

Appendix B

Screening and Baseline Questionnaires

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APPENDIX B
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WOMEN'S HEALTH AND AGING STUDY

INTRODUCTION

IN1. YOU HAVE ENTERED ID NUMBER (ID NUMBER) FOR (PT'S NAME). IS THIS THE CORRECT CASE?

YES..... 1 (IN2)
NO..... 2 (BOX IN1)

(BOX IN1. RETURN TO MAIN MENU.)

IN2. I would like to verify your name. I have you listed as [READ FULL NAME LISTED BELOW. VERIFY SPELLING.] Is this correct?

YES..... 1 (SINTROA)
NO..... 2 (IN3)

IN3. [MAKE NECESSARY CORRECTIONS.] [PRESS ENTER FOR FIELDS WITH NO CHANGES.]

IN4. [INTERVIEWER: IS THE PARTICIPANT CURRENTLY:]

NOT INSTITUTIONALIZED..... 1
INSTITUTIONALIZED..... 2

SCREENER

SINTROA. I'd like to begin with some questions about you.

S1. I have your date of birth listed as [BIRTH DATE]. Is that correct?

YES..... 1 (S2)
NO..... 2

S1a. What is your date of birth?

_____/_____/_____
MONTH DAY YEAR

(SKIP: IF ANY DATE FIELD IS MISSING (BASE.PTDOBMM, PTDOBDD OR PTDOBY = -7 OR -8), THEN GO TO S3. OTHERWISE, GO TO S2.

S2. That makes you (AGE) today. Is that correct?

YES..... 1 (S3)
NO..... 2 (S1a)

S3. At the present time, would you say that your health is...

Excellent..... 1
Very good..... 2
Good..... 3
Fair, or..... 4
Poor?..... 5
Refused..... -7
Don't Know..... -8

S4. Now I am going to read a list of serious illnesses and other health problems. For each one please tell me if a doctor has told you that you have that condition.

S4a. Has a doctor ever told you that you had a heart attack or myocardial infarction?

YES..... 1
NO..... 2
REFUSED..... -7
DON'T KNOW..... -8

S4b. (Has a doctor ever told you that you had...) angina?

YES..... 1
NO..... 2
REFUSED..... -7
DON'T KNOW..... -8

S4c. (Has a doctor ever told you that you had...) congestive heart failure?

YES..... 1
NO..... 2
REFUSED..... -7
DON'T KNOW..... -8

S4d. (Has a doctor ever told you that you had...) high blood pressure?

YES..... 1
NO..... 2
REFUSED..... -7
DON'T KNOW..... -8

S4e. (Has a doctor ever told you that you had...) any other heart disease?

YES..... 1
NO..... 2
REFUSED..... -7
DON'T KNOW..... -8

S4f. (Has a doctor ever told you that you had...) diabetes?

YES.....	1
NO.....	2
REFUSED.....	-7
DON'T KNOW.....	-8

S4g. (Has a doctor ever told you that you had...) arthritis?

YES.....	1
NO.....	2
REFUSED.....	-7
DON'T KNOW.....	-8

S4h. (Has a doctor ever told you that you had...) a stroke?

YES.....	1
NO.....	2
REFUSED.....	-7
DON'T KNOW.....	-8

S4i. (Has a doctor ever told you that you had...) cancer?

YES.....	1
NO.....	2
REFUSED.....	-7
DON'T KNOW.....	-8

S4j. (Has a doctor ever told you that you had...) a broken or fractured hip?

YES.....	1
NO.....	2
REFUSED.....	-7
DON'T KNOW.....	-8

S4k. (Has a doctor ever told you that you had...) Parkinson's disease?

YES.....	1
NO.....	2
REFUSED.....	-7
DON'T KNOW.....	-8

S4l. (Has a doctor ever told you that you had...) lung disease, such as emphysema or chronic bronchitis?

YES.....	1
NO.....	2
REFUSED.....	-7
DON'T KNOW.....	-8

S4m. (Has a doctor ever told you that you had...) hearing problems?

YES.....	1
NO.....	2
REFUSED.....	-7
DON'T KNOW.....	-8

S4n. (Has a doctor ever told you that you had...) vision problems?

YES.....	1
NO.....	2
REFUSED.....	-7
DON'T KNOW.....	-8

S5. Are you now married, or are you widowed, separated, divorced, or have you never been married?

MARRIED.....	1
WIDOWED.....	2
SEPARATED.....	3
DIVORCED.....	4
NEVER MARRIED.....	5
REFUSED.....	-7
DON'T KNOW.....	-8

S6. Which of the following best describes your race? Are you...

White.....	1
Black.....	2
American Indian or Alaskan Native.....	3
Asian or Pacific Islander, or.....	4
Something else (SPECIFY).....	91
Refused.....	-7
Don't Know.....	-8

S7. Is your main national origin or ancestry Hispanic?

YES.....	1
NO.....	2
REFUSED.....	-7
DON'T KNOW.....	-8

S8. What is the highest grade in school or year of college that you completed?

ELEMENTARY		
1st GRADE OR LESS.....	1	
2nd GRADE.....	2	
3rd GRADE.....	3	
4th GRADE.....	4	
5th GRADE.....	5	
6th GRADE.....	6	
7th GRADE.....	7	
8th GRADE.....	8	
HIGH SCHOOL		
1st YEAR.....	9	
2nd YEAR.....	10	
3rd YEAR.....	11	
4th YEAR OR GED.....	12	
COLLEGE & GRADUATE SCHOOL		
1 YEAR.....	13	
2 YEARS.....	14	
3 YEARS.....	15	
4 YEARS.....	16	
5 YEARS.....	17	
6 YEARS OR MORE.....	18	
OTHER (SPECIFY).....		91
REFUSED.....		-7
DON'T KNOW.....		-8

SINTROB. Now, I'd like to ask about your household.

S9. Besides yourself, how many other people live in your household? [IF NONE, ENTER 0.]

_____ OTHER PEOPLE IN HOUSEHOLD

(SKIP: IF S9 = 0 THEN GO TO S11. OTHERWISE, GO TO S10.)

S10. Attachment S1.

What are the name of all persons living or staying in the household?

What is [NAME]'s relationship to you? Is [NAME] male or female? What is [NAME]'s age?

[2=SPOUSE, 3=SON, 4=DAUGHTER, 5=BROTHER, 6=SISTER, 7=FATHER, 8=MOTHER, 9=SON-IN-LAW, 10=DAUGHTER-IN-LAW, 11=GRANDSON, 12=GRANDDAUGHTER, 13=NEPHEW, 14=NIECE, 50=PARTNER/ROOMMATE, 51=FRIEND/NEIGHBOR, 52=BOARDER, 53=NURSE/ NURSE'S AIDE, 54=LEGAL/FINANCIAL OFFICER, 55=GUARDIAN, 91=OTHER RELATIVE, 92=OTHER NON-RELATIVE]

S11. Next I am going to ask about several activities. By yourself, that is without help from another person or special equipment, do you have any difficulty raising your arms up over your head?

YES.....	1	
NO.....	2	(S12)
REFUSED.....	-7	(S12)
DON'T KNOW.....	-8	(S12)

S11a. How much difficulty do you have? Would you say...

[HAND SHOW CARD BLUE TO RESPONDENT.]

S12. (By yourself, that is without help from another person or special equipment, do you have any difficulty...) using your fingers to grasp or handle?

YES.....	1	
NO.....	2	(S13)
REFUSED.....	-7	(S13)
DON'T KNOW.....	-8	(S13)

S12a. How much difficulty do you have? Would you say...

[HAND SHOW CARD BLUE TO RESPONDENT.]

S13. (By yourself, that is without help from another person or special equipment, do you have any difficulty...) lifting or carrying something as heavy as 10 pounds, for example a bag of groceries?

YES.....	1	
NO.....	2	(S14)
REFUSED.....	-7	(S14)
DON'T KNOW.....	-8	(S14)

S13a. How much difficulty do you have? Would you say...

[HAND SHOW CARD BLUE TO RESPONDENT.]

S14. (By yourself, that is without help from another person or special equipment, do you have any difficulty...) walking for a period of a mile, that is about 2 or 3 blocks?

YES.....	1	
NO.....	2	(S15)
REFUSED.....	-7	(S15)
DON'T KNOW.....	-8	(S15)

S14a. How much difficulty do you have? Would you say...

[HAND SHOW CARD BLUE TO RESPONDENT.]

S15. (By yourself, that is without help from another person or special equipment, do you have any difficulty...) walking up 10 steps without resting?

YES.....	1	
NO.....	2	(S16)
REFUSED.....	-7	(S16)
DON'T KNOW.....	-8	(S16)

S15a. How much difficulty do you have? Would you say...

[HAND SHOW CARD BLUE TO RESPONDENT.]

S16. (By yourself, that is without help from another person or special equipment, do you have any difficulty...) getting in and out of bed or chairs?

YES.....	1	
NO.....	2	(S17)
REFUSED.....	-7	(S17)
DON'T KNOW.....	-8	(S17)

S16a. How much difficulty do you have? Would you say...

[HAND SHOW CARD BLUE TO RESPONDENT.]

S17. (By yourself, that is without help from another person or special equipment, do you have any difficulty...) bathing or showering?

YES.....	1	
NO.....	2	(S18)
REFUSED.....	-7	(S18)
DON'T KNOW.....	-8	(S18)

S17a. How much difficulty do you have? Would you say...

[HAND SHOW CARD BLUE TO RESPONDENT.]

S18. (By yourself, that is without help from another person or special equipment, do you have any difficulty...) dressing?

YES.....	1	
NO.....	2	(S19)
REFUSED.....	-7	(S19)
DON'T KNOW.....	-8	(S19)

S18a. How much difficulty do you have? Would you say...

[HAND SHOW CARD BLUE TO RESPONDENT.]

S19. (By yourself, that is without help from another person or special equipment, do you have any difficulty...) eating, for example, holding a fork, cutting your food, or drinking from a glass?

YES.....	1	
NO.....	2	(S20)
REFUSED.....	-7	(S20)
DON'T KNOW.....	-8	(S20)

S19a. How much difficulty do you have? Would you say...

[HAND SHOW CARD BLUE TO RESPONDENT.]

S20. (By yourself, that is without help from another person or special equipment, do you have any difficulty...) using the toilet, including getting to the toilet?

YES.....	1	
NO.....	2	(S21)
REFUSED.....	-7	(S21)
DON'T KNOW.....	-8	(S21)

S20a. How much difficulty do you have? Would you say...

[HAND SHOW CARD BLUE TO RESPONDENT.]

S21. Because of a health or physical problem, do you have any difficulty using the telephone by yourself?

YES.....	1	(S21a)
NO.....	2	(S23)
DOESN'T DO.....	3	(S22)
REFUSED.....	-7	(S23)
DON'T KNOW.....	-8	(S23)

S21a. By yourself, how much difficulty do you have? Would you say...

[HAND SHOW CARD BLUE TO RESPONDENT.]

(SKIP: GO TO S23.)

S22. Is this for health reasons or other reasons?

HEALTH.....	1	
OTHER REASONS (SPECIFY).....	91	
REFUSED.....	-7	
DON'T KNOW.....	-8	

S23. (Because of a health or physical problem, do you have any difficulty...) doing light housework such as doing dishes, straightening up or light cleaning by yourself?

YES.....	1	(S23a)
NO.....	2	(S25)
DOESN'T DO.....	3	(S24)
REFUSED.....	-7	(S25)
DON'T KNOW.....	-8	(S25)

S23a. By yourself, how much difficulty do you have? Would you say...

[HAND SHOW CARD BLUE TO RESPONDENT.]

(SKIP: GO TO S25.)

S24. Is this for health reasons or other reasons?

HEALTH.....	1
OTHER REASONS (SPECIFY).....	91
<hr/>	
REFUSED.....	-7
DON'T KNOW.....	-8

S25. (Because of a health or physical problem, do you have any difficulty...) doing heavy housework such as washing windows, walls or floors?

YES.....	1	(S25a)
NO.....	2	(S27)
DOESN'T DO.....	3	(S26)
REFUSED.....	-7	(S27)
DON'T KNOW.....	-8	(S27)

S25a. How much difficulty do you have? Would you say...

[HAND SHOW CARD BLUE TO RESPONDENT.]

(SKIP: GO TO S27.)

S26. Is this for health reasons or other reasons?

HEALTH.....	1
OTHER REASONS (SPECIFY).....	91
<hr/>	
REFUSED.....	-7
DON'T KNOW.....	-8

S27. (Because of a health or physical problem, do you have any difficulty...) preparing your own meals by yourself?

YES.....	1	(S27a0)
NO.....	2	(S29)
DOESN'T DO.....	3	(S28)
REFUSED.....	-7	(S29)
DON'T KNOW.....	-8	(S29)

S27a. By yourself, how much difficulty do you have? Would you say...

[HAND SHOW CARD BLUE TO RESPONDENT.]

(SKIP: GO TO S29.)

S28. Is this for health reasons or other reasons?

HEALTH.....	1
OTHER REASONS (SPECIFY).....	91
<hr/>	
REFUSED.....	-7
DON'T KNOW.....	-8

S29. (Because of a health or physical problem, do you have any difficulty...) shopping for personal items, such as toilet items or medicine, by yourself?

YES.....	1	(S29a)
NO.....	2	(SINTROC)
DOESN'T DO.....	3	(S30)
REFUSED.....	-7	(SINTROC)
DON'T KNOW.....	-8	(SINTROC)

S29a. By yourself, how much difficulty do you have? Would you say...

[HAND SHOW CARD BLUE TO RESPONDENT.]

(SKIP: GO TO SINTROC.)

S30. Is this for health reasons or other reasons?

HEALTH.....	1
OTHER REASONS (SPECIFY).....	91
<hr/>	
REFUSED.....	-7
DON'T KNOW.....	-8

SINTROC. Now I would like to ask you a few questions dealing with concentration and memory. They are routine questions we ask everyone, and may or may not apply to you directly. Some are a little more difficult than others.

S31. What is the year?

RIGHT.....	1
ERROR/REFUSAL.....	0

S32. What season of the year is it?

RIGHT.....	1
ERROR/REFUSAL.....	0

S33. What is the date?

RIGHT.....	1
ERROR/REFUSAL.....	0

S34. What is the day of the week?

RIGHT.....	1
ERROR/REFUSAL.....	0

S35. What is the month?

RIGHT.....	1
ERROR/REFUSAL.....	0

S36. Can you tell me where we are right now? For instance, what state are we in?

RIGHT..... 1
ERROR/REFUSAL..... 0

S37. What city are we in?

RIGHT..... 1
ERROR/REFUSAL..... 0

S38. What are two main streets nearby?

RIGHT..... 1
ERROR/REFUSAL..... 0
NOT ATTEMPTED..... SHIFT/7

S39. What floor of the building are we on?

RIGHT..... 1
ERROR/REFUSAL..... 0
NOT ATTEMPTED..... SHIFT/7

S40. (What is the address/What is the name of this place)?

RIGHT..... 1
ERROR/REFUSAL..... 0
NOT ATTEMPTED..... SHIFT/7

S41. I am going to name three objects. After I have said them, I want you to repeat them. Remember what they are because I am going to ask you to name them again in a few minutes. Please repeat these three items for me: [READ ITEMS LISTED BELOW.]

Apple.....Table.....Penny.

[INTERVIEWER: SCORE FIRST TRY. THEN REPEAT OBJECTS UNTIL ALL ARE LEARNED.]

- a. Apple ()
- b. Table ()
- c. Penny ()

RIGHT..... 1
ERROR/REFUSAL..... 0

S42. I am going to spell a word forwards and I want you to spell it backward. The word is world, W-O-R-L-D. Spell world backwards.

[REPEAT SPELLING IF NECESSARY, BUT NOT AFTER SPELLING STARTS.] [RECORD RESPONSE ON LINE PROVIDED, THEN PRESS ENTER.]
[CODE RESPONSE USING THE CATEGORIES BELOW.]

() () () () ()
D L R O W

RIGHT..... 1
ERROR/REFUSAL..... 0
NOT ATTEMPTED..... SHIFT/7

S43. Now, what were the three objects I asked you to remember?

- APPLE ()
- TABLE ()
- PENNY ()

RIGHT..... 1
ERROR/REFUSAL..... 0

S44. What is this called? [SHOW WATCH TO RESPONDENT.]

WATCH ()

RIGHT..... 1
ERROR/REFUSAL..... 0
NOT ATTEMPTED..... SHIFT/7

S45. What is this called? [SHOW PENCIL TO RESPONDENT.]

PENCIL ()

RIGHT..... 1
ERROR/REFUSAL..... 0
NOT ATTEMPTED..... SHIFT/7

S46. I'd like you to repeat a phrase after me: [READ PHRASE BELOW. ALLOW ONLY ONE TRIAL.]

"No ifs, ands, or buts."

RIGHT..... 1
ERROR/REFUSAL..... 0

S47. Read the words on this page and then do what it says.

[HAND SHOW CARD A TO RESPONDENT.] [CODE "1" IF RESPONDENT CLOSSES EYES.]

RIGHT..... 1
ERROR/REFUSAL..... 0
NOT ATTEMPTED..... SHIFT/7

S48. [READ FULL STATEMENT AND THEN HAND OVER THE PAPER. DO NOT REPEAT INSTRUCTIONS OR COACH.]

I'm going to give you a piece of paper. When I do, take the paper in your right hand, fold the paper in half with both hands, and put the paper down in your lap.

RIGHT HAND ()
FOLDS PAPER WITH BOTH HANDS ()
IN LAP ()

RIGHT..... 1
ERROR/REFUSAL..... 0
NOT ATTEMPTED..... SHIFT/7

S49. Write any complete sentence on that piece of paper for me. [SENTENCE MUST HAVE A SUBJECT AND A VERB, AND MAKE SENSE. SPELLING AND GRAMMAR ERRORS ARE OK.]

RIGHT..... 1
ERROR/REFUSAL..... 0
NOT ATTEMPTED..... SHIFT/7

S50. Here is a drawing. Please copy the drawing on the same paper. [HAND SHOW CARD B TO RESPONDENT.] [CORRECT IF THE TWO FIVE-SIDED FIGURES INTERSECT TO FORM A FOUR-SIDED FIGURE AND IF ALL ANGLES IN THE FIVE-SIDED FIGURES ARE PRESERVED.]

RIGHT..... 1
ERROR/REFUSAL..... 0
NOT ATTEMPTED..... SHIFT/7

S51. To get a picture of people's financial situation, we need to know the general range of income of all the people we interview. What was your household's total income from all sources, before taxes, in (YEAR)? Social Security, retirement income, job earnings, public assistance, help from relatives, rent from property, and any other income should be included.

\$ _____

(SKIP: IF S51 = -8 OR -7, GO TO S52. OTHERWISE, GO TO END.)

S52. Would you look at this card and tell me which letter represents your household's income for (YEAR)? Your best estimate would be fine. We are just looking for a general range.

[HAND SHOW CARD C TO RESPONDENT.]

BASELINE INTERVIEW

SECTION HH: HEALTH HABITS

HHINTROA. You have been selected to participate in our study. You represent thousands of women and the information which you give us will help the National Institutes of Health and Johns Hopkins University learn about the health conditions and needs of women like yourself. Therefore, your participation is very important.

Before we proceed further, I would like you to read and sign this consent form which will confirm that you have agreed to the interview and physical examination and that you give us permission to examine your medical records. Please take a moment to read the form. [READ CONSENT FORM ALOUD.]

HHINTROB. Now I have some questions about your health.

HH1. During the last 2 weeks or 14 days, did you stay in bed for more than half a day because of illness or injury?

YES..... 1
NO..... 2 (HH3)
REFUSED..... -7 (HH3)
DON'T KNOW..... -8 (HH3)

HH2. During the last 2 weeks, how many days did you stay in bed more than half the day because of illness or injury? [IF IN HOSPITAL DURING THIS TIME, COUNT AS DAYS IN BED]

DAYS IN BED

(SKIP: IF HH2 = 14 THEN GO TO HH5. OTHERWISE, GO TO HH3.)

HH3. (Not counting the days you spent in bed) (were/Were) there any (other) days when you cut down on the things you usually do because of illness or injury?

YES..... 1
NO..... 2 (HH5)

HH4. How many days did you cut down, not counting those when you stayed in bed?

DAYS CUT DOWN

HH5. Have you stayed overnight in a hospital during the past 12 months?

YES..... 1
NO..... 2 (HH7)

HH6. How many nights did you stay overnight in the hospital during the past 12 months?

NIGHTS IN HOSPITAL

HH7. Have you stayed in a nursing home during the past 12 months?

YES..... 1
NO..... 2 (HH9)

S48. [READ FULL STATEMENT AND THEN HAND OVER THE PAPER. DO NOT REPEAT INSTRUCTIONS OR COACH.]

I'm going to give you a piece of paper. When I do, take the paper in your right hand, fold the paper in half with both hands, and put the paper down in your lap.

RIGHT HAND ()
FOLDS PAPER WITH BOTH HANDS ()
IN LAP ()

RIGHT..... 1
ERROR/REFUSAL..... 0
NOT ATTEMPTED..... SHIFT/7

S49. Write any complete sentence on that piece of paper for me. [SENTENCE MUST HAVE A SUBJECT AND A VERB, AND MAKE SENSE. SPELLING AND GRAMMAR ERRORS ARE OK.]

RIGHT..... 1
ERROR/REFUSAL..... 0
NOT ATTEMPTED..... SHIFT/7

S50. Here is a drawing. Please copy the drawing on the same paper. [HAND SHOW CARD B TO RESPONDENT.] [CORRECT IF THE TWO FIVE-SIDED FIGURES INTERSECT TO FORM A FOUR-SIDED FIGURE AND IF ALL ANGLES IN THE FIVE-SIDED FIGURES ARE PRESERVED.]

RIGHT..... 1
ERROR/REFUSAL..... 0
NOT ATTEMPTED..... SHIFT/7

S51. To get a picture of people's financial situation, we need to know the general range of income of all the people we interview. What was your household's total income from all sources, before taxes, in (YEAR)? Social Security, retirement income, job earnings, public assistance, help from relatives, rent from property, and any other income should be included.

\$ _____

(SKIP: IF S51 = -8 OR -7, GO TO S52. OTHERWISE, GO TO END.)

S52. Would you look at this card and tell me which letter represents your household's income for (YEAR)? Your best estimate would be fine. We are just looking for a general range.

[HAND SHOW CARD C TO RESPONDENT.]

BASELINE INTERVIEW

SECTION HH: HEALTH HABITS

HHINTROA. You have been selected to participate in our study. You represent thousands of women and the information which you give us will help the National Institutes of Health and Johns Hopkins University learn about the health conditions and needs of women like yourself. Therefore, your participation is very important.

Before we proceed further, I would like you to read and sign this consent form which will confirm that you have agreed to the interview and physical examination and that you give us permission to examine your medical records. Please take a moment to read the form. [READ CONSENT FORM ALOUD.]

HHINTROB. Now I have some questions about your health.

HH1. During the last 2 weeks or 14 days, did you stay in bed for more than half a day because of illness or injury?

YES..... 1
NO..... 2 (HH3)
REFUSED..... -7 (HH3)
DON'T KNOW..... -8 (HH3)

HH2. During the last 2 weeks, how many days did you stay in bed more than half the day because of illness or injury? [IF IN HOSPITAL DURING THIS TIME, COUNT AS DAYS IN BED]

DAYS IN BED

(SKIP: IF HH2 = 14 THEN GO TO HH5. OTHERWISE, GO TO HH3.)

HH3. (Not counting the days you spent in bed) (were/Were) there any (other) days when you cut down on the things you usually do because of illness or injury?

YES..... 1
NO..... 2 (HH5)

HH4. How many days did you cut down, not counting those when you stayed in bed?

DAYS CUT DOWN

HH5. Have you stayed overnight in a hospital during the past 12 months?

YES..... 1
NO..... 2 (HH7)

HH6. How many nights did you stay overnight in the hospital during the past 12 months?

NIGHTS IN HOSPITAL

HH7. Have you stayed in a nursing home during the past 12 months?

YES..... 1
NO..... 2 (HH9)

HH8. Altogether, how many days did you stay in the nursing home (during the past 12 months)?

DAYS IN NURSING HOME

HH9. In the last 6 months, have you seen a physical therapist?

YES..... 1
NO..... 2 (HH10)

HH9a. How many times have you seen a physical therapist?

NUMBER OF TIMES

HH10. In the last 6 months, have you seen an occupational therapist?

YES..... 1
NO..... 2 (HH11)

HH10a. How many times have you seen an occupational therapist?

NUMBER OF TIMES

HH11. In the last 6 months, have you seen a speech therapist?

YES..... 1
NO..... 2 (HH12)

HH11a. How many times have you seen a speech therapist?

NUMBER OF TIMES

HH12. In the last 6 months, have you seen a hearing therapist?

YES..... 1
NO..... 2 (HH13)

HH12a. How many times have you seen a hearing therapist?

NUMBER OF TIMES

HH13. In the last 6 months, have you discussed any personal problems with a psychiatrist, a psychologist, or any other mental health professional?

YES..... 1
NO..... 2 (HH14)

HH13a. How many times have you discussed any personal problems with a psychiatrist, a psychologist, or any other mental health professional?

NUMBER OF TIMES

HH14. In the last 6 months, have you seen a doctor in his or her office or a clinic or at your home?

YES..... 1
NO..... 2 (HH15)

HH14a. How many times have you seen a doctor in his or her office or a clinic or at your home?

NUMBER OF TIMES

HH15. In the last 6 months, have you received nursing services at home from someone such as a visiting nurse, home health aide, or nurse's aide?

YES..... 1
NO..... 2 (HH16)

HH15a. How many times have you received nursing services at home from someone such as a visiting nurse, home health aide, or nurse's aide?

NUMBER OF TIMES

HH16. Is there a regular doctor or a particular clinic, health center, doctor's office or other place that you usually go if you are sick or need advice about your health?

YES..... 1 (HH17)
NO..... 2 (HH16a)
REFUSED..... -7 (HH16a)
DON'T KNOW..... -8 (HH16a)

HH16a. Is there a place you go the most for medical advice or help?

YES..... 1 (HH17)
NO..... 2 (HH16b)
REFUSED..... -7 (HH16b)
DON'T KNOW..... -8 (HH16b)

HH16b. Have you been to a hospital, clinic, doctor's office or some other place for medical advice in the past five years?

YES..... 1 (HH17)
NO..... 2 (HH21)
REFUSED..... -7 (HH21)
DON'T KNOW..... -8 (HH21)

HH17. What kind of place is that -- a clinic, a health center, a hospital, a doctor's office, or some other place?

IF CLINIC ASK: Is this a hospital outpatient clinic (OPD), a company clinic, a health department clinic or some other kind of clinic?
IF HEALTH CENTER ASK: Is this a health center run by the health department, by a health maintenance organization (HMO), or by a group of doctors?
IF HOSPITAL ASK: Do you usually go to an outpatient clinic (OPD) or to an emergency room (ER)?
IF DOCTOR ASK: Is this a doctor in a clinic or hospital or does he have his own office?

HOSPITAL OUTPATIENT DEPARTMENT OR CLINIC.....	1
HOSPITAL EMERGENCY ROOM.....	2
COMPANY CLINIC.....	3
HEALTH DEPARTMENT CLINIC.....	4
COMMUNITY HEALTH CENTER.....	5
HMO (HEALTH MAINTENANCE ORGANIZATION).....	6
PHYSICIAN OFFICE/GROUP.....	7
PARTICIPANT'S HOME.....	8
OTHER (SPECIFY).....	91

HH17a. IF DOCTOR'S NAME NOT MENTIONED, ASK: Do you have a regular doctor there?

YES.....	1	
NO.....	2	(HH18)
REFUSED.....	-7	(HH18)
DON'T KNOW.....	-8	(HH18)

HH17b. What is his or her name?

[RECORD ON LIST OF PROVIDERS.] [ENTER ONLY ONE PROVIDER.]

[INTERVIEWER: AFTER THE PROVIDER NAME HAS BEEN COLLECTED TRANSFER THIS PROVIDER'S NUMBER TO THE SPACE PROVIDED BELOW.]

PROVIDER NUMBER

HH18. What is the name of the place you usually go to for medical advice?

[RECORD ON LIST OF PROVIDERS.] [ENTER ONLY ONE.]

[INTERVIEWER: AFTER THE FACILITY NAME HAS BEEN COLLECTED TRANSFER THIS FACILITY'S NUMBER TO THE SPACE PROVIDED BELOW.]

FACILITY NUMBER

HH18a. What is (FACILITY)'s address?

[RECORD ADDRESS OF THIS FACILITY ON LIST OF PROVIDERS.]

[INTERVIEWER: AFTER THE ADDRESS HAS BEEN COLLECTED TRANSFER THE ADDRESS NUMBER TO THE SPACE PROVIDED BELOW.]

ADDRESS NUMBER

HH21. Do you have any medicines prescribed by a doctor that you have taken or used in the past 2 weeks? Please include insulin and eye drops if you use them.

YES.....	1
NO.....	2
REFUSED.....	-7
DON'T KNOW.....	-8

HH22. We are also interested in other medicines not prescribed by a doctor such as: aspirin, Tylenol, Bufferin, Anacin, headache pills or pain killers, laxatives, bowel medicine, cold medicine, cough medicine, sleep medicine, antacids or stomach medicines, vitamins, ointments, salves, or eye drops, or any other medicines from the drug store. During the past two weeks, did you take any medicine not prescribed by a doctor?

[HAND SHOW CARD D TO RESPONDENT.]

YES.....	1	
NO.....	2	(HH25)
REFUSED.....	-7	(HH25)
DON'T KNOW.....	-8	(HH25)

(SKIP: IF HH21 AND HH22 = 2, -7 OR -8, GO TO HH25. OTHERWISE, GO TO HH23.)

HH23. May I see the medicine bottles, containers or bags for all of the medicines that you have taken or used in the last two weeks. Please include medicine prescribed by a doctor and medicine not prescribed by a doctor. Please remember to include insulin and eye drops if you use them.

[RECORD ON MEDICINE ROSTER FORM.]

HH24. Are there other medications that you have taken in the past two weeks that I have not seen?

YES.....	1	(HH23)
NO.....	2	(HH25)
REFUSED.....	-7	(HH25)
DON'T KNOW.....	-8	(HH25)

HH25. How old were you when you had your last menstrual period?

