
(ICPSR 9915)

QUESTIONNAIRE

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Inter-university Consortium for Political and Social Research
P.O. BOX 1248
Ann Arbor, Michigan 48106
APPENDIX II

BASELINE QUESTIONNAIRE
EAST BOSTON

Please note that the letter “P” inserted in various locations on the East Boston questionnaire indicates that the questions so identified were asked of proxy respondents as well as of those participants who responded for themselves.
EAST BOSTON SENIOR HEALTH PROJECT
INITIAL POPULATION SURVEY QUESTIONNAIRE

FROM FORM SH01

(P) 1. PROJECT ID NUMBER

(P) 2. SEX OF PARTICIPANT

(P) 3. HDFP NUMBER

(P) 4. DATE OF INTERVIEW

(P) 5. INTERVIEW STATUS

(P) 6. TIME INTERVIEW BEGINS

This survey is being conducted to gather information about the health and social needs of persons 65 years of age and older. It is important that your answers be as accurate as you can make them, so please take time, if you need it, to think about your answers. All of your answers are confidential.

First, we would like to get some general information.

(P) 7. What is your date of birth?

(P) 8. Have you ever been married?

INTERVIEWER: INCLUDING COMMON LAW MARRIAGES

YES 1

NO 2

GO TO ITEM 9

MARRIED 1

SEPARATED 2

DIVORCED 3

WIDOWED 4

FILL IN ABOVE CATEGORY

1 YEAR OR LESS = 01
CODE FRACTIONS TO NEXT HIGHEST YEAR: FOR EXAMPLE "1 1⁄2" = 02

(P) 8. Do you plan to move in the next few years?

YES 1

NO 2

DK 8

GO TO ITEM 10

(P) a. Where do you plan to move?

(SPECIFY)

(P) 10. In what state or country were you born?

(SPECIFY)

IF COUNTRY OTHER THAN U.S. SPECIFIED IN ITEM 10 ASK:

(P) a. How long have you lived in the United States?
We would like to know how the other people who live here with you are related to you.

(P) 11. What is ___________ ‘s relationship to you?

INTERVIEWER: REPEAT FOR EACH PERSON OTHER THAN PARTICIPANT ON THE HOUSEHOLD CENSUS FORM (SH01):

<table>
<thead>
<tr>
<th>REL. CODE.</th>
<th>SEQ. NO.</th>
<th>SEX</th>
<th>AGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>01 = SPOUSE</td>
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<tr>
<td>02 = SON/DAUGHTER (INCLUDING STEPCHILDREN)</td>
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<tr>
<td>03 = SON-IN-LAW/DAUGHTER-IN-LAW</td>
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<tr>
<td>04 = GRANDCHILD</td>
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<tr>
<td>05 = PARENT</td>
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<td></td>
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<tr>
<td>06 = BROTHER OR SISTER</td>
<td></td>
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<tr>
<td>07 = NEPHEW OR NIECE</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>10 = COUSIN</td>
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<td></td>
<td></td>
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<tr>
<td>11 = OTHER RELATIVE (SPECIFY)</td>
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<tr>
<td>12 = FRIEND</td>
<td></td>
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<tr>
<td>13 = BOARDER OR ROOMER</td>
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<td>14 = EMPLOYEE</td>
<td></td>
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<tr>
<td>15 = OTHER NON-RELATIVE (SPECIFY)</td>
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</tbody>
</table>

(P) 12. As compared with other people your same age, would you say that your health is - excellent, good, fair, or poor?

The next few questions are about your hearing.

(P) 13. Have you ever worn a hearing aid?

YES □ 1

NO □ 2 GO TO ITEM 14

(P) a. How often do you usually wear a hearing aid these days:

- never or almost never
- occasionally
- frequently
- practically always

EXCELLENT □ 1 (106)
GOOD □ 2
FAIR □ 3
POOR □ 4

INTERVIEWER: ASK ITEM 14 “WITHOUT A HEARING AID” IF PARTICIPANT CHOSE TO ANSWER ITEM 13a “NEVER OR ALMOST NEVER”. ASK ITEM 14 “WITH A HEARING AID” IF PARTICIPANT CHOSE TO ANSWER ITEM 13a “OCCASIONALLY”, “FREQUENTLY”, OR “PRACTICALLY ALWAYS”.

— 2 —
(P) 74. (With/without a hearing aid) Can you usually hear and understand what a person says without seeing his face if that person talks in a normal voice to you in a quiet room?

YES □ 1  NO □ 2  (109)  
Go TO ITEM 15

(P)  a. (With/without a hearing aid) Can you usually hear and understand what a person says without seeing his face if that person shouts to you from across a quiet room?

YES □ 1  NO □ 2  (110)  
Go TO ITEM 15

(P)  b. (With/without a hearing aid) Can you usually hear and understand a person if that person shouts in your better ear?

YES □ 1  NO □ 2  (111)

Now, I have some questions about your eyesight.

(P) 15. Do you wear eyeglasses or contact lenses?  
EYEGLASSES □ 1  CONTACT LENSES □ 2  BOTH □ 3  NEITHER □ 4  (112)

(P) 16. (When wearing eyeglasses/contact lenses) Can you SEE well enough to recognize a friend across a street?

YES □ 1  NO □ 2  (113)  
Go TO ITEM 17

(P)  a. (When wearing eyeglasses/contact lenses) Can you SEE well enough to recognize a friend across a room?

YES □ 1  GO TO ITEM 17

(P)  b. (When wearing eyeglasses/contact lenses) Can you SEE well enough to recognize a friend who is an arms length away?

YES □ 1  GO TO ITEM 17

(P)  c. (When wearing eyeglasses/contact lenses) Can you SEE well enough to recognize a friend if you get close to his face?

YES □ 1  NO □ 2  (115)

(P) 17. (When wearing eyeglasses/contact lenses) Can you SEE well enough to read ordinary newspaper print?

YES □ 1  NO □ 2  (117)  
Go TO ITEM 18

(P)  e. (When wearing eyeglasses/contact lenses) Can you SEE well enough to read large print such as newspaper headlines?

YES □ 1  NO □ 2  (118)
The next few questions are about where you get your medical care.

(P) 18. Is there one particular doctor or place you usually go to when you are sick or when you need advice about your health?

YES □ 1

GO TO ITEM 18b

NO □ 2 (19)

(P) a. Other than when you might have been in the hospital, how many times did you see or talk to a doctor or other practitioner in the past year, that is since MONTH/PREVIOUS YEAR

(P)b. Where did you go for this care or advice: the East Boston Neighborhood Health Center, a private doctor’s office, a hospital out-patient clinic, a hospital emergency room, or some other place?

(P)c. What is the name of this place?

(SPECIFY)

(P)d. Other than when you might have been in the hospital, how many times did you see or talk to a doctor or other practitioner during the past year, that is since MONTH/PREVIOUS YEAR

(P) 19. If you were to develop a true medical emergency such as severe difficulty breathing after 9 in the evening where would you go for medical help?

(SPECIFY RESPONSE)

(P) 20. Have you been to a hospital at least overnight in the past 12 months, that is since DATE 1 YEAR AGO

YES □ 1

NO □ 2 DK □ 8 (12)

(P)a. How many different times were you in the hospital at least overnight in the past 12 months?

(P) 21. Have you ever been in a nursing home as a patient?

YES □ 1

(P)a. When was the first time?

(P)b. Have you been in a nursing home as a patient in the last 12 months, that is since DATE 1 YEAR AGO

YES □ 1

NO □ 2 (135)

(Continue with item 21c on next page)
(P)c. How many different times in the past 12 months?

(P)d. Let's begin with the most recent nursing home admission, How long did you stay in the nursing home?

(SPECIFY RESPONSE) (INTERVIEWER: CODE)

SECOND NURSING HOME ADMISSION

(P)e. And now the nursing home admission before that one. How long did you stay in the nursing home?

(SPECIFY RESPONSE) (INTERVIEWER: CODE)

THIRD NURSING HOME ADMISSION

(P) And now the nursing home admission before that one. How long did you stay in the nursing home?

(SPECIFY RESPONSE) (INTERVIEWER: CODE)

Now, I would like to take your pulse and three blood pressure readings

22. Pulse for 30 seconds.

23. First blood pressure reading.


25. Third blood pressure reading.

Next, I'm going to ask you to perform a simple test that will measure how fast you can expel air from your lungs. When you blow into this instrument (INTERVIEWER: SHOW RESPONDENT INSTRUMENT) the value for the biggest, fastest "huff" of air that you can expel will be recorded. It is important, therefore, that you blow as hard and as fast as you can. I would like you to perform the test three times.

I'll ask you to stand up. Take as deep a breath as possible. Open your mouth and close your lips firmly around the outside of the mouthpiece, and then blow as hard and as fast as you can into the mouthpiece. Like this.

INTERVIEWER:
USE INSTRUMENT YOURSELF TO DEMONSTRATE ITS CORRECT USE TO PARTICIPANT. THEN, CHANGE MOUTHPIECE TO A CLEAN ONE AND HAND INSTRUMENT TO PARTICIPANT. BE SURE PARTICIPANT HOLDS THE INSTRUMENT LIGHTLY. THE SLOT SHOULD FACE AWAY FROM THE HAND SO THAT HIS/HER FINGERS DO NOT OBSTRUCT THE SLOT.

ONCE THE PARTICIPANT HAS COMPLETED THE PROCEDURE RECORD THE VALUE INDICATED BY THE MARKER ON THE SCALE. PUSH BACK THE MARKER TO THE LOWER END OF THE SCALE AND ASK RESPONDENT TO REPEAT THE PROCEDURE. BE SURE TO EMPHASIZE THAT HE/ SHE IS TO BLOW AS HARD AND AS FAST AS HE/SHE CAN.

<table>
<thead>
<tr>
<th>27 FIRST READING</th>
<th>28 SECOND READING</th>
<th>29 THIRD READING</th>
</tr>
</thead>
<tbody>
<tr>
<td><img src="162-164" alt="Image" /></td>
<td><img src="165-167" alt="Image" /></td>
<td><img src="168-170" alt="Image" /></td>
</tr>
</tbody>
</table>

INTERVIEWER:
IF READING IS LESS THAN 60, BUT GREATER THAN 0, RECORD AS 030.

30. INTERVIEWER OPINION OF UNDERSTANDING AND COMPLIANCE WITH LUNG TEST.

- EXCELLENT □ 1 (175)
- GOOD □ 2
- FAIR □ 3
- POOR □ 4

31. POSITION FOR LUNG TEST

- STANDING □ 1 (176)
- SITTING □ 2
- LYING □ 3

(P) 32. What is your weight?

CODE FRACTIONS TO NEXT HIGHEST POUND: FOR EXAMPLE "148 1/4" = 149.

(P) 33. What is your height?

CODE FRACTIONS TO NEXT HIGHEST INCH: FOR EXAMPLE "5 FEET 6 1/2 INCHES" = 5 FT. 07 INCHES.

(P) 34. In the past year have you gained or lost more than 10 pounds?

- YES, GAINED □ 1 (183)
- YES, LOST □ 2
- YES, BOTH GAINED AND LOST □ 3
- NO □ 4

35. What was your usual weight at age 50?

- POUNDS □ (184-186)

36. What was your usual weight at age 25?

- POUNDS □ (187-189)

37. At about 12 years of age, were you considered to be - much heavier than average, about average weight, or much thinner than average?

- MUCH HEAVIER THAN AVERAGE □ 1 (190)
- ABOUT AVERAGE WEIGHT □ 2
- MUCH THINNER THAN AVERAGE □ 3
- DK □ 8

38. At about 12 years of age, were you considered to be much taller than average, about average height, or much shorter than average?

- MUCH TALLER THAN AVERAGE □ 1 (191)
- ABOUT AVERAGE HEIGHT □ 2
- MUCH SHORTER THAN AVERAGE □ 3
- DK □ 8
The next questions are about medical conditions.

Have you ever been told by a doctor, nurse, therapist or medical assistant that you had any of the following conditions:

<table>
<thead>
<tr>
<th>CONDITION</th>
<th>IF YES OR SUSPECT ASK: (P)</th>
<th>What was (P) the name of the (last) hospital?</th>
</tr>
</thead>
<tbody>
<tr>
<td>(P) 39. Heart attack or coronary, or coronary thrombosis, or coronary occlusion or myocardial infarction?</td>
<td>WHEN WAS THE LAST TIME? (SPECIFY) (195-196)</td>
<td></td>
</tr>
<tr>
<td>YES</td>
<td>NO</td>
<td>DK</td>
</tr>
<tr>
<td>YES</td>
<td>2</td>
<td>(193)</td>
</tr>
<tr>
<td>(P) 40. Stroke or brain hemorrhage?</td>
<td>WHEN WAS THE LAST TIME? (SPECIFY) (210-211)</td>
<td></td>
</tr>
<tr>
<td>YES</td>
<td>NO</td>
<td>DK</td>
</tr>
<tr>
<td>YES</td>
<td>2</td>
<td>(199)</td>
</tr>
<tr>
<td>(P) 41. Cancer, malignancy or tumor of any type?</td>
<td>WHEN WAS THE LAST TIME? (SPECIFY) (212-213)</td>
<td></td>
</tr>
<tr>
<td>YES</td>
<td>NO</td>
<td>DK</td>
</tr>
<tr>
<td>YES</td>
<td>2</td>
<td>(206)</td>
</tr>
<tr>
<td>(P) 42. A broken or fractured hip?</td>
<td>WHEN WAS THE LAST TIME? (SPECIFY) (224-225)</td>
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<tr>
<td>YES</td>
<td>NO</td>
<td>DK</td>
</tr>
<tr>
<td>YES</td>
<td>2</td>
<td>(228)</td>
</tr>
<tr>
<td>(P) 43. Diabetes or sugar in the urine or high blood sugar?</td>
<td>WHEN WAS THE LAST TIME? (SPECIFY) (226-227)</td>
<td></td>
</tr>
<tr>
<td>YES</td>
<td>NO</td>
<td>DK</td>
</tr>
<tr>
<td>YES</td>
<td>2</td>
<td>(222)</td>
</tr>
<tr>
<td>(P) 44. High blood pressure?</td>
<td>WHEN WAS THE LAST TIME? (SPECIFY) (232-233)</td>
<td></td>
</tr>
<tr>
<td>YES</td>
<td>NO</td>
<td>DK</td>
</tr>
<tr>
<td>YES</td>
<td>2</td>
<td>(234)</td>
</tr>
</tbody>
</table>
(P) 45. Since the age of 50, have you ever been told by a doctor, nurse, therapist, or medical assistant that you had broken or fractured any other bones?

(P) a. What was it? (MOST RECENT IF MORE THAN ONE)

(SPECIFY)

(P) 46. Have you ever had any pain or discomfort in your chest?

YES □ 1

NO □ 2

GO TO ITEM 46b

a. Have you ever had any pressure or heaviness in your chest?

YES □ 1

NO □ 2

GO TO ITEM 48

b. Do you get this pain (or discomfort) when you walk uphill or hurry?

YES □ 1

NEVER WALKS UPHILL OR HURRIES □ 3

NO □ 2

GO TO ITEM 47
c. Do you get this pain or discomfort when you walk at an ordinary pace on the level?

YES □ 1

NO □ 2

d. What do you do if you get his pain while you are walking?

STOP OR SLOW DOWN □ 1

CONTINUE AT SAME PACE □ 3

TAKE A NITROGLYCERINE □ 2

GO TO ITEM 47

(Continue with item 46e on next page)

INTERVIEWER:

IF CONTINUED AFTER TAKING NITROGLYCERIN RECORD AS "STOP OR SLOW DOWN".
e. If you stand still, what happens to the pain?

- RELIEVED □ 1
- NOT RELIEVED □ 2

GO TO ITEM 47

f. How long is the pain relieved?

- 10 MINUTES OR LESS □ 1
- MORE THAN 10 MINUTES □ 2

GO TO ITEM 47

Will you show me where it was?

INTERVIEWER:
RECORD ALL AREAS MENTIONED.

- g) STERNUM (MIDDLE OR UPPER)
  - YES □ 1
  - NO □ 2

- h) STERNUM (LOWER)
  - YES □ 1
  - NO □ 2

- i) LEFT ANTERIOR CHEST
  - YES □ 1
  - NO □ 2

- j) LEFT ARM
  - YES □ 1
  - NO □ 2

k. Did you feel it anywhere else?

- YES □ 1
- NO □ 2

INTERVIEWER:
RECORD ADDITIONAL INFORMATION ON THE DIAGRAM ABOVE.

(P) 47. Have you ever had a severe pain across the front of your chest lasting half an hour or more?

- YES □ 1
- NO □ 2

GO TO ITEM 48

(P) a. Did you see a doctor because of this pain?

- YES □ 1
- NO □ 2

GO TO ITEM 47c

(P) b. What did he say it was?

SPECIFY

(P) c. How many of these attacks have you had?

SPECIFY

(P) 48. Do you get pain in either leg on walking?

- YES □ 1
- NO □ 2

GO TO ITEM 49

a. Does this pain ever begin when you are standing still or sitting?

- YES □ 1
- NO □ 2

GO TO ITEM 49

(Continue with Item 48b on next page)
INTERVIEWER:
IF CALVES NOT MENTIONED, ASK, "ANYWHERE ELSE?". IF STILL NOT MENTIONED INDICATE "PAIN DOES NOT INCLUDE CALF/CALVES".

b. In what part of your leg do you feel it?
    PAIN INCLUDES CALF/CALVES  □1
    PAIN DOES NOT INCLUDE CALF/CALVES □ 2 (28)
GO TO ITEM 49

c. Do you get this pain when you walk uphill or hurry?
    NEVER WALKS UPHILL OR HURRIES  □1
    NO  □ 2 (29)
GO TO ITEM 49

d. Do you get this pain when you walk at an ordinary pace on the level?
    YES □1
    NO □ 2 (30)

e. Does this pain ever disappear while you are still walking?
    YES □1
    NO □ 2 (31)
GO TO ITEM 49

f. What do you do if you get this pain while walking?
    CONTINUE AT SAME PACE □ 1
    NOT RELIEVED □ 2 (32)
GO TO ITEM 49

    STOP OR SLACKEN PACE □ 1
    NOT RELIEVED □ 2 (33)
GO TO ITEM 49

    10 MINUTES OR LESS □ 1 (34)
    MORE THAN 10 MINUTES □ 2

(P) 49. Do you get shortness of breath that requires you to stop and rest?
    YES □1
    NO □ 2 (35)
GO TO ITEM 50

(P) a. Do you get it walking on level ground or climbing a single flight of stairs?

50. Do you get shortness of breath when you are lying down flat?
    YES □ 1
    NO □ 2 (36)
GO TO ITEM 51

    a. Does this shortness of breath improve when you sit up or do you use extra pillows at night to prevent it?
    YES □1
    NO □ 2 (37)
GO TO ITEM 51

51. Do you get severe shortness of breath which wakes you up while lying down asleep?
    YES □ 1
    NO □ 2 (38)

(P) 52. Do you usually cough first thing in the morning (on getting up) in the winter?

    a. Does this shortness of breath improve when you sit up or do you use extra pillows at night to prevent it?
    YES □1
    NO □ 2 (39)
GO TO ITEM 51

52. Do you usually cough first thing in the morning (on getting up) in the winter?
    YES □ 1
    NO □ 2 (40)

INTERVIEWER:
INCLUDE A COUGH WITH FIRST SMOKE OR ON FIRST GOING OUT OF DOORS. EXCLUDE CLEARING THROAT OR A SINGLE COUGH.

53. Do you usually cough during the day (or at night) in the winter?
    YES □ 1
    NO □ 2 (41)

INTERVIEWER:
IGNORE AN OCCASIONAL COUGH.
54. Do you cough like this on most days (or nights) for as much as three months each year?
   YES 1  NO 2

55. Do you usually bring up any phlegm from your chest first thing in the morning (on getting up) in the winter?
   YES 1  NO 2

56. Do you usually bring up any phlegm from your chest at least twice during the day (or at night) in the winter?
   YES 1  NO 2

57. Do you bring up phlegm like this on most days (or nights) for as much as three months each year?
   YES 1  NO 2  GO TO ITEM 58
   a. Have you had phlegm like this for 3 years or more?
      YES 1  NO 2

(P) 58. Does your chest ever sound wheezing or whistling?
   YES 1  NO 2  GO TO ITEM 59
   (P) a. Do you get this most days (or nights)?
      YES 1  NO 2

(P) 59. Have you ever had attacks of shortness of breath with wheezing?
   NO 2  GO TO ITEM 60
   (P) a. Is (was) your breathing absolutely normal between attacks?
      YES 1  NO 2

Now, I would like to ask you about medicines,

(P) 60. During the past two weeks, did you take any medicine prescribed by a doctor?
   YES 1  NO 2

(P) 61. Now, about drugs not usually prescribed by a doctor such as vitamin preparations including multivitamins, vitamin C, vitamin A, vitamin D, or vitamin E... During the past two weeks have you taken any of these or any other vitamin preparations?
   YES 1  NO 2

(p) 62. We are also interested in other medicines not prescribed by a doctor such as aspirin, Tylenol, Bufferin, Anacin, headache pills or pain killers, laxatives or bowel medicines, cold medicines, cough medicines, sleep medicines, antacids or stomach medicines, ointments or salves... During the past two weeks have you taken any of these or any other medicines from the drugstore?

IF NO TO ITEM 60, AND ITEM 61, AND ITEM 62, GO TO ITEM 63

— 11 —
IF YES TO ANY OF ITEM 60, ITEM 61 OR ITEM 62 ASK:
May I please see all these medicines for the past 2 weeks?

INTERVIEWER:
RECORD ALL MEDICATIONS TAKEN WITHIN THE PAST 2 WEEKS WHETHER AVAILABLE FOR INSPECTION OR NOT.

<table>
<thead>
<tr>
<th>Name of Medicine from Container</th>
<th>On the average how many pills (capsules or other dosage units) of this did you take per day during the past 2 weeks?</th>
<th>Record Only If Name of Medicine Not Available from Container, Pharmacy and Prescription Number</th>
<th>Drug Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>(P) 1.</td>
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<tr>
<td>Seen: YES ☐ NO ☐ [54]</td>
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<td>(P) 2.</td>
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<tr>
<td>Seen: YES ☐ NO ☐ [68]</td>
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<td>(P) 3.</td>
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<td>Seen: YES ☐ NO ☐ [80]</td>
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<td>(P) 4.</td>
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<tr>
<td>Seen: YES ☐ NO ☐ [96]</td>
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<td>(P) 5.</td>
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<td>Seen: YES ☐ NO ☐ [110]</td>
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<td>(P) 6.</td>
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<td>Seen: YES ☐ NO ☐ [124]</td>
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<td>(P) 7.</td>
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<td>Seen: YES ☐ NO ☐ [138]</td>
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<td>(P) 8.</td>
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<tr>
<td>Seen: YES ☐ NO ☐ [152]</td>
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<td>(P) 9.</td>
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<tr>
<td>Seen: YES ☐ NO ☐ [166]</td>
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<tr>
<td>(P) 10.</td>
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<tr>
<td>Seen: YES ☐ NO ☐ [180]</td>
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</tbody>
</table>

INTERVIEWER:
IF PARTICIPANT HAS MORE THAN 10 MEDICATIONS LIST ADDITIONAL MEDICATIONS ON SUPPLEMENTAL MEDICATION FORM.
INTERVIEWER:
IF PARTICIPANT HAS SPECIFIED A DIGITALIS PREPARATION IN THE MEDICATION TABLE, DO NOT ASK ITEM 63 THROUGH 63c, BUT DO ASK ITEM 63d AND FILL IN 63 THROUGH 63c ACCORDING TO RESPONSE IN THE MEDICATION TABLE.

(P) 63. Have you ever taken any digitalis, digoxin, Lanoxin, or digitoxin pills?

YES □ 1
NO □ 2

GO TO ITEM 64

(P) a. What is/was its brand or name?

(SPECIFY)

GO TO ITEM 63d

(P) b. Do you still take this pill now?

YES □ 1
NO □ 2

GO TO ITEM 63d

(P) c. On the average, how many pills of this did you take per day during the past 2 weeks?

No. Per Day

(P) d. For how long have you taken/did you take it?

Yrs.

LESSTHAN 1 YEAR = 01

(P) 64. Do you smoke cigarettes regularly now?

YES □ 1
NO □ 2

GO TO ITEM 646

(P) a. Did you ever smoke cigarettes regularly?

YES □ 1
NO □ 2

GO TO ITEM 65

(P) b. On the average how many cigarettes per day did you usually smoke? (One pack equals 20 cigarettes.)

Cigarettes

(P) c. How old were you when you last smoked cigarettes regularly?

Yrs.

GO TO ITEM 65

(P) d. How old were you when you first smoked cigarette regularly?

Yrs.

GO TO ITEM 65

(P) e. On the average, how many cigarettes per day do you usually smoke? (One pack equals 20 cigarettes).

Cigarettes

(P) f. How old were you when you first smoked cigarettes regularly?

Yrs.
Now, I have some questions about beverages which contain alcohol. There are many different kinds of these beverages and we would like to talk about one type at a time. First some questions about beer and ale.

65. Have you had any beer or ale during the past year?

   a. We are especially interested in recent times. Have you had any beer or ale in the past month?

   (P) a. YES b. NO  

   GO TO ITEM 66

   (P) b. Over the past month how many cans or bottles did you usually have at one time?

   (P) c. When you had beer or ale, how many cans or bottles did you usually have at one time?

   LESS THAN ONE CAN OR BOTTLE = 55

   INTERVIEWER:  
   FOR ITEMS 65b, 66b, AND 67b IF RESPONSE IS GIVEN IN TERMS OF TIMES PER MONTH, CODE ACTUAL NUMBER GIVEN. FOR EXAMPLE "16 TIMES PER MONTH" = "16". IF RESPONSE IS GIVEN IN TERMS OF PER WEEK OR PER DAY USE GUIDE BELOW:

   3 OR MORE TIMES PER DAY = 90
   2 TIMES PER DAY = 60
   1 TIME PER DAY = 30
   6 TIMES PER WEEK = 26
   5 TIMES PER WEEK = 22
   4 TIMES PER WEEK = 17
   3 TIMES PER WEEK = 13
   2 TIMES PER WEEK = 09
   1 TIME PER WEEK = 04

66. Next, some questions about wine. Have you had any wine during the past year?

   a. Have you had any wine in the past month?

   (P) a. YES b. NO  

   GO TO ITEM 67

   (P) b. Over the past month, how often have you had wine?

   (P) c. When you had wine, how many glasses did you usually have at one time?

   LESS THAN ONE GLASS = 55
67. Have you had any liquor in the past year, that is things like whiskey, vodka, gin, brandy, or liqueurs?

   YES [ ] 1
   NO [ ] 2
   GO TO ITEM 68

(P) a. Have you had any liquor in the past month?

   YES [ ] 1
   NO [ ] 2
   GO TO ITEM 68

(P) b. Over the past month, how often have you had liquor?

(P) c. When you had it, how many drinks did you usually have at one time?

   LESS THAN ONE DRINK = 55

68. Has there ever been a time when you drank quite a bit more than you drink now?

   YES [ ] 1
   NO [ ] 2

Now, a few questions about your teeth and mouth.

(P) 69. Have you lost all your teeth from your upper jaw?

   YES [ ] 1
   NO [ ] 2
   GO TO ITEM 70

(P) a. Do you have a denture or plate for your upper jaw?

   YES [ ] 1
   NO [ ] 2

(P) 70. Have you lost all your teeth from your lower jaw?

   YES [ ] 1
   NO [ ] 2
   GO TO ITEM 71

(P) a. Do you have a denture or plate for your lower jaw?

   YES [ ] 1
   NO [ ] 2

71. In the past month have you noted clicking, popping, snapping or grating when opening or closing your jaw?

72. In the past month how often have you been botherred by dryness of your mouth — not at all, a little, a fair amount, a lot, or all the time?

   NOT AT ALL [ ] 1
   A LITTLE [ ] 2
   A FAIR AMOUNT [ ] 3
   A LOT [ ] 4
   ALL THE TIME [ ] 5

(P) 73. When was the last time you saw a dentist?

   NEVER [ ] 6
   DK [ ] 8
   (SPECIFY)

   LESS THAN 1 MONTH AGO [ ] 1
   1-6 MONTHS AGO [ ] 2
   > 6 MONTHS TO 3 YEARS AGO [ ] 3
   > 3 YEARS TO 5 YEARS AGO [ ] 4
   > 5 YEARS AGO [ ] 5

Now, I have some questions about headaches.

(P) 74. Have you had a headache within the past year, that is since

   DATE 1 YEAR AGO [ ] 1
   NO [ ] 2
   GO TO ITEM 75

(P) a. How often do you get a headache—would you say that it is about once a year or less, several times a year, once a month, several times a month, once a week, or several times a week?

   ONCE A YEAR OR LESS [ ] 1
   SEVERAL TIMES A YEAR [ ] 2
   ONCE A MONTH [ ] 3
   SEVERAL TIMES A MONTH [ ] 4
   ONCE A WEEK [ ] 5
   SEVERAL TIMES A WEEK [ ] 6

   - 1 5 -
b. How severe are your headaches — would you say they are usually not severe at all, slightly severe, moderately severe, quite severe, or extremely severe?

c. How often are your headaches throbbing or thumping — would you say it is never, sometimes, usually, or always?

d. How often are your headaches on one side only — is it never, sometimes, usually, or always?

e. Before you get a headache do you know that one is coming?

YES ☐ 1

f. What do you notice?

(SPECIFY RESPONSE)

g. When you have a headache do you notice any changes in your vision?

h. How often do you feel sick or nauseated when you have your headaches — is it never, sometimes, usually, or always?

i. How often do you vomit when you have your headaches — is it never, sometimes, usually, or always?

(P) 75. Which hand do you usually use to write a letter?

(P) 76. Which hand do you usually use to cut paper or cloth with scissors?

PROJECT I.D. NUMBER CARD

The next few questions are about your feelings during the past week. For each of the following statements, please tell me if you felt that way much of the time during the past week.

77. I felt that everything I did was an effort — have you felt this way much of the time during the past week?

YES ☐ 1 NO ☐ 2

78. My sleep was restless —

79. I felt depressed —

80. I was happy —

INTERVIEWER: REPEAT ITALICIZED PORTION AS NECESSARY.

— 16 —
81. I felt lonely —

82. People were unfriendly —

83. I enjoyed life —

84. I felt sad —

85. I felt that people disliked me —

86. I could not get “going” —

Now, a few questions about your joints.
In the past year, that is since

______________________________ have you had:
M O N T H 1 Y E A R A G O

(P87) Pain or aching in any of your joints on most days for at least one month?

YES 1
NO 2
GO TO ITEM 88

(P) a. Pain in your neck or back on most days for at least one month?

YES 1
NO 2

(P) b. Pain in or around either hip joint including the buttock, groin, and side of the upper thigh on most days for at least one month?

YES 1
NO 2

(P) c. Pain in or around the knee including the back of the knee on most days for at least one month?

YES 1
NO 2

(P) d. Swelling at a joint, with pain present in the joint when touched, on most days for at least one month?

YES 1
NO 2

(P)88. Stiffness in the joints and muscles when getting out of bed in the morning lasting for at least 15 minutes?

YES 1
NO 2
This next set of questions is about everyday activities. For each activity I'll ask you two things: First, I'll ask, other than when you might have been in the hospital, if there was any time in the past 12 months in which you needed help from some person or from some equipment or device to do the activity. Second, I'll ask, how much difficulty you have, on the average, doing each activity.

INTERVIEWER:
RECORD ANY HELP AS HELP, REPEAT LEAD AND ITALIZED CATEGORIES AS NEEDED FOR ITEMS 89 THROUGH 95.

(P) 89. Walking across a small room?
   NO HELP □ 1
   HELP □ 2
   UNABLE TO DO □ 3
   (P) a. Is this help from a person, from special equipment or both?
     PERSON □ 1
     SPECIAL EQUIPMENT □ 2
     BOTH □ 3
   (P) b. Do you still require this help?
     YES □ 1
     NO □ 2
   c. (With this help) How much difficulty, on the average do you have doing this — no difficulty at all, a little difficulty, some difficulty, or a lot of difficulty?
     NO DIFFICULTY AT ALL □ 1
     A LITTLE DIFFICULTY □ 2
     SOME DIFFICULTY □ 3
     A LOT OF DIFFICULTY □ 4

(P) 90. Bathing, either a sponge bath, tub bath, or shower?
   NO HELP □ 1
   HELP □ 2
   UNABLE TO DO □ 3
   (P) a. Is this help from a person, from special equipment or both?
     PERSON □ 1
     SPECIAL EQUIPMENT □ 2
     BOTH □ 3
   (P) b. Do you still require this help?
     YES □ 1
     NO □ 2
   c. (With this help) How much difficulty, on the average do you have doing this — no difficulty at all, a little difficulty, some difficulty, or a lot of difficulty?
     NO DIFFICULTY AT ALL □ 1
     A LITTLE DIFFICULTY □ 2
     SOME DIFFICULTY □ 3
     A LOT OF DIFFICULTY □ 4

(P) 91. Personal grooming, like brushing hair, brushing teeth, or washing face?
   NO HELP □ 1
   HELP □ 2
   UNABLE TO DO □ 3
   (P) a. Is this help from a person, from special equipment or both?
     PERSON □ 1
     SPECIAL EQUIPMENT □ 2
     BOTH □ 3
   (P) b. Do you still require this help?
     YES □ 1
     NO □ 2
   (Continue with item 91c on next page)
c. (With this help) How much difficulty, on the average do you have doing this — no difficulty at all, a little difficulty, some difficulty, or a lot of difficulty?

(P) 92. Dressing, like putting on a shirt, buttoning and zipping, or putting on shoes?

NO HELP □ 1
GO TO ITEM 92c

HELP □ 2

UNABLE TO DO □ 3
GO TO ITEM 93

(P) a. Is this help from a person, from special equipment or both?

PERSON □ 1

SPECIAL EQUIPMENT □ 2

BOTH □ 3

(P) b. Do you still require this help?

YES □ 1

NO □ 2

(P) c. (With this help) How much difficulty, on the average do you have doing this — no difficulty at all, a little difficulty, some difficulty, or a lot of difficulty?

NO DIFFICULTY AT ALL □ 1

A LITTLE DIFFICULTY □ 2

SOME DIFFICULTY □ 3

A LOT OF DIFFICULTY □ 4

(P) 93. Eating, like holding a fork cutting food, or drinking from a glass?

NO HELP □ 1
GO TO ITEM 93c

HELP □ 2

UNABLE TO DO □ 3
GO TO ITEM 94

(P) a. Is this help from a person, from special equipment or both?

PERSON □ 1

SPECIAL EQUIPMENT □ 2

BOTH □ 3

(P) b. Do you still require this help?

YES □ 1

NO □ 2

(P) c. (With this help) How much difficulty, on the average do you have doing this — no difficulty at all, a little difficulty, some difficulty, or a lot of difficulty?

NO DIFFICULTY AT ALL □ 1

A LITTLE DIFFICULTY □ 2

SOME DIFFICULTY □ 3

A LOT OF DIFFICULTY □ 4

(P) 94. Getting from a bed to a chair?

NO HELP □ 1
GO TO ITEM 94c

HELP □ 2

UNABLE TO DO □ 3
GO TO ITEM 95

(P) a. Is this help from a person, from special equipment or both?

PERSON □ 1

SPECIAL EQUIPMENT □ 2

BOTH □ 3

(P) b. Do you still require this help?

YES □ 1

NO □ 2

(P) c. (With this help) How much difficulty, on the average do you have doing this — no difficulty at all, a little difficulty, some difficulty, or a lot of difficulty?

NO DIFFICULTY AT ALL □ 1

A LITTLE DIFFICULTY □ 2

SOME DIFFICULTY □ 3

A LOT OF DIFFICULTY □ 4
(P) 95. Using the toilet?
   NO HELP □ 1  HELP □ 2  UNABLE TO DO □ 3
   GO TO ITEM 95c
   (P) a. Is this help from a person, from special equipment or both?
   (P) b. Do you still require this help?
   (P) c. (With this help) How much difficulty on the average do
   you have doing this — no difficulty at all, a little difficulty, some difficulty, or a
   lot of difficulty?
   (P) 96. Are you able to do heavy work around the house, like washing windows, walls, or floors without help?
   (P) 97. Are you able to walk up and down stairs to the second floor without help?
   (P) 98. Are you able to walk half a mile without help? That’s about 8 ordinary blocks.

Now, I’m going to ask you about how difficult it is, on the average, to do similar kinds of activities. For each thing tell me whether you have — no difficulty at all, a little difficulty, some difficulty, a lot of difficulty, or just unable to do it?

---

INTERVIEWER: REPEAT ITALICIZED CATEGORIES AS NECESSARY.

99. To begin, how much difficulty, if any, do you have pulling or pushing large objects like a living room chair. Would you say you have — no difficulty at all, a little difficulty, a lot of difficulty, or just unable to do it?

100. What about stooping, crouching, or kneeling. Do you have — no difficulty at all, a little difficulty, some difficulty, a lot of difficulty, or just unable to do it?

101. Lifting or carrying weights over 10 pounds, like a very heavy bag of groceries. Do you have — no difficulty at all, a little difficulty, a lot of difficulty, or just unable to do it?

102. Reaching or extending arms above shoulder level. Do you have — no difficulty at all, a little difficulty, some difficulty, a lot of difficulty, or just unable to do it?

103. Either writing or handling or fingering small objects. Do you have — no difficulty at all, a little difficulty, some difficulty, a lot of difficulty, or just unable to do it?

---

- 20 —
Now, I have some brief questions about your bowels and urine.

104. In the past few months have you ever lost control of your bowels when you didn’t want to? YES \( q \ 1 \) \( n \) \( 1 \) \( 2 \) \( 3 \) \( 4 \) \( 5 \)
NO \( q \ 2 \)

(P) 105. How often do you have difficulty holding your urine until you can get to a toilet — never, hardly ever, some of the time, most of the time, or all of the time? NEVER \( q \ 1 \)
HARDLY EVER \( q \ 2 \)
SOME OF THE TIME \( q \ 3 \)
MOST OF THE TIME \( q \ 4 \)
ALL OF THE TIME \( q \ 5 \)

Now, about common types of physical activity. For each type of activity I will ask you if you do it — frequently, sometimes, rarely, or never?

(P) 106. How often do you take walks in good weather? Would you say it is frequently, sometimes, rarely, or never?
FREQUENTLY \( q \ 1 \)
SOMETIMES \( q \ 2 \)
RARELY \( q \ 3 \)
NEVER \( q \ 4 \)

INTERVIEWER: REPEAT ITALICIZED PORTION AS NEEDED FOR ITEMS 106 THROUGH 108.

(P) 107. How often do you work around your house or apartment?
FREQUENTLY \( q \ 1 \)
SOMETIMES \( q \ 2 \)
RARELY \( q \ 3 \)
NEVER \( q \ 4 \)

(P) 108. How often do you work in the garden in the spring or summer?
FREQUENTLY \( q \ 1 \)
SOMETIMES \( q \ 2 \)
RARELY \( q \ 3 \)
NEVER \( q \ 4 \)

(P) 109. At least once a week do you engage in any regular activity akin to brisk walking, jogging, bicycling, etc. long enough to work up a sweat?
YES \( q \ 1 \)
NO \( q \ 2 \) GO TO ITEM 110 \( n \)

(P) a. How many times per week?

The next set of questions concerns memory. Although it is a popular belief that our memories begin to slip as we get older, doctors believe that there are many different factors that cause memory problems, including certain physical illnesses, certain medicines, and a person’s emotional slate, among other things. We are trying to find some of these causes. The questions may seem unusual, but they are routine ones we ask of everyone. Some of the questions are difficult, so do not be surprised if you have trouble with some of them.

110. I'd like you to repeat some numbers. I'm going to say the numbers first, and when I'm through, I want you to say them right after me.
7-4-2-9-6

(SPECIFY RESPONSE)
CORRECT \( q \ 1 \)
GO TO STORY \( n \)
ANY ERROR \( q \ 2 \)

a. And now another set of numbers. Say them right after me. 5-1-6-4

(SPECIFY RESPONSE)
CORRECT \( q \ 1 \)
ANY ERROR \( q \ 2 \)
I’m going to read you a short story and when I’m through I’m going to wait a few seconds and then ask you to
tell me as much as you can remember.

The story is: SLOWLY

Three children were alone at home and the house caught on fire. A brave fireman managed to climb in a back
window and carry them to safety. Aside from minor cuts and bruises, all were well.

PAUSE FOR FEW SECONDS.

Please tell me the story.

IDEAS PRESENT IN ANSWER

111. THREE CHILDREN PRESENT 1  (71)
112. HOUSE ON FIRE - ABSENT 2
113. FIREMAN CLIMBED IN — ABSENT 2
114. CHILDREN RESCUED - PRESENT 1  (72)
115. MINOR INJURIES — PRESENT 1  (73)
116. EVERYONE WELL — PRESENT 1  (74)

INTERVIEWER:
REVIEW IDEAS ABOVE AND CHECK EITHER
BOX A OR BOX B.

117. ALL IDEAS PRESENT OR ONLY ONE IDEA ABSENT A
TWO OR MORE IDEAS ABSENT OR REFUSED B

118. What does the saying mean: “Rome was not built in a day.” Would you say it means - it takes some things
longer to happen than others; or that it means — it took a number of years; or that it means — great things
come about slowly; or that it means - you can’t do certain things in a day.

IT TAKES SOME THINGS LONGER TO HAPPEN THAN OTHERS 1  (77)
IT TOOK A NUMBER OF YEARS 2
GREAT THINGS COME ABOUT SLOWLY 3
YOU CAN’T DO CERTAIN THINGS IN A DAY 4

119. And now another saying, what does this saying mean: “Barking dogs seldom bite.” Would you say it means
- too busy barking to bite; or that it means — things that make noise seldom are dangerous; or that it
means barking dogs are friendly dogs; or that it means — a man who brags isn’t likely to live up to it.

TOO BUSY BARKING TO BITE 1  (78)
THINGS THAT MAKE NOISE SELDOM ARE DANGEROUS 2
BARKING DOGS ARE FRIENDLY DOGS 3
A MAN WHO BRAGS ISN’T LIKELY TO LIVE UP TO IT 4

INTERVIEWER:
REVIEW RESPONSES TO BOTH PROVERBS ABOVE.

120. Response to Item 118 “Rome” proverb. 1 OR 3 q A
2 OR 4 q B

121. Response to Item 119 “Barking Dogs” proverb. 2 OR 4 q A
1 OR 3 q B

PLEASE DOUBLE CHECK TO BE SURE YOU HAVE
CLASSIFIED THE RESPONSES CORRECTLY.
INTERVIEWER:
LOOK AT ITEM 117, FOLLOWING THE STORY. IF TWO OR MORE IDEAS ABSENT OR REFUSED—
BOX B CHECKED - ADMINISTER SUB-SECTION A BELOW. IF BOX A CHECKED, GO TO DIRECTIONS PRECEDING SUB-SECTION B.

SUB-SECTION A

Please recall the short story I read you a few moments ago and tell me as much as you can remember of the story now.

IDEAS PRESENT IN ANSWER

122. THREE CHILDREN —
PRESENT □ 1 (79)
ABSENT □ 2

123. HOUSE ON FIRE —
PRESENT □ 1 (80)
ABSENT □ 2

124. FIREMAN CLIMBED IN —
PRESENT □ 1 (81)
ABSENT □ 2

125. CHILDREN RESCUED —
PRESENT □ 1 (82)
ABSENT □ 2

126. MINOR INJURIES—
PRESENT □ 1 (83)
ABSENT □ 2

127. EVERYONE WELL—
PRESENT □ 1 (84)
ABSENT □ 2

INTERVIEWER:
IF FOUR OR MORE IDEAS ABSENT OR REFUSED CONTINUE THIS SUB-SECTION. IF THREE OR FEWER IDEAS ABSENT, GO TO DIRECTIONS PRECEDING SUB-SECTION B.

Now, I’m going to show you some pictures of objects. For each picture I’d like you to tell me the exact name of the object.

128. PRESENT PICTURE 1.

(SPECIFY ANSWER)
CORRECT ANSWER = TRELLIS

129. PRESENT PICTURE 2.

(SPECIFY ANSWER)
CORRECT ANSWER = BRIEFCASE

IF BOTH ITEM 128 AND 129 INCORRECT OR REFUSED GO TO ITEM 130. IF EITHER CORRECT GO TO DIRECTIONS PRECEDING SUB-SECTION B.

130. PRESENT PICTURE 3.

(SPECIFY ANSWER)
CORRECT ANSWER = ACCORDION

— 23 —
131. PRESENT PICTURE 4.

(SPECIFY ANSWER)

CORRECT ANSWER = FAUCET

132. PRESENT PICTURE 5.

(SPECIFY ANSWER)

CORRECT ANSWER = FUNNEL

133. Now I would like you to copy this design.

INTERVIEWER:

GIVE PARTICIPANT DESIGN FORM

INTERVIEWER:

PASTE DESIGN FORM HERE

SCORE (90)
INTERVIEWER:
LOOK AT ITEMS 120 AND 121 FOLLOWING THE PROVERBS. IF BOTH “B” BOXES CHECKED, ADMINISTER SUB-SECTION B BELOW, IF EITHER “A” BOX CHECKED, GO TO TRANSITION STATEMENT AT BOTTOM OF PAGE.

SUB-SECTION B

In a moment I will ask you to name in 60 seconds all the words you can think of that begin with a particular letter. Proper names such as John or Japan are not allowed. Do you have any questions? . . . The letter is “S”. Please begin,

134. Record words in first 15 seconds:


NUMBER IN FIRST 15 SECONDS (91-92)

135. Record words in second 15 seconds:


NUMBER IN SECOND 15 SECONDS (93-94)

136. Record words in third 15 seconds:


NUMBER IN THIRD 15 SECONDS (95-96)

137. Record words in fourth 15 seconds:


NUMBER IN FOURTH 15 SECONDS (97-98)

Now we have just a few more questions concerned with memory. These questions ask about particular bits of information that “many people seem to forget from time to time. They are routine questions we ask everyone, and may or may not apply to you directly.

— 25 -
138. What is the date today? SCORED CORRECT — CORRECT □ 1 (99) ONLY WHEN THE EXACT MONTH, EXACT DATE, AND EXACT YEAR ARE GIVEN CORRECTLY.
INCORRECT □ 2 CORRECT WITH AID □ 3

139. What day of the week is it? CORRECT □ 1 (100) INCORRECT □ 2 CORRECT WITH AID □ 3

140. How old are you? MUST BE — CORRECT □ 1 (101) VERIFIED ACCORDING TO DATE OF BIRTH.
INCORRECT □ 2

141. When were you born? SCORED CORRECT — CORRECT □ 1 (102) ONLY WHEN THE MONTH, EXACT DATE, AND YEAR ARE ALL GIVEN.
INCORRECT □ 2

142. Who is the president of the U.S.? REQUIRES ONLY — CORRECT □ 1 (103) THE LAST NAME OF THE PRESIDENT.
INCORRECT □ 2 CORRECT WITH AID □ 3

143. Who was president just before him? REQUIRES ONLY — CORRECT □ 1 (104) THE LAST NAME OF THE PREVIOUS PRESIDENT.
INCORRECT □ 2 CORRECT WITH AID □ 3

144. Subtract 3 from 20, and keep subtracting 3 from each new number all the way down. REQUIRES THAT — CORRECT □ 1 (105) THE ENTIRE SERIES MUST BE PERFORMED CORRECTLY IN ORDER TO BE SCORED AS CORRECT. ANY ERROR IN THE SERIES IS SCORED AS INCORRECT.
INCORRECT □ 2 CORRECT WITH AID □ 3

INTERVIEWER: CORRECT RESPONSE IS: 17, 34, 11, 8, 5, 2.

—26 —
Now, I would like to get some information about how well you sleep.

145. How often do you have trouble falling asleep? Would you say it is — most of the time, sometimes, or rarely or never?  

INTERVIEWER: 
REPEAT ITALICIZED CATEGORIES AS NECESSARY FOR ITEMS 145 THROUGH 150.

<table>
<thead>
<tr>
<th>MOST OF THE TIME</th>
<th>SOMETIMES</th>
<th>RARELY OR NEVER</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

146. How often do you have trouble with waking up during the night?  

147. How often do you have trouble with waking up too early and not being able to fall asleep again?  

148. How often do you get so sleepy during the day or evening that you have to take a nap?  

149. How often do you feel really rested when you wake up in the morning?  

150. How many hours do you usually sleep at night?  

The next few questions are about personality traits and qualities. Please tell me if any of the following traits and qualities describe you fairly well.

(P) 151. Being hard-driving and competitive. Does this describe you fairly well?  

INTERVIEWER: 
REPEAT ITALICIZED PORTION AS NEEDED FOR ITEMS 151 THROUGH 153.

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

(P) 152. Being usually pressed for time?  

(P) 153. Eating too quickly?  

Please tell me if you are likely to do any of the following when you are really angry and annoyed.

(P) 154. When you are really angry and annoyed are you likely to...  

INTERVIEWER: 
ITALICIZED PORTION MAY BE REPEATED AS NECESSARY FOR ITEMS 154 THROUGH 156.

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

(P) 155. Blame someone else?  

(P) 156. Talk to a friend or relative?  

—27—
157. About how often do you get out of your house/apartment for any reason — every day or almost every day, a few times a week, about once a week, several times a month but more than just for emergencies, never or almost never except for emergencies?

NEVER OR ALMOST NEVER 5
EVERY DAY OR ALMOST EVERY DAY 1
A FEW TIMES A WEEK 2
ABOUT ONCE A WEEK 3
SEVERAL TIMES A MONTH 4
BUT MORE THAN JUST FOR EMERGENCIES 4

a. How often are you able to go to the places you would like to — would you say you go as often as you'd like, most of the time or not nearly as often as you'd like?

OFTEN 1
MOST OF THE TIME 2
NOT NEARLY AS OFTEN 3

b. Do you find getting where you need to go is usually a big problem, a little problem, or no problem at all?

BIG PROBLEM 1
LITTLE PROBLEM 2
NO PROBLEM AT ALL 3

158. Who usually does most of the housekeeping like washing clothes and cleaning here?

SELF 1
SPOUSE 2
OTHER HOUSEHOLD MEMBERS 3
OTHER FRIEND OR RELATIVE 4
PUBLIC/SOCIAL/COMMUNITY AGENCY SOURCE 5
PAID PRIVATE SOURCE 6
SELF AND OTHER HOUSEHOLD MEMBERS 7
OTHER (SPECIFY) 8

159. In general, is there any problem getting the housekeeping done, like cleaning and washing, or not?

PROBLEM 1
NOT A PROBLEM 2
GO TO ITEM 160 3

a. Would say that this is a very serious problem, a somewhat serious problem, or not too serious a problem?

VERY SERIOUS PROBLEM 1
SOMETHAT SERIOUS PROBLEM 2
NOT TOO SERIOUS PROBLEM 3

160. Who usually prepares your food?

SELF 1
SPOUSE 2
OTHER HOUSEHOLD MEMBERS 3
OTHER FRIEND OR RELATIVE 4
PUBLIC/SOCIAL/COMMUNITY AGENCY SOURCE 5
PAID PRIVATE SOURCE 6
SELF AND OTHER (EQUAL RESPONSIBILITY) 7
OTHER (SPECIFY) 8

161. At the present time, is getting the food prepared usually — a big problem, a little problem, or no problem at all?

BIG PROBLEM 1
LITTLE PROBLEM 2
NO PROBLEM 3

162. How much of a problem is shopping for food and other things you need around the house — is it a big problem, a little problem, or no problem at all?

BIG PROBLEM 1
LITTLE PROBLEM 2
NO PROBLEM 3

163. How often is the food shopping done — would you say it's — as often as you'd like, not quite as often as you'd like, or not nearly as often as you'd like?

OFTEN 1
NOT QUITE AS OFTEN 2
NOT NEARLY AS OFTEN 3
(P) 164. Who usually does the food shopping?

SELF SEL

SPOUSE SPOUSE

OTHER HOUSEHOLD MEMBERS

OTHER FRIEND OR RELATIVE

PUBLIC/SOCIAL/COMMUNITY

AGENCY SOURCE

PAID PRIVATE SOURCE

SELF AND OTHER (EQUAL RESPONSIBILITY)

OTHER (SPECIFY)

(P) 165. If you were sick, is there someone — either in your household or not — you could call on to help out around the house or to help take care of you?

YES [ ] 1

NO [ ] 2

GO TO ITEM 166

(P) a. Who is that?

SPOUSE [ ] 1

OTHER HOUSEHOLD MEMBERS

OTHER FRIEND OR RELATIVE

PUBLIC/SOCIAL/COMMUNITY

AGENCY SOURCE

PAID PRIVATE SOURCE

DIFFERENT PEOPLE AT DIFFERENT TIMES

OTHER (SPECIFY) [ ] 7

(P) 166. In an emergency, is there someone you could call on to get help for you right away?

YES [ ] 1

NO [ ] 2

I want to ask you about clubs and organizations that some people belong to,

INTERVIEWER:

EACH GROUP SHOULD ONLY BE COUNTED ONCE.

(P) 167. A labor union, commercial group, professional organization? YES [ ] 1

NO [ ] 2

(P) 168. A social or recreational group? YES [ ] 1

NO [ ] 2

(P) 169. Church-related group? YES [ ] 1

NO [ ] 2

(p) 170. A group concerned with children? (PTA, Boy Scouts) YES [ ] 1

NO [ ] 2

(P) 171. Any other group? [ ] SPECIFY

YES [ ] 1

NO [ ] 2

Since our health can be affected by our relations with other people, we would like to ask a few questions about your family and friends.

172. Do you have any living children?

YES [ ] 1

NO [ ] 2

GO TO ITEM 173

(P) a. How many living children do you have?

(P) b. How many do you see at least once-a-month?

(P) c. How many of your children live within one-half hour travel of you?

(P) d. If we consider only the child you have seen in person the most frequently during the past 12 months, how often would you say that you have seen this child — almost every day, a few times a week, once a week, a few times a month, once a month, every few months, or less often?

(Continue with item 172e on next page)
173. Other than your children, how many relatives do you have that you feel close to, that is people that you feel at ease with, can talk to about private matters or can call on for help — none, 1 or 2, 3 to 5, 6 to 9, or 10 or more?

<table>
<thead>
<tr>
<th>Category</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>1</td>
</tr>
<tr>
<td>1 or 2</td>
<td>2</td>
</tr>
<tr>
<td>3 to 5</td>
<td>3</td>
</tr>
<tr>
<td>6 to 9</td>
<td>4</td>
</tr>
<tr>
<td>10 or more</td>
<td>5</td>
</tr>
</tbody>
</table>

---

Interviewer:

For Item 173 a and b do not list response categories higher than those noted above by the participant. For example, if participant specifies 3 to 5 relatives, do not mention "6 to 9" or "10 or more" categories.

---

174. Other than children and relatives, how many close friends do you have, that is people that you feel at ease with, can talk to about private matters or can call on for help — none, 1 or 2, 3 to 5, 6 to 9, or 10 or more?

<table>
<thead>
<tr>
<th>Category</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>1</td>
</tr>
<tr>
<td>1 or 2</td>
<td>2</td>
</tr>
<tr>
<td>3 to 5</td>
<td>3</td>
</tr>
<tr>
<td>6 to 9</td>
<td>4</td>
</tr>
<tr>
<td>10 or more</td>
<td>5</td>
</tr>
</tbody>
</table>

---

Interviewer:

For Item 174 a and b do not list response categories higher than those noted above by the participant. For example, if participant specifies 3 to 5 close friends, do not mention "6 to 9" or "10 or more" categories.

---

a. How many of these close friends do you see at least once-a-month? — none, 1 or 2, 3 to 5, 6 to 9, or 10 or more?

<table>
<thead>
<tr>
<th>Category</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>1</td>
</tr>
<tr>
<td>1 or 2</td>
<td>2</td>
</tr>
<tr>
<td>3 to 5</td>
<td>3</td>
</tr>
<tr>
<td>6 to 9</td>
<td>4</td>
</tr>
<tr>
<td>10 or more</td>
<td>5</td>
</tr>
</tbody>
</table>

b. How many of these close friends live within one-half hour travel of you — none, 1 or 2, 3 to 5, 6 to 9, or 10 or more?

<table>
<thead>
<tr>
<th>Category</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>1</td>
</tr>
<tr>
<td>1 or 2</td>
<td>2</td>
</tr>
<tr>
<td>3 to 5</td>
<td>3</td>
</tr>
<tr>
<td>6 to 9</td>
<td>4</td>
</tr>
<tr>
<td>10 or more</td>
<td>5</td>
</tr>
</tbody>
</table>

c. If we consider only the relative you have seen in person the most frequently during the past 12 months, how often would you say that you have seen this person — almost every day, a few times a week, once a week, a few times a month, once a month, every few months, or less often?

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Almost every day</td>
<td>1</td>
</tr>
<tr>
<td>A few times a week</td>
<td>2</td>
</tr>
<tr>
<td>Once a week</td>
<td>3</td>
</tr>
<tr>
<td>A few times a month</td>
<td>4</td>
</tr>
<tr>
<td>Once a month</td>
<td>5</td>
</tr>
<tr>
<td>Every few months</td>
<td>6</td>
</tr>
<tr>
<td>Less often</td>
<td>7</td>
</tr>
</tbody>
</table>

d. If we consider only the relative you feel closest to, how close would you say you feel toward this person — very close, fairly close, somewhat close, or not close at all?

<table>
<thead>
<tr>
<th>Closest</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very close</td>
<td>1</td>
</tr>
<tr>
<td>Fairly close</td>
<td>2</td>
</tr>
<tr>
<td>Somewhat close</td>
<td>3</td>
</tr>
<tr>
<td>Not close at all</td>
<td>4</td>
</tr>
</tbody>
</table>

---

(Continue with item 174b on next page)
How many of these close friends that you have just mentioned live within one-half hour travel of you — none, 1 or 2, 3 to 5, 6 to 9, or 10 or more?

If we consider only the close friend you have seen in person the most frequently during the past 12 months, how often would you say that you have seen this person — almost every day, a few times a week, once a week, a few times a month, once a month, every few months, or less often?

If we consider only the friend you feel closest to, how close would you say you feel toward this person — very close, fairly close, somewhat close, or not close at all?

Have you lost a close relative through death in the past 12 months?

Have you lost a very close friend through death in the past 12 months?

Now, I have some questions about some of the special services that are available to residents of East Boston

The East Boston Neighborhood Health Center—Did you know this service was available?

Did you know that the 24-hour Emergency Room or East Boston Relief Station was available at the Health Center?

Have you used it in the past 12 months?

How satisfied were you with this service — very satisfied, somewhat satisfied, or not satisfied at all?

Have you used any other East Boston Neighborhood Health Center Services within the past 12 months?

Did you know that the 24-hour Emergency Room or Relief Station was available at the Health Center?
(P) f. Have you used this service within the past 12 months?

YES ☐ 1
NO ☐ 2
GO TO ITEM 177h

(P) g. How satisfied were you with this service — very satisfied, somewhat satisfied, or not satisfied at all?

VERY SATISFIED ☐ 1
SOMewhat SATISFIED ☐ 2
NOT SATISFIED AT ALL ☐ 3

(P) h. Did you know that the Adult Medical Services were available at the Health Center?

YES ☐ 1
NO ☐ 2
GO TO ITEM 177l

(P) i. Have you used this service within the past 12 months?

YES ☐ 1
NO ☐ 2
GO TO ITEM 177k

(P) j. Is there a reason why you do not use this device?

(Specify reason and code)

GO TO ITEM 177l

(P) k. How satisfied were you with this service — very satisfied, somewhat satisfied or not satisfied at all?

(P) l. Are there any services not currently available at the East Boston Neighborhood Health Center which you think should be available there?

YES ☐ 1
NO ☐ 2
GO TO COMMUNITY SERVICES TABLE

(P) What service is that?

(SPECIFY)

—32—
Now, about other Community Services.

Did you know that this service was available?

INTERVIEWER:

REPEAT AS NEEDED AFTER NAME OF EACH SERVICE.

<table>
<thead>
<tr>
<th>Service</th>
<th>Have you used it in the past 12 months?</th>
<th>How satisfied were you with this service?</th>
</tr>
</thead>
<tbody>
<tr>
<td>(P) 178. The East Boston Neighborhood Health Center Home Care Program . .</td>
<td>(P) YES NO (174)</td>
<td>VERY SATISFIED □ 1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>SOMEWHAT SATISFIED □ 2</td>
</tr>
<tr>
<td></td>
<td></td>
<td>NOT VERY SATISFIED □ 3</td>
</tr>
<tr>
<td>(P) 179. The Visiting Nurses Association . .</td>
<td>YES NO (177)</td>
<td>VERY SATISFIED □ 1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>SOMEWHAT SATISFIED □ 2</td>
</tr>
<tr>
<td></td>
<td></td>
<td>NOT VERY SATISFIED □ 3</td>
</tr>
<tr>
<td>(P) 180. The Public Health Nurses . .</td>
<td>YES NO (180)</td>
<td>VERY SATISFIED □ 1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>SOMEWHAT SATISFIED □ 2</td>
</tr>
<tr>
<td></td>
<td></td>
<td>NOT VERY SATISFIED □ 3</td>
</tr>
<tr>
<td>(P) 181. Hot Lunch Programs for Senior Citizens . .</td>
<td>YES NO (183)</td>
<td>VERY SATISFIED □ 1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>SOMEWHAT SATISFIED □ 2</td>
</tr>
<tr>
<td></td>
<td></td>
<td>NOT VERY SATISFIED □ 3</td>
</tr>
<tr>
<td>(P) 182. Home Delivered Meals Program . .</td>
<td>YES NO (186)</td>
<td>VERY SATISFIED □ 1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>SOMEWHAT SATISFIED □ 2</td>
</tr>
<tr>
<td></td>
<td></td>
<td>NOT VERY SATISFIED □ 3</td>
</tr>
<tr>
<td>(P) 183. Homemaker Services . .</td>
<td>YES NO (189)</td>
<td>VERY SATISFIED □ 1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>SOMEWHAT SATISFIED □ 2</td>
</tr>
<tr>
<td></td>
<td></td>
<td>NOT VERY SATISFIED □ 3</td>
</tr>
<tr>
<td>(P) 184. Home Health Aides . .</td>
<td>YES NO (192)</td>
<td>VERY SATISFIED □ 1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>SOMEWHAT SATISFIED □ 2</td>
</tr>
<tr>
<td></td>
<td></td>
<td>NOT VERY SATISFIED □ 3</td>
</tr>
<tr>
<td>(P) 185. East Boston-Winthrop Counseling Center . .</td>
<td>YES NO (195)</td>
<td>VERY SATISFIED □ 1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>SOMEWHAT SATISFIED □ 2</td>
</tr>
<tr>
<td></td>
<td></td>
<td>NOT VERY SATISFIED □ 3</td>
</tr>
<tr>
<td>(P) 186. MBTA Senior Citizen Discount Passes . .</td>
<td>YES NO (198)</td>
<td>VERY SATISFIED □ 1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>SOMEWHAT SATISFIED □ 2</td>
</tr>
<tr>
<td></td>
<td></td>
<td>NOT VERY SATISFIED □ 3</td>
</tr>
<tr>
<td>(P) 187. Senior Shuttle . .</td>
<td>YES NO (201)</td>
<td>VERY SATISFIED □ 1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>SOMEWHAT SATISFIED □ 2</td>
</tr>
<tr>
<td></td>
<td></td>
<td>NOT VERY SATISFIED □ 3</td>
</tr>
<tr>
<td>(P) 188. MBTA Ride Program for the Handicapped . .</td>
<td>YES NO (204)</td>
<td>VERY SATISFIED □ 1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>SOMEWHAT SATISFIED □ 2</td>
</tr>
<tr>
<td></td>
<td></td>
<td>NOT VERY SATISFIED □ 3</td>
</tr>
</tbody>
</table>

(P) 189. What is the highest grade or year of regular school you have completed? □ (207-208)

INTERVIEWER:

"FINISHED ELEMENTARY SCHOOL" = 08
"FINISHED HIGH SCHOOL" = 12
"FINISHED COLLEGE" = 16
(P) 190. What is your religious preference?

- CATHOLIC
- PROTESTANT
- JEWISH
- OTHER
- NONE

(SPECIFY)

INTERVIEWER:
ASK ITEMS 190 AND 191 OPEN-ENDED AND CATEGORIZE PARTICIPANT’S RESPONSE.

(P) 191. About how often do you go to religious meetings or services?

- NEVER/ALMOST NEVER
- ONCE OR TWICE A YEAR
- EVERY FEW MONTHS
- ONCE OR TWICE A MONTH
- ONCE A WEEK
- MORE THAN ONCE A WEEK

(P) 192. Did you ever serve on active duty in the Armed Forces of the United States?

- YES
- NO

GO TO ITEM 193

(P) a. During the past 5 years have you received any health care or treatment at a Veterans Administration (VA) Medical Center, hospital or clinic?

- YES
- NO

GO TO ITEM 192d

(P) b. When was the last time you received any care at a VA facility?

- YES
- NO

GO TO ITEM 193

(P) c. What was the name of this (most recent) VA facility?

- BOSTON VAMC
- WEST ROXBURY VAMC
- COURT STREET CLINIC
- BEDFORD VAMC
- OTHER VA FACILITY

(SPECIFY)

(P) d. During the past 5 years have you received any health care or treatment at any armed forces hospital or any non-VA facility open to certain veterans, for example: the Chelsea Soldiers’ Home, the Brighton Public Health Service Hospital, or a military hospital?

- YES
- NO

GO TO ITEM 193

(P) e. When was the last time?

- YES
- NO

GO TO ITEM 193

(P) f. What was the name of this (most recent) place?

- SPECIFY

(P) 193. Are you currently working at a paying job?

- YES
- NO

GO TO ITEM 194

(P) What kind of work are you doing? (What is your job called?)

(SPECIFY KIND OF WORK)

(For example: electrical engineer, stock clerk, farmer.)

CODE FOR PRESENT OCCUPATION

- 3 4 -
(P) 194. Are you retired (from another job)?

Yes ☐ 1
No ☐ 2
Go to item 195

(P) a. On disability?
Yes ☐ 1
No ☐ 2
Go to item 196

(P) b. In what year did you retire?

(P) 195. What kind or work have you done most of your life?

Never employed ☐ 1
Housewife ☐ 2
Same as item 193 ☐ 3
Go to item 196

Other ☐ 4

(P) a. What was your job called?

(Specify kind of work)

Code for usual occupation: 1 1 1 1 1 1 1, 2 3 7 - 2 4 2

(P) 196. Are any of your medical expenses covered by the Medicare Plan?

Yes ☐ 1
No ☐ 2

(P) 197. Are any of your medical expenses covered by Medicaid or public assistance of any kind?

Yes ☐ 1
No ☐ 2

(P) 198. Do you have any other kind of health insurance that pays all or part of your medical bills?

Yes ☐ 1
No ☐ 2
Go to item 199

(P) a. What kind is that?

(Specify)

First mention ☑ (246, 247)
Second mention ☑ (248, 249)

In order for us to have a clear understanding about what kinds of things affect our health, we need to get some information about income. This information will also help us understand why some people do not get the health services they need.

(P) 199. Please look at this card, which of these income groups represents your own (your and your husband's/ wife's) personal income for the past month/year? Include income from all sources such as wages, salaries, social security or retirement benefits, help from relatives, rent from property, and so forth.

Interviewer:
Use phrase “YOUR AND YOUR HUSBAND'S/ WIFE'S” if participant is currently married.

INTERVIEWER:

A = 1
B = 2
C = 3
D = 4
E = 5
F = 6
DK = 8

PROJECT I.D. NUMBER

CARD

—35 —
APPENDIX III

BASELINE QUESTIONNAIRE
IOWA AND WASHINGTON COUNTIES

Please note the following symbols which designate the parts of the Iowa questionnaire asked in the various modes of administration:

“A” indicates questions asked in the abbreviated interviews as well as full interviews.
“P” indicates questions asked of proxy respondents as well as self respondents.
“T” indicates questions asked in telephone interviews as well as in-person interviews.
ESTABLISHMENT OF POPULATIONS FOR
EPIDEMIOLOGIC STUDIES OF THE AGED

(65+ RURAL HEALTH STUDY)

INITIAL POPULATION SURVEY QUESTIONNAIRE
DECEMBER 1, 1981

Department of Preventive Medicine and Environmental Health
and
Center for Health Services Research
The University of Iowa
Iowa City, Iowa 52242
CARD #1
RESPONDENT I.D. #
DATE OF INTERVIEW
TIME INTERVIEW BEGAN

[ENTER 1=AM or 2=PM]

RESIDENTIAL/DEMOGRAPHIC

We are interviewing people 65 years and older. Just to make sure you fit in this category we need to ask:

(P,T,A) 1. How old are you?
[ENTER AGE]
[FOR CODERS ONLY]

(P,T,A) 2. When were you born? (Would you please give me the exact date?)
[FOR CODERS ONLY]

First, we would like to get some general information about your background.

(P,T,A) 3. In what state or country were you born?
1 Iowa
2 U.S. - Not Iowa (specify state) __________
3 Foreign Born (specify country) __________
8 Don't know

(A) 4. How long have you lived in (appropriate community name?)
[ENTER YEARS]

(A) 5. How long have you lived at this address?
[ENTER YEARS]
6. Please give me the number of the group or groups which describes your racial background.

[HAND R CARD A.]

1 Aleutian, Eskimo, or American Indian
2 Asian or Pacific Islander
3 Black
4 White
5 Another group not listed

c. 39

7. What is your ethnic origin (or your family’s original nationality)?

[CODE FIRST TWO MENTIONED IF RESPONDENT GIVES MULTIPLE ANSWERS]
[IF ONLY ONE MENTIONED, CODE “00” FOR SECOND MENTIONED]

01 German 12 Chicano 23 Czech
02 Italian 13 Puerto Rican 24 Ukranian
03 Irish 14 Cuban 25 Serbo-Croat.
04 French 15 Central or S. America 26 Japanese
05 Polish 16 Other Hispanic 27 Chinese
06 Russian 17 Negro/Black 28 Other Asian
07 English 18 Scandinavian 29 Other (Spec.)
08 Scottish 19 Swiss
09 Welsh 20 Portuguese
10 Mex.-Amer. 21 Amer. Indian
c. 40-41
11 Mex./Mexicano 22 Candian 99 Refuse
12 (First mentioned)
13 (Second mentioned)

c. 42-43

c. 44-45

KEYPUNCHER: SKIP 2 COLUMNS

8. What was the first language you learned as a child?

[PROBE AFTER RESPONSE GIVEN: Did you learn (another language/English) about the same time you learned (response) ?]

1 English only
2 Other language(s) [ASK 8a]
3 English and another language in combination [ASK 8b]

(A) 8a. At what age did you begin to use English?

[ENTER AGE]

(A) 8b. At what age did you begin to use English more than (other language)?

[ENTER AGE] [00 = NEVER]
9. What is the highest grade or year of regular school you have completed?

GUIDE: ELEMENTARY 1 2 3 4 5 6 7 8
HIGH SCHOOL 9 10 11 12
COLLEGE/TRAINING 13 14 15 16 17 18 19 20

[No. of years: 88=don't know, 99=refuse]

10. Have you ever been married? [Include common-law]

1 Yes
2 No [Go to Q. 13]

11. Are you now married, widowed, divorced, or separated?

1 Married
2 Widowed
3 Divorced
4 Separated

12. How long have you been [fill in above category]? [Code 01 if 1 year or less]

1_ _ _ Years [if widowed 1 year or less ask 12a.]

12a. Would you please tell me the month and year of (his/her) death?

1_ _ _ _ _ _ (Mo./Yr.)
We would like to know a little about all of the other people who live here with you, like how old they are and how they are related to you. First, would you give me the first names of everyone who lives here so I can make an organized list? [ENTER ONLY FIRST NAMES FOR THOSE UNDER 65. GET FULL NAMES FOR THOSE 65 AND OLDER] [IF R. LIVES ALONE PUT X THRU TABLE AND GO TO Q. 18.] ASK AGE, SEX AND RELATIONSHIP OF EACH PERSON.

**RELATIONSHIP CODES:**

<table>
<thead>
<tr>
<th>Code</th>
<th>Relationship</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>Spouse</td>
</tr>
<tr>
<td>02</td>
<td>Son, Daughter</td>
</tr>
<tr>
<td>03</td>
<td>Son-in-law, D-in-law</td>
</tr>
<tr>
<td>04</td>
<td>Grandchild</td>
</tr>
<tr>
<td>05</td>
<td>Parent of Resp.</td>
</tr>
<tr>
<td>06</td>
<td>Parent-in-law</td>
</tr>
<tr>
<td>07</td>
<td>Brother, Sister</td>
</tr>
<tr>
<td>10</td>
<td>Bro.-in-law, S-in-law</td>
</tr>
<tr>
<td>11</td>
<td>Nephew, Niece</td>
</tr>
<tr>
<td>12</td>
<td>Cousin</td>
</tr>
<tr>
<td>13</td>
<td>Other relative (specify)</td>
</tr>
<tr>
<td>14</td>
<td>Friend</td>
</tr>
<tr>
<td>15</td>
<td>Boarder, Renter</td>
</tr>
<tr>
<td>16</td>
<td>Employee</td>
</tr>
<tr>
<td>17</td>
<td>Other (specify) [NON-REL]</td>
</tr>
<tr>
<td>18</td>
<td>Not used</td>
</tr>
<tr>
<td>88</td>
<td>Don’t know</td>
</tr>
<tr>
<td>99</td>
<td>Refuse</td>
</tr>
</tbody>
</table>

**NAME**

<table>
<thead>
<tr>
<th>Relation Code</th>
<th>Last B-Day</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td></td>
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<td>15</td>
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<td>16</td>
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</tr>
</tbody>
</table>

[ENTER TOTAL NO OF PEOPLE LIVING IN HOUSEHOLD INCLUDING R THOSE LIVING ALONE ENTER AS 01]

**[NO. LIVING IN HOUSEHOLD]**

KEYPUNCHER: SKIP 2 COLUMNS
(A) 17. Is your mother now living?
   1 Yes [ASK 17a]  c. 119
   2 No [ASK 17b]

(A) 17a. About how old is she?
   |__|__|__| Years [888=DON'T KNOW]  c. 120-122

(A) 17b. About how old was she when she died?
   |__|__|__| [ENTER] [888=DON'T KNOW]  c. 123-125

(A) 18. Is your father now living?
   1 Yes [ASK 18a]  C. 126
   2 No [ASK 18b]

18a. About how old is he?
   |__|__|__| Years [888=DON'T KNOW]  C. 127-129

(A) 18b. About how old was he when he died?
   |__|__|__| [ENTER] [888=DON'T KNOW]  C. 130-132

(A) 19. How many brothers and sisters did you have while you were growing up? (Please do not include step brothers or sisters.)
   |__|__| [ENTER No.]  c. 133-134

00 [GO TO NEXT SECTION]

(A) 20. Where do you fit in? That is, what number child were you?
   |__|__| [ENTER NO.]  c. 135-136

(A) 21. How many of your brothers and sisters are still alive?
   |__|__| [ENTER NO.]  C. 137-138

GO TO NEXT SECTION
Now I would like to take your pulse and 2 blood pressure readings.

1. [ ] Pulse for 30 seconds

(A) 2. First blood pressure reading
[999 = REFUSE]

   [ ] Systolic
   [ ] Diastolic

(A) 3. Second blood pressure reading:

   [ ] Systolic
   [ ] Diastolic

(A) 4. What is your weight?
[FOR ALL WEIGHT Q's, 888 = DON'T KNOW 999 = REFUSE]

   [ ] lbs.

(A) 5. What is your height?

   [ ] ft. [ ] in.

(A) 6. In the last year, have you gained or lost more than 10 lbs.

   1 Yes, lost
   2 Yes, gained
   3 Yes, gained and lost
   4 No changes
   B Don't know

   (A) 6a. Were you on a special diet to (lose/gain) weight?

      1 Yes
      2 No

(A) 7. What was your usual weight at the age of 50?

   [ ] lbs.
(A) 8. What was your usual weight at age 25? __________ lbs.

(A) 9. In your early teens (11-14 years), were you heavier than average, about average, or thinner than average?

1. Heavier than average
2. About average
3. Thinner than average
8. Don’t know

(A) 100 In your early teens (11-14 years), were you taller than average, about average, or shorter than average?

1. Taller than average
2. About average
3. Shorter than average
8. Don’t know
SELF-PERCEIVED HEALTH STATUS

Now I would like to ask you some questions about your health.

(P,T,A) 1. Compared to other people your own age, would you say that your general health is excellent, good, fair, poor or very poor?

1 Excellent
2 Good
3 Fair
4 Poor
5 Very Poor
8 Don’t know
9 Refuse, specify ________________________

(P,T,A) 2. Has your general health changed much in the last 12 months? [PROBE WITH RESPONSE CATEGORIES: "Would you say that it is ...?"

1 Much better
2 Somewhat better
3 About the same
4 Somewhat worse
5 Much worse
8 Don’t know

(A)3. During the past two weeks, how many days have you stayed in bed all or most of the day because of an illness or injury (other than hospital or nursing home)? [98 = DON’T KNOW 99 = REFUSE]

<table>
<thead>
<tr>
<th>Days</th>
</tr>
</thead>
</table>

(A)4. How many days during the past two weeks did you miss work or cut down on your usual activities because of an illness? (Including bed days) [98 = DON’T KNOW 99 = REFUSE]

<table>
<thead>
<tr>
<th>Days</th>
</tr>
</thead>
</table>

GO TO NEXT SECTION
Now we have some questions about specific medical conditions.

(P,T,A)1. Has a doctor ever told you you had a heart attack, coronary, coronary thrombosis, coronary occlusion or myocardial infarction?

1. Yes
2. Suspect or possible
3. No
8. Don't know
9. Refuse

(P,T,A)2. Did you have only one or more than one?

1. Only one
2. More than one

(P,T,A)3. What year was this? [QR, “When was the last one?”]

1 1 [88 = DON’T KNOW 99 = REFUSE]

(A)4. Were you hospitalized overnight or longer for this? [QR, “the last time?”]

1. Yes
2. No
8. Don’t know

(P,T,A)5. Has a doctor ever told you you had a stroke or brain hemorrhage?

1. Yes
2. Suspect or possible
3. No
8. Don’t know
9. Refuse

(P,T,A)6. What year was this? [QR, “When was the last one?”]

1 1 [ENTER YEAR]

(A)7. Were you hospitalized overnight or longer for this?

1. Yes
2. No
8. Don’t know
8. Do you still have leftover troubles from your stroke?
   1 Yes, specify __________________________
   2 No _________________________________

9. Has a doctor ever told you you had any cancer, malignancy, or tumor of any type?
   1 Yes
   2 Suspect or possible
   3 No
   8 Don't know [SKIP TO Q. 14]
   9 Refuse [SKIP TO Q. 14]

10. Where was it?
    [CODE 1 FOR ALL THAT APPLY, CODE 2 FOR ALL THAT DON'T APPLY]
    __ Lung
    __ Breast
    __ Colon/Bowel/Rectal
    __ Lymphoma
    __ Leukemia
    __ Melanoma
    __ Other, specify __________________________

11. When were you first told this? [OR, "When was the last one?"
    ____________ [ENTER YEAR]

12. Were you hospitalized overnight or longer for this?
   1 Yes
   2 No
(A) 13. Have you received treatment for (this/any of these) within the past six months?

1 Yes
2 No
8 Don’t know

(A) 13a. What type of treatment? Was it . . .

[code: 1 = YES, 2 = NO, 8 = DON’T KNOW, 9 = REFUSE]

[ ] Radiation therapy (x-rays)?
[ ] Chemotherapy (pills or injections)?
[ ] Surgery (an operation)?
[ ] Any other? (Specify)

KEYPUNCHER: SKIP 2 COLUMNS

(P,T,A) 14. Has a doctor ever told you you had diabetes, high blood sugar, or sugar in your urine?

1 Yes
2 Suspect or possible
3 No
8 Don’t know
9 Refuse [GO TO Q. 17]

(P,T,A) 15. When were you first told this?

1-1-1 [ENTER YEAR]
(A) 16. Has a doctor, nurse, therapist, or medical assistant ever told you to: [1 = YES  2 = NO  8 = DON'T KNOW  9 = REFUSE]

(A) 1. Change your diet or maintain a special diet?

(A) 1. [IF YES] Are you currently doing this?

(A) 1. Take medicine by mouth?

(A) 1. [IF YES] Are you currently doing this?

(A) 1. Take insulin or injections?

(A) 1. [IF YES] Are you currently doing this?

(A) 1. Lose weight?

(A) 1. [IF YES] Are you currently doing this?

(A) 1. Some other treatment I haven’t mentioned?

(A) 1. [IF YES] Are you currently doing this?

(P,T,A) 17. Has a doctor ever told you you had high blood pressure?

1 Yes
2 Suspect or possible
3 No
8 Don't know
9 Refuse  [GO TO Q. 21]

(P,T,A) 18. When were you first told this?

1. [ENTER YEAR]

(T,A) 19. Have you ever taken medicine prescribed by a doctor for your blood pressure?

1 Yes
2 No
8 Don't know

(T,A) 20. Are you currently taking any medication for blood pressure?

1 Yes
2 No
3 Don't know
(P,T,A) 21. Has a doctor ever told you you had a broken or fractured hip?

1 Yes
2 Suspect or possible
3 No
8 Don’t know
9 Refuse

GO TO Q. 24

(P,T,A) 22. When were you first told this?

[ENTER YEAR]

(A) 23. Were you hospitalized overnight or longer for this?

1 Yes
2 No
8 Don’t know
9 Refuse

(A) 24. Since the age of 50, has a doctor ever told you that you had broken or fractured any other bones?

1 Yes
2 Suspect or possible
3 No
8 Don’t know

GO TO Q. 27

(A) 25. Which bones? [CODE 1 FOR ALL THAT APPLY, 2 FOR NOT APPLICABLE]

<table>
<thead>
<tr>
<th></th>
<th>Hand</th>
<th>Wrist</th>
<th>Arm</th>
<th>Leg</th>
<th>Back or spine</th>
<th>Pelvis</th>
<th>Other bones</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
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<td></td>
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<td>9</td>
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</tbody>
</table>

(A) 26. When did this happen? [IF MORE THAN ONE FRACTURE IS REPORTED IN Q. 25, ASK ABOUT SPINE, UPPER ARM, OR MOST RECENT FRACTURE IN THAT ORDER OF PREFERENCE.]

[ENTER YEAR]
(P,T,A)27. Has a doctor ever told you you had ...? [1=YES 2=SUSPECT OR POSSIBLE 3=NO 8=DON’T KNOW 9=REFUSE]

- Cataracts? c. 72
- Glaucomaa (pressure behind the eye)? c. 73
- Parkinson’s disease? c. 74
- Anemia, low blood or trouble with your blood? c. 75
- Phlebitis, or trouble with the veins in your legs? c. 76
- Asthma? c. 77
- Emphysema, chronic bronchitis or other lung disease? c. 78
- Ulcers in your stomach or intestines? c. 79
- Cirrhosis or liver disease? c. 80

(A) 28. In the past year, have you had ...? [REPEAT Q. AS NEEDED] [1=YES 2=NO 8=DON’T KNOW 9=REFUSE]

- Pain or cramps in your legs at night? c. 81
- A lot of indigestion or upset stomach? c. 82
- Trouble with dry or itching skin? c. 83
- Trouble with fallen arches or flat feet? c. 84
- Trouble with bunions, corns or callouses on your feet? c. 85
- Any other foot problems? c. 86
- Trouble with your fingernails or toenails? c. 87
- Pain in any of your joints? c. 88
- Stiffness in your joints when you first wake up in the morning? c. 89
- Arthritis or rheumatism? c. 90
- Trouble with your kidneys or bladder? c. 91
[ASK MALES ONLY]
- Trouble with your prostate gland? c. 92
Now we would like to ask you some questions about breathing.

(A) 29. Do you get shortness of breath that requires you to stop and rest?

1. Yes  
2. No  
8. Don’t know

(A) 29a. Do you get it walking on level ground or climbing a single flight of stairs?

1. Yes  
2. No  
8. Don’t know

(A) 30. Do you get shortness of breath when you are lying down flat?

1. Yes  
2. No  
8. Don’t know

(A) 30a. Does this shortness of breath improve when you sit up, or do you use extra pillows at night to prevent it?

1. Yes  
2. No  
8. Don’t know

(A) 31. Do you get severe shortness of breath which wakes you up while lying down asleep?

1. Yes  
2. No  
8. Don’t know

(A) 32. Do you usually cough first thing in the morning (on getting up) in the winter?  
[INCLUDE A COUGH WITH FIRST SMOKE OR ON FIRST GOING OUT OF DOORS. EXCLUDE CLEARING THROAT SINGLE COUGH.]

1. Yes  
2. No  
8. Don’t know

(A) 33. Do you usually cough during the day -- or at night -- in the winter? [DO NOT INCLUDE AN OCCASIONAL COUGH.]

1. Yes  
2. No  
8. Don’t know

[IF NO TO BOTH Q. 32 AND 33, GO TO Q.35.]
(A) 34. Do you cough like this on most days (or nights) for as much as three months each year?

1 Yes
2 No
8 Don't know

16

(A) 35. Do you usually bring up any phlegm from your chest first thing in the morning (on getting up) in the winter? [INCLUDE: PHLEGW WITH FIRST SMOKE, ON FIRST GOING OUT OF DOORS, AND SWALLOWED PHLEGW. EXCLUDE: PHLEGW FROM NOSE.]

