

MAIN STUDY - ROUND 7
COMMUNITY COMPONENT
HS. HEALTH STATUS AND FUNCTIONING

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

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

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

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

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

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

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

BOX HSA	IF SP IN THE SUPPLEMENTAL SAMPLE, GO TO HS5. OTHERWISE, GO TO HS6.
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HEALTH STATUS AND FUNCTIONING (HS)

Household (Round 7 main)

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

ECCATOP YES 1
NO 2

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

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

BOX HSB	IF SP IN THE SUPPLEMENTAL SAMPLE, GO TO HS9. OTHERWISE, GO TO BOX HS1.
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HS9. How tall (are you/is SP)?

HEIGHTFT _____
HEIGHTIN _____ FEET INCHES

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

WEIGHT _____
POUNDS

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

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

MAMMOGRM

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

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

PAPSMEAR

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

BOX HSC	IF SP IN THE SUPPLEMENTAL SAMPLE, GO TO HS13. OTHERWISE, GO TO HS14.
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HS13. (Have you/Has SP) ever had a hysterectomy?

HYSTEREC

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

HS14. Did (you/SP) have a flu shot for last winter?

[EXPLAIN IF NECESSARY: DID SP GET A FLU SHOT ANY TIME DURING THE PERIOD FROM SEPTEMBER (DISPLAY PREVIOUS YEAR AS 19XX) THROUGH DECEMBER (DISPLAY PREVIOUS YEAR AS 19XX)?]

FLUSHOT

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

BOX HSD	IF SP IN THE SUPPLEMENTAL SAMPLE, GO TO HS15. OTHERWISE, GO TO BOX HS1AA.
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HS15. (Have you/Has SP) ever had a shot for pneumonia?

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

BOX HS1AA	<p>IF SP IN THE SUPPLEMENTAL SAMPLE, GO TO HS16. OTHERWISE: IF R1 HS16 = 1, GO TO HS17.</p> <p>IF R1 HS16 = 2 OR MISSING, CHECK R4 HS16:</p> <p style="padding-left: 40px;">IF R4HS16 = 1, GO TO HS17.</p> <p style="padding-left: 40px;">IF R4HS16 = -1, 2, -7, -8, GO TO HS16.</p>
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HS16. The next couple of questions are about smoking. (Have you/Has SP) ever smoked cigarettes, cigars or pipe tobacco?

EVERSMOK HS16FLG	YES	1	
	NO	2	(INTRODUCTION ABOVE HS18)
	REFUSED	-7	
	DON'T KNOW	-8	

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

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

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

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

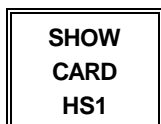
SHOW CARD HS1	DIFSTOOP	NO DIFFICULTY AT ALL	1
		A LITTLE DIFFICULTY	2
		SOME DIFFICULTY	3
		A LOT OF DIFFICULTY	4
		NOT ABLE TO DO IT	5

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

**DIFLIFT**

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

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

**DIFREACH**

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

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

**DIFWRITE**

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

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

**DIFWALK**

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

- HS23. Next, I'm going to read a list of medical conditions. [Since (PREV. SUPP. RD. INT. DATE)/(REF. DATE),] Please tell me if a doctor told (you/SP) that (you/he/she) (ever) had any of these conditions.
 [PRESS ENTER TO CONTINUE.]

BOX HS1B	IF SP IN THE SUPPLEMENTAL SAMPLE, GO TO a. IF R1 OR R4 HS23a = 1, GO TO BOX HS1C. IF R1 OR R4 HS23a = 1, GO TO HS23a.
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HS23a. [Since (ROUND 4 INTERVIEW DATE) / (REF. DATE),] 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	IF SP IN THE SUPPLEMENTAL SAMPLE, GO TO b. OTHERWISE: IF R1 OR R4 HS23b =1, GO TO HS23c. IF R1 OR R4 HS23b1 HS23b NOT =1, GO TO HS23b.
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b. [Since (ROUND 4 INTERVIEW DATE)/(REF. DATE),] has a doctor (ever) told (you/SP) that (you/he/she) had hypertension, sometimes called high blood pressure?

OCHBP YES 1
 HS23BFLG NO 2
 REFUSED -7
 DON'T KNOW -8

c. [Since (ROUND 4 INT. DATE)/(REF. DATE),] has a doctor (ever) told (you/SP) that (you/he/she) had a myocardial infarction or a heart attack?

