

HS. HEALTH STATUS AND FUNCTIONING
(BASELINE ONLY)

BOX HS1A	IF SP IS DECEASED OR INSTITUTIONALIZED, GO TO BOX SC1A .
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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
REFUSED.....	-7
DON'T KNOW	-8

HS1a. Compared to one year ago, how would you rate (your/SP's) health in general now? Would you say (your/SP's) health is...

COMPHLTH

much better now than one year ago,	1
somewhat better now than one year ago, ...	2
about the same,	3
somewhat worse now than one year ago, or	4
much worse now than one year ago?	5
REFUSED	-7
DON'T KNOW	-8

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, or	3
all of the time?	4
REFUSED.....	-7
DON'T KNOW	-8

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

ECHELP

YES	1 (HS4)
NO	2 (HS4)
SP IS BLIND	3 (HS6)
REFUSED	-7 (HS4a)
DON'T KNOW	-8 (HS4a)

HS4. Which statement best describes (your/SP's) vision (while 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
REFUSED.....	-7
DON'T KNOW	-8

HS4a. (Have you/Has SP) had an eye examination by a doctor since [(PREVIOUS SUPPLEMENTAL ROUND INTERVIEW DATE)/(TODAY'S DATE) a year ago]?

EYEEXAM

YES	1	BOX HSA
NO	2	(HS4b)
REFUSED	-7	BOX HSA
DON'T KNOW	-8	BOX HSA

HS4b. How long has it been since (your/SP's) last eye examination by a doctor?

LASTEXAM

NEVER HAD EYE EXAM BY DOCTOR	1
1 YEAR TO LESS THAN 2 YEARS	2
2 YEARS TO LESS THAN 5 YEARS	3
5 YEARS OR MORE	4
REFUSED	-7
DON'T KNOW	-8

BOX HSA	IF SP IN THE SUPPLEMENTAL, ORD, OR DUAL ELIGIBLE SAMPLE, GO TO HS5. OTHERWISE, GO TO HS6.
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HS5. (Have you/Has SP) ever had an operation for cataracts?

ECCATOP

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

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

HCHelp

YES	1 (HS7)
NO	2 (HS7)
SP IS DEAF	3 (HS8)
REFUSED	-7 (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
REFUSED.....	-7
DON'T KNOW	-8

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
REFUSED.....	-7
DON'T KNOW	-8

BOX HSB OMITTED.

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

HEIGHTFT
HEIGHTIN

	FEET	INCHES
REFUSED.....		-7
DON'T KNOW		-8

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

WEIGHT

	POUNDS
REFUSED.....	-7
DON'T KNOW	-8

HSINTRO1. These next few questions are about preventive health care measures some people take.
[PRESS ENTER TO CONTINUE.]

HS10a. When was the most recent time (you/SP) had (your/his/her) blood pressure taken by a doctor or other health professional?

BPTAKEN

LESS THAN 6 MONTHS AGO	1
6 MONTHS TO LESS THAN 1 YEAR AGO	2
1 YEAR TO LESS THAN 2 YEARS AGO	3
2 YEARS TO LESS THAN 5 YEARS AGO.....	4
5 OR MORE YEARS AGO.....	5
NEVER HAD BLOOD PRESSURE TAKEN....	6
REFUSED.....	-7
DON'T KNOW	-8

HS10b. When was the most recent time (you/SP) had (your/his/her) blood cholesterol checked?

BCTAKEN

LESS THAN 6 MONTHS AGO	1
6 MONTHS TO LESS THAN 1 YEAR AGO	2
1 YEAR TO LESS THAN 2 YEARS AGO	3
2 YEARS TO LESS THAN 5 YEARS AGO.....	4
5 OR MORE YEARS AGO.....	5
NEVER HAD CHOLESTEROL CHECKED	6
REFUSED.....	-7
DON'T KNOW	-8

BOX HS1	IF SP IS FEMALE: GO TO HS11. IF SP IS MALE: GO TO HS13a.
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HS11. (Have you/Has SP) had a mammogram or a breast X-ray since [(PREV. SUPP. RD. INT. DATE)/(TODAY'S DATE) a year ago]?

MAMMOGRM

YES	1 (HS11a)
NO	2 (HS11c1)
REFUSED	-7 (HS12)
DON'T KNOW	-8 (HS12)

HS11a. Where did (you/SP) go to have (your/her) most recent mammogram – was that a managed care plan center or HMO, a clinic, a doctor's office, a hospital, a radiology office or some other place?

IF CLINIC, ASK: Was it a hospital outpatient clinic, or some other kind of clinic?

IF SOME OTHER PLACE, ASK: Where was this?

MAMSITE	DOCTOR'S OFFICE OR GROUP PRACTICE.....	1
	MEDICAL CLINIC	2
	MANAGED CARE PLAN CENTER/HMO	3
	RADIOLOGY OFFICE.....	4
	NEIGHBORHOOD/FAMILY HEALTH CENTER	5
	FREESTANDING SURGICAL CENTER.....	6
	RURAL HEALTH CLINIC	7
	COMPANY CLINIC	8
	OTHER CLINIC.....	9
	WALK-IN URGENT CENTER.....	10
	HOSPITAL EMERGENCY ROOM.....	11
	HOSPITAL OUTPATIENT DEPARTMENT/CLINIC.....	12
	V.A. FACILITY.....	13
	HEALTH FAIR.....	14
MAMSITOS	OTHER (SPECIFY)	91
	REFUSED.....	-7
	DON'T KNOW	-8

HS11b. What was the reason for (your/SP's) most recent mammogram?
[CODE ALL THAT APPLY. PRESS CTRL/L TO LEAVE SCREEN.]

MAMANUL	DOCTOR RECOMMENDS OR PRESCRIBES EVERY YEAR/ ON ANNUAL SCREENING SCHEDULE.....	1 (HS12)
	MAMFMLY FAMILY OR FRIENDS RECOMMENDED IT.....	2 (HS12)
MAMPROB	PRESENCE OF LUMP(S)/AS A RESULT OF EXAM/POSSIBLE PROBLEM/SYMPTOMS PRESENT.....	3 (HS12)
	MAMSCRN TO SCREEN FOR OR PREVENT BREAST CANCER.....	4 (HS12)
MAMRISK	AT RISK FOR BREAST CANCER OR OTHER BREAST PROBLEM.....	5 (HS12)
MAMPRES	DOCTOR PRESCRIBED IT	6 (HS12)
MAMREC	DOCTOR RECOMMENDED IT	7 (HS12)
MAMFREE	FREE/REASONABLE COST OF MAMMOGRAM.....	8 (HS12)
MAMOTHR	OTHER (SPECIFY).....	91 (HS12)
MAMOTHS	REFUSED.....	-7 (HS12)
	DON'T KNOW	-8 (HS12)

HS11c1. What is the reason that (you have/SP has) not had a mammogram since [(PREV. SUPP. RD. INT. DATE)/
(TODAY'S DATE) a year ago]?

[PRESS ENTER TO CONTINUE.]

HS11c. REASON NO MAMMOGRAM:

[CODE ALL THAT APPLY. PRESS CTRL/L TO LEAVE SCREEN.]

MAMNNEED	DIDN'T KNOW IT WAS NEEDED/NO NEED/NOTHING WRONG.....	1
MAMNANUL	NOT RECOMMENDED EVERY YEAR/ON A DIFFERENT SCREENING SCHEDULE.....	2
MAMNGET	DIDN'T THINK IT WOULD PREVENT BREAST CANCER/COULD GET BREAST CANCER ANYWAY/TEST IS USELESS.....	3
MAMNRISK	NOT AT RISK FOR BREAST CANCER.....	4
MAMNPRES	DOCTOR DID NOT PRESCRIBE OR RECOMMEND IT	5
MAMNREC	DOCTOR RECOMMENDED AGAINST GETTING IT	6
MAMNLIKE	DON'T LIKE MAMMOGRAMS/PAIN, SORENESS, DISCOMFORT OR REACTIONS	7
MAMNLOCA	INCONVENIENT/UNABLE TO GET TO LOCATION/ TRANSPORTATION DIFFICULTY	8
MAMNMISS	DIDN'T THINK ABOUT IT/FORGOT/MISSED IT/PROCRASTINATED.....	9
MAMNCOST	COST OF MAMMOGRAM/INSURANCE DOESN'T COVER COST/ NOT WORTH THE MONEY.....	10
MAMNFEAR	AFRAID OF RESULTS/DON'T WANT TO KNOW.....	11
MAMNRADI	MAMMOGRAM RADIATION COULD CAUSE CANCER/ILL EFFECTS.....	12
MAMNHEAR	NEVER HEARD OF MAMMOGRAM	13
MAMNAPPT	APPOINTMENT SCHEDULED FOR FUTURE DATE.....	14
MAMNMASC	MASTECTOMY/BREASTS REMOVED	15
MAMNILL	TOO ILL, PHYSICALLY/MENTALLY.....	16
MAMNOTHR	OTHER (SPECIFY).....	91
MAMNOTHS	REFUSED.....	-7
	DON'T KNOW	-8
MAMNAPPT		
MAMNMASC		

HS12. (Have you/Has SP) had a Pap smear test since [(PREV. SUPP. RD. INT. DATE)/(TODAY'S DATE) a year ago]?

