

MCBS MAIN STUDY - ROUND 49 – FALL SUPPLEMENT 2007

COMMUNITY COMPONENT

HF. HEALTH STATUS AND FUNCTIONING

BOX HFA1	IF SP IS DECEASED OR INSTITUTIONALIZED, GO TO BOX SC1A . OTHERWISE, GO TO HFA1.
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HFA1. Now, I would like to ask you about (your/SP's) health. In general, compared to other people (your/SP's) age, would you say that (your/his/her) health is . . .

GENHELTH	excellent,	1
	very good,	2
	good,	3
	fair, or	4
	poor?	5
	REFUSED	-7
	DON'T KNOW	-8

HFA2. Compared to one year ago, how would you rate (your/SP's) health in general now? Would you say (your/SP's) health is . . .

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

HFA3. How much of the time during the past month has (your/SP's) health limited (your/SP's) social activities, like visiting with friends or close relatives? Would you say . . .

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

BOX HFB1A OMITTED IN ROUND 46.

BOX HFB1A REINSTATED IN ROUND 49.

BOX HFB1A	IF SP IN THE SUPPLEMENTAL, ORD, OR DUAL ELIGIBLE SAMPLE, GO TO HFB1. OTHERWISE, GO TO BOX HFF1 .
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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 (HFB10)
	NO	2 (HFB7)
	REFUSED	-7 (HFB10)
	DON'T KNOW	-8 (HFB10)

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
	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

HFB8-HFB9 OMITTED IN ROUND 37.

HFB8-HFB9 REINSTATED IN ROUND 40.

HFB8-HFB9 OMITTED IN ROUND 43.

HFB8-HFB9 REINSTATED IN ROUND 46.

BOX HFB1 OMITTED IN ROUND 43.

BOX HFB1 REINSTATED IN ROUND 46.

HFB8-HFB9 OMITTED IN ROUND 49.

BOX HFB1 OMITTED IN ROUND 49.

HFB10. (Have you/Has SP) ever had an operation for cataracts?

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

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

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

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

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

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

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

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

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

HFD1 OMITTED IN ROUND 43.

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

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

BOX HSB OMITTED.

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

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

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

WEIGHT	_____	
	POUNDS	
	REFUSED	-7
	DON'T KNOW	-8

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

HFF1. When was the most recent time (you/SP) had (your/his/her) blood pressure taken by a doctor or other health professional?

BPTAKEN	LESS THAN 6 MONTHS AGO	1
	6 MONTHS TO LESS THAN 1 YEAR AGO ..	2
	1 YEAR TO LESS THAN 2 YEARS AGO	3
	2 YEARS TO LESS THAN 5 YEARS AGO ...	4
	5 OR MORE YEARS AGO	5
	NEVER HAD BLOOD PRESSURE TAKEN ..	6
	REFUSED	-7
	DON'T KNOW	-8

HFF2. When was the most recent time (you/SP) had (your/his/her) blood cholesterol checked?

BCTAKEN	LESS THAN 6 MONTHS AGO	1
	6 MONTHS TO LESS THAN 1 YEAR AGO ..	2
	1 YEAR TO LESS THAN 2 YEARS AGO	3
	2 YEARS TO LESS THAN 5 YEARS AGO ...	4
	5 OR MORE YEARS AGO	5
	NEVER HAD CHOLESTEROL CHECKED ...	6
	REFUSED	-7
	DON'T KNOW	-8

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

HS11a-HS11b OMITTED IN ROUND 34.

HFF4. What is the reason that (you have/SP has) not had a mammogram since [(PREV. SUPP. RD. INT. DATE)/(TODAY'S DATE) a year ago]?

[PRESS ENTER TO CONTINUE.]

HFF5. REASON NO MAMMOGRAM:
 [PROBE: Any other reason?]
 [CODE ALL THAT APPLY. PRESS CTRL/L TO LEAVE SCREEN.]

- MAMNNEED** DIDN'T KNOW IT WAS NEEDED/NO NEED/NOTHING WRONG 1
- MAMNANUL** NOT RECOMMENDED EVERY YEAR/ON A DIFFERENT SCREENING SCHEDULE 2
- MAMNGET** DIDN'T THINK IT WOULD PREVENT BREAST CANCER/COULD GET BREAST CANCER ANYWAY/TEST IS USELESS 3
- MAMNRISK** NOT AT RISK FOR BREAST CANCER 4
- MAMNPRES** DOCTOR DID NOT PRESCRIBE OR RECOMMEND IT 5
- MAMNREC** DOCTOR RECOMMENDED AGAINST GETTING IT 6
- MAMNLIKE** DON'T LIKE MAMMOGRAMS/PAIN, SORENESS, DISCOMFORT OR REACTIONS 7
- MAMNLOCA** INCONVENIENT/UNABLE TO GET TO LOCATION/TRANSPORTATION DIFFICULTY 8
- MAMNMISS** DIDN'T THINK ABOUT IT/FORGOT/MISSED IT/PROCRASTINATED ... 9
- MAMNCOST** COST OF MAMMOGRAM/INSURANCE DOESN'T COVER COST/NOT WORTH THE MONEY 10
- MAMNFEAR** AFRAID OF RESULTS/DON'T WANT TO KNOW 11
- MAMNRADI** MAMMOGRAM RADIATION COULD CAUSE CANCER/ILL EFFECTS.. 12
- MAMNHEAR** NEVER HEARD OF MAMMOGRAM..... 13
- MAMNAPPT** APPOINTMENT SCHEDULED FOR FUTURE DATE 14
- MAMNMASC** MASTECTOMY/BREASTS REMOVED 15
- MAMNILL** TOO ILL, PHYSICALLY/MENTALLY 16
- MAMNOTHR** OTHER (SPECIFY) _____ 91
- MAMNOTHS** REFUSED -7
- DON'T KNOW -8

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

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

HS12a OMITTED IN ROUND 34.

HFF7. What is the reason that (you have/SP has) not had a Pap smear test since [(PREV. SUPP. RD. INT. DATE)/(TODAY'S DATE) a year ago]?

[PRESS ENTER TO CONTINUE.]

HFF8. REASON NO PAP SMEAR TEST:
 [PROBE: Any other reason?]
 [CODE ALL THAT APPLY. PRESS CTRL/L TO LEAVE SCREEN.]

PAPNNEED	DIDN'T KNOW IT WAS NEEDED/NO NEED/NOTHING WRONG	1
PAPNANUL	NOT RECOMMENDED EVERY YEAR/ON A DIFFERENT SCREENING SCHEDULE	2
PAPNGET	DIDN'T THINK IT WOULD PREVENT CANCER/COULD GET CANCER ANYWAY/TEST IS USELESS.....	3
PAPNRISK	NOT AT RISK FOR CANCER	4
PAPNPRES	DOCTOR DID NOT PRESCRIBE OR RECOMMEND IT	5
PAPNREC	DOCTOR RECOMMENDED AGAINST GETTING IT	6
PAPNLIKE	DON'T LIKE PAP SMEAR/PAIN, SORENESS, DISCOMFORT OR REACTIONS	7
PAPNLOCA	INCONVENIENT/UNABLE TO GET TO LOCATION/ TRANSPORTATION DIFFICULTY.....	8
PAPNMISS	DIDN'T THINK ABOUT IT/FORGOT/MISSED IT/PROCRASTINATED ...	9
PAPNCOST	COST OF PAP SMEAR/INSURANCE DOESN'T COVER COST/ NOT WORTH THE MONEY	10
PAPNFEAR	AFRAID OF RESULTS/DON'T WANT TO KNOW	11
PAPNHEAR	NEVER HEARD OF PAP SMEAR.....	12
PAPNAPPT	APPOINTMENT SCHEDULED FOR FUTURE DATE.....	13
PAPNHYST	HAD HYSTERECTOMY/NO UTERUS, OVARIES.....	14
PAPNILL	TOO ILL, PHYSICALLY/MENTALLY.....	15
PAPNOTHR	OTHER (SPECIFY) _____	91
PAPNOTHS	REFUSED	-7
	DON'T KNOW	-8

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

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

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

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

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

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

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

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

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

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

HFF12. (Have you/Has SP) had a blood test for detection of prostate cancer, known as a PSA, since [(PREV. SUPP. RD. INT. DATE)/(TODAY'S DATE) a year ago]?