1 Yes
2 No
8 Don't know

9 Refuse, specify

101

(A) 36. Do you usually bring up any phlegm from your chest at least twice during the day (or at night) in the winter?

1 Yes
2 No
8 Don't know

9 Refuse, specify

102

[IF NO TO BOTH Q. 35 AND 36, GO TO Q. 38.]

(A) 37. Do you bring up phlegm like this on most days (or nights) for as much as three months each year?

1 Yes
2 No

(A) 37a. Have you had phlegm like this for 3 years or more?

1 Yes
2 No
8 Don't know

104

(A) 38. Does your chest ever sound wheezing or whistling?

1 Yes
2 No [GO TO Q. 39]
8 Don't know

(A) 38a. Do you get this meet days (or nights)?

1 Yes
2 No
8 Don't know
(A) 39. Have you ever had attacks of shortness of breath with wheezing?

1 Yes
2 No
8 Don’t know
9 Refuse, why?

(A) 39a. (Is/was) your breathing absolutely normal between attacks?

1 Yes
2 No
8 Don’t know
The next few questions are about female matters.

(A) 1. How old were you when you had your first menstrual period?  
\[\underline{\underline{\text{ENTER AGE}}} \quad | \text{[88=DON’T KNOW 99=REFUSE]}\]  
C. 8-9

(A) 2. Have you ever been pregnant?  
1 Yes  
2 No [GO TO Q. 5]  
C. 10

(A) 3. How many times have you been pregnant? (Including any miscarriages or still births.)  
\[\underline{\underline{\text{ENTER AGE}}} \quad | \text{(Times)}\]  
C. 11-12

(A) 4. How old were you at your first pregnancy?  
\[\underline{\underline{\text{ENTER AGE}}}\]  
C. 13-14

(A) 5. How old were you when you had your last menstrual period?  
\[\underline{\underline{\text{ENTER AGE}}}\]  
C. 15-16

(A) 5a. Did your periods stop naturally, because of surgery, or for some other reason?  
1 Naturally  
2 Surgery  
3 Other, specify ________________________________  
8 Don’t know  
9 Refuse  
C. 17

KEYPUNCHER: SKIP 2 COLUMNS  
C. 18-19
(A)6. Around the time of your "change of life" or menopause, or anytime since then, have you been treated with estrogens or female hormones?

1 Yes
2 No
8 Don’t know
9 Refuse, specify

(A)6a. Did you take them more than 2 years?

1 Yes
2 No
8 Don’t know
### BOWEL AND BLADDER

One problem many people have as they grow older is trouble with their bowels and bladder. Doctors are interested in knowing how widespread these problems are and what causes them, so that they can improve treatments for them. We would appreciate your answers to these questions even though you may not have any problems.

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>(A) 1. How many bowel movements do you have a day?</td>
<td>1. How many do you usually have each week?</td>
</tr>
<tr>
<td>(IF PER DAY GIVEN, CALCULATE FOR WEEK.)</td>
<td>1_1_1 (Per week) [88=DON'T KNOW 99=REFUSE]</td>
</tr>
<tr>
<td>(IF LESS THAN ONCE A DAY, ASK: &quot;How many do you usually have each week?&quot; )</td>
<td>22-23</td>
</tr>
<tr>
<td>(A) 2. Has the frequency of your bowel movements changed in the past 6 months? That is, have you been having them more often or less often than you usually did 6 months ago?</td>
<td>1 Yes 2 No 8 Don’t know 9 Refuse, why?</td>
</tr>
<tr>
<td>(A) 2a. Have they become more frequent or less frequent?</td>
<td>1 More frequent 2 Less frequent 8 Don’t know 9 Refuse, specify</td>
</tr>
<tr>
<td>(A) 3. Are your bowel movements loose and running?</td>
<td>1 Yes 2 No 8 Don’t know 9 Refuse, specify</td>
</tr>
<tr>
<td>(A) 4. How often do you have pain with your bowel movements?</td>
<td>1 Never 2 Occasionally 3 Most of the time 8 Don’t know 9 Refuse, specify</td>
</tr>
</tbody>
</table>
(A) 5. How often do you notice blood in your stools?

1 Never
2 Occasionally
3 Most of the time
8 Don’t know
9 Refuse, specify ____________________

(A) 6. How often do you have difficulty holding your urine until you can get to a toilet?

1 Never
2 Hardly ever
3 Some of the time
4 Most of the time
5 All of the time
8 Don’t know
9 Refuse, specify ____________________

(A) 7. Do you ever leak or lose urine when you cough, sneeze, or laugh?

1 Yes
2 No
8 Don’t know
9 Refuse, specify ____________________
SLEEP PATTERNS

Now, we would like to get some information about how well you sleep.

(A)1. How often do you have trouble falling asleep? Would you say, most of the time, sometimes, or rarely or never?

1 Most of the time
2 Sometimes
3 Rarely or never
8 Don’t know

What is it that usually keeps you from falling asleep? [RECORD FIRST THREE MENTIONED: IF LESS THAN THREE REASONS GIVEN CODE 00 IN REMAINING BOXES].

<table>
<thead>
<tr>
<th>PHYSIOLOGICAL</th>
<th>PSYCHOLOGICAL</th>
<th>ENVIRONMENTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>01 Indigestion “gas”</td>
<td>11 Thoughts, memories</td>
<td>15 Noise, light</td>
</tr>
<tr>
<td>02 Pain/discomfort</td>
<td>12 Vivid dreams, nightmares</td>
<td>16 Activity of other peep” e</td>
</tr>
<tr>
<td>03 Need to go to bathroom</td>
<td>13 Fears, anxieties</td>
<td>17 Mixed, uncategorizable</td>
</tr>
<tr>
<td>04 Itching</td>
<td>14 Other emotional/mental</td>
<td>18 Other environmental</td>
</tr>
<tr>
<td>05 Hunger/thirst</td>
<td></td>
<td>19 Awakes spontaneously</td>
</tr>
<tr>
<td>06 Difficulty breathing, catching breath, coughing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>07 Muscle tension, spasm, cramps</td>
<td></td>
<td></td>
</tr>
<tr>
<td>08 Jerking of body extremity</td>
<td></td>
<td></td>
</tr>
<tr>
<td>09 General restlessness</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10 Other bodily/physical</td>
<td></td>
<td></td>
</tr>
<tr>
<td>20 Other, specify [FIRST MENTIONED] [88 = DON’T KNOW]</td>
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<td></td>
</tr>
<tr>
<td></td>
<td>111 [SECOND MENTIONED]</td>
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<tr>
<td></td>
<td>111 [THIRD MENTIONED]</td>
<td></td>
</tr>
</tbody>
</table>

KEYPUNCHER: SKIP 2 COLUMNS

(A)2. What time do you usually go to bed? [GUIDE: MIDNIGHT = 12:00 AM]

<table>
<thead>
<tr>
<th>ENTER HOUR</th>
<th>ENTER 1=AM OR 2=PM</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
(A) 3. What time do you usually fall asleep?

CENTER HOUR  
ENTER 1=AM OR 2=PM

(A) 4. How often do you have trouble with waking up during the night?

1. Most of the time  
2. Sometimes  
3. Rarely or never  
8. Don’t know

(A) 4a. What is it that usually causes you to wake up during the night? [RECORD FIRST THREE MENTIONED: IF LESS THAN THREE REASONS GIVEN CODE 00 IN REMAINING BOXES].

PHYSIOLOGICAL  
01. Indigestion “gas”  
02. Pain/discomfort  
03. Need to go to bathroom  
04. Itching  
05. Hunger/thirst  
06. Difficulty breathing, catching breath, coughing  
07. Muscle tension, spasm, cramps  
08. Jerking of body extremity  
09. General restlessness  
10. Other bodily/physical

PSYCHOLOGICAL  
11. Thoughts, memories  
12. Vivid dreams, nightmares  
13. Fears, anxieties  
14. Other emotional/mental

ENVIRONMENTAL  
15. Noise, light  
16. Activity of other people  
17. Mixed, uncategorizable  
18. Other environmental  
19. Awakes spontaneously

20. Other, specify

FIRST MENTIONED  [88 = DON’T KNOW]
SECOND MENTIONED
THIRD MENTIONED

KEYPUNCHER: SKIP 2 COLUMNS

(A) 5. How often do you feel really rested when you wake up in the morning?

1. Most of the time  
2. Sometimes  
3. Rarely or never  
8. Don’t know
(A) 6. How often do you have trouble with waking up too early and not being able to fall asleep again?

1 Most of the time
2 Sometimes
3 Rarely or never
8 Don’t know

(A) 6a. What is it that usually causes you to wake up too early?

<table>
<thead>
<tr>
<th>PHYSIOLOGICAL</th>
<th>PSYCHOLOGICAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>01 Indigestion “gas”</td>
<td>11 Thoughts, memories</td>
</tr>
<tr>
<td>02 Pain/discomfort</td>
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<td>19 Awakes spontaneously</td>
</tr>
<tr>
<td>10 Other bodily/physical</td>
<td></td>
</tr>
</tbody>
</table>

20 Other, specify ________________

| 1 | [FIRST MENTIONED] [88 = DON'T KNOW] | . 61-62 |
| 2 | [SECOND MENTIONED] | . 63-64 |
| 3 | [THIRD MENTIONED] | . 65-66 |

KEYPUNCHER: SKIP 2 COLUMNS

(A) 7. How often do you get so sleepy during the day or evening that you have to take a nap?

1 Most of the time
2 Sometimes
3 Rarely or never
8 Don’t know

(A) 8. What time do you usually get out of bed in the morning?

| 1 | [ENTER HOUR] | . 70-73 |
| 2 | [ENTER 1=AM OR 2=PM] | . 74 |

GO TO NEXT SECTION
We would like to know how well you are able to do some physical activities that are important in day-to-day living but which many people have problems doing. First, I would like to know if you are able to do certain kinds of activities without help from another person.

(P,T,A)1. Are you able to do heavy work around the house, like shoveling snow, washing windows, walls or floors without help?
   1 Yes
   2 No
   8 Don’t know

(P,T,A)2. Are you able to walk up and down the stairs to the second floor without help?
   1 Yes
   2 No
   8 Don’t know

(P,T,A)3. Are you able to walk a half mile without help? That’s about 8 ordinary blocks.
   1 Yes
   2 No
   8 Don’t know

(P,T,A)4. Are you able to do your own shopping for groceries or clothes... [ASSUME R. HAS TRANSPORTATION]
   1 without help (taking care of all shopping needs yourself, assuming you have transportation)?
   2 with some help (need someone to go with you on all shopping trips)?
   3 or are you unable to do any shopping?
   8 Don’t know
   9 Refuse, specify

(P,A)5. Are you able to walk outside without help?
   1 Yes
   2 No
   8 Don’t know
(A)6. Can you prepare your own meals. . .?
1 without help (plan and cook full meals yourself) ?,
2 with some help (can prepare some things but unable to cook full meals yourself) ?,
3 or are you unable to prepare any meals?  
8 Don’t know
9 Refuse, specify ____________________________

(A)7. Can you do our housework. . .?
1 without help (can scrub floors, etc.) ?
2 with some help (can do light housework, but need help with heavy work) ?,
3 or are you unable to do any housework?  
8 Don’t know
9 Refuse, specify ____________________________
[FOR Q. 8-14 ASK a. THROUGH d. AS SPECIFIED]

<table>
<thead>
<tr>
<th>(P,T,A) 8.</th>
<th>a.</th>
<th>b.</th>
<th>c.</th>
<th>d.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Walking across a small room?</td>
<td>1=No help [ASK d.]</td>
<td>2=Help [ASK b.]</td>
<td>3=Unable to do [GO TO NEXT 0.]</td>
<td></td>
</tr>
<tr>
<td>(P,T,A) 9.</td>
<td>a.</td>
<td>b.</td>
<td>c.</td>
<td>d.</td>
</tr>
<tr>
<td>Bathing (either sponge or tub bath, or shower)?</td>
<td>1=person [ASK c.]</td>
<td>2=Special equipment [ASK c. and d.]</td>
<td>3=Both [ASK c.]</td>
<td></td>
</tr>
<tr>
<td>(P,T,A) 10.</td>
<td>a.</td>
<td>b.</td>
<td>c.</td>
<td>d.</td>
</tr>
<tr>
<td>Personal grooming (like brushing teeth, hair, or washing face)?</td>
<td>1=Yes</td>
<td>2=No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(P,T,A) 11.</td>
<td>a.</td>
<td>b.</td>
<td>c.</td>
<td>d.</td>
</tr>
<tr>
<td>Dressing, like putting on a shirt, buttoning and zipping, or putting on shoes?</td>
<td>1=Yes</td>
<td>2=No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(P,T,A) 12.</td>
<td>a.</td>
<td>b.</td>
<td>c.</td>
<td>d.</td>
</tr>
<tr>
<td>Eating (like holding a fork, cutting food, or drinking from a glass)?</td>
<td>1=Yes</td>
<td>2=No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(P,T,A) 13.</td>
<td>a.</td>
<td>b.</td>
<td>c.</td>
<td>d.</td>
</tr>
<tr>
<td>Getting from a bed to a chair?</td>
<td>1=Yes</td>
<td>2=No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(P,T,A) 14.</td>
<td>a.</td>
<td>b.</td>
<td>c.</td>
<td>d.</td>
</tr>
<tr>
<td>Using the toilet?</td>
<td>1=Yes</td>
<td>2=No</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>(P,T,A) 8-14</th>
<th>c. 15-18</th>
</tr>
</thead>
<tbody>
<tr>
<td>(P,T,A) 9-12</td>
<td>c. 19-22</td>
</tr>
<tr>
<td>(P,T,A) 13-14</td>
<td>c. 23-26</td>
</tr>
<tr>
<td>(P,T,A) 15-18</td>
<td>c. 27-30</td>
</tr>
<tr>
<td>(P,T,A) 19-22</td>
<td>c. 31-34</td>
</tr>
<tr>
<td>(P,T,A) 23-26</td>
<td>c. 35-38</td>
</tr>
<tr>
<td>(P,T,A) 27-30</td>
<td>c. 39-42</td>
</tr>
</tbody>
</table>
(A) 15. Who is it that usually helps you with these activities? [Code first three mentioned in order of mention; if not three mentioned code 00 in remaining boxes]

- 01 = Spouse
- 02 = Daughter, D-in-law
- 03 = Son, S-in-law
- 04 = Grandchild
- 05 = Sibling, other rel.
- 06 = Friend, neighbor
- 07 = Health Prof., Soc. worker
- 08 = Boarder, live-in
- 09 = Other, specify
- 10 = Don't know

Key puncher: Skip 2 columns

Now I'm going to ask you about how difficult it is, on the average, to do similar kinds of activities. For each thing please tell me whether you have no difficulty at all, a little difficulty, some difficulty, a lot of difficulty, or just unable to do it.

1 = No difficulty at all
2 = A little difficulty
3 = Some difficulty
4 = A lot of difficulty
5 = Just unable to do it
8 = Don't know
9 = Refuse

(A) 16. To begin, how much difficulty, if any, do you have pulling or pushing large objects like a living room chair? Would you say you have...?

(A) 17. What about stooping, crouching or kneeling?

(A) 18. Lifting or carrying weights over 10 lbs., like a heavy bag of groceries? Do you have...

(A) 19. Reaching or extending arms above shoulder level?

(A) 20. Either writing or handling or fingering small objects?

(A) 21. Standing in one place for long periods, say 15 minutes?

(A) 22. Getting up from a chair after sitting for long periods?

(A) 23. Standing on one foot without help?

(A) 24. Picking up an object from the floor with one hand?
(P,T,A)25. Do you ever use any special equipment, aids or clothing such as canes, special stockings, braces or pacemaker?  
[CAME 1 FOR ALL THAT APPLY, CODE 2 FOR NOT APPLICABLE.]

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>No special equipment used</td>
<td>60</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>One cane</td>
<td>61</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Two canes</td>
<td>62</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>One crutch</td>
<td>63</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Two crutches</td>
<td>64</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Wheel chair</td>
<td>65</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Leg brace</td>
<td>66</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Support stockings</td>
<td>67</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Artificial limb</td>
<td>68</td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Catheter</td>
<td>69</td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>Commode</td>
<td>70</td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>Pacemaker</td>
<td>71</td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>Other, (Specify)</td>
<td>72</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>73-74</td>
<td></td>
</tr>
</tbody>
</table>

KEYPUNCHER: SKIP 2 COLUMNS

Now, we’d like to ask some questions about aches and pains.

(A) 26. Have you ever had any back pains or aches that were persistent or troublesome to you anytime in your life?

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Yes</td>
</tr>
<tr>
<td>2</td>
<td>No (GO TO Q. 36)</td>
</tr>
<tr>
<td>8</td>
<td>Don’t know</td>
</tr>
</tbody>
</table>

(A) 26a. Did you get this pain from being injured?

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Yes</td>
<td>75</td>
<td>c. 75</td>
</tr>
<tr>
<td>2</td>
<td>Yes, but I have had back pains not related to the Injury</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>No</td>
<td></td>
<td>c. 76</td>
</tr>
<tr>
<td>8</td>
<td>Don’t know</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
(A) 27. At what ages was your pain troublesome?
[CODE 1 FOR ALL THAT APPLY, CODE 2 FOR AGES NOT APPLICABLE:]

<table>
<thead>
<tr>
<th></th>
<th>Childhood</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Teenage years</td>
<td></td>
</tr>
<tr>
<td></td>
<td>20 to &lt; 40 years</td>
<td></td>
</tr>
<tr>
<td></td>
<td>40-65 years</td>
<td></td>
</tr>
<tr>
<td></td>
<td>&gt; 65 years</td>
<td></td>
</tr>
</tbody>
</table>

(A) 28. In the past year have you had any back pains?

1 Yes
2 No [GO TO Q. 36] . 82

(A) 29. Do you have any pain right now?

1 Yes
2 No . 83

(A) 30. How would you describe the timing of your pain -- is it just a brief pain, off and on pain that lasts for several hours or less, off and on pain that lasts for more than one day, or a constant pain that lasts pretty much all the time?

1 Brief
2 Off/on pain lasting minutes to hours
3 Off/on pain lasting more than 1 day . 84
4 Constant pain
8 Don’t know

(A) 31. In what parts of the back do you have pain?
[CODE 1 FOR ALL THAT APPLY, CODE 2 FOR NOT APPLICABLE.]

<table>
<thead>
<tr>
<th></th>
<th>Neck</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>High/mid-back (thoracic)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Lumbosacral (low back)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Coccygeal (very low, perirectal)</td>
<td></td>
</tr>
</tbody>
</table>
(A) 32. When the pain is at its worst, how bad is it? Would you say that it is mild, moderate, or severe?

1. Mild
2. Moderate
3. Severe
4. Other sensation than standard pain
9. Don’t know

(A) 33. How bad is the pain most of the time?

1. Mild
2. Moderate
3. Severe
4. Other sensation than standard pain
8. Don’t know

34. Has your back pain ever caused you to:
[CODE: 1 = YES 2 = No 8 = DON'T KNOW 9 = REFUSE]

- Take a pain killer?
- See a doctor?
- See a chiropractor?
- Go to the hospital?
- Have surgery?
- Take medicines other than pain killers?

(A) 35. In the past two weeks, has your back pain made it difficult for you to:
[CODE: 1 = YES 2 = No 8 = DON'T KNOW 9 = REFUSE]

- Walk?
- Sit?
- Lie Down?
- Do household chores or normal work duties?
- Bend over?
- Sleep?
- Use the toilet?
[Ask Q. 36-38 for STIFFNESS OR TIGHTNESS, WEAKNESS, AND PAIN]
CODE: 1 = Yes  2 = No  8 = Don’t know  9 = Refuse

(A) 36. Do you feel any _______ in any part of your body when you bend forward?
   [ ] Stiffness or tightness
   [ ] Weakness
   [ ] Pain

   c. 1-2
   c. 3-7
   c. 8
   c. 9
   c. 10

(A) 37. How about when you bend backward? Do you feel any _______ then?
   [ ] Stiffness or tightness
   [ ] Weakness
   [ ] Pain

   c. 11
   c. 12
   c. 13

(A) 38. And how about when you turn to look behind you? Do you feel any _______ then?
   [ ] Stiffness or tightness
   [ ] Weakness
   [ ] Pain

   c. 14
   c. 15
   c. 16

(A) 39. Have you ever had any pain or discomfort in your chest?
   1 Yes [SKIP 39a]
   2 No [ASK 39a]
   8 Don’t know

(A) 39a. Have you ever had any pressure or heaviness in your chest?
   1 Yes
   2 No [GO TO Q. 53]
   8 Don’t know

   c. 17

   c. 18

(A) 40. Do you get this pain or discomfort when you walk up-hill or hurry?
   1 Yes
   2 No [GO TO Q. 46]
   3 Never walks up-hill or hurries
   8 Don’t know

   c. 19
(A) 41. Do you get this pain or discomfort when you walk at an ordinary pace on the level?

1 Yes
2 No
8 Don’t know

(A) 42. What do you do if you get this pain while you are walking?

1 Stop or slow down
2 Take a nitroglycerin
3 Continue at the same pace [GO TO Q. 46]
8 Don’t know

(A) 43. If you stand still, what happens to the pain?

1 Relieved
2 Not relieved [GO TO Q. 46]
8 Don’t know

(A) 43a. How soon is the pain relieved?

1 10 minutes or less
2 More than 10 minutes [GO TO Q. 46]
8 Don’t know

(A) 44. Will you show me where it was? [MARK AREAS ON DIAGRAM WITH “X”]

[CODE 1 FOR ALL AREAS SHOWN, CODE 2 FOR AREAS NOT SHOWN.]

1. Sternum (middle or upper)
2. Sternum (lower)
3. Left anterior chest
4. Left arm
(A) 45. Did you feel it anywhere else?
   1 Yes [MARK OTHER AREAS ON DIAGRAM WITH “X”]
   2 No
   8 Don’t know

(A) 46. Have you ever had a severe pain across the front of your chest lasting half an hour or more?
   1 Yes
   2 No [GO TO Q. 53.1]
   8 Don’t know

(A) 47. Did you see a doctor because of this pain?
   1 Yes
   2 No
   8 Don’t know
   9 Refuse, why?

(A) 48. How many of these attacks have you had?
   [88 = DON’T KNOW  99 = REFUSE]
   |_|_|_| (No. of attacks)

(A) 49. Tell me about your first attack. When did you have it?
   [01=JAN., 02=FEB., ETC., 88=DON’T KNOW FOR MONTH &/OR YEAR]
   |_|_|_| (Month/year)

(A) 50. How long was it?
   |_|_|_| (Minutes)

(A) 51. How about your last attack? Can you tell me when you had that one?
   |_|_|_| (Mo./yr.)

(A) 52. And how long was that attack?
   |_|_|_| (Minutes)
(A) 53. Do you get pain in either leg while walking?

1 Yes  
2 No [GO TO Q. 62]  
8 Don’t know  
9 Refuse, why?  

(A) 54. Does this pain ever begin when you are standing still or sitting?

1 Yes [GO TO Q. 62]  
2 No  
8 Don’t know  
9 Refuse, why?  

(A) 55. In what part of your leg do you feel it?  
[IF CALVES NOT MENTIONED ASK] Anywhere else?  
[IF STILL NOT MENTIONED, CODE 2]

1 Pain includes calf/calves  
2 Pain does not include calf [GO TO Q. 62]  

(A) 56. Do you get this pain when you walk up-hill or hurry?

1 Yes  
2 No [GO TO Q. 62]  
3 Never walks up-hill or hurries  
8 Don’t know  

(A) 57. Do you get this pain when you walk at an ordinary pace on the level?

1 Yes  
2 No  
8 Don’t know  

(A) 58. Does this pain ever disappear while you are still walking?

1 Yes [GO TO Q. 62]  
2 No  
8 Don’t know  

(A) 59. What do you do if you get this pain while walking?

1 Stop/sacken pace  
2 Continue at same pace [GO TO Q. 62]
(A) 60. What happens to the pain if you stand still?
   1 Relieved
   2 Not relieved [GO TO Q. 62]

(A) 61. How soon is it relieved?
   1 10 minutes
   2 More than 10 minutes
   8 Don’t know

(A) 62. During the past 2 weeks have you been troubled by any other pain anywhere in your body that is persistent, bothersome, or limits your activity?
   1 Yes
   2 No [GO TO NEXT SECTION]

63. Would you please tell me where you have these pains?
Start with the pain that bothers you the most. [ENTER Up TO 4 PAINS IN ORDER OF MENTION. USE DESCRIPTORS INCLUDING BODY PART, RIGHT-LEFT, FRONT-BACK, ETC. CONNECTING PAINS ARE CONSIDERED ONE PAIN]

(1st pain) __________________________
(2nd pain) __________________________
(3rd pain) __________________________
(4th pain) __________________________

KEYPUNCHER: SKIP 16 COLUMNS

(A) 64. [IF ONLY ONE PAIN, ASK] How long ago did you first start having this pain?
[IF MORE THAN ONE PAIN, ASK] Now, I would like you to think of the pain in your (first pain). How long ago did you first start having this pain?

   [ENTER NO. OF YEARS: 01=1 YEAR OR LESS]

(A) 65. Do you have this pain today?
   1 Yes
   2 No
   8 Don’t know
(A) 66. Do you know the reason for the pain?
   1 Yes (Specify)
   2 No

   KEYPUNCHER: SKIP 2 COLUMNS

(A) 67. Have you talked to a doctor about the pain?
   1 Yes
   2 No
   [A] 67a. What did he tell you?
   1 Same as in Q. 66
   2 Other than Q. 66 (Specify)

   KEYPUNCHER: SKIP 2 COLUMNS

(A) 68. When your pain is at its worst, would you describe it as mild, moderate, severe, or excruciating?
   1 Mild
   2 Moderate
   3 Severe
   4 Excruciating
   8 Don’t know

(A) 69. When you have the pain, does it ever... [REPEAT AS NEEDED] [CODE: 1=YES  2=NO  8=DON’T KNOW]
   [ ] cause you to move around less?
   [ ] keep you from sleeping?
   [ ] cause you to cut down on any of your usual activities like work, household chores, or running errands?
   [ ] keep you from visiting with family or friends in your own home?
   [ ] keep you from doing things you like to do for pleasure, like hobbies or recreation?

GO TO NEXT SECTION
Now I have some questions about your eyesight.

(P,T,A) 1. Do you wear eyeglasses, contact lenses or both?
   1. Eyeglasses
   2. Contact lenses
   3. Both
   4. Neither
   5. Functionally blind [GO TO NEXT SECTION]

(A) 2. (When wearing your eyeglasses/contact lenses) Can you see well enough to recognize a friend across the street?
   1. Yes [GO TO Q. 6]
   2. No
   8. Don’t know

(T,A) 3. (When wearing your eyeglasses/contact lenses) Can you see well enough to recognize a friend across a room?
   1. Yes [GO TO Q. 6]
   2. No
   8. Don’t know

(A) 4. (When wearing your eyeglasses/contact lenses) Can you see well enough to recognize a friend who is at arms length away?
   1. Yes [GO TO Q. 6]
   2. No
   9. Don’t know

(A) 5. (When wearing your eyeglasses/contact lenses) Can you see well enough to recognize a friend if you get close to his face?
   1. Yes
   2. No
   9. Don’t know

(T,A) 6. (When wearing eyeglasses/contact lenses) Can you see well enough to read ordinary newspaper print?
   1. Yes [GO TO NEXT SECTION]
   2. No
   8. Don’t know

(A) 7. (When wearing eyeglasses/contact lenses) Can you see well enough to read large print such as newspaper headlines?
   1. Yes
   2. No
   8. Don’t know

GO TO NEXT SECTION
HEARING PROBLEMS

The next few questions are about your hearing.

(A) 1. Have you ever worn a hearing aid?
   1 Yes
   2 No [GO TO Q. 33]
   8 Don’t know
   9 Refuse, specify ____________________

(A) 1a. How old were you when you started wearing a hearing aid.
   ___ Years [888=DON'T KNOW]

(P,T,A) 2. Do you wear a hearing aid now?
   1 Yes [ASK Q. 2a.]
   2 NO [ASK Q. 2b.]

(P,T,A) 2a. How often do you usually wear a hearing aid these days -- practically always, frequently, occasionally, or almost never?
   1 Practically always
   2 Frequently
   3 Occasionally
   4 Almost never
   8 Don’t know

(A) 2b. Why don’t you wear a hearing aid anymore?
   [CODE IN ORDER OF MENTION: 1=FIRST MENTIONED,
   2=2ND, ETC] [CODE 0 FOR ALL ~ Mentioned]
   ___ Speech not loud enough
   ___ Speech not clear enough
   ___ Hearing aid too loud
   ___ Hearing aid too noisy
   ___ Hearing aid hurts my ear
   ___ Can hear now/surgery
   ___ Other, specify ____________________

KEYPUNCHER: SKIP 2 COLUMNS
(A) 3. (Without a hearing aid) How would you compare the way you hear now, with the way you heard 30 years ago?

1 Much worse
2 Slightly worse
3 About the same
4 Slightly better
5 Much better
6 Don’t know
7 Refuse, specify

(A) 3a. (Without a hearing aid) How would you compare the way you hear now, with the way you heard 10 years ago?

1 Much worse
2 Slightly worse
3 About the same
4 Slightly better
5 Much better
6 Don’t know
7 Refuse, specify

[IF R. WEARS A HEARING AID SKIP TO Q. 6]

(A) 4. Do friends or members of your family think you have a hearing loss now?

1 Yes
2 NO
3 Don’t know
4 Refuse, specify

(A) 5. Do you think you have a hearing loss now?

[IF NO CODE 1 AND GO TO Q. 6]

[IF YES ASK:] How much of the time do you have trouble hearing?

1 Never
2 Almost never
3 About half the time
4 Practically always

(A) 5a. How old were you when you first began having trouble hearing?

[ENTER AGE] [888=DON’T KNOW]

(A) 5b. Have you ever been told that a hearing aid would not help you?

1 Yes
2 No
3 Don’t know
[FOR Q. 6-10:]
ASK "WITHOUT A HEARING AID" IF R. WEARS ONE ALMOST NEVER.
ASK "WITH A HEARING AID" IF R. WEARS ONE OCCASIONALLY,
FREQUENTLY, PRACTICALLY ALWAYS].

(T,A) 6. (With/without a hearing aid) Can you usually hear and understand what a person says without seeing his face if that person talks in a normal voice to you in a quiet room?

1 Yes
2 No
8 Don't know
9 Refuse, specify

All of us have trouble understanding what others are saying from time to time. In this next set of questions we would like to get an idea of how often you have trouble understanding others.

CODE: 4 = Almost always 2 = Rarely 8 = Don't know
3 = Occasionally 1 = Never 9 = Refuse

(A)7. (With/without a hearing aid) How often do you find that people seem to speak too softly to be understood easily? Almost always, occasionally, rarely or never?

  [ENTER RESPONSE CODE]

(A)8. (With/without a hearing aid) How often do you find that people seem to mumble?
[REPEAT CATEGORIES]

  [ENTER RESPONSE CODE]

(A)9. (With/without a hearing aid) How often do you have difficulty understanding people over the telephone? Would you say ...?

  [ENTER RESPONSE CODE]

(A)10. (With/without a hearing aid) When it is noisy, as in a large group of people, in a restaurant, or when riding in a car, how often do you have difficulty understanding what people are saying?

  [ENTER RESPONSE CODE]
(A)11. Do you ever hear ringing or noises in your ears?
[IF NO CODE 5 = ALMOST NEVER OR NEVER]
[IF YES ASK:] How often?
1 Almost always
2 Frequently
3 About 1/2 the time
4 Occasionally
5 Almost never or never
8 Don’t know
9 Refuse, specify

(A)12. How much have you been around loud noises such as farm tractors, heavy construction equipment, factories, or gunfire?
1 Practically all my life
2 Most of my life
3 About 1/2 of my life
4 Occasionally
5 Almost never
8 Don’t know

GO TO NEXT SECTION
ORAL CONDITION

The next set of questions concerns teeth and dentures.

(A) 1. Do you feel that you need to go to the dentist at this time?
   1 Yes
   2 No
   8 Don’t know

(A) 2. Are you missing any lower teeth?
   1 Yes
   2 No [GO TO Q. 4.]

(A) 3. Are all of your lower teeth missing?
   1 Yes [ASK Q. 3a, THEN GO TO Q. 4]
   2 No [ASK Q. 3b., THEN GO TO Q. 4]

(P,T,A) 3a. Do you have a full lower denture?
   1 Yes
   2 No

(P,T,A) 3b. Do you have a permanent or removable lower bridge?
   1 Yes - permanent
   2 Yes - removable
   3 No

(A) 4. Are you missing any upper teeth?
   1 Yes
   2 No [GO TO Q. 6]

(A) 5. Are all of your upper teeth missing?
   1 Yes [ASK Q. 5a, THEN GO TO Q. 6]
   2 No [ASK Q. 5b, THEN GO TO Q. 6]

(P,T,A) 5a. Do you have a full upper denture?
   1 Yes
   2 No

(P,T,A) 5b. Do you have a permanent or removable upper bridge?
   1 Yes - permanent
   2 Yes - removable
   3 No
[IF R. DOES NOT HAVE FULL DENTURES GO TO Q. 11]

(A) 6. How often do you wear your dentures?  
[PROBE WITH RESPONSE CATEGORIES]

- 1 All the time
- 2 Only when you are awake
- 3 Only when you are with other people
- 4 Hardly ever
- 5 Never [GO TO Q. 11]
- 6 Don’t know
- 7 Refuse, specify ____________________________  

(A) 7. Do you usually wear your dentures while eating?  

- 1 Yes
- 2 No  

(A) 8. How long have you had the dentures you wear now?  

<table>
<thead>
<tr>
<th>Number of Years</th>
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<tbody>
<tr>
<td>1-1-1</td>
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</tbody>
</table>

[88 = DON’T KNOW]  

(A) 9. Are your dentures loose or do they ever slip or rock on you?  

- 1 Yes
- 2 No  

(A) 10. Do you ever get sores in your mouth where the dentures rub?  

- 1 Yes
- 2 No  

(A) 11. Are any of your teeth (or the teeth on your dentures) broken?  

- 1 Yes
- 2 No
- 8 Don’t know  

(A) 12. Do you ever have difficulty eating solid foods because of problems with your mouth or teeth?  

- 1 Yes
- 2 No
- 8 Don’t know
(A) 13. Do you ever find that you cannot eat some of the things you really enjoy because of problems with your mouth? [IF YES ASK:] What kinds of things?
   1 Yes (Specify)
   2 No

(KEYPUNCHER: SKIP 2 COLUMNS)

The next few questions are about some problems people tell us they have because of the condition of their mouths. For the first 3 questions, I would like you to think about whether you have had this problem in the last two weeks.

(A) 14. Within the last two weeks did you get cracks or sores in the corners of your mouth?
   1 Yes
   2 No
   8 Don’t know

(A) 15. Within the last two weeks did your gums bleed? [Either when brushing or without apparent cause.]
   1 Yes
   2 No
   8 Don’t know

(A) 16. Within the last two weeks did you have any pain in your mouth?
   1 Yes
   2 No
   8 Don’t know

(A) 17. Are you ever embarrassed around other people because of your dentures or the condition of your mouth?
   1 Yes
   2 No
   8 Don’t know
   9 Refuse, specify

GO TO NEXT SECTION
Now I’d like to ask you some questions about medicines.

(P,T,A)1. Do you have any medicines prescribed by a doctor that you have taken or were supposed to take regularly in the past 2 weeks?

1. Yes
2. No
3. Don’t know
4. Refuse, specify

(P,T,A)2. Do you have any medicines prescribed by a doctor that you are supposed to take only when you need them?

1. Yes
2. No
3. Don’t know
4. Refuse, specify

(P,T,A)3. We are also interested in other medicines not prescribed by a doctor such as: aspirin, Tylenol, Bufferin, Anacin, headache pills or pain killers, laxatives, bowel medicine, cold medicine, cough medicine, sleep medicine, antacids or stomach medicines, vitamins, ointments or salves, or any other medicines from the drug store. During the past 2 weeks, did you take any medicine not prescribed by a doctor?

1. Yes
2. No
3. Don’t know
4. Refuse, specify

[IF YES TO ANY OF THE ABOVE, ASK TO SEE ALL CONTAINERS AND RECORD DATA IN DRUG TABLES. IF CONTAINERS ARE NOT SEEN, ASK ALTERNATIVE QUESTIONS INDICATED IN THE DRUG TABLES.]

[IF NO MEDICINES TAKEN, SKIP TO Q. 4]

(P,A) 1 [ENTER 9 IF RESPONDENT REFUSES TO SHOW MEDICINES]
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Strength</th>
<th>Directions</th>
<th>Pharmacy</th>
<th>Date</th>
<th>Drs. Name</th>
</tr>
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**FOR ALL RESPONDENTS**

<table>
<thead>
<tr>
<th>How many times did you take this yesterday?</th>
<th>Prescription Drug 1</th>
<th>Prescription Drug 2</th>
<th>Prescription Drug 3</th>
<th>Prescription Drug 4</th>
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<th>Have you taken this in the past 2 weeks?</th>
<th>Prescription Drug 1</th>
<th>Prescription Drug 2</th>
<th>Prescription Drug 3</th>
<th>Prescription Drug 4</th>
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<tr>
<td>1 YES</td>
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<td>2 NO</td>
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<thead>
<tr>
<th>[FOR CODERS ONLY]</th>
<th>Prescription Drug 1</th>
<th>Prescription Drug 2</th>
<th>Prescription Drug 3</th>
<th>Prescription Drug 4</th>
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**LABEL SEEN**

Enter "1" if name on container is not R's.

**LABEL NOT SEEN: ASK**

Drug Name

Purpose

IF AVAILABLE:

Drug Logo and I.D. #

C. 12-15

C. 16-39

C. 40-47

C. 48-51

C. 52-91
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Strength</th>
<th>Directions</th>
<th>Pharmacy</th>
<th>Date</th>
<th>Drs. Name</th>
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**LABEL SEEN**

[ENTER "1" IF NAME ON CONTAINER IS NOT R'S.]

<table>
<thead>
<tr>
<th>Prescription Drug 5</th>
<th>Prescription Drug 6</th>
<th>Prescription Drug 7</th>
<th>Prescription Drug 8</th>
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**LABEL NOT SEEN: ASK**

**Drug Name**

**Purpose**

**IF AVAILABLE:** Drug Logo and I.D. #

**FOR ALL RESPONDENTS**

**How many times did you take this yesterday?**

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**[IF "0" TAKEN YESTERDAY ASK]**

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<tr>
<th>Have you taken this in the past 2 weeks?</th>
<th>1 YES</th>
<th>1 YES</th>
<th>1 YES</th>
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**[FOR CODERS ONLY]**

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<td>Prescript</td>
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<td>Drug 11</td>
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<td>Drug 10</td>
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<td>[ENTER &quot;1&quot; IF NAME ON CONTAINER IS NOT R'S.]</td>
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<td>Drug Name</td>
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<td>Drug Name</td>
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<td>FOR ALL RESPONDENTS</td>
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<td>How many times did You take this yesterday?</td>
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<td>[IF &quot;0&quot; TAKEN YESTERDAY ASK]</td>
<td>1 YES</td>
<td>1 YES</td>
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<td>Have you taken this in the past 2 weeks?</td>
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<tr>
<td>a. [CODE ONLY]</td>
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<td>1=Drug seen</td>
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<td>2=Not seen</td>
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<td>b. Name</td>
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<td>c. What did you take this for?</td>
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<td>d. About how many days in the past week did you take this?</td>
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<td>e. [IF ANY TAKEN IN PAST WEEK, ASK] Do you usually take this days a week?</td>
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KEYPUNCHER: SKIP 12 COLUMNS
(T,A) 4. Have you ever taken any digitalis, Digoxin, Lanoxin, or Digitoxin pills?
   1 Yes
   2 No
   8 Don't know

(T,A) 4a. Do you still take this pill now?
   1 Yes
   2 No

(T,A) 4b. For how long have you taken it (digitalis, Digoxin or Digitoxin pills)?
   [ENTER NO. OF YEARS] [88 DON'T KNOW]
NOW, we would like to ask you about your use of medical services.

(P,T,A) 1. Do you have a regular doctor whom you can call upon whenever you have a health problem?

1 Yes
2 No [GO TO Q. 4]
8 Don’t know
9 Refuse, specify ______________

2. What is your doctor’s name and in what town is he located?

Name ________________________________
Town ________________________________

(A) 3. Besides Dr. __________, are there any other doctors that you have seen in the last year?

1 Yes
2 No
8 Don’t know
9 Refuse, specify ______________

3a. What (is his/are their) name(s) and in what town(s) (is he/are they) located?

(second Dr. name) ________________________________
(second Dr. town) ________________________________
(third Dr. name) ________________________________
(third Dr. town) ________________________________

(KEYPUNCHER: SKIP 12 COLUMNS)
(A) 4. During the past year, how many different times have you seen doctors? (Do not include dentists)
[READ RESPONSE CATEGORIES TO R.]
1 None
2 Once
3 Two to five times
4 Six to 10 times
5 Ten to 20 times
6 More than 20 times
8 Don’t know
9 Refuse, specify ______________________

(A) 5. When was the last time you saw a doctor for health care or advice?
1 Less than 2 wks.
2 2 wks, < 1 mo.
3 1 mo. - 5 mo.
4 6 mo. - 12 mo.
5 1 - 5 yrs.
6 6+ years
7 Never
8 Don’t know
9 Refuse, specify ______________________

(A) 6. When was the last time you saw a dentist?
1 Less than one month
2 Two to 6 months
3 Six months to less than one year
4 One to 2 years
5 Three to 5 years
6 More than 5 years
7 Never [GO TO Q. 8]
8 Don’t know
9 Refuse, specify ______________________

(A) 7. What was the main reason you saw the dentist the last time? [CODE ONLY ONE REASON]
01 Regular checkup
02 Cleaning
03 Toothache
04 Extraction
05 Periodontal problem
06 Restoration (filling, crown)
07 Repair or adjust dentures
08 New dentures
09 Root canal
10 Other, specify ______________________
88 Don’t know

KEYPUNCHER: SKIP 2 COLUMNS
We would also like to know about your use of hospital services.

(P,T,A) 8. Have you been in the hospital at least overnight in the past 12 months? That is, since (Date) ————?

1 Yes [ASK Q. 8a and 8b]
2 No [ASK Q. 8c]
8 Don’t know
9 Refuse, why? ————

(P,T,A) 8a. How many different times were you in the hospital at least over night in the past 12 months? [88 = DON’T KNOW, 99 = REFUSE]

1__1 Enter number of times [GO TO Q. 9] ————

8b. What (were/was) the main reason(s) for going into the hospital (each time)? [SPECIFY FIRST 3 MENTIONED]

(Reason last visit) ————
(Reason 2nd last) ————
(Reason 3rd last) ————

KEYPUNCHER: SKIP 6 COLUMNS

(P,T,A) 8c. Have you been in a hospital at least overnight in the past 10 years?

1 Yes
2 No [GO TO Q. 9]

(A) 8d. When was the last time and in what hospital?

1__1 [ENTER YEAR] ————
(Hospital name) ————

KEYPUNCHER: SKIP 2 COLUMNS
(P,T,A) 9. Have you ever been a patient in a nursing home?
   1 Yes
   2 No
   9 Refuse, specify ________________________________

(P,T,A) 9a. Have you been in a nursing home as a patient in the past 12 months? That is since (date)?
   1 Yes
   2 No
   8 Don’t know
   9 Refuse, specify ________________________________

The next few questions are about other health professionals you may have seen in the last year.

(A) a. Within the past year have you seen a _____?
   1=Yes [ASK b]
   2=NO
   8=Don’t know
   9=Refuse, why?

   b. Where do you see this Person? [IF MORE THAN ONE LOCATION. CODE MOST-RECENT]
   1=Own home
   2=Nursing home Office
   3=Hospital
   4=Private
   5=Other Specify

   a.   b.  
   10. Speech Therapist  
   11. Physical Therapist  
   12. Occupational Therapist  
   13. Chiropractor  
   14. Psychiatrist or Psychologist  
   15. Podiatrist  
   16. Public Health Nurse or Visiting Nurse  
   17. Social Worker  

GO TO NEXT SECTION
Since our health can be affected by our relations with other people, we'd like to ask some questions about your family, friends, and social activities.

(P,T,A)1. First, how many living children do you have? (Natural or adopted)

<table>
<thead>
<tr>
<th>ENTER NUMBER: 89=D.K., 99=REFUSE</th>
</tr>
</thead>
<tbody>
<tr>
<td>[IF NONE, CODE &quot;00&quot; AND SKIP TO Q. 10]</td>
</tr>
</tbody>
</table>

(MODIFY WORDING OF Q. 2-9 AS NEEDED IF ONLY ONE OR TWO CHILDREN ARE REPORTED.)

(P,T,A)2. How many of your children live within an hour's drive from here?

| ENTER NUMBER |

(P,T,A)3. How many of your children do you usually see at least once a month? [IF MORE THAN ONE NUMBER GIVEN, CODE THE EVEN NUMBER]

| ENTER NUMBER |

(A) 4. If you had your way, would you see your children more often, less often, or about as often as you see them now?

|More often |
|Same as now |
|Less often |
|Don’t know |
|Refuse |

(A) 5. Compared to 10 years ago, do you see your children more often, less often, or about as often?

|More often |
|Same as now |
|Less often |
|Don’t know |
|Refuse |

(A) 6. Compared to 10 years ago, do you feel closer to your children, more distant, or about the same?

|Closer |
|Same |
|More distant |
|Don’t know |
|Refuse |
We all know that parents and children have disagreements from time to time, even when the children are fully grown. Compared to 10 years ago, would you say you have more disagreements, fewer disagreements, or about the same number of disagreements with your children?

1. Less disagreements
2. Same
3. More
4. Don’t know
5. Refuse

Do you believe you could count on your children (at least one) for help and support in a crisis, say, if you suddenly got too sick to care for yourself or if your income were suddenly cut off? [PROBE FOR DEGREE OF CERTAINTY.]

1. Definite yes
2. Probably yes
3. Doubtful
4. Definite no
5. Don’t know or undecided
6. Refuse

Would you be reluctant to ask for help from your children?

1. Yes
2. No
3. Don’t know
4. Refuse

Now, I’d like to ask you about your other relatives (besides your spouse and children), people that you are related to by blood or marriage. (Including grandchildren, brothers, sisters, sons and daughters-in-law, parents, aunts and uncles, and cousins.)

How many relatives do you have that you feel really close to? (People you feel at ease with, can talk to about private matters or call upon for help?) [IF MORE THAN ONE NUMBER GIVEN, CODE THE EVEN NUMBER]

[ENTER NUMBER: 88=D.K., 99=REFUSE]
[IF NONE, CODE “00” AND SKIP TO Q. 19]

How many of these close relatives, live within an hour’s drive from here?

[ENTER NUMBER]
(P,T,A) 12. How many of these close relatives do you usually see at least once a month? [IF MORE THAN ONE NUMBER GIVEN, CODE THE EVEN NUMBER]

| ENTER NUMBER | : 24–25 |

(A) 13. If you had your way, would you see your close relatives more often, less often, or about as often as you see them now?

1 More often
2 Same as now
3 Less often
8 Don’t know
9 Refuse

(A) 14. Compared to 10 years ago, are there more, fewer, or about the same number of relatives that you feel close to?

1 More
2 Same
3 Fewer
8 Don’t know
9 Refuse

(A) 15. Compared to 10 years ago, do you see your close relatives more often, less often, or about as often?

1 More often
2 Same
3 Less often
8 Don’t know
9 Refuse

(A) 16. How many of your close relatives are about your own age? (Same generation? How many are older? How many are younger? [TOTAL SHOULD EQUAL NUMBER OF CLOSE RELATIVES REPORTED EARLIER]

| ENTER NUMBER | : 29–30 |

| ENTER NUMBER | : 31–32 |

| ENTER NUMBER | : 33–34 |

| ENTER NUMBER | : 35–36 |
(A) 17. Do you believe you could count on your close relatives (at least one) for help and support in a crisis, say, if you suddenly got too sick to care for yourself or if your income were suddenly cut off? [PROBE FOR DEGREE OF CERTAINTY.]

1 Definite yes
2 Probably yes
3 Doubtful
4 Definite no
8 Don’t know or undecided
9 Refuse

(A) 18. Would you be reluctant to ask for help from your close relatives?

1 Yes
2 No
8 Don’t know
9 Refuse

(T,A) 19. Besides the people that you are related to, how many close friends do you have; that is, people that you feel at ease with, can talk to about private matters and can call on for help? [IF MORE THAN ONE NUMBER GIVEN, CODE EVEN NUMBER]

[ENTER NUMBER] [IF NONE, CODE “00” AND SKIP TO Q. 27]

C. 39-40

[MODIFY WORDING OF Q. 20-26 AS NEEDED IF ONLY ONE OR TWO “CLOSE FRIENDS” ARE REPORTED.]

(A) 20. How many of your close friends live within an hour’s drive from here?

[ENTER NUMBER]

C. 41-42

(P,T,A) 21. How many of your close friends do you see at least once a month? [IF MORE THAN ONE NUMBER GIVEN, CODE EVEN NUMBER]

[ENTER NUMBER]

C. 43-44

(A) 22. If you had your way, would you like to see your close friends more often, less often, or about as often as you see them now?

1 More often
2 Same as now
3 Less often
8 Don’t know
9 Refuse

C. 45
(A) 23. Compared to 10 years ago, do you see your close friends more often, less often, or about as often?

1 More often
2 Same as now
3 Less often
8 Don’t know
9 Refuse

(A) 24. How many of your close friends are about your own age? [WITHIN 5 YEARS] How many are older? How many are younger?

<table>
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<tr>
<th></th>
<th>(No. same age ± 5 yrs)</th>
<th>(No. older)</th>
<th>(No. younger)</th>
<th>(No. ages unknown)</th>
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</table>

(A) 25. Do you believe you could count on your close friends (at least one) for help and support in a crisis, say, if you suddenly got too sick to care for yourself or if your income were suddenly cut off? [PROBE FOR DEGREE OF CERTAINTY]

1 Definite yes
2 Probably yes
3 Doubtful
4 Definite no
8 Don’t know or undecided
9 Refuse

(A) 26. Would you be reluctant to ask for help from your close friends?

1 Yes
2 No
8 Don’t know
9 Refuse

(A) 27. Generally, are you the type of person who discusses personal problems with other people or do you tend to keep your problems to yourself?

1 Discuss personal problems with others
2 Keep problems to self
8 Don’t know
9 Refuse
(A) 28. Do you often feel that you would like to talk to someone about your personal problems, but have no one to talk to?
   1 Yes
   2 No
   8 Don’t know
   9 Refuse
   c. 59

(A) 29. Would you say that you are the type of person who likes to do most things with other people, or would you rather do most things by yourself?
   1 Do most things with other people
   2 Do most things alone
   3 About even
   8 Don’t know
   9 Refuse
   c. 59

(A) 30. Do you find that there are a lot of times when you want to do things with someone else, but have no one to do them with?
   1 Yes
   2 No
   3 Sometimes
   8 Don’t know
   9 Refuse
   c. 60

(P,T,A) 31. Are you a member of any clubs or organizations such as church related groups, labor unions, farm organizations, social or recreational groups?
   1 Yes
   2 No [GO TO Q. 35]
   c. 61

(P,T,A) 32. How many groups do you belong to altogether?
   [ENTER NUMBER] [ENTER NUMBER]
   c. 62-63

(T,A) 33. How many group meetings did you go to in the past month?
   [ENTER NUMBER] Number [00 = NONE 88 = DON’T KNOW]
   c. 64-65

(P,T,A) 34. Are you presently an officer of any of the organizations you belong to (e.g., president, secretary, treasurer)? [IF YES, ASK:] How many different offices do you hold (in different groups)?
   [ENTER NUMBER] Number [00 = NONE]
   c. 66-67
(A) 35. About how often do you go to religious meetings or services? [PROBE FOR FREQUENCY]

1 Never or almost never
2 Once or twice a year
3 Every few months
4 Once or twice a month
5 Once a week
6 More than once a week
8 Don’t know
9 Refuse

(P,T,A) 36. What is your religious preference?

1 Catholic
2 Protestant
3 Jewish
4 Other, specify
5 None
9 Refuse

KEYPUNCHER: SKIP 2 COLUMNS
Now I am going to read to you some statements which have to do with the way people feel about their lives. As I read them to you, please tell me whether you agree or disagree with the statement. [CIRCLE CORRECT RESPONSE. REPEAT “Do you agree or disagree?” AS NEEDED.]

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<tr>
<th></th>
<th>Agree</th>
<th>Disagree</th>
<th>Uncertain</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>(A1)</td>
<td>As I grow older, things seem better than I thought they could be. (Do you agree or disagree?)</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>(A2)</td>
<td>I am just as happy as when I was younger.</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>(A3)</td>
<td>These are the best years of my life.</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>(A4)</td>
<td>Most of the things I do are boring and monotonous.</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>(A5)</td>
<td>As I look back on my life, I am fairly well satisfied.</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>(A6)</td>
<td>I have made plans for things I’ll be doing a month or a year from now.</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>(A7)</td>
<td>I didn’t get most of the important things I wanted out of life.</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>(A8)</td>
<td>I am satisfied with what I have accomplished in my lifetime so far.</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>(A9)</td>
<td>I’ve gotten pretty much what I expected out of life.</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>(A10)</td>
<td>I expect many interesting and pleasant things to happen to me in the future.</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>
Now we’d like to ask you some questions about mood, feelings and emotions. We are asking these questions because doctors are interested in finding out how these things are related to health.

First, I will read some statements about the ways you may have felt about yourself and other people during the past week. For each statement I read, please tell me whether you felt that way hardly ever, some of the time, or most of the time. [HAND CARD B] Please use this card as a guide for your answers.

The statements I will read are things that many different people have said about their moods and feelings, so all of the statement may not apply to you. If any statement does not seem to apply to the way you felt during the past week, just give the first answer shown on the card. [PREFACE STATEMENTS WITH “During the past week ...” AS NEEDED.]

1 = Hardly ever 3 = Most of the time 9 = Refuse
2 = Some of the time 8 = Don’t know

[CIRCLE CODE NO.]

<p>| (A) 1. I did not feel like eating. My appetite was poor. | 1 2 3 8 9 |
| (A) 2. I felt depressed. | 1 2 3 8 9 |
| (A) 3. I felt that everything I did was an effort. | 1 2 3 8 9 |
| (A) 4. My sleep was restless. | 1 2 3 8 9 |
| (A) 5. I was happy. | 1 2 3 8 9 |
| (A) 6. I felt lonely. | 1 2 3 8 9 |
| (A) 7. People were unfriendly. | 1 2 3 8 9 |
| (A) 8. I enjoyed life. | 1 2 3 8 9 |
| (A) 9. I felt sad. | 1 2 3 8 9 |
| (A) 10. I felt that people disliked me. | 1 2 3 8 9 |
| (A) 11. I could not &quot;get going.&quot; | 1 2 3 8 9 |
| (A) 12. I lacked companionship. | 1 2 3 8 9 |
| (A) 13. I felt nervous, tense, and jittery. | 1 2 3 8 9 |
| (A) 14. I felt calm and relaxed. | 1 2 3 8 9 |
| (A) 15. I felt left out. | 1 2 3 8 9 |
| (A) 16. I was worried. | 1 2 3 8 9 |</p>
<table>
<thead>
<tr>
<th>Q.</th>
<th>Description</th>
<th>Code Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>A17</td>
<td>I felt cross and cranky.</td>
<td>1 2 3 8 9</td>
</tr>
<tr>
<td>A18</td>
<td>I felt secure and content.</td>
<td>1 2 3 8 9</td>
</tr>
<tr>
<td>A19</td>
<td>There were people I could talk to.</td>
<td>1 2 3 8 9</td>
</tr>
<tr>
<td>A20</td>
<td>I felt that I was part of a group of friends.</td>
<td>1 2 3 8 9</td>
</tr>
<tr>
<td>A21</td>
<td>Have you ever suffered from a period of nervousness or anxiety lasting a month or more?</td>
<td>1 Yes 2 No 8 Don’t know</td>
</tr>
<tr>
<td>A22</td>
<td>During this period of nervousness did you experience...</td>
<td>[CODE: 1=Yes 2=No 8=Don’t know 9=Refuse]</td>
</tr>
<tr>
<td></td>
<td>difficulty falling asleep?</td>
<td>c. 39</td>
</tr>
<tr>
<td></td>
<td>muscular tension or trembling?</td>
<td>c. 40</td>
</tr>
<tr>
<td></td>
<td>worrying about things that might happen?</td>
<td>c. 41</td>
</tr>
<tr>
<td></td>
<td>restlessness?</td>
<td>c. 42</td>
</tr>
<tr>
<td></td>
<td>heart pounding, shortness of breath, dizziness or sweating?</td>
<td>c. 43</td>
</tr>
<tr>
<td>A23</td>
<td>Did you seek treatment of any kind or take medicine during this period or periods?</td>
<td>1 Yes 2 No 8 Don’t know</td>
</tr>
<tr>
<td>A24</td>
<td>Did the nervousness affect your functioning, that is your work or social life, in any way?</td>
<td>1 Yes 2 No 8 Don’t know</td>
</tr>
<tr>
<td>A25</td>
<td>Have you ever suffered from shorter spells during which you felt suddenly scared for no reason?</td>
<td>1 Yes 2 No 8 Don’t know</td>
</tr>
</tbody>
</table>
26. During these periods did you experience . . .
   [CODE: 1=YES 2=NO 8=D.K. 9=REFUSE]

   [ ] shortness of breath?
   [ ] heart pounding or racing?
   [ ] chest pain or discomfort?
   [ ] choking or smothering sensation?
   [ ] dizziness?
   [ ] numbness or tingling?

27. Did you ever seek treatment of any kind or take medicine for these attacks?

   1 Yes
   2 No
   8 Don’t know

28. Did these attacks ever affect your functioning, that is your work or social life, in any way?

   1 Yes
   2 No
   9 Don’t know

(A) 29. I will now read a list of four general, overall statements that are written on this card. [HAND R. CARD C] Please tell me which one comes closest to describing your feelings over the past week. [PREFACE STATEMENTS WITH "During the past week" AS NEEDED.]

   1 ... I have felt good; not at all sad.
   2 ... I have only occasionally felt sad or downhearted.
   3 ... I have often felt somewhat depressed, blue or downhearted.
   4 ... I have felt very sad and depressed most of the time.

   [ ] [ENTER RESPONSE]

   [IF RESPONSE IS 1 OR 2, SKIP TO Q. 311
   [IF RESPONSE IS 3 OR 4, ASK Q. 29a.]

(A) 29a. How long have you been feeling this way?

   [1-3 DAYS = 000; 4-7 DAYS = 001 WEEKS]

   [ ] [ ] [ ] Weeks
(A) 30. During this time, have you discussed your mood or feelings with any professional person, such as a doctor, psychologist, or clergyman?

1 Yes [GO TO Q. 31]
2 No
9 Refuse, specify

(A) 30a. During this time, has anyone suggested that you should talk to a professional person about your mood or feelings?

1 Yes [GO TO Q. 31]
2 No
9 Refuse, specify

(A) 30b. During this time, have you taken any sort of medicine to change your mood?

1 Yes
2 No
9 Refuse, specify

(A) 31. In recent weeks, has it ever seemed that you were having more difficulty than usual getting along with any of your family or close friends?

1 Yes
2 No
8 Don’t know
9 Refuse, specify

(A) 32. In recent weeks, has it ever seemed that you were having more difficulty than usual in dealing with people besides your family and friends, for example casual acquaintances or clerks in stores?

1 Yes
2 No
8 Don’t know
9 Refuse, specify

(A) 33. In recent weeks, has it seemed that you have less energy than usual or that you get tired more quickly than usual?

1 Yes
2 No
8 Don’t know
9 Refuse, specify
In recent weeks, have you lost interest in some things that you usually enjoy? (e.g. job, hobbies, socializing with family and friends.)

1 Yes
2 No
8 Don’t know

In recent weeks, have you found it especially hard to concentrate on some things or has it seemed that you couldn’t think as fast as usual?

1 Yes
2 No
8 Don’t know
9 Refuse, specify

In recent weeks, has there been a period of at least a week when you couldn’t seem to move as quickly as usual? For example, did you seem to be speaking more slowly than usual or did you feel like you were moving in slow motion? [PROBE TO VERIFY THAT THIS LASTED AT LEAST A WEEK.]

1 Yes
2 No
8 Don’t know
9 Refuse, specify

In recent weeks, have there been at least a few days when you couldn’t seem to sit still or when it seemed that you had to keep moving or pacing up and down?

1 Yes
2 No
8 Don’t know

In recent weeks, have you found yourself feeling guilty or blaming yourself for things that have happened in the past?

1 Yes
2 No
8 Don’t know
9 Refuse, specify

GO TO NEXT SECTION
WORRIES

(A) 1. Some people worry more than others. Would you say you are the type of person who worries too much, one who just worries about important things, or one who hardly ever worries?

<p>| | | | |</p>
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<tbody>
<tr>
<td>1</td>
<td>Too much worry</td>
<td>2</td>
<td>Worry about important things</td>
</tr>
<tr>
<td>3</td>
<td>Hardly ever worry</td>
<td>8</td>
<td>Don’t know</td>
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<td>9</td>
<td>Refuse</td>
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(A) 1a. What particular things do you worry about most often? [CODE FIRST 3 MENTIONED IN ORDER OF MENTION]

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<tbody>
<tr>
<td>01</td>
<td>Own health</td>
<td>02</td>
<td>Spouse’s health</td>
<td>03</td>
<td>Possible injury</td>
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<td>04</td>
<td>Dependency on family (now or future)</td>
<td>05</td>
<td>Going into a nursing home</td>
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<td>06</td>
<td>Own death</td>
<td>07</td>
<td>Spouse’s or significant other’s death</td>
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<td>08</td>
<td>Family problems</td>
<td>09</td>
<td>Being alone</td>
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<td>10</td>
<td>Income or money matters</td>
<td>11</td>
<td>Own retirement</td>
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<td>12</td>
<td>Spouse’s retirement</td>
<td>13</td>
<td>Changes in town or neighborhood</td>
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<td>14</td>
<td>Crime</td>
<td>15</td>
<td>Things in general, no specifics</td>
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<td>16</td>
<td>Other, specify ________________________</td>
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<tr>
<td>88</td>
<td>Don’t know</td>
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<td>99</td>
<td>Refuse</td>
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<td>First mentioned</td>
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<td>Second mentioned</td>
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<td></td>
<td>Third mentioned</td>
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KEYPUNCHER: SKIP 2 COLUMNS

(A) 2. Would you say that you worry more, less, or about the same amount as you did most of your adult life, say, up to a few years ago?

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</thead>
<tbody>
<tr>
<td>1</td>
<td>Worry more now</td>
<td>2</td>
<td>Same as always</td>
<td></td>
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<td></td>
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<tr>
<td>3</td>
<td>Worry less now</td>
<td>8</td>
<td>Don’t know</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Refuse</td>
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GO TO NEXT SECTION
DEMENTIA/ MEMORY/COGNITIVE FUNCTION

The next set of questions concerns memory. Although it is a popular belief that our memories begin to slip as we get older, doctors believe that there are many different factors that cause memory problems, including certain physical illnesses, certain medicines, and a person's emotional state, among other things. As part of our study we are trying to find some of these causes. Also, since there is little scientific information on how good the average or typical person's memory is, many of our questions are designed to provide this basic information.

We will begin with some questions that ask you to assess your own memory. First . . . [PROCEED TO Q. 1]

(A) 1. Compared to other people your own age, would you say your memory is excellent, good, fair, poor, or very poor?
   1. Excellent
   2. Good
   3. Fair
   4. Poor
   5. Very poor
   6. Don't know
   7. Refuse, specify

(A) 2. How is your memory compared to the way it was when you were a young adult, that is, up to age 30?
   1. Better [GO TO Q. 7]
   2. Same [GO TO Q. 7]
   3. Not as good
   4. Don't know
   5. Refuse, specify

(A) 3. Would you say your memory is much worse or just a little worse?
   1. Little worse [GO TO Q. 7]
   2. Much worse
   3. Don't know
   4. Refuse, specify

(A) 4. Do you ever worry about forgetting things you need to remember? [IF YES, ASK] Often, or just occasionally?
   1. No worry
   2. Occasionally
   3. Often
   4. Don't know
   5. Refuse, specify
(A)5. How long has it been since you first noticed problems with remembering things, within the last year or sometime before that?

1. Within the last year
2. More than 1 year ago
3. Don't know
4. Refuse, specify

(A)6. Did anything important happen about the time that you noticed the change?

1. No special event
2. Retirement
3. Illness (specify)
4. Accident (specify)
5. Death of someone close (specify)
6. Change of residence (describe)
7. Other event (specify)
8. Don't know
9. Refuse, why?

Now I’ll read a list of things that many people, young or old, have problems remembering. For each one, please tell me whether you have trouble with it, often, sometimes, or rarely.

[REPEAT AS NECESSARY: “How about ...? Do you have trouble with this often, sometimes or rarely?]
(A) 15. As I mentioned before, part of our study is concerned with learning how good people’s memories are on the average. So, we are asking you and hundreds of other people to do a little memory exercise for us.

For this exercise, I’ll read a set of 20 common words. When I’m finished I’ll ask you to recall as many as you can. We have purposely made the list long so that it will be difficult for anyone to recall them perfectly -- most people recall just a few.

[PROBE AS NEEDED FOR UNDERSTANDING OF TASK AND WILLINGNESS TO PARTICIPATE. IF RESPONDENT REFUSES, ENTER 99 IN BOXES BELOW AND SPECIFY REASON FOR REFUSAL. IF RESPONDENT IS UNABLE TO COMPLETE THE TASK, ENTER 77 IN THE BOXES AND SPECIFY REASON.]

Please listen carefully as I read the set of words. When I finish, I will ask you to recall aloud as many of the words as you can. You may recall the words in any order. Do you have any questions?

Please listen carefully. [INTERVIEWER READ FOLLOWING LIST AT A SLOW, STEADY RATE, APPROXIMATELY ONE WORD EVERY TWO SECONDS.]
<table>
<thead>
<tr>
<th>List_1</th>
<th>List 2</th>
<th>List 3</th>
<th>List 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>lake</td>
<td>ship</td>
<td>corn</td>
<td>door</td>
</tr>
<tr>
<td>car</td>
<td>dust</td>
<td>iron</td>
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<td>army</td>
<td>winter</td>
<td>coffee</td>
<td>pipe</td>
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<td>forest</td>
<td>steam</td>
<td>bird</td>
<td>cabin</td>
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<td>ticket</td>
<td>cat</td>
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<td>city</td>
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<td>cabin</td>
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<td>door</td>
<td>forest</td>
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<td>mountain</td>
<td>car</td>
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<tr>
<td>dust</td>
<td>corn</td>
<td>cabin</td>
<td>lake</td>
</tr>
</tbody>
</table>

NOW, please tell me the words you can recall.
[PERMIT AS MUCH TIME AS INDIVIDUAL WISHES -- APPROXIMATELY 2-3 MINUTES -- ASK IF THERE ARE “anymore?” BEFORE FINISHING.] [CODE 1 FOR WORDS RECALLED, 0 FOR WORDS OMITTED]

| | [ENTER NUMBER OF LIST USED] | : 44 |
| | Number of words recalled [99=REFUSED, 77=UNABLE TO PARTICIPATE.] | : 45-46 |

(Specify reason for refusal or inability to participate)
Now we have just a few more questions concerned with memory. These questions ask about particular bits of information that many people seem to forget from time to time. They are routine questions we ask everyone, and may or may not apply to you directly.

(CODE: 1=CORRECT 2=INCORRECT OR DON'T KNOW 9=REFUSE)

(A) 16. What is the date today?
   [CORRECT ONLY IF EXACT MONTH AND DATE GIVEN.
   IF MONTH NOT GIVEN, ASK "And what month is it?"]
   [RECORD ANSWER] ____________________________
   1 2 9 : 47

(A) 17. What day of the week is it?
   [RECORD ANSWER] ____________________________
   1 2 9 : 48

(A) 18. What is your telephone number?
   [IF NO TELEPHONE, ASK 18a]
   [RECORD ANSWER] ____________________________
   1 2 9 : 49
   (A) 18a. What is your street address?
   [RECORD ANSWER] ____________________________
   1 2 9 : 50

(A) 19. Who is the President of the United States now?
   [CORRECT REQUIRES ONLY LAST NAME OF PRESIDENT]
   [RECORD ANSWER] ____________________________
   1 2 9 : 51

(A) 20. Who was President before him?
   [NEED ONLY LAST NAME]
   [RECORD ANSWER] ____________________________
   1 2 9 : 52

(A) 21. What was your mother’s maiden name?
   [CORRECT IF LAST NAME OTHER THAN R’s IS GIVEN.]
   [RECORD ANSWER] ____________________________
   1 2 9 : 53

(A) 22. Now let’s try something different -- a little arithmetic. Subtract 3 from 20 and keep subtracting 3 from each no. all the way down.
   [CORRECT ONLY IF RESPONSE IS 17, 14, 11, 8, 5, 2]
   1 2 9 : 54

GO TO NEXT SECTION
LIFE EVENTS

Now I will read a list of events or things that happen to people and often change their lives. They are things that doctors are interested in because they could affect a person’s future health. Please tell me if any of the things I name has happened in your life within the past 12 months—that is, since (name month) of last year. [ENTER APPROPRIATE RESPONSES WITHOUT ASKING IF PRIOR INFORMATION IS AVAILABLE.] [REPEAT “in the past 12 months” AS NEEDED] [CODE: 1 = YES, 2 = NO OR NOT APPLICABLE, 9 = REFUSE]

<table>
<thead>
<tr>
<th>Event Description</th>
<th>Response 1</th>
<th>Response 2</th>
<th>Response 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Has anyone moved in with you . . . ?</td>
<td>1</td>
<td>2</td>
<td>9</td>
</tr>
<tr>
<td>Has anyone moved out of your home . . . ?</td>
<td>1</td>
<td>2</td>
<td>9</td>
</tr>
<tr>
<td>Has one of your children, a close friend or close relative moved out of town . . .?</td>
<td>1</td>
<td>2</td>
<td>9</td>
</tr>
<tr>
<td>Have any of your children been married . . . ?</td>
<td>1</td>
<td>2</td>
<td>9</td>
</tr>
<tr>
<td>Have any of your children, close relatives, or friends been divorced . . . ?</td>
<td>1</td>
<td>2</td>
<td>9</td>
</tr>
<tr>
<td>Have you had any new grandchildren born . . . ?</td>
<td>1</td>
<td>2</td>
<td>9</td>
</tr>
<tr>
<td>Have you been separated from your (husband/wife) for more than one of the past 12 months? (That is, have you been apart because of a hospitalization, vacation, or some other reason besides divorce?)</td>
<td>1</td>
<td>2</td>
<td>9</td>
</tr>
<tr>
<td>Has your (husband’s/wife’s) health changed significantly, for better or worse . . . ?</td>
<td>1</td>
<td>2</td>
<td>9</td>
</tr>
<tr>
<td>Have you changed jobs . . . ?</td>
<td>1</td>
<td>2</td>
<td>9</td>
</tr>
<tr>
<td>Have you made any new friends . . . ?</td>
<td>1</td>
<td>2</td>
<td>9</td>
</tr>
</tbody>
</table>
(A) 16. Have you had any serious arguments with your 
(husband/wife), close relatives or friends 
...? 1 2 9 c. 70

(A) 17. Has your income either increased or decreased 
significantly ...? 1 2 9 c. 71

   (A) 17a. Has it decreased? 1 2 9 c. 72

(P,T,A) 18. (Besides your husband/wife) Have you lost a close relative 
through death in the past 12 months?

   1 Yes
   2 No
   8 Don’t know
   9 Refuse

   (A) 18a. Who was it that died? [INDICATE NUMBER WHO 
DIED IN EACH CATEGORY. CODE "0" FOR NONE.]

   I  Child
   II Grandchild
   III Sibling
   IV Other relative(s)

   (A) 18b. Which month and year (did the most recent 
death occur)?

   I I I I - (Mo./year) [8888=DON’T KNOW]

   (A) 19. Have you lost a very close friend through death in the past 
12 months?

   1 Yes
   2 No
   9 Refuse

   (A) 19a. How many of your close friends have died in 
the past 12 months? [98 = Don’t know]

   I I I I (Number)

   (A) 19b. Which month and year (did the most recent 
death occur)?

   I I I I I I - (Mo./year)

GO TO NEXT SECTION
Now, we’ll shift to some habits that can affect a person’s health. First some questions about working.

(P,T,A) 1. Do you smoke cigarettes regularly now?
   1 Yes
   2 No [Go TO Q. 2]

   (A) 1a. On the average, how many cigarettes a day do you usually smoke?
   [1 PACK = 20 CIGARETTES] [88 = DON’T KNOW]
   [ ] [ ] No. of Cigarettes [SKIP TO Q. 3]

(P,T,A) 2. Did you ever smoke cigarettes regularly?
   1 Yes
   2 NO [GO TO Q. 4]

   (A) 2a. On the average, how many cigarettes a day did you usually smoke? [88 = DON’T KNOW]
   [ ] [ ] No. of Cigarettes

   (A) 2b. How old were you when you last smoked cigarettes regularly? [88 = DON’T KNOW]
   [ ] [ ] [ENTER AGE]

   (A) 3. How old were you when you first smoked cigarettes regularly?
   [ ] [ ] [ENTER AGE]

   (A) 4. Did you ever smoke cigars regularly?
   1 Yes
   2 No

   (A) 5. Did you ever smoke a pipe regularly?
   1 Yes
   2 No

GO TO NEXT SECTION
ALCOHOL USE

As part of our studies, we are trying to determine whether beverages containing alcohol are linked to certain health problems and also whether they may have some beneficial effects.

There are many different kinds of these beverages and we would like to talk about one type at a time.

(T,A)1. First, some questions about beer and ale. Have you had any beer or ale during the past year?

1 Yes
2 No [GO TO Q. 5]

(P,A)2. We are especially interested in recent times. Have you had any beer or ale in the past month?

1 Yes
2 No [GO TO Q. 5]

(P,T,A)3. Over the last month how often have you had beer or ale? (Include every time, no matter how little you had.)

(CALCULATE ALL FREQUENCY OF DRINKING Q's USING FOLLOWING CODE:)
90 = 3 OR MORE TIMES PER DAY
60 = 2 TIMES PER DAY
30 = 1 TIME PER DAY
26 = 6 DAYS PER WEEK
22 = 5 DAYS PER WEEK
17 = 4 DAYS PER WEEK
13 = 3 DAYS PER WEEK
09 = 2 DAYS PER WEEK
04 = 1 DAY PER WEEK
88 = DON'T KNOW
99 = REFUSE

(No. of times)

(A)4. When you had beer or ale, how many cans or bottles did you usually have at one time?

(No. of cans or bottles)

(T,A)5. Next some questions about wine. By wine we mean red and white table wine, sparkling wines, champagne, and sherry. Have you had any wine during the past year?

1 Yes
2 No [GO TO Q. 9]
6. Have you had any wine in the past month?
   1 Yes
   2 No [GO TO Q. 9]  

7. Over the last month, how often have you had wine?
   [CALCULATE FOR 30-DAY MONTH USING CODE IN Q. 3.]
   \[\text{(No. of times)}\]  
   c. 20-29

8. When you had wine, how many glasses did you usually have at one time?
   \[\text{(No. of glasses)}\]  
   c. 30-31

Besides beer, ale and wines, there is a wide variety of beverages containing spirits -- beverages like bourbon, scotch, gin, vodka, brandies and liqueurs. For the sake of convenience, we will lump all of these together under the general heading of "liquor" for the next question. [PROBE FOR UNDERSTANDING.]

9. Have you had any liquor in the past year? That is, things like whiskey, vodka, gin, brandy or liqueurs.
   1 Yes
   2 No [GO TO Q. 13]
   9 Refuse, specify

10. Have you had any "liquor" in the past month?
    1 Yes
    2 No [GO TO Q. 13]
    9 Refuse, specify

11. Think about all the times you have had "liquor" in the past month. About how often did you have it?
    [CALCULATE FOR 30-DAY MONTH USING CODE IN Q. 3.]
    \[\text{(No. of times)}\]  
    c. 34-35

12. When you had it, how many drinks did you usually have at one time?
    \[\text{(No. of drinks)}\]  
    C. 36-37
(A) 13. It appears that you haven’t had any alcoholic beverages in the last year -- was there ever a time in your life when you drank-alcoholic beverages?
   1 Yes [ALSO CODE "YES" FOR Q. 14 AND ASK 14a]
   2 No [SKIP TO Q. 17]

(A) 14. Has there been a period in your life when you drank quite a bit more than you do now?
   1 Yes
   2 No

(A) 14a. From what age to what age?
   __________ to __________

[IF R HASN'T INBIBED WITHIN PAST YEAR, CIRCLE 2 WITHOUT ASKING]
[IF ALREADY ANSWERED IN Q. 14a. CIRCLE 1 WITHOUT ASKING]

(A) 15. Are you drinking more now than between the ages of 50 and 65?
   1 Yes
   2 No, less
   3 No, same
   4 Don’t know
   5 Refuse, specify

(P,A) 16. Has there ever been a time in your life when you were a heavy drinker?
   1 Yes
   2 No
   8 Don’t know
   9 Refuse, specify

(A) 17. Has a doctor ever recommended that you increase or decrease your alcohol use for health reasons? [IF YES ASK: Did he say increase or decrease?]
   1 Yes, increase
   2 Yes, decrease
   3 No
   8 Don’t know
   9 Refuse, specify

GO TO NEXT SECTION
OCCUPATION/ FARMING

The kind of work we do can also affect our health, so we would like to get some information about people’s occupations.

(P,T,A) 1. Are you currently working at a paying job?
   1 Yes
   2 No - retired [GO TO Q. 8]
   3 No - laid off [GO TO Q. 8]
   4 No - seeking work [GO TO Q. 8]
   5 No - housewife [GO TO Q. 8]

(P,T,A) 2. Full-time or part-time? [FULL-TIME = 40 HOURS OR MORE]
   1 Part-time
   2 Full-time

(P,T,A) 3. What kind of work are you doing? (What is your job called?) [PROBE FOR EXACT OCCUPATIONAL TITLE]
   (Job name or title)

(IF Q.4 THRU 6 ARE OBVIOUS FROM Q. 3, RECORD WITHOUT ASKING)

4. What are your most important activities or duties?
   (Specify)

5. In what kind of business or industry do you work?
   (Specify)

(A) 6. Are you . . .?
   1 Employed by a private company?
   2 Self-employed (Not incorporated)?
   3 Self-employed (Incorporated)?
   4 Employed by a governmental agency?
   5 Working without pay in a family business or farm?
7. Are you currently working part-time or part of the year at a second paying job?  
[IF YES, ASK:] What kind of work is it?  
|_|| (Job name or title)  

(P,T,A)9. What kind of work have you done most of your life? (Specify) [PROBE FOR EXACT JOB TITLE]  

001 Never employed [GO TO Q. 14]  
002 Housewife [GO TO Q. 14]  
003 Same as Q. 4  

(A) 10. Was this a part-time or full-time job?  

1 Part-time  
2 Full-time  

[IF Q. 11 THRU 13 ARE OBVIOUS FROM Q. 9 RECORD WITHOUT ASKING]  

11. What were your most important activities or duties?  
(Specify)  

12. In what kind of industry or business did you work?  
(Specify)
(A) 13. Were you ...?

1 Employed by a private company?
2 Self-employed (Not incorporated)?
3 Self-employed (Incorporated)?
4 Employed by a governmental agency?
5 Working without pay in a family business or farm?

[IF R’S SPOUSE IS 65+ AND WILL BE INTERVIEWED, SKIP TO Q. 19]

(A) 14. Does your (husband/wife) work [OR] Did he/she work?

[IF WIDOWED OR DIVORCED ASK FOR LAST SPOUSE]

1 Yes
2 No [GO TO Q. 19]
8 Don’t know
9 Refuse, specify

[IF WIDOWED OR DIVORCED GO TO Q. 15]

(A) 14a. Is (he/she) now working, retired, on disability, or laid off from work?

1 Working
2 Retired
3 On disability
4 Laid off

(A) 15. What kind of work does (he/she) do? [OR]

What kind of work did (he/she) do for most of (his/her) life? (What is/was the job called?)

[IF Q. 16 THRU Q. 18 ARE OBVIOUS FROM Q. 15, RECORD WITHOUT ASKING]

16. What (is/was) (his/her) most important activities or duties?

(Specify)

17. In what kind of business or industry (does/did) (he/she) work?

(Specify)
(A) 18. (Is/was) (he/she) ...?
   1 Employed by a private company?
   2 Self-employed (Not incorporated)?
   3 Self-employed (Incorporated)?
   4 Employed by a governmental agency?
   5 Working without pay in a family business or farm?

---

[CODE Q. 19 WITHOUT ASKING IF ALREADY KNOWN]

(A) 19. Have you ever lived or worked on a farm of over 10 acres?
   1 Yes
   2 No [SKIP TO Q. 25]

(A) 20. How old were you when you first lived on a farm of over 10 acres?
   | ENTER AGE | [CODE 01 IF LESS THAN 1 YEAR] |

(A) 21. [IF R. NOW LIVING ON FARM, CODE PRESENT AGE WITHOUT ASKING]
   Now, how old were you when you last lived on a farm of over 10 acres?
   | ENTER AGE |

(A) 22. And, how old were you when you first worked on a farm of over 10 acres? [DOING FARM WORK, NOT JUST LIVING ON FARM.]
   | ENTER AGE: IF NEVER DID FARM WORK, CODE "00" AND SKIP TO Q. 25 |

(A) 23. [IF R. PRESENTLY WORKING ON FARM, CODE PRESENT AGE WITHOUT ASKING]
   And, how old were you when you last worked on a farm (over 10 acres)?
   | ENTER AGE |

(A) 24. What kinds of farming have you done most of your Life? [RECORD UP TO THE FIRST 3 MENTIONED]
   1 Grain and bean crops
   2 Other crops
   3 Beef cattle
   4 Hogs
   5 Dairy
   6 Sheep
   7 Poultry
   8 Other stock
   999 Refuse, specify ____________________________
(A) 25. Do you presently own any farm land?

1 Yes
2 No [GO TO NEXT SECTION]

(A) 25a. How many acres do you own?

[ENTER ACREAGE]

GO TO NEXT SECTION
We would like to ask you a few questions about your retirement.

(A) 1. What was the main reason you retired? [PROBE FOR MANDATORY] (Did you want to retire at that time?)

1. Mandatory, wanted to retire
2. Mandatory, did not want to retire
3. Health problems
4. Time seemed right
5. Retired following unemployment (laid off)
6. Other, specify
7. Don’t know
8. Refuse, specify

(A) 2. I am going to read some statements about the way some people feel about retirement. I would like you to tell me whether each of these statements fits you. [CODE: 1 = YES 2 = NO 8 = DON’T KNOW 9 = REFUSE]

1. I often miss being with people that I used to work with.
2. I often miss the feeling of doing a good job.
3. I often wish I could go back to work at my previous job.
4. I often worry about not having a job.

[GO TO NEXT SECTION]---
In these next questions we would like to get an idea about how you feel about retirement.

(A)3. Do you mostly look forward to the time when you will stop working and retire, or in general do you dislike the idea?

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>I look forward to it</td>
<td>c. 15</td>
</tr>
<tr>
<td>2</td>
<td>I dislike the idea</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Don’t know/undecided</td>
<td></td>
</tr>
</tbody>
</table>

(A)4. Some people say that retirement is good for a person; some say it is bad. In general, what do you think? (For most people you know who have retired.)

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Retirement is mostly good</td>
<td>c. 16</td>
</tr>
<tr>
<td>2</td>
<td>Retirement is mostly bad</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Don’t know</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Refuse, specify</td>
<td></td>
</tr>
</tbody>
</table>

(A)5. When do you plan to retire?

<p>| | |</p>
<table>
<thead>
<tr>
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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>1 YEAR OR LESS</td>
</tr>
<tr>
<td>02</td>
<td>2 YEARS OR LESS</td>
</tr>
<tr>
<td>88</td>
<td>DON’T KNOW</td>
</tr>
<tr>
<td>77</td>
<td>NEVER WILL RETIRE</td>
</tr>
</tbody>
</table>

GO TO NEXT SECTION
In order for us to have a clear understanding about what kinds of things effect our health, we need to get some information about income. This information will also help us to understand why some people don’t get the health services they need. I would like to assure you once again that your answers -- as with all of your answers during this interview -- are strictly confidential and will in no way be directly linked to you once the interview is over.

We are interested in knowing the different sources for income. In the past year, have you (and your husband/wife) had any income from . . . ?

