

**ADULT CORE**

**Section I -- IDENTIFICATION**

**FR: THE SAMPLE PERSON IS {FILL SAMPLE ADULT NAME}. THE NEXT QUESTIONS MUST BE ANSWERED BY THIS PERSON - NO PROXIES ARE PERMITTED. PROBE AS NECESSARY TO DETERMINE THE AVAILABILITY OF {SAMPLE ADULT NAME}. NO EMANCIPATED MINORS ARE PERMITTED.**

>SADULT< (1) Available  
(2) Not Available (arrange callback)

**Check Item AIDCC11:** If the FAMILY respondent and Sample Adult are the same person, go to ACN.010; Else go to AID.030.

AID.030 **FR: PLEASE VERIFY THE FOLLOWING INFORMATION ABOUT THE SAMPLE ADULT BEFORE PROCEEDING:**

>AIDVERF\_S< Gender = {male/female} Is it correct?  
(1) Yes (2) No

>AIDVERF\_A< Age = {3 digit format} Is it correct?  
(1) Yes (2) No

>AIDVERF\_D< Birthday = {word format} Is it correct?  
(1) Yes (2) No

**Check Item AIDCC12:** If >AIDVERF\_S< = (2) go to AID.040; If >AIDVERF\_A< = (2) go to AID.050; If >AIDVERF\_D< = (2) go to AID.060; Else go to ACN.010. If no changes or when changes complete, go to next section -- Conditions

AID.040 **FR: ASK IF APPROPRIATE; OTHERWISE, ENTER YOUR BEST GUESS OF THE PERSON'S SEX.**

Is {sample adult name} male or female?

>AIDSEX< (1) Male  
(2) Female (Go to Check Item AIDCC12)

**[Update revised sex AIDSEX in SEX]**

AID.050 How old is {sample adult name}?

>AIDAGE< (00-99) 0-99 years old  
(997) Refused  
(999) Don't Know (Go to Check Item AIDCC12)

**[Update revised age AIDAGE in AGE]**



**ADULT CORE**

**Section II -- CONDITIONS**

ACN.010 Now I am going to ask you about certain medical conditions.

Have you EVER been told by a doctor or other health professional that you had...  
Hypertension, also called high blood pressure?

>**HYPEV**< (1) Yes (ACN.020) (7) Refused (ACN.031)  
(2) No (ACN.031) (9) Don't know (ACN.031)

ACN.020 Were you told on two or more DIFFERENT visits that you had hypertension, also called high  
blood pressure?

>**HYPDIFV**< (1) Yes (7) Refused  
(2) No (9) Don't know

**[The next 8 questions are periodic heart disease questions.]**

ACN.020.010 Was any medication ever prescribed by a doctor to help you lower your blood pressure?

>**HYPMEDEV**< (1) Yes (ACN.020.020) (7) Refused (ACN.020.030)  
(2) No (ACN.020.030) (9) Don't know (ACN.020.030)

ACN.020.020 Are you NOW taking prescribed medicine for your high blood pressure?

>**HYPMED**< (1) Yes (7) Refused  
(2) No (9) Don't know

ACN.020.030 About how long has it been since you had your blood pressure checked by a doctor, nurse, or  
health professional?

ACN.020.030A [ ] NUMBER

>**HYBPCCKNO**< (00) Never (ACN.020.050) (97) Refused (ACN.020.050)  
(01-94) 1-94 (ACN.020.030B) (99) Don't know (ACN.020.050)  
(95) 95+ (ACN.020.030B)

ACN.020.030B [ ] TIME PERIOD

>**HYBPCCKTP**< (1) Days (4) Years  
(2) Weeks (7) Refused  
(3) Months (9) Don't know

ACN.020.040 At that time, were you told that your blood pressure was high, normal, or low?

- >HYBPLEV< (1) Not told (5) Borderline  
(2) High (7) Refused  
(3) Normal (9) Don't know  
(4) Low

\*ACN.020.050 Have you ever been told by a doctor or health professional that your blood cholesterol level was high?

- >CLHI< (1) Yes (ACN.020.060) (7) Refused (ACN.031)  
(2) No (ACN.031) (9) Don't know (ACN.031)

\*ACN.020.060 Was any medication ever prescribed by a doctor to help lower your cholesterol level?