[PSA = PROSTATE-SPECIFIC ANTIGEN]

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

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

HS13bb OMITTED IN ROUND 34.

HFF13. What is the reason that (you have/SP has) not had a prostate blood test or PSA since [(PREV. SUPP. RD. INT. DATE)/(TODAY'S DATE) a year ago]?

[PRESS ENTER TO CONTINUE.]

HFF14. REASON NO PROSTATE BLOOD TEST:

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

PRONNEED	DIDN'T KNOW IT WAS NEEDED/NO NEED/NOTHING WRONG	1
PRONANUL	NOT RECOMMENDED EVERY YEAR/ON A DIFFERENT SCREENING SCHEDULE.....	2
PRONGET	DIDN'T THINK IT WOULD PREVENT CANCER/COULD GET CANCER ANYWAY/TEST IS USELESS.....	3
PRONRISK	NOT AT RISK FOR CANCER	4
PRONPRES	DOCTOR DID NOT PRESCRIBE OR RECOMMEND IT	5
PRONREC	DOCTOR RECOMMENDED AGAINST GETTING IT	6
PRONLIKE	DON'T LIKE BLOOD TESTS/PAIN, SORENESS, DISCOMFORT OR REACTIONS	7
PRONLOCA	INCONVENIENT/UNABLE TO GET TO LOCATION/ TRANSPORTATION DIFFICULTY	8
PRONMISS	DIDN'T THINK ABOUT IT/FORGOT/MISSED IT/PROCRASTINATED	9
PRONCOST	COST OF TEST/INSURANCE DOESN'T COVER COST/ NOT WORTH THE MONEY	10
PRONFEAR	AFRAID OF RESULTS/DON'T WANT TO KNOW	11
PRONHEAR	NEVER HEARD OF PSA	12
PRONAPPT	APPOINTMENT SCHEDULED FOR FUTURE DATE	13
PRONPROS	PROSTATECTOMY/PROSTATE REMOVED.....	14
PRONOTHR	OTHER (SPECIFY) _____	91
PRONOTHS	REFUSED	-7
	DON'T KNOW	-8

HS13c OMITTED IN ROUND 34.

HFF15. On a different topic ...

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

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

FLUSHOT	YES	1 (HFF18)
	NO	2 (HFF16)
	REFUSED	-7 BOX HFF5
	DON'T KNOW	-8 BOX HFF5

HFF15a OMITTED IN ROUND 43.

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

[PRESS ENTER TO CONTINUE.]

HFF17. REASON NO FLU SHOT LAST WINTER:

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

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

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

HFF18 – HFF19 REINSTATED IN ROUND 43.

HFF18 – HFF19 OMITTED IN ROUND 46.

HFF18 – HFF19 REINSTATED IN ROUND 49.

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
FLUSITOS	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?

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

HFF21. Was one reason that (you/SP) did not get a flu shot last winter because the vaccine was in short supply or unavailable?

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

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

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

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

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

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
PNUOTHOS	REFUSED	-7
	DON'T KNOW	-8

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

EVERSMOK	YES	1	(HFG2)
HS16FLG	NO	2	(HFG7INT)
	REFUSED	-7	(HFG7INT)
	DON'T KNOW	-8	(HFG7INT)

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

SMOKNOW	YES	1	(HFG5)
	NO	2	(HFG3)
	REFUSED	-7	(HFG7INT)
	DON'T KNOW	-8	(HFG7INT)

HS17a-HS17g OMITTED IN ROUND 34.

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

HS17EINT OMITTED IN ROUND 34.

HS17EINT REINSTATED IN ROUND 37 AS HFG7INT.

BOX HS1AB OMITTED IN ROUND 34

BOX HS1AB REINSTATED IN ROUND 37 AS BOX HFG2.

HFG3-HFG9 OMITTED IN ROUND 40.

HFG3-HFG9 REINSTATED IN ROUND 43.

HFG3-HFG9 OMITTED IN ROUND 46.

HFG3-HFG9 REINSTATED IN ROUND 49.

BOX HFG2 OMITTED IN ROUND 40.

BOX HFG2 REINSTATED IN ROUND 43.

BOX HFG2 OMITTED IN ROUND 46.

BOX HFG2 REINSTATED IN ROUND 49.

HFG3. How many years did (you/SP) smoke?
 [ENTER "96" IF "LESS THAN ONE YEAR".]

DIDSMOKE

_____ NUMBER OF YEARS

- REFUSED -7
- DON'T KNOW -8

HFG4. About how long has it been since (you/SP) last smoked regularly?

LASTSMOK

- WITHIN THE PAST MONTH 1 (HFG7INT)
- 1 MONTH TO LESS THAN 6 MONTHS AGO.. 2 (HFG7INT)
- 6 MONTHS TO LESS THAN 1 YEAR AGO .. 3 (HFG7INT)
- 1 YEAR TO LESS THAN 5 YEARS AGO..... 4 (HFG7INT)
- 5 YEARS TO LESS THAN 10 YEARS AGO . 5 (HFG7INT)
- 10 OR MORE YEARS AGO 6 (HFG7INT)
- REFUSED -7 (HFG7INT)
- DON'T KNOW -8 (HFG7INT)

HFG5. How many years (have you/has SP) smoked?
[ENTER "96" IF "LESS THAN ONE YEAR".]

HAVSMOKE

_____ NUMBER OF YEARS

REFUSED -7
DON'T KNOW -8

HFG6. During the past 12 months, (have you/has SP) stopped smoking for one day or longer because (you were/he was/she was) trying to quit smoking?

QUITSMOK

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

HFG7INT. The next questions are about drinking alcoholic beverages. Included are liquor such as whiskey or gin, mixed drinks, wine, beer, and any other type of alcoholic beverage.
[PRESS ENTER TO CONTINUE.]

HFG7. Please think about a typical month in the past year. On how many days did (you/SP) drink any type of alcoholic beverage?
[ENTER "0" FOR "NEVER DRANK" OR "NONE".]

DRINKDAY

_____ NUMBER OF DAYS

REFUSED -7
DON'T KNOW -8

BOX HFG2	IF HFG7 = 0, GO TO HFG7INTRO. OTHERWISE, GO TO HFG8.
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HFG8. [Please think about a typical month in the past year.] On those days that (you/SP) drank alcohol, how many drinks did (you/he/she) have?
[ENTER "96" IF "LESS THAN ONE".]

DRINKSPD

_____ NUMBER OF DRINKS

REFUSED -7
DON'T KNOW -8

HFG9. [Please think about a typical month in the past year.] On how many days did (you/SP) have 4 or more drinks in a single day?
 [ENTER "0" IF "NEVER" OR "NONE".]

FOURDRNK

_____ NUMBER OF DAYS

- REFUSED -7
- DON'T KNOW -8

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?



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?



DIFWALK

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

HS22a-HS22g OMITTED IN ROUND 34.

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

HS22EINT OMITTED IN ROUND 34.

HS22EINT REINSTATED IN ROUND 37 AS HFH10INT.

HFH6-HFH12 OMITTED IN ROUND 40.

HFH6-HFH12 REINSTATED IN ROUND 43.

HFH6-HFH12 OMITTED IN ROUND 46.

