

MCBS MAIN STUDY - ROUND 34 – FALL SUPPLEMENT 2002

COMMUNITY COMPONENT

HF. HEALTH STATUS AND FUNCTIONING

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

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. 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:

[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 THE MONEY/MEDICARE DOESN'T PAY FOR ROUTINE EXAMS	14
ECOSTPAY		
EAFRAID	AFRAID OF RESULTS/DON'T WANT TO KNOW	15
EOTHRDOC	DOCTOR OTHER THAN EYE DOCTOR CHECKS EYES	16
EAPPTSET	APPOINTMENT ALREADY SET	17
EHEALTH	TOO ILL	18
EREAOTHR	OTHER (SPECIFY)	91
	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?

HHELP	YES	1 (HFC2)
	NO	2 (HFC2)
	SP IS DEAF	3 (HFC3)
	REFUSED	-7 (HFD1)
	DON'T KNOW	-8 (HFD1)

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 (HFD1)
	A LITTLE TROUBLE HEARING	2 (HFC3)
	A LOT OF TROUBLE HEARING	3 (HFC3)
	DEAF.....	4 (HFC3)
	REFUSED.....	-7 (HFD1)
	DON'T KNOW	-8 (HFD1)

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. (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.

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

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:
[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
	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:
[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
	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. 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:

[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
	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 (HFF18)
	NO	2 (HFF16)
	REFUSED	-7 BOX HFF5
	DON'T KNOW	-8 BOX HFF5

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

[PRESS ENTER TO CONTINUE.]

HFF17. REASON NO FLU SHOT LAST WINTER:

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

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

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

[PRESS ENTER TO CONTINUE.]

HFF19. PLACE FOR MOST RECENT FLU SHOT:

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

IF SOME OTHER PLACE, ASK: Where was this?

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

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?

D_VACSUP	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?

D_VACSUP	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	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?

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

PNUNEEED	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
	REFUSED	-7
	DON'T KNOW	-8

BOX HFG1	IF ANY PREVIOUS ROUND HFG1 = 1, 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)
	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.

HS17EINT OMITTED IN ROUND 34

BOX HS1AB OMITTED IN ROUND 34

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.

HS22EINT OMITTED IN ROUND 34.

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

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

BOX HS1C OMITTED.

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**
 NO 2 (HFJ4)
 REFUSED -7 (HFJ4)
 DON'T KNOW -8 (HFJ4)

BOX HS1C-1 OMITTED.

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**
 NO 2 (HFJ6)
 REFUSED -7 (HFJ6)
 DON'T KNOW -8 (HFJ6)

BOX HS1C-2 OMITTED.

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**
 NO 2 (HFJ8)
 REFUSED -7 (HFJ8)
 DON'T KNOW -8 (HFJ8)

BOX HS1C-3 OMITTED.

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**
 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?

OCCVALUE YES 1 **BOX HFJ6**
 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?

YRVALUE 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**
 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?

OCOTHRT	YES	1	BOX HFJ8
	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?

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

HS23e OMITTED IN ROUND 28.

BOX HS1C-4 OMITTED.

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
	NO	2	(HFJ18)
	REFUSED	-7	(HFJ18)
	DON'T KNOW	-8	(HFJ18)

BOX HFJ9	IF SP IN THE SUPPLEMENTAL, ORD, OR DUAL ELIGIBLE SAMPLE, GO TO HFJ17. OTHERWISE, GO TO HFJ18.
-------------	--

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

BOX HS1D OMITTED.

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 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.

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**
 NO 2 **BOX HFJ12**
 REFUSED -7 **BOX HFJ12**
 DON'T KNOW -8 **BOX HFJ12**

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

OCCLUNG	LUNG	1
OCCECOLON	COLON, RECTUM, OR BOWEL	2
OCCBREAST	BREAST	3
OCCUTER	UTERUS	4
OCCPROST	PROSTATE	5
OCCBLAD	BLADDER	6
OCCOVARY	OVARY	7
OCCSTOM	STOMACH	8
OCCECERVX	CERVIX	9
OCCBRAIN	BRAIN	10
OCCKIDNY	KIDNEY	11
OCCTHROA	THROAT	12
OCCHEAD	HEAD	13
OCCBACK	BACK	14
OCCFONEC	FEMALE ORGANS.....	15
OCCOTHER	OTHER (SPECIFY)	91
	REFUSED	-7
	DON'T KNOW	-8

BOX HFJ12	IF ANY PREVIOUS ROUND HFJ23 = 1, GO TO BOX HFJ13 . OTHERWISE, GO TO HFJ23.
--------------	--

HFJ23. [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
	NO	2
	REFUSED	-7
	DON'T KNOW	-8

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?

