Special fasteners 3 Cord, string, zipper pull 4 Orthopedic shoes 5 Other		1 Yes (Go to 7b) 2 No (Go to G2 for next activity) 1 Oversized eating equipment 2 Bed or lap tray 3 Covered cup/ modified bowl 4 Other
b .	equipment or aids in (activity)? What special equipment or aids do you use? Anything else? Mark (X) all that apply. When you USE SPECIAL EQUIPMENT AND DO NOT HAVE HELP, is (activity)	b.	 1 ↓ Yes (Go to 7b) 2 ↓ No (Go to G2 for next activity) 1 ↓ Stool, seat or chair ↓ 2 ↓ Handbar or rail ↓ 3 ↓ Other ↓ ↓ 9 ↓ DK ↓ ↓ 11 9 ↓ DK ↓ ↓ 12 0 ↓ Never do without help (Go to G2 for next activity) 	4 b. 5 6 7 8 C.	1 Yes (Go to 7b) 2 No (Go to G2 for next activity) 1 Special clothes 14 2 Special fasteners 15 3 Cord, string, zipper pull 16 4 Orthopedic shoes 17 5 Other 18 9 DK 19 0 Never do without help (Go to G2 for next activity) 20	b.	1 Yes (Go to 7b) 2 No (Go to G2 for next activity) 1 Oversized eating equipment 2 Bed or lap tray 3 Covered cup/ modified bowl 4 Other 9 DK
b .	equipment or aids in (activity)? What special equipment or aids do you use? Anything else? Mark (X) all that apply. When you USE SPECIAL EQUIPMENT AND DO NOT HAVE HELP, is (activity) (1) Very tiring? (2) Does (activity) take a	ь. с.	1 Yes (Go to 7b) 2 No (Go to G2 for next activity) 1 Stool, seat or chair 2 Handbar or rail 3 Other 9 DK	4 b. 5 6 7 β C. 9 (1)	1 Yes (Go to 7b) 2 No (Go to G2 for next activity) 1 Special clothes 1 Special fasteners 3 Cord, string, zipper pull 4 Orthopedic shoes 5 Other 9 DK 0 Never do without help (Go to G2 for next activity) 1 Yes 2 No 9 DK	b.	1 Yes (Go to 7b) 2 No (Go to G2 for next activity) 1 Oversized eating equipment 2 Bed or lap tray 3 Covered cup/ modified bowl 4 Other 9 DK
b .	equipment or aids in (activity)? What special equipment or aids do you use? Anything else? Mark (X) all that apply. When you USE SPECIAL EQUIPMENT AND DO NOT HAVE HELP, is (activity) (1) Very tiring?	b. (1) (2)	 1 ↓ Yes (Go to 7b) 2 ↓ No (Go to G2 for next activity) 1 ↓ Stool, seat or chair ↓ 2 ↓ Handbar or rail ↓ 3 ↓ Other ↓ ↓ 9 ↓ DK ↓ ↓ 11 9 ↓ DK ↓ ↓ 12 0 ↓ Never do without help (Go to G2 for next activity) 	A 4 5 6 7 8 C. 9 (1) 0 (2)	1 Yes (Go to 7b) 2 No (Go to G2 for next activity) 1 Special clothes 14 2 Special fasteners 15 3 Cord, string, zipper pull 16 4 Orthopedic shoes 17 5 Other 18 9 DK 19 0 Never do without help (Go to G2 for next activity) 20	b.	1 Yes (Go to 7b) 2 No (Go to G2 for next activity) 1 Oversized eating equipment 2 Bed or lap tray 3 Covered cup/ modified bowl 4 Other 9 DK

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e	50	CTIO	n G - A55151 ANCE V		EY ACTIVITIES – Continu	eu	
	(D) RT 19 3-4	-	(E) RT 20	3-4	(F) RT 21 3-4	_	(G) RT 22 3
G	etting in and out of bed or chairs?		Walking?		Getting outside?		Using the toilet, including getting to the toilet?
4.	1 🗌 Yes	4.	1 🗌 Yes	⁵ 4.	1 🗌 Yes	4.	1 🗌 Yes
	2 🗋 No		2 🗌 No		2 🗌 No		2 🗌 No
	3 Doesn't do for other reason		3 Doesn't do for other reason		3 Doesn't do for other reason		3 Doesn't do for other reason
	9 🗋 DK		9 🗌 DK		9 🗋 DK		9 🗋 DK
	(D)	1	(E)	<u> </u>	(F)	<u> </u>	(G)
G	etting in and out of bed or chairs		Walking		Getting outside		Using the toilet, including getting to the toilet
	6	<u> </u>	Refer to question 4.	6	Refer to question 4.	1	Refer to question 4.
G1	Refer to question 4.	G1	$1 \square "Yes" marked (Go to 5)$	G	· · ·	G1	
	2 All other (Go to G1 for next activity)		2 All other (Go to G1 for r activity)	next	2 All other (Go to G1 for next activity)		2 All other (Skip to G2 for activity (A))
5.		5.	1 [Somo]	7 5.		5.	
	$2 \square A lot \int (GO tO B)$		$2 \square A \text{ lot } \int (GO IO O)$		$2 \square A lot \int (Go to b)$		$2 \square A lot \int (GO tO B)$
	3 Unable (Go to G1 for next activity)		3 Unable (Go to G1 for next activity)		3 Unable (Go to G1 for next activity)		3 Unable (Go to G2 for activity (A))
	9 DK (Go to 6)		9 DK (Go to 6)	8 6	9 DK (Go to 6)	6.	9 DK (Go to 6)
6.	help or special	6.	help or special	<u>*</u> 6.	0 Never do without help or special equipment (Go to G1	- 0.	0 Never do without help or special equipment (Go to G2
(1)	equipment (Go to G1 for next activity)	141	equipment (Go to G1 for next activity)	/_	for next activity)		for activity (A))
(1)	1 Yes 2 No 9 DK 9	(1)		9 (1](1)]]	
(2) (3)	1 Yes 2 No 9 DK 10 1 Yes 2 No 9 DK 11	(2) (3)		10 (2 11 (3		(2) (3)	
	(Go to G1 for next activity)		(Go to G1 for next activity) .	(Go to G1 for next activity)	1	(Go to G2 for activity (A))
		I					(G)
	(D)	J	(E)	1	(F)	ļ	
Ge	(D) etting in and out of bed or chairs		(E) Walking		(F) Getting outside		
G	etting in and out of bed or chairs		Walking	12	Getting outside		Using the toilet, including getting to the toilet
Ge G2	Refer to question 4.	G2	Walking Refer to question 4. 1 🗆 Box 3 marked (Go to G2		Getting outside Image: Ima	G2	Using the toilet, including getting to the toilet Refer to question 4. 1 Box 3 marked (Skip to G
	etting in and out of bed or chairs 12 Refer to question 4.	G2	Walking Refer to question 4.		Getting outside I2 Refer to question 4.		Using the toilet, including getting to the toilet Refer to question 4.
	etting in and out of bed or chairs 12 Refer to question 4. 1 1 Box 3 marked (Go to G2 for next activity) 2 All other (Go to 7)	G2 7a.	Walking Refer to question 4. 1 Box 3 marked (Go to G2 next activity) 2 All other (Go to 7)		Getting outside 12 Refer to question 4. 1 Box 3 marked (Go to G2 for next activity) 2 All other (Go to 7)		Using the toilet, including getting to the toilet Refer to question 4. 1 Box 3 marked (Skip to G on page 16) 2 All other (Go to 7)
G2	etting in and out of bed or chairs 12 Refer to question 4. 1 1 Box 3 marked (Go to G2 for next activity) 2 All other (Go to 7) 1 Yes (Go to 7b) 2 No (Go to G2 for next		Walking Refer to question 4. 1 Box 3 marked (Go to G2 next activity) 2 All other (Go to 7) 1 Yes (Go to 7b) 2 No (Go to G2 for next	for G :	Getting outside 12 Refer to question 4. 1 □ Box 3 marked (Go to G2 for next activity) 2 □ All other (Go to 7) 1 □ Yes (Go to 7b) 2 □ No (Go to G2 for next	G2	Using the toilet, including getting to the toilet Refer to question 4. 1 Box 3 marked (Skip to G on page 16) 2 All other (Go to 7) 1 Yes (Go to 7b)
G2 7a.	etting in and out of bed or chairs 12 Refer to question 4. 1 1 Box 3 marked (Go to G2 for next activity) 2 All other (Go to 7) 1 Yes (Go to 7b) 2 No (Go to G2 for next activity)	7a.	Walking Refer to question 4. 1 Box 3 marked (Go to G2 next activity) 2 All other (Go to 7) 1 Yes (Go to 7b) 2 No (Go to G2 for next activity)	¹³ 7a	Getting outside 12 Refer to question 4. 1 Box 3 marked (Go to G2 for next activity) 2 All other (Go to 7) 1 Yes (Go to 7b) 2 No (Go to G2 for next activity)	G2	Using the toilet, including getting to the toilet Refer to question 4. 1 Box 3 marked (Skip to G on page 16) 2 All other (Go to 7) 1 Yes (Go to 7b) 2 No (Skip to G3 on page
G2	etting in and out of bed or chairs 12 Refer to question 4. 1 1 Box 3 marked (Go to G2 for next activity) 2 All other (Go to 7) 1 Yes (Go to 7b) 2 No (Go to G2 for next activity) 1 Cane or walking stick		Walking Refer to question 4. 1 Box 3 marked (Go to G2 next activity) 2 All other (Go to 7) 1 Yes (Go to 7b) 2 No (Go to G2 for next activity) 01 Cane or walking stick 1	13 7a	Getting outside 12 Refer to question 4. 1 □ Box 3 marked (Go to G2 for next activity) 2 □ All other (Go to 7) 1 □ Yes (Go to 7b) 2 □ No (Go to G2 for next activity) 2 □ No (Go to G2 for next activity) 01 □ Cane or walking stick	G2 7a.	Using the toilet, including getting to the toilet Refer to question 4. 1 Box 3 marked (Skip to G on page 16) 2 All other (Go to 7) 1 Yes (Go to 7b) 2 No (Skip to G3 on page 01 Cane or walking stick
G2 7a.	etting in and out of bed or chairs 12 Refer to question 4. 1 1 Box 3 marked (Go to G2 for next activity) 2 All other (Go to 7) 1 Yes (Go to 7b) 2 No (Go to G2 for next activity) 1 Cane or walking stick 1 Cane or walking stick 1 Extra/special	7a.	Walking Refer to question 4. 1 Box 3 marked (Go to G2 next activity) 2 All other (Go to 7) 1 Yes (Go to 7b) 2 No (Go to G2 for next activity) 01 Cane or walking stick 02 Walker 03 Crutch or crutches	¹³ 7a	Getting outside 12 Refer to question 4. 1 □ Box 3 marked (Go to G2 for next activity) 2 □ All other (Go to 7) 1 □ Yes (Go to 7b) 1 □ Yes (Go to 7b) 2 □ No (Go to G2 for next activity) 01 □ Cane or walking stick 02 □ Walker 03 □ Crutch or crutches	G2 7a.	Using the toilet, including getting to the toilet Refer to question 4. 1 Box 3 marked (Skip to G on page 16) 2 All other (Go to 7) 1 Yes (Go to 7b) 2 No (Skip to G3 on page 01 Cane or walking stick 02 Walker 03 Crutch or crutches
G2 7a.	etting in and out of bed or chairs 12 Refer to question 4. 1 1 Box 3 marked (Go to G2 for next activity) 2 All other (Go to 7) 1 Yes (Go to 7b) 2 No (Go to G2 for next activity) 2 No (Go to G2 for next activity) 1 Cane or walking stick 2 Walker 3 Extra/special cushions 4 Special "raising	7a.	Walking Refer to question 4. 1 Box 3 marked (Go to G2 next activity) 2 All other (Go to 7) 1 Yes (Go to 7b) 2 No (Go to G2 for next activity) 01 Cane or walking stick 02 Walker 03 Crutch or crutches 04 Wheelchair	for G: 13 7a 13 7a 4-15 b 5-17 5-17 5-19 D-21	Getting outside 12 Refer to question 4. 1 □ Box 3 marked (Go to G2 for next activity) 2 □ All other (Go to 7) 1 □ Yes (Go to 7b) 1 □ Yes (Go to 7b) 2 □ No (Go to G2 for next activity) 0 1 □ Cane or walking stick 0 2 □ Walker 0 3 □ Crutch or crutches 0 4 □ Wheelchair	G2 7a.	Using the toilet, including getting to the toilet Refer to question 4. 1 Box 3 marked (Skip to G on page 16) 2 All other (Go to 7) 1 Yes (Go to 7b) 2 No (Skip to G3 on page 01 Cane or walking stick 02 Walker 03 Crutch or crutches 04 Wheelchair
G2 7a.	etting in and out of bed or chairs 12 Refer to question 4. 1 1 Box 3 marked (Go to G2 for next activity) 2 All other (Go to 7) 1 Yes (Go to 7b) 2 No (Go to G2 for next activity) 2 No (Go to G2 for next activity) 1 Cane or walking stick 2 Walker 3 Extra/special cushions	7a.	Walking Refer to question 4. 1 Box 3 marked (Go to G2 next activity) 2 All other (Go to 7) 1 Yes (Go to 7b) 2 No (Go to G2 for next activity) 01 Cane or walking stick 02 Walker 03 Crutch or crutches 04 Wheelchair 05 Artificial leg 06 Brace	for G : 13 7 a 4-15 b 6-17 3-19	Getting outside 12 Refer to question 4. 1 □ Box 3 marked (Go to G2 for next activity) 2 □ All other (Go to 7) 1 □ Yes (Go to 7b) 2 □ No (Go to G2 for next activity) 2 □ No (Go to G2 for next activity) 01 □ Cane or walking stick 02 □ Walker 03 □ Crutch or crutches 04 □ Wheelchair 05 □ Artificial leg 06 □ Brace	G2 7a.	Using the toilet, including getting to the toilet Refer to question 4. 1 Box 3 marked (Skip to G on page 16) 2 All other (Go to 7) 1 Yes (Go to 7b) 2 No (Skip to G3 on page 01 Cane or walking stick 02 Walker 03 Crutch or crutches 04 Wheelchair 05 Artificial leg 06 Brace
G2 7a.	etting in and out of bed or chairs 12 Refer to question 4. 1 1 Box 3 marked (Go to G2 for next activity) 2 All other (Go to 7) 1 Yes (Go to 7b) 2 No (Go to G2 for next activity) 2 No (Go to G2 for next activity) 1 Cane or walking stick 2 Walker 3 Extra/special cushions 4 Special "raising seat" chair/lift chair 5 Hospital bed 18	7a.	Walking Refer to question 4. 1 Box 3 marked (Go to G2 next activity) 2 All other (Go to 7) 1 Yes (Go to 7b) 2 No (Go to G2 for next activity) 01 Cane or walking stick 02 Walker 03 Crutch or crutches 04 Wheelchair 05 Artificial leg 06 Brace 07 Guide dog	for G: 13 7a 13 7a 4-15 b 3-17 3-19 1-21 2-23 4-25 5-27	Getting outside 12 Refer to question 4. 1 Box 3 marked (Go to G2 for next activity) 2 All other (Go to 7) 1 Yes (Go to 7b) 2 No (Go to G2 for next activity) 2 No (Go to G2 for next activity) 01 Cane or walking stick 02 Walker 03 Crutch or crutches 04 Wheelchair 05 Artificial leg 02-223 Ge 04 Brace 24-25 07 Guide dog 26-27	G2 7a.	Using the toilet, including getting to the toilet Refer to question 4. 1 Box 3 marked (Skip to G on page 16) 2 All other (Go to 7) 1 Yes (Go to 7b) 2 No (Skip to G3 on page 01 Cane or walking stick 02 Walker 03 Crutch or crutches 04 Wheelchair 05 Artificial leg 07 Guide dog 20
G2 7a.	etting in and out of bed or chairs 12 Refer to question 4. 1 1 Box 3 marked (Go to G2 for next activity) 2 All other (Go to 7) 1 Yes (Go to 7b) 2 No (Go to G2 for next activity) 1 Cane or walking stick 2 Walker 3 Extra/special cushions 4 Special "raising seat" chair/lift chair 5 Hospital bed 18 6 Trapeze/sling 19	7a.	Walking Refer to question 4. 1 Box 3 marked (Go to G2 next activity) 2 All other (Go to 7) 1 Yes (Go to 7b) 2 No (Go to G2 for next activity) 01 Cane or walking stick 02 Walker 03 Crutch or crutches 04 Wheelchair 05 Artificial leg 06 Brace 07 Guide dog 08 Oxygen/special breathing	for G: 13 7a 13 7a 4-15 b 3-17 3-19 0-21 2-23 4-25	Getting outside 12 Refer to question 4. 1 Box 3 marked (Go to G2 for next activity) 2 All other (Go to 7) 1 Yes (Go to 7b) 1 Yes (Go to 7b) 2 No (Go to G2 for next activity) 01 Cane or walking stick 02 Walker 03 Crutch or crutches 04 Wheelchair 05 Artificial leg 06 Brace 07 Guide dog 08 Oxygen/special 28 Oxygen/special	G2 7a.	Using the toilet, including getting to the toilet Refer to question 4. 1 Box 3 marked (Skip to G on page 16) 2 All other (Go to 7) 1 Yes (Go to 7b) 2 No (Skip to G3 on page 01 Cane or walking stick 02 Walker 03 Crutch or crutches 04 Wheelchair 05 Artificial leg 06 Brace 07 Guide dog 08 Bed pan 09 Raised toilet seat 30
G2 7a.	etting in and out of bed or chairs 12 Refer to question 4. 1 1 Box 3 marked (Go to G2 for next activity) 2 All other (Go to 7) 1 Yes (Go to 7b) 2 No (Go to G2 for next activity) 1 Cane or walking stick 2 Walker 3 Extra/special cushions 4 Special "raising seat" chair/lift chair 5 Hospital bed 18 Trapeze/sling 7 Ramp 20 Other	7a.	Walking Refer to question 4. 1 Box 3 marked (Go to G2 next activity) 2 All other (Go to 7) 1 Yes (Go to 7b) 2 No (Go to G2 for next activity) 01 Cane or walking stick 02 Walker 03 Crutch or crutches 04 Wheelchair 05 Artificial leg 06 Brace 07 Guide dog 08 Oxygen/special breathing equipment	for G: 13 7a 13 7a 4-15 b 3-17 3-19 0-21 2-23 4-25 3-29	Getting outside 12 Refer to question 4. 1 Box 3 marked (Go to G2 for next activity) 2 All other (Go to 7) 1 Yes (Go to 7b) 2 No (Go to G2 for next activity) 2 No (Go to G2 for next activity) 01 Cane or walking stick 02 Walker 03 Crutch or crutches 04 Wheelchair 05 Artificial leg 02 22-23 06 Brace 24-25 07 08 Oxygen/special	G2 7a.	Using the toilet, including getting to the toilet Refer to question 4. 1 Box 3 marked (Skip to G on page 16) 2 All other (Go to 7) 1 Yes (Go to 7b) 2 No (Skip to G3 on page 01 Cane or walking stick 02 Walker 03 Crutch or crutches 04 Wheelchair 05 Artificial leg 06 Brace 07 Guide dog 08 Bed pan 09 Raised toilet seat 10 Special toilet/ 32
G2 7a.	etting in and out of bed or chairs 12 Refer to question 4. 1 1 Box 3 marked (Go to G2 for next activity) 2 All other (Go to 7) 1 Yes (Go to 7b) 2 No (Go to G2 for next activity) 1 Cane or walking stick 1 Cane or walking stick 2 Walker 3 Extra/special cushions 4 Special "raising seat" chair/lift chair 5 Hospital bed 18 6 Trapeze/sling 19 7 Ramp 20	7a.	Walking Refer to question 4. 1 Box 3 marked (Go to G2 next activity) 2 All other (Go to 7) 1 Yes (Go to 7b) 2 No (Go to G2 for next activity) 01 Cane or walking stick 02 Walker 03 Crutch or crutches 04 Wheelchair 05 Artificial leg 06 Brace 07 Guide dog 08 Oxygen/special breathing equipment 09 Other	for G: 13 7a 13 7a 4-15 b 3-17 3-19 1-21 2-23 4-25 5-27	Getting outside 12 Refer to question 4. 1 Box 3 marked (Go to G2 for next activity) 2 All other (Go to 7) 1 Yes (Go to 7b) 2 No (Go to G2 for next activity) 2 No (Go to G2 for next activity) 01 Cane or walking stick 02 Walker 03 Crutch or crutches 04 Wheelchair 05 Artificial leg 04 Brace 04 Oxygen/special breathing equipment	G2 7a.	Using the toilet, including getting to the toilet Refer to question 4. 1 Box 3 marked (Skip to G on page 16) 2 All other (Go to 7) 1 Yes (Go to 7b) 2 No (Skip to G3 on page 01 Cane or walking stick 02 Walker 03 Crutch or crutches 04 Wheelchair 05 Artificial leg 05 Artificial leg 06 Brace 07 Guide dog 08 Bed pan 09 Raised toilet seat 10 Special toilet/ portable toilet 11 Hand holds/rails 34
G2 7a.	etting in and out of bed or chairs 12 Refer to question 4. 1 1 Box 3 marked (Go to G2 for next activity) 2 All other (Go to 7) 1 Yes (Go to 7b) 2 No (Go to G2 for next activity) 1 Cane or walking stick 2 Walker 3 Extra/special cushions 4 Special "raising seat" chair/lift chair 5 Hospital bed 18 Trapeze/sling 7 Ramp 20 Other	7a.	Walking Refer to question 4. 1 Box 3 marked (Go to G2 next activity) 2 All other (Go to 7) 1 Yes (Go to 7b) 2 No (Go to G2 for next activity) 01 Cane or walking stick 02 Walker 03 Crutch or crutches 04 Wheelchair 05 Artificial leg 06 Brace 07 Guide dog 08 Oxygen/special breathing equipment 09 Other	for G: 13 7a 13 7a 4-15 b 3-17 3-19 0-21 2-23 4-25 3-29 0-31	Getting outside 12 Refer to question 4. 1 Box 3 marked (Go to G2 for next activity) 2 All other (Go to 7) 1 Yes (Go to 7b) 1 Yes (Go to 7b) 2 No (Go to G2 for next activity) 01 Cane or walking stick 02 Walker 04 Wheelchair 05 Artificial leg 06 Brace 07 Guide dog 08 Oxygen/special breathing equipment 09 Other	G2 7a.	Using the toilet, including getting to the toilet Refer to question 4. 1 Box 3 marked (Skip to G on page 16) 2 All other (Go to 7) 1 Yes (Go to 7b) 2 No (Skip to G3 on page 01 Cane or walking stick 02 Walker 14 03 Crutch or crutches 04 Wheelchair 05 Artificial leg 05 Artificial leg 06 Brace 07 Guide dog 08 Bed pan 09 Raised toilet seat 10 Special toilet/ portable toilet 11 Hand holds/rails near toilet 12 Other 36
G2 7a. b.	etting in and out of bed or chairs 12 Refer to question 4. 1 Box 3 marked (Go to G2 for next activity) 2 All other (Go to 7) 1 Yes (Go to 7b) 2 No (Go to G2 for next activity) 1 Cane or walking stick 2 Walker 3 Extra/special cushions 4 Special "raising seat" chair/lift chair 5 Hospital bed 18 6 Trapeze/sling 7 Ramp 20 8 Other 21 9 DK	7a. b.	Walking Refer to question 4. 1 Box 3 marked (Go to G2 next activity) 2 All other (Go to 7) 1 Yes (Go to 7b) 2 No (Go to G2 for next activity) 01 Cane or walking stick 02 Walker 03 Crutch or crutches 04 Wheelchair 05 Artificial leg 06 Brace 07 Guide dog 08 Oxygen/special breathing equipment 09 Other 30 Cher	for G: 13 7a 13 7a 13 7a 13 7a 13 7a 13 7a 14-15 b 14-15 b 17 3-19 10-21 2-23 4-25 5-27 3-29 0-31 2-33	Getting outside 12 Refer to question 4. 1 Box 3 marked (Go to G2 for next activity) 2 All other (Go to 7) 1 Yes (Go to 7b) 2 No (Go to G2 for next activity) 01 Cane or walking stick 02 Walker 04 Wheelchair 05 Artificial leg 06 Brace 07 Guide dog 08 Oxygen/special breathing equipment 09 Other 30 Other 32-33 34	G2 7a. b.	Using the toilet, including getting to the toilet Refer to question 4. 1 Box 3 marked (Skip to G on page 16) 2 All other (Go to 7) 1 Yes (Go to 7b) 2 No (Skip to G3 on page 01 Cane or walking stick 02 Walker 03 Crutch or crutches 04 Wheelchair 05 Artificial leg 06 Brace 07 Guide dog 08 Bed pan 09 Raised toilet seat 10 Special toilet/ portable toilet 11 Hand holds/rails near toilet 12 Other 99 DK
G2 7a.	etting in and out of bed or chairs 12 Refer to question 4. 1 Box 3 marked (Go to G2 for next activity) 2 All other (Go to 7) 1 Yes (Go to 7b) 1 Yes (Go to 7b) 2 No (Go to G2 for next activity) 1 Cane or walking stick 2 Walker 3 Extra/special cushions 4 Special "raising seat" chair/lift chair 5 Hospital bed 6 Trapeze/sling 7 Ramp 20 8 Other 9 DK 23 0 Never do without help (Go to G2 for	7a.	Walking Refer to question 4. 1 Box 3 marked (Go to G2 next activity) 2 All other (Go to 7) 1 Yes (Go to 7b) 2 No (Go to G2 for next activity) 01 Cane or walking stick 02 Walker 03 Crutch or crutches 04 Wheelchair 05 Artificial leg 06 Brace 07 Guide dog 08 Oxygen/special breathing equipment 09 Other 30 Other 31 Other 32 Other	for G: 13 7a 13 7a 4-15 b 5-17 5 5-17 5-19 1-21 2-23 4-25 5-27 3-29 0-31 2-33	Getting outside 12 Refer to question 4. 1 Box 3 marked (Go to G2 for next activity) 2 All other (Go to 7) 1 Yes (Go to 7b) 1 Yes (Go to 7b) 2 No (Go to G2 for next activity) 01 Cane or walking stick 02 Walker 04 Wheelchair 05 Artificial leg 04 Wheelchair 05 Artificial leg 06 Brace 07 Guide dog 08 Oxygen/special breathing equipment 09 Other 99 DK 04 Never do without help (Go to G2 for	G2 7a.	Using the toilet, including getting to the toilet Refer to question 4. 1 Box 3 marked (Skip to G on page 16) 2 All other (Go to 7) 1 Yes (Go to 7b) 2 No (Skip to G3 on page 01 Cane or walking stick 02 Walker 03 Crutch or crutches 04 Wheelchair 05 Artificial leg 06 Brace 07 Guide dog 08 Bed pan 09 Raised toilet seat 10 Special toilet/ 11 Hand holds/rails near toilet 12 Other 99 DK 24 06 Never do without help (Go to G3 on
G2 7a. b.	etting in and out of bed or chairs 12 Refer to question 4. 1 1 Box 3 marked (Go to G2 for next activity) 2 All other (Go to 7) 1 Yes (Go to 7b) 2 No (Go to G2 for next activity) 1 Yes (Go to 7b) 1 Yes (Go to 7b) 2 No (Go to G2 for next activity) 1 Cane or walking stick 2 Walker 3 Extra/special cushions 4 Special "raising seat" chair/lift chair 5 Hospital bed 18 6 Trapeze/sling 19 7 Ramp 20 8 Other 21 9 DK 22	7a. b.	Walking Refer to question 4. 1 Box 3 marked (Go to G2 next activity) 2 All other (Go to 7) 1 Yes (Go to 7b) 2 No (Go to G2 for next activity) 01 Cane or walking stick 02 Walker 03 Crutch or crutches 04 Wheelchair 05 Artificial leg 06 Brace 07 Guide dog 08 Oxygen/special breathing equipment 09 Other 30 Cruter do without	for G: 13 7a 13 7a 4-15 b 5-17 3-19 0-21 2-23 4-25 5-27 3-29 0-31 2-33 3-4 C	Getting outside 12 Refer to question 4. 1 Box 3 marked (Go to G2 for next activity) 2 All other (Go to 7) 1 Yes (Go to 7b) 1 Yes (Go to 62 for next activity) 2 No (Go to G2 for next activity) 01 Cane or walking stick 02 Walker 04 Wheelchair 05 Artificial leg 06 Brace 07 Guide dog 08 Oxygen/special breathing equipment 09 Other 90 Dther 30-31 99 DK	G2 7a. b.	Using the toilet, including getting to the toilet Refer to question 4. 1 Box 3 marked (Skip to G on page 16) 2 All other (Go to 7) 1 Yes (Go to 7b) 2 No (Skip to G3 on page 01 Cane or walking stick 02 Walker 16 03 Crutch or crutches 18 04 Wheelchair 05 Artificial leg 06 Brace 08 Bed pan 09 Raised toilet seat 10 Special toilet/ portable toilet 11 Hand holds/rails near toilet 12 Other 99 DK 6 Never do without help (Go to G3 on page 16)
G2 7a. b.	etting in and out of bed or chairs 12 Refer to question 4. 1 1 Box 3 marked (Go to G2 for next activity) 2 All other (Go to 7) 1 Yes (Go to 7b) 2 No (Go to G2 for next activity) 1 Yes (Go to 7b) 2 No (Go to G2 for next activity) 1 Cane or walking stick 2 Walker 3 Extra/special cushions 4 Special "raising seat" chair/lift chair 5 Hospital bed 6 Trapeze/sling 7 Ramp 8 Other 9 DK 22 No 9 0 Never do without help (Go to G2 for next activity) 1 Yes 2 1 Yes 2 1 Yes 2 No 9 DK	7a. b. c. (1) (2)	Walking Refer to question 4. 1 Box 3 marked (Go to G2 next activity) 2 All other (Go to 7) 1 Yes (Go to 7b) 2 No (Go to G2 for next activity) 01 Cane or walking stick 02 Walker 03 Crutch or crutches 04 Wheelchair 05 Artificial leg 06 Brace 07 Guide dog 08 Oxygen/special breathing equipment 09 Other 33 0 Never do without help (Go to G2 for next activity) 1 Yes 2 No 9 DK	for G: 13 7a 13 7a 4-15 b 5-17 3-19 0-21 2-23 4-25 5-27 3-29 0-31 2-33 3-4 C 35 (1 36 (2	Getting outside 12 Refer to question 4. 1 Box 3 marked (Go to G2 for next activity) 2 All other (Go to 7) 1 Yes (Go to 7b) 1 Yes (Go to 7b) 2 No (Go to G2 for next activity) 01 Cane or walking stick 02 Walker 04 Wheelchair 05 Artificial leg 04 Wheelchair 05 Artificial leg 06 Brace 07 Guide dog 08 Oxygen/special breathing equipment 09 Other 30-31 99 DK 32-33 1 Yes 2 No 9 DK	G2 7a. b. c. (1) (2)	Using the toilet, including getting to the toilet Refer to question 4. 1 Box 3 marked (Skip to Government) 2 All other (Go to 7) 1 Yes (Go to 7b) 2 No (Skip to G3 on page) 01 Cane or walking stick 02 Walker 14 03 Crutch or crutches 04 Wheelchair 05 Artificial leg 06 Brace 07 Guide dog 08 Bed pan 09 Raised toilet seat 10 Special toilet/ 11 Hand holds/rails 12 Other 12 Other 12 Other 13 Other 14 15 Other 16 16 17 Sec 20 17 Sec 3 on page 18 19 Raised toilet seat 10 Special toilet/ 11 Hand holds/rails 12 Other 12 Other 13 Other 14 15 Other 16 17 Sec 20 16 Never do without help (Go to G3 on page 16) 1 Yes 2 No 9 DK 1 Yes 2 No 9 DK
G2 7a. b.	etting in and out of bed or chairs 12 Refer to question 4. 1 1 Box 3 marked (Go to G2 for next activity) 2 All other (Go to 7) 1 Yes (Go to 7b) 2 No (Go to G2 for next activity) 1 Yes (Go to 7b) 2 No (Go to G2 for next activity) 1 Cane or walking stick 2 Walker 3 Extra/special cushions 4 Special "raising seat" chair/lift chair 5 Hospital bed 6 Trapeze/sling 7 Ramp 20 Other 9 DK 22 No yer do without help (Go to G2 for next activity) 1 Yes 2 Never do without help (Go to G2 for	7a. b. c.	Walking Refer to question 4. 1 Box 3 marked (Go to G2 next activity) 2 All other (Go to 7) 1 Yes (Go to 7b) 2 No (Go to G2 for next activity) 01 Cane or walking stick 02 Walker 03 Crutch or crutches 04 Wheelchair 05 Artificial leg 06 Brace 07 Guide dog 08 Oxygen/special breathing equipment 09 Other 33 0 Never do without help (Go to G2 for next activity) 1 Yes 2 No 9 DK	for G: 13 7a 13 7a 4-15 b 5-17 3-19 0-21 2-23 4-25 5-27 3-29 0-31 2-33 3-29 0-31 2-33 3-29 0-31 2-33 3-29 0-31 2-33 3-4 C 3-5 (1 3-6 (2 3-7 (3))	Getting outside 12 Refer to question 4. 1 Box 3 marked (Go to G2 for next activity) 2 All other (Go to 7) 1 Yes (Go to 7b) 1 Yes (Go to 7b) 2 No (Go to G2 for next activity) 01 Cane or walking stick 02 Walker 04 Wheelchair 05 Artificial leg 04 Wheelchair 05 Artificial leg 06 Brace 07 Guide dog 08 Oxygen/special breathing equipment 09 Other 30-31 99 DK 32-33 1 Yes 2 No 9 DK	G2 7a. b. c.	Using the toilet, including getting to the toilet Refer to question 4. 1 Box 3 marked (Skip to G on page 16) 2 All other (Go to 7) 1 Yes (Go to 7b) 2 No (Skip to G3 on page 01 Cane or walking stick 02 Walker 03 Crutch or crutches 04 Wheelchair 05 Artificial leg 06 Brace 07 Guide dog 08 Bed pan 09 Raised toilet seat 10 Special toilet/ 10 Special toilet/ 11 Hand holds/rails near toilet 12 Other 99 DK 1 Yes 2 No 9 DK