AGE

HH26. Did your periods stop because of surgery, prescription medicine, radiation, or natural menopause?

SURGERY.....	1
MEDICINE.....	2
RADIATION.....	3
NATURAL MENOPAUSE.....	4
OTHER (SPECIFY).....	91
<hr/>	
REFUSED.....	-7
DON'T KNOW.....	-8

HH27. Did you ever have surgery on your ovaries?

YES.....	1	
NO.....	2	(HH30)
REFUSED.....	-7	(HH30)
DON'T KNOW.....	-8	(HH30)

HH28. Have you had both ovaries removed?

YES.....	1	
NO.....	2	(HH30)
REFUSED.....	-7	(HH30)
DON'T KNOW.....	-8	(HH30)

HH29. How old were you at the time (your ovaries were/your last ovary was) removed?

AGE

HH30. Have you had a flu shot in the past year?

YES.....	1
NO.....	2
REFUSED.....	-7
DON'T KNOW.....	-8

HH31. In the last year have you...

Lost weight.....	1	
Gained weight.....	2	
Both lost and gained weight, or.....	3	
Had no change in weight?.....	4	(HH34)
REFUSED.....	-7	(HH34)
DON'T KNOW.....	-8	(HH34)

HH32. Did you (gain/lose) weight because you were trying to, or not? (For example, by dieting or exercising).

TRIED TO.....	1
DID NOT TRY TO.....	2
REFUSED.....	-7
DON'T KNOW.....	-8

HH33. Was surgery, illness, or medication a major factor in your weight change?

YES.....	1
NO.....	2
REFUSED.....	-7
DON'T KNOW.....	-8

HH34. What was your usual weight at age 60?

POUNDS

HH35. Would you say your appetite is usually...

Very good.....	1
Good.....	2
Fair, or.....	3
Poor?.....	4
REFUSED.....	-7
DON'T KNOW.....	-8

HH36. Do you wear dentures?

YES.....	1
NO.....	2
REFUSED.....	-7
DON'T KNOW.....	-8

HH37. Do you have problems chewing or swallowing that limit your ability to eat?

YES.....	1
NO.....	2
REFUSED.....	-7
DON'T KNOW.....	-8

HH38. Which of the following best describes your current cigarette smoking status? [READ LIST.]

You never smoked.....	1	(HH41)
You are a former smoker who quit more than 1 year ago.....	2	
You are a former smoker who quit 1 year ago or less, or.....	3	
You are a current smoker?.....	4	

HH39. On average, how many cigarettes (do/did) you smoke per day?

CIGARETTES PER DAY

HH40. For how many years (have/did) you smoke(d)?

YEARS

HH41. Do you usually drink alcoholic beverages, including beer, wine, sherry, or liquor, at least once every week?

YES.....	1	
NO.....	2	(ARINTRO)
REFUSED.....	-7	(ARINTRO)
DON'T KNOW.....	-8	(ARINTRO)

HH42. On the days when you drink, about how many drinks do you usually have?

DRINKS PER DAY

HH43. Over the past 6 months, how many days per week did you typically drink like this?

DAYS PER WEEK

SECTION AR: ARTHRITIS

ARINTRO. Next, I have some questions about your health.

(SKIP: IF S4g (HRND.SCRARTHS) = 2, -7 OR -8, SET HRND.BASARTER = 2, THEN GO TO AR2. OTHERWISE, GO TO AR1.)

AR1. Earlier you mentioned that a doctor has told you that you have arthritis.

PARTICIPANT MAINTAINS EARLIER RESPONSE.....	1
PARTICIPANT CHANGES EARLIER RESPONSE.....	2

(SKIP: IF 1 SET AR1 (HRND.BASARTER) = 1, THEN GO TO AR2. IF 2 SET AR1 (HRND.BASARTER) = 2, THEN GO TO AR2.)

AR2. Are you currently being treated or taking medication for arthritis?

YES.....	1
NO.....	2
REFUSED.....	-7
DON'T KNOW.....	-8

(SKIP: IF AR1 (HRND.BASARTER) AND AR2 (HRND.TRETARTH) = 2, -7 OR -8, THEN GO TO AR12. IF AR1 (HRND.BASARTER) = 1 AND AR2 (HRND.TRETARTH) = 2, -7 OR -8, THEN GO TO AR5. OTHERWISE, GO TO AR3.)

AR3. What is the name of the doctor who is treating you or prescribing your medicine?

[RECORD ON LIST OF PROVIDERS.] [ENTER ONLY ONE PROVIDER.]

[INTERVIEWER: AFTER THE PROVIDER NAME HAS BEEN COLLECTED TRANSFER THIS PROVIDER'S NUMBER TO THE SPACE PROVIDED BELOW.]

PROVIDER NUMBER

AR4. What is (PROVIDER)'s address?

[RECORD ADDRESS OF THIS PROVIDER ON LIST OF PROVIDERS.]

[INTERVIEWER: AFTER THE ADDRESS HAS BEEN COLLECTED TRANSFER THE ADDRESS NUMBER TO THE SPACE PROVIDED BELOW.]

ADDRESS NUMBER

AR5. Which type of arthritis do you have? Is it...

Rheumatoid arthritis.....	1
Osteoarthritis or degenerative arthritis.....	2
Or some other type? (SPECIFY).....	91
REFUSED.....	-7
DON'T KNOW.....	-8

AR5a. How old were you when you were first told that you had arthritis?

YEARS OLD

AR6. Have you ever had any operations for treatment of your arthritis?

YES.....	1	
NO.....	2	(AR12)
REFUSED.....	-7	(AR12)
DON'T KNOW.....	-8	(AR12)

AR7a. Which joints or areas were operated on? Was your right hand or wrist operated on?

YES.....	1
NO.....	2
REFUSED.....	-7
DON'T KNOW.....	-8

AR7b. (Which joints or areas were operated on?) Was your left hand or wrist operated on?

YES.....	1
NO.....	2
REFUSED.....	-7
DON'T KNOW.....	-8

AR7c. (Which joints or areas were operated on?) Was your right hip operated on?

YES..... 1
NO..... 2
REFUSED..... -7
DON'T KNOW..... -8

AR7d. (Which joints or areas were operated on?) Was your left hip operated on?

YES..... 1
NO..... 2
REFUSED..... -7
DON'T KNOW..... -8

AR7e. (Which joints or areas were operated on?) Was your right knee operated on?

YES..... 1
NO..... 2
REFUSED..... -7
DON'T KNOW..... -8

AR7f. (Which joints or areas were operated on?) Was your left knee operated on?

YES..... 1
NO..... 2
REFUSED..... -7
DON'T KNOW..... -8

AR7g. Were any other joints or areas operated on?

OTHER (SPECIFY)..... 91
NO..... 2
REFUSED..... -7
DON'T KNOW..... -8

AR8. What was the name of the hospital where you had the most recent surgery?

[RECORD ON LIST OF PROVIDERS.] [ENTER ONLY ONE HOSPITAL.]

[INTERVIEWER: AFTER THE FACILITY NAME HAS BEEN COLLECTED TRANSFER THIS FACILITY'S NUMBER TO THE SPACE PROVIDED BELOW.]

FACILITY NUMBER

AR9. What is (FACILITY)'s address?

[RECORD ADDRESS OF THIS FACILITY ON LIST OF PROVIDERS.]

[INTERVIEWER: AFTER THE ADDRESS HAS BEEN COLLECTED TRANSFER THE ADDRESS NUMBER TO THE SPACE PROVIDED BELOW.]

ADDRESS NUMBER

AR10. When were you admitted to the hospital for the surgery?

MONTH / DAY / YEAR

(SKIP: IF ANY ADMISSION DATE FIELD MISSING (DATS. DATE1MM, DATE1DD OR DATE1Y = -7 OR -8), THEN GO TO AR11. OTHERWISE, GO TO AR12.)

AR11. When were you discharged?

MONTH / DAY / YEAR

AR12. Has a doctor ever told you that you had osteoporosis or thinning of the bones?

YES..... 1
NO..... 2 (BOX AR5)
REFUSED..... -7 (BOX AR5)
DON'T KNOW..... -8 (BOX AR5)

AR13. Are you currently being treated for osteoporosis?

YES..... 1
NO..... 2 (BOX AR5)
REFUSED..... -7 (BOX AR5)
DON'T KNOW..... -8 (BOX AR5)

AR14. What is the name of the doctor who is treating you? (See AR3.)

AR15. What is (PROVIDER)'s address? (Same as AR4.)

BOX AR5: IF S4j (HRND.SCRFXHIP) = 2, -7 OR -8, THEN GO TO AR23. OTHERWISE, GO TO AR16.

AR16. Earlier you mentioned that a doctor has told you that you had broken or fractured your hip.

PARTICIPANT MAINTAINS EARLIER RESPONSE..... 1
PARTICIPANT CHANGES EARLIER RESPONSE..... 2

(SKIP: IF 1 SET AR16 (HRND.BASFXHIP) = 1, THEN GO TO AR17. IF 2 SET AR16 (HRND.BASFXHIP) = 2, THEN GO TO AR23.)

AR17. Which hip did you break?

LEFT HIP..... 1
RIGHT HIP..... 2
BOTH HIPs..... 3
REFUSED..... -7
DON'T KNOW..... -8

AR18. Were you hospitalized for treatment of your broken hip(s)?

YES.....	1	
NO.....	2	(AR23)
REFUSED.....	-7	(AR23)
DON'T KNOW.....	-8	(AR23)

AR19. What is the name of the hospital where you were hospitalized for treatment of your (most recent) broken hip? (See AR8.)

AR20. What is (FACILITY)'s address? (Same as AR9.)

AR21. When were you admitted to the hospital?

_____/_____/_____
MONTH DAY YEAR

(SKIP: IF ANY ADMISSION DATE FIELD MISSING (DATE1MM, DATE1DD OR DATE1YY = -7 OR -8), THEN GO TO AR22. OTHERWISE, GO TO AR23.)

AR22. When were you discharged?

_____/_____/_____
MONTH DAY YEAR

AR23. Since the age of 50, has a doctor ever told you that you had broken or fractured your wrist or arm?

YES.....	1	
NO.....	2	(AR25)
REFUSED.....	-7	(AR25)
DON'T KNOW.....	-8	(AR25)

AR24. What was the date of this (most recent) broken wrist or arm?

_____/_____/_____
MONTH DAY YEAR

AR25. Has a doctor ever x-rayed you and told you that you had a compression fracture or collapsed or crushed vertebrae?

YES.....	1	
NO.....	2	(AR27)
REFUSED.....	-7	(AR27)
DON'T KNOW.....	-8	(AR27)

AR26. How old were you when you were first told that you had a compression fracture?

YEARS OLD

AR27. Since the age of 50, has a doctor ever told you that you had broken or fractured any other bones?

YES.....	1	
NO.....	2	(AR29)
REFUSED.....	-7	(AR29)
DON'T KNOW.....	-8	(AR29)

AR28. Which bones did you break or fracture? (What was the date of this fracture?)
[ENTER ONE FRACTURE TO A LINE.]

BONE(S)	(DATE(S))		
	MONTH	DAY	YEAR
_____	____/	____/	_____
_____	____/	____/	_____
_____	____/	____/	_____

AR29. Has a doctor ever told you that you had a degenerated, slipped or herniated disc or sciatica?

YES.....	1	
NO.....	2	(AR42)
REFUSED.....	-7	(AR42)
DON'T KNOW.....	-8	(AR42)

AR30. Are you currently being treated by a doctor for your degenerated, slipped, or herniated disc or sciatica?

YES.....	1	
NO.....	2	(AR33)
REFUSED.....	-7	(AR33)
DON'T KNOW.....	-8	(AR33)

AR31. What is the name of the doctor who is treating you? (See AR3.)

AR32. What is (PROVIDER)'s address? (Same as AR4.)

(SKIP: IF AR30 = 1, THEN GO TO AR35.)

AR33. What is the name of the last doctor you saw for you degenerated, slipped, or herniated disc or sciatica? (See AR3.)

AR34. What is (PROVIDER)'s address? (Same as AR4.)

AR35. Did you have surgery for treatment of your degenerated, slipped, or herniated disc or sciatica?

YES.....	1	
NO.....	2	(AR38)
REFUSED.....	-7	(AR38)
DON'T KNOW.....	-8	(AR38)

AR35a. What was the name of the hospital where you had your (most recent) surgery for your degenerated, slipped, or herniated disc or sciatica? (See AR8.)

AR35b. What is (FACILITY)'s address? (Same as AR9.)

AR36. When were you admitted to the hospital?

_____/_____/_____
MONTH DAY YEAR

(SKIP: IF ANY ADMISSION DATE FIELD MISSING (DATS. DATE1MM, DATE1DD OR DATE1YY = -7 OR -8), THEN GO TO AR37. OTHERWISE, GO TO AR38.)

AR37. When were you discharged?

_____/_____/_____
MONTH DAY YEAR

AR38. Were you ever hospitalized for your degenerated, slipped, or herniated disc or sciatica (other than when you had surgery)?

YES.....	1	
NO.....	2	(AR42)
REFUSED.....	-7	(AR42)
DON'T KNOW.....	-8	(AR42)

AR39. What was the name of the hospital where you were (most recently) hospitalized for your degenerated, slipped, or herniated disc or sciatica (other than when you had surgery)? (See AR8.)

AR40. What is (FACILITY)'s address? (Same as AR9.)

AR41. When were you admitted to the hospital?

_____/_____/_____
MONTH DAY YEAR

(SKIP: IF ANY ADMISSION DATE FIELD MISSING (DATS. DATE1MM, DATE1DD OR DATE1YY = -7 OR -8), THEN GO TO AR41a. OTHERWISE, GO TO AR42.)

AR41a. When were you discharged?

_____/_____/_____
MONTH DAY YEAR

AR42. Has a doctor ever told you that you had spinal stenosis?

YES.....	1	
NO.....	2	(AR54)
REFUSED.....	-7	(AR54)
DON'T KNOW.....	-8	(AR54)

AR43. Are you currently being treated by a doctor for spinal stenosis?

YES.....	1	
NO.....	2	(AR46)
REFUSED.....	-7	(AR46)
DON'T KNOW.....	-8	(AR46)

AR44. What is the name of the doctor who is treating your spinal stenosis? (See AR3.)

AR45. What is (PROVIDER)'s address? (Same as AR4.)

(SKIP: IF AR43 = 1, THEN GO TO AR48.)

AR46. What was the name of the last doctor you saw for your spinal stenosis? (See AR3.)

AR47. What is (PROVIDER)'s address? (Same as AR4.)

AR48. Did you have surgery for treatment of spinal stenosis?

YES.....	1	
NO.....	2	(AR53)
REFUSED.....	-7	(AR53)
DON'T KNOW.....	-8	(AR53)

AR49. What was the name of the hospital where you had your (most recent) surgery for your spinal stenosis? (See AR8.)

AR50. What is (FACILITY)'s address? (Same as AR9.)

AR51. When were you admitted to the hospital?

_____/_____/_____
MONTH DAY YEAR

(SKIP: IF ANY ADMISSION DATE FIELD MISSING (DATS. DATE1MM, DATE1DD OR DATE1YY = -7 OR -8), THEN GO TO AR52. OTHERWISE, GO TO AR53.)

AR52. When were you discharged?

_____/_____/_____
MONTH DAY YEAR

AR53. Were you ever hospitalized for spinal stenosis (other than when you had surgery)?

YES.....	1	
NO.....	2	(AR54)
REFUSED.....	-7	(AR54)
DON'T KNOW.....	-8	(AR54)

AR53a. What was the name of the hospital where you were (most recently) hospitalized for spinal stenosis (other than when you had surgery)? (See AR8.)

AR53b. What is (FACILITY)'s address? (Same as AR9.)

AR53c. When were you admitted to the hospital?

MONTH / DAY / YEAR

(SKIP: IF ANY ADMISSION DATE FIELD MISSING (DATS. DATE1MM, DATE1DD OR DATE1YY = -7 OR -8), THEN GO TO AR53d. OTHERWISE, GO TO AR54.)

AR53d. When were you discharged?

MONTH / DAY / YEAR

AR54. During the past year, have you had pain, aching or discomfort in your hands or wrists on most days for at least one month?

YES..... 1
NO..... 2 (AR56)
REFUSED..... -7 (AR56)
DON'T KNOW..... -8 (AR56)

AR55. Please show me on this chart which joints in your hands, fingers, or wrists have been painful.

[HAND SHOW CARD E TO RESPONDENT.] [CODE ALL THAT APPLY.]

AR56. Have you had (this/any) pain in your hands or wrists during the past month?

YES..... 1
NO..... 2 (AR58)
REFUSED..... -7 (AR58)
DON'T KNOW..... -8 (AR58)

AR57. Using this card, please rate the average pain in your hands or wrists during the past month by giving me a number from 0 to 10, where 0 is no pain and 10 is severe or excruciating pain, as bad as you can imagine.

[HAND SHOW CARD F TO RESPONDENT.]

SEVERITY OF PAIN CATEGORY

AR58. Have you ever had any swelling with aching or tenderness in your hands or wrists on most days for at least six weeks?

YES..... 1
NO..... 2 (AR60)
REFUSED..... -7 (AR60)
DON'T KNOW..... -8 (AR60)

AR59. Please show me on this chart which joints in your hands, fingers, or wrists have been swollen.

[HAND SHOW CARD E TO RESPONDENT.] [CODE ALL THAT APPLY.]

AR60. Have you ever had stiffness in your hands or wrists when first getting up in the morning on most days for at least six weeks?

YES..... 1
NO..... 2
REFUSED..... -7
DON'T KNOW..... -8

AR61. Have you had (this/any) stiffness in your hands or wrists in the last month?

YES..... 1
NO..... 2
REFUSED..... -7
DON'T KNOW..... -8

(SKIP: IF AR60 AND AR61 = 2, -7 OR -8, THEN GO TO AR63. OTHERWISE, GO TO AR62.)

AR62. On the average, how long after getting up in the morning and moving around does the morning stiffness in your hands or wrists last? Would you say...

Less than 15 minutes..... 1
15 to 30 minutes..... 2
30 minutes to 1 hour, or..... 3
More than 1 hour?..... 4
REFUSED..... -7
DON'T KNOW..... -8

AR63. During the past year, have you had pain, aching or discomfort in your knees on most days for at least one month?

YES..... 1
NO..... 2
REFUSED..... -7
DON'T KNOW..... -8

AR64. Have you had (this/any) pain in your knees during the past month?

YES..... 1
NO..... 2
REFUSED..... -7
DON'T KNOW..... -8

(SKIP: IF AR63 AND AR64 = 2, -7 OR -8, THEN GO TO AR70. OTHERWISE, GO TO AR65.)

AR65. When the knee pain is present, where is it most intense? In the...

Right knee..... 1
Left knee, or..... 2
Both?..... 3
REFUSED..... -7
DON'T KNOW..... -8

AR66. Have you ever had any swelling with aching or tenderness in your knees on most days for at least six weeks?

YES..... 1
NO..... 2
REFUSED..... -7
DON'T KNOW..... -8

AR67. Have you ever had stiffness in your knees when first getting up in the morning on most days for at least six weeks?

YES..... 1
NO..... 2
REFUSED..... -7
DON'T KNOW..... -8

AR68. Has stiffness in your knees occurred in the last month?

YES..... 1
NO..... 2
REFUSED..... -7
DON'T KNOW..... -8

(SKIP: IF AR67 AND AR68 = 2, -7 OR -8, THEN GO TO AR70. OTHERWISE, GO TO AR69.)

AR69. On the average, how long after getting up in the morning and moving around does the morning stiffness in your knees last? Would you say...

Less than 15 minutes..... 1
15 to 30 minutes..... 2
30 minutes to 1 hour, or..... 3
More than 1 hour?..... 4
REFUSED..... -7
DON'T KNOW..... -8

AR70. Have you ever had an x-ray taken of your knees?

YES..... 1 (AR70a)
NO..... 2 (AR71)
REFUSED..... -7 (AR71)
DON'T KNOW..... -8 (AR71)

AR70a. When was this done most recently?

MONTH / DAY / YEAR

(SKIP: IF CURRENT YEAR - XRAYYY > 5, THEN GO TO AR71. OTHERWISE, GO TO AR70b.)

AR70b. What was the name of the doctor who ordered this x-ray? (See AR3.)

AR70c. What is (PROVIDER)'s address? (Same as AR4.)

AR71. During the past year, have you had pain, aching or discomfort in your hips on most days for at least one month?

YES..... 1
NO..... 2
REFUSED..... -7
DON'T KNOW..... -8

AR72. Have you had (this/any) pain in your hips during the past month?

YES..... 1
NO..... 2
REFUSED..... -7
DON'T KNOW..... -8

(SKIP: IF AR71 AND AR72 = 2, -7 OR -8, THEN GO TO AR76a. OTHERWISE, GO TO AR73.)

AR73. When the hip pain is present, where is it most intense? In the...

Right hip..... 1
Left hip, or..... 2
Both?..... 3
REFUSED..... -7
DON'T KNOW..... -8

AR74. Have you ever had stiffness in your hips when first getting up in the morning on most days for at least six weeks?

YES..... 1
NO..... 2
REFUSED..... -7
DON'T KNOW..... -8

AR75. Has stiffness in your hips occurred in the last month?

YES..... 1
NO..... 2
REFUSED..... -7
DON'T KNOW..... -8

(SKIP: IF AR74 AND AR75 = 2, -7 OR -8, THEN GO TO AR76a. OTHERWISE, GO TO AR76.)

AR76. On the average, how long after getting up in the morning and moving around does the morning stiffness in your hips last? Would you say...

Less than 15 minutes..... 1
15 to 30 minutes..... 2
30 minutes to 1 hour, or..... 3
More than 1 hour?..... 4
REFUSED..... -7
DON'T KNOW..... -8

AR76a. Have you ever had an x-ray taken of your hips?

- YES..... 1 (AR76b)
- NO..... 2 (BOX AR19)
- REFUSED..... -7 (BOX AR19)
- DON'T KNOW..... -8 (BOX AR19)

AR76b. When was this done most recently?

_____/_____/_____
MONTH DAY YEAR

(SKIP: IF CURRENT YEAR - XRAYYY > 5, THEN GO TO BOX AR19. OTHERWISE, GO TO AR76c.)

AR76c. What was the name of the doctor who ordered this x-ray? (See AR3.)

AR76d. What is (PROVIDER)'s address? (Same as AR4.)

BOX AR19: IF AR64 OR AR72 = 1, THEN GO TO AR77a. OTHERWISE, GO TO AR78.

AR77a. Using this card, please rate the average pain in your (knees) (and) (hips) during the past month by giving me a number from 0 - 10, where 0 is no pain and 10 is severe or excruciating pain, as bad as you can imagine. How would you rate the pain when you are walking on a flat surface?

[HAND SHOW CARD F TO RESPONDENT.]

SEVERITY OF PAIN CATEGORY

AR77b. (Using this card, please rate the average pain in your (knees) (and) (hips) during the past month by giving me a number from 0 - 10, where 0 is no pain and 10 is severe or excruciating pain, as bad as you can imagine.) How would you rate the pain when you are going up or down stairs?

[HAND SHOW CARD F TO RESPONDENT.]

SEVERITY OF PAIN CATEGORY

AR77c. (Using this card, please rate the average pain in your (knees) (and) (hips) during the past month by giving me a number from 0 - 10, where 0 is no pain and 10 is severe or excruciating pain, as bad as you can imagine.) How would you rate the pain when you are in bed at night?

[HAND SHOW CARD F TO RESPONDENT.]

SEVERITY OF PAIN CATEGORY

AR77d. (Using this card, please rate the average pain in your (knees) (and) (hips) during the past month by giving me a number from 0 - 10, where 0 is no pain and 10 is severe or excruciating pain, as bad as you can imagine.) How would you rate the pain when you are sitting or lying down?

[HAND SHOW CARD F TO RESPONDENT.]

SEVERITY OF PAIN CATEGORY

AR77e. (Using this card, please rate the average pain in your (knees) (and) (hips) during the past month by giving me a number from 0 - 10, where 0 is no pain and 10 is severe or excruciating pain, as bad as you can imagine.) How would you rate the pain when you are standing upright?

[HAND SHOW CARD F TO RESPONDENT.]

SEVERITY OF PAIN CATEGORY

AR78. During the past year, have you had pain, aching or discomfort in your feet on most days for at least one month?

- YES..... 1
- NO..... 2
- REFUSED..... -7
- DON'T KNOW..... -8

AR79. During the past month have you had (this/any) pain in your feet?

- YES..... 1
- NO..... 2
- REFUSED..... -7
- DON'T KNOW..... -8

(SKIP: IF AR78 AND AR79 = 2, -7 OR -8, THEN GO TO AR86. OTHERWISE, GO TO AR80.)

AR80. Using this card, please rate the average pain in your feet during the past month by giving me a number from 0 to 10, where 0 is no pain and 10 is severe or excruciating pain, as bad as you can imagine.

[HAND SHOW CARD F TO RESPONDENT.]

SEVERITY OF PAIN CATEGORY

AR81. Have you ever had any swelling with aching or tenderness in your feet on most days for at least six weeks?

- YES..... 1
- NO..... 2
- REFUSED..... -7
- DON'T KNOW..... -8

AR83. Have you ever had stiffness in your feet when first getting up in the morning on most days for at least six weeks?

- YES..... 1
- NO..... 2
- REFUSED..... -7
- DON'T KNOW..... -8

AR84. Has stiffness in your feet occurred in the last month?

YES	1
NO	2
REFUSED	-7
DON'T KNOW	-8

(SKIP: IF AR83 AND AR84 = 2, -7 OR -8, THEN GO TO AR86. OTHERWISE, GO TO AR85.)

AR85. On the average, how long after getting up in the morning and moving around does the morning stiffness in your feet last? Would you say...

Less than 15 minutes,	1
15 to 30 minutes,	2
30 minutes to 1 hour, or	3
More than 1 hour?	4
REFUSED	-7
DON'T KNOW	-8

AR86. During the past year, have you had pain in your lower back on most days for at least one month?

YES	1	
NO	2	(BOX HE1)
REFUSED	-7	(BOX HE1)
DON'T KNOW	-8	(BOX HE1)

AR87. Using this card please rate the average pain in your back during the past month by giving me a number from 0 to 10, where 0 is no pain and 10 is severe or excruciating pain, as bad as you can imagine.

[HAND SHOW CARD F TO RESPONDENT.]

SEVERITY OF PAIN CATEGORY

SECTION HE: HEART DISEASE AND DIABETES

BOX HE1: IF S4a (HRND.SCRMVOCR) = 2, -7 OR -8, THEN GO TO BOX HE4. OTHERWISE, GO TO HE1.

HE1. Earlier you mentioned that a doctor has told you that you had a heart attack or myocardial infarction.

PARTICIPANT MAINTAINS EARLIER RESPONSE	1
PARTICIPANT CHANGES EARLIER RESPONSE	2

SKIP: IF 1 SET HE1 (HRND.BASMYOCR) = 1, THEN GO TO HE2. IF 2 SET HE1 (HRND.BASMYOCR) = 2, THEN GO TO BOX HE4.

HE2. How many heart attacks or myocardial infarctions have you had?

INFARCTIONS/HEART ATTACKS

(SKIP: IF HE2 (COND.EPISDNUM) = 1, -7 OR -8, GO TO HE3a. OTHERWISE, GO TO HE3.)

HE3. In what month and year was your first heart attack or myocardial infarction?

_____/_____
MONTH YEAR

HE3a. In what month and year was your (most recent) heart attack or myocardial infarction?

_____/_____
MONTH YEAR

HE4. What was the name of the doctor who told you that you had (a/your most recent) heart attack or myocardial infarction? (See AR3.)

HE4a. What is (PROVIDER)'s address? (Same as AR4.)

HE5. Were you hospitalized for your (most recent) heart attack or myocardial infarction?

YES	1	
NO	2	(BOX HE4)
REFUSED	-7	(BOX HE4)
DON'T KNOW	-8	(BOX HE4)

HE6. What was the name of the hospital where you were hospitalized? (See AR8.)

HE6a. What is (FACILITY)'s address? (Same as AR9.)

BOX HE4: IF S4b (HRND.SCRANGNA) = 2, -7 OR -8, THEN GO TO BOX HE6A. OTHERWISE, GO TO HE7.

HE7. Earlier you mentioned that a doctor has told you that you had angina or chest pain due to heart disease.

PARTICIPANT MAINTAINS EARLIER RESPONSE	1
PARTICIPANT CHANGES EARLIER RESPONSE	2

(SKIP: IF 1 SET HE7 (HRND.BASANGNA) = 1, THEN GO TO HE8. IF 2 SET HE7 (HRND.BASANGNA) = 2, THEN GO TO BOX HE6A.)

HE8. In what month and year were you first told that you had angina?

_____/_____
MONTH YEAR

HE9. Were you ever hospitalized for angina or chest pain?

YES	1	
NO	2	(HE12)
REFUSED	-7	(HE12)
DON'T KNOW	-8	(HE12)

HE10. What was the name of the hospital where you were most recently hospitalized for your angina or chest pain? (See AR8.)

HE10a. What is (FACILITY)'s address? (Same as AR9.)

HE11. When were you admitted to the hospital?

_____/_____/_____
MONTH DAY YEAR

(SKIP: IF ANY ADMISSION DATE FIELD MISSING (DATS. DATE1MM, DATE1DD OR DATE1YY = -7 OR -8), THEN GO TO HE11a. OTHERWISE, GO TO HE12.)

HE11a. When were you discharged?

_____/_____/_____
MONTH DAY YEAR

HE12. What was the name of the doctor who told you that you had angina? (See AR3.)

HE12a. What is (PROVIDER)'s address? (Same as AR4.)

HE13. Are you currently being treated by a doctor for angina?

YES..... 1
NO..... 2 (BOX HE6A)
REFUSED..... -7 (BOX HE6A)
DON'T KNOW..... -8 (BOX HE6A)

HE14. What is the name of the doctor who is currently treating you? (See AR3.)

HE14a. What is (PROVIDER)'s address? (Same as AR4.)

BOX HE6A: IF S4c (HRND.SCRCHF) = 2, -7 OR -8, THEN GO TO HE23. OTHERWISE, GO TO HE15.

HE15. Earlier you mentioned that a doctor has told you that you had heart failure or congestive heart failure.