HFH6-HFH12 REINSTATED IN ROUND 49.

HFH10INT OMITTED IN ROUND 40.

HFH10INT REINSTATED IN ROUND 43.

HFH10INT OMITTED IN ROUND 46.

HFH10INT REINSTATED IN ROUND 49.

HFH6. Compared to others (your/SP's) age, would you say that (you are/he is/she is) more active, less active, or about the same?

ACTVNOW	MORE ACTIVE.....	1
	LESS ACTIVE	2
	ABOUT THE SAME.....	3
	REFUSED	-7
	DON'T KNOW	-8

HFH7. Compared to (your/SP's) own level of physical activity 1 year ago, would you say (you are/he is/she is) now more active, less active, or about the same as (you were/he was/she was) then?

ACTVAGO	MORE ACTIVE.....	1
	LESS ACTIVE	2
	ABOUT THE SAME.....	3
	REFUSED	-7
	DON'T KNOW	-8

HFH8. In a typical week, how often (do you/does SP) walk for at least 10 minutes at a time to get to and from places, for exercise, for recreation, or for any other reason?



ACTVWALK	EVERY DAY OR MORE.....	1
	ONCE EVERY OTHER DAY	2
	ONCE EVERY 3-4 DAYS.....	3
	ONCE EVERY 5-6 DAYS OR LESS.....	4
	NEVER.....	5
	REFUSED	-7
	DON'T KNOW	-8

HFH9. In a usual week, (do you/does SP) participate in any physical activities, exercise, or sports such as bowling, brisk walking, gardening, bicycling, golf, swimming, or aerobics?

ACTVPART	YES	1 (HFH10INT)
	NO.....	2 (HFH12)
	REFUSED	-7 (HFH12)
	DON'T KNOW	-8 (HFH12)

HFH10INT. We are interested in two types of physical activity – vigorous and moderate. Vigorous activities cause large increases in breathing or heart rate. Moderate activities cause small increases in breathing or heart rate. First I will ask about the vigorous activities that (you do/SP does).

[PRESS ENTER TO CONTINUE.]

HFH10. In a typical week, how much time (do you/does SP) spend doing vigorous activities, such as team sports, running, aerobics, heavy house or yard work, or anything else that causes large increases in breathing or heart rate?
 [IF TIME REPORTED IN BOTH MINUTES AND HOURS, ROUND TO NEAREST HOUR.]

- | | | |
|-------------------------------|------------|----------------------------------|
| NONE | 96 (HFH11) | NUMBER OF MINUTES PER DAY: _____ |
| NUMBER OF MINUTES PER DAY.... | 1 | NUMBER OF HOURS PER DAY: _____ |
| NUMBER OF HOURS PER DAY..... | 2 | NUMBER OF HOURS PER WEEK: _____ |
| NUMBER OF HOURS PER WEEK.... | 3 | NUMBER OF HOURS PER MONTH: _____ |
| NUMBER OF HOURS PER MONTH. | 4 | VIGNUM |
| REFUSED..... | -7 (HFH11) | |
| DON'T KNOW..... | -8 (HFH11) | |
- VIGNIT**

HFH11. In a typical week, how much time (do you/does SP) spend doing moderate activities, such as brisk walking, bicycling, gardening, golf, swimming, or vacuuming?
 [IF TIME REPORTED IN BOTH MINUTES AND HOURS, ROUND TO NEAREST HOUR.]

- | | | |
|-------------------------------|------------|----------------------------------|
| NONE | 96 (HFH12) | NUMBER OF MINUTES PER DAY: _____ |
| NUMBER OF MINUTES PER DAY.... | 1 | NUMBER OF HOURS PER DAY: _____ |
| NUMBER OF HOURS PER DAY..... | 2 | NUMBER OF HOURS PER WEEK: _____ |
| NUMBER OF HOURS PER WEEK.... | 3 | NUMBER OF HOURS PER MONTH: _____ |
| NUMBER OF HOURS PER MONTH. | 4 | MODNUM |
| REFUSED..... | -7 (HFH12) | |
| DON'T KNOW..... | -8 (HFH12) | |
- MODUNIT**

HFH12. Now I'm going to ask you about activities (you/SP) may do to increase (your/his/her) muscle strength or flexibility. In a typical week, how much time (do you/does SP) spend doing exercises to increase (your/his/her) muscle strength or flexibility, such as lifting weights, push-ups, sit-ups, stretching, or yoga?
 [IF TIME REPORTED IN BOTH MINUTES AND HOURS, ROUND TO NEAREST HOUR.]

- | | | |
|-------------------------------|---------------|----------------------------------|
| NONE | 96 (HFJINTRO) | NUMBER OF MINUTES PER DAY: _____ |
| NUMBER OF MINUTES PER DAY.... | 1 | NUMBER OF HOURS PER DAY: _____ |
| NUMBER OF HOURS PER DAY..... | 2 | NUMBER OF HOURS PER WEEK: _____ |
| NUMBER OF HOURS PER WEEK.... | 3 | NUMBER OF HOURS PER MONTH: _____ |
| NUMBER OF HOURS PER MONTH. | 4 | MUSNUM |
| REFUSED..... | -7 (HFJINTRO) | |
| DON'T KNOW..... | -8 (HFJINTRO) | |
- MUSUNIT**

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.
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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 |
| HS23AFLG | NO | 2 |
| | REFUSED | -7 |
| | DON'T KNOW | -8 |

BOX HS1C OMITTED IN ROUND 19.

--

HFJ2. [Since (PREV. SUPP. RD. INT. DATE),] (Has/has) a doctor (ever) told (you/SP) that (you/he/she) (still) (have/had) (have/has) hypertension, sometimes called high blood pressure?

- | | | | |
|-----------------|------------------|----|-----------------|
| OCHBP | YES | 1 | BOX HFJ2 |
| HS23BFLG | NO | 2 | (HFJ4) |
| | REFUSED | -7 | (HFJ4) |
| | DON'T KNOW | -8 | (HFJ4) |

BOX HS1C-1 OMITTED IN ROUND 19.

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

HFJ3. Since (TODAY'S DATE) a year ago, did a doctor tell (you/SP) that (you/he/she) still had hypertension or high blood pressure?

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

--

HFJ4. [Since (PREV. SUPP. RD. INT. DATE),] (Has/has) a doctor (ever) told (you/SP) that (you/he/she) had a myocardial infarction or heart attack?

- | | | | |
|-----------------|------------------|----|-----------------|
| OCMYOCAR | YES | 1 | BOX HFJ3 |
| HS23CFLG | NO | 2 | (HFJ6) |
| | REFUSED | -7 | (HFJ6) |
| | DON'T KNOW | -8 | (HFJ6) |

BOX HS1C-2 OMITTED IN ROUND 19.

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

HFJ5. Since (TODAY'S DATE) a year ago, did a doctor tell (you/SP) that (you/he/she) had a myocardial infarction or heart attack?

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

--

HFJ6. [Since (PREV. SUPP. RD. INT. DATE),] (Has/has) a doctor (ever) told (you/SP) that (you/he/she) had (a new episode of) angina pectoris or coronary heart disease?

OCCHD YES 1 **BOX HFJ4**
HS23DFLG NO 2 (HFJ8)
 REFUSED -7 (HFJ8)
 DON'T KNOW -8 (HFJ8)

BOX HS1C-3 OMITTED IN ROUND 19.
--

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

HFJ7. Since (TODAY'S DATE) a year ago, did a doctor tell (you/SP) that (you/he/she) had an episode of angina pectoris or coronary heart disease?

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

--

HFJ8. [Since (PREV. SUPP. RD. INT. DATE),] (Has/has) a doctor (ever) told (you/SP) that (you/he/she) had (a new episode of) congestive heart failure?

