

MAIN STUDY - ROUND 25  
COMMUNITY COMPONENT  
HS. HEALTH STATUS AND FUNCTIONING

BOX HS1A	IF SP IS DECEASED OR INSTITUTIONALIZED, GO TO <b>BOX SC1A</b> .
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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 . . .

<b>GENHELTH</b>	excellent, .....	1
	very good, .....	2
	good, .....	3
	fair, or .....	4
	poor? .....	5

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...

<b>COMPHLTH</b>	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 . . .

<b>HELMTACT</b>	none of the time, .....	1
	some of the time, .....	2
	most of the time, or.....	3
	all of the time? .....	4

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

<b>ECHELP</b>	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 (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

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	<b>BOX HSA</b>
NO .....	2	(HS4b)
REFUSED .....	-7	<b>BOX HSA</b>
DON'T KNOW .....	-8	<b>BOX HSA</b>

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 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

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

**HHELP**

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	OMITTED.
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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 HS11. IF SP IS MALE: GO TO HS13a.
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HS11. These next few questions are about preventive health care measures some people take.

(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  
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?

<b>HYSTEREC</b>	YES .....	1 (HS14)
	NO .....	2 (HS14)
	REFUSED .....	-7 (HS14)
	DON'T KNOW .....	-8 (HS14)

HS13a. The following questions are about preventive health care.

(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: Sometimes follow-up care includes this exam, even after the prostate has been removed.]

<b>DIGTEXAM</b>	YES .....	1
	NO .....	2
	REFUSED .....	-7
	DON'T KNOW .....	-8

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

[PSA = PROSTATE-SPECIFIC ANTIGEN]

[EXPLAIN IF NECESSARY: Sometimes follow-up care includes this test, even after the prostate has been removed.]

<b>BLOODTST</b>	YES .....	1
	NO .....	2
	REFUSED .....	-7
	DON'T KNOW .....	-8

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

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

HS14. 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 (display previous year as XXXX) through December (display previous year as XXXX)?]

<b>FLUSHOT</b>	YES .....	1 <b>BOX HSD</b>
	NO .....	2 (HS14a)
	REFUSED .....	-7 <b>BOX HSD</b>
	DON'T KNOW .....	-8 <b>BOX HSD</b>

HS14a. Why didn't (you/SP) get a flu shot last winter?

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

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

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

<b>PNEUSHOT</b>	YES .....	1	<b>BOX HS1AA</b>
	NO .....	2	(HS15a)
	REFUSED .....	-7	<b>BOX HS1AA</b>
	DON'T KNOW .....	-8	<b>BOX HS1AA</b>

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

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

<b>PNUNEEED</b>	DIDN'T KNOW IT WAS NEEDED .....	1
<b>PNUCAUSE</b>	SHOT COULD CAUSE PNEUMONIA .....	2
<b>PNUSIDE</b>	SHOT COULD HAVE SIDE EFFECTS OR CAUSE DISEASE .....	3
<b>PNUPRVNT</b>	DIDN'T THINK IT WOULD PREVENT THE PNEUMONIA/COULD GET PNEUMONIA ANYWAY .....	4
<b>PNURISK</b>	PNEUMONIA NOT SERIOUS/WOULD NOT GET PNEUMONIA ANYWAY/NOT AT RISK .....	5
<b>PNUDOCNO</b>	DOCTOR DID NOT RECOMMEND THE SHOT .....	6
<b>PNUAGNST</b>	DOCTOR RECOMMENDED AGAINST GETTING SHOT/ ALLERGIC TO SHOT/MEDICAL REASONS .....	7
<b>PNUREACT</b>	DON'T LIKE SHOTS OR NEEDLES/CONCERNS ABOUT SORENESS OR RASH/LOCAL REACTIONS .....	8
<b>PNULOCAT</b>	INCONVENIENT TO GET SHOT/UNABLE TO GET TO LOCATION .....	9
<b>PNUMISS</b>	DIDN'T THINK ABOUT IT/FORGOT/MISSED IT .....	10
<b>PNUCOST</b>	COST OF SHOT/NOT WORTH THE MONEY .....	11
<b>PNUOTHER</b>	OTHER (SPECIFY) .....	91
<b>PNUOTHOS</b>	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 couple of questions are about smoking. (Have you/Has SP) ever smoked cigarettes, cigars, or pipe tobacco?