- >CLMEDEV< (1) Yes (ACN.020.070) (7) Refused (ACN.031)  
(2) No (ACN.031) (9) Don't know (ACN.031)

\*ACN.020.070 Are you now taking prescribed medication to lower your cholesterol?

- >CLMED< (1) Yes (7) Refused  
(2) No (9) Don't know

\*ACN.020.080 About how long has it been since you had your blood cholesterol checked by a doctor or other health professional?

- >CLCK\_NO< [ ] NUMBER  
  
(00) Never (97) Refused  
(01-94) 1-94 (99) Don't know  
(95) 95+

- >CLCK\_TP< [ ] TIME PERIOD  
  
(1) Days (4) Years  
(2) Weeks (7) Refused  
(3) Months (9) Don't know

**[End of periodic heart disease questions.]**

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\*Cholesterol questions were inadvertently asked for only a subgroup of the population (people with high blood pressure). Therefore, data from these questions are not being released.

ACN.031 Have you EVER been told by a doctor or other health professional that you had ...

- (1) Yes (7) Refused  
(2) No (9) Don't know

- >CHDEV< ...Coronary heart disease?  
>ANGEV< ...Angina, also called angina pectoris?  
>MIEV< ...A heart attack (also called myocardial infarction)?  
>HRTEV< ...Any kind of heart condition or heart disease (other than the ones I just asked about)?  
>STREV< ...A stroke?  
>EPHEV< ...Emphysema?

[ The next 2 questions are periodic heart disease questions. ]

[ If MIEV = <1> go to ACN.031.010; Else go to ACN.031.020 ]

ACN.031.010 How old were you when you were first told you had a heart attack?

- >CIMAGE< (001-100) 1-100 Age (ACN.031D)  
(997) Refused (ACN.031D)  
(999) Don't know (ACN.031D)

ACN.031.020 Have you EVER been told by a doctor or other health professional that you had...

- (1) Yes (7) Refused  
(2) No (9) Don't know

- >CON< ...Congestive heart failure?  
>OST< ...Osteoporosis?  
>PAR< ...Parkinson's Disease?

[ End of periodic heart disease questions. ]

ACN.080 Have you EVER been told by a doctor or other health professional that you had ...

... Asthma?

- >AASMEV< (1) Yes (ACN.090) (7) Refused (ACN.100.070)  
(2) No (ACN.100.070) (9) Don't know (ACN.100.070)

ACN.090 During the PAST 12 MONTHS, have you had an episode of asthma or asthma attack?

- >AASMYR< (1) Yes (ACN.100) (7) Refused (ACN.100.060)  
(2) No (ACN.100.060) (9) Don't know (ACN.100.060)

ACN.100 During the PAST 12 MONTHS, have you had to visit an emergency room or urgent care center because of asthma?

>AASMERYR< (1) Yes (7) Refused  
(2) No (9) Don't know

[ The next 15 questions are periodic asthma questions. ]

ACN.100.010 During the past 12 months, have you have to stay overnight in the hospital because of asthma?

>AASMHIOS< (1) Yes (ACN.100.020) (7) Refused (ACN.100.030)  
(2) No (ACN.100.030) (9) Don't know (ACN.100.030)

ACN.100.020 During the past 12 months, how many times did you stay overnight in the hospital because of asthma?

>AASHONT< (0) None (4) 10-12  
(1) 1 (5) 13+  
(2) 2-3 (7) Refused  
(3) 4-9 (9) Don't know

ACN.100.030 During the past 12 months, have you used over-the-counter medications for your asthma?

>AASMOTC< (1) Yes (7) Refused  
(2) No (9) Don't know

ACN.100.040 During the PAST 3 MONTHS, have you used prescription inhalers (Do not include over-the-counter inhalers like Primatene Mist)?

>AASMPMED< (1) Yes (ACN.100.050) (7) Refused (ACN.100.060)  
(2) No (ACN.100.060) (9) Don't know (ACN.100.060)

ACN.100.050 During the past 3 months, that is since {fill date 3 months prior with the same date}, how many canisters of prescription inhalers did you use? Do not include over-the-counter inhalers like Primatene Mist.

