

MAIN STUDY - ROUND 1
 COMMUNITY COMPONENT
 HS. HEALTH STATUS AND FUNCTIONING

HS1. Now, I would like to ask you about (your/SP's) health. In general, compared to other people (your/SP's) age, would you say that (your/his/her) health is . . .

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

NOTE TO PROGRAMMER: HS2 TO BE ASKED FOR SP AND PROXY RESPONDENTS.

HS2. How much of the time during the past month has (your/SP's) health limited (your/SP's) social activities, like visiting with friends or close relatives? Would you say . . .

HELMTACT	None of the time	1
	Some of the time	2
	Most of the time	3
	All of the time	4

HS3. (Do you/Does SP) wear eyeglasses or contact lenses?

EHELP	YES	1 (HS4)
	NO	2 (HS4)
	SP IS BLIND	3 (HS6)
	DON'T KNOW	-8 (HS6)

HS4. Which statement best describes (your/SP's) vision (wearing glasses or contact lenses) -- no trouble seeing, a little trouble, or a lot of trouble?

ECTROUB	NO TROUBLE SEEING	1
	A LITTLE TROUBLE SEEING	2
	A LOT OF TROUBLE SEEING	3

HS5. (Have you/Has SP) ever had an operation for cataracts?

ECCATOP	YES	1
	NO	2

HEALTH STATUS AND FUNCTIONING (HS)

Household (Round 1 Main)

HS6. (Do you/Does SP) use a hearing aid?

- HCHelp** YES 1 (HS7)
 NO 2 (HS7)
 SP IS DEAF 3 (HS8)
 DON'T KNOW -8 (HS8)

HS7. Which statement best describes (your/SP's) hearing (with a hearing aid) -- no trouble hearing, a little trouble, or a lot of trouble?

- HCTroub** NO TROUBLE HEARING 1
 A LITTLE TROUBLE HEARING 2
 A LOT OF TROUBLE HEARING 3

HS8. (Do you/Does SP) ever have difficulty eating solid foods because of problems with (your/his/her) mouth or teeth?

- DCTroub** YES 1
 NO 2

HS9. How tall (are you/is SP)?

- HEIGHTFT** _____
HEIGHTIN FEET INCHES

HS10. How much (do you/does SP) weigh?

- WEIGHT** _____
 POUNDS

BOX HS1	IF SP IS FEMALE: GO TO HS11. IF SP IS MALE: GO TO HS14.
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These next few questions are about preventive health care measures some people take.

HS11. (Have you/Has SP) had a mammogram or breast X-ray since (TODAY'S DATE) a year ago?

- MAMMOGRM** YES 1
 NO 2

HS12. (Have you/Has SP) had a Pap smear in the last year ago?

- PAPSMEAR** YES 1 (HS14)
 NO 2 (**HS13**)

HEALTH STATUS AND FUNCTIONING (HS)

Household (Round 1 Main)

HS13. (Have you/Has SP) ever had a hysterectomy?

HYSTEREC YES 1
 NO 2

HS14. The next two questions are about shots people take to prevent certain illnesses. Did (you/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 DECEMBER 1990?

FLUSHOT YES 1
 NO 2

HS15. (Have you/Has SP) ever had a shot for pneumonia?

PNEUSHOT YES 1
 NO 2

HS16. The next couple of questions are about smoking. (Have you/Has SP) ever smoked cigarettes, cigars or pipe tobacco?

EVERSMOK YES 1 (HS17)
 NO 2 (INTRODUCTION ABOVE HS18)

HS17. (Do you/Does SP) smoke now?

SMOKNOW YES 1
 NO 2

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

HS18. How much difficulty, if any, (do you/does SP) have stooping, crouching, or kneeling? Would you say (you have/SP has) no difficulty at all, a little difficulty, some difficulty, a lot of difficulty, or (are/is) not able to do it?

**SHOW
 CARD
 HS1**

DIFSTOOP NO DIFFICULTY AT ALL 1
 A LITTLE DIFFICULTY 2
 SOME DIFFICULTY 3
 A LOT OF DIFFICULTY 4
 NOT ABLE TO DO IT 5

HS19. How much difficulty, if any, (do you/does SP) have lifting or carrying objects as heavy as 10 pounds, like a sack of potatoes? Would you say (you have/SP has) no difficulty at all, a little difficulty, a lot of difficulty, or (are/is) not able to do it?

**SHOW
CARD
HS1**

- DIFLIFT**
- NO DIFFICULTY AT ALL 1
 - A LITTLE DIFFICULTY 2
 - SOME DIFFICULTY 3
 - A LOT OF DIFFICULTY 4
 - NOT ABLE TO DO IT 5

HS20. What about reaching or extending arms above shoulder level?

**SHOW
CARD
HS1**

- DIFREACH**
- NO DIFFICULTY AT ALL 1
 - A LITTLE DIFFICULTY 2
 - SOME DIFFICULTY 3
 - A LOT OF DIFFICULTY 4
 - NOT ABLE TO DO IT 5

HS21. How much difficulty, if any, (do you/does SP) have either writing or handling and grasping small objects? Would you say (you have/SP has) no difficulty at all, a little difficulty, some difficulty, a lot of difficulty, or (are/is) not able to do it?

**SHOW
CARD
HS1**

- DIFWRITE**
- NO DIFFICULTY AT ALL 1
 - A LITTLE DIFFICULTY 2
 - SOME DIFFICULTY 3
 - A LOT OF DIFFICULTY 4
 - NOT ABLE TO DO IT 5

HS22. What about walking a quarter of a mile -- that is, about 2 or 3 blocks?