PAPSMEAR	YES	1 (HS12a)
	NO	2 (HS12b1)
	REFUSED	-7 BOX HSC
	DON'T KNOW	-8 BOX HSC

HS12a. What was the reason for (your/SP's) most recent Pap smear test?
[CODE ALL THAT APPLY. PRESS CTRL/L TO LEAVE SCREEN.]

PAPANUL	DOCTOR RECOMMENDS OR PRESCRIBES EVERY YEAR/ ON ANNUAL SCREENING SCHEDULE.....	1	BOX HSC
PAPFMLY	FAMILY OR FRIENDS RECOMMENDED IT.....	2	BOX HSC
PAPPROB	RESULT OF EXAM/POSSIBLE PROBLEM/SYMPTOMS PRESENT.....	3	BOX HSC
PAPSCRN	TO SCREEN FOR OR PREVENT CANCER.....	4	BOX HSC
PAPRISK	AT RISK FOR CANCER OR OTHER HEALTH PROBLEM.....	5	BOX HSC
PAPPRES	DOCTOR PRESCRIBED IT	6	BOX HSC
PAPREC	DOCTOR RECOMMENDED IT	7	BOX HSC
PAPFREE	FREE/REASONABLE COST OF PAP SMEAR	8	BOX HSC
PAPOTHR	OTHER (SPECIFY).....	91	BOX HSC
PAPOTHS	REFUSED.....	-7	BOX HSC
	DON'T KNOW	-8	BOX HSC

HS12b1. What is the reason that (you have/SP has) not had a Pap smear test since [(PREV. SUPP. RD. INT. DATE)/
(TODAY'S DATE) a year ago)?

[PRESS ENTER TO CONTINUE.]

HS12b. REASON NO PAP SMEAR TEST:
[CODE ALL THAT APPLY. PRESS CTRL/L TO LEAVE SCREEN.]

PAPNNEED	DIDN'T KNOW IT WAS NEEDED/NO NEED/NOTHING WRONG.....	1
PAPNANUL	NOT RECOMMENDED EVERY YEAR/ON A DIFFERENT SCREENING SCHEDULE.....	2
PAPNGET	DIDN'T THINK IT WOULD PREVENT CANCER/COULD GET CANCER ANYWAY/TEST IS USELESS.....	3
PAPNRISK	NOT AT RISK FOR CANCER	4
PAPNPRES	DOCTOR DID NOT PRESCRIBE OR RECOMMEND IT	5
PAPNREC	DOCTOR RECOMMENDED AGAINST GETTING IT	6
PAPNLIKE	DON'T LIKE PAP SMEAR/PAIN, SORENESS, DISCOMFORT OR REACTIONS.....	7
PAPNLOCA	INCONVENIENT/UNABLE TO GET TO LOCATION/ TRANSPORTATION DIFFICULTY	8
PAPNMISS	DIDN'T THINK ABOUT IT/FORGOT/MISSED IT/PROCRASTINATED.....	9
PAPNCOST	COST OF PAP SMEAR/INSURANCE DOESN'T COVER COST/ NOT WORTH THE MONEY.....	10
PAPNFEAR	AFRAID OF RESULTS/DON'T WANT TO KNOW.....	11
PAPNHEAR	NEVER HEARD OF PAP SMEAR	12
PAPNAPPT	APPOINTMENT SCHEDULED FOR FUTURE DATE.....	13
PAPNHYST	HAD HYSTERECTOMY/NO UTERUS, OVARIES.....	14
PAPNILL	TOO ILL, PHYSICALLY/MENTALLY.....	15
PAPNOTHR	OTHER (SPECIFY).....	91
PAPNOTHS	REFUSED.....	-7
	DON'T KNOW	-8
PAPNAPPT		
PAPNHYST		

BOX HSC	IF SP IN THE SUPPLEMENTAL, ORD, OR DUAL ELIGIBLE SAMPLE, GO TO HS13. IF CODE 14 NOT SELECTED AT HS12b, GO TO HS13. OTHERWISE, GO TO HS14.
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HS13. (Have you/Has SP) ever had a hysterectomy?

HYSTEREC

YES 1 (HS14)
 NO 2 (HS14)
 REFUSED -7 (HS14)
 DON'T KNOW -8 (HS14)

HS13a. (Have you/Has SP) had a digital rectal examination of the prostate since [(PREV. SUPP. RD. INT. DATE)/(TODAY'S DATE) a year ago]?

[EXPLAIN IF NECESSARY: The exam may be used to detect prostate cancer, to determine whether cancer has spread beyond the prostate, and as part of the follow-up care after removal of the prostate.]

DIGTEXAM

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

HS13b. (Have you/Has SP) had a blood test for detection of prostate cancer, known as a PSA, since [(PREV. SUPP. RD. INT. DATE)/(TODAY'S DATE) a year ago]?

[PSA = PROSTATE-SPECIFIC ANTIGEN]

[EXPLAIN IF NECESSARY: The test may be used to detect prostate cancer, to determine whether cancer has spread beyond the prostate, and as part of the follow-up care after removal of the prostate.]

BLOODTST

YES 1 (HS13bb)
 NO 2 (HS13cc1)
 REFUSED -7 (HS13c)
 DON'T KNOW -8 (HS13c)

HS13bb. What was the reason for (your/SP's) most recent prostate blood test or PSA?
[CODE ALL THAT APPLY. PRESS CTRL/L TO LEAVE SCREEN.]

PROANUL	DOCTOR RECOMMENDS OR PRESCRIBES EVERY YEAR/ ON ANNUAL SCREENING SCHEDULE.....	1 (HS13c)
PROFMLY	FAMILY OR FRIENDS RECOMMENDED IT.....	2 (HS13c)
PROPROB	POSSIBLE PROBLEM/SYMPTOMS PRESENT.....	3 (HS13c)
PROSCRN	TO SCREEN FOR OR PREVENT CANCER.....	4 (HS13c)
PRORISK	AT RISK FOR CANCER.....	5 (HS13c)
PROPRES	DOCTOR PRESCRIBED IT.....	6 (HS13c)
PROREC	DOCTOR RECOMMENDED IT.....	7 (HS13c)
PROFREE	FREE/REASONABLE COST OF PSA.....	8 (HS13c)
PROOTHR	OTHER (SPECIFY).....	91 (HS13c)
PROOTHS	REFUSED.....	-7 (HS13c)
	DON'T KNOW.....	-8 (HS13c)
PROCANCR		

HS13cc1. What is the reason that (you have/SP has) not had a prostate blood test or PSA since [(PREV. SUPP. RD. INT. DATE)/(TODAY'S DATE) a year ago]?

[PRESS ENTER TO CONTINUE.]

HS13cc. REASON FOR NO PROSTATE BLOOD TEST:
[CODE ALL THAT APPLY. PRESS CTRL/L TO LEAVE SCREEN.]

PRONNEED	DIDN'T KNOW IT WAS NEEDED/NO NEED/NOTHING WRONG.....	1
PRONANUL	NOT RECOMMENDED EVERY YEAR/ON A DIFFERENT SCREENING SCHEDULE.....	2
PRONGET	DIDN'T THINK IT WOULD PREVENT CANCER/COULD GET CANCER ANYWAY/TEST IS USELESS.....	3
PRONRISK	NOT AT RISK FOR CANCER.....	4
PRONPRES	DOCTOR DID NOT PRESCRIBE OR RECOMMEND IT.....	5
PRONREC	DOCTOR RECOMMENDED AGAINST GETTING IT.....	6
PRONLIKE	DON'T LIKE BLOOD TESTS/PAIN, SORENESS, DISCOMFORT OR REACTIONS.....	7
PRONLOCA	INCONVENIENT/UNABLE TO GET TO LOCATION/ TRANSPORTATION DIFFICULTY.....	8
PRONMISS	DIDN'T THINK ABOUT IT/FORGOT/MISSED IT/PROCRASTINATED.....	9
PRONCOST	COST OF TEST/INSURANCE DOESN'T COVER COST/ NOT WORTH THE MONEY.....	10
PRONFEAR	AFRAID OF RESULTS/DON'T WANT TO KNOW.....	11
PRONHEAR	NEVER HEARD OF PSA.....	12
PRONAPPT	APPOINTMENT SCHEDULED FOR FUTURE DATE.....	13
PRONPROS	PROSTATECTOMY/PROSTATE REMOVED.....	14
PRONOTH	OTHER (SPECIFY).....	91
PRONOTH	REFUSED.....	-7
	DON'T KNOW.....	-8
PRONAPPT		
PRONPROS		

HS13c. [IF "PROSTATE REMOVED" IS VOLUNTEERED, CODE "1" WITHOUT ASKING. OTHERWISE, CODE "2".]