	ectio	on G – ASSISTANC	E WITI	H KE	Y ACTIVITIES - C	ontinu	ed		
		(A)	RT 16		(B)	RT 17		(C)	RT 18
		Bathing or showering]		Dressing			Eating	
1754		Refer to question 4	22		Refer to question 4	24		Refer to question 4	23
ITEM G3	G3	on page 14. 1 Box 3 marked (Go to next activity) 2 All other (Go to 8)	o G3 for	G3	on page 14. 1 □ Box 3 marked (Go t next activity) 2 □ All other (Go to 8)	o G3 for	G3	on page 14. 1 □ Box 3 marked (Go t next activity) 2 □ All other (Go to 8)	to G3 for
8a. Do you receive help from	8a.		23	8a.		25	8a.		24
another person in <u>(activity)</u> ?		1 □ Yes (<i>Go to 8b)</i> 2 □ No			1 ☐ Yes (Go to 8b) 2 ☐ No } 9 ☐ DK } (Skip to 8e)			1 ☐ Yes (Go to 8b) 2 ☐ No 9 ☐ DK } (Skip to 8e)	
b. Is this hands-on help?	b.	1 ☐ Yes (Go to 8c) 2 ☐ No } 9 ☐ DK } (Skip to 8e)	24	b.	1 ☐ Yes (Go to 8c) 2 ☐ No } 9 ☐ DK } (Skip to 8e)		b.	1 ☐ Yes (Go to 8c) 2 ☐ No 9 ☐ DK } (Skip to 8e)	
C. When you HAVE HANDS- ON HELP FROM ANOTHER PERSON, is (activity) —	C.	0 ☐ Never does activity (Skip to 8e)	25	C.	₀ □ Never does activity (Skip to 8e)	27	C.	₀ □ Never does activity (Skip to 8e)	26
 (1) Very tiring?	(1)	1 □ Yes 2 □ No 9 □ DK	26	(1)	1 🗌 Yes 2 🗌 No 9 🗌 Dk	28	(1)	1 🗌 Yes 2 🗌 No 9 🗌 DI	< 27
(2) Does <u>(activity)</u> take a long time? (3) Is it very painful?	(2) (3)	1 □ Yes 2 □ No 9 □ DK 1 □ Yes 2 □ No 9 □ DK		(2) (3)	1 ☐ Yes 2 ☐ No 9 ☐ Dk 1 ☐ Yes 2 ☐ No 9 ☐ Dk	1	(2) (3)	1 ☐ Yes 2 ☐ No 9 ☐ DI 1 ☐ Yes 2 ☐ No 9 ☐ DI	
d. How often do you have	d.		29	d.	1 🗌 Always	31	d.	1 🗌 Always	30
hands-on help with (<u>activity)</u> ? Would you say always, sometimes, or rarely?		2 Sometimes 3 Rarely 9 DK	i		2 Sometimes 3 Rarely 9 DK			2 Sometimes 3 Rarely 9 DK	
e. Do you need (more)	е.	1 [] Yes] (2	30	e.	1 [] Yes]	32	e.	1 [] Yes]	31
hands-on help with (activity)?		2 □ No 9 □ DK 9 □ DK			9 DK			2 □ No 9 □ DK (Go to G3 fo next activity	
	<u> </u>	(A)		<u> </u>	(B)			(C)	
		Bathing or showering	, J		Dressing			Eating	
ITEM G4	G4	Refer to G3 and 8b above. 1 Box 1 marked in G3 to G4 for next activit 2 "Yes" in 8b (Go to G next activity) 3 All other (Go to 9)	(Go y)	G4	Refer to G3 and 8b above 1 ☐ Box 1 marked in G3 to G4 for next activi 2 ☐ "Yes" in 8b (Go to G next activity) 3 ☐ All other (Go to 9)	(Go ty)	G4	Refer to G3 and 8b above 1 Box 1 marked in G3 to G4 for next active 2 "Yes" in 8b (Go to C next activity) 3 All other (Go to 9)	l (Go ity)
READ ONCE – Sometimes people just need to have someone supervise them or stay nearby in case any help is needed.			32		 	34			33
9a. Do you have someone who supervises you or stays nearby when you are (activity)?	9a.	1 ☐ Yes (<i>Go to 9b</i>) 2 ☐ No		9a.	1 ☐ Yes (Go to 9b) 2 □ No		9a.	$1 \square \text{Yes } (\text{Go to 9b})$ $2 \square \text{No} \qquad (\text{Given to 11})$	
	} 1	9 LI DK J			$ \mathbb{P} \square DK $ (Skip to 11)			$3 \square DK $ (Skip to 11)	
b. Does this person provide —	 b.		33	 b.	2 □ NO (<i>Skip to 11</i>) 9 □ DK ∫	35	b .		34
b. Does this person provide — (1) Supervisory help, such as making sure the activity is performed correctly when you are <u>(activity)</u> ?	b. (1)		<u>33</u> 9 □ DK	b. (1)	2 NO } (Skip to 11) 9 DK } (Skip to 11)	35 9 □ DK	b . (1)		3 4 9 □ DK
(1) Supervisory help, such as making sure the activity is performed correctly when you are <u>(activity)</u> ?	(1)			(1)	9 □ DK ∫ (Skip to 11)			9 □ DK ∫ (Skip to 11)	L
(1) Supervisory help, such as making sure the activity is performed correctly when you are		1 🗌 Yes 2 🗌 No	9 🗌 DK		9 □ DK ∫ (Skip to 11)	9 🗌 DK	(1)	9 □ DK ∫ (Skip to 11)	9 □ DK
 (1) Supervisory help, such as making sure the activity is performed correctly when you are <u>(activity)</u>? (2) Standby help, such as observing to see if any help is needed when you 	(1)	1 🗌 Yes 2 🗌 No	9 🗌 DK	(1)	9 □ DK ∫ (Skip to 11) 1 □ Yes 2 □ No	9 🗌 DK	(1)	9 □ DK ∫ (Skip to 11) 1 □ Yes 2 □ No	9 □ DK
 (1) Supervisory help, such as making sure the activity is performed correctly when you are (activity)? (2) Standby help, such as observing to see if any help is needed when you are (activity)? 10. How often do you have supe siston or standby help when you are (activity)? Would you say always, sometimes, or 	(1)	1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Always 2 Sometimes 3 Rarely	9 🗆 DK 34 9 🗆 DK	(1) (2)	9 □ DK ∫ (Skip to Ti) 1 □ Yes 2 □ No 1 □ Yes 2 □ No 1 □ Always 2 □ Sometimes 3 □ Rarely	9 🗌 DK 36 9 🗌 DK 37 38	(1) (2)	9 □ DK ∫ (Skip to 11) 1 □ Yes 2 □ No 1 □ Yes 2 □ No 1 □ Always 2 □ Sometimes 3 □ Rarely	9] DK 35 9] DK 36 37

