

MCBS MAIN STUDY - ROUND 46 – FALL SUPPLEMENT 2006

COMMUNITY COMPONENT

HF. HEALTH STATUS AND FUNCTIONING

BOX HFA1	IF SP IS DECEASED OR INSTITUTIONALIZED, GO TO BOX SC1A . OTHERWISE, GO TO HFA1.
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HFA1. 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

HFA2. 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

HFA3. 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

BOX HFB1A OMITTED IN ROUND 46.

HFB1. (Do you/Does SP) wear eyeglasses or contact lenses?

ECHELP	YES	1 (HFB2)
	NO	2 (HFB2)
	SP IS BLIND	3 (HFB3)
	REFUSED	-7 (HFB6)
	DON'T KNOW	-8 (HFB6)

HFB2. Which statement best describes (your/SP's) vision (while wearing glasses or contact lenses): no trouble seeing, a little trouble, a lot of trouble, or no usable vision?

ECTROUB	NO TROUBLE SEEING	1 (HFB6)
	A LITTLE TROUBLE SEEING	2 (HFB3)
	A LOT OF TROUBLE SEEING	3 (HFB3)
	NO USABLE VISION.....	4 (HFB3)
	REFUSED	-7 (HFB6)
	DON'T KNOW	-8 (HFB6)

HFB3. Because of (your/SP's) difficulty seeing, how much trouble (do you/does SP) have with prescription labels or medical instructions? Would you say (you have/he has/she has) no trouble, a little trouble, or a lot of trouble?

EINTROUB	NO TROUBLE	1
	A LITTLE TROUBLE	2
	A LOT OF TROUBLE	3
	REFUSED	-7
	DON'T KNOW	-8

HFB4. Because of (your/SP's) difficulty seeing, how much trouble (do you/does SP) have finding out things (you need/he needs/she needs) to know about Medicare? Would you say (you have/he has/she has) no trouble, a little trouble, or a lot of trouble?

EMCTROUB	NO TROUBLE	1
	A LITTLE TROUBLE	2
	A LOT OF TROUBLE	3
	REFUSED	-7
	DON'T KNOW	-8

HFB5. Because of (your/SP's) difficulty seeing, how much trouble (do you/does SP) have obtaining medical care, such as finding care or getting there when (you need/he needs/she needs) it? Would you say (you have/he has/she has) no trouble, a little trouble, or a lot of trouble?

EOBTROUB	NO TROUBLE	1
	A LITTLE TROUBLE	2
	A LOT OF TROUBLE	3
	REFUSED	-7
	DON'T KNOW	-8

HS4a OMITTED IN ROUND 34.

HFB6. (Have you/Has SP) had an eye examination by an eye doctor since [(PREVIOUS SUPPLEMENTAL ROUND INTERVIEW DATE)/(TODAY'S DATE) a year ago]?
[INCLUDE OPHTHALMOLOGISTS AND OPTOMETRISTS.]

EDOCEXAM	YES	1	BOX HFB1
	NO	2	(HFB7)
	REFUSED	-7	BOX HFB1
	DON'T KNOW	-8	BOX HFB1

HS4b OMITTED IN ROUND 34.

HFB7. How long has it been since (your/SP's) last eye examination by an eye doctor?

EDOCLAST	NEVER HAD EYE EXAM BY EYE DOCTOR	1	(HFB8)
	1 YEAR TO LESS THAN 2 YEARS	2	BOX HFB1
	2 YEARS TO LESS THAN 5 YEARS	3	(HFB8)
	5 YEARS OR MORE	4	(HFB8)
	REFUSED	-7	BOX HFB1
	DON'T KNOW	-8	BOX HFB1

HFB8-HFB9 OMITTED IN ROUND 37.

HFB8-HFB9 REINSTATED IN ROUND 40.

HFB8-HFB9 OMITTED IN ROUND 43.

HFB8-HFB9 REINSTATED IN ROUND 46.

BOX HFB1 OMITTED IN ROUND 43.

BOX HFB1 REINSTATED IN ROUND 46.

HFB8. You mentioned that (you/SP) did not have an eye examination by an eye doctor in the past two years. What is the reason for not having an eye examination more recently?

[PRESS ENTER TO CONTINUE.]

HFB9. REASON NO EYE EXAMINATION:

[PROBE: Any other reason?]

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

ENOCHNGE	DIDN'T KNOW IT WAS NEEDED/NO NEED/NOTHING WRONG/NO VISION CHANGE.....	1
ENOTNEED	NOT NEEDED MORE OFTEN/ON A DIFFERENT SCHEDULE.....	2
ENOUSE	DIDN'T THINK IT COULD PREVENT EYE DISEASE/NOTHING COULD BE DONE.....	3
EEFFECT	SIDE EFFECTS/COULD MAKE PROBLEMS WORSE.....	4
ENORISK	NOT AT RISK FOR EYE DISEASE	5
ENOTREC	DOCTOR DID NOT PRESCRIBE OR RECOMMEND IT	6
EAGAINST	DOCTOR RECOMMENDED AGAINST GETTING IT	7
ENOTRUST	DON'T TRUST DOCTORS TO HELP ME.....	8
ETMAPPTS	TOO MANY DOCTOR APPOINTMENTS ALREADY.....	9
EDISCOMF	DON'T LIKE EYE EXAMS, PAIN, DROPS/BOTHERS EYES.....	10
EINCONVT	INCONVENIENT TO GET TO EXAM/TRANSPORTATION DIFFICULTY	11
ENOFIND	DIDN'T KNOW WHERE TO GO/COULDN'T FIND PLACE TO GET EYE EXAM.....	12
EFORGOT	DIDN'T THINK ABOUT IT/FORGOT/MISSED IT/PROCRASTINATED ...	13
	COST OF EXAM/INSURANCE DOESN'T COVER COST/NOT WORTH	
ECOSTPAY	THE MONEY/MEDICARE DOESN'T PAY FOR ROUTINE EXAMS.....	14
EAFRAID	AFRAID OF RESULTS/DON'T WANT TO KNOW	15
EOTHRDOC	DOCTOR OTHER THAN EYE DOCTOR CHECKS EYES	16
EREAOTHR	OTHER (SPECIFY).....	91
EREAOHS	REFUSED	-7
	DON'T KNOW	-8

BOX HFB1	IF SP IN THE SUPPLEMENTAL, ORD, OR DUAL ELIGIBLE SAMPLE, GO TO HFB10. OTHERWISE, GO TO HFC1.
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HFB10. (Have you/Has SP) ever had an operation for cataracts?

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

HFC1. (Do you/Does SP) use a hearing aid?

HCHELP	YES	1 (HFC2)
	NO	2 (HFC2)
	SP IS DEAF	3 (HFC3)
	REFUSED	-7 (HFD1a)
	DON'T KNOW	-8 (HFD1a)

- HFC2. Which statement best describes (your/SP's) hearing (with a hearing aid): no trouble hearing, a little trouble, a lot of trouble, or deaf?

HCTROUB	NO TROUBLE HEARING	1 (HFD1a)
	A LITTLE TROUBLE HEARING	2 (HFC3)
	A LOT OF TROUBLE HEARING	3 (HFC3)
	DEAF	4 (HFC3)
	REFUSED	-7 (HFD1a)
	DON'T KNOW	-8 (HFD1a)

- HFC3. How much trouble (do you/does SP) have finding out things (you need/he needs/she needs) to know about Medicare because [of (your/his/her) difficulty hearing/(you are/he is/she is) deaf]? Would you say (you have/he has/she has) no trouble, a little trouble, or a lot of trouble?

HCKNOWMC	NO TROUBLE	1
	A LITTLE TROUBLE	2
	A LOT OF TROUBLE	3
	REFUSED	-7
	DON'T KNOW	-8

- HFC4. How much trouble (do you/does SP) have communicating with (your/his/her) doctor or other medical personnel because [of (your/his/her) difficulty hearing/(you are/he is/she is) deaf]? Would you say (you have/he has/she has) no trouble, a little trouble, or a lot of trouble?

HCCOMDOC	NO TROUBLE	1
	A LITTLE TROUBLE	2
	A LOT OF TROUBLE	3
	REFUSED	-7
	DON'T KNOW	-8

HFD1 OMITTED IN ROUND 43.

- HFD1a. How much trouble (do you/does SP) have eating solid foods because of problems with (your/his/her) mouth or teeth? Would you say (you have/he has/she has) no trouble, a little trouble, or a lot of trouble?