PROSRMVD	SP's PROSTATE REMOVED.....	1
	NOT REMOVED/NOT VOLUNTEERED.....	2

HS14. On a different topic ...

Did (you/SP) have a flu shot for last winter?

[EXPLAIN IF NECESSARY: Did (you/SP) get a flu shot any time during the period from September (PREVIOUS YEAR) through December (PREVIOUS YEAR)?]

FLUSHOT	YES	1 (HS14b1)
	NO	2 (HS14a1)
	REFUSED	-7 BOX HSD
	DON'T KNOW	-8 BOX HSD

HS14a1. Why didn't (you/SP) get a flu shot last winter?

[PRESS ENTER TO CONTINUE.]

HS14a. REASON NO FLU SHOT LAST WINTER:

[CODE ALL THAT APPLY. PRESS CTRL/L TO LEAVE SCREEN.]

FLUNEED	DIDN'T KNOW IT WAS NEEDED	1
FLUCAUSE	SHOT COULD CAUSE FLU	2
FLUSIDE	SHOT COULD HAVE SIDE EFFECTS OR CAUSE DISEASE	3
FLUPRVNT	DIDN'T THINK IT WOULD PREVENT THE FLU/COULD GET THE FLU ANYWAY	4
FLURISK	FLU NOT SERIOUS/WOULD NOT GET FLU ANYWAY/NOT AT RISK.....	5
FLUDOCNO	DOCTOR DID NOT RECOMMEND THE SHOT	6
FLUAGNST	DOCTOR RECOMMENDED AGAINST GETTING SHOT/ ALLERGIC TO SHOT/MEDICAL REASONS	7
FLUREACT	DON'T LIKE SHOTS OR NEEDLES/CONCERNS ABOUT SORENESS OR RASH/LOCAL REACTIONS.....	8
FLULOCAT	INCONVENIENT TO GET SHOT/UNABLE TO GET TO LOCATION	9
FLUMISS	DIDN'T THINK ABOUT IT/FORGOT/MISSED IT	10
FLUCOST	COST OF SHOT/NOT WORTH THE MONEY	11
FLUBEFOR	HAD SHOT BEFORE/DIDN'T NEED IT AGAIN	12
FLUVAC	VACCINE UNAVAILABLE/VACCINE SHORTAGE	13
FLUOTHER	OTHER (SPECIFY)	91
FLUOTHS	REFUSED	-7
	DON'T KNOW	-8

BOX HSC1	IF CODE 13 NOT SELECTED AT HS14a (FLUVACC = 2, -7, OR -8), GO TO HS14d. IF CODE 13 SELECTED AT HS14a (FLUVACC = 1), GO TO BOX HSD .
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HS14b1. Where did (you/SP) go for (your/her) most recent flu shot – was that a managed care plan center or HMO, a clinic, a doctor's office, a hospital, a health fair, shopping mall, or some other place?

[PRESS ENTER TO CONTINUE.]

HS14b. PLACE FOR MOST RECENT FLU SHOT:

IF CLINIC, ASK: Was it a hospital outpatient clinic, or some other kind of clinic?

IF SOME OTHER PLACE, ASK: Where was this?

FLUSITE	DOCTOR'S OFFICE OR GROUP PRACTICE.....	1
	MEDICAL CLINIC	2
	MANAGED CARE PLAN CENTER/HMO.....	3
	NEIGHBORHOOD/FAMILY HEALTH CENTER.....	4
	FREESTANDING SURGICAL CENTER.....	5
	RURAL HEALTH CLINIC	6
	COMPANY CLINIC	7
	OTHER CLINIC.....	8
	WALK-IN URGENT CENTER.....	9
	HOSPITAL EMERGENCY ROOM.....	10
	HOSPITAL OUTPATIENT DEPARTMENT/CLINIC.....	11
	V.A. FACILITY.....	12
	HEALTH FAIR.....	13
	SHOPPING MALL/OTHER STORE	14
	SENIOR CENTER	15
	AT HOME.....	16
	CHURCH/SCHOOL	17
	LIBRARY	18
FLUSITOS	OTHER (SPECIFY)	91
	REFUSED.....	-7
	DON'T KNOW	-8

HS14c. Did (you/SP) have any trouble getting a flu shot when (you/he/she) wanted to because the vaccine was in short supply or unavailable?

VACSUPPLY	YES	1	BOX HSD
D_VACSUP	NO	2	BOX HSD
	REFUSED.....	-7	BOX HSD
	DON'T KNOW	-8	BOX HSD

HS14d. Was one reason that (you/SP) did not get a flu shot last winter because the vaccine was in short supply or unavailable?

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

BOX HSD	IF SP IN THE SUPPLEMENTAL, ORD, OR DUAL ELIGIBLE SAMPLE, GO TO HS15. IF SP IN THE CONTINUING SAMPLE AND ANY PREVIOUS ROUND HS15 = 1, GO TO BOX HS1AA . OTHERWISE, GO TO HS15.
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HS15. (Have you/Has SP) ever had a shot for pneumonia?

PNEUSHOT	YES	1	BOX HS1AA
HS15FLG	NO	2	(HS15a)
	REFUSED	-7	BOX HS1AA
	DON'T KNOW	-8	BOX HS1AA

HS15a. Why didn't (you/SP) ever have a shot for pneumonia?

[CODE ALL THAT APPLY. PRESS CTRL/L TO LEAVE SCREEN.]

PNUNEED	DIDN'T KNOW IT WAS NEEDED	1
PNUCAUSE	SHOT COULD CAUSE PNEUMONIA	2
PNUSIDE	SHOT COULD HAVE SIDE EFFECTS OR CAUSE DISEASE	3
PNUPRVNT	DIDN'T THINK IT WOULD PREVENT THE PNEUMONIA/COULD GET PNEUMONIA ANYWAY	4
PNURISK	PNEUMONIA NOT SERIOUS/WOULD NOT GET PNEUMONIA ANYWAY/NOT AT RISK	5
PNUDOCNO	DOCTOR DID NOT RECOMMEND THE SHOT	6
PNUAGNST	DOCTOR RECOMMENDED AGAINST GETTING SHOT/ ALLERGIC TO SHOT/MEDICAL REASONS	7
PNUREACT	DON'T LIKE SHOTS OR NEEDLES/CONCERNS ABOUT SORENESS OR RASH/LOCAL REACTIONS	8
PNULOCAT	INCONVENIENT TO GET SHOT/UNABLE TO GET TO LOCATION	9
PNUMISS	DIDN'T THINK ABOUT IT/FORGOT/MISSED IT	10
PNUCOST	COST OF SHOT/NOT WORTH THE MONEY	11
PNUOTHER	OTHER (SPECIFY)	91
PNUOTHOS	REFUSED	-7
	DON'T KNOW	-8

BOX HS1AA	IF ANY PREVIOUS ROUND HS16 = 1, GO TO HS17. OTHERWISE, GO TO HS16.
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HS16. The next few questions are about smoking. (Have you/Has SP) ever smoked cigarettes, cigars, or pipe tobacco?

EVERSMOK	YES	1	(HS17)
HS16FLG	NO	2	(HS17EINT)
	REFUSED	-7	(HS17EINT)
	DON'T KNOW	-8	(HS17EINT)

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

SMOKNOW

YES	1 (HS17c)
NO	2 (HS17a)
REFUSED	-7 (HS17EINT)
DON'T KNOW	-8 (HS17EINT)

HS17a. How many years did (you/SP) smoke?
[ENTER "96" IF "LESS THAN ONE YEAR".]

DIDSMOKE

NUMBER OF YEARS

REFUSED.....	-7
DON'T KNOW.....	-8

HS17b. About how long has it been since (you/SP) last smoked regularly?

LASTSMOK

WITHIN THE PAST MONTH.....	1 (HS17EINT)
1 MONTH TO LESS THAN 6 MONTHS AGO .	2 (HS17EINT)
6 MONTHS TO LESS THAN 1 YEAR AGO	3 (HS17EINT)
1 YEAR TO LESS THAN 5 YEARS AGO	4 (HS17EINT)
5 YEARS TO LESS THAN 10 YEARS AGO	5 (HS17EINT)
10 OR MORE YEARS AGO	6 (HS17EINT)
REFUSED.....	-7 (HS17EINT)
DON'T KNOW.....	-8 (HS17EINT)

HS17c. How many years (have you/has SP) smoked?
[ENTER "96" IF "LESS THAN ONE YEAR".]

HAVSMOKE

NUMBER OF YEARS

REFUSED.....	-7
DON'T KNOW.....	-8

HS17d. During the past 12 months, (have you/has SP) stopped smoking for one day or longer because (you were/he was/she was) trying to quit smoking?

QUITSMOK

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

HS17EINT. The next questions are about drinking alcoholic beverages. Included are liquor such as whiskey or gin, mixed drinks, wine, beer, and any other type of alcoholic beverage.
[PRESS ENTER TO CONTINUE.]