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

BOX HFJ14	IF ANY PREVIOUS ROUND HFJ27 = 5, GO TO BOX HFJ17 . OTHERWISE, GO TO HFJ25.
--------------	--

BOX HS1G OMITTED.

HFJ25. [I've recorded that (you/SP) previously reported having arthritis of the [HFJ27 RESPONSE(S)]. [Since (PREV. SUPP. RD. INT. DATE),] (Has/has) a doctor (ever) told (you/SP) that (you/he/she) had arthritis [in any other part of (your/his/her) body], other than rheumatoid arthritis?
[EXPLAIN, IF NECESSARY: THIS INCLUDES OSTEOARTHRITIS.]

OCARTH	YES	1	BOX HFJ15
	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 HFJ27.
--------------	--

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?

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

HFJ27. [Since the first time a doctor told (you/SP) that (you/he/she) had arthritis other than rheumatoid arthritis,] (What/what) (other) part or parts of (your/SP's) body have been affected by arthritis?
[CODE ALL THAT APPLY. PRESS CTRL/L TO LEAVE SCREEN.]
[PREVIOUS PART(S) AFFECTED: (HFJ27 RESPONSE(S).]

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

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 HFJ30. 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?

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

BOX HS1I OMITTED.

HFJ30. [Since (PREV. SUPP. RD. INT. DATE),] (Has/has) a doctor (ever) told (you/SP) that (you/he/she) had a mental or psychiatric disorder, including depression?

OCPSYCH	YES	1	BOX HFJ18
	NO	2	BOX HFJ19
	REFUSED	-7	BOX HFJ19
	DON'T KNOW	-8	BOX HFJ19

BOX HFJ18	IF SP IN THE SUPPLEMENTAL, ORD, OR DUAL ELIGIBLE SAMPLE, GO TO HFJ31. OTHERWISE, GO TO BOX HFJ19 .
--------------	--

HFJ31. Since (TODAY'S DATE) a year ago, did a doctor tell (you/SP) that (you/he/she) had a mental or psychiatric disorder, including depression?

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

BOX 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
 NO 2
 REFUSED -7
 DON'T KNOW -8

BOX HS1J-1 OMITTED.

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**
 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
 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
NO 2
REFUSED -7
DON'T KNOW -8

BOX HS1M OMITTED.

- 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**
NO 2 **BOX HFJ24**
REFUSED -7 **BOX HFJ24**
DON'T KNOW -8 **BOX HFJ24**

BOX HSF OMITTED.

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
NO 2
REFUSED -7
DON'T KNOW -8

BOX HFJ25	IF SP IS FEMALE, GO TO BOX HFJ27 . 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	BOX HFJ27
REFUSED	-7	BOX HFJ27
DON'T KNOW	-8	BOX HFJ27

BOX HFJ26	IF SP IN THE SUPPLEMENTAL, ORD, OR DUAL ELIGIBLE SAMPLE, GO TO HFJ41. OTHERWISE, GO TO BOX HFJ27 .
--------------	--

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

BOX HFJ27	(a) IF SP IN SUPPLEMENTAL SAMPLE, GO TO (b). OTHERWISE, GO TO HFPINTRO. (b) IF SP IS 65 OR OLDER, GO TO HFPINTRO. IF SP IS UNDER 65, AND ANY "YES" AT HFJ1-39, GO TO HFJ42. IF SP IS UNDER 65 AND <u>ALL</u> "NO" AT HFJ1-39, GO TO HFJ43.
--------------	---

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.