OCCFAIL YES 1 **BOX HFJ5**
HS23E1FL NO 2 (HFJ10)
 REFUSED -7 (HFJ10)
 DON'T KNOW -8 (HFJ10)

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

HFJ9. Since (TODAY'S DATE) a year ago, did a doctor tell (you/SP) that (you/he/she) had an episode of congestive heart failure?

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

HFJ10. [Since (PREV. SUPP. RD. INT. DATE),] (Has/has) a doctor (ever) told (you/SP) that (you/he/she) had (a new episode of) problems with the valves of the heart, such as aortic stenosis?

OCCVALVE	YES	1	BOX HFJ6
HS23E2FL	NO	2	(HFJ12)
	REFUSED	-7	(HFJ12)
	DON'T KNOW	-8	(HFJ12)

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

HFJ11. Since (TODAY'S DATE) a year ago, did a doctor tell (you/SP) that (you/he/she) had an episode of problems with the valves of the heart, such as aortic stenosis?

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

HFJ12. [Since (PREV. SUPP. RD. INT. DATE),] (Has/has) a doctor (ever) told (you/SP) that (you/he/she) had (a new episode of) problems with the rhythm of (your/his/her) heartbeat, such as atrial fibrillation?

OCRHYTHM	YES	1	BOX HFJ7
HS23E3FL	NO	2	(HFJ14)
	REFUSED	-7	(HFJ14)
	DON'T KNOW	-8	(HFJ14)

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

HFJ13. Since (TODAY'S DATE) a year ago, did a doctor tell (you/SP) that (you/he/she) had an episode of problems with the rhythm of (your/his/her) heart, such as atrial fibrillation?

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

--

HFJ14. [Since (PREV. SUPP. RD. INT. DATE),] (Has/has) a doctor (ever) told (you/SP) that (you/he/she) had (a new episode of) any other heart condition?

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

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

HFJ15. Since (TODAY'S DATE) a year ago, did a doctor tell (you/SP) that (you/he/she) had an episode of any other heart condition?

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

HS23e OMITTED IN ROUND 28.

BOX HS1C-4 OMITTED IN ROUND 19.
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HFJ16. [Since (PREV. SUPP. RD. INT. DATE),] (Has/has) a doctor (ever) told (you/SP) that (you/he/she) had a stroke, a brain hemorrhage, or a cerebrovascular accident?

- OCSTROKE** YES 1 **BOX HFJ9**
HS23FFLG NO 2 (HFJ17a)
 REFUSED -7 (HFJ17a)
 DON'T KNOW -8 (HFJ17a)

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

HFJ17. Since (TODAY'S DATE) a year ago, did a doctor tell (you/SP) that (you/he/she) had a stroke, a brain hemorrhage, or a cerebrovascular accident?

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

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

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

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

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

BOX HS1D OMITTED IN ROUND 19.

HFJ18. [I've recorded that (you/SP) previously reported having had skin cancer.] [Since (PREV. SUPP. RD. INT. DATE),] (Has/has) a doctor (ever) told (you/SP) that (you/he/she) had (a new occurrence of) skin cancer?

- OCCSKIN** YES 1 **BOX HFJ10**
HS23GFLG NO 2 (HFJ20)
 REFUSED -7 (HFJ20)
 DON'T KNOW -8 (HFJ20)

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

HFJ19. Since (TODAY'S DATE) a year ago, did a doctor tell (you/SP) that (you/he/she) had an occurrence of skin cancer?

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

BOX HS1D-1 OMITTED IN ROUND 19.

--

HFJ20. [I've recorded that (you/SP) previously reported having had a tumor, growth, or cancer of the [HFJ22 RESPONSE(S)].] [Since (PREV. SUPP. RD. INT. DATE),] (Has/has) a doctor (ever) told (you/SP) that (you/he/she) had any (other) kind of cancer, malignancy, or tumor other than skin cancer?
 [INCLUDE BENIGN OR NON-MALIGNANT TUMORS OR GROWTHS.]

- | | | | |
|-----------------|------------------|----|------------------|
| OCCANCER | YES | 1 | BOX HFJ11 |
| HS23HFLG | NO | 2 | BOX HFJ13 |
| | REFUSED | -7 | BOX HFJ13 |
| | DON'T KNOW | -8 | BOX HFJ13 |

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

HFJ21. Since (TODAY'S DATE) a year ago, did a doctor tell (you/SP) that (you/he/she) had any kind of cancer, malignancy, or tumor other than skin cancer?

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

--

HFJ22. [Since the first time a doctor told (you/SP) that (you/he/she) had a cancer, malignancy, or tumor,] (On/on what part or parts of (your/SP's) body was the cancer or tumor found?
 [PROBE: Any other part?]
 [CODE ALL THAT APPLY. PRESS CTRL/L TO LEAVE SCREEN.]

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

BOX HFJ12 OMITTED IN ROUND 40.

HFJ23 MOVED/REVISED TO BE HFJ41a IN ROUND 40.

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

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

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

BOX HFJ14	IF ANY PREVIOUS ROUND HFJ25 = 1, GO TO BOX HFJ16A . OTHERWISE, GO TO HFJ25.
--------------	---

BOX HS1G OMITTED IN ROUND 19.

HFJ25. [Since (PREV. SUPP. RD. INT. DATE),] (Has/has) a doctor (ever) told (you/SP) that (you/he/she) had arthritis [in any other part of (your/his/her) body], other than rheumatoid arthritis?
 [EXPLAIN IF NECESSARY: This includes osteoarthritis.]

OCARTH	YES	1	BOX HFJ15
HS23LFLG	NO	2	BOX HFJ16
	REFUSED	-7	BOX HFJ16
	DON'T KNOW	-8	BOX HFJ16

BOX HFJ15	IF SP IN THE SUPPLEMENTAL, ORD, OR DUAL ELIGIBLE SAMPLE, GO TO HFJ26. OTHERWISE, GO TO BOX HFJ16A .
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HFJ26. Since (TODAY'S DATE) a year ago, did a doctor tell (you/SP) that (you/he/she) had arthritis in any part of (your/his/her) body, other than rheumatoid arthritis?

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

HFJ27 OMITTED IN ROUND 43.

BOX HFJ16	IF SP IN THE SUPPLEMENTAL, ORD, OR DUAL ELIGIBLE SAMPLE, GO TO HFJ28. OTHERWISE, GO TO BOX HFJ16A .
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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 OMITTED IN ROUND 49.

HFJ29 OMITTED IN ROUND 49.

BOX HFJ16A	IF ANY PREVIOUS ROUND HFJ29a = 1, GO TO HFJ30aa. OTHERWISE, GO TO HFJ29a.
---------------	--

HFJ29a. Has a doctor ever told (you/SP) that (you/he/she) had Alzheimer's disease?

OCALZMER

YES	1 (HFJ30aa)
NO	2 BOX HFJ16B
REFUSED	-7 BOX HFJ16B
DON'T KNOW	-8 BOX HFJ16B

BOX HFJ16B	IF ANY PREVIOUS ROUND HFJ29b = 1, GO TO HFJ30aa. OTHERWISE, GO TO HFJ29b.
---------------	--

HFJ29b. Has a doctor ever told (you/SP) that (you/he/she) had any type of dementia other than Alzheimer's disease?

OCDEMENT

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

BOX HS11 OMITTED IN ROUND 19.

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

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

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

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

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

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

HFJ30 OMITTED IN ROUND 43.

--

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

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

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

BOX HFJ18 OMITTED IN ROUND 43.

HFJ31 OMITTED IN ROUND 43.

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

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

BOX HFJ19	IF ANY PREVIOUS ROUND HFJ32 = 1, GO TO HFJ33. OTHERWISE, GO TO HFJ32.
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HFJ32. [Since (PREV. SUPP. RD. INT. DATE),] (Has/has) a doctor (ever) told (you/SP) that (you/he/she) had osteoporosis, sometimes called fragile or soft bones?