Ge	Section G - ASSISTANCE WITH KEY ACTIVITIES - Continued (D) RT 19 (E) RT 20 (F) RT 21 (G) RT Continued													
	(D) etting in and out of b		1	(E) Walking	RT 20		(F) Getting outside	RT 21	(Jsing the toilet, inclu	ding			
	chairs			waiking			Getting outside			getting to the toile	t			
		27	-[38			38	1		4			
	<i>Refer to question 4 on page 15.</i>			Refer to question 4 on page 15.			Refer to question 4 on page 15.			Refer to question 4 on page 15.				
G3	1 Box 3 marked (Go t	to G3 for	G3		to G3 for	G3	$1 \square$ Box 3 marked (Go to	o G3 for	G3	1 🗌 Box 3 marked <i>(Skip</i>	to G4			
	next activity)			next activity)			next activity)			for activity (A))				
	2 All other (Go to 8)			2 All other (<i>Go to 8</i>)			2 🗌 All other (Go to 8)			2 🗌 All other <i>(Go to 8)</i>				
Ba.		28	8a.		39	8a.		39	8a.		4			
	1 [] Yes (<i>Go to 8b</i>)			$1 \square \text{ Yes } (Go \text{ to } 8b)$			1 🗌 Yes (Go to 8b)			1 🗌 Yes (<i>Go to 8b</i>)				
	2 \Box No 9 \Box DK } (Skip to 8e)			$ \begin{array}{c} 2 \square \text{ No} \\ 9 \square \text{ DK} \end{array} \right\} (Skip to 8e) $			$ \begin{array}{c} 2 \square \text{ No} \\ 9 \square \text{ DK} \end{array} \right\} (Skip to 8e) $			$ \begin{array}{c} 2 \square \text{ No} \\ 9 \square \text{ DK} \end{array} \right\} (Skip to 8e) $				
· _ -		29	<u>∔ -</u> -					40			4			
b.	1 🗌 Yes (Go to 8c)		b .	1 🗌 Yes (Go to 8c)	40	b.	1 🗌 Yes (Go to 8c)	40	b.	1 🗌 Yes (Go to 8c)				
	$ \frac{2 \square No}{9 \square DK } (Skip to 8e) $			$ \begin{array}{c} 2 \square \text{ No} \\ 9 \square \text{ DK} \end{array} \right\} (Skip to 8e) $			$ \begin{array}{c} 2 \square \text{ No} \\ 9 \square \text{ DK} \end{array} \right\} (Skip to 8e) $			$ \begin{array}{c} 2 \square \text{ No} \\ 9 \square \text{ DK} \end{array} \right\} (Skip to 8e) $				
Í	9 DK J (6kip to 66)		ſ	9 □ DK ∫ (3kip to be)			9 □ DK ∫ (Skip to 8e)		[]	9 DK J (emp to ed)				
c .		30	c .		41	С.		41	с.		4			
	0 Never does activity (Skip to 8e)			0 🗌 Never does activity (Go to 8e)			0 Never does activity (Skip to 8e)			0 Never does activity (Skip to 8e)				
			111	1 □ Yes 2 □ No 9 □ Dk		(1)		г <u></u>	11	-				
(1)	1 Yes 2 No 9 Dk	< 31	(1)		42	(1)	1 ☐ Yes 2 ☐ No 9 ☐ DK	42	(1)	1 Yes 2 No 9 DH	4			
(2)	1 ☐ Yes 2 ☐ No 9 ☐ Dk		(2)	1 ☐ Yes 2 ☐ No 9 ☐ Dk		(2)	1 ☐ Yes 2 ☐ No 9 ☐ DK		(2)	1 ☐ Yes 2 ☐ No 9 ☐ DH				
(3)	1 □ Yes 2 □ No 9 □ Dk	< 33	(3)	1 🗍 Yes 2 🗌 No 9 🗌 Dk	< 44	(3)	1 □ Yes 2 □ No 9 □ DK	44	(3)	1 □ Yes 2 □ No 9 □ DH	< 50			
		34	┼╶╴		T 45	┟╶╻┥		45			5			
d.	1 🗌 Always	34	d .	1 🗖 Always	4 9	d.	1 🗌 Always	L	d.	1 🗌 Always				
	2 🗌 Sometimes			2 🗌 Sometimes			2 🗌 Sometimes			2 🗌 Sometimes				
	3 🗌 Rarely		1	3 Rarely			3 🗌 Rarely			3 Rarely				
L	9 🗆 DK		L	9 🗍 DK			9 DK	- — — —		9 DK	-,			
е.	1 [] Yes]	35	е.	1 Yes	46	е.	1 Ves	46	е.	1 [] Yes]	5			
	GO to G3 to I									Go to G4 to	r			
	$2 \square NO \int next activity)$ $9 \square DK \int$)		$2 \square NO \int next activity)$ $3 \square DK \int$)		$3 \square DK \int next activity)$			$2 \square NO 3 \square DK \int activity (A)$				
			.	L		Lunnard		•••••	ل					
	(D)	_		(E)			(F)			(G)				
Ge	tting in and out of be chairs	ed or		Walking			Getting outside		ו נ	Jsing the toilet, inclue getting to the toile				
<u> </u>	Refer to G3 and 8b above	36		Refer to G3 and 8b above	47		Refer to G3 and 8b above.	47		Refer to G3 and 8b above	1			
	1 🗌 Box 1 marked in G3	(Go		1 🗌 Box 1 marked in G3	(Go		1 Box 1 marked in G3	(Go		1 Box 1 marked in G3				
G4	to G4 for next activi 2 🗌 "Yes" in 8b (Go to G		G4	to G4 for next activi 2 🗌 "Yes" in 8b (Go to G		G4	to G4 for next activit ₂□ "Yes" in 8b (Go to G4		G4	(Skip to G5 on page ₂□"Yes" in 8b (Skip to				
	next activity)	JT 101		next activity)	. + 101		next activity)			on page 18)				
1														
	3 All other (Go to 9)			3 All other (Go to 9)			3 All other (Go to 9)			3 All other (Go to 9)				
	3 🗌 All other (<i>Go to 9</i>)	37			48			48		3 ∐ All other (Go to 9)	54			
	3 🗌 All other <i>(Go to 9)</i>	37		3 [] All other (Go to 9)	48			48		3 ∐ All other (<i>Go to 9</i>)	54			
	3 🗌 All other <i>(Go to 9)</i>	37		3 All other (Go to 9)	48			48		3 ∐ All other (<i>Go to 9</i>)	54			
		37	0			9.	3 🗌 All other (Go to 9)	L	9.		54			
)a.	1 □ Yes (Go to 9b)	37	9a.	1 🗌 Yes (Go to 9b)		9a.	3 ☐ All other (<i>Go to 9</i>)	L	9a.	1 □ Yes (Go to 9b)	54			
)a.		37	9a.			9a.	3 🗌 All other (Go to 9)	L	9a.		54			
)a.	1 □ Yes (<i>Go to 9b</i>) 2 □ No		9a.	1 🗌 Yes (<i>Go to 9b</i>) 2 🗌 No 👌 (Stin to 11)			3 ☐ All other (<i>Go to 9</i>) 1 ☐ Yes (<i>Go to 9b</i>) 2 ☐ No ↓ (<i>Clice to 11</i>)	 		1 □ Yes (<i>Go to 9b</i>) 2 □ No				
)a. b.	1 □ Yes (<i>Go to 9b</i>) 2 □ No	37	9a. b.	1 🗌 Yes (<i>Go to 9b</i>) 2 🗌 No 👌 (Stin to 11)		9a. b.	3 ☐ All other (<i>Go to 9</i>) 1 ☐ Yes (<i>Go to 9b</i>) 2 ☐ No ↓ (<i>Clice to 11</i>)	L	9a. b.	1 □ Yes (<i>Go to 9b</i>) 2 □ No				
	1 □ Yes (<i>Go to 9b</i>) 2 □ No			1 🗌 Yes (<i>Go to 9b</i>) 2 🗌 No 👌 (Stin to 11)			3 ☐ All other (<i>Go to 9</i>) 1 ☐ Yes (<i>Go to 9b</i>) 2 ☐ No ↓ (<i>Clice to 11</i>)	 		1 □ Yes (<i>Go to 9b</i>) 2 □ No				
b.	1 □ Yes (<i>Go to 9b</i>) 2 □ No		b.	1 🗌 Yes (<i>Go to 9b</i>) 2 🗌 No 👌 (Stin to 11)		b.	3 ☐ All other (<i>Go to 9</i>) 1 ☐ Yes (<i>Go to 9b</i>) 2 ☐ No ↓ (<i>Clice to 11</i>)	 	 b.	1 □ Yes (<i>Go to 9b</i>) 2 □ No				
b.	1 □ Yes (<i>Go to 9b</i>) 2 □ No		b.	1 🗌 Yes (<i>Go to 9b</i>) 2 🗌 No 👌 (Stin to 11)		b.	3 All other (<i>Go to 9</i>) 1 Yes (<i>Go to 9b</i>) 2 No 9 DK (<i>Skip to 11</i>)	 	 b.	1 □ Yes (<i>Go to 9b</i>) 2 □ No	5			
b.	1	38	b.	1 ☐ Yes (Go to 9b) 2 ☐ No	49	b.	3 All other (<i>Go to 9</i>) 1 Yes (<i>Go to 9b</i>) 2 No 9 DK (<i>Skip to 11</i>)	49	 b.	1 ☐ Yes (Go to 9b) 2 ☐ No	55			
b. (1)	1	<u>38</u> 9 □ DK	b. (1)	1 ☐ Yes (Go to 9b) 2 ☐ No	49	b. (1)	3 All other (<i>Go to 9</i>) 1 Yes (<i>Go to 9b</i>) 2 No 9 DK (<i>Skip to 11</i>)	49	b. (1)	1 ☐ Yes (Go to 9b) 2 ☐ No	9 🗌 [
b.	1	38	b.	1 ☐ Yes (Go to 9b) 2 ☐ No		b.	3 All other (<i>Go to 9</i>) 1 Yes (<i>Go to 9b</i>) 2 No 9 DK (<i>Skip to 11</i>)	9 □ DK	 b.	1 ☐ Yes (Go to 9b) 2 ☐ No	9 🗌 🕻			
b. (1)	1 Yes (Go to 9b) 2 No 9 DK (Skip to 11) 1 Yes 2 No	38 9 □ DK 39	b. (1)	1 ☐ Yes (<i>Go to 9b</i>) 2 ☐ No 9 ☐ DK	9 □ DK	b. (1)	3 All other (Go to 9)	9 □ DK	b. (1)	1 ☐ Yes (Go to 9b) 2 ☐ No 9 ☐ DK } (Skip to 11) 1 ☐ Yes 2 ☐ No	9 🗌 t			
b. (1)	1	<u>38</u> 9 □ DK	b. (1)	1 ☐ Yes (Go to 9b) 2 ☐ No		b. (1)	3 All other (Go to 9)	9 □ DK	b. (1)	1 ☐ Yes (Go to 9b) 2 ☐ No	9 🗌 t			
b. (1)	1 □ Yes (Go to 9b) 2 □ No 9 □ DK } (Skip to 11) 1 □ Yes 2 □ No 1 □ Yes 2 □ No	38 9 □ DK 39	b. (1)	1 □ Yes (<i>Go to 9b</i>) 2 □ No 9 □ DK 1 □ Yes 2 □ No 1 □ Yes 2 □ No	9 □ DK	b. (1)	3 ☐ All other (Go to 9) 1 ☐ Yes (Go to 9b) 2 ☐ No 9 ☐ DK 1 ☐ Yes 2 ☐ No 1 ☐ Yes 2 ☐ No 1 ☐ Yes 2 ☐ No	9 □ DK	b. (1)	1 ☐ Yes (Go to 9b) 2 ☐ No 9 ☐ DK 1 ☐ Yes 2 ☐ No 1 ☐ Yes 2 ☐ No	9 🗌 I 9 🗌 I 9 🗌 I			
b. (1) (2)	1 ☐ Yes (Go to 9b) 2 ☐ No 9 ☐ DK } (Skip to 11) 1 ☐ Yes 2 ☐ No 1 ☐ Yes 2 ☐ No 1 ☐ Yes 2 ☐ No 1 ☐ Always	9 □ DK 9 □ DK	Б. (1) (2)	1 ☐ Yes (<i>Go to 9b</i>) 2 ☐ No } (<i>Skip to 11</i>) 9 ☐ DK } 1 ☐ Yes 2 ☐ No 1 ☐ Yes 2 ☐ No 1 ☐ Always	9 □ DK	b. (1) (2)	3 ☐ All other (Go to 9) 1 ☐ Yes (Go to 9b) 2 ☐ No 9 ☐ DK	9 □ DK 9 □ DK 9 □ DK	b. (1) (2)	$1 \Box Yes (Go to 9b)$ $2 \Box No$ $9 \Box DK \qquad (Skip to 11)$ $1 \Box Yes \qquad 2 \Box No$ $1 \Box Yes \qquad 2 \Box No$ $1 \Box Always$	9 🗌 1			
b. (1) (2)	1 ☐ Yes (Go to 9b) 2 ☐ No 9 ☐ DK (Skip to 11) 1 ☐ Yes 2 ☐ No 1 ☐ Yes 2 ☐ No 1 ☐ Yes 2 ☐ No 1 ☐ Always 2 ☐ Sometimes	9 □ DK 9 □ DK	Б. (1) (2)	1 ☐ Yes (<i>Go to 9b</i>) 2 ☐ No	9 □ DK	b. (1) (2)	3 ☐ All other (Go to 9) 1 ☐ Yes (Go to 9b) 2 ☐ No 9 ☐ DK 1 ☐ Yes 2 ☐ No 1 ☐ Yes 2 ☐ No 1 ☐ Yes 2 ☐ No 1 ☐ Always 2 ☐ Sometimes	9 □ DK 9 □ DK 9 □ DK	b. (1) (2)	$1 \bigcirc Yes (Go \ to \ 9b)$ $2 \bigcirc No \\ 9 \bigcirc DK \\ (Skip \ to \ 11)$ $1 \bigcirc Yes \qquad 2 \bigcirc No$ $1 \bigcirc Yes \qquad 2 \bigcirc No$ $1 \bigcirc Yes \qquad 2 \bigcirc No$ $1 \bigcirc Always$ $2 \bigcirc Sometimes$	9 🗌 1			
b. (1) (2)	1 ☐ Yes (Go to 9b) 2 ☐ No 9 ☐ DK (Skip to 11) 	9 □ DK 9 □ DK	Б. (1) (2)	1 ☐ Yes (<i>Go to 9b</i>) 2 ☐ No } (<i>Skip to 11</i>) 9 ☐ DK } 1 ☐ Yes 2 ☐ No 1 ☐ Yes 2 ☐ No 1 ☐ Always	9 □ DK	b. (1) (2)	3 ☐ All other (Go to 9) 1 ☐ Yes (Go to 9b) 2 ☐ No 9 ☐ DK	9 □ DK 9 □ DK 9 □ DK	b. (1) (2)	$1 \Box Yes (Go to 9b)$ $2 \Box No$ $9 \Box DK \qquad (Skip to 11)$ $1 \Box Yes \qquad 2 \Box No$ $1 \Box Yes \qquad 2 \Box No$ $1 \Box Always$	9 🗌 1			
b. (1) (2)	1 ☐ Yes (Go to 9b) 2 ☐ No 9 ☐ DK (Skip to 11) 1 ☐ Yes 2 ☐ No 1 ☐ Yes 2 ☐ No 1 ☐ Yes 2 ☐ No 1 ☐ Always 2 ☐ Sometimes	9 □ DK 9 □ DK	Б. (1) (2)	$1 \Box Yes (Go to 9b)$ $2 \Box No 9 \Box DK (Skip to 11) 1 \Box Yes 2 \Box No 1 \Box Yes 2 \Box No 1 \Box Always 2 \Box Sometimes 3 \Box Rarely$	9 □ DK	b. (1) (2)	3 ☐ All other (Go to 9) 1 ☐ Yes (Go to 9b) 2 ☐ No 9 ☐ DK 1 ☐ Yes 2 ☐ No 1 ☐ Yes 2 ☐ No 1 ☐ Always 2 ☐ Sometimes 3 ☐ Rarely	9 □ DK 9 □ DK 9 □ DK	b. (1) (2)	$1 \bigcirc Yes (Go \ to \ 9b)$ $2 \bigcirc No \\ 9 \bigcirc DK \\ (Skip \ to \ 11)$ $9 \bigcirc DK \\ 1 \bigcirc Yes \qquad 2 \bigcirc No$ $1 \bigcirc Yes \qquad 2 \bigcirc No$ $1 \bigcirc Always$ $2 \bigcirc Sometimes$ $3 \bigcirc Rarely$	9 🗌 I 9 🗌 I 9 🗌 I			
b. (1) (2)	1 ☐ Yes (Go to 9b) 2 ☐ No 9 ☐ DK } (Skip to 11) 1 ☐ Yes 2 ☐ No 1 ☐ Yes 2 ☐ No 1 ☐ Yes 2 ☐ No 1 ☐ Always 2 ☐ Sometimes 3 ☐ Rarely 9 ☐ DK	38 9 □ DK 39 9 □ DK 40	b. (1) (2) 10.	$1 \Box Yes (Go to 9b)$ $2 \Box No 9 \Box DK (Skip to 11) 1 \Box Yes 2 \Box No 1 \Box Yes 2 \Box No 1 \Box Always 2 \Box Sometimes 3 \Box Rarely$	9 □ DK	b. (1) (2) 10.	3 ☐ All other (Go to 9) 1 ☐ Yes (Go to 9b) 2 ☐ No 9 ☐ DK 1 ☐ Yes 2 ☐ No 1 ☐ Yes 2 ☐ No 1 ☐ Always 2 ☐ Sometimes 3 ☐ Rarely 9 ☐ DK	9 🗆 DK 9 🗆 DK 9 🗆 DK 51	b. (1) (2) 10.	$1 \bigcirc Yes (Go to 9b)$ $2 \bigcirc No \\ 9 \bigcirc DK $ (Skip to 11) $1 \bigcirc Yes 2 \bigcirc No$ $1 \bigcirc Yes 2 \bigcirc No$ $1 \bigcirc Always$ $2 \bigcirc Sometimes$ $3 \bigcirc Rarely$ $9 \bigcirc DK$	9 🗌 [9 🗌 [9 🗌 [57			
b. (1) (2)	1 ☐ Yes (Go to 9b) 2 ☐ No 9 ☐ DK } (Skip to 11) 1 ☐ Yes 2 ☐ No 1 ☐ Yes 2 ☐ No 1 ☐ Yes 2 ☐ No 1 ☐ Always 2 ☐ Sometimes 3 ☐ Rarely 9 ☐ DK	38 9 □ DK 39 9 □ DK 40	Б. (1) (2)	$1 \bigcirc Yes (Go to 9b)$ $2 \bigcirc No \\ 0 \bigcirc (Skip to 11)$ $9 \bigcirc DK \bigcirc (Skip to 11)$ $1 \bigcirc Yes 2 \bigcirc No$ $1 \bigcirc Yes 2 \bigcirc No$ $1 \bigcirc Always$ $2 \bigcirc Sometimes$ $3 \bigcirc Rarely$ $9 \bigcirc DK$ $1 \bigcirc Yes \bigcirc (Co to Ct fo)$	9 □ DK 50 9 □ DK 51 52	b. (1) (2)	3 ☐ All other (Go to 9) 1 ☐ Yes (Go to 9b) 2 ☐ No 2 ☐ No 3 ☐ K 1 ☐ Yes 2 ☐ No 1 ☐ Yes 2 ☐ No 1 ☐ Always 2 ☐ Sometimes 3 ☐ Rarely 9 ☐ DK 1 ☐ Yes 2 ☐ Ko	9 🗆 DK 9 🗆 DK 9 🗆 DK 51	b. (1) (2)	$1 \bigcirc Yes (Go to 9b)$ $2 \bigcirc No \\ 9 \bigcirc DK $ (Skip to 11) $1 \bigcirc Yes 2 \bigcirc No$ $1 \bigcirc Yes 2 \bigcirc No$ $1 \bigcirc Always$ $2 \bigcirc Sometimes$ $3 \bigcirc Rarely$ $9 \bigcirc DK$ $1 \bigcirc Yes \} (2 + 25)$	54 9 □ C 9 □ C 9 □ C 9 □ C 57 58			
b. (1) (2)	1 □ Yes (Go to 9b) 2 □ No 9 □ DK 1 □ Yes 2 □ No 1 □ Always 2 □ Sometimes 3 □ Rarely 9 □ DK 1 □ Yes (Go to G4 for next activity)	38 9 □ DK 39 9 □ DK 40	b. (1) (2) 10.	$1 \bigcirc Yes (Go to 9b)$ $2 \bigcirc No \\ 2 \bigcirc No \\ 0 \end{pmatrix} (Skip to 11)$ $9 \bigcirc DK $ $1 \bigcirc Yes 2 \bigcirc No$ $1 \bigcirc Yes 2 \bigcirc No$ $1 \bigcirc Always$ $2 \bigcirc Sometimes$ $3 \bigcirc Rarely$ $9 \bigcirc DK$ $1 \bigcirc Yes \\ 0 \bigcirc Co to G4 fol$ $next activity$	9 □ DK 50 9 □ DK 51 52	b. (1) (2) 10.	3 □ All other (Go to 9) 1 □ Yes (Go to 9b) 2 □ No } 9 □ DK 1 □ Yes 2 □ No 1 □ Always 2 □ Sometimes 3 □ Rarely 9 □ DK 1 □ Yes 2 □ No	9 🗆 DK 9 🗆 DK 9 🗆 DK 51	b. (1) (2) 10.	$1 \bigcirc Yes (Go to 9b)$ $2 \bigcirc No \\ 9 \bigcirc DK \\ (Skip to 11) \\ 9 \bigcirc DK \\ 1 \bigcirc Yes 2 \bigcirc No \\ 1 \bigcirc Yes 2 \bigcirc No \\ 1 \bigcirc Yes 2 \bigcirc No \\ 1 \bigcirc Always \\ 2 \bigcirc Sometimes \\ 3 \bigcirc Rarely \\ 9 \bigcirc DK \\ 1 \bigcirc Yes \\ 2 \bigcirc No \\ 1 \bigcirc Rarel = 18 \\ 1 \bigcirc Yes 18 \\ 1 \\ 1 \\ 1 \\ 1 \\ 1 \\ 1 \\ 1 \\ 1 \\ 1 \\ 1$	9 🗌 C 9 🗌 C 9 🗌 C 57			
b. (1) (2)	1 ☐ Yes (Go to 9b) 2 ☐ No 9 ☐ DK (Skip to 11) 	38 9 □ DK 39 9 □ DK 40	b. (1) (2) 10.	$1 \bigcirc Yes (Go to 9b)$ $2 \bigcirc No \\ 0 \bigcirc (Skip to 11)$ $9 \bigcirc DK \bigcirc (Skip to 11)$ $1 \bigcirc Yes 2 \bigcirc No$ $1 \bigcirc Yes 2 \bigcirc No$ $1 \bigcirc Always$ $2 \bigcirc Sometimes$ $3 \bigcirc Rarely$ $9 \bigcirc DK$ $1 \bigcirc Yes \bigcirc (Co to Ct fo)$	9 □ DK 50 9 □ DK 51 52	b. (1) (2) 10.	3 ☐ All other (Go to 9) 1 ☐ Yes (Go to 9b) 2 ☐ No 2 ☐ No 3 ☐ K 1 ☐ Yes 2 ☐ No 1 ☐ Yes 2 ☐ No 1 ☐ Always 2 ☐ Sometimes 3 ☐ Rarely 9 ☐ DK 1 ☐ Yes 2 ☐ Ko	9 🗆 DK 9 🗆 DK 9 🗆 DK 51	b. (1) (2) 10.	$1 \bigcirc Yes (Go to 9b)$ $2 \bigcirc No \\ 9 \bigcirc DK $ (Skip to 11) $1 \bigcirc Yes 2 \bigcirc No$ $1 \bigcirc Yes 2 \bigcirc No$ $1 \bigcirc Always$ $2 \bigcirc Sometimes$ $3 \bigcirc Rarely$ $9 \bigcirc DK$ $1 \bigcirc Yes \} (2 + 25)$	9 🗌 I 9 🗌 I 9 🗌 I 57			