>AASMCAN< (01-94) 1-94  
(97) Refused  
(99) Don't know

ACN.100.060 Have you ever taken a course or class on how to manage asthma yourself?

>AASCLASS< (1) Yes (7) Refused  
(2) No (9) Don't know

ACN.100.070 During the past 12 months, have you had a wheezing or whistling sound in your chest?

>AWZ< (1) Yes (ACN.100.080) (7) Refused (ACN.110)  
(2) No (ACN.110) (9) Don't know (ACN.110)

ACN.100.080 How many attacks of wheezing or whistling have you had in your chest during the past 12 months?

>AWZNUM< (01-94) 1-94 attacks (97) Refused  
(95) 95+ attacks (99) Don't know

ACN.100.090 During the past 12 months, has your sleep been disturbed due to wheezing or whistling?

>AWZSLP< (1) Yes (ACN.100.100) (7) Refused (ACN.100.110)  
(2) No (ACN.100.110) (9) Don't know (ACN.100.110)

ACN.100.100 During the past 12 months, how often on average, has your sleep been disturbed due to wheezing or whistling?

>AWZSPL< (1) Less than 1 per week (7) Refused  
(2) 1 per week (9) Don't know  
(3) More than 1 per week

ACN.100.110 During past 12 months, has your chest sounded wheezy during or after exercise or physical activity?

>AWZEX< (1) Yes (7) Refused  
(2) No (9) Don't know

ACN.100.120 During the past 12 months, has your chest sounded wheezy during or after exercise or physical activity?

>AWZSPC< (1) Yes (7) Refused  
(2) No (9) Don't know

ACN.100.130 During the past 12 months, how many times have you gone to the doctor's office or the hospital emergency room for one or more of these attacks of wheezing or whistling?

>AWZERYR< (000) Never (997) Refused  
(001-365) 1-365 times (999) Don't know

ACN.100.140 **FR: SHOW CARD A1**

During the past 12 months, how much did you limit your usual activities due to wheezing or whistling? Would you say: not at all, a little, a fair amount, a moderate amount, or a lot?

>AWZLA< (1) Not at all (ACN.110) (5) A lot (ACN.100.150)  
(2) A little (ACN.100.150) (7) Refused (ACN.100.150)  
(3) A fair amount (ACN.100.150) (9) Don't know (ACN.100.150)  
(4) A moderate amount (ACN.100.150)

ACN.100.150 During the past 12 months, how many days of work/school did you miss due to wheezing or whistling?

>AWZMSWK< (0) Zero (4) Does not (work/go to school)  
(1) 1-7 (7) Refused  
(2) 8-30 (9) Don't know  
(3) 31+

[ End of the periodic asthma questions. ]

ACN.110 Have you EVER been told by a doctor or other health professional that you had ....  
.....An ulcer?

This could be a stomach, duodenal or peptic ulcer.

>ULCEV< (1) Yes (ACN.110.010) (7) Refused (ACN.120.010)  
(2) No (ACN.120.010) (9) Don't know (ACN.120.010)

[ This next question is a periodic ulcer question. ]

ACN.110.010 How old were you when you were first told had an ulcer?

>ULCAGE< (001-100) 1-100 years  
(997) Refused  
(999) Don't know

[ End of the periodic ulcer question. ]

ACN.120 During the PAST 12 MONTHS have you had an ulcer?

>ULCYR< (1) Yes (7) Refused  
(2) No (9) Don't know

[ The next 3 questions are periodic ulcer questions. ]

ACN.120.010 Have you EVER been told be a doctor or other health professional that you had Crohn's disease or ulcerative colitis?

>ULCCOLEV< (1) Yes (ACN.120.020) (7) Refused (ACN.130)  
(2) No (ACN.130) (9) Don't know (ACN.130)

ACN.120.020 How old were you when you were first told you had Crohn's disease or ulcerative colitis?

>ULCCCLAGE< (001-100) 1-100 years  
(997) Refused  
(999) Don't know

ACN.120.030 During the past 12 months have you had symptoms of Crohn's disease or ulcerative colitis?

>ULCCOLYR< (1) Yes (7) Refused  
(2) No (9) Don't know

[ End of periodic ulcer questions. ]

ACN.130 Have you EVER been told by a doctor or other health professional that you had ...  
... Cancer or a malignancy of any kind?