<b>EVERSMOK</b>	YES .....	1 (HS17)
<b>HS16FLG</b>	NO .....	2 (HS18INTR)
	REFUSED .....	-7 (HS18INTR)
	DON'T KNOW .....	-8 (HS18INTR)

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

<b>SMOKNOW</b>	YES .....	1
	NO .....	2
	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?

<b>SHOW CARD HS1</b>
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**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?

<b>SHOW CARD HS1</b>
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**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?

<b>SHOW CARD HS1</b>
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**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?

<b>SHOW CARD HS1</b>
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**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?

<div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>SHOW CARD HS1</b> </div>	<b>DIFWALK</b>	NO DIFFICULTY AT ALL .....	1
		A LITTLE DIFFICULTY .....	2
		SOME DIFFICULTY .....	3
		A LOT OF DIFFICULTY .....	4
		NOT ABLE TO DO IT .....	5

HS23INT. 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 (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.
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HS23a. [Since (PREV. SUPP. RD. INT. DATE)/(REF. DATE),] has a doctor (ever) told (you/SP) that (you/he/she) had hardening of the arteries or arteriosclerosis?

<b>OCARTERY</b> <b>HS23AFLG</b>	YES .....	1
	NO .....	2
	REFUSED .....	-7
	DON'T KNOW .....	-8

BOX HS1C OMITTED.

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

<b>OCHBP</b> <b>HS23BFLG</b>	YES .....	1
	NO .....	2
	REFUSED .....	-7
	DON'T KNOW .....	-8

BOX HS1C-1 OMITTED.

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

<b>OCMYOCAR</b> <b>HS23CFLG</b>	YES .....	1
	NO .....	2
	REFUSED .....	-7
	DON'T KNOW .....	-8

BOX HS1C-2 OMITTED.



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

<b>OCCHD</b>	YES .....	1
<b>HS23DFLG</b>	NO .....	2
	REFUSED .....	-7
	DON'T KNOW .....	-8

BOX HS1C-3 OMITTED.

- e. [Since (PREV. SUPP. RD. INT. DATE)/(REF. DATE),] (has a doctor told (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/his/her) heartbeat?

<b>OCOTHART</b>	YES .....	1
<b>HS23EFLG</b>	NO .....	2
	REFUSED .....	-7
	DON'T KNOW .....	-8

BOX HS1C-4 OMITTED.

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

<b>OCSTROKE</b>	YES .....	1
<b>HS23FFLG</b>	NO .....	2
	REFUSED .....	-7
	DON'T KNOW .....	-8

BOX HS1D OMITTED.

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

<b>OCCSKIN</b>	YES .....	1
<b>HS23GFLG</b>	NO .....	2
	REFUSED .....	-7
	DON'T KNOW .....	-8

BOX HS1D-1 OMITTED.

- h. [I've recorded that (you/SP) previously reported having had cancer of the [HS23i RESPONSE(S).]]  
 [Since (PREV. SUPP. RD. INT. DATE)/(REF. DATE),] 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.]

<b>OCCANCER</b>	YES .....	1 (i)
<b>HS23HFLG</b>	NO .....	2 <b>BOX HS1E</b>
	REFUSED .....	-7 <b>BOX HS1E</b>
	DON'T KNOW .....	-8 <b>BOX HS1E</b>

- 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.)