PARTICIPANT MAINTAINS EARLIER RESPONSE..... 1
PARTICIPANT CHANGES EARLIER RESPONSE..... 2

(SKIP: IF 1 SET HE15 (HRND.BASCHF) = 1, THEN GO TO HE16. IF 2 SET HE15 (HRND.BASCHF) = 2, THEN GO TO HE23.)

HE16. In what month and year were you first told that you had congestive heart failure?

_____/_____
MONTH YEAR

HE17. Are you currently being treated by a doctor for congestive heart failure?

YES..... 1
NO..... 2 (HE19)
REFUSED..... -7 (HE19)
DON'T KNOW..... -8 (HE19)

HE18. What is the name of the doctor who is treating you? (See AR3.)

HE18a. What is (PROVIDER)'s address? (Same as AR4.)

HE19. Were you ever hospitalized for congestive heart failure?

YES..... 1
NO..... 2 (HE23)
REFUSED..... -7 (HE23)
DON'T KNOW..... -8 (HE23)

HE20. How many times have you been hospitalized for congestive heart failure in the last year?

TIMES

HE21. What was the name of the hospital where you were (most recently) hospitalized for congestive heart failure? (See AR8.)

HE21a. What is (FACILITY)'s address? (Same as AR9.)

HE22. When were you admitted to the hospital?

_____/_____/_____
MONTH DAY YEAR

(SKIP: IF ANY ADMISSION DATE FIELD MISSING (DATS. DATE1MM, DATE1DD OR DATE1YY = -7 OR -8), THEN GO TO HE22a. OTHERWISE, GO TO HE23.)

HE22a. When were you discharged?

_____/_____/_____
MONTH DAY YEAR

HE23. Has a doctor ever told you that you had intermittent claudication or pain in your legs from blockage of the arteries (peripheral vascular disease or atherosclerosis)?

YES..... 1
NO..... 2 (HE31)
REFUSED..... -7 (HE31)
DON'T KNOW..... -8 (HE31)

HE24. In what month and year were you first told that you had intermittent claudication?

_____/_____
MONTH YEAR

HE25. Are you currently being treated by a doctor for intermittent claudication?

YES..... 1
NO..... 2 (HE27)
REFUSED..... -7 (HE27)
DON'T KNOW..... -8 (HE27)

HE26. What is the name of the doctor who is treating you? (See AR3.)

HE26a. What is (PROVIDER)'s address? (Same as AR4.)

(SKIP: IF HE25 (COND.TRETCOND) = 1, THEN GO TO HE28.)

HE27. What was the name of the last doctor you saw for your intermittent claudication? (See AR3.)

HE27a. What is (PROVIDER)'s address? (Same as AR4.)

HE28. Were you ever hospitalized for intermittent claudication?

YES.....	1	
NO.....	2	(HE31)
REFUSED.....	-7	(HE31)
DON'T KNOW.....	-8	(HE31)

HE29. What was the name of the hospital where you were most recently hospitalized for intermittent claudication? (See AR8.)

HE29a. What is (FACILITY)'s address? (Same as AR9.)

HE30. When were you admitted to the hospital?

_____/_____/_____
MONTH DAY YEAR

(SKIP: IF ANY ADMISSION DATE FIELD MISSING (DATS. DATE1MM, DATE1DD OR DATE1YY = -7 OR -8), THEN GO TO HE30a. OTHERWISE, GO TO HE31.)

HE30a. When were you discharged?

_____/_____/_____
MONTH DAY YEAR

HE31. Have you ever had surgery on the arteries in your legs?

YES.....	1	
NO.....	2	(HE34)
REFUSED.....	-7	(HE34)
DON'T KNOW.....	-8	(HE34)

HE32. What was the name of the hospital where you most recently hospitalized had surgery on the arteries in your leg? (See AR8.)

HE32a. What is (FACILITY)'s address? (Same as AR9.)

HE33. When were you admitted to the hospital?

_____/_____/_____
MONTH DAY YEAR

(SKIP: IF ANY ADMISSION DATE FIELD MISSING (DATS. DATE1MM, DATE1DD OR DATE1YY = -7 OR -8), THEN GO TO HE33a. OTHERWISE, GO TO HE34.)

HE33a. When were you discharged?

_____/_____/_____
MONTH DAY YEAR

HE34. Have you ever had a toe, foot or leg amputated?

YES.....	1	
NO.....	2	(BOX HE12)
REFUSED.....	-7	(BOX HE12)
DON'T KNOW.....	-8	(BOX HE12)

HE35. What was the name of the hospital where you most recently had a toe, foot or leg amputated? (See AR8.)

HE35a. What is (FACILITY)'s address? (Same as AR9.)

HE36. When were you admitted to the hospital?

_____/_____/_____
MONTH DAY YEAR

(SKIP: IF ANY ADMISSION DATE FIELD MISSING (DATS. DATE1MM, DATE1DD OR DATE1YY = -7 OR -8), THEN GO TO HE36a. OTHERWISE, GO TO HE37.)

HE36a. When were you discharged?

_____/_____/_____
MONTH DAY YEAR

BOX HE12: IF S4d (HRND.SCRBHP) = 2, -7 OR -8, THEN GO TO BOX HE14. OTHERWISE, GO TO HE37.

HE37. Earlier you mentioned that a doctor has told you that you have high blood pressure.

PARTICIPANT MAINTAINS EARLIER RESPONSE.....	1
PARTICIPANT CHANGES EARLIER RESPONSE.....	2

(SKIP: IF 1 SET HE37 (HRND.BASHBP) = 1, THEN GO TO HE38. IF 2 SET HE37 (HRND.BASHBP) = 2, THEN GO TO BOX HE14.)

HE38. How old were you when you were first told that you have high blood pressure?

YEARS OLD

BOX HE14: IF S4f (HRND.SCRDIABS) = 2, -7 OR -8, THEN GO TO HE40. OTHERWISE, GO TO HE39.

HE39. Earlier you mentioned that a doctor has told you that you had diabetes.

PARTICIPANT MAINTAINS EARLIER RESPONSE.....	1
PARTICIPANT CHANGES EARLIER RESPONSE.....	2

(SKIP: IF 1 SET HE39 (HRND.BASDIABS) = 1, THEN GO TO HE39a. IF 2 SET HE39 (HRND.BASDIABS) = 2, THEN GO TO HE40.)

HE39a. How old were you when you were first told that you had diabetes?

YEARS OLD

HE39b. Are you currently being treated by a doctor for diabetes?

YES.....	1	
NO.....	2	(HE39e)
REFUSED.....	-7	(HE39e)
DON'T KNOW.....	-8	(HE39e)

HE39c. What is the name of the doctor who is treating you? (See AR3.)

HE39d. What is (PROVIDER)'s address? (See AR4.)

(SKIP: IF HE39b (COND.TRETCOND) = 1, THEN GO TO HE40.)

HE39e. What was the name of the last doctor you saw for your diabetes? (Similar to AR3.)

HE39f. What is (PROVIDER)'s address? (Same as AR4)

HE40. Has a doctor ever told you that you had rheumatic heart or heart valve problems?

YES.....	1	
NO.....	2	
REFUSED.....	-7	
DON'T KNOW.....	-8	

HE41. Have you ever had coronary artery bypass surgery?

YES.....	1	
NO.....	2	(HE43)
REFUSED.....	-7	(HE43)
DON'T KNOW.....	-8	(HE43)

HE42. When were you most recently operated on?

MONTH / DAY / YEAR

HE43. Do you have a cardiac pacemaker implant?

YES.....	1	
NO.....	2	
REFUSED.....	-7	
DON'T KNOW.....	-8	

HE44. Have you ever had a carotid endarterectomy, which is surgery on the blood vessels in your neck?

YES.....	1	
NO.....	2	(HE46)
REFUSED.....	-7	(HE46)
DON'T KNOW.....	-8	(HE46)

HE45. When did you have your most recent carotid endarterectomy?

MONTH / DAY / YEAR

HE46. Have you ever had any pain or discomfort in your chest?

YES.....	1	
NO.....	2	(HE67)
REFUSED.....	-7	(HE67)
DON'T KNOW.....	-8	(HE67)

HE47. Do you get this pain or discomfort when you walk uphill or hurry?

YES.....	1	
NO.....	2	(HE62)
DON'T WALK UPHILL OR HURRY.....	3	
REFUSED.....	-7	
DON'T KNOW.....	-8	

HE48. Do you get it when you walk at an ordinary pace on the level?

YES.....	1	
NO.....	2	
REFUSED.....	-7	
DON'T KNOW.....	-8	

(SKIP: IF HE47 = 3, -7 OR -8 AND HE48 = 2, -7 OR -8, THEN GO TO HE62. OTHERWISE, GO TO HE49.)

HE49. How many blocks of walking brings on your chest pain? [ENTER '0' IF LESS THAN ONE BLOCK.]

BLOCKS

HE50. What do you do if you get it while you are out walking?

STOP OR SLOW DOWN.....	1	
TAKE NITROGLYCERINE AND CONTINUE AT SAME PACE.....	2	
CONTINUE AT SAME PACE.....	3	
REFUSED.....	-7	
DON'T KNOW.....	-8	
OTHER (SPECIFY).....	91	

HE51. If you stand still, what happens to it? Does it get better or not?

GETS BETTER.....	1	
DOES NOT GET BETTER.....	2	(HE53)
REFUSED.....	-7	(HE53)
DON'T KNOW.....	-8	(HE53)

HE52. How soon does it get better?

10 MINUTES OR LESS.....	1	
MORE THAN 10 MINUTES.....	2	
REFUSED.....	-7	
DON'T KNOW.....	-8	

HE53. Please show me the places where you get this pain or discomfort.

[HAND SHOW CARD G TO RESPONDENT.] [CODE ALL THAT APPLY.]

1	2	3	4	5	6	7	8
---	---	---	---	---	---	---	---

HE54. Is the chest pain usually continuous during these episodes or does it come and go during any one period?

CONTINUOUS.....	1	
COMES AND GOES.....	2	
REFUSED.....	-7	
DON'T KNOW.....	-8	

HE55. Do you usually get the pain after climbing steps?

YES.....	1	
NO.....	2	(HE57)
DON'T CLIMB STEPS.....	3	(HE57)
REFUSED.....	-7	(HE57)
DON'T KNOW.....	-8	(HE57)

HE56. How many flights of stairs brings on your chest pain?

FLIGHTS OF STAIRS

HE57. Do you get the chest pain after meals?

YES.....	1	
NO.....	2	
REFUSED.....	-7	
DON'T KNOW.....	-8	

HE58. Do you ever get the chest pain while sitting still?

YES.....	1	
NO.....	2	
REFUSED.....	-7	
DON'T KNOW.....	-8	

HE59. When you have an episode of chest pain or angina, do you treat it with Nitroglycerine pills under your tongue or a Nitroglycerine inhaler?

YES.....	1	
NO.....	2	(HE62)
REFUSED.....	-7	(HE62)
DON'T KNOW.....	-8	(HE62)

HE60. Is the duration of chest pain shortened after you have treated it?

YES.....	1	
NO.....	2	
REFUSED.....	-7	
DON'T KNOW.....	-8	

HE61. How many of these types of episodes where you treat yourself do you usually have in a week?

WEEKS.....	1	
MONTHS.....	2	
YEARS.....	3	

EPISODES IN A WEEK/MONTH/YEAR

HE62. Have you had this pain in the past two weeks?

YES.....	1	
NO.....	2	(HE64)
REFUSED.....	-7	(HE64)
DON'T KNOW.....	-8	(HE64)

HE63. In the past two weeks, has there been an increase in the frequency or severity of the chest pain, a decrease in the frequency or severity, or no change?

INCREASE.....	1	
DECREASE.....	2	
NO CHANGE.....	3	
REFUSED.....	-7	
DON'T KNOW.....	-8	

HE64. Have you ever had a severe pain across the front of your chest lasting for half an hour or more?

YES.....	1	
NO.....	2	(HE67)
REFUSED.....	-7	(HE67)
DON'T KNOW.....	-8	(HE67)

HE65. Did you see a doctor because of this pain?

YES.....	1	
NO.....	2	(HE67)
REFUSED.....	-7	(HE67)
DON'T KNOW.....	-8	(HE67)

HE66. What did your doctor say it was?

ANGINA.....	1	
HEART ATTACK.....	2	
REFUSED.....	-7	
DON'T KNOW.....	-8	
OTHER (SPECIFY).....	91	

HE67. Do you get short of breath at night if you sleep flat or on only one pillow?

YES.....	1	
NO.....	2	(HE69)
ON OXYGEN.....	3	(DAINTRO)
REFUSED.....	-7	(HE69)
DON'T KNOW.....	-8	(HE69)

HE68. How many pillows do you need to sleep on to not be short of breath?

NUMBER OF PILLOWS _____

NUMBER OF PILLOWS.....	1	
SHORT OF BREATH EVEN UPRIGHT.....	2	
REFUSED.....	-7	
DON'T KNOW.....	-8	

HE69. Do you wake up at night gasping for breath?

YES.....	1	
NO.....	2	
REFUSED.....	-7	
DON'T KNOW.....	-8	

(SKIP: IF HE67 AND HE69 = 2, -7 OR -8, THEN GO TO DAINTR0A. IF HE67 OR HE69 = 1, THEN GO TO HE70.)

HE70. About how often did you have shortness of breath at night in the last month? Would you say . . .

several times a night,.....	1	
once every night,.....	2	
a few times a week,.....	3	
once a week, or.....	4	
less often than once a week?.....	5	
REFUSED.....	-7	
DON'T KNOW.....	-8	

SECTION DA: DAILY ACTIVITIES

DAINTROA. Now I have a few questions on how you spend your time.

DA1. During a typical week, do you leave your neighborhood?

YES.....	1	
NO.....	2	(DA3)
REFUSED.....	-7	(DA3)
DON'T KNOW.....	-8	(DA3)

DA2. Using this card, tell me how many times in a typical week that you leave your neighborhood?

[HAND SHOW CARD H TO RESPONDENT.]

DA3. During a typical week, weather permitting, do you go outside the house, but stay in your neighborhood?

YES.....	1	
NO.....	2	(DA5)
REFUSED.....	-7	(DA5)
DON'T KNOW.....	-8	(DA5)

DA4. How many times in a typical week do you go outside but stay in your neighborhood?

[HAND SHOW CARD H TO RESPONDENT.]

DA5. Using this card, tell me, in a typical week, about how many times do you talk on the telephone with friends, neighbors or relatives?

[HAND SHOW CARD H TO RESPONDENT.]

DA6. How often do you get together with friends, neighbors or relatives?

[HAND SHOW CARD H TO RESPONDENT.]

DA7. Is there any one special person you know that you feel very close and intimate with -- someone you share confidences and feelings with, someone you feel you can depend on?

YES.....	1	
NO.....	2	(DA9)
REFUSED.....	-7	(DA9)
DON'T KNOW.....	-8	(DA9)

DA8. Who is this person? [ENTER ONLY ONE PERSON.]

DA9. Could you have used more emotional support than you received in the last year?

YES.....	1	
NO.....	2	(DAINTROB)
REFUSED.....	-7	(DAINTROB)
DON'T KNOW.....	-8	(DAINTROB)

DA10. Would you say you needed . . .

a lot more.....	1
some more, or.....	2
a little more emotional support?.....	3
REFUSED.....	-7
DON'T KNOW.....	-8

DAINTROB. Now I'm going to ask about some movements and activities which some people have difficulty doing for health or physical reasons.

(SKIP: IF S12 (MVNT.SCRDFGRP) = 2, -7 OR -8, GO TO DA13. OTHERWISE, GO TO DA11.)

DA11. Earlier you mentioned that, by yourself, you (have difficulty/are unable to) (use/using) your fingers to grasp or handle, such as buttoning a shirt or picking something up.

PARTICIPANT MAINTAINS EARLIER RESPONSE.....	1
PARTICIPANT CHANGES EARLIER RESPONSE.....	2

(SKIP: IF 1 SET DA11 (MVNT.BASDFGRP) = 1 AND SET VARIABLE DALY.BASDFLVL = SCRDFLVL, THEN GO TO DA11aa. IF 2 SET DA11 (MVNT.BASDFGRP) = 2 AND SET VARIABLE DALY.BASDFLVL = -1, THEN GO TO DA13.)

DA11aa. How long ago did you first start having difficulty using your fingers to grasp or handle?

MONTHS.....	1
YEARS.....	2

(SKIP: IF DA11aa = -7 OR -8, THEN GO TO DA11a. OTHERWISE, GO TO DA12.)

DA11a. Using this card, how long ago did you first start having difficulty (using your fingers to grasp or handle)? Would you say . . .

[HAND SHOW CARD PINK TO RESPONDENT.]

DA12. What is the main condition that (causes you to have difficulty/prevents you from) using your fingers to grasp or handle?

[TO PROBE: HAND SHOW CARD GREEN TO RESPONDENT.]

DA13. By yourself, that is, without help from another person or special equipment, do you have any difficulty turning a key in a lock?

YES.....	1	(DA14)
NO.....	2	(BOX DA3)
DON'T DO (UNABLE).....	3	(DA14a)
REFUSED.....	-7	(BOX DA3)
DON'T KNOW.....	-8	(BOX DA3)

DA14. How much difficulty do you have turning a key in a lock? Would you say . . .

[HAND SHOW CARD BLUE TO RESPONDENT.]

DA14a. How long ago did you first start having difficulty turning a key in a lock?

MONTHS.....	1
YEARS.....	2

(SKIP: IF DA14a = -7 OR -8, THEN GO TO DA15. OTHERWISE, GO TO DA16.)

DA15. Using this card, how long ago did you first start having difficulty (turning a key in a lock)? Would you say . . .

[HAND SHOW CARD PINK TO RESPONDENT.]

DA16. What is the main condition that (causes you to have difficulty/prevents you from) turning a key in a lock?

[TO PROBE: HAND SHOW CARD GREEN TO RESPONDENT.]

(BOX DA3. IF S11 (MVNT.SCRDFRSE) = 2, -7 OR -8, GO TO DA19. OTHERWISE, GO TO DA17.)

DA17. Earlier you mentioned that, by yourself, you (have difficulty/are unable to) (raise/raising) your arms up over your head.

PARTICIPANT MAINTAINS EARLIER RESPONSE.....	1
PARTICIPANT CHANGES EARLIER RESPONSE.....	2

(SKIP: IF 1 SET DA17 (MVNT.BASDFRSE) = 1 AND SET VARIABLE DALY.BASDFLVL = SCRDFLVL. SET VARIABLES DALY.DALYNUM AND DALYTYPE, THEN GO TO DA17aa. IF 2 SET DA17 (MVNT.BASDFRSE) = 2 AND SET VARIABLE DALY.BASDFLVL = -1, THEN GO TO DA19.)

DA17aa. How long ago did you first start having difficulty raising your arms up over your head?

MONTHS.....	1
YEARS.....	2

(SKIP: IF DA17aa = -7 OR -8, THEN GO TO DA17a. OTHERWISE, GO TO DA18.)

DA17a. Using this card, how long ago did you first start having difficulty (raising your arms up over your head)? Would you say . . .

[HAND SHOW CARD PINK TO RESPONDENT.]

DA18. What is the main condition that (causes you to have difficulty/prevents you from) raising your arms up over your head?

[TO PROBE: HAND SHOW CARD GREEN TO RESPONDENT.]

DA19. By yourself, that is, without help from another person or special equipment, do you have any difficulty stooping, crouching, or kneeling?

- YES..... 1 (DA20)
- NO..... 2 (BOX DA5)
- DON'T DO (UNABLE)..... 3 (DA20a)
- REFUSED..... -7 (BOX DA5)
- DON'T KNOW..... -8 (BOX DA5)

DA20. How much difficulty do you have stooping, crouching, or kneeling? Would you say . . .
[HAND SHOW CARD BLUE TO RESPONDENT.]

DA20a. How long ago did you first start having difficulty stooping, crouching, or kneeling?

- MONTHS..... 1
- YEARS..... 2

(SKIP: IF DA20a = -7 OR -8, THEN GO TO DA21. OTHERWISE, GO TO DA22.)

DA21. Using this card, how long ago did you first start having difficulty (stooping, crouching, or kneeling)? Would you say . . .
[HAND SHOW CARD PINK TO RESPONDENT.]

DA22. What is the main condition that (causes you to have difficulty/prevents you from) stooping, crouching, or kneeling?
[TO PROBE: HAND SHOW CARD GREEN TO RESPONDENT.]

(BOX DA5. IF S-13 (MVNT.SCRDFLFT) = 2, -7 OR -8, GO TO DA24. OTHERWISE, GO TO DA23.)

DA23. Earlier you mentioned that, by yourself, you (have difficulty/are unable to) (lift or carry/lifting or carrying) something as heavy as 10 lbs., for example, a bag of groceries.

- PARTICIPANT MAINTAINS EARLIER RESPONSE..... 1
- PARTICIPANT CHANGES EARLIER RESPONSE..... 2

(SKIP: IF 1 SET DA23 = 1 AND SET VARIABLE DALY.BASDFVLV = SCRDFLVL. SET VARIABLES DALY.DALYNUM AND DALYTYPE. IF 2 SET DA23 = 2 AND SET VARIABLE DALY.BASDFVLV = -1, THEN GO TO DA24. IF BASDFVLV = 4 GO TO DA24a. OTHERWISE, GO TO DA24.)

DA24. Do you lift or carry something as heavy as 10 lbs. less often than you used to?

- YES..... 1
- NO..... 2
- REFUSED..... -7
- DON'T KNOW..... -8

(SKIP: IF DA23 = 1, GO TO DA24a. IF DA23 = 2 OR -1 AND DA24 = 2, -7 OR -8, THEN GO TO DA27. IF DA23 = 2 OR -1 AND DA24 = 1, THEN GO TO DA26.)

DA24a. How long ago did you first start having difficulty lifting or carrying something as heavy as 10 lbs.?

- MONTHS..... 1
- YEARS..... 2

(SKIP: IF DA24a = -7 OR -8, THEN GO TO DA25. OTHERWISE, GO TO DA26.)

DA25. Using this card, how long ago did you first start having difficulty (lifting or carrying something as heavy as 10 lbs.)? Would you say . . .

[HAND SHOW CARD PINK TO RESPONDENT.]

DA26. What is the main condition that (causes you to have difficulty/prevents you from) lifting or carrying something as heavy as 10 lbs.?

[TO PROBE: HAND SHOW CARD GREEN TO RESPONDENT.]

DA27. By yourself, that is, without help from another person or special equipment, do you have any difficulty walking across a small room?

- YES..... 1 (DA28)
- NO..... 2 (DA28)
- DON'T DO (UNABLE)..... 3 (DA29a)
- REFUSED..... -7 (DA28)
- DON'T KNOW..... -8 (DA28)

DA28. Do you walk across small rooms less often than you used to?

- YES..... 1
- NO..... 2
- REFUSED..... -7
- DON'T KNOW..... -8

(SKIP: IF DA27 = 1, GO TO DA29. IF DA27 = 2, -7 OR -8 AND DA28 = 2, -7 OR -8, THEN GO TO BOX DA9. IF DA27 = 2, -7 OR -8 AND DA28 = 1, THEN GO TO DA31.)

DA29. How much difficulty do you have walking across a small room? Would you say . . .
[HAND SHOW CARD BLUE TO RESPONDENT.]

DA29a. How long ago did you first start having difficulty walking across a small room?

- MONTHS..... 1
- YEARS..... 2

(SKIP: IF DA29a = -7 OR -8, THEN GO TO DA30. OTHERWISE, GO TO DA31.)

DA30. Using this card, how long ago did you first start having difficulty (walking across a small room)? Would you say . . .
[HAND SHOW CARD PINK TO RESPONDENT.]

DA31. What is the main condition that (causes you to have difficulty/prevents you from) walking across a small room?

[TO PROBE: HAND SHOW CARD GREEN TO RESPONDENT.]

(BOX DA9. IF DA27 (MVNT.DIFWLKRM) = 3 OR DA27 = 1 AND DA29 (DALY.BASDFLVL) = 4, GO TO BOX DA12. IF S-14 (MVNT.SCRDFWLK) = 2, -7 OR -8, GO TO DA33. OTHERWISE, GO TO DA32.)

DA32. Earlier you mentioned that, by yourself, you (have difficulty/are unable to) (walk/walking) for a quarter of a mile, that is, about 2 or 3 blocks.

PARTICIPANT MAINTAINS EARLIER RESPONSE..... 1
PARTICIPANT CHANGES EARLIER RESPONSE..... 2

(SKIP: IF 1 SET DA32 = 1 AND SET VARIABLE DALY.BASDFLVL = SCRDFLVL. IF 2 SET DA32 = 2 AND SET VARIABLE DALY.BASDFLVL = -1, THEN GO TO DA33. IF BASDFLVL = 4, GO TO DA34a. OTHERWISE, GO TO DA33.)

DA33. Do you walk a quarter mile (that is, about 2 or 3 blocks) less often than you used to?

YES..... 1
NO..... 2
REFUSED..... -7
DON'T KNOW..... -8

(SKIP: IF DA32 = 1, GO TO DA34a. IF DA32 = 2 OR -1 AND DA33 = 2, -7 OR -8, THEN GO TO DA36. IF DA32 = 2 OR -1 AND DA-33 = 1, THEN GO TO DA35.)

DA34a. How long ago did you first start having difficulty walking for a quarter mile, that is, about 2 or 3 blocks?

MONTHS..... 1
YEARS..... 2

(SKIP: IF DA34a = -7 OR -8, THEN GO TO DA34. OTHERWISE, GO TO DA35.)

DA34. Using this card, how long ago did you first start having difficulty (walking for a quarter mile, that is, about 2 or 3 blocks)? Would you say . . .

[HAND SHOW CARD PINK TO RESPONDENT.]

DA35. What is the main condition that (causes you to have difficulty/prevents you from) walking for a quarter of a mile (that is, about 2 or 3 blocks)?

[TO PROBE: HAND SHOW CARD GREEN TO RESPONDENT.]

(BOX DA12. IF S-15 (MVNT.SCRDFSTP) = 2, -7 OR -8, GO TO DA37. OTHERWISE, GO TO DA36.)

DA36. Earlier you mentioned that, by yourself, you (have difficulty/are unable to) (walk/walking) up 10 steps without resting.

PARTICIPANT MAINTAINS EARLIER RESPONSE..... 1
PARTICIPANT CHANGES EARLIER RESPONSE..... 2

(SKIP: IF 1 SET DA36 = 1 AND SET VARIABLE DALY.BASDFLVL = SCRDFLVL. IF 2 SET DA36 = 2 AND SET VARIABLE DALY.BASDFLVL = -1, THEN GO TO DA37. IF BASDFLVL = 4, GO TO DA39a. OTHERWISE, GO TO DA37.)

DA37. Do you walk up 10 steps without resting less often than you used to?

YES..... 1
NO..... 2
REFUSED..... -7
DON'T KNOW..... -8

DA38. Do you walk up 10 steps without resting differently than you used to?

YES..... 1
NO..... 2
REFUSED..... -7
DON'T KNOW..... -8

(SKIP: IF DA36 = 1, GO TO DA39a. IF DA36 = 2 OR -1 AND DA37 AND DA38 = 2, -7 OR -8, THEN GO TO DA41a. IF DA36 = 2 OR -1 AND DA37 OR DA38 = 1, THEN GO TO DA40.)

DA39a. How long ago did you first start having difficulty walking up 10 steps without resting?

MONTHS..... 1
YEARS..... 2

(SKIP: IF DA39a = -7 OR -8, THEN GO TO DA39. OTHERWISE, GO TO DA40.)

DA39. Using this card, how long ago did you first start having difficulty (walking up 10 steps without resting)? Would you say .
[HAND SHOW CARD PINK TO RESPONDENT.]

DA40. What is the main condition that (causes you to have difficulty/prevents you from) walking up 10 steps without resting?

[TO PROBE: HAND SHOW CARD GREEN TO RESPONDENT.]

DA41a. When you walk, do you use a cane?

YES..... 1
NO..... 2 (DA42a)
CANNOT WALK..... 3 (DA46a)
REFUSED..... -7 (DA42a)
DON'T KNOW..... -8 (DA42a)

DA41b. Do you use a cane . . .

Always..... 1
Very often..... 2
Often, or..... 3
Sometimes?..... 4
REFUSED..... -7
DON'T KNOW..... -8

DA41c. Do you use a cane at home?

YES.....	1	
NO.....	2	
REFUSED.....	-7	
DON'T KNOW.....	-8	

DA41d. Do you use a cane outside your home?

YES.....	1	
NO.....	2	
DON'T GO OUTSIDE HOME.....	3	
REFUSED.....	-7	
DON'T KNOW.....	-8	

DA42a. When you walk, do you use a walker?

YES.....	1	
NO.....	2	(DA43a)
REFUSED.....	-7	(DA43a)
DON'T KNOW.....	-8	(DA43a)

DA42b. Do you use a walker . . .

Always.....	1	
Very often.....	2	
Often, or.....	3	
Sometimes?.....	4	
REFUSED.....	-7	
DON'T KNOW.....	-8	

DA42c. Do you use a walker at home?

YES.....	1	
NO.....	2	
REFUSED.....	-7	
DON'T KNOW.....	-8	

DA42d. Do you use a walker outside your home?

YES.....	1	
NO.....	2	
DON'T GO OUTSIDE HOME.....	3	
REFUSED.....	-7	
DON'T KNOW.....	-8	

DA43a. When you shop, do you lean on an object such as a shopping cart?

YES.....	1	
NO.....	2	(DA44a)
DON'T SHOP.....	3	(DA44a)
REFUSED.....	-7	(DA44a)
DON'T KNOW.....	-8	(DA44a)

DA43b. Do you lean on an object such as a shopping cart . . .

Always.....	1	
Very often.....	2	
Often, or.....	3	
Sometimes?.....	4	
REFUSED.....	-7	
DON'T KNOW.....	-8	

DA44a. When you walk, do you reach out for or hold onto the furniture or walls?

YES.....	1	
NO.....	2	(DA45a)
REFUSED.....	-7	(DA45a)
DON'T KNOW.....	-8	(DA45a)

DA44b. Do you reach out for or hold onto the furniture or walls . . .

Always.....	1	
Very often.....	2	
Often, or.....	3	
Sometimes?.....	4	
REFUSED.....	-7	
DON'T KNOW.....	-8	

DA44c. Do you reach out for or hold onto the furniture or walls at home?