EMCAUSC1
EMCAUSC2

BOX HFJ28	IF MORE THAN ONE CONDITION MENTIONED IN HFJ1-39, ASK HFJ44. IF ONLY ONE CONDITION MENTIONED IN HFJ1-39, GO TO HFPINTRO.
--------------	--

HFJ44. 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	EMOTHART	EMSTROKE	EMCSKIN	EMCANCER	EMDIABTS
EMARTH RH	EMARTH	EMMENTAL	EMALZHMR	EMPSYCH	EMOSTEOP
EMBRKHIP	EMPARKIN	EMEMPHYS	EMPPARAL	EMAMPUTE	EMOTHOS
EMOS					

EMOTHART OMITTED IN ROUND 28.

HSPINT OMITTED IN ROUND 31.

HSPINT REINSTATED IN ROUND 34 AS HFPINTRO.

BOX HS3A – BOX HS3L OMITTED IN ROUND 31.

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

HSP1 – HSP40 OMITTED IN ROUND 31.

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

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).

BOX HFP1	<p>PREVIOUS ROUND = LAST ROUND VARIABLE WAS FILLED. IF CURRENT ROUND HFJ23=1, GO TO HFP1. IF CURRENT ROUND HFJ23=(2, -7, -8), GO TO HFP21. IF PREVIOUS ROUND HFJ23=1 AND PREVIOUS ROUND HFP1=-1, GO TO HFP1. IF PREVIOUS ROUND HFJ23=1 AND PREVIOUS ROUND HFP1? (997, -1) AND PREVIOUS ROUND HFP2 ? (1, -1) AND PREVIOUS ROUND HFP3 ? (3, -1, -9), GO TO HFP4. IF PREVIOUS ROUND HFJ23=1 AND PREVIOUS ROUND [HFP1=997 OR HFP2= (1, -7, -8) OR HFP3=3] AND PREVIOUS ROUND HFP21= (2, -7, -8, -9), GO TO HFP21. IF PREVIOUS ROUND HFJ23=1 AND PREVIOUS ROUND [HFP1=997 OR HFP2= (1, -7, -8) OR HFP3=3] AND PREVIOUS ROUND HFP21=1, GO TO HFP22.</p>
-------------	---

HFP1. [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 HFP2**
AGE

LESS THAN ONE YEAR OLD 996 (HFP3)

SP NEVER TOLD HAD DIABETES/

PREVIOUS RESPONSE IN ERROR 997 (HFP21)

REFUSED -7 **BOX HFP2**

DON'T KNOW -8 **BOX HFP2**

BOX HFP2	<p>IF SP IS FEMALE AND HFP1=12-45 OR -7 OR -8, GO TO HFP2. OTHERWISE, GO TO HFP3.</p>
-------------	---

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

DIAPRGNT

YES 1 (HFP21)

NO 2 (HFP3)

REFUSED -7 (HFP21)

DON'T KNOW -8 (HFP21)

HFP3. What type of diabetes (do you/does SP) have?

DIATYPES

TYPE 1 ("INSULIN-DEPENDENT", "JUVENILE-ONSET") 1 (HFP4)

TYPE 2 ("NON-INSULIN-DEPENDENT", "ADULT-ONSET") 2 (HFP4)

GESTATIONAL (PREGNANCY-RELATED) 3 (HFP21)

SOME OTHER TYPE (SPECIFY) 91 (HFP4)

REFUSED -7 (HFP4)

DON'T KNOW -8 (HFP4)

HFP4. [We have recorded that (you were/SP was) told by a doctor that (you have/he has/she has) diabetes or high blood sugar.]

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
DIINSUL	a. take insulin?	1	2
DIAMEDS	b. take prescription diabetes pills or oral diabetes medicine?	1	2
DIATEST	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. OTHERWISE, IF HFP4b=1, GO TO HFP6. OTHERWISE, IF HFP4c=1, GO TO HFP7. OTHERWISE, IF HFP4f=1, GO TO HFP8. OTHERWISE, GO TO HFP9.
-------------	---

HFP5. How often (do you/does SP) take insulin?

[ENTER ONLY ONE CODE.]