HS17e. Please think about a typical month in the past year. On how many days did (you/SP) drink any type of alcoholic beverage?
[ENTER "0" FOR "NEVER DRANK" OR "NONE".]

DRINKDAY

NUMBER OF DAYS

REFUSED..... -7

DON'T KNOW..... -8

BOX HS1AB	IF HS17e = 0, GO TO HS18INTR. OTHERWISE, GO TO HS17f.
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HS17f. [Please think about a typical month in the past year.] On those days that (you/SP) drank alcohol, how many drinks did (you/he/she) have?
[ENTER "96" IF "LESS THAN ONE".]

DRINKSPD

NUMBER OF DRINKS

REFUSED..... -7

DON'T KNOW..... -8

HS17g. [Please think about a typical month in the past year.] On how many days did (you/SP) have 4 or more drinks in a single day?
[ENTER "0" IF "NEVER" OR "NONE".]

FOURDRNK

NUMBER OF DAYS

REFUSED..... -7

DON'T KNOW..... -8

HS18INTR. 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
REFUSED..... -7
DON'T KNOW -8

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
REFUSED..... -7
DON'T KNOW -8

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
REFUSED..... -7
DON'T KNOW -8

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
REFUSED..... -7
DON'T KNOW -8

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



DIFWALK

NO DIFFICULTY AT ALL 1
 A LITTLE DIFFICULTY 2
 SOME DIFFICULTY 3
 A LOT OF DIFFICULTY 4
 NOT ABLE TO DO IT 5
 REFUSED..... -7
 DON'T KNOW -8

HS22a. Compared to others (your/SP's) age, would you say that (you are/he is/she is) more active, less active, or about the same?

ACTVNOW

MORE ACTIVE 1
 LESS ACTIVE 2
 ABOUT THE SAME 3
 REFUSED..... -7
 DON'T KNOW -8

HS22b. Compared to (your/SP's) own level of physical activity 1 year ago, would you say (you are/he is/she is) now more active, less active, or about the same as (you were/he was/she was) then?

ACTVAGO

MORE ACTIVE 1
 LESS ACTIVE 2
 ABOUT THE SAME 3
 REFUSED..... -7
 DON'T KNOW -8

HS22c. In a usual week, (do you/does SP) participate in any physical activities, exercise, or sports such as bowling, walking, gardening, bicycling, golf, swimming, or aerobics?

ACTVPART

YES 1 (HS22d)
 NO 2 (HS23INT)
 REFUSED..... -7 (HS23INT)
 DON'T KNOW -8 (HS23INT)

HS22d. In a typical week, how often do you walk for at least 10 minutes at a time to get to and from places, for exercise, for recreation, or for any other reason?



ACTVWALK

EVERY DAY OR MORE..... 1
 ONCE EVERY OTHER DAY..... 2
 ONCE EVERY 3-4 DAYS 3
 ONCE EVERY 5-6 DAYS OR LESS..... 4
 NEVER 5
 REFUSED..... -7
 DON'T KNOW -8

HS22EINT. We are interested in two types of physical activity – vigorous and moderate. Vigorous activities cause large increases in breathing or heart rate. Moderate activities cause small increases in breathing or heart rate. First I will ask about the vigorous activities that (you do/SP does).

[PRESS ENTER TO CONTINUE.]

HS22e. In a typical week, how many hours (do you/does SP) spend doing vigorous activities, such as team sports, running, aerobics, heavy house or yard work, or anything else that causes large increases in breathing or heart rate?

NONE.....	96 (HS22f)	NUMBER OF HOURS PER DAY: _____
NUMBER OF HOURS PER DAY	1	NUMBER OF HOURS PER WEEK: _____
NUMBER OF HOURS PER WEEK	2	NUMBER OF HOURS PER MONTH: _____
NUMBER OF HOURS PER MONTH ..	3	
REFUSED	-7 (HS22f)	
DON'T KNOW	-8 (HS22f)	
D_VIGTIM		

HS22f. In a typical week, how many hours (do you/does SP) spend doing moderate activities, such as brisk walking, bicycling, gardening, golf, swimming, or vacuuming?

NONE.....	96 (HS22g)	NUMBER OF HOURS PER DAY: _____
NUMBER OF HOURS PER DAY	1	NUMBER OF HOURS PER WEEK: _____
NUMBER OF HOURS PER WEEK	2	NUMBER OF HOURS PER MONTH: _____
NUMBER OF HOURS PER MONTH ..	3	
REFUSED	-7 (HS22g)	
DON'T KNOW	-8 (HS22g)	
D_MODTIM		

HS22g. Now I'm going to ask you about activities (you/SP) may do to increase (your/his/her) muscle strength or flexibility.

In a typical week, how many hours (do you/does SP) spend doing exercises to increase (your/his/her) muscle strength or flexibility, such as lifting weights, push-ups, sit-ups, stretching, or yoga?

NONE.....	96 (HS23INT)	NUMBER OF HOURS PER DAY: _____
NUMBER OF HOURS PER DAY	1	NUMBER OF HOURS PER WEEK: _____
NUMBER OF HOURS PER WEEK	2	NUMBER OF HOURS PER MONTH: _____
NUMBER OF HOURS PER MONTH ..	3	
REFUSED	-7 (HS23INT)	
DON'T KNOW	-8 (HS23INT)	
D_MUSTIM		

HS23INT. Next, I'm going to read a list of medical conditions. [Since (PREV. SUPP. RD. INT. DATE)/(please/Please) tell me if a doctor (ever) told (you/SP) that (you/he/she) had any of these conditions.
[PRESS ENTER TO CONTINUE.]

BOX HS1B	IF ANY PREVIOUS ROUND HS23a = 1, GO TO HS23b. OTHERWISE, GO TO HS23a.
-------------	--

HS23a. [Since (PREV. SUPP. RD. INT. DATE),] (Has/has) a doctor (ever) told (you/SP) that (you/he/she) had hardening of the arteries or arteriosclerosis?

OCARTERY YES 1
HS23AFLG NO 2
 REFUSED -7
 DON'T KNOW -8

BOX HS1C OMITTED.

HS23b. [Since (PREV. SUPP. RD. INT. DATE),] (Has/has) a doctor (ever) told (you/SP) that (you/he/she) (still) (have/had) (have/has) hypertension, sometimes called high blood pressure?

OCHBP YES 1 **BOX HS1B1**
HS23BFLG NO 2 (HS23c)
 REFUSED -7 (HS23c)
 DON'T KNOW -8 (HS23c)

BOX HS1C-1 OMITTED.

BOX HS1B1	IF SP IN THE SUPPLEMENTAL, ORD, OR DUAL ELIGIBLE SAMPLE, GO TO HS23b1. OTHERWISE, GO TO HS23c.
--------------	---

HS23b1. Since (TODAY'S DATE) a year ago, did a doctor tell (you/SP) that (you/he/she) still had hypertension or high blood pressure?

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

HS23c. [Since (PREV. SUPP. RD. INT. DATE),] (Has/has) a doctor (ever) told (you/SP) that (you/he/she) had a myocardial infarction or heart attack?

OCMYOCAR	YES	1	BOX HS1C5
HS23CFLG	NO	2	(HS23d)
	REFUSED	-7	(HS23d)
	DON'T KNOW	-8	(HS23d)

BOX HS1C-2 OMITTED.

BOX HS1C5	IF SP IN THE SUPPLEMENTAL, ORD, OR DUAL ELIGIBLE SAMPLE, GO TO HS23c1. OTHERWISE, GO TO HS23d.
--------------	---

HS23c1. Since (TODAY'S DATE) a year ago, did a doctor tell (you/SP) that (you/he/she) had a myocardial infarction or heart attack?

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

HS23d. [Since (PREV. SUPP. RD. INT. DATE),] (Has/has) a doctor (ever) told (you/SP) that (you/he/she) had (a new episode of) angina pectoris or coronary heart disease?

OCCHD	YES	1	BOX HS1C6
HS23DFLG	NO	2	(HS23e1)
	REFUSED	-7	(HS23e1)
	DON'T KNOW	-8	(HS23e1)

BOX HS1C-3 OMITTED.

BOX HS1C6	IF SP IN THE SUPPLEMENTAL, ORD, OR DUAL ELIGIBLE SAMPLE, GO TO HS23d1. OTHERWISE, GO TO HS23e1.
--------------	--

HS23d1. Since (TODAY'S DATE) a year ago, did a doctor tell (you/SP) that (you/he/she) had an episode of angina pectoris or coronary heart disease?

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

HS23e1. [Since (PREV. SUPP. RD. INT. DATE),] (Has/has) a doctor (ever) told (you/SP) that (you/he/she) had (a new episode of) congestive heart failure?

OCCFAIL	YES	1	BOX HS1C7
HS23E1FL	NO	2	(HS23e2)
	REFUSED	-7	(HS23e2)
	DON'T KNOW	-8	(HS23e2)

BOX HS1C7	IF SP IN THE SUPPLEMENTAL, ORD, OR DUAL ELIGIBLE SAMPLE, GO TO HS23e1a. OTHERWISE, GO TO HS23e2.
--------------	--

HS23e1a. Since (TODAY'S DATE) a year ago, did a doctor tell (you/SP) that (you/he/she) had an episode of congestive heart failure?