YES.....	1	
NO.....	2	
REFUSED.....	-7	
DON'T KNOW.....	-8	

DA44d. Do you reach out for or hold onto the furniture or walls outside your home?

YES.....	1	
NO.....	2	
DON'T GO OUTSIDE HOME.....	3	
REFUSED.....	-7	
DON'T KNOW.....	-8	

DA45a. When you walk, do you hold onto another person?

YES.....	1	
NO.....	2	(DA46a)
REFUSED.....	-7	(DA46a)
DON'T KNOW.....	-8	(DA46a)

DA45b. Do you hold onto another person . . .

Always.....	1
Very often.....	2
Often, or.....	3
Sometimes?.....	4
REFUSED.....	-7
DON'T KNOW.....	-8

DA45c. Do you hold onto another person at home?

YES.....	1
NO.....	2
REFUSED.....	-7
DON'T KNOW.....	-8

DA45d. Do you hold onto another person outside your home?

YES.....	1
NO.....	2
DON'T GO OUTSIDE HOME.....	3
REFUSED.....	-7
DON'T KNOW.....	-8

DA46a. Do you use a wheelchair?

YES.....	1
NO.....	2
REFUSED.....	-7
DON'T KNOW.....	-8

(BOX DA15)
(BOX DA15)
(BOX DA15)

DA46b. Do you use a wheelchair . . .

Always.....	1
Very often.....	2
Often, or.....	3
Sometimes?.....	4
REFUSED.....	-7
DON'T KNOW.....	-8

DA46c. Do you use a wheelchair at home?

YES.....	1
NO.....	2
REFUSED.....	-7
DON'T KNOW.....	-8

DA46d. Do you use a wheelchair outside your home?

YES.....	1
NO.....	2
DON'T GO OUTSIDE HOME.....	3
REFUSED.....	-7
DON'T KNOW.....	-8

(BOX DA15. IF DA27 = 3, OR DA27 = -1 AND DA29 = 4, OR DA41a = 3, THEN GO TO BOX DA16. OTHERWISE, GO TO DA47.)

DA47. When you walk in the dark, do you reach out for or hold onto the furniture or walls?

YES.....	1
NO.....	2
REFUSED.....	-7
DON'T KNOW.....	-8

DA47a. When you walk in the dark, do you hold onto another person?

YES.....	1	(DA48)
NO.....	2	(BOX DA16)
REFUSED.....	-7	(BOX DA16)
DON'T KNOW.....	-8	(BOX DA16)

DA48. Who helps you? [ENTER UP TO THREE HELPERS.]

(BOX DA16. IF S17 (MVNT.SCRDFBTH) = 2, -7 OR -8 GO TO DA50. OTHERWISE, GO TO DA49.)

DA49. Earlier you mentioned that, by yourself, you (have difficulty/are unable to) (bathe or shower/bathing or showering).

PARTICIPANT MAINTAINS EARLIER RESPONSE.....	1
PARTICIPANT CHANGES EARLIER RESPONSE.....	2

(SKIP: IF 1 SET DA49 = 1 AND SET VARIABLE DALY.BASDFLVL = SCRDFLVL. IF 2 SET DA49 = 2 AND SET VARIABLE DALY.BASDFLVL = -1, THEN GO TO DA50. IF BASDFLVL = 4 GO TO DA52a. OTHERWISE, GO TO DA50.)

DA50. Do you bathe or shower less often than you used to?

YES.....	1
NO.....	2
REFUSED.....	-7
DON'T KNOW.....	-8

DA51. Do you bathe or shower differently than you used to?

YES.....	1
NO.....	2
REFUSED.....	-7
DON'T KNOW.....	-8

(SKIP: IF DA49 = 1, GO TO DA52a. IF DA49 = 2 OR -1 AND DA50 AND DA51 = 2, -7 OR -8, THEN GO TO DA54. IF DA49 = 2 OR -1 AND DA50 OR DA51 = 1, THEN GO TO DA53.)

DA52a. How long ago did you first start having difficulty bathing or showering?

MONTHS..... 1
YEARS..... 2

(SKIP: IF DA52a = -7 OR -8, THEN GO TO DA52. OTHERWISE, GO TO DA53.)

DA52. Using this card, how long ago did you first start having difficulty (bathing or showering)? Would you say...

[HAND SHOW CARD PINK TO RESPONDENT.]

DA53. What is the main condition that (causes you to have difficulty/prevents you from) bathing or showering?

[TO PROBE: HAND SHOW CARD GREEN TO RESPONDENT.]

DA54. Do you use special equipment to bathe or shower such as a shower seat, tub stool or grab bars?

YES..... 1
NO..... 2
REFUSED..... -7
DON'T KNOW..... -8

DA55. Do you usually receive help from another person in bathing or showering?

YES..... 1 (DA56)
NO..... 2 (BOX DA19)
REFUSED..... -7 (BOX DA19)
DON'T KNOW..... -8 (BOX DA19)

DA56. Who helps you? [ENTER UP TO THREE HELPERS.]

(BOX DA19. IF S18 (MVNT.SCRDFDRS) = 2, -7 OR -8 GO TO DA58. OTHERWISE, GO TO DA57.)

DA57. Earlier, you mentioned that, by yourself, you (have difficulty/are unable to) (dress/dressing).

PARTICIPANT MAINTAINS EARLIER RESPONSE..... 1
PARTICIPANT CHANGES EARLIER RESPONSE..... 2

(SKIP: IF 1 SET DA57 = 1 AND SET VARIABLE DALY.BASDFLVL = SCRDFLVL. IF 2 SET DA57 = 2 AND SET VARIABLE DALY.BASDFLVL = -1, THEN GO TO DA58. IF BASDFLVL = 4 GO TO DA60a. OTHERWISE, GO TO DA58.)

DA58. Do you dress less often than you used to?

YES..... 1
NO..... 2
REFUSED..... -7
DON'T KNOW..... -8

DA59. Do you dress differently than you used to?

YES..... 1
NO..... 2
REFUSED..... -7
DON'T KNOW..... -8

(SKIP: IF DA57 = 1, GO TO DA60a. IF DA57 = 2 OR -1 AND DA58 AND DA59 = 2, -7 OR -8, THEN GO TO DA62. IF DA57 = 2 OR -1 AND DA58 OR DA59 = 1, THEN GO TO DA61.)

DA60a. How long ago did you first start having difficulty dressing?

MONTHS..... 1
YEARS..... 2

(SKIP: IF DA60a = -7 OR -8, THEN GO TO DA60. OTHERWISE, GO TO DA61.)

DA60. Using this card, how long ago did you first start having difficulty (dressing)? Would you say...

[HAND SHOW CARD PINK TO RESPONDENT.]

DA61. What is the main condition that (causes you to have difficulty/prevents you from) dressing?

[TO PROBE: HAND SHOW CARD GREEN TO RESPONDENT.]

DA62. Do you use special equipment to dress such as devices to help with zippers or buttons?

YES..... 1
NO..... 2
REFUSED..... -7
DON'T KNOW..... -8

DA63. Do you usually receive help from another person in dressing?

YES..... 1 (DA64)
NO..... 2 (BOX DA22)
REFUSED..... -7 (BOX DA22)
DON'T KNOW..... -8 (BOX DA22)

DA64. Who helps you? [ENTER UP TO THREE HELPERS.]

(BOX DA22. IF S16 (MVNT.SCRDFCHR) = 2, -7 OR -8 GO TO DA67. OTHERWISE, GO TO DA65.)

DA65. Earlier, you mentioned that, by yourself, you (have difficulty/are unable to) (get/getting) in and out of bed or chairs.

PARTICIPANT MAINTAINS EARLIER RESPONSE..... 1
PARTICIPANT CHANGES EARLIER RESPONSE..... 2

(SKIP: IF 1 SET DA65 = 1 AND SET VARIABLE DALY.BASDFLVL = SCRDFLVL. IF 2 SET DA65 = 2 AND SET VARIABLE DALY.BASDFLVL = -1, THEN GO TO DA67. IF BASDFLVL = 4 GO TO DA69a. OTHERWISE, GO TO DA67.)

DA67. Do you get in and out of bed or chairs less often than you used to?

YES..... 1
NO..... 2
REFUSED..... -7
DON'T KNOW..... -8

DA68. Do you get in and out of bed or chairs differently than you used to?

YES..... 1
NO..... 2
REFUSED..... -7
DON'T KNOW..... -8

(SKIP: IF DA65 = 1, GO TO DA69a. IF DA65 = 2 OR -1 AND DA67 AND DA68 = 2, -7 OR -8, THEN GO TO DA71. IF DA65 = 2 OR -1 AND DA67 OR DA68 = 1, THEN GO TO DA70.)

DA69a. How long ago did you first start having difficulty getting in and out of bed or chairs?

MONTHS..... 1
YEARS..... 2

(SKIP: IF DA69a = -7 OR -8, THEN GO TO DA69. OTHERWISE, GO TO DA70.)

DA69. Using this card, how long ago did you first start having difficulty (getting in and out of bed or chairs)? Would you say...

[HAND SHOW CARD PINK TO RESPONDENT.]

DA70. What is the main condition that (causes you to have difficulty/prevents you from) getting in and out of bed or chairs?

[TO PROBE: HAND SHOW CARD GREEN TO RESPONDENT.]

DA71. Do you use special equipment to get in and out of bed or chairs such as a cane, walker, or special chair?

YES..... 1
NO..... 2
REFUSED..... -7
DON'T KNOW..... -8

DA72. Do you usually receive help from another person in getting in and out of bed or chairs?

YES..... 1 (DA73)
NO..... 2 (BOX DA25)
REFUSED..... -7 (BOX DA25)
DON'T KNOW..... -8 (BOX DA25)

DA73. Who helps you? [ENTER UP TO THREE HELPERS.]

(BOX DA25. IF S19 (MVNT.SCRDFEAT) = 2, -7 OR -8 GO TO DA77. OTHERWISE, GO TO DA74.)

DA74. Earlier, you mentioned that, by yourself, you (have difficulty/are unable to) (eat/eating), for example, holding a fork, cutting up your food, or drinking from a glass.

PARTICIPANT MAINTAINS EARLIER RESPONSE..... 1
PARTICIPANT CHANGES EARLIER RESPONSE..... 2

(SKIP: IF 1 SET DA74 = 1 AND SET VARIABLE DALY.BASDFLVL = SCRDFLVL. IF 2 SET DA74 = 2 AND SET VARIABLE DALY.BASDFLVL = -1, THEN GO TO DA77. OTHERWISE, GO TO DA74a.)

DA74a. How long ago did you first start having difficulty eating, for example, holding a fork, cutting up your food, or drinking from a glass?

MONTHS..... 1
YEARS..... 2

(SKIP: IF DA74a = -7 OR -8, THEN GO TO DA75. OTHERWISE, GO TO DA76.)

DA75. Using this card, how long ago did you first start having difficulty (eating, for example, holding a fork, cutting up your food, or drinking from a glass)? Would you say...

[HAND SHOW CARD PINK TO RESPONDENT.]

DA76. What is the main condition that (causes you to have difficulty/prevents you from) eating (for example, holding a fork, cutting up your food, or drinking from a glass)?

[TO PROBE: HAND SHOW CARD GREEN TO RESPONDENT.]

DA77. Do you use special equipment to eat such as special eating utensils?

YES..... 1
NO..... 2
REFUSED..... -7
DON'T KNOW..... -8

DA78. Do you usually receive help from another person in eating?

YES..... 1 (DA79)
NO..... 2 (BOX DA27)
REFUSED..... -7 (BOX DA27)
DON'T KNOW..... -8 (BOX DA27)

DA79. Who helps you? [ENTER UP TO THREE HELPERS.]

(BOX DA27. IF S20 (MVNT.SCRDPTOL) = 2, -7 OR -8 GO TO DA83. OTHERWISE, GO TO DA80.)

DA80. Earlier, you mentioned that, by yourself, you (have difficulty/are unable to) (use/using) the toilet including getting to the toilet.

PARTICIPANT MAINTAINS EARLIER RESPONSE..... 1
PARTICIPANT CHANGES EARLIER RESPONSE..... 2

(SKIP: IF 1 SET DA80 = 1 AND SET VARIABLE DALY.BASDFLVL = SCRDFLVL. IF 2 SET DA80 = 2 AND SET VARIABLE DALY.BASDFLVL = -1, THEN GO TO DA83. OTHERWISE, GO TO DA80a.)

DA80a. How long ago did you first start having difficulty using the toilet, including getting to the toilet?

MONTHS..... 1
YEARS..... 2

(SKIP: IF DA80a = -7 OR -8, THEN GO TO DA81. OTHERWISE, GO TO DA82.)

DA81. Using this card, how long ago did you first start having difficulty (using the toilet including getting to the toilet)?
Would you say...
[HAND SHOW CARD PINK TO RESPONDENT.]

DA82. What is the main condition that (causes you to have difficulty/prevents you from) using the toilet including getting to the toilet?
[TO PROBE: HAND SHOW CARD GREEN TO RESPONDENT.]

DA83. Do you use special equipment to use the toilet such as a raised toilet, bedside commode or grab bar?

YES..... 1
NO..... 2
REFUSED..... -7
DON'T KNOW..... -8

DA84. Do you usually receive help from another person in using the toilet including getting to the toilet?

YES..... 1 (DA85)
NO..... 2 (BOX DA29)
REFUSED..... -7 (BOX DA29)
DON'T KNOW..... -8 (BOX DA29)

DA85. Who helps you? [ENTER UP TO THREE HELPERS.]
(BOX DA29. SKIP: IF ANY VARIABLE DALY.HELPER = 1 THEN GO TO DA86. OTHERWISE, GO TO EXINTRO.)

DA86. In the last year, who have you relied on the most for help with the activities I've mentioned?
[ENTER ONLY ONE HELPER.]

SECTION EX: EXERCISE TOLERANCE

EXINTRO. Next, please tell me whether or not you can do the following activities, with or without symptoms.
(SKIP: IF DA27 = 3, OR IF DA27 = 1 AND DA29 = 4, OR IF DA41a = 3, THEN GO TO EX65. OTHERWISE, GO TO EX1.)

EX1. Can you walk down a flight of stairs without stopping, with or without symptoms?

YES..... 1
NO..... 2
DON'T DO..... 3 (EX33)
REFUSED..... -7
DON'T KNOW..... -8

EX2. When you (try to) walk down a flight of stairs without stopping, do you get chest pain?

YES..... 1
NO..... 2
REFUSED..... -7
DON'T KNOW..... -8

EX3. When you (try to) walk down a flight of stairs without stopping, do you get short of breath?

YES..... 1
NO..... 2
REFUSED..... -7
DON'T KNOW..... -8

EX4. When you (try to) walk down a flight of stairs without stopping, do you get hip or knee pain?

YES..... 1
NO..... 2
REFUSED..... -7
DON'T KNOW..... -8

EX4a. When you (try to) walk down a flight of stairs without stopping, do you get excessively fatigued?

YES..... 1
NO..... 2
REFUSED..... -7
DON'T KNOW..... -8

(SKIP: IF EX1 (EXER.WLKSTRS) = 1 AND (EX2 (TOLE.CPACT) AND EX3 (TOLE.SOBACT) = 2, -7 OR -8), THEN GO TO EX5. IF EX1 (EXER.WLKSTRS) = 1 AND (EX2 (TOLE.CPACT) OR EX3 (TOLE.SOBACT) = 1), THEN GO TO EX33. IF EX1 (EXER.WLKSTRS) = 2, -7 OR -8, GO TO EX33.)

EX5. Can you carry a light parcel up a flight of stairs, with or without symptoms?

YES..... 1
NO..... 2
DON'T DO..... 3 (EX9)
REFUSED..... -7
DON'T KNOW..... -8

EX6. When you (try to) carry a light parcel up a flight of stairs, do you get chest pain?

YES..... 1
NO..... 2
REFUSED..... -7
DON'T KNOW..... -8

EX7. When you (try to) carry a light parcel up a flight of stairs, do you get short of breath?

YES..... 1
NO..... 2
REFUSED..... -7
DON'T KNOW..... -8

EX8. When you (try to) carry a light parcel up a flight of stairs, do you get hip or knee pain?

YES..... 1
NO..... 2
REFUSED..... -7
DON'T KNOW..... -8

EX8a. When you (try to) carry a light parcel up a flight of stairs, do you get excessively fatigued?

YES..... 1
NO..... 2
REFUSED..... -7
DON'T KNOW..... -8

(SKIP: IF EX5 = 1, GO TO EX21. IF EX5 = 2, -7 OR -8, GO TO EX9.)

EX9. Can you garden, rake or weed, with or without symptoms?

YES..... 1
NO..... 2
DON'T DO..... 3 (EX13)
REFUSED..... -7
DON'T KNOW..... -8

EX10. When you (try to) garden, rake or weed, do you get chest pain?

YES..... 1
NO..... 2
REFUSED..... -7
DON'T KNOW..... -8

EX11. When you (try to) garden, rake or weed, do you get short of breath?

YES..... 1
NO..... 2
REFUSED..... -7
DON'T KNOW..... -8

EX12. When you (try to) garden, rake or weed, do you get hip or knee pain?

YES..... 1
NO..... 2
REFUSED..... -7
DON'T KNOW..... -8

EX12a. When you (try to) garden, rake or weed, do you get excessively fatigued?

YES..... 1
NO..... 2
REFUSED..... -7
DON'T KNOW..... -8

(SKIP: IF EX9 = 1, GO TO EX21. IF EX9 = 2, -7 OR -8, GO TO EX13.)

EX13. Can you dance a fox trot, with or without symptoms?

YES..... 1
NO..... 2
DON'T DO..... 3 (EX17)
REFUSED..... -7
DON'T KNOW..... -8

EX14. When you (try to) dance a fox trot, do you get chest pain?

YES..... 1
NO..... 2
REFUSED..... -7
DON'T KNOW..... -8

EX15. When you (try to) dance a fox trot, do you get short of breath?

YES..... 1
NO..... 2
REFUSED..... -7
DON'T KNOW..... -8

EX16. When you (try to) dance a fox trot, do you get hip or knee pain?

YES..... 1
NO..... 2
REFUSED..... -7
DON'T KNOW..... -8

EX16a. When you (try to) dance a fox trot, do you get excessively fatigued?

YES..... 1
NO..... 2
REFUSED..... -7
DON'T KNOW..... -8

(SKIP: IF EX13 = 1, GO TO EX21. IF EX13 = 2, -7 OR -8, GO TO EX17.)

EX17. Can you walk at a brisk pace, say four miles per hour, on level ground without stopping, with or without symptoms?

YES.....	1	
NO.....	2	
DON'T DO.....	3	(LSINTRO)
REFUSED.....	-7	
DON'T KNOW.....	-8	

EX18. When you (try to) walk at a brisk pace, say four miles per hour, on level ground without stopping, do you get chest pain?

YES.....	1	
NO.....	2	
REFUSED.....	-7	
DON'T KNOW.....	-8	

EX19. When you (try to) walk at a brisk pace, say four miles per hour, on level ground without stopping, do you get short of breath?

YES.....	1	
NO.....	2	
REFUSED.....	-7	
DON'T KNOW.....	-8	

EX20. When you (try to) walk at a brisk pace, say four miles per hour, on level ground without stopping, do you get hip or knee pain?

YES.....	1	
NO.....	2	
REFUSED.....	-7	
DON'T KNOW.....	-8	

EX20a. When you (try to) walk at a brisk pace, say four miles per hour, on level ground without stopping, do you get excessively fatigued?

YES.....	1	
NO.....	2	
REFUSED.....	-7	
DON'T KNOW.....	-8	

(SKIP: IF EX1 (EXER.WLKSTRS) = 1 AND (EX2 (TOLE.CPACT) AND EX3 (TOLE.SOBACT) = 2, -7 OR -8), AND: IF EX17 = 1, THEN GO TO EX21. OTHERWISE, GO TO LSINTRO.)

EX21. Can you carry at least 24 pounds up 8 steps, with or without symptoms?

YES.....	1	
NO.....	2	
DON'T DO.....	3	(EX25)
REFUSED.....	-7	
DON'T KNOW.....	-8	

EX22. When you (try to) carry at least 24 pounds up 8 steps, do you get chest pain?

YES.....	1	
NO.....	2	
REFUSED.....	-7	
DON'T KNOW.....	-8	

EX23. When you (try to) carry at least 24 pounds up 8 steps, do you get shortness of breath?

YES.....	1	
NO.....	2	
REFUSED.....	-7	
DON'T KNOW.....	-8	

EX24. When you (try to) carry at least 24 pounds up 8 steps, do you get hip or knee pain?

YES.....	1	
NO.....	2	
REFUSED.....	-7	
DON'T KNOW.....	-8	

EX24a. When you (try to) carry at least 24 pounds up 8 steps, do you get excessively tired?

YES.....	1	
NO.....	2	
REFUSED.....	-7	
DON'T KNOW.....	-8	

(SKIP: IF EX21 = 1, GO TO LSINTRO. IF EX21 = 2, -7 OR -8, GO TO EX25.)

EX25. Can you do outdoor work such as shovel snow or spade soil, with or without symptoms?

YES.....	1	
NO.....	2	
DON'T DO.....	3	(EX29)
REFUSED.....	-7	
DON'T KNOW.....	-8	

EX26. When you (try to) do outdoor work such as shovel snow or spade soil, do you get chest pain?

YES.....	1	
NO.....	2	
REFUSED.....	-7	
DON'T KNOW.....	-8	

EX27. When you (try to) do outdoor work such as shovel snow or spade soil, do you get shortness of breath?

YES.....	1	
NO.....	2	
REFUSED.....	-7	
DON'T KNOW.....	-8	

EX28. When you (try to) do outdoor work such as shovel snow or spade soil, do you get hip or knee pain?

YES..... 1
NO..... 2
REFUSED..... -7
DON'T KNOW..... -8

EX28a. When you (try to) do outdoor work such as shovel snow or spade soil, do you get excessively tired?

YES..... 1
NO..... 2
REFUSED..... -7
DON'T KNOW..... -8

(SKIP: IF EX25 = 1, GO TO LSINTRO. IF EX25 = 2, -7 OR -8, GO TO EX29.)

EX29. Can you do a slow jog or very brisk walk at 5 miles per hour, with or without symptoms?

YES..... 1
NO..... 2
DON'T DO..... 3 (LSINTRO)
REFUSED..... -7
DON'T KNOW..... -8

EX30. When you (try to) do a slow jog or very brisk walk at 5 miles per hour, do you get chest pain?

YES..... 1
NO..... 2
REFUSED..... -7
DON'T KNOW..... -8

EX31. When you (try to) do a slow jog or very brisk walk at 5 miles per hour, do you get shortness of breath?

YES..... 1
NO..... 2
REFUSED..... -7
DON'T KNOW..... -8

EX32. When you (try to) do a slow jog or very brisk walk at 5 miles per hour, do you get hip or knee pain?

YES..... 1
NO..... 2
REFUSED..... -7
DON'T KNOW..... -8

EX32a. When you (try to) do a slow jog or very brisk walk at 5 miles per hour, do you get excessively tired?

YES..... 1
NO..... 2
REFUSED..... -7
DON'T KNOW..... -8

(SKIP: IF EX29 = 1, 2, -7 OR -8 GO TO LSINTRO.)

EX33. Can you strip and make a bed, with or without symptoms?

YES..... 1
NO..... 2
DON'T DO..... 3 (EX37)
REFUSED..... -7
DON'T KNOW..... -8

EX34. When you (try to) strip or make a bed, do you get chest pain?

YES..... 1
NO..... 2
REFUSED..... -7
DON'T KNOW..... -8

EX35. When you (try to) strip or make a bed, do you get shortness of breath?

YES..... 1
NO..... 2
REFUSED..... -7
DON'T KNOW..... -8

EX36. When you (try to) strip or make a bed, do you get hip or knee pain?

YES..... 1
NO..... 2
REFUSED..... -7
DON'T KNOW..... -8

EX36a. When you (try to) strip or make a bed, do you get excessively tired?

YES..... 1
NO..... 2
REFUSED..... -7
DON'T KNOW..... -8

(SKIP: IF EX1 (EXER.WLKSTRS) = 1 AND (EX2 (TOLE.CPACT) OR EX3 (TOLE.SOBACT) = 1) AND: IF EX33 (EXER.MAKEBED) = 1, 2, -7 OR -8, AND (EX34 (TOLE.CPACT) OR EX35 (TOLE.SOBACT) = 1), THEN GO TO EX53; OR IF EX33 (EXER.MAKEBED) = 1, 2, -7 OR -8, AND (EX34 (TOLE.CPACT) AND EX35 (TOLE.SOBACT) = 2, -7 OR -8), THEN GO TO EX5. IF EX1 (EXER.WLKSTRS) = 2, -7, -8 OR 3, AND: IF EX33 (EXER.MAKEBED) = 1 AND (EX34 (TOLE.CPACT) OR EX35 (TOLE.SOBACT) = 1), THEN GO TO EX53; OR IF EX33 (EXER.MAKEBED) = 1 AND (EX34 (TOLE.CPACT) AND EX35 (TOLE.SOBACT) = 2, -7 OR -8), THEN GO TO LSINTRO; OR IF EX33 (EXER.MAKEBED) = 2, -7 OR -8, THEN GO TO EX37.)

EX37. Can you mop floors, with or without symptoms?

YES..... 1
NO..... 2
DON'T DO..... 3 (EX41)
REFUSED..... -7
DON'T KNOW..... -8

EX38. When you (try to) mop floors, do you get chest pain?

YES..... 1
NO..... 2
REFUSED..... -7
DON'T KNOW..... -8

EX39. When you (try to) mop floors, do you get shortness of breath?

YES..... 1
NO..... 2
REFUSED..... -7
DON'T KNOW..... -8

EX40. When you (try to) mop floors, do you get hip or knee pain?

YES..... 1
NO..... 2
REFUSED..... -7
DON'T KNOW..... -8

EX40a. When you (try to) mop floors, do you get excessively tired?

YES..... 1
NO..... 2
REFUSED..... -7
DON'T KNOW..... -8

(SKIP: IF EX1 (EXER.WLKSTRS) = 1 AND (EX2 (TOLE.CPACT) OR EX3 (TOLE.SOBACT) = 1) AND: IF EX37 (EXER.MOPFLOOR) = 1, 2, -7 OR -8, AND (EX38 (TOLE.CPACT) OR EX39 (TOLE.SOBACT) = 1), THEN GO TO EX53; OR IF EX33 (EXER.MOPFLOOR) = 1, 2, -7 OR -8, AND (EX38 (TOLE.CPACT) AND EX39 (TOLE.SOBACT) = 2, -7 OR -8), THEN GO TO EX5. IF EX1 (EXER.WLKSTRS) = 2, -7, -8 OR 3, AND: IF EX37 (EXER.MOPFLOOR) = 1 AND (EX38 (TOLE.CPACT) OR EX39 (TOLE.SOBACT) = 1), THEN GO TO EX53; OR IF EX37 (EXER.MOPFLOOR) = 1 AND (EX38 (TOLE.CPACT) AND EX39 (TOLE.SOBACT) = 2, -7 OR -8), THEN GO TO LSINTRO; OR IF EX37 (EXER.MOPFLOOR) = 2, -7 OR -8, THEN GO TO EX41.)

EX41. Can you hand wash clothes, with or without symptoms?

YES..... 1
NO..... 2
DON'T DO..... 3 (EX45)
REFUSED..... -7
DON'T KNOW..... -8

EX42. When you (try to) hand wash clothes, do you get chest pain?

YES..... 1
NO..... 2
REFUSED..... -7
DON'T KNOW..... -8

EX43. When you (try to) hand wash clothes, do you get shortness of breath?

YES..... 1
NO..... 2
REFUSED..... -7
DON'T KNOW..... -8

EX44. When you (try to) hand wash clothes, do you get hip or knee pain?

YES..... 1
NO..... 2
REFUSED..... -7
DON'T KNOW..... -8

EX44a. When you (try to) hand wash clothes, do you get excessively tired?

YES..... 1
NO..... 2
REFUSED..... -7
DON'T KNOW..... -8

(SKIP: IF EX1 (EXER.WLKSTRS) = 1 AND (EX2 (TOLE.CPACT) OR EX3 (TOLE.SOBACT) = 1) AND: IF EX41 (EXER.HNDWSHCH) = 1, 2, -7 OR -8, AND (EX42 (TOLE.CPACT) OR EX43 (TOLE.SOBACT) = 1), THEN GO TO EX53; OR IF EX41 (EXER.HNDWSHCH) = 1, 2, -7 OR -8, AND (EX42 (TOLE.CPACT) AND EX43 (TOLE.SOBACT) = 2, -7 OR -8), THEN GO TO EX5. IF EX1 (EXER.WLKSTRS) = 2, -7, -8 OR 3, AND: IF EX41 (EXER.HNDWSHCH) = 1 AND (EX42 (TOLE.CPACT) OR EX43 (TOLE.SOBACT) = 1), THEN GO TO EX53; OR IF EX41 (EXER.HNDWSHCH) = 1 AND (EX42 (TOLE.CPACT) AND EX43 (TOLE.SOBACT) = 2, -7 OR -8), THEN GO TO LSINTRO; OR IF EX41 (EXER.HNDWSHCH) = 2, -7 OR -8, THEN GO TO EX45.)

EX45. Can you walk 2.5 miles per hour, that is, a normal pace for a middle-aged woman, with or without symptoms?

YES..... 1
NO..... 2
DON'T DO..... 3 (EX49)
REFUSED..... -7
DON'T KNOW..... -8

EX46. When you (try to) walk 2.5 miles per hour, that is, a normal pace for a middle-aged woman, do you get chest pain?

YES..... 1
NO..... 2
REFUSED..... -7
DON'T KNOW..... -8

EX47. When you (try to) walk 2.5 miles per hour, that is, a normal pace for a middle-aged woman, do you get shortness of breath?

YES..... 1
NO..... 2
REFUSED..... -7
DON'T KNOW..... -8

EX48. When you (try to) walk 2.5 miles per hour, that is, a normal pace for a middle-aged woman, do you get hip or knee pain?

YES..... 1
NO..... 2
REFUSED..... -7
DON'T KNOW..... -8

EX48a. When you (try to) walk 2.5 miles per hour, that is, a normal pace for a middle-aged woman, do you get excessively tired?