<table>
<thead>
<tr>
<th>PROMPTS</th>
<th>Yes</th>
<th>No</th>
<th>Don’t know</th>
<th>Refuse</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>(A) 1. Earnings from employment (wages, salary, or income from business)</td>
<td>1</td>
<td>2</td>
<td>8</td>
<td>9</td>
<td>c. 19</td>
</tr>
<tr>
<td>(A) 2. Income from rent including farmland rent</td>
<td>1</td>
<td>2</td>
<td>8</td>
<td>9</td>
<td>c. 20</td>
</tr>
<tr>
<td>(A) 3. Income from farming (other than rent)</td>
<td>1</td>
<td>2</td>
<td>8</td>
<td>9</td>
<td>c. 21</td>
</tr>
<tr>
<td>(A) 4. Interest from investments (include trusts, annuities, payments from insurance policies and savings)</td>
<td>1</td>
<td>2</td>
<td>8</td>
<td>9</td>
<td>c. 22</td>
</tr>
<tr>
<td>(A) 5. Social security (include Soc. Sec. disability, but not SSI)</td>
<td>1</td>
<td>2</td>
<td>8</td>
<td>9</td>
<td>c. 23</td>
</tr>
<tr>
<td>(A) 6. Supplemental Security Income (SSI) payments (yellow government check)</td>
<td>1</td>
<td>2</td>
<td>8</td>
<td>9</td>
<td>c. 24</td>
</tr>
<tr>
<td>(A) 7. V.A. benefits (G.I. Bill, and disability payments)</td>
<td>1</td>
<td>2</td>
<td>8</td>
<td>9</td>
<td>c. 25</td>
</tr>
<tr>
<td>(A) 8. Disability payments not covered by social security, SSI or VA (both government and private, and including workmen’s comp.)</td>
<td>1</td>
<td>2</td>
<td>8</td>
<td>9</td>
<td>c. 26</td>
</tr>
<tr>
<td>(A) 9. Unemployment compensation</td>
<td>1</td>
<td>2</td>
<td>8</td>
<td>9</td>
<td>c. 27</td>
</tr>
<tr>
<td>(A) 10. Retirement pension from job</td>
<td>1</td>
<td>2</td>
<td>8</td>
<td>9</td>
<td>c. 28</td>
</tr>
<tr>
<td>(A) 11. Regular assistance from family members</td>
<td>1</td>
<td>2</td>
<td>8</td>
<td>9</td>
<td>c. 29</td>
</tr>
<tr>
<td>(A) 12. Regular financial aid from private organizations and churches</td>
<td>1</td>
<td>2</td>
<td>8</td>
<td>9</td>
<td>c. 30</td>
</tr>
<tr>
<td>(A) 13. Other, specify ____________________________</td>
<td>1</td>
<td>2</td>
<td>8</td>
<td>9</td>
<td>c. 31</td>
</tr>
</tbody>
</table>
(T,A)14. Please look at this card. Which of these income groups represents (your own/you and your husband’s/wife’s) personal income for the past month or year? Just give me the letter that represents your income category. Please include income from all of the sources that we talked about earlier.

[ENTER LETTER] [8=DON’T KNOW, 9=REFUSE] [IF REFUSE, SPECIFY REASON]

GO TO NEXT SECTION
LIFESTYLE/EXERCISE

People enjoy different kinds of activities, and we would like to know some of the things you do. I am going to read to you some different kinds of activities and I would like you to tell me whether or not you do them. Please use this card to help you with your answer.

[IF NO CODE 0, IF YES ASK:] About how often would you say you do this?

CODE: 0 = Do not do 3 = Once a week
       1 = Everyday 4 = Several times a month
       2 = Several times a week 5 = Once a month or less

(Do you...?)

CODE

(A) 1. Garden or do yardwork in season
     CODE . 35

(A) 2. Do House repairs or do-it-yourself projects
     CODE . 36

(A) 3. Can or Bake (do not include regular meals)
     CODE . 37

(A) 4. Take walks
     CODE . 38

(A) 5. Jog, bike ride, swim or do some other vigorous exercise
     CODE . 39

(A) 6. Collect stamps, coins, or have other similar hobbies
     CODE . 40

(A) 7. Hunt, fish, camp or go boating in season
     CODE . 41

(A) 8. Play Horse Shoes/golf or play other moderate exercise games in season
     CODE . 42

(A) 9. Sew, quilt, knit or do some other creative stitchery
     CODE . 43

(A) 10. Read or do crossword puzzles
       CODE . 44

(A) 11. Watch TV
       CODE . 45

(A) 12. Listen to the radio
       CODE . 46

(A) 13. Paint, do ceramics or other art or craft hobbies
       CODE . 47

(A) 14. Play cards, checkers, Bingo or other similar games
       CODE . 48

(A) 15. Attend sports events, movies, concerts or theatre
       CODE . 49

Is there anything else that you can think of that I haven’t mentioned? (Specify first two)

(A) 16. CODE . 50

(A) 17. CODE . 51

KEYPUNCHER: SKIP 4 COLUMNS
I am going to read some statements that people make about exercise. Please tell me whether you agree or disagree with each statement as I read it.

(A) 18. My daily chores give me enough exercise to feel my best.
   1 Agree
   2 Disagree
   8 Don’t know
   56

(A) 19. I should get more exercise.
   1 Agree
   2 Disagree
   8 Don’t know
   57

(A) 20. Sports, games and other amusements are a waste of my time.
   1 Agree
   2 Disagree
   8 Don’t know
   58
LOCATING INFORMATION

That concludes our interview, but we would like to get just a few more bits of information that will help us to locate everyone in the future.

(A) Do you have definite plans to move in the next few years?

1 Yes
2 No
8 Don’t know

Where do you plan to move?
[PROBE FOR LOCATION AND TYPE OF DWELLING]

(Town) ___________________________

(State) ___________________________

(Type of dwelling) ___________________________

Can you please give me the name, address and telephone number of one, two, or three persons, who do not live with you and who would know where you are, in case we need to contact you in the future?

<table>
<thead>
<tr>
<th>Full Name (Last, First, MI)</th>
<th>Address</th>
<th>Telephone</th>
<th>Relationship to Respondent</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

What is your social security number? ____________

Time Interview Terminated _______ : _______

[ENTER: 1=A.M., 2=P.M.]
(P,A)1. Type of Living Quarters:

01 Detached single-family house
02 Detached two-four family house or apartment
03 Semi-detached row house, town house (2 or more units in a row)
04 Apartment house (5 or more units)
05 Apartment in a partially commercial structure
06 Trailer
07 Retirement community or apartments
10 Hotel
11 Motel
12 Institution, specify _____________________
13 Other, specify _____________________

(P,T,A)2. Type of Residence:

1 Town (Within town limits, under 10 acres)
2 Rural/Non-farm (Under 10 acres)
3 Rural/Farm (Over 10 acres)

(P,T,A)3. Was the interview completed?

1 Yes, with little or no missing information.
2 Yes, but a considerable amount of information was not obtained.
3 No, terminated.

Explain reasons for refusals or non-response.

______________________________

______________________________

______________________________

______________________________

______________________________

______________________________

______________________________

______________________________
4. Was anyone else present during the interview?
   1 Yes
   2 No
   4a. In your judgment, did the other person help or hinder the interview? Explain.

5. Observed Physical Difficulties:
   a. Hearing impairment
   b. Visual impairment
   c. Wheelchair
   d. Use cane, crutches, walker
   e. Walking difficulties
   f. Crippled hands or legs
   g. Coughs continually
   h. Shortness of breath
   i. Skin problems
   j. Speech problems - not language
   k. Other physical problems, specify:

6. Language:
   1 No problem during interview
   2 Some difficulty
   3 Great difficulty during interview
   6a. What language does R speak?
7. Housing

Describe extraordinarily poor housing conditions, poor sanitation, safety hazards, inadequate heat and/or ventilation, lack of privacy, rodents and pests, or other noteworthy problems. Are conditions apparently due to lack of finances, health or physical disability, eccentricity, or some other apparent factors (specify)?

8. Any other special observations about the respondent or the interview? (Be specific)
Please note that the letter “P” inserted in various locations on the New Haven questionnaire indicates that the questions so identified were asked of proxy respondents as well as of those participants who responded for themselves.

Some questions were eliminated after the printing, but before the administration, of the questionnaire. Thus, pages which appear to be out of numerical sequence are, in fact, presented in the correct order.
YALE HEALTH AND AGING PROJECT

BASELINE QUESTIONNAIRE

1982

HOUSEHOLD ID # __ __ __ __ __

INDIVIDUAL ID # __ __

QUESTIONNAIRE #

RESPONDENT’S FULL NAME:

________________________________________

REMOVE THIS PAGE AT THE END OF THE INTERVIEW
Transfer from Household Data Sheet:

| Household ID | —— —— —— —— (1) |
|—— —— —— —— |
| Individual ID | —— (6) |
|—— —— —— —— |
| PSU (Stratum) | —— (8) |
|—— —— —— —— |
| Segment | —— —— —— (10) |
|—— —— —— —— |
| Line # | —— —— (14) |
|—— —— —— —— |
| Tract | —— —— (17) |
|—— —— —— —— |
| Block | —— —— (21) |
|—— —— —— —— |
| Project | 0 —— (24) |
|—— —— —— —— |
| Questionnaire # | —— —— —— —— (27) |
|—— —— —— —— |
| Time Started | — — — |
### HOUSEHOLD COMPOSITION (HC)

Complete Household Composition from information on the cover sheet. Use Household Member Number as specified on cover sheet in addition to first name, age, and sex. At this time verify age and sex with respondent and specify relationship of member to respondent.

1. **TOTAL NUMBER OF HOUSEHOLD MEMBERS**

   # _ _ (31)

   DK - 9 8

<table>
<thead>
<tr>
<th>HOUSEHOLD MEMBER NUMBER</th>
<th>FIRST NAME</th>
<th>AGE</th>
<th>SEX</th>
<th>WHAT IS _'_s RELATIONSHIP TO YOU?</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>02</td>
<td></td>
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<td>03</td>
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<td>04</td>
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<tr>
<td>15</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**CODES: RELATIONSHIP**

00 - Self  
01 - Spouse  
02 - Son/Daughter  
03 - Son-in-law/Daughter-in-Law  
04 - Grandchild  
05 - Parent of respondent  
06 - Brother/Sister  
07 - Nephew/Niece  
08 - Cousin  
09 - Uncle/Aunt  
10 - Great grandchild  
11 - Other relative  
12 - Friend  
13 - Boarder, renter  
14 - Paid employee  
15 - Other unrelated  
97 - REFUSED  
98 - DK
HOUSEHOLD COMPOSITION (HC)

2. How old are you?

   Must be verified according to date of birth.

3. When were you born?

   Scored CORRECT only when the month, exact date, and year are all given.

4. Sex of respondent

ETHNIC ORIGIN (ETHNIC)

(P) 1. In what state or country were you born?

(P) 2. IF NOT IN THE U.S. - how old were you when you came to the United States?

(P) 3. In what state or country was your mother born?

(P) 4. In what state or country was your father born?
5. Please give the number of the group or groups which describes your racial background.

   White non-hispanic - 1
   Black non-hispanic - 2
   Asian or Pacific Islander - 3
   Aleutian, Eskimo or American Indian - 4
   Hispanic - 5
   another group not listed - 6
   REFUSED - 7
   DK - 8

If responses to Questions 3 and 4 are within U. S. A. or British Isles, skip to next section.

6. Are you able to speak _____________? (language of country of origin)
   quite fluently - 1
   pretty well - 2
   only a little - 3
   not at all - 4
   REFUSED - 7
   DK - 8
   NA - 9

HOUSING/TYPEx (HT)

1. How many rooms do you have in your living quarters? Do not include bathrooms, porches, balconies, foyers.
   Rooms - ___ (53)
   REFUSED - 97
   DK - 98

RESIDENTIAL ENVIRONMENT-MOBILITY (REM)

1. How long have you lived at this address?
   Years ___ ___ (55)
   REFUSED - 997
   DK - 998

2. How long have you lived in New (West) Haven?
   Years ___ ___ (58)
   REFUSED - 997
   DK - 998
Now, we would like to ask some questions about the neighborhood you live in.

(P) 3. In the last 12 months, in your neighborhood, have you heard of or do you know about . . .

<table>
<thead>
<tr>
<th></th>
<th>Yes, happened several times</th>
<th>Yes, once or twice</th>
<th>No</th>
<th>REF.</th>
<th>DK</th>
</tr>
</thead>
<tbody>
<tr>
<td>(P)a. a house which was robbed</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>7</td>
<td>8</td>
</tr>
<tr>
<td>(P)b. a person who was beaten up or assaulted</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>7</td>
<td>8</td>
</tr>
<tr>
<td>(P)c. a juvenile gang that destroyed property</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>7</td>
<td>8</td>
</tr>
</tbody>
</table>

Now, we would like to ask you how safe you feel in your neighborhood, house or apartment.

(P) 4. How safe from crime would you say your neighborhood is? Would you say it is . . .

very safe - 1
fairly safe - 2
somewhat safe - 3
not too safe - 4
not safe at all - 5
REFUSED - 7
DK - 8

(P) 5. Thinking about the building (house) you live in; how safe from crime would you say it is? Would you say it is . . .

very safe - 1
fairly safe - 2
somewhat safe - 3
not too safe - 4
not safe at all - 5
REFUSED - 7
DK - 8
NA - 9

Ask Question 6 only if respondent lives in an apartment or room.

(P) 6. Think about the room/apartment you live in: how safe would you say it is? Would you say it is . . .

very safe - 1
fairly safe - 2
somewhat safe - 3
not too safe - 4
not safe at all - 5
REFUSED - 7
DK - 8
NA - 9
BLOOD PRESSURE (BP)

Now, I would like to take your pulse and three blood pressure readings.

1. PULSE FOR 30 SECONDS
   
   REFUSED - 97
   UNSUCCESSFUL - 98

2. PULSE OBLITERATION PRESSURE
   
   REFUSED - 997
   UNSUCCESSFUL - 998

3. FIRST BLOOD PRESSURE READING
   
   SYSTOLIC (72)
   REFUSED - 997
   UNSUCCESSFUL - 998
   DIASTOLIC (75)
   REFUSED - 997
   UNSUCCESSFUL - 998

4. SECOND BLOOD PRESSURE READING
   
   SYSTOLIC (78)
   REFUSED - 997
   UNSUCCESSFUL - 998
   DIASTOLIC (1)
   REFUSED - 997
   UNSUCCESSFUL - 998

5. THIRD BLOOD PRESSURE READING
   
   SYSTOLIC (4)
   REFUSED - 997
   UNSUCCESSFUL - 998
   DIASTOLIC (7)
   REFUSED - 997
   UNSUCCESSFUL - 998

6. CUFF SIZE
   
   REGULAR - 1
   PEDIATRIC - 2
   LARGE ARM - 3
   REFUSED - 7
8.

7. What did you tell the respondent?  

<table>
<thead>
<tr>
<th>Normal</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Somewhat Elevated</td>
<td>2</td>
</tr>
<tr>
<td>Elevated</td>
<td>3</td>
</tr>
<tr>
<td>Critical</td>
<td>4</td>
</tr>
<tr>
<td>Other</td>
<td>5</td>
</tr>
<tr>
<td>NA</td>
<td>9</td>
</tr>
</tbody>
</table>

GUIDELINES ON REPORTING BLOOD PRESSURE READINGS

**BLOOD PRESSURES LESS THAN 140/90 AND ON NO ANTIHYPERTENSIVE MEDICATIONS**

Your blood pressure today is within normal limits. You can help maintain good health by knowing your blood pressure and having it checked at least once a year.

**BLOOD PRESSURE LESS THAN 140/90 AND UNDER TREATMENT FOR HYPERTENSION**

Your blood pressure today is within normal limits. Continue to follow your doctor’s advice, taking your medications as your doctor has prescribed and continue to see him. Be sure to have your blood pressure checked regularly.

**BLOOD PRESSURE 140/90 to 160/94 ON OR OFF TREATMENT**

Your blood pressure today is somewhat elevated. It is important for you to have your blood pressure checked by your doctor to see if anything further should be done about your blood pressure.

**BLOOD PRESSURE 160/96 TO OVER 160**

Your blood pressure was elevated today. It is important that you visit your doctor or clinic soon and that you follow their instructions regarding lowering your blood pressure. Do you have a doctor or clinic where you receive medical care? If not, we would be glad to help you find a source of care. (Interviewers will have lists of places to which referrals can be made.)

**DIASTOLIC BLOOD PRESSURES 115 OR GREATER**

Your blood pressure is quite high today. It is important for you to see your doctor as soon as possible. If you would like, I can telephone your doctor’s office or clinic to give them a report of your blood pressure. If you do not have a doctor’s office or clinic where you receive medical care I can contact ________ (each interviewer will have a place to refer) and arrange for you to be seen there. Because your blood pressure is this high, it is important for you to get care as soon as possible.
CHRONIC CONDITIONS (CC)

Now let’s turn to some medical questions.

(P) 1a. Has a doctor ever told you you had a heart attack, or coronary, or myocardial infarction, or coronary thrombosis, or coronary occlusion?

(P) b. Did you have only one or more than one?

(P) c. How many years ago were you told this? (Most recent heart attack).

(P) d. Were you hospitalized overnight or longer for this (last one)?

(P) e. IF NO, how did you learn that it was a heart attack?

<table>
<thead>
<tr>
<th>Yes</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Suspect or possible</td>
<td>2</td>
</tr>
<tr>
<td>No</td>
<td>3</td>
</tr>
</tbody>
</table>

GO TO 2

| REFUSED | 7 |
| DK      | 8 |

| Only one. | 1 |
| More than one | 2 |
| REFUSED    | 7 |
| NA         | 9 |

<table>
<thead>
<tr>
<th># of years</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>REFUSED</td>
<td>7</td>
</tr>
<tr>
<td>DK</td>
<td>98</td>
</tr>
<tr>
<td>NA</td>
<td>99</td>
</tr>
</tbody>
</table>

GO TO 2

<table>
<thead>
<tr>
<th>Yes</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>2</td>
</tr>
<tr>
<td>REFUSED</td>
<td>7</td>
</tr>
<tr>
<td>NA</td>
<td>9</td>
</tr>
</tbody>
</table>

| Doctor said so | 1 |
| Nurse said so  | 2 |
| Other - nonmedical | 3 |
| Thought so myself | 4 |
| REFUSED        | 7 |
| DK            | 8 |
| NA            | 9 |
2a. Did a doctor ever tell you that you had a stroke or brain hemorrhage?

(P)Did a doctor ever tell you that you had a stroke or brain hemorrhage?

- Yes - 1
- Suspect or possible - 2
- No - 3
- GO TO 3 - REFUSED - 7
- DK - 8

b. Did you have only one or more than one?

- Only one - 1
- More than one - 2
- REFUSED - 7
- DK - 8
- NA - 9

c. How many years ago was this? (Most recent one)?

- # of years -
- REFUSED - 97
- DK - 98
- NA - 99

d. Were you hospitalized overnight or longer for this (last one)?

- Yes - 1
- No - 2
- REFUSED - 7
- DK - 8
- NA - 9

e. Do you still have leftover troubles from your stroke? NOT MENTIONED MENTIONED

(P) (1) ARM AND/OR LEG STILL WEAK OR HARD TO USE

- MENTIONED - 1
- NOT MENTIONED - 2
- REF - 7
- DK - 8
- NA - 9

(P) (2) TROUBLE WALKING

- MENTIONED - 1
- NOT MENTIONED - 2
- REF - 7
- DK - 8
- NA - 9

(P) (3) TROUBLE WITH SPEECH

- MENTIONED - 1
- NOT MENTIONED - 2
- REF - 7
- DK - 8
- NA - 9

(P) (4) OTHER (SPECIFY)
(P) 3a. Has a doctor ever told you that you had cancer, malignancy or tumor of any type?

(P) 3b. Where was it?
- (P) (1) lung
- (P) (2) colon, rectum, bowel
- (P) (3) breast
- (P) (4) other (specify)

(P) 3c. How many years ago were you first told this?

(P) 3d. Were you hospitalized overnight or longer for this?

---

Yes - 1
Suspect or possible - 2
No - 3
GO TO 4 - REFUSED - 7
DK - 8

---

Yes - 1 (27)
Suspect or possible - 2
No - 3
GO TO 4 - REFUSED - 7
DK - 8

---

Yes - 1 (28)
Suspect or possible - 2
No - 3
GO TO 4 - REFUSED - 7
DK - 8

---

Yes - 1 (29)
Suspect or possible - 2
No - 3
GO TO 4 - REFUSED - 7
DK - 8

---

Yes - 1 (30)
Suspect or possible - 2
No - 3
GO TO 4 - REFUSED - 7
DK - 8

---

Yes - 1 (31)
Suspect or possible - 2
No - 3
GO TO 4 - REFUSED - 7
DK - 8

---

Yes - 1 (32)
Suspect or possible - 2
No - 3
GO TO 4 - REFUSED - 7
DK - 8

---

Yes - 1 (33)
Suspect or possible - 2
No - 3
GO TO 4 - REFUSED - 7
DK - 8

---

Yes - 1 (34)
Suspect or possible - 2
No - 3
GO TO 4 - REFUSED - 7
DK - 8
12.

(P) 4a. Has a doctor ever told you that you had diabetes, sugar in urine, or high blood sugar?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Ref.</th>
<th>DK</th>
<th>NA</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>1</td>
<td>2</td>
<td>7</td>
<td>8</td>
<td>9</td>
</tr>
</tbody>
</table>

Suspect or possible - 2

GO TO 5

(P) 4b. How many years ago were you told this?

<table>
<thead>
<tr>
<th># of years</th>
<th>REFUSED</th>
<th>DK</th>
<th>NA</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>97</td>
<td>98</td>
<td>99</td>
</tr>
</tbody>
</table>

(P) 5c. Has a doctor, nurse, therapist, or medical assistant ever told you to:

<table>
<thead>
<tr>
<th>(P) (1) Change diet or maintain special diet?</th>
<th>Yes</th>
<th>No</th>
<th>Ref.</th>
<th>DK</th>
<th>NA</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>2</td>
<td>7</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>(P) (2) Take medicine by mouth?</td>
<td>1</td>
<td>2</td>
<td>7</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>(P) (3) Take insulin or injection?</td>
<td>1</td>
<td>2</td>
<td>7</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>(P) (4) Lose weight?</td>
<td>1</td>
<td>2</td>
<td>7</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>(P) (5) Some other treatment? (specify)</td>
<td>1</td>
<td>2</td>
<td>7</td>
<td>8</td>
<td>9</td>
</tr>
</tbody>
</table>

(P) (6) Do nothing?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Ref.</th>
<th>DK</th>
<th>NA</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>7</td>
<td>8</td>
<td>9</td>
</tr>
</tbody>
</table>

(P) (6) Are you currently:

<table>
<thead>
<tr>
<th>(P) (1) Following special diet?</th>
<th>Yes</th>
<th>No</th>
<th>Ref.</th>
<th>DK</th>
<th>NA</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>2</td>
<td>7</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>(P) (2) Taking medicine by mouth?</td>
<td>1</td>
<td>2</td>
<td>7</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>(P) (3) Taking insulin or injection?</td>
<td>1</td>
<td>2</td>
<td>7</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>(P) (4) Losing or controlling weight?</td>
<td>1</td>
<td>2</td>
<td>7</td>
<td>8</td>
<td>9</td>
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<tr>
<td>(P) (5) Some other treatment (specify)?</td>
<td>1</td>
<td>2</td>
<td>7</td>
<td>8</td>
<td>9</td>
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</table>

(P) (6) Doing nothing special?

<table>
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<tr>
<th>Yes</th>
<th>No</th>
<th>Ref.</th>
<th>DK</th>
<th>NA</th>
</tr>
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<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>7</td>
<td>8</td>
<td>9</td>
</tr>
</tbody>
</table>
13. (P) 5a. Has a doctor ever told you that you had Cirrhosis or liver disease?
   Yes - 1
   Suspect or possible - 2
   No - 3
   GO TO 6
   REFUSED - 7
   DK - 8

(P) b. How many years ago were you told this?
   # of years
   REFUSED - 97
   DK - 98
   NA - 99

(P) c. Were you hospitalized overnight or longer for this?
   Yes - 1
   No - 2
   REFUSED - 7
   DK - 8
   NA - 9

(P) 6a. Has a doctor ever told you that you had a broken or fractured hip?
   Yes - 1
   Suspect or possible - 2
   No - 3
   GO TO 7
   REFUSED - 7
   DK - 8

(P) b. How many years ago were you told this?
   # of years
   REFUSED - 97
   DK - 98
   NA - 99

(P) c. Were you ever hospitalized overnight or longer for this?
   Yes - 1
   No - 2
   REFUSED - 7
   DK - 8
   NA - 9
7a. Since the age of 50, have you ever been told by a doctor, nurse, therapist, or medical assistant that you had broken or fractured any other bones?

b. Was it your:

(P) (1) Wrist?
Yes No REF DK NA
1 2 7 8 9 (59)

(P) (2) Arm?
1 2 7 8 9 (60)

(P) (3) Back or spine?
1 2 7 8 9 (61)

(P) (4) Or any other bones?
1 2 7 8 9 (62)

(P)c. How many years ago were you told this? (If more than one, give date for most recent broken bone).

(P)d. Were you hospitalized overnight or longer for this?

Yes - 1 (58)
Suspect or possible - 2
No - 3
GO TO 8
REFUSED - 7
DK - 8

# of years ______________ (63)

REFUSED - 97
DK - 98
NA - 99

Yes - 1 (65)
No - 2
REFUSED - 7
DK - 8
NA - 9
15.

(P) 8a. Has a doctor ever told you that you had high blood pressure?

Yes - 1
Suspect or possible - 2
No - 3
GO TO 9
REFUSED - 7
DK - 8

(P) b. How many years ago were you told this?

# of years — —
REFUSED - 97
DK - 98
NA - 99

(P) c. Have you ever taken medicine prescribed by a doctor for your high blood pressure?

Yes - 1
No - 2
GO TO 9
REFUSED - 7
DK - 8
NA - 9

(P) d. Are you currently taking any medication for this?

Yes - 1
No - 2
REFUSED - 7
DK - 8
NA - 9

(P) 9. Has a doctor ever told you that you had arthritis?

Yes - 1
Suspect or possible - 2
No - 3
REFUSED - 7
DK - 8

(P)10. Has a doctor ever told you that you have Parkinson’s Disease?

Yes - 1
Suspect or possible - 2
No - 3
REFUSED - 7
DK - 8
(P) 11a. Have you had an amputation of an arm or leg, toe or finger?

- Yes - 1
- No - 2
- GO TO NEXT SECTION
- REFUSED - 7
- DK - 8

b. What limb was this?

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<th>Yes</th>
<th>Yes</th>
<th>Yes</th>
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<th>Yes</th>
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<tr>
<td>1 leg</td>
<td>2 legs</td>
<td>No</td>
<td>REF.</td>
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<td>1 leg</td>
<td>2 legs</td>
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<tr>
<td>(P) (1) leg above the knee</td>
<td>(P) (2) leg below knee or total foot</td>
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<td>8</td>
<td>9</td>
<td>(76)</td>
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<tr>
<td>(P) (3) partial foot or toes</td>
<td>(P) (4) arm or fingers</td>
<td></td>
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<td>8</td>
<td>9</td>
<td>(77)</td>
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<tr>
<td>c. Was this due to:</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>(P) (1) injury or accident?</td>
<td>(P) (2) poor circulation?</td>
<td>(P) (3) Diabetes?</td>
<td></td>
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<td>8</td>
<td>9</td>
<td>(80)</td>
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<tr>
<td>If response to Question 11b was &quot;leg,&quot; ask next two questions. Otherwise, go to next section.</td>
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(P) d. Did you obtain an artificial limb?

- Yes - 1
- No - 2
- GO TO NEXT SECTION
- REFUSED - 7
- DK - 8
- NA - 9

(P) e. Do you regularly use this limb now?

- Yes - 1
- No - 2
- REFUSED - 7
- DK - 8
(P) 2. (When wearing eyeglasses/contact lenses) Can you SEE well enough to recognize a friend across the street?

(P) 3. (When wearing eyeglasses/contact lenses) Can you SEE well enough to recognize a friend across a room?

(P) 4. (When wearing eyeglasses/contact lenses) Can you SEE well enough to recognize a friend who is an arm’s length away?

(P) 5. (When wearing eyeglasses/contact lenses) Can you SEE well enough to recognize a friend if you get close to his face?

(P) 6a. (When wearing eyeglasses/contact lenses) Can you SEE well enough to read ordinary newspaper print?

(P) b. (When wearing eyeglasses/contact lenses) Can you SEE well enough to read large print such as newspaper headlines?

GO TO 6 — Yes - 1 (12)
No - 2
REFUSED - 7
DK - 8
NA - 9

GO TO 6 — yes - 1 (13)
No - 2
REFUSED - 7
DK - 8
NA - 9

GO TO 6 — Yes - 1 (14)
No - 2
REFUSED - 7
DK - 8
NA - 9

GO TO 7 — Yes - 1 (16)
No - 2
REFUSED - 7
DK - 8
NA - 9

GO TO 7 — Yes - 1 (17)
No - 2
REFUSED - 7
DK - 8
NA - 9
(P) 7a. Has a doctor ever told you that you had cataracts?

Yes - 1 (18)
Suspect or possible - 2
No - 3
REFUSED - 7
DK - 8

(P) b. Has a doctor ever told you that you had Glaucoma?

Yes - 1 (19)
Suspect or possible - 2
No - 3
REFUSED - 7
DK - 8

HEARING (HEAR)

(P) 1a. Have you ever worn a hearing aid?

Yes - 1 (20)
Suspect or possible - 2
No - 3
REFUSED - 7
DK - 8

GO TO 2

(P) b. How often do you usually wear a hearing aid, these days?

Never or almost never - 1 (21)
Occasionally - 2
Frequently - 3
Practically always - 4

If Respondent is functionally deaf, go to next section.
Ask Questions 2 and 3 Without a hearing aid if Respondent chose to answer previous question with never or almost never. Ask "with a hearing aid" if Respondent chose to answer previous question with occasionally, frequently, practically always.

REFUSED - 7
DK - 8
NA - 9

(P) 2. (With/without a hearing aid) Can you usually hear and understand what a person says without seeing his face if that person talks in a normal voice to you in a quiet room?

Yes - 1 (22)
No - 2
REFUSED - 7
DK - 8
NA - 9

(P) 3. (With/without a hearing aid) How often do you have difficulty understanding people over the telephone?

Almost always - 1 (23)
Occasionally - 2
Rarely or never - 3
REFUSED - 7
DK - 8
NA - 9
ROSE - CHRONIC CONDITIONS (RCC)

(P) *1a. Have you ever had any pain or discomfort in your chest?

21. GO TO 2

Yes - 1 (26)
No - 2
REFUSED - 7
DK - 8

(P) b. Have you ever had any pressure or heaviness in your chest?

Yes - 1 (25)
No - 2
REFUSED - 7
DK - 8
NA - 9

(P) 2. Do you get this pain (or discomfort) when you walk up hill or hurry?

Yes - 1 (26)
No - 2
Never walks up hill or hurries - 3
REFUSED - 7
DK - 8
NA - 9

(P) 3. Do you get this pain or discomfort when you walk at an ordinary pace on level ground?

Yes - 1 (27)
No - 2
REFUSED - 7
DK - 8
NA - 9

(P) 4. What do you do if you get this pain while you are walking?

Stop or slow down - 1 (28)
Take a nitroglycerin - 2
Continue at same pace - 3
REFUSED - 7
DK - 8
NA - 9

(P) 5. If you stand still, what happens to the pain?

Relieved - 1 (29)
Not Relieved - 2
REFUSED - 7
DK - 8
NA - 9
6. How soon is the pain relieved?

- 10 Minutes or less - 1 (30)
- More than 10 minutes - 2
- REFUSED - 7
- DK - 8
- NA - 9

7. Will you show me where it was?

- Yes No REF.
- DK NA

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<tr>
<th>(P)</th>
<th>a. Sternum (middle or upper)</th>
<th>Yes</th>
<th>No</th>
<th>REF</th>
<th>DK</th>
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<th>(P)</th>
<th>b. Sternum (lower)</th>
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<th>No</th>
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<tr>
<th>(P)</th>
<th>c. Left anterior chest</th>
<th>Yes</th>
<th>No</th>
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<th>NA</th>
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<th>(P)</th>
<th>d. Left arm</th>
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<th>No</th>
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<th>DK</th>
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</table>

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<thead>
<tr>
<th>(P)</th>
<th>e. Did you feel it anywhere else?</th>
<th>Yes</th>
<th>No</th>
<th>REF</th>
<th>DK</th>
<th>NA</th>
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<tbody>
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<td>1 2 7 8 9</td>
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</table>

Record additional information on the diagram above.

8. Have you ever had a severe pain across the front of your chest lasting half an hour or more?

- Yes - 1 (36)
- No - 2
- REFUSED - 7
- DK - 8
- NA - 9

9a. Did you see a doctor because of this pain?

- Yes - 1 (37)
- No - 2
- REFUSED - 7
- DK - 8
- NA - 9

b. What did he say it was?

<table>
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<tr>
<th>(P)</th>
<th>(1) Heart trouble</th>
<th>Yes</th>
<th>No</th>
<th>REF</th>
<th>DK</th>
<th>NA</th>
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<tbody>
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<th>(2) Heart Pains</th>
<th>Yes</th>
<th>No</th>
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<th>NA</th>
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<thead>
<tr>
<th>(P)</th>
<th>(3) Not enough blood to heart</th>
<th>Yes</th>
<th>No</th>
<th>REF</th>
<th>DK</th>
<th>NA</th>
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<tbody>
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<thead>
<tr>
<th>(P)</th>
<th>(4) Other (specify)</th>
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<th>No</th>
<th>REF</th>
<th>DK</th>
<th>NA</th>
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<td>1 2 7 8 9</td>
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</table>
(P) 10. How many of these attacks have you had?

Attacks ______ (42)
REFUSED - 97
DK - 98
NA - 99

(P) 11a. Tell me about your first attack. When did it occur?

DATE MMYY ______ (44)
REFUSED - 9797
DK - 9898
NA - 9999

(P) 11b. How long did it last?

Minutes ______ (48)
REFUSED - 997
DK - 998
NA - 999

(P) c. Tell me about your last attack?

DATE MMYY ______ (51)
REFUSED - 9797
DK - 9898
NA - 9999

(P) d. How long did it last?

Minutes ______ (55)
REFUSED - 997
DK - 998
NA - 999

(P) 12. Do you get pain in either leg on walking?

Yes - 1 (58)
No - 2
REFUSED - 7
DK - 8

GO TO 21

(P) 13. Does this pain ever begin when you are standing still or sitting?

GO TO 21 Yes - 1 (59)
No - 2
REFUSED - 7
DK - 8
NA - 9
(P) 14. In what part of your leg do you feel it? Pain includes calf/calves - 1

Pain does not include calf - 2

GO TO 21<—

Pain does not include calf - 2

If calves not mentioned, ask: "Anymore else?"

If still not mentioned, indicate: "Pain does not include calf."

(P) 15. Do you get this pain when you walk uphill or hurry?

Yes - 1

GO TO 21<—

No - 2

Never walks uphill or hurries - 3

REFUSED - 7

DK - 8

NA - 9

(P) 16. Do you get this pain when you walk at an ordinary pace on level ground?

Yes - 1

GO TO 21<—

No - 2

REFUSED - 7

DK - 8

NA - 9

(P) 17. Does this pain ever disappear while you are still walking?

GO TO 21<—

Yea - 1

No - 2

REFUSED - 7

DK - 8

NA - 9

(P) 18. What do you do if you get this pain while walking?

Stop or slacken pace - 1

GO TO 21<—

Continue at same pace - 2

REFUSED - 7

DK - 8

NA - 9

(P) 19. What happens to the pain if you stand still?

Relieved - 1

GO TO 21<—

Not Relieved - 2

REFUSED - 7

DK - 8

NA - 9

(P) 20. How soon is it relieved?

10 minutes or less - 1

More than 10 minutes - 2

REFUSED - 7

DK - 8

NA - 9
(P) *21a. Do you get shortness of breath that requires you to stop and rest?

(P) b. Do you get it (shortness of breath) walking on level ground or climbing a single flight of stairs?

(P) *22a. Do you get shortness of breath when you are lying down flat?

(P) b. Does this shortness of breath improve when you sit up, or do you use extra pillows at night to prevent it?

(P) *23. Do you get severe shortness of breath which wakes you up while lying down asleep?

(P) *24. Do you usually cough first thing in the morning (on getting up) in the winter?

Include a cough with first smoke or on going outdoors. Exclude clearing throat or a single cough.
26.

(P) *25. Do you usually cough during the day - or at night - in the winter?

Yea - 1 (73)
No - 2
REFUSED - 7
DK - 8

If No to both Question 24 and 25, go to 27.

(P) 26. Do you cough like this on most days (or nights) for as much as three months each year?

Yes - 1 (74)
No - 2
REFUSED - 7
DK - 8
NA - 9

(P) *27. Do you usually bring up any phlegm from your chest first thing in the morning (on getting up) in the winter? Include: phlegm with first smoke, phlegm on first going out of doors, and swallowed phlegm. Exclude phlegm from the nose.

Yes - 1 (75)
No - 2
REFUSED - 7
DK - 8

(P) *28. Do you usually bring up any phlegm from your chest at least twice during the day - or at night - in the winter?

Yes - 1 (76)
No - 2
REFUSED - 7
DK - 8

If No to both Questions 27 and 28, go to 30.

(P) 29a. Do you bring up phlegm like this on most days (or nights) for as much as three months each year?

Yes - 1 (77)
No - 2
REFUSED - 7
DK - 8
NA - 9

(P) b. Have you had phlegm like this for 3 years or more?

Yes - 1 (78)
No - 2
REFUSED - 7
DK - 8
NA - 9
(P) *30a. Does your chest ever sound wheezing or whistling?

(P) b. Do you get this most days (or nights)?

(P) *31a. Have you ever had attacks of shortness of breath with wheezing?

(P) b. Is (was) your breathing absolutely normal between attacks?

**URINARY INCONTINENCE (UI)**

(P) 1. How often do you have difficulty holding your urine until you can get to a toilet?
WEIGHT HISTORY (WH)

(P) 1. What is your weight? 
   Pounds ——  (4) 
   REFUSED - 997 
   DK - 998

(P) 2. What is your height? 
   In your stocking feet? 
   ______ Feet  ______ Inches 
   Inches ——  (7) 
   REFUSED - 97 
   DK - 98

(P) 3. In the last year have you gained or lost more than 10 pounds? 
   Yes, gained - 1  (9) 
   Yes, lost - 2
   Yes, gained and lost - 3 
   No - 4 
   REFUSED - 7 
   DK - 8

(P) 4. What was your usual weight at age 50? 
   Pounds ——  (10) 
   REFUSED - 997 
   DK - 998

(P) 5. What was your usual weight at age 25? 
   Pounds ——  (13) 
   REFUSED - 997 
   DK - 998
COGNITIVE FUNCTION (CF)

Now I’d like to ask you some questions to check your memory. Since there is little scientific information on how good the average or typical person’s memory is, many of our questions are designed to provide this basic information. They are routine questions we ask everyone and may or may not apply to you.

Interviewer: Record all answers and indicate CORRECT or INCORRECT. All responses to be scored must be given without reference to calendar, newspaper, birth certificate, or other aid to memory.

1. What is the date today? (specify)  
   CORRECT -1       INCORRECT or DK -2       REFUSED -7
   Scored CORRECT only when the exact month, exact date, and exact year are given correctly.

2. What day of the week is it? (specify)  
   CORRECT -1       INCORRECT or DK -2       REFUSED -7

3. What is your mother’s maiden name? (specify)  
   CORRECT -1       INCORRECT or DK -2       REFUSED -7
   Does not need to be verified, scored CORRECT if a last name other than the subject’s is given.

4. Who is the President of the United States? (specify)  
   CORRECT -1       INCORRECT or DK -2       REFUSED -7
   Requires the last name of the President.

5. Who was the President just before him? (specify)  
   CORRECT -1       INCORRECT or DK -2       REFUSED -7
   Requires last name of previous president.

6. Subtract 3 from 20, and keep subtracting 3 from each new number all the way down.  
   CORRECT -1       INCORRECT or DK -2       REFUSED -7

Interviewer: CORRECT response is:  
17, 14, 11, 8, 5, 2.
ATTITUDES AND BELIEFS ABOUT HEALTH (ABH)

(P) 1. How would you rate your health at the present time?
   - Excellent - 1
   - Good - 2
   - Fair - 3
   - Poor - 4
   - Bad - 5
   - REFUSED - 7
   - DK - 8

(P) 2. Has there been a change in your health - over the past year?
   - Yes, improved, better - 1
   - Yes, worse - 2
   - No, same - 3
   - REFUSED - 7
   - DK - 8

(P) 3. How is your health today compared to when you were 40?
   - Much better - 1
   - Somewhat better - 2
   - About the same - 3
   - Somewhat worse - 4
   - Much worse - 5
   - REFUSED - 7
   - DK - 8

(P) 4a. During the past three months have you spent more than a week in bed because of illness or injury?
   - Yes - 1
   - No - 2
   - REFUSED - 7
   - DK - 8

(P)b. IF YES, how long?
   - Days
   - REFUSED - 97
   - DK - 98
   - NA - 99

(P) 5. Do you have a particular doctor or clinic that you would call your regular doctor or clinic?
   - Yes - 1
   - No - 2
   - REFUSED - 7
   - DK - 8
(P) 6a. Do any health care workers visit you in your home on a regular basis to take care of you?

Yes - 1  (29)
No - 2
Refused - 7
DK - 8

(P) b. How many?

Workers - (30)
Refused - 7
DK - 8
NA - 9

(P) c. What does this person do?
Do not include workers who come to take care of other family member.

Provide nursing care (change dressings; give meda, shots, take blood pressure) - 1
Provide assistance in activities of daily living (bathing, dressing) - 2
Help with housework (cooking, cleaning) - 3
Help with shopping or transportation - 4
Refused - 7
DK - 8

First Person  Second Person  Third Person
1. 2. 3.
HOSPITALIZATION/NURSING HOME (HNH)

(P) 1a. Have you been in a hospital at least overnight in the past 12 months? That is, since (date one year ago)?

Yes - 1
No - 2
GO TO 2
REFUSED - 7
DK - 8

(P) b. How many different times were you in the hospital at least overnight in the past twelve months?

Times _ _
REFUSED - 97
DK - 98
NA - 99

(P) c. What is the name of the hospital you were in most recently?

Yale New Haven - 1
St. Raphael’s - 2
V.A. - 3
Other (specify) - 4
REFUSED - 7
DK - 8
NA - 9

(P) 2a. Have you ever been in a nursing home as a patient?

Yes - 1
No - 2
GO TO NEXT SECTION
REFUSED - 7
DK - 8

(P) b. How many different times were you in a nursing home in the past 12 months?

Times _ _
REFUSED - 97
DK - 98
NA - 99

DENTAL (DENTAL)

(P) 1. When was the last time you saw a dentist?

1 month ago or less - 1
2 - 5 months - 2
6 months to 2 years - 3
3 - 5 years - 4
More than 5 years ago - 5
Never - 6
REFUSED - 7
DK - 8
SMOKING (SM)

(P) 1a. Do you smoke cigarette now?

Yes - 1  
No - 2  
REFUSED = 7  
DK = 8

GO TO 2

(P) b. On the average, how many cigarettes per day do you usually smoke? (One pack equals 20 cigarettes).

Cigarettes ---  
REFUSED - 997  
DK - 998  
NA - 999

(P) c. How old were you when you first smoked cigarettes regularly?

Age ---  
REFUSED - 97  
DK - 98  
NA - 99

GO TO NEXT SECTION

(P) 2a. Did you ever smoke cigarettes?

Yes - 1  
No - 2  
REFUSED = 7  
DK = 8  
NA = 9

GO TO NEXT SECTION

(P) b. On the average, how many cigarettes per day did you usually smoke? (One pack equals 20 cigarette).

Cigarettes ---  
REFUSED - 997  
DK - 998  
NA - 999

(P) c. How old were you when you last smoked cigarettes regularly?

Age ---  
REFUSED - 97  
DK - 98  
NA - 99

(P) d. How old were you when you first smoked cigarette regularly?

Age ---  
REFUSED - 97  
DK - 98  
NA - 99
ALCOHOL (ALCOH)

(P) 1a. Have you had any beer or ale during the past year?

Yes - 1
No - 2
REFUSED - 7
DK - 8

GO TO 2

(P) b. We are especially interested in recent times. Have you had any beer or ale in the past month?

Yes - 1
No - 2
REFUSED - 7
DK - 8
NA - 9

GO TO 2

(P) c. Over the last month how often have you had beer or ale?

Use actual numbers given, or calculate all frequency of drinking questions using the following codes:

3 or more times per day = 90
2 times per day = 60
1 time per day = 30
6 times per week = 26
5 times per week = 22
4 times per week = 17
3 times per week = 13
2 times per week = 09 / 1 time per week = 04

Times per month

REFUSED - 97
DK - 98
NA - 99

(P) d. When you had beer or ale, how many cans or bottles did you usually have at one time?

Cans/bottles

REFUSED - 97
DK - 98
NA - 99

(P) 2a. Next, some questions about wine. Have you had any wine during the past year?

Yes - 1
No - 2
REFUSED - 7
DK - 8

GO TO 3

(P) b. Have you had any wine in the past month?

Yes - 1
No - 2
REFUSED - 7
DK - 8
NA - 9

GO TO 3
35.

Frequency of Drinking Codes
3 or more times per day = 90
2 times per day = 60
1 time per day = 30
6 times per week = 26
5 times per week = 22
4 times per week = 17
3 times per week = 13
2 times per week = 09
1 time per week = 04

(P) c. Over the last month how often have you had wine?
(Use codes above).

(P) 2d. When you had wine, how many glasses did you usually have at one time?

(P) 3a. Have you had any liquor in the past year? That is, things like whiskey, vodka, gin, brandy, or liqueurs?

(P) b. Have you had any liquor in the past month?

(P) c. Over the last month how often have you had liquor?
(Use codes above).

(P) d. When you had it, how many drinks did you usually have at one time?
36. Had there ever been a time that you drank quite a bit more than you drink now?

   Yes - 1
   No - 2
   REFUSED - 7
   DK - 8

**SLEEP (SLEEP)**

Now we would like to get some information about how well you sleep.

(P) 1. How often do you have trouble falling asleep? Would you say it was.

   Most of the time - 1
   Sometimes - 2
   Rarely or never - 3
   REFUSED - 7
   DK - 8

(P) 2. How often do you have trouble with waking up during the night?

   Most of the time - 1
   Sometimes - 2
   Rarely or never - 3
   REFUSED - 7
   DK - 8

(P) 3. How often do you have trouble with waking up too early and not being able to fall asleep again?

   Most of the time - 1
   Sometimes - 2
   Rarely or never - 3
   REFUSED - 7
   DK - 8

(P) 4. How often do you get so sleepy during the day or evening that you have to take a nap?

   Most of the time - 1
   Sometimes - 2
   Rarely or never - 3
   REFUSED - 7
   DK - 8

(P) 5. How often do you feel really rested when you wake up in the morning?

   Most of the time - 1
   Sometimes - 2
   Rarely or never - 3
   REFUSED - 7
   DK - 8
(P) 6a. Do you ever take anything that helps you sleep at night?

- Yes - 1
- No - 2
- REFUSED - 7
- DK - 8

GO TO NEXT SECTION

(P) b. Is it a sleeping pill or other prescribed medicine?

- Yes - 1
- No - 2
- REFUSED - 7
- DK - 8
- NA - 9

GO TO NEXT SECTION

(P) c. How often do you take these pills?

- Almost every night - 1
- Several times a week - 2
- Several times a month - 3
- Once a month or less - 4
- REFUSED - 7
- DK - 8
- NA - 9
DEPRESSION (DEP)

Now I have some questions about your feelings during the past week. For each of the following statements, please tell me if you felt that way: Rarely or none of the time; some of the time; much of the time; most or all of the time.

<table>
<thead>
<tr>
<th>Question</th>
<th>Rarely or none of the time</th>
<th>Some of the time</th>
<th>Much of the time</th>
<th>Most or all of the time</th>
<th>R</th>
<th>E</th>
<th>F</th>
<th>DP</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. I was bothered by things that usually don't bother me.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>7</td>
<td>8</td>
<td></td>
<td>(3)</td>
</tr>
<tr>
<td>2. I did not feel like eating: my appetite was poor.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>7</td>
<td>8</td>
<td></td>
<td>(4)</td>
</tr>
<tr>
<td>3. I felt that I could not shake off the blues even with help from my family and friends.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>7</td>
<td>8</td>
<td></td>
<td>(5)</td>
</tr>
<tr>
<td>4. I felt that I was just as good as other people.</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>7</td>
<td>8</td>
<td></td>
<td>(6)</td>
</tr>
<tr>
<td>5. I had trouble keeping my mind on what I was doing.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>7</td>
<td>8</td>
<td></td>
<td>(7)</td>
</tr>
<tr>
<td>6. I felt depressed.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>7</td>
<td>8</td>
<td></td>
<td>(8)</td>
</tr>
<tr>
<td>7. I felt that everything I did was an effort.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>7</td>
<td>8</td>
<td></td>
<td>(9)</td>
</tr>
<tr>
<td>8. I felt hopeful about the future.</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>7</td>
<td>8</td>
<td></td>
<td>(10)</td>
</tr>
<tr>
<td>9. I thought my life had been a failure.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>7</td>
<td>8</td>
<td></td>
<td>(11)</td>
</tr>
<tr>
<td>10. I felt fearful.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>7</td>
<td>8</td>
<td></td>
<td>(12)</td>
</tr>
<tr>
<td>11. My sleep was restless.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>7</td>
<td>8</td>
<td></td>
<td>(13)</td>
</tr>
<tr>
<td>12. I was happy.</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>7</td>
<td>8</td>
<td></td>
<td>(14)</td>
</tr>
<tr>
<td>13. It seemed that I talked less than usual.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>7</td>
<td>8</td>
<td></td>
<td>(15)</td>
</tr>
<tr>
<td>14. I felt lonely.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>7</td>
<td>8</td>
<td></td>
<td>(16)</td>
</tr>
<tr>
<td>15. People were unfriendly.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>7</td>
<td>8</td>
<td></td>
<td>(17)</td>
</tr>
<tr>
<td>16. I enjoyed life.</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>7</td>
<td>8</td>
<td></td>
<td>(18)</td>
</tr>
<tr>
<td>17. I had crying spells.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>7</td>
<td>8</td>
<td></td>
<td>(19)</td>
</tr>
<tr>
<td>18. I felt sad.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>7</td>
<td>8</td>
<td></td>
<td>(20)</td>
</tr>
<tr>
<td>19. I felt that people disliked me.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>7</td>
<td>8</td>
<td></td>
<td>(21)</td>
</tr>
<tr>
<td>20. I could not get going.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>7</td>
<td>8</td>
<td></td>
<td>(22)</td>
</tr>
</tbody>
</table>

TOTAL SCORE

DO NOT KEYPUNCH
FUNCTIONAL DISABILITY (FD)

Other than when you might have been in the hospital, was there any time in the past 12 months in which you needed help from another person or special equipment or device to do any of the following things?

Interviewer: record any help as help. Repeat lead and response categories as necessary.

(P) 1a. Walking across a small room.  

GO TO 1d  
No help - 1  (23)  
Help - 2  
GO TO 2  
Unable to do - 3  
GO TO 1d  
REFUSED - 7  
DK - 8

(P) 1b. Is this help from a person, from special equipment or both?  

Person - 1  (24)  
Special equipment - 2  
Both - 3  
REFUSED - 7  
DK - 8  
NA - 9

(P) 1c. Do you still require this help?  

Yes - 1  (25)  
No - 2  
REFUSED - 7  
DK - 8  
NA - 9

(P) 1d. How much difficulty, on the average, do you have doing this...  

No difficulty at all - 1  (26)  
A little difficulty - 2  
Some difficulty - 3  
A lot of difficulty - 4  
REFUSED - 7  
DK - 8  
NA - 9

(P) 2a. Bathing, either a sponge bath, tub bath, or shower?  

GO TO 2d  
No help - 1  (27)  
Help - 2  
GO TO 3  
Unable to do - 3  
GO TO 2d  
REFUSED - 7  
DK - 8
(P) 2b. Is this help from a person, from special equipment, or both?

(P) c. Do you still require this help?

(P) d. How much difficulty, on the average, do you have doing this...

(P) 3a. Personal grooming, like brushing hair, brushing teeth, or washing face?

(P) b. Is this help from a person, from special equipment, or both?

(P) c. Do you still require this help?
41.

(P) 3d. How much difficulty, on the average, do you have doing this...

(P) 4a. Dressing, like putting on a shirt, buttoning and zipping, or putting on shoes?

(P) 4b. Is this help from a person, from special equipment or both?

(P) 4c. Do you still require this help?

(P) 4d. How much difficulty, on the average, do you have doing this...

(P) 5a. Eating like holding a fork, cutting food, or drinking from a glass?

(P) 5b. Is this help from a person, from special equipment or both?

(P) 5c. Do you still require this help?

(P) 5d. How much difficulty, on the average, do you have doing this...

(P) 5e. Eating like holding a fork, cutting food, or drinking from a glass?
(P) 5b. Is this help from a person, from special equipment or both?

(P) c. Do you still require this help?

(P) d. How much difficulty, on the average, do you have doing this . . .

(P) 6a. Getting from a bed to a chair?

(P) b. Is this help from a person, from special equipment or both?

(P) c. Do you still require this help?
(P) 6d. How much difficulty, on the average, do you have doing this... 

(P) 7a. Using the toilet? 

(P) 7b. Is this help from a person, from special equipment or both? 

(P) 7c. Do you still require this help? 

(P) 7d. How much difficulty, on the average, do you have doing this... 

(P) 8. Are you able to do heavy work around the house, like washing windows, walls, or floors without help? 

43. 

44. 

45. 

46. No difficulty at all - 1 
A little difficulty - 2 
Some difficulty - 3 
A lot of difficulty - 4 
REFUSED - 7 
DK - 8 
NA - 9 

47. GO TO 7d No help - 1 
Help - 2 

48. GO TO 8 Unable to do - 3 
REFUSED - 7 
DK - 8 
NA - 9 

49. GO TO 7d Person - 1 
Special equipment - 2 
Both - 3 
REFUSED - 7 
DK - 8 
NA - 9 

50. Yes - 1 
No - 2 
REFUSED - 7 
DK - 8 
NA - 9 

51. Yes - 1 
No - 2 
REFUSED - 7 
DK - 8 

(P) 9. Are you able to walk up and down stairs to the second floor without help? Yes - 1 (52) No - 2 REFUSED - 7 DK - 8

(P) 10. Are you able to walk half a mile without help? That’s about eight ordinary blocks. Yes - 1 (53) No - 2 REFUSED - 7 DK - 8

Now I'm going to ask you about how difficult it is, on the average, to do similar kinds of activities.

(P) 11. To begin, how much difficulty, if any, do you have pulling or pushing large objects like a living room chair? Would you say you have: No difficulty at all -1 (54) A little difficulty -2 Some difficulty -3 A lot of difficulty -4 Just unable to do it -5 REFUSED -7 DK - 8

(P) 12. What about stooping, crouching, or kneeling? Do you have: No difficulty at all -1 (55) A little difficulty -2 Some difficulty -3 A lot of difficulty -4 Just unable to do it -5 REFUSED -7 DK - 8

(P) 13. Lifting or carrying weights under 10 pounds, like a bag of potatoes. Do you have: No difficulty at all -1 (56) A little difficulty -2 Some difficulty -3 A lot of difficulty -4 Just unable to do it -5 REFUSED -7 DK - 8
(P) 14. Reaching or extending arms above shoulder level? Do you have:

- No difficulty at all - 1 (57)
- A little difficulty - 2
- Some difficulty - 3
- A lot of difficulty - 4
- Just unable to do it - 5
- REFUSED - 7
- DK - 8

(P) 15. Either writing or handling small objects? Do you have:

- No difficulty at all - 1 (58)
- A little difficulty - 2
- Some difficulty - 3
- A lot of difficulty - 4
- Just unable to do it - 5
- REFUSED - 7
- DK - 8

SIBLINGS (SIB)

We would also like to have some information about your natural brothers and sisters; please do not include step-brothers and sisters or people you were raised with who are not your blood brothers or sisters.

(P) 1. How many brothers and sisters did you have while you were growing up? Siblings — (59)

If none, go to next section.

(P) 2. Of these, what number child were you? Siblings — (61)

- first = 01
- second = 02
- third = 03

(P) 3. How many of your brothers and sisters are alive now? Siblings — (63)

- REFUSED - 97
- DK - 98
- NA - 99
MARITAL STATUS (MS)

Do not ask Questions 1 and/or 2 if the Respondent has already clearly stated his/her marital status. Circle the appropriate responses and proceed to Question 3 or next section.

(P) 1. Have you ever been married?
   (include common-law marriages)
   Yes - 1
   GO TO NEXT SECTION—NO - 2
   REFUSED - 7
   DK - 8

(P) 2. Are you now married, separated, divorced, or widowed?
   Married - 1
   Separated - 2
   Divorced - 3
   Widowed - 4
   REFUSED - 7
   DK - 8
   NA - 9

(P) 3. How long have you been
   ____________________________?
   (specify current marital status from Q. 2 above)
   Years __ (67)
   REFUSED - 97
   DK - 98
   NA - 99

(P) 4. How many times have you been married?
   IF 1, GO TO 8______________ Times __ (69)
   REFUSED - 7
   DK - 8
   NA - 9

(P) 5. How old were you when you married most recently, this last time?
   Age, __ (70)
   REFUSED - 997
   DK - 998
   NA - 999

(P) 6. How old were you when you married the time before this last one?
   Age, __ (73)
   REFUSED - 97
   DK - 98
   NA - 99

(P) 7. How did this marriage end?
   Divorced - 1 (75)
   Widowed - 2
   REFUSED - 7
   DK - 8
   NA - 9
Ask currently married persons only.

(P) 8. I am going to read some family duties. As I read each item I would like you to tell me who in your family has responsibility for each one.

<table>
<thead>
<tr>
<th>a.</th>
<th>b.</th>
<th>c.</th>
<th>d.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Handling family finances</td>
<td>Cleaning the house</td>
<td>Keep track of medical appointments</td>
<td>Taking care of health matters</td>
</tr>
<tr>
<td>Husband entirely - 01</td>
<td>Husband more - 02</td>
<td>Both equally - 03</td>
<td>Wife more - 04</td>
</tr>
<tr>
<td>Wife more - 04</td>
<td>Wife entirely - 05</td>
<td>Neither - 06</td>
<td>Each responsible - 07 for his/her own activity</td>
</tr>
<tr>
<td>REFUSED - 97</td>
<td>DK - 98</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(P) 9. Are most of your friends also your (husband’s/wife’s) friends?

<table>
<thead>
<tr>
<th>None or almost none - 1 (5)</th>
<th>Some - 2</th>
<th>Many - 3</th>
<th>All or almost all - 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>REFUSED - 7</td>
<td>DK - 8</td>
<td>NA - 9</td>
<td></td>
</tr>
</tbody>
</table>
SOCIAL NETWORKS (SN)

Now, I would like to know a few things about your children.

(P) 1. How many children, if any, have you had (including adopted children or children you have raised)?

IF NONE GO TO 11 — Children — (14)

REFUSED - 97
DK - 98

(P) 2. How many are presently living?

IF NONE GO TO 1 — Children — (16)

REFUSED - 97
DK - 98
NA - 99

(P) 3. How many of these children are sons and how many daughters?

Sons — (18)

REFUSED - 97
DK - 98
NA - 99

Daughters — (20)

REFUSED - 97
DK - 98
NA - 99

(P) 4a. How many of your children live within several blocks of your apartment or house?

Children — (22)

REFUSED - 97
DK - 98
NA - 99

(P)b. Of the others, how many live within the same metropolitan area (including suburbs) but not within several blocks of your house or apartment?

Children — (24)

REFUSED - 97
DK - 98
NA - 99

(P)c. Of the others, how many live in Connecticut?

Children — (26)

REFUSED - 97
DK - 98
NA - 99

(P)d. Of the others, how many live out of state?

Children — (28)

REFUSED - 97
DK - 98
NA - 99
51.

(P) 5a. How many of your children do you see at least once a week?

51. Children  (30)
    REFUSED - 97
    DK - 98
    NA - 99

(P) b. Of the others, how many do you see every month?

51. Children  (32)
    REFUSED - 97
    DK - 98
    NA - 99

(P) c. Of the others, how many do you see several times a year?

51. Children  (34)
    REFUSED - 97
    DK - 98
    NA - 99

(P) d. Of the others, how many do you see once a year or less?

51. Children  (36)
    REFUSED - 97
    DK - 98
    NA - 99

(P) 6a. How many of your children do you talk to on the phone or correspond with weekly?

51. Children  (38)
    REFUSED - 97
    DK - 98
    NA - 99

(P) b. Of the others, how many do you talk to on the phone or correspond with monthly?

51. Children  (40)
    REFUSED - 97
    DK - 98
    NA - 99

(P) c. Of the others, how many do you talk to on the phone or correspond with several times a year?

51. Children  (42)
    REFUSED - 97
    DK - 98
    NA - 99

(P) d. Of the others, how many do you talk to on the phone or correspond with once a year or less?

51. Children  (44)
    REFUSED - 97
    DK - 98
    NA - 99
(P) 7a. How many of your children do you feel very close to?

Children — (46)
REFUSED — 97
DK — 98
NA — 99

(P) b. How many of your children do you feel fairly close to?

Children — (48)
REFUSED — 97
DK — 98
NA — 99

(P) c. How many of your children do you feel not too close to?

Children — (50)
REFUSED — 97
DK — 98
NA — 99

(P) d. How many of your children do you feel not at all close to?

Children — (52)
REFUSED — 97
DK — 98
NA — 99

(P) 8. Would you like to see your children more often, about the same or less often than you do now?

More often — 1 (54)
About the same — 2
Less often — 3
REFUSED — 7
DK — 8
NA — 9

As you know, parents and children sometimes help each other in different ways.

9. Do you help your child/children in any of the following ways? (Go through list).

<table>
<thead>
<tr>
<th>Parent Helps Child (ren)</th>
<th>Yes</th>
<th>No</th>
<th>REF.</th>
<th>DK</th>
<th>NA</th>
</tr>
</thead>
<tbody>
<tr>
<td>(P) a. Give gifts</td>
<td></td>
<td>7</td>
<td>8</td>
<td>9</td>
<td></td>
</tr>
<tr>
<td>(P) b. Help out with money</td>
<td></td>
<td>7</td>
<td>8</td>
<td>9</td>
<td></td>
</tr>
<tr>
<td>(P) c. Help out when someone is ill</td>
<td></td>
<td>7</td>
<td>8</td>
<td>9</td>
<td></td>
</tr>
<tr>
<td>(P) d. Help keep house or fix things around the house</td>
<td></td>
<td>7</td>
<td>8</td>
<td>9</td>
<td></td>
</tr>
<tr>
<td>(P) e. Take care of grandchildren or babysit for awhile when parents are out</td>
<td></td>
<td>7</td>
<td>8</td>
<td>9</td>
<td></td>
</tr>
</tbody>
</table>
10. Now, I would like to know if your child/children helps/help you in any of the following ways.

(Go through list).

<table>
<thead>
<tr>
<th>Child(ren) Helps Parent</th>
<th>Yes</th>
<th>No</th>
<th>REF.</th>
<th>DK</th>
<th>NA</th>
</tr>
</thead>
<tbody>
<tr>
<td>(P)a. Help you when you are ill (or when your husband/wife is ill)</td>
<td>1 2</td>
<td>7 8 9</td>
<td>(60)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(P)b. Give gifts</td>
<td>1 2</td>
<td>7 8 9</td>
<td>(61)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(P)c. Shop or run errands for you</td>
<td>1 2</td>
<td>7 8 9</td>
<td>(62)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(P)d. Help out with money</td>
<td>1 2</td>
<td>7 8 9</td>
<td>(63)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(P)e. Help keep house or fix things around the house for you</td>
<td>1 2</td>
<td>7 8 9</td>
<td>(64)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(P)f. Prepare meals for you</td>
<td>1 2</td>
<td>7 8 9</td>
<td>(65)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(P)g. Drive you places, such as the doctor's shopping, church</td>
<td>1 2</td>
<td>7 8 9</td>
<td>(66)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(P)11. In general, apart from your children, if none, go to 15—relatives—how many other relatives do you have that you feel close to? (People you feel at ease with, can talk to about private matters, and can call on for help)?

12. Of these close relatives, how many live in these areas?

(P) a. In New Haven and its suburbs?

Relatives — (69)
REFUSED - 97
DK - 98
NA - 99

(P) b. Of the others, how many live in Connecticut?

Relatives — (71)
REFUSED - 97
DK - 98
NA - 99

(P) c. Of the others, how many live Out-of-State?

Relatives — (73)
REFUSED - 97
DK - 98
NA - 99
13. How many of these relatives do you see at least once a month?

14. How many of these relatives do you correspond with, either by letter or telephone, a few times a year?

15. In general, how many close friends do you have? (People that you feel at ease with, can talk to about private matters, and can call on for help).

16. How many of these friends live in these areas?
   a. In New Haven and its suburbs?
   b. Of the others, how many live in Connecticut?
   c. Of the others, how many live Out-of-State?
   d. How many of these friends do you see at least once a month?
(P) 17. How many of these friends do you exchange letters or telephone calls with a few times a year?

(P) 18. How long have you known most of your close friends?

(P) 19. How many of your close friends know each other?

(P) 20a. Is there any one special person you know that you feel very close and intimate with - someone you share confidences and feelings with, someone you feel you can depend on?

(P)b. What is this person’s relationship to you?
56.  

(P) c. Where does this person live?  

GO TO 25  

Same apartment/house as Respondent - 1  
Same building - 2  
In New Haven - 3  
In Connecticut - 4  
Out-of-state - 5  
REFUSED - 7  
DK - 8  
NA - 9

(P) d. How often do you get together with this person?  

Daily - 1  
Weekly - 2  
Monthly - 3  
Several times a year - 4  
Once a year or less - 5  
REFUSED - 7  
DK - 8  
NA - 9

(P) e. How often do you talk on the telephone with him/her?  

Daily - 1  
Weekly - 2  
Monthly - 3  
Several times a year - 6  
Once a year or less - 5  
REFUSED - 7  
DK - 8  
NA - 9
Now let’s talk about your neighbors. For people in public or private housing: we mean the people in this building. For community sample: we mean people who live on the block, or nearby.

(P 21. How many neighbors do you know well enough that you visit in each other's homes or apartments or go out together?

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Often</td>
<td>1</td>
</tr>
<tr>
<td>Sometimes</td>
<td>2</td>
</tr>
<tr>
<td>Rarely or in an emergency</td>
<td>3</td>
</tr>
<tr>
<td>Never</td>
<td>4</td>
</tr>
<tr>
<td>REFUSED</td>
<td>7</td>
</tr>
<tr>
<td>DK</td>
<td>8</td>
</tr>
</tbody>
</table>

(P) 22. How many neighbors do you consider to be friendly?

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not at all friendly</td>
<td>1</td>
</tr>
<tr>
<td>A little friendly</td>
<td>2</td>
</tr>
<tr>
<td>Moderately friendly</td>
<td>3</td>
</tr>
<tr>
<td>Very friendly</td>
<td>4</td>
</tr>
<tr>
<td>REFUSED</td>
<td>7</td>
</tr>
<tr>
<td>DK</td>
<td>8</td>
</tr>
</tbody>
</table>

(P) 23a. How often do you help out any of your neighbors with small things like lending them a cup of sugar, checking their mail, or doing some shopping for them?

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Often</td>
<td>1</td>
</tr>
<tr>
<td>Sometimes</td>
<td>2</td>
</tr>
<tr>
<td>Rarely or in an emergency</td>
<td>3</td>
</tr>
<tr>
<td>Never</td>
<td>4</td>
</tr>
<tr>
<td>REFUSED</td>
<td>7</td>
</tr>
<tr>
<td>DK</td>
<td>8</td>
</tr>
</tbody>
</table>

(P) b. How often do any of your neighbors help you out with small things like borrowing a cup of sugar, checking your mail, or doing some shopping for you?

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Often</td>
<td>1</td>
</tr>
<tr>
<td>Sometimes</td>
<td>2</td>
</tr>
<tr>
<td>Rarely or in an emergency</td>
<td>3</td>
</tr>
<tr>
<td>Never</td>
<td>4</td>
</tr>
<tr>
<td>REFUSED</td>
<td>7</td>
</tr>
<tr>
<td>DK</td>
<td>8</td>
</tr>
</tbody>
</table>
24. When you need some extra help, can you count on anyone to help with daily tasks like grocery shopping, house cleaning, cooking, telephoning, give you a ride?

[YES - 1 (24)  NO - 2  I DON'T NEED HELP - 3  REFUSED - 7  DK - 8]

25. In the last year, who has been most helpful with these daily tasks? You may mention one or two people.

<table>
<thead>
<tr>
<th>(P) a. Spouse</th>
<th>1  2  7  8  9</th>
<th>(P) b. Daughter</th>
<th>1  2  7  8  9</th>
<th>(P) c. Son</th>
<th>1  2  7  8  9</th>
</tr>
</thead>
<tbody>
<tr>
<td>(P) d. Sibling</td>
<td>1  2  7  8  9</td>
<td>(P) e. Other Relative</td>
<td>1  2  7  8  9</td>
<td>(P) f. Your Neighbors</td>
<td>1  2  7  8  9</td>
</tr>
<tr>
<td>(P) g. Co-workers</td>
<td>1  2  7  8  9</td>
<td>(P) h. Church Members</td>
<td>1  2  7  8  9</td>
<td>(P) i. Club Members</td>
<td>1  2  7  8  9</td>
</tr>
<tr>
<td>(P) j. Professionals</td>
<td>1  2  7  8  9</td>
<td>(P) k. Any Friends Not Included in These Categories</td>
<td>1  2  7  8  9</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(P) l. No One</td>
<td>1  2  7  8  9</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

26. Could you have used more help with daily tasks than you received? Would you say...

[None at all (received sufficient help) - 4  REFUSED - 7  DK - 8  NA - 9]

27. Can you count on anyone to provide you with emotional support? (Talking over problems or helping you make a difficult decision)

[YES - 1  (38)  NO - 2  I DON'T NEED HELP - 3  REFUSED - 7  DK - 8]
28. In the last year who has been most helpful in providing you with emotional support?

<table>
<thead>
<tr>
<th>(P)</th>
<th>a. SPOUSE</th>
<th>b. DAUGHTER</th>
<th>c. SON</th>
<th>d. SIBLING</th>
<th>e. OTHER RELATIVE</th>
<th>f. YOUR NEIGHBORS</th>
<th>g. CO-WORKERS</th>
<th>h. CHURCH MEMBERS</th>
<th>i. CLUB MEMBERS</th>
<th>j. PROFESSIONALS</th>
<th>k. ANY FRIENDS NOT INCLUDED IN THESE CATEGORIES</th>
<th>l. NO ONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>MENTIONED</td>
<td>1</td>
<td>2</td>
<td>7</td>
<td>8</td>
<td>9</td>
<td>(39)</td>
<td></td>
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<td></td>
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<td></td>
</tr>
<tr>
<td>NOT MENTIONED</td>
<td>1</td>
<td>2</td>
<td>7</td>
<td>8</td>
<td>9</td>
<td>(40)</td>
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<tr>
<td>REF.</td>
<td>1</td>
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<td>7</td>
<td>8</td>
<td>9</td>
<td>(41)</td>
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</tr>
<tr>
<td>DK</td>
<td>1</td>
<td>2</td>
<td>7</td>
<td>8</td>
<td>9</td>
<td>(42)</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>NA</td>
<td>1</td>
<td>2</td>
<td>7</td>
<td>8</td>
<td>9</td>
<td>(43)</td>
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<td>8</td>
<td>9</td>
<td>(45)</td>
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<td>1</td>
<td>2</td>
<td>7</td>
<td>8</td>
<td>9</td>
<td>(46)</td>
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<td>1</td>
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<td>7</td>
<td>8</td>
<td>9</td>
<td>(47)</td>
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<td>1</td>
<td>2</td>
<td>7</td>
<td>8</td>
<td>9</td>
<td>(48)</td>
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<td>1</td>
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<td>8</td>
<td>9</td>
<td>(49)</td>
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<td></td>
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<tr>
<td></td>
<td>1</td>
<td>2</td>
<td>7</td>
<td>8</td>
<td>9</td>
<td>(50)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(P) 29. Could you have used more emotional support than you received? Would you say . . .

- A lot - 1 (51)
- Some - 2
- A little - 3
- No, none (received sufficient support) - 4
- REFUSED - 7
- DK - 8
- NA - 9

(P) 30. When you need some extra help financially, can you count on anyone to help you that is, by paying any bills, housing costs, hospital visits, or providing you with food or clothes?

- YES - 1 (52)
- NO - 2
- OFFERED HELP BUT I WOULDN'T ACCEPT - 3
- I DIDN'T NEED HELP - 4
- REFUSED - 7
- DK - 8
- NA - 9

GO TO 33
31. In the last year, who has been most helpful in offering financial assistance?

<table>
<thead>
<tr>
<th></th>
<th>MENTIONED</th>
<th>NOT MENTIONED</th>
<th>REF.</th>
<th>DK</th>
<th>NA</th>
</tr>
</thead>
<tbody>
<tr>
<td>(P)a. SPOUSE</td>
<td>1</td>
<td>2</td>
<td>7</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>(P)b. DAUGHTER</td>
<td>1</td>
<td>2</td>
<td>7</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>(P)c. SON</td>
<td>1</td>
<td>2</td>
<td>7</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>(P)d. SIBLING</td>
<td>1</td>
<td>2</td>
<td>7</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>(P)e. OTHER RELATIVE</td>
<td>1</td>
<td>2</td>
<td>7</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>(P)f. YOUR NEIGHBORS</td>
<td>1</td>
<td>2</td>
<td>7</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>(P)g. CO-WORKERS</td>
<td>1</td>
<td>2</td>
<td>7</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>(P)h. CHURCH MEMBERS</td>
<td>1</td>
<td>2</td>
<td>7</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>(P)i. CLUB MEMBERS</td>
<td>1</td>
<td>2</td>
<td>7</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>(P)j. PROFESSIONALS</td>
<td>1</td>
<td>2</td>
<td>7</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>(P)k. ANY FRIENDS NOT INCLUDED IN THESE CATEGORIES?</td>
<td>1</td>
<td>2</td>
<td>7</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>(P)l. NO ONE</td>
<td>1</td>
<td>2</td>
<td>7</td>
<td>8</td>
<td>9</td>
</tr>
</tbody>
</table>

32. Could you have used more financial assistance than you received?

- A lot - 1 (65)
- Some - 2
- A little - 3
- None at all (received sufficient assistance) - 4
- REFUSED - 7
- DK - 8
- WA - 9

33. With whom did you spend the last winter holiday, that is, around Christmas, Channukah, or New Year's? You may mention more than one. (Probe "anybody else").

If Respondent does not celebrate holidays, indicate "mentioned" for alone and go to next section.

<table>
<thead>
<tr>
<th></th>
<th>MENTIONED</th>
<th>NOT MENTIONED</th>
<th>REF.</th>
<th>DK</th>
<th>NA</th>
</tr>
</thead>
<tbody>
<tr>
<td>(P) a. ALONE</td>
<td>1</td>
<td>2</td>
<td>7</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>(P) b. WITH SPOUSE</td>
<td>1</td>
<td>2</td>
<td>7</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>(P) c. WITH CHILDREN</td>
<td>1</td>
<td>2</td>
<td>7</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>(P) d. WITH SIBLINGS</td>
<td>1</td>
<td>2</td>
<td>7</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>(P) e. WITH OTHER RELATIVES</td>
<td>1</td>
<td>2</td>
<td>7</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>(P) f. WITH FRIENDS</td>
<td>1</td>
<td>2</td>
<td>7</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>(P) g. WITH NEIGHBORS</td>
<td>1</td>
<td>2</td>
<td>7</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>(P) h. OTHER (specify)</td>
<td>1</td>
<td>2</td>
<td>7</td>
<td>8</td>
<td>9</td>
</tr>
</tbody>
</table>
OCCUPATION (OCC)

Now we are going to ask you a few questions about your current work status.

(P) 1a. Are you currently working at a paying job?  

GO TO 1c  Yes - 1  (74)  
No - 2  
REFUSED - 7  
DK - 8  

(P) 1b. Are you currently seeking work?  

Yes - 1  (75)  
No - 2  
GO TO 5  
REFUSED - 7  
DK - 8  
NA - 9  

(P) 1c. Full time or part-time?  

Full time - 1  (76)  
Part time - 2  
REFUSED - 7  
DK - 8  
NA - 9  

(P) 2. What kind of work are you doing now?  

(For example: electrical engineer, stock clerk, farmer)  

(P) 3. What kind of business or industry is this?  

(For example: TV and radio mfg., retail shoe store, State Labor Dept., farm)  

(P) 4. Are you:  

(Mark one only).  

An employee of a private company, business, or individual for wages, salary, or commissions?  

Government employee - 2  (federal, state, county or local government?  

Self-employed in own business, professional practice, or farm?  

Own business not incorporated (or farm)  

Own business incorporated - 4  
Working without pay in a family business or farm  

OCCUPATION CODE  
DO NOT KEYPUNCH _ _ _
(P) 5. Are you retired? (From another job?)

  Yes - 1
  No - 2
  REFUSED - 7
  DK - 8

GO TO 6

(P) b. On disability?

  Yes - 1
  No - 2
  REFUSED - 7
  DK - 8
  NA - 9

(P) c. In what year did you retire?

  Year _______ (1)
  REFUSED - 9997
  DK - 9998
  NA - 9999

(P) 6. What kind of work have you done most of your life?

  Specify kind of work (what was your job called?)

GO TO 10

(P) 7. Was it full time or part-time?

  Full time - 1
  Part-time - 2
  REFUSED - 7
  DK - 8
  NA - 9

(P) 8. In what kind of industry or business did you work?


(P) 9. Were you:  
(Mark one only).  

- An employee of a private company, business, or individual for wages, salary, or commissions?  
- Government employee (federal, state, county or local government?)  
- Self-employed in own business, professional practice, or farm?  
- Own business not incorporated (or farm)  
- Own business incorporated  
- Working without pay in a family business or farm  
- REFUSED  
- DK  
- NA  

**ONLY FOR WIDOWED WOMEN; all others go to INCOME.**

(P) 10. Now we are going to ask a few questions about the kind of work your husband did.  
Did your husband work?  

- Yes  
- No  
- REFUSED  
- DK  
- NA

(P) 11. Was this a full time or part-time job?  

- Full time  
- Part-time  
- REFUSED  
- DK  
- NA

(p) 12. What kind of work did he do?  
(What was his job called?)  

(specify)
(P) 13. In what kind of industry or business did he work for most of his life?

(specify)

(P) 14. Was he:

(Mark one only).

<table>
<thead>
<tr>
<th>An employee of a PRIVATE company, salary or commissions?</th>
<th>(10)</th>
</tr>
</thead>
<tbody>
<tr>
<td>GOVERNMENT employee (Federal, state, county, or local government?</td>
<td></td>
</tr>
<tr>
<td>OWN business not incorporated (or farm)</td>
<td>3</td>
</tr>
<tr>
<td>Own business INCORPORATED</td>
<td>4</td>
</tr>
<tr>
<td>Working WITHOUT PAY in a family</td>
<td>5</td>
</tr>
<tr>
<td>REFUSED</td>
<td>7</td>
</tr>
<tr>
<td>DK</td>
<td>8</td>
</tr>
<tr>
<td>NA</td>
<td>9</td>
</tr>
</tbody>
</table>

OCCUPATION CODE ___
DO NOT KEYPUNCH
**INCOME (INCOME)**

(P) 1. Please look at this card. Which of these income groups represents your (and your spouse’s) income for the past month/year? Include income from all sources such as wages, salaries, social security or retirement benefits, help from relatives, rent from property, and so forth.

How often does it happen that you (and your spouse) do not have enough money to afford...

<table>
<thead>
<tr>
<th>NEVER</th>
<th>ONCE IN A WHILE</th>
<th>FAIRLY OFTEN</th>
<th>VERY OFTEN</th>
<th>REF.</th>
<th>DK</th>
</tr>
</thead>
<tbody>
<tr>
<td>(P) 2.</td>
<td>the kind of food you (and your spouse) should have?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>(F') 3.</td>
<td>the kind of medical care you (and your spouse) should have?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>(P) 4.</td>
<td>How much difficulty do you have in meeting the monthly payments on your bills?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>(P) 5.</td>
<td>In general, how do your finances usually work out at the end of the month? Do you find that you usually end up with some money left over, just enough to make ends meet, or not enough money to make ends meet?</td>
<td>Some money left over - 1 (15)</td>
<td>Just enough to make ends meet - 2</td>
<td>Not enough to make ends meet - 3</td>
<td>REFUSED - 7</td>
</tr>
</tbody>
</table>

**EDUCATION (ED)**

(P) 1. What is the highest grade or year of regular school you have completed?

Code any response over 17 as 17.

Elementary 0 1 2 3 4 5 6 7 8
High School 9 10 11 12
College 13 14 15 16 17+
SENS OF CONTROL (CONTROL)

Now, I’m going to read some statements and I’d like you to tell me how often you feel this way:

(P) 1. Many things that have happened to me are the result of luck.
   Rarely or none of the time - 1
   Some of the time - 2
   Much of the time - 3
   Most or all of the time - 4
   REFUSED - 7
   DK - 8

(P) 2. Even though I don’t always understand why things happen, I have faith that they will turn out all right.
   Rarely or none of the time - 1
   Some of the time - 2
   Much of the time - 3
   Most or all of the time - 4
   REFUSED - 7
   DK - 8

(P) 3. When I look back I feel my life has had no plan or order to it.
   Rarely or none of the time - 1
   Some of the time - 2
   Much of the time - 3
   Most or all of the time - 4
   REFUSED - 7
   DK - 8

(P) 4. I have always had a sense that I belong, that I was a part of things.
   Rarely or none of the time - 1
   Some of the time - 2
   Much of the time - 3
   Most or all of the time - 4
   REFUSED - 7
   DK - 8

(P) 5. I think this world is out of control.
   Rarely or none of the time - 1
   Some of the time - 2
   Much of the time - 3
   Most or all of the time - 4
   REFUSED - 7
   DK - 8
67. I feel completely helpless.

Rarely or none of the time - 1 (23)
Some of the time - 2
Much of the time - 3
Most or all of the time - 4
REFUSED - 7
DK - 8

GROUPS (GROUPS)

Now I would like to ask you a question about groups in which you are involved.

Do you participate in any groups such as a senior center, social or work group, church connected group, self-help group, or charity, public service or community group?

Yes - 1 (24)
No - 2
REFUSED - 7
DK - 8

(specify)

OTHER SERVICES (OS)

Now, here are some types of services that a person may use. We want to ask about the services you specifically use.

Have you used this service in the past six months?

(Ask for each service):

<table>
<thead>
<tr>
<th>Service</th>
<th>Yes</th>
<th>No</th>
<th>REF.</th>
<th>DK</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. A meals program</td>
<td>1</td>
<td>2</td>
<td>7</td>
<td>8</td>
</tr>
<tr>
<td>2. Friendly visitors</td>
<td>1</td>
<td>2</td>
<td>7</td>
<td>8</td>
</tr>
<tr>
<td>3. Telephone reassurance</td>
<td>1</td>
<td>2</td>
<td>7</td>
<td>8</td>
</tr>
<tr>
<td>4. Escort or transportation Service</td>
<td>1</td>
<td>2</td>
<td>7</td>
<td>8</td>
</tr>
<tr>
<td>5. Employment service</td>
<td>1</td>
<td>2</td>
<td>7</td>
<td>8</td>
</tr>
<tr>
<td>6. Legal services, protective services or financial counseling</td>
<td>1</td>
<td>2</td>
<td>7</td>
<td>8</td>
</tr>
<tr>
<td>7. Adult day care or day health services</td>
<td>1</td>
<td>2</td>
<td>7</td>
<td>8</td>
</tr>
<tr>
<td>8. Other social services</td>
<td>1</td>
<td>2</td>
<td>7</td>
<td>8</td>
</tr>
</tbody>
</table>
1. What is your religious preference?  
   Catholic - 1  (33)  
   Protestant - 2  
   Jewish - 3  
   Other, specify - 4  
   None - 5  
   REFUSED - 7  
   DK - 8

2. About how often do you go to religious meetings or services?  
   Never/almost never - 1  (34)  
   Once or twice a year - 2  
   Every few months - 3  
   Once or twice a month - 4  
   Once a week - 5  
   More than once a week - 6  
   REFUSED - 7  
   DK - 8

3. How many people in your congregation do you know personally?  
   None - 1  (35)  
   A few (1-5) - 2  
   Many - 3  
   Almost all - 4  
   REFUSED - 5  
   DK - 8  
   NA - 9

4. Aside from attendance at religious services, do you consider yourself to be...  
   Deeply religious - 1  (36)  
   Fairly religious - 2  
   Only slightly religious - 3  
   Not at all religious - 4  
   Against religion - 5  
   REFUSED - 7  
   DK - 8

5. How much is religion a source of strength and comfort to you?  
   None - 1  (37)  
   A little - 2  
   A great deal - 3  
   REFUSED - 7  
   DK - 8
**LIFE EVENTS (LE)**

I am going to read a check list of experience or events and I would like you to tell me if any of these things have happened to you in the past year.