FOODTRBL	NO TROUBLE	1
	A LITTLE TROUBLE	2
	A LOT OF TROUBLE	3
	REFUSED	-7
	DON'T KNOW	-8

BOX HSB OMITTED.

- HFE1. How tall (are you/is SP)?

HEIGHTFT	_____	_____
HEIGHTIN	FEET	INCHES
	REFUSED	-7
	DON'T KNOW	-8

HFE2. How much (do you/does SP) weigh?

WEIGHT

	POUNDS	
REFUSED		-7
DON'T KNOW		-8

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

HFF1. 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

HFF2. 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 HFF1	IF SP IS FEMALE: GO TO HFF3. IF SP IS MALE: GO TO BOX HFF3.
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HFF3. (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 (HFF6)
	NO	2 (HFF4)
	REFUSED	-7 (HFF6)
	DON'T KNOW	-8 (HFF6)

HS11a-HS11b OMITTED IN ROUND 34.

HFF4. 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.]

HFF5. REASON NO MAMMOGRAM:

[PROBE: Any other reason?]

[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

HFF6. (Have you/Has SP) had a Pap smear test since [(PREV. SUPP. RD. INT. DATE)/(TODAY'S DATE) a year ago]?

PAPSMEAR	YES	1	BOX HFF2
	NO	2	(HFF7)
	REFUSED	-7	BOX HFF2
	DON'T KNOW	-8	BOX HFF2

HS12a OMITTED IN ROUND 34.

HFF7. 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.]

HFF8. REASON NO PAP SMEAR TEST:

[PROBE: Any other reason?]

[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

BOX HFF2	IF SP IN THE SUPPLEMENTAL, ORD, OR DUAL ELIGIBLE SAMPLE, AND IF CODE 14 NOT SELECTED AT HFF8, GO TO HFF9. OTHERWISE, GO TO HFF15.
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HFF9. (Have you/Has SP) ever had a hysterectomy?

HYSTEREC	YES	1 (HFF15)
	NO	2 (HFF15)
	REFUSED	-7 (HFF15)
	DON'T KNOW	-8 (HFF15)

BOX HFF3	IF ANY PREVIOUS ROUND HS13c = 1 OR HFF10 = 1, GO TO HFF11. OTHERWISE, GO TO HFF10.
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HFF10.

HFF10. Since (PREV. SUPP. RD. INT. DATE)/(TODAY'S DATE) a year ago, (have you/has SP)/(Have you/Has SP) ever had surgery on (your/his) prostate?

[EXPLAIN IF NECESSARY: Surgery on the prostate gland is typically used as a treatment for prostate cancer or to correct urinary problems. Surgery can include complete or partial removal of the prostate.]

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

HFF11. These next few questions are about (preventive health care measures some people take/follow-up care sometimes prescribed after prostate surgery).

(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 follow-up care after prostate surgery.]

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

HFF12. (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 follow-up care after prostate surgery.]

BLOODTST	YES	1 (HFF15)
	NO	2 (HFF13)
	REFUSED	-7 (HFF15)
	DON'T KNOW	-8 (HFF15)

HS13bb OMITTED IN ROUND 34.

HFF13. 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.]

HFF14. REASON NO PROSTATE BLOOD TEST:

[PROBE: Any other reason?]

[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
PRONOTHR	OTHER (SPECIFY) _____	91
PRONOTHS	REFUSED	-7
	DON'T KNOW	-8

HS13c OMITTED IN ROUND 34.

HFF15. 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 (HFF20)
	NO	2 (HFF16)
	REFUSED	-7 BOX HFF5
	DON'T KNOW	-8 BOX HFF5

HFF15a OMITTED IN ROUND 43.

HFF16. Why didn't (you/SP) get a flu shot last winter?

[PRESS ENTER TO CONTINUE.]

HFF17. REASON NO FLU SHOT LAST WINTER:

[PROBE: Any other reason?]

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

FLUNEED	DIDN'T KNOW IT WAS NEEDED	1
FLUCAUSE	IT COULD CAUSE FLU	2
FLUSIDE	IT 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 IT	6
FLUAGNST	DOCTOR RECOMMENDED AGAINST GETTING IT/ALLERGIC/ 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/NOT WORTH THE MONEY	11
FLUBEFOR	HAD SHOT OR FLUMIST BEFORE/DIDN'T NEED IT AGAIN	12
FLUVACC	VACCINE UNAVAILABLE/VACCINE SHORTAGE	13
	OTHER (SPECIFY)	91
FLUOTHER	REFUSED	-7
	DON'T KNOW	-8
FLUOTHOS		

BOX HFF4	IF CODE 13 NOT SELECTED AT HFF17 (FLUVACC = 2, -7, OR -8), GO TO HFF21. IF CODE 13 SELECTED AT HFF17 (FLUVACC = 1), GO TO BOX HFF5 .
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HFF18 – HFF19 OMITTED IN ROUND 40.

HFF18 – HFF19 REINSTATED IN ROUND 43.

HFF18 – HFF19 OMITTED IN ROUND 46.

HFF20. 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?

VACSUPLY	YES	1	BOX HFF5
	NO	2	BOX HFF5
	REFUSED	-7	BOX HFF5
	DON'T KNOW	-8	BOX HFF5

HFF21. 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
	NO	2
	REFUSED	-7
	DON'T KNOW	-8

BOX HFF5	IF SP IN THE SUPPLEMENTAL, ORD, OR DUAL ELIGIBLE SAMPLE, GO TO HFF22. IF SP IN THE CONTINUING SAMPLE AND ANY PREVIOUS ROUND HFF22 = 1, GO TO BOX HFG1 . OTHERWISE, GO TO HFF22.
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HFF22. (Have you/Has SP) ever had a shot for pneumonia?

PNEUSHOT HS15FLG	YES	1	BOX HFG1
	NO	2	(HFF23)
	REFUSED	-7	BOX HFG1
	DON'T KNOW	-8	BOX HFG1

HFF23. Why didn't (you/SP) ever have a shot for pneumonia?

[PROBE: Any other reason?]

[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 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 HFG1	IF HFG2 = 1, 2, -7, -8, OR -9 IN THE PREVIOUS ROUND, GO TO HFG2. OTHERWISE, GO TO HFG1.
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HFG1. (Have you/Has SP) ever smoked cigarettes, cigars, or pipe tobacco?

EVERSMOK	YES	1 (HFG2)
HS16FLG	NO	2 (HFHINTRO)
	REFUSED	-7 (HFHINTRO)
	DON'T KNOW	-8 (HFHINTRO)

HFG2. (Do you/Does SP) smoke cigarettes, cigars, or pipe tobacco now?

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

HS17a-HS17g OMITTED IN ROUND 34.

HS17a-HS17g REINSTATED IN ROUND 37 AS HFG3-HFG9.

HS17EINT OMITTED IN ROUND 34.

HS17EINT REINSTATED IN ROUND 37 AS HFG7INT.

BOX HS1AB OMITTED IN ROUND 34**BOX HS1AB** REINSTATED IN ROUND 37 AS BOX HFG2.

HFG3-HFG9 OMITTED IN ROUND 40.

HFG3-HFG9 REINSTATED IN ROUND 43.

HFG3-HFG9 OMITTED IN ROUND 46.

BOX HFG2 OMITTED IN ROUND 40.**BOX HFG2** REINSTATED IN ROUND 43.**BOX HFG2** OMITTED IN ROUND 46.

HFHINTRO. 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.]

HFH1. 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
HF1

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

HFH2. 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, some difficulty, a lot of difficulty, or (are/is) not able to do it?

SHOW
CARD
HF1

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

HFH3. What about reaching or extending arms above shoulder level?

SHOW
CARD
HF1

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

HFH4. 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
HF1

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

HFH5. What about walking a quarter of a mile -- that is, about 2 or 3 blocks?

SHOW CARD HF1

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-HS22g OMITTED IN ROUND 34.

HS22a-HS22g REINSTATED IN ROUND 37 AS HFH6-HFH12.

HS22EINT OMITTED IN ROUND 34.

HS22EINT REINSTATED IN ROUND 37 AS HFH10INT.

HFH6-HFH12 OMITTED IN ROUND 40.

HFH6-HFH12 REINSTATED IN ROUND 43.

HFH6-HFH12 OMITTED IN ROUND 46.

HFH10INT OMITTED IN ROUND 40.

HFH10INT REINSTATED IN ROUND 43.

HFH10INT OMITTED IN ROUND 46.

