

MCBS MAIN STUDY - ROUND 28 – FALL SUPPLEMENT

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
	REFUSED	-7
	DON'T KNOW	-8

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

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

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

HELMTACT	none of the time,	1
	some of the time,	2
	most of the time, or.....	3
	all of the time?	4
	REFUSED	-7
	DON'T KNOW	-8

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

BOX HSB OMITTED.

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

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

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

WEIGHT	_____
	POUNDS
	REFUSED
	DON'T KNOW

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 (HS11a)
	NO	2 (HS11c)
	REFUSED	-7 (HS12)
	DON'T KNOW	-8 (HS12)

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

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

IF SOME OTHER PLACE, ASK: Where was this?

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

HS11b. What was the reason for (your/SP's) most recent mammogram?

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

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

HS11c. 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]?

[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 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
MAMNOTHR	OTHER (SPECIFY) _____	91
MAMNOTHS	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 (HS12a)
	NO	2 (HS12b)
	REFUSED	-7 BOX HSC
	DON'T KNOW	-8 BOX HSC

HS12a. What was the reason for (your/SP's) most recent Pap smear?

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

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

HS12b. What is the reason that (you have/SP has) not had a Pap smear since [(PREV. SUPP. RD. INT. DATE)/(TODAY'S DATE) a year ago]?

[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 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
PAPNOTHR	OTHER (SPECIFY)	91
PAPNOTHS	REFUSED	-7
	DON'T KNOW	-8

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

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

HS13a. These next few questions are about preventive health care measures some people take.

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

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

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

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

[PSA = PROSTATE-SPECIFIC ANTIGEN]

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

BLOODTST	YES	1 (HS13bb)
	NO	2 (HS13cc)
	REFUSED	-7 (HS13c)
	DON'T KNOW	-8 (HS13c)

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

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

HS13cc. 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]?

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

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

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

HS14. On a different topic ...

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

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

FLUSHOT	YES	1 (HS14b)
	NO	2 BOX HSD
	REFUSED	-7 BOX HSD
	DON'T KNOW	-8 BOX HSD

HS14a OMITTED IN ROUND 28.

HS14b. Where did (you/SP) go for (your/her) most recent flu shot – was that a managed care plan center or HMO, a clinic, a doctor's office, a hospital, a health fair, shopping mall, or some other place?

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

IF SOME OTHER PLACE, ASK: Where was this?

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

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

PNEUSHOT	YES	1
HS15FLG	NO	2
	REFUSED	-7
	DON'T KNOW	-8

HS15a OMITTED IN ROUND 28.

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?

EVERSMOK	YES	1 (HS17)
HS16FLG	NO	2 (HS18INTR)
	REFUSED	-7 (HS18INTR)
	DON'T KNOW	-8 (HS18INTR)

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

SMOKNOW	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?

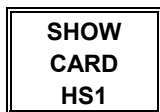
SHOW CARD HS1	DIFSTOOP	NO DIFFICULTY AT ALL	1
		A LITTLE DIFFICULTY	2
		SOME DIFFICULTY	3
		A LOT OF DIFFICULTY	4
		NOT ABLE TO DO IT	5
		REFUSED	-7
		DON'T KNOW	-8

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

**DIFLIFT**

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

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

**DIFREACH**

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

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

**DIFWRITE**

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

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

**DIFWALK**

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

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

BOX HS1B	IF ANY PREVIOUS ROUND HS23a = 1, GO TO HS23b. OTHERWISE, GO TO HS23a.
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HS23a. [Since (PREV. SUPP. RD. INT. DATE),] (Has/has) a doctor (ever) told (you/SP) that (you/he/she) had hardening of the arteries or arteriosclerosis?

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

BOX HS1C OMITTED.

b. [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
HS23BFLG	NO	2
	REFUSED	-7
	DON'T KNOW	-8

BOX HS1C-1 OMITTED.

c. [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
HS23CFLG	NO	2
	REFUSED	-7
	DON'T KNOW	-8

BOX HS1C-2 OMITTED.

d. [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
HS23DFLG	NO	2
	REFUSED	-7
	DON'T KNOW	-8

BOX HS1C-3 OMITTED.