S	ectio	n G – ASSISTANCE WITI	H KE	Y ACTIVITIES - Continue	ed	
		(A) RT 16		(B) RT 17		(C) RT 18
		Bathing or showering		Dressing		Eating
ITEM G5	G5	Refer to 8a, 8e, 9a 37 and 11 on page 16. 37 1 □ Any "Yes" (Go to 12) 37 2 □ All other (Go to G5 for 37	G5	Refer to 8a, 8e, 9a 39 and 11 on page 16. 1 □ Any "Yes" (Go to 12) 2 □ All other (Go to G5 for	G5	Refer to 8a, 8e, 9a 38 and 11 on page 16. 1 1 □ Any "Yes" (Go to 12) 2 2 □ All other (Go to G5 for
	12a.	Activity (B)) How often do you have a complete bath? This could be a tub bath, shower, sink bath or bed bath. Would you say — (Read categories) 1 Everyday, 38 2 2-3 times per week, 3 Once a week, or 4 Less than once a week? 9 DK	12a.	activity (C)) Do you get dressed for the day — (Read categories) 1	12a.	activity (D)) During the past month, were there times you were unable to eat when you were hungry because no one was available to help you eat? 1 Yes 2 No 9 DK
	b.	How often do you have a partial bath? Would you say — (Read categories) 1 Everyday, 39 2 2-3 times per week, 3 Once a week, or 4 Less than once a week? 9 DK	b.	How often do you change your night clothes? Would you say — (Read categories) 1 Everyday, 41 2 2-3 times per week, 3 Once a week, or 4 Less than once a week? 9 DK	b.	During the past month, have you — (1) Lost any weight because you were on a diet? 1 Yes 40 2 No 9 DK
	13a.	During the past month, did you experience discomfort because you were not able to bathe as often as you would have liked? If necessary: That can be either physical or emotional discomfort. 1 Yes 40 2 No 9 DK During the past month, did you experience a burn or scald caused by bathing with water that was too hot? 1 Yes 2 No 9 DK	13.	During the past month, did you experience discomfort because you were not able to change your clothes as often as you would have liked because you did not have help? 1 Yes 2 No 9 DK (Go to G5 for 42 activity (C))		 (2) Lost weight even though you were not on a diet? 1 Yes 41 2 No 9 DK (3) Been dehydrated, that is not had enough liquid in your diet? 1 Yes G5 for 42 2 No G5 for 42 9 DK <i>If necessary:</i> If you were dehydrated, you might have been thirsty or lost body fluids.
Notes						

Getting in and	D) RT 19 d out of bed or airs	(E) RT 20 Walking	H KEY ACTIVITIES – Continued	(G) [R] Using the toilet, including getting to the toilet
Refer to 8a, and 11 on p 1 □ Any "Ye	8e, 9a 42 age 17. s" (Go to 12) r (Go to G5 for	Refer to 8a, 8e, 9a 53 and 11 on page 17. 1 1 Any "Yes" (Go to 12) 2 All other (Go to G5 for activity (G))	G	Refer to 8a, 8e, 9a I and 11 on page 17. 1 Any "Yes" (Go to 12) 2 All other (Skip to G6 on page 20) 0
physical p usually sta most of th 1 Yes (Ska activity	problem, do you ay in bed all or ne time? ip to G5 for 43	 2a. How often do you move around your [house/ apartment/room]? Would you say — (Read categories) 1 Whenever you 54 want, 2 Often enough to stretch and have a change of scenery now and then, 3 Often enough to take care of toileting needs but not much more than that, or 4 Not often enough even to use the bathroom? 9 DK (Go to G5 for activity (G)) 		 During the past month, did you experience discomfort because you did not have help gettin to the bathroom or changing soiled clothin as often as you needed to? If necessary: That can be either physical or emotional discomfort. 1 Yes 2 No 9 DK
physical p usually sta	f a health or roblem, do you ay in a chair all f the time? 44			 During the past month, did you wet or soil yourself because you d not have help getting to the bathroom, using a l pan or using a commod 1 Yes (Go to 12c) 2 No 9 DK
of bed? W (Read cated 1 - Everyda 2 - 3 tim 3 - Once a	ay, <u>45</u> es per week,		·	C. During the past month, did you experience skir problems such as a ras or irritation because of this?
(Go to GE	i for activity (E))			 During the past month, did you use a commode bed pan because no he was available? 1 Yes 2 No 9 DK (Go to G6 on page 20)
es				
		- -	بند	

			RT 23
	Section G – ASSISTANCE WIT	H KEY ACTIVITIES – Continued	3-4
ITE G(A. Bathing or showering B. Dressing C. Eating D. Getting in and out of bed or chairs E. Walking F. Getting outside G. Using the toilet, including getting to the toilet No activities marked (Skip to 15) 	
Ir	nsert activities marked in G6.	<u> </u>	5-6
14a. W	What (other) condition causes the trouble in <u>(activities)</u> ? Decord conditions and ask 14b.	 00 □ No condition (Skip to 15) 01 □ Old age (Go to 14c) 	7-8
	sk if operation:	(a)	9-10
	or what condition did you have the operation?		11-12
		(b)	
л	ecord up to 5 conditions.	(c)	13-14
		(d)	15-16
		(e)	17-18
D. B Ci	esides <u>(condition)</u> , is there any other condition which auses this trouble in <u>(activities)</u> ?	1 □ Yes (<i>Reask 14a and 14b</i>) 2 □ No 9 □ DK } (Go to 15)	13
C. Is c	this trouble in <u>(activities)</u> caused by any specific ondition?	1 □ Yes (<i>Reask 14a and 14b</i>) 2 □ No	20
15a. D	o you have difficulty controlling your bowels?		21
		$1 \square Yes (Go to 15b)$ $2 \square No 9 \square DK $ (Skip to 15c)	
b. н	ow frequently do you have this difficulty — daily, several	 │ 1 □ Daily	22
	mes a week, once a week, or less than once a week? Iark (X) only one.	 1 Daily 2 Several times a week 3 Once a week 4 Less than once a week 9 DK 	
	o you have a colostomy or a device to help control bowel novements?	1 □ Yes (Go to 15d) 2 □ No 9 □ DK ∫ (Skip to 16a on page 21)	23
d. D tł	o you need help from another person in taking care of his device?	1 ☐ Yes 2 ☐ No 9 ☐ DK	24
Notes		<u></u>	

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		H KEY ACTIVITIES – Continued	
16a. Do you	have difficulty controlling urination?	1 ☐ Yes (Go to 16b) 2 ☐ No 9 ☐ DK } (Skip to 16c)	
	equently do you have this difficulty — daily, several a week, once a week, or less than once a week? () only one.	1 Daily 1 Daily 2 Several times a week 3 Once a week 4 Less than once a week 9 DK	
C. Do you urination	have a urinary catheter or a device to help control on?	1 □ Yes (Go to 16d) 2 □ No 9 □ DK (Skip to Item G7)	
d. Do you this de	need help from another person in taking care of vice?	1 □ Yes 2 □ No 9 □ DK	
ITEM G7	Status of SP.	 1 Institutionalized (Skip to 27 on page 28) 2 I All others (Go to 17 on page 22) 	
Notes			<u></u>
	x		

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Ask questions 17(H)-(0) before continuing to item G8. (H) IN T 24 3-4 (I) IN T 25 3-4 Ask questions 17(H)-(0) before continuing to item G8. Preparing your own meals? Shopping for groceries and personal items, such as toilet items or medicines? Managing your money such as toilet items or medicines? 7. Because of a health or physical problem, do you have ANV difficulty — Or HYSICAL problem? 17. 1 Ves 5 1 Ves 5 17. 1 Ves 5 1 Ves 5 1 Ves 5 2 No 16" Yes", mark box 1; if "No" mark box 3. 17. 1 Ves 5 2 No 10 Doesn't do for other reason y 2 No 10 Doesn't do for other reason y 2 No 10 Doesn't do for other reason y 10 Does someone else regularly do this for you? 10 Does someone else regularly do this for you? 10 Ves 10 Does someone else regularly do this for you? 10 Ves 10 Does someone else regularly do this for you? 10 Does someone else regular		READ TO RESPONDENT: These questions are abo doing them by yourself	out s f.	ome oti	her ac	tivitie	s. Pleas	e tell i	me abo	but					
Image: State of a health or physical problem, do Properties your own media? Shopping for processing or processing or physical problem, do 7. Because of a health or physical problem, do 7. Image: State of a health or physical problem, do 7. 7. Because of a health or physical problem, do 7. Image: State of a health or physical problem, do 7. 7. Because of a health or physical problem, do 7. Image: State of a health or physical problem, do 7. 7. Because of a health or physical problem, do 7. Image: State of a health or physical problem, do 7. 7. Because of a health or physical problem, do 7. Image: State of a health or physical problem, do 7. 7. Because of a health or physical problem, do 7. Image: State of a health or physical problem, do 7. 7. Image: State of a health or physical problem, do 7. Image: State of a health or physical problem, do 7. 7. Image: State of a health or physical problem, do 7. Image: State of a health or physical problem, do 7. 8. For proceed a health or physical problem, do 1. 1. 1. 1. 1. 1. 1. 1. 1.			<u> </u>	(H)		RT 24	3-4		(1)	RT 25	3-4	T	(J)	RT 26	3-4
7. Because of a backth or physical problem, do you have AV difficulty. or PH/SICAL problem? 17. 1 ∨ you 2 ⊨ No 2 ←				Prepa		our ov	vn	Sho and suct	pping f persor n as toi	nal iter ilet ite	ms,	Mar suc of e	naging h as ke xpense	eping	track
A line of the second of a HEALTH A line of the second of the sec	17.		17.	1 🗌 Yes	 S		5	_1 🗆 Y	es		5		'es		5
the "Yes", mark box 1; if "No" mark box 3. Does someone the sequelity de this for you? If Yes 5 No No Someone the sequelity de this for you? If Yes 5 No Someone the sequelity de this for you? If Yes 5 No Someone the sequelity de this for you? If Yes 5 No Someone the sequelity de this for you? If Yes 5 No Someone the sequelity de this for you? If Yes 5 No Someone the sequelity de this for you? If Yes 5 No Someone the sequelity de this for you? If Yes 5 If		Ask if "Doesn't do": Is this because of a HEALTH			Doesn		r other	1	Does		or other		Does		or othe
Image: Big your own Shopping Your own		-			Does eise	some	rly do		Does else	s some regula	someone egularly do		Does som else regul		rly do
(i) (i) (j) Preparing your own made Shopping for grocories Managing your monty I (i) (i) (i) (i) (i) (i) (i) I (i) (i) <th(i)< th=""></th(i)<>					4 🗌 Ye	es			4 🗆 Y	es		4	4□Y	es	· ·····
Preparing your own meds Shopping for groconal items Managing your money ITEM (BS) Refer to question 17, 1 Box 1 Yest marked 1 All other (Go to GB for next activity) Refer to question 17, 1 Box 1 Yest marked 1 All other (Go to GB for next activity) Refer to question 17, 1 Box 1 Yest marked 2 All other (Go to GB for next activity) 8. By yourgelf, how much difficulty do you have (activity) 8. 1 Box 1 Yest marked 1 Other (Go to GB for next activity) 8. 9. When you DO NOT HAVE HELP, is (activity) by yourgelf - (Go to Y) 10 Box 1 Yest marked 1 D K (Go to T9) 8. 10 Box 1 Yest marked 1 D Co to GB for next activity) 9. When you DO NOT HAVE HELP, is (activity) by yourgelf - (activity) by yourgelf - 10 Box 1 Yest marked 1 D K (Go to T9) 9. 0 Newer do without next activity) 9. When you DO NOT HAVE HELP, is (activity) by yourgelf - 10 Box 1 Yest marked 1 D Co to GB for next activity) 10 D Co to GB for next activity) 10 D Co to GB for next activity) 9. West No DK Yes No DK 10 D Co to GB for next activity) 10 D Co to GB for next activity) 10 D Co to GB for next activity) 11 D Co to GB for next activity) 10 D Co to GB for next activity) 10 D Co to GB for next activity) 12 D Co to GB for next activity) 10 D Co to GB for next activity) 10 D Co to GB for next activity) 12 D Co to GB for next activity) 10 D Co to GB fo			1	l								<u> </u>			
ITEM G8 Refer to quantion 17. Refer to quantion 17. Refer to quantion 17. 10 Box 1 Yes' marked (Go to 18) 10 Box 1 Yes' marked (Go to 18) Box 1 Yes' marked (Go to 18) Box 1 Yes' marked (Go to 18) 8. By yourself, how much difficulty do you have (G H72) = some, a lot, or are you unable to (G to G B for next activity) Refer to quantion 17. 9. When you D0 NDT HAVE HELP, is (G to G B for next activity) 10 NDK to (G to G B for next activity) 10 NDK to (G to G B for next activity) 10. 10 NDK to (G to G B for next activity) 10 NDK to (G to G B for next activity)					ring y	our ov	'n	Sho and	pping f	ior gro	oceries ns	Mar		-	noney
G8 Los in the figure (Go to B) in the figure (Go to Go to inst activity) Control (Go to B) inst activity) Control (Go to Go to inst activity) 8. Py yourself, how much difficulty do you have (Go to Go to inst activity) 18. 1 Some) (Go to 19) 1 Los inst (Go to Go to inst activity) 1 Los inst (Go to Go to inst activity) 9. When you DO NOT HAVE HELP, is (activity) 10. 1 Some) (Go to 19) 1 Data (Go to Go to inst activity) 1 Dott (Go to 19) 1 Dott (Go to 19) 9. When you DO NOT HAVE HELP, is (activity) 1 Data (Go to Go to inst activity) 1 Dott (Go to 19) 1 Dott (Go to 19) 1 Dott (Go to 19) 9. When you DO NOT HAVE HELP, is (activity) 1 Data (Go to Go to inst activity) 1 Dott (Go to 19) 1 Dott (Go to 19) 9. When you DO NOT HAVE HELP, is (activity) 1 Data (Go to Go to inst activity) 1 Dott (Go to 19) 1 Dott (Go to 19) 9. When you DO NOT HAVE HELP, is (activity) 1 Dott (Go to Go to inst activity) 1 Dott (Go to 19) 1 Dott (Go to 19) 9. When you DO NOT HAVE HELP, is (activity) 1 Dott (Go to Go to inst activity) 1 Dott (Go to 19) 1 Dott (Go to 19) 9. No ck (activity) 1 Dott (Go to Go to inst activity) 1 Dott (Go to 19) 1 Dott (Go to 19) 10. activity (Go to Go to inst activity) 1 Dott (Go to Go to inst activity) 1 Dott (Go to 19) 10. activity (Go to Go to inst activity) 1 Dott (Go to Go to inst activi				Refer to	o quest	ion 17.	7		•		· · · · · · · · · · · · · · · · · · ·	Refer	to ques	tion 17.	7
C. by Yourself, now much arriteuity do You have IC. ISome] (Go to 19) ISome] (Go to 68 for next activity) ISOme] (Go to 6			G8	(Ga 2 □ All	o to 18) other (Go to G		(0 2□A	<i>io to 18)</i> Il other () (Go to (Go to 18, Il other () (Go to C	
9. When you DO NOT HAVE HELP, is activity? activity? activity? activity? b c </td <td>8.</td> <td>By yourself, how much difficulty do you have</td> <td>18.</td> <td>1</td> <td>mej</td> <td>· · · · · · · · · · · · · · · · · · ·</td> <td>1 - 1</td> <td>1∏S</td> <td>നലി</td> <td>· · · · ·</td> <td>-</td> <td></td> <td>omel</td> <td></td> <td>-</td>	8.	By yourself, how much difficulty do you have	18.	1	mej	· · · · · · · · · · · · · · · · · · ·	1 - 1	1∏S	നലി	· · · · ·	-		omel		-
9. Winen you DO NOT HAVE HELP, is (autivitie) by yourself 0 Never do without 9 0 Never do without 9 a. Very tiring? 10 0 Never do without 9 0 Never do without 9 b. Does (activity) take a long time? 10 12 9 10 12 9 10 c. Is it very painful? c. 12 9 10 12 9 10 12 9 (Go to GS for next activity) take a long time? b 1 2 9 10 12 9 10 c. Is it very painful? c. c. 12 9 12		<u>(activity)</u> , — some, a lot, or are you unable to do it?		3 🗌 Una nex	able (G ct activi	o to G8 ty)		3 🗌 U ne	nable (G ext activ	io to GE ity)		3 🗆 U n	nable (C ext activ	io to G8 ity)	
iantivity/ belp (Go to GB for next activity/ a. Very tiring? b. Does (activity/ Yes No DK Yes No DK b. Does (activity/ Yes 1 2 9 1 2 9 1 2 9 1 c. Is it very painful? et 1 2 9 1 2 1 2 9 1 2 1 1 1 1 1 1	9					-	9		······································		9				9
a. Very tiring? Yes No DK Yes No DK Yes No DK b. Does (activity) take a long time? b. 1 2 0 1 2 9 10 10 2 9 10 1 2 9 10 1 2 9 10 1 2 9 10 1 2 9 10 1 2 9 10 1 2 9 10 1 2 9 10 1 2 9 10 1 2 9 12 1 2 9 12 1 2 9 12 1 2 9 12 1 2 9 12 1 2 9 12 1 2 9 12 1 2 9 12 1 1 2 9 12 1 1 2 9 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	3.	(activity) by yourself —		hei	p (Go t	o G8 fo	r next	he	elp (Go t	without to G8 fo	or next	h	elp (Go 1	without to G8 fo	r next
b. Does (sativity) take a long time? b. 1 2 9 11 1 2 9 11 1 2 9 11 1 2 9 11 1 2 9 12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	•	Von ting?	100	Yes	No			Yes	No		[[
c. Is it very painful? c 10 20 12 10 20 90 12 10 20 90 12 10 20 90 12 10 20 90 12 10 20 90 12 10 20 90 12 10 20 90 12 10 20 90 12 10 20 90 12 10 20 90 12 10 20 90 12 10 20 90 12 10 20 90 12 10 20 90 12 10 20 90 12 10 20 90 12 10 20 90 12 10 20 90 12 10 20 90 12 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 10 20 <t< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td>L</td><td></td><td></td><td></td><td>L</td><td>1</td><td></td><td></td><td>10</td></t<>							L				L	1			10
otes (Go to G8 for next activity) (Go to G8 for next activity) (Go to G8 for next activity)		Is it very painful?	c.	1	2	9 🗌	12	1	2	9 🗌	12		2	9 🗌	12
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Usi	Yes 2 No 3 Does	L	ne?	Doi hou scr	ing hea Isewoi		3-4	(M)	D RT 2	0 24	1 781			~ ~	1 10	, 1	RT 31	
17. 1[2 🗌 No 3 🗌 Does	2 No		Doing heavy housework, like scrubbing floors, or washing windows?				Doing light housework,			(N) RT 30 3-4 Getting to places outside of walking distance?			3-4 utside e?	(♥/ └			<u> </u>
	3 🗌 Does			1 🗌 Ye	s		5	1 🗌 Yes		5	1 🗌 Yes			5	1 🗌 Yes	;	·	
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Re	fer to ques	tion 17.	7	Refer t	o questi	ion 17.	7	Refer to q	uestion 17	7. 7	Refer to	question	n 17.	7	Refer to	o questi	on 17.	
G8	Box 1 "Ye <i>(Go to 18)</i> All other	9		(G	x 1 "Yes o to 18) other (0			1 □ Box 1 <i>(Go to</i> 2 □ All oth	18)		1 □ Box <i>(Go</i>) 2 □ All o	o 18)			1 □ Box (Gc 2 □ All	to 18)		
	next activ		0 101		xt activi		0 101		ctivity)	00101		activity)		101		page 24		
3] Some }] A lot ∫ ((] Unable ((<i>next activ</i>] DK (Go to	Go to G8 /ity)	for	ne	me (G ot (G able (G xt activit (Go to	o to G8 ty)	for	1 ☐ Some 2 ☐ A lot 3 ☐ Unabl <i>next a</i> 9 ☐ DK (G	e (Go to C ctivity)	G8 for	1 □ Som 2 □ A lot 3 □ Unal <i>next</i> 9 □ DK (0	ole (Go t activity)	o G8 f		1 🗌 Sor 2 🗌 A lo 3 🗌 Una pag 9 🗌 DK	able (Sk 1 <i>e 24)</i>	to G	
o [Never do help (Go next activ s No	to G8 for		he	ver do v p (Go to xt activit No	o G8 foi			Go to G8 : ctivity)	for	next	(Go to 6 activity)	38 for	9	0		to G9 fc	L or
19a. 1⊡		9	10	1	2	9 🗌	10	1 2			1			10	1	2	9 🗌	
b. 1	2	9 🗌	11	1	2	9 🗌	11	1 2	e	11	1 2	9	,	11	1	2 🗌	9 🗌	
C. 1		9 🗖	12	1	2 🗌	9 🗌	12	1 2		L	1		·□ [12	1	2	9 🗌	L_
(Notes	Go to G8 fo	or next ac	ctivity)	(Go ti	o G8 for	next a	ctivity)	(Go to G	8 for next	activity)	(Go to)	38 for ne	ext act	tivity)	(Go to	G9 on	page 24	!)