HFJINTRO. 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 HFJ1	IF ANY PREVIOUS ROUND HFJ1 = 1, GO TO HFJ2. OTHERWISE, GO TO HFJ1.
-------------	---

HFJ1. [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
HS23AFLG

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

BOX HS1C OMITTED IN ROUND 19.

HFJ2. [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 HFJ2
HS23BFLG	NO	2	(HFJ4)
	REFUSED	-7	(HFJ4)
	DON'T KNOW	-8	(HFJ4)

BOX HS1C-1 OMITTED IN ROUND 19.

BOX HFJ2	IF SP IN THE SUPPLEMENTAL, ORD, OR DUAL ELIGIBLE SAMPLE, GO TO HFJ3. OTHERWISE, GO TO HFJ4.
-------------	--

HFJ3. 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

HFJ4. [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 HFJ3
HS23CFLG	NO	2	(HFJ6)
	REFUSED	-7	(HFJ6)
	DON'T KNOW	-8	(HFJ6)

BOX HS1C-2 OMITTED IN ROUND 19.

BOX HFJ3	IF SP IN THE SUPPLEMENTAL, ORD, OR DUAL ELIGIBLE SAMPLE, GO TO HFJ5. OTHERWISE, GO TO HFJ6.
-------------	--

HFJ5. 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

HFJ6. [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 HFJ4
HS23DFLG	NO	2	(HFJ8)
	REFUSED	-7	(HFJ8)
	DON'T KNOW	-8	(HFJ8)

BOX HS1C-3 OMITTED IN ROUND 19.

BOX HFJ4	IF SP IN THE SUPPLEMENTAL, ORD, OR DUAL ELIGIBLE SAMPLE, GO TO HFJ7. OTHERWISE, GO TO HFJ8.
-------------	--

HFJ7. 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

HFJ8. [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 HFJ5
HS23E1FL	NO	2	(HFJ10)
	REFUSED	-7	(HFJ10)
	DON'T KNOW	-8	(HFJ10)

BOX HFJ5	IF SP IN THE SUPPLEMENTAL, ORD, OR DUAL ELIGIBLE SAMPLE, GO TO HFJ9. OTHERWISE, GO TO HFJ10.
-------------	---

HFJ9. 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

HFJ10. [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 HFJ6
HS23E2FL	NO	2	(HFJ12)
	REFUSED	-7	(HFJ12)
	DON'T KNOW	-8	(HFJ12)

BOX HFJ6	IF SP IN THE SUPPLEMENTAL, ORD, OR DUAL ELIGIBLE SAMPLE, GO TO HFJ11. OTHERWISE, GO TO HFJ12.
-------------	--

HFJ11. 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

HFJ12. [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 HFJ7
HS23E3FL	NO	2	(HFJ14)
	REFUSED	-7	(HFJ14)
	DON'T KNOW	-8	(HFJ14)

BOX HFJ7	IF SP IN THE SUPPLEMENTAL, ORD, OR DUAL ELIGIBLE SAMPLE, GO TO HFJ13. OTHERWISE, GO TO HFJ14.
-------------	--

HFJ13. 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

HFJ14. [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?

OCOTHHRT	YES	1	BOX HFJ8
HS23E4FL	NO	2	(HFJ16)
	REFUSED	-7	(HFJ16)
	DON'T KNOW	-8	(HFJ16)

BOX HFJ8	IF SP IN THE SUPPLEMENTAL, ORD, OR DUAL ELIGIBLE SAMPLE, GO TO HFJ15. OTHERWISE, GO TO HFJ16.
-------------	--

HFJ15. 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?

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

HS23e OMITTED IN ROUND 28.

BOX HS1C-4 OMITTED IN ROUND 19.

HFJ16. [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 HFJ9
HS23FFLG	NO	2	(HFJ17a)
	REFUSED	-7	(HFJ17a)
	DON'T KNOW	-8	(HFJ17a)

BOX HFJ9	IF SP IN THE SUPPLEMENTAL, ORD, OR DUAL ELIGIBLE SAMPLE, GO TO HFJ17. OTHERWISE, GO TO HFJ17a.
-------------	---

HFJ17. 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

HFJ17a. Has a doctor ever told (you/SP) that (you/he/she) had high cholesterol?

OCCHOLES	YES	1 (HFJ17b)
	NO	2 (HFJ18)
	REFUSED	-7 (HFJ18)
	DON'T KNOW	-8 (HFJ18)

HFJ17b. Since (TODAY'S DATE) a year ago, did a doctor tell (you/SP) that (you/he/she) had high cholesterol?

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

BOX HS1D OMITTED IN ROUND 19.

HFJ18. [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 HS23GFLG	YES	1 BOX HFJ10
	NO	2 (HFJ20)
	REFUSED	-7 (HFJ20)
	DON'T KNOW	-8 (HFJ20)

BOX HFJ10	IF SP IN THE SUPPLEMENTAL, ORD, OR DUAL ELIGIBLE SAMPLE, GO TO HFJ19. OTHERWISE, GO TO HFJ20.
----------------------	--

HFJ19. 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 IN ROUND 19.

HFJ20. [I've recorded that (you/SP) previously reported having had a tumor, growth, or cancer of the [HFJ22 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 HFJ11
HS23HFLG	NO	2	BOX HFJ13
	REFUSED	-7	BOX HFJ13
	DON'T KNOW	-8	BOX HFJ13

BOX HFJ11	IF SP IN THE SUPPLEMENTAL, ORD, OR DUAL ELIGIBLE SAMPLE, GO TO HFJ21. OTHERWISE, GO TO HFJ22.
--------------	--

HFJ21. 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

HFJ22. [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?
[PROBE: Any other part?]
[CODE ALL THAT APPLY. PRESS CTRL/L TO LEAVE SCREEN.]

OCCLUNG	HS23ILUN	LUNG	1
OCCECOLON	HS23ICOL	COLON, RECTUM, OR BOWEL	2
OCCBREAST	HS23IBRS	BREAST	3
OCCUTER	HS23IUTR	UTERUS	4
OCCPROST	HS23IPRO	PROSTATE	5
OCCBLAD	HS23IBLA	BLADDER	6
OCCOVARY	HS23IOVR	OVARY	7
OCCSTOM	HS23ISTO	STOMACH	8
OCCECERVX	HS23ICRV	CERVIX	9
OCCBRAIN	HS23IBRN	BRAIN	10
OCCKIDNY	HS23IKDY	KIDNEY	11
OCCTHROA	HS23ITHR	THROAT	12
OCCHEAD	HS23IHED	HEAD	13
OCCBACK	HS23IBCK	BACK.....	14
OCCFONEC	HS23IFEM	FEMALE ORGANS NOT LISTED ABOVE	15
OCCOTHER		OTHER (SPECIFY) _____	91
OCCOS	HS23IOT1	REFUSED	-7
	HS23IOT2	DON'T KNOW	-8
	HS23IOT3		

BOX HFJ12 OMITTED IN ROUND 40.

HFJ23 MOVED/REVISED TO BE HFJ41a IN ROUND 40.

BOX HFJ13	IF ANY PREVIOUS ROUND HFJ24 = 1, GO TO BOX HFJ14 . OTHERWISE, GO TO HFJ24.
--------------	--

HFJ24. [Since (PREV. SUPP. RD. INT. DATE),] (Has/has) a doctor (ever) told (you/SP) that (you/he/she) had rheumatoid arthritis?

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

BOX HFJ14	IF ANY PREVIOUS ROUND HFJ25 = 1, GO TO BOX HFJ17 . OTHERWISE, GO TO HFJ25.
--------------	--

BOX HS1G OMITTED IN ROUND 19.

HFJ25. [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 HFJ15
HS23LFLG	NO	2	BOX HFJ16
	REFUSED	-7	BOX HFJ16
	DON'T KNOW	-8	BOX HFJ16

BOX HFJ15	IF SP IN THE SUPPLEMENTAL, ORD, OR DUAL ELIGIBLE SAMPLE, GO TO HFJ26. OTHERWISE, GO TO BOX HFJ17 .
--------------	--

HFJ26. 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?

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

HFJ27 OMITTED IN ROUND 43.

BOX HFJ16	IF SP IN THE SUPPLEMENTAL, ORD, OR DUAL ELIGIBLE SAMPLE, GO TO HFJ28. OTHERWISE, GO TO BOX HFJ17 .
--------------	--

HFJ28. 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 HFJ17	IF ANY PREVIOUS ROUND HFJ29 = 1, GO TO HFJ30aa. OTHERWISE, GO TO HFJ29.
--------------	--

HFJ29. [Since (PREV. SUPP. RD. INT. DATE),] (Has/has) a doctor (ever) told (you/SP) that (you/he/she) had Alzheimer's disease or dementia?