YES..... 1
NO..... 2
REFUSED..... -7
DON'T KNOW..... -8

(SKIP: IF EX1 (EXER.WLKSTRS) = 1 AND (EX2 (TOLE.CPACT) OR EX3 (TOLE.SOBACT) = 1) AND: IF EX45 (EXER.WLK2MPH) = 1, 2, -7 OR -8, AND (EX46 (TOLE.CPACT) OR EX47 (TOLE.SOBACT) = 1), THEN GO TO EX53; OR IF EX45 (EXER.WLK2MPH) = 1, 2, -7 OR -8, AND (EX46 (TOLE.CPACT) AND EX47 (TOLE.SOBACT) = 2, -7 OR -8), THEN GO TO EX5. IF EX1 (EXER.WLKSTRS) = 2, -7, -8 OR 3, AND: IF EX45 (EXER.WLK2MPH) = 1 AND (EX46 (TOLE.CPACT) OR EX47 (TOLE.SOBACT) = 1), THEN GO TO EX53; OR IF EX45 (EXER.WLK2MPH) = 1 AND (EX46 (TOLE.CPACT) AND EX47 (TOLE.SOBACT) = 2, -7 OR -8), THEN GO TO LSINTRO; OR IF EX45 (EXER.WLK2MPH) = 2, -7 OR -8, THEN GO TO EX49.)

EX49. Can you bowl, with or without symptoms?

YES..... 1
NO..... 2
DON'T DO..... 3 (EX53)
REFUSED..... -7
DON'T KNOW..... -8

EX50. When you (try to) bowl, do you get chest pain?

YES..... 1
NO..... 2
REFUSED..... -7
DON'T KNOW..... -8

EX51. When you (try to) bowl, do you get shortness of breath?

YES..... 1
NO..... 2
REFUSED..... -7
DON'T KNOW..... -8

EX52. When you (try to) bowl, do you get hip or knee pain?

YES..... 1
NO..... 2
REFUSED..... -7
DON'T KNOW..... -8

EX52a. When you (try to) bowl, do you get excessively tired?

YES..... 1
NO..... 2
REFUSED..... -7
DON'T KNOW..... -8

(SKIP: IF EX1 (EXER.WLKSTRS) = 1 AND (EX2 (TOLE.CPACT) OR EX3 (TOLE.SOBACT) = 1) AND: IF EX49 (EXER.BOWL) = 1, 2, -7 OR -8, AND (EX50 (TOLE.CPACT) OR EX51 (TOLE.SOBACT) = 1), THEN GO TO EX53; OR IF EX49 (EXER.BOWL) = 1, 2, -7 OR -8, AND (EX50 (TOLE.CPACT) AND EX51 (TOLE.SOBACT) = 2, -7 OR -8), THEN GO TO EX5. IF EX1 (EXER.WLKSTRS) = 2, -7, -8 OR 3, AND: IF EX49 (EXER.BOWL) = 1 AND (EX50 (TOLE.CPACT) OR EX51 (TOLE.SOBACT) = 1), THEN GO TO EX53; OR IF EX49 (EXER.BOWL) = 1 AND (EX50 (TOLE.CPACT) AND EX51 (TOLE.SOBACT) = 2, -7 OR -8), THEN GO TO LSINTRO; OR IF EX49 (EXER.BOWL) = 2, -7 OR -8, THEN GO TO EX53.)

EX53. Can you dress without stopping because of symptoms?

YES..... 1
NO..... 2
DON'T DO..... 3 (EX57)
REFUSED..... -7
DON'T KNOW..... -8

EX54. When you (try to) dress without stopping, do you get chest pain?

YES..... 1
NO..... 2
REFUSED..... -7
DON'T KNOW..... -8

EX55. When you (try to) dress without stopping, do you get shortness of breath?

YES..... 1
NO..... 2
REFUSED..... -7
DON'T KNOW..... -8

EX56. When you (try to) dress without stopping, do you get hip or knee pain?

YES..... 1
NO..... 2
REFUSED..... -7
DON'T KNOW..... -8

EX56a. When you (try to) dress without stopping, do you get excessively tired?

YES..... 1
NO..... 2
REFUSED..... -7
DON'T KNOW..... -8

(SKIP: IF EX1 (EXER.WLKSTRS) = 1 AND (EX2 (TOLE.CPACT) OR EX3 (TOLE.SOBACT) = 1) AND: IF EX53 (EXER.DRESSING) = 1, 2, -7 OR -8, AND (EX54 (TOLE.CPACT) OR EX55 (TOLE.SOBACT) = 1), THEN GO TO EX69; OR IF EX53 (EXER.DRESSING) = 1, 2, -7 OR -8, AND (EX54 (TOLE.CPACT) AND EX55 (TOLE.SOBACT) = 2, -7 OR -8), THEN GO TO EX5. IF EX1 (EXER.WLKSTRS) = 2, -7, -8 OR 3, AND: IF EX53 (EXER.DRESSING) = 1 AND (EX54 (TOLE.CPACT) OR EX55 (TOLE.SOBACT) = 1), THEN GO TO EX69; OR IF EX53 (EXER.DRESSING) = 1 AND (EX54 (TOLE.CPACT) AND EX55 (TOLE.SOBACT) = 2, -7 OR -8), THEN GO TO LSINTRO; OR IF EX53 (EXER.DRESSING) = 2, -7 OR -8, THEN GO TO EX57.)

EX57. Can you iron with or without symptoms?

YES..... 1
 NO..... 2
 DON'T DO..... 3 (EX61)
 REFUSED..... -7
 DON'T KNOW..... -8

EX58. When you (try to) iron, do you get chest pain?

YES..... 1
 NO..... 2
 REFUSED..... -7
 DON'T KNOW..... -8

EX59. When you (try to) iron, do you get shortness of breath?

YES..... 1
 NO..... 2
 REFUSED..... -7
 DON'T KNOW..... -8

EX60. When you (try to) iron, do you get hip or knee pain?

YES..... 1
 NO..... 2
 REFUSED..... -7
 DON'T KNOW..... -8

EX60a. When you (try to) iron, do you get excessively tired?

YES..... 1
 NO..... 2
 REFUSED..... -7
 DON'T KNOW..... -8

(SKIP: IF EX1 (EXER.WLKSTRS) = 1 AND (EX2 (TOLE.CPACT) OR EX3 (TOLE.SOBACT) = 1) AND: IF EX57 (EXER.IRONING) = 1, 2, -7 OR -8, AND (EX58 (TOLE.CPACT) OR EX59 (TOLE.SOBACT) = 1), THEN GO TO EX69; OR IF EX57 (EXER.IRONING) = 1, 2, -7 OR -8, AND (EX58 (TOLE.CPACT) AND EX59 (TOLE.SOBACT) = 2, -7 OR -8), THEN GO TO EX5. IF EX1 (EXER.WLKSTRS) = 2, -7, -8 OR 3, AND: IF EX57 (EXER.IRONING) = 1 AND (EX58 (TOLE.CPACT) OR EX59 (TOLE.SOBACT) = 1), THEN GO TO EX69; OR IF EX57 (EXER.IRONING) = 1 AND (EX58 (TOLE.CPACT) AND EX59 (TOLE.SOBACT) = 2, -7 OR -8), THEN GO TO LSINTRO; OR IF EX57 (EXER.IRONING) = 2, -7 OR -8, THEN GO TO EX61.)

EX61. Can you stand for 2 hours with or without symptoms?

YES..... 1
 NO..... 2
 DON'T DO..... 3 (EX65)
 REFUSED..... -7
 DON'T KNOW..... -8

EX62. When you (try to) stand for 2 hours, do you get chest pain?

YES..... 1
 NO..... 2
 REFUSED..... -7
 DON'T KNOW..... -8

EX63. When you (try to) stand for 2 hours, do you get shortness of breath?

YES..... 1
 NO..... 2
 REFUSED..... -7
 DON'T KNOW..... -8

EX64. When you (try to) stand for 2 hours, do you get hip or knee pain?

YES..... 1
 NO..... 2
 REFUSED..... -7
 DON'T KNOW..... -8

EX64a. When you (try to) stand for 2 hours, do you get excessively tired?

YES..... 1
 NO..... 2
 REFUSED..... -7
 DON'T KNOW..... -8

(SKIP: IF EX1 (EXER.WLKSTRS) = 1 AND (EX2 (TOLE.CPACT) OR EX3 (TOLE.SOBACT) = 1) AND: IF EX61 (EXER.STND2HRS) = 1, 2, -7 OR -8, AND (EX62 (TOLE.CPACT) OR EX63 (TOLE.SOBACT) = 1), THEN GO TO EX69; OR IF EX61 (EXER.STND2HRS) = 1, 2, -7 OR -8, AND (EX62 (TOLE.CPACT) AND EX63 (TOLE.SOBACT) = 2, -7 OR -8), THEN GO TO EX5. IF EX1 (EXER.WLKSTRS) = 2, -7, -8 OR 3, AND: IF EX61 (EXER.STND2HRS) = 1 AND (EX62 (TOLE.CPACT) OR EX63 (TOLE.SOBACT) = 1), THEN GO TO EX69; OR IF EX61 (EXER.STND2HRS) = 1 AND (EX62 (TOLE.CPACT) AND EX63 (TOLE.SOBACT) = 2, -7 OR -8), THEN GO TO LSINTRO; OR IF EX61 (EXER.STND2HRS) = 2, -7 OR -8, THEN GO TO EX65.)

EX65. Can you participate in a card game or bingo with or without symptoms?

YES..... 1
 NO..... 2
 DON'T DO..... 3 (EX69)
 REFUSED..... -7
 DON'T KNOW..... -8

EX66. When you (try to) participate in a card game or bingo, do you get chest pain?

YES..... 1
NO..... 2
REFUSED..... -7
DON'T KNOW..... -8

EX67. When you (try to) participate in a card game or bingo, do you get shortness of breath?

YES..... 1
NO..... 2
REFUSED..... -7
DON'T KNOW..... -8

EX68. When you (try to) participate in a card game or bingo, do you get hip or knee pain?

YES..... 1
NO..... 2
REFUSED..... -7
DON'T KNOW..... -8

EX68a. When you (try to) participate in a card game or bingo, do you get excessively tired?

YES..... 1
NO..... 2
REFUSED..... -7
DON'T KNOW..... -8

(SKIP: IF EX1 (EXER.WLKSTRS) = 1 AND (EX2 (TOLE.CPACT) OR EX3 (TOLE.SOBACT) = 1) AND: IF EX65 (EXER.CARDGAME) = 1, 2, -7 OR -8, AND (EX66 (TOLE.CPACT) OR EX67 (TOLE.SOBACT) = 1), THEN GO TO EX69; OR IF EX65 (EXER.CARDGAME) = 1, 2, -7 OR -8, AND (EX66 (TOLE.CPACT) AND EX67 (TOLE.SOBACT) = 2, -7 OR -8), THEN GO TO EX5. IF EX1 (EXER.WLKSTRS) = 2, -7, -8 OR 3, AND: IF EX65 (EXER.CARDGAME) = 1 AND (EX66 (TOLE.CPACT) OR EX67 (TOLE.SOBACT) = 1), THEN GO TO EX69; OR IF EX65 (EXER.CARDGAME) = 1 AND (EX66 (TOLE.CPACT) AND EX67 (TOLE.SOBACT) = 2, -7 OR -8), THEN GO TO LSINTRO; OR IF EX65 (EXER.CARDGAME) = 2, -7 OR -8, THEN GO TO EX69. IF EX1 (EXER.WLKSTRS) = -1 (INAPPLICABLE) AND EX66 (TOLE.CPACT) OR EX67 (TOLE.SOBACT) = 1, THEN GO TO EX69. OTHERWISE, GO TO LSINTRO.)

EX69. If you sit quietly in a chair, do you get chest pain?

YES..... 1
NO..... 2
REFUSED..... -7
DON'T KNOW..... -8

EX70. If you sit quietly in a chair, do you get shortness of breath?

YES..... 1
NO..... 2
REFUSED..... -7
DON'T KNOW..... -8

(SKIP: IF EX1 (EXER.WLKSTRS) = 1 AND (EX2 (TOLE.CPACT) OR EX3 (TOLE.SOBACT) = 1) AND: IF EX69 (EXER.CPSITING) OR EX70 (EXER.SOBSITNG) = 1, THEN GO TO EX5; OR IF EX69 (EXER.CPSITING) AND EX70 (EXER.SOBSITNG) = 2 THEN GO TO EX5. IF EX1 (EXER.WLKSTRS) = -1, 2, -7, -8 OR 3, AND: IF EX69 (EXER.CPSITING) OR EX70 (EXER.SOBSITNG) = 1, THEN GO TO LSINTRO; OR IF EX69 (EXER.CPSITING) AND EX70 (EXER.SOBSITNG) = 2 THEN GO TO LSINTRO.)

SECTION LS: PERCEIVED QUALITY OF LIFE

LSINTRO. Now, I want to talk to you about your satisfaction with your health and other fundamental aspects of your life. I want you to think about your own life situation and tell me just how satisfied or dissatisfied you are.

LS-1. Using this card (where 0 is extremely dissatisfied and 10 is very satisfied), how satisfied are you with your physical health, that is, the health of your body?

[HAND SHOW CARD I TO RESPONDENT.]

LEVEL OF SATISFACTION

LS-2. (Using this card (where 0 is extremely dissatisfied and 10 is very satisfied), how satisfied are you with...) how well you care for yourself, for example, preparing meals, bathing or shopping?

[HAND SHOW CARD I TO RESPONDENT.]

LEVEL OF SATISFACTION

LS-3. (Using this card (where 0 is extremely dissatisfied and 10 is very satisfied), how satisfied are you with...) how well you think and remember?

[HAND SHOW CARD I TO RESPONDENT.]

LEVEL OF SATISFACTION

LS-4. (Using this card (where 0 is extremely dissatisfied and 10 is very satisfied), how satisfied are you with...) the amount of walking you do?

[HAND SHOW CARD I TO RESPONDENT.]

LEVEL OF SATISFACTION

LS-5. (Using this card (where 0 is extremely dissatisfied and 10 is very satisfied), how satisfied are you with...) how often you get outside the house, for example, going into town, using public transportation or driving?

[HAND SHOW CARD I TO RESPONDENT.]

LEVEL OF SATISFACTION

LS-6. (Using this card (where 0 is extremely dissatisfied and 10 is very satisfied), how satisfied are you with. . .) how well you carry on a conversation, for example, speaking clearly, hearing others, or being understood?

[HAND SHOW CARD I TO RESPONDENT.]

LEVEL OF SATISFACTION

LS-7. (Using this card (where 0 is extremely dissatisfied and 10 is very satisfied), how satisfied are you with. . .) the kind and amount of food you eat?

[HAND SHOW CARD I TO RESPONDENT.]

LEVEL OF SATISFACTION

LS-8. (Using this card (where 0 is extremely dissatisfied and 10 is very satisfied), how satisfied are you with. . .) how often you see or talk to your family and friends?

[HAND SHOW CARD I TO RESPONDENT.]

LEVEL OF SATISFACTION

LS-9. (Using this card (where 0 is extremely dissatisfied and 10 is very satisfied), how satisfied are you with. . .) the help you get from your family and friends, for example, helping in an emergency, fixing your house, or doing errands?

[HAND SHOW CARD I TO RESPONDENT.]

LEVEL OF SATISFACTION

LS-10. (Using this card (where 0 is extremely dissatisfied and 10 is very satisfied), how satisfied are you with. . .) the help you give to your family and friends?

[HAND SHOW CARD I TO RESPONDENT.]

LEVEL OF SATISFACTION

LS-11. (Using this card (where 0 is extremely dissatisfied and 10 is very satisfied), how satisfied are you with. . .) your contribution to your community, for example, a neighborhood, religious, political or other group?

[HAND SHOW CARD I TO RESPONDENT.]

LEVEL OF SATISFACTION

LS-12. (Using this card (where 0 is extremely dissatisfied and 10 is very satisfied), how satisfied are you with. . .) your retirement or current job?

[HAND SHOW CARD I TO RESPONDENT.]

LEVEL OF SATISFACTION

LS-13. (Using this card (where 0 is extremely dissatisfied and 10 is very satisfied), how satisfied are you with. . .) the kind and amount of recreation or leisure you have?

[HAND SHOW CARD I TO RESPONDENT.]

LEVEL OF SATISFACTION

LS-14. (Using this card (where 0 is extremely dissatisfied and 10 is very satisfied), how satisfied are you with. . .) your level of sexual activity or lack of sexual activity?

[HAND SHOW CARD I TO RESPONDENT.]

LEVEL OF SATISFACTION

LS-15. (Using this card (where 0 is extremely dissatisfied and 10 is very satisfied), how satisfied are you with. . .) the way your income meets your needs?

[HAND SHOW CARD I TO RESPONDENT.]

LEVEL OF SATISFACTION

LS-16. (Using this card (where 0 is extremely dissatisfied and 10 is very satisfied), how satisfied are you with. . .) how respected you are by others?

[HAND SHOW CARD I TO RESPONDENT.]

LEVEL OF SATISFACTION

LS-17. (Using this card (where 0 is extremely dissatisfied and 10 is very satisfied), how satisfied are you with. . .) the meaning and purpose of your life?

[HAND SHOW CARD I TO RESPONDENT.]

LEVEL OF SATISFACTION

LS-18. (Using this card (where 0 is extremely dissatisfied and 10 is very satisfied), how satisfied are you with. . .) the amount of variety in your life?

[HAND SHOW CARD I TO RESPONDENT.]

LEVEL OF SATISFACTION

LS18a. (Using this card (where 0 is extremely dissatisfied and 10 is very satisfied), how satisfied are you with. . .) the amount and kind of sleep you get?

LEVEL OF SATISFACTION

LS-19. Now, using this scale, please tell me how happy you are?

[HAND SHOW CARD J TO RESPONDENT.]

LEVEL OF HAPPINESS

SECTION PU: PULMONARY

PUINTROA. Next, I have some more questions about your health.

PU1. Do you usually cough on getting up, first thing in the morning?

- YES..... 1
NO..... 2
REFUSED..... -7
DON'T KNOW..... -8

PU2. Do you usually cough during the rest of the day or during the night?

- YES..... 1
NO..... 2
REFUSED..... -7
DON'T KNOW..... -8

SKIP: IF PU1 AND PU2 = 2, -7 OR -8, GO TO PU5. IF PU1 OR PU2 =1, CONTINUE.

PU3. Have you had this cough for...

- Less than 1 month,..... 1 (PU5)
1-6 months,..... 2 (PU5)
7-12 months, or..... 3 (PU5)
More than 1 year?..... 4 (PU4)
REFUSED..... -7 (PU5)
DON'T KNOW..... -8 (PU5)

PU4. For how many years have you had this cough?

YEARS HAD COUGH

PU5. Do you usually bring up phlegm on getting up, first thing in the morning?

- YES..... 1
NO..... 2
REFUSED..... -7
DON'T KNOW..... -8

PU6. Do you usually bring up phlegm during the rest of the day or during the night?

- YES..... 1
NO..... 2
REFUSED..... -7
DON'T KNOW..... -8

SKIP: IF PU5 AND PU6 = 2, -7 OR -8, GO TO PU9. IF PU5 OR PU6 = 1, CONTINUE.

PU7. Have you had this trouble with phlegm for ...

- Less than 1 month,..... 1 (PU9)
1-6 months,..... 2 (PU9)
7-12 months, or..... 3 (PU9)
More than 1 year?..... 4 (PU8)
REFUSED..... -7 (PU9)
DON'T KNOW..... -8 (PU9)

PU8. How many years have you had this trouble with phlegm?

YEARS WITH PHLEGM

PU9. Does your chest ever sound wheezy or whistling when you have a cold?

- YES..... 1
NO..... 2
REFUSED..... -7
DON'T KNOW..... -8

PU10. Does your chest ever sound wheezy or whistling apart from when you have a cold?

- YES..... 1
NO..... 2 (PU14)
REFUSED..... -7 (PU14)
DON'T KNOW..... -8 (PU14)

PU11. Does your chest sound wheezy or whistling most days or nights?

- YES..... 1
NO..... 2
REFUSED..... -7
DON'T KNOW..... -8

PU12. Have you had this whistling sound for ...

Less than 1 month,.....	1	(PU14)
1-6 months,.....	2	(PU14)
7-12 months, or.....	3	(PU14)
More than 1 year?.....	4	(PU13)
REFUSED.....	-7	(PU14)
DON'T KNOW.....	-8	(PU14)

PU13. For how many years has this wheezy or whistling sound been present?

YEARS

PU14. Have you ever had an attack of wheezing that has made you feel short of breath?

YES.....	1	
NO.....	2	(PU19)
REFUSED.....	-7	(PU19)
DON'T KNOW.....	-8	(PU19)

PU15. How old were you when you had your first such attack?

YEARS OLD

PU16. Have you had two or more such episodes?

YES.....	1	
NO.....	2	
REFUSED.....	-7	
DON'T KNOW.....	-8	

PU17. Have you ever required medicine or treatment for the(se) attack(s)?

YES.....	1	
NO.....	2	(PU19)
REFUSED.....	-7	(PU19)
DON'T KNOW.....	-8	(PU19)

PU18. When was your most recent attack of wheezing that required medicine or treatment?

_____/_____/_____
MONTH DAY YEAR

PU19. Has a doctor ever told you that you had chronic bronchitis?

YES.....	1	
NO.....	2	(PU22)
REFUSED.....	-7	(PU22)
DON'T KNOW.....	-8	(PU22)

PU20. Do you still have it?

YES.....	1	
NO.....	2	
REFUSED.....	-7	
DON'T KNOW.....	-8	

PU21. How old were you when it started?

YEARS OLD

PU22. Has a doctor ever told you that you had emphysema?

YES.....	1	
NO.....	2	(PU24)
REFUSED.....	-7	(PU24)
DON'T KNOW.....	-8	(PU24)

PU23. How old were you when it started?

YEARS OLD

PU24. Has a doctor ever told you that you had asthma?

YES.....	1	
NO.....	2	(PU28)
REFUSED.....	-7	(PU28)
DON'T KNOW.....	-8	(PU28)

PU25. How old were you when it started?

YEARS OLD

PU26. Do you still have it?

YES.....	1	(PU28)
NO.....	2	
REFUSED.....	-7	
DON'T KNOW.....	-8	

PU27. How old were you when it stopped?

YEARS OLD

PU28. Have you been treated for pneumonia in the last 5 years?

YES.....	1	
NO.....	2	(PU31)
REFUSED.....	-7	(PU31)
DON'T KNOW.....	-8	(PU31)

PU29. How long ago did you last have pneumonia?

MONTHS.....	1	
YEARS.....	2	

PU30. Did you require a stay in the hospital for treatment?

YES.....	1	
NO.....	2	
REFUSED.....	-7	
DON'T KNOW.....	-8	

PU31. Have you ever had swelling of your feet or ankles?

YES.....	1	
NO.....	2	(PU33)
NO FEET.....	3	(PU33)
REFUSED.....	-7	(PU33)
DON'T KNOW.....	-8	(PU33)

PU31a. Have you had this swelling in only one foot or ankle or was it in both feet or ankles?

ONE FOOT/ANKLE.....	1	
BOTH FEET/ANKLES.....	2	
REFUSED.....	-7	
DON'T KNOW.....	-8	

PU32. Did the swelling tend to come on during the day and go down at night or not?

TENDED TO COME ON DURING DAY AND GO DOWN AT NIGHT.....	1	
DID NOT TEND TO COME ON DURING DAY AND GO DOWN AT NIGHT.....	2	
OTHER (SPECIFY).....	91	
REFUSED.....	-7	
DON'T KNOW.....	-8	

PU33. Do you get pain in either leg when you walk?

YES.....	1	
NO.....	2	(PU43)
DOESN'T WALK.....	3	(PU43)
REFUSED.....	-7	(PU43)
DON'T KNOW.....	-8	(PU43)

PU34. Does this pain ever begin when you are standing still or sitting?

YES.....	1	
NO.....	2	
REFUSED.....	-7	
DON'T KNOW.....	-8	

PU35. Do you get this pain in your calf or calves?

YES.....	1	
NO.....	2	
REFUSED.....	-7	
DON'T KNOW.....	-8	

PU36. Do you get this pain when you walk up hill or hurry?

YES.....	1	
NO.....	2	
NEVER HURRY OR WALK UP HILL.....	3	
REFUSED.....	-7	
DON'T KNOW.....	-8	

PU37. Do you get this pain when you walk at an ordinary pace?

YES.....	1	
NO.....	2	
REFUSED.....	-7	
DON'T KNOW.....	-8	

PU38. Does this pain ever disappear while you are walking?

YES.....	1	
NO.....	2	
REFUSED.....	-7	
DON'T KNOW.....	-8	

PU39. What do you do if you get this pain in your legs while you are walking?

STOP OR SLOW DOWN.....	1	
CONTINUE AT SAME PACE.....	2	
OTHER (SPECIFY).....	91	
REFUSED.....	-7	
DON'T KNOW.....	-8	

PU40. If you stand still is the pain relieved?

YES.....	1	
NO.....	2	(PU42)
REFUSED.....	-7	(PU42)
DON'T KNOW.....	-8	(PU42)

PU41. How soon is it relieved?

10 MINUTES OR LESS.....	1
MORE THAN 10 MINUTES.....	2
REFUSED.....	-7
DON'T KNOW.....	-8

PU42. How many blocks can you walk before you get this pain in your legs? [ENTER '0' IF LESS THAN ONE BLOCK.]

BLOCKS

PU43. In the past month, on the average, have you been feeling unusually tired during the day?

YES.....	1	
NO.....	2	(PU45)
REFUSED.....	-7	(PU45)
DON'T KNOW.....	-8	(PU45)

PU44. Have you been feeling unusually tired...

All of the time.....	1
Most of the time, or.....	2
Some of the time?.....	3
REFUSED.....	-7
DON'T KNOW.....	-8

PU45. In the past month, have you felt unusually weak?

YES.....	1	
NO.....	2	(PU47)
REFUSED.....	-7	(PU47)
DON'T KNOW.....	-8	(PU47)

PU46. Have you been feeling unusually weak...

All of the time.....	1
Most of the time, or.....	2
Some of the time?.....	3
REFUSED.....	-7
DON'T KNOW.....	-8

PU47. Using this card, would you please rate your usual energy level on a scale from 0 to 10 where 0 is no energy and 10 is the most energy that you have ever had. Please give me a number between 0 and 10 that describes your usual energy level, while awake, in the last month.

[HAND SHOW CARD K TO RESPONDENT.]

ENERGY LEVEL

SKIP: IF DA27 (MVNT.DIFWLKRM) = 1 AND DA29 (DALY.BASDFLVL) =4, OR DA27 (MVNT.DIFWLKRM) = 3 OR DA41a (MVNT.USECANE) = 3, THEN GO TO PU57. OTHERWISE, GO TO PU48a.

PUINTROB. Next I am going to read a list of activities to find out if you have done them in the past two weeks.

PU48a. During the past two weeks have you walked for exercise?

YES.....	1	
NO.....	2	(PU49a)
REFUSED.....	-7	(PU49a)
DON'T KNOW.....	-8	(PU49a)

PU48b. How often have you walked for exercise in the past 2 weeks?

NUMBER OF TIMES

PU48c. What is the average amount of time that you spent per session?

HOURS.....	1
MINUTES.....	2

PU48d. How many months per year do you walk for exercise?

MONTHS

PU49a. During the past two weeks have you done moderately strenuous household chores, like scrubbing and vacuuming?

YES.....	1	
NO.....	2	(PU50a)
REFUSED.....	-7	(PU50a)
DON'T KNOW.....	-8	(PU50a)

PU49b. How often have you done moderately strenuous household chores, like scrubbing and vacuuming, in the past 2 weeks?

NUMBER OF TIMES

PU49c. What is the average amount of time that you spent per session?

HOURS.....	1
MINUTES.....	2

PU49d. How many months per year do you do moderately strenuous household chores, like scrubbing and vacuuming?

MONTHS

PU50a. During the past two weeks have you done moderately strenuous outdoor chores like mowing or raking the lawn, shoveling snow, or working in the garden?

YES.....	1	
NO.....	2	(PU51a)
REFUSED.....	-7	(PU51a)
DON'T KNOW.....	-8	(PU51a)

PU50b. How often have you done moderately strenuous outdoor chores, like mowing or raking the lawn, shoveling snow, or working in the garden, in the past 2 weeks?

NUMBER OF TIMES

PU50c. What is the average amount of time that you spent per session?

HOURS.....	1
MINUTES.....	2

PU50d. How many months per year do you do moderately strenuous outdoor chores like mowing or raking the lawn, shoveling snow, or working in the garden?

MONTHS

PU51a. During the past two weeks have you danced?

YES.....	1	
NO.....	2	(PU52a)
REFUSED.....	-7	(PU52a)
DON'T KNOW.....	-8	(PU52a)

PU51b. How often have you danced in the past two weeks?

NUMBER OF TIMES

PU51c. What is the average amount of time that you spent per session?

HOURS.....	1
MINUTES.....	2

PU51d. How many months per year do you dance?

MONTHS

PU52a. During the past two weeks have you gone bowling?

YES.....	1	
NO.....	2	(PU53a)
REFUSED.....	-7	(PU53a)
DON'T KNOW.....	-8	(PU53a)

PU52b. How often have you gone bowling in the past 2 weeks?

NUMBER OF TIMES

PU52c. What is the average amount of time that you spent per session?

HOURS.....	1
MINUTES.....	2

PU52d. How many months per year do you go bowling?

MONTHS

PU53a. During the past two weeks have you participated in any regular exercise program such as stretching or strengthening exercises, swimming or any other regular exercise program?

YES.....	1	
NO.....	2	(PU54a)
REFUSED.....	-7	(PU54a)
DON'T KNOW.....	-8	(PU54a)

PU53b. How often have you participated in any regular exercise program, such as stretching or strengthening exercises, swimming or any other regular exercise program, in the past 2 weeks?

NUMBER OF TIMES

PU53c. What is the average amount of time that you spent per session?

HOURS.....	1
MINUTES.....	2

PU53d. How many months per year do you participated in any regular exercise program such as stretching or strengthening exercises, swimming or any other regular exercise program?

MONTHS

PU54. Think about the walking you do outside your home. During the last week, about how many city blocks or their equivalent did you walk? (Let 1 mile = 12 city blocks.)

[ENTER '0' IF LESS THAN ONE BLOCK.]

BLOCKS

PU55. When you walk outside your home, what is your usual pace? Would you say . . .