	STA	NCE WITH KEY ACTIV	ITIES – Continued	
		(H) RT 24 Preparing your own meals	(I) RT 25 Shopping for groceries and personal items	(J) RT 26 Managing your money
ITEM G9	G9	Refer to question 1713on page 22.1 □ Box 3 marked (Go to G9for next activity)2 □ All others (Go to 20)	Refer to question 1713on page 22.1 □ Box 3 marked (Go to G9 for next activity)2 □ All others (Go to 20)	Refer to question 1713on page 22.1 □ Box 3 marked (Go to G9 for next activity)2 □ All others (Go to 20)
20a. Do you receive help from another person in <u>(activity)</u> ?	20a.	1 ☐ Yes (<i>Go to 20b</i>) 2 ☐ No 9 ☐ DK ∫ (<i>Skip to 20e</i>)	1 ☐ Yes (<i>Go to 20b</i>) 2 ☐ No } (<i>Skip to 20e</i>) 9 ☐ DK ∫	14 1 □ Yes (<i>Go to 20b</i>) 2 □ No } (<i>Skip to 20e</i>) 9 □ DK }
b. Is this hands-on help?	b.	1 ☐ Yes (<i>Go to 20c</i>) 2 ☐ No 9 ☐ DK ∫ (<i>Skip to 20e</i>)	1 □ Yes (Go to 20c) 2 □ No 9 □ DK ∫ (Skip to 20e)	1 □ Yes (Go to 20c) 2 □ No } 9 □ DK ∫ (Skip to 20e)
C. When you HAVE HANDS-ON HELP FROM ANOTHER PERSON, is <u>(activity)</u> :	С.	0 ☐ Never does activity (<i>Skip to 20e)</i> Yes No DK	0 ☐ Never does activity (<i>Skip to 20e</i>) Yes No DK	0
(1) Very tiring?	(1)	1 2 9 17	1 2 9 17	1 2 9 17
(2) Does <u>(activity)</u> take a long time?	(2)	1 2 9 18	1 2 9 18	1 2 9 18
(3) Is it very painful?	(3)	1 2 9 9	1 2 9 19	1 2 9 19
d. How often do you have hands-on help with (activity)? Would you say always, sometimes, or rarely?	d.	20 1 Always 2 Sometimes 3 Rarely 9 DK	20 1 Always 2 Sometimes 3 Rarely 9 DK	20 1 Always 2 Sometimes 3 Rarely 9 DK
e. Do you need (more) hands-on help with (activity)?	e.	1 ☐ Yes 2 ☐ No 9 ☐ DK	1 ☐ Yes 2 ☐ No 9 ☐ DK 2 ☐ K	1 ☐ Yes 2 ☐ No 9 ☐ DK (Go to G9 for next activity)
	1	(H) RT 24	(I) RT 25	(J) RT 26
		(H) <u>RT 24</u> Preparing your own meals	(I) RT 25 Shopping for groceries and personal items	Managing your money
ITEM G10	G10	Refer to G9 and 20b: 22 1 Box 1 marked in G9 (Go to G10 for next activity) 2 "Yes" marked in 20b (Go to G10 for next activity) 3 Other (Go to 21)	Refer to G9 and 20b:221 □ Box 1 marked in G9 (Go to G10 for next activity)2 □ "Yes" marked in 20b (Go to G10 for next activity)3 □ Other (Go to 21)	Refer to G9 and 20b:221 □ Box 1 marked in G9 (Go to G10 for next activity)2 □ "Yes" marked in 20b (Go to G10 for next activity)3 □ Other (Go to 21)
READ ONCE: Sometimes people just need to have someone supervise them or stay nearby in case any help is needed.		23	23	
21a. Do you have someone who supervises you or stays nearby when you are <u>(activity)</u> ?	21a.	1 ☐ Yes (Go to 21b) 2 ☐ No	1 □ Yes (<i>Go to 21b</i>) 2 □ No } 9 □ DK } (<i>Skip to 23</i>)	1 ☐ Yes (Go to 21b) 2 ☐ No
b. Does this person provide —	b.	24		24
(1) Supervisory help, such as making sure the activity is performed correctly when you are <u>(activity)</u> ?	(1)	1	1 ☐ Yes 2 ☐ No 9 ☐ DK	1 ☐ Yes 2 ☐ No 9 ☐ DK
(2) Stand-by help, such as observing to see if any help is needed when you are <u>(activity)</u> ?	(2)	25 1 ☐ Yes 2 ☐ No 9 ☐ DK	25 1 ☐ Yes 2 ☐ No 9 ☐ DK	25 1 □ Yes 2 □ No 9 □ DK
22. How often do you have supervision or standby help when you are <u>(activity)</u> ? Would you say always, sometimes, or rarely?	22.	1 ☐ Always 2 ☐ Sometimes 3 ☐ Rarely 9 ☐ DK	26 1 Always 2 Sometimes 3 Rarely 9 DK	1 Always 2 Sometimes 3 Rarely 9 DK
	23.	$ \begin{array}{c} 27 \\ 1 \square Yes \\ 2 \square No \\ \end{array} (Go \ to \ G10 \ for \\ nov t \ activity) \end{array} $	1 Ves 2 No Go to G10 for next activity)	1 ☐ Yes 2 ☐ No 9 ☐ DK 2 ☐ DK
23. Do <u>seatheed</u> (more) supervision or standby help with <u>(activity)</u> ?		$\begin{array}{c} 2 \square \text{ NO} \\ 9 \square \text{ DK} \end{array} \int \begin{array}{c} next \ activity) \end{array}$	β□DK J ^{nom} contract,	
standby help with <u>(activity)</u> ?			P□DK J	
			S□DK	

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		Section G - ASSISTA	NCE WITH KEY ACTIV	ITIES - Continued	
	(K) RT 27 Using the telephone	(L) RT 28 Doing heavy housework	(M) RT 29 Doing light housework	(N) RT 30 Getting to places outside	(O) RT 31 Managing your
ļ				of walking distance	medication
	Refer to question 17 13 on page 23.	Refer to question 17 13 on page 23.	Refer to question 17 13 on page 23.	Refer to question 17 13 on page 23.	Refer to question 17 13
G9	1 Box 3 marked (Go to G9 for next activity)	1 Box 3 marked (Go to G9 for next activity)	1 Box 3 marked (Go to G9 for next activity)	1 Box 3 marked (Go to G9 for next activity)	1 Box 3 marked (Go to G10 for activity (H))
	2 🗌 All others <i>(Go to 20)</i>	2 All others (Go to 20)	2 All others (Go to 20)	2 All others (Go to 20)	2 🗌 All others (Go to 20)
20a.	1 🗌 Yes (Go to 20b)	1 🗌 Yes (Go to 20b)	1 🗌 Yes (Go to 20b)	1 🗌 Yes (Go to 20b)	1 🗌 Yes (Go to 20b)
	$ \begin{array}{c} 2 \square \text{ No} \\ 9 \square \text{ DK} \end{array} $ (Skip to 20e)	$ \begin{array}{c} 2 \square \text{ No} \\ 9 \square \text{ DK} \end{array} $ (Skip to 20e)	2 □ No } (Skip to 20e) 9 □ DK }	2 □ No } 9 □ DK } (Skip to 20e)	2 □ No } (Skip to 20e) 9 □ DK }
b .	1 ☐ Yes (<i>Go to 20c</i>)	1 Yes (Go to 20c)	1 Yes (Go to 20c)	1 🗌 Yes (Go to 20c)	1 🗌 Yes (<i>Go to 20c</i>)
	2 □ No } (Skip to 20e) 9 □ DK	$ \begin{array}{c} 2 \square \text{ No} \\ 9 \square \text{ DK} \end{array} $ (Skip to 20e)	$2 \square NO $ (Chin to 200)	2 □ No } (Skip to 20e) 9 □ DK }	
	9 DK 1 100 200)	9 DK J	9 □ DK ∫ (Skip to 200)	9 U DK J	9 □ DK ∫ (Skip to 20e)
C.	0 Never does activity	0 Never does activity	0 Never does activity (Skip to 20e)	0	0 ☐ Never does activity (Skip to 20e)
11	Yes No DK	Yes No DK	Yes No DK	Yes No DK	Yes No DK
(1)	1 2 9 17 1 2 9 18	1 2 9 17 1 2 9 18	1 2 9 17 1 2 9 18		1 2 9 17 1 2 9 17
(3)		1 2 9 19	1 2 9 13		1 2 9 1
d.			20	20	
	1 🗌 Always 2 🗌 Sometimes	1 🗌 Always 2 🗌 Sometimes	1 Always	1 🗌 Always 2 🗌 Sometimes	1 ☐ Always 2 ☐ Sometimes
	3 ☐ Rarely 9 ☐ DK	3 ☐ Rarely 9 ☐ DK	3 ☐ Rarely 9 ☐ DK	3 □ Rarely 9 □ DK	3 □ Rarely 9 □ DK
⊢ _ e.					
	1 Yes 2 No (Go to G9 for next activity)	1 Yes 2 No No Image: Construction of the section of the	1 Ves 2 No (Go to G9 for next activity)	1 Yes 2 No (Go to G9 for next activity)	1 Yes 2 No (Go to G10 for activity (H))
	9 DK J	9□DK J	P□DK	9□DK	9□DK
	(K) RT 27	(L) RT 28	(M) RT 29	(N) RT 30	(O) RT 31
	Using the telephone	Doing heavy housework	Doing light housework	Getting to places outside of walking distance	Managing your medication
	Refer to G9 and 20b: 22	<i>Refer to G9 and 20b:</i> 22 1 ☐ Box 1 marked in G9 <i>(Go</i>	Refer to G9 and 20b: 22	<i>Refer to G9 and 20b:</i> 22 1 □ Box 1 marked in G9 (<i>Go</i>	<i>Refer to G9 and 20b:</i> 22 1 ☐ Box 1 marked in G9
	1 Box 1 marked in G9 (Go to G10 for next activity)	to G10 for next activity)	1 Box 1 marked in G9 (Go to G10 for next activity)	to G10 for next activity)	(<i>Skip to G11 on page 26</i>)
G10	to G10 for next activity)	2 "Yes" marked in 20b (Go to G10 for next activity)	2 ☐ "Yes" marked in 20b (Go to G10 for next activity)	to G10 for next activity)	(Skip to G11 on page 26)
	3 Other (Go to 21)	3 Other (Go to 21)	3 Other (Go to 21)	3 🗌 Other (<i>Go to 21</i>) 23	3 🗌 Other <i>(Go to 21)</i> 23
			<u> </u>		
21a.	1 🗌 Yes (Go to 21b)	1 🗌 Yes (Go to 21b)	1 🗌 Yes (Go to 21b)	1 🗌 Yes (Go to 21b)	1 🗌 Yes (Go to 21b)
- TU.	2 □ No } 9 □ DK ∫ (Skip to 23)		$ {}^{2} \square No \\ {}^{9} \square DK $ (Skip to 23)	2 □ No } 9 □ DK } (Skip to 23)	2 □ No 9 □ DK } (Skip to 23)
<u> </u>			24		
D .	1 🗌 Yes	1 🗌 Yes	1 🗌 Yes	⊥ 1 □ Yes	 1 □ Yes
	2 🗌 No	2 🗌 No	2 🗌 No	2 🗌 No	2 🗌 No
	9 🗆 DK 	9 🗌 DK 	9 DK	9 🗆 DK 	9 🗆 DK
C.	1 🗌 Yes 2 🗌 No	1 🗌 Yes 2 🗌 No	1 🗌 Yes	1 🗌 Yes 2 🗌 No	1 🗌 Yes
	2 🗆 NO 9 🗌 DK	9 🗌 DK	9 🗌 DK	9 🗆 DK	2 □ N0 9 □ DK
22.	1 🗌 Always	1 🗌 Always 📃 26	1 🗌 Always 🔤 🕹 26	1 ☐ Always 26	1 🗌 Always 🔰 🗌 26
	2 ☐ Sometimes 3 ☐ Rarely	2 🗌 Sometimes 3 🗌 Rarely	2 □ Sometimes 3 □ Rarely	2 🗆 Sometimes 3 🗖 Rarely	2 ☐ Sometimes 3 ☐ Rarely
	9 DK	9 DK	9 DK	9 □ DK	9 □ DK
23.	1 [] Yes]	1 [] Yes]	1 [] Yes] 27	1 [] Yes]	1 ☐ Yes (Skip to G11 on
	2 🗆 No 🔓 (Go to G10 for next activity)	2 🗌 No 🌔 (Go to G10 for next activity)	$_{2} \square No$ (Go to G10 for next activity)	$_{2}\square No$ (Go to G10 for next activity)	2 No page 26 for
	9 DK J	9□DKJ	9□DKJ	9 🗆 DK J	9 □ DK J activity (H))
Note	es estatution estatu				

	Sectio	on G – ASSISTANC	CE WITI	H KE	Y ACTIVITIES	6 – Continu	ed		
	F	(H) Preparing your own m	RT 24 neals		(I) RT 25 Shopping for groceries and personal items				
ITEM G11	G11	Refer to 20a, 20e, 21a, and 23 on page 24. 1 □ Any "Yes" (Go to 24 2 □ All other (Go to G1 activity (I))		G11	Refer to 20a, 20e, and 23 on page 2 1	. 21a, 28 24. o to 24)			
	24a.	During the past mo did you experience discomfort because were unable to eat you were hungry because no one wa available to prepare food?	e you when is	24a.	During the pay were you unal follow a speci because you n help shopping 1 2 Yes 2 No 9 DK	ble to al diet needed			
	b .	During the past mo were you unable to follow a special die because you neede help cooking?	et i	b.	During the pas did you miss a because you v unable to shop 1 Yes 2 No 9 DK	n meal vere p? 30			
	 c.	9 □ DK During the past more you unable to the kind of food you used to and you probecause you needed help cooking? 1 □ Yes (0, to 011)	o eat ou are efer						
		2 ☐ No	///						
	F	(H) Prepare your own mea	RT 24 als		(I) Shop for grocer and personal ite	RT 25		(J) Manage your r	noney
		Refer to 17 on page 22.	32		· · · · · · · · · · · · · · · · · · ·	31		Refer to 17 on p	age 22.
ITEM G12	G12	 1 Box 3 marked (Go t for next activity) 2 All other (Go to 25) 	to G12	G12	Refer to 17 on pa 1 Box 3 marked for next activ 2 All other (Go	d (Go to G12 ity)	G12	1 🗌 Box 3 marke for activity (1 2 🗌 All other (Go	.))
G12	G12 25.	1 ☐ Box 3 marked (Go t for next activity) 2 ☐ All other (Go to 25)	to G12 33 to G12 next	G12 25.	1 Box 3 marked	d (Go to G12 ity)	G12 25.	1 Box 3 marke	.))
G12 5. In your household, how often do YOU <u>(activity)</u> ? Would you say always, sometimes, rarely, or		1 Box 3 marked (Go t for next activity) 2 All other (Go to 25) 1 Always 2 Sometimes 3 Rarely 4 Never	to G12 33 to G12 next		 1 Box 3 marked for next activ 2 All other (Go 1 Always 2 Sometimes 3 Rarely 4 Never 	d (Go to G12 ity) to 25) 		1 Box 3 marke for activity (1 2 All other (Go 1 Always 2 Sometimes 3 Rarely 4 Never	.)) 6 to 25) (Go to G1 (for
G12 5. In your household, how often do YOU <u>(activity)</u> ? Would you say always, sometimes, rarely, or never?		1 Box 3 marked (Go t for next activity) 2 All other (Go to 25) 1 Always 2 Sometimes 3 Rarely 4 Never	to G12 33 to G12 next		 1 Box 3 marked for next activ 2 All other (Go 1 Always 2 Sometimes 3 Rarely 4 Never 	d (Go to G12 ity) to 25) 		1 Box 3 marke for activity (1 2 All other (Go 1 Always 2 Sometimes 3 Rarely 4 Never	.)) 6 to 25) (Go to G1 (for
G12 5. In your household, how often do YOU <u>(activity)</u> ? Would you say always, sometimes, rarely, or never?		1 Box 3 marked (Go t for next activity) 2 All other (Go to 25) 1 Always 2 Sometimes 3 Rarely 4 Never	to G12 33 to G12 next		 1 Box 3 marked for next activ 2 All other (Go 1 Always 2 Sometimes 3 Rarely 4 Never 	d (Go to G12 ity) to 25) 		1 Box 3 marke for activity (1 2 All other (Go 1 Always 2 Sometimes 3 Rarely 4 Never	.)) 6 to 25) (Go to G1 (for

•

ectio	on G - ASSISTANCE WIT	HKE			······································
E C	(L) RT 28 Doing heavy housework	-	(M) RT 29 Doing light housework		(N) RT 3 Getting to places outside of walking distance
G11	Refer to 20a, 20e, 21a, 28 and 23 on page 25. 1 □ Any "Yes" (Go to 24) 2 □ All other (Go to G11 for activity (M))	G11	Refer to 20a, 20e, 21a, 28 and 23 on page 25. 1 □ Any "Yes" (Go to 24) 2 □ All other (Go to G11 for activity (N))	G11	Refer to 20a, 20e, 21a, 28 and 23 on page 25. 1 □ Any "Yes" (Go to 24) 2 □ All other (Skip to G12 for activity (H))
24.	During the past month, did you experience distress because you were not able to wash clothes or clean up around the house?	24.	During the past month, did you experience distress because you were not able to do dishes or straighten up around the house?	24a.	During the past month, did you miss a doctor's or other medical appointment because you were unable to get there?
	1 ☐ Yes 2 ☐ No 9 ☐ DK (Go to G11 29 for activity (M))		$\begin{array}{c} 1 \Box Yes \\ 2 \Box No \\ 9 \Box DK \end{array} \left\{ \begin{array}{c} (Go \ to \ G11 \\ for \ activity \ (N)) \end{array} \right.$		1 🗌 Yes 📃 29 2 🗌 No 9 🗋 DK
		L J		b.	were you unable to go places you wanted to fo fun or recreation becaus you did not have transportation?
				 c.	2 □ No 9 □ DK During the past month,
					did you run out of food because you were unabl to get to the store?
					1 ☐ Yes 2 ☐ No 9 ☐ DK (H)) 9 ☐ DK
	(L) Do heavy housework		(M) Do light housework		
	Refer to 17 on page 23. 30		Refer to 17 on page 23. 30		
G12	 Box 3 marked (Go to G12 for next activity) All other (Go to 25) 	G12	1 Box 3 marked (Skip to G13 on page 28) 2 All other (Go to 25)		
25.	1 🗌 Always	25.	1 🗌 Always		
	2 Sometimes (Go to G12 3 Rarely for next 4 Never		2 Sometimes 3 Rarely 4 Never 9 DK		

- - -

			RT 32
	Section G – ASSISTANCE WIT	H KEY ACTIVITIES - Continued	3-4
ITE G1		 H. Preparing your own meals I. Shopping for groceries and personal items J. Managing your money K. Using the telephone L. Doing heavy housework M. Doing light housework N. Getting to places outside of walking distance O. Managing your medication No activities marked (Skip to 27) 	
<u>_</u>			5-6
	nsert activities marked in G13. What (other) condition causes the trouble in <u>(activities)</u> ?	⁰⁰ □ No condition <i>(Skip to 27)</i> 01 □ Old age <i>(Skip to 26c)</i>	7-8
	Record conditions and ask 26b.	(a)	9-10
А	Ask if operation:	(b)	11-12
	For what condition did you have the operation?	(c)	13-14
R	Record up to 5 conditions.	(d)	15-16
	;	(e)	17-18
b. B	Besides <u>(condition)</u> , is there any other condition which causes this trouble in <u>(activities)</u> ?	1 ☐ Yes (<i>Reask 26a and b</i>) 2 ☐ No 9 ☐ DK (<i>Skip to 27</i>)	19
C. Is C	s this trouble in <u>(activities)</u> caused by any specific condition?	1 □ Yes (<i>Reask 26a and b</i>) 2 □ No 9 □ DK } (<i>Go to 27</i>)	20
27a. D y	During the past 12 months, that is, since <u>(today's date)</u> a year ago, have you fallen?	1 □ Yes (Go to 27b) 2 □ No } 9 □ DK } (Skip to Item G14 on page 29)	21
b. H m	Have you fallen more than once during the past 12 nonths?	1 ☐ Yes 2 ☐ No 9 ☐ DK	22
c. W	Nere you injured as a result of the fall(s)?	1 □ Yes (Go to 27d) 2 □ No 9 □ DK } (Skip to 27e)	23
SC SC	What kind of injuries did you have — a fracture, bruise, crape or cut; did you lose consciousness, or did you have come other injury? Mark (X) all that apply.	1 □ Fracture 2 □ Bruise, cut, or scrape 3 □ Lost consciousness 4 □ Other 9 □ DK	24 25 26 27 28
ha	Did you fall/Were any of these falls] because you did not have help getting around or because your helper could not prevent you from falling?	1 □ Yes 2 □ No 9 □ DK	29
f. [D di	Did you fall/Were any of these falls] because you felt lizzy?	1 □ Yes 2 □ No 9 □ DK	30
Notes			