<b>OCCLUNG</b>	LUNG .....	1
<b>OCCECOLON</b>	COLON, RECTUM, OR BOWEL .....	2
<b>OCCBREAST</b>	BREAST .....	3
<b>OCCUTER</b>	UTERUS .....	4
<b>OCCPROST</b>	PROSTATE .....	5
<b>OCCBLAD</b>	BLADDER .....	6
<b>OCCOVARY</b>	OVARY .....	7
<b>OCCSTOM</b>	STOMACH .....	8
<b>OCCECERVX</b>	CERVIX .....	9
<b>OCCBRAIN</b>	OTHER (SPECIFY) _____	.91
<b>OCCCKIDNY</b>	REFUSED .....	-7
<b>OCCTHROA</b>	DON'T KNOW .....	-8
<b>OCCHEAD</b>		
<b>OCCBACK</b>		
<b>OCCFONEC</b>		
<b>OCCOTHER</b>		
<b>OCCCOS</b>		

BOX HS1E	IF ANY PREVIOUS ROUND HS23j = 1, GO TO <b>BOX HS1F</b> . OTHERWISE, GO TO HS23j.
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- j. [Since (PREV. SUPP. RD. 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.]

<b>OCCDIABTS</b>	YES .....	1
	NO .....	2
	REFUSED .....	-7
	DON'T KNOW .....	-8

BOX HS1F	IF ANY PREVIOUS ROUND HS23k = 1, GO TO HS23l. OTHERWISE, GO TO HS23k.
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- k. [Since (PREV. SUPP. RD. INT. DATE)(REF. DATE),] has a doctor (ever) told (you/SP) that (you/he/she) had rheumatoid arthritis?

<b>OCARTHRH</b>	YES .....	1
<b>HS23KFLG</b>	NO .....	2
	REFUSED .....	-7
	DON'T KNOW .....	-8

BOX HS1G OMITTED.

- l. [I've recorded that (you/SP) previously reported having arthritis of the [HS23m RESPONSE(S)].]  
[Since (PREV. SUPP. RD. INT. DATE)/(REF. DATE),] 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.]

<b>OCARTH</b>	YES .....	1 (m)
<b>HS23LFLG</b>	NO .....	2 <b>BOX HSE</b>
	REFUSED .....	-7 <b>BOX HSE</b>
	DON'T KNOW .....	-8 <b>BOX HSE</b>

- m. 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).]

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

BOX HSE	IF SP IN THE SUPPLEMENTAL SAMPLE, GO TO HS23n. OTHERWISE, GO TO <b>BOX HS1H</b> .
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- n. Has a doctor ever told (you/SP) that (you/he/she) had mental retardation?

<b>OCMENTAL</b>	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.
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- o. [Since (PREV. SUPP. RD. INT. DATE)/(REF. DATE),] has a doctor (ever) told (you/SP) that (you/he/she) had Alzheimer's disease or dementia?

<b>OCALZHR</b>	YES .....	1
<b>HS23OFLG</b>	NO .....	2
	REFUSED .....	-7
	DON'T KNOW .....	-8

BOX HS1I OMITTED.

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

<b>OCPSYCH</b>	YES .....	1
<b>HS23PFLG</b>	NO .....	2
	REFUSED .....	-7
	DON'T KNOW .....	-8

BOX HS1J	IF ANY PREVIOUS ROUND HS23q = 1, GO TO HS23r. OTHERWISE, GO TO HS23q.
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- q. [Since (PREV. SUPP. RD. INT. DATE),] has a doctor (ever) told (you/SP) that (you/he/she) had osteoporosis, sometimes called fragile or soft bones?

<b>OCOSTEOP</b>	YES .....	1
<b>HS23QFLG</b>	NO .....	2
	REFUSED .....	-7
	DON'T KNOW .....	-8

BOX HS1J-1 OMITTED.

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

<b>OCBRKHIP</b>	YES .....	1
<b>HS23RFLG</b>	NO .....	2
	REFUSED .....	-7
	DON'T KNOW .....	-8

BOX HS1K	IF ANY PREVIOUS ROUND HS23s = 1, GO TO <b>BOX HS1L</b> . OTHERWISE, GO TO HS23s.
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- s. [Since (PREV. SUPP. RD. INT. DATE)/(REF. DATE),] has a doctor (ever) told (you/SP) that (you/he/she) had Parkinson's disease?

<b>OCPARKIN</b>	YES .....	1
<b>HS23SFLG</b>	NO .....	2
	REFUSED .....	-7
	DON'T KNOW .....	-8

BOX HS1L	IF ANY PREVIOUS ROUND HS23t = 1, GO TO HS23u. OTHERWISE, GO TO HS23t.
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- t. [Since (PREV. SUPP. RD. 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.]