**SHOW
CARD
HS1**

- DIFWALK**
- NO DIFFICULTY AT ALL 1
 - A LITTLE DIFFICULTY 2
 - SOME DIFFICULTY 3
 - A LOT OF DIFFICULTY 4
 - NOT ABLE TO DO IT 5

HS23. Next, I'm going to read a list of medical conditions. Please tell me if a doctor told (you/SP) that (you/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 (you that you /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 (your/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? [INCLUDE BENIGN OR NON-MALIGNANT TUMORS OR GROWTHS.]
- | | | |
|-----------------|-----------|-------|
| OCCANCER | YES | 1 (i) |
| | NO | 2 (j) |
- i. On what part or parts of (your/SP's) body was the cancer or tumor found? (CODE ALL THAT APPLY.)
- | | | |
|-----------------|-------------------------------|-----|
| OCCLUNG | LUNG | 1 |
| OCDCOLON | COLON, RECTUM, OR BOWEL | 2 |
| OCCBREST | BREAST | 3 |
| OCCOTHER | OTHER (SPECIFY) | .91 |
| OCCOS | | |

- j. Has a doctor (ever) told (you/SP) that (you/he/she) had diabetes, high blood sugar, or sugar in (your/his/her) urine? [DO NOT INCLUDE BORDERLINE, PREGNANCY, OR PRE-DIABETIC DIABETES.]

OCDIABTS YES 1
NO 2

- k. Rheumatoid arthritis?

OCARTHRH YES 1
NO 2

- l. Arthritis, other than rheumatoid arthritis?
[EXPLAIN, IF NECESSARY: THIS INCLUDES OSTEOARTHRITIS.]

OCARTH YES 1 (m)
NO 2 **BOX HSE**

- m. What part or parts of (your/SP's) body have been affected by arthritis?
[CODE ALL THAT APPLY.]

OCAARM ARMS, SHOULDERS, OR HANDS 1
HIPS, KNEES, FEET, OR
OCAFEET ANYWHERE ON LEGS 2
OCABACK BACK 3
OCAOTHER OTHER (SPECIFY) 91
OCAOS

- n. Has a doctor ever told (you/SP) that (you/he/she) had mental retardation?

OCMENTAL YES 1
NO 2

- o. Alzheimer's disease or dementia?

OCALZHR YES 1
NO 2

- p. Has a doctor (ever) told (you/SP) that (you/he/she) had a mental or psychiatric disorder?

OCPSYCH YES 1
NO 2

- q. Osteoporosis, sometimes called fragile or soft bones?

OCOSTEOP YES 1
NO 2

HEALTH STATUS AND FUNCTIONING (HS)

Household (Round 1 Main)

r. A broken hip?

OCBRKHIP YES 1
 NO 2

s. Parkinson's disease?

OCPARKIN YES 1
 NO 2

t. Emphysema, asthma, or COPD? [COPD=CARDIOPULMONARY DISEASE.]

OCEMPHYS YES 1
 NO 2

u. (Have you/has SP) ever had complete or partial paralysis?

OCPPARAL YES 1
 NO 2

v. IF SP IS OBVIOUSLY MISSING ONE OR MORE LIMBS, CODE "YES" AND DO NOT ASK. OTHERWISE, ASK: What about absence or loss of an arm or leg?

OCAMPUTE YES 1
 NO 2

BOX HS2	IF SP IS 65 OR OLDER, GO TO INTRODUCTION ABOVE HS27. IF SP IS UNDER 65, AND ANY "YES" AT HS23a-v, GO TO HS24. IF SP IS UNDER 65 AND ALL "NO" AT HS23a-v, GO TO HS25.
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HS24. You told me that (you/SP) have had [READ CONDITIONS LISTED BELOW]. (Was this/were any of these) the original cause of (your/SP's) becoming eligible for Medicare?

EMCOND YES 1 **BOX HS3**
 NO 2 (HS25)

HS25. What was the original cause of (your/SP's) becoming eligible for Medicare? RECORD VERBATIM.

 EMCAUSE1 EMCAUSE2 EMCAUSE3

GO TO INTRODUCTION ABOVE HS27.

BOX HS3	IF MORE THAN ONE CONDITION MENTIONED IN HS23a-v, ASK HS26. IF ONLY ONE CONDITION MENTIONED IN HS23a-v, GO TO INTRODUCTION ABOVE HS27.
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HS26. Which of these conditions was the cause of (your/SP's) becoming eligible for Medicare?
 DISPLAY CONDITIONS FOR WHICH HS23a-v CODED 1. ALLOW CODE ALL THAT APPLY. ALLOW "OTHER SPECIFY" (91).
 [PROGRAM: DISPLAY NUMERIC EQUIVALENT OF HS23 LETTER FOR THE CONDITION AS THE CODE TO BE ENTERED BY INTERVIEWER, i.e., IF HS23c=1, DISPLAY AS "3. HEART ATTACK;" HS23f=1, DISPLAY "6. STROKE," ETC.]

Go to [Instrumental Activities of Daily Living](#)

Go to [Activities of Daily Living](#)

HS37. I'd like to ask about a health problem that is more common than people think. (SHOW CARD HS2.) Please look at this card and tell me how often, if at all, (you/SP) lost urine beyond (your/his/her) control during the past 12 months.

SHOW CARD HS2

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