Casual strolling, from 0 to 2.0 mph,	1
Average or normal, from 2.0 to 3.0 mph,	2
Fairly briskly, from 3.0 to 4.0 mph, or,	3
Brisk or striding, greater than 4.0 mph?	4
NO WALKING AT ALL	5
REFUSED	-7
DON'T KNOW	-8

PU56. Think about how often you use stairs. Include stairs inside and outside your home, and stairs at other places. In the last week, about how many flights of stairs did you climb up?

FLIGHTS OF STAIRS

PU57a. How many hours do you usually sleep at night?

HOURS SLEEP AT NIGHT

PU57b. How many hours do you usually sleep during the day?

HOURS SLEEP DURING DAY

PU57c. How many hours are you sitting or lying down during the day (,other than when you are sleeping)?

HOURS SITTING OR LYING

PU58. Do you attend church or church functions?

YES	1	
NO	2	(PU60)
REFUSED	-7	(PU60)
DON'T KNOW	-8	(PU60)

PU59. How often do you attend church or church functions? Would you say . . .

More than once a week,	1
Once a week,	2
2-3 times a month,	3
Once a month, or,	4
Less than once a month?	5
REFUSED	-7
DON'T KNOW	-8

PU60. Did you use to attend church or church functions more frequently, less frequently, or has there been no change?

MORE FREQUENTLY,	1
LESS FREQUENTLY,	2
NO CHANGE	3
REFUSED	-7
DON'T KNOW	-8

PU61. Do you attend other events such as concerts, movies, or ethnic festivals?

YES	1	
NO	2	(NEINTROA)
REFUSED	-7	(NEINTROA)
DON'T KNOW	-8	(NEINTROA)

PU62. How often do you attend other events? Would you say . . .

More than once a week,	1
Once a week,	2
2-3 times a month,	3
Once a month, or,	4
Less than once a month?	5
REFUSED	-7
DON'T KNOW	-8

SECTION NE: NEUROLOGIC

NEINTROA. Now I have some more questions about other conditions and how they affect you.

(SKIP: IF S4h (HRND.SCRSTROK) = 2, -7 OR -8 GO TO BOX NE5. OTHERWISE, GO TO NE1.)

NE1. Earlier you mentioned that a doctor has told you that you have had a stroke.

PARTICIPANT MAINTAINS EARLIER RESPONSE	1
PARTICIPANT CHANGES EARLIER RESPONSE	2

(SKIP: IF 1 SET NE1 (NEUR.STROKE) = 1, GO TO NE2. IF 2 SET NE1 (NEUR.STROKE) = 2, THEN GO TO BOX NE5.)

NE2. How many strokes have you had?

STROKES

(SKIP: IF NE2 (NEUR.STROKNUM) = 1, GO TO NE4. OTHERWISE, GO TO NE3.)

NE3. What was the date of your first stroke?

_____/_____/_____
MONTH DAY YEAR

NE4. What was the date of your (most recent) stroke?

_____/_____/_____
MONTH DAY YEAR

NE5. What was the name of the doctor who diagnosed your (most recent) stroke? (See AR3.)

NE5a. What is (PROVIDER)'s address? (Same as AR4.)

NE6. Have you ever been hospitalized for a stroke?

YES..... 1
NO..... 2 (NE9)
REFUSED..... -7 (NE9)
DON'T KNOW..... -8 (NE9)

NE7. What was the name of the hospital where you were (most recently) hospitalized for a stroke? (See AR8.)

NE7a. What is (FACILITY)'s address? (Same as AR9.)

NE8. When were you admitted to the hospital?

_____/_____/_____
MONTH DAY YEAR

(SKIP: IF ANY ADMISSION DATE FIELD MISSING (ADMTNMM, ADMTND, OR ADMTNY = -7 OR -8), THEN GO TO NE8a. OTHERWISE, GO TO NE9.)

NE8a. When were you discharged?

_____/_____/_____
MONTH DAY YEAR

NE9. After (any of) your stroke(s), did you have weakness in your left face?

YES..... 1 (NE9a)
NO..... 2 (NE10)
REFUSED..... -7 (NE10)
DON'T KNOW..... -8 (NE10)

NE9a. Do you still have the problem?

YES..... 1
NO..... 2
REFUSED..... -7
DON'T KNOW..... -8

NE10. After (any of) your stroke(s), did you have weakness in your left arm or hand?

YES..... 1 (NE10a)
NO..... 2 (NE11)
REFUSED..... -7 (NE11)
DON'T KNOW..... -8 (NE11)

NE10a. Do you still have the problem?

YES..... 1
NO..... 2
REFUSED..... -7
DON'T KNOW..... -8

NE11. After (any of) your stroke(s), did you have weakness in your left leg or foot?

YES..... 1 (NE11a)
NO..... 2 (NE12)
REFUSED..... -7 (NE12)
DON'T KNOW..... -8 (NE12)

NE11a. Do you still have the problem?

YES..... 1
NO..... 2
REFUSED..... -7
DON'T KNOW..... -8

NE12. After (any of) your stroke(s), did you have weakness in your right face?

YES..... 1 (NE12a)
NO..... 2 (NE13)
REFUSED..... -7 (NE13)
DON'T KNOW..... -8 (NE13)

NE12a. Do you still have the problem?

YES..... 1
NO..... 2
REFUSED..... -7
DON'T KNOW..... -8

NE13. After (any of) your stroke(s), did you have weakness in your right arm or hand?

YES..... 1 (NE13a)
NO..... 2 (NE14)
REFUSED..... -7 (NE14)
DON'T KNOW..... -8 (NE14)

NE13a. Do you still have the problem?

YES.....	1
NO.....	2
REFUSED.....	-7
DON'T KNOW.....	-8

NE14. After (any of) your stroke(s), did you have weakness in your right leg or foot?

YES.....	1	(NE14a)
NO.....	2	(NE15)
REFUSED.....	-7	(NE15)
DON'T KNOW.....	-8	(NE15)

NE14a. Do you still have the problem?

YES.....	1
NO.....	2
REFUSED.....	-7
DON'T KNOW.....	-8

NE15. Did you have a sudden loss or change in speech as a result of (any of) your stroke(s)?

YES.....	1	
NO.....	2	(NE22)
REFUSED.....	-7	(NE22)
DON'T KNOW.....	-8	(NE22)

NE16. Do you still have this problem?

YES.....	1
NO.....	2
REFUSED.....	-7
DON'T KNOW.....	-8

NE17. Do any of the following describe your change in speech. Your speech was slurred like you were drunk. Does that describe your change in speech?

YES.....	1	
NO.....	2	(NE18)
REFUSED.....	-7	(NE18)
DON'T KNOW.....	-8	(NE18)

NE17a. Do you still have the problem?

YES.....	1
NO.....	2
REFUSED.....	-7
DON'T KNOW.....	-8

NE18. You could talk, but the wrong words came out. Does that describe your change in speech?

YES.....	1	
NO.....	2	(NE19)
REFUSED.....	-7	(NE19)
DON'T KNOW.....	-8	(NE19)

NE18a. Do you still have the problem?

YES.....	1
NO.....	2
REFUSED.....	-7
DON'T KNOW.....	-8

NE19. You knew what you wanted to say, but the words would not come out. Does that describe your change in speech?

YES.....	1	
NO.....	2	(NE20)
REFUSED.....	-7	(NE20)
DON'T KNOW.....	-8	(NE20)

NE19a. Do you still have the problem?

YES.....	1
NO.....	2
REFUSED.....	-7
DON'T KNOW.....	-8

NE20. You could not think of the right words. Does that describe your change in speech?

YES.....	1	
NO.....	2	(BOX NE4)
REFUSED.....	-7	(BOX NE4)
DON'T KNOW.....	-8	(BOX NE4)

NE20a. Do you still have the problem?

YES.....	1
NO.....	2
REFUSED.....	-7
DON'T KNOW.....	-8

(BOX NE4. IF ANY COMBINATION OF NE17, NE18, NE19 AND NE20 = YES, (I.E., NE17 = YES AND NE20 = YES) THEN GO TO NE21. OTHERWISE, GO TO NE22.)

NE21. Which of these descriptions most closely describes your speech problems?

SPEECH PROBLEM DESCRIPTION

NE22. After (any of) your stroke(s), did you have sudden loss or blurring of vision, either complete or partial?

YES..... 1
NO..... 2 (NE26)
REFUSED..... -7 (NE26)
DON'T KNOW..... -8 (NE26)

NE23. Which eye was affected...

Only the right eye..... 1 (NE25)
Only the left eye, or..... 2 (NE25)
Both eyes?..... 3
REFUSED..... -7
DON'T KNOW..... -8

NE24. Did you have trouble seeing . . .

To the right but not to the left;..... 1
To the left but not to the right;..... 2
With both eyes or straight ahead?..... 3
REFUSED..... -7
DON'T KNOW..... -8

NE25. Do you still have this problem with your eyes?

YES..... 1
NO..... 2
REFUSED..... -7
DON'T KNOW..... -8

NE26. Did you have sudden numbness, tingling, or loss of feeling in either side of your body, including your face, arm or leg, as the result of any stroke?

YES..... 1
NO..... 2 (NE29)
REFUSED..... -7 (NE29)
DON'T KNOW..... -8 (NE29)

NE27. Was the numbness, tingling or loss of feeling in...

Your right side only;..... 1
Your left side only, or..... 2
Both sides?..... 3
REFUSED..... -7
DON'T KNOW..... -8

NE28. Do you still have numbness, tingling or loss of feeling?

YES..... 1
NO..... 2
REFUSED..... -7
DON'T KNOW..... -8

NE29. Did you have sudden dizziness, loss of balance, or a sensation of spinning as the result of a stroke?

YES..... 1
NO..... 2 (NEINTRO)
REFUSED..... -7 (NEINTRO)
DON'T KNOW..... -8 (NEINTRO)

NE30. Do you still have dizziness or loss of balance?

YES..... 1
NO..... 2
REFUSED..... -7
DON'T KNOW..... -8

NEINTRO. Next I will ask you some additional questions about your concentration and your memory.

NE31. Please count from 1 to 5.

CORRECT..... 1
ERROR/REFUSED..... 0

NE32. Now I would like you to count backward from 5 to 1.

[CODE RESPONSE USING CODES BELOW.]

5 ___
4 ___
3 ___
2 ___
1 ___

CORRECT..... 1
ERROR/REFUSED..... 0

NE33. [POINT TO THE PART OF YOUR BODY.] What do you call this part of your (face/body)?

- a. Forehead
- b. Chin
- c. Shoulder
- d. Elbow
- e. Knuckle

CORRECT..... 1
ERROR/REFUSED..... 0
NOT ATTEMPTED..... SHIFT/7

NE34. What animals have four legs? PROBE ONCE: Can you think of any others?

[INTERVIEWER: THIS QUESTION IS A TIMED EXERCISE. ALLOW THE RESPONDENT ONLY 30 SECONDS TO ANSWER THIS QUESTION.]

(TOTAL NUMBER: _____)

NE35. Please repeat what I say: I would like to go (home/out).

CORRECT..... 2
1 OR 2 WORDS MISSED..... 1
3 OR MORE WORDS MISSED/REFUSED..... 0

(BOX NE5. IF S4k (HRND.SCRPRKNS) = 2, -7 OR -8 GO TO NE43. OTHERWISE, GO TO NE36.)

NE36. Earlier you mentioned that a doctor has told you that you have Parkinson's disease.

PARTICIPANT MAINTAINS EARLIER RESPONSE..... 1
PARTICIPANT CHANGES EARLIER RESPONSE..... 2

(SKIP: IF 1 SET NE36 (NEUR.BASPRKNS) = 1, THEN GO TO NE37. IF 2 SET NE36 (NEUR.BASPRKNS) = 2, THEN GO TO NE43.)

NE37. At what age were you first told you had Parkinson's disease?

YEARS OLD

NE38. Are you currently being treated for Parkinson's disease?

YES..... 1
NO..... 2 (NE41)
REFUSED..... -7 (NE41)
DON'T KNOW..... -8 (NE41)

NE39. What is the name of the doctor who is treating you. (See AR3.)

NE40. What is (PROVIDER)'s address? (Same as AR4.)

(SKIP: IF NE38 = 1, GO TO NE43.)

NE41. What was the name of the last doctor you saw for Parkinson's disease? (Similar to AR4.)

NE42. What is (PROVIDER)'s address? (Same as AR4.)

NE43. Do you have trouble rising from a chair?

YES..... 1
NO..... 2
REFUSED..... -7
DON'T KNOW..... -8

NE44. Is your handwriting smaller than it once was?

YES..... 1
NO..... 2
REFUSED..... -7
DON'T KNOW..... -8

NE45. Do people tell you that your voice is softer than it once was?

YES..... 1
NO..... 2
REFUSED..... -7
DON'T KNOW..... -8

NE46. Is your balance poor?

YES..... 1
NO..... 2
CAN'T STAND..... 3
REFUSED..... -7
DON'T KNOW..... -8

NE47. Do your feet suddenly seem to freeze in doorways?

YES..... 1
NO..... 2
REFUSED..... -7
DON'T KNOW..... -8

NE48. Do people tell you that your face seems less expressive than it once did?

YES..... 1
NO..... 2
REFUSED..... -7
DON'T KNOW..... -8

NE49. Do your arms or legs shake?

YES..... 1
NO..... 2
REFUSED..... -7
DON'T KNOW..... -8

NE50. Do you shuffle your feet or take tiny steps when you walk?

YES..... 1
NO..... 2
REFUSED..... -7
DON'T KNOW..... -8

NE51. Have you ever taken L-dopa or Sinemet?

YES..... 1
NO..... 2
REFUSED..... -7
DON'T KNOW..... -8

NE52. Is your sensation or sense of feeling normal or abnormal?

NORMAL..... 1 (NE63)
ABNORMAL..... 2
REFUSED..... -7
DON'T KNOW..... -8

NE53a. Is your abnormal sensation found in your legs or feet?

YES..... 1
NO..... 2
REFUSED..... -7
DON'T KNOW..... -8

NE53b. Is your abnormal sensation found in your arms or hands?

YES..... 1
NO..... 2
REFUSED..... -7
DON'T KNOW..... -8

NE54. Have you ever burned yourself without feeling pain?

YES..... 1
NO..... 2 (NE56)
REFUSED..... -7 (NE56)
DON'T KNOW..... -8 (NE56)

NE55. What was the date of the most recent burn?

_____/_____/_____
MONTH DAY YEAR

NE56. Do you have a prickly-asleep-numbness feeling of the feet, like when your hand goes to sleep from lying on it?

YES..... 1
NO..... 2 (NE60)
REFUSED..... -7 (NE60)
DON'T KNOW..... -8 (NE60)

NE57. Does the numbness come only for a few minutes each time or does it last longer than that?

ONLY FOR A FEW MINUTES..... 1
LASTS LONGER..... 2
REFUSED..... -7
DON'T KNOW..... -8

NE58. Is it present most of the time?

YES..... 1
NO..... 2
REFUSED..... -7
DON'T KNOW..... -8

NE59. Have areas of numbness appeared and persisted for more than a few hours in different parts of your body?

YES..... 1
NO..... 2
REFUSED..... -7
DON'T KNOW..... -8

NE60. In your feet, do you have dead-asleep numbness, like novocaine, without prickling?

YES..... 1
NO..... 2 (NE63)
REFUSED..... -7 (NE63)
DON'T KNOW..... -8 (NE63)

NE61. Does the numbness come only for a few minutes at a time or does it last longer than that?

ONLY A FEW MINUTES..... 1
LASTS LONGER..... 2
REFUSED..... -7
DON'T KNOW..... -8

NE62. Is it present most or all of the time?

YES..... 1
NO..... 2
REFUSED..... -7
DON'T KNOW..... -8

NE63. Have you fainted during the past year?

YES..... 1
NO..... 2 (NE67)
REFUSED..... -7 (NE67)
DON'T KNOW..... -8 (NE67)

NE64. How many times did you faint in the past year?

TIMES

NE65. Did this happen when you were standing or seated or both?

STANDING.....	1	
SEATED.....	2	
BOTH.....	3	
OTHER (SPECIFY).....	91	
REFUSED.....	-7	
DON'T KNOW.....	-8	

NE66. Do you faint more frequently now than one year ago, less frequently, or about the same?

MORE FREQUENTLY.....	1	
LESS FREQUENTLY.....	2	
ABOUT THE SAME.....	3	
REFUSED.....	-7	
DON'T KNOW.....	-8	

NE67. Do you ever lose control of normal bowel movements so that you soil yourself?

YES.....	1	
NO.....	2	(NE70a)
COLOSTOMY/ILEOSTOMY BAG.....	3	(NE70a)
REFUSED.....	-7	(NE70a)
DON'T KNOW.....	-8	(NE70a)

NE68. Do you have some control or no control?

SOME CONTROL.....	1	
NO CONTROL.....	2	
REFUSED.....	-7	
DON'T KNOW.....	-8	

NE69. Do you have occasional soiling or does it happen all the time?

OCCASIONAL.....	1	
ALL THE TIME.....	2	
REFUSED.....	-7	
DON'T KNOW.....	-8	

NE70a. In the last year have you had any problem with pain, burning or stinging when you urinate?

YES.....	1	
NO.....	2	
REFUSED.....	-7	
DON'T KNOW.....	-8	

NE70b. In the last year have you had any problem with urinary tract infections?

YES.....	1	
NO.....	2	
REFUSED.....	-7	
DON'T KNOW.....	-8	

NE70c. In the last year have you had any problem with blood in your urine?

YES.....	1	
NO.....	2	
REFUSED.....	-7	
DON'T KNOW.....	-8	

NE70d. In the last year have you had any problem with accidentally losing control of your urine or bladder function - that is, do you wet yourself?

YES.....	1	
NO.....	2	
CATHETERIZED.....	3	(GO TO NEXT SECTION)
REFUSED.....	-7	
DON'T KNOW.....	-8	

NE70e. In the last year have you had any problem with losing control of your urine when you cough, sneeze, laugh, or lift things?

YES.....	1	
NO.....	2	
REFUSED.....	-7	
DON'T KNOW.....	-8	

NE70f. In the last year have you had any problem with losing control of your urine because you could not get to the toilet quickly enough?

YES.....	1	
NO.....	2	
REFUSED.....	-7	
DON'T KNOW.....	-8	

(SKIP: IF NE70d, NE70e OR NE70f = 1, GO TO NE71. OTHERWISE, GO TO CAINTRO)

NE71. During the past month, how often have you lost control of your urine? Would you say . . .

Several times a day.....	1	
Once a day.....	2	
Several times a week.....	3	
Once a week.....	4	
Less than once a week, or.....	5	
Never?.....	6	
REFUSED.....	-7	
DON'T KNOW.....	-8	

NE72. When you lose control of your urine, approximately how much urine do you lose? Would you say . . .

- A few drops, 1
- Less than or equal to 1 teaspoon, 2
- More than 1 teaspoon, but Less than or equal to 1/4 cup, or 3
- More than 1/4 cup? 4
- REFUSED -7
- DON'T KNOW -8

NE73. How many times during a typical night do you get up to urinate?

TIMES PER NIGHT

SECTION CA: CANCER

CAINTRO. Now, I'd like to ask you about other diseases.

(SKIP: IF S4i (HRND.SCRCANCR) = 2, -7 OR -8, THEN GO TO CA35. OTHERWISE, GO TO CA1.)

CA1. Earlier you mentioned that a doctor has told you that you had cancer.

- PARTICIPANT MAINTAINS EARLIER RESPONSE 1
- PARTICIPANT CHANGES EARLIER RESPONSE 2

(SKIP: IF 1 SET CA1 (HRND.BASCANCR) = 1, THEN GO TO CA2. IF 2 SET CA1 (HRND.BASCANCR) = 2, THEN GO TO CA35.)

CA2. Where was the most recent tumor or malignancy located? (What type of cancer did you have?)
(PROBE: Were there any other places?) [CODE ALL THAT APPLY.]

- | | | | |
|-----------------------|---|----------------------------|----|
| BRAIN | 1 | LYMPH GLANDS | 8 |
| BREAST | 2 | MELANOMA | 9 |
| CERVIX | 3 | MULTIPLE MYELOMA | 10 |
| COLON/BOWEL | 4 | RECTUM | 11 |
| ESOPHAGUS | 5 | SKIN | 12 |
| LEUKEMIA | 6 | STOMACH | 13 |
| LUNG | 7 | UTERUS | 14 |
| OTHER (SPECIFY) _____ | | | 91 |
| OTHER (SPECIFY) _____ | | | 92 |
| OTHER (SPECIFY) _____ | | | 93 |

CA3. In what month and year were you first told by a doctor that you had (CA2 CANCER)?

_____/_____
MONTH YEAR

CA4. What was the name of the doctor who told you that you had this cancer? (See AR3.)

CA5. What is (PROVIDER)'s address? (See AR4.)

CA6. Has a doctor told you that the (CA2 CANCER) has spread to parts of your body beyond where it started?

- YES 1
- NO 2 (CA8)
- REFUSED -7 (CA8)
- DON'T KNOW -8 (CA8)

CA7. Where did the cancer spread? [CODE ALL THAT APPLY.]

- | | | | |
|-----------------------|---|----------------------------|----|
| BRAIN | 1 | LYMPH GLANDS | 8 |
| BREAST | 2 | MELANOMA | 9 |
| CERVIX | 3 | MULTIPLE MYELOMA | 10 |
| COLON/BOWEL | 4 | RECTUM | 11 |
| ESOPHAGUS | 5 | SKIN | 12 |
| LEUKEMIA | 6 | STOMACH | 13 |
| LUNG | 7 | UTERUS | 14 |
| OTHER (SPECIFY) _____ | | | 91 |
| OTHER (SPECIFY) _____ | | | 92 |
| OTHER (SPECIFY) _____ | | | 93 |

CA8. Were you ever hospitalized overnight or longer for this (CA2 CANCER)?

- YES 1
- NO 2 (CA13)
- REFUSED -7 (CA13)
- DON'T KNOW -8 (CA13)

CA8a. How many times were you hospitalized for this cancer?

TIMES

(SKIP: IF CA8a > 1, -7 OR -8, THEN GO TO CA9. OTHERWISE, GO TO CA11.)

CA9. What was the name of the hospital you first stayed in for this cancer? (See AR8.)

CA9a. What is (FACILITY)'s address? (See AR9.)

CA10. When were you admitted to the hospital?

_____/_____/_____
MONTH DAY YEAR

(SKIP: IF ANY ADMISSION DATE FIELD MISSING (DATS. DATE1MM, DATE1DD OR DATE1YY = -7 OR -8), THEN GO TO CA10a. OTHERWISE, GO TO CA11.)

CA10a. When were you discharged?

_____/_____/_____
MONTH DAY YEAR

CA11. What was the name of the hospital you (last) stayed in for this cancer? (See AR8.)

CA11a. What is (FACILITY)'s address? (Same as AR9.)

CA12. When were you admitted to the hospital? (See CA10.)

(SKIP: IF ANY ADMISSION DATE FIELD MISSING (DATS. DATE1MM, DATE1DD OR DATE1YY = -7 OR -8), THEN GO TO CA12a. OTHERWISE, GO TO CA13.)

CA12a. When were you discharged? (See CA10a.)

CA13. Have you had surgery for the (CA2 CANCER)?

YES.....	1	
NO.....	2	(CA18)
REFUSED.....	-7	(CA18)
DON'T KNOW.....	-8	(CA18)

CA13a. How many times did you have surgery for this cancer?

TIMES

(SKIP: IF CA13a > 1, -7 OR -8, THEN GO TO CA14. OTHERWISE, GO TO CA16.)

CA14. Where was the first surgery performed? (See AR8.)

CA14a. What is (FACILITY)'s address. (Same as AR9.)

CA15. When were you admitted to the hospital? (See CA10.)

(SKIP: IF ANY ADMISSION DATE FIELD MISSING (DATS. DATE1MM, DATE1DD OR DATE1YY = -7 OR -8), THEN GO TO CA15a. OTHERWISE, GO TO CA16.)

CA15a. When were you discharged? (See CA10a.)

CA16. Where was the (most recent) surgery performed? (See AR8.)

CA16a. What is (FACILITY)'s address? (See AR9.)

CA17. When were you admitted to the hospital? (See CA10.)

(SKIP: IF ANY ADMISSION DATE FIELD MISSING (DATS. DATE1MM, DATE1DD OR DATE1YY = -7 OR -8), THEN GO TO CA17a. OTHERWISE, GO TO CA18.)

CA17a. When were you discharged? (See CA10a.)

CA18. Did you receive radiation or x-ray treatment for the (CA2 CANCER)?

YES.....	1	
NO.....	2	(CA23)
REFUSED.....	-7	(CA23)
DON'T KNOW.....	-8	(CA23)

CA19. Where was the first radiation treatment given? (See AR8.)

CA19a. What is (FACILITY)'s address? (See AR9.)

CA20. What was the date of the first radiation treatment that you received?

MONTH / DAY / YEAR

CA21. Where was the last radiation treatment given? (See AR8.)

CA21a. What is (FACILITY)'s address? (See AR9.)

CA22. What was the date of the last radiation treatment that you received?

[INTERVIEWER: IF STILL RECEIVING RADIATION ENTER "95" FOR MONTH.]

MONTH / DAY / YEAR

CA23. Have you received chemotherapy, that is either pills or injections or both, for the (CA2 CANCER)?

YES.....	1	
NO.....	2	(CA28)
REFUSED.....	-7	(CA28)
DON'T KNOW.....	-8	(CA28)

CA24. Where was the first chemotherapy treatment given? See CA9 for recording instructions.

CA24a. What is (FACILITY)'s address? (See AR9.)

CA25. What was the date of the first chemotherapy treatment that you received?

MONTH / DAY / YEAR

CA26. Where was the last chemotherapy treatment given? (See AR8.)

CA26a. What is (FACILITY)'s address? (See AR9.)

CA27. What was the date of the last chemotherapy treatment that you received?

MONTH / DAY / YEAR

CA28. During the past month have you had pain due to your (CA2 CANCER)?

YES.....	1	
NO.....	2	(CA31)
REFUSED.....	-7	(CA31)
DON'T KNOW.....	-8	(CA31)

CA29. Using this card, please rate the pain you have had on average during the past month by giving me a number from 0 to 10, where 0 is no pain and 10 is severe or excruciating pain, as bad as you can imagine.

[HAND SHOW CARD F TO RESPONDENT.]

PAIN CATEGORY

CA30. Please tell me how much relief you got, on average during the past month, from medications or other treatments you were given for pain. Would you say...

Complete relief.....	1
Almost complete relief.....	2
Partial relief.....	3
Very little relief, or.....	4
No relief?.....	5
REFUSED.....	-7
DON'T KNOW.....	-8

CA31. Considering all the ways your cancer affects you please give me a number that reflects how well you are doing when 0 = very poor and 10 = very well. [HAND SHOW CARD L TO RESPONDENT.]

WELLNESS CATEGORY

(SKIP: IF CALOC1, CALOC2, CALOC3, CALOC4, OR CALOC5 = 52 (BREAST CANCER) AND CA13 (COND.OPERCOND) = 1, OR IF CA7 (COND.SPRDWHR1, SPRDWHR2, OR SPRDWHR3) = 52 (BREAST CANCER), THEN GO TO CA32. OTHERWISE, GO TO BOX CA10.)

CA32. Is the movement of your arm limited as a result your breast surgery?

YES.....	1
NO.....	2
NO BREAST SURGERY.....	3
REFUSED.....	-7
DON'T KNOW.....	-8

(BOX CA10: IF CALOC1, CALOC2, CALOC3, CALOC4, OR CALOC5 = 54 (COLON CANCER) AND CA13 (COND.OPERCOND) = 1, OR IF CA7 (COND.SPRDWHR1, SPRDWHR2, OR SPRDWHR3) = 54 (COLON CANCER), THEN GO TO CA33. OTHERWISE, GO TO BOX CA11.)

CA33. Do you have difficulties with your bowels as a result of your colon surgery?

YES.....	1	
NO.....	2	(BOX CALL)
NO COLON SURGERY.....	3	(BOX CALL)
REFUSED.....	-7	(BOX CALL)
DON'T KNOW.....	-8	(BOX CALL)

CA34a. What difficulties do you have? Do you have constipation?

YES.....	1
NO.....	2
REFUSED.....	-7
DON'T KNOW.....	-8

CA34b. Do you have diarrhea?

YES.....	1
NO.....	2
REFUSED.....	-7
DON'T KNOW.....	-8

(BOX CALL: FOR EACH CANCER SELECTED OR ADDED AT CA2, ASK CA3 - CA34b, THEN GO TO CA35.)

CA35. Are there any other conditions or diseases that you have that I haven't asked about?

YES.....	1	
NO.....	2	(ACINTRO)
REFUSED.....	-7	(ACINTRO)
DON'T KNOW.....	-8	(ACINTRO)

CA36. What are they? ENTER VERBATIM BELOW.]

SECTION AC: ACTIVITIES

Next, I would like to talk about some of your other daily activities.

(SKIP: IF S27 = 2, -7 OR -8, GO TO AC2. IF S27 = 3 AND S28 = 91, -7 OR -8, GO TO AC7. OTHERWISE, GO TO AC1.)

AC1. Earlier you mentioned that, by yourself, you (have difficulty/are unable to) (prepare/preparing) meals

PARTICIPANT MAINTAINS EARLIER RESPONSE.....	1
PARTICIPANT CHANGES EARLIER RESPONSE.....	2

(SKIP: IF 1 SET AC1 = 1 AND SET VARIABLE DALY.BASDFLVL = SCRDFLVL. IF 2 SET AC1 = 2 AND SET VARIABLE DALY.BASDFLVL = -1, THEN GO TO AC2. IF AC1 = 1 AND DALY.DONTACT = 1, THEN GO TO AC4a. IF BASDFLVL = 4 GO TO AC4a. OTHERWISE, GO TO AC2.)

AC2. Have you cut back on the number of meals you prepare because your health makes it difficult?

YES.....	1
NO.....	2
REFUSED.....	-7
DON'T KNOW.....	-8

AC3. Have you changed the types of food you prepare or given up preparing certain foods because your health makes it difficult?

YES.....	1
NO.....	2
REFUSED.....	-7
DON'T KNOW.....	-8

(SKIP: IF AC1 = 1, GO TO AC4a. IF AC1 = 2, OR -1 AND AC2 AND AC3 = = 2, -7 OR -8, GO TO AC7. IF AC1 = 2, OR -1 AND EITHER AC2 OR AC3 = YES, GO TO AC6.)