- e1. [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
HS23E1FL	NO	2
	REFUSED	-7
	DON'T KNOW	-8

- e2. [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
HS23E2FL	NO	2
	REFUSED	-7
	DON'T KNOW	-8

- e3. [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
HS23E3FL	NO	2
	REFUSED	-7
	DON'T KNOW	-8

- e4. [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
HS23E4FL	NO	2
	REFUSED	-7
	DON'T KNOW	-8

HS23e OMITTED IN ROUND 28.

BOX HS1C-4 OMITTED.

- f. [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
HS23FFLG	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),] (Has/has) a doctor (ever) told (you/SP) that (you/he/she) had (a new occurrence of) skin cancer?

OCCSKIN	YES	1
HS23GFLG	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),] (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 (i)
HS23HFLG	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	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	OTHER (SPECIFY) _____	.91
OCCKIDNY	HS23IKDY	REFUSED	-7
OCCTHROA	HS23ITHR	DON'T KNOW	-8
OCCHEAD	HS23IHED		
OCCBACK	HS23IBCK		
OCCFONEC	HS23IFEM		
OCCOTHER			
OCCOS	HS23IOT1		
	HS23IOT2		
	HS23IOT3		

BOX HS1E	IF ANY PREVIOUS ROUND HS23j = 1, GO TO BOX HS1F . OTHERWISE, GO TO HS23j.
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- j. [Since (PREV. SUPP. RD. INT. DATE),] (Has/has) a doctor (ever) told (you/SP) that (you/he/she) had diabetes, high blood sugar, or sugar in (your/his/her) urine?
[DO NOT INCLUDE BORDERLINE, PREGNANCY, OR PRE-DIABETIC DIABETES.]

OCDIABTS	YES	1
HS23JFLG	NO	2
	REFUSED	-7
	DON'T KNOW	-8

BOX HS1F	IF ANY PREVIOUS ROUND HS23k = 1, GO TO HS23l. OTHERWISE, GO TO HS23k.
-------------	--

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

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

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

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),] (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 (m)
HS23LFLG	NO	2 BOX HSE
	REFUSED	-7 BOX HSE
	DON'T KNOW	-8 BOX HSE

- 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).]

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

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

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

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

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

BOX HS1I OMITTED.

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

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

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

- q. [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.

- r. [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
 HS23RFLG NO 2
 REFUSED -7
 DON'T KNOW -8

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

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

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

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

- t. [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.

- u. 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
HS23UFLG	NO	2
	REFUSED	-7
	DON'T KNOW	-8

BOX HSF OMITTED.

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

- 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?

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

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

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

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

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

HS24. You told me that (you/SP) have had [READ CONDITIONS LISTED BELOW]. (Was this/Were any of these) the original cause of (your/SP's) becoming eligible for Medicare?

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

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

..... GO TO HSPINT.

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 HSPINT.
------------	---

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
EMCFAIL
EMCVALVE
EMRHYTHM
EMOTHHRT
EMSTROKE
EMCSKIN
EMCANCER
EMDIABTS
EMARTHRH
EMARTH
EMMENTAL
EMALZHMR
EMPSYCH
EMOSTEOP
EMBRKHIP
EMPARKIN
EMEMPHYS
EMPPARAL
EMAMPUTE
EMOTHOS
EMOS

EMOTHART OMITTED IN ROUND 28.

HSPINT. 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).

BOX HS3A	IF HS23j=1 IN ANY (CURRENT OR PREVIOUS) ROUND, GO TO HSP1. IF HS23j NOT= 1 IN ANY ROUND, GO TO HSP17.
-------------	---

HSP1. [We have recorded that (you were/SP was) told by a doctor that (you have/he has/she has) diabetes or high blood sugar.]
How old (were you/was SP) when (you were/he was/she was) first told that (you/he/she) had diabetes?