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

BOX HS11 OMITTED IN ROUND 19.

HFJ30aa. [Since (PREV. SUPP. RD. INT. DATE),] (Has/has) a doctor (ever) told (you/SP) that (you/he/she) had depression?

OCDEPRSS YES 1 **BOX HFJ17A**
 NO 2 (HFJ30a)
 REFUSED -7 (HFJ30a)
 DON'T KNOW -8 (HFJ30a)

BOX HFJ17A	IF SP IN THE SUPPLEMENTAL, ORD, OR DUAL ELIGIBLE SAMPLE, GO TO HFJ30bb. OTHERWISE, GO TO HFJ30a.
---------------	--

HFJ30bb. Display today's month and day. Display month as the word description (e.g., "January").

HFJ30bb. Since (TODAY'S DATE) a year ago, did a doctor tell (you/SP) that (you/he/she) had depression?

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

HFJ30 OMITTED IN ROUND 43.

HFJ30a. [Since (PREV. RD. INT. DATE),] (Has/has) a doctor (ever) told (you/SP) that (you/he/she) had a mental or psychiatric disorder other than depression?

OCPSYCHO	YES	1	BOX HFJ17B
	NO	2	BOX HFJ19
	REFUSED	-7	BOX HFJ19
	DON'T KNOW	-8	BOX HFJ19

BOX HFJ17B	IF SP IN THE SUPPLEMENTAL, ORD, OR DUAL ELIGIBLE SAMPLE, GO TO HFJ31a. OTHERWISE, GO TO BOX HFJ19 .
---------------	--

BOX HFJ18 OMITTED IN ROUND 43.

HFJ31 OMITTED IN ROUND 43.

HFJ31a. Since (TODAY'S DATE) a year ago, did a doctor tell (you/SP) that (you/he/she) had a mental or psychiatric disorder other than depression?

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

BOX HFJ19	IF ANY PREVIOUS ROUND HFJ32 = 1, GO TO HFJ33. OTHERWISE, GO TO HFJ32.
--------------	---

HFJ32. [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 IN ROUND 19.

HFJ33. [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 HFJ20
HS23RFLG	NO	2	BOX HFJ21
	REFUSED	-7	BOX HFJ21
	DON'T KNOW	-8	BOX HFJ21

BOX HFJ20	IF SP IN THE SUPPLEMENTAL, ORD, OR DUAL ELIGIBLE SAMPLE, GO TO HFJ34. OTHERWISE, GO TO BOX HFJ21 .
--------------	--

HFJ34. 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 HFJ21	IF ANY PREVIOUS ROUND HFJ35 = 1, GO TO BOX HFJ22 . OTHERWISE, GO TO HFJ35.
--------------	--

HFJ35. [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 HFJ22	IF ANY PREVIOUS ROUND HFJ36 = 1, GO TO HFJ37. OTHERWISE, GO TO HFJ36.
--------------	--

HFJ36. [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 IN ROUND 19.

HFJ37. 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 HFJ23
HS23UFLG	NO	2	BOX HFJ24
	REFUSED	-7	BOX HFJ24
	DON'T KNOW	-8	BOX HFJ24

BOX HSF OMITTED IN ROUND 19.

BOX HFJ23	IF SP IN THE SUPPLEMENTAL, ORD, OR DUAL ELIGIBLE SAMPLE, GO TO HFJ38. OTHERWISE, GO TO BOX HFJ24 .
--------------	--

HFJ38. 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 HFJ24	IF ANY PREVIOUS ROUND HFJ39 = 1, GO TO BOX HFJ25 . OTHERWISE, GO TO HFJ39.
--------------	---

HFJ39. 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 HFJ25	IF SP IS FEMALE, GO TO HFJ41a. OTHERWISE, GO TO HFJ40.
--------------	---

HFJ40. (Before (you/SP) had prostate surgery, 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 HFJ26
NO	2	(HFJ41a)
REFUSED	-7	(HFJ41a)
DON'T KNOW	-8	(HFJ41a)

BOX HFJ26	IF SP IN THE SUPPLEMENTAL, ORD, OR DUAL ELIGIBLE SAMPLE, GO TO HFJ41. OTHERWISE, GO TO HFJ41a.
--------------	---

HFJ41. Since (TODAY'S DATE) a year ago, did a doctor tell (you/SP) that (you/he) had an enlarged prostate or benign prostatic hypertrophy (BPH)?

YRPROST

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

HFJ41a. Has a doctor ever told (you/SP) that (you/he/she) had any type of diabetes, including: sugar diabetes, high blood sugar, borderline diabetes, (or) pre-diabetes(, or pregnancy-related diabetes)?

OCBETES

YES	1	(HFJ41b)
NO	2	BOX HFJ27
REFUSED	-7	BOX HFJ27
DON'T KNOW	-8	BOX HFJ27

HFJ41b. Looking at this card, please tell me which type of diabetes the doctor said that (you have/SP has).

SHOW CARD HF6

TYPE 1 ("INSULIN-DEPENDENT", "JUVENILE-ONSET").....	1
TYPE 2 ("NON-INSULIN-DEPENDENT", "ADULT-ONSET")..	2
BORDERLINE	3
PRE-DIABETES	4
GESTATIONAL (PREGNANCY-RELATED).....	5
SOME OTHER TYPE (SPECIFY) _____	91
REFUSED	-7
DON'T KNOW	-8

OCDTYPE
OCDTYPOS

HFJ41c. (Were you/Was SP) told on two or more different visits that (you/he/she) had diabetes?

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

BOX HFJ27	<p>(a) IF SP IN SUPPLEMENTAL SAMPLE, GO TO (b). OTHERWISE, GO TO HFPINTRO.</p> <p>(b) IF SP IS 65 OR OLDER, GO TO HFPINTRO. IF SP IS UNDER 65, AND ANY "YES" AT HFJ1-HFJ17 OR HFJ18-HFJ41a, GO TO HFJ42. IF SP IS UNDER 65 AND <u>ALL</u> "NO" AT HFJ1-HFJ17 AND HFJ18-HFJ41a, GO TO HFJ43.</p>
--------------	---

HFJ42. 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 HFJ28
	NO	2	(HFJ43)
	REFUSED	-7	(HFPINTRO)
	DON'T KNOW	-8	(HFPINTRO)

HFJ43. What was the original cause of (your/SP's) becoming eligible for Medicare? [RECORD VERBATIM. PRESS ENTER TO LEAVE SCREEN.]

 _____ GO TO HFPINTRO.

EMCAUSE1	EMCAUSC1
EMCAUSE2	EMCAUSC2
EMCAUSE3	

BOX HFJ28	<p>IF MORE THAN ONE CONDITION MENTIONED IN HFJ1-HFJ41a, ASK HFJ44. IF ONLY ONE CONDITION MENTIONED IN HFJ1-HFJ41a, GO TO HFPINTRO.</p>
--------------	---

Display conditions for which HFJ1-41a coded 1. Allow "other specify" (91).

Display numeric equivalent of HFJ1-41a letter for the condition as the code to be entered by interviewer, i.e., if HFJ4 = 1, display as "3. HEART ATTACK;" HFJ6 = 1, display "6. STROKE," etc.

HFJ44. Which of these conditions was the cause of (your/SP's) becoming eligible for Medicare?

[PROBE: Any other condition?]

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

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

EMOTHART OMITTED IN ROUND 28.

HSPINT OMITTED IN ROUND 31.

HSPINT REINSTATED IN ROUND 34 AS HFPINTRO.

HFPINTRO OMITTED IN ROUND 37.

HFPINTRO REINSTATED IN ROUND 40.

HFPINTRO OMITTED IN ROUND 43.

HFPINTRO REINSTATED IN ROUND 46.

BOX HS3A – BOX HS3L OMITTED IN ROUND 31.

BOX HS3A – HS3H REINSTATED IN ROUND 34 AS **BOX HFP1 – HFP8**.

BOX HFP1-BOX HFP8 OMITTED IN ROUND 37.

BOX HFP2-BOX HFP8 REINSTATED IN ROUND 40.

BOX HFP2-BOX HFP8 OMITTED IN ROUND 43.