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>REF.</th>
<th>DK</th>
<th>NA</th>
</tr>
</thead>
<tbody>
<tr>
<td>(P) 1. Have you been fired or laid off work?</td>
<td>1</td>
<td>2</td>
<td>7</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>(P) 2. Have you had to give up an important hobby or sport?</td>
<td>1</td>
<td>2</td>
<td>7</td>
<td>8</td>
<td></td>
</tr>
<tr>
<td>(P) 3. Have you been the victim of a criminal act (robbery or assault)?</td>
<td>1</td>
<td>2</td>
<td>7</td>
<td>8</td>
<td></td>
</tr>
<tr>
<td>(P) 4. Have you lost a close relative (other than a spouse) through death?</td>
<td>1</td>
<td>2</td>
<td>7</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>(P) 5. Have you lost a very close friend through death?</td>
<td>1</td>
<td>2</td>
<td>7</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>(P) 6. Have you been separated from a close friend or relative because of a move?</td>
<td>1</td>
<td>2</td>
<td>7</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>(P) 7. Have you become more involved in hobbies or sports?</td>
<td>1</td>
<td>2</td>
<td>7</td>
<td>8</td>
<td></td>
</tr>
<tr>
<td>(P) 8. Has your spouse become seriously ill or had a serious accident?</td>
<td>1</td>
<td>2</td>
<td>7</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>(P) 9. Has some other family member become seriously ill or had an accident?</td>
<td>1</td>
<td>2</td>
<td>7</td>
<td>8</td>
<td>9</td>
</tr>
</tbody>
</table>
Here is a list of things people do in their free time. In the last month, how often have you done each of these things?

<table>
<thead>
<tr>
<th></th>
<th>Often</th>
<th>Sometimes</th>
<th>Never</th>
<th>REF.</th>
<th>DK</th>
</tr>
</thead>
<tbody>
<tr>
<td>(P) 1.</td>
<td>Active sports or swimming</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>7</td>
</tr>
<tr>
<td>P (P) 2.</td>
<td>Take walks</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>7</td>
</tr>
<tr>
<td>P (P) 3.</td>
<td>Work in the garden/yard</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>7</td>
</tr>
<tr>
<td>P (P) 4.</td>
<td>Do physical exercises</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>7</td>
</tr>
<tr>
<td>P (P) 5.</td>
<td>Prepare your meals</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>7</td>
</tr>
<tr>
<td>P (P) 6.</td>
<td>Work at a hobby</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>7</td>
</tr>
<tr>
<td>P (P) 7.</td>
<td>Go out and do some shopping</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>7</td>
</tr>
<tr>
<td>P (P) 8.</td>
<td>Go out to a movie, restaurant, or sporting event</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>7</td>
</tr>
<tr>
<td>P (P) 9.</td>
<td>Read books, magazines, newspapers</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>7</td>
</tr>
<tr>
<td>P (P) 10.</td>
<td>Watch television</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>7</td>
</tr>
<tr>
<td>P (P) 11.</td>
<td>Day trips, overnight trips</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>7</td>
</tr>
<tr>
<td>P (P) 12.</td>
<td>Unpaid community/volunteer work</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>7</td>
</tr>
<tr>
<td>P (P) 13.</td>
<td>Paid community work</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>7</td>
</tr>
<tr>
<td>P (P) 14.</td>
<td>Regularly play cards/games/bingo</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>7</td>
</tr>
<tr>
<td>P (P) 15.</td>
<td>Any other activities (specify)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>7</td>
</tr>
</tbody>
</table>
FOLLOW-UP INFORMATION (FUI)

(P) 1. What is your Social Security Number? _______ _______ _______ 

(P) 2. What is your Medicare Number? 

(Please show me your Medicare Card) _______ _______ _______

3. What is your telephone number? 

CORRECT- 1 (1)
INCORRECT - 2
REFUSED - 7
NA - 9

4. What is your correct address? 

CORRECT - 1 (2)
INCORRECT - 2
REFUSED - 7

(P) 5a. Do you plan to move in the next few years? 

(P) b. If yes, where? __________

(P) 6. Can you please give me name, address, and telephone number of a person who does not live with you and who would know where you are, in case we need to contact you in the future?

Full Name 
(Last, first, MI) 

Address 

Telephone Number 

Relationship to the Respondent 

<table>
<thead>
<tr>
<th>Relationship to the Respondent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full Name</td>
</tr>
<tr>
<td>(Last, first, MI)</td>
</tr>
<tr>
<td>Address</td>
</tr>
<tr>
<td>Telephone Number</td>
</tr>
</tbody>
</table>

Time completed _______ _______ _______ 

Household I.D. _______ _______ _______ 

Respondent I.D. _______ _______ _______ 

Questionnaire # _______ _______ _______

Detatch this page at the end of the interview.
Please note that the letter “P” inserted in various locations on the North Carolina questionnaire indicates that the questions so identified were asked of proxy respondents as well as of those participants who responded for themselves.
Piedmont Health Survey of the Elderly

QUESTIONNAIRE COVER SHEET

PSU/Segment Number

SHU Number

Check Digit

Questionnaire Identification Number

Sample Member

Name

Question 150

Telephone Number:

☐ NO TELEPHONE

Address:

__________________________________________________________________________

__________________________________________________________________________
**RECORD BEGINNING TIME**

<table>
<thead>
<tr>
<th>:</th>
<th>a.m.</th>
<th>p.m.</th>
</tr>
</thead>
</table>

(P) 1. RECORD SEX AS OBSERVED.

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>MALE</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>FEMALE</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>NA</td>
<td>6</td>
<td></td>
</tr>
</tbody>
</table>

(P) 2. How old are you?

<table>
<thead>
<tr>
<th>CODE AGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>NA</td>
</tr>
<tr>
<td>DK</td>
</tr>
<tr>
<td>RF</td>
</tr>
</tbody>
</table>

IF INCORRECT AGE GIVEN, RECORD IT AND PROBE TO DETERMINE AND CODE CORRECT AGE. MUST BE RECONCILED WITH DATE OF BIRTH.

(P) 3. When were you born? What month, day, and year?

<table>
<thead>
<tr>
<th>MONTH</th>
<th>DAY</th>
<th>YEAR</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>6</td>
<td>666</td>
</tr>
</tbody>
</table>

PROBE AND RECONCILE WITH AGE IF POSSIBLE.

(P) 4. INTERVIEWER: WAS CORRECT AGE GIVEN THE FIRST TIME?

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>RIGHT (CORRECT)</td>
<td>. . . . . . . . . . .</td>
<td>1</td>
</tr>
<tr>
<td>ERROR</td>
<td>. . . . . . . . . . .</td>
<td>5</td>
</tr>
<tr>
<td>NA</td>
<td>. . . . . . . . . . .</td>
<td>6</td>
</tr>
<tr>
<td>RF</td>
<td>. . . . . . . . . . .</td>
<td>9</td>
</tr>
</tbody>
</table>

(P) 5. INTERVIEWER: WAS CORRECT DATE OF BIRTH GIVEN THE FIRST TIME, THAT IS EXACT MONTH, DATE, AND YEAR?

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>RIGHT (CORRECT)</td>
<td>. . . . . . . . . . .</td>
<td>1</td>
</tr>
<tr>
<td>ERROR</td>
<td>. . . . . . . . . . .</td>
<td>5</td>
</tr>
<tr>
<td>NA</td>
<td>. . . . . . . . . . .</td>
<td>6</td>
</tr>
<tr>
<td>RF</td>
<td>. . . . . . . . . . .</td>
<td>9</td>
</tr>
</tbody>
</table>

(P) 6. What is the highest grade or year of regular school that you have completed?

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>00</td>
<td>01</td>
<td>02</td>
</tr>
<tr>
<td>05</td>
<td>06</td>
<td>07</td>
</tr>
<tr>
<td>10</td>
<td>11</td>
<td>12</td>
</tr>
<tr>
<td>15</td>
<td>16</td>
<td>17+</td>
</tr>
<tr>
<td>NA</td>
<td></td>
<td>66</td>
</tr>
<tr>
<td>DK</td>
<td></td>
<td>88</td>
</tr>
<tr>
<td>RF</td>
<td></td>
<td>99</td>
</tr>
</tbody>
</table>

(1)
(P) 7. Have you ever been married?

INCLUDE COMMON LAW MARRIAGES.

NO ..................... 1
YES ..................... 2
NA ..................... 6
DK ..................... 8
RF ..................... 9

(P) 8. Are you now married, (legally) separated, divorced, or widowed?

MARRIED ..................... 1
SEPARATED ..................... 2
DIVORCED ..................... 3
WIDOWED ..................... 4
NA ..................... 6
SKP ..................... 7
DK ..................... 8
RF ..................... 9

IF NEVER MARRIED, SKIP TO QUESTION 11.

(P) 9. How long have you been (married/separated/divorced/widowed)?

YEARS

0
NA ..................... 666
SKP ..................... 777
DK ..................... 888
RF ..................... 999

(P) 10. (Have you ever been/how many times have you been) divorced?

TIMES

NEVER ..................... .00
NA ..................... .66
SKP ..................... 77
DK ..................... 88
RF ..................... 99

(P) 11. How long have you lived (here) at this address?

YEARS

NA ..................... 666
DK ..................... 888
RF ..................... 999

IF LESS THAN A YEAR, CODE 001.
12. Which of the following best describes the area where you were born and raised (i.e., to age 12)? Was it a rural area or in the country; a small town or village; a medium sized city; a large city; or a suburb?

<table>
<thead>
<tr>
<th>Option</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rural Area or Country</td>
<td>1</td>
</tr>
<tr>
<td>Small Town or Village</td>
<td>2</td>
</tr>
<tr>
<td>Medium-Sized City</td>
<td>3</td>
</tr>
<tr>
<td>Large City</td>
<td>4 (26)</td>
</tr>
<tr>
<td>Suburb</td>
<td>5</td>
</tr>
<tr>
<td>NA</td>
<td>6</td>
</tr>
<tr>
<td>DK</td>
<td>8</td>
</tr>
<tr>
<td>RF</td>
<td>9</td>
</tr>
</tbody>
</table>

13. Are you currently working at a paying job?

<table>
<thead>
<tr>
<th>Option</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>1</td>
</tr>
<tr>
<td>Yes</td>
<td>2</td>
</tr>
<tr>
<td>NA</td>
<td>4</td>
</tr>
<tr>
<td>DK</td>
<td>8</td>
</tr>
<tr>
<td>RF</td>
<td>9</td>
</tr>
</tbody>
</table>

14. Are you seeking work?

<table>
<thead>
<tr>
<th>Option</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>1</td>
</tr>
<tr>
<td>Yes</td>
<td>2</td>
</tr>
<tr>
<td>NA</td>
<td>6</td>
</tr>
<tr>
<td>SKP</td>
<td>7 (28)</td>
</tr>
<tr>
<td>DK</td>
<td>8</td>
</tr>
<tr>
<td>RF</td>
<td>9</td>
</tr>
</tbody>
</table>

15. How many hours a week do you usually work?

<table>
<thead>
<tr>
<th>Option</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>NA</td>
<td>66</td>
</tr>
<tr>
<td>SKP</td>
<td>77</td>
</tr>
<tr>
<td>DK</td>
<td>88</td>
</tr>
<tr>
<td>RF</td>
<td>99</td>
</tr>
</tbody>
</table>

16. How many weeks a year do you usually work?

<table>
<thead>
<tr>
<th>Option</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>NA</td>
<td>66</td>
</tr>
<tr>
<td>SKP</td>
<td>77</td>
</tr>
<tr>
<td>DK</td>
<td>88</td>
</tr>
<tr>
<td>RF</td>
<td>99</td>
</tr>
</tbody>
</table>

---

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17. What kind of work are you doing?
   (What is your job called?)
   EXAMPLE: ELECTRICAL ENGINEER,
              STOCK CLERK, FARMER.

   RECORD: ______________________________________

18. What are your most important activities
   or duties?

   EXAMPLE: KEEP ACCOUNT BOOKS, FILE,
             SELL CARS, OPERATE PRINTING PRESS,
             FINISH CONCRETE.

   RECORD: ______________________________________

19. In what kind of business or industry
   do you work?

   EXAMPLE: TV AND RADIO MANUFACTURING,
             RETAIL SHOE STORE, STATE LABOR
             DEPARTMENT, FARM.

   RECORD: ______________________________________

   OCCUPATION
   0 ______
   NA ..........6666
   SKP ..........7777
   DK ...........8888
   RF ...........9999

   INDUSTRY
   0 ______
   NA ..........6666
   SKP ..........7777
   DK ...........8888
   RF ...........9999

   (P) 20. Are you retired (from another job)?

   NO. ...............1
   YES ...............2
   NA ...............6
   DK ..............8
   RF .............9

   IF NO, SKIP TO QUESTION 22.

21. In what year did you retire?

   YEAR
   0 ______
   NA ..........6666
   SKP ..........7777
   DK ...........8888
   RF ...........9999

   (33-36)
   (37-40)
   (42-44)
22. What kind of work have you done most of your life? (What was your job called)?

EXAMPLE: ELECTRICAL ENGINEER, STOCK CLERK, FARMER.

RECORD: ________________________________

IF NEVER EMPLOYED, HOUSEWIFE, OR SAME AS QUESTION 17, SKIP TO QUESTION 25; OTHERWISE CONTINUE.

23. What were your most important activities or duties (in the job you did for most of your working life)?

EXAMPLE: KEPT ACCOUNT BOOKS, FILED, SOLD CARS, OPERATED PRINTING PRESS, FINISHED CONCRETE.

24. In what kind of business or industry did you work (for most of your working life)?

EXAMPLE: TV AND RADIO MANUFACTURING, RETAIL SHOE STORE, STATE LABOR DEPARTMENT, FARM.

25. Did you ever serve (on active duty) in the armed forces of the United States?

NO. _________________________________1
YES. ________________________________2
NA. ________________________________6 (54)
DK. ________________________________8
RF. ________________________________9

IF NO, SKIP TO STATEMENT BEFORE QUESTION 27.

26. Do you have a service-related disability?

NO. _________________________________1
YES. ________________________________2
NA. ________________________________6 (55)
SKP. ________________________________7
DK. ________________________________8
RF. ________________________________9

130
Now I’d like to ask you some questions about your use of health care services.

(P) 27. When you want help with or care for a (physical) health problem, where do you usually go?

IF MORE THAN ONE PLACE GIVEN, RECORD THE ONE FELT TO BE MOST IMPORTANT BY THE RESPONDENT.

IF NOWHERE OR NO USUAL PLACE, CODE AND SKIP TO QUESTION 29.
IF PHYSICIAN GIVEN ASK A; IF HOSPITAL, ASK B; IF OTHER, ASK C.

(P) A. PHYSICIAN:

(What is his/her name?)
RECORD: __________________________

Where do you see this doctor—in a private office or clinic, a public clinic, a VA hospital, other hospital, or where?

What is the name of this place, or where is it?
RECORD: __________________________

CIRCLE MOST APPROPRIATE CODE.

(P) B. HOSPITAL:

(What is the name of the hospital?)
RECORD: __________________________

(Is this a VA hospital?)

Where in the hospital do you usually go—to the emergency room, an out patient clinic, a walk-in clinic, or what?

CIRCLE MOST APPROPRIATE CODE.

(P) C. OTHER

(What kind of place is that?)
RECORD: __________________________

(What is it called?)
RECORD: __________________________

CIRCLE MOST APPROPRIATE CODE.

* INCLUDES DUKE OPC AND MOST OTHER HOSPITAL-BASED CLINICS.
** INCLUDES DUKE PDC AND MCPHERSON.
IF PHYSICIAN’S NAME GIVEN IN QUESTION 27, CODE “2” IN QUESTION 28 AND SKIP TO QUESTION 29.

(P) 28. Do you usually see the same physician or other health professional when you go there (PLACE MENTIONED IN QUESTION 27)?

IF YES:

RECORD NAME:

IF NO CATEGORY, SKIP TO QUESTION 29.

(P) 29. Not counting any care that you may have received while you were a bed patient in a hospital or nursing home, how many times did you receive care for a physical health problem from a health professional in an office, clinic, or emergency room in the past 12 months, that is since (DATE)?

VISITS

IF NO CARE IN LAST 12 MONTHS, SKIP TO QUESTION 31.

(P) 30. (Was that visit/How many of those visits were) to the emergency room of a hospital?

VISITS

(P) 31. Have you stayed in a hospital at least one night in the past 12 months? That is, Since (DATE)?

IF NOT HOSPITALIZED IN PAST YEAR, SKIP TO QUESTION 34.

(P) 32. How many different times were you in the hospital at least overnight in the past 12 months?
33. What hospital or hospitals were you in?  
VA HOSPITAL NOT MENTIONED......1  
VA HOSPITAL MENTIONED........2  
RECORD: 1. ________________________  
2. ________________________  
3. ________________________  

34. Have you ever been in a nursing home as a patient?  
NO ........................................1  
YES .........................................2  
NA ..........................................6  
DK ..........................................8  
RF ..........................................9  

IF NEVER IN NURSING HOME, SKIP TO QUESTION 36.  

35. Have you been (a patient) in a nursing home in the past 12 months, that is since (DATE)?  
NO ........................................1  
YES .........................................2  
NA ..........................................6  
SKP .........................................7  
DK ..........................................8  
RF ..........................................9  
IF YES: What nursing home or homes were you in?  

RECORD: ________________________  

36. Overall, how satisfied would you say that you are with the medical care that you receive--very dissatisfied, dissatisfied, satisfied, or very satisfied?  
VERY DISSATISFIED .....................1  
DISSATISFIED ..........................2  
SATISFIED ................................3  
VERY SATISFIED .........................4  
NA ..........................................6  
DK ..........................................8  
RF ..........................................9  

37. How often do you put off or neglect going to the doctor when you feel that you really should go--never, once in awhile or quite often?  
NEVER ....................................1  
ONCE IN AWHILE .......................2  
QUITE OFTEN ............................3  
NA ..........................................6  
DK ..........................................8  
RF ..........................................9  

IF QUESTION 37 = NEVER, SKIP TO QUESTION 38.  

(Col. 73-80 = IDNUM01)
37A. I'll read you some reasons why some people don’t go to the doctor when they think they really should. Which ones are reasons why you sometimes haven’t gone to the doctor?

Did you think that the problem would get better by itself?  
\[\text{NO} \quad \text{YES} \quad \text{NA} \quad \text{SKP} \quad \text{DK} \quad \text{BF}\]  
1 2 6 7 8 9 (1)

Were you concerned about the cost?  
\[\text{NO} \quad \text{YES} \quad \text{NA} \quad \text{SKP} \quad \text{DK} \quad \text{BF}\]  
1 2 6 7 8 9 (2)

Were you unsure about where to go for help?  
\[\text{NO} \quad \text{YES} \quad \text{NA} \quad \text{SKP} \quad \text{DK} \quad \text{BF}\]  
1 2 6 7 8 9 (3)

Did you think that going to the doctor probably wouldn’t do any good?  
\[\text{NO} \quad \text{YES} \quad \text{NA} \quad \text{SKP} \quad \text{DK} \quad \text{BF}\]  
1 2 6 7 8 9 (4)

Was it too difficult to go to the doctor because of distance or transportation problems?  
\[\text{NO} \quad \text{YES} \quad \text{NA} \quad \text{SKP} \quad \text{DK} \quad \text{BF}\]  
1 2 6 7 8 9 (5)

Are there any other reasons why you sometimes haven’t gone to the doctor?  
\[\text{NO} \quad \text{YES} \quad \text{NA} \quad \text{SKP} \quad \text{DK} \quad \text{BF}\]  
1 2 6 7 8 9 (6)

SPECIFY: ________________________________

(P) 38. The next few questions are about other health professionals that you might have seen in the past year. Excluding any overnight care in a hospital or nursing home, during the past 12 months, that is since (DATE), did you see, either in an office or your own home, a

physical therapist?  
\[\text{NO} \quad \text{YES} \quad \text{NA} \quad \text{SKP} \quad \text{DK} \quad \text{BF}\]  
1 2 6 8 9 (7)

chiropractor?  
\[\text{NO} \quad \text{YES} \quad \text{NA} \quad \text{SKP} \quad \text{DK} \quad \text{BF}\]  
1 2 6 8 9 (8)

psychologist or psychiatrist?  
\[\text{NO} \quad \text{YES} \quad \text{NA} \quad \text{SKP} \quad \text{DK} \quad \text{BF}\]  
1 2 6 8 9 (9)

public health nurse or visiting nurse?  
\[\text{NO} \quad \text{YES} \quad \text{NA} \quad \text{SKP} \quad \text{DK} \quad \text{BF}\]  
1 2 6 8 9 (10)

social worker?  
\[\text{NO} \quad \text{YES} \quad \text{NA} \quad \text{SKP} \quad \text{DK} \quad \text{BF}\]  
1 2 6 8 9 (11)

home health aide?  
\[\text{NO} \quad \text{YES} \quad \text{NA} \quad \text{SKP} \quad \text{DK} \quad \text{BF}\]  
1 2 6 8 9 (12)
<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>39. When was the last time that you saw a dentist?</td>
<td>LESS THAN 1 MONTH AGO............................................01</td>
</tr>
<tr>
<td></td>
<td>1-6 MONTHS AGO.....................................................02</td>
</tr>
<tr>
<td></td>
<td>&gt;6 MONTHS TO THREE YEARS AGO..................................03</td>
</tr>
<tr>
<td></td>
<td>&gt;THREE TO FIVE YEARS AGO.........................................04</td>
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<tr>
<td></td>
<td>MORE THAN FIVE YEARS AGO..........................................05</td>
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<tr>
<td></td>
<td>NEVER.................................................................06</td>
</tr>
<tr>
<td></td>
<td>NA.................................................................66</td>
</tr>
<tr>
<td></td>
<td>DK.................................................................88</td>
</tr>
<tr>
<td></td>
<td>RF.................................................................99</td>
</tr>
<tr>
<td>40. Overall, how would you rate your health---as</td>
<td>EXCELLENT...........................................................1</td>
</tr>
<tr>
<td>excellent, good, fair, or poor?</td>
<td>GOOD...............................................................2</td>
</tr>
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<td></td>
<td>FAIR..............................................................3</td>
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<td></td>
<td>POOR..............................................................4</td>
</tr>
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<td></td>
<td>NA.................................................................6</td>
</tr>
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<td></td>
<td>RF.................................................................9</td>
</tr>
<tr>
<td>41. During the past 3 months did you ever stay in</td>
<td>NO...............................................................1</td>
</tr>
<tr>
<td>bed all or most of the day because of illness or</td>
<td>YES...............................................................2</td>
</tr>
<tr>
<td>injury?</td>
<td>NA........................................................................6</td>
</tr>
<tr>
<td></td>
<td>RF........................................................................9</td>
</tr>
<tr>
<td>42. During the past 3 months did you ever have to</td>
<td>NO...............................................................1</td>
</tr>
<tr>
<td>cut down on things you usually do because of illness</td>
<td>YES...............................................................2</td>
</tr>
<tr>
<td>or injury (not counting the day(s) in bed)?</td>
<td>NA........................................................................6</td>
</tr>
<tr>
<td></td>
<td>RF........................................................................9</td>
</tr>
</tbody>
</table>
(P) 43. Has a doctor ever told you you had a heart attack, or coronary, or myocardial infarction, or coronary thrombosis, or coronary occlusion?

IF YES OR SUSPECT OR POSSIBLE CONTINUE; OTHERWISE SKIP TO QUESTION 44.

A. Did you have only one, or more than one?

B. When was the last one?
   How many years ago?

IF LESS THAN ONE YEAR, CODE 001.

C. Were you hospitalized overnight or longer for this (last one)?
44. Has a doctor ever told you that you have high blood pressure?

IF YES OR SUSPECT OR POSSIBLE CONTINUE; OTHERWISE SKIP TO QUESTION 45.

A. When were you first told this?
   How many years ago?

   YEARS AGO

   0
   NA ........................................666
   SKP ........................................777
   DK ..........................................888
   RF ...........................................999

   (25-27)

B. Have you ever taken medicine prescribed by a doctor for your high blood pressure?

IF YES, ASK C.

(P) C. Are you currently taking any medication for this?

   NO ........................................1
   YES ..........................................2
   NA ..........................................6
   SKP ..........................................7
   DK ..........................................8
   RF ..........................................9

   (29)

45. Has a doctor ever told you that you had diabetes, sugar in your urine or high blood sugar?

IF YES OR SUSPECT OR POSSIBLE CONTINUE; OTHERWISE SKIP TO QUESTION 46.

A. Has a doctor, nurse, therapist, or medical assistant ever told you to take insulin or an injection for this?

   IF NO, SKIP TO QUESTION 46.

(P) B. Are you currently taking insulin, or an injection for this?
(P) 46. Has a doctor ever told you that you had a broken or fractured hip?

IF YES OR SUSPECT OR POSSIBLE CONTINUE; OTHERWISE SKIP TO QUESTION 47.

A. When were you told this?
   How many years ago?

B. Were you ever hospitalized overnight or longer for this?

(P) 47. Since the age of 50 have you ever been told by a doctor, nurse, therapist, or medical assistant that you had broken or fractured any other bones?

IF YES OR SUSPECT OR POSSIBLE CONTINUE; OTHERWISE SKIP TO QUESTION 48.

(P) A. Was it your:

(P) (1) Wrist?
(P) (2) Arm?
(P) (3) Back or spine?
(P) (4) Any other bones?

RECORD OTHER: ____________________________
(P) 48. Did a doctor ever tell you that you had a stroke or brain hemorrhage?

IF YES OR SUSPECT OR POSSIBLE CONTINUE; OTHERWISE SKIP TO QUESTION 49.

A. Did you have more than one?

B. When was the last (only) one? How many years ago?

IF LESS THAN ONE YEAR, CODE 001.

C. Were you hospitalized overnight or longer for this?

(P) D. Do you still have leftover troubles from your stroke?

IF MENTION LEFTOVER TROUBLES, CODE TYPE:

<table>
<thead>
<tr>
<th>METNED</th>
<th>NOT METNED</th>
<th>NA</th>
<th>SKP</th>
<th>RF</th>
</tr>
</thead>
<tbody>
<tr>
<td>(P) (1) ARM AND/OR LEG STILL WEAK OR HARD TO USE</td>
<td>1</td>
<td>2</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>(P) (2) TROUBLE WALKING</td>
<td>1</td>
<td>2</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>(P) (3) TROUBLE WITH SPEECH</td>
<td>1</td>
<td>2</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>(P) (4) OTHER (SPECIFY):</td>
<td>1</td>
<td>2</td>
<td>6</td>
<td>7</td>
</tr>
</tbody>
</table>
(P) 49. Has a doctor ever told you that you had a cancer, malignancy or a malignant tumor of any type?

   IF YES OR SUSPECT OR POSSIBLE, ASK A, B, AND C. OTHERWISE SKIP TO QUESTION 50.

   (P) A. (Where) was it?

   (P) (1) Lung.....................................................1 2 6 7 8 9 (55)
   (P) (2) Breast..................................................1 2 6 7 8 9 (56)
   (P) (3) Colon, bowel, rectum ..............................1 2 6 7 8 9 (57)
   (P) (4) Lymphoma..............................................1 2 6 7 8 9 (58)
   (P) (5) Leukemia..............................................1 2 6 7 8 9 (59)
   (P) (6) Melanoma..............................................1 2 6 7 8 9 (60)
   (P) (7) Other skin cancer....................................1 2 6 7 8 9 (61)
      SPECIFY_______________________________________
   (P) (8) Other cancer, malignancy or tumor. .......1 2 6 7 8 9 (62)
      SPECIFY_______________________________________

   B. When were you first told this? How many years ago?

      IF MORE THAN ONE, RECORD FOR MOST RECENT.

   C. Were you hospitalized overnight or longer for this?

      NO.................................................1
      YES..........................................2
      NA..........................................6
      SEP..........................................7 (66)
      DK..........................................8
      RF..........................................9

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<table>
<thead>
<tr>
<th>Question</th>
<th>NO.</th>
<th>YES.</th>
<th>NA.</th>
<th>SKIP</th>
<th>DK.</th>
<th>RF.</th>
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<tbody>
<tr>
<td>50. Have you ever had any pain or discomfort in your chest?</td>
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<tr>
<td>IF YES, SKIP TO QUESTION 52.</td>
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<tr>
<td>51. Have you ever had any pressure or heaviness in your chest?</td>
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<tr>
<td>IF NO, DK OR RF SKIP TO QUESTION 65.</td>
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<tr>
<td>52. Do you get this pain (or discomfort) when you walk uphill or hurry?</td>
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<tr>
<td>IF NO OR CANNOT WALK, SKIP TO QUESTION 58.</td>
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<tr>
<td>53. Do you get this pain or discomfort when you walk at an ordinary pace</td>
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</table>

141
54. What do you do if you get this pain while you are walking, (stop or slow down, take a nitroglycerin pill, or continue at the same pace)?

IF STOP OR SLOW DOWN AND TAKE NITROGLYCERIN, CODE TAKE NITROGLYCERIN.

IF CONTINUE AT SAME PACE, SKIP TO QUESTION 58.

55. If you stand still, what happens to the pain? (Are you relieved?)

IF NOT RELIEVED (2), SKIP TO QUESTION 58; OTHERWISE CONTINUE.

56. How soon is the pain relieved (in 10 minutes or less, or in more than 10 minutes)?

IF MORE THAN 10 MINUTES, SKIP TO QUESTION 58; OTHERWISE CONTINUE.

57. Will you show me where it was?

a. STERNUM (MIDDLE OR UPPER)

b. STERNUM (LOWER)

c. LEFT ANTERIOR CHEST

d. LEFT ARM

e. Did you feel it anywhere else?

RECORD ADDITIONAL INFORMATION ON THE DIAGRAM ABOVE.
58. Have you ever had a severe pain across the front of your chest lasting half an hour or more?

<table>
<thead>
<tr>
<th></th>
<th>NO</th>
<th>YES</th>
<th>NA</th>
<th>SKP</th>
<th>DK</th>
<th>RF</th>
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<tr>
<td></td>
<td>1</td>
<td>2</td>
<td>6</td>
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</table>

IF YES, CONTINUE; OTHERWISE SKIP TO QUESTION 65.

59. A. Did you see a doctor because of this pain?

<table>
<thead>
<tr>
<th></th>
<th>NO</th>
<th>YES</th>
<th>NA</th>
<th>SKP</th>
<th>DK</th>
<th>RF</th>
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IF YES, ASK B.

B. What did he say it was?

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<tr>
<th></th>
<th>NO</th>
<th>YES</th>
<th>NA</th>
<th>SKP</th>
<th>DK</th>
<th>RF</th>
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</table>

(1) HEART TROUBLE
(2) HEART PAINS
(3) NOT ENOUGH BLOOD TO HEART
(4) OTHER (SPECIFY):

60. How many of these attacks have you had?

<table>
<thead>
<tr>
<th>ATTACKS</th>
</tr>
</thead>
<tbody>
<tr>
<td>NA</td>
</tr>
<tr>
<td>SKP</td>
</tr>
<tr>
<td>DK</td>
</tr>
<tr>
<td>RF</td>
</tr>
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</table>

61. Tell me about your first attack. When did it occur? How many years ago?

<table>
<thead>
<tr>
<th>YEARS AGO</th>
</tr>
</thead>
<tbody>
<tr>
<td>NA</td>
</tr>
<tr>
<td>SKP</td>
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<tr>
<td>DK</td>
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<tr>
<td>RF</td>
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</table>

(14-15)
62. How long did it last?  

MINUTES

<table>
<thead>
<tr>
<th></th>
<th>NA</th>
<th>SKF</th>
<th>DK</th>
<th>RF</th>
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(19-22)

63. Tell me about your last attack; when did it occur? How many years ago?

YEARS AGO

<table>
<thead>
<tr>
<th></th>
<th>NA</th>
<th>SKF</th>
<th>DK</th>
<th>RF</th>
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(22-24)

64. How long did it last?

MINUTES

<table>
<thead>
<tr>
<th></th>
<th>NK</th>
<th>SKF</th>
<th>DK</th>
<th>RF</th>
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</table>

(25-27)

65. Do you get pain in either leg on walking?

<table>
<thead>
<tr>
<th></th>
<th>NO</th>
<th>YES</th>
<th>CANNOT WALK</th>
<th>NA</th>
<th>DK</th>
<th>RF</th>
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<tr>
<td></td>
<td>1</td>
<td>2</td>
<td>4</td>
<td>6</td>
<td>8</td>
<td>9</td>
</tr>
</tbody>
</table>

(28)

66. Does this pain ever begin when you are standing still or sitting?

<table>
<thead>
<tr>
<th></th>
<th>NO</th>
<th>YES</th>
<th>NA</th>
<th>SKF</th>
<th>DK</th>
<th>RF</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>1</td>
<td>2</td>
<td>6</td>
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<td>8</td>
<td>9</td>
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</tbody>
</table>

(29)
67. In what part of your leg do you feel it?  
- PAIN INCLUDES CALF, CALVES.....1  
- PAIN DOES NOT INCLUDE CALF.....2  
  
  IF CALVES NOT MENTIONED ASK:  
  - NA..................6 (30)  
  - SKF..................7  
  - DK..................8  
  - RF..................9  
  
  IF STILL NOT MENTIONED, CODE:  
  - RF..................9  

  IF PAIN INCLUDES CALF/CALVES CONTINUE; OTHERWISE SKIP TO QUESTION 74.

68. Do you get this pain when you walk uphill or hurry?  
- NO..................1  
- YES..................2  
  
  IF NO, SKIP TO QUESTION 74.  

69. Do you get this pain when you walk at an ordinary pace on level ground?  
- NO..................1  
- YES..................2  
- NA..................6 (32)  
- SKF..................7  
- DK..................8  
- RF..................9  

70. Does this pain ever disappear while you are still walking?  
- NO..................1  
- YES..................2  
- NA..................6 (33)  
- SKF..................7  
- DK..................8  
- RF..................9  

  IF YES, SKIP TO QUESTION 74.

71. What do you do if you get this pain while walking (stop or slacken your pace, or continue at the same pace)?  
- STOP OR SLACKEN PACE.........1  
- CONTINUE AT SAME PACE........2  
- NA..................6 (34)  
- SKF..................7  
- DK..................8  
- RF..................9  

  IF CONTINUE AT SAME PACE, SKIP TO QUESTION 74; OTHERWISE CONTINUE.
72. What happens to the pain if you stand still? (Are you relieved?)

- RELIEVED ....................................... 1
- NOT RELIEVED ................................. 2
- NA ............................................... 6 (35)
- SKP .............................................. 7
- DK ............................................... 8
- RF ............................................... 9

IF NOT RELIEVED (2), SKIP TO QUESTION 74; OTHERWISE CONTINUE.

73. How soon is it relieved (in 10 minutes or less, or more than 10 minutes)?

- 10 MINUTES OR LESS...................... 1
- MORE THAN 10 MINUTES................. 2
- NA ............................................... 6 (36)
- SKP .............................................. 7
- DK ............................................... 8
- RF ............................................... 9

74. A. Do you get shortness of breath that requires you to stop and rest?

- NO ............................................... 1
- YES .............................................. 2
- NA ............................................... 6 (37)
- SKP .............................................. 7
- DK ............................................... 8
- RF ............................................... 9

IF YES, ASK B.

B. Do you get it (shortness of breath) walking on level ground or climbing a single flight of stairs?

- NO ............................................... 1
- YES .............................................. 2
- CANNOT WALK ................................. 4 (38)
- NA ............................................... 6
- SKP .............................................. 7
- DK ............................................... 8
- RF ............................................... 9

75. A. Do you get shortness of breath when you are lying down flat?

- NO ............................................... 1
- YES .............................................. 2
- NA ............................................... 6 (39)
- SKP .............................................. 7
- DK ............................................... 8
- RF ............................................... 9

IF YES, ASK B.

B. Does this shortness of breath improve when you sit up, or do you use extra pillows at night to prevent it?

- NO ............................................... 1
- YES .............................................. 2
- NA ............................................... 6 (40)
- SKP .............................................. 7
- DK ............................................... 8
- RF ............................................... 9

76. Do you get severe shortness of breath which wakes you up while lying down asleep?

- NO ............................................... 1
- YES .............................................. 2
- NA ............................................... 6 (41)
- SKP .............................................. 7
- DK ............................................... 8
- RF ............................................... 9
77. Do you usually cough first thing in the morning (on getting up) in the winter? 

<table>
<thead>
<tr>
<th></th>
<th>NO</th>
<th>YES</th>
<th>NA</th>
<th>DK</th>
<th>RF</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>2</td>
<td></td>
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<tr>
<td>6</td>
<td>(42)</td>
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<td>8</td>
<td></td>
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</tr>
</tbody>
</table>

INCLUDE A COUGH WITH FIRST SMOKE OR ON GOING OUTDOORS. EXCLUDE CLEARING THROAT OR A SINGLE COUGH.

78. Do you usually cough during the day (or at night) in the winter? 

<table>
<thead>
<tr>
<th></th>
<th>NO</th>
<th>YES</th>
<th>NA</th>
<th>DK</th>
<th>RF</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
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<td>2</td>
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<td>6</td>
<td>(43)</td>
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<td>8</td>
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<td>9</td>
<td></td>
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</tr>
</tbody>
</table>

79. Do you cough like this on most days (or nights) for as much as three months each year? 

<table>
<thead>
<tr>
<th></th>
<th>NO</th>
<th>YES</th>
<th>NA</th>
<th>DK</th>
<th>RF</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>2</td>
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<tr>
<td>6</td>
<td>(44)</td>
<td></td>
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<td>7</td>
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</tr>
</tbody>
</table>

80. Do you usually bring up any phlegm from your chest first thing in the morning (on getting up) in the winter? 

<table>
<thead>
<tr>
<th></th>
<th>NO</th>
<th>YES</th>
<th>NA</th>
<th>DK</th>
<th>RF</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
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<td></td>
<td></td>
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<tr>
<td>2</td>
<td></td>
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<td></td>
<td></td>
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<tr>
<td>6</td>
<td>(45)</td>
<td></td>
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<td>8</td>
<td></td>
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<tr>
<td>9</td>
<td></td>
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</tr>
</tbody>
</table>

INCLUDE: PHLEGMM WITH FIRST SMOKE, PHLEGMM ON FIRST GOING OUT OF DOORS, AND SWALLOWED PHLEGMM. EXCLUDE PHLEGMM FROM THE NOSE.

81. Do you usually bring up phlegm from your chest at least twice during the day (or at night) in the winter? 

<table>
<thead>
<tr>
<th></th>
<th>NO</th>
<th>YES</th>
<th>NA</th>
<th>DK</th>
<th>RF</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
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<tr>
<td>6</td>
<td>(46)</td>
<td></td>
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<td>8</td>
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<tr>
<td>9</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

IF NO TO BOTH QUESTIONS 77 AND 78, SKIP TO QUESTION 80.

IF NO TO BOTH QUESTIONS 80 AND 81, SKIP TO QUESTION 83.
82. A. Do you bring up phlegm like this on most days (or nights) for as much as three months each year?

IF YES, ASK B.

B. Have you had phlegm like this for 3 years or more?

83. A. Does your chest ever sound wheezing or whistling?

IF YES, ASK B.

B. Do you get this most days (or nights)?

84. A. Have you ever had attacks of shortness of breath with wheezing?

IF YES, ASK B.

B. Is (was) your breathing absolutely normal between attacks?
Now I have some questions about your hearing and vision.

(P) 85. Have you ever worn a hearing aid?

<table>
<thead>
<tr>
<th>Option</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>NO</td>
<td>1</td>
</tr>
<tr>
<td>YES</td>
<td>2</td>
</tr>
<tr>
<td>NA</td>
<td>6 (53)</td>
</tr>
<tr>
<td>DO</td>
<td>8</td>
</tr>
<tr>
<td>RF</td>
<td>9</td>
</tr>
</tbody>
</table>

IF NO, SKIP TO QUESTION 87.

(P) 86. How often do you usually wear a hearing aid these days? Would you say never or almost never, occasionally, frequently, or practically always?

<table>
<thead>
<tr>
<th>Option</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>NEVER OR ALMOST NEVER</td>
<td>1</td>
</tr>
<tr>
<td>OCCasionally</td>
<td>2</td>
</tr>
<tr>
<td>FREQUENTLY</td>
<td>3 (54)</td>
</tr>
<tr>
<td>PRACTICALLY ALWAYS</td>
<td>4</td>
</tr>
<tr>
<td>NA</td>
<td>6</td>
</tr>
<tr>
<td>SEF</td>
<td>7</td>
</tr>
<tr>
<td>DK</td>
<td>8</td>
</tr>
<tr>
<td>RF</td>
<td>9</td>
</tr>
</tbody>
</table>

ASK "Without a hearing aid" IF RESPONDENT CHOSE TO ANSWER PREVIOUS QUESTION WITH NEVER OR ALMOST NEVER. ASK "With a hearing aid" IF RESPONDENT CHOSE TO ANSWER PREVIOUS QUESTION WITH OCCASIONALLY, FREQUENTLY, PRACTICALLY ALWAYS.

(P) 87. (With/without a hearing aid) can you usually hear and understand what a person says without seeing his face if that person talks in a normal voice to you in a quiet room?

<table>
<thead>
<tr>
<th>Option</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>NO</td>
<td>1</td>
</tr>
<tr>
<td>YES</td>
<td>2</td>
</tr>
<tr>
<td>NA</td>
<td>6 (55)</td>
</tr>
<tr>
<td>DK</td>
<td>8</td>
</tr>
<tr>
<td>RF</td>
<td>9</td>
</tr>
</tbody>
</table>

(P) 88. Do you wear eyeglasses, contact lenses, or both?

<table>
<thead>
<tr>
<th>Option</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>EYEGASSES</td>
<td>1</td>
</tr>
<tr>
<td>CONTACT LENSES</td>
<td>2</td>
</tr>
<tr>
<td>BOTH</td>
<td>3</td>
</tr>
<tr>
<td>NEITHER</td>
<td>4 (56)</td>
</tr>
<tr>
<td>NA</td>
<td>6</td>
</tr>
<tr>
<td>DK</td>
<td>8</td>
</tr>
<tr>
<td>RF</td>
<td>9</td>
</tr>
</tbody>
</table>
The next questions are about how well you can see in recognizing a friend from different distances.

89. (When wearing eyeglasses/contact lenses) NO........................1
    can you see well enough to recognize a friend across a street?
    YES. ............................2
    NA ..............................6 (57)
    DK ............................8
    RF ............................9

IF YES, GO TO QUESTION 93.

90. (When wearing eyeglasses/contact lenses) NO. ........................1
    can you see well enough to recognize a friend across a room?
    YES. ............................2
    NA ..............................6 (58)
    SKP ............................7
    DK ............................8
    RF ............................9

IF YES, GO TO QUESTION 93.

91. (When wearing eyeglasses/contact lenses) NO........................1
    can you see well enough to recognize a friend who is an arm’s length away?
    YES. ............................2
    NA ..............................6 (59)
    SKP ............................7
    DK ............................8
    RF ............................9

IF YES, SKIP TO QUESTION 93.

92. (When wearing eyeglasses/contact lenses) NO........................1
    can you see well enough to recognize a friend if you get close to his face?
    YES. ............................2
    NA ..............................6 (60)
    SKP ............................7
    DK ............................8
    RF ............................9

93. (When wearing eyeglasses/contact lenses) NO. ........................1
    can you see well enough to read ordinary newspaper print?
    YES. ............................2
    NA ..............................6 (61)
    DK ............................8
    RF ............................9

IF YES, SKIP TO QUESTION 95.

94. (When wearing eyeglasses/contact lenses) NO........................1
    can you see well enough to read large print such as newspaper headlines?
    YES. ............................2
    NA ..............................6 (62)
    SKP ............................7
    DK ............................8
    RF ............................9
95. Has a doctor ever told you you have cataracts?

NO .................. 1
YES .................. 2
NA ........................ 63
DK ...................... 8
RF ...................... 9

(P) 96. Do you have any other physical problems or illnesses at the present time that seriously affect your health?

IF YES: What problems?

SPECIFY:

(P) 97. What is your weight?

POUNDS

NA ...................... 666
DK ........................ 888 (65-67)
RF ...................... 999

98. In the last year have you gained or lost more than 10 pounds?

NO ...................... 1
YES, GAINED .......... 2
YES, LOST .............. 3 (68)
YES, BOTH ............. 4
NA ........................ 6
DK ........................ 8
RF ...................... 9

99. What was your usual weight at age 50?

POUNDS

NA ...................... 666
DK ........................ 888 (69-71)
RF ...................... 999

(Col. 72-80 = VIDNUM$3)

100. What was your usual weight at age 25?

POUNDS

NA ...................... 6 6 6
DK ........................ 888
RF ...................... 999

(IV/L-3)
101. What is your height?

**INCHES**

 RECORD: 

 _____feet _____inches

0

NA

DK .......888 (4-6)

RF ............999

102. In general, do you salt your food once it is on the table?

NO. .........1

YES. ...........2

NA. .............6

DK .............8 (7)

RF .............9

103. Are you on a low salt diet?

NO. .........1

YES. ...........2

NA. .............6

SKP .............7 (8)

DK .............8

RF .............9

104. Is your food cooked with a lot of "season", that is fat back, salt pork, or bacon?

NO. .........1

YES. ...........2

NA. .............6

DK .............8 (9)

RF .............9

Now we would like to get some information about how well you sleep.

105. How often do you have trouble falling asleep? Would you say it was most of the time, sometimes, rarely, or never?

MOST OF THE TIME......1

SOMETIMES ............2

RARELY OR NEVER.......3

NA .............6

DO. .............8

RF ....0.0 ............9

106. How often do you have trouble waking up during the night? Would you say most of the time, sometimes, rarely, or never?

MOST OF THE TIME......1

SOMETIMES ............2

RARELY OR NEVER.......3 (11)

NA .............6

DO. .............8

RF .............9
<table>
<thead>
<tr>
<th>Question</th>
<th>Most of the Time</th>
<th>Sometimes</th>
<th>Rarely or Never</th>
<th>Never</th>
<th>Not Applicable</th>
<th>Don't Know</th>
<th>Refusal</th>
</tr>
</thead>
<tbody>
<tr>
<td>107. How often do you have trouble waking up too early and not being able to fall asleep again? Would you say most of the time, sometimes, rarely, or never?</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>108. How often do you get so sleepy during the day or evening that you have to take a nap? Would you say most of the time, sometimes, rarely, or never?</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>109. How often do you feel really rested when you wake up in the morning?</td>
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<td></td>
</tr>
<tr>
<td>(P) 110. Do you usually snore?</td>
<td>No</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(P) 111. Is your memory getting worse?</td>
<td>No</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(P) 112. How often do you have difficulty holding your urine until you can get to a toilet; never, hardly ever, some of the time, most of the time, or all of the time?</td>
<td></td>
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<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>(P) 113. In the past few months have you ever lost control of your bowels (when you didn’t want to)?</td>
<td>No</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>
Now I have some questions about your feelings during the past week. For each of the following statements tell me if you felt that way in the past week.

Would you say that...

<p>| | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
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<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>114. I was bothered by things that usually don’t bother me.</td>
<td>NO</td>
<td>YES</td>
<td>NA</td>
<td>DK</td>
<td>RF</td>
</tr>
<tr>
<td>115. I did not feel like eating; my appetite was poor.</td>
<td>NO</td>
<td>YES</td>
<td>NA</td>
<td>DK</td>
<td>RF</td>
</tr>
<tr>
<td>116. I felt that I could not shake off the blues even with help from my family and friends.</td>
<td>NO</td>
<td>YES</td>
<td>NA</td>
<td>DK</td>
<td>RF</td>
</tr>
<tr>
<td>117. I felt that I was just as good as other people.</td>
<td>NO</td>
<td>YES</td>
<td>NA</td>
<td>DK</td>
<td>RF</td>
</tr>
<tr>
<td>118. I had trouble keeping my mind on what I was doing.</td>
<td>NO</td>
<td>YES</td>
<td>NA</td>
<td>DK</td>
<td>RF</td>
</tr>
<tr>
<td>119. I felt depressed.</td>
<td>NO</td>
<td>YES</td>
<td>NA</td>
<td>DK</td>
<td>RF</td>
</tr>
<tr>
<td>120. I felt that everything I did was an effort.</td>
<td>NO</td>
<td>YES</td>
<td>NA</td>
<td>DK</td>
<td>RF</td>
</tr>
<tr>
<td>121. I felt hopeful about the future.</td>
<td>NO</td>
<td>YES</td>
<td>NA</td>
<td>DK</td>
<td>RF</td>
</tr>
<tr>
<td>122. I thought my life had been a failure.</td>
<td>NO</td>
<td>YES</td>
<td>NA</td>
<td>DK</td>
<td>RF</td>
</tr>
<tr>
<td>123. I felt fearful.</td>
<td>NO</td>
<td>YES</td>
<td>NA</td>
<td>DK</td>
<td>RF</td>
</tr>
<tr>
<td></td>
<td>NO</td>
<td>YES</td>
<td>NA</td>
<td>DK</td>
<td>RF</td>
</tr>
<tr>
<td>---</td>
<td>----</td>
<td>-----</td>
<td>----</td>
<td>----</td>
<td>----</td>
</tr>
<tr>
<td>124. My sleep was restless.</td>
<td>1</td>
<td>2</td>
<td>6</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>125. I was happy.</td>
<td>1</td>
<td>2</td>
<td>6</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>126. It seemed that I talked less than usual.</td>
<td>1</td>
<td>2</td>
<td>6</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>127. I felt lonely.</td>
<td>1</td>
<td>2</td>
<td>6</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>128. People were unfriendly.</td>
<td>1</td>
<td>2</td>
<td>6</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>129. I enjoyed life.</td>
<td>1</td>
<td>2</td>
<td>6</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>130. I had crying spells.</td>
<td>1</td>
<td>2</td>
<td>6</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>131. I felt sad.</td>
<td>1</td>
<td>2</td>
<td>6</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>132. I felt that people disliked me.</td>
<td>1</td>
<td>2</td>
<td>6</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>133. I could not get going.</td>
<td>1</td>
<td>2</td>
<td>6</td>
<td>8</td>
<td>9</td>
</tr>
</tbody>
</table>

FOR OFFICE USE ONLY: BREAKOFF?

6

9
134. Have you had any beer or ale during the past year?

<table>
<thead>
<tr>
<th>Response</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>NO</td>
<td>1</td>
</tr>
<tr>
<td>YES</td>
<td>2</td>
</tr>
<tr>
<td>NA</td>
<td>6</td>
</tr>
<tr>
<td>DK</td>
<td>8</td>
</tr>
<tr>
<td>RF</td>
<td>9</td>
</tr>
</tbody>
</table>

IF NO, SKIP TO QUESTION 138.

135. We are especially interested in recent times. Have you had any beer or ale in the past month?

<table>
<thead>
<tr>
<th>Response</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>NO</td>
<td>1</td>
</tr>
<tr>
<td>YES</td>
<td>2</td>
</tr>
<tr>
<td>NA</td>
<td>6</td>
</tr>
<tr>
<td>SKF</td>
<td>7</td>
</tr>
<tr>
<td>DK</td>
<td>8</td>
</tr>
<tr>
<td>RF</td>
<td>9</td>
</tr>
</tbody>
</table>

IF NO, SKIP TO QUESTION 138.

136. Over the last month how often have you had beer or ale?

<table>
<thead>
<tr>
<th>Times per month</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td></td>
</tr>
<tr>
<td>NA</td>
<td>666</td>
</tr>
<tr>
<td>SKF</td>
<td>777</td>
</tr>
<tr>
<td>DK</td>
<td>888</td>
</tr>
<tr>
<td>RF</td>
<td>999</td>
</tr>
</tbody>
</table>

IF 90 OR MORE TIMES, CODE 090.

INTERVIEWER:

FOR ITEMS 136, 140, AND 144 IF RESPONSE IS GIVEN IN TERMS OF TIMES PER MONTH, CODE ACTUAL NUMBER GIVEN. FOR EXAMPLE "16" TIMES PER MONTH = "016". IF RESPONSE IS GIVEN IN TERMS OF PER WEEK OR PER DAY USE GUIDE BELOW.

<table>
<thead>
<tr>
<th>Times per week/day</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>3 OR MORE TIMES PER DAY</td>
<td>090</td>
</tr>
<tr>
<td>2 TIMES PER DAY</td>
<td>060</td>
</tr>
<tr>
<td>1 TIME PER DAY</td>
<td>030</td>
</tr>
<tr>
<td>6 TIMES PER WEEK</td>
<td>026</td>
</tr>
<tr>
<td>5 TIMES PER WEEK</td>
<td>022</td>
</tr>
<tr>
<td>4 TIMES PER WEEK</td>
<td>017</td>
</tr>
<tr>
<td>3 TIMES PER WEEK</td>
<td>013</td>
</tr>
<tr>
<td>2 TIMES PER WEEK</td>
<td>009</td>
</tr>
<tr>
<td>1 TIME PER WEEK</td>
<td>004</td>
</tr>
</tbody>
</table>
137. When you had beer or ale in the last month how many cans or bottles did you usually have at one time?

<table>
<thead>
<tr>
<th>CANS/BOTTLES</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>NA</td>
<td>.66</td>
</tr>
<tr>
<td>SKP</td>
<td>.77</td>
</tr>
<tr>
<td>DK</td>
<td>.88 (45-46)</td>
</tr>
<tr>
<td>RP</td>
<td>.99</td>
</tr>
</tbody>
</table>

138. (Next some questions about wine.) Have you had any wine during the past year?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>NO</td>
<td>.1</td>
</tr>
<tr>
<td>YES</td>
<td>.2</td>
</tr>
<tr>
<td>NA</td>
<td>.6 (47)</td>
</tr>
<tr>
<td>DK</td>
<td>.8</td>
</tr>
<tr>
<td>RF</td>
<td>.9</td>
</tr>
</tbody>
</table>

IF NO, SKIP TO QUESTION 142.

139. Have you had any wine in the past month?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>NO</td>
<td>.1</td>
</tr>
<tr>
<td>YES</td>
<td>.2</td>
</tr>
<tr>
<td>NA</td>
<td>.6 (48)</td>
</tr>
<tr>
<td>SKP</td>
<td>.7</td>
</tr>
<tr>
<td>DK</td>
<td>.8</td>
</tr>
<tr>
<td>RF</td>
<td>.9</td>
</tr>
</tbody>
</table>

IF NO, SKIP TO QUESTION 142.

140. Over the last month how often have you had wine?

<table>
<thead>
<tr>
<th>TIMES PER MONTH</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>NA</td>
<td>.666</td>
</tr>
<tr>
<td>SKP</td>
<td>.777</td>
</tr>
<tr>
<td>DK</td>
<td>.888 (49-51)</td>
</tr>
<tr>
<td>RF</td>
<td>.999</td>
</tr>
</tbody>
</table>

IF 90 OR MORE TIMES, CODE 090.

141. When you had wine in the last month, how many glasses did you usually have at one time?

<table>
<thead>
<tr>
<th>GLASSES</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>NA</td>
<td>.66</td>
</tr>
<tr>
<td>SKP</td>
<td>.77</td>
</tr>
<tr>
<td>DK</td>
<td>.88 (52-53)</td>
</tr>
<tr>
<td>RF</td>
<td>.99</td>
</tr>
</tbody>
</table>
142. Have you had any **liquor** in the past year? (That is, things like whiskey, vodka, gin, brandy, or liqueurs?)

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>NA</th>
<th>RF</th>
<th>54</th>
</tr>
</thead>
</table>

IF NO, SKIP TO QUESTION 146.

143. Have you had any **liquor** in the past month?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>NA</th>
<th>RF</th>
<th>55</th>
</tr>
</thead>
</table>

IF NO, SKIP TO QUESTION 146.

144. Over the last month how often have you had **liquor**?

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>TIMES PER MONTH</td>
</tr>
<tr>
<td>0</td>
<td>TIMES PER MONTH</td>
</tr>
<tr>
<td>NA</td>
<td>66</td>
</tr>
<tr>
<td>SKP</td>
<td>777</td>
</tr>
<tr>
<td>DK</td>
<td>888</td>
</tr>
<tr>
<td>RF</td>
<td>999</td>
</tr>
<tr>
<td></td>
<td>(56-58)</td>
</tr>
</tbody>
</table>

IF 90 OR MORE TIMES, CODE 090.

145. When you had liquor in the past month, how many drinks did you usually have at one time?

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>NA</td>
<td>66</td>
</tr>
<tr>
<td>SKP</td>
<td>777</td>
</tr>
<tr>
<td>DK</td>
<td>888</td>
</tr>
<tr>
<td>RF</td>
<td>999</td>
</tr>
<tr>
<td></td>
<td>(59-60)</td>
</tr>
</tbody>
</table>

146. Has there ever been a time when you drank quite a bit more than you drink now?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>NA</th>
<th>RF</th>
<th>61</th>
</tr>
</thead>
</table>

(IV)
The next questions are about memory. Since there isn’t much scientific information on how good the average person’s memory is, many of our questions are designed to provide this basic information. The questions may seem unusual, but they are routine questions we ask of everyone. Some of the questions are very easy and some are difficult, so don’t be surprised if you have trouble with some of them.

<table>
<thead>
<tr>
<th>Question Number</th>
<th>Question</th>
<th>Error/Record Answers:</th>
</tr>
</thead>
<tbody>
<tr>
<td>147.</td>
<td>What is the date today: The month, day, and year?</td>
<td>1 5 6 9</td>
</tr>
<tr>
<td></td>
<td>SCORED CORRECT ONLY IF EXACT MONTH, DAY AND YEAR ARE GIVEN.</td>
<td></td>
</tr>
<tr>
<td>148.</td>
<td>What day of the week is it?</td>
<td>1 5 6 9</td>
</tr>
<tr>
<td>149.</td>
<td>What is the name of this place?</td>
<td>1 5 6 9</td>
</tr>
<tr>
<td></td>
<td>DO NOT RECORD IDENTIFYING INFORMATION</td>
<td></td>
</tr>
<tr>
<td>150.</td>
<td>What is your telephone number?</td>
<td>1 5 6 9</td>
</tr>
<tr>
<td></td>
<td>RECORD ON COVER SHEET AND CHECK AGAINST CONTROL CARD.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>IF RESPONDENT HAS NO TELEPHONE ASK:</td>
<td>1 5 6 9</td>
</tr>
<tr>
<td></td>
<td>What is your (street) address?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>RECORD ON COVER SHEET, AND CHECK AGAINST CONTROL CARD.</td>
<td></td>
</tr>
<tr>
<td>151.</td>
<td>AGE. CODE FROM QUESTION 4.</td>
<td>1 5 6</td>
</tr>
<tr>
<td>152.</td>
<td>DATE OF BIRTH. CODE FROM QUESTION 5.</td>
<td>1 5 6 9</td>
</tr>
<tr>
<td>153.</td>
<td>Who is the President of the U.S.?</td>
<td>1 5 6 9</td>
</tr>
<tr>
<td></td>
<td>LAST NAME IS SUFFICIENT.</td>
<td></td>
</tr>
</tbody>
</table>
154. Who was the President just before him?

LAST NAME IS SUFFICIENT.

155. What was your mother's maiden name?

SCORE CORRECT IF A LAST NAME OTHER THAN RESPONDENT'S IS GIVEN.

IF RESPONDENT GIVES HIS/HER OWN NAME, DO NOT RECORD NAME.

156. Subtract 3 from 20 and keep subtracting 3 from each new number all the way down.

CORRECT RESPONSE IS: 17, 14, 11, 8, 5, 2

THE ENTIRE SERIES MUST BE PERFORMED CORRECTLY IN ORDER TO BE SCORED AS CORRECT. ANY ERROR IN THE SERIES OR UNWILLINGNESS TO ATTEMPT THE SERIES IS SCORED AS INCORRECT.

INTERVIEWER: DID YOU SKIP TO THIS SECTION (BEGINNING WITH QUESTION 147) FROM EARLIER QUESTIONS?

DID THE RESPONDENT MAKE ERRORS IN 6 OR BEFORE OF QUESTIONS 147-156, COUNTING REFUSALS AS ERRORS?

IF SKIPPED TO THIS SECTION AND RESPONDENT MADE 6 OR MORE ERRORS, GO TO PROXY PROCEDURE. IF SKIPPED TO THIS SECTION BUT LESS THAN 6 ERRORS RETURN TO MAIN QUESTIONNAIRE AND CONTINUE, BUT NOT FOR MORE THAN 3 HOURS TOTAL.
Now I’d like to ask you about some of the activities of daily living, things that we all need to do as part of our daily lives. I would like to know if you can do these activities without any help.

(P) 157. Can you use the telephone without help (including looking up numbers and dialing)?

<table>
<thead>
<tr>
<th>Response</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>NO</td>
<td>1</td>
</tr>
<tr>
<td>YES</td>
<td>2</td>
</tr>
<tr>
<td>NA</td>
<td>6</td>
</tr>
<tr>
<td>DK</td>
<td>8</td>
</tr>
<tr>
<td>RF</td>
<td>9</td>
</tr>
</tbody>
</table>

(P) 158. Can you drive your own car or travel alone on buses or taxis?

<table>
<thead>
<tr>
<th>Response</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>NO</td>
<td>1</td>
</tr>
<tr>
<td>YES</td>
<td>2</td>
</tr>
<tr>
<td>NA</td>
<td>6</td>
</tr>
<tr>
<td>DK</td>
<td>8</td>
</tr>
<tr>
<td>RF</td>
<td>9</td>
</tr>
</tbody>
</table>

(P) 159. Can you go shopping for groceries or clothes without help (taking care of all shopping needs yourself, assuming you had transportation)?

<table>
<thead>
<tr>
<th>Response</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>NO</td>
<td>1</td>
</tr>
<tr>
<td>YES</td>
<td>2</td>
</tr>
<tr>
<td>NA</td>
<td>6</td>
</tr>
<tr>
<td>DK</td>
<td>8</td>
</tr>
<tr>
<td>RF</td>
<td>9</td>
</tr>
</tbody>
</table>

(P) 160. Can you prepare your own meals without help (plan and cook full meals yourself)?

<table>
<thead>
<tr>
<th>Response</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>NO</td>
<td>1</td>
</tr>
<tr>
<td>YES</td>
<td>2</td>
</tr>
<tr>
<td>NA</td>
<td>6</td>
</tr>
<tr>
<td>DK</td>
<td>8</td>
</tr>
<tr>
<td>RF</td>
<td>9</td>
</tr>
</tbody>
</table>

(P) 161. Can you do your housework without help (can clean floors, etc.)?

<table>
<thead>
<tr>
<th>Response</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>NO</td>
<td>1</td>
</tr>
<tr>
<td>YES</td>
<td>2</td>
</tr>
<tr>
<td>NA</td>
<td>6</td>
</tr>
<tr>
<td>DK</td>
<td>8</td>
</tr>
<tr>
<td>RF</td>
<td>9</td>
</tr>
</tbody>
</table>

(P) 162. Can you take your medicine without help (in the right doses at the right time)?

<table>
<thead>
<tr>
<th>Response</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>NO</td>
<td>1</td>
</tr>
<tr>
<td>YES</td>
<td>2</td>
</tr>
<tr>
<td>NA</td>
<td>6</td>
</tr>
<tr>
<td>DK</td>
<td>8</td>
</tr>
<tr>
<td>RF</td>
<td>9</td>
</tr>
</tbody>
</table>
(P) 163. Can you handle your money without help (write checks, pay bills, etc.)?

- NO. ...........................................1
- YES..........................................2
- NA .............................................6 (9)
- DK .............................................8
- RF .............................................9

(P) 164. Are you able to do heavy work around the house like washing windows, walls, or floors without help?

- No .............................................1
- YES ...........................................2
- NA .............................................6
- DK .............................................8 (10)
- RF .............................................9

(P) 165. Are you able to walk up and down stairs to the second floor without help?

- NO ..............................................1
- YES .............................................2
- NA .............................................6 (11)
- DO .............................................8
- RF .............................................9

(P) 166. Are you able to walk half a mile without help? That’s about 8 ordinary blocks.

- NO ..............................................1
- YES .............................................2
- NA .............................................6 (12)
- DK .............................................8
- RF .............................................9
Now I’m going to ask you how difficult it is, on the average, to do certain activities. For each thing tell me whether you have **no difficulty at all**, **a little difficulty**, **a lot of difficulty**, or are **just unable to do it**.

HAND RESPONDENT FLASHCARD A, AND REPEAT UNDERLINED RESPONSES ABOVE AS NECESSARY.

**167.** To begin, how much difficulty, if any, do you have pulling or pushing large objects like a living room chair? Would you say you have:

<table>
<thead>
<tr>
<th>Difficulty Level</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>No difficulty at all</td>
<td>1</td>
</tr>
<tr>
<td>A little difficulty</td>
<td>2</td>
</tr>
<tr>
<td>A lot of difficulty</td>
<td>4</td>
</tr>
<tr>
<td>Just unable to do it</td>
<td>5</td>
</tr>
<tr>
<td>NA</td>
<td>6</td>
</tr>
<tr>
<td>DK</td>
<td>8</td>
</tr>
<tr>
<td>RF</td>
<td>9</td>
</tr>
</tbody>
</table>

**168.** What about stooping, crouching, or kneeling? Do you have:

<table>
<thead>
<tr>
<th>Difficulty Level</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>No difficulty at all</td>
<td>1</td>
</tr>
<tr>
<td>A little difficulty</td>
<td>2</td>
</tr>
<tr>
<td>A lot of difficulty</td>
<td>4</td>
</tr>
<tr>
<td>Just unable to do it</td>
<td>5</td>
</tr>
<tr>
<td>NA</td>
<td>6</td>
</tr>
<tr>
<td>DK</td>
<td>8</td>
</tr>
<tr>
<td>RF</td>
<td>9</td>
</tr>
</tbody>
</table>

**169.** Lifting and carrying weights over 10 pounds, like a very heavy bag of groceries. Do you have:

<table>
<thead>
<tr>
<th>Difficulty Level</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>No difficulty at all</td>
<td>1</td>
</tr>
<tr>
<td>A little difficulty</td>
<td>2</td>
</tr>
<tr>
<td>A lot of difficulty</td>
<td>4</td>
</tr>
<tr>
<td>Just unable to do it</td>
<td>5</td>
</tr>
<tr>
<td>NA</td>
<td>6</td>
</tr>
<tr>
<td>DK</td>
<td>8</td>
</tr>
<tr>
<td>RF</td>
<td>9</td>
</tr>
</tbody>
</table>

**170.** Reaching or extending arms above shoulder level. Do you have:

<table>
<thead>
<tr>
<th>Difficulty Level</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>No difficulty at all</td>
<td>1</td>
</tr>
<tr>
<td>A little difficulty</td>
<td>2</td>
</tr>
<tr>
<td>A lot of difficulty</td>
<td>4</td>
</tr>
<tr>
<td>Just unable to do it</td>
<td>5</td>
</tr>
<tr>
<td>NA</td>
<td>6</td>
</tr>
<tr>
<td>DK</td>
<td>8</td>
</tr>
<tr>
<td>RF</td>
<td>9</td>
</tr>
</tbody>
</table>
(P) 171. Either writing or handling or fingering small objects. 
Do you have: 

<table>
<thead>
<tr>
<th>Rating</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>NO DIFFICULTY AT ALL</td>
<td>1</td>
</tr>
<tr>
<td>A LITTLE DIFFICULTY</td>
<td>2</td>
</tr>
<tr>
<td>A LOT OF DIFFICULTY</td>
<td>4</td>
</tr>
<tr>
<td>JUST UNABLE TO DO IT</td>
<td>5 (17)</td>
</tr>
<tr>
<td>NA</td>
<td>6</td>
</tr>
<tr>
<td>DK</td>
<td>8</td>
</tr>
<tr>
<td>RF</td>
<td>9</td>
</tr>
</tbody>
</table>

FOR OFFICE USE ONLY: BREAKOFF? 6 9 (18)
Now I’m going to ask you some questions about the kind of help you need to do things.

(Other than when you might have been in the hospital) was there any time in the past 12 months when you needed help from another person or special equipment or device to do any of the following things?

**RECORD ANY HELP AS HELP. REPEAT LEAD QUESTION AND ANSWER CATEGORIES AS NECESSARY.**

**FOR EACH QUESTION:**
- If no help, refuse, or don’t know, go to C.
- If needed help, ask A, B, and C.
- If unable to do skip to next question.

<table>
<thead>
<tr>
<th>NO HELP</th>
<th>HELP</th>
<th>UNABLE TO DO</th>
<th>NA</th>
<th>DK</th>
<th>RE</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>GO TO:</strong></td>
<td>C A, B, C</td>
<td>NEXT Q. C C</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>172. <strong>walking across a mall roan?</strong></th>
<th>1 2 3 6 8 9</th>
<th>1 2 3 6 7 8 9</th>
</tr>
</thead>
<tbody>
<tr>
<td>173. <strong>bathing (either a sponge bath, tub bath, or shower)?</strong></td>
<td>1 2 3 6 8 9</td>
<td>1 2 3 6 7 8 9</td>
</tr>
<tr>
<td><strong>person groaning like brushing hair, brushing teeth, or washing face?</strong></td>
<td>1 2 3 6 8 9</td>
<td>1 2 3 6 7 8 9</td>
</tr>
<tr>
<td>175. <strong>dressing (like putting on a shirt, buttoning and zipping, or putting on shoes)?</strong></td>
<td>1 2 3 6 8 9</td>
<td>1 2 3 6 7 8 9</td>
</tr>
<tr>
<td>176. <strong>eating (like holding a fork, cutting food, or drinking from a glass)?</strong></td>
<td>1 2 3 6 8 9</td>
<td>1 2 3 6 7 8 9</td>
</tr>
<tr>
<td>177. <strong>getting from a bed to a chair?</strong></td>
<td>1 2 3 6 8 9</td>
<td>1 2 3 6 7 8 9</td>
</tr>
<tr>
<td>178. <strong>using the toilet?</strong></td>
<td>1 2 3 6 8 9</td>
<td>1 2 3 6 7 8 9</td>
</tr>
<tr>
<td>B. Do you still require this help?</td>
<td>C. How much difficulty on the average do you have doing this, no difficulty at all, a little difficulty, some difficulty, or a lot of difficulty?</td>
<td></td>
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<tr>
<td>---------------------</td>
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</tr>
<tr>
<td></td>
<td>NONE AT ALL LITTLE SOME LOT NA SKP DK RF</td>
<td></td>
</tr>
<tr>
<td>1 2 6 7 8 9</td>
<td>1 2 3 4 6 7 8 9</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(33-34)</td>
<td></td>
</tr>
<tr>
<td>1 2 6 7 8 9</td>
<td>1 2 3 4 6 7 8 9</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(35-36)</td>
<td></td>
</tr>
<tr>
<td>1 2 6 7 8 9</td>
<td>1 2 3 4 6 7 8 9</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(37-38)</td>
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<tr>
<td>1 2 6 7 8 9</td>
<td>1 2 3 4 6 7 8 9</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(39-40)</td>
<td></td>
</tr>
<tr>
<td>1 2 6 7 8 9</td>
<td>1 2 3 4 6 7 8 9</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(42-42)</td>
<td></td>
</tr>
<tr>
<td>1 2 6 7 8 9</td>
<td>1 2 3 4 6 7 8 9</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(43-44)</td>
<td></td>
</tr>
<tr>
<td>1 2 6 7 8 9</td>
<td>1 2 3 4 6 7 8 9</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(45-46)</td>
<td></td>
</tr>
</tbody>
</table>
179. Do you smoke cigarettes regularly now?  
NO. ................ 1  
YES. .............. 2  
NA. .............. 6  
SKP ........... 7  
DK .............. 8  
RF .............. 9  

(IF YES, SKIP TO QUESTION 183.)

180. Did you ever smoke cigarettes regularly?  
NO .............. 1  
YES .............. 2  
NA ................ 6  
SKP ........... 7  
DK .............. 8  
RF .............. 9  

(IF NO, SKIP TO QUESTION 185.)

181. On the average—how many cigarettes per day did you usually smoke? (One pack equals 20 cigarettes.)

CIGARETTES

NA .............. 666  
SKP ........... 777  
DK .............. 888  
RF .............. 999

182. How old were you when you last smoked cigarettes regularly?

YEARS OLD

NA .............. 666  
SKP ........... 777  
DK .............. 888  
RF .............. 999

183. How old were you when you first smoked cigarettes regularly?

YEARS OLD

NA .............. 666  
SKP ........... 777  
DK .............. 888  
RF .............. 999
IF NO LONGER SMOKES, SKIP TO QUESTION 185.

(P) 184. On the average how many cigarettes per day do you usually smoke? (One pack equals 20 cigarettes.)

<table>
<thead>
<tr>
<th></th>
<th>NA</th>
<th>666</th>
<th>(58-60)</th>
<th>SKP</th>
<th>777</th>
<th>DK</th>
<th>888</th>
<th>RF</th>
<th>999</th>
</tr>
</thead>
<tbody>
<tr>
<td>CIGARETTES</td>
<td></td>
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</tbody>
</table>

Now I’m going to ask you about the medicines you take.

185. Have you ever taken any digitalis, digoxin, lanoxin, or digitoxin pills?

IF R HAS TAKEN CRYSODIGIN, CODE = 2.

<table>
<thead>
<tr>
<th></th>
<th>NO</th>
<th>1</th>
<th></th>
<th>YES</th>
<th>2</th>
<th></th>
<th>NA</th>
<th>6</th>
<th>(62)</th>
<th>SKP</th>
<th>7</th>
<th>DK</th>
<th>8</th>
<th>RF</th>
<th>9</th>
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</table>

IF NO, DK, OR RF SKIP TO QUESTION 188.

(P) 186. Do you still take this pill now?

<table>
<thead>
<tr>
<th></th>
<th>NO</th>
<th>1</th>
<th></th>
<th>YES</th>
<th>2</th>
<th></th>
<th>NA</th>
<th>6</th>
<th>(62)</th>
<th>SKP</th>
<th>7</th>
<th>DK</th>
<th>8</th>
<th>RF</th>
<th>9</th>
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187. For how long have you taken (did you take) it?

IF LESS THAN A YEAR, CODE 001.

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<thead>
<tr>
<th></th>
<th>NA</th>
<th>666</th>
<th>(63-65)</th>
<th>SKP</th>
<th>777</th>
<th>DK</th>
<th>888</th>
<th>RF</th>
<th>999</th>
</tr>
</thead>
<tbody>
<tr>
<td>YEARS</td>
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</tbody>
</table>

168
188. Have you ever regularly taken calcium tablets or any other medicine to make sure you have enough calcium in your body, such as OS-CAL, calcium carbonate, or Neo Calglucone?

IF YES, ASK A. AND B.

A. For how many years?

IF LESS THAN A YEAR CODE 001.

YEARS

(P) B. Are you taking calcium regularly now?

IF MALE, SKIP TO QUESTION 190.

189. Around the time of your “change of life” or menopause or any time since then, have you been treated with estrogens or female hormones?

IF YES, ASK A.

A. Did you take them for more than 2 years?

(P) 190. During the past 2 weeks, did you take or use any medicine prescribed by a doctor (including those mentioned earlier)?
(P) 191. Do you take or use any drugs prescribed by a doctor that are not to be taken regularly, but only as needed?

IF YES ASK: Did you take this (these) medicine(s) in the past 2 weeks?

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>NO</td>
<td>YES, BUT NOT PAST 2 WEEKS</td>
</tr>
</tbody>
</table>

(P) 192. We are also interested in other medicines not prescribed by a doctor, such as aspirin, Tylenol, Bufferin, Anacin, headache pills or pain killers, laxatives or bowel medicines, cold medicines, cough medicine, sleep medicines, antacids or stomach medicines, ointments or salves. During the past 2 weeks have you taken or used any of these or any other medicines from the drug store?

INVOKE ANY NON-PRESCRIBED MEDICATIONS MENTIONED EARLIER.

IF NO MEDICATIONS TAKEN IN THE PAST 2 WEEKS AND NO DRUGS PRESCRIBED TO BE TAKEN AS NEEDED SKIP TO QUESTION 196.

May I please see all these medicines (containers) that you have taken or used in the past 2 weeks, and the drugs that you take only as needed.

(P) 193. INTERVIEWER: NO | YES | NA | SKP (Meds NOT SEEN)

WERE MEDICATIONS OBTAINED FROM MORE THAN ONE PHYSICIAN?

(P) 194. INTERVIEWER: NO | YES | NA | SKP (Meds NOT SEEN)

WERE MEDICATIONS OBTAINED FROM MORE THAN ONE PHARMACY?

INTERVIEWER: RECORD ALL MEDICINES (BOTH PRESCRIBED AND NOT PRESCRIBED) TAKEN WITHIN THE PAST 2 WEEKS AND THOSE TO BE TAKEN AS NEEDED, WHETHER AVAILABLE FOR INSPECTION OR NOT.
### Prescribed Medications

Be sure to probe for medications not seen.

<table>
<thead>
<tr>
<th>(P) a. Drug Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td>RX 1</td>
</tr>
<tr>
<td>NA</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>(P) b. Strength</th>
</tr>
</thead>
<tbody>
<tr>
<td>RX 1</td>
</tr>
<tr>
<td>NA</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>(P) c. Dosage Form</th>
</tr>
</thead>
<tbody>
<tr>
<td>ENTER ONE OF THE FOLLOWING: ORAL TABLET, ORAL CAPSULE, ORAL LIQUID OR POWDER, TOPICAL, INJECTION, OPHTHALMIC, RECTAL OR VAGINAL, INHALED OR NASAL SPRAY, OTHER/SPECIFY</td>
</tr>
<tr>
<td>RX 1</td>
</tr>
<tr>
<td>NA</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>(P) d. Label Seen by Interviewer?</th>
</tr>
</thead>
<tbody>
<tr>
<td>IF YES:</td>
</tr>
<tr>
<td>IS THE NAME ON THE CONTAINER THE RESPONDENT'S (R's)?</td>
</tr>
<tr>
<td>RX 1</td>
</tr>
<tr>
<td>SEEN, R's NAME...........1</td>
</tr>
<tr>
<td>SEEN, OTHER NAME...........2</td>
</tr>
<tr>
<td>SEEN, NO NAME...........3</td>
</tr>
<tr>
<td>NOT SEEN...........4</td>
</tr>
<tr>
<td>NA...........6</td>
</tr>
<tr>
<td>SKP...........7</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>(P) e. How many (pills, applications, shots...) did you (take/use) yesterday?</th>
</tr>
</thead>
<tbody>
<tr>
<td>(FOR EYEDROPS, LIQUIDS, ETC., RECORD NUMBER OF TIMES TAKEN.)</td>
</tr>
<tr>
<td>RX 1</td>
</tr>
<tr>
<td>NA...........66</td>
</tr>
<tr>
<td>SKP...........77</td>
</tr>
<tr>
<td>DK...........88</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>(P) f. Did a doctor prescribe this to be taken regularly, or to be taken as needed?</th>
</tr>
</thead>
<tbody>
<tr>
<td>RX 1</td>
</tr>
<tr>
<td>REGULARLY...........1</td>
</tr>
<tr>
<td>AS NEEDED...........2</td>
</tr>
<tr>
<td>NA...........6</td>
</tr>
<tr>
<td>SKP...........7</td>
</tr>
<tr>
<td>DK...........8</td>
</tr>
<tr>
<td>RF...........9</td>
</tr>
</tbody>
</table>

(6-8) (9-14) (15-17) (28-29) (30-41) (42-53)
**BE SURE TO PROBE FOR MEDICATIONS NOT SEEN.**

**PRESCRIBED MEDICATIONS**

<table>
<thead>
<tr>
<th>(P)</th>
<th>RX 4</th>
<th>RX 5</th>
<th>RX 6</th>
<th>(VI-VII)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>(P) a. DRUG NAME:</strong></td>
<td>NA</td>
<td>SKP</td>
<td>DK</td>
<td>RF</td>
</tr>
<tr>
<td></td>
<td>NA</td>
<td>SKP</td>
<td>DK</td>
<td>RF</td>
</tr>
<tr>
<td></td>
<td>NA</td>
<td>SKP</td>
<td>DK</td>
<td>RF</td>
</tr>
<tr>
<td><strong>(P) b. STRENGTH:</strong></td>
<td>NA</td>
<td>SKP</td>
<td>DK</td>
<td>RF</td>
</tr>
<tr>
<td></td>
<td>NA</td>
<td>SKP</td>
<td>DK</td>
<td>RF</td>
</tr>
<tr>
<td></td>
<td>NA</td>
<td>SKP</td>
<td>DK</td>
<td>RF</td>
</tr>
<tr>
<td><strong>(P) c. DOSAGE FORM:</strong></td>
<td>NA</td>
<td>SKP</td>
<td>DK</td>
<td>RF</td>
</tr>
<tr>
<td></td>
<td>NA</td>
<td>SKP</td>
<td>DK</td>
<td>RF</td>
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<tr>
<td></td>
<td>NA</td>
<td>SKP</td>
<td>DK</td>
<td>RF</td>
</tr>
</tbody>
</table>
| ENTER ONE OF:
  ORAL TABLET, ORAL CAPSULE
  ORAL LIQUID OR POWDER,
  TOPICAL, INJECTION,
  OPHTHALMIC,
  RECTAL OR VAGINAL,
  INHALED OR NASAL SPRAY,
  OTHER/SPECIFY |
| | NA | SKP | DK | RF |
| | NA | SKP | DK | RF |
| | NA | SKP | DK | RF |
| **(P) d. LABEL SEEN BY INTERVIEWER** |
| IF YES: |
| **IS THE NAME ON THE CONTAINER THE RESPONDENT'S (R's)?** |
| SEEN, R's NAME... | 1 |
| SEEN, OTHER NAME... | 2 |
| SEEN, NO NAME... | 3 |
| NOT SEEN... | 4 |
| NA... | 6 |
| SKP... | 7 |
| DO NOT ENTER |
| (54-56) |
| **(P) e.** How many (pills, applications, shots...)
did you (take/use) yesterday? |
| (FOR EYEDROPS, LIQUIDS, ETC., RECORD NUMBER OF TIMES TAKEN.) |
| **NUMBER TAKEN** |
| NA... | 6 |
| SKP... | 77 |
| DK... | 88 |
| RF... | 99 |
| **NUMBER TAKEN** |
| NA... | 66 |
| SKP... | 77 |
| DK... | 88 |
| RF... | 99 |
| **NUMBER TAKEN** |
| NA... | 66 |
| SKP... | 77 |
| DK... | 88 |
| RF... | 99 |
| (57-62) |
| **(P) f.** Did a doctor prescribe this to be taken regularly, or to be taken as needed? |
| REGULARLY... | 1 |
| AS NEEDED... | 2 |
| NA... | 6 |
| SKP... | 7 |
| DK... | 8 |
| RF... | 9 |
| REGULARLY... | 1 |
| AS NEEDED... | 2 |
| NA... | 6 |
| SKP... | 7 |
| DK... | 8 |
| RF... | 9 |
| (63-65) |
| (Col. 66-80 = SUM) |

172
## Prescribed Medications

Be sure to probe for medications not seen.

