C. HEALTH STATUS AND FUNCTIONING

C1.   Now I would like to ask about (SP's) health. In general, would
       you say that (SP's) health is . . .

                              excellent,............. 1
                              very good,............. 2
                              good,.................. 3
                              fair, or.............. 4
                              poor?................. 5

                                                        GENHELTH

C2.   How much of the time during the <u>past month</u> has (SP's) health
       limited (his/her) social activities, like visiting with friends or
       close relatives? Would you say . . .

                              None of the time....... 1
                              Some of the time,...... 2
                              Most of the time, or... 3
                              All of the time?....... 4

                                                        FACLMTAC

C3.   Does (SP) wear eyeglasses or contact lenses?

                              Yes.................... 1 (C4)
                              No..................... 2 (C4)
                              BLIND.................. 3 (C5)

                                                        ECHELP

C4.   Which statement best describes (SP's) vision (wearing glasses or
       contact lenses) -- no trouble seeing, a little trouble, or a lot
       of trouble?

                              No trouble............. 1
                              Little trouble......... 2
                              Lot of trouble......... 3

                                                        ECTROUB

C5.   Has (SP) ever had an operation for cataracts?

                              Yes.................... 1
                              No..................... 2

                                                        ECCATOP

C6.   Does (SP) use a hearing aid?

                              Yes.................... 1 (C6)
                              No..................... 2 (C6)
                              DEAF.................. 3 (C7)

                                                        HCHELP

C7.   Which statement best describes (SP's) hearing (with a hearing aid)
      - no trouble hearing, a little trouble, or a lot of trouble?

                         No trouble hearing........... 1
                         A little trouble hearing..... 2
                         A lot of trouble hearing..... 3

                                                              HCTROUB
C8.   Does (SP) ever have difficulty eating solid foods because of
      problems with (his/her) mouth or teeth?

                         Yes.................... 1
                         No..................... 2
                                                              DCTROUB

C9.   How tall is (SP)?

                                                              HEIGHTFT
      _____   _____   **HEIGHTIN**
          FEET   INCHES

C10. How much does (SP) weigh?   **WEIGHT**

            _____
                 LBS

+--+
¦ BOX C1 ¦ IF SP IS FEMALE: GO TO C10.   ¦
¦   ¦ IF SP IS MALE: GO TO C13.   ¦
+--+

C11. Has (SP) had a mammogram or a breast X-ray in the last year, that
      is, since (TODAY'S DATE) a year ago?

                         Yes.................... 1   **MAMMOGRM**

                         No..................... 2

C12. Has (SP) had a Pap smear in the last year?   **PAPSMEAR**

                         Yes.................... 1 (C13)
                         No..................... 2

C13. Has (SP) ever had a hysterectomy?   **HYSTEREC**

                         Yes.................... 1
                         No..................... 2

C14. The next two questions are about shots people take to prevent certain illnesses. Did (SP) have a flu shot for last winter?

   [EXPLAIN IF NECESSARY: DID (SP) GET A FLU SHOT ANY TIME DURING THE PERIOD FROM SEPTEMBER 1990 THROUGH JANUARY 1991?**]**

                            Yes..................... 1   **FLUSHOT**
                            No...................... 2

C15. Has (SP) ever had a shot for pneumonia?

                            Yes.................... 1   **PNEUSHOT**
                            No.................... 2

C16. Has (SP) ever smoked cigarettes, cigars or pipe tobacco? **EVERSMOK**

                            Yes.................... 1 (C17)
                            No.................... 2 (INTRODUCTION
                                                        ABOVE C18)

C17. Does (SP) smoke now?   **SMOKNOW**

                            Yes.................... 1
                            No.................... 2

Now, I'm going to ask about how difficult it is, on the average, for (SP) to do certain kinds of activities. Please tell me for each activity whether (SP) has no difficulty at all, a little difficulty, some difficulty, a lot of difficulty, or is not able to do it.

C18. How much difficulty, if any, does (SP) have stooping, crouching, or kneeling? Would you say (SP) has no difficulty at all, a little difficulty, some difficulty, a lot of difficulty, or is not able to do it?

                                                          DIFSTOOP

    +--------+   No difficulty at all... 1
    | SHOW | A little difficulty.... 2
    | CARD | Some difficulty........ 3
    | C1 | A lot of difficulty.... 4
    +--------+   Not able to do it...... 5

C19. How much difficulty, if any, does (SP) have lifting or carrying objects as heavy as 10 pounds, like a sack of potatoes? Would you say (SP) has no difficulty at all, a little difficulty, a lot of difficulty, or is not able to do it?

