ACKNOWLEDGEMENT OF ASSISTANCE

ALL MANUSCRIPTS UTILIZING DATA MADE AVAILABLE THROUGH THE CONSORTIUM SHOULD ACKNOWLEDGE THAT FACT AS WELL AS IDENTIFY THE ORIGINAL COLLECTOR OF THE DATA. THE ICPSR COUNCIL URGES ALL USERS OF THE ICPSR DATA FACILITIES TO FOLLOW SOME ADAPTATION OF THIS STATEMENT WITH THE PARENTHESES INDICATING ITEMS TO BE FILLED IN APPROPRIATELY OR DELETED BY THE INDIVIDUAL USER.


IN ORDER TO PROVIDE FUNDING AGENCIES WITH ESSENTIAL INFORMATION ABOUT THE USE OF ARCHIVAL RESOURCES AND TO FACILITATE THE EXCHANGE OF INFORMATION ABOUT ICPSR PARTICIPANTS' RESEARCH ACTIVITIES, EACH USER OF THE ICPSR DATA FACILITIES IS EXPECTED TO SEND TWO COPIES OF EACH COMPLETED MANUSCRIPT OR THESIS ABSTRACT TO THE CONSORTIUM. PLEASE INDICATE IN THE COVER LETTER WHICH DATA WERE USED.
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I

INTRODUCTION

DATA COLLECTION DESCRIPTION


PART I, THE HEALTH NEEDS OF OLDER PEOPLE, REPORTS INFORMATION ABOUT THE HEALTH NEEDS AND MEDICAL CARE FOR THE ELDERLY, MEASURES HOW AND TO WHAT EXTENT OTHERS ASSUME FINANCIAL AND OTHER RESPONSIBILITY FOR AGING PARENTS AND DESCRIBES THE ATTITUDES OF THE ELDERLY AND OTHERS CONCERNING HEALTH, INCOME, WORK, LIVING ARRANGEMENTS, FAMILY AND FRIEND RELATIONSHIPS AND FAMILY RESPONSIBILITIES FOR THE ELDERLY. THE DATA ARE BASED ON A SAMPLE OF 1734 PERSONS 65 YEARS AND OVER AND 380 PERSONS 60-64 YEARS OF AGE. IN ADDITION, THE RESPONDENTS WERE ASKED TO NAME SOMEONE THEY WOULD TURN TO FOR ASSISTANCE IN A HEALTH CRISIS; 1719 'DESIGNATED INDIVIDUALS' WERE ALSO INTERVIEWED. THE 'DESIGNATED INDIVIDUALS' WERE QUESTIONED ABOUT SOME OF THE SAME TOPICS--THE OLDER PERSON'S HEALTH, INCOME AND LIVING ARRANGEMENTS. IN ADDITION 'DESIGNATED INDIVIDUALS' WERE ALSO ASKED ABOUT THEIR ATTITUDES TOWARD HEALTH AND TOWARD THE DUTIES OF ADULT CHILDREN TO THEIR PARENTS.

PART II CONTAINS INFORMATION DESCRIBING OLDER PERSONS WHO WERE LOCATED DURING THE HOUSEHOLD ENUMERATION PHASE OF THE SURVEY AND ASSIGNED A SCHEDULE NUMBER. FOR A VARIETY OF REASONS (SEE APPENDIX B IN SHANAS, THE HEALTH OF OLDER PEOPLE), THEY WERE UNABLE TO COMPLETE THE INTERVIEW SCHEDULE.

PART III, PUBLIC ATTITUDES ON OLDER PEOPLE, SURVEYED A CROSS-SECTION OF ADULT AMERICANS 21 YEARS AND OLDER. THE SURVEY WAS MAINLY CONCERNED WITH THREE ISSUES: WHAT RESPONSIBILITY YOUNGER AND MIDDLE AGED PEOPLE ASSUME FOR OLDER RELATIVES; THE KINDS OF PLANS, IF ANY, THESE YOUNGER PEOPLE MAKE FOR THEIR OWN MAINTENANCE IN LATER YEARS; AND OVERALL ATTITUDES ON THE PART OF ALL AGE GROUPS TOWARD CERTAIN SITUATIONS WHICH ARE COMMON IN LATER LIFE. THE STUDY SOUGHT TO DETERMINE PUBLIC ATTITUDES WITH RESPECT TO CERTAIN HEALTH AND ECONOMIC PROBLEMS OF OLDER PEOPLE AND MEASURES FOR DEALING WITH THEM. QUESTIONS DEALT WITH THE AWARENESS OF THE GENERAL PUBLIC OF THE HEALTH AND MEDICAL CARE PROBLEMS OF THE ELDERLY, ATTITUDES TOWARD FAMILIES THAT HAD INSTITUTIONALIZED AN OLDER RELATIVE, CONCEPTION OF INSTITUTIONS FOR THE ELDERLY, THE EXTENT TO WHICH SOCIETY HAS RESPONSIBILITY FOR THE ELDERLY, THE EXTENT TO WHICH THE ELDERLY ARE TO BLAME FOR THEIR ECONOMIC PLIGHT, AND PREFERENCES BETWEEN GOVERNMENTAL AND PRIVATE WELFARE SOLUTIONS TO PROVIDE MEDICAL CARE FOR THE AGED.

MORE SPECIFICALLY THE QUESTIONNAIRE WAS ORGANIZED TO COVER THE FOLLOWING TOPICS: 1. WHEN THE RESPONDENT THINKS PEOPLE ARE OLD AND WHY; 2. THE FINANCING OF PEOPLE IN LATER LIFE; 3. THE HEALTH OF OLDER PEOPLE AND THE MEETING OF MEDICAL COSTS IN OLD AGE; 4. KNOWLEDGE OF AND ATTITUDES TOWARD HOMES FOR THE AGED; 5. THE RESPONDENT'S RESPONSIBILITIES, PRESENT AND EXPECTED, TOWARD HIS OWN PARENTS; AND 6. THE RESPONDENT'S ATTITUDES TOWARD OLDER PEOPLE. SOME OF THE QUESTIONS ON THIS QUESTIONNAIRE WERE IDENTICAL TO THOSE ON THE OLDER PERSONS QUESTIONNAIRE.

RELATED PUBLICATIONS:

DATA COLLECTION PROCEDURES AND SAMPLING INFORMATION

ALL THE UNITS IN THE PRIMARY SAMPLING UNITS, ALMOST ALL IN THE SECOND STAGE (LOCALITIES), MOST OF THOSE IN THE THIRD STAGE (CENSUS TRACTS OR ENUMERATION DISTRICTS), AND SOME IN THE FOURTH STAGE (SEGMENTS) WERE DRAWN IN 1953.

PRIMARY SAMPLING UNITS WERE ALL STANDARD METROPOLITAN AREAS AS DEFINED IN THE 1950 CENSUS OF POPULATION AND ALL INDIVIDUAL COUNTIES OUTSIDE SMSA'S. THESE WERE GROUPED INTO 68 STRATA ACCORDING TO GEOGRAPHIC REGION, SIZE, SIZE OF LARGEST COMMUNITY, MEDIAN FAMILY INCOME, ECONOMIC CHARACTERISTICS, AVAILABILITY OF MEDICAL FACILITIES AND, IN THE SOUTH, RACIAL CHARACTERISTICS. FOR EACH OF THE STRATA, ONE PRIMARY SAMPLING UNIT WAS SELECTED WITH PROBABILITY PROPORTIONAL TO ITS ESTIMATED 1953 POPULATION.

WITHIN EACH SELECTED PSU, LOCALITIES WERE ORDERED ACCORDING TO THESE CATEGORIES: CITIES WITH BLOCK STATISTICS, OTHER URBAN PLACES, URBANIZED MINOR CIVIL DIVISIONS AND OTHER MINOR CIVIL DIVISIONS ORDERED BY 1950 POPULATION REPORTS WITHIN EACH CATEGORY. LOCALITIES WERE SELECTED USING A RANDOM START AND APPLYING A DESIGNATED SKIP INTERVAL. THIS PROVIDED STRATIFICATION ACCORDING TO SIZE AND URBAN TYPE OF LOCALITY, AND AT THE SAME TIME SELECTION WITH PROBABILITY PROPORTIONAL TO SIZE.

THE THIRD STAGE CONSISTED OF 1950 CENSUS TRACTS ORDERED ACCORDING TO MEDIAN INCOME. SELECTION WAS MADE USING A RANDOM START AND APPLYING A DESIGNATED SKIP PATTERN TO PROVIDE STRATIFICATION. IN LOCALITIES WITHOUT BLOCK STATISTICS, ENUMERATION DISTRICT TABULATIONS WERE OBTAINED FROM THE CENSUS BUREAU. THE DESIRED NUMBER IN EACH LOCALITY (DETERMINED BY THE NUMBER OF TIMES THE LOCALITY WAS CHOSEN IN STAGE 2) WAS SELECTED, USING PROBABILITY PROPORTIONAL TO NUMBER OF HOUSEHOLDS.

IN CITIES WITH BLOCK STATISTICS, A BLOCK WAS SELECTED WITHIN THE ALREADY SELECTED CENSUS TRACT WITH PROBABILITY PROPORTIONAL TO NUMBER OF DWELLING UNITS. IN ENUMERATION DISTRICTS, THE SELECTED DISTRICTS WERE DIVIDED INTO SEGMENTS AND APPROXIMATE MEASURES OF NUMBER OF HOUSEHOLDS WITHIN EACH SEGMENT DETERMINED BY FIELD COUNT. THEN SELECTION OF THE SEGMENTS WAS MADE WITH PROBABILITY PROPORTIONAL TO NUMBER OF HOUSEHOLDS.

A LISTING OF HOUSEHOLDS WAS MADE IN EACH SELECTED SEGMENT OR BLOCK. HOUSEHOLDS WERE SELECTED FROM THE LISTING SHEETS WITH A PROBABILITY DETERMINED BY THE RATIO OF THE FINAL SAMPLING RATIO OF HOUSEHOLDS (0.000147) TO THE PROBABILITY WITH WHICH THE SEGMENT HAD BEEN SELECTED.
IV

IN SCREENING FOR OLDER PERSONS, THE INTERVIEWER CARRIED OUT AN ENUMERATION OF EVERY MEMBER OF THE HOUSEHOLD DETERMINING AGE, SEX AND RELATIONSHIP TO HEAD OF HOUSEHOLD. FOR EVERY PERSON 65 AND OLDER, AN INTERVIEW NUMBER WAS ASSIGNED, AND INTERVIEWS SCHEDULED. A RANDOM HALF OF THE PERSON 60-64 YEARS OF AGE WERE INTERVIEWED AS WELL.

THE DISADVANTAGES OF HIGH CLUSTERING BROUGHT ABOUT BY INTERVIEWING EVERY PERSON 65 AND OLDER IN A HOUSEHOLD WERE FELT TO BE OUTWEIGHED BY THE ADVANTAGES OF OBTAINING DATA ON BOTH HUSBAND AND WIFE, MAKING ADDITIONAL ANALYSES OF COUPLES POSSIBLE.

A TOTAL OF 6,878 HOUSEHOLDS WERE DESIGNATED FOR SCREENING. AN AGE-SEX ENUMERATION WAS COMPLETED FOR 6,755 OR 98.2 PERCENT OF THESE HOUSEHOLDS. THE ENUMERATION OF THE 6,755 HOUSEHOLDS PRODUCED A LIST OF 2,094 PERSONS AGE 65 OR OLDER. OF THESE, INTERVIEWS WERE COMPLETED FOR 1,734 OR 82.8 PERCENT. INTERVIEWS WERE COMPLETED FOR MORE THAN 85 PERCENT OF THE 60-64 YEAR OLDS. FOR A COMPLETE DISCUSSION OF POSSIBLE BIAS DUE TO LOSS RATE AND SAMPLING VARIABILITY, SEE APPENDIX B IN SHANAS, THE HEALTH OF OLDER PEOPLE: A SOCIAL SURVEY.

THE GENERAL PUBLIC SURVEY, PUBLIC ATTITUDES ON OLDER PEOPLE, (PART III) IS BASED ON AN AREALLY-RESTRICTED QUOTA SAMPLE OF THE ADULT POPULATION. THIS TYPE OF SAMPLING DIFFERED FROM THE AREA-PROBABILITY TYPE EMPLOYED IN THE OLDER PERSON SURVEY. IN THIS SURVEY EACH INTERVIEWER WAS ASSIGNED SEVERAL DEFINITE SMALL AREAS IN EACH OF WHICH HE WAS TO CONDUCT A SPECIFIED NUMBER OF INTERVIEWS. THE AREAS WERE RANDOMLY SELECTED WITH PROBABILITY PROPORTIONATE TO SIZE. THEY WERE LOCATED WITHIN THE SECONDARY SAMPLING UNITS THAT WERE USED IN THE PROBABILITY SAMPLE OF OLDER PERSONS.

THE INTERVIEWER WAS INSTRUCTED TO OBTAIN A SPECIFIED NUMBER OF INTERVIEWS WITH INDIVIDUALS BELONGING TO AGE-SEX-RACE CATEGORY BASED ON DEMOGRAPHIC QUOTAS SET UP ON THE BASIS OF EXTRAPOLATIONS FROM THE MOST RECENT CENSUS DATA. THE INTERVIEWER WAS ASSIGNED A RANDOM STARTING POINT WITHIN EACH BLOCK AND WAS TOLD TO MAKE A CALL AT EACH SUCCEEDING DWELLING UNIT UNTIL THE SEGMENT AND AGE-SEX-RACE QUOTAS WERE FILLED. FOR A MORE DETAILED DESCRIPTION OF POSSIBLE PROBLEMS WITH THIS APPROACH: SEE APPENDIX B IN THE HEALTH NEEDS OF OLDER PEOPLE CITED ABOVE.
FILE STRUCTURE


THE DATA ARE SORTED BY CASE WITH ALL DECKS FOR A CASE TOGETHER IN ASCENDING ORDER. THE OSIRIS DICTIONARY GIVES THE FORMAT AND OTHER INFORMATION FOR EACH VARIABLE IN THE OSIRIS DATA FILE. THE DICTIONARY OR DICTIONARY-CODEBOOK FILE IS USED IN CONJUNCTION WITH THE OSIRIS SOFTWARE PACKAGE. THE OSIRIS DATA FILE IS CONSTRUCTED WITH A SINGLE LOGICAL RECORD FOR EACH CASE.

THERE ARE 828 VARIABLES AND 2114 CASES IN PART I. EACH RECORD CONSISTS OF A RESPONSE TO THE HOUSEHOLD ENUMERATION FOLDER, THE OLDER PERSON'S QUESTIONNAIRE, A HOSPITAL SUPPLEMENT AND THE 'DESIGNATED INDIVIDUAL' SURVEY. THE HOSPITAL SUPPLEMENT PORTION OF THE RECORD IS PADDED WITH MISSING DATA IF THERE WAS NO HOSPITALIZATION INCIDENT. THE 'DESIGNATED INDIVIDUAL' PORTION OF THE RECORD IS PADDED WITH MISSING DATA IF NO INDIVIDUAL WAS NAMED OR IF THE 'DESIGNATED INDIVIDUAL' COULD NOT BE INTERVIEWED.

THERE ARE 26 VARIABLES AND 326 CASES IN PART II. EACH RECORD CONSISTS OF THE RESPONSES TO THE HOUSEHOLD ENUMERATION FOLDER FOR THOSE INDIVIDUALS WHO DID NOT COMPLETE THE ENTIRE INTERVIEW.

THERE ARE 102 VARIABLES AND 2567 CASES IN PART III. EACH RECORD CONTAINS THE RESPONSES TO THE PUBLIC ATTITUDES ON OLDER PEOPLE SURVEY.

THE OSIRIS DATA FILE CAN BE ACCESSED DIRECTLY THROUGH SOFTWARE PACKAGES OR PROGRAMS WHICH DO NOT USE THE OSIRIS DICTIONARY BY SPECIFYING THE TAPE LOCATIONS OF THE DESIRED VARIABLES. THESE TAPE LOCATIONS ARE GIVEN IN THE OSIRIS DICTIONARY-CODEBOOK.
THE EXAMPLE BELOW IS A REPRODUCTION OF INFORMATION APPEARING IN THE MACHINE-READABLE CODEBOOK FOR A TYPICAL VARIABLE. THE NUMBERS IN BRACKETS DO NOT APPEAR BUT ARE REFERENCES TO THE DESCRIPTIONS WHICH FOLLOW THIS EXAMPLE.

[4] REF 0526
[5] LOC 818  WIDTH 4
[6] --IF "YES" TO Q.HS7(A)--
[7] Q.HS7A(1) DO YOU KNOW (CAN YOU REMEMBER) HOW MUCH YOUR DOCTOR BILL WAS FOR THIS STAY IN THE HOSPITAL?
[8] ACTUAL NUMBER IS CODED.
[9] [10]
14 0002. HAVEN'T RECEIVED BILL YET
19 0003. COVERED IN HOSPITAL BILL (INCLUDED IN SINGLE BILL)
0004. DOLLARS
   
0999. DOLLARS
38 0000. INAP., CODED 4 AT Q.HS7(A)
   6 9997. NO ANSWER
32 9998. DK
1987 9999. INAP., CODED 0 AT Q.HS.A, NO HOSPITALIZATION
[1] Indicates the variable and reference numbers. A variable number and a reference number are assigned to each variable in the data collection. In the present codebook which documents the archived data collection these numbers are identical. Should the data be subsetted or rearranged by an Osiris program (e.g., MMP to intersperse data from another source, or TCOT to produce an analysis deck), the variable numbers would change to reflect the order of the new data collection, while the reference number would remain unchanged to reflect the variable number in the codebook describing the archived data collection.

[2] Indicates the abbreviated variable name (maximum of 24 characters) used in the Osiris system to identify the variable for the user. An expanded version of the variable name can be found in the variable description list.

[3] Indicates the code values of missing data. In this example, code values equal to 0 or greater than or equal to 9997 are missing data (MD=0 or GE 9997). Alternative statements for other variables are "MD=8," "MD GE 9," or "NO MISSING DATA CODES." Some analysis software packages (including the Osiris software package) require that certain types of data which the user desires to be excluded from analysis be designated as "MISSING DATA," e.g., inappropriate, unascertained, unascertainable, or ambiguous data categories. Although these codes are defined as missing data categories, this does not mean that the user should not or cannot use them in a substantive role if so desired.

[4] Indicates the starting location and width of this variable when the data are stored on a magnetic tape in the Osiris format. If the variable is of a multiple-response type, the width referenced is that of a single response. In this example the variable named "A: R REMEMBER DOC BILL" is 4 column(s) wide and is located in the 818th column within the record.
[5] INDICATES THE CONTINGENCY TEXT. CONTINGENCIES APPEAR IN SURVEY DATA COLLECTIONS BECAUSE RESPONDENTS ARE ASKED A PARTICULAR QUESTION CONTINGENT UPON THEIR RESPONSE(S) TO A PREVIOUS QUESTION(S). CONTINGENCY TEXT TELLS WHAT THESE QUESTIONS AND RESPONSES WERE.


[7] "ACTUAL NUMBER IS CODED" APPEARS IN THE CODEBOOK TO INDICATE THAT THE VARIABLE HAS BEEN DECLARED CONTINUOUS.

[8] INDICATES THE FREQUENCY OF OCCURRENCE OF EACH CODE VALUE FOR THIS VARIABLE. FREQUENCIES INSERTED IN THIS CODEBOOK ARE NOT WEIGHTED.

[9] INDICATES THE CODE VALUES OCCURRING IN THE DATA FOR THIS VARIABLE.

[10] INDICATES THE TEXTUAL DEFINITIONS OF THE CODES. ABBREVIATIONS COMMONLY USED IN THE CODE DEFINITIONS ARE "DK" (DO NOT KNOW), "NA" (NOT ASCERTAINED), AND "INAP" (INAPPROPRIATE).

THE DATA COLLECTION WAS PROCESSED ACCORDING TO THE STANDARD ICPSR PROCESSING PROCEDURES. THE DATA WERE CHECKED FOR ILLEGAL OR INCONSISTENT CODE VALUES WHICH, WHEN FOUND, WERE RECODED TO OSIRIS MISSING DATA VALUES.


STATEMENTS BRACKETED IN "]" AND "[" SIGNS IN THE BODY OF THE CODEBOOK WERE ADDED BY THE PROCESSORS FOR EXPLANATORY PURPOSES.
ICPSR PROCESSING VARIABLES

1  ICPSR STUDY NUMBER-7686
2  ICPSR EDITION NUMBER-1
3  ICPSR PART NUMBER-001
4  CASE ID NUMBER

DEMOGRAPHIC INFORMATION ON RESPONDENT

5  HOUSEHOLD NUMBER
6  SEGMENT NUMBER
7  LAST DIGIT LINE NUMBER
8  FARM-NON-FARM
9  RACE
10  TYPE OF HOUSEHOLD
11  NUMBER OF PERSONS IN HOUSEHOLD 65 OR OLDER
12  NUMBER OF PERSONS IN HOUSEHOLD 60-64
13  TOTAL NUMBER OF PERSONS IN HOUSEHOLD
14  AGE OF HOUSEHOLD HEAD
15  FIRST DIGIT OF INDIVIDUAL IDENTIFICATION NUMBER
16  SECOND DIGIT OF INDIVIDUAL IDENTIFICATION NUMBER
17  AGE AT LAST BIRTHDAY
18  SEX
19  MARITAL STATUS
20  RELATION OF R TO HEAD OF HOUSEHOLD
21  ORIGINAL INTERVIEWER NUMBER
22  SCHEDULE NUMBER
23  DISPOSITION OF INDIVIDUAL CASE
24  DISPOSITION OF DESIGNATED INDIVIDUAL
25  CASES ADDED TO SAMPLE
26  AGE
27  SCHEDULE NUMBER
28  GENERAL HEALTH
29  COMPARE HEALTH WITH OTHERS SAME AGE
30  AGE IN YEARS

HAS RESPONDENT SEEN DOCTOR PAST FOUR WEEKS

31  SAW DOCTOR PAST 4 WEEKS
32  REASON NOT BEEN TO DOCTOR

NUMBER OF TIMES RESPONDENT SAW DOCTOR AT HOME AND FOR WHAT ILLNESS

33  SAW DR AT HOME
34  WHAT ILLNESS HOME - 1ST MENTION
35  WHAT ILLNESS HOME - 2ND MENTION
36  NUMBER OF WEEKS HAD ILLNESS - HOME
37  NUMBER OF MONTHS HAD ILLNESS - HOME
38  NUMBER OF YEARS HAD ILLNESS - HOME
39  HOW LONG HAD ILLNESS - HOME
40  NUMBER OF TIMES SAW DOCTOR AT HOME
NUMBER OF TIMES RESPONDENT SAW DOCTOR AT CLINIC AND FOR WHAT ILLNESS

41 SAW DOCTOR AT CLINIC
42 NUMBER OF TIMES SAW DOCTOR AT CLINIC
43 WHAT ILLNESS AT CLINIC - 1ST MENTION
44 WHAT ILLNESS AT CLINIC - 2ND MENTION
45 NUMBER OF WEEKS HAD ILLNESS - CLINIC
46 NUMBER OF MONTHS HAD ILLNESS - CLINIC
47 NUMBER OF YEARS HAD ILLNESS - CLINIC
48 HOW LONG HAD ILLNESS - CLINIC

NUMBER OF TIMES RESPONDENT SAW DOCTOR AT OFFICE AND FOR WHAT ILLNESS

49 SAW DOCTOR AT OFFICE
50 WHAT SICKNESS OFFICE - 1ST MENTION
51 WHAT SICKNESS OFFICE - 2ND MENTION
52 NUMBER OF WEEKS HAD ILLNESS - OFFICE
53 NUMBER OF MONTHS HAD ILLNESS - OFFICE
54 NUMBER OF YEARS HAD ILLNESS - OFFICE
55 HOW LONG HAD ILLNESS - OFFICE
56 NUMBER OF TIMES SAW DOCTOR AT OFFICE

AMOUNT AND PAYMENT OF DOCTOR'S BILLS

57 DID RESPONDENT PAY FOR DOCTOR
58 AMOUNT OF DOCTORS BILLS - 1ST MENTION
59 AMOUNT OF DOCTOR BILLS - 2ND MENTION
60 HOW PAY DOCTOR'S BILLS - 1ST MENTION
61 HOW PAY DOCTOR'S BILLS - 2ND MENTION
62 WHY DON'T PAY DOCTOR'S BILLS

NURSING CARE INFORMATION

63 DOES R HAVE NURSING CARE
64 WHO WAS THIS PERSON - 1ST MENTION
65 WHO WAS THIS PERSON - 2ND MENTION
66 NUMBER OF DAYS FIRST PERSON HELPED
67 NUMBER OF DAYS SECOND PERSON HELPED
68 VISITING NURSE AVAILABLE
69 VISITING NURSE HELPED RESPONDENT
70 NUMBER OF TIMES NURSE SAW RESPONDENT

SPECIAL HEALTH CARE ARRANGEMENTS

71 SPECIAL ARRANGEMENTS - 1ST MENTION
72 SPECIAL ARRANGEMENTS - 2ND MENTION
73 SPECIAL ARRANGEMENTS - 3RD MENTION
74 SPECIAL ARRANGEMENTS - 4TH MENTION
75 SPECIAL ARRANGEMENTS - 5TH MENTION
HOSPITALIZATION/DOCTOR'S CARE

76 IN HOSPITAL DURING LAST 12 MONTHS
77 SAW A DOCTOR IN PAST 4 MONTHS
78 WHY SAW DOCTOR THEN
79 EVER GOTTEN CHECK-UP
80 HOW LONG AGO HAD CHECK-UP
81 WHY SAW DOCTOR THEN
82 FLAG - R'S AGE=60–64

DURATION/LIMITATION OF RESPONDENT'S ILLNESSES

83 BOthered during the past 4 weeks
84 FIRST ILLNESS
85 NUMBER OF WEEKS HAD 1ST ILLNESS
86 NUMBER OF MONTHS HAD 1ST ILLNESS
87 NUMBER OF YEARS HAD 1ST ILLNESS
88 A: HOW 1ST ILLNESS LIMITED R
89 B: HOW 1ST ILLNESS LIMITED R
90 C: HOW 1ST ILLNESS LIMITED R
91 D: HOW 1ST ILLNESS LIMITED R
92 E: HOW 1ST ILLNESS LIMITED R
93 F: HOW 1ST ILLNESS LIMITED R
94 SECOND ILLNESS
95 NUMBER OF WEEKS HAD 2ND ILLNESS
96 NUMBER OF MONTHS HAD 2ND ILLNESS
97 NUMBER OF YEARS HAD 2ND ILLNESS
98 A: HOW 2ND ILLNESS LIMITED R
99 B: HOW 2ND ILLNESS LIMITED R
100 C: HOW 2ND ILLNESS LIMITED R
101 D: HOW 2ND ILLNESS LIMITED R
102 E: HOW 2ND ILLNESS LIMITED R
103 F: HOW 2ND ILLNESS LIMITED R
104 THIRD ILLNESS
105 NUMBER OF WEEKS HAD 3RD ILLNESS
106 NUMBER OF MONTHS HAD 3RD ILLNESS
107 NUMBER OF YEARS HAD 3RD ILLNESS
108 A: HOW 3RD ILLNESS LIMITED R
109 B: HOW 3RD ILLNESS LIMITED R
110 C: HOW 3RD ILLNESS LIMITED R
111 D: HOW 3RD ILLNESS LIMITED R
112 E: HOW 3RD ILLNESS LIMITED R
113 FOURTH ILLNESS
114 NUMBER OF WEEKS HAD 4TH ILLNESS
115 NUMBER OF MONTHS HAD 4TH ILLNESS
116 NUMBER OF YEARS HAD 4TH ILLNESS
117 A: HOW 4TH ILLNESS LIMITED R
118 B: HOW 4TH ILLNESS LIMITED R
119 C: HOW 4TH ILLNESS LIMITED R
120 D: HOW 4TH ILLNESS LIMITED R
121 E: HOW 4TH ILLNESS LIMITED R
122 FIFTH ILLNESS
123 NUMBER OF WEEKS HAD 5TH ILLNESS
124 NUMBER OF MONTHS HAD 5TH ILLNESS
125 NUMBER OF YEARS HAD 5TH ILLNESS
126 A: HOW 5TH ILLNESS LIMITED R
127 B: HOW 5TH ILLNESS LIMITED R
128 C: HOW 5TH ILLNESS LIMITED R
129 D: HOW 5TH ILLNESS LIMITED R
130 E: HOW 5TH ILLNESS LIMITED R
131 SIXTH ILLNESS
132 NUMBER OF WEEKS HAD 6TH ILLNESS
133 NUMBER OF MONTHS HAD 6TH ILLNESS
134 NUMBER OF YEARS HAD 6TH ILLNESS
135 A: HOW 6TH ILLNESS LIMITED R
136 OTHER ILLNESS BOTHERS R
137 FIRST OTHER ILLNESS
138 NUMBER OF WEEKS HAD OTHER 1ST ILLNESS
139 NUMBER OF MONTHS HAD OTHER 1ST ILLNESS
140 NUMBER OF YEARS HAD OTHER 1ST ILLNESS
141 SECOND OTHER ILLNESS
142 NUMBER OF WEEKS HAD OTHER 2ND ILLNESS
143 NUMBER OF MONTHS HAD OTHER 2ND ILLNESS
144 NUMBER OF YEARS HAD OTHER 2ND ILLNESS
145 THIRD OTHER ILLNESS
146 NUMBER OF WEEKS HAD OTHER 3RD ILLNESS
147 NUMBER OF MONTHS HAD OTHER 3RD ILLNESS
148 NUMBER OF YEARS HAD OTHER 3RD ILLNESS
149 FOURTH OTHER ILLNESS
150 NUMBER OF WEEKS HAD OTHER 4TH ILLNESS
151 NUMBER OF MONTHS HAD OTHER 4TH ILLNESS
152 NUMBER OF YEARS HAD OTHER 4TH ILLNESS

RESPONDENT'S PROBLEMS WITH BODY PARTS

153 LOST USE OF PART OF BODY
154 DIFFICULTY MOVING
155 WHAT PART OF BODY IS TROUBLESOME - 1ST MENTION
156 WHAT PART OF BODY IS TROUBLESOME - 2ND MENTION
157 HOW DID TROUBLE HAPPEN - 1ST MENTION
158 HOW DID TROUBLE HAPPEN - 2ND MENTION
159 WHEN DID TROUBLE HAPPEN
160 LOSS KEEP R FROM WORK
161 LOSS KEEP R FROM OUTSIDE
162 LOSS KEEP R IN BED
163 LOSS KEEP R IN A CHAIR
164 LOSS KEEP R IN HOUSE
165 LOSS KEEP R FROM CLIMBING STAIRS

SPECIAL HEALTH CARE ARRANGEMENTS AND NEEDS

166 SPECIAL ARRANGEMENTS - 1ST MENTION
167 SPECIAL ARRANGEMENTS - 2ND MENTION
168 SPECIAL ARRANGEMENTS - 3RD MENTION
169 DOES R NEED ANYTHING
170 DOES R NEED - 1ST MENTION
171 DOES R NEED - 2ND MENTION
172 WHY DOES R NEED IT - 1ST MENTION
RESPONDENT'S HEALTH WORRIES

176 HEALTH NOT TAKEN CARE OF
177 WHAT IS NOT TAKEN CARE OF
178 WHAT SHOULD BE DONE
179 WHAT PREVENTS R
180 WORRIED ABOUT HEALTH
181 WHAT IS THAT WORRY - 1ST MENTION
182 WHAT IS THAT WORRY - 2ND MENTION
183 TALKED TO DOCTOR ABOUT WORRY
184 WHAT DID DOCTOR SAY ABOUT IT
185 WHY HAVEN'T TALKED TO DOCTOR

RESPONDENT'S INSURANCE: TYPE; PAYMENT; ELIGIBILITY; AND OPINIONS

186 DOES R HAVE INSURANCE
187 DOES INSURANCE PAY HOSPITAL BILLS
188 DOES INSURANCE PAY DOCTOR BILLS
189 DOES INSURANCE PAY FOR DOCTOR'S VISITS
190 NUMBER OF MONTHS HAD INSURANCE
191 NUMBER OF YEARS HAD INSURANCE
192 INSURANCE THROUGH WORK
193 HOW GOT INSURANCE - 1ST MENTION
194 HOW GOT INSURANCE - 2ND MENTION
195 INSURANCE COST PER MONTH
196 DOES R PAY ALL INSURANCE
197 EVER HAD SUCH INSURANCE
198 HOW GOT INSURANCE - 3RD MENTION
199 WHY WAS IT DROPPED
200 WHEN GAVE IT UP - MONTHS
201 WHEN GAVE IT UP - YEARS
202 TURNED DOWN BY INSURANCE
203 WHY TURNED DOWN
204 ATTITUDES TOWARD HOSPITAL INSURANCE
205 WOULD R LIKE THIS INSURANCE
206 WOULD PAY HOW MUCH
207 WHY NOT INTERESTED
208 FAVOR/Oppose GOVERNMENT INSURANCE
209 FAVOR IT FOR EVERYONE
210 WHAT SORT OF PEOPLE

RESPONDENT'S ATTITUDES ON OWN HEALTH/NUMBER OF DAYS SPENT IN BED

211 ATTITUDES - KNOWS OWN HEALTH
212 ATTITUDES - LOTS OF ACHES
213 ATTITUDES - DOCTORS TIME AS NEEDED
214 ATTITUDES - DOCTORS LIKE YOUNGER PATIENTS
ATTITUDES - FEEL GOOD AT 70
DAYS SPENT IN BED

RESPONDENT'S RELATIONSHIP TO DESIGNATED INDIVIDUAL

RELATIONSHIP TO R OF FIRST DESIGNATED INDIVIDUAL
FRIEND/RELATIVE TO TALK TO
RELATIONSHIP TO R OF SECOND INDIVIDUAL
SPouse SCHEDULE NUMBER
FLAG - SPOUSE SCHEDULE

USE OF HEALTH-AID APPLIANCES AND RELATED COSTS

USE EYEGLASSES
EYEGLASSES ALL RIGHT
NEW/REPAIRED GLASSES - 1ST MENTION
COST OF NEW GLASSES
AMOUNT SPENT ON UPKEEP - GLASSES
WHO PAID FOR GLASSES
USE HEARING AID
HEARING AID ALL RIGHT
NEW/REPAIRED HEARING AID
COST OF NEW HEARING AID
AMOUNT SPENT ON UPKEEP - HEARING AID
WHO PAID FOR HEARING AID
USE FALSE TEETH
FALSE TEETH ALL RIGHT
NEW/REPAIRED TEETH
COST OF NEW FALSE TEETH, BRIDGES, PARTIAL PLATES
AMOUNT SPENT ON UPKEEP - FALSE TEETH, BRIDGES, PARTIAL PLATES
WHO PAID FOR FALSE TEETH, BRIDGES, PARTIAL PLATES-1
WHO PAID FOR FALSE TEETH, BRIDGES, PARTIAL PLATES-2
USE CANE OR CRUTCH
CANE/CRUNCH ALL RIGHT
NEW/REPAIRED CANE OR CRUTCH
COST OF NEW CANE OR CRUTCH
AMOUNT SPENT ON UPKEEP - CANE OR CRUTCHES
WHO PAID FOR CANE OR CRUTCHES
USE LEG BRACE
LEG BRACE ALL RIGHT
NEW/REPAIRED LEG BRACE
COST OF NEW LEG BRACE
AMOUNT SPENT ON UPKEEP - LEG BRACE
WHO PAID FOR SPECIAL SHOES
USE SPECIAL SHOES
SPECIAL SHOES ALL RIGHT
NEW/REPAIRED SPECIAL SHOES
COST OF NEW SPECIAL SHOES
AMOUNT SPENT ON UPKEEP - SPECIAL SHOES
WHO PAID FOR SPECIAL SHOES
USE TRUSS
TRUSS ALL RIGHT
NEW/REPAIRED TRUSS
SPECIFIC PHYSICAL AILMENTS, DATE OF ONSET

TROUBLE - HEARING
WHEN - TROUBLE HEARING
TROUBLE - SEEING
WHEN - TROUBLE SEEING
TROUBLE - COUGH
WHEN - COUGH
TROUBLE - DIARRHEA
WHEN - DIARRHEA
TROUBLE - CONSTIPATION
WHEN - CONSTIPATION
TROUBLE - DIZZINESS
WHEN - DIZZINESS
TROUBLE - HEADACHES
WHEN - HEADACHES
TROUBLE - SHORTNESS OF BREATH
WHEN - SHORTNESS OF BREATH
TROUBLE - ASTHMA
WHEN - ASTHMA
TROUBLE - LOSING WEIGHT
WHEN - LOSING WEIGHT
TROUBLE - ARTHRITIS/RHEUMATISM
WHEN - ARTHRITIS/RHEUMATISM
TROUBLE - DIABETES
WHEN - DIABETES
TROUBLE - STOMACH
WHEN - STOMACH TROUBLE
TROUBLE - GALL BLADDER
WHEN - GALL BLADDER
TROUBLE - HEART TROUBLE
WHEN - HEART TROUBLE
TROUBLE - BLOOD PRESSURE
WHEN - BLOOD PRESSURE
TROUBLE - KIDNEY
WHEN - KIDNEY TROUBLE
TROUBLE - PARALYSIS
WHEN - PARALYSIS
TROUBLE - PILES
WHEN - PILES
TROUBLE - SINUS
WHEN - SINUS TROUBLE
TROUBLE - VARICOSE VEINS
WHEN - VARICOSE VEINS
TROUBLE - FEMALE TROUBLE
RESPONDENT'S FINANCIAL STATUS

317 DOCTOR BILLS PAID BY INSURANCE
318 MEDICINE PAST 12 MONTHS
319 OTHER MEDICAL EXPENSES PAST 12 MONTHS
320 FINANCES COMPARED TO AGE 60
321 WAGES OR SALARY
322 BUSINESS OR PROFESSIONAL PRACTICE
323 OLD AGE ASSISTANCE/WELFARE
324 SOCIAL SECURITY
325 GOVERNMENT PENSIONS
326 PENSIONS FROM PRIVATE EMPLOYER
327 UNEMPLOYMENT INSURANCE
328 INTEREST, DIVIDENDS, INSURANCE
329 RENTAL PROPERTY
330 CASH CONTRIBUTIONS
331 ANYTHING ELSE
332 MAIN SOURCE OF INCOME
333 CASH INCOME DURING 1956
334 MARITAL STATUS - 1ST MENTION
335 ANY MEDICAL/DENTAL CARE
336 REGULAR MEALS OR GIFTS
337 ANY CLOTHING
338 WHY DIDN'T HAVE TO PAY - 1ST MENTION
339 WHY DIDN'T HAVE TO PAY - 2ND MENTION
340 OWN HOUSE OR REAL ESTATE
341 MONEY IN BANK, CASH SAVINGS
342 LIFE INSURANCE POLICIES
343 STOCKS AND BONDS
344 ANYTHING ELSE
345 HOW PAY FOR BILL - 1ST MENTION
346 HOW PAY FOR BILL - 2ND MENTION
347 HOW PAY FOR BILL - 3RD MENTION
348 ANY NEEDS - 1ST MENTION
349 ANY NEEDS - 2ND MENTION
350 ANY NEEDS - 3RD MENTION
351 ANY NEEDS - 4TH MENTION
352 DO ANYTHING WHEN YOUNG - 1ST MENTION
353 DO ANYTHING WHEN YOUNG - 2ND MENTION
354 DO ANYTHING WHEN YOUNG - 3RD MENTION
355 DO ANYTHING WHEN YOUNG - 4TH MENTION

RESPONDENT'S OPINION ON CARE FOR AGED

356 WHO TAKES CARE OF AGED - 1ST MENTION
357 WHO TAKES CARE OF AGED - 2ND MENTION
358 WHO TAKES CARE OF AGED - 3RD MENTION
359 WHO TAKES CARE OF AGED - 4TH MENTION
360 WHO TAKES CARE OF AGED - 5TH MENTION
361 PRIMARY RESPONSIBILITY
LIVING ARRANGEMENTS AND SOCIAL INFORMATION

363  HOW LONG LIVE IN HOUSE
364  DOES R PAY RENT
365  DOES R OWN THIS HOUSE
366  HOW LONG LIVED IN AREA
367  WHERE DO FRIENDS LIVE
368  HOW MANY REAL FRIENDS
369  HOW OFTEN DOES R VISIT
370  HOW MANY VISITORS
371  WHO COMES TO VISIT MOST
372  HAVE MORE/LESS FRIENDS
373  WHY MORE/LESS FRIENDS
374  HEALTH BETTER ELSEWHERE
375  WHERE LIKE TO LIVE
376  WHY LIKE TO LIVE THERE
377  PLACES ELDERLY LIKE TO LIVE
378  MARITAL STATUS
379  HOW LONG MARRIED
380  IS THIS FIRST MARRIAGE
381  HOW LONG AGO 1ST MARRIAGE

NUMBER OF RESPONDENT'S CHILDREN, LIVING DISTANCE, AND VISITING INFORMATION

382  NUMBER OF LIVING CHILDREN
383  ANY CHILDREN LIVE WITH R
384  WHICH LIVE WITH R - 1ST MENTION
385  WHICH LIVE WITH R - 2ND MENTION
386  NUMBER OF CHILDREN LIVE ON BLOCK
387  WHEN SAW CHILDREN LIVING ON BLOCK - 1ST MENTION
388  WHEN SAW CHILDREN LIVING ON BLOCK - 2ND MENTION
389  NUMBER OF CHILDREN LIVE IN WALKING DISTANCE
390  WHEN SAW CHILDREN LIVING NEAR - 1ST MENTION
391  WHEN SAW CHILDREN LIVING NEAR - 2ND MENTION
392  NUMBER OF CHILDREN LIVING A SHORT RIDE AWAY
393  WHEN SAW CHILDREN LIVING A SHORT DISTANCE AWAY - 1ST MENTION
394  WHEN SAW CHILDREN LIVING A SHORT DISTANCE AWAY - 2ND MENTION
395  NUMBER OF CHILDREN LIVING A DAY'S TRAVEL AWAY
396  WHEN SAW CHILDREN LIVING A DAY'S TRAVEL AWAY - 1ST MENTION
397  WHEN SAW CHILDREN LIVING A DAY'S TRAVEL AWAY - 2ND MENTION
398  NUMBER OF CHILDREN LIVING MORE THAN A DAY AWAY
399  WHEN SAW CHILDREN LIVING MORE THAN A DAY'S TRAVEL AWAY - 1ST MENTION
400  WHEN SAW CHILDREN LIVING MORE THAN A DAY'S TRAVEL AWAY - 2ND MENTION
ADVICE AND HELP, RESPONDENT GIVES TO AND RECEIVES FROM CHILDREN/RELATIVES

401 CHILDREN ASK ADVICE WITH PROBLEMS
402 KINDS OF PROBLEMS - 1ST MENTION
403 KINDS OF PROBLEMS - 2ND MENTION
404 KINDS OF PROBLEMS - 3RD MENTION
405 KINDS OF PROBLEMS - 4TH MENTION
406 CLOSE TO YOUNGER RELATIVE
407 HOW OFTEN DO YOU SEE THEM
408 HELP CHILDREN OR RELATIVES
409 HOW DOES R HELP - 1ST MENTION
410 HOW DOES R HELP - 2ND MENTION
411 HOW DOES R HELP - 3RD MENTION
412 DO CHILDREN/RELATIVES HELP R
413 HOW DO THEY HELP R - 1ST MENTION
414 HOW DO THEY HELP R - 2ND MENTION
415 HOW DO THEY HELP R - 3RD MENTION
416 HOW DO THEY HELP R - 4TH MENTION

RESPONDENT'S OPINION ON COMMON BELIEFS AND HYPOTHETICAL INSTANCES

417 AGREE/DISAGREE - DAYS TOO SHORT
418 AGREE/DISAGREE - LIFE GETTING WORSE
419 AGREE/DISAGREE - LIVE FOR TODAY
420 AGREE/DISAGREE - LIKE OLDER PERSONS
421 AGREE/DISAGREE - NOT USEFUL
422 AGREE/DISAGREE - NO RESPECT
423 AGREE/DISAGREE - CHILDREN DON'T CARE
424 AGREE/DISAGREE - SATISFIED WITH LIFE
425 DO CHILDREN PAY ATTENTION TO ADVICE
426 WHAT SHOULD JIM DO
427 WHAT SHOULD FRANK DO
428 WHAT SHOULD MARY DO
429 WHAT SHOULD JOHN DO
430 WHAT SHOULD BILL DO

EMPLOYMENT/RETIREMENT INFORMATION

431 RESPONDENT'S EMPLOYMENT RECORD
432 WHEN R EXPECTS TO STOP WORKING
433 R'S AGE WHEN STOP WORKING
434 THINGS MISSED SINCE STOPPED WORKING -- 1ST MENTION
435 THINGS MISSED SINCE STOPPED WORKING -- 2ND MENTION
436 THINGS MISSED SINCE STOPPED WORKING -- 3RD MENTION
437 THINGS MISSED SINCE STOPPED WORKING -- 4TH MENTION
438 THINGS MISSED SINCE STOPPED WORKING -- 5TH MENTION
439 THINGS MISSED SINCE STOPPED WORKING -- 6TH MENTION
440 THINGS MISSED SINCE STOPPED WORKING -- 7TH MENTION
441 WHAT R WOULD MISS MOST
442 WHY R LEFT JOB
443 THINGS MISSED SINCE STOPPED WORKING -- 1ST MENTION
444 THINGS MISSED SINCE STOPPED WORKING -- 2ND MENTION
RESPONDENT'S ETHNIC/RELIGIOUS BACKGROUND

WHERE R WAS BORN
AGE R CAME TO U.S.
R LAST GRADE OF SCHOOL FINISHED
R AGE WHEN LEFT SCHOOL
IMPORTANCE OF RELIGION IN R'S LIFE
R'S BELIEF IN AN AFTER-LIFE
IS R A CHURCH MEMBER
R'S RELIGIOUS PREFERENCE
DENOMINATION OF R

RESPONDENT'S IDEAS ON AGING

R'S AGE GROUP
R'S THOUGHTS ON AGE GROUP
AGE WHEN R THOUGHT OLD -- 1ST MENTION
AGE WHEN R THOUGHT OLD -- 2ND MENTION
AGE WHEN R THOUGHT OLD -- 3RD MENTION
AGE WHEN R THOUGHT OLD -- 4TH MENTION
AGE WHEN R THOUGHT OLD -- 5TH MENTION
AGE WHEN R THOUGHT OLD -- 6TH MENTION

INTERVIEWER'S OPINIONS ON RESPONDENT

ESTIMATE OF INCOME
RACE OF R
COOPERATIVENESS OF R
ALERTNESS OF R
RESPONDENT DIFFICULTY IN FOCUSING
PHYSICAL DIFFICULTIES OF R
SPECIFIC DISABILITY OF R -- 1ST MENTION
SPECIFIC DISABILITY OF R -- 2ND MENTION
SPECIFIC DISABILITY OF R -- 3RD MENTION
EVIDENCE OF CONFUSION SHOWN BY R
R'S REACTION TO INTERVIEW
DISTURBING PART OF INTERVIEW FOR R -- 1ST MENTION
DISTURBING PART OF INTERVIEW FOR R -- 2ND MENTION
DISTURBING PART OF INTERVIEW FOR R -- 3RD MENTION
DISTURBING PART OF INTERVIEW FOR R -- 4TH MENTION
DISTURBING PART OF INTERVIEW FOR R -- 5TH MENTION
DISTURBING PART OF INTERVIEW FOR R - 6TH MENTION
LENGTH OF INTERVIEW
DATE OF INTERVIEW COMPLETION
OTHERS PRESENT DURING THE INTERVIEW
WHO ELSE WAS PRESENT BESIDES R
WHAT PART OF INTERVIEW WERE OTHERS PRESENT
LEVEL OF LIVING RATING
INSIGHT ABOUT R
PSU NUMBER
SEGMENT NUMBER
LINE NUMBER FROM LISTING SHEET
NORC SPOUSE SCHEDULE
INTERVIEWER NUMBER - 1
SUPPLEMENT NUMBER - 1
SUPPLEMENT NUMBER - 2

HOSPITAL SUPPLEMENT - 1ST STAY
NIGHTS SPENT IN HOSPITAL
CLASS OWNERSHIP - HOSPITAL
A:TYPE OF HOSPITAL
A:NUMBER OF BEDS
A:WHY R IN HOSPITAL - 1ST MENTION
A:WHY R IN HOSPITAL - 2ND MENTION
A:WHY R IN HOSPITAL - 3RD MENTION
A:DR DIAGNOSIS
A:DID R HAVE TO PAY HOSPITAL
A:R REMEMBER HOSPITAL BILL
A:HOW DID R PAY BILL - 1ST MENTION
B:HOW DID R PAY BILL - 2ND MENTION
A:HOW DID R PAY BILL - 3RD MENTION
A:INSURANCE PAY HOSPITAL BILL
A:WHY DIDN'T R PAY BILL
A:DID R PAY DOCTOR BILL
A:R REMEMBER DOCTOR BILL
A:HOW R PAID DR BILL - 1ST MENTION
A:HOW R PAID DR BILL - 2ND MENTION
A:HOW R PAID DR BILL - 3RD MENTION
A:INSURANCE PAY DR BILL
A:WHY NOT PAY DR BILL
A:R PAY OTHER DR BILLS
A:AMOUNT OTHER DR BILLS
A:HOW WILL R PAY BILLS - 1ST MENTION
A:HOW WILL R PAY BILLS - 2ND MENTION
A:WHY NOT PAY DR BILL
A:HOSPITAL-DOCTOR BILL - 1ST MENTION
A:HOSPITAL-DOCTOR BILL - 2ND MENTION
A:SUM OF HOSPITAL BILLS PER PERSON
A:SUM OF DR. BILLS PER PERSON
A:NUMBER OF DAYS IN HOSPITAL PER PERSON
A:INSURANCE STATUS-HOSPITAL
A:INSURANCE STATUS - DOCTOR

HOSPITAL SUPPLEMENT - 2ND STAY
HOSPITAL SUPPLEMENT - 3RD STAY

SUPPLEMENT NUMBER

SUPPLEMENT NUMBER

C:NIGHTS SPENT IN HOSPITAL

C:CLASS OWNERSHIP HOSPITAL

C:TYPE OF HOSPITAL

C:NUMBER OF BEDS

C:WHY R IN HOSPITAL - 1ST MENTION

C:WHY R IN HOSPITAL - 2ND MENTION

C:WHY R IN HOSPITAL - 2ND MENTION

C:DR Diagnosis

C:DID R HAVE TO PAY HOSPITAL

C:REMEMBER HOSPITAL BILL

C:HOW DID R PAY BILL - 1ST MENTION

C:HOW DID R PAY BILL - 2ND MENTION

C:HOW DID R PAY BILL - 3RD MENTION

C:INSURANCE PAY HOSPITAL BILL

C:WHY DIDN'T R PAY BILL

C:DID R PAY HOSPITAL BILL

C:HOW R REMEMBER DOCTOR BILL

C:HOW R PAY DR BILL - 1ST MENTION

C:HOW R PAY DR BILL - 2ND MENTION

C:HOW R PAY DR BILL - 3RD MENTION

C:INSURANCE PAY DR BILL

C:WHY NOT PAY DR BILL

C:R PAY OTHER DR BILLS

C:AMOUNT OTHER DR BILLS

C:HOW WILL R PAY BILLS - 1ST MENTION

C:HOW WILL R PAY BILLS - 2ND MENTION

C:WHY NOT PAY DR BILL

C:HOSPITAL-DOCTOR BILL - 1ST MENTION

C:HOSPITAL-DOCTOR BILL - 2ND MENTION

C:INSURANCE STATUS-HOSPITAL

C:INSURANCE STATUS - DOCTOR

C:DID R PAY DOCTOR BILL

C:WHY NOT PAY DR BILL

C:R PAY OTHER DR BILLS

C:AMOUNT OTHER DR BILLS

C:HOW WILL R PAY BILLS - 1ST MENTION

C:HOW WILL R PAY BILLS - 2ND MENTION

C:WHY NOT PAY DR BILL

C:HOSPITAL-DOCTOR BILL - 1ST MENTION

C:HOSPITAL-DOCTOR BILL - 2ND MENTION

C:INSURANCE STATUS-HOSPITAL

C:INSURANCE STATUS - DOCTOR

C:DID R PAY DOCTOR BILL
589  C: R REMEMBER DOCTOR BILL
590  C: HOW R PAY DR BILL - 1ST MENTION
591  C: HOW R PAY DR BILL - 2ND MENTION
592  C: HOW R PAY DR BILL - 3RD MENTION
593  C: INSURANCE PAY DR BILL
594  C: WHY NOT PAY DR BILL
595  C: R PAY OTHER DR BILLS
596  C: AMOUNT FOR DR BILLS
597  C: HOW WILL R PAY BILLS - 1ST MENTION
598  C: HOW WILL R PAY BILLS - 2ND MENTION
599  C: WHY NOT PAY DR BILL
600  C: HOSPITAL-DOCTOR BILLS - 1ST MENTION
601  C: HOSPITAL-DOCTOR BILLS - 2ND MENTION
602  C: INSURANCE STATUS-HOSPITAL
603  C: INSURANCE STATUS - DOCTOR

ASKED OF DESIGNATED INDIVIDUAL: QUESTIONS CONCERNING
OLDER PERSON'S HEALTH

604  DESIGNATED INDIVIDUAL
605  SCHEDULE NUMBER
606  SEX OF OLDER PERSON
607  RELATIONSHIP OF R TO OLDER
608  AGE OF OLDER PERSON
609  HOW OFTEN SEE OLDER PERSON
610  HEALTH OF OLDER PERSON
611  COMPARE PERSON'S HEALTH
612  OLDER PERSON BEEN IN HOSPITAL PAST YEAR
613  WHY OLDER PERSON IN HOSPITAL - 1ST MENTION
614  WHY OLDER PERSON IN HOSPITAL - 2ND MENTION
615  WHEN OLDER PERSON IN HOSPITAL
616  OLDER PERSON SERIOUS ILLNESS - 2ND MENTION
617  CLASS OF HOSPITAL
618  HOW DID OLDER PERSON PAY BILLS - 1ST MENTION
619  HOW DID OLDER PERSON PAY BILLS - 2ND MENTION

ASKED OF DESIGNATED INDIVIDUAL: OLDER PERSON'S BODY
PARTS - PROBLEMS AND CARE

620  OLDER PERSON HEALTH PROBLEM
621  OLDER PERSON LOST PART
622  OLDER PERSON TROUBLE MOVING
623  WHAT PART OF BODY - 1ST MENTION
624  WHAT PART OF BODY - 2ND MENTION
625  HOW OLDER PERSON LOST PART - 1ST MENTION
626  HOW OLDER PERSON LOST PART - 2ND MENTION
627  WHEN DID IT HAPPEN
628  NURSING CARE NECESSARY
629  WHO WAS THIS PERSON - 1ST MENTION
630  WHO WAS THIS PERSON - 2ND MENTION
631  NUMBER OF DAYS PERSON HELPED - 1ST MENTION
632  NUMBER OF DAYS PERSON HELPED - 2ND MENTION
633  SPECIAL HEALTH ARRANGEMENTS - 1ST MENTION
634  SPECIAL HEALTH ARRANGEMENTS - 2ND MENTION
ASKED OF DESIGNATED INDIVIDUAL: OLDER PERSON'S CONTACTS WITH DOCTORS

638 OLDER PERSON SEE DR OFTEN
639 SEE DR OFTEN AS SHOULD
640 WHY IS THAT
641 WHY SEES DR MORE OR LESS
642 WHERE DOES OLDER PERSON SEE DR

ASKED OF DESIGNATED INDIVIDUAL: OLDER PERSON'S MEDICAL EXPENSES AND INSURANCE

645 OLDER PERSON SERIOUS ILLNESS
646 FIRST SERIOUS ILLNESS
647 HOW OLDER PERSON PAYS BILLS - 1ST MENTION
648 HOW OLDER PERSON PAYS BILLS - 2ND MENTION
649 HOW OLDER PERSON PAYS BILLS - 3RD MENTION
650 HOW PAY LARGE BILL - 1ST MENTION
651 HOW PAY LARGE BILL - 2ND MENTION
652 HOW PAY LARGE BILL - 3RD MENTION
653 HOW PAY LARGE BILL - 4TH MENTION
654 WOULD INSURANCE PAY $500
655 HOW PAY REST OF BILL - 1ST MENTION
656 HOW PAY REST OF BILL - 2ND MENTION
657 HOW PAY REST OF BILL - 3RD MENTION

ASKED OF DESIGNATED INDIVIDUAL: RELATIONSHIP TO OLDER PERSON/ OPINIONS ON HEALTH

658 OLDER'S HEALTH BETTER
659 WHERE HEALTH WOULD BE BETTER
660 WHY DO YOU THINK THAT
661 BETTER OFF HERE OR NOT
662 RELATIONSHIP TO OLDER PERSON - 1ST MENTION
663 RELATIONSHIP TO OLDER PERSON - 2ND MENTION
664 OLDER TURN TO DESIGNATED INDIVIDUAL

ASKED OF DESIGNATED INDIVIDUAL: OLDER PERSON'S FINANCIAL STATUS

665 OLDER PERSON'S FINANCIAL STATUS
666 WHY FINANCES AS STATED
667 OLDER'S MAIN SOURCE OF SUPPORT
668 HAD TO DO WITHOUT - 1ST MENTION
669 HAD TO DO WITHOUT - 2ND MENTION
670 HAD TO DO WITHOUT - 3RD MENTION
ASKED OF DESIGNATED INDIVIDUAL: OPINIONS ON PREPARATION AND CARING FOR OLD AGE

671 AGE GROUP OF OLDER PERSON
672 WHO TAKE CARE OF OLDER PEOPLE - 1ST MENTION
673 WHO TAKE CARE OF OLDER PEOPLE - 2ND MENTION
674 WHO TAKE CARE OF OLDER PEOPLE - 3RD MENTION
675 WHO TAKE CARE OF OLDER PEOPLE - 4TH MENTION
676 WHO TAKE CARE OF OLDER PEOPLE - 5TH MENTION
677 WHO HAS PRIMARY RESPONSIBILITY
678 HOW YOUNG CAN PREPARE - 1ST MENTION
679 HOW YOUNG CAN PREPARE - 2ND MENTION
680 HOW YOUNG CAN PREPARE - 3RD MENTION
681 HOW YOUNG CAN PREPARE - 4TH MENTION
682 HOW YOUNG CAN PREPARE - 5TH MENTION
683 HOW YOUNG CAN PREPARE - 6TH MENTION
684 ADVICE ON MR. BROWN
685 PLACES WHERE OLDER PEOPLE LIVE
686 CHILDREN LISTEN TO ADVICE

ASKED OF DESIGNATED INDIVIDUAL: LENGTH/LIMITATIONS OF OLDER PERSON'S ILLNESSES

687 FIRST ILLNESS MENTIONED
688 LENGTH OLDER PERSON HAD FIRST ILLNESS
689 FIRST ILLNESS LIMITED MOBILITY - 1ST MENTION
690 FIRST ILLNESS LIMITED MOBILITY - 2ND MENTION
691 FIRST ILLNESS LIMITED MOBILITY - 3RD MENTION
692 FIRST ILLNESS LIMITED MOBILITY - 4TH MENTION
693 FIRST ILLNESS LIMITED MOBILITY - 5TH MENTION
694 SECOND ILLNESS MENTIONED
695 LENGTH OLDER PERSON HAD SECOND ILLNESS
696 SECOND ILLNESS LIMITED MOBILITY - 1ST MENTION
697 SECOND ILLNESS LIMITED MOBILITY - 2ND MENTION
698 SECOND ILLNESS LIMITED MOBILITY - 3RD MENTION
699 SECOND ILLNESS LIMITED MOBILITY - 4TH MENTION
700 SECOND ILLNESS LIMITED MOBILITY - 5TH MENTION
701 THIRD ILLNESS MENTIONED
702 LENGTH OLDER PERSON HAD THIRD ILLNESS
703 THIRD ILLNESS LIMITED MOBILITY - 1ST MENTION
704 THIRD ILLNESS LIMITED MOBILITY - 2ND MENTION
705 THIRD ILLNESS LIMITED MOBILITY - 3RD MENTION
706 THIRD ILLNESS LIMITED MOBILITY - 4TH MENTION
707 THIRD ILLNESS LIMITED MOBILITY - 5TH MENTION
708 FOURTH ILLNESS MENTIONED
709 LENGTH OLDER PERSON HAD FOURTH ILLNESS
710 FOURTH ILLNESS LIMITED MOBILITY - 1ST MENTION
711 FOURTH ILLNESS LIMITED MOBILITY - 2ND MENTION
712 FOURTH ILLNESS LIMITED MOBILITY - 3RD MENTION
713 FOURTH ILLNESS LIMITED MOBILITY - 4TH MENTION
714 FOURTH ILLNESS LIMITED MOBILITY - 5TH MENTION
715 FIRST MOBILE LIMITATIONS ALL CONDITIONS
716 SECOND MOBILE LIMITATIONS ALL CONDITIONS
717 THIRD MOBILE LIMITATIONS ALL CONDITIONS
ASKED OF DESIGNATED INDIVIDUAL: HEALTH PROBLEMS OF OLDER PERSON

Q.DI5 AND Q.DI18 RESPONSES
TROUBLE - HEARING
WHEN - TROUBLE HEARING
TROUBLE - SEEING
WHEN - TROUBLE SEEING
TROUBLE - COUGH
WHEN - TROUBLE COUGH
TROUBLE - DIARRHEA
WHEN - TROUBLE DIARRHEA
TROUBLE - CONSTIPATION
WHEN - TROUBLE CONSTIPATION
TROUBLE - DIZZINESS
WHEN - TROUBLE DIZZINESS
TROUBLE - HEADACHES
WHEN - TROUBLE HEADACHES
TROUBLE - SHORTNESS OF BREATH
WHEN - TROUBLE SHORTNESS OF BREATH
TROUBLE - ASTHMA
WHEN - TROUBLE ASTHMA
TROUBLE - WEIGHT LOSS
WHEN - TROUBLE WEIGHT LOSS
TROUBLE - ARTHRITIS
WHEN - TROUBLE ARTHRITIS
TROUBLE - DIABETES
WHEN - TROUBLE DIABETES
TROUBLE - STOMACH
WHEN - TROUBLE STOMACH
TROUBLE - GALL BLADDER
WHEN - TROUBLE GALL BLADDER
TROUBLE - HEART
WHEN - TROUBLE HEART
TROUBLE - HIGH BLOOD PRESSURE
WHEN - TROUBLE HIGH BLOOD PRESSURE
TROUBLE - KIDNEY
WHEN - TROUBLE KIDNEY
TROUBLE - PARALYSIS
WHEN - TROUBLE PARALYSIS
TROUBLE - PILES
WHEN - TROUBLE PILES
TROUBLE - SINUS
WHEN - TROUBLE SINUS
TROUBLE - VARICOSE VEINS
WHEN - TROUBLE VARICOSE VEINS
TROUBLE - FEMALE PROBLEMS
WHEN - TROUBLE FEMALE PROBLEMS
TROUBLE - PROSTATE
WHEN - TROUBLE PROSTATE
ASKED OF DESIGNATED INDIVIDUAL: ATTITUDES ON ADULT CHILDREN'S RESPONSIBILITIES

768 WHAT SHOULD JIM DO?
769 WHAT SHOULD FRANK DO?
770 WHAT SHOULD MARY DO?
771 WHAT SHOULD JOHN DO?
772 WHAT SHOULD BILL DO?

DEMOGRAPHIC INFORMATION ON DESIGNATED INDIVIDUAL

773 R'S LENGTH OF RESIDENCE
774 RENT OR OWN HOME
775 MARITAL STATUS
776 R HAVE ANY CHILDREN
777 AGE OF CHILDREN
778 AGE OF R
779 R'S PLACE OF BIRTH
780 AGE WHEN R CAME TO THIS COUNTRY
781 COUNTRY R'S FATHER WAS BORN
782 LAST GRADE IN SCHOOL
783 AGE WHEN LEFT SCHOOL
784 MAIN EARNER IN FAMILY
785 KIND OF WORK MAIN EARNER DOES
786 MAIN EARNER'S WORK PLACE
787 R WORK ALSO
788 KIND OF WORK R DOES
789 R'S WORK PLACE
790 GROSS FAMILY INCOME
791 IMPORTANCE OF RELIGION
792 BELIEF IN AN AFTER-LIFE
793 CHURCH MEMBER
794 RELIGIOUS PREFERENCE
795 DENOMINATION
796 AGE GROUP

ASKED OF DESIGNATED INDIVIDUAL: OPINIONS ON HEALTH AND HEALTH INSURANCE

797 OPINION ON GOVERNMENT INSURANCE
798 FAVOR OF GOVERNMENT INSURANCE FOR EVERYONE
799 IDEAS ABOUT HEALTH - 1ST MENTION
800 IDEAS ABOUT HEALTH - 2ND MENTION
801 IDEAS ABOUT HEALTH - 3RD MENTION
802 IDEAS ABOUT HEALTH - 4TH MENTION
803 IDEAS ABOUT HEALTH - 5TH MENTION
804 IDEAS ABOUT HEALTH - 6TH MENTION
805 IDEAS ABOUT HEALTH - 7TH MENTION
806 IDEAS ABOUT HEALTH - 8TH MENTION
807 IDEAS ABOUT HEALTH - 9TH MENTION
808 IDEAS ABOUT HEALTH - 10TH MENTION
809 IDEAS ABOUT HEALTH - 11TH MENTION
INTERVIEWER'S OPINIONS ON DESIGNATED INDIVIDUAL

810 INTERVIEWER'S ESTIMATE OF INCOME
811 RACE OF R
812 SEX OF R
813 COOPERATIVENESS OF R
814 HOW WELL R KNOWS OLDER PERSON
815 R'S OVER-ALL REACTION TO INTERVIEW
816 PART INTERVIEW WAS DISTURBING - 1ST MENTION
817 PART INTERVIEW WAS DISTURBING - 2ND MENTION
818 PART INTERVIEW WAS DISTURBING - 3RD MENTION
819 PART INTERVIEW WAS DISTURBING - 4TH MENTION
820 DIFFICULTY IN GETTING CONSENT
821 LENGTH OF INTERVIEW
822 DATE OF COMPLETION
823 OTHER PRESENT AT INTERVIEW
824 WHO ELSE PRESENT
825 PART OF INTERVIEW WHERE OTHER WAS PRESENT
826 RATE LEVEL OF LIVING
827 INSIGHT INTO R
828 INTERVIEWER NUMBER
DECK IDENTIFICATION NUMBER IS '01'
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VAR 0001  ICPSR STUDY NUMBER-7686  NO MISSING DATA CODES
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VAR 0002  ICPSR EDITION NUMBER-1  NO MISSING DATA CODES
REF 0002  LOC  5 WIDTH  1  DK  1 COL  7

ICPSR EDITION NUMBER
---------------------

THE NUMBER IDENTIFYING THE RELEASE EDITION OF THIS DATASET.

1. WINTER 1984

VAR 0003  ICPSR PART NUMBER-001  NO MISSING DATA CODES
REF 0003  LOC  6 WIDTH  3  DK  1 COL  8-10

ICPSR PART NUMBER
-----------------

THE NUMBER IDENTIFYING THIS PART OF A 3-PART STUDY.

001. THE HEALTH NEEDS OF OLDER PERSONS
002. HOUSEHOLD ENUMERATION; NON-INTERVIEWED INDIVIDUALS
003. PUBLIC ATTITUDES ON OLDER PEOPLE

VAR 0004  CASE ID NUMBER      NO MISSING DATA CODES
REF 0004  LOC  9 WIDTH  4  DK  1 COL 11-14

ICPSR SEQUENTIAL CASE IDENTIFICATION NUMBER
-------------------------------------------

THE ICPSR HAS ATTACHED A SEQUENTIAL CASE IDENTIFICATION
NUMBER TO EVERY RECORD. THIS NUMBER UNIQUELY IDENTIFIES EACH RECORD IN THE DATA COLLECTION.

VAR 0005  HOUSEHOLD NUMBER            NO MISSING DATA CODES
REF 0005   LOC   13 WIDTH  4             DK   1 COL 15-18

HOUSEHOLD NUMBER

ACTUAL NUMBER IS CODED.

VALID-N=2114  MIN=1  MAX=1689

VAR 0006  SEGMENT NUMBER                          MD=999999
REF 0006   LOC   17 WIDTH  6             DK   1 COL 19-24

Q.HEF.A  SEGMENT NUMBER

ACTUAL NUMBER IS CODED.

CODE: 999999
FREQ:    7

VAR 0007  LAST DIGIT LINE NUMBER      NO MISSING DATA CODES
REF 0007   LOC   23 WIDTH  1             DK   1 COL 25

Q.HEF.B  LAST DIGIT LINE NUMBER

ACTUAL NUMBER IS CODED.

VALID-N=2114  MIN=0  MAX=9
VAR 0008      FARM-NON-FARM  NO MISSING DATA CODES
REF 0008      LOC  24 WIDTH  1          DK  1 COL 26

Q.HEF.C  IS THIS ON A FARM?
---------------------------
367  1.  FARM
1747  2.  NON-FARM

..............................................................

VAR 0009      RACE         NO MISSING DATA CODES
REF 0009      LOC  25 WIDTH  1          DK  1 COL 27

Q.HEF.D  RACE
----------
221  1.  NEGRO
1893  2.  OTHER

..............................................................

VAR 0010      TYPE OF HOUSEHOLD  NO MISSING DATA CODES
REF 0010      LOC  26 WIDTH  2          DK  1 COL 28-29

Q.HEF.E  TYPE OF HOUSEHOLD  [Q.2 (HOUSEHOLD ENUMERATION
 FOLDER) WHO IS THE OLDEST PERSON WHO LIVES HERE (IN THIS
 HOUSEHOLD)? ENTER NAME, AGE AT LAST BIRTHDAY, SEX, MARITAL
 STATUS, AND RELATIONSHIP TO HEAD OF HOUSEHOLD IN APPROPRIATE
 SECTION.]

-------------------------------------------------------------
386  01.  SINGLE OLDER PERSON LIVING ALONE
818  02.  MARRIED COUPLE ALONE
206  03.  MARRIED COUPLE (MAN 60 OR MORE, HEAD OF HOUSEHOLD)
 WITH OWN CHILDREN ONLY
  8  04.  MARRIED COUPLE (MAN 60 OR MORE, NOT HEAD OF
 HOUSEHOLD) WITH OWN CHILDREN ONLY
 43  05.  MARRIED COUPLE (MAN 60 OR MORE, HEAD OF HOUSEHOLD),
 OWN CHILDREN, AND OFFSPRING OF CHILDREN WHO ARE
 PART OF THE FAMILY UNIT, WITH OR WITHOUT OTHER
 RELATIVES
  6  06.  MARRIED COUPLE (MAN 60 OR MORE, NOT HEAD OF
 HOUSEHOLD), OWN CHILDREN, AND OFFSPRING OF CHILDREN
 WHO ARE PART OF THE FAMILY UNIT, WITH OR WITHOUT
<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>25 07</td>
<td>MARRIED COUPLE (MAN 60 OR MORE, HEAD OF HOUSEHOLD), OWN CHILDREN, AND OTHER RELATIVES</td>
</tr>
<tr>
<td>08</td>
<td>MARRIED COUPLE (MAN 60 OR MORE, NOT HEAD OF HOUSEHOLD), OWN CHILDREN, AND OTHER RELATIVES</td>
</tr>
<tr>
<td>66 09</td>
<td>MARRIED COUPLE (MAN 60 OR MORE, HEAD OF HOUSEHOLD) WITHOUT CHILDREN BUT WITH OTHER RELATIVES</td>
</tr>
<tr>
<td>1 10</td>
<td>MARRIED COUPLE (MAN 60 OR MORE, NOT HEAD OF HOUSEHOLD) WITHOUT CHILDREN BUT WITH OTHER RELATIVES</td>
</tr>
<tr>
<td>18 11</td>
<td>MALE PARENT (60 OR MORE, HEAD OF HOUSEHOLD) PLUS CHILDREN</td>
</tr>
<tr>
<td>15 12</td>
<td>MALE PARENT (60 OR MORE, NOT HEAD OF HOUSEHOLD) PLUS CHILDREN</td>
</tr>
<tr>
<td>69 13</td>
<td>FEMALE PARENT (60 OR MORE, HEAD OF HOUSEHOLD) PLUS CHILDREN</td>
</tr>
<tr>
<td>63 14</td>
<td>FEMALE PARENT (60 OR MORE, NOT HEAD OF HOUSEHOLD) PLUS CHILDREN</td>
</tr>
<tr>
<td>9 15</td>
<td>MALE PARENT (60 OR MORE, HEAD OF HOUSEHOLD), CHILDREN, AND OFFSPRING OF CHILDREN WHO ARE PART OF THE FAMILY UNIT, WITH OR WITHOUT OTHER RELATIVES</td>
</tr>
<tr>
<td>27 16</td>
<td>MALE PARENT (60 OR MORE, NOT HEAD OF HOUSEHOLD), CHILDREN, AND OFFSPRING OF CHILDREN WHO ARE PART OF THE FAMILY UNIT, WITH OR WITHOUT OTHER RELATIVES</td>
</tr>
<tr>
<td>15 17</td>
<td>FEMALE PARENT (60 OR MORE, HEAD OF HOUSEHOLD), CHILDREN, AND OFFSPRING OF CHILDREN WHO ARE PART OF THE FAMILY UNIT, WITH OR WITHOUT OTHER RELATIVES</td>
</tr>
<tr>
<td>80 18</td>
<td>FEMALE PARENT (60 OR MORE, NOT HEAD OF HOUSEHOLD), CHILDREN, AND OFFSPRING OF CHILDREN WHO ARE PART OF THE FAMILY UNIT, WITH OR WITHOUT OTHER RELATIVES</td>
</tr>
<tr>
<td>4 19</td>
<td>MALE PARENT (60 OR MORE, HEAD OF HOUSEHOLD), CHILDREN, AND OTHER PERSONS -- RELATED OR NOT RELATED</td>
</tr>
<tr>
<td>2 20</td>
<td>MALE PARENT (60 OR MORE, NOT HEAD OF HOUSEHOLD), CHILDREN, AND OTHER PERSONS -- RELATED OR NOT RELATED</td>
</tr>
<tr>
<td>13 21</td>
<td>FEMALE PARENT (60 OR MORE, HEAD OF HOUSEHOLD), CHILDREN, AND OTHER PERSONS -- RELATED OR NOT RELATED</td>
</tr>
<tr>
<td>12 22</td>
<td>FEMALE PARENT (60 OR MORE, NOT HEAD OF HOUSEHOLD), CHILDREN, AND OTHER PERSONS -- RELATED OR NOT RELATED</td>
</tr>
<tr>
<td>33 23</td>
<td>MALE (60 OR MORE, HEAD OF HOUSEHOLD), OTHER RELATIVE IN HOUSEHOLD BUT NO MARRIED COUPLE OR PARENT-CHILD RELATIONSHIP</td>
</tr>
<tr>
<td>6 24</td>
<td>MALE (60 OR MORE, NOT HEAD OF HOUSEHOLD), OTHER RELATIVE IN HOUSEHOLD BUT NO MARRIED COUPLE OR PARENT-CHILD RELATIONSHIP</td>
</tr>
</tbody>
</table>
| 73 25 | FEMALE (60 OR MORE, HEAD OF HOUSEHOLD), OTHER RELATIVE IN HOUSEHOLD BUT NO MARRIED COUPLE OR
(CONTINUED)

PARENT-CHILD RELATIONSHIP
20 26. FEMALE (60 OR MORE, NOT HEAD OF HOUSEHOLD), OTHER
     RELATIVE IN HOUSEHOLD BUT NO MARRIED COUPLE OR
     PARENT-CHILD RELATIONSHIP
10 27. MALE (60 OR MORE, HEAD OF HOUSEHOLD), OTHER
     PERSON(S), NOT RELATIVE, IN HOUSEHOLD
15 28. MALE (60 OR MORE, NOT HEAD OF HOUSEHOLD), OTHER
     PERSON(S), NOT RELATIVE, IN HOUSEHOLD
39 29. FEMALE (60 OR MORE, HEAD OF HOUSEHOLD), OTHER
     PERSON(S), NOT RELATIVE, IN HOUSEHOLD
4 30. FEMALE (60 OR MORE, NOT HEAD OF HOUSEHOLD), OTHER
     PERSON(S), NOT RELATIVE, IN HOUSEHOLD
24 31. MARRIED COUPLE (MAN 60 OR MORE, HEAD OF HOUSEHOLD)
     AND OTHER NON-RELATED PERSONS
32. MARRIED COUPLE (MAN 60 OR MORE, NOT HEAD OF
     HOUSEHOLD) AND OTHER NON-RELATED PERSONS
4 33. NOT ENOUGH INFORMATION TO CLASSIFY

-------------------------------------------------------------------------
VAR 0011    # PERSONS IN HOUSE 65+    NO MISSING DATA CODES
REF 0011    LOC 28 WIDTH 1           DK 1 COL 30
Q.HEF.F NUMBER OF PERSONS IN HOUSEHOLD 65 OR OLDER [Q.2A
     (HOUSEHOLD ENUMERATION FOLDER) LIST ALL PERSON 65 YEARS OF
     AGE OR OLDER]
-------------------------------------------------------------------------
272 0. NONE
    1. ONE PERSON
    .
    .
    5. FIVE PERSONS

CODE:  0  1  2  3  4  5
FREQ:  272 1059 731 40 8 4
-------------------------------------------------------------------------

-------------------------------------------------------------------------
VAR 0012    # PERSONS IN HOUSE 60-64    NO MISSING DATA CODES
REF 0012    LOC 29 WIDTH 1           DK 1 COL 31
Q.HEF.G NUMBER OF PERSONS IN HOUSEHOLD 60-64 [Q.2B
     (HOUSEHOLD ENUMERATION FOLDER) LIST ALL PERSONS 60-64 YEARS
     OF AGE]
-------------------------------------------------------------------------
(CONTINUED)

1532 0. NONE
484 1. ONE PERSON
96 2. TWO PERSONS
 3 3. THREE PERSONS
 4. FOUR PERSONS
 5. FIVE PERSONS
 6. SIX OR MORE

---------------------------------------------------------------------

VAR 0013 TOTAL # PERSONS IN HOUSE NO MISSING DATA CODES
REF 0013 LOC 30 WIDTH 2 DK 1 COL 32-33

Q.HEF.H TOTAL NUMBER OF PERSONS IN HOUSEHOLD
-----------------------------
ACTUAL NUMBER IS CODED.

 01. ONE PERSON
  .
  .
  09. NINE PERSONS
  4 10. TEN PERSONS
  5 11. MORE THAN TEN
  4 12. INCOMPLETE ENUMERATION

VALID-N=2114

---------------------------------------------------------------------

VAR 0014 AGE OF HOUSEHOLD HEAD NO MISSING DATA CODES
REF 0014 LOC 32 WIDTH 2 DK 1 COL 34-35

Q.HEF.I AGE OF HOUSEHOLD HEAD
-----------------------------

120 06. 44 OR YOUNGER
 87 07. 45-54
 49 08. 55-59
 301 09. 60-64
 563 10. 65-69
 502 11. 70-74
 489 12. 75 AND OVER
  3 13. INCOMPLETE ENUMERATION
VAR 0015  1ST DIGIT OF INDIVID ID  NO MISSING DATA CODES
REF 0015  LOC  34 WIDTH  1  DK  1 COL 36

Q.HEF.J1  FIRST DIGIT OF INDIVIDUAL IDENTIFICATION
--------------------------------------------------
1734  1.  AGE 65 OR OLDER
380  2.  AGE 60-64

...............................................................

VAR 0016  2ND DIGIT OF INDIVID ID  NO MISSING DATA CODES
REF 0016  LOC  35 WIDTH  1  DK  1 COL 37

Q.HEF.J2  SECOND DIGIT OF INDIVIDUAL IDENTIFICATION
---------------------------------------------------
ACTUAL NUMBER IS CODED.

VALID-N=2114  MIN=1  MAX=5

...............................................................

VAR 0017  AGE AT LAST BIRTHDAY  MD=999
REF 0017  LOC  36 WIDTH  3  DK  1 COL 38-40

Q.HEF.K  AGE AT LAST BIRTHDAY
-----------------------------
[IF RESPONDENT IS OVER 100, ONLY LAST TWO DIGITS OF AGE ARE REPORTED]

000.
    .
099.
999. NA

CODE:  60   61   62   63   64   65   66   67   68   69   70
FREQ:  65   73   86   75   81  193  142  134  111  115  107

CODE:  71   72   73   74   75   76   77   78   79   80   81
FREQ: 114  105  114  77   76   59   69   36   50  47   33
(CONTINUED)

CODE:  82  83  84  85  86  87  88  89  90  91  92
FREQ:  35  28  21  18  16  9   9   7   3   3   2

CODE:  95
FREQ:  1

-----------------------------

VAR 0018    SEX
REF 0018    LOC   39 WIDTH 1   DK   1 COL 41

Q.HEF.L    SEX
-----------
1150  1.  FEMALE
964   2.  MALE

-----------------------------

VAR 0019    MARITAL STATUS
REF 0019    LOC   40 WIDTH 2   DK   1 COL 42-43

Q.HEF.M    MARITAL STATUS
--------------------------
  47  00.  LEGALLY SEPARATED FROM SPOUSE
 1180  06.  MARRIED AND LIVING WITH SPOUSE
   10  07.  MARRIED BUT SPOUSE AWAY FOR EXTENDED PERIOD
  138  08.  SINGLE, NEVER MARRIED
   30  09.  DIVORCED
  709  10.  WIDOW OR WIDOWER, NOT REMARRIED
  99.  NA

-----------------------------

VAR 0020    RELATION OF R TO HEAD
REF 0020    LOC   42 WIDTH 2   DK   1 COL 44-45

Q.HEF.N    RELATION OF RESPONDENT TO HEAD OF HOUSEHOLD
-----------------------------
  44  00.  UNRELATED TO HEAD OR HEAD'S FAMILY (LODGER, EMPLOYEE)
(CONTINUED)

1294  01.  HEAD
471  02.  HEAD'S WIFE
  4  03.  HEAD'S SON OR DAUGHTER (REAL, ADOPTED, OR STEP-)
  1  04.  HEAD'S DAUGHTER-IN-LAW OR SON-IN-LAW
123  05.  HEAD'S FATHER OR MOTHER
  90  06.  HEAD'S FATHER-IN-LAW OR MOTHER-IN-LAW
  48  07.  HEAD'S BROTHER OR SISTER
  16  08.  HEAD'S BROTHER-IN-LAW OR SISTER-IN-LAW
  22  09.  OTHER RELATIVE OF HEAD (ANY RELATIVE, BY BLOOD OR MARRIAGE)
  1  10.  NOT ENOUGH DATA TO CLASSIFY
  11.  OTHER

------------------------------------------------------------------------

VAR 0021  ORIGINAL INTERVIEWER #  NO MISSING DATA CODES
REF 0021  LOC  44 WIDTH  2   DK  1 COL 46-47

Q.HEF.O  INTERVIEWER NUMBER OF ORIGINAL INTERVIEWER WHO COMPLETED THE SCREENING
------------------------------------------------------------------------

ACTUAL NUMBER IS CODED.

------------------------------------------------------------------------

VAR 0022  SCHEDULE NUMBER  NO MISSING DATA CODES
REF 0022  LOC  46 WIDTH 4   DK  1 COL 48-51

SCHEDULE NUMBER

---------------

ACTUAL NUMBER IS CODED.

VALID-N=2114  MIN=1001  MAX=4536

------------------------------------------------------------------------

VAR 0023  DISPOSITION OF IND CASE  NO MISSING DATA CODES
REF 0023  LOC  50 WIDTH  1   DK  1 COL 52

Q.HEF.P  DISPOSITION OF INDIVIDUAL CASE

-------------------------------

2114  1.  COMPLETE
  2.  REFUSAL - FINAL
3. BREAKOFF - FINAL
4. UNAVAILABLE
5. SICK, MENTALLY ILL, OR TEMPORARILY IN GENERAL HOSPITAL
6. DEAF, DUMB
7. NO ENGLISH

-----------------------------
VAR 0024  DISPOSITION OF DESIGNAT  NO MISSING DATA CODES
REF 0024  LOC  51 WIDTH  1        DK  1 COL 53

Q.HEF.R  DISPOSITION OF DESIGNATED INDIVIDUAL FOR INDIVIDUAL CASE

-----------------------------------------------
100  0. DESIGNATED INDIVIDUAL OUTSIDE SAMPLING AREA
1719 1. COMPLETE
91  2. REFUSAL - FINAL
  5  3. BREAKOFF-FINAL
91  4. UNAVAILABLE
  4  5. SICK, MENTALLY ILL, OR TEMPORARILY IN GENERAL HOSPITAL
  2  6. DEAF, DUMB
  7. NO ENGLISH
  8. OLDER PERSON NOT AVAILABLE TO DESIGNATE INDIVIDUAL, AND NO DESIGNATED INDIVIDUAL CHosen ON SCREENING
102 9. NO DESIGNATED INDIVIDUAL NAMED

-----------------------------------------------
VAR 0025  CASES ADDED TO SAMPLE  NO MISSING DATA CODES
REF 0025  LOC  52 WIDTH  1        DK  1 COL 53

Q.HEF.S  CASES ADDED TO SAMPLE

-----------------------------------------------
23  1. WRONG LINE LISTING SHEET
27  2. WRONG LINE H.E.F FORM
  2  3. 1 AND 2
2062 4. CASES IN ORIGINAL SAMPLE
VAR 0026      AGE                                          MD=9
REF 0026     LOC  53 WIDTH  1                DK  1 COL 55

Q.HEF.T  AGE RECODE
---------------------
380  0.  60-64
1212 1.  65-74
454  2.  75-84
68   3.  85 AND OLDER
9.  NO ANSWER

-------------------------------------------------------------------
VAR 0027      SCHEDULE NUMBER             NO MISSING DATA CODES
REF 0027     LOC  54 WIDTH  4                DK  1 COL 56-59

Q.HEF.U  SCHEDULE NUMBER
------------------------
PRECODED

ACTUAL NUMBER IS CODED.

CODE: 9999
FREQ: 2

-------------------------------------------------------------------
VAR 0028      GENERAL HEALTH                               MD=9
REF 0028     LOC  58 WIDTH  1                DK  1 COL 60

Q.1 MOST OF THE QUESTIONS ARE ABOUT HEALTH. THE FIRST
THING WE'D LIKE TO ASK YOU IS -- HOW IS YOUR HEALTH? IN
GENERAL, WOULD YOU SAY IT WAS GOOD, FAIR, OR POOR?
-------------------------------------------------------------------

905  1.  GOOD
208  2.  GOOD, FOR MY AGE
498  3.  FAIR
110  4.  FAIR, FOR MY AGE
378  5.  POOR
10   6.  POOR, BUT WHAT CAN YOU EXPECT AT MY AGE
Q.2 WOULD YOU SAY YOUR HEALTH IS BETTER OR WORSE THAN THE HEALTH OF OTHER PEOPLE YOUR AGE? (JUST YOUR OPINION!)

1061 07. BETTER
731 08. ABOUT THE SAME
279 09. WORSE

43 99. NO ANSWER

Q.3 HOW OLD ARE YOU? (ABOUT?)

000. YEARS
.
.

099. YEARS

999. NO ANSWER
Q.7 DURING THE PAST FOUR WEEKS, DID YOU SEE A DOCTOR OR TALK TO HIM ON THE TELEPHONE (ABOUT YOUR HEALTH)?

488 1. YES, SAW SINGLE DOCTOR
48  2. YES, SAW SEVERAL DOCTORS
36  3. YES, I WAS IN THE HOSPITAL
27  4. NO, ONLY TALKED TO HIM ON TELEPHONE
1512 5. NO, NO CONTACT WITH DOCTORS
3    9. NO ANSWER

--IF "NO" AT Q.7--

Q.7A DIDN'T YOU SEE A DOCTOR FOR YOUR (NAME OF SICKNESS), OR YOUR (NAME OF HEALTH PROBLEM), OR YOUR (SECOND HEALTH PROBLEM, ETC.)? WHY WAS THAT?

13  00. DOCTOR GAVE ADVICE, PRESCRIPTION, ETC., OVER TELEPHONE OR OUTSIDE OFFICE
27  01. HAVE SEEN DOCTOR IN PAST, AND HE DOESN'T SEEM TO TREAT ILLNESS
59  02. A DOCTOR CAN'T HELP ILLNESS BECAUSE ILLNESS CANNOT BE TREATED
48  03. HAVEN'T THE MONEY TO SEE DOCTOR (OR FOR TREATMENT I NEED)
  04. HAVEN'T A REGULAR DOCTOR
18  05. DON'T TRUST DOCTORS (BECAUSE THEY ARE TOO YOUNG, DON'T BELIEVE IN THEM)
  06. DON'T TRUST DOCTORS BECAUSE THEY ARE WELFARE DOCTORS (FREE CARE CAN'T BE ANY GOOD)
142 07. A DOCTOR CAN'T TREAT ILLNESS ANY BETTER THAN RESPONDENT (OR RESPONDENT DOESN'T WANT TO TAKE DOCTOR'S ADVICE)
408 08. HASN'T BOTHERED RESPONDENT ENOUGH TO SEE DOCTOR (NOT AN ACUTE FLARE-UP)
  09. DOCTOR DIDN'T CONSIDER ILLNESS SERIOUS ENOUGH TO SEE RESPONDENT
219 98. NO ANSWER; THIS QUESTION NOT ASKED
1175 99. INAP., CODED 1-3 AT Q.7 AND 2 AT Q.4 [REF 83] OR Q.5 [REF 136]

--IF "YES" AT Q.7--

Q.8 DID THE DOCTOR COME TO YOUR HOME TO SEE YOU? (OF COURSE, YOU SAW LOTS OF DOCTORS IN THE HOSPITAL, AND I'D LIKE TO KNOW MORE ABOUT THAT IN A MINUTE, BUT WHEN YOU WERE HOME THESE LAST FOUR WEEKS, DID THE DOCTOR COME TO YOUR HOME TO SEE YOU?)

109 1. YES, DOCTOR CAME TO HOUSE
459 2. NO

1539 0. INAP., CODED 4 OR 5 AT Q.7
7 9. NO ANSWER

--IF "YES" AT Q.8--

Q.8A(1) FOR WHAT SICKNESS WAS THAT? - [1ST MENTION]

01. INFECTIVE AND PARASITIC DISEASES - TUBERCULOSIS, ALL FORMS
06. INFECTIVE AND PARASITIC DISEASES - INFECTIVE AND PARASITIC DISEASES, ALL OTHER
09. NEOPLASMS - NEOPLASMS OF UNSPECIFIED NATURE, MALIGNANT AND BENIGN
10. ALLERGIC DISEASES - HAY FEVER
1 11. ALLERGIC DISEASES - ASTHMA
12. ALLERGIC DISEASES - OTHER ALLERGIC DISORDERS
13. ENDOCRINE SYSTEM, METABOLIC AND NUTRITIONAL DISEASES - DISEASES OF THYROID
(CONTINUED)

2  14. ENDOCRINE SYSTEM, METABOLIC AND NUTRITIONAL DISEASES - DIABETES MELLITUS

15. ENDOCRINE SYSTEM, METABOLIC AND NUTRITIONAL DISEASES - DISEASES OF OTHER ENDOCRINE GLANDS, METABOLIC AND NUTRITIONAL DISEASES

16. DISEASES OF THE BLOOD AND BLOOD-FORMING ORGANS - ANEMIAS AND OTHER

17. MENTAL, PSYCHONEUROTIC AND PERSONALITY DISORDERS - ALL PSYCHOSES, PSYCHONEUROTIC AND PERSONALITY DISORDERS

20. DISEASES OF THE NERVOUS SYSTEM - VASCULAR LESIONS AFFECTING CNS

24. DISEASES OF THE NERVOUS SYSTEM - MIGRAINE

25. DISEASES OF THE NERVOUS SYSTEM - OTHER DISEASES OF CNS

2  26. DISEASES OF THE NERVOUS SYSTEM - NEURALGIA

30. DISEASES OF THE EYE - ALL DISEASES OF THE EYE

34. DISEASES OF THE EAR - ALL DISEASES OF THE EAR

2  37. DISEASES OF THE CIRCULATORY SYSTEM - CEREBRAL VASCULAR ACCIDENT - STROKE

16  38. DISEASES OF THE CIRCULATORY SYSTEM - ALL DISEASES OF THE HEART

6  39. DISEASES OF THE CIRCULATORY SYSTEM - HYPERTENSION WITHOUT MENTION OF HEART

1  40. DISEASES OF THE CIRCULATORY SYSTEM - GENERAL ARTERIOSCLEROSIS

41. DISEASES OF THE CIRCULATORY SYSTEM - VARICOSE VEINS OF LOWER EXTREMITIES

42. DISEASES OF THE CIRCULATORY SYSTEM - HEMORRHOIDS

3  44. DISEASES OF THE CIRCULATORY SYSTEM - OTHER DISEASES OF CIRCULATORY SYSTEM

8  45. DISEASES OF THE RESPIRATORY SYSTEM - COLDS (CHRONIC AND ACUTE) AND OTHER ACUTE DISEASES OF THE UPPER RESPIRATORY SYSTEM

10  46. DISEASES OF THE RESPIRATORY SYSTEM - INFLUENZA

2  47. DISEASES OF THE RESPIRATORY SYSTEM - PNEUMONIA

3  48. DISEASES OF THE RESPIRATORY SYSTEM - BRONCHITIS

50. DISEASES OF THE RESPIRATORY SYSTEM - CHRONIC SINUSITIS

1  52. DISEASES OF THE RESPIRATORY SYSTEM - OTHER DISEASES OF RESPIRATORY SYSTEM

1  56. DISEASES OF THE DIGESTIVE SYSTEM - ULCER OF STOMACH AND DUODENUM

3  58. DISEASES OF THE DIGESTIVE SYSTEM - OTHER DISEASES OF STOMACH AND DUODENUM

1  60. DISEASES OF THE DIGESTIVE SYSTEM - HERNIA OF ABDOMINAL CAVITY

1  61. DISEASES OF THE DIGESTIVE SYSTEM - ENTERITIS AND COLITIS

62. DISEASES OF THE DIGESTIVE SYSTEM - CONSTIPATION
63. DISEASES OF THE DIGESTIVE SYSTEM - OTHER DISEASES OF INTESTINES AND PERITONEUM
64. DISEASES OF THE DIGESTIVE SYSTEM - DISEASES OF THE LIVER
65. DISEASES OF THE DIGESTIVE SYSTEM - DISEASES OF GALL-BLADDER AND BILARY DUCTS
66. DISEASES OF THE GENITO-URINARY SYSTEM - NEPHRITIS
68. DISEASES OF THE GENITO-URINARY SYSTEM - OTHER DISEASES OF KIDNEY AND URETER
69. DISEASES OF THE GENITO-URINARY SYSTEM - PROSTATE DISEASES
70. DISEASES OF THE GENITO-URINARY SYSTEM - OTHER DISEASES OF MALE GENITAL ORGANS
72. DISEASES OF THE GENITO-URINARY SYSTEM - MENOPAUSAL SYMPTOMS
73. DISEASES OF THE GENITO-URINARY SYSTEM - OTHER DISEASES OF FEMALE GENITAL ORGANS
75. DISEASES OF THE SKIN AND CELLULAR TISSUE - ECZEMA
76. DISEASES OF THE SKIN AND CELLULAR TISSUE - DERMATITIS
77. DISEASES OF THE SKIN AND CELLULAR TISSUE - OTHER DISEASES OF SKIN AND CELLULAR TISSUE
78. DISEASES OF BONES AND ORGANS OF MOVEMENT - ARTHRITIS
79. DISEASES OF BONES AND ORGANS OF MOVEMENT - RHEUMATISM (EXCEPT RHEUMATIC FEVER AND RHEUMATIC HEART DISEASE)
82. DISEASES OF BONES AND ORGANS OF MOVEMENT - OTHER DISEASES OF MUSCULOSKELETAL SYSTEM
86. SYMPTOMS, SENILITY, AND ILL-DEFINED CONDITIONS - SYMPTOMS REFERABLE TO RESPIRATORY SYSTEM
87. SYMPTOMS, SENILITY, AND ILL-DEFINED CONDITIONS - SYMPTOMS REFERABLE TO CARDIOVASCULAR AND LYMPHATIC SYSTEM
88. SYMPTOMS, SENILITY, AND ILL-DEFINED CONDITIONS - SYMPTOMS REFERABLE TO LIMBS AND BACK
89. SYMPTOMS, SENILITY, AND ILL-DEFINED CONDITIONS - NERVOUSNESS AND DEBILITY
90. SYMPTOMS, SENILITY, AND ILL-DEFINED CONDITIONS - HEADACHE
91. SYMPTOMS, SENILITY, AND ILL-DEFINED CONDITIONS - OTHER SYMPTOMS, SENILITY, AND ILL-DEFINED CONDITIONS
92. INJURIES AND POISONINGS - FRACTURES
93. INJURIES AND POISONINGS - DISLOCATIONS, SPRAINS, AND STRAINS
94. INJURIES AND POISONINGS - LACERATIONS AND OPEN WOUNDS
95. INJURIES AND POISONINGS - OTHER AND UNSPECIFIED INJURIES AND POISONINGS, BURNS
96. OTHER IMPAIRMENTS, AMPUTATIONS, AND LOSS OF MEMBERS
   - OTHER IMPAIRMENTS
97. OTHER IMPAIRMENTS, AMPUTATIONS, AND LOSS OF MEMBERS
   - AMPUTATIONS AND LOSS OF MEMBERS
6  98. "CHECK-UP" - CHECK-UP NOT OTHERWISE DESCRIBED,
   POST-OPERATIVE FOR OLD AILMENTS, ETC.

1998  00. INAP., CODED 0 OR 2 AT Q.8
9  99. NO ANSWER

---------------------------------------------------------------------
VAR 0035      WHAT ILLNESS HOME - 2ND            MD=0 OR GE 99
REF 0035         LOC   70 WIDTH 2             DK   1 COL 72-73

--IF "YES" AT Q.8--

Q.8A(2) FOR WHAT SICKNESS WAS THAT? - [2ND MENTION]

---------------------------------------------------------------------
01. INFECTIVE AND PARASITIC DISEASES - TUBERCULOSIS,
   ALL FORMS
06. INFECTIVE AND PARASITIC DISEASES - INFECTIVE AND
   PARASITIC DISEASES, ALL OTHER
09. NEOPLASMS - NEOPLASMS OF UNSPECIFIED NATURE,
   MALIGNANT AND BENIGN
10. ALLERGIC DISEASES - HAY FEVER
11. ALLERGIC DISEASES - ASTHMA
12. ALLERGIC DISEASES - OTHER ALLERGIC DISORDERS
13. ENDOCRINE SYSTEM, METABOLIC AND NUTRITIONAL
   DISEASES - DISEASES OF THYROID
14. ENDOCRINE SYSTEM, METABOLIC AND NUTRITIONAL
   DISEASES - DIABETES MELLITUS
15. ENDOCRINE SYSTEM, METABOLIC AND NUTRITIONAL
   DISEASES - DISEASES OF OTHER ENDOCRINE GLANDS,
   METABOLIC AND NUTRITIONAL DISEASES
16. DISEASES OF THE BLOOD AND BLOOD-FORMING ORGANS -
   ANEMIAS AND OTHER
17. MENTAL, PSYCHONEUROTIC, AND PERSONALITY DISORDERS -
   ALL PSYCHOSES, PSYCHONEUROTIC AND PERSONALITY
   DISORDERS
20. DISEASES OF THE NERVOUS SYSTEM - VASCULAR LESIONS
   AFFECTING CNS
24. DISEASES OF THE NERVOUS SYSTEM - MIGRAINE
25. DISEASES OF THE NERVOUS SYSTEM - OTHER DISEASES OF
   CNS
26. DISEASES OF THE NERVOUS SYSTEM - NEURALGIA
30. DISEASES OF THE EYE - ALL DISEASES OF THE EYE
34. DISEASES OF THE EAR - ALL DISEASES OF THE EAR
37. DISEASES OF THE CIRCULATORY SYSTEM - CEREBRAL VASCULAR ACCIDENT - STROKE
38. DISEASES OF THE CIRCULATORY SYSTEM - ALL DISEASES OF THE HEART
1 39. DISEASES OF THE CIRCULATORY SYSTEM - HYPERTENSION WITHOUT MENTION OF HEART
40. DISEASES OF THE CIRCULATORY SYSTEM - GENERAL ARTERIOSCLEROSIS
41. DISEASES OF THE CIRCULATORY SYSTEM - VARICOSE VEINS OF LOWER EXTREMITIES
42. DISEASES OF THE CIRCULATORY SYSTEM - HEMORRHIOIDS
1 44. DISEASES OF THE CIRCULATORY SYSTEM - OTHER DISEASES OF CIRCULATORY SYSTEM
1 45. DISEASES OF THE RESPIRATORY SYSTEM - COLDS (CHRONIC AND ACUTE) AND OTHER ACUTE DISEASES OF THE UPPER RESPIRATORY SYSTEM
46. DISEASES OF THE RESPIRATORY SYSTEM - INFLUENZA
1 47. DISEASES OF THE RESPIRATORY SYSTEM - PNEUMONIA
48. DISEASES OF THE RESPIRATORY SYSTEM - BRONCHITIS
1 50. DISEASES OF THE RESPIRATORY SYSTEM - CHRONIC SINUSITIS
52. DISEASES OF THE RESPIRATORY SYSTEM - OTHER DISEASES OF RESPIRATORY SYSTEM
56. DISEASES OF THE DIGESTIVE SYSTEM - ULCER OF STOMACH AND DUODENUM
58. DISEASES OF THE DIGESTIVE SYSTEM - OTHER DISEASES OF STOMACH AND DUODENUM
60. DISEASES OF THE DIGESTIVE SYSTEM - HERNIA OF ABDOMINAL CAVITY
61. DISEASES OF THE DIGESTIVE SYSTEM - ENTERITIS AND COLITIS
1 62. DISEASES OF THE DIGESTIVE SYSTEM - CONSTIPATION
63. DISEASES OF THE DIGESTIVE SYSTEM - OTHER DISEASES OF INTESTINES AND PERITONEUM
64. DISEASES OF THE DIGESTIVE SYSTEM - DISEASES OF THE LIVER
65. DISEASES OF THE DIGESTIVE SYSTEM - DISEASES OF GALL-BLADDER AND BILARY DUCTS
66. DISEASES OF THE GENITO-URINARY SYSTEM - NEPHRITIS
68. DISEASES OF THE GENITO-URINARY SYSTEM - OTHER DISEASES OF KIDNEY AND URETER
69. DISEASES OF THE GENITO-URINARY SYSTEM - PROSTATE DISEASES
70. DISEASES OF THE GENITO-URINARY SYSTEM - OTHER DISEASES OF MALE GENITAL ORGANS
72. DISEASES OF THE GENITO-URINARY SYSTEM - MENOPAUSAL SYMPTOMS
73. DISEASES OF THE GENITO-URINARY SYSTEM - OTHER DISEASES OF FEMALE GENITAL ORGANS
75. DISEASES OF THE SKIN AND CELLULAR TISSUE - ECZEMA
76. DISEASES OF THE SKIN AND CELLULAR TISSUE - DERMATITIS
77. DISEASES OF THE SKIN AND CELLULAR TISSUE - OTHER DISEASES OF SKIN AND CELLULAR TISSUE
1 78. DISEASES OF BONES AND ORGANS OF MOVEMENT - ARTHRITIS
79. DISEASES OF BONES AND ORGANS OF MOVEMENT - RHEUMATISM (EXCEPT RHEUMATIC FEVER AND RHEUMATIC HEART DISEASE)
82. DISEASES OF BONES AND ORGANS OF MOVEMENT - OTHER DISEASES OF MUSCULOSKELETAL SYSTEM
86. SYMPTOMS, SENILITY, AND ILL-DEFINED CONDITIONS - SYMPTOMS REFERABLE TO RESPIRATORY SYSTEM
87. SYMPTOMS, SENILITY, AND ILL-DEFINED CONDITIONS - SYMPTOMS REFERABLE TO CARDIOVASCULAR AND LYMPHATIC SYSTEM
88. SYMPTOMS, SENILITY, AND ILL-DEFINED CONDITIONS - SYMPTOMS REFERABLE TO LIMBS AND BACK
89. SYMPTOMS, SENILITY, AND ILL-DEFINED CONDITIONS - NERVOUSNESS AND DEBILITY
90. SYMPTOMS, SENILITY, AND ILL-DEFINED CONDITIONS - HEADACHE
2 91. SYMPTOMS, SENILITY, AND ILL-DEFINED CONDITIONS - OTHER SYMPTOMS, SENILITY, AND ILL-DEFINED CONDITIONS
92. INJURIES AND POISONINGS - FRACTURES
93. INJURIES AND POISONINGS - DISLOCATIONS, SPRAINS, AND STRAINS
94. INJURIES AND POISONINGS - LACERATIONS AND OPEN WOUNDS
95. INJURIES AND POISONINGS - OTHER AND UNSPECIFIED INJURIES AND POISONINGS, BURNS
96. OTHER IMPAIRMENTS, AMPUTATIONS, AND LOSS OF MEMBERS - OTHER IMPAIRMENTS
97. OTHER IMPAIRMENTS, AMPUTATIONS, AND LOSS OF MEMBERS - AMPUTATIONS AND LOSS OF MEMBERS
98. "CHECK-UP" - CHECK-UP NOT OTHERWISE DESCRIBED, POST-OPERATIVE FOR OLD AILMENTS, ETC.

1998 00. INAP., CODED 0 OR 2 AT Q.8
104 99. NO ANSWER
VAR 0036      # WKS HAD ILLNESS-HOME          MD=0 OR GE  8
REF 0036       LOC    72 WIDTH 1         DK  1 COL 74

--IF "YES" AT Q.8--

Q.8A(1A)  HOW LONG HAVE YOU HAD (NAME OF ILLNESS) - WEEKS
---------------------------------------------------------
1  1.  LESS THAN ONE WEEK
2.  ONE WEEK OR MORE BUT LESS THAN TWO WEEKS
1  3.  TWO WEEKS OR MORE BUT LESS THAN THREE WEEKS
4.  THREE WEEKS OR MORE BUT LESS THAN MONTH

1998  0.  INAP., CODED 0 OR 2 AT Q.8
114  8.  NO ANSWER; OR ILLNESS MENTIONED AT Q.4 OR Q.5

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VAR 0037      # MTHS HAD ILLNESS-HOME          MD=97 OR GE  98
REF 0037       LOC    73 WIDTH 2         DK  1 COL 75-76

--IF "YES" AT Q.8--

Q.8A(1B)  HOW LONG HAVE YOU HAD (NAME OF ILLNESS)? - MONTHS
-----------------------------------------------------------
00.  TEN MONTHS
1  01.  ONE MONTH
02.  TWO MONTHS
03.  THREE MONTHS
04.  FOUR MONTHS
05.  FIVE MONTHS
06.  SIX MONTHS
07.  SEVEN MONTHS
08.  EIGHT MONTHS
09.  NINE MONTHS

1998  97.  INAP., CODED 0 OR 2 AT Q.8
115  98.  NO ANSWER; OR ILLNESS MENTIONED AT Q.4 OR Q.5
VAR 0038      # YRS HAD ILLNESS-HOME            MD=0 OR GE  999
REF 0038      LOC   75 WIDTH  3             DK   1 COL 77-79

--IF "YES" AT Q.8--

Q.8A(1C) HOW LONG HAVE YOU HAD (NAME OF ILLNESS)? - YEARS
-----------------------------------------------------------
01. ALL MY LIFE
001. YEAR
   .
099. YEARS

1998 000. INAP., CODED 0 OR 2 AT Q.8
115 999. NO ANSWER; OR ILLNESS MENTIONED AT Q.4 OR Q.5

CODE:       0  9  999
FREQ:  1998  1  115

--IF "YES" AT Q.8--

Q.8A(1D) HOW LONG HAVE YOU HAD [FIRST] (NAME OF ILLNESS)?
----------------------------------------------------------
1 1. SOME DATE GIVEN

1998 0. INAP., CODED 0 OR 2 AT Q.8
115 8. NO ANSWER; OR ILLNESS MENTIONED AT Q.4 OR Q.5

DECK IDENTIFICATION NUMBER IS '02'

- - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - -

VAR 0001      ICPSR STUDY NUMBER-7686     NO MISSING DATA CODES
REF 0001      LOC   1 WIDTH  4             DK   2 COL  3- 6

ICPSR STUDY NUMBER-7686
ICPSR EDITION NUMBER
---------------------

THE NUMBER IDENTIFYING THE RELEASE EDITION OF THIS DATASET.

1. WINTER 1984

ICPSR PART NUMBER
-----------------

THE NUMBER IDENTIFYING THIS PART OF A 3-PART STUDY.

001. THE HEALTH NEEDS OF OLDER PERSONS
002. HOUSEHOLD ENUMERATION: NON-INTERVIEWED INDIVIDUALS
003. PUBLIC ATTITUDES ON OLDER PEOPLE

ICPSR SEQUENTIAL CASE IDENTIFICATION NUMBER
---------------------------------------------

THE ICPSR HAS ATTACHED A SEQUENTIAL CASE IDENTIFICATION NUMBER TO EVERY RECORD. THIS NUMBER UNIQUELY IDENTIFIES EACH RECORD IN THE DATA COLLECTION.

--IF "YES" AT Q.8--

Q.8B HOW MANY TIMES DID YOU SEE THE DOCTOR AT HOME DURING
THESE FOUR WEEKS (WHEN YOU WEREN'T IN THE HOSPITAL AS A PATIENT, I MEAN)?

ACTUAL NUMBER IS CODED.

01. NUMBER OF TIMES DOCTOR SEEN AT HOME
   
   10. MORE THAN NINE TIMES

1998  98. INAP., CODED 0 OR 2 AT Q.8
14  99. NO ANSWER

VALID-N=102  MIN=1  MAX=10

VAR 0041      SAW DR AT CLINIC                    MD=0 OR GE 9
REF 0041         LOC   81 WIDTH 1             DK   2 COL 17

--IF "YES" AT Q.7--

Q.9  DID YOU SEE A DOCTOR AT A CLINIC THESE LAST FOUR WEEKS (WHEN YOU WEREN'T IN THE HOSPITAL AS A PATIENT, I MEAN)?

44  1. YES
522  2. NO

1539  0. INAP., CODED 4 OR 5 AT Q.7
9  9. NO ANSWER

VAR 0042      # TIMES SAW DR AT CLINIC           MD=0 OR GE 99
REF 0042         LOC   82 WIDTH 2             DK   2 COL 18-19

--IF "YES" AT Q.9--

Q.9A  HOW MANY TIMES DID YOU GO TO A CLINIC THESE LAST FOUR WEEKS?

01. ONE TIME SAW DOCTOR AT CLINIC
   .
(CONTINUED)

09. NINE TIMES SAW DOCTOR AT CLINIC

2061 00. INAP., CODED 0 OR 2 AT Q.9
  9 99. NO ANSWER

CODE: 0 1 2 3 4 9 99
FREQ: 2061 23 13 4 3 1 9

---IF "YES" AT Q.9--

Q.9B(1) NOW, FOR WHAT SICKNESS WAS THAT? [1ST MENTION]

01. INFECTIVE AND PARASITIC DISEASES - TUBERCULOSIS, ALL FORMS
06. INFECTIVE AND PARASITIC DISEASES - INFECTIVE AND PARASITIC DISEASES, ALL OTHER
1 09. NEOPLASMS - NEOPLASMS OF UNSPECIFIED NATURE, MALIGNANT AND BENIGN
10. ALLERGIC DISEASES - HAY FEVER
11. ALLERGIC DISEASES - ASTHMA
12. ALLERGIC DISEASES - OTHER ALLERGIC DISORDERS
13. ENDOCRINE SYSTEM, METABOLIC AND NUTRITIONAL DISEASES - DISEASES OF THYROID
3 14. ENDOCRINE SYSTEM, METABOLIC AND NUTRITIONAL DISEASES - DIABETES MELLITUS
15. ENDOCRINE SYSTEM, METABOLIC AND NUTRITIONAL DISEASES - DISEASES OF OTHER ENDOCRINE GLANDS, METABOLIC AND NUTRITIONAL DISEASES
2 16. DISEASES OF THE BLOOD AND BLOOD-FORMING ORGANS - ANEMIAS AND OTHER
17. MENTAL, PSYCHONEUROTIC AND PERSONALITY DISORDERS - ALL PSYCHOSES, PSYCHONEUROTIC AND PERSONALITY DISORDERS
20. DISEASES OF THE NERVOUS SYSTEM - VASCULAR LESIONS AFFECTING CNS
24. DISEASES OF THE NERVOUS SYSTEM - MIGRAINE
25. DISEASES OF THE NERVOUS SYSTEM - OTHER DISEASES OF CNS
26. DISEASES OF THE NERVOUS SYSTEM - NEURALGIA
1 30. DISEASES OF THE EYE - ALL DISEASES OF THE EYE
(CONTINUED)

34. DISEASES OF THE EAR - ALL DISEASES OF THE EAR
37. DISEASES OF THE CIRCULATORY SYSTEM - CEREBRAL VASCULAR ACCIDENT - STROKE
5 38. DISEASES OF THE CIRCULATORY SYSTEM - ALL DISEASES OF THE HEART
5 39. DISEASES OF THE CIRCULATORY SYSTEM - HYPERTENSION WITHOUT MENTION OF HEART
40. DISEASES OF THE CIRCULATORY SYSTEM - GENERAL ARTERIOSCLEROSIS
41. DISEASES OF THE CIRCULATORY SYSTEM - VARICOSE VEINS OF LOWER EXTREMITIES
1 42. DISEASES OF THE CIRCULATORY SYSTEM - HEMORRHOIDS
44. DISEASES OF THE CIRCULATORY SYSTEM - OTHER DISEASES OF CIRCULATORY SYSTEM
45. DISEASES OF THE RESPIRATORY SYSTEM - Colds (Chronic and Acute) and Other Acute Diseases of the Upper Respiratory System
46. DISEASES OF THE RESPIRATORY SYSTEM - INFLUENZA
1 47. DISEASES OF THE RESPIRATORY SYSTEM - PNEUMONIA
48. DISEASES OF THE RESPIRATORY SYSTEM - BRONCHITIS
1 50. DISEASES OF THE RESPIRATORY SYSTEM - CHRONIC SINUSITIS
52. DISEASES OF THE RESPIRATORY SYSTEM - OTHER DISEASES OF RESPIRATORY SYSTEM
1 56. DISEASES OF THE DIGESTIVE SYSTEM - ULCER OF STOMACH AND DUODENUM
58. DISEASES OF THE DIGESTIVE SYSTEM - OTHER DISEASES OF STOMACH AND DUODENUM
60. DISEASES OF THE DIGESTIVE SYSTEM - HERNIA OF ABDOMINAL CAVITY
61. DISEASES OF THE DIGESTIVE SYSTEM - ENTERITIS AND COLITIS
62. DISEASES OF THE DIGESTIVE SYSTEM - CONSTIPATION
63. DISEASES OF THE DIGESTIVE SYSTEM - OTHER DISEASES OF INTESTINES AND PERITONEUM
64. DISEASES OF THE DIGESTIVE SYSTEM - DISEASES OF THE LIVER
65. DISEASES OF THE DIGESTIVE SYSTEM - DISEASES OF GALL-BLADDER AND BILARY DUCTS
66. DISEASES OF THE GENITO-URINARY SYSTEM - NEPHRITIS
2 68. DISEASES OF THE GENITO-URINARY SYSTEM - OTHER DISEASES OF KIDNEY AND URETER
1 69. DISEASES OF THE GENITO-URINARY SYSTEM - PROSTATE DISEASES
70. DISEASES OF THE GENITO-URINARY SYSTEM - OTHER DISEASES OF MALE GENITAL ORGANS
72. DISEASES OF THE GENITO-URINARY SYSTEM - MENOPAUSAL SYMPTOMS
73. DISEASES OF THE GENITO-URINARY SYSTEM - OTHER DISEASES OF FEMALE GENITAL ORGANS
(CONTINUED)

75. DISEASES OF THE SKIN AND CELLULAR TISSUE - ECZEMA
76. DISEASES OF THE SKIN AND CELLULAR TISSUE - DERMATITIS
77. DISEASES OF THE SKIN AND CELLULAR TISSUE - OTHER DISEASES OF SKIN AND CELLULAR TISSUE
2 78. DISEASES OF BONES AND ORGANS OF MOVEMENT - ARTHRITIS
1 79. DISEASES OF BONES AND ORGANS OF MOVEMENT - RHEUMATISM (EXCEPT RHEUMATIC FEVER AND RHEUMATIC HEART DISEASE)
82. DISEASES OF BONES AND ORGANS OF MOVEMENT - OTHER DISEASES OF MUSCULOSKELETAL SYSTEM
86. SYMPTOMS, SENILITY, AND ILL-DEFINED CONDITIONS - SYMPTOMS REFERABLE TO RESPIRATORY SYSTEM
87. SYMPTOMS, SENILITY, AND ILL-DEFINED CONDITIONS - SYMPTOMS REFERABLE TO CARDIOVASCULAR AND LYMPHATIC SYSTEM
2 88. SYMPTOMS, SENILITY, AND ILL-DEFINED CONDITIONS - SYMPTOMS REFERABLE TO LIMBS AND BACK
89. SYMPTOMS, SENILITY, AND ILL-DEFINED CONDITIONS - NERVOUSNESS AND DEBILITY
1 90. SYMPTOMS, SENILITY, AND ILL-DEFINED CONDITIONS - HEADACHE
91. SYMPTOMS, SENILITY, AND ILL-DEFINED CONDITIONS - OTHER SYMPTOMS, SENILITY, AND ILL-DEFINED CONDITIONS
92. INJURIES AND POISONINGS - FRACTURES
93. INJURIES AND POISONINGS - DISLOCATIONS, SPRAINS, AND STRAINS
94. INJURIES AND POISONINGS - LACERATIONS AND OPEN WOUNDS
95. INJURIES AND POISONINGS - OTHER AND UNSPECIFIED INJURIES AND POISONINGS, BURNS
3 96. OTHER IMPAIRMENTS, AMPUTATIONS, AND LOSS OF MEMBERS - OTHER IMPAIRMENTS
97. OTHER IMPAIRMENTS, AMPUTATIONS, AND LOSS OF MEMBERS - AMPUTATIONS AND LOSS OF MEMBERS
11 98. "CHECK-UP" - CHECK-UP NOT OTHERWISE DESCRIBED, POST-OPERATIVE FOR OLD AILMENTS, ETC.

2061 00. INAP., CODED 0 OR 2 AT Q.9
9 99. NO ANSWER
--IF "YES" AT Q.9--

Q.9B(2)  NOW, FOR WHAT SICKNESS WAS THAT? - [2ND MENTION]

01.  INFECTIVE AND PARASITIC DISEASES - TUBERCULOSIS, ALL FORMS
06.  INFECTIVE AND PARASITIC DISEASES - INFECTIVE AND PARASITIC DISEASES, ALL OTHER
09.  NEOPLASMS - NEOPLASMS OF UNSPECIFIED NATURE, MALIGNANT AND BENIGN
10.  ALLERGIC DISEASES - HAY FEVER
11.  ALLERGIC DISEASES - ASTHMA
12.  ALLERGIC DISEASES - OTHER ALLERGIC DISORDERS
13.  ENDOCRINE SYSTEM, METABOLIC AND NUTRITIONAL DISEASES - DISEASES OF THYROID
14.  ENDOCRINE SYSTEM, METABOLIC AND NUTRITIONAL DISEASES - DIABETES MELLITUS
15.  ENDOCRINE SYSTEM, METABOLIC AND NUTRITIONAL DISEASES - DISEASES OF OTHER ENDOCRINE GLANDS, METABOLIC AND NUTRITIONAL DISEASES
16.  DISEASES OF THE BLOOD AND BLOOD-FORMING ORGANS - ANEMIAS AND OTHER
17.  MENTAL, PSYCHONEUROTIC, AND PERSONALITY DISORDERS - ALL PSYCHOSES, PSYCHONEUROTIC AND PERSONALITY DISORDERS
20.  DISEASES OF THE NERVOUS SYSTEM - VASCULAR LESIONS AFFECTING CNS
24.  DISEASES OF THE NERVOUS SYSTEM - MIGRAINE
25.  DISEASES OF THE NERVOUS SYSTEM - OTHER DISEASES OF CNS
26.  DISEASES OF THE NERVOUS SYSTEM - NEURALGIA
30.  DISEASES OF THE EYE - ALL DISEASES OF THE EYE
34.  DISEASES OF THE EAR - ALL DISEASES OF THE EAR
37.  DISEASES OF THE CIRCULATORY SYSTEM - CEREBRAL VASCULAR ACCIDENT - STROKE
38.  DISEASES OF THE CIRCULATORY SYSTEM - ALL DISEASES OF THE HEART
39.  DISEASES OF THE CIRCULATORY SYSTEM - HYPERTENSION WITHOUT MENTION OF HEART
40.  DISEASES OF THE CIRCULATORY SYSTEM - GENERAL ARTERIOSCLEROSIS
41.  DISEASES OF THE CIRCULATORY SYSTEM - VARICOSE VEINS OF LOWER EXTREMITIES
42.  DISEASES OF THE CIRCULATORY SYSTEM - HEMORRHOIDS
(CONTINUED)

OF CIRCULATORY SYSTEM
45. DISEASES OF THE RESPIRATORY SYSTEM - Colds (CHRONIC
AND ACUTE) AND OTHER ACUTE DISEASES OF THE UPPER
RESPIRATORY SYSTEM
46. DISEASES OF THE RESPIRATORY SYSTEM - INFLUENZA
47. DISEASES OF THE RESPIRATORY SYSTEM - PNEUMONIA
48. DISEASES OF THE RESPIRATORY SYSTEM - BRONCHITIS
50. DISEASES OF THE RESPIRATORY SYSTEM - CHRONIC
SINUSITIS
52. DISEASES OF THE RESPIRATORY SYSTEM - OTHER DISEASES
OF RESPIRATORY SYSTEM
56. DISEASES OF THE DIGESTIVE SYSTEM - ULCER OF STOMACH
AND DUODENUM
58. DISEASES OF THE DIGESTIVE SYSTEM - OTHER DISEASES
OF STOMACH AND DUODENUM
60. DISEASES OF THE DIGESTIVE SYSTEM - HERNIA OF
ABDOMINAL CAVITY
61. DISEASES OF THE DIGESTIVE SYSTEM - ENTERITIS AND
COLITIS
62. DISEASES OF THE DIGESTIVE SYSTEM - CONSTIPATION
63. DISEASES OF THE DIGESTIVE SYSTEM - OTHER DISEASES
OF INTESTINES AND PERITONEUM
64. DISEASES OF THE DIGESTIVE SYSTEM - DISEASES OF THE
LIVER
65. DISEASES OF THE DIGESTIVE SYSTEM - DISEASES OF
GALL-BLADDER AND BILARY DUCTS
66. DISEASES OF THE GENITO-URINARY SYSTEM - NEPHRITIS
68. DISEASES OF THE GENITO-URINARY SYSTEM - OTHER
DISEASES OF KIDNEY AND URETER
69. DISEASES OF THE GENITO-URINARY SYSTEM - PROSTATE
DISEASES
70. DISEASES OF THE GENITO-URINARY SYSTEM - OTHER
DISEASES OF MALE GENITAL ORGANS
72. DISEASES OF THE GENITO-URINARY SYSTEM - MENOPAUSAL
SYMPTOMS
73. DISEASES OF THE GENITO-URINARY SYSTEM - OTHER
DISEASES OF FEMALE GENITAL ORGANS
75. DISEASES OF THE SKIN AND CELLULAR TISSUE - ECZEMA
76. DISEASES OF THE SKIN AND CELLULAR TISSUE -
DERMATITIS
77. DISEASES OF THE SKIN AND CELLULAR TISSUE - OTHER
DISEASES OF SKIN AND CELLULAR TISSUE
78. DISEASES OF BONES AND ORGANS OF MOVEMENT -
ARTHITIS
79. DISEASES OF BONES AND ORGANS OF MOVEMENT -
RHEUMATISM (EXCEPT RHEUMATIC FEVER AND RHEUMATIC
HEART DISEASE)
82. DISEASES OF BONES AND ORGANS OF MOVEMENT - OTHER
DISEASES OF MUSCULOSKELETAL SYSTEM
86. SYMPTOMS, SENILITY, AND ILL-DEFINED CONDITIONS -
SYMPTOMS REFERABLE TO RESPIRATORY SYSTEM

87. SYMPTOMS, SENILITY, AND ILL-DEFINED CONDITIONS - SYMPTOMS REFERABLE TO CARDIOVASCULAR AND LYMPHATIC SYSTEM

88. SYMPTOMS, SENILITY, AND ILL-DEFINED CONDITIONS - SYMPTOMS REFERABLE TO LIMBS AND BACK

89. SYMPTOMS, SENILITY, AND ILL-DEFINED CONDITIONS - NERVOUSNESS AND DEBILITY

90. SYMPTOMS, SENILITY, AND ILL-DEFINED CONDITIONS - HEADACHE

91. SYMPTOMS, SENILITY, AND ILL-DEFINED CONDITIONS - OTHER SYMPTOMS, SENILITY, AND ILL-DEFINED CONDITIONS

92. INJURIES AND POISONINGS - FRACTURES

93. INJURIES AND POISONINGS - DISLOCATIONS, SPRAINS, AND STRAINS

94. INJURIES AND POISONINGS - LACERATIONS AND OPEN WOUNDS

95. INJURIES AND POISONINGS - OTHER AND UNSPECIFIED INJURIES AND POISONINGS, BURNS

96. OTHER IMPAIRMENTS, AMPUTATIONS, AND LOSS OF MEMBERS - OTHER IMPAIRMENTS

97. OTHER IMPAIRMENTS, AMPUTATIONS, AND LOSS OF MEMBERS - AMPUTATIONS AND LOSS OF MEMBERS

98. "CHECK-UP" - CHECK-UP NOT OTHERWISE DESCRIBED, POST-OPERATIVE FOR OLDAILMENTS, ETC.

2061  00. INAP., CODED 0 OR 2 AT Q.9

41  99. NO ANSWER

--IF "YES" AT Q.9--

Q.9B(3) HOW LONG HAVE YOU HAD (NAME OF SICKNESS)? - WEEKS

1. LESS THAN ONE WEEK
2. ONE WEEK OR MORE BUT LESS THAN TWO WEEKS
3. TWO WEEKS OR MORE BUT LESS THAN THREE WEEKS
4. THREE WEEKS OR MORE BUT LESS THAN A MONTH

2061  0. INAP., CODED 0 OR 2 AT Q.9

53  8. NO ANSWER; OR ILLNESS CODED AT Q.4 OR Q.5
--IF "YES" AT Q.9--

Q.9B(4) HOW LONG HAVE YOU HAD (NAME OF SICKNESS)? - MONTHS
-----------------------------------------------------------
00. TEN MONTHS
01. ONE MONTH
02. TWO MONTHS
03. THREE MONTHS
04. FOUR MONTHS
05. FIVE MONTHS
06. SIX MONTHS
07. SEVEN MONTHS
08. EIGHT MONTHS
09. NINE MONTHS

2061  97. INAP., CODED 0 OR 2 AT Q.9
53  98. NO ANSWER; OR ILLNESS MENTIONED AT Q.4 OR Q.5

-----------------------------------------------------------

--IF "YES" AT Q.9--

Q.9B(5) HOW LONG HAVE YOU HAD (NAME OF SICKNESS)? - YEARS
-----------------------------------------------------------

-01. ALL MY LIFE
001. YEAR
099. YEARS

2061  000. INAP., CODED 0 OR 2 AT Q.9
52  999. NO ANSWER; OR ILLNESS MENTIONED AT Q.4 OR Q.5

CODE:  0  2  999
FREQ: 2061  1  52
VAR 0048      HOW LONG HAD ILLNESS-CLI      MD=0 OR GE 8
REF 0048      LOC  94 WIDTH  1          DK  2 COL 30

--IF "YES" AT Q.9--

Q.9B(6)      HOW LONG HAVE YOU HAD [SECOND] ILLNESS?
----------------------------------------------
1  1. SOME DATE GIVEN
2061  0. INAP., CODED 0 OR 2 AT Q.9
52  8. NO ANSWER; OR ILLNESS MENTIONED AT Q.4 OR Q.5

------------------------------------------------

VAR 0049      SAW DR AT OFFICE      MD=0 OR GE 9
REF 0049      LOC  95 WIDTH  1          DK  2 COL 31

--IF "YES" AT Q.7--

Q.10      DID YOU SEE THE DOCTOR AT HIS OFFICE -- NOT AT A CLINIC?
--------------------------
454  1. YES
111  2. NO
1539  0. INAP., CODED 4 OR 5 AT Q.7
10  9. NO ANSWER

------------------------------------------------

VAR 0050      WHAT ILLNESS OFFICE - 1      MD=0 OR GE 99
REF 0050      LOC  96 WIDTH  2          DK  2 COL 32-33

--IF "YES" AT Q.10--

Q.10A(1)      NOW, FOR WHAT SICKNESS WAS THAT? - [1ST MENTION]
------------------------------
01. INFECTIVE AND PARASITIC DISEASES - TUBERCULOSIS, ALL FORMS
06. INFECTIVE AND PARASITIC DISEASES - INFECTIVE AND PARASITIC DISEASES, ALL OTHER
09. NEOPLASMS - NEOPLASMS OF UNSPECIFIED NATURE,
MALIGNANT AND BENIGN

1. ALLERGIC DISEASES - HAY FEVER
6. ALLERGIC DISEASES - ASTHMA
5. ALLERGIC DISEASES - OTHER ALLERGIC DISORDERS
2. ENDOCRINE SYSTEM, METABOLIC AND NUTRITIONAL DISEASES - DISEASES OF THYROID
8. ENDOCRINE SYSTEM, METABOLIC AND NUTRITIONAL DISEASES - DIABETES MELLITUS
15. ENDOCRINE SYSTEM, METABOLIC AND NUTRITIONAL DISEASES - DISEASES OF OTHER ENDOCRINE GLANDS, METABOLIC AND NUTRITIONAL DISEASES
16. DISEASES OF THE BLOOD AND BLOOD-FORMING ORGANS - ANEMIAS AND OTHER
17. MENTAL, PSYCHONEUROTIC AND PERSONALITY DISORDERS - ALL PSYCHOSES, PSYCHONEUROTIC AND PERSONALITY DISORDERS
20. DISEASES OF THE NERVOUS SYSTEM - VASCULAR LESIONS AFFECTING CNS
24. DISEASES OF THE NERVOUS SYSTEM - MIGRAINE
25. DISEASES OF THE NERVOUS SYSTEM - OTHER DISEASES OF CNS
9. DISEASES OF THE NERVOUS SYSTEM - NEURALGIA
24. DISEASES OF THE EYE - ALL DISEASES OF THE EYE
5. DISEASES OF THE EAR - ALL DISEASES OF THE EAR
1. DISEASES OF THE CIRCULATORY SYSTEM - CEREBRAL VASCULAR ACCIDENT - STROKE
44. DISEASES OF THE CIRCULATORY SYSTEM - ALL DISEASES OF THE HEART
56. DISEASES OF THE CIRCULATORY SYSTEM - HYPERTENSION WITHOUT MENTION OF HEART
3. DISEASES OF THE CIRCULATORY SYSTEM - GENERAL ARTERIOSCLEROSIS
1. DISEASES OF THE CIRCULATORY SYSTEM - VARICOSE VEINS OF LOWER EXTREMITIES
2. DISEASES OF THE CIRCULATORY SYSTEM - HEMORRHoids
5. DISEASES OF THE CIRCULATORY SYSTEM - OTHER DISEASES OF CIRCULATORY SYSTEM
12. DISEASES OF THE RESPIRATORY SYSTEM - Colds (Chronic and Acute) and Other Acute Diseases of the Upper Respiratory System
7. DISEASES OF THE RESPIRATORY SYSTEM - INFLUENZA
4. DISEASES OF THE RESPIRATORY SYSTEM - PNEUMONIA
4. DISEASES OF THE RESPIRATORY SYSTEM - BRONCHITIS
8. DISEASES OF THE RESPIRATORY SYSTEM - CHRONIC SINUSITIS
52. DISEASES OF THE RESPIRATORY SYSTEM - OTHER DISEASES OF RESPIRATORY SYSTEM
56. DISEASES OF THE DIGESTIVE SYSTEM - ULCER OF STOMACH AND DUODENUM
2. DISEASES OF THE DIGESTIVE SYSTEM - OTHER DISEASES
OF STOMACH AND DUODENUM

3 60. DISEASES OF THE DIGESTIVE SYSTEM - Hernia of Abdominal Cavity

1 61. DISEASES OF THE DIGESTIVE SYSTEM - Enteritis and Colitis

2 62. DISEASES OF THE DIGESTIVE SYSTEM - Constipation

1 63. DISEASES OF THE DIGESTIVE SYSTEM - Other Diseases of Intestines and Peritoneum

2 64. DISEASES OF THE DIGESTIVE SYSTEM - Diseases of the Liver

8 65. DISEASES OF THE DIGESTIVE SYSTEM - Diseases of Gall-Bladder and Biliary Ducts

66. DISEASES OF THE GENITO-URINARY SYSTEM - Nephritis

5 68. DISEASES OF THE GENITO-URINARY SYSTEM - Other Diseases of Kidney and Ureter

3 69. DISEASES OF THE GENITO-URINARY SYSTEM - Prostate Diseases

70. DISEASES OF THE GENITO-URINARY SYSTEM - Other Diseases of Male Genital Organs

1 72. DISEASES OF THE GENITO-URINARY SYSTEM - Menopausal Symptoms

2 73. DISEASES OF THE GENITO-URINARY SYSTEM - Other Diseases of Female Genital Organs

75. DISEASES OF THE SKIN AND CELLULAR TISSUE - Eczema

1 76. DISEASES OF THE SKIN AND CELLULAR TISSUE - Dermatitis

3 77. DISEASES OF THE SKIN AND CELLULAR TISSUE - Other Diseases of Skin and Cellular Tissue

24 78. DISEASES OF BONES AND ORGANS OF MOVEMENT - Arthritis

8 79. DISEASES OF BONES AND ORGANS OF MOVEMENT - Rheumatism (Except Rheumatic Fever and Rheumatic Heart Disease)

4 82. DISEASES OF BONES AND ORGANS OF MOVEMENT - Other Diseases of Musculoskeletal System

9 86. SYMPTOMS, SENILITY, AND ILL-DEFINED CONDITIONS - Symptoms Referable to Respiratory System

4 87. SYMPTOMS, SENILITY, AND ILL-DEFINED CONDITIONS - Symptoms Referable to Cardiovascular and Lymphatic System

14 88. SYMPTOMS, SENILITY, AND ILL-DEFINED CONDITIONS - Symptoms Referable to Limbs and Back

5 89. SYMPTOMS, SENILITY, AND ILL-DEFINED CONDITIONS - Nervousness and Debility

2 90. SYMPTOMS, SENILITY, AND ILL-DEFINED CONDITIONS - Headache

46 91. SYMPTOMS, SENILITY, AND ILL-DEFINED CONDITIONS - Other Symptoms, Senility, and Ill-defined Conditions

8 92. INJURIES AND POISONINGS - Fractures
5 93. INJURIES AND POISONINGS - DISLOCATIONS, SPRAINS, AND STRAINS
2 94. INJURIES AND POISONINGS - LACERATIONS AND OPEN WOUNDS
10 95. INJURIES AND POISONINGS - OTHER AND UNSPECIFIED INJURIES AND POISONINGS, BURNS
1 96. OTHER IMPAIRMENTS, AMPUTATIONS, AND LOSS OF MEMBERS - OTHER IMPAIRMENTS
97. OTHER IMPAIRMENTS, AMPUTATIONS, AND LOSS OF MEMBERS - AMPUTATIONS AND LOSS OF MEMBERS
49 98. "CHECK-UP" - CHECK-UP NOT OTHERWISE DESCRIBED, POST-OPERATIVE FOR OLD AILMENTS, ETC.