OCOSTEOP	YES	1	
HS23QFLG	NO	2	
	REFUSED	-7	
	DON'T KNOW	-8	

BOX HS1J-1 OMITTED IN ROUND 19.
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HFJ33. [Since (PREV. SUPP. RD. INT. DATE),] (Has/has) a doctor (ever) told (you/SP) that (you/he/she) had a broken hip?

OCBRKHIP	YES	1	BOX HFJ20
HS23RFLG	NO	2	BOX HFJ21
	REFUSED	-7	BOX HFJ21
	DON'T KNOW	-8	BOX HFJ21

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

HFJ34. Since (TODAY'S DATE) a year ago, did a doctor tell (you/SP) that (you/he/she) had a broken hip?

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

BOX HFJ21	IF ANY PREVIOUS ROUND HFJ35 = 1, GO TO BOX HFJ22 . OTHERWISE, GO TO HFJ35.
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HFJ35. [Since (PREV. SUPP. RD. INT. DATE),] (Has/has) a doctor (ever) told (you/SP) that (you/he/she) had Parkinson's disease?

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

BOX HFJ22	IF ANY PREVIOUS ROUND HFJ36 = 1, GO TO HFJ37. OTHERWISE, GO TO HFJ36.
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HFJ36. [Since (PREV. SUPP. RD. INT. DATE),] (Has/has) a doctor (ever) told (you/SP) that (you/he/she) had emphysema, asthma, or COPD?
 [COPD=CHRONIC OBSTRUCTIVE PULMONARY DISEASE.]

- | | | |
|-----------------|------------------|----|
| OCEMPHYS | YES | 1 |
| HS23TFLG | NO | 2 |
| | REFUSED | -7 |
| | DON'T KNOW | -8 |

BOX HS1M OMITTED IN ROUND 19.

--

HFJ37. IF SP IS OBVIOUSLY PARTIALLY OR COMPLETELY PARALYZED, CODE "YES" AND DO NOT ASK. OTHERWISE, ASK: [Since (PREV. SUPP. RD. INT. DATE),] (Has/has) a doctor (ever) told (you/SP) that (you/he/she) had complete or partial paralysis?

- | | | | |
|-----------------|------------------|----|------------------|
| OCPPARAL | YES | 1 | BOX HFJ23 |
| HS23UFLG | NO | 2 | BOX HFJ24 |
| | REFUSED | -7 | BOX HFJ24 |
| | DON'T KNOW | -8 | BOX HFJ24 |

BOX HSF OMITTED IN ROUND 19.

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

HFJ38. Since (TODAY'S DATE) a year ago, did a doctor tell (you/SP) that (you/he/she) had complete or partial paralysis?

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

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

HFJ39. IF SP IS OBVIOUSLY MISSING ONE OR MORE LIMBS, CODE "YES" AND DO NOT ASK. OTHERWISE, ASK: What about absence or loss of an arm or a leg?

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

BOX HFJ25	IF SP IS FEMALE, GO TO HFJ41a. OTHERWISE, GO TO HFJ40.
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HFJ40. (Before (you/SP) had prostate surgery, did a doctor ever tell)/[Has a doctor ever told]/[Since (PREV. SUPP. RD. INT. DATE), has a doctor told] (you/SP) that (you/he) had an enlarged prostate or benign prostatic hypertrophy (BPH)?

- HAVEPROS** YES 1 **BOX HFJ26**
 NO 2 (HFJ41a)
 REFUSED -7 (HFJ41a)
 DON'T KNOW -8 (HFJ41a)

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

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

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

--

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

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

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

SHOW CARD HF6

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

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

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

BOX HFJ27	<p>(a) IF SP IN SUPPLEMENTAL SAMPLE, GO TO (b). OTHERWISE, GO TO BOX HFR1.</p> <p>(b) IF SP IS 65 OR OLDER, GO TO BOX HFR1. IF SP IS UNDER 65, AND ANY "YES" AT HFJ1-HFJ17 OR HFJ18-HFJ41a, GO TO HFJ42. IF SP IS UNDER 65 AND <u>ALL</u> "NO" AT HFJ1-HFJ17 AND HFJ18-HFJ41a, GO TO HFJ43.</p>
--------------	---

HFJ42. You told me that (you/SP) have had [READ CONDITIONS LISTED BELOW]. (Was this/Were any of these) the original cause of (your/SP's) becoming eligible for Medicare?

- EMCOND**
- YES 1 **BOX HFJ28**
 - NO 2 (HFJ43)
 - REFUSED -7 **BOX HFR1**
 - DON'T KNOW -8 **BOX HFR1**

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

GO TO **BOX HFR1**.

EMCAUSE1 EMCAUSC1
EMCAUSE2 EMCAUSC2
EMCAUSE3

BOX HFJ28	IF MORE THAN ONE CONDITION MENTIONED IN HFJ1-HFJ41a, ASK HFJ44. IF ONLY ONE CONDITION MENTIONED IN HFJ1-HFJ41a, GO TO BOX HFR1 .
--------------	--

Display conditions for which HFJ1-41a coded 1. Allow "other specify" (91).
 Display numeric equivalent of HFJ1-41a letter for the condition as the code to be entered by interviewer, i.e., if HFJ4 = 1, display as "3. HEART ATTACK;" HFJ6 = 1, display "6. STROKE," etc.
 If 91 is the only code entered, display soft-range error message: "PROBE WHETHER PREVIOUSLY ENTERED CONDITION WAS CAUSE FOR ELIGIBILITY." "REENTER OR CTRL/B TO CORRECT HFJ42."
 Display 8 entry fields.

HFJ44. Which of these conditions was the cause of (your/SP's) becoming eligible for Medicare?
[PROBE: Any other condition?]
[CODE UP TO 8 CONDITIONS. PRESS CTRL/L TO LEAVE SCREEN.]

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

EMOTHART OMITTED IN ROUND 28.

HSPINT OMITTED IN ROUND 31.

HSPINT REINSTATED IN ROUND 34 AS HFPINTRO.

HFPINTRO OMITTED IN ROUND 37.

HFPINTRO REINSTATED IN ROUND 40.

HFPINTRO OMITTED IN ROUND 43.

HFPINTRO REINSTATED IN ROUND 46.

HFPINTRO OMITTED IN ROUND 49.

BOX HS3A – BOX HS3L OMITTED IN ROUND 31.

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

BOX HFP1-BOX HFP8 OMITTED IN ROUND 37.

BOX HFP2-BOX HFP8 REINSTATED IN ROUND 40.

BOX HFP2-BOX HFP8 OMITTED IN ROUND 43.

BOX HFP2-BOX HFP8 REINSTATED IN ROUND 46.

BOX HFP2-BOX HFP8 OMITTED IN ROUND 49.

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

BOX HFR1-BOX HFR2 OMITTED IN ROUND 40.

BOX HFR1-BOX HFR2 REINSTATED IN ROUND 43.

BOX HFR1-BOX HFR2 OMITTED IN ROUND 46.

BOX HFR1-BOX HFR2 REINSTATED IN ROUND 49.

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

BOX HFS1 OMITTED IN ROUND 40.

BOX HFS1 REINSTATED IN ROUND 46.

BOX HFS1 OMITTED IN ROUND 49.

HSP1 – HSP40 OMITTED IN ROUND 31.

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

HSP12 OMITTED IN ROUND 34.

HFP1-HFP25 OMITTED IN ROUND 37.

HFP1 – HFP25 REINSTATED IN ROUND 40.

HFP1 – HFP25 OMITTED IN ROUND 43.

HFP1 – HFP25 REINSTATED IN ROUND 46.