>CANEV< (1) Yes (ACN.140) (7) Refused (ACN.160)  
(2) No (ACN.160) (9) Don't know (ACN.160)

ACN.140 What kind of cancer was it?

**FR: MARK UP TO 3 KINDS. IF RESPONDENT OFFERS MORE THAN 3, CODE '96' (CNKIND31) IN THE FOURTH BOX. ENTER 'N' FOR NO MORE.**

**>CNKIND<**

(1) Bladder	(11) Larynx-windpipe	(21) Rectum	
(2) Blood	(12) Leukemia	(22) Skin (non-melanoma)	
(3) Bone	(13) Liver	(23) Skin (Don't know what kind)	
(4) Brain	(14) Lung	(24) Soft Tissue (muscle or fat)	
(5) Breast	(15) Lymphoma	(25) Stomach	
(6) Cervix	(16) Melanoma	(26) Testis	
(7) Colon	(17) Mouth/tongue/lip	(27) Throat - pharynx	
(8) Esophagus	(18) Ovary	(28) Thyroid	(96) More than 3 kinds
(9) Gallbladder	(19) Pancreas	(29) Uterus	(97) Refused
(10) Kidney	(20) Prostate	(30) Other	(99) Don't know

[ ] [ ] [ ] [ ]

ACN.150 How old were you when cancer was first diagnosed?

**>CANAGE1<** (001-100) 1-100 years  
(997) Refused  
(999) Don't know

**>CANAGE2<** (001-100) 1-100 years  
(997) Refused  
(999) Don't know

**>CANAGE3<** (001-100) 1-100 years  
(997) Refused  
(999) Don't know

ACN.160 [ **If Female, add:** ]

Other than during pregnancy,

[ **Else** ]

Have you EVER been told by a doctor or health professional that you have diabetes or sugar diabetes?

**>DIBEV<** (1) Yes (ACN.170) (7) Refused (ACN.201)  
(2) No (ACN.201) (9) Don't know (ACN.201)  
(3) Borderline (ACN.201)

ACN.170 How old were you when a doctor FIRST told you that you had diabetes or sugar diabetes?

**>DIBAGE<** (001-100) 1-100 years  
(997) Refused (ACN.180)  
(999) Don't know (ACN.180)

[ **Respondent Age in >DIBAGE< (ACN.170) LE "1" then go to ACN.170.010; Else go to ACN.180.** ]

[ The next 2 questions are periodic diabetes diagnosis questions. ]

ACN.170.010 Was your diabetes diagnosed in the last 12 months?

- >DIB12MO< (1) Yes (ACN.170.020) (7) Refused (ACN.180)  
(2) No (ACN.180) (9) Don't know (ACN.180)

ACN.170.020 When was it diagnosed?

- >DIB3MO< (1) 3 months ago or less  
(2) More than 3 months ago but not more than 6 months ago  
(3) More than 6 months ago but not more than 9 months ago  
(4) More than 9 months ago but not more than 12 months ago  
(7) Refused  
(9) Don't know

[ End of periodic diabetes diagnosis questions. ]

ACN.180 Are you NOW taking insulin?

- >INSLN< (1) Yes (7) Refused  
(2) No (9) Don't know

ACN.190 Are you NOW taking diabetic pills to lower your blood sugar? These are sometimes called oral agents or oral hypoglycemic agents.

- >DIBPILL< (1) Yes (7) Refused  
(2) No (9) Don't know

[ The next 5 questions are periodic diabetes questions. ]

ACN.190.010 Have you ever taken a course or class on how to manage diabetes yourself?

- >DIBCLASS< (1) Yes (7) Refused  
(2) No (9) Don't know

ACN.190.020 Have you ever heard of glycosylated hemoglobin [gli-KOS-ilated he-mo-glo-bin] or hemoglobin "A one C"?

- >DIBA1CKN< (1) Yes (ACN.190.030) (7) Refused (ACN.190.040)  
(2) No (ACN.190.040) (9) Don't know (ACN.190.040)

ACN.190.030 During the past 12 months, how many times has a doctor, nurse, or other health professional checked you for glycosylated hemoglobin [gli-KOS-ilated he-mo-glo-bin] or hemoglobin "A one C"?