### Data Collection Form

**P** 195.

<table>
<thead>
<tr>
<th></th>
<th>RX 7</th>
<th>RX 8</th>
<th>RX 9</th>
</tr>
</thead>
<tbody>
<tr>
<td>(P) a. Drug Name:</td>
<td>NA SKP DK RF</td>
<td>NA SKP DK RF</td>
<td>NA SKP DK RF</td>
</tr>
<tr>
<td>(P) b. Strength</td>
<td>NA SKP DK RF</td>
<td>NA SKP DK RF</td>
<td>NA SKP DK RF</td>
</tr>
<tr>
<td>(P) c. Dosage Form</td>
<td>NA SKP DK RF</td>
<td>NA SKP DK RF</td>
<td>NA SKP DK RF</td>
</tr>
<tr>
<td>Enter one of: Oral Tablet, Oral Capsule, Oral Liquid or Powder, Topical, Injection, Ophthalmic, Rectal or Vaginal, Inhaled or Nasal Spray, Other/Specify</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(P) d. Label seen by interviewer?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>If yes: Is the name on the container the respondent's (R)'s?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(P) e. How many (pills, applications, shots...) did you (take/use) yesterday?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(For eye drops, liquids, etc., record number of times taken.)</td>
<td></td>
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<tr>
<td>(P) f. Did a doctor prescribe this to be taken regularly, or to be taken as needed?</td>
<td>Regularly...1</td>
<td>Regularly...1</td>
<td>Regularly...1</td>
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<td></td>
<td>As needed...2</td>
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<td>NA...6</td>
<td>NA...6</td>
<td>NA...6</td>
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<td>SKP...7</td>
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<td>DK...8</td>
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</table>
## PRESCRIBED MEDICATION

**BE SURE TO PROBE FOR MEDICATIONS NOT SEEN.**

<table>
<thead>
<tr>
<th>(P) 195. RX 10</th>
<th>RX 11</th>
<th>RX 12</th>
</tr>
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<tbody>
<tr>
<td>(P) a. DRUG NAME:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>NA</td>
<td>SKP</td>
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<td>SKP</td>
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<tr>
<td>(P) b. STRENGTH</td>
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<td></td>
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<td>SKP</td>
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<tr>
<td>(P) c. DOSAGE FORM</td>
<td>ENTER ONE OF</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>ORAL TABLET, ORAL CAPSULE</td>
</tr>
<tr>
<td></td>
<td></td>
<td>ORAL LIQUID OR POWDER,</td>
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<tr>
<td></td>
<td></td>
<td>TOPICAL, INJECTION,</td>
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<tr>
<td></td>
<td></td>
<td>OPHTHALMIC,</td>
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<td></td>
<td></td>
<td>RECTAL OR VAGINAL,</td>
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<td></td>
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<td>INHALED NASAL SPRAY,</td>
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<td>OTHER/SPECIFY</td>
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<td>NA</td>
<td>SKP</td>
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<td>NA</td>
<td>SKP</td>
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<td></td>
<td>NA</td>
<td>SKP</td>
</tr>
<tr>
<td>(P) d. LABEL SEEN BY INTERVIEWER?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>IF YES:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>IS THE NAME ON THE CONTAINER THE RESPONDENT'S (R'S)?</td>
<td></td>
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</tr>
<tr>
<td></td>
<td>SEEN, R'S NAME:</td>
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<td></td>
<td>SEEN, OTHER NAME:</td>
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</tr>
<tr>
<td></td>
<td>SEEN, NO NAME:</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>NOT SEEN:</td>
<td>4</td>
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<tr>
<td></td>
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<td>RF:</td>
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</tr>
<tr>
<td>(P) e. How many (pills, applications, shots...) did you (take/use) yesterday?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>FOR EYEWARDS, LIQUIDS, ETC., RECORD NUMBER OF TIMES TAKEN.</td>
<td></td>
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<tr>
<td></td>
<td>NUMBER TAKEN</td>
<td>NUMBER TAKEN</td>
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<td>NA</td>
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<td>SKP:</td>
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<td>88</td>
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<tr>
<td></td>
<td>RF:</td>
<td>99</td>
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<tr>
<td>(P) f. Did a doctor prescribe this to be taken regularly, or to be taken as needed?</td>
<td></td>
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<tr>
<td>REGULARLY:</td>
<td>1</td>
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<tr>
<td>AS NEEDED:</td>
<td>2</td>
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<td>NA:</td>
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<td>DK:</td>
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<td>RF:</td>
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<td>1</td>
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<tr>
<td>(25-36)</td>
<td>(37-48)</td>
<td>(49-60)</td>
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(Cols. 61+ on supplement page)
### OVER THE COUNTER MEDICATIONS

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<tr>
<th>(P) 195.</th>
<th>OTC 1</th>
<th>OTC 2</th>
<th>OTC 3</th>
<th>OTC 4</th>
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<tbody>
<tr>
<td>(P) a. DRUG NAME:</td>
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<td>NA</td>
<td>NA</td>
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<table>
<thead>
<tr>
<th>(P) b. DOSAGE FORM</th>
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</thead>
<tbody>
<tr>
<td>ENTER ONE OF THE FOLLOWING:</td>
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<td></td>
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</tr>
<tr>
<td>oral tablet,</td>
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<td>oral capsule</td>
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<td>oral liquid,</td>
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<tr>
<td>or powder</td>
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<tr>
<td>topical</td>
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<tr>
<td>injection</td>
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<td>ophthalmic</td>
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<td>rectal or vaginal</td>
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<td>inhaled or</td>
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<tr>
<td>nasal spray</td>
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<td>other/specify</td>
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<table>
<thead>
<tr>
<th>(P) c. LABEL SEEN BY INTERVIEWER?</th>
<th></th>
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<tr>
<td>NO.</td>
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<tr>
<td>YES.</td>
<td>2</td>
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<tr>
<td>NA.</td>
<td>6</td>
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<tr>
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<table>
<thead>
<tr>
<th>(P) d. How many (pills, applications, shots...) did you take/use yesterday?</th>
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</thead>
<tbody>
<tr>
<td>(for eye drops, liquids, etc. record number of times taken.)</td>
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<tr>
<td>NUMBER</td>
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<td>66</td>
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<tr>
<td>SKP.</td>
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<tr>
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<th>NA</th>
<th>SKP</th>
<th>DK</th>
<th>RF.</th>
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(Col. 68-80 = BxSIDNUM@9)

175
### Other the Counter Medications

<table>
<thead>
<tr>
<th>OTC 5</th>
<th>OTC 6</th>
<th>OTC 7</th>
<th>OTC 8</th>
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<tbody>
<tr>
<td><strong>(P) a. Drug Name:</strong></td>
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<tr>
<td><strong>(P) b. Dosage Form</strong></td>
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</table>

**Dosage Form**

ENTER ONE OF THE FOLLOWING:

- Oral Tablet
- Oral Capsule
- Oral Liquid
- Or Powder
- Topical
- Injection
- Ophthalmic
- Rectal or Vaginal
- Inhaled or Nasal Spray
- Other/Specify

**Number**

<table>
<thead>
<tr>
<th>Number</th>
<th>Number</th>
<th>Number</th>
<th>Number</th>
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<tbody>
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<tr>
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</tr>
</tbody>
</table>

**How many (pills, applications, shots...) did you take/use yesterday?**

(FOR EYE DROPS, LIQUIDS, ETC. RECORD NUMBER OF TIMES TAKEN.)

- 2
- 2
- 2
- 2

*(CoLS. 61+ on supplement page)*
During the past year, that is since [DATE] did...

IF YES, ASK AND CODE PARTS B-D.

(P) a. ...you experience an illness or injury (get sick or get hurt) that required staying overnight or longer in a hospital (not a nursing home)?

(P) b. ...you experience an illness or injury (get sick or get hurt) that kept you from your usual activities (work, housework) for a week or more?

IF NEVER MARRIED, SKIP TO e.

(P) c. ...get a divorce?

(P) d. ...your (husband/wife) die?

(P) e. ... (your child/one of your children) die? IF NO CHILDREN, CODE 1.

(P) f. ...your (husband/wife), child or other household member move out or leave your home?

(P) g-...a close family member or friend (other than husband/wife/child) die?

(P) IF YES: Who was that person?

RECORD RELATIONSHIP: _________________________

IF MORE THAN ONE PERSON DIED, ASK RESPONDENT TO FOCUS ON DEATH THAT HAD THE GREATEST IMPACT.
C. Was this event unexpected, partially expected, or expected?

<table>
<thead>
<tr>
<th>Unexpected</th>
<th>Partially Expected</th>
<th>Expected</th>
<th>NA</th>
<th>SKP</th>
<th>DK</th>
<th>RF</th>
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<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>6</td>
<td>7</td>
<td>8</td>
<td>9</td>
</tr>
</tbody>
</table>

D. Did this have a very important effect on your life, a somewhat important effect on your life, or was it not important for your life?

<table>
<thead>
<tr>
<th>Very Important</th>
<th>Somewhat Important</th>
<th>Not Important</th>
<th>NA</th>
<th>SKP</th>
<th>DK</th>
<th>RF</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>6</td>
<td>7</td>
<td>8</td>
<td>9</td>
</tr>
</tbody>
</table>

(47-48)

| 1              | 2                  | 3             | 6  | 7   | 8  | 9  |

(49-50)

| 1              | 2                  | 3             | 6  | 7   | 8  | 9  |

(52-52)

| 1              | 2                  | 3             | 6  | 7   | 8  | 9  |

(53-54)

| 1              | 2                  | 3             | 6  | 7   | 8  | 9  |

(55-56)

| 1              | 2                  | 3             | 6  | 7   | 8  | 9  |

(57-58)

| 1              | 2                  | 3             | 6  | 7   | 8  | 9  |

(59-60)
196. (Cont.) During the past year did...

h. ...a close family member or friend experience a serious illness or injury?  
   NO  YES  NA  DK  RF
   1    2    6    8    9

i. ...you or a family member have any legal trouble (trouble with the law)?
   NO  YES  NA  DK  RF
   1    2    6    8    9

j. ...you retire from work (at your main job)?
   NO  YES  NA  DK  RF
   1    2    6    8    9

k. ...your financial situation improve considerably?
   NO  YES  NA  DK  RF
   1    2    6    8    9

l. ...your financial situation get considerably worse?
   NO  YES  NA  DK  RF
   1    2    6    8    9

m. ...you move?
   NO  YES  NA  DK  RF
   1    2    6    8    9

n. ...Was there any other important event that happened to you during the past year?
   NO  YES  NA  DK  RF
   1    2    6    8    9

   IF YES: What was it?
   RECORD: (IF MORE THAN ONE EVENT, RECORD MOST IMPORTANT.)

B. Did this have a negative, neutral, or positive effect on you?

   IF RESPONDENT VOLUNTEERS BOTH POSITIVE AND NEGATIVE, CODE 2.

   B. Did this have a negative, neutral, or positive effect on you?

   NEUTRAL/POSITIVE/MIXED/NEGATIVE/NA/SKIP/DK/RF

   (61-62)

   (63-64)

   (65-66)

   (67-68)

   (69-70)

   (3-4)
C. Was this event unexpected, partially expected, or expected?  

| UNEXPECTED | PARTIALLY EXPECTED | EXPECTED | NA | SKP | DK | RF | VERY IMPORTANT | SOMEWHAT IMPORTANT | NOT IMPORTANT | NA | SKP | DK | R  |
|------------|-------------------|---------|----|-----|----|----|----------------|-------------------|--------------|----|-----|----|----|---|
| 1          | 2                 | 3       | 6  | 7   | 8  | 9  | 1              | 2                | 3            | 6  | 7   | 8  | 9  | (5-6) |
| 1          | 2                 | 3       | 6  | 7   | 8  | 9  | 1              | 2                | 3            | 6  | 7   | 8  | 9  | (7-8) |
| 1          | 2                 | 3       | 6  | 7   | 8  | 9  | 1              | 2                | 3            | 6  | 7   | 8  | 9  | (9-10) |
| 1          | 2                 | 3       | 6  | 7   | 8  | 9  | 1              | 2                | 3            | 6  | 7   | 8  | 9  | (11-12) |
| 1          | 2                 | 3       | 6  | 7   | 8  | 9  | 1              | 2                | 3            | 6  | 7   | 8  | 9  | (13-14) |
| 1          | 2                 | 3       | 6  | 7   | 8  | 9  | 1              | 2                | 3            | 6  | 7   | 8  | 9  | (15-16) |
| 1          | 2                 | 3       | 6  | 7   | 8  | 9  | 1              | 2                | 3            | 6  | 7   | 8  | 9  | (17-18) |

D. Did this have a very important effect on your life, a somewhat important effect on your life, or was it not important for your life?

180
197. Thinking back to when you were age 40 or 45, would you say that you now have fewer problems, about the same number of problems, or more problems than you did then?

FEWER . . . . . . . . . . . . . . . . 1
ABOUT THE SAME . . . . . . . . . . . . 2
MORE PROBLEMS . . . . . . . . . . . . 3
NA . . . . . . . . . . . . . . . . . . . . 6 (19)
DK . . . . . . . . . . . . . . . . . . . . . . 8
RF . . . . . . . . . . . . . . . . . . . . . . . 9

FOR OFFICE USE ONLY: BREAKOFF? 6
9 (20)

Now I have some questions about your family and friends.

(P) 198. How many children have you had, not counting stepchildren or any who were adopted or born dead?

NUMBER

NONE . . . . . . . . . . . . . . . . . . . . . 00
NA . . . . . . . . . . . . . . . . . . . . . . . . . 66
DK . . . . . . . . . . . . . . . . . . . . . . . . . . 88
RF . . . . . . . . . . . . . . . . . . . . . . . . . . 99

(21-22)

IF NO CHILDREN, SKIP TO QUESTION 200.

(P) 199. How many of your children are still alive? NUMBER

NONE . . . . . . . . . . . . . . . . . . . . . 00
NA . . . . . . . . . . . . . . . . . . . . . . . . . 66
SKP . . . . . . . . . . . . . . . . . . . . . . . . . . 77
DK . . . . . . . . . . . . . . . . . . . . . . . . . . . 88
RF . . . . . . . . . . . . . . . . . . . . . . . . . . . . 99

(23-24)

(P) 200. For how many children who were not your own natural children have you acted as a parent (such as adopted children, step-children, or foster children)? NUMBER

NONE . . . . . . . . . . . . . . . . . . . . . 00
NA . . . . . . . . . . . . . . . . . . . . . . . . . 66
DK . . . . . . . . . . . . . . . . . . . . . . . . . . . 88
RF . . . . . . . . . . . . . . . . . . . . . . . . . . . . . 99

(25-26)

IF NONE, SKIP TO INSTRUCTIONS BEFORE QUESTION 202; OTHERWISE CONTINUE.
(P) 201. How many of the children for whom you acted as a parent are still alive?

<table>
<thead>
<tr>
<th>NUMBER</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>NONE</td>
<td>00</td>
</tr>
<tr>
<td>NA</td>
<td>66</td>
</tr>
<tr>
<td>SKP</td>
<td>77</td>
</tr>
<tr>
<td>DK</td>
<td>88</td>
</tr>
<tr>
<td>RF</td>
<td>99</td>
</tr>
</tbody>
</table>

IF NO LIVING CHILDREN AND NEVER ACTED AS PARENT, SKIP TO QUESTION 204.

(P) 202. How many of your children do you see at least once a month (that is your natural children and/or adopted, foster, or stepchildren)?

<table>
<thead>
<tr>
<th>NUMBER</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>NONE</td>
<td>00</td>
</tr>
<tr>
<td>ONE</td>
<td>01</td>
</tr>
<tr>
<td>TWO</td>
<td>02</td>
</tr>
<tr>
<td>THREE</td>
<td>03</td>
</tr>
<tr>
<td>FOUR</td>
<td>04</td>
</tr>
<tr>
<td>FIVE</td>
<td>05</td>
</tr>
<tr>
<td>SIX</td>
<td>06</td>
</tr>
<tr>
<td>SEVEN</td>
<td>07</td>
</tr>
<tr>
<td>EIGHT</td>
<td>08</td>
</tr>
<tr>
<td>NINE</td>
<td>09</td>
</tr>
<tr>
<td>TEN OR MORE</td>
<td>10</td>
</tr>
<tr>
<td>NA</td>
<td>66</td>
</tr>
<tr>
<td>SKP</td>
<td>77</td>
</tr>
<tr>
<td>DK</td>
<td>88</td>
</tr>
<tr>
<td>RF</td>
<td>99</td>
</tr>
</tbody>
</table>

203. Would you like to see your children more often, about the same, or less often than you do now?

<table>
<thead>
<tr>
<th>NUMBER</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>MORE OFTEN</td>
<td>1</td>
</tr>
<tr>
<td>ABOUT THE SAME</td>
<td>2</td>
</tr>
<tr>
<td>LESS OFTEN</td>
<td>3</td>
</tr>
<tr>
<td>NA</td>
<td>6</td>
</tr>
<tr>
<td>SKP</td>
<td>7</td>
</tr>
<tr>
<td>DK</td>
<td>8</td>
</tr>
<tr>
<td>RF</td>
<td>9</td>
</tr>
</tbody>
</table>

(P) 204. Are your parents alive?

<table>
<thead>
<tr>
<th>NUMBER</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>NO</td>
<td>1</td>
</tr>
<tr>
<td>MOTHER ONLY</td>
<td>2</td>
</tr>
<tr>
<td>FATHER ONLY</td>
<td>3</td>
</tr>
<tr>
<td>BOTH</td>
<td>4</td>
</tr>
<tr>
<td>NA</td>
<td>6</td>
</tr>
<tr>
<td>DK</td>
<td>8</td>
</tr>
<tr>
<td>RF</td>
<td>9</td>
</tr>
</tbody>
</table>

IF BOTH PARENTS DECEASED, SKIP TO QUESTION 206; OTHERWISE CONTINUE.
205. Where (does/do) your parent(s) live?

SAME HOUSEHOLD ....... 1
WITHIN 30 MIN. ......... 2
WITHIN ONE HOUR ....... 3
MORE THAN AN HOUR .... 4
NA. ....................... 6
SKIP ...................... 7
DK ......................... 8
RF ......................... 9

206. How many sisters and brothers do you have that live within an hour’s travel (of your home/from here)?

NONE. ................. 00
NA. ................. 06
SKIP .................. 77
DO .................... 88
RF .................... 99

207. How many relatives do you have that you feel close to—that you feel at ease with, can talk to about private matters, or can call on for help?

(INCLUDE SIBLINGS, EXCLUDE SPOUSE AND CHILDREN.)

NONE ................. 00
ONE ..................... 01
TWO .................... 02
THREE ................. 03
FOUR ................... 04
FIVE .................... 05
SIX ..................... 06
SEVEN .................. 07
EIGHT ................... 08
NINE .................... 09
TEN OR MORE ......... 10
NA ....................... 66
DK ....................... 88
RF ....................... 99

IF NO CLOSE RELATIVES, SKIP TO QUESTION 209.

208. How many of these relatives do you see at least once a month?

NONE ................. 00
ONE ..................... 01
TWO .................... 02
THREE ................. 03
FOUR ................... 04
FIVE .................... 05
SIX ..................... 06
SEVEN .................. 07
EIGHT ................... 08
NINE .................... 09
TEN OR MORE ......... 10
NA ....................... 66
SKIP .................... 77
DK ....................... 88
RF ....................... 99
209. Other than members of your family, how many close friends do you have—people that you feel at ease with, can talk to about private matters, or can call on for help?

<table>
<thead>
<tr>
<th>Close Friends</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>00</td>
</tr>
<tr>
<td>One</td>
<td>01</td>
</tr>
<tr>
<td>Two</td>
<td>02</td>
</tr>
<tr>
<td>Three</td>
<td>03</td>
</tr>
<tr>
<td>Four</td>
<td>04</td>
</tr>
<tr>
<td>Five</td>
<td>05</td>
</tr>
<tr>
<td>Six</td>
<td>06</td>
</tr>
<tr>
<td>Seven</td>
<td>07</td>
</tr>
<tr>
<td>Eight</td>
<td>08</td>
</tr>
<tr>
<td>Nine</td>
<td>09</td>
</tr>
<tr>
<td>Ten or More</td>
<td>10</td>
</tr>
<tr>
<td>NA</td>
<td>66</td>
</tr>
<tr>
<td>DK</td>
<td>88</td>
</tr>
<tr>
<td>RF</td>
<td>99</td>
</tr>
</tbody>
</table>

(P) 210. How many of these close friends do you see at least once a month?

<table>
<thead>
<tr>
<th>Close Friends</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>00</td>
</tr>
<tr>
<td>One</td>
<td>01</td>
</tr>
<tr>
<td>Two</td>
<td>02</td>
</tr>
<tr>
<td>Three</td>
<td>03</td>
</tr>
<tr>
<td>Four</td>
<td>04</td>
</tr>
<tr>
<td>Five</td>
<td>05</td>
</tr>
<tr>
<td>Six</td>
<td>06</td>
</tr>
<tr>
<td>Seven</td>
<td>07</td>
</tr>
<tr>
<td>Eight</td>
<td>08</td>
</tr>
<tr>
<td>Nine</td>
<td>09</td>
</tr>
<tr>
<td>Ten or More</td>
<td>10</td>
</tr>
<tr>
<td>NA</td>
<td>66</td>
</tr>
<tr>
<td>DK</td>
<td>88</td>
</tr>
<tr>
<td>RF</td>
<td>99</td>
</tr>
</tbody>
</table>

(P) 211. How many times did you talk to someone—friends, relatives, or others—on the telephone in the past week (either they called you or you called them)?

<table>
<thead>
<tr>
<th>Telephone Calls</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not at all</td>
<td>00</td>
</tr>
<tr>
<td>Once</td>
<td>01</td>
</tr>
<tr>
<td>Twice</td>
<td>02</td>
</tr>
<tr>
<td>Three times</td>
<td>03</td>
</tr>
<tr>
<td>Four times</td>
<td>04</td>
</tr>
<tr>
<td>Five times</td>
<td>05</td>
</tr>
<tr>
<td>Six times</td>
<td>06</td>
</tr>
<tr>
<td>Seven or more</td>
<td>07</td>
</tr>
<tr>
<td>NA</td>
<td>66</td>
</tr>
<tr>
<td>DK</td>
<td>88</td>
</tr>
<tr>
<td>RF</td>
<td>99</td>
</tr>
</tbody>
</table>

IF NO CLOSE FRIENDS, SKIP TO QUESTION 211.
212. Are you a member of any clubs or organizations such as church-related groups, labor unions, farm organizations, or social or recreational groups?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>NA</th>
<th>DK</th>
<th>RF</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>1</td>
<td>6</td>
<td>8</td>
<td>9</td>
</tr>
</tbody>
</table>

213. In times of trouble, can you count on at least some of your family or friends most of the time, some of the time, or hardly ever?

<table>
<thead>
<tr>
<th>Hardly Ever</th>
<th>Some of the Time</th>
<th>Most of the Time</th>
<th>NA</th>
<th>DK</th>
<th>RF</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>6</td>
<td>8</td>
<td>9</td>
</tr>
</tbody>
</table>

214. Can you talk about your deepest problems with at least some of your family or friends most of the time, some of the time, or hardly ever?

<table>
<thead>
<tr>
<th>Hardly Ever</th>
<th>Some of the Time</th>
<th>Most of the Time</th>
<th>NA</th>
<th>DK</th>
<th>RF</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>6</td>
<td>8</td>
<td>9</td>
</tr>
</tbody>
</table>

215. (Other than your children), would you like to see your friends and relatives less often, about the same, or more often than you do now?

<table>
<thead>
<tr>
<th>Less Often</th>
<th>About the Same</th>
<th>More Often</th>
<th>NA</th>
<th>DK</th>
<th>RF</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>6</td>
<td>8</td>
<td>9</td>
</tr>
</tbody>
</table>

216. How satisfied are you with the relationships you have with your family and friends—very dissatisfied, somewhat dissatisfied, satisfied, or very satisfied?

<table>
<thead>
<tr>
<th>Very Dissatisfied</th>
<th>Somewhat Dissatisfied</th>
<th>Satisfied</th>
<th>Very Satisfied</th>
<th>NA</th>
<th>DK</th>
<th>RF</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>6</td>
<td>8</td>
<td>9</td>
</tr>
</tbody>
</table>
217. As you know, family and friends often help each other in different ways. In the past year did you ever help your family and/or friends in the following ways . . .

<table>
<thead>
<tr>
<th></th>
<th>NO</th>
<th>YES</th>
<th>NA</th>
<th>DK</th>
<th>RF</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. listen to their problems?</td>
<td>1</td>
<td>2</td>
<td>6</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>b. give them advice about life’s problems?</td>
<td>1</td>
<td>2</td>
<td>6</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>c. prepare or provide meals for them?</td>
<td>1</td>
<td>2</td>
<td>6</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>d. help them out with money?</td>
<td>1</td>
<td>2</td>
<td>6</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>e. babysit or help take care of their children?</td>
<td>1</td>
<td>2</td>
<td>6</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>f. fix things around their houses?</td>
<td>1</td>
<td>2</td>
<td>6</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>g. provide transportation for them?</td>
<td>1</td>
<td>2</td>
<td>6</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>h. help with housework or household chores?</td>
<td>1</td>
<td>2</td>
<td>6</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>i. shop or run errands for them?</td>
<td>1</td>
<td>2</td>
<td>6</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>j. give them advice on business or financial matters?</td>
<td>1</td>
<td>2</td>
<td>6</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>k. give them gifts or presents?</td>
<td>1</td>
<td>2</td>
<td>6</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>l. provide companionship to them?</td>
<td>1</td>
<td>2</td>
<td>6</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>m. help out when they are sick?</td>
<td>1</td>
<td>2</td>
<td>6</td>
<td>8</td>
<td>9</td>
</tr>
</tbody>
</table>
218. Now I want to ask you about some of the ways that your family and friends help **you** out. In the past year did your family or friends ever help you in the following ways? INTERVIEWER: REMIND RESPONDENT THAT SPOUSE COUNTS.

<table>
<thead>
<tr>
<th></th>
<th>NO</th>
<th>YES</th>
<th>NA</th>
<th>DK</th>
<th>RF</th>
</tr>
</thead>
<tbody>
<tr>
<td>(P)a. Listen to your problems?</td>
<td>1</td>
<td>2</td>
<td>6</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>(P)b. Give you advice about life's problems?</td>
<td>1</td>
<td>2</td>
<td>6</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>(P)c. Prepare or provide meals for you?</td>
<td>1</td>
<td>2</td>
<td>6</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>(P)d. Help you out with money?</td>
<td>1</td>
<td>2</td>
<td>6</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>(P)f. Fix things around your house?</td>
<td>1</td>
<td>2</td>
<td>6</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>(P)g. Provide transportation for you?</td>
<td>1</td>
<td>2</td>
<td>6</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>(P)h. Help with housework or household chores?</td>
<td>1</td>
<td>2</td>
<td>6</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>(P)i. Shop or run errands for you?</td>
<td>1</td>
<td>2</td>
<td>6</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>(P)j. Give you advice on business or financial matters?</td>
<td>1</td>
<td>2</td>
<td>6</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>(P)k. Give you gifts or presents?</td>
<td>1</td>
<td>2</td>
<td>6</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>(P)l. Provide companionship to you?</td>
<td>1</td>
<td>2</td>
<td>6</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>(P)m. Help you out when you are sick?</td>
<td>1</td>
<td>2</td>
<td>6</td>
<td>8</td>
<td>9</td>
</tr>
</tbody>
</table>

219. Do you wish that your family and/or friends would give you (more) help with these kinds of things?

<table>
<thead>
<tr>
<th></th>
<th>NO</th>
<th>YES</th>
<th>NA</th>
<th>DK</th>
<th>RF</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>2</td>
<td>6</td>
<td>8</td>
<td>9</td>
</tr>
</tbody>
</table>

220. Taking all things together, how would you say that you find life these days—very satisfying, fairly satisfying, or not satisfying?

<table>
<thead>
<tr>
<th></th>
<th>VERY SATISFYING</th>
<th>FAIRLY SATISFYING</th>
<th>NOT SATISFYING</th>
<th>NA</th>
<th>DK</th>
<th>RF</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>6</td>
<td>8</td>
<td>9</td>
</tr>
</tbody>
</table>
(P) 221. About how often do you go to religious meetings or services?

NEVER/ALMOST NEVER...... 01
ONCE OR TWICE A YEAR...... 02
EVERY FEW MONTHS ......... 03 (7-8)
ONCE OR TWICE A MONTH.... 04
ONCE A WEEK................ 05
MORE THAN ONCE A WEEK.... 06
NA......................... 66
DK........................ 88
RF........................ 99

(P) 222. About how often do you watch religious services or religious programs on T.V. or listen to them on the radio?

NEVER/ALMOST NEVER...... 01
ONCE OR TWICE A YEAR...... 02
EVERY FEW MONTHS ......... 03 (9-10)
ONCE OR TWICE A MONTH.... 04
ONCE A WEEK................ 05
MORE THAN ONCE A WEEK.... 06
NA......................... 66
DK........................ 88
RF........................ 99

223. How often do you spend time in private religious activities, such as prayer, meditation, or Bible study?

RARELY OR NEVER ........ 1
A FEW TIMES A MONTH..... 2
ONCE A WEEK.............. 3
TWO OR MORE TIMES A WEEK.. 4
DAILY (OR MORE OFTEN) ..... 5 (11)
NA......................... 6
DK........................ 8
RF........................ 9

224. A. Are you a “born again” Christian?

IF NO, ASK B.

B. Have you ever had any religious experience that changed your life?

NO.............. 1
BORN AGAIN....... 2
CHANGED LIFE..... 3
NA.................. 6 (12)
DK.................. 8
RF................... 9

(P) 225. What is your religious preference?

IF PROTESTANT, RECORD DENOMINATION:

CATHOLIC ............... 1
PROTESTANT ............. 2
JEWISH.................. 3
OTHER ................... 4
NONE..................... 5
NA...................... 6
DK...................... 8
RF...................... 9

RELIGION

(13-15)
226. What is your race?

IF RESPONDENT'S ANSWER CANNOT BE CODED, READ ALTERNATIVES AND ASK RESPONDENT TO CHOOSE.

IF RESPONDENT Says "OTHER" RECORD RACIAL BACKGROUND REPORTED:

OTHER: ____________________________

-- Now let's talk about something else. I'd like to ask you a few questions about your finances.

227. How well does the amount of money you (and your husband/wife) have take care of your needs--poorly, fairly well, or very well?

POORLY. .................. 1
FAIRLY WELL. .............. 2
VERY WELL. ................ 3
NA. .......................... 6 (18)
DK. .......................... 8
RF. .............................. 9

228. Do you have enough financial resources to meet emergencies?

NO. ......................... 1
YES. .......................... 2
NA. ................................. 6
DK. .......................... 8 (19)
RF. .............................. 9

229. Are you (and/or your husband/wife) now receiving any Social Security retirement benefits?

NO. .......................... 1
YES. .......................... 2
NA. ................................. 6
DK. .......................... 8 (20)
RF. .............................. 9

230. Are you (and/or your husband/wife) now receiving any Supplemental Security Income (SSI) (in addition to Social Security)?

NO. .......................... 1
YES. .......................... 2
NA. ................................. 6 (21)
DK. .......................... 8
RF. .............................. 9

231. Are you (and/or your husband/wife) now receiving any retirement benefits from a source other than Social Security, such as pension payments or railroad or military?

NO. .......................... 1
YES. .......................... 2
NA. ................................. 6 (22)
DK. .......................... 8
RF. .............................. 9
232. Are you (and/or your husband/wife) now receiving any disability payments or disability benefits from Social Security, the Veterans Administration, the State of North Carolina, or any other source? 

**YES** ................. 2

**NO** ................. 1

**NA** .................. 6

**DK** .................. 8

**RF** .................. 9

---

(P) 233. Please look at this card. Which of these income groups represents your own (and your husband’s/wife's) personal income for the past year (1985)? Include income from all sources such as wages, salaries, Social Security or retirement benefits, help from relatives, rent from property, and so forth.

<table>
<thead>
<tr>
<th>YEARLY INCOME</th>
<th>MONTHLY</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. $0 - $1,999</td>
<td>(0 - $166)</td>
</tr>
<tr>
<td>B. $2,000 - $2,999</td>
<td>($167 - $249)</td>
</tr>
<tr>
<td>C. $3,000 - $3,999</td>
<td>($250 - $333)</td>
</tr>
<tr>
<td>D. $4,000 - $4,999</td>
<td>($334 - $416)</td>
</tr>
<tr>
<td>E. $5,000 - $6,999</td>
<td>($417 - $583)</td>
</tr>
<tr>
<td>F. $7,000 - $9,999</td>
<td>($584 - $833)</td>
</tr>
<tr>
<td>G. $10,000 - $14,999</td>
<td>($834 - $1,249)</td>
</tr>
<tr>
<td>H. $15,000 - $19,999</td>
<td>($1,250 - $1,666)</td>
</tr>
<tr>
<td>I. $20,000 - $29,999</td>
<td>($1,667 - $2,499)</td>
</tr>
<tr>
<td>J. $30,000 - $39,999</td>
<td>($2,500 - $3,333)</td>
</tr>
<tr>
<td>K. $40,000 or more</td>
<td>($3,334 AND OVER)</td>
</tr>
</tbody>
</table>

---

IF RESPONDENT ANSWERED QUESTION 233 AND IS CURRENTLY EMPLOYED (YES ON QUESTION 13) ASK 234; OTHERWISE, SKIP TO QUESTION 235.

---

234. How much of this income is from your working last year?

<table>
<thead>
<tr>
<th>YEARLY INCOME</th>
<th>MONTHLY</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. $0 - $1,999</td>
<td>(0 - $166)</td>
</tr>
<tr>
<td>B. $2,000 - $2,999</td>
<td>($167 - $249)</td>
</tr>
<tr>
<td>C. $3,000 - $3,999</td>
<td>($250 - $333)</td>
</tr>
<tr>
<td>D. $4,000 - $4,999</td>
<td>($334 - $416)</td>
</tr>
<tr>
<td>E. $5,000 - $6,999</td>
<td>($417 - $583)</td>
</tr>
<tr>
<td>F. $7,000 - $9,999</td>
<td>($584 - $833)</td>
</tr>
<tr>
<td>G. $10,000 - $14,999</td>
<td>($834 - $1,249)</td>
</tr>
<tr>
<td>H. $15,000 - $19,999</td>
<td>($1,250 - $1,666)</td>
</tr>
<tr>
<td>I. $20,000 - $29,999</td>
<td>($1,667 - $2,499)</td>
</tr>
<tr>
<td>J. $30,000 - $39,999</td>
<td>($2,500 - $3,333)</td>
</tr>
<tr>
<td>K. $40,000 or more</td>
<td>($3,334 AND OVER)</td>
</tr>
</tbody>
</table>

---

190
235. Do you (and/or your husband/wife) own your house (or condominium, mobile home, etc.)?  

<table>
<thead>
<tr>
<th>Option</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>1</td>
</tr>
<tr>
<td>Yes</td>
<td>2</td>
</tr>
<tr>
<td>NA</td>
<td>6</td>
</tr>
<tr>
<td>DK</td>
<td>8</td>
</tr>
<tr>
<td>RF</td>
<td>9</td>
</tr>
</tbody>
</table>

236. Are you covered by Medicare (from Social Security)?  

If Yes: Do you have Part A of Medicare that covers hospital bills, Part B that covers doctor bills, or both?  

If gets Medicare, BUT DOESN'T KNOW PART, CODE 5.  

<table>
<thead>
<tr>
<th>Option</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>1</td>
</tr>
<tr>
<td>PART A ONLY</td>
<td>2</td>
</tr>
<tr>
<td>PART B ONLY</td>
<td>3</td>
</tr>
<tr>
<td>BOTH PARTS</td>
<td>4</td>
</tr>
<tr>
<td>YES, DK</td>
<td>5</td>
</tr>
<tr>
<td>NA</td>
<td>6</td>
</tr>
<tr>
<td>DK</td>
<td>8</td>
</tr>
<tr>
<td>RF</td>
<td>9</td>
</tr>
</tbody>
</table>

237. Are you covered by Medicaid or any other public program such as welfare that pays for all or part of your medical care?  

<table>
<thead>
<tr>
<th>Option</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>1</td>
</tr>
<tr>
<td>Yes</td>
<td>2</td>
</tr>
<tr>
<td>NA</td>
<td>6</td>
</tr>
<tr>
<td>DK</td>
<td>8</td>
</tr>
<tr>
<td>RF</td>
<td>9</td>
</tr>
</tbody>
</table>

238. Are you covered by any other health insurance plan (other than Medicare or Medicaid) such as Blue Cross/Blue Shield, or CHAMPUS?  

If Yes: What is the name of your health insurance plan?  

Record name: ____________________________  

If No, skip to question 240.  

239. Is this a prepaid plan, for example an HMO, personal care plan, or preferred provider plan?  

If Yes, Specify: ____________________________  

For office use only: Breakoff? 6  

9
Now I would like to ask you some questions about the (house/apartment/mobile home) where you live.

(P) 240. Does your (house/apartment/mobile home) have:

<table>
<thead>
<tr>
<th>NO</th>
<th>YES</th>
<th>NA</th>
<th>DK</th>
<th>RF</th>
</tr>
</thead>
</table>

(P) a. ...a complete bathroom including a tub or shower, a toilet, and a sink?

1  2  6  8  9 (34)

(P) b. ...a complete kitchen including a stove, refrigerator and sink?

1  2  6  8  9 (35)

(P) c. ...electricity?

1  2  6  8  9 (36)

(P) d. ...hot and cold running water?

1  2  6  8  9 (37)

(P) 241. Do you have enough heat in winter?

NO..............1
YES.............2
NA................6 (38)
DK................8
RF................9

(P) 242. Is your (house/apartment/mobile home) in very adequate, adequate, or in bad condition?

<table>
<thead>
<tr>
<th>VERY ADEQUATE</th>
<th>ADEQUATE</th>
<th>BAD CONDITION</th>
<th>NA</th>
<th>DK</th>
<th>RF</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
</tbody>
</table>

(P) 243. How safe from crime would you say your neighborhood is? Would you say very safe, fairly safe, somewhat safe, not very safe, or not safe at all?

<table>
<thead>
<tr>
<th>VERY SAFE</th>
<th>FAIRLY SAFE</th>
<th>SOMEWHAT SAFE</th>
<th>NOT VERY SAFE</th>
<th>NOT SAFE AT ALL</th>
<th>NA</th>
<th>DK</th>
<th>RF</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>8</td>
<td>9</td>
</tr>
</tbody>
</table>
BLOOD PRESSURE (BP) (XIII)

Now, I would like to take your pulse and two blood pressure readings.

244. PULSE FOR 30 SECONDS

| NA | 666 | (41-43) |
| UNSUCCESSFUL | 888 |
| REFUSED | 999 |

245. PULSE OBLITERATION PRESSURE

| NA | 666 | (44-46) |
| UNSUCCESSFUL | 888 |
| REFUSED | 999 |

246. MAXIMUM INFLATION LEVEL (PULSE OBLITERATION PRESSURE PLUS 30)

| NA | 666 | (47-49) |
| UNSUCCESSFUL | 888 |
| REFUSED | 999 |

247. FIRST BLOOD PRESSURE READING

| SYSTOLIC | (50-52) |
| NA | 666 |
| UNSUCCESSFUL | 888 |
| REFUSED | 999 |

| DIASTOLIC | (53-55) |
| NA | 666 |
| UNSUCCESSFUL | 888 |
| REFUSED | 999 |

248. SECOND BLOOD PRESSURE READING

| SYSTOLIC | (56-58) |
| NA | 666 |
| UNSUCCESSFUL | 888 |
| REFUSED | 999 |

| DIASTOLIC | (59-61) |
| NA | 666 |
| UNSUCCESSFUL | 888 |
| REFUSED | 999 |

249. CUFF SIZE

| REGULAR | 1 |
| PEDIATRIC | 2 |
| LARGE ARM | 3 (62) |
| NA | 6 |
| REFUSED | 9 |
250. INTERVIEWER: CODE WHAT YOU TOLD THE RESPONDENT.

SYSTOLIC LESS THAN 140; DIASTOLIC LESS THAN 90 AND ON NO HYPERTENSIVE MEDICATIONS.

Your blood pressure today is within normal limits. You can help maintain good health by knowing your blood pressure and having it checked at least once a year.

SYSTOLIC LESS THAN 140; DIASTOLIC LESS THAN 90 AND UNDER TREATMENT FOR HYPERTENSION.

Your blood pressure today is within normal limits. Continue to follow your doctor’s advice, taking your medications as your doctor has prescribed and continue to see him or her. Be sure to have your blood pressure checked regularly.

SYSTOLIC BETWEEN 140-160; DIASTOLIC 90-95

Your blood pressure today is somewhat elevated. It is important for you to have your blood pressure checked by your doctor to see if anything further should be done about your blood pressure.

SYSTOLIC BETWEEN 161-200; DIASTOLIC 96-115

Your blood pressure was elevated today. It is important that you visit your doctor or clinic soon and that you follow their instructions regarding lowering your blood pressure. Do you have a doctor or clinic where you receive medical care? If not, we would be glad to give you the name of a doctor or clinic. (INTERVIEWERS WILL HAVE LISTS OF PLACES TO WHICH REFERRALS CAN BE MADE.)

SYSTOLIC GREATER THAN 200; DIASTOLIC GREATER THAN 115

Your blood pressure is quite high today. It is important for you to see your doctor as soon as possible. If you would like, we can telephone your doctor’s office or clinic to give them a report of your blood pressure. If you do not have a doctor’s office or clinic where you receive medical care we can contact (EACH INTERVIEWER WILL HAVE A PLACE TO REFER) and arrange for you to be seen there. Because your blood pressure is this high, it is important for you to get care as soon as possible.

NA. .......................... 6
SKF. .......................... 7

(63)
251. Now I would like to get a sample of your urine to check it for sugar and protein. Would you please take this container to the bathroom and bring back a urine sample. When you bring it back I will check it and tell you the results.

RECORD RESULTS:

<table>
<thead>
<tr>
<th>PROTEIN</th>
<th>NEGATIVE</th>
<th>Trace</th>
<th>+ (30)</th>
<th>++ (100)</th>
<th>+++ (500 mg/dl)</th>
<th>NA</th>
<th>UNSUCCESSFUL RF</th>
</tr>
</thead>
<tbody>
<tr>
<td>(30-60 seconds)</td>
<td>....1</td>
<td>....2</td>
<td>....3</td>
<td>....4</td>
<td>....5</td>
<td>....6</td>
<td>....8</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>GLUCOSE (SUGAR)</th>
<th>NORMAL</th>
<th>+ (1/10)</th>
<th>++ (1/4)</th>
<th>+++ (1 g/dl)</th>
<th>NA</th>
<th>UNSUCCESSFUL RF</th>
</tr>
</thead>
<tbody>
<tr>
<td>(60 seconds)</td>
<td>....1</td>
<td>....3</td>
<td>....4</td>
<td>....5</td>
<td>....6</td>
<td>....8</td>
</tr>
</tbody>
</table>

GUIDELINES ON REPORTING DIPSTICK TEST. (Col. 66-80 = [zn7IDNUM13])

IF PROTEIN AND GLUCOSE TEST ARE NORMAL, NEGATIVE, OR TRACE
Your urine is normal today.

IF PROTEIN AND/OR GLUCOSE ARE +(PROTEIN 30, Glucose 1/10)
Your urine shows a little (protein/sugar) today, but not enough to be concerned about. You might want to mention it to your doctor the next time you see him or her.

IF PROTEIN AND/OR GLUCOSE ARE ++ OR +++ (protein 100 or 500 mg/dl; GLUCOSE 1/4 or 1 g/dl)
You have too much (protein/sugar) in your urine today. It would be a good idea to contact your doctor about it. [FOR THOSE WITHOUT A REGULAR SOURCE OF CARE, OFFER ONE.]
(P) 252. TEAR OUT PAGE 73.

(P) 253. EXPLAIN TO RESPONDENT THAT:

(P) 254. ...HIS/HER SOCIAL SECURITY, MEDICARE AND/OR MEDICAID NUMBERS ARE NEEDED FOR RESEARCH ONLY.

...THE NATIONAL INSTITUTE ON AGING IS AUTHORIZED TO OBTAIN THEM.

...GIVING THE NUMBERS WILL NOT AFFECT HIS/HER ELIGIBILITY FOR SERVICES.

...HIS/HER DOCTOR WILL NOT BE CONTACTED WITHOUT PERMISSION.

...HE/SHE MAY REFUSE TO GIVE THE NUMBERS AND IF SO WILL STILL BE PART OF THE STUDY.

ASK RESPONDENT TO SIGN THE FORM. THEN ASK FOR AND RECORD THE NUMBERS. FOR EACH NUMBER NOT RECORDED, RECORD WHY (NOT ELIGIBLE, DK, RF...). INSERT THE COMPLETED FORM BETWEEN PAGES 70 AND 71.

THANK RESPONDENT IN YOUR OWN WORDS FOR TAKING THE TIME TO PARTICIPATE IN THE SURVEY. TELL HIM/HER "WE" WILL (CALL/BE IN TOUCH) IN ABOUT A YEAR TO SEE HOW HE/SHE IS GETTING ALONG.

RECORD ENDING TIME:

_______  a.m.

________  p.m.

RECORD TOTAL INTERVIEWING TIME:  _______ _______ MINUTES

NA ......... 666

(P) 255. FINAL STATUS OF RESPONDENT INTERVIEW:

COMPLETE ......................... 1
INCOMPLETE, INTERVIEWER BROKE OFF ... 2
INCOMPLETE, RESPONDENT BROKE OFF ..... 3
INCOMPLETE, OTHER (SPECIFY): ........ 4
NA ................................. 6

(P) 256. WAS SOMEONE ELSE PRESENT DURING THE INTERVIEW?

NO ......................... 1
YES ......................... 2
NA ................................. 6

(P) 257. RACE OF SUBJECT

WHITE ......................... 1
BLACK ......................... 2
OTHER ......................... 3
NA ................................. 6
DK ................................. 8
258. **DURING THE INTERVIEW, WAS THE RESPONDENT BIZARRE OR INAPPROPRIATE IN THOUGHT OR IN ACTION?**

<table>
<thead>
<tr>
<th></th>
<th>NO</th>
<th>YES</th>
<th>NA</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>2</td>
<td>6</td>
<td>36</td>
</tr>
</tbody>
</table>

259. **WAS THE RESPONDENT LITERATE; I. E., ABLE TO READ CARDS? (IF RESPONDENT IS BLIND, BUT CAN READ BRAILLE OR COULD READ BEFORE BECOMING BLIND, COUNT AS LITERATE.)**

<table>
<thead>
<tr>
<th></th>
<th>NO</th>
<th>YES</th>
<th>NA</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>2</td>
<td>6</td>
<td>37</td>
</tr>
</tbody>
</table>

260. **DID THE RESPONDENT HAVE DIFFICULTY HEARING, OR WAS HE/SHE DEAF?**

<table>
<thead>
<tr>
<th></th>
<th>NO DIFFICULTY</th>
<th>SOME DIFFICULTY</th>
<th>DEAF</th>
<th>NA</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>6</td>
<td>39</td>
</tr>
</tbody>
</table>

261. **WAS A SUPPLEMENTARY DRUG PAGE USED IN THIS INTERVIEW?**

<table>
<thead>
<tr>
<th></th>
<th>NO</th>
<th>YES, RX</th>
<th>YES, OTC</th>
<th>YES, BOTH</th>
<th>NA</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>6</td>
<td>40</td>
</tr>
</tbody>
</table>

**INTERVIEWER COMMENTS:**

(P)
Piedmont Health Survey of the Elderly

An interviewer for Research Triangle Institute has explained that my Social Security number, and my Medicare and/or Medicaid number are needed for the Piedmont Health Survey of the Elderly. I understand that these numbers will be used for research only, and will in no way affect my eligibility or use of services. I also understand that my doctor will not be contacted without my express permission.

The interviewer has explained that the National Institute on Aging, which is sponsoring the Piedmont Health Survey of the Elderly, is authorized to collect this information, but that I may refuse to give these numbers if I wish, without affecting my participation in the Piedmont Health Survey of the Elderly.

____________________________
SIGNATURE OF RESPONDENT OR

____________________________
WITNESS OTHER THAN INTERVIEWER

252. SOCIAL SECURITY NUMBER

HAS NO SS NUMBER
NA
DK
RF

(XIV/1-9)

253. MEDICARE NUMBER

HAS NO MEDICARE NUMBER
NA
DK
RF

(10-20)

254. MEDICAID NUMBER

HAS NO MEDICAID NUMBER
NA
DK
RF

(21-30)

198
Hello, I'm calling from the Health Center in East Boston.

May I please speak to ___________________________?

name of participant

[Interviewer: Only if necessary: About ________ months ago, he/she participated in an interview about the health of persons living in East Boston. I'd like to speak to him/her now to bring up to date the information he/she gave me.]

When participant comes to telephone or when person on telephone is eligible participant:

[Interviewer: If new person comes to telephone repeat: Hello, I'm calling from the Health Center in East Boston.]

About ________ months ago, you participated in an interview about the health of persons living in East Boston. I'd like to speak with you very briefly on the telephone now, to bring up to date the information you gave me. It will take only about 10 minutes to do this.

This Project is sponsored by the National Institute on Aging.
The information will be used to develop better health programs for East Boston. We will keep all information you give confidential. Of course, the interview is voluntary. If I ask a question you do not want to answer, just let me know and I'll move on to the next one.

[Interviewer: Refer to household information sheet.]

6. Are you still living at

<table>
<thead>
<tr>
<th>Number</th>
<th>Street</th>
<th>Apartment</th>
</tr>
</thead>
</table>

Same Address 1
Fill out change form - Change 2
Fill out change form - Correction 3

7. Since we talked to you last has your marital status changed? That is, have you been married, widowed, divorced or separated in the last year?

Go to Item 7a - Yes, Widowed 1
Yes, Married 2
Yes, Divorced 3
Yes, Separated 4
No 5

7a. Would you please tell me the month and year of (his/her) death?

[Interviewer: If participant lives alone, go to item 8b.]

8. When we visited you at home, the persons living there were:

First names and relationship from household information sheet

8a. Are all of these persons still living with you now?

Yes 1
Fill out change form - No 2

8b. Is there anyone else living in your household (besides yourself/whom I did not mention)?

Fill out change form - Yes 1
No 2

9. I want to ask you a few questions about your health at this time. Compared to other persons your age, would you say your health is excellent, good, fair, or poor?

Excellent 1
Good 2
Fair 3
Poor 4
The next questions are about medical conditions.

Since we spoke to you the last time in ___ month - ___ year, have you been told by a doctor, nurse, therapist or medical assistant that any of the following renditions:

<table>
<thead>
<tr>
<th>CONDITION</th>
<th>IF YES, OR SUSPECT</th>
<th>When was this?</th>
<th>What was the one of the (last) hospital?</th>
</tr>
</thead>
<tbody>
<tr>
<td>10. Heart attack</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>or coronary,</td>
<td>YES 1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>or coronary</td>
<td>SUSPECT 2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>thrombosis, or</td>
<td>NO 3</td>
<td>(173,174)</td>
<td></td>
</tr>
<tr>
<td>coronary occlusion (171,172)</td>
<td>DK R</td>
<td>(177)</td>
<td>(Specify) (183-184,185)</td>
</tr>
<tr>
<td>or myocardial infarction?</td>
<td></td>
<td>(177)</td>
<td>(Specify) (183-184,185)</td>
</tr>
<tr>
<td></td>
<td>YES 2</td>
<td>(180-181,182)</td>
<td>(Specify) (175,176)</td>
</tr>
<tr>
<td>11. Stroke or brain hemorrhage?</td>
<td>YES 1</td>
<td>(188)</td>
<td>(Specify) (190-191,192)</td>
</tr>
<tr>
<td></td>
<td>SUSPECT 2</td>
<td>(186,187)</td>
<td>(Specify) (196-197,198)</td>
</tr>
<tr>
<td></td>
<td>NO 3</td>
<td>(188)</td>
<td>(Specify) (190-191,192)</td>
</tr>
<tr>
<td></td>
<td>DK 8</td>
<td>(193-194)</td>
<td>(Specify) (201-202,203)</td>
</tr>
<tr>
<td>12. Cancer, malignancy or tumor</td>
<td>YES 1</td>
<td>(204,205)</td>
<td>(Specify) (212-213,214)</td>
</tr>
<tr>
<td>or any tumor type?</td>
<td>SUSPECT 2</td>
<td>(199,200)</td>
<td>(Specify) (206-207)</td>
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<tr>
<td></td>
<td>NO 3</td>
<td>(204,205)</td>
<td>(Specify) (212-213,214)</td>
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<tr>
<td></td>
<td>DK 8</td>
<td>(193-194)</td>
<td>(Specify) (201-202,203)</td>
</tr>
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<td></td>
<td>(Specify) (201-202,203)</td>
<td>(Specify) (201-202,203)</td>
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<td></td>
<td>SUSPECT 2</td>
<td>(217,218)</td>
<td>(Specify) (225-226,227)</td>
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<td></td>
<td>NO 3</td>
<td>(218)</td>
<td>(Specify) (225-226,227)</td>
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<td></td>
<td>DK 8</td>
<td>(219-220,221)</td>
<td>(Specify) (225-226,227)</td>
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<tr>
<td>other type?</td>
<td>SUSPECT 2</td>
<td>(228-229)</td>
<td>(Specify) (241-242,243)</td>
</tr>
<tr>
<td></td>
<td>NO 3</td>
<td>(233,234)</td>
<td>(Specify) (241-242,243)</td>
</tr>
<tr>
<td></td>
<td>DK 8</td>
<td>(229)</td>
<td>(Specify) (241-242,243)</td>
</tr>
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<td></td>
<td></td>
<td>(Specify) (230-231,232)</td>
<td>(Specify) (230-231,232)</td>
</tr>
<tr>
<td>15. Diabetes or sugar in the</td>
<td>YES 1</td>
<td>(244,245)</td>
<td>(Specify) (236-239)</td>
</tr>
<tr>
<td>urine or high blood sugar?</td>
<td>SUSPECT 2</td>
<td>(244,245)</td>
<td>(Specify) (236-239)</td>
</tr>
<tr>
<td></td>
<td>NO 3</td>
<td>(246,247)</td>
<td>(Specify) (238-239)</td>
</tr>
</tbody>
</table>
[Interviewer: Note information concerning hospitalizations from above table in appropriate place in hospitalization question.]

16. (Aside from the hospitalizations you just mentioned) Since we spoke to you the last time in ________________, have you been to a hospital at least overnight?  

   YES    NO  

Go to Item 17 -  

16a. How many times have you been hospitalized since we spoke to you the last time?  

   ___   

Let's begin with the most recent hospitalization.

   Hospitalization No. 1  

What is the name of the hospital?  

Specify  

In that month did you enter the hospital?  

   ___  

Hospitalization No. 2  

What is the name of the hospital?  

Specify  

In what month did you enter the hospital?  

   ___  

Hospitalization No. 3  

What is the name of the hospital?  

Specify  

In what month did you enter the hospital?  

   ___  

(42-43, 44) (45-46, 4)
17. Since we spoke to you the last time, have you been a patient in a nursing home?

17a. How many times?

Nursing Home Admission No. 1

Let's begin with the most recent nursing home admission.

What was the name of the nursing home?

Specify

Did you enter the nursing home directly from your own home, from a hospital, or from some other place?

In what month did you enter the nursing home?

How long did you stay in the nursing home?

(Specify Response)

(Nursing Home Admission No. 2)

And now the nursing home admission before that one.

What was the name of the nursing home?

Specify

Did you enter the nursing home directly from your own home, from a hospital, or from some other place?

In what month did you enter the nursing home?

How long did you stay in the nursing home?

(Specify Response)
18. Since we last spoke to you, have you gained or lost more than 10 pounds?

   - Gain More Than 10 Lbs. __2 (1)
   - Lost More Than 10 Lbs. __3 (1)
   - Gained and Lost More Than 10 Lbs. __4

   18a. Was this due to a special diet?

   - Yes ___1 (108, 109)
   - No ___2

19. You wear eyeglasses or contact lenses?

   - Eyeglasses __1
   - Contact Lenses __2 (1)
   - Both __3 (1)
   - Neither __4

20. (When wearing eyeglasses/contact lenses) Can you see well enough to recognize a friend across a street?

   - Yes ___1 (1)
   - No ___2

21. (When wearing eyeglasses/contact lenses) Can you see well enough to read ordinary newspaper print?

   - Yes ___1 (1)
   - No ___2

22. Have you worn a hearing aid since we last spoke to you?

   - Yes ___1 (1)

22a. How often do you usually wear a hearing aid these days - never or almost never, occasionally, frequently, or practically always?

   - Never or Almost Never ___1 (1)
   - Occasionally ___2 (1)
   - Frequently ___3 (1)
   - Practically Always ___4

   [Interviewer: Ask Item 23 "Without a Hearing Aid" if participant chose to answer Item 22a. "Never or Almost Never". Ask Item 23 "With a Hearing Aid" if participant chose to answer Item 22a. "Occasionally", "Frequently", or "Practically Always".]

23. (With/Without a hearing aid) can you usually hear and understand what a person says without seeing his face if that person talks in a normal voice to you in a quiet room?

   - Yes ___1 (1)
   - No ___2

24. Are you now taking any digitalis, digoxin, lanoxin, or digitoxin pills?

   - Yes ___1 (1)
   - No ___2

25. Are you currently working at a paying job?

   - Yes ___1 (124, 125)
   - No ___2 (126, 127)

   Full time or part-time?

   - Yes ___1
   - No ___2 (128, 129)

   Are you currently seeking work?

   - Yes ___1
   - No ___2

The next set of questions is about everyday activities.
At the present time do you need help — — —

[Interviewer: Repeat underlined lead as needed for Items 26 through 32.]

26. Walking across a small room?

- No help — 1
  - Go to Item 27
- Help — 2
  - UNABLE TO DO — 3
  - Go to Item 27

  a. Is this help from a person, from special equipment or both?

  PERSON — 1
  SPECIAL EQUIPMENT — 2
  BOTH — 3

27. Bathing, either a sponge bath, tub bath, or shower?

- No help — 1
  - Go to Item 28
- Help — 2
  - UNABLE TO DO — 3
  - Go to Item 28

  a. Is this help from a person, from special equipment or both?

  PERSON — 1
  SPECIAL EQUIPMENT — 2
  BOTH — 3

28. Personal grooming, like brushing hair, brushing teeth, or washing face?

- No help — 1
  - Go to Item 29
- Help — 2
  - UNABLE TO DO — 3
  - Go to Item 29

  a. Is this help from a person, from special equipment or both?

  PERSON — 1
  SPECIAL EQUIPMENT — 2
  BOTH — 3

29. Dressing, like putting on a shirt, buttoning and zipping, or putting on shoes?

- No help — 1
  - Go to Item 30
- Help — 2
  - UNABLE TO DO — 3
  - Go to Item 30

  a. Is this help from a person, from special equipment or both?

  PERSON — 1
  SPECIAL EQUIPMENT — 2
  BOTH — 3
30. Eating, like holding a fork, cutting food, or drinking from a glass?

[Diagram]

NO HELP_1
GO TO ITEM 31

HELP_2

UNABLE TO DO_3
GO TO ITEM 31

a. Is this help from a person, from special equipment or both?

PERSON_1
SPECIAL EQUIPMENT_2
BOTH_3

31. Getting from a bed to a chair?

[Diagram]

NO HELP_1
GO TO ITEM 32

HELP_2

UNABLE TO DO_3
GO TO ITEM 32

a. Is this help from a person, from special equipment or both?

PERSON_1
SPECIAL EQUIPMENT_2
BOTH_3

32. Using the toilet?

[Diagram]

NO HELP_1
GO TO ITEM 33

HELP_2

UNABLE TO DO_3
GO TO ITEM 33

a. Is this help from a person, from special equipment or both?

PERSON_1
SPECIAL EQUIPMENT_2
BOTH_3

Now, I have some brief questions about your urine.

33. How often do you have difficulty holding your urine until you can get to a toilet - never, hardly ever, some of the time, most of the time, or all of the time?

SKIP TO ITEM 35 - NEVER 1
HARDLY EVER 2
SOME OF THE TIME 3
MOST OF THE TIME 4
ALL OF THE TIME 5

34. When you feel the urge to pass urine, how long can you usually wait - 5 minutes or more, less than 5 minutes but more than a few seconds, a few seconds, or you’re wet with no warning?

5 MINUTES OR MORE 1
LESS THAN 5 MINUTES BUT MORE THAN A FEW SECONDS 2
A FEW SECONDS 3
NO WARNING 4
35. How often during the last 12 months have you leaked urine or lost control of your urine - almost every day, about once a week, less often than once a week, about once a month less often than once a month, or never?

   ALMOST EVERY DAY __ 1
   ABOUT ONCE A WEEK __ 2
   LESS OFTEN THAN ONCE A WEEK __ 3
   ABOUT ONCE A MONTH __ 4
   LESS OFTEN THAN ONCE A MONTH __ 5
   GO TO ITEM 41 - NEVER _ 6

   SKIP TO ITEM 37

36. Can you usually go for more than one-half hour during the day without leaking urine?

   YES __ 1
   NO __ 2

37. When you lose your urine, does it sometimes occur when you cough, sneeze, laugh, or bend over?

   YES __ 1
   GO TO ITEM 40 - NO __ 2

38. Does your urine loss occur only when you cough, sneeze, laugh, or bend over?

   YES __ 1
   NO __ 2

39. FEMALES ONLY: Did this problem begin after the birth of any of your children?

   YES __ 1
   NO __ 2

40. When you lose urine, how much usually leaks - a few drops, enough to wet your underwear, enough to wet your outer clothes, or enough to wet the floor?

   INTERVIEWER: IF R WEARS PADS OR SOMETHING TO AVOID IT, PROBE TO DETERMINE WHAT COMES CLOSEST TO THE AMOUNT LEAKED WITHOUT SPECIAL PROTECTION (i.e., 2, 3, or 4)

   A FEW DROPS __ 1
   ENOUGH TO WET UNDERWEAR __ 2
   ENOUGH TO WET OUTER CLOTHES __ 3
   ENOUGH TO WET FLOOR __ 4

41. Are you able to do heavy work around the house, like washing windows, walls, or floors without help?

   YES __ 1
   NO __ 2

42. Are you able to walk up and down stairs to the second floor without help?

   YES __ 1
   NO __ 2

43. Are you able to walk half a mile without help? That's about eight ordinary blocks?

   YES __ 1
   NO __ 2
Now, I'm going to ask you about how difficult it is, on the average, to do similar kinds of activities. For each thing tell me whether you have - no difficulty at all, a little difficulty, some difficulty, a lot of difficulty or just unable to do it?

[Interviewer: Repeat underlined categories as necessary.]

44. To begin, how much difficulty, if any, do you have pulling or pushing large objects like a living room chair. Would you say you have - no difficulty at all, a little difficulty, some difficulty, a lot of difficulty, or just unable to do it?

45. What about stooping, crouching, or kneeling. Do you have - no difficulty at all, a little difficulty, some difficulty, a lot of difficulty, or just unable to do it?

46. Lifting or carrying weights over 10 pounds, like a very heavy bag of groceries. Do you have - no difficulty at all, a little difficulty, some difficulty, a lot of difficulty, or just unable to do it?

47. Reaching or extending arms above shoulder level. Do you have - no difficulty at all, a little difficulty, some difficulty, a lot of difficulty, or just unable to do it?

48. Either writing or handling or fingering small objects. Do you have - no difficulty at all, a little difficulty, some difficulty, a lot of difficulty, or just unable to do it?

Accidents and Injuries

49. During the past year have you had any accidents or injuries involving a car, truck, or other motor vehicle?

   YES____ 1  NO____ 2 (190,191)  
   Go to Item 50

49a. Were you a pedestrian or in a vehicle?

   PEDESTRIAN____ 1  Go to Item 49c  
   VEHICLE____ 2 (192,193)

49b. Were you driving?

   YES____ 1  NO____ 2 (194,195)

-10-
49c. Did you have to see a doctor or other medical practitioner?

YES ___ 1       NO ___ 2 (196,197)
Go to Item 50

49d. Were you hospitalized?

YES ___ 1       NO ___ 2 (198,199)

50. During the past year have you had any other accidents or injuries?

YES ___ 1       NO ___ 2 (200,201)
Go to Item 50a

50a. Did it occur in your home, at your place of work, on the street, or someplace else?

Home ___ 1
Place of Work ___ 2
Street ___ 3
Someplace else ___ 4

50b. Did you have to see a doctor or other medical practitioner?

YES ___ 1       NO ___ 2 (204,205)
Go to Item 50c

50c. Were you hospitalized?

YES ___ 1       NO ___ 2 (206,207)

This concludes interview.
Thank participant and mention that we will contact him/her again in about a year.
Interviewer Observations

51. How well do you think the participant understood the questions?

      Quite Well _1
      Fairly Well _2
      Somewhat _3
      Very Little _4
      Not at All _5

52. Does the participant have a substantial hearing impairment?

      YES _1
      NO _2

53. The respondents cooperation was

      Excellent _1
      Good _2
      Fair _3
      Poor _4

54. Interviewer ____________________________

55. Editor ____________________________

56. Data Entry Operator ____________________________

57. Verified By ____________________________
Supplemental Hospitalization Form

Hospitalization No. 4
What is the name of the hospital?
Specify
In what month did you enter the hospital?

Hospitalization No. 5
What is the name of the hospital?
Specify
In what month did you enter the hospital?

Hospitalization No. 6
What is the name of the hospital?
Specify
In what month did you enter the hospital?
<table>
<thead>
<tr>
<th>Type</th>
<th>Seq. No.</th>
<th>Last Name</th>
<th>First</th>
<th>M.I.</th>
<th>Sr./Jr.</th>
<th>Sex</th>
<th>Age</th>
<th>Rlsdp.</th>
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<tr>
<td>(109,110)</td>
<td>(111-112,113)</td>
<td>(114-133,134)</td>
<td>(132-146,147)</td>
<td>(148-149,150)</td>
<td>(151,152)</td>
<td>(153-155,156)</td>
<td>(157-158,159)</td>
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<td>(160,161)</td>
<td>(162-163,164)</td>
<td>(165-184,185)</td>
<td>(186-197,198)</td>
<td>(199-200,201)</td>
<td>(202,203)</td>
<td>(204-206,207)</td>
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<td>(118,119)</td>
<td>(120-121,122)</td>
<td>(123,142,143)</td>
<td>(144-155,156)</td>
<td>(157-158,159)</td>
<td>(160,161)</td>
<td>(162-164,165)</td>
<td>(166-167,16)</td>
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<td>(118,119)</td>
<td>(120-121,122)</td>
<td>(123,142,143)</td>
<td>(144-155,156)</td>
<td>(157-158,159)</td>
<td>(160,161)</td>
<td>(162-164,165)</td>
<td>(166-167,16)</td>
<td></td>
</tr>
</tbody>
</table>

Type of Change: 1 = Add, 2 = Delete, 3 = Relationship Correction, 4 = Name Correction
Hello, I’m calling from the Health Center in East Boston.

May I please speak to __________________________?  

(name of participant)

[Interviewer: Only if necessary: About __________ months ago, he/she participated in an interview about the health of persons living in East Boston. I’d like to speak to him/her now to bring up to date the information he/she gave me.]

When participant comes to telephone or when person on telephone is eligible participant:

[Interviewer: If new person comes to telephone repeat: Hello, I’m calling from the Health Center in East Boston.]

About __________ ninths ago, you participated in an interview about the health of persons living in East Boston. I’d like to speak with you very briefly on the telephone now, to bring up to date the information you gave me. It will take only about 10 minutes to do this.

This Project is sponsored by the National Institute on Aging.
The next questions are about medical conditions.

Since we spoke to you the last time in __________, have you been told by a doctor, nurse, therapist or medical assistant that you had any of the following conditions:

**IF YES, OR SUSPECT**

**ASK:**

**When was this?**

**What was the nature of the condition?**

<table>
<thead>
<tr>
<th>CONDITION</th>
<th>YES</th>
<th>NO</th>
<th>SUSPECT</th>
<th>YES</th>
<th>NO</th>
<th>SPECIFY</th>
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</thead>
<tbody>
<tr>
<td>10. Heart attack</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>(Specify)</td>
</tr>
<tr>
<td>or coronary</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>(Specify)</td>
</tr>
<tr>
<td>or coronary</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>(Specify)</td>
</tr>
<tr>
<td>thrombosis, or</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>(Specify)</td>
</tr>
<tr>
<td>coronary occlusion (171,172)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>(Specify)</td>
</tr>
<tr>
<td>or myocardial infarction?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>(Specify)</td>
</tr>
<tr>
<td>11. Stroke or brain hemorrhage?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>(Specify)</td>
</tr>
<tr>
<td>or coronary</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>(Specify)</td>
</tr>
<tr>
<td>or coronary</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>(Specify)</td>
</tr>
<tr>
<td>thrombosis, or</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>(Specify)</td>
</tr>
<tr>
<td>coronary occlusion (171,172)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>(Specify)</td>
</tr>
<tr>
<td>or myocardial infarction?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>(Specify)</td>
</tr>
<tr>
<td>12. Cancer, malignancy or</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>(Specify)</td>
</tr>
<tr>
<td>tumor of any type?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>(Specify)</td>
</tr>
<tr>
<td>Where was it?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>(Specify)</td>
</tr>
<tr>
<td>13. Broken or</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>(Specify)</td>
</tr>
<tr>
<td>fractured hip?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>(Specify)</td>
</tr>
<tr>
<td>14. A break or</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>(Specify)</td>
</tr>
<tr>
<td>fracture of any other</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>(Specify)</td>
</tr>
<tr>
<td>type?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>(Specify)</td>
</tr>
<tr>
<td>Where was it?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>(Specify)</td>
</tr>
<tr>
<td>15. Diabetes or</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>(Specify)</td>
</tr>
<tr>
<td>sugar in the urine or high blood sugar?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>(Specify)</td>
</tr>
</tbody>
</table>
[Interviewer: Note information concerning hospitalizations from above table in appropriate place in hospitalization question.]

16. (Aside from the hospitalizations you just mentioned) Since we spoke to you the last time in __________ have you been to a hospital at least overnight?

[ ] Yes [ ] No

Go to Item 17 - No [2]

16a. How many times have you been hospitalized since we spoke to you the last time?

Times [ ]

Let's begin with the most recent hospitalization.

Hospitalization No. 1

What is the name of the hospital?

Specify __________________________

In what month did you enter the hospital?

Hospitalization No. 2

What is the name of the hospital?

Specify __________________________

In what month did you enter the hospital?

Hospitalization No. 3

What is the name of the hospital?

Specify __________________________

In what month did you enter the hospital?
17. Since we spoke to you the last time, have you been a patient in a nursing home?

17a. How many times?

Nursing Home Admission No. 1

Let’s begin with the most recent nursing home admission.

What was the name of the nursing home?

Specify

Did you enter the nursing home directly from your own home, from a hospital, or from some other place?

In what month did you enter the nursing home?

How long did you stay in the nursing home?

(Specify Response)

( Interviewer: Code)

Nursing Home Admission No. 2

And now the nursing home admission before that one.

What was the name of the nursing home?

Specify

Did you enter the nursing home directly from your own home, from a hospital, or from some other place?

In what month did you enter the nursing home?

How long did you stay in the nursing home?

(Specify Response)

( Interviewer: Code)
18. Since we last spoke to you, have you gained or lost more than 10 pounds?

   Go to Item 19 - No change __1
   Gained More Than 10 Lbs. __2 (1)
   Lost More Than 10 Lbs. __3 1
   Gained and Lost More Than 10 Lbs. __4

   18a. Was this due to a special diet?

   YES __1 (108, 109)
   NO 2

19. Do you wear eyeglasses or contact lenses?

   Eyeglasses __1
   Contact Lenses __2 (1)
   Both __3 1
   Neither __4

20. (When wearing eyeglasses/contact lenses) Can you SEE well enough to recognize a friend across a street?

   YES __1 (1)
   NO 2

21. (When wearing eyeglasses/contact lenses) Can you SEE well enough to read ordinary newspaper print?

   YES __1 (1)
   NO 2

22. Have you worn a hearing aid since we last spoke to you?

   YES __1 (1)
   Go to Item 23 - NO __2 (1)

   22a. How often do you usually wear a hearing aid these days - never or almost never, occasionally, frequently, or practically always?

   NEVER OR ALMOST NEVER __1
   OCCASIONALLY __2 (1)
   FREQUENTLY __3 1
   PRACTICALLY ALWAYS __4

   [Interviewer: Ask Item 23 “Without a Hearing Aid” if participant chose to answer Item 22a. “Never or Almost Never”. Ask Item 23 “With a Hearing Aid” if participant chose to answer Item 22a. “Occasionally”, “Frequently”, or “Practically Always”.

23. (With/Without a hearing aid) can you usually hear and understand what a person says without seeing his face if that person talks in a normal voice to you in a quiet room?

   YES __1 (1)
   NO 2

24. Are you now taking any digitalis, digoxin, lanoxin, or digitoxin pills?

   YES __1 (1)
   NO 2

25. Are you currently working at a paying job?

   YES 1
   NO 2 (124, 125)

   Full time or part-time?
   FULL TIME __1 (126, 127)
   PART TIME __2

   Are you currently seeking work?
   YES __1 (128, 129)
   NO 2

The next set of questions is about everyday activities.
At the present time do you need help ---

[Interviewer: Repeat underlined lead as needed for Items 26 through 32.]

26. Walking across a small room?

<table>
<thead>
<tr>
<th>NO HELP 1</th>
<th>HELP 2</th>
<th>UNABLE TO DO 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>GO TO ITEM 27</td>
<td>GO TO ITEM 27</td>
<td>GO TO ITEM 27</td>
</tr>
</tbody>
</table>

a. Is this help from a person, from special equipment or both?

| PERSON 1 |
| SPECIAL EQUIPMENT 2 |
| BOTH 3 |

(130,131)

(132,133)

27. Bathing, either a sponge bath, tub bath, or shower?

<table>
<thead>
<tr>
<th>NO HELP 1</th>
<th>HELP 2</th>
<th>UNABLE TO DO 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>GO TO ITEM 28</td>
<td>GO TO ITEM 28</td>
<td>GO TO ITEM 28</td>
</tr>
</tbody>
</table>

a. Is this help from a person, from special equipment or both?

| PERSON 1 |
| SPECIAL EQUIPMENT 2 |
| BOTH 3 |

(134,135)

(136,137)

28. Personal grooming, like brushing hair, brushing teeth, or washing face?

<table>
<thead>
<tr>
<th>NO HELP 1</th>
<th>HELP 2</th>
<th>UNABLE TO DO 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>GO TO ITEM 29</td>
<td>GO TO ITEM 29</td>
<td>GO TO ITEM 29</td>
</tr>
</tbody>
</table>

a. Is this help from a person, from special equipment or both?

| PERSON 1 |
| SPECIAL EQUIPMENT 2 |
| BOTH 3 |

(138,139)

(140,141)

29. Dressing, like putting on a shirt, buttoning and zipping, or putting on shoes?

<table>
<thead>
<tr>
<th>NO HELP 1</th>
<th>HELP 2</th>
<th>UNABLE TO DO 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>GO TO ITEM 30</td>
<td>GO TO ITEM 30</td>
<td>GO TO ITEM 30</td>
</tr>
</tbody>
</table>

a. Is this help from a person, from special equipment or both?

| PERSON 1 |
| SPECIAL EQUIPMENT 2 |
| BOTH 3 |

(142,143)

(144)
30. Eating, like holding a fork, cutting food, or drinking from a glass?

[30] Eating, like holding a fork, cutting food, or drinking from a glass?  
NO HELP 1  HELP 2  UNABLE TO DO 3  
GO TO ITEM 31  

a. Is this help from a person, from special equipment or both?

PERSON 1  SPECIAL EQUIPMENT 2  BOTH 3  
(146,147)

31. Getting from a bed to a chair?

[31] Getting from a bed to a chair?  
NO HELP 1  HELP 2  UNABLE TO DO 3  
GO TO ITEM 32  

a. Is this help from a person, from special equipment or both?

PERSON 1  SPECIAL EQUIPMENT 2  BOTH 3  
(150,151)

32. Using the toilet?

[32] Using the toilet?  
NO HELP 1  HELP 2  UNABLE TO DO 3  
GO TO ITEM 33  

a. Is this help from a person, from special equipment or both?

PERSON 1  SPECIAL EQUIPMENT 2  BOTH 3  
(154,155)

33. How often do you have difficulty holding your urine until you can get to a toilet - never, hardly ever, some of the time, most of the time, or all of the time?

34. When you feel the urge to pass urine, how long can you usually wait - 5 minutes or more, less than 5 minutes but more than a few seconds, a few seconds, or you're wet with no warning?
35. How often during the last 12 months have you leaked urine or lost control of your urine - almost every day, about once a week, less often than once a week, about once a month less often than once a month, or never?

ALMOST EVERY DAY ___1
ABOUT ONCE A WEEK ___2
LESS OFTEN THAN ONCE A WEEK ___3 (SKIP TO ITEM 37)
ABOUT ONCE A MONTH ___4
LESS OFTEN THAN ONCE A MONTH ___5
GO TO ITEM 41 - NEVER ___6

36. Can you usually go for more than one-half hour during the day without leaking urine?

YES ___1
NO ___2

37. When you lose your urine, does it sometimes occur when you cough, sneeze, laugh or bend over?

YES ___1 (GO TO ITEM 40 - NO ___2)

38. Does your urine loss occur only when you cough, sneeze, laugh or bend over?

YES ___1
NO ___2

39. FEMALES ONLY: Did this problem begin after the birth of any of your children?

YES ___1
NO ___2

40. When you lose urine, how much usually leaks - a few drops, enough to wet your underwear, enough to wet your outer clothes, or enough to wet the floor?

INTERVIEWER: IF R WEARS PADS OR SOMETHING TO AVOID IT, PROBE TO DETERMINE WHAT COMES CLOSEST TO THE AMOUNT LEAKED WITHOUT SPECIAL PROTECTION (i.e., 2, 3, or 4)

A FEW DROPS ___1
ENOUGH TO WET UNDERWEAR ___2
ENOUGH TO WET OUTER CLOTHES ___3
ENOUGH TO WET FLOOR ___4

41. Are you able to do heavy work around the house, like washing windows, walls, or floors without help?

YES ___1
NO ___2

42. Are you able to walk up and down stairs to the second floor without help?

YES ___1
NO ___2

43. Are you able to walk half a mile without help? That’s about eight ordinary blocks?

YES ___1
NO ___2
Now, I’m going to ask you about how difficult it is, on the average, to do similar kinds of activities. For each thing tell me whether you have — no difficulty at all, a little difficulty, some difficulty, a lot of difficulty, or just unable to do it?

[Interviewer: Repeat underlined categories as necessary.]

44. To begin, how much difficulty, if any, do you have pulling or pushing large objects like a living room chair. Would you say you have — no difficulty at all, a little difficulty, some difficulty, a lot of difficulty, or just unable to do it?

45. What about stooping, crouching, or kneeling. Do you have — no difficulty at all, a little difficulty, some difficulty, a lot of difficulty, or just unable to do it?

46. Lifting or carrying weights over 10 pounds, like a very heavy bag of groceries. Do you have — no difficulty at all, a little difficulty, some difficulty, a lot of difficulty, or just unable to do it?

47. Reaching or extending arms above shoulder level. Do you have — no difficulty at all, a little difficulty, some difficulty, a lot of difficulty, or just unable to do it?

48. Either writing or handling or fingering small objects. Do you have — no difficulty at all, a little difficulty, some difficulty, a lot of difficulty, or just unable to do it?

Accidents and Injuries

49. During the past year have you had any accidents or injuries involving a car, truck, or other motor vehicle?

YES __ 1  NO __ 2 (190,191)  
Go to Item 50

49a. Were you a pedestrian or in a vehicle?

PEDESTRIAN __ 1  VEHICLE __ 2 (192,193)  
Go to Item 49c

49b. Were you driving?

YES __ 1  NO __ 2 (194,195)
49c. Did you have to see a doctor or other medical practitioner?

YES __ 1  NO __ 2 (196,197)  
Go to Item 50

49d. Were you hospitalized?

YES __ 1  NO __ 2 (198,199)  

50. During the past year have you had any other accidents or injuries?

YES __ 1  NO __ 2 (200,201)  
Go to Item 50a

50a. Did it occur in your home, at your place of work, on the street, or someplace else?

Home __ 1
Place of Work __ 2 (200,201)
Street __ 3
Someplace else __ 4

50b. Did you have to see a doctor or other medical practitioner?

YES __ 1  NO __ 2 (204,205)  
Go to Item 50c

50c. Were you hospitalized?

YES __ 1  NO __ 2 (206,207)  

This concludes interview.  
Thank participant and mention that we will contact him/her again in about a year.
Interviewer Observations

51. How well do you think the participant understood the questions?

52. Does the participant have a substantial hearing impairment?

53. The respondent’s cooperation was

54. Interviewer ________________________________

55. Editor ________________________________

56. Data Entry Operator ________________________________

57. Verified By ________________________________
Supplemental Hospitalization Form

Hospitalization No. 4

What is the name of the hospital?

Specify

In what month did you enter the hospital?

Mo.  Yr.

(48-49,50)

(51-52,53) (54-55,56)

Hospitalization No. 5

What is the name of the hospital?

Specify

In what month did you enter the hospital?

Mo.  Yr.

(57-58,59)

(60-61,62) (63-64,65)

Hospitalization No. 6

What is the name of the hospital?

Specify

In what month did you enter the hospital?

Mo.  Yr.

(66-67,68)

(69-70,71) (72-73,74)

PROJECT ID # ___________
### Household Composition Changes/Corrections

<table>
<thead>
<tr>
<th>Type</th>
<th>Seq. No.</th>
<th>Last Name</th>
<th>First</th>
<th>M.I.</th>
<th>Sr./Jr.</th>
<th>Sex</th>
<th>Age</th>
<th>Rlshp.</th>
</tr>
</thead>
<tbody>
<tr>
<td>(118,119)</td>
<td>(120-121,122)</td>
<td>(123,124,125)</td>
<td>-------</td>
<td>(144-155,156)</td>
<td>(157-158,159)</td>
<td>(160,161)</td>
<td>(162-164,165)</td>
<td>(166-167,168)</td>
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<tr>
<td>(118,119)</td>
<td>(120-121,122)</td>
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<td>-------</td>
<td>(144-155,156)</td>
<td>(157-158,159)</td>
<td>(160,161)</td>
<td>(162-164,165)</td>
<td>(166-167,168)</td>
</tr>
</tbody>
</table>

Type of Change: 1 = Add, 2 = Delete, 3 = Relationship Correction, 4 = Name Correction
EAST BOSTON SENIOR HEALTH PROJECT
INTERVIEW FOUR - HOME FOLLOW-UP

We appreciate your participation in the first three surveys of the East Boston Senior Health Project. As you know, our goal is to gather information about the health and social needs of persons 65 years of age and older. It is important that your answers be as accurate as you can make them, so please take time, if you need it, to think about your answers. We will keep all the information that you give us confidential. If I ask a question that you do not want to answer, just let me know and I'll move onto the next one. First, we would like to get some general information.

5. Since we talked to you in , has your marital status changed?
   Mo. Yr.
   That is, have you been married, widowed, divorced or separated in the last year?
   YES, WIDOWED 1
   YES, MARRIED 2
   YES DIVORCED 3
   YES, SEPARATED 4
   NO 5

   IF WIDOWED: Would you please tell me the month and year of (his/her) death?
   Mo. Yr.

   INTERVIEWER:
   IF PARTICIPANT’S ADDRESS IS DIFFERENT FROM THAT ON THE PVAF, RECORD NEW ADDRESS ON CHANGE FORM.

6. Is current address- same address, new address, or address correction?
   SAME ADDRESS 1
   FILL OUT CHANGE FORM - CHANGE 2
   FILL OUT CHANGE FORM - ADDRESS CORRECTION 3
7. When we last talked to you, the persons living here with you were

First names and relationships from PVAF

(a) Are all of these persons still living with you now?  
YES [ ] 1  
FILL OUT CHANGE FORM - NO [ ] 2

(b) Is there anyone living in your household now whom I did not mention?  
FILL OUT CHANGE FORM - YES [ ] 1  
NO [ ] 2

8. As compared with other people your same age, would you say that your health is - excellent, good, fair, or poor?  
EXCELLENT [ ] 1  
GOOD [ ] 2  
FAIR [ ] 3  
POOR [ ] 4

The next question is about your hearing

9. Can you usually hear and understand what a person says without seeing his face if that person talks in a normal voice to you in a quiet room?  
YES [ ] 1  
NO [ ] 2

(a) (With/without a hearing aid) Can you usually hear and understand what a person says without seeing his face if that person shouts to you from across a quiet room?  
YES [ ] 1  
NO [ ] 2

(b) (With/without a hearing aid) Can you usually hear and understand a person if that person shouts in your better-ear?  
YES [ ] 1  
NO [ ] 2

Now, I have some questions about your eyesight

10. Do you wear eyeglasses or contact lenses?

EYEGGLASSES [ ] 1  
CONTACT LENSES [ ] 2  
BOTH [ ] 3  
NEITHER [ ] 4
11. (When wearing eyeglasses/contact lenses) Can you SEE well enough to read ordinary newspaper print?

   YES □ 1  NO □ 2
   GO TO ITEM 12

12. (When wearing eyeglasses/contact lenses) Can you SEE well enough to read large print such as newspaper headlines?

   YES □ 1  NO □ 2

13. Stroke or brain hemorrhage?

   YES □ 1  SUSPECT □ 2
   NO □ 3  DK □ 8

14. Cancer, malignancy or tumor of any type?

   YES □ 1  SUSPECT □ 2
   NO □ 3  DK □ 8
   GO TO ITEM 15

   a. Where was it?

      Specify

   b. Any other cancer, malignancy, or tumor?

      YES □ 1  SUSPECT □ 2

      c. Where was it?

         Specify

15. A broken or fractured hip?

   YES □ 1  SUSPECT □ 2
   NO □ 3  DK □ 8

The next questions are about medical conditions.
Since we spoke to you the last time in ___ Mo. Yr. have you been told by a doctor, nurse, therapist, or medical assistant that you had any of the following conditions:

12. Heart attack or coronary, or coronary thrombosis, or coronary occlusion or myocardial infarction?

   YES □ 1  SUSPECT □ 2
   NO □ 3  DK □ 8

13. Stroke or brain hemorrhage?

   YES □ 1  SUSPECT □ 2
   NO □ 3  DK □ 8

14. Cancer, malignancy or tumor of any type?

   YES □ 1  SUSPECT □ 2
   NO □ 3  DK □ 8
   GO TO ITEM 15

   a. Where was it?

      Specify

   b. Any other cancer, malignancy, or tumor?

      YES □ 1  SUSPECT □ 2

      c. Where was it?

         Specify

   15. A broken or fractured hip?

      YES □ 1  SUSPECT □ 2
      NO □ 3  DK □ 8
16. Breaks or fractures of any other bones?

   YES □ 1 SUSPECT □ 2
   NO □ 3 DK □ 8
   GO TO ITEM 17

   a. What was it?

17. Diabetes or sugar in the urine or high blood sugar?

   YES □ 1 SUSPECT □ 2
   NO □ 3 DK □ 8
   GO TO ITEM 18

   a. Are you currently taking insulin or injections for this?
   YES □ 1
   NO □ 2

18. High blood pressure?

   YES □ 1 SUSPECT □ 2
   NO □ 3 DK □ 8
   GO TO ITEM 19

   a. Are you currently taking medications for your high blood pressure?
   YES □ 1
   NO □ 2

19. Since we spoke to you the last time in ___ ___ have you been to a hospital at least overnight?

   YES □ 1
   NO □ 2
   GO TO ITEM 20

   a. How many times have you been hospitalized since we spoke to you the last time?
   ___ ___ Times

   Let's begin with the most recent hospitalization.

   Hospitalization No. 1
   b. What is the name of the hospital?

   Specify

   c. In what month did you enter the hospital?

   Hospitalization No. 2
   d. What is the name of the hospital?

   Specify

   e. In what month did you enter the hospital?
Hospitalization No. 3

f. What is the name of the hospital?

Specify

g. In what month did you enter the hospital?

Mo. Yr. (52-55)

20. Since we spoke to you the last time, have you been a patient in a nursing home?

YES ☐ 1 NO ☐ 2

GO TO ITEM 21 (74)

a. How many times?

Let’s begin with the most recent nursing home admission.

Nursing Home Admission No. 1

b. What is the name of the nursing home?

Specify

c. Did you enter the nursing home directly from your own home, from a hospital, or from some other place?