1650 00. INAP., CODED 0 OR 2 AT Q.10
18 99. NO ANSWER

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VAR 0051      WHAT ILLNESS OFFICE - 2            MD=0 OR GE 99
REF 0051      LOC 98 WIDTH 2                     DK 2 COL 34-35

--IF "YES" AT Q.10--

Q.10A(2) NOW, FOR WHAT SICKNESS WAS THAT? - [2ND MENTION]  

01. INFECTIVE AND PARASITIC DISEASES - TUBERCULOSIS, ALL FORMS
06. INFECTIVE AND PARASITIC DISEASES - INFECTIVE AND PARASITIC DISEASES, ALL OTHER
09. NEOPLASMS - NEOPLASMS OF UNSPECIFIED NATURE, MALIGNANT AND BENIGN
10. ALLERGIC DISEASES - HAY FEVER
1 11. ALLERGIC DISEASES - ASTHMA
1 12. ALLERGIC DISEASES - OTHER ALLERGIC DISORDERS
13. ENDOCRINE SYSTEM, METABOLIC AND NUTRITIONAL DISEASES - DISEASES OF THYROID
2 14. ENDOCRINE SYSTEM, METABOLIC AND NUTRITIONAL DISEASES - DIABETES MELLITUS
15. ENDOCRINE SYSTEM, METABOLIC AND NUTRITIONAL DISEASES - DISEASES OF OTHER ENDOCRINE GLANDS, METABOLIC AND NUTRITIONAL DISEASES
1 16. DISEASES OF THE BLOOD AND BLOOD-FORMING ORGANS - ANEMIAS AND OTHER
17. MENTAL, PSYCHONEUROTIC AND PERSONALITY DISORDERS - ALL PSYCHOSES, PSYCHONEUROTIC AND PERSONALITY DISORDERS
20. DISEASES OF THE NERVOUS SYSTEM - VASCULAR LESIONS
| 24. | DISEASES OF THE NERVOUS SYSTEM - MIGRAINE | AFFECTING CNS |
| 25. | DISEASES OF THE NERVOUS SYSTEM - OTHER DISEASES OF CNS |
| 1 26. | DISEASES OF THE NERVOUS SYSTEM - NEURALGIA |
| 3 30. | DISEASES OF THE EYE - ALL DISEASES OF THE EYE |
| 1 34. | DISEASES OF THE EAR - ALL DISEASES OF THE EAR |
| 37. | DISEASES OF THE CIRCULATORY SYSTEM - CEREBRAL VASCULAR ACCIDENT - STROKE |
| 5 38. | DISEASES OF THE CIRCULATORY SYSTEM - ALL DISEASES OF THE HEART |
| 10 39. | DISEASES OF THE CIRCULATORY SYSTEM - HYPERTENSION WITHOUT MENTION OF HEART |
| 40. | DISEASES OF THE CIRCULATORY SYSTEM - GENERAL ARTERIOSCLEROSIS |
| 41. | DISEASES OF THE CIRCULATORY SYSTEM - VARICOSE VEINS OF LOWER EXTREMITIES |
| 42. | DISEASES OF THE CIRCULATORY SYSTEM - HEMORRHOID |
| 3 44. | DISEASES OF THE CIRCULATORY SYSTEM - OTHER DISEASES OF CIRCULATORY SYSTEM |
| 1 45. | DISEASES OF THE RESPIRATORY SYSTEM - COLD (CHRONIC AND ACUTE) AND OTHER ACUTE DISEASES OF THE UPPER RESPIRATORY SYSTEM |
| 46. | DISEASES OF THE RESPIRATORY SYSTEM - INFLUENZA |
| 1 47. | DISEASES OF THE RESPIRATORY SYSTEM - PNEUMONIA |
| 48. | DISEASES OF THE RESPIRATORY SYSTEM - BRONCHITIS |
| 1 50. | DISEASES OF THE RESPIRATORY SYSTEM - CHRONIC SINUSITIS |
| 52. | DISEASES OF THE RESPIRATORY SYSTEM - OTHER DISEASES OF RESPIRATORY SYSTEM |
| 2 56. | DISEASES OF THE DIGESTIVE SYSTEM - ULCER OF STOMACH AND DUODENUM |
| 58. | DISEASES OF THE DIGESTIVE SYSTEM - OTHER DISEASES OF STOMACH AND DUODENUM |
| 60. | DISEASES OF THE DIGESTIVE SYSTEM - HERNIA OF ABDOMINAL CAVITY |
| 61. | DISEASES OF THE DIGESTIVE SYSTEM - ENTERITIS AND COLITIS |
| 1 62. | DISEASES OF THE DIGESTIVE SYSTEM - CONSTIPATION |
| 63. | DISEASES OF THE DIGESTIVE SYSTEM - OTHER DISEASES OF INTESTINES AND PERITONEUM |
| 64. | DISEASES OF THE DIGESTIVE SYSTEM - DISEASES OF THE LIVER |
| 1 65. | DISEASES OF THE DIGESTIVE SYSTEM - DISEASES OF GALL-BLADDER AND BILARY DUCTS |
| 66. | DISEASES OF THE GENITO-URINARY SYSTEM - NEPHRITIS |
| 1 68. | DISEASES OF THE GENITO-URINARY SYSTEM - OTHER DISEASES OF KIDNEY AND URETER |
| 69. | DISEASES OF THE GENITO-URINARY SYSTEM - PROSTATE DISEASES |
70. DISEASES OF THE GENITO-URINARY SYSTEM - OTHER
   DISEASES OF MALE GENITAL ORGANS
72. DISEASES OF THE GENITO-URINARY SYSTEM - MENOPAUSAL
   SYMPTOMS
73. DISEASES OF THE GENITO-URINARY SYSTEM - OTHER
   DISEASES OF FEMALE GENITAL ORGANS
75. DISEASES OF THE SKIN AND CELLULAR TISSUE - ECZEMA
76. DISEASES OF THE SKIN AND CELLULAR TISSUE -
   DERMATITIS
1  77. DISEASES OF THE SKIN AND CELLULAR TISSUE - OTHER
   DISEASES OF SKIN AND CELLULAR TISSUE
4  78. DISEASES OF BONES AND ORGANS OF MOVEMENT -
   ARTHRITIS
2  79. DISEASES OF BONES AND ORGANS OF MOVEMENT -
   RHEUMATISM (EXCEPT RHEUMATIC FEVER AND RHEUMATIC
   HEART DISEASE)
1  82. DISEASES OF BONES AND ORGANS OF MOVEMENT - OTHER
   DISEASES OF MUSCULOSKELETAL SYSTEM
86. SYMPTOMS, SENILITY, AND ILL-DEFINED CONDITIONS -
   SYMPTOMS REFERABLE TO RESPIRATORY SYSTEM
87. SYMPTOMS, SENILITY, AND ILL-DEFINED CONDITIONS -
   SYMPTOMS REFERABLE TO CARDIOVASCULAR AND LYMPHATIC
   SYSTEM
5  88. SYMPTOMS, SENILITY, AND ILL-DEFINED CONDITIONS -
   SYMPTOMS REFERABLE TO LIMBS AND BACK
5  89. SYMPTOMS, SENILITY, AND ILL-DEFINED CONDITIONS -
   NERVOUSNESS AND DEBILITY
90. SYMPTOMS, SENILITY, AND ILL-DEFINED CONDITIONS -
   HEADACHE
8  91. SYMPTOMS, SENILITY, AND ILL-DEFINED CONDITIONS -
   OTHER SYMPTOMS, SENILITY, AND ILL-DEFINED
   CONDITIONS
1  92. INJURIES AND POISONINGS - FRACTURES
93. INJURIES AND POISONINGS - DISLOCATIONS, SPRAINS,
   AND STRAINS
94. INJURIES AND POISONINGS - LACERATIONS AND OPEN
   WOUNDS
3  95. INJURIES AND POISONINGS - OTHER AND UNSPECIFIED
   INJURIES AND POISONINGS, BURNS
1  96. OTHER IMPAIRMENTS, AMPUTATIONS, AND LOSS OF MEMBERS
   - OTHER IMPAIRMENTS
97. OTHER IMPAIRMENTS, AMPUTATIONS, AND LOSS OF MEMBERS
   - AMPUTATIONS AND LOSS OF MEMBERS
4  98. "CHECK-UP" - CHECK-UP NOT OTHERWISE DESCRIBED,
   POST-OPERATIVE FOR OLD AILMENTS, ETC.

1650  00. INAP., CODED 0 OR 2 AT Q.10
393  99. NO ANSWER
VAR 0052 # WKS HAD ILLNESS-OFFICE MD=0 OR GE 8
REF 0052 LOC 100 WIDTH 1 DK 2 COL 36

--IF "YES" AT Q.10--

Q.10A(3) HOW LONG HAVE YOU HAD (NAME OF SICKNESS)? - WEEKS

3 1. LESS THAN ONE WEEK
3 2. ONE WEEK OR MORE BUT LESS THAN TWO WEEKS
1 3. TWO WEEKS OR MORE BUT LESS THAN THREE WEEKS
4. THREE WEEKS OR MORE BUT LESS THAN A MONTH

1650 0. INAP., CODED 0 OR 2 AT Q.10
457 8. NO ANSWER; OR ILLNESS MENTIONED AT Q.4 OR Q.5

VALID-N=10 MIN=1 MAX=7 MEAN=3.2 ST.DEV=2.3

VAR 0053 # MTHS HAD ILLNESS-OFFIC MD=98 OR GE 99
REF 0053 LOC 101 WIDTH 2 DK 2 COL 37-38

--IF "YES" AT Q.10--

Q.10A(4) HOW LONG HAVE YOU HAD (NAME OF SICKNESS)? - MONTHS

ACTUAL NUMBER IS CODED.

01. ONE MONTH

09. NINE MONTHS
10. TEN MONTHS
11. ELEVEN MONTHS

1650 98. INAP., CODED 0 OR 2 AT Q.10
454 99. NO ANSWER; OR ILLNESS MENTIONED AT Q.4 OR Q.5
VAR 0054      # YRS HAD ILLNESS-OFFICE          MD=0 OR GE  999
REF 0054         LOC 103 WIDTH  3             DK   2 COL 39-41

--IF "YES" AT Q.7--

Q.10A(5)  HOW LONG HAVE YOU HAD (NAME OF SICKNESS)? - YEARS

-01.  ALL MY LIFE
  001.  YEAR
  
  099.  YEARS

1650  000.  INAP., CODED 0 OR 2 AT Q.10
433  999.  NO ANSWER; OR ILLNESS MENTIONED AT Q.4 OR Q.5

CODE:    0     1     2     3     4     5     7    10    15
FREQ: 1650     4     7     1     1     4     3     4     3

CODE:   20    30   999
FREQ:    3     1   433

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VAR 0055      HOW LONG HAD ILLNESS-OFF            MD=0 OR GE  8
REF 0055         LOC 106 WIDTH  1             DK   2 COL 42

--IF "YES" AT Q.10--

Q.10A(6)  HOW LONG HAVE YOU HAD [THIRD] (NAME OF ILLNESS)?

4  1.  SOME DATE GIVEN

1650  0.  INAP., CODED 0 OR 2 AT Q.10
460  8.  NO ANSWER; OR ILLNESS MENTIONED AT Q.4 OR Q.5

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VAR 0056      # TIMES SAW DR OFFICE             MD=98 OR GE  99
REF 0056         LOC 107 WIDTH  2             DK   2 COL 43-44

--IF "YES" AT Q.10--
Q.10B  LET'S SEE -- HOW MANY TIMES DID YOU SEE A DOCTOR IN HIS OFFICE THESE LAST FOUR WEEKS?

ACTUAL NUMBER IS CODED.

01.  ONE TIME

10.  MORE THAN NINE TIMES

1650  98.  INAP., CODED 0 OR 2 AT Q.10
50   99.  NO ANSWER

VALID-N=414

VAR 0057      DID R PAY DR                        MD=0 OR GE  9
REF 0057         LOC  109 WIDTH  1             DK  2 COL 45

--IF CODED 1-2 OR 4 AT Q.7--

Q.11  DID YOU HAVE TO PAY THE DOCTOR FOR SEEING HIM (TALKING TO HIM OVER THE TELEPHONE)?

(SEE Q.7. IF RESPONDENT ANSWERED "YES, I WAS IN THE HOSPITAL," TO Q.7, CONTINUE INTERVIEWING WITH HOSPITAL SUPPLEMENT [Q.HS.A] THEN GO TO Q.12. FOR RESPONDENTS WHO SAW A DOCTOR, OR TALKED TO HIM OVER THE TELEPHONE, ASK Q.11.)

398  1.  YES
6   2.  HAD TO PAY SOME DOCTORS, NOT OTHERS
113  3.  NO

1548  0.  INAP., CODED 3 OR 5 A Q.7
49   9.  NO ANSWER
VAR 0058     AMOUNT OF DRS BILLS 1ST        MD=9997 OR GE  9998
REF 0058     LOC  110 WIDTH  4            DK   2 COL 46-49

--IF CODED 1-2 AT Q.11--

Q.11A(1) HOW MUCH WERE YOUR DOCTOR BILLS FOR THE LAST FOUR WEEKS? - [1ST MENTION]

ACTUAL NUMBER IS CODED.

0000. DOLLARS
.
0999. DOLLARS

1548  9997. INAP., CODED 3 OR 5 AT Q.7
 86   9998. NO ANSWER
113   9999. INAP., CODED 3 AT Q.11

VALID-N=367 MIN=1 MAX=225 MEAN=11.8 ST.DEV=16.6

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VAR 0059     AMOUNT OF DRS BILLS 2ND        MD=0 OR GE  2
REF 0059     LOC  114 WIDTH  1            DK   2 COL 50

--IF "YES" AT Q.11--

Q.11A(2) HOW MUCH WERE YOUR DOCTOR BILLS FOR THE LAST FOUR WEEKS? - [2ND MENTION]

22  1. HAVEN'T RECEIVED THEM YET

1548  0. INAP., CODED 3 OR 5 AT Q.7
 14   2. DK
 50   3. NO ANSWER
480   4. INAP., NO FURTHER MENTIONS
VAR 0060      HOW PAY DRS BILLS 1ST               MD=0 OR GE  8
REF 0060         LOC  115 WIDTH  1             DK 2 COL 51

--IF CODED 1-2 AT Q.11--

Q.11B(1)  HOW DID YOU TAKE CARE OF THEM?  DID YOU PAY THE
BILLS OUT OF YOUR INCOME, YOUR SAVINGS, OR SOME OTHER WAY,
OR DID (WILL) SOMEBODY ELSE TAKE CARE OF THEM FOR YOU?
(WHO?) - [1ST MENTION]

283  1.  OUT OF INCOME
72  2.  OUT OF SAVINGS
  7  3.  SOME OTHER WAY
   5  4.  SOMEBODY ELSE TOOK CARE OF THEM
  29  5.  SOMEBODY ELSE TOOK CARE OF THEM -- CHILD OR OTHER
        RELATIVE

1548  0.  INAP., CODED 3 OR 5 AT Q.7
  57  8.  NO ANSWER
 113  9.  INAP., CODED 3 AT Q.11


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VAR 0061      HOW PAY DRS BILLS 2ND               MD=0 OR GE  9
REF 0061         LOC  116 WIDTH  1             DK 2 COL 52

--IF CODED 1 OR 2 AT Q.11--

Q.11B(2)  HOW DID YOU TAKE CARE OF THEM?  DID YOU PAY THE
BILLS OUT OF YOUR INCOME, YOUR SAVINGS, OR SOME OTHER WAY,
OR DID (WILL) SOMEBODY ELSE TAKE CARE OF THEM FOR YOU?
(WHO?) - [2ND MENTION]

  1.  OUT OF INCOME
  9  2.  OUT OF SAVINGS
  2  3.  SOME OTHER WAY
   4  4.  SOMEBODY ELSE TOOK CARE OF THEM
   3  5.  SOMEBODY ELSE TOOK CARE OF THEM -- CHILD OR OTHER
        RELATIVE

2100  0.  INAP., NO FURTHER MENTIONS
  9.  NO ANSWER
--IF "NO" AT Q.11--

Q.11C  YOU SAID YOU DIDN'T HAVE TO PAY THE DOCTOR. WHY IS THAT?

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36  01.  WELFARE (OR CHARITABLE AGENCY) TOOK CARE OF IT
13  02.  RECEIVED FREE CARE BECAUSE MEMBER OF M.D.'S FAMILY,
   OTHER M.D., MINISTER, PERSONAL FRIEND OF M.D.
   03.  VETERAN; RECEIVED VETERAN'S CARE
19  04.  INSURANCE
24  05.  RECEIVED FREE CARE BECAUSE DOCTOR DOESN'T CHARGE
   FOR TELEPHONE CALLS
   06.  RECEIVED FREE CARE -- REASON NOT GIVEN
   07.  CHILD OR OTHER RELATIVE (NOT WIFE OR HUSBAND) PAID
   08.  EMPLOYER (PAST OR PRESENT) PAID
   09.  FEE COVERED AS POST-OPERATIVE CARE BY M.D.

1548  00.  INAP., CODED 3 OR 5 AT Q.7
   98.  NO ANSWER
404  99.  INAP., CODED 1 OR 2 AT Q.11

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VAR 0063      DOES R HAVE NURSING CARE                     MD=9
REF 0063         LOC 119 WIDTH 1             DK 2 COL 55

Q.12  ASK EVERYONE: DURING THE LAST FOUR WEEKS, HAVE YOU
   HAD TO HAVE A FRIEND OR RELATIVE OR NURSE IN THE HOUSE TO
   HELP YOU IN THE WAY OF NURSING CARE?

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137  1.  YES
1974  2.  NO
   9.  NO ANSWER
VAR 0064    WHO WAS THIS PERSON 1ST        MD=0 OR GE  9
REF 0064    LOC 120 WIDTH 1              DK  2 COL 56

--IF "YES" AT Q.12--

Q.12A(1)  WHO WAS THIS (PERSON)? - [1ST MENTION]
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  111  2.  RELATIVE
  18  3.  FRIEND
  2  4.  PUBLIC HEALTH NURSE
  5.  HIRED REGISTERED NURSE
  2  6.  HIRED PRACTICAL NURSE
  3  7.  OTHER (SPECIFY)
  8.

1974  0.  INAP., CODED 2 AT Q.12
  4  9.  NO ANSWER

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VAR 0065    WHO WAS THIS PERSON 2ND        MD=0 OR GE  9
REF 0065    LOC 121 WIDTH 1              DK  2 COL 57

--IF "YES" AT Q.12--

Q.12A(2)  WHO WAS THIS (PERSON)? - [2ND MENTION]
-----------------------------------------------

  2.  RELATIVE
  2  3.  FRIEND
  4.  PUBLIC HEALTH NURSE
  2  5.  HIRED REGISTERED NURSE
  6.  HIRED PRACTICAL NURSE
  3  7.  OTHER (SPECIFY)
  8.

2107  0.  INAP., NO FURTHER MENTIONS
  9.  NO ANSWER
--IF "YES" AT Q.12--

Q.12B(1) FOR ABOUT HOW MANY DAYS IN THE LAST FOUR WEEKS DID THEY (EACH OF THEM) HELP OUT? (IF MORE THAN ONE PERSON INVOLVED, LIST DAYS FOR EACH INDIVIDUAL.) - [1ST MENTION]

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25  1.  ONE TO THREE DAYS BUT LESS THAN FOUR DAYS
15  2.  FOUR DAYS BUT LESS THAN SEVEN DAYS OR ONE WEEK
21  3.  ONE WEEK BUT LESS THAN TWO WEEKS (14 DAYS)
70  4.  TWO WEEKS BUT LESS THAN ONE MONTH (30 DAYS)
```

1974  0.  INAP., CODED 2 AT Q.12
9  9.  NO ANSWER

--IF "YES" AT Q.12--

Q.12B(2) FOR ABOUT HOW MANY DAYS IN THE LAST FOUR WEEKS DID THEY (EACH OF THEM) HELP OUT? (IF MORE THAN ONE PERSON INVOLVED, LIST DAYS FOR EACH INDIVIDUAL.) - [2ND MENTION]

```
4  1.  ONE TO THREE DAYS BUT LESS THAN FOUR DAYS
6  2.  FOUR DAYS BUT LESS THAN SEVEN DAYS OR ONE WEEK
5  3.  ONE WEEK BUT LESS THAN TWO WEEKS (14 DAYS)
10  4.  TWO WEEKS BUT LESS THAN ONE MONTH (30 DAYS)
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1974  0.  INAP., CODED 2 AT Q.12
4  8.  NO ANSWER
111  9.  INAP., NO FURTHER MENTIONS

Q.13 IS THERE A VISITING NURSE SERVICE (PUBLIC HEALTH
NURSE) AVAILABLE HERE -- I MEAN, A NURSE WHO JUST COMES IN FOR A FEW HOURS A DAY, OR TO GIVE YOU A SHOT, OR SOMETHING LIKE THAT?

508 1. YES, THERE IS SUCH A SERVICE
948 2. NO, THERE IS NO SUCH SERVICE
651 3. DK
7 4. NO ANSWER

--IF "YES" AT Q.13--

Q.13A IN THE PAST FOUR WEEKS, HAS A VISITING NURSE COME TO THE HOUSE HERE TO HELP YOU?

7 4. YES
463 5. NO
1599 0. INAP., CODED 2 OR 3 AT Q.13
45 9. NO ANSWER

--IF "YES" AT Q.13A--

Q.13A(1) ABOUT HOW MANY TIMES WAS SHE HERE?

ACTUAL NUMBER IS CODED.

01. ONE TIME
09. NINE TIMES
1 10. MORE THAN NINE TIMES
(CONTINUED)

1599 97. INAP., CODED 2 OR 3 AT Q.13
48 98. NO ANSWER
463 99. INAP., CODED 5 AT Q.13A

VALID-N=4

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VAR 0071  SPECIAL ARRANGEMENTS 1ST  MD=99
REF 0071  LOC 128 WIDTH 2  DK 2 COL 64-65

Q.14(A) ARE THERE ANY SPECIAL ARRANGEMENTS YOU HAD TO MAKE DURING THESE LAST FOUR WEEKS BECAUSE OF YOUR HEALTH? DID YOU HAVE TO EAT SPECIAL FOOD, TAKE ANY SHOTS, GET A NEIGHBOR TO DO YOUR SHOPPING, ANYTHING AT ALL LIKE THAT? (WHAT KIND OF ARRANGEMENTS WERE THESE?) - [1ST MENTION]

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4 00. UNABLE TO GO OUTDOORS WITHOUT ESCORT
1672 01. NO OR NONE
9 02. HAD TO STAY WITH RELATIVES TO GET NURSING CARE
235 03. HAD TO HAVE A SPECIAL DIET
83 04. HAD TO HAVE "SHOTS"
2 05. HAD TO BE CAREFUL WALKING UPSTAIRS
3 06. HAD TO STAY INDOORS IN CERTAIN KINDS OF WEATHER
62 07. HAD TO HAVE SOMEONE TO DO SHOPPING
5 08. HAD TO HAVE SOMEONE COME IN TO GIVE NURSING CARE
17 09. HAD TO HAVE SOMEONE TO DO THE HOUSEWORK OR CHORES.
       HAD TO STAY HOME FROM WORK
3 10. PHYSIOTHERAPY, RADIUM THERAPY, SPECIAL TREATMENTS

99 99. NO ANSWER

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VAR 0072  SPECIAL ARRANGEMENTS 2ND  MD=98 OR GE 99
REF 0072  LOC 130 WIDTH 2  DK 2 COL 66-67

Q.14(B) ARE THERE ANY SPECIAL ARRANGEMENTS YOU HAD TO MAKE DURING THESE LAST FOUR WEEKS BECAUSE OF YOUR HEALTH? DID YOU HAVE TO EAT SPECIAL FOOD, TAKE ANY SHOTS, GET A NEIGHBOR TO DO YOUR SHOPPING, ANYTHING AT ALL LIKE THAT? (WHAT KIND OF ARRANGEMENTS WERE THESE?) - [2ND MENTION]

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00. UNABLE TO GO OUTDOORS WITHOUT ESCORT
Q.14(C) ARE THERE ANY SPECIAL ARRANGEMENTS YOU HAD TO MAKE DURING THESE LAST FOUR WEEKS BECAUSE OF YOUR HEALTH? DID YOU HAVE TO EAT SPECIAL FOOD, TAKE ANY SHOTS, GET A NEIGHBOR TO DO YOUR SHOPPING, ANYTHING AT ALL LIKE THAT? (WHAT KIND OF ARRANGEMENTS WERE THESE?) - [3RD MENTION]

00. UNABLE TO GO OUTDOORS WITHOUT ESCORT
01. NO OR NONE
02. HAD TO STAY WITH RELATIVES TO GET NURSING CARE
03. HAD TO HAVE A SPECIAL DIET
1 04. HAD TO HAVE "SHOTS"
05. HAD TO BE CAREFUL WALKING UPSTAIRS
06. HAD TO STAY INDOORS IN CERTAIN KINDS OF WEATHER
14 07. HAD TO HAVE SOMEONE TO DO SHOPPING
3 08. HAD TO HAVE SOMEONE COME IN TO GIVE NURSING CARE
12 09. HAD TO HAVE SOMEONE TO DO THE HOUSEWORK OR CHORES.
      HAD TO STAY HOME FROM WORK
10. PHYSIOTHERAPY, RADIUM THERAPY, SPECIAL TREATMENTS

2084 98. INAP., NO FURTHER MENTIONS
99. NO ANSWER
Q.14(D) ARE THERE ANY SPECIAL ARRANGEMENTS YOU HAD TO MAKE DURING THESE LAST FOUR WEEKS BECAUSE OF YOUR HEALTH? DID YOU HAVE TO EAT SPECIAL FOOD, TAKE ANY SHOTS, GET A NEIGHBOR TO DO YOUR SHOPPING, ANYTHING AT ALL LIKE THAT? (WHAT KIND OF ARRANGEMENTS WERE THESE?) - [4TH MENTION]

00. UNABLE TO GO OUTDOORS WITHOUT ESCORT
01. NO OR NONE
02. HAD TO STAY WITH RELATIVES TO GET NURSING CARE
03. HAD TO HAVE A SPECIAL DIET
04. HAD TO HAVE "SHOTS"
05. HAD TO BE CAREFUL WALKING UPSTAIRS
06. HAD TO STAY INDOORS IN CERTAIN KINDS OF WEATHER
07. HAD TO HAVE SOMEONE TO DO SHOPPING
08. HAD TO HAVE SOMEONE COME IN TO GIVE NURSING CARE
09. HAD TO HAVE SOMEONE TO DO THE HOUSEWORK OR CHORES. HAD TO STAY HOME FROM WORK
10. PHYSIOTHERAPY, RADIUM THERAPY, SPECIAL TREATMENTS

Q.14(E) ARE THERE ANY SPECIAL ARRANGEMENTS YOU HAD TO MAKE DURING THESE LAST FOUR WEEKS BECAUSE OF YOUR HEALTH? DID YOU HAVE TO EAT SPECIAL FOOD, TAKE ANY SHOTS, GET A NEIGHBOR TO DO YOUR SHOPPING, ANYTHING AT ALL LIKE THAT? (WHAT KIND OF ARRANGEMENTS WERE THESE?) - [5TH MENTION]

00. UNABLE TO GO OUTDOORS WITHOUT ESCORT
01. NO OR NONE
02. HAD TO STAY WITH RELATIVES TO GET NURSING CARE
03. HAD TO HAVE A SPECIAL DIET
04. HAD TO HAVE "SHOTS"
05. HAD TO BE CAREFUL WALKING UPSTAIRS
06. HAD TO STAY INDOORS IN CERTAIN KINDS OF WEATHER
07. HAD TO HAVE SOMEONE TO DO SHOPPING
08. HAD TO HAVE SOMEONE COME IN TO GIVE NURSING CARE
(CONTINUED)

1 09. HAD TO HAVE SOMEONE TO DO THE HOUSEWORK OR CHORES. HAD TO STAY HOME FROM WORK
10. PHYSIOTHERAPY, RADIUM THERAPY, SPECIAL TREATMENTS

2113 98. INAP., NO FURTHER MENTIONS
99. NO ANSWER

------------------------------------------------------------------------

VAR 0076 IN HOSPITAL PAST 12 MTHS MD=9
REF 0076 LOC 138 WIDTH 1 DK 2 COL 74

Q.15 (BESIDES THE HOSPITALIZATION YOU JUST TOLD ME ABOUT--) WERE YOU IN THE HOSPITAL OVERNIGHT AS A PATIENT FOR ANY (OTHER) REASON DURING THE LAST TWELVE MONTHS?
------------------------------------------------------------------------

[IF "YES" TO THIS QUESTION, THEN THE HOSPITAL SUPPLEMENT WAS FILLED STARTING AT (Q.HS7A(1))]

196 1. YES
1917 2. NO

1 9. NO ANSWER

------------------------------------------------------------------------

VAR 0077 SAW DR BEFORE PST 4 MTHS MD=99
REF 0077 LOC 139 WIDTH 2 DK 2 COL 75-76

Q.16 (ASIDE FROM SEEING THE DOCTOR IN THE LAST FOUR WEEKS) WHEN WOULD YOU SAY YOU LAST SAW A DOCTOR ABOUT YOUR OWN HEALTH (BEFORE THAT)?
------------------------------------------------------------------------

162 01. WITHIN THE LAST TWO MONTHS (59 DAYS); SEE DOCTOR REGULARLY EVERY WEEK; EVERY TWO WEEKS OR EVERY THREE WEEKS; EVERY MONTH; EVERY SIX WEEKS; EVERY EIGHT WEEKS
247 02. WITHIN THE LAST TWO MONTHS (59 DAYS), NO INDICATION OF SEEING DOCTOR REGULARLY
168 03. TWO MONTHS AND LESS THAN THREE MONTHS
285 04. THREE MONTHS AND LESS THAN SIX MONTHS
329 05. SIX MONTHS AND LESS THAN ONE YEAR
560 06. ONE TO FIVE YEARS
120 07. FIVE TO TEN YEARS
42 08. TEN TO FIFTEEN YEARS
67 09. FIFTEEN YEARS AND MORE
38 11. CAN'T REMEMBER, IT WAS SO LONG AGO
1 12. NEVER SAW A DOCTOR IN ADULT LIFE
8 13. NEVER SAW A DOCTOR
87 99. NO ANSWER

--IF CODED 01-11 AT Q.16--

Q.17 WHY DID YOU SEE HIM THEN? WHAT DID YOU SEE HIM ABOUT?

27  1. CAN'T REMEMBER
356  2. CHECK-UP
270  3. FOR TREATMENT OR CHECK-UP OF CHRONIC CONDITION;
   FOLLOW-UP ON SURGERY OR HOSPITALIZATION
1153  4. FOR SPECIFIC COMPLAINT, NOT CHRONIC CONDITION OR
   ACUTE ILLNESS
213  5. FOR ACUTE ILLNESS, AS SURGERY, BLOOD CLOT,
   PNEUMONIA, FRACTURES, BROKEN BONES, SERIOUS ACCIDENT
9 0. INAP., CODED 12-13 AT Q.16
86  9. NO ANSWER

--IF CODED 1 OR 3-5 AT Q.17--

Q.17A HAVE YOU EVER GONE TO A DOCTOR FOR A CHECK-UP OR
   EXAMINATION EVEN THOUGH YOU DIDN'T THINK YOU HAD ANYTHING
   SPECIAL WRONG WITH YOU?

456  1. YES
   2. NO, QUALIFIED
1142  3. NO
365  0.  INAP., CODED 0 OR 2 AT Q.17
151  9.  NO ANSWER

---------------------------------------------------------------------------

VAR 0080  HOW LONG AGO CHECK-UP
REF 0080  LOC 143 WIDTH 2
---------------------------------------------------------------------------

--IF "YES" AT Q.17A--

Q.17A(1)  HOW LONG AGO WAS THIS?
-----------------------------

45  01.  WITHIN THE LAST TWO MONTHS
 8  02.  TWO MONTHS AND LESS THAN THREE MONTHS
31  03.  THREE MONTHS AND LESS THAN SIX MONTHS
77  04.  SIX MONTHS AND LESS THAN ONE YEAR
186  05.  ONE TO FIVE YEARS
44  06.  FIVE TO TEN YEARS
22  07.  TEN TO FIFTEEN YEARS
24  08.  FIFTEEN YEARS OR MORE
 6  09.  CAN'T REMEMBER, IT WAS SO LONG AGO

365  00.  INAP., 0 OR 2 AT Q.17
164  98.  NO ANSWER
1142  99.  INAP., CODED 3 AT Q.17A

DECK IDENTIFICATION NUMBER IS '03'  DK  3 COL  1- 2
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VAR 0001  ICPSR STUDY NUMBER-7686
REF 0001  LOC  1 WIDTH  4
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ICPSR STUDY NUMBER-7686
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VAR 0002  ICPSR EDITION NUMBER-1
REF 0002  LOC  5 WIDTH  1
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ICPSR EDITION NUMBER
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THE NUMBER IDENTIFYING THE RELEASE EDITION OF THIS DATASET.

1. WINTER 1984

ICPSR PART NUMBER

THE NUMBER IDENTIFYING THIS PART OF A 3-PART STUDY.

001. THE HEALTH NEEDS OF OLDER PERSONS
002. HOUSEHOLD ENUMERATION: NON-INTERVIEWED INDIVIDUALS
003. PUBLIC ATTITUDES ON OLDER PEOPLE

ICPSR SEQUENTIAL CASE IDENTIFICATION NUMBER

THE ICPSR HAS ATTACHED A SEQUENTIAL CASE IDENTIFICATION NUMBER TO EVERY RECORD. THIS NUMBER UNIQUELY IDENTIFIES EACH RECORD IN THE DATA COLLECTION.

--IF "YES" AT Q.17A--

Q.17A(2) WHY DID YOU GO TO THE DOCTOR AT THAT TIME?

15 1. HAD PAINS
134 2. WORRIED OR CONCERNED ABOUT SPECIFIC DISEASE (AS: "TO FIND OUT IF I HAD CANCER")
73 3. JUST TO FIND OUT IF SOMETHING WAS WRONG
(CONTINUED)

139  4.  THOUGHT IT WAS A GOOD IDEA; RELATIVE OR CHILD
      THOUGHT IT WAS A GOOD IDEA

18  5.  FOR TREATMENT OR CHECK-UP OF CHRONIC CONDITION

43  6.  REQUIRED FOR JOB, INSURANCE, ETC.

24  7.  POST-OPERATIVE

365  0.  INAP., CODED 0 OR 2 AT Q.17

161  8.  NO ANSWER

1142  9.  INAP., CODED 3 AT Q.17A

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VAR 0082   FLAG - R'S AGE=60-64                MD=0 OR GE  9
REF 0082    LOC  146 WIDTH  1             DK   3 COL 16

FLAG - R'S AGE=60-64

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ACTUAL NUMBER IS CODED.

1734  0.  R'S AGE, 65 OR OLDER

380  9.  R'S AGE, 60-64

TOO FEW CASES TO CALCULATE STATISTICS.

---------------------------------------------------------------------------------

VAR 0083   BOTHERED PAST 4 WEEKS                        MD=9
REF 0083    LOC  147 WIDTH  1             DK   3 COL 17

Q.4  IN THE PAST FOUR WEEKS, DID ANYTHING -- LIKE SICKNESS, OR ANY OLD INJURY OR ANY HEALTH PROBLEM, BOTHER YOU?  (WHAT WAS IT?)  

---------------------------------------------------------------------------------

1039  1.  YES

1075  2.  NO

9.  NO ANSWER
--IF "YES" AT Q.4--

Q.4(A) FIRST ILLNESS MENTIONED

01. INFECTIVE AND PARASITIC DISEASES - TUBERCULOSIS, ALL FORMS
06. INFECTIVE AND PARASITIC DISEASES - INFECTIVE AND PARASITIC DISEASES, ALL OTHER
14 09. NEOPLASMS - NEOPLASMS OF UNSPECIFIED NATURE, MALIGNANT AND BENIGN
10. ALLERGIC DISEASES - HAY FEVER
19 11. ALLERGIC DISEASES - ASTHMA
4 12. ALLERGIC DISEASES - OTHER ALLERGIC DISORDERS
4 13. ENDOCRINE SYSTEM, METABOLIC AND NUTRITIONAL DISEASES - DISEASES OF THYROID
25 14. ENDOCRINE SYSTEM, METABOLIC AND NUTRITIONAL DISEASES - DIABETES MELLITUS
1 15. ENDOCRINE SYSTEM, METABOLIC AND NUTRITIONAL DISEASES - DISEASES OF OTHER ENDOCRINE GLANDS, METABOLIC AND NUTRITIONAL DISEASES
7 16. DISEASES OF THE BLOOD AND BLOOD-FORMING ORGANS - ANEMIAS AND OTHER
1 17. MENTAL, PSYCHONEUROTIC, AND PERSONALITY DISORDERS - ALL PSYCHOSES, PSYCHONEUROTIC AND PERSONALITY DISORDERS
20. DISEASES OF THE NERVOUS SYSTEM - VASCULAR LESIONS AFFECTING CNS
1 24. DISEASES OF THE NERVOUS SYSTEM - MIGRAINE
1 25. DISEASES OF THE NERVOUS SYSTEM - OTHER DISEASES OF CNS
16 26. DISEASES OF THE NERVOUS SYSTEM - NEURALGIA
31 30. DISEASES OF THE EYE - ALL DISEASES OF THE EYE
6 34. DISEASES OF THE EAR - ALL DISEASES OF THE EAR
12 37. DISEASES OF THE CIRCULATORY SYSTEM - CEREBRAL VASCULAR ACCIDENT - STROKE
105 38. DISEASES OF THE CIRCULATORY SYSTEM - ALL DISEASES OF THE HEART
51 39. DISEASES OF THE CIRCULATORY SYSTEM - HYPERTENSION WITHOUT MENTION OF HEART
9 40. DISEASES OF THE CIRCULATORY SYSTEM - GENERAL ARTERIOSCLEROSIS
12 41. DISEASES OF THE CIRCULATORY SYSTEM - VARICOSE VEINS OF LOWER EXTREMITIES
6 42. DISEASES OF THE CIRCULATORY SYSTEM - HEMORRHoids
12 44. DISEASES OF THE CIRCULATORY SYSTEM - OTHER DISEASES
OF CIRCULATORY SYSTEM

68  45. DISEASES OF THE RESPIRATORY SYSTEM - Colds (Chronic and Acute) and Other Acute Diseases of the Upper Respiratory System

25  46. DISEASES OF THE RESPIRATORY SYSTEM - INFLUENZA

8   47. DISEASES OF THE RESPIRATORY SYSTEM - PNEUMONIA

11  48. DISEASES OF THE RESPIRATORY SYSTEM - BRONCHITIS

15  50. DISEASES OF THE RESPIRATORY SYSTEM - CHRONIC SINUSITIS

6   52. DISEASES OF THE RESPIRATORY SYSTEM - OTHER DISEASES OF RESPIRATORY SYSTEM

10  56. DISEASES OF THE DIGESTIVE SYSTEM - ULCER OF STOMACH AND DUODENUM

9   58. DISEASES OF THE DIGESTIVE SYSTEM - OTHER DISEASES OF STOMACH AND DUODENUM

11  60. DISEASES OF THE DIGESTIVE SYSTEM - HERNIA OF ABDOMINAL CAVITY

2   61. DISEASES OF THE DIGESTIVE SYSTEM - ENTERITIS AND COLITIS

6   62. DISEASES OF THE DIGESTIVE SYSTEM - CONSTIPATION

4   63. DISEASES OF THE DIGESTIVE SYSTEM - OTHER DISEASES OF INTESTINES AND PERITONEUM

2   64. DISEASES OF THE DIGESTIVE SYSTEM - DISEASES OF THE LIVER

15  65. DISEASES OF THE DIGESTIVE SYSTEM - DISEASES OF GALL-BLADDER AND BILARY DUCTS

2   66. DISEASES OF THE GENITO-URINARY SYSTEM - NEPHRITIS

6   68. DISEASES OF THE GENITO-URINARY SYSTEM - OTHER DISEASES OF KIDNEY AND URETER

6   69. DISEASES OF THE GENITO-URINARY SYSTEM - PROSTATE DISEASES

70. DISEASES OF THE GENITO-URINARY SYSTEM - OTHER DISEASES OF MALE GENITAL ORGANS

72. DISEASES OF THE GENITO-URINARY SYSTEM - MENOPAUSAL SYMPTOMS

2   73. DISEASES OF THE GENITO-URINARY SYSTEM - OTHER DISEASES OF FEMALE GENITAL ORGANS

1    75. DISEASES OF THE SKIN AND CELLULAR TISSUE - ECZEMA

2    76. DISEASES OF THE SKIN AND CELLULAR TISSUE - DERMATITIS

2    77. DISEASES OF THE SKIN AND CELLULAR TISSUE - OTHER DISEASES OF SKIN AND CELLULAR TISSUE

141  78. DISEASES OF BONES AND ORGANS OF MOVEMENT - ARTHRITIS

43  79. DISEASES OF BONES AND ORGANS OF MOVEMENT - RHEUMATISM (EXCEPT RHEUMATIC FEVER AND RHEUMATIC HEART DISEASE)

8    82. DISEASES OF BONES AND ORGANS OF MOVEMENT - OTHER DISEASES OF MUSCULOSKELETAL SYSTEM

10   86. SYMPTOMS, SENILITY, AND ILL-DEFINED CONDITIONS -
(CONTINUED)

SYMPTOMS REFERABLE TO RESPIRATORY SYSTEM
87. SYMPTOMS, SENILITY, AND ILL-DEFINED CONDITIONS -
    SYMPTOMS REFERABLE TO CARDIOVASCULAR AND LYMPHATIC
    SYSTEM
70 88. SYMPTOMS, SENILITY, AND ILL-DEFINED CONDITIONS -
    SYMPTOMS REFERABLE TO LIMBS AND BACK
16 89. SYMPTOMS, SENILITY, AND ILL-DEFINED CONDITIONS -
    NERVOUSNESS AND DEBILITY
17 90. SYMPTOMS, SENILITY, AND ILL-DEFINED CONDITIONS -
    HEADACHE
96 91. SYMPTOMS, SENILITY, AND ILL-DEFINED CONDITIONS -
    OTHER SYMPTOMS, SENILITY, AND ILL-DEFINED
    CONDITIONS
15 92. INJURIES AND POISONINGS - FRACTURES
8 93. INJURIES AND POISONINGS - DISLOCATIONS, SPRAINS,
    AND STRAINS
4 94. INJURIES AND POISONINGS - LACERATIONS AND OPEN
    WOUNDS
18 95. INJURIES AND POISONINGS - OTHER AND UNSPECIFIED
    INJURIES AND POISONINGS, BURNS
42 96. OTHER IMPAIRMENTS, AMPUTATIONS, AND LOSS OF MEMBERS
    - OTHER IMPAIRMENTS
1 97. OTHER IMPAIRMENTS, AMPUTATIONS, AND LOSS OF MEMBERS
    - AMPUTATIONS AND LOSS OF MEMBERS
98. "CHECK-UP" - CHECK-UP NOT OTHERWISE DESCRIBED,
    POST-OPERATIVE FOR OLD AILMENTS, ETC.

1075 00. INAP., CODED 2 AT Q.4
99. NO ANSWER

----------------------------------------------------------------------

VAR 0085   # WEEKS HAD 1ST ILLNESS       MD=0 OR GE  9
REF 0085   LOC 150 WIDTH 1                DK 3 COL 20

--IF "YES" AT Q.4--

Q.4A(1) ASK FOR EACH AILMENT: HOW LONG HAVE YOU HAD
    (AILMENT)? - WEEKS

-----------------------------------------------

(IF ILLNESS REPORTED IN WEEKS)

19  1. LESS THAN ONE WEEK
42  2. ONE WEEK OR MORE BUT LESS THAN TWO WEEKS
40  3. TWO WEEKS OR MORE BUT LESS THAN THREE WEEKS
42  4. THREE WEEKS OR MORE BUT LESS THAN ONE MONTH
(CONTINUED)

1937  0.  INAP., CODED 2 AT Q.4; OR ILLNESS NOT REPORTED IN WEEKS
     34  9.  NO ANSWER

---------------------------------------------------------------------
VAR 0086   # MONTHS HAD 1ST ILLNESS   MD=98 OR GE 99
REF 0086   LOC 151 WIDTH 2  DK 3 COL 21-22

--IF "YES" AT Q.4--

Q.4A(2)  ASK FOR EACH AILMENT:  HOW LONG HAVE YOU HAD (AILMENT)? - MONTHS
---------------------------------------------------------------------

(IF ILLNESS REPORTED IN MONTHS)

32  01.  ONE MONTH OR MORE BUT LESS THAN TWO MONTHS
18  02.  TWO MONTHS OR MORE BUT LESS THAN THREE MONTHS
22  03.  THREE MONTHS OR MORE BUT LESS THAN FOUR MONTHS
15  04.  FOUR MONTHS OR MORE BUT LESS THAN FIVE MONTHS
  8  05.  FIVE MONTHS OR MORE BUT LESS THAN SIX MONTHS
18  06.  SIX MONTHS OR MORE BUT LESS THAN SEVEN MONTHS
  3  07.  SEVEN MONTHS OR MORE BUT LESS THAN EIGHT MONTHS
  9  08.  EIGHT MONTHS OR MORE BUT LESS THAN NINE MONTHS
  6  09.  NINE MONTHS OR MORE BUT LESS THAN TEN MONTHS
  3  10.  TEN MONTHS OR MORE BUT LESS THAN ELEVEN MONTHS

1978  98.  INAP., CODED 2 AT Q.4; OR ILLNESS NOT REPORTED IN MONTHS
     2  99.  NO ANSWER

---------------------------------------------------------------------
VAR 0087   # YEARS HAD 1ST ILLNESS   MD=0
REF 0087   LOC 153 WIDTH 2  DK 3 COL 23-24

--IF "YES" AT Q.4--

Q.4A(3)  ASK FOR EACH AILMENT:  HOW LONG HAVE YOU HAD (AILMENT)? - YEARS
---------------------------------------------------------------------

(IF ILLNESS REPORTED IN YEARS)

  3  -1.  ALL MY LIFE
01. YEAR
.
.
99. YEARS

1388 00. INAP., CODED 2 AT Q.4; OR ILLNESS NOT REPORTED IN YEARS

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---IF "YES" AT Q.4---

Q.4B(1) DURING THE PAST FOUR WEEKS, DID ANY OF THESE SICKNESSES--Q.4C(1) IN THE PAST FOUR WEEKS, DID ANYTHING (ANY OTHER HEALTH PROBLEM) ABOUT YOUR HEALTH KEEP YOU FROM CARRYING ON YOUR REGULAR WORK, OR THINGS YOU USUALLY DO AROUND THE HOUSE? Q.4D(1) IN THE PAST FOUR WEEKS, WAS THERE ANY SICKNESS, ANY HEALTH PROBLEM, OR MAYBE AN OLD INJURY, THAT: - [1ST MENTION]

553 0. NO
158 1. KEPT IN BED MOST OF THE TIME
87  2.  KEPT IN THE HOUSE BUT IN A CHAIR  
119  3.  KEPT IN THE HOUSE BUT STILL ABLE TO GET AROUND  
  17  4.  KEPT FROM GOING OUTSIDE BY SELF  
   56  5.  KEPT FROM CLIMBING STAIRS  
  46  6.  KEPT FROM CARRYING ON REGULAR WORK OR THINGS DONE AROUND THE HOUSE  
  
1075  8.  INAP., CODED 2 AT Q.4  
  3  9.  NO ANSWER  

------------------------------------------------------------------

VAR 0089      HOW 1ST ILLNESS LIMIT-2             MD=8 OR GE 9  
REF 0089         LOC  156 WIDTH  1             DK   3 COL 26  

--IF "YES" AT Q.4--  

Q.4B(2)  DURING THE PAST FOUR WEEKS, DID ANY OF THESE SICKNESSES-- Q.4C(2) IN THE PAST FOUR WEEKS, DID ANYTHING (ANY OTHER HEALTH PROBLEM) ABOUT YOUR HEALTH KEEP YOU FROM CARRYING ON YOUR REGULAR WORK, OR THINGS YOU USUALLY DO AROUND THE HOUSE? Q.4D(2)  IN THE PAST FOUR WEEKS, WAS THERE ANY SICKNESS, ANY HEALTH PROBLEM, OR MAYBE AN OLD INJURY, THAT: - [2ND MENTION]  

------------------------------------------------------------------

0.  NO  
  1.  KEPT IN BED MOST OF THE TIME  
  61  2.  KEPT IN THE HOUSE BUT IN A CHAIR  
  88  3.  KEPT IN THE HOUSE BUT STILL ABLE TO GET AROUND  
   46  4.  KEPT FROM GOING OUTSIDE BY SELF  
   36  5.  KEPT FROM CLIMBING STAIRS  
   37  6.  KEPT FROM CARRYING ON REGULAR WORK OR THINGS DONE AROUND THE HOUSE  
  
1846  8.  INAP., NO FURTHER MENTIONS  
  9.  NO ANSWER  

------------------------------------------------------------------

VAR 0090      HOW 1ST ILLNESS LIMIT-3             MD=8 OR GE 9  
REF 0090         LOC  157 WIDTH  1             DK   3 COL 27  

--IF "YES" AT Q.4--  

Q.4B(3)  DURING THE PAST FOUR WEEKS, DID ANY OF THESE
SICKNESSES-- Q.4C(3) IN THE PAST FOUR WEEKS, DID ANYTHING (ANY OTHER HEALTH PROBLEM) ABOUT YOUR HEALTH KEEP YOU FROM CARRYING ON YOUR REGULAR WORK, OR THINGS YOU USUALLY DO AROUND THE HOUSE? Q.4D(3) IN THE PAST FOUR WEEKS, WAS THERE ANY SICKNESS, ANY HEALTH PROBLEM, OR MAYBE AN OLD INJURY, THAT: - [3RD MENTION]

0. NO
1. KEPT IN BED MOST OF THE TIME
2. KEPT IN THE HOUSE BUT IN A CHAIR
43 3. KEPT IN THE HOUSE BUT STILL ABLE TO GET AROUND
49 4. KEPT FROM GOING OUTSIDE BY SELF
50 5. KEPT FROM CLIMBING STAIRS
24 6. KEPT FROM CARRYING ON REGULAR WORK OR THINGS DONE AROUND THE HOUSE

1948 8. INAP., NO FURTHER MENTIONS
9. NO ANSWER

--IF "YES" AT Q.4--

Q.4B(4) DURING THE PAST FOUR WEEKS, DID ANY OF THESE SICKNESSES-- Q.4C(4) IN THE PAST FOUR WEEKS, DID ANYTHING (ANY OTHER HEALTH PROBLEM) ABOUT YOUR HEALTH KEEP YOU FROM CARRYING ON YOUR REGULAR WORK, OR THINGS YOU USUALLY DO AROUND THE HOUSE? Q.4D(4) IN THE PAST FOUR WEEKS, WAS THERE ANY SICKNESS, ANY HEALTH PROBLEM, OR MAYBE AN OLD INJURY, THAT: - [4TH MENTION]

0. NO
1. KEPT IN BED MOST OF THE TIME
2. KEPT IN THE HOUSE BUT IN A CHAIR
3. KEPT IN THE HOUSE BUT STILL ABLE TO GET AROUND
34 4. KEPT FROM GOING OUTSIDE BY SELF
41 5. KEPT FROM CLIMBING STAIRS
24 6. KEPT FROM CARRYING ON REGULAR WORK OR THINGS DONE AROUND THE HOUSE

2015 8. INAP., NO FURTHER MENTIONS
9. NO ANSWER
IF "YES" AT Q.4--

Q.4B(5) DURING THE PAST FOUR WEEKS, DID ANY OF THESE SICKNESSES-- Q.4C(5) IN THE PAST FOUR WEEKS, DID ANYTHING (ANY OTHER HEALTH PROBLEM) ABOUT YOUR HEALTH KEEP YOU FROM CARRYING ON YOUR REGULAR WORK, OR THINGS YOU USUALLY DO AROUND THE HOUSE? Q.4D(5) IN THE PAST FOUR WEEKS, WAS THERE ANY SICKNESS, ANY HEALTH PROBLEM, OR MAYBE AN OLD INJURY, THAT: - [5TH MENTION]

0. NO
1. KEPT IN BED MOST OF THE TIME
2. KEPT IN THE HOUSE BUT IN A CHAIR
3. KEPT IN THE HOUSE BUT STILL ABLE TO GET AROUND
4. KEPT FROM GOING OUTSIDE BY SELF
23 5. KEPT FROM CLIMBING STAIRS
23 6. KEPT FROM CARRYING ON REGULAR WORK OR THINGS DONE AROUND THE HOUSE

2068 8. INAP., NO FURTHER MENTIONS
9. NO ANSWER

--IF "YES" AT Q.4--

Q.4B(6) DURING THE PAST FOUR WEEKS, DID ANY OF THESE SICKNESSES-- Q.4C(6) IN THE PAST FOUR WEEKS, DID ANYTHING (ANY OTHER HEALTH PROBLEM) ABOUT YOUR HEALTH KEEP YOU FROM CARRYING ON YOUR REGULAR WORK, OR THINGS YOU USUALLY DO AROUND THE HOUSE? Q.4D(6) IN THE PAST FOUR WEEKS, WAS THERE ANY SICKNESS, ANY HEALTH PROBLEM, OR MAYBE AN OLD INJURY, THAT: - [6TH MENTION]

0. NO
1. KEPT IN BED MOST OF THE TIME
2. KEPT IN THE HOUSE BUT IN A CHAIR
3. KEPT IN THE HOUSE BUT STILL ABLE TO GET AROUND
4. KEPT FROM GOING OUTSIDE BY SELF
5. KEPT FROM CLIMBING STAIRS
6. KEPT FROM CARRYING ON REGULAR WORK OR THINGS DONE AROUND THE HOUSE

2105 8. INAP., NO FURTHER MENTIONS
9. NO ANSWER

---IF "YES" AT Q.4---

Q.4(B) SECOND ILLNESS MENTIONED

01. INFECTIVE AND PARASITIC DISEASES - TUBERCULOSIS, ALL FORMS
1  06. INFECTIVE AND PARASITIC DISEASES - INFECTIVE AND PARASITIC DISEASES, ALL OTHER
7  09. NEOPLASMS - NEOPLASMS OF UNSPECIFIED NATURE, MALIGNANT AND BENIGN
1 10. ALLERGIC DISEASES - HAY FEVER
12 11. ALLERGIC DISEASES - ASTHMA
2 12. ALLERGIC DISEASES - OTHER ALLERGIC DISORDERS
1 13. ENDOCRINE SYSTEM, METABOLIC AND NUTRITIONAL DISEASES - DISEASES OF THYROID
11 14. ENDOCRINE SYSTEM, METABOLIC AND NUTRITIONAL DISEASES - DIABETES MELLITUS
15. ENDOCRINE SYSTEM, METABOLIC AND NUTRITIONAL DISEASES - DISEASES OF OTHER ENDOCRINE GLANDS, METABOLIC AND NUTRITIONAL DISEASES
5 16. DISEASES OF THE BLOOD AND BLOOD-FORMING ORGANS - ANEMIAS AND OTHER
17. MENTAL, PSYCHONEUROTIC, AND PERSONALITY DISORDERS - ALL PSYCHOSES, PSYCHONEUROTIC AND PERSONALITY DISORDERS
20. DISEASES OF THE NERVOUS SYSTEM - VASCULAR LESIONS AFFECTING CNS
24. DISEASES OF THE NERVOUS SYSTEM - MIGRAINE
25. DISEASES OF THE NERVOUS SYSTEM - OTHER DISEASES OF CNS
7 26. DISEASES OF THE NERVOUS SYSTEM - NEURALGIA
26 30. DISEASES OF THE EYE - ALL DISEASES OF THE EYE
8 34. DISEASES OF THE EAR - ALL DISEASES OF THE EAR
9 37. DISEASES OF THE CIRCULATORY SYSTEM - CEREBRAL VASCULAR ACCIDENT - STROKE
50 38. DISEASES OF THE CIRCULATORY SYSTEM - ALL DISEASES OF THE HEART

33 39. DISEASES OF THE CIRCULATORY SYSTEM - HYPERTENSION WITHOUT MENTION OF HEART

5 40. DISEASES OF THE CIRCULATORY SYSTEM - GENERAL ARTERIOSCLEROSIS

7 41. DISEASES OF THE CIRCULATORY SYSTEM - VARICOSE VEINS OF LOWER EXTREMITIES

6 42. DISEASES OF THE CIRCULATORY SYSTEM - HEMORRHOIDS

7 44. DISEASES OF THE CIRCULATORY SYSTEM - OTHER DISEASES OF CIRCULATORY SYSTEM

11 45. DISEASES OF THE RESPIRATORY SYSTEM - Colds (Chronic and Acute) AND OTHER ACUTE DISEASES OF THE UPPER RESPIRATORY SYSTEM

4 46. DISEASES OF THE RESPIRATORY SYSTEM - INFLUENZA

47. DISEASES OF THE RESPIRATORY SYSTEM - PNEUMONIA

2 48. DISEASES OF THE RESPIRATORY SYSTEM - BRONCHITIS

9 50. DISEASES OF THE RESPIRATORY SYSTEM - CHRONIC SINUSITIS

2 52. DISEASES OF THE RESPIRATORY SYSTEM - OTHER DISEASES OF RESPIRATORY SYSTEM

3 56. DISEASES OF THE DIGESTIVE SYSTEM - ULCER OF STOMACH AND DUODENUM

58. DISEASES OF THE DIGESTIVE SYSTEM - OTHER DISEASES OF STOMACH AND DUODENUM

9 60. DISEASES OF THE DIGESTIVE SYSTEM - HERNIA OF ABDOMINAL CAVITY

2 61. DISEASES OF THE DIGESTIVE SYSTEM - ENTERITIS AND COLITIS

6 62. DISEASES OF THE DIGESTIVE SYSTEM - CONSTIPATION

2 63. DISEASES OF THE DIGESTIVE SYSTEM - OTHER DISEASES OF INTESTINES AND PERITONEUM

64. DISEASES OF THE DIGESTIVE SYSTEM - DISEASES OF THE LIVER

9 65. DISEASES OF THE DIGESTIVE SYSTEM - DISEASES OF GALL-BLADDER AND BILARY DUCTS

66. DISEASES OF THE GENITO-URINARY SYSTEM - NEPHRITIS

8 68. DISEASES OF THE GENITO-URINARY SYSTEM - OTHER DISEASES OF KIDNEY AND URETER

2 69. DISEASES OF THE GENITO-URINARY SYSTEM - PROSTATE DISEASES

70. DISEASES OF THE GENITO-URINARY SYSTEM - OTHER DISEASES OF MALE GENITAL ORGANS

1 72. DISEASES OF THE GENITO-URINARY SYSTEM - MENOPAUSAL SYMPTOMS

4 73. DISEASES OF THE GENITO-URINARY SYSTEM - OTHER DISEASES OF FEMALE GENITAL ORGANS

75. DISEASES OF THE SKIN AND CELLULAR TISSUE - ECZEMA

1 76. DISEASES OF THE SKIN AND CELLULAR TISSUE - DERMATITIS
2  77. DISEASES OF THE SKIN AND CELLULAR TISSUE - OTHER DISEASES OF SKIN AND CELLULAR TISSUE
50  78. DISEASES OF BONES AND ORGANS OF MOVEMENT - ARTHRITIS
21  79. DISEASES OF BONES AND ORGANS OF MOVEMENT - RHEUMATISM (EXCEPT RHEUMATIC FEVER AND RHEUMATIC HEART DISEASE)
3  82. DISEASES OF BONES AND ORGANS OF MOVEMENT - OTHER DISEASES OF MUSCULOSKELETAL SYSTEM
4  86. SYMPTOMS, SENILITY, AND ILL-DEFINED CONDITIONS - SYMPTOMS REFERABLE TO RESPIRATORY SYSTEM
1  87. SYMPTOMS, SENILITY, AND ILL-DEFINED CONDITIONS - SYMPTOMS REFERABLE TO CARDIOVASCULAR AND LYMPHATIC SYSTEM
32  88. SYMPTOMS, SENILITY, AND ILL-DEFINED CONDITIONS - SYMPTOMS REFERABLE TO LIMBS AND BACK
11  89. SYMPTOMS, SENILITY, AND ILL-DEFINED CONDITIONS - NERVOUSNESS AND DEBILITY
6  90. SYMPTOMS, SENILITY, AND ILL-DEFINED CONDITIONS - HEADACHE
71  91. SYMPTOMS, SENILITY, AND ILL-DEFINED CONDITIONS - OTHER SYMPTOMS, SENILITY, AND ILL-DEFINED CONDITIONS
92. INJURIES AND POISONINGS - FRACTURES
2  93. INJURIES AND POISONINGS - DISLOCATIONS, SPRAINS, AND STRAINS
94. INJURIES AND POISONINGS - LACERATIONS AND OPEN WOUNDS
3  95. INJURIES AND POISONINGS - OTHER AND UNSPECIFIED INJURIES AND POISONINGS, BURNS
17  96. OTHER IMPAIRMENTS, AMPUTATIONS, AND LOSS OF MEMBERS - OTHER IMPAIRMENTS
2  97. OTHER IMPAIRMENTS, AMPUTATIONS, AND LOSS OF MEMBERS - AMPUTATIONS AND LOSS OF MEMBERS
98. "CHECK-UP" - CHECK-UP NOT OTHERWISE DESCRIBED, POST-OPERATIVE FOR OLD AILMENTS, ETC.

1616 00. INAP., CODED 2 AT Q.4; OR NO SECOND ILLNESS MENTIONED
99. NO ANSWER

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VAR 0095      # WEEKS HAD 2ND ILLNESS       MD=0 OR GE 9
REF 0095      LOC 163 WIDTH 1             DK 3 COL 33

--IF "YES" AT Q.4--
Q.4A(4) ASK FOR EACH AILMENT: HOW LONG HAVE YOU HAD (AILMENT)? - WEEKS

---

(IF ILLNESS REPORTED IN WEEKS)

1. LESS THAN ONE WEEK
2. ONE WEEK OR MORE BUT LESS THAN TWO WEEKS
3. TWO WEEKS OR MORE BUT LESS THAN THREE WEEKS
4. THREE WEEKS OR MORE BUT LESS THAN ONE MONTH

98. INAP., CODED 2 AT Q.4; OR ILLNESS NOT REPORTED IN WEEKS
99. NO ANSWER

VAR 0096 # MONTHS HAD 2ND ILLNESS MD=98 OR GE 99
REF 0096 LOC 164 WIDTH 2 DK 3 COL 34-35

--IF "YES" AT Q.4--

Q.4A(5) ASK FOR EACH AILMENT: HOW LONG HAVE YOU HAD (AILMENT)? - MONTHS

---

(IF ILLNESS REPORTED IN MONTHS)

10 01. ONE MONTH OR MORE BUT LESS THAN TWO MONTHS
8 02. TWO MONTHS OR MORE BUT LESS THAN THREE MONTHS
6 03. THREE MONTHS OR MORE BUT LESS THAN FOUR MONTHS
4 04. FOUR MONTHS OR MORE BUT LESS THAN FIVE MONTHS
3 05. FIVE MONTHS OR MORE BUT LESS THAN SIX MONTHS
3 06. SIX MONTHS OR MORE BUT LESS THAN SEVEN MONTHS
1 07. SEVEN MONTHS OR MORE BUT LESS THAN EIGHT MONTHS
1 08. EIGHT MONTHS OR MORE BUT LESS THAN NINE MONTHS
3 09. NINE MONTHS OR MORE BUT LESS THAN TEN MONTHS
10. TEN MONTHS OR MORE BUT LESS THAN ELEVEN MONTHS

98. INAP., CODED 2 AT Q.4; OR ILLNESS NOT REPORTED IN MONTHS
99. NO ANSWER
VAR 0097      # YEARS HAD 2ND ILLNESS          MD=0
REF 0097      LOC 166 WIDTH 2           DK 3 COL 36-37

--IF "YES" AT Q.4--

Q.4A(6)  ASK FOR EACH AILMENT: HOW LONG HAVE YOU HAD (AILMENT)? - YEARS
-----------------------------------------------
(IF ILLNESS REPORTED IN YEARS)

5  -1.  ALL MY LIFE
01.  YEAR
.
99.  YEARS

1699  00.  INAP., CODED 2 AT Q.4; OR ILLNESS NOT REPORTED IN YEARS

CODE:   -1     0     1     2     3     4     5     6     7
FREQ:    5  1699    34    48    35    26    33    15     9

CODE:    8     9    10    11    12    13    14    15    16
FREQ:   18     7    43     4     8     1     4    25     5

CODE:   17    18    20    23    24    25    27    28    30
FREQ:    3     3    30     1     1     8     1     2    12

CODE:   32    33    35    37    38    40    47    49    50
FREQ:    2     1     8     4     1     8     1     1     3

CODE:   52    56    60    63
FREQ:    1     1     2     1

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VAR 0098      HOW 2ND ILLNESS LIMIT-1          MD=8 OR GE 9
REF 0098      LOC 168 WIDTH 1           DK 3 COL 38

--IF "YES" AT Q.4--

Q.4B(7)  DURING THE PAST FOUR WEEKS, DID ANY OF THESE SICKNESSES-- Q.4C(7) IN THE PAST FOUR WEEKS, DID ANYTHING (ANY OTHER HEALTH PROBLEM) ABOUT YOUR HEALTH KEEP YOU FROM CARRYING ON YOUR REGULAR WORK, OR THINGS YOU USUALLY DO
AROUND THE HOUSE? Q.4D(7) IN THE PAST FOUR WEEKS, WAS THERE ANY SICKNESS, ANY HEALTH PROBLEM, OR MAYBE AN OLD INJURY, THAT: - [1ST MENTION]

---

328 0. NO
37 1. KEPT IN BED MOST OF THE TIME
27 2. KEPT IN THE HOUSE BUT IN A CHAIR
46 3. KEPT IN THE HOUSE BUT STILL ABLE TO GET AROUND
10 4. KEPT FROM GOING OUTSIDE BY SELF
22 5. KEPT FROM CLIMBING STAIRS
27 6. KEPT FROM CARRYING ON REGULAR WORK OR THINGS DONE AROUND THE HOUSE

1616 8. INAP., CODED 2 AT Q.4; OR NO SECOND ILLNESS MENTIONED
1 9. NO ANSWER

---

VAR 0099 HOW 2ND ILLNESS LIMIT-2 MD=8 OR GE 9
REF 0099 LOC 169 WIDTH 1 DK 3 COL 39

--IF "YES" AT Q.4--

Q.4B(8) DURING THE PAST FOUR WEEKS, DID ANY OF THESE SICKNESSES-- Q.4C(8) IN THE PAST FOUR WEEKS, DID ANYTHING (ANY OTHER HEALTH PROBLEM) ABOUT YOUR HEALTH KEEP YOU FROM CARRYING ON YOUR REGULAR WORK, OR THINGS YOU USUALLY DO AROUND THE HOUSE? Q.4D(8) IN THE PAST FOUR WEEKS, WAS THERE ANY SICKNESS, ANY HEALTH PROBLEM, OR MAYBE AN OLD INJURY, THAT: - [2ND MENTION]

---

0. NO
15 1. KEPT IN BED MOST OF THE TIME
28 2. KEPT IN THE HOUSE BUT IN A CHAIR
17 3. KEPT IN THE HOUSE BUT STILL ABLE TO GET AROUND
13 4. KEPT FROM GOING OUTSIDE BY SELF
10 5. KEPT FROM CLIMBING STAIRS
10 6. KEPT FROM CARRYING ON REGULAR WORK OR THINGS DONE AROUND THE HOUSE

2031 8. INAP., NO FURTHER MENTIONS
9. NO ANSWER
### Q.4B (9) - Past Four Weeks

**During the past four weeks, did any of these sicknesses—**
**Q.4C (9) in the past four weeks, did anything (any other health problem) about your health keep you from carrying on your regular work, or things you usually do around the house?**

**Q.4D (9) in the past four weeks, was there any sickness, any health problem, or maybe an old injury, that:**

- **0. No**
- **1. Kept in bed most of the time**
- **2. Kept in the house but in a chair**
- **13. Kept in the house but still able to get around**
- **18. Kept from going outside by self**
- **14. Kept from climbing stairs**
- **8. Kept from carrying on regular work or things done around the house**

**2061. Inap., no further mentions**

**9. No answer**

### Q.4B (10) - Past Four Weeks

**During the past four weeks, did any of these sicknesses—**
**Q.4C (10) in the past four weeks, did anything (any other health problem) about your health keep you from carrying on your regular work, or things you usually do around the house?**

**Q.4D (10) in the past four weeks, was there any sickness, any health problem, or maybe an old injury, that:**

- **0. No**
- **1. Kept in bed most of the time**
- **2. Kept in the house but in a chair**
- **3. Kept in the house but still able to get around**
- **8. Kept from going outside by self**
(CONTINUED)

15  5. KEPT FROM CLIMBING STAIRS
     6. KEPT FROM CARRYING ON REGULAR WORK OR THINGS DONE
        AROUND THE HOUSE

2083  8. INAP., NO FURTHER MENTIONS
       9. NO ANSWER

--IF "YES" AT Q.4--

Q.4B(11) DURING THE PAST FOUR WEEKS, DID ANY OF THESE
SICKNESSES-- Q.4C(11) IN THE PAST FOUR WEEKS, DID ANYTHING
(ANY OTHER HEALTH PROBLEM) ABOUT YOUR HEALTH KEEP YOU FROM
CARRYING ON YOUR REGULAR WORK, OR THINGS YOU USUALLY DO
AROUND THE HOUSE? Q.4D(11) IN THE PAST FOUR WEEKS, WAS
THERE ANY SICKNESS, ANY HEALTH PROBLEM, OR MAYBE AN OLD
INJURY, THAT: -- [5TH MENTION]

0. NO
1. KEPT IN BED MOST OF THE TIME
2. KEPT IN THE HOUSE BUT IN A CHAIR
3. KEPT IN THE HOUSE BUT STILL ABLE TO GET AROUND
4. KEPT FROM GOING OUTSIDE BY SELF
5  5. KEPT FROM CLIMBING STAIRS
6  6. KEPT FROM CARRYING ON REGULAR WORK OR THINGS DONE
      AROUND THE HOUSE

2103  8. INAP., NO FURTHER MENTIONS
       9. NO ANSWER

--IF "YES" AT Q.4--

Q.4B(12) DURING THE PAST FOUR WEEKS, DID ANY OF THESE
SICKNESSES-- Q.4C(12) IN THE PAST FOUR WEEKS, DID ANYTHING
(ANY OTHER HEALTH PROBLEM) ABOUT YOUR HEALTH KEEP YOU FROM
CARRYING ON YOUR REGULAR WORK, OR THINGS YOU USUALLY DO
AROUND THE HOUSE? Q.4D(12) IN THE PAST FOUR WEEKS, WAS THERE ANY SICKNESS, ANY HEALTH PROBLEM, OR MAYBE AN OLD INJURY, THAT: - [6TH MENTION]

0. NO
1. KEPT IN BED MOST OF THE TIME
2. KEPT IN THE HOUSE BUT IN A CHAIR
3. KEPT IN THE HOUSE BUT STILL ABLE TO GET AROUND
4. KEPT FROM GOING OUTSIDE BY SELF
5. KEPT FROM CLIMBING STAIRS
1 6. KEPT FROM CARRYING ON REGULAR WORK OR THINGS DONE AROUND THE HOUSE

2113 8. INAP., NO FURTHER MENTIONS
9. NO ANSWER

--IF "YES" AT Q.4--

Q.4(C) THIRD ILLNESS MENTIONED

01. INFECTIVE AND PARASITIC DISEASES - TUBERCULOSIS, ALL FORMS
06. INFECTIVE AND PARASITIC DISEASES - INFECTIVE AND PARASITIC DISEASES, ALL OTHER
1 09. NEOPLASMS - NEOPLASMS OF UNSPECIFIED NATURE, MALIGNANT AND BENIGN
10. ALLERGIC DISEASES - HAY FEVER
2 11. ALLERGIC DISEASES - ASTHMA
2 12. ALLERGIC DISEASES - OTHER ALLERGIC DISORDERS
2 13. ENDOCRINE SYSTEM, METABOLIC AND NUTRITIONAL DISEASES - DISEASES OF THYROID
3 14. ENDOCRINE SYSTEM, METABOLIC AND NUTRITIONAL DISEASES - DIABETES MELLITUS
15. ENDOCRINE SYSTEM, METABOLIC AND NUTRITIONAL DISEASES - DISEASES OF OTHER ENDOCRINE GLANDS, METABOLIC AND NUTRITIONAL DISEASES
3 16. DISEASES OF THE BLOOD AND BLOOD-FORMING ORGANS - ANEMIAS AND OTHER
17. MENTAL, PSYCHONEUROTIC, AND PERSONALITY DISORDERS - ALL PSYCHOSES, PSYCHONEUROTIC AND PERSONALITY DISORDERS
(CONTINUED)

20. DISEASES OF THE NERVOUS SYSTEM - VASCULAR LESIONS AFFECTING CNS
24. DISEASES OF THE NERVOUS SYSTEM - MIGRAINE
25. DISEASES OF THE NERVOUS SYSTEM - OTHER DISEASES OF CNS
26. DISEASES OF THE NERVOUS SYSTEM - NEURALGIA
7 30. DISEASES OF THE EYE - ALL DISEASES OF THE EYE
8 34. DISEASES OF THE EAR - ALL DISEASES OF THE EAR
1 37. DISEASES OF THE CIRCULATORY SYSTEM - CEREBRAL VASCULAR ACCIDENT - STROKE
18 38. DISEASES OF THE CIRCULATORY SYSTEM - ALL DISEASES OF THE HEART
10 39. DISEASES OF THE CIRCULATORY SYSTEM - HYPERTENSION WITHOUT MENTION OF HEART
2 40. DISEASES OF THE CIRCULATORY SYSTEM - GENERAL ARTERIOSCLEROSIS
5 41. DISEASES OF THE CIRCULATORY SYSTEM - VARICOSE VEINS OF LOWER EXTREMITIES
6 42. DISEASES OF THE CIRCULATORY SYSTEM - HEMORRHOIDS
3 44. DISEASES OF THE CIRCULATORY SYSTEM - OTHER DISEASES OF CIRCULATORY SYSTEM
3 45. DISEASES OF THE RESPIRATORY SYSTEM - COLDS (CHRONIC AND ACUTE) AND OTHER ACUTE DISEASES OF THE UPPER RESPIRATORY SYSTEM
1 46. DISEASES OF THE RESPIRATORY SYSTEM - INFLUENZA
1 47. DISEASES OF THE RESPIRATORY SYSTEM - PNEUMONIA
1 48. DISEASES OF THE RESPIRATORY SYSTEM - BRONCHITIS
3 50. DISEASES OF THE RESPIRATORY SYSTEM - CHRONIC SINUSITIS
3 52. DISEASES OF THE RESPIRATORY SYSTEM - OTHER DISEASES OF RESPIRATORY SYSTEM
1 56. DISEASES OF THE DIGESTIVE SYSTEM - ULCER OF STOMACH AND DUODENUM
2 58. DISEASES OF THE DIGESTIVE SYSTEM - OTHER DISEASES OF STOMACH AND DUODENUM
4 60. DISEASES OF THE DIGESTIVE SYSTEM - HERNIA OF ABDOMINAL CAVITY
61. DISEASES OF THE DIGESTIVE SYSTEM - ENTERITIS AND COLITIS
2 62. DISEASES OF THE DIGESTIVE SYSTEM - CONSTIPATION
1 63. DISEASES OF THE DIGESTIVE SYSTEM - OTHER DISEASES OF INTESTINES AND PERITONEUM
1 64. DISEASES OF THE DIGESTIVE SYSTEM - DISEASES OF THE LIVER
6 65. DISEASES OF THE DIGESTIVE SYSTEM - DISEASES OF GALL-BLADDER AND BILARY DUCTS
66. DISEASES OF THE GENITO-URINARY SYSTEM - NEPHRITIS
68. DISEASES OF THE GENITO-URINARY SYSTEM - OTHER DISEASES OF KIDNEY AND URETER
4 69. DISEASES OF THE GENITO-URINARY SYSTEM - PROSTATE
DISEASES
70. DISEASES OF THE GENITO-URINARY SYSTEM - OTHER
72. DISEASES OF THE GENITO-URINARY SYSTEM - MENOPAUSAL SYMPTOMS
73. DISEASES OF THE GENITO-URINARY SYSTEM - OTHER
DISEASES OF FEMALE GENITAL ORGANS
1 75. DISEASES OF THE SKIN AND CELLULAR TISSUE - ECZEMA
1 76. DISEASES OF THE SKIN AND CELLULAR TISSUE - DERMATITIS
1 77. DISEASES OF THE SKIN AND CELLULAR TISSUE - OTHER
DISEASES OF SKIN AND CELLULAR TISSUE
15 78. DISEASES OF BONES AND ORGANS OF MOVEMENT - ARTHRITIS
5 79. DISEASES OF BONES AND ORGANS OF MOVEMENT - RHEUMATISM (EXCEPT RHEUMATIC FEVER AND RHEUMATIC HEART DISEASE)
1 82. DISEASES OF BONES AND ORGANS OF MOVEMENT - OTHER
DISEASES OF MUSCULOSKELETAL SYSTEM
3 86. SYMPTOMS, SENILITY, AND ILL-DEFINED CONDITIONS - SYMPTOMS REFERABLE TO RESPIRATORY SYSTEM
87. SYMPTOMS, SENILITY, AND ILL-DEFINED CONDITIONS - SYMPTOMS REFERABLE TO CARDIOVASCULAR AND LYMPHATIC SYSTEM
10 88. SYMPTOMS, SENILITY, AND ILL-DEFINED CONDITIONS - SYMPTOMS REFERABLE TO LIMBS AND BACK
9 89. SYMPTOMS, SENILITY, AND ILL-DEFINED CONDITIONS - NERVIOUSNESS AND DEBILITY
6 90. SYMPTOMS, SENILITY, AND ILL-DEFINED CONDITIONS - HEADACHE
29 91. SYMPTOMS, SENILITY, AND ILL-DEFINED CONDITIONS - OTHER SYMPTOMS, SENILITY, AND ILL-DEFINED CONDITIONS
2 92. INJURIES AND POISONINGS - FRACTURES
1 93. INJURIES AND POISONINGS - DISLOCATIONS, SPRAINS, AND STRAINS
1 94. INJURIES AND POISONINGS - LACERATIONS AND OPEN WOUNDS
1 95. INJURIES AND POISONINGS - OTHER AND UNSPECIFIED INJURIES AND POISONINGS, BURNS
9 96. OTHER IMPAIRMENTS, AMPUTATIONS, AND LOSS OF MEMBERS - OTHER IMPAIRMENTS
97. OTHER IMPAIRMENTS, AMPUTATIONS, AND LOSS OF MEMBERS - AMPUTATIONS AND LOSS OF MEMBERS
98. "CHECK-UP" - CHECK-UP NOT OTHERWISE DESCRIBED, POST-OPERATIVE FOR OLD AILMENTS, ETC.
1913 00. INAP., CODED 2 AT Q.4; OR NO THIRD ILLNESS MENTIONED
99. NO ANSWER
--IF "YES" AT Q.4--

Q.4A(7) ASK FOR EACH AILMENT: HOW LONG HAVE YOU HAD (AILMENT)? - WEEKS

(IF ILLNESS REPORTED IN WEEKS)

3 1. LESS THAN ONE WEEK
1 2. ONE WEEK OR MORE BUT LESS THAN TWO WEEKS
4 3. TWO WEEKS OR MORE BUT LESS THAN THREE WEEKS
1 4. THREE WEEKS OR MORE BUT LESS THAN ONE MONTH

2095 0. INAP., CODED 2 AT Q.4; OR ILLNESS NOT REPORTED IN WEEKS
10 9. NO ANSWER

--IF "YES" AT Q.4--

Q.4A(8) ASK FOR EACH AILMENT: HOW LONG HAVE YOU HAD (AILMENT)? - MONTHS

(IF ILLNESS REPORTED IN MONTHS)

6 01. ONE MONTH OR MORE BUT LESS THAN TWO MONTHS
02. TWO MONTHS OR MORE BUT LESS THAN THREE MONTHS
3 03. THREE MONTHS OR MORE BUT LESS THAN FOUR MONTHS
04. FOUR MONTHS OR MORE BUT LESS THAN FIVE MONTHS
1 05. FIVE MONTHS OR MORE BUT LESS THAN SIX MONTHS
1 06. SIX MONTHS OR MORE BUT LESS THAN SEVEN MONTHS
07. SEVEN MONTHS OR MORE BUT LESS THAN EIGHT MONTHS
1 08. EIGHT MONTHS OR MORE BUT LESS THAN NINE MONTHS
09. NINE MONTHS OR MORE BUT LESS THAN TEN MONTHS
1 10. TEN MONTHS OR MORE BUT LESS THAN ELEVEN MONTHS

2100 98. INAP., CODED 2 AT Q.4; OR ILLNESS NOT REPORTED IN MONTHS
1 99. NO ANSWER
--IF "YES" AT Q.4--

Q.4A(9) ASK FOR EACH AILMENT: HOW LONG HAVE YOU HAD (AILMENT)? - YEARS

(IF ILLNESS REPORTED IN YEARS)

1  -1.  ALL MY LIFE
   01.  YEAR
   .
   99.  YEARS

1946  00.  INAP., CODED 2 AT Q.4; OR ILLNESS NOT REPORTED IN YEARS

CODE:  -1  0  1   2   3   4   5   6   7
FREQ:  1  1946 11 22  8  8  16  7  6

CODE:  8  9 10 11 12 13 15 18 19
FREQ:  9  2 20  1  5  1 12  2  2

CODE: 20 21  25 29 30 32 35 36 37
FREQ: 11  1  1  2  4  1  1  1  1

CODE: 38 40 50 51 60 70
FREQ: 1  5 1  1 1  1

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--IF "YES" AT Q.4--

Q.4B(13) DURING THE PAST FOUR WEEKS, DID ANY OF THESE SICKNESSES-- Q.4C(13) IN THE PAST FOUR WEEKS, DID ANYTHING (ANY OTHER HEALTH PROBLEM) ABOUT YOUR HEALTH KEEP YOU FROM CARRYING ON YOUR REGULAR WORK, OR THINGS YOU USUALLY DO AROUND THE HOUSE? Q.4D(13) IN THE PAST FOUR WEEKS, WAS THERE ANY SICKNESS, ANY HEALTH PROBLEM, OR MAYBE AN OLD INJURY, THAT: - [1ST MENTION]
(CONTINUED)

152  0. NO
10  1. KEPT IN BED MOST OF THE TIME
  9  2. KEPT IN THE HOUSE BUT IN A CHAIR
11  3. KEPT IN THE HOUSE BUT STILL ABLE TO GET AROUND
  7  4. KEPT FROM GOING OUTSIDE BY SELF
  4  5. KEPT FROM CLIMBING STAIRS
  8  6. KEPT FROM CARRYING ON REGULAR WORK OR THINGS DONE
       AROUND THE HOUSE

1913  8. INAP., CODED 2 AT Q.4; OR NO THIRD ILLNESS MENTIONED
  9. NO ANSWER

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VAR 0109    OW 3RD ILLNESS LIMIT-2     MD=8 OR GE  9
REF 0109    LOC 182 WIDTH 1          DK  3 COL 52

--IF "YES" AT Q.4--

Q.4B(14) DURING THE PAST FOUR WEEKS, DID ANY OF THESE
SICKNESSES-- Q.4C(14) IN THE PAST FOUR WEEKS, DID ANYTHING
ANY OTHER HEALTH PROBLEM) ABOUT YOUR HEALTH KEEP YOU FROM
CARRYING ON YOUR REGULAR WORK, OR THINGS YOU USUALLY DO
AROUND THE HOUSE? Q.4D(14) IN THE PAST FOUR WEEKS, WAS
THERE ANY SICKNESS, ANY HEALTH PROBLEM, OR MAYBE AN OLD
INJURY, THAT: - [2ND MENTION]

----------------------------------------------------------

0. NO
  5  1. KEPT IN BED MOST OF THE TIME
  2. KEPT IN THE HOUSE BUT IN A CHAIR
  7  3. KEPT IN THE HOUSE BUT STILL ABLE TO GET AROUND
  3  4. KEPT FROM GOING OUTSIDE BY SELF
  8  5. KEPT FROM CLIMBING STAIRS
  2  6. KEPT FROM CARRYING ON REGULAR WORK OR THINGS DONE
       AROUND THE HOUSE

2089  8. INAP., NO FURTHER MENTIONS
  9. NO ANSWER
VAR 0110      HOW 3RD ILLNESS LIMIT-3       MD=8 OR GE 9
REF 0110      LOC 183 WIDTH 1             DK 3 COL 53

--IF "YES" AT Q.4--

Q.4B(15) DURING THE PAST FOUR WEEKS, DID ANY OF THESE SICKNESSES-- Q.4C(15) IN THE PAST FOUR WEEKS, DID ANYTHING (ANY OTHER HEALTH PROBLEM) ABOUT YOUR HEALTH KEEP YOU FROM CARRYING ON YOUR REGULAR WORK, OR THINGS YOU USUALLY DO AROUND THE HOUSE? Q.4D(15) IN THE PAST FOUR WEEKS, WAS THERE ANY SICKNESS, ANY HEALTH PROBLEM, OR MAYBE AN OLD INJURY, THAT: - [3RD MENTION]

0. NO
1. KEPT IN BED MOST OF THE TIME
2. KEPT IN THE HOUSE BUT IN A CHAIR
3 3. KEPT IN THE HOUSE BUT STILL ABLE TO GET AROUND
5 4. KEPT FROM GOING OUTSIDE BY SELF
3 5. KEPT FROM CLIMBING STAIRS
1 6. KEPT FROM CARRYING ON REGULAR WORK OR THINGS DONE AROUND THE HOUSE

2100 8. INAP., NO FURTHER MENTIONS
9. NO ANSWER

--------------------------------------------------------------------------

VAR 0111      HOW 3RD ILLNESS LIMIT-4       MD=8 OR GE 9
REF 0111      LOC 184 WIDTH 1             DK 3 COL 54

--IF "YES" AT Q.4--

Q.4B(16) DURING THE PAST FOUR WEEKS, DID ANY OF THESE SICKNESSES-- Q.4C(16) IN THE PAST FOUR WEEKS, DID ANYTHING (ANY OTHER HEALTH PROBLEM) ABOUT YOUR HEALTH KEEP YOU FROM CARRYING ON YOUR REGULAR WORK, OR THINGS YOU USUALLY DO AROUND THE HOUSE? Q.4D(16) IN THE PAST FOUR WEEKS, WAS THERE ANY SICKNESS, ANY HEALTH PROBLEM, OR MAYBE AN OLD INJURY, THAT: - [4TH MENTION]

0. NO
1. KEPT IN BED MOST OF THE TIME
2. KEPT IN THE HOUSE BUT IN A CHAIR
3 3. KEPT IN THE HOUSE BUT STILL ABLE TO GET AROUND
3 4. KEPT FROM GOING OUTSIDE BY SELF
4  5. KEPT FROM CLIMBING STAIRS
3  6. KEPT FROM CARRYING ON REGULAR WORK OR THINGS DONE
     AROUND THE HOUSE

2104  8. INAP., NO FURTHER MENTIONS
9. NO ANSWER

0. NO
1. KEPT IN BED MOST OF THE TIME
2. KEPT IN THE HOUSE BUT IN A CHAIR
3. KEPT IN THE HOUSE BUT STILL ABLE TO GET AROUND
4. KEPT FROM GOING OUTSIDE BY SELF
1  5. KEPT FROM CLIMBING STAIRS
3  6. KEPT FROM CARRYING ON REGULAR WORK OR THINGS DONE
     AROUND THE HOUSE

2110  8. INAP., NO FURTHER MENTIONS
9. NO ANSWER

01. INFECTIVE AND PARASITIC DISEASES - TUBERCULOSIS,
(CONTINUED)

ALL FORMS
06. INFECTIVE AND PARASITIC DISEASES - INFECTIVE AND PARASITIC DISEASES, ALL OTHER
1 09. NEOPLASMS - NEOPLASMS OF UNSPECIFIED NATURE, MALIGNANT AND BENIGN
10. ALLERGIC DISEASES - HAY FEVER
1 11. ALLERGIC DISEASES - ASTHMA
12. ALLERGIC DISEASES - OTHER ALLERGIC DISORDERS
13. ENDOCRINE SYSTEM, METABOLIC AND NUTRITIONAL DISEASES - DISEASES OF THYROID
14. ENDOCRINE SYSTEM, METABOLIC AND NUTRITIONAL DISEASES - DIABETES MELLITUS
15. ENDOCRINE SYSTEM, METABOLIC AND NUTRITIONAL DISEASES - DISEASES OF OTHER ENDOCRINE GLANDS, METABOLIC AND NUTRITIONAL DISEASES
2 16. DISEASES OF THE BLOOD AND BLOOD-FORMING ORGANS - ANEMIAS AND OTHER
17. MENTAL, PSYCHONEUROTIC AND PERSONALITY DISORDERS - ALL PSYCHOSES, PSYCHONEUROTIC AND PERSONALITY DISORDERS
20. DISEASES OF THE NERVOUS SYSTEM - VASCULAR LESIONS AFFECTING CNS
24. DISEASES OF THE NERVOUS SYSTEM - MIGRAINE
25. DISEASES OF THE NERVOUS SYSTEM - OTHER DISEASES OF CNS
2 26. DISEASES OF THE NERVOUS SYSTEM - NEURALGIA
4 30. DISEASES OF THE EYE - ALL DISEASES OF THE EYE
1 34. DISEASES OF THE EAR - ALL DISEASES OF THE EAR
2 37. DISEASES OF THE CIRCULATORY SYSTEM - CEREBRAL VASCULAR ACCIDENT - STROKE
4 38. DISEASES OF THE CIRCULATORY SYSTEM - ALL DISEASES OF THE HEART
4 39. DISEASES OF THE CIRCULATORY SYSTEM - HYPERTENSION WITHOUT MENTION OF HEART
1 40. DISEASES OF THE CIRCULATORY SYSTEM - GENERAL ARTERIOSCLEROSIS
1 41. DISEASES OF THE CIRCULATORY SYSTEM - VARICOSE VEINS OF LOWER EXTREMITIES
1 42. DISEASES OF THE CIRCULATORY SYSTEM - HEMORRHOIDS
44. DISEASES OF THE CIRCULATORY SYSTEM - OTHER DISEASES OF CIRCULATORY SYSTEM
2 45. DISEASES OF THE RESPIRATORY SYSTEM - COLDS (CHRONIC AND ACUTE) AND OTHER ACUTE DISEASES OF THE UPPER RESPIRATORY SYSTEM
1 46. DISEASES OF THE RESPIRATORY SYSTEM - INFLUENZA
47. DISEASES OF THE RESPIRATORY SYSTEM - PNEUMONIA
48. DISEASES OF THE RESPIRATORY SYSTEM - BRONCHITIS
3 50. DISEASES OF THE RESPIRATORY SYSTEM - CHRONIC SINUSITIS
52. DISEASES OF THE RESPIRATORY SYSTEM - OTHER DISEASES
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<td>79. DISEASES OF BONES AND ORGANS OF MOVEMENT - RHEUMATISM (EXCEPT RHEUMATIC FEVER AND RHEUMATIC HEART DISEASE)</td>
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<td>SYMPTOMS, SENILITY, AND ILL-DEFINED CONDITIONS - SYMPTOMS REFERABLE TO CARDIOVASCULAR AND LYMPHATIC SYSTEM</td>
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<td>90. SYMPTOMS, SENILITY, AND ILL-DEFINED CONDITIONS - HEADACHE</td>
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6  91. SYMPTOMS, SENILITY, AND ILL-DEFINED CONDITIONS -
       OTHER SYMPTOMS, SENILITY, AND ILL-DEFINED
       CONDITIONS
92. INJURIES AND POISONINGS - FRACTURES
1  93. INJURIES AND POISONINGS - DISLOCATIONS, SPRAINS,
       AND STRAINS
1  94. INJURIES AND POISONINGS - LACERATIONS AND OPEN
       WOUNDS
1  95. INJURIES AND POISONINGS - OTHER AND UNSPECIFIED
       INJURIES AND POISONINGS, BURNS
2  96. OTHER IMPAIRMENTS, AMPUTATIONS, AND LOSS OF MEMBERS
       - OTHER IMPAIRMENTS
97. OTHER IMPAIRMENTS, AMPUTATIONS, AND LOSS OF MEMBERS
       - AMPUTATIONS AND LOSS OF MEMBERS
98. "CHECK-UP" - CHECK-UP NOT OTHERWISE DESCRIBED,
       POST-OPERATIVE FOR OLD AILMENTS, ETC.

2047 00. INAP., CODED 2 AT Q.4; OR NO FOURTH ILLNESS
       MENTIONED
99. NO ANSWER

------------------------------------------------------

VAR 0114      # WEEKS HAD 4TH ILLNESS       MD=0 OR GE 9
REF 0114      LOC 188 WIDTH 1              DK 3 COL 58

--IF "YES" AT Q.4--

Q.4A(10) ASK FOR EACH AILMENT: HOW LONG HAVE YOU HAD
       AILMENT)? - WEEKS

(IF ILLNESS REPORTED IN WEEKS)

1  1. LESS THAN ONE WEEK
2  2. ONE WEEK OR MORE BUT LESS THAN TWO WEEKS
3  3. TWO WEEKS OR MORE BUT LESS THAN THREE WEEKS
2  4. THREE WEEKS OR MORE BUT LESS THAN ONE MONTH

2108 0. INAP., CODED 2 AT Q.4; OR ILLNESSES NOT REPORTED IN
       WEEKS
1  9. NO ANSWER
VAR 0115  # MONTHS HAD 4TH ILLNESS     MD=98 OR GE 99
REF 0115  LOC 189 WIDTH 2     DK 3 COL 59-60

--IF "YES" AT Q.4--

Q.4A(11)  ASK FOR EACH AILMENT: HOW LONG HAVE YOU HAD (AILMENT)? - MONTHS
------------------------------------------------------
(IF ILLNESS REPORTED IN MONTHS)

1 01.  ONE MONTH OR MORE BUT LESS THAN TWO MONTHS
1 02.  TWO MONTHS OR MORE BUT LESS THAN THREE MONTHS
2 03.  THREE MONTHS OR MORE BUT LESS THAN FOUR MONTHS
04.  FOUR MONTHS OR MORE BUT LESS THAN FIVE MONTHS
05.  FIVE MONTHS OR MORE BUT LESS THAN SIX MONTHS
1 06.  SIX MONTHS OR MORE BUT LESS THAN SEVEN MONTHS
07.  SEVEN MONTHS OR MORE BUT LESS THAN EIGHT MONTHS
08.  EIGHT MONTHS OR MORE BUT LESS THAN NINE MONTHS
09.  NINE MONTHS OR MORE BUT LESS THAN TEN MONTHS
10.  TEN MONTHS OR MORE BUT LESS THAN ELEVEN MONTHS
2108 98.  INAP., CODED 2 AT Q.4; OR ILLNESS NOT REPORTED IN MONTHS
1 99.  NO ANSWER

...............................................................

VAR 0116  # YEARS HAD 4TH ILLNESS     MD=0
REF 0116  LOC 191 WIDTH 2     DK 3 COL 61-62

--IF "YES" AT Q.4--

Q.4A(12)  ASK FOR EACH AILMENT: HOW LONG HAVE YOU HAD (AILMENT)? - YEARS
------------------------------------------------------
(IF ILLNESS REPORTED IN YEARS)

2 01.  ALL MY LIFE
1 01.  YEAR
.  .
99.  YEARS

2059 00.  INAP., CODED 2 AT Q.4; OR ILLNESS NOT REPORTED IN YEARS
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VAR 0117      HOW 4TH ILLNESS LIMIT-1     MD=8 OR GE  9
REF 0117      LOC  193 WIDTH  1     DK  3 COL 63

--IF "YES" AT Q.4--

Q.4B(18) DURING THE PAST FOUR WEEKS, DID ANY OF THESE SICKNESSES-- Q.4C(18) IN THE PAST FOUR WEEKS, DID ANYTHING (ANY OTHER HEALTH PROBLEM) ABOUT YOUR HEALTH KEEP YOU FROM CARRYING ON YOUR REGULAR WORK, OR THINGS YOU USUALLY DO AROUND THE HOUSE? Q.4D(18) IN THE PAST FOUR WEEKS, WAS THERE ANY SICKNESS, ANY HEALTH PROBLEM, OR MAYBE AN OLD INJURY, THAT: - [1ST MENTION]

51  0.  NO
4  1.  KEPT IN BED MOST OF THE TIME
1  2.  KEPT IN THE HOUSE BUT IN A CHAIR
3  3.  KEPT IN THE HOUSE BUT STILL ABLE TO GET AROUND
4  4.  KEPT FROM GOING OUTSIDE BY SELF
4  5.  KEPT FROM CLIMBING STAIRS
4  6.  KEPT FROM CARRYING ON REGULAR WORK OR THINGS DONE AROUND THE HOUSE

2047  8.  INAP., CODED 2 AT Q.4; OR NO FOURTH ILLNESS MENTIONED
9.  NO ANSWER

---

VAR 0118      HOW 4TH ILLNESS LIMIT-2     MD=8 OR GE  9
REF 0118      LOC  194 WIDTH  1     DK  3 COL 64

--IF "YES" AT Q.4--
Q.4B(19) DURING THE PAST FOUR WEEKS, DID ANY OF THESE SICKNESSES-- Q.4C(19) IN THE PAST FOUR WEEKS, DID ANYTHING (ANY OTHER HEALTH PROBLEM) ABOUT YOUR HEALTH KEEP YOU FROM CARRYING ON YOUR REGULAR WORK, OR THINGS YOU USUALLY DO AROUND THE HOUSE? Q.4D(19) IN THE PAST FOUR WEEKS, WAS THERE ANY SICKNESS, ANY HEALTH PROBLEM, OR MAYBE AN OLD INJURY, THAT: - [2ND MENTION]

0. NO
1. KEPT IN BED MOST OF THE TIME
2. KEPT IN THE HOUSE BUT IN A CHAIR
3. KEPT IN THE HOUSE BUT STILL ABLE TO GET AROUND
4. KEPT FROM GOING OUTSIDE BY SELF
5. KEPT FROM CLIMBING STAIRS
6. KEPT FROM CARRYING ON REGULAR WORK OR THINGS DONE AROUND THE HOUSE

2107 8. INAP., NO FURTHER MENTIONS
9. NO ANSWER

Q.4B(20) DURING THE PAST FOUR WEEKS, DID ANY OF THESE SICKNESSES-- Q.4C(20) IN THE PAST FOUR WEEKS, DID ANYTHING (ANY OTHER HEALTH PROBLEM) ABOUT YOUR HEALTH KEEP YOU FROM CARRYING ON YOUR REGULAR WORK, OR THINGS YOU USUALLY DO AROUND THE HOUSE? Q.4D(20) IN THE PAST FOUR WEEKS, WAS THERE ANY SICKNESS, ANY HEALTH PROBLEM, OR MAYBE AN OLD INJURY, THAT: - [3RD MENTION]

0. NO
1. KEPT IN BED MOST OF THE TIME
2. KEPT IN THE HOUSE BUT IN A CHAIR
3. KEPT IN THE HOUSE BUT STILL ABLE TO GET AROUND
4. KEPT FROM GOING OUTSIDE BY SELF
5. KEPT FROM CLIMBING STAIRS
6. KEPT FROM CARRYING ON REGULAR WORK OR THINGS DONE AROUND THE HOUSE

2110 8. INAP., NO FURTHER MENTIONS
9. NO ANSWER
--IF "YES" AT Q.4--

Q.4B(21) DURING THE PAST FOUR WEEKS, DID ANY OF THESE SICKNESSES-- Q.4C(21) IN THE PAST FOUR WEEKS, DID ANYTHING (ANY OTHER HEALTH PROBLEM) ABOUT YOUR HEALTH KEEP YOU FROM CARRYING ON YOUR REGULAR WORK, OR THINGS YOU USUALLY DO AROUND THE HOUSE? Q.4D(21) IN THE PAST FOUR WEEKS, WAS THERE ANY SICKNESS, ANY HEALTH PROBLEM, OR MAYBE AN OLD INJURY, THAT: - [4TH MENTION]

0. NO
1. KEPT IN BED MOST OF THE TIME
2. KEPT IN THE HOUSE BUT IN A CHAIR
3. KEPT IN THE HOUSE BUT STILL ABLE TO GET AROUND
4. KEPT FROM GOING OUTSIDE BY SELF
5. KEPT FROM CLIMBING STAIRS
6. KEPT FROM CARRYING ON REGULAR WORK OR THINGS DONE AROUND THE HOUSE

2112 8. INAP., NO FURTHER MENTIONS
9. NO ANSWER

--IF "YES" AT Q.4--

Q.4B(22) DURING THE PAST FOUR WEEKS, DID ANY OF THESE SICKNESSES-- Q.4C(22) IN THE PAST FOUR WEEKS, DID ANYTHING (ANY OTHER HEALTH PROBLEM) ABOUT YOUR HEALTH KEEP YOU FROM CARRYING ON YOUR REGULAR WORK, OR THINGS YOU USUALLY DO AROUND THE HOUSE? Q.4D(22) IN THE PAST FOUR WEEKS, WAS THERE ANY SICKNESS, ANY HEALTH PROBLEM, OR MAYBE AN OLD INJURY, THAT: - [5TH MENTION]

0. NO
1. KEPT IN BED MOST OF THE TIME
2. KEPT IN THE HOUSE BUT IN A CHAIR
3. KEPT IN THE HOUSE BUT STILL ABLE TO GET AROUND
4. KEPT FROM GOING OUTSIDE BY SELF
(CONTINUED)

1  5. KEPT FROM CLIMBING STAIRS
6. KEPT FROM CARRYING ON REGULAR WORK OR THINGS DONE AROUND THE HOUSE

2113  8. INAP., NO FURTHER MENTIONS
9. NO ANSWER

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VAR 0122      FIFTH ILLNESS                      MD=0 OR GE  99
REF 0122         LOC  198 WIDTH  2             DK   3 COL 68-69

--IF "YES" AT Q.4--

Q.4(E) FIFTH ILLNESS MENTIONED
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01. INFECTIVE AND PARASITIC DISEASES - TUBERCULOSIS, ALL FORMS
06. INFECTIVE AND PARASITIC DISEASES - INFECTIVE AND PARASITIC DISEASES, ALL OTHER
09. NEOPLASMS - NEOPLASMS OF UNSPECIFIED NATURE, MALIGNANT AND BENIGN
10. ALLERGIC DISEASES - HAY FEVER
11. ALLERGIC DISEASES - ASTHMA
12. ALLERGIC DISEASES - OTHER ALLERGIC DISORDERS
13. ENDOCRINE SYSTEM, METABOLIC AND NUTRITIONAL DISEASES - DISEASES OF THYROID
14. ENDOCRINE SYSTEM, METABOLIC AND NUTRITIONAL DISEASES - DIABETES MELLITUS
15. ENDOCRINE SYSTEM, METABOLIC AND NUTRITIONAL DISEASES - DISEASES OF OTHER ENDOCRINE GLANDS, METABOLIC AND NUTRITIONAL DISEASES
16. DISEASES OF THE BLOOD AND BLOOD-FORMING ORGANS - ANEMIAS AND OTHER
17. MENTAL, PSYCHONEUROTIC, AND PERSONALITY DISORDERS - ALL PSYCHOSES, PSYCHONEUROTIC AND PERSONALITY DISORDERS
20. DISEASES OF THE NERVOUS SYSTEM - VASCULAR LESIONS AFFECTING CNS
24. DISEASES OF THE NERVOUS SYSTEM - MIGRAINE
25. DISEASES OF THE NERVOUS SYSTEM - OTHER DISEASES OF CNS
1  26. DISEASES OF THE NERVOUS SYSTEM - NEURALGIA
2  30. DISEASES OF THE EYE - ALL DISEASES OF THE EYE
2  34. DISEASES OF THE EAR - ALL DISEASES OF THE EAR
37. DISEASES OF THE CIRCULATORY SYSTEM - CEREBRAL VASCULAR ACCIDENT - STROKE
38. DISEASES OF THE CIRCULATORY SYSTEM - ALL DISEASES OF THE HEART
1 39. DISEASES OF THE CIRCULATORY SYSTEM - HYPERTENSION WITHOUT MENTION OF HEART
40. DISEASES OF THE CIRCULATORY SYSTEM - GENERAL ARTERIOSCLEROSIS
1 41. DISEASES OF THE CIRCULATORY SYSTEM - VARICOSE VEINS OF LOWER EXTREMITIES
42. DISEASES OF THE CIRCULATORY SYSTEM - HEMORRHOIDS
1 44. DISEASES OF THE CIRCULATORY SYSTEM - OTHER DISEASES OF CIRCULATORY SYSTEM
45. DISEASES OF THE RESPIRATORY SYSTEM - COLDs (CHRONIC AND ACUTE) AND OTHER ACUTE DISEASES OF THE UPPER RESPIRATORY SYSTEM
1 46. DISEASES OF THE RESPIRATORY SYSTEM - INFLUENZA
47. DISEASES OF THE RESPIRATORY SYSTEM - PNEUMONIA
48. DISEASES OF THE RESPIRATORY SYSTEM - BRONCHITIS
50. DISEASES OF THE RESPIRATORY SYSTEM - CHRONIC SINUSITIS
52. DISEASES OF THE RESPIRATORY SYSTEM - OTHER DISEASES OF RESPIRATORY SYSTEM
56. DISEASES OF THE DIGESTIVE SYSTEM - ULCER OF STOMACH AND DUODENUM
58. DISEASES OF THE DIGESTIVE SYSTEM - OTHER DISEASES OF STOMACH AND DUODENUM
1 60. DISEASES OF THE DIGESTIVE SYSTEM - HERNIA OF ABDOMINAL CAVITY
1 61. DISEASES OF THE DIGESTIVE SYSTEM - ENTERITIS AND COLITIS
3 62. DISEASES OF THE DIGESTIVE SYSTEM - CONSTIPATION
63. DISEASES OF THE DIGESTIVE SYSTEM - OTHER DISEASES OF INTESTINES AND PERITONEUM
64. DISEASES OF THE DIGESTIVE SYSTEM - DISEASES OF THE LIVER
65. DISEASES OF THE DIGESTIVE SYSTEM - DISEASES OF GALL-BLADDER AND BILARY DUCTS
66. DISEASES OF THE GENITO-URINARY SYSTEM - NEPHRITIS
68. DISEASES OF THE GENITO-URINARY SYSTEM - OTHER DISEASES OF KIDNEY AND URETER
69. DISEASES OF THE GENITO-URINARY SYSTEM - PROSTATE DISEASES
70. DISEASES OF THE GENITO-URINARY SYSTEM - OTHER DISEASES OF MALE GENITAL ORGANS
72. DISEASES OF THE GENITO-URINARY SYSTEM - MENOPAUSAL SYMPTOMS
73. DISEASES OF THE GENITO-URINARY SYSTEM - OTHER DISEASES OF FEMALE GENITAL ORGANS
75. DISEASES OF THE SKIN AND CELLULAR TISSUE - ECZEMA
76. DISEASES OF THE SKIN AND CELLULAR TISSUE - DERMATITIS
77. DISEASES OF THE SKIN AND CELLULAR TISSUE - OTHER
    DISEASES OF SKIN AND CELLULAR TISSUE

4  78. DISEASES OF BONES AND ORGANS OF MOVEMENT -
       ARTHRITIS

1  79. DISEASES OF BONES AND ORGANS OF MOVEMENT -
       RHEUMATISM (EXCEPT RHEUMATIC FEVER AND RHEUMATIC
       HEART DISEASE)

82. DISEASES OF BONES AND ORGANS OF MOVEMENT - OTHER
    DISEASES OF MUSCULOSKELETAL SYSTEM

86. SYMPTOMS, SENILITY, AND ILL-DEFINED CONDITIONS -
    SYMPTOMS REFERABLE TO RESPIRATORY SYSTEM

87. SYMPTOMS, SENILITY, AND ILL-DEFINED CONDITIONS -
    SYMPTOMS REFERABLE TO CARDIOVASCULAR AND LYMPHATIC
    SYSTEM

88. SYMPTOMS, SENILITY, AND ILL-DEFINED CONDITIONS -
    SYMPTOMS REFERABLE TO LIMBS AND BACK

2  89. SYMPTOMS, SENILITY, AND ILL-DEFINED CONDITIONS -
       NERVOUSNESS AND DEBILITY

2  90. SYMPTOMS, SENILITY, AND ILL-DEFINED CONDITIONS -
       HEADACHE

8  91. SYMPTOMS, SENILITY, AND ILL-DEFINED CONDITIONS -
       OTHER SYMPTOMS, SENILITY, AND ILL-DEFINED
       CONDITIONS

92. INJURIES AND POISONINGS - FRACTURES

93. INJURIES AND POISONINGS - DISLOCATIONS, SPRAINS,
    AND STRAINS

94. INJURIES AND POISONINGS - LACERATIONS AND OPEN
    WOUNDS

95. INJURIES AND POISONINGS - OTHER AND UNSPECIFIED
    INJURIES AND POISONINGS, BURNS

96. OTHER IMPAIRMENTS, AMPUTATIONS, AND LOSS OF MEMBERS -
    OTHER IMPAIRMENTS

97. OTHER IMPAIRMENTS, AMPUTATIONS, AND LOSS OF MEMBERS -
    AMPUTATIONS AND LOSS OF MEMBERS

98. "CHECK-UP" - CHECK-UP NOT OTHERWISE DESCRIBED,
    POST-OPERATIVE FOR OLD AILMENTS, ETC.

2083 00. INAP., CODED 2 AT Q.4; OR NO FIFTH ILLNESS
       MENTIONED

99. NO ANSWER

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VAR 0123  # WEEKS HAD 5TH ILLNESS          MD=0 OR GE 9
REF 0123  LOC 200 WIDTH 1             DK 3 COL 70

--IF "YES" AT Q.4--
Q.4A(13) ASK FOR EACH AILMENT: HOW LONG HAVE YOU HAD (AILMENT)? - WEEKS

(IF ILLNESS REPORTED IN WEEKS)

1. LESS THAN ONE WEEK
2. ONE WEEK OR MORE BUT LESS THAN TWO WEEKS
3. TWO WEEKS OR MORE BUT LESS THAN THREE WEEKS
4. THREE WEEKS OR MORE BUT LESS THAN ONE MONTH

2110 0. INAP., CODED 2 AT Q.4; OR ILLNESS NOT REPORTED IN WEEKS
4 9. NO ANSWER

VAR 0124 # MONTHS HAD 5TH ILLNESS MD=98 OR GE 99
REF 0124 LOC 201 WIDTH 2 DK 3 COL 71-72

--IF "YES" AT Q.4--

Q.4A(14) ASK FOR EACH AILMENT: HOW LONG HAVE YOU HAD (AILMENT)? - MONTHS

(IF ILLNESS REPORTED IN MONTHS)

01. ONE MONTH OR MORE BUT LESS THAN TWO MONTHS
02. TWO MONTHS OR MORE BUT LESS THAN THREE MONTHS
03. THREE MONTHS OR MORE BUT LESS THAN FOUR MONTHS
04. FOUR MONTHS OR MORE BUT LESS THAN FIVE MONTHS
05. FIVE MONTHS OR MORE BUT LESS THAN SIX MONTHS
06. SIX MONTHS OR MORE BUT LESS THAN SEVEN MONTHS
07. SEVEN MONTHS OR MORE BUT LESS THAN EIGHT MONTHS
08. EIGHT MONTHS OR MORE BUT LESS THAN NINE MONTHS
09. NINE MONTHS OR MORE BUT LESS THAN TEN MONTHS
10. TEN MONTHS OR MORE BUT LESS THAN ELEVEN MONTHS

2114 98. INAP., CODED 2 AT Q.4; OR ILLNESS NOT REPORTED IN MONTHS
99. NO ANSWER
VAR 0125 # YEARS HAD 5TH ILLNESS MD=0
REF 0125 LOC 203 WIDTH 2 DK 3 COL 73-74

--IF "YES" AT Q.4--

Q.4A(15) ASK FOR EACH AILMENT: HOW LONG HAVE YOU HAD (AILMENT)? - YEARS

(IF ILLNESS REPORTED IN YEARS)

-1. ALL MY LIFE
01. YEAR
.
99. YEARS

2087 00. INAP., CODED 2 AT Q.4; OR ILLNESS NOT REPORTED IN YEARS

CODE: 0 1 2 3 5 6 7 8 10
FREQ: 2087 1 4 3 5 1 2 1 3

CODE: 20 25 37 50 63
FREQ: 3 1 1 1 1

VAR 0126 HOW 5TH ILLNESS LIMIT-1 MD=8 OR GE 9
REF 0126 LOC 205 WIDTH 1 DK 3 COL 75

--IF "YES" AT Q.4--

Q.4B(23) DURING THE PAST FOUR WEEKS, DID ANY OF THESE SICKNESSES-- Q.4C(23) IN THE PAST FOUR WEEKS, DID ANYTHING (ANY OTHER HEALTH PROBLEM) ABOUT YOUR HEALTH KEEP YOU FROM CARRYING ON YOUR REGULAR WORK, OR THINGS YOU USUALLY DO AROUND THE HOUSE? Q.4D(23) IN THE PAST FOUR WEEKS, WAS THERE ANY SICKNESS, ANY HEALTH PROBLEM, OR MAYBE AN OLD INJURY, THAT: - [1ST MENTION]

22  0. NO
1  1. KEPT IN BED MOST OF THE TIME
2  2. KEPT IN THE HOUSE BUT IN A CHAIR
2  3. KEPT IN THE HOUSE BUT STILL ABLE TO GET AROUND
(CONTINUED)

1  4. KEPT FROM GOING OUTSIDE BY SELF
   5. KEPT FROM CLIMBING STAIRS
3  6. KEPT FROM CARRYING ON REGULAR WORK OR THINGS DONE AROUND THE HOUSE

2083  8. INAP., CODED 2 AT Q.4; OR NO FIFTH ILLNESS MENTIONED
         9. NO ANSWER

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VAR 0127      HOW 5TH ILLNESS LIMIT-2             MD=8 OR GE  9
REF 0127      LOC 206 WIDTH  1            DK   3 COL 76

--IF "YES" AT Q.4--

Q.4B(24) DURING THE PAST FOUR WEEKS, DID ANY OF THESE SICKNESSES-- Q.4C(24) IN THE PAST FOUR WEEKS, DID ANYTHING (ANY OTHER HEALTH PROBLEM) ABOUT YOUR HEALTH KEEP YOU FROM CARRYING ON YOUR REGULAR WORK, OR THINGS YOU USUALLY DO AROUND THE HOUSE? Q.4D(24) IN THE PAST FOUR WEEKS, WAS THERE ANY SICKNESS, ANY HEALTH PROBLEM, OR MAYBE AN OLD INJURY, THAT: - [2ND MENTION]

-----------------------------------------------------------------------------

0. NO
   1. KEPT IN BED MOST OF THE TIME
   2. KEPT IN THE HOUSE BUT IN A CHAIR
   2  3. KEPT IN THE HOUSE BUT STILL ABLE TO GET AROUND
   4. KEPT FROM GOING OUTSIDE BY SELF
   5. KEPT FROM CLIMBING STAIRS
   2  6. KEPT FROM CARRYING ON REGULAR WORK OR THINGS DONE AROUND THE HOUSE

2109  8. INAP., NO FURTHER MENTIONS
         9. NO ANSWER

-----------------------------------------------------------------------------

VAR 0128      HOW 5TH ILLNESS LIMIT-3             MD=8 OR GE  9
REF 0128      LOC 207 WIDTH  1            DK   3 COL 77

--IF "YES" AT Q.4--

Q.4B(25) DURING THE PAST FOUR WEEKS, DID ANY OF THESE SICKNESSES-- Q.4C(25) IN THE PAST FOUR WEEKS, DID ANYTHING (ANY OTHER HEALTH PROBLEM) ABOUT YOUR HEALTH KEEP YOU FROM
CARRYING ON YOUR REGULAR WORK, OR THINGS YOU USUALLY DO AROUND THE HOUSE? Q.4D(25)  IN THE PAST FOUR WEEKS, WAS THERE ANY SICKNESS, ANY HEALTH PROBLEM, OR MAYBE AN OLD INJURY, THAT: - [3RD MENTION]

0. NO
1. KEPT IN BED MOST OF THE TIME
2. KEPT IN THE HOUSE BUT IN A CHAIR
1 3. KEPT IN THE HOUSE BUT STILL ABLE TO GET AROUND
1 4. KEPT FROM GOING OUTSIDE BY SELF
1 5. KEPT FROM CLIMBING STAIRS
6. KEPT FROM CARRYING ON REGULAR WORK OR THINGS DONE AROUND THE HOUSE
2111 8. INAP., NO FURTHER MENTIONS
9. NO ANSWER

VAR 0129      HOW 5TH ILLNESS LIMIT-4             MD=8 OR GE  9
REF 0129         LOC  208 WIDTH  1             DK   3 COL 78
--IF "YES" AT Q.4--

Q.4B(26) DURING THE PAST FOUR WEEKS, DID ANY OF THESE SICKNESSES-- Q.4C(26) IN THE PAST FOUR WEEKS, DID ANYTHING (ANY OTHER HEALTH PROBLEM) ABOUT YOUR HEALTH KEEP YOU FROM CARRYING ON YOUR REGULAR WORK, OR THINGS YOU USUALLY DO AROUND THE HOUSE? Q.4D(26) IN THE PAST FOUR WEEKS, WAS THERE ANY SICKNESS, ANY HEALTH PROBLEM, OR MAYBE AN OLD INJURY, THAT: - [4TH MENTION]

0. NO
1. KEPT IN BED MOST OF THE TIME
2. KEPT IN THE HOUSE BUT IN A CHAIR
3. KEPT IN THE HOUSE BUT STILL ABLE TO GET AROUND
1 4. KEPT FROM GOING OUTSIDE BY SELF
1 5. KEPT FROM CLIMBING STAIRS
6. KEPT FROM CARRYING ON REGULAR WORK OR THINGS DONE AROUND THE HOUSE
2112 8. INAP., NO FURTHER MENTIONS
9. NO ANSWER
--IF "YES" AT Q.4--

Q.4B(27) DURING THE PAST FOUR WEEKS, DID ANY OF THESE SICKNESSES-- Q.4C(27) IN THE PAST FOUR WEEKS, DID ANYTHING (ANY OTHER HEALTH PROBLEM) ABOUT YOUR HEALTH KEEP YOU FROM CARRYING ON YOUR REGULAR WORK, OR THINGS YOU USUALLY DO AROUND THE HOUSE? Q.4D(27) IN THE PAST FOUR WEEKS, WAS THERE ANY SICKNESS, ANY HEALTH PROBLEM, OR MAYBE AN OLD INJURY, THAT: - [5TH MENTION]

0. NO
1. KEPT IN BED MOST OF THE TIME
2. KEPT IN THE HOUSE BUT IN A CHAIR
3. KEPT IN THE HOUSE BUT STILL ABLE TO GET AROUND
4. KEPT FROM GOING OUTSIDE BY SELF
5. KEPT FROM CLIMBING STAIRS
6. KEPT FROM CARRYING ON REGULAR WORK OR THINGS DONE AROUND THE HOUSE

2113 8. INAP., NO FURTHER MENTIONS
9. NO ANSWER

DECK IDENTIFICATION NUMBER IS '04'

ICPSR STUDY NUMBER-7686
NO MISSING DATA CODES

ICPSR STUDY NUMBER-7686

ICPSR EDITION NUMBER

THE NUMBER IDENTIFYING THE RELEASE EDITION OF THIS DATASET.
1. WINTER 1984

ICPSR PART NUMBER

THE NUMBER IDENTIFYING THIS PART OF A 3-PART STUDY.

001. THE HEALTH NEEDS OF OLDER PERSONS
002. HOUSEHOLD ENUMERATION: NON-INTERVIEWED INDIVIDUALS
003. PUBLIC ATTITUDES ON OLDER PEOPLE

ICPSR SEQUENTIAL CASE IDENTIFICATION NUMBER

THE ICPSR HAS ATTACHED A SEQUENTIAL CASE IDENTIFICATION NUMBER TO EVERY RECORD. THIS NUMBER UNIQUELY IDENTIFIES EACH RECORD IN THE DATA COLLECTION.

SIXTH ILLNESS

--IF "YES" AT Q.4--

Q.4(F) SIXTH ILLNESS MENTIONED

01. INFECTIVE AND PARASITIC DISEASES - TUBERCULOSIS, ALL FORMS
06. INFECTIVE AND PARASITIC DISEASES - INFECTIVE AND PARASITIC DISEASES, ALL OTHER
1 09. NEOPLASMS - NEOPLASMS OF UNSPECIFIED NATURE, MALIGNANT AND BENIGN
10. ALLERGIC DISEASES - HAY FEVER
11. ALLERGIC DISEASES - ASTHMA
12. ALLERGIC DISEASES - OTHER ALLERGIC DISORDERS
13. ENDOCRINE SYSTEM, METABOLIC AND NUTRITIONAL DISEASES - DISEASES OF THYROID
14. ENDOCRINE SYSTEM, METABOLIC AND NUTRITIONAL DISEASES - DIABETES MELLITUS
15. ENDOCRINE SYSTEM, METABOLIC AND NUTRITIONAL DISEASES - DISEASES OF OTHER ENDOCRINE GLANDS, METABOLIC AND NUTRITIONAL DISEASES
16. DISEASES OF THE BLOOD AND BLOOD-FORMING ORGANS - ANEMIAS AND OTHER
17. MENTAL, PSYCHONEUROTIC AND PERSONALITY DISORDERS - ALL PSYCHOSES, PSYCHONEUROTIC AND PERSONALITY DISORDERS
20. DISEASES OF THE NERVOUS SYSTEM - VASCULAR LESIONS AFFECTING CNS
24. DISEASES OF THE NERVOUS SYSTEM - MIGRAINE
25. DISEASES OF THE NERVOUS SYSTEM - OTHER DISEASES OF CNS
26. DISEASES OF THE NERVOUS SYSTEM - NEURALGIA
30. DISEASES OF THE EYE - ALL DISEASES OF THE EYE
34. DISEASES OF THE EAR - ALL DISEASES OF THE EAR
37. DISEASES OF THE CIRCULATORY SYSTEM - CEREBRAL VASCULAR ACCIDENT - STROKE
38. DISEASES OF THE CIRCULATORY SYSTEM - ALL DISEASES OF THE HEART
39. DISEASES OF THE CIRCULATORY SYSTEM - HYPERTENSION WITHOUT MENTION OF HEART
40. DISEASES OF THE CIRCULATORY SYSTEM - GENERAL ARTERIOSCLEROSIS
41. DISEASES OF THE CIRCULATORY SYSTEM - VARICOSE VEINS OF LOWER EXTREMITIES
1 42. DISEASES OF THE CIRCULATORY SYSTEM - HEMORRHOIDS
44. DISEASES OF THE CIRCULATORY SYSTEM - OTHER DISEASES OF CIRCULATORY SYSTEM
45. DISEASES OF THE RESPIRATORY SYSTEM - Colds (Chronic and Acute) and Other Acute Diseases of the Upper Respiratory System
46. DISEASES OF THE RESPIRATORY SYSTEM - INFLUENZA
47. DISEASES OF THE RESPIRATORY SYSTEM - PNEUMONIA
48. DISEASES OF THE RESPIRATORY SYSTEM - BRONCHITIS
1 50. DISEASES OF THE RESPIRATORY SYSTEM - CHRONIC SINUSITIS
52. DISEASES OF THE RESPIRATORY SYSTEM - OTHER DISEASES OF RESPIRATORY SYSTEM
56. DISEASES OF THE DIGESTIVE SYSTEM - ULCER OF STOMACH AND DUODENUM
58. DISEASES OF THE DIGESTIVE SYSTEM - OTHER DISEASES OF STOMACH AND DUODENUM
60. DISEASES OF THE DIGESTIVE SYSTEM - HERNIA OF ABDOMINAL CAVITY
61. DISEASES OF THE DIGESTIVE SYSTEM - ENTERITIS AND COLITIS
62. DISEASES OF THE DIGESTIVE SYSTEM - CONSTITUTIONAL DISEASES OF INTESTINES AND PERITONEUM
63. DISEASES OF THE DIGESTIVE SYSTEM - DISEASES OF THE LIVER
64. DISEASES OF THE DIGESTIVE SYSTEM - DISEASES OF GALL-BLADDER AND BILARY DUCTS
65. DISEASES OF THE GENITO-URINARY SYSTEM - NEPHRITIS
66. DISEASES OF THE GENITO-URINARY SYSTEM - OTHER DISEASES OF KIDNEY AND URETER
67. DISEASES OF THE GENITO-URINARY SYSTEM - PROSTATE DISEASES
68. DISEASES OF THE GENITO-URINARY SYSTEM - OTHER DISEASES OF MALE GENITAL ORGANS
69. DISEASES OF THE GENITO-URINARY SYSTEM - MENOPAUSAL SYMPTOMS
70. DISEASES OF THE GENITO-URINARY SYSTEM - OTHER DISEASES OF FEMALE GENITAL ORGANS
71. DISEASES OF THE GENITO-URINARY SYSTEM - OTHER DISEASES OF FEMALE GENITAL ORGANS
72. DISEASES OF THE GENITO-URINARY SYSTEM - OTHER DISEASES OF FEMALE GENITAL ORGANS
73. DISEASES OF THE SKIN AND CELLULAR TISSUE - ECZEMA
74. DISEASES OF THE SKIN AND CELLULAR TISSUE - DERMATITIS
75. DISEASES OF THE SKIN AND CELLULAR TISSUE - OTHER DISEASES OF SKIN AND CELLULAR TISSUE
76. DISEASES OF THE SKIN AND CELLULAR TISSUE - DERMATITIS
77. DISEASES OF THE SKIN AND CELLULAR TISSUE - OTHER DISEASES OF SKIN AND CELLULAR TISSUE
78. DISEASES OF BONES AND ORGANS OF MOVEMENT - ARTHRITIS
79. DISEASES OF BONES AND ORGANS OF MOVEMENT - RHEUMATISM (EXCEPT RHEUMATIC FEVER AND RHEUMATIC HEART DISEASE)
80. DISEASES OF BONES AND ORGANS OF MOVEMENT - OTHER DISEASES OF MUSCULOSKELETAL SYSTEM
81. SYMPTOMS, SENILITY, AND ILL-DEFINED CONDITIONS - SYMPTOMS REFERABLE TO RESPIRATORY SYSTEM
82. SYMPTOMS, SENILITY, AND ILL-DEFINED CONDITIONS - SYMPTOMS REFERABLE TO CARDIOVASCULAR AND LYMPHATIC SYSTEM
83. SYMPTOMS, SENILITY, AND ILL-DEFINED CONDITIONS - SYMPTOMS REFERABLE TO LIMBS AND BACK
84. SYMPTOMS, SENILITY, AND ILL-DEFINED CONDITIONS - NERVOSITY AND DEBILITY
85. SYMPTOMS, SENILITY, AND ILL-DEFINED CONDITIONS - HEADACHE
86. SYMPTOMS, SENILITY, AND ILL-DEFINED CONDITIONS - OTHER SYMPTOMS, SENILITY, AND ILL-DEFINED CONDITIONS
87. INJURIES AND POISONINGS - FRACTURES
88. INJURIES AND POISONINGS - DISLOCATIONS, SPRAINS,
(CONTINUED)

AND STRAINS
94. INJURIES AND POISONINGS - LACERATIONS AND OPEN WOUNDS
95. INJURIES AND POISONINGS - OTHER AND UNSPECIFIED INJURIES AND POISONINGS, BURNS
96. OTHER IMPAIRMENTS, AMPUTATIONS, AND LOSS OF MEMBERS - OTHER IMPAIRMENTS
97. OTHER IMPAIRMENTS, AMPUTATIONS, AND LOSS OF MEMBERS - AMPUTATIONS AND LOSS OF MEMBERS
98. "CHECK-UP" - CHECK-UP NOT OTHERWISE DESCRIBED, POST-OPERATIVE FOR OLD AILMENTS, ETC.

2107 00. INAP., CODED 2 AT Q.4; OR NO SIXTH ILLNESS MENTIONED
99. NO ANSWER

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VAR 0132   # WEEKS HAD 6TH ILLNESS           MD=0 OR GE 9
REF 0132   LOC  212 WIDTH  1               DK  4 COL 17

--IF "YES" AT Q.4--

Q.4A(16) ASK FOR EACH AILMENT: HOW LONG HAVE YOU HAD (AILMENT)? - WEEKS

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(IF ILLNESS REPORTED IN WEEKS)

1. LESS THAN ONE WEEK
2. ONE WEEK OR MORE BUT LESS THAN TWO WEEKS
3. TWO WEEKS OR MORE BUT LESS THAN THREE WEEKS
4. THREE WEEKS OR MORE BUT LESS THAN ONE MONTH

2114 0. INAP., CODED 2 AT Q.4; OR ILLNESS NOT REPORTED IN WEEKS
9. NO ANSWER

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VAR 0133   # MONTHS HAD 6TH ILLNESS           MD=98 OR GE 99
REF 0133   LOC  213 WIDTH  2               DK  4 COL 18-19

--IF "YES" AT Q.4--

Q.4A(17) ASK FOR EACH AILMENT: HOW LONG HAVE YOU HAD
(AILMENT)? - MONTHS
------------------------------------------------------

(IF ILLNESS REPORTED IN MONTHS)

01. ONE MONTH OR MORE BUT LESS THAN TWO MONTHS
02. TWO MONTHS OR MORE BUT LESS THAN THREE MONTHS
03. THREE MONTHS OR MORE BUT LESS THAN FOUR MONTHS
04. FOUR MONTHS OR MORE BUT LESS THAN FIVE MONTHS
05. FIVE MONTHS OR MORE BUT LESS THAN SIX MONTHS

1 06. SIX MONTHS OR MORE BUT LESS THAN SEVEN MONTHS
07. SEVEN MONTHS OR MORE BUT LESS THAN EIGHT MONTHS
08. EIGHT MONTHS OR MORE BUT LESS THAN NINE MONTHS
09. NINE MONTHS OR MORE BUT LESS THAN TEN MONTHS
10. TEN MONTHS OR MORE BUT LESS THAN ELEVEN MONTHS

2113 98. INAP., CODED 2 AT Q.4; OR ILLNESS NOT REPORTED IN MONTHS
99. NO ANSWER

------------------------------------------------------

VAR 0134 # YEARS HAD 6TH ILLNESS
REF 0134 LOC 215 WIDTH 2
DK 4 COL 20-21

--IF "YES" AT Q.4--

Q.4A(18) ASK FOR EACH AILMENT: HOW LONG HAVE YOU HAD (AILMENT)? - YEARS
------------------------------------------------------

(IF ILLNESS REPORTED IN YEARS)

-1. ALL MY LIFE
01. YEAR

99. YEARS

2108 00. INAP., CODED 2 AT Q.4; OR ILLNESS NOT REPORTED IN YEARS

CODE: 0 2 3 4 9 10
FREQ: 2108 1 2 1 1 1

------------------------------------------------------
--IF "YES" AT Q.4--

Q.4B(28) DURING THE PAST FOUR WEEKS, DID ANY OF THESE SICKNESSES-- Q.4C(28) IN THE PAST FOUR WEEKS, DID ANYTHING (ANY OTHER HEALTH PROBLEM) ABOUT YOUR HEALTH KEEP YOU FROM CARRYING ON YOUR REGULAR WORK, OR THINGS YOU USUALLY DO AROUND THE HOUSE? Q.4D(28) IN THE PAST FOUR WEEKS, WAS THERE ANY SICKNESS, ANY HEALTH PROBLEM, OR MAYBE AN OLD INJURY, THAT --  

5  0. NO  
  1. KEPT IN BED MOST OF THE TIME  
  2. KEPT IN THE HOUSE BUT IN A CHAIR  
  3. KEPT IN THE HOUSE BUT STILL ABLE TO GET AROUND  
  4. KEPT FROM GOING OUTSIDE BY SELF  
  5. KEPT FROM CLIMBING STAIRS  
  6. KEPT FROM CARRYING ON REGULAR WORK OR THINGS DONE AROUND THE HOUSE  

2107  8. INAP., CODED 2 AT Q.4; OR NO SIXTH ILLNESS MENTIONED  
  9. NO ANSWER  

Q.5 ASK EVERYONE. IS THERE ANYTHING (ELSE) THAT BOTHERS YOU ABOUT YOUR HEALTH, EVEN IF IT HASN'T ESPECIALLY TROUBLED YOU THESE LAST FOUR WEEKS? (WHAT IS IT?) -- [1ST MENTION]  

761  1. YES  
1336  2. NO  

17  9. NO ANSWER
--IF "YES" AT Q.5--

Q.5A(1) ASK EVERYONE. IS THERE ANYTHING (ELSE) THAT BOTHERS YOU ABOUT YOUR HEALTH EVEN IF IT HASN'T ESPECIALLY TROUBLED YOU THESE LAST FOUR WEEKS? (WHAT IS IT?)