DIAAGE

_____ **BOX HS3B**
AGE

LESS THAN ONE YEAR OLD 996 (HSP3)

SP NEVER TOLD HAD DIABETES/

PREVIOUS RESPONSE IN ERROR 997 (HSP17)

REFUSED -7 **BOX HS3B**

DON'T KNOW -8 **BOX HS3B**

BOX HS3B	IF SP IS FEMALE AND HSP1=12-45 OR -7 OR -8, GO TO HSP2. OTHERWISE, GO TO HSP3.
-------------	--

HSP2. Did (you/SP) have diabetes only during a pregnancy?

DIAPRGNT

YES 1 (HSP17)

NO 2 (HSP3)

REFUSED -7 (HSP17)

DON'T KNOW -8 (HSP17)

HSP3. What type of diabetes (do you/does SP) have?

DIATYPES TYPE 1 ("INSULIN-DEPENDENT", "JUVENILE-ONSET") 1 (HSP4)
TYPE 2 ("NON-INSULIN-DEPENDENT", "ADULT-ONSET") 2 (HSP4)
GESTATIONAL (PREGNANCY-RELATED) 3 (HSP17)

DIATYPOS SOME OTHER TYPE (SPECIFY) 91 (HSP4)
REFUSED -7 (HSP4)
DON'T KNOW -8 (HSP4)

HSP4. 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
DIAEST	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

BOX HS3C	IF HSP4a=1, GO TO HSP5. OTHERWISE, IF HSP4b=1, GO TO HSP6. OTHERWISE, IF HSP4c=1, GO TO HSP7. OTHERWISE, IF HSP4f=1, GO TO HSP8. OTHERWISE, GO TO HSP9.
-------------	---

HSP5. How often (do you/does SP) take insulin?
[ENTER ONLY ONE CODE.]

INSUTAKE	NUMBER OF TIMES PER DAY..... 1	NUMBER OF TIMES PER DAY: _____
	NUMBER OF TIMES PER WEEK 2	NUMBER OF TIMES PER WEEK: _____
	USE INSULIN PUMP 3 BOX HS3D	INSUDAY
	REFUSED..... -7 BOX HS3D	INSUWEEK
	DON'T KNOW..... -8 BOX HS3D	

BOX HS3D	IF HSP4b=1, GO TO HSP6. OTHERWISE, IF HSP4c=1, GO TO HSP7. OTHERWISE, IF HSP4f=1, GO TO HSP8. OTHERWISE, GO TO HSP9.
-------------	--

HSP6. How often (do you/does SP) take prescription diabetes pills or oral diabetes medicine?
[ENTER ONLY ONE CODE.]

MEDSTAKE	NUMBER OF TIMES PER DAY..... 1	NUMBER OF TIMES PER DAY: _____
	NUMBER OF TIMES PER WEEK 2	NUMBER OF TIMES PER WEEK: _____
	NUMBER OF TIMES PER MONTH..... 3	NUMBER OF TIMES PER MONTH: _____
	REFUSED..... -7 BOX HS3E	MEDDAY
	DON'T KNOW..... -8 BOX HS3E	MEDWEEK
		MEDMONTH

BOX HS3E	IF HSP4c=1, GO TO HSP7. OTHERWISE, IF HSP4f=1, GO TO HSP8. OTHERWISE, GO TO HSP9.
-------------	--

HSP7. 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.]

TESTTAKE	NUMBER OF TIMES PER DAY..... 1	NUMBER OF TIMES PER DAY: _____
	NUMBER OF TIMES PER WEEK 2	NUMBER OF TIMES PER WEEK: _____
	NUMBER OF TIMES PER MONTH..... 3	NUMBER OF TIMES PER MONTH: _____
	NUMBER OF TIMES PER YEAR 4	NUMBER OF TIMES PER YEAR: _____
	REFUSED..... -7 BOX HS3F	TESTDAY
	DON'T KNOW..... -8 BOX HS3F	TESTWEEK
		TESTMNTH
		TESTYEAR

BOX HS3F	IF HSP4f=1, GO TO HSP8. OTHERWISE, GO TO HSP9.
-------------	---

HSP8. 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.]