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

d. [Since (RD. 4 INT. DATE)/(REF. DATE),] (did a doctor tell (you/SP) that (you/he/she) had a new episode of/Has a doctor (ever) told (you/SP) that (you/he/she) had) angina pectoris or coronary heart disease?

OCCHD YES 1
 HS23DFLG NO 2
 REFUSED -7
 DON'T KNOW -8

- e. [Since (RD. 4 INT. DATE)/(REF. DATE),] (did a doctor tell (you/SP) that (you/he/she) had a new episode of/What about) other heart conditions such as congestive heart failure, problems with the valves in the heart, or problems with the rhythm of (your/SP's) heartbeat?

OCOTHART YES 1
HS23EFLG NO 2
 REFUSED -7
 DON'T KNOW -8

- f. [Since (RD. 4 INT. DATE),] has a doctor (ever) told (you/SP) that (you/he/she) had a stroke, a brain hemorrhage, or a cerebrovascular accident?

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

BOX HS1D	IF SP IN THE SUPPLEMENT SAMPLE, GO TO g. OTHERWISE: IF R1 OR R4 HS23g = 1, GO TO HS23h. IF R1 OR R4 HS23G not = 1, GO TO HS23g.
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- g. [Since (RD. 4 INT. DATE)/(REF. DATE),] has a doctor ever told (you/SP) that (you/he/she) had skin cancer?

OCCSKIN YES 1
HS23GFLG NO 2
 REFUSED -7
 DON'T KNOW -8

- h. [Since (RD. 4 INT. DATE)/(REF. DATE),] has a doctor (ever) told (you/SP) that (you/he/she) had any other kind of cancer, malignancy, or tumor?

[INCLUDE BENIGN OR NON-MALIGNANT TUMORS OR GROWTHS.]

OCCANCER YES 1 (i)
 NO 2 **BOX HS1E**
 REFUSED -7 **BOX HS1E**
 DON'T KNOW -8 **BOX HS1E**

- i. 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	LUNG	1
OCCCOLON	COLON, RECTUM, OR BOWEL	2
OCCBREAST	BREAST	3
OCCUTER	UTERUS	4
OCCPROST	PROSTATE	5
OCCBLAD	BLADDER	6
OCCOVARY	OVARY	7
OCCSTOM	STOMACH	8
OCCCERVX	CERVIX	9
OCCBRAIN	OTHER (SPECIFY)	91
OCCKIDNY	REFUSED	-7
OCCTHROA	DON'T KNOW	-8
OCCHEAD		
OCCBACK		
OCCFONEC		
OCCOTHER		
OCCCOS		

BOX HS1E	IF SP IN THE SUPPLEMENTAL SAMPLE, GO TO j. OTHERWISE: IF R1 OF R4 HS23j=1, GO TO BOX HS1F. IF R1 OR R4 HS23j=1, GO TO BOX HS1F. IF R1 OR R4 HS23j NOT = 1, GO TO HS23j.
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- j. [Since (RD. 4 INT. DATE)/(REF. DATE),] has a doctor (ever) told (you/SP) that (you/he/she) had diabetes, high blood sugar, or sugar in (your/his/her) urine?
[DO NOT INCLUDE BORDERLINE, PREGNANCY, OR PRE-DIABETIC DIABETES.]

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

BOX HS1F	IF SP IN THE SUPPLEMENTAL SAMPLE, GO TO k. OTHERWISE: IF R1 OR R4 HS23K=1, GO TO BOX HS1G. IF R1 OR R4 HS23 NOT = 1, GO TO HS23K.
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- k. [Since (RD.4 INT. DATE)(REF. DATE),] 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 HS1G	IF SP IN THE SUPPLEMENTAL SAMPLE, GO TO 1. OTHERWISE: IF R1 OR R4 HS231 = 1, GO TO BOX HSE. IF R1 OR R4 HS231 NOT = 1, GO TO HS231.
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- l. Since (RD. 4 INT. DATE)/(REF. DATE),] has a doctor (ever) told (you/SP) that (you/he/she) had arthritis, other than rheumatoid arthritis?
 [EXPLAIN, IF NECESSARY: THIS INCLUDES OSTEOARTHRITIS.]

OCARTH YES 1 (m)
HS23LFLG NO 2 **BOX HSE**
 REFUSED -7 **BOX HSE**
 DON'T KNOW -8 **BOX HSE**

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

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

BOX HSE	IF SP IN THE SUPPLEMENTAL SAMPLE, GO TO HS23n. OTHERWISE, GO TO BOX HS1H.
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- n. 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 SP IN THE SUPPLEMENTAL SAMPLE, GO TO o. OTHERWISE: IF R1 OR R4 HS23o=1, GO TO HS231I. IF R1 OR R4 HS23o NOT =1, GO TO HS23o.
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- o. Since (RD. 4 INT. DATE)/(REF. DATE),] has a doctor (ever) told (you/SP) that (you/he/she) had Alzheimer's disease or dementia?