----------------------------------------------------------
2 01. INFECTIVE AND PARASITIC DISEASES - TUBERCULOSIS, ALL FORMS
1 06. INFECTIVE AND PARASITIC DISEASES - INFECTIVE AND PARASITIC DISEASES, ALL OTHER
8 09. NEOPLASMS - NEOPLASMS OF UNSPECIFIED NATURE, MALIGNANT AND BENIGN
5 10. ALLERGIC DISEASES - HAY FEVER
11 11. ALLERGIC DISEASES - ASTHMA
1 12. ALLERGIC DISEASES - OTHER ALLERGIC DISORDERS
3 13. ENDOCRINE SYSTEM, METABOLIC AND NUTRITIONAL DISEASES - DISEASES OF THYROID
20 14. ENDOCRINE SYSTEM, METABOLIC AND NUTRITIONAL DISEASES - DIABETES MELLITUS
2 15. ENDOCRINE SYSTEM, METABOLIC AND NUTRITIONAL DISEASES - DISEASES OF OTHER ENDOCRINE GLANDS, METABOLIC AND NUTRITIONAL DISEASES
3 16. DISEASES OF THE BLOOD AND BLOOD-FORMING ORGANS - ANEMIAS AND OTHER
1 17. MENTAL, PSYCHONEUROTIC, AND PERSONALITY DISORDERS - ALL PSYCHOSES, PSYCHONEUROTIC AND PERSONALITY DISORDERS
20 20. DISEASES OF THE NERVOUS SYSTEM - VASCULAR LESIONS AFFECTING CNS
2 24. DISEASES OF THE NERVOUS SYSTEM - MIGRAINE
1 25. DISEASES OF THE NERVOUS SYSTEM - OTHER DISEASES OF CNS
9 26. DISEASES OF THE NERVOUS SYSTEM - NEURALGIA
41 30. DISEASES OF THE EYE - ALL DISEASES OF THE EYE
23 34. DISEASES OF THE EAR - ALL DISEASES OF THE EAR
3 37. DISEASES OF THE CIRCULATORY SYSTEM - CEREBRAL VASCULAR ACCIDENT - STROKE
49 38. DISEASES OF THE CIRCULATORY SYSTEM - ALL DISEASES OF THE HEART
50 39. DISEASES OF THE CIRCULATORY SYSTEM - HYPERTENSION WITHOUT MENTION OF HEART
11 40. DISEASES OF THE CIRCULATORY SYSTEM - GENERAL ARTERIOSCLEROSIS
11 41. DISEASES OF THE CIRCULATORY SYSTEM - VARICOSE VEINS OF LOWER EXTREMITIES
| 10 | 42. DISEASES OF THE CIRCULATORY SYSTEM - HEMORRHOIDS |
| 12 | 44. DISEASES OF THE CIRCULATORY SYSTEM - OTHER DISEASES OF CIRCULATORY SYSTEM |
| 7  | 45. DISEASES OF THE RESPIRATORY SYSTEM - Colds (Chronic and Acute) and Other Acute Diseases of the Upper Respiratory System |
| 46. DISEASES OF THE RESPIRATORY SYSTEM - INFLUENZA |
| 6  | 48. DISEASES OF THE RESPIRATORY SYSTEM - BRONCHITIS |
| 19 | 50. DISEASES OF THE RESPIRATORY SYSTEM - CHRONIC SINUSITIS |
| 3  | 52. DISEASES OF THE RESPIRATORY SYSTEM - OTHER DISEASES OF RESPIRATORY SYSTEM |
| 14 | 56. DISEASES OF THE DIGESTIVE SYSTEM - ULCER OF STOMACH AND DUODENUM |
| 8  | 58. DISEASES OF THE DIGESTIVE SYSTEM - OTHER DISEASES OF STOMACH AND DUODENUM |
| 33 | 60. DISEASES OF THE DIGESTIVE SYSTEM - HERNIA OF ABDOMINAL CAVITY |
| 3  | 61. DISEASES OF THE DIGESTIVE SYSTEM - ENTERITIS AND COLITIS |
| 5  | 62. DISEASES OF THE DIGESTIVE SYSTEM - CONSTIPATION |
| 2  | 63. DISEASES OF THE DIGESTIVE SYSTEM - OTHER DISEASES OF INTESTINES AND PERITONEUM |
| 64. DISEASES OF THE DIGESTIVE SYSTEM - DISEASES OF THE LIVER |
| 24 | 65. DISEASES OF THE DIGESTIVE SYSTEM - DISEASES OF GALL-BLADDER AND BILARY DUCTS |
| 66. DISEASES OF THE GENITO-URINARY SYSTEM - NEPHRITIS |
| 2  | 68. DISEASES OF THE GENITO-URINARY SYSTEM - OTHER DISEASES OF KIDNEY AND URETER |
| 7  | 69. DISEASES OF THE GENITO-URINARY SYSTEM - PROSTATE DISEASES |
| 70. DISEASES OF THE GENITO-URINARY SYSTEM - OTHER DISEASES OF MALE GENITAL ORGANS |
| 72. DISEASES OF THE GENITO-URINARY SYSTEM - MENOPAUSAL SYMPTOMS |
| 4  | 73. DISEASES OF THE GENITO-URINARY SYSTEM - OTHER DISEASES OF FEMALE GENITAL ORGANS |
| 1  | 75. DISEASES OF THE SKIN AND CELLULAR TISSUE - ECZEMA |
| 76. DISEASES OF THE SKIN AND CELLULAR TISSUE - DERMATITIS |
| 1  | 77. DISEASES OF THE SKIN AND CELLULAR TISSUE - OTHER DISEASES OF SKIN AND CELLULAR TISSUE |
| 83 | 78. DISEASES OF BONES AND ORGANS OF MOVEMENT - ARTHRITIS |
| 21 | 79. DISEASES OF BONES AND ORGANS OF MOVEMENT - RHEUMATISM (EXCEPT RHEUMATIC FEVER AND RHEUMATIC HEART DISEASE) |
| 4  | 82. DISEASES OF BONES AND ORGANS OF MOVEMENT - OTHER |
DISEASES OF MUSCULOSKELETAL SYSTEM

86. SYMPTOMS, SENILITY, AND ILL-DEFINED CONDITIONS - SYMPTOMS REFERABLE TO RESPIRATORY SYSTEM

87. SYMPTOMS, SENILITY, AND ILL-DEFINED CONDITIONS - SYMPTOMS REFERABLE TO CARDIOVASCULAR AND LYMPHATIC SYSTEM

88. SYMPTOMS, SENILITY, AND ILL-DEFINED CONDITIONS - SYMPTOMS REFERABLE TO LIMBS AND BACK

89. SYMPTOMS, SENILITY, AND ILL-DEFINED CONDITIONS - NERVOUSNESS AND DEBILITY

90. SYMPTOMS, SENILITY, AND ILL-DEFINED CONDITIONS - HEADACHE

91. SYMPTOMS, SENILITY, AND ILL-DEFINED CONDITIONS - OTHER SYMPTOMS, SENILITY, AND ILL-DEFINED CONDITIONS

92. INJURIES AND POISONINGS - FRACTURES

93. INJURIES AND POISONINGS - DISLOCATIONS, SPRAINS, AND STRAINS

94. INJURIES AND POISONINGS - LACERATIONS AND OPEN WOUNDS

95. INJURIES AND POISONINGS - OTHER AND UNSPECIFIED INJURIES AND POISONINGS, BURNS

96. OTHER IMPAIRMENTS, AMPUTATIONS, AND LOSS OF MEMBERS - OTHER IMPAIRMENTS

97. OTHER IMPAIRMENTS, AMPUTATIONS, AND LOSS OF MEMBERS - AMPUTATIONS AND LOSS OF MEMBERS

98. "CHECK-UP" - CHECK-UP NOT OTHERWISE DESCRIBED, POST-OPERATIVE FOR OLD AILMENTS, ETC.

00. INAP., CODED 2 AT Q.5

99. NO ANSWER

Q.5A(2) ASK FOR EACH AILMENT: HOW LONG HAVE YOU HAD (AILMENT)? - WEEKS

1. LESS THAN ONE WEEK

2. ONE WEEK OR MORE BUT LESS THAN TWO WEEKS

3. TWO WEEKS OR MORE BUT LESS THAN THREE WEEKS
(CONTINUED)

4. THREE WEEKS OR MORE BUT LESS THAN ONE MONTH

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--IF "YES" AT Q.5--

Q.5A(3) ASK FOR EACH AILMENT: HOW LONG HAVE YOU HAD (AILMENT)? - MONTHS

(IF ILLNESS REPORTED IN MONTHS)

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<td>3 09.</td>
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<td>TEN MONTHS OR MORE BUT LESS THAN ELEVEN MONTHS</td>
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| 2041 98. | INAP., CODED 2 AT Q.5; OR ILLNESS NOT REPORTED IN MONTHS |
| 1 99. | NO ANSWER |

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--IF "YES" AT Q.5--

Q.5A(4) ASK FOR EACH AILMENT: HOW LONG HAVE YOU HAD (AILMENT)? - YEARS

(IF ILLNESS REPORTED IN YEARS)
(CONTINUED)

5  -1. ALL MY LIFE
   01. YEAR
      .
      .
   99. YEARS

1448 00. INAP., CODED 2 AT Q.5; OR ILLNESS NOT REPORTED IN YEARS

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VAR 0141 SECOND OTHER ILLNESS  MD=0 OR GE 99
REF 0141 LOC 226 WIDTH 2  DK 4 COL 31-32

--IF "YES" AT Q.5--

Q.5A(5) ASK EVERYONE. IS THERE ANYTHING (ELSE) THAT BOTHERS YOU ABOUT YOUR HEALTH EVEN IF IT HASN'T ESPECIALLY TROUBLED YOU THESE LAST FOUR WEEKS? (WHAT IS IT?) - [2ND ILLNESS MENTIONED]

1 01. INFECTIVE AND PARASITIC DISEASES - TUBERCULOSIS, ALL FORMS
06. INFECTIVE AND PARASITIC DISEASES - INFECTIVE AND PARASITIC DISEASES, ALL OTHER
4 09. NEOPLASMS - NEOPLASMS OF UNSPECIFIED NATURE, MALIGNANT AND BENIGN
104

(CONTINUED)

2 10. ALLERGIC DISEASES - HAY FEVER
2 11. ALLERGIC DISEASES - ASTHMA
2 12. ALLERGIC DISEASES - OTHER ALLERGIC DISORDERS
1 13. ENDOCRINE SYSTEM, METABOLIC AND NUTRITIONAL
      DISEASES - DISEASES OF THYROID
1 14. ENDOCRINE SYSTEM, METABOLIC AND NUTRITIONAL
      DISEASES - DIABETES MELLITUS
15. ENDOCRINE SYSTEM, METABOLIC AND NUTRITIONAL
      DISEASES - DISEASES OF OTHER ENDOCRINE GLANDS,
      METABOLIC AND NUTRITIONAL DISEASES
1 16. DISEASES OF THE BLOOD AND BLOOD-FORMING ORGANS -
      ANEMIAS AND OTHER
17. MENTAL, PSYCHONEUROTIC, AND PERSONALITY DISORDERS -
      ALL PSYCHOSES, PSYCHONEUROTIC AND PERSONALITY
      DISORDERS
20. DISEASES OF THE NERVOUS SYSTEM - VASCULAR LESIONS
      AFFECTING CNS
24. DISEASES OF THE NERVOUS SYSTEM - MIGRAINE
1 25. DISEASES OF THE NERVOUS SYSTEM - OTHER DISEASES OF
      CNS
3 26. DISEASES OF THE NERVOUS SYSTEM - NEURALGIA
14 30. DISEASES OF THE EYE - ALL DISEASES OF THE EYE
9 34. DISEASES OF THE EAR - ALL DISEASES OF THE EAR
3 37. DISEASES OF THE CIRCULATORY SYSTEM - CEREBRAL
      VASCULAR ACCIDENT - STROKE
14 38. DISEASES OF THE CIRCULATORY SYSTEM - ALL DISEASES
      OF THE HEART
16 39. DISEASES OF THE CIRCULATORY SYSTEM - HYPERTENSION
      WITHOUT MENTION OF HEART
1 40. DISEASES OF THE CIRCULATORY SYSTEM - GENERAL
      ARTERIOSCLEROSIS
3 41. DISEASES OF THE CIRCULATORY SYSTEM - VARICOSE VEINS
      OF LOWER EXTREMITIES
4 42. DISEASES OF THE CIRCULATORY SYSTEM - HEMORRHOIDS
4 44. DISEASES OF THE CIRCULATORY SYSTEM - OTHER DISEASES
      OF CIRCULATORY SYSTEM
1 45. DISEASES OF THE RESPIRATORY SYSTEM - COLDS (CHRONIC
      AND ACUTE) AND OTHER ACUTE DISEASES OF THE UPPER
      RESPIRATORY SYSTEM
46. DISEASES OF THE RESPIRATORY SYSTEM - INFLUENZA
47. DISEASES OF THE RESPIRATORY SYSTEM - PNEUMONIA
48. DISEASES OF THE RESPIRATORY SYSTEM - BRONCHITIS
6 50. DISEASES OF THE RESPIRATORY SYSTEM - CHRONIC
      SINUSITIS
52. DISEASES OF THE RESPIRATORY SYSTEM - OTHER DISEASES
      OF RESPIRATORY SYSTEM
2 56. DISEASES OF THE DIGESTIVE SYSTEM - ULCER OF STOMACH
      AND DUODENUM
2 58. DISEASES OF THE DIGESTIVE SYSTEM - OTHER DISEASES
      OF STOMACH AND DUODENUM
2 60. DISEASES OF THE DIGESTIVE SYSTEM - HERNIA OF ABDOMINAL CAVITY
1 61. DISEASES OF THE DIGESTIVE SYSTEM - ENTERITIS AND COLITIS
5 62. DISEASES OF THE DIGESTIVE SYSTEM - CONSTIPATION
63. DISEASES OF THE DIGESTIVE SYSTEM - OTHER DISEASES OF INTESTINES AND PERITONEUM
1 64. DISEASES OF THE DIGESTIVE SYSTEM - DISEASES OF THE LIVER
5 65. DISEASES OF THE DIGESTIVE SYSTEM - DISEASES OF GALL-BLADDER AND BILARY DUCTS
66. DISEASES OF THE GENITO-URINARY SYSTEM - NEPHRITIS
3 68. DISEASES OF THE GENITO-URINARY SYSTEM - OTHER DISEASES OF KIDNEY AND URETER
3 69. DISEASES OF THE GENITO-URINARY SYSTEM - PROSTATE DISEASES
70. DISEASES OF THE GENITO-URINARY SYSTEM - OTHER DISEASES OF MALE GENITAL ORGANS
72. DISEASES OF THE GENITO-URINARY SYSTEM - MENOPAUSAL SYMPTOMS
73. DISEASES OF THE GENITO-URINARY SYSTEM - OTHER DISEASES OF FEMALE GENITAL ORGANS
75. DISEASES OF THE SKIN AND CELLULAR TISSUE - ECZEMA
76. DISEASES OF THE SKIN AND CELLULAR TISSUE - DERMATITIS
77. DISEASES OF THE SKIN AND CELLULAR TISSUE - OTHER DISEASES OF SKIN AND CELLULAR TISSUE
10 78. DISEASES OF BONES AND ORGANS OF MOVEMENT - ARTHRITIS
2 79. DISEASES OF BONES AND ORGANS OF MOVEMENT - RHEUMATISM (EXCEPT RHEUMATIC FEVER AND RHEUMATIC HEART DISEASE)
2 82. DISEASES OF BONES AND ORGANS OF MOVEMENT - OTHER DISEASES OF MUSCULOSKELETAL SYSTEM
2 86. SYMPTOMS, SENILITY, AND ILL-DEFINED CONDITIONS - SYMPTOMS REFERABLE TO RESPIRATORY SYSTEM
87. SYMPTOMS, SENILITY, AND ILL-DEFINED CONDITIONS - SYMPTOMS REFERABLE TO CARDIOVASCULAR AND LYMPHATIC SYSTEM
10 88. SYMPTOMS, SENILITY, AND ILL-DEFINED CONDITIONS - SYMPTOMS REFERABLE TO LIMBS AND BACK
6 89. SYMPTOMS, SENILITY, AND ILL-DEFINED CONDITIONS - NERVOUSNESS AND DEBILITY
7 90. SYMPTOMS, SENILITY, AND ILL-DEFINED CONDITIONS - HEADACHE
34 91. SYMPTOMS, SENILITY, AND ILL-DEFINED CONDITIONS - OTHER SYMPTOMS, SENILITY, AND ILL-DEFINED CONDITIONS
92. INJURIES AND POISONINGS - FRACTURES
1 93. INJURIES AND POISONINGS - DISLOCATIONS, SPRAINS,
AND STRAINS

94. INJURIES AND POISONINGS - LACERATIONS AND OPEN WOUNDS

95. INJURIES AND POISONINGS - OTHER AND UNSPECIFIED INJURIES AND POISONINGS, BURNS

96. OTHER IMPAIRMENTS, AMPUTATIONS, AND LOSS OF MEMBERS - OTHER IMPAIRMENTS

97. OTHER IMPAIRMENTS, AMPUTATIONS, AND LOSS OF MEMBERS - AMPUTATIONS AND LOSS OF MEMBERS

98. "CHECK-UP" - CHECK-UP NOT OTHERWISE DESCRIBED, POST-OPERATIVE FOR OLD AILMENTS, ETC.

1917 00. INAP., CODED 2 AT Q.5; OR NO SECOND ILLNESS MENTIONED

99. NO ANSWER

----------------------------------------------------------------------------------------------------------------------------------------

VAR 0142   # WEEKS OTHER 2ND ILLNES     MD=0 OR GE 9
REF 0142   LOC 228 WIDTH 1           DK 4 COL 33

--IF "YES" AT Q.5--

Q.5A(6) ASK FOR EACH AILMENT: HOW LONG HAVE YOU HAD (AILMENT)? - WEEKS

-------------------------------------------------------------------------------

(IF ILLNESS REPORTED IN WEEKS)

1. LESS THAN ONE WEEK
2. ONE WEEK OR MORE BUT LESS THAN TWO WEEKS
3. TWO WEEKS OR MORE BUT LESS THAN THREE WEEKS
4. THREE WEEKS OR MORE BUT LESS THAN ONE MONTH

2109 0. INAP., CODED 2 AT Q.5; OR ILLNESS NOT REPORTED IN WEEKS

5 9. NO ANSWER

----------------------------------------------------------------------------------------------------------------------------------------

VAR 0143   # MONTHS OTHER 2ND ILLNE     MD=98 OR GE 99
REF 0143   LOC 229 WIDTH 2           DK 4 COL 34-35

--IF "YES" AT Q.5--

Q.5A(7) ASK FOR EACH AILMENT: HOW LONG HAVE YOU HAD
(CONTINUED)

(AILMENT)? - MONTHS
-----------------------------------------------------

(IF ILLNESS REPORTED IN MONTHS)

2  01. ONE MONTH OR MORE BUT LESS THAN TWO MONTHS
4  02. TWO MONTHS OR MORE BUT LESS THAN THREE MONTHS
2  03. THREE MONTHS OR MORE BUT LESS THAN FOUR MONTHS
1  04. FOUR MONTHS OR MORE BUT LESS THAN FIVE MONTHS
   05. FIVE MONTHS OR MORE BUT LESS THAN SIX MONTHS
5  06. SIX MONTHS OR MORE BUT LESS THAN SEVEN MONTHS
   07. SEVEN MONTHS OR MORE BUT LESS THAN EIGHT MONTHS
1  08. EIGHT MONTHS OR MORE BUT LESS THAN NINE MONTHS
2  09. NINE MONTHS OR MORE BUT LESS THAN ONE YEAR
1 10. TEN MONTHS OR MORE BUT LESS THAN ELEVEN MONTHS

2096  98. INAP., CODED 2 AT Q.5; OR ILLNESS NOT REPORTED IN MONTHS
   99. NO ANSWER

------------------------------------------------------------------

VAR 0144      # YEARS OTHER 2ND ILLNES                     MD=0
REF 0144         LOC  231 WIDTH  2             DK   4 COL 36-37

--IF "YES" AT Q.5--

Q.5A(8)  ASK FOR EACH AILMENT:  HOW LONG HAVE YOU HAD
(AILMENT)? - YEARS
-----------------------------------------------------

(IF ILLNESS REPORTED IN YEARS)

2  -1.  ALL MY LIFE
   01.  YEAR
   .
   .
   99.  YEARS

1940  00.  INAP., CODED 2 AT Q.5; OR ILLNESS NOT REPORTED IN YEARS

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</tbody>
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-----------------------------------------------

VAR 0145  THIRD OTHER ILLNESS  MD=0 OR GE 99
REF 0145  LOC 233 WIDTH 2  DK 4 COL 38-39

--IF "YES" AT Q.5--

Q.5(9) ASK EVERYONE. IS THERE ANYTHING (ELSE) THAT BOTHERS YOU ABOUT YOUR HEALTH EVEN IF IT HASN'T ESPECIALLY TROUBLED YOU THESE LAST FOUR WEEKS? (WHAT IS IT?) [3RD ILLNESS MENTIONED]

-------------------------------------------------------------
01. INFECTIVE AND PARASITIC DISEASES - TUBERCULOSIS, ALL FORMS
06. INFECTIVE AND PARASITIC DISEASES - INFECTIVE AND PARASITIC DISEASES, ALL OTHER
1 09. NEOPLASMS - NEOPLASMS OF UNSPECIFIED NATURE, MALIGNANT AND BENIGN
10. ALLERGIC DISEASES - HAY FEVER
11. ALLERGIC DISEASES - ASTHMA
12. ALLERGIC DISEASES - OTHER ALLERGIC DISORDERS
13. ENDOCRINE SYSTEM, METABOLIC AND NUTRITIONAL DISEASES - DISEASES OF THYROID
14. ENDOCRINE SYSTEM, METABOLIC AND NUTRITIONAL DISEASES - DIABETES MELLITUS
1 15. ENDOCRINE SYSTEM, METABOLIC AND NUTRITIONAL DISEASES - DISEASES OF OTHER ENDOCRINE GLANDS, METABOLIC AND NUTRITIONAL DISEASES
16. DISEASES OF THE BLOOD AND BLOOD-FORMING ORGANS - ANEMIAS AND OTHER
17. MENTAL, PSYCHONEUROTIC, AND PERSONALITY DISORDERS - ALL PSYCHOSES, PSYCHONEUROTIC AND PERSONALITY DISORDERS
20. DISEASES OF THE NERVOUS SYSTEM - VASCULAR LESIONS AFFECTING CNS
24. DISEASES OF THE NERVOUS SYSTEM - MIGRAINE
25. DISEASES OF THE NERVOUS SYSTEM - OTHER DISEASES OF CNS
26. DISEASES OF THE NERVOUS SYSTEM - NEURALGIA
3 30. DISEASES OF THE EYE - ALL DISEASES OF THE EYE
7. DISEASES OF THE EAR - ALL DISEASES OF THE EAR

1. DISEASES OF THE CIRCULATORY SYSTEM - CEREBRAL VASCULAR ACCIDENT - STROKE

3. DISEASES OF THE CIRCULATORY SYSTEM - ALL DISEASES OF THE HEART

3. DISEASES OF THE CIRCULATORY SYSTEM - HYPERTENSION WITHOUT MENTION OF HEART

1. DISEASES OF THE CIRCULATORY SYSTEM - GENERAL ARTERIOSCLEROSIS

41. DISEASES OF THE CIRCULATORY SYSTEM - VARICOSE VEINS OF LOWER EXTREMITIES

42. DISEASES OF THE CIRCULATORY SYSTEM - HEMORRHOIDS

1. DISEASES OF THE CIRCULATORY SYSTEM - OTHER DISEASES OF CIRCULATORY SYSTEM

45. DISEASES OF THE RESPIRATORY SYSTEM - COLDS (CHRONIC AND ACUTE) AND OTHER ACUTE DISEASES OF THE UPPER RESPIRATORY SYSTEM

46. DISEASES OF THE RESPIRATORY SYSTEM - INFLUENZA

47. DISEASES OF THE RESPIRATORY SYSTEM - PNEUMONIA

48. DISEASES OF THE RESPIRATORY SYSTEM - BRONCHITIS

50. DISEASES OF THE RESPIRATORY SYSTEM - CHRONIC SINUSITIS

52. DISEASES OF THE RESPIRATORY SYSTEM - OTHER DISEASES OF RESPIRATORY SYSTEM

56. DISEASES OF THE DIGESTIVE SYSTEM - ULCER OF STOMACH AND DUODENUM

58. DISEASES OF THE DIGESTIVE SYSTEM - OTHER DISEASES OF STOMACH AND DUODENUM

2. DISEASES OF THE DIGESTIVE SYSTEM - HERNIA OF ABDOMINAL CAVITY

61. DISEASES OF THE DIGESTIVE SYSTEM - ENTERITIS AND COLITIS

2. DISEASES OF THE DIGESTIVE SYSTEM - CONSTIPATION

63. DISEASES OF THE DIGESTIVE SYSTEM - OTHER DISEASES OF INTESTINES AND PERITONEUM

64. DISEASES OF THE DIGESTIVE SYSTEM - DISEASES OF THE LIVER

5. DISEASES OF THE DIGESTIVE SYSTEM - DISEASES OF GALL-BLADDER AND BILARY DUCTS

66. DISEASES OF THE GENITO-URINARY SYSTEM - NEPHRITIS

68. DISEASES OF THE GENITO-URINARY SYSTEM - OTHER DISEASES OF KIDNEY AND URETER

2. DISEASES OF THE GENITO-URINARY SYSTEM - PROSTATE DISEASES

70. DISEASES OF THE GENITO-URINARY SYSTEM - OTHER DISEASES OF MALE GENITAL ORGANS

72. DISEASES OF THE GENITO-URINARY SYSTEM - MENOPAUSAL SYMPTOMS

1. DISEASES OF THE GENITO-URINARY SYSTEM - OTHER DISEASES OF FEMALE GENITAL ORGANS
75. DISEASES OF THE SKIN AND CELLULAR TISSUE - ECZEMA
76. DISEASES OF THE SKIN AND CELLULAR TISSUE - DERMATITIS
77. DISEASES OF THE SKIN AND CELLULAR TISSUE - OTHER DISEASES OF SKIN AND CELLULAR TISSUE
1 78. DISEASES OF BONES AND ORGANS OF MOVEMENT - ARTHRITIS
1 79. DISEASES OF BONES AND ORGANS OF MOVEMENT - RHEUMATISM (EXCEPT RHEUMATIC FEVER AND RHEUMATIC HEART DISEASE)
82. DISEASES OF BONES AND ORGANS OF MOVEMENT - OTHER DISEASES OF MUSCULOSKELETAL SYSTEM
1 86. SYMPTOMS, SENILITY, AND ILL-DEFINED CONDITIONS - SYMPTOMS REFERABLE TO RESPIRATORY SYSTEM
87. SYMPTOMS, SENILITY, AND ILL-DEFINED CONDITIONS - SYMPTOMS REFERABLE TO CARDIOVASCULAR AND LYMPHATIC SYSTEM
3 88. SYMPTOMS, SENILITY, AND ILL-DEFINED CONDITIONS - SYMPTOMS REFERABLE TO LIMBS AND BACK
1 89. SYMPTOMS, SENILITY, AND ILL-DEFINED CONDITIONS - NERVOUSNESS AND DEBILITY
90. SYMPTOMS, SENILITY, AND ILL-DEFINED CONDITIONS - HEADACHE
11 91. SYMPTOMS, SENILITY, AND ILL-DEFINED CONDITIONS - OTHER SYMPTOMS, SENILITY, AND ILL-DEFINED CONDITIONS
92. INJURIES AND POISONINGS - FRACTURES
93. INJURIES AND POISONINGS - DISLOCATIONS, SPRAINS, AND STRAINS
94. INJURIES AND POISONINGS - LACERATIONS AND OPEN WOUNDS
95. INJURIES AND POISONINGS - OTHER AND UNSPECIFIED INJURIES AND POISONINGS, BURNS
2 96. OTHER IMPAIRMENTS, AMPUTATIONS, AND LOSS OF MEMBERS - OTHER IMPAIRMENTS
97. OTHER IMPAIRMENTS, AMPUTATIONS, AND LOSS OF MEMBERS - AMPUTATIONS AND LOSS OF MEMBERS
98. "CHECK-UP" - CHECK-UP NOT OTHERWISE DESCRIBED, POST-OPERATIVE FOR OLD AILMENTS, ETC.

2061 00. INAP., CODED 2 AT Q.5; OR NO THIRD ILLNESS MENTIONED
99. NO ANSWER
VAR 0146      # WEEKS OTHER 3RD ILLNES          MD=0 OR GE  9  
REF 0146      LOC  235 WIDTH  1              DK   4 COL 40

--IF "YES" AT Q.5--

Q.5A(10)  ASK FOR EACH AILMENT:  HOW LONG HAVE YOU HAD (AILMENT)? - WEEKS
------------------------------------------------------
(IF ILLNESS REPORTED IN WEEKS)

1.  LESS THAN ONE WEEK
2.  ONE WEEK OR MORE BUT LESS THAN TWO WEEKS
3.  TWO WEEKS OR MORE BUT LESS THAN THREE WEEKS
4.  THREE WEEKS OR MORE BUT LESS THAN ONE MONTH

2112 0.  INAP., CODED 2 AT Q.5; OR ILLNESS NOT REPORTED IN WEEKS
2  9.  NO ANSWER

------------------------------------------------------

VAR 0147      # MONTHS OTHER 3RD ILLNE          MD=98 OR GE  99
REF 0147      LOC  236 WIDTH  2              DK   4 COL 41-42

--IF "YES" AT Q.5--

Q.5A(11)  ASK FOR EACH AILMENT:  HOW LONG HAVE YOU HAD (AILMENT)? - MONTHS
------------------------------------------------------
(IF ILLNESS REPORTED IN MONTHS)

01.  ONE MONTH OR MORE BUT LESS THAN TWO MONTHS
02.  TWO MONTHS OR MORE BUT LESS THAN THREE MONTHS
1  03.  THREE MONTHS OR MORE BUT LESS THAN FOUR MONTHS
1  04.  FOUR MONTHS OR MORE BUT LESS THAN FIVE MONTHS
05.  FIVE MONTHS OR MORE BUT LESS THAN SIX MONTHS
2  06.  SIX MONTHS OR MORE BUT LESS THAN SEVEN MONTHS
07.  SEVEN MONTHS OR MORE BUT LESS THAN EIGHT MONTHS
3  08.  EIGHT MONTHS OR MORE BUT LESS THAN NINE MONTHS
09.  NINE MONTHS OR MORE BUT LESS THAN ONE YEAR
10.  TEN MONTHS OR MORE BUT LESS THAN ELEVEN MONTHS

2107 98.  INAP., CODED 2 AT Q.5; OR ILLNESS NOT REPORTED IN MONTHS
99.  NO ANSWER
Q.5A(12) ASK FOR EACH AILMENT: HOW LONG HAVE YOU HAD (AILMENT)? - YEARS

(IF ILLNESS REPORTED IN YEARS)

1  -1.  ALL MY LIFE
   01.  YEAR
   .
   99.  YEARS

2070  00.  INAP., CODED 2 AT Q.5; OR ILLNESS NOT REPORTED IN YEARS

CODE:  -1   0   1   2   3   4   5   6   7
FREQ:   1  2070   2   6   3   1   5   3   2

CODE:   8   10   14   15   17   18   25   30   40
FREQ:   2     4     1     4     1     1     2     1     1

CODE:   45   50   55   60
FREQ:   1     1     1     1

Q.5(13) ASK EVERYONE. IS THERE ANYTHING (ELSE) THAT BOTHERS YOU ABOUT YOUR HEALTH EVEN IF IT HASN'T ESPECIALLY TROUBLED YOU THESE LAST FOUR WEEKS? (WHAT IS IT?) [4TH ILLNESS MENTIONED]

01.  INFECTIVE AND PARASITIC DISEASES - TUBERCULOSIS, ALL FORMS
06.  INFECTIVE AND PARASITIC DISEASES - INFECTIVE AND PARASITIC DISEASES, ALL OTHER
09.  NEOPLASMS - NEOPLASMS OF UNSPECIFIED NATURE, MALIGNANT AND BENIGN
10. ALLERGIC DISEASES - HAY FEVER  
11. ALLERGIC DISEASES - ASTHMA  
12. ALLERGIC DISEASES - OTHER ALLERGIC DISORDERS  
13. ENDOCRINE SYSTEM, METABOLIC AND NUTRITIONAL DISEASES - DISEASES OF THYROID  
14. ENDOCRINE SYSTEM, METABOLIC AND NUTRITIONAL DISEASES - DIABETES MELLITUS  
15. ENDOCRINE SYSTEM, METABOLIC AND NUTRITIONAL DISEASES - DISEASES OF OTHER ENDOCRINE GLANDS, METABOLIC AND NUTRITIONAL DISEASES  
16. DISEASES OF THE BLOOD AND BLOOD-FORMING ORGANS - ANEMIAS AND OTHER  
17. MENTAL, PSYCHONEUROTIC, AND PERSONALITY DISORDERS - ALL PSYCHOSES, PSYCHONEUROTIC AND PERSONALITY DISORDERS  
20. DISEASES OF THE NERVOUS SYSTEM - VASCULAR LESIONS AFFECTING CNS  
24. DISEASES OF THE NERVOUS SYSTEM - MIGRAINE  
25. DISEASES OF THE NERVOUS SYSTEM - OTHER DISEASES OF CNS  
26. DISEASES OF THE NERVOUS SYSTEM - NEURALGIA  
30. DISEASES OF THE EYE - ALL DISEASES OF THE EYE  
34. DISEASES OF THE EYE - ALL DISEASES OF THE EYE  
37. DISEASES OF THE CIRCULATORY SYSTEM - CEREBRAL VASCULAR ACCIDENT - STROKE  
38. DISEASES OF THE CIRCULATORY SYSTEM - ALL DISEASES OF THE HEART  
39. DISEASES OF THE CIRCULATORY SYSTEM - HYPERTENSION WITHOUT MENTION OF HEART  
40. DISEASES OF THE CIRCULATORY SYSTEM - GENERAL ARTERIOSCLEROSIS  
41. DISEASES OF THE CIRCULATORY SYSTEM - VARICOSE VEINS OF LOWER EXTREMITIES  
42. DISEASES OF THE CIRCULATORY SYSTEM - HEMORRHOIDS  
44. DISEASES OF THE CIRCULATORY SYSTEM - OTHER DISEASES OF CIRCULATORY SYSTEM  
45. DISEASES OF THE RESPIRATORY SYSTEM - COLDS (CHRONIC AND ACUTE) AND OTHER ACUTE DISEASES OF THE UPPER RESPIRATORY SYSTEM  
46. DISEASES OF THE RESPIRATORY SYSTEM - INFLUENZA  
47. DISEASES OF THE RESPIRATORY SYSTEM - PNEUMONIA  
48. DISEASES OF THE RESPIRATORY SYSTEM - BRONCHITIS  
50. DISEASES OF THE RESPIRATORY SYSTEM - CHRONIC SINUSITIS  
52. DISEASES OF THE RESPIRATORY SYSTEM - OTHER DISEASES OF RESPIRATORY SYSTEM  
56. DISEASES OF THE DIGESTIVE SYSTEM - ULCER OF STOMACH AND DUODENUM  
58. DISEASES OF THE DIGESTIVE SYSTEM - OTHER DISEASES OF STOMACH AND DUODENUM
(CONTINUED)

2 60. DISEASES OF THE DIGESTIVE SYSTEM - HERNIA OF ABDOMINAL CAVITY
61. DISEASES OF THE DIGESTIVE SYSTEM - ENTERITIS AND COLITIS
62. DISEASES OF THE DIGESTIVE SYSTEM - CONSTIPATION
63. DISEASES OF THE DIGESTIVE SYSTEM - OTHER DISEASES OF INTESTINES AND PERITONEUM
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79. DISEASES OF BONES AND ORGANS OF MOVEMENT - RHEUMATISM (EXCEPT RHEUMATIC FEVER AND RHEUMATIC HEART DISEASE)
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1 87. SYMPTOMS, SENILITY, AND ILL-DEFINED CONDITIONS - SYMPTOMS REFERABLE TO CARDIOVASCULAR AND LYMPHATIC SYSTEM
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AND STRAINS
94. INJURIES AND POISONINGS - LACERATIONS AND OPEN WOUNDS
95. INJURIES AND POISONINGS - OTHER AND UNSPECIFIED INJURIES AND POISONINGS, BURNS
96. OTHER IMPAIRMENTS, AMPUTATIONS, AND LOSS OF MEMBERS - OTHER IMPAIRMENTS
97. OTHER IMPAIRMENTS, AMPUTATIONS, AND LOSS OF MEMBERS - AMPUTATIONS AND LOSS OF MEMBERS
98. "CHECK-UP" - CHECK-UP NOT OTHERWISE DESCRIBED, POST-OPERATIVE FOR OLD AILMENTS, ETC.

2101 00. INAP., CODED 2 AT Q.5; OR NO FOURTH ILLNESS MENTIONED
99. NO ANSWER

-------------------------------------------------------------------------------------------------------------------------------------

VAR 0150    # WEEKS OTHER 4TH ILLNES          MD=0 OR GE 9
REF 0150    LOC 242 WIDTH 1                  DK 4 COL 47

--IF "YES" AT Q.5--

Q.5A(14) ASK FOR EACH AILMENT: HOW LONG HAVE YOU HAD (AILMENT)? - WEEKS
-------------------------------------------------------------------------------------------------------------------------------------

(IF ILLNESS REPORTED IN WEEKS)

1. LESS THAN ONE WEEK
2. ONE WEEK OR MORE BUT LESS THAN TWO WEEKS
3. TWO WEEKS OR MORE BUT LESS THAN THREE WEEKS
4. THREE WEEKS OR MORE BUT LESS THAN ONE MONTH

2114 0. INAP., CODED 2 AT Q.5; OR ILLNESS NOT REPORTED IN WEEKS
9. NO ANSWER

-------------------------------------------------------------------------------------------------------------------------------------

VAR 0151    # MONTHS OTHER 4TH ILLNE          MD=98 OR GE 99
REF 0151    LOC 243 WIDTH 2                  DK 4 COL 48-49

--IF "YES" AT Q.5--

Q.5A(15) ASK FOR EACH AILMENT: HOW LONG HAVE YOU HAD
(CONTINUED)

AILMENT? - MONTHS

------------------------------------------------------

(IF ILLNESS REPORTED IN MONTHS)

  01. ONE MONTH OR MORE BUT LESS THAN TWO MONTHS
  02. TWO MONTHS OR MORE BUT LESS THAN THREE MONTHS
  03. THREE MONTHS OR MORE BUT LESS THAN FOUR MONTHS
  04. FOUR MONTHS OR MORE BUT LESS THAN FIVE MONTHS
  05. FIVE MONTHS OR MORE BUT LESS THAN SIX MONTHS
  06. SIX MONTHS OR MORE BUT LESS THAN SEVEN MONTHS
  07. SEVEN MONTHS OR MORE BUT LESS THAN EIGHT MONTHS
  08. EIGHT MONTHS OR MORE BUT LESS THAN NINE MONTHS
  09. NINE MONTHS OR MORE BUT LESS THAN ONE YEAR
 10. TEN MONTHS OR MORE BUT LESS THAN ELEVEN MONTHS

2114  98. INAP., CODED 2 AT Q.5; OR ILLNESS NOT REPORTED IN MONTHS
       99. NO ANSWER

----------------------------------------------------------

VAR 0152  #YEARS OTHER 4TH ILLNESS                      MD=0
REF 0152  LOC 245 WIDTH 2                               DK  4 COL 50-51

--IF "YES" AT Q.5--

Q.5A(16)  ASK FOR EACH AILMENT: HOW LONG HAVE YOU HAD
(AILMENT)? - YEARS

----------------------------------------------------------

(IF ILLNESS REPORTED IN YEARS)

  -1. ALL MY LIFE
     01. YEAR
        :
     99. YEARS

2101  00. INAP., CODED 2 AT Q.5; OR ILLNESS NOT REPORTED IN YEARS

CODE:   0  1  2  4  5  10  18  20  30
FREQ:   2101  1  1  1  1  4  1  1  1

CODE:   48  55
FREQ:    1  1

----------------------------------------------------------
Q.18 HAVE YOU LOST THE USE OF ANY PART OF YOUR BODY, BECAUSE OF AN ACCIDENT, A FALL, OR A SICKNESS?

192 1. YES
1918 2. NO
3. THIS QUESTION NOT ASKED
4 9. NO ANSWER, ANSWER TOO VAGUE TO CLASSIFY

VAR 0154 DIFFICULTY MOVING MD=0 OR GE 9

--IF "NO" AT Q.18--

Q.18A DO YOU HAVE ANY DIFFICULTIES AT ALL GETTING AROUND AS A RESULT OF AN ACCIDENT, A FALL, OR A SICKNESS?

285 3. YES
1553 4. NO
84 0. NO ANSWER, ANSWER TOO VAGUE TO CLASSIFY
192 9. INAP., CODED 1 AT Q.18; THIS QUESTION NOT ASKED

VAR 0155 WHAT PART TROUBLES 1ST MD=0 OR GE 99

--IF "YES" AT Q.18 OR Q.18A--

Q.18B(1) WHAT PART OF THE BODY IS IT (TROUBLES YOU)? (WHAT SEEMS TO BE THE TROUBLE?) - [1ST MENTION]

21 01. BLIND OR NEARLY BLIND
26 02. LOST SIGHT OF ONE EYE
11 03. DEAF
9 04. PARALYSIS OF LOWER LIMBS
(CONTINUED)

5  05.  PARALYSIS (ANY OTHER PART OF THE BODY)
3  06.  MISSING LOWER LIMBS
1  07.  MISSING UPPER LIMBS
18  08.  MISSING EXTREMITIES - FINGERS, TOES
234  09.  LOWER LIMBS - LEGS OR HIPS (NOT MISSING)
55  11.  UPPER LIMBS (NOT MISSING)
46  12.  BACK, RIBS, TRUNK (LUNGS)
26  13.  GENERAL WEAKNESS
8  14.  PART OF BODY NOT SPECIFIED
5  15.  DIZZINESS
3  16.  BODY ORGAN REMOVED BY SURGERY (NOT APPENDECTOMY)
17.  THIS QUESTION NOT ASKED

1553  00.  INAP., CODED 4 AT Q.18A
99.  NO ANSWER

-----------------------------------------------------------------------

VAR  0156      WHAT PART TROUBLES 2ND             MD=0 OR GE  99
REF  0156         LOC  251 WIDTH  2             DK   4 COL 56-57

--IF "YES" AT Q.18 OR Q.18A--

Q.18B(2)  WHAT PART OF THE BODY IS IT (TROUBLES YOU)?  (WHAT
          SEEMS TO BE THE TROUBLE?)  - [2ND MENTION]
-----------------------------------------------------------------------

01.  BLIND OR NEARLY BLIND
2  02.  LOST SIGHT OF ONE EYE
1  03.  DEAF
   04.  PARALYSIS OF LOWER LIMBS
5  05.  PARALYSIS (ANY OTHER PART OF THE BODY)
6  06.  MISSING LOWER LIMBS
07.  MISSING UPPER LIMBS
1  08.  MISSING EXTREMITIES - FINGERS, TOES
8  09.  LOWER LIMBS - LEGS OR HIPS (NOT MISSING)
23  11.  UPPER LIMBS (NOT MISSING)
18  12.  BACK, RIBS, TRUNK (LUNGS)
2  13.  GENERAL WEAKNESS
2  14.  PART OF BODY NOT SPECIFIED
3  15.  DIZZINESS
16.  BODY ORGAN REMOVED BY SURGERY (NOT APPENDECTOMY)
17.  THIS QUESTION NOT ASKED

2049  00.  INAP., NO FURTHER MENTIONS
99.  NO ANSWER
--IF "YES" AT Q.18 OR Q.18A--

**Q.18C(1)** HOW DID THIS HAPPEN? - [1ST MENTION]

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<tr>
<td>221</td>
<td>ACCIDENT - SUCH AS FALL, INDUSTRIAL ACCIDENT, ETC.</td>
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<td>106</td>
<td>ARTHRITIS, RHEUMATISM, OR OTHER DISEASES OF BONES OR ORGANS OF MOVEMENT</td>
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<td>64</td>
<td>DISEASES OF THE CIRCULATORY SYSTEM</td>
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<tr>
<td>5</td>
<td>NEURALGIA, NEURITIS &amp; OTHER DISEASES OF NERVES OR GANGLEA</td>
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<td>27</td>
<td>ALL DISEASES OF THE EYE</td>
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<td>4</td>
<td>ALL DISEASES OF THE EAR</td>
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<td>DIABETES</td>
</tr>
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<td>ALL OTHER DISEASES (CANCER, ETC.)</td>
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<td>ALL OTHER DISEASES OF THE RESPIRATORY SYSTEM</td>
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<td>DK</td>
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<td>1553</td>
<td>INAP., CODED 4 AT Q.18A</td>
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--IF "YES" AT Q.18 OR Q.18A--

**Q.18C(2)** HOW DID THIS HAPPEN? - [2ND MENTION]

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<td>ACCIDENT - SUCH AS FALL, INDUSTRIAL ACCIDENT, ETC.</td>
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<td>ARTHRITIS, RHEUMATISM, OR OTHER DISEASES OF BONES OR ORGANS OF MOVEMENT</td>
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<tr>
<td>5</td>
<td>DISEASES OF THE CIRCULATORY SYSTEM</td>
</tr>
<tr>
<td>2</td>
<td>NEURALGIA, NEURITIS &amp; OTHER DISEASES OF NERVES OR GANGLEA</td>
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<tr>
<td>2</td>
<td>ALL DISEASES OF THE EYE</td>
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<tr>
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<td>ALL DISEASES OF THE EAR</td>
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<tr>
<td>1</td>
<td>DIABETES</td>
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<tr>
<td>08</td>
<td>ALL OTHER DISEASES (CANCER, ETC.)</td>
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<td>ALL OTHER DISEASES OF THE RESPIRATORY SYSTEM</td>
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<tr>
<td>10</td>
<td>THIS QUESTION NOT ASKED</td>
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(CONTINUED)

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<th>Var 0159</th>
<th>WHEN DID TROUBLE HAPPEN</th>
<th>MD=0 OR GE 9</th>
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<tr>
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<td>LOC 257 WIDTH 1</td>
<td>DK 4 COL 62</td>
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--IF "YES" AT Q.18 OR Q.18A--

Q.18D HOW LONG AGO DID THIS HAPPEN?

<p>| | |</p>
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<tbody>
<tr>
<td>57</td>
<td>1. LESS THAN ONE YEAR AGO</td>
</tr>
<tr>
<td>32</td>
<td>2. ONE YEAR, LESS THAN TWO</td>
</tr>
<tr>
<td>93</td>
<td>3. TWO YEARS, LESS THAN FIVE</td>
</tr>
<tr>
<td>102</td>
<td>4. FIVE TO NINE YEARS AGO</td>
</tr>
<tr>
<td>181</td>
<td>5. TEN OR MORE YEARS</td>
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</tbody>
</table>

6. "CAN'T REMEMBER" OR "A LONG TIME AGO" OR OTHER INDEFINITE ANSWERS WHICH CANNOT BE CLASSIFIED IN YEARS.
7. THIS QUESTION NOT ASKED

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>1553</td>
<td>0. INAP., CODED 4 AT Q.18A</td>
</tr>
<tr>
<td>96</td>
<td>9. NO ANSWER</td>
</tr>
</tbody>
</table>

--IF "YES" AT Q.18 OR Q.18A--

Q.18E(1) DURING THE LAST TWELVE MONTHS, DID (THIS LOSS) KEEP YOU FROM -- CARRYING ON YOUR REGULAR WORK OR THINGS YOU DO AROUND THE HOUSE?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>189</td>
<td>1. YES</td>
</tr>
<tr>
<td>273</td>
<td>2. NO</td>
</tr>
<tr>
<td></td>
<td>3. THIS QUESTION NOT ASKED</td>
</tr>
</tbody>
</table>

<p>| | |</p>
<table>
<thead>
<tr>
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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1553</td>
<td>0. INAP., CODED 4 AT Q.18A</td>
</tr>
<tr>
<td>99</td>
<td>9. NO ANSWER</td>
</tr>
</tbody>
</table>
Q.18E(2) DURING THE PAST TWELVE MONTHS, DID (THIS LOSS) KEEP YOU FROM -- GETTING AROUND OUTSIDE WITHOUT HELP?

132  3. YES
313  4. NO
   5. THIS QUESTION NOT ASKED

1553  0. INAP., CODED 4 AT Q.18A
116  9. NO ANSWER

---------------------------------------------------

Q.18E(3) DID IT (THIS LOSS) (THIS DIFFICULTY) KEEP YOU -- (A) -- IN BED ALL OR MOST OF THE TIME?

47  1. YES
166  2. NO

1553  0. INAP., CODED 4 AT Q.18A
114  8. NO ANSWER
234  9. INAP., CODED 2 AT Q.18E(1) OR 4 AT Q.18E(2)

---------------------------------------------------

Q.18E(4) DID IT (THIS LOSS) (THIS DIFFICULTY) KEEP YOU -- (B) -- IN A CHAIR?

---------------------------------------------------
(CONTINUED)

73  3.  YES
140  4.  NO

1553  0.  INAP., CODED 4 AT Q.18A
114  8.  NO ANSWER
234  9.  INAP., CODED 2 AT Q.18E(1) OR 4 AT Q.18E(2)

----------

VAR 0164      LOSS KEEP R IN HOUSE          MD=0 OR GE  8
REF 0164      LOC 262 WIDTH 1            DK 4 COL 67

--IF "YES" AT Q.18E(1) OR Q.18E(2)--

Q.18E(5) DID IT (THIS LOSS) (THIS DIFFICULTY) KEEP YOU --
(C) -- IN THE HOUSE BUT ABLE TO WALK AROUND?

----------

121  5.  YES
92  6.  NO

1553  0.  INAP., CODED 4 AT Q.18A
114  8.  NO ANSWER
234  9.  INAP., CODED 2 AT Q.18E(1) OR 4 AT Q.18E(2)

----------

VAR 0165      LOSS KEEP R FROM STAIRS          MD=0 OR GE  98
REF 0165      LOC 263 WIDTH 2            DK 4 COL 68-69

--IF "YES" AT Q.18E(1) OR Q.18E(2)--

Q.18E(6) DID IT (THIS LOSS) (THIS DIFFICULTY) KEEP YOU --
(D) -- FROM CLIMBING STAIRS?

----------

111  07.  YES
102  08.  NO

1553  00.  INAP., CODED 4 AT Q.18A
114  98.  NO ANSWER
234  99.  INAP., CODED 2 AT Q.18E(1) OR 4 AT Q.18E(2)
Q.18F(1) ARE THERE ANY SPECIAL ARRANGEMENTS YOU'VE HAD TO MAKE IN YOUR WAY OF LIVING BECAUSE OF THIS (LOSS) (DIFFICULTY)? (WHAT KIND OF ARRANGEMENTS?) - [1ST MENTION]

00. NONE
20 01. HAD TO MOVE TO ANOTHER LOCATION (TO LIVE WITH RELATIVES, MOVE WHERE THERE WEREN'T ANY STAIRS)
34 02. HAD TO GIVE UP WORKING (IN PAID JOB)
49 03. HAD TO GIVE UP HOUSEHOLD TASKS
31 04. HAD TO USE SPECIAL APPLIANCE (CANE, WHEEL-CHAIR, WALKER, AIR CONDITIONER, ETC.)
  05. HAD TO STAY IN BED OR IN CHAIR
16 06. HAD TO RESTRICT GOING OUTDOORS (NEED HELP GOING OUTSIDE)
  07. RELATIVE HAD TO MOVE IN WITH RESPONDENT
  08. PROSTHESIS (LEG, ARM, FOOT, ETC.)
13 09. HAD TO HAVE NURSING CARE FROM RELATIVE OR OTHER PERSON
  10. THIS QUESTION NOT ASKED
1553 98. INAP., CODED 4 AT Q.18A
161 99. NO ANSWER

Q.18F(2) ARE THERE ANY SPECIAL ARRANGEMENTS YOU'VE HAD TO MAKE IN YOUR WAY OF LIVING BECAUSE OF THIS (LOSS) (DIFFICULTY)? (WHAT KIND OF ARRANGEMENTS?) - [2ND MENTION]

00. NONE
  01. HAD TO MOVE TO ANOTHER LOCATION (TO LIVE WITH RELATIVES, MOVE WHERE THERE WEREN'T ANY STAIRS)
  02. HAD TO GIVE UP WORKING (IN PAID JOB)
  03. HAD TO GIVE UP HOUSEHOLD TASKS
  04. HAD TO USE SPECIAL APPLIANCE (CANE, WHEEL-CHAIR,
(CONTINUED)

WALKER, AIR CONDITIONER, ETC.)
05. HAD TO STAY IN BED OR IN CHAIR
10. HAD TO RESTRICT GOING OUTDOORS (NEED HELP GOING OUTSIDE)
07. RELATIVE HAD TO MOVE IN WITH RESPONDENT
08. PROSTHESIS (LEG, ARM, FOOT, ETC.)
09. HAD TO HAVE NURSING CARE FROM RELATIVE OR OTHER PERSON
10. THIS QUESTION NOT ASKED

2080 98. INAP., NO FURTHER MENTIONS
99. NO ANSWER

-----------------------------------------------------------

VAR 0168    SPECIAL ARRANGEMENTS 3RD          MD=98 OR GE 99
REF 0168    LOC 269 WIDTH 2                 DK 4 COL 74-75

--IF "YES" AT Q.18 OR Q.18A--

Q.18F(3) ARE THERE ANY SPECIAL ARRANGEMENTS YOU'VE HAD TO MAKE IN YOUR WAY OF LIVING BECAUSE OF THIS (LOSS) (DIFFICULTY)? (WHAT KIND OF ARRANGEMENTS?) - [3RD MENTION]

00. NONE
01. HAD TO MOVE TO ANOTHER LOCATION (TO LIVE WITH RELATIVES, MOVE WHERE THERE WEREN'T ANY STAIRS)
02. HAD TO GIVE UP WORKING (IN PAID JOB)
03. HAD TO GIVE UP HOUSEHOLD TASKS
04. HAD TO USE SPECIAL APPLIANCE (CANE, WHEEL-CHAIR, WALKER, AIR CONDITIONER, ETC.)
05. HAD TO STAY IN BED OR IN CHAIR
06. HAD TO RESTRICT GOING OUTDOORS (NEED HELP GOING OUTSIDE)
07. RELATIVE HAD TO MOVE IN WITH RESPONDENT
08. PROSTHESIS (LEG, ARM, FOOT, ETC.)
09. HAD TO HAVE NURSING CARE FROM RELATIVE OR OTHER PERSON
10. THIS QUESTION NOT ASKED

2110 98. INAP., NO FURTHER MENTIONS
99. NO ANSWER
Q.20 ARE THERE ANY OF THESE THINGS THAT I'VE JUST MENTIONED THAT YOU DON'T HAVE THAT YOU FEEL YOU NEED (--LIKE EYEGLASSES OR A HEARING AID, OR ANY ONE OF THE OTHERS)?
(WHAT IS IT?)

1. YES
2. NO
9. NO ANSWER

Q.20(A) ARE THERE ANY OF THESE THINGS THAT I'VE JUST MENTIONED THAT YOU DON'T HAVE THAT YOU FEEL YOU NEED (--LIKE EYEGLASSES OR A HEARING AID, OR ANY ONE OF THE OTHERS)?
(WHAT IS IT?) - [1ST MENTION]

00. NEED SOMETHING (NOT SPECIFIED)
303  02. NEED EYEGLASSES
82  03. NEED HEARING AID
135  04. NEED FALSE TEETH, BRIDGES, ETC.
2  05. NEED CANE OR CRUTCH
6  06. NEED LEG BRACE
7  07. NEED SPECIAL SHOES
10  08. NEED TRUSS
5  09. NEED SOMETHING ELSE (SPECIFIED)

98. INAP., CODED 2 AT Q.20
99. NO ANSWER

Q.20(B) ARE THERE ANY OF THESE THINGS THAT I'VE JUST MENTIONED THAT YOU DON'T HAVE THAT YOU FEEL YOU NEED (--LIKE
EYEGLASSES OR A HEARING AID, OR ANY ONE OF THE OTHERS)?
(WHAT IS IT?) - [2ND MENTION]

00. NEED SOMETHING (NOT SPECIFIED)
02. NEED EYEGLASSES
15  03. NEED HEARING AID
71  04. NEED FALSE TEETH, BRIDGES, ETC.
  05. NEED CANE OR CRUTCH
  06. NEED LEG BRACE
  07. NEED SPECIAL SHOES
  08. NEED TRUSS
  09. NEED SOMETHING ELSE (SPECIFIED)

2017  98. INAP., NO FURTHER MENTIONS
  99. NO ANSWER

DECK IDENTIFICATION NUMBER IS '05'

ICPSR STUDY NUMBER-7686

THE NUMBER IDENTIFYING THE RELEASE EDITION OF THIS DATASET.

1. WINTER 1984
VAR 0003  ICPSR PART NUMBER-001  NO MISSING DATA CODES
REF 0003  LOC  6 WIDTH 3  DK  5 COL 8-10

ICPSR PART NUMBER

THE NUMBER IDENTIFYING THIS PART OF A 3-PART STUDY.

001. THE HEALTH NEEDS OF OLDER PERSONS
002. HOUSEHOLD ENUMERATION: NON-INTERVIEWED INDIVIDUALS
003. PUBLIC ATTITUDES ON OLDER PEOPLE

...............................................................

VAR 0004  CASE ID NUMBER  NO MISSING DATA CODES
REF 0004  LOC  9 WIDTH 4  DK  5 COL 11-14

ICPSR SEQUENTIAL CASE IDENTIFICATION NUMBER

THE ICPSR HAS ATTACHED A SEQUENTIAL CASE IDENTIFICATION
NUMBER TO EVERY RECORD. THIS NUMBER UNIQUELY IDENTIFIES
EACH RECORD IN THE DATA COLLECTION.

...............................................................

VAR 0172  WHY DOES R NEED IT 1ST  MD=0 OR GE 9
REF 0172  LOC  276 WIDTH 1  DK  5 COL 15

--IF "YES" AT Q.20--

Q.20A(1)  WHY DO YOU THINK YOU NEED IT? - [1ST MENTION]

-------------------------------------------------------

324  1. HAVE APPLIANCE BUT IT ISN'T ADEQUATE (GLASSES NOT
   STRONG ENOUGH, EYES HURT, TEETH DON'T FIT, CAN'T
   HEAR WITH HEARING AID)
198  2. HAVE DEFECT WHICH THINK CAN BE REMEDIED BY APPLIANCE
   (DO NOT HAVE APPLIANCE NOW)
19  3. DOCTOR SUGGESTED APPLIANCE
   2  4. THIS QUESTION NOT ASKED
1566  0. INAP., CODED 2 AT Q.20
   5  9. NO ANSWER
---IF "YES" AT Q.20---

Q.20A(2) WHY DO YOU THINK YOU NEED IT? - [2ND MENTION]

35 06. HAVE APPLIANCE BUT IT ISN'T ADEQUATE (GLASSES NOT STRONG ENOUGH, EYES HURT, TEETH DON'T FIT, CAN'T HEAR WITH HEARING AID)
60 07. HAVE DEFECT WHICH THINK CAN BE REMEDIED BY APPLIANCE (DO NOT HAVE APPLIANCE NOW)
08. DOCTOR SUGGESTED APPLIANCE
2 09. THIS QUESTION NOT ASKED

2012 00. INAP., NO FURTHER MENTIONS
5 99. NO ANSWER

---IF "YES" AT Q.20---

Q.20B(1) WHY DON'T YOU HAVE (NAME OF APPLIANCE)? - [1ST MENTION]

303 1. CAN'T AFFORD IT
27 2. APPLIANCE COSTS TOO MUCH (COSTS MORE THAN IT'S WORTH, CAN SPEND MY MONEY ON THINGS I NEED MORE)
33 3. DIDN'T THINK IT WOULD DO ANY GOOD (IT ANNOYED ME, CAN'T HELP ME ANYWAY)
9 4. AFRAID TO GO TO THE DOCTOR
153 5. JUST KEEP PUTTING IT OFF (HAVEN'T GOTTEN AROUND TO IT)
2 6. THIS QUESTION NOT ASKED

1566 0. INAP., CODED 2 AT Q.20
21 9. NO ANSWER
VAR 0175 WHY DOESNT R HAVE 2ND MD=98 OR GE 99
REF 0175 LOC 280 WIDTH 2 DK 5 COL 19-20

--IF "YES" AT Q.20--

Q.20B(2) WHY DON'T YOU HAVE (NAME OF APPLIANCE)? - [2ND MENTION]

00. JUST KEEP PUTTING IT OFF (HAVEN'T GOTTEN AROUND TO IT)
71 06. CAN'T AFFORD IT
07 07. APPLIANCE COSTS TOO MUCH (COSTS MORE THAN IT'S WORTH, CAN SPEND MY MONEY ON THINGS I NEED MORE)
08 08. DIDN'T THINK IT WOULD DO ANY GOOD (IT ANNOYED ME, CAN'T HELP ME ANYWAY)
09 09. AFRAID TO GO TO THE DOCTOR
10 10. THIS QUESTION NOT ASKED

2009 98. INAP., NO FURTHER MENTIONS
21 99. NO ANSWER

--------------------------------------------------------

VAR 0176 HEALTH NOT TAKEN CARE OF MD=9
REF 0176 LOC 282 WIDTH 1 DK 5 COL 21

Q.21 IS THERE ANYTHING ELSE ABOUT YOUR HEALTH THAT YOU FEEL IS NOT BEING TAKEN CARE OF PROPERLY?

178 1. YES
1933 2. NO

3 9. NO ANSWER

--------------------------------------------------------

VAR 0177 WHAT NOT TAKEN CARE OF MD=0 OR GE 99
REF 0177 LOC 283 WIDTH 2 DK 5 COL 22-23

--IF "YES" AT Q.21--

Q.21A WHAT IS IT?
(CONTINUED)

102 1. SPECIFIC PHYSICAL AILMENT GIVEN
43 2. VAGUE FEARS OR CONCERN ABOUT HEALTH ("SHOULD HAVE CHECK-UP")
  4 3. SPECIFIC MENTAL DISTURBANCE OR DISTRESS (AS "NERVES, CAN'T SLEEP")
  12 4. NEEDS HEALTH HELP OR APPLIANCE, THERAPY
  5 5. DOCTOR NOT TREATING AILMENT OR GIVING ADEQUATE CARE
  5 6. NEEDS MORE ADEQUATE DIET OR SPECIAL FOODS
  2 7. LIVING CONDITIONS UNSANITARY OR INADEQUATE
  5 8. NEEDS MEDICATION
  1 9. THIS QUESTION NOT ASKED

1933 00. INAP., CODED 2 AT Q.21
  2 99. NO ANSWER

VARIABLE 0178 WHAT SHOULD BE DONE MD=97 OR GE 98
REFERENCE 0178 LOC 285 WIDTH 2 DK 5 COL 24-25

--IF "YES" AT Q.21--

Q.20B WHAT DO YOU FEEL SHOULD BE DONE ABOUT IT?

VARIABLE 0179 WHAT PREVENTS R MD=8 OR GE 9
REFERENCE 0179 LOC 287 WIDTH 1 DK 5 COL 26

--IF "YES" AT Q.21--
Q.21C WHAT'S KEEPING YOU FROM (DOING WHATEVER IS INDICATED IN Q.21B)?

<table>
<thead>
<tr>
<th>Code</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>8</td>
<td>NOTHING -- IS FOLLOWING PLAN OUTLINED IN Q.21B</td>
</tr>
<tr>
<td>90</td>
<td>CAN'T AFFORD IT</td>
</tr>
<tr>
<td>35</td>
<td>CAN KEEP GOING WITHOUT (WHATEVER IS INDICATED)</td>
</tr>
<tr>
<td>18</td>
<td>DOCTORS CAN'T DO ANYTHING ABOUT THIS</td>
</tr>
<tr>
<td>11</td>
<td>AFRAID OF TREATMENT</td>
</tr>
<tr>
<td>1</td>
<td>WAITING FOR HOSPITAL BED</td>
</tr>
<tr>
<td>2</td>
<td>THIS QUESTION NOT ASKED</td>
</tr>
<tr>
<td>1933</td>
<td>INAP., CODED 2 AT Q.21</td>
</tr>
<tr>
<td>16</td>
<td>NO ANSWER</td>
</tr>
</tbody>
</table>

VAR 0180 WORRIED ABOUT HEALTH               MD=0
REF 0180 LOC 288 WIDTH 1 DK 5 COL 27

Q.22 IS THERE ANYTHING (ELSE) AT ALL ABOUT YOUR HEALTH THAT ESPECIALLY WORRIES YOU?

<table>
<thead>
<tr>
<th>Code</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>296</td>
<td>YES</td>
</tr>
<tr>
<td>7</td>
<td>THIS QUESTION NOT ASKED</td>
</tr>
<tr>
<td>1810</td>
<td>NO</td>
</tr>
<tr>
<td>1</td>
<td>NO ANSWER</td>
</tr>
</tbody>
</table>

VAR 0181 WHAT IS THAT WORRY 1ST                MD=0 OR GE 99
REF 0181 LOC 289 WIDTH 2 DK 5 COL 28-29

--IF "YES" AT Q.22--

Q.22A(1) WHAT IS IT? - [1ST MENTION]

<table>
<thead>
<tr>
<th>Code</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>8</td>
<td>GENERAL WORRIES ABOUT BEING PHYSICALLY DEPENDENT</td>
</tr>
<tr>
<td>20</td>
<td>WORRIES ABOUT INABILITY TO GET ABOUT PHYSICALLY</td>
</tr>
<tr>
<td>28</td>
<td>EMOTIONAL INSTABILITY, &quot;NERVES,&quot; SLEEPLESSNESS</td>
</tr>
<tr>
<td>17</td>
<td>EYES</td>
</tr>
<tr>
<td>4</td>
<td>HEARING</td>
</tr>
<tr>
<td>18</td>
<td>ARTHRITIS OR RHEUMATISM</td>
</tr>
<tr>
<td>Number</td>
<td>Description</td>
</tr>
<tr>
<td>--------</td>
<td>-------------</td>
</tr>
<tr>
<td>31 07</td>
<td>GASTRO-INTESTINAL SYMPTOMS</td>
</tr>
<tr>
<td>36 08</td>
<td>HEART OR SYMPTOMS RELATED TO HEART</td>
</tr>
<tr>
<td>7 09</td>
<td>WANING SEXUALITY OR SYMPTOMS RELATED TO MALE OR FEMALE GENITAL ORGANS</td>
</tr>
<tr>
<td>15 11</td>
<td>SYMPTOMS RELATED TO BACK, RIBS, OR TRUNK (&quot;BACKACHE&quot;)</td>
</tr>
<tr>
<td>28 12</td>
<td>CANCER</td>
</tr>
<tr>
<td>11 13</td>
<td>SYMPTOMS RELATED TO LIMBS</td>
</tr>
<tr>
<td>15 14</td>
<td>BLOOD PRESSURE OR SYMPTOMS RELATED TO THE CIRCULATORY SYSTEM</td>
</tr>
<tr>
<td>21 15</td>
<td>SYMPTOMS RELATED TO RESPIRATORY SYSTEM</td>
</tr>
<tr>
<td>3 16</td>
<td>DIABETES OR SYMPTOMS RELATED TO DIABETES</td>
</tr>
<tr>
<td>4 17</td>
<td>OVERWEIGHT</td>
</tr>
<tr>
<td>3 18</td>
<td>SYMPTOMS RELATED TO GENITO-URINARY TRACT</td>
</tr>
<tr>
<td>1 19</td>
<td>ANEMIA</td>
</tr>
<tr>
<td>8 20</td>
<td>HERNIA</td>
</tr>
<tr>
<td>8 21</td>
<td>DIZZINESS (NOT RELATED TO BLOOD PRESSURE)</td>
</tr>
<tr>
<td>2 22</td>
<td>WORRIES OR FEARS ABOUT FUTURE SURGERY</td>
</tr>
<tr>
<td>2 23</td>
<td>TEETH</td>
</tr>
<tr>
<td>1 24</td>
<td>GOITRE</td>
</tr>
<tr>
<td>4 25</td>
<td>LOSS OF WEIGHT</td>
</tr>
<tr>
<td>7 26</td>
<td>THIS QUESTION NOT ASKED</td>
</tr>
</tbody>
</table>

1810 00. INAP., CODED 3 AT Q.22
2 99. NO ANSWER

---IF "YES" AT Q.22---

Q.22A(2) WHAT IS IT? - [2ND MENTION]

01. GENERAL WORRIES ABOUT BEING PHYSICALLY DEPENDENT
1 02. WORRIES ABOUT INABILITY TO GET ABOUT PHYSICALLY
03. EMOTIONAL INSTABILITY, "NERVES," SLEEPLESSNESS
2 04. EYES
05. HEARING
1 06. ARTHRITIS OR RHEUMATISM
1 07. GASTRO-INTESTINAL SYMPTOMS
5 08. HEART OR SYMPTOMS RELATED TO HEART
1 09. WANING SEXUALITY OR SYMPTOMS RELATED TO MALE OR FEMALE GENITAL ORGANS
1 11. SYMPTOMS RELATED TO BACK, RIBS, OR TRUNK ("BACKACHE")
12. CANCER
13. SYMPTOMS RELATED TO LIMBS

14. BLOOD PRESSURE OR SYMPTOMS RELATED TO THE CIRCULATORY SYSTEM
15. SYMPTOMS RELATED TO RESPIRATORY SYSTEM
16. DIABETES OR SYMPTOMS RELATED TO DIABETES
17. OVERWEIGHT

18. SYMPTOMS RELATED TO GENITO-URINARY TRACT
19. ANEMIA
20. HERNIA

21. DIZZINESS (NOT RELATED TO BLOOD PRESSURE)
22. WORRIES OR FEARS ABOUT FUTURE SURGERY
23. TEETH
24. GOITRE
25. LOSS OF WEIGHT

26. THIS QUESTION NOT ASKED

1810 0. INAP., CODED 3 AT Q.22
99. NO ANSWER

VAR 0183 TALKED TO DR ABOUT WORRY MD=0 OR GE 9
REF 0183 LOC 293 WIDTH 1 DK 5 COL 32

--IF "YES" AT Q.22--

Q.22B HAVE YOU EVER TALKED TO THE DOCTOR ABOUT IT?
---------------------------------------------------

217 1. YES
73 2. NO
13 3. THIS QUESTION NOT ASKED

1810 0. INAP., CODED 3 AT Q.22
1 9. NO ANSWER

VAR 0184 WHAT DID DR SAY ABOUT IT MD=0 OR GE 9
REF 0184 LOC 294 WIDTH 1 DK 5 COL 33

--IF "YES" AT Q.22B--

Q.22B(1) WHAT DID THE DOCTOR TELL YOU?
---------------------------------------
(CONTINUED)

29 1. NOTHING CAN BE DONE FOR AILMENT (AT THIS TIME)
4 2. AILMENT A FUNCTION OF AGE
23 3. JUST TO TAKE CARE OF SELF
39 4. COULD NOT GET DEFINITE ANSWER OR EXPLANATION FROM DOCTOR
83 5. SUGGESTED SPECIFIC MEDICINE, SURGICAL PROCEDURE, OR REGIMEN
16 6. NOTHING IS WRONG
20 7. DIAGNOSED AILMENT (NO FURTHER INFORMATION GIVEN)
13 8. THIS QUESTION NOT ASKED

1883 0. INAP., CODED 0 OR 2 AT Q.22B
4 9. NO ANSWER

-------------------------
VAR 0185 WHY HAVENT TALKED TO DR MD=0 OR GE 9
REF 0185 LOC 295 WIDTH 1 DK 5 COL 34

--IF "NO" AT Q.22B--

Q.22B(2) WHY HAVEN'T YOU TALKED TO A DOCTOR?

-------------------------
17 1. THE DOCTOR CAN'T HELP ME
2 2. "WHAT I DON'T KNOW WON'T HURT ME"
4 3. COMPLAINT DIDN'T EXIST AT TIME OF VISIT TO DOCTOR
14 4. CAN'T AFFORD DOCTOR, TOO EXPENSIVE
14 5. NOT SICK ENOUGH TO SEE DOCTOR, DOESN'T WANT TO BOTHER DOCTOR
14 6. NEVER GOT AROUND TO SEEING DOCTOR, JUST POSTPONED SEEING
3 7. DOESN'T TRUST, OR LIKE DOCTOR, DOESN'T BELIEVE IN THEM
16 8. THIS QUESTION NOT ASKED

2027 0. INAP., CODED 0 OR 1 AT Q.22B
9 9. NO ANSWER

-------------------------
VAR 0186 DOES R HAVE INSURANCE MD=9
REF 0186 LOC 296 WIDTH 1 DK 5 COL 35

Q.23 (IF NO HOSPITAL SUPPLEMENT COMPLETED) DO YOU HAVE ANY
MEDICAL, SURGICAL, OR HOSPITAL INSURANCE NOW? (IF HOSPITAL SUPPLEMENT COMPLETED) I KNOW THAT WE'VE ALREADY TALKED ABOUT HOSPITAL INSURANCE, BUT JUST TO MAKE SURE I HAVE ALL THE INFORMATION I NEED, DO YOU HAVE ANY MEDICAL, HOSPITAL, OR SURGICAL INSURANCE NOW?

------------------------------------------------------------

[IF A 3 - "YES, I WAS IN THE HOSPITAL" WAS CODED AT Q.7; THEN Q.11 WAS NOT ASKED AND THE INTERVIEW CONTINUED WITH THE "HOSPITAL SUPPLEMENT" BEFORE ASKING Q.12]

873 1. YES, SINGLE PLAN ONLY
20 2. YES, MORE THAN ONE PLAN
1217 3. NO

4 9. NO ANSWER, DK

----------------------------------------------------------------------

VAR 0187 DOES INSURANCE PAY HOSP MD=0 OR GE 8
REF 0187 LOC 297 WIDTH 1 DK 5 COL 36

--IF "YES" AT Q.23--

Q.23A DOES IT PAY HOSPITAL BILLS?

-------------------------------------------------------------

271 1. PAYS ALL
564 2. PAYS PART
9 3. PAYS NONE
5 4. THIS QUESTION NOT ASKED

1217 0. INAP., CODED 3 AT Q.23

3 8. NO ANSWER
45 9. DK

----------------------------------------------------------------------

VAR 0188 DOES INSURANCE PAY DR MD=0 OR GE 8
REF 0188 LOC 298 WIDTH 1 DK 5 COL 37

--IF "YES" AT Q.23--

Q.23B DOES IT PAY DOCTOR BILLS IF YOU ARE IN THE HOSPITAL?
(CONTINUED)

223  1. PAYS ALL
391  2. PAYS PART
185  3. PAYS NONE
10  4. THIS QUESTION NOT ASKED

1217  0. INAP., CODED 3 AT Q.23
  3  8. NO ANSWER
  85  9. DK

-----------------------------

VAR 0189      DOES INSUR PAY VISITS       MD=0 OR GE 8
REF 0189      LOC 299 WIDTH 1           DK 5 COL 38

--IF "YES" AT Q.23--

Q.23C  DOES IT PAY FOR DOCTOR'S VISITS AT HOME OR YOUR VISITS TO HIS OFFICE?

-----------------------------

72  1. PAYS ALL
120  2. PAYS PART
554  3. PAYS NONE
17  4. THIS QUESTION NOT ASKED

1217  0. INAP., CODED 3 AT Q.23
  4  8. NO ANSWER
  130  9. DK

-----------------------------

VAR 0190      # MONTHS HAD INSURANCE       MD=0 OR GE 8
REF 0190      LOC 300 WIDTH 1           DK 5 COL 39

--IF "YES" AT Q.23--

Q.23D(1)  HOW LONG HAVE YOU HAD INSURANCE OF THIS KIND? - MONTHS

-----------------------------

20  1. LESS THAN SIX MONTHS
21  2. SIX MONTHS AND LESS THAN ONE YEAR

7  0. NO ANSWER, QUESTION NOT ASKED
2028  8. INAP., CODED 3 AT Q.23; OR NOT REPORTED IN MONTHS
38  9. DK
VAR 0191  # YEARS HAD INSURANCE          MD=0 OR GE 999
REF 0191   LOC 301 WIDTH 3             DK 5 COL 40-42

--IF "YES" AT Q.23--

Q.23D(2) HOW LONG HAVE YOU HAD INSURANCE OF THIS KIND? - YEARS
---------------------------------------------------------
001. YEAR
.
.
099. YEARS
1265 000. INAP., CODED 3 AT Q.23; OR NOT REPORTED IN YEARS
40 999. DK

CODE:    0     1     2     3     4     5     6     7     8
FREQ: 1265    34    47    47    43    66    49    39    41

CODE:    9    10    11    12    13    14    15    16    17
FREQ: 10 126    12    38     6    12    78    20     9

CODE:    18    20    21    22    23    24    25    26    27
FREQ:   7     60     1     3     2     1    14     3     3

CODE:    28    29    30    32    33    35    37    38    40
FREQ:    1     3     6     3     1     5     1     2     8

CODE:    42    43    44    45    50    999
FREQ:    2     1     2     2     1    40
----------------------------------------------------------

-----------------------------------------------------------

VAR 0192 INSURANCE THROUGH WORK         MD=0 OR GE 8
REF 0192   LOC 304 WIDTH 1             DK 5 COL 43

--IF "YES" AT Q.23--

Q.23E DID YOU (OR YOUR HUSBAND/WIFE) FIRST GET IT THROUGH YOUR WORK?
-----------------------------------------------------------
525  1. Yes
361  2. No
  5  3. THIS QUESTION NOT ASKED
(CONTINUED)

1217 0. INAP., CODED 3 AT Q.23
5 8. NO ANSWER
1 9. DK

.................................................................

VAR 0193 HOW GOT INSURANCE 1ST MD=0
REF 0193 LOC 305 WIDTH 1 DK 5 COL 44

--IF "NO" AT Q.23E--

Q.23E(1) HOW DID YOU HAPPEN TO GET IT? (WHERE DO YOU HEAR ABOUT THIS SORT OF INSURANCE?) (WHY DO YOU THINK IT WAS A GOOD IDEA FOR YOU?) - [1ST MENTION]

-----------------------------------------------------------

69 1. THROUGH ADVERTISING, DIRECT MAIL OR MASS MEDIA
146 2. SALESMAN CALLED
68 3. FRIENDS OR RELATIVES HAVE IT OR SPOKE OF IT
12 4. THROUGH A FRATERNAL ORDER
23 5. FRIEND OR RELATIVE ARRANGED RESPONDENT'S COVERAGE
43 6. NO ANSWER TO WHOLE QUESTION
7. THIS QUESTION NOT ASKED

1753 0. INAP., CODED OTHER THAN 2 AT Q.23E

.................................................................

VAR 0194 HOW GOT INSURANCE 2ND MD=99
REF 0194 LOC 306 WIDTH 2 DK 5 COL 45-46

--IF "NO" AT Q.23E--

Q.23E(2) HOW DID YOU HAPPEN TO GET IT? (WHERE DO YOU HEAR ABOUT THIS SORT OF INSURANCE?) (WHY DO YOU THINK IT WAS A GOOD IDEA FOR YOU?) - [2ND MENTION]

-----------------------------------------------

171 00. NO REASON GIVEN WHY GOOD IDEA
26 06. RESPONDENT, SPOUSE OR OTHER RELATIVES WANTED TO RELIEVE FAMILY OR SELF OF POSSIBLE WORRIES
20 07. DON'T HAVE MONEY FOR HOSPITAL BILLS IF THEY SHOULD OCCUR
21 08. THOUGHT IT WAS A GOOD IDEA AT MY AGE
100 09. GIVES PROTECTION (NEVER KNOW WHEN NEEDED)
10. NO ANSWER TO WHOLE QUESTION, "DON'T KNOW" OR "NO ANSWER" TO Q.23E(1)
11. THIS QUESTION NOT ASKED

1776 99. INAP., NO FURTHER MENTIONS

---------------------------------------------
VAR 0195 INSURANCE COST MONTH MD=600 OR GE 700
REF 0195 LOC 308 WIDTH 3                  DK 5 COL 47-49
      IMP DEC= 2

--IF "YES" AT Q.23--

Q.23F ABOUT HOW MUCH DOES THIS INSURANCE COST EVERY MONTH?
---------------------------------------------
(IF 2 POLICIES, ONE OF WHICH IS ACCIDENT AND NO INDICATION OF COST OF EACH SEPARATELY, DIVIDE COSTS.) (IF HUSBAND AND WIFE BOTH REPORT COVERAGE ON SAME POLICY, THE TOTAL FAMILY COST IS TO BE REPORTED ON ONLY ONE SCHEDULE, USUALLY THE HUSBAND'S.) (ENTER COST PER MONTH IN DOLLARS AND CENTS DIRECTLY, ROUNDCOMG TO THE NEAREST TENTH OF A DOLLAR. IF 2 POLICIES, BOTH HOSPITAL, MEDICAL, OR SURGICAL, REPORT TOTAL COST OF BOTH.)

ACTUAL NUMBER IS CODED.

  0.00 DOLLARS
  .
  4.55 DOLLARS

1217 6.00 INAP., CODED 3 AT Q.23
  70  7.00 DK
  10  8.00 NO ANSWER, THIS QUESTION NOT ASKED
146  9.00 INAP., COST REPORTED ON WIFE'S OR HUSBAND'S SCHEDULE

VALID-N=671

---------------------------------------------
VAR 0196 DOES R PAY ALL INSURANCE MD=0 OR GE 8
REF 0196 LOC 311 WIDTH 1                  DK 5 COL 50

--IF "YES" AT Q.23--
Q.23G  DO YOU PAY ALL THE COST OF THIS INSURANCE YOURSELF, OR DOES SOMEONE ELSE PAY FOR PART OF IT? (WHO?)

(REPORT FOR SEVERAL POLICIES, EXCLUDING ACCIDENT)

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>657</td>
<td>1. PAYS ALL THE COST</td>
</tr>
<tr>
<td>24</td>
<td>2. PART OR ALL PAID SOME OTHER WAY</td>
</tr>
<tr>
<td>142</td>
<td>4. PART OR ALL PAID SOME OTHER WAY -- BY PRESENT OR PAST EMPLOYER</td>
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<tr>
<td>39</td>
<td>5. PART OR ALL PAID SOME OTHER WAY -- BY CHILDREN OR RELATIVE</td>
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<td>7</td>
<td>6. PART OR ALL PAID SOME OTHER WAY -- BY TRADE UNION, FRATERNAL ORDER</td>
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<tr>
<td>1217</td>
<td>0. INAP., CODED 3 AT Q.23</td>
</tr>
<tr>
<td>10</td>
<td>8. NO ANSWER</td>
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<tr>
<td>18</td>
<td>9. DK</td>
</tr>
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</table>

VAR 0197  EVER HAD SUCH INSURANCE  MD=0 OR GE 8
REF 0197  LOC 312 WIDTH 1  DK 5 COL 51

--IF "NO" AT Q.23--

Q.23H  HAVE YOU EVER HAD SUCH INSURANCE?

<table>
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<th>Code</th>
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<tr>
<td>321</td>
<td>1. YES</td>
</tr>
<tr>
<td>16</td>
<td>2. THIS QUESTION NOT ASKED</td>
</tr>
<tr>
<td>881</td>
<td>3. NO</td>
</tr>
<tr>
<td>3</td>
<td>0. NO ANSWER</td>
</tr>
<tr>
<td>893</td>
<td>8. INAP., CODED 1-2 AT Q.23</td>
</tr>
<tr>
<td>9</td>
<td>9. DK</td>
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</tbody>
</table>

VAR 0198  HOW GOT INSURANCE 3RD  MD=0 OR GE 99
REF 0198  LOC 313 WIDTH 2  DK 5 COL 52-53

--IF "YES" AT Q.23H--

Q.23H(1)  HOW DID YOU HAPPEN TO GET IT? (WHAT MADE YOU GET
(CONTINUED)

THIS SORT OF INSURANCE?)

67  01.  WAS COVERED ROUTINELY, HAD TO HAVE IT AT WORK (OR IN ARMY AS SOLDIER) (INCLUDES WIVES AND RELATIVES)
73  02.  HAD A CHANCE TO GET IT AT WORK (INCLUDES WIVES AND RELATIVES)
93  03.  SALESMAN SOLD IT TO RESPONDENT (INCLUDES WIVES AND RELATIVES)
  04.  THROUGH ADVERTISING, DIRECT MAIL OR MASS MEDIA
11  05.  BELONGED TO FRATERNAL ORDER OR ASSOCIATION WHICH HAD SUCH INSURANCE
  06.  RESPONDENT, SPOUSE OR OTHER RELATIVE WANTED TO RELIEVE FAMILY OR SELF OF POSSIBLE WORRIES
56  09.  GIVES PROTECTION (NEVER KNOW WHEN NEEDED)
  10.  THIS QUESTION NOT ASKED

1775  00.  INAP., CODED 3 OR 8 AT Q.23H
  09.  NO ANSWER

---IF "YES" AT Q.23H---

Q.23H(2)  WHY WAS IT DROPPED?

82  01.  RETIRED OR GAVE UP WORKING
  02.  CHANGED JOBS, PLAN DID NOT CARRY OVER TO NEW JOB
  03.  COULD NOT AFFORD TO MAKE PAYMENTS, TOO EXPENSIVE
96  04.  COMPANY DISCONTINUED PLAN OR RESPONDENT WAS DISQUALIFIED IN SOME WAY
  05.  RESPONDENT DISSATISFIED WITH SOME ASPECT OF POLICIES' COVERAGE
  09.  RESPONDENT FELT HE DID NOT NEED POLICY
  10.  RESPONDENT DISSATISFIED WITH SOME ASPECT OF POLICIES' COVERAGE
  11.  THIS QUESTION NOT ASKED

1775  00.  INAP., CODED 3 OR 8 AT Q.23H
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(CONTINUED)

FREQ:  2  3  2  5  2  1  1  7  1
CODE:  32  33  35  37  39  40  42  43  47
FREQ:  1  1  2  1  2  1  1  1  1
CODE:  53  57  999
FREQ:  1  1  10

VAR 0202       TURNED DOWN BY INSURANCE          MD=0 OR GE 9
REF 0202       LOC 321 WIDTH 1                   DK 5 COL 60

--IF "NO" AT Q.23H--

Q.23H(4) HAVE YOU EVER TRIED TO GET SUCH INSURANCE AND BEEN TURNED DOWN?

56  1. YES
680  2. NO
160  3. THIS QUESTION NOT ASKED

1215 0. INAP., CODED 1 OR 8 AT Q.23H
3 9. DK; NO ANSWER

VAR 0203       WHY TURNED DOWN                     MD=0 OR GE 9
REF 0203       LOC 322 WIDTH 1                   DK 5 COL 61

--IF "YES" AT Q.23H(4)--

Q.23H(4A) WHY WAS THAT? (I MEAN, WHY WERE YOU TURNED DOWN?)

35  2. TOO OLD
18  3. HAVE A SPECIFIC HEALTH COMPLAINT
162  4. THIS QUESTION NOT ASKED

1898 0. INAP., CODED 0, 2 OR 9 AT Q.23H(4)
1 9. DK; NO ANSWER
VAR 0204 ATTITUDES-HOSPITAL INSUR MD=0 OR GE 8
REF 0204 LOC 323 WIDTH 1 DK 5 COL 62

--IF "NO" AT Q.23--

Q.23I HERE ARE SOME THINGS PEOPLE SAY ABOUT THE KIND OF INSURANCE THAT HELPS PAY HOSPITAL AND MEDICAL COSTS. WHICH ONE OF THESE COMES CLOSEST TO HOW YOU FEEL ABOUT THIS KIND OF INSURANCE? (READ ALL FOUR STATEMENTS AND THEN CIRCLE ONE ANSWER ONLY.)

421 1. I WOULD LIKE IT, BUT I CAN'T AFFORD IT
184 2. I WOULD LIKE IT, BUT THEY WON'T SELL ME ANY
273 3. I DON'T WANT IT
310 4. I'VE NEVER THOUGHT ABOUT IT
31 5. THIS QUESTION NOT ASKED

893 0. INAP., CODED 1-2 AT Q.23
1 8. NO ANSWER
1 9. DK

VAR 0205 WOULD R LIKE THIS INSUR MD=0
REF 0205 LOC 324 WIDTH 1 DK 5 COL 63

Q.24 THERE'S A LOT OF TALK ABOUT INSURANCE THAT WOULD COVER ALL OF A PERSON'S MEDICAL EXPENSES, LIKE DOCTOR BILLS, HOSPITAL BILLS, AND MEDICINES. SOME PEOPLE ARE FOR THIS, SOME AGAINST IT, AND, OF COURSE, WE'RE JUST TRYING TO FIND OUT WHAT THE AVERAGE PERSON THINKS. NOW -- WHAT ABOUT YOU -- WOULD YOU LIKE THIS SORT OF INSURANCE OR NOT?

1422 1. YES
7 2. THIS QUESTION NOT ASKED
671 3. NO
14 0. DK; NO ANSWER
VAR 0206  WOULD PAY HOW MUCH  MD=0 OR GE  99800
REF 0206  LOC  325 WIDTH  5  DK  5 COL 64-68
IMP DEC=  2

--IF "YES" AT Q.24--

Q.24A  IF YOU COULD GET THIS KIND OF INSURANCE THAT WOULD
COVER ALL YOUR MEDICAL EXPENSES (LIKE DOCTOR BILLS, HOSPITAL
BILLS, AND MEDICINES), ABOUT HOW MUCH WOULD IT BE WORTH TO
YOU EACH MONTH?  (HOW MUCH A MONTH WOULD YOU PAY FOR THIS
INSURANCE?)

ACTUAL NUMBER IS CODED.

130  000.02  NOTHING
  7  000.03  OTHER
     000.04  DOLLARS
       .
     099.97  DOLLARS

685  000.00  INAP., CODED 0 OR 3 AT Q.24
  19  998.00  NO ANSWER; THIS QUESTION NOT ASKED
  497  999.00  DK

VALID-N=913

------------------------------------------------------------

VAR 0207  WHY NOT INTERESTED  MD=0 OR GE  99
REF 0207  LOC  330 WIDTH  2  DK  5 COL 69-70

--IF "NO" AT Q.24--

Q.24B.  WHY AREN'T YOU INTERESTED IN THIS KIND OF INSURANCE?

52  01.  HAVE HEALTH INSURANCE NOW; FEELS HE HAS ENOUGH
31  02.  HAVE HEALTH INSURANCE NOW; FEELS THAT THIS TYPE OF
INSURANCE WOULD COST TOO MUCH OR MORE THAN HE CAN
AFFORD
126  03.  CANNOT AFFORD IT
  78  04.  DON'T HAVE MANY OR ANY MEDICAL COSTS SO NOT
INTERESTED
  81  05.  HAVE ENOUGH MONEY TO TAKE CARE OF ILLNESS COSTS
  75  06.  OBJECTS TO IDEA OF HEALTH INSURANCE (THIS COUNTRY
IS INSURANCE-CRAZY)
80 07. FEELS HE IS TOO OLD
48 08. CAN HAVE HOSPITAL AND MEDICAL COSTS MET IN ANOTHER WAY
5 09. DOES NOT CONSIDER SELF INSURABLE
17 10. THIS QUESTION NOT ASKED

1436 00. INAP., CODED 0 OR 1 AT Q.24
85 99. NO ANSWER

Q.25 SOME PEOPLE THINK THAT THE GOVERNMENT SHOULD PROVIDE INSURANCE THAT PAYS DOCTOR AND HOSPITAL BILLS. OTHER PEOPLE DISAGREE WITH THIS IDEA. ARE YOU IN FAVOR OF GOVERNMENT INSURANCE THAT PAYS DOCTOR AND HOSPITAL BILLS, OR AGAINST IT?

1132 1. I'M IN FAVOR OF IT
905 2. I'M AGAINST IT
68 0. DK
9 9. NO ANSWER

--IF CODED 1 AT Q.25--

Q.25(A) ARE YOU IN FAVOR OF THIS KIND OF INSURANCE FOR EVERYONE, OR JUST FOR CERTAIN KINDS OF PEOPLE?

611 1. IN FAVOR FOR EVERYONE
507 2. IN FAVOR JUST FOR CERTAIN PEOPLE
3 3. THIS QUESTION NOT ASKED

973 0. INAP., CODED 0 OR 2 AT Q.25
20 9. NO ANSWER; DK
--IF CODED 2 AT Q.25(A)--

Q.25(B) WHAT SORT OF PEOPLE?
---------------------------------
8  01. VETERANS
304  02. ALL PEOPLE WHO CAN'T AFFORD IT
76  03. OLDER PEOPLE WHO CAN'T AFFORD IT
22  04. THOSE WHO ARE IN NEED THROUGH NO FAULT OF THEIR OWN
25  05. DISABLED (ENTER VETERAN, OLD OR OTHER)
40  06. ALL OLD PEOPLE
3  07. ALL OLD PEOPLE WHO ARE DISQUALIFIED (NOT FINANCIALLY) FROM SUCH INSURANCE
21  08. WORKING PEOPLE (THE MIDDLE CLASS)
  09. EVERYONE (DI SCHEDULE ONLY)
  10. THIS QUESTION NOT ASKED

00.  CAN'T TELL; DK
1604  98. INAP., CODED 0, 1 OR 9 AT Q.25(B)
  89.  NO ANSWER

.............................................................

Q.26. HERE ARE SOME IDEAS ABOUT HEALTH THAT PEOPLE SOMETIMES HAVE. I'D LIKE TO KNOW WHETHER YOU AGREE OR DISAGREE WITH EACH ONE OF THESE IDEAS.

Q.26A. A PERSON UNDERSTANDS HIS OWN HEALTH BETTER THAN MOST DOCTORS DO
---------------------------------
1318  1. AGREE
679  2. DISAGREE
104  3. DEPENDS
  13  4. DK; NO ANSWER
Q.26B. OLDER PEOPLE HAVE TO EXPECT A LOT OF ACHES AND PAINS [HEALTH IDEAS]

<SEE Q.26 FOR COMPLETE QUESTION TEXT>

5. AGREE
6. DISAGREE
7. DEPENDS

8. DK; NO ANSWER

Q.26C. DOCTORS GIVE YOU AS MUCH TIME AND ATTENTION AS YOU NEED, WHETHER YOU'RE PAYING THEM OR NOT [HEALTH IDEAS]

<SEE Q.26 FOR COMPLETE QUESTION TEXT>

0. DISAGREE
9. AGREE
10. DEPENDS

99. DK; NO ANSWER

Q.26D. DOCTORS LIKE TO TAKE CARE OF YOUNGER PEOPLE BETTER THAN THEY DO OLDER PEOPLE [HEALTH IDEAS]

<SEE Q.26 FOR COMPLETE QUESTION TEXT>

1. AGREE
2. DISAGREE
Q.26E. THE WAY THINGS ARE NOW, MOST PEOPLE CAN EXPECT TO FEEL PRETTY GOOD WHEN THEY'RE 70 [HEALTH IDEAS]

<SEE Q.26 FOR COMPLETE QUESTION TEXT>

1568 5. AGREE
358 6. DISAGREE
175 7. DEPENDS
13 8. DK; NO ANSWER

ICPSR STUDY NUMBER-7686
-----------------------

ICPSR EDITION NUMBER
---------------------

THE NUMBER IDENTIFYING THE RELEASE EDITION OF THIS DATASET.
1. WINTER 1984
ICPSR PART NUMBER

-----------------

THE NUMBER IDENTIFYING THIS PART OF A 3-PART STUDY.

001. THE HEALTH NEEDS OF OLDER PERSONS
002. HOUSEHOLD ENUMERATION: NON-INTERVIEWED INDIVIDUALS
003. PUBLIC ATTITUDES ON OLDER PEOPLE

ICPSR SEQUENTIAL CASE IDENTIFICATION NUMBER

-------------------------------------------

THE ICPSR HAS ATTACHED A SEQUENTIAL CASE IDENTIFICATION NUMBER TO EVERY RECORD. THIS NUMBER UNIQUELY IDENTIFIES EACH RECORD IN THE DATA COLLECTION.

Q.28 THINKING BACK OVER THE LAST TWELVE MONTHS, ABOUT HOW MANY DAYS DID YOU HAVE TO SPEND MOST OF YOUR TIME IN BED FOR ANY REASON AT ALL? (DO NOT READ CODE CATEGORIES)

15 1. ALL THE TIME
46 2. MORE THAN THREE MONTHS BUT NOT ALL THE TIME
82 3. ONE MONTH OR MORE BUT LESS THAN THREE
221 4. ONE TO FOUR WEEKS
311 5. LESS THAN A WEEK, A FEW DAYS
1430 6. NONE
4 7. THIS QUESTION NOT ASKED
4 8. NO ANSWER
1 9. DK
Q.29 NOW, LISTEN TO THIS: A LADY, LET'S CALL HER MRS. CARLSON, HAS JUST HAD AN OPERATION. THE OPERATION IS SUCCESSFUL, BUT THE DOCTOR TELLS HER THAT SHE WILL HAVE TO SPEND SEVERAL MONTHS IN BED AT HOME BEFORE SHE WILL BE WELL. MRS. CARLSON TALKS THIS OVER WITH HER SON, AND HE ARRANGES TO HAVE A NEIGHBOR COME IN TO LOOK AFTER HER. NOW, HERE'S MY QUESTION: SUPPOSE THIS HAPPENED TO YOU. WHO WOULD YOU TURN TO, (WHO WOULD YOU TALK THIS OVER WITH IF YOU WERE TRYING TO DECIDE WHAT TO DO?)

---

60 00. NO DESIGNATED INDIVIDUAL NAMED
481 01. SPOUSE
369 02. SON
686 03. DAUGHTER
164 04. BROTHER OR SISTER
11 05. GRANDCHILD
7 06. SON-IN-LAW
54 07. DAUGHTER-IN-LAW
71 08. NEPHEW OR NIECE
44 09. OTHER RELATIVE
165 10. FRIEND, NEIGHBOR, OTHER NON-RELATIVE
2 11. NOT ENOUGH INFORMATION TO CATEGORIZE

---

Q.29A IS THERE A FRIEND OR A RELATIVE AROUND HERE (OTHER THAN YOUR HUSBAND OR WIFE) THAT YOU'D TALK THIS OVER WITH?

---

389 1. YES
92 2. NO
1633 0. INAP., CODED OTHER THAN 1 AT Q.29
--IF "YES" AT Q.29A--

Q.29A(1) WHO IS __ ? (RELATIONSHIP TO RESPONDENT OF SECOND DESIGNATED INDIVIDUAL)

00. NO DESIGNATED INDIVIDUAL NAMED
  01. SOCIAL WORKER, PASTOR, OR DOCTOR
  101  02. SON
  136  03. DAUGHTER
  47  04. BROTHER OR SISTER
  5  05. GRANDCHILD
  06. SON-IN-LAW
  7  07. DAUGHTER-IN-LAW
  20  08. NEPHEW OR NIECE
  21  09. OTHER RELATIVE
  49  10. FRIEND, NEIGHBOR, OR OTHER NON-RELATIVE NOT MENTIONED IN Q.29A
  1725  99. INAP., CODED 0 OR 2 AT Q.29A

.........................

VAR 0219 RELATIONSHIP TO R 2ND
VAR 0219

VAR 0220 SPOUSE SCHEDULE NO
VAR 0220

SPouse SCHEDULE NUMBER WHEN SPOUSE INTERVIEWED

ACTUAL NUMBER IS CODED.

0000.
.
.
8888. MARRIED, SPOUSE ABSENT

923 9897. SPOUSE IN SAMPLE BUT NOT INTERVIEWED
78 9997. NOT MARRIED OR NOT LIVING WITH SPOUSE
9999. SPOUSE NOT IN SAMPLE AND NOT INTERVIEWED
VAR 0221 FLAG - SPOUSE SCHEDULE MD=0 OR GE 9
REF 0221 LOC 352 WIDTH 1 DK 6 COL 25

FLAG - SPOUSE SCHEDULE
----------------------
ACTUAL NUMBER IS CODED.

2040 0. RECORD NOT FLAGGED
74 9. RECORD FLAGGED

TOO FEW CASES TO CALCULATE STATISTICS.

VAR 0222 USE EYEGLASSES NO MISSING DATA CODES
REF 0222 LOC 353 WIDTH 1 DK 6 COL 26

Q.19(A) ASK EVERYONE: NOW, I WANT TO ASK YOU ABOUT SOME SPECIAL HEALTH HELPS. DO YOU USE -- EYEGLASSES? IS (ARE THEY) ALL RIGHT, OR AREN'T YOU SATISFIED WITH IT (THEM)? IS IT (ARE THEY) ALL RIGHT, OR AREN'T YOU SATISFIED WITH IT (THEM)?

-----------------------------------------------------------
1435 2. YES, SATISFACTORY
44 3. YES, DEPENDS
425 4. YES, UNSATISFACTORY
15 5. THIS QUESTION NOT ASKED
195 6. NO

-----------------------------------------------------------

VAR 0223 EYEGLASSES ALL RIGHT MD=0 OR GE 9
REF 0223 LOC 354 WIDTH 1 DK 6 COL 27

--IF CODED 3 OR 4 AT Q.19(A)---

Q.19A(1) (IF "DEPENDS" OR UNSATISFACTORY") WHAT'S THE TROUBLE? - [GLASSES]

-----------------------------------------------------------
339 5. GLASSES DO NOT SEEM TO HELP VISION OR VISION WOULD BE BETTER WITH NEW GLASSES
92 6. SPECIFIC SYMPTOMS OF EYE DISTRESS GIVEN
10  7.  WOULD GET NEW APPLIANCE BUT APPLIANCE TOO EXPENSIVE

1630  0.  INAP., CODED 2 OR 6 AT Q.19(A)

43  9.  NO ANSWER

--IF CODED 2-4 AT Q.19(A)--

Q.19B(1A)  DID YOU GET A NEW (APPLIANCE) DURING THE PAST YEAR, OR SPEND ANY MONEY ON THE ONE YOU HAVE? - [GLASSES]

10  2.  DON'T KNOW COST

27  3.  DIDN'T PAY FOR EYEGLASSES OR UPKEEP

113  4.  THIS QUESTION NOT ASKED

1310  5.  NO

459  6.  YES

195  0.  INAP., CODED 6 AT Q.19(A)

--IF "YES" AT Q.19B(1A)--

Q.19B(2A)  COST OF NEW EYEGLASSES

ACTUAL NUMBER IS CODED.

001.  DOLLAR
     .
     .
     099.  DOLLARS

6  000.  DK
1505  996.  INAP., CODED 6 AT Q.19(A) AND 5 AT Q.19B(1A)

113  997.  THIS QUESTION NOT ASKED

49  998.  SPENT MONEY ON UPKEEP OF APPLIANCE, NOT NEW APPLIANCE
20 999. APPLIANCE GIVEN FREE

VALID-N=421 MIN=1 MAX=90 MEAN=29.9 ST.DEV=14.3

-----------------------------------------------

VAR 0226 AMOUNT SPENT UPKEEP GLAS MD=0 OR GE 96
REF 0226 LOC 359 WIDTH 2 DK 6 COL 32-33

--IF "YES" AT Q.19B(1A)--

Q.19B(3A) AMOUNT SPENT FOR UPKEEP - [GLASSES]

ACTUAL NUMBER IS CODED.

  01. DOLLAR
    .
    .
  10. DOLLARS
  1 14. DOLLARS
  1 15. DOLLARS
  1 20. DOLLARS
  1 22. DOLLARS

  4 00. DK
1505 96. INAP., CODED 6 AT Q.19(A) AND 5 AT Q.19B(1A)
113 97. THIS QUESTION NOT ASKED
441 98. SPENT MONEY ON NEW APPLIANCE
  1 99. UPKEEP WAS GIVEN FREE

VALID-N=50 MIN=1 MAX=22 MEAN=6.6 ST.DEV=4.4

-----------------------------------------------

VAR 0227 WHO PAID FOR GLASSES MD=0 OR GE 99
REF 0227 LOC 361 WIDTH 2 DK 6 COL 34-35

--IF "YES" AT Q.19B(1A)--

Q.19B(4A) WHO PAID FOR YOUR (APPLIANCE) (REPAIRS)? - [GLASSES]

397 01. RESPONDENT OR SPOUSE
16 02. CHILD OF RESPONDENT
(CONTINUED)

3 03. SON-IN-LAW OR DAUGHTER-IN-LAW
2 04. OTHER RELATIVE OF RESPONDENT
20 05. WELFARE OR OLD AGE ASSISTANCE
1 06. INSURANCE
1 07. EMPLOYER
08. VETERANS BENEFITS
2 09. SOMEONE ELSE (FRIEND)
164 10. THIS QUESTION NOT ASKED

3 00. DK
1505  99. INAP., CODED 6 AT Q.19(A) AND 5 AT Q.19B(1A)

------------------------------------------------------------------------

VAR 0228 USE HEARING AID NO MISSING DATA CODES
REF 0228 LOC 363 WIDTH 1 DK 6 COL 36

Q.19(B) ASK EVERYONE: NOW, I WANT TO ASK YOU ABOUT SOME
SPECIAL HEALTH HELPS. DO YOU USE -- HEARING AID? IS IT
(ARE THEY) ALL RIGHT, OR AREN'T YOU SATISFIED WITH IT
(THEM)? IS IT (ARE THEY) ALL RIGHT, OR AREN'T YOU SATISFIED
WITH IT (THEM)?
------------------------------------------------------------------------

46  2. YES, SATISFACTORY
  5  3. YES, DEPENDS
  25  4. YES, UNSATISFACTORY
 11  5. THIS QUESTION NOT ASKED
2027  6. NO

------------------------------------------------------------------------

VAR 0229 HEARING AID ALL RIGHT MD=0 OR GE 9
REF 0229 LOC 364 WIDTH 1 DK 6 COL 37

--IF CODED 3-4 AT Q.19(B)--

Q.19A(2) (IF "DEPENDS" OR "UNSATISFACTORY") WHAT'S THE
TROUBLE? - [HEARING AID]
------------------------------------------------------------------------

9  5. AID DOES NOT HELP HEARING
17  6. SPECIFIC SYMPTOMS OF EAR DISTRESS GIVEN--"TOO NOISY"
  2  7. WOULD GET NEW APPLIANCE BUT APPLIANCE TOO EXPENSIVE
  8. THIS QUESTION NOT ASKED
(CONTINUED)

2073 0. INAP., CODED 2 OR 6 AT Q.19(B)
13 9. NO ANSWER

-----------------------------------------------
VAR 0230      NEW/REPAIRED-HEARING AID        MD=0
REF 0230      LOC  365 WIDTH  1             DK   6 COL 38
--IF CODED 2-4 AT Q.19(B)--

Q.19B(1C) DID YOU GET A NEW (APPLIANCE) DURING THE PAST YEAR, OR SPEND ANY MONEY ON THE ONE YOU HAVE? - [HEARING AID]
-----------------------------------------------
34 1. YES
2. DON'T KNOW COST
4 3. DIDN'T PAY FOR HEARING AID OR UPKEEP
14 4. THIS QUESTION NOT ASKED
35 5. NO

2027 0. INAP., CODED 6 AT Q.19(B)

-----------------------------------------------
VAR 0231      COST OF NEW HEARING AID         MD=0 OR GE 996
REF 0231      LOC  366 WIDTH  3             DK   6 COL 39-41
--IF "YES" AT Q.19B(1C)--

Q.19B(2B) COST OF NEW HEARING AID
-----------------------------------------------
ACTUAL NUMBER IS CODED.

  001. DOLLAR
  .
  .
295. DOLLARS

1 000. DK
2062 996. INAP., CODED 0 OR 5 AT Q.19B(1C)
14 997. THIS QUESTION NOT ASKED
16 998. SPENT MONEY ON UPKEEP OF APPLIANCE, NOT NEW APPLIANCE
1 999. APPLIANCE GIVEN FREE
(CONTINUED)

VALID-N=20  MIN=25  MAX=295  MEAN=157.5  ST.DEV=85.1

VAR 0232  AMOUNT SPENT UPKEEP HEAR  MD=0 OR GE 96
REF 0232  LOC 369 WIDTH 2  DK 6 COL 42-43

--IF "YES" AT Q.19B(1C)--

Q.19B(3B)  AMOUNT SPENT FOR UPKEEP - [HEARING AID]

ACTUAL NUMBER IS CODED.

01. DOLLAR
    .
    .
60. DOLLARS

00. DK
2062 96. INAP., CODED 0 OR 5 AT Q.19B(1C)
14 97. THIS QUESTION NOT ASKED
19 98. SPENT MONEY ON NEW APPLIANCE, NOT UPKEEP
99. UPKEEP WAS GIVEN FREE

VALID-N=19  MIN=2  MAX=60  MEAN=15.1  ST.DEV=17.4

VAR 0233  WHO PAID FOR HEARING AID  MD=0 OR GE 99
REF 0233  LOC 371 WIDTH 2  DK 6 COL 44-45

--IF "YES" AT Q.19B(1C)--

Q.19B(4B)  WHO PAID FOR YOUR (APPLIANCE) (REPAIRS)? - [HEARING AID]

31 01. RESPONDENT OR SPOUSE
1 02. CHILD OF RESPONDENT
1 03. SON-IN-LAW OR DAUGHTER-IN-LAW
1 04. OTHER RELATIVE OF RESPONDENT
1 05. WELFARE OR OLD AGE ASSISTANCE
1 06. INSURANCE
07. EMPLOYER
08. VETERANS BENEFITS
Q.19(C)  ASK EVERYONE: NOW, I WANT TO ASK YOU ABOUT SOME
SPECIAL HEALTH HELPS. DO YOU USE -- FALSE TEETH, BRIDGES,
PARTIAL PLATES? IS IT (ARE THEY) ALL RIGHT, OR AREN'T YOU
SATISFIED WITH IT (THEM)?

Q.19A(3) (IF "DEPENDS" OR "UNSATISFACTORY") WHAT'S THE
TROUBLE? - [FALSE TEETH]
VAR 0236      NEW/REPAIRED TEETH                  MD=0 OR GE  9
REF 0236      LOC  376 WIDTH  1             DK   6 COL 49

--IF CODED 2-4 AT Q.19(C)--

Q.19B(1D)  DID YOU GET A NEW (APPLIANCE) DURING THE PAST YEAR, OR SPEND ANY MONEY ON THE ONE YOU HAVE? - [FALSE TEETH, BRIDGES, PARTIAL PLATES]

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<td>160</td>
<td>VAR 0236      NEW/REPAIRED TEETH                  MD=0 OR GE 9</td>
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<td>161</td>
<td>REF 0236      LOC 376 WIDTH 1                    DK 6 COL 49</td>
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176  1.  YES
1148  2.  NO
154  3.  THIS QUESTION NOT ASKED
7  4.  DIDN'T PAY FOR FALSE TEETH OR UPKEEP

624  0.  INAP., CODED 6 AT Q.19(C)
5  9.  DK COST

--------------------------------------------------------

VAR 0237      COST OF NEW FALSE TEETH           MD=0 OR GE 996
REF 0237      LOC  377 WIDTH  3             DK   6 COL 50-52

--IF "YES" AT Q.19B(1D)--

Q.19B(2C)  COST OF NEW FALSE TEETH, BRIDGES, PARTIAL PLATES

ACTUAL NUMBER IS CODED.

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<td>162</td>
<td>VAR 0237      COST OF NEW FALSE TEETH           MD=0 OR GE 996</td>
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<tr>
<td>163</td>
<td>REF 0237      LOC 377 WIDTH 3                    DK 6 COL 50-52</td>
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001.  DOLLAR
.
.
400.  DOLLARS

3  000.  DK
1772  996.  INAP., CODED 6 AT Q.19(C) AND 2 AT Q.19B(1D)
154  997.  THIS QUESTION NOT ASKED
91  998.  SPENT MONEY ON UPKEEP OF APPLIANCE, NOT NEW APPLIANCE
4  999.  APPLIANCE GIVEN FREE

VALID-N=90  MIN=2  MAX=400  MEAN=116.3  ST.DEV=73.0
VAR 0238      AMOUNT SPENT UPKEEP TEET          MD=0 OR GE 996
REF 0238      LOC 380 WIDTH 3                  DK 6 COL 53-55

--IF "YES" AT Q.19B(1D) --

Q.19B(3C) AMOUNT SPENT FOR UPKEEP - [FALSE TEETH, BRIDGES,
PARTIAL PLATES]
------------------------------------------------------------------------
ACTUAL NUMBER IS CODED.

001. DOLLAR
      .
099. DOLLARS

4 000. DK
1772 996. INAP., CODED 6 AT Q.19(C) AND 2 AT Q.19B(1D)
154 997. THIS QUESTION NOT ASKED
96 998. SPENT MONEY ON NEW APPLIANCE, NOT UPKEEP
999. UPKEEP WAS GIVEN FREE

VALID-N=88  MIN=1  MAX=99  MEAN=19.2  ST.DEV=21.5
------------------------------------------------------------------------

VAR 0239      WHO PAID FOR FALSE TEE-1           MD=0 OR GE 99
REF 0239      LOC 383 WIDTH 2                  DK 6 COL 56-57

--IF "YES" AT Q.19B(1D) --

Q.19B(4C) WHO PAID FOR YOUR (APPLIANCE) (REPAIRS)? - FALSE
TEETH, BRIDGES, PARTIAL PLATES - [1ST MENTION]
------------------------------------------------------------------------
156 01. RESPONDENT OR SPOUSE
      5 02. CHILD OF RESPONDENT
      03. SON-IN-LAW OR DAUGHTER-IN-LAW
      04. OTHER RELATIVE OF RESPONDENT
      3 05. WELFARE OR OLD AGE ASSISTANCE
      06. INSURANCE
      07. EMPLOYER
      1 08. VETERANS BENEFITS
      1 09. SOMEONE ELSE (FRIEND)
174 10. THIS QUESTION NOT ASKED
      2 00. DK
1772 99. INAP., CODED 6 AT Q.19(C) AND 2 AT Q.19B(1D)

--IF "YES" AT Q.19B(1D)--

Q.19B(4D) WHO PAID FOR YOUR (APPLIANCE) (REPAIRS)? - FALSE TEETH, BRIDGES, PARTIAL PLATES - [2ND MENTION]

01. RESPONDENT OR SPOUSE
1 02. CHILD OF RESPONDENT
03. SON-IN-LAW OR DAUGHTER-IN-LAW
04. OTHER RELATIVE OF RESPONDENT
05. WELFARE OR OLD AGE ASSISTANCE
06. INSURANCE
07. EMPLOYER
08. VETERANS BENEFITS
09. SOMEONE ELSE (FRIEND)
10. THIS QUESTION NOT ASKED

00. DK
2113 99. INAP., NO FURTHER MENTIONS

Q.19(D) ASK EVERYONE: NOW, I WANT TO ASK YOU ABOUT SOME SPECIAL HEALTH HELPS. DO YOU USE -- CANE OR CRUTCH? IS IT (ARE THEY) ALL RIGHT, OR AREN'T YOU SATISFIED WITH IT (THEM)?

136 2. YES, SATISFIED
1 3. YES, DEPENDS
5 4. YES, UNSATISFIED
18 5. THIS QUESTION NOT ASKED
1954 6. NO
--IF 3-4 AT Q.19(D)--

Q.19A(4) (IF "DEPENDS" OR "UNSATISFACTORY") WHAT'S THE TROUBLE - [CANE]

3  5.  AID DOES NOT HELP IN GETTING AROUND
1  6.  SPECIFIC SYMPTOMS OF DISTRESS IN WALKING GIVEN
1  7.  WOULD GET NEW APPLIANCE BUT APPLIANCE TOO EXPENSIVE
8.  THIS QUESTION NOT ASKED

2090  0.  INAP., CODED 2 OR 6 AT Q.19(D)
19  9.  NO ANSWER

--IF 2-4 AT Q.19(D)--

Q.19B(1F) DID YOU GET A NEW (APPLIANCE) DURING THE PAST YEAR, OR SPEND ANY MONEY ON THE ONE YOU HAVE? - [CANE OR CRUTCH]

5  1.  YES
2.  DON'T KNOW COST
2  3.  DIDN'T PAY FOR CANE OR UPKEEP
39  4.  THIS QUESTION NOT ASKED
114  5.  NO

1954  0.  INAP., CODED 6 AT Q.19(D)

--IF "YES" AT Q.19B(1F)--

Q.19B(2D) COST OF NEW CANE OR CRUTCH
Actual number is coded.

01. DOLLAR

14. DOLLARS

3 00. DK

2068 96. INAP., CODED 0 OR 5 AT Q.19B(1F)

39 97. THIS QUESTION NOT ASKED

1 98. SPENT MONEY ON UPKEEP OF APPLIANCE, NOT NEW APPLIANCE

1 99. APPLIANCE WAS GIVEN FREE

Too few cases to calculate statistics.

------------------------------------------------------------------

VAR 0245   AMOUNT SPENT UPKEEP CANE  MD=0 OR GE  6
REF 0245   LOC  392 WIDTH  1   DK  6 COL 65

--IF "YES" AT Q.19B(1F)--

Q.19B(3D)  AMOUNT SPENT FOR UPKEEP - [CANE OR CRUTCHES]

------------------------------------------------------------------

Actual number is coded.

1 1. DOLLAR

1 0. DK

2068 6. INAP., CODED 0 OR 5 AT Q.19B(1F)

39 7. THIS QUESTION NOT ASKED

5 8. SPENT MONEY ON NEW APPLIANCE, NOT UPKEEP

9. UPKEEP WAS GIVEN FREE

Too few cases to calculate statistics.

------------------------------------------------------------------

VAR 0246   WHO PAID FOR CANE/CRUTCH  MD=0 OR GE  99
REF 0246   LOC  393 WIDTH  2   DK  6 COL 66-67

--IF "YES" AT Q.19B(1F)--
Q.19B(4E) WHO PAID FOR YOUR (APPLIANCE) (REPAIRS)?  - [CANE OR CRUTCHES]

4  01.  RESPONDENT OR SPOUSE
  02.  CHILD OF RESPONDENT
  03.  SON-IN-LAW OR DAUGHTER-IN-LAW
1  04.  OTHER RELATIVE OF RESPONDENT
1  05.  WELFARE OR OLD AGE ASSISTANCE
  06.  INSURANCE
  07.  EMPLOYER
  08.  VETERANS BENEFITS
  09.  SOMEONE ELSE (FRIEND)
39  10.  THIS QUESTION NOT ASKED

1  00.  DK
2068  99.  INAP., CODED 0 OR 5 AT Q.19B(1F)

---

Q.19(E) ASK EVERYONE:  NOW, I WANT TO ASK YOU ABOUT SOME SPECIAL HEALTH HELPS.  DO YOU USE -- LEG BRACE?  IS IT (ARE THEY) ALL RIGHT, OR AREN'T YOU SATISFIED WITH IT (THEM)?

4  2.  YES, SATISFIED
2  3.  YES, DEPENDS
1  4.  YES, UNSATISFIED
11  5.  THIS QUESTION NOT ASKED
2096  6.  NO

---

Q.19A(5) (IF "DEPENDS" OR "UNSATISFACTORY") WHAT'S THE TROUBLE?  - [LEG BRACE]

1  5.  BRACE DOESN'T FIT PROPERLY
6. SPECIFIC SYMPTOMS OF DISTRESS GIVEN
7. WOULD GET NEW APPLIANCE BUT APPLIANCE TOO EXPENSIVE
8. THIS QUESTION NOT ASKED

2100 0. INAP., CODED 2 OR 6 AT Q.19(E)
12 9. NO ANSWER

VAR 0249      NEW/REPAIRED LEG BRACE                       MD=0
REF 0249         LOC  397 WIDTH  1             DK   6 COL 70

--IF 2-4 AT Q.19(E)--

Q.19B(1G)  DID YOU GET A NEW (APPLIANCE) DURING THE PAST
YEAR, OR SPEND ANY MONEY ON THE ONE YOU HAVE? - [LEG BRACE]

2  1. YES
2. DON'T KNOW COST
1  3. DIDN'T PAY FOR LEG BRACE OR UPKEEP
11 4. THIS QUESTION NOT ASKED
4  5. NO

2096 0. INAP., CODED 6 AT Q.19(E)

VAR 0250      COST OF NEW LEG BRACE              MD=0 OR GE  96
REF 0250         LOC  398 WIDTH  2             DK   6 COL 71-72

--IF "YES" AT Q.19B(1G)--

Q.19B(2E)  COST OF NEW LEG BRACE

ACTUAL NUMBER IS CODED.

01. DOLLAR
   .
   .
06. DOLLARS

00. DK
2100 96. INAP., CODED 0 OR 5 AT Q.19B(1G)
11 97. THIS QUESTION NOT ASKED
1 98. SPENT MONEY ON UPKEEP OF APPLIANCE, NOT NEW APPLIANCE
1 99. APPLIANCE WAS GIVEN FREE

TOO FEW CASES TO CALCULATE STATISTICS.

------------------------------------------------

VAR 0251 AMOUNT SPENT UPKEEP BRAC MD=0 OR GE 996
REF 0251 LOC 400 WIDTH 3 DK 6 COL 73-75

--IF "YES" AT Q.19B(1G)--

Q.19B(3E) AMOUNT SPENT FOR UPKEEP - [LEG BRACE]

ACTUAL NUMBER IS CODED.

001. DOLLAR
     .
099. DOLLARS

000. DK
996. UPKEEP WAS GIVEN FREE
2 997. SPENT MONEY ON NEW APPLIANCE, NOT UPKEEP
11 998. THIS QUESTION NOT ASKED
2100 999. INAP., CODED 0 OR 5 AT Q.19B(1G)

TOO FEW CASES TO CALCULATE STATISTICS.

------------------------------------------------

VAR 0252 WHO PAID FOR LEG BRACE MD=0 OR GE 99
REF 0252 LOC 403 WIDTH 2 DK 6 COL 76-77

--IF "YES" AT Q.19B(1G)--

Q.19B(4F) WHO PAID FOR YOUR (APPLIANCE) (REPAIRS)? - [LEG BRACE]

-------------------------------------------------
(CONTINUED)

1  05. WELFARE OR OLD AGE ASSISTANCE
06. INSURANCE
07. EMPLOYER
08. VETERANS BENEFITS
09. SOMEONE ELSE (FRIEND)
10. THIS QUESTION NOT ASKED
00. DK
2100 99. INAP., CODED 0 OR 5 AT Q.19B(1G)

VAR 0253 USE SPECIAL SHOES NO MISSING DATA CODES
REF 0253 LOC 405 WIDTH 1 DK 6 COL 78

Q.19(F) ASK EVERYONE: NOW, I WANT TO ASK YOU ABOUT SOME SPECIAL HEALTH HELPS. DO YOU USE -- SPECIAL SHOES? IS IT (ARE THEY) ALL RIGHT, OR AREN'T YOU SATISFIED WITH IT (THEM)?

86  2. YES, SATISFIED
4  3. YES, DEPENDS
12  4. YES, UNSATISFIED
13  5. THIS QUESTION NOT ASKED
1999  6. NO

VAR 0254 SPECIAL SHOES ALL RIGHT MD=0 OR GE 9
REF 0254 LOC 406 WIDTH 1 DK 6 COL 79

--IF 3-4 AT Q.19(F)--

Q.19A(6) (IF "DEPENDS" OR "UNSATISFACTORY") WHAT'S THE TROUBLE? - [SPECIAL SHOES]

9  5. SPECIAL SHOES DO NOT SEEM TO CORRECT PROBLEM
3  6. SPECIFIC SYMPTOMS OF DISTRESS GIVEN
1  7. WOULD GET NEW APPLIANCE BUT APPLIANCE TOO EXPENSIVE
8. THIS QUESTION NOT ASKED

2085  0. INAP., CODED 2 OR 6 AT Q.19(F)
16  9. NO ANSWER
Q.19B(1H) DID YOU GET A NEW (APPLIANCE) DURING THE PAST YEAR, OR SPEND ANY MONEY ON THE ONE YOU HAVE? - [SPECIAL SHOES]

56  1. YES
1  2. DON'T KNOW COST
2  3. DIDN'T PAY FOR SPECIAL SHOES OR UPKEEP
16  4. THIS QUESTION NOT ASKED
40  5. NO

1999  0. INAP., CODED 6 AT Q.19(F)

ICPSR STUDY NUMBER-7686

ICPSR EDITION NUMBER-1

THE NUMBER IDENTIFYING THE RELEASE EDITION OF THIS DATASET.

1. WINTER 1984
ICPSR PART NUMBER
-------------------

THE NUMBER IDENTIFYING THIS PART OF A 3-PART STUDY.

001. THE HEALTH NEEDS OF OLDER PERSONS
002. HOUSEHOLD ENUMERATION: NON-INTERVIEWED INDIVIDUALS
003. PUBLIC ATTITUDES ON OLDER PEOPLE

ICPSR SEQUENTIAL CASE IDENTIFICATION NUMBER
---------------------------------------------

THE ICPSR HAS ATTACHED A SEQUENTIAL CASE IDENTIFICATION NUMBER TO EVERY RECORD. THIS NUMBER UNIQUELY IDENTIFIES EACH RECORD IN THE DATA COLLECTION.

--IF "YES" AT Q.19B(1H)--

Q.19B(2F) COST OF NEW SPECIAL SHOES
-------------------------------------

ACTUAL NUMBER IS CODED.

001. DOLLAR
    .
    .
100. DOLLARS

2 000. DK
2039 996. INAP., CODED 0 OR 5 AT Q.19B(1H)
16 997. THIS QUESTION NOT ASKED
7 998. SPENT MONEY ON UPKEEP OF APPLIANCE, NOT NEW APPLIANCE
1 999. APPLIANCE WAS GIVEN FREE

VALID-N=49 MIN=1 MAX=100 MEAN=20.1 ST.DEV=16.0

---IF "YES" AT Q.19B(1H)---

Q.19B(3F) AMOUNT SPENT FOR UPKEEP - [SPECIAL SHOES]

ACTUAL NUMBER IS CODED.

01. DOLLAR
   .
   .
25. DOLLARS

00. DK
2039 96. INAP., CODED 0 OR 5 AT Q.19B(1H)
16 97. THIS QUESTION NOT ASKED
50 98. SPENT MONEY ON NEW APPLIANCE, NOT UPKEEP
99. UPKEEP WAS GIVEN FREE

VALID-N=9 MIN=1 MAX=25 MEAN=6.4 ST.DEV=9.2

---IF "YES" AT Q.19B(1H)---

Q.19B(4G) WHO PAID FOR YOUR (APPLIANCE) (REPAIRS)? - [SPECIAL SHOES]

46 01. RESPONDENT OR SPOUSE
   02. CHILD OF RESPONDENT
   1 03. SON-IN-LAW OR DAUGHTER-IN-LAW
   04. OTHER RELATIVE OF RESPONDENT
   05. WELFARE OR OLD AGE ASSISTANCE
   1 06. INSURANCE
(CONTINUED)

07. EMPLOYER
  1  08. VETERANS BENEFITS
  09. SOMEONE ELSE (FRIEND)
25  10. THIS QUESTION NOT ASKED

1  00. DK
2039  99. INAP., CODED 0 OR 5 AT Q.19B(1H)

Q.19(G) ASK EVERYONE: NOW, I WANT TO ASK YOU ABOUT SOME
SPECIAL HEALTH HELPS. DO YOU USE -- TRUSS? IS IT (ARE
THEY) ALL RIGHT, OR AREN'T YOU SATISFIED WITH IT (THEM)?

72  2. YES, SATISFIED
4  3. YES, DEPENDS
10  4. YES, UNSATISFIED
49  5. THIS QUESTION NOT ASKED
1979  6. NO

VAR 0259 USE TRUSS NO MISSING DATA CODES
REF 0259 LOC 415 WIDTH 1 DK 7 COL 22

Q.19A(7) (IF "DEPENDS" OR "UNSATISFACTORY") WHAT'S THE
TROUBLE? - [TRUSS]

3  5. TRUSS DOES NOT SEEM TO CORRECT PROBLEM
5  6. SPECIFIC SYMPTOMS OF DISTRESS GIVEN
2  7. WOULD GET NEW APPLIANCE BUT APPLIANCE TOO EXPENSIVE
8  9. THIS QUESTION NOT ASKED

2051  0. INAP., CODED 2 OR 6 AT Q.19(G)
53  9. NO ANSWER
Q.19B(1I) DID YOU GET A NEW (APPLIANCE) DURING THE PAST YEAR, OR SPEND ANY MONEY ON THE ONE YOU HAVE? - [TRUSS]

21  1. YES
   2. DON'T KNOW COST
   1  3. DIDN'T PAY FOR TRUSS OR UPKEEP
   55  4. THIS QUESTION NOT ASKED
   58  5. NO

1979  0. INAP., CODED 6 AT Q.19(G)

VAR 0262      COST OF NEW TRUSS                  MD=0 OR GE  96
REF 0262         LOC  418 WIDTH  2             DK   7 COL 25-26

--IF "YES" AT Q.19B(1I)--

Q.19B(2G) COST OF NEW TRUSS

ACTUAL NUMBER IS CODED.

01. DOLLAR
   .
   .
   70. DOLLARS

1  00. DK
2037  96. INAP., CODED 0 OR 5 AT Q.19B(1I)
55  97. THIS QUESTION NOT ASKED
1  98. SPENT MONEY ON UPKEEP OF APPLIANCE, NOT NEW APPLIANCE
1  99. APPLIANCE WAS GIVEN FREE

VALID-N=19  MIN=3  MAX=70  MEAN=14.8  ST.DEV=14.9
VAR 0263      AMOUNT SPENT UPKEEP-TRUS           MD=0 OR GE 96
REF 0263         LOC 420 WIDTH 2             DK   7 COL 27-28

--IF "YES" AT Q.19B(1I)--

Q.19B(3G) AMOUNT SPENT FOR UPKEEP - [TRUSS]
--------------------------------------------
ACTUAL NUMBER IS CODED.

01. DOLLAR
    .
50. DOLLARS

00. DK
2037 96. INAP., CODED 0 OR 5 AT Q.19B(1I)
55 97. THIS QUESTION NOT ASKED
20 98. SPENT MONEY ON NEW APPLIANCE, NOT UPKEEP
99. UPKEEP WAS GIVEN FREE

TOO FEW CASES TO CALCULATE STATISTICS.

--------------------------------------------

VAR 0264      WHO PAID FOR TRUSS                 MD=0 OR GE 99
REF 0264         LOC 422 WIDTH 2             DK   7 COL 29-30

--IF "YES" AT Q.19B(1I)--

Q.19B(4H) WHO PAID FOR YOUR (APPLIANCE) (REPAIRS)? - [TRUSS]
--------------------------------------------
19 01. RESPONDENT OR SPOUSE
    02. CHILD OF RESPONDENT
    03. SON-IN-LAW OR DAUGHTER-IN-LAW
    04. OTHER RELATIVE OF RESPONDENT
    05. WELFARE OR OLD AGE ASSISTANCE
    06. INSURANCE
    07. EMPLOYER
    08. VETERANS BENEFITS
    09. SOMEONE ELSE (FRIEND)
57 10. THIS QUESTION NOT ASKED

00. DK
2037 99. INAP., CODED 0 OR 5 AT Q.19B(1I)
Q.19(H) ASK EVERYONE: NOW, I WANT TO ASK YOU ABOUT SOME SPECIAL HEALTH HELPS. DO YOU USE -- ANYTHING ELSE? (SPECIFY) IS IT (ARE THEY) ALL RIGHT, OR AREN'T YOU SATISFIED WITH IT (THEM)?

52  2. YES, SATISFIED
  2  3. YES, DEPENDS
  7  4. YES, UNSATISFIED
234  5. THIS QUESTION NOT ASKED
1819  6. NO

VAR 0266 ANYTHING ELSE ALL RIGHT MD=0 OR GE 9
REF 0266 LOC 425 WIDTH 1 DK 7 COL 32

--IF 3-4 AT Q.19(H)--

Q.19A(8) IS IT (ARE THEY) ALL RIGHT, OR AREN'T YOU SATISFIED WITH IT (THEM)? Q.19A(8) (IF "DEPENDS" OR "UNSATISFACTORY") WHAT'S THE TROUBLE? - [ANYTHING ELSE]

7  5. SPECIFIC SYMPTOMS OF DISTRESS GIVEN
  1  7. WOULD GET NEW APPLIANCE BUT APPLIANCE TOO EXPENSIVE
     8. THIS QUESTION NOT ASKED
1871  0. INAP., CODED 2 OR 6 AT Q.19(H)
235  9. NO ANSWER

VAR 0267 NEW/REPAIRED ANYTHING EL MD=0
REF 0267 LOC 426 WIDTH 1 DK 7 COL 33

--IF 2-4 AT Q.19(H)--

Q.19B(1J) DID YOU GET A NEW (APPLIANCE) DURING THE PAST YEAR, OR SPEND ANY MONEY ON THE ONE YOU HAVE? - [ANYTHING ELSE]
20 1. YES
5 2. DON'T KNOW COST
3. DIDN'T PAY FOR APPLIANCE OR UPKEEP
244 4. THIS QUESTION NOT ASKED
26 5. NO
1819 0. INAP., CODED 6 AT Q.19(H)

---------------------------------------------------------------------
VAR 0268  COST OF NEW ANYTHING ELS  MD=0 OR GE  96
REF 0268  LOC 427 WIDTH 2  DK 7 COL 34-35

--IF "YES" AT Q.19B(1J)--

Q.19B(2H) COST OF NEW - ANYTHING ELSE (SPECIFY)
---------------------------------------------------------------------
ACTUAL NUMBER IS CODED.

01. DOLLAR
.
.
75. DOLLARS

4 00. DK
1845 96. INAP., CODED 0 OR 5 AT Q.19B(1J)
244 97. THIS QUESTION NOT ASKED
7 98. SPENT MONEY ON UPKEEP OF APPLIANCE, NOT NEW APPLIANCE
1 99. APPLIANCE WAS GIVEN FREE

VALID-N=13  MIN=3  MAX=75  MEAN=21.2  ST.DEV=18.7
---------------------------------------------------------------------
VAR 0269  AMOUNT SPENT UPKEEP ANYT  MD=0 OR GE  96
REF 0269  LOC 429 WIDTH 2  DK 7 COL 36-37

--IF "YES" AT Q.19B(1J)--

Q.19B(3H) AMOUNT SPENT FOR UPKEEP - [ANYTHING ELSE] (SPECIFY)
---------------------------------------------------------------------
(CONTINUED)

ACTUAL NUMBER IS CODED.

01. DOLLAR
  .
  .
50. DOLLARS

2 00. DK
1845 96. INAP., CODED 0 OR 5 AT Q.19B(1J)
244 97. THIS QUESTION NOT ASKED
16 98. SPENT MONEY ON NEW APPLIANCE, NOT UPKEEP
  1 99. UPKEEP WAS GIVEN FREE

VALID-N=6  MIN=1  MAX=50  MEAN=12.5  ST.DEV=19.0

VAR 0270  WHO PAID FOR ANYTHING EL           MD=0 OR GE 99
REF 0270  LOC 431 WIDTH 2
          DK 7 COL 38-39

--IF "YES" AT Q.19B(1J)--

Q.19B(4I) WHO PAID FOR YOUR (APPLIANCE) (REPAIRS)? -
ANYTHING ELSE] (SPECIFY)

17 01. RESPONDENT OR SPOUSE
  2 02. CHILD OF RESPONDENT
   03. SON-IN-LAW OR DAUGHTER-IN-LAW
   04. OTHER RELATIVE OF RESPONDENT
1 05. WELFARE OR OLD AGE ASSISTANCE
1 06. INSURANCE
   07. EMPLOYER
   08. VETERANS BENEFITS
   09. SOMEONE ELSE (FRIEND)
246 10. THIS QUESTION NOT ASKED
     00. DK
1845 99. INAP., CODED 0 OR 5 AT Q.19B(1J)

VAR 0271  TROUBLE - HEARING               MD=9
REF 0271  LOC 433 WIDTH 1
           DK 7 COL 40

Q.27. NOW, HERE IS A LIST OF HEALTH PROBLEMS THAT PEOPLE
(CONTINUED)

OFTEN HAVE. I'LL READ EACH ONE--IF YOU HAVE IT NOWADAYS, STOP ME!

Q.27(A)1. DO YOU HAVE TROUBLE HEARING?

523 1. YES, CURRENT PROBLEM  
26 2. YES, USED TO HAVE PROBLEM  
1555 3. NO  
10 9. NO ANSWER

VAR 0272 WHEN - TROUBLE HEARING MD=98 OR GE 99  
REF 0272 LOC 434 WIDTH 2 DK 7 COL 41-42

(--(IF SICKNESS OR PROBLEM HAS NOT BEEN MENTIONED BEFORE), IF CODED 1 AT Q.27(A)1--)  

Q.27(B)1 WHEN DID THIS FIRST BOTHER YOU? (HOW LONG AGO WAS THAT?) [TROUBLE HEARING]

2 -1. ONE MONTH, LESS THAN TWO MONTHS  
2 -2. TWO MONTHS, LESS THAN THREE MONTHS  
1 -3. THREE MONTHS, LESS THAN FOUR MONTHS  
1 -4. FOUR MONTHS, LESS THAN FIVE MONTHS  
1 -5. FIVE MONTHS, LESS THAN SIX MONTHS  
6 -6. SIX MONTHS, LESS THAN SEVEN MONTHS  
1 -7. SEVEN MONTHS, LESS THAN EIGHT MONTHS  
1 -8. EIGHT MONTHS, LESS THAN NINE MONTHS  
1 -9. NINE MONTHS, LESS THAN TEN MONTHS  
00. LESS THAN ONE MONTH  
40 01. ONE YEAR, LESS THAN TWO YEARS  
60 02. TWO YEARS, LESS THAN THREE YEARS  
34 03. THREE YEARS, LESS THAN FOUR YEARS  
28 04. FOUR YEARS, LESS THAN FIVE YEARS  
82 05. FIVE YEARS, LESS THAN TEN YEARS  
58 10. TEN YEARS, LESS THAN FIFTEEN YEARS  
26 15. FIFTEEN YEARS, LESS THAN TWENTY YEARS  
22 20. TWENTY YEARS, LESS THAN TWENTY-FIVE YEARS  
66 25. TWENTY-FIVE YEARS OR MORE  
26. TEN MONTHS, LESS THAN ELEVEN MONTHS  
27. ELEVEN MONTHS, LESS THAN ONE YEAR  
5 28. ANSWER CANNOT BE CLASSIFIED AS "OCCASIONALLY," "OFF AND ON," ETC.
1657 98. INAP., CODED 2-3 AT Q.27(A)1; OR CODED 1 AT Q.27(A)1 BUT HEALTH PROBLEM MENTIONED EARLIER
20 99. NO ANSWER

Q.27(A)2. DO YOU HAVE TROUBLE SEEING, EVEN WITH GLASSES?

---

507 1. YES, CURRENT PROBLEM
32 2. YES, USED TO HAVE PROBLEM
1562 3. NO
13 9. NO ANSWER

---

Q.27(B)2 WHEN DID THIS FIRST BOTHER YOU? (HOW LONG AGO WAS THAT?) [TROUBLE SEEING]
(CONTINUED)

62  05.  FIVE YEARS, LESS THAN TEN YEARS
32  10.  TEN YEARS, LESS THAN FIFTEEN YEARS
18  15.  FIFTEEN YEARS, LESS THAN TWENTY YEARS
13  20.  TWENTY YEARS, LESS THAN TWENTY-FIVE YEARS
37  25.  TWENTY-FIVE YEARS OR MORE
1  26.  TEN MONTHS, LESS THAN ELEVEN MONTHS
27.  ELEVEN MONTHS, LESS THAN ONE YEAR
3  28.  ANSWER CANNOT BE CLASSIFIED AS "OCCASIONALLY," "OFF
AND ON," ETC.