HFP1 – HFP25 OMITTED IN ROUND 49.

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

HFR1 – HFR13 OMITTED IN ROUND 40.

HFR1 – HFR13 REINSTATED IN ROUND 43.

HFR1 – HFR13 OMITTED IN ROUND 46.

HFR1 REINSTATED IN ROUND 49.

HFR3 – HFR5 REINSTATED IN ROUND 49.

HFR7 – HFR11 REINSTATED IN ROUND 49.

HFR13 REINSTATED IN ROUND 49.

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

HFS1 – HFS6 OMITTED IN ROUND 40.

HFS1 – HFS6 REINSTATED IN ROUND 46.

HFS1 – HFS6 OMITTED IN ROUND 49.

BOX HFR1	<p>IF HFR1 ≠ -1 IN ANY PREVIOUS ROUND, GO TO AC29. IF SP HAS COLON/RECTAL/BOWEL CANCER (HFJ22 = 2 IN ANY CURRENT OR PREVIOUS ROUND), GO TO AC29. IF SP HAS NOT INDICATED COLON/RECTAL/BOWEL CANCER (HFJ22 ≠ 1 IN EVERY ROUND, CURRENT AND PREVIOUS), GO TO HFR1.</p>
-------------	--

HFR1. 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
 - NO 2
 - REFUSED -7
 - DON'T KNOW -8

HFR2 OMITTED IN ROUND 43.

HFR3. 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 (HFR5)
 - NO 2 (HFR4)
 - REFUSED -7 (HFR4)
 - DON'T KNOW -8 (HFR4)

HFR4. Have you ever heard of this home testing kit?

- COLHKIT**
- YES 1 (HFR8)
 - NO 2 (HFR8)
 - REFUSED -7 (HFR8)
 - DON'T KNOW -8 (HFR8)

HFR5. Did (you/SP) complete the samples and send the card in for (your/his/her) most recent test?

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

HFR6 OMITTED IN ROUND 43.

HFR7. 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

HFR8. 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 (HFR9)
	NO	2 (HFR10)
	REFUSED	-7 (HFR10)
	DON'T KNOW	-8 (HFR10)

HFR9. When did (you/SP) have (your/his/her) most recent sigmoidoscopy or colonoscopy?

WHENSCOP	LESS THAN 1 YEAR AGO.....	1 (HFR13)
	1 YEAR TO LESS THAN 2 YEARS AGO.....	2 (HFR13)
	2 YEARS TO LESS THAN 3 YEARS AGO ...	3 (HFR13)
	3 YEARS TO LESS THAN 5 YEARS AGO ...	4 (HFR13)
	5 OR MORE YEARS AGO	5 (HFR13)
	REFUSED	-7 (HFR13)
	DON'T KNOW	-8 (HFR13)

HFR10. Before today, had you ever heard of a sigmoidoscopy or colonoscopy?

HEARSCOP	YES	1 (HFR11)
	NO	2 BOX HFR2
	REFUSED	-7 BOX HFR2
	DON'T KNOW	-8 BOX HFR2

BOX HFR2	IF HFR3 = 1 OR HFR4 = 1, GO TO HFR13. IF HFR3 ≠ 1 AND HFR4 ≠ 1, GO TO AC29.
-------------	--

HFR11. Has a doctor ever recommended that (you/SP) have this test?

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

HFR12 OMITTED IN ROUND 43.

HFR13. 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

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 BOX HFF8
	REFUSED	-7 BOX HFF8
	DON'T KNOW	-8 BOX HFF8

AC30 OMITTED IN ROUND 34.

AC30a. Why was that?

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

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

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

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

- CGETAPPT** YES 1 (AC30c)
- NO 2 **BOX HFF8**
- REFUSED -7 **BOX HFF8**
- DON'T KNOW -8 **BOX HFF8**

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

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

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

BOX HFF7	IF AC30c = 4 OR AC30c = 7 GO TO AC30d. OTHERWISE, GO TO BOX HFF8 .
-------------	---

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 **BOX HFF8**
- REFUSED -7 **BOX HFF8**
- DON'T KNOW -8 **BOX HFF8**

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

- OFFEXVB1**
- OFFEXVC1**
- OFFEXVB2**
- OFFEXVC2**
- OFFEXVC3**

BOX HFF8 OMITTED IN ROUND 46.

BOX HFF8 REINSTATED IN ROUND 49.

AC30f – AC30I OMITTED IN ROUND 46.

AC30f – AC30I REINSTATED IN ROUND 49.

BOX HFF8	IF SP IS RESPONDENT, GO TO AC30f. IF PROXY IS RESPONDENT, GO TO AC31.
-------------	--

AC30f. In some situations your doctor or other health care provider may give you a form called either an Advance Beneficiary Notice or notice of noncoverage.

This form is used when the health care provider has some doubt that a service will be covered by Medicare, and expects that you may have to pay for the service. In such cases, you can make a choice. You can choose to get or not get the service. If you sign the form, you can get the service right away; and, usually, the provider will collect payment from you.

You can still ask the provider to bill Medicare, in case the provider is wrong and the service is covered. If the service is covered, then the money you paid the provider is returned to you.

[Since (PREVIOUS SUPPLEMENTAL ROUND INTERVIEW DATE)/In the last year] has any doctor or other health care provider given you a form like the one shown on this card?

SHOW CARD HF7	ABNFORM	YES 1 (AC30g) NO 2 (AC31) REFUSED -7 (AC31) DON'T KNOW -8 (AC31)
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AC30g. Think about the most recent time you received an Advance Beneficiary Notice, or “ABN”. What items or services did the health care provider expect would not be paid by Medicare?

[PROBE: What type(s) of health care items or services were described on the ABN?]
 [CODE ALL THAT APPLY. PRESS CTRL/L TO LEAVE SCREEN.]

ABNDOCT	PHYSICIAN SERVICES.....	1
ABNHHOME	HOME HEALTH SERVICES	2
ABNHOSPC	HOSPICE SERVICES	3
ABNTHERA	OCCUPATIONAL AND/OR PHYSICAL THERAPY SERVICES	4
ABNIPCAR	INPATIENT HOSPITAL CARE	5
ABNOPCAR	OUTPATIENT HOSPITAL CARE	6
ABNNURSE	SKILLED NURSING CARE	7
ABNTESTS	LABORATORY TESTS	8
ABNEQUIP	DURABLE MEDICAL EQUIPMENT	9
ABNVACC	VACCINATION.....	10
	EYEGASSES/EYE SERVICES	11
ABNOTHER	OTHER HEALTH CARE ITEM OR SERVICE (SPECIFY) _____	91
ABNOTHOS	REFUSED	-7
	DON'T KNOW	-8

AC30g1. Did you read the Advance Beneficiary Notice?

- ABNREAD** YES 1 (AC30h)
- NO 2 (AC30i)
- REFUSED -7 (AC30i)
- DON'T KNOW -8 (AC30i)

AC30h. How much trouble did you have understanding the Advance Beneficiary Notice for (the item or service/these items or services)? Would you say you had no trouble, a little trouble, or a lot of trouble?

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

AC30i. [Think about the most recent time you received an Advance Beneficiary Notice.] Did you sign the form?

- ABNSIGN** YES 1 (AC30k)
- NO 2 (AC30j)
- REFUSED -7 (AC30k)
- DON'T KNOW -8 (AC30k)

AC30j. Why didn't you sign the form?
 [RECORD VERBATIM. PRESS ENTER TO LEAVE SCREEN.]

ABNVB1 _____
ABNVB2 _____
ABNVB3 _____

AC30k. You mentioned that you received an ABN [for [READ HEALTH CARE ITEMS AND SERVICES LISTED BELOW]]. Did you choose to get (the item or service/these items or services) even though the health care provider expected Medicare would not pay?