SORECHEK	NUMBER OF TIMES PER DAY..... 1	NUMBER OF TIMES PER DAY: _____
	NUMBER OF TIMES PER WEEK 2	NUMBER OF TIMES PER WEEK: _____
	NUMBER OF TIMES PER MONTH..... 3	NUMBER OF TIMES PER MONTH: _____
	NUMBER OF TIMES PER YEAR 4	NUMBER OF TIMES PER YEAR: _____
	REFUSED..... -7 (HSP9)	SOREDAY
	DON'T KNOW..... -8 (HSP9)	SOREWEEK
		SOREMNTH
		SOREYEAR

HSP9. 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

HSP10. 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

HSP11. A test of hemoglobin "A one C" measures the average level of blood sugar over the past three months. 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

HSP12. (Do you/Does SP) have any problems with (your/his/her) eyes or feet as a result of (your/his/her) diabetes?

DIAPROBS

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

HSP13. (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 (HSP14)
 NO 2 **BOX HS3G**
 REFUSED -7 **BOX HS3G**
 DON'T KNOW -8 **BOX HS3G**

HSP14. 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 HS3G	IF SP IS RESPONDENT, GO TO HSP15. IF PROXY IS RESPONDENT, GO TO BOX HS3J .
-------------	--

HSP15. How much do you think you know about managing your diabetes? Do you know...

SHOW CARD HS3

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

HSP16. 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 HS3J
	NO	2	BOX HS3J
	REFUSED	-7	BOX HS3J
	DON'T KNOW	-8	BOX HS3J

HSP17. [We have recorded that (you have/SP has) never been told by a doctor that (you have/he has/she has) diabetes or high blood sugar.]

(Have you/Has SP) ever had a blood test to see if (you have/he has/she has) diabetes?

DIAEVERT	YES	1	(HSP18)
	NO	2	BOX HS3H
	SP DOES HAVE DIABETES	3	(HSP1)
	REFUSED	-7	BOX HS3H
	DON'T KNOW	-8	BOX HS3H

HSP18. When was the most recent time (you were/SP was) tested for diabetes?

DIARECNT	LESS THAN 1 YEAR AGO	1	(HSP20)
	1 YEAR TO LESS THAN 2 YEARS AGO	2	(HSP20)
	2 YEARS TO LESS THAN 3 YEARS AGO	3	(HSP20)
	3 YEARS TO LESS THAN 5 YEARS AGO	4	(HSP20)
	5 OR MORE YEARS AGO	5	(HSP20)
	REFUSED	-7	(HSP20)
	DON'T KNOW	-8	(HSP20)

BOX HS3H	IF SP IS RESPONDENT, GO TO HSP19. IF PROXY IS RESPONDENT, GO TO HSP20.
---------------------	---

HSP19. 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

HSP20. 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

HSP21. 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 HS3J	<p>IF SP HAS COLON/RECTAL/BOWEL CANCER (HS23i OCCCOLON=1 IN ANY CURRENT OR PREVIOUS ROUND), GO TO BOX HS23L.</p> <p>IF SP HAS NOT INDICATED COLON/RECTAL/BOWEL CANCER (HS23i OCCCOLON≠1 IN EVERY ROUND, CURRENT AND PREVIOUS), GO TO HSP22.</p>
-------------	--

HSP22. Now I'd like to talk about a different illness, colorectal or colon cancer, a disease of the lower intestines. Before today, had you ever heard of colorectal or colon cancer?

COLHEAR YES 1 (HSP23)
NO 2 (HSP24)
REFUSED -7 (HSP24)
DON'T KNOW -8 (HSP24)

HSP23. Has a doctor or other health professional ever told (you/SP) that (you are/he is/she is) at high risk for colorectal or colon cancer?