BOX HFP2-BOX HFP8 REINSTATED IN ROUND 46.

BOX HS3J-BOX HS3K REINSTATED IN ROUND 37 AS **BOX HFR1-BOX HFR2**.

BOX HFR1-BOX HFR2 OMITTED IN ROUND 40.

BOX HFR1-BOX HFR2 REINSTATED IN ROUND 43.

BOX HFR1-BOX HFR2 OMITTED IN ROUND 46.

BOX HS3L REINSTATED IN ROUND 37 AS **BOX HFS1**.

BOX HFS1 OMITTED IN ROUND 40.

BOX HFS1 REINSTATED IN ROUND 46.

HSP1 – HSP40 OMITTED IN ROUND 31.

HSP1 – HSP21 REINSTATED IN ROUND 34 AS HFP1 – HFP25.

HSP12 OMITTED IN ROUND 34.

HFP1-HFP25 OMITTED IN ROUND 37.

HFP1 – HFP25 REINSTATED IN ROUND 40.

HFP1 – HFP25 OMITTED IN ROUND 43.

HFP1 – HFP25 REINSTATED IN ROUND 46.

HSP22-HSP34 REINSTATED IN ROUND 37 AS HFR1-HFR13.

HFR1 – HFR13 OMITTED IN ROUND 40.

HFR1 – HFR13 REINSTATED IN ROUND 43.

HFR1 – HFR13 OMITTED IN ROUND 46.

HSP35-HSP40 REINSTATED IN ROUND 37 AS HFS1-HFS6.

HFS1 – HFS6 OMITTED IN ROUND 40.

HFS1 – HFS6 REINSTATED IN ROUND 46.

HFPINTRO. Now I want to ask you about some things that (you/SP) may be doing to maintain (your/his/her) health, either by getting tested for health problems or by taking care of conditions that (you have/he has/she has).
[PRESS ENTER TO CONTINUE.]

BOX HFP1A	IF HFJ41a = 1 AND HFJ41b = 1-4, 91, -7 OR -8, GO TO HFP1. IF HFJ41a = 1 AND HFJ41b = 5, GO TO HFP21. IF HFJ41a = 2, -7 OR -8, GO TO HFP21.
--------------	--

HFP1. I recorded that (you were/SP was) told by a doctor that (you have/he has/she has) [HFJ41b RESPONSE/diabetes].
How old (were you/was SP) when (you were/he was/she was) first told that (you/he/she) had diabetes?

DIAAGE

_____ **BOX HFP2**
AGE

LESS THAN ONE YEAR OLD 996 (HFP4)
 REFUSED -7 **BOX HFP2**
 DON'T KNOW -8 **BOX HFP2**

BOX HFP2	IF THE SP IS FEMALE AND HFP1=12-45 OR -7 OR -8, GO TO HFP2. OTHERWISE, GO TO HFP4.
-------------	---

HFP2. Did (you/SP) have diabetes only during a pregnancy?

DIAPRGNT

YES 1 (HFP21)
 NO 2 (HFP4)
 REFUSED -7 (HFP21)
 DON'T KNOW -8 (HFP21)

HFP3 MOVED/REVISED TO BE HFJ41b IN ROUND 40.

HFP4. Please tell me whether (you use/SP uses) any of the following ways to manage (your/his/her) diabetes.
(Do you/Does SP) . . .

		YES	NO
DIAINSUL	a. take insulin?	1	2
DIAMEDS	b. take prescription diabetes pills or oral diabetes medicine?	1	2
DIAATEST	c. test (your/his/her) blood for sugar or glucose?	1	2
DIADIET	d. use diet control (planning meals, what to eat, what not to eat)?	1	2
DIAEXER	e. exercise regularly or get regular physical activity?	1	2
DIASORES	f. check for sores or irritations on (your/his/her) feet?	1	2
DIAASPRN	g. take aspirin regularly for (your/his/her) diabetes?	1	2
DIAPRESS	h. measure (your/his/her) blood pressure at home?	1	2

BOX HFP3	IF HFP4a = 1, GO TO HFP5. IF HFP4b = 1, GO TO HFP6. IF HFP4c = 1, GO TO HFP7. IF HFP4f = 1, GO TO HFP8. OTHERWISE, GO TO HFP10.
-------------	---

HFP5. How often (do you/does SP) take insulin?
[ENTER ONLY ONE CODE.]

NUMBER OF TIMES PER DAY 1 (a)
 NUMBER OF TIMES PER WEEK 2 (b)
 USE INSULIN PUMP..... 3 **BOX HFP4**
 REFUSED -7 **BOX HFP4**
 DON'T KNOW -8 **BOX HFP4**
INSUTAKE

a. NUMBER OF TIMES PER DAY: _____
 b. NUMBER OF TIMES PER WEEK: _____
INSUDAY
INSUWEEK

BOX HFP4	IF HFP4b = 1, GO TO HFP6. IF HFP4c = 1, GO TO HFP7. IF HFP4f = 1, GO TO HFP8. OTHERWISE, GO TO HFP10.
-------------	--

HFP6. How often (do you/does SP) take prescription diabetes pills or oral diabetes medicine?
[ENTER ONLY ONE CODE.]

NUMBER OF TIMES PER DAY 1 (a)
 NUMBER OF TIMES PER WEEK 2 (b)
 NUMBER OF TIMES PER MONTH 3 (c)
 REFUSED -7 **BOX HFP5**
 DON'T KNOW -8 **BOX HFP5**
MEDSTAKE

- a. NUMBER OF TIMES PER DAY: _____
 b. NUMBER OF TIMES PER WEEK: _____
 c. NUMBER OF TIMES PER MONTH: _____

MEDDAY

MEDWEEK

MEDMONTH

BOX HFP5	IF HFP4c = 1, GO TO HFP7. IF HFP4f = 1, GO TO HFP8. OTHERWISE, GO TO HFP10.
-------------	---

HFP7. How often (do you/does SP) test (your/his/her) blood for sugar or glucose?
 [PROBE: Include times when it is tested by a family member or friend, but do not include times when it is tested by a health professional.]
 [ENTER ONLY ONE CODE.]

NUMBER OF TIMES PER DAY 1 (a)
 NUMBER OF TIMES PER WEEK 2 (b)
 NUMBER OF TIMES PER MONTH 3 (c)
 NUMBER OF TIMES PER YEAR 4 (d)
 REFUSED -7 **BOX HFP6**
 DON'T KNOW -8 **BOX HFP6**
TESTTAKE

- a. NUMBER OF TIMES PER DAY: _____
 b. NUMBER OF TIMES PER WEEK: _____
 c. NUMBER OF TIMES PER MONTH: _____
 d. NUMBER OF TIMES PER YEAR: _____

TESTDAY

TESTWEEK

TESTMONTH

TESTYEAR

BOX HFP6	IF HFP4f=1, GO TO HFP8. OTHERWISE, GO TO HFP10.
-------------	--

HFP8. How often (do you/does SP) check (your/his/her) feet for sores or irritations?

[PROBE: Include times when they are checked by a family member or friend, but do not include times when they are checked by a health professional.]

[ENTER ONLY ONE CODE.]

NUMBER OF TIMES PER DAY 1 (a)

NUMBER OF TIMES PER WEEK 2 (b)

NUMBER OF TIMES PER MONTH 3 (c)

NUMBER OF TIMES PER YEAR 4 (d)

REFUSED -7 (HFP10)

DON'T KNOW -8 (HFP10)

SORECHEK

a. NUMBER OF TIMES PER DAY: _____

b. NUMBER OF TIMES PER WEEK: _____

c. NUMBER OF TIMES PER MONTH: _____

d. NUMBER OF TIMES PER YEAR: _____

SOREDAY

SOREWEEK

SOREMNTH

SOREYEAR

HFP9 MOVED TO BE HFP14a IN ROUND 40.

HFP10. In the past year has a doctor or other medical professional examined (your/his/her) feet for sores or irritations?

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

HFP11. About how many times in the past year (have you/has SP) seen a doctor or other health professional for (your/his/her) diabetes?

DIADRSAW

NUMBER OF TIMES

REFUSED -7

DON'T KNOW -8

HFP12. Has (your/SP's) doctor or another health professional talked to (you/him/her) about a treatment plan for managing (your/his/her) diabetes?

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

- HFP13. A test of hemoglobin "A one C" measures the average level of blood sugar over the past three months. It is usually done in a doctor's office. About how many times in the past year has a doctor or other health professional checked (you/SP) for hemoglobin "A one C"?