- ABNITEM** YES 1 (AC30k1)
- NO 2 (AC31)
- REFUSED -7 (AC31)
- DON'T KNOW -8 (AC31)

AC30k1. Did you ask that Medicare be billed for (the item or service/these items or services)?

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

AC30I. Did Medicare deny payment for (the item or service/these items or services)?

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

AC30m. What sources paid any part of the cost for (the item or service/these items or services)?

[PROBE: Who else paid?]

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

ABNNOPAY	NO SOURCE PAID/NOT PAID	96
ABNMCAR	MEDICARE OR MEDICARE ADVANTAGE PLAN.....	1
ABNMCAID	MEDICAID.....	2
ABNPUBL	PUBLIC PLAN OTHER THAN MEDICAID	3
ABNPRIV	PRIVATE HEALTH INSURANCE.....	4
ABNTRIC	TRICARE	5
ABNVA	V.A.	6
ABNFAML	SP/FAMILY	7
ABNOTHR	OTHER HEALTH CARE ITEM OR SERVICE (SPECIFY) _____	91
ABNOTROS	REFUSED	-7
	DON'T KNOW	-8

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

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

AC32 OMITTED IN ROUND 4.

Instrumental Activities of Daily Living (IADLs)

HFKINTRO. Now I'm going to ask about some everyday activities and whether (you have/SP has) any difficulty doing them by (yourself/himself/herself).

[PRESS ENTER TO CONTINUE.]

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

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

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

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

BOX HFK1	ASK HFK3 AND HFK4 AS APPROPRIATE FOR EACH IADL CODED "YES" IN HFK1 OR HFK2; WHEN EACH "YES" ACCOUNTED FOR, GO TO HFLINTRO. IF NO "YES" RESPONSES, GO TO HFLINTRO.
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HFK3. [You said that (IADL) is something that (you have difficulty doing/you don't do/SP has difficulty doing/SP doesn't do).] (Do you/Does SP) receive help from another person with (IADL)?

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

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

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

Activities of Daily Living (ADLs)

HFLINTRO. Now I'll ask about some other everyday activities. I'd like to know whether (you have/SP has) any difficulty doing each one by (yourself/himself/herself) and without special equipment.
 [PRESS ENTER TO CONTINUE.]

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

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

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

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

BOX HFL1	ASK HFL3 - HFL5 AS APPROPRIATE FOR EACH ADL CODED "YES" IN HFL1 OR HFL2. OTHERWISE, GO TO 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)
HELPCCHAR	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)
PCHKKEAT	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
EQUIPCCHAR	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	3 months or more but less than 1 year	1 year or more
LONGBATH	a. bathing or showering?	1 (HFL7a)	2 (HFL3b)	3 (HFL3b)
LONGDRES	b. dressing?	1 (HFL7b)	2 (HFL3c)	3 (HFL3c)
LONGEAT	c. eating?	1 (HFL7c)	2 (HFL3d)	3 (HFL3d)
LONGCHAR	d. getting in or out of bed or chairs?	1 (HFL7d)	2 (HFL3e)	3 (HFL3e)
LONGWALK	e. walking?	1 (HFL7e)	2 (HFL3f)	3 (HFL3f)
LONGTOIL	f. using the toilet?	1 (HFL7f)	2 BOX HFL3	3 BOX HFL3

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

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

BOX HFL3	ASK HFL8 AS APPROPRIATE FOR EACH ADL CODED "YES" IN HFL3 OR HFL4. OTHERWISE, GO TO 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.]

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

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

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

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

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

MOSTADLS HLPRMOST

HFM1 – HFM6 OMITTED IN ROUND 40.

HFM1 – HFM6 REINSTATED IN ROUND 43.

HFM1 – HFM6 OMITTED IN ROUND 46.

HFM1 – HFM2 REINSTATED IN ROUND 49.

HFM1. If SP in the Supplemental, ORD, or Dual Eligible Sample or skipped prev. supp. rd. int., display “In the past year,”.
 Otherwise, display “Since (PREV. SUPP. RD. INT. DATE),”..

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. Soft range is 1-25. Hard range is 1-95. Display standard soft and hard range error messages.
 If SP in the Supplemental, ORD, or Dual Eligible Sample or skipped prev. supp. rd. int., display “In the past year,”.
 Otherwise, display “Since (PREV. SUPP. RD. INT. DATE),”..

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

HFM3a. Display “most recent” if HFM2 > 1 or -7 or -8.

HFM3a. Thinking about the (most recent) time that (you/SP) fell, did (you/he/she) hurt (yourself/himself/herself) badly enough to get medical help?

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

HFM3b. Display “most recent” if HFM2 > 1 or -7 or -8.

HFM3b. What kind of injury did (you/SP) have in that (most recent) fall?
 [PROBE: Anything else?]
 [CODE ALL THAT APPLY. PRESS CTRL/L TO LEAVE SCREEN.]

FALNOINJ	NO INJURY.....	96
FALFRACT	BROKEN BONE/FRACTURE	1
FALSPRAN	SPRAIN/STRAIN	2
FALBRUIS	BRUISE.....	3
FALCUT	CUT/WOUND/LACERATION.....	4
FALCONC	CONCUSSION.....	5
FALDISLO	DISLOCATION.....	6
FALOTHER	OTHER (SPECIFY).....	91
FALOTHOS	REFUSED.....	-7
	DON'T KNOW	-8

HFM3c.

Display "that" if HFM2 = 1. Display "(SP's) most recent" if HFM2 > 1 or -7 or -8.
--

HFM3c. Did [that/(your/SP's) most recent] fall cause (you/him/her) to limit (your/his/her) regular activities?

FALLIMIT	YES.....	1 (HFM3d)
	NO.....	2 (HFM3e)
	REFUSED	-7 (HFM3e)
	DON'T KNOW	-8 (HFM3e)

HFM3d.

Display "that" if HFM2 = 1. Display "(your/his/her) most recent" if HFM2 > 1 or -7 or -8.
--

HFM3d. How long did it take (you/SP) to get back to regular activities after [that/(your/his/her) most recent] fall?

FALLBACK	LESS THAN ONE WEEK.....	1
	ONE WEEK OR MORE.....	2
	NEVER RESUMED REGULAR ACTIVITIES.	3
	REFUSED	-7
	DON'T KNOW	-8

HFM3e.

Allow -7 and -8.

HFM3e. How would you rate (your/SP's) fear of falling, on a scale of 1 to 6, where 1 is "Not at all afraid of falling" and 6 is "Extremely afraid of falling"?

	NOT AT ALL AFRAID						EXTREMELY AFRAID
FALLFEAR	1	2	3	4	5		6

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?

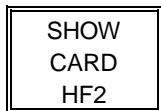


TIMESAD	ALL OF THE TIME	1
	MOST OF THE TIME	2
	SOME OF THE TIME	3
	A LITTLE OF THE TIME	4
	NONE OF THE TIME	5
	REFUSED	-7
	DON'T KNOW	-8

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



LOSTURIN	MORE THAN ONCE A WEEK.....	1
	ABOUT ONCE A WEEK.....	2
	2-3 TIMES A MONTH.....	3
	ABOUT ONCE A MONTH	4
	EVERY 2-3 MONTHS.....	5
	ONCE OR TWICE A YEAR	6
	NOT AT ALL.....	7
	SP IS ON DIALYSIS OR CATHETERIZATION OR UROSTOMY OR BLADDER BAG.....	8
	REFUSED	-7
	DON'T KNOW	-8

HFQ2-HFQ5 OMITTED IN ROUND 37.

BOX HFQ1 OMITTED IN ROUND 43.

BOX HFQ1 REINSTATED IN ROUND 46.

BOX HFQ1 OMITTED IN ROUND 49.