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

HSP24. The fecal occult blood test is a simple test for early signs of colon cancer. It detects invisible traces of blood found in the stool. The doctor or other health professional can give the patient a kit to collect stool samples at the patient's home. The test is then sent to a laboratory for the results to be determined.

Has a doctor or other health professional ever given (you/SP) a home testing kit to test for blood in the stool?

COLHTEST	YES	1 (HSP26)
	NO	2 (HSP25)
	REFUSED	-7 (HSP25)
	DON'T KNOW	-8 (HSP25)

HSP25. Have you ever heard of this home testing kit?

COLHKIT	YES	1 (HSP29)
	NO	2 (HSP29)
	REFUSED	-7 (HSP29)
	DON'T KNOW	-8 (HSP29)

HSP26. Did (you/SP) complete the samples and send the card in for (your/his/her) most recent test?

COLCARD	YES	1 (HSP28)
	NO	2 (HSP27)
	REFUSED	-7 (HSP28)
	DON'T KNOW	-8 (HSP28)

HSP27. Why didn't (you/SP) complete the home kit?

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

COLKNEED	DIDN'T THINK IT WAS NEEDED/NO NEED/NOTHING WRONG	1 (HSP29)
COLKGET	DIDN'T THINK IT WOULD PREVENT CANCER/COULD GET CANCER ANYWAY/TEST IS USELESS	2 (HSP29)
COLKRISK	NOT AT RISK FOR CANCER	3 (HSP29)
COLKPERF	SP DIDN'T THINK HE/SHE COULD PERFORM THE TEST CORRECTLY	4 (HSP29)
COLKSTOL	DID NOT WANT TO HANDLE STOOL	5 (HSP29)
COLKDISG	TEST WAS REPULSIVE, DISGUSTING	6 (HSP29)
COLKINCO	INCONVENIENT	7 (HSP29)
COLKFORG	DIDN'T THINK ABOUT IT/FORGOT IT/PROCRASTINATED	8 (HSP29)
COLKCOST	COST OF TEST/INSURANCE DOESN'T COVER COST/ NOT WORTH THE MONEY	9 (HSP29)
COLKFEAR	AFRAID OF RESULTS/DON'T WANT TO KNOW	10 (HSP29)
COLKTRST	DON'T TRUST LAB/DON'T TRUST TEST/DON'T TRUST RESULTS ...	11 (HSP29)
COLKOTHR	OTHER (SPECIFY)	91 (HSP29)
COLKOTHS	REFUSED	-7 (HSP29)
	DON'T KNOW	-8 (HSP29)

HSP28. When did (you/SP) have (your/his/her) most recent blood stool test using a home testing kit?

COLRECNT	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

HSP29. Another test for early signs of colon cancer is performed in the doctor's office. The doctor uses a flexible lighted tube to examine the colon and rectum directly. This is called a sigmoidoscopy or colonoscopy.
(Have you/Has SP) ever had this exam?

COLSCOPY	YES	1 (HSP30)
	NO	2 (HSP31)
	REFUSED	-7 (HSP31)
	DON'T KNOW	-8 (HSP31)

HSP30. When did (you/SP) have (your/his/her) most recent sigmoidoscopy or colonoscopy?

WHENSCOP	LESS THAN 1 YEAR AGO	1 (HSP34)
	1 YEAR TO LESS THAN 2 YEARS AGO	2 (HSP34)
	2 YEARS TO LESS THAN 3 YEARS AGO	3 (HSP34)
	3 YEARS TO LESS THAN 5 YEARS AGO	4 (HSP34)
	5 OR MORE YEARS AGO	5 (HSP34)
	REFUSED	-7 (HSP34)
	DON'T KNOW	-8 (HSP34)

HSP31. Before today, had you ever heard of a sigmoidoscopy or colonoscopy?