1709  98.  CODED 2-3 AT Q.27(A)2; OR CODED 1 AT Q.27(A)2 BUT
HEALTH PROBLEM MENTIONED EARLIER
49  99.  NO ANSWER

-----------------------------

VAR 0275  TROUBLE - COUGH  MD=9
REF 0275  LOC 439 WIDTH 1  DK 7 COL 46

Q.27(A)3.  DO YOU HAVE A COUGH?
-----------------------------

<SEE Q.27 FOR COMPLETE QUESTION TEXT>

312  1.  YES, CURRENT PROBLEM
51  2.  YES, USED TO HAVE PROBLEM
1742  3.  NO

9  9.  NO ANSWER

-----------------------------

VAR 0276  WHEN - COUGH  MD=98 OR GE 99
REF 0276  LOC 440 WIDTH 2  DK 7 COL 47-48

--(IF SICKNESS OR PROBLEM HAS NOT BEEN MENTIONED BEFORE), IF
CODED 1 AT Q.27(A)3--

Q.27(B)3  WHEN DID THIS FIRST BOTHER YOU?  (HOW LONG AGO WAS
THAT?)  [COUGH]

9  -1.  ONE MONTH, LESS THAN TWO MONTHS
7  -2.  TWO MONTHS, LESS THAN THREE MONTHS
6  -3.  THREE MONTHS, LESS THAN FOUR MONTHS
11  -4.  FOUR MONTHS, LESS THAN FIVE MONTHS
-5. FIVE MONTHS, LESS THAN SIX MONTHS
7 -6. SIX MONTHS, LESS THAN SEVEN MONTHS
-7. SEVEN MONTHS, LESS THAN EIGHT MONTHS
1 -8. EIGHT MONTHS, LESS THAN NINE MONTHS
1 -9. NINE MONTHS, LESS THAN TEN MONTHS
27 00. LESS THAN ONE MONTH
12 01. ONE YEAR, LESS THAN TWO YEARS
21 02. TWO YEARS, LESS THAN THREE YEARS
13 03. THREE YEARS, LESS THAN FOUR YEARS
9 04. FOUR YEARS, LESS THAN FIVE YEARS
32 05. FIVE YEARS, LESS THAN TEN YEARS
24 10. TEN YEARS, LESS THAN FIFTEEN YEARS
7 15. FIFTEEN YEARS, LESS THAN TWENTY YEARS
11 20. TWENTY YEARS, LESS THAN TWENTY-FIVE YEARS
60 25. TWENTY-FIVE YEARS OR MORE
26. TEN MONTHS, LESS THAN ELEVEN MONTHS
27. ELEVEN MONTHS, LESS THAN ONE YEAR
11 28. ANSWER CANNOT BE CLASSIFIED AS "OCCASIONALLY," "OFF AND ON," ETC.

1820 98. INAP., CODED 2-3 AT Q.27(A)3; OR CODED 1 AT Q.27(A)3 BUT HEALTH PROBLEM MENTIONED EARLIER
25 99. NO ANSWER

Q.27(A)4. DIARRHEA?
--------------

<SEE Q.27 FOR COMPLETE QUESTION TEXT>

45 1. YES, CURRENT PROBLEM
28 2. YES, USED TO HAVE PROBLEM
2030 3. NO
11 9. NO ANSWER

VAR 0278 WHEN - DIARRHEA MD=98 OR GE 99
REF 0278 LOC 443 WIDTH 2 DK 7 COL 50-51

--(IF SICKNESS OR PROBLEM HAS NOT BEEN MENTIONED BEFORE), IF
(CONTINUED)

CODED 1 AT Q.27(A)4--

Q.27(B)4 WHEN DID THIS FIRST BOTHER YOU? (HOW LONG AGO WAS THAT?) [DIARRHEA]

------------------------------------------------------------

1  -1.  ONE MONTH, LESS THAN TWO MONTHS
1  -2.  TWO MONTHS, LESS THAN THREE MONTHS
1  -3.  THREE MONTHS, LESS THAN FOUR MONTHS
1  -4.  FOUR MONTHS, LESS THAN FIVE MONTHS
1  -5.  FIVE MONTHS, LESS THAN SIX MONTHS
1  -6.  SIX MONTHS, LESS THAN SEVEN MONTHS
1  -7.  SEVEN MONTHS, LESS THAN EIGHT MONTHS
1  -8.  EIGHT MONTHS, LESS THAN NINE MONTHS
1  -9.  NINE MONTHS, LESS THAN TEN MONTHS
2  00.  LESS THAN ONE MONTH
2  01.  ONE YEAR, LESS THAN TWO YEARS
4  02.  TWO YEARS, LESS THAN THREE YEARS
2  03.  THREE YEARS, LESS THAN FOUR YEARS
1  04.  FOUR YEARS, LESS THAN FIVE YEARS
4  05.  FIVE YEARS, LESS THAN TEN YEARS
4  10.  TEN YEARS, LESS THAN FIFTEEN YEARS
4  15.  FIFTEEN YEARS, LESS THAN TWENTY YEARS
1  20.  TWENTY YEARS, LESS THAN TWENTY-FIVE YEARS
4  25.  TWENTY-FIVE YEARS OR MORE
26.  TEN MONTHS, LESS THAN ELEVEN MONTHS
27.  ELEVEN MONTHS, LESS THAN ONE YEAR
2  28.  ANSWER CANNOT BE CLASSIFIED AS "OCCASIONALLY," "OFF
2073  98.  INAP., CODED 2-3 AT Q.27(A)4; OR CODED 1 AT
2 99.  NO ANSWER

5 99.  NO ANSWER

---------------------------------------------------------------------

VAR 0279  TROUBLE - CONSTIPATION        MD=9
REF 0279  LOC 445 WIDTH 1     DK 7 COL 52

Q.27(A)5.  CONSTIPATION?

------------------------

<SEE Q.27 FOR COMPLETE QUESTION TEXT>

485  1.  YES, CURRENT PROBLEM
84  2.  YES, USED TO HAVE PROBLEM
1534  3.  NO
11 9. NO ANSWER

---

VAR 0280 WHEN - CONSTIPATION MD=98 OR GE 99
REF 0280 LOC 446 WIDTH 2 DK 7 COL 53-54

--(IF SICKNESS OR PROBLEM HAS NOT BEEN MENTIONED BEFORE), IF CODED 1 AT Q.27(A)5--

Q.27(B)5 WHEN DID THIS FIRST BOTHER YOU? (HOW LONG AGO WAS THAT?) [CONSTIPATION]

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<td>26</td>
<td>99. NO ANSWER</td>
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</table>
Q.27(A)6. FEELING OF DIZZINESS?
-----------------------------------

<SEE Q.27 FOR COMPLETE QUESTION TEXT>

577 1. YES, CURRENT PROBLEM
124 2. YES, USED TO HAVE PROBLEM
1397 3. NO

16 9. NO ANSWER

Q.27(B)6 WHEN DID THIS FIRST BOTHER YOU? (HOW LONG AGO WAS THAT?) [DIZZINESS]

5  -1. ONE MONTH, LESS THAN TWO MONTHS
7  -2. TWO MONTHS, LESS THAN THREE MONTHS
5  -3. THREE MONTHS, LESS THAN FOUR MONTHS
6  -4. FOUR MONTHS, LESS THAN FIVE MONTHS
2  -5. FIVE MONTHS, LESS THAN SIX MONTHS
12  -6. SIX MONTHS, LESS THAN SEVEN MONTHS
2  -7. SEVEN MONTHS, LESS THAN EIGHT MONTHS
   -8. EIGHT MONTHS, LESS THAN NINE MONTHS
1  -9. NINE MONTHS, LESS THAN TEN MONTHS
9  00. LESS THAN ONE MONTH
55  01. ONE YEAR, LESS THAN TWO YEARS
60  02. TWO YEARS, LESS THAN THREE YEARS
52  03. THREE YEARS, LESS THAN FOUR YEARS
40  04. FOUR YEARS, LESS THAN FIVE YEARS
99  05. FIVE YEARS, LESS THAN TEN YEARS
60  10. TEN YEARS, LESS THAN FIFTEEN YEARS
26  15. FIFTEEN YEARS, LESS THAN TWENTY YEARS
11  20. TWENTY YEARS, LESS THAN TWENTY-FIVE YEARS
26  25. TWENTY-FIVE YEARS OR MORE
26  26. TEN MONTHS, LESS THAN ELEVEN MONTHS
27  27. ELEVEN MONTHS, LESS THAN ONE YEAR
18 28. ANSWER CANNOT BE CLASSIFIED AS "OCCASIONALLY," "OFF AND ON," ETC.

1580 98. INAP., CODED 2-3 AT Q.27(A)6; OR CODED 1 AT Q.27(A)6 BUT HEALTH PROBLEM MENTIONED EARLIER

38 99. NO ANSWER

VAR 0283 TROUBLE - HEADACHES MD=9
REF 0283 LOC 451 WIDTH 1 DK 7 COL 58

Q.27(A)7. HEADACHES?

<SEE Q.27 FOR COMPLETE QUESTION TEXT>

438 1. YES, CURRENT PROBLEM
104 2. YES, USED TO HAVE PROBLEM
1558 3. NO

14 9. NO ANSWER

VAR 0284 WHEN - HEADACHES MD=98 OR GE 99
REF 0284 LOC 452 WIDTH 2 DK 7 COL 59-60

--(IF SICKNESS OR PROBLEM HAS NOT BEEN MENTIONED BEFORE), IF CODED 1 AT Q.27(A)7--

Q.27(B)7 WHEN DID THIS FIRST BOther YOU? (HOW LONG AGO WAS THAT?) [HEADACHES]

5 -1. ONE MONTH, LESS THAN TWO MONTHS
6 -2. TWO MONTHS, LESS THAN THREE MONTHS
4 -3. THREE MONTHS, LESS THAN FOUR MONTHS
5 -4. FOUR MONTHS, LESS THAN FIVE MONTHS
-5. FIVE MONTHS, LESS THAN SIX MONTHS
10 -6. SIX MONTHS, LESS THAN SEVEN MONTHS
-7. SEVEN MONTHS, LESS THAN EIGHT MONTHS
1 -8. EIGHT MONTHS, LESS THAN NINE MONTHS
-9. NINE MONTHS, LESS THAN TEN MONTHS
8 00. LESS THAN ONE MONTH
26 01. ONE YEAR, LESS THAN TWO YEARS
(CONTINUED)

25  02.  TWO YEARS, LESS THAN THREE YEARS
14  03.  THREE YEARS, LESS THAN FOUR YEARS
12  04.  FOUR YEARS, LESS THAN FIVE YEARS
50  05.  FIVE YEARS, LESS THAN TEN YEARS
33  10.  TEN YEARS, LESS THAN FIFTEEN YEARS
24  15.  FIFTEEN YEARS, LESS THAN TWENTY YEARS
13  20.  TWENTY YEARS, LESS THAN TWENTY-FIVE YEARS
76  25.  TWENTY-FIVE YEARS OR MORE
26  28.  ANSWER CANNOT BE CLASSIFIED AS "OCCASIONALLY," "OFF
AND ON," ETC.

1746  98.  INAP., CODED 2-3 AT Q.27(A)7; OR CODED 1 AT
Q.27(A)7 BUT HEALTH PROBLEM MENTIONED EARLIER
30  99.  NO ANSWER

--------------------
VAR 0285      TROUBLE - SHORTNESS BREATH                   MD=9
REF 0285      LOC 454 WIDTH 1          DK 7 COL 61

Q.27(A)8.  SHORTNESS OF BREATH?
-----------------------------

<SEE Q.27 FOR COMPLETE QUESTION TEXT>

549  1.  YES, CURRENT PROBLEM
51  2.  YES, USED TO HAVE PROBLEM
1503  3.  NO

11  9.  NO ANSWER

--------------------
VAR 0286      WHEN - SHORTNESS BREATH md=98 or ge 99
REF 0286      LOC 455 WIDTH 2          DK 7 COL 62-63

--(IF SICKNESS OR PROBLEM HAS NOT BEEN MENTIONED BEFORE), IF
CODED 1 AT Q.27(A)8--

Q.27(B)8  WHEN DID THIS FIRST BOTHER YOU?  (HOW LONG AGO WAS
THAT?)  [SHORTNESS OF BREATH]
---------------------------------------------

4   -1.  ONE MONTH, LESS THAN TWO MONTHS
(CONTINUED)

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1588 98. INAP., CODED 2-3 AT Q.27(A)8; OR CODED 1 AT Q.27(A)8 BUT HEALTH PROBLEM MENTIONED EARLIER

43 99. NO ANSWER

------------------

VAR 0287   TROUBLE - ASTHMA   MD=9
REF 0287   LOC 457 WIDTH 1   DK 7 COL 64

Q.27(A)9. ASTHMA?

-------------

<SEE Q.27 FOR COMPLETE QUESTION TEXT>

114 1. YES, CURRENT PROBLEM
35 2. YES, USED TO HAVE PROBLEM
1948 3. NO
17 9. NO ANSWER
--(IF SICKNESS OR PROBLEM HAS NOT BEEN MENTIONED BEFORE), IF CODED 1 AT Q.27(A)9--

Q.27(B)9 WHEN DID THIS FIRST BOTHER YOU? (HOW LONG AGO WAS THAT?) [ASTHMA]

-1. ONE MONTH, LESS THAN TWO MONTHS
-2. TWO MONTHS, LESS THAN THREE MONTHS
-3. THREE MONTHS, LESS THAN FOUR MONTHS
1  -4. FOUR MONTHS, LESS THAN FIVE MONTHS
-5. FIVE MONTHS, LESS THAN SIX MONTHS
1  -6. SIX MONTHS, LESS THAN SEVEN MONTHS
-7. SEVEN MONTHS, LESS THAN EIGHT MONTHS
1  -8. EIGHT MONTHS, LESS THAN NINE MONTHS
-9. NINE MONTHS, LESS THAN TEN MONTHS
00. LESS THAN ONE MONTH
3  01. ONE YEAR, LESS THAN TWO YEARS
5  02. TWO YEARS, LESS THAN THREE YEARS
3  03. THREE YEARS, LESS THAN FOUR YEARS
3  04. FOUR YEARS, LESS THAN FIVE YEARS
11  05. FIVE YEARS, LESS THAN TEN YEARS
7  10. TEN YEARS, LESS THAN FIFTEEN YEARS
5  15. FIFTEEN YEARS, LESS THAN TWENTY YEARS
4  20. TWENTY YEARS, LESS THAN TWENTY-FIVE YEARS
15  25. TWENTY-FIVE YEARS OR MORE
26. TEN MONTHS, LESS THAN ELEVEN MONTHS
27. ELEVEN MONTHS, LESS THAN ONE YEAR
1  28. ANSWER CANNOT BE CLASSIFIED AS "OCCASIONALLY," "OFF AND ON," ETC.

2047  98. INAP., CODED 2-3 AT Q.27(A)9; OR CODED 1 AT Q.27(A)9 BUT HEALTH PROBLEM MENTIONED EARLIER
7  99. NO ANSWER

-----------------------------

Q.27(A)10. LOSING WEIGHT FOR NO REASON?
----------------------------------------

<SEE Q.27 FOR COMPLETE QUESTION TEXT>
84 1. YES, CURRENT PROBLEM
35 2. YES, USED TO HAVE PROBLEM
1981 3. NO

14 9. NO ANSWER

-----------------------------

VAR 0290 WHEN - LOSING WEIGHT MD=98 OR GE 99
REF 0290 LOC 461 WIDTH 2 DK 7 COL 68-69

--(IF SICKNESS OR PROBLEM HAS NOT BEEN MENTIONED BEFORE), IF CODED 1 AT Q.27(A)10--

Q.27(B)10 WHEN DID THIS FIRST BOTHER YOU? (HOW LONG AGO WAS THAT?) [LOSING WEIGHT]

2 -1. ONE MONTH, LESS THAN TWO MONTHS
2 -2. TWO MONTHS, LESS THAN THREE MONTHS
4 -3. THREE MONTHS, LESS THAN FOUR MONTHS
4 -4. FOUR MONTHS, LESS THAN FIVE MONTHS
5 -5. FIVE MONTHS, LESS THAN SIX MONTHS
5 -6. SIX MONTHS, LESS THAN SEVEN MONTHS
-7. SEVEN MONTHS, LESS THAN EIGHT MONTHS
-8. EIGHT MONTHS, LESS THAN NINE MONTHS
1 -9. NINE MONTHS, LESS THAN TEN MONTHS
00. LESS THAN ONE MONTH
24 01. ONE YEAR, LESS THAN TWO YEARS
11 02. TWO YEARS, LESS THAN THREE YEARS
4 03. THREE YEARS, LESS THAN FOUR YEARS
04. FOUR YEARS, LESS THAN FIVE YEARS
5 05. FIVE YEARS, LESS THAN TEN YEARS
2 10. TEN YEARS, LESS THAN FIFTEEN YEARS
1 15. FIFTEEN YEARS, LESS THAN TWENTY YEARS
2 20. TWENTY YEARS, LESS THAN TWENTY-FIVE YEARS
2 25. TWENTY-FIVE YEARS OR MORE
2 26. TEN MONTHS, LESS THAN ELEVEN MONTHS
27. ELEVEN MONTHS, LESS THAN ONE YEAR
1 28. ANSWER CANNOT BE CLASSIFIED AS "OCCASIONALLY," "OFF AND ON," ETC.

2033 98. INAP., CODED 2-3 AT Q.27(A)10; OR CODED 1 AT Q.27(A)10 BUT HEALTH PROBLEM MENTIONED EARLIER

3 99. NO ANSWER
Q.27(A)11. ARTHRITIS OR RHEUMATISM?
------------------------------------

<SEE Q.27 FOR COMPLETE QUESTION TEXT>

804 1. YES, CURRENT PROBLEM
104 2. YES, USED TO HAVE PROBLEM
1192 3. NO

14 9. NO ANSWER

--(IF SICKNESS OR PROBLEM HAS NOT BEEN MENTIONED BEFORE), IF CODED 1 AT Q.27(A)11--

Q.27(B)11 WHEN DID THIS FIRST BOTHER YOU? (HOW LONG AGO WAS THAT?) [ARTHRITIS OR RHEUMATISM]

3 -1. ONE MONTH, LESS THAN TWO MONTHS
5 -2. TWO MONTHS, LESS THAN THREE MONTHS
2 -3. THREE MONTHS, LESS THAN FOUR MONTHS
2 -4. FOUR MONTHS, LESS THAN FIVE MONTHS
1 -5. FIVE MONTHS, LESS THAN SIX MONTHS
8 -6. SIX MONTHS, LESS THAN SEVEN MONTHS
2 -7. SEVEN MONTHS, LESS THAN EIGHT MONTHS
 -8. EIGHT MONTHS, LESS THAN NINE MONTHS
1 -9. NINE MONTHS, LESS THAN TEN MONTHS
2 00. LESS THAN ONE MONTH
24 01. ONE YEAR, LESS THAN TWO YEARS
44 02. TWO YEARS, LESS THAN THREE YEARS
36 03. THREE YEARS, LESS THAN FOUR YEARS
24 04. FOUR YEARS, LESS THAN FIVE YEARS
71 05. FIVE YEARS, LESS THAN TEN YEARS
61 10. TEN YEARS, LESS THAN FIFTEEN YEARS
16 15. FIFTEEN YEARS, LESS THAN TWENTY YEARS
29 20. TWENTY YEARS, LESS THAN TWENTY-FIVE YEARS
39 25. TWENTY-FIVE YEARS OR MORE
26. TEN MONTHS, LESS THAN ELEVEN MONTHS
27. ELEVEN MONTHS, LESS THAN ONE YEAR
5 28. ANSWER CANNOT BE CLASSIFIED AS "OCCASIONALLY," "OFF AND ON," ETC.

1703 98. INAP., CODED 2-3 AT Q.27(A)11; OR CODED 1 AT Q.27(A)11 BUT HEALTH PROBLEM MENTIONED EARLIER

36 99. NO ANSWER

-----------------------------

VAR 0293 TROUBLE - DIABETES MD=9
REF 0293 LOC 466 WIDTH 1 DK 7 COL 73

Q.27(A)12. DIABETES (SUGAR SICKNESS)?

<SEE Q.27 FOR COMPLETE QUESTION TEXT>

79 1. YES, CURRENT PROBLEM
16 2. YES, USED TO HAVE PROBLEM
2005 3. NO

14 9. NO ANSWER

-----------------------------

VAR 0294 WHEN - DIABETES MD=98 OR GE 99
REF 0294 LOC 467 WIDTH 2 DK 7 COL 74-75

--(IF SICKNESS OR PROBLEM HAS NOT BEEN MENTIONED BEFORE), IF CODED 1 AT Q.27(A)12--

Q.27(B)12 WHEN DID THIS FIRST BOTHER YOU? (HOW LONG AGO WAS THAT?) [DIABETES (SUGAR SICKNESS)]

-----------------------------

1  -1. ONE MONTH, LESS THAN TWO MONTHS
    -2. TWO MONTHS, LESS THAN THREE MONTHS
    -3. THREE MONTHS, LESS THAN FOUR MONTHS
    -4. FOUR MONTHS, LESS THAN FIVE MONTHS
    -5. FIVE MONTHS, LESS THAN SIX MONTHS
    -6. SIX MONTHS, LESS THAN SEVEN MONTHS
    -7. SEVEN MONTHS, LESS THAN EIGHT MONTHS
    -8. EIGHT MONTHS, LESS THAN NINE MONTHS
    -9. NINE MONTHS, LESS THAN TEN MONTHS
1 00. LESS THAN ONE MONTH
01. ONE YEAR, LESS THAN TWO YEARS
(CONTINUED)

02. TWO YEARS, LESS THAN THREE YEARS
03. THREE YEARS, LESS THAN FOUR YEARS
04. FOUR YEARS, LESS THAN FIVE YEARS
05. FIVE YEARS, LESS THAN TEN YEARS
10. TEN YEARS, LESS THAN FIFTEEN YEARS
15. FIFTEEN YEARS, LESS THAN TWENTY YEARS
20. TWENTY YEARS, LESS THAN TWENTY-FIVE YEARS
25. TWENTY-FIVE YEARS OR MORE
26. TEN MONTHS, LESS THAN ELEVEN MONTHS
27. ELEVEN MONTHS, LESS THAN ONE YEAR
28. ANSWER CANNOT BE CLASSIFIED AS "OCCASIONALLY," "OFF AND ON," ETC.

2097 98. INAP., CODED 2-3 AT Q.27(A)12; OR CODED 1 AT Q.27(A)12 BUT HEALTH PROBLEM MENTIONED EARLIER
1 99. NO ANSWER

Q.27(A)13. STOMACH TROUBLE?
----------------------------
<SEE Q.27 FOR COMPLETE QUESTION TEXT>

274 1. YES, CURRENT PROBLEM
64 2. YES, USED TO HAVE PROBLEM
1763 3. NO

13 9. NO ANSWER

--(IF SICKNESS OR PROBLEM HAS NOT BEEN MENTIONED BEFORE), IF CODED 1 AT Q.27(A)13--

Q.27(B)13 WHEN DID THIS FIRST BOTHER YOU? (HOW LONG AGO WAS THAT?) [STOMACH TROUBLE]

1  -1. ONE MONTH, LESS THAN TWO MONTHS
(CONTINUED)

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<td>29</td>
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<td>EIGHT MONTHS, LESS THAN NINE MONTHS</td>
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<td>-6</td>
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<td>-4</td>
<td>FOUR MONTHS, LESS THAN FIVE MONTHS</td>
<td>-5</td>
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<td>-3</td>
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<td>-2</td>
<td>TWO MONTHS, LESS THAN THREE MONTHS</td>
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1962 98. INAP., CODED 2-3 AT Q.27(A)13; OR CODED 1 AT Q.27(A)13 BUT HEALTH PROBLEM MENTIONED EARLIER
17 99. NO ANSWER

Q.27(A)14. GALL BLADDER OR LIVER TROUBLE?

<SEE Q.27 FOR COMPLETE QUESTION TEXT>

166 1. YES, CURRENT PROBLEM
120 2. YES, USED TO HAVE PROBLEM
1813 3. NO
15 9. NO ANSWER

DECK IDENTIFICATION NUMBER IS '08'
ICPSR STUDY NUMBER-7686
---------------------------------

THE NUMBER IDENTIFYING THE RELEASE EDITION OF THIS DATASET.

1. WINTER 1984

ICPSR PART NUMBER
------------------

THE NUMBER IDENTIFYING THIS PART OF A 3-PART STUDY.

001. THE HEALTH NEEDS OF OLDER PERSONS
002. HOUSEHOLD ENUMERATION: NON-INTERVIEWED INDIVIDUALS
003. PUBLIC ATTITUDES ON OLDER PEOPLE

ICPSR SEQUENTIAL CASE IDENTIFICATION NUMBER
---------------------------------------------

THE ICPSR HAS ATTACHED A SEQUENTIAL CASE IDENTIFICATION NUMBER TO EVERY RECORD. THIS NUMBER UNIQUELY IDENTIFIES EACH RECORD IN THE DATA COLLECTION.
VAR 0298      WHEN - GALL BLADDER               MD=98 OR GE 99
REF 0298     LOC 473 WIDTH 2              DK 8 COL 15-16

--(IF SICKNESS OR PROBLEM HAS NOT BEEN MENTIONED BEFORE), IF CODED 1 AT Q.27(A)14--

Q.27(B)14  WHEN DID THIS FIRST BOTHER YOU?  (HOW LONG AGO WAS THAT?)  [GALL BLADDER OR LIVER TROUBLE]

------------------------------------------------------------
1   -1.  ONE MONTH, LESS THAN TWO MONTHS
    -2.  TWO MONTHS, LESS THAN THREE MONTHS
2   -3.  THREE MONTHS, LESS THAN FOUR MONTHS
      -4.  FOUR MONTHS, LESS THAN FIVE MONTHS
      -5.  FIVE MONTHS, LESS THAN SIX MONTHS
1   -6.  SIX MONTHS, LESS THAN SEVEN MONTHS
     -7.  SEVEN MONTHS, LESS THAN EIGHT MONTHS
1   -8.  EIGHT MONTHS, LESS THAN NINE MONTHS
     -9.  NINE MONTHS, LESS THAN TEN MONTHS
00.  LESS THAN ONE MONTH
8   01.  ONE YEAR, LESS THAN TWO YEARS
9   02.  TWO YEARS, LESS THAN THREE YEARS
6   03.  THREE YEARS, LESS THAN FOUR YEARS
8   04.  FOUR YEARS, LESS THAN FIVE YEARS
20  05.  FIVE YEARS, LESS THAN TEN YEARS
16  10.  TEN YEARS, LESS THAN FIFTEEN YEARS
4   15.  FIFTEEN YEARS, LESS THAN TWENTY YEARS
3   20.  TWENTY YEARS, LESS THAN TWENTY-FIVE YEARS
16  25.  TWENTY-FIVE YEARS OR MORE
26.  TEN MONTHS, LESS THAN ELEVEN MONTHS
27.  ELEVEN MONTHS, LESS THAN ONE YEAR
28.  ANSWER CANNOT BE CLASSIFIED AS "OCCASIONALLY," "OFF AND ON," ETC.

2010  98.  INAP., CODED 2-3 AT Q.27(A)14; OR CODED 1 AT Q.27(A)14 BUT HEALTH PROBLEM MENTIONED EARLIER
9   99.  NO ANSWER

------------------------------------------------------------

VAR 0299      TROUBLE - HEART TROUBLE                      MD=9
REF 0299     LOC 475 WIDTH 1                        DK 8 COL 17

Q.27(A)15.  HEART TROUBLE?

<SEE Q.27 FOR COMPLETE QUESTION TEXT>
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<tr>
<td>349</td>
<td>1. YES, CURRENT PROBLEM</td>
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<td>53</td>
<td>2. YES, USED TO HAVE PROBLEM</td>
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<td>1700</td>
<td>3. NO</td>
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<td>12</td>
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<td>REF 0300</td>
<td>LOC 476 WIDTH 2</td>
<td>DK 8 COL 18-19</td>
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--(IF SICKNESS OR PROBLEM HAS NOT BEEN MENTIONED BEFORE), IF CODED 1 AT Q.27(A)15--

Q.27(B)15 WHEN DID THIS FIRST BOTHER YOU? (HOW LONG AGO WAS THAT?) [HEART TROUBLE]

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<td>26. TEN MONTHS, LESS THAN ELEVEN MONTHS</td>
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<td>28. ANSWER CANNOT BE CLASSIFIED AS &quot;OCCASIONALLY,&quot; &quot;OFF AND ON,&quot; ETC.</td>
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<td>2001</td>
<td>98. INAP., CODED 2-3 AT Q.27(A)15; OR CODED 1 AT Q.27(A)15 BUT HEALTH PROBLEM MENTIONED EARLIER</td>
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<td>11</td>
<td>99. NO ANSWER</td>
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Q.27(A)16. HIGH BLOOD PRESSURE?
---------------------------------

<SEE Q.27 FOR COMPLETE QUESTION TEXT>

424 1. YES, CURRENT PROBLEM
122 2. YES, USED TO HAVE PROBLEM
1552 3. NO

16 9. NO ANSWER

Q.27(B)16 WHEN DID THIS FIRST BOTHER YOU? (HOW LONG AGO WAS THAT?) [HIGH BLOOD PRESSURE]

-1. ONE MONTH, LESS THAN TWO MONTHS
1 -2. TWO MONTHS, LESS THAN THREE MONTHS
 -3. THREE MONTHS, LESS THAN FOUR MONTHS
1 -4. FOUR MONTHS, LESS THAN FIVE MONTHS
 -5. FIVE MONTHS, LESS THAN SIX MONTHS
2 -6. SIX MONTHS, LESS THAN SEVEN MONTHS
1 -7. SEVEN MONTHS, LESS THAN EIGHT MONTHS
 -8. EIGHT MONTHS, LESS THAN NINE MONTHS
 -9. NINE MONTHS, LESS THAN TEN MONTHS
2 00. LESS THAN ONE MONTH
22 01. ONE YEAR, LESS THAN TWO YEARS
25 02. TWO YEARS, LESS THAN THREE YEARS
10 03. THREE YEARS, LESS THAN FOUR YEARS
19 04. FOUR YEARS, LESS THAN FIVE YEARS
39 05. FIVE YEARS, LESS THAN TEN YEARS
20 10. TEN YEARS, LESS THAN FIFTEEN YEARS
17 15. FIFTEEN YEARS, LESS THAN TWENTY YEARS
12 20. TWENTY YEARS, LESS THAN TWENTY-FIVE YEARS
10 25. TWENTY-FIVE YEARS OR MORE
26. TEN MONTHS, LESS THAN ELEVEN MONTHS
27. ELEVEN MONTHS, LESS THAN ONE YEAR
(CONTINUED)

3  28. ANSWER CANNOT BE CLASSIFIED AS "OCCASIONALLY," "OFF AND ON," ETC.

1912 98. INAP., CODED 2-3 AT Q.27(A)16; OR CODED 1 AT Q.27(A)16 BUT HEALTH PROBLEM MENTIONED EARLIER

18 99. NO ANSWER

---------------------------------------------

VAR 0303 TROUBLE - KIDNEY MD=9
REF 0303 LOC 481 WIDTH 1 DK 8 COL 23

Q.27(A)17. KIDNEY TROUBLE?

<SEE Q.27 FOR COMPLETE QUESTION TEXT>

196 1. YES, CURRENT PROBLEM
64 2. YES, USED TO HAVE PROBLEM
1840 3. NO

14 9. NO ANSWER

---------------------------------------------

VAR 0304 WHEN - KIDNEY TROUBLE MD=98 OR GE 99
REF 0304 LOC 482 WIDTH 2 DK 8 COL 24-25

--(IF SICKNESS OR PROBLEM HAS NOT BEEN MENTIONED BEFORE), IF CODED 1 AT Q.27(A)17--

Q.27(B)17 WHEN DID THIS FIRST BOTHER YOU? (HOW LONG AGO WAS THAT?) [KIDNEY TROUBLE]

---------------------------------------------

-1. ONE MONTH, LESS THAN TWO MONTHS
2 -2. TWO MONTHS, LESS THAN THREE MONTHS
-3. THREE MONTHS, LESS THAN FOUR MONTHS
1 -4. FOUR MONTHS, LESS THAN FIVE MONTHS
-5. FIVE MONTHS, LESS THAN SIX MONTHS
1 -6. SIX MONTHS, LESS THAN SEVEN MONTHS
-7. SEVEN MONTHS, LESS THAN EIGHT MONTHS
1 -8. EIGHT MONTHS, LESS THAN NINE MONTHS
1 -9. NINE MONTHS, LESS THAN TEN MONTHS
00. LESS THAN ONE MONTH
10 01. ONE YEAR, LESS THAN TWO YEARS
(CONTINUED)

16 02. TWO YEARS, LESS THAN THREE YEARS
11 03. THREE YEARS, LESS THAN FOUR YEARS
 9 04. FOUR YEARS, LESS THAN FIVE YEARS
20 05. FIVE YEARS, LESS THAN TEN YEARS
 6 10. TEN YEARS, LESS THAN FIFTEEN YEARS
 7 15. FIFTEEN YEARS, LESS THAN TWENTY YEARS
 5 20. TWENTY YEARS, LESS THAN TWENTY-FIVE YEARS
14 25. TWENTY-FIVE YEARS OR MORE
 6 26. ELEVEN MONTHS, LESS THAN ONE YEAR
 4 27. ANSWER CANNOT BE CLASSIFIED AS "OCCASIONALLY," "OFF
    AND ON," ETC.
 28. TEN MONTHS, LESS THAN ELEVEN MONTHS

1997 98. INAP., CODED 2-3 AT Q.27(A)17; OR CODED 1 AT
Q.27(A)17 BUT HEALTH PROBLEM MENTIONED EARLIER
 9 99. NO ANSWER

VAR 0305 TROUBLE - PARALYSIS           MD=9
REF 0305 LOC 484 WIDTH 1              DK 8 COL 26

Q.27(A)18. PARALYSIS, ANY PART OF THE BODY?
---------------------------------------------

<SEE Q.27 FOR COMPLETE QUESTION TEXT>

35 1. YES, CURRENT PROBLEM
23 2. YES, USED TO HAVE PROBLEM
2043 3. NO
13 9. NO ANSWER

VAR 0306 WHEN - PARALYSIS               MD=98 OR GE 99
REF 0306 LOC 485 WIDTH 2              DK 8 COL 27-28

--(IF SICKNESS OR PROBLEM HAS NOT BEEN MENTIONED BEFORE), IF
CODED 1 AT Q.27(A)18--

Q.27(B)18 WHEN DID THIS FIRST BOTHER YOU? (HOW LONG AGO
WAS THAT?) [PARALYSIS, ANY PART OF THE BODY]
---------------------------------------------

-1. ONE MONTH, LESS THAN TWO MONTHS
-2. TWO MONTHS, LESS THAN THREE MONTHS  
-3. THREE MONTHS, LESS THAN FOUR MONTHS  
-4. FOUR MONTHS, LESS THAN FIVE MONTHS  
-5. FIVE MONTHS, LESS THAN SIX MONTHS  
1 -6. SIX MONTHS, LESS THAN SEVEN MONTHS  
-7. SEVEN MONTHS, LESS THAN EIGHT MONTHS  
-8. EIGHT MONTHS, LESS THAN NINE MONTHS  
-9. NINE MONTHS, LESS THAN TEN MONTHS  
00. LESS THAN ONE MONTH  
2 01. ONE YEAR, LESS THAN TWO YEARS  
6 02. TWO YEARS, LESS THAN THREE YEARS  
1 03. THREE YEARS, LESS THAN FOUR YEARS  
04. FOUR YEARS, LESS THAN FIVE YEARS  
4 05. FIVE YEARS, LESS THAN TEN YEARS  
10. TEN YEARS, LESS THAN FIFTEEN YEARS  
2 15. FIFTEEN YEARS, LESS THAN TWENTY YEARS  
1 20. TWENTY YEARS, LESS THAN TWENTY-FIVE YEARS  
25. TWENTY-FIVE YEARS OR MORE  
26. TEN MONTHS, LESS THAN ELEVEN MONTHS  
27. ELEVEN MONTHS, LESS THAN ONE YEAR  
28. ANSWER CANNOT BE CLASSIFIED AS "OCCASIONALLY," "OFF AND ON," ETC.

2089 98. INAP., CODED 2-3 AT Q.27(A)18; OR CODED 1 AT Q.27(A)18 BUT HEALTH PROBLEM MENTIONED EARLIER  
8 99. NO ANSWER

Q.27(A)19. PILES?  
-------------------

<SEE Q.27 FOR COMPLETE QUESTION TEXT>

172 1. YES, CURRENT PROBLEM  
117 2. YES, USED TO HAVE PROBLEM  
1813 3. NO  
12 9. NO ANSWER
VAR 0308 WHEN - PILES MD=98 OR GE 99
REF 0308 LOC 488 WIDTH 2 DK 8 COL 30-31

--(IF SICKNESS OR PROBLEM HAS NOT BEEN MENTIONED BEFORE), IF CODED 1 AT Q.27(A)19--

Q.27(B)19 WHEN DID THIS FIRST BOTHER YOU? (HOW LONG AGO WAS THAT?) [PILES]

-1. ONE MONTH, LESS THAN TWO MONTHS
-2. TWO MONTHS, LESS THAN THREE MONTHS
-3. THREE MONTHS, LESS THAN FOUR MONTHS
1  -4. FOUR MONTHS, LESS THAN FIVE MONTHS
-5. FIVE MONTHS, LESS THAN SIX MONTHS
2  -6. SIX MONTHS, LESS THAN SEVEN MONTHS
-7. SEVEN MONTHS, LESS THAN EIGHT MONTHS
12 -8. EIGHT MONTHS, LESS THAN NINE MONTHS
-9. NINE MONTHS, LESS THAN TEN MONTHS
00. LESS THAN ONE MONTH
5  01. ONE YEAR, LESS THAN TWO YEARS
12  02. TWO YEARS, LESS THAN THREE YEARS
4  03. THREE YEARS, LESS THAN FOUR YEARS
3  04. FOUR YEARS, LESS THAN FIVE YEARS
12  05. FIVE YEARS, LESS THAN TEN YEARS
17  10. TEN YEARS, LESS THAN FIFTEEN YEARS
12  15. FIFTEEN YEARS, LESS THAN TWENTY YEARS
21  20. TWENTY YEARS, LESS THAN TWENTY-FIVE YEARS
41  25. TWENTY-FIVE YEARS OR MORE
26. TEN MONTHS, LESS THAN ELEVEN MONTHS
27. ELEVEN MONTHS, LESS THAN ONE YEAR
3  28. ANSWER CANNOT BE CLASSIFIED AS "OCCASIONALLY," "OFF AND ON," ETC.

1973 98. INAP., CODED 2-3 AT Q.27(A)19; OR CODED 1 AT Q.27(A)19 BUT HEALTH PROBLEM MENTIONED EARLIER
8  99. NO ANSWER

VAR 0309 TROUBLE - SINUS MD=9
REF 0309 LOC 490 WIDTH 1 DK 8 COL 32

Q.27(A)20. SINUS TROUBLE?

<SEE Q.27 FOR COMPLETE QUESTION TEXT>
280  1. YES, CURRENT PROBLEM
72  2. YES, USED TO HAVE PROBLEM
1746 3. NO

16  9. NO ANSWER

---(IF SICKNESS OR PROBLEM HAS NOT BEEN MENTIONED BEFORE), IF Coded 1 AT Q.27(A)20---

Q.27(B)20  WHEN DID THIS FIRST BOTHER YOU?  (HOW LONG AGO WAS THAT?)  [SINUS TROUBLE]

1  -1. ONE MONTH, LESS THAN TWO MONTHS
  -2. TWO MONTHS, LESS THAN THREE MONTHS
  1  -3. THREE MONTHS, LESS THAN FOUR MONTHS
  2  -4. FOUR MONTHS, LESS THAN FIVE MONTHS
  1  -5. FIVE MONTHS, LESS THAN SIX MONTHS
  -6. SIX MONTHS, LESS THAN SEVEN MONTHS
  -7. SEVEN MONTHS, less THAN EIGHT MONTHS
  -8. EIGHT MONTHS, LESS THAN NINE MONTHS
  1  -9. NINE MONTHS, LESS THAN TEN MONTHS
  00. LESS THAN ONE MONTH
  8  01. ONE YEAR, LESS THAN TWO YEARS
  12  02. TWO YEARS, LESS THAN THREE YEARS
  17  03. THREE YEARS, LESS THAN FOUR YEARS
  14  04. FOUR YEARS, LESS THAN FIVE YEARS
  25  05. FIVE YEARS, LESS THAN TEN YEARS
  27  10. TEN YEARS, LESS THAN FIFTEEN YEARS
  23  15. FIFTEEN YEARS, LESS THAN TWENTY YEARS
  20  20. TWENTY YEARS, LESS THAN TWENTY-FIVE YEARS
  53  25. TWENTY-FIVE YEARS OR MORE
  26. TEN MONTHS, LESS THAN ELEVEN MONTHS
  27. ELEVEN MONTHS, LESS THAN ONE YEAR
  9  28. ANSWER CANNOT BE CLASSIFIED AS "OCCASIONALLY," "OFF AND ON," ETC.

1892 98. INAP., Coded 2-3 AT Q.27(A)20; OR Coded 1 AT Q.27(A)20 BUT HEALTH PROBLEM MENTIONED EARLIER

8  99. NO ANSWER
Q.27(A)21. VARICOSE VEINS?

<SEE Q.27 FOR COMPLETE QUESTION TEXT>

249  1. YES, CURRENT PROBLEM
69   2. YES, USED TO HAVE PROBLEM
1759 3. NO
37   9. NO ANSWER

Q.27(B)21  WHEN DID THIS FIRST BOTHER YOU?  (HOW LONG AGO WAS THAT?)  [VARICOSE VEINS]

-1. ONE MONTH, LESS THAN TWO MONTHS
-2. TWO MONTHS, LESS THAN THREE MONTHS
-3. THREE MONTHS, LESS THAN FOUR MONTHS
-4. FOUR MONTHS, LESS THAN FIVE MONTHS
-5. FIVE MONTHS, LESS THAN SIX MONTHS
1  -6. SIX MONTHS, LESS THAN SEVEN MONTHS
-7. SEVEN MONTHS, LESS THAN EIGHT MONTHS
-8. EIGHT MONTHS, LESS THAN NINE MONTHS
-9. NINE MONTHS, LESS THAN TEN MONTHS
00. LESS THAN ONE MONTH
5  01. ONE YEAR, LESS THAN TWO YEARS
10  02. TWO YEARS, LESS THAN THREE YEARS
7   03. THREE YEARS, LESS THAN FOUR YEARS
6   04. FOUR YEARS, LESS THAN FIVE YEARS
27  05. FIVE YEARS, LESS THAN TEN YEARS
28  10. TEN YEARS, LESS THAN FIFTEEN YEARS
12  15. FIFTEEN YEARS, LESS THAN TWENTY-YEARS
19  20. TWENTY YEARS, LESS THAN TWENTY-FIVE YEARS
67  25. TWENTY-FIVE YEARS OR MORE
26. TEN MONTHS, LESS THAN ELEVEN MONTHS
27. ELEVEN MONTHS, LESS THAN ONE YEAR
(CONTINUED)

9 28. ANSWER CANNOT BE CLASSIFIED AS "OCCASIONALLY," "OFF AND ON," ETC.

1906 98. INAP., CODED 2-3 AT Q.27(A)21; OR CODED 1 AT Q.27(A)21 BUT HEALTH PROBLEM MENTIONED EARLIER

17 99. NO ANSWER

--------------------------------------------

VAR 0313 TROUBLE - FEMALE TROUBLE           MD=0 OR GE 9
REF 0313 LOC 496 WIDTH 1                    DK 8 COL 38

Q.27(A)22. (ASK WOMEN ONLY) FEMALE TROUBLE?
---------------------------------------------

<SEE Q.27 FOR COMPLETE QUESTION TEXT>

33 1. YES, CURRENT PROBLEM
81 2. YES, USED TO HAVE PROBLEM
1019 3. NO

964 0. INAP., CODED 2 (MALE) AT Q.HEF.L
17 9. NO ANSWER

--------------------------------------------

VAR 0314 WHEN - FEMALE TROUBLE               MD=98 OR GE 99
REF 0314 LOC 497 WIDTH 2                    DK 8 COL 39-40

--(IF SICKNESS OR PROBLEM HAS NOT BEEN MENTIONED BEFORE), IF CODED 1 AT Q.27(A)22--

Q.27(B)22 WHEN DID THIS FIRST BOTHER YOU? (HOW LONG AGO WAS THAT?) [FEMALE TROUBLE]
---------------------------------------------

-1. ONE MONTH, LESS THAN TWO MONTHS
-2. TWO MONTHS, LESS THAN THREE MONTHS
-3. THREE MONTHS, LESS THAN FOUR MONTHS
-4. FOUR MONTHS, LESS THAN FIVE MONTHS
-5. FIVE MONTHS, LESS THAN SIX MONTHS
-6. SIX MONTHS, LESS THAN SEVEN MONTHS
-7. SEVEN MONTHS, LESS THAN EIGHT MONTHS
-8. EIGHT MONTHS, LESS THAN NINE MONTHS
-9. NINE MONTHS, LESS THAN TEN MONTHS
00. LESS THAN ONE MONTH
(CONTINUED)

2  01.  ONE YEAR, LESS THAN TWO YEARS
3  02.  TWO YEARS, LESS THAN THREE YEARS
03.  THREE YEARS, LESS THAN FOUR YEARS
04.  FOUR YEARS, LESS THAN FIVE YEARS
3  05.  FIVE YEARS, LESS THAN TEN YEARS
3  10.  TEN YEARS, LESS THAN FIFTEEN YEARS
1  15.  FIFTEEN YEARS, LESS THAN TWENTY YEARS
2  20.  TWENTY YEARS, LESS THAN TWENTY-FIVE YEARS
9  25.  TWENTY-FIVE YEARS OR MORE
26.  TEN MONTHS, LESS THAN ELEVEN MONTHS
27.  ELEVEN MONTHS, LESS THAN ONE YEAR
1  28.  ANSWER CANNOT BE CLASSIFIED AS "OCCASIONALLY," "OFF AND ON," ETC.

2081  98.  INAP., CODED 0 OR 2-3 AT Q.27(A)22; OR CODED 1 AT Q.27(A)22 BUT HEALTH PROBLEM MENTIONED EARLIER
9  99.  NO ANSWER

VARIABLE                        Q.27(A)23.  (ASK MEN ONLY) PROSTATE TROUBLE?
--------------------------------------------
VAR 0315                        TROUBLE - MALE TROUBLE              MD=0 OR GE 9
REF 0315                        LOC 499 WIDTH 1                        DK 8 COL 41

<SEE Q.27 FOR COMPLETE QUESTION TEXT>

56  1.  YES, CURRENT PROBLEM
37  2.  YES, USED TO HAVE PROBLEM
863  3.  NO

1150  0.  INAP., CODED 1 (FEMALE) AT Q.HEF.L
8  9.  NO ANSWER

VARIABLE                        Q.27(B)23  WHEN DID THIS FIRST BOTHER YOU?  (HOW LONG AGO WAS THAT?)  [MALE TROUBLE]
--------------------------------------------
VAR 0316                        WHEN - MALE TROUBLE               MD=98 OR GE 99
REF 0316                        LOC 500 WIDTH 2                        DK 8 COL 42-43

--(IF SICKNESS OR PROBLEM HAS NOT BEEN MENTIONED BEFORE), IF CODED 1 AT Q.27(A)23--
(CONTINUED)

-1. ONE MONTH, LESS THAN TWO MONTHS
-2. TWO MONTHS, LESS THAN THREE MONTHS
-3. THREE MONTHS, LESS THAN FOUR MONTHS
-4. FOUR MONTHS, LESS THAN FIVE MONTHS
-5. FIVE MONTHS, LESS THAN SIX MONTHS
-6. SIX MONTHS, LESS THAN SEVEN MONTHS
-7. SEVEN MONTHS, LESS THAN EIGHT MONTHS
-8. EIGHT MONTHS, LESS THAN NINE MONTHS
-9. NINE MONTHS, LESS THAN TEN MONTHS
  00. LESS THAN ONE MONTH
  01. ONE YEAR, LESS THAN TWO YEARS
  02. TWO YEARS, LESS THAN THREE YEARS
  03. THREE YEARS, LESS THAN FOUR YEARS
  04. FOUR YEARS, LESS THAN FIVE YEARS
  05. FIVE YEARS, LESS THAN TEN YEARS
  06. TEN YEARS, LESS THAN FIFTEEN YEARS
  10. FIFTEEN YEARS, LESS THAN TWENTY YEARS
  12. TWENTY YEARS, LESS THAN TWENTY-FOUR YEARS
  25. TWENTY-FIVE YEARS OR MORE
  26. TEN MONTHS, LESS THAN ELEVEN MONTHS
  27. ELEVEN MONTHS, LESS THAN ONE YEAR
  28. ANSWER CANNOT BE CLASSIFIED AS "OCCASIONALLY," "OFF AND ON," ETC.

2077 98. INAP., CODED 0 OR 2-3 AT Q.27(A)23; OR CODED 1 AT Q.27(A)23 BUT HEALTH PROBLEM MENTIONED EARLIER
  99. NO ANSWER

Q.30 JUST TO MAKE SURE THAT I'VE A CLEAR IDEA OF YOUR MEDICAL EXPENSES, CAN YOU TELL ME ABOUT HOW MUCH YOUR OWN DOCTOR BILLS AMOUNTED TO IN THE LAST TWELVE MONTHS, NOT COUNTING ANYTHING PAID BY INSURANCE (INCLUDING EXPENSES CONNECTED WITH HOSPITALIZATION)?

ACTUAL NUMBER IS CODED.

823 0000. NONE
  0001. DOLLAR
  .
  .
  0999. DOLLARS
(CONTINUED)

17  9997.  NO ANSWER
42  9998.  HAD DOCTOR BILLS, BUT PAID BY WELFARE AGENCY
48  9999.  DK; CAN'T REMEMBER

VALID-N=2007  MIN=0  MAX=999  MEAN=41.2  ST.DEV=98.9

------------------------------------------
VAR 0318   MEDICINE PAST 12 MTHS         MD=9997 OR GE 9998
REF 0318   LOC  506 WIDTH  4             DK  8 COL 48-51
------------------------------------------

Q.31 ABOUT HOW MUCH DID YOU SPEND ON MEDICINES AND
PRESCRIPTIONS FOR YOURSELF DURING THE LAST TWELVE MONTHS?

ACTUAL NUMBER IS CODED.

629  0000.  NONE
   0001.  DOLLAR
   
   0999.  DOLLARS

31  9997.  NO ANSWER
25  9998.  HAD DOCTOR BILLS, BUT THEY WERE PAID BY WELFARE
         AGENCY
53  9999.  DK; CAN'T REMEMBER

VALID-N=2005  MIN=0  MAX=700  MEAN=28.9  ST.DEV=59.7

------------------------------------------
VAR 0319   OTHER MED EXPENS PAST YR         MD=9997 OR GE 9998
REF 0319   LOC  510 WIDTH  4             DK  8 COL 52-55
------------------------------------------

Q.32 ABOUT HOW MUCH DID YOU SPEND ON OTHER MEDICAL EXPENSES
FOR YOURSELF--TESTS, X-RAYS, NURSING--EVERYTHING BUT
HOSPITAL--IN THE LAST TWELVE MONTHS?

ACTUAL NUMBER IS CODED.

1346  0000.  NONE
      0001.  DOLLAR
(CONTINUED)

0999. DOLLARS

24 9997. NO ANSWER
24 9998. HAD DOCTOR BILLS, BUT PAID BY WELFARE AGENCY
16 9999. DK; OR CAN'T REMEMBER

VALID-N=2050  MIN=0  MAX=999  MEAN=15.3  ST.DEV=59.5

------------------------------------------------------------

998 1. ABOUT THE SAME
326 2. BETTER
743 3. WORSE
24 4. CAN'T MAKE COMPARISON

24 9. NO ANSWER

------------------------------------------------------------

VAR 0320 FINANCES COMPARED TO 60

VAR 0321 WAGES OR SALARY

Q.33  IN ORDER TO HELP PEOPLE GET THE BEST POSSIBLE MEDICAL CARE, WE HAVE TO KNOW SOMETHING ABOUT HOW THEY'RE GETTING ALONG IN THE WAY OF MONEY. HOW WOULD YOU SAY YOU'RE GETTING ALONG FINANCIALLY, COMPARED WITH WHEN YOU WERE 60? (FOR RESPONDENTS 60 TO 64: "WHEN YOU WERE 55?")

Q.34. CAN YOU TELL ME WHETHER YOU (AND YOUR WIFE/HUSBAND) RECEIVED ANY MONEY IN 1956 FROM (NAME OF SOURCE)? (CIRCLE ONE CODE IN EVERY CASE)

Q.34A. WAGES OR SALARY?
Q.34B. BUSINESS OR PROFESSIONAL PRACTICE? [RECEIVED MONEY FROM]

<SEE Q.34 FOR COMPLETE QUESTION TEXT>

225 1. RESPONDENT RECEIVED MONEY
90 2. HUSBAND OR WIFE OF RESPONDENT RECEIVED MONEY
 8 3. FAMILY UNIT, NOT DIFFERENTIATED RECEIVED MONEY
1783 4. NO MONEY RECEIVED FROM THIS SOURCE
 8 5. NO ANSWER

Q.34C. OLD AGE ASSISTANCE OR WELFARE? [RECEIVED MONEY FROM]

<SEE Q.34 FOR COMPLETE QUESTION TEXT>

267 1. RESPONDENT RECEIVED MONEY
13 2. HUSBAND OR WIFE OF RESPONDENT RECEIVED MONEY
 4 3. FAMILY UNIT, NOT DIFFERENTIATED RECEIVED MONEY
1816 4. NO MONEY RECEIVED FROM THIS SOURCE
 14 5. NO ANSWER

Q.34D. SOCIAL SECURITY (OLD AGE AND SURVIVORS' INSURANCE)? [RECEIVED MONEY FROM]

<SEE Q.34 FOR COMPLETE QUESTION TEXT>
(CONTINUED)

775 1. RESPONDENT RECEIVED MONEY
   51 2. HUSBAND OR WIFE OF RESPONDENT RECEIVED MONEY
   9  3. FAMILY UNIT, NOT DIFFERENTIATED RECEIVED MONEY
 1272 4. NO MONEY RECEIVED FROM THIS SOURCE

   7  5. NO ANSWER

-----------------------------------------------------------------

VAR 0325  GOVERNMENT PENSIONS       MD=5
REF 0325  LOC 519 WIDTH 1            DK  8 COL 61

Q.34E. GOVERNMENT PENSIONS OF SOME OTHER KIND? [RECEIVED
       MONEY FROM]

<SEE Q.34 FOR COMPLETE QUESTION TEXT>

-----------------------------------------------------------------

VAR 0326  PENSIONS FROM PRIVATE       MD=5
REF 0326  LOC 520 WIDTH 1            DK  8 COL 62

Q.34F. PENSIONS FROM A PRIVATE EMPLOYER? [RECEIVED MONEY
       FROM]

<SEE Q.34 FOR COMPLETE QUESTION TEXT>

-----------------------------------------------------------------

107 1. RESPONDENT RECEIVED MONEY
   53 2. HUSBAND OR WIFE OF RESPONDENT RECEIVED MONEY
   3. FAMILY UNIT, NOT DIFFERENTIATED RECEIVED MONEY
 1944 4. NO MONEY RECEIVED FROM THIS SOURCE

   10  5. NO ANSWER
Q.34G. UNEMPLOYMENT INSURANCE? [RECEIVED MONEY FROM]

<SEE Q.34 FOR COMPLETE QUESTION TEXT>

46 6. RESPONDENT RECEIVED MONEY
17 7. HUSBAND OR WIFE OF RESPONDENT RECEIVED MONEY
      8. FAMILY UNIT, NOT DIFFERENTIATED RECEIVED MONEY
2037 9. NO MONEY RECEIVED FROM THIS SOURCE
14 0. NO ANSWER

Q.34H. INTEREST, DIVIDENDS, INSURANCE, ANNUITIES?
[RECEIVED MONEY FROM]

<SEE Q.34 FOR COMPLETE QUESTION TEXT>

416 06. RESPONDENT RECEIVED MONEY
70 07. HUSBAND OR WIFE OF RESPONDENT RECEIVED MONEY
51 08. FAMILY UNIT, NOT DIFFERENTIATED RECEIVED MONEY
1559 09. NO MONEY RECEIVED FROM THIS SOURCE
18 00. NO ANSWER

Q.34I. RENT FROM HOUSE OR PROPERTY? [RECEIVED MONEY FROM]

<SEE Q.34 FOR COMPLETE QUESTION TEXT>

357 6. RESPONDENT RECEIVED MONEY
54 7. HUSBAND OR WIFE OF RESPONDENT RECEIVED MONEY
Q.34J. REGULAR CASH CONTRIBUTIONS FROM SOMEBODY OUTSIDE THIS HOUSE, LIKE YOUR CHILDREN OR OTHER RELATIVES?  
(RECEIVED MONEY FROM)

<SEE Q.34 FOR COMPLETE QUESTION TEXT>

Q.34K. ANYTHING ELSE? (SPECIFY)  
(RECEIVED MONEY FROM)

<SEE Q.34 FOR COMPLETE QUESTION TEXT>
**VAR 0332 MAIN SOURCE OF INCOME**

MD=98 OR GE 99

**REF 0332 LOC 527 WIDTH 2**

DK 8 COL 69-70

---IF CODED 1-3 AT Q.34A-Q.34F OR 6-8 AT Q.34G-Q.34K---

**Q.34(A) IF MORE THAN ONE SOURCE OF MONEY INCOME GIVEN:**

YOU'VE MENTIONED GETTING MONEY FROM (SOURCES NAMED). WHICH OF THESE WAS YOUR MAIN SOURCE OF CASH INCOME?

-------------

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<tr>
<td>68</td>
<td>REGULAR CASH CONTRIBUTIONS FROM SOMEBODY OUTSIDE THIS HOUSE</td>
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<tr>
<td>521</td>
<td>WAGES OR SALARY</td>
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<td>248</td>
<td>BUSINESS OR PROFESSIONAL PRACTICE, INCLUDE SELF-EMPLOYED, FARMING</td>
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<tr>
<td>241</td>
<td>OLD AGE ASSISTANCE OR WELFARE</td>
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<tr>
<td>463</td>
<td>SOCIAL SECURITY (OLD AGE &amp; SURVIVORS INSURANCE)</td>
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<td>160</td>
<td>GOVERNMENT PENSION</td>
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<td>PENSIONS FROM PRIVATE EMPLOYER</td>
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<td>2</td>
<td>UNEMPLOYMENT INSURANCE</td>
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<td>107</td>
<td>INTEREST, DIVIDENDS, ANNUITIES</td>
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<tr>
<td>135</td>
<td>RENT</td>
</tr>
<tr>
<td>15</td>
<td>OTHER</td>
</tr>
<tr>
<td>49</td>
<td>INAP., NO MONEY INCOME, CODED 4 AT Q.34A-Q.34F OR 9 AT Q.34G-Q.34K</td>
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<td>66</td>
<td>NO ANSWER</td>
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***************

**VAR 0333 CASH INCOME DURING 1956**

MD=99998 OR GE 99999

**REF 0333 LOC 529 WIDTH 5**

DK 8 COL 71-75

**Q.35 CAN YOU TELL ME WHAT CASH INCOME YOU (AND YOUR WIFE/HUSBAND) HAD DURING 1956? JUST GIVE ME YOUR BEST GUESS ON THIS.**

-------------------------------------------

**ACTUAL NUMBER IS CODED.**

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<td></td>
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<tr>
<td>09998</td>
<td>DOLLARS</td>
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<tr>
<td>33</td>
<td>INCOME OF $10,000 OR MORE</td>
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(CONTINUED)

194  99998.  NO ANSWER, DK
398  99999.  FAMILY INCOME REPORTED BY SPOUSE (IF HUSBAND &
WIFE BOTH REPORT INCOME, HUSBAND'S REPORT TAKES
PRECEDENCE UNLESS WIFE HAS SPECIAL INCOME SUCH
AS FROM INVESTMENTS, ETC., WHICH SHE REPORTS)

VALID-N=1522

--------------------------------------------------------------

VAR 0334      MARITAL STATUS 1ST          NO MISSING DATA CODES
REF 0334         LOC  534 WIDTH  2             DK   8 COL 76-77

MARITAL STATUS - [1ST MENTION]
-------------------------------

362  00.  SPOUSE IN SAMPLE AND INTERVIEWED
401  01.  SPOUSE IN SAMPLE AND INTERVIEWED
33  02.  SPOUSE IN SAMPLE AND INTERVIEWED
  08.  MARRIED SPOUSE ABSENT
308  09.  SPOUSE NOT IN SAMPLE
  78  10.  NOT MARRIED OR NOT LIVING WITH SPOUSE
923  11.  SPOUSE IN SAMPLE - NOT INTERVIEWED

--------------------------------------------------------------

VAR 0335      ANY MEDICAL/DENTAL CARE                      MD=4
REF 0335         LOC  536 WIDTH  1             DK   8 COL 78

Q.36. DURING THE LAST TWELVE MONTHS, DID YOU (AND YOUR
WIFE/HUSBAND) GET ANY IMPORTANT HELP THAT YOU DIDN'T HAVE TO
PAY FOR IN CASH--I MEAN, DID YOU GET

Q.36A. ANY MEDICAL OR DENTAL CARE YOU PERSONALLY DIDN'T
HAVE TO PAY FOR?

--------------------------------------------------------------

186  1.  YES, SUBSTANTIAL
  84  2.  YES, MINOR
1824  3.  NO

  20  4.  NO ANSWER
Q.36B. REGULAR MEALS OR GIFTS OF FOOD? [RECEIVED HELP]

<SEE Q.36 FOR COMPLETE QUESTION TEXT>

307  5. YES, SUBSTANTIAL
127  6. YES, MINOR
1646  7. NO
34  8. NO ANSWER

DECK IDENTIFICATION NUMBER IS '09'

ICPSR STUDY NUMBER-7686

ICPSR EDITION NUMBER-1

ICPSR PART NUMBER-001
THE NUMBER IDENTIFYING THIS PART OF A 3-PART STUDY.

001. THE HEALTH NEEDS OF OLDER PERSONS
002. HOUSEHOLD ENUMERATION: NON-INTERVIEWED INDIVIDUALS
003. PUBLIC ATTITUDES ON OLDER PEOPLE

ICPSR SEQUENTIAL CASE IDENTIFICATION NUMBER

THE ICPSR HAS ATTACHED A SEQUENTIAL CASE IDENTIFICATION NUMBER TO EVERY RECORD. THIS NUMBER UNIQUELY IDENTIFIES EACH RECORD IN THE DATA COLLECTION.

Q.36C. ANY CLOTHING? [RECEIVED HELP]

<SEE Q.36 FOR COMPLETE QUESTION TEXT>

190  00.  YES, MINOR
109  09.  YES, SUBSTANTIAL
  37  10.  NO
1778  99.  NO ANSWER

--IF CODED 1 OR 2 AT Q.36A--

Q.36(A) HOW DID IT HAPPEN YOU DIDN'T HAVE TO PAY FOR IT? - [1ST MENTION]
74 1. FREE CARE
68 2. CARE PAID BY CHARITABLE ORGANIZATION
88 3. CARE PAID BY CHILDREN OR RELATIVES
36 4. CARE PAID BY INSURANCE
  2 5. OTHER (SPECIFY)
  0. DK
22 8. NO ANSWER
1824 9. INAP., CODED 3 AT Q.36A

--IF CODED 1 OR 2 AT Q.36A--

Q.36(B) HOW DID IT HAPPEN YOU DIDN'T HAVE TO PAY FOR IT? --
[2ND MENTION]

1. FREE CARE
  1 2. CARE PAID BY CHARITABLE ORGANIZATION
12 3. CARE PAID BY CHILDREN OR RELATIVES
12 4. CARE PAID BY INSURANCE
  5. OTHER (SPECIFY)
  0. DK
2089 8. INAP., NO FURTHER MENTIONS
  9. NO ANSWER

Q.37. WHAT ABOUT SICKNESS? SUPPOSE YOU HAD A LARGE MEDICAL
BILL, SAY $500 OR MORE, HOW WOULD YOU PAY FOR IT? DO YOU
HAVE ANYTHING TO FALL BACK ON (OTHER THAN HEALTH AND
HOSPITAL INSURANCE), LIKE--

Q.37A. YOUR OWN HOUSE OR REAL ESTATE?

1172 1. YES
893  2.  NO
49  3.  NO ANSWER

Q.37B.  MONEY IN THE BANK OR CASH SAVINGS?  [TO FALL BACK ON]

<SEE Q.37 FOR COMPLETE QUESTION TEXT>

1133  4.  YES
943  5.  NO
38  6.  NO ANSWER

Q.37C.  LIFE INSURANCE POLICIES?  [TO FALL BACK ON]

<SEE Q.37 FOR COMPLETE QUESTION TEXT>

773  7.  YES
1277  8.  NO
64  9.  NO ANSWER

Q.37D.  STOCKS AND BONDS?  [TO FALL BACK ON]

<SEE Q.37 FOR COMPLETE QUESTION TEXT>
(CONTINUED)

404 1. YES
1645 2. NO
65 3. NO ANSWER

---------------------------------------------------

VAR 0344      ANYTHING ELSE                           MD=6
REF 0344       LOC 546 WIDTH 1                        DK 9 COL 23

Q.37E. ANYTHING ELSE? (SPECIFY) [TO FALL BACK ON]
---------------------------------------------------

<SEE Q.37 FOR COMPLETE QUESTION TEXT>

54 4. YES
1902 5. NO
158 6. NO ANSWER

---------------------------------------------------

VAR 0345      HOW PAY FOR BILL - 1ST                    MD=0 OR GE 99
REF 0345       LOC 547 WIDTH 2                        DK 9 COL 24-25

Q.38(A) WHAT WOULD YOU DO IF IT JUST HAPPENED THAT YOU HAD THAT KIND OF BILL FOR SICKNESS? HOW WOULD YOU MANAGE IT? - [1ST MENTION]

93 01. COULDN'T PAY IT (UNQUALIFIED)
382 02. WOULD MANAGE OUT OF INCOME OR BY PAYING IN INSTALLMENTS, BORROW THE MONEY, OR WOULD NOT BE CHARGED (MEDICAL BILL FREE)
826 03. WOULD PAY OUT OF SAVINGS
14 04. WOULD CASH IN LIFE INSURANCE
132 05. WOULD MORTGAGE HOUSE OR PROPERTY
162 06. OLD AGE ASSISTANCE; WELFARE; WOULD HAVE TO GO TO FREE HOSPITAL; GOVERNMENT; VETERANS
267 07. CHILDREN WOULD HELP OR WOULD PAY ALL OF BILL (OR RELATIVES)
5 08. NO ONE WOULD CHARGE THAT MUCH
7 09. OTHER (CHURCH, PRIVATE CHARITY)
93 10. HOSPITAL INSURANCE
Q.38(B)  WHAT WOULD YOU DO IF IT JUST HAPPENED THAT YOU HAD THAT KIND OF BILL FOR SICKNESS? HOW WOULD YOU MANAGE IT? -
[2ND MENTION]

01.  COULDN'T PAY IT (UNQUALIFIED)
02.  WOULD MANAGE OUT OF INCOME OR BY PAYING IN INSTALLMENTS, BORROW THE MONEY, OR WOULD NOT BE CHARGED (MEDICAL BILL FREE)
23  03.  WOULD PAY OUT OF SAVINGS
7   04.  WOULD CASH IN LIFE INSURANCE
13  05.  WOULD MORTGAGE HOUSE OR PROPERTY
  06.  OLD AGE ASSISTANCE; WELFARE; WOULD HAVE TO GO TO FREE HOSPITAL; GOVERNMENT; VETERANS
17  07.  CHILDREN WOULD HELP OR WOULD PAY ALL OF BILL (OR RELATIVES)
  08.  NO ONE WOULD CHARGE THAT MUCH
  09.  OTHER (CHURCH, PRIVATE CHARITY)
  10.  HOSPITAL INSURANCE

00.  DK
1955 98.  INAP., NO FURTHER MENTIONS
99.  NO ANSWER

Q.38(C)  WHAT WOULD YOU DO IF IT JUST HAPPENED THAT YOU HAD THAT KIND OF BILL FOR SICKNESS? HOW WOULD YOU MANAGE IT? -
[3RD MENTION]

01.  COULDN'T PAY IT (UNQUALIFIED)
02.  WOULD MANAGE OUT OF INCOME OR BY PAYING IN INSTALLMENTS, BORROW THE MONEY, OR WOULD NOT BE CHARGED (MEDICAL BILL FREE)
(CONTINUED)

03. WOULD PAY OUT OF SAVINGS
04. WOULD CASH IN LIFE INSURANCE
05. WOULD MORTGAGE HOUSE OR PROPERTY
06. OLD AGE ASSISTANCE; WELFARE; WOULD HAVE TO GO TO FREE HOSPITAL; GOVERNMENT; VETERANS
07. CHILDREN WOULD HELP OR WOULD PAY ALL OF BILL (OR RELATIVES)
08. NO ONE WOULD CHARGE THAT MUCH
09. OTHER (CHURCH, PRIVATE CHARITY)
10. HOSPITAL INSURANCE

00. DK

98. INAP., NO FURTHER MENTIONS
99. NO ANSWER

Q.39(A)  ARE THERE ANY THINGS YOU ESPECIALLY NEED THAT YOU'VE HAD TO DO WITHOUT BECAUSE YOU DON'T HAVE ENOUGH MONEY? (WHAT KINDS OF THINGS) - [1ST MENTION]

1538 0. NO (CAN'T THINK OF A THING, HAVE ENOUGH FOR MY NEEDS)
98 1. NO (MATERIAL THINGS DON'T MATTER WHEN YOU'RE OLDER, OLDER PEOPLE CAN DO WITH LESS)
173 2. MEDICAL CARE (DOCTORS, MEDICINE, SPECIAL AIDS)
 8 3. HEAT OR LIGHT
 44 4. FOOD
 59 5. CLOTHING
 71 6. BETTER HOUSING, REPAIRS AROUND HOUSE
106 7. WOULD LIKE SOMETHING BUT DON'T REALLY NEED IT (TELEVISION SET, STOVE, REFRIGERATOR)

17 9. NO ANSWER

Q.39(B)  ARE THERE ANY THINGS YOU ESPECIALLY NEED THAT YOU'VE HAD TO DO WITHOUT BECAUSE YOU DON'T HAVE ENOUGH
MONEY? (WHAT KINDS OF THINGS) - [2ND MENTION]

0. NO (CAN'T THINK OF A THING, HAVE ENOUGH FOR MY NEEDS)
1. NO (MATERIAL THINGS DON'T MATTER WHEN YOU'RE OLDER, OLDER PEOPLE CAN DO WITH LESS)
2. MEDICAL CARE (DOCTORS, MEDICINE, SPECIAL AIDS)
3. HEAT OR LIGHT
4. FOOD
52. CLOTHING
18. BETTER HOUSING, REPAIRS AROUND HOUSE
26. WOULD LIKE SOMETHING BUT DON'T REALLY NEED IT (TELEVISION SET, STOVE, REFRIGERATOR)

2000. INAP., NO FURTHER MENTIONS
9. NO ANSWER

Q.39(C) ARE THERE ANY THINGS YOU ESPECIALLY NEED THAT YOU'VE HAD TO DO WITHOUT BECAUSE YOU DON'T HAVE ENOUGH MONEY? (WHAT KINDS OF THINGS) - [3RD MENTION]

0. NO (CAN'T THINK OF A THING, HAVE ENOUGH FOR MY NEEDS)
1. NO (MATERIAL THINGS DON'T MATTER WHEN YOU'RE OLDER, OLDER PEOPLE CAN DO WITH LESS)
2. MEDICAL CARE (DOCTORS, MEDICINE, SPECIAL AIDS)
3. HEAT OR LIGHT
4. FOOD
5. CLOTHING
6. BETTER HOUSING, REPAIRS AROUND HOUSE
7. WOULD LIKE SOMETHING BUT DON'T REALLY NEED IT (TELEVISION SET, STOVE, REFRIGERATOR)

2094. INAP., NO FURTHER MENTIONS
9. NO ANSWER
Q.39(D) ARE THERE ANY THINGS YOU ESPECIALLY NEED THAT 
YOU'VE HAD TO DO WITHOUT BECAUSE YOU DON'T HAVE ENOUGH 
MONEY? (WHAT KINDS OF THINGS) - [4TH MENTION]

0. NO (CAN'T THINK OF A THING, HAVE ENOUGH FOR MY 
NEEDS)
1. NO (MATERIAL THINGS DON'T MATTER WHEN YOU'RE OLDER, 
OLDER PEOPLE CAN DO WITH LESS)
2. MEDICAL CARE (DOCTORS, MEDICINE, SPECIAL AIDS)
3. HEAT OR LIGHT
4. FOOD
5. CLOTHING
6. BETTER HOUSING, REPAIRS AROUND HOUSE
7. WOULD LIKE SOMETHING BUT DON'T REALLY NEED IT 
(TELEVISION SET, STOVE, REFRIGERATOR)
8. INAP., NO FURTHER MENTIONS
9. NO ANSWER

Q.40(A) SOMETIMES WE JUST AREN'T ABLE TO DO ALL THE THINGS 
WE THINK WE SHOULD. DID YOU DO ANYTHING SPECIAL WHEN YOU 
WERE YOUNGER TO HELP TAKE CARE OF YOUR MONEY NEEDS NOW? 
(WHAT DID YOU DO?) - [1ST MENTION]

0. NO (NOTHING BUT WORKED)
1. BOUGHT HOME, PROPERTY, REAL ESTATE
2. SAVED
3. BOUGHT INSURANCE OR ANNUITIES
4. BOUGHT BONDS, STOCKS, MADE INVESTMENTS
5. HAD SAVINGS BUT ILLNESS DEPLETED THEM
6. HAD SAVINGS BUT DEPRESSION, NATURAL CATASTROPHES DEPLETED THEM
7. WORKED IN POSITION WHICH WAS COVERED BY SOCIAL SECURITY OR PENSION
8. RAISED CHILDREN OR FAMILY
9. NO ANSWER
Q.40(B) SOMETIMES WE JUST AREN'T ABLE TO DO ALL THE THINGS WE THINK WE SHOULD. DID YOU DO ANYTHING SPECIAL WHEN YOU WERE YOUNGER TO HELP TAKE CARE OF YOUR MONEY NEEDS NOW? (WHAT DID YOU DO?) - [2ND MENTION]

00. NO (NOTHING BUT WORKED)
01. BOUGHT HOME, PROPERTY, REAL ESTATE
87  02. SAVED
43  03. BOUGHT INSURANCE OR ANNUITIES
50  04. BOUGHT BONDS, STOCKS, MADE INVESTMENTS
  05. HAD SAVINGS BUT ILLNESS DEPLETED THEM
  06. HAD SAVINGS BUT DEPRESSION, NATURAL CATASTROPHES DEPLETED THEM
39  07. WORKED IN POSITION WHICH WAS COVERED BY SOCIAL SECURITY OR PENSION
13  08. RAISED CHILDREN OR FAMILY
1875 98. INAP., NO FURTHER MENTIONS
99. NO ANSWER

Q.40(C) SOMETIMES WE JUST AREN'T ABLE TO DO ALL THE THINGS WE THINK WE SHOULD. DID YOU DO ANYTHING SPECIAL WHEN YOU WERE YOUNGER TO HELP TAKE CARE OF YOUR MONEY NEEDS NOW? (WHAT DID YOU DO?) - [3RD MENTION]

00. NO (NOTHING BUT WORKED)
01. BOUGHT HOME, PROPERTY, REAL ESTATE
02. SAVED
11  03. BOUGHT INSURANCE OR ANNUITIES
23  04. BOUGHT BONDS, STOCKS, MADE INVESTMENTS
  05. HAD SAVINGS BUT ILLNESS DEPLETED THEM
  06. HAD SAVINGS BUT DEPRESSION, NATURAL CATASTROPHES DEPLETED THEM
11  07. WORKED IN POSITION WHICH WAS COVERED BY SOCIAL SECURITY OR PENSION
  08. RAISED CHILDREN OR FAMILY
Q.40(D) SOMETIMES WE JUST AREN'T ABLE TO DO ALL THE THINGS WE THINK WE SHOULD. DID YOU DO ANYTHING SPECIAL WHEN YOU WERE YOUNGER TO HELP TAKE CARE OF YOUR MONEY NEEDS NOW? (WHAT DID YOU DO?) - [4TH MENTION]

00. NO (NOTHING BUT WORKED)
01. BOUGHT HOME, PROPERTY, REAL ESTATE
02. SAVED
03. BOUGHT INSURANCE OR ANNUITIES
04. BOUGHT BONDS, STOCKS, MADE INVESTMENTS
05. HAD SAVINGS BUT ILLNESS DEPLETED THEM
06. HAD SAVINGS BUT DEPRESSION, NATURAL CATASTROPHES DEPLETED THEM
07. WORKED IN POSITION WHICH WAS COVERED BY SOCIAL SECURITY OR PENSION
08. RAISED CHILDREN OR FAMILY

Q.41A(1) WHO DO YOU THINK SHOULD TAKE CARE OF OLDER PEOPLE WHEN THEY ARE NO LONGER WORKING? (CIRCLE AS MANY ANSWERS AS APPLY) - [1ST MENTION]

1. OLDER PERSON SHOULD PROVIDE FOR HIMSELF
2. CHILDREN
3. PENSION PLAN (EMPLOYER)
4. GOVERNMENT (DETAILS NOT SPECIFIED)
5. GOVERNMENT THROUGH SOCIAL SECURITY
6. OTHER (SPECIFY)
7. RELATIVES
(CONTINUED)

16  8.  HOME FOR AGED

39  9.  NO ANSWER

------------------------------------------------------------------------

VAR 0357  WHO TAKE CARE OF AGED-2  MD=0 OR GE  9
REF 0357  LOC  565 WIDTH  1  DK  9 COL 42

Q.41A(2)  WHO DO YOU THINK SHOULD TAKE CARE OF OLDER PEOPLE WHEN THEY ARE NO LONGER WORKING? (CIRCLE AS MANY ANSWERS AS APPLY) - [2ND MENTION]
------------------------------------------------------------------------

1.  OLDER PERSON SHOULD PROVIDE FOR HIMSELF
285  2.  CHILDREN
95   3.  PENSION PLAN (EMPLOYER)
238  4.  GOVERNMENT (DETAILS NOT SPECIFIED)
349  5.  GOVERNMENT THROUGH SOCIAL SECURITY
5    6.  OTHER (SPECIFY)
6    7.  RELATIVES
34   8.  HOME FOR AGED
1102 0.  INAP., NO FURTHER MENTIONS
9    9.  NO ANSWER

------------------------------------------------------------------------

VAR 0358  WHO TAKE CARE OF AGED-3  MD=0 OR GE  9
REF 0358  LOC  566 WIDTH  1  DK  9 COL 43

Q.41A(3)  WHO DO YOU THINK SHOULD TAKE CARE OF OLDER PEOPLE WHEN THEY ARE NO LONGER WORKING? (CIRCLE AS MANY ANSWERS AS APPLY) - [3RD MENTION]
------------------------------------------------------------------------

1.  OLDER PERSON SHOULD PROVIDE FOR HIMSELF
2.  CHILDREN
49  3.  PENSION PLAN (EMPLOYER)
64   4.  GOVERNMENT (DETAILS NOT SPECIFIED)
175  5.  GOVERNMENT THROUGH SOCIAL SECURITY
2   6.  OTHER (SPECIFY)
2   7.  RELATIVES
11  8.  HOME FOR AGED
1811 0.  INAP., NO FURTHER MENTIONS
9. NO ANSWER

------------------------------------------------------------
1. OLDER PERSON SHOULD PROVIDE FOR HIMSELF
2. CHILDREN
3. PENSION PLAN (EMPLOYER)
4. GOVERNMENT (DETAILS NOT SPECIFIED)
5. GOVERNMENT THROUGH SOCIAL SECURITY
6. OTHER (SPECIFY)
7. RELATIVES
8. HOME FOR AGED
9. NO ANSWER

Q.41A(5) WHO DO YOU THINK SHOULD TAKE CARE OF OLDER PEOPLE WHEN THEY ARE NO LONGER WORKING? (CIRCLE AS MANY ANSWERS AS APPLY) - [5TH MENTION]

------------------------------------------------------------
1. OLDER PERSON SHOULD PROVIDE FOR HIMSELF
2. CHILDREN
3. PENSION PLAN (EMPLOYER)
4. GOVERNMENT (DETAILS NOT SPECIFIED)
5. GOVERNMENT THROUGH SOCIAL SECURITY
6. OTHER (SPECIFY)
7. RELATIVES
8. HOME FOR AGED
9. NO ANSWER
Q.41B (ASK ONLY IF MORE THAN ONE ANSWER IS GIVEN) WHICH OF THESE DO YOU THINK SHOULD TAKE THE MOST RESPONSIBILITY? (CIRCLE ONLY ONE ANSWER)

1. OLDER PERSON SHOULD PROVIDE FOR HIMSELF
2. CHILDREN
3. PENSION PLAN (EMPLOYER)
4. GOVERNMENT (DETAILS NOT SPECIFIED)
5. GOVERNMENT THROUGH SOCIAL SECURITY
6. OTHER (SPECIFY)
7. RELATIVES
8. HOME FOR THE AGED
9. NO ANSWER

Q.42 NOW, I'D LIKE YOUR ADVICE. MR. BROWN IS A 70-YEAR-OLD WIDOWER. HE WORKED HARD ALL HIS LIFE, UNTIL HE HAD TO RETIRE, BUT WITH THE DEPRESSION AND RAISING A FAMILY, IT'S BEEN DIFFICULT TO SAVE VERY MUCH. NOW IT LOOKS AS THOUGH MR. BROWN IS GOING TO NEED REGULAR MONEY HELP. MR. BROWN HAS TWO SONS AND A DAUGHTER, ALL MARRIED, AND WITH SMALL CHILDREN OF THEIR OWN. ALL OF THEM ARE MANAGING ALL RIGHT, BUT WITH THE WAY THINGS ARE NOW, THEY FEEL THEY ARE JUST GETTING ALONG. WHO DO YOU THINK MR. BROWN SHOULD ASK TO HELP HIM--A WELFARE AGENCY, THE GOVERNMENT, OR HIS CHILDREN, OR SOMEONE ELSE? (WHY DO YOU FEEL THIS WAY?)

00. CHILDREN, BECAUSE IT'S THEIR PLACE OR RESPONSIBILITY TO HELP IF IT'S AT ALL POSSIBLE
01. WELFARE, (REASON NOT GIVEN)
02. WELFARE, BECAUSE THIS IS THE SORT OF THING THEY DO
03. WELFARE, BECAUSE HIS CHILDREN CANNOT OR ARE NOT ABLE TO HELP HIM
04. WELFARE, BECAUSE CHILDREN SHOULD NOT HAVE TO TAKE
CARE OF HIM OR BE ASKED FOR HELP

05. GOVERNMENT (REASON NOT GIVEN)

06. GOVERNMENT, BECAUSE IT'S A GOVERNMENT RESPONSIBILITY

07. GOVERNMENT, BECAUSE HIS CHILDREN CANNOT OR ARE NOT ABLE TO HELP HIM

08. GOVERNMENT, BECAUSE HIS CHILDREN SHOULD NOT HAVE TO TAKE CARE OF HIM OR BE ASKED FOR HELP

09. CHILDREN (REASON NOT GIVEN)

99. NO ANSWER; DK

Q.43 I'D LIKE YOU TO TELL ME SOME GENERAL THINGS ABOUT HOW YOU LIVE: HOW LONG HAVE YOU LIVED IN THIS HOUSE?

1. LESS THAN ONE YEAR

2. ONE YEAR, LESS THAN FIVE

3. FIVE YEARS, LESS THAN TEN

4. TEN YEARS, LESS THAN 25

5. TWENTY-FIVE YEARS OR MORE

9. NO ANSWER

Q.44 DO YOU HAVE TO PAY RENT?

1. YES

2. NO

9. NO ANSWER
VAR 0365  DOES R OWN THIS HOUSE        MD=8 OR GE  9
REF 0365  LOC  574 WIDTH  1           DK  9 COL 51

--IF "NO" AT Q.44--

Q.44(A)  DO YOU OWN THIS HOUSE?
-----------------------------

1294 3.  YES
283 4.  NO

28 8.  NO ANSWER
509 9.  INAP., CODED 1 AT Q.44

Q.45 HOW LONG HAVE YOU LIVED IN THIS NEIGHBORHOOD (AREA)?
----------------------------------------------------------

79 1.  LESS THAN ONE YEAR
229 2.  ONE YEAR, LESS THAN FIVE
267 3.  FIVE YEARS, LESS THAN TEN
497 4.  TEN YEARS, LESS THAN 25
1037 5.  TWENTY-FIVE YEARS OR MORE

5 9.  NO ANSWER

Q.46 WOULD YOU SAY MOST OF YOUR GOOD FRIENDS LIVE IN THIS
NEIGHBORHOOD (AREA) OR SOME PLACE ELSE? (WHERE?)
-----------------------------------------------

141 1.  HAVEN'T ANY OR MANY FRIENDS (AS DISTINCT FROM
        FAMILY)
567 2.  NO, SOMEPLACE ELSE IN THIS TOWN OR RURAL AREA
187 3.  NO, IN SOME OTHER LOCATION (OUTSIDE OF THIS TOWN OR
        RURAL AREA)
861 4.  YES, NEAR HERE
358 9. NO ANSWER

| VAR 0368 | HOW MANY REAL FRIENDS | MD=9 |
| REF 0368 | LOC 577 WIDTH 1 | DK 9 COL 54 |

**Q.47 HOW MANY PEOPLE AROUND HERE DO YOU THINK OF AS REAL FRIENDS?**

| 245 1. | NONE |
| 593 2. | ONE TO FIVE |
| 354 3. | SIX TO TEN |
| 904 4. | MORE THAN TEN |
| 18 9. | NO ANSWER |

| VAR 0369 | HOW OFTEN DOES R VISIT | MD=9 |
| REF 0369 | LOC 578 WIDTH 1 | DK 9 COL 55 |

**Q.48 HOW OFTEN WOULD YOU SAY YOU VISIT SOMEONE IN THIS NEIGHBORHOOD (AREA)?**

| 442 1. | NEVER |
| 251 2. | ONCE A DAY OR MORE |
| 393 3. | A COUPLE OF TIMES A WEEK |
| 287 4. | ONCE A WEEK |
| 359 5. | LESS THAN ONCE A WEEK |
| 377 6. | ONLY UNDER CERTAIN CIRCUMSTANCES |
| 5 9. | NO ANSWER |

| VAR 0370 | HOW MANY VISITORS | MD=9 |
| REF 0370 | LOC 579 WIDTH 1 | DK 9 COL 56 |

**Q.49 NOWADAYS, HOW MANY VISITORS DO YOU HAVE--MANY, SOME, A FEW, OR NONE?**

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483 1. MANY
550 2. SOME
971 3. A FEW
102 4. NONE

8 9. NO ANSWER

-----------------------------------------------------------------

VAR 0371  WHO COMES TO VISIT MOST  MD=9
REF 0371  LOC  580 WIDTH  1  DK  9 COL  57

Q.50 WHO COMES TO VISIT YOU MOST OFTEN--YOUR NEIGHBORS, YOUR CHILDREN, OTHER RELATIVES, OR SOMEONE ELSE? (CIRCLE ONLY ONE ANSWER)
-----------------------------------------------------------------

584 1. NEIGHBOR
908 2. CHILDREN
310 3. OTHER RELATIVES
225 4. SOMEONE ELSE (WHO?)
31 5. NO ONE

56 9. NO ANSWER

-----------------------------------------------------------------

VAR 0372  HAVE MORE/LESS FRIENDS  MD=9
REF 0372  LOC  581 WIDTH  1  DK  9 COL  58

Q.51 IN GENERAL, THINKING OF THE KIND OF PEOPLE YOU CONSIDER FRIENDS, DO YOU HAVE FEWER FRIENDS NOW THAN YOU HAD AT FORTY, MORE FRIENDS, OR ABOUT THE SAME?
-----------------------------------------------------------------

652 1. FEWER
348 2. MORE
1098 3. ABOUT THE SAME

16 9. NO ANSWER
--IF CODED 1-3 AT Q.51--

Q.51A  WHY IS THAT, WOULD YOU SAY?
----------------------------------

01. FEWER, BECAUSE SO MANY FRIENDS HAVE DIED
02. FEWER, BECAUSE ACTIVITIES ARE RESTRICTED, DO NOT
    MEET AS MANY PEOPLE
03. FEWER, BECAUSE HAVE MOVED FROM AREA WHERE MOST
    FRIENDS LIVED
04. FEWER, BECAUSE PEOPLE AREN'T AS CONGENIAL OR
    FRIENDLY AS THEY WERE IN THE PAST
05. ABOUT THE SAME, BECAUSE MOST FRIENDS ARE STILL
    LIVING, OR THOSE WHO DIED HAVE BEEN REPLACED BY
    OTHERS
06. ABOUT THE SAME, STILL SEE THE SAME PEOPLE SAW AT
    FORTY
07. ABOUT THE SAME, BECAUSE HAVEN'T BEEN ABLE TO MAKE
    NEW FRIENDS
09. MORE, PEOPLE ARE FRIENDLIER TO AN OLD PERSON
10. VAGUE REASONS, CANNOT BE CLASSIFIED
11. MORE, BECAUSE HAVE MORE TIME FOR FRIENDS

00. DK; NO ANSWER

Q.52  DO YOU THINK YOUR HEALTH WOULD BE BETTER IF YOU LIVED
      SOMEWHERE ELSE?
----------------------------------

01. YES
02. NO

09. NO ANSWER
VAR 0375 WHERE LIKE TO LIVE MD=0 OR GE 99
REF 0375 LOC 585 WIDTH 2 DK 9 COL 62-63

--IF "YES" AT Q.52--

Q.52A WHERE WOULD YOU LIKE TO LIVE?
------------------------------------
32 01. THE COUNTRY, A SMALL TOWN, A FARM
5 02. SOMEWHERE WHERE RESPONDENT WOULD BE LESS LONELY
      (RELATIVES OR FRIENDS LIVE THERE)
5 03. IN A HOME OF MY OWN
12 04. SOMEWHERE WHICH WOULD BE PHYSICALLY LESS WEARING
      (FEWER STEPS)
39 05. FLORIDA
24 06. CALIFORNIA
34 07. ARIZONA
8 08. OUTSIDE CONTINENTAL U.S.
86 09. SOME OTHER GEOGRAPHIC AREA, NOT SPECIFIED OR
      SPECIFIED
12 10. THIS QUESTION NOT ASKED
1854 00. INAP., CODED 2 AT Q.52
3 99. NO ANSWER

---------------------------------------------------------------------

VAR 0376 WHY LIKE TO LIVE THERE MD=0 OR GE 9
REF 0376 LOC 587 WIDTH 1 DK 9 COL 64

--IF "YES" AT Q.52--

Q.52B WHY WOULD YOU LIKE TO LIVE THERE?
----------------------------------------
189 1. BETTER CLIMATE (WARMER, DRIER, MORE SUNSHINE, ETC.)
6 2. WOULD BE IN FRIENDLIER ATMOSPHERE
15 3. WOULD BE QUIETER EXISTENCE
15 4. RELATIVES OR FRIENDS LIVE IN LOCATION MENTIONED
14 5. WOULD BE BETTER FOR HEALTH (PHYSICAL REASONS)
12 6. THIS QUESTION NOT ASKED
1854 0. INAP., CODED 2 AT Q.52
9 9. NO ANSWER
Q.53 HERE'S A LIST OF PLACES WHERE OLDER PEOPLE COULD LIVE--IN THEIR OWN HOME, IN THE HOME OF CHILDREN OR OTHER RELATIVES, OR IN A HOME FOR THE AGED. IF IT WERE COMPLETELY UP TO YOU, WHICH OF THESE WOULD YOU LIKE MOST TO LIVE IN? WHICH WOULD YOU LIKE LEAST?

2 01. PREFER: IN HOME FOR AGED
10 02. LEAST LIKE: IN HOME FOR AGED
 5 03. PREFER: IN HOME OF CHILDREN OR RELATIVES
135 04. PREFER: IN HOME OF CHILDREN OR RELATIVES AND LEAST LIKE: IN HOME FOR AGED
10 05. LEAST LIKE: IN HOME OF CHILDREN OR RELATIVES
55 06. LEAST LIKE: IN HOME OF CHILDREN OR RELATIVES AND PREFER: IN HOME FOR AGED
78 07. PREFER: IN OWN HOME
1132 08. PREFER: IN HOME FOR AGED AND LEAST LIKE: IN HOME FOR AGED
642 09. PREFER: IN OWN HOME AND LEAST LIKE: IN HOME OF CHILDREN OR RELATIVES
 2 10. LEAST LIKE: IN OWN HOME
12 11. LEAST LIKE: IN OWN HOME AND PREFER: IN HOME FOR AGED
16 12. LEAST LIKE: IN OWN HOME AND PREFER: IN HOME OF CHILDREN OR RELATIVES

15 99. NO ANSWER

Q.54 IF SPOUSE NOT ENUMERATED IN HOUSEHOLD SURVEY, ASK: ARE YOU MARRIED NOW?

1191 1. MARRIED
 77 2. SEPARATED OR DIVORCED
 708 3. WIDOWED
 138 4. SINGLE

9. NO ANSWER
VAR 0379   HOW LONG MARRIED       MD=998 OR GE 999
REF 0379   LOC 591 WIDTH 3       DK 9 COL 68-70

--IF CODED 1 AT Q.54--

Q.54A  IF SPOUSE ENUMERATED IN HOUSEHOLD SURVEY, ASK: HOW LONG HAVE YOU BEEN MARRIED?

ACTUAL NUMBER IS CODED.

000. YEARS

.  

099. YEARS

11 998. THIS QUESTION NOT ASKED
923 999. INAP., CODED 2-4 AT Q.54

VALID-N=1180 MIN=1 MAX=70 MEAN=38.0 ST.DEV=13.5

-------------------------------------------------------------------

VAR 0380   IS THIS FIRST MARRIAGE       MD=9
REF 0380   LOC 594 WIDTH 1       DK 9 COL 71

--IF CODED 1 AT Q.54--

Q.54B  IF SPOUSE ENUMERATED IN HOUSEHOLD SURVEY, ASK: IS THIS YOUR FIRST MARRIAGE?

909 1. YES
265 2. NO
17 3. THIS QUESTION NOT ASKED
923 9. INAP., CODED 2-4 AT Q.54

-------------------------------------------------------------------

VAR 0381   HOW LONG AGO 1ST MARRIAG       MD=8 OR GE 9
REF 0381   LOC 595 WIDTH 1       DK 9 COL 72

--IF CODED 2-3 AT Q.54--
(CONTINUED)

Q.54C  HOW LONG AGO DID THAT HAPPEN?

------------------------------------
  41  1.  LESS THAN ONE YEAR
  149  2.  ONE YEAR UP TO FIVE
  172  3.  FIVE UP TO TEN YEARS
  100  4.  TEN UP TO 15 YEARS
  314  5.  FIFTEEN YEARS OR MORE

  9  8.  NO ANSWER
  1329  9.  INAP., CODED 1 OR 4 AT Q.54

..........................................................................

VAR 0382      # LIVING CHILDREN                 MD=98 OR GE  99
REF 0382         LOC  596 WIDTH  2             DK   9 COL 73-74

Q.55  UNLESS SINGLE, ASK:  HOW MANY LIVING CHILDREN DO YOU

HAVE?

----------------------------------------------------------
  00.  TEN OR MORE LIVING CHILDREN
     .
  09.  NINE CHILDREN
  318  10.  NONE

  138  98.  INAP., CODED 4 AT Q.54
  1  99.  NO ANSWER

CODE:   0    1    2    3    4    5    6    7    8    9   10
FREQ:  41  337  363  294  192  133  146   85   34   32  318

CODE:  98   99
FREQ: 138    1

----------------------------------------------------------

VAR 0383      ANY CHILDREN LIVE WITH R               MD=0 OR GE  9
REF 0383         LOC  598 WIDTH  1             DK   9 COL 75

--IF CODED 1-9 AT Q.55--

Q.55A  DO ANY OF THEM LIVE WITH YOU?

----------------------------------------------------------
(CONTINUED)

492 1. YES, SOME OF THEM
97  2. YES, ALL OF THEM
1069 3. NO

456 0. INAP., CODED 10 OR 98 AT Q.55
   9. NO ANSWER

-------------------------------

VAR 0384      WHICH LIVE WITH R-1ST
REF 0384      LOC  599 WIDTH  2
               DK   9 COL 76-77

--IF CODED 1 AT Q.55A--

Q.55A(1) WHO? - [1ST MENTION]

115  01. UNMARRIED DAUGHTER(S) ONLY
174  02. UNMARRIED SON(S) ONLY
  53  03. UNMARRIED DAUGHTER(S) AND SON(S)
148  04. MARRIED DAUGHTER(S) ONLY -- PLUS CHILDREN OF THEIR
   OWN, HUSBANDS, ETC.
   76  05. MARRIED SON(S) ONLY -- PLUS CHILDREN OF THEIR OWN,
   WIVES, ETC.
   1  06. MARRIED DAUGHTER(S) AND MARRIED SON(S) ONLY -- PLUS
   CHILDREN OF THEIR OWN, SPOUSES, ETC.
   15  07. MARRIED DAUGHTER(S) PLUS UNMARRIED DAUGHTER(S)
      AND/OR UNMARRIED SON(S)
     5  08. MARRIED SON(S) PLUS UNMARRIED DAUGHTER(S) AND/OR
      UNMARRIED SON(S)
   09. MARRIED DAUGHTER(S), MARRIED SON(S), PLUS UNMARRIED
      DAUGHTER(S) AND/OR UNMARRIED SON(S)

456  00. INAP., CODED 10 OR 98 AT Q.55
   2  98. NO ANSWER
1069 99. INAP., CODED 3 AT Q.55A

-------------------------------

VAR 0385      WHICH LIVE WITH R-2ND
REF 0385      LOC  601 WIDTH  2
               DK   9 COL 78-79

--IF CODED 1 AT Q.55A--

Q.55A(2) WHO? - [2ND MENTION]

-------------------------------
01. UNMARRIED DAUGHTER(S) ONLY
02. UNMARRIED SON(S) ONLY
03. UNMARRIED DAUGHTER(S) AND SON(S)
04. MARRIED DAUGHTER(S) ONLY -- PLUS CHILDREN OF THEIR OWN, HUSBANDS, ETC.
05. MARRIED SON(S) ONLY -- PLUS CHILDREN OF THEIR OWN, WIVES, ETC.
06. MARRIED DAUGHTER(S) AND MARRIED SON(S) ONLY -- PLUS CHILDREN OF THEIR OWN, SPOUSES, ETC.
07. MARRIED DAUGHTER(S) PLUS UNMARRIED DAUGHTER(S) AND/OR UNMARRIED SON(S)
08. MARRIED SON(S) PLUS UNMARRIED DAUGHTER(S) AND/OR UNMARRIED SON(S)
09. MARRIED DAUGHTER(S), MARRIED SON(S), PLUS UNMARRIED DAUGHTER(S) AND/OR UNMARRIED SON(S)

2112 00. INAP., NO FURTHER MENTIONS
99. NO ANSWER

DECK IDENTIFICATION NUMBER IS '10'        DK 10 COL 1- 2
------------------------------------------

ICPSR STUDY NUMBER-7686
-----------------------

THE NUMBER IDENTIFYING THE RELEASE EDITION OF THIS DATASET.

1. WINTER 1984
ICPSR PART NUMBER
------------------
THE NUMBER IDENTIFYING THIS PART OF A 3-PART STUDY.

001. THE HEALTH NEEDS OF OLDER PERSONS
002. HOUSEHOLD ENUMERATION: NON-INTERVIEWED INDIVIDUALS
003. PUBLIC ATTITUDES ON OLDER PEOPLE

ICPSR SEQUENTIAL CASE IDENTIFICATION NUMBER
--------------------------------------------
THE ICPSR HAS ATTACHED A SEQUENTIAL CASE IDENTIFICATION NUMBER TO EVERY RECORD. THIS NUMBER UNIQUELY IDENTIFIES EACH RECORD IN THE DATA COLLECTION.

VAR 0386   # CHILDREN LIVE IN BLOCK   MD=98 OR GE 99
REF 0386   LOC 603 WIDTH 2   DK 10 COL 15-16

--UNLESS ALL CHILDREN LIVE AT HOME [CODED 2 AT Q.55A]--

Q.55B1 (WHERE DO THE OTHERS LIVE?) DO ANY OF THEM LIVE HERE ON THIS BLOCK? (HOW MANY?)

1384 00. NONE
01. ONE CHILD
    
09. NINE CHILDREN

456 98. INAP., CODED 10 OR 98 AT Q.55
10 99. NO ANSWER

CODE:  0 1 2 3 4 5 6 98 99
(CONTINUED)

FREQ: 1384   220    30     7     3     2     2    456    10
----------------------------------------------------------

VAR 0387 WHEN SAW CHILDREN HERE-1 MD=7 OR GE 8
REF 0387 LOC 605 WIDTH 1   DK 10 COL 17

Q.55C1 WHEN DID YOU LAST SEE--(HIM, HER, EACH OF THEM?) -
[1ST MENTION]
----------------------------------------------------------

0. NEVER SEE ANY OF THEM, OR HAVE NOT SEEN FOR FIVE YEARS
256 1. SAW AT LEAST ONE CHILD WITHIN THE LAST SEVEN DAYS OR
    WITHIN A WEEK
    2. SAW AT LEAST ONE CHILD MORE THAN ONE WEEK BUT LESS
       THAN TWO WEEKS AGO
    3  3. SAW AT LEAST ONE CHILD MORE THAN TWO WEEKS BUT LESS
           THAN ONE MONTH AGO
    1  4. SAW AT LEAST ONE CHILD MORE THAN ONE MONTH BUT LESS
           THAN THREE MONTHS AGO
    1  5. SAW AT LEAST ONE CHILD MORE THAN THREE MONTHS BUT
           LESS THAN ONE YEAR AGO
    6. SAW AT LEAST ONE CHILD MORE THAN ONE YEAR BUT LESS
       THAN FIVE YEARS AGO

456 7. INAP., CODED 10 OR 98 AT Q.55
    13 8. NO ANSWER
  1384 9. INAP., CODED 00 AT Q.55B1

----------------------------------------------------------

VAR 0388 WHEN SAW CHILDREN HERE-2 MD=0 OR GE 8
REF 0388 LOC 606 WIDTH 1   DK 10 COL 18

Q.55C1(A) WHEN DID YOU LAST SEE--(HIM, HER, EACH OF THEM?) -
[2ND MENTION]
----------------------------------------------------------

261 1. DOES NOT MENTION SEEING CHILD OR CHILDREN ON HOLIDAYS
    2. SAW AT LEAST ONE CHILD ON HOLIDAYS ONLY -- TYPE OF
       HOLIDAY NOT SPECIFIED
    3. SAW AT LEAST ONE CHILD AT EASTER
    4. SAW AT LEAST ONE CHILD AT CHRISTMAS
    5. SAW AT LEAST ONE CHILD AT THANKSGIVING
(CONTINUED)

VAR 0389      # CHILDREN LIVE WALK DIS       MD=98 OR GE 99
REF 0389      LOC 607 WIDTH 2               DK 10 COL 19-20

--UNLESS ALL CHILDREN LIVE AT HOME [CODED 2 AT Q.55A]--

Q.55B2  HOW MANY OF THE OTHERS LIVE WITHIN WALKING DISTANCE?
---------------------------------------------------------------------

1278  00.  NONE
     01.  ONE CHILD
         .
     09.  NINE CHILDREN

456  98.  INAP., CODED 10 OR 98 AT Q.55

10  99.  NO ANSWER

CODE:   0    1    2    3    4    5    6   98    99
FREQ: 1278  247   85  25   10    1    2  456    10
---------------------------------------------------------------------

VAR 0390      WHEN SAW CHILD NEAR-1       MD=7 OR GE 8
REF 0390      LOC 609 WIDTH 1              DK 10 COL 21

Q.55C2  WHEN DID YOU LAST SEE--(HIM, HER, EACH OF THEM?) --
[1ST MENTION]
---------------------------------------------------------------------

0.  NEVER SEE ANY OF THEM, OR HAVE NOT SEEN FOR FIVE YEARS
343  1.  SAW AT LEAST ONE CHILD WITHIN THE LAST SEVEN DAYS OR
       WITHIN A WEEK
       6  2.  SAW AT LEAST ONE CHILD MORE THAN ONE WEEK BUT LESS
       THAN TWO WEEKS AGO
       2  3.  SAW AT LEAST ONE CHILD MORE THAN TWO WEEKS BUT LESS
       THAN ONE MONTH AGO
       3  4.  SAW AT LEAST ONE CHILD MORE THAN ONE MONTH BUT LESS
(CONTINUED)

THAN THREE MONTHS AGO
1  5.  SAW AT LEAST ONE CHILD MORE THAN THREE MONTHS BUT
     LESS THAN ONE YEAR AGO
1  6.  SAW AT LEAST ONE CHILD MORE THAN ONE YEAR BUT LESS
     THAN FIVE YEARS AGO

456  7.  INAP., CODED 10 OR 98 AT Q.55
24  8.  NO ANSWER
1278  9.  INAP., CODED 00 AT Q.55B2

---------------------------------------------
VAR 0391      WHEN SAW CHILD NEAR-2       MD=0 OR GE  8
REF 0391      LOC  610 WIDTH  1         DK  10 COL 22

Q.55C2(A) WHEN DID YOU LAST SEE--(HIM, HER, EACH OF THEM?)
- [2ND MENTION]

348  1.  DOES NOT MENTION SEEING CHILD OR CHILDREN ON
       HOLIDAYS
2  2.  SAW AT LEAST ONE CHILD ON HOLIDAYS ONLY -- TYPE OF
       HOLIDAY NOT SPECIFIED
6  3.  SAW AT LEAST ONE CHILD AT EASTER
4.  SAW AT LEAST ONE CHILD AT CHRISTMAS
5.  SAW AT LEAST ONE CHILD AT THANKSGIVING

456  0.  INAP., 10 OR 98 AT Q.55
24  8.  NO ANSWER
1278  9.  INAP., CODED 00 AT Q.55B2

---------------------------------------------
VAR 0392      # CHILDREN LIVE SHORT       MD=98 OR GE  99
REF 0392      LOC  611 WIDTH  2         DK  10 COL 23-24

--UNLESS ALL CHILDREN LIVE AT HOME [CODED 2 AT Q.55A]--

Q.55B3  HOW MANY LIVE A SHORT RIDE AWAY?
---------------------------------------------

676  00.  NONE
01.  ONE CHILD

09.  NINE CHILDREN
(CONTINUED)

456 98. INAP., CODED 10 OR 98 AT Q.55
12 99. NO ANSWER

CODE: 0 1 2 3 4 5 6 7 8 9 98
FREQ: 676 523 250 102 38 38 11 5 2 1 456

CODE: 99
FREQ: 12

---------------------------------------------------------------------------------------------------------------------------

VAR 0393 WHEN SAW CHILD SHORT-1 MD=7 OR GE 8
REF 0393 LOC 613 WIDTH 1 DK 10 COL 25

Q.55C3 WHEN DID YOU LAST SEE--(HIM, HER, EACH OF THEM?) --
[1ST MENTION]

0. NEVER SEE ANY OF THEM, OR HAVE NOT SEEN FOR FIVE YEARS
733 1. SAW AT LEAST ONE CHILD WITHIN THE LAST SEVEN DAYS OR WITHIN A WEEK
83 2. SAW AT LEAST ONE CHILD MORE THAN ONE WEEK BUT LESS THAN TWO WEEKS AGO
63 3. SAW AT LEAST ONE CHILD MORE THAN TWO WEEKS BUT LESS THAN ONE MONTH AGO
28 4. SAW AT LEAST ONE CHILD MORE THAN ONE MONTH BUT LESS THAN THREE MONTHS AGO
19 5. SAW AT LEAST ONE CHILD MORE THAN THREE MONTHS BUT LESS THAN ONE YEAR AGO
5 6. SAW AT LEAST ONE CHILD MORE THAN ONE YEAR BUT LESS THAN FIVE YEARS AGO
456 7. INAP., CODED 10 OR 98 AT Q.55
51 8. NO ANSWER
676 9. INAP., CODED 00 AT Q.55B3

---------------------------------------------------------------------------------------------------------------------------

VAR 0394 WHEN SAW CHILD SHORT-2 MD=0 OR GE 8
REF 0394 LOC 614 WIDTH 1 DK 10 COL 26

Q.55C3(A) WHEN DID YOU LAST SEE--(HIM, HER, EACH OF THEM?) -- [2ND MENTION]

---------------------------------------------------------------------------------------------------------------------------
871 1. DOES NOT MENTION SEEING CHILD OR CHILDREN ON HOLIDAYS
20 2. SAW AT LEAST ONE CHILD ON HOLIDAYS ONLY -- TYPE OF HOLIDAY NOT SPECIFIED
28 3. SAW AT LEAST ONE CHILD AT EASTER
12 4. SAW AT LEAST ONE CHILD AT CHRISTMAS
5. SAW AT LEAST ONE CHILD AT THANKSGIVING

456 0. INAP., 10 OR 98 AT Q.55
51 8. NO ANSWER
676 9. INAP., CODED 00 AT Q.55B3

--UNLESS ALL CHILDREN LIVE AT HOME [CODED 2 AT Q55A]--

Q.55B4 WHAT ABOUT YOUR OTHER CHILDREN--ARE ANY WITHIN A DAY'S TRAVEL FROM HERE? (HOW MANY?)

944 00. NONE
01. ONE CHILD
  
09. NINE CHILDREN

456 98. INAP., CODED 10 OR 98 AT Q.55
10 99. NO ANSWER

CODE: 0 1 2 3 4 5 6 7 9 98 99
FREQ: 944 336 193 91 40 23 11 6 4 456 10

Q.55C4 WHEN DID YOU LAST SEE--(HIM, HER, EACH OF THEM?) -- [1ST MENTION]
(CONTINUED)

7  0.  NEVER SEE ANY OF THEM, OR HAVE NOT SEEN FOR FIVE YEARS

220  1.  SAW AT LEAST ONE CHILD WITHIN THE LAST SEVEN DAYS OR WITHIN A WEEK

72  2.  SAW AT LEAST ONE CHILD MORE THAN ONE WEEK BUT LESS THAN TWO WEEKS AGO

128  3.  SAW AT LEAST ONE CHILD MORE THAN TWO WEEKS BUT LESS THAN ONE MONTH AGO

71  4.  SAW AT LEAST ONE CHILD MORE THAN ONE MONTH BUT LESS THAN THREE MONTHS AGO

144  5.  SAW AT LEAST ONE CHILD MORE THAN THREE MONTHS BUT LESS THAN ONE YEAR AGO

26  6.  SAW AT LEAST ONE CHILD MORE THAN ONE YEAR BUT LESS THAN FIVE YEARS AGO

456  7.  INAP., CODED 10 OR 98 AT Q.55

46  8.  NO ANSWER

944  9.  INAP., CODED 00 AT Q.55B4

-----------------------------------------------------------------------------

VAR 0397    WHEN SAW CHILD DAY TRAV2         MD=0 OR GE 8
REF 0397    LOC 618  WIDTH 1            DK 10 COL 30

Q.55C4(A)  WHEN DID YOU LAST SEE--(HIM, HER, EACH OF THEM?)
- [2ND MENTION]
-----------------------------------------------------------------------------

564  1.  DOES NOT MENTION SEEING CHILD OR CHILDREN ON HOLIDAYS

21  2.  SAW AT LEAST ONE CHILD ON HOLIDAYS ONLY -- TYPE OF HOLIDAY NOT SPECIFIED

48  3.  SAW AT LEAST ONE CHILD AT EASTER

31  4.  SAW AT LEAST ONE CHILD AT CHRISTMAS

7  5.  SAW AT LEAST ONE CHILD AT THANKSGIVING

456  0.  INAP., 10 OR 98 AT Q.55

43  8.  NO ANSWER

944  9.  INAP., CODED 00 AT Q.55B4

-----------------------------------------------------------------------------

VAR 0398    # CHILDREN DAY + AWAY        MD=98 OR GE 99
REF 0398    LOC 619  WIDTH 2            DK 10 COL 31-32

--UNLESS ALL CHILDREN LIVE AT HOME [CODRED 2 AT Q.55A]--
Q.55B5  HOW MANY OF YOUR CHILDREN ARE MORE THAN A DAY'S TRAVEL FROM HERE?

1090 00. NONE
01. ONE CHILD
09. NINE CHILDREN

456 98. INAP., CODED 10 OR 98 AT Q.55
12 99. NO ANSWER

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VAR 0399  WHEN SAW CHILD DAY + 1ST
REF 0399  LOC 621 WIDTH 1

Q.55C5  WHEN DID YOU LAST SEE--(HIM, HER, EACH OF THEM?) – [1ST MENTION]

27 0. NEVER SEE ANY OF THEM, OR HAVE NOT SEEN FOR FIVE YEARS
31 1. SAW AT LEAST ONE CHILD WITHIN THE LAST SEVEN DAYS OR WITHIN A WEEK
6 2. SAW AT LEAST ONE CHILD MORE THAN ONE WEEK BUT LESS THAN TWO WEEKS AGO
32 3. SAW AT LEAST ONE CHILD MORE THAN TWO WEEKS BUT LESS THAN ONE MONTH AGO
40 4. SAW AT LEAST ONE CHILD MORE THAN ONE MONTH BUT LESS THAN THREE MONTHS AGO
257 5. SAW AT LEAST ONE CHILD MORE THAN THREE MONTHS BUT LESS THAN ONE YEAR AGO
129 6. SAW AT LEAST ONE CHILD MORE THAN ONE YEAR BUT LESS THAN FIVE YEARS AGO

456 7. INAP., CODED 10 OR 98 AT Q.55
46 8. NO ANSWER
1090 9. INAP., CODED 00 AT Q.55B5
Q.55C5(A) WHEN DID YOU LAST SEE--(HIM, HER, EACH OF THEM?)
- [2ND MENTION]

466 1. DOES NOT MENTION SEEING CHILD OR CHILDREN ON HOLIDAYS
   2. SAW AT LEAST ONE CHILD ON HOLIDAYS ONLY -- TYPE OF HOLIDAY NOT SPECIFIED
   5 3. SAW AT LEAST ONE CHILD AT EASTER
   48 4. SAW AT LEAST ONE CHILD AT CHRISTMAS
   2 5. SAW AT LEAST ONE CHILD AT THANKSGIVING

456 0. INAP., 10 OR 98 AT Q.55
46 8. NO ANSWER
1090 9. INAP., CODED 00 AT Q.55B5

Q.55D DO ANY OF YOUR CHILDREN COME TO YOU FOR ADVICE OR TO DISCUSS THEIR PROBLEMS?

1115 1. YES
917 2. NO
82 9. NO ANSWER

--IF "YES" AT Q.55D--

Q.55D(1) WHAT KIND OF PROBLEMS? - [1ST MENTION]

124 01. PROBLEMS ABOUT CHILD-REARING
275 02. BUSINESS, FINANCES
(CONTINUED)

57  03.  CARE OR PURCHASE OF HOME
60  04.  FAMILY PROBLEMS, DOMESTIC PROBLEMS, RELATIONSHIP
        BETWEEN HUSBAND AND WIFE, GIRLS
29  05.  JOB OR EMPLOYMENT PROBLEMS, SCHOOL
114 09.  TOO VAGUE TO CLASSIFY

1455 00.  INAP., CODED 10 OR 98 AT Q.55 AND 2 OR 9 AT Q.55D
        99.  NO ANSWER

------------------------------------------------------------------------
VAR 0403      KINDS OF PROBLEMS 2ND              MD=0 OR GE 99
REF 0403         LOC  626 WIDTH  2             DK  10 COL 38-39

--IF "YES" AT Q.55D--

Q.55D(2)  WHAT KIND OF PROBLEMS? - [2ND MENTION]
------------------------------------------------------------------------
  01.  PROBLEMS ABOUT CHILD-REARING
  25  02.  BUSINESS, FINANCES
  41  03.  CARE OR PURCHASE OF HOME
  37  04.  FAMILY PROBLEMS, DOMESTIC PROBLEMS, RELATIONSHIP
        BETWEEN HUSBAND AND WIFE, GIRLS
  50  05.  JOB OR EMPLOYMENT PROBLEMS, SCHOOL
        09.  TOO VAGUE TO CLASSIFY
  1961 00.  INAP., NO FURTHER MENTIONS
        99.  NO ANSWER

------------------------------------------------------------------------
VAR 0404      KINDS OF PROBLEMS 3RD              MD=0 OR GE 99
REF 0404         LOC  628 WIDTH  2             DK  10 COL 40-41

--IF "YES" AT Q.55D--

Q.55D(3)  WHAT KIND OF PROBLEMS? - [3RD MENTION]
------------------------------------------------------------------------
  01.  PROBLEMS ABOUT CHILD-REARING
  02.  BUSINESS, FINANCES
   2  03.  CARE OR PURCHASE OF HOME
   5  04.  FAMILY PROBLEMS, DOMESTIC PROBLEMS, RELATIONSHIP
          BETWEEN HUSBAND AND WIFE, GIRLS
  11  05.  JOB OR EMPLOYMENT PROBLEMS, SCHOOL
(CONTINUED)

09. TOO VAGUE TO CLASSIFY

2096 00. INAP., NO FURTHER MENTIONS
99. NO ANSWER

-------------------------------------------------------------------------------------------------------------------

VAR 0405 KINDS OF PROBLEMS 4TH              MD=0 OR GE 99
REF 0405 LOC 630 WIDTH 2               DK 10 COL 42-43

--IF "YES" AT Q.55D--

Q.55D(4) WHAT KIND OF PROBLEMS? - [4TH MENTION]
-------------------------------------------------------------------------------------------------------------------

01. PROBLEMS ABOUT CHILD-REARING
02. BUSINESS, FINANCES
03. CARE OR PURCHASE OF HOME
04. FAMILY PROBLEMS, DOMESTIC PROBLEMS, RELATIONSHIP BETWEEN HUSBAND AND WIFE, GIRLS
1 05. JOB OR EMPLOYMENT PROBLEMS, SCHOOL
09. TOO VAGUE TO CLASSIFY

2113 00. INAP., NO FURTHER MENTIONS
99. NO ANSWER

-------------------------------------------------------------------------------------------------------------------

VAR 0406 CLOSE TO YOUNGER RELATIV            MD=0 OR GE 9
REF 0406 LOC 632 WIDTH 1               DK 10 COL 44

--IF CODED "NONE" AT Q.55--

Q.55E DO YOU HAVE ANY YOUNGER RELATIVES, ANY NIECES OR NEPHEWS, THAT YOU'RE ESPECIALLY CLOSE TO?
-------------------------------------------------------------------------------------------------------------------

292 1. YES
155 2. NO

1657 0. INAP., CODED 0-9 AT Q.55
10 9. NO ANSWER
--IF "YES" AT Q.55E--

Q.55E(1) HOW OFTEN DO YOU SEE THEM?
-------------------------------------

2 00. NEVER
53 01. EVERY DAY
54 02. ONCE OR TWICE A WEEK
12 03. EVERY WEEK
48 04. ONCE OR TWICE A MONTH
4 05. EVERY MONTH
34 06. SEVERAL TIMES A YEAR (NOT HOLIDAYS)
3 07. HOLIDAYS ONLY
28 08. ONCE A YEAR
32 09. LESS THAN ONCE A YEAR

1658 97. INAP., CODED 0-9 AT Q.55
31 98. NO ANSWER
155 99. INAP., CODED 2 AT Q.55E

Q.56 ASK EVERYONE: DO YOU HELP YOUR CHILDREN OR CLOSE RELATIVES IN ANY WAY? (DO YOU HELP THEM WITH ANYTHING AT ALL, EVEN LITTLE THINGS?) (HOW OFTEN?)
-------------------------------------

393 1. YES, REGULARLY
485 2. YES, ONCE IN A WHILE
240 3. WHENEVER NECESSARY
159 4. WOULD HELP IF NECESSARY
125 5. WOULD HELP IF I COULD
17 6. WOULD HELP IF THEY'D LET ME
672 7. NEVER

23 9. NO ANSWER
Q.56(A) HOW DO (WOULD) YOU HELP THEM? - [1ST MENTION]

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<tr>
<th>Code</th>
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<tr>
<td>1</td>
<td>FINANCIAL HELP (GIFTS)</td>
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<tr>
<td>2</td>
<td>HELP WITH GRANDCHILDREN</td>
</tr>
<tr>
<td>3</td>
<td>ASSIST WITH HOUSEHOLD TASKS (REPAIRS)</td>
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<td>4</td>
<td>ADVISE ON PROBLEMS</td>
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<tr>
<td>5</td>
<td>GIVE NURSING CARE</td>
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<tr>
<td>6</td>
<td>ASSIST IN OPERATION OF BUSINESS</td>
</tr>
<tr>
<td>8</td>
<td>NO ANSWER</td>
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<td>9</td>
<td>INAP., CODED 7 AT Q.56</td>
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Q.56(B) HOW DO (WOULD) YOU HELP THEM? - [2ND MENTION]

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Q.56(C)  HOW DO (WOULD) YOU HELP THEM? - [3RD MENTION]
                                           _____________________________

1.  FINANCIAL HELP (GIFTS)  
2.  HELP WITH GRANDCHILDREN  
18  3.  ASSIST WITH HOUSEHOLD TASKS (REPAIRS) 
  4.  ADVISE ON PROBLEMS 
  9.  GIVE NURSING CARE 
  2  6.  ASSIST IN OPERATION OF BUSINESS 
                                           _____________________________

2083  0.  INAP., NO FURTHER MENTIONS 
   9.  NO ANSWER 
                                           _____________________________

Q.57  DO YOUR CHILDREN OR CLOSE RELATIVES HELP YOU IN ANY WAY, EVEN IN LITTLE THINGS?
                                           _____________________________

1118  1.  YES 
  276  2.  THEY WOULD IF NECESSARY 
  637  3.  NO 
   59  4.  NO, I WON'T LET THEM 
   24  9.  NO ANSWER 
                                           _____________________________

Q.57(A)  HOW WOULD YOU SAY THEY (WOULD) HELP YOU? - [1ST MENTION]
                                           _____________________________

13  00.  ANSWER TOO VAGUE TO CLASSIFY 
  89  01.  IN ANY WAY THAT WAS NECESSARY 
  838  02.  FINANCIAL HELP (GIFTS) 
  285  03.  ASSIST WITH HOUSEHOLD TASKS (REPAIRS) 
   6  04.  ADVISE ON PROBLEMS 
   21  05.  VISITING OR TALKING THINGS OVER 
                                           _____________________________
43  06. PROVIDE TRANSPORTATION  
35  07. NURSING CARE  
28  08. ASSIST WITH BUSINESS (FARM, ETC.)  

36  98. NO ANSWER  
720  99. INAP., CODED 3-4 OR 9 AT Q.57

---IF CODED 1-2 AT Q.57---

Q.57(B) HOW WOULD YOU SAY THEY (WOULD) HELP YOU? - [2ND MENTION]

00. ANSWER TOO VAGUE TO CLASSIFY  
01. IN ANY WAY THAT WAS NECESSARY  
02. FINANCIAL HELP (GIFTS)  
139  03. ASSIST WITH HOUSEHOLD TASKS (REPAIRS)  
3  04. ADVISE ON PROBLEMS  
29  05. VISITING OR TALKING THINGS OVER  
100  06. PROVIDE TRANSPORTATION  
53  07. NURSING CARE  
21  08. ASSIST WITH BUSINESS (FARM, ETC.)  

1769  98. INAP., NO FURTHER MENTIONS  
99. NO ANSWER

---IF CODED 1-2 AT Q.57---

Q.57(3) HOW WOULD YOU SAY THEY (WOULD) HELP YOU? - [3RD MENTION]

00. ANSWER TOO VAGUE TO CLASSIFY  
01. IN ANY WAY THAT WAS NECESSARY  
02. FINANCIAL HELP (GIFTS)  
03. ASSIST WITH HOUSEHOLD TASKS (REPAIRS)
1 04. ADVISE ON PROBLEMS
2 05. VISITING OR TALKING THINGS OVER
26 06. PROVIDE TRANSPORTATION
14 07. NURSING CARE
3 08. ASSIST WITH BUSINESS (FARM, ETC.)

2068 98. INAP., NO FURTHER MENTIONS
99. NO ANSWER

--IF CODED 1-2 AT Q.57--

Q.57(D) HOW WOULD YOU SAY THEY (WOULD) HELP YOU? - [4TH MENTION]

00. ANSWER TOO VAGUE TO CLASSIFY
01. IN ANY WAY THAT WAS NECESSARY
02. FINANCIAL HELP (GIFTS)
03. ASSIST WITH HOUSEHOLD TASKS (REPAIRS)
04. ADVISE ON PROBLEMS
05. VISITING OR TALKING THINGS OVER
2 06. PROVIDE TRANSPORTATION
2 07. NURSING CARE
08. ASSIST WITH BUSINESS (FARM, ETC.)

2110 98. INAP., NO FURTHER MENTIONS
99. NO ANSWER

Q.58. HERE IS A LIST OF THINGS SOME PEOPLE BELIEVE. WOULD YOU TELL ME WHETHER YOU AGREE OR DISAGREE WITH EACH STATEMENT? (JUST GIVE ME YOUR OPINION!)

Q.58A. THE DAYS ARE TOO SHORT FOR ALL I WANT TO DO

760 1. AGREE
(CONTINUED)

1233 2. DISAGREE
101 3. DEPENDS

20 4. NO ANSWER; DK

---------------------------

VAR 0418  AGREE/DISAGREE-LIFE WORS  MD=8
REF 0418  LOC 649 WIDTH 1  DK 10 COL 61

Q.58B. THE LIFE OF THE AVERAGE PERSON IS GETTING WORSE, NOT BETTER [THINGS PEOPLE BELIEVE]

<SEE Q.58 FOR COMPLETE QUESTION TEXT>

659 5. AGREE
1280 6. DISAGREE
136 7. DEPENDS

39 8. NO ANSWER; DK

---------------------------

VAR 0419  AGREE/DISAGREE-LIVE TODA  MD=4
REF 0419  LOC 650 WIDTH 1  DK 10 COL 62

Q.58C. NOWADAYS A PERSON HAS TO LIVE PRETTY MUCH FOR TODAY AND LET TOMORROW TAKE CARE OF ITSELF. [THINGS PEOPLE BELIEVE]

<SEE Q.58 FOR COMPLETE QUESTION TEXT>

1237 1. AGREE
800 2. DISAGREE
53 3. DEPENDS

24 4. NO ANSWER; DK
Q.58D. Most families like to have older people around.  [THINGS PEOPLE BELIEVE]

<SEE Q.58 FOR COMPLETE QUESTION TEXT>

796  5. AGREE
1014  6. DISAGREE
267  7. DEPENDS

37  8. NO ANSWER; DK

Q.58E. I can't help feeling now that my life is not very useful.  [THINGS PEOPLE BELIEVE]

<SEE Q.58 FOR COMPLETE QUESTION TEXT>

643  1. AGREE
1401  2. DISAGREE
37  3. DEPENDS

33  4. NO ANSWER; DK

Q.58F. Most people lose respect for a man who has retired and is no longer working.  [THINGS PEOPLE BELIEVE]

<SEE Q.58 FOR COMPLETE QUESTION TEXT>

364  5. AGREE
1614  6. DISAGREE
102  7. DEPENDS
34  8. NO ANSWER; DK

Q.58G. CHILDREN DON'T CARE ANYTHING ABOUT THEIR PARENTS EXCEPT FOR WHAT THEY GET OUT OF THEM. [THINGS PEOPLE BELIEVE]

<SEE Q.58 FOR COMPLETE QUESTION TEXT>

515  1. AGREE
1394  2. DISAGREE
175  3. DEPENDS
30  4. NO ANSWER; DK

Q.58H. ALL THINGS CONSIDERED, I'M PRETTY SATISFIED WITH WHAT I'VE ACCOMPLISHED IN LIFE. [THINGS PEOPLE BELIEVE]

<SEE Q.58 FOR COMPLETE QUESTION TEXT>

1808  5. AGREE
241  6. DISAGREE
39  7. DEPENDS
26  8. NO ANSWER; DK
VAR 0425    DO CHILDREN PAY ATTENT  MD=4 OR GE 5
REF 0425    LOC 656 WIDTH 1       DK 10 COL 68

Q.59 LOTS OF PEOPLE WHO SHARE A HOME WITH THEIR CHILDREN
FEEL THAT THEIR CHILDREN DON'T REALLY PAY ANY ATTENTION TO
THEIR ADVICE. DO YOU THINK THIS IS TRUE IN MOST CASES, IN
SOME CASES, OR HARDLY EVER?

723 1. TRUE IN MOST CASES
885 2. TRUE IN SOME CASES
301 3. HARDLY EVER
186 4. DK
19 5. NO ANSWER

VAR 0426    WHAT SHOULD JIM DO  MD=99
REF 0426    LOC 657 WIDTH 2       DK 10 COL 69-70

Q.60 HERE ARE SOME REAL LIFE SITUATIONS. I'D LIKE TO KNOW
WHAT YOU THINK ABOUT THEM. MR. AND MRS. WILLIAMS ARE IN
THEIR SEVENTIES. THEIR ROOF STARTED TO LEAK A COUPLE OF
WEEKS AGO, AND THEIR SON JIM SAID HE'D COME OUT AND FIX IT
WHEN HE HAD A DAY OFF. THEY WERE EXPECTING JIM SATURDAY,
BUT HE CALLED AND SAID THAT HE DIDN'T KNOW IF HE COULD MAKE
IT, BECAUSE HIS BOWLING TEAM FROM WORK IS PRACTICING FOR THE
TOURNAMENT THEN. WHAT SHOULD JIM DO?

47 00. ANSWER TOO VAGUE TO CLASSIFY
526 01. FIX THE ROOF (NO FURTHER EXPLANATION)
327 02. FIX THE ROOF BECAUSE PARENTS ARE MORE IMPORTANT
THAN BOWLING
50 03. FIX THE ROOF BECAUSE CHILDREN SHOULD TAKE CARE OF
AGED PARENTS (SPECIFIC MENTION OF AGE, ILL-HEALTH,
OR DEPENDENCY OF PARENTS)
239 04. FIX THE ROOF BECAUSE HE PROMISED TO DO IT (HE
committed himself, parents were depending on him)
71 05. FIX THE ROOF BECAUSE WORK COMES BEFORE PLEASURE
219 06. FIX THE ROOF BECAUSE ROOF REPAIR IS A NECESSITY AND
BOWLING ISN'T (MATERIAL DAMAGE MIGHT BE DONE)
36 07. FIX THE ROOF BUT HE ISN'T GOING TO DO SO (BECAUSE
RESPONDENT KNOWS "PEOPLE," "CHILDREN," ETC.)
158 08. GET SOMEONE ELSE TO FIX THE ROOF (CARPENTER,
ROOFER, RELATIVE, OR FRIEND)
Q. 61 Here are some real life situations. I'd like to know what you think about them. Mrs. Ray is a widow. She lives alone, in the suburbs of a big city. She has to go to the doctor in town for treatments every week. Because she doesn't like to go alone, her only son, Frank, has been taking her in his car Saturday mornings, on his day off. This makes things hard for Frank, because Saturday morning is the only time when he and his wife can do their big shopping for the week. It looks like Mrs. Ray's treatments will be going on for some time. What do you think Frank should do?

91 00. Answer too vague to classify
491 01. Take his mother to the doctor (no further explanations)
138 02. Should take his mother to the doctor because he owes it to her (mother made sacrifices for him)
358 03. Should take mother to the doctor and shop later or another day with his wife
155 04. Should take mother to the doctor because mother comes first (under any circumstances, mother depends on him)
163 11. Should take mother to the doctor and shop or have wife shop at the same time
57 12. Should change time of appointment so he can take mother to the doctor (and still do shopping with wife)
87 13. Divide Saturdays between wife and mother; let his mother go alone sometimes
34 21. Should go shopping with wife (no further explanation)
139 22. Should go shopping with wife -- make arrangements for someone else to accompany his mother to the
Q. 62 HERE ARE SOME REAL LIFE SITUATIONS. I'D LIKE TO KNOW WHAT YOU THINK ABOUT THEM. TOM AND MARY JENKINS HAVE FOUR CHILDREN. THEY LIVE IN A NEW SECTION IN A SMALL, THREE-BEDROOM HOUSE, AND IT GETS PRETTY CROWDED. MARY'S MOTHER, MRS. STEVENS, IS A WIDOW, WITH A VERY SMALL PENSION, AND HER HEALTH IS POOR. THE DOCTOR DOESN'T THINK MRS. STEVENS SHOULD LIVE ALONE. HE SAYS THAT SHE DOESN'T NEED ANY SPECIAL NURSING CARE, JUST SOMEONE TO KEEP AN EYE ON HER. WHAT DO YOU THINK MARY SHOULD DO?

125  00.  ANSWER TOO VAGUE TO CLASSIFY

768  01.  SHOULD MOVE MOTHER IN WITH HER (NO FURTHER EXPLANATION)

145  02.  SHOULD GET LARGER HOUSE OR ADD ANOTHER ROOM AND MOVE MOTHER IN WITH HER

28  03.  SHOULD MOVE MOTHER IN WITH HER UNLESS MARY FINANCIALLY ABLE TO MAKE OTHER ARRANGEMENTS

19  21.  HOUSE IS TOO SMALL SO MARY SHOULD MAKE OTHER ARRANGEMENTS FOR HER MOTHER (ARRANGEMENTS NOT SPECIFIED)

31  22.  HOUSE IS TOO SMALL SO MARY SHOULD GET COMPANION FOR MOTHER OR ARRANGE FOR SOMEONE TO LIVE WITH HER

48  23.  HOUSE IS TOO SMALL SO MARY SHOULD PUT MOTHER IN HOME

8  24.  HOUSE IS TOO SMALL, SO MOTHER SHOULD STAY IN OWN HOME, AND MARY SHOULD KEEP IN TOUCH WITH HER

95  31.  MOTHER SHOULD STAY IN OWN HOME AND MARY SHOULD KEEP IN TOUCH WITH HER

290  32.  MOTHER SHOULD STAY IN OWN HOME AND MARY SHOULD GET SOMEONE TO STAY WITH HER (HIRE SOMEONE, GET NEIGHBOR OR COMPANION)

84  33.  MOTHER SHOULD MOVE CLOSER TO MARY SO MARY CAN KEEP
Q.63 HERE ARE SOME REAL LIFE SITUATIONS. I'D LIKE TO KNOW WHAT YOU THINK ABOUT THEM. JOHN AND ALICE CLARK HAVE BEEN HELPING SUPPORT JOHN'S FATHER AND MOTHER, WHO LIVE UP THE STREET FROM THEM. JOHN WORKS IN THE COUNTRY, AND UNLESS HE WANTS TO SPEND FOUR HOURS A DAY TRAVELLING, HE HAS TO DRIVE TO WORK. HE'S BEEN HAVING A LOT OF TROUBLE WITH HIS CAR, AND IT LOOKS AS THOUGH HE'LL HAVE TO BUY ANOTHER ONE THAT'S IN PRETTY GOOD CONDITION. JOHN'S BUDGET IS SO TIGHT NOW THAT IF HE BUYS A CAR, THE PAYMENTS WILL MAKE IT IMPOSSIBLE FOR HIM TO HELP HIS PARENTS. THEN THEY'D HAVE TO GET HELP FROM A WELFARE AGENCY OR THE GOVERNMENT. WHAT SHOULD JIM DO?

20 00. ANSWER TOO VAGUE TO CLASSIFY
1409 02. JOHN SHOULD BUY THE CAR AND HIS PARENTS SHOULD GO TO THE GOVERNMENT OR WELFARE FOR HELP
146 03. JOHN SHOULD BUY THE CAR AND HIS PARENTS SHOULD GO TO THE GOVERNMENT OR WELFARE FOR TEMPORARY HELP
40 21. JOHN SHOULD LET HIS PARENTS MOVE IN WITH HIM SO THAT HE CAN BUY THE CAR
33 22. JOHN SHOULD SACRIFICE SOMETHING SO THAT HE CAN BUY THE CAR AND HELP HIS PARENTS ALSO
83 31. JOHN SHOULD HELP HIS PARENTS (NO FURTHER EXPLANATION)
43 41. JOHN SHOULD MAKE HIS CAR DO AND CONTINUE TO HELP HIS PARENTS
103 42. JOHN SHOULD TRAVEL TO WORK ON PUBLIC CONVEYANCE OR IN CAR POOL AND CONTINUE TO HELP HIS PARENTS
40 43. JOHN SHOULD GET ANOTHER JOB AND CONTINUE TO HELP HIS PARENTS

197 99. NO ANSWER
Q.64 HERE ARE SOME REAL LIFE SITUATIONS. I'D LIKE TO KNOW WHAT YOU THINK ABOUT THEM. MR. AND MRS. THOMPSON HAVE THREE GROWN SONS. TWO OF THEM LIVE IN OREGON, BUT BILL, THE ELDEST, AND HIS WIFE MARY LIVE ABOUT 150 MILES AWAY. BILL SENDS HIS PARENTS A CHECK EVERY MONTH, BUT HE HARDLY EVER COMES TO SEE THEM OR INVITES THEM TO VISIT HIS HOME. BILL PROMISED HIS MOTHER HE'D BRING HIS FAMILY OUT FOR EASTER SUNDAY, BUT, JUST BEFORE THE HOLIDAY, SOME OF MARY'S RELATIVES CAME TO TOWN, AND SHE WANTED TO ENTERTAIN THEM ON EASTER. WHAT SHOULD BILL HAVE DONE.