DIAHEMOC**NUMBER OF TIMES**

REFUSED -7
 DON'T KNOW -8

- HFP14. Would you say that (your/SP's) blood sugar is well controlled all of the time, most of the time, some of the time, a little of the time, or none of the time? By "well controlled" we mean a recent hemoglobin "A one C" result of 7.5 or less or an average fasting blood test of 140 or less.

SHOW
CARD
HF4

DIACTRLD

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

- HFP14a. (Do you/Does SP) have any problems with (your/his/her) feet as a result of (your/his/her) diabetes?

DIAFEET

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

HSP12 OMITTED IN ROUND 34.

- HFP15. (Do you/Does SP) have any problems with (your/his/her) eyes as a result of (your/his/her) diabetes?

DIAEYPRB

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

- HFP16. (Do you/Does SP) have any problems with (your/his/her) kidneys as a result of (your/his/her) diabetes?
 [EXPLAIN IF NECESSARY: This is tested by looking for protein in the urine.]

DIAKDPRB

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

HFP17. (Have you/Has SP) ever participated in a diabetes self-management course or class, or received special training on how (you/he/she) can manage (your/his/her) diabetes?

DIAMNGE	YES	1 (HFP18)
	NO	2 BOX HFP7
	REFUSED	-7 BOX HFP7
	DON'T KNOW	-8 BOX HFP7

HFP18. When was the most recent time that (you/SP) participated in a diabetes self-management course or class or received special training on how (you/he/she) can manage (your/his/her) diabetes?

DIATRAN	LESS THAN 1 YEAR AGO	1
	1 YEAR TO LESS THAN 2 YEARS AGO	2
	2 YEARS TO LESS THAN 3 YEARS AGO ...	3
	3 YEARS TO LESS THAN 5 YEARS AGO ...	4
	5 OR MORE YEARS AGO	5
	REFUSED	-7
	DON'T KNOW	-8

BOX HFP7	IF THE SP IS THE RESPONDENT, GO TO HFP19. IF A PROXY IS THE RESPONDENT, GO TO BOX HFS1 .
-------------	--

HFP19. How much do you think you know about managing your diabetes? Do you know . . .

SHOW CARD HF3	DIAKNOW	just about everything you need to know,	1
		most of what you need to know,	2
		some of what you need to know,	3
		a little of what you need to know, or	4
		almost none of what you need to know about managing your diabetes?	5
		REFUSED	-7
		DON'T KNOW	-8

HFP20. Before today, did you know that Medicare now helps pay the cost of diabetic testing supplies and self-management education for people with diabetes?

DIASUPPS	YES	1 BOX HFS1
	NO	2 BOX HFS1
	REFUSED	-7 BOX HFS1
	DON'T KNOW	-8 BOX HFS1

HFP21. [I have recorded that (you have/SP has) never been told by a doctor that (you have/he has/she has) diabetes.]
(Have you/Has SP) ever had a blood test to see if (you have/he has/she has) diabetes?

DIAEVERT	YES	1 (HFP22)
	NO	2 BOX HFP8
	REFUSED	-7 BOX HFP8

DON'T KNOW -8 **BOX HFP8**

HFP22. When was the most recent time (you were/SP was) tested for diabetes?

DIARECNT	LESS THAN 1 YEAR AGO	1 (HFP24)
	1 YEAR TO LESS THAN 2 YEARS AGO	2 (HFP24)
	2 YEARS TO LESS THAN 3 YEARS AGO ...	3 (HFP24)
	3 YEARS TO LESS THAN 5 YEARS AGO ...	4 (HFP24)
	5 OR MORE YEARS AGO	5 (HFP24)
	REFUSED	-7 (HFP24)
	DON'T KNOW	-8 (HFP24)

BOX HFP8	IF THE SP IS THE RESPONDENT, GO TO HFP23. IF A PROXY IS THE RESPONDENT, GO TO HFP24.
-------------	---

HFP23. Before today, were you aware that there is a blood test to determine if a person has diabetes?

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

HFP24. Has a doctor or other health professional ever told (you/SP) that (you are/he is/she is) at high risk for diabetes?

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

HFP25. In the past year, (have you/has SP) received any information about the signs, symptoms, or risk factors for diabetes?

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

BOX HFS1	IF HFJ32 = 1 IN ANY (CURRENT OR PREVIOUS) ROUND, GO TO HFS3. IF HFJ32 ≠ 1 IN ANY (CURRENT OR PREVIOUS) ROUND, GO TO HFSINTRO.
-------------	--

HFSINTRO. Now I'd like to talk about a disease called osteoporosis, which can be treated if found early. In osteoporosis, the bones lose their calcium and become fragile and more easily broken.

[PRESS ENTER TO CONTINUE.]

HFS1. (Have you/Has SP) ever talked with (your/his/her) doctor or other health professional about osteoporosis?

OSTEVERT	YES	1 (HFS2)
	NO	2 (HFS3)
	REFUSED	-7 (HFS3)
	DON'T KNOW	-8 (HFS3)

HFS2. Has a doctor or other health professional ever told (you/SP) that (you are/he is/she is) at high risk for osteoporosis?

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

HFS3. There is a test to detect osteoporosis at an early stage, called Bone Mass Measurement, Bone Density Measurement, or DEXA scan.
(Have you/Has SP) ever had a Bone Mass or Bone Density Measurement test?

OSTTEST	YES	1 (HFS5)
	NO	2 (HFS4)
	REFUSED	-7 (HFS4)
	DON'T KNOW	-8 (HFS4)

HFS4. Before today, had you ever heard of this test?

OSTHEAR	YES	1 (HFS6)
	NO	2 (AC29)
	REFUSED	-7 (AC29)
	DON'T KNOW	-8 (AC29)

HFS5. When was the most recent time that (you/SP) had a Bone Mass or Bone Density Measurement test?

OSTRECNT	LESS THAN 1 YEAR AGO	1
	1 YEAR TO LESS THAN 2 YEARS AGO	2
	2 YEARS TO LESS THAN 3 YEARS AGO ...	3
	3 YEARS TO LESS THAN 5 YEARS AGO ...	4
	5 OR MORE YEARS AGO	5
	REFUSED	-7
	DON'T KNOW	-8

HFS6. Before today, did you know that Medicare would pay for Bone Mass or Bone Density Measurement tests for Medicare beneficiaries who are at risk for osteoporosis?

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

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 (AC30a)
	NO	2 (AC31)
	REFUSED	-7 (AC31)
	DON'T KNOW	-8 (AC31)

AC30 OMITTED IN ROUND 34.

AC30a. Why was that?

[PROBE: Any other reason?]

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

HCTMONEY	SP DOES NOT HAVE MONEY	1
HCTHIGH	COST IS TOO HIGH	2
HCTNOCOV	SERVICES/SUPPLIES NOT COVERED	3
HCTTRANS	NEEDED TRANSPORTATION TO DOCTOR/HOSPITAL	4
HCTHOMEH	DIFFICULTY GETTING HOME HEALTH CARE	5
HCTNTREA	NO TREATMENT AVAILABLE/DOCTOR WON'T TREAT	6
HCTWAIT	WAIT TOO LONG/DOCTOR TOO BUSY	7
HCTACPMC	OWN DOCTOR DOESN'T ACCEPT MEDICARE/COULDN'T FIND DOCTOR WHO ACCEPTS MEDICARE	8
HCTELIG	NOT ELIGIBLE FOR PUBLIC COVERAGE	9
HCTDELAY	DIFFICULTY GETTING APPOINTMENT/ DELAYS BECAUSE SP ON MEDICARE	10
HCTSPECL	DOCTOR REFERRED SP TO SPECIALIST OR OTHER DOCTOR	11
HCTHMORF	HMO REFERRAL PROCESS (DIFFICULTY GETTING)	12
HCTHMOMD	PROBLEMS WITH HMO DOCTORS NOT GOOD OR AVAILABLE	13
HCTHMOCV	HMO WOULD NOT COVER OR PROVIDE SERVICE	14
HCTOTHER	OTHER (SPECIFY)	91
HCTOTHOS	REFUSED	-7
	DON'T KNOW	-8

BOX HFF6	IF AC30a = 8 OR 10 GO TO AC30d. OTHERWISE, GO TO AC30b.
-------------	---

AC30b. [Since (PREV. SUPP. RD. INT. DATE)/In the last year], (have you/has SP) been told by a doctor's office that they cannot schedule an appointment with (you/SP)?