- >DIBA1CCK< (00) Zero (97) Refused  
(01-52) 1-52 (99) Don't know  
(53) 53+ times

ACN.190.040 During the past 12 months, how many times has a health professional checked your feet for any sores or irritations?

>DIBFTCK< (00) Zero (97) Refused  
(01-52) 1-52 (99) Don't know  
(53) 53+ times

ACN.190.050 When was the last time you had an eye exam in which the pupils were dilated? This would have made you temporarily sensitive to bright light.

>DIBEYCKL< (1) Less than 1 month (5) Never  
(2) 1 to 12 months (7) Refused  
(3) 13 to 24 months (9) Don't Know  
(4) More than 2 years

[ End of the periodic diabetes questions. ]

ACN.201 During the PAST 12 MONTHS, have you been told by a doctor or other health professional that you had...

(1) Yes (7) Refused  
(2) No (9) Don't know

>AHAYFYR< ... Hay fever?

>SINYR< ... Sinusitis?

>CBRCHYR< ... Chronic bronchitis?

>KIDWKYR< ... Weak or failing kidneys? - Do not include kidney stones, bladder infections or incontinence.

>LIVYR< ... Any kind of liver condition?

[ This next question is a periodic condition question. ]

ACN.201.010 During the PAST 12 MONTHS, have you been told by a doctor or other health professional that you had...

>KSTYR< ...kidney stones?

>CTSYR< ...carpal tunnel syndrome?

ACN.250 **FR: SHOW CARD A2**

During the PAST 12 MONTHS, have you had pain, aching, stiffness or swelling in or around a joint?

>JNTYR< (1) Yes (ACN.260) (7) Refused (ACN.300)  
(2) No (ACN.300) (9) Don't know (ACN.300)

ACN.260 Were these symptoms present on MOST DAYS FOR AT LEAST ONE MONTH?

>JNTMO< (1) Yes (7) Refused  
(2) No (9) Don't know

ACN.270 Did these symptoms begin only because of an injury?

>JNTIJ< (1) Yes (ACN.280) (7) Refused (ACN.290)  
(2) No (ACN.290) (9) Don't know (ACN.290)

ACN.280 How many weeks or months, in the past year, did you have joint symptoms due to an injury?

>JNTIJLN< [ ] NUMBER

- (01-52) 1-52 units
- (96) Entire year
- (97) Refused
- (99) Don't know

>JNTIJLT< [ ] TIME PERIOD

- (1) Weeks
- (2) Months
- (6) Entire year
- (7) Refused
- (9) Don't know

ACN.290 Which joints are affected?

**FR: MARK ALL THAT APPLY. ENTER 'N' FOR NO MORE.**

- |         |                    |                 |                          |                             |
|---------|--------------------|-----------------|--------------------------|-----------------------------|
| >JNTYR< | (1) Shoulder-right | (6) Hip-left    | (11) Ankle-right         | (16) Fingers/thumb-left     |
|         | (2) Shoulder-left  | (7) Wrist-right | (12) Ankle-left          | (17) Other joint not listed |
|         | (3) Elbow-right    | (8) Wrist-left  | (13) Toes-right          | (97) Refused                |
|         | (4) Elbow-left     | (9) Knee-right  | (14) Toes-left           | (99) Don't know             |
|         | (5) Hip-right      | (10) Knee-left  | (15) Fingers/thumb-right |                             |

- |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
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| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                          |

[ The next 3 questions are periodic joint problem questions. ]

ACN.290.010 Did a doctor ever tell you that any of the following conditions were responsible for your joint symptoms...

- (1) Yes
- (2) No
- (7) Refused
- (9) Don't know

- >JNT\_RH< ...Rheumatoid arthritis?
- >JNT\_OST< ...Osteo- or degenerative arthritis?
- >JNT\_GOUT< ...Gout?
- >JNT\_BURS< ...Bursitis or tendinitis?
- >JNT\_OC< ...Other condition?

ACN.290.020 During the past 12 months have you taken any prescribed medication containing steroids, like Prednisone? Do not include use of steroid cremes.

>JTSTERYR< (1) Yes (ACN.029.030) (7) Refused (ACN.300)  
(2) No (ACN.300) (9) Don't know (ACN.300)

ACN.290.030 Did you take this medicine daily more than 30 days?