	Section G – ASSISTANCE WITH		31			
ITEM G14	Status of SP.	1 🗌 Institutionalized <i>(Skip to 40 on page 33)</i> 2 🗌 All others <i>(Go to Item G15)</i>				
ITEM G15	Refer to questions 8a, columns A, D, and G on pages 16–17. [Receives help] Mark (X) all that apply.	 "Yes" in 8a for A. Bathing "Yes" in 8a for D. Getting in/out of bed/chairs "Yes" in 8a for G. Using the toilet All others (Skip to 29) 	<u>32</u> 28)			
in or o person strong	id that you receive help with [bathing/(and) getting ut of a bed or chair/(and) using the toilet]. Is the who helps you most with [this/these activities] enough to give you the help you need or is helping ally difficult for him or her?	1 ☐ Yes, strong enough 2 ☐ No, physically difficult 9 ☐ DK	33			
2 9. Does (:	respondent, ask; otherwise, skip to Item G16. sample person) need supervision to ensure [his/her] sal safety or the safety of others?	1 □ Yes 2 □ No 9 □ DK	34			
ITEM G16	Refer to questions 8a and 9a on pages 16–17 and questions 20a and 21a on pages 24–25. (Receives help and/or supervision) Mark (X) all that apply.	 "Yes" in 8a or 9a for A. Bathing "Yes" in 8a or 9a for B. Dressing "Yes" in 8a or 9a for C. Eating "Yes" in 8a or 9a for D. Getting in/out of bed/chairs "Yes" in 8a or 9a for F. Getting outside "Yes" in 8a or 9a for G. Using the toilet "Yes" in 20a or 21a for H. Preparing your own meals "Yes" in 20a or 21a for I. Shopping "Yes" in 20a or 21a for J. Managing your money "Yes" in 20a or 21a for K. Using the telephone "Yes" in 20a or 21a for L. Doing heavy housework "Yes" in 20a or 21a for N. Getting places "Yes" in 20a or 21a for N. Getting places "Yes" in 20a or 21a for O. Managing your medication All others (<i>Skip to 38 on page 32</i>) 				

		Section G – ASSISTANCE WITH KEY ACTIVITIES –	- Coi	ntinued
30.	Who us	sually helps you with (activities marked in G16)?	30.	RT 33 3-4 5-6
	Anyon	e else? Enter the name or description of each helper in separate column.		(01)
ļ				First helper
	Ask 31-	35 for each helper in 30.		01 Bathing or showering 7-8 02 Dressing 9-10
	ASK OI	VERIFY;		03 🗌 Eating 11-12
31.	Which	activities does <u>(Helper)</u> help you with?	31.	04 ☐ Getting in or out of bed/chairs 13-14 05 ☐ Walking 15-16
	Mark ()) all that apply.		06 Getting outside 17-18
				07 Using or getting to the toilet 19-20 08 Preparing your own meals 21-22
				09 Shopping for groceries23-2410 Managing your money25-26
				11 Using the telephone 27-28
				12 Doing heavy housework29-3013 Doing light housework31-32
				14 Getting to places outside 33-34 15 Managing your medications 35-36
				99 DK 37-38
	ASK OF	R VERIFY:		01 🗌 Spouse 39-40
	HAND	CARD A5. Read answers if telephone interview.		02 Child In household
32a.	Which	of these best describes <u>(Helper)</u> ?	32a.	04 🗆 Spouse
	Mark ()) only one.		05 Child Not in household 06 Parent
				07 ☐ Other HH relative 08 ☐ Non-HH relative
				09 🛛 HH non-relative
				10 Friend/Neighbor 11 Unpaid volunteer from organization/business
				12 🗋 Paid employee of
				organization/business 13 🗌 Paid employee of yours
				14 🗌 Other 99 🗍 DK
	ASK OF	VERIFY:		
b.		er) male or female?	b.	1 🗌 Male
ļ				9 🗋 DK 🕴 🕹 🕹 42
220	•	t, child, spouse, or unpaid volunteer in 32a, skip to 34; otherwise ask:	33a.	1 🗍 Yes (Go to 33b)
33 a.		er) paid? CARD A1. Read answers if telephone interview.	33a.	2 🗌 No (Skip to 34)
h			b.	01 Self and family in household 43-44 02 Family NOT in household 45-46
μ.	_	ys for this help?		03 □ Private health insurance 47-48 04 □ Medicare 49-50
	-	e else?)		05 🗌 Medicaid 51-52
	Wark (X) all that apply.		06 Rehabilitation program 53-54 07 Employer 55-56
				08 □ School system 57-58 09 □ VA program 59-60
				10 Other military 61-62
				11Other private source63-6412Other public source65-66
				13 □ No one/Free 67-68 99 □ DK 69-70
34.	DURIN	G THE PAST 2 WEEKS, how many days did (Helper) help you?	34.	99 □ DK [03-70] 00 □ None in past 2 weeks [71-72]
				00 🗀 None in past 2 weeks
				(Number)
35.	0- +*		35.	99 🗍 DK 73-74
33.	In the [he/she	days you receive help from <u>(Helper)</u> , about how many hours per day does usually help you?	JJ.	Hours/day
				(Number) (Go to 31 for next f helper, or G17)
1-1-1	FМ	Defects 20 should		
	EIVI 17	Refer to 30 above. (Number of helpers)	G17	Only one helper (Skip to 37 on page 32) More than one helper (Go to 36
Page 2				on page 32) FORM DFS-3 (7-1-94)

0.	RT 33	3-4	30.	RT 33	3-4	30.	RT 33	3.
U .		5-6	_30.	11.00	5-6	30.		5
	(02)	L	1	(03)	<u>ل</u> _	1	(04)	
	(02) Second helper			(03) Third helper			(04) Fourth helper	
-+-	01 🗌 Bathing or showering	7-8		01 Bathing or showering	7-8	-	01 🗌 Bathing or showering	7.
	02 Dressing	9-10	4	02 Dressing	9-10	{	02 Dressing	9-
	03 🗌 Eating	11-12	1	03 🗌 Eating	11-12	1	03 🗆 Eating	11.
1.	04 Getting in or out of bed/chairs	13-14	31.	04 Getting in or out of bed/chairs	13-14	31.	04 🗌 Getting in or out of bed/chairs	13
	05 🔲 Walking	15-16]	05 🔲 Walking	15-16	1 (05 🔲 Walking	15
	06 🔲 Getting outside	17-18]	06 🗌 Getting outside	17-18]	06 🔲 Getting outside	17
	07 🗌 Using or getting to the toilet	19-20		07 Using or getting to the toilet	19-20		07 Using or getting to the toilet	19
	08 Preparing your own meals	21-22		08 Preparing your own meals	21-22		08	21
	09 Shopping for groceries	23-24		09 Shopping for groceries	23-24		09 Shopping for groceries	23
	10 🗌 Managing your money 11 🗌 Using the telephone	25-26	4	10 🗌 Managing your money 11 🗌 Using the telephone	25-26		10 🗌 Managing your money 11 🗌 Using the telephone	25 27
	12 Doing heavy housework	27-28 29-30	-	12 Doing heavy housework	27-28 29-30		12 Doing heavy housework	2/
	13 Doing light housework	31-32	-	13 Doing light housework	31-32		13 Doing light housework	31
	14 Getting to places outside	33-34	1	14 Getting to places outside	33-34		14 Getting to places outside	33
	15 Managing your medications	35-36		15 Managing your medications	35-36		15 🗌 Managing your medications	35
	99 🗍 DK	37-38	1	99 🗋 DK	37-38	1	99 🗍 DK	37
	·····	20.40	╄──┤		20.40	┨───┤		1 20
	01 🗌 Spouse	39-40	4		39-40		01 🔲 Spouse	39
	02 ☐ Child			₀₂ □ Child		[02 ☐ Child	
	03 Parent			03 Parent			$03 \square Parent $	
a.			32a.	04 □ Spouse 05 □ Child → Not in household		32a.	04 ☐ Spouse 05 ☐ Child	
	$\begin{array}{c} 05 \square \text{ Child} \\ 06 \square \text{ Parent} \end{array} \right\} \text{ Not in household}$			05 ☐ Child 06 ☐ Parent Not in household			05 ☐ Child	
	$100 \square Parent 9$			07 Other HH relative			07 Other HH relative	
	08 Non-HH relative			08 🗌 Non-HH relative			08 🗋 Non-HH relative	
	09 HH non-relative			09 HH non-relative			09 HH non-relative	
	10 Friend/Neighbor			10 Friend/Neighbor			10 🗌 Friend/Neighbor	
	11 Unpaid volunteer from			11 Unpaid volunteer from			11 Unpaid volunteer from	
	organization/business			organization/business			organization/business	
	12 Paid employee of organization/business	·		12 Paid employee of organization/business			12 Paid employee of organization/business	
	13 Paid employee of yours			13 Paid employee of yours			13 Paid employee of yours	
	14 🗌 Other			14 🗍 Other			14 🗌 Other	
	99 🗌 DK			99 🗖 DK			99 🗍 DK	
	1 Male	41		1 🗆 Male	41		1 Male	4
b .			b.	2 🗌 Female		b.		
U .	9 🗍 DK		υ.	9 🗌 DK		D .	9 🗍 DK	
		42			42			4
	$1 \Box \text{ Yes } (Go \text{ to } 33b)$		220	$1 \square Yes (Go to 33b)$		33a.	$1 \square Yes (Go to 33b)$	
a.	2 🗌 No (Skip to 34)		33a.	2 🗌 No (Skip to 34)		33a.	2 🗌 No (Skip to 34)	
	01 🗌 Self and family in household	43-44		01 🗌 Self and family in household	43-44		01 🗌 Self and family in household	43-
) .	02 🗌 Family NOT in household	45-46	b .	02 🗌 Family NOT in household	45-46	b.	02 🗌 Family NOT in household	45-
	03 🗌 Private health insurance	47-48		03 🗌 Private health insurance	47-48		03 🗌 Private health insurance	47
	04 🗌 Medicare	49-50			49-50		04 🗌 Medicare	49
	05 🖸 Medicaid	51-52			51-52 52 54		05 🗌 Medicaid	51
	06 CRehabilitation program	53-54 55-56		06 Rehabilitation program	53-54 55-56		o6 ☐ Rehabilitation program	53- 55-
	07 🗌 Employer 08 🔲 School system	55-56	1	07 ☐ Employer 08 ☐ School system	57-58		07 🗋 Employer 08 🗋 School system	57
	08 🖂 School system 09 🗌 VA program	59-60		09 🗌 VA program	57-58 59-60		09 🗆 VA program	59
	10 🗌 Other military	61-62	1	10 Other military	61-62		10 Other military	61
	11 Other private source	63-64	1	11 Other private source	63-64		11 Other private source	63
	12 🗌 Other public source	65-66]	12 Other public source	65-66		12 🗌 Other public source	65
	13 🗌 No one/Free	67-68		13 🗌 No one/Free	67-68		13 🗌 No one/Free	67
	99 🗍 DK	69-70		99 🗌 DK	69-70		99 🗌 DK	69
	00 🗌 None in past 2 weeks	71-72	34.	00 None in past 2 weeks	71-72	34.	00 🗌 None in past 2 weeks	71
	Days			Days	Í		Daγs	
	(Number)			(Number)			(Number)	
	99 🗖 DK		[··· [99 🗌 DK			99 🗍 DK	
+-		73-74	35.	······	73-74	35.		73-
•	Hours/day	t		Hours/day			Hours/day	<u> </u>
	(Number) (Go to 31 (helper, or			(Number) (Go to 31 fc helper, or C			(Number) Go to G1	7)
	99 DK			99 DK			99 🗆 DK	
						utere Marine		
		en Sière An	nang Sasangan		1895			
		8. A.					방법 방법 수는 것은	

	Section G - ASSISTANCE WITH KEY ACTIVITIES - Continued								
36.	You said that (Read all helpers) assist you. Who helps you the most? If 2 or more equally, ask the respondent to specify who he/she considers the main helper.	Helper No Name :							
37.	Ask 37 about only helper listed in 30 or main helper in 36. How satisfied are you with —	Very satisfied	Somewhat satisfied	Somewhat dissatisfied	Very dissatisfied	DK			
. a.	(Helper's) scheduled hours or availability when you need [him/her]? Would you say very satisfied, somewhat satisfied, somewhat dissatisfied, or very dissatisfied?	1	2	3□	4	9 🗌			
b.	The amount of assistance <u>(helper)</u> provides? (Would you say — <u>(Read categories)</u> ?)		2	3□	4	9 9 			
C.	(Helper's) willingness to do what you ask? (Would you say — <u>Read categories</u>)?)	<u>1</u>	2	3□	4	9 9 10			
d.	(Helper's) ability to do what you need [him/her] to do? (Would you say — (Read categories)?) If helper is present or related to SP, skip to 38; otherwise, ask:	- <u>1</u>	2	3□	4	9 9 11			
e	How satisfied are you with — (Helper's) reliability? (Would you say — (Read categories)?)		2	3 🗌	4	90			
	(Helper's) trustworthiness? (Would you say — (Read categories)?)	1	2	3	4	<u> -12</u>			
g.	How <u>(helper)</u> treats you? (Would you say — <u>(Read</u> categories)?)	1	2	3 🗌	4	9 🗌			
38a.	Including other persons living here, is there a friend, relative, or neighbor who would take care of you for a few DAYS, if necessary?	1 □ Yes (2 □ No 9 □ DK ∫	Go to 38b) - (Skip to 40 d	on page 33)			14		
b.	Who is this person? Probe for description if necessary. Mark (X) only one.	1 HH member – Related 2 HH member – Unrelated 3 Non HH member – Related 4 Non HH member – Unrelated 9 DK							

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	Section G – ASSISTANCE WIT	H KEY ACTIVITIES - Continued	
39 a.	Again, including other persons living here, is there a friend, relative, or neighbor who would take care of you for a few WEEKS, if necessary?	1 □ Yes (Go to 39b) 2 □ No 9 □ DK } (Skip to 40)	16
b.	Who is this person? Probe for description if necessary. Mark (X) only one.	1 HH member – Related 2 HH member – Unrelated 3 Non HH member – Related 4 Non HH member – Unrelated 9 DK	17
40a.	[In the past 12 months/In the 12 months prior to moving to this <u>(type of institution)</u>], did you experience problems of any kind because you were home by yourself?	1 □ Yes (Go to 40b) 2 □ No 3 □ DK } (Skip to Item H1 on page 34)	18
b.	What kind of problems did you have?	 []r.u	·
	Anything else? Read categories if necessary. Mark (X) all that apply.	 01 Fall 02 Other accident or injury 03 Incontinence – No reminders 04 Incontinence – Unable to get to toilet 05 Confinement to bed or chairs 06 Hunger or thirst 07 Fire on stove/left stove on 08 Fell asleep while smoking 09 Got lost/wandered off 10 Forgot medications 11 Took wrong dose of medication (too much/little) 12 Fear 13 Other 99 DK 	19-20 21-22 23-24 25-26 27-28 29-30 31-32 33-34 35-36 37-38 39-40 41-42 43-44 45-46

Notes

	Contian U OT	HER SERVICES	RT 35 3-4
		HER SERVICES	5
ITEN H1	A Status of SP.	¹ □ Institutionalized (<i>Skip to Section I on page 39</i>) 2 □ All others (<i>Go to 1</i>)	÷ u
Now	I would like to ask about prescription medicines.	I	6
supr day inclu oint med	w many different prescription medicines are you posed to use? Please count ones you should use each and those that you use regularly but not every day. ude injections, eye drops, suppositories, creams, ments, and skin patches, but not vitamins, oxygen, or icines you get through an IV.	$ \begin{array}{c} 0 \square \text{ None } (Skip \text{ to 9 on page 35})\\ 1 \square \text{ One or two}\\ 2 \square \text{ Three -five}\\ 3 \square \text{ Six - nine}\\ 4 \square \text{ Ten or more}\\ 9 \square \text{ DK} \end{array} $	
	next questions are about these prescription		7
med 2. Wou the d	icines. Id you say that you use medicine(s) as prescribed by doctor — <u>(Read all categories)</u> c (X) only one.	$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$	·
3. Are	e there any prescription medicines that you are		
-	posed to use, but — not get when first prescribed because of the cost?	Yes No DK a. 1 □ 2 □ 9 □	8
b. did of t	not get the entire prescription filled because the cost?	b. 1 2 2 9	9
c. did	not refill when you ran out because of the cost?		10
d. use the	e less often than prescribed in order to stretch m out because of the cost?	d. 1 2 9	11
e. son	netimes forget to use?	e. 1 2 9 9	12
f. dor	n't use as prescribed because of the side effects?	f. 1 2 9 9	. 13
g. can	not pick up from the drug store or get delivered?	g. 1 2 2 9 1	14
h. dor	n't use because you think you don't need it?	h. 1 🗍 2 💭 9 🗌	15
use	ve you experienced any problems because you forgot to your medicine or didn't use your medicine as scribed?	1 ☐ Yes (Go to 5) 2 ☐ No 9 ☐ DK } (Skip to 6)	16
Any	at problems did you experience? ything else? rk (X) all that apply.	 01 Pain/Discomfort 02 Dizziness/Fainting 03 Disorientation 04 Overdose/Withdrawal 05 Change in blood pressure, breathing, or other vital signs 06 Condition for which medicine prescribed got worse 07 Other condition(s) got worse 08 Had to be admitted to hospital 09 Had to go to doctor/emergency room 10 Drug reaction 11 Other 99 DK 	17-18 19-20 21-22 23-24 25-26 27-28 29-30 31-32 33-34 35-36 37-38 39-40
rem the con	you receive help using your medications? This includes ninding you or measuring the medicines, and setting m up for you, OR do you use ALL of your medicine npletely by yourself? rk (X) only one.	1 ☐ Receive help 2 ☐ All by self 9 ☐ DK	41
. Not	counting financial help, do you NEED (more) help with r medicine?	1 □ Yes (Go to 8) 2 □ No 9 □ DK } (Skip to 9 on page 35)	42
. Wha	at do you NEED (more) help with?	1 🗆 Ordering/Shopping for/Getting	43
Mar	k (X) all that apply.	 a Critering/Shopping for/Getting medicines from pharmacy a Reminder/Monitoring/Measuring/ Setting up/Taking medicines b Other b DK 	43 44 45 46
ge 34		FORM	DFS-3 (7-1-9
		an a	· .