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

HS23e2. [Since (PREV. SUPP. RD. INT. DATE),] (Has/has) a doctor (ever) told (you/SP) that (you/he/she) had (a new episode of) problems with the valves of the heart, such as aortic stenosis?

OCCVALVE YES 1 **BOX HS1C8**
HS23E2FL NO 2 (HS23e3)
 REFUSED -7 (HS23e3)
 DON'T KNOW -8 (HS23e3)

BOX HS1C8	IF SP IN THE SUPPLEMENTAL, ORD, OR DUAL ELIGIBLE SAMPLE, GO TO HS23e2a. OTHERWISE, GO TO HS23e3.
--------------	--

HS23. Since (TODAY'S DATE) a year ago, did a doctor tell (you/SP) that (you/he/she) had an episode of problems with the valves of the heart, such as aortic stenosis?

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

HS23e3. [Since (PREV. SUPP. RD. INT. DATE),] (Has/has) a doctor (ever) told (you/SP) that (you/he/she) had (a new episode of) problems with the rhythm of (your/his/her) heartbeat, such as atrial fibrillation?

OCRHYTHM YES 1 **BOX HS1C9**
HS23E3FL NO 2 (HS23e4)
 REFUSED -7 (HS23e4)
 DON'T KNOW -8 (HS23e4)

BOX HS1C9	IF SP IN THE SUPPLEMENTAL, ORD, OR DUAL ELIGIBLE SAMPLE, GO TO HS23e3a. OTHERWISE, GO TO HS23e4.
--------------	--

HS23. Since (TODAY'S DATE) a year ago, did a doctor tell (you/SP) that (you/he/she) had an episode of problems with the rhythm of (your/his/her) heart, such as atrial fibrillation?

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

HS23e4. [Since (PREV. SUPP. RD. INT. DATE),] (Has/has) a doctor (ever) told (you/SP) that (you/he/she) had (a new episode of) any other heart condition?

OCOTHRT YES 1 **BOX HS1C10**
HS23E4FL NO 2 (HS23f)
 REFUSED -7 (HS23f)
 DON'T KNOW -8 (HS23f)

BOX HS1C10	IF SP IN THE SUPPLEMENTAL, ORD, OR DUAL ELIGIBLE SAMPLE, GO TO HS23e4a. OTHERWISE, GO TO HS23f.
---------------	---

HS23. Since (TODAY'S DATE) a year ago, did a doctor tell (you/SP) that (you/he/she) had an episode of any other heart condition?

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

HS23e OMITTED IN ROUND 28.

BOX HS1C-4 OMITTED.

HS23f. [Since (PREV. SUPP. RD. INT. DATE),] (Has/has) a doctor (ever) told (you/SP) that (you/he/she) had a stroke, a brain hemorrhage, or a cerebrovascular accident?

OCSTROKE	YES	1	BOX HS1C11
HS23FFLG	NO	2	(HS23g)
	REFUSED	-7	(HS23g)
	DON'T KNOW	-8	(HS23g)

BOX HS1C11	IF SP IN THE SUPPLEMENTAL, ORD, OR DUAL ELIGIBLE SAMPLE, GO TO HS23f1. OTHERWISE, GO TO HS23g.
---------------	---

HS23. Since (TODAY'S DATE) a year ago, did a doctor tell (you/SP) that (you/he/she) had a stroke, a brain hemorrhage, or a cerebrovascular accident?

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

BOX HS1D OMITTED.

HS23g. [I've recorded that (you/SP) previously reported having had skin cancer.] [Since (PREV. SUPP. RD. INT. DATE),] (Has/has) a doctor (ever) told (you/SP) that (you/he/she) had (a new occurrence of) skin cancer?

OCCSKIN YES 1 **BOX HS1D1**
HS23GFLG NO 2 (HS23h)
 REFUSED -7 (HS23h)
 DON'T KNOW -8 (HS23h)

BOX HS1D1	IF SP IN THE SUPPLEMENTAL, ORD, OR DUAL ELIGIBLE SAMPLE, GO TO HS23g1. OTHERWISE, GO TO HS23h.
--------------	---

HS23. Since (TODAY'S DATE) a year ago, did a doctor tell (you/SP) that (you/he/she) had an occurrence of skin cancer?

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

BOX HS1D-1 OMITTED.

HS23h. [I've recorded that (you/SP) previously reported having had a tumor, growth, or cancer of the [HS23i RESPONSE(S).].] [Since (PREV. SUPP. RD. INT. DATE),] (Has/has) a doctor (ever) told (you/SP) that (you/he/she) had any (other) kind of cancer, malignancy, or tumor other than skin cancer?
 [INCLUDE BENIGN OR NON-MALIGNANT TUMORS OR GROWTHS.]

OCCANCER YES 1 **BOX HS1D2**
HS23HFLG NO 2 **BOX HS1E**
 REFUSED -7 **BOX HS1E**
 DON'T KNOW -8 **BOX HS1E**

BOX HS1D2	IF SP IN THE SUPPLEMENTAL, ORD, OR DUAL ELIGIBLE SAMPLE, GO TO HS23h1. OTHERWISE, GO TO HS23i.
--------------	---

HS23h1. Since (TODAY'S DATE) a year ago, did a doctor tell (you/SP) that (you/he/she) had any kind of cancer, malignancy, or tumor other than skin cancer?

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

HS23i. [Since the first time a doctor told (you/SP) that (you/he/she) had a cancer, malignancy, or tumor,
(On/on what part or parts of (your/SP's) body was the cancer or tumor found?
(CODE ALL THAT APPLY. PRESS CTRL/L TO LEAVE SCREEN.)]

OCCLUNG	HS23ILUN	LUNG	1
OC COLON	HS23ICOL	COLON, RECTUM, OR BOWEL	2
OCCBREST	HS23IBRS	BREAST	3
OCCUTER	HS23IUTR	UTERUS	4
OCCPROST	HS23IPRO	PROSTATE	5
OCCBLAD	HS23IBLA	BLADDER	6
OCCOVARY	HS23IOVR	OVARY	7
OCCSTOM	HS23ISTO	STOMACH	8
OC CERVX	HS23ICRV	CERVIX	9
OCCBRAIN	HS23IBRN	OTHER (SPECIFY)	91
OCCKIDNY	HS23IKDY	REFUSED	-7
OCCTHROA	HS23ITHR	DON'T KNOW	-8
OCCHEAD	HS23IHED		
OCCBACK	HS23IBCK		
OCCFONEC	HS23IFEM		
OCCOTHER			
OCCOS	HS23IOT1		
	HS23IOT2		
	HS23IOT3		

BOX HS1E	IF ANY PREVIOUS ROUND HS23j = 1, GO TO BOX HS1F . OTHERWISE, GO TO HS23j.
-------------	---

PREV. SUPP. RD. INT. DATE

HS23j. [Since (PREV. SUPP. RD. INT. DATE),] (Has/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
HS23JFLG	NO	2
	REFUSED	-7
	DON'T KNOW	-8

BOX HS1F	IF ANY PREVIOUS ROUND HS23k = 1, GO TO BOX HS1F1 . OTHERWISE, GO TO HS23k.
-------------	--

HS23k. [Since (PREV. SUPP. RD. INT. DATE),] (Has/has) a doctor (ever) told (you/SP) that (you/he/she) had rheumatoid arthritis?

OCARTHRH	YES	1
HS23KFLG	NO	2
	REFUSED	-7
	DON'T KNOW	-8

BOX HS1F1	IF ANY PREVIOUS ROUND HS23m = 5, GO TO BOX HS1H . OTHERWISE, GO TO HS23l.
--------------	---

BOX HS1G OMITTED.

HS23l. [I've recorded that (you/SP) previously reported having arthritis of the [HS23m RESPONSE(S)].]
[Since (PREV. SUPP. RD. INT. DATE),] (Has/has) a doctor (ever) told (you/SP) that (you/he/she) had
arthritis [in any other part of (your/his/her) body], other than rheumatoid arthritis?
[EXPLAIN, IF NECESSARY: THIS INCLUDES OSTEOARTHRITIS.]

OCARTH	YES	1	BOX HS1F2
HS23LFLG	NO	2	BOX HSE
	REFUSED	-7	BOX HSE
	DON'T KNOW	-8	BOX HSE

BOX HS1F2	IF SP IN THE SUPPLEMENTAL, ORD, OR DUAL ELIGIBLE SAMPLE, GO TO HS23l1. OTHERWISE, GO TO HS23m.
--------------	---

HS23l1. Since (TODAY'S DATE) a year ago, did a doctor tell (you/SP) that (you/he/she) had arthritis in any part of
(your/his/her) body, other than rheumatoid arthritis?