>JTSTERMO< (1) Yes (7) Refused  
(2) No (9) Don't know

[ End of periodic joint problem questions. ]

The following questions are about pain you may have experienced in the PAST THREE MONTHS. Please refer to pain that LASTED A WHOLE DAY OR MORE. Do not report aches and pains that are fleeting or minor.

ACN.300 During the PAST THREE MONTHS, did you have.... Neck pain?

>PAINECK< (1) Yes (7) Refused  
(2) No (9) Don't know

ACN.310 During the PAST THREE MONTHS, did you have...Low back pain?

>PAINLB< (1) Yes (ACN.320) (7) Refused (ACN.331)  
(2) No (ACN.331) (9) Don't know (ACN.331)

ACN.320 Did this pain spread down either leg to areas below the knees?

>PAINLEG< (1) Yes (7) Refused  
(2) No (9) Don't know

ACN.331 During the PAST THREE MONTHS, did you have...

(1) Yes (7) Refused  
(2) No (9) Don't know

>PAINFACE< ... Facial ache or pain in the jaw muscles or the joint in front of the ear?

>AMIGR< ... Severe headache or migraine?

ACN.350 **FR: SHOW CALENDAR CARD**

These next questions are about your recent health during the TWO WEEKS outlined on that calendar.

Did you have a head cold or chest cold that started during those TWO WEEKS?

>ACOLD2W< (1) Yes (ACN.350.010) (7) Refused (ACN.360)  
(2) No (ACN.360) (9) Don't know (ACN.360)

ACN.350.010 Did you see a doctor for this?

- >ACLD2WMD< (1) Yes (7) Refused  
(2) No (9) Don't know

ACN.360 Did you have a stomach or intestinal illness with vomiting or diarrhea that started during those TWO WEEKS?

- >AINTIL2W< (1) Yes (ACN.360.010) (7) Refused (ACNCCI1)  
(2) No (ACNCCI1) (9) Don't know (ACNCCI1)

ACN.360.010 Did you see a doctor for this?

- >AINTILMD< (1) Yes (7) Refused  
(2) No (9) Don't know

**Check item ACNCCI1:** If sex is male go to ACN.410; Else go to Check item ACNCCI2.

**Check item ACNCCI2:** If age is less than 50 go to ACN.370; Else go to ACN.370.010

ACN.370 Are you currently pregnant?

- >PREGNOW< (1) Yes (ACN.410) (7) Refused (ACN.370.010)  
(2) No (ACN.370.010) (9) Don't know (ACN.370.010)

**[ The next 20 questions are periodic menopause and hormone replacement therapy questions. ]**

ACN.370.010 Have you had a natural menstrual period in the past 12 months?

- >MNYR< (1) Yes (ACN.370.020) (7) Refused (ACN.370.070)  
(2) No (ACN.370.050) (9) Don't know (ACN.370.070)  
(3) Never had a menstrual period (ACN.370.070)

ACN.370.020 Have you had a natural menstrual period in the past 3 months?

- >MN3MO< (1) Yes (ACN.370.030) (7) Refused (ACN.370.070)  
(2) No (ACN.370.050) (9) Don't know (ACN.370.070)

ACN.370.030 Compared with 12 months ago, is the length of time between your periods more regular, less regular, or about the same?

- >MNREG< (1) More regular (7) Refused  
(2) Less regular (9) Don't know  
(3) About the same

ACN.370.040 Compared with 12 months ago, is your menstrual flow lighter, about the same, heavier, more variable or has it stopped?

>MNFLOW< (1) Lighter (5) Has it stopped  
(2) About the same (7) Refused  
(3) Heavier (9) Don't know  
(4) More variable

ACN.370.050 About how old were you when you had your last period?

>MNAGE< (1-100) 1-100 years (ACN.370.070)  
(997) Refused (ACN.370.060)  
(999) Don't know (ACN.370.060)

ACN.370.060 **FR: SHOW CARD A3**

Were you younger than 20, 20-29, 30-39, 40-44, 45-49, 50-54, or 55 or older ?

>MNAGE2< (01) Younger than 20 (06) 50-54  
(02) 20-29 (07) 55 or older  
(03) 30-39 (97) Refused  
(04) 40-44 (99) Don't know  
(05) 45-49

ACN.370.070 Have you had a hysterectomy?