HEARSCOP	YES	1 (HSP32)
	NO	2 BOX HS3K
	REFUSED	-7 BOX HS3K
	DON'T KNOW	-8 BOX HS3K

BOX HS3K	IF HSP24=1 OR HSP25=1, GO TO HSP34. IF HSP24 NOT =1 AND HSP25 NOT =1, GO TO BOX HS3L .
-------------	--

HSP32. Has a doctor ever recommended that (you/SP) have this test?

COLDREC	YES	1 (HSP33)
	NO	2 (HSP34)
	REFUSED	-7 (HSP34)
	DON'T KNOW	-8 (HSP34)

HSP33. What is the reason that (you/SP) did not have this test?
[CODE ALL THAT APPLY. PRESS CTRL/L TO LEAVE SCREEN.]

COLNNEED	DIDN'T KNOW IT WAS NEEDED/NO NEED/NOTHING WRONG	1
COLNAPP	DIFFICULTY GETTING APPOINTMENT	2
COLNGET	DIDN'T THINK IT WOULD PREVENT CANCER/COULD GET CANCER ANYWAY/TEST IS USELESS	3
COLNRISK	NOT AT RISK FOR CANCER	4
COLNLIKE	DON'T LIKE TESTS/CONCERNS ABOUT PAIN, SORENESS, DISCOMFORT OR REACTIONS	5
COLNLOCA	INCONVENIENT/UNABLE TO GET TO LOCATION/TRANSPORTATION DIFFICULTY	6
COLNMISS	HAVEN'T SCHEDULED YET/DIDN'T THINK ABOUT IT/FORGOT/ MISSED IT/PROCRASTINATED	7
COLNCOST	COST OF TEST/INSURANCE DOESN'T COVER COST/ NOT WORTH THE MONEY	8
COLNFEAR	AFRAID OF RESULTS/DON'T WANT TO KNOW	9
COLNOTHR	OTHER (SPECIFY)	91
COLNOTHS	REFUSED	-7
	DON'T KNOW	-8

HSP34. Before today, did you know that Medicare now helps pay the cost of screening tests for colorectal cancer?

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

BOX HS3L	IF HS23q=1 IN ANY (CURRENT OR PREVIOUS) ROUND, GO TO HSP37. IF HS23q NOT =1 IN ANY (CURRENT OR PREVIOUS) ROUND, GO TO HSP35.
-------------	---

HSP35. Another disease that can be treated if found early is called osteoporosis. In osteoporosis, the bones lose their calcium and become fragile and more easily broken.

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

OSTEVERT	YES	1 (HSP36)
	NO	2 (HSP37)
	REFUSED	-7 (HSP37)
	DON'T KNOW	-8 (HSP37)

HSP36. 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

HSP37. There is a test to detect osteoporosis at an early stage, called Bone Mass Measurement or Bone Density Measurement.

(Have you/Has SP) ever had a Bone Mass or Bone Density Measurement test?

OSTTEST	YES	1 (HSP39)
	NO	2 (HSP38)
	REFUSED	-7 (HSP38)
	DON'T KNOW	-8 (HSP38)

HSP38. Before today, had you ever heard of this test?

OSTHEAR	YES	1 (HSP40)
	NO	2 (AC29)
	REFUSED	-7 (AC29)
	DON'T KNOW	-8 (AC29)

HSP39. 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

HSP40. 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 (AC30)
	NO	2 (AC31)
	REFUSED	-7 (AC31)
	DON'T KNOW	-8 (AC31)

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

HCTRVB1	HCTRC1
HCTRVB2	HCTRC2
HCTRVB3	HCTRC3

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

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

AC32 OMITTED.

Instrumental Activities of Daily Living (IADLs)

HS27/INT. 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.]

	(1)	(2)	(3)	(4)	(5)	(6)
HS27. Because of a health or physical problem, (do you/does SP) have <u>any</u> difficulty...	using the telephone?	doing light housework (like washing dishes, straightening up, or light cleaning)?	doing heavy housework (like scrubbing floors or washing windows)?	preparing (your/his/her) own meals?	shopping for personal items (such as toilet items or medicines)?	managing money (like keeping track of expenses or paying bills)?