------------------------------------------------------------

ANSWER TOO VAGUE TO CLASSIFY

BILL SHOULD STAY HOME (NO FURTHER EXPLANATION)

BILL SHOULD STAY HOME (WIFE COMES FIRST)

BILL SHOULD STAY HOME AND VISIT HIS PARENTS SOME EARLY DATE IN THE FUTURE

BILL SHOULD STAY WITH MARY; HE FULFILLS HIS OBLIGATIONS BY SENDING HIS PARENTS A CHECK

BILL SHOULD SPEND PART OF THE TIME WITH HIS PARENTS AND PART WITH HIS WIFE

BILL SHOULD BRING HIS PARENTS TO HIS HOME AND ENTERTAIN THEM ALONG WITH MARY'S RELATIVES

BILL SHOULD TAKE MARY'S RELATIVES WITH HIM TO HIS PARENTS

BILL SHOULD HAVE GONE TO HIS PARENTS (NO FURTHER EXPLANATION)

BILL SHOULD HAVE GONE TO HIS PARENTS (PARENTS COME FIRST)

BILL SHOULD HAVE GONE TO HIS PARENTS (MOTHER COMES FIRST, SOME MENTION OF "MOTHER," RESPONSIBILITY TO "MOTHER," ETC.)

BILL SHOULD HAVE GONE TO HIS PARENTS (NO SPECIAL MENTION OF MOTHER) BECAUSE HE PROMISED TO DO SO

BILL SHOULD HAVE GONE TO HIS PARENTS BECAUSE HE PROMISED HIS MOTHER

BILL SHOULD HAVE GONE TO SEE HIS PARENTS AND LEFT HIS WIFE WITH HER RELATIVES

BILL SHOULD HAVE TAKEN THE CHILDREN AND GONE TO SEE HIS PARENTS AND LEFT HIS WIFE WITH HER RELATIVES

BILL SHOULD HAVE GONE TO SEE PARENTS AND MARY AND CHILDREN SHOULD HAVE GONE WITH HIM

NO ANSWER
**Q.65. ARE YOU EMPLOYED NOW?**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>398</td>
<td>YES, FULL TIME</td>
</tr>
<tr>
<td>155</td>
<td>YES, PART-TIME</td>
</tr>
<tr>
<td>56</td>
<td>YES, OCCASIONALLY</td>
</tr>
<tr>
<td>16</td>
<td>LOOKING FOR WORK</td>
</tr>
<tr>
<td>668</td>
<td>NO, RETIRED</td>
</tr>
<tr>
<td>813</td>
<td>NO, HOUSEWIFE</td>
</tr>
<tr>
<td>8</td>
<td>NO ANSWER</td>
</tr>
</tbody>
</table>

**--IF CODED 1,2,3, OR 4 AT Q.65--**

**Q.65A. WHEN DO YOU EXPECT TO STOP WORKING?**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>64</td>
<td>WITHIN A YEAR</td>
</tr>
<tr>
<td>76</td>
<td>TWO TO FOUR YEARS</td>
</tr>
<tr>
<td>23</td>
<td>FIVE TO NINE YEARS</td>
</tr>
<tr>
<td>3</td>
<td>TEN OR MORE YEARS</td>
</tr>
<tr>
<td>73</td>
<td>NEVER</td>
</tr>
<tr>
<td>348</td>
<td>ONLY WHEN UNABLE TO WORK LONGER</td>
</tr>
<tr>
<td>26</td>
<td>ONLY WHEN THEY RETIRE ME</td>
</tr>
<tr>
<td>1481</td>
<td>INAP., CODED 5 OR 6 AT Q.65</td>
</tr>
<tr>
<td>20</td>
<td>NO ANSWER</td>
</tr>
</tbody>
</table>

**DECK IDENTIFICATION NUMBER IS '11'**
ICPSR EDITION NUMBER

THE NUMBER IDENTIFYING THE RELEASE EDITION OF THIS DATASET.

1. WINTER 1984

ICPSR PART NUMBER

THE NUMBER IDENTIFYING THIS PART OF A 3-PART STUDY.

001. THE HEALTH NEEDS OF OLDER PERSONS
002. HOUSEHOLD ENUMERATION: NON-INTERVIEWED INDIVIDUALS
003. PUBLIC ATTITUDES ON OLDER PEOPLE

ICPSR SEQUENTIAL CASE IDENTIFICATION NUMBER

THE ICPSR HAS ATTACHED A SEQUENTIAL CASE IDENTIFICATION NUMBER TO EVERY RECORD. THIS NUMBER UNIQUELY IDENTIFIES EACH RECORD IN THE DATA COLLECTION.

--IF CODED 1, 2, 3, OR 4, AT Q.65--

Q.65B. ABOUT HOW OLD WILL YOU BE THEN?
(CONTINUED)

ACTUAL NUMBER IS CODED.

000.

099.

1481  998.  INAP., CODED 5 OR 6 AT Q.65
309  999.  NO ANSWER

VALID-N=324  MIN=61  MAX=95  MEAN=71.9  ST.DEV=7.2

---------------------------------------------------------------------

VAR 0434   R MISSING PEOPLE       MD=0 OR GE  3
REF 0434   LOC  672 WIDTH  1        DK  11 COL 18

--IF CODED 1,2,3, OR 4, AT Q.65--

Q.65C. HERE'S A LIST OF [THINGS THAT PEOPLE HAVE TOLD US THEY MISS ABOUT THEIR JOBS WHEN THEY STOP WORKING.] IF I READ SOMETHING YOU'D MISS, STOP ME!

Q.65C1. THE PEOPLE ON THE JOB

---------------------------------------------------------------

362  1. WOULD MISS
238  2. WOULD NOT MISS

1481  0.  INAP., CODED 5 OR 6 AT Q.65
33   3.  NO ANSWER

---------------------------------------------------------------------

VAR 0435   R WOULD MISS FEEL USEFUL       MD=0 OR GE  6
REF 0435   LOC  673 WIDTH  1        DK  11 COL 19

--IF CODED 1,2,3, OR 4, AT Q.65--

Q.65C2. THE FEELING OF BEING USEFUL [THINGS MISSED WHEN STOP WORKING]

---------------------------------------------------------------

<SEE Q.65C FOR COMPLETE QUESTION TEXT>
(CONTINUED)

375  4.  WOULD MISS
226  5.  WOULD NOT MISS

1481  0.  INAP., CODED 5 OR 6 AT Q.65
32  6.  NO ANSWER

----------------------------------------------------------------------

VAR 0436      R WOULD MISS RESPECT                MD=0 OR GE  9
REF 0436         LOC  674 WIDTH  1             DK  11 COL 20

--IF CODED 1,2,3, OR 4, AT Q.65--

Q.65C3.  THE RESPECT OF OTHERS  [THINGS MISSED WHEN STOP WORKING]
-----------------------------------------------

     <SEE Q.65C FOR COMPLETE QUESTION TEXT>

220  7.  WOULD MISS
374  8.  WOULD NOT MISS

1481  0.  INAP., CODED 5 OR 6 AT Q.65
39  9.  NO ANSWER

----------------------------------------------------------------------

VAR 0437      R WOULD MISS NEW THINGS             MD=0 OR GE  3
REF 0437         LOC  675 WIDTH  1             DK  11 COL 21

--IF CODED 1,2,3, OR 4, AT Q.65--

Q.65C4.  NEW THINGS HAPPENING ON THE JOB  [THINGS MISSED WHEN STOP WORKING]
-----------------------------------------------

     <SEE Q.65C FOR COMPLETE QUESTION TEXT>

263  1.  WOULD MISS
332  2.  WOULD NOT MISS

1481  0.  INAP., CODED 5 OR 6 AT Q.65
38  3.  NO ANSWER
--IF CODED 1, 2, 3, OR 4, AT Q.65--

Q.65C5.  THE MONEY IT BROUGHT IN  [THINGS MISSED WHEN STOP WORKING]  
---------------------------------------------------------------------

<SEE Q.65C FOR COMPLETE QUESTION TEXT>

496  4.  WOULD MISS  
98  5.  WOULD NOT MISS  
1481  0.  INAP., CODED 5 OR 6 AT Q.65  
39  6.  NO ANSWER  

---------------------------------------------------------------------

--IF CODED 1, 2, 3, OR 4, AT Q.65--

Q.65C6.  THE ROUTINE  [THINGS MISSED WHEN STOP WORKING]  
---------------------------------------------------------------------

<SEE Q.65C FOR COMPLETE QUESTION TEXT>

306  7.  WOULD MISS  
288  8.  WOULD NOT MISS  
1481  0.  INAP., CODED 5 OR 6 AT Q.65  
39  9.  NO ANSWER  

---------------------------------------------------------------------

Q.65C7.  SOMETHING ELSE (SPECIFY)  [THINGS MISSED WHEN STOP WORKING]  
---------------------------------------------------------------------

<SEE Q.65C FOR COMPLETE QUESTION TEXT>
(CONTINUED)

1  1. WOULD MISS
404  2. WOULD NOT MISS

1481  0. INAP., CODED 5 OR 6 AT Q.65
228  3. NO ANSWER

--IF TWO OR MORE ANSWERS TO Q.65C--

Q.65D. WHICH OF THESE (REPEAT ALL CHOICES) WOULD YOU MISS MOST?

20  0. NOTHING
83  1. THE PEOPLE ON THE JOB
67  2. THE FEELING OF BEING USEFUL
9  3. THE RESPECT OF OTHERS
9  4. NEW THINGS HAPPENING ON THE JOB
333  5. THE MONEY IT BROUGHT IN
45  6. THE ROUTINE
7. SOMETHING ELSE

1481  8. INAP., CODED 5 OR 6 AT Q.65
67  9. NO ANSWER; THIS QUESTION NOT ASKED

--IF CODED 5 AT Q.65--

Q.65E. WHY DID YOU LEAVE YOUR JOB?

135  01. AGE
177  02. HEALTH
102  03. AGE AND HEALTH
3  04. NO LONGER WORKING BECAUSE OF HOUSEWORK, CHILDREN, ETC.
40  05. COULD AFFORD TO RETIRE
(CONTINUED)

133 06. COMPULSORY LAY-OFF OR RETIREMENT
39 07. DIDN'T WANT TO WORK ANY MORE
21 08. NEEDED AT HOME
4 09. OTHER [SPECIFY]

1438 00. INAP., CODED 1-4 OR 6 AT Q.65
22 99. NO ANSWER; THIS QUESTION NOT ASKED

VAR 0443 R MISSES PEOPLE MD=0 OR GE 3
REF 0443 LOC 682 WIDTH 1 DK 11 COL 28

--IF CODED 5 AT Q.65--

Q.65F. HERE IS A LIST OF [THINGS PEOPLE HAVE TOLD US THEY
MISS ABOUT THEIR JOBS WHEN THEY STOP WORKING.] IF I READ
SOMETHING YOU MISS, STOP ME!

Q.65F1. THE PEOPLE ON THE JOB
---------------------------------------------------------------------

333 1. WOULD MISS
319 2. WOULD NOT MISS

1438 0. INAP., CODED 1-4 OR 6 AT Q.65
24 3. NO ANSWER

---------------------------------------------------------------------

VAR 0444 R MISSES FEEL USEFUL MD=0 OR GE 6
REF 0444 LOC 683 WIDTH 1 DK 11 COL 29

--IF CODED 5 AT Q.65--

Q.65F2. THE FEELING OF BEING USEFUL [THINGS MISSED WHEN
STOP WORKING]
---------------------------------------------------------------------

<SEE Q.65F FOR COMPLETE QUESTION TEXT>

300 4. MISS
346 5. DOES NOT MISS

1438 0. INAP., CODED 1-4 OR 6 AT Q.65
30 6. NO ANSWER
--IF CODED 5 AT Q.65--

Q.65F3. THE RESPECT OF OTHERS [THINGS MISSED WHEN STOP WORKING]

<SEE Q.65F FOR COMPLETE QUESTION TEXT>

181  7. MISS
468  8. DOES NOT MISS
1438  0. INAP., CODED 1-4 OR 6 AT Q.65
27  9. NO ANSWER

--IF CODED 5 AT Q.65--

Q.65F4. NEW THINGS HAPPENING ON THE JOB [THINGS MISSED WHEN STOP WORKING]

<SEE Q.65F FOR COMPLETE QUESTION TEXT>

202  1. MISS
444  2. DOES NOT MISS
1438  0. INAP., CODED 1-4 OR 6 AT Q.65
30  3. NO ANSWER

--IF CODED 5 AT Q.65--

Q.65F5. THE MONEY IT BROUGHT IN [THINGS MISSED WHEN STOP WORKING]
(CONTINUED)

<SEE Q.65F FOR COMPLETE QUESTION TEXT>

491 4. MISSES THE MONEY IT BROUGHT IN
155 5. DOES NOT MISS THE MONEY IT BROUGHT IN

1438 0. INAP., CODED 1-4 OR 6 AT Q.65
30 6. NO ANSWER

--IF CODED 5 AT Q.65--

Q.65F6. THE ROUTINE [THINGS MISSED WHEN STOP WORKING]
-------------------------------------------------------

<SEE Q.65F FOR COMPLETE QUESTION TEXT>

237 7. MISSES THE ROUTINE
409 8. DOES NOT MISS THE ROUTINE

1438 0. INAP., CODED 1-4 OR 6 AT Q.65
30 9. NO ANSWER

--IF CODED 5 AT Q.65--

Q.65F7. SOMETHING ELSE [THINGS MISSED WHEN STOP WORKING]
----------------------------------------------------------

<SEE Q.65F FOR COMPLETE QUESTION TEXT>

1 1. MISSES SOMETHING ELSE
487 2. DOES NOT MISS SOMETHING ELSE

1438 0. INAP., CODED 1-4 OR 6 AT Q.65
188 3. NO ANSWER
--IF MORE THAN ONE ANSWER TO Q.65F--

Q.65G. WHICH OF THESE (REPEAT ALL CHOICES) DO YOU MISS MOST?

-------------------------------------------------------

58  0. NOTHING
108  1. THE PEOPLE ON THE JOB
46  2. THE FEELING OF BEING USEFUL
  3. THE RESPECT OF OTHERS
13  4. NEW THINGS HAPPENING ON THE JOB
342  5. THE MONEY IT BROUGHT IN
  6. THE ROUTINE
  7. SOMETHING ELSE

1438  8. INAP., CODED 1-4 OR 7 AT Q.65
  9. NO ANSWER; OR THIS QUESTION NOT ASKED

-------------------------------------------------------

--FOR HOUSEWIVES, ASK WHAT KIND OF WORK DOES (DID) YOUR HUSBAND DO?--

Q.66A. WHAT KIND OF WORK DO [DID] YOU DO?

-------------------------------------------------------

131  00. PROFESSIONAL, TECHNICAL AND KINDRED WORKERS
391  01. FARMERS AND FARM MANAGERS
261  02. MANAGERS, OFFICIALS, AND PROPRIETORS, EXCEPT FARM
118  03. CLERICAL AND KINDRED WORKERS
  04. SALES WORKERS
365  05. CRAFTSMEN, FOREMEN, AND KINDRED WORKERS
271  06. OPERATIVES AND KINDRED WORKERS
251  07. PRIVATE HOUSEHOLD WORKERS
  08. FARM LABORERES AND FOREMEN
132  09. LABORERS, EXCEPT FARM AND MINE
  10. NEVER MARRIED AND UNPAID FAMILY WORKERS

  98. DK

58  99. NO ANSWER
VAR 0452  SORT OF PLACE R WORKED  MD=98 OR GE 99
REF 0452  LOC 692 WIDTH 2  DK 11 COL 38-39

Q.66B. AT WHAT SORT OF PLACE DO [DID] YOU [HE] WORK?
-----------------------------------------------------
441  01. AGRICULTURE, FOREST, AND FISHERIES
39  20. MINING
152  24. CONSTRUCTION
463  30. MANUFACTURING
176  50. TRANSPORTATION, COMMUNICATIONS, AND OTHER PUBLIC UTILITIES
261  60. WHOLESALE AND RETAIL TRADE
60  70. FINANCE, INSURANCE, AND REAL ESTATE
36  80. BUSINESS AND REPAIRS SERVICES
150  82. PERSONAL SERVICES
13  85. ENTERTAINMENT AND RECREATION
138  86. PROFESSIONAL AND RELATED SERVICES
96  90. PUBLIC ADMINISTRATION
  91. NEVER MARRIED AND UNPAID FAMILY WORKERS

85  98. NO ANSWER
99. DK

---------------------------------------------------------------------

VAR 0453  TYPE WORK USUALLY DOES  MD=97 OR GE 98
REF 0453  LOC 694 WIDTH 2  DK 11 COL 40-41

--IF CODED 1-4 AT Q.65 OR 00-09 AT Q.66A--

Q.67. ASK ONLY IF R OR HUSBAND IS STILL WORKING. IS THIS THE SORT OF WORK YOU [HE] HAVE DONE MOST OF YOUR LIFE?
Q.67A. WHAT KIND OF WORK (DO YOU) DOES HE DO?
---------------------------------------------------------------------
18  00. PROFESSIONAL, TECHNICAL, AND KINDRED WORKERS
48  01. FARMERS AND FARM MANAGERS
25  02. MANAGERS, OFFICIALS, AND PROPRIETORS, EXCEPT FARM
  03. CLERICAL AND KINDRED WORKERS
10  04. SALES WORKERS
53  05. CRAFTSMEN, FOREMEN, AND KINDRED WORKERS
38  06. OPERATIVES AND KINDRED WORKERS
17  07. PRIVATE HOUSEHOLD WORKERS
  08. FARM LABORERS AND FOREMEN
19  09. LABORERS, EXCEPTION FARM AND MINE
1867 97. INAP., CODED 5 OR 6 AT Q.65; OR 10 OR 99 AT Q.66A AND THIS SORT OF WORK NOT DONE MOST OF LIFE
98. DK
4 99. NO ANSWER

----------------------------------------------------------------------

VAR 0454 TYPE PLACE USUALLY WORK MD=0 OR GE 98
REF 0454 LOC 696 WIDTH 2 DK 11 COL 42-43

--IF CODED 1-4 AT Q.65 OR 00-99 AT Q.66A--

Q.67B. AT WHAT SORT OF PLACE DO YOU [DOES HE] USUALLY WORK?
------------------------------------------------------------

57 01. AGRICULTURE, FOREST, AND FISHERIES
13 20. MINING
26 24. CONSTRUCTION
45 30. MANUFACTURING
19 50. TRANSPORTATION, COMMUNICATIONS, AND OTHER PUBLIC UTILITIES
29 60. WHOLESALE AND RETAIL TRADE
5 70. FINANCE, INSURANCE, AND REAL ESTATE
4 80. BUSINESS AND REPAIRS SERVICES
11 82. PERSONAL SERVICES
5 85. ENTERTAINMENT AND RECREATION
11 86. PROFESSIONAL AND RELATED SERVICES
14 90. PUBLIC ADMINISTRATION

1867 00. INAP., CODED 5 OR 6 AT Q.65; OR 10 OR 99 AT Q.66A AND THIS SORT OF WORK NOT DONE MOST OF LIFE
8 98. NO ANSWER
99. DK

----------------------------------------------------------------------

VAR 0455 TYPE WORK FATHER DID MD=98 OR GE 99
REF 0455 LOC 698 WIDTH 2 DK 11 COL 44-45

Q.68. WHAT SORT OF WORK DID YOUR FATHER DO MOST OF HIS LIFE?
---------------------------------------------------------------

103 00. PROFESSIONAL, TECHNICAL, AND KINDRED WORKERS
1022 01. FARMERS AND FARM MANAGERS
(CONTINUED)

179  02. MANAGERS, OFFICIALS, AND PROPRIETORS, EXCEPT FARM
  33  03. CLERICAL AND KINDRED WORKERS
  39  04. SALES WORKERS
  295  05. CRAFTSMEN, FOREMEN AND KINDRED WORKERS
  132  06. OPERATIVES AND KINDRED WORKERS
  31  07. PRIVATE HOUSEHOLD WORKERS, SERVICE WORKERS
  32  08. FARM LABORERS AND FOREMEN
  124  09. LABORERS, EXCEPT FARM AND MINE

  98. DK
  124  99. NO ANSWER

---------------------------------------------------------------------

VAR 0456      WHERE WAS R BORN                            MD=99
REF 0456         LOC  700 WIDTH  2             DK  11 COL 46-47

Q.69. WHERE WERE YOU BORN? NAME OF STATE OR COUNTRY.
---------------------------------------------------------------------

  9  00. LATIN AMERICA (CUBA, MEXICO, BRAZIL, ARGENTINA, ETC.)
 1707  01. UNITED STATES
  3  02. U.S. POSSESSIONS (INCLUDING FORMER POSSESSIONS):
        PUERTO RICO, PHILIPPINES, HAWAII, ALASKA, VIRGIN ISLANDS, ETC.
  88  03. ENGLAND, SCOTLAND, WALES, IRELAND, CANADA,
        AUSTRALIA, NEW ZEALAND, UNION OF SOUTH AFRICA,
        B.W.I. (BRITISH WEST INDIES)
  7  04. FRANCE, BELGIUM, SWITZERLAND
  58  05. GERMANY, NETHERLANDS (HOLLAND), AUSTRIA, LUXEMBURG
        (PRUSSIA, HESSE, BAVARIA)
  48  06. SWEDEN, NORWAY, DENMARK, FINLAND, ICELAND
  65  07. RUSSIA, POLAND, LATVIA, LITHUANIA, ESTONIA
  46  08. RUMANIA, BULGARIA, ALBANIA, GREECE, HUNGARY,
        TURKEY, YUGOSLAVIA, CZECHOSLOVAKIA (BOHEMIA,
        MONTENEGRO, TRANSYLVANIA)
  67  09. ITALY, SPAIN, PORTUGAL, AZORES, SARDINIA, SICILY
  4  10. OTHERS: NEAR EAST, AFRICA
  9  11. ORIENT (JAPAN, CHINA, INDIA, SIAM, INDO-CHINA,
        ETC.)

  3  99. DK; QUESTION NOT ASKED, WOULDN'T SAY
Q.69(A). HOW OLD WERE YOU WHEN YOU CAME TO THIS COUNTRY?
-----------------------------------------------

11 001. IF LESS THAN ONE YEAR, CODE FOR ONE YEAR
002.
.
099.

35 998. THIS QUESTION NOT ASKED, DK, "VERY YOUNG,"
1707 999. INAP., CODED 01 AT Q.69

CODE:    1     2     3     4     5     6     7     8     9
FREQ:   11    12     6     8     6    11     5     5     7

CODE:   10    11    12    13    14    15    16    17    18
FREQ:    4     7     2     8     8    17    25    26    23

CODE:   19    20    21    22    23    24    25    26    27
FREQ:   24    18    15    14    13    12     4     9

CODE:   28    29    30    31    32    33    34    35    36
FREQ:    7     6     8     5     2     3     2     1     2

CODE:   40    41    45    47    49    50    53    55    58
FREQ:    1     1     1     1     2     2     1     2     1

CODE:   59    60    61    64    70    71    998    999
FREQ:    1     2     1     2     2     1    35    1707

Q.70. WHAT WAS THE LAST GRADE OR YEAR OF SCHOOL YOU
FINISHED?
-----------------------------------------------

380 01. COMPLETED 0-4 YEARS
271 02. COMPLETED 5-6 YEARS
(CONTINUED)

642  03.  COMPLETED 7-8 YEARS
275  04.  COMPLETED 9-11 YEARS
182  05.  COMPLETED 12 YEARS
 90  06.  COMPLETED 1-3 YEARS OF COLLEGE
 63  07.  COMPLETED 4 OR MORE YEARS COLLEGE
  08.  OTHER (SPECIFY)
195  09.  WENT TO UNGRADED SCHOOL
 16  99.  NO ANSWER

VAR 0459      AGE WHEN LEFT SCHOOL          MD=8 OR GE  9
REF 0459      LOC  707 WIDTH  1             DK  11 COL 53

--IF CODED 09 AT Q.70--

Q.70A.  HOW OLD WERE YOU WHEN YOU LEFT SCHOOL?

  6  1.  UNDER 10 YEARS OF AGE
 61  2.  TEN TO 14 YEARS OF AGE
122  3.  FOURTEEN YEARS OF AGE OR MORE

  6  8.  THIS QUESTION NOT ASKED; DK; ANSWERS TOO VAGUE
1919  9.  INAP., CODED OTHER THAN 09 AT Q.70

VAR 0460      IMPORTANCE OF RELIGION          MD=4 OR GE  5
REF 0460      LOC  708 WIDTH  1             DK  11 COL 54

Q.71.  HOW IMPORTANT IS RELIGION IN YOUR LIFE -- VERY

         IMPORTANT, FAIRLY IMPORTANT, OR NOT IMPORTANT AT ALL?

 1418  1.  VERY IMPORTANT
 566  2.  FAIRLY IMPORTANT
 113  3.  NOT IMPORTANT AT ALL

  9  4.  DK
  8  5.  NO ANSWER
Q.72. DO YOU BELIEVE IN AN AFTER-LIFE?

1537 1. YES, SURE OF IT
321 2. YES, BUT NOT CERTAIN
225 3. NO
31 9. NO ANSWER

Q.73. ARE YOU A CHURCH MEMBER?

1589 1. YES
510 2. NO
15 9. NO ANSWER

Q.74. WHAT IS YOUR RELIGIOUS PREFERENCE?


1584 1. PROTESTANT
375 2. CATHOLIC
55 3. JEWISH
35 4. OTHER
51 5. NONE
14 0. NO ANSWER
---IF CODED 1 AT Q.74---

Q.74(A). WHAT DENOMINATION?
-----------------------------

344 00. METHODIST, EVANGELICAL UNITED BRETHREN (CODE "EVANGELICAL" WITH NO MODIFIER HERE)

499 06. BAPTIST, DISCIPLES OF CHRIST, CHURCH OF CHRIST, "CHRISTIAN" (NO MODIFIER)

50 07. CONGREGATIONAL, CONGREGATIONAL-CHRISTIAN, EVANGELICAL AND REFORMED (TWO NAMES IN COMBINATION)

71 08. EPISCOPALIAN, ANGLICAN

175 09. LUTHERAN

264 10. OTHER SPECIFIC PROTESTANT DENOMINATIONS OR SECTS: UNITARIAN, QUAKERS, SEVENTH DAY ADVENTISTS, HOLINESS, MORMON, LATTER-DAY SAINTS, CHRISTIAN

181 11. PRESBYTERIAN, REFORMED (NOT IN COMBINATION WITH EVANGELICAL)

530 99. INAP., CODED 0 OR 2-5 AT Q.74

---------------------------------------------------------------------

Q.75. IN WHICH AGE GROUP WOULD YOU SAY YOU BELONG? (RECORD REPLY VERBATIM)
---------------------------------------------------------------------

33 01. YOUNG, BECAUSE CAN STILL WORK, OR KEEP active

317 02. MIDDLE-AGE, NO COMMENT

6 03. MIDDLE-AGED, BECAUSE SLOWING DOWN

5 04. MIDDLE-AGED, BUT WOULD LIKE TO BE YOUNG

45 05. MIDDLE-AGED, BECAUSE HEALTH IS GOOD, CAN STILL WORK

13 06. MIDDLE-AGED DESPITE THE CALENDAR, BECAUSE PEOPLE ARE LIVING LONGER

613 08. OLD, OR ELDERLY, NO COMMENT

87 09. OLD, OR ELDERLY, BECAUSE OF CALENDAR AGE (NO FURTHER QUALIFICATIONS)

47 10. OLD, OR ELDERLY, ALTHOUGH DON'T FEEL OLD

36 11. OLD, OR ELDERLY, BECAUSE DON'T FEEL WELL, OR AS YOUNG AS USED TO FEEL
(CONTINUED)

88 00. DK
824 99. NO ANSWER

--IF NO CATEGORY MENTIONED AT Q.75--

Q.75A. WOULD YOU SAY YOU ARE OLD, ELDERLY, MIDDLE-AGED, OR YOUNG?

858 1. OLD
386 2. ELDERLY
754 3. MIDDLE-AGED
87 4. YOUNG

29 9. NO ANSWER

--IF "OLD," OR "ELDERLY," AT Q.75A--

Q.75B(1). ABOUT HOW OLD WERE YOU WHEN YOU STARTED TO THINK OF YOURSELF AS "OLD" ("ELDERLY")? WHAT HAPPENED THEN? (WHY DO YOU THINK A PERSON OF (YEARS) IS "OLD" OR "ELDERLY"?) - [1ST MENTION]

172 00. AGE UNDER 55 GIVEN
73 01. AGE 55-59
244 02. AGE 60-64
111 03. AGE 65
68 04. AGE 66-69
65 05. AGE 70
135 06. AGE OVER 70
89 07. REASONS RELATED TO HEALTH OR PHYSICAL FITNESS: BECAUSE HEALTH STARTED TO FAIL; EYESIGHT, HEARING, OR OTHER SENSES FAILED, INABILITY TO DO THINGS USED TO DO
33 08. REASONS RELATED TO OTHER PEOPLE: BECAUSE OF DEATH
(CONTINUED)

OR ILLNESS OF FAMILY MEMBERS OR FRIENDS, BECAUSE
OTHERS BEGIN TO TREAT RESPONDENT AS OLD
20 09. REASONS RELATED TO EMPLOYMENT: BECAUSE OF
RETIREMENT OR GIVING UP WORK
184 10. NO AGE GIVEN AND/OR NO EXPLANATION GIVEN
50 11. REASONS RELATED TO CALENDAR AGE
870 99. INAP., CODED 3-4 OR 9 AT Q.75A

-----------------------------
VAR 0468      AGE WHEN THOUGHT OLD-2                      MD=99
REF 0468         LOC  719 WIDTH  2             DK  11 COL 65-66

--IF "OLD," OR "ELDERLY," AT Q.75A--

Q.75B(2). ABOUT HOW OLD WERE YOU WHEN YOU STARTED TO THINK
OF YOURSELF AS "OLD" OR "ELDERLY" - [2ND MENTION]

-----------------------------
  00. AGE UNDER 55 GIVEN
    01. AGE 55-59
  37 02. AGE 60-64
    03. AGE 65
    04. AGE 66-69
  1  05. AGE 70
   2  06. AGE OVER 70
445 07. REASONS RELATED TO HEALTH OR PHYSICAL FITNESS:
    BECAUSE HEALTH STARTED TO FAIL; EYESIGHT, HEARING,
    OR OTHER SENSES FAILED, INABILITY TO DO THINGS USED
    TO DO
    74 08. REASONS RELATED TO OTHER PEOPLE: BECAUSE OF DEATH
    OR ILLNESS OF FAMILY MEMBERS OR FRIENDS, BECAUSE
    OTHERS BEGAN TO TREAT RESPONDENT AS OLD
    61 09. REASONS RELATED TO EMPLOYMENT: BECAUSE OF
    RETIREMENT OR GIVING UP WORK
    329 10. NO AGE GIVEN AND/OR NO EXPLANATION GIVEN
    111 11. REASONS RELATED TO CALENDAR AGE

1054 99. INAP., NO FURTHER MENTIONS
--IF "OLD," OR "ELDERLY," AT Q.75A--

Q.75B(3). HOW OLD WERE YOU WHEN YOU STARTED TO THINK OF YOURSELF AS "OLD" OR "ELDERLY" - [3RD MENTION]

00. AGE UNDER 55 GIVEN
01. AGE 55-59
02. AGE 60-64
03. AGE 65
04. AGE 66-69
37 05. AGE 70
1 06. AGE OVER 70
07. REASONS RELATED TO HEALTH OR PHYSICAL FITNESS: BECAUSE HEALTH STARTED TO FAIL; EYESIGHT, HEARING, OR OTHER SENSES FAILED, INABILITY TO DO THINGS USED TO DO
08. REASONS RELATED TO OTHER PEOPLE: BECAUSE OF DEATH OR ILLNESS OF FAMILY MEMBERS OR FRIENDS, BECAUSE OTHERS BEGAN TO TREAT RESPONDENT AS OLD
09. REASONS RELATED TO EMPLOYMENT: BECAUSE OF RETIREMENT OR GIVING UP WORK
6 10. NO AGE GIVEN AND/OR NO EXPLANATION GIVEN
2 11. REASONS RELATED TO CALENDAR AGE

2068 99. INAP., NO FURTHER MENTIONS

--IF "OLD," OR "ELDERLY," AT Q.75A--

Q.75B(4). ABOUT HOW OLD WERE YOU WHEN YOU STARTED TO THINK OF YOURSELF AS "OLD" OR "ELDERLY" - [4TH MENTION]

00. AGE UNDER 55 GIVEN
01. AGE 55-59
02. AGE 60-64
03. AGE 65
04. AGE 66-69
05. AGE 70
37 06. AGE OVER 70

07. REASONS RELATED TO HEALTH OR PHYSICAL FITNESS: BECAUSE HEALTH STARTED TO FAIL; EYESIGHT, HEARING, OR OTHER SENSES FAILED, INABILITY TO DO THINGS USED TO DO

08. REASONS RELATED TO OTHER PEOPLE: BECAUSE OF DEATH OR ILLNESS OF FAMILY MEMBERS OR FRIENDS, BECAUSE OTHERS BEGAN TO TREAT RESPONDENT AS OLD

09. REASONS RELATED TO EMPLOYMENT: BECAUSE OF RETIREMENT OR GIVING UP WORK

10. NO AGE GIVEN AND/OR NO EXPLANATION GIVEN

11. REASONS RELATED TO CALENDAR AGE

2076 99. INAP., NO FURTHER MENTIONS

--IF "OLD," OR "ELDERLY," AT Q.75A--

Q.75B(5). ABOUT HOW OLD WERE YOU WHEN YOU STARTED TO THINK OF YOURSELF AS "OLD" OR "ELDERLY" - [5TH MENTION]

00. AGE UNDER 55 GIVEN

01. AGE 55-59

02. AGE 60-64

03. AGE 65

04. AGE 66-69

05. AGE 70

06. AGE OVER 70

07. REASONS RELATED TO HEALTH OR PHYSICAL FITNESS: BECAUSE HEALTH STARTED TO FAIL; EYESIGHT, HEARING, OR OTHER SENSES FAILED, INABILITY TO DO THINGS USED TO DO

08. REASONS RELATED TO OTHER PEOPLE: BECAUSE OF DEATH OR ILLNESS OF FAMILY MEMBERS OR FRIENDS, BECAUSE OTHERS BEGAN TO TREAT RESPONDENT AS OLD

09. REASONS RELATED TO EMPLOYMENT: BECAUSE OF RETIREMENT OR GIVING UP WORK

10. NO AGE GIVEN AND/OR NO EXPLANATION GIVEN

37

11. REASONS RELATED TO CALENDAR AGE

2077 99. INAP., NO FURTHER MENTIONS
--IF "OLD," OR "ELDERLY," AT Q.75A--

Q.75B(6). ABOUT HOW OLD WERE YOU WHEN YOU STARTED TO THINK OF YOURSELF AS "OLD" OR "ELDERLY" - [6TH MENTION]

00. AGE UNDER 55 GIVEN
01. AGE 55-59
02. AGE 60-64
03. AGE 65
04. AGE 66-69
05. AGE 70
06. AGE OVER 70
07. REASONS RELATED TO HEALTH OR PHYSICAL FITNESS:
   BECAUSE HEALTH STARTED TO FAIL; EYESIGHT, HEARING, OR OTHER SENSES FAILED, INABILITY TO DO THINGS USED TO DO
08. REASONS RELATED TO OTHER PEOPLE: BECAUSE OF DEATH OR ILLNESS OF FAMILY MEMBERS OR FRIENDS, BECAUSE OTHERS BEGAN TO TREAT RESPONDENT AS OLD
09. REASONS RELATED TO EMPLOYMENT: BECAUSE OF RETIREMENT OR GIVING UP WORK
35 10. NO AGE GIVEN AND/OR NO EXPLANATION GIVEN
11. REASONS RELATED TO CALENDAR AGE

2079 99. INAP., NO FURTHER MENTIONS

--INTERVIEWER REMARKS. (TO BE FILLED OUT IMMEDIATELY AFTER LEAVING RESPONDENT'S HOME)--

Q.ITEM A. IF YOU WERE UNABLE TO SECURE THE RESPONDENT'S INCOME, OR IF YOU FEEL HIS INCOME STATEMENT IS INADEQUATE, ENTER HERE YOUR BEST ESTIMATE OF HIS INCOME FOR THE PAST TWELVE MONTHS. MAKE AN ESTIMATE IN ALL DOUBTFUL CASES!

20 00. AN INCOME FIGURE HAD BEEN REPORTED IN Q. 35 ON THE INTERVIEW FOR THE INDIVIDUAL OR COUPLE, BUT THE INTERVIEWER FELT THAT THE ACTUAL INCOME WAS LESS
THAN WHAT WAS REPORTED

174  09. AN INCOME FIGURE HAD BEEN REPORTED IN Q. 35 ON THE INTERVIEW FOR THE INDIVIDUAL OR COUPLE, BUT THE INTERVIEWER FELT THAT THE ACTUAL INCOME WAS MORE THAN WHAT WAS REPORTED

1670 10. AN INCOME FIGURE HAS BEEN REPORTED IN Q. 35 AND THE INTERVIEWER DID NOT QUESTION THIS FIGURE

46  11. NO INCOME FIGURE WAS REPORTED IN Q. 35 ON THE INTERVIEW FOR THE INDIVIDUAL OR COUPLE, AND THE INTERVIEWER DID NOT MAKE AN ESTIMATE

204 12. NO INCOME FIGURE WAS REPORTED IN Q. 35 ON THE INTERVIEW FOR THE INDIVIDUAL OR COUPLE, AND THE INTERVIEWER MADE AN ESTIMATE

Q.ITEM B. RACE OF RESPONDENT

1884 1. WHITE
220 2. NEGRO
8 3. OTHER (SPECIFY)
2 4. RACE UNKNOWN

Q.ITEM D. WAS THIS RESPONDENT, IN GENERAL, COOPERATIVE OR ANTAGONISTIC TOWARD THE INTERVIEW?

1976 1. COOPERATIVE
96 2. ANTAGONISTIC
42 9. NO ANSWER
VAR 0476  ALERTNESS OF R  MD=9
REF 0476  LOC  733 WIDTH 1  DK  11 COL 79

Q.ITEM E. HOW ALERT WAS THIS RESPONDENT?
-----------------------------------------

  1057  1. VERY ALERT
   896  2. AVERAGE
   123  3. APATHETIC OR LETHARGIC
     38  9. NO ANSWER

------------------------------------------

VAR 0477  DIFFICULTY IN FOCUSSING  MD=9
REF 0477  LOC  734 WIDTH 1  DK  11 COL 80

Q.ITEM F. DID RESPONDENT HAVE ANY DIFFICULTY IN FOCUSSING ON THE INTERVIEW?
--------------------------------------------------------------------------

  180  1. GREAT DIFFICULTY IN FOLLOWING INTERVIEW
   619  2. AVERAGE DIFFICULTY
  1278  3. NO DIFFICULTY IN FOLLOWING INTERVIEW
     37  9. NO ANSWER

DECK IDENTIFICATION NUMBER IS '12'  DK 12 COL 1-2
----------------------------------------------

VAR 0001  ICPSR STUDY NUMBER-7686  NO MISSING DATA CODES
REF 0001  LOC  1 WIDTH 4  DK 12 COL 3-6

ICPSR STUDY NUMBER-7686
----------------------

VAR 0002  ICPSR EDITION NUMBER-1  NO MISSING DATA CODES
REF 0002  LOC  5 WIDTH 1  DK 12 COL 7

ICPSR EDITION NUMBER
-------------------
THE NUMBER IDENTIFYING THE RELEASE EDITION OF THIS DATASET.

1. WINTER 1984

ICPSR PART NUMBER

THE NUMBER IDENTIFYING THIS PART OF A 3-PART STUDY.

- 001. THE HEALTH NEEDS OF OLDER PERSONS
- 002. HOUSEHOLD ENUMERATION: NON-INTERVIEWED INDIVIDUALS
- 003. PUBLIC ATTITUDES ON OLDER PEOPLE

ICPSR SEQUENTIAL CASE IDENTIFICATION NUMBER

THE ICPSR HAS ATTACHED A SEQUENTIAL CASE IDENTIFICATION NUMBER TO EVERY RECORD. THIS NUMBER UNIQUELY IDENTIFIES EACH RECORD IN THE DATA COLLECTION.

PHYSICAL DISABILITIES

Q.ITEM G. DID HE HAVE ANY MARKED PHYSICAL DISABILITIES, WHETHER HE MENTIONED THEM IN THE INTERVIEW OR NOT?

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<tr>
<td>422</td>
<td>1. YES</td>
</tr>
<tr>
<td>1655</td>
<td>2. NO</td>
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<tr>
<td>37</td>
<td>9. NO ANSWER</td>
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</tbody>
</table>
--IF "YES" AT Q.ITEM G--

Q.ITEM G(1). DID HE HAVE ANY MARKED PHYSICAL DISABILITIES, WHETHER HE MENTIONED THEM IN THE INTERVIEW OR NOT? – [1ST MENTION]

126 01. HARD OF HEARING
57 02. INABILITY TO SEE, BLIND, OTHER EYE PROBLEM
27 03. STIFFNESS, OR SIGNS OF ARTHRITIC CONDITION
141 04. DISABLED IN SOME FASHION, DISFIGURED
27 05. SHORTNESS OF BREATH, BLUE LIPS, OTHER SYMPTOMS OF CIRCULATORY DISORDERS
5 06. PAINS, ACHES, WEAKNESS AND OTHER SYMPTOMS
20 07. TREMORS, SHAKES, "NERVOUS" AND RELATED SYMPTOMS
7 09. MENTALLY SLOW

1692 00. INAP., CODED 2 OR 9 AT Q.ITEM G
12 99. NO ANSWER

--IF "YES" AT Q.ITEM G--

Q.ITEM G(2). ANY MARKED PHYSICAL DISABILITIES? – [2ND MENTION]

01. HARD OF HEARING
12 02. INABILITY TO SEE, BLIND, OTHER EYE PROBLEMS
5 03. STIFFNESS, OR SIGNS OF ARTHRITIC CONDITION
17 04. DISABLED IN SOME FASHION, DISFIGURED
9 05. SHORTNESS OF BREATH, BLUE LIPS, OTHER SYMPTOMS OF CIRCULATORY DISORDERS
2 06. PAINS, ACHES, WEAKNESS AND OTHER SYMPTOMS
7 07. TREMORS, SHAKES, "NERVOUS" AND RELATED SYMPTOMS
1 09. MENTALLY SLOW

2061 00. INAP., NO FURTHER MENTIONS
99. NO ANSWER
--IF "YES" AT Q.ITEM G--

Q.ITEM G(3). ANY MARKED PHYSICAL DISABILITIES? - [3RD MENTION]

01. HARD OF HEARING
02. INABILITY TO SEE, BLIND, OTHER EYE PROBLEMS
03. STIFFNESS, OR SIGNS OF ARTHRITIC CONDITION
2 04. DISABLED IN SOME FASHION, DISFIGURED
1 05. SHORTNESS OF BREATH, BLUE LIPS, OTHER SYMPTOMS OF CIRCULATORY DISORDERS
06. PAINS, ACHES, WEAKNESS AND OTHER SYMPTOMS
1 07. TREMORS, SHAKES, "NERVOUS" AND RELATED SYMPTOMS
09. MENTALLY SLOW
21 10 00. INAP., NO FURTHER MENTIONS
99. NO ANSWER

Q.ITEM H. DID RESPONDENT SHOW ANY EVIDENCE OF CONFUSION (IN DATES, PLACES, REMEMBERING THINGS, OR ANYTHING ELSE?)

22 1. YES, NO FURTHER EXPLANATION
1685 2. NO
368 3. YES, FURTHER EXPLANATION GIVEN

39 9. NO ANSWER

Q.ITEM I. WHAT WAS RESPONDENT'S OVER-ALL REACTION TO THE INTERVIEW? WAS HE UPSET, BORED BUT NOT CONCERNED, INTERESTED BUT NOT PARTICULARLY CONCERNED, OR DID HE REALLY
SEEM TO ENJOY IT?

1. UPSET OR DISTURBED
2. BORED, BUT NOT CONCERNED
3. INTERESTED, BUT NOT CONCERNED
4. INTERESTED, ENJOYED IT

NO ANSWER

Q. ITEM J. AT WHAT PART OF INTERVIEW, IF ANY, DID RESPONDENT SEEM TO BE DISTURBED? (WHAT QUESTIONS OR SECTIONS SEEMED TO BRING SIGNS OF ANXIETY, DISTRESS, OR DISCOMFORT?)

Q. ITEM J(1). [1ST MENTION]

NONE
BEGINNING QUESTIONS (ALL OF IT - LANGUAGE DIFFICULTY)
TIRED, OR RESTLESS TOWARD END OR MIDDLE OF SURVEY
QUESTIONS ABOUT HEALTH
QUESTIONS ABOUT FINANCES, OR INSURANCE
QUESTIONS ABOUT LIVING ARRANGEMENTS
QUESTIONS ABOUT RELATIONSHIP WITH CHILDREN
STORY OR NARRATIVE QUESTIONS
QUESTIONS ABOUT RELIGION
QUESTIONS ABOUT AGE
QUESTIONS ABOUT DESIGNATED INDIVIDUAL

NO ANSWER

Q. ITEM J(2). AT WHAT PART OF THE INTERVIEW, IF ANY, DID RESPONDENT SEEM TO BE DISTURBED? - [2ND MENTION]
Q.ITEM J(3). AT WHAT PART OF THE INTERVIEW, IF ANY, DID RESPONDENT SEEM TO BE DISTURBED? - [3RD MENTION]

00. NONE
01. BEGINNING QUESTIONS (ALL OF IT - LANGUAGE DIFFICULTY)
02. TIRED, OR RESTLESS TOWARD END OR MIDDLE OF SURVEY
1 03. QUESTIONS ABOUT HEALTH
34 04. QUESTIONS ABOUT FINANCES, OR INSURANCE
13 05. QUESTIONS ABOUT LIVING ARRANGEMENTS
21 06. QUESTIONS ABOUT LIVING ARRANGEMENTS
51 07. QUESTIONS ABOUT RELATIONSHIP WITH CHILDREN
3 08. QUESTIONS ABOUT RELIGION
6 09. QUESTIONS ABOUT AGE
17 10. QUESTIONS ABOUT DESIGNATED INDIVIDUAL

1968 98. INAP., NO FURTHER MENTIONS
99. NO ANSWER
--------------------------------------------------------

<SEE Q.ITEM J FOR COMPLETE QUESTION TEXT>

00. NONE
01. BEGINNING QUESTIONS (ALL OF IT - LANGUAGE DIFFICULTY)
02. TIRED, OR RESTLESS TOWARD END OR MIDDLE OF SURVEY
03. QUESTIONS ABOUT HEALTH
04. QUESTIONS ABOUT FINANCES, OR INSURANCE
05. QUESTIONS ABOUT LIVING ARRANGEMENTS
06. QUESTIONS ABOUT RELATIONSHIP WITH CHILDREN
2  07. STORY OR NARRATIVE QUESTIONS
08. QUESTIONS ABOUT RELIGION
1  09. QUESTIONS ABOUT AGE
3 10. QUESTIONS ABOUT DESIGNATED INDIVIDUAL
2108 98. INAP., NO FURTHER MENTIONS
  99. NO ANSWER

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Q.ITEM J(5). AT WHAT PART OF THE INTERVIEW, IF ANY, DID RESPONDENT SEEM TO BE DISTURBED? - [5TH MENTION]
--------------------------------------------------------

<SEE Q.ITEM J FOR COMPLETE QUESTION TEXT>

00. NONE
01. BEGINNING QUESTIONS (ALL OF IT - LANGUAGE DIFFICULTY)
02. TIRED, OR RESTLESS TOWARD END OR MIDDLE OF SURVEY
03. QUESTIONS ABOUT HEALTH
04. QUESTIONS ABOUT FINANCES, OR INSURANCE
05. QUESTIONS ABOUT LIVING ARRANGEMENTS
06. QUESTIONS ABOUT RELATIONSHIP WITH CHILDREN
07. STORY OR NARRATIVE QUESTIONS
2  08. QUESTIONS ABOUT RELIGION
09. QUESTIONS ABOUT AGE
10. QUESTIONS ABOUT DESIGNATED INDIVIDUAL

2112 98. INAP., NO FURTHER MENTIONS  
99. NO ANSWER

---------------------------------------------------------------------

VAR 0489  DISTURBING PART 6TH  MD=98 OR GE 99
REF 0489  LOC 754 WIDTH 2  DK 12 COL 34-35

Q.ITEM J(6). AT WHAT PART OF THE INTERVIEW, IF ANY, DID RESPONDENT SEEM TO BE DISTRUBED? - [6TH MENTION]

<SEE Q.ITEM J FOR COMPLETE QUESTION TEXT>

00. NONE  
01. BEGINNING QUESTIONS (ALL OF IT - LANGUAGE DIFFICULTY)  
02. TIRED, OR RESTLESS TOWARD END OR MIDDLE OF SURVEY  
03. QUESTIONS ABOUT HEALTH  
04. QUESTIONS ABOUT FINANCES, OR INSURANCE  
05. QUESTIONS ABOUT LIVING ARRANGEMENTS  
06. QUESTIONS ABOUT RELATIONSHIP WITH CHILDREN  
07. STORY OR NARRATIVE QUESTIONS  
08. QUESTIONS ABOUT RELIGION  
09. QUESTIONS ABOUT AGE  
10. QUESTIONS ABOUT DESIGNATED INDIVIDUAL  

2113 98. INAP., NO FURTHER MENTIONS  
99. NO ANSWER

---------------------------------------------------------------------

VAR 0490  LENGTH OF INTERVIEW  NO MISSING DATA CODES
REF 0490  LOC 756 WIDTH 2  DK 12 COL 36-37

Q.ITEM K. HOW LONG DID THE INTERVIEW TAKE?

188 01. LESS THAN 1 HOUR  
424 02. 1 HOUR TO 1 1/4 HOURS  
449 03. 1 1/4 HOURS TO 1 1/2 HOURS  
395 04. 1 1/2 HOURS TO 1 3/4 HOURS  
241 05. 1 3/4 HOURS TO 2 HOURS  
192 06. 2 HOURS TO 2 1/4 HOURS
(CONTINUED)

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<td>81</td>
<td>07.</td>
<td>2 1/4 HOURS TO 2 1/2 HOURS</td>
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<tr>
<td>54</td>
<td>08.</td>
<td>2 1/2 HOURS TO 2 3/4 HOURS</td>
</tr>
<tr>
<td>16</td>
<td>09.</td>
<td>2 3/4 HOURS TO 3 HOURS</td>
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<tr>
<td>23</td>
<td>10.</td>
<td>3 HOURS OR MORE</td>
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<tr>
<td>51</td>
<td>11.</td>
<td>NO INFORMATION</td>
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<td>DATE OF COMPLETION</td>
<td>MD=9</td>
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<td>REF 0491</td>
<td>LOC 758 WIDTH 1</td>
<td>DK 12 COL 38</td>
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Q. ITEM L. WHAT WAS THE DATE ON WHICH THE INTERVIEW WAS COMPLETED?

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<tr>
<td>459</td>
<td>1. COMPLETED IN APRIL</td>
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<tr>
<td>1392</td>
<td>2. COMPLETED IN MAY</td>
</tr>
<tr>
<td>170</td>
<td>3. COMPLETED IN JUNE</td>
</tr>
<tr>
<td>24</td>
<td>4. COMPLETED IN JULY</td>
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<tr>
<td>5</td>
<td>5. COMPLETED IN AUGUST</td>
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<td>2</td>
<td>6. COMPLETED IN SEPTEMBER</td>
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<tr>
<td>67</td>
<td>9. NO ANSWER</td>
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<td>VAR 0492</td>
<td>OTHER PRESENT AT INTERV</td>
<td>MD=9</td>
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<tr>
<td>REF 0492</td>
<td>LOC 759 WIDTH 1</td>
<td>DK 12 COL 39</td>
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Q. ITEM M. WAS THERE ANYONE BESIDES THE RESPONDENT PRESENT DURING ANY PART OF THE INTERVIEW?

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<tbody>
<tr>
<td>829</td>
<td>1. YES</td>
</tr>
<tr>
<td>1244</td>
<td>2. NO</td>
</tr>
<tr>
<td>41</td>
<td>9. NO ANSWER</td>
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<tr>
<td>VAR 0493</td>
<td>WHO ELSE PRESENT</td>
<td>MD=0 OR GE 9</td>
</tr>
<tr>
<td>REF 0493</td>
<td>LOC 760 WIDTH 1</td>
<td>DK 12 COL 40</td>
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--IF "YES" AT Q. ITEM M--
Q.ITEM M1. WHO?
------------------------
425  1. SPOUSE
196  2. ADULT, CHILD, OR SON-IN-LAW OR DAUGHTER-IN-LAW
     AND/OR GRANDCHILDREN
  59  3. OTHER RELATIVE
  67  4. NEIGHBOR, FRIEND, LODGER, EMPLOYER
  30  5. SPOUSE AND OTHER RELATIVES
   6. SPOUSE AND NON-RELATIVES

1244  0. INAP., CODED 2 AT Q.ITEM M
   9. NO ANSWER

------------------------------------------------------------------------

VAR 0494      WHICH PART OTHER PRESENT            MD=0 OR GE  9
REF 0494         LOC  761 WIDTH  1             DK  12 COL 41

--IF "YES" AT Q.ITEM M--

Q.ITEM M2. FOR WHAT PART OF THE INTERVIEW WAS THERE ANYONE
BESIDE THE RESPONDENT PRESENT?
------------------------------------------------------------------------

197  1. ENTIRE INTERVIEW
182  2. MORE THAN HALF, NOT ENTIRE
211  3. LESS THAN HALF, MORE THAN TEN MINUTES
230  4. TEN MINUTES OR LESS

1244  0. INAP., CODED 2 AT Q.ITEM M
   9. NO ANSWER

------------------------------------------------------------------------

VAR 0495      RATE LEVEL OF LIVING                         MD=9
REF 0495         LOC  762 WIDTH  1             DK  12 COL 42

Q.ITEM N. HOW WOULD YOU RATE THE LEVEL OF LIVING OF THIS
RESPONDENT AS COMPARED TO THE AVERAGE LEVEL IN THIS COUNTY
(METROPOLITAN AREA)? (MAKE THIS RATING IN TERMS OF THE
QUALITY AND CROWDEDNESS OF THE RESPONDENT'S HOUSING, THE
QUALITY OF THE FURNISHINGS, THE WAY THE RESPONDENT WAS
DRESSED, AND ANY OTHER EVIDENCE YOU MAY HAVE OBSERVED OF
LUXURIES OR A LACK OF LUXURIES -- THIS RATING SHOULD REFLECT
QUALITY RATHER THAN THE TASTEFULNESS OF THE ITEMS OF CONSUMPTION.

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<th>31</th>
<th>1. VERY HIGH (TOP 5%)</th>
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<tr>
<td>220</td>
<td>2. ABOVE AVERAGE (NEXT 25%)</td>
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<td>3. AVERAGE (MIDDLE 40%)</td>
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<tr>
<td>614</td>
<td>4. BELOW AVERAGE (NEXT 25%)</td>
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<td>149</td>
<td>5. VERY LOW (LOWEST 5%)</td>
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<td>52</td>
<td>9. NO ANSWER</td>
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</table>

Q.ITEM O. DID YOU GET ANY INSIGHT OR INFORMATION ABOUT THE RESPONDENT THAT WOULD HELP US IN INTERPRETING THE QUESTIONNAIRE, THAT WOULD NOT BE OBVIOUS TO ANYONE READING THE VERBATIM REVIEW? PLEASE DESCRIBE IN DETAIL.

| 320| 0. NONE |
| 541| 1. RESPONDENT IMPRESSED INTERVIEWER WITH INDEPENDENCE, NOT LOOKING HIS (OR HER) AGE, INTELLIGENCE |
| 114| 2. RESPONDENT IMPRESSED INTERVIEWER AS DETERIORATED; NOT QUITE BRIGHT |
| 747| 3. OTHER TYPE OF ITEM MENTIONED ABOUT RESPONDENT |
| 392| 9. NO ANSWER |

Q.ITEM P(1). PSU NUMBER

ACTUAL NUMBER IS CODED.

VALID-N=2114  MIN=111  MAX=535
VAR 0498 SEGMENT NUMBER NO MISSING DATA CODES
REF 0498 LOC 767 WIDTH 3 DK 12 COL 47-49

Q.ITEM P(2). SEGMENT NO.
-------------------------
ACTUAL NUMBER IS CODED.
VALID-N=2114 MIN=1 MAX=225

VAR 0499 LINE NUMBER NO MISSING DATA CODES
REF 0499 LOC 770 WIDTH 3 DK 12 COL 50-52

Q.ITEM P(3). LINE NUMBER FROM LISTING SHEET
--------------------------------------------
ACTUAL NUMBER IS CODED.
VALID-N=2114 MIN=1 MAX=446

VAR 0500 NORC SPOUSE SCHEDULE NO MISSING DATA CODES
REF 0500 LOC 773 WIDTH 5 DK 12 COL 53-57

Q.ITEM Q. IF (HUSBAND OR WIFE) HAS ALSO BEEN INTERVIEWED,
WHAT IS THE NUMBER OF THE SPOUSE'S SCHEDULE?
----------------------------------------------------------
ACTUAL NUMBER IS CODED.

00000. SCHEDULE NUMBER
:.
09999. SCHEDULE NUMBER

VALID-N=2114 MIN=3 MAX=9999
INTERVIEWER NUMBER - 1

ACTUAL NUMBER IS CODED.

Q.HS.A  SUPPLEMENT NUMBER - 1

1887  0.  NO HOSPITALIZATION
227  1.  ONE HOSPITALIZATION

Q.HS.B  SUPPLEMENT NUMBER - 2

1887  0.  NO HOSPITALIZATION
204  1.  ONE HOSPITALIZATION
  3  2.  THREE HOSPITALIZATIONS
  20  3.  TWO HOSPITALIZATIONS

Q.HS2(A).  HOW MANY NIGHTS DID YOU SPEND THERE (DURING THIS HOSPITALIZATION)?  (OVERNIGHT STAYS)

ACTUAL NUMBER IS CODED.
(CONTINUED)

0000.
.
0999.

2 9998. NO ANSWER; DK
1887 9999. INAP., CODED 0 AT Q.HS.A, NO HOSPITALIZATION

VALID-N=225 MIN=1 MAX=300 MEAN=15.7 ST.DEV=25.9

Q.HS3(A1). WHAT WAS THE NAME OF THE HOSPITAL? WHERE IS IT?
[CLASSIFICATION OF OWNERSHIP AND OPERATION OF HOSPITAL.]
(FROM HOSPITAL DIRECTORY)

5 00. HOSPITAL NOT LISTED IN AHA DIRECTORY, NO EVIDENCE
   THAT IT IS NURSING HOME
8  01. (11) FEDERAL - MILITARY, PHS, VA, OTHER
5  02. (12) STATE
20  03. (13) COUNTY
11  04. (14) CITY OR MUNICIPAL
8  05. (15-16) CITY - COUNTY OR HOSPITAL DISTRICT
21  06. (21) CHURCH-OPERATED
49  07. (22) CHURCH-AFFILIATED
91  08. (23) OTHER NON-PROFIT
9  09. (31, 32, 33) PROPRIETARY - INDIVIDUAL,
   PARTNERSHIP, CORPORATION FOR PROFIT
10. HOSPITAL NOT ADEQUATELY IDENTIFIED BY RESPONDENT
11. HOSPITAL NOT LISTED IN AHA DIRECTORY, SOME EVIDENCE
   THAT IT IS NURSING HOME

1887 99. INAP., CODED 0 AT Q.HS.A, NO HOSPITALIZATION

Q.HS3(B1). TYPE OF HOSPITAL (FROM HOSPITAL DIRECTORY)
(CONTINUED)

213 1. GENERAL AND SPECIAL SHORT-TERM (C1-3, 1-6)
   6 2. GENERAL AND SPECIAL LONG-TERM (C2-3, 2-6)
   3. MENTAL AND ALLIED (ANY COMBINATION OF NUMBERS
       INCLUDING 4 OR 7 OR 9 IF THE PATIENT WAS
       HOSPITALIZED FOR MENTAL ILLNESS)
   2 4. TUBERCULOSIS (ANY COMBINATION OF NUMBERS INCLUDING 5
       OR 8 OR 9 IF THE PATIENT WAS HOSPITALIZED FOR
       TUBERCULOSIS)
   6 5. HOSPITAL NOT IDENTIFIED BY RESPONDENT

1887 0. INAP., CODED 0 AT Q.HS.A, NO HOSPITALIZATION

---------------------------------------------------------------------

VAR 0507  A:NUMBER OF BEDS  MD=0
REF 0507  LOC 792 WIDTH 2  DK 12 COL 72-73

Q.HS3(C1).  NUMBER OF BEDS (FROM HOSPITAL DIRECTORY)
---------------------------------------------------------------------

  28 05. UNDER 50
  30 06. 50-99
  91 07. 100-249
  45 08. 250-499
  27 09. 500 AND OVER
  6 10. HOSPITAL NOT IDENTIFIED BY RESPONDENT

1887 00. INAP., CODED 0 AT Q.HS.A, NO HOSPITALIZATION

---------------------------------------------------------------------

VAR 0508  A:WHY R IN HOSPITAL - 1  MD=0 OR GE 9
REF 0508  LOC 794 WIDTH 1  DK 12 COL 74

Q.HS4(A). WHY WERE YOU IN THE HOSPITAL? (IF NOT MENTIONED,
ASK: DID YOU BY ANY CHANCE HAVE AN OPERATION?) - [1ST MENTION]
---------------------------------------------------------------------

41 1. "DREAD" DISEASE (IF PERSON WAS HOSPITALIZED FOR ONE
    OF THE FOLLOWING DISEASES: A) BRAIN TUMOR  B) CANCER
    C) CIRRHOSIS OF THE LIVER  D) DETACHED RETINA  E)
    DIABETES  F) EPILEPSY  G) GOITER  H) HEART DISEASE
    I) HEMOPHELIA  J) HODGKINS  K) LEUKEMIA  L) MALARIA
    M) OSTEOMYELITIS  N) PARALYSIS  O) PERNICIOUS ANEMIA
(CONTINUED)

P) RAYNAUD'S DISEASE  Q) TUBERCULOSIS  R) UNDULANT FEVER
23  2.  THE CONDITION WOULD GENERALLY BE CONSIDERED CHRONIC AND DID NOT INVOLVE SURGERY -- E.G., ASTHMA, ULCERS, HEMORRHOID, ARTHRITIS, GALL BLADDER, HERNIA
28  3.  THE CONDITION WOULD GENERALLY BE CONSIDERED NON-CHRONIC AND DID NOT INVOLVE SURGERY -- E.G., PNEUMONIA
65  4.  SURGERY
33  5.  ACCIDENT
36  8.  DIAGNOSTIC PURPOSES

1  0.  NO ANSWER; OR NOT ENOUGH INFORMATION TO CLASSIFY
1887  9.  INAP., CODED 0 AT Q.HS.A, NO HOSPITALIZATION

---------------------------------------------------------------------
VAR 0509    WHY R IN HOSPITAL - 2        MD=0 OR GE 9
REF 0509    LOC 795 WIDTH 2              DK 12 COL 75-76

Q.HS4(1A).  WHY WERE YOU IN THE HOSPITAL? - [2ND MENTION]
---------------------------------------------------------------------
6  01.  "DREAD" DISEASE (IF PERSON WAS HOSPITALIZED FOR ONE OF THE FOLLOWING DISEASES:  A) BRAIN TUMOR  B) CANCER  C) CIRRHOSIS OF THE LIVER  D) DETACHED RETINA  E) DIABETES  F) EPILEPSY  G) GOITER  H) HEART DISEASE  I) HEMOPHELIA  J) HODGKINS K) LEUKEMIA  L) MALARIA  M) OSTEOMYELITIS  N) PARALYSIS  O) PERNICIOUS ANEMIA  P) RAYNAUD'S DISEASE  Q) TUBERCULOSIS  R) UNDULANT FEVER
12  02.  THE CONDITION WOULD GENERALLY BE CONSIDERED CHRONIC AND DID NOT INVOLVE SURGERY -- E.G., ASTHMA, ULCERS, HEMORRHOID, ARTHRITIS, GALL BLADDER, HERNIA
6  03.  THE CONDITION WOULD GENERALLY BE CONSIDERED NON-CHRONIC AND DID NOT INVOLVE SURGERY -- E.G., PNEUMONIA
04.  SURGERY
05.  ACCIDENT
08.  DIAGNOSTIC PURPOSES

00.  NO ANSWER; NOT ENOUGH INFORMATION TO CLASSIFY
1887  09.  INAP., CODED 0 AT Q.HS.A, NO HOSPITALIZATION
203  10.  INAP., NO FURTHER MENTIONS
Q.HS4(C). WHY WERE YOU IN THE HOSPITAL? - [3RD MENTION]

01. "DREAD" DISEASE (IF PERSON WAS HOSPITALIZED FOR ONE OF THE FOLLOWING DISEASES): A) BRAIN TUMOR B) CANCER C) CIRRHOSIS OF THE LIVER D) DETACHED RETINA E) DIABETES F) EPILEPSY G) GOITER H) HEART DISEASE I) HEMOPHILIA J) HODGKINS K) LEUKEMIA L) MALARIA M) OSTEOMYELITIS N) PARALYSIS O) PERNICIOUS ANEMIA P) RAYNAUD'S DISEASE Q) TUBERCULOSIS R) UNDULANT FEVER

02. THE CONDITION WOULD GENERALLY BE CONSIDERED CHRONIC AND DID NOT INVOLVE SURGERY -- E.G., ASTHMA, ULCERS, HEMORRHOID, ARTHRITIS, GALL BLADDER, HERNIA

03. THE CONDITION WOULD GENERALLY BE CONSIDERED NON-CHRONIC AND DID NOT INVOLVE SURGERY -- E.G., PNEUMONIA

04. SURGERY

05. ACCIDENT

08. DIAGNOSTIC PURPOSES

00. NO ANSWER; NOT ENOUGH INFORMATION TO CLASSIFY

102 09. INAP., CODED 0 AT Q.HS.A, NO HOSPITALIZATION

125 10. INAP., NO FURTHER MENTIONS

Q.HS5(A). WHAT DID THE DOCTOR SAY WAS WRONG WITH YOU? WHAT DID HE CALL IT?

56 1. "DREAD" DISEASE (IF PERSON WAS HOSPITALIZED FOR ONE OF THE FOLLOWING DISEASES: A) BRAIN TUMOR B) CANCER C) CIRRHOSIS OF THE LIVER D) DETACHED RETINA E) DIABETES F) EPILEPSY G) GOITER H) HEART DISEASE I) HEMOPHILIA J) HODGKINS K) LEUKEMIA L) MALARIA M) OSTEOMYELITIS N) PARALYSIS O) PERNICIOUS ANEMIA P) RAYNAUD'S DISEASE Q) TUBERCULOSIS R) UNDULANT FEVER

40 2. THE CONDITION WOULD GENERALLY BE CONSIDERED CHRONIC AND DID NOT INVOLVE SURGERY -- E.G., ASTHMA, ULCERS,
HEMORROID, ARTHRITIS, GALL BLADDER, HERNIA

35  3.  THE CONDITION WOULD GENERALLY BE CONSIDERED NON-CHRONIC AND DID NOT INVOLVE SURGERY -- E.G., PNEUMONIA

62  4.  SURGERY

33  5.  ACCIDENT

8.  DIAGNOSTIC PURPOSES

1  0.  NO ANSWER; OR NOT ENOUGH INFORMATION TO CLASSIFY

1887 9.  INAP., CODED 0 AT Q.HS.A, NO HOSPITALIZATION

-------------------------------------------------------------------------

VAR 0512  A: DID R HAVE TO PAY HOSP
REF 0512  LOC  800 WIDTH  1

Q.HS6(A).  DID YOU HAVE TO PAY THE HOSPITAL?
-------------------------------------------------------------------------

191  1.  YES

36  2.  NO

8.  NO ANSWER

1887 9.  INAP., CODED 0 AT Q.HS.A, NO HOSPITALIZATION

-------------------------------------------------------------------------

VAR 0001  ICPSR STUDY NUMBER-7686
REF 0001  LOC    1 WIDTH  4

ICPSR STUDY NUMBER-7686
-----------------------

VAR 0002  ICPSR EDITION NUMBER-1
REF 0002  LOC    5 WIDTH  1

ICPSR EDITION NUMBER
---------------------

THE NUMBER IDENTIFYING THE RELEASE EDITION OF THIS DATASET.
1. WINTER 1984

ICPSR PART NUMBER
---------------------
THE NUMBER IDENTIFYING THIS PART OF A 3-PART STUDY.

001. THE HEALTH NEEDS OF OLDER PERSONS
002. HOUSEHOLD ENUMERATION: NON-INTERVIEWED INDIVIDUALS
003. PUBLIC ATTITUDES ON OLDER PEOPLE

ICPSR SEQUENTIAL CASE IDENTIFICATION NUMBER
---------------------------------------------
THE ICPSR HAS ATTACHED A SEQUENTIAL CASE IDENTIFICATION NUMBER TO EVERY RECORD. THIS NUMBER UNIQUELY IDENTIFIES EACH RECORD IN THE DATA COLLECTION.

VAR 0004 CASE ID NUMBER NO MISSING DATA CODES
 REF 0004 LOC 9 WIDTH 4 DK 13 COL 11-14

--IF "YES" TO Q.HS6(A) ASK--

Q.HS6A(1). CAN YOU REMEMBER ABOUT HOW MUCH THE HOSPITAL BILL CAME TO?

4 00002. HAVEN'T RECEIVED BILL YET
00003. DOLLARS
.
.
09999. DOLLARS
(CONTINUED)

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</tr>
<tr>
<td>99999</td>
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36  00000.  INAP., CODED 2 AT Q.HS6(A)
5  99997.  NO ANSWER
45  99998.  DK
1887  99999.  INAP., CODED 0 AT Q.HS.A, NO HOSPITALIZATION
VAR 0514 A: HOW DID R PAY BILL - 1 MD=0 OR GE 8
REF 0514 LOC 806 WIDTH 1 DK 13 COL 20

--IF "YES" AT Q.HS6(A)--

Q.HS6B(1A).  HOW DID YOU (ARE YOU GOING TO) TAKE CARE OF IT? DID YOU (ARE YOU GOING TO) PAY IT OUT OF YOUR INCOME, YOUR SAVINGS, OR SOME OTHER WAY; OR DID (WILL) SOMEONE ELSE TAKE CARE OF IT FOR YOU (WHO?) - [1ST MENTION]

--------------------------------------------
60  1.  OUT OF INCOME
55  2.  OUT OF SAVINGS
52  3.  INSURANCE
22  4.  CHILD OR OTHER RELATIVE PAID
  2  5.  BORROWED MONEY
   6.  OLD AGE ASSISTANCE OR WELFARE PAID
36  0.  INAP., CODED 2 AT Q.HS6(A)
  8.  NO ANSWER
1887 9.  INAP., CODED 0 AT Q.HS.A, NO HOSPITALIZATION

--------------------------------------------

VAR 0515 A: HOW DID R PAY BILL - 2 MD=0 OR GE 8
REF 0515 LOC 807 WIDTH 1 DK 13 COL 21

--IF "YES" AT Q.HS6(A)--

Q.HS6B(2A).  HOW DID YOU (ARE YOU GOING TO) TAKE CARE OF IT? DID YOU (ARE YOU GOING TO) PAY IT OUT OF YOUR INCOME, YOUR SAVINGS, OR SOME OTHER WAY; OR DID (WILL) SOMEONE ELSE TAKE CARE OF IT FOR YOU (WHO?) - [2ND MENTION]

--------------------------------------------
  1.  OUT OF INCOME
  9  2.  OUT OF SAVINGS
 43  3.  INSURANCE
  6  4.  CHILD OR OTHER RELATIVE PAID
   1  5.  BORROWED MONEY
      6.  OLD AGE ASSISTANCE OR WELFARE PAID
168  0.  INAP., NO FURTHER MENTIONS
  8.  NO ANSWER
1887 9.  INAP., CODED 0 AT Q.HS.A, NO HOSPITALIZATION

--------------------------------------------
VAR 0516      A: HOW DID R PAY BILL - 3           MD=0 OR GE  8
REF 0516      LOC 808 WIDTH 1                   DK 13 COL 22

--IF "YES" AT Q.HS6(A)--

Q.HS6B(3A).  HOW DID YOU (ARE YOU GOING TO) TAKE CARE OF IT? DID YOU (ARE YOU GOING TO) PAY IT OUT OF YOUR INCOME, YOUR SAVINGS, OR SOME OTHER WAY; OR DID (WILL) SOMEONE ELSE TAKE CARE OF IT FOR YOU (WHO?) - [3RD MENTION]

1. OUT OF INCOME
2. OUT OF SAVINGS
3. INSURANCE
4. CHILD OR OTHER RELATIVE PAID
5. BORROWED MONEY
6. OLD AGE ASSISTANCE OR WELFARE PAID

223 0. INAP., NO FURTHER MENTIONS
8. NO ANSWER
1887 9. INAP., CODED 0 AT Q.HS.A, NO HOSPITALIZATION

-----------------------------------------------

VAR 0517      A: INSUR PAY HOSP BILL           MD=0 OR GE  8
REF 0517      LOC 809 WIDTH 1                   DK 13 COL 23

--IF CODED 1-2 OR 4-6 AT Q.HS6B(1A)-(3A)--

Q.HS6B1(A).  DID YOU HAVE ANY INSURANCE THAT PAID FOR ALL OR PART OF THE HOSPITAL BILL?

81 1. NO, NONE
5 2. YES, PAID SOME HOSPITAL ONLY
5 3. YES, PAID SOME HOSPITAL AND SOME DOCTOR
4. YES, PAID ALL HOSPITAL
5. YES, PAID ALL HOSPITAL, ALL DOCTOR

134 0. INAP., CODED 2 AT Q.HS6(A) AND 3 AT Q.HS6B(1A) OR Q.HS6B(2A) OR Q.HS6B(3A)
2 8. NO ANSWER
1887 9. INAP., CODED 0 AT Q.HS.A, NO HOSPITALIZATION
--IF "NO" AT Q.HS6(A)---

Q.HS6C(1). YOU SAY YOU DIDN'T HAVE TO PAY THE HOSPITAL? WHY IS THAT?

-----------------------------------------------
25 1. OLD AGE ASSISTANCE OR WELFARE PAID  
2   2. CHILDREN OR OTHER RELATIVES PAID  
7   4. VETERANS ADMINISTRATION  
2   5. PRIVATE CHARITABLE ORGANIZATION PAID  
6. PROFESSIONAL COURTESY  
191 0. INAP., CODED 1 AT Q.HS6(A)  
1887 9. INAP., CODED 0 AT Q.HS.A, NO HOSPITALIZATION

-----------------------------------------------

VAR 0518      A:WHY DIDN'T R PAY BILL             MD=0 OR GE  9
VAR 0519      A:DID R PAY DOCTOR BILL             MD=8 OR GE  9
VAR 0520      A:R REMEMBER DOCTOR BILL         MD=0 OR GE  9997

Q.HS7(A). DID YOU HAVE TO PAY THE DOCTOR FOR TAKING CARE OF YOU IN THE HOSPITAL?

-----------------------------------------------
168 1. YES  
18  2. YES, PAID SEVERAL DOCTORS  
3   3. YES, PAID SOME, NOT OTHERS  
38  4. NO  
8. NO ANSWER  
1887 9. INAP., CODED 0 AT Q.HS.A, NO HOSPITALIZATION

-----------------------------------------------

--IF "YES" TO Q.HS7(A)---

Q.HS7A(1). DO YOU KNOW (CAN YOU REMEMBER) HOW MUCH YOUR DOCTOR BILL WAS FOR THIS STAY IN THE HOSPITAL?
(CONTINUED)

ACTUAL NUMBER IS CODED.

14 0002. HAVEN'T RECEIVED BILL YET
19 0003. COVERED IN HOSPITAL BILL (INCLUDED IN SINGLE BILL)
0004. DOLLARS
.
0999. DOLLARS

38 0000. INAP., CODED 4 AT Q.HS7(A)
6 9997. NO ANSWER
32 9998. DK
1887 9999. INAP., CODED 0 AT Q.HS.A, NO HOSPITALIZATION

VALID-N=151

------------------------------------------------------------

VAR 0521 A:HOW R PAID DR BILL-1 MD=0 OR GE 9
REF 0521 LOC 816 WIDTH 1 DK 13 COL 30

--IF "YES" AT Q.HS7(A)--

Q.HS7B(1A). HOW DID YOU (ARE YOU GOING TO) TAKE CARE OF IT?
DID YOU (ARE YOU GOING TO) PAY IT OUT OF YOUR INCOME, YOUR
SAVINGS, OR SOME OTHER WAY, OR DID (WILL) SOMEONE ELSE TAKE
CARE OF IT FOR YOU? (WHO)? - [1ST MENTION]

------------------------------------------------------------

69 1. OUT OF INCOME
67 2. OUT OF SAVINGS
31 3. INSURANCE
18 4. CHILD OR OTHER RELATIVE PAID
4 5. BORROWED MONEY
6. OLD AGE ASSISTANCE OR WELFARE PAID

1887 0. INAP., CODED 0 AT Q.HS.A, NO HOSPITALIZATION
38 9. INAP., CODED 4 AT Q.HS7(A)
--IF "YES" TO Q.HS7(A)--

Q.HS7B(1B). HOW DID YOU (ARE YOU GOING TO) TAKE CARE OF IT? DID YOU (ARE YOU GOING TO) PAY IT OUT OF YOUR INCOME, YOUR SAVINGS, OR SOME OTHER WAY, OR DID (WILL) SOMEONE ELSE TAKE CARE OF IT FOR YOU? (WHO?) - [2ND MENTION]

1. OUT OF INCOME
2. OUT OF SAVINGS
3. INSURANCE
4. CHILD OR OTHER RELATIVE PAID
5. BORROWED MONEY
6. OLD AGE ASSISTANCE OR WELFARE PAID

1887 0. INAP., CODED 0 AT Q.HS.A, NO HOSPITALIZATION
180 9. INAP., NO FURTHER MENTIONS

--IF "YES" TO Q.HS7(A)--

Q.HS7B(1C). HOW DID YOU (ARE YOU GOING TO) TAKE CARE OF IT? DID YOU (ARE YOU GOING TO) PAY IT OUT OF YOUR INCOME, YOUR SAVINGS, OR SOME OTHER WAY, OR DID (WILL) SOMEONE ELSE TAKE CARE OF IT FOR YOU? (WHO?) - [3RD MENTION]

1. OUT OF INCOME
2. OUT OF SAVINGS
3. INSURANCE
4. CHILD OR OTHER RELATIVE PAID
5. BORROWED MONEY
6. OLD AGE ASSISTANCE OR WELFARE PAID

1887 0. INAP., CODED 0 AT Q.HS.A, NO HOSPITALIZATION
224 9. INAP., NO FURTHER MENTIONS
VAR 0524 A:INSURANCE PAY DR BILL MD=0 OR GE 8
REF 0524 LOC 819 WIDTH 1 DK 13 COL 33

--IF INSURANCE NOT MENTIONED AT Q.HS7B(1A)-(1C)--

Q.HS7B1(A). DO YOU HAVE ANY INSURANCE THAT PAYS ALL OR PART OF YOUR DOCTOR BILLS WHEN YOU'RE IN THE HOSPITAL?

-------------------------------------------

109  1. NO, NONE
2  2. YES, PAYS ALL
9  3. YES, PAYS SOME

104  0. INAP., CODED 4 AT Q.HS7(A) AND 3 AT Q.HS7B(1A) OR Q.HS7B(1B) OR Q.HS7B(1C)
5  8. NO ANSWER
1887  9. INAP., CODED 0 AT Q.HS.A, NO HOSPITALIZATION

VAR 0525 A:WHY NOT PAY DR BILL MD=0 OR GE 9
REF 0525 LOC 820 WIDTH 1 DK 13 COL 34

--IF "NO" TO Q.HS7(A)--

Q.HS7C(1). YOU SAY YOU DIDN'T HAVE TO PAY THE DOCTOR FOR TAKING CARE OF YOU IN THE HOSPITAL. WHY IS THAT?

-------------------------------------------

24  1. OLD AGE ASSISTANCE OR WELFARE PAID
2  2. CHILDREN OR OTHER RELATIVES PAID
2  3. EMPLOYER PAID
7  4. VETERANS ADMINISTRATION
2  5. PRIVATE CHARITABLE ORGANIZATION PAID
3  6. PROFESSIONAL COURTESY

189  0. INAP., CODED 1-3 AT Q.HS7(A)
1887  9. INAP., CODED 0 AT Q.HS.A, NO HOSPITALIZATION

VAR 0526 A:R PAY OTHER DR BILLS MD=6 OR GE 7
REF 0526 LOC 821 WIDTH 1 DK 13 COL 35

--IF CODED 3 IN Q.7 AND DOCTOR SEEN OUTSIDE THE HOSPITAL
DURING PAST FOUR WEEKS, [IF CODED 1 AT Q.8 OR Q.9 OR Q.10] IN MAIN QUESTIONNAIRE--

Q.HS8(A). NOW, ABOUT THE TIMES DURING THE PAST FOUR WEEKS THAT YOU SAW THE DOCTOR AT (HOME, OFFICE, CLINIC), OUTSIDE OF THE HOSPITAL--DID YOU (WILL YOU) HAVE TO PAY FOR THAT, APART FROM THE BILLS FOR SEEING THE DOCTOR IN THE HOSPITAL?

2 0. CODED ON 1ST SUPPLEMENT
17 1. YES
2. YES, SOME DOCTORS, NOT OTHERS
6 3. NO, INCLUDED IN SINGLE BILL
4 4. NO

192 6. INAP., CODED OTHER THAN 3 AT Q.7 AND OTHER THAN 1 AT Q.8 OR Q.9 OR Q.10
7. NO ANSWER
6 8. INAP., IN HOSPITAL DURING PAST FOUR WEEKS BUT DID NOT SEE DOCTOR OUTSIDE OF HOSPITAL
1887 9. INAP., CODED 0 AT Q.HS.A, NO HOSPITALIZATION

VAR 0527 A:AMOUNT OTHER DR BILLS MD=0 OR GE 997
REF 0527 LOC 822 WIDTH 3 DK 13 COL 36-38

--IF "YES" OR "HAD TO PAY SOME" AT Q.HS8(A)--

Q.HS8A(1). HOW MUCH WERE THESE BILLS? (HOW MUCH DO YOU THINK THE BILLS WILL COME TO?)

3 002. HAVEN'T RECEIVED IT YET
4 003. DOLLARS
1 005. DOLLARS
1 006. DOLLARS
1 010. DOLLARS
1 012. DOLLARS
1 013. DOLLARS
1 015. DOLLARS
1 020. DOLLARS
1 027. DOLLARS

210 000. INAP., CODED 0, 3-5 OR 7 AT Q.HS8(A)
1 997. NO ANSWER
1 998. DK
1887 999. INAP., CODED 0 AT Q.HS.A, NO HOSPITALIZATION
Q.HS8B(1A). HOW DID YOU (ARE YOU GOING TO) TAKE CARE OF IT?
- [1ST MENTION]

12  1. OUT OF INCOME
   4  2. OUT OF SAVINGS
   1  3. INSURANCE
   4. CHILD OR OTHER RELATIVE PAID
   5. BORROWED MONEY
   6. OLD AGE ASSISTANCE OR WELFARE PAID

210  0. INAP., CODED 0, 3-5, OR 7 AT Q.HS8(A)
   8. NO ANSWER
1887  9. INAP., CODED 0 AT Q.HS.A, NO HOSPITALIZATION

Q.HS8B(1B). HOW DID YOU (ARE YOU GOING TO) TAKE CARE OF IT?
- [2ND MENTION]

1. OUT OF INCOME
   1  2. OUT OF SAVINGS
   3. INSURANCE
   1  4. CHILD OR OTHER RELATIVE PAID
   5. BORROWED MONEY
   6. OLD AGE ASSISTANCE OR WELFARE PAID

223  0. INAP., NO FURTHER MENTIONS
   8. NO ANSWER
1887  9. INAP., CODED 0 AT Q.HS.A, NO HOSPITALIZATION
VAR 0530 A:WHY NOT PAY DR BILL-1  MD=0 OR GE 9
REF 0530 LOC 827 WIDTH 1  DK 13 COL 41

--IF CODED 4 TO Q.HS8(A)--

Q.HS8C(1). YOU SAID YOU DIDN'T HAVE TO PAY THE DOCTOR FOR SEEING HIM AT (HOME, CLINIC, OFFICE); WHY IS THAT?
-------------------------------------------------------------------------------

2  1.  OLD AGE ASSISTANCE OR WELFARE PAID
2  2.  CHILDREN OR OTHER RELATIVES PAID
1  3.  EMPLOYER PAID
1  4.  VETERANS ADMINISTRATION
5  5.  PRIVATE CHARITABLE ORGANIZATION PAID
6  6.  PROFESSIONAL COURTESY

223  0.  INAP., CODED 0-3, 5 OR 7 AT Q.HS8(A)
1887  9.  INAP., CODED 0 AT Q.HS.A, NO HOSPITALIZATION

-----------------------------------------------------------------------------

VAR 0531 A:HOSPITAL-DOCTOR BILL-1  MD=99
REF 0531 LOC 828 WIDTH 2  DK 13 COL 42-43

HOSPITAL-DOCTOR BILLS - [1ST MENTION]
----------------------------------------

4  00.  CODED 1 AT Q.HS6(A) AND 2 AT Q.HS6A(1). YES, HAD TO PAY HOSPITAL - HAVEN'T RECEIVED BILL YET
5  01.  CODED 1 AT Q.HS6(A) AND 99997 AT Q.HS6A(1). YES, HAD TO PAY HOSPITAL - NO ANSWER TO AMOUNT
36  02.  CODED 2 AT Q.HS6(A). NO, DID NOT HAVE TO PAY HOSPITAL
116  04.  CODED 1-3 AT Q.HS7(A) AND 4-999 AT Q.HS7A(1). YES, HAD TO PAY DOCTOR - REPORTED AMOUNT
32  05.  CODED 1-3 AT Q.HS7(A) AND 1 AT Q.HS7A(1). YES, HAD TO PAY DOCTOR - DON'T KNOW AMOUNT
10  06.  CODED 1-3 AT Q.HS7(A) AND 2 AT Q.HS7A(1). YES, HAD TO PAY DOCTOR - HAVEN'T RECEIVED BILL YET
19  07.  CODED 1-3 AT Q.HS7(A) AND 3 AT Q.HS7A(1). YES, HAD TO PAY DOCTOR - AMOUNT INCLUDED IN HOSPITAL BILL
1  08.  CODED 1-3 AT Q.HS7(A) AND 9997 AT Q.HS7A(1). YES, HAD TO PAY DOCTOR - NO ANSWER TO AMOUNT
4  09.  CODED 4 AT Q.HS7(A). NO, DID NOT HAVE TO PAY DOCTOR
10.  CODED 1 AT Q.HS6(A) AND 3-9999 AT Q.HS6A(1). YES, HAD TO PAY HOSPITAL - REPORTED AMOUNT
(CONTINUED)

11. CODED 1 AT Q.HS6(A) AND 1 AT Q.HS6(1). YES, HAD TO PAY HOSPITAL - DON'T KNOW AMOUNT

1887 99. INAP., CODED 0 AT Q.HS.A, NO HOSPITALIZATION

HOSPITAL-DOCTOR BILLS - [2ND MENTION]
-------------------------------------

00. CODED 1 AT Q.HS6(A) AND 2 AT Q.HS6A(1). YES, HAD TO PAY HOSPITAL - HAVEN'T RECEIVED BILL YET
01. CODED 1 AT Q.HS6(A) AND 99997 AT Q.HS6A(1). YES, HAD TO PAY HOSPITAL - NO ANSWER TO AMOUNT
02. CODED 2 AT Q.HS6(A). NO, DID NOT HAVE TO PAY HOSPITAL
2 04. CODED 1-3 AT Q.HS7(A) AND 4-999 AT Q.HS7A(1). YES, HAD TO PAY DOCTOR - REPORTED AMOUNT
05. CODED 1-3 AT Q.HS7(A) AND 1 AT Q.HS7A(1). YES, HAD TO PAY DOCTOR - DON'T KNOW AMOUNT
4 06. CODED 1-3 AT Q.HS7(A) AND 2 AT Q.HS7A(1). YES, HAD TO PAY DOCTOR - HAVEN'T RECEIVED BILL YET
07. CODED 1-3 AT Q.HS7(A) AND 3 AT Q.HS7A(1). YES, HAD TO PAY DOCTOR - AMOUNT INCLUDED IN HOSPITAL BILL
5 08. CODED 1-3 AT Q.HS7(A) AND 9997 AT Q.HS7A(1). YES, HAD TO PAY DOCTOR - NO ANSWER TO AMOUNT
34 09. CODED 4 AT Q.HS7(A). NO, DID NOT HAVE TO PAY DOCTOR
137 10. CODED 1 AT Q.HS6(A) AND 3-9999 AT Q.HS6A(1). YES, HAD TO PAY HOSPITAL - REPORTED AMOUNT
45 11. CODED 1 AT Q.HS6(A) AND 1 AT Q.HS6A(1). YES, HAD TO PAY HOSPITAL - DON'T KNOW AMOUNT

1887 99. INAP., CODED 0 AT Q.HS.A, NO HOSPITALIZATION

SUM OF HOSPITAL BILLS PER PERSON
-----------------------------------

VAR 0532 A:HOSPITAL-DOCTOR BILL-2 MD=99
REF 0532 LOC 830 WIDTH 2 DK 13 COL 44-45

VAR 0533 A:SUM HOSP BILL PERSON MD=999998 OR GE 999999
REF 0533 LOC 832 WIDTH 6 DK 13 COL 46-51
(CONTINUED)

ACTUAL NUMBER IS CODED.

000000.

099999.

91 999998. DK
1887 999999. INAP., CODED 0 AT Q.HS.A, NO HOSPITALIZATION

VALID-N=136  MIN=25  MAX=2441  MEAN=319.9  ST.DEV=350.3

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SUM OF DOCTOR BILLS PER PERSON
----------------------------------

ACTUAL NUMBER IS CODED.

000000.

099999.

113 99998. DK
1887 99999. INAP., CODED 0 AT Q.HS.A, NO HOSPITALIZATION

VALID-N=114  MIN=5  MAX=999  MEAN=165.2  ST.DEV=185.4

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SUM OF NUMBER OF DAYS IN HOSPITAL PER PERSON
-----------------------------------------------

ACTUAL NUMBER IS CODED.

0000.

0999.
(CONTINUED)

2 9998. DK
1887 9999. INAP., CODED 0 AT Q.HS.A, NO HOSPITALIZATION

VALID-N=225  MIN=1  MAX=312  MEAN=17.5  ST.DEV=27.7

-----------------------------------------------

VAR 0536 A:INSUR STATUS - HOSP  MD=8 OR GE 9
REF 0536  LOC 847 WIDTH 1  DK 13 COL 61

INSURANCE STATUS-HOSPITAL
-----------------------------------------------

2 0. NOT CODED 3 AT Q.HS6B(1)-(3) AND CODED 9 AT Q.HS6B1(A), NO ANSWER
115 1. NOT CODED 3 AT Q.HS6B(1)-(3) AND NOT CODED 2-5 OR 9 AT Q.HS6B1(A), NO, DO NOT HAVE HOSPITAL INSURANCE
108 2. CODED 3 AT Q.HS6B(1)-(3) OR 2-5 AT Q.HS6B1(A), YES, HAVE HOSPITAL INSURANCE

2 8. DK
1887 9. INAP., CODED 0 AT Q.HS.A, NO HOSPITALIZATION

-----------------------------------------------

VAR 0537 A:INSUR STATUS - DOCTOR  MD=8 OR GE 9
REF 0537  LOC 848 WIDTH 1  DK 13 COL 62

INSURANCE STATUS - DOCTOR
-----------------------------------------------

5 0. NOT CODED 3 AT Q.HS7B(1A)-(1C) AND NOT CODED NO ANSWER AT Q.HS7B1(A), NO ANSWER
145 1. NOT CODED 3 AT Q.HS7B(1A)-(1C) AND NOT CODED 2-5 OR 9 AT Q.HS7B1(A). NO, DO NOT HAVE INSURANCE THAT PAYS DOCTOR BILLS
75 2. CODED 3 AT Q.HS7B(1A)-(1C) OR 2-3 AT Q.HS7B1(A). YES, HAVE INSURANCE THAT PAYS ALL OR PART OF DOCTOR BILLS IN HOSPITAL

2 8. DK
1887 9. INAP., CODED 0 AT Q.HS.A, NO HOSPITALIZATION
VAR 0538  B: SUPPLEMENT NUMBER - 1  NO MISSING DATA CODES
REF 0538  LOC 849 WIDTH 1  DK 13 COL 63

Q.HS.C  SUPPLEMENT NUMBER - 1
-----------------------------
2091  0. NO HOSPITALIZATION, OR ONLY ONE HOSPITALIZATION
23  2. TWO HOSPITALIZATIONS

VAR 0539  B: SUPPLEMENT NUMBER - 2  NO MISSING DATA CODES
REF 0539  LOC 850 WIDTH 1  DK 13 COL 64

Q.HS.D  SUPPLEMENT NUMBER - 2
-----------------------------
2091  0. NO HOSPITALIZATION, OR ONLY ONE HOSPITALIZATION
3  1. THREE HOSPITALIZATIONS
20  2. TWO HOSPITALIZATIONS

VAR 0540  B: # NIGHTS SPENT IN HOSP  MD=0 OR GE 997
REF 0540  LOC 851 WIDTH 3  DK 13 COL 65-67

Q.HS2(B). HOW MANY NIGHTS DID YOU SPEND THERE (DURING THIS HOSPITALIZATION)? (OVERNIGHT STAYS)
-----------------------------------------------
ACTUAL NUMBER IS CODED.

001. NIGHT
    .
008. NIGHTS
009. NIGHTS
    .
881. NIGHTS

204  000. INAP., CODED 0 AT Q.HS.B NO HOSPITALIZATION
997. NO ANSWER, DK
1887 998. INAP., CODED 0 AT Q.HS.B, NO HOSPITALIZATION
Q.HS3(A2). WHAT WAS THE NAME OF THE HOSPITAL? WHERE IS IT?
[CLASSIFICATION OF OWNERSHIP AND OPERATION OF HOSPITAL.]

01. (11) FEDERAL - MILITARY, PHS, VA, OTHER
3 02. (12) STATE
3 03. (13) COUNTY
2 04. (14) CITY OR MUNICIPAL
  05. (15-16) CITY - COUNTY OR HOSPITAL DISTRICT
2 06. (21) CHURCH-OPERATED
4 07. (22) CHURCH-AFFILIATED
9 08. (23) OTHER NON-PROFIT
  09. (31, 32, 33) PROPRIETARY - INDIVIDUAL,
      PARTNERSHIP, CORPORATION FOR PROFIT
10. HOSPITAL NOT LISTED IN AHA DIRECTORY, SOME EVIDENCE
    THAT IT IS NURSING HOME

204 00. INAP., CODED 1 AT Q.HS.B, ONE HOSPITALIZATION ONLY
1887 99. INAP., CODED 0 AT Q.HS.B, NO HOSPITALIZATION

Q.HS3(B2). TYPE OF HOSPITAL (FROM HOSPITAL DIRECTORY)

21 1. GENERAL AND SPECIAL SHORT-TERM (C1-3, 1-6)
2. GENERAL AND SPECIAL LONG-TERM (C2-3, 2-6)
1 3. MENTAL AND ALLIED (ANY COMBINATION OF NUMBERS
    INCLUDING 4 OR 7 OR 9 IF THE PATIENT WAS
    HOSPITALIZED FOR MENTAL ILLNESS
1 4. TUBERCULOSIS (ANY COMBINATION OF NUMBERS INCLUDING 5
    OR 8 OR 9 IF THE PATIENT WAS HOSPITALIZED FOR
    TUBERCULOSIS)
5. HOSPITAL NOT IDENTIFIED BY RESPONDENT

2091 0. INAP., CODED 0 OR 1 AT Q.HS.B, NO HOSPITALIZATION OR
(CONTINUED)

ONLY ONE HOSPITALIZATION
8. DK

-------------------------------------------------------------------------
VAR 0543  B:NUMBER OF BEDS      MD=0 OR GE 99
REF 0543   LOC 857 WIDTH 2      DK 13 COL 71-72

Q.HS3(C2). NUMBER OF BEDS (FROM HOSPITAL DIRECTORY)
-------------------------------------------------------------------------

4  05. UNDER 50
5  06. 50-99
5  07. 100-249
5  08. 250-499
4  09. 500 AND OVER
10. HOSPITAL NOT IDENTIFIED BY RESPONDENT

2091 00. INAP., CODED 0 OR 1 AT Q.HS.B, NO HOSPITALIZATION OR ONLY ONE HOSPITALIZATION
99. DK

-------------------------------------------------------------------------
VAR 0544  B:WHY R IN HOSPITAL - 1      MD=0 OR GE 9
REF 0544   LOC 859 WIDTH 2      DK 13 COL 73-74

Q.HS4(D). WHY WERE YOU IN THE HOSPITAL? (IF NOT MENTIONED, ASK: DID YOU BY ANY CHANCE HAVE AN OPERATION?) - [1ST MENTION]
-------------------------------------------------------------------------

4  01. "DREAD" DISEASE (IF PERSON WAS HOSPITALIZED FOR ONE OF THE FOLLOWING DISEASES: A) BRAIN TUMOR B) CANCER C) CIRRHOSIS OF THE LIVER D) DETACHED RETINA E) DIABETES F) EPILEPSY G) GOITER H) HEART DISEASE I) HEMOPHELIA J) HODGKINS K) LEUKEMIA L) MALARIA M) OSTEOMYELITIS N) PARALYSIS O) PERNICIOUS ANEMIA P) RAYNAUD'S DISEASE Q) TUBERCULOSIS R) UNDULANT FEVER
5  02. THE CONDITION WOULD GENERALLY BE CONSIDERED CHRONIC AND DID NOT INVOLVE SURGERY -- E.G., ASTHMA, ULCERS, HEMORRHOID, ARTHRITIS, GALL BLADDER, HERNIA
4  03. THE CONDITION WOULD GENERALLY BE CONSIDERED NON-CHRONIC AND DID NOT INVOLVE SURGERY -- E.G., PNEUMONIA
(CONTINUED)

7 04. SURGERY
1 05. ACCIDENT
2 08. DIAGNOSTIC PURPOSES

204 00. INAP., CODED 1 AT Q.HS.B, ONE HOSPITALIZATION ONLY
1887 09. INAP., CODED 0 AT Q.HS.B, NO HOSPITALIZATION
10. DK


2 01. "DREAD" DISEASE (IF PERSON WAS HOSPITALIZED FOR ONE
OF THE FOLLOWING DISEASES: A) BRAIN TUMOR B)
CANCER C) CIRRHOSIS OF THE LIVER D) DETACHED
RETINA E) DIABETES F) EPILEPSY G) GOITER H)
HEART DISEASE I) HEMOPHELIA J) HODGKINS K)
LEUKEMIA L) MALARIA M) OSTEOMYELITIS N)
PARALYSIS O) PERNICIOUS ANEMIA P) RAYNAUD'S
DISEASE Q) TUBERCULOSIS R) UNDULANT FEVER
02. THE CONDITION WOULD GENERALLY BE CONSIDERED CHRONIC
AND DID NOT INVOLVE SURGERY -- E.G., ASTHMA,
ULCERS, HEMORRHOID, ARTHRITIS, GALL BLADDER, HERNIA
03. THE CONDITION WOULD GENERALLY BE CONSIDERED
NON-CHRONIC AND DID NOT INVOLVE SURGERY -- E.G.,
PNEUMONIA
04. SURGERY
05. ACCIDENT
08. DIAGNOSTIC PURPOSES

204 00. INAP., CODED 1 AT Q.HS.B, ONE HOSPITALIZATION ONLY
1887 09. INAP., CODED 0 AT Q.HS.B, NO HOSPITALIZATION
21 10. DK

Q.HS4(F). WHY WERE YOU IN THE HOSPITAL? - [3RD MENTION]
01. "DREAD" DISEASE (IF PERSON WAS HOSPITALIZED FOR ONE OF THE FOLLOWING DISEASES: A) BRAIN TUMOR B) CANCER C) CIRRHOsis OF THE LIVER D) DETACHED RETINA E) DIABETES F) EPILEPSY G) GOITER H) HEART DISEASE I) HEMOPHELIA J) HODGKINS K) LEUKEMIA L) MALARIA M) OSTEOmyelitis N) PARALYSIS O) PERNICIOUS ANEMIA P) RAYNAUD'S DISEASE Q) TUBERCULOSIS R) UNDULANT FEVER

02. THE CONDITION WOULD GENERALLY BE CONSIDERED CHRONIC AND DID NOT INVOLVE SURGERY -- E.G., ASTHMA, ULCERS, HEMORRHOID, ARTHRITIS, GALL BLADDER, HERNIA

03. THE CONDITION WOULD GENERALLY BE CONSIDERED NON-CHRONIC AND DID NOT INVOLVE SURGERY -- E.G., PNEUMONIA

04. SURGERY

05. ACCIDENT

08. DIAGNOSTIC PURPOSES

204 00. INAP., CODED 1 AT Q.HS.B, ONE HOSPITALIZATION ONLY

1887 09. INAP., CODED 0 AT Q.HS.B, NO HOSPITALIZATION

14 10. DK

Q.HS5(B). WHAT DID THE DOCTOR SAY WAS WRONG WITH YOU? WHAT DID HE CALL IT?
(CONTINUED)

204  00.  INAP., CODED 1 AT Q.HS.B, ONE HOSPITALIZATION ONLY
1887  09.  INAP., CODED 0 AT Q.HS.B, NO HOSPITALIZATION

DECK IDENTIFICATION NUMBER IS '14'
DK 14 COL 1-2

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VAR 0001  ICPSR STUDY NUMBER-7686  NO MISSING DATA CODES
REF 0001  LOC 1 WIDTH 4
DK 14 COL 3-6

ICPSR STUDY NUMBER-7686
-----------------------

VAR 0002  ICPSR EDITION NUMBER-1  NO MISSING DATA CODES
REF 0002  LOC 5 WIDTH 1
DK 14 COL 7

ICPSR EDITION NUMBER
---------------------
THE NUMBER IDENTIFYING THE RELEASE EDITION OF THIS DATASET.

1. WINTER 1984

VAR 0003  ICPSR PART NUMBER-001  NO MISSING DATA CODES
REF 0003  LOC 6 WIDTH 3
DK 14 COL 8-10

ICPSR PART NUMBER
------------------
THE NUMBER IDENTIFYING THIS PART OF A 3-PART STUDY.

001. THE HEALTH NEEDS OF OLDER PERSONS
002. HOUSEHOLD ENUMERATION: NON-INTERVIEWED INDIVIDUALS
003. PUBLIC ATTITUDES ON OLDER PEOPLE
ICPSR SEQUENTIAL CASE IDENTIFICATION NUMBER

THE ICPSR HAS ATTACHED A SEQUENTIAL CASE IDENTIFICATION NUMBER TO EVERY RECORD. THIS NUMBER UNIQUELY IDENTIFIES EACH RECORD IN THE DATA COLLECTION.

VAR 0004  CASE ID NUMBER  NO MISSING DATA CODES
REF 0004  LOC   9 WIDTH   4   DK  14 COL 11-14

VAR 0548  B:DID R HAVE TO PAY HOSP  MD=0 OR GE 5
REF 0548  LOC  867 WIDTH   1   DK  14 COL 15

Q.HS6(B). DID YOU HAVE TO PAY THE HOSPITAL?

17  1. YES
   6  2. NO

204  0. INAP., CODED 1 AT Q.HS.B, ONE HOSPITALIZATION ONLY
   5. NO ANSWER
   6. DK

1887  9. INAP., CODED 0 AT Q.HS.B, NO HOSPITALIZATION

VAR 0549  B:R REMEMBER HOSP BILL  MD=0 OR GE 9996
REF 0549  LOC  868 WIDTH   4   DK  14 COL 16-19

--IF "YES" AT Q.HS6(B)--

Q.HS6A(2). CAN YOU REMEMBER ABOUT HOW MUCH THE HOSPITAL BILL CAME TO?

ACTUAL NUMBER IS CODED.

1  0002. HAVEN'T RECEIVED BILL YET
   0003. DOLLARS
   .
   0682. DOLLARS
   0683. DOLLARS
(CONTINUED)

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VALID-N=13

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VAR 0550  B:HOW DID R PAY BILL - 1  MD=0 OR GE 7
REF 0550  LOC 872 WIDTH 1  DK 14 COL 20

--IF "YES" AT Q.HS6(B)--

Q.HS6B(1B). HOW DID YOU (ARE YOU GOING TO) TAKE CARE OF IT?
DID YOU (ARE YOU GOING TO) PAY IT OUT OF YOUR INCOME, YOUR
SAVINGS, OR SOME OTHER WAY; OR DID (WILL) SOMEONE ELSE TAKE
CARE OF IT FOR YOU (WHO?) - [1ST MENTION]

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<td>CHILD OR OTHER RELATIVE PAID</td>
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<td>BORROWED MONEY</td>
</tr>
<tr>
<td>6</td>
<td>OLD AGE ASSISTANCE OR WELFARE PAID</td>
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VAR 0551  B:HOW DID R PAY BILL - 2  MD=0 OR GE 9
REF 0551  LOC 873 WIDTH 2  DK 14 COL 21-22

--IF "YES" AT Q.HS6(B)--

Q.HS6B(2B). HOW DID YOU (ARE YOU GOING TO) TAKE CARE OF IT?
DID YOU (ARE YOU GOING TO) PAY IT OUT OF YOUR INCOME, YOUR
SAVINGS, OR SOME OTHER WAY; OR DID (WILL) SOMEONE ELSE TAKE CARE OF IT FOR YOU (WHO?) - [2ND MENTION]

01. OUT OF INCOME
02. OUT OF SAVINGS
03. INSURANCE
04. CHILD OR OTHER RELATIVE PAID
05. BORROWED MONEY
06. OLD AGE ASSISTANCE OR WELFARE PAID

204 00. INAP., CODED 1 AT Q.HS.B, ONE HOSPITALIZATION ONLY
1887 09. INAP., CODED 0 AT Q.HS.B, NO HOSPITALIZATION
16 10. INAP., NO FURTHER MENTIONS
11. NO ANSWER

VAR 0552    B:HOW DID R PAY BILL - 3    MD=0 OR GE 7
REF 0552    LOC 875 WIDTH 1    DK 14 COL 23

--IF "YES" AT Q.HS.6(B)--

Q.HS6B(3B). HOW DID YOU (ARE YOU GOING TO) TAKE CARE OF IT? DID YOU (ARE YOU GOING TO) PAY IT OUT OF YOUR INCOME, YOUR SAVINGS, OR SOME OTHER WAY; OR DID (WILL) SOMEONE ELSE TAKE CARE OF IT FOR YOU (WHO?) - [3RD MENTION]

1. OUT OF INCOME
2. OUT OF SAVINGS
3. INSURANCE
4. CHILD OR OTHER RELATIVE PAID
5. BORROWED MONEY
6. OLD AGE ASSISTANCE OR WELFARE PAID

204 0. INAP., CODED 1 AT Q.HS.B, ONE HOSPITALIZATION ONLY
23 7. INAP., NO FURTHER MENTIONS
1887 9. INAP., CODED 0 AT Q.HS.B, NO HOSPITALIZATION
Q.HS6B1(B). DID YOU HAVE ANY INSURANCE THAT PAID FOR ALL OR PART OF THE HOSPITAL BILL?

4  1. NO, NONE
1  2. YES, PAID SOME HOSPITAL BILL ONLY
3. YES, PAID SOME HOSPITAL AND SOME DOCTOR
1  4. YES, PAID ALL HOSPITAL BILL
5. YES, PAID ALL HOSPITAL, ALL DOCTOR

204  0. INAP., CODED 1 AT Q.HS.B, ONE HOSPITALIZATION ONLY
17  7. INAP., CODED 2 AT Q.HS6(B) AND 3 AT Q.HS6B(1B) OR Q.HSB(2B) OR Q.HSB(3B)
8. NO ANSWER
1887  9. INAP., CODED 0 AT Q.HS.B, NO HOSPITALIZATION

Q.HS6C(2). YOU SAY YOU DIDN'T HAVE TO PAY THE HOSPITAL? WHY IS THAT?

5  1. OLD AGE ASSISTANCE OR WELFARE PAID
2. CHILDREN OR OTHER RELATIVES PAID
1  3. EMPLOYER PAID
4. VETERANS ADMINISTRATION
5. PRIVATE CHARITABLE ORGANIZATION PAID
6. PROFESSIONAL COURTESY

204  0. INAP., CODED 1 AT Q.HS.B, ONE HOSPITALIZATION ONLY
17  8. INAP., CODED 1 OR 6 AT Q.HS6(B)
1887  9. INAP., CODED 0 AT Q.HS.B, NO HOSPITALIZATION
Q.HS7(B). DID YOU HAVE TO PAY THE DOCTOR FOR TAKING CARE OF YOU IN THE HOSPITAL?

13 1. YES
1 2. YES, PAID SEVERAL DOCTORS
3 3. YES, PAID SOME, NOT OTHERS
9 4. NO

VAR 0556 B:R REMEMBER DOCTOR BILL
MD=0 OR GE 996
VAR 0555 B:DID R PAY DOCTOR BILL
MD=0 OR GE 7
VAR 0557      B:HOW R PAY DR BILL-1               MD=0 OR GE  9
REF 0557      LOC 882 WIDTH 1                    DK 14 COL 30

--IF "YES" TO Q.HS7(B)--

Q.HS7B(2A). HOW DID YOU (ARE YOU GOING TO) TAKE CARE OF IT? DID YOU (ARE YOU GOING TO) PAY IT OUT OF YOUR INCOME, YOUR SAVINGS, OR SOME OTHER WAY, OR DID (WILL) SOMEONE ELSE TAKE CARE OF IT FOR YOU? (WHO?) - [1ST MENTION]

4  1.  OUT OF INCOME
5  2.  OUT OF SAVINGS
2  3.  INSURANCE
3  4.  CHILD OR OTHER RELATIVE PAID
5.  BORROWED MONEY
6.  OLD AGE ASSISTANCE OR WELFARE PAID

2091 0.  INAP., CODED 0 OR 1 AT Q.HS.B, NO HOSPITALIZATION OR ONE HOSPITALIZATION ONLY
9  9.  INAP., CODED 4 OR 7 AT Q.HS7(B)

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VAR 0558      B:HOW R PAY DR BILL-2               MD=0 OR GE  9
REF 0558      LOC 883 WIDTH 1                    DK 14 COL 31

--IF "YES" TO Q.HS7(B)--

Q.HS7B(2B). HOW DID YOU (ARE YOU GOING TO) TAKE CARE OF IT? DID YOU (ARE YOU GOING TO) PAY IT OUT OF YOUR INCOME, YOUR SAVINGS, OR SOME OTHER WAY, OR DID (WILL) SOMEONE ELSE TAKE CARE OF IT FOR YOU? (WHO?) - [2ND MENTION]

1.  OUT OF INCOME
2.  OUT OF SAVINGS
5  3.  INSURANCE
4.  CHILD OR OTHER RELATIVE PAID
5.  BORROWED MONEY
6.  OLD AGE ASSISTANCE OR WELFARE PAID

2091 0.  INAP., CODED 0 OR 1 AT Q.HS.B, NO HOSPITALIZATION OR ONE HOSPITALIZATION ONLY
18 9.  INAP., NO FURTHER MENTIONS
--IF "YES" TO Q.HS7(B)--

Q.HS7B(2C). HOW DID YOU (ARE YOU GOING TO) TAKE CARE OF IT?
DID YOU (ARE YOU GOING TO) PAY IT OUT OF YOUR INCOME, YOUR
SAVINGS, OR SOME OTHER WAY, OR DID (WILL) SOMEONE ELSE TAKE
CARE OF IT FOR YOU? (WHO?) - [3RD MENTION]

1. OUT OF INCOME
2. OUT OF SAVINGS
3. INSURANCE
4. CHILD OR OTHER RELATIVE PAID
5. BORROWED MONEY
6. OLD AGE ASSISTANCE OR WELFARE PAID

2091 0. INAP., CODED 0 OR 1 AT Q.HS.B, NO HOSPITALIZATION OR
ONE HOSPITALIZATION ONLY
23 9. INAP., NO FURTHER MENTIONS

--IF INSURANCE NOT MENTIONED AT Q.HS7B(2A)-(2C)--

Q.HS7B1(B). DO YOU HAVE ANY INSURANCE THAT PAYS ALL OR PART
OF YOUR DOCTOR BILLS WHEN YOU'RE IN THE HOSPITAL?

6 1. NO, NONE
2 3. YES, PAYS SOME

204 0. INAP., CODED 1 AT Q.HS.B, ONE HOSPITALIZATION ONLY
16 7. INAP., CODED 4 AT Q.HS7(B) AND 3 AT Q.HS7B(2A) OR
Q.HS7B(2B) OR Q.HS7B(2C)
8. NO ANSWER
1887 9. INAP., CODED 0 AT Q.HS.B, NO HOSPITALIZATION
--IF "NO" TO Q.HS7(B)--

Q.HS7C(2). YOU SAY YOU DIDN'T HAVE TO PAY THE DOCTOR FOR TAKING CARE OF YOU IN THE HOSPITAL. WHY IS THAT?

6 1. OLD AGE ASSISTANCE OR WELFARE PAID
2. CHILDREN OR OTHER RELATIVES PAID
1 3. EMPLOYER PAID
4. VETERANS ADMINISTRATION
5. PRIVATE CHARITABLE ORGANIZATION PAID
1 6. PROFESSIONAL COURTESY

204 0. INAP., CODED 1 AT Q.HS.B, ONE HOSPITALIZATION ONLY
15 8. INAP., CODED 1-3 OR 7 AT Q.HS7(B)
1887 9. INAP., CODED 0 AT Q.HS.B, NO HOSPITALIZATION

--IF CODED 3 IN Q.7 AND DOCTOR SEEN OUTSIDE THE HOSPITAL DURING PAST FOUR WEEKS [CODED 1 AT Q.8 OR Q.9 OR Q.10] -- IN MAIN QUESTIONNAIRE--

Q.HS8(B). NOW, ABOUT THE TIMES DURING THE PAST FOUR WEEKS THAT YOU SAW THE DOCTOR AT (HOME, OFFICE, CLINIC), OUTSIDE OF THE HOSPITAL--DID YOU (WILL YOU) HAVE TO PAY FOR THAT, APART FROM THE BILLS FOR SEEING THE DOCTOR IN THE HOSPITAL? -- [2ND MENTION]

2 1. YES
2. YES, SOME DOCTORS, NOT OTHERS
3. NO, INCLUDED IN SINGLE BILL
4. NO

206 0. INAP., CODED 1 AT Q.HS.B, ONE HOSPITALIZATION ONLY
19 6. INAP., CODED OTHER THAN 3 AT Q.7 AND OTHER THAN 1 AT Q.8 OR Q.9 OR Q.10
7. NO ANSWER
8. INAP., IN HOSPITAL DURING PAST FOUR WEEKS BUT DID NOT SEE DOCTOR OUTSIDE OF HOSPITAL
1887 9. INAP., CODED 0 AT Q.HS.B, NO HOSPITALIZATION

-----------------------------------------------------------------------------------
VAR 0563   B:AMOUNT OTHER DR BILLS        MD=0 OR GE 996
REF 0563   LOC 888 WIDTH 3               DK 14 COL 36-38

--IF "YES" OR "HAD TO PAY SOME" TO Q.HS8(B)--

Q.HS8A(2). HOW MUCH WERE THESE BILLS? (HOW MUCH DO YOU THINK THE BILLS WILL COME TO?)
-----------------------------------------------------------------------------------
  002. HAVEN'T RECEIVED IT YET
  1  020. DOLARS
  1 120. DOLARS

204  000. INAP., CODED 1 AT Q.HS.B, ONE HOSPITALIZATION ONLY
21  996. INAP., CODED 3-5 OR 7 AT Q.HS8(B)
  997. NO ANSWER
  998. DK
1887  999. INAP., CODED 0 AT Q.HS.B, NO HOSPITALIZATION

-----------------------------------------------------------------------------------
VAR 0564   B:HOW WILL R PAY THEM-1        MD=0 OR GE 7
REF 0564   LOC 891 WIDTH 1                DK 14 COL 39

--IF "YES" OR "HAD TO PAY SOME" TO Q.HS8(B)--

Q.HS8B(2A). HOW DID YOU (ARE YOU GOING TO) TAKE CARE OF IT?
- [1ST MENTION]
-----------------------------------------------------------------------------------
  1  1. OUT OF INCOME
  1  2. OUT OF SAVINGS
  3. INSURANCE
  4. CHILD OR OTHER RELATIVE PAID
  5. BORROWED MONEY
  6. OLD AGE ASSISTANCE OR WELFARE PAID

204  0. INAP., CODED 1 AT Q.HS.B, ONE HOSPITALIZATION ONLY
21  7. INAP., CODED 3-5 OR 7 AT Q.HS8(B)
  8. NO ANSWER
1887  9. INAP., CODED 0 AT Q.HS.B, NO HOSPITALIZATION
VAR 0565  B:HOW WILL R PAY THEM-2  MD=0 OR GE 9
REF 0565  LOC 892 WIDTH 2  DK 14 COL 40-41

--IF "YES" OR "HAD TO PAY SOME" TO Q.HS8(B)--

Q.HS8B(2B). HOW DID YOU (ARE YOU GOING TO) TAKE CARE OF IT? - [2ND MENTION]

01. OUT OF INCOME
02. OUT OF SAVINGS
1  03. INSURANCE
04. CHILD OR OTHER RELATIVE PAID
05. BORROWED MONEY
06. OLD AGE ASSISTANCE OR WELFARE PAID
07. EMPLOYER PAID
08. VETERANS ADMINISTRATION
09. PRIVATE CHARITABLE ORGANIZATION PAID
10. PROFESSIONAL COURTESY
204 00. INAP., CODED 1 AT Q.HS.B, ONE HOSPITALIZATION ONLY
1887 09. INAP., CODED 0 AT Q.HS.B, NO HOSPITALIZATION
22 10. INAP., NO FURTHER MENTIONS
11. NO ANSWER

..............................

VAR 0566  B:WHY NOT PAY DR BILL-1  MD=0 OR GE 7
REF 0566  LOC 894 WIDTH 1  DK 14 COL 42

--IF CODED 4 TO Q.HS8(B)--

Q.HS8C(2). YOU SAID YOU DIDN'T HAVE TO PAY THE DOCTOR FOR SEEING HIM AT (HOME, CLINIC, OFFICE); WHY IS THAT?

1. OLD AGE ASSISTANCE OR WELFARE PAID
2. CHILDREN OR OTHER RELATIVES PAID
3. EMPLOYER PAID
4. VETERANS ADMINISTRATION
5. PRIVATE CHARITABLE ORGANIZATION PAID
6. PROFESSIONAL COURTESY
204 0. INAP., CODED 1 AT Q.HS.B, ONE HOSPITALIZATION ONLY
23 07. INAP., CODED 1-3, OR 7-8 AT Q.HS8(B)
1887 09. INAP., CODED 0 AT Q.HS.B, NO HOSPITALIZATION

..............................
HOSPITAL-DOCTOR BILLS - [1ST MENTION]
-------------------------------------

1. CODED 1 AT Q.HS6(A) AND 99997 AT Q.HS6A(1). YES, HAD TO PAY HOSPITAL - NO ANSWER TO AMOUNT

6. CODED 2 AT Q.HS6(A). NO, DID NOT HAVE TO PAY HOSPITAL

8. CODED 1-3 AT Q.HS7(A) AND 4-999 AT Q.HS7A(1). YES, HAD TO PAY DOCTOR - REPORTED AMOUNT

3. CODED 1-3 AT Q.HS7(A) AND 1 AT Q.HS7A(1). YES, HAD TO PAY DOCTOR - DON'T KNOW AMOUNT

6. CODED 1-3 AT Q.HS7(A) AND 2 AT Q.HS7A(1). YES, HAD TO PAY DOCTOR - HAVEN'T RECEIVED BILL YET

1. CODED 1-3 AT Q.HS7(A) AND 3 AT Q.HS7A(1). YES, HAD TO PAY DOCTOR - AMOUNT INCLUDED IN HOSPITAL BILL

0. CODED 1-3 AT Q.HS7(A) AND 9997 AT Q.HS7A(1). YES, HAD TO PAY DOCTOR - NO ANSWER TO AMOUNT

4. CODED 1 AT Q.HS6(A) AND 1 AT Q.HS6A(1). YES, HAD TO PAY HOSPITAL - DON'T KNOW AMOUNT

10. CODED 1 AT Q.HS6(A) AND 1 AT Q.HS6A(1). YES, HAD TO PAY HOSPITAL - DON'T KNOW AMOUNT

11. CODED 1 AT Q.HS6(A) AND 3-999 AT Q.HS6A(1). YES, HAD TO PAY HOSPITAL - DON'T KNOW AMOUNT

204. INAP., CODED 1 AT Q.HS.B, ON HOSPITALIZATION ONLY

97. DK

1887. INAP., CODED 0 AT Q.HS.B, NO HOSPITALIZATION

HOSPITAL-DOCTOR BILLS - [2ND MENTION]
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01. CODED 1 AT Q.HS6(A) AND 99997 AT Q.HS6A(1). YES, HAD TO PAY HOSPITAL - NO ANSWER TO AMOUNT

02. CODED 2 AT Q.HS6(A). NO, DID NOT HAVE TO PAY HOSPITAL

1. CODED 1-3 AT Q.HS7(A) AND 4-999 AT Q.HS7A(1). YES, HAD TO PAY DOCTOR - REPORTED AMOUNT

05. CODED 1-3 AT Q.HS7(A) AND 1 AT Q.HS7A(1). YES, HAD TO PAY DOCTOR - DON'T KNOW AMOUNT
(CONTINUED)

06. CODED 1-3 AT Q.HS7(A) AND 2 AT Q.HS7A(1). YES, HAD TO PAY DOCTOR - HAVEN'T RECEIVED BILL YET
1 07. CODED 1-3 AT Q.HS7(A) AND 3 AT Q.HS7A(1). YES, HAD TO PAY DOCTOR - AMOUNT INCLUDED IN HOSPITAL BILL
08. CODED 1-3 AT Q.HS7(A) AND 9997 AT Q.HS7A(1). YES, HAD TO PAY DOCTOR - NO ANSWER TO AMOUNT
6 09. CODED 4 AT Q.HS7(A). NO, DID NOT HAVE TO PAY DOCTOR
12 10. CODED 1 AT Q.HS6(A) AND 3-999 AT Q.HS6A(1). YES, HAD TO PAY HOSPITAL - REPORTED AMOUNT
3 11. CODED 1 AT Q.HS6(A) AND 1 AT Q.HS6A(1). YES, HAD TO PAY HOSPITAL - DON'T KNOW AMOUNT

204 00. INAP., CODED 1 AT Q.HS.B, ONE HOSPITALIZATION ONLY
97. DK
1887 98. INAP., CODED 0 AT Q.HS.B, NO HOSPITALIZATION

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VAR 0569    B:INSUR STATUS - HOSP    MD=0 OR GE 8
REF 0569    LOC 899 WIDTH 1  DK 14 COL 47

INSURANCE STATUS - HOSPITAL
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10  1. NOT CODED 3 AT Q.HS6B(1A)-(3) AND NOT CODED 2-5 OR 9 AT Q.HS6B1(A), NO, DO NOT HAVE HOSPITAL INSURANCE
13  2. CODED 3 AT Q.HS6B(1A)-(3) OR 2-5 AT Q.HS6B1(A), YES, HAVE HOSPITAL INSURANCE

204  0. INAP., CODED 1 AT Q.HS.B, ONE HOSPITALIZATION ONLY
8. DK
1887  9. INAP., CODED 0 AT Q.HS.B, NO HOSPITALIZATION

---------------------------------------------------------------------

VAR 0570    B:INSUR STATUS - DOCTOR    MD=0 OR GE 8
REF 0570    LOC 900 WIDTH 1  DK 14 COL 48

INSURANCE STATUS - DOCTOR
-----------------------------

15  1. NOT CODED 3 AT Q.HS7B(1A)-(1C) AND NOT CODED 2-5 OR 9 AT Q.HS7B1(A). NO DO NOT HAVE INSURANCE THAT PAYS DOCTOR BILLS
8  2. CODED 3 AT Q.HS7B(1A)-(1C) OR 2-3 AT Q.HS7B1(A).
YES, HAVE INSURANCE THAT PAYS ALL OR PART OF DOCTOR BILLS IN HOSPITAL

204 0. INAP., CODED 1 AT Q.HS.B, ONE HOSPITALIZATION ONLY

8. DK

1887 9. INAP., CODED 0 AT Q.HS.B, NO HOSPITALIZATION

---------------------------------------------------------------------

VAR 0571  C: SUPPLEMENT NUMBER - 1  NO MISSING DATA CODES
REF 0571  LOC 901 WIDTH 1  DK 14 COL 49

Q.HS.E SUPPLEMENT NUMBER
-------------------------

2111 0. NO HOSPITALIZATION OR 1 AND 2 HOSPITALIZATIONS

3 3. THREE HOSPITALIZATIONS

---------------------------------------------------------------------

VAR 0572  C: SUPPLEMENT NUMBER - 2  NO MISSING DATA CODES
REF 0572  LOC 902 WIDTH 1  DK 14 COL 50

Q.HS.F SUPPLEMENT NUMBER
-------------------------

2111 0. NO HOSPITALIZATION OR NO 1ST OR 2ND HOSPITALIZATION

3 1. THREE HOSPITALIZATIONS

---------------------------------------------------------------------

VAR 0573  C: # NIGHTS SPENT IN HOSP  MD=0 OR GE 9998
REF 0573  LOC 903 WIDTH 4  DK 14 COL 51-54

Q.HS2(C). HOW MANY NIGHTS DID YOU SPEND THERE (DURING THE HOSPITALIZATION)? (OVERNIGHT STAYS)
---------------------------------------------------------------------

ACTUAL NUMBER IS CODED.

0001. NIGHTS

0999. NIGHTS
(CONTINUED)

224 0000. INAP., CODED 0 AT Q.HS.F, NO THIRD HOSPITALIZATION
9998. NO ANSWER; OR DK
1887 9999. INAP., CODED 0 AT Q.HS.F, NO THIRD HOSPITALIZATION

VALID-N=3 MIN=1 MAX=8 MEAN=4.3 ST.DEV=3.5


01. (11) FEDERAL
02. (12) STATE
03. (13) COUNTY
04. (14) CITY OR MUNICIPAL
05. (15-16) CITY - COUNTY OR HOSPITAL DISTRICT
06. (21) CHURCH-OPERATED
07. (22) CHURCH-AFFILIATED
2 08. (23) OTHER NON-PROFIT
09. (31, 32, 33) PROPRIETARY - INDIVIDUAL, PARTNERSHIP, CORPORATION FOR PROFIT
1 10. HOSPITAL NOT ADEQUATELY IDENTIFIED BY RESPONDENT
11. HOSPITAL NOT LISTED IN AHA DIRECTORY, SOME EVIDENCE THAT IT IS NURSING HOME

224 00. INAP., CODED 0 AT Q.HS.F, NO THIRD HOSPITALIZATION
1887 99. INAP., CODED 0 AT Q.HS.F, NO THIRD HOSPITALIZATION

Q.HS3(B3). TYPE OF HOSPITAL (FROM HOSPITAL DIRECTORY)

2 1. GENERAL AND SPECIAL SHORT-TERM (C1-3, 1-6)
2. GENERAL AND SPECIAL LONG-TERM (C2-3, 2-6)
3. MENTAL AND ALLIED (ANY COMBINATION OF NUMBERS
INCLUDING 4 OR 7 OR 9 IF THE PATIENT WAS HOSPITALIZED FOR MENTAL ILLNESS
4. TUBERCULOSIS (ANY COMBINATION OF NUMBERS INCLUDING 5 OR 8 OR 9 IF THE PATIENT WAS HOSPITALIZED FOR TUBERCULOSIS)
1 5. HOSPITAL NOT IDENTIFIED BY RESPONDENT

2111 0. INAP., CODED 0 AT Q.HS.F, NO THIRD HOSPITALIZATION

VAR 0576 C:NUMBER OF BEDS MD=0
REF 0576 LOC 910 WIDTH 2 DK 14 COL 58-59

Q.HS3(C3). NUMBER OF BEDS (FROM HOSPITAL DIRECTORY)

------
05. UNDER 50
06. 50-99
  1 07. 100-249
  1 08. 250-499
  1 09. 500 AND OVER
  1 10. HOSPITAL NOT IDENTIFIED BY RESPONDENT

2111 00. INAP., CODED 0 AT Q.HS.F, NO THIRD HOSPITALIZATION

VAR 0577 C:WHY R IN HOSPITAL - 1 MD=0 OR GE 9
REF 0577 LOC 912 WIDTH 1 DK 14 COL 60

Q.HS4(G). WHY WERE YOU IN THE HOSPITAL? (IF NOT MENTIONED, ASK: DID YOU BY ANY CHANCE HAVE AN OPERATION?) - [1ST MENTION]

------
1. "DREAD" DISEASE (IF PERSON WAS HOSPITALIZED FOR ONE OF THE FOLLOWING DISEASES: A) BRAIN TUMOR B) CANCER C) CIRRHOSIS OF THE LIVER D) DETACHED RETINA E) DIABETES F) EPILEPSY G) GOITER H) HEART DISEASE I) HEMOPHILIA J) HODGKINS K) LEUKEMIA L) MALARIA M) OSTEOMYELITIS N) PARALYSIS O) PERNICIOUS ANEMIA P) RAYNAUD'S DISEASE Q) TUBERCULOSIS R) UNDULANT FEVER
2. THE CONDITION WOULD GENERALLY BE CONSIDERED CHRONIC AND DID NOT INVOLVE SURGERY -- E.G., ASTHMA, ULCERS,
HEMORRHOID, ARTHRITIS, GALL BLADDER, HERNIA

1. The condition would generally be considered non-chronic and did not involve surgery -- e.g., pneumonia

2. Surgery

3. Accident

4. Diagnostic purposes

224 0. INAP., CODED 0 AT Q.HS.F, NO THIRD HOSPITALIZATION
1887 9. INAP., CODED 0 AT Q.HS.F, NO THIRD HOSPITALIZATION

Q.HS4(H). Why were you in the hospital - [2nd mention]


02. The condition would generally be considered chronic and did not involve surgery -- e.g., Asthma, ulcers, hemorrhoid, arthritis, gall bladder, hernia

03. The condition would generally be considered non-chronic and did not involve surgery -- e.g., pneumonia

04. Surgery

05. Accident

08. Diagnostic purposes

224 00. INAP., CODED 0 AT Q.HS.F, NO THIRD HOSPITALIZATION
1887 09. INAP., CODED 0 AT Q.HS.F, NO THIRD HOSPITALIZATION

3 10. DK
Q.HS4(I). WHY WERE YOU IN THE HOSPITAL - [3RD MENTION]

01. "DREAD" DISEASE (IF PERSON WAS HOSPITALIZED FOR ONE OF THE FOLLOWING DISEASES: A) BRAIN TUMOR B) CANCER C) CIRRHOSIS OF THE LIVER D) DETACHED RETINA E) DIABETES F) EPILEPSY G) GOITER H) HEART DISEASE I) HEMOPHILIA J) HODGKINS K) LEUKEMIA L) MALARIA M) OSTEOMYELITIS N) PARALYSIS O) PERNICIOUS ANEMIA P) RAYNAUD'S DISEASE Q) TUBERCULOSIS R) UNDULANT FEVER

02. THE CONDITION WOULD GENERALLY BE CONSIDERED CHRONIC AND DID NOT INVOLVE SURGERY -- E.G., ASTHMA, ULCERS, HEMORRHOID, ARTHRITIS, GALL BLADDER, HERNIA

03. THE CONDITION WOULD GENERALLY BE CONSIDERED NON-CHRONIC AND DID NOT INVOLVE SURGERY -- E.G., PNEUMONIA

04. SURGERY
05. ACCIDENT
08. DIAGNOSTIC PURPOSES

224 00. INAP., CODED 0 AT Q.HS.F, NO THIRD HOSPITALIZATION
1887 09. INAP., CODED 0 AT Q.HS.F, NO THIRD HOSPITALIZATION
1 10. DK

Q.HS5(C). WHAT DID THE DOCTOR SAY WAS WRONG WITH YOU? WHAT DID HE CALL IT?