>MNHYST< (1) Yes (ACN.370.080) (7) Refused (ACN.370.090)  
(2) No (ACN.370.090) (9) Don't know (ACN.370.090)

ACN.370.080 How old were you when you had your hysterectomy?

>MNHYSAGE< (1-100) 1-100 years  
(997) Refused  
(999) Don't know

ACN.370.090 Have you had both of your ovaries removed during any surgical procedure?

>MNOVAR< (1) Yes (ACN.370.100) (7) Refused (ACN.370.110)  
(2) No (ACN.370.110) (9) Don't know (ACN.370.110)

ACN.370.100 How old were you when you had your ovaries [second ovary] removed?

>OVARYAGE< (1-100) 1-100 years  
(997) Refused  
(999) Don't know

**[ If AGE gt 39 or MNREG=2 or MNFLOW=1, go to ACN.370.110; Else go to ACN.410. ]**

ACN.370.110 Are you now experiencing symptoms of menopause like hot-flashes?

>MNHTFLSH< (1) Yes (7) Refused  
(2) No (9) Don't know

ACN.370.120 Has your doctor ever discussed the benefits and risks of hormone replacement therapy with you?

>MNHMRPMD< (1) Yes (7) Refused  
(2) No (9) Don't know

ACN.370.130 Estrogen is a female hormone that may be taken after a hysterectomy or during or after menopause. Have you ever taken medication containing estrogen (like Premarin) for any reason? (Do not include birth control pills).

>MNESTEV< (1) Yes (ACN.370.140) (7) Refused (ACN.410)  
(2) No (ACN.410) (9) Don't know (ACN.410)

ACN.370.140 How old were you when you first started taking estrogen?

>MNESTAGE< (001-100) 1-100 years  
(997) Refused  
(999) Don't know

ACN.370.150 Are you taking medication containing estrogen now?

>MNESTNOW< (1) Yes (ACN.370.160) (7) Refused (ACN.370.170)  
(2) No (ACN.370.160) (9) Don't know (ACN.370.170)

ACN.370.160 Altogether, about how long have you taken estrogen? Include any breaks in usage that lasted less than 30 days .

ACN.370.160A [ ] NUMBER

>MNESTL\_N< (01-94) 1-94 (ACN.370.160B) (97) Refused (ACN.370.170)  
(95) 95+ (ACN.370.160B) (99) Don't know (ACN.370.170)

ACN.370.160B [ ] TIME PERIOD

>MNEDTL\_T< (1) Days (4) Years  
(2) Weeks (7) Refused  
(3) Months (9) Don't know

ACN.370.170 Progestin is a female hormone that may be taken in addition to estrogen therapy. Have you ever taken medication containing progestin (like Provera) for any reason? (Do not include birth control pills).

>MNPGEV< (1) Yes (ACN.370.180) (7) Refused (ACN.410)  
(2) No (ACN.410) (9) Don't know (ACN.410)

ACN.370.180 How old were you when you first started taking progestin?

>MNPGSAGE< (001-100) 1-100 years  
(997) Refused  
(999) Don't know

ACN.370.190 Are you taking medication containing progestin now?

>MNPGSNOW< (1) Yes (ACN.370.200A) (7) Refused (ACN.410)  
(2) No (ACN.370.200A) (9) Don't know (ACN.410)

ACN.370.200 Altogether, about how long have you taken progestin? Include any breaks in usage that lasted less than 30 days.

ACN.370.200A [ ] NUMBER

>MNP GSL\_N< (01-94) 1-94 (97) Refused  
(95) 95+ (99) Don't know

ACN.370.200B [ ] TIME PERIOD

>MNP GSL\_T< (1) Days (4) Less than one month  
(2) Months (7) Refused  
(3) Years (9) Don't know

[ End of periodic menopause and hormone replacement therapy questions. ]

ACN.410 These next questions are about your hearing, vision, and teeth.

Have you ever worn a hearing aid?

>HEAR AID< (1) Yes (7) Refused  
(2) No (9) Don't know

ACN.420 Which statement best describes your hearing without a hearing aid: good, a little trouble, a lot of trouble, deaf?