	Section H – OTHER S	ERVICES – Continued	
	These next questions are about your sources of medical care.		47
9.	. Do you have a general practitioner, internist, or family doctor whom you see regularly?	1 ☐ Yes (Go to 10) 2 ☐ No 9 ☐ DK } (Skip to 14 on page 36)	
10.	Which do you see most often — a general practitioner, an internist, or family doctor? Mark (X) only one.	 1 General practitioner 2 Internist 3 Family doctor 4 DK specialty/title 9 DK which seen most often 	48
11.	Have you seen this [(provider in 10)/doctor] in the past 12 months?	1 □ Yes (Go to 12) 2 □ No 9 □ DK } (Skip to 13)	49
12.	In the past 3 months, how many times have you seen this [(provider in 10)/doctor]?	00 🗆 None Times (Number) 99 🗆 DK	50-51
13.	How would you rate this [<u>(provider in 10]</u> /doctor] in terms of overall quality of care and services? Would you say excellent, good, fair, or poor? Mark (X) only one.	1	52
Note			

1 14a. b. 15a.	$ \begin{array}{c c} 1 & \text{les (5kip to 15)} \\ 2 & \text{No} \\ 9 & \text{DK} \end{array} (Go to 14b) \\ 1 & \text{Ves (Skip to 18)} \\ 2 & \text{No} \\ 2 & \text{No} \end{array} (Go to 14a) \\ 9 & \text{DK} \int \text{next service} \end{array} $	7	14a.	B A personal care ttendant (other than family or a friend) 1 🗌 Yes (Skip to 15)	<u>3-4</u> <u>5</u>
b.	1 Yes (Skip to 15) 2 No 9 DK 1 Yes (Skip to 18) 2 No 1 Yes (Skip to 18) 2 No 2 No 0 DK 0 DK	6	a1 14a.	ttendant (other than family or a friend)	6
b.	$ \begin{array}{c c} 1 & \text{les (5kip to 15)} \\ 2 & \text{No} \\ 9 & \text{DK} \end{array} (Go to 14b) \\ 1 & \text{Ves (Skip to 18)} \\ 2 & \text{No} \\ 2 & \text{No} \end{array} (Go to 14a) \\ 9 & \text{DK} \int \text{next service} \end{array} $)		1 🗌 Yes (Skip to 15)	
	$2 \square No \ (Go to 14a)$ $9 \square DK \ next service$	L		$\begin{array}{c} 2 \square \operatorname{No} \\ 9 \square \operatorname{DK} \end{array} \right\} (Go \ to \ 14b)$	り
15a.			b.	1 ☐ Yes (Skip to 18) 2 ☐ No	
	(Number) 99 🗌 DK	8-9	15a.	(Number) 99 🗌 DK	8-9
b.	(Number) 99 🗌 DK	10-11	Ъ.	(Number) 99 🗆 DK	10-11
16a.	 01 Self or family in household 02 Family NOT in household 03 Private health insurance 04 Medicare 05 Medicaid 06 Rehabilitation program 07 Employer 08 School system 09 VA program 10 Other military 11 Other private source 12 Other public source 13 No one/ Free 99 DK 	12-13 14-15 16-17 18-19 20-21 22-23 24-25 26-27 28-29 30-31 32-33 34-35 36-37 38-39	16a.	01 ☐ Self or family in household 02 ☐ Family NOT in household 03 ☐ Private health insurance 04 ☐ Medicare 05 ☐ Medicaid 06 ☐ Rehabilitation program 07 ☐ Employer 08 ☐ School system 09 ☐ VA program 10 ☐ Other military 11 ☐ Other private source 12 ☐ Other public source 13 ☐ No one/ Free 99 ☐ DK	12-13 14-15 16-17 18-19 20-21 22-23 24-25 26-27 28-29 30-31 32-33 34-35 36-37 38-39
b.	(Number) 99 🗆 DK	40-41	b.	(Number) 99 🗋 DK	40-41
с.	00000 □ None \$ 999999 □ DK	42-46 00	с.	00000 🗋 None \$[99999 🗋 DK	42-46 00
17.	next service) 2 🗌 No (Go to 18)	or	17.	next service) 2 🗌 No (Go to 18)	
18.	 01 Provider thinks no longer needed 02 Too expensive/ can't afford 03 Insurance doesn't cover 04 Insurance no longer covers 05 No longer on Medicaid 06 Provider not available 07 Didn't like provider 08 Transportation problems 09 Could not take time off from work 	50-51 52-53 54-55 56-57 58-59 60-61 62-63 64-65 66-67	18.	 01 Provider thinks no longer needed 02 Too expensive/ can't afford 03 Insurance doesn't cover 04 Insurance no longer covers 05 No longer on Medicaid 06 Provider not available 07 Didn't like provider 08 Transportation problems 09 Could not take time off from work 	50-51 52-53 54-55 56-57 58-59 60-61 62-63 64-65 66-67
	b. c. 17.	(Number) 99 DK 16a. 01 Self or family in household 02 Family NOT in household 03 03 Private health insurance 04 04 Medicare 05 05 Medicaid 06 06 Rehabilitation program 07 07 Employer 08 08 School system 09 09 VA program 10 01 Other public source 12 12 Other public source 13 13 No one/ Free Free 99 CSkip to 14a for next service) 13 No one (Skip to 17) 99 DK 17. 1 Yes (Skip to 14a for next service) 17. 1 Yes (Skip to 14a for next service) 18. 00 Didn't need services 18. 00 Didn't need services 13. No longer on Medicaid Nedicaid 04 Insurance doesn't cover 05 No longer on Medicaid Nedicaid	(Number) 99 DK 16a. 01 Self or family in household 02 Family NOT in household 14-15 03 Private health insurance 16-17 04 Medicare 18-19 05 Medicaid 20-21 06 Rehabilitation program 22-23 07 Employer 24-25 08 School system 26-27 09 VA program 28-29 10 Other military 30-31 11 Other public source 32-33 12 Other public source 34-35 13 No one/ 66-37 99 DK 40-41 00000 None 42-46 01 Yes (Skip to 14a for next service) 2 17. 1 Yes (Skip to 14a for next service)	(Number) 99 DK 16a. 01 Self or family in household 12-13 in household 02 Family NOT in household 14-15 03 Private health insurance 16-17 insurance 04 Medicare 18-19 05 Medicaid 20-21 06 Rehabilitation program 22-23 07 Employer 24-25 08 School system 26-27 09 VA program 28-29 10 Other military 30-31 11 Other public source 34-36 12 Other public source 34-36 13 No one/ Free (Skip 99 DK 40-41 99 DK 42-46 00000 None 6-0 17. 1 Yes (Skip to 14a for next service) 18. 01 Drovider	(Number) 98 DK 01 Self or family 12.13 16a. 01 Self or family 12.13 16a. 01 Self or family 12.13 16a. 01 Self or family 14.15 16a. 02 Family NOT in 14.15 03 Private health 16a. 04 Medicare 18.19 05 Medicaid 22.23 06 Medicare 02.233 07 Employer 24.25 08 VA program 22.23 09 VA program 22.33 00 Other public 34.35 01 Other public 34.35 02 Other public 34.35 03 Other public 34.35 04 Medicaid 00 11 Other public 34.35 03 Source 13 No one/ 12 Other public 30.33 13 No one/ Self or 17/ 99 DK 10.17 14.15

		RT 36
	С	3-4
3	An adult day care	5
	center or day activity center	_
14a.	1 Yes (Skip to 15)	6
	$\left. \begin{array}{c} {}_{2} \Box \operatorname{No} \\ {}_{9} \Box \operatorname{DK} \end{array} \right\} (Go \ to \ 14b)$)
 b.		---
D .	1 ☐ Yes (<i>Skip to 18)</i> 2 ☐ No	L
	2 □ No	011
15a.	Months	8-9
	(Number)	
	99 🗌 DK	
b.	Times	10-11
	(Number) 99 🗆 DK	
	99 🗆 DK	<u></u>
	01 ☐ Self or family in household	12-13
16a.	02 Family NOT in household	14-15
	03 🗌 Private health	16-17
	insurance 04 🗌 Medicare	18-19
	05 🗌 Medicaid	20-21
	06 🗋 Rehabilitation program	22-23
	07 🗋 Employer 08 🗋 School system	24-25
	09 🗔 VA program	26-27 28-29
	10 🗌 Other military 11 🔲 Other private	30-31 32-33
	source	
	12 Other public source	34-35
	13 ☐ No one/ Free ₩ □ □K { (Skip to 17)	36-37
	99 DK <i>to 17)</i>	38-39
<u> </u>		40-41
	Paid most	
b.	(Number)	
	99 🗌 DK	
	00000 🗆 None	42-46
с.	(m)	00
	¢ ، ۵	<u></u>
	99999 DK	
17.	1 🗌 Yes (Skip to 19 on	47
	<i>page 38)</i> 2 □ No (Go to 18)	
	9 🗌 DK (Skip to 19 on	
	page 38)	
	00 🗌 Didn't need services	
18.	01 🗌 Provider thinks no longer needed	50-51
	02 Too expensive/ can't afford	52-53
	03 🗌 Insurance doesn't	54-55
	cover 04 🗌 Insurance no	56-57
	longer covers	
	05 ☐ No longer on Medicaid	58-59
	06 🗌 Provider not available	60-61
	07 🗌 Didn't like provider 08 🗌 Transportation	62-63 64-65
	problems	
	09 Could not take time off from work	66-67
	10 🗌 Other 99 🗋 DK	68-69 70-71
	33 (7.1-94)	

	Section H – OTHER S	ERVICES - Continued	
19a.	Are you currently on a waiting list for services from a visiting nurse, personal care attendant, or an adult day care or day activity center?	1 □ Yes (Go to 19b) 2 □ No 9 □ DK } Skip to 20	72
b.	For which of these services are you on a waiting list? Read list if necessary. Mark (X) all that apply.	 01 A visiting nurse 02 A personal care attendant, other than family 03 An adult day care center or day activity center 09 DK 	73-74 75-76 77-78 79-80
20a.	Do you NEED help filling out insurance forms or benefit applications? <i>Mark (X) only one.</i>	 1 Yes 2 No 3 Nover filled forms/applications (Skip to Section I on page 3 9 DK (Go to 20b) 	81 39)
b.	Who helps you fill out insurance forms or applications for public programs or benefits? Mark (X) all that apply.	 No one Household member Friend/Other relative not in household Paid caregiver Volunteer from organization Other DK 	82 83 84 85 86 87 88
Notes			

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	Section I – FAMILY STRUCTURE, RELAT	IONSHIPS,	AND LIVING ARRANGEMENTS	3
1. Are ye you n	ou now married, widowed, divorced, separated, or have ever been married?	1 🗌 Marri	ed – spouse in HH ed – spouse not in HH } (Go to 2a)	
lf mari	ied, probe as necessary to determine if the spouse is a thousehold member.	3 🗌 Widov	wed	
	X) only one.	↓ 4 □ Divor	ated	
Wark (A, only one.	6 🗌 Never 9 🗌 DK	married {(Skip to Item 11)	
a. How I	ong have you been married to your current spouse?	00 🗆 Less t	han 1 year	
		 	Years { (Skip to Item 11)	
		99 🗆 DK		
b. How I	ong have you been [widowed/divorced/separated]?	00 🗆 Less t	han 1 year	1
		(Numbe	Years	
		99 🗌 DK		
ITEM		 		
11 E IVI [1	Status of SP.		itionalized (Skip to 5 on page 40) ners (Go to 3)	
. Includ in this	ing yourself, how many people altogether live household?	01 🗌 SP on	ly (Skip to 5 on page 40)	1
in grane		764	Household members (Go to 4)	
		(Numbe 99 □ DK (G		
a What	are the names of all persons living in your household?			<u> </u>
a. Windl	ite memory of an persons namy in your nousenoidi	an an an an a'		
Enter S	P on line 1 all others on subsequent lines		에는 것은 것은 것은 것이 같이 있는 것이 것을 것을 했다. 같이 같은 것은	
	P on line 1, all others on subsequent lines. than 9 household members, continue listing in the Notes spa	7 8.		
If more b. If nece	이는 그는 그렇게 물건에 들어야 한 것이라. 그는 것이 아파 그가 있는 것 것이 물건 물건이 물건이 물건하는 것이 아파 가지 않는 것이 가지 않는 것이 가지 않는 것이 있다. 아파 가지 않는 것이 가지 않는 것이 있는 것이 있는 것이 같이 있는 것이 없는 것이 없는 것이 있는 것이 없는 것이 없는 것이 없는 것이 없는 것이 없는 것이 없는 것이 있는 것이 없는 것이 있는 것이 없는 것이 있는 것이 있는 것이 있는 것이 있는 것이 있는 것이 없는 것이 없 않 않이 않		mple person.	
If more b. If nece C. If nece	than 9 household members, continue listing in the Notes spa ssary, ask: What is (<u>name's</u>) sex? ssary, ask: How is (<u>name</u>) related TO YOU? Record relations	hips to the sai		R
If more b. If nece c. If nece ine No.	than 9 household members, continue listing in the Notes spa ssary, ask: What is (<u>name's</u>) sex? ssary, ask: How is (<u>name</u>) related TO YOU? Record relations 4a. Name (First/Middle initial/Last)	hips to the sai b. Sex	mple person. C. Relationship to Sample Person	·.
If more b. If nece c. If nece ine No. 3-4 5-6	than 9 household members, continue listing in the Notes spa ssary, ask: What is (<u>name's</u>) sex? ssary, ask: How is (<u>name</u>) related TO YOU? Record relations	hips to the sai		·.
If more b. If nece c. If nece ine No. 3-4 5-6 D1	than 9 household members, continue listing in the Notes spa ssary, ask: What is (<u>name's</u>) sex? ssary, ask: How is (<u>name</u>) related TO YOU? Record relations 4a. Name (First/Middle initial/Last)	hips to the sai b. Sex	C. Relationship to Sample Person	5
If more b. If nece c. If nece vo. 3-4 5-6 01 3-4 5-6	than 9 household members, continue listing in the Notes span ssary, ask: What is (<u>name's</u>) sex? ssary, ask: How is (<u>name</u>) related TO YOU? Record relations 4a. Name (First/Middle initial/Last)	b. Sex b. Sex 1 □ M 2 □ F 58 1 □ M	C. Relationship to Sample Person	5
If more b. If nece c. If nece vo. 3-4 5-6 01 3-4 5-6 02 3-4	than 9 household members, continue listing in the Notes span ssary, ask: What is (<u>name's</u>) sex? ssary, ask: How is (<u>name</u>) related TO YOU? Record relations 4a. Name (First/Middle initial/Last)	b. Sex 58 1 \square M 2 \square F 58 1 \square M 2 \square F 58 1 \square M 2 \square F 58	C. Relationship to Sample Person	5
If more b. If nece c. If nece vo. 34 5-6 01 3-4 5-6 02 3-4 5-6	than 9 household members, continue listing in the Notes span ssary, ask: What is (<u>name's</u>) sex? ssary, ask: How is (<u>name</u>) related TO YOU? Record relations 4a. Name (First/Middle initial/Last) 7-57	b. Sex 58 1 \square M 2 \square F 58 1 \square M 2 \square F	C. Relationship to Sample Person	5
If more b. If nece c. If nece vo. 4 4 6 01 1 4 6 02 1 4 6 03 1 4	than 9 household members, continue listing in the Notes span ssary, ask: What is (<u>name's</u>) sex? ssary, ask: How is (<u>name</u>) related TO YOU? Record relations 4a. Name (First/Middle initial/Last) 7-57	b. Sex 58 1 D M 2 D F 58 1 D M 2 D F 58 1 D M 2 D F 58 1 D M 2 D F 58	C. Relationship to Sample Person	5
If more b. If nece c. If nece c. If nece c. 11 c. 11 c. 12 c. 13 c. 14 c. 15 c. 1	than 9 household members, continue listing in the Notes span ssary, ask: What is (<u>name's</u>) sex? ssary, ask: How is (<u>name</u>) related TO YOU? Record relations 4a. Name (First/Middle initial/Last) 7-57 7-57 7-57	b. Sex 58 1 D M 2 D F 58 1 D M 2 D F 58 1 D M 2 D F 58 1 D M 2 D F 58	C. Relationship to Sample Person	Ę
If more b. If nece c. If nece b. 3-4 5-6 01 3-4 5-6 02 3-4 5-6 03 3-4 5-6 03 3-4 5-6 03 3-4 5-6 04 3-4	than 9 household members, continue listing in the Notes span ssary, ask: What is (<u>name's</u>) sex? ssary, ask: How is (<u>name</u>) related TO YOU? Record relations 4a. Name (First/Middle initial/Last) 7-57 7-57 7-57	b. Sex 58 1 D M 2 D F 58 1 D M	C. Relationship to Sample Person	5
If more b. If nece c. If nece c. If nece c. If nece ine ine ine ine ine ine ine ine ine in	than 9 household members, continue listing in the Notes spaces sary, ask: What is (<u>name's</u>) sex? ssary, ask: How is (<u>name</u>) related TO YOU? Record relations 4a. Name (First/Middle initial/Last) 7-57 7-57 7-57 7-57	b. Sex b. Sex 58 1 D M 2 D F 58 1 D M	C. Relationship to Sample Person	5
If more b. If nece c.	than 9 household members, continue listing in the Notes spaces sary, ask: What is (<u>name's</u>) sex? ssary, ask: How is (<u>name</u>) related TO YOU? Record relations 4a. Name (First/Middle initial/Last) 7-57 7-57 7-57 7-57	b. Sex 58 1 D M 2 F 58 1 D M 2 D F 58 1 D M	C. Relationship to Sample Person	5
If more b. If nece c. If nece ine No. 3-4 5-6 01 3-4 5-6 02 3-4 5-6 02 3-4 5-6 03 3-4 5-6 03 3-4 5-6 04 3-4 5-6 04 3-4 5-6 05 3-4 5-6	than 9 household members, continue listing in the Notes spa- ssary, ask: What is (<u>name</u>) sex? ssary, ask: How is (<u>name</u>) related TO YOU? Record relations 4a. Name (First/Middle initial/Last) 7-57 7-57 7-57 7-57 7-57	b. Sex b. Sex 58 1 M 2 F 58 1 M 2 F	C. Relationship to Sample Person	5
If more b. If nece c. If nece vo. 3-4 5-6 01 3-4 5-6 02 3-4 5-6 02 3-4 5-6 02 3-4 5-6 02 3-4 5-6 02 3-4 5-6 02 3-4 5-6 02 3-4 5-6 02 3-4 5-6 02 03 3-4 5-6 02 03 3-4 5-6 02 03 3-4 5-6 02 03 3-4 5-6 02 03 3-4 5-6 02 03 3-4 5-6 02 03 3-4 5-6 00 03 3-4 5-6 00 02 03 3-4 5-6 00 03 3-4 5-6 00 02 03 3-4 5-6 00 03 3-4 5-6 00 03 3-4 5-6 00 00 00 00 00 00 00 00 00 00 00 00 00	than 9 household members, continue listing in the Notes spa- ssary, ask: What is (<u>name</u>) sex? ssary, ask: How is (<u>name</u>) related TO YOU? Record relations 4a. Name (First/Middle initial/Last) 7-57 7-57 7-57 7-57 7-57	b. Sex 58 1 D M 2 F 58 1 D M 2 D F 58 1 D M	C. Relationship to Sample Person	5
If more b. If nece c. If nece ine No. 3-4 5-6 01 3-4 5-6 02 3-4 5-6 02 3-4 5-6 03 3-4 5-6 03 3-4 5-6 04 3-4 5-6 04 3-4 5-6 05 3-4 5-6 05 3-4 5-6	than 9 household members, continue listing in the Notes spansary, ask: What is (<u>name's</u>) sex? ssary, ask: How is (<u>name</u>) related TO YOU? Record relations 4a. Name (First/Middle initial/Last) 7-57 7-57 7-57 7-57 7-57	b. Sex 58 1 D M 2 F 58 1 D M 2 D F 58 1 D M	c. Relationship to Sample Person	5
If more b. If nece c. If nece ine No. 3-4 5-6 01 3-4 5-6 02 3-4 5-6 02 3-4 5-6 03 3-4 5-6 03 3-4 5-6 04 3-4 5-6 04 3-4 5-6 05 3-4 5-6 05 3-4 5-6 07 3-4	than 9 household members, continue listing in the Notes spansary, ask: What is (<u>name's</u>) sex? ssary, ask: How is (<u>name</u>) related TO YOU? Record relations 4a. Name (First/Middle initial/Last) 7-57 7-57 7-57 7-57 7-57	b. Sex 58 1 D M 2 F 58 1 D M 2 D F 58 1 D M 2 D F 58 1 D M 2 D F 58 1 D M	c. Relationship to Sample Person	5
If more b. If nece c. If nece ine No. 3-4 5-6 01 3-4 5-6 02 3-4 5-6 03 3-4 5-6 04 3-4 5-6 04 3-4 5-6 04 3-4 5-6 05 3-4 5-6 06 3-4 5-6 06 3-4 5-6 07 3-4 5-6 07 3-4 5-6 08	than 9 household members, continue listing in the Notes spaces is sary, ask: What is (name) related TO YOU? Record relations 4a. Name (First/Middle initial/Last) 7-57 7-57 7-57 7-57 7-57 7-57 7-57 7-5	b. Sex 58 1 D M 2 F 58 1 M	c. Relationship to Sample Person	5
If more b. If nece	than 9 household members, continue listing in the Notes spaces ssary, ask: What is (<u>name</u>) related TO YOU? Record relations 4a. Name (First/Middle initial/Last) 7-57 7-57 7-57 7-57 7-57 7-57 7-57 7-5	b. Sex 58 1 D M 2 F 58 1 D M 2 D F 58 1 D M	c. Relationship to Sample Person	R 55 55 55 55 55 55 55 55 55

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<u> </u>			RT 39 3-4
		NSHIPS, AND LIVING ARRANGEMENTS – Continued	5-6
5a. Includin LIVING	g step and adopted children, how many SONS do you have?	00 🗆 None	5-0
		Sons	
		(Number) tr □ DK	
		99 □ DK	7-8
b. Includin LIVING	g step and adopted children, how many DAUGHTERS do you have?	00 🗆 None	
		Daughters	
		99 L DK	9
ITEM	Refer to 5a and 5b.	1 🗆 1+ living children <i>(Go to Item I3)</i>	
12	(Living children)	2 🗌 All others (Skip to Item I4 on page 41)	
			10
ITEM	Refer to question 4 on page 39.	1 Any of SP's child(ren) in HH (Skip to 7)	
13	(Household composition)		
ITEM 12 Refer to 5a and 5b. (Living children) 1 - 1+ living children (Go to Item I3) 2 - All others (Skip to Item I4 on page 41) ITEM 13 Refer to question 4 on page 39. (Household composition) 1 - Any of SP's child(ren) in HH (Skip to 7) 2 - All others (Go to 6) Ga. How quickly can [any of your children/your son/your daughter] get here? 1 - Any of SP's child(ren) in HH (Skip to 7) 2 - All others (Go to 6) Ga. How quickly can [any of your children/your son/your daughter] get here? 1 - Any of SP's child(ren) in HH (Skip to 7) 2 - All others (Go to 6) Ga. How quickly can [any of your children/your son/your daughter] get here? 1 - Any of SP's child(ren) in HH (Skip to 7) If asked, "Here" means where the SP resides.	11-13		
-		2 🖸 Hours	
n asked,	HEIE HIEAHS WHEIE HIE SF TESILES.		
		999 LIDK	
b. How oft son/you	en do you see [any of your children/your r daughter]?	000 🗆 Less than once a year/never	14-16
		$\int 1 \Box \operatorname{Per} \operatorname{day}$	
		(Times) 3 🗆 Per month	
		999 🗋 DK	
C. How oft vour chi	en do you talk on the telephone with [any of ildren/vour son/vour daughter]?	000 🗌 Less than once a year/never	17-19
,			
		(Times) 3 Per month	
		/ 999 □ DK	
d. How oft children	en do you get mail from [any of your /your son/your daughter]?	000 🗆 Less than once a year/never	20-22
		∫ 1 □ Per day 2 □ Per week	
		(Times) 3 🗆 Per month	
		↓ ↓ ↓ Per year	
		999 DK	
routinel	r children/Does your son/Does your daughter] y give you money to help with your living	1 □ Yes 2 □ No	23
expense	s or pay your bills?	9 □ DK	
Notes			
·· .			
** .			
۰.			
age 40	· · · · · · · · · · · · · · · · · · ·	FORI	M DFS-3 (7-1-9
-			