OCALZHR	YES	1
HS230FLG	NO	2
	REFUSED	-7
	DON'T KNOW	-8

BOX HS1I	IF SP IN THE SUPPLEMENTAL SAMPLE, GO TO p. OTHERWISE: IF R1 OR R4 HS23p=1, GO TO HS231J. IF R1 OR R4 HS23p NOT =1, GO TO HS23p.
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- p. [Since (RD. 4 INT. DATE)/(REF. DATE),] has a doctor (ever) told (you/SP) that (you/he/she) had a mental or psychiatric disorder?

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

BOX HS1J	IF SP IN THE SUPPLEMENTAL SAMPLE, GO TO q. OTHERWISE: IF R1 OR R4 HS23q=1, GO TO HS23r. IF R1 OR R4 HS23q NOT =1, GO TO HS23q.
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- q. Since (RD. 4 INT. DATE),] 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

- r. [Since (RD. 4 INT. DATE)/(REF. DATE),] has a doctor (ever) told (you/SP) that (you/he/she) had a broken hip?

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

BOX HS1K	IF SP IN THE SUPPLEMENTAL SAMPLE, GO TO S. OTHERWISE: IF R1 OR R4 HS23s=1, GO TO HS23L.. IF R1 OR R4 HS23s NOT =1, GO TO HS23s.
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- s. Since (RD. 4 INT. DATE)/(REF. DATE),] 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 SP IN THE SUPPLEMENTAL SAMPLE, GO TO t. OTHERWISE: IF R1 OR R4 HS23t=1, GO TO HS23u. IF R1 OR R4 HS23t NOT =1, GO TO HS23t.
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- t. [Since (RD. 4 INT. DATE)/(REF. DATE),] 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

- u. [Since (RD. 4 INT. DATE)/(REF. DATE),] has a doctor (ever) told (you/SP) that (you/he/she) had complete or partial paralysis?

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

BOX HSF	IF SP IN THE SUPPLEMENTAL SAMPLE, GO TO HS23v. OTHERWISE, GO TO BOX HS2.
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- v. IF SP IS OBVIOUSLY MISSING ONE OR MORE LIMBS, CODE "YES" AND DO NOT ASK. OTHERWISE, ASK: What about absence or loss of an arm or leg?

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

BOX HS2	<p>(a) IF SP IN SUPPLEMENTAL SAMPLE, GO TO (b). OTHERWISE, GO TO INTRODUCTION ABOVE AC29.</p> <p>(b) IF SP IS 65 OR OLDER, GO TO INTRODUCTION ABOVE AC29. IF SP IS UNDER 65, AND ANY "YES" AT HS23a-v, GO TO HS24. IF SP IS UNDER 65 AND ALL "NO" AT HS23a-v, GO TO HS25.</p>
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HS24. You told me that (you/SP) have had [READ CONDITIONS LISTED BELOW]. (Was this/were any of these) the original cause of (your/SP's) becoming eligible for Medicare?

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

HS25. What was the original cause of (your/SP's) becoming eligible for Medicare? RECORD VERBATIM.
[PRESS ENTER TO LEAVE SCREEN.]

.....
.....
..... GO TO INTRODUCTION ABOVE AC29.

EMCAUSE1 EMCAUSC1
EMCAUSE2 EMCAUSC2
EMCAUSE3

BOX HS3	<p>IF MORE THAN ONE CONDITION MENTIONED IN HS23a-v, ASK HS26. IF ONLY ONE CONDITION MENTIONED IN HS23a-v, GO TO INTRODUCTION ABOVE AC29.</p>
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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.
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.

Next, some questions about (your/SP's) health care needs during the past year.

AC29. [Since (RD. 4 INT. DATE)/(REF. DATE)/In the last year], (have you/has SP) had any trouble getting health care that (you/SP) wanted or needed?

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

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

HCTRVB1 HCTRC1
HCTRVB2 HCTRC2
HCTRVB3 HCTRC3

AC31. [Since (RD. 4 INT. DATE)/(REF. 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.

SEE **ACTIVITIES OF DAILY LIVING.**

SEE **INSTRUMENTAL ACTIVITIES OF DAILY LIVING.**