INSUTAKE

INSUDAY	NUMBER OF TIMES PER DAY	1	NUMBER OF TIMES PER DAY:
INSUWEEK	NUMBER OF TIMES PER WEEK	2	NUMBER OF TIMES PER WEEK:
	USE INSULIN PUMP	3	BOX HFP4
	REFUSED	-7	BOX HFP4
	DON'T KNOW	-8	BOX HFP4

BOX HFP4	IF HFP4b=1, GO TO HFP6. OTHERWISE, IF HFP4c=1, GO TO HFP7. OTHERWISE, IF HFP4f=1, GO TO HFP8. OTHERWISE, GO TO HFP9.
-------------	--

HFP6. How often (do you/does SP) take prescription diabetes pills or oral diabetes medicine?

[ENTER ONLY ONE CODE.]

MEDSTAKE

MEDDAY	NUMBER OF TIMES PER DAY	1	NUMBER OF TIMES PER DAY:
MEDWEEK	NUMBER OF TIMES PER WEEK	2	NUMBER OF TIMES PER WEEK:
MEDMONTH	NUMBER OF TIMES PER MONTH	3	NUMBER OF TIMES PER MONTH:
	REFUSED	-7	BOX HFP5
	DON'T KNOW	-8	BOX HFP5

BOX HFP5	IF HFP4c=1, GO TO HFP7. OTHERWISE, IF HFP4f=1, GO TO HFP8. OTHERWISE, GO TO HFP9.
-------------	--

- 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.]

TESTTAKE

TESTDAY	NUMBER OF TIMES PER DAY	1	NUMBER OF TIMES PER DAY:
TESTWEEK	NUMBER OF TIMES PER WEEK	2	NUMBER OF TIMES PER WEEK:
TESTMNTN	NUMBER OF TIMES PER MONTH	3	NUMBER OF TIMES PER MONTH:
TESTYEAR	NUMBER OF TIMES PER YEAR	4	NUMBER OF TIMES PER YEAR:
	REFUSED	-7	BOX HFP6
	DON'T KNOW	-8	BOX HFP6

BOX HFP6	IF HFP4f=1, GO TO HFP8. OTHERWISE, GO TO HFP9.
-------------	---

- 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.]

SORECHEK

SOREDAYS	NUMBER OF TIMES PER DAY	1	NUMBER OF TIMES PER DAY:
SOREWEEK	NUMBER OF TIMES PER WEEK	2	NUMBER OF TIMES PER WEEK:
SOREMNTN	NUMBER OF TIMES PER MONTH	3	NUMBER OF TIMES PER MONTH:
SOREYEAR	NUMBER OF TIMES PER YEAR	4	NUMBER OF TIMES PER YEAR:
	REFUSED	-7	(HFP9)
	DON'T KNOW	-8	(HFP9)

- HFP9. (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

- HFP10. [Even though (you do/SP does) not have any problems with (your/his/her) feet,] (In/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.

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

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 SP IS RESPONDENT, GO TO HFP19. IF PROXY IS RESPONDENT, GO TO AC29.
-------------	--

- 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 (AC29)
NO	2 (AC29)
REFUSED	-7 (AC29)
DON'T KNOW	-8 (AC29)

- HFP21. [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 (HFP22)
	NO	2 BOX HFP8
	SP DOES HAVE DIABETES	3 (HFP1)
	REFUSED	-7 BOX HFP8
	DON'T KNOW	-8 BOX HFP8

- HFP22. [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.]
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 SP IS RESPONDENT, GO TO HFP23. IF PROXY IS 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

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?

[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
	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)?

[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
	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 OFFEXVB2

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)

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 somethat 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.
-----------------	---

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

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 HFM1.
-------------	---

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 HFM1.
---------------------	---

HFL6. How long (have you/has SP) needed help with (ADL)? Has it been . . .

		LESS THAN 3 MONTHS	MORE THAN 3 MONTHS BUT LESS THAN A YEAR	MORE THAN A YEAR
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 HFM1.
-------------	---

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.]

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

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

BOX HFL4	IF MORE THAN ONE HELPER NAMED IN HFL8, GO TO HFL10. OTHERWISE, GO TO HFM1.
-------------	--

HFL10. Which of these persons gives (you/SP) the most help with these things? [SELECT ONLY ONE.]

HFM1. [Since (PREV. SUPP. RD. INT. DATE)/In the past year], (have you/has SP) fallen down?