DIFLIFT

```
+--------+              No difficulty at all... 1
¦  SHOW  |              A little difficulty.... 2
¦  CARD  |              Some difficulty....... 3
¦   C1   |              A lot of difficulty.... 4
+--------+              Not able to do it...... 5
```

C20. What about reaching or extending arms above shoulder level?

```
+--------+              No difficulty at all... 1        **DIFREACH**
¦  SHOW  |              A little difficulty.... 2
¦  CARD  |              Some difficulty....... 3
¦   C1   |              A lot of difficulty.... 4
+--------+              Not able to do it...... 5
```

C21. How much difficulty, if any, does (SP) have either writing or handling and grasping small objects? Would you say (SP) has no difficulty at all, a little difficulty, some difficulty, a lot of difficulty, or is not able to do it?

DIFWRITE

```
+--------+              No difficulty at all... 1
¦  SHOW  |              A little difficulty.... 2
¦  CARD  |              Some difficulty....... 3
¦   C1   |              A lot of difficulty.... 4
+--------+              Not able to do it...... 5
```

C22. What about walking a quarter of a mile -- that is, about 2 or 3 blocks?

DIFWALK

```
+--------+              No difficulty at all... 1
¦  SHOW  |              A little difficulty.... 2
¦  CARD  |              Some difficulty....... 3
¦   C1   |              A lot of difficulty.... 4
+--------+              Not able to do it...... 5
```

C23. Next, I'm going to read a list of medical conditions. Please tell me if a doctor ever told (SP) that (he/she) had any of these conditions.

a. Hardening of the arteries or arteriosclerosis?   **OCARTERY**

```
    Yes.......................... 1
    No........................... 2
```

b. Hypertension, sometimes called high blood pressure?   **OCHBP**

    Yes......................... 1
    No.......................... 2

c. Has a doctor ever told (SP) that (s/he) had a myocardial
   infarction or a heart attack ?   **OCMYOCAR**

    Yes......................... 1
    No.......................... 2

d. What about angina pectoris or coronary heart disease?
                                                          OCCHD
    Yes......................... 1
    No.......................... 2

e. What about other heart conditions such as congestive heart
   failure, problems with the valves in the heart , or problems
   with the rhythm of (SP's) heartbeat?   **OCOTHART**

    Yes......................... 1
    No.......................... 2

f. A stroke, a brain hemorrhage, or a cerebrovascular accident?
                                                          OCSTROKE
    Yes......................... 1
    No.......................... 2

g. Skin cancer?
                                                          OCCSKIN
    Yes......................... 1
    No.......................... 2

h. Any other kind of cancer, malignancy, or tumor?   **OCCANCER**
    Yes......................... 1 (i)
    No.......................... 2 (j)

i. On what part or parts of (SP's) body was the cancer or tumor
   found?   **OCCLUNG   OCCOVARY   OCCFONEC**
                                        OCCOLON   OCCKIDNY   OCCOTHER
   CIRCLE ALL THAT APPLY.   **OCCBREST OCCBRAIN**
                                        OCCUTER OCCTHROA
   Lung........................ 1   **OCCPROST OCCBACK**
   Colon, rectum, or bowel...... 2   **OCCCERVX OCCSTOM**
   Breast...................... 3   **OCCBLAD   OCCHEAD**
   Other SPECIFY.............. 91   **OCCOS**

j. Has a doctor ever told (SP) that (he/she) had diabetes, high
   blood sugar, or sugar in (his/her) urine?

    Yes......................... 1   **OCDIABTS**
    No.......................... 2

17

k. Rheumatoid arthritis?

    Yes......................... 1   **OCARTHRH**
    No.......................... 2

l. Arthritis, other than rheumatoid arthritis?

                                          OCARTH

[EXPLAIN, IF NECESSARY: THIS INCLUDES OSTEOARTHRITIS.]

    Yes......................... 1 (m)
    No.......................... 2 (n)

m. What part or parts of (SP's) body have been affected by
    arthritis?