CGETAPPT	YES	1 (AC30c)
	NO	2 (AC31)
	REFUSED	-7 (AC31)
	DON'T KNOW	-8 (AC31)

AC30c. What were the reasons the doctor's office offered as an explanation for not scheduling an appointment with (you/SP)?

[PROBE: Any other reason?]
[CODE ALL THAT APPLY. PRESS CTRL/L TO LEAVE SCREEN.]

CGETINSR	DOCTOR DOES NOT ACCEPT INSURANCE PLAN	1
CGETFULL	ALL OF DOCTOR'S APPOINTMENTS WERE FULL	2
CGETNNEW	DOCTOR NOT ACCEPTING ANY NEW PATIENTS	3
CGETNNMP	DOCTOR IS NOT ACCEPTING NEW MEDICARE PATIENTS	4
CGETHOUR	DOCTOR'S HOURS CONFLICTED WITH REQUIREMENTS OF SP	5
CGETCAID	DOCTOR DOES NOT ACCEPT MEDICAID	6
CGETNAMC	DOCTOR DOES NOT ACCEPT MEDICARE AT ALL	7
CGETNAMA	DOCTOR DOES NOT ACCEPT MEDICARE ASSIGNMENT	8
CGETAPRV	DOCTOR FELT ANOTHER PROVIDER WOULD BE BETTER FOR SP	9
CGETOTHR	OTHER (SPECIFY)	91
CGETOTOS	REFUSED	-7
	DON'T KNOW	-8

BOX HFF7	IF AC30c = 4 OR AC30c = 7 GO TO AC30d. OTHERWISE, GO TO AC31.
-------------	---

AC30d. Did the doctor's office explain why (Medicare is not accepted/it is difficult for Medicare patients to get an appointment) at that practice?

OFFEXPLN	YES	1 (AC30e)
	NO	2 (AC31)
	REFUSED	-7 (AC31)
	DON'T KNOW	-8 (AC31)

AC30e. What was that explanation?
[RECORD VERBATIM. PRESS ENTER TO LEAVE SCREEN.]

OFFEXVB1	OFFEXVC1
OFFEXVB2	OFFEXVC2
	OFFEXVC3

BOX HFF8 OMITTED IN ROUND 46.

AC30f – AC30I OMITTED IN ROUND 46.

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 IN ROUND 4.

Instrumental Activities of Daily Living (IADLs)

HFKINTRO. 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.]

HFK1. Because of a health or physical problem, (do you/does SP) have any difficulty with the following?

		YES	NO	DOESN'T DO
PRBTELE	a. using the telephone?	1 (HFK1b)	2 (HFK1b)	3 (HFK2a)
PRBLHWK	b. doing light housework (like washing dishes, straightening up, or light cleaning)?	1 (HFK1c)	2 (HFK1c)	3 (HFK2b)
PRBHHWK	c. doing heavy housework (like scrubbing floors or washing windows)?	1 (HFK1d)	2 (HFK1d)	3 (HFK2c)
PRBMEAL	d. preparing (your/his/her) own meals?	1 (HFK1e)	2 (HFK1e)	3 (HFK2d)
PRBSHOP	e. shopping for personal items (such as toilet items or medicines)?	1 (HFK1f)	2 (HFK1f)	3 (HFK2e)
PRBBILS	f. managing money (like keeping track of expenses or paying bills)?	1 BOX HFK1	2 BOX HFK1	3 (HFK2f)

HFK2. [You said that (IADL) is something that (you don't/SP doesn't) do.] Is this because of a health or physical problem?

		YES	NO
DONTTELE	a. using the telephone?	1 (HFK1b)	2 (HFK1b)
DONTLHWK	b. doing light housework (like washing dishes, straightening up, or light cleaning)?	1 (HFK1c)	2 (HFK1c)
DONTHHWK	c. doing heavy housework (like scrubbing floors or washing windows)?	1 (HFK1d)	2 (HFK1d)
DONTMEAL	d. preparing (your/his/her) own meals?	1 (HFK1e)	2 (HFK1e)
DONTSHOP	e. shopping for personal items (such as toilet items or medicines)?	1 (HFK1f)	2 (HFK1f)
DONTBILS	f. managing money (like keeping track of expenses or paying bills)?	1 BOX HFK1	2 BOX HFK1

BOX HFK1	ASK HFK3 AND HFK4 AS APPROPRIATE FOR EACH IADL CODED "YES" IN HFK1 OR HFK2; WHEN EACH "YES" ACCOUNTED FOR, GO TO HFLINTRO. IF NO "YES" RESPONSES, GO TO HFLINTRO.
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HFK3. [You said that (IADL) 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 (IADL)?

		YES	NO
HELPTLE	a. using the telephone?	1 (HFK4a)	2 BOX HFK1
HELPLHWK	b. doing light housework (like washing dishes, straightening up, or light cleaning)?	1 (HFK4b)	2 BOX HFK1
HELPHHWK	c. doing heavy housework (like scrubbing floors or washing windows)?	1 (HFK4c)	2 BOX HFK1
HELPMEAL	d. preparing (your/his/her) own meals?	1 (HFK4d)	2 BOX HFK1
HELPSHOP	e. shopping for personal items (such as toilet items or medicines)?	1 (HFK4e)	2 BOX HFK1
HELPBILS	f. managing money (like keeping track of expenses or paying bills)?	1 (HFK4f)	2 (HFLINTRO)

HFK4. You mentioned that (you receive/SP receives) help with (IADL). Who gives that help?
[ENTER ALL HELPERS].

HLPRTLE	a. using the telephone?	BOX HFK1
HLPRRST		
HLPRLHWK	b. doing light housework (like washing dishes, straightening up, or light cleaning)?	BOX HFK1
HLPRRST		
HLPRRHWK	c. doing heavy housework (like scrubbing floors or washing windows)?	BOX HFK1
HLPRRST		
HLPRMEAL	d. preparing (your/his/her) own meals?	BOX HFK1
HLPRRST		
HLPERSHOP	e. shopping for personal items (such as toilet items or medicines)?	BOX HFK1
HLPRRST		
HLPRBILS	f. managing money (like keeping track of expenses or paying bills)?	(HFLINTRO)
HLPRRST		

Activities of Daily Living (ADLs)

HFLINTRO. 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.
[PRESS ENTER TO CONTINUE.]

HFL1. Because of a health or physical problem, (do you/does SP) have any difficulty with the following?

		YES	NO	DOESN'T DO
HPPDBATH	a. bathing or showering?	1 (HFL1b)	2 (HFL1b)	3 (HFL2a)
HPPDDRES	b. dressing?	1 (HFL1c)	2 (HFL1c)	3 (HFL2b)
HPPDEAT	c. eating?	1 (HFL1d)	2 (HFL1d)	3 (HFL2c)
HPPDCHAR	d. getting in or out of bed or chairs?	1 (HFL1e)	2 (HFL1e)	3 (HFL2d)
HPPDWALK	e. walking?	1 (HFL1f)	2 (HFL1f)	3 (HFL2e)
HPPDTOIL	f. using the toilet?	1 BOX HFL1	2 BOX HFL1	3 (HFL2f)

HFL2. [You said that (ADL) is something that (you don't/SP doesn't) do.] Is this because of a health or physical problem?

		YES	NO
DONTBATH	a. bathing or showering?	1 (HFL1b)	2 (HFL1b)
DONTDRES	b. dressing?.....	1 (HFL1c)	2 (HFL1c)
DONTEAT	c. eating?	1 (HFL1d)	2 (HFL1d)
DONTCHAR	d. getting in or out of bed or chairs?.....	1 (HFL1e)	2 (HFL1e)
DONTWALK	e. walking?	1 (HFL1f)	2 (HFL1f)
DONTTOIL	f. using the toilet?	1 BOX HFL1	2 BOX HFL1

BOX HFL1	ASK HFL3 - HFL5 AS APPROPRIATE FOR EACH ADL CODED "YES" IN HFL1 OR HFL2. OTHERWISE, GO TO HFN1.
-------------	---

HFL3. [You said (your/SP's) health makes (ADL) difficult.]/[You said that (ADL) is something (you don't/SP doesn't) do.] (Do you/Does SP) receive help from another person with (ADL)?