FALLANY	YES	1 (HFM2)
	NO	2 (HFN1)
	REFUSED	-7 (HFN1)
	DON'T KNOW	-8 (HFN1)

HFM2. [Since (PREV. SUPP. RD. INT. DATE)/In the past year], how many times (have you/has SP) fallen down?
[ENTER "95" IF 95 OR MORE FALLS REPORTED.]

FALLTIME

NUMBER OF TIMES

REFUSED	-7
DON'T KNOW	-8

HF3. In (that fall/any of those falls) did (you/SP) hurt (yourself/himself/herself) badly enough to get medical help?

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

HF4. Did (you/SP) talk to a doctor or other medical professional about (that fall/any of those falls)?

FALLTALK	YES	1
	NO	2 (HFN1)
	REFUSED	-7
	DON'T KNOW	-8

HF5. Did the health care provider talk with (you/SP) to understand why (you/SP) fell?

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

HF6. Did the health care provider talk with (you/SP) about how to prevent future falls?

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

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?

**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, (you/SP) lost urine beyond (your/his/her) control [during the past 12 months/since (PREV. SUPP. RD. INT. DATE)].

**LOSTURIN**

MORE THAN ONCE A WEEK 1 (HFQ2)
 ABOUT ONCE A WEEK 2 (HFQ2)
 2-3 TIMES A MONTH 3 (HFQ2)
 ABOUT ONCE A MONTH 4 (HFQ2)
 EVERY 2-3 MONTHS 5 (HFQ2)
 ONCE OR TWICE A YEAR 6 (HFQ2)
 NOT AT ALL 7 **BOX HFQ1**
 SP IS ON DIALYSIS OR CATHETERIZATION 8 **BOX HFQ1**
 REFUSED -7 **BOX HFQ1**
 DON'T KNOW -8 **BOX HFQ1**

- HFQ2. (Have you/Has SP) talked about this problem with (your/SP's) doctor or other medical professional?

TALKURIN

YES 1 (HFQ3)
 NO 2 **BOX HFQ1**
 REFUSED -7 **BOX HFQ1**
 DON'T KNOW -8 **BOX HFQ1**

- HFQ3. Has (your/SP's) doctor or other medical professional asked (you/him/her) about how (you feel/he feels/she feels) about this problem?

FEELURIN

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

HFQ4. Has (your/SP's) doctor or other medical professional examined (you/him/her) to figure out why (you lose/he loses/she loses) urine?

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

HFQ5. Has (your/SP's) doctor or other medical professional talked with (you/him/her) about taking medicine or having surgery for this problem?

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

BOX HFQ1	GO TO BOX SC1A .
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ATTACHMENT HF1
HFJ44 DISPLAYS FOR HFJ1-39 CONDITIONS

Matching HFJ1-39? 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	6	STROKE OR HEMORRHAGE	EMSTROKE
HFJ18	7	SKIN CANCER	EMCSKIN
HFJ20	8	CANCER/TUMOR	EMCANCER
HFJ22	10	DIABETES	EMDIABTS
HFJ24	11	RHEUMATOID ARTHRITIS	EMARTHHR
HFJ25	12	OTHER ARTHRITIS	EMARTH
HFJ28	14	MENTAL RETARDATION	EMMENTAL
HFJ29	15	ALZHEIMER'S OR DEMENTIA	EMALZHMR
HFK30	16	MENTAL DISORDER	EMPSYCH
HFJ32	17	OSTEOPOROSIS	EMOSTEOP
HFJ33	18	BROKEN HIP	EMBRKHIP
HFJ35	19	PARKINSON'S	EMPARKIN
HFJ36	20	EMPHYSEMA/ASTHMA/COPD	EMEMPHYS
HFJ37	21	PARALYSIS	EMPPARAL
HFJ39	22	LOSS OF LIMB	EMAMPUTE
HFJ8	23	CONGESTIVE HEART FAILURE	EMCFAIL
HFJ10	24	HEART VALVE PROBLEM	EMCVALVE
HFJ12	25	HEART RHYTHM PROBLEM	EMRHYTHM
HFJ14	26	OTHER HEART PROBLEM	EMOTHHRT