<b>OCEMPHYS</b>	YES .....	1
<b>HS23TFLG</b>	NO .....	2
	REFUSED .....	-7
	DON'T KNOW .....	-8

BOX HS1M OMITTED.

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

<b>OCPPARAL</b>	YES .....	1
<b>HS23UFLG</b>	NO .....	2
	REFUSED .....	-7
	DON'T KNOW .....	-8

BOX HSF OMITTED.

BOX HSG	IF ANY PREVIOUS ROUND HS23v = 1, GO TO <b>BOX HSGG</b> . OTHERWISE, GO TO HS23v.
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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 a leg?

<b>OCAMPUTE</b>	YES .....	1
<b>HS23VFLG</b>	NO .....	2
	REFUSED .....	-7
	DON'T KNOW .....	-8

BOX HSGG	IF SP IS FEMALE, GO TO <b>BOX HS2</b> . IF SP IS IN CONTINUING SAMPLE AND HS13c=1, GO TO <b>BOX HS2</b> . OTHERWISE, GO TO HS23w.
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- w. [Before (your/SP's) prostate was removed, did a doctor ever tell]/Has a doctor ever told/[Since (PREV. SUPP. RD. INT. DATE)/REF. DATE), has a doctor told] (you/SP) that (you/he) had an enlarged prostate or benign prostatic hypertrophy (BPH)?

**HAVEPROS**                      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.
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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 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.
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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.]

EMARTERY  
EMHBP  
EMMYOCAR  
EMCHD  
EMOTHART  
EMSTROKE  
EMCSKIN  
EMCANCER  
EMDIABTS  
EMARTHRH  
EMARTH  
EMMENTAL  
EMALZHR  
EMPSYCH  
EMOSTEOP  
EMBRKHIP  
EMPARKIN  
EMEMPHYS  
EMPPARAL  
EMAMPUTE  
EMOTHOS  
EMOS

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

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

<b>HCTROUBL</b>	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.]

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<b>HCTRVB1</b>	<b>HCTRC1</b>
<b>HCTRVB2</b>	<b>HCTRC2</b>
<b>HCTRVB3</b>	<b>HCTRC3</b>

AC31. [Since (PREV. SUPP. RD. 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?

<b>HCDELAY</b>	YES .....	1
	NO .....	2
	REFUSED .....	-7
	DON'T KNOW .....	-8

AC32 OMITTED.





## 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. [PRESS ENTER TO CONTINUE.]

	(1) bathing or showering?	(2) dressing?	(3) eating?	(4) getting in or out of bed or chairs?	(5) walking?	(6) using the toilet?
HS31. Because of a health or physical problem, (do you/does SP) have <u>any</u> difficulty...	Yes ..... 1 (NEXT No ..... 2 ACTIV.) DOESN'T DO ..... 3 (HS31a)	Yes ..... 1 (NEXT No ..... 2 ACTIV.) DOESN'T DO ..... 3 (HS31a)	Yes ..... 1 (NEXT No ..... 2 ACTIV.) DOESN'T DO ..... 3 (HS31a)	Yes ..... 1 (NEXT No ..... 2 ACTIV.) DOESN'T DO ..... 3 (HS31a)	Yes ..... 1 (NEXT No ..... 2 ACTIV.) DOESN'T DO ..... 3 (HS31a)	Yes ..... 1 (INSTR. No ..... 2 ABOVE HS32) DOESN'T DO ..... 3 (HS31a)
	<b>HPPDBATH</b>	<b>HPPDDRES</b>	<b>HPPDEAT</b>	<b>HPPDCHAR</b>	<b>HPPDWALK</b>	<b>HPPDTOIL</b>
HS31a. Is this because of a <u>health</u> or <u>physical</u> problem?	Yes ..... 1 ] (NEXT No ..... 2 ACTIV.)	Yes ..... 1 ] (NEXT No ..... 2 ACTIV.)	Yes ..... 1 ] (NEXT No ..... 2 ACTIV.)	Yes ..... 1 ] (NEXT No ..... 2 ACTIV.)	Yes ..... 1 ] (NEXT No ..... 2 ACTIV.)	Yes ..... 1 (INSTR. No ..... 2 ABOVE HS32)
	<b>DONTBATH</b>	<b>DONTDRES</b>	<b>DONTEAT</b>	<b>DONTCHAR</b>	<b>DONTWALK</b>	<b>DONTTOIL</b>