    CIRCLE ALL THAT APPLY.   **OCAARM**
                                         OCAFEET
    Arms, shoulders or hands..... 1   **OCABACK**
    Hips, knees, feet OR ANYWHERE   **OCAALOVR**
                                           OCANECK
     ON LEGS.................... 2   **OCAOTHER**
    Back........................ 3   **OCAOS**
    Other SPECIFY...............91

n. Has a physician ever told (SP) that (he/she) had mental
    retardation?
                                            OCMENTAL
    Yes......................... 1
    No.......................... 2

o. Alzheimer's disease or dementia?
                                              OCALZHMR
    Yes......................... 1
    No.......................... 2

p. Has a physician ever told (SP) that (he/she) had any mental or
    psychiatric disorder?
                                             OCPSYCH
    Yes......................... 1
    No.......................... 2

q. Osteoporosis, sometimes called fragile or soft bones?
                                             OCOSTEOP
    Yes......................... 1
    No.......................... 2

r. A broken hip?   **OCBRKHIP**

    Yes......................... 1
    No.......................... 2

s. Parkinson's disease?

OCPARKIN

```
Yes......................... 1
No.......................... 2
```

t. Emphysema, asthma or COPD?

OCEMPHYS

[COPD = CARDIOPULMONARY DISEASE]

```
Yes......................... 1
No.......................... 2
```

u. Has (SP) ever had complete or partial paralysis?   **OCPPARAL**

```
Yes......................... 1
No.......................... 2
```

IF SP IS OBVIOUSLY MISSING ONE OR MORE LIMBS, CODE YES AND DO NOT
ASK C23v:

v. What about absence or loss of an arm or leg?   **OCAMPUTE**

```
Yes......................... 1
No.......................... 2
```

```
+------------------------------------------------------------------------+
¦ BOX C2 ¦ IF SP IS 65 OR OLDER, GO TO INTRODUCTION ABOVE C27.           ¦
¦        ¦ IF SP IS UNDER 65, CONTINUE.                                  ¦
+------------------------------------------------------------------------+
```

C24.   You told me that (SP) has had **(medical conditions to which
respondent answered YES in C23a thru v)**. (Was this/Were any of
these) the original cause of (SP's) becoming eligible for
Medicare?

EMCOND

```
Yes......................... 1  BOX C3
No.......................... 2  (C25)
```

C25.   What was the original cause of (SP's) becoming eligible for
Medicare? RECORD VERBATIM.

_____**EMCAUSE1**

_____**EMCAUSE2**

                                                              EMCAUSE3
_____ GO TO C27.

```
+------------------------------------------------------------------------+
¦ BOX C3 ¦ IF MORE THAN ONE CONDITION MENTIONED, ASK C26.                ¦
¦        ¦ IF ONLY ONE CONDITION MENTIONED, GO TO INTRODUCTION ABOVE     ¦
¦        ¦ C27.                                                          ¦
+------------------------------------------------------------------------+
```

C26. Which of these conditions was the cause of (SP) becoming eligible
      for Medicare?
      MORE THAN ONE CONDITION MAY BE MENTIONED. RECORD VERBATIM.

      _____**EMCAUSC1**
      _____**EMCAUSC2**
                                                                        EMCAUSC3
      _____ GO TO INTRODUCTION ABOVE C27.

Instrumental Activities of Daily Living (IADL's)

Now I'm going to ask about some everyday activities and whether (SP) has any difficulty ~~doing them by (himself/herself)~~.

	(1)	(2)	(3)
C27. Because of a health or physical problem, (do you/does SP) have	using the telephone? **PRBTELE**	shopping for personal items (such as toilet items or medicines)?	managing money (like keeping track of expenses or paying bills)?

PRBTELE	PRBSHOP	PRBBILS
Yes.............. 1 ¦(NEXT	Yes.............. 1 ¦(NEXT	Yes.............. 1 ¦ ¦ BOX ¦
No............... 2 ¦ACTIV.)	No............... 2 ¦ACTIV.)	No............... 2 ¦ ¦ C4 ¦
DOESN'T DO....... 3 (C28)	DOESN'T DO....... 3 (C28)	DOESN'T DO....... 3 (C28)

DONTTELE	DONTSHOP	DONTBILS
C28. Is this because of a ~~health~~ or ~~physical~~ problem?		
Yes.............. 1 ¦(NEXT	Yes.............. 1 ¦(NEXT	Yes.............. 1 ¦ ¦ BOX ¦
No............... 2 ¦ACTIV.)	No............... 2 ¦ACTIV.)	No............... 2 ¦ ¦ C4 ¦

+--+
¦ BOX ¦   ASK C29 FOR EACH "YES" IN C27 OR C28. IF NO "YES" ANSWERS, GO TO INTRODUCTION ABOVE C30.   ¦
¦ C4 ¦   ¦
+--+