HOMED 1 HOSPITAL 2 OTHER PLACE 3

Mo. Yr. (80-83)

d. In what month did you enter the nursing home?

e. How long did you stay in the nursing home?

Specify Response

[Interviewer: Code]

And now the nursing home admission before that one.

Nursing Home Admission No. 2

f. What is the name of the nursing home?

Specify

g. Did you enter the nursing home directly from your own home, from a hospital, or from some other place?

HOME 1 HOSPITAL 2 OTHER PLACE 3

Mo. Yr. (88-91)

h. In what month did you enter the nursing home?
Now I have some questions about accidents and injuries.

21. During the past year have you had any accidents or injuries involving a car, truck, or other motor vehicle?

   YES 1  NO 2
   GO TO ITEM 22

   a. Were you a pedestrian or in a vehicle?

     PEDESTRIAN 1  VEHICLE 2
     GO TO ITEM 21c.

   b. Were you driving?

     YES 1  NO 2

   c. Did you have to see a doctor or other medical practitioner?

     YES 1
     NO 2
     GO TO ITEM 22

   d. Were you hospitalized?

     YES 1  NO 2

22. During the past year have you had any other accidents or injuries?

   YES 1  NO 2
   GO TO ITEM 23

   a. Did it occur in your home, at your place of work, on the street, or someplace else?

     HOME 1
     PLACE OF WORK 2
     STREET 3
     SOMEPLACE ELSE 4

   b. Did you have to see a doctor or other medical practitioner?

     YES 1
     NO 2
     GO TO ITEM 23

   c. Were you hospitalized?

     YES 1  NO 2
Now, I would like to take three blood pressure readings.

23. First blood pressure reading.


25. Third blood pressure reading.


Next, I’m going to ask you to perform a simple test that will measure how fast you can expel air from your lungs. When you blow into this instrument (INTERVIEWER: SHOW RESPONDENT INSTRUMENT) the value for the biggest, fastest "huff" of air that you can expel will be recorded. It is important, therefore, that you blow as hard and as fast as you can. I would like you to perform the test twice.

I’ll ask you to stand up...Take as deep a breath as possible. ...Open your mouth and close your lips firmly around the outside of the mouthpiece... and then blow as hard and as fast as you can into the mouthpiece. Like this...

**INTERVIEWER:**

USE INSTRUMENT YOURSELF TO DEMONSTRATE ITS CORRECT USE TO PARTICIPANT. THEN, CHANGE MOUTHPIECE TO A CLEAN ONE AND HAND INSTRUMENT TO PARTICIPANT. BE SURE PARTICIPANT HOLDS THE INSTRUMENT LIGHTLY. THE SLOT SHOULD FACE AWAY FROM THE HAND SO THAT HIS/HER FINGERS DO NOT OBRUCT THE SLOT. ONCE PARTICIPANT HAS COMPLETED THE PROCEDURE, RECORD THE VALUE INDICATED BY THE MARKER ON THE SCALE. PUSH BACK THE MARKER TO THE LOWER END OF THE SCALE AND ASK RESPONDENT TO REPEAT THE PROCEDURE. BE SURE TO EMPHASIZE THAT HE/SHE IS TO BLOW AS HARD AND AS FAST AS HE/SHE CAN.

**INTERVIEWER:**

IF READING IS LESS THAN 60, BUT GREATER THAN 0, RECORD AS 030.
31. What is your weight?

CODE FRACTIONS TO NEXT HIGHEST POUND; FOR EXAMPLE
"148⅞" = 149.

32. Since we last spoke to you, have you gained or lost more than 10 pounds?

NO CHANGE □ 1 (136)
GAINED MORE THAN 10 LBS. □ 2
LOST MORE THAN 10 LBS. □ 3
GAINED AND LOST MORE THAN 10 LBS. □ 4

33. Have you ever had any pain or discomfort in your chest?

YES □ 1
GO TO ITEM 33b

NO □ 2

a. Have you ever had any pressure or heaviness in your chest?

YES □ 1
NO □ 2 (138)

b. Do you get this pain (or discomfort) when you walk up-hill or hurry?

YES □ 1
NO □ 2 (139)
NEVER WALKS UP-HILL
OR HURRIES □ 3

NEVER WALKS UP-HILL
OR HURRIES □ 3

GO TO ITEM 35

NEVER WALKS UP-HILL
OR HURRIES □ 3

GO TO ITEM 34

GO TO ITEM 34

c. Do you get this pain or discomfort when you walk at an ordinary pace on the level?

YES □ 1 NO □ 2 (140)

NEVER WALKS UP-HILL
OR HURRIES □ 3

GO TO ITEM 34

NEVER WALKS UP-HILL
OR HURRIES □ 3

GO TO ITEM 34

d. What do you do if you get this pain while you are walking?

STOP OR SLOW DOWN □ 1
CONTINUE AT SAME □ 3
TAKE A NITROGLYCERIN □ 2
GO TO ITEM 34

CONTINUE AT SAME □ 3
TAKE A NITROGLYCERIN □ 2
GO TO ITEM 34

INTERNEXER:
IF CONTINUED AFTER TAKING NITROGLYCERIN
RECORD AS "STOP OR SLOW DOWN."

e. If you stand still, what happens to the pain?

RELIEVED □ 1
NOT RELIEVED □ 2 (142)
GO TO ITEM 34

GO TO ITEM 34
f. How soon is the pain relieved?

10 MINUTES OR LESS [1] MORE THAN 10 MINUTES [2] GO TO ITEM 34

Will you show me where it was?

INTERVIEWER:
RECORD ALL AREAS MENTIONED.

g. STERNUM (MIDDLE OR UPPER) [1] [2] (144)
h. STERNUM (LOWER) [1] [2] (145)
i. LEFT ANTERIOR CHEST [1] [2] (146)
j. LEFT ARM [1] [2] (147)
k. Did you feel it anywhere else? [1] [2] (148)

INTERVIEWER:
RECORD ADDITIONAL INFORMATION ON THE DIAGRAM ABOVE.

34. Have you ever had a severe pain across the front of your chest lasting half an hour or more?


a. Did you see a doctor because of this pain?

YES [1] NO [2] GO TO ITEM 34c (150)

b. What did he say it was? (151)

c. How many of these attacks have you had? (152-153)

35. Do you get shortness of breath that requires you to stop and rest?


a. Do you get it walking on level ground or climbing a single flight of stairs?


36. Do you usually cough first thing in the morning (on getting up) in the winter?


INTERVIEWER:
INCLUDE A COUGH WITH FIRST SMOKE OR ON FIRST GOING OUT OF DOORS. EXCLUDE CLEARING THROAT OR A SINGLE COUGH.
37. Do you usually cough during the day (or at night) in the winter?

INTERVIEWER: IGNORE AN OCCASIONAL COUGH.

INTERVIEWER: IF NO TO BOTH ITEM 36 AND ITEM 37, GO TO ITEM 39.
IF YES TO EITHER ITEM 36 OR ITEM 37, ASK ITEM 38.

38. Do you cough like this on most days (or nights) for as much as three months each year?

39. Does your chest ever sound wheezing or whistling?

Now, I would like to ask you about medicines.

40. During the past two weeks, have you taken any medicine prescribed by a doctor?

41. Now, about drugs not usually prescribed by a doctor such as vitamin preparations including multivitamins, vitamin C, vitamin A, vitamin D, or vitamin E... During the past two weeks have you taken any of these or any other vitamin preparations?

42. We are also interested in other medicines not prescribed by a doctor such as aspirin, Tylenol, Bufferin, Anacin, headache pills or pain killers, laxatives or bowel medicines, cold medicines, cough medicines, sleep medicines, antacids or stomach medicines, ointments or salves... During the past two weeks have you taken any of these or any other medicines from the drug store?

Now, I would like to ask you about medicines.

INTERVIEWER: RECORD ALL MEDICINES TAKEN WITHIN THE PAST 2 WEEKS WHETHER AVAILABLE FOR INSPECTION OR NOT.
<table>
<thead>
<tr>
<th>Name of Medicine from Container</th>
<th>On the average, how many pills (capsules or other dosage units) of this did you take per day during the past two weeks?</th>
<th>Record Only If Name of Medicine Not Available from Container</th>
<th>Pharmacy and Prescription Number</th>
<th>Drug Code</th>
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<tr>
<td>1.</td>
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<td></td>
<td>[112-113]</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

**INTERVIEWER:**

**IF PARTICIPANT HAS MORE THAN 10 MEDICATIONS,**
**LIST ADDITIONAL MEDICATIONS ON SUPPLEMENTAL MEDICATION FORM.**

41. Are you now taking any digitalis, digoxin, lantoxin, or digitoxin pills?  

   YES [ ] 1  \hspace{1cm} NO [ ] 2  \hspace{1cm} DK [ ] 8  \hspace{1cm} (195)

44. Do you smoke cigarettes regularly now?  

   YES [ ] 1  \hspace{1cm} NO [ ] 2  \hspace{1cm} DK [ ] 8  \hspace{1cm} (196)

   a. On the average, how many cigarettes a day do you smoke?  
   (One pack equals 20 cigarettes.)  

   GO TO ITEM 45  \hspace{1cm} (197-198)
Now, I have some questions about beverages which contain alcohol. There are many different kinds of these beverages and we would like to talk about one type at a time.

45. Have you had any beer or ale during the past year?

<table>
<thead>
<tr>
<th>Yes ☐ 1</th>
<th>No ☐ 2</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Go to Item 46</strong></td>
<td><strong>Go to Item 45</strong></td>
</tr>
</tbody>
</table>

a. We are especially interested in recent times. Have you had beer or ale in the past month?

<table>
<thead>
<tr>
<th>Yes ☐ 1</th>
<th>No ☐ 2</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Go to Item 46</strong></td>
<td><strong>Go to Item 45</strong></td>
</tr>
</tbody>
</table>

b. Over the past month how often have you had beer or ale?

c. When you had beer or ale how many cans or bottles did you usually have one time?

| Less than one can or bottle = 55 |

INTERVIEWER:

FOR ITEMS 45b, 46b, AND 47b IF RESPONSE IS GIVEN IN TERMS OF TIMES PER MONTH, CODE ACTUAL NUMBER GIVEN. FOR EXAMPLE "16 TIMES PER MONTH" = "16." IF RESPONSE IS IN TERMS OF PER WEEK OR PER DAY USE GUIDE BELOW:

<table>
<thead>
<tr>
<th>3 or more times per day</th>
<th>2 times per day</th>
<th>1 time per day</th>
<th>6 times per week</th>
<th>5 times per week</th>
<th>4 times per week</th>
<th>3 times per week</th>
<th>2 times per week</th>
<th>1 time per week</th>
</tr>
</thead>
<tbody>
<tr>
<td>=90</td>
<td>=60</td>
<td>=30</td>
<td>=26</td>
<td>=22</td>
<td>=17</td>
<td>=13</td>
<td>=09</td>
<td>=04</td>
</tr>
</tbody>
</table>

46. Next, some questions about wine. Have you had any wine during the past year?

<table>
<thead>
<tr>
<th>Yes ☐ 1</th>
<th>No ☐ 2</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Go to Item 47</strong></td>
<td><strong>Go to Item 45</strong></td>
</tr>
</tbody>
</table>

a. Have you had any wine in the past month?

<table>
<thead>
<tr>
<th>Yes ☐ 1</th>
<th>No ☐ 2</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Go to Item 47</strong></td>
<td><strong>Go to Item 45</strong></td>
</tr>
</tbody>
</table>

b. Over the past month, how often have you had wine?

c. When you had wine, how many glasses did you usually have one time?

| Less than one glass = 55 | Cans or bottles |

| (201-202) | (203-204) |
47. Have you had any liquor in the past year? That is things like whiskey, vodka, gin, brandy, or liqueurs?

   YES □ 1
   NO □ 2
   GO TO ITEM 48

   a. Have you had any liquor in the past month?
   YES □ 1
   NO □ 2
   GO TO ITEM 48

   b. Over the past month, how often have you had liquor?

   c. When you had it, how many drinks did you usually have at one time?

   LESS THAN ONE DRINK = 55

The next few questions are about your feelings during the past week. For each of the following statements, please tell me if you felt that way much of the time during the past week.

48. I felt that everything I did was an effort — have you felt this way much of the time during the past week?

   YES □ 1
   NO □ 2

   INTERVIEWER:
   REPEAT ITALICIZED PORTION AS NECESSARY.

49. My sleep was restless —

   YES □ 1
   NO □ 2

50. I felt depressed —

   YES □ 1
   NO □ 2

51. I was happy —

   YES □ 1
   NO □ 2

52. I felt lonely —

   YES □ 1
   NO □ 2

53. People were unfriendly —

   YES □ 1
   NO □ 2

54. I enjoyed life —

   YES □ 1
   NO □ 2

55. I felt sad —

   YES □ 1
   NO □ 2

56. I felt that people disliked me —

   YES □ 1
   NO □ 2

57. I could not "get going" —

   YES □ 1
   NO □ 2
This next set of questions is about everyday activities.

At the present time do you need help...

INTERVIEWER:
REPEAT ITALICIZED LEAD AS NEEDED FOR ITEMS 58 THROUGH 64.

58. Walking across a small room?

<table>
<thead>
<tr>
<th>NO HELP</th>
<th>HELP</th>
<th>UNABLE TO DO</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>3</td>
</tr>
<tr>
<td>GO TO ITEM 59</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

a. Is this help from a person, from special equipment, or both?

<table>
<thead>
<tr>
<th>PERSON</th>
<th>SPECIAL EQUIPMENT</th>
<th>BOTH</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

59. Bathing, either a sponge bath, tub bath, or shower?

<table>
<thead>
<tr>
<th>NO HELP</th>
<th>HELP</th>
<th>UNABLE TO DO</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>3</td>
</tr>
<tr>
<td>GO TO ITEM 60</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

a. Is this help from a person, from special equipment, or both?

<table>
<thead>
<tr>
<th>PERSON</th>
<th>SPECIAL EQUIPMENT</th>
<th>BOTH</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

60. Personal grooming, like brushing hair, brushing teeth, or washing face?

<table>
<thead>
<tr>
<th>NO HELP</th>
<th>HELP</th>
<th>UNABLE TO DO</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>3</td>
</tr>
<tr>
<td>GO TO ITEM 61</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

a. Is this help from a person, from special equipment, or both?

<table>
<thead>
<tr>
<th>PERSON</th>
<th>SPECIAL EQUIPMENT</th>
<th>BOTH</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

61. Dressing, like putting on a shirt, buttoning and zipping, or putting on shoes?

<table>
<thead>
<tr>
<th>NO HELP</th>
<th>HELP</th>
<th>UNABLE TO DO</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>3</td>
</tr>
<tr>
<td>GO TO ITEM 62</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

a. Is this help from a person, from special equipment, or both?

<table>
<thead>
<tr>
<th>PERSON</th>
<th>SPECIAL EQUIPMENT</th>
<th>BOTH</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

62. Eating, like holding a fork, cutting food, or drinking from a glass?

<table>
<thead>
<tr>
<th>NO HELP</th>
<th>HELP</th>
<th>UNABLE TO DO</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>3</td>
</tr>
<tr>
<td>GO TO ITEM 63</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

a. Is this help from a person, from special equipment, or both?

<table>
<thead>
<tr>
<th>PERSON</th>
<th>SPECIAL EQUIPMENT</th>
<th>BOTH</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>
63. Getting from a bed to a chair?

   NO HELP □ 1  
   HELP □ 2  
   UNABLE TO DO □ 3  

   a. Is this help from a person, from special equipment, or both?

       PERSON □ 1  
       SPECIAL EQUIPMENT □ 2  
       BOTH □ 3  

64. Using the toilet?

   NO HELP □ 1  
   HELP □ 2  
   UNABLE TO DO □ 3  

   a. Is this help from a person, from special equipment, or both?

       PERSON □ 1  
       SPECIAL EQUIPMENT □ 2  
       BOTH □ 3  

Now, I have some brief questions about your urine.

65. How often do you have difficulty holding your urine until you can get to a toilet - never, hardly ever, some of the time, most of the time, or all of the time?

   GO TO ITEM 67 - NEVER □ 1  
   HARDLY EVER □ 2  
   SOME OF THE TIME □ 3  
   MOST OF THE TIME □ 4  
   ALL OF THE TIME □ 5

66. When you feel the urge to pass urine, how long can you usually wait - 5 LESS THAN 5 MINUTES BUT MORE THAN A FEW SECONDS □ 2  
   a few seconds, or you're wet with no warning?

   5 MINUTES OR MORE □ 1  
   LESS THAN 5 MINUTES BUT MORE THAN A FEW SECONDS □ 2  
   A FEW SECONDS □ 3  
   NO WARNING □ 4

67. How often during the last 12 months have you leaked urine or lost control of your urine - almost every day, about once a week, about once a month, less often than once a month, or never?

   GO TO ITEM 69 - NEVER □ 1  
   ABOUT ONCE A WEEK □ 2  
   LESS OFTEN THAN ONCE A WEEK □ 3  
   ABOUT ONCE A MONTH □ 4  
   LESS OFTEN THAN ONCE A MONTH □ 5  
   GO TO ITEM 73 - NEVER □ 6

68. Can you usually go for more than one-half hour during the day without leaking urine?

   YES □ 1  
   NO □ 2

69. When you lose your urine, does it sometimes occur when you cough, sneeze, laugh, or bend over?

   YES □ 1  
   GO TO ITEM 72 - NO □ 2

70. Does your urine loss occur only when you cough, sneeze, laugh, or bend over?

   YES □ 1  
   NO □ 2

71. FEMALES ONLY: Did this problem begin after the birth of any of your children?

   YES □ 1  
   NO □ 2
72. When you lose urine, how much usually leaks - a few drops, enough to wet your underwear, enough to wet your outer clothes, or enough to wet the floor?

A FEW DROPS 1
ENOUGH TO WET UNDERWEAR 2
ENOUGH TO WET OUTER CLOTHES 3
ENOUGH TO WET FLOOR 4

INTERVIEWER: IF R WEARS PADS OR SOMETHING TO AVOID IT, PROBE TO DETERMINE WHAT COMES CLOSEST TO THE AMOUNT LEAKED (i.e., 2, 3, or 4) WITHOUT SPECIAL PROTECTION

73. Are you able to do heavy work around the house, like washing windows, walls or floors without help?

YES 1
NO 2

74. Are you able to walk up and down stairs to the second floor without help?

YES 1
NO 2

75. Are you able to walk half a mile without help? That's about 8 ordinary blocks.

YES 1
NO 2

Now, I'm going to ask you about how difficult it is, on the average, to do similar kinds of activities. For each thing tell me whether you have - no difficulty at all, a little difficulty, some difficulty, a lot of difficulty, or just unable to do it?

INTERVIEWER:
REPEAT ITALICIZED CATEGORIES AS NECESSARY.

76. To begin, how much difficulty, if any, do you have pulling or pushing large objects like a living room chair. Would you say you have - no difficulty at all, a little difficulty, some difficulty, a lot of difficulty, or just unable to do it?

NO DIFFICULTY AT ALL 1
A LITTLE DIFFICULTY 2
SOME DIFFICULTY 3
A LOT OF DIFFICULTY 4
JUST UNABLE TO DO IT 5

77. What about stooping, crouching, or kneeling. Do you have - no difficulty at all, a little difficulty, some difficulty, a lot of difficulty, or just unable to do it?

NO DIFFICULTY AT ALL 1
A LITTLE DIFFICULTY 2
SOME DIFFICULTY 3
A LOT OF DIFFICULTY 4
JUST UNABLE TO DO IT 5

78. Lifting or carrying weights over 10 pounds, like a very heavy bag of groceries. Do you have - no difficulty at all, a little difficulty, some difficulty, a lot of difficulty, or just unable to do it?

NO DIFFICULTY AT ALL 1
A LITTLE DIFFICULTY 2
SOME DIFFICULTY 3
A LOT OF DIFFICULTY 4
JUST UNABLE TO DO IT 5

79. Reaching or extending arms above shoulder level. Do you have - no difficulty at all, a little difficulty, some difficulty, a lot of difficulty, or just unable to do it?

NO DIFFICULTY AT ALL 1
A LITTLE DIFFICULTY 2
SOME DIFFICULTY 3
A LOT OF DIFFICULTY 4
JUST UNABLE TO DO IT 5

80. Either writing or handling or fingering small objects. Do you have - no difficulty at all, a little difficulty, some difficulty, a lot of difficulty, or just unable to do it?

NO DIFFICULTY 1
A LITTLE DIFFICULTY 2
SOME DIFFICULTY 3
A LOT OF DIFFICULTY 4
JUST UNABLE TO DO IT 5
The next set of questions concerns memory. Although it is a popular belief that our memories begin to slip as we get older, doctors believe that there are many different factors that cause memory problems, including certain physical illnesses, certain medicines, and a person’s emotional state, among other things. We are trying to find some of these causes. The questions may seem unusual, but they are routine ones we ask of everyone. Some of the questions are difficult, so do not be surprised if you have trouble with some of them.

81. I’d like you to repeat some numbers. I’m going to say the numbers first, and when I’m through, I want you to say them right after me.

7-4-2-9-6

(Specify Response)

CORRECT □ 1
GO TO STORY

82. Three Children

83. House on Fire

84. Fireman Climbed In

85. Children Rescued

86. Minor Injuries

87. Everyone Well

8. I’d like you to repeat some numbers. I’m going to say the numbers first, and when I’m through, I want you to say them right after me.

7-4-2-9-6

(Specify Response)

CORRECT □ 1
GO TO STORY

a. And now another set of numbers.
Say them right after me. 5-1-6-4

(Specify Response)

CORRECT □ 1
GO TO STORY

I’m going to read you a short story and when I’m through I’m going to wait a few seconds and then ask you to tell me as much as you can remember.

The story is: (SLOWLY)

Three children were alone at home and the house caught on fire. A brave fireman managed to climb in a back window and carry them to safety. Aside from minor cuts and bruises, all were well.

Please tell me the story.

IDEAS PRESENT IN ANSWER

82. Three Children

83. House on Fire

84. Fireman Climbed In

85. Children Rescued

86. Minor Injuries

87. Everyone Well
Now we have just a few more questions concerned with memory. These questions ask about particular bits of information that many people seem to forget from time to time. They are routine questions we ask everyone and may or may not apply to you directly.

**INTERVIEWER:**
ITEMS 88 THROUGH 94 SHOULD BE ANSWERED WITHOUT AID. IF PARTICIPANT BEGINS TO USE AID, POLITELY ASK HIM/HER NOT TO USE IT. EXAMPLE, "WITHOUT LOOKING AT YOUR WATCH, PLEASE."

88. What is the date today?

$(Specify)\hspace{1cm}SCORRECT\hspace{1cm}ONLY \ WHEN \ THE \ EXACT \ MONTH, \ EXACT \ DATE, \ AND \ EXACT \ YEAR \ ARE \ GIVEN \ CORRECTLY.\hspace{1cm}INCORRECT\hspace{1cm}CORRECT \ WITH \ AID$ \hspace{1cm}1 \hspace{1cm}2 \hspace{1cm}3

**INTERVIEWER:**
IF CORRECT DAY ONLY IS GIVEN ASK FOR "THE FULL DATE, PLEASE."

89. What day of the week is it?

$(Specify)\hspace{1cm}CORRECT\hspace{1cm}INCORRECT\hspace{1cm}CORRECT \ WITH \ AID$ \hspace{1cm}1 \hspace{1cm}2 \hspace{1cm}3

90. How old are you?

$(Specify)\hspace{1cm}MUST \ BE \ VERIFIED \ ACCORDING \ TO \ DATE \ OF BIRTH.\hspace{1cm}INCORRECT$ \hspace{1cm}1 \hspace{1cm}2

91. When were you born?

$(Specify)\hspace{1cm}SCORED \ CORRECT-CORRECT \hspace{1cm}ONLY \ WHEN \ THE \ EXACT \ MONTH, \ DATE, \ AND \ YEAR \ ARE \ ALL \ GIVEN \ CORRECTLY.\hspace{1cm}INCORRECT\hspace{1cm}CORRECT \ WITH \ AID$ \hspace{1cm}1 \hspace{1cm}2 \hspace{1cm}3

**INTERVIEWER:**
IF CORRECT YEAR ONLY IS GIVEN ASK FOR "THE FULL DATE, PLEASE."

92. Who is the President of the U.S.?

$(Specify)\hspace{1cm}REQUIRES \ ONLY-CORRECT \hspace{1cm}THE \ LAST \ NAME \ OF \ THE \ PRESIDENT.\hspace{1cm}INCORRECT\hspace{1cm}CORRECT \ WITH \ AID$ \hspace{1cm}1 \hspace{1cm}2 \hspace{1cm}3
93. Who was President just before him?

(Specify)

94. Subtract 3 from 20, and keep subtracting 3 from each new number all the way down.

(Specify)

INTERVIEWER:
CORRECT RESPONSE IS: 17, 14, 11, 8, 5, 2.

Please recall the short story I read you a few moments ago and tell me as much as you can remember of the story now.

IDEAS PRESENT IN ANSWER

95. Three Children

PRESENT 1  (58)
ABSENT 2

96. House On Fire

PRESENT 1  (59)
ABSENT 2

97. Fireman Climbed In

PRESENT 1  (60)
ABSENT 2

98. Children Rescued

PRESENT 1  (61)
ABSENT 2

99. Minor Injuries

PRESENT 1  (62)
ABSENT 2

100. Everyone Well

PRESENT 1  (63)
ABSENT 2
Now, I would like to get some information about how well you sleep.

101. How often do you have trouble falling asleep? Would you say it is — most of the time, sometimes, or rarely or never?

INTERVIEWER:
REPEAT ITALICIZED CATEGORIES AS NECESSARY FOR ITEMS 101 THROUGH 105.

102. How often do you have trouble with waking up during the night?

103. How often do you have trouble with waking up too early and not being able to fall asleep again?

104. How often do you get so sleepy during the day or evening that you have to take a nap?

105. How often do you feel really rested when you wake up in the morning?

106. How many hours do you usually sleep at night?

107. In the past year, that is since (Date 1 Year Ago) have you at any time passed out, fainted, or lost consciousness?

   YES □ 1
   NO □ 2
   GO TO ITEM 108

   a. Did this happen once, two or three times, or more often?

      (Specify participant’s words)

   b. Did you see a doctor, nurse, or other medical practitioner about this problem?

      YES □ 1
      NO □ 2
      GO TO ITEM 108

   c. What did he/she say it was?

      (Specify)

   d. Were you hospitalized for this problem?

      YES □ 1
      NO □ 2
108. About how often do you get out of your house/apartment for any reason — every day or almost every day, a few times a week, about once a week, several times a month but more than just for emergencies, never or almost never except for emergencies?

EVERY DAY OR ALMOST EVERY DAY □ 1
A FEW TIMES A WEEK □ 2
ABOUT ONCE A WEEK □ 3
SEVERAL TIMES A MONTH BUT MORE THAN JUST FOR EMERGENCIES □ 4
NEVER OR ALMOST NEVER EXCEPT FOR EMERGENCIES □ 5
GO TO ITEM 109

a. Do you find getting where you need to go is usually a big problem, a little problem, or no problem at all?

BIG PROBLEM □ 1
LITTLE PROBLEM □ 2
NO PROBLEM AT ALL □ 3

109. Who usually prepares your food?

SELF □ 1
SPOUSE □ 2
OTHER HOUSEHOLD MEMBERS □ 3
OTHER FRIEND OR RELATIVE □ 4
PUBLIC/SOCIAL/COMMUNITY AGENCY SOURCE □ 5
PAID PRIVATE SOURCE □ 6
SELF AND OTHER (EQUAL RESPONSIBILITY) □ 7
OTHER □ 8
(Specify)

110. At the present time, is getting the food prepared usually — a big problem, a little problem or no problem at all?

BIG PROBLEM □ 1
LITTLE PROBLEM □ 2
NO PROBLEM □ 3

111. If you were sick, is there someone — either in your household or not — you could call on to help out around the house or to help take care of you?

YES □ 1
NO □ 2
GO TO ITEM 112

a. Who is that?

SPOUSE □ 1
OTHER HOUSEHOLD MEMBERS □ 2
OTHER FRIEND OR RELATIVE □ 3
PUBLIC/SOCIAL/COMMUNITY AGENCY SOURCE □ 4
PAID PRIVATE SOURCE □ 5
DIFFERENT PEOPLE AT DIFFERENT TIMES □ 6
OTHER □ 7
(Specify)

112. Are you currently working at a paying job?

YES □ 1
NO □ 2
GO TO ITEM 113

a. Full-time or part-time?

FULL-TIME □ 1
PART-TIME □ 2

113. Since we last talked to you in _____ have you retired from work?

YES □ 1
NO □ 2
114. Are you a member of any clubs or organizations such as church-related groups, labor unions, social or recreational groups, or groups concerned with children?

- YES □ 1
- NO □ 2

115. About how often do you go to religious meetings or services?

- NEVER/ALMOST NEVER □ 1
- ONCE OR TWICE A YEAR □ 2
- EVERY FEW MONTHS □ 3
- ONCE OR TWICE A MONTH □ 4
- ONCE A WEEK □ 5
- MORE THAN ONCE A WEEK □ 6

Since our health can be affected by our relations with other people, we would like to ask you a few questions about your family and friends.

116. Do you have any living children?

- YES □ 1
- NO □ 2

   a. How many do you see at least once a month?
   - NONE □ 1
   - 1 OR 2 □ 2
   - 3 OR MORE □ 3

117. Other than your children, how many relatives that you feel close to, that is people that you feel at ease with, can talk to about private matters, or can call on for help, do you see at least once a month - none, 1 or 2, or 3 or more?

   - NONE □ 1
   - 1 OR 2 □ 2
   - 3 OR MORE □ 3

118. Other than children and relatives, how many close friends, that is people that you feel at ease with, can talk to about private matters, or can call on for help, do you see at least once a month - none, 1 or 2, or 3 or more?

   - NONE □ 1
   - 1 OR 2 □ 2
   - 3 OR MORE □ 3

119. Have you lost a close relative through death in the past 12 months?

   - YES □ 1
   - NO □ 2

120. Have you lost a very close friend through death in the past 12 months?

   - YES □ 1
   - NO □ 2
121. Have you heard of the East Boston Neighborhood Health Center?

**YES □ 1  NO □ 2**  
GO TO ITEM 122

a. Have you used it in the past 12 months?

**YES □ 1  NO □ 2**  
GO TO ITEM 122

b. Are there any services not currently available at the East Boston Neighborhood Health Center which you think should be available there?

**YES □ 1  NO □ 2**  
GO TO ITEM 122

c. What service is that?

Specify

122. Are any of your medical expenses covered by the Medicare Plan?

**YES □ 1  NO □ 2**  
GO TO ITEM 122

123. Are any of your medical expenses covered by Medicaid or public assistance of any kind?

**YES □ 1  NO □ 2**  
GO TO ITEM 122

124. Do you have any other kind of health insurance that pays all or part of your medical bills?

**YES □ 1  NO □ 2**  
GO TO ITEM 125

a. What kind is that?

(Specify)

**FIRST MENTION □  SECOND MENTION □**
125. Can you give me the name, address, and telephone number of someone not in your household, who will know where you are if we should need to contact you?

FIRST CONTACT PERSON

<table>
<thead>
<tr>
<th>MR./MS./ETC.</th>
<th>FIRST NAME/M.I.</th>
<th>LAST NAME</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>HOUSE NO.</th>
<th>STREET OR APARTMENT COMPLEX</th>
<th>APT. NO. OR RELATED</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>CITY OR TOWN</th>
<th>STATE</th>
<th>ZIP CODE</th>
</tr>
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<th>AREA CODE</th>
<th>TELEPHONE</th>
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126. Is there someone else who will also know where you are if we should have to contact you?

SECOND CONTACT PERSON

<table>
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<tr>
<th>MR./MS./ETC.</th>
<th>FIRST NAME/M.I.</th>
<th>LAST NAME</th>
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<tr>
<th>HOUSE NO.</th>
<th>STREET OR APARTMENT COMPLEX</th>
<th>APT. NO. OR RELATED</th>
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<th>CITY OR TOWN</th>
<th>STATE</th>
<th>ZIP CODE</th>
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<tr>
<th>AREA CODE</th>
<th>TELEPHONE</th>
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</thead>
</table>
127. What is your telephone number?

(Specify)

Area Code Telephone

NO TELEPHONE □ 4

a. What is your street address?

(Specify)

128. What was your mother’s maiden name?

(Specify)

129. Record present housing unit type.

This concludes the interview.
Thank the participant.
130. Time Interview Finished.

A.M. □ 1
P.M. □ 2

131. Did another person sit in on any part of the interview?

YES □ 1
NO □ 2

a. Who?

- SPOUSE □ 1
- OTHER RELATIVE □ 2
- FRIEND □ 3
- OTHER SENIOR HEALTH PERSONNEL □ 4
- OTHER □ 5

(Specify)

b. For how long?

- 10 MINUTES OR LESS □ 1
- 11-30 MINUTES □ 2
- 31-60 MINUTES □ 3
- MORE THAN 60 MINUTES □ 4

132. Was the interview concluded on the same day it was begun?

YES □ 1
NO □ 2

a. How long was the interval between beginning and concluding interview days?

- LESS THAN 5 DAYS □ 1
- 5-10 DAYS □ 2
- 11-30 DAYS □ 3
- 31 OR MORE DAYS □ 4

133. What was the language of the interview?

- ENGLISH □ 1
- ITALIAN □ 2
- PORTUGUESE □ 3
- SPANISH □ 4
- OTHER □ 5

(Specify)

134. How well do you think the participant understood the questions?

- QUITE WELL □ 1
- FAIRLY WELL □ 2
- SOMEWHAT □ 3
- VERY LITTLE □ 4
- NOT AT ALL □ 5

135. Does the participant have a substantial hearing impairment?

YES □ 1
NO □ 2
136. How well do you think the participant spoke English?

| QUITE WELL | 1 |
| FAIRLY WELL | 2 |
| SOMEWHAT | 3 |
| VERY LITTLE | 4 |
| NOT AT ALL | 5 |

137. How great an effort do you think the participant put into the cognitive function items?

| A GREAT DEAL | 1 |
| A CONSIDERABLE AMOUNT | 2 |
| A MODERATE AMOUNT | 3 |
| A LITTLE BIT | 4 |
| HARDLY ANY | 5 |

138. Was interview done at home, over telephone or by another means?

| AT HOME | 1 |
| OVER TELEPHONE | 2 |
| OTHER | 3 |

(Specify)

139. Location of participant at time of interview

| AT HOME | 1 |
| IN NURSING HOME | 2 |
| IN HOSPITAL | 3 |
| OTHER | 4 |

(Specify)

140. INTERVIEWER

141. EDITOR

142. DATA ENTRY OPERATOR

143. VERIFIED BY
ESTABLISHMENT OF POPULATIONS FOR EPIDEMIOLOGIC STUDIES OF THE AGED

65+ RURAL HEALTH STUDY

TELEPHONE FOLLOW-UP QUESTIONNAIRE
DECEMBER 1, 1982

Department of Preventive Medicine and Environmental Health
and
Center for Health Services Research
The University of Iowa
Iowa City, Iowa 52242
SELF-PERCEIVED HEALTH STATUS

First, I would like to ask you some questions about your health.

1. Compared to other people your own age, would you say that your general health is excellent, good, fair, poor or very poor?

   1 Excellent
   2 Good
   3 Fair
   4 Poor
   5 Very Poor
   8 Don’t know
   9 Refuse, specify ______________________

2. Has your general health changed much in the last 12 months? [PROBE WITH RESPONSE CATEGORIES: “Would you say that it is ...?”]

   1 Much better
   2 Somewhat better
   3 About the same
   4 Somewhat worse
   5 Much worse
   8 Don’t know
HEALTH HISTORY

1. Since we spoke to you the last time, that is, since (date) has a doctor told you you had a heart attack, coronary, coronary thrombosis coronary occlusion or myocardial infarction?

   1 Yes
   2 Suspect or possible
   3 No
   8 Don’t know
   9 Refuse [GO TO Q. 5]

2. Did you have only one or more than one since the first interview? [IF MORE THAN ONE ASK] How many?

   [ENTER NUMBER]

3. When was this? [QR, “When was the last one?”]

   [ENTER MONTH/YEAR] [88 = DON’T KNOW 99 = REFUSE]

4. Were you hospitalized overnight or longer for this? [QR, “the last time?”]

   1 Yes (specify hospital)
   2 No
   8 Don’t know

5. Since we spoke to you the last time, has a doctor told you that you had a stroke or brain hemorrhage?

   1 Yes
   2 Suspect or possible
   3 No [GO TO Q. 8]

6. When was this? [QR, “When was the last one?”]

   [ENTER MONTH/YEAR]

7. Were you hospitalized overnight or longer for this?

   1 Yes (specify hospital)
   2 No
8. Since we spoke to you the last time, has a doctor told you you had any cancer, malignancy, or tumor of any type?
   1 Yes
   2 Suspect or possible
   3 No [GO TO Q. 12] c. 37

9. Where was it?
   [CODE 1 FOR ALL THAT APPLY, CODE 2 FOR ALL THAT DON'T APPLY]
   - Lung c. 38
   - Breast c. 39
   - Colon/Bowel/Rectal c. 40
   - Lymphoma c. 41
   - Leukemia c. 42
   - Melanoma c. 43
   - Other, specify ____________________________ c. 44

10. Were you hospitalized overnight or longer for this?
    1 Yes (specify hospital) ____________________________ c. 45
    2 No

11. When was this? (Last time if more than once)
    ________________ [ENTER MONTH/YEAR] c. 46-49
    Mo. Yr.
12. Since we spoke to you the last time, has a doctor told you you had diabetes, high blood sugar, or sugar in your urine?

1 Yes
2 Suspect or possible
3 No
8 Don’t know [GO TO Q. 15]
9 Refuse

13. When were you told this?

[ENTER MONTH/YEAR]

14. Has a doctor told you to take insulin or injections?

1 Yes
2 No
8 Don’t know

14a. Are you currently doing this?

1 Yes
2 No
8 Don’t know

15. Since we spoke to you the last time has a doctor told you you had a broken or fractured hip?

1 Yes
2 Suspect or possible
3 No
8 Don’t know [GO TO Q. 181]
9 Refuse

16. When was this?

[ENTER MONTH/YEAR]

17. Were you hospitalized overnight or longer for this?

1 Yes (specify hospital) __________________
2 No
8 Don’t know
9 Refuse
18. Since we spoke to you the last time, has a doctor told you that you had a break or fracture of any other bones?

1 Yes  
2 Suspect or possible  
3 No  
8 Don’t know  [GO TO Q. 21]

19. Was it your...  
[CODE 1 FOR ALL THAT APPLY, 2 FOR NOT APPLICABLE]  
|__| Wrist?  
|__| Arm?  
|__| Back or spine?  
|__| Pelvis?  
|__| Or any other bones?

20. Were you hospitalized overnight or longer for this?  
[IF MORE THAN ONE, GIVE HOSPITAL FOR MOST RECENT BROKEN BONE.]  
1 Yes (specify hospital)  
2 No  

21. How many times have you seen a physician since (date) of last year?

|__| [ENTER NUMBER OF TIMES]
We would also like to ask about your use of hospital services.

22. (Aside from the hospitalizations you just mentioned)
Since we spoke to you the last time have you been in the hospital at least overnight?

1 Yes
2 No
8 Don’t know
9 Refuse, why?

How many different times?
[88 = DON'T KNOW, 99 = REFUSE]

[ENTER NUMBER OF TIMES]

What (are/is) the name(s) of the hospital(s)?

(Hospital name)
(Location)

(Hospital name)
(Location)

(Hospital name)
(Location)

23. Since we spoke to you the last time, have you been a patient in a nursing home?

1 Yes
2 No
9 Refuse, specify

How many times?

[ENTER NUMBER OF TIMES]

In what nursing home did you stay?
(specify name of institution)
24. Are you now taking any digitalis, Digoxin, Lanoxin, or Digitoxin pills?
   1 Yes
   2 No
   8 Don't know

25. Are you taking any sort of vitamins regularly?
   1 Yes
   2 No
   25a. what kinds?
   (specify) __________________________
   (specify) __________________________
   (specify) __________________________

26. Since we spoke to you last have you gained or lost more than 10 lbs.?
   1 Yes, lost
   2 Yes, gained
   3 Yes, gained and lost
   4 No changes
   8 Don't know
   26a. Was this due to a special diet?
      1 Yes
      2 No

27. Have you started to smoke cigarettes or have you quit smoking cigarettes since we spoke to you last?
   1 Yes, started smoking
   2 Yes, quit smoking
   3 No

GO TO NEXT SECTION
FUNCTIONAL STATUS

We would like to know how well you are able to do some physical activities that are important in day-to-day living but which many people have problems doing. First, I would like to know if you need help from another person or special equipment to do certain kinds of activities.

[ASK a. FOR QUESTIONS 1 - 7]

a. At the present time, do you need help . . .
   1 No help
   2 Help [ASK b.]
   3 Unable to do

b. Is this help from a person, from special equipment, or both?
   1 Person
   2 Special equipment
   3 Both

<table>
<thead>
<tr>
<th>CODE</th>
<th>a.</th>
<th>b.</th>
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<tbody>
<tr>
<td>1</td>
<td>...walking across a small room?</td>
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<tr>
<td>2</td>
<td>...bathing; either a sponge bath, tub bath, or shower?</td>
<td></td>
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<tr>
<td>3</td>
<td>...with personal grooming; like brushing hair, brushing teeth, or washing your face?</td>
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<tr>
<td>4</td>
<td>...dressing; like putting on a shirt, buttoning and zipping, or putting on shoes?</td>
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<tr>
<td>5</td>
<td>...eating; like holding a fork, cutting food, or drinking from a glass?</td>
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<tr>
<td>6</td>
<td>...getting from a bed to a chair?</td>
<td></td>
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<tr>
<td>7</td>
<td>...using the toilet?</td>
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We are also interested in knowing if you are able to do certain kinds of activities without help from another person.

8. Are you able to do heavy work around the house, like washing windows, walls, or floors without help?
   1 Yes
   2 No

9. Are you able to walk up and down stairs to the second floor without help?
   1 Yes
   2 No

10. Are you able to walk a half mile without help? That’s about 8 ordinary blocks.
    1 Yes
    2 No

Now I’m going to ask you about how difficult it is, on the average, to do similar kinds of activities. For each thing please tell me, whether you have no difficulty at all, a little difficulty, some difficulty, a lot of difficulty, or just unable to do it. - [REPEAT CATEGORIES AS NEEDED]

1 = No difficulty at all  5 = Just unable to do it
2 = A little difficulty   6 = Don’t know
3 = Some difficulty      7 = Refuse
4 = A lot of difficulty  

______________  CODE  ______________
11. To begin, how much difficulty, if any, do you have pulling or pushing large objects like a living room chair? Would you say you have ...? c. 30
12. What about stooping, crouching or kneeling? c. 31
13. Lifting or carrying weights over 10 lbs., like a heavy bag of groceries? Do you have ...? c. 32
14. Reaching or extending arms above shoulder level? c. 33
15. Either writing or handling or fingering small objects? C.34
HEARING/VISION/DENTAL

Next we have some questions about your hearing, vision, and teeth.

1. Do you wear a hearing aid now?
   1 Yes
   2 No

   la. How often do you usually wear a hearing aid these days -- practically always, frequently, occasionally, or almost never?
      1 Practically always
      2 Frequently
      3 Occasionally
      4 Almost never
      8 Don’t know

   [FOR Q. 2 ASK: "WITHOUT A HEARING AID" IF R. WEARS ONE ALMOST NEVER. ASK "WITH A HEARING AID" IF R. WEARS ONE OCCASIONALLY, FREQUENTLY, PRACTICALLY ALWAYS]

2. (With/without a hearing aid) Can you usually hear and understand what a person says without seeing his face if that person talks in a normal voice to you in a quiet room?
   1 Yes
   2 No
   8 Don’t know

3. (Without a hearing aid) How would you compare the way you hear now with the way you heard a year ago, that is since we last talked with you? Would you say
   1 Much worse
   2 Slightly worse
   3 About the same
   4 Slightly better
   5 Much better

4. Do you wear eyeglasses or contact lenses?
   1 Eyeglasses
   2 Contact Lenses
   3 Both
   4 Neither
5. (When wearing eyeglasses/contact lenses) Can you see well enough to recognize a friend across a street?

1 Yes
2 No

6. (When wearing eyeglasses/contact lenses) Can you see well enough to read ordinary newspaper print?

1 Yes
2 No

7. Since we talked to you last, have you lost any of your natural teeth for any reason? [INCLUDE TEETH EXTRACTED BY A DENTIST]

1 Yes
2 No or not applicable

7a. How many have you lost?

[ENTER NUMBER]

8. Since we spoke to you last, have you been to see a dentist?

1 Yes
2 No [GO TO NEXT SECTION]

8a. How many times?

[ENTER NUMBER]

8b. What kind of treatments did the dentist do for you (the last time)?

01 Regular checkup
02 Cleaning
03 Toothache
04 Extraction
05 Periodontal Problem
06 Restoration (filling, crown)
07 Repair, adjust dentures
08 New dentures
09 Root canal
10 Other, specify

[FIRST MENTION]

[SECOND MENTION]

[THIRD MENTION]
Now I will ask you some questions about events or things that happen to people and often change their lives. They are things that doctors are interested in because they could affect a person’s future health.

1. Are you currently working at a paying job?
   1 Yes
   2 No

   1a. Are you currently seeking work?
      1 Yes
      2 No [GO TO Q. 8]

2. Full-time or part-time? [FULL-TIME = 40 HOURS OR MORE]
   1 Full-time
   2 Part-time

3. What kind of work are you doing? (What is your job called?) [PROBE FOR EXACT OCCUPATIONAL TITLE]
   (Specify job name or title) __________________________
   __________________________

4. What are your most important activities or duties?
   (Specify) _______________________________________
   _______________________________________

5. In what kind of business or industry do you work?
   (Specify) __________________________

6. Are you …?
   1 Employed by a private company?
   2 Self-Employed (not incorporated)
   3 Self-Employed (incorporated)
   4 Employed by a governmental agency?
   5 Working without pay in a family business or farm?
7. Have you changed jobs since we talked to you last?
[IF YES ASK: What kind of change?]

   1 Yes (specify) ________________________________

   2 No

8. Since we talked to you last, has your marital status changed? That is, have you been married, widowed, divorced or separated in the last year?

   1 Yes, widowed
   2 Yes, married
   3 Yes, divorced
   4 Yes, separated
   5 No

   8a. Would you please tell me the month and year of (his/her) death?

   |__|__|__|__| [MONTH/YEAR]
   Mo. Yr.
9. [IF R. LIVED ALONE DURING BASELINE ASK:] When we talked to you last you were living alone. Are you still living alone now?

[IF OTHERS LIVED WITH R. DURING BASELINE ASK:] When we talked to you last, the persons living there were... [LIST FIRST NAMES AND RELATIONSHIPS FROM HOUSEHOLD ROSTER] Are all these people still living with you now?

1 Yes
2 No [MAKE CORRECTIONS IN TABLE BELOW]

10. Is there anyone living in your household now whom I did not mention?

1 Yes [MAKE CORRECTIONS IN TABLE BELOW]
2 No

RELATIONSHIP CODES:

01 Spouse       10 B-in-law, S-in-law
02 Son, Daughter  11 Nephew, Niece
03 Son-in-law, D-in-law  12 Cousin
04 Grandchild  13 Other relative _________
05 Parent of Resp.  14 Friend
06 Parent-in-law  15 Boarder, Renter
07 Brother, Sister  16 Employee
[08, 09 NOT USED]
17 Other ________________

<table>
<thead>
<tr>
<th>Delete=1</th>
<th>Add=2</th>
<th>Correct=3</th>
<th>First Name</th>
<th>Relation Code</th>
<th>Age on Last Birthday</th>
<th>Sex M=1 P=2</th>
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C. 18
C. 19
C. 20-26
C. 27-33
c. 34-40
c. 41-47
c. 48-54
c. 55-61
11. Has your address changed since we talked with you last [**date**]? [**IF YES ASK:**] What is your new address?

[**IF NO ASK:**] So you’re still living at [**GIVE ADDRESS ON RECORD OF CALL SHEET**]? 

[CIRCLE Applicable **CODE** AND **MAKE ANY CORRECTIONS ON RECORD OF CALL SHEET**]

1 Moved out of Iowa/Washington Counties
2 Moved within Iowa/Washington Counties
3 Institutionalized out of Iowa/Wash. Counties
4 Institutionalized in Iowa/Wash. Counties
5 No change in address

---

TIME INTERVIEW TERMINATED [__] [__] : [__] [__]

[**ENTER:** 1=A.M., 2=P.M.] [__]

INTERVIEWER NUMBER [__] [__] [__]
1. Type of Interview:
   1. Telephone
   2. In-person
   3. Telephone surrogate
   4. Surrogate in-person

2. Was the interview completed?
   1. Yes, with little or no missing information
   2. Yes, but a considerable amount of information was not obtained
   3. No, terminated

   Explain reasons for refusals or non-response.

   ____________________________________________________________
   ____________________________________________________________

3. [IF SURROGATE INTERVIEW]
   1. Surrogate respondent same as for Baseline Survey
   2. New surrogate
      (Specify name and relationship) __________
      _______________________________________
      (Specify reason for surrogate) __________

4. Any comments about the respondent or the interview?
   (Be specific, especially about evidence of confusion or dementia)
   ____________________________________________________________
   ____________________________________________________________

   [CODE 1 IF RESPONSES ARE OF QUESTIONABLE VALIDITY BECAUSE OF DEMENTIA]
ESTABLISHMENT OF POPULATIONS FOR EPIDEMIOLOGIC STUDIES OF THE AGED

65+ RURAL HEALTH STUDY

TELEPHONE FOLLOW-UP II QUESTIONNAIRE
DECEMBER 1, 1983

Department of Preventive Medicine and Environmental Health
and
Center for Health Services Research
The University of Iowa
Iowa City, IA 52242
First we would like to ask you some general questions about yourself.

1. Are you still living at RR 3  
   Washington, IA 52353

   [CIRCLE APPLICABLE CODE AND MAKE ANY CORRECTIONS ON RECORD OF CALL SHEET]

   1 No change in address  
   2 Moved out of Iowa/Wash. Cos. - In State  
   3 Moved out of Iowa/Wash. Cos. - Out of State  
   4 Moved within Iowa/Washington Counties  
   5 Institutionalized out of Iowa/Wash. Cos. - In State  
   6 Institutionalized out of Iowa/Mash. Cos. - Out of State  
   7 Institutionalized in Iowa/Wash. Counties

2. Since we talked to you last, has your marital status changed? That is, have you been married, widowed, divorced or separated in the last year?
   
   1 Yes, widowed  
   2 Yes, married  
   3 Yes, divorced  
   4 Yes, separated  
   5 No  
   
   -> 2a. Would you please tell me the month and year of (his/her) death?

   [Enter 1=AM or 2=PM]
3. When we talked with you last year, you were living alone. Are you still living alone now?

[IDENTIFY HOUSEHOLD MEMBERS FOR EACH ASK: Is (he/she) still living with you now?]

<table>
<thead>
<tr>
<th>ID</th>
<th>First Name</th>
<th>Relationship</th>
<th>Age</th>
<th>Living there now?</th>
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<tbody>
<tr>
<td>01</td>
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</tbody>
</table>

4. Is there anyone else living in your household now (whom I did not mention)?

<table>
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<tr>
<th>ID</th>
<th>First Name</th>
<th>Relationship</th>
<th>Age</th>
<th>Sex</th>
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5. [ENTER TOTAL NUMBER OF HOUSEMEMBERS AT PRESENT, INCLUDING RESPONDENT]

1_1_1 TOTAL NUMBER LIVING IN HOUSEHOLD
SELF-PERCEIVED HEALTH STATUS

Now I would like to ask you some questions about your health.

1. Compared to other people your own age, would you say that your general health is excellent, good, fair, poor or very poor?
   
   1 Excellent
   2 Good
   3 Fair
   4 Poor
   5 Very Poor
   8 Don’t know
   9 Refuse, specify __________________________

2. Has your general health changed much in the last 12 months? (PROBE WITH RESPONSE CATEGORIES: "Would you say that it is ...?")
   
   1 Much better
   2 Somewhat better
   3 About the same
   4 Somewhat worse
   5 Much worse
   8 Don't know
HEALTH HISTORY

1. Since we spoke to you the last time, that is, since (date) has a doctor told you you had a heart attack, coronary, coronary thrombosis, coronary occlusion or myocardial infarction?
   1 Yes
   2 Suspect or possible
   3 No
   8 Don’t know [GO TO Q. 5]
   9 Refuse

2. Did you have only one or more than one since we spoke to you last? (IF MORE THAN ONE ASK] How many?
   __________ [ENTER NUMBER]

3. When was this? [OR “When was the last one?”]
   __________ [88 = DON’T KNOW 99 = REFUSE]
   Mo. Yr.

4. Were you hospitalized overnight or longer for this? [OR, “the last time?”]
   1 Yes (specify last hospital)
   2 No
   8 Don’t know
   __________ [HOSPITAL CODE]

5. Since we spoke to you the last time, has a doctor told you that you had a stroke or brain hemorrhage?
   1 Yes
   2 Suspect, or possible
   3 No [GO TO Q. 8]

6. When was this? [OR, “When was the last one?”]
   __________ [ENTER MONTH/YEAR]

7. Were you hospitalized overnight or longer for this?
   1 Yes (specify last hospital)
   2 No
   __________ [HOSPITAL CODE]
8. Since we spoke to you the last time has a doctor told you had any cancer, malignancy, or tumor of any type?

1 Yes
2 Suspect or possible
3 No [GO TO Q. 12]

9. Where was it?
   [CODE 1 FOR ALL THAT APPLY, CODE 2 FOR ALL THAT DON'T APPLY]

   |   | Lung
   |   | Breast
   |   | Colon/Bowel/Rectal
   |   | Lymphoma
   |   | Leukemia
   |   | Melanoma
   |   | Other, specify ________________

10. Were you hospitalized overnight or longer for this? (Last time if more than once)
    1 Yes (specify last hospital) ____________
        2 No
       |   |   |   | [HOSPITAL CODE]

11. When was this? (Last time if more than once)
    |   |   | [ENTER MONTH/YEAR]
    Mo. Yr.
12. Since we spoke to you the last time has a doctor told you you had diabetes, high blood sugar, or sugar in your urine?

1 Yes
2 Suspect or possible
3 No
8 Don’t know
9 Refuse [GO TO Q. 15]

13. When were you told this?

[ENTER MONTH/YEAR]
Mo. Yr.

14. Has a doctor told you to take insulin or injections?

1 Yes
2 No
8 Don’t know

14a. Are you currently doing this?

1 Yes
2 No
8 Don’t know

15. Since we spoke to you the last time has a doctor told you you had a broken or fractured hip?

1 Yes
2 Suspect or possible
3 No
8 Don’t know
9 Refuse [GO TO Q. 18]

16. When was this?

[ENTER MO]
Mo. Yr.

17. Were you hospitalized overnight or longer for this?

1 Yes (specify last hospital)
2 No
8 Don’t know
9 Refuse

[ENTER HOSPITAL CODE]
18. since we spoke to you the last time has a doctor told you that you had a break or fracture of any other bones?
   1 Yes
   2 Suspect or possible
   3 No [GO TO Q. 21]
   8 Don’t know [GO TO Q. 21]

19. Was it your...
   [CODE 1 FOR ALL THAT APPLY, 2 FOR NOT APPLICABLE]
   - Wrist?
   - Arm?
   - Back or spine?
   - Pelvis?
   - Or any other bones?

20. Were you hospitalized overnight or longer for this?
   [IF MORE THAN ONE, GIVE LAST HOSPITAL FOR MOST RECENT BROKEN BONE.]
   1 Yes (specify last hospital) ________
   2 No
   - [HOSPITAL CODE] ________

21. During the past year, have you had any accidents or injuries involving a car, truck, or other motor vehicle?
   1 Yes, farm vehicle
   2 Yes, non-farm vehicle, farm work related
   3 Yes, non-farm vehicle, not farm work related
   4 No [GO TO Q. 24]

I would like to ask you some questions about your most severe accident. [OR IF SAME SEVERITY: Then lets talk about your most recent accident.]

22. Were you a pedestrian, or in a vehicle?
   1 Pedestrian
   2 In a vehicle

   22a. Were you driving?
   1 Yes
   2 No
23. Did you have to see a doctor or other medical practitioner?

1 Yes
2 No

23a. Were you hospitalized?

1 Yes (specify hospital) __________________________
2 No

[ENTER "1" IF HOSPITALIZATION RECORDED PREVIOUSLY]

[ HOSPITAL CODE ]

24. During the past year, have you had any other accidents or injuries?

1 Yes
2 No [GO TO Q. 27]

I would like to ask you some questions about your most severe accident. [OR IF SAME SEVERITY: Then let's talk about your most recent accident.]

25. Did it occur in your home, at your place of work, on the street, or someplace else?

1 Home
2 Place of work - farm work
3 Place of work - non-farm work
4 On the street
5 Someplace else (specify ________________________).

26. Did you have to see a doctor or other medical practitioner?

1 Yes
2 No

26a. Were you hospitalized?

1 Yes (specify hospital) __________________________
2 No

[ENTER "1" IF HOSPITALIZATION RECORDED PREVIOUSLY]

[ HOSPITAL CODE ]
We would also like to ask about your use of hospital services.

27. (Aside from the hospitalizations you just mentioned) [REPEAT TO RESPONDENT ALL HOSPITALIZATIONS PREVIOUSLY RECORDED AND RECORD ANY OTHER HERE] Since we spoke to you the last time, have you been in the hospital at least overnight?

1 Yes
2 No
3 Don’t know
9 Refuse, why? ____________________________

27a. How many different times?
[88 = DON’T KNOW, 99 = REFUSE]

| | [ENTER NUMBER OF TIMES] | C. 24

27b. What (are/is) the name(s) of the hospital(s)?

| | (Hospital name & location) | C. 27-30
| | (Hospital name & location) | c. 31-34
| | (Hospital name & location) | C. 35-38

28. Not counting times you were in a hospital at least overnight, how many times have you seen a physician since (date) of last year?

| | [ENTER NUMBER OF TIMES] | c. 39-40

29. Since we spoke to you the last time, have you been a patient in a nursing home?

1 Yes
2 No [GO TO P. 11 IF MALE OR P. 12 IF FEMALE] | C. 41

30. How many different times since we spoke to you the last time?

| | [ENTER NUMBER OF TIMES] | C. 42-43
31. (Let's begin with the most recent nursing home admission) What was the name of this nursing home? 
   |__|__|__| (Specify) ________________

32. How long did you stay (have you been) in the nursing home? 
   [ 1 MONTH=30 DAYS, 1-1/2 WEEKS=10 DAYS, 2-1/2 WEEKS=17 DAYS, 3-1/2 WEEKS=24 DAYS] 
   |__|__| [ENTER NUMBER OF DAYS]

   [IF ONLY 1 ADMISSION GO TO Q. 35 FOR MALE RESPONDENTS OR TO THE NEXT SECTION ON PAGE 12 FOR FEMALE RESPONDENTS]

33. And now the nursing home admission before that one. What was the name of that nursing home? 
   |__|__|__| (Specify) ________________

34. How long did you stay in that nursing home? [1 MONTH=30 DAYS, 1-1/2 WEEKS=10 DAYS, 2-1/2 WEEKS=17 DAYS, 3-1/2 WEEKS=24 DAYS] 
   |__|__| [ENTER NUMBER OF DAYS]

   card 3

   c. 44-46

   c. 47-49

   C. 50-52

   c. 53-55
35. Did you ever serve on active duty in the Armed Forces of the United States?
   1 Yes
   2 No [GO TO NEXT SECTION]  

36. During the past 5 years have you received any health care or treatment at a Veterans Administration (VA) Medical center, hospital, or clinic?

   1 Yes
   2 No  

   36a. When was the last time you received any care at a VA facility?

   [__|__|__|__] [ENTER MONTH AND YEAR]  
   Mo. Yr.  

   36b. What was the name of the VA facility (for this last visit)?

   [__|__|__|__] [ENTER CODE]  

   1017 Iowa City VA Hospital
   180 Marshalltown VA Nursing Home
   1020 Knoxville VA Hospital
   Other (specify name and location)  

   8888 Don't know

GO TO NEXT SECTION
1. Are you now taking any digitalis, Digoxin, Lanoxin, or Digitoxin pills?
   1 Yes
   2 No
   8 Don't know

2. Are you taking any sort of vitamins regularly?
   1 Yes
   2 No
   2a. What kinds?
      (specify) __________________________
      (specify) __________________________
      (specify) __________________________

3. In the past year, have you noticed any side effects, unwanted reactions or other problems from medications you were taking?
   1 Yes
   2 No
   8 Don't know ----> [GO TO NEXT SECTION]

I would like to ask you some questions about your most severe reaction. [OR IF SAME SEVERITY: Then let's talk about your most recent reaction.]

4. What was the name of the medication?
   [SPECIFY ALL DRUGS INDICATED FOR THE REACTION]
   8 Don't know
   |____________
   |____________
   |____________
5. Could you describe what problems you had with the drug(s)?
[PROBE: Was there anything else?]
|_|_|_| (Specify Reaction) ____________

6. Did you talk to a doctor about it?
1 Yes
2 No

6a. After you had the reaction, did you continue taking the medication as before, change the amount you were taking, or did you stop taking it altogether?

1 Continued the drug as before
2 Changed the dosage
3 Stopped taking the drug
8 Don’t remember

7. Did the doctor do any laboratory tests, like a blood or urine test?
1 Yes
2 No
8 Don’t know

8. Did the doctor tell you to continue taking the drug(s) exactly as before?

1 Yes [GO TO Q. 11]
2 No
8 Don’t know

9. Did the doctor tell you to stop taking (one of) the drug(s)?

1 Yes
2 No

9a. Did the doctor prescribe another drug in place of the one you were having the reaction to? [IF YES: What was the name of the drug?]

1 Yes
2 No
8 Don’t know

|_|_|_|_|_| [DRUG] ________________
10. Did the doctor change the prescription in any way? For example, did he change the amount or the number of times to take it?

   1 Yes
   2 No
   8 Don’t know

11. Did the doctor prescribe another drug to treat the side effects of the one(s) you were taking? [IF YES: What was the name of the drug?]

   1 Yes (specify drug) ____________________________
   2 No
   8 Don’t know

   |___|___|___|___| [DRUG CODE]

12. Did the doctor tell you to do anything else to treat the reaction?

   1 Yes (specify) ________________________________

   2 No
   8 Don’t know

   |___|___|

13. Were you hospitalized overnight or longer primarily because of your reaction to the medication?

   1 Yes (specify hospital) ________________________
   2 No

   |___|___|___| [HOSPITAL CODE]

GO TO NEXT SECTION
1. Since we spoke to you last, have you gained or lost more than 10 pounds?

   1. Yes, lost
   2. Yes, gained
   3. Yes, gained and lost
   4. No changes
   8. Don't know

   la. Was this due to a special diet or exercise program?

   1. Yes
   2. No
   8. Don't know

2. Have you started to smoke cigarettes or have you quit smoking cigarettes since we spoke to you last?
   [IF QUIT SMOKING ASK: So you're not smoking anymore?]

   1. Started smoking
   2. Quit smoking
   3. Unchanged

GO TO NEXT SECTION
FUNCTIONAL STATUS

We would like to know how well you are able to do some physical activities that are important in day-to-day living but which many people have problems doing. First, I would like to know if you need help from another person or special equipment to do certain kinds of activities.

a. At the present time, do you need help . . .

1. No help
2. Help [ASK b.]
3. Unable to do

b. Is this help from a person, from special equipment, or both?

1. Person
2. Special equipment
3. Both

<table>
<thead>
<tr>
<th>CODE</th>
<th>a.</th>
<th>b.</th>
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<tbody>
<tr>
<td>1.</td>
<td>...walking across a small room?</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>...bathing; either a sponge bath, tub bath, or shower?</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>...with personal grooming; like brushing hair, brushing teeth, or washing your face?</td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td>...dressing; like putting on a shirt, buttoning and zipping, or putting on shoes?</td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td>...eating; like holding a fork, cutting food, or drinking from a glass?</td>
<td></td>
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<tr>
<td>6.</td>
<td>...getting from a bed to a chair?</td>
<td></td>
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<tr>
<td>7.</td>
<td>...using the toilet?</td>
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We are also interested in knowing if you are able to do certain kinds of activities without help from another person.

8. Are you able to do heavy work around the house, like washing windows, walls, or floors without help from another person?

1 Yes
2 No

9. Are you able to walk up and down stairs to the second floor without help from another person?

1 Yes
2 No

10. Are you able to walk a half mile without help from another person? That's about 8 ordinary blocks.

1 Yes
2 No

Now I'm going to ask you about how difficult it is, on the average, to do similar kinds of activities. For each thing please tell me whether you have no difficulty at all, a little difficulty, some difficulty, a lot of difficulty, or are just unable to do it. [REPEAT CATEGORIES AS NEEDED]

1 = No difficulty at all
2 = A little difficulty
3 = Some difficulty
4 = A lot of difficulty
5 = Just unable to do it
8 = Don't know.

11. To begin, how much difficulty, if any, do you have pulling or pushing large objects like a living room chair? Would you say you have ...?

12. What about stooping, crouching or kneeling?

13. Lifting or carrying weights over 10 lbs., like a heavy bag of groceries? Do you have ...?

14. Reaching or extending arms above shoulder level?

15. Either writing or handling or fingering small objects?
Next we have some questions about your hearing, vision, and teeth.

1. Do you wear a hearing aid now?
   1 Yes
   2 No
   3 Functionally deaf [CIRCLE "2" IN Q. 2 AND ASK Q. 3]

   How often do you usually wear a hearing aid these days -- practically always, frequently, occasionally, or almost never?
   1 Practically always
   2 Frequently
   3 occasionally
   4 Almost never
   8 Don't know

   [FOR Q. 2 ASK: "WITHOUT A HEARING AID" IF R. WEARS ONE ALMOST NEVER. ASK 'WITH A HEARING AID" IF R. WEARS ONE OCCASIONALLY, FREQUENTLY, PRACTICALLY ALWAYS]

2. (With/without a hearing aid) Can you usually hear and understand what a person says without seeing his face if that person talks in a normal voice to you in a quiet room?
   1 Yes
   2 No
   8 Don't know

3. (Without a hearing aid) How would you compare the way you hear now with the way you heard a year ago, that is since we last talked with you? Would you say
   1 Much worse
   2 Slightly worse
   3 About the same
   4 Slightly better
   5 Much better

4. Do you wear eyeglasses or contact lenses?
   1 Eyeglasses
   2 Contact Lenses
   3 Both
   4 Neither
   5 Functionally blind [GO TO Q. 7]
5. (when wearing eyeglasses/contact lenses) Can you see well enough to recognize a friend across a street?

   1 Yes
   2 No

6. (when wearing eyeglasses/contact lenses) Can you see well enough to read ordinary newspaper print?

   1 Yes
   2 No

7. Since we talked to you last, have you lost any of your natural teeth for any reason?  [INCLUDE TEETH EXTRACTED BY A DENTIST]

   1 Yes
   2 No or not applicable

   7a. How many have you lost?

   ___ [ENTER NUMBER]

8. Since we spoke to you last, have you been to see a dentist?

   1 Yes
   2 No [GO TO NEXT SECTION]

   8a. How many times?

   ___ [ENTER NUMBER OF TIMES]

   8b. What kind of treatments did the dentist do for you (the last time)?

   01 Regular checkup
   02 Cleaning
   03 Toothache
   04 Extraction
   05 Periodontal Problem
   06 Restoration (filling, crown)
   07 Repair, adjust dentures
   08 New dentures
   09 Root canal
   10 Other, specify

   ___ [FIRST MENTION]
   ___ [SECOND MENTION]
   ___ [THIRD MENTION]
SOCIAL DEMOGRAPHICS

And now I have just a few more questions.

1. Are you currently working at a paying job?
   1 Yes
   2 No

   1a. Are you currently seeking work?
   1 Yes
   2 No [GO TO Q. 7]

2. Full-time or part-time? [FULL-TIME = 40 HOURS OR MORE]
   1 Full-time
   2 Part-time

3. What kind of work are you doing? (What is your job called?) [PROBE FOR EXACT OCCUPATIONAL TITLE]
   (Specify job name or title)

4. What are your most important activities or duties?
   (Specify)

5. In what kind of business or industry do you work?
   (Specify)

6. Are you . . . ?
   1 Employed by a private company?
   2 Self-Employed (not incorporated)
   3 Self-Employed (incorporated)
   4 Employed by a governmental agency?
   5 Working without pay in a family business or farm?
7. Within the last year, since ____, have you retired from work?

1 Yes
2 No

TIME INTERVIEW TERMINATED _|_|:|_||
[ENTER: 1=A.M., 2=P.M.] _|
INTERVIEWER NUMBER _|_|
1. Type of Interview:

1 Telephone
2 In-person
3 Telephone surrogate
4 In-person surrogate

1a. Was the surrogate respondent the same as for the Telephone Follow-Up I survey?

1 Yes
2 No (specify name and relationship)

1b. What was the primary reason for the surrogate interview?

2. Was the interview completed?

1 Yes, with little or no information missing
2 Yes, but a considerable amount of information was not obtained
3 No, terminated

3. How would you rate your confidence on the respondent’s ability to give accurate information?

1 High confidence
2 Moderate confidence
3 Little or no confidence

4. Any comments about the respondent or the interview?
ESTABLISHMENT OF POPULATIONS FOR
EPIDEMIOLOGIC STUDIES OF THE AGED

65+ RURAL HEALTH STUDY

FOLLOW-UP III QUESTIONNAIRE
December, 1984

Department of Preventive Medicine and Environmental Health
and
Center for Health Services Research
The University of Iowa
Iowa City, Iowa 52242
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RESIDENTIAL/DEMOGRAPHIC

First we would like to ask you some general questions about yourself.

1. Since we spoke to you last, have you moved? [CIRCLE APPLICABLE CODE AND MAKE ANY CORRECTIONS ON RECORD OF CALL SHEET]

1. No change in address 23
2. Moved out of Iowa/Wash. Cos. - In State
3. Moved out of Iowa/Wash. Cos. - Out of State
4. Moved within Iowa/Washington Counties
5. Institutionalized out of Iowa/Wash. Cos. - In State
6. Institutionalized out of Iowa/Wash. Cos. - Out of State
7. Institutionalized in Iowa/Wash. Counties

2. Since we talked to you last, has your marital status changed? That is, have you been married, widowed, divorced or separated in the last year?

-----1 Yes, widowed 24
| 2 Yes, married
| 3 Yes, divorced
| 4 Yes, separated
| 5 No

-> 2a. Would you please tell me the month and year of (his/her) death?

_ _ _ _ [ENTER MONTH] 25-26
_ _ _ _ _ _ [ENTER YEAR] 27-30
3. When we talked with you last year, there was one person living with you.

[IDENTIFY HOUSEHOLD MEMBERS FOR EACH ASK: Is (he/she) still living with you now?]

<table>
<thead>
<tr>
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<th>First Name</th>
<th>Relationship</th>
<th>Age</th>
<th>Living there now? 1=Yes, 2=No</th>
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</table>

4. Is there anyone else living in your household now (whom I did not mention)?

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<th>First Name</th>
<th>Relationship</th>
<th>Age</th>
<th>Sex</th>
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5. [ENTER TOTAL NUMBER OF HOUSEMEMBERS AT PRESENT, INCLUDING RESPONDENT]

I_L_L TOTAL NUMBER LIVING IN HOUSEHOLD 78-79
Now I would like to take your pulse and 2 blood pressure readings.

1. [___] Pulse for 30 seconds

2. First blood pressure reading
   [999= REFUSE]
   [___] Systolic
   [___] Diastolic

3. Second blood pressure reading:
   [___] Systolic
   [___] Diastolic
   [___] [RECORD B.P. KIT NO.]

4. What is your weight?
   [888=DON’T KNOW, 999= REFUSE]
   [___] lbs.

5. Since we spoke to you last, have you gained or lost more than 10 pounds?
   1 Yes, lost
   2 Yes, gained
   3 Yes, gained and lost
   4 No changes
   8 Don’t know
   [___] Was this due to a special diet or exercise program?
   1 Yes
   2 No
   8 Don’t know

GO TO NEXT SECTION
SELF-PERCEIVED HEALTH STATUS

Now I would like to ask you some questions about your health.

1. compared to other people your own age, would you say that your general health is excellent, good, fair, poor or very poor?
   1 Excellent
   2 Good
   3 Fair
   4 Poor
   5 Very Poor
   8 Don’t know
   9 Refuse, specify

2. Has your general health changed much in the last 12 months? [PROBE WITH RESPONSE CATEGORIES: “Would you say that it is...?”]
   1 Much better
   2 Somewhat better
   3 About the same
   4 Somewhat worse
   5 Much worse
   8 Don’t know

3. During the past two weeks, how many days have you stayed in bed all or most of the day because of an illness or injury (other than hospital or nursing home)?
   ____ (Days)
**CHRONIC CONDITIONS**

Now we have some questions about specific medical conditions.

1. Since we spoke to you the last time, that is, since (date), has a doctor told you you had a heart attack, coronary, coronary thrombosis, coronary occlusion or myocardial infarction?
   
   1 Yes
   2 Suspect or possible
   3 No
   8 Don't know
   9 Refuse ——— [GO TO Q. 5]

2. Did you have only one or more than one since we spoke to you last? [IF MORE THAN ONE ASK] How many?
   
   1_1_1 [ENTER NUMBER]

3. When was this? [OR "When was the last one?"]
   
   1_1_1 [ENTER MONTH]
   1_1_1_1 [ENTER YEAR]

4. Were you hospitalized overnight or longer for this? [OR, "the last time?"]
   
   1 Yes (specify last hospital)
   2 No
   8 Don't know
   1_1_1_1_1 [HOSPITAL CODE]

5. Since we spoke to you the last time, has a doctor told you that you had a stroke or brain hemorrhage?
   
   1 Yes
   2 Suspect or possible
   3 No [GO TO Q. 8]

6. When was this? [OR, "When was the last one?"]
   
   1_1_1 [ENTER MONTH]
   1_1_1_1 [ENTER YEAR]
7. Were you hospitalized overnight or longer for this?
   1 Yes (specify last hospital) ____________
   2 No
   [HOSPITAL CODE]

8. Since we spoke to you the last time has a doctor told you
   you had any cancer, malignancy, or tumor of any type?
   1 Yes
   2 Suspect or possible
   3 No [GO TO Q. 12]

9. Where was it?
   [CODE 1 FOR ALL THAT APPLY, CODE 2 FOR ALL THAT DON'T
   APPLY]
   1 Lung
   2 Breast
   3 Colon/Bowel/Rectal
   4 Lymphoma
   5 Leukemia
   6 Melanoma
   7 Other, specify ________________________

10. Were you hospitalized overnight or longer for this?
    (Last time if more than once)
    1 Yes (specify last hospital) ____________
    2 No
    [HOSPITAL CODE]

11. When was this? (Last time if more than once)
    1 ____________ [ENTER MONTH]
    2 ____________ [ENTER YEAR]
12. Since we spoke to you the last time has a doctor told you you had diabetes, high blood sugar, or sugar in your urine?

1 Yes
2 Suspect or possible
3 No
8 Don’t know [GO TO Q. 15]

13. When were you told this?

[ENTER MONTH]

[ENTER YEAR]

14. Has a doctor told you to take insulin or injections?

1 Yes
2 No
8 Don’t know

14a. Are you currently doing this?

1 Yes
2 No
8 Don’t know

15. Since we spoke to you the last time has a doctor told you you had a broken or fractured hip?

1 Yes
2 Suspect or possible
3 No
8 Don’t know [GO TO Q. 18]
9 Refuse

16. When was this?

[ENTER MONTH]

[ENTER YEAR]
17. Were you hospitalized overnight or longer for this?
   1 Yes (specify last hospital) _________
   2 No
   8 Don't know
   9 Refuse
   _______ [HOSPITAL CODE]

18. Since we spoke to you the last time has a doctor told you
    that you had a break or fracture of any other bones?
   1 Yes
   2 Suspect or possible
   3 No
   8 Don't know [GO TO Q. 21]

19. Was it your...
   [CODE 1 FOR ALL THAT APPLY, 2 FOR NOT APPLICABLE]
   ______ Wrist?
   ______ Arm?
   ______ Back or spine?
   ______ Pelvis?
   ______ Or any other bones?

20. Were you hospitalized overnight or longer for this? [IF
    MORE THAN ONE, GIVE LAST HOSPITAL FOR MOST RECENT BROKEN
    BONE.]
   1 Yes (specify last hospital) _________
   2 No
   _______ [HOSPITAL CODE]
21. Has a doctor **ever** told you you had high blood pressure?

1 Yes
2 Suspect or possible
3 No
8 Don't know

21a. When were you first told this?

[ENTER MONTH]
[ENTER YEAR]

22. Has a doctor **ever** told you you had...

[1=Yes, 2=Suspect or Possible, 3=No, 8=Don't Know, 9=Refuse]

1 Osteoporosis or trouble with your bones?
1 Cataracts?
1 Glaucoma (pressure behind the eye)?
1 Parkinson's disease?
1 Anemia, low blood or trouble with your blood?
1 Phlebitis, or trouble with the veins in your legs?
1 Asthma?
1 Emphysema, chronic bronchitis or other lung disease?
1 Ulcers in your stomach or intestines?
1 Cirrhosis or liver disease?
1 Arthritis or rheumatism?
1 Trouble with your kidneys or bladder? [Ask males only]
1 Trouble with your prostate gland?
23. In the past year, have you at any time passed out, fainted, or lost consciousness?
   1 Yes
   2 No [GO TO Q. 28]

24. Did this happen once, two or three times, or more often?
   1 Once
   2 Two or three times
   3 More often

25. Did you see a doctor, nurse or other medical practitioner about this problem?
   1 Yes
   2 No [GO TO Q. 28]

26. What did the doctor (nurse or other medical practitioner) say it was?
   (Specify) ____________________________

27. Were you hospitalized overnight or longer for this problem?
   1 Yes (specify last hospital) _________
   2 No

   [HOSPITAL CODE]

   [ENTER "1" IF HOSPITALIZATION PREVIOUSLY MENTIONED]

28. In the past year, have you had trouble with your toenails?
   1 Yes
   2 No

   28a. What kind of trouble did you have?
       (Specify) ____________________________
29. Are your toenails...
   [CODE: 1=YES, 2=NO]
   1. difficult to trim?
   1. discolored?
   1. thicker than when you were younger?

We would like to ask about your use of hospital services.

30. (Aside from the hospitalizations you just mentioned)
   [REPEAT TO RESPONDENT ALL HOSPITALIZATIONS PREVIOUSLY RECORDED AND RECORD ANY OTHER HERE] Since we spoke to you the last time, have you been in the hospital at least overnight?

   1. Yes
   2. No
   8. Don’t know
   9. Refuse, why? ____________________________

   30a. How many different times?
   [88=DON’T KNOW, 99=REFUSE]
   1. [ENTER NUMBER OF TIMES]

   30b. What (are/is) the name(s) of the hospital(s)?
   1. (Hospital name & location)

   1. (Hospital name & location)

   1. (Hospital name & location)

31. Since we spoke to you the last time, have you been a patient in a nursing home?

   1. Yes
   2. No [GO TO Q. 37]
32. How many different times since we spoke to you the last time?

__|__|__! [ENTER NUMBER OF TIMES]

33. (Let's begin with the most recent nursing home admission) What was the name of this nursing home?

__|__|__! (Specify) _______________

34. How long did you stay (have you been) in the nursing home? [1 MONTH=30 DAYS, 1-1/2 WEEKS=10 DAYS, 2-1/2 WEEKS=17 DAYS, 3-1/2 WEEKS=24 DAYS]

__|__|__|__! [ENTER NUMBER OF DAYS]

[IF ONLY 1 NURSING HOME STAY, GO TO Q. 37]

35. And now the nursing home admission before that one. What was the name of that nursing home?

__|__|__! (Specify) _______________

36. How long did you stay in that nursing home? [1 MONTH=30 DAYS, 1-1/2 WEEKS=10 DAYS, 2-1/2 WEEKS=17 DAYS, 3-1/2 WEEKS=24 DAYS]

__|__|__|__! [ENTER NUMBER OF DAYS]

Now we would like to ask you some questions about breathing.

37. Do you get shortness of breath that requires you to stop and rest?

1 Yes
2 No
8 Don't know

37a. Do you get it walking on level ground or climbing a single flight of stairs?

1 Yes
2 No
38. Do you get shortness of breath when you are lying down flat?
   1 Yes
   2 No
   8 Don't know

   Does this shortness of breath improve when you sit up, or do you use extra pillows at
   night to prevent it?
   1 Yes
   2 No
   8 Don't know

39. Do you get severe shortness of breath which wakes you up while lying down asleep?
   1 Yes
   2 No
   8 Don't know

40. Do you usually cough first thing in the morning (on getting up) in the winter?
    [INCLUDE A COUGH WITH FIRST SMOKE OR ON FIRST GOING OUT OF DOORS. EXCLUDE
    CLEARING THROAT OR SINGLE COUGH.]
    1 Yes
    2 No
    8 Don't know

41. Do you usually cough during the day -- or at night -- in the winter? [DO NOT INCLUDE AN OCCASIONAL COUGH.]
    1 Yes
    2 No
    8 Don't know

[IF NO TO BOTH Q. 40 AND 41, GO TO Q. 43]

42. Do you cough like this on most days (or nights) for as much as three months each year?
    1 Yes
    2 No
    8 Don't know
43. Do you usually bring up any phlegm from your chest first thing in the morning (on getting up) in the winter? [INCLUDE: PHLEG M WITH FIRST SMOKE, ON FIRST GOING OUT OF DOORS, AND SWALLOWED PHLEG M. EXCLUDE: PHLEG M FROM NOSE.]

1 Yes
2 No
8 Don't know

44. Do you usually bring up any phlegm from your chest at least twice during the day (or at night) in the winter?

1 Yes
2 No
8 Don't know
9 Refuse, specify ____________________

[IF NO TO BOTH Q. 43 AND 44, GO TO Q. 46]

45. Do you bring up phlegm like this on most days (or nights) for as much as three months each year?

1 Yes
2 No

45a. Have you had phlegm like this for 3 years or more?

1 Yes
2 No
8 Don't know

46. Does your chest ever sound wheezing or whistling?

1 Yes
2 No
8 Don't know

46a. Do you get this most days (or nights)?

1 Yes
2 No
8 Don't know
47. Have you ever had attacks of shortness of breath with wheezing?

1. Yes
2. No
8. Don't know
9. Refuse, why?

47a. (Is/was) your breathing absolutely normal between attacks?

1. Yes
2. No
8. Don't know
BOWEL AND BLADDER

One problem many people have as they grow older is trouble with their bladder. Doctors are interested in knowing how widespread these problems are and what causes them, so that they can improve treatments for them. We would appreciate your answers to these questions even though you may not have any problems.

1. How often do you have difficulty holding your urine until you can get to a toilet?
   1. Never
   2. Hardly ever
   3. Some of the time
   4. Most of the time
   5. All of the time
   7. Catheter used [GO TO NEXT SECTION]
   8. Don't know
   9. Refuse, specify ____________________________

2. Do you ever leak or lose urine when you cough, sneeze or laugh?
   1. Yes
   2. No
   8. Don't know
   9. Refuse, specify ____________________________

GO TO NEXT SECTION
Now, we would like to get some information about how well you sleep.

1. How often do you have trouble falling asleep? Would you say, most of the time, sometimes, or rarely or never?
   1 Most of the time
   2 Sometimes
   3 Rarely or never
   8 Don’t know

2. How often do you have trouble with waking up during the night?
   1 Most of the time
   2 Sometimes
   3 Rarely or never
   8 Don’t know

3. How often do you feel really rested when you wake up in the morning?
   1 Most of the time
   2 Sometimes
   3 Rarely or never
   8 Don’t know

4. How often do you have trouble with waking up too early and not being able to fall asleep again?
   1 Most of the time
   2 Sometimes
   3 Rarely or never
   8 Don’t know

5. How often do you get so sleepy during the day or evening that you have to take a nap?
   1 Most of the time
   2 Sometimes
   3 Rarely or never
   8 Don’t know

GO TO NEXT SECTION
FUNCTIONAL STATUS

We would like to know how well you are able to do some physical activities that are important in day-to-day living but which many people have problems doing. We are also interested in the kinds of help people use to do these activities.

1. First, do you ever use any special equipment, aids, or clothing such as a cane or a walker? [IF NO: CODE 1 FOR 'NO SPECIAL EQUIPMENT AND GO TO Q. 2] [IF YES: CODE 1 FOR ALL THAT APPLY AND 2 FOR ALL THAT DO NOT APPLY]

|   | No special equipment used | C. 63    |
|   | One cane               | C. 64    |
|   | Two canes             | c. 65    |
|   | One crutch            | c. 66    |
|   | Two crutches          | c. 67    |
|   | Walker                | c. 68    |
|   | Wheel chair           | c. 69    |
|   | Leg brace             | c. 70    |
|   | Artificial limb       | c. 71    |
|   | Catheter              | C. 72    |
|   | Commode               | c. 73    |
|   | Other, specify _________ | c. 74    |
Next I would like to know if you need help from another person or special equipment to do seven different kinds of activities.

a. At the present time, do you need help from a person or special equipment . . .
   1 No help [ASK c.]
   2 Help [ASK b. and c.]
   3 Unable to do [GO TO NEXT Q.]

b. Is this help from a person, from special equipment, or both?
   1 Person
   2 Special equipment
   3 Both

c. How much difficulty on the average, do you have doing this -- no difficulty at all, a little difficulty, some difficulty, or a lot of difficulty?
   1=No difficulty at all
   2=A little difficulty
   3=Some difficulty
   4=A lot of difficulty

<table>
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<tr>
<th></th>
<th>Walking across a small room</th>
<th>Baking; either a sponge bath, tub bath or shower?</th>
<th>With personal grooming; like brushing your hair, brushing your teeth, or washing your face?</th>
<th>Dressing; like putting on a shirt, buttoning and zipping, or putting on shoes?</th>
<th>Eating; like holding a fork, cutting food, or drinking from a glass?</th>
<th>Getting from a bed to a chair?</th>
<th>Using the toilet?</th>
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</table>
We are also interested in knowing if you are able to do certain kinds of activities without help from another person.