1. "DREAD" DISEASE (IF PERSON WAS HOSPITALIZED FOR ONE OF THE FOLLOWING DISEASES: A) BRAIN TUMOR B) CANCER C) CIRRHOSIS OF THE LIVER D) DETACHED RETINA E) DIABETES F) EPILEPSY G) GOITER H) HEART DISEASE I) HEMOPHILIA J) HODGKINS K) LEUKEMIA L) MALARIA M) OSTEOMYELITIS N) PARALYSIS O) PERNICIOUS ANEMIA P) RAYNAUD'S DISEASE Q) TUBERCULOSIS R) UNDULANT FEVER

2. THE CONDITION WOULD GENERALLY BE CONSIDERED CHRONIC AND DID NOT INVOLVE SURGERY -- E.G., ASTHMA, ULCERS,
HEMORRHOID, ARTHRITIS, GALL BLADDER, HERNIA
1 3. THE CONDITION WOULD GENERALLY BE CONSIDERED
   NON-CHRONIC AND DID NOT INVOLVE SURGERY -- E.G.,
   PNEUMONIA
2 4. SURGERY
5. ACCIDENT
8. DIAGNOSTIC PURPOSES

224 0. INAP., CODED 0 AT Q.HS.F, NO THIRD HOSPITALIZATION
1887 9. INAP., CODED 0 AT Q.HS.F, NO THIRD HOSPITALIZATION

VAR 0581  C:DID R HAVE TO PAY HOSP  MD=0 OR GE 8
REF 0581   LOC 918 WIDTH 1            DK 14 COL 66

Q.HS6(C). DID YOU HAVE TO PAY THE HOSPITAL?
--------------------------------------------
2 1. YES
1 2. NO

224 0. INAP., CODED 0 AT Q.HS.F, NO THIRD HOSPITALIZATION
8. NO ANSWER
1887 9. INAP., CODED 0 AT Q.HS.F, NO THIRD HOSPITALIZATION

VAR 0582  C:R REMEMBER HOSP BILL  MD=0 OR GE 99996
REF 0582   LOC 919 WIDTH 5           DK 14 COL 67-71

--IF "YES" AT Q.HS6(C)--

Q.HS6A(3). CAN YOU REMEMBER ABOUT HOW MUCH THE HOSPITAL BILL CAME TO?
--------------------------------------------
00002. HAVEN'T RECEIVED BILL YET
00003. DOLLARS
     .
     .
09999. DOLLARS

224 00000. INAP., CODED 0 AT Q.HS.F, NO THIRD HOSPITALIZATION
1 99996. INAP., CODED 2 AT Q.HS6(C)
VAR 0583  C:HOW DID R PAY BILL - 1  MD=0 OR GE 7
REF 0583  LOC  924 WIDTH  1  DK  14 COL 72

--IF "YES" AT Q.HS6(C) --

Q.HS6B(1C). HOW DID YOU (ARE YOU GOING TO) TAKE CARE OF IT?
DID YOU (ARE YOU GOING TO) PAY IT OUT OF YOUR INCOME, YOUR
SAVINGS, OR SOME OTHER WAY; OR DID (WILL) SOMEONE ELSE TAKE
CARE OF IT FOR YOU (WHO?) - [1ST MENTION]

2  1. OUT OF INCOME
2. OUT OF SAVINGS
3. INSURANCE
4. CHILD OR OTHER RELATIVE PAID
5. BORROWED MONEY
6. OLD AGE ASSISTANCE OR WELFARE PAID

224  0. INAP., CODED 0 AT Q.HS.F, NO THIRD HOSPITALIZATION
1  7. INAP., CODED 2 AT Q.HS6(C)
8. NO ANSWER
1887  9. INAP., CODED 0 AT Q.HS.F, NO THIRD HOSPITALIZATION

------------------------------------------------------------------

VAR 0584  C:HOW DID R PAY BILL - 2  MD=0 OR GE 7
REF 0584  LOC  925 WIDTH  1  DK  14 COL 73

--IF "YES" AT Q.HS6(C) --

Q.HS6B(2C). HOW DID YOU (ARE YOU GOING TO) TAKE CARE OF IT?
DID YOU (ARE YOU GOING TO) PAY IT OUT OF YOUR INCOME, YOUR
SAVINGS, OR SOME OTHER WAY; OR DID (WILL) SOMEONE ELSE TAKE
CARE OF IT FOR YOU (WHO?) - [2ND MENTION]

------------------------------------------------------------------
(CONTINUED)

1. OUT OF INCOME
2. OUT OF SAVINGS
3. INSURANCE
4. CHILD OR OTHER RELATIVE PAID
5. BORROWED MONEY
6. OLD AGE ASSISTANCE OR WELFARE PAID

224 0. INAP., CODED 0 AT Q.HS.F, NO THIRD HOSPITALIZATION
1 7. INAP., NO FURTHER MENTIONS
8. NO ANSWER
1887 9. INAP., CODED 0 AT Q.HS.F, NO THIRD HOSPITALIZATION

--IF "YES" AT Q.HS6(C)--

Q.HS6B(3C). HOW DID YOU (ARE YOU GOING TO) TAKE CARE OF IT? DID YOU (ARE YOU GOING TO) PAY IT OUT OF YOUR INCOME, YOUR SAVINGS, OR SOME OTHER WAY; OR DID (WILL) SOMEONE ELSE TAKE CARE OF IT FOR YOU (WHO?) - [3RD MENTION]

1. OUT OF INCOME
2. OUT OF SAVINGS
3. INSURANCE
4. CHILD OR OTHER RELATIVE PAID
5. BORROWED MONEY
6. OLD AGE ASSISTANCE OR WELFARE PAID

224 0. INAP., CODED 0 AT Q.HS.F, NO THIRD HOSPITALIZATION
3 7. INAP., NO FURTHER MENTIONS
8. NO ANSWER
1887 9. INAP., CODED 0 AT Q.HS.F, NO THIRD HOSPITALIZATION

--IF CODED 1-2 OR 4-6 AT Q.HS6B(1C)-(3C)--

Q.HS6B1(C). DID YOU HAVE ANY INSURANCE THAT PAID FOR ALL OR
(CONTINUED)

PART OF THE HOSPITAL BILL?

-----------------------------------------------
1. NO, NONE
2. YES, PAID SOME HOSPITAL ONLY
3. YES, PAID SOME HOSPITAL AND SOME DOCTOR

224 0. INAP., CODED 0 AT Q.HS.F, NO THIRD HOSPITALIZATION
3 7. INAP., CODED 2 AT Q.HS6(C) AND 3 AT Q.HS6B(1C) OR Q.HS6B(2C) OR Q.HS6B(3C)
8. NO ANSWER
1887 9. INAP., CODED 0 AT Q.HS.F, NO THIRD HOSPITALIZATION

-----------------------------------------------------------------

VAR 0587  C:WHY DIDNT R PAY BILL \nREF 0587  LOC 928 WIDTH 1 \nDK 14 COL 76

--IF "NO" AT Q.HS6(C)--

Q.HS6C. YOU SAY YOU DIDN'T HAVE TO PAY THE HOSPITAL? WHY IS THAT?

-----------------------------------------------------------------

1 1. OLD AGE ASSISTANCE OR WELFARE PAID
2. CHILDREN OR OTHER RELATIVES PAID
3. EMPLOYER PAID
4. VETERANS ADMINISTRATION
5. PRIVATE CHARITABLE ORGANIZATION PAID
6. PROFESSIONAL COURTESY

224 0. INAP., CODED 0 AT Q.HS.F, NO THIRD HOSPITALIZATION
2 8. INAP., CODED 1 AT Q.HS6(C)
1887 9. INAP., CODED 0 AT Q.HS.F, NO THIRD HOSPITALIZATION

-----------------------------------------------------------------

VAR 0588  C:DID R PAY DOCTOR BILL \nREF 0588  LOC 929 WIDTH 1 \nDK 14 COL 77

Q.HS7(C). DID YOU HAVE TO PAY THE DOCTOR FOR TAKING CARE OF YOU IN THE HOSPITAL?

-----------------------------------------------------------------

2 1. YES
2. YES, PAID SEVERAL DOCTORS
3. YES, PAID SOME, NOT OTHERS
1 4. NO
224 0. INAP., CODED 0 AT Q.HS.F, NO THIRD HOSPITALIZATION
8. NO ANSWER
1887 9. INAP., CODED 0 AT Q.HS.F, NO THIRD HOSPITALIZATION

DECK IDENTIFICATION NUMBER IS '15'

VAR 0001 ICPSR STUDY NUMBER-7686 NO MISSING DATA CODES
REF 0001 LOC 1 WIDTH 4 DK 15 COL 3-6

ICPSR STUDY NUMBER-7686

VAR 0002 ICPSR EDITION NUMBER-1 NO MISSING DATA CODES
REF 0002 LOC 5 WIDTH 1 DK 15 COL 7

ICPSR EDITION NUMBER

THE NUMBER IDENTIFYING THE RELEASE EDITION OF THIS DATASET.
1. WINTER 1984

VAR 0003 ICPSR PART NUMBER-001 NO MISSING DATA CODES
REF 0003 LOC 6 WIDTH 3 DK 15 COL 8-10

ICPSR PART NUMBER

THE NUMBER IDENTIFYING THIS PART OF A 3-PART STUDY.
001. THE HEALTH NEEDS OF OLDER PERSONS
002. HOUSEHOLD ENUMERATION: NON-INTERVIEWED INDIVIDUALS
003. PUBLIC ATTITUDES ON OLDER PEOPLE
ICPSR SEQUENTIAL CASE IDENTIFICATION NUMBER

THE ICPSR HAS ATTACHED A SEQUENTIAL CASE IDENTIFICATION NUMBER TO EVERY RECORD. THIS NUMBER UNIQUELY IDENTIFIES EACH RECORD IN THE DATA COLLECTION.

VAR 0589 C:R REMEMBER DOCTOR BILL MD=0 OR GE 9996
REF 0589 LOC 930 WIDTH 4 DK 15 COL 15-18

--IF "YES" TO Q.HS7(C)--

Q.7A(3). DO YOU KNOW (CAN YOU REMEMBER) HOW MUCH YOUR DOCTOR BILL WAS FOR THIS STAY IN THE HOSPITAL?

0002. HAVEN'T RECEIVED BILL YET
0003. COVERED IN HOSPITAL BILL (INCLUDED IN SINGLE BILL)
0004. DOLLARS.
0999. DOLLARS

224 0000. INAP., CODED 0 AT Q.HS.F, NO THIRD HOSPITALIZATION
1 9996. INAP., CODED 4 AT Q.HS7(C)
 9997. NO ANSWER
 9998. DK
1887 9999. INAP., CODED 0 AT Q.HS.F, NO THIRD HOSPITALIZATION

CODE: 0 228 9996 9998 9999
FREQ: 224 1 1 1 1 1887
VAR 0590  C:HOW R PAY DR BILL-1  MD=0 OR GE  9
REF 0590  LOC 934 WIDTH 1  DK 15 COL 19

--IF "YES" TO Q.HS7(C)--

Q.HS7B(3A). HOW DID YOU (ARE YOU GOING TO) TAKE CARE OF IT?
DID YOU (ARE YOU GOING TO) PAY IT OUT OF YOUR INCOME, YOUR
SAVINGS, OR SOME OTHER WAY, OR DID (WILL) SOMEONE ELSE TAKE
CARE OF IT FOR YOU? (WHO?) - [1ST MENTION]

2  1. OUT OF INCOME
2. OUT OF SAVINGS
3. INSURANCE
4. CHILD OR OTHER RELATIVE PAID
5. BORROWED MONEY
6. OLD AGE ASSISTANCE OR WELFARE PAID

2111 0. INAP., CODED 0 AT Q.HS.F, NO THIRD HOSPITALIZATION
1  9. INAP., CODED 4 AT Q.HS7(C)

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VAR 0591  C:HOW R PAY DR BILL-2  MD=0 OR GE  9
REF 0591  LOC 935 WIDTH 1  DK 15 COL 20

--IF "YES" TO Q.HS7(C)--

Q.HS7B(3B). HOW DID YOU (ARE YOU GOING TO) TAKE CARE OF IT?
DID YOU (ARE YOU GOING TO) PAY IT OUT OF YOUR INCOME, YOUR
SAVINGS, OR SOME OTHER WAY, OR DID (WILL) SOMEONE ELSE TAKE
CARE OF IT FOR YOU? (WHO?) - [2ND MENTION]

-----------------------------------------------

1. OUT OF INCOME
2. OUT OF SAVINGS
1  3. INSURANCE
4. CHILD OR OTHER RELATIVE PAID
5. BORROWED MONEY
6. OLD AGE ASSISTANCE OR WELFARE PAID

2111 0. INAP., CODED 0 AT Q.HS.F, NO THIRD HOSPITALIZATION
2  9. INAP., NO FURTHER MENTIONS
VAR 0592  C:HOW R PAY DR BILL-3       MD=0 OR GE 9
REF 0592  LOC 936 WIDTH 1           DK 15 COL 21

--IF "YES" TO Q.HS7(C)---

Q.HS7B(3C). HOW DID YOU (ARE YOU GOING TO) TAKE CARE OF IT? DID YOU (ARE YOU GOING TO) PAY IT OUT OF YOUR INCOME, YOUR SAVINGS, OR SOME OTHER WAY, OR DID (WILL) SOMEONE ELSE TAKE CARE OF IT FOR YOU? (WHO?) - [3RD MENTION]

1. OUT OF INCOME
2. OUT OF SAVINGS
3. INSURANCE
4. CHILD OR OTHER RELATIVE PAID
5. BORROWED MONEY
6. OLD AGE ASSISTANCE OR WELFARE PAID

2111 0. INAP., CODED 0 AT Q.HS.F, NO THIRD HOSPITALIZATION
3 9. INAP., NO FURTHER MENTIONS

...............................................................

VAR 0593  C:INSURANCE PAY DR BILL       MD=0 OR GE 7
REF 0593  LOC 937 WIDTH 1           DK 15 COL 22

--IF INSURANCE NOT MENTIONED AT Q.HS7B(3A)-(3C)---

Q.HS7B1(C). DO YOU HAVE ANY INSURANCE THAT PAYS ALL OR PART OF YOUR DOCTOR BILLS WHEN YOU'RE IN THE HOSPITAL?

1 1. NO, NONE
2. YES, PAYS ALL
3. YES, PAYS SOME

224 0. INAP., CODED 0 AT Q.HS.F, NO THIRD HOSPITALIZATION
2 7. INAP., CODED 4 AT Q.HS7(C) AND CODED 3 AT Q.HS7B(3A) OR Q.HS7B(3B) OR Q.HS7B(3C)
8. NO ANSWER
1887 9. INAP., CODED 0 AT Q.HS.F, NO THIRD HOSPITALIZATION
--IF "NO" TO Q.HS7(C)---

Q.HS7C(3). YOU SAY YOU DIDN'T HAVE TO PAY THE DOCTOR FOR TAKING CARE OF YOU IN THE HOSPITAL. WHY IS THAT?

1. OLD AGE ASSISTANCE OR WELFARE PAID
2. CHILDREN OR OTHER RELATIVES PAID
3. EMPLOYER PAID
4. VETERANS ADMINISTRATION
5. PRIVATE CHARITABLE ORGANIZATION PAID
6. PROFESSIONAL COURTESY

224 0. INAP., CODED 0 AT Q.HS.F, NO THIRD HOSPITALIZATION
2 8. INAP., CODED 1-3 AT Q.HS7(C)
1887 9. INAP., CODED 0 AT Q.HS.F, NO THIRD HOSPITALIZATION

--IF CODED 3 IN Q.7 AND DOCTOR SEEN OUTSIDE THE HOSPITAL DURING PAST FOUR WEEKS. [CODED 1 AT Q.8 OR Q.9 OR Q.10] -- IN THE MAIN QUESTIONNAIRE ---

Q.HS8(C). NOW, ABOUT THE TIMES DURING THE PAST FOUR WEEKS THAT YOU SAW THE DOCTOR AT (HOME, OFFICE, CLINIC), OUTSIDE OF THE HOSPITAL--DID YOU (WILL YOU HAVE TO PAY FOR THAT, APART FROM THE BILLS FOR SEEING THE DOCTOR IN THE HOSPITAL? - [3RD MENTION]

1. YES
2. YES, SOME DOCTORS, NOT OTHERS
3. NO, INCLUDED IN SINGLE BILL
4. NO

224 0. INAP., CODED 0 AT Q.HS.F, NO THIRD HOSPITALIZATION
3 6. INAP., CODED OTHER THAN 3 AT Q.7 AND OTHER THAN 1 AT Q.8 OR Q.9 OR Q.10
7. NO ANSWER
8. INAP., IN HOSPITAL DURING PAST FOUR WEEKS BUT DID NOT SEE DOCTOR OUTSIDE OF HOSPITAL
(CONTINUED)

1887  9. INAP., CODED 0 AT Q.HS.F, NO THIRD HOSPITALIZATION

...........................................................................

VAR 0596  C:AMOUNT FOR DR BILLS             MD=0 OR GE  996
REF 0596  LOC  940 WIDTH  3             DK  15 COL 25-27

--IF "YES" OR "HAD TO PAY SOME" TO Q.HS8(C)--

Q.HS8A(3). HOW MUCH WERE THESE BILLS? (HOW MUCH DO YOU
THINK THE BILLS WILL COME TO?)

--------------------------------------------------------

 002. HAVEN'T RECEIVED IT YET

224  000. INAP., CODED 0 AT Q.HS.F, NO THIRD HOSPITALIZATION
 3  996. INAP., CODED 3-4 OR 7 AT Q.HS8(C)
 997. NO ANSWER
 998. DK

1887  999. INAP., CODED 0 AT Q.HS.F, NO THIRD HOSPITALIZATION

...........................................................................

VAR 0597  C:HOW WILL R PAY THEM-1             MD=0 OR GE  7
REF 0597  LOC  943 WIDTH  1             DK  15 COL 28

--IF "YES" OR "HAD TO PAY SOME" TO Q.HS8(C)--

Q.HS8B(3A). HOW DID YOU (ARE YOU GOING TO) TAKE CARE OF IT?
- [1ST MENTION]

--------------------------------------------------------

  1. OUT OF INCOME
  2. OUT OF SAVINGS
  3. INSURANCE
  4. CHILD OR OTHER RELATIVE PAID
  5. BORROWED MONEY
  6. OLD AGE ASSISTANCE OR WELFARE PAID

224  0. INAP., CODED 0 AT Q.HS.F, NO THIRD HOSPITALIZATION
 3  7. INAP., CODED 3-4 OR 7 AT Q.HS8(C)
 8. NO ANSWER

1887  9. INAP., CODED 0 AT Q.HS.F, NO THIRD HOSPITALIZATION
--IF "YES" OR "HAD TO PAY SOME" AT Q.HS8(C)--

Q.8B(3B) HOW DID YOU (ARE YOU GOING TO) TAKE CARE OF IT?  
-- [2ND MENTION]  
------------------------------------------------------------

1. OUT OF INCOME  
2. OUT OF SAVINGS  
3. INSURANCE  
4. CHILD OR OTHER RELATIVE PAID  
5. BORROWED MONEY  
6. OLD AGE ASSISTANCE OR WELFARE PAID  

224 0. INAP., CODED 0 AT Q.HS.F, NO THIRD HOSPITALIZATION  
3 7. INAP., NO FURTHER MENTIONS  
8. NO ANSWER  
1887 9. INAP., CODED 0 AT Q.HS.F, NO THIRD HOSPITALIZATION  

------------------------------------------------------------

--IF CODED 4 TO Q.HS8(C)--

Q.HS8C(3). YOU SAID YOU DIDN'T HAVE TO PAY THE DOCTOR FOR SEEING HIM AT (HOME, CLINIC, OFFICE); WHY IS THAT?  
------------------------------------------------------------

1. OLD AGE ASSISTANCE OR WELFARE PAID  
2. CHILDREN OR OTHER RELATIVES PAID  
3. EMPLOYER PAID  
4. VETERANS ADMINISTRATION  
5. PRIVATE CHARITABLE ORGANIZATION PAID  
6. PROFESSIONAL COURTESY  

224 0. INAP., CODED 0 AT Q.HS.F, NO THIRD HOSPITALIZATION  
3 8. INAP., CODED 1-3 OR 7 AT Q.HS8(C)  
1887 9. INAP., CODED 0 AT Q.HS.F, NO THIRD HOSPITALIZATION  

HOSPITAL-DOCTOR BILLS - [1ST MENTION]
-------------------------------------
01. CODED 1 AT Q.HS6(A) AND 99997 AT Q.HS6A(1). YES, HAD TO PAY HOSPITAL - NO ANSWER TO AMOUNT
1  
02. CODED 2 AT Q.HS6(A). NO, DID NOT HAVE TO PAY HOSPITAL
1  
04. CODED 1-3 AT Q.HS7(A) AND 4-999 AT Q.HS7A(1). YES, HAD TO PAY DOCTOR - REPORTED AMOUNT
1  
05. CODED 1-3 AT Q.HS7(A) AND 1 AT Q.HS7A(1). YES, HAD TO PAY DOCTOR - DON'T KNOW AMOUNT
1  
06. CODED 1-3 AT Q.HS7(A) AND 2 AT Q.HS7A(1). YES, HAD TO PAY DOCTOR - HAVEN'T RECEIVED BILL YET
1  
07. CODED 1-3 AT Q.HS7(A) AND 3 AT Q.HS7A(1). YES, HAD TO PAY DOCTOR - AMOUNT INCLUDED IN HOSPITAL BILL
1  
08. CODED 1-3 AT Q.HS7(A) AND 9997 AT Q.HS7A(1). YES, HAD TO PAY DOCTOR - NO ANSWER TO AMOUNT
1  
09. CODED 4 AT Q.HS7(A). NO, DID NOT HAVE TO PAY DOCTOR
1  
10. CODED 1 AT Q.HS6(A) AND 3-9999 AT Q.HS6A(1). YES, HAD TO PAY HOSPITAL - REPORTED AMOUNT
1  
11. CODED 1 AT Q.HS6(A) AND 1 AT Q.HS6A(1). YES, HAD TO PAY HOSPITAL - DON'T KNOW AMOUNT
1

224  00. INAP., CODED 0 AT Q.HS.F, NO THIRD HOSPITALIZATION
1887  99. INAP., CODED 0 AT Q.HS.F, NO THIRD HOSPITALIZATION

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HOSPITAL-DOCTOR BILLS - [2ND MENTION]
-------------------------------------
01. CODED 1 AT Q.HS6(A) AND 99997 AT Q.HS6A(1). YES, HAD TO PAY HOSPITAL - NO ANSWER TO AMOUNT
1  
02. CODED 2 AT Q.HS6(A). NO, DID NOT HAVE TO PAY HOSPITAL
1  
04. CODED 1-3 AT Q.HS7(A) AND 4-999 AT Q.HS7A(1). YES, HAD TO PAY DOCTOR - REPORTED AMOUNT
1  
05. CODED 1-3 AT Q.HS7(A) AND 1 AT Q.HS7A(1). YES, HAD TO PAY DOCTOR - DON'T KNOW AMOUNT
1  
06. CODED 1-3 AT Q.HS7(A) AND 2 AT Q.HS7A(1). YES, HAD
(CONTINUED)

TO PAY DOCTOR - HAVEN'T RECEIVED BILL YET
07. CODED 1-3 AT Q.HS7(A) AND 3 AT Q.HS7A(1).  YES, HAD TO PAY DOCTOR - AMOUNT INCLUDED IN HOSPITAL BILL
08. CODED 1-3 AT Q.HS7(A) AND 9997 AT Q.HS7A(1).  YES, HAD TO PAY DOCTOR - NO ANSWER TO AMOUNT

09. CODED 4 AT Q.HS7(A).  NO, DID NOT HAVE TO PAY DOCTOR
10. CODED 1 AT Q.HS6(A) AND 3-9999 AT Q.HS6A(1).  YES, HAD TO PAY HOSPITAL - REPORTED AMOUNT
11. CODED 1 AT Q.HS6(A) AND 1 AT Q.HS6A(1).  YES, HAD TO PAY HOSPITAL - DON'T KNOW AMOUNT

224 00. INAP., CODED 0 AT Q.HS.F, NO THIRD HOSPITALIZATION
1887 99. INAP., CODED 0 AT Q.HS.F, NO THIRD HOSPITALIZATION

---------------------------------------------------------------------------

VAR 0602  C:INSUR STATUS - HOSP     MD=0 OR GE  8
REF 0602   LOC 950 WIDTH 1          DK 15 COL 35

INSURANCE STATUS - HOSPITAL
-----------------------------

1 1. NOT CODED 3 AT Q.HS6B(1A)-(3) AND NOT CODED 2-5 OR 9 AT Q.HS6B1(A), NO, DO NOT HAVE HOSPITAL INSURANCE

2 2. CODED 3 AT Q.HS6B(1A)-(3) OR 2-5 AT Q.HS6B1(A), YES, HAVE HOSPITAL INSURANCE

224 0. INAP., CODED 0 AT Q.HS.F, NO THIRD HOSPITALIZATION
8. DK
1887 9. INAP., CODED 0 AT Q.HS.F, NO THIRD HOSPITALIZATION

---------------------------------------------------------------------------

VAR 0603  C:INSUR STATUS - DOCTOR     MD=0 OR GE  9
REF 0603   LOC 951 WIDTH 1          DK 15 COL 36

INSURANCE STATUS - DOCTOR
---------------------------

2 1. NOT CODED 3 AT Q.HS7B(1A)-(1C) AND NOT CODED 2-5 OR 9 AT Q.HS7B1(A).  NO, DO NOT HAVE INSURANCE THAT PAYS DOCTOR BILLS

1 2. CODED 3 AT Q.HS7B(1A)-(1C) OR 2-3 AT Q.HS7B1(A).  YES, HAVE INSURANCE THAT PAYS ALL OR PART OF DOCTOR BILLS IN HOSPITAL
(CONTINUED)

224 0.  INAP., CODED 0 AT Q.HS.F, NO THIRD HOSPITALIZATION
1887 9.  INAP., CODED 0 AT Q.HS.F, NO THIRD HOSPITALIZATION

...............................................................

VAR 0604  DESIGNATED INDIVIDUAL  NO MISSING DATA CODES
REF 0604  LOC 952 WIDTH 1  DK 15 COL 37

Q.(FLAG)  DESIGNATED INDIVIDUAL FLAG

1236 1.  PERSON WAS NAMED BY ONLY ONE ELDERLY PERSON
483 2.  PERSON WAS NAMED BY MORE THAN 1 ELDERLY PERSON
       (INFORMATION ON OPINION QUESTIONS IS DUPLICATED ON BOTH RECORDS)
395 3.  NO DESIGNATED INDIVIDUAL

...............................................................

VAR 0605  SCHEDULE NO  NO MISSING DATA CODES
REF 0605  LOC 953 WIDTH 4  DK 15 COL 38-41

Q.HS.G  SCHEDULE NUMBER 1

ACTUAL NUMBER IS CODED.

...............................................................

VAR 0606  SEX OF OLDER PERSON  MD=9
REF 0606  LOC 957 WIDTH 1  DK 15 COL 42

Q.HS.H  SEX OF OLDER PERSON

787 1.  MALE
932 2.  FEMALE

395 9.  INAP., CODED 10 AT Q.HS.G, NO DESIGNATED INDIVIDUAL
       OR NO RESPONSE FROM DESIGNATED INDIVIDUAL
RELATIONSHIP OF RESPONDENT TO OLDER PERSON
------------------------------------------

183 00. FRIEND, NEIGHBOR, OR OTHER NON-RELATIVE NOT MENTIONED IN CODE 9
383 01. SON
722 02. DAUGHTER
170 03. DAUGHTER OR SISTER
17 04. GRANDCHILD
7 05. SON-IN-LAW
56 06. DAUGHTER-IN-LAW
75 07. NIEPHEW OR NIECE
56 08. OTHER RELATIVE
13 09. SOCIAL WORKER, PASTOR OR DOCTOR
37 10. HUSBAND OR WIFE

98. NO ANSWER; OR NOT ENOUGH INFORMATION TO CLASSIFY
395 99. INAP., CODED 10 AT Q.HS.G, NO DESIGNATED INDIVIDUAL OR NO RESPONSE FROM DESIGNATED INDIVIDUAL

AGE OF OLDER PERSON
-------------------

[IF AN AGE APPEARED IN THE OLDER PERSON SCHEDULE, IT WAS CODED HERE]

ACTUAL NUMBER IS CODED.

000.
.
.
099.

998. DK; OR NO ANSWER.
395 999. INAP., CODED 10 AT Q.HS.G, NO DESIGNATED INDIVIDUAL OR NO RESPONSE FROM DESIGNATED INDIVIDUAL
VALID-N=1719  MIN=60  MAX=97  MEAN=70.4  ST.DEV=6.7

VAR 0609  HOW OFTEN SEE OLDER PERS  MD=8 OR GE 9
REF 0609  LOC 963 WIDTH 1  DK 15 COL 48

Q.DI1. HOW OFTEN DO YOU SEE (OLDER PERSON)?  
------------------------------------------------------------------

489  1. LIVES IN SAME DWELLING UNIT
410  2. EVERY DAY
326  3. COUPLE OF TIMES A WEEK
224  4. ONCE A WEEK
186  5. LESS THAN ONCE A WEEK
   6. ONLY ON SPECIAL OCCASIONS
3   8. NO ANSWER
395  9. INAP., CODED 10 AT Q.HS.G, NO DESIGNATED INDIVIDUAL OR NO RESPONSE FROM DESIGNATED INDIVIDUAL

------------------------------------------------------------------

VAR 0610  HOW IS HEALTH OF OLDER  MD=8 OR GE 9
REF 0610  LOC 964 WIDTH 1  DK 15 COL 49

Q.DI2. HOW DO YOU THINK (OLDER PERSON'S) HEALTH IS? IN GENERAL, WOULD YOU SAY IT WAS GOOD, FAIR, OR POOR?  
------------------------------------------------------------------

677  1. GOOD
245  2. GOOD, FOR (HER) AGE
438  3. FAIR
  4. FAIR, FOR (HER) AGE
263  5. POOR
   6. POOR, BUT WHAT CAN YOU EXPECT AT (HER) AGE
7   8. NO ANSWER
395  9. INAP., CODED 10 AT Q.HS.G, NO DESIGNATED INDIVIDUAL OR NO RESPONSE FROM DESIGNATED INDIVIDUAL
VAR 0611  COMPARE PERSONS HEALTH   MD=8 OR GE  9
REF 0611  LOC  965 WIDTH  1       DK  15 COL 50

Q.DI3.  HOW WOULD YOU SAY IT COMPARES WITH THE HEALTH OF
OTHER PEOPLE (OLDER PERSON'S) AGE? JUST YOUR OPINION!
------------------------------------------------------------------------
816  1.  BETTER
696  2.  ABOUT THE SAME
197  3.  WORSE
      4.  CAN'T MAKE A JUDGEMENT
5     8.  NO ANSWER
395  9.  INAP., CODED 10 AT Q.HS.G, NO DESIGNATED INDIVIDUAL
        OR NO RESPONSE FROM DESIGNATED INDIVIDUAL

------------------------------------------------------------------------
VAR 0612  BEEN IN HOSP PAST YR   MD=7 OR GE  8
REF 0612  LOC  966 WIDTH  1       DK  15 COL 51

Q.DI4.  DURING THE PAST TWELVE MONTHS HAS (OLDER PERSON)
BEEN IN THE HOSPITAL OVERNIGHT FOR ANY REASON?
------------------------------------------------------------------------
194  1.  YES
1519 2.  NO

7.  NO ANSWER
6     8.  DK
395  9.  INAP., CODED 10 AT Q.HS.G, NO DESIGNATED INDIVIDUAL
        OR NO RESPONSE FROM DESIGNATED INDIVIDUAL

------------------------------------------------------------------------
VAR 0613  WHY WAS THAT - 1   MD=0 OR GE  9
REF 0613  LOC  967 WIDTH  2       DK  15 COL 52-53

--IF "YES" TO Q.DI4--

Q.DI4A.  WHY WAS THAT? - [1ST MENTION]
------------------------------------------------------------------------
48  01.  "DREAD" DISEASE (IF PERSON WAS HOSPITALIZED FOR ONE
        OF THE FOLLOWING DISEASES: A) BRAIN TUMOR  B)
(CONTINUED)

CANCER C) CIRRHOSIS OF THE LIVER D) DETACHED RETINA E) DIABETES F) EPILEPSY G) GOITER H) HEART DISEASE I) HEMOPHELIA J) HODGKINS K) LEUKEMIA L) MALARIA M) OSTEOMYELITIS N) PARALYSIS O) PERNICIOUS ANEMIA P) RAYNAUD'S DISEASE Q) TUBERCULOSIS R) UNDULANT FEVER

37 02. THE CONDITION WOULD GENERALLY BE CONSIDERED CHRONIC AND DID NOT INVOLVE SURGERY -- E.G., ASTHMA, ULCERS, HEMORRHOID, ARTHRITIS, GALL BLADDER, HERNIA

21 03. THE CONDITION WOULD GENERALLY BE CONSIDERED NON-CHRONIC AND DID NOT INVOLVE SURGERY -- E.G., PNEUMONIA

58 04. SURGERY

24 05. ACCIDENT

5 08. DIAGNOSTIC PURPOSES

1 00. NO ANSWER; OR NOT ENOUGH INFORMATION TO CLASSIFY

395 09. INAP., CODED 10 AT Q.HS.G, NO DESIGNATED INDIVIDUAL OR NO RESPONSE FROM DESIGNATED INDIVIDUAL

1525 10. INAP., CODED 2 OR 8 AT Q.DI4

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VAR 0614 WHY WAS THAT - 2 MD=0 OR GE 9
REF 0614 LOC 969 WIDTH 2 DK 15 COL 54-55

--IF "YES" TO Q.DI4--

Q.DI4A(2). WHY WAS THAT? - [2ND MENTION]

01. "DREAD" DISEASE (IF PERSON WAS HOSPITALIZED FOR ONE OF THE FOLLOWING DISEASES: A) BRAIN TUMOR B) CANCER C) CIRRHOSIS OF THE LIVER D) DETACHED RETINA E) DIABETES F) EPILEPSY G) GOITER H) HEART DISEASE I) HEMOPHELIA J) HODGKINS K) LEUKEMIA L) MALARIA M) OSTEOMYELITIS N) PARALYSIS O) PERNICIOUS ANEMIA P) RAYNAUD'S DISEASE Q) TUBERCULOSIS R) UNDULANT FEVER

02. THE CONDITION WOULD GENERALLY BE CONSIDERED CHRONIC AND DID NOT INVOLVE SURGERY -- E.G., ASTHMA, ULCERS, HEMORRHOID, ARTHRITIS, GALL BLADDER, HERNIA

03. THE CONDITION WOULD GENERALLY BE CONSIDERED NON-CHRONIC AND DID NOT INVOLVE SURGERY -- E.G., PNEUMONIA

04. SURGERY

05. ACCIDENT

18 08. DIAGNOSTIC PURPOSES
VAR 0615      WHEN OLDER IN HOSPITAL      MD=9997 OR GE 9998
REF 0615      LOC  971 WIDTH  4           DK  15 COL 56-59

--IF "YES" TO Q.DI4--

Q.DI4B.  WHEN WAS (OLDER PERSON) IN THE HOSPITAL?  CAN YOU
REMEMBER THE DATES?  (NUMBER OF NIGHTS)
-------------------------------------------------------------------------------

ACTUAL NUMBER IS CODED.

  0000.
  .
  .
  0999.

1525  9997. INAP., CODED 2 OR 8 AT Q.DI4
  4  9998. NO ANSWER; OR DK
395  9999. INAP., CODED 10 AT Q.HS.G, NO DESIGNATED
  INDIVIDUAL OR NO RESPONSE FROM DESIGNATED
  INDIVIDUAL

VALID-N=190  MIN=1  MAX=300  MEAN=17.8  ST.DEV=28.1
-------------------------------------------------------------------------------

VAR 0616      DI SERIOUS ILLNESS      MD=0 OR GE 998
REF 0616      LOC  975 WIDTH  3           DK  15 COL 60-62

--IF "YES" TO Q.DI15A--

Q.DI15A(2).  WHAT WAS IT?  - [2ND MENTION]
-------------------------------------------------------------------

  001. INFECTIVE AND PARASITIC DISEASES - TUBERCULOSIS, ALL FORMS
  006. INFECTIVE AND PARASITIC DISEASES - INFECTIVE AND PARASITIC DISEASES, ALL OTHER
009. NEOPASMS - NEOPASMS OF UNSPECIFIED NATURE, MALIGNANT AND BENIGN

010. ALLERGIC DISEASES - HAY FEVER

1 011. ALLERGIC DISEASES - ASTHMA

012. ALLERGIC DISEASES - OTHER ALLERGIC DISORDERS

013. ENDOCRINE SYSTEM, METABOLIC AND NUTRITIONAL DISEASES - DISEASES OF THYROID

1 014. ENDOCRINE SYSTEM, METABOLIC AND NUTRITIONAL DISEASES - DIABETES MELLITUS

015. ENDOCRINE SYSTEM, METABOLIC AND NUTRITIONAL DISEASES - DISEASES OF OTHER ENDOCRINE GLANDS, METABOLIC AND NUTRITIONAL DISEASES

016. DISEASES OF THE BLOOD AND BLOOD-FORMING ORGANS - ANEMIAS AND OTHER

017. MENTAL, PSYCHONEUROTIC, AND PERSONALITY DISORDERS - ALL PSYCHOSES, PSYCHONEUROTIC AND PERSONALITY DISORDERS

020. DISEASES OF THE NERVOUS SYSTEM - VASCULAR LESIONS AFFECTING CNS

024. DISEASES OF THE NERVOUS SYSTEM - MIGRAINE

025. DISEASES OF THE NERVOUS SYSTEM - OTHER DISEASES OF CNS

026. DISEASES OF THE NERVOUS SYSTEM - NEURALGIA

1 030. DISEASES OF THE EYE - ALL DISEASES OF THE EYE

034. DISEASES OF THE EAR - ALL DISEASES OF THE EAR

037. DISEASES OF THE CIRCULATORY SYSTEM - CEREBRAL VASCULAR ACCIDENT - STROKE

038. DISEASES OF THE CIRCULATORY SYSTEM - ALL DISEASES OF THE HEART

1 039. DISEASES OF THE CIRCULATORY SYSTEM - HYPERTENSION WITHOUT MENTION OF HEART

040. DISEASES OF THE CIRCULATORY SYSTEM - GENERAL ARTERIOSCLEROSIS

1 041. DISEASES OF THE CIRCULATORY SYSTEM - VARICOSE VEINS OF LOWER EXTREMITIES

1 042. DISEASES OF THE CIRCULATORY SYSTEM - HEMORRHOIDS

044. DISEASES OF THE CIRCULATORY SYSTEM - OTHER DISEASES OF CIRCULATORY SYSTEM

045. DISEASES OF THE RESPIRATORY SYSTEM - Colds (Chronic and Acute) and Other Acute Diseases of the Upper Respiratory System

046. DISEASES OF THE RESPIRATORY SYSTEM - INFLUENZA

2 047. DISEASES OF THE RESPIRATORY SYSTEM - PNEUMONIA

048. DISEASES OF THE RESPIRATORY SYSTEM - BRONCHITIS

050. DISEASES OF THE RESPIRATORY SYSTEM - CHRONIC SINUSITIS

052. DISEASES OF THE RESPIRATORY SYSTEM - OTHER DISEASES OF RESPIRATORY SYSTEM

1 056. DISEASES OF THE DIGESTIVE SYSTEM - ULCER OF STOMACH AND DUODENUM
058. DISEASES OF THE DIGESTIVE SYSTEM - OTHER DISEASES OF STOMACH AND DUODENUM
2 060. DISEASES OF THE DIGESTIVE SYSTEM - HERNIA OF ABDOMINAL CAVITY
061. DISEASES OF THE DIGESTIVE SYSTEM - ENTERITIS AND COLITIS
062. DISEASES OF THE DIGESTIVE SYSTEM - CONSTIPATION
063. DISEASES OF THE DIGESTIVE SYSTEM - OTHER DISEASES OF INTESTINES AND PERITONEUM
064. DISEASES OF THE DIGESTIVE SYSTEM - DISEASES OF THE LIVER
1 065. DISEASES OF THE DIGESTIVE SYSTEM - DISEASES OF GALL-BLADDER AND BILARY DUCTS
066. DISEASES OF THE GENITO-URINARY SYSTEM - NEPHRITIS
2 068. DISEASES OF THE GENITO-URINARY SYSTEM - OTHER DISEASES OF KIDNEY AND URETER
2 069. DISEASES OF THE GENITO-URINARY SYSTEM - PROSTATE DISEASES
070. DISEASES OF THE GENITO-URINARY SYSTEM - OTHER DISEASES OF MALE GENITAL ORGANS
072. DISEASES OF THE GENITO-URINARY SYSTEM - MENOPAUSAL SYMPTOMS
073. DISEASES OF THE GENITO-URINARY SYSTEM - OTHER DISEASES OF FEMALE GENITAL ORGANS
075. DISEASES OF THE SKIN AND CELLULAR TISSUE - ECZEMA
076. DISEASES OF THE SKIN AND CELLULAR TISSUE - DERMATITIS
077. DISEASES OF THE SKIN AND CELLULAR TISSUE - OTHER DISEASES OF SKIN AND CELLULAR TISSUE
078. DISEASES OF BONES AND ORGANS OF MOVEMENT - ARTHRITIS
079. DISEASES OF BONES AND ORGANS OF MOVEMENT - RHEUMATISM (EXCEPT RHEUMATIC FEVER AND RHEUMATIC HEART DISEASE)
082. DISEASES OF BONES AND ORGANS OF MOVEMENT - OTHER DISEASES OF MUSCULOSKELETAL SYSTEM
086. SYMPTOMS, SENILITY, AND ILL-DEFINED CONDITIONS - SYMPTOMS REFERABLE TO RESPIRATORY SYSTEM
087. SYMPTOMS, SENILITY, AND ILL-DEFINED CONDITIONS - SYMPTOMS REFERABLE TO CARDIOVASCULAR AND LYMPHATIC SYSTEM
088. SYMPTOMS, SENILITY, AND ILL-DEFINED CONDITIONS - SYMPTOMS REFERABLE TO LIMBS AND BACK
089. SYMPTOMS, SENILITY, AND ILL-DEFINED CONDITIONS - NERVOUSNESS AND DEBILITY
090. SYMPTOMS, SENILITY, AND ILL-DEFINED CONDITIONS - HEADACHE
091. SYMPTOMS, SENILITY, AND ILL-DEFINED CONDITIONS - OTHER SYMPTOMS, SENILITY, AND ILL-DEFINED CONDITIONS
092. INJURIES AND POISONINGS - FRACTURES
093. INJURIES AND POISONINGS - DISLOCATIONS, STRAINS, AND STRAINS
094. INJURIES AND POISONINGS - LACERATIONS AND OPEN WOUNDS
1 095. INJURIES AND POISONINGS - OTHER AND UNSPECIFIED INJURIES AND POISONINGS, BURNS
096. OTHER IMPAIRMENTS, AMPUTATIONS, AND LOSS OF MEMBERS - OTHER IMPAIRMENTS
097. OTHER IMPAIRMENTS, AMPUTATIONS, AND LOSS OF MEMBERS - AMPUTATIONS AND LOSS OF MEMBERS
098. "CHECK-UP" - CHECK-UP NOT OTHERWISE DESCRIBED, POST-OPERATIVE FOR OLDAILMENTS, ETC.

1702 000. INAP., NO FURTHER MENTIONS
998. NO ANSWER
395 999. INAP., CODED 10 AT Q.HS.G, NO DESIGNATED INDIVIDUAL OR NO RESPONSE FROM DESIGNATED INDIVIDUAL

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VAR 0617 CLASS OF HOSPITAL MD=98 OR GE 99
REF 0617 LOC 978 WIDTH 2  
DK 15 COL 63-64

--IF "YES" TO Q.DI4--

Q.DI4C. WHAT WAS THE NAME OF THE HOSPITAL?
-----------------------------

CLASSIFICATION OF OWNERSHIP AND OPERATION OF HOSPITAL.
(FROM HOSPITAL DIRECTORY)

4  00. HOSPITAL NOT LISTED IN AHA DIRECTORY, NO EVIDENCE THAT IT IS NURSING HOME
7  01. (11) FEDERAL
5  02. (12) STATE
17 03. (13) COUNTY
  04. (14) CITY OR MUNICIPAL
    05. (15-16) CITY - COUNTY OR HOSPITAL DISTRICT
16  06. (21) CHURCH-OPERATED
40  07. (22) CHURCH-AFFILIATED
80  08. (23) OTHER NON-PROFIT
8  09. (31, 32, 33) PROPRIETARY - INDIVIDUAL, PARTNERSHIP, CORPORATION FOR PROFIT
1 10. HOSPITAL NOT ADEQUATELY IDENTIFIED BY RESPONDENT
11. HOSPITAL NOT LISTED IN AHA DIRECTORY, SOME EVIDENCE THAT IT IS NURSING HOME
VAR 0618 HOW DID OLDER PAY BILL-1  MD=0 OR GE 98
REF 0618  LOC 980 WIDTH 2  DK 15 COL 65-66

--IF "YES" TO Q.DI4--

Q.DI4D. HOW DID (OLDER PERSON) TAKE CARE OF THE BILLS? WAS (OLDER PERSON) ABLE TO PAY FOR THEM (HERSELF), DID (HER) CHILDREN OR OTHER RELATIVES HELP (OLDER PERSON), OR WAS (S)HE ABLE TO GET FREE CARE? (JUST HOW WAS THIS HANDLED?) - [1ST MENTION]

35 01. OUT OF INCOME
32 02. OUT OF SAVINGS
65 03. INSURANCE
23 04. CHILD OR OTHER RELATIVE PAID
1 05. BORROWED MONEY
19 06. OLD AGE ASSISTANCE OR WELFARE PAID
4 07. PRIVATE CHARITY (FREE CARE)
6 08. VETERANS ADMINISTRATION

9 00. DK; NO ANSWER

VAR 0619 HOW DID OLDER PAY BILL-2  MD=0 OR GE 9
REF 0619  LOC 982 WIDTH 2  DK 15 COL 67-68

--IF "YES" TO Q.DI4--

Q.DI4D(2). HOW DID (OLDER PERSON) TAKE CARE OF THE BILLS? WAS (OLDER PERSON) ABLE TO PAY FOR THEM (HERSELF), DID (HER) CHILDREN OR OTHER RELATIVES HELP (OLDER PERSON), OR WAS (S)HE ABLE TO GET FREE CARE? (JUST HOW WAS THIS HANDLED?) - [2ND MENTION]
(CONTINUED)

14  01.  OUT OF INCOME
14  02.  OUT OF SAVINGS
   03.  INSURANCE
   04.  CHILD OR OTHER RELATIVE PAID
   05.  BORROWED MONEY
   06.  OLD AGE ASSISTANCE OR WELFARE PAID
07.  PRIVATE CHARITY (FREE CARE)
   08.  VETERANS ADMINISTRATION
00.  DK; NO ANSWER
395  09.  INAP., CODED 10 AT Q.HS.G, NO DESIGNATED INDIVIDUAL
        OR NO RESPONSE FROM DESIGNATED INDIVIDUAL
1677 10.  INAP., NO FURTHER MENTIONS

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VAR 0620    OLDER HAVE HEALTH PRBLM        MD=7 OR GE  8
REF 0620    LOC 984 WIDTH  1           DK 15 COL 69

Q.DI5. DOES (OLDER PERSON) HAVE ANY SICKNESS, ANY HEALTH
       PROBLEM, OR MAYBE AN OLD INJURY THAT BOTHERS HIM NOW? (WHAT
       IS IT?)

---------------------------------------------

999  1.  YES
684  2.  NO
   7.  NO ANSWER
   8.  DK
395  9.  INAP., CODED 10 AT Q.HS.G, NO DESIGNATED INDIVIDUAL
       OR NO RESPONSE FROM DESIGNATED INDIVIDUAL

---------------------------------------------

VAR 0621    OLDER PERSON LOST PART        MD=3 OR GE  9
REF 0621    LOC 985 WIDTH  2           DK 15 COL 70-71

Q.DI6 HAS (OLDER PERSON) LOST THE USE OF ANY PART OF (HER)
       BODY BECAUSE OF AN ACCIDENT, A FALL, OR A SICKNESS?

---------------------------------------------

138  01.  YES
1576  02.  NO
    03.  DK
395  09.  INAP., CODED 10 AT Q.HS.G, NO DESIGNATED INDIVIDUAL 
    OR NO RESPONSE FROM DESIGNATED INDIVIDUAL 
    4 10.  NO ANSWER 

--IF "NO" TO Q.DI6-- 

Q.DI6A.  HAS (OLDER PERSON) ANY TROUBLE AT ALL GETTING 
AROUND BECAUSE OF AN ACCIDENT, A FALL OR SICKNESS? 

177  01.  YES 
1248  02.  NO 

--IF "YES" AT Q.DI6 OR Q.DI6A-- 

Q.DI6B(1)  WHAT PART OF THE BODY IS IT?  (WHAT SEEMS TO BE 
THE TROUBLE?) - [1ST MENTION] 

19  01.  BLIND OR NEARLY BLIND 
18  02.  LOST SIGHT OF ONE EYE 
   03.  DEAF 
   04.  PARALYSIS OF LOWER LIMBS 
10  05.  PARALYSIS (ANY OTHER PART OF THE BODY) 
   06.  MISSING LOWER LIMBS 
   07.  MISSING UPPER LIMBS 
16  08.  MISSING EXTREMITIES - FINGERS, TOES 
142  09.  LOWER LIMBS - LEGS OR HIPS (NOT MISSING) 
28  11.  UPPER LIMBS (NOT MISSING) 
18  12.  BACK, RIBS, TRUNK (LUNGS)
(CONTINUED)

32 13. GENERAL WEAKNESS
2 14. PART OF BODY NOT SPECIFIED
4 15. DIZZINESS
2 16. BODY ORGAN REMOVED BY SURGERY (NOT APPENDECTOMY)

1250 00. INAP., CODED 2-3 AT Q.DI6 OR Q.DI6A
157 98. NO ANSWER
395 99. INAP., CODED 10 AT Q.HS.G, NO DESIGNATED INDIVIDUAL OR NO RESPONSE FROM DESIGNATED INDIVIDUAL

------------------------------------------------------------------

VAR 0624 WHAT PART OF BODY - 2 MD=0 OR GE 98
REF 0624 LOC 991 WIDTH 2 DK 15 COL 76-77

--IF "YES" TO Q.DI6--

Q.DI6B(2) WHAT PART OF THE BODY IS IT? (WHAT SEEMS TO BE THE TROUBLE?) - [2ND MENTION]

------------------------------------------------------------------

  01. BLIND OR NEARLY BLIND
  02. LOST SIGHT OF ONE EYE
  2  03. DEAF
  04. PARALYSIS OF LOWER LIMBS
  8  05. PARALYSIS (ANY OTHER PART OF THE BODY)
  06. MISSING LOWER LIMBS
  07. MISSING UPPER LIMBS
  08. MISSING EXTREMITIES - FINGERS, TOES
  3  09. LOWER LIMBS - LEGS OR HIPS (NOT MISSING)
  11 11. UPPER LIMBS (NOT MISSING)
  15 12. BACK, RIBS, TRUNK (LUNGS)
  2  13. GENERAL WEAKNESS
  14. PART OF BODY NOT SPECIFIED
  2  15. DIZZINESS
  16. BODY ORGAN REMOVED BY SURGERY (NOT APPENDECTOMY)

1676 00. INAP., NO FURTHER MENTIONS
98. NO ANSWER
395 99. INAP., CODED 10 AT Q.HS.G, NO DESIGNATED INDIVIDUAL OR NO RESPONSE FROM DESIGNATED INDIVIDUAL
--IF "YES" TO Q.DI6A--

Q.DI6C(1) HOW DID THIS HAPPEN? (HOW DID [OLDER PERSON] COME TO LOSE [USE OF] [PART OF BODY]? - [1ST MENTION]

119  01. ACCIDENT - SUCH AS FALL, INDUSTRIAL ACCIDENT, ETC.
58  02. ARTHRITIS, RHEUMATISM, OR OTHER DISEASES OF BONES OR ORGANS OF MOVEMENT
64  03. DISEASES OF THE CIRCULATORY SYSTEM
  4  04. NEURALGIA, NEURITIS AND OTHER DISEASES OF THE NERVES OR GANGLIA
28  05. ALL DISEASES OF THE EYE
  5  06. ALL DISEASES OF THE EAR
  3  07. DIABETES
  16  08. ALL OTHER DISEASES
   2  09. ALL DISEASES OF THE RESPIRATORY SYSTEM

  8  00. DK
1250 97. INAP., CODED 2-3 AT Q.DI6 OR Q.DI6A
  162 98. NO ANSWER
395 99. INAP., CODED 10 AT Q.HS.G, NO DESIGNATED INDIVIDUAL OR NO RESPONSE FROM DESIGNATED INDIVIDUAL

DECK IDENTIFICATION NUMBER IS '16'

ICPSR STUDY NUMBER-7686
NO MISSING DATA CODES

ICPSR EDITION NUMBER-1
NO MISSING DATA CODES

ICPSR EDITION NUMBER
THE NUMBER IDENTIFYING THE RELEASE EDITION OF THIS DATASET.

1. WINTER 1984

ICPSR PART NUMBER

THE NUMBER IDENTIFYING THIS PART OF A 3-PART STUDY.

001. THE HEALTH NEEDS OF OLDER PERSONS
002. HOUSEHOLD ENUMERATION: NON-INTERVIEWED INDIVIDUALS
003. PUBLIC ATTITUDES ON OLDER PEOPLE

ICPSR SEQUENTIAL CASE IDENTIFICATION NUMBER

THE ICPSR HAS ATTACHED A SEQUENTIAL CASE IDENTIFICATION NUMBER TO EVERY RECORD. THIS NUMBER UNIQUELY IDENTIFIES EACH RECORD IN THE DATA COLLECTION.

--IF "YES" TO Q.DI6--

Q.DI6C(2) HOW DID THIS HAPPEN? (HOW DID [OLDER PERSON] COME TO LOSE [USE OF] [PART OF BODY])? - [2ND MENTION]

10 01. ACCIDENT - SUCH AS FALL, INDUSTRIAL ACCIDENT, ETC.
16 02. ARTHRITIS, RHEUMATISM, OR OTHER DISEASES OF BONES OR ORGANS OF MOVEMENT
11 03. DISEASES OF THE CIRCULATORY SYSTEM (SEE COL. 6-7,
(CONTINUED)

CARD II)

1  04. NEURALGIA, NEURITIS AND OTHER DISEASES OF THE NERVES OR GANGLIA

05. ALL DISEASES OF THE EYE

2  06. ALL DISEASES OF THE EAR

07. DIABETES

2  08. ALL OTHER DISEASES

1  09. ALL DISEASES OF THE RESPIRATORY SYSTEM

10.

00. DK

1676  98. INAP., NO FURTHER MENTIONS

395  99. INAP., CODED 10 AT Q.HS.G, NO DESIGNATED INDIVIDUAL OR NO RESPONSE FROM DESIGNATED INDIVIDUAL

-------------------------------------------------------------

VAR 0627      WHEN DID IT HAPPEN MD=0 OR GE  7
REF 0627         LOC  997 WIDTH  1       DK  16 COL 17

--IF "YES" TO Q.DI6A--

Q.DI6D. HOW LONG AGO DID THIS HAPPEN?
----------------------------------------

38  1. LESS THAN ONE YEAR AGO

20  2. ONE YEAR, LESS THAN TWO

60  3. TWO YEARS, LESS THAN FIVE

56  4. FIVE TO NINE YEARS AGO

127  5. TEN OR MORE YEARS

2  6. "CAN'T REMEMBER" OR "A LONG TIME AGO" OR OTHER INDEFINITE ANSWERS WHICH CANNOT BE CLASSIFIED IN YEARS

1250  0. INAP., CODED 2-3 AT Q.DI6 OR Q.DI6A

166  7. NO ANSWER

8. NA

395  9. INAP., CODED 10 AT Q.HS.G, NO DESIGNATED INDIVIDUAL OR NO RESPONSE FROM DESIGNATED INDIVIDUAL

-------------------------------------------------------------

VAR 0628      NURSING CARE NECESSARY MD=8 OR GE  9
REF 0628         LOC  998 WIDTH  1       DK  16 COL 18

Q.DI7    DURING THE LAST FOUR WEEKS, WAS IT NECESSARY FOR
(CONTINUED)

(OLDER PERSON) TO HAVE RELATIVE, OR A FRIEND, OR A NURSE IN THE HOUSE TO HELP (OLDER PERSON) IN THE WAY OF NURSING CARE?

115 1. YES
1589 2. NO
15 8. NO ANSWER
395 9. INAP., CODED 10 AT Q.HS.G, NO DESIGNATED INDIVIDUAL OR NO RESPONSE FROM DESIGNATED INDIVIDUAL

VAR 0629  WHO WAS THIS PERSON - 1  MD=0 OR GE 8
REF 0629  LOC 999 WIDTH 1  DK 16 COL 19

--IF "YES" TO Q.OP7--

Q.OP7A(1) WHO WAS THIS (PERSON)? - [1ST MENTION]

96 1. RELATIVE
12 2. FRIEND
3 3. PUBLIC HEALTH NURSE
1 4. HIRED REGISTERED NURSE
3 5. HIRED PRACTICAL NURSE
3 6. OTHER (SPECIFY)

1589 0. INAP., CODED 2 AT Q.DI7
15 8. DK
395 9. INAP., CODED 10 AT Q.HS.G, NO DESIGNATED INDIVIDUAL OR NO RESPONSE FROM DESIGNATED INDIVIDUAL

VAR 0630  WHO WAS THIS PERSON - 2  MD=0 OR GE 8
REF 0630  LOC 1000 WIDTH 1  DK 16 COL 20

--IF "YES" TO Q.DI7--

Q.DI7A(2) WHO WAS THIS (PERSON)? - [2ND MENTION]

1. RELATIVE
3 2. FRIEND
1 3. PUBLIC HEALTH NURSE
(CONTINUED)

1  4. HIRED REGISTERED NURSE
1  5. HIRED PRACTICAL NURSE
1  6. OTHER (SPECIFY)

1712  0. INAP., NO FURTHER MENTIONS
     8. DK
395  9. INAP., CODED 10 AT Q.HS.G, NO DESIGNATED INDIVIDUAL
      OR NO RESPONSE FROM DESIGNATED INDIVIDUAL

----IF "YES" TO Q.DI7----

Q.DI7B   FOR ABOUT HOW MANY DAYS IN THE LAST FOUR WEEKS DID
THEY (EACH OF THEM) HELP OUT? (IF MORE THAN ONE PERSON
INVOLVED, LIST DAYS FOR EACH INDIVIDUALLY.) - [1ST MENTION]
-----------------------------------------------------------

9  1. ONE TO THREE DAYS BUT LESS THAN FOUR DAYS
8  2. FOUR DAYS BUT LESS THAN SEVEN DAYS OR ONE WEEK
10  3. ONE WEEK BUT LESS THAN TWO WEEKS (14 DAYS)
77  4. TWO WEEKS BUT LESS THAN ONE MONTH (30 DAYS) (OR FOR
    ENTIRE 4 WEEKS)

1589  0. INAP., CODED 2 AT Q.DI7
     8. NO ANSWER
395  9. INAP., CODED 10 AT Q.HS.G, NO DESIGNATED INDIVIDUAL
      OR NO RESPONSE FROM DESIGNATED INDIVIDUAL

----IF "YES" TO Q.DI7(2)----

Q.DI7B(2). FOR ABOUT HOW MANY DAYS IN THE LAST FOUR WEEKS
DID THEY (EACH OF THEM) HELP OUT? (IF MORE THAN ONE PERSON
INVOLVED, LIST DAYS FOR EACH INDIVIDUALLY.) - [2ND MENTION]
-----------------------------------------------------------

1. ONE TO THREE DAYS BUT LESS THAN FOUR DAYS
4  2. FOUR DAYS BUT LESS THAN SEVEN DAYS OR ONE WEEK
3 3. ONE WEEK BUT LESS THAN TWO WEEKS (14 DAYS)
10 4. TWO WEEKS BUT LESS THAN ONE MONTH (30 DAYS) (OR ENTIRE 4 WEEKS)

1589 0. INAP., CODED 2 AT Q.DI7
15 7. NO ANSWER
98 8. DK
395 9. INAP., CODED 10 AT Q.HS.G, NO DESIGNATED INDIVIDUAL OR NO RESPONSE FROM DESIGNATED INDIVIDUAL

Q.DI8(A)  ARE THERE ANY SPECIAL ARRANGEMENTS (OLDER PERSON) HAS TO MAKE BECAUSE OF (HER) HEALTH? DOES (S)HE HAVE TO EAT SPECIAL FOOD, TAKE ANY SHOTS, GET A NEIGHBOR TO DO (HER) SHOPPING, ANYTHING AT ALL LIKE THAT? (WHAT KIND OF ARRANGEMENTS?) - [1ST MENTION]

19 00. UNABLE TO GO OUTDOORS WITHOUT ESCORT
1240 01. NO OR NONE
8 02. HAD TO STAY WITH RELATIVES TO GET NURSING CARE
249 03. HAD TO HAVE A SPECIAL DIET
76 04. HAD TO HAVE "SHOTS"
1 05. HAD TO BE CAREFUL WALKING UPSTAIRS
1 06. HAD TO STAY INDOORS IN CERTAIN KINDS OF WEATHER
76 07. HAD TO HAVE SOMEONE TO DO SHOPPING
7 08. HAD TO HAVE SOMEONE COME IN TO GIVE NURSING CARE
5 09. HAD TO HAVE SOMEONE TO DO THE HOUSEWORK. HAD TO STAY HOME FROM WORK
1 10. PHYSIOTHERAPY, RADIUM THERAPY

36 98. NO ANSWER; OR DK
395 99. INAP., CODED 10 AT Q.HS.G, NO DESIGNATED INDIVIDUAL OR NO RESPONSE FROM DESIGNATED INDIVIDUAL

Q.DI8(B)  ARE THERE ANY SPECIAL ARRANGEMENTS (OLDER PERSON) HAS TO MAKE BECAUSE OF (HER) HEALTH? DOES (S)HE HAVE TO EAT
SPECIAL FOOD, TAKE ANY SHOTS, GET A NEIGHBOR TO DO (HER) SHOPPING, ANYTHING AT ALL LIKE THAT? (WHAT KIND OF ARRANGEMENTS?) - [2ND MENTION]  

00. UNABLE TO GO OUTDOORS WITHOUT ESCORT  
01. NO OR NONE  
02. HAD TO STAY WITH RELATIVES TO GET NURSING CARE  
5  03. HAD TO HAVE A SPECIAL DIET  
59  04. HAD TO HAVE "SHOTS"  
3  05. HAD TO BE CAREFUL WALKING UPSTAIRS  
6  06. HAD TO STAY INDOORS IN CERTAIN KINDS OF WEATHER  
33  07. HAD TO HAVE SOMEONE TO DO SHOPPING  
7  08. HAD TO HAVE SOMEONE COME IN TO GIVE NURSING CARE  
20  09. HAD TO HAVE SOMEONE TO DO THE HOUSEWORK. HAD TO STAY HOME FROM WORK  
1  10. PHYSIOTHERAPY, RADIUM THERAPY  

1591  97. INAP., NO FURTHER MENTSIONS  
98. NO ANSWER; OR DK  
395  99. INAP., CODED 10 AT Q.HS.G, NO DESIGNATED INDIVIDUAL OR NO RESPONSE FROM DESIGNATED INDIVIDUAL  

Q.DI8(C) ARE THERE ANY SPECIAL ARRANGEMENTS (OLDER PERSON) HAS TO MAKE BECAUSE OF (HER) HEALTH? DOES (S)HE HAVE TO EAT SPECIAL FOOD, TAKE ANY SHOTS, GET A NEIGHBOR TO DO (HER) SHOPPING, ANYTHING AT ALL LIKE THAT? (WHAT KIND OF ARRANGEMENTS?) - [3RD MENTION]  

00. UNABLE TO GO OUTDOORS WITHOUT ESCORT  
01. NO OR NONE  
02. HAD TO STAY WITH RELATIVES TO GET NURSING CARE  
03. HAD TO HAVE A SPECIAL DIET  
1  04. HAD TO HAVE "SHOTS"  
1  05. HAD TO BE CAREFUL WALKING UPSTAIRS  
6  06. HAD TO STAY INDOORS IN CERTAIN KINDS OF WEATHER  
11  07. HAD TO HAVE SOMEONE TO DO SHOPPING  
1  08. HAD TO HAVE SOMEONE COME IN TO GIVE NURSING CARE  
7  09. HAD TO HAVE SOMEONE TO DO THE HOUSEWORK. HAD TO STAY HOME FROM WORK  
10. PHYSIOTHERAPY, RADIUM THERAPY
Q.DI8(D) ARE THERE ANY SPECIAL ARRANGEMENTS (OLDER PERSON) HAS TO MAKE BECAUSE OF (HER) HEALTH? DOES (S)HE HAVE TO EAT SPECIAL FOOD, TAKE ANY SHOTS, GET A NEIGHBOR TO DO (HER) SHOPPING, ANYTHING AT ALL LIKE THAT? (WHAT KIND OF ARRANGEMENTS?) - [4TH MENTION]

00. UNABLE TO GO OUTDOORS WITHOUT ESCORT
01. NO OR NONE
02. HAD TO STAY WITH RELATIVES TO GET NURSING CARE
03. HAD TO HAVE A SPECIAL DIET
04. HAD TO HAVE "SHOTS"
05. HAD TO BE CAREFUL WALKING UPSTAIRS
06. HAD TO STAY INDOORS IN CERTAIN KINDS OF WEATHER
07. HAD TO HAVE SOMEONE TO DO SHOPPING
08. HAD TO HAVE SOMEONE TO DO THE HOUSEWORK. HAD TO STAY HOME FROM WORK
10. PHYSIOTHERAPY, RADIUM THERAPY

Q.DI9 THINKING BACK OVER THE LAST TWELVE MONTHS, ABOUT HOW MANY DAYS WOULD YOU SAY (OLDER PERSON) HAD TO SPEND IN BED FOR ANY REASON AT ALL?

10 01. ALL THE TIME
(CONTINUED)

48 02. MORE THAN THREE MONTHS BUT NOT ALL THE TIME
67 03. ONE MONTH OR MORE BUT LESS THAN THREE
212 04. ONE TO FOUR WEEKS
299 05. LESS THAN A WEEK, A FEW DAYS
1013 06. NONE

66 07. DK
395 09. NO ANSWER
4 10. INAP., CODED 10 AT Q.HS.G, NO DESIGNATED INDIVIDUAL
      OR NO RESPONSE FROM DESIGNATED INDIVIDUAL

Q.DI10  WOULD YOU SAY THAT (OLDER PERSON) SEES A DOCTOR
ABOUT (HER) HEALTH OFTEN, ONCE IN A WHILE, OR NEVER?

266 01. OFTEN
763 02. ONCE IN A WHILE
427 03. WHEN NECESSARY
220 04. NEVER

40 05. DK
395 09. INAP., CODED 10 AT Q.HS.G, NO DESIGNATED INDIVIDUAL
      OR NO RESPONSE FROM DESIGNATED INDIVIDUAL
3 10. NO ANSWER

Q.DI11  WOULD YOU SAY (OLDER PERSON) SEES A DOCTOR AS OFTEN
AS (S)HE SHOULD?

1105 1. YES
584 2. NO
28 0. DK
2 8. NO ANSWER
395 9. INAP., CODED 10 AT Q.HS.G, NO DESIGNATED INDIVIDUAL
      OR NO RESPONSE FROM DESIGNATED INDIVIDUAL
---IF "NO" TO Q.DI11---

Q.DI11A WHY IS THAT? (WHY DO YOU FEEL [SHE] SHOULD SEE THE DOCTOR MORE OFTEN?) (WHY DOESN'T [SHE]?)

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
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<tbody>
<tr>
<td>46</td>
<td>1. OLDER PERSON HAS SYMPTOMS WHICH DO NOT RESPOND TO SELF TREATMENT.</td>
</tr>
<tr>
<td>259</td>
<td>2. OLDER PERSON SHOULD HAVE CHECK-UP OR TREATMENT BUT WILL NOT SEE DOCTOR UNLESS SERIOUSLY ILL.</td>
</tr>
<tr>
<td>48</td>
<td>3. OLDER PERSON SHOULD HAVE CHECK-UP OR TREATMENT BUT DOESN'T BELIEVE IN OR LIKE DOCTORS.</td>
</tr>
<tr>
<td>84</td>
<td>4. OLDER PERSON SHOULD HAVE CHECK-UP OR TREATMENT BUT IS KEPT FROM SEEING DOCTOR FOR FINANCIAL REASONS.</td>
</tr>
<tr>
<td>12</td>
<td>5. MEDICAL DOCTOR HAS OUTLINED TREATMENT PLAN WHICH OLDER PERSON NEGLECTS OR IGNORES.</td>
</tr>
<tr>
<td>1133</td>
<td>0. INAP., CODED 0 OR 1 AT Q.DI11</td>
</tr>
<tr>
<td>137</td>
<td>8. NO ANSWER</td>
</tr>
<tr>
<td>395</td>
<td>9. INAP., CODED 10 AT Q.HS.G, NO DESIGNATED INDIVIDUAL OR NO RESPONSE FROM DESIGNATED INDIVIDUAL</td>
</tr>
</tbody>
</table>

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VAR 0641 WHY SEES DR MORE OR LESS MD=4 OR GE 9

Q.DI12 WOULD YOU SAY (OLDER PERSON) SEES A DOCTOR MORE OFTEN OR LESS OFTEN THAN MOST PEOPLE (HER) AGE?

<p>| | |</p>
<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>186</td>
<td>01. MORE OFTEN</td>
</tr>
<tr>
<td>312</td>
<td>02. ABOUT THE SAME</td>
</tr>
<tr>
<td>1076</td>
<td>03. LESS OFTEN</td>
</tr>
<tr>
<td>139</td>
<td>04. DK</td>
</tr>
<tr>
<td>395</td>
<td>09. INAP., CODED 10 AT Q.HS.G, NO DESIGNATED INDIVIDUAL OR NO RESPONSE FROM DESIGNATED INDIVIDUAL</td>
</tr>
<tr>
<td>6</td>
<td>10. NO ANSWER</td>
</tr>
</tbody>
</table>
VAR 0642  WHERE DOES OLDER SEE DR  MD=0 OR GE 8
REF 0642  LOC 1019 WIDTH 1  DK 16 COL 39

Q.DI13 WHERE DOES (OLDER PERSON) USUALLY SEE THE
DOCTOR--DOES HE COME TO THE HOUSE, DOES (S)HE GO TO A DOCTOR
AT A CLINIC, OR DOES (S)HE SEE THE DOCTOR IN HIS OFFICE?

188 1. DOCTOR COMES TO THE HOUSE
87 2. USUALLY GOES TO CLINIC
1289 3. USUALLY SEES DOCTOR IN OFFICE
114 4. NEVER SEES DOCTOR
21 0. DK
20 8. NO ANSWER
395 9. INAP., CODED 10 AT Q.HS.G, NO DESIGNATED INDIVIDUAL
OR NO RESPONSE FROM DESIGNATED INDIVIDUAL

VAR 0643  WHO PAYS OLDER BILLS-1  MD=0 OR GE 9
REF 0643  LOC 1020 WIDTH 2  DK 16 COL 40-41

Q.DI14(A) WHO USUALLY PAYS (OLDER PERSON'S) DOCTOR BILLS?
IS (S)HE ABLE TO PAY THEM (HERSelf), DO (HER) CHILDREN OR
OTHER RELATIVES PAY FOR THEM, OR DOES (S)HE USUALLY GET FREE
CARE? - [1ST MENTION]

1389 01. SELF OF SPOUSE
141 02. CHILDREN
9 03. OTHER RELATIVES
54 04. OLD AGE ASSISTANCE OR WELFARE (STATE, GOVERNMENT)
8 05. VETERAN
24 06. INSURANCE
16 07. PRIVATE CHARITY PAYS
08. PROFESSIONAL COURTESY
43 00. DK
395 09. INAP., CODED 10 AT Q.HS.G, NO DESIGNATED INDIVIDUAL
OR NO RESPONSE FROM DESIGNATED INDIVIDUAL
35 10. NO ANSWER
Q.DI14(B). WHO USUALLY PAYS (OLDER PERSON'S) DOCTOR BILLS? IS (S)HE ABLE TO PAY THEM (HERSELF), DO (HER) CHILDREN OR OTHER RELATIVES PAY FOR THEM, OR DOES (S)HE USUALLY GET FREE CARE? - [2ND MENTION]

1389  01.  SELF OF SPOUSE
141  02.  CHILDREN
3  03.  OTHER RELATIVES
8  04.  OLD AGE ASSISTANCE OR WELFARE (STATE, GOVERNMENT)
24  05.  VETERAN
16  06.  INSURANCE
35  07.  PRIVATE CHARITY PAYS
24  08.  PROFESSIONAL COURTESY
43  09.  DK
395 10.  INAP., CODED 10 AT Q.HS.G, NO DESIGNATED INDIVIDUAL OR NO RESPONSE FROM DESIGNATED INDIVIDUAL

Q.DI15. HAS (OLDER PERSON) HAD ANY SERIOUS SICKNESS IN THE LAST FEW YEARS? (OTHER THAN THE HOSPITALIZATION YOU TOLD ME ABOUT?)

390  1.  YES
1324  2.  NO

2  7.  NO ANSWER
3  8.  DK
395  9.  INAP., CODED 10 AT Q.HS.G, NO DESIGNATED INDIVIDUAL OR NO RESPONSE FROM DESIGNATED INDIVIDUAL
--IF "YES" TO Q.DI15--

Q.DI15A(1). WHAT WAS IT? - [1ST MENTION]

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>001. Infective and parasitic diseases - Tuberculosis, all forms</td>
</tr>
<tr>
<td>2</td>
<td>006. Infective and parasitic diseases - Infective and parasitic diseases, all other</td>
</tr>
<tr>
<td>16</td>
<td>009. Neoplasms - Neoplasms of unspecified nature, malignant and benign</td>
</tr>
<tr>
<td></td>
<td>010. Allergic diseases - Hay fever</td>
</tr>
<tr>
<td>2</td>
<td>011. Allergic diseases - Asthma</td>
</tr>
<tr>
<td>2</td>
<td>012. Allergic diseases - Other allergic disorders</td>
</tr>
<tr>
<td>12</td>
<td>013. Endocrine system, metabolic and nutritional diseases - Diseases of thyroid</td>
</tr>
<tr>
<td>12</td>
<td>014. Endocrine system, metabolic and nutritional diseases - Diabetes mellitus</td>
</tr>
<tr>
<td>15</td>
<td>015. Endocrine system, metabolic and nutritional diseases - Diseases of other endocrine glands, metabolic and nutritional diseases</td>
</tr>
<tr>
<td>1</td>
<td>016. Diseases of the blood and blood-forming organs - Anemias and other</td>
</tr>
<tr>
<td>5</td>
<td>017. Mental, psychoneurotic, and personality disorders - All psychoses, psychoneurotic and personality disorders</td>
</tr>
<tr>
<td>20</td>
<td>020. Diseases of the nervous system - Vascular lesions affecting CNS</td>
</tr>
<tr>
<td>24</td>
<td>024. Diseases of the nervous system - Migraine</td>
</tr>
<tr>
<td>25</td>
<td>025. Diseases of the nervous system - Other diseases of CNS</td>
</tr>
<tr>
<td>2</td>
<td>026. Diseases of the nervous system - Neuralgia</td>
</tr>
<tr>
<td>11</td>
<td>030. Diseases of the eye - All diseases of the eye</td>
</tr>
<tr>
<td>3</td>
<td>034. Diseases of the ear - All diseases of the ear</td>
</tr>
<tr>
<td>22</td>
<td>037. Diseases of the circulatory system - Cerebral vascular accident - Stroke</td>
</tr>
<tr>
<td>63</td>
<td>038. Diseases of the circulatory system - All diseases of the heart</td>
</tr>
<tr>
<td>17</td>
<td>039. Diseases of the circulatory system - Hypertension without mention of heart</td>
</tr>
<tr>
<td>1</td>
<td>040. Diseases of the circulatory system - General arteriosclerosis</td>
</tr>
<tr>
<td>2</td>
<td>041. Diseases of the circulatory system - Varicose veins of lower extremities</td>
</tr>
<tr>
<td>5</td>
<td>042. Diseases of the circulatory system - Hemorrhoids</td>
</tr>
<tr>
<td>5</td>
<td>044. Diseases of the circulatory system - Other</td>
</tr>
</tbody>
</table>
DISEASES OF CIRCULATORY SYSTEM

4 045. DISEASES OF THE RESPIRATORY SYSTEM - Colds
(CHRONIC AND ACUTE) AND OTHER ACUTE DISEASES OF
THE UPPER RESPIRATORY SYSTEM

4 046. DISEASES OF THE RESPIRATORY SYSTEM - INFLUENZA

25 047. DISEASES OF THE RESPIRATORY SYSTEM - PNEUMONIA

048. DISEASES OF THE RESPIRATORY SYSTEM - BRONCHITIS

050. DISEASES OF THE RESPIRATORY SYSTEM - CHRONIC
SINUSITIS

4 052. DISEASES OF THE RESPIRATORY SYSTEM - OTHER
DISEASES OF RESPIRATORY SYSTEM

8 056. DISEASES OF THE DIGESTIVE SYSTEM - ULCER OF
STOMACH AND DUODENUM

1 058. DISEASES OF THE DIGESTIVE SYSTEM - OTHER DISEASES
OF STOMACH AND DUODENUM

12 060. DISEASES OF THE DIGESTIVE SYSTEM - HERNIA OF
ABDOMINAL CAVITY

061. DISEASES OF THE DIGESTIVE SYSTEM - ENTERITIS AND
COLITIS

1 062. DISEASES OF THE DIGESTIVE SYSTEM - CONSTIPATION

9 063. DISEASES OF THE DIGESTIVE SYSTEM - OTHER DISEASES
OF INTESTINES AND PERITONEUM

6 064. DISEASES OF THE DIGESTIVE SYSTEM - DISEASES OF THE
LIVER

24 065. DISEASES OF THE DIGESTIVE SYSTEM - DISEASES OF
GALL-BLADDER AND BILARY DUCTS

066. DISEASES OF THE GENITO-URINARY SYSTEM - NEPHRITIS

7 068. DISEASES OF THE GENITO-URINARY SYSTEM - OTHER
DISEASES OF KIDNEY AND URETER

12 069. DISEASES OF THE GENITO-URINARY SYSTEM - PROSTATE
DISEASES

070. DISEASES OF THE GENITO-URINARY SYSTEM - OTHER
DISEASES OF MALE GENITAL ORGANS

072. DISEASES OF THE GENITO-URINARY SYSTEM - MENOPAUSAL
SYMPTOMS

8 073. DISEASES OF THE GENITO-URINARY SYSTEM - OTHER
DISEASES OF FEMALE GENITAL ORGANS

3 075. DISEASES OF THE SKIN AND CELLULAR TISSUE - ECZEMA

1 076. DISEASES OF THE SKIN AND CELLULAR TISSUE -
DERMATITIS

3 077. DISEASES OF THE SKIN AND CELLULAR TISSUE - OTHER
DISEASES OF SKIN AND CELLULAR TISSUE

4 078. DISEASES OF BONES AND ORGANS OF MOVEMENT -
ARTHRITIS

1 079. DISEASES OF BONES AND ORGANS OF MOVEMENT -
RHEUMATISM (EXCEPT RHEUMATIC FEVER AND RHEUMATIC
HEART DISEASE)

4 082. DISEASES OF BONES AND ORGANS OF MOVEMENT - OTHER
DISEASES OF MUSCULOSKELETAL SYSTEM

2 086. SYMPTOMS, SENILITY, AND ILL-DEFINED CONDITIONS -
SYMPTOMS REFERABLE TO RESPIRATORY SYSTEM
5  087.  SYMPTOMS, SENILITY, AND ILL-DEFINED CONDITIONS -
SYMPTOMS REFERABLE TO CARDIOVASCULAR AND LYMPHATIC
SYSTEM
088.  SYMPTOMS, SENILITY, AND ILL-DEFINED CONDITIONS -
SYMPTOMS REFERABLE TO LIMBS AND BACK
2  089.  SYMPTOMS, SENILITY, AND ILL-DEFINED CONDITIONS -
NERVOUSNESS AND DEBILITY
1  090.  SYMPTOMS, SENILITY, AND ILL-DEFINED CONDITIONS -
HEADACHE
26  091.  SYMPTOMS, SENILITY, AND ILL-DEFINED CONDITIONS -
OTHER SYMPTOMS, SENILITY, AND ILL-DEFINED
CONDITIONS
11  092.  INJURIES AND POISONINGS - FRACTURES
4  093.  INJURIES AND POISONINGS - DISLOCATIONS, SPRAINS,
AND STRAINS
2  094.  INJURIES AND POISONINGS - LACERATIONS AND OPEN
WOUNDS
9  095.  INJURIES AND POISONINGS - OTHER AND UNSPECIFIED
INJURIES AND POISONINGS, BURNS
2  096.  OTHER IMPAIRMENTS, AMPUTATIONS, AND LOSS OF
MEMBERS - OTHER IMPAIRMENTS
097.  OTHER IMPAIRMENTS, AMPUTATIONS, AND LOSS OF
MEMBERS - AMPUTATIONS AND LOSS OF MEMBERS
098.  "CHECK-UP" - CHECK-UP NOT OTHERWISE DESCRIBED,
POST-OPERATIVE FOR OLD AILMENTS, ETC.

1327  000.  INAP., CODED 2 OR 8 AT Q.DI15
14  998.  NO ANSWER
395  999.  INAP., CODED 10 AT Q.HS.G, NO DESIGNATED
INDIVIDUAL OR NO RESPONSE FROM DESIGNATED
INDIVIDUAL

----------------------------------------------------------------------

VAR 0647 HOW OLDER PAYS BILL - 1 MD=0 OR GE 9
REF 0647 LOC 1028 WIDTH 2 DK 16 COL 48-49

--IF "YES" TO Q.DI15--

Q.DI15B(1)  HOW DID (OLDER PERSON) TAKE CARE OF THE BILLS?
WAS (OLDER PERSON) ABLE TO PAY FOR THEM (HERSELF), DID (HER)
CHILDREN OR OTHER RELATIVES HELP (HER), OR WAS (S)HE ABLE TO
GET FREE CARE? (JUST HOW WAS THIS HANDLED?) - [1ST MENTION]

----------------------------------------------------------------------

225  01.  OUT OF INCOME
43  02.  OUT OF SAVINGS
(CONTINUED)

26  03. INSURANCE
38  04. CHILD OR OTHER RELATIVE PAID
   1  05. BORROWED MONEY
23  06. OLD AGE ASSISTANCE OR WELFARE PAID
   3  07. PRIVATE CHARITY PAID (INCLUDES CHURCH)
10  08. FREE CARE (NO EXPLANATION GIVEN)

   7  00. DK
395  09. INAP., CODED 10 AT Q.HS.G, NO DESIGNATED INDIVIDUAL OR NO RESPONSE FROM DESIGNATED INDIVIDUAL
1327 10. INAP., CODED 2 OR 8 AT Q.DI15
   16 11. NO ANSWER

----------------------------------------------------------------------

VAR 0648      HOW OLDER PAYS BILL - 2             MD=0 OR GE  9
REF 0648         LOC 1030 WIDTH  2             DK  16 COL 50-51

--IF "YES" TO Q.DI15--

Q.DI15B(2)  HOW DID (OLDER PERSON) TAKE CARE OF THE BILLS?
WAS (OLDER PERSON) ABLE TO PAY FOR THEM (HERSELF), DID (HER)
CHILDREN OR OTHER RELATIVES HELP (HER), OR WAS (S)HE ABLE TO
GET FREE CARE? (JUST HOW WAS THIS HANDLED?) - [2ND MENTION]

----------------------------------------------------------------------

    01. OUT OF INCOME
   34  02. OUT OF SAVINGS
   27  03. INSURANCE
   31  04. CHILD OR OTHER RELATIVE PAID
      05. BORROWED MONEY
   5  06. OLD AGE ASSISTANCE OR WELFARE PAID
   1  07. PRIVATE CHARITY PAID (INCLUDES CHURCH)
   4  08. FREE CARE (NO EXPLANATION GIVEN)

   00. DK
395  09. INAP., CODED 10 AT Q.HS.G, NO DESIGNATED INDIVIDUAL OR NO RESPONSE FROM DESIGNATED INDIVIDUAL
1617 10. INAP., NO FURTHER MENTIONS
   11. NO ANSWER
--IF "YES" TO Q.DI15--

Q.DI15B(3) HOW DID (OLDER PERSON) TAKE CARE OF THE BILLS?
WAS (OLDER PERSON) ABLE TO PAY FOR THEM (HERSELF), DID (HER)
CHILDREN OR OTHER RELATIVES HELP (HER), OR WAS (S)HE ABLE TO
GET FREE CARE? (JUST HOW WAS THIS HANDLED?) - [3RD MENTION]

01. OUT OF INCOME
02. OUT OF SAVINGS
7 03. INSURANCE
3 04. CHILD OR OTHER RELATIVE PAID
05. BORROWED MONEY
1 06. OLD AGE ASSISTANCE OR WELFARE PAID
07. PRIVATE CHARITY PAID (INCLUDES CHURCH)
1 08. FREE CARE (NO EXPLANATION GIVEN)

00. DK
395 09. INAP., CODED 10 AT Q.HS.G, NO DESIGNATED INDIVIDUAL
OR NO RESPONSE FROM DESIGNATED INDIVIDUAL
1707 10. INAP., NO FURTHER MENTIONS
11. NO ANSWER

Q.DI16(A) WHAT IF (OLDER PERSON) HAD A SERIOUS SICKNESS
NOW? SUPPOSE (OLDER PERSON) HAD A LARGE MEDICAL BILL--SAY,
$500--HOW WOULD (S)HE MANAGE IT? (RECORD RESPONSE VERBATIM.)
- [1ST MENTION]

42 01. COULDN'T PAY IT (UNQUALIFIED)
448 02. WOULD MANAGE OUT OF INCOME OR BY PAYING IN
INSTALLMENTS
489 03. WOULD PAY OUT OF SAVINGS
3 04. WOULD CASH IN LIFE INSURANCE
31 05. WOULD MORTGAGE HOUSE OR PROPERTY
131 06. OLD AGE ASSISTANCE; WELFARE; WOULD HAVE TO GO TO
FREE HOSPITAL; GOVERNMENT; VETERAN'S ADMINISTRATION
302 07. CHILDREN WOULD HELP OR WOULD PAY ALL OF BILL
08. NO ONE WOULD CHARGE THAT MUCH
09. PRIVATE CHARITY WOULD PAY (INCLUDES CHURCH)
10. HOSPITAL INSURANCE

103 00. DK
11 98. NO ANSWER
395 99. INAP., CODED 10 AT Q.HS.G, NO DESIGNATED INDIVIDUAL OR NO RESPONSE FROM DESIGNATED INDIVIDUAL

Q.DI16(B) WHAT IF (OLDER PERSON) HAD A SERIOUS SICKNESS NOW? SUPPOSE (OLDER PERSON) HAD A LARGE MEDICAL BILL--SAY, $500--HOW WOULD (S)HE MANAGE IT? (RECORD RESPONSE VERBATIM.)

- [2ND MENTION]

01. Couldn't Pay It (Unqualified)
02. Would Manage Out of Income or by Paying In Installments
123 03. Would Pay Out of Savings
4 04. Would Cash In Life Insurance
17 05. Would Mortgage House or Property
16 06. Old Age Assistance; Welfare; Would Have to Go to Free Hospital; Government; Veteran's Administration
181 07. Children Would Help or Would Pay All of Bill
08. No One Would Charge That Much
4 09. Private Charity Would Pay (Includes Church)
276 10. Hospital Insurance

00. DK
1098 97. INAP., NO FURTHER MENTIONS
98. NO ANSWER
395 99. INAP., CODED 10 AT Q.HS.G, NO DESIGNATED INDIVIDUAL OR NO RESPONSE FROM DESIGNATED INDIVIDUAL

Q.DI16(C) WHAT IF (OLDER PERSON) HAD A SERIOUS SICKNESS NOW? SUPPOSE (OLDER PERSON) HAD A LARGE MEDICAL BILL--SAY, $500--HOW WOULD (S)HE MANAGE IT? (RECORD RESPONSE VERBATIM.)
VAR 0653 HOW PAY LARGE BILL - 4     MD=0 OR GE 97
REF 0653 LOC 1040 WIDTH 2     DK 16 COL 60-61

Q.DI16(D) WHAT IF (OLDER PERSON) HAD A SERIOUS SICKNESS
NOW? SUPPOSE (OLDER PERSON) HAD A LARGE MEDICAL BILL--SAY,
$500-HOW WOULD (S)HE MANAGE IT? (RECORD RESPONSE VERBATIM.)

- [4TH MENTION]
-------------------------------------------------------------------------------------------------------

01.  COULDN'T PAY IT (UNQUALIFIED)
02.  WOULD MANAGE OUT OF INCOME OR BY PAYING IN INSTALLMENTS
03.  WOULD PAY OUT OF SAVINGS
04.  WOULD CASH IN LIFE INSURANCE
05.  WOULD MORTGAGE HOUSE OR PROPERTY
06.  OLD AGE ASSISTANCE; WELFARE; WOULD HAVE TO GO TO FREE HOSPITAL; GOVERNMENT; VETERAN'S ADMINISTRATION
07.  CHILDREN WOULD HELP OR WOULD PAY ALL OF BILL
08.  NO ONE WOULD CHARGE THAT MUCH
09.  PRIVATE CHARITY WOULD PAY (INCLUDES CHURCH)
10.  HOSPITAL INSURANCE

00.  DK
1631 97.  INAP., NO FURTHER MENTIONS
98.  NO ANSWER
395 99.  INAP., CODED 10 AT Q.HS.G, NO DESIGNATED INDIVIDUAL OR NO RESPONSE FROM DESIGNATED INDIVIDUAL

-------------------------------------------------------------------------------------------------------
(CONTINUED)

98. NO ANSWER
395 99. INAP., CODED 10 AT Q.HS.G, NO DESIGNATED INDIVIDUAL OR NO RESPONSE FROM DESIGNATED INDIVIDUAL

---------------------------------------------
VAR 0654  WOULD INSURANCE PAY $500          MD=0 OR GE 3
REF 0654  LOC 1042 WIDTH 2                  DK 16 COL 62-63

--IF CODED 10 AT Q.DI16(A)-(D)--

Q.DI16A  WOULD THIS INSURANCE PAY ALL OF A MEDICAL BILL OF $500?
---------------------------------------------

89 01. WOULD PAY ALL
286 02. WOULD PAY PART

1217 00. INAP., CODED OTHER THAN 10 AT Q.DI16(A) OR Q.DI16(B) OR Q.DI16(C) OR Q.DI16(D)
94 03. DK
395 09. INAP., CODED 10 AT Q.HS.G, NO DESIGNATED INDIVIDUAL OR NO RESPONSE FROM DESIGNATED INDIVIDUAL
33 10. NO ANSWER

---------------------------------------------
VAR 0655  HOW PAY REST OF BILL                MD=0 OR GE 9
REF 0655  LOC 1044 WIDTH 2                  DK 16 COL 64-65

--IF CODED 2 AT Q.DI16A--

Q.DI16A(1)  HOW WOULD (S)HE MANAGE THE REST OF THE BILL? (THE PART NOT PAID BY INSURANCE?) - [1ST MENTION]
---------------------------------------------

1 01. COULDN'T PAY IT (UNQUALIFIED)
106 02. WOULD MANAGE OUT OF INCOME OR BY PAYING IN INSTALLMENTS
117 03. WOULD PAY OUT OF SAVINGS
04. WOULD CASH IN LIFE INSURANCE
2 05. WOULD MORTGAGE HOUSE OR PROPERTY
3 06. OLD AGE ASSISTANCE; WELFARE; WOULD HAVE TO GO TO FREE HOSPITAL; GOVERNMENT
51 07. CHILDREN WOULD HELP OR WOULD PAY ALL OF BILL
08. NO ONE WOULD CHARGE THAT MUCH
(CONTINUED)

3  00.  DK
395  09.  INAP., CODED 10 AT Q.HS.G, NO DESIGNATED INDIVIDUAL
      OR NO RESPONSE FROM DESIGNATED INDIVIDUAL
1433  10.  INAP., 0, 1, 3 OR 10 AT Q.DI16A
3  11.  NO ANSWER

VAR 0656      HOW PAY REST OF BILL-2              MD=0 OR GE  9
REF 0656       LOC 1046 WIDTH  2             DK  16 COL 66-67

--IF CODED 2 AT Q.DI16A--

Q.DI16A(2)  HOW WOULD (S)HE MANAGE THE REST OF THE BILL?
            (THE PART NOT PAID BY INSURANCE?) - [2ND MENTION]
--------------------------------------------------------
  01.  COULDN'T PAY IT (UNQUALIFIED)
  02.  WOULD MANAGE OUT OF INCOME OR BY PAYING IN
       INSTALLMENTS
  29  03.  WOULD PAY OUT OF SAVINGS
  04.  WOULD CASH IN LIFE INSURANCE
  05.  WOULD MORTGAGE HOUSE OR PROPERTY
  06.  OLD AGE ASSISTANCE; WELFARE; WOULD HAVE TO GO TO
       FREE HOSPITAL; GOVERNMENT
  25  07.  CHILDREN WOULD HELP OR WOULD PAY ALL OF BILL
  08.  NO ONE WOULD CHARGE THAT MUCH
  00.  DK
395  09.  INAP., CODED 10 AT Q.HS.G, NO DESIGNATED INDIVIDUAL
      OR NO RESPONSE FROM DESIGNATED INDIVIDUAL
1665  10.  INAP., NO FURTHER MENTIONS
  11.  NO ANSWER

VAR 0657      HOW PAY REST OF BILL-3              MD=0 OR GE  9
REF 0657       LOC 1048 WIDTH  2             DK  16 COL 68-69

--IF CODED 2 AT Q.DI16A--

Q.DI16A(3)  HOW WOULD (S)HE MANAGE THE REST OF THE BILL?
            (THE PART NOT PAID BY INSURANCE?) - [3RD MENTION]
--------------------------------------------------------
01.  COULDN'T PAY IT (UNQUALIFIED)
02.  WOULD MANAGE OUT OF INCOME OR BY PAYING IN INSTALLMENTS
03.  WOULD PAY OUT OF SAVINGS
04.  WOULD CASH IN LIFE INSURANCE
05.  WOULD MORTGAGE HOUSE OR PROPERTY
06.  OLD AGE ASSISTANCE; WELFARE; WOULD HAVE TO GO TO FREE HOSPITAL; GOVERNMENT
07.  CHILDREN WOULD HELP OR WOULD PAY ALL OF BILL
08.  NO ONE WOULD CHARGE THAT MUCH
09.  INAP., CODED 10 AT Q.HS.G, NO DESIGNATED INDIVIDUAL OR NO RESPONSE FROM DESIGNATED INDIVIDUAL
10.  NO ANSWER

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<th><strong>VAR 0658</strong></th>
<th><strong>OLDERS HEALTH BETTER</strong></th>
<th><strong>MD=3 OR GE 9</strong></th>
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<td><strong>REF 0658</strong></td>
<td><strong>LOC 1050 WIDTH 2</strong></td>
<td><strong>DK 16 COL 70-71</strong></td>
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Q.DI17  DO YOU THINK (OLDER PERSON'S) HEALTH WOULD BE BETTER IF (S)HE LIVED SOMewhere ELSE? (SOME PLACE OTHER THAN WHERE (S)HE LIVES NOW?)

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<td>160</td>
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<td>1538</td>
<td>02. NO</td>
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<td>03. DK</td>
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<td>09. INAP., CODED 10 AT Q.HS.G, NO DESIGNATED INDIVIDUAL OR NO RESPONSE FROM DESIGNATED INDIVIDUAL</td>
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<td>10. NO ANSWER</td>
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<th><strong>VAR 0659</strong></th>
<th><strong>WHERE HEALTH BETTER</strong></th>
<th><strong>MD=0 OR GE 97</strong></th>
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<td><strong>REF 0659</strong></td>
<td><strong>LOC 1052 WIDTH 2</strong></td>
<td><strong>DK 16 COL 72-73</strong></td>
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--IF "YES" AT Q.DI17--

Q.DI17A  WHERE IS THAT?

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<td>14</td>
<td>01. THE COUNTRY, A SMALL TOWN, A FARM</td>
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(CONTINUED)

14 02. SOMEWHERE WHERE OLDER PERSON WOULD BE LESS LONELY  
(NEAR RELATIVES OR FRIENDS)
  7 03. IN A HOME OF OWN
18 04. SOMEWHERE WHICH WOULD BE LESS WEARING (FEWER STEPS,  
ETC.)
17 05. FLORIDA
  8 06. CALIFORNIA
18 07. ARIZONA
  2 08. OUTSIDE CONTINENTAL U.S.
  59 09. SOME OTHER GEOGRAPHIC AREA, NOT OTHERWISE  
SPECIFIED, OR SPECIFIED

00. DK
1557 97. INAP., CODED 2-3 AT Q.DI17
  5 98. NO ANSWER
395 99. INAP., CODED 10 AT Q.HS.G, NO DESIGNATED INDIVIDUAL  
OR NO RESPONSE FROM DESIGNATED INDIVIDUAL

---------------------------------------------------------------------

VAR 0660   WHY THINK THAT  MD=0 OR GE 7  
REF 0660    LOC 1054 WIDTH 1    DK 16 COL 74

--IF "YES" AT Q.DI17--

Q.DI17B   WHY DO YOU THINK THAT?
-----------------------------
  85  1. BETTER CLIMATE
  7  2. WOULD BE IN FRIENDLIER ATMOSPHERE
  8  3. WOULD BE QUIETER EXISTENCE
 13  4. WOULD BE CLOSER TO CHILDREN OR OTHER RELATIVES
 34  5. WOULD BE BETTER FOR HEALTH (PHYSICAL REASONS)

0. DK
1557  7. INAP., CODED 2-3 AT Q.DI17
 15  8. NO ANSWER
395  9. INAP., CODED 10 AT Q.HS.G, NO DESIGNATED INDIVIDUAL  
OR NO RESPONSE FROM DESIGNATED INDIVIDUAL

---------------------------------------------------------------------

VAR 0661   BETTER OFF HERE OR NO  MD=7 OR GE 8  
REF 0661    LOC 1055 WIDTH 1    DK 16 COL 75

--IF "NO" AT Q.DI17--
Q.DI17C  WHEN YOU SAY "NO," DO YOU THINK THAT (OLDER PERSON)
IS BETTER OFF HERE OR DOESN'T IT MAKE ANY DIFFERENCE WHERE
(S)HE LIVES? (WHAT MAKES YOU SAY THAT?)

639  0.  BETTER OFF HERE BECAUSE WITH FRIENDS, RELATIVES
122  1.  BETTER OFF HERE BECAUSE OF GOOD CLIMATE, GOOD LIVING
        ARRANGEMENTS
330  3.  DOESN'T MAKE ANY DIFFERENCE, BECAUSE OLD PERSON IS
        HEALTHY (HAPPY, ETC.)
133  4.  DOESN'T MAKE ANY DIFFERENCE, BECAUSE CONDITION WOULD
        BE SAME WHEREVER HE IS.
179  7.  INAP., 1 OR 3 AT Q.DI17
316  8.  NO ANSWER
395  9.  INAP., CODED 10 AT Q.HS.G, NO DESIGNATED INDIVIDUAL
        OR NO RESPONSE FROM DESIGNATED INDIVIDUAL

Q.DI19(1)  NOW, LISTEN TO THIS.  A LADY--LET'S CALL HER MRS.
CARLSON--HAS JUST HAD AN OPERATION.  THE OPERATION IS
SUCCESSFUL, BUT THE DOCTOR TELLS HER SHE WILL HAVE TO SPEND
SEVERAL MONTHS IN BED AT HOME BEFORE SHE WILL BE WELL.  MRS.
CARLSON TALKED THIS OVER WITH HER SON, AND HE ARRANGED TO
HAVE A NEIGHBOR COME IN TO LOOK AFTER HER.  NOW HERE'S MY
QUESTION.  SUPPOSE THIS HAPPENED TO (OLDER PERSON) WHO DO
YOU THINK (S)HE WOULD TURN TO, TO HELP MAKE THESE
ARRANGEMENTS? (WHO IS (S)HE?) [1ST MENTION]

13  00.  FRIEND, NEIGHBOR, OR OTHER NON-RELATIVE MENTIONED
        IN 9 ABOVE
46  01.  SON
54  02.  DAUGHTER
19  03.  BROTHER OR SISTER
   04.  GRANDCHILD
   05.  SON-IN-LAW
   06.  DAUGHTER-IN-LAW
13  07.  NEPHEW OR NIECE
   08.  OTHER RELATIVE
102  09.  SOCIAL WORKER, PASTOR OR DOCTOR
1387 10.  RESPONDENT NAMES SELF
Q.DI19(2) NOW, LISTEN TO THIS. A LADY--LET'S CALL HER MRS. CARLSON--HAS JUST HAD AN OPERATION. THE OPERATION IS SUCCESSFUL, BUT THE DOCTOR TELLS HER SHE WILL HAVE TO SPEND SEVERAL MONTHS IN BED AT HOME BEFORE SHE WILL BE WELL. MRS. CARLSON TALKED THIS OVER WITH HER SON, AND HE ARRANGED TO HAVE A NEIGHBOR COME IN TO LOOK AFTER HER. NOW HERE'S MY QUESTION. SUPPOSE THIS HAPPENED TO (OLDER PERSON) WHO DO YOU THINK (S)HE WOULD TURN TO, TO HELP MAKE THESE ARRANGEMENTS? (WHO IS (S)HE?) - [2ND MENTION]

00. FRIEND, NEIGHBOR, OR OTHER NON-RELATIVE NOT MENTIONED IN CODE 9
01. SON
02. DAUGHTER
03. BROTHER OR SISTER
04. GRANDCHILD
05. SON-IN-LAW
06. DAUGHTER-IN-LAW
07. NEPHEW OR NIECE
08. OTHER RELATIVE
09. SOCIAL WORKER, PASTOR OR DOCTOR
100 10. RESPONDENT NAMES SELF

1619 97. INAP., NO FURTHER MENTIONS
98. NO ANSWER; OR NOT ENOUGH INFORMATION TO CATAGORIZE
395 99. INAP., CODED 10 AT Q.HS.G, NO DESIGNATED INDIVIDUAL OR NO RESPONSE FROM DESIGNATED INDIVIDUAL
ICPSR STUDY NUMBER-7686

THE NUMBER IDENTIFYING THE RELEASE EDITION OF THIS DATASET.

1. WINTER 1984

ICPSR PART NUMBER

THE NUMBER IDENTIFYING THIS PART OF A 3-PART STUDY.

001. THE HEALTH NEEDS OF OLDER PERSONS
002. HOUSEHOLD ENUMERATION: NON-INTERVIEWED INDIVIDUALS
003. PUBLIC ATTITUDES ON OLDER PEOPLE

ICPSR SEQUENTIAL CASE IDENTIFICATION NUMBER

THE ICPSR HAS ATTACHED A SEQUENTIAL CASE IDENTIFICATION NUMBER TO EVERY RECORD. THIS NUMBER UNIQUELY IDENTIFIES EACH RECORD IN THE DATA COLLECTION.
Q.DI19A  WHY DO YOU THINK (OLDER PERSON) WOULD TURN TO ____ 
? (WHAT ABOUT ____ WOULD MAKE OLDER PERSON TURN TO ____ ?)

25  00.  DON'T KNOW WHO HE WOULD CHOOSE--BECAUSE THERE ARE 
       SEVERAL CHILDREN
665  01.  DESIGNATED INDIVIDUAL, WHETHER SPOUSE, CHILD, OR 
       RELATIVE, LIVES IN SAME HOUSE OR IN CLOSE PHYSICAL 
       PROXIMITY
117  02.  DESIGNATED INDIVIDUAL, IF ONE AMONG SEVERAL 
       CHILDREN, IS "CLOSER" PSYCHOLOGICALLY, TO OLDER 
       PERSON THAN OTHER CHILDREN
64  03.  DESIGNATED INDIVIDUAL, IF ONE AMONG SEVERAL 
       CHILDREN, IS OLDEST, (THEREFORE MOST RESPONSIBLE)
15  04.  DESIGNATED INDIVIDUAL, IF ONE AMONG SEVERAL 
       CHILDREN, IS UNMARRIED, THEREFORE RESPONSIBLE
135  05.  DESIGNATED INDIVIDUAL IS SPOUSE AND IS THEREFORE 
       RESPONSIBLE
305  06.  DESIGNATED INDIVIDUAL IS CHILD, THEREFORE 
       RESPONSIBLE
151  07.  DESIGNATED INDIVIDUAL IS RELATIVE, OR "FAMILY," 
       (OTHER THAN CHILD) THEREFORE RESPONSIBLE
8  08.  DESIGNATED INDIVIDUAL IS RESPONSIBLE PERSON, AS 
       PASTOR, SOCIAL WORKER, ETC.
124  09.  DESIGNATED INDIVIDUAL IS FRIEND OR NEIGHBOR WHO 
       LIVES IN SAME HOUSE OR IN CLOSER PROXIMITY
9  10.  DON'T KNOW WHO HE WOULD CHOOSE BECAUSE HE IS 
       ISOLATED (PHYSICALLY OR PSYCHOLOGICALLY)
101  98.  NO ANSWER
395  99.  INAP., CODED 10 AT Q.HS.G, NO DESIGNATED INDIVIDUAL 
       OR NO RESPONSE FROM DESIGNATED INDIVIDUAL

Q.DI20  IN ORDER TO HELP PEOPLE GET THE BEST POSSIBLE 
MEDICAL CARE, WE HAVE TO KNOW SOMETHING ABOUT HOW THEY'RE 
GETTING ALONG IN THE WAY OF MONEY.  HOW WOULD YOU SAY (OLDER 
PERSON) IS GETTING ALONG FINANCIALLY, COMPARED WITH WHEN 
(S)HE WAS 60?  (FOR PEOPLE 60 TO 64: "WHEN (S)HE WAS 55")
832 1. ABOUT THE SAME
267 2. BETTER
522 3. WORSE
83 4. CAN'T MAKE COMPARISON

6 0. DK
9 8. NO ANSWER
395 9. INAP., CODED 10 AT Q.HS.G, NO DESIGNATED INDIVIDUAL
OR NO RESPONSE FROM DESIGNATED INDIVIDUAL

---IF CODED 1-4 AT Q.DI20---

Q.DI20A WHY IS THAT?

684 01. ABOUT THE SAME BECAUSE HAS INCOME, SAVINGS, OR IS
STILL EMPLOYED
46 02. ABOUT THE SAME BECAUSE NEVER HAD MUCH
3 03. BETTER BECAUSE THINGS ARE BETTER NOW THAN THEY WERE
DURING THE DEPRESSION
250 04. BETTER BECAUSE HAS MORE RESOURCES
507 05. WORSE BECAUSE LOSS OF EARNINGS OF SELF OR SPOUSE
8 06. WORSE BECAUSE OF INCREASED COST OF LIVING
79 09. CAN'T MAKE COMPARISONS (DIDN'T KNOW OLDER PERSON
THEN)

6 00. DK
6 97. INAP., CODED 0 AT Q.DI20
130 98. NO ANSWER
395 99. INAP., CODED 10 AT Q.HS.G, NO DESIGNATED INDIVIDUAL
OR NO RESPONSE FROM DESIGNATED INDIVIDUAL

---OLDERS MAIN SOURCE---

Q.DI21 WHAT IS (OLDER PERSON'S) MAIN SOURCE OF SUPPORT?
(JUST GIVE ME YOUR BEST GUESS.)
590  01.  EARNINGS OF SELF OR SPOUSE, (INCLUDES
   SELF-EMPLOYMENT, FARMING, PROFESSIONAL FEES)
  91  02.  RENT FROM HOUSE OR PROPERTY
 194  03.  OLD AGE ASSISTANCE OR WELFARES
 399  04.  SOCIAL SECURITY (OLD AGE AND SURVIVOR'S INSURANCE)
 120  05.  GOVERNMENT PENSION, RAILROAD RETIREMENT (VETERANS'
   PENSION, CIVIL SERVICE PENSION)
  25  06.  PENSION FROM A PRIVATE EMPLOYER
  71  07.  INTEREST, DIVIDENDS, INSURANCE
 155  08.  CHILDREN OR RELATIVES
  42  00.  DK
  395  09.  INAP., CODED 10 AT Q.HS.G, NO DESIGNATED INDIVIDUAL
   OR NO RESPONSE FROM DESIGNATED INDIVIDUAL
  32  10.  NO ANSWER

-----------------------------------------------------------

VAR 0668      HAD TO DO WITHOUT - 1               MD=0 OR GE  8
REF 0668      LOC 1067 WIDTH  1                DK  17 COL 22

Q.DI22(A)  WOULD YOU KNOW IF THERE IS ANYTHING SPECIAL THAT
   (S)HE HAS HAD TO DO WITHOUT, BECAUSE OF NOT HAVING ENOUGH
   MONEY? - [1ST MENTION]

-----------------------------------------------------------

1443  1.  NO (CAN'T THINK OF A THING, HAS ENOUGH FOR NEEDS,
   OLDER PEOPLE CAN DO WITH LESS)
 111  2.  MEDICAL CARE (DOCTORS, MEDICINES, SPECIAL AIDS)
   7  3.  HEAT OR LIGHT
  30  4.  FOOD
  39  5.  CLOTHING
  22  6.  BETTER HOUSING, REPAIRS AROUND HOUSE
  52  0.  DK
  15  8.  NO ANSWER
  395  9.  INAP., CODED 10 AT Q.HS.G, NO DESIGNATED INDIVIDUAL
   OR NO RESPONSE FROM DESIGNATED INDIVIDUAL

-----------------------------------------------------------

VAR 0669      HAD TO DO WITHOUT - 2               MD=0 OR GE  7
REF 0669      LOC 1068 WIDTH  1                DK  17 COL 23

Q.DI22(B)  WOULD YOU KNOW IF THERE IS ANYTHING SPECIAL THAT
(CONTINUED)

(S)HE HAS HAD TO DO WITHOUT, BECAUSE OF NOT HAVING ENOUGH MONEY? - [2ND MENTION]

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Q.DI22(C) WOULD YOU KNOW IF THERE IS ANYTHING SPECIAL THAT (S)HE HAS HAD TO DO WITHOUT, BECAUSE OF NOT HAVING ENOUGH MONEY? - [3RD MENTION]

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<td>NO (CANT THINK OF A THING, HAS ENOUGH FOR NEEDS, OLDER PEOPLE CAN DO WITH LESS)</td>
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<td>BETTER HOUSING, REPAIRS AROUND HOUSE</td>
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Q.DI23 IN WHICH AGE GROUP DO YOU THINK (OLDER PERSON) BELONGS? (RECORD REPLY VERBATIM AND CODE BELOW IN EVERY CASE.)

Q.DI23A UNLESS CATEGORY MENTIONED: WOULD YOU SAY (S)HE IS OLD, ELDERLY, MIDDLE-AGED OR YOUNG? WHY DO YOU THINK (S)HE IS (CATEGORY)?

57 01. YOUNG, BECAUSE CAN STILL WORK, OR KEEP ACTIVE
112 02. MIDDLE-AGE, NO COMMENT
7 03. MIDDLE-AGED, BECAUSE SLOWING DOWN
  04. MIDDLE-AGED, BUT WOULD LIKE TO BE YOUNG
157 05. MIDDLE-AGED, BECAUSE HEALTH IS GOOD, CAN STILL WORK
  06. MIDDLE-AGED DESPITE THE CALENDAR, BECAUSE PEOPLE ARE LIVING LONGER
303 07. MIDDLE-AGED BECAUSE ACTIVE AND ALERT
206 08. OLD, OR ELDERLY, NO COMMENT
355 09. OLD, OR ELDERLY, BECAUSE OF CALENDAR AGE (NO FURTHER QUALIFICATIONS)
203 10. OLD, OR ELDERLY,ALTHOUGH DON'T FEEL OLD
289 11. OLD, OR ELDERLY, BECAUSE DON'T FEEL WELL, OR AS YOUNG AS USED TO FEEL

2 00. DK
20 98. NO ANSWER
395 99. INAP., CODED 10 AT Q.HS.G, NO DESIGNATED INDIVIDUAL OR NO RESPONSE FROM DESIGNATED INDIVIDUAL

Q.DI24A(1) WHO DO YOU THINK SHOULD TAKE CARE OF OLDER PEOPLE WHEN THEY NO LONGER WORKING? (CIRCLE AS MANY ANSWERS AS APPLY.) - [1ST MENTION]

496 01. OLDER PERSON SHOULD PROVIDE FOR HIMSELF
778 02. CHILDREN
97 03. PENSION PLAN (EMPLOYER)
169 04. GOVERNMENT (DETAILS NOT SPECIFIED)
136 05. GOVERNMENT THROUGH SOCIAL SECURITY
(CONTINUED)

06. OTHER (SPECIFY)
16 07. RELATIVES
9 08. HOME FOR THE AGED

395 09. INAP., CODED 10 AT Q.HS.G, NO DESIGNATED INDIVIDUAL
OR NO RESPONSE FROM DESIGNATED INDIVIDUAL
18 10. NO ANSWER

01. OLDER PERSON SHOULD PROVIDE FOR HIMSELF
267 02. CHILDREN
124 03. PENSION PLAN (EMPLOYER)
174 04. GOVERNMENT (DETAILS NOT SPECIFIED)
275 05. GOVERNMENT THROUGH SOCIAL SECURITY
1 06. OTHER (SPECIFY)
24 07. RELATIVES
28 08. HOME FOR THE AGED

826 00. INAP., NO FURTHER MENTIONS
395 09. INAP., CODED 10 AT Q.HS.G, NO DESIGNATED INDIVIDUAL
OR NO RESPONSE FROM DESIGNATED INDIVIDUAL
10. NO ANSWER

01. OLDER PERSON SHOULD PROVIDE FOR HIMSELF
02. CHILDREN
42 03. PENSION PLAN (EMPLOYER)
67 04. GOVERNMENT (DETAILS NOT SPECIFIED)
169 05. GOVERNMENT THROUGH SOCIAL SECURITY
1 06. OTHER (SPECIFY)
8 07. RELATIVES
7 08. HOME FOR THE AGED

1425 00. INAP., NO FURTHER MENTIONS
395 09. INAP., CODED 10 AT Q.HS.G, NO DESIGNATED INDIVIDUAL
OR NO RESPONSE FROM DESIGNATED INDIVIDUAL
10. NO ANSWER

--------------------------------------------------------

VAR 0675 WHO TAKE CARE OF OLD-4 MD=0 OR GE 9
REF 0675 LOC 1078 WIDTH 2 DK 17 COL 33-34

Q.DI24A(4) WHO DO YOU THINK SHOULD TAKE CARE OF OLDER
PEOPLE WHEN THEY NO LONGER ARE WORKING? (CIRCLE AS MANY
ANSWERS AS APPLY.) - [4TH MENTION]

01. OLDER PERSON SHOULD PROVIDE FOR HIMSELF
02. CHILDREN
03. PENSION PLAN (EMPLOYER)
5 04. GOVERNMENT (DETAILS NOT SPECIFIED)
52 05. GOVERNMENT THROUGH SOCIAL SECURITY
1 06. OTHER (SPECIFY)
2 07. RELATIVES
1 08. HOME FOR THE AGED

1658 00. INAP., NO FURTHER MENTIONS
395 09. INAP., CODED 10 AT Q.HS.G, NO DESIGNATED INDIVIDUAL
OR NO RESPONSE FROM DESIGNATED INDIVIDUAL
10. NO ANSWER

--------------------------------------------------------

VAR 0676 WHO TAKE CARE OF OLD-5 MD=0 OR GE 9
REF 0676 LOC 1080 WIDTH 2 DK 17 COL 35-36

Q.DI24A(5) WHO DO YOU THINK SHOULD TAKE CARE OF OLDER
PEOPLE WHEN THEY NO LONGER ARE WORKING? (CIRCLE AS MANY
ANSWERS AS APPLY.) - [5TH MENTION]

01. OLDER PERSON SHOULD PROVIDE FOR HIMSELF
02. CHILDREN
(CONTINUED)

03. PENSION PLAN (EMPLOYER)
04. GOVERNMENT (DETAILS NOT SPECIFIED)
  4 05. GOVERNMENT THROUGH SOCIAL SECURITY
  6. OTHER (SPECIFY)
  1 07. RELATIVES
  08. HOME FOR THE AGED

1714 00. INAP., NO FURTHER MENTIONS
395 09. INAP., CODED 10 AT Q.HS.G, NO DESIGNATED INDIVIDUAL
  OR NO RESPONSE FROM DESIGNATED INDIVIDUAL
  10. NO ANSWER

------------------------------------------------------------

VAR 0677 WHO HAS PRIMARY RESPON MD=9 OR GE 10
REF 0677 LOC 1082 WIDTH 2 DK 17 COL 37-38

Q.DI24B (ASK ONLY IF MORE THAN ONE ANSWER IS GIVEN IN Q.DI
24A(1)-(5)) WHICH OF THESE DO YOU THINK SHOULD TAKE THE
MOST RESPONSIBILITY? (CIRCLE ONLY ONE ANSWER)
------------------------------------------------------------

301 01. OLDER PERSON SHOULD PROVIDE FOR HIMSELF
660 02. CHILDREN
98 03. PENSION PLAN (EMPLOYER)
234 04. GOVERNMENT (DETAILS NOT SPECIFIED)
363 05. GOVERNMENT THROUGH SOCIAL SECURITY
  6. OTHER (SPECIFY)
  23 07. RELATIVES
  14 08. HOME FOR THE AGED

395 09. INAP., CODED 10 AT Q.HS.G, NO DESIGNATED INDIVIDUAL
  OR NO RESPONSE FROM DESIGNATED INDIVIDUAL
  26 10. NO ANSWER

------------------------------------------------------------

VAR 0678 HOW YOUNG CAN PREPARE-1 MD=9 OR GE 10
REF 0678 LOC 1084 WIDTH 2 DK 17 COL 39-40

Q.DI25(A) WHAT DO YOU THINK A YOUNGER PERSON SHOULD DO
NOW, TO HELP TAKE CARE OF HIMSELF FINANCIALLY AFTER HE STOPS
WORKING? - [1ST MENTION]
------------------------------------------------------------

1054 01. PLANNED SAVINGS
(CONTINUED)

355 02. BUY PENSION OR RETIREMENT PLAN
  68 03. BUY REAL ESTATE
  49 04. BUY STOCKS AND BONDS
  75 05. WORK
       06. OTHER (SPECIFY)
  27 08. SOCIAL SECURITY

395 09. INAP., CODED 10 AT Q.HS.G, NO DESIGNATED INDIVIDUAL OR NO RESPONSE FROM DESIGNATED INDIVIDUAL
  57 10. NO ANSWER
  34 11. DK

-----------------------------------------------------------------------

VAR 0679 HOW YOUNG CAN PREPARE-2 MD=0 OR GE 9
REF 0679 LOC 1086 WIDTH 2 DK 17 COL 41-42

Q.DI25(B) WHAT DO YOU THINK A YOUNGER PERSON SHOULD DO NOW, TO HELP TAKE CARE OF HIMSELF FINANCIALLY AFTER HE STOPS WORKING? - [2ND MENTION]
-----------------------------------------------------------------------

  01. PLANNED SAVINGS
  310 02. BUY PENSION OR RETIREMENT PLAN
  158 03. BUY REAL ESTATE
  132 04. BUY STOCKS AND BONDS
  187 05. WORK
       06. OTHER (SPECIFY)
  69 08. SOCIAL SECURITY

863 00. INAP., NO FURTHER MENTIONS
  395 09. INAP., CODED 10 AT Q.HS.G, NO DESIGNATED INDIVIDUAL OR NO RESPONSE FROM DESIGNATED INDIVIDUAL
  10. NO ANSWER
  11. DK

-----------------------------------------------------------------------

VAR 0680 HOW YOUNG CAN PREPARE-3 MD=0 OR GE 9
REF 0680 LOC 1088 WIDTH 2 DK 17 COL 43-44

Q.DI25(C) WHAT DO YOU THINK A YOUNGER PERSON SHOULD DO NOW, TO HELP TAKE CARE OF HIMSELF FINANCIALLY AFTER HE STOPS WORKING? - [3RD MENTION]
-----------------------------------------------------------------------
(CONTINUED)

01. PLANNED SAVINGS
02. BUY PENSION OR RETIREMENT PLAN
76 03. BUY REAL ESTATE
95 04. BUY STOCKS AND BONDS
122 05. WORK
3 06. OTHER (SPECIFY)
36 08. SOCIAL SECURITY

1387 00. INAP., NO FURTHER MENTIONS
395 09. INAP., CODED 10 AT Q.HS.G, NO DESIGNATED INDIVIDUAL
OR NO RESPONSE FROM DESIGNATED INDIVIDUAL
10. NO ANSWER
11. DK

-------------------------------------------------------------------

VAR 0681 HOW YOUNG CAN PREPARE-4 MD=0 OR GE 9
REF 0681 LOC 1090 WIDTH 2 DK 17 COL 45-46

Q.DI25(D) WHAT DO YOU THINK A YOUNGER PERSON SHOULD DO
NOW, TO HELP TAKE CARE OF HIMSELF FINANCIALLY AFTER HE STOPS
WORKING? - [4TH MENTION]
-------------------------------------------------------------------

01. PLANNED SAVINGS
02. BUY PENSION OR RETIREMENT PLAN
03. BUY REAL ESTATE
27 04. BUY STOCKS AND BONDS
46 05. WORK
 06. OTHER (SPECIFY)
 7 08. SOCIAL SECURITY

1639 00. INAP., NO FURTHER MENTIONS
395 09. INAP., CODED 10 AT Q.HS.G, NO DESIGNATED INDIVIDUAL
OR NO RESPONSE FROM DESIGNATED INDIVIDUAL
10. NO ANSWER
11. DK

-------------------------------------------------------------------

VAR 0682 HOW YOUNG CAN PREPARE-5 MD=0 OR GE 9
REF 0682 LOC 1092 WIDTH 2 DK 17 COL 47-48

Q.DI25(E) WHAT DO YOU THINK A YOUNGER PERSON SHOULD DO
NOW, TO HELP TAKE CARE OF HIMSELF FINANCIALLY AFTER HE STOPS
WORKING? - [5TH MENTION]
-------------------------------------------------------------------
01. PLANNED SAVINGS
02. BUY PENSION OR RETIREMENT PLAN
03. BUY REAL ESTATE
04. BUY STOCKS AND BONDS
17 05. WORK
06. OTHER (SPECIFY)
3 08. SOCIAL SECURITY

1699 00. INAP., NO FURTHER MENTIONS
395 09. INAP., CODED 10 AT Q.HS.G, NO DESIGNATED INDIVIDUAL
OR NO RESPONSE FROM DESIGNATED INDIVIDUAL
10. NO ANSWER
11. DK

Q.DI25(F) WHAT DO YOU THINK A YOUNGER PERSON SHOULD DO
NOW, TO HELP TAKE CARE OF HIMSELF FINANCIALLY AFTER HE
STOPS WORKING? - [6TH MENTION]

01. PLANNED SAVINGS
02. BUY PENSION OR RETIREMENT PLAN
03. BUY REAL ESTATE
04. BUY STOCKS AND BONDS
05. WORK
2 06. OTHER (SPECIFY)
08. SOCIAL SECURITY

1717 00. INAP., NO FURTHER MENTIONS
395 09. INAP., CODED 10 AT Q.HS.G, NO DESIGNATED INDIVIDUAL
OR NO RESPONSE FROM DESIGNATED INDIVIDUAL
10. NO ANSWER
11. DK

Q.DI26 NOW, I'D LIKE YOUR ADVICE: MR. BROWN IS A
70-YEAR-OLD WIDOWER. HE WORKED HARD ALL HIS LIFE, UNTIL HE
HAD TO RETIRE, BUT WITH THE DEPRESSION AND RAISED A FAMILY, IT'S BEEN DIFFICULT TO SAVE VERY MUCH. NOW IT LOOKS AS THOUGH MR. BROWN IS GOING TO NEED REGULAR MONEY HELP. MR. BROWN HAS TWO SONS AND A DAUGHTER, ALL MARRIED, AND WITH SMALL CHILDREN OF THEIR OWN. ALL OF THEM ARE MANAGING ALL RIGHT, BUT WITH THE WAY THINGS ARE NOW, THEY FEEL THEY ARE JUST GETTING ALONG. WHO DO YOU THINK MR. BROWN SHOULD ASK TO HELP HIM--A WELFARE AGENCY, THE GOVERNMENT, OR HIS CHILDREN, OR SOMEONE ELSE? (WHY DO YOU FEEL THIS WAY?)

GOVERNMENT TAKES PRIORITY WHEN GOVERNMENT AND WELFARE ARE SPOKEN OF TOGETHER.

328 00. CHILDREN, BECAUSE IT'S THEIR PLACE OR RESPONSIBILITY TO HELP IF IT'S AT ALL POSSIBLE
96 01. WELFARE (REASON NOT GIVEN)
35 02. WELFARE, BECAUSE THIS IS THE SORT OF THING THEY DO
213 03. WELFARE, BECAUSE HIS CHILDREN CANNOT OR ARE NOT ABLE TO HELP HIM
14 04. WELFARE, BECAUSE CHILDREN SHOULD NOT HAVE TO TAKE CARE OF HIM OR BE ASKED FOR HELP
161 05. GOVERNMENT (REASON NOT GIVEN)
190 06. GOVERNMENT, BECAUSE IT'S A GOVERNMENT RESPONSIBILITY
175 07. GOVERNMENT, BECAUSE HIS CHILDREN CANNOT OR ARE NOT ABLE TO HELP HIM
26 08. GOVERNMENT, BECAUSE CHILDREN SHOULD NOT HAVE TO TAKE CARE OF HIM OR BE ASKED TO HELP
411 09. CHILDREN (REASON NOT GIVEN)

70 98. NO ANSWER; DK
395 99. INAP., CODED 10 AT Q.HS.G, NO DESIGNATED INDIVIDUAL OR NO RESPONSE FROM DESIGNATED INDIVIDUAL

Q.DI27 HERE'S A LIST OF PLACES WHERE OLDER PEOPLE COULD LIVE--IN THEIR OWN HOME, IN THE HOME OF CHILDREN OR OTHER RELATIVES, OR IN A HOME FOR THE AGED. WHICH OF THESE DO YOU THINK IS THE BEST PLACE FOR AN OLDER PERSON TO LIVE? WHICH DO YOU THINK IS THE WORST?

ONLY ONE PLACE CAN BE PREFERRED AND ONLY ONE PLACE CAN BE
"WORST"

14 001. NO ENTRY
2 002. BEST: IN HOME FOR AGED
5 003. WORST: IN HOME FOR AGED
9 004. BEST: IN HOME OF CHILDREN OR RELATIVE
120 005. BEST: IN HOME OF CHILDREN OR RELATIVE AND WORST: IN HOME FOR AGED
4 006. WORST: IN HOME OF CHILDREN OR RELATIVE
101 007. WORST: IN HOME OF CHILDREN OR RELATIVE AND BEST: IN HOME FOR AGED
47 008. BEST: IN OWN HOME
840 009. BEST: IN OWN HOME AND WORST: IN HOME FOR AGED
517 010. BEST: IN OWN HOME AND WORST: IN HOME OF CHILDREN OR RELATIVE
1 011. WORST: IN OWN HOME
30 012. WORST: IN OWN HOME AND BEST: IN HOME FOR AGED
29 013. WORST: IN OWN HOME AND BEST: IN HOME OF CHILDREN OR RELATIVE

395 999. INAP., CODED 10 AT Q.HS.G, NO DESIGNATED INDIVIDUAL OR NO RESPONSE FROM DESIGNATED INDIVIDUAL

VAR 0686      CHILDREN LISTEN ADVICE
REF 0686         LOC 1101 WIDTH  2              DK  17 COL 56-57

Q.DI28  LOTS OF PEOPLE WHO SHARE A HOME WITH THEIR CHILDREN FEEL THAT THEIR CHILDREN DON'T REALLY PAY ANY ATTENTION TO THEIR ADVICE. DO YOU THINK THIS IS TRUE IN MOST CASES, IN SOME CASES, OR HARDLY EVER?

------------------------------------------------------------
557  01.  TRUE IN MOST CASES
901  02.  TRUE IN SOME CASES
165  03.  HARDLY EVER

82  04.  DK
395  09.  INAP., CODED 10 AT Q.HS.G, NO DESIGNATED INDIVIDUAL OR NO RESPONSE FROM DESIGNATED INDIVIDUAL
14  10.  NO ANSWER
--IF "YES" TO Q.DI5--

Q.DI5A(1) FIRST ILLNESS MENTIONED
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001. INFECTIVE AND PARASITIC DISEASES - TUBERCULOSIS, ALL FORMS
006. INFECTIVE AND PARASITIC DISEASES - INFECTIVE AND PARASITIC DISEASES, ALL OTHER
9  009. NEOPLASMS - NEOPLASMS OF UNSPECIFIED NATURE, MALIGNANT AND BENIGN
1  010. ALLERGIC DISEASES - HAY FEVER
24  011. ALLERGIC DISEASES - ASTHMA
3  012. ALLERGIC DISEASES - OTHER ALLERGIC DISORDERS
4  013. ENDOCRINE SYSTEM, METABOLIC AND NUTRITIONAL DISEASES - DISEASES OF THYROID
40  014. ENDOCRINE SYSTEM, METABOLIC AND NUTRITIONAL DISEASES - DIABETES MELLITUS
015. ENDOCRINE SYSTEM, METABOLIC AND NUTRITIONAL DISEASES - DISEASES OF OTHER ENDOCRINE GLANDS, METABOLIC AND NUTRITIONAL DISEASES
9  016. DISEASES OF THE BLOOD AND BLOOD-FORMING ORGANS - ANEMIAS AND OTHER
3  017. MENTAL, PSYCHONEUROTIC, AND PERSONALITY DISORDERS - ALL PSYCHOSES, PSYCHONEUROTIC AND PERSONALITY DISORDERS
020. DISEASES OF THE NERVOUS SYSTEM - VASCULAR LESIONS AFFECTING CNS
024. DISEASES OF THE NERVOUS SYSTEM - MIGRAINE
5  025. DISEASES OF THE NERVOUS SYSTEM - OTHER DISEASES OF CNS
9  026. DISEASES OF THE NERVOUS SYSTEM - NEURALGIA
35  030. DISEASES OF THE EYE - ALL DISEASES OF THE EYE
13  034. DISEASES OF THE EAR - ALL DISEASES OF THE EAR
11  037. DISEASES OF THE CIRCULATORY SYSTEM - CEREBRAL VASCULAR ACCIDENT - STROKE
118 038. DISEASES OF THE CIRCULATORY SYSTEM - ALL DISEASES OF THE HEART
71  039. DISEASES OF THE CIRCULATORY SYSTEM - HYPERTENSION WITHOUT MENTION OF HEART
13  040. DISEASES OF THE CIRCULATORY SYSTEM - GENERAL ARTERIOSCLEROSIS
16  041. DISEASES OF THE CIRCULATORY SYSTEM - VARICOSE VEINS OF LOWER EXTREMITIES
8  042. DISEASES OF THE CIRCULATORY SYSTEM - HEMORRHOIDS
10  044. DISEASES OF THE CIRCULATORY SYSTEM - OTHER
(CONTINUED)

**DISEASES OF CIRCULATORY SYSTEM**

4 045. DISEASES OF THE RESPIRATORY SYSTEM - Colds
(Chronic and Acute) and Other Acute Diseases of
the Upper Respiratory System

3 046. DISEASES OF THE RESPIRATORY SYSTEM - Influenza

1 047. DISEASES OF THE RESPIRATORY SYSTEM - Pneumonia

5 048. DISEASES OF THE RESPIRATORY SYSTEM - Bronchitis

13 050. DISEASES OF THE RESPIRATORY SYSTEM - Chronic
Sinusitis

7 052. DISEASES OF THE RESPIRATORY SYSTEM - Other
Diseases of Respiratory System

9 056. DISEASES OF THE DIGESTIVE SYSTEM - Ulcer of
Stomach and Duodenum

3 058. DISEASES OF THE DIGESTIVE SYSTEM - Other Diseases
of Stomach and Duodenum

44 060. DISEASES OF THE DIGESTIVE SYSTEM - Hernia of
Abdominal Cavity

3 061. DISEASES OF THE DIGESTIVE SYSTEM - Enteritis and
Colitis

3 062. DISEASES OF THE DIGESTIVE SYSTEM - Constipation

5 063. DISEASES OF THE DIGESTIVE SYSTEM - Other Diseases
of Intestines and Peritoneum

3 064. DISEASES OF THE DIGESTIVE SYSTEM - Diseases of the
Liver

21 065. DISEASES OF THE DIGESTIVE SYSTEM - Diseases of
Gall-Bladder and Biliary Ducts

066. DISEASES OF THE GENITO-URINARY SYSTEM - Nephritis

2 068. DISEASES OF THE GENITO-URINARY SYSTEM - Other
Diseases of Kidney and Ureter

7 069. DISEASES OF THE GENITO-URINARY SYSTEM - Prostate
Diseases

070. DISEASES OF THE GENITO-URINARY SYSTEM - Other
Diseases of Male Genital Organs

1 072. DISEASES OF THE GENITO-URINARY SYSTEM - Menopausal
Symptoms

4 073. DISEASES OF THE GENITO-URINARY SYSTEM - Other
Diseases of Female Genital Organs

2 075. DISEASES OF THE SKIN AND CELLULAR TISSUE - Eczema

2 076. DISEASES OF THE SKIN AND CELLULAR TISSUE - Dermatitis

5 077. DISEASES OF THE SKIN AND CELLULAR TISSUE - Other
Diseases of Skin and Cellular Tissue

139 078. DISEASES OF BONES AND ORGANS OF MOVEMENT - Arthritis

32 079. DISEASES OF BONES AND ORGANS OF MOVEMENT - Rheumatism (Except Rheumatic Fever and Rheumatic Heart Disease)

4 082. DISEASES OF BONES AND ORGANS OF MOVEMENT - Other Diseases of Musculoskeletal System

10 086. Symptoms, Senility, and Ill-Defined Conditions -
(CONTINUED)

SYMPTOMS REFERABLE TO RESPIRATORY SYSTEM
2  087.  SYMPTOMS, SENILITY, AND ILL-DEFINED CONDITIONS -
SYMPTOMS REFERABLE TO CARDIOVASCULAR AND LYMPHATIC
SYSTEM
39  088.  SYMPTOMS, SENILITY, AND ILL-DEFINED CONDITIONS -
SYMPTOMS REFERABLE TO LIMBS AND BACK
20  089.  SYMPTOMS, SENILITY, AND ILL-DEFINED CONDITIONS -
NERVOUSNESS AND DEBILITY
15  090.  SYMPTOMS, SENILITY, AND ILL-DEFINED CONDITIONS -
HEADACHE
73  091.  SYMPTOMS, SENILITY, AND ILL-DEFINED CONDITIONS -
OTHER SYMPTOMS, SENILITY, AND ILL-DEFINED
CONDITIONS
11  092.  INJURIES AND POISONINGS - FRACTURES
1  093.  INJURIES AND POISONINGS - DISLOCATIONS, SPRAINS,
AND STRAINS
1  094.  INJURIES AND POISONINGS - LACERATIONS AND OPEN
WOUNDS
6  095.  INJURIES AND POISONINGS - OTHER AND UNSPECIFIED
INJURIES AND POISONINGS, BURNS
95  096.  OTHER IMPAIRMENTS, AMPUTATIONS, AND LOSS OF
MEMBERS - OTHER IMPAIRMENTS
2  097.  OTHER IMPAIRMENTS, AMPUTATIONS, AND LOSS OF
MEMBERS - AMPUTATIONS AND LOSS OF MEMBERS
098.  "CHECK-UP" - CHECK-UP NOT OTHERWISE DESCRIBED,
POST-OPERATIVE FOR OLD AILMENTS, ETC.