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

HS23m. [Since the first time a doctor told (you/SP) that (you/he/she) had arthritis other than rheumatoid arthritis,] (What/what) (other) part or parts of (your/SP's) body have been affected by arthritis?
[CODE ALL THAT APPLY. PRESS CTRL/L TO LEAVE SCREEN.]
[PREVIOUS PART(S) AFFECTED: (HS23m RESPONSE(S).]

OCAARM	HS23MARM	ARMS, SHOULDERS, OR HANDS	1
OCAFEET	HS23MFEE	HIPS, KNEES, FEET, OR	
OCABACK		ANYWHERE ON LEGS	2
OCANECK	HS23MBCK	BACK	3
OCAALOVR	HS23MNEC	NECK	4
OCAOTHER	HS23MALL	ALL OVER OR JOINTS	5
OCAOS	HS23MOT1	OTHER (SPECIFY)	91
	HS23MOT2	REFUSED	-7
	HS23MOT3	DON'T KNOW	-8

BOX HSE	IF SP IN THE SUPPLEMENTAL, ORD, OR DUAL ELIGIBLE SAMPLE, GO TO HS23n. OTHERWISE, GO TO BOX HS1H .
------------	---

HS23n. Has a doctor ever told (you/SP) that (you/he/she) had mental retardation?

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

BOX HS1H	IF ANY PREVIOUS ROUND HS23o = 1, GO TO HS23p. OTHERWISE, GO TO HS23o.
-------------	--

HS23o. [Since (PREV. SUPP. RD. INT. DATE),] (Has/has) a doctor (ever) told (you/SP) that (you/he/she) had Alzheimer's disease or dementia?

OCALZHR	YES	1
HS23OFLG	NO	2
	REFUSED	-7
	DON'T KNOW	-8

BOX HS1I OMITTED.

HS23p. [Since (PREV. SUPP. RD. INT. DATE),] (Has/has) a doctor (ever) told (you/SP) that (you/he/she) had a mental or psychiatric disorder, including depression?

OCPSYCH	YES	1	BOX HS1I1
HS23PFLG	NO	2	BOX HS1J
	REFUSED	-7	BOX HS1J
	DON'T KNOW	-8	BOX HS1J

BOX HS1I1	IF SP IN THE SUPPLEMENTAL, ORD, OR DUAL ELIGIBLE SAMPLE, GO TO HS23p1. OTHERWISE, GO TO HS1J.
--------------	--

HS23p1. Since (TODAY'S DATE) a year ago, did a doctor tell (you/SP) that (you/he/she) had a mental or psychiatric disorder, including depression?

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

BOX HS1J	IF ANY PREVIOUS ROUND HS23q = 1, GO TO HS23r. OTHERWISE, GO TO HS23q.
-------------	--

HS23q. [Since (PREV. SUPP. RD. INT. DATE),] (Has/has) a doctor (ever) told (you/SP) that (you/he/she) had osteoporosis, sometimes called fragile or soft bones?

OCOSTEOP	YES	1
HS23QFLG	NO	2
	REFUSED	-7
	DON'T KNOW	-8

BOX HS1J-1 OMITTED.

HS23r. [Since (PREV. SUPP. RD. INT. DATE),] (Has/has) a doctor (ever) told (you/SP) that (you/he/she) had a broken hip?

OCBRKHIP	YES	1	BOX HS1J1
HS23RFLG	NO	2	BOX HS1K
	REFUSED	-7	BOX HS1K
	DON'T KNOW	-8	BOX HS1K

BOX HS1J1	IF SP IN THE SUPPLEMENTAL, ORD, OR DUAL ELIGIBLE SAMPLE, GO TO HS23r1. OTHERWISE, GO TO HS1K.
--------------	--

HS23r1. Since (TODAY'S DATE) a year ago, did a doctor tell (you/SP) that (you/he/she) had a broken hip?

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

BOX HS1K	IF ANY PREVIOUS ROUND HS23s = 1, GO TO BOX HS1L . OTHERWISE, GO TO HS23s.
-------------	---

HS23s. [Since (PREV. SUPP. RD. INT. DATE),] (Has/has) a doctor (ever) told (you/SP) that (you/he/she) had Parkinson's disease?

OCPARKIN	YES	1
HS23SFLG	NO	2
	REFUSED	-7
	DON'T KNOW	-8

BOX HS1L	IF ANY PREVIOUS ROUND HS23t = 1, GO TO HS23u. OTHERWISE, GO TO HS23t.
-------------	--

HS23t. [Since (PREV. SUPP. RD. INT. DATE),] (Has/has) a doctor (ever) told (you/SP) that (you/he/she) had emphysema, asthma, or COPD?
[COPD=CHRONIC OBSTRUCTIVE PULMONARY DISEASE.]

OCEMPHYS	YES	1
HS23TFLG	NO	2
	REFUSED	-7
	DON'T KNOW	-8

BOX HS1M OMITTED.

HS23u. IF SP IS OBVIOUSLY PARTIALLY OR COMPLETELY PARALYZED, CODE "YES" AND DO NOT ASK. OTHERWISE, ASK: [Since (PREV. SUPP. RD. INT. DATE),] (Has/has) a doctor (ever) told (you/SP) that (you/he/she) had complete or partial paralysis?

OCPPARAL	YES	1	BOX HS1L1
HS23UFLG	NO	2	BOX HSG
	REFUSED	-7	BOX HSG
	DON'T KNOW	-8	BOX HSG

BOX HSF OMITTED.

BOX HS1L1	IF SP IN THE SUPPLEMENTAL, ORD, OR DUAL ELIGIBLE SAMPLE, GO TO HS23u1. OTHERWISE, GO TO HSG.
--------------	---

HS23u1. Since (TODAY'S DATE) a year ago, did a doctor tell (you/SP) that (you/he/she) had complete or partial paralysis?

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

BOX HSG	IF ANY PREVIOUS ROUND HS23v = 1, GO TO BOX HSGG . OTHERWISE, GO TO HS23v.
------------	--

HS23v. 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 a leg?

OCAMPUTE YES 1
HS23VFLG NO 2
 REFUSED -7
 DON'T KNOW -8

BOX HSGG	IF SP IS FEMALE, GO TO BOX HS2 . IF SP IS IN CONTINUING SAMPLE AND HS13c=1, GO TO BOX HS2 . OTHERWISE, GO TO HS23w.
-------------	---

HS23w. [Before (your/SP's) prostate was removed, did a doctor ever tell]/Has a doctor ever told/[Since (PREV. SUPP. RD. INT. DATE), has a doctor told] (you/SP) that (you/he) had an enlarged prostate or benign prostatic hypertrophy (BPH)?

HAVEPROS YES 1 **BOX HSGG1**
 NO 2 **BOX HS2**
 REFUSED -7 **BOX HS2**
 DON'T KNOW -8 **BOX HS2**

BOX HSGG1	IF SP IN THE SUPPLEMENTAL, ORD, OR DUAL ELIGIBLE SAMPLE, GO TO HS23w1. OTHERWISE, GO TO BOX HS2 .
--------------	---

HS23w1. Since (TODAY'S DATE) a year ago, did a doctor tell (you/SP) that (you/he/she) had an enlarged prostate or benign prostatic hypertrophy (BPH)?

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

BOX HS2	(a) IF SP IN SUPPLEMENTAL SAMPLE, GO TO (b). OTHERWISE, GO TO AC29. (b) IF SP IS 65 OR OLDER, GO TO AC29. IF SP IS UNDER 65, AND ANY "YES" AT HS23a-v, GO TO HS24. IF SP IS UNDER 65 AND <u>ALL</u> "NO" AT HS23a-v, GO TO HS25.
------------	---

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.
[PRESS ENTER TO LEAVE SCREEN.]

GO TO AC29.

EMCAUSE1 **EMCAUSC1**
EMCAUSE2 **EMCAUSC2**
EMCAUSE3

BOX HS3	IF MORE THAN ONE CONDITION MENTIONED IN HS23a-v, ASK HS26. IF ONLY ONE CONDITION MENTIONED IN HS23a-v, GO TO AC29.
------------	---

Display conditions for which HS23a-v coded 1. Allow "other specify" (91).
 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.

HS26. Which of these conditions was the cause of (your/SP's) becoming eligible for Medicare?
 [CODE ALL THAT APPLY - PRESS CTRL/L TO LEAVE SCREEN.]

EMARTERY	EMOTHHRT	EMARTH	EMPARKIN
EMHBP	EMSTROKE	EMMENTAL	EMEMPHYS
EMMYOCAR	EMCSKIN	EMALZHMR	EMPPARAL
EMCHD	EMCANCER	EMPSYCH	EMAMPUTE
EMCFAIL	EMDIABTS	EMOSTEOP	EMOTHOS
EMCVALVE	EMARTHRRH	EMBRKHIP	EMOS
EMRHYTHM			

EMOTHART OMITTED IN ROUND 28.

HSPINT OMITTED IN ROUND 31.

BOX HS3A – BOX HS3L OMITTED IN ROUND 31.

HSP1 – HSP40 OMITTED IN ROUND 31.

AC29. Next, we are going to ask some questions about (your/SP's) health care needs during the past year.