9. Can you do your housework. . .?

1 Without help (that is can you scrub floors etc.)?
2 With some help (that is, can you do light housework, but need help with heavy work)?
3 Or are you unable to do any housework?
8 Don’t know

10. Can you prepare your own meals. . .?

1 Without help (that is, can you plan and cook full meals yourself)?
2 With some help (that is, prepare some things but are unable to cook full meals yourself)?
3 Or are you unable to prepare any meals?
8 Don’t know

11. Are you able to do your own shopping for groceries or clothes. . .?
[ASSUME TRANSPORTATION]

1 Without help (that is, taking care of all shopping needs yourself)?
2 With some help (that is, you need someone to go with you on all shopping trips)?
3 Or are you unable to do any shopping?
8 Don’t know

12. Are you able to walk outside without help from another person?

1 Yes
2 No

13. Are you able to walk up and down stairs to the second floor without help from another person?

1 Yes
2 No
14. Are you able to walk a half mile without another person? That’s about 8 ordinary blocks.
   
   1 Yes
   2 No

15. Are you able to do heavy work around the house, like washing windows, walls or floors without another person?
   
   1 Yes
   2 No

Now I’m going to ask you about how difficult it is, on the average, to do nine similar kinds of activities. For each thing please tell me whether you have no difficulty at all, a little difficulty, some difficulty, a lot of difficulty, or are just unable to do it. [REPEAT CATEGORIES AS NEEDED]

1 = No difficulty at all
2 = A little difficulty
3 = Some difficulty
4 = A lot of difficulty
5 = Just unable to do it
8 = Don’t know
9 = Refuse

16. To begin, how much difficulty, if any, do you have pulling or pushing large objects like a living room chair? Would you say you have

17. What about stooping, crouching or kneeling?

18. Lifting or carrying weights over 10 lbs., like a heavy bag of groceries? Do you have

19. Reaching or extending arms above shoulder level?

20. Either writing or handling or fingering small objects?

21. Standing in one place for long periods, say 15 minutes?

22. Getting up from a chair after sitting for long periods?

23. Standing on one foot without help?

24. Picking up an object from the floor with one hand?
Now we'd like to ask some questions about aches and pains.

25. In the past year have you had any back pains?

1 Yes  
2 No [GO TO Q. 29]

26. How would you describe the timing of your pain -- is it just a brief pain, an off and on pain that lasts for several hours or less, off and on pain that lasts for more than one day, or a constant pain that lasts pretty much all the time?

1 Brief  
2 Off/on pain lasting minutes to hours  
3 Off/on pain lasting more than 1 day  
4 Constant pain  
8 Don't know

27. In what parts of the back do you have pain?  
[CODE 1 FOR ALL THAT APPLY, CODE 2 FOR NOT APPLICABLE. ]

1. Neck  
2. High/mid-back (thoracic)  
3. Lumbosacral (low back)  
4. Coccygeal (very low, perirectal)

28. How bad is the pain most of the time?

1 Mild  
2 Moderate  
3 Severe  
4 Other sensation than standard pain  
8 Don't know

29. Have you ever had any pain or discomfort in your chest?

1 Yes  
2 No  
8 Don't know

29a. Have you ever had any pressure or heaviness in your chest?

1 Yes  
2 No [GO TO NEXT SECTION]  
8 Don't know
30. Do you get this pain or discomfort when you walk up-hill or hurry?

1 Yes
2 No [GO TO Q. 36]
3 Never walks up-hill or hurries
8 Don't know

31. Do you get this pain or discomfort when you walk at an ordinary pace on the level?

1 Yes
2 No
8 Don't know

32. What do you do if you get this pain while you are walking?

1 Stop or slow down
2 Take a nitroglycerin
3 Continue at the same pace [GO TO Q. 36]
8 Don't know

33. If you stand still, what happens to the pain?

1 Relieved
2 Not relieved [GO TO Q. 36]
8 Don’t know

33a. How soon is the pain relieved?

1 10 minutes or less
2 More than 10 minutes [GO TO Q. 36]
8 Don’t know
34. Will you show me where it was? [MARK AREAS ON DIAGRAM WITH "X"]

[CODE 1 FOR ALL AREAS SHOWN, CODE 2 FOR AREAS NOT SHOWN.]

1 l l Sternum (middle or upper) C. 61
1 l l Sternum (lower) C. 62
1 l l Left anterior chest C. 63
1 l l Left arm C. 64

35. Did you feel it anywhere else?
CORRECT RESPONSES TO Q. 34 IF APPROPRIATE AREAS SHOWN]

1 Yes [MARK OTHER AREAS ON DIAGRAM WITH "X"]
2 No
8 Don't know

36. Have you ever had a severe pain across the front of your chest lasting half an hour or more?

1 Yes
2 No [GO TO NEXT SECTION]
8 Don't know
37. Did you see a doctor because of this pain?

   1 Yes
   2 No
   8 Don't know
   9 Refuse, why?  

37a. What did he say it was?  

Card #6  

38. How many of these attacks have you had?
   [88=DON'T KNOW, 99= REFUSE]

   [Number of attacks]  

39. Tell me about your first attack. When did you have it?
   [01=JAN., 02=FEB., ETC.]

   [ENTER MONTH]

   [ENTER YEAR]  

40. How long was it?

   [Minutes]  

41. How about your last attack? Can you tell me when you had that one?

   [ENTER MONTH]

   [ENTER YEAR]  

42. And how long was that attack?

   [Minutes]  

GO TO NEXT SECTION
Now I have some questions about your eyesight.

1. Do you wear eyeglasses, contact lenses or both?
   1 Eyeglasses
   2 Contact lenses
   3 Both
   4 Neither
   5 Functionally blind [GO TO NEXT SECTION]

2. (When wearing your eyeglasses/contact lenses) Can you see well enough to recognize a friend across the street?
   1 Yes [GO TO Q. 6]
   2 No

3. (When wearing your eyeglasses/contact lenses) Can you see well enough to recognize a friend across a room?
   1 Yes [GO TO Q. 6]
   2 No

4. (When wearing your eyeglasses/contact lenses) Can you see well enough to recognize a friend who is at arms length away?
   1 Yes [GO TO Q. 6]
   2 No

5. (When wearing your eyeglasses/contact lenses) Can you see well enough to recognize a friend if you get close to his face?
   1 Yes
   2 No

6. (When wearing eyeglasses/contact lenses) Can you see well enough to read ordinary newspaper print?
   1 Yes [GO TO NEXT SECTION]
   2 No

7. (When wearing eyeglasses/contact lenses) Can you see well enough to read large print such as newspaper headlines?
   1 Yes
   2 No
HEARING PROBLEMS

The next few questions are about your hearing.

1. Do you wear a hearing aid now?
   1. Yes
   2. No
   3. Functionally deaf [ASK Q. 2 AND GO TO NEXT SECTION]

   1a. How often do you usually wear a hearing aid these days--practically always, frequently, occasionally, or almost never?

   1. Practically always
   2. Frequently
   3. Occasionally
   4. Almost never
   8. Don't know

2. (Without a hearing aid) How would you compare the way you hear now with the way you heard a year ago, that is since we last talked with you? Would you say

   1. Much worse
   2. Slightly worse
   3. About the same
   4. Slightly better
   5. Much better

   [FOR Q. 3: ASK "WITHOUT A HEARING AID" IF R. WEARS ONE ALMOST NEVER. ASK "WITH A HEARING AID" IF R. WEARS ONE OCCASIONALLY, FREQUENTLY, PRACTICALLY ALWAYS]

3. (With/without a hearing aid) Can you usually hear and understand what a person says without seeing his face if that person talks in a normal voice to you in a quiet room?

   1. Yes
   2. No
   8. Don't know

4. Do you ever hear ringing or noises in your ears? [IF NO CODE 1 = ALMOST NEVER OR NEVER]
   [IF YES ASK:] How often?

   1. Almost never or never
   2. Occasionally
   3. About 1/2 the time
   4. Frequently
   5. Almost always
   8. Don't know

GO TO NEXT SECTION
ORAL CONDITION

The next set of questions concerns teeth and dentures.

1. Since we talked to you last year in our telephone survey, have you lost any of your natural teeth for any reason? [INCLUDE TEETH EXTRACTED BY DENTIST]
   1 Yes
   2 No

   la. How many teeth did you lose?
   [ENTER NUMBER]

2. Do you have natural teeth left in your upper jaw, or are they all missing?
   1 No teeth missing in upper jaw (excluding wisdom teeth)
   2 At least one tooth missing in upper jaw
   3 All missing from upper jaw

3. Do you have natural teeth left in your lower jaw, or are they all missing?
   1 No teeth missing in lower jaw (excluding wisdom teeth)
   2 At least one tooth missing in lower jaw
   3 All missing from lower jaw

4. If you went to a dentist tomorrow, what sort of treatment do you think you'd need? [CODE "00 IN UNUSED BOXES]
   01 Teeth cleaned
   02 Cavities filled
   03 Teeth pulled
   04 Periodontal work (gum treatment)
   05 Root canal (endodontics treatment)
   06 New bridge or dentures made
   07 Bridge or dentures repaired/adjusted
   08 Check-up (including x-ray)
   09 Other, specify __________________
   10 No treatment needed

   [FIRST MENTIONED]
   [SECOND MENTIONED]
   [THIRD MENTIONED]

GO TO NEXT SECTION
DRUG USE

Now I’d like to ask you some questions about medicines.

1. Do you have any medicines prescribed by a doctor that you have taken or were supposed to take regularly in the past 2 weeks?
   1. Yes
   2. No
   8. Don’t know
   9. Refuse, specify ______________________

2. Do you have any medicines prescribed by a doctor that you are supposed to take only when you need them?
   1. Yes
   2. No
   8. Don’t know
   9. Refuse, specify ______________________

3. We are also interested in other medicines not prescribed by a doctor such as: aspirin, Tylenol, Bufferin, Anacin, headache pills or pain killers, laxatives, bowel medicine, cold medicine, cough medicine, sleep medicine, antacids or stomach medicines, vitamins, ointments or salves, or any other medicines from the drug store. During the past 2 weeks, did you take any medicine not prescribed by a doctor?
   1. Yes
   2. No
   8. Don’t know
   9. Refuse, specify ______________________

[IF YES TO ANY OF THE ABOVE, ASK TO SEE ALL CONTAINERS AND RECORd DATA IN DRUG TABLES.]

[IF NO MEDICINES TAKEN, SKIP TO Q. 4]
FOR EACH **DRUG** ENTER: FOR EACH **BOX** CIRCLE:

1 = Name on label is R's
2 = No name on label
3 = Name on label is not R's
4 = Label not seen - Info. from R.
5 = Container is unlabeled

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**Physician** obtained

1. Have you taken this in the past 2 weeks?
   - 1 Yes
   - 2 No
   - 8 DK
   [IF NO, GO TO Q3]

2. How many times did you take this yesterday?
   - 1
   - 2
   - 8 DK

3. Does this drug seem to cause any unwanted effects?
   - 1 Yes
   - 2 No
   - 8 DK
   [IF YES, ASK Q4]

4. What are they?
FOR EACH **DRUG** ENTER:

1. Name on label is R's
2. No name on label
3. Name on label is not R's
4. Label not seen - Info. from R.
5. Container is unlabeled

FOR EACH **BOX** CIRCLE:

1. Info. from label
2. Info. from R.
3. R doesn't know

Drugs: ID# 1 1 1 1 1 1

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<th>Rx6</th>
<th>Rx7</th>
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Drug Name: 1 2 8

Strength: 1 2 8

Directions: 1 2 8

Date: MO DAY YR

Physician: 1 2 8

Purpose: 1 2 8

Pharm./physician obtained from: 1 2 8

1. Have you taken this in the past 2 weeks? [IF NO, GO TO 0.31]
   - Yes
   - No
   - DK

2. How many times did you take this yesterday?
   - 1

3. Does this drug seem to cause any unwanted effect?
   - Yes
   - No
   - DK

4. What are they?
FOR EACH **DRUG** ENTER:  
1=Name on label is R’s  
2=No name on label  
3=Name on label is not R's  
4=Label not seen - Info. from R.  
5=Container is **unlabeled**

<table>
<thead>
<tr>
<th>Rx9</th>
<th>Rx10</th>
<th>Rx11</th>
<th>Rx12</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td>1 2 8</td>
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<tr>
<td>Drug Name</td>
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</tr>
<tr>
<td>Strength</td>
<td>1 2 8</td>
<td>1 2 8</td>
<td>1 2 8</td>
</tr>
<tr>
<td>Directions</td>
<td>1 2 8</td>
<td>1 2 8</td>
<td>1 2 8</td>
</tr>
<tr>
<td>Date</td>
<td>1 2 8</td>
<td>1 2 8</td>
<td>1 2 8</td>
</tr>
<tr>
<td>Physician</td>
<td>1 2 8</td>
<td>1 2 8</td>
<td>1 2 8</td>
</tr>
<tr>
<td>Purpose</td>
<td>1 2 8</td>
<td>1 2 8</td>
<td>1 2 8</td>
</tr>
<tr>
<td>Pharm./ physician obtained from</td>
<td>1 2 8</td>
<td>1 2 8</td>
<td>1 2 8</td>
</tr>
</tbody>
</table>

1. Have you taken this in the past 2 weeks?  
   - 1 Yes  
   - 2 No  
   - 8 DK  
   [IF NO, **GO TO 0 31**]

2. How many **times** did you take this **yesterday**?  
   - 1 2 8

3. Does this drug seem to cause any unwanted effects?  
   - 1 Yes  
   - 2 No  
   - 8 DK  
   [IF YES, **ASK O 4**]  

4. What are they?
1. [VERIFY] Have you taken this in the past 2 weeks?

<table>
<thead>
<tr>
<th>OTC1</th>
<th>OTC2</th>
<th>OTC3</th>
<th>OTC4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
</tbody>
</table>

2. How many times did you take this yesterday?

<table>
<thead>
<tr>
<th>OTC1</th>
<th>OTC2</th>
<th>OTC3</th>
<th>OTC4</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
</tbody>
</table>

3. Name

<table>
<thead>
<tr>
<th>OTC1</th>
<th>OTC2</th>
<th>OTC3</th>
<th>OTC4</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 2 8</td>
<td>1 2 8</td>
<td>1 2 8</td>
<td>1 2 8</td>
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</tbody>
</table>

4. Dosage Form (exs. tablet, liquid)

<table>
<thead>
<tr>
<th>OTC1</th>
<th>OTC2</th>
<th>OTC3</th>
<th>OTC4</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 2 8</td>
<td>1 2 8</td>
<td>1 2 8</td>
<td>1 2 8</td>
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</tbody>
</table>

5. What did you take this for?

<table>
<thead>
<tr>
<th>Card #10</th>
<th>ID#</th>
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<tr>
<td>.</td>
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</table>

<table>
<thead>
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<th>ID#</th>
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<tbody>
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<td>.</td>
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</table>

**VITAMIN/ MINERAL**

<table>
<thead>
<tr>
<th>Card #10</th>
<th>Card #11</th>
</tr>
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<tbody>
<tr>
<td>.</td>
<td>.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Card #10</th>
<th>Card #11</th>
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</thead>
<tbody>
<tr>
<td>.</td>
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</table>

<table>
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<tr>
<th>Card #10</th>
<th>Card #11</th>
</tr>
</thead>
<tbody>
<tr>
<td>.</td>
<td>.</td>
</tr>
</tbody>
</table>
CIRCLE WHERE APPLICABLE:

1 = Info. from label Card #12
2 = Info. from R.
8 = R. doesn’t know

<table>
<thead>
<tr>
<th>OTC5</th>
<th>OTC6</th>
<th>OTC7</th>
<th>OTC8</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
</tbody>
</table>

1. [VERIFY]
   Have you taken this in the past 2 weeks?

2. How many times did you take this yesterday?

3. Name

4. Dosage
   Form (e.g., tablet, g guid)

5. What did you take yesterday or?

RECORD ONLY IF VITAMIN/ MINERAL

- **VITAMIN A (IU)**
- **VITAMIN C (Mg)**
- **VITAMIN D (IU)**
- **CALCIUM (Mg)**

Card #12  [112]  c. 1-2
ID# [l-1-]  [l-1-]  c. 3-7

Card #13  [113]  c. 8-15
ID# [l-1-]  [l-1-]  c. 16-19
C. 20-23

Card #14  [114]  c. 1-2
ID# [l-1-]  [l-1-]  c. 3-7
C. 8-27
C. 28-42
C. 44-62
C. 64-72
4. Are you now taking any digitalis, Digoxin, Lanoxin, or Digitoxin pills?
   1 Yes
   2 No

5. (Other than the drugs you just told me about) In the past year, have you noticed any side effects, unwanted reactions or other problems from medications you were taking?
   1 Yes
   2 No

Most people, at some time in their lives, have felt it necessary to use drugs that were prescribed for someone else.

6. In the past year, has anyone else used your prescription drugs?
   1 Yes
   2 No

7. In the past year, have you used anyone else’s prescription drugs -- drugs that were prescribed for someone else?
   1 Yes
   2 No

8. In the past year did you decide not to get any drugs that a doctor prescribed for you?
   1 Yes
   2 No, got them all filled
   3 No, never had any prescribed

8a. Why did you decide not to get these drugs?
   [CODE 1 FOR ALL THAT APPLY, 2 FOR THOSE THAT DON'T APPLY]
   □□ Couldn’t afford it or too expensive
   □□ Didn’t need them; problem cured without them
   □□ Didn’t need them; doctor said they were optional
   □ Disagreed with treatment prescribed by doctor
   □□ Had the medication at home
   □□ Other, specify ____________________________
Now I would like to ask you some questions about your diet and eating habits. The first three questions are about meals. By a meal we mean breakfast, lunch or dinner, as opposed to in-between snacks.

1. First, how many meals do you usually eat each day? [IF R. GIVES A RANGE (E.G. “2-3”), RECORD LOWER NUMBER]

   ![ Number of meals ]

2. Do you usually have at least one hot meal every day?

   1 Yes
   2 No

3. Do you usually eat at least one meal a day with someone else, or do you almost always eat alone?

   1 Eat with someone
   2 Eat alone
4. Next, I am going to show you some pictures of different foods. For each one, I would like you to tell me how many servings of a particular size you generally eat, and also how often you have these servings -- daily, weekly, monthly, yearly, or never. [IF A RANGE OR FRACTION OF SERVINGS GIVEN, ALWAYS RECORD THE GREATER NUMBER AND ROUND UP]

<table>
<thead>
<tr>
<th>FOOD</th>
<th>NUMBER TIMES</th>
<th>FREQ. CODE</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Raw milk (unpasteurized, not fortified)</td>
<td>_1_1_1</td>
<td><em>1</em></td>
</tr>
<tr>
<td>b. Milk</td>
<td>_1_1_1</td>
<td><em>1</em></td>
</tr>
<tr>
<td>c. Ice cream</td>
<td>_1_1_1</td>
<td><em>1</em></td>
</tr>
<tr>
<td>d. Cheese</td>
<td>_1_1_1</td>
<td><em>1</em></td>
</tr>
<tr>
<td>e. Cottage cheese</td>
<td>_1_1_1</td>
<td><em>1</em></td>
</tr>
<tr>
<td>f. Yogust</td>
<td>_1_1_1</td>
<td><em>1</em></td>
</tr>
<tr>
<td>g. Creamed soups</td>
<td>_1_1_1</td>
<td><em>1</em></td>
</tr>
<tr>
<td>h. Egg with yolk</td>
<td>_1_1_1</td>
<td><em>1</em></td>
</tr>
<tr>
<td>i. Tuna and other fish</td>
<td>_1_1_1</td>
<td><em>1</em></td>
</tr>
<tr>
<td>j. Cheese-based main dish</td>
<td>_1_1_1</td>
<td><em>1</em></td>
</tr>
<tr>
<td>k. Tea (6 oz. cup)</td>
<td>_1_1_1</td>
<td><em>1</em></td>
</tr>
<tr>
<td>l. Decaffeinated coffee (6 oz.)</td>
<td>_1_1_1</td>
<td><em>1</em></td>
</tr>
<tr>
<td>m. Regular coffee (6 oz.)</td>
<td>_1_1_1</td>
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</tbody>
</table>
HEALTH SERVICE USE

Now we would like to ask you about the types of health professionals you may have seen in the past year.

1. (Not counting the times you were in a hospital at least overnight), How many different times have you seen a physician in the past year? [BE SURE R. UNDERSTANDS NOT TO COUNT DENTISTS, CHIROPRACTORS, OR PODIATRISTS]

   [ENTER NUMBER OF TIMES]

2. In the past year (since we spoke to you for our telephone survey), have you been to a dental office or dental clinic for treatment or a check-up?

   1 Yes
   2 No

3. In the past year have you seen a . . .
   [CODE: 1=YES, 2=NO, 8=DON'T KNOW] —

   1. Physical Therapist?
   2. Occupational Therapist?
   3. Speech Therapist?
   4. Psychologist or Psychiatrist?
   5. Public Health Nurse or Visiting Nurse?
   6. Social Worker?
   7. Chiropractor?
Now we’d like to ask you about some services that various governmental agencies, churches, or clubs provide.

1. In the past year, have you participated in the Meals on wheels program? (That is, have you had meals brought into your home by someone who is NOT a friend or relative?)
   
   1. Yes
   2. No

2. In the past year, have YOU gone out to meals programs, such as congregate meals and senior potlucks?
   
   1. Yes
   2. No

3. In the past year, have you used a homemaker service? (That is, has someone who is NOT a friend or relative come into your home to help you with baths, do light housework or cooking?)
   
   1. Yes
   2. No

4. In the past year, have you used a Friendly Visitors or telephone reassurance program? (That is does someone who is NOT a friend or relative visit regularly with you to make sure you are getting along alright?) (DO NOT INCLUDE NURSING CARE)
   
   1. Yes
   2. No

5. In the past year, have you used a chore or handyman service? (Someone to do heavier work around the house who is NOT a friend or relative or an employee of a private business?)
   
   1. Yes
   2. No

GO TO NEXT SECTION
Now I would like to ask you some questions about your diet and eating habits. The first three questions are about meals. By a meal we mean breakfast, lunch or dinner, as opposed to in-between snacks.

1. First, how many meals do you usually eat each day? [IF R. GIVES A RANGE (E.G. "2-3"), RECORD LOWER NUMBER]
   Number of meals

2. Do you usually have at least one hot meal every day?
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   2 No

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**FREQUENCY CODE:**

1 = Daily  
2 = Weekly  
3 = Monthly  
4 = Yearly  
5 = Never  
8 = Don't know

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<td>1_1</td>
</tr>
</tbody>
</table>

\[c. 22-24\] [c. 25-27] [c. 28-30] [c. 31-33] [c. 34-36] [c. 37-39] [c. 40-42] [c. 43-45] [c. 46-48] [c. 49-51] [c. 52-54] [c. 55-57] [c. 58-60]
Now we would like to ask you about the types of health professionals you may have seen in the past year.

1. (Not counting the times you were in a hospital at least overnight), How many different times have you seen a PHYSICIAN in the past year? [BE SURE R. UNDERSTANDS NOT TO COUNT DENTISTS, CHIROPRACTORS, OR PODIATRISTS]

   [ENTER NUMBER OF TIMES]

2. In the past year (since we spoke to you for our telephone survey), have you BEEN TO a dental office or dental clinic for treatment or a check-up?

   1 Yes
   2 No

3. In the past year have you seen a . . .
   [CODE: 1=Yes, 2=No, 8=Don’t Know]

   Physical Therapist?
   Occupational Therapist?
   Speech Therapist?
   Psychologist or Psychiatrist?
   Public Health Nurse or Visiting Nurse?
   Social Worker?
   Chiropractor?

GO TO NEXT SECTION
Now we’d like to ask you about some services that various governmental agencies, churches, or clubs provide.

1. In the past year, have you participated in the Meals on Wheels program? (That is, have you had meals brought into your home by someone who is NOT a friend or relative?)
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   2 No

2. In the past year, have you gone out to meals programs, such as congregate meals and senior potlucks?
   1 Yes
   2 No

3. In the past year, have you used a homemaker service? (That is, has someone who is NOT a friend or relative come into your home to help you with baths, do light housework or cooking?)
   1 Yes
   2 No

4. In the past year, have you used a Friendly Visitors or telephone reassurance program? (That is does someone who is NOT a friend or relative visit regularly with you to make sure you are getting along alright?) [DO NOT INCLUDE NURSING CARE]
   1 Yes
   2 No

5. In the past year, have you used a chore or handyman service? (Someone to do heavier work around the house who is NOT a friend or relative or an employee of a private business?)
   1 Yes
   2 No

GO TO NEXT SECTION
**TRANSPORTATION**

1. Assuming the weather is good, how often do you get out and away from the house? Would you say ...?

1 Less than once a month or never
2 Once a month
3 Several times a month
4 Once a week
5 Several times a week (2-4 days a week)
6 Just about everyday (5-7 days a week)
8 Don't know

2. When you want to go someplace that is too far to walk, how do you usually go? Do you go by car, by taxi, or the mini bus or senior citizens van? [IF BY CAR ASK: who usually drives?]

1 Car - Self drives
2 Car - Other drives
3 Taxi
4 Mini bus, S.E.A.T.S.- Senior citizens van
5 Other, specify

3. How often are you able to go places you would like to - as often as you’d like, fairly often, or not nearly as often as you’d like?

1 As often as I’d like
2 Fairly often
3 Not nearly as often
Since our health can be affected by our relations with other people, we'd like to ask some questions about your family, friends, and social activities.

1. First, how often do you usually visit in person with friends and relatives? [PROBE IF RESPONSE DOES NOT FIT INTO CATEGORIES: Would you say...?]
   1. Less often than once a month
   2. Once a month
   3. Several times a month
   4. Once a week
   5. Several times a week (2-4 days a week)
   6. Just about everyday (5-7 days a week)
   8. Don't know

2. How many living children do you have? (Natural or adopted)
   \[\text{[ENTER NUMBER: 88=DK, 99=REFUSE]}\]
   \[\text{[IF NONE, CODE '00" AND SKIP TO Q. 5.]}\]

   [MODIFY WORDING OF Q. 3 AS NEEDED IF ONLY ONE OR TWO CHILDREN ARE REPORTED.]

3. How many of your children do you usually see at least once a month? [IF MORE THAN ONE NUMBER GIVEN, CODE THE EVEN NUMBER]
   \[\text{[ENTER NUMBER]}\]
4. (Now, thinking of the child you see most often,) How often do you usually see (that/your) child in person? [USE FOLLOWING CODE:]

- 99 = 3 or more times per day
- 60 = 2 times per day
- 30 = 1 time per day
- 26 = 6 days per week
- 22 = 5 days per week
- 17 = 4 days per week
- 13 = 3 days per week
- 09 = 2 days per week
- 04 = 1 day per week
- 88 = Don't know

[ENTER NUMBER OF TIMES PER MONTH] 13-14

Now, I'd like to ask you about your other relatives (besides your spouse and children), people that you are related to by blood or marriage. (Including grandchildren, brothers, sisters, sons and daughters-in-law, parents, aunts and uncles, and cousins.)

5. How many relatives do you have that you feel really close to? (People you feel at ease with, can talk to about private matters and can call upon for help?) [IF MORE THAN ONE NUMBER GIVEN, CODE THE EVEN NUMBER]

[ENTER NUMBER: 88=DK, 99=REFUSE] 15-16

[IF NONE, CODE "00" AND SKIP TO Q. 7-]

[MODIFY WORDING OF Q. 6 AS NEEDED IF ONLY ONE OR TWO CLOSE RELATIVES ARE REPORTED.]

6. How many of these close relatives do you usually see at least once a month? [IF MORE THAN ONE NUMBER GIVEN, CODE THE EVEN NUMBER]

[ENTER NUMBER] 17-18

7. Besides the people that you are related to, how many close friends do you have; that is, people—that you—feel at ease with, can talk to about private matters and can call upon for help? [IF MORE THAN ONE NUMBER GIVEN, CODE EVEN NUMBER]

[ENTER NUMBER] 19-20

[IF NONE, CODE "00" AND SKIP TO Q. 18]
8. How many of your close friends do you see at least once a month? [IF MORE THAN ONE NUMBER GIVEN, CODE EVEN NUMBER]

_________________________ [ENTER NUMBER]

9. Do you often feel that you would like to talk to someone about your personal problems, but have no one to talk to?

1 Yes
2 No
8 Don't know
9 Refuse

10. Do you find that there are a lot of times when you want to do things with someone else, but have no one to do them with?

1 Yes
2 No
3 Sometimes
8 Don't know
9 Refuse

[IF R. DOES NOT HAVE LIVING SPOUSE RECORD "1" AND GO TO Q. 13]

_________________________

[DO NOT ASK QS. 11 AND 12 IF SPOUSE PRESENT]

11. Do you feel that you can usually discuss personal problems and feelings with your (husband/wife)?

1 Yes
2 Only sometimes
3 No
4 Spouse unable to communicate
8 Don't know

12. Does your (husband/wife) usually discuss (his/her) personal problems and feelings with you?

1 Yes
2 Only sometimes
3 No
4 Spouse unable to communicate
8 Don't know
13. Is there any special person you feel very close to and intimate with—someone you share confidences and feelings with, someone you can depend on? [INCLUDING SPOUSE]

1 Yes
2 No

13a. What is this person's relationship to you? [IF MORE THAN ONE PERSON MENTIONED, CIRCLE FOR THE ONE R. IS CLOSEST TO]

01 Spouse
02 Daughter
03 Son
04 Sister
05 Brother
06 Mother
07 Father
08 Granddaughter
09 Grandson
10 Other relative (female)
11 Other relative (male)
12 Friend (female)
13 Friend (male)
14 Minister/priest
15 Doctor
16 Lawyer
17 Other, specify ______________________

13b. How often do you usually get to see this person? [PROBE WITH CATEGORIES]

1 Less than once a month
2 Once a month
3 Several times a month
4 Once a week
5 Several times a week (2-4 days a week)
6 Just about every day (5-7 days a week)

14. (Besides your husband/wife) Have you lost a very close relative through death in the past 12 months?

1 Yes
2 No
8 Don't know

15. Have you lost a very close friend through death in the past 12 months?

1 Yes
2 No
16. Are you a member of any clubs or organizations such as church related groups, labor unions, farm organizations, social or recreational groups?

1 Yes
2 No [GO TO Q. 20]

17. How many groups do you belong to altogether?

|___| [ENTER NUMBER]

18. How many group meetings did you go to in the past month?

|___| Number [00=NONE, 88= DON'T KNOW]

19. Are you now an officer of any of the organizations you belong to (e.g., president, secretary, treasurer)? [IF YES, ASK: How many different offices do you hold (in different groups)?]

|___| Number [00=NONE]

20. About how often do you go to religious meetings or services? [PROBE FOR FREQUENCY]

1 Never or almost never
2 Once or twice a year
3 Every few months
4 Once or twice a month
5 Once a week
6 More than once a week
8 Don't know
9 Refuse

21. How much is religion a source of strength and comfort to you?

1 None
2 A little
3 A fair amount
4 A great deal
8 Don't know
9 Refuse

GO TO NEXT SECTION
The next set of questions concerns memory. Although it is a popular belief that our memories begin to slip as we get older, doctors believe that there are many different factors that cause memory problems. As part of our study, we are trying to find some of these causes.

1. First, compared to other people your own age, would you say your memory is excellent, good, fair, poor, or very poor?

1 Excellent  
2 Good  
3 Fair  
4 Poor  
5 Very poor  
8 Don't know  
9 Refuse, specify

2. Do you ever worry about-forgetting things you need to remember? [IF YES ASK] Often, or just occasionally?

1 No worry  
2 Occasionally  
3 Often  
8 Don't know  
9 Refuse, specify

3. Part of our study is concerned with learning how good people's memories are on the average. So, we are asking you and hundreds of other people to do a little memory exercise for us.

For this exercise, I'll read a set of 20 common words. When I'm finished I'll ask you to recall as many as you can. We have purposely made the list long so that it will be difficult for anyone to recall them perfectly -- most people recall just a few.

Please listen carefully as I read the set of words. When I finish, I will ask you to recall aloud as many of the words as you can. You may recall the words in any order. Do you have questions?

Please listen carefully. [INTERVIEWER READ FOLLOWING LIST AT A SLOW, STEADY RATE, APPROXIMATELY ONE WORD EVERY TWO SECONDS].
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<tr>
<th>List 1</th>
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</table>

Now, please tell me the words you can recall. [PERMIT AS MUCH TIME AS NEEDED. ABOUT 2-3 MINUTES -- ASK IF THERE ARE "anymore?" BEFORE FINISHING.] [CODE 1 FOR WORDS RECALLED, 0 FOR WORDS OMITTED]

[ENTER NUMBER OF LIST USED]

<table>
<thead>
<tr>
<th>Number of words recalled</th>
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<tr>
<td>[77=UNABLE TO PARTICIPATE 88=INTERUPTION, 99=REFUSE]</td>
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</table>

SPECIFY REASON: __________________________

[RECORD TIME BEFORE PROCEEDING]

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<th>Finish Time</th>
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<td>68-71</td>
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</table>
Now we have just a few more questions concerned with memory. These questions ask about particular bits of information that many people seem to forget from time to time. They are routine questions we ask everyone, and may or may not apply to you directly.

[CODE: 1=CORRECT 2= INCORRECT OR DON'T KNOW 9=REFUSE]

4. When were you born? (Would you give me the exact date?)

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<td>MO</td>
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5. What is the date today?
[CORRECT ONLY IF EXACT MONTH AND DATE GIVEN. IF MONTH NOT GIVEN, ASK "And what month is it?"]

[RECORD ANSWER] 1 2 9

6. What day of the week is it?

[RECORD ANSWER] 1 2 9

7. What is your telephone number?
[IF NO TELEPHONE, ASK 7a]

[RECORD ANSWER] 1 2 9

7a. What is your street address?

[RECORD ANSWER] 1 2 9

8. Who is the President of the United States now?
[CORRECT REQUIRES ONLY LAST NAME OF PRESIDENT]

[RECORD ANSWER] 1 2 9

9. Who was President just before him?
[NEED ONLY LAST NAME]

[RECORD ANSWER] 1 2 9

10. What was your mother's maiden name?
[CORRECT IF LAST NAME OTHER THAN R'S IS GIVEN.]

[RECORD ANSWER] 1 2 9

11. Now let's try something different -- a little arithmetic. Subtract 3 from 20 and keep subtracting 3 from each no. all the way down.
[CORRECT ONLY IF RESPONSE IS 17, 14, 11, 8, 5, 2]

[RECORD ANSWER] 1 2 9

GO TO NEXT SECTION
LIFE SATISFACTION

Now I am going to read to you some statements which have to do with the way people feel about their lives. As I read them to you, please tell me whether you agree or disagree with the statement, [CIRCLE CORRECT RESPONSE. REPEAT "Do you agree or disagree?" AS NEEDED.]

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1. As I grow older, things seem better than I thought they could be. (Do you agree or disagree?)
2. I am just as happy as when I was younger.
3. These are the best years of my life.
4. Most of the things I do are boring and monotonous.
5. As I look back on my life, I am fairly well satisfied.
6. I have made plans for things I'll be doing a month or a year from now.
7. I didn't get most of the important things I wanted out of life.
8. I am satisfied with what I have accomplished in my lifetime so far.
9. I've gotten pretty much what I expected out of life.
10. I expect many interesting and pleasant things to happen to me in the future.

GO TO NEXT SECTION
Now we'd like to ask you some questions about moods, feelings and emotions. We are asking these questions because doctors are interested in finding out how these things are related to health. First, I will read some statements about the ways you may have felt about yourself and other people during the past week. For each statement I read please tell me whether you felt that way hardly ever, some of the time, or most of the time. [HAND CARD A] Please use this card as a guide for your answers. [PREFACE STATEMENTS WITH "During the past week... " AS NEEDED.]

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1. I did not feel like eating. My appetite was poor.  
   1  2  3  8  9  c. 34
2. I felt depressed.  
   1  2  3  8  9  c. 35
3. I felt that everything I did was an effort.  
   1  2  3  8  9  C. 36
4. My sleep was restless.  
   1  2  3  8  9  c. 37
5. I was happy.  
   1  2  3  8  9  c. 38
6. I felt lonely.  
   1  2  3  8  9  c. 39
7. People were unfriendly.  
   1  2  3  8  9  c. 40
8. I enjoyed life.  
   1  2  3  8  9  c. 41
9. I felt sad.  
   1  2  3  8  9  C. 42
10. I felt that people disliked me.  
    1  2  3  8  9  c. 43
11. I could not 'get going.'  
    1  2  3  8  9  c. 44
12. I lacked companionship.  
    1  2  3  8  9  c. 45
13. I felt nervous, tense, and jittery.  
    1  2  3  8  9  c. 46
    1  2  3  8  9  c. 47
15. I felt left out.  
    1  2  3  8  9  C. 48
16. I was worried.  
    1  2  3  8  9  c. 49
17. I felt cross and cranky.  
    1  2  3  8  9  c. 50
18. I felt secure and content.  
    1  2  3  8  9  c. 51
19. There were people I could talk to.  
    1  2  3  8  9  C. 52
20. I felt that I was part of a group of friends.  
    1  2  3  8  9  C. 53
21. Have you ever gone through a period of a month or longer when you felt particularly unhappy, gloomy, or downhearted most of the time?

1 Yes
2 No

21a. Have you ever gone through a period of a month or longer when life seemed boring, dreary, or without purpose?

1 Yes
2 No [SKIP TO Q. 35]

22. Have you had more than one of these periods in your life?

1 Yes, more than one
2 No, only one

23. How old were you when you last had one of these periods? [OR, IF ONLY ONE, ASK: How old were you when you had this period?]

| ENTER AGE |

24. About the time when this (your last) period started, did occur in your life?

1 Yes, loss of spouse
2 Yes, retirement
3 Yes, other [SPECIFY]
4 No
8 Don't know

Now, I'd like to ask you 10 brief questions about how exactly you felt during (that time) [OR] (that last period.) [REPEAT "DURING THAT TIME" AS NEEDED]

25. ...did you sleep more than usual, less than usual, or about the same as usual?

1 More than usual (at least some days)
2 Less than usual (at least some days)
3 No change: sleep same as usual
4 Sometimes more, sometimes less than usual
8 Don't know or can't recall
26. **...did** you have trouble falling asleep, trouble staying awake and alert, or neither of these troubles?

1. Trouble falling asleep (some days)
2. Trouble staying awake & alert (some days)
3. Neither problem
4. Sometimes one, sometimes the other trouble
8. **Don't know or can't recall**

27. **...did** you eat a lot more, a lot less, or about the same as usual?

1. Ate more (at least some days)
2. Ate less (at least some days)
3. Same as usual (no eating habit change)
4. Sometimes more, sometimes less
8. **Don't know or can't recall**

28. **...did** you notice a change in your energy? That is, did you feel you had lost your usual energy or did you sometimes feel so much extra energy that you couldn't sit still?

1. Lost energy (at least some days)
2. **Couldn't** sit still (at least some days)
3. No energy change
8. **Don't know or can't recall**

29. **...did** you find yourself losing interest in some things you usually enjoyed? (e.g., your job, hobbies, or socializing with family and friends)

1. Yes
2. No
8. **Don't know or can't recall**

30. **...did** you seem to have trouble concentrating or making decisions?

1. Yes
2. No
8. **Don't know or can't recall**

31. **...did you** keep blaming yourself for things that went wrong or for mistakes you had made in the past?

1. Yes
2. No
32. ...did you feel angry and stew about things more than usual?
   1 Yes
   2 No

33. Did you ask a doctor or any other professional for help with the way you felt?
   1 Yes
   2 No

33a. Did you discuss the way you felt with anyone else? [NON-PROFESSIONAL]
   1 Yes
   2 No

34. Compared to the time I've been asking you about, how have you felt for most of the past month—have you felt:
   1 Worse than you did then
   2 About the same as you did then
   3 A little better
   4 A lot better
   5 Totally different: always happy

[GO TO NEXT SECTION]

35. Now, please think back about the way you've felt in the past month. Can you recall any days in the past month when you felt particularly gloomy or blue for most of the day?
   1 Yes
   2 No

35a. About how many days out of the last 30 would you guess you felt that way?

   | ENTER NUMBER OF DAYS |

35b. Out of the last 30 days, how many would you guess there were when you felt more cheerful, happy, and spirited than you usually do? Would you say:

   1 None
   2 Less than 5 days
   3 5 to 10 days
   4 11 to 15 days
   5 16 to 20 days
   6 More than 20 days

[GO TO NEXT SECTION]
Now, we'll shift to some habits that can affect a person's health.

1. Do you smoke cigarettes regularly now?
   - 1 Yes
   - 2 No
   1a. On the average, how many cigarettes a day do you usually smoke?
   [1 PACK = 20 CIGARETTES] [88 = DON'T KNOW]
   - - - No. of Cigarettes

As part of our studies, we are trying to determine whether beverages containing alcohol are linked to certain health problems and also whether they may have some beneficial effects. There are many different kinds of these beverages and we would like to talk about one type at a time.

2. First, some questions about beer and ale. Have you had any beer or ale during the past year?
   - 1 Yes
   - 2 No [GO TO Q. 6]

3. We are especially interested in recent times. Have you had any beer or ale in the past month?
   - 1 Yes
   - 2 No [GO TO Q. 6]
4. Over the last month how often have you had beer or ale? (Include every time, no matter how little you had.)

[CALCULATE ALL FREQUENCY OF DRINKING Q’s USING FOLLOWING CODE:] 90 = 3 OR MORE TIMES PER DAY
60 = 2 TIMES PER DAY
30 = 1 TIME PER DAY
26 = 6 DAYS PER WEEK
22 = 5 DAYS PER WEEK
17 = 4 DAYS PER WEEK
13 = 3 DAYS PER WEEK
09 = 2 DAYS PER WEEK
04 = 1 DAY PER WEEK
88 = DON'T KNOW
99 = REFUSE

1-1-1 (No. of times)

5. When you had beer or ale, how many cans or bottles did you usually have at one time?

1-1-1 (No. of cans or bottles)

6. Next some questions about wine. By wine we mean red and white table wine, sparkling wines, champagne and sherry. Have you had any wine during the past year?

1 Yes
2 No [GO TO Q. 10]

7. Have you had any wine in the past month?

1 Yes
2 No [GO TO Q. 10]

8. Over the last month, how often have you had wine?

[CALCULATE FOR 30-DAY MONTH USING CODE IN Q. 4.]

1-1-1 (No. of times)

9. When you had wine, how many glasses did you usually have at one time?

1-1-1 (No. of glasses)
Besides beer, ale and wines, there is a wide variety of beverages containing spirits -- beverages like bourbon, scotch, gin, vodka, brandies and liqueurs. For the sake of convenience, we will lump all of these together under the general heading of "liquor" for the next question.

10. Have you had any liquor in the past year? That is, things like whiskey, vodka, gin, brandy or liqueurs.
   
   1 Yes
   2 No [GO TO NEXT SECTION]
   9 Refuse, specify ________________

11. Have you had any "liquor" in the past month?
   
   1 Yes
   2 No [GO TO NEXT SECTION]
   9 Refuse, specify ________________

12. Over the last month, how often have you had liquor? [CALCULATE FOR 30-DAY MONTH USING CODE IN Q. 4.]
   
   |__|__|  (No. of times)

13. When you had it, how many drinks did you usually have at one time?
   
   |__|__|  (No. of drinks)

GO TO NEXT SECTION
SECOND WORD RECALL

[Record time before proceeding]

|__| |__| |__| START TIME

Awhile ago I asked you to recall a list of words. Please think about those words again and tell me which ones you still remember.

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(RECORD 1 FOR WORDS RECALLED, 0 FOR WORDS OMITTED. ASK "Any more?" BEFORE TERMINATING.)

|__| Number of words recalled
|__| Number of wrong words mentioned

[77= UNABLE TO PARTICIPATE, 88=INTERUPTION, 99=REFUSE]

SPECIFY REASON: ________________________

GO TO NEXT SECTION
Sometimes we remember things better than we think. Often, just a little reminder -- something someone says or does -- will bring back memories we haven't thought about for years. Well, now I'll hand you something like one of those little reminders. [HAND R. 40-WORD LIST]

This is a list of 40 words and half of them are the 20 words I just asked you to recall. Please look them over and put a check next to the words you recognize from the list I gave you before. [HAND RESPONDENT A PENCIL] If you're not sure about a particular word, just guess whether to check it or not. But please **don't check more than 20** words. [ALLOW UP TO 2 MINUTES BEFORE HALTING THE TASK, UNLESS RESPONDENT INSISTS ON MORE TIME]

| __ | START TIME | __ | FINISH TIME |
| ___ | __ | __ |
| ___ | __ | __ | __ |

[RETRIEVE CARD AND COUNT THE CHECKED WORDS. IF MORE THAN 20 ARE CHECKED, RETURN CARD AND ASK R. TO ERASE AS MANY AS NEEDED TO EQUAL 20. IF FEWER THAN 20 ARE CHECKED, ASK IF R. WOULD LIKE TO TRY GUESSING SOME THAT HE/SHE MIGHT BE UNSURE OF; TELL R. HOW MANY MORE TO CHECK TO GET 20. ALLOW ONLY ABOUT 1/2 MINUTE FOR ERASING OR ADDING CHECKS.]

| |- | ARMY | |- | BIRD | |- | CABIN | |- | CAR |
| |- | CAT | |- | CITY | |- | COFFEE | |- | CORN |
| |- | DOOR | |- | DUST | |- | FOREST | |- | IRON |
| |- | LAKE | |- | MOUNTAIN | |- | PIPE | |- | PLANT |
| |- | SHIP | |- | STEAM | |- | TICKET | |- | WINTER |

[RECORD 1 FOR WORDS RECALLED, 0 FOR WORDS OMITTED. ]

| __ | Number of words recognized |
| __ | __ |
| __ | Number of wrong words checked |
| __ | __ |

[77=UNABLE TO PARTICIPATE, 88=INTERRUPTION, 99=REFUSE SPECIFY REASON: ____________________________]

GO TO NEXT SECTION
40-WORD LIST

____ APPLE  ______ HORSE
____ ARMY  ______ IRON
____ BIRD  ______ KING
____ BOOK  ______ LAKE
____ BOWL  ______ MAGAZINE
____ CABIN  ______ MOUNTAIN
____ CAR  ______ PARTY
____ CAT  ______ PIPE
____ CHAIR  ______ PLANT
____ CHILD  ______ POTATO
____ CITY  ______ RIVER
____ CLOCK  ______ SHIP
____ COFFEE  ______ STAR
____ COIN  ______ STEAM
____ CORN  ______ SUGAR
____ DOOR  ______ TICKET
____ DUST  ______ TREE
____ FIRE  ______ WATER
____ FLOWER  ______ WINDOW
____ FOREST  ______ WINTER
1. **Are** you currently working at a paying job?  
   1 **Yes**  
   2 No [GO TO Q. 7]  

2. Full-time or part-time? **[FULL-TIME = 40 HOURS OR MORE]**  
   1 Full-time  
   2 Part-time  

3. What kind of work are you doing? (What is your job called?) **[PROBE FOR EXACT OCCUPATIONAL TITLE]**  
<table>
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<th>Specify job name or title</th>
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4. What are your most important activities or duties?  
   (Specify)  

5. In what kind of business or industry do you work?  
   (Specify)  

6. Are you ...?  
   1 Employed by a private company, business or individual for wages, salary or commission?  
   2 Self-Employed (not incorporated)?  
   3 Self-Employed (incorporated)?  
   4 Employed by a governmental agency?  
   5 Working without pay in a **family** business or farm?
7. Within the last year, since _____, have you retired from work?
   1 Yes
   2 No

8. Has your income either increased or decreased significantly in the past 12 months?
   1 Yes
   2 No

8a. Has it decreased?
   1 Yes
   2 No

9. Do you sometimes find that your monthly income is not enough to cover all your monthly bills?
   1 Yes
   2 No

10. Overall, how adequate are your finances to cover your present needs? Would you say . . . ?
    1 More than enough
    2 Just enough
    3 Not quite enough
    4 Much less than you really need

GO TO NEXT SECTION
**LOCATING INFORMATION**

Before we conclude our interview, we would like to get just a few more bits of information that will help us to locate everyone in the future.

Can you please give me the name, address and telephone number of one, two, or three persons, who do not live with you and who would know where you are, in case we need to contact you in the future?

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<th>Full Name (Last, First, MI)</th>
<th>Address</th>
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<th>Relationship to Respondent</th>
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Time Interview Terminated: _._:_._

[ENTER: 1=A.M., 2=P.M.]:_._

INTERVIEWER NUMBER: _._._
1. Type of Living Quarters:
   01 Detached single-family house
   02 Detached two-four family house or apartment
   03 Semi-detached row house, town house
      (2 or more units in a row)
   04 Apartment house (5 or more units)
   05 Apartment In a partially commercial structure
   06 Trailer
   07 Retirement community or apartments
   10 Hotel
   11 Motel
   12 Institution, specify ______________________
   13 Other, specify ______________________

2. Type of Residence:
   1 Town (Within town limits, under 10 acres)
   2 Rural/Non-farm (Under 10 acres)
   3 Rural/Farm (Over 10 acres)

3. Type of Interview:
   1 In-Person
   2 Telephone
   3 In-Person Surrogate
   4 Telephone Surrogate
   5 Mail

   3a. Was the surrogate respondent the same as for the Telephone Follow-Up II survey?
      1 Yes
      2 No (specify name and relationship)

   3b. What was the primary reason for the surrogate interview?
4. Was anyone else present during the interview?

1 Yes
2 No

4a. In your judgment, did the other person help or hinder the interview? Explain.

1 Helped
2 Hindered

5. How would you rate your confidence of the respondent's ability to give accurate information?

1 High confidence
2 Moderate confidence
3 Little or no confidence

6. Any other special observations about the respondent or the interview? (Be specific)
YALE HEALTH AND AGING PROJECT

TELEPHONE FOLLOW-UP QUESTIONNAIRE

1983

HOUSEHOLD ID # — — — — —

INDIVIDUAL ID # __ __

QUESTIONNAIRE # __ __ __
MARITAL STATUS (MS)

1. Since we talked to you last, has your marital status changed, that is, have you been married, widowed, divorced or separated in the last year?

   - Yes, Widowed - 1
   - Yes, Married - 2
   - Yes, Divorced - 3
   - Yes, Separated - 4
   - No - 5
   - REFUSED - 7
   - DK - 8

Now let’s turn to some medical questions.

ATTITUDES AND BELIEFS ABOUT HEALTH (ABH)

* 1. How would you rate your health at the present time?

   - Excellent - 1
   - Good - 2
   - Fair - 3
   - Poor - 4
   - Bad - 5
   - REFUSED - 7
   - DK - 8

* 2. Has there been a change in your health - over the past year?

   - Yes, improved, better - 1
   - Yes, worse - 2
   - No, same - 3
   - REFUSED - 7
   - DK - 8

* 3. How is your health today compared to when you were 40?

   - Much better - 1
   - Somewhat better - 2
   - About the same - 3
   - Somewhat worse - 4
   - Much worse - 5
   - REFUSED - 7
   - DK - 8

* DO NOT ASK PROXY
4a. During the past three months have you spent more than a week in bed because of illness or injury?

b. If YES, how long?

CHRONIC CONDITIONS (cc)

1a. Since last ______, has a doctor told you you had a heart attack, or coronary, or myocardial infarction, or coronary thrombosis, or coronary occlusion?

b. Did you have only one or more than one?

c. IF MORE THAN ONE, how many?

d. When were you told this? (IF MORE THAN ONE, most recent heart attack.)

Yes - 1 (80)  
No - 2  
REFUSED - 7  
DK - 8  
GO TO NEXT SECTION

Days ___ (1)  
REFUSED - 97  
DK - 98  
NA - 99

GO TO 2  
REFUSED - 7  
DK - 8

GO TO 1d  
Only One - 1 (4)  
More than one - 2  
REFUSED - 7  
DK - 8  
NA - 9

# of attacks ___ (5)  
REFUSED - 7  
DK - 8  
NA - 9

# of months ___ (6)  
REFUSED - 97  
DK - 98  
NA - 99
6.

le. Were you hospitalized overnight or longer for this (last one)?

Yes - 1
GO TO 1g
No - 2
REFUSED - 7
DK - 8
NA - 9

f. Where were you hospitalized?

______________________________

h. If NO, how did you learn that it was a heart attack?

______________________________

Doctor said so - 1
Nurse said so - 2
Other - nonmedical - 3
Thought so myself - 4
REFUSED - 7
DK - 8
NA - 9
2a. Since last ______, did a doctor tell you that you had a stroke or brain hemorrhage?

b. **Did** you have only one or more than one?

c. When was this? (IF MORE THAN ONE, most recent)

d. Were you hospitalized overnight or longer for this (last one)?

e. Where were you hospitalized?

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f. Do you still have leftover troubles from your stroke?

- **ARM AND/OR LEG STILL WEAK OR HARD TO USE**
  - **MENTIONED**
    - 1
  - **NOT MENTIONED**
    - 2
  - **REF.**
    - 7
  - **DK**
    - 8
  - **NA**
    - 9

- **TROUBLE WALKING**
  - **MENTIONED**
    - 1
  - **NOT MENTIONED**
    - 2
  - **REF.**
    - 7
  - **DK**
    - 8
  - **NA**
    - 9

- **TROUBLE WITH SPEECH**
  - **MENTIONED**
    - 1
  - **NOT MENTIONED**
    - 2
  - **REF.**
    - 7
  - **DK**
    - 8
  - **NA**
    - 9

- **OTHER (SPECIFY)**
  - **MENTIONED**
    - 1
  - **NOT MENTIONED**
    - 2
  - **REF.**
    - 7
  - **DK**
    - 8
  - **NA**
    - 9
3s. Since last ______, has a doctor told you that you had cancer, malignancy or tumor of any kind?

b. Where was it?

(1) lung
(2) colon, rectum, bowel
(3) breast
(4) other (specify) _______

c. When was this?
(IF MORE THAN ONE, last time)

d. Were you hospitalized over-night or longer for this?

e. Where were you hospitalized?

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4a. Since last ________, has a doctor told you that you had diabetes, high blood sugar, or sugar in urine?

b. When were you told this?

c. Did a doctor, nurse, therapist, or medical assistant tell you to:

(1) Take medicine by mouth?
(2) Take Insulin or injection?
(3) Lose weight?
(4) Some other treatment? (specify)  
(5) Do nothing?

d. Are you currently:

(1) Taking medicine by mouth?
(2) Taking Insulin or injection?
(3) Losing or controlling weight?
(4) Some other treatment? (specify)  
(5) Doing nothing special?

5a. Since last ________, has a doctor told you that you had cirrhosis or liver disease?
5b. When were you told this?

c. Were you hospitalized overnight or longer for this?

d. Where were you hospitalized?

6a. Since last ________, has a doctor told you that you had a broken or fractured hip?

b. When were you told this?

c. Were you ever hospitalized overnight or longer for this?

d. Where were you hospitalized?
7a. Since last [ ], have you been told by a doctor, nurse, therapist, or medical assistant that you had broken or fractured any other bones?

b. Was it your:

(1) Wrist?
(2) Arm?
(3) Back or spine?
(4) Or any other bones?

c. When were you told this?
(IF MORE THAN ONE, most recent)

I

d. Were you hospitalized overnight or longer for this?

e. Where were you hospitalized?
8a. Since last __________, has a doctor told you that you had high blood pressure?

b. When were you told this?

c. Did the doctor prescribe medicine for your high blood pressure?

d. Are you currently taking any medication for this?

9. Since last __________, has a doctor told you that you had arthritis?

10. Since last __________, has a doctor told you that you have Parkinson's Disease?
11a. Have you had an amputation of an arm or leg, toe or finger, since last

**Yes - 1**
**No - 2**
**REFUSED - 7**
**DK - 8**

b. What limb was this?

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If response to Question 11b was "leg," ask next two questions.
Otherwise, go to next section.

d. Did you obtain an artificial limb?

| Yes - 1 | **3** |
| No - 2  |
| REFUSED - 7 |
| DK - 8 |
| NA - 9 |

e. Do you regularly use this limb?

| Yes - 1 | **4** |
| No - 2  |
| REFUSED - 7 |
| DK - 8 |
| NA - 9 |
HOSPITALIZATION/NURSING HOME (HNH)

[INTERVIEWER: NOTE INFORMATION CONCERNING HOSPITALIZATIONS FROM PREVIOUS QUESTIONS IN APPROPRIATE PLACE IN HOSPITALIZATION SECTION.]

1a. (Including the hospitalizations you just mentioned) Since we spoke to you the last time in , have you been to a hospital at least overnight?

b. How many times have you been hospitalized since we spoke to you the last time?

Let’s begin with the most recent hospitalization.

Hospitalization No. 1

2a. What is the name of the hospital?

 specify

b. In what month did you enter the hospital?

 IF ONLY 1 HOSPITALIZATION, GO TO 5

Hospitalization No. 2

3a. What is the name of the hospital?

 specify

b. In what month did you enter the hospital?

 IF ONLY 2 HOSPITALIZATIONS, GO TO 5

Hospitalization No. 3

4a. What is the name of the hospital?

 specify

b. In what month did you enter the hospital?

 IF MORE THAN THREE HOSPITALIZATIONS, ATTACH SUPPLEMENTAL FORM
5a. Since we spoke to you last have you been a patient in a nursing home?

b. How many different times since we spoke to you the last time?

Nursing Home Admission No. 1

Let's begin with the most recent nursing home admission.

6a. What was the name of this nursing home?

specify

b. How long did you stay in the nursing home?

specify
Nursing Home Admission No. 2
And now the nursing home admission before that one.

7a. What was the name of that nursing home?

specify

7b. How long did you stay in that nursing home?

specify

WEIGHT HISTORY (WH)

1. What is your weight?

Pounds __ __ __ (35)

REFUSED - 997
DK - 998

2a. Since last ________, have you gained or lost more than 10 pounds?

GO TO NEXT SECTION No change - 1 (38)
Gained more than 10 lbs. - 2
Lost more than 10 lbs. - 3
Gained and lost more than 10 lbs. - 4

REFUSED - 7
DK - 8

2b. Is this due to a special diet?

Yes - 1 (39)
No - 2

REFUSED - 7
DK - 8
NA - 9
**DIET (DI)**

1a. **Has** a doctor ever told you to follow a **special diet**, for example, a low salt or low calorie diet?

b. Why did he put you on this **special diet**? Was it for

1. High blood pressure?
2. Diabetes?
3. Heart disease?
4. **To lose weight**?
5. Other? (specify) 

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c. How many years ago did he tell you to do this?

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d. What was the special diet that he told you to follow? **Was** it a 1 1

1. Low salt diet?
2. **Low** fat diet?
3. Low cholesterol diet?
4. **Low** sugar diet?
5. **Low** calorie diet?
6. Other? (specify) 

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e. Are you still following this **special diet**?

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17. Go to next section
VISION (V)

1a. Do you wear eyeglasses or contact lenses?

b. (When wearing eyeglasses/contact lenses) Can you SEE well enough to recognize a friend across a street?

c. (When wearing eyeglasses/contact lenses) Can you SEE well enough to read ordinary newspaper print?

HEARING (HEAR)

1. Can you usually hear and understand what a person says without seeing his face if that person talks in a normal voice to you in a quiet room?

DRUG USE (DU)

1. Are you now taking any digitalis, digoxin, lanoxin, or digitoxin pills?
FUNCTIONAL DISABILITY (FD)
The next set of questions is about everyday activities.

At the present time do you need help...
[Interviewer: Repeat underline lead as needed for Q1 through 7.]

1. Walking across a small room.

   Help - 1 (65)
   No help - 2
   Unable to do - 3
   REFUSED - 7
   DK - 8

   b. Is this help from a person, from special equipment or both?

2. Bathing, either a sponge bath, tub bath, or shower?

   Help - 1 (67)
   No help - 2
   Unable to do - 3
   REFUSED - 7
   DK - 8

   b. Is this help from a person, from special equipment or both?
3a. Personal grooming, like brushing hair, brushing teeth, or washing face?

b. Is this help from a person, from special equipment or both?

4a. Dressing, like putting on a shirt, buttoning and zipping, or putting on shoes?

b. Is this help from a person, from special equipment or both?

5a. Eating like holding a fork, cutting food, or drinking from a glass?

b. Is this help from a person, from special equipment or both?
6a. Getting from a bed to a chair?

b. Is this help from a person, from special equipment or both?

7a. Using the toilet?

b. Is this help from a person, from special equipment or both?

8. Are you able to do heavy work around the house, like washing windows, walls, or floors without help?

9. Are you able to walk up and down stairs to the second floor without help?

10. Are you able to walk half a mile without help? That's about eight ordinary blocks.
Now, I’m going to ask you about how difficult it is, on the average, to do similar kinds of activities. For each thing tell me whether you have – no difficulty at all, a little difficulty, some difficulty, a lot of difficulty, or just unable to do it?

11. To begin, how much difficulty, if any, do you have pulling or pushing large objects like a living room chair? Would you say you have . . .

12. What about stooping, crouching, or kneeling? Do you have . . .

13. Lifting or carrying weights under 10 pounds, like a bag of potatoes. Do you have . . .

14. Reaching or extending arms above shoulder level? Do you have . . .

15. Either writing or handling small objects? Do you have . . .
OCCUPATION (OCC)

Now I'm going to ask a few questions about your current work status.

1a. Are you currently working at a paying job?

b. Are you currently seeking work?

c. Full time or part-time?

2a. Within the last year, since______, have you retired from work?

b. Within the last year, since______, have you been fired or laid off work?

(N.B. IF COVER SHEET INDICATES THAT BASELINE OCCUPATION IS MISSING, COMPLETE TEE SUPPLEMENTAL GREEN OCCUPATION FORM AT THIS TIME.)
**OTHER SERVICES** (OS)

Now, here are some types of services that a person may use. We want to ask about the services you specifically use.

Have you used this service in the past **six** months?

(ASK FOR EACH SERVICE)

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>REF.</th>
<th>DK</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. A meals program</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Friendly visitors</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Telephone reassurance</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Escort or transportation <strong>service</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Employment service, legal <strong>services</strong>, protective <strong>services</strong>, or financial counseling</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Adult day care or day health services</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Other social services</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
HEALTH CARE WORKERS (HCW)

a. Do any health care workers visit you in your home on a regular basis to take care of you?

b. How many?

c. What does this person do?

DO NOT INCLUDE WORKERS WHO COME TO TAKE CARE OF OTHER FAMILY MEMBERS.

First Person
Provide nursing care (change dressings; give meds, shots, take blood pressure) - 1
Provide assistance in activities of daily living (bathing, dressing) - 2
Help with housework (cooking, cleaning) - 3
Help with shopping or transportation - 4
Performs more than one of the above (specify) - 5

Second Person

Third Person

Other specify - 6
REFUSED - 7
DK - 8

(21) (22) (23)
**LIFE EVENTS (LE)**

This is the last section and now I am going to read a check list of experiences or events and I would like you to tell me if any of these things have happened to you in the past year.

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>REF.</th>
<th>DK</th>
<th>NA</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Have you had to give up an important hobby or sport?</td>
<td></td>
<td>2</td>
<td>7</td>
<td>8</td>
<td>(24)</td>
</tr>
<tr>
<td>2. Have you been the victim of a criminal act (robbery or assault)?</td>
<td></td>
<td>2</td>
<td>7</td>
<td>8</td>
<td>(25)</td>
</tr>
<tr>
<td>3. Have you lost a close relative (other than a spouse) through death?</td>
<td></td>
<td>2</td>
<td>7</td>
<td>8</td>
<td>(26)</td>
</tr>
<tr>
<td>4. Have you lost a very close friend through death?</td>
<td></td>
<td>2</td>
<td>7</td>
<td>8</td>
<td>(27)</td>
</tr>
<tr>
<td>5. Have you been separated from a close friend or relative because of a move?</td>
<td></td>
<td>2</td>
<td>7</td>
<td>8</td>
<td>(28)</td>
</tr>
<tr>
<td>6. Have you become more involved in hobbies or sports?</td>
<td></td>
<td>2</td>
<td>7</td>
<td>8</td>
<td>(29)</td>
</tr>
<tr>
<td>7. Has some other family member (other than a spouse) become seriously ill or had an accident?</td>
<td></td>
<td>2</td>
<td>7</td>
<td>8</td>
<td>(30)</td>
</tr>
</tbody>
</table>

**FOR MARRIED PEOPLE ONLY, ALL OTHERS GO TO END**

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>REF.</th>
<th>DK</th>
<th>NA</th>
</tr>
</thead>
<tbody>
<tr>
<td>8. Has your spouse become seriously ill or had a serious accident?</td>
<td></td>
<td>2</td>
<td>7</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>9. Has your spouse been hospitalized in the past year?</td>
<td></td>
<td>2</td>
<td>7</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>10. Has your spouse been in a convalescent home, rehabilitation center or nursing home in the past year?</td>
<td></td>
<td>2</td>
<td>7</td>
<td>8</td>
<td>9</td>
</tr>
</tbody>
</table>

*Time completed ___:___ / ___*
**OBSERVED ITEMS (OBS)**

1. Interviewer ID #

2. Date of Interview

3. Length of Interview

4. *Was Respondent disturbed or upset at any part of the interview?*
   - **If yes:** for what part of the interview? If disturbed more often, select most upsetting page.

5a. Language:
   - **b. Language of Interview:**

6. What was the Respondent's overall attitude toward the Interview?
   - **a. Language:**
     - No language problem - 1
       - Has some difficulty speaking English - 2
       - Has great difficulty speaking English - 3
       - Italian - 1
       - Spanish - 2
       - Portuguese - 3
       - English - 4
       - Other - 5

7. Impression of affect, mood . . .
   - **a. Language:**
     - Friendly and eager - 1
       - Cooperative but not particularly eager - 2
       - Indifferent - 3
       - Suspicious - 4
       - Hostile - 5
     - Excited - 1
       - Alert - 2
       - Normal - 3
     - Apathetic (monotonic lack of affect) - 4
       - **Mildly** depressed (sadness, underlying non-sad facade) - 5
       - Moderately depressed (perceptible overt sadness) - 6
       - Severely depressed (pronounced overt sadness) - 7

8. Was the research interview perceived as helpful by the subject?
   - **Very** - 1
     - Moderately - 2
     - Little - 3
     - No - 4

**DO NOT COMPLETE FOR PROXY INTERVIEW**

---

* MMDDYY __ __ / __ __ / __ __
  * Minutes __ __
  * Yes - 1
    * No - 2
  * Page ___
9. **Was the interview a proxy?**

10. Was the interview conducted by phone?

11. Please rate your confidence on the ability of the respondent to give an accurate history.

12a. **Interview completed?**

   Yes, interview completed with very little or no missing information (missing information less than or equal to 1/10) - 1

   Yes, interview completed with a considerable amount of missing information (missing information more than 1/10) - 2

   No, interview terminated before completion; some information obtained - 3

b. If not completed: where did the interview end?

13. **Observed physical difficulties:**

   a. Hearing impairment

   b. Coughs continually

   c. Shortness of breath

   d. Speech problems - not language

   e. Other physical abnormalities

   Specify

   * 14. Is it your impression that the Subject is able to handle (cope with) major problems which occur in his/her life?

   * 15. **It is** your impression that the Subject finds life exciting and enjoyable?

   * **DO NOT COMPLETE**

   FOR PROXY INTERVIEW

   **EDITOR** __ __
YALE HEALTH AND AGING PROJECT

SECOND TELEPHONE FOLLOW-UP QUESTIONNAIRE

1984

HOUSEHOLD ID # __ __ __ __ __

INDIVIDUAL ID # __ __

QUESTIONNAIRE # __ __ __ __
NEW HAVEN

CONFIDENTIAL

NAME:

ADDRESS: STRE

APARTMENT

PHONE NUMBER:

HOUSEHOLD ID - INDIVIDUAL ID -

DATE OF RECONTACT SHOULD BE

DATE OF BASELINE INTERVIEW - DAY - TIME -

MARITAL STATUS AT BASELINE INTERVIEW -

ADDITIONAL INFORMATION:

1. BASELINE INTERVIEW WAS COMPLETE BY

2. LANGUAGE OF INTERVIEW WAS

3. RESPONDENT HAS GREAT DIFFICULTY SPEAKING

4. SUBSTUDY ELIGIBILITY: ____________________________

COMMENTS: ________________________________________

__________________________________________________________________
Call record
USE CODES BELOW

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Date</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Day of Week</td>
<td>15</td>
<td>20</td>
<td>25</td>
<td>30</td>
</tr>
<tr>
<td>3. Time of day</td>
<td>10</td>
<td>21</td>
<td>36</td>
<td>31</td>
</tr>
<tr>
<td>4. Result of call</td>
<td>17</td>
<td>22</td>
<td>27</td>
<td>32</td>
</tr>
</tbody>
</table>

Day of Week:
1 Sunday 2 Monday 3 Tuesday 4 Wednesday 5 Thursday 6 Friday 7 Saturday

Time of day:
1 Morning 2 Afternoon 3 Evening

Result of call:
1 Wrong number (disconnected, not in service)
2 No answer
3 Answered, Respondent not home
4 Interview completed
5 Partial or Proxy interview
6 Interview Refused by Respondent
7 Interview Refused by Other
8 Other
9 Not eligible (deceased, etc.)
0 Appointment, call again

Yale Health and Aging Project
First Telephone Follow-Up New Haven
Oral Consent Form

Hello, my name is _______________________
May I please speak to ________________________?

(IF NECESSARY: About a year ago, he/she participated in an interview about the health of persons living in New Haven. I'd like to speak to him/her now to bring up to date the information he/she gave than).

About a year ago, you participated in an interview about the health of persons living in New Haven. I'd like to speak with you very briefly on the telephone now, to bring up to date the information you gave. It will take only about 10 minutes to do this.

Of course, the interview is voluntary. Your decision to participate, whatever it is, will not affect your relationship with Yale or any other organization. If I ask a question you do not want to answer, just let me know. We will keep all information you give us in strict confidence.

Time Started: ___:___
**Residence (Res)**

A. ARE YOU STILL LIVING AT

STREET

APARTMENT

BUILDING OR RESIDENCE

CITY STATE ZIP

B. WHAT IS YOUR CURRENT ADDRESS?


A. WHEN WE VISITED LAST YEAR, THERE WERE

PEOPLE LIVING THERE.

IS HE/SHE STILL LIVING WITH YOU?

<table>
<thead>
<tr>
<th>ID</th>
<th>FIRST NAME</th>
<th>RELATIONSHIP</th>
<th>AGE</th>
<th>1-YES 2-NO</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

B. IS THERE ANYONE ELSE LIVING

IN YOUR HOUSEHOLD NOW

(WHOM I DID NOT MENTION)?

<table>
<thead>
<tr>
<th>ID</th>
<th>FIRST NAME</th>
<th>AGE</th>
<th>SEX M-1</th>
<th>F-2</th>
<th>RELATIONSHIP</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

C. TOTAL NUMBER OF HOUSEHOLD MEMBERS AT PRESENT ___ ___
Can you please give me name, address, and telephone number of a person who does not live with you and who would know where you are, in case we cannot locate you?

<table>
<thead>
<tr>
<th>Full Name (Last, first, MI)</th>
<th>Address</th>
<th>Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**MARITAL STATUS (MS)**

1. **Since** we talked to you last, has your marital status changed, that is, have you been married, widowed, divorced or separated in the last year?

- Yes, Widowed - 1  (76)
- Yes, Married - 2
- Yes, Divorced - 3
- Yes, Separated - 4
- No - 5
- REFUSED - 7
- DK - 8

*Now let’s turn to some medical questions.*

**ATTITUDES AND BELIEFS ABOUT HEALTH (ABH)**

*1. How would you rate your health at the present time?*

- Excellent - 1  (77)
- Good - 2
- Fair - 3
- Poor - 4
- Bad - 5
- REFUSED - 7
- DK - 8

*2. Has there been a change in your health - over the past year?*

- Yes, improved, better - 1  (78)
- Yes, worse - 2
- No, same - 3
- REFUSED - 7
- DK - 8

*3. How is your health today compared to when you were 40?*

- Much better - 1  (79)
- Somewhat better - 2
- About the same - 3
- Somewhat worse - 4
- Much worse - 5
- REFUSED - 7
- DK - 8

* DO NOT ASK PROXY
4a. During the past three months have you spent more than a week in bed because of illness or injury?

- Yes - 1
- No - 2
- REFUSED - 7
- DK - 8

GO TO NEXT SECTION

b. If YES, how long?

- Days __ __ (9)
- REFUSED - 97
- DK - 98
- NA - 99

CHRONIC CONDITIONS (cc)

1a. Since last ______, has a doctor told you you had a heart attack, or coronary, or myocardial infarction, or coronary thrombosis, or coronary occlusion?

- Yes - 1 (11)
- Suspect or possible - 2
- No - 3
- REFUSED - 7
- DK - 8

GO TO 2

b. Did you have only one or more than one?

- Only One - 1 (12)
- More than one - 2
- REFUSED - 7
- DK - 8
- NA - 9

GO TO 1d

C. IF MORE THAN ONE, how many?

- # of attacks __ __ (13)
- REFUSED - 7
- DK - 8
- NA - 9

D. When were you told this? (IF MORE THAN ONE, most recent heart attack.)

- # of months __ __ (14)
- REFUSED - 97
- DK - 98
- NA - 99
6.

le. Were you hospitalized overnight or longer for this (last one)?

f. Where were you hospitalized?


g. If NO, how did you learn that it was a heart attack?

Yes - 1 (16)

GO TO lg

No - 2

REFUSED - 7

DK - 8

NA - 9

Hospital code ___ (17)

GO TO 2

REFUSED - 97

DK - 98

NA - 99

Doctor said so - 1 (19)

Nurse said so - 2

Other - nonmedical - 3

Thought so myself - 4

REFUSED - 7

DK - 8

NA - 9
2a. Since last____, did a doctor tell you that you had a stroke or brain hemorrhage?

b. Did you have only one or more than one?

c. When was this?
   (IF MORE THAN ONE, most recent)

d. Were you hospitalized overnight or longer for this (last one)?

e. Where were you hospitalized?

f. Do you still have leftover troubles from your stroke?

Mentioned | Not Mentioned | Rep. | DK | NA
---|---|---|---|---
(1) ARM AND/OR LEG STILL WEAK OR HARD TO USE | 1 | 2 | 7 | 8 | 9
(2) TROUBLE WALKING | 1 | 2 | 7 | 8 | 9
(3) TROUBLE WITH SPEECH | 1 | 2 | 7 | 8 | 9
(4) OTHER (SPECIFY) | 1 | 2 | 7 | 8 | 9
3a. Since last ________, has a doctor told you that you had cancer, malignancy or tumor of any kind?

b. Where was it?

(1) lung
(2) colon, rectum, bowel
(3) breast
(4) other (specify) ________

...
4a. Since last ________, has a doctor told you that you had diabetes, high blood sugar, or sugar in urine?

Yes - 1  (41)
Suspect or possible - 2
No - 3
GO TO 5  REFUSED - 7
DK - 8

b. When were you told this?

# of months — — (42)

REFUSED - 97
DK - 98
NA - 99

c. Did a doctor, nurse, therapist, or medical assistant tell you to:

(1) Take medicine by mouth?
(2) Take insulin or injection?
(3) Lose weight?
(4) Some other treatment? (specify) __________
(5) Do nothing?

Yes . No . REF. . DK . NA
1 2 7 8 9 (44)
1 2 7 8 9 (45)
1 2 7 8 9 (46)
1 2 7 8 9 (47)
1 2 7 8 9 (48)

d. Are you currently:

(1) Taking medicine by mouth?
(2) Taking insulin or injection?
(3) Losing or controlling weight?
(4) Some other treatment? (specify) __________
(5) Doing nothing special?

Yes . No . REF. . DK . NA
1 2 7 8 9 (49)
1 2 7 8 9 (50)
1 2 7 8 9 (51)
1 2 7 8 9 (52)
1 2 7 8 9 (53)

5a. Since last ________, has a doctor told you that you had cirrhosis or liver disease?

Yes - 1  (54)
Suspect or possible - 2
No - 3
GO TO 6  REFUSED - 7
DK - 8
5b. When were you told this?

   c. Were you hospitalized overnight or longer for this?

   d. Where were you hospitalized?

6a. Since last , has a doctor told you that you had a broken or fractured hip?

   b. When were you told this?

   c. Were you ever hospitalized overnight or longer for this?

   d. Where were you hospitalized?
8a. Since last ________, has a doctor told you that you had high blood pressure?

<table>
<thead>
<tr>
<th>Yes - 1 (76)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Suspect or possible - 2</td>
</tr>
<tr>
<td>No - 3</td>
</tr>
<tr>
<td>GO TO 9</td>
</tr>
<tr>
<td>REFUSED - 7</td>
</tr>
<tr>
<td>DK - 8</td>
</tr>
</tbody>
</table>

# of months ___ ___ (77)

| REFUSED - 97 |
| DK - 98 |
| NA - 99 |

b. When were you told this?

d. Are you currently taking any medication for this?

9. Since last ________, has a doctor told you that you had arthritis?

<table>
<thead>
<tr>
<th>Yes - 1 (79)</th>
</tr>
</thead>
<tbody>
<tr>
<td>No - 2</td>
</tr>
<tr>
<td>GO TO 9</td>
</tr>
<tr>
<td>REFUSED - 7</td>
</tr>
<tr>
<td>DK - 8</td>
</tr>
<tr>
<td>NA - 9</td>
</tr>
</tbody>
</table>

| REFUSED - 7 |
| DK - 8 |
| NA - 9 |

10. Since last ________, has a doctor told you that you have Parkinsonts Disease?

<table>
<thead>
<tr>
<th>Yes - 1 (10)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Suspect or possible - 2</td>
</tr>
<tr>
<td>No - 3</td>
</tr>
<tr>
<td>REFUSED - 7</td>
</tr>
<tr>
<td>DK - 8</td>
</tr>
</tbody>
</table>

| REFUSED - 7 |
| DK - 8 |
13.

11a. Have you had an amputation of an arm or leg, toe or finger, since last _______?

b. What limb was this?

<table>
<thead>
<tr>
<th></th>
<th>1 leg</th>
<th>2 legs</th>
<th>No</th>
<th>REF.</th>
<th>DK</th>
<th>NA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>7</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>(1) leg above the knee</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2) leg below knee or total foot</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>7</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>(3) partial foot or toes</td>
<td>Yes</td>
<td>No</td>
<td>REF.</td>
<td>DK</td>
<td>NA</td>
<td></td>
</tr>
<tr>
<td>(4) arm or fingers</td>
<td>Yes</td>
<td>No</td>
<td>REF.</td>
<td>DK</td>
<td>NA</td>
<td></td>
</tr>
</tbody>
</table>

If response to Question 11b was "leg," ask next two questions. 
Otherwise, go to next section.

11d. Did you obtain an artificial limb?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>REF.</th>
<th>DK</th>
<th>NA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>1</td>
<td>2</td>
<td>7</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>No</td>
<td>1</td>
<td>2</td>
<td>7</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>(1) injury or accident?</td>
<td>Yes</td>
<td>No</td>
<td>REF.</td>
<td>DK</td>
<td>NA</td>
</tr>
<tr>
<td>(2) poor circulation?</td>
<td>Yes</td>
<td>No</td>
<td>REF.</td>
<td>DK</td>
<td>NA</td>
</tr>
<tr>
<td>(3) Diabetes?</td>
<td>Yes</td>
<td>No</td>
<td>REF.</td>
<td>DK</td>
<td>NA</td>
</tr>
</tbody>
</table>

11e. Do you regularly use this limb?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>REF.</th>
<th>DK</th>
<th>NA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>1</td>
<td>2</td>
<td>7</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>No</td>
<td>1</td>
<td>2</td>
<td>7</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>(1) injury or accident?</td>
<td>Yes</td>
<td>No</td>
<td>REF.</td>
<td>DK</td>
<td>NA</td>
</tr>
<tr>
<td>(2) poor circulation?</td>
<td>Yes</td>
<td>No</td>
<td>REF.</td>
<td>DK</td>
<td>NA</td>
</tr>
<tr>
<td>(3) Diabetes?</td>
<td>Yes</td>
<td>No</td>
<td>REF.</td>
<td>DK</td>
<td>NA</td>
</tr>
</tbody>
</table>
HOSPITALIZATION/NURSING HOME (HNH)

[INTERVIEWER: NOTE INFORMATION CONCERNING HOSPITALIZATIONS
FROM PREVIOUS QUESTIONS IN APPROPRIATE PLACE IN
HOSPITALIZATION SECTION.]

1a. (Including the hospitalizations you just mentioned) Since we spoke to you the last time in _______ ______, have you been to a hospital at least overnight?

b. How many times have you been hospitalized since we spoke to you the last time?

Let’s begin with the most recent hospitalization.
Hospitalization No. 1
2a. What is the name of the hospital?

______________________________

specify

b. In what month did you enter the hospital?

IF ONLY 1 HOSPITALIZATION, GO TO 5
Hospitalization No. 2
3a. What is the name of the hospital?

______________________________

specify

b. In what month did you enter the hospital?

IF ONLY 2 HOSPITALIZATIONS, GO TO 5
Hospitalization No. 3
4a. What is the name of the hospital?

______________________________

specify

b. In what month did you enter the hospital?

IF MORE THAN THREE HOSPITALIZATIONS, ATTACH SUPPLEMENTAL FORM

<table>
<thead>
<tr>
<th></th>
<th>Yes - 1 (21)</th>
<th>No - 2</th>
<th>REFUSED - 7</th>
<th>DK - 8</th>
</tr>
</thead>
<tbody>
<tr>
<td># of times</td>
<td>___ ___</td>
<td>🔽</td>
<td>🔽</td>
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</tr>
<tr>
<td>Hospital code</td>
<td>___ ___</td>
<td>🔽</td>
<td>🔽</td>
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</tr>
<tr>
<td>MYYM</td>
<td>— — — —</td>
<td>🔽</td>
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<tr>
<td>Hospital Code</td>
<td>___ ___</td>
<td>🔽</td>
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<td>— — — —</td>
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<tr>
<td>Hospital Code</td>
<td>___ ___</td>
<td>🔽</td>
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<tr>
<td>MYYM</td>
<td>— — — —</td>
<td>🔽</td>
<td>🔽</td>
<td>🔽</td>
</tr>
</tbody>
</table>
15.

5a. Since we spoke to you last have you been a patient in a nursing home?

b. How many different times since we spoke to you the last time?

Nursing Home Admission No. 1

Let's begin with the most recent nursing home admission.

6a. What was the name of this nursing home?

specify

b. How long did you stay in the nursing home?

specify

Nursing home code

specify

# of times

Yes - 1 (42)
No - 2
REFUSED - 7
DK - 8

NA - 99

Less than 1 Week - 0 (47)
1-2 Weeks - 1
2-4 Weeks - 2
1-3 Months - 3
4-6 Months - 4
7-12 Months - 5
More than 1 Year - 6
REFUSED - 7
DK - 8
NA - 9
Nursing Home Admission No. 2
And now the nursing home admission before that one.

7a. What was the name of that nursing home?

specify

b. How long did you stay in that nursing home?

specify

Nursing home code ___ ___ (48)

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>REFUSED</td>
<td>97</td>
</tr>
<tr>
<td>DK</td>
<td>98</td>
</tr>
<tr>
<td>NA</td>
<td>99</td>
</tr>
</tbody>
</table>

Less than 1 Week - 0 (50)
1-2 Weeks - 1
2-4 Weeks - 2
1-3 Months - 3
4-6 Months - 4
7-12 Months - 5
More than 1 Year - 6

REFUSED - 7
DK - 8
NA - 9

IF MORE THAN TWO NURSING HOME ADMISSIONS, ATTACH SUPPLEMENTAL FORM

WEIGHT HISTORY (WH)

1. What is your weight?

Pounds ___ ___ ___ (51)

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>REFUSED</td>
<td>997</td>
</tr>
<tr>
<td>DK</td>
<td>998</td>
</tr>
</tbody>
</table>

2a. Since last _______ have you gained or lost more than 10 pounds?

GO TO NEXT SECTION No change - 1 (54)

<table>
<thead>
<tr>
<th>Description</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gained more than 10 lbs.</td>
<td>2</td>
</tr>
<tr>
<td>Lost more than 10 lbs.</td>
<td>3</td>
</tr>
<tr>
<td>Gained and lost more than 10 lbs.</td>
<td>4</td>
</tr>
</tbody>
</table>

REFUSED - 7
DK - 8

Yes - 1 (55)
No - 2
REFUSED - 7
DK - 8
NA - 9

b. Is this due to a special diet?
DIET (DI) Since we spoke with you last
la. has a doctor told you to follow a special diet, for example, a low salt or low calorie diet?