720  000.  INAP., CODED 2 OR 7-8 AT Q.DI5
998.  NO ANSWER
395  999.  INAP., CODED 10 AT Q.HS.G, NO DESIGNATED
INDIVIDUAL OR NO RESPONSE FROM DESIGNATED
INDIVIDUAL

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</table>

--IF "YES" TO Q.DI5--

Q.DI5A(1)  HOW LONG HAS (SHE) HAD [FIRST] (AILMENT)?:

13  00.  ONE TO FOUR WEEKS
13  01.  ONE MONTH BUT LESS THAN TWO MONTHS
21  02.  TWO TO FIVE MONTHS
30  03.  SIX TO ELEVEN MONTHS
59  04.  ONE YEAR BUT LESS THAN TWO YEARS
(CONTINUED)

207  05.  TWO TO FOUR YEARS
203  06.  FIVE TO NINE YEARS
141  07.  TEN TO FOURTEEN YEARS
  71  08.  FIFTEEN TO NINETEEN YEARS
  66  09.  TWENTY TO TWENTY-FOUR YEARS
 120 10.  TWENTY-FIVE YEARS OR MORE

720  97.  INAP., CODED 2 OR 7-8 AT Q.DI5
  55  98.  DK; NO ANSWER
  395 99.  INAP., CODED 10 AT Q.HS.G, NO DESIGNATED INDIVIDUAL
          OR NO RESPONSE FROM DESIGNATED INDIVIDUAL

---------------------------------------------------------------------------

VAR 0689   1ST LIMIT MOBILITY-1         MD=7 OR GE  8
REF 0689   LOC 1108 WIDTH  1           DK  17 COL 63

--IF "YES" TO Q.DI5--

Q.DI5B(1A)   DID THIS FIRST ILLNESS LIMIT MOBILITY? - [1ST
MENTION]
---------------------------------------------------------------------------

680  0.  NO
  72  1.  KEPT IN BED MOST OF THE TIME
  58  2.  KEPT IN THE HOUSE BUT IN A CHAIR
  76  3.  KEPT IN THE HOUSE BUT STILL ABLE TO GET AROUND
  27  4.  KEPT FROM GETTING AROUND OUTSIDE BY SELF
  65  5.  KEPT FROM CLIMBING STAIRS

720  7.  INAP., CODED 2, OR 7-8 AT Q.DI15
  21  8.  DK;  NO ANSWER
  395 9.  INAP., CODED 10 AT Q.HS.G, NO DESIGNATED INDIVIDUAL
          OR NO RESPONSE FROM DESIGNATED INDIVIDUAL

---------------------------------------------------------------------------

VAR 0690   1ST LIMIT MOBILITY-1         MD=0 OR GE  8
REF 0690   LOC 1109 WIDTH  1           DK  17 COL 64

--IF "YES" TO Q.DI5--

Q.DI5B(1B)   DID THIS FIRST ILLNESS LIMIT MOBILITY? - [2ND
MENTION]
---------------------------------------------------------------------------
(CONTINUED)

1. KEPT IN BED MOST OF THE TIME
   18 2. KEPT IN THE HOUSE BUT IN A CHAIR
   55 3. KEPT IN THE HOUSE BUT STILL ABLE TO GET AROUND
   49 4. KEPT FROM GETTING AROUND OUTSIDE BY SELF
   26 5. KEPT FROM CLIMBING STAIRS

1571  0. INAP., NO FURTHER MENTIONS
   8. DK; NO ANSWER
395  9. INAP., CODED 10 AT Q.HS.G, NO DESIGNATED INDIVIDUAL
       OR NO RESPONSE FROM DESIGNATED INDIVIDUAL

-----------------------------------------------
VAR 0691 1ST LIMIT MOBILITY-3                MD=7 OR GE 8
REF 0691 LOC 1110 WIDTH 1                   DK 17 COL 65

--IF "YES" TO Q.DI5--

Q.DI5B(1C) DID THIS FIRST ILLNESS LIMIT MOBILITY? - [3RD MENTION]
-----------------------------------------------
   0. NO
   1. KEPT IN BED MOST OF THE TIME
   2. KEPT IN THE HOUSE BUT IN A CHAIR
   16 3. KEPT IN THE HOUSE BUT STILL ABLE TO GET AROUND
   29 4. KEPT FROM GETTING AROUND OUTSIDE BY SELF
   44 5. KEPT FROM CLIMBING STAIRS

1630  7. INAP., NO FURTHER MENTIONS
   8. DK; NO ANSWER
395  9. INAP., CODED 10 AT Q.HS.G, NO DESIGNATED INDIVIDUAL
       OR NO RESPONSE FROM DESIGNATED INDIVIDUAL

-----------------------------------------------
VAR 0692 1ST LIMIT MOBILITY-4                MD=7 OR GE 8
REF 0692 LOC 1111 WIDTH 1                   DK 17 COL 66

--IF "YES" TO Q.DI5--

Q.DI5B(1D) DID THIS FIRST ILLNESS LIMIT MOBILITY? - [4TH MENTION]
-----------------------------------------------
   0. NO
(CONTINUED)

1. KEPT IN BED MOST OF THE TIME
2. KEPT IN THE HOUSE BUT IN A CHAIR
3. KEPT IN THE HOUSE BUT STILL ABLE TO GET AROUND
12 4. KEPT FROM GETTING AROUND OUTSIDE BY SELF
23 5. KEPT FROM CLIMBING STAIRS

1684 7. INAP., NO FURTHER MENTIONS
8. DK; NO ANSWER
395 9. INAP., CODED 10 AT Q.HS.G, NO DESIGNATED INDIVIDUAL
     OR NO RESPONSE FROM DESIGNATED INDIVIDUAL

-----------------------------------
Q.DI5B(1E)  DID THIS FIRST ILLNESS LIMIT MOBILITY? - [5TH MENTION]

-----------------------------------
0. NO
1. KEPT IN BED MOST OF THE TIME
2. KEPT IN THE HOUSE BUT IN A CHAIR
3. KEPT IN THE HOUSE BUT STILL ABLE TO GET AROUND
4. KEPT FROM GETTING AROUND OUTSIDE BY SELF
11 5. KEPT FROM CLIMBING STAIRS

1708 7. INAP., NO FURTHER MENTIONS
8. DK; NO ANSWER
395 9. INAP., CODED 10 AT Q.HS.G, NO DESIGNATED INDIVIDUAL
     OR NO RESPONSE FROM DESIGNATED INDIVIDUAL

-----------------------------------
Q.DI5A(2)  SECOND ILLNESS MENTIONED

-----------------------------------
1 001. INFECTIVE AND PARASITIC DISEASES - TUBERCULOSIS,
     ALL FORMS
406. INFECTIVE AND PARASITIC DISEASES - INFECTIVE AND PARASITIC DISEASES, ALL OTHER
6 009. NEOPLASMS - NEOPLASMS OF UNSPECIFIED NATURE, MALIGNANT AND BENIGN
1 010. ALLERGIC DISEASES - HAY FEVER
8 011. ALLERGIC DISEASES - ASTHMA
1 012. ALLERGIC DISEASES - OTHER ALLERGIC DISORDERS
3 013. ENDOCRINE SYSTEM, METABOLIC AND NUTRITIONAL DISEASES - DISEASES OF THYROID
9 014. ENDOCRINE SYSTEM, METABOLIC AND NUTRITIONAL DISEASES - DIABETES MELLITUS
015. ENDOCRINE SYSTEM, METABOLIC AND NUTRITIONAL DISEASES - DISEASES OF OTHER ENDOCRINE GLANDS, METABOLIC AND NUTRITIONAL DISEASES
3 016. DISEASES OF THE BLOOD AND BLOOD-FORMING ORGANS - ANEMIAS AND OTHER
2 017. MENTAL, PSYCHONEUROTIC, AND PERSONALITY DISORDERS - ALL PSYCHOSES, PSYCHONEUROTIC AND PERSONALITY DISORDERS
020. DISEASES OF THE NERVOUS SYSTEM - VASCULAR LESIONS AFFECTING CNS
024. DISEASES OF THE NERVOUS SYSTEM - MIGRAINE
1 025. DISEASES OF THE NERVOUS SYSTEM - OTHER DISEASES OF CNS
5 026. DISEASES OF THE NERVOUS SYSTEM - NEURALGIA
16 030. DISEASES OF THE EYE - ALL DISEASES OF THE EYE
9 034. DISEASES OF THE EAR - ALL DISEASES OF THE EAR
7 037. DISEASES OF THE CIRCULATORY SYSTEM - CEREBRAL VASCULAR ACCIDENT - STROKE
48 038. DISEASES OF THE CIRCULATORY SYSTEM - ALL DISEASES OF THE HEART
35 039. DISEASES OF THE CIRCULATORY SYSTEM - HYPERTENSION WITHOUT MENTION OF HEART
11 040. DISEASES OF THE CIRCULATORY SYSTEM - GENERAL ARTERIOSCLEROSIS
4 041. DISEASES OF THE CIRCULATORY SYSTEM - VARICOSE VEINS OF LOWER EXTREMITIES
7 042. DISEASES OF THE CIRCULATORY SYSTEM - HEMORRHOIDS
9 044. DISEASES OF THE CIRCULATORY SYSTEM - OTHER DISEASES OF CIRCULATORY SYSTEM
5 045. DISEASES OF THE RESPIRATORY SYSTEM - Colds (Chronic and Acute) and Other Acute Diseases of the Upper Respiratory System
3 046. DISEASES OF THE RESPIRATORY SYSTEM - INFLUENZA
047. DISEASES OF THE RESPIRATORY SYSTEM - PNEUMONIA
1 048. DISEASES OF THE RESPIRATORY SYSTEM - BRONCHITIS
4 050. DISEASES OF THE RESPIRATORY SYSTEM - CHRONIC SINUSITIS
2 052. DISEASES OF THE RESPIRATORY SYSTEM - OTHER DISEASES OF RESPIRATORY SYSTEM
(CONTINUED)

6  056.  DISEASES OF THE DIGESTIVE SYSTEM - ULCER OF STOMACH AND DUODENUM
2  058.  DISEASES OF THE DIGESTIVE SYSTEM - OTHER DISEASES OF STOMACH AND DUODENUM
6  060.  DISEASES OF THE DIGESTIVE SYSTEM - HERNIA OF ABDOMINAL CAVITY
       061.  DISEASES OF THE DIGESTIVE SYSTEM - ENTERITIS AND COLITIS
7  062.  DISEASES OF THE DIGESTIVE SYSTEM - CONSTIPATION
3  063.  DISEASES OF THE DIGESTIVE SYSTEM - OTHER DISEASES OF INTESTINES AND PERITONEUM
5  064.  DISEASES OF THE DIGESTIVE SYSTEM - DISEASES OF THE LIVER
16 065.  DISEASES OF THE DIGESTIVE SYSTEM - DISEASES OF GALL-BLADDER AND BILARY DUCTS
       066.  DISEASES OF THE GENITO-URINARY SYSTEM - NEPHRITIS
4  068.  DISEASES OF THE GENITO-URINARY SYSTEM - OTHER DISEASES OF KIDNEY AND URETER
4  069.  DISEASES OF THE GENITO-URINARY SYSTEM - PROSTATE DISEASES
       070.  DISEASES OF THE GENITO-URINARY SYSTEM - OTHER DISEASES OF MALE GENITAL ORGANS
       072.  DISEASES OF THE GENITO-URINARY SYSTEM - MENOPAUSAL SYMPTOMS
4  073.  DISEASES OF THE GENITO-URINARY SYSTEM - OTHER DISEASES OF FEMALE GENITAL ORGANS
       075.  DISEASES OF THE SKIN AND CELLULAR TISSUE - ECZEMA
       076.  DISEASES OF THE SKIN AND CELLULAR TISSUE - DERMATITIS
3  077.  DISEASES OF THE SKIN AND CELLULAR TISSUE - OTHER DISEASES OF SKIN AND CELLULAR TISSUE
42 078.  DISEASES OF BONES AND ORGANS OF MOVEMENT - ARTHRITIS
10 079.  DISEASES OF BONES AND ORGANS OF MOVEMENT - RHEUMATISM (EXCEPT RHEUMATIC FEVER AND RHEUMATIC HEART DISEASE)
1  082.  DISEASES OF BONES AND ORGANS OF MOVEMENT - OTHER DISEASES OF MUSCULOSKELETAL SYSTEM
7  086.  SYMPTOMS, SENILITY, AND ILL-DEFINED CONDITIONS - SYMPTOMS REFERABLE TO RESPIRATORY SYSTEM
1  087.  SYMPTOMS, SENILITY, AND ILL-DEFINED CONDITIONS - SYMPTOMS REFERABLE TO CARDIOVASCULAR AND LYMPHATIC SYSTEM
9  088.  SYMPTOMS, SENILITY, AND ILL-DEFINED CONDITIONS - SYMPTOMS REFERABLE TO LIMBS AND BACK
7  089.  SYMPTOMS, SENILITY, AND ILL-DEFINED CONDITIONS - NERVOUSNESS AND DEBILITY
9  090.  SYMPTOMS, SENILITY, AND ILL-DEFINED CONDITIONS - HEADACHE
43 091.  SYMPTOMS, SENILITY, AND ILL-DEFINED CONDITIONS -
OTHER SYMPTOMS, SENILITY, AND ILL-DEFINED CONDITIONS

2 092. INJURIES AND POISONINGS - FRACTURES
093. INJURIES AND POISONINGS - DISLOCATIONS, STRAINS,
AND SPRAINS
2 094. INJURIES AND POISONINGS - LACERATIONS AND OPEN
WOUNDS
2 095. INJURIES AND POISONINGS - OTHER AND UNSPECIFIED
INJURIES AND POISONINGS, BURNS
18 096. OTHER IMPAIRMENTS, AMPUTATIONS, AND LOSS OF
MEMBERS - OTHER IMPAIRMENTS
2 097. OTHER IMPAIRMENTS, AMPUTATIONS, AND LOSS OF
MEMBERS - AMPUTATIONS AND LOSS OF MEMBERS
098. "CHECK-UP" - CHECK-UP NOT OTHERWISE DESCRIBED,
POST-OPERATIVE FOR OLD AILMENTS, ETC.

1303 000. INAP., NO FURTHER ILLNESSES MENTIONED
998. NO ANSWER
395 999. INAP., CODED 10 AT Q.HS.G, NO DESIGNATED
INDIVIDUAL OR NO RESPONSE FROM DESIGNATED
INDIVIDUAL

VAR 0695      LENGTH OLDER HAD ILL-2 MD=97 OR GE 98
REF 0695      LOC 1116 WIDTH  2 DK 17 COL 71-72

--IF "YES" TO Q.DI5--

Q.DI5A(2) HOW LONG HAS (SHE) HAD [SECOND] (AILMENT)?

---------------------------------------------------------

47  00.  ONE TO FOUR WEEKS
56  01.  ONE MONTH BUT LESS THAN TWO MONTHS
20  02.  TWO TO FIVE MONTHS
10  03.  SIX TO ELEVEN MONTHS
34  04.  ONE YEAR BUT LESS THAN TWO YEARS
24  05.  TWO TO FOUR YEARS
42  06.  FIVE TO NINE YEARS
15  07.  TEN TO FOURTEEN YEARS
106  08.  FIFTEEN TO NINETEEN YEARS
62  09.  TWENTY TO TWENTY-FOUR YEARS
10.  TWENTY-FIVE YEARS OR MORE

1303  97.  INAP., NO FURTHER ILLNESS MENTIONED
98.  DK; NO ANSWER
395  99.  INAP., CODED 10 AT Q.HS.G, NO DESIGNATED INDIVIDUAL
OR NO RESPONSE FROM DESIGNATED INDIVIDUAL
VAR 0696      2ND LIMIT MOBILITY-1                MD=7 OR GE  8
REF 0696      LOC 1118 WIDTH  1                DK  17 COL 73

--IF "YES" AT Q.DI5--

Q.DI5B(2A)   DID THIS SECOND ILLNESS LIMIT MOBILITY? - [1ST MENTION]

-----------------------------------------------------------
299  0.  NO
32  1.  KEPT IN BED MOST OF THE TIME
17  2.  KEPT IN THE HOUSE BUT IN A CHAIR
29  3.  KEPT IN THE HOUSE BUT STILL ABLE TO GET AROUND
  7  4.  KEPT FROM GETTING AROUND OUTSIDE BY SELF
 21  5.  KEPT FROM CLIMBING STAIRS

1303  7.  INAP., NO FURTHER ILLNESSES MENTIONED
 11  8.  DK; NO ANSWER
 395  9.  INAP., CODED 10 AT Q.HS.G, NO DESIGNATED INDIVIDUAL OR NO RESPONSE FROM DESIGNATED INDIVIDUAL

-----------------------------------------------------------

VAR 0697      2ND LIMIT MOBILITY-2                MD=7 OR GE  8
REF 0697      LOC 1119 WIDTH  1                DK  17 COL 74

--IF "YES" AT Q.DI5--

Q.DI5B(2B)   DID THIS SECOND ILLNESS LIMIT MOBILITY? - [2ND MENTION]

-----------------------------------------------------------
  0.  NO
 10  1.  KEPT IN BED MOST OF THE TIME
 14  2.  KEPT IN THE HOUSE BUT IN A CHAIR
 15  3.  KEPT IN THE HOUSE BUT STILL ABLE TO GET AROUND
 11  4.  KEPT FROM GETTING AROUND OUTSIDE BY SELF
 15  5.  KEPT FROM CLIMBING STAIRS

1669  7.  INAP., NO FURTHER MENTIONS
  8.  DK; NO ANSWER
 395  9.  INAP., CODED 10 AT Q.HS.G, NO DESIGNATED INDIVIDUAL OR NO RESPONSE FROM DESIGNATED INDIVIDUAL

-----------------------------------------------------------
--IF "YES" AT Q.DI5--

Q.DI5B(2C) DID THIS SECOND ILLNESS LIMIT MOBILITY? - [3RD MENTION]

0. NO
1. KEPT IN BED MOST OF THE TIME
2. KEPT IN THE HOUSE BUT IN A CHAIR
8 3. KEPT IN THE HOUSE BUT STILL ABLE TO GET AROUND
9 4. KEPT FROM GETTING AROUND OUTSIDE BY SELF
14 5. KEPT FROM CLIMBING STAIRS

1688 7. INAP., NO FURTHER MENTIONS
8. DK; NO ANSWER
395 9. INAP., CODED 10 AT Q.HS.G, NO DESIGNATED INDIVIDUAL OR NO RESPONSE FROM DESIGNATED INDIVIDUAL

--IF "YES" AT Q.DI5--

Q.DI5B(2D) DID THIS SECOND ILLNESS LIMIT MOBILITY? - [4TH MENTION]

0. NO
1. KEPT IN BED MOST OF THE TIME
2. KEPT IN THE HOUSE BUT IN A CHAIR
3. KEPT IN THE HOUSE BUT STILL ABLE TO GET AROUND
5 4. KEPT FROM GETTING AROUND OUTSIDE BY SELF
10 5. KEPT FROM CLIMBING STAIRS

1704 7. INAP., NO FURTHER MENTIONS
8. DK; NO ANSWER
395 9. INAP., CODED 10 AT Q.HS.G, NO DESIGNATED INDIVIDUAL OR NO RESPONSE FROM DESIGNATED INDIVIDUAL
VAR 0700      2ND LIMIT MOBILITY-5                MD=7 OR GE  8
REF 0700         LOC 1122 WIDTH  1             DK  17 COL 77

--IF "YES" TO Q.DI5--

Q.DI5B(2E)   DID THIS SECOND ILLNESS LIMIT MOBILITY? - [5TH MENTION]
-----------------------------------------------------------
0. NO
1. KEPT IN BED MOST OF THE TIME
2. KEPT IN THE HOUSE BUT IN A CHAIR
3. KEPT IN THE HOUSE BUT STILL ABLE TO GET AROUND
4. KEPT FROM GETTING AROUND OUTSIDE BY SELF
5. KEPT FROM CLIMBING STAIRS

1714 7. INAP., NO FURTHER MENTIONS
8. DK; NO ANSWER
395 9. INAP., CODED 10 AT Q.HS.G, NO DESIGNATED INDIVIDUAL
      OR NO RESPONSE FROM DESIGNATED INDIVIDUAL

-----------------------------------------------------------

VAR 0701      THIRD ILLNESS MENTIONED           MD=0 OR GE  998
REF 0701         LOC 1123 WIDTH  3             DK  17 COL 78-80

--IF "YES" TO Q.DI5--

Q. 5A(3) THIRD ILLNESS MENTIONED
---------------------------------
001. INFECTIVE AND PARASITIC DISEASES - TUBERCULOSIS,
      ALL FORMS
006. INFECTIVE AND PARASITIC DISEASES - INFECTIVE AND
      PARASITIC DISEASES, ALL OTHER
2  009. NEOPLASMS - NEOPLASMS OF UNSPECIFIED NATURE,
        MALIGNANT AND BENIGN
010. ALLERGIC DISEASES - HAY FEVER
2  011. ALLERGIC DISEASES - ASTHMA
012. ALLERGIC DISEASES - OTHER ALLERGIC DISORDERS
013. ENDOCRINE SYSTEM, METABOLIC AND NUTRITIONAL
      DISEASES - DISEASES OF THYROID
2  014. ENDOCRINE SYSTEM, METABOLIC AND NUTRITIONAL
      DISEASES - DIABETES MELLITUS
015. ENDOCRINE SYSTEM, METABOLIC AND NUTRITIONAL
      DISEASES - DISEASES OF OTHER ENDOCRINE GLANDS,
      METABOLIC AND NUTRITIONAL DISEASES
016. DISEASES OF THE BLOOD AND BLOOD-FORMING ORGANS - ANEMIAS AND OTHER
017. MENTAL, PSYCHONEUROTIC, AND PERSONALITY DISORDERS - ALL PSYCHOSES, PSYCHONEUROTIC AND PERSONALITY DISORDERS
020. DISEASES OF THE NERVOUS SYSTEM - VASCULAR LESIONS AFFECTING CNS
024. DISEASES OF THE NERVOUS SYSTEM - MIGRAINE
025. DISEASES OF THE NERVOUS SYSTEM - OTHER DISEASES OF CNS
1 026. DISEASES OF THE NERVOUS SYSTEM - NEURALGIA
13 030. DISEASES OF THE EYE - ALL DISEASES OF THE EYE
7 034. DISEASES OF THE EAR - ALL DISEASES OF THE EAR
4 037. DISEASES OF THE CIRCULATORY SYSTEM - CEREBRAL VASCULAR ACCIDENT - STROKE
23 038. DISEASES OF THE CIRCULATORY SYSTEM - ALL DISEASES OF THE HEART
7 039. DISEASES OF THE CIRCULATORY SYSTEM - HYPERTENSION WITHOUT MENTION OF HEART
2 040. DISEASES OF THE CIRCULATORY SYSTEM - GENERAL ARTERIOSCLEROSIS
2 041. DISEASES OF THE CIRCULATORY SYSTEM - VARICOSE VEINS OF LOWER EXTREMITIES
3 042. DISEASES OF THE CIRCULATORY SYSTEM - HEMORRHOIDS
2 044. DISEASES OF THE CIRCULATORY SYSTEM - OTHER DISEASES OF CIRCULATORY SYSTEM
2 045. DISEASES OF THE RESPIRATORY SYSTEM - Colds (CHRONIC AND ACUTE) AND OTHER ACUTE DISEASES OF THE UPPER RESPIRATORY SYSTEM
1 046. DISEASES OF THE RESPIRATORY SYSTEM - INFLUENZA
1 047. DISEASES OF THE RESPIRATORY SYSTEM - PNEUMONIA
2 048. DISEASES OF THE RESPIRATORY SYSTEM - BRONCHITIS
2 050. DISEASES OF THE RESPIRATORY SYSTEM - CHRONIC SINUSITIS
1 052. DISEASES OF THE RESPIRATORY SYSTEM - OTHER DISEASES OF RESPIRATORY SYSTEM
1 056. DISEASES OF THE DIGESTIVE SYSTEM - ULCER OF STOMACH AND DUODENUM
1 058. DISEASES OF THE DIGESTIVE SYSTEM - OTHER DISEASES OF STOMACH AND DUODENUM
2 060. DISEASES OF THE DIGESTIVE SYSTEM - HERNIA OF ABDOMINAL CAVITY
061. DISEASES OF THE DIGESTIVE SYSTEM - ENTERITIS AND COLITIS
7 062. DISEASES OF THE DIGESTIVE SYSTEM - CONSTIPATION
063. DISEASES OF THE DIGESTIVE SYSTEM - OTHER DISEASES OF INTESTINES AND PERITONEUM
1 064. DISEASES OF THE DIGESTIVE SYSTEM - DISEASES OF THE LIVER
2 065. DISEASES OF THE DIGESTIVE SYSTEM - DISEASES OF
POST-OPERATIVE FOR OLD AILMENTS, ETC.

1566 000. INAP., NO FURTHER ILLNESSES MENTIONED
998. NO ANSWER

395 999. INAP., CODED 10 AT Q.HS.G, NO DESIGNATED
INDIVIDUAL OR NO RESPONSE FROM DESIGNATED
INDIVIDUAL

DECK IDENTIFICATION NUMBER IS '18'

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VAR 0001 ICPSR STUDY NUMBER-7686 NO MISSING DATA CODES
REF 0001 LOC 1 WIDTH 4 DK 18 COL 3-6

ICPSR STUDY NUMBER-7686

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VAR 0002 ICPSR EDITION NUMBER-1 NO MISSING DATA CODES
REF 0002 LOC 5 WIDTH 1 DK 18 COL 7

ICPSR EDITION NUMBER

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THE NUMBER IDENTIFYING THE RELEASE EDITION OF THIS DATASET.

1. WINTER 1984

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VAR 0003 ICPSR PART NUMBER-001 NO MISSING DATA CODES
REF 0003 LOC 6 WIDTH 3 DK 18 COL 8-10

ICPSR PART NUMBER

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THE NUMBER IDENTIFYING THIS PART OF A 3-PART STUDY.

001. THE HEALTH NEEDS OF OLDER PERSONS
002. HOUSEHOLD ENUMERATION: NON-INTERVIEWED INDIVIDUALS
003. PUBLIC ATTITUDES ON OLDER PEOPLE
VAR 0004      CASE ID NUMBER              NO MISSING DATA CODES  
REF 0004      LOC    9 WIDTH  4             DK  18 COL 11-14

ICPSR SEQUENTIAL CASE IDENTIFICATION NUMBER  
-------------------------------------------

THE ICPSR HAS ATTACHED A SEQUENTIAL CASE IDENTIFICATION NUMBER TO EVERY RECORD. THIS NUMBER UNIQUELY IDENTIFIES EACH RECORD IN THE DATA COLLECTION.

...............................................................

VAR 0702      LENGTH OLDER HAD ILL-3            MD=97 OR GE  98  
REF 0702      LOC 1126 WIDTH  2             DK  18 COL 15-16

--IF "YES" TO Q.DI5--

Q.DI5A(3)  HOW LONG HAS (SHE) HAD [THIRD] (AILMENT)?
--------------------------------------------------------

1  00.  ONE TO FOUR WEEKS  
2  01.  ONE MONTH BUT LESS THAN TWO MONTHS  
11 02.  TWO TO FIVE MONTHS  
  5 03.  SIX TO ELEVEN MONTHS  
  9 04.  ONE YEAR BUT LESS THAN TWO YEARS  
30 05.  TWO TO FOUR YEARS  
28 06.  FIVE TO NINE YEARS  
19 07.  TEN TO FOURTEEN YEARS  
10 08.  FIFTEEN TO NINETEEN YEARS  
  9 09.  TWENTY TO TWENTY-FOUR YEARS  
19 10.  TWENTY-FIVE YEARS OR MORE  

1566 97.  INAP., NO FURTHER ILLNESSES MENTIONED  
10 98.  DK; NO ANSWER  
395 99.  INAP., CODED 10 AT Q.HS.G, NO DESIGNATED INDIVIDUAL OR NO RESPONSE FROM DESIGNATED INDIVIDUAL

...............................................................

VAR 0703      3RD LIMIT MOBILITY-1                MD=7 OR GE  8  
REF 0703      LOC 1128 WIDTH  1             DK  18 COL 17

--IF "YES" AT Q.DI5--

Q.DI5B(3A)   DID THIS THIRD ILLNESS LIMIT MOBILITY? - [1ST MENTION]  
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<td>13</td>
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<td>KEPT IN BED MOST OF THE TIME</td>
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<td></td>
<td>6</td>
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<td></td>
<td>395</td>
<td>9</td>
<td>INAP., CODED 10 AT Q.HS.G, NO DESIGNATED INDIVIDUAL OR NO RESPONSE FROM DESIGNATED INDIVIDUAL</td>
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VAR 0704   3RD LIMIT MOBILITY-2   MD=7 OR GE 8  
REF 0704   LOC 1129 WIDTH 1   DK 18 COL 18

--IF "YES" AT Q.DI5--

Q.DI5B(3B)   DID THIS THIRD ILLNESS LIMIT MOBILITY? - [2ND MENTION]

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<td></td>
<td>1</td>
<td>KEPT IN BED MOST OF THE TIME</td>
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<td>6</td>
<td>2</td>
<td>KEPT IN THE HOUSE BUT IN A CHAIR</td>
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<td>3</td>
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<td>10</td>
<td>4</td>
<td>KEPT FROM GETTING AROUND OUTSIDE BY SELF</td>
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<td></td>
<td>10</td>
<td>5</td>
<td>KEPT FROM CLIMBING STAIRS</td>
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<td>1688</td>
<td>7</td>
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<tr>
<td></td>
<td>8</td>
<td>DK; NO ANSWER</td>
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<td></td>
<td>395</td>
<td>9</td>
<td>INAP., CODED 10 AT Q.HS.G, NO DESIGNATED INDIVIDUAL OR NO RESPONSE FROM DESIGNATED INDIVIDUAL</td>
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VAR 0705   3RD LIMIT MOBILITY-3   MD=7 OR GE 8  
REF 0705   LOC 1130 WIDTH 1   DK 18 COL 19

--IF "YES" AT Q.DI5--

Q.DI5B(3C)   DID THIS THIRD ILLNESS LIMIT MOBILITY? - [3RD MENTION]

---
0. NO
1. KEPT IN BED MOST OF THE TIME
2. KEPT IN THE HOUSE BUT IN A CHAIR
3. KEPT IN THE HOUSE BUT STILL ABLE TO GET AROUND
4. KEPT FROM GETTING AROUND OUTSIDE BY SELF
5. KEPT FROM CLIMBING STAIRS

1702  7. INAP., NO FURTHER MENTIONS
8. DK; NO ANSWER
395  9. INAP., CODED 10 AT Q.HS.G, NO DESIGNATED INDIVIDUAL
      OR NO RESPONSE FROM DESIGNATED INDIVIDUAL

--IF "YES" AT Q.DI5--

Q.DI5B(3D) DID THIS THIRD ILLNESS LIMIT MOBILITY? - [4TH MENTION]

0. NO
1. KEPT IN BED MOST OF THE TIME
2. KEPT IN THE HOUSE BUT IN A CHAIR
3. KEPT IN THE HOUSE BUT STILL ABLE TO GET AROUND
4. KEPT FROM GETTING AROUND OUTSIDE BY SELF
5. KEPT FROM CLIMBING STAIRS

1710  7. INAP., NO FURTHER MENTIONS
8. DK; NO ANSWER
395  9. INAP., CODED 10 AT Q.HS.G, NO DESIGNATED INDIVIDUAL
      OR NO RESPONSE FROM DESIGNATED INDIVIDUAL

--IF "YES" TO Q.DI5--

Q.DI5B(5) DID THIS THIRD ILLNESS LIMIT MOBILITY? - [5TH MENTION]

--IF "YES" TO Q.DI5--

Q.DI5B(5) DID THIS THIRD ILLNESS LIMIT MOBILITY? - [5TH MENTION]
0. NO
1. KEPT IN BED MOST OF THE TIME
2. KEPT IN THE HOUSE BUT IN A CHAIR
3. KEPT IN THE HOUSE BUT STILL ABLE TO GET AROUND
4. KEPT FROM GETTING AROUND OUTSIDE BY SELF
4  5. KEPT FROM CLIMBING STAIRS
1715  7. INAP., NO FURTHER MENTIONS
8. DK; NO ANSWER
395  9. INAP., CODED 10 AT Q.HS.G, NO DESIGNATED INDIVIDUAL OR NO RESPONSE FROM DESIGNATED INDIVIDUAL

---

VAR 0708      FOURTH ILLNESS MENTIONED          MD=0 OR GE  998
REF 0708         LOC 1133 WIDTH  3             DK  18 COL 22-24

--IF "YES" TO Q.DI5--

Q.DI5A(4) FOURTH ILLNESS MENTIONED
-----------------------------

001. INFECTIVE AND PARASITIC DISEASES - TUBERCULOSIS, ALL FORMS
006. INFECTIVE AND PARASITIC DISEASES - INFECTIVE AND PARASITIC DISEASES, ALL OTHER
009. NEOPLASMS - NEOPLASMS OF UNSPECIFIED NATURE, MALIGNANT AND BENIGN
1  010. ALLERGIC DISEASES - HAY FEVER
1  011. ALLERGIC DISEASES - ASTHMA
012. ALLERGIC DISEASES - OTHER ALLERGIC DISORDERS
013. ENDOCRINE SYSTEM, METABOLIC AND NUTRITIONAL DISEASES - DISEASES OF THYROID
014. ENDOCRINE SYSTEM, METABOLIC AND NUTRITIONAL DISEASES - DIABETES MELLITUS
015. ENDOCRINE SYSTEM, METABOLIC AND NUTRITIONAL DISEASES - DISEASES OF OTHER ENDOCRINE GLANDS, METABOLIC AND NUTRITIONAL DISEASES
016. DISEASES OF THE BLOOD AND BLOOD-FORMING ORGANS - ANEMIAS AND OTHER
017. MENTAL, PSYCHONEUROTIC, AND PERSONALITY DISORDERS - ALL PSYCHOSES, PSYCHONEUROTIC AND PERSONALITY DISORDERS
020. DISEASES OF THE NERVOUS SYSTEM - VASCULAR LESIONS AFFECTING CNS
024. DISEASES OF THE NERVOUS SYSTEM - MIGRAINE
025. DISEASES OF THE NERVOUS SYSTEM - OTHER DISEASES OF
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<td>030</td>
<td>DISEASES OF THE EYE - ALL DISEASES OF THE EYE</td>
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<td>034</td>
<td>DISEASES OF THE EAR - ALL DISEASES OF THE EAR</td>
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<td>CEREBRAL VASCULAR ACCIDENT - STROKE</td>
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<td>038</td>
<td>DISEASES OF THE CIRCULATORY SYSTEM - ALL DISEASES OF THE HEART</td>
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<td>039</td>
<td>CEREBRAL VASCULAR ACCIDENT - STROKE</td>
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<td>040</td>
<td>DISEASES OF THE CIRCULATORY SYSTEM - GENERAL ARTERIOSCLEROSIS</td>
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<tr>
<td>041</td>
<td>VARICOSE VEINS OF LOWER EXTREMITIES</td>
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<td>HEMORRHIOIDS</td>
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<td>COLD (CHRONIC AND ACUTE) AND OTHER ACUTE DISEASES OF THE UPPER RESPIRATORY SYSTEM</td>
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<td>046</td>
<td>INFLUENZA</td>
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<td>ULCER OF STOMACH AND DUODENUM</td>
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<td>070</td>
<td>OTHER DISEASES OF MALE GENITAL ORGANS</td>
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<td>072</td>
<td>MENOPAUSAL</td>
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(CONTINUED)

SYMPTOMS

1  073. DISEASES OF THE GENITO-URINARY SYSTEM - OTHER DISEASES OF FEMALE GENITAL ORGANS

075. DISEASES OF THE SKIN AND CELLULAR TISSUE - ECZEMA

076. DISEASES OF THE SKIN AND CELLULAR TISSUE - DERMATITIS

077. DISEASES OF THE SKIN AND CELLULAR TISSUE - OTHER DISEASES OF SKIN AND CELLULAR TISSUE

1  078. DISEASES OF BONES AND ORGANS OF MOVEMENT - ARTHRITIS

079. DISEASES OF BONES AND ORGANS OF MOVEMENT - RHEUMATISM (EXCEPT RHEUMATIC FEVER AND RHEUMATIC HEART DISEASE)

082. DISEASES OF BONES AND ORGANS OF MOVEMENT - OTHER DISEASES OF MUSCULOSKELETAL SYSTEM

1  086. SYMPTOMS, SENILITY, AND ILL-DEFINED CONDITIONS - SYMPTOMS REFERABLE TO RESPIRATORY SYSTEM

087. SYMPTOMS, SENILITY, AND ILL-DEFINED CONDITIONS - SYMPTOMS REFERABLE TO CARDIOVASCULAR AND LYMPHATIC SYSTEM

1  088. SYMPTOMS, SENILITY, AND ILL-DEFINED CONDITIONS - SYMPTOMS REFERABLE TO LIMBS AND BACK

1  089. SYMPTOMS, SENILITY, AND ILL-DEFINED CONDITIONS - NERVIOUSNESS AND DEBILITY

090. SYMPTOMS, SENILITY, AND ILL-DEFINED CONDITIONS - HEADACHE

6  091. SYMPTOMS, SENILITY, AND ILL-DEFINED CONDITIONS - OTHER SYMPTOMS, SENILITY, AND ILL-DEFINED CONDITIONS

092. INJURIES AND POISONINGS - FRACTURES

093. INJURIES AND POISONINGS - DISLOCATIONS, SPRAINS, AND STRAINS

094. INJURIES AND POISONINGS - LACERATIONS AND OPEN WOUNDS

095. INJURIES AND POISONINGS - OTHER AND UNSPECIFIED INJURIES AND POISONINGS, BURNS

1  096. OTHER IMPAIRMENTS, AMPUTATIONS, AND LOSS OF MEMBERS - OTHER IMPAIRMENTS

097. OTHER IMPAIRMENTS, AMPUTATIONS, AND LOSS OF MEMBERS - AMPUTATIONS AND LOSS OF MEMBERS

098. "CHECK-UP" - CHECK-UP NOT OTHERWISE DESCRIBED, POST-OPERATIVE FOR OLD AILMENTS, ETC.

1683  000. INAP., NO FURTHER ILLNESSES MENTIONED

998. NO ANSWER

395  999. INAP., CODED 10 AT Q.HS.G, NO DESIGNATED INDIVIDUAL OR NO RESPONSE FROM DESIGNATED INDIVIDUAL
VAR 0709  LENGTH OLDER HAD ILL-4  MD=97 OR GE 98
REF 0709  LOC 1136 WIDTH 2  DK 18 COL 25-26

--IF "YES" TO Q.DI5--

Q.DI5A(4)  HOW LONG HAS (SHE) HAD [FOURTH] (AILMENT)?:

00. ONE TO FOUR WEEKS
01. ONE MONTH BUT LESS THAN TWO MONTHS
  02. TWO TO FIVE MONTHS
  03. SIX TO ELEVEN MONTHS
  04. ONE YEAR ABOUT LESS THAN TWO YEARS
  05. TWO TO FOUR YEARS
  06. FIVE TO NINE YEARS
  07. TEN TO FOURTEEN YEARS
   08. FIFTEEN TO NINETEEN YEARS
   09. TWENTY TO TWENTY-FOUR YEARS
   10. TWENTY-FIVE YEARS OR MORE

1683 97. INAP., NO FURTHER ILLNESSES MENTIONED
   98. DK; NO ANSWER
   99. INAP., CODED 10 AT Q.HS.G, NO DESIGNATED INDIVIDUAL
        OR NO RESPONSE FROM DESIGNATED INDIVIDUAL

VAR 0710  4TH LIMIT MOBILITY-1  MD=7 OR GE 8
REF 0710  LOC 1138 WIDTH 1  DK 18 COL 27

--IF "YES" AT Q.DI5--

Q.DI5B(4A)  DID THIS FOURTH ILLNESS LIMIT MOBILITY? - [1ST MENTION]

24  0. NO
  1. KEPT IN BED MOST OF THE TIME
  2. KEPT IN THE HOUSE BUT IN A CHAIR
  3. KEPT IN THE HOUSE BUT STILL ABLE TO GET AROUND
   1  4. KEPT FROM GETTING AROUND OUTSIDE BY SELF
   4  5. KEPT FROM CLIMBING STAIRS

1683 7. INAP., NO FURTHER ILLNESSES MENTIONED
   8. DK; NO ANSWER
   9. INAP., CODED 10 AT Q.HS.G, NO DESIGNATED INDIVIDUAL
        OR NO RESPONSE FROM DESIGNATED INDIVIDUAL
VAR 0711  4TH LIMIT MOBILITY-2  MD=7 OR GE 8
REF 0711  LOC 1139 WIDTH 1  DK 18 COL 28

--IF "YES" AT Q.DI5--

Q.DI5B(4B)   DID THIS FOURTH ILLNESS LIMIT MOBILITY? - [2ND MENTION]

-----------------------------------------------
0.  NO
1  1.  KEPT IN BED MOST OF THE TIME
1  2.  KEPT IN THE HOUSE BUT IN A CHAIR
1  3.  KEPT IN THE HOUSE BUT STILL ABLE TO GET AROUND
1  4.  KEPT FROM GETTING AROUND OUTSIDE BY SELF
5  5.  KEPT FROM CLIMBING STAIRS

1716  7.  INAP., NO FURTHER MENTIONS
8  8.  DK; NO ANSWER
395  9.  INAP., CODED 10 AT Q.HS.G, NO DESIGNATED INDIVIDUAL OR NO RESPONSE FROM DESIGNATED INDIVIDUAL

-----------------------------------------------

VAR 0712  4TH LIMIT MOBILITY-3  MD=7 OR GE 8
REF 0712  LOC 1140 WIDTH 1  DK 18 COL 29

--IF "YES" AT Q.DI5--

Q.DI5B(4C)   DID THIS FOURTH ILLNESS LIMIT MOBILITY? - [3RD MENTION]

-----------------------------------------------
0.  NO
1  1.  KEPT IN BED MOST OF THE TIME
2.  2.  KEPT IN THE HOUSE BUT IN A CHAIR
1  3.  KEPT IN THE HOUSE BUT STILL ABLE TO GET AROUND
1  4.  KEPT FROM GETTING AROUND OUTSIDE BY SELF
5  5.  KEPT FROM CLIMBING STAIRS

1717  7.  INAP., NO FURTHER MENTIONS
8  8.  DK; NO ANSWER
395  9.  INAP., CODED 10 AT Q.HS.G, NO DESIGNATED INDIVIDUAL OR NO RESPONSE FROM DESIGNATED INDIVIDUAL
**Q.DI5B(4D) DID THIS FOURTH ILLNESS LIMIT MOBILITY? - [4TH MENTION]**

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<td>5</td>
<td>KEPT FROM CLIMBING STAIRS</td>
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<tr>
<td>6</td>
<td>INAP., NO FURTHER MENTIONS</td>
</tr>
<tr>
<td>7</td>
<td>DK; NO ANSWER</td>
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<tr>
<td>8</td>
<td>INAP., CODED 10 AT Q.HS.G, NO DESIGNATED INDIVIDUAL</td>
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<tr>
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**Q.DI5B(4E) DID THIS FOURTH ILLNESS LIMIT MOBILITY? - [5TH MENTION]**

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<td>DK; NO ANSWER</td>
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<td>INAP., CODED 10 AT Q.HS.G, NO DESIGNATED INDIVIDUAL</td>
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FIRST MOBILE LIMITATIONS - ALL CONDITIONS
-----------------------------------------

781 0. NO
51 1. KEPT IN BED MOST OF THE TIME
41 2. KEPT IN THE HOUSE BUT IN A CHAIR
47 3. KEPT IN THE HOUSE BUT STILL ABLE TO GET AROUND
18 4. KEPT FROM GETTING AROUND OUTSIDE BY SELF
40 5. KEPT FROM CLIMBING STAIRS

720 7. INAP., CODED 2, OR 7-8 AT Q.DI5
21 8. DK; NO ANSWER
395 9. INAP., CODED 10 AT Q.HS.G, NO DESIGNATED INDIVIDUAL OR NO RESPONSE FROM DESIGNATED INDIVIDUAL

SECOND MOBILE LIMITATIONS - ALL CONDITIONS
-----------------------------------------

0. NO
53 1. KEPT IN BED MOST OF THE TIME
38 2. KEPT IN THE HOUSE BUT IN A CHAIR
96 3. KEPT IN THE HOUSE BUT STILL ABLE TO GET AROUND
47 4. KEPT FROM GETTING AROUND OUTSIDE BY SELF
55 5. KEPT FROM CLIMBING STAIRS

1426 7. INAP., NO FURTHER MENTIONS
4 8. DK; NO ANSWER
395 9. INAP., CODED 10 AT Q.HS.G, NO DESIGNATED INDIVIDUAL OR NO RESPONSE FROM DESIGNATED INDIVIDUAL

THIRD MOBILE LIMITATIONS - ALL CONDITIONS
-----------------------------------------
(CONTINUED)

0. NO
1. KEPT IN BED MOST OF THE TIME
18 2. KEPT IN THE HOUSE BUT IN A CHAIR
43 3. KEPT IN THE HOUSE BUT STILL ABLE TO GET AROUND
52 4. KEPT FROM GETTING AROUND OUTSIDE BY SELF
50 5. KEPT FROM CLIMBING STAIRS

1556 7. INAP., NO FURTHER MENTIONS
8. DK; NO ANSWER
395 9. INAP., CODED 10 AT Q.HS.G, NO DESIGNATED INDIVIDUAL
OR NO RESPONSE FROM DESIGNATED INDIVIDUAL

---------------------------------------------------------------------

VAR 0718    MOBILE LIMIT ALL COND-4     MD=7 OR GE 8
REF 0718    LOC 1146 WIDTH 1           DK 18 COL 35

FOURTH MOBILE LIMITATIONS - ALL CONDITIONS
---------------------------------------------

0. NO
1. KEPT IN BED MOST OF THE TIME
2. KEPT IN THE HOUSE BUT IN A CHAIR
16 3. KEPT IN THE HOUSE BUT STILL ABLE TO GET AROUND
27 4. KEPT FROM GETTING AROUND OUTSIDE BY SELF
47 5. KEPT FROM CLIMBING STAIRS

1628 7. INAP., NO FURTHER MENTIONS
1 8. DK; NO ANSWER
395 9. INAP., NO DESIGNATED INDIVIDUAL OR NO RESPONSE FROM
DESIGNATED INDIVIDUAL

---------------------------------------------------------------------

VAR 0719    MOBILE LIMIT ALL COND-5     MD=7 OR GE 8
REF 0719    LOC 1147 WIDTH 1           DK 18 COL 36

FIFTH MOBILE LIMITATIONS - ALL CONDITIONS
---------------------------------------------

0. NO
1. KEPT IN BED MOST OF THE TIME
2. KEPT IN THE HOUSE BUT IN A CHAIR
3. KEPT IN THE HOUSE BUT STILL ABLE TO GET AROUND
11 4. KEPT FROM GETTING AROUND OUTSIDE BY SELF
(CONTINUED)

25  5.  KEPT FROM CLIMBING STAIRS

1683  7.  INAP., NO FURTHER MENTIONS

8.  DK; NO ANSWER

395  9.  INAP., CODED 10 AT Q.HS.G, NO DESIGNATED INDIVIDUAL
      OR NO RESPONSE FROM DESIGNATED INDIVIDUAL

-------------------------------------------------------------

VAR 0720  MOBILE LIMIT ALL COND-6  MD=7 OR GE 8
REF 0720  LOC 1148 WIDTH 1  DK 18 COL 37

SIXTH MOBILE LIMITATIONS - ALL CONDITIONS
---------------------------------------------

0.  NO

1.  KEPT IN BED MOST OF THE TIME

2.  KEPT IN THE HOUSE BUT IN A CHAIR

3.  KEPT IN THE HOUSE BUT STILL ABLE TO GET AROUND

4.  KEPT FROM GETTING AROUND OUTSIDE BY SELF

9  5.  KEPT FROM CLIMBING STAIRS

1710  7.  INAP., NO FURTHER MENTIONS

8.  DK; NO ANSWER

395  9.  INAP., CODED 10 AT Q.HS.G, NO DESIGNATED INDIVIDUAL
      OR NO RESPONSE FROM DESIGNATED INDIVIDUAL

-------------------------------------------------------------

VAR 0721  Q.5 AND 18 RESPONSES  MD=9
REF 0721  LOC 1149 WIDTH 1  DK 18 COL 38

Q.DI5 AND Q.DI18 RESPONSES
-----------------------------

267  1.  CODED NO AT Q.DI5 AND Q.18

448  2.  CODED NO AT Q.DI5 AND YES AT Q.18

159  3.  CODED YES AT Q.DI5 AND NO AT Q.18

845  4.  CODED YES AT Q.DI5 AND YES AT Q.18

395  9.  INAP., CODED 10 AT Q.HS.G, NO DESIGNATED INDIVIDUAL
      OR NO RESPONSE FROM DESIGNATED INDIVIDUAL
Q. DI18. JUST TO MAKE SURE THAT I HAVE A CLEAR PICTURE OF (OLDER PERSON'S) HEALTH, HERE IS A LIST OF HEALTH PROBLEMS THAT PEOPLE OFTEN HAVE. I'LL READ EACH ONE--IF SHE HAS IT NOWADAYS, STOP ME!

Q. DI18(A)1. DOES SHE HAVE TROUBLE HEARING?

444  01.  YES, CURRENT PROBLEM
1258  10.  NO
14  00.  DK
  97.  NA
  98.  NO ANSWER
395  99.  INAP., CODED 10 AT Q.HS.G, NO DESIGNATED INDIVIDUAL OR NO RESPONSE FROM DESIGNATED INDIVIDUAL

--(IF ILLNESS HAS NOT BEEN MENTIONED BEFORE), IF CODED 1 AT Q. DI18(A)1--

Q. DI18(A)2   HOW LONG HAS SHE BEEN TROUBLED THIS WAY? (HOW LONG HAS THAT BEEN GOING ON?) [TROUBLE HEARING]

00.  ONE TO FOUR WEEKS
  01.  ONE MONTH BUT LESS THAN TWO MONTHS
  02.  TWO TO FIVE MONTHS
  03.  SIX TO ELEVEN MONTHS
  04.  ONE YEAR BUT LESS THAN TWO YEARS
  05.  TWO TO FOUR YEARS
  06.  FIVE TO NINE YEARS
  07.  TEN TO FOURTEEN YEARS
  08.  FIFTEEN TO NINTEEN YEARS
  09.  TWENTY TO TWENTY-FOUR YEARS
  10.  TWENTY-FIVE YEARS OR MORE
1301  97.  INAP., CODED 2 AT Q.DI18(A)1; OR CODED 1 AT Q.DI18(A)1 BUT HEALTH PROBLEM MENTIONED EARLIER
50  98.  DK; NO ANSWER
395  99. INAP., CODED 10 AT Q.HS.G, NO DESIGNATED INDIVIDUAL OR NO RESPONSE FROM DESIGNATED INDIVIDUAL

.................................................................

VAR 0724  TROUBLE - SEEING
REF 0724  LOC 1154 WIDTH 1
DK 18 COL 43

Q.DI18(B)1. DOES (S)HE HAVE MUCH TROUBLE SEEING, EVEN WITH GLASSES? [HEALTH PROBLEM]

<SEE Q.DI18 FOR COMPLETE QUESTION TEXT>

326  1. YES, CURRENT PROBLEM
1367  2. NO
23  0. DK
7. NA
3  8. NO ANSWER
395  9. INAP., CODED 10 AT Q.HS.G, NO DESIGNATED INDIVIDUAL OR NO RESPONSE FROM DESIGNATED INDIVIDUAL

.................................................................

VAR 0725  WHEN - TROUBLE SEEING
REF 0725  LOC 1155 WIDTH 2
DK 18 COL 44-45

--(IF ILLNESS HAS NOT BEEN MENTIONED BEFORE), IF CODED 1 AT Q.DI18(B)1--

Q.DI18(B)2. HOW LONG HAS (S)HE BEEN TROUBLED THIS WAY? (HOW LONG HAS THAT BEEN GOING ON?) [TROUBLE SEEING]

1  00. ONE TO FOUR WEEKS
01. ONE MONTH BUT LESS THAN TWO MONTHS
8  02. TWO TO FIVE MONTHS
6  03. SIX TO ELEVEN MONTHS
31  04. ONE YEAR BUT LESS THAN TWO YEARS
66  05. TWO TO FOUR YEARS
44  06. FIVE TO NINE YEARS
35  07. TEN TO FOURTEEN YEARS
13  08. FIFTEEN TO NINETEEN YEARS
6  09. TWENTY TO TWENTY-FOUR YEARS
15  10. TWENTY-FIVE YEARS OR MORE
(CONTINUED)

1456  97.  INAP., CODED 2 AT Q.DI18(B)1; OR CODED 1 AT Q.DI18(B)1 BUT HEALTH PROBLEM MENTIONED EARLIER
38  98.  DK; NO ANSWER
395  99.  INAP., CODED 10 AT Q.HS.G, NO DESIGNATED INDIVIDUAL OR NO RESPONSE FROM DESIGNATED INDIVIDUAL

-----------------------------------------------

VAR 0726      TROUBLE - COUGH                     MD=0 OR GE  7
REF 0726       LOC 1157 WIDTH  1             DK  18 COL 46

Q.DI18(C)1.  DOES (S)HE HAVE A COUGH?  [HEALTH PROBLEM]

<SEE Q.DI18 FOR COMPLETE QUESTION TEXT>

201  1.  YES, CURRENT PROBLEM
1488  2.  NO

27  0.  DK
  7.  NA
  3  8.  NO ANSWER
395  9.  INAP., CODED 10 AT Q.HS.G, NO DESIGNATED INDIVIDUAL OR NO RESPONSE FROM DESIGNATED INDIVIDUAL

-----------------------------------------------

VAR 0727      WHEN - TROUBLE COUGH              MD=97 OR GE  98
REF 0727       LOC 1158 WIDTH  2             DK  18 COL 47-48

--(IF ILLNESS HAS NOT BEEN MENTIONED BEFORE), IF CODED 1 AT Q.DI18(C)1--

Q.DI18(C)2   HOW LONG HAS (S)HE BEEN TROUBLED THIS WAY?  
             (HOW LONG HAS THAT BEEN GOING ON?)  [COUGH]

-----------------------------------------------

6  00.  ONE TO FOUR WEEKS
  3  01.  ONE MONTH BUT LESS THAN TWO MONTHS
 12  02.  TWO TO FIVE MONTHS
  5  03.  SIX TO ELEVEN MONTHS
 11  04.  ONE YEAR BUT LESS THAN TWO YEARS
 24  05.  TWO TO FOUR YEARS
 29  06.  FIVE TO NINE YEARS
 20  07.  TEN TO FOURTEEN YEARS
9 08. FIFTEEN TO NINETEEN YEARS
11 09. TWENTY TO TWENTY-FOUR YEARS
29 10. TWENTY-FIVE YEARS OR MORE

1530 97. INAP., CODED 2 AT Q.DI18(C)1; OR CODED 1 AT Q.DI18(C)1 BUT HEALTH PROBLEM MENTIONED EARLIER
30 98. DK; NO ANSWER
395 99. INAP., CODED 10 AT Q.HS.G, NO DESIGNATED INDIVIDUAL OR NO RESPONSE FROM DESIGNATED INDIVIDUAL

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VAR 0728 TROUBLE - DIARRHEA
REF 0728 LOC 1160 WIDTH 1

Q.DI18(D)1. DIARRHEA? [HEALTH PROBLEM]

<SEE Q.DI18 FOR COMPLETE QUESTION TEXT>

46 1. YES, CURRENT PROBLEM
1543 2. NO

122 0. DK
7. NA
8 8. NO ANSWER
395 9. INAP., CODED 10 AT Q.HS.G, NO DESIGNATED INDIVIDUAL OR NO RESPONSE FROM DESIGNATED INDIVIDUAL

-----------------------------

VAR 0729 WHEN - TROUBLE DIARRHEA
REF 0729 LOC 1161 WIDTH 2

--(IF ILLNESS HAS NOT BEEN MENTIONED BEFORE), IF CODED 1 AT Q.DI18(D)1--

Q.DI18(D)2 HOW LONG HAS (S)HE BEEN TROUBLED THIS WAY? (HOW LONG HAS THAT BEEN GOING ON?) [DIARRHEA]

00. ONE TO FOUR WEEKS
1 01. ONE MONTH BUT LESS THAN TWO MONTHS
2 02. TWO TO FIVE MONTHS
3 03. SIX TO ELEVEN MONTHS
3 04. ONE YEAR BUT LESS THAN TWO YEARS
(CONTINUED)

12 05. TWO TO FOUR YEARS
4 06. FIVE TO NINE YEARS
8 07. TEN TO FOURTEEN YEARS
08. FIFTEEN TO NINETEEN YEARS
09. TWENTY TO TWENTY-FOUR YEARS
7 10. TWENTY-FIVE YEARS OR MORE

1668 97. INAP., CODED 2 AT Q.DI18(D)1; OR CODED 1 AT Q.DI18(D)1 BUT HEALTH PROBLEM MENTIONED EARLIER
11 98. DK; NO ANSWER
395 99. INAP., CODED 10 AT Q.HS.G, NO DESIGNATED INDIVIDUAL OR NO RESPONSE FROM DESIGNATED INDIVIDUAL

---------------------------------------------------------------------

VAR 0730 TROUBLE - CONSTIPATION MD=0 OR GE 7
REF 0730 LOC 1163 WIDTH 1 DK 18 COL 52

Q.DI18(E)1. CONSTIPATION? [HEALTH PROBLEM]

<SEE Q.DI18 FOR COMPLETE QUESTION TEXT>

300 1. YES, CURRENT PROBLEM
1225 2. NO
187 0. DK
7. NA
7 8. NO ANSWER
395 9. INAP., CODED 10 AT Q.HS.G, NO DESIGNATED INDIVIDUAL OR NO RESPONSE FROM DESIGNATED INDIVIDUAL

---------------------------------------------------------------------

VAR 0731 WHEN - TROUBLE CONSTIPAT MD=97 OR GE 98
REF 0731 LOC 1164 WIDTH 2 DK 18 COL 53-54

--(IF ILLNESS HAS NOT BEEN MENTIONED BEFORE), IF CODED 1 AT Q.DI18(E)1--

Q.DI18(E)2 HOW LONG HAS (S)HE BEEN TROUBLED THIS WAY?
(HOW LONG HAS THAT BEEN GOING ON?) [CONSTIPATION]

00. ONE TO FOUR WEEKS
1 01. ONE MONTH BUT LESS THAN TWO MONTHS
(CONTINUED)

6 02. TWO TO FIVE MONTHS
4 03. SIX TO ELEVEN MONTHS
12 04. ONE YEAR BUT LESS THAN TWO YEARS
32 05. TWO TO FOUR YEARS
32 06. FIVE TO NINE YEARS
28 07. TEN TO FOURTEEN YEARS
18 08. FIFTEEN TO NINETEEN YEARS
21 09. TWENTY TO TWENTY-FOUR YEARS
64 10. TWENTY-FIVE YEARS OR MORE

1429 97. INAP., CODED 2 AT Q.DI18(E)1; OR CODED 1 AT Q.DI18(E)1 BUT HEALTH PROBLEM MENTIONED EARLIER
72 98. DK; NO ANSWER
395 99. INAP., CODED 10 AT Q.HS.G, NO DESIGNATED INDIVIDUAL OR NO RESPONSE FROM DESIGNATED INDIVIDUAL

VAR 0732      TROUBLE - DIZZINESS     MD=0 OR GE 7
REF 0732     LOC 1166 WIDTH 1     DK 18 COL 55

Q.DI18(F)1. FEELING OF DIZZINESS? [HEALTH PROBLEM]
-----------------------------------------------

<SEE Q.DI18 FOR COMPLETE QUESTION TEXT>

447  1. YES, CURRENT PROBLEM
1130  2. NO

136  0. DK
7.  NA
6  8. NO ANSWER
395  9. INAP., CODED 10 AT Q.HS.G, NO DESIGNATED INDIVIDUAL OR NO RESPONSE FROM DESIGNATED INDIVIDUAL

VAR 0733      WHEN - TROUBLE DIZZINESS     MD=97 OR GE 98
REF 0733     LOC 1167 WIDTH 2     DK 18 COL 56-57

--(IF ILLNESS HAS NOT BEEN MENTIONED BEFORE), IF CODED 1 AT Q.DI18(F)1--

Q.DI18(F)2   HOW LONG HAS (S)HE BEEN TROUBLED THIS WAY? (HOW LONG HAS THAT BEEN GOING ON?) [DIZZINESS]
-----------------------------------------------
6 00. ONE TO FOUR WEEKS
 2 01. ONE MONTH BUT LESS THAN TWO MONTHS
16 02. TWO TO FIVE MONTHS
15 03. SIX TO ELEVEN MONTHS
54 04. ONE YEAR BUT LESS THAN TWO YEARS
128 05. TWO TO FOUR YEARS
 71 06. FIVE TO NINE YEARS
35 07. TEN TO FOURTEEN YEARS
15 08. FIFTEEN TO NINETEEN YEARS
 8 09. TWENTY TO TWENTY-FOUR YEARS
 21 10. TWENTY-FIVE YEARS OR MORE
1281 97. INAP., CODED 2 AT Q.DI18(F)1; OR CODED 1 AT
Q.DI18(F)1 BUT HEALTH PROBLEM MENTIONED EARLIER
  67 98. DK; NO ANSWER
395 99. INAP., CODED 10 AT Q.HS.G, NO DESIGNATED INDIVIDUAL
     OR NO RESPONSE FROM DESIGNATED INDIVIDUAL

Q.DI18(G)1. HEADACHES? [HEALTH PROBLEM]

<SEE Q.DI18 FOR COMPLETE QUESTION TEXT>

349 1. YES, CURRENT PROBLEM
1258 2. NO

102 0. DK
 7. NA
10  8. NO ANSWER
395 9. INAP., CODED 10 AT Q.HS.G, NO DESIGNATED INDIVIDUAL
     OR NO RESPONSE FROM DESIGNATED INDIVIDUAL

VAR 0735 WHEN - TROUBLE HEADACHES  MD=97 OR GE 98
REF 0735 LOC 1170 WIDTH 2  DK 18 COL 59-60

--(IF ILLNESS HAS NOT BEEN MENTIONED BEFORE), IF CODED 1 AT
Q.DI18(G)1--
Q.DI18(G)2 HOW LONG HAS (S)HE BEEN TROUBLED THIS WAY? (HOW LONG HAS THAT BEEN GOING ON?) [HEADACHES]

7 00. ONE TO FOUR WEEKS
2 01. ONE MONTH BUT LESS THAN TWO MONTHS
7 02. TWO TO FIVE MONTHS
8 03. SIX TO ELEVEN MONTHS
28 04. ONE YEAR BUT LESS THAN TWO YEARS
59 05. TWO TO FOUR YEARS
44 06. FIVE TO NINE YEARS
29 07. TEN TO FOURTEEN YEARS
16 08. FIFTEEN TO NINETEEN YEARS
17 09. TWENTY TO TWENTY-FOUR YEARS
49 10. TWENTY-FIVE YEARS OR MORE

1388 97. INAP., CODED 2 AT Q.DI18(G)1; OR CODED 1 AT Q.DI18(G)1 BUT HEALTH PROBLEM MENTIONED EARLIER
65 98. DK; NO ANSWER
395 99. INAP., CODED 10 AT Q.HS.G, NO DESIGNATED INDIVIDUAL OR NO RESPONSE FROM DESIGNATED INDIVIDUAL

Q.DI18(H)1. SHORTNESS OF BREATH? [HEALTH PROBLEM]

<SEE Q.DI18 FOR COMPLETE QUESTION TEXT>

384 1. YES, CURRENT PROBLEM
1252 2. NO

77 0. DK
7. NA

6 8. NO ANSWER
395 9. INAP., CODED 10 AT Q.HS.G, NO DESIGNATED INDIVIDUAL OR NO RESPONSE FROM DESIGNATED INDIVIDUAL
--(IF ILLNESS HAS NOT BEEN MENTIONED BEFORE), IF CODED 1 AT Q.DI18(H)1--

Q.DI18(H)2 HOW LONG HAS (S)HE BEEN TROUBLED THIS WAY? (HOW LONG HAS THAT BEEN GOING ON?) [SHORTNESS OF BREATH]

<table>
<thead>
<tr>
<th>Code</th>
<th>Duration</th>
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<tr>
<td>00</td>
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<tr>
<td>01</td>
<td>ONE MONTH BUT LESS THAN TWO MONTHS</td>
</tr>
<tr>
<td>02</td>
<td>TWO TO FIVE MONTHS</td>
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<td>09</td>
<td>TWENTY TO TWENTY-FOUR YEARS</td>
</tr>
<tr>
<td>10</td>
<td>TWENTY-FIVE YEARS OR MORE</td>
</tr>
</tbody>
</table>

1338 INAP., CODED 2 AT Q.DI18(H)1; OR CODED 1 AT Q.DI18(H)1 BUT HEALTH PROBLEM MENTIONED EARLIER
56   DK; NO ANSWER
395  INAP., CODED 10 AT Q.HS.G, NO DESIGNATED INDIVIDUAL OR NO RESPONSE FROM DESIGNATED INDIVIDUAL

Q.DI18(I)1. ASTHMA? [HEALTH PROBLEM]

<SEE Q.DI18 FOR COMPLETE QUESTION TEXT>

<table>
<thead>
<tr>
<th>Code</th>
<th>Answer</th>
</tr>
</thead>
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<tr>
<td>83</td>
<td>YES, CURRENT PROBLEM</td>
</tr>
<tr>
<td>1567</td>
<td>NO</td>
</tr>
<tr>
<td>61</td>
<td>DK</td>
</tr>
<tr>
<td>8</td>
<td>NO ANSWER</td>
</tr>
<tr>
<td>395</td>
<td>INAP., CODED 10 AT Q.HS.G, NO DESIGNATED INDIVIDUAL OR NO RESPONSE FROM DESIGNATED INDIVIDUAL</td>
</tr>
</tbody>
</table>
VAR 0739  WHEN - TROUBLE ASTHMA  MD=97 OR GE 98  
REF 0739  LOC 1176 WIDTH 2  DK 18 COL 65-66

--(IF ILLNESS HAS NOT BEEN MENTIONED BEFORE), IF CODED 1 AT Q.DI(I)1--

Q.DI18(I)2  HOW LONG HAS (S)HE BEEN TROUBLED THIS WAY?  
(HOW LONG HAS THAT BEEN GOING ON?) [ASTHMA]

00.  ONE TO FOUR WEEKS
01.  ONE MONTH BUT LESS THAN TWO MONTHS
02.  TWO TO FIVE MONTHS
03.  SIX TO ELEVEN MONTHS
04.  ONE YEAR BUT LESS THAN TWO YEARS
05.  TWO TO FOUR YEARS
06.  FIVE TO NINE YEARS
07.  TEN TO FOURTEEN YEARS
08.  FIFTEEN TO NINETEEN YEARS
09.  TWENTY TO TWENTY-FOUR YEARS
10.  TWENTY-FIVE YEARS OR MORE

1663  97.  INAP., CODED 2 AT Q.DI18(I)1; OR CODED 1 AT Q.DI18(I)1 BUT HEALTH PROBLEM MENTIONED EARLIER
15  98.  DK; NO ANSWER
395  99.  INAP., CODED 10 AT Q.HS.G, NO DESIGNATED INDIVIDUAL
        OR NO RESPONSE FROM DESIGNATED INDIVIDUAL

------------------------------------------------------------------------

VAR 0740  TROUBLE - WEIGHT LOSS  MD=0 OR GE 7  
REF 0740  LOC 1178 WIDTH 1  DK 18 COL 67

Q.DI18(J)1.  IS (S)HE LOSING WEIGHT FOR NO REASON?  [HEALTH PROBLEM]

<SEE Q.DI18 FOR COMPLETE QUESTION TEXT>

60  1.  YES, CURRENT PROBLEM
1613 2.  NO
41  0.  DK
7.  NA
5  8.  NO ANSWER
395  9.  INAP., CODED 10 AT Q.HS.G, NO DESIGNATED INDIVIDUAL
        OR NO RESPONSE FROM DESIGNATED INDIVIDUAL
VAR 0741      WHEN - TROUBLE WEIGHT LO          MD=97 OR GE  98
REF 0741      LOC 1179 WIDTH  2             DK  18 COL 68-69

--(IF ILLNESS HAS NOT BEEN MENTIONED BEFORE), IF CODED 1 AT
Q.DI18(J)1--

Q.DI18(J)2   HOW LONG HAS (S)HE BEEN TROUBLED THIS WAY? (HOW
LONG HAS THAT BEEN GOING ON?) [WEIGHT LOSS]
---------------------------------------------------------------------

  1  00.  ONE TO FOUR WEEKS
  1  01.  ONE MONTH BUT LESS THAN TWO MONTHS
  9  02.  TWO TO FIVE MONTHS
  9  03.  SIX TO ELEVEN MONTHS
 11  04.  ONE YEAR BUT LESS THAN TWO YEARS
 12  05.  TWO TO FOUR YEARS
  6  06.  FIVE TO NINE YEARS
  1  07.  TEN TO FOURTEEN YEARS
  1  08.  FIFTEEN TO NINeteEN YEARS
  09.  TWENTY TO TWENTy-FOUR YEARS
 10.  TWENTY-FIVE YEARS OR MORE

1655  97.  INAP., CODED 2 AT Q.DI18(J)1; OR CODED 1 AT
Q.DI18(J)1 BUT HEALTH PROBLEM MENTIONED EARLIER
  13  98.  DK; NO ANSWER
  395  99.  INAP., CODED 10 AT Q.HS.G, NO DESIGNATED INDIVIDUAL
OR NO RESPONSE FROM DESIGNATED INDIVIDUAL

---------------------------------------------------------------------

VAR 0742      TROUBLE - ARTHRITIS                 MD=0 OR GE  7
REF 0742      LOC 1181 WIDTH  1             DK  18 COL 70

Q.DI18(K)1.  ARTHRITIS OR RHEUMATISM? [HEALTH PROBLEM]
---------------------------------------------------------------------

<SEE Q.DI18 FOR COMPLETE QUESTION TEXT>

  595  1.  YES, CURRENT PROBLEM
  1046  2.  NO

  74  0.  DK
  7.  NA
  4  8.  NO ANSWER
  395  9.  INAP., CODED 10 AT Q.HS.G, NO DESIGNATED INDIVIDUAL
OR NO RESPONSE FROM DESIGNATED INDIVIDUAL
VAR 0743  WHEN - TROUBLE ARTHRITIS  MD=97 OR GE 98
REF 0743  LOC 1182 WIDTH 2  DK 18 COL 71-72

--(IF ILLNESS HAS NOT BEEN MENTIONED BEFORE), IF CODED 1 AT Q.DI18(K)1--

Q.DI18(K)2  HOW LONG HAS (S)HE BEEN TROUBLED THIS WAY? (HOW
LONG HAS THAT BEEN GOING ON?)  [ARTHITIS OR RHEUMATISM]

1  00.  ONE TO FOUR WEEKS
   01.  ONE MONTH BUT LESS THAN TWO MONTHS
   02.  TWO TO FIVE MONTHS
   03.  SIX TO ELEVEN MONTHS
   04.  ONE YEAR BUT LESS THAN TWO YEARS
   05.  TWO TO FOUR YEARS
   06.  FIVE TO NINE YEARS
   07.  TEN TO FOURTEEN YEARS
   08.  FIFTEEN TO NINETEEN YEARS
   09.  TWENTY TO TWENTY-FOUR YEARS
   10.  TWENTY-FIVE YEARS OR MORE
1366  97.  INAP., CODED 2 AT Q.DI18(K)1; OR CODED 1 AT
       Q.DI18(K)1 BUT HEALTH PROBLEM MENTIONED EARLIER
   98.  DK; NO ANSWER
395  99.  INAP., CODED 10 AT Q.HS.G, NO DESIGNATED INDIVIDUAL
       OR NO RESPONSE FROM DESIGNATED INDIVIDUAL

...............................................................

VAR 0744  TROUBLE - DIABETES  MD=0 OR GE 7
REF 0744  LOC 1184 WIDTH 1  DK 18 COL 73

Q.DI18(L)1.  DIABETES (SUGAR SICKNESS)?  [HEALTH PROBLEM]

<SEE Q.DI18 FOR COMPLETE QUESTION TEXT>

70  1.  YES, CURRENT PROBLEM
1595  2.  NO
47  0.  DK
   7.  NA
   8.  NO ANSWER
395  9.  INAP., CODED 10 AT Q.HS.G, NO DESIGNATED INDIVIDUAL
       OR NO RESPONSE FROM DESIGNATED INDIVIDUAL
VAR 0745  WHEN - TROUBLE DIABETES  MD=97 OR GE 98
REF 0745  LOC 1185 WIDTH 2  DK 18 COL 74-75

--(IF ILLNESS HAS NOT BEEN MENTIONED BEFORE), IF CODED 1 AT Q.DI18(L)1--

Q.DI18(L)2  HOW LONG HAS (S)HE BEEN TROUBLED THIS WAY?  (HOW LONG HAS THAT BEEN GOING ON?) [DIABETES]

00. ONE TO FOUR WEEKS
01. ONE MONTH BUT LESS THAN TWO MONTHS
 02. TWO TO FIVE MONTHS
 03. SIX TO ELEVEN MONTHS
 04. ONE YEAR BUT LESS THAN TWO YEARS
 05. TWO TO FOUR YEARS
 06. FIVE TO NINE YEARS
 07. TEN TO FOURTEEN YEARS
 08. FIFTEEN TO NINETEEN YEARS
 09. TWENTY TO TWENTY-FOUR YEARS
 10. TWENTY-FIVE YEARS OR MORE

1693  97. INAP., CODED 2 AT Q.DI18(L)1; OR CODED 1 AT Q.DI18(L)1 BUT HEALTH PROBLEM MENTIONED EARLIER
11  98. DK; NO ANSWER
395  99. INAP., CODED 10 AT Q.HS.G, NO DESIGNATED INDIVIDUAL OR NO RESPONSE FROM DESIGNATED INDIVIDUAL

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VAR 0746  TROUBLE - STOMACH  MD=0 OR GE 7
REF 0746  LOC 1187 WIDTH 1  DK 18 COL 76

Q.DI18(M)1.  STOMACH TROUBLE?  [HEALTH PROBLEM]

<SEE Q.DI18 FOR COMPLETE QUESTION TEXT>

251  1.  YES, CURRENT PROBLEM
1401  2.  NO

62  0.  DK
 7.  NA
5  8.  NO ANSWER
395  9.  INAP., CODED 10 AT Q.HS.G, NO DESIGNATED INDIVIDUAL OR NO RESPONSE FROM DESIGNATED INDIVIDUAL
VAR 0747  WHEN - TROUBLE STOMACH        MD=97 OR GE 98
REF 0747   LOC 1188 WIDTH 2            DK 18 COL 77-78

--(IF ILLNESS HAS NOT BEEN MENTIONED BEFORE), IF CODED 1 AT
Q.DI18(M)1--

Q.DI18(M)2  HOW LONG HAS (S)HE BEEN TROUBLED THIS WAY?
(HOW LONG HAS THAT BEEN GOING ON?) [STOMACH TROUBLE]
-----------------------------------------------------------

 3 00.  ONE TO FOUR WEEKS
 1 01.  ONE MONTH BUT LESS THAN TWO MONTHS
 8 02.  TWO TO FIVE MONTHS
 3 03.  SIX TO ELEVEN MONTHS
16 04.  ONE YEAR BUT LESS THAN TWO YEARS
36 05.  TWO TO FOUR YEARS
33 06.  FIVE TO NINE YEARS
21 07.  TEN TO FOURTEEN YEARS
 7 08.  FIFTEEN TO NINETEEN YEARS
 9 09.  TWENTY TO TWENTY-FOUR YEARS
30 10.  TWENTY-FIVE YEARS OR MORE
1521 97.  INAP., CODED 2 AT Q.DI18(M)1; OR CODED 1 AT
Q.DI18(M)1 BUT HEALTH PROBLEM MENTIONED EARLIER
31 98.  DK; NO ANSWER
395 99.  INAP., CODED 10 AT Q.HS.G, NO DESIGNATED INDIVIDUAL
OR NO RESPONSE FROM DESIGNATED INDIVIDUAL

-----------------------------------------------------------------

VAR 0748  TROUBLE - GALL BLADDER          MD=0 OR GE 7
REF 0748   LOC 1190 WIDTH 1              DK 18 COL 79

Q.DI18(N)1.  GALL BLADDER OR LIVER TROUBLE? [HEALTH
PROBLEM]
-----------------------------------------------------------

<SEE Q.DI18 FOR COMPLETE QUESTION TEXT>

146 1.  YES, CURRENT PROBLEM
1479 2.  NO
86 0.  DK
 7.  NA
 8 8.  NO ANSWER
395 9.  INAP., CODED 10 AT Q.HS.G, NO DESIGNATED INDIVIDUAL
 OR NO RESPONSE FROM DESIGNATED INDIVIDUAL
DECK IDENTIFICATION NUMBER IS '19'            DK 19 COL 1- 2
----------------------------------
VAR 0001    ICPSR STUDY NUMBER-7686    NO MISSING DATA CODES
REF 0001    LOC  1 WIDTH  4    DK 19 COL 3- 6

ICPSR STUDY NUMBER-7686
------------------------

VAR 0002    ICPSR EDITION NUMBER-1    NO MISSING DATA CODES
REF 0002    LOC  5 WIDTH  1    DK 19 COL 7

ICPSR EDITION NUMBER
----------------------
THE NUMBER IDENTIFYING THE RELEASE EDITION OF THIS DATASET.

1. WINTER 1984

VAR 0003    ICPSR PART NUMBER-001    NO MISSING DATA CODES
REF 0003    LOC  6 WIDTH  3    DK 19 COL 8-10

ICPSR PART NUMBER
------------------
THE NUMBER IDENTIFYING THIS PART OF A 3-PART STUDY.

001. THE HEALTH NEEDS OF OLDER PERSONS
002. HOUSEHOLD ENUMERATION; NON-INTERVIEWED INDIVIDUALS
003. PUBLIC ATTITUDES ON OLDER PEOPLE

VAR 0004    CASE ID NUMBER    NO MISSING DATA CODES
REF 0004    LOC  9 WIDTH  4    DK 19 COL 11-14

ICPSR SEQUENTIAL CASE IDENTIFICATION NUMBER
--------------------------------------------
THE ICPSR HAS ATTACHED A SEQUENTIAL CASE IDENTIFICATION
NUMBER TO EVERY RECORD. THIS NUMBER UNIQUELY IDENTIFIES EACH RECORD IN THE DATA COLLECTION.

VAR 0749 WHEN - TROUBLE GALL BLAD MD=97 OR GE 98
REF 0749 LOC 1191 WIDTH 2 DK 19 COL 15-16

--(IF ILLNESS HAS NOT BEEN MENTIONED BEFORE), IF CODED 1 AT Q.DI18(N)1--

Q.DI18(N)2 HOW LONG HAS (S)HE BEEN TROUBLED THIS WAY? (HOW LONG HAS THAT BEEN GOING ON?) [GALL BLADDER OR LIVER]

1 00. ONE TO FOUR WEEKS
  01. ONE MONTH BUT LESS THAN TWO MONTHS
  3 02. TWO TO FIVE MONTHS
  1 03. SIX TO ELEVEN MONTHS
  6 04. ONE YEAR BUT LESS THAN TWO YEARS
  21 05. TWO TO FOUR YEARS
  17 06. FIVE TO NINE YEARS
  11 07. TEN TO FOURTEEN YEARS
  14 08. FIFTEEN TO NINeteen YEARS
  5 09. TWENTY TO TWENTY-FOUR YEARS
  8 10. TWENTY-FIVE YEARS OR MORE

1614 97. INAP., CODED 2 AT Q.DI18(N)1; OR CODED 1 AT Q.DI18(N)1 BUT HEALTH PROBLEM MENTIONED EARLIER
  18 98. DK; NO ANSWER
  395 99. INAP., CODED 10 AT Q.HS.G, NO DESIGNATED INDIVIDUAL OR NO RESPONSE FROM DESIGNATED INDIVIDUAL

VAR 0750 TROUBLE - HEART MD=0 OR GE 7
REF 0750 LOC 1193 WIDTH 1 DK 19 COL 17

Q.DI18(O)1. HEART TROUBLE? [HEALTH PROBLEM]

<SEE Q.DI18 FOR COMPLETE QUESTION TEXT>

292 1. YES, CURRENT PROBLEM
1346 2. NO
71 0. DK
(CONTINUED)

7. NA
10 8. NO ANSWER
395 9. INAP., CODED 10 AT Q.HS.G, NO DESIGNATED INDIVIDUAL
    OR NO RESPONSE FROM DESIGNATED INDIVIDUAL

VAR 0751        WHEN - TROUBLE HEART      MD=97 OR GE  98
REF 0751         LOC 1194 WIDTH  2       DK  19 COL 18-19

--(IF ILLNESS HAS NOT BEEN MENTIONED BEFORE), IF CODED 1 AT
Q.DI18(O)1--

Q.DI18(O)2   HOW LONG HAS (S)HE BEEN TROUBLED THIS WAY?
(HOW LONG HAS THAT BEEN GOING ON?) [HEART TROUBLE]
-----------------------------------------------------------
  00. ONE TO FOUR WEEKS
     01. ONE MONTH BUT LESS THAN TWO MONTHS
          2  02. TWO TO FIVE MONTHS
          4  03. SIX TO ELEVEN MONTHS
          9  04. ONE YEAR BUT LESS THAN TWO YEARS
          25  05. TWO TO FOUR YEARS
          22  06. FIVE TO NINE YEARS
          10  07. TEN TO FOURTEEN YEARS
          8  08. FIFTEEN TO NINETEEN YEARS
          4  09. TWENTY TO TWENTY-FOUR YEARS
          6  10. TWENTY-FIVE YEARS OR MORE

1606 97. INAP., CODED 2 AT Q.DI18(O)1; OR CODED 1 AT
Q.DI18(O)1 BUT HEALTH PROBLEM MENTIONED EARLIER
23 98. DK; NO ANSWER
395 99. INAP., CODED 10 AT Q.HS.G, NO DESIGNATED INDIVIDUAL
    OR NO RESPONSE FROM DESIGNATED INDIVIDUAL

VAR 0752        TROUBLE - BLOOD PRESSURE      MD=0 OR GE  7
REF 0752         LOC 1196 WIDTH  1       DK  19 COL 20

Q.DI18(P)1.  HIGH BLOOD PRESSURE? [HEALTH PROBLEM]
------------------------------------------------------

<SEE Q.DI18 FOR COMPLETE QUESTION TEXT>

358 1. YES, CURRENT PROBLEM
(CONTINUED)

1203 2. NO

150 0. DK
7. NA
8 8. NO ANSWER
395 9. INAP., CODED 10 AT Q.HS.G, NO DESIGNATED INDIVIDUAL OR NO RESPONSE FROM DESIGNATED INDIVIDUAL

---(IF ILLNESS HAS NOT BEEN MENTIONED BEFORE), IF CODED 1 AT Q.DI18(P)1---

Q.DI18(P)2  HOW LONG HAS (S)HE BEEN TROUBLED THIS WAY? (HOW LONG HAS THAT BEEN GOING ON?)  [HIGH BLOOD PRESSURE]

00. ONE TO FOUR WEEKS
4 01. ONE MONTH BUT LESS THAN TWO MONTHS
4 02. TWO TO FIVE MONTHS
5 03. SIX TO ELEVEN MONTHS
15 04. ONE YEAR BUT LESS THAN TWO YEARS
53 05. TWO TO FOUR YEARS
46 06. FIVE TO NINE YEARS
36 07. TEN TO FOURTEEN YEARS
7 08. FIFTEEN TO NINETEEN YEARS
3 09. TWENTY TO TWENTY-FOUR YEARS
4 10. TWENTY-FIVE YEARS OR MORE

1506 97. INAP., CODED 2 AT Q.DI18(P)1; OR CODED 1 AT Q.DI18(P)1 BUT HEALTH PROBLEM MENTIONED EARLIER
36 98. DK; NO ANSWER
395 99. INAP., CODED 10 AT Q.HS.G, NO DESIGNATED INDIVIDUAL OR NO RESPONSE FROM DESIGNATED INDIVIDUAL

---(IF ILLNESS HAS NOT BEEN MENTIONED BEFORE), IF CODED 1 AT Q.DI18(P)1---

Q.DI18(Q)1. KIDNEY TROUBLE?  [HEALTH PROBLEM]
(CONTINUED)

<SEE Q.DI18 FOR COMPLETE QUESTION TEXT>

148 1. YES, CURRENT PROBLEM
1469 2. NO
96 0. DK
7. NA
6 8. NO ANSWER
395 9. INAP., CODED 10 AT Q.HS.G, NO DESIGNATED INDIVIDUAL OR NO RESPONSE FROM DESIGNATED INDIVIDUAL

---------------------------------------------
VAR 0755  WHEN - TROUBLE KIDNEY
REF 0755  LOC 1200 WIDTH 2
DK 19 COL 24-25

--(IF ILLNESS HAS NOT BEEN MENTIONED BEFORE), IF CODED 1 AT Q.DI18(Q)1--

Q.DI18(Q)2  HOW LONG HAS (S)HE BEEN TROUBLED THIS WAY?
(HOW LONG HAS THAT BEEN GOING ON?) [KIDNEY TROUBLE]

---------------------------------------------
6 00.  ONE TO FOUR WEEKS
2 01.  ONE MONTH BUT LESS THAN TWO MONTHS
7 02.  TWO TO FIVE MONTHS
2 03.  SIX TO ELEVEN MONTHS
11 04.  ONE YEAR BUT LESS THAN TWO YEARS
16 05.  TWO TO FOUR YEARS
27 06.  FIVE TO NINE YEARS
10 07.  TEN TO FOURTEEN YEARS
5 08.  FIFTEEN TO NINETEEN YEARS
1 09.  TWENTY TO TWENTY-FOUR YEARS
8 10.  TWENTY-FIVE YEARS OR MORE

1601 97.  INAP., CODED 2 AT Q.DI18(Q)1; OR CODED 1 AT Q.DI18(Q)1 BUT HEALTH PROBLEM MENTIONED EARLIER
23 98.  DK; NO ANSWER
395 99.  INAP., CODED 10 AT Q.HS.G, NO DESIGNATED INDIVIDUAL OR NO RESPONSE FROM DESIGNATED INDIVIDUAL
Q.DI18(R)1. PARALYSIS, ANY PART OF THE BODY? [HEALTH PROBLEM]

<SEE Q.DI18 FOR COMPLETE QUESTION TEXT>

39  1. YES, CURRENT PROBLEM
1645  2. NO

26  0. DK
7. NA
9  8. NO ANSWER
395  9. INAP., CODED 10 AT Q.HS.G, NO DESIGNATED INDIVIDUAL OR NO RESPONSE FROM DESIGNATED INDIVIDUAL

Q.DI18(R)2. HOW LONG HAS (S)HE BEEN TROUBLED THIS WAY? (HOW LONG HAS THAT BEEN GOING ON?) [PARALYSIS]

1  00. ONE TO FOUR WEEKS
01. ONE MONTH BUT LESS THAN TWO MONTHS
02. TWO TO FIVE MONTHS
03. SIX TO ELEVEN MONTHS
1  04. ONE YEAR BUT LESS THAN TWO YEARS
4  05. TWO TO FOUR YEARS
3  06. FIVE TO NINE YEARS
4  07. TEN TO FOURTEEN YEARS
2  08. FIFTEEN TO NINETEEN YEARS
2  09. TWENTY TO TWENTY-FOUR YEARS
2  10. TWENTY-FIVE YEARS OR MORE

1688  97. INAP., CODED 2 AT Q.DI18(R)1; OR CODED 1 AT Q.DI18(R)1 BUT HEALTH PROBLEM MENTIONED EARLIER
12  98. DK; NO ANSWER
395  99. INAP., CODED 10 AT Q.HS.G, NO DESIGNATED INDIVIDUAL OR NO RESPONSE FROM DESIGNATED INDIVIDUAL
Q.DI18(S)1. PILES? [HEALTH PROBLEM]
-------------------------------------

<SEE Q.DI18 FOR COMPLETE QUESTION TEXT>

132  1. YES, CURRENT PROBLEM  
1439  2. NO  
135  0. DK  
7. NA  
13  8. NO ANSWER  
395  9. INAP., CODED 10 AT Q.HS.G, NO DESIGNATED INDIVIDUAL OR NO RESPONSE FROM DESIGNATED INDIVIDUAL

VAR 0759  WHEN - TROUBLE PILES  MD=97 OR GE  98
REF 0759   LOC 1206 WIDTH  2  DK  19 COL 30-31

--(IF ILLNESS HAS NOT BEEN MENTIONED BEFORE), IF CODED 1 AT Q.DI18(S)1--

Q.DI18(S)2   HOW LONG HAS (S)HE BEEN TROUBLED THIS WAY?  
(HOW LONG HAS THAT BEEN GOING ON?) [PILES]
-------------------------------------

00. ONE TO FOUR WEEKS  
01. ONE MONTH BUT LESS THAN TWO MONTHS  
1  02. TWO TO FIVE MONTHS  
03. SIX TO ELEVEN MONTHS  
2  04. ONE YEAR BUT LESS THAN TWO YEARS  
11  05. TWO TO FOUR YEARS  
13  06. FIVE TO NINE YEARS  
15  07. TEN TO FOURTEEN YEARS  
10  08. FIFTEEN TO NINETEEN YEARS  
15  09. TWENTY TO TWENTY-FOUR YEARS  
24  10. TWENTY-FIVE YEARS OR MORE  
1592  97. INAP., CODED 2 AT Q.DI18(S)1; OR CODED 1 AT Q.DI18(S)1 BUT HEALTH PROBLEM MENTIONED EARLIER  
36  98. DK; NO ANSWER  
395  99. INAP., CODED 10 AT Q.HS.G, NO DESIGNATED INDIVIDUAL OR NO RESPONSE FROM DESIGNATED INDIVIDUAL
Q.DI18(T)1. SINUS TROUBLE? [HEALTH PROBLEM]

SEE Q.DI18 FOR COMPLETE QUESTION TEXT

164 1. YES, CURRENT PROBLEM
1471 2. NO
74 0. DK
7. NA
10 8. NO ANSWER
395 9. INAP., CODED 10 AT Q.HS.G, NO DESIGNATED INDIVIDUAL OR NO RESPONSE FROM DESIGNATED INDIVIDUAL

Q.DI18(T)2. HOW LONG HAS (S)HE BEEN TROUBLED THIS WAY?
(HOW LONG HAS THAT BEEN GOING ON?) [SINUS TROUBLE]

00. ONE TO FOUR WEEKS
1 01. ONE MONTH BUT LESS THAN TWO MONTHS
1 02. TWO TO FIVE MONTHS
1 03. SIX TO ELEVEN MONTHS
2 04. ONE YEAR BUT LESS THAN TWO YEARS
24 05. TWO TO FOUR YEARS
14 06. FIVE TO NINE YEARS
29 07. TEN TO FOURTEEN YEARS
8 08. FIFTEEN TO NINETEEN YEARS
12 09. TWENTY TO TWENTY-FOUR YEARS
19 10. TWENTY-FIVE YEARS OR MORE
1565 97. INAP., CODED 2 AT Q.DI18(T)1; OR CODED 1 AT Q.DI18(T)1 BUT HEALTH PROBLEM MENTIONED EARLIER
43 98. DK; NO ANSWER
395 99. INAP., CODED 10 AT Q.HS.G, NO DESIGNATED INDIVIDUAL OR NO RESPONSE FROM DESIGNATED INDIVIDUAL
VAR 0762 TROUBLE - VARICOSE VEINS MD=0 OR GE 7
REF 0762 LOC 1211 WIDTH 1 DK 19 COL 35

Q.DI18(U)1. VARICOSE VEINS? [HEALTH PROBLEM]
-----------------------------------------------

<SEE Q.DI18 FOR COMPLETE QUESTION TEXT>

162 1. YES, CURRENT PROBLEM
1450 2. NO

81 0. DK
7. NA

26 8. NO ANSWER

395 9. INAP., CODED 10 AT Q.HS.G, NO DESIGNATED INDIVIDUAL OR NO RESPONSE FROM DESIGNATED INDIVIDUAL

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VAR 0763 WHEN - TROUBLE VARICOSE MD=97 OR GE 98
REF 0763 LOC 1212 WIDTH 2 DK 19 COL 36-37

--(IF ILLNESS HAS NOT BEEN MENTIONED BEFORE), IF CODED 1 AT Q.DI18(U)1--

Q.DI18(U)2 HOW LONG HAS (S)HE BEEN TROUBLED THIS WAY?
(HOW LONG HAS THAT BEEN GOING ON?) [VARICOSE VEINS]
-----------------------------------------------

00. ONE TO FOUR WEEKS
01. ONE MONTH BUT LESS THAN TWO MONTHS
02. TWO TO FIVE MONTHS
03. SIX TO ELEVEN MONTHS
2 04. ONE YEAR BUT LESS THAN TWO YEARS
11 05. TWO TO FOUR YEARS
22 06. FIVE TO NINE YEARS
22 07. TEN TO FOURTEEN YEARS
10 08. FIFTEEN TO NINETEEN YEARS
15 09. TWENTY TO TWENTY-FOUR YEARS
33 10. TWENTY-FIVE YEARS OR MORE

1558 97. INAP., CODED 2 AT Q.DI18(U)1; OR CODED 1 AT Q.DI18(U)1 BUT HEALTH PROBLEM MENTIONED EARLIER
46 98. DK; NO ANSWER

395 99. INAP., CODED 10 AT Q.HS.G, NO DESIGNATED INDIVIDUAL OR NO RESPONSE FROM DESIGNATED INDIVIDUAL
--(ASK FOR WOMEN ONLY)---

Q.DI18(V)1. FEMALE TROUBLE? [HEALTH PROBLEM]

<SEE Q.DI18 FOR COMPLETE QUESTION TEXT>

33 1. YES, CURRENT PROBLEM
818 2. NO
66 0. DK
787 7. INAP., CODED 1 (MALE) AT Q.HS.H
15 8. NO ANSWER
395 9. INAP., CODED 10 AT Q.HS.G, NO DESIGNATED INDIVIDUAL OR NO RESPONSE FROM DESIGNATED INDIVIDUAL

--(IF ILLNESS HAS NOT BEEN MENTIONED BEFORE), IF CODED 1 AT Q.DI18(V)1--

Q.DI18(V)2 HOW LONG HAS SHE BEEN TROUBLED THIS WAY? (HOW LONG HAS THAT BEEN GOING ON?) [FEMALE TROUBLE]

00. ONE TO FOUR WEEKS
01. ONE MONTH BUT LESS THAN TWO MONTHS
02. TWO TO FIVE MONTHS
03. SIX TO ELEVEN MONTHS
04. ONE YEAR BUT LESS THAN TWO YEARS
05. TWO TO FOUR YEARS
06. FIVE TO NINE YEARS
07. TEN TO FOURTEEN YEARS
08. FIFTEEN TO NINETEEN YEARS
09. TWENTY TO TWENTY-FOUR YEARS
10. TWENTY-FIVE YEARS OR MORE
1683 97. INAP., CODED 2 AT Q.DI18(V)1; OR CODED 1 AT Q.DI18(V)1 BUT HEALTH PROBLEM MENTIONED EARLIER
19 98. DK; NO ANSWER
395 99. INAP., CODED 10 AT Q.HS.G, NO DESIGNATED INDIVIDUAL
(CONTINUED)

OR NO RESPONSE FROM DESIGNATED INDIVIDUAL

...................................................................................

VAR 0766      TROUBLE - PROSTATE      MD=0 OR GE 7
REF 0766      LOC 1217 WIDTH 1      DK 19 COL 41

--(ASK FOR MEN ONLY)--

Q.DI18(W)1. PROSTATE TROUBLE? [HEALTH PROBLEM]

<SEE Q.DI18 FOR COMPLETE QUESTION TEXT>

54  1. YES, CURRENT PROBLEM
635 2. NO

94  0. DK
932 7. INAP., CODED 2 (FEMALE) AT Q.HS.H
4  8. NO ANSWER
395 9. INAP., CODED 10 AT Q.HS.G, NO DESIGNATED INDIVIDUAL
  OR NO RESPONSE FROM DESIGNATED INDIVIDUAL

...................................................................................

VAR 0767      WHEN - TROUBLE PROSTATE      MD=97 OR GE 98
REF 0767      LOC 1218 WIDTH 2      DK 19 COL 42-43

--(IF ILLNESS HAS NOT BEEN MENTIONED BEFORE), IF CODED 1 AT
  Q.DI18(W)1--

Q.DI18(W)2   HOW LONG HAS HE BEEN TROUBLED THIS WAY? (HOW
             LONG HAS THAT BEEN GOING ON?) [PROSTATE TROUBLE]

...................................................................................

1  00. ONE TO FOUR WEEKS
  01. ONE MONTH BUT LESS THAN TWO MONTHS
1  02. TWO TO FIVE MONTHS
1  03. SIX TO ELEVEN MONTHS
4  04. ONE YEAR BUT LESS THAN TWO YEARS
17 05. TWO TO FOUR YEARS
7  06. FIVE TO NINE YEARS
2  07. TEN TO FOURTEEN YEARS
3  08. FIFTEEN TO NINETEEN YEARS
09. TWENTY TO TWENTY-FOUR YEARS
1 10. TWENTY-FIVE YEARS OR MORE
Q.DI29  HERE ARE SOME MORE REAL-LIFE SITUATIONS. I'D LIKE TO KNOW WHAT YOU THINK ABOUT THEM. MR. AND MRS. WILLIAMS ARE IN THEIR SEVENTIES. THEIR ROOF STARTED TO LEAK A COUPLE OF WEEKS AGO, AND THEIR SON JIM SAID HE'D COME OUT AND FIX IT WHEN HE HAD A DAY OFF. THEY ARE EXPECTING JIM SATURDAY, BUT HE CALLED AND SAID THAT HE DIDN'T KNOW IF HE COULD MAKE IT, BECAUSE HIS BOWLING TEAM FROM WORK IS PRACTICING FOR THE TOURNAMENT THEN. WHAT SHOULD JIM DO?

1  00.  ANSWER TOO VAGUE TO CLASSIFY
533  01.  FIX THE ROOF (NO FURTHER EXPLANATION)
250  02.  FIX THE ROOF BECAUSE PARENTS ARE MORE IMPORTANT THAN BOWLING
21  03.  FIX THE ROOF BECAUSE CHILDREN SHOULD TAKE CARE OF AGED PARENTS (SPECIFIC MEN)
192  04.  FIX THE ROOF BECAUSE HE PROMISED TO DO IT (HE COMMITTED HIMSELF, PARENTS ARE DEPENDING ON HIM)
29  05.  FIX THE ROOF BECAUSE WORK COMES BEFORE PLEASURE
148  06.  FIX THE ROOF BECAUSE ROOF REPAIR IS A NECESSITY AND BOWLING ISN'T (MATERIAL DAMAGE MIGHT BE DONE)
21  07.  FIX THE ROOF BUT HE ISN'T GOING TO DO SO (BECAUSE RESPONDENT KNOWS "PEOPLE," "CHILDREN," ETC.)
204  08.  GET SOMEONE ELSE TO FIX THE ROOF (CARPENTER, ROOFER, RELATIVE, OR FRIEND)
9  11.  GO BOWLING (NO FURTHER EXPLANATION)
32  12.  GO BOWLING BECAUSE IT IS IMPORTANT TO JIM (PARENTS SHOULD UNDERSTAND)
46  13.  GO BOWLING AND FIX THE ROOF SOME FUTURE TIME UNLESS IT IS RAINING OR THREATENS RAIN
207  14.  GO BOWLING AND FIX THE ROOF SOME FUTURE TIME

98 98.  NO ANSWER
395 99.  INAP., CODED 10 AT Q.HS.G, NO DESIGNATED INDIVIDUAL OR NO RESPONSE FROM DESIGNATED INDIVIDUAL
Q.DI30  MRS. RAY IS A WIDOW. SHE LIVES ALONE, IN THE SUBURBS OF A BIG CITY. SHE HAS TO GO TO THE DOCTOR IN TOWN FOR TREATMENTS EVERY WEEK. BECAUSE SHE DOES NOT LIKE TO GO ALONE, HER ONLY SON, FRANK, HAS BEEN TAKING HER IN HIS CAR SATURDAY MORNINGS, ON HIS DAY OFF. THIS MAKES THINGS HARD FOR FRANK, BECAUSE SATURDAY MORNING IS THE ONLY TIME WHEN HE AND HIS WIFE CAN DO THEIR BIG SHOPPING FOR THE WEEK. IT LOOKS LIKE MRS. RAY'S TREATMENTS WILL BE GOING ON FOR SOME TIME. WHAT DO YOU THINK FRANK SHOULD DO?

26 00. ANSWER TOO VAGUE TO CLASSIFY;
270 01. TAKE HIS MOTHER TO THE DOCTOR (NO FURTHER EXPLANATION)
49 02. SHOULD TAKE HIS MOTHER TO THE DOCTOR BECAUSE HE OWES IT TO HER (MOTHER MADE SACRIFICES FOR HIM)
248 03. SHOULD TAKE MOTHER TO THE DOCTOR AND SHOP LATER OR ANOTHER DAY WITH HIS WIFE
122 04. SHOULD TAKE MOTHER TO THE DOCTOR BECAUSE MOTHER COMES FIRST (UNDER ANY CIRCUMSTANCES, MOTHER DEPENDS ON HIM)
180 11. SHOULD TAKE MOTHER TO THE DOCTOR AND SHOP OR HAVE WIFE SHOP AT THE SAME TIME
81 12. SHOULD CHANGE TIME OF APPOINTMENT SO HE CAN TAKE MOTHER TO THE DOCTOR (AND STILL DO SHOPPING WITH WIFE)
182 13. DIVIDE SATURDAYS BETWEEN WIFE AND MOTHER; LET HIS MOTHER GO ALONE SOMETIMES
2 21. SHOULD GO SHOPPING WITH WIFE (NO FURTHER EXPLANATION)
168 22. SHOULD GO SHOPPING WITH WIFE -- MAKE ARRANGEMENTS FOR SOMEONE ELSE TO ACCOMPANY HIS MOTHER TO THE DOCTOR (WIFE COMES FIRST)
108 23. SHOULD GO SHOPPING WITH WIFE -- PAY FOR A TAXI TO TAKE HIS MOTHER TO THE DOCTOR (WIFE COMES FIRST)
35 24. SHOULD GO SHOPPING WITH WIFE BECAUSE WIFE COMES FIRST
116 25. MOTHER SHOULD TAKE CARE OF HERSELF (RESPONSIBILITY IS MOTHER'S NOT SON'S)
132 98. NO ANSWER
395 99. INAP., CODED 10 AT Q.HS.G, NO DESIGNATED INDIVIDUAL OR NO RESPONSE FROM DESIGNATED INDIVIDUAL
TOM AND MARY JENKINS HAVE FOUR CHILDREN. THEY LIVE IN A NEW SECTION IN A SMALL, THREE-BEDROOM HOUSE, AND IT GETS PRETTY CROWDED. MARY'S MOTHER, MRS. STEVENS, IS A WIDOW, WITH A VERY SMALL PENSION, AND HER HEALTH IS POOR. THE DOCTOR DOESN'T THINK MRS. STEVENS SHOULD LIVE ALONE. HE SAYS THAT SHE DOESN'T NEED ANY SPECIAL NURSING CARE, JUST SOMEONE TO KEEP AN EYE ON HER. WHAT DO YOU THINK MARY SHOULD DO?

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>24</td>
<td>ANSWER TOO VAGUE TO CLASSIFY</td>
</tr>
<tr>
<td>585</td>
<td>SHOULD MOVE MOTHER IN WITH HER (NO FURTHER EXPLANATION)</td>
</tr>
<tr>
<td>169</td>
<td>SHOULD GET LARGER HOUSE OR ADD ANOTHER ROOM AND MOVE MOTHER IN WITH HER</td>
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<tr>
<td>32</td>
<td>SHOULD MOVE MOTHER IN WITH HER UNLESS MARY FINANCIALLY ABLE TO MAKE OTHER ARRANGEMENTS</td>
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<tr>
<td>11</td>
<td>HOUSE IS TOO SMALL SO MARY SHOULD MAKE OTHER ARRANGEMENTS FOR HER MOTHER (ARRANGEMENTS NOT SPECIFIED)</td>
</tr>
<tr>
<td>62</td>
<td>HOUSE IS TOO SMALL SO MARY SHOULD GET COMPANION FOR MOTHER OR ARRANGE FOR SOMEONE TO LIVE WITH HER</td>
</tr>
<tr>
<td>47</td>
<td>HOUSE IS TOO SMALL SO MARY SHOULD PUT MOTHER IN HOME</td>
</tr>
<tr>
<td>7</td>
<td>HOUSE IS TOO SMALL SO MOTHER SHOULD STAY IN OWN HOME AND MARY SHOULD KEEP IN TOUCH WITH HER</td>
</tr>
<tr>
<td>79</td>
<td>MOTHER SHOULD STAY IN OWN HOME AND MARY SHOULD KEEP IN TOUCH WITH HER</td>
</tr>
<tr>
<td>337</td>
<td>MOTHER SHOULD STAY IN OWN HOME AND MARY SHOULD GET SOMEONE TO STAY WITH HER (HIRE SOMEONE, GET NEIGHBOR OR COMPANION)</td>
</tr>
<tr>
<td>94</td>
<td>MOTHER SHOULD MOVE CLOSER TO MARY SO MARY CAN KEEP IN TOUCH WITH HER</td>
</tr>
<tr>
<td>157</td>
<td>MOTHER SHOULD MOVE TO HOME FOR AGED OR NURSING HOME</td>
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<tr>
<td>3</td>
<td>MARY SHOULDN'T HAVE RESPONSIBILITY FOR MOTHER (LET THE COUNTY OR SOMEONE ELSE TAKE CARE OF HER)</td>
</tr>
<tr>
<td>9</td>
<td>MARY AND FAMILY SHOULD GIVE UP HOME AND MOVE IN WITH MOTHER</td>
</tr>
<tr>
<td>103</td>
<td>NO ANSWER</td>
</tr>
<tr>
<td>395</td>
<td>INAP., CODED 10 AT Q.HS.G, NO DESIGNATED INDIVIDUAL OR NO RESPONSE FROM DESIGNATED INDIVIDUAL</td>
</tr>
</tbody>
</table>
Q.DI32  JOHN AND ALICE CLARK HAVE BEEN HELPING SUPPORT 
 JOHN'S FATHER AND MOTHER, WHO LIVE UP THE STREET FROM THEM.
 JOHN WORKS IN THE COUNTRY, AND UNLESS HE WANTS TO SPEND FOUR 
 HOURS A DAY TRAVELLING, HE HAS TO DRIVE TO WORK. HE'S BEEN 
 HAVING A LOT OF TROUBLE WITH HIS CAR, AND IT LOOKS AS THOUGH 
 HE'LL HAVE TO BUY ANOTHER ONE THAT'S IN PRETTY GOOD 
 CONDITION. JOHN'S BUDGET IS SO TIGHT NOW THAT IF HE BUYS A 
 CAR, THE PAYMENTS WILL MAKE IT IMPOSSIBLE FOR HIM TO HELP 
 HIS PARENTS. THEN THEY'D HAVE TO GET HELP FROM A WELFARE 
 AGENCY OR THE GOVERNMENT. WHAT SHOULD JOHN DO? 

------------------------------------------------------------
4  00. ANSWER TOO VAGUE TO CLASSIFY
1059  02. JOHN SHOULD BUY THE CAR AND HIS PARENTS SHOULD GO 
 TO THE GOVERNMENT OR WELFARE FOR HELP
186  03. JOHN SHOULD BUY THE CAR AND HIS PARENTS SHOULD GO 
 TO THE GOVERNMENT OR WELFARE FOR TEMPORARY HELP
47  21. JOHN SHOULD LET HIS PARENTS MOVE IN WITH HIM SO 
 THAT HE CAN BUY THE CAR
86  22. JOHN SHOULD SACRIFICE SOMETHING SO THAT HE CAN BUY 
 THE CAR AND HELP HIS PARENTS ALSO
32  31. JOHN SHOULD HELP HIS PARENTS (NO FURTHER 
 EXPLANATION)
47  41. JOHN SHOULD MAKE HIS CAR DO AND CONTINUE TO HELP 
 HIS PARENTS
120  42. JOHN SHOULD TRAVEL TO WORK ON PUBLIC CONVEYANCE OR 
 IN A CAR POOL AND CONTINUE TO HELP HIS PARENTS
64  43. JOHN SHOULD GET ANOTHER JOB AND CONTINUE TO HELP 
 HIS PARENTS
74  98. NO ANSWER
395  99. INAP., CODED 10 AT Q.HS.G, NO DESIGNATED INDIVIDUAL 
 OR NO RESPONSE FROM DESIGNATED INDIVIDUAL

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Q.DI33  MR. AND MRS. THOMPSON HAVE THREE GROWN SONS. TWO 
 OF THEM LIVE IN OREGON, BUT BILL, THE ELDEST, AND HIS WIFE 
 MARY LIVE ABOUT 150 MILES AWAY. BILL SENDS HIS PARENTS A 
 CHECK EVERY MONTH, BUT HE HARDLY EVER COMES TO SEE THEM OR 
 INVITES THEM TO VISIT HIS HOME. BILL PROMISED HIS MOTHER
HE'D BRING HIS FAMILY OUT FOR EASTER SUNDAY, BUT, JUST
BEFORE THE HOLIDAY, SOME OF MARY'S RELATIVES CAME DOWN, AND
SHE WANTED TO ENTERTAIN THEM ON EASTER. WHAT SHOULD BILL
HAVE DONE?

22 00. ANSWER TOO VAGUE TO CLASSIFY
139 01. BILL SHOULD STAY HOME (NO FURTHER EXPLANATION)
29 02. BILL SHOULD STAY HOME (WIFE COMES FIRST)
235 03. BILL SHOULD STAY HOME AND VISIT HIS PARENTS SOME
EARLY DATE IN THE FUTURE
23 04. BILL SHOULD STAY WITH MARY; HE FULFILLS HIS
OBLIGATIONS BY SENDING HIS PARENTS A CHECK
38 21. BILL SHOULD SPEND PART OF THE TIME WITH HIS PARENTS
AND PART WITH HIS WIFE
242 22. BILL SHOULD BRING HIS PARENTS TO HIS HOME AND
ENTERTAIN THEM ALONG WITH MARY'S RELATIVES
55 23. BILL SHOULD TAKE MARY'S RELATIVES WITH HIM TO HIS
PARENTS
271 31. BILL SHOULD HAVE GONE TO HIS PARENTS (NO FURTHER
EXPLANATION)
15 32. BILL SHOULD HAVE GONE TO HIS PARENTS (PARENTS COME
FIRST)
98 33. BILL SHOULD HAVE GONE TO HIS PARENTS (MOTHER COMES
FIRST, SOME MENTION OF "MOTHER," RESPONSIBILITY TO
"MOTHER," ETC.
203 34. BILL SHOULD HAVE GONE TO HIS PARENTS (NO SPECIAL
MENTION OF MOTHER BECAUSE HE PROMISED TO DO SO)
48 35. BILL SHOULD HAVE GONE TO HIS PARENTS BECAUSE HE
PROMISED HIS MOTHER
98 36. BILL SHOULD HAVE GONE TO HIS PARENTS AND LEFT HIS
WIFE WITH HER RELATIVES
24 37. BILL SHOULD HAVE TAKEN THE CHILDREN AND GONE TO SEE
HIS PARENTS AND LEFT HIS WIFE WITH HER RELATIVES
75 38. BILL SHOULD HAVE GONE TO PARENTS AND MARY AND
CHILDREN SHOULD HAVE GONE WITH HIM

104 98. NO ANSWER
395 99. INAP., CODED 10 AT Q.H.S.G, NO DESIGNATED INDIVIDUAL
OR NO RESPONSE FROM DESIGNATED INDIVIDUAL

Q.DI34    NOW I'D LIKE YOU TO TELL ME SOME GENERAL THINGS
ABOUT HOW YOU LIVE. HOW LONG HAVE YOU LIVED IN THIS HOUSE?
148  1.  LESS THAN ONE YEAR
437  2.  ONE YEAR, LESS THAN FIVE
401  3.  FIVE YEARS, LESS THAN TEN
489  4.  TEN YEARS, LESS THAN 25
237  5.  TWENTY-FIVE YEARS OR MORE

7  8.  NO ANSWER
395  9.  INAP., CODED 10 AT Q.HS.G, NO DESIGNATED INDIVIDUAL
       OR NO RESPONSE FROM DESIGNATED INDIVIDUAL

Q.DI35  DO YOU (OR YOUR FAMILY) OWN OR RENT THE PLACE WHERE
       YOU LIVE?

1284  1.  OWN
411  2.  RENT
  18  3.  OTHER

6  8.  NO ANSWER
395  9.  INAP., CODED 10 AT Q.HS.G, NO DESIGNATED INDIVIDUAL
       OR NO RESPONSE FROM DESIGNATED INDIVIDUAL

Q.DI36  ARE YOU MARRIED NOW?

235  1.  SINGLE
  80  2.  DIVORCED, SEPARATED
  161  3.  WIDOWED
1239  4.  MARRIED

4  8.  NO ANSWER
395  9.  INAP., CODED 10 AT Q.HS.G, NO DESIGNATED INDIVIDUAL
       OR NO RESPONSE FROM DESIGNATED INDIVIDUAL
VAR 0776     HAVE ANY CHILDREN         MD=0 OR GE 8
REF 0776     LOC 1233 WIDTH 1        DK 19 COL 57

--IF CODED 2-4 AT Q.DI36--

Q.DI36(A)     DO YOU HAVE ANY CHILDREN?
-----------------------------

1245  1. YES
232   2. NO

235   0. INAP., CODED 1 AT Q.DI36
    7   8. NO ANSWER
395   9. INAP., CODED 10 AT Q.HS.G, NO DESIGNATED INDIVIDUAL OR NO RESPONSE FROM DESIGNATED INDIVIDUAL

-----------------------------------------------------------------

VAR 0777     AGE OF CHILDREN         MD=0 OR GE 8
REF 0777     LOC 1234 WIDTH 1        DK 19 COL 58

--IF "YES" AT Q.DI36(A)--

Q.DI36(B)     HOW OLD ARE YOUR CHILDREN?
-----------------------------

637  1. ALL UNDER 18
220   2. SOME UNDER 18, SOME 18 OR OLDER
386   3. ALL 18 OR OLDER

467   0. INAP., CODED 0 OR 2 AT Q.DI36(A)
    9   8. NO ANSWER
395   9. INAP., CODED 10 AT Q.HS.G, NO DESIGNATED INDIVIDUAL OR NO RESPONSE FROM DESIGNATED INDIVIDUAL

-----------------------------------------------------------------

VAR 0778     HOW OLD IS R          MD=998 OR GE 999
REF 0778     LOC 1235 WIDTH 3        DK 19 COL 59-61

Q.DI37     HOW OLD ARE YOU? (ABOUT?)
-----------------------------

ACTUAL NUMBER IS CODED.
(CONTINUED)

001.

.

099.

19 998. NO ANSWER
395 999. INAP., CODED 10 AT Q.HS.G, NO DESIGNATED INDIVIDUAL OR NO RESPONSE FROM DESIGNATED INDIVIDUAL

VALID-N=1700  MIN=16  MAX=88  MEAN=44.9  ST.DEV=12.8
...........................................................................
VAR 0779      WHERE WAS R BORN                  MD=98 OR GE  99
REF 0779         LOC 1238 WIDTH  2             DK  19 COL 62-63

Q.DI38     WHERE WERE YOU BORN (NAME OF STATE OR COUNTRY)?
--------------------------------------------------------

5 00. LATIN AMERICA (CUBA, MEXICO, BRAZIL, ARGENTINA, ETC.)
1631 01. UNITED STATES
2 02. U.S. POSSESSIONS (INCLUDING FORMER POSSESSIONS): PUERTO RICO, PHILIPPINES, HAWAII, ALASKA, VIRGIN ISLANDS, ETC.
36 03. ENGLAND, SCOTLAND, WALES, IRELAND, CANADA, AUSTRALIA, NEW ZEALAND, UNION OF SOUTH AFRICA, B.W.I.
1 04. FRANCE, BELGIUM, SWITZERLAND
13 05. GERMANY, NETHERLANDS (HOLLAND), AUSTRIA, LUXEMBURG (PRUSSIA, HESSE, BAVARIA)
3 06. SWEDEN, NORWAY, DENMARK, FINLAND, ICELAND
9 07. RUSSIA, POLAND, LATVIA, LITHUANIA, ESTHONIA, UKRANIA
6 08. RUMANIA, BULGARIA, ALBANIA, GREECE, HUNGARY, TURKEY, YUGOSLAVIA, CZECHOSLOVAKIA (BOHEMIA, MONTENEGRO, TRANSYLVANIA), CRETE
4 09. ITALY, SPAN, PORTUGAL, AZORES, SARDINIA, SICILY
2 10. OTHERS: NEAR EAST, AFRICA
4 11. ORIENT (JAPAN, CHINA, INDIA, SIAM, INDO-CHINA, ETC.)

3 98. DK; NA
395 99. INAP., CODED 10 AT Q.HS.G, NO DESIGNATED INDIVIDUAL OR NO RESPONSE FROM DESIGNATED INDIVIDUAL
VAR 0780      AGE WHEN CAME THIS COUNT        MD=997 OR GE  998
REF 0780     LOC 1240 WIDTH  3          DK  19 COL 64-66

--IF "FOREIGN-BORN" AT Q.DI38--

Q.DI38A    HOW OLD WERE YOU WHEN YOU CAME TO THIS COUNTRY?
----------------------------------------------------------

5  001.  IF LESS THAN ONE YEAR CODE FOR ONE YEAR
       002.  
       099.  

4  997.  DK; NA; "VERY YOUNG," "A BABY," ETC.
1631  998.  INAP., CODED 01 AT Q.DI38
395  999.  INAP., CODED 10 AT Q.HS.G, NO DESIGNATED
            INDIVIDUAL OR NO RESPONSE FROM DESIGNATED
            INDIVIDUAL

CODE:    1     2     3     4     5     6     7     8     9
FREQ:    5     5     1     2     5     1     3     6     3

CODE:   10    11    13    15    17    18    19    20    21
FREQ:    2     3     1     2     5     2     1     2     5

CODE:   22    23    24    25    26    27    28    31    33
FREQ:    1     5     5     4     4     3     1     2     1

CODE:   41    47    50    58    997    998    999
FREQ:    1     1     1     1     4    1631    395

----------------------------------------------------------

VAR 0781      COUNTRY FATHERS BIRTH             MD=98 OR GE  99
REF 0781     LOC 1243 WIDTH  2          DK  19 COL 67-68

Q.DI39    IN WHAT COUNTRY WAS YOUR FATHER BORN (NAME OF STATE
          OR COUNTRY)?
----------------------------------------------------------

CODE ACCORDING TO PRESENT BOUNDARIES RATHER THAN BOUNDARIES
          AT TIME OF BIRTH, IF BOTH ARE GIVEN.

11  00.  LATIN AMERICA (CUBA, MEXICO, BRAZIL, ARGENTINA,
          ETC.)
### UNITED STATES

1. **U.S. POSSESSIONS (INCLUDING FORMER POSSESSIONS):**
   - Puerto Rico, Philippines, Hawaii, Alaska, Virgin Islands, etc.

2. **ENGLAND, SCOTLAND, WALES, IRELAND, CANADA, AUSTRALIA, NEW ZEALAND, UNION OF SOUTH AFRICA, B.W.I.**

3. **FRANCE, BELGIUM, SWITZERLAND**

4. **GERMANY, NETHERLANDS (HOLLAND), AUSTRIA, LUXEMBURG (PRUSSIA, HESSE, BAVARIA)**

5. **SWEDEN, NORWAY, DENMARK, FINLAND, ICELAND**

6. **RUSSIA, POLAND, LATVIA, LITHUANIA, ESTHONIA, UKRANIA**

7. **ROMANIA, BULGARIA, ALBANIA, GREECE, HUNGARY, TURKEY, YUGOSLAVIA, CZECHOSLOVAKIA (BOHEMIA, MONTENEGRO, TRANSYLVANIA), CRETE**

8. **ITALY, SPAIN, PORTUGAL, AZORES, SARDINIA, SICILY**

9. **ITALY, SPAIN, PORTUGAL, AZORES, SARDINIA, SICILY**

10. **OTHERS: NEAR EAST, AFRICA**

11. **ORIENT (JAPAN, CHINA, INDIA, SIAM, INDO-CHINA, ETC.)**

### OTHERS: NEAR EAST, AFRICA

82. **DK; NA**

395. **INAP., CODED 10 AT Q.HS.G, NO DESIGNATED INDIVIDUAL OR NO RESPONSE FROM DESIGNATED INDIVIDUAL**

---

**Q.DI40 WHAT WAS THE LAST GRADE OR YEAR OF SCHOOL YOU FINISHED?**

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<tr>
<th>Code</th>
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<tbody>
<tr>
<td>01</td>
<td>COMPLETED 0-4 YEARS</td>
</tr>
<tr>
<td>02</td>
<td>COMPLETED 5-6 YEARS</td>
</tr>
<tr>
<td>03</td>
<td>COMPLETED 7-8 YEARS</td>
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<tr>
<td>04</td>
<td>COMPLETED 9-11 YEARS</td>
</tr>
<tr>
<td>05</td>
<td>COMPLETED 12 YEARS</td>
</tr>
<tr>
<td>06</td>
<td>COMPLETED 1-3 YEARS COLLEGE</td>
</tr>
<tr>
<td>07</td>
<td>COMPLETED 4 OR MORE YEARS COLLEGE</td>
</tr>
<tr>
<td>08</td>
<td>OTHER (SPECIFY)</td>
</tr>
<tr>
<td>09</td>
<td>WENT TO UNGRADED SCHOOL</td>
</tr>
<tr>
<td>99</td>
<td>NO ANSWER</td>
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</table>

---

**VAR 0782 LAST GRADE IN SCHOOL MD=0 OR GE 99**

**REF 0782 LOC 1245 WIDTH 2 DK 19 COL 69-70**
VAR 0783  AGE WHEN LEFT SCHOOL   MD=0 OR GE 8
REF 0783  LOC 1247 WIDTH 1  DK 19 COL 71

--IF CODED 09 AT Q.DI40--

Q.DI40A  HOW OLD WERE YOU WHEN YOU LEFT SCHOOL?
-----------------------------------------------

1. UNDER 10 YEARS OF AGE
3  2. TEN TO 14 YEARS OF AGE
15  3. FOURTEEN YEARS OF AGE OR MORE

395  0. INAP., CODED 10 AT Q.HS.G, NO DESIGNATED INDIVIDUAL
  OR NO RESPONSE FROM DESIGNATED INDIVIDUAL
  8. DK; NA, ANSWERS TOO VAGUE TO CLASSIFY
1701  9. INAP., CODED 1-8 OR 99 AT Q.DI40

---------------------------------------------------------------------

VAR 0784  MAIN EARNER IN FAMILY  MD=0 OR GE 9
REF 0784  LOC 1248 WIDTH 1  DK 19 COL 72

Q.DI41  WHO IS THE MAIN EARNER IN YOUR FAMILY?
-----------------------------------------------

772  1. RESPONDENT
944  2. OTHER

395  0. INAP., CODED 10 AT Q.HS.G, NO DESIGNATED INDIVIDUAL
  OR NO RESPONSE FROM DESIGNATED INDIVIDUAL
  9. NO ANSWER

---------------------------------------------------------------------

VAR 0785  KIND OF WORK MAIN EARNER  MD=96 OR GE 97
REF 0785  LOC 1249 WIDTH 2  DK 19 COL 73-74

--IF "RESPONDENT" OR "OTHER" AT Q.DI41--

Q.DI41A  WHAT KIND OF WORK DO YOU (DOES THE MAIN EARNER) DO?
---------------------------------------------------------------------

172  00. PROFESSIONAL, TECHNICAL, AND KINDRED WORKERS
207  01. FARMERS AND FARM MANAGERS
(CONTINUED)

VAR 0786 SORT OF WORK PLACE MD=98 OR GE 99
REF 0786 LOC 1251 WIDTH 2 DK 19 COL 75-76

--IF CODED "RESPONDENT" OR "OTHER" AT Q.DI41--

Q.DI41B AT WHAT SORT OF PLACE DOES HE WORK? (WHAT DO THEY DO THERE?)

11 00. ENTERTAINMENT AND RECREATION
228 01. AGRICULTURE, FOREST, AND FISHERIES
25 02. MINING
103 03. CONSTRUCTION
454 04. MANUFACTURING
117 05. TRANSPORTATION, COMMUNICATIONS, AND OTHER PUBLIC UTILITIES
235 06. WHOLESALE AND RETAIL TRADE
63 07. FINANCE, INSURANCE, AND REAL ESTATE
75 08. BUSINESS AND REPAIR SERVICES
101 09. PERSONAL SERVICES
149 10. PROFESSIONAL AND RELATED SERVICES
80 11. PUBLIC ADMINISTRATION

78 98. DK; NO ANSWER
395 99. INAP., CODED 10 AT Q.HS.G, NO DESIGNATED INDIVIDUAL OR NO RESPONSE FROM DESIGNATED INDIVIDUAL
VAR 0787 WORK ALSO MD=0 OR GE 8
REF 0787 LOC 1253 WIDTH 1 DK 19 COL 77

--IF CODED 2 AT Q.DI41--

Q.DI41C DO YOU WORK, TOO?

290 1. YES
633 2. NO

395 0. INAP., CODED 10 AT Q.HS.G, NO DESIGNATED RESPONDENT
OR NO RESPONSE FROM DESIGNATED RESPONDENT
772 8. INAP., CODED 1 AT Q.DI41
24 9. NO ANSWER

VAR 0788 WHAT KIND OF WORK - R MD=96 OR GE 97
REF 0788 LOC 1254 WIDTH 2 DK 19 COL 78-79

--IF CODED 1 AT Q.DI41C--

Q.DI41C(1) WHAT DO YOU DO?

55 00. PROFESSIONAL, TECHNICAL, AND KINDRED WORKERS
11 01. FARMERS AND FARM MANAGERS
21 02. MANAGERS, OFFICIALS, AND PROPRIETORS, EXCEPT FARM
58 03. CLERICAL AND KINDRED WORKERS
26 04. SALES WORKERS
6 05. CRAFTSMEN, FOREMEN, AND KINDRED WORKERS
39 06. OPERATIVES AND KINDRED WORKERS
64 07. SERVICE WORKERS, PRIVATE HOUSEHOLD WORKERS
4 08. FARM LABORERS AND FOREMEN
2 09. LABORERS, EXCEPT FARM AND MINE

1405 96. INAP., CODED 2 OR 8 AT Q.41C
97. DK
28 98. NO ANSWER
395 99. INAP., CODED 10 AT Q.HS.G, NO DESIGNATED RESPONDENT
OR NO RESPONSE FROM DESIGNATED RESPONDENT

DECK IDENTIFICATION NUMBER IS '20'

DK 20 COL 1-2
ICPSR STUDY NUMBER-7686

THE NUMBER IDENTIFYING THE RELEASE EDITION OF THIS DATASET.

1. WINTER 1984

ICPSR PART NUMBER

THE NUMBER IDENTIFYING THIS PART OF A 3-PART STUDY.

001. THE HEALTH NEEDS OF OLDER PERSONS
002. HOUSEHOLD ENUMERATION: NON-INTERVIEWED INDIVIDUALS
003. PUBLIC ATTITUDES ON OLDER PEOPLE

ICPSR SEQUENTIAL CASE IDENTIFICATION NUMBER

THE ICPSR HAS ATTACHED A SEQUENTIAL CASE IDENTIFICATION NUMBER TO EVERY RECORD. THIS NUMBER UNIQUELY IDENTIFIES EACH RECORD IN THE DATA COLLECTION.
Q.DI41C(2) AT WHAT SORT OF PLACE DO YOU WORK? (WHAT DO YOU DO THERE?)

00. ENTERTAINMENT AND RECREATION
16 01. AGRICULTURE, FOREST, AND FISHERIES
1 02. MINING
1 03. CONSTRUCTION
38 04. MANUFACTURING
9 05. TRANSPORTATION, COMMUNICATION AND OTHER PUBLIC UTILITIES
76 06. WHOLESALE AND RETAIL TRADE
7 07. FINANCE, INSURANCE, REAL ESTATE
11 08. BUSINESS AND REPAIR SERVICES
55 09. PERSONAL SERVICES
60 10. PROFESSIONAL AND RELATED SERVICES
11 11. PUBLIC ADMINISTRATION

1434 98. DK; NO ANSWER
395 99. INAP., CODED 10 AT Q.HS.G, NO DESIGNATED RESPONDENT OR NO RESPONSE FROM DESIGNATED RESPONDENT

Q.DI42 WOULD YOU TELL ME IN WHICH ONE OF THESE GENERAL GROUPS YOUR TOTAL YEARLY FAMILY INCOME FALLS--BEFORE TAXES?

5 00. NONE
146 01. UNDER $1,000
161 02. $1,000-$1,999
179 03. $2,000-$2,999
254 04. $3,000-$3,999
255 05. $4,000-$4,999
373 06. $5,000-$7,499
133 07. $7,500-$9,999
105 08. $10,000 AND OVER

395 09. INAP., CODED 10 AT Q.HS.G, NO DESIGNATED RESPONDENT
OR NO RESPONSE FROM DESIGNATED RESPONDENT
108  10.  NO ANSWER

VAR 0791  RELIGION IMPORTANT
REF 0791   LOC 1260 WIDTH 1

Q.DI43   HOW IMPORTANT IS RELIGION IN YOUR LIFE--VERY IMPORTANT, FAIRLY IMPORTANT, OR NOT IMPORTANT AT ALL?

1087  1.  VERY IMPORTANT
552  2.  FAIRLY IMPORTANT
71  3.  NOT IMPORTANT AT ALL
9  8.  NO ANSWER
395  9.  INAP., CODED 10 AT Q.HS.G, NO DESIGNATED RESPONDENT OR NO RESPONSE FROM DESIGNATED RESPONDENT

VAR 0792  BELIEF IN AFTER-LIFE
REF 0792   LOC 1261 WIDTH 2

Q.DI44    DO YOU BELIEVE IN AN AFTER-LIFE?  (ETERNAL LIFE, OR LIFE AFTER DEATH?)

1211  01.  YES, SURE OF IT
256  02.  YES, BUT NOT CERTAIN
148  03.  NO
95  04.  DK
395  09.  INAP., CODED 10 AT Q.HS.G, NO DESIGNATED RESPONDENT OR NO RESPONSE FROM DESIGNATED RESPONDENT
9  10.  NO ANSWER

VAR 0793  CHURCH MEMBER
REF 0793   LOC 1263 WIDTH 1

Q.DI45   ARE YOU A CHURCH MEMBER?
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<tr>
<th>Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>1</td>
<td>YES</td>
</tr>
<tr>
<td>2</td>
<td>NO</td>
</tr>
<tr>
<td>6</td>
<td>NO ANSWER</td>
</tr>
<tr>
<td>8</td>
<td>INAP.</td>
</tr>
<tr>
<td>9</td>
<td>INAP., CODED 10 AT Q.HS.G, NO DESIGNATED RESPONDENT OR NO RESPONSE FROM DESIGNATED RESPONDENT</td>
</tr>
</tbody>
</table>

**VAR 0794**

**WHAT IS RELIGIOUS PREFER**

**REF 0794**

**LOC 1264 WIDTH 1**

**DK 20 COL 23**

**Q.DI46**

**WHAT IS YOUR RELIGIOUS PREFERENCE?**

"EASTERN ORTHODOX" IS CODED AS "OTHER"

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<td>PROTESTANT</td>
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<tr>
<td>2</td>
<td>CATHOLIC</td>
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<tr>
<td>3</td>
<td>JEWISH</td>
</tr>
<tr>
<td>4</td>
<td>OTHER (SPECIFY)</td>
</tr>
<tr>
<td>5</td>
<td>NONE</td>
</tr>
<tr>
<td>0</td>
<td>NO ANSWER</td>
</tr>
<tr>
<td>8</td>
<td>INAP.</td>
</tr>
<tr>
<td>9</td>
<td>INAP., CODED 10 AT Q.HS.G, NO DESIGNATED RESPONDENT OR NO RESPONSE FROM DESIGNATED RESPONDENT</td>
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</tbody>
</table>

**VAR 0795**

**WHAT IS DENOMINATION**

**REF 0795**

**LOC 1265 WIDTH 2**

**DK 20 COL 24-25**

--IF CODED 1 AT Q.DI46--

**Q.DI46(A)**

**WHAT DENOMINATION?**

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<thead>
<tr>
<th>Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>00</td>
<td>METHODIST, EVANGELICAL UNITED BRETHREN (CODE &quot;EVANGELICAL&quot; WITH NO MODIFIER HERE)</td>
</tr>
<tr>
<td>06</td>
<td>BAPTIST, DISCIPLES OF CHRIST, CHURCH OF CHRIST, &quot;CHRISTIAN&quot; (NO MODIFIER)</td>
</tr>
<tr>
<td>07</td>
<td>CONGREGATIONAL, CONGREGATIONAL-CHRISTIAN, EVANGELICAL AND REFORMED (TWO NAMES IN COMBINATION)</td>
</tr>
<tr>
<td>08</td>
<td>EPISCOPALIAN, ANGLICAN</td>
</tr>
<tr>
<td>09</td>
<td>LUTHERAN</td>
</tr>
</tbody>
</table>
193 10. OTHER SPECIFIC PROTESTANT DENOMINATIONS OR SECTS:
UNITARIAN, QUAKERS, SEVENTH DAY ADVENTISTS,
SANCTIFICATION, HOLINESS, MORMON, LATTER-DAY
SAINTS, CHRISTIAN SCIENTISTS, MENNONITE, HUTTERITE,
BRETHREN, JEHOVAH'S WITNESSES, ETC.
PROTESTANT-DENOMINATION UNSPECIFIED: INTERVIEWER
FAILED TO ASK Q.DI46 EVEN THOUGH "1" WAS CIRCLED,
RESPONDENT REFUSED TO SPECIFY TO WHICH PROTESTANT
DENOMINATION HE BELONGS

132 11. PRESBYTERIAN, REFORMED (NOT IN COMBINATION WITH
EVANGELICAL)

11 97. NO ANSWER
399 98. INAP., CODED 2-5 AT Q.DI46
395 99. INAP., CODED 10 AT Q.HS.G, NO DESIGNATED RESPONDENT
OR NO RESPONSE FROM DESIGNATED RESPONDENT

VAR 0796 WHICH AGE GROUP BELONG MD=8 OR GE 9
REF 0796 LOC 1267 WIDTH 1 DK 20 COL 26

Q.DI47 IN WHICH AGE GROUP WOULD YOU SAY YOU BELONG?
(WOULD YOU SAY YOU'RE OLD MIDDLE-AGED, OR YOUNG?)
-----------------------------------------------------

131 1. OLD OR ELDERLY
806 2. MIDDLE AGED
730 3. YOUNG

52 8. NO ANSWER
395 9. INAP., CODED 10 AT Q.HS.G, NO DESIGNATED RESPONDENT
OR NO RESPONSE FROM DESIGNATED RESPONDENT

VAR 0797 OPINION OF GOVERN INSUR MD=0 OR GE 9
REF 0797 LOC 1268 WIDTH 1 DK 20 COL 27

Q.DI48 SOME PEOPLE THINK THAT THE GOVERNMENT SHOULD
PROVIDE INSURANCE THAT PAYS DOCTOR AND HOSPITAL BILLS.
OTHER PEOPLE DISAGREE WITH THIS IDEA. ARE YOU IN FAVOR OF
GOVERNMENT INSURANCE THAT PAYS DOCTOR AND HOSPITAL BILLS, OR
AGAINST IT?
----------------------------------------------------------
832 1. IN FAVOR
842 2. OPPOSED

395 0. INAP., CODED 10 AT Q.HS.G, NO DESIGNATED RESPONDENT
     OR NO RESPONSE FROM DESIGNATED RESPONDENT
45 9. NO ANSWER

--IF CODED 1 AT Q.DI48--

Q.DI48A ARE YOU IN FAVOR OF IT FOR EVERYONE OR JUST FOR CERTAIN KINDS OF PEOPLE? (WHAT KIND?)

8 01. VETERANS
270 02. ALL PEOPLE WHO CAN'T AFFORD IT
30 03. OLDER PEOPLE WHO CAN'T AFFORD IT
14 04. THOSE WHO ARE IN NEED THROUGH NO FAULT OF THEIR OWN
23 05. DISABLED (ENTER VETERAN, OLD OR OTHER)
57 06. ALL OLD PEOPLE
  07. ALL OLD PEOPLE WHO ARE DISQUALIFIED (NOT FINANCIALLY)
22 08. WORKING PEOPLE (THE MIDDLE CLASS)
385 09. EVERYONE

00. DK; CAN'T TELL
842 96. INAP., CODED 2 AT Q.DI48
66 97. NO ANSWER
98. NA
395 99. INAP., CODED 10 AT Q.HS.G, NO DESIGNATED RESPONDENT
     OR NO RESPONSE FROM DESIGNATED RESPONDENT

--IF CODED 1 AT Q.DI48--

Q.DI49 IDEAS ABOUT HEALTH - 1

Q.DI49A ARE YOU IN FAVOR OF IT FOR EVERYONE OR JUST FOR CERTAIN KINDS OF PEOPLE? (WHAT KIND?)

8 01. VETERANS
270 02. ALL PEOPLE WHO CAN'T AFFORD IT
30 03. OLDER PEOPLE WHO CAN'T AFFORD IT
14 04. THOSE WHO ARE IN NEED THROUGH NO FAULT OF THEIR OWN
23 05. DISABLED (ENTER VETERAN, OLD OR OTHER)
57 06. ALL OLD PEOPLE
  07. ALL OLD PEOPLE WHO ARE DISQUALIFIED (NOT FINANCIALLY)
22 08. WORKING PEOPLE (THE MIDDLE CLASS)
385 09. EVERYONE

00. DK; CAN'T TELL
842 96. INAP., CODED 2 AT Q.DI48
66 97. NO ANSWER
98. NA
395 99. INAP., CODED 10 AT Q.HS.G, NO DESIGNATED RESPONDENT
     OR NO RESPONSE FROM DESIGNATED RESPONDENT
(CONTINUED)

MOST DOCTORS DO.