AC4a. How long ago did you first start having difficulty preparing meals.

MONTHS.....	1
YEARS.....	2

(SKIP: IF AC4a = -7 OR -8, THEN GO TO AC5. OTHERWISE, GO TO AC6.)

AC5. Using this card, how long ago did you first start having difficulty preparing meals? Would you say . . .

[HAND SHOW CARD PINK TO RESPONDENT.]

AC6. What is the main condition that (causes you to have difficulty/prevents you from) preparing meals?

[TO PROBE: HAND SHOW CARD GREEN TO RESPONDENT.]

AC7. Who has the main responsibility for preparing meals in your home?

SELF.....	1	(AC10)
SOMEONE ELSE.....	2	(AC8)
REFUSED.....	-7	(AC10)
DON'T KNOW.....	-8	(AC10)

AC8. Who helps you? [ENTER ONLY ONE HELPER.]

AC9. Is (PERSON) preparing meals because your health makes it difficult for you, or for some other reason?

HEALTH MAKES IT DIFFICULT.....	1
OTHER REASON (SPECIFY).....	91
REFUSED.....	-7
DON'T KNOW.....	-8

AC10. Does (a/any other) friend or relative come in to your home to help you prepare meals or bring you meals on a regular basis?

YES.....	1	
NO.....	2	(AC12a)
REFUSED.....	-7	(AC12a)
DON'T KNOW.....	-8	(AC12a)

AC11. Who helps you? [ENTER UP TO THREE HELPERS.]

AC12a. Do you get meals on wheels?

YES.....	1
NO.....	2
REFUSED.....	-7
DON'T KNOW.....	-8

AC12b. Do you regularly go out to eat at an Eating Together program such as at a Senior Center or church?

YES.....	1
NO.....	2
REFUSED.....	-7
DON'T KNOW.....	-8

AC12c. Do you usually eat meals alone?

YES.....	1
NO.....	2
REFUSED.....	-7
DON'T KNOW.....	-8

AC12d. Do you eat most of your meals in restaurants?

YES.....	1
NO.....	2
REFUSED.....	-7
DON'T KNOW.....	-8

AC13. Does the place where you live provide group meals?

YES.....	1	
NO.....	2	(AC15)
REFUSED.....	-7	(AC15)
DON'T KNOW.....	-8	(AC15)

AC14. Do you usually eat at those group meals?

YES.....	1
NO.....	2
REFUSED.....	-7
DON'T KNOW.....	-8

(SKIP: IF S25 (MVNT.SCRDPHHW) = 2, -7 OR -8, GO TO AC17. IF S25 =3 AND S26 (DALY.DONTACT) = 91, -7 OR -8, GO TO AC21. OTHERWISE, GO TO AC15.)

AC15. Earlier you mentioned that, by yourself, you (have difficulty/are unable to) (do/doing) heavy housework such as washing windows, walls, or floors.

PARTICIPANT MAINTAINS EARLIER RESPONSE..... 1
PARTICIPANT CHANGES EARLIER RESPONSE..... 2

(SKIP: IF 1 SET AC15 = 1 AND SET VARIABLE DALY.BASDFLVL = SCRDFLVL. IF 2 SET AC15 = 2 AND SET VARIABLE DALY.BASDFLVL = -1, THEN GO TO AC17. IF AC15 = 1 AND DALY.DONTACT = 1, THEN GO TO AC18a. IF BASDFLVL = 4 GO TO AC18a. OTHERWISE, GO TO AC17.)

AC17. Do you do heavy housework such as washing windows, walls, or floors by yourself less often than you used to?

YES..... 1
NO..... 2
REFUSED..... -7
DON'T KNOW..... -8

AC18. Do you do heavy housework such as washing windows, walls, or floors by yourself differently than you used to?

YES..... 1
NO..... 2
REFUSED..... -7
DON'T KNOW..... -8

(SKIP: IF AC15 = 1, GO TO AC18a. IF AC15 = 2 OR -1 AND AC17 AND AC18 = 2, -7 OR -8, GO TO AC21. IF AC15 = 2 OR -1 AND EITHER AC17 OR AC18 = 1, GO TO AC20.)

AC18a. How long ago did you first start having difficulty doing heavy housework such as washing windows, walls, or floors by yourself?

MONTHS..... 1
YEARS..... 2

(SKIP: IF AC18a = -7 OR -8, THEN GO TO AC19. OTHERWISE, GO TO AC20.)

AC19. Using this card, how long ago did you first start having difficulty (doing heavy housework such as washing windows, walls, or floors by yourself)? Would you say...

[HAND SHOW CARD PINK TO RESPONDENT.]

AC20. What is the main condition that (causes you to have difficulty/prevents you from) doing heavy housework (such as washing windows, walls, or floors)?

[TO PROBE: HAND SHOW CARD GREEN TO RESPONDENT.]

AC21. Do you usually receive help from another person in doing heavy housework such as washing windows, walls, or floors?

YES..... 1 (AC22)
NO..... 2 (AC23)
REFUSED..... -7 (AC23)
DON'T KNOW..... -8 (AC23)

AC22. Who helps you? [ENTER UP TO THREE HELPERS.]

(SKIP: IF S23 (MVNT.SCRDFLHW) = 2, -7 OR -8; OR IF S23 = 3 AND S24 (DALY.DONTACT) = 91, -7 OR -8, GO TO AC27. OTHERWISE, GO TO AC23.)

AC23. Earlier you mentioned that, by yourself, you (have difficulty/are unable to) (do/doing) light housework such as doing dishes, straightening up, or light cleaning.

PARTICIPANT MAINTAINS EARLIER RESPONSE..... 1
PARTICIPANT CHANGES EARLIER RESPONSE..... 2

(SKIP: IF 1 SET AC23 = 1 AND SET VARIABLE DALY.BASDFLVL = SCRDFLVL AND GO TO AC24a. IF AC23 = 1 AND DALY.DONTACT = 1, GO TO AC24a. IF 2 SET AC23 = 2 AND SET VARIABLE DALY.BASDFLVL = -1, THEN GO TO AC27.)

AC24a. How long ago did you first start having difficulty doing light housework such as doing dishes, straightening up, or light cleaning by yourself?

MONTHS..... 1
YEARS..... 2

(SKIP: IF AC24a = -7 OR -8, THEN GO TO AC25. OTHERWISE, GO TO AC26.)

AC25. Using this card, how long ago did you first start having difficulty (doing light housework such as doing dishes, straightening up, or light cleaning by yourself)? Would you say...

[HAND SHOW CARD PINK TO RESPONDENT.]

AC26. What is the main condition that (causes you to have difficulty/prevents you from) doing light housework (such as doing dishes, straightening up, or light cleaning)?

[TO PROBE: HAND SHOW CARD GREEN TO RESPONDENT.]

AC27. Do you usually receive help from another person in doing light housework such as doing dishes, straightening up, or light cleaning?

YES..... 1 (AC28)
NO..... 2 (AC29)
REFUSED..... -7 (AC29)
DON'T KNOW..... -8 (AC29)

AC28. Who helps you? [ENTER UP TO THREE HELPERS.]

(SKIP: IF S29 (MVNT.SCRDFSHP) = 2, -7 OR -8, GO TO AC31. IF S29 = 3 AND S30 (DALY.DONTACT) = 91, -7 OR -8, GO TO AC35. OTHERWISE, GO TO AC29.)

AC29. Earlier you mentioned that, by yourself, you (have difficulty/are unable to) (shop/shopping) for personal items such as medicines or toilet items.

PARTICIPANT MAINTAINS EARLIER RESPONSE..... 1
PARTICIPANT CHANGES EARLIER RESPONSE..... 2

(SKIP: IF 1 SET AC29 = 1 AND SET VARIABLE DALY.BASDFLVL = SCRDFLVL. IF 2 SET AC29 = 2 AND SET VARIABLE DALY.BASDFLVL = -1, THEN GO TO AC31. IF AC29 = 1 AND DALY.DONTACT = 1, GO TO AC32a. IF BASDFLVL = 4 GO TO AC32a. OTHERWISE, GO TO AC31.)

AC31. Do you shop for personal items such as medicines or toilet items less often than you used to?

YES.....	1
NO.....	2
REFUSED.....	-7
DON'T KNOW.....	-8

AC32. Do you shop for personal items such as medicines or toilet items differently than you used to?

YES.....	1
NO.....	2
REFUSED.....	-7
DON'T KNOW.....	-8

(SKIP: IF AC29 = 1, GO TO AC32a. IF AC29 = 2 OR -1 AND AC31 AND AC32 = 2, -7 OR -8, GO TO AC35. IF AC29 = 2 OR -1 AND EITHER AC31 OR AC32 = 1, GO TO AC34.)

AC32a. How long ago did you first start having difficulty shopping for personal items such as medicines or toilet items by yourself?

MONTHS.....	1
YEARS.....	2

(SKIP: IF AC32a = -7 OR -8, THEN GO TO AC33. OTHERWISE, GO TO AC34.)

AC33. Using this card, how long ago did you first start having difficulty (shopping for personal items such as medicines or toilet items by yourself)? Would you say...

[HAND SHOW CARD PINK TO RESPONDENT.]

AC34. What is the main condition that (causes you to have difficulty/prevents you from) shopping for personal items such as medicines or toilet items?

[TO PROBE: HAND SHOW CARD GREEN TO RESPONDENT.]

AC35. Do you usually receive help from another person in shopping for personal items such as medicines or toilet items?

YES.....	1	(AC36)
NO.....	2	(AC37)
REFUSED.....	-7	(AC37)
DON'T KNOW.....	-8	(AC37)

AC36. Who helps you? [ENTER UP TO THREE HELPERS.]

(SKIP: IF S21 (MVNT.SCRDFTEL) = 2, -7 OR -8; OR IF S21 =3 AND S22 (DALY.DONTACT) = 91, -7 OR -8, GO TO AC41. OTHERWISE, GO TO AC37.)

AC37. Earlier you mentioned that, by yourself, you (have difficulty/are unable to) (use/using) the telephone.

PARTICIPANT MAINTAINS EARLIER RESPONSE.....	1
PARTICIPANT CHANGES EARLIER RESPONSE.....	2

(SKIP: IF 1 SET AC37 = 1 AND SET VARIABLE DALY.BASDFLVL = SCRDFLVL AND GO TO AC38a. IF AC37 = 1 AND DALY.DONTACT = 1, GO TO AC38a. IF 2 SET AC37 = 2 AND SET VARIABLE DALY.BASDFLVL = -1, THEN GO TO AC41.)

AC38a. How long ago did you first start having difficulty using the telephone by yourself?

MONTHS.....	1
YEARS.....	2

(SKIP: IF AC38a = -7 OR -8, THEN GO TO AC39. OTHERWISE, GO TO AC40.)

AC39. Using this card, how long ago did you first start having difficulty (using the telephone by yourself)? Would you say...

[HAND SHOW CARD PINK TO RESPONDENT.]

AC40. What is the main condition that (causes you to have difficulty/prevents you from) using the telephone?

[TO PROBE: HAND SHOW CARD GREEN TO RESPONDENT.]

AC41. Do you usually receive help from another person in using the telephone?

YES.....	1	(AC42)
NO.....	2	(AC43)
REFUSED.....	-7	(AC43)
DON'T KNOW.....	-8	(AC43)

AC42. Who helps you? [ENTER UP TO THREE HELPERS.]

AC43. Because of a health or physical problem, do you have any difficulty taking medications by yourself.

YES.....	1	(AC45)
NO.....	2	(AC48)
DON'T DO.....	3	(AC44)
REFUSED.....	-7	(AC48)
DON'T KNOW.....	-8	(AC48)

AC44. Is this for health reasons or other reasons?

HEALTH.....	1	(AC45a)
OTHER REASONS (SPECIFY).....	2	(AC48)
REFUSED.....	-7	(AC48)
DON'T KNOW.....	-8	(AC48)

AC45. How much difficulty do you have taking medications by yourself?

[HAND SHOW CARD BLUE TO RESPONDENT.]

AC45a. How long ago did you first start having difficulty taking your medications by yourself?

MONTHS.....	1
YEARS.....	2

(SKIP: IF AC45a = -7 OR -8, THEN GO TO AC46. OTHERWISE, GO TO AC47.)

AC46. Using this card, how long ago did you first start having difficulty (taking your medications by yourself)? Would you say...
[HAND SHOW CARD PINK TO RESPONDENT.]

AC47. What is the main condition that (causes you to have difficulty/prevents you from) taking your medications by yourself?
[TO PROBE: HAND SHOW CARD GREEN TO RESPONDENT.]

AC48. Do you usually receive help from another person in taking your medications?

YES.....	1	(AC49)
NO.....	2	(AC50)
REFUSED.....	-7	(AC50)
DON'T KNOW.....	-8	(AC50)

AC49. Who helps you? [ENTER UP TO THREE HELPERS.]

AC50. Do you have any difficulty managing your money, for example, paying bills or keeping a bank account, by yourself and without help from another person?

YES.....	1	
NO.....	2	
DOESN'T DO.....	3	(AC52)
REFUSED.....	-7	
DON'T KNOW.....	-8	

AC51. Are you less involved in managing your money than you used to be because your health or physical condition makes it difficult?

YES.....	1	
NO.....	2	
REFUSED.....	-7	
DON'T KNOW.....	-8	

(SKIP: IF AC50 = 1 GO TO AC53. IF AC50 AND AC51 = 2, -7 OR -8 GO TO AC56. IF AC50 = 2, -7 OR -8 AND AC51 = 1, GO TO AC55.)

AC52. Is this for health reasons or for some other reason?

HEALTH.....	1	(AC53a)
OTHER REASONS (SPECIFY).....	2	(AC56)
REFUSED.....	-7	(AC56)
DON'T KNOW.....	-8	(AC56)

AC53. How much difficulty do you have? Would you say . . .
[HAND SHOW CARD BLUE TO RESPONDENT.]

AC53a. How long ago did you first start having difficulty managing your money?

MONTHS.....	1	
YEARS.....	2	

(SKIP: IF AC53a = -7 OR -8, THEN GO TO AC54. OTHERWISE, GO TO AC55.)

AC54. Using this card, how long ago did you first start having difficulty managing your money? Would you say . . .
[HAND SHOW CARD PINK TO RESPONDENT.]

AC55. What is the main condition that (makes you less involved/causes you to have difficulty/prevents you from) managing your money?
[TO PROBE: HAND SHOW CARD GREEN TO RESPONDENT.]

AC56. Who has the main responsibility for managing your money?

SELF.....	1	
SOMEONE ELSE.....	2	(AC58)
REFUSED.....	-7	
DON'T KNOW.....	-8	

AC57. Does another person usually help you with managing your money?

YES.....	1	
NO.....	2	(AC59)
REFUSED.....	-7	(AC59)
DON'T KNOW.....	-8	(AC59)

AC58. Who is this person? [ENTER ONLY ONE HELPER.]

AC59. When you go somewhere by car, who usually drives? Do you drive yourself, does someone with whom you live drive, or does someone outside your home drive?

SELF.....	1	(AC64)
SOMEONE IN HOME.....	2	
SOMEONE OUTSIDE HOME.....	3	
DOES NOT TRAVEL BY CAR.....	4	(AC61)
REFUSED.....	-7	(AC61)
DON'T KNOW.....	-8	(AC61)

AC60. Who helps you? [ENTER UP TO THREE HELPERS.]

AC61. Have you ever had a driver's license?

YES.....	1	
NO.....	2	(GDINTRO)
REFUSED.....	-7	(GDINTRO)
DON'T KNOW.....	-8	(GDINTRO)

(SKIP: IF AC59 = 4 AND AC61 = 1, SKIP TO AC63. OTHERWISE, CONTINUE.)

AC62. Do you still drive?

YES.....	1	(AC64)
NO.....	2	
REFUSED.....	-7	
DON'T KNOW.....	-8	

AC63. Did you stop driving for health or vision reasons or for some other reason?

HEALTH.....	1	(GDINTRO)
VISION.....	2	(GDINTRO)
OTHER REASON (SPECIFY).....	91	(GDINTRO)
<hr/>		
REFUSED.....	-7	(GDINTRO)
DON'T KNOW.....	-8	(GDINTRO)

AC64. Over the last year, have you cut down on the amount you drive or when you drive (such as not driving at night or in the rain), because of your health or vision?

YES.....	1	
NO.....	2	
REFUSED.....	-7	
DON'T KNOW.....	-8	

SECTION GD: GDS

GDINTRO. Now, I have some more questions about your satisfaction with your life.

GD-1. Are you basically satisfied with your life?

YES.....	1
NO.....	2
REFUSED.....	-7
DON'T KNOW.....	-8

GD-2. Have you dropped many of your activities and interests?

YES.....	1
NO.....	2
REFUSED.....	-7
DON'T KNOW.....	-8

GD-3. Do you feel that your life is empty?

YES.....	1
NO.....	2
REFUSED.....	-7
DON'T KNOW.....	-8

GD-4. Do you often get bored?

YES.....	1
NO.....	2
REFUSED.....	-7
DON'T KNOW.....	-8

GD-5. Are you hopeful about the future?

YES.....	1
NO.....	2
REFUSED.....	-7
DON'T KNOW.....	-8

GD-6. Are you bothered by thoughts you can't get out of your head?

YES.....	1
NO.....	2
REFUSED.....	-7
DON'T KNOW.....	-8

GD-7. Are you in good spirits most of the time?

YES.....	1
NO.....	2
REFUSED.....	-7
DON'T KNOW.....	-8

GD-8. Are you afraid that something bad is going to happen to you?

YES.....	1
NO.....	2
REFUSED.....	-7
DON'T KNOW.....	-8

GD-9. Do you feel happy most of the time?

YES.....	1
NO.....	2
REFUSED.....	-7
DON'T KNOW.....	-8

GD-10. Do you often feel helpless?

YES.....	1
NO.....	2
REFUSED.....	-7
DON'T KNOW.....	-8

GD-11. Do you often get restless and fidgety?

YES.....	1
NO.....	2
REFUSED.....	-7
DON'T KNOW.....	-8

GD-12. Do you prefer to stay at home, rather than going out and doing new things?

YES.....	1
NO.....	2
REFUSED.....	-7
DON'T KNOW.....	-8

GD-13. Do you frequently worry about the future?

YES.....	1
NO.....	2
REFUSED.....	-7
DON'T KNOW.....	-8

GD-14. Do you feel you have more problems with memory than most?

YES.....	1
NO.....	2
REFUSED.....	-7
DON'T KNOW.....	-8

GD-15. Do you think it is wonderful to be alive now?

YES.....	1
NO.....	2
REFUSED.....	-7
DON'T KNOW.....	-8

GD-16. Do you often feel downhearted and blue?

YES.....	1
NO.....	2
REFUSED.....	-7
DON'T KNOW.....	-8

GD-17. Do you feel pretty worthless the way you are now?

YES.....	1
NO.....	2
REFUSED.....	-7
DON'T KNOW.....	-8

GD-18. Do you worry a lot about the past?

YES.....	1
NO.....	2
REFUSED.....	-7
DON'T KNOW.....	-8

GD-19. Do you find life very exciting?

YES.....	1
NO.....	2
REFUSED.....	-7
DON'T KNOW.....	-8

GD-20. Is it hard for you to get started on new projects?

YES.....	1
NO.....	2
REFUSED.....	-7
DON'T KNOW.....	-8

GD-21. Do you feel full of energy?

YES.....	1
NO.....	2
REFUSED.....	-7
DON'T KNOW.....	-8

GD-22. Do you feel that your situation is hopeless?

YES.....	1
NO.....	2
REFUSED.....	-7
DON'T KNOW.....	-8

GD-23. Do you think that most people are better off than you are?

YES.....	1
NO.....	2
REFUSED.....	-7
DON'T KNOW.....	-8

GD-24. Do you frequently get upset over little things?

YES.....	1
NO.....	2
REFUSED.....	-7
DON'T KNOW.....	-8

GD-25. Do you frequently feel like crying?		
YES.....	1	
NO.....	2	
REFUSED.....	-7	
DON'T KNOW.....	-8	
GD-26. Do you have trouble concentrating?		
YES.....	1	
NO.....	2	
REFUSED.....	-7	
DON'T KNOW.....	-8	
GD-27. Do you enjoy getting up in the morning?		
YES.....	1	
NO.....	2	
REFUSED.....	-7	
DON'T KNOW.....	-8	
GD-28. Do you prefer to avoid social gatherings?		
YES.....	1	
NO.....	2	
REFUSED.....	-7	
DON'T KNOW.....	-8	
GD-29. Is it easy for you to make decisions?		
YES.....	1	
NO.....	2	
REFUSED.....	-7	
DON'T KNOW.....	-8	
GD-30. Is your mind as clear as it used to be?		
YES.....	1	
NO.....	2	
REFUSED.....	-7	
DON'T KNOW.....	-8	
GD-31. Please tell me whether you agree or disagree with this statement: I can do just about anything I really set my mind to. Would you say you agree or disagree?		
AGREE.....	1	(GD-32)
DISAGREE.....	2	(GD-33)
REFUSED.....	-7	(GD-34)
DON'T KNOW.....	-8	(GD-34)
GD-32. Would you say you agree strongly or agree somewhat?		
AGREE STRONGLY.....	1	(GD-34)
AGREE SOMEWHAT.....	2	(GD-34)
REFUSED.....	-7	(GD-34)
DON'T KNOW.....	-8	(GD-34)
GD-33. Would you say you disagree strongly or disagree somewhat?		
DISAGREE STRONGLY.....	1	
DISAGREE SOMEWHAT.....	2	
REFUSED.....	-7	
DON'T KNOW.....	-8	
GD-34. Do you agree or disagree with this statement: I often feel helpless in dealing with the problems of life.		
AGREE.....	1	(GD-35)
DISAGREE.....	2	(GD-36)
REFUSED.....	-7	(GD-37)
DON'T KNOW.....	-8	(GD-37)
GD-35. Would you say you agree strongly or agree somewhat?		
AGREE STRONGLY.....	1	(GD-37)
AGREE SOMEWHAT.....	2	(GD-37)
REFUSED.....	-7	(GD-37)
DON'T KNOW.....	-8	(GD-37)
GD-36. Would you say you disagree strongly or disagree somewhat?		
DISAGREE STRONGLY.....	1	
DISAGREE SOMEWHAT.....	2	
REFUSED.....	-7	
DON'T KNOW.....	-8	
GD-37. During the past week, have you felt nervous or shaky inside?		
YES.....	1	
NO.....	2	(GD-39)
REFUSED.....	-7	(GD-39)
DON'T KNOW.....	-8	(GD-39)
GD-38. How nervous or shaky have you felt? Would you say a little, quite a bit, or extremely nervous and shaky inside?		
A LITTLE.....	1	
QUITE A BIT.....	2	
EXTREMELY.....	3	
REFUSED.....	-7	
DON'T KNOW.....	-8	

GD-39. During the past week have you had to avoid certain things, places or activities because they frighten you?

YES.....	1	
NO.....	2	(GD-41)
REFUSED.....	-7	(GD-41)
DON'T KNOW.....	-8	(GD-41)

GD-40. How much have you had to avoid certain things because they frighten you? Would you say a little, quite a bit, or extremely often?

A LITTLE.....	1	
QUITE A BIT.....	2	
EXTREMELY.....	3	
REFUSED.....	-7	
DON'T KNOW.....	-8	

GD-41. During the past week have you felt tense or keyed up?

YES.....	1	
NO.....	2	(GD-43)
REFUSED.....	-7	(GD-43)
DON'T KNOW.....	-8	(GD-43)

GD-42. How much have you felt tense or keyed up? Would you say a little, quite a bit, or extremely tense or keyed up?

A LITTLE.....	1	
QUITE A BIT.....	2	
EXTREMELY.....	3	
REFUSED.....	-7	
DON'T KNOW.....	-8	

GD-43. During the past week have you felt fearful?

YES.....	1	
NO.....	2	(GD-45)
REFUSED.....	-7	(GD-45)
DON'T KNOW.....	-8	(GD-45)

GD-44. How much have you felt fearful? Would you say a little, quite a bit, or extremely fearful?

A LITTLE.....	1	
QUITE A BIT.....	2	
EXTREMELY.....	3	
REFUSED.....	-7	
DON'T KNOW.....	-8	

(SKIP: IF DEMO. PTMARSTA = 2, GO TO GD45. OTHERWISE, GO TO BOX GD2.)

GD-45. Were you widowed within the past 12 months?

YES.....	1	(GD-47)
NO.....	2	(GD-47)
REFUSED.....	-7	(GD-47)
DON'T KNOW.....	-8	(GD-47)

(BOX GD2. SKIP: IF DEMO. PTMARSTA = 1, GO TO GD46. OTHERWISE, GO TO GD47.)

GD-46. Has your husband been seriously ill or had a serious accident within the past 12 months?

YES.....	1	
NO.....	2	
REFUSED.....	-7	
DON'T KNOW.....	-8	

GD-47. Have you lost (a/any other) close relative or very close friend through death within the past 12 months?

YES.....	1	
NO.....	2	
REFUSED.....	-7	
DON'T KNOW.....	-8	

GD-48. Have you been separated from a child, close friend or relative whom you depend on for help (within the past 12 months)?

YES.....	1	
NO.....	2	
REFUSED.....	-7	
DON'T KNOW.....	-8	

GD-49. Did you lose a pet (in the past 12 months)?

YES.....	1	
NO.....	2	
REFUSED.....	-7	
DON'T KNOW.....	-8	

GD-50. Have you had to give up a hobby or activity that is important to you in the past 12 months?

YES.....	1	
NO.....	2	
REFUSED.....	-7	
DON'T KNOW.....	-8	

GD-51. Did anything (else) happen to you, either good or bad, within the past 12 months, that was very important to you?

YES.....	1	
NO.....	2	(NEXT SECTION)
REFUSED.....	-7	(NEXT SECTION)
DON'T KNOW.....	-8	(NEXT SECTION)

SECTION BA: BALANCE/FALLS

BAINTRO. Now I would like to ask you some questions about your balance.

BA-1a. Using this card, please tell me if you have any problem with keeping your balance when you are walking on a level surface. Would you say always, very often, often, sometimes, or never?

[HAND SHOW CARD M TO RESPONDENT.]

FREQUENCY

BA-1b. (Using this card, please tell me if you have any problem with keeping your balance when you are . . .) dressing while standing. Would you say always, very often, often, sometimes, or never?

[HAND SHOW CARD M TO RESPONDENT.]

FREQUENCY

BA-1c. (Using this card, please tell me if you have any problem with keeping your balance when you are . . .) standing with your eyes closed, such as standing in the shower. Would you say always, very often, often, sometimes, or never?

[HAND SHOW CARD M TO RESPONDENT.]

FREQUENCY

BA-1d. (Using this card, please tell me if you have any problem with keeping your balance when you are . . .) walking down stairs. Would you say always, very often, often, sometimes, or never?

[HAND SHOW CARD M TO RESPONDENT.]

FREQUENCY

BA-2. Do you ever feel dizzy or light-headed after standing up?

YES.....	1
NO.....	2
REFUSED.....	-7
DON'T KNOW.....	-8

BA-3. Have you fallen in the past 12 months? Falling includes falling on the ground or at some other level, such as a chair.

YES.....	1	
NO.....	2	(BA-11)
REFUSED.....	-7	(BA-11)
DON'T KNOW.....	-8	(BA-11)

BA-4. How many times have you fallen in the last 12 months?

TIMES

BA-5. Did a medical condition such as a stroke, Parkinson's disease, or a seizure disorder, contribute to your (most recent) fall?

YES.....	1	
NO.....	2	(BA-7)
REFUSED.....	-7	(BA-7)
DON'T KNOW.....	-8	(BA-7)

BA-6. What was the medical condition?

STROKE.....	1
PARKINSON'S DISEASE.....	2
SEIZURE DISORDER.....	3
OTHER (SPECIFY).....	91

BA-7. Did medication or medication side effects contribute to your (most recent) fall?

YES.....	1	
NO.....	2	(BA-9)
REFUSED.....	-7	(BA-9)
DON'T KNOW.....	-8	(BA-9)

BA-8. What was the medication?

MEDICATION

BA-9. Did anything in your house or outdoors contribute to your (most recent) fall, such as a rug, stairs, a curb, or ice?

YES.....	1	
NO.....	2	(BA-11)
REFUSED.....	-7	(BA-11)
DON'T KNOW.....	-8	(BA-11)

BA-10. What else contributed?

[ENTER VERBATIM TEXT BELOW.]

OTHER CONTRIBUTORS

BA-11. Have you ever lost consciousness or passed out at the time of any fall?

- YES..... 1
- NO..... 2
- NEVER FALLEN..... 3 (BA14)
- REFUSED..... -7
- DON'T KNOW..... -8

BA-12. What has been your most serious injury or problem due to any fall?

- NEVER INJURED..... 1 (BA-14)
- BRUISES..... 2
- CUTS..... 3
- DISCOMFORT..... 4
- FRACTURE OF LEG..... 5
- FRACTURE OF WRIST..... 6
- FRACTURE OF BACK/VERTEBRA..... 7
- HEAD INJURY..... 8
- OTHER (SPECIFY)..... 91

BA-13. In approximately what month and year did the fall occur which resulted in your worst injury or problem?

____ / ____
MO YR

BA-14. In the past 12 months, have you ever been anxious or worried or afraid you might fall?

- YES..... 1
- NO..... 2 (SE1)

BA-15. How long have you been afraid of falling? Would you say...

- Less than 3 months..... 1
- 3 to 12 months, or..... 2
- More than 12 months?..... 3
- REFUSED..... -7
- DON'T KNOW..... -8

BA-16. Is falling something you are anxious or worried about ...

- All of the time..... 1
- Most of the time..... 2
- Some of the time, or..... 3
- Rarely?..... 4
- REFUSED..... -7
- DON'T KNOW..... -8

BA-17a. When you think you might fall, do you have lightheadedness or faintness?

- YES..... 1
- NO..... 2

BA-17b. (When you think you might fall, do you . . .) have spinning sensation or dizziness?

- YES..... 1
- NO..... 2

BA-17c. (When you think you might fall, do you . . .) have weakness?

- YES..... 1
- NO..... 2

BA-17d. (When you think you might fall, do you . . .) have balance problems, that is are you unsteady on your feet?