   Yes - 1 (56)
   Suspect or possible - 2
   No - 3
   Refused - 7
   DK - 8

GO TO NEXT SECTION

j. Why did he put you on this special diet? Was it for

1. High blood pressure?  
2. Diabetes?  
3. Heart disease?  
4. To lose weight?  
5. Other? (specify)

   Yes  No  Maybe  REF  DK  NA  
   1  2  3  7  8  9  (57)
   1  2  3  7  8  9  (58)
   1  2  3  7  8  9  (59)
   1  2  3  7  8  9  (60)
   1  2  3  7  8  9  (61)

   c. How many months ago did he tell you to do this?

   # of months __ __  (62)
   Refused - 97
   DK - 98
   NA - 99

   d. What was the special diet that he told you to follow? Was it a . . .

1. Low salt diet?  
2. Low fat diet?  
3. Low cholesterol diet?  
4. Low sugar diet?  
5. Low calorie diet?  
6. Other? (specify)

   Yes  y&  REF  DK  NA  
   1  2  7  8  9  (64)
   1  2  7  8  9  (65)
   1  2  7  8  9  (66)
   1  2  7  8  9  (67)
   1  2  7  8  9  (68)
   1  2  7  8  9  (69)

   e. Are you still following this special diet?

   Yes  No  REF  DK  NA  
   1  2  7  8  9  (70)
   1  2  7  8  9  (71)
   1  2  7  8  9  (72)
   1  2  7  8  9  (73)
   1  2  7  8  9  (74)
   1  2  7  8  9  (75)
VISION (V)

1a. Do you wear eyeglasses or contact lenses?

   Eyeglasses – 1 (76)
   Contact Lenses – 2
   Both – 3
   Neither – 4

   GO TO NEXT SECTION

   Blind – 5
   REFUSED – 7
   DK – 8

   Yes – 1 (77)
   No – 2
   REFUSED – 7
   DK – 8
   NA – 9

   Yes – 1 (78)
   No – 2
   REFUSED – 7
   DK – 8
   NA – 9

b. (When wearing eyeglasses/contact lenses) Can you SEE well enough to recognize a friend across a street?

   Yes – 1 (79)
   No – 2
   REFUSED – 7
   DK – 8

   (80)

c. (When wearing eyeglasses/contact lenses) Can you SEE well enough to read ordinary newspaper print?

   Yes – 1
   No – 2
   REFUSED – 7
   DK – 8

HEARING (HEAR)

1. Can you usually hear and understand what a person says without seeing his face if that person talks in a normal voice to you in a quiet room?

   Yes – 1
   No – 2
   REFUSED – 7
   DK – 8

   (80)

DRUG USE (DU)

1. Are you now taking any digitalis, digoxin, lanoxin, or digitoxin pills?

   Yes – 1
   No – 2
   REFUSED – 7
   DK – 8
FUNCTIONAL DISABILITY (FD)

The next set of questions is about everyday activities.

At the present time do you need help . . .

[INTERVIEWER: REPEAT UNDERLINE
LEAD AS NEEDED FOR Q1 THROUGH 7.]

1a. Walking across a small room.

b. Is this help from a person, from special equipment or both?

2a. Bathing, either a sponge bath, tub bath, or shower?

b. Is this help from a person, from special equipment or both?
20.

3a. Personal grooming, like brushing hair, brushing teeth, or washing face?
   b. Is this help from a person, from special equipment or both?

4a. Dressing, like putting on a shirt, buttoning and zipping, or putting on shoes?
   b. Is this help from a person, from special equipment or both?

5a. Eating holding a fork, cutting food, or drinking from a glass?
   b. Is this help from a person, from special equipment or both?
6a. Getting from a bed to a chair?

b. Is this help from a person, from special equipment or both?

7a. Using the toilet?

b. Is this help from a person, from special equipment or both?

8. Are you able to do heavy work around the house, like washing windows, walls, or floors without help?

9. Are you able to walk up and down stairs to the second floor without help?

10. Are you able to walk half a mile without help? That's about eight ordinary blocks.
Now, I’m going to ask you about how difficult it is, on the average, to do similar kinds of activities. For each thing tell me whether you have — no difficulty at all, a little difficulty, some difficulty, a lot of difficulty, or just unable to do it?

11. To begin, how much difficulty, if any, do you have pulling or pushing large objects like a living room chair? Would you say you have . . .

12. What about stooping, crouching, or kneeling? Do you have . . .

13. Lifting or carrying weights under 10 pounds, like a bag of potatoes. Do you have . . .

14. Reaching or extending arms above shoulder level? Do you have . . .

15. Either writing or handling small objects? Do you have . . .

No difficulty at all - 1 (26)
A little difficulty - 2
Some difficulty - 3
A lot of difficulty - 4
Just unable to do it - 5
REFUSED - 7
DK - 8

No difficulty at all - 1 (27)
A little difficulty - 2
Some difficulty - 3
A lot of difficulty - 4
Just unable to do it - 5
REFUSED - 7
DK - 8

No difficulty at all - 1 (28)
A little difficulty - 2
Some difficulty - 3
A lot of difficulty - 4
Just unable to do it - 5
REFUSED - 7
DK - 8

No difficulty at all - 1 (29)
A little difficulty - 2
Some difficulty - 3
A lot of difficulty - 4
Just unable to do it - 5
REFUSED - 7
DK - 8

No difficulty at all - 1 (30)
A little difficulty - 2
Some difficulty - 3
A lot of difficulty - 4
Just unable to do it - 5
REFUSED - 7
DK - 8
OCCUPATION (OCC)

Now I'm going to ask a few questions about your current work status.

1a. Are you currently working at a paying job?
   
   b. Are you currently seeking work?
   
   c. Full time or part-time?

2a. Within the last year, since __________, have you retired from work?

   b. Within the last year, since __________, have you been fired or laid off work?

(N.B. IF COVER SHEET INDICATES THAT BASELINE OCCUPATION IS MISSING, COMPLETE THE SUPPLEMENTAL GREEN OCCUPATION FORM AT THIS TIME.)
VETERANS STATUS (VS)

1a. Did you ever serve on active duty in the Armed Forces of the United States?

   Yes - 1 (36)
   No - 2
   REFUSED - 7
   DK - 8

b. During the past 5 years have you received any health care or treatment at a Veterans Administration (VA) Medical Center, hospital or clinic?

   Yes - 1 (37)
   No - 2
   REFUSED - 7
   DK - 8
   NA - 9

c. When was the last time you received any care at a VA facility?

   Month/Year — — /___ ___ (38)
   M M Y Y
   REFUSED 97 97
   DK 98 98
   NA 99 99

OTHER SERVICES (OS)

Now, here are some types of services that a person may use. We want to ask about the services you specifically use.

Have you used this service in the past six months?

(ASK FOR EACH SERVICE)

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>REF.</th>
<th>DK</th>
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<td>7</td>
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<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
HEALTH CARE WORKERS (HCW)

la. Do any health care workers visit you in your home on a regular basis to take care of you?

b. How many?

c. What does this person do?

DO NOT INCLUDE WORKERS WHO COME TO TAKE CARE OF OTHER FAMILY MEMBERS.

Provide nursing care (change dressings; give meds, shots, take blood pressure)

Provide assistance in activities of daily living (bathing, dressing)

Help with housework (cooking, cleaning)

Help with shopping or transportation

Performs more than one of the above (specify)

Other specify

REFUSED

DK

First Person 1. Second Person 2. Third Person 3.

Yes - 1 (49)

No - 2

REFUSED - 7

DK - 8

Workers ___ (50)

REFUSED - 7

DK - 8

NA - 9

(51) (52) (53)
**LIFE EVENTS (LE)**

This is the last section and now I am going to read a check list of experiences or events and I would like you to tell me if any of these things have happened to you **in the past year**.

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>REF.</th>
<th>DK</th>
<th>NA</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Have you had to give up an important hobby or sport?</td>
<td>1</td>
<td>2</td>
<td>7</td>
<td>8</td>
</tr>
<tr>
<td>2.</td>
<td>Have you been the victim of a criminal act (robbery or assault)?</td>
<td>1</td>
<td>2</td>
<td>7</td>
<td>8</td>
</tr>
<tr>
<td>3.</td>
<td>Have you lost a close relative (other than a spouse) through death?</td>
<td>1</td>
<td>2</td>
<td>7</td>
<td>8</td>
</tr>
<tr>
<td>4.</td>
<td>Have you lost a very close friend through death?</td>
<td>1</td>
<td>2</td>
<td>7</td>
<td>8</td>
</tr>
<tr>
<td>5.</td>
<td>Have you been separated from a close friend or relative because of a move?</td>
<td>1</td>
<td>2</td>
<td>7</td>
<td>8</td>
</tr>
<tr>
<td>6.</td>
<td>Have you become more involved in hobbies or sports?</td>
<td>1</td>
<td>2</td>
<td>7</td>
<td>8</td>
</tr>
<tr>
<td>7.</td>
<td>Has some other family member (other than a spouse) become seriously ill or had an accident?</td>
<td>1</td>
<td>2</td>
<td>7</td>
<td>8</td>
</tr>
</tbody>
</table>

**FOR MARRIED PEOPLE ONLY, ALL OTHERS GO TO END**

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>REF.</th>
<th>DK</th>
<th>NA</th>
</tr>
</thead>
<tbody>
<tr>
<td>8.</td>
<td>Has your spouse become seriously ill or had a serious accident?</td>
<td>1</td>
<td>2</td>
<td>7</td>
<td>8</td>
</tr>
<tr>
<td>9.</td>
<td>Has your spouse been hospitalized in the past year?</td>
<td>1</td>
<td>2</td>
<td>7</td>
<td>8</td>
</tr>
<tr>
<td>10.</td>
<td>Has your spouse been in a convalescent home, rehabilitation center or nursing home <strong>in</strong> the past year?</td>
<td>1</td>
<td>2</td>
<td>7</td>
<td>8</td>
</tr>
</tbody>
</table>

Time completed ____ ____
**OBSERVED ITEMS (OBS)**

1. **Interviewer ID #**

2. **Date of Interview**

3. **Length of Interview**

**4a.** Was **Respondent** disturbed or upset at any part of the **interview**?

b. If **yes**: for what part of the **interview**?
   If disturbed more often, select most upsetting page.

5a. **Language:**

b. **Language of Interview:**

**6.** What **was** the **Respondent's overall attitude** toward the **interview**?

*7. Impression of affect, mood . . .

*8.** Was the research interview perceived as helpful by the subject?

---

**Questionnaire #**

**MMDDYY ___ / ___ / ___**

Minutes — —

Yes - 1
No - 2

Page — —

**No language problem - 1 (10)**

**Has some difficulty speaking English - 2**

**Has great difficulty speaking English - 3**

Italian - 1
Spanish - 2
Portuguese - 3
English - 4
Other - 5

**Friendly and eager - 1 (12)**

**Cooperative but not particularly eager - 2**

**Indifferent - 3**

**Suspicious - 4**

**Hostile - 5**

**Excited - 1 (13)**

**Alert - 2**

**Normal - 3**

**Apathetic (monotonic lack of affect) - 4**

Mildly depressed (sadness, underlying non-sad **facade**) - 5

Moderately depressed (perceptible overt sadness) - 6

Severely depressed (pronounced overt sadness) - 7

**Very - 1 (14)**

**Moderately - 2**

**Little - 3**

**No - 4**

---

**DO NOT COMPLETE FOR PROXY INTERVIEW**
9. Was the interview a proxy?  
Yes - 1  (15)  
No - 2

10. Was the interview conducted by phone?  
Yes - 1  (16)  
No, face to face - 2

11. Please rate your confidence on the ability of the respondent to give an accurate history.  
Very confident - 1  (17)  
Fairly confident - 2  
Confident - 3  
Somewhat confident - 4  
Little or no confidence - 5

12a. Interview completed?  
Yes, interview completed with very little or no missing information (missing information less than or equal to 1/10) - 1  (18)  
Yes, interview completed with a considerable amount of missing information (missing information more than 1/10) - 2  
No, interview terminated before completion; some information obtained - 3

b. If not completed: where did the interview end?  
Last page -  (19)  
Last question -  (21)

13. Observed physical difficulties:  
a. Hearing impairment  
Yes & Q  
1 2  (29)  
1 2  (30)  
1 2  (31)  
1 2  (32)  
1 2  (33)

b. Coughs continually  
c. Shortness of breath  
d. Speech problems - not language  
e. Other physical abnormalities  
Specify

14. Is it your impression that the Subject is able to handle (cope with) major problems which occur in his/her life?  
Yes - 1  (34)  
No - 2  
DK - 8

15. It is your impression that the Subject finds life exciting and enjoyable?  
Yes - 1  (35)  
No - 2  
DK - 8
YALE HEALTH AND AGING PROJECT

1985

FOURTH QUESTIONNAIRE

HOUSEHOLD ID # ___ ___ ___ ___

INDIVIDUAL ID # ___

QUESTIONNAIRE # 1516
NIDDK Staff Participation in Intra- and Interagency Activities

Name of Activity:
(Committee, Working Group, Liaison/Reporting Effort)

Brief Statement of Purpose:

Your Position in the Group:
(Chair, member, ex officio representative, other)

Comments:
(Optional—Additional information for Dr. Gorden’s attention. For example, note briefly (a) the circumstances under which you were appointed to the position, if not self-evident; (b) when the group effort began or is going to end, if relevant; (c) anything politically sensitive or noteworthy about the membership of the group or its formation.)
FOLLOW-UP III
NEW HAVEN
CONFIDENTIAL

LETTER SENT: ____________________________

NAME:
ADDRESS:

PHONE NUMBER: ( )

DATE OF RECONTACT SHOULD BE

DATE OF BASELINE INTERVIEW -

DATE OF 2ND PHONE INTERVIEW --

MARITAL STATUS AT 2ND PHONE INTERVIEW -

ADDITIONAL INFORMATION:

1. BASELINE INTERVIEW WAS

2. FIRST PHONE INTERVIEW WAS
   THE INTERVIEWER WAS

3. SECOND PHONE INTERVIEW WAS
   THE INTERVIEWER WAS

4. LANGUAGE OF INTERVIEW WAS

5. SUBSTUDY ELIGIBILITY AS OF JAN 85:
   6-WK CONTACT:       6-MONTH CONTACT:

COMMENTS: _____________________________________________

________________________________________________________________________
NEW HAVEN
CALL RECORD

USE CODES BELOW

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
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<td>1. Date</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>2. Day of Week</td>
<td>15</td>
<td>20</td>
<td>25</td>
<td>30</td>
<td>35</td>
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<td>3. Time of day</td>
<td>16</td>
<td>21</td>
<td>26</td>
<td>31</td>
<td>36</td>
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<tr>
<td>4. Result of call</td>
<td>17</td>
<td>22</td>
<td>27</td>
<td>32</td>
<td>37</td>
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<tr>
<td>5. Interviewer</td>
<td>18-19</td>
<td>22-24</td>
<td>28-29</td>
<td>33-34</td>
<td>38-39</td>
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</tbody>
</table>

Day of Week:

Time of Day:

Result of Call:
1. Wrong number (disconnected, not in service)  6. Interview Refused by Respondent
2. No answer  7. Interview Refused by Other
3. Respondent not home  8. Other specify
4. Interview completed  9. Deceased
5. Partial or Proxy interview  10. Appointment specify

PROVIDE THE RESPONDENT WITH AN INFORMATION SHEET WHICH YOU HAVE SIGNED.
IF THE INTERVIEW IS BY TELEPHONE, READ THE APPROPRIATE ORAL CONSENT STATEMENT.

TIME STARTED: ___ : ___
## Residency (Res)

1. **If moved, enter current address**
   - Address unchanged - 1
   - Address changed - 2

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<th>#</th>
<th>STREET</th>
<th>APT</th>
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<table>
<thead>
<tr>
<th>CITY</th>
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<th>ZIP</th>
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</table>

2A. **When we talked to you last year, there were people living there.**

<table>
<thead>
<tr>
<th>ID</th>
<th>First Name</th>
<th>Relationship</th>
<th>Age 1-Yes 2-No</th>
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<td>10</td>
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</tr>
</tbody>
</table>

3B. **Is there anyone else living in your household now (whom I did not mention)?**

<table>
<thead>
<tr>
<th>ID</th>
<th>First Name</th>
<th>Age</th>
<th>Relationship</th>
</tr>
</thead>
<tbody>
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</table>

4C. **Total number of household members at present**

<table>
<thead>
<tr>
<th>TOTAL NUMBER OF HOUSEHOLD MEMBERS AT PRESENT</th>
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<tbody>
<tr>
<td></td>
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</table>

2596 / 1
We are trying to learn more about the health needs of older people: their current problems, adequacy of medical care, and daily habits. In 1982 you were chosen at random from all persons aged 65 and older in New Haven to be part of our study. Once again, we invite you to continue your participation in our study.

If you decide to participate, we will interview you for approximately one hour at a time convenient for you either in your home or in a convenient location. The purpose of this interview is to learn more about you, your health and your medical care. We will ask to take your blood pressure. If you agree, we would like to remain in contact with you for one more year. We will contact you at least once in the next year by telephone. In the event that you enter a hospital we will request a copy of the discharge summary and in some cases information from your medical record. The interview and procedures will be conducted by trained persons under the supervision of doctors.

Your continued participation will contribute to the richer understanding of the opinions of the elderly about their health and health care. It is not our intention that the interviews be burdensome and you can choose to conclude the interview at any time. All information will be kept in strictest confidence and your name will never be attached to any report. Only group information will be distributed, for example, the total number of persons having a specific health condition or opinion. In the event that you should want us to convey your information to a medical professional it will be disclosed only with your written consent. If you decide to participate you are also free to withdraw at any time. Your decision, whatever it is, will not interfere in any way with your relationship with Yale or any other institution.

Please ask any questions on any aspect of the study that is unclear to you. You may take as much time as necessary to think this over. This letter is for you to keep for future reference.

Signature of Interviewer _______________________

Date _____________________
CODES: RELATIONSHIP

00 - Self
01 - Spouse
02 - Son/Daughter
03 - Son-in-law/Daughter-in-Law
04 - Grandchild
05 - Parent of respondent
06 - Brother/Sister
07 - Nephew/Niece
08 - Cousin
09 - Uncle/Aunt
10 - Great grandchild
11 - Other relative
12 - Friend
13 - Boarder, renter
14 - Paid employee
15 - Other unrelated
97 - REFUSED
98 - DK

HOUSING/TYPE (HT)

1. How many rooms do you have in your living quarters? Do not include bathrooms, porches, balconies, foyers.

   Rooms -- (8)
   REFUSED - 97
   DK - 98

HOUSEHOLD COMPOSITION (HC)

1. How old are you?

   Must be verified according to date of birth.

   Years _ _ _ (10)
   REFUSED - 997
   DK - 998
   CORRECT - 1 (13)
   INCORRECT or DK - 2
   REFUSED - 7

2. When were you born?

   Score CORRECT only when the month, exact date, and year are all given.

   ___ ___ ___ (14)
   month day year
   REFUSED 97 97 67
   DK 98 98 68
   CORRECT 1 (20)
   INCORRECT or DK 2
   REFUSED - 7
Now, we would like to ask some questions about the neighborhood you live in.

3. In the last 12 months, in your neighborhood, have you heard of or do you know about . . .
   
<table>
<thead>
<tr>
<th>Yes, happened several times</th>
<th>Yes, once or twice</th>
<th>No</th>
<th>REF.</th>
<th>DK</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. a house which was robbed</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>7</td>
</tr>
<tr>
<td>b. a person who was beaten up or assaulted</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>7</td>
</tr>
<tr>
<td>c. a juvenile gang that destroyed property</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>7</td>
</tr>
</tbody>
</table>

Now, we would like to ask you how safe you feel in your neighborhood, house or apartment.

4. How safe from crime would you say your neighborhood is? Would you say it is . . .
   
<table>
<thead>
<tr>
<th>very safe</th>
<th>fairly safe</th>
<th>somewhat safe</th>
<th>not too safe</th>
<th>not safe at all</th>
<th>REFUSED</th>
<th>DK</th>
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</thead>
<tbody>
<tr>
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<td>(3)</td>
<td>(4)</td>
<td>(5)</td>
<td>(7)</td>
<td>(8)</td>
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</table>

5. Thinking about the building (house) you live in; how safe from crime would you say it is? Would you say it is . . .
   
<table>
<thead>
<tr>
<th>very safe</th>
<th>fairly safe</th>
<th>somewhat safe</th>
<th>not too safe</th>
<th>not safe at all</th>
<th>REFUSED</th>
<th>DK</th>
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<td>(3)</td>
<td>(4)</td>
<td>(5)</td>
<td>(7)</td>
<td>(8)</td>
</tr>
</tbody>
</table>

Ask Question 6 only if respondent lives in an apartment or room.

6. Think about the room/apartment you live in; how safe would you say it is? Would you say it is . . .
   
<table>
<thead>
<tr>
<th>very safe</th>
<th>fairly safe</th>
<th>somewhat safe</th>
<th>not too safe</th>
<th>not safe at all</th>
<th>REFUSED</th>
<th>DK</th>
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</thead>
<tbody>
<tr>
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<td>(3)</td>
<td>(4)</td>
<td>(5)</td>
<td>(7)</td>
<td>(8)</td>
</tr>
</tbody>
</table>

   NA - 9
BLOOD PRESSURE (BP)

Now, I would like to take your pulse and three blood pressure readings.

1. PULSE OBLITERATION PRESSURE

2. FIRST BLOOD PRESSURE READING

3. SECOND BLOOD PRESSURE READING

4. THIRD BLOOD PRESSURE READING

5. CUFF SIZE

   REGULAR - 1
   PEDIATRIC - 2
   LARGE ARM - 3
   REFUSED - 7
6. What did you tell the respondent?

SOMETHING ELEVATED - 2
ELEVATED - 3
CRITICAL - 4
OTHER - 5
NA - 9

GUIDELINES ON REPORTING BLOOD PRESSURE READINGS

BLOOD PRESSURES LESS THAN 140/90 AND ON NO ANTIHYPERTENSIVE MEDICATIONS

Your blood pressure today is within normal limits. You can help maintain good health by knowing your blood pressure and having it checked at least once a year.

BLOOD PRESSURE LESS THAN 140/90 AND UNDER TREATMENT FOR HYPERTENSION

Your blood pressure today is within normal limits. Continue to follow your doctor’s advice, taking your medications as your doctor has prescribed and continue to see him. Be sure to have your blood pressure checked regularly.

BLOOD PRESSURE 140/90 to 160/94 ON OR OFF TREATMENT

Your blood pressure today is somewhat elevated. It is important for you to have your blood pressure checked by your doctor to see if anything further should be done about your blood pressure.

BLOOD PRESSURE 160/96 TO OVER 160

Your blood pressure was elevated today. It is important that you visit your doctor or clinic soon and that you follow their instructions regarding lowering your blood pressure. Do you have a doctor or clinic where you receive medical care? If not, we would be glad to help you find a source of care. (Interviewers will have lists of places to which referrals can be made.)

DIASTOLIC BLOOD PRESSURES 115 OR GREATER

Your blood pressure is quite high today. It is important for you to see your doctor as soon as possible. If you would like, I can telephone your doctor’s office or clinic to give them a report of your blood pressure. If you do not have a doctor’s office or clinic where you receive medical care I can contact ________________________(each interviewer will have a place to refer) and arrange for you to be seen there. Because your blood pressure is this high, it is important for you to get care as soon as possible.
**CHRONIC CONDITIONS (cc)**

1a. Since last ________, has a doctor told you you had a **heart** attack, or coronary, or **myocardial** infarction, or coronary thrombosis, or coronary occlusion?

b. Did you have only one or more than one?

c. IF MORE THAN ONE, how **many**?

d. When were you told this? (IF MORE THAN ONE, most recent heart attack.)

e. Were you hospitalized overnight or longer for this (last one)?

f. Where were you hospitalized?

   ___________________________

   (If hospital name, etc.)

g. If NO, how did you learn that **it** was a heart attack?

   ___________________________

   ___________________________

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   ___________________________
2a. Since last ______, did a doctor tell you that you had a stroke or brain hemorrhage?

b. Did you have only one or more than one?

c. When was this?  
   (IF MORE THAN ONE, most recent)

d. Were you hospitalized overnight or longer for this (last one)?

e. Where were you hospitalized?  

f. Do you still have leftover troubles from your stroke?

<table>
<thead>
<tr>
<th></th>
<th>ARM AND/OR LEG STILL WEAK OR HARD TO USE</th>
<th>TRouble WALKING</th>
<th>TRouble WITH SPEECH</th>
<th>OTHER (SPECIFY)</th>
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<tr>
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<td>(67)</td>
<td>(68)</td>
<td>(69)</td>
<td>(70)</td>
</tr>
</tbody>
</table>
3a. Since last ______, has a doctor told you that you had cancer, malignancy or tumor of any kind?

Yes - 1 (70)
Suspect or possible - 2

b. Where was it?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
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</tbody>
</table>

(1) lung
(2) colon, rectum, bowel
(3) breast
(4) lymphoma
(5) leukemia
(6) melanoma
(7) other (specify) ______

# of months ______ (78)

REFUSED - 97

DK - 98 2/80
NA - 99

c. When was this?
(IF MORE THAN ONE, last time)

d. Were you hospitalized overnight or longer for this?

Yes - 1 (8)
GO TO 4<
Suspect or possible - 2

No - 2
REFUSED - 7

DK - 8
NA" 9

Hospital code ______ (9)

REFUSED - 97

DK - 98
NA - 99
11.

4a. Since last ________, has a doctor told you that you had diabetes, high blood sugar, or sugar in urine?

b. When were you told this?

c. Did a doctor, nurse, therapist, or medical assistant tell you to:

(1) Take medicine by mouth?
(2) Take insulin or injection?
(3) Lose weight?
(4) Some other treatment?
   (specify) ___________________________
(5) Do nothing?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
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<td>9  (23)</td>
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</table>

4b. Since last ________, has a doctor told you that you had cirrhosis or liver disease?

<table>
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<th>REF.</th>
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<td>9  (18)</td>
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</table>

<table>
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<tr>
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<td>9  (22)</td>
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<td>2</td>
<td>7</td>
<td>8</td>
<td>9  (23)</td>
</tr>
</tbody>
</table>

5a. Since last ________, has a doctor told you that you had cirrhosis or liver disease?
5b. When were you told this?

c. Were you hospitalized overnight or longer for this?

d. Where were you hospitalized?

6a. Since last__________, has a doctor told you that you had a broken or fractured hip?

b. When were you told this?

c. Were you ever hospitalized overnight or longer for this?

d. Where were you hospitalized?
7a. Since last __________, have you been told by a doctor, nurse, therapist, or medical assistant that you had broken or fractured any other bones?

b. Was it your:

(1) Wrist?
(2) Arm?
(3) Back or spine?
(4) Or any other bones?

c. When were you told this?
(IF MORE THAN ONE, most recent)

d. Were you hospitalized overnight or longer for this?

e. Where were you hospitalized?
8a. Since last ________, has a doctor told you that you had high blood pressure?

b. When were you told this?

c. Did the doctor prescribe medicine for your high blood pressure?

d. Are you currently taking any medication for this?

9. Since last ________, has a doctor told you that you had arthritis?

10. Since last ________, has a doctor told you that you have Parkinson's Disease?
11a. Have you had an amputation of an arm or leg, toe or finger, since last?

b. What limb was this?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>Yes</th>
<th>No</th>
<th>REF.</th>
<th>DK</th>
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<tbody>
<tr>
<td>1 leg</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>7</td>
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<td>9  (54)</td>
</tr>
<tr>
<td>2 legs</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>7</td>
<td>8</td>
<td>9  (55)</td>
</tr>
<tr>
<td>3</td>
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</tbody>
</table>

c. Was this due to:

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>REF.</th>
<th>DK</th>
<th>NA</th>
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</thead>
<tbody>
<tr>
<td>1 injury or accident?</td>
<td>1</td>
<td>2</td>
<td>7</td>
<td>8</td>
<td>9 (58)</td>
</tr>
<tr>
<td>2 poor circulation?</td>
<td>1</td>
<td>2</td>
<td>7</td>
<td>8</td>
<td>9 (59)</td>
</tr>
<tr>
<td>3 Diabetes?</td>
<td>1</td>
<td>2</td>
<td>7</td>
<td>8</td>
<td>9 (60)</td>
</tr>
</tbody>
</table>

If response to Question 11b was "leg," ask next two questions. Otherwise, go to next section.

d. Did you obtain an artificial limb?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>REF.</th>
<th>DK</th>
<th>NA</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

e. Do your regularly use this limb?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>REF.</th>
<th>DK</th>
<th>NA</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
ACCIDENTS AND INJURIES

1a. During the past year have you had any accidents or injuries involving a car, truck, or other motor vehicle?

   | Yes - 1 (63) | No - 2 | REFUSED - 7 | DK - 8 | GO TO 2

b. Were you a pedestrian or in a vehicle?

   | Pedestrian - 1 (64) | Vehicle - 2 | REFUSED - 7 | DK - 8 | NA - 9 | GO TO ld

c. Were you driving?

   | Yes - 1 (65) | No - 2 | REFUSED - 7 | DK - 8 | NA - 9 | GO TO 2

d. Did you have to see a doctor or other medical practitioner?

   | Yes - 1 (66) | No - 2 | REFUSED - 7 | DK - 8 | NA - 9 | GO TO 2

e. Were you hospitalized?

   | Yes - 1 (67) | No - 2 | REFUSED - 7 | DK - 8 | NA - 9 | GO TO 2

2a. During the past year have you had any other accidents or injuries?

   | Yes - 1 (68) | No - 2 | REFUSED - 7 | DK - 8 | GO TO NEXT SECTION
2b. Did it occur in your home, at your place of work, on the street, or someplace else?

c. Did you have to see a doctor or other medical practitioner?

d. Were you hospitalized?
1. **During the past 2 weeks, did you take any medicine prescribed by a doctor?**
   - Yes - 1 (72)
   - No - 2
   - REFUSED - 7
   - DK - 8

2. **We are also interested** in drugs not prescribed by the doctor. Including such medicines as: Tylenol, Bufferin, Anacin, headache pills, or pain killer medicine, laxatives, bowel medicine. **During** the past 2 weeks have you taken any of these or any other medicines from the drugstore?
   - Yes - 1 (73)
   - No - 2
   - REFUSED - 7
   - DK - 8

3a. **May I please see all medicines for the past two weeks?**

   **Interviewer:** On attached sheet record all medicines taken within the past 2 weeks, whether available for inspection or not. Ask respondent to check purse, nighttable, etc.

   **NUMBER MEDS LISTED** -- (74)
   - REFUSED - 97
   - DK - 98
   - NA - 99
<table>
<thead>
<tr>
<th>Name of Medicine</th>
<th>ID</th>
<th>Seen by Interviewer</th>
<th>Drug Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>1=Yes 2=No</td>
<td></td>
</tr>
<tr>
<td>1.</td>
<td></td>
<td></td>
<td>(8)</td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td></td>
<td>(16)</td>
</tr>
<tr>
<td>3.</td>
<td></td>
<td></td>
<td>(24)</td>
</tr>
<tr>
<td>4.</td>
<td></td>
<td></td>
<td>(32)</td>
</tr>
<tr>
<td>5.</td>
<td></td>
<td></td>
<td>(40)</td>
</tr>
<tr>
<td>6.</td>
<td></td>
<td></td>
<td>(48)</td>
</tr>
<tr>
<td>7.</td>
<td></td>
<td></td>
<td>(56)</td>
</tr>
<tr>
<td>8.</td>
<td></td>
<td></td>
<td>(64)</td>
</tr>
<tr>
<td>9.</td>
<td></td>
<td></td>
<td>(72)</td>
</tr>
<tr>
<td>10.</td>
<td></td>
<td></td>
<td>(8)</td>
</tr>
<tr>
<td>11.</td>
<td></td>
<td></td>
<td>(16)</td>
</tr>
<tr>
<td>12.</td>
<td></td>
<td></td>
<td>(24)</td>
</tr>
<tr>
<td>13.</td>
<td></td>
<td></td>
<td>(32)</td>
</tr>
<tr>
<td>14.</td>
<td></td>
<td></td>
<td>(40)</td>
</tr>
<tr>
<td>15.</td>
<td></td>
<td></td>
<td>(48)</td>
</tr>
</tbody>
</table>

*See Decision Manual

<table>
<thead>
<tr>
<th>Code:</th>
<th>a</th>
<th>b</th>
<th>c</th>
</tr>
</thead>
<tbody>
<tr>
<td>a:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Therapeutic code</td>
<td>b: 1 if OTC drug</td>
<td>2 if Prescription</td>
<td></td>
</tr>
<tr>
<td>c:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Generic code</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Do not ask Question 4, if Digitalis, Digoxin, Lanoxin or Digitoxin pills were listed in Question 3. Go to next section.

4. Are you now taking any digitalis, digoxin, lanoxin, or digitoxin pills?

VISION (V)

Now I have some questions about your eye sight.

1. Do you wear eyeglasses, contact lenses, or both?

2. (When wearing eyeglasses/contact lenses)
   Can you SEE well enough to read ordinary newspaper print?

3. Has a doctor ever told you that you had cataracts?
4. Has a doctor ever told you that you had glaucoma?

Yes - 1 (8)
Suspect or possible - 2
No - 3
REFUSED - 7
DK - 8

HEARING (HEAR)

1. (With/without a hearing aid) Can you usually hear and understand what a person says without seeing his face if that person talks in a normal voice to you in a quiet room?

Yes - 1 (9)
No - 2
REFUSED - 7
DK - 8
ROSE - CHRONIC CONDITIONS (RCC)

1. Have you ever had any pain or discomfort in your chest?

   - Yes - 1
   - No - 2
   - REFUSED - 7
   - DK - 8

2. Do you get this pain (or discomfort) when you walk up hill or hurry?

   - Yes - 1
   - No - 2
   - Never walks up hill or hurries - 3
   - REFUSED - 7
   - DK - 8
   - NA - 9

3. Do you get this pain or discomfort when you walk at an ordinary pace on level ground?

   - Yes - 1
   - No - 2
   - REFUSED - 7
   - DK - 8
   - NA - 9

4. What do you do if you get this pain while you are walking?

   - Stop or slow down - 1
   - Take a nitroglycerin - 2
   - Continue at same pace - 3
   - REFUSED - 7
   - DK - 8
   - NA - 9

5. If you stand still, what happens to the pain?

   - Relieved - 1
   - Not Relieved - 2
   - REFUSED - 7
   - DK - 8
   - NA - 9
6. How soon is the pain relieved?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>REF</th>
<th>DK</th>
<th>NA</th>
</tr>
</thead>
<tbody>
<tr>
<td>10 Minutes or less - 1</td>
<td>1</td>
<td>2</td>
<td>7</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>More than 10 minutes - 2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>REFUSED - 7</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DK - 8</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NA - 9</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

GO TO 8

7. Will you show me where it was?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>REF</th>
<th>DK</th>
<th>NA</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Sternum (middle or upper)</td>
<td>1</td>
<td>2</td>
<td>7</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>b. Sternum (lower)</td>
<td>1</td>
<td>2</td>
<td>7</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>c. Left anterior chest</td>
<td>1</td>
<td>2</td>
<td>7</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>d. Left arm</td>
<td>1</td>
<td>2</td>
<td>7</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>e. Did you feel it anywhere else?</td>
<td>1</td>
<td>2</td>
<td>7</td>
<td>8</td>
<td>9</td>
</tr>
</tbody>
</table>

Record additional information on the diagram above.

8. Have you ever had a severe pain across the front of your chest lasting half an hour or more?

<table>
<thead>
<tr>
<th></th>
<th>Yes - 1</th>
<th>No - 2</th>
<th>REFUSED - 7</th>
<th>DK - 8</th>
<th>NA - 9</th>
</tr>
</thead>
</table>

GO TO NEXT SECTION

9a. Did you see a doctor because of this pain?

<table>
<thead>
<tr>
<th></th>
<th>Yes - 1</th>
<th>No - 2</th>
<th>REFUSED - 7</th>
<th>DK - 8</th>
<th>NA - 9</th>
</tr>
</thead>
</table>

GO TO 10

b. What did he say it was?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>REF</th>
<th>DK</th>
<th>NA</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Heart trouble</td>
<td>1</td>
<td>2</td>
<td>7</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>(2) Heart Pains</td>
<td>1</td>
<td>2</td>
<td>7</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>(3) Not enough blood to heart</td>
<td>1</td>
<td>2</td>
<td>7</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>(4) Other (specify)</td>
<td>1</td>
<td>2</td>
<td>7</td>
<td>8</td>
<td>9</td>
</tr>
</tbody>
</table>
10. How many of these attacks have you had?

11a. Tell me about your first attack. When did it occur?

11b. How long did it last?

c. Tell me about your last attack?

d. How long did it last?

WEIGHT HISTORY (WH)

1. What is your weight?

2a. Since last __________, have you gained or lost more than 10 pounds?

b. Is this due to a special diet?
URINARY INCONTINENCE (UI)

Now, I have some brief questions about your urine.

1. How often do you have difficulty holding your urine until you can get to a toilet . . . .

2. When you feel the urge to pass urine, how long can you usually wait . . . .

3. How often during the last 12 months have you leaked urine or lost control of your urine . . . .

4. Can you usually go for more than one-half hour during the day without leaking urine?

5. When you lose your urine, does it sometimes occur when you cough, sneeze, laugh, or bend over?
6. Does your urine loss occur only when you cough, sneeze, laugh, or bend over?

7. FEMALES ONLY: Did this problem begin after the birth of a child?

8. When you lose urine, how much usually leaks...

   Interviewer: If respondent wears pad or something to avoid it, probe to determine what comes closer to the amount leaked without special protection (i.e. 2, 3, or 4).

Yes - 1 (54)
No - 2
REFUSED - 7
DK - 8
NA - 9

Yes - 1 (55)
No - 2
REFUSED - 7
DK - 8
NA - 9

A few drops - 1 (56)
Enough to wet underwear - 2
Enough to wet outer clothes - 3
Enough to wet floor - 4
REFUSED - 7
DK - 8
NA - 9
27.

CANTRIL LADDER/STAIRCASE (CANT)

Problems with memory are very common. People frequently forget phone numbers, where they placed things, whether they locked the door, turned off the stove. Sometimes people forget the names of people they know or even common faces. If you look at this staircase (show card) the top represents a person with a very good memory who rarely forgets the kinds of things we just mentioned. The bottom represents a person with problems remembering, someone who sometimes forgets where they are, how to get home or the names of their children.

1. When **you** were 60 where on this staircase of "memory" would you place yourself?

2. Now where do you place yourself?

3. Where do you think you will be a year from now?

---

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>7</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>10</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

REFUSED - 97
DK - 98

---

REFUSED - 97
DK - 98

---

REFUSED - 97
DK - 98
COGNITIVE FUNCTION (CF)

Now I’d like to ask you some questions to check your memory. Since there is little scientific information on how good the average or typical person’s memory is, many of our questions are designed to provide this basic information.

Interviewer: record all answers and indicate CORRECT or INCORRECT. All responses to be scored must be given without reference to calendar, newspaper, birth certificate, or other aid to memory.

1. What is your mother's maiden name?
   ____________________________ (specify)

   Does not need to be verified, scored CORRECT if a last name other than the subject's is given.

   CORRECT - 1 (63)
   INCORRECT or DK - 2
   REFUSED - 7

2. Who is the President of the United States?
   ____________________________ (specify)

   Requires the last name of the President.

   CORRECT - 1 (64)
   INCORRECT or DK - 2
   REFUSED - 7

3. Who was the President just before him?
   ____________________________ (specify)

   Requires last name of previous President

   CORRECT - 1 (65)
   INCORRECT or DK - 2
   REFUSED - 7

4. Subtract 3 from 20, and keep subtracting 3 from each new number all the way down.
   
   Interviewer: CORRECT response is:
   17, 14, 11, 8, 5, 2.

   CORRECT - 1 (66)
   INCORRECT or DK - 2
   REFUSED - 7
**FOLSTEIN (FOL)**

WRITE RESPONDENT'S ANSWERS TO ALL QUESTIONS AND CODE AS INDICATED. CODE '9', IF RESPONDENT IS PHYSICALLY UNABLE TO CARRY OUT INSTRUCTIONS. SPECIFY REASON.

<table>
<thead>
<tr>
<th>Question</th>
<th>Correct</th>
<th>Error</th>
<th>REF</th>
<th>DK</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. What is the year?</td>
<td>1</td>
<td>2</td>
<td>7</td>
<td>8</td>
</tr>
<tr>
<td>2. What is the season?</td>
<td>1</td>
<td>2</td>
<td>7</td>
<td>8</td>
</tr>
<tr>
<td>3. What is the date?</td>
<td>1</td>
<td>2</td>
<td>7</td>
<td>8</td>
</tr>
<tr>
<td>4. What is the day of the week?</td>
<td>1</td>
<td>2</td>
<td>7</td>
<td>8</td>
</tr>
<tr>
<td>5. What is the month?</td>
<td>1</td>
<td>2</td>
<td>7</td>
<td>8</td>
</tr>
<tr>
<td>6. Can you tell me where we are?</td>
<td>1</td>
<td>2</td>
<td>7</td>
<td>8</td>
</tr>
<tr>
<td>[Code '1' if the name of the residence, street name, or street address is given correctly.]</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. What (city/town) are we in?</td>
<td>1</td>
<td>2</td>
<td>7</td>
<td>8</td>
</tr>
<tr>
<td>8. What state are we in?</td>
<td>1</td>
<td>2</td>
<td>7</td>
<td>8</td>
</tr>
<tr>
<td>9. What county are we in?</td>
<td>1</td>
<td>2</td>
<td>7</td>
<td>8</td>
</tr>
<tr>
<td>10. Not counting the street where you live, what are the names of 2 streets nearby?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>[WRITE STREET NAMES]</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>street #1:</td>
<td>1</td>
<td>2</td>
<td>7</td>
<td>8</td>
</tr>
<tr>
<td>street #2:</td>
<td>1</td>
<td>2</td>
<td>7</td>
<td>8</td>
</tr>
</tbody>
</table>
11. What floor of the building are we on?

12. I am going to name 3 objects. After I have said them, I want you to repeat them. Remember what they are because I am going to ask you to name them again in a few minutes.

"APPLE" . . . "TABLE" . . . "PENNY"

[REPEAT OBJECTS UNTIL ALL 3 ARE LEARNED]

<table>
<thead>
<tr>
<th>Object</th>
<th>Correct</th>
<th>Error</th>
<th>REF</th>
<th>DK</th>
</tr>
</thead>
<tbody>
<tr>
<td>APPLE</td>
<td>1</td>
<td>2</td>
<td>7</td>
<td>8</td>
</tr>
<tr>
<td>TABLE</td>
<td>1</td>
<td>2</td>
<td>7</td>
<td>8</td>
</tr>
<tr>
<td>PENNY</td>
<td>1</td>
<td>2</td>
<td>7</td>
<td>8</td>
</tr>
</tbody>
</table>

13. Can you subtract 7 from 100, and then subtract 7 from the answer you get and keep subtracting 7 until I tell you to stop?

[COUNT ONLY 1 ERROR IF SUBJECT MAKES SUBTRACTION ERROR, BUT SUBSEQUENT ANSWERS ARE 7 LESS THAN THE ERROR.]

STOP

14. Now I am going to spell a word forwards and I want you to spell it backwards (in reverse order). The word is WORLD. W-O-R-L-D.

[REPEAT SPELLING IF NECESSARY] RECORD ALL ANSWERS.
15. Now what are the 3 objects I asked you to remember?
[CODE CORRECT EVEN IF NOT REPEATED IN ORDER LISTED]

- APPLE
- TABLE
- PENNY

16. (SHOW WRIST WATCH)
What is this called?

17. (SHOW PENCIL)
What is this called?

18. I'd like you to repeat a phrase after me:
"No ifs, ands or buts."
[ALLOW ONLY 1 TRIAL. CODE '1' FOR AN ACCURATELY ARTICULATED REPETITION.]

19. Please read the words on this page and then do what it says.
[CODE '1' IF (HE/SHE CLOSES EYES.)]

20. (HAND RESPONDENT A BLANK PIECE OF PAPER)
Take this paper in your right hand, fold the paper in half using both hands, and put the paper down using your left hand.
[DO NOT REPEAT INSTRUCTIONS OR COACH.]

21. Pick the paper up and write a short sentence on it for me.
[SENTENCE SHOULD HAVE A SUBJECT AND A VERB AND MAKE SENSE.]
22. Now copy the design that you see printed on the page.
   [CORRECT IF 2 FIVE-SIDED FIGURES INTERSECT TO FORM A DIAMOND.]

TO INTERVIEWER:

23. **IF THE EXACT MONTH, EXACT DATE, AND EXACT YEAR WERE GIVEN CORRECTLY PLEASE CODE '1'.**

### ATTITUDES AND BELIEFS ABOUT HEALTH (ABH)

1. How would you rate your health at the present time?

2a. During the past three months have you **spent more** than a week in bed because of illness or injury?

   a. **Yes**

   a. **No**

   a. **Refused**

   a. **DK**

   a. **NA**

b. If **YES**, how long?

   a. **Days**

   a. **Refused**

   a. **DK**

   a. **NA**

Correct | Error | REF | DK | NA
---|---|---|---|---
1 | 2 | 7 | 8 | 9 (33)
1 | 2 | 7 | 8 | (34)
HOSPITALIZATION/NURSING HOME (HNH)

[Interviewer: Note information including hospitalizations from previous questions in appropriate place in hospitalization section.]

1a. (Including the hospitalizations you just mentioned) Since we spoke to you the last time in month year, have you been to a hospital at least overnight?

1b. How many times have you been hospitalized since we spoke to you the last time?

Let's begin with the most recent hospitalization.
Hospitalization No. 1

2a. What is the name of the hospital? specify

2b. In what month did you enter the hospital?

If only 1 hospitalization, go to 5

Hospitalization No. 2

3a. What is the name of the hospital? specify

3b. In what month did you enter the hospital?

If only 2 hospitalizations, go to 5

Hospitalization No. 3

4a. What is the name of the hospital? specify

4b. In what month did you enter the hospital?

If more than three hospitalizations, attach supplemental form
5a. Since we spoke to you last have you been a patient in a nursing home?

b. How many different times since we spoke to you the last time?

Nursing Home Admission No. 1
6a. Let's begin with the most recent nursing home admission.
What was the name of this nursing home?

specify

b. How long did you stay in the nursing home?

specify

# of times —— (62)
Refused - 97
DK - 98
NA - 99

Nursing home code —— (64)
Refused - 97
DK - 98
NA - 99

Less than 1 Week - 0 (66)
1 - Less than 2 Weeks - 1
2-4 Weeks - 2
1-3 Months - 3
4-6 Months - 4
7-12 Months - 5
More than 1 Year - 6
Refused - 7
DK - 8
NA - 9
Nursing Home Admission No. 2
And now the nursing home admission before that one.

7a. What was the name of that nursing home?

specify

b. How long did you stay in that nursing home?

specify

Nursing home code __ __ (67)

REFUSED - 97
DK - 98
NA - 99

Less than 1 Week - 0 (69)
1 - Less than 2 Weeks - 1
2-4 Weeks - 2
1-3 Months - 3
4-6 Months - 4
7-12 Months - 5
More than 1 Year - 6
REFUSED - 7
DK - 8
NA - 9

IF MORE THAN TWO NURSING HOME ADMISSIONS, ATTACH SUPPLEMENTAL FORM

SMOKING (SM)

1a. Do you smoke cigarettes now?

Yes-1 (70)
No - 2
GO TO NEXT SECTION

REFUSED - 7
DK - 8

b. On the average, how many cigarettes per day do you usually smoke? (One pack equals 20 cigarettes).

Cigarettes __ __ __ (71)

REFUSED - 997
DK - 998
NA - 999
ALCOHOL (ALCOH)

1a. Have you had any beer or ale during the past year?

   Yes - 1
   No - 2
   GO TO 2
   REFUSED - 7
   DK - 8
   NA - 9

b. We are especially interested in recent times. Have you had any beer or ale in the past month?

   Yes - 1
   No - 2
   GO TO 2
   REFUSED - 7
   DK - 8
   NA - 9

1c. Over the last month how often have you had beer or ale?

   Times per month
   REFUSED - 97
   DK - 98
   NA - 99

   Use actual numbers given, or calculate all frequency of drinking questions using the following codes:

   3 or more times per day = 90
   2 times per day = 60
   1 time per day = 30
   6 times per week = 26
   5 times per week = 22
   4 times per week = 17
   3 times per week = 13
   2 times per week = 09 / 1 time per week = 04

1d. When you had beer or ale, how many cans or bottles did you usually have at one time?

   Cans/bottles
   REFUSED - 97
   DK - 98
   NA - 99

2a. Next, some questions about wine. Have you had any wine during the past year?

   Yes - 1
   No - 2
   GO TO 3
   REFUSED - 7
   DK - 8
   NA - 9

b. Have you had any wine in the past month?

   Yes - 1
   No - 2
   GO TO 3
   REFUSED - 7
   DK - 8
   NA - 9
Frequency of Drinking Codes

3 or more times per day = 90
2 times per day = 60
1 time per day = 30
6 times per week = 26
5 times per week = 22
4 times per week = 17
3 times per week = 13
2 times per week = 09
1 time per week = 04

2c. Over the last month how often have you had wine?

(Use codes above).

2d. When you had wine, how many glasses did you usually have at one time?

Times per month —— (10)
REFUSED - 97
DK - 98
NA - 99

Glasses —— (12)
REFUSED - 97
DK - 98
NA - 99

3a. Have you had any liquor in the past year? That is, things like whiskey, vodka, gin, brandy, or liqueurs?

GO TO NEXT SECTION
Yes - 1 (14)
No - 2

b. Have you had any liquor in the past month?

GO TO NEXT SECTION
Yes - 1 (15)
No - 2

NA - 9

3c. Over the last month how often have you had liquor?

(Use codes above).

Times per month —— (16)
REFUSED - 97
DK - 98
NA - 99

Drinks —— (18)
REFUSED - 97
DK - 98
NA - 99

d. When you had it, how many drinks did you usually have at one time?
**SLEEP**

Now we would like to get some information about how well you sleep.

1. How often do you have trouble falling asleep? Would you say it was . . .
   - Most of the time - 1 (20)
   - Sometimes - 2
   - Rarely or never - 3
   - REFUSED - 7
   - DK - 8

2. How often do you have trouble with waking up during the night?
   - Most of the time - 1 (21)
   - Sometimes - 2
   - Rarely or never - 3
   - REFUSED - 7
   - DK - 8

3. How often do you have trouble with waking up too early and not being able to fall asleep again?
   - Most of the time - 1 (22)
   - Sometimes - 2
   - Rarely or never - 3
   - REFUSED - 7
   - DK - 8

4. How often do you get so sleepy during the day or evening that you have to take a nap?
   - Most of the time - 1 (23)
   - Sometimes - 2
   - Rarely or never - 3
   - REFUSED - 7
   - DK - 8

5. How often do you feel really rested when you wake up in the morning?
   - Most of the time - 1 (24)
   - Sometimes - 2
   - Rarely or never - 3
   - REFUSED - 7
   - DK - 8
Now I have some questions about your feelings during the past week. For each of the following statements, please tell me if you felt that way: Rarely or none of the time; some of the time; much of the time; most or all of the time.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Rarely or none of the time</th>
<th>Some of the time</th>
<th>Much of the time</th>
<th>Most or all of the time</th>
<th>R</th>
<th>E</th>
<th>DK</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. I was bothered by things that usually don't bother me.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>7</td>
<td>8</td>
<td>(25)</td>
</tr>
<tr>
<td>2. I did not feel like eating: my appetite was poor.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>7</td>
<td>8</td>
<td>(26)</td>
</tr>
<tr>
<td>3. I felt that I could not shake off the blues even with help from my family and friends.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>7</td>
<td>8</td>
<td>(27)</td>
</tr>
<tr>
<td>4. I felt that I was just as good as other people.</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>7</td>
<td>8</td>
<td>(28)</td>
</tr>
<tr>
<td>5. I had trouble keeping my mind on what I was doing.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>7</td>
<td>8</td>
<td>(29)</td>
</tr>
<tr>
<td>6. I felt depressed.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>7</td>
<td>8</td>
<td>(30)</td>
</tr>
<tr>
<td>7. I felt that everything I did was an effort.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>7</td>
<td>8</td>
<td>(31)</td>
</tr>
<tr>
<td>8. I felt hopeful about the future.</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>7</td>
<td>8</td>
<td>(32)</td>
</tr>
<tr>
<td>9. I thought my life had been a failure.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>7</td>
<td>8</td>
<td>(33)</td>
</tr>
<tr>
<td>10. I felt fearful.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>7</td>
<td>8</td>
<td>(34)</td>
</tr>
<tr>
<td>11. My sleep was restless.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>7</td>
<td>8</td>
<td>(35)</td>
</tr>
<tr>
<td>12. I was happy.</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>7</td>
<td>8</td>
<td>(36)</td>
</tr>
<tr>
<td>13. It seemed that I talked less than usual.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>7</td>
<td>8</td>
<td>(37)</td>
</tr>
<tr>
<td>14. I felt lonely.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>7</td>
<td>8</td>
<td>(38)</td>
</tr>
<tr>
<td>15. People were unfriendly.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>7</td>
<td>8</td>
<td>(39)</td>
</tr>
<tr>
<td>16. I enjoyed life.</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>7</td>
<td>8</td>
<td>(40)</td>
</tr>
<tr>
<td>17. I had crying spells.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>7</td>
<td>8</td>
<td>(41)</td>
</tr>
<tr>
<td>18. I felt sad.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>7</td>
<td>8</td>
<td>(42)</td>
</tr>
<tr>
<td>19. I felt that people disliked me.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>7</td>
<td>8</td>
<td>(43)</td>
</tr>
<tr>
<td>20. I could not get going.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>7</td>
<td>8</td>
<td>(44)</td>
</tr>
</tbody>
</table>

TOTAL SCORE ____________________________________________

DO NOT KEYPUNCH
FUNCTIONAL DISABILITY (FD)
The next set of questions is about everyday activities.

At the present time do you need help...?

[Interviewer: Repeat underline lead as needed for Q1 through 7.]

1a. Walking across a small room.

   Help - 1
   No help - 2
   Unable to do - 3
   Refused - 7
   DK - 8

   Go to 2

b. Is this help from a person, from special equipment or both?

   Person - 1
   Special equipment - 2
   Both - 3
   Refused - 7
   DK - 8
   NA - 9

2a. Bathing, either a sponge bath, tub bath, or shower?

   Help - 1
   No help - 2
   Unable to do - 3
   Refused - 7
   DK - 8

   Go to 3

b. Is this help from a person, from special equipment or both?

   Person - 1
   Special equipment - 2
   Both - 3
   Refused - 7
   DK - 8
   NA - 9
3a. Personal grooming, like brushing hair, brushing teeth, or **washing** face?

<table>
<thead>
<tr>
<th>Help</th>
<th>No help</th>
<th>Unable to do</th>
<th>REFUSED</th>
<th>DK</th>
<th>NA</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>7</td>
<td>8</td>
<td>9</td>
</tr>
</tbody>
</table>

b. Is this **help** from a person, from special equipment or both?

4a. Dressing, like putting on a **shirt**, buttoning and zipping, or putting on shoes?

<table>
<thead>
<tr>
<th>Help</th>
<th>No help</th>
<th>Unable to do</th>
<th>REFUSED</th>
<th>DK</th>
<th>NA</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>7</td>
<td>8</td>
<td>9</td>
</tr>
</tbody>
</table>

b. Is this **help** from a person, from special equipment or both?

5a. **Eating** like holding a fork, cutting food, or drinking from a glass?

<table>
<thead>
<tr>
<th>Help</th>
<th>No help</th>
<th>Unable to do</th>
<th>REFUSED</th>
<th>DK</th>
<th>NA</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>7</td>
<td>8</td>
<td>9</td>
</tr>
</tbody>
</table>

b. Is this **help** from a person, from special equipment or both?
6a. Getting from a bed to a chair?

b. Is this help from a person, from special equipment or both?

7a. Using the toilet?

b. Is this help from a person, from special equipment or both?

8. Are you able to do heavy work around the house, like washing windows, walls, or floors without help?

9. Are you able to walk up and down stairs to the second floor without help?

10. Are you able to walk half a mile without help? That about eight ordinary blocks.
Now, I'm going to ask you about how difficult it is, on the average, to do similar kinds of activities. For each thing tell me whether you have - no difficulty at all, a little difficulty, some difficulty, a lot of difficulty, or just unable to do it?

11. To begin, how much difficulty, if any, do you have pulling or pushing large objects like a living room chair? Would you say you have . . .

   No difficulty at all - 1 (62)
   A little difficulty - 2
   Some difficulty - 3
   A lot of difficulty - 4
   Just unable to do it - 5
   REFUSED - 7
   DK - 8

12. What about stooping, crouching, or kneeling? Do you have . . .

   No difficulty at all - 1 (63)
   A little difficulty - 2
   Some difficulty - 3
   A lot of difficulty - 4
   Just unable to do it - 5
   REFUSED - 7
   DK - 8

13. Lifting or carrying weights under 10 pounds, like a bag of potatoes. Do you have . . .

   No difficulty at all - 1 (64)
   A little difficulty - 2
   Some difficulty - 3
   A lot of difficulty - 4
   Just unable to do it - 5
   REFUSED - 7
   DK - 8

14. Reaching or extending arms above shoulder level? Do you have . . .

   No difficulty at all - 1 (65)
   A little difficulty - 2
   Some difficulty - 3
   A lot of difficulty - 4
   Just unable to do it - 5
   REFUSED - 7
   DK - 8

15. Either writing or handling small objects? Do you have . . .

   No difficulty at all - 1 (66)
   A little difficulty - 2
   Some difficulty - 3
   A lot of difficulty - 4
   Just unable to do it - 5
   REFUSED - 7
   DK - 8
MARITAL STATUS (MS)

1. Since we talked to you last, has your marital status changed, that is, have you been married, widowed, divorced or separated in the last year?

LAST REPORTED MARITAL STATUS IS REPORTED ON COVER SHEET.

Yes, Widowed - 1 (67)
Yes, Married - 2
Yes, Divorced - 3
Yes, Separated - 4
No change - 5
REFUSED - 7
DK - 8

Ask currently married persons only.

2. I am going to read some family duties. As I read each item I would like you to tell me who in your family has responsibility for each one.

<table>
<thead>
<tr>
<th>a. Handling family finances</th>
<th>b. Cleaning the house</th>
<th>c. Keep track of medical appointments</th>
<th>d. Taking care of health matters in the family</th>
</tr>
</thead>
<tbody>
<tr>
<td>Husband entirely - 1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Husband more - 2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Both equally - 3</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wife more - 4</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wife entirely - 5</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Neither - 6</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Each responsible - 0 for his/her own activity</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>REFUSED - 7</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DK - 0</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(68) (69) (70) (71)
SOCIAL NETWORKS (SN)

la. How many living children do you have (including adopted children or children you have raised)?

b. How many of your children live in New Haven or close suburbs?

c. How many of your children do you see at least once a week?

d. How many of your children do you talk to on the phone or correspond with at least once a week?

e. How many of your children do you feel very close to?

f. Would you like to see your children more often, about the same or less often than you do now?

IF NONE, GO TO 2

Children ___ (72)
  REFUSED - 97
  DK - 98
  NA - 99

Children ___ (74)
  REFUSED - 97
  DK - 98
  NA - 99

Children ___ (76)
  REFUSED - 97
  DK - 98
  NA - 99

Children ___ (78)
  REFUSED - 97
  DK - 98
  NA - 99

Children ___ (8)
  REFUSED - 97
  DK - 98
  NA - 99

More often - 1
About the same - 2
Less often - 3
REFUSED - 7
DK - 8
NA - 9
lg. As you know, parents and *children sometimes* help each other in different ways.

Do you help your *child/children* in any of the following ways?

(Go through list).

<table>
<thead>
<tr>
<th>Parent Helps Child (ren)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Yes</strong></td>
</tr>
<tr>
<td>1</td>
</tr>
</tbody>
</table>

b. Help out with money

c. Help out when someone is ill

d. Help keep house or fix things around the house

e. Take care of grandchildren or babysit for awhile when parents are out

<table>
<thead>
<tr>
<th>Parent Helps Child (ren)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Yes</strong></td>
</tr>
<tr>
<td>1</td>
</tr>
</tbody>
</table>

h. Now, I would like to know if your child/children helps/help you in any of the following ways.

(3 through list).

<table>
<thead>
<tr>
<th>Child(ren) Helps Parent</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Yes</strong></td>
</tr>
<tr>
<td>1</td>
</tr>
</tbody>
</table>

a. Help you when you are ill (or when your husband/wife is ill)

b. Give gifts

c. Shop or run errands for you

d. Help out with money

e. Help keep house or fix things around the house for you

f. Prepare meals for you

g. Drive you places, such as the doctor’s shopping, church
2a. In general, apart from your children, how many other relatives do you have that you feel close to? (People you feel at ease with, can talk to about private matters, and can call on for help)?

b. Of these close relatives, how many live in New Haven and its suburbs?

c. How many of these relatives do you see at least once a month?

d. How many of these relatives do you correspond with, either by letter or telephone, a few times a year?

IF NONE, GO TO 3

Relatives ____ (23)
REFUSED - 97
DK - 98

Relatives ____ (25)
REFUSED - 97
DK - 98
NA - 99

Relatives ____ (27)
REFUSED - 97
DK - 98
NA - 99

Relatives ____ (29)
REFUSED - 97
DK - 98
NA - 99
3a. In general, how many close friends do you have? (People that you feel at ease with, can talk to about private matters, and can call on for help).

b. How many of these friends live in New Haven and its suburbs?

c. How many of these close friends do you see at least once a month?

d. How many of these friends do you exchange letters or telephone calls with a few times a year?

e. How long have you known most of your close friends?

IF NONE GO TO 4

Friends ___ (3)

Friends ___ (33)

Friends ___ (35)

Friends ___ (37)

Leas than a year - 1 (39)

1 - 4 years - 2

5 - 9 years - 3

10 - 14 years - 4

15 - 19 years - 5

20 years or more - 6

REFUSED - 7

DK - 8

NA - 9
4a. **Is** there any one special person you **know** that you feel very close and **intimate** with - someone you share confidences and feelings with, someone you feel you can depend on?

b. What is this person’s relationship to you?

c. Where does this person live?
4d. How often do you get together with this person?

- **Daily** - 1
- **Weekly** - 2
- **Monthly** - 3
- **Several times a year** - 4
- **Once a year or less** - 5
- **REFUSED** - 7
- **DK** - 8
- **NA** - 9

4e. How often do you talk on the telephone with him/her?

- **Daily** - 1
- **Weekly** - 2
- **Monthly** - 3
- **Several times a year** - 4
- **Once a year or less** - 5
- **REFUSED** - 7
- **DK** - 8
- **NA** - 9
52.

Now let’s talk about your neighbors. For people in public or private housing: we mean the people in this building. For community housing: we mean people who live on the block, or nearby.

5a. Do you consider your neighbors to be friendly?
   Not at all friendly - 1 (46)
   A little friendly - 2
   Moderately friendly - 3
   Very friendly - 4
   REFUSED - 7
   DK - 8

b. How many neighbors do you know well enough that you visit in each others’ homes or apartments or go out together?
   Neighbors — — (47)
   REFUSED - 97
   DK - 98

c. How often do you help out any of your neighbors with small things like lending them a cup of sugar, checking their mail, or doing some shopping for them?
   Often - 1 (49)
   Sometimes - 2
   Rarely or in an emergency - 3
   Never - 4
   REFUSED - 7
   DK - 8

d. How often do any of your neighbors help you out with small things like borrowing a cup of sugar, checking your mail, or doing some shopping for you?
   Often - 1 (50)
   Sometimes - 2
   Rarely or in an emergency - 3
   Never - 4
   REFUSED - 7
   DK - 8
6a. When you need some extra help, can you count on anyone to help with daily tasks like grocery shopping, house cleaning, cooking, telephoning, give you a ride?

   - When you need some extra help, can you count on anyone to help with daily tasks like grocery shopping, house cleaning, cooking, telephoning, give you a ride?
   - NO
   - I DON'T NEED HELP
   - REFUSED
   - DK

   **GO TO 8**

6b. In the last year who has been most helpful with these daily tasks? You may mention one or two people.

   a. SPOUSE
   b. DAUGHTER
   c. SON
   d. SIBLING
   e. OTHER RELATIVE
   f. YOUR NEIGHBORS
   g. CO-WORKERS
   h. CHURCH MEMBERS
   i. CLUB MEMBERS
   j. PROFESSIONALS
   k. ANY FRIENDS NOT INCLUDED IN THESE CATEGORIES
   l. NO ONE

   **MENTIONED** | **NOT MENTIONED** | REF. | DK | NA
   |---|---|---|---|---|
   1 | 2 | 7 | 8 | 9 | (52)
   1 | 2 | 7 | 8 | 9 | (53)
   1 | 2 | 7 | 8 | 9 | (54)
   1 | 2 | 7 | 8 | 9 | (55)
   1 | 2 | 7 | 8 | 9 | (56)
   1 | 2 | 7 | 8 | 9 | (57)
   1 | 2 | 7 | 8 | 9 | (58)
   1 | 2 | 7 | 8 | 9 | (59)
   1 | 2 | 7 | 8 | 9 | (60)
   1 | 2 | 7 | 8 | 9 | (61)
   1 | 2 | 7 | 8 | 9 | (62)
   1 | 2 | 7 | 8 | 9 | (63)

7. Could you have used more help with daily tasks than you received? Would you say...

   - A lot - 1
   - Some - 2
   - A little - 3
   - None at all (received sufficient help) - 4
   - REFUSED - 7
   - DK - 8
   - NA - 9

8a. Can you count on anyone to provide you with emotional support? (Talking over problems or helping you make a difficult decision)

   - CAN YOU COUNT ON ANYONE TO PROVIDE YOU WITH EMOTIONAL SUPPORT?
   - YES - 1
   - NO - 2
   - I DIDN'T NEED HELP - 3
   - REFUSED - 7
   - DK - 8

   **GO TO 10**
8b. In the last year who has been most helpful in providing you with emotional support?

<table>
<thead>
<tr>
<th></th>
<th>MENTIONED</th>
<th>NOT MENTIONED</th>
<th>REF.</th>
<th>DK</th>
<th>NA</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. SPOUSE</td>
<td>1</td>
<td>2</td>
<td>7</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>b. DAUGHTER</td>
<td>1</td>
<td>2</td>
<td>7</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>c. SON</td>
<td>1</td>
<td>2</td>
<td>7</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>d. SIBLING</td>
<td>1</td>
<td>2</td>
<td>7</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>e. OTHER RELATIVE</td>
<td>1</td>
<td>2</td>
<td>7</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>f. YOUR NEIGHBORS</td>
<td>1</td>
<td>2</td>
<td>7</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>g. CO-WORKERS</td>
<td>1</td>
<td>2</td>
<td>7</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>h. CHURCH MEMBERS</td>
<td>1</td>
<td>2</td>
<td>7</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>i. CLUB MEMBERS</td>
<td>1</td>
<td>2</td>
<td>7</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>j. PROFESSIONALS</td>
<td>1</td>
<td>2</td>
<td>7</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>k. ANY FRIENDS NOT INCLUDED IN THESE CATEGORIES</td>
<td>1</td>
<td>2</td>
<td>7</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>l. NO ONE</td>
<td>1</td>
<td>2</td>
<td>7</td>
<td>8</td>
<td>9</td>
</tr>
</tbody>
</table>

9. Could you have used more emotional support than you received? Would you say...

<p>| | | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>A lot</td>
<td>1</td>
<td>(78)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Some</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A little</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No, none (received sufficient support)</td>
<td>4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>REFUSED</td>
<td>7</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DK</td>
<td>8</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NA</td>
<td>9</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

10. When you need some extra help financially, can you count on anyone to help you - that is, by paying any bills, housing costs, hospital visits, or providing you with food or clothes?

<p>| | | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>1</td>
<td>(79)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NO</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>OFFERED HELP BUT I WOULDN'T ACCEPT</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I DIDN'T NEED HELP</td>
<td>4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>REFUSED</td>
<td>7</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DK</td>
<td>8</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NA</td>
<td>9</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
10b. In the last year, who has been most helpful in offering financial assistance?

<table>
<thead>
<tr>
<th>Category</th>
<th>MENTIONED</th>
<th>NOT MENTIONED</th>
<th>REF.</th>
<th>DK</th>
<th>NA</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. SPOUSE</td>
<td>1</td>
<td>2</td>
<td>7</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>b. DAUGHTER</td>
<td>1</td>
<td>2</td>
<td>7</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>c. SON</td>
<td>1</td>
<td>2</td>
<td>7</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>d. SIBLING</td>
<td>1</td>
<td>2</td>
<td>7</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>e. OTHER RELATIVE</td>
<td>1</td>
<td>2</td>
<td>7</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>f. YOUR NEIGHBORS</td>
<td>1</td>
<td>2</td>
<td>7</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>g. CO-WORKERS</td>
<td>1</td>
<td>2</td>
<td>7</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>h. CHURCH MEMBERS</td>
<td>1</td>
<td>2</td>
<td>7</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>i. CLUB MEMBERS</td>
<td>1</td>
<td>2</td>
<td>7</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>j. PROFESSIONALS</td>
<td>1</td>
<td>2</td>
<td>7</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>k. ANY FRIENDS NOT INCLUDED</td>
<td>1</td>
<td>2</td>
<td>7</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>IN THESE CATEGORIES?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>l. NO ONE</td>
<td>1</td>
<td>2</td>
<td>7</td>
<td>8</td>
<td>9</td>
</tr>
</tbody>
</table>

11. Could you have used more financial assistance than you received? Would you say . . .

- A lot - 1
- Some - 2
- A little - 3
- None at all (received sufficient assistance) - 4
- REFUSED - 7
- DK - 8
- NA - 9

12. With whom did you spend the last winter holiday, that is, around Christmas, Channukah, or New Years? You may mention more than one. (Probe "anybody else").

If Respondent does not celebrate holidays, indicate "mentioned" for alone and go to next section.

<table>
<thead>
<tr>
<th>Category</th>
<th>MENTIONED</th>
<th>NOT MENTIONED</th>
<th>REF.</th>
<th>DK</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. ALONE</td>
<td>1</td>
<td>2</td>
<td>7</td>
<td>8</td>
</tr>
<tr>
<td>b. WITH SPOUSE</td>
<td>1</td>
<td>2</td>
<td>7</td>
<td>8</td>
</tr>
<tr>
<td>c. WITH CHILDREN</td>
<td>1</td>
<td>2</td>
<td>7</td>
<td>8</td>
</tr>
<tr>
<td>d. WITH SIBLINGS</td>
<td>1</td>
<td>2</td>
<td>7</td>
<td>8</td>
</tr>
<tr>
<td>e. WITH OTHER RELATIVES</td>
<td>1</td>
<td>2</td>
<td>7</td>
<td>8</td>
</tr>
<tr>
<td>f. WITH FRIENDS</td>
<td>1</td>
<td>2</td>
<td>7</td>
<td>8</td>
</tr>
<tr>
<td>g. WITH NEIGHBORS</td>
<td>1</td>
<td>2</td>
<td>7</td>
<td>8</td>
</tr>
<tr>
<td>h. OTHER (specify)</td>
<td>1</td>
<td>2</td>
<td>7</td>
<td>8</td>
</tr>
</tbody>
</table>
OCCUPATION (OCC)

Now I'm going to ask a few questions about your current work status.

1a. Are you currently working at a paying job?

1b. Full time or part time?

2. Within the last year, since have you retired from work?

GO TO 2

Yes - 1 (29)
No - 2
REFUSED - 7
DK - 8

Full time - 1 (30)
Part time - 2
REFUSED - 7
DK - 8

INCOME (INCOME)

1. Please look at this card. Which of these income groups represents your (and your spouse's) income for the past month/year? Include income from all sources such as wages, salaries, social security or retirement benefits, help from relatives, rent from property, and so forth:

Letter code __ (32)

REFUSED - 7
DK - 8

How often does it happen that you (and your spouse) do not have enough money to afford:

1. the kind of food you (and your spouse) should have?
2. the kind of medical care you (and your spouse) should have?
3. How much difficulty do you have in meeting the monthly payments on your bills?
4. In general, how do your finances usually work out at the end of the month? Do you find that you usually end up with some money left over, just enough to make ends meet, or not enough money to make ends meet?

<table>
<thead>
<tr>
<th></th>
<th>NEVER</th>
<th>ONCE IN A WHILE</th>
<th>FAIRLY OFTEN</th>
<th>VERY OFTEN</th>
<th>REF</th>
<th>DK</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>7</td>
<td>8</td>
</tr>
<tr>
<td>3</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>7</td>
<td>8</td>
</tr>
<tr>
<td>4</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>7</td>
<td>8</td>
</tr>
<tr>
<td>5</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Some money left over - 1 (36)
Just enough to make ends meet - 2
Not enough to make ends meet - 3
REFUSED - 7
DK - 8
GROUPS (GROUPS)

Now I would like to ask you a question about groups in which you are involved.

1. Do you participate in any groups such as a senior center, social or work group, church connected group, self-help group, or charity, public service or community group?  

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>REF</th>
<th>DK</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>2</td>
<td>7</td>
<td>8</td>
</tr>
<tr>
<td>Specify</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other services (OS)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Now, here are some types of services that a person may use. We want to ask about the services you specifically use.

Have you used this service in the past six months?

(Ask for each service):

<table>
<thead>
<tr>
<th>Service Description</th>
<th>Yes</th>
<th>No</th>
<th>REF</th>
<th>DK</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. A meals program</td>
<td>1</td>
<td>2</td>
<td>7</td>
<td>8</td>
</tr>
<tr>
<td>2. Friendly visitors</td>
<td>1</td>
<td>2</td>
<td>7</td>
<td>8</td>
</tr>
<tr>
<td>3. Telephone reassurance</td>
<td>1</td>
<td>2</td>
<td>7</td>
<td>8</td>
</tr>
<tr>
<td>4. Escort or transportation Service</td>
<td>1</td>
<td>2</td>
<td>7</td>
<td>8</td>
</tr>
<tr>
<td>5. Employment service</td>
<td>1</td>
<td>2</td>
<td>7</td>
<td>8</td>
</tr>
<tr>
<td>6. Legal services, protective services or financial</td>
<td>1</td>
<td>2</td>
<td>7</td>
<td>8</td>
</tr>
<tr>
<td>counseling</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Adult day care or day health services</td>
<td>1</td>
<td>2</td>
<td>7</td>
<td>8</td>
</tr>
<tr>
<td>8. Other social services</td>
<td>1</td>
<td>2</td>
<td>7</td>
<td>8</td>
</tr>
</tbody>
</table>
1. About how often do you go to religious meetings or services?

Never/Almost never - 1
Once or twice a year - 2
Every few months - 3
Once or twice a month - 4
Once a week - 5
More than once a week - 6
REFUSED - 7
DK - 8

2. How many people in your congregation do you know personally?

None - 1
A few (1-5) - 2
Many - 3
Almost all - 4
REFUSED - 5
DK - 8
NA - 9

3. Aside from attendance at religious services, do you consider yourself to be...

Deeply religious - 1
Fairly religious - 2
Only slightly religious - 3
Not at all religious - 4
Against religion - 5
REFUSED - 7
DK - 8

4. How much is religion a source of strength and comfort to you?

None - 1
A little - 2
A great deal - 3
REFUSED - 7
DK - 8
**LIFE EVENTS (LE)**

I am going to read a check list of experiences or events and I would like you to tell me if any of these things have happened to you in the past year.

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>REF.</th>
<th>DK</th>
<th>NA</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Have you been fired or laid off work?</td>
<td>1</td>
<td>2</td>
<td>7</td>
<td>8</td>
<td>(50)</td>
</tr>
<tr>
<td>2. Have you had to give up an important hobby or sport?</td>
<td>1</td>
<td>2</td>
<td>7</td>
<td>8</td>
<td>(51)</td>
</tr>
<tr>
<td>3. Have you been the victim of a criminal act (robbery or assault)?</td>
<td>1</td>
<td>2</td>
<td>7</td>
<td>8</td>
<td>(52)</td>
</tr>
<tr>
<td>4. Have you lost a close relative (other than a spouse) through death?</td>
<td>1</td>
<td>2</td>
<td>7</td>
<td>8</td>
<td>(53)</td>
</tr>
<tr>
<td>5. Have you lost a very close friend through death?</td>
<td>1</td>
<td>2</td>
<td>7</td>
<td>8</td>
<td>(54)</td>
</tr>
<tr>
<td>6. Have you been separated from a close friend or relative because of a move?</td>
<td>1</td>
<td>2</td>
<td>7</td>
<td>8</td>
<td>(55)</td>
</tr>
<tr>
<td>7. Have you become more involved in hobbies or sports?</td>
<td>1</td>
<td>2</td>
<td>7</td>
<td>8</td>
<td>(56)</td>
</tr>
<tr>
<td>8. Has some other family member (other than a spouse) become seriously ill or had an accident?</td>
<td>1</td>
<td>2</td>
<td>7</td>
<td>8</td>
<td>(57)</td>
</tr>
</tbody>
</table>

**FOR MARRIED PEOPLE ONLY, ALL OTHERS GO TO NEXT SECTION**

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>REF.</th>
<th>DK</th>
<th>NA</th>
</tr>
</thead>
<tbody>
<tr>
<td>9. Has your spouse become seriously ill or had a serious accident?</td>
<td>1</td>
<td>2</td>
<td>7</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>10. Has your spouse been hospitalized in the past year?</td>
<td>1</td>
<td>2</td>
<td>7</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>11. Has your spouse been in a convalescent home, rehabilitation center or nursing home in the past year?</td>
<td>1</td>
<td>2</td>
<td>7</td>
<td>8</td>
<td>9</td>
</tr>
</tbody>
</table>
### ACTIVITIES (ACT)

Here is a list of things people do in their free time. In the last month, how often have you done each of these things?

<table>
<thead>
<tr>
<th>Activity</th>
<th>Often</th>
<th>Sometimes</th>
<th>Never</th>
<th>REF.</th>
<th>DK</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Active sports or swimming</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>7</td>
<td>8</td>
</tr>
<tr>
<td>2. Take walks</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>7</td>
<td>8</td>
</tr>
<tr>
<td>3. Work in the garden/yard</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>7</td>
<td>8</td>
</tr>
<tr>
<td>4. Do physical exercises</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>7</td>
<td>8</td>
</tr>
<tr>
<td>5. Prepare your meals</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>7</td>
<td>8</td>
</tr>
<tr>
<td>6. Work at a hobby</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>7</td>
<td>8</td>
</tr>
<tr>
<td>7. Go out and do some shopping</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>7</td>
<td>8</td>
</tr>
<tr>
<td>8. Go out to a movie, restaurant, or sporting event</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>7</td>
<td>8</td>
</tr>
<tr>
<td>9. Read books, magazines, newspapers</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>7</td>
<td>8</td>
</tr>
<tr>
<td>10. Watch television</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>7</td>
<td>8</td>
</tr>
<tr>
<td>11. Day trips, overnight trips</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>7</td>
<td>8</td>
</tr>
<tr>
<td>12. Unpaid community/volunteer work</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>7</td>
<td>8</td>
</tr>
<tr>
<td>13. Paid community work</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>7</td>
<td>8</td>
</tr>
<tr>
<td>14. Regularly play cards/games/bingo</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>7</td>
<td>8</td>
</tr>
<tr>
<td>15. Any other activities (specify)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>7</td>
<td>8</td>
</tr>
</tbody>
</table>
FOLLOW-UP INFORMATION (FUI)

1. What is your telephone number?
   - __ __ __ - __ __ __ __
     CORRECT - 1 (76)
     INCORRECT or DK - 2
     REFUSED - 7

2. What is your correct address?

3. Can you give me name, address, and telephone number of a person who does not live with you and who would know where you are, in case we need to contact you in the future?

<table>
<thead>
<tr>
<th>Full Name (Last, First, MI)</th>
<th>Address</th>
<th>Telephone Number</th>
<th>Relationship to the Respondent</th>
</tr>
</thead>
</table>

Time completed __ : __
Household ID ______
Respondent ID ______
Questionnaire # ______
1. **FALL STUDY ELIGIBILITY** (FALLS)

   - INELIGIBLE
   - CONCLUDE
   - INTERVIEW

2. **FOR ELIGIBLE RESPONDENTS PLEASE READ THE FOLLOWING STATEMENT TO THOSE SUBJECTS WHO HAVE BEEN SELECTED FOR PARTICIPATION IN THE FALL STUDY.** IF PEOPLE DO ASK YOU QUESTIONS, YOU CAN LET THEM KNOW THAT YOU ARE NOT FAMILIAR WITH THE DETAILS, BUT THAT PEOPLE ARE FREE TO CALL EITHER MYSELF OR SANDY GINTER.

   Dr. Mary Tinetti, a faculty member at Yale University, is beginning a study looking at the problem of falls among older persons. Participants of the Yale Health and Aging Project who are over age 75 are being asked to participate in the Fall Project.

   Dr. Tinetti has asked that I leave this letter with you. Mrs. Sandra Ginter, the nurse working with Dr. Tinetti, will be calling you soon to discuss the study, to let you know what your involvement would entail, and to obtain your consent. Mrs. Ginter will be happy to answer any questions you have about the Fall Study. You should be hearing from Mrs. Ginter within the next week or so.

   YES, RESPONDENT - 1
   YES, PROXY - 2
   PLEASE NOTE REASON
   REFUSED BY RESPONDENT - 3
   REFUSED BY OTHER - 4
   NA - 9

   NOTES: ______________________________________________________________
   ______________________________________________________________
   ______________________________________________________________

   Editor __ __ __
1. Interviewer ID #

2. Date of interview

3. Length of interview

4. What type of building does respondent live in?
   - Detached single family house - 1 (16)
   - Two-four family house or apartment - 2
   - Semi-detached family row house,
     Townhouse (2 or more units in a row) - 3
   - Apartment house (5 or more units) - 4
   - Apartment in a partially commercial structure - 5
   - Trailer - 6
   - Other - 7

5. Does respondent have to climb a flight of stairs
   (greater than 3 stairs) to get to living quarters?
   - Yes - 1 (17)
   - No - 2
   - DK - 8

6. Condition of apartment walls, ceilings,
   windows and fixtures.
   - In good condition - 1 (18)
   - Needs some repair - 2
   - Needs a lot of repair - 3

7. Condition of furnishings in apartment:
   - In good condition - 1 (19)
   - In fair condition - 2
   - In poor condition - 3

8. Cleanliness of apartment:
   - Very neat and clean - 1 (20)
   - Fairly neat and clean - 2
   - Not too neat and clean - 3
   - Not at all neat and clean - 4

9. Any other remarkable thing about the dwelling?
   - Yes - 1 (21)
   - No - 2
10. **Respondent’s grooming:**

   - Very neat and clean - 1
   - Fairly neat and clean - 2
   - Not neat and clean - 3
   - Not at all neat and clean - 4

11a. Was Respondent disturbed or upset at any part of the interview?

   - Yes - 1
   - No - 2

   b. **If yes:** for what parts of the interview? If disturbed more often, select 3 most upsetting pages.

12a. **Language:**

   - No language problem - 1
   - Has some difficulty speaking English - 2
   - Has great difficulty speaking English - 3

   b. **Language of interview:**

   - Italian - 1
   - Spanish - 2
   - Portuguese - 3
   - English - 4
   - Other - 5

13. **What was the Respondent’s overall attitude toward the interview?**

   - Friendly and eager - 1
   - Cooperative but not particularly eager - 2
   - Indifferent - 3
   - Suspicious - 4
   - Hostile - 5

14. **Impression of affect, mood. . .**

   - Excited - 1
   - Alert - 2
   - Normal - 3
   - Apathetic (monotonic lack of affect) - 4
   - Mildly depressed (sadness, underlying non-sad facade) - 5
   - Moderately depressed (perceptible overt sadness) - 6
   - Severely depressed (pronounced overt sadness) - 7
15. Was the research interview perceived as helpful by the subject?

16. Please rate your confidence on the ability of the respondent to give an accurate history.

17a. Was anyone else present during the interview?

b. If Yes: who was present?

18a. Interview completed?

b. If not completed: where did the interview end?
19. Observed physical difficulties:

   a. Hearing impairment  
   Yes  No  (54)
   1  2

   b. Visual impairment  
   Yes  No  (55)
   1  2

   c. Wheelchair  
   Yes  No  (56)
   1  2

   d. Use cane, crutches, walker  
   Yes  No  (57)
   1  2

   e. Walking difficulties  
   Yes  No  (58)
   1  2

   f. Crippled hands or legs  
   Yes  No  (59)
   1  2

   g. Coughs continually  
   Yes  No  (60)
   1  2

   h. Shortness of breath  
   Yes  No  (61)
   1  2

   i. Skin problems  
   Yes  No  (62)
   1  2

   j. Speech problems - not language  
   Yes  No  (63)
   1  2

   k. Other physical abnormalities  
   Yes  No  (64)
   1  2

   l. Specify _______________________


20. Is it your impression that the Subject is able to handle (cope with) major problems which occur in his/her life?
   Yes - 1  (55)
   No - 2
   DK - 8

21. Is it your impression that the Subject finds life exciting and enjoyable?
   Yes - 1  (66)
   No - 2
   DK - 8

22. Is the Subject either extremely overweight, or malnourished and emaciated?

   Yes, malnourished or emaciated - 1  (67)
   Yes, extremely overweight - 2
   No, neither - 3

EDITOR - ___  (68)