[Since (PREV. SUPP. RD. INT. DATE)/In the last year], (have you/has SP) had any trouble getting health care that (you/he/she) wanted or needed?

HCTROUBL	YES	1 (AC30)
	NO	2 (AC31)
	REFUSED	-7 (AC31)
	DON'T KNOW	-8 (AC31)

AC30. Why was that?
[RECORD VERBATIM. PRESS ENTER TO LEAVE SCREEN.]

HCTRVB1	HCTRC1
HCTRVB2	HCTRC2
HCTRVB3	HCTRC3

AC31. [Since (PREV. SUPP. RD. INT. DATE)/In the last year], (have you/has SP) delayed seeking medical care because (you were/he was/she was) worried about the cost?

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

AC32 OMITTED.

Instrumental Activities of Daily Living (IADLs)

HS27INT. Now I'm going to ask about some everyday activities and whether (you have/SP has) any difficulty doing them by (yourself/himself/herself). [PRESS ENTER TO CONTINUE.]

Telephone

HS27a. Because of a health or physical problem, (do you/does SP) have any difficulty using the telephone?

PRBTELE Yes 1 (HS29a)
 No 2 (HS27b)
 Doesn't Do 3 (HS28a)

HS28a. Is this because of a health or physical problem?

DONTTELE Yes 1 (HS29a)
 No 2 (HS27b)

HS29a. You said that using the telephone is something that (you have difficulty doing/you don't do/SP has difficulty doing/SP doesn't do). (Do you/Does SP) receive help from another person with using the telephone?

HELPTTELE Yes 1 (HS30a)
 No 2 (HS27b)

HS30a. You mentioned that (you receive/SP receives) help with using the telephone. Who gives that help?
 [ENTER ALL HELPERS.]

HLPRTTELE (Go to HS27b)
HLPRROST **D_ADLHNM**

Light Housework

HS27b. Because of a health or physical problem, (do you/does SP) have any difficulty doing light housework (like washing dishes, straightening up, or light cleaning)?

PRBLHWK Yes 1 (HS29b)
 No 2 (HS27c)
 Doesn't Do 3 (HS28b)

HS28b. Is this because of a health or physical problem?

DONTLHWK Yes 1 (HS29b)
 No 2 (HS27c)

HS29b. You said that doing light housework is something that (you have difficulty doing/you don't do/SP has difficulty doing/SP doesn't do). (Do you/Does SP) receive help from another person with doing light housework?

HELPLHWK Yes 1 (HS30b)
 No 2 (HS27c)

HS30b. You mentioned that (you receive/SP receives) help with doing light housework. Who gives that help?
 [ENTER ALL HELPERS.]

HLPRLHWK (Go to HS27c)
HLPRROST

Heavy Housework

HS27c. Because of a health or physical problem, (do you/does SP) have any difficulty doing heavy housework (like scrubbing floors or washing windows)?

PRBHHWK Yes 1 (HS29c)
 No 2 (HS27d)
 Doesn't Do 3 (HS28c)

HS28c. Is this because of a health or physical problem?

DONTHHWK Yes 1 (HS29c)
 No 2 (HS27d)

HS29c. You said that doing heavy housework is something that (you have difficulty doing/you don't do/SP has difficulty doing/SP doesn't do). (Do you/Does SP) receive help from another person with doing heavy housework?

HELPHHWK Yes 1 (HS30c)
 No 2 (HS27d)

HS30c. You mentioned that (you receive/SP receives) help with doing heavy housework. Who gives that help?
 [ENTER ALL HELPERS.]

HLPRHHWK (Go to HS27d)
HLPRROST

Preparing Meals

HS27d. Because of a health or physical problem, (do you/does SP) have any difficulty preparing (your/his/her) own meals?

PRBMEAL Yes 1 (HS29d)
 No 2 (HS27e)
 Doesn't Do 3 (HS28d)

HS28d. Is this because of a health or physical problem?

DONTMEAL Yes 1 (HS29d)
 No 2 (HS27e)

HS29d. You said that preparing (your/his/her) own meals is something that (you have difficulty doing/you don't do/SP has difficulty doing/SP doesn't do). (Do you/Does SP) receive help from another person with preparing (your/his/her) own meals?

HELPMEAL Yes 1 (HS30d)
 No 2 (HS27e)

HS30d. You mentioned that (you receive/SP receives) help with preparing (your/his/her) own meals. Who gives that help? [ENTER ALL HELPERS.]

HLPRMEAL (Go to HS27e)
HLPRROST

Shopping

HS27e. Because of a health or physical problem, (do you/does SP) have any difficulty shopping for personal items (such as toilet items or medicines)?

PRBSHOP Yes 1 (HS29e)
 No 2 (HS27f)
 Doesn't Do 3 (HS28e)

HS28e. Is this because of a health or physical problem?

DONTSHOP Yes 1 (HS29e)
 No 2 (HS27f)

HS29e. You said that shopping for personal items is something that (you have difficulty doing/you don't do/SP has difficulty doing/SP doesn't do). (Do you/Does SP) receive help from another person with shopping for personal items?

HELPSHOP Yes 1 (HS30e)
 No 2 (HS27f)

HS30e. You mentioned that (you receive/SP receives) help with shopping for personal items. Who gives that help?
 [ENTER ALL HELPERS.]

HLPRSHOP (Go to HS27f)
HLPRROST

Managing Money

HS27f. Because of a health or physical problem, (do you/does SP) have any difficulty managing money (like keeping track of expenses or paying bills)?

PRBBILS Yes 1 (HS29f)
 No 2 (HS31INT)
 Doesn't Do 3 (HS28f)

HS28f. Is this because of a health or physical problem?

DONTBILS Yes 1 (HS29f)
 No 2 (HS31INT)

HS29f. You said that managing money is something that (you have difficulty doing/you don't do/SP has difficulty doing/SP doesn't do). (Do you/Does SP) receive help from another person with managing money?

HELPBILS Yes 1 (HS30f)
 No 2 (HS31INT)

HS30f. You mentioned that (you receive/SP receives) help with managing money. Who gives that help?
 [ENTER ALL HELPERS.]

HLPRBILS (Go to HS31INT)
HLPRROST

ACTIVITIES OF DAILY LIVING (ADLs)

HS31INT. 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.

Bathing or Showering

HS31a. Because of a health or physical problem, (do you/does SP) have any difficulty bathing or showering?

HPPDBATH Yes 1 (HS32a)
 No 2 (HS31b)
 Doesn't Do 3 (HS31aa)

HS31aa. Is this because of a health or physical problem?

DONTBATH Yes 1 (HS32a)
 No 2 (HS31b)

HS32a. [You said (your / SP's) health makes bathing or showering difficult.] / [You said that bathing or showering is something (you don't / SP doesn't) do.] (Do you / Does SP) receive help from another person with bathing or showering?

HELPBATH Yes 1 (HS34aa)
 No 2 (HS33a)

HS33a. Does someone usually stay nearby just in case (you need / SP needs) help with bathing or showering [That is, does someone usually stay or come into the room to check on (you / him / her)]?

PCHKBATH Yes 1 (HS34a)
 No 2 (HS34a)

HS34a. (Do you / Does SP) use special equipment or aids to help (you / him / her) with bathing or showering?

EQUIPBATH Yes 1 (HS31b)
 No 2 (HS31b)

HS34aa. How long (have you / has SP) needed help with bathing or showering? Has it been...

LONGBATH Less than 3 months 1 (HS34ba)
 More than 3 months, but less than a year 2 (HS34a)
 More than a year 3 (HS34a)
 Refused -7 (HS34a)
 Don't know -8 (HS34a)

HS34ab. Do you expect that (you / SP) will still need help with bathing or showering three months from now?

STILBATH Yes 1 (HS34a)
 No 2 (HS34a)
 Refused -7 (HS34a)
 Don't know -8 (HS34a)

Dressing

HS31b. Because of a health or physical problem, (do you/does SP) have any difficulty dressing?

HPPDDRES Yes 1 (HS32b)
 No 2 (HS31c)
 Doesn't Do 3 (HS31ab)

HS31ba. Is this because of a health or physical problem?

DONTDRES Yes 1 (HS32b)
 No 2 (HS31c)

HS32b. [You said (your / SP's) health makes dressing difficult.] / [You said that dressing is something (you don't / SP doesn't) do.] (Do you / Does SP) receive help from another person with dressing?

HELPDRES Yes 1 (HS34ab)
 No 2 (HS33b)

HS33b. Does someone usually stay nearby just in case (you need / SP needs) help with dressing [That is, does someone usually stay or come into the room to check on (you / him / her)]?

PCHKDRES Yes 1 (HS34b)
 No 2 (HS34b)

HS34b. (Do you / Does SP) use special equipment or aids to help (you / him / her) with dressing?

EQIPDRES Yes 1 (HS31c)
 No 2 (HS31c)

HS34ba. How long (have you / has SP) needed help with dressing? Has it been...