ASK HS32-HS34 AS APPROPRIATE FOR EACH ADL CODED "YES" IN HS31 OR HS31a. OTHERWISE, SKIP TO HS37.

HS32. [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 ..... 1 (HS34) No ..... 2 (HS33)	Yes ..... 1 (HS34) No ..... 2 (HS33)	Yes ..... 1 (HS34) No ..... 2 (HS33)	Yes ..... 1 (HS34) No ..... 2 (HS33)	Yes ..... 1 (HS34) No ..... 2 (HS33)	Yes ..... 1 (HS34) No ..... 2 (HS33)
	<b>HELPBATH</b>	<b>HELPDRES</b>	<b>HELPEAT</b>	<b>HELPCCHAR</b>	<b>HELPWALK</b>	<b>HELPTOIL</b>
HS33. 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 ..... 1 No ..... 2	Yes ..... 1 No ..... 2	Yes ..... 1 No ..... 2	Yes ..... 1 No ..... 2	Yes ..... 1 No ..... 2	Yes ..... 1 No ..... 2
	<b>PCHKBATH</b>	<b>PCHKDRES</b>	<b>PCHKEAT</b>	<b>PCHKCHAR</b>	<b>PCHKWALK</b>	<b>PCHKTOIL</b>

**ACTIVITIES OF DAILY LIVING (ADLs) (continued)**

HS34. (Do you/Does SP) use special equipment or aids to help (you/him/ her) with (ADL)?	(1)	(2)	(3)	(4)	(5)	(6)
	bathing or showering?	dressing?	eating?	getting in or out of bed or chairs?	walking?	using the toilet?
	Yes ..... 1 No ..... 2	Yes ..... 1 No ..... 2	Yes ..... 1 No ..... 2	Yes ..... 1 No ..... 2	Yes ..... 1 No ..... 2	Yes ..... 1 No ..... 2
	<b>EQUIPBATH</b>	<b>EQUIPDRES</b>	<b>EQUIPEAT</b>	<b>EQUIPCHAR</b>	<b>EQUIPWALK</b>	<b>EQUIPTOIL</b>

IF YES IN ANY ADL QUESTION HS32, ASK HS34a. IF YES IN ANY ADL QUESTION HS33, GO TO HS35. OTHERWISE, GO TO HS36a.

HS34a. How long (have you/has SP) needed help with (ADL)? Has it been...

- less than 3 months, ..... 1 (HS34b)
- more than 3 months but less than 1 year, or ..... 2 (HS35)
- more than 1 year? ..... 3 (HS35)
- REFUSED ..... -7 (HS35)
- DON'T KNOW ..... -8 (HS35)

<b>LONGBATH</b>	<b>LONGDRES</b>	<b>LONGEAT</b>	<b>LONGCHAR</b>	<b>LONGWALK</b>	<b>LONGTOIL</b>
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HS34b. Do you expect that (you/SP) will still need help with (ADL) three months from now?

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

<b>STILBATH</b>	<b>STILDRES</b>	<b>STILEAT</b>	<b>STILCHAR</b>	<b>STILWALK</b>	<b>STILTOIL</b>
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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 HS31.) Who [gives that help/stays nearby in case (you need/SP needs) help]? [ENTER ALL HELPERS.]

<b>HLPRROST</b>	<b>HLPRBATH</b>	<b>HLPRDRES</b>	<b>HLPREAT</b>	<b>HLPRCHAR</b>	<b>HLPRWALK</b>	<b>HLPRTOIL</b>
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IF MORE THAN ONE HELPER NAMED IN HS35, 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

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**.