Yes	..... 1	(NEXT	Yes	..... 1	(NEXT	Yes	..... 1
No	..... 2	ACTIV.)	No	..... 2	ACTIV.)	No	..... 2
DOESN'T							
DO	..... 3	(HS28)	DO	..... 3	(HS28)	DOESN'T	(INSTR. ABOVE HS29)

PRBTELE							
Yes	..... 1	(NEXT	Yes	..... 1	(NEXT	Yes	..... 1
No	..... 2	ACTIV.)	No	..... 2	ACTIV.)	No	..... 2
DOESN'T							
DO	..... 3	(HS28)	DO	..... 3	(HS28)	DOESN'T	(INSTR. ABOVE HS29)

PRBLHWK							
Yes	..... 1	(NEXT	Yes	..... 1	(NEXT	Yes	..... 1
No	..... 2	ACTIV.)	No	..... 2	ACTIV.)	No	..... 2
DOESN'T							
DO	..... 3	(HS28)	DO	..... 3	(HS28)	DOESN'T	(INSTR. ABOVE HS29)

PRBHHWK							
Yes	..... 1	(NEXT	Yes	..... 1	(NEXT	Yes	..... 1
No	..... 2	ACTIV.)	No	..... 2	ACTIV.)	No	..... 2
DOESN'T							
DO	..... 3	(HS28)	DO	..... 3	(HS28)	DOESN'T	(INSTR. ABOVE HS29)

PRBMEAL							
Yes	..... 1	(NEXT	Yes	..... 1	(NEXT	Yes	..... 1
No	..... 2	ACTIV.)	No	..... 2	ACTIV.)	No	..... 2
DOESN'T							
DO	..... 3	(HS28)	DO	..... 3	(HS28)	DOESN'T	(INSTR. ABOVE HS29)

PRBSHOP							
Yes	..... 1	(NEXT	Yes	..... 1	(NEXT	Yes	..... 1
No	..... 2	ACTIV.)	No	..... 2	ACTIV.)	No	..... 2
DOESN'T							
DO	..... 3	(HS28)	DO	..... 3	(HS28)	DOESN'T	(INSTR. ABOVE HS29)

PRBBILS							
Yes	..... 1	(NEXT	Yes	..... 1	(NEXT	Yes	..... 1
No	..... 2	ACTIV.)	No	..... 2	ACTIV.)	No	..... 2
DOESN'T							
DO	..... 3	(HS28)	DO	..... 3	(HS28)	DOESN'T	(INSTR. ABOVE HS29)

HS28. Is this because of a health or physical problem?

DONTTELE	DONTLHWK	DONTHHWK	DONTMEAL	DONTSHOP	DONTBILS
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ASK HS29 AND HS30 FOR EACH "YES" IN HS27 OR HS28. IF NO "YES" ANSWERS, GO TO INTRODUCTION ABOVE HS31.

HS29. [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	..... 1	(HS30)	Yes	..... 1	(HS30)	Yes	..... 1
	No	..... 2	(NEXT ACTIV. CODED YES)	No	..... 2	(NEXT ACTIV. CODED YES)	No	..... 2

HS30. [You mentioned that (you receive/SP receives) help with (IADL). Who gives that help?

[ENTER ALL HELPERS.]