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<thead>
<tr>
<th>Code</th>
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<tbody>
<tr>
<td>1</td>
<td>AGREE</td>
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<td>2</td>
<td>DISAGREE</td>
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<td>DEPENDS</td>
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<tr>
<td>4</td>
<td>DK</td>
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<tr>
<td>5</td>
<td>NO ANSWER</td>
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</table>

VAR 0800    IDEAS ABOUT HEALTH - 2      MD=0 OR GE 9
REF 0800    LOC 1272 WIDTH 2      DK 20 COL 31-32

Q.DI49B. OLDER PEOPLE HAVE TO EXPECT A LOT OF ACHES AND PAINS. [IDEAS ABOUT HEALTH]

<SEE Q.DI49 FOR COMPLETE QUESTION TEXT>

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</tr>
<tr>
<td>9</td>
<td>DK</td>
</tr>
<tr>
<td>10</td>
<td>NO ANSWER</td>
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</table>

VAR 0801    IDEAS ABOUT HEALTH - 3      MD=0 OR GE 4
REF 0801    LOC 1274 WIDTH 1      DK 20 COL 33

Q.DI49C. DOCTORS GIVE YOU AS MUCH TIME AND ATTENTION AS YOU NEED, WHETHER YOU'RE PAYING THEM OR NOT. [IDEAS ABOUT HEALTH]

<SEE Q.DI49 FOR COMPLETE QUESTION TEXT>

<table>
<thead>
<tr>
<th>Code</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>AGREE</td>
</tr>
<tr>
<td>2</td>
<td>DISAGREE</td>
</tr>
</tbody>
</table>
VAR 0802      IDEAS ABOUT HEALTH - 4              MD=0 OR GE  9
REF 0802      LOC 1275 WIDTH  2             DK  20 COL 34-35

Q.DI49D.  DOCTORS LIKE TO TAKE CARE OF YOUNGER PEOPLE BETTER THAN THEY DO OLDER PEOPLE.  [IDEAS ABOUT HEALTH]

<SEE Q.DI49 FOR COMPLETE QUESTION TEXT>

VAR 0803      IDEAS ABOUT HEALTH - 5              MD=0 OR GE  4
REF 0803      LOC 1277 WIDTH  1             DK  20 COL 36

Q.DI49E.  THE WAY THINGS ARE NOW, MOST PEOPLE CAN EXPECT TO FEEL PRETTY GOOD WHEN THEY'RE SEVENTY.  [IDEAS ABOUT HEALTH]

<SEE Q.DI49 FOR COMPLETE QUESTION TEXT>
Q.DI49F. IN SPITE OF WHAT SOME PEOPLE SAY, THE LIFE OF THE AVERAGE MAN IS GETTING WORSE, NOT BETTER. [IDEAS ABOUT HEALTH]

<SEE Q.DI49 FOR COMPLETE QUESTION TEXT>

413 06. AGREE
1154 07. DISAGREE
39 08. DEPENDS

395 00. INAP., CODED 10 AT Q.HS.G, NO DESIGNATED RESPONDENT OR NO RESPONSE FROM DESIGNATED RESPONDENT
89 09. DK
24 10. NO ANSWER

Q.DI49G. NOWADAYS A MAN HAS TO LIVE PRETTY MUCH FOR TODAY AND LET TOMORROW TAKE CARE OF ITSELF. [IDEAS ABOUT HEALTH]

<SEE Q.DI49 FOR COMPLETE QUESTION TEXT>

688 1. AGREE
955 2. DISAGREE
41 3. DEPENDS

395 0. INAP., CODED 10 AT Q.HS.G, NO DESIGNATED RESPONDENT OR NO RESPONSE FROM DESIGNATED RESPONDENT
19 4. DK
16 5. NO ANSWER

Q.DI49H. MOST FAMILIES LIKE TO HAVE OLDER PEOPLE AROUND.
(CONTINUED)

[IDEAS ABOUT HEALTH]

<SEE Q.DI49 FOR COMPLETE QUESTION TEXT>

671  06.  AGREE
790  07.  DISAGREE
166  08.  DEPENDS

395  00.  INAP., CODED 10 AT Q.HS.G, NO DESIGNATED RESPONDENT OR NO RESPONSE FROM DESIGNATED RESPONDENT
62  09.  DK
30  10.  NO ANSWER

Q.DI49I. MOST PEOPLE LOSE RESPECT FOR A MAN WHO HAS RETIRED AND IS NO LONGER WORKING. [IDEAS ABOUT HEALTH]

<SEE Q.DI49 FOR COMPLETE QUESTION TEXT>

197  1.  AGREE
1425  2.  DISAGREE
49  3.  DEPENDS

395  0.  INAP., CODED 10 AT Q.HS.G, NO DESIGNATED RESPONDENT OR NO RESPONSE FROM DESIGNATED RESPONDENT
32  4.  DK
16  5.  NO ANSWER

Q.DI49J. CHILDREN DON'T CARE ANYTHING ABOUT THEIR PARENTS EXCEPT FOR WHAT THEY GET OUT OF THEM. [IDEAS ABOUT HEALTH]

<SEE Q.DI49 FOR COMPLETE QUESTION TEXT>

233  06.  AGREE
VAR 0809  IDEAS ABOUT HEALTH - 11  MD=0 OR GE 4
REF 0809  LOC 1286 WIDTH 1  DK 20 COL 45

Q.DI49K. ALL THINGS CONSIDERED, I'M PRETTY SATISFIED WITH WHAT I'VE ACCOMPLISHED IN LIFE. [IDEAS ABOUT HEALTH]

<SEE Q.DI49 FOR COMPLETE QUESTION TEXT>

VAR 0810  INTER. EST. OF INCOME  MD=99
REF 0810  LOC 1287 WIDTH 2  DK 20 COL 46-47

Q.ITEM A(1) IF YOU WERE UNABLE TO SECURE THE RESPONDENT'S INCOME, OR IF YOU FEEL HIS INCOME STATEMENT IS INADEQUATE, ENTER HERE YOUR BEST ESTIMATE OF HIS INCOME FOR THE PAST TWELVE MONTHS. MAKE AN ESTIMATE IN ALL DOUBTFUL CASES:

16 00. AN INCOME FIGURE HAS BEEN REPORTED IN Q.42 ON THE INTERVIEW FOR THE INDIVIDUAL OR COUPLE, BUT THE INTERVIEWER FELT THE ACTUAL INCOME WAS LESS THAN WHAT WAS REPORTED
77 09. AN INCOME FIGURE HAS BEEN REPORTED IN Q.42 ON THE INTERVIEW FOR THE INDIVIDUAL OR COUPLE, BUT THE INTERVIEWER FELT THE ACTUAL INCOME WAS MORE THAN
WHAT WAS REPORTED

1513 10. AN INCOME FIGURE HAS BEEN REPORTED IN Q.42 AND THE INTERVIEWER DID NOT QUESTION THIS FIGURE

26 11. NO INCOME FIGURE WAS REPORTED IN Q.42 ON THE INTERVIEW FOR THE INDIVIDUAL OR COUPLE, AND THE INTERVIEWER DID NOT MAKE AN ESTIMATE

87 12. NO INCOME FIGURE WAS REPORTED IN Q.42 ON THE INTERVIEW FOR THE INDIVIDUAL OR COUPLE, AND THE INTERVIEWER MADE AN ESTIMATE

395 99. INAP., CODED 10 AT Q.HS.G, NO DESIGNATED RESPONDENT OR NO RESPONSE FROM DESIGNATED RESPONDENT

--------------------------------- VAR 0811 RACE OF RESPONDENT MD=0
REF 0811 LOC 1289 WIDTH 1 DK 20 COL 48

Q.ITEM B(1) RACE OF RESPONDENT
---------------------------------

1515 1. WHITE
198 2. NEGRO
 6 3. OTHER (SPECIFY)
 4. NOT DETERMINED

395 0. INAP., CODED 10 AT Q.HS.G, NO DESIGNATED RESPONDENT OR NO RESPONSE FROM DESIGNATED RESPONDENT

--------------------------------- VAR 0812 SEX OF RESPONDENT MD=0
REF 0812 LOC 1290 WIDTH 1 DK 20 COL 49

Q.ITEM C(1) SEX OF RESPONDENT
---------------------------------

528 1. MALE
1191 2. FEMALE

395 0. INAP., CODED 10 AT Q.HS.G, NO DESIGNATED RESPONDENT OR NO RESPONSE FROM DESIGNATED RESPONDENT
VAR 0813      COOPERATIVENESS OF R      MD=0 OR GE 9
REF 0813      LOC 1291 WIDTH 1      DK 20 COL 50

Q.ITEM D(1) WAS THIS RESPONDENT, IN GENERAL, COOPERATIVE OR ANTAGONISTIC TOWARD THE INTERVIEW?

-----------------------------------------------------------------------------------

1649 1. COOPERATIVE
58 2. ANTAGONISTIC

395 0. INAP., CODED 10 AT Q.HS.G, NO DESIGNATED RESPONDENT OR NO RESPONSE FROM DESIGNATED RESPONDENT
12 9. NO ANSWER

-----------------------------------------------------------------------------------

VAR 0814      DID R KNOW OLDER PERSON      MD=0 OR GE 9
REF 0814      LOC 1292 WIDTH 1      DK 20 COL 51

Q.ITEM E(1) HOW WELL DID THE RESPONDENT SEEM TO KNOW THE OLDER PERSON WHO HAD NAMED HIM?

-----------------------------------------------------------------------------------

1476 1. VERY WELL
197 2. FAIRLY WELL
30 3. HARDLY AT ALL

395 0. INAP., CODED 10 AT Q.HS.G, NO DESIGNATED RESPONDENT OR NO RESPONSE FROM DESIGNATED RESPONDENT
16 9. NO ANSWER

-----------------------------------------------------------------------------------

VAR 0815      R'S OVER-ALL REACTION      MD=0 OR GE 9
REF 0815      LOC 1293 WIDTH 1      DK 20 COL 52

Q.ITEM F(1) WHAT WAS THE RESPONDENT'S OVER-ALL REACTION TO THE INTERVIEW? WAS HE UPSET, BORED BUT NOT CONCERNED, INTERESTED BUT NOT PARTICULARLY CONCERNED, OR DID HE REALLY SEEM TO ENJOY IT?

-----------------------------------------------------------------------------------

52 1. UPSET OR DISTURBED
137 2. BORED, BUT NOT CONCERNED
681 3. INTERESTED, BUT NOT CONCERNED
4. INTERESTED, ENJOYED IT

0. INAP., CODED 10 AT Q.HS.G, NO DESIGNATED RESPONDENT OR NO RESPONSE FROM DESIGNATED RESPONDENT

1. NO ANSWER

---

**VAR 0816**  PART INTERVIEW DISTURB-1  MD=8 OR GE  9

**REF 0816**  LOC 1294 WIDTH  1  DK 20 COL 53

Q.ITEM G(1) [AT WHAT PART OF THE INTERVIEW, IF ANY, DID RESPONDENT SEEM TO BE DISTURBED (WHAT QUESTIONS OR SECTIONS SEEMED TO BRING SIGNS OF ANXIETY, DISTRESS OR DISCOMFORT?)

Q.ITEM G(1A) - [1ST MENTION]

---

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<tr>
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<tr>
<td>03</td>
<td>QUESTIONS ABOUT HEALTH</td>
</tr>
<tr>
<td>04</td>
<td>QUESTIONS ABOUT FINANCES -- RESPONDENT'S OR OLDER PERSON'S</td>
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<tr>
<td>05</td>
<td>STORY OR NARRATIVE QUESTIONS</td>
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<td>06</td>
<td>QUESTIONS ABOUT RELIGION</td>
</tr>
<tr>
<td>07</td>
<td>QUESTIONS ABOUT AGE</td>
</tr>
<tr>
<td>08</td>
<td>NO ANSWER</td>
</tr>
<tr>
<td>09</td>
<td>INAP., CODED 10 AT Q.HS.G, NO DESIGNATED RESPONDENT OR NO RESPONSE FROM DESIGNATED RESPONDENT</td>
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---

**VAR 0817**  PART INTERVIEW DISTURB-2  MD=9 OR GE  10

**REF 0817**  LOC 1295 WIDTH  2  DK 20 COL 54-55

Q.ITEM G(1B) WHAT PART OF THE INTERVIEWING WAS DISTURBING? - [2ND MENTION]

<SEE Q.ITEM G(1) FOR COMPLETE QUESTION TEXT>

<table>
<thead>
<tr>
<th>Option</th>
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<tbody>
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<td>NONE</td>
</tr>
<tr>
<td>01</td>
<td>BEGINNING QUESTIONS</td>
</tr>
</tbody>
</table>
(CONTINUED)

02. TIRED OR RESTLESS TOWARD MIDDLE OR END OF QUESTIONNAIRE
03. QUESTIONS ABOUT HEALTH
8 04. QUESTIONS ABOUT FINANCES -- RESPONDENT'S OR OLDER PERSON'S
7 05. STORY OR NARRATIVE QUESTIONS
2 06. QUESTIONS ABOUT RELIGION
3 07. QUESTIONS ABOUT AGE

395 09. INAP., CODED 10 AT Q.HS.G, NO DESIGNATED RESPONDENT OR NO RESPONSE FROM DESIGNATED RESPONDENT
1699 10. INAP., NO FURTHER MENTIONS
11. NO ANSWER

-----------------------------

VAR 0818 PART INTERVIEW DISTURB-3 MD=9 OR GE 10
REF 0818 LOC 1297 WIDTH 2 DK 20 COL 56-57

Q.ITEM G(1C) WHAT PART OF THE INTERVIEW WAS DISTURBING? - [3RD MENTION]
<SEE Q.ITEM G(1) FOR COMPLETE QUESTION TEXT>

00. NONE
01. BEGINNING QUESTIONS
02. TIRED OR RESTLESS TOWARD MIDDLE OR END OF QUESTIONNAIRE
03. QUESTIONS ABOUT HEALTH
04. QUESTIONS ABOUT FINANCES -- RESPONDENT'S OR OLDER PERSON'S
1 05. STORY OR NARRATIVE QUESTIONS
1 06. QUESTIONS ABOUT RELIGION
07. QUESTIONS ABOUT AGE

395 09. INAP., CODED 10 AT Q.HS.G, NO DESIGNATED RESPONDENT OR NO RESPONSE FROM DESIGNATED RESPONDENT
1717 10. INAP., NO FURTHER MENTIONS
11. NO ANSWER
Q.ITEM G(1D) WHAT PART OF THE INTERVIEW WAS DISTURBING?
- [4TH MENTION]

<SEE Q.ITEM G(1) FOR COMPLETE QUESTION TEXT>

00. NONE
01. BEGINNING QUESTIONS
02. TIRED OR RESTLESS TOWARD MIDDLE OR END OF QUESTIONNAIRE
03. QUESTIONS ABOUT HEALTH
04. QUESTIONS ABOUT FINANCES -- RESPONDENT'S OR OLDER PERSON'S
05. STORY OR NARRATIVE QUESTIONS
06. QUESTIONS ABOUT RELIGION
1 07. QUESTIONS ABOUT AGE
395 09. INAP., CODED 10 AT Q.HS.G, NO DESIGNATED RESPONDENT OR NO RESPONSE FROM DESIGNATED RESPONDENT
1718 10. INAP., NO FURTHER MENTIONS
11. NO ANSWER

Q.ITEM H(1) DID YOU HAVE ANY DIFFICULTY IN GETTING THE RESPONDENT TO CONSENT TO THE INTERVIEW? (WHY?)

227 1. A GREAT DEAL
1171 2. SOME
240 3. NOT PARTICULARLY
395 0. INAP., CODED 10 AT Q.HS.G, NO DESIGNATED RESPONDENT OR NO RESPONSE FROM DESIGNATED RESPONDENT
81 9. NO ANSWER
Q.ITEM I(1) HOW LONG DID THE INTERVIEW TAKE?
---------------------------------------------
950  01. LESS THAN 1 HOUR
403  02. 1 HOUR TO 1-1/4 HOURS
145  03. 1-1/4 HOURS TO 1-1/2 HOURS
 98  04. 1-1/2 HOURS TO 1-3/4 HOURS
 47  05. 1-3/4 HOURS TO 2 HOURS
 34  06. 2 HOURS TO 2-1/4 HOURS
   7  07. 2-1/4 HOURS TO 2-1/2 HOURS
   2  08. 2-1/2 HOURS TO 2-3/4 HOURS
   0  09. 2-3/4 HOURS TO 3 HOURS
   2  10. 3 HOURS OR MORE
  31  11. NO INFORMATION
395  99. INAP., CODED 10 AT Q.HS.G, NO DESIGNATED RESPONDENT
          OR NO RESPONSE FROM DESIGNATED RESPONDENT

Q.ITEM J(1) WHAT WAS THE DATE ON WHICH IT WAS COMPLETED?
---------------------------------------------------------
227  1. COMPLETED IN APRIL
1171 2. COMPLETED IN MAY
 240  3. COMPLETED IN JUNE
   36  4. COMPLETED IN JULY
   4  5. COMPLETED IN AUGUST
   1  6. COMPLETED IN SEPTEMBER
395  0. INAP., CODED 10 AT Q.HS.G, NO DESIGNATED RESPONDENT
          OR NO RESPONSE FROM DESIGNATED RESPONDENT
  40  9. NO ANSWER
Q.ITEM K(1) WAS THERE ANYONE BESIDES THE RESPONDENT PRESENT DURING ANY PART OF THE INTERVIEW?  

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<th>Description</th>
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<tbody>
<tr>
<td>556</td>
<td>1. YES</td>
</tr>
<tr>
<td>1138</td>
<td>2. NO</td>
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<tr>
<td>395</td>
<td>0. INAP., CODED 10 AT Q.HS.G, NO DESIGNATED RESPONDENT OR NO RESPONSE FROM DESIGNATED RESPONDENT</td>
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<tr>
<td>25</td>
<td>9. NO ANSWER</td>
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</tbody>
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--IF CODED 1 AT Q.ITEM K(1)--

Q.ITEM K(1A) WHO?

<table>
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<tr>
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<tbody>
<tr>
<td>186</td>
<td>1. SPOUSE</td>
</tr>
<tr>
<td>146</td>
<td>2. CHILDREN</td>
</tr>
<tr>
<td>37</td>
<td>3. SPOUSE AND CHILDREN</td>
</tr>
<tr>
<td>7</td>
<td>4. SPOUSE AND OTHER RELATIVES (NOT CHILDREN)</td>
</tr>
<tr>
<td>6</td>
<td>5. SPOUSE AND OTHER NON-RELATIVES</td>
</tr>
<tr>
<td>129</td>
<td>6. OTHER RELATIVES AND NON-RELATIVES</td>
</tr>
<tr>
<td>30</td>
<td>7. NEIGHBOR, FRIEND, LODGER, EMPLOYER</td>
</tr>
<tr>
<td>395</td>
<td>0. INAP., CODED 10 AT Q.HS.G, NO DESIGNATED RESPONDENT OR NO RESPONSE FROM DESIGNATED RESPONDENT</td>
</tr>
<tr>
<td>1138</td>
<td>8. INAP., CODED 2 AT ITEM K(1)</td>
</tr>
<tr>
<td>40</td>
<td>9. NO ANSWER</td>
</tr>
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</table>

--IF CODED 1 AT Q.ITEM K(1)--

Q.ITEM K(1B) FOR WHAT PART OF THE INTERVIEW WAS THERE
ANYONE BESIDES THE RESPONDENT PRESENT?

- 3. ENTIRE INTERVIEW
- 4. MORE THAN HALF, NOT ENTIRE
- 5. LESS THAN HALF, MORE THAN TEN MINUTES
- 6. TEN MINUTES OR LESS

- 0. INAP., CODED 10 AT Q.HS.G, NO DESIGNATED RESPONDENT OR NO RESPONSE FROM DESIGNATED RESPONDENT
- 8. INAP., CODED 2 AT Q.ITEM K(1)
- 9. NO ANSWER

VAR 0826  RATE LEVEL OF LIVING  MD=0 OR GE  9
REF 0826  LOC 1308 WIDTH  1  DK  20 COL 67

Q.ITEM L(1)  HOW WOULD YOU RATE THE LEVEL OF LIVING OF THIS RESPONDENT AS COMPARED TO THE AVERAGE LEVEL IN THIS COUNTY (METROPOLITAN AREA)? (MAKE THIS RATING IN TERMS OF THE QUALITY AND CROWDEDNESS OF THE RESPONDENT'S HOUSING, THE QUALITY OF THE FURNISHINGS, THE WAY THE RESPONDENT WAS DRESSED, AND ANY OTHER EVIDENCE YOU MAY HAVE OBSERVED OF LUXURIES OR A LACK OF LUXURIES--THIS RATING SHOULD REFLECT QUALITY RATHER THAN THE TASTEFULNESS OF THE ITEMS OF CONSUMPTION)

- 1. VERY HIGH (TOP 5%)
- 2. ABOVE AVERAGE (NEXT 25%)
- 3. AVERAGE (MIDDLE 40%)
- 4. BELOW AVERAGE (NEXT 25%)
- 5. VERY LOW (LOWEST 5%)

- 0. INAP., CODED 10 AT Q.HS.G, NO DESIGNATED RESPONDENT OR NO RESPONSE FROM DESIGNATED RESPONDENT
- 9. NO ANSWER

VAR 0827  INSIGHT INTO R  MD=8 OR GE  9
REF 0827  LOC 1309 WIDTH  1  DK  20 COL 68

Q.ITEM M(1)  DID YOU GET ANY INSIGHT OR INFORMATION ABOUT THE RESPONDENT THAT WOULD HELP US IN INTERPRETING THE
QUESTIONNAIRE, THAT WOULD NOT BE OBVIOUS TO ANYONE READING THE VERBATIM INTERVIEW? PLEASE DESCRIBE IN DETAIL.

1036 0. NONE
194 1. RESPONDENT TAKES CHILDREN'S OBLIGATIONS FOR GRANTED.
19 2. RESPONDENT WAS CRITICAL OF SOME ASPECT OF QUESTIONNAIRE.
22 3. RESPONDENT HAS ONLY LIMITED KNOWLEDGE OF OLDER PERSON.
40 4. INTERVIEWER CRITICAL OF RESPONDENT AS A PERSON.
42 5. RESPONDENT TAKES RELATIVES OBLIGATIONS FOR GRANTED.
47 6. RESPONDENT RESENTFUL OF OBLIGATIONS TOWARD OLDER PERSON.
319 8. NO ANSWER
395 9. INAP., CODED 10 AT Q.HS.G, NO DESIGNATED RESPONDENT OR NO RESPONSE FROM DESIGNATED RESPONDENT

Q.ITEM N(1)  INTERVIEWER NUMBER

ACTUAL NUMBER IS CODED.

0000. NUMBER

0999. NUMBER

395 9999. INAP., CODED 10 AT Q.HS.G, NO DESIGNATED RESPONDENT OR NO RESPONSE FROM DESIGNATED RESPONDENT
PROCESSING INFORMATION

1 ICPSR STUDY NUMBER-7686
2 ICPSR EDITION NUMBER-1
3 ICPSR PART NUMBER-002
4 CASE ID NUMBER

NUMBER ID'S

5 HOUSEHOLD NUMBER
6 SEGMENT NUMBER
7 LAST DIGIT LINE NUMBER

DEMOGRAPHIC 1

8 FARM-NON-FARM
9 RACE

HOUSEHOLD

10 TYPE OF HOUSEHOLD
11 NUMBER OF PERSONS IN HOUSEHOLD 65 OR OLDER
12 NUMBER OF PERSONS IN HOUSEHOLD 60-64
13 TOTAL NUMBER OF PERSONS IN HOUSEHOLD
14 AGE OF HOUSEHOLD HEAD

INDIVIDUAL ID

15 FIRST DIGIT OF INDIVIDUAL IDENTIFICATION
16 SECOND DIGIT OF INDIVIDUAL IDENTIFICATION

DEMOGRAPHIC 2

17 AGE AT LAST BIRTHDAY
18 SEX
19 MARITAL STATUS
20 RELATION OF RESPONDENT TO HEAD OF HOUSEHOLD
21 ORIGINAL INTERVIEWER NUMBER
22 SCHEDULE NUMBER
23 DISPOSITION OF INDIVIDUAL CASE
24 DISPOSITION OF DESIGNATED INDIVIDUAL
25 CASES ADDED TO SAMPLE
26 AGE
DECK IDENTIFICATION NUMBER IS '01'             DK 1 COL 1-2
----------------------------------
VAR 0001      ICPSR STUDY NUMBER-7686     NO MISSING DATA CODES
REF 0001      LOC 1 WIDTH 4             DK 1 COL 3-6

ICPSR STUDY NUMBER-7686
-----------------------

...............................................................

VAR 0002      ICPSR EDITION NUMBER-1      NO MISSING DATA CODES
REF 0002      LOC 5 WIDTH 1             DK 1 COL 7

ICPSR EDITION NUMBER
---------------------
THE NUMBER IDENTIFYING THE RELEASE EDITION OF THIS DATASET.

1. FALL 1984

...............................................................

VAR 0003      ICPSR PART NUMBER-002       NO MISSING DATA CODES
REF 0003      LOC 6 WIDTH 3             DK 1 COL 8-10

ICPSR PART NUMBER
------------------
THE NUMBER IDENTIFYING THIS PART OF A 3-PART STUDY.

001. THE HEALTH NEEDS OF OLDER PERSONS
002. HOUSEHOLD ENUMERATION; NON-INTERVIEWED INDIVIDUALS
003. PUBLIC ATTITUDES ON OLDER PEOPLE

...............................................................

VAR 0004      CASE ID NUMBER              NO MISSING DATA CODES
REF 0004      LOC 9 WIDTH 4             DK 1 COL 11-14

CASE ID NUMBER
--------------
THE ICPSR HAS ATTACHED A SEQUENTIAL CASE IDENTIFICATION
(CONTINUED)

NUMBER TO EVERY RECORD. THIS NUMBER UNIQUELY IDENTIFIES EACH RECORD IN THE DATA COLLECTION.

VAR 0005  HOUSEHOLD NUMBER  NO MISSING DATA CODES
REF 0005   LOC  13 WIDTH  4   DK  1 COL 15-18

HOUSEHOLD NUMBER

ACTUAL NUMBER IS CODED.

VALID-N=428

VAR 0006  SEGMENT NUMBER  NO MISSING DATA CODES
REF 0006   LOC  17 WIDTH  6   DK  1 COL 19-24

SEGMENT NUMBER

FOR OLD SEGMENTS, DRAWN IN 1953, THERE WILL BE ONLY A FIVE-DIGIT NUMBER INSTEAD OF A SIX-DIGIT ONE. WHEN INFORMATION ON THE FOLDER WAS CODED, ALL SUCH CASES WERE BE MADE INTO SIX-DIGIT NUMBERS BY CODING A ZERO AS THE FOURTH DIGIT, DIRECTLY AFTER THE DASH SEPARATING THE FIRST THREE NUMBERS FROM THE LAST TWO.

ACTUAL NUMBER IS CODED.

VAR 0007  LAST DIGIT LINE NUMBER  NO MISSING DATA CODES
REF 0007   LOC  23 WIDTH  1   DK  1 COL 25

LAST DIGIT LINE NUMBER

ACTUAL NUMBER IS CODED.
### IS THIS ON A FARM?

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### RACE

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<td>NEGRO</td>
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### TYPE OF HOUSEHOLD

[Q2. HOUSEHOLD ENUMERATION FOLDER]

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<tr>
<td>66</td>
<td>01. SINGLE OLDER PERSON LIVING ALONE</td>
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<td>179</td>
<td>02. MARRIED COUPLE ALONE</td>
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<tr>
<td>33</td>
<td>03. MARRIED COUPLE (MAN 60 OR MORE, HEAD OF HOUSEHOLD) WITH OWN CHILDREN ONLY</td>
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<tr>
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<td>04. MARRIED COUPLE (MAN 60 OR MORE, NOT HEAD OF HOUSEHOLD) WITH OWN CHILDREN ONLY</td>
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<tr>
<td>3</td>
<td>05. MARRIED COUPLE (MAN 60 OR MORE, HEAD OF HOUSEHOLD), OWN CHILDREN, AND OFFSPRING OF CHILDREN WHO ARE PART OF THE FAMILY UNIT, WITH OR WITHOUT OTHER RELATIVES</td>
</tr>
<tr>
<td>3</td>
<td>06. MARRIED COUPLE (MAN 60 OR MORE, NOT HEAD OF HOUSEHOLD), OWN CHILDREN, AND OFFSPRING OF CHILDREN WHO ARE PART OF THE FAMILY UNIT, WITH OR WITHOUT OTHER RELATIVES</td>
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<td>07. MARRIED COUPLE (MAN 60 OR MORE, HEAD OF HOUSEHOLD), OWN CHILDREN, AND OTHER RELATIVES</td>
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<td>08.</td>
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<td>10.</td>
<td>MARRIED COUPLE (MAN 60 OR MORE, NOT HEAD OF HOUSEHOLD) WITHOUT CHILDREN BUT WITH OTHER RELATIVES</td>
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<td>4</td>
<td>MALE PARENT (60 OR MORE, HEAD OF HOUSEHOLD) PLUS CHILDREN</td>
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<tr>
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<td>MALE PARENT (60 OR MORE, NOT HEAD OF HOUSEHOLD) PLUS CHILDREN</td>
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<tr>
<td>6</td>
<td>FEMALE PARENT (60 OR MORE, HEAD OF HOUSEHOLD) PLUS CHILDREN</td>
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<tr>
<td>27</td>
<td>FEMALE PARENT (60 OR MORE, NOT HEAD OF HOUSEHOLD) PLUS CHILDREN</td>
</tr>
<tr>
<td>2</td>
<td>MALE PARENT (60 OR MORE, HEAD OF HOUSEHOLD), CHILDREN, AND OFFSPRING OF CHILDREN WHO ARE PART OF THE FAMILY UNIT, WITH OR WITHOUT OTHER RELATIVES</td>
</tr>
<tr>
<td>9</td>
<td>MALE PARENT (60 OR MORE, NOT HEAD OF HOUSEHOLD), CHILDREN, AND OFFSPRING OF CHILDREN WHO ARE PART OF THE FAMILY UNIT, WITH OR WITHOUT OTHER RELATIVES</td>
</tr>
<tr>
<td>17</td>
<td>FEMALE PARENT (60 OR MORE, HEAD OF HOUSEHOLD), CHILDREN, AND OFFSPRING OF CHILDREN WHO ARE PART OF THE FAMILY UNIT, WITH OR WITHOUT OTHER RELATIVES</td>
</tr>
<tr>
<td>15</td>
<td>FEMALE PARENT (60 OR MORE, NOT HEAD OF HOUSEHOLD), CHILDREN, AND OFFSPRING OF CHILDREN WHO ARE PART OF THE FAMILY UNIT, WITH OR WITHOUT OTHER RELATIVES</td>
</tr>
<tr>
<td>1</td>
<td>MALE PARENT (60 OR MORE, HEAD OF HOUSEHOLD), CHILDREN, AND OTHER PERSONS -- RELATED OR NOT RELATED</td>
</tr>
<tr>
<td>2</td>
<td>MALE PARENT (60 OR MORE, NOT HEAD OF HOUSEHOLD), CHILDREN, AND OTHER PERSONS -- RELATED OR NOT RELATED</td>
</tr>
<tr>
<td>1</td>
<td>FEMALE PARENT (60 OR MORE, HEAD OF HOUSEHOLD), CHILDREN, AND OTHER PERSONS -- RELATED OR NOT RELATED</td>
</tr>
<tr>
<td>4</td>
<td>FEMALE PARENT (60 OR MORE, NOT HEAD OF HOUSEHOLD), CHILDREN, AND OTHER PERSONS -- RELATED OR NOT RELATED</td>
</tr>
<tr>
<td>7</td>
<td>MALE (60 OR MORE, HEAD OF HOUSEHOLD), OTHER RELATIVE IN HOUSEHOLD BUT NO MARRIED COUPLE OR PARENT-CHILD RELATIONSHIP</td>
</tr>
<tr>
<td>2</td>
<td>MALE (60 OR MORE, NOT HEAD OF HOUSEHOLD), OTHER RELATIVE IN HOUSEHOLD BUT NO MARRIED COUPLE OR PARENT-CHILD RELATIONSHIP</td>
</tr>
<tr>
<td>20</td>
<td>FEMALE (60 OR MORE, HEAD OF HOUSEHOLD), OTHER RELATIVE IN HOUSEHOLD BUT NO MARRIED COUPLE OR PARENT-CHILD RELATIONSHIP</td>
</tr>
<tr>
<td>4</td>
<td>FEMALE (60 OR MORE, NOT HEAD OF HOUSEHOLD), OTHER RELATIVE IN HOUSEHOLD BUT NO MARRIED COUPLE OR PARENT-CHILD RELATIONSHIP</td>
</tr>
</tbody>
</table>
(CONTINUED)

PARENT-CHILD RELATIONSHIP
1 27. MALE (60 OR MORE, HEAD OF HOUSEHOLD), OTHER PERSON(S), NOT RELATIVE, IN HOUSEHOLD
3 28. MALE (60 OR MORE, NOT HEAD OF HOUSEHOLD), OTHER PERSON(S), NOT RELATIVE, IN HOUSEHOLD
4 29. FEMALE (60 OR MORE, HEAD OF HOUSEHOLD), OTHER PERSON(S), NOT RELATIVE IN HOUSEHOLD
1 30. FEMALE (60 OR MORE, NOT HEAD OF HOUSEHOLD), OTHER PERSON(S), NOT RELATIVE IN HOUSEHOLD
1 31. MARRIED COUPLE (MAN 60 OR MORE, HEAD OF HOUSEHOLD) AND OTHER NON-RELATED PERSONS
32. MARRIED COUPLE (MAN 60 OR MORE, NOT HEAD OF HOUSEHOLD) AND OTHER NON-RELATED PERSONS
10 33. NOT ENOUGH INFORMATION TO CLASSIFY

--------------------------------------------------------------------------
VAR 0011  # PERSONS IN HOUSE 65 + NO MISSING DATA CODES
REF 0011   LOC  28 WIDTH  1     DK  1 COL 30

HEF.2A NUMBER OF PERSONS IN HOUSEHOLD 65 OR OLDER
-----------------------------------------------
54 0. NONE
190 1. ONE PERSON
175 2. TWO PERSONS
8 3. THREE PERSONS
4. FOUR PERSONS
1 5. FIVE PERSONS
6. SIX OR MORE

--------------------------------------------------------------------------
VAR 0012  # PERSONS IN HOUSE 60-64 NO MISSING DATA CODES
REF 0012   LOC  29 WIDTH  1     DK  1 COL 31

HEF.2B NUMBER OF PERSONS IN HOUSEHOLD 60-64
-----------------------------------------------
320 0. NONE
82 1. ONE PERSON
26 2. TWO PERSONS
3. THREE PERSONS
4. FOUR PERSONS
5. FIVE PERSONS
6. SIX OR MORE
TOTAL NUMBER OF PERSONS IN HOUSEHOLD
------------------------------------

00. NONE
67 01. ONE PERSON
221 02. TWO PERSONS
69 03. THREE PERSONS
31 04. FOUR PERSONS
17 05. FIVE PERSONS
4 06. SIX PERSONS
2 07. SEVEN PERSONS
2 08. EIGHT PERSONS
1 09. NINE PERSONS
2 10. MORE THAN TEN
12 11. INCOMPLETE ENUMERATION

AGE OF HOUSEHOLD HEAD
---------------------

36 05. INCOMPLETE ENUMERATION
30 06. 44 OR YOUNGER
20 07. 45-54
14 08. 55-59
67 09. 60-64
105 10. 65-69
76 11. 70-74
80 12. 75 AND OVER

FIRST DIGIT OF INDIVIDUAL IDENTIFICATION
----------------------------------------

356 1. AGE 65 OR OLDER
72  2.  AGE 60-64

-------------------------------------------------------------------------
VAR 0016  2ND DIGIT OF INDIVID ID  NO MISSING DATA CODES
REF 0016  LOC  35 WIDTH  1   DK  1 COL 37

SECOND DIGIT OF INDIVIDUAL IDENTIFICATION
-----------------------------------------
ACTUAL NUMBER IS CODED.
-------------------------------------------------------------------------
VAR 0017  AGE AT LAST BIRTHDAY  MD=999
REF 0017  LOC  36 WIDTH  3   DK  1 COL 38-40

AGE AT LAST BIRTHDAY
---------------------
[IF RESPONDENT IS OVER 100, ONLY LAST TWO DIGITS OF AGE ARE REPORTED]
ACTUAL NUMBER IS CODED.

000.
  .
099.
22 999. INDETERMINATE

VALID-N=406  MIN=60  MAX=95  MEAN=71.1  ST.DEV=7.9
-------------------------------------------------------------------------
VAR 0018  SEX  NO MISSING DATA CODES
REF 0018  LOC  39 WIDTH  1   DK  1 COL 41

SEX
---
230  1.  F (FEMALE)
198  2.  M (MALE)
MARITAL STATUS

-------------

00. SEP (LEGALLY SEPARATED FROM SPOUSE)
230 06. M (MARRIED AND LIVING WITH SPOUSE)
1 07. MA (MARRIED BUT SPOUSE AWAY FOR EXTENDED PERIOD)
31 08. S (SINGLE, NEVER MARRIED)
2 09. D (DIVORCED)
128 10. WID (WIDOW OR WIDOWER, NOT REMARRIED)
36 11. INDETERMINATE

RELATION OF RESPONDENT TO HEAD OF HOUSEHOLD

-----------------------------------------------

8 00. UNRELATED TO HEAD OR HEAD'S FAMILY (LODGER, EMPLOYEE)
229 01. HEAD
87 02. HEAD'S WIFE
35 03. HEAD'S SON OR DAUGHTER (REAL, ADOPTED, OR STEP-)
17 04. HEAD'S DAUGHTER-IN-LAW OR SON-IN-LAW
31 05. HEAD'S FATHER OR MOTHER
17 06. HEAD'S FATHER-IN-LAW OR MOTHER-IN-LAW
7 07. HEAD'S BROTHER OR SISTER
6 08. HEAD'S BROTHER-IN-LAW OR SISTER-IN-LAW
7 09. OTHER RELATIVE OF HEAD (ANY RELATIVE, BY BLOOD OR MARRIAGE)
7 10. NOT ENOUGH DATA TO CLASSIFY
1 11. OTHER

INTERVIEWER NUMBER OF ORIGINAL INTERVIEWER WHO COMPLETED THE SCREENING

-----------------------------------------------
ACTUAL NUMBER IS CODED.

SCHEDULE NUMBER
---------------
ACTUAL NUMBER IS CODED.

DISPOSITION OF INDIVIDUAL CASE
-------------------------------
1. C (COMPLETE)
223 2. RR (REFUSAL - FINAL)
14 3. BB (BREAKOFF - FINAL)
58 4. U (UNAVAILABLE)
92 5. S (SICK, MENTALLY ILL, OR TEMPORARILY IN GENERAL HOSPITAL)
26 6. D (DEAF, DUMB)
15 7. NE (NO ENGLISH)

DISPOSITION OF DESIGNATED INDIVIDUAL FOR INDIVIDUAL CASE
--------------------------------------------------------
5 0. 0 (DESIGNATED INDIVIDUAL OUTSIDE SAMPLING AREA)
115 1. C (COMPLETE)
20 2. RR (REFUSAL - FINAL)
  3. BB (BREAKOFF-FINAL)
13 4. U (UNAVAILABLE)
  5. S (SICK, MENTALLY ILL, OR TEMPORARILY IN GENERAL HOSPITAL)
  6. D (DEAF, DUMB)
7. NE (NO ENGLISH)
267 8. OLDER PERSON NOT AVAILABLE TO DESIGNATE INDIVIDUAL, AND NO DESIGNATED INDIVIDUAL CHOSEN ON SCREENING
6 9. ND (NO DESIGNATED INDIVIDUAL NAMED)

...............................................................
VAR 0025      CASES ADDED TO SAMPLE       NO MISSING DATA CODES
REF 0025      LOC   52 WIDTH  1             DK   1 COL 54

CASES ADDED TO SAMPLE
---------------------
1 1. WRONG LINE LISTING SHEET
2 2. WRONG LINE HEF FORM
3. 1 AND 2
425 4. ORIGINAL CASES

...............................................................
VAR 0026      AGE                                          MD=9
REF 0026      LOC   53 WIDTH  1             DK   1 COL 55

AGE
---

72 0. 60-64
209 1. 65-74
100 2. 75-84
25 3. 85 AND OLDER
22 9. NO ANSWER
ICPSR PROCESSING VARIABLES

1 ICPSR STUDY NUMBER-7686
2 ICPSR EDITION NUMBER-1
3 ICPSR PART NUMBER-003
4 CASE NUMBER

AGE CONSIDERED OLD AGE

5 AGE CONSIDER MAN OLD
6 WHY CONSIDER MAN OLD?
7 AGE CONSIDER WOMAN OLD
8 WHY CONSIDER WOMAN OLD?

RESPONSIBILITY FOR CARE OF ELDERLY

9 WHO SHOULD CARE FOR ELDERLY? - 1ST MENTION
10 WHO SHOULD CARE FOR ELDERLY? - 2ND MENTION
11 WHO SHOULD CARE FOR ELDERLY? - 3RD MENTION
12 WHO SHOULD CARE FOR ELDERLY? - 4TH MENTION
13 WHO SHOULD CARE FOR ELDERLY? - 5TH MENTION
14 WHO IS MOST RESPONSIBLE TO CARE FOR ELDERLY?

FINANCIAL PREPARATION FOR OLD AGE

15 HOW SHOULD PERSON PREPARE TO CARE FOR HIMSELF FINANCIALLY? - 1ST MENTION
16 HOW SHOULD PERSON PREPARE TO CARE FOR HIMSELF FINANCIALLY? - 2ND MENTION
17 HOW SHOULD PERSON PREPARE TO CARE FOR HIMSELF FINANCIALLY? - 3RD MENTION
18 HOW SHOULD PERSON PREPARE TO CARE FOR HIMSELF FINANCIALLY? - 4TH MENTION
19 HOW SHOULD PERSON PREPARE TO CARE FOR HIMSELF FINANCIALLY? - 5TH MENTION
20 HOW SHOULD PERSON PREPARE TO CARE FOR HIMSELF FINANCIALLY? - 6TH MENTION

FINANCIAL SECURITY

21 AGE OF RESPONDENT
22 PREDICT MONETARY SECURITY FOR SELF AT 65
23 GETTING ALONG FINANCIALLY NOW?

REAL LIFE SITUATION - MR. BROWN

24 REAL LIFE SITUATION: ADVICE ON MR. BROWN
25 REAL LIFE SITUATION: WHY THAT ADVICE FOR MR. BROWN?
HEALTH AND SICKNESS OF OLDER PEOPLE

26 DESCRIBE HEALTH OF MOST PEOPLE 65 AND OVER
27 COMMON SICKNESS AMONG ELDERLY:1ST MENTION
28 COMMON SICKNESS AMONG ELDERLY:2ND MENTION
29 COMMON SICKNESS AMONG ELDERLY:3RD MENTION
30 COMMON SICKNESS AMONG ELDERLY:4TH MENTION
31 COMMON SICKNESS AMONG ELDERLY:5TH MENTION
32 COMMON SICKNESS AMONG ELDERLY:6TH MENTION
33 COMMON SICKNESS AMONG ELDERLY:7TH MENTION

HOSPITALIZATION - INSURANCE

34 HOSPITAL BILLS:WHO PAYS FOR OLDER PERSON?
35 INSURANCE:IF NONE, IS IT NEEDED?
36 INSURANCE:IF NEEDED, WHY NONE?
37 INSURANCE:SHOULD SOMETHING BE DONE TO HELP?
38 INSURANCE:WHAT SHOULD BE DONE AND WHO SHOULD DO THAT?

PLACES TO LIVE

39 PLACES FOR ELDERLY TO LIVE:BEST PLACE
40 PLACES FOR ELDERLY TO LIVE:WORST PLACE
41 HOMES FOR THE AGED:DOES R KNOW SOMEONE?
42 HOMES FOR THE AGED:HOW R KNOWS PERSON (RELATIONSHIP)
43 KNOWS SOMEONE IN HOME:HOW PERSON GOT THERE
44 KNOWS PERSON IN HOME:GOOD OR BAD FOR HIM/HER—WHY?
45 HOMES FOR THE AGED:GOOD OR BAD FOR PERSON'S FAMILY—WHY?
46 PLACES FOR ELDERLY TO LIVE:WITH CHILDREN—GOOD OR BAD?
47 PLACES FOR ELDERLY TO LIVE:WITH CHILDREN DEPENDS ON WHAT?

ADVICE ON "REAL LIFE SITUATIONS"

48 REAL LIFE SITUATION:ADVICE ON FRANK
49 REAL LIFE SITUATION:WHAT R THINKS FRANK WILL REALLY DO
50 REAL LIFE SITUATION:ADVICE ON MARY
51 REAL LIFE SITUATION:WHAT R THINKS MARY WILL REALLY DO
52 REAL LIFE SITUATION:ADVICE ON BILL
53 REAL LIFE SITUATION:WHAT R THINKS BILL WILL REALLY DO?

BACKGROUND INFORMATION

54 BACKGROUND INFORMATION:OWN OR RENT
55 BACKGROUND INFORMATION:MARITAL STATUS
56 BACKGROUND INFORMATION:CHILDREN
57 BACKGROUND INFORMATION:AGE OF CHILDREN
PARENTS - HEALTH STATUS

58 FATHER LIVING?: IF YES, HEALTH STATUS
59 AGE OF FATHER
60 MOTHER LIVING?: IF YES, HEALTH STATUS
61 AGE OF MOTHER
62 FATHER-IN-LAW LIVING?: IF YES, HEALTH STATUS
63 AGE OF FATHER-IN-LAW
64 MOTHER-IN-LAW LIVING?: IF YES, HEALTH STATUS
65 AGE OF MOTHER-IN-LAW

SUPPORT OF PARENTS - LIVING ARRANGEMENTS

66 PARENTS AND "IN-LAWS": IN SAME HOUSE
67 PARENTS AND "IN-LAWS": FATHER LIVES HERE
68 PARENTS AND "IN-LAWS": MOTHER LIVES HERE
69 PARENTS AND "IN-LAWS": FATHER-IN-LAW LIVES HERE
70 PARENTS AND "IN-LAWS": MOTHER-IN-LAW LIVES HERE
71 PARENTS AND "IN-LAWS": EXPECT THEY WILL LIVE HERE
72 PARENTS AND "IN-LAWS": WHY PREDICT FOLKS TO MOVE IN

SUPPORT OF PARENTS - FINANCIAL

73 PARENTS AND "IN-LAWS": HELP WITH MONEY
74 PARENTS AND "IN-LAWS": HOW R HELPS WITH MONEY
75 PARENTS AND "IN-LAWS": EXPECT TO HELP IN FUTURE AND UNDER WHAT CIRCUMSTANCES
76 PARENTS AND "IN-LAWS": TYPE OF HELP R EXPECTS TO GIVE
77 OLDER PEOPLE R IS CLOSE TO (OTHER THAN THOSE MENTIONED ABOVE)

SOCIAL AND ECONOMIC VARIABLES

78 PLACE OF BIRTH
79 FOREIGN BORN: AGE AT ARRIVAL IN U.S.
80 COUNTRY OF BIRTH: FATHER OF R
81 AGE-SEX RECODE
82 HIGHEST GRADE COMPLETED
83 MAIN EARNER: WHO IN FAMILY
84 MAIN EARNER: TYPE OF WORK
85 MAIN EARNER: INDUSTRY
86 SEX OF RESPONDENT
87 RESPONDENT NOT MAIN EARNER: DOES R WORK?
88 RESPONDENT NOT MAIN EARNER: R'S OCCUPATION
89 RESPONDENT NOT MAIN EARNER: R'S INDUSTRY
90 RACE OF R
91 FAMILY INCOME
92 RELIGIOUS PREFERENCE: PROTESTANT/OTHER
93 RELIGIOUS PREFERENCE: SPECIFIC

INTERVIEWER ITEMS
INTERVIEWER ITEMS: INCOME ESTIMATE
INTERVIEWER ITEMS: LEVEL OF LIVING
INTERVIEWER ITEMS: RESPONDENT COOPERATION #1
INTERVIEWER ITEMS: RESPONDENT COOPERATION #2
INTERVIEWER ITEMS: RACE OF RESPONDENT
INTERVIEWER ITEMS: SEX OF RESPONDENT
INTERVIEWER ITEMS: AGE OF RESPONDENT
INTERVIEWER ITEMS: SAMPLING UNIT NUMBER
INTERVIEWER ITEMS: LINE NUMBER
DECK IDENTIFICATION NUMBER IS '01'            DK 1 COL 1-2
----------------------------------

VAR 0001    ICPSR STUDY NUMBER-7686     NO MISSING DATA CODES
REF 0001    LOC 1 WIDTH 4              DK 1 COL 3-6

ICPSR STUDY NUMBER-7686
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VAR 0002    ICPSR EDITION NUMBER-1      NO MISSING DATA CODES
REF 0002    LOC 5 WIDTH 1              DK 1 COL 7

ICPSR EDITION NUMBER
---------------------

THE NUMBER IDENTIFYING THE RELEASE EDITION OF THIS DATASET.

1. FALL 1984

*******************

VAR 0003    ICPSR PART NUMBER-003       NO MISSING DATA CODES
REF 0003    LOC 6 WIDTH 3              DK 1 COL 8-10

ICPSR PART NUMBER
-----------------

THE NUMBER IDENTIFYING THIS PART OF A 3-PART STUDY.

001. THE HEALTH NEEDS OF OLDER PERSONS
002. HOUSEHOLD ENUMERATION: NON-INTERVIEWED INDIVIDUALS
003. PUBLIC ATTITUDES ON OLDER PEOPLE

*******************

VAR 0004    CASE NUMBER                 NO MISSING DATA CODES
REF 0004    LOC 9 WIDTH 4              DK 1 COL 11-14

CASE NUMBER
----------

0001. CASE NUMBER 1
(CONTINUED)

2567. CASE NUMBER 2567

---

VAR 0005 "AGE CONSIDER MAN OLD" NO MISSING DATA CODES
REF 0005 LOC 13 WIDTH 2 DK 1 COL 15-16

Q.1 AT WHAT AGE DO YOU THINK A MAN IS OLD? (JUST YOUR OPINION) (RECORD VERBATIM AND GET A SPECIFIC YEAR HERE.)

4 00. NEVER
71 01. UNDER 50 YEARS OF AGE
181 02. 50-54 YEARS OF AGE
146 03. 55-59 YEARS OF AGE
553 04. 60-65 YEARS OF AGE
525 05. 65 YEARS OF AGE
129 06. 65-70 YEARS OF AGE
474 07. 70 YEARS OF AGE
44 08. 70-75 YEARS OF AGE
204 09. 75-80 YEARS OF AGE
138 10. 80 OR MORE YEARS OF AGE
98 11. DON'T KNOW OR DEPENDS

VAR 0006 "WHY CONSIDER MAN OLD" MD=0
REF 0006 LOC 15 WIDTH 1 DK 1 COL 17

--IF SPECIFIC AGE GIVEN--

Q.1A WHY DO YOU THINK A MAN IS OLD AT (WHATEVER AGE IS MENTIONED)?

458 1. SHOWS PHYSICAL CHANGES: LESS ACTIVE; APPEARANCE CHANGES.
89 2. SHOWS PSYCHOLOGICAL CHANGES: MENTALLY LESS ACTIVE; DETERIORATED
416 3. HEALTH FAILS
324 4. UNABLE TO WORK AS WELL AS IN PAST
290 5. RETIREMENT AGE; GIVES UP WORKING OR PARTICIPATING IN ACTIVITIES
285 6. RETIREMENT OR RESTRICTION OF WORK PLUS FAILING
HEALTH OR PHYSICAL CHANGES

7. DEPENDS ON HOW MAN FEELS PSYCHOLOGICALLY AND PHYSICALLY
8. SHOWS PHYSICAL AND PSYCHOLOGICAL CHANGES
9. SET IN CAREER OR JOB, DIFFICULT TO SECURE NEW EMPLOYMENT
0. NO ANSWER

Q.2 WHAT ABOUT A WOMAN? AT WHAT AGE DO YOU THINK A WOMAN IS OLD? (JUST YOUR OPINION) (RECORD VERBATIM AND GET A SPECIFIC YEAR HERE.)

6 00. NEVER
20 01. UNDER 40 YEARS OF AGE
118 02. 40-49 YEARS OF AGE
261 03. 50-54 YEARS OF AGE
223 04. 55-59 YEARS OF AGE
526 05. 60-65 YEARS OF AGE
473 06. 65 YEARS OF AGE
98 07. 65-70 YEARS OF AGE
356 08. 70 YEARS OF AGE
42 09. 70-75 YEARS OF AGE
319 10. 75 OR MORE YEARS OF AGE
125 11. DON'T KNOW OR DEPENDS

Q.2A WHY DO YOU THINK A WOMAN IS OLD AT (WHATEVER AGE IS MENTIONED)?

1. SHOWS PHYSICAL CHANGES: LESS ACTIVE; APPEARANCE CHANGES.
2. SHOWS PSYCHOLOGICAL CHANGES: MENTALLY LESS ACTIVE;
DETERIORATED
506 3. HEALTH FAILS
257 4. UNABLE TO WORK AS WELL AS IN PAST
62 5. RETIREMENT AGE; GIVES UP WORKING OR PARTICIPATING IN ACTIVITIES
90 6. RETIREMENT OR RESTRICTION OF WORK PLUS FAILING HEALTH OR PHYSICAL CHANGES
125 7. DEPENDS ON HOW WOMAN FEELS PSYCHOLOGICALLY AND PHYSICALLY
318 8. SHOWS PHYSICAL AND PSYCHOLOGICAL CHANGES
9 9. SET IN CAREER OR JOB, DIFFICULT TO SECURE NEW EMPLOYMENT

418 0. NO ANSWER; OR DK

Q.3A(1) WHO DO YOU THINK SHOULD TAKE CARE OF OLDER PEOPLE WHEN THEY ARE NO LONGER WORKING? - [1ST MENTION]

705 1. OLDER PERSON SHOULD PROVIDE FOR HIMSELF
1059 2. CHILDREN
137 3. PENSION PLAN (EMPLOYER)
385 4. GOVERNMENT (DETAILS NOT SPECIFIED)
240 5. GOVERNMENT THROUGH SOCIAL SECURITY
1 7. RELATIVES
8 8. HOMES FOR THE AGED

2 9. NA

Q.3A(2) WHO DO YOU THINK SHOULD TAKE CARE OF OLDER PEOPLE WHEN THEY ARE NO LONGER WORKING? - [2ND MENTION]

281 2. CHILDREN
187 3. PENSION PLAN (EMPLOYER)
369 4. GOVERNMENT (DETAILS NOT SPECIFIED)
(CONTINUED)

489  5. GOVERNMENT THROUGH SOCIAL SECURITY
  4  6. OTHER (SPECIFY)
  22  7. RELATIVES
  33  8. HOMES FOR THE AGED

1182  0. INAP., NO FURTHER MENTIONS

Q.3A(3) WHO DO YOU THINK SHOULD TAKE CARE OF OLDER PEOPLE WHEN THEY ARE NO LONGER WORKING? - [3RD MENTION]

60  3. PENSION PLAN (EMPLOYER)
79  4. GOVERNMENT (DETAILS NOT SPECIFIED)
266  5. GOVERNMENT THROUGH SOCIAL SECURITY
  6  6. OTHER (SPECIFY)
  10  7. RELATIVES
  19  8. HOMES FOR THE AGED

2127  0. INAP., NO FURTHER MENTIONS

Q.3A(4) WHO DO YOU THINK SHOULD TAKE CARE OF OLDER PEOPLE WHEN THEY ARE NO LONGER WORKING? - [4TH MENTION]

20  4. GOVERNMENT (DETAILS NOT SPECIFIED)
62  5. GOVERNMENT THROUGH SOCIAL SECURITY
  4  6. OTHER (SPECIFY)
  4  7. RELATIVES
  2  8. HOMES FOR THE AGED

2475  0. INAP., NO FURTHER MENTIONS
Q.3A(5)  WHO DO YOU THINK SHOULD TAKE CARE OF OLDER PEOPLE WHEN THEY ARE NO LONGER WORKING?  - [5TH MENTION]

13  5.  GOVERNMENT THROUGH SOCIAL SECURITY

2554  0.  INAP., NO FURTHER MENTIONS

--ASK ONLY IF MORE THAN ONE RESPONSE AT Q.3A(1)-Q.3A(5)--

Q.3B  WHICH OF THESE DO YOU THINK SHOULD TAKE THE MOST RESPONSIBILITY? (ONLY ONE ANSWER IS PERMITTED. IF ONLY ONE CODE WAS GIVEN IN Q.3A(1)-Q.3A(5), ENTER THAT CODE HERE.)

427  1.  OLDER PERSON SHOULD PROVIDE FOR HIMSELF
849  2.  CHILDREN
141  3.  PENSION PLAN (EMPLOYER)
461  4.  GOVERNMENT (DETAILS NOT SPECIFIED)
634  5.  GOVERNMENT THROUGH SOCIAL SECURITY
   1  6.  RED FEATHER, SALVATION ARMY
   3  7.  RELATIVES
   16  8.  HOMES FOR THE AGED
35  9.  NO ANSWER

Q.4(A)  WHAT DO YOU THINK A PERSON SHOULD DO WHILE HE'S YOUNG TO HELP TAKE CARE OF HIMSELF FINANCIALLY AFTER HE STOPS WORKING? (CIRCLE AS MANY CODES AS APPLY)  - [1ST MENTION]
(CONTINUED)

72  00. TOO DIFFICULT TO SAVE BECAUSE OF HIGH COST OF LIVING
1707 01. PLANNED SAVINGS
489 02. BUY PENSION, RETIREMENT PLAN, OR INSURANCE ANNUITY
66 03. BUY REAL ESTATE
35 04. BUY STOCKS AND BONDS
125 05. WORK
  06. TOO DIFFICULT BECAUSE OF RECESSION OR BECAUSE NO WORK IS AVAILABLE
  19 07. OTHER
  24 09. TOO DIFFICULT TO SAVE IF YOU HAVE CHILDREN

  8 98. NO ANSWER
  21 99. DK

Q.4(B) WHAT DO YOU THINK A PERSON SHOULD DO WHILE HE'S YOUNG TO HELP TAKE CARE OF HIMSELF FINANCIALLY? - [2ND MENTION]

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<tbody>
<tr>
<td>688</td>
<td>2.  BUY PENSION, RETIREMENT PLAN, OR INSURANCE ANNUITY</td>
</tr>
<tr>
<td>248</td>
<td>3.  BUY REAL ESTATE</td>
</tr>
<tr>
<td>190</td>
<td>4.  BUY STOCKS AND BONDS</td>
</tr>
<tr>
<td>329</td>
<td>5.  WORK</td>
</tr>
<tr>
<td>32</td>
<td>7.  OTHER</td>
</tr>
<tr>
<td>1080</td>
<td>0.  INAP., NO FURTHER MENTIONS</td>
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Q.4(C) WHAT DO YOU THINK A PERSON SHOULD DO WHILE HE'S YOUNG TO HELP TAKE CARE OF HIMSELF FINANCIALLY? - [3RD MENTION]

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<tbody>
<tr>
<td>148</td>
<td>3.  BUY REAL ESTATE</td>
</tr>
<tr>
<td>188</td>
<td>4.  BUY STOCKS AND BONDS</td>
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<tr>
<td>237</td>
<td>5.  WORK</td>
</tr>
</tbody>
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(CONTINUED)

27  7.  OTHER

1967  0.  INAP., NO FURTHER MENTIONS

---------------------------------------------------------------------

VAR 0018  "FINANCE PREP 4TH RESP"   MD=0
REF 0018     LOC  29 WIDTH  1         DK  1 COL 31

Q.4(D) WHAT DO YOU THINK A PERSON SHOULD DO WHILE HE'S YOUNG TO HELP TAKE CARE OF HIMSELF FINANCIALLY? - [4TH MENTION]

---------------------------------------------------------------------

49  4.  BUY STOCKS AND BONDS
76  5.  WORK
  6  7.  OTHER

2436  0.  INAP., NO FURTHER MENTIONS

---------------------------------------------------------------------

VAR 0019  "FINANCE PREP 5TH RESP"   MD=0
REF 0019     LOC  30 WIDTH  1         DK  1 COL 32

Q.4(E) WHAT DO YOU THINK A PERSON SHOULD DO WHILE HE'S YOUNG TO HELP TAKE CARE OF HIMSELF FINANCIALLY? - [5TH MENTION]

---------------------------------------------------------------------

20  5.  WORK
  1  7.  OTHER

2546  0.  INAP., NO FURTHER MENTIONS

---------------------------------------------------------------------

VAR 0020  "FINANCE PREP 6TH RESP"   MD=0
REF 0020     LOC  31 WIDTH  1         DK  1 COL 33

Q.4(F) WHAT DO YOU THINK A PERSON SHOULD DO WHILE HE'S YOUNG TO HELP TAKE CARE OF HIMSELF FINANCIALLY? - [6TH MENTION]

---------------------------------------------------------------------
1 7. OTHER

2566 0. INAP., NO FURTHER MENTIONS

VAR 0021 "AGE OF RESPONDENT" NO MISSING DATA CODES
REF 0021 LOC 32 WIDTH 2 DK 1 COL 34-35

Q.5. ABOUT HOW OLD ARE YOU?

194 01. 21-24 YEARS OLD
316 02. 25-29 YEARS OLD
326 03. 30-34 YEARS OLD
311 04. 35-39 YEARS OLD
305 05. 40-44 YEARS OLD
218 06. 45-49 YEARS OLD
240 07. 50-54 YEARS OLD
160 08. 55-59 YEARS OLD
148 09. 60-64 YEARS OLD
243 10. 65-74 YEARS OLD
106 11. 75 AND OVER

VAR 0022 "PREDICT FUTURE MONEY" MD=0 OR GE 6
REF 0022 LOC 34 WIDTH 2 DK 1 COL 36-37

--IF RESPONDENT IS LESS THAN 65 YEARS OLD, ASK:--

Q.6A. AS THINGS LOOK NOW, DO YOU THINK YOU'LL BE ABLE TO GET ALONG ALL RIGHT IN THE WAY OF MONEY WHEN YOU'RE 65?

1436 01. YES
333 02. NO
189 03. YES, IF I STAY HEALTHY
167 04. YES, IF ECONOMIC CONDITIONS REMAIN STABLE
15 05. DEPENDS (SPECIFY)

349 00. INAP., CODED 10 OR 11 AT Q.5
78 06. DK
VAR 0023      "FINANCIAL STATUS NOW"          MD=93 OR GE 99
REF 0023       LOC 36 WIDTH 2               DK 1 COL 38-39

--IF RESPONDENT IS 65 OR OVER, ASK:--

Q.6B HOW ARE YOU GETTING ALONG IN THE WAY OF MONEY NOW?
-----------------------------------------------

76 00. COMFORTABLE (BETTER THAN AVERAGE)
144 07. MANAGING ALL RIGHT (ON PENSION, SOCIAL SECURITY, WELFARE, WAGES, O.A.A.)
35 08. MANAGING ALL RIGHT (WITH HELP FROM CHILDREN OR OTHER RELATIVES)
51 09. DO NOT HAVE ENOUGH FOR ALL NEEDS
9 10. MANAGING ALL RIGHT - NO FURTHER EXPLANATION

34 93. NA
2218 99. INAP., CODED 01-09 AT Q.5

-----------------------------------------------

VAR 0024      "ADVICE ON MR. BROWN"          MD=99
REF 0024       LOC 38 WIDTH 2               DK 1 COL 40-41

NOW I'D LIKE YOU TO TELL ME WHAT YOU THINK SHOULD BE DONE IN A SITUATION LIKE THIS:

Q.7A. MR. BROWN IS A 70-YEAR-OLD WIDOWER. HE WORKED HARD ALL HIS LIFE, UNTIL HE HAD TO RETIRE, BUT WITH THE DEPRESSION AND RAISING A FAMILY, IT'S BEEN DIFFICULT TO SAVE VERY MUCH. NOW IT LOOKS AS THOUGH MR. BROWN IS GOING TO NEED REGULAR MONEY HELP. MR. BROWN HAS TWO SONS AND A DAUGHTER, ALL MARRIED, AND WITH SMALL CHILDREN OF THEIR OWN. ALL OF THEM ARE MANAGING ALL RIGHT, BUT WITH THINGS THE WAY THEY ARE NOW, THEY FEEL THEY ARE JUST GETTING ALONG. WHO DO YOU THINK MR. BROWN SHOULD ASK TO HELP HIM -- A WELFARE AGENCY, THE GOVERNMENT, OR HIS CHILDREN, OR SOMEONE ELSE?
-----------------------------------------------

NOTE: GOVERNMENT TAKES PRIORITY WHEN GOVERNMENT AND WELFARE ARE SPOKEN OF TOGETHER.

63 00. CHILDREN, BECAUSE IT'S THEIR PLACE OR RESPONSIBILITY TO HELP IF IT'S AT ALL POSSIBLE
357 01. WELFARE (REASON NOT GIVEN)
82 02. WELFARE, BECAUSE THIS IS THE SORT OF THING THEY DO
81 03. WELFARE, BECAUSE HIS CHILDREN CANNOT OR ARE NOT
ABLE TO HELP HIM
12  04. WELFARE, BECAUSE CHILDREN SHOULD NOT HAVE TO TAKE
CARE OF HIM OR BE ASKED FOR HELP
800  05. GOVERNMENT (REASON NOT GIVEN)
71  06. GOVERNMENT, BECAUSE IT'S A GOVERNMENT
RESPONSIBILITY
122  07. GOVERNMENT, BECAUSE HIS CHILDREN CANNOT OR ARE NOT
ABLE TO HELP HIM
17  08. GOVERNMENT, BECAUSE CHILDREN SHOULD NOT HAVE TO
TAKE CARE OF HIM OR BE ASKED FOR HELP
833  09. CHILDREN (REASON NOT GIVEN)
129  99. NO ANSWER; DK

Q.7B. WHY DO YOU FEEL THAT WAY?

522  1. GOVERNMENT BECAUSE HE HAS CONTRIBUTED TO GOVERNMENT
21  2. GOVERNMENT BECAUSE THAT WAY IT WOULD BE FAIR TO ALL
OLD PEOPLE
39  3. GOVERNMENT OR WELFARE BECAUSE SOMEONE MUST TAKE CARE
OF AGED
79  4. GOVERNMENT OF WELFARE BECAUSE HE WOULDN'T WANT TO
IMPOSE ON CHILDREN
462  5. GOVERNMENT OR WELFARE BECAUSE CHILDREN CANNOT HELP
699  6. CHILDREN, BECAUSE THEY FEEL IT THEIR DUTY OR
RESPONSIBILITY
94  7. CHILDREN, BECAUSE PEOPLE SHOULD BE SELF-RELIANT
651  9. NO ANSWER; OR ANSWER TOO VAGUE TO CLASSIFY

Q.8. IN GENERAL HOW WOULD YOU DESCRIBE THE HEALTH OF MOST
PEOPLE 65 YEARS OR MORE?

697  1. GOOD
205  2.  GOOD, FOR AGE  
1258  3.  FAIR  
315  5.  POOR  
  7.  POOR, BUT WHAT CAN YOU EXPECT AT THAT AGE  
  28  7.  CAN'T DECIDE  
  9.  NO ANSWER  

Q.9(A).  WHAT SICKNESSES WOULD YOU SAY ARE MOST USUAL AMONG OLDER PEOPLE YOU KNOW? (ARE THERE ANY SPECIAL SICKNESSES THAT OLDER PEOPLE COMPLAIN ABOUT THAT YOU'VE NOTICED?) - [1ST MENTION]  

428  01.  CARDIOVASCULAR DISEASES, INCLUDING HYPERTENSIVE HEART DISEASE  
19  02.  HYPERTENSION WITHOUT MENTION OF HEART; ALL RESPIRATORY DISEASES (TB, FLU, COLDS)  
262  03.  ALL DISEASES OF THE BONES AND ORGANS OF MOVEMENT; INCLUDES NEURITIS  
36  04.  NEOPLASMS  
  05.  DISEASES OF THE DIGESTIVE SYSTEM  
  06.  DIABETES AND OTHER METABOLIC AND ENDOCRINE DISORDERS; ANEMIA  
  07.  IMPAIRMENTS AND ACCIDENTS  
19  08.  MENTAL DISABILITIES OR DISORDERS; NERVOUS CONDITIONS  
62  09.  SYMPTOMS OR ILL-DEFINED CONDITIONS  
43  10.  DISEASES OF SEXUAL AND REPRODUCTIVE ORGANS  
1533  11.  CODE FOR ALL RESPONDENTS WHO HAVE GIVEN MORE THAN ONE DISEASE  
145  00.  NONE, DON'T KNOW, OR NO ANSWER  

Q.9(B).  WHAT SICKNESSES WOULD YOU SAY ARE MOST USUAL AMONG OLDER PEOPLE YOU KNOW? (ARE THERE ANY SPECIAL SICKNESSES
THAT OLDER PEOPLE COMPLAIN ABOUT THAT YOU'VE NOTICED?) -
[2ND MENTION]

1254 01. CARDIOVASCULAR DISEASES, INCLUDING HYPERTENSIVE HEART DISEASE
70 02. HYPERTENSION WITHOUT MENTION OF HEART; ALL RESPIRATORY DISEASES (TB, FLU, COLDs)
157 03. ALL DISEASES OF THE BONES AND ORGANS OF MOVEMENT; INCLUDES NEURITIS
22 04. NEOPLASMS
11 05. DISEASES OF THE DIGESTIVE SYSTEM
2 06. DIABETES AND OTHER METABOLIC AND ENDOCRINE DISORDERS; ANEMIA
9 07. IMPAIRMENTS AND ACCIDENTS
8 08. MENTAL DISABILITIES OR DISORDERS; NERVOUS CONDITIONS
09. SYMPTOMS OR ILL-DEFINED CONDITIONS
38 10. CODE FOR ALL RESPONDENTS WHO HAVE GIVEN MORE THAN ONE DISEASE

996 00. INAP., NO FURTHER MENTIONS

Q.9(C). WHAT SICKNESSES WOULD YOU SAY ARE MOST USUAL AMONG OLDER PEOPLE YOU KNOW? (ARE THERE ANY SPECIAL SICKNESSES THAT OLDER PEOPLE COMPLAIN ABOUT THAT YOU'VE NOTICED?) -
[3RD MENTION]

30 01. CARDIOVASCULAR DISEASES, INCLUDING HYPERTENSIVE HEART DISEASE
121 02. HYPERTENSION WITHOUT MENTION OF HEART; ALL RESPIRATORY DISEASES (TB, FLU, COLDs)
725 03. ALL DISEASES OF THE BONES AND ORGANS OF MOVEMENT; INCLUDES NEURITIS
273 04. NEOPLASMS
59 05. DISEASES OF THE DIGESTIVE SYSTEM
98 06. DIABETES AND OTHER METABOLIC AND ENDOCRINE DISORDERS; ANEMIA
54 07. IMPAIRMENTS AND ACCIDENTS
59 08. MENTAL DISABILITIES OR DISORDERS; NERVOUS CONDITIONS
152 09. SYMPTOMS OR ILL-DEFINED CONDITIONS
10. CODE FOR ALL RESPONDENTS WHO HAVE ANSWERED MORE THAN ONE DISEASE
(CONTINUED)

996 00. INAP., NO FURTHER MENTIONS

VAR 0030 "COMMON SICKNESS ANS #4" MD=0
REF 0030 LOC 48 WIDTH 1 DK 1 COL 50

Q.9(D). WHAT SICKNESSES WOULD YOU SAY ARE MOST USUAL AMONG OLDER PEOPLE YOU KNOW? (ARE THERE ANY SPECIAL SICKNESSES THAT OLDER PEOPLE COMPLAIN ABOUT THAT YOU'VE NOTICED?) – [4TH MENTION]

-----------------------------------------------------------
4 2. HYPERTENSION WITHOUT MENTION OF HEART; ALL RESPIRATORY DISEASES (TB, FLU, Colds)
58 3. ALL DISEASES OF THE BONES AND ORGANS OF MOVEMENT; INCLUDES NEURITIS
150 4. NEOPLASMS
45 5. DISEASES OF THE DIGESTIVE SYSTEM
74 6. DIABETES AND OTHER METABOLIC AND ENDOCRINE DISORDERS; ANEMIA
50 7. IMPAIRMENTS AND ACCIDENTS
45 8. MENTAL DISABILITIES OR DISORDERS; NERVOUS CONDITIONS
117 9. SYMPTOMS OR ILL-DEFINED CONDITIONS
2024 0. INAP., NO FURTHER MENTIONS

-----------------------------------------------------------

VAR 0031 "COMMON SICKNESS ANS #5" MD=0 OR GE 99
REF 0031 LOC 49 WIDTH 2 DK 1 COL 51-52

Q.9(E). WHAT SICKNESSES WOULD YOU SAY ARE MOST USUAL AMONG OLDER PEOPLE YOU KNOW? (ARE THERE ANY SPECIAL SICKNESSES THAT OLDER PEOPLE COMPLAIN ABOUT THAT YOU'VE NOTICED?) – [5TH MENTION]

-----------------------------------------------------------
2 03. ALL DISEASES OF THE BONES AND ORGANS OF MOVEMENT; INCLUDES NEURITIS
16 04. NEOPLASMS
13 05. DISEASES OF THE DIGESTIVE SYSTEM
27 06. DIABETES AND OTHER METABOLIC AND ENDOCRINE DISORDERS; ANEMIA
21 07. IMPAIRMENTS AND ACCIDENTS
Q.9(F). WHAT SICKNESSES WOULD YOU SAY ARE MOST USUAL AMONG OLDER PEOPLE YOU KNOW? (ARE THERE ANY SPECIAL SICKNESSES THAT OLDER PEOPLE COMPLAIN ABOUT THAT YOU'VE NOTICED?) - [6TH MENTION]

4. NEOPLASMS
2 5. DISEASES OF THE DIGESTIVE SYSTEM
5 6. DIABETES AND OTHER METABOLIC AND ENDOCRINE DISORDERS; ANEMIA
4 7. IMPAIRMENTS AND ACCIDENTS
8 8. MENTAL DISABILITIES OR DISORDERS; NERVOUS CONDITIONS
8 9. SYMPTOMS OR ILL-DEFINED CONDITIONS

2540 0. INAP., NO FURTHER MENTIONS

Q.9(G). WHAT SICKNESSES WOULD YOU SAY ARE MOST USUAL AMONG OLDER PEOPLE YOU KNOW? (ARE THERE ANY SPECIAL SICKNESSES THAT OLDER PEOPLE COMPLAIN ABOUT THAT YOU'VE NOTICED?) - [7TH MENTION]

1 7. IMPAIRMENTS AND ACCIDENTS
1 8. MENTAL DISABILITIES OR DISORDERS; NERVOUS CONDITIONS
2 9. SYMPTOMS OR ILL-DEFINED CONDITIONS

2563 0. INAP., NO FURTHER MENTIONS
Q.10. WHEN AN OLDER PERSON AROUND HERE (THAT YOU KNOW) IS SICK AND HAS TO GO TO THE HOSPITAL, HOW DO YOU SUPPOSE HE PAYS FOR MOST OF HIS BILL—DOES HE PAY FOR MOST OF IT HIMSELF, DOES HE HAVE INSURANCE THAT PAYS FOR MOST OF IT, DO HIS CHILDREN OR OTHER RELATIVES PAY FOR IT, OR DOES HE GET FREE CARE? (JUST YOUR BEST GUESS!) (CIRCLE ONLY ONE CODE)

<table>
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<th>Description</th>
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<tbody>
<tr>
<td>441</td>
<td>PAYS SELF</td>
</tr>
<tr>
<td>1367</td>
<td>HAS INSURANCE</td>
</tr>
<tr>
<td>234</td>
<td>HELP FROM CHILDREN</td>
</tr>
<tr>
<td>312</td>
<td>FREE CARE</td>
</tr>
<tr>
<td>212</td>
<td>DK</td>
</tr>
<tr>
<td>1</td>
<td>NO ANSWER</td>
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Q.10A. DO YOU THINK THE AVERAGE OLDER PERSON AROUND HERE (THAT YOU KNOW) NEEDS SOME KIND OF INSURANCE TO PAY THESE BILLS, OR ISN'T THAT NECESSARY?

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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<tr>
<td>933</td>
<td>NEEDS INSURANCE</td>
</tr>
<tr>
<td>145</td>
<td>DOESN'T NEED INSURANCE</td>
</tr>
<tr>
<td>1367</td>
<td>INAP., CODED 2 AT Q.10</td>
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<tr>
<td>48</td>
<td>NO ANSWER</td>
</tr>
<tr>
<td>74</td>
<td>DK</td>
</tr>
</tbody>
</table>

--IF "NEEDS INSURANCE" [CODED 1] IN Q.10A, ASK:--
Q.10A(1). WHY DOESN'T THE AVERAGE PERSON HAVE THIS KIND OF INSURANCE -- DO YOU SUPPOSE?

494  04.  CAN'T AFFORD IT
199  05.  MOST PLANS WON'T COVER OLDER PERSON
  06.  COVERAGE ISN'T ANY GOOD FOR OLDER PERSON
  07.  OLDER PEOPLE DON'T KNOW ABOUT IT
  08.  OLDER PEOPLE DON'T BELIEVE IN INSURANCE

1512 00.  INAP., CODED 02 OR 09 AT Q.10A
  48 97.  NO ANSWER
  74 99.  DK

VAR 0037      "HELP OLDER WITH INSUR"     MD=98 OR GE 99
REF 0037         LOC   58 WIDTH  2     DK   1 COL 60-61

--IF CODED 4, 5 OR 6 IN Q. 10A(1)--

Q.10A(1A). DO YOU FEEL SOMETHING SHOULD OR SHOULD NOT BE DONE TO HELP THESE PEOPLE WHO NEED HEALTH INSURANCE AND CAN'T GET THE RIGHT KIND?

69  01.  NOTHING SHOULD BE DONE
21  02.  ANSWER TOO VAGUE TO CLASSIFY
  11.  SOMETHING SHOULD BE DONE

1773 98.  INAP., CODED 00, 07-08, 99 AT Q.10A(1)
  105 99.  NO ANSWER

VAR 0038      "WHAT & WHO RESPONSIBLE"     MD=0 OR GE 9
REF 0038         LOC   60 WIDTH  1     DK   1 COL 62

--IF "SOMETHING SHOULD BE DONE" [CODED 11] IN Q.10A(1A)--

Q.10A(1A)I. WHAT SHOULD BE DONE? (HOW SHOULD THAT BE DONE?)
Q.10A(1A)II. WHO SHOULD DO THAT?)
(CONTINUED)

21 2. ANSWER TOO VAGUE TO CLASSIFY
195 3. METHOD NOT GIVEN OR NOT CLEAR- GOVERNMENT OR WELFARE
       SHOULD TAKE CARE
181 4. SPECIAL MEDICAL INSURANCE SCHEME - GOVERNMENT SHOULD
       TAKE CARE OF IT THROUGH MEDICAL PROGRAM (LIKE SOCIAL
       SECURITY)
    2 5. SPECIAL MEDICAL INSURANCE SCHEME - CHURCHES
123 6. SPECIAL MEDICAL INSURANCE SCHEME - INSURANCE
       COMPANIES
    79 7. SPECIAL MEDICAL INSURANCE THROUGH INSURANCE
       COMPANIES, BUT GOVERNMENT SHOULD PAY THE COSTS
    19 8. SPECIAL MEDICAL INSURANCE, BUT WHO SHOULD TAKE CARE
       OF IT NOT GIVEN

1842 0. INAP., CODED 1 OR 98 AT Q.10A(1A)
105 9. NO ANSWER

-------------

VAR 0039      "BEST PLACE TO LIVE"                        MD=9
REF 0039      LOC   61 WIDTH  1             DK   1 COL 63

HERE'S A LIST OF PLACES WHERE OLDER PEOPLE COULD LIVE--IN
THEIR OWN HOME, IN THE HOME OF CHILDREN OR OTHER RELATIVES,
OR IN A HOME FOR THE AGED.

Q.11(A). WHICH OF THESE DO YOU THINK IS THE BEST PLACE FOR
AN OLDER PERSON TO LIVE?

+++++++++++++++++++++++++++++

1902 1. IN OWN HOME
297 4. IN HOME OF CHILDREN OR RELATIVE
343 7. IN HOME FOR AGED

25 9. NO ANSWER; DK

+++++++++++++++++++++++++++++

VAR 0040      "WORST PLACE TO LIVE"                        MD=9
REF 0040      LOC   62 WIDTH  1             DK   1 COL 64

HERE'S A LIST OF PLACES WHERE OLDER PEOPLE COULD LIVE--IN
THEIR OWN HOME, IN THE HOME OF CHILDREN OR OTHER RELATIVES,
OR IN A HOME FOR THE AGED.

Q.11(B). WHICH OF THESE DO YOU THINK IS THE WORST?

+++++++++++++++++++++++++++++
(CONTINUED)

154 2. IN OWN HOME
1212 5. IN HOME OF CHILDREN OR RELATIVE
1140 8. IN HOME FOR AGED

61 9. NO ANSWER; DK

Q.12. DO YOU PERSONALLY KNOW ANYBODY, OR HAVE YOU KNOWN ANYBODY, WHO HAS GONE TO A HOME FOR THE AGED TO LIVE?

1082 1. YES
1481 8. NO

4 9. NO ANSWER

--IF "YES" [CODED 1] AT Q.12--

Q.12A. WHO WAS IT? - I DON'T NEED THE NAME, BUT I'D LIKE TO KNOW IF IT'S A RELATIVE, A FRIEND OR SOMEBODY ELSE. (HOW'S ____ RELATED TO YOU?) (HOW CLOSE A FRIEND IS ____?)

583 2. FRIEND (DEGREE OF INTIMACY NOT GIVEN)
162 3. CLOSE FRIEND
31 4. PARENT
20 5. PARENT-IN-LAW
70 6. GRANDPARENT
216 7. OTHER RELATIVE

4 8. NO ANSWER
1481 9. INAP., CODED 8 AT Q.12A
VAR 0043      "HOW PERSON GOT THERE"              MD=0 OR GE  9
REF 0043      LOC   65 WIDTH  1              DK   1 COL 67

--IF "YES" [CODED 1] AT Q.12--

Q.12B.  HOW DID (HE/SHE) HAPPEN TO GO THERE?
--------------------------------------------

442  1.  NEEDED NURSING CARE (NO ONE AT HOME COULD TAKE CARE
       OF HIM)
287  2.  NO RELATIVES AVAILABLE WITH WHOM OLDER PERSON COULD
       LIVE (CHILDREN DID NOT WISH OLDER PERSON IN HOME)
147  3.  NO RELATIVES AVAILABLE WITH WHOM OLDER PERSON COULD
       LIVE (HAD NO CHILDREN)
182  4.  OLDER PERSON CHOSE TO LIVE THERE

1481 0.  INAP., CODED 8 AT Q.12
28 9.  NO ANSWER; DK

----------------------------------------------------------------------

VAR 0044      "HOME GOOD FOR HIM/HER"               MD=0 OR GE  99
REF 0044      LOC   66 WIDTH  2              DK   1 COL 68-69

--IF "YES" [CODED 1] AT Q.12--

Q.12C.  DO YOU THINK IT WAS A GOOD IDEA OR A BAD IDEA AS FAR
       AS (HE'S/SHE'S) CONCERNED?
Q.12D.  WHY DO YOU THINK SO? -- I MEAN WHY WAS IT A (GOOD)
       (BAD) IDEA?
------------------------------------------------------------

9  01.  GOOD IDEA; NO FURTHER EXPLANATION GIVEN
7  02.  BAD IDEA; NO FURTHER EXPLANATION GIVEN
390  03.  GOOD IDEA BECAUSE OLDER PERSON COULD GET BETTER
        PHYSICAL CARE IN HOME
103  04.  GOOD IDEA BECAUSE THERE WAS NO OTHER PLACE FOR
        OLDER PERSON TO LIVE
286  05.  GOOD IDEA BECAUSE OLDER PEOPLE ARE MORE CONTENTED
        IN HOME FOR AGED
97  06.  GOOD IDEA BECAUSE IT RELIEVED FRICTION WITH
        CHILDREN
148  07.  BAD IDEA BECAUSE IT MADE HIM FEEL REJECTED OR
        LONELY
36  08.  BAD IDEA BECAUSE HE WAS NEGLECTED
2  09.  BAD IDEA BECAUSE HE DISLIKES REGIMENTATION OR
(CONTINUED)

ROUTINE

1481 00. INAP., CODED 8 AT Q.12
  8 99. NO ANSWER

.............................................................

VAR 0045 "HOME GOOD FOR FAMILY" MD=0 OR GE 9
REF 0045 LOC 68 WIDTH 1 DK 1 COL 70

--IF "YES" [CODED 1] AT Q.12--

Q.12E. DO YOU THINK IT WAS A GOOD IDEA OR A BAD IDEA FOR (HIS/HER) FAMILY?

Q.12F. WHY DO YOU THINK IT WAS (GOOD) (BAD) FOR (HIS/HER) FAMILY?

-------------------------------------------------------------

7 1. GOOD IDEA; NO FURTHER EXPLANATION GIVEN
4 2. BAD IDEA; NO FURTHER EXPLANATION GIVEN
303 3. GOOD IDEA BECAUSE FAMILY WAS UNABLE TO GIVE OLDER PERSON NECESSARY PHYSICAL CARE
247 4. GOOD IDEA BECAUSE THERE WAS NO PLACE FOR OLDER PERSON TO LIVE (NO CLOSE FAMILY)
300 5. GOOD IDEA BECAUSE IT RELIEVED FAMILY FRICITION
79 6. GOOD IDEA BECAUSE FAMILY KNOWS OLDER PERSON IS CONTENTED
40 7. BAD IDEA BECAUSE FAMILY FELT GUILTY
74 8. BAD IDEA BECAUSE FAMILY SHOULD NOT NEGLECT AGED
1481 0. INAP., CODED 8 AT Q.12
32 9. NO ANSWER

.............................................................

VAR 0046 "SHARE HOME WITH CHILD" MD=4
REF 0046 LOC 69 WIDTH 1 DK 1 COL 71

Q.13. AS YOU KNOW, MANY OLDER PEOPLE SHARE A HOME WITH THEIR GROWN CHILDREN. DO YOU THINK THIS IS GENERALLY A GOOD IDEA OR A BAD IDEA?

-------------------------------------------------------------

723 1. GOOD IDEA
1631 2. BAD IDEA
179  3.  DEPENDS (NOT CLARIFIED)

34  4.  DK

--IF "DEPENDS" [CODED 3] AT Q.13--

Q.13A.  WHAT WOULD YOU SAY IT DEPENDS ON?

15  1.  TEMPERMENT OR DISPOSITION OF OLDER PERSON
25  2.  TEMPERMENT OR DISPOSITION OF BOTH PARENTS AND CHILDREN
54  3.  ABILITY OF OLDER PERSON TO GET ALONG WITH CHILDREN
24  4.  ATTITUDES OF CHILDREN TOWARD THE AGED
15  5.  ATTITUDES OF IN-LAWS
46  6.  NON-PSYCHOLOGICAL FACTORS--HEALTH OF OLDER PERSON, FINANCIAL STATUS OF PARENTS OR CHILDREN, SPACE

2388  0.  INAP., CODED 1, 2, OR 4 IN Q.13

NOW, HERE ARE SOME REAL LIFE SITUATIONS. I'D LIKE TO KNOW WHAT YOU THINK ABOUT THEM.

Q.14.  MRS. RAY IS A WIDOW. SHE LIVES ALONE, IN THE SUBURBS OF A BIG CITY. SHE HAS TO GO TO THE DOCTOR IN TOWN FOR TREATMENTS EVERY WEEK. BECAUSE SHE DOESN'T LIKE TO GO ALONE, HER ONLY SON, FRANK, HAS BEEN TAKING HER IN HIS CAR SATURDAY MORNINGS, ON HIS DAY OFF. THIS MAKES THINGS HARD FOR FRANK, BECAUSE SATURDAY MORNING IS THE ONLY TIME WHEN HE AND HIS WIFE CAN DO THEIR BIG SHOPPING FOR THE WEEK. IT LOOKS LIKE MRS. RAY'S TREATMENTS WILL BE GOING FOR SOME TIME.

Q.14A.  WHAT DO YOU THINK FRANK SHOULD DO?
(CONTINUED)

19  00.  ANSWER TOO VAGUE TO CLARIFY
649  01.  TAKE HIS MOTHER TO THE DOCTOR (NO FURTHER
       EXPLANATION)
164  02.  SHOULD TAKE HIS MOTHER TO THE DOCTOR BECAUSE HE
       OWES IT TO HER (MOTHER MADE SACRIFICES FOR HIM)
222  03.  SHOULD TAKE MOTHER TO THE DOCTOR AND SHOP LATER OR
       ANOTHER DAY WITH HIS WIFE
416  04.  SHOULD TAKE MOTHER TO THE DOCTOR BECAUSE MOTHER
       COMES FIRST (UNDER ANY CIRCUMSTANCES, MOTHER
       DEPENDS ON HIM)
157  11.  SHOULD TAKE MOTHER TO THE DOCTOR AND SHOP OR HAVE
       WIFE SHOP AT THE SAME TIME
39  12.  SHOULD CHANGE TIME OF APPOINTMENT SO HE CAN TAKE
       MOTHER TO THE DOCTOR (AND STILL DO SHOPPING WITH
       WIFE)
154  13.  DIVIDE SATURDAYS BETWEEN WIFE AND MOTHER; LET HIS
       MOTHER GO ALONE SOMETIMES
21.  14.  SHOULD GO SHOPPING WITH WIFE (NO FURTHER
       EXPLANATION)
47  15.  SHOULD GO SHOPPING WITH WIFE--MAKE ARRANGEMENTS FOR
       SOMEONE ELSE TO ACCOMPANY HIS MOTHER TO THE DOCTOR
       (WIFE COMES FIRST)
285  16.  SHOULD GO SHOPPING WITH WIFE--PAY FOR A TAXI TO
       TAKE HIS MOTHER TO THE DOCTOR (WIFE COMES FIRST)
35  17.  SHOULD GO SHOPPING WITH WIFE BECAUSE WIFE COMES
       FIRST
145  25.  MOTHER, SHOULD TAKE CARE OF HERSELF (RESPONSIBILITY
       IS MOTHER'S, NOT SON'S)
40  30.  MOVE MOTHER INTO NURSING HOME WHERE SHE CAN HAVE
       CARE
58  31.  MOVE MOTHER CLOSER TO DOCTOR OR HAVE DOCTOR SEE
       MOTHER AT HOME
3  32.  MOVE MOTHER INTO JOINT HOUSEHOLD
134  99.  NO ANSWER

...............................................................

VAR 0049 "WHAT WILL FRANK DO" MD=99
REF 0049 LOC 73 WIDTH 2 DK 1 COL 75-76

Q.14B. WHAT DO YOU THINK FRANK WILL REALLY DO? (IF FRANK IS
       PRETTY MUCH LIKE MOST PEOPLE YOU MEET, WHAT DO YOU THINK
       HE'LL DO?)

<SEE Q.14 FOR COMPLETE QUESTION TEXT>
HERE ARE SOME REAL LIFE SITUATIONS. I'D LIKE TO KNOW WHAT YOU THINK ABOUT THEM.

Q.15. TOM AND MARY JENKINS HAVE FOUR CHILDREN. THEY LIVE IN A NEW SECTION IN A SMALL THREE-BEDROOM HOUSE, AND IT GETS PRETTY CROWDED. MARY'S MOTHER, MRS. STEVENS, IS A WIDOW, WITH A VERY SMALL PENSION, AND HER HEALTH IS POOR. THE DOCTOR DOESN'T THINK MRS. STEVENS SHOULD LIVE ALONE. HE SAYS THAT SHE DOESN'T NEED ANY SPECIAL NURSING CARE, JUST SOMEONE TO KEEP AN EYE ON HER.

Q.15A. WHAT DO YOU THINK MARY SHOULD DO?

...
ARRANGEMENTS FOR HER MOTHER (ARRANGEMENTS NOT SPECIFIED)

80  22. HOUSE IS TOO SMALL SO MARY SHOULD GET COMPANION FOR MOTHER OR ARRANGE FOR SOMEONE TO LIVE WITH HER
123  23. HOUSE IS TOO SMALL SO MARY SHOULD PUT MOTHER IN HOME
9  24. HOUSE IS TOO SMALL SO MOTHER SHOULD STAY IN OWN HOME AND MARY SHOULD STAY IN TOUCH WITH HER
52  31. MOTHER SHOULD STAY IN OWN HOME AND MARY SHOULD KEEP IN TOUCH WITH HER
439  32. MOTHER SHOULD STAY IN OWN HOME AND MARY SHOULD GET SOMEONE TO STAY WITH HER (HIRE SOMEONE, GET NEIGHBOR OR COMPANION)
87  33. MOTHER SHOULD MOVE CLOSER TO MARY SO MARY CAN KEEP IN TOUCH WITH HER
308  34. MOTHER SHOULD MOVE TO HOME FOR AGED OR NURSING HOME
68  35. MARY SHOULDN'T HAVE RESPONSIBILITY FOR MOTHER (LET THE COUNTY OR SOMEONE ELSE TAKE CARE OF HER)
7  41. MARY AND FAMILY SHOULD GIVE UP HOME AND MOVE IN WITH MOTHER

192  99. NO ANSWER; DK

Q.15B. WHAT DO YOU THINK MARY WILL REALLY DO? (AND IF MARY IS THE USUAL KIND OF PERSON, WHAT DO YOU THINK SHE REALLY WILL DO?)

52  00. ANSWER TOO VAGUE TO CLASSIFY
1510  01. WILL MOVE MOTHER IN WITH HER (NO FURTHER EXPLANATION)
61  02. WILL GET LARGER HOUSE OR ADD ANOTHER ROOM AND MOVE MOTHER IN WITH HER
27  03. WILL MOVE MOTHER IN WITH HER UNLESS SHE IS FINANCIALLY ABLE TO MAKE OTHER ARRANGEMENTS
89  04. WILL LET MOTHER CONTINUE IN MOTHER'S HOME AS LONG AS POSSIBLE
236  05. MARY WILL GET COMPANION FOR MOTHER OR ARRANGE FOR SOMEONE TO LIVE WITH HER
38  06. MOTHER WILL MOVE CLOSER TO MARY SO MARY CAN KEEP IN TOUCH WITH HER
4 07. MARY WILL MOVE IN WITH MOTHER
269 08. WILL MOVE MOTHER TO HOME FOR AGED OR NURSING HOME
81 09. WILL TRY TO HAVE SOMEONE ELSE TAKE RESPONSIBILITY
        FOR MOTHER

200 99. NO ANSWER; DK

DECK IDENTIFICATION NUMBER IS '02'

ICPSR STUDY NUMBER-7686

ICPSR EDITION NUMBER-1

ICPSR PART NUMBER-003

THE NUMBER IDENTIFYING THE RELEASE EDITION OF THIS DATASET.

1. FALL 1984

THE NUMBER IDENTIFYING THIS PART OF A 3-PART STUDY.

001. THE HEALTH NEEDS OF OLDER PERSONS
002. HOUSEHOLD ENUMERATION: NON-INTERVIEWED INDIVIDUALS
003. PUBLIC ATTITUDES ON OLDER PEOPLE
HERE ARE SOME REAL LIFE SITUATIONS. I'D LIKE TO KNOW WHAT YOU THINK ABOUT THEM.

Q.16. MR. AND MRS. THOMPSON HAVE THREE GROWN SONS. TWO OF THEM LIVE IN OREGON, BUT BILL, THE ELDEST, AND HIS WIFE JANE LIVE ABOUT 150 MILES AWAY. BILL SENDS HIS PARENTS A CHECK EVERY MONTH, BUT HE HARDLY EVER COMES TO SEE THEM OR INVITES THEM TO VISIT HIS HOME. BILL PROMISED HIS MOTHER HE'D BRING HIS FAMILY OUT FOR EASTER SUNDAY, BUT JUST BEFORE THE HOLIDAY SOME OF JANE'S RELATIVES CAME TO TOWN, AND SHE WANTED TO ENTERTAIN THEM ON EASTER.

Q.16A. WHAT SHOULD BILL HAVE DONE?

4 00. ANSWER TOO VAGUE TO CLASSIFY
256 01. BILL SHOULD STAY HOME (NO FURTHER EXPLANATION)
54 02. BILL SHOULD STAY HOME (WIFE COMES FIRST)
287 03. BILL SHOULD STAY HOME AND VISIT HIS PARENTS SOME EARLY DATE IN THE FUTURE
20 04. BILL SHOULD STAY WITH MARY; HE FULFILLS HIS OBLIGATIONS BY SENDING HIS PARENTS A CHECK
19 21. BILL SHOULD SPEND PART OF THE TIME WITH HIS PARENTS AND PART WITH HIS WIFE
284 22. BILL SHOULD BRING HIS PARENTS TO HIS HOME AND ENTERTAIN THEM ALONG WITH MARY'S RELATIVES
52 23. BILL SHOULD TAKE MARY'S RELATIVES WITH HIM TO HIS PARENTS
246 31. BILL SHOULD HAVE GONE TO HIS PARENTS (NO FURTHER EXPLANATION)
45 32. BILL SHOULD HAVE GONE TO HIS PARENTS (PARENTS COME
FIRST)

253  33.  BILL SHOULD HAVE GONE TO HIS PARENTS (MOTHER COMES FIRST)

362  34.  BILL SHOULD HAVE GONE TO HIS PARENTS (NO SPECIAL MENTION OF MOTHER) BECAUSE HE PROMISED TO DO SO

161  35.  BILL SHOULD HAVE GONE TO HIS PARENTS BECAUSE HE PROMISED HIS MOTHER

162  36.  BILL SHOULD HAVE GONE TO HIS PARENTS AND LEFT HIS WIFE WITH HER RELATIVES

41  37.  BILL SHOULD HAVE TAKEN THE CHILDREN AND GONE TO SEE HIS PARENTS AND LEFT HIS WIFE WITH HER RELATIVES

158  38.  BILL SHOULD HAVE GONE TO HIS PARENTS AND MARY AND CHILDREN SHOULD HAVE GONE WITH HIM

163  99.  NO ANSWER; DK

Q.16B.  WHAT DO YOU THINK BILL REALLY DID?  (WELL, JUST SUPPOSE BILL IS JUST AN ORDINARY PERSON, WHAT DID HE PROBABLY DO?)

<SEE Q.16 FOR COMPLETE QUESTION TEXT>

5  00.  ANSWER TOO VAGUE TO CLASSIFY

1421  01.  STAYED HOME (NO FURTHER EXPLANATION)

30  02.  STAYED HOME, FIRST RESPONSIBILITY IS TO HIS WIFE

245  03.  STAYED HOME, FIRST RESPONSIBILITY IS TO HIS WIFE AND VISITED PARENTS IN FUTURE

15  04.  STAYED HOME, HE FULFILLS HIS OBLIGATION TO PARENTS WITH FINANCIAL HELP

132  05.  BROUGHT PARENTS TO HIS HOME

8  06.  DIVIDED DAY BETWEEN HIS HOME AND HIS PARENTS' HOME

327  07.  VISITED PARENTS (NO FURTHER EXPLANATION)

170  08.  VISITED PARENTS, SOME MENTION OF MOTHER

90  09.  VISITED PARENTS, WIFE AND/OR HER RELATIVES ACCOMPANY HIM

124  99.  NO ANSWER
NOW, I'D LIKE YOU TO TELL ME SOME GENERAL THINGS ABOUT HOW YOU LIVE:

Q.17. DO YOU (OR YOUR FAMILY) OWN OR RENT THE PLACE WHERE YOU LIVE?

1616  1. OWN
892   2. RENT
  56  3. OTHER

3   9. NO ANSWER

Q.18. ARE YOU MARRIED NOW?

184  1. SINGLE (NEVER MARRIED)
  92  2. DIVORCED, SEPARATED
  232 3. WIDOWED
  2058 4. MARRIED

1   9. NO ANSWER

Q.18A. DO YOU HAVE ANY CHILDREN?

2039 1. YES
  341 2. NO

184  0. INAP., CODED 1 AT Q.18
3 9. NO ANSWER

-------------------------------------
Q.18A(1). HOW OLD ARE YOUR CHILDREN?

1084 1. ALL UNDER 18
294 2. SOME UNDER 18, SOME 18 OR OLDER
656 3. ALL 18 OR OLDER

525 0. INAP., CODED 0 OR 2 AT Q.18A
8 9. NO ANSWER

-------------------------------------
Q.19A(1). ARE YOUR PARENTS LIVING? HOW ABOUT YOUR FATHER, IS HE LIVING? IF YES, IS HE IN GOOD HEALTH, FAIR HEALTH, OR POOR HEALTH?

524 1. GOOD HEALTH
344 2. FAIR HEALTH
117 3. POOR HEALTH
1551 4. NO - FATHER IS NOT LIVING

27 0. DK; NA - TO "IS YOUR FATHER LIVING?"
4 9. NO ANSWER

-------------------------------------
Q.19B(1). IF LIVING, ABOUT HOW OLD IS [YOUR FATHER) NOW?
(CONTINUED)

196 05. UNDER 55 YEARS OF AGE
322 06. 55-64 YEARS OF AGE
180 07. 65-69 YEARS OF AGE
135 08. 70-74 YEARS OF AGE
142 09. 75 OR MORE YEARS OF AGE

1555 00. INAP., CODED 4 OR 9 AT Q.19A(1)
   37 99. DK; NA; - TO AGE OF PARENT

------------------------------------------------------------------------

VAR 0060 "MOTHER ALIVE-HEALTH" MD=0 OR GE 9
REF 0060 LOC 90 WIDTH 1 DK 2 COL 26

Q.19A(2). ARE YOUR PARENTS LIVING? HOW ABOUT YOUR MOTHER, IS SHE LIVING? IF YES, IS SHE IN GOOD HEALTH FAIR HEALTH, OR POOR HEALTH?
------------------------------------------------------------------------

673 1. GOOD HEALTH
494 2. FAIR HEALTH
193 3. POOR HEALTH
1191 4. NO - MOTHER IS NOT LIVING

15 0. DK; NA; - TO "IS YOUR MOTHER LIVING
1 9. NO ANSWER

------------------------------------------------------------------------

VAR 0061 AGE OF MOTHER MD=0 OR GE 99
REF 0061 LOC 91 WIDTH 2 DK 2 COL 27-28

Q.19B(2). IF LIVING, ABOUT HOW OLD IS [YOUR MOTHER) NOW?
------------------------------------------------------------------------

372 05. UNDER 55 YEARS OF AGE
412 06. 55-64 YEARS OF AGE
217 07. 65-69 YEARS OF AGE
152 08. 70-74 YEARS OF AGE
180 09. 75 OR MORE YEARS OF AGE

1192 00. INAP., CODED 4 OR 9 AT Q.19A(2)
   42 99. DK; NA; - TO AGE OF PARENT
Q.19A(3). ARE YOUR PARENTS LIVING? HOW ABOUT YOUR
FATHER-IN-LAW, IS HE LIVING? IF YES, IS HE IN GOOD HEALTH,
FAIR HEALTH, OR POOR HEALTH?

458 1. GOOD HEALTH
285 2. FAIR HEALTH
142 3. POOR HEALTH
1453 4. NO - FATHER-IN-LAW IS NOT LIVING

24 0. DK; NA; - TO "IS YOUR FATHER-IN-LAW LIVING?"
21 8. NO ANSWER
184 9. INAP., CODED 1 AT Q.18

Q.19B(3). IF LIVING, ABOUT HOW OLD IS [YOUR FATHER-IN-LAW],
NOW?

157 05. UNDER 55 YEARS OF AGE
285 06. 55-64 YEARS OF AGE
157 07. 65-69 YEARS OF AGE
114 08. 70-74 YEARS OF AGE
155 09. 75 OR MORE YEARS OF AGE
1658 00. INAP., CODED 4, 8, OR 9 AT Q.19A(3)
41 99. DK; NA; - TO AGE OF PARENT

Q.19A(4). ARE YOUR PARENTS LIVING? HOW ABOUT YOUR
MOTHER-IN-LAW, IS SHE LIVING? IF YES, IS SHE IN GOOD
HEALTH, FAIR HEALTH, OR POOR HEALTH?
610  1.  GOOD HEALTH
431  2.  FAIR HEALTH
149  3.  POOR HEALTH
1150  4.  NO - MOTHER-IN-LAW IS NOT LIVING

21  0.  DK; NA; - TO "IS YOUR MOTHER-IN-LAW LIVING"
22  8.  NO ANSWER
184  9.  INAP., CODED 1 AT Q.18

-----------------------------------------------

VAR 0065      AGE OF MOTHER-IN-LAW               MD=0 OR GE 99
REF 0065         LOC   97 WIDTH 2             DK 2 COL 33-34

Q.19B(4).  IF LIVING, ABOUT HOW OLD IS [YOUR MOTHER-IN-LAW], NOW?
-----------------------------------------------

283  05.  UNDER 55 YEARS OF AGE
356  06.  55-64 YEARS OF AGE
201  07.  65-69 YEARS OF AGE
141  08.  70-74 YEARS OF AGE
177  09.  75 OR MORE YEARS OF AGE

1356  00.  INAP., CODED 4, 8, OR 9 AT Q.19A(4)
53  99.  DK; NA; - TO AGE OF PARENT

-----------------------------------------------

VAR 0066      "LIVE WITH PARENTS"                 MD=0 OR GE 9
REF 0066         LOC   99 WIDTH 1             DK 2 COL 35

--IF ANY ONE OF R'S OR SPOUSE'S PARENTS IS ALIVE:--

Q.20.  DOES YOUR (FATHER, MOTHER, "IN-LAWS") LIVE IN THE
SAME HOUSE WITH YOU?  (IF ONE OR MORE SUCH PERSON LIVE WITH
RESPONDENT, CODE "YES")
-----------------------------------------------

253  1.  YES
1565  2.  NO

740  0.  INAP., CODED 4 AT Q.19A(1) OR Q.19A(2) OR Q.19A(3)
     OR Q.19A(4)
9  9.  NO ANSWER
VAR 0067 "FATHER LIVES HERE" MD=0
REF 0067 LOC 100 WIDTH 1 DK 2 COL 36

--IF "YES" [CODED 1] AT Q.20--

Q.20A(1). WHO LIVES HERE? - FATHER
-----------------------------------
104 1. YES, LIVES IN HOUSE
32 2. NO, DOES NOT LIVE IN HOUSE
117 3. FATHER, DECEASED

2314 0. INAP., CODED OTHER THAN 1 AT Q.20

.......................... ..........................................

VAR 0068 "MOTHER LIVES HERE" MD=0
REF 0068 LOC 101 WIDTH 1 DK 2 COL 37

--IF "YES" [CODED 1] AT Q.20--

Q.20A(2). WHO LIVES HERE? - MOTHER
-----------------------------------
172 3. YES, LIVES IN HOUSE
30 4. NO, DOES NOT LIVE IN HOUSE
51 5. MOTHER, DECEASED

2314 0. INAP., CODED OTHER THAN 1 ON Q. 20

.......................... ..........................................

VAR 0069 FATHER-IN-LAW LIVES HERE MD=0
REF 0069 LOC 102 WIDTH 1 DK 2 COL 38

--IS "YES" [CODED 1] AT Q.20--

Q.20A(3). WHO LIVES HERE? - FATHER-IN-LAW
-----------------------------------------
17 5. YES, LIVES IN HOUSE
47 6. NO, DOES NOT LIVE IN HOUSE
96 7. FATHER-IN-LAW, DECEASED

2407 0. INAP., CODED 1 AT Q.18; OR CODED OTHER THAN 1 ON Q.
(CONTINUED)

20

VAR 0070  MOTHER-IN-LAW LIVES HERE          MD=0 OR GE 99
REF 0070  LOC 103 WIDTH 2                   DK 2 COL 39-40

--IS "YES" [CODED 1] AT Q.20--

Q.20A(4). WHO LIVES HERE? - MOTHER-IN-LAW

44  07. YES, LIVES IN HOUSE
59  08. NO, DOES NOT LIVE IN HOUSE
57  09. MOTHER-IN-LAW, DECEASED

2407  99. INAP., CODED 1 AT Q.18; OR CODED OTHER THAN 1 ON Q. 20

VAR 0071  EXPECT FOLKS LIVE HERE            MD=0 OR GE 9
REF 0071  LOC 105 WIDTH 1                   DK 2 COL 41

--IF "NO" [CODED 2] AT Q.20--

Q.20B(1). OF COURSE IT'S HARD TO TELL ABOUT THE FUTURE, BUT DO YOU EXPECT TO HAVE YOUR, (OR YOUR SPOUSE'S) FOLKS LIVING WITH YOU, SAY, WITHIN THE NEXT FIVE YEARS?

219  1. YES
1328  2. NO

1002  0. INAP., CODED 0, 1, OR 9 AT Q.20
18  9. NO ANSWER

VAR 0072  WHY PREDICT LIVE TOGETHR           MD=8 OR GE 9
REF 0072  LOC 106 WIDTH 1                   DK 2 COL 42

--IF "YES" [CODED 1] AT Q.20B(1)--
Q.20B(2).  HOW WOULD THAT HAPPEN? (WHY DO YOU EXPECT THAT?)

29  0.  ANSWER TOO VAGUE TO CLASSIFY OR DON'T KNOW
99  1.  PARENT OR PARENTS PHYSICALLY UNABLE TO CONTINUE PRESENT LIVING ARRANGEMENTS
46  2.  PARENT WIDOWED THEREFORE UNABLE TO CONTINUE PRESENT LIVING ARRANGEMENTS
17  3.  PARENT OR PARENTS BECOME ECONOMICALLY DEPENDENT
20  4.  PARENT OR PARENTS UNABLE TO CONTINUE LIVING WITH OTHER CHILD, AS AT PRESENT
   5.  FINANCIALLY ADVANTAGEOUS TO RESPONDENT

2330  8.  INAP., CODED 0 OR 2 AT Q.20B(1)
19  9.  NO ANSWER

VAR 0073      "GIVE PARENTS MONEY"                MD=0 OR GE  9
REF 0073         LOC  107 WIDTH  1             DK   2 COL 43

--IF ANY ONE OF R'S OR SPOUSE'S PARENTS IS ALIVE--

Q.21.  DO YOU (AND YOUR HUSBAND/WIFE) HELP YOUR FOLKS OR YOUR PARENTS-IN-LAW IN THE WAY OF MONEY? (EVEN A LITTLE?)

512  1.  YES
1299  2.  NO

740  0.  INAP., CODED 4 AT Q.19A(1) OR Q.19A(2) OR Q.19A(3) OR Q.19A(4)
16  9.  NO ANSWER

VAR 0074      "HOW HELP WITH MONEY"                MD=0 OR GE  9
REF 0074         LOC  108 WIDTH  1             DK   2 COL 44

--IF "YES" [CODED 1] AT Q.21--

Q.21A.  WHAT SORT OF HELP DO YOU GIVE THEM? DO YOU SUPPORT THEM COMPLETELY, PARTLY, OR JUST HELP TO MAKE THEM MORE COMFORTABLE?

--------------------------------------------------------------------------
(CONTINUED)

35 1. SUPPORT COMPLETELY
207 2. SUPPORT PARTLY
238 3. HELP MAKE MORE COMFORTABLE
26 4. TAKE CARE OF MEDICAL BILLS
5 5. OTHER (SPECIFY)

2039 0. INAP., CODED 0 OR 2 AT Q.21
17 9. NO ANSWER

-------------------------------------------------------------------
VAR 0075 "EXPECT TO HELP-FUTURE" MD=0 OR GE 9
REF 0075 LOC 109 WIDTH 1 DK 2 COL 45

--IF "NO" [CODED 2] AT Q.21--

Q.21B. WHAT ABOUT THE FUTURE--LOOKING AHEAD, DO YOU THINK YOU'LL BE HELPING YOUR FOLKS (OR PARENTS-IN-LAW), SAY, IN THE NEXT FIVE YEARS? (WHAT'S YOUR BEST GUESS?)

Q.21B(1). HOW WOULD THAT HAPPEN?
-----------------------------------------------

63 1. IF MALE AND/OR FEMALE PARENT BECAME FINANCIALLY DEPENDENT
47 2. IF MALE AND/OR FEMALE PARENT BECAME ILL AND NEEDED MEDICAL CARE
16 3. IF MALE AND/OR FEMALE PARENT WERE WIDOWED
17 4. IF MALE AND/OR FEMALE PARENT BECAME MEMBERS OF JOINT HOUSEHOLD
14 5. IF RESPONDENT HAD GREATER INCOME
1 6. IF RESPONDENT HAD OTHER TYPE OF LIVING ARRANGEMENTS
1110 7. NO - R DOESN'T EXPECT TO BE HELPING

1252 0. INAP., CODED 0 OR 1 AT Q.21
47 9. NO ANSWER

-------------------------------------------------------------------
VAR 0076 "PREDICT TYPE OF HELP" MD=0 OR GE 9
REF 0076 LOC 110 WIDTH 1 DK 2 COL 46

--IF "YES" [CODED 1-6] AT Q.21B(1)--

Q.21B(2). WHAT SORT OF HELP DO YOU THINK YOU'LL HAVE TO GIVE THEM?
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<th>SUPPORT COMPLETELY (FINANCIAL)</th>
<th>SUPPORT PARTLY</th>
<th>FORM JOINT HOUSEHOLD</th>
<th>TAKE CARE OF MEDICAL BILLS</th>
<th>HELP MAKE MORE COMFORTABLE (GIVE GIFTS OF FOOD, CLOTHING, ETC.)</th>
<th>HELP WITH PHYSICAL ASPECTS OF HOUSEKEEPING</th>
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2362 0. INAP., CODED 0 OR 7 AT Q.21B(1)
42 9. NO ANSWER

---IF R IS UNDER 50, [CODED 01-06 AT Q.5] ASK:---

Q.22. ARE THERE ANY OTHER PEOPLE (BESIDES THOSE WE NAMED), EITHER RELATIVES OR FRIENDS THAT YOU'RE CLOSE TO? WHO?

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897 0. INAP., CODED 07-11 AT Q.5
10 9. NO ANSWER

---Q.23. WHERE WERE YOU BORN? (NAME OF STATE OR COUNTRY)---

PRESENT BOUNDARIES WERE CODED, RATHER THAN BOUNDARIES AT TIME OF BIRTH, WHEN BOTH WERE GIVEN

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<td>LATIN AMERICA (CUBA, MEXICO, BRAZIL, ARGENTINA, ETC.)</td>
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<td>2379 01.</td>
<td>UNITED STATES</td>
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<td>6 02.</td>
<td>U.S. POSSESSIONS (INCLUDING FORMER POSSESSIONS): PUERTO RICO, PHILIPPINES, HAWAI, ALASKA, VIRGIN ISLANDS, ETC.</td>
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41  03.  ENGLAND, SCOTLAND, WALES, IRELAND, CANADA,
        AUSTRALIA, NEW ZEALAND, UNION OF SOUTH AFRICA,
        BRITISH WEST INDIES
4  04.  FRANCE, BELGIUM, SWITZERLAND
19  05.  GERMANY, NETHERLANDS (HOLLAND), AUSTRIA, LUXEMBURG
        (PRUSSIA, HESSE, BAVARIA)
19  06.  SWEDEN, NORWAY, DENMARK, FINLAND, ICELAND
36  07.  RUSSIA, POLAND, LATVIA, LITHUANIA, ESTONIA
22  08.  RUMANIA, BULGARIA, ALBANIA, GREECE, HUNGARY,
        TURKEY, YUGOSLAVIA, CZECHOSLOVAKIA (BOHEMIA,
        MONTENEGRO, TRANSYLVANIA)
23  09.  ITALY, SPAIN, PORTUGAL, AZORES, SARDINIA, SICILY
5  10.  OTHERS: NEAR EAST, AFRICA
2  11.  ORIENT (JAPAN, CHINA, INDIA, SIAM, INDO-CHINA,
        ETC.)
5  99.  DK; QUESTION NOT ASKED; WOULDN'T SAY

-------------------------------------------------------

VAR 0079    AGE AT ARRIVAL IN U.S.          MD=998 OR GE  999
REF 0079    LOC 114 WIDTH 3             DK  2 COL 50-52

--IF "FOREIGN-BORN" [CODED OTHER THAN 01 AT Q.23]--

Q.23A.  HOW OLD WERE YOU WHEN YOU CAME TO THIS COUNTRY?
-------------------------------------------------------

ACTUAL NUMBER IS CODED.

001.  ONE YEAR OR LESS THAN ONE YEAR OLD
      .
099.  99 YEARS OLD

23  998.  DK; THIS QUESTION NOT ASKED; "VERY YOUNG,"
         "A BABY," ETC.
2379  999.  INAP., CODED 01 AT Q.23

VALID-N=165  MIN=1  MAX=51  MEAN=17.4  ST.DEV=10.4
Q.24. IN WHAT COUNTRY WAS YOUR FATHER BORN? (NAME OF STATE OR COUNTRY)

14 00. LATIN AMERICA (CUBA, MEXICO, BRAZIL, ARGENTINA, ETC.)
1836 01. UNITED STATES
8 02. U.S. POSSESSIONS (INCLUDING FORMER POSSESSIONS): PUERTO RICO, PHILIPPINES, HAWAII, ALASKA, VIRGIN ISLANDS, ETC.
153 03. ENGLAND, SCOTLAND, WALES, IRELAND, CANADA, AUSTRALIA, NEW ZEALAND, UNION OF SOUTH AFRICA, BRITISH WEST INDIES
13 04. FRANCE, BELGIUM, SWITZERLAND
128 05. GERMANY, NETHERLANDS (HOLLAND), AUSTRIA, LUXEMBURG (PRUSSIA, HESSE, BAVARIA)
71 06. SWEDEN, NORWAY, DENMARK, FINLAND, ICELAND
143 07. RUSSIA, POLAND, LATVIA, LITHUANIA, ESTONIA
65 08. ROMANIA, BULGARIA, ALBANIA, GREECE, HUNGARY, TURKEY, YUGOSLAVIA, CZECHOSLOVAKIA (BOHEMIA, MONTENEGRO, TRANSYLVANIA)
105 09. ITALY, SPAIN, PORTUGAL, AZORES, SARDINIA, SICILY
6 10. OTHERS: NEAR EAST, AFRICA
3 11. ORIENT (JAPAN, CHINA, INDIA, SIAM, INDO-CHINA, ETC.)

22 99. DK; QUESTION NOT ASKED; WOULDN'T SAY

AGE-SEX RECODE

275 00. MALE 35-44 YEARS OF AGE
256 01. MALE 45-54 YEARS OF AGE
156 02. MALE 55-64 YEARS OF AGE
177 03. MALE 65 OR MORE YEARS OF AGE
105 04. FEMALE 21-24 YEARS OF AGE
345 05. FEMALE 25-34 YEARS OF AGE
341 06. FEMALE 35-44 YEARS OF AGE
202 07. FEMALE 45-54 YEARS OF AGE
(CONTINUED)

152  08.  FEMALE 55-64 YEARS OF AGE
172  09.  FEMALE 65 OR MORE YEARS OF AGE
  89  10.  MALE 21-24 YEARS OF AGE
297  11.  MALE 25-34 YEARS OF AGE

VAR 0082  "HI GRADE COMPLETED"                      MD=99
REF 0082   LOC  121 WIDTH  2                  DK  2 COL 57-58

Q.25.  WHAT WAS THE LAST GRADE OR YEAR OF SCHOOL YOU
       FINISHED?

140  01.  COMPLETED 0-4 YEARS
169  02.  COMPLETED 5-6 YEARS
550  03.  COMPLETED 7-8 YEARS
553  04.  COMPLETED 9-11 YEARS
667  05.  COMPLETED 12 YEARS
257  06.  COMPLETED 1-3 YEARS COLLEGE
209  07.  COMPLETED 4 OR MORE YEARS COLLEGE
     08.  OTHER (SPECIFY)
     20  09.  WENT TO UNGRADED SCHOOL
     2  99.  NO ANSWER

VAR 0083  "MAIN EARNER"                               MD=9
REF 0083   LOC  123 WIDTH  1                  DK  2 COL 59

Q.26.  WHO IS THE MAIN EARNER IN YOUR FAMILY?

1434  1.  RESPONDENT
1131  2.  OTHER PERSON
     2  9.  NO ANSWER
Q.27. AND NOW I'D LIKE TO KNOW WHAT KIND OF WORK THE MAIN EARNER DOES (YOU DO)?

Q.27A. MAIN EARNER'S JOB:

----------------------------------------------------------
268 00. PROFESSIONAL, TECHNICAL, AND KINDRED WORKERS
276 01. FARMERS AND FARM MANAGERS
321 02. MANAGERS, OFFICIALS, AND PROPRIETORS, EXCEPT FARM
163 03. CLERICAL AND KINDRED WORKERS
154 04. SALES WORKERS
399 05. CRAFTSMEN, FOREMAN, AND KINDRED WORKERS
458 06. OPERATIVES AND KINDRED WORKERS
170 07. PRIVATE HOUSEHOLD WORKERS
36 08. FARM LABORERS AND FOREMAN
164 09. LABORERS, EXCEPT FARM AND MINE

97 97. INAP., NEVER MARRIED [CODED 1 AT Q.18] AND UNPAID FAMILY WORKERS
26 98. DK
35 99. NO ANSWER

----------------------------------------------------------

Q.27B. INDUSTRY: (WHAT KIND OF PLACE DOES HE WORK FOR?)
(WHAT DO THEY DO OR MAKE THERE?)

<SEE Q.27 FOR COMPLETE QUESTION TEXT>

18 00. ENTERTAINMENT AND RECREATION
330 01. AGRICULTURE, FOREST, AND FISHERIES
49 02. MINING
185 03. CONSTRUCTION
712 04. MANUFACTURING
208 05. TRANSPORTATION, COMMUNICATIONS, AND OTHER PUBLIC UTILITIES
337 06. WHOLESALE AND RETAIL TRADE
73 07. FINANCE, INSURANCE, AND REAL ESTATE
66 08. BUSINESS AND REPAIR SERVICES
97 09. PERSONAL SERVICES
176 10. PROFESSIONAL AND RELATED SERVICES
144 11. PUBLIC ADMINISTRATION
172 99. DK; NO ANSWER

SEX OF RESPONDENT

1250 1. MALE
1317 2. FEMALE

Q.28. IF R IS MAIN EARNER, ASK: DOES YOUR WIFE (HUSBAND) WORK TOO? IF SOMEONE ELSE IS THE MAIN EARNER, ASK: DO YOU WORK TOO?

494 1. YES
1640 2. NO
433 9. NO ANSWER

VAR 0088 NOT MAIN EARNER-OCUPATN MD=97 OR GE 98
REF 0088 LOC 130 WIDTH 2 DK 2 COL 66-67

--IF "YES" [CODED 1] AT Q.28--

Q.28A. AND WHAT KIND OF WORK (DOES HE) (DOES SHE) (DO YOU) DO? (SECONDARY EARNER'S JOB:)

66 00. PROFESSIONAL, TECHNICAL, AND KINDRED WORKERS
10 01. FARMERS AND FARM MANAGERS
(CONTINUED)

24 02. MANAGERS, OFFICIALS, AND PROPRIETORS, EXCEPT FARM
119 03. CLERICAL AND KINDRED WORKERS
47 04. SALES WORKERS
12 05. CRAFTSMEN, FOREMAN, AND KINDRED WORKERS
74 06. OPERATIVES AND KINDRED WORKERS
113 07. PRIVATE HOUSEHOLD WORKERS
17 08. FARM LABORERS AND FOREMAN
3 09. LABORERS, EXCEPT FARM AND MINE

2031 97. INAP., CODED 2 OR 9 AT Q.28; NEVER MARRIED AND
UNPAID FAMILY WORKERS
5 98. DK
46 99. NO ANSWER

---------------------------------------------
VAR 0089 OTHER EARNER INDUSTRY MD=98 OR GE 99
REF 0089 LOC 132 WIDTH 2 DK 2 COL 68-69

--IF "YES" [CODED 1] AT Q.28--

Q.28B. INDUSTRY: (WHAT KIND OF PLACE DO YOU WORK FOR?)
(WHAT DO THEY DO OR MAKE THERE?)
---------------------------------------------

5 00. ENTERTAINMENT AND RECREATION
31 01. AGRICULTURE, FOREST, AND FISHERIES
  02. MINING
4 03. CONSTRUCTION
110 04. MANUFACTURING
18 05. TRANSPORTATION, COMMUNICATIONS, AND OTHER PUBLIC
      UTILITIES
89 06. WHOLESALE AND RETAIL TRADE
21 07. FINANCE, INSURANCE, AND REAL ESTATE
13 08. BUSINESS AND REPAIR SERVICES
64 09. PERSONAL SERVICES
99 10. PROFESSIONAL AND RELATED SERVICES
24 11. PUBLIC ADMINISTRATION

16 98. NA
2073 99. DK; NO ANSWER; INAP., CODED 2 OR 9 AT Q.28
RACE OF R
---------
2315  1. WHITE
248   2. NEGRO
     3. OTHER
     0. NA

FAMILY INCOME
---------------
Q.29. WOULD YOU TELL ME IN WHICH ONE OF THESE GENERAL
GROUPS DOES YOUR TOTAL YEARLY FAMILY INCOME FALL -- BEFORE
TAXES?  (HAND R CARD.)
----------------------------------------------------------
  4  0. NONE
 180  1. UNDER $1,000
 233  2. $1,000-$1,999
 249  3. $2,000-$2,999
 389  4. $3,000-$3,999
 458  5. $4,000-$4,999
 588  6. $5,000-$7,499
 204  7. $7,500-$9,999
 144  8. $10,000 AND OVER
 118  9. NO ANSWER

RELIGIOUS PREFERENCE
----------------------
Q.30(A). WHAT IS YOUR RELIGIOUS PREFERENCE?
---------------------------------------------
EASTERN ORTHODOX IS CODED AS "OTHER"

1739  1. PROTESTANT
828 2. OTHER (SPECIFY)

<table>
<thead>
<tr>
<th>VAR 0093</th>
<th>RELIGIOUS PREFERENCES</th>
<th>MD=99</th>
</tr>
</thead>
<tbody>
<tr>
<td>REF 0093</td>
<td>LOC 137 WIDTH 2</td>
<td>DK 2</td>
</tr>
<tr>
<td></td>
<td></td>
<td>COL 73-74</td>
</tr>
</tbody>
</table>

Q.30(B). WHAT IS YOUR RELIGIOUS PREFERENCE? (IF "PROTESTANT," ASK: WHAT DENOMINATION?)

---

EASTERN ORTHODOX IS CODED AS "OTHER"

| 419 00. | 0 METHODIST, EVANGELICAL UNITED BREtherAN, "EVANGELICAL" (WITH NO MODIFIER) |
| 622 02. | 2 CATHOLIC |
| 107 03. | 3 JEWISH |
| 26 04.  | 4 OTHER (SPECIFY) |
| 65 05.  | 5 NONE |
| 585 06. | 6 BAPTIST, DISCIPLES OF CHRIST, CHURCH OF CHRIST, "CHRISTIAN" (NO MODIFIER) |
| 31 07.  | 7 CONGREGATIONAL, CONGREGATIONAL-CHRISTIAN, EVANGELICAL AND REFORMED (TWO NAMES) |
| 70 08.  | COMBINATION) 8 EPISCOPALIAN, ANGLICAN |
| 215 09. | 9 LUTHERAN |
| 241 10. | ALL OTHER PROTESTANT DENOMINATIONS OR SECTS: UNITARIAN, QUAKER, SEVENTH DAY ADVENTIST, SANCTIFICATION, HOLINESS, MORMON, LATTER DAY SAINTS, CHRISTIAN SCIENTIST, MENNONITE, HUTTERITE, BREtherAN, JEHOVAH'S WITNESS, ETC. PROTESTANT-DENOMINATION UNSPECIFIED: Q.30(B) NOT ASKED, R REFUSED TO SPECIFY TO WHICH PROTESTANT DENOMINATION HE BELONGS |
| 177 11. | - PRESBYTERIAN, REFORMED (NOT IN COMBINATION WITH EVANGELICAL) |
| 9 99.   | NO ANSWER |

---

VAR 0094 | INCOME ESTIMATE | NO MISSING DATA CODES
REF 0094  | LOC 139 WIDTH 2 | DK 2 COL 75-76

**QUESTIONS A-H TO BE FILLED OUT [BY INTERVIEWER] IMMEDIATELY AFTER LEAVING R'S HOME.**
Q.A. IF [INTERVIEWER] WAS UNABLE TO SECURE R'S INCOME, OR IF [INTERVIEWER] FELT R'S INCOME STATEMENT IS INADEQUATE, ENTER HERE [INTERVIEWER'S] BEST ESTIMATE OF R'S INCOME FOR THE PAST TWELVE MONTHS. MAKE AN ESTIMATE IN ALL DOUBTFUL CASES.

----------------------------------------------------------

16 00. AN INCOME FIGURE HAS BEEN REPORTED IN Q.29 ON THE INTERVIEW FOR THE INDIVIDUAL OR COUPLE, BUT THE INTERVIEWER FELT THE ACTUAL INCOME WAS LESS THAN WHAT WAS REPORTED

53 09. AN INCOME FIGURE HAS BEEN REPORTED IN Q.29 ON THE INTERVIEW FOR THE INDIVIDUAL OR COUPLE, BUT THE INTERVIEWER FELT THE ACTUAL INCOME WAS MORE THAN WHAT WAS REPORTED

2388 10. AN INCOME FIGURE HAS BEEN REPORTED IN Q.29 AND THE INTERVIEWER DID NOT QUESTION THIS FIGURE

8 11. NO INCOME WAS REPORTED IN Q.29 ON THE INTERVIEW FOR THE INDIVIDUAL, AND THE INTERVIEWER DID NOT MAKE AN ESTIMATE

102 12. NO INCOME FIGURE WAS REPORTED IN Q.29 ON THE INTERVIEW FOR THE INDIVIDUAL OR COUPLE, AND THE INTERVIEWER HAS MADE AN ESTIMATE

----------------------------------------------------------

VAR 0095 LEVEL OF LIVING MD=9
REF 0095 LOC 141 WIDTH 1 DK 2 COL 77

Q.B. HOW WOULD [INTERVIEWER] RATE THE LEVEL OF LIVING OF THIS RESPONDENT AS COMPARED TO THE AVERAGE LEVEL IN THIS COUNTY (METROPOLITAN AREA)?

(MAKE THIS RATING IN TERMS OF THE QUALITY AND CROWDEDNESS OF R'S HOUSING, THE QUALITY OF THE FURNISHINGS, THE WAY THAT R WAS DRESSED, AND ANY OTHER EVIDENCE THAT MIGHT HAVE BEEN OBSERVED OF LUXURIES, OR A LACK OF LUXURIES -- THIS RATING SHOULD REFLECT QUALITY RATHER THAN THE TASTEFULNESS OF THE ITEMS OF COMSUMPTION)

31  1. VERY HIGH  (TOP 5%)
377  2. ABOVE AVERAGE  (NEXT 25%)
1414  3. AVERAGE  (MIDDLE 40%)
571  4. BELOW AVERAGE  (NEXT 25%)
129  5. VERY LOW  (LOWEST 5%)

45  9. NO ANSWER
VAR 0096  COOPERATION AT START  MD=9  
REF 0096  LOC  142 WIDTH  1  DK  2 COL 78

Q.C(1). WAS THE RESPONDENT, IN GENERAL, COOPERATIVE OR ANTAGONISTIC TOWARD THE INTERVIEW? AT THE BEGINNING OF THE INTERVIEW:

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1170</td>
<td>1. READILY CONSENTED AND SEEMED VERY INTERESTED</td>
</tr>
<tr>
<td>863</td>
<td>2. READILY CONSENTED, BUT NO SPECIAL INTEREST SHOWN</td>
</tr>
<tr>
<td>419</td>
<td>3. SOME PERSUASION REQUIRED, BUT NOT DIFFICULT</td>
</tr>
<tr>
<td>59</td>
<td>4. VERY DIFFICULT JOB PERSUADING RESPONDENT TO BE INTERVIEWED</td>
</tr>
<tr>
<td>56</td>
<td>9. NO ANSWER</td>
</tr>
</tbody>
</table>

VAR 0097  RESPONDENT COOPERATION  MD=9  
REF 0097  LOC  143 WIDTH  1  DK  2 COL 79

Q.C(2). WAS THE RESPONDENT, IN GENERAL, COOPERATIVE OR ANTAGONISTIC TOWARD THE INTERVIEW? AFTER THE INTERVIEW BEGAN:

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>54</td>
<td>1. UPSET OR DISTURBED</td>
</tr>
<tr>
<td>180</td>
<td>2. BORED, BUT NOT CONCERNED</td>
</tr>
<tr>
<td>827</td>
<td>3. INTERESTED, BUT NOT CONCERNED</td>
</tr>
<tr>
<td>1437</td>
<td>4. INTERESTED, ENJOYED IT</td>
</tr>
<tr>
<td>69</td>
<td>9. NO ANSWER</td>
</tr>
</tbody>
</table>

VAR 0098  RACE OF RESPONDENT  NO MISSING DATA CODES  
REF 0098  LOC  144 WIDTH  1  DK  2 COL 80

Q.D. RACE OF RESPONDENT

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>2317</td>
<td>1. WHITE</td>
</tr>
<tr>
<td>248</td>
<td>2. NEGRO</td>
</tr>
<tr>
<td>2 3.</td>
<td>OTHER (SPECIFY)</td>
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**DECK IDENTIFICATION NUMBER IS '03'**

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<tr>
<th>VAR 0001</th>
<th>ICPSR STUDY NUMBER-7686</th>
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<tbody>
<tr>
<td>REF 0001</td>
<td>LOC 1 WIDTH 4</td>
<td>DK 3 COL 3-6</td>
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**ICPSR STUDY NUMBER-7686**

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<tr>
<th>VAR 0002</th>
<th>ICPSR EDITION NUMBER-1</th>
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<tr>
<td>REF 0002</td>
<td>LOC 5 WIDTH 1</td>
<td>DK 3 COL 7</td>
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**ICPSR EDITION NUMBER**

-------------------

THE NUMBER IDENTIFYING THE RELEASE EDITION OF THIS DATASET.

1. FALL 1984

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<th>VAR 0003</th>
<th>ICPSR PART NUMBER-003</th>
<th>NO MISSING DATA CODES</th>
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<tbody>
<tr>
<td>REF 0003</td>
<td>LOC 6 WIDTH 3</td>
<td>DK 3 COL 8-10</td>
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**ICPSR PART NUMBER**

----------

THE NUMBER IDENTIFYING THIS PART OF A 3-PART STUDY.

001. THE HEALTH NEEDS OF OLDER PERSONS
002. HOUSEHOLD ENUMERATION; NON-INTERVIEWED INDIVIDUALS
003. PUBLIC ATTITUDES ON OLDER PEOPLE

<table>
<thead>
<tr>
<th>VAR 0004</th>
<th>CASE NUMBER</th>
<th>NO MISSING DATA CODES</th>
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<tbody>
<tr>
<td>REF 0004</td>
<td>LOC 9 WIDTH 4</td>
<td>DK 3 COL 11-14</td>
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**CASE NUMBER**

--------

0001. CASE NUMBER 1
(CONTINUED)

2567. CASE NUMBER 2567

<table>
<thead>
<tr>
<th>VAR 0099</th>
<th>SEX OF RESPONDENT</th>
<th>NO MISSING DATA CODES</th>
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<tbody>
<tr>
<td>REF 0099</td>
<td>LOC 145 WIDTH 1</td>
<td>DK 3 COL 15</td>
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Q.E. SEX OF RESPONDENT
-----------------------
1250 1. MALE
1317 2. FEMALE

<table>
<thead>
<tr>
<th>VAR 0100</th>
<th>AGE OF RESPONDENT</th>
<th>NO MISSING DATA CODES</th>
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<tbody>
<tr>
<td>REF 0100</td>
<td>LOC 146 WIDTH 2</td>
<td>DK 3 COL 16-17</td>
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</table>

Q.F. AGE OF RESPONDENT
-----------------------
194 01. 21-24 YEARS OF AGE
316 02. 25-29 YEARS OF AGE
326 03. 30-34 YEARS OF AGE
311 04. 35-39 YEARS OF AGE
305 05. 40-44 YEARS OF AGE
218 06. 45-49 YEARS OF AGE
240 07. 50-54 YEARS OF AGE
160 08. 55-59 YEARS OF AGE
148 09. 60-64 YEARS OF AGE
243 10. 65-74 YEARS OF AGE
106 11. 75 YEARS AND OVER

<table>
<thead>
<tr>
<th>VAR 0101</th>
<th>SAMPLING UNIT NUMBER</th>
<th>NO MISSING DATA CODES</th>
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</thead>
<tbody>
<tr>
<td>REF 0101</td>
<td>LOC 148 WIDTH 4</td>
<td>DK 3 COL 18-21</td>
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</table>

Q.G. SAMPLING UNIT NUMBER
--------------------------
ACTUAL NUMBER IS CODED.
0035. SAMPLING UNIT NUMBER 35  
  .  
1088. SAMPLING UNIT NUMBER 1088

VALID-N=2567 MIN=35 MAX=1088 MEAN=796.0 ST.DEV=278.1

VAR 0102 LINE NUMBER NO MISSING DATA CODES
REF 0102 LOC 152 WIDTH 2 DK 3 COL 22-23

Q.H. LINE NUMBER FROM LISTING SHEET

ACTUAL NUMBER IS CODED.

01. LINE #1  
  .  
50. LINE #50

VALID-N=2567 MIN=1 MAX=50 MEAN=23.5 ST.DEV=14.5