HELPTELE	HELPSHOP	HELPBILS
C29. (Do you/Does SP) receive help from another person in (IADL)?		
Yes.............. 1 (C30)	Yes.............. 1 (C30)	Yes.............. 1 (C30)
No............... 2 (NEXT ACTIV. CODED YES)	No............... 2 (NEXT ACTIV. CODED YES)	No............... 2 (C30)

Institutional

<div align="center">**ACTIVITIES OF DAILY LIVING (ADLs)**</div>

Now I'll ask about some other everyday activities. I'd like to know whether (you have/SP has) any difficulty doing each one by ~~(yourself/himself/herself)~~ and without special equipment.

C30. Because of a health or physical problem, (do you/does SP) have ~~any~~ difficulty...	**HPPDBATH** (1) bathing or showering?	**HPPDDRES** (2) dressing?	**HPPDEAT** (3) eating?	**HPPDCHAR** (4) getting in or out of bed of chairs?	**HPPDWALK** (5) walking?	**HPPDTOIL** (6) using the toilet?
	Yes....... 1 ¦ No........ 2 ¦(NEXT DOESN'T ¦ACTIV.) DO....... 3 ¦	Yes....... 1 ¦ No........ 2 ¦(NEXT DOESN'T ¦ACTIV.) DO....... 3 ¦	Yes....... 1 ¦ No........ 2 ¦(NEXT DOESN'T ¦ACTIV.) DO....... 3 ¦	Yes....... 1 ¦ No........ 2 ¦(NEXT DOESN'T ¦ACTIV.) DO....... 3 ¦	Yes....... 1 ¦ No........ 2 ¦(NEXT DOESN'T ¦ACTIV.) DO....... 3 ¦	Yes....... 1 ¦+-----+ No........ 2 ¦¦ BOX ¦ DOESN'T ¦¦ C5 ¦ DO....... 3 ¦+-----+

```
+---------------------------------------------------------------------------------------------------------------------------+
¦ BOX ¦        ASK C31-C33 AS APPROPRIATE FOR EACH ADL CODED "YES" OR "DOESN'T DO" IN C30.  IF NO "YES" OR "DOESN'T DO" IN C30, SKIP TO C34.   ¦
¦ C5  ¦
+---------------------------------------------------------------------------------------------------------------------------
```

	HELPBATH	**HELPDRES**	**HELPEAT**	**HELPOHAR**	**HELPWALK**	**HELPTOIL**
C31. Does (SP) receive help from another person in (ADL)?	Yes....... 1 (C33) No........ 2 (C32)	Yes....... 1 (C33) No........ 2 (C32)	Yes....... 1 (C33) No........ 2 (C32)	Yes....... 1 (C33) No........ 2 (C32)	Yes....... 1 (C33) No........ 2 (C32)	Yes....... 1 (C33) No........ 2 (C32)
	PCHKBATH	**PCHKDRES**	**PCHKEAT**	**PCHKCHAR**	**PCHKWALK**	**PCHKTOIL**
C32. Does someone usually stay nearby just in case (SP) needs help (that is, does someone usually stay or come into the room to check on (SP)?	Yes....... 1 No........ 2	Yes....... 1 No........ 2	Yes....... 1 No........ 2	Yes....... 1 No........ 2	Yes....... 1 No........ 2	Yes....... 1 No........ 2
	EQUIPBATH	**EQIPDRES**	**EQIPEAT**	**EQIPCHAR**	**EQIPWALK**	**EQIPTOIL**
C33. Does (SP) use special equipment or aids to help (him/her) in (ADL)?	Yes....... 1 No........ 2	Yes....... 1 No........ 2	Yes....... 1 No........ 2	Yes....... 1 No........ 2	Yes....... 1 No........ 2	Yes....... 1 No........ 2

C34. I'd like to ask about a health problem that is more common than people think. (SHOW CARD C2.) Please look at this card and tell me how often, if at all, (SP) lost urine beyond (his/her) control during the past 12 months.

```
                             More than once a week.. 1
   +--------+                About once a week...... 2
   | SHOW   |                2-3 times a month...... 3
   | CARD   |                About once a month..... 4
   |  C2    |                Every 2-3 months....... 5
   +--------+                Once or twice a year... 6
                             Not at all............. 7      LOSTURIN

              +----------------------------------+
              ¦ GO TO SECTION D, HEALTH INSURANCE ¦
              +----------------------------------+
```