HLPRTTELE
HLPRLHWK
HLPRRHHWK
HLPRRMEAL
HLPRRSHOP
HLPRRBILS
HLPRRROST

HELPTTELE	HELPLHWK	HELPHHWK	HELPMEAL	HELPSHOP	HELPBILS
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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)	(2)	(3)	(4)	(5)	(6)
	bathing or showering?	dressing?	eating?	getting in or out of bed or chairs?	walking?	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.) DOESNT DO .....3 (HS31a)	Yes .....1 (NEXT No .....2 ACTIV.) DOESNT DO .....3 (HS31a)	Yes .....1 (NEXT No .....2 ACTIV.) DOESNT DO .....3 (HS31a)	Yes .....1 (NEXT No .....2 ACTIV.) DOESNT DO .....3 (HS31a)	Yes .....1 (NEXT No .....2 ACTIV.) DOESNT DO .....3 (HS31a)	Yes .....1 (INSTR. No .....2 ABOVE HS32) DOESNT DO .....3 (HS31a)
HS31a. Is this because of a <u>health</u> or <u>physical</u> problem?	HPPDBATH Yes .....1 (NEXT No .....2 ACTIV.)	HPPDDRES Yes .....1 (NEXT No .....2 ACTIV.)	HPPDEAT Yes .....1 (NEXT No .....2 ACTIV.)	HPPDCHAR Yes .....1 (NEXT No .....2 ACTIV.)	HPPDWALK Yes .....1 (NEXT No .....2 ACTIV.)	HPPDTOIL Yes .....1 (INSTR. No .....2 ABOVE HS32) DOESNT DO .....3 (HS31a)
	DONTBATH	DONTDRES	DONTEAT	DONTCHAR	DONTWALK	DONTTOIL

ASK HS32-HS34 AS APPROPRIATE FOR EACH ADL CODED "YES" IN HS31 OR HS31a. OTHERWISE, SKIP TO HS36a.

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)
	HELPBATH	HELPDRES	HELPEAT	HELPCCHAR	HELPWALK	HELPTOIL
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
	PCHKBATH	PCHKDRES	PCHKPEAT	PCHKCHAR	PCHKWALK	PCHKTOIL

ACTIVITIES OF DAILY LIVING (ADLs) (continued)

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

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)

LONGBATH LONGDRES LONGEAT LONGCHAR LONGWALK LONGTOIL

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

STILBATH STILDRES STILEAT STILCHAR STILWALK STILTOIL

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.]

HLPRRST HLPRBATH HLPDRRES HLPREAT HLPCHAR HLPWALK HLPRTAIL

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 <i>BOX SC1A</i>.
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ATTACHMENT HS1
HS26 DISPLAYS FOR HS23 CONDITIONS

Matching HS23? Probe	HS26 Code Category	Condition Display	HS26 Variable Set
HS23A	1	ARTERIES HARDENING	EMARTERY
HS23B	2	HYPERTENSION	EMHBP
HS23C	3	HEART ATTACK	EMMYOCAR
HS23D	4	HEART DISEASE	EMCHD
HS23F	6	STROKE OR HEMORRHAGE	EMSTROKE
HS23G	7	SKIN CANCER	EMCSKIN
HS23H	8	CANCER/TUMOR	EMCANCER
HS23J	10	DIABETES	EMDIABTS
HS23K	11	RHEUMATOID ARTHRITIS	EMARTHRH
HS23L	12	OTHER ARTHRITIS	EMARTH
HS23N	14	MENTAL RETARDATION	EMMENTAL
HS23O	15	ALZHEIMER'S OR DEMENTIA	EMALZHMR
HS23P	16	MENTAL DISORDER	EMPSYCH
HS23Q	17	OSTEOPOROSIS	EMOSTEOP
HS23R	18	BROKEN HIP	EMBRKHIP
HS23S	19	PARKINSON'S	EMPARKIN
HS23T	20	EMPHYSEMA/ASTHMA/COPD	EMEMPHYS
HS23U	21	PARALYSIS	EMPPARAL
HS23V	22	LOSS OF LIMB	EMAMPUTE
HS23E1	23	CONGESTIVE HEART FAILURE	EMCFAIL
HS23E2	24	HEART VALVE PROBLEM	EMCVALVE
HS23E3	25	HEART RHYTHM PROBLEM	EMRHYTHM
HS23E4	26	OTHER HEART PROBLEM	EMOTHHRT