- YES..... 1
- NO..... 2

BA-17e. (When you think you might fall, do you . . .) have the feeling that your legs are giving out on you?

- YES..... 1
- NO..... 2

BA-17f. When you think you might fall, do you think it is due to problems seeing well?

- YES..... 1
- NO..... 2

BA-18. Do you ever limit your activities, for example, what you do or where you go, because you are afraid of falling?

- YES..... 1
- NO..... 2 (NEXT SECTION)
- REFUSED..... -7 (NEXT SECTION)
- DON'T KNOW..... -8 (NEXT SECTION)

BA-19. Do you limit your activities because of a fear of falling...

- Rarely..... 1
- Some of the time..... 2
- Most of the time, or..... 3
- All of the time?..... 4
- REFUSED..... -7
- DON'T KNOW..... -8

SECTION SE: SEEING AND HEARING

SE-1. Do you have glasses or contact lenses?

- YES..... 1
- NO..... 2 (SE-3)
- REFUSED..... 7 (SE-3)
- DON'T KNOW..... 8 (SE-3)

SE-2. Do you wear them...

Most of the time.....	1
Sometimes.....	2
For special reasons, such as reading or driving, or....	3
Never?.....	4
REFUSED.....	-7
DON'T KNOW.....	-8

SE-3. Can you see well enough (,with glasses if needed,) to drive?

YES.....	1
NO.....	2
DOESN'T DRIVE.....	3
REFUSED.....	-7
DON'T KNOW.....	-8

SE-4. Can you see well enough (,with glasses if needed,) to watch T.V.?

YES.....	1
NO.....	2
REFUSED.....	-7
DON'T KNOW.....	-8

SE-5. Can you see well enough (,with glasses if needed,) to recognize someone across the room?

YES.....	1
NO.....	2
REFUSED.....	-7
DON'T KNOW.....	-8

SE-6. Can you see well enough (,with glasses if needed,) to read the newspaper?

YES.....	1
NO.....	2
REFUSED.....	-7
DON'T KNOW.....	-8

SE-7. Do you ever have trouble with blurred vision?

YES.....	1
NO.....	2
REFUSED.....	-7
DON'T KNOW.....	-8

SE-8a. Has a doctor ever told you that you had glaucoma or suspected glaucoma?

YES.....	1
NO.....	2
REFUSED.....	-7
DON'T KNOW.....	-8

SE-8b. (Has a doctor ever told you that you had. . .) a cataract in one eye?

YES.....	1
NO.....	2
REFUSED.....	-7
DON'T KNOW.....	-8

SE-8c. (Has a doctor ever told you that you had. . .) cataracts in both eyes, at the same time?

YES.....	1
NO.....	2
REFUSED.....	-7
DON'T KNOW.....	-8

SE-8d. (Has a doctor ever told you that you had. . .) diabetic retinopathy or eye disease from diabetes?

YES.....	1
NO.....	2
REFUSED.....	-7
DON'T KNOW.....	-8

SE-8e. (Has a doctor ever told you that you had. . .) diseases of the retina?

YES.....	1
NO.....	2
REFUSED.....	-7
DON'T KNOW.....	-8

SE-8f. (Has a doctor ever told you that you had. . .) macular degeneration or age related maculopathy?

YES.....	1
NO.....	2
REFUSED.....	-7
DON'T KNOW.....	-8

SE-8g. (Has a doctor ever told you that you had. . .) an eye injury which permanently reduced your ability to see?

YES.....	1
NO.....	2
REFUSED.....	-7
DON'T KNOW.....	-8

SE-8h. (Has a doctor ever told you that you had. . .) double vision?

YES.....	1
NO.....	2
REFUSED.....	-7
DON'T KNOW.....	-8

SE-9. Do you use a hearing aid?

YES..... 1
NO..... 2
REFUSED..... -7
DON'T KNOW..... -8

SE-10. Can you hear well enough (,with a hearing aid if necessary,) to use the telephone?

YES..... 1
NO..... 2
REFUSED..... -7
DON'T KNOW..... -8

SE-11. Can you hear well enough (,with a hearing aid if necessary,) to carry on a conversation in a crowded room?

YES..... 1
NO..... 2
REFUSED..... -7
DON'T KNOW..... -8

SE-12. Do you have trouble hearing another person if there is a radio or TV playing in the same room?

YES..... 1
NO..... 2
REFUSED..... -7
DON'T KNOW..... -8

SE-13. Do you have difficulty hearing when someone speaks in a whisper?

YES..... 1
NO..... 2
REFUSED..... -7
DON'T KNOW..... -8

(SKIP: IF SE-9 = 2, AND SE-10 = 1, AND SE-11 = 1, AND SE-12 = 2, AND SE-13 = 2, THEN GO TO SE-19. OTHERWISE, GO TO SE-14.)

SE-14. Do people tend to leave you out of conversations because you don't hear well?

YES..... 1
NO..... 2
REFUSED..... -7
DON'T KNOW..... -8

SE-15. Does a hearing problem cause you to feel frustrated when talking to members of your family?

YES..... 1
NO..... 2
REFUSED..... -7
DON'T KNOW..... -8

SE-16. Does a hearing problem cause you to attend church, movies, concerts or other events less often than you would like?

YES..... 1
NO..... 2
REFUSED..... -7
DON'T KNOW..... -8

SE-17. Does a hearing problem cause you to have arguments with family members?

YES..... 1
NO..... 2
REFUSED..... -7
DON'T KNOW..... -8

SE-18. Does a hearing problem cause you difficulty when listening to television or the radio?

YES..... 1
NO..... 2
REFUSED..... -7
DON'T KNOW..... -8

SE-19. Do you feel that any difficulty with your hearing limits or hampers your personal or social life?

YES..... 1
NO..... 2
REFUSED..... -7
DON'T KNOW..... -8

SECTION DM: DEMOGRAPHICS

DMINTROA. Now I have some questions about the place where you live.

DM-1. Is it necessary to go up or down a step to get into this (house/apartment) from the outside?

YES..... 1
NO..... 2 (DM-3)
REFUSED..... -7 (DM-3)
DON'T KNOW..... -8 (DM-3)

DM-2. Is it more than one step?

YES..... 1
NO..... 2
REFUSED..... -7
DON'T KNOW..... -8

DM-3. Does this (house/apartment) have a bathroom, bedroom, and kitchen all on the same floor or level?

YES..... 1
NO..... 2
REFUSED..... -7
DON'T KNOW..... -8

DM-4. Because of a health or physical problem, do you need a bathroom, bedroom, and kitchen all on the same floor or level?

YES..... 1
NO..... 2
REFUSED..... -7
DON'T KNOW..... -8

DM-5. Does this (house/apartment) have a walk-in shower, that is, where you don't step over the side of the tub to get into the shower?

YES..... 1
NO..... 2
REFUSED..... -7
DON'T KNOW..... -8

DM-6. Because of a health or physical problem, do you need a walk-in shower?

YES..... 1
NO..... 2
REFUSED..... -7
DON'T KNOW..... -8

DM-7. How many rooms do you have in your (house/apartment)?

ROOMS

DM-8. Are there any rooms that you have stopped using because of your health or physical condition?

YES..... 1 (DM-8a)
NO..... 2 (DM-9)

DM-8a. How many?

ROOMS

DM-9. How many living children do you have including adopted children or children you have raised?

[ENTER "0" IF RESPONDENT SAYS NONE.]

CHILDREN

(SKIP: IF VARIABLE DEMO.PTMARSTA = 1 AND/OR ENUM.HHPREL = 02, THEN ASK DM10 AND DM10a. OTHERWISE, GO TO DMINTROB.)

DM-10. Would you say that, in general, your husband's health is . . .

Excellent..... 1
Good..... 2
Fair, or..... 3
Poor?..... 4
REFUSED..... -7
DON'T KNOW..... -8

DM-10a. In the past six months, has your husband's health . . .

Improved..... 1
Stayed the same, or..... 2
Gotten worse?..... 3
REFUSED..... -7
DON'T KNOW..... -8

DMINTROB. I am going to ask a few questions about sources of income because it is important to know how well public and private programs for older people provide the resources people need as they are aging.

DM-11. Do you (or your husband) receive monthly Social Security or Railroad Retirement payments? (READ IF NECESSARY: Social Security checks are either automatically deposited in the bank or mailed to arrive on the 3rd of every month. If mailed, they are sent in a gold colored envelope.)

YES..... 1
NO..... 2
REFUSED..... -7
DON'T KNOW..... -8

DM-12. Do you (or your husband) receive retirement payments from former employment, for example private pensions from employers or unions, or Federal or State government retirement plans?

YES..... 1
NO..... 2
REFUSED..... -7
DON'T KNOW..... -8

DM-13. Do you (or your husband) have income from a current job or business?

YES..... 1
NO..... 2
REFUSED..... -7
DON'T KNOW..... -8

DM-14. Do you (or your husband) receive income from Supplemental Security Income or SSI? (READ IF NECESSARY: Federal SSI checks are either automatically deposited in the bank or mailed to arrive on the 1st of every month. If mailed, they are sent in a blue colored envelope.)

YES..... 1
 NO..... 2
 REFUSED..... -7
 DON'T KNOW..... -8

DM-15. Do you (or your husband) receive food stamps?

YES..... 1
 NO..... 2
 REFUSED..... -7
 DON'T KNOW..... -8

DM-16. Do you (or your husband) receive income from stocks or mutual funds or income from rental property, royalties, estates or trusts?

YES..... 1
 NO..... 2
 REFUSED..... -7
 DON'T KNOW..... -8

DM-17. Do you (or your husband) receive any regular cash income from your children?

YES..... 1
 NO..... 2
 REFUSED..... -7
 DON'T KNOW..... -8

DM-18a. How often does it happen that you (and your husband) do not have enough money to afford the kind of food you (and your husband) should have? Would you say never, once in a while, fairly often or very often?

NEVER..... 1
 ONCE IN A WHILE..... 2
 FAIRLY OFTEN..... 3
 VERY OFTEN..... 4
 REFUSED..... -7
 DON'T KNOW..... -8

DM-18b. How often does it happen that you (and your husband) do not have enough money to afford the kind of medical care you (and your husband) should have? Would you say never, once in a while, fairly often or very often?

NEVER..... 1
 ONCE IN A WHILE..... 2
 FAIRLY OFTEN..... 3
 VERY OFTEN..... 4
 REFUSED..... -7
 DON'T KNOW..... -8

DM-18c. How often does it happen that you (and your husband) do not have enough money to afford meeting monthly payments on your bills? Would you say never, once in a while, fairly often or very often?

NEVER..... 1
 ONCE IN A WHILE..... 2
 FAIRLY OFTEN..... 3
 VERY OFTEN..... 4
 REFUSED..... -7
 DON'T KNOW..... -8

DM-19. In general, how do your finances usually work out at the end of the month? Do you find that you usually end up with some money left over, just enough to make ends meet, or not enough money to make ends meet?

SOME MONEY LEFT OVER..... 1
 JUST ENOUGH TO MAKE ENDS MEET..... 2
 NOT ENOUGH TO MAKE ENDS MEET..... 3
 REFUSED..... -7
 DON'T KNOW..... -8

DM-20. Have you ever done any work for pay?

YES..... 1
 NO..... 2 (DMINTROC)
 REFUSED..... -7 (DMINTROC)
 DON'T KNOW..... -8 (DMINTROC)

DM-21. When was the last time you worked for pay?

_____/_____
 MONTH YEAR

DMINTROC. Next, I have a few questions about your health insurance.

DMINTROD. Medicare is the Social Security health insurance program for people 65 years old or over. People covered by Medicare have a card that looks like this. Many people also have other coverage for health care.

[HAND SHOW CARD N TO RESPONDENT.]

DM-22. Are you covered by Maryland's Medical Assistance (MEDICAID) program? People with Medical Assistance usually have a card that looks like this.

[HAND SHOW CARD O TO RESPONDENT.]

YES..... 1
 NO..... 2
 REFUSED..... -7
 DON'T KNOW..... -8

DM-23. Are you covered by any other public assistance program that pays for medical care?

YES.....	1	
NO.....	2	(DM-25)
REFUSED.....	-7	(DM-25)
DON'T KNOW.....	-8	(DM-25)

DM-24. What is the name of that program?

DM-25. Not counting Medicare, Medical Assistance or the programs I just asked about, do you have any other health insurance or medical insurance that pays hospital or doctor bills?

YES.....	1	
NO.....	2	(DM-27)
REFUSED.....	-7	(DM-27)
DON'T KNOW.....	-8	(DM-27)

DM-26. Is that...

Maryland Blue Cross/Blue Shield, or.....	1	
Something else (SPECIFY)?.....	91	
REFUSED.....	-7	
DON'T KNOW.....	-8	

DM-27. Not counting Medicare or Medical Assistance, do you have any health insurance plan or medical insurance that pays for prescription medicines?

YES.....	1	
NO.....	2	
REFUSED.....	-7	
DON'T KNOW.....	-8	

SECTION CO: CONTACT AND PROXY INFORMATION

CO1. Next, I would like to verify your address. I have it listed as... [READ ADDRESS LISTED BELOW.] Is this correct?

YES.....	1	(CO3)
NO.....	2	(CO2)

CO2. What is your correct address?

[PRESS ENTER FOR FIELDS WITH NO CORRECTIONS.]

CO2A. What is your telephone number?

[ENTER "999" IN AREA CODE IF PERSON DOES NOT HAVE A PHONE.]

CO3. We will be contacting you in about 6 months to see how you are doing. In order to help us do that I would like the name of someone who could answer questions about your health if you were not available to do so. Please give me the name of someone in this area who would know the most about your health and health care.

PROXY NAME GIVEN.....	1	(CO4)
PROXY NAME <u>NOT</u> GIVEN.....	2	(CO6)
REFUSED.....	-7	(CO6)
DON'T KNOW.....	-8	(CO6)

CO4. Who is this person?

[ENTER ONLY ONE PERSON.]

BOX CO1: IF PERSON SELECTED OR ADDED AT CO4 IS A HOUSEHOLD MEMBER (PERS.PERSLIVE = 1), THEN COPY THE PARTICIPANT'S ADDRESS TO THE PROXY'S ADDRESS FIELDS, THEN GO TO CO6. OTHERWISE, GO TO CO5.

CO5. What is (CO4 PERSON NAME)'s address and phone number?

[ENTER "999" IN AREA CODE IF PERSON DOES NOT HAVE A PHONE.]

CO6. I would also like the name, address, and telephone number of two relatives or close friends who would know where to reach you in case we have trouble getting in touch with you. Please give me the name of someone who is not living with you.

CONTACT NAME GIVEN.....	1	(CO7)
CONTACT NAME <u>NOT</u> GIVEN.....	2	(CO12)
REFUSED.....	-7	(CO12)
DON'T KNOW.....	-8	(CO12)

CO7. (Please give me the name of a relative or close friend, not living with you, who would know where you would be.)

[ENTER ONLY ONE CONTACT.]

CO8. Please give me an address and phone number for contacting (CO7 PERSON NAME).

[ENTER "999" IN AREA CODE IF PERSON DOES NOT HAVE A PHONE.]

CO9. Please give me another name, address, and telephone number of a relative or close friend who would know where to reach you in case we have trouble getting in touch with you. Again, please give me the name of someone who is not living with you.

CONTACT NAME GIVEN.....	1	(CO10)
CONTACT NAME <u>NOT</u> GIVEN.....	2	(CO12)
REFUSED.....	-7	(CO12)
DON'T KNOW.....	-8	(CO12)

CO10. (Please give me the name of a relative or close friend, not living with you, who would know where you would be.)

[ENTER ONLY ONE CONTACT.]

CO11. Please give me an address and phone number for contacting (CO10 PERSON NAME).

[ENTER "999" IN AREA CODE IF PERSON DOES NOT HAVE A PHONE.]

CO12. That's all the questions that I have. Before I leave I would like to make an appointment with you for the nurse who will be conducting the physical examination in your home. I would like to remind you that the examination is absolutely free, and that you will receive \$15 for participating. What times would be convenient for you? [RECORD ON RECORD OF CALLS. CALL 532-2250. OBTAIN APPOINTMENT TIME. COMPLETE APPOINTMENT FORM.]

Thank you very much for your time. Here is your \$15 for completing this interview. Please sign this form indicating that you have received the \$15.

CO12a. Let's stop here for today. But, before I leave, I want to make an appointment with you to complete this interview. Would (DATE and TIME) be convenient for you?
Thank you. I'll see you next (DATE and TIME scheduled).

BOX CO4: IF MINI-MENTAL TOTAL SCORE IS 24 OR MORE AND BASE.PTAGE = 70 - 79, THEN GO TO CO12b. OTHERWISE, GO TO CO13.

CO12b. You have been selected to participate in our study. You represent thousands of women and the information which you give us will help the National Institutes of Health and Johns Hopkins University learn about the health conditions and needs of women like yourself. Therefore, your participation is very important.

Before we proceed further, I would like you to sign this consent form which will confirm that you have agreed to go to the Johns Hopkins Functional Status Laboratory for an interview and physical examination and that you give us permission to examine your medical records. Please take a moment to read the form.

[READ WHAS II CONSENT FORM ALOUD.]

CO12c. Before I leave I would like to make an appointment for you to go to the Johns Hopkins Functional Status Laboratory for an interview and a free evaluation of some aspects of your health as well as your ability to perform daily activities. We will help make this visit as convenient as possible by providing transportation and lunch for you.

[COMPLETE WHAS II RECRUITMENT FORM.]

CO13. Those are all the questions that I have today. Based on your answers to these questions, we now have all of the data that we need. Thank you for your participation in this important study. Please remember that everything you have told me today will be kept in confidence.

BOX C06: IF MRND.MRNDRLT = 51 AND HEBA.GENHELTH = 1, 2, OR 3, AND HRND.SCRMOCR, SCRANGNA, SCRCHF, SCRHP, SCRHTDS, SCRDIABS, SCRARTHS, SCRSTROK, SRCANCER, SCRFXHIP, SCRPRKNS, AND DTLNGDS = 2, -7, OR -8, AND BASE.PTRACE = 2, AND DEMO.PTHIGRAD = 10 - 18, THEN GO TO CO14. OTHERWISE, GO TO BOX C07.

CO14. [INTERVIEWER: IF THE PARTICIPANT HAS NO SEVERE HEARING OR VISUAL IMPAIRMENT, SHE MAY BE ELIGIBLE FOR PARTICIPATION IN THE BALTIMORE LONGITUDINAL STUDY ON AGING. IF SHE HAS NO SEVERE HEARING OR VISUAL IMPAIRMENT, READ THE FOLLOWING. OTHERWISE, PRESS ENTER TO CONTINUE.]

While you are not eligible for our study, you may be eligible for the Baltimore Longitudinal Study on Aging. If you are interested in finding out more about that study, I can give you some information.

[INTERVIEWER: IF SHE IS INTERESTED, GIVE HER THE INFORMATION, AND INDICATE THAT YOU DID SO ON THE CALL RECORD.]

BOX C07. CASES CODED INELIGIBLE. GO TO FINSCRM.

SECTION IC: INTERVIEWER COMMENTS

IC1. TYPE OF LIVING QUARTERS:

DETACHED SINGLE-FAMILY HOUSE.....	1
DETACHED TWO-FOUR FAMILY HOUSE OR APARTMENT.....	2
SEMI-DETACHED ROW HOUSE, TOWN HOUSE (2 OR MORE UNITS IN A ROW).....	3
APARTMENT HOUSE (5 OR MORE UNITS).....	4
APARTMENT IN A PARTIALLY COMMERCIAL STRUCTURE.....	5
TRAILER.....	6
RETIREMENT COMMUNITY OR APARTMENTS.....	7
OTHER (SPECIFY).....	91
DON'T KNOW.....	-8

IC2. WAS THE INTERVIEW COMPLETED?

YES, WITH LITTLE OR NO MISSING INFORMATION.....	1	(IC3)
YES, BUT A CONSIDERABLE AMOUNT OF INFORMATION WAS NOT OBTAINED.....	2	(IC2a)
NO, TERMINATED.....	3	(IC2a)
DON'T KNOW.....	-8	(IC3)

IC2a. INTERVIEWER: EXPLAIN REASONS FOR REFUSALS OR NON-RESPONSE BELOW.

IC3. WAS ANYONE ELSE PRESENT DURING THE INTERVIEW?

YES.....	1	
NO.....	2	(IC4)

IC3a. [INTERVIEWER: ENTER THE NAME OF THE PERSON WHO WAS PRESENT DURING THIS INTERVIEW.]

[ENTER ONLY ONE PERSON.]

IC3b. DID THIS OTHER PERSON ANSWER OR ASSIST IN ANSWERING ANY OF THE QUESTIONS?

YES.....	1	
NO.....	2	(IC4)
DON'T KNOW.....	-8	(IC4)

IC3c. HOW WERE QUESTIONS ANSWERED: [USE CODES BELOW.]

aa. SCREENER.....	()
a. HEALTH HABITS.....	()
b. ARTHRITIS.....	()
c. HEART DISEASE AND DIABETES.....	()
d. DAILY ACTIVITIES.....	()
e. EXERCISE TOLERANCE.....	()
f. LIFE SATISFACTION.....	()
g. PULMONARY.....	()
h. NEUROLOGIC.....	()
i. CANCER.....	()
j. ACTIVITIES.....	()
k. GDS.....	()
l. BALANCE/FALLS.....	()
m. SEEING AND HEARING.....	()
n. DEMOGRAPHICS.....	()
o. CONTACT AND PROXY INFORMATION.....	()
RESPONDENT ONLY.....	1
RESPONDENT AND OTHER PERSON.....	2
OTHER PERSON ONLY.....	3

IC3d. IN YOUR JUDGMENT, DID THE OTHER PERSON HELP OR HINDER THE INTERVIEW. DESCRIBE BELOW.

IC4. OBSERVED PHYSICAL DIFFICULTIES: [CODE ALL THAT APPLY.]

0	NO PHYSICAL DIFFICULTIES OBSERVED.....	()
1	HEARING IMPAIRMENT.....	()
2	VISUAL IMPAIRMENT.....	()
3	WHEELCHAIR.....	()
4	USE CANE, CRUTCHES, WALKER.....	()
5	WALKING DIFFICULTIES.....	()
6	CRIPPLED HANDS OR LEGS.....	()
7	COUGHS CONTINUALLY.....	()
8	SHORTNESS OF BREATH.....	()
9	SKIN PROBLEMS.....	()
10	SPEECH PROBLEMS - NOT LANGUAGE.....	()
91	OTHER PHYSICAL PROBLEMS (SPECIFY).....	()

IC5. LANGUAGE

NO PROBLEM DURING INTERVIEW.....	1	(END)
SOME DIFFICULTY.....	2	
GREAT DIFFICULTY DURING INTERVIEW.....	3	
DON'T KNOW.....	-8	

IC5a. WHAT LANGUAGE DOES R SPEAK?

ENGLISH.....	1
SPANISH.....	2
OTHER (SPECIFY).....	91

CARD GREEN

ARTHRITIS OR JOINT PAIN OF HANDS, ARMS OR SHOULDERS.....	1
ARTHRITIS OR JOINT PAIN OF HIPS, KNEES OR FEET.....	2
BACK PAIN.....	3
BALANCE PROBLEMS/UNSTEADINESS ON FEET.....	4
CANCER.....	5
DIABETES.....	6
EMOTIONAL OR PSYCHOLOGICAL PROBLEMS.....	7
HEARING PROBLEMS.....	8
HEART DISEASE (CHEST PAIN, CONGESTIVE HEART FAILURE, ETC.)...	9
HIGH BLOOD PRESSURE.....	10
HIP FRACTURE.....	11
INJURY.....	12
LUNG DISEASE (EMPHYSEMA, ASTHMA, CHRONIC BRONCHITIS, ETC.)	13
MEMORY PROBLEMS OR CONFUSION.....	14
PARKINSON'S DISEASE.....	15
POOR CIRCULATION IN LEGS.....	16
STROKE.....	17
VISION PROBLEMS.....	18
WEAKNESS/NO SPECIFIC DISEASE.....	19
OLD AGE (PROBE).....	20
SOME OTHER PROBLEM OR CONDITION (SPECIFY).....	91

CARD PINK

Less than 3 months ago.....	1
3 to 6 months ago.....	2
6 months to 1 year ago,..	3
1 to 3 years ago.....	4
3 to 5 years ago.....	5
5 to 10 years ago.....	6
10 to 15 years ago.....	7
15 to 20 years ago, or.....	8
More than 20 years ago?.....	9
REFUSED.....	-7
DONT KNOW.....	-8

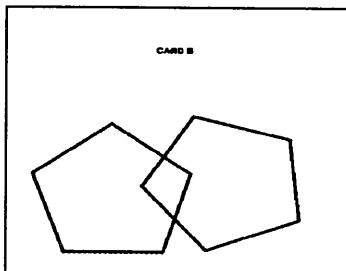
CARD BLUE

A little difficulty.....	1
Some difficulty.....	2
A lot of difficulty, or.....	3
Are you unable to do it?.....	4
REFUSED.....	-7
DONT KNOW.....	-8

CARD A

CLOSE YOUR EYES

CARD B



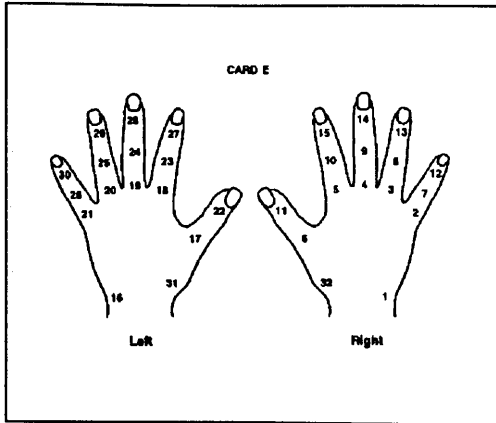
CARD C

A.	Less than \$3,000.....	1
B.	\$3,000 - 5,999.....	2
C.	\$6,000 - 7,999.....	3
D.	\$8,000 - 9,999.....	4
E.	\$10,000 - 14,999.....	5
F.	\$15,000 - 24,999.....	6
G.	\$25,000 - 34,999.....	7
H.	\$35,000 - 49,999.....	8
I.	\$50,000 or more.....	9

CARD D

OVER-THE-COUNTER MEDICATIONS	
Aspirin	Cold medicine
Tylenol	Cough medicine
Bufferin	Sleep medicine
Anacin	Antacids
Headache pills	Stomach medicine
Pain killers	Vitamins
Laxatives	Ointments or salves
Bowel medicine	Eye Drops
	Any other medicine from the drug store

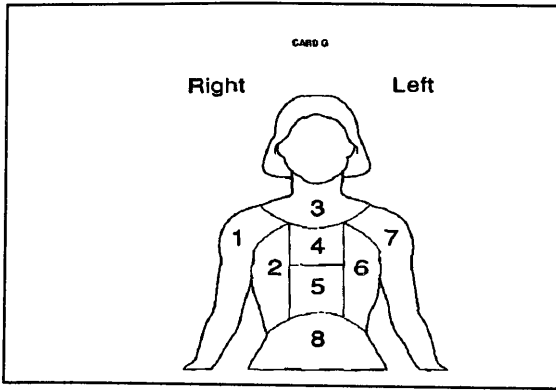
CARD E



CARD F

0	1	2	3	4	5	6	7	8	9	10
←----->										
NONE					SEVERE/EXCRUCIATING AS BAD AS YOU CAN IMAGINE					

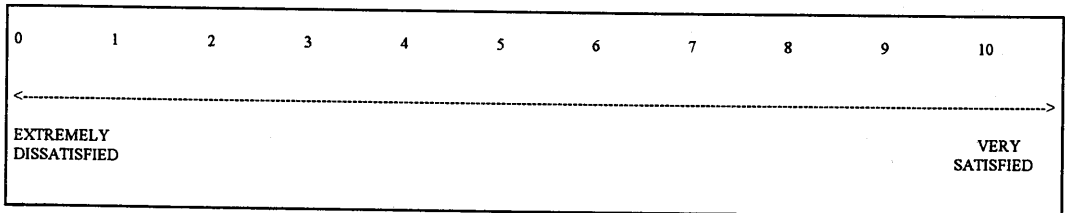
CARD G



CARD H

MORE THAN ONCE A DAY.....	1
ONCE A DAY.....	2
4-6 TIMES A WEEK.....	3
2 OR 3 TIMES A WEEK.....	4
ABOUT ONCE A WEEK.....	5
LESS THAN ONCE A WEEK.....	6
REFUSED.....	-7
DONT KNOW.....	-8

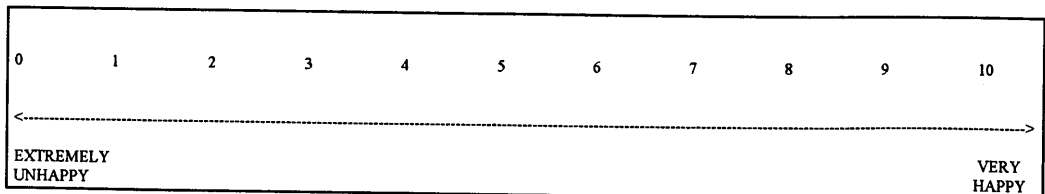
CARD I



CARD I₁

VERY DISSATISFIED	=	0
SOMEWHAT DISSATISFIED	=	1 OR 2
A LITTLE DISSATISFIED	=	3 OR 4
NEITHER SATISFIED OR DISSATISFIED	=	5
A LITTLE SATISFIED	=	6 OR 7
SOMEWHAT SATISFIED	=	8 OR 9
VERY SATISFIED	=	10

CARD J



CARD J,

VERY UNHAPPY	=	0
SOMEWHAT UNHAPPY	=	1 OR 2
A LITTLE UNHAPPY	=	3 OR 4
NEITHER HAPPY OR UNHAPPY	=	5
A LITTLE HAPPY	=	6 OR 7
SOMEWHAT HAPPY	=	8 OR 9
VERY HAPPY	=	10

CARD K

0	1	2	3	4	5	6	7	8	9	10
←----->										
NO ENERGY										THE MOST ENERGY EVER

CARD L

0	1	2	3	4	5	6	7	8	9	10
←----->										
VERY POOR										VERY WELL

CARD M

ALWAYS
VERY OFTEN
OFTEN
SOMETIMES
NEVER

CARD N

SAMPLE MEDICARE CARD

CARD O

SAMPLE MEDICAID CARD