BOX HFT1 – BOX HFT5 OMITTED IN ROUND 40.

BOX HFT1 – BOX HFT5 REINSTATED IN ROUND 43.

BOX HFT1 – BOX HFT5 OMITTED IN ROUND 46.

BOX HFT1 – BOX HFT5 REINSTATED IN ROUND 49.

HFT1 – HFT14 OMITTED IN ROUND 40.

HFT1 – HFT14 REINSTATED IN ROUND 43.

HFT1 – HFT14 OMITTED IN ROUND 46.

HFT1 – HFT14 REINSTATED IN ROUND 49.

BOX HFT1	IF CURRENT ROUND HFJ2 = 1, GO TO HFT1. IF CURRENT ROUND HFJ2 ≠ -1 OR 1, GO TO BOX SC1A .
-------------	--

HFT1. We have recorded that (you were/SP was) told by a doctor that (you had/he had/she had) hypertension, also called high blood pressure.
 (Were you/Was SP) told on two or more different medical visits that (you/he/she) had high blood pressure or hypertension?

- HYPETOLD**
- YES 1 (HFT2)
 - NO 2 (HFT2)
 - SP NEVER HAD HIGH BLOOD PRESSURE/PREVIOUS RESPONSE ENTERED IN ERROR..... 3 **BOX SC1A**
 - REFUSED -7 (HFT2)
 - DON'T KNOW -8 (HFT2)

[EXPLAIN IF NECESSARY: We are interested in knowing whether (your/SP's) blood pressure was high for more than one reading.]

HFT2. How old (were you/was SP) when (you were/he was/she was) first told that (you/he/she) had high blood pressure?

HYPEAGE

AGE	
LESS THAN ONE YEAR OLD.....	996
REFUSED	-7
DON'T KNOW	-8

HFT3. The last time (you/SP) went to (your/his/her) regular doctor, did someone measure (your/his/her) blood pressure?

HYPEMEAS

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

HFT4 OMITTED IN ROUND 43.

HFT5. Would you say that (your/SP's) blood pressure is currently under control?

HYPECONT

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

HFT6(e) REWORDED TO BE HFT6h IN ROUND 49.

HFT6(f) REWORDED TO BE HFT6j IN ROUND 49.

HFT6. Because of (your/his/her) high blood pressure, (are you/is SP) now...

		YES	NO
HYPESALT	a. cutting down on salt or sodium in (your/his/her) diet?	1	2
HYPELOSE	b. controlling (your/his/her) weight or losing weight?.....	1	2
HYPEEXER	c. exercising more?.....	1	2
HYPEHOME	d. measuring (your/his/her) blood pressure at home?.....	1	2
HYPEMEDS	g. taking prescribed medicine for (your/his/her) high blood pressure? ..	1	2

HFT6h. [You mentioned that (you do/SP does) not smoke. Is that/(Have you/Has SP) cut down on smoking] because of (your/his/her) high blood pressure?

HYPESMK

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

HFT6j. [You mentioned that in a typical month in the past year (you/SP) did not drink alcohol. Is that/(Have you/Has SP) cut down on drinking alcoholic beverages] because of (your/his/her) high blood pressure?

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

BOX HFT2	IF HFT6g = 1, GO TO HFT7. OTHERWISE, GO TO HFT12a.
-------------	--

HFT7. How long (have you/has SP) been treated with prescribed medicines for (your/his/her) high blood pressure?

HYPELONG _____
 NUMBER OF YEARS

LESS THAN ONE YEAR 996
 REFUSED -7
 DON'T KNOW -8

BOX HFT3	IF SP IS IN THE SUPPLEMENTAL SAMPLE, GO TO HFT8. OTHERWISE, GO TO HFT10.
-------------	--

HFT8. How many different prescribed medicines (do you/does SP) take for (your/his/her) high blood pressure?

HYPEMANY _____
 NUMBER OF PRESCRIBED MEDICINES

REFUSED -7
 DON'T KNOW -8

HFT9. (Do you/Does SP) take the prescribed medicine(s) every day?

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

HFT10. (Do you/Does SP) take (your/his/her) high blood pressure medicine(s) even when (you feel/he feels/she feels) fine?

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

HFT11 OMITTED IN ROUND 43.

HFT11a. How often (do you/does SP) have trouble with side effects from (your/his/her) blood pressure medicine(s)? Please tell me if (you/he/she) always, sometimes, or never (have/has) trouble with side effects.
 [EXPLAIN IF NECESSARY: By “side effects”, I mean that the medicine causes any condition such as fatigue, headache, or coughing.]

HYPECOND	ALWAYS	1
	SOMETIMES.....	2
	NEVER.....	3
	REFUSED	-7
	DON'T KNOW	-8

HFT12 OMITTED IN ROUND 43.

HFT12a. Doctors often recommend changing your habits or lifestyle, such as changing your diet, or getting regular exercise in order to control blood pressure. How confident are you that (you/SP) can follow these recommendations? Would you say that you are very confident, confident, somewhat confident, or not at all confident?

HYPECTRL	VERY CONFIDENT.....	1
	CONFIDENT	2
	SOMEWHAT CONFIDENT	3
	NOT AT ALL CONFIDENT	4
	REFUSED	-7
	DON'T KNOW	-8

BOX HFT4	IF HFT6g = 1, GO TO HFT13. OTHERWISE, GO TO BOX SC1A .
-------------	---

HFT13. (Do you/Does SP) have difficulty paying for the medicine(s) (your/his/her) doctor prescribes for (your/his/her) high blood pressure?

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

HFT14. (Do you/Does SP) ever skip taking (your/his/her) medicine, take less medicine than prescribed, or share medicine because of the cost of the medicine?

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

BOX HFT5	GO TO BOX SC1A .
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ATTACHMENT HF1
 HFJ44 DISPLAYS FOR HFJ1-41a CONDITIONS

Matching HFJ1-41a Probe	HFJ44 Code Category	Condition Display	HFJ44 Variable Set
HFJ1	1	ARTERIES HARDENING	EMARTERY
HFJ2	2	HYPERTENSION	EMHBP
HFJ4	3	HEART ATTACK	EMMYOCAR
HFJ6	4	HEART DISEASE	EMCHD
HFJ16	9	STROKE OR HEMORRHAGE	EMSTROKE
HFJ18	10	SKIN CANCER	EMCSKIN
HFJ20	11	CANCER/TUMOR	EMCANCER
HFJ41a	12	DIABETES	EMDIABTS
HFJ24	13	RHEUMATOID ARTHRITIS	EMARTHHR
HFJ25	14	OTHER ARTHRITIS	EMARTH
HFJ28	15	MENTAL RETARDATION	EMMENTAL
HFJ29a	16	ALZHEIMER'S	EMALZMER
HFJ29b	25	DEMENTIA	EMDEMENT
HFJ30aa	17	DEPRESSION	EMDEPRSS
HFJ30a	18	MENTAL DISORDER	EMPSYCHO
HFJ32	19	OSTEOPOROSIS	EMOSTEOP
HFJ33	20	BROKEN HIP	EMBRKHIP
HFJ35	21	PARKINSON'S	EMPARKIN
HFJ36	22	EMPHYSEMA/ASTHMA/COPD	EMEMPHYS
HFJ37	23	PARALYSIS	EMPPARAL
HFJ39	24	LOSS OF LIMB	EMAMPUTE
HFJ8	5	CONGESTIVE HEART FAILURE	EMCFAIL
HFJ10	6	HEART VALVE PROBLEM	EMCVALVE
HFJ12	7	HEART RHYTHM PROBLEM	EMRHYTHM
HFJ14	8	OTHER HEART PROBLEM	EMOTHRT

HF Addendum

Segments: ACCS
ADLS
BASE
HEST
HLPR
IADL