	Se	ction I – FAMILY STRUCTURE, RELATIONSH	IPS, AND LIVING ARRANGEMENTS – Continued
1 _	EM 4	Refer to question 4 on page 39. (Household composition) Mark (X) first appropriate box.	1 I SP is institutionalized 2 SP lives alone 2 (Skip to 11) 3 I SP lives w/spouse only 4 Other (Go to 8) (Skip to 11)
8.	(Other t living w	han your spouse) [is/are any of] the person(s) ith you 18 years of age or older?	1 □ Yes (Go to 9) 2 □ No 9 □ DK ∫ (Skip to 11)
9.	Do you because	live with [these people/this person] NOW YOU need to share living expenses?	1 ☐ Yes 26 2 ☐ No 9 ☐ DK
10.	Do you because	live with [these people/this person] NOW of a health or physical problem YOU have?	1 ☐ Yes 27 2 ☐ No 9 ☐ DK
11.	Includin LIVING	g step and adopted brothers, how many brothers do you have?	00 □ None 28-29 Brothers (Number) 99 □ DK
12.	Includin LIVING :	g step and adopted sisters, how many sisters do you have?	00 □ None 30-31
	ASK OR	VERIEV	99 DK
		nother still ^{j;} 'ng?	1 ☐ Yes 2 ☐ No 9 ☐ DK
b.	ls your f	ather still living?	1 ☐ Yes 33 2 ☐ No 9 ☐ DK
	EM 5	Refer to Item I4. (SP's living arrangement)	1 □ Box 1, 2, or 3 marked (<i>Go to 14</i>) 2 □ Box 4 marked (<i>Skip to 15</i>)
	The nex	t few questions are about contact you have with nembers (other than your spouse or children).	000 🗌 No other family (Skip to Section J on page 42) 35-37
14a.	How qu than yo	ickly can any member of your family (other ur spouse or children) get here?	(Number) { 1 □ Minutes 2 □ Hours 3 □ Days
	lf asked,	"Here" means where the SP resides.	1 999 🗋 DK
b.	How of (other t	ten do you see any member of your family han your spouse or children)?	38-40 38-40 38-40 1 □ Per day 2 □ Per week 3 □ Per month 4 □ Per year 999 □ DK
C.	How of of your	ten do you talk on the telephone with any member family (other than your spouse or children)?	000 □ Less than once a year/Never 41-43
d.	How off family (ten do you get mail from any member of your other than your spouse or children)?	999 □ DK 000 □ Less than once a year/Never (Times) 999 □ DK 1 □ Per day 2 □ Per week 3 □ Per month 4 □ Per year
15.	spouse	members of your family (other than your or children) routinely give you money to help ur living expenses or pay your bills?	1 ☐ Yes 2 ☐ No 9 ☐ DK

						 RT 40 3-4
	Section J – CONDITIO	NS AND IM	PAIRME	INTS		
	Now I'm going to ask some questions about vision and hearing. Please tell me if you have any of the following conditions, even if you have mentioned them before.					
.	Do you NOW have —	Yes	No	DK		
a.	Cataracts?	a. 1	2	9 🗌		5
b.	. Glaucoma?	b. 1	2 🗌	9 🗌		6
C.	Blindness in both eyes?	C. 1 (Skip to 3)	2 🗌	9 🗌		7
d.	Blindness in one eye?	d. 1	2	9 🗌		8
e.	Any other trouble seeing with one or both eyes, EVEN when wearing glasses?	 e. 1 []	2	9 🗌		9
2a.	Do you use eyeglasses? Include eyeglasses that just magnify.	1 □ Yes (G 2 □ No] 9 □ DK } (-	Skip to 2c)			 10
b.	Were these eyeglasses prescribed for you?	1 □ Yes 2 □ No 9 □ DK				11
C.	Do you use contact lenses?	1 🗌 Yes 2 🗌 No 9 🗍 DK	~ -			 12
	Have you EVER had an operation for cataracts?	1 ☐ Yes 2 ☐ No 9 ☐ DK				 13
17	TEM Refer to 1c above.	 				 14
	LEIVIRefer to 1c above.J1(Blind in both eyes)	1 □ "Yes" r 2 □ All oth			6)	
* .	Do you have a lens implant?	1 □ Yes 2 □ No 9 □ DK		<u> </u>		15
•	Do you use a magnifying glass to read or to do other close work?	1 ☐ Yes 2 ☐ No 9 ☐ DK	- <u>, , , , , , , , , , , , , , , , , , ,</u>			 16
)_	Do you NOW have —	Yes	No	DK		
a.	Deafness in both ears?	a. 1□ (Skip	2	9 🗌		17
b.	Deafness in one ear?	to 7)	2 🗌	9 🗌		18
	Any other trouble hearing with one or both ears ?]	2	9 🗖		19
C-				سے ب		L'Y

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Now I'm any of t	n going to ask about some othe hese conditions, even if you ha	r conditions. A ve mentioned t	gain, ple them bef	ase tel ore.	l me if ya	u ever	had			
-	•				A	sk 7b–d	as appropriate fo	or each "	Yes" in 7a.	
Ask all of 7a (1)–(11) before going to 7b–d across. 7a. Have you EVER had —					what yea as] <u>(condit</u> st [occur, pticed]?	r (did/ tion)	C. Did a docto tell you tha had <u>(conditi</u>	or ever It you	d. Do you still have <u>(condition)</u> ?	
(1) A b	oroken hip?	1 □ Yes 2 □ No	20	(1)	19Y	21-22 ear		~ ~ ~ ~ ~ ~		
		9 □ DK			99 🗌 DK					
(2) Ost	teoporosis?	1 □ Yes 2 □ No 9 □ DK	23	(2)	19 Y 99 □ DK	24-25 ear	(2) 1 ☐ Yes 2 ☐ No 9 ☐ DK	26		
(3) Dia	betes?	1 □ Yes 2 □ No 9 □ DK	27	(3)	19 Y 99 □ DK	28-29 ear	(3) ₁ □ Yes ₂ □ No ҙ □ DK	30	(3) ₁ □ Yes 2 □ No 9 □ DK	3
(4) Art	hritis?	1 □ Yes 1 2 □ No 9 □ DK	32	(4)	19 Y 99 □ DK	33-34 ear	(4) ₁ □ Yes ₂ □ No ҙ □ DK	35		• • •
	ronic bronchitis or physema?	1 □ Yes 2 □ No 9 □ DK	36	(5)	19 Y 99 □ DK	37-38 ear	(5) ₁ □ Yes ₂ □ No ҙ □ DK	39	(5) ₁ □ Yes 2 □ No 9 □ DK	4
(6) Ast			41	(6)	19 Ү 99 🗋 DК	42-43 ear	(6) ₁ □ Yes 2 □ No 9 □ DK	44	(6) ₁ □ Yes ₂ □ No ҙ □ DK	4
	pertension, sometimes led high blood pressure?	 1	46	(7)	19 Y 99 □ DK	47-48 ear	(7) ₁ □ Yes ₂ □ No ҙ □ DK	49	(7) ₁ □ Yes ₂ □ No ҙ □ DK	5
core	art disease, including onary heart disease, jina, heart attack or ocardial infarction?	1 □ Yes 2 □ No 9 □ DK	51	(8)	19 Y 99 □ DK	52-53 ear	(8) ₁ □ Yes ₂ □ No ҙ □ DK	54		
(9) Any	y other heart disease?	1 □ Yes 2 □ No 9 □ DK	55	(9)	19 Y 99 □ DK	56-57 ear	(9) ₁ □ Yes ₂ □ No ҙ □ DK	58		
	troke or cerebrovascular ident?	1 □ Yes 2 □ No 9 □ DK	59	(10)	19 Y 99 🗋 DK	60-61 ear	(10) ₁ □ Yes 2 □ No 9 □ DK	62		
(11) Can	ncer of any kind?	1 □ Yes 2 □ No 9 □ DK	63	(11)	19Y 99 □ DK	64-65 ear	(11) ₁ □ Yes 2 □ No 9 □ DK	66	(11) ₁ □ Yes ₂ □ No ҙ □ DK	6
ITEM J2	<i>Refer to 7a (11).</i> (Cancer of any kind)			1			a (11) (Go to 8) 9 on page 44)			68
HAND CARD A19. Read categories if telephone interview. 8. What kind of cancer [is/was] it? (Anything else?) Mark (X) all that apply.					01 Colon/rectal/bowel 6 02 Skin – melanoma 7 03 Skin – nonmelanoma 7 04 Skin – unknown type 7 05 Uterine/ovarian 7 06 Prostate 7					
				08 0 09 0 10 0 11 0	Stomach Leukemia Breast Cervical Lung Other DK					81- 83- 85- 87- 89- 91- 93-

	Section J – CONDITIONS AN	D IMPAIRMENTS - Continued	
9a	. Do you sometimes have trouble with dizziness?	1 □ Yes (Go to 9b) 2 □ No 9 □ DK ∫ (Skip to 10)	95
b	Does dizziness prevent you in any way from doing things you otherwise could do?	1 □ Yes 2 □ No 9 □ DK	96
10.	Do you have trouble biting or chewing any kinds of food, such as firm meat or apples? If asked, this includes while wearing false teeth or dentures.	1 ☐ Yes 2 ☐ No 9 ☐ DK	97

Notes

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		RT 4
	INIONS AND BEHAVIORS	3-4
READ TO RESPONDENT - Now I'd like to ask your personal opinions about health related matters.		5
 Would you say your health in general is excellent, very good, good, fair, or poor? 	1 ☐ Excellent 2 ☐ Very good 3 ☐ Good 4 ☐ Fair 5 ☐ Poor 9 ☐ DK	
If proxy respondent, skip to 3; otherwise ask:	 	6
 In the past 12 months, how often did you feel sad or depressed? Would you say you were sad or depressed — (Read all categories) 	 All of the time, Some of the time, A little of the time, or 	
Mark (X) only one.	4	
3. Compared to your own level of physical activity 1 year ago, would you say you are now more active, less active, or about the same as you were then?	1 ☐ More active 2 ☐ Less active 3 ☐ About the same	7
Mark (X) only one.	1 9 □ DK	
4. Do you follow a REGULAR routine of physical exercise?	1 □ Yes 2 □ No	8
	9 □ DK · · · · · · · · · · · · · · · · · ·	9-11
5. About how tall are you without shoes?	999 🗆 DK	<u> </u>
6. About how much do you weigh without shoes?		12-14
	999 🗆 DK	
If proxy respondent, skip to 8; otherwise ask:	1 · · · · · · · · · · · · · · · · · · ·	15-17
7. What was your usual weight at the age of 50?	999 🗆 DK	
8. Have you smoked at least 100 cigarettes in your entire life?	$1 \square Yes (Go to 9)$ $2 \square No \int (Ship to 11)$	18
If asked: Approximately 5 packs.	2 □ No 9 □ DK } (Skip to 11)	· •
9. Do you NOW smoke cigarettes every day, some days, or not at all?	1 □ Every day 2 □ Some days	19
n an ann an Aonaichtean ann an Aonaichtean ann ann ann ann ann ann ann ann ann	3 □ Not at all 9 □ DK	· .
D. For how many years [have you smoked/did you smoke] cigarettes?	00 🗆 Less than 1 year	20-21
	Years (Number) 99 □ DK	
I. Now I would like to ask you about drinking alcoholic beverages. By alcoholic beverages I mean beer, wine, or liquor. Have you had at least one drink of beer, wine, or liquor during the past year?	1 □ Yes (Go to 12) 2 □ No } 9 □ DK } (Skip to Section L on page 46)	22
2. During the past year, on the average, on how many days did you drink alcoholic beverages, that is beer, wine, or liquor?	₀₀₀₀ □ Every day ſ1□ Per week	23-26
الم المراجع ال المراجع المراجع المراجع المراجع المراجع	Days 2 Per month (Number) 3 Per year	
3. On [the/those] day(s) when you drank, about how many drinks would you say you had?	Drinks (Number)	27-28
	99 🗍 DK	

	Section L – COM	MUNITY SERVICES				
	NOTE – Ask 2 immediately after a "Yes" in 1a–f.	· · · · · · · · · · · · · · · · · · ·	<u> </u>		<u></u>	
	READ TO RESPONDENT – The next questions are about community services.					
1.	[In the past 12 months/In the 12 months prior to coming to this (<u>type of institution</u>)], did you —			2.	How often did y frequently, son rarely?	you use it netimes, or
a.	Use a senior center?		29	a.		30
		1 □ Yes (Go to 2a) 2 □ No } 9 □ DK } (Go to 1b)			1 Frequently 2 Sometimes 3 Rarely 9 DK	(Go to 1b)
b.	Use special transportation for the elderly?		31	b.		32
		1 □ Yes (Go to 2b) 2 □ No			1 Frequently 2 Sometimes 3 Rarely 9 DK	} (Go to 1c)
c.	Have meals delivered to your home by an agency or		33	с.		34
	organization like Meals on Wheels?	$1 \Box \text{ Yes } (Go \text{ to } 2c)$ $2 \Box \text{ No}$ $9 \Box \text{ DK} $ (Go to 1d)			1 - Frequently 2 - Sometimes 3 - Rarely 9 - DK	> (Go to 1d)
d.	Eat meals in a senior center or in some place with a	1 ☐ Yes (<i>Go to 2d</i>)	35	d.	□ □ Frequently	36
	special meal program for the elderly?	$\begin{array}{c c} & 1 & 1 & 0 \\ 2 & \square & No \\ 3 & \square & DK \end{array} \right\} (Go \ to \ 1e)$			2 Sometimes 3 Rarely 9 DK	(Go to 1e)
e.	Use a homemaker service for the elderly that provides services like cleaning and cooking in the home?	1 □ Yes (Go to 2e)	37	е.	1 C Frequently	38
	services like cleaning and cooking in the nome?	$ \begin{array}{c} 2 \square \text{ No} \\ 9 \square \text{ DK} \end{array} \right\} (Go \text{ to } 1f) $			2 Sometimes 3 Rarely 9 DK	⟨Go to 1f⟩
f.	Use information and referral services?	1 □ Yes (<i>Go to 2f</i>)	39	f.	1 🗆 Frequently	40
		2 ☐ No } Go to 9 ☐ DK ∫ Go to Section M on page 47)			2 Sometimes 3 Rarely 9 DK	(Go to Section M on page 47)
Note	9S					
·						

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		Section M -	UPDATE CON	TACT PERSON INFORMATION	
The Net	nal Cantos fo-	<u></u>		t you again to obtain additional health	
related in	onal Center for oformation.	mealth Statistics m	ay wish to contac	t you again to obtain additional nearth	
		<u></u>			
ITEM	Refer to CP o	n label.		$1 \square CP \text{ on label } (Ask 1a)$	
M1				² D No CP on label (Ask 1b)	
1a. The last t	time a Census I	Bureau interviewer t Id that <u>(CP on label)</u> ch with you if we wa <u>//</u> still the best perso you?	alked to you or	1	
know how	w to get in tou	ch with you if we wa	ant to contact	enter correct information in 2 below.) 2 🗆 No (Go to 1b)	
we are u	hable to reach	you?			
name, ad friend wh case we h but canno someone	dress, and tele to would know need additional ot reach you. P	Health Statistics we phone number of a where you could be health information lease give me the na rently living in the h	relative or reached in in the future ame of		~
	erson current info	ormation	- <u></u>	-	
Last name		First name	27-41 MI 42		
		-			
Number and s	treet		43-6	$\vec{\mathbf{u}}_{\mathbf{u}}$	
	<u> </u>				
City		68-87 State 88	-89 ZIP Code 90-98		
Talanhana		l	1		
Telephone	-101 Number	102-108	109	-{	
La		1 🗌 None 7 🖵 Refused	9□ DK		
Notes			<u></u>	1	
10100					

	Section N – INTERVI		BSERVA	TIONS				RT 43 3-4
		- <u>T</u>	elf respons		ssistance	(Skin to 2)	<u></u>	5
ITEM N1	Mark (X) the one that best represents this interview.	i 2 🗆 S	elf respons roxy <i>(Skip t</i>	e with assis				
ASK OR	VERIFY:	, 1 1 00 □ P	arent					6-7
1a. How is <u>(</u>	assistant) related to you?		pouse on/Daughte	٩r				
	nan one assistant, indicate the relationship of the one ider to be the main assistant.	¦ 03 □ S	irandchild/C	aughter-in-				
		i 05 🗌 B	rother/Siste	er		kip to 1c)		
		07 🗆 A	rother-in-la unt/Uncle/C	Cousin	law (•		
		0 🗌 00	liece/Nephe)ther relativ	е				
			oommate/F)ther non-re		nbor			
b. How are	you related to (sample person)?	+ ! ₀₀ □ P						8-9
		01 🗆 S	pouse					
lf more ti consider	nan one proxy, direct this question to the one you to be the main proxy.	03 □ S	on/Daughte	aughter-in-				
			irandchild/G rother/Siste		child			
			rother-in-la unt/Uncle/C		law			
		08 🗆 N	liece/Nephe Other relativ	w				
		10 🗌 R	oommate/F	riend/Neigh	nbor			
ASK OR	 /ERIFY:	 +						10
C. Do(es) [y	ou/assistant] live here?	i 1□Y ! 2□N						
		¦ 9□D	Ж					
Mark eac	h to indicate why a proxy/assistant was needed.	Yes	No					
2a. Sample	person hospitalized	a. 1	2 🗌					11
b. Sample	person institutionalized	b. 1	2					12
c. Sample	person's hearing problem	∣ C. 1□	2 🗌					13
	person's speech problem	.1	2					14
	person's language problem	1	2 🗌					15
	person's poor memory, senility, or confusion		2					16
-	person's Alzheimer's disease	l	2					17
	person's other mental condition		2					18
	person's other physical illness and/or disability	L	2					19
-	n-health related reason	,] . 1∟ 	2				······	20
person if	ondent" in the following items refers to the sample he/she answered questions with or without e, or to the proxy if the sample person was not ed.							
3. Do you f	eel the	Yes	No	DK				
a. Respond	ent was intellectually capable of responding?	a. 1	2	9 🗖				21
b. Respond	ent's answers were reasonably accurate?	b. 1	2 🗌	9 🔲				22
c. Respond	ent understood the questions?	C. 1□	2 🗌	.e	7			23
Notes				· · ·				
					:			
age 48							FC	DRM DFS-3 (7-1-9
			ţ					

Section N – INTERVIEWER OBSERVATIONS – Continued								
4a.	Was there a section which seemed to be particularly upsetting or problematic to the respondent?	1 □ Yes (Go to 4b) 2 □ No (Skip to 5)	24					
b.	Which section(s)? Mark (X) all that apply.	 a. Housing and long-term care services B. Transportation C. Social activity D. Work history/employment E. Assistive devices and technologies F. Health insurance G. Assistance with key activities H. Other services J. Conditions and impairments C. Community services M. Contact person 	25-26 27-28 29-30 31-32 33-34 35-36 37-38 39-40 41-42 43-44 45-46 47-48 49-50					
5.	How tiring did the interview seem to be for the respondent?	 1 □ Very tiring 2 □ A little tiring 3 □ Not tiring 	51					
6.	Did the respondent have difficulty hearing you during the interview?	1 □ Yes (Go to 7) 2 □ No 9 □ DK } (END interview)	52					
7.	Do you feel the respondent's hearing difficulty affected the interview?	1 □ Yes 2 □ No	53					

Notes			
and the second	a kan sa		
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		· · · · • ••••	Santan Ang ang ang ang ang ang ang ang ang ang a
	tan an a		and a second s
	an a		en de la companya de
an a	ر محمد الدر با مریستی از محمد بر محمد از محمد ا این استناعیون اینها محمد بر از محمد است از از م	an a	ر این و به معاد میران از ۲۹۹ می ا
· · · A · ·		a state and a state	
n an tha tha an an tha gain. An tha	ي المريد معادي المتعادية معالمة المعادي معالي المريد معادي من المريد المعادي من المريد المعادي من الم	میں ایک ایک ایک ایک ایک ایک دولا کور ایک دور ایک	an an an an Angalan an an an Angalan an Angalan
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