LONGDRES Less than 3 months 1 (HS34bb)
 More than 3 months, but less than a year 2 (HS34b)
 More than a year 3 (HS34b)
 Refused -7 (HS34b)
 Don't know -8 (HS34b)

HS34bb. Do you expect that (you / SP) will still need help with dressing three months from now?

STILDRES Yes 1 (HS34b)
 No 2 (HS34b)
 Refused -7 (HS34b)
 Don't know -8 (HS34b)

Eating

HS31c. Because of a health or physical problem, (do you/does SP) have any difficulty eating?

HPPDEAT Yes 1 (HS32c)
 No 2 (HS31d)
 Doesn't Do 3 (HS31ac)

HS31ca. Is this because of a health or physical problem?

DONTEAT Yes 1 (HS32c)
 No 2 (HS31d)

HS32c. [You said (your / SP's) health makes eating difficult.] / [You said that eating is something (you don't / SP doesn't) do.] (Do you / Does SP) receive help from another person with eating?

HELPEAT Yes 1 (HS34ac)
 No 2 (HS33c)

HS33c. Does someone usually stay nearby just in case (you need / SP needs) help with eating [That is, does someone usually stay or come into the room to check on (you / him / her)]?

PCHKEAT Yes 1 (HS34c)
 No 2 (HS34c)

HS34c. (Do you / Does SP) use special equipment or aids to help (you / him / her) with eating?

EQUIPEAT Yes 1 (HS31d)
 No 2 (HS31d)

HS34ca. How long (have you / has SP) needed help with eating? Has it been...

LONGEAT Less than 3 months 1 (HS34bc)
 More than 3 months, but less than a year 2 (HS34c)
 More than a year 3 (HS34c)
 Refused -7 (HS34c)
 Don't know -8 (HS34c)

HS34cb. Do you expect that (you / SP) will still need help with eating three months from now?

STILEAT Yes 1 (HS34c)
 No 2 (HS34c)
 Refused -7 (HS34c)
 Don't know -8 (HS34c)

Getting In or Out of Bed or Chairs

HS31d. Because of a health or physical problem, (do you/does SP) have any difficulty getting in or out of bed or chairs?

HPPDCHAR Yes 1 (HS32d)
 No 2 (HS31e)
 Doesn't Do 3 (HS31ad)

HS31da. Is this because of a health or physical problem?

DONTCHAR Yes 1 (HS32d)
 No 2 (HS31e)

HS32d. [You said (your / SP's) health makes getting in or out of bed or chairs difficult.] / [You said that getting in or out of bed or chairs is something (you don't / SP doesn't) do.] (Do you / Does SP) receive help from another person with getting in or out of bed or chairs?

HELPCHAR Yes 1 (HS34ad)
 No 2 (HS33d)

HS33d. Does someone usually stay nearby just in case (you need / SP needs) help with getting in or out of bed or chairs [That is, does someone usually stay or come into the room to check on (you / him / her)]?

PCHKCHAR Yes 1 (HS34d)
 No 2 (HS34d)

HS34d. (Do you / Does SP) use special equipment or aids to help (you / him / her) with getting in or out of bed or chairs?

EQIPCHAR Yes 1 (HS31e)
 No 2 (HS31e)

HS34da. How long (have you / has SP) needed help with getting in or out of bed or chairs? Has it been...

LONGCHAR Less than 3 months 1 (HS34bd)
 More than 3 months, but less than a year 2 (HS34d)
 More than a year 3 (HS34d)
 Refused -7 (HS34d)
 Don't know -8 (HS34d)

HS34db. Do you expect that (you / SP) will still need help with getting in or out of bed or chairs three months from now?

STILCHAR Yes 1 (HS34d)
 No 2 (HS34d)
 Refused -7 (HS34d)
 Don't know -8 (HS34d)

Walking

HS31e. Because of a health or physical problem, (do you/does SP) have any difficulty walking?

HPPDWALK Yes 1 (HS32e)
 No 2 (HS31f)
 Doesn't Do 3 (HS31ae)

HS31ea. Is this because of a health or physical problem?

DONTWALK Yes 1 (HS32e)
 No 2 (HS31f)

HS32e. [You said (your / SP's) health makes walking difficult.] / [You said that walking is something (you don't / SP doesn't) do.] (Do you / Does SP) receive help from another person with walking?

HELPWALK Yes 1 (HS34ae)
 No 2 (HS33e)

HS33e. Does someone usually stay nearby just in case (you need / SP needs) help with walking [That is, does someone usually stay or come into the room to check on (you / him / her)]?

PCHKWALK Yes 1 (HS34e)
 No 2 (HS34e)

HS34e. (Do you / Does SP) use special equipment or aids to help (you / him / her) with walking?

EQUIPWALK Yes 1 (HS31f)
 No 2 (HS31f)

HS34ea. How long (have you / has SP) needed help with walking? Has it been...

LONGWALK Less than 3 months 1 (HS34be)
 More than 3 months, but less than a year 2 (HS34e)
 More than a year 3 (HS34e)
 Refused -7 (HS34e)
 Don't know -8 (HS34e)

HS34eb. Do you expect that (you / SP) will still need help with walking three months from now?

STILWALK Yes 1 (HS34e)
 No 2 (HS34e)
 Refused -7 (HS34e)
 Don't know -8 (HS34e)

Using the Toilet

HS31f. Because of a health or physical problem, (do you/does SP) have any difficulty using the toilet?

HPPDTOIL Yes 1 (HS32f)
 No 2 (Note above HS35)
 Doesn't Do 3 (HS31af)

HS31fa. Is this because of a health or physical problem?

DONTOIL Yes 1 (HS32f)
 No 2 (Note above HS35)

HS32f. [You said (your / SP's) health makes using the toilet difficult.] / [You said that using the toilet is something (you don't / SP doesn't) do.] (Do you / Does SP) receive help from another person with using the toilet?

HELPTOIL Yes 1 (HS34af)
 No 2 (HS33f)

HS33f. Does someone usually stay nearby just in case (you need / SP needs) help with using the toilet [That is, does someone usually stay or come into the room to check on (you / him / her)]?

PCHKTOIL Yes 1 (HS34f)
 No 2 (HS34f)

HS34f. (Do you / Does SP) use special equipment or aids to help (you / him / her) with using the toilet?

EQUIPTOIL Yes 1 (Note above HS35)
 No 2 (Note above HS35)

HS34fa. How long (have you / has SP) needed help with using the toilet? Has it been...

LONGTOIL Less than 3 months 1 (HS34bf)
 More than 3 months, but less than a year 2 (HS34f)
 More than a year 3 (HS34f)
 Refused -7 (HS34f)
 Don't know -8 (HS34f)

HS34fb. Do you expect that (you / SP) will still need help with using the toilet three months from now?

STILTOIL Yes 1 (HS34f)
 No 2 (HS34f)
 Refused -7 (HS34f)
 Don't know -8 (HS34f)

GO TO HS35 IF "YES" RESPONSE WAS SELECTED FOR ANY ACTIVITY IN HS32A-F,
OTHERWISE GO TO HS36A.

- HS35. You mentioned that [(you receive / SP receives) help / someone stays nearby in case (you need / SP needs) help] with (name all ADL'S with Yes in HS32a-f). Who [gives that help / stays nearby in case (you need / SP needs) help]? [ENTER ALL HELPERS.]

HLPRROST **D_ADLHNM**
HLPRBATH
HLPRDRES
HLPREAT
HLPRCHAR
HLPRWALK
HLPRTOIL

IF MORE THAN ONE HELPER NAMED GO TO HS36, OTHERWISE GO TO HS36A

- HS36. Which of these persons gives (you/SP) the most help with these things? [SELECT ONLY ONE.]

MOSTADLS
HLPRMOST

- HS36a. (Do you/Does SP) experience memory loss such that it interferes with daily activities?

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

- HS36b. (Do you/Does SP) have problems making decisions to the point that it interferes with daily activities?

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

- HS36c. (Do you/Does SP) have trouble concentrating or keeping (your/his/her) mind on what (you are/he is/she is) doing?

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

HS36d. In the past 12 months, how much of the time did (you/SP) feel sad, blue, or depressed? Would you say (you were/SP was) sad or depressed all of the time, most of the time, some of the time, a little of the time, or none of the time?

SHOW CARD HS4

TIMESAD

ALL OF THE TIME	1
MOST OF THE TIME	2
SOME OF THE TIME	3
A LITTLE OF THE TIME	4
NONE OF THE TIME	5
REFUSED.....	-7
DON'T KNOW	-8

HS36e. In the past 12 months, (have you/has SP) had 2 weeks or more when (you/he/she) lost interest or pleasure in things that (you/he/she) usually cared about or enjoyed?

LOSTINTR

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

HS37. I'd like to ask about a health problem that is more common than people think. 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/since (PREV. SUPP. RD. INT. DATE)].

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
SP IS ON DIALYSIS OR CATHETERIZATION	8
REFUSED	-7
DON'T KNOW	-8

BOX HS4	GO TO BOX SC1A .
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