		YES	NO
HELPBATH	a. bathing or showering?	1 (HFL5a)	2 (HFL4a)
HELPDRES	b. dressing?.....	1 (HFL5b)	2 (HFL4b)
HELPEAT	c. eating?	1 (HFL5c)	2 (HFL4c)
HELPCHAR	d. getting in or out of bed or chairs?.....	1 (HFL5d)	2 (HFL4d)
HELPWALK	e. walking?	1 (HFL5e)	2 (HFL4e)
HELPTOIL	f. using the toilet?	1 (HFL5f)	2 (HFL4f)

HFL4. Does someone usually stay nearby just in case (you need/SP needs) help with (ADL)? [That is, does someone usually stay or come into the room to check on (you/him/her)]

		YES	NO
PCHKBATH	a. bathing or showering?	1 (HFL5a)	2 (HFL5a)
PCHKDRES	b. dressing?.....	1 (HFL5b)	2 (HFL5b)
PCHKEAT	c. eating?	1 (HFL5c)	2 (HFL5c)
PCHKCHAR	d. getting in or out of bed or chairs?.....	1 (HFL5d)	2 (HFL5d)
PCHKWALK	e. walking?	1 (HFL5e)	2 (HFL5e)
PCHKTOIL	f. using the toilet?	1 (HFL5f)	2 (HFL5f)

HFL5. (Do you/Does SP) use special equipment or aids to help (you/him/her) with (ADL)?

		YES	NO
EQUIPBATH	a. bathing or showering?	1 BOX HFL2	2 BOX HFL2
EQUIPDRES	b. dressing?.....	1 BOX HFL2	2 BOX HFL2
EQUIPEAT	c. eating?	1 BOX HFL2	2 BOX HFL2
EQUIPCHAR	d. getting in or out of bed or chairs?.....	1 BOX HFL2	2 BOX HFL2
EQUIPWALK	e. walking?	1 BOX HFL2	2 BOX HFL2
EQUIPTOIL	f. using the toilet?	1 BOX HFL2	2 BOX HFL2

BOX HFL2	IF HFL3 CODED "YES" ASK HFL6 AS APPROPRIATE. IF HFL3 CODED "NO" AND HFL4 CODED "YES" OR "NO", ASK NEXT APPROPRIATE ADL AT HFL3. IF NO "YES" RESPONSES IN HFL3 AND HFL4, GO TO HFN1.
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HFL6. How long (have you/has SP) needed help with (ADL)? Has it been . . .

		less than 3 months	3 months or more but less than 1 year	1 year or more
LongBATH	a. bathing or showering?	1 (HFL7a)	2 (HFL3b)	3 (HFL3b)
LongDRES	b. dressing?	1 (HFL7b)	2 (HFL3c)	3 (HFL3c)
LongEAT	c. eating?	1 (HFL7c)	2 (HFL3d)	3 (HFL3d)
LongCHAR	d. getting in or out of bed or chairs?	1 (HFL7d)	2 (HFL3e)	3 (HFL3e)
LongWALK	e. walking?	1 (HFL7e)	2 (HFL3f)	3 (HFL3f)
LongTOIL	f. using the toilet?	1 (HFL7f)	2 BOX HFL3	3 BOX HFL3

HFL7. Do you expect that (you/SP) will still need help with (ADL) three months from now?

		YES	NO
STILBATH	a. bathing or showering?	1 (HFL3b)	2 (HFL3b)
STILDRES	b. dressing?.....	1 (HFL3c)	2 (HFL3c)
STILEAT	c. eating?	1 (HFL3d)	2 (HFL3d)
STILCHAR	d. getting in or out of bed or chairs?.....	1 (HFL3e)	2 (HFL3e)
STILWALK	e. walking?	1 (HFL3f)	2 (HFL3f)
STILTOIL	f. using the toilet?	1 BOX HFL3	2 BOX HFL3

BOX HFL3	ASK HFL8 AS APPROPRIATE FOR EACH ADL CODED "YES" IN HFL3 OR HFL4. OTHERWISE, GO TO HFN1.
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HFL8. You mentioned that [(you receive/SP receives) help]/[someone stays nearby in case (you need/SP needs) help] with (ADL). Who [gives that help/stays nearby in case (you need/SP needs) help]?
[PRESS ENTER TO CONTINUE.]

Display Person Roster. Collect relationship if helper name added to roster. Disallow CTRL/D. Display relationship code list shown in General Programming Specifications. Allow DK and REF for relationship only

HFL9. Who helps with (ADL)? [ENTER ALL HELPERS].

HLPRBATH	a. bathing or showering?	BOX HFL3
HLPRROST		
HLPRDRES	b. dressing?.....	BOX HFL3
HLPRROST		
HLPREAT	c. eating?	BOX HFL3
HLPRROST		
HLPRCHAR	d. getting in or out of bed or chairs?.....	BOX HFL3
HLPRROST		
HLPRWALK	e. walking?	BOX HFL3
HLPRROST		
HLPRTOIL	f. using the toilet ?	BOX HFL4
HLPRROST		

BOX HFL4	IF MORE THAN ONE HELPER NAMED IN HFL8, GO TO HFL10. OTHERWISE, GO TO HFN1.
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HFL10. Which of these persons gives (you/SP) the most help with these things? [SELECT ONLY ONE.]

MOSTADLS**HLPRMOST**

HFM1 – HFM6 OMITTED IN ROUND 40.

HFM1 – HFM6 REINSTATED IN ROUND 43.

HFM1 – HFM6 OMITTED IN ROUND 46.

HFN1. (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

HFN2. (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

HFN3. (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

HFN4. 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 HF4

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

HFN5. 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

HFQ1. 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, [during the past 12 months/since (PREV. SUPP. RD. INT. DATE)] (you have/SP has) lost urine because (you/he/she) could not control (your/his/her) bladder.

<div style="border: 1px solid black; padding: 5px; display: inline-block;"> SHOW CARD HF2 </div>	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 OR UROSTOMY OR BLADDER BAG.....	8
	REFUSED	-7	
	DON'T KNOW	-8	

HFQ2-HFQ5 OMITTED IN ROUND 37.

BOX HFQ1 OMITTED IN ROUND 43.

BOX HFQ1 REINSTATED IN ROUND 46.

BOX HFQ1	GO TO BOX SC1A .
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BOX HFT1 – BOX HFT5 OMITTED IN ROUND 40.

BOX HFT1 – BOX HFT5 REINSTATED IN ROUND 43.

BOX HFT1 – BOX HFT5 OMITTED IN ROUND 46.

HFT1 – HFT14 OMITTED IN ROUND 40.

HFT1 – HFT14 REINSTATED IN ROUND 43.

HFT1 – HFT14 OMITTED IN ROUND 46.

ATTACHMENT HF1
HFJ44 DISPLAYS FOR HFJ1-41a CONDITIONS

Matching HFJ1-41a Probe	HFJ44 Code Category	Condition Display	HFJ44 Variable Set
HFJ1	1	ARTERIES HARDENING	EMARTERY
HFJ2	2	HYPERTENSION	EMHBP
HFJ4	3	HEART ATTACK	EMMYOCAR
HFJ6	4	HEART DISEASE	EMCHD
HFJ16	9	STROKE OR HEMORRHAGE	EMSTROKE
HFJ18	10	SKIN CANCER	EMCSKIN
HFJ20	11	CANCER/TUMOR	EMCANCER
HFJ41a	12	DIABETES	EMDIABTS
HFJ24	13	RHEUMATOID ARTHRITIS	EMARTHRH
HFJ25	14	OTHER ARTHRITIS	EMARTH
HFJ28	15	MENTAL RETARDATION	EMMENTAL
HFJ29	16	ALZHEIMER'S OR DEMENTIA	EMALZHR
HFJ30aa	17	DEPRESSION	EMDEPRSS
HFJ30a	18	MENTAL DISORDER	EMPSYCHO
HFJ32	19	OSTEOPOROSIS	EMOSTEOP
HFJ33	20	BROKEN HIP	EMBRKHIP
HFJ35	21	PARKINSON'S	EMPARKIN
HFJ36	22	EMPHYSEMA/ASTHMA/COPD	EMEMPHYS
HFJ37	23	PARALYSIS	EMPPARAL
HFJ39	24	LOSS OF LIMB	EMAMPUTE
HFJ8	5	CONGESTIVE HEART FAILURE	EMCFAIL
HFJ10	6	HEART VALVE PROBLEM	EMCVALVE
HFJ12	7	HEART RHYTHM PROBLEM	EMRHYTHM
HFJ14	8	OTHER HEART PROBLEM	EMOTHRT

HF Addendum

Segments: ACCS
ADLS
BASE
HEST
HLPR
IADL