>AHEARST< (1) Good (ACN.420.100) (4) Deaf (ACN.420.050)  
(2) Little trouble (ACN.420.010) (7) Refused (ACN.420.100)  
(3) Lot of trouble (ACN.420.010) (9) Don't know (ACN.420.100)

[ The next 9 questions are periodic hearing questions. ]

ACN.420.010 Which statement best describes your hearing in your LEFT ear (without a hearing aid): good, a little trouble, a lot of trouble, deaf?

>HEARLFT< (1) Good (ACN.420.030) (4) Deaf (ACN.420.020)  
(2) Little trouble (ACN.420.030) (7) Refused (ACN.420.030)  
(3) Lot of trouble (ACN.420.030) (9) Don't know (ACN.420.030)

ACN.420.020 How old were you when you began to have hearing loss in your LEFT ear?

- >HEARLAGE< (1) At birth (5) 45 and over but less than 65 years old  
(2) Less than 3 years old (6) 65 and over  
(3) Over 3 but less than 19 years old (7) Refused  
(4) 19 and over but less than 45 years old (9) Don't know

ACN.420.030 Which statement best describes your hearing in your RIGHT ear (without a hearing aid): good, a little trouble, a lot of trouble, deaf?

- >HEARRGT< (1) Good (ACN.420.060) (4) Deaf (ACN.420.040)  
(2) Little trouble (ACN.420.060) (7) Refused (ACN.420.060)  
(3) Lot of trouble (ACN.420.060) (9) Don't know (ACN.420.060)

ACN.420.040 How old were you when you began to have hearing loss in your RIGHT ear?

- >HEARRAGE< (1) At birth (5) 45 and over but less than 65 years old  
(2) Less than 3 years old (6) 65 and over  
(3) Over 3 but less than 19 years old (7) Refused  
(4) 19 and over but less than 45 years old (9) Don't know

(Go to ACN.420.060)

ACN.420.050 How old were you when you began to have hearing loss ?

- >HEARDAGE< (1) At birth (5) 45 and over but less than 65 years old  
(2) Less than 3 years old (6) 65 and over  
(3) Over 3 but less than 19 years old (7) Refused  
(4) 19 and over but less than 45 years old (9) Don't know

(Go to ACN.420.100)

ACN.420.060 (Without a hearing aid) Can you usually HEAR AND UNDERSTAND what a person says without seeing his/her face if that person WHISPERS to you from across a quiet room?

- >HEARWHIS< (1) Yes (7) Refused  
(2) No (9) Don't know

ACN.420.070 (Without a hearing aid) Can you usually HEAR AND UNDERSTAND what a person says without seeing his/her face if that person TALKS IN A NORMAL VOICE to you from across a quiet room?

- >HEARVOIC< (1) Yes (7) Refused  
(2) No (9) Don't know

ACN.420.080 (Without a hearing aid) Can you usually HEAR AND UNDERSTAND what a person says without seeing his/her face if that person SHOUTS to you from across a quiet room?

- >HEARSHT< (1) Yes (7) Refused  
(2) No (9) Don't know

ACN.420.090 (Without a hearing aid) Can you usually HEAR AND UNDERSTAND what a person says without seeing his/her face if that person SPEAKS LOUDLY into your better ear?

- >HEARSKLD< (1) Yes (7) Refused  
(2) No (9) Don't know

[ End of periodic hearing questions. ]

[ The next 3 questions are periodic eyesight questions. ]

ACN.420.100 These next questions are about your eyesight. Do you now have cataracts?

- >AVISCAT< (1) Yes (7) Refused  
(2) No (9) Don't know

ACN.420.110 Have you EVER been told by doctor or other health professional that you had...  
...Glaucoma?

- >AVISGLAU< (1) Yes (7) Refused  
(2) No (9) Don't know

ACN.420.120 Have you EVER been told by doctor or other health professional that you had...  
...Macular degeneration?

- >AVISMACD< (1) Yes (7) Refused  
(2) No (9) Don't know

[ End of periodic eyesight questions. ]

ACN.430 Do you have any trouble seeing, even when wearing glasses or contact lenses?

- >AVISION< (1) Yes (ACN.440) (7) Refused (ACN.440.010)  
(2) No (ACN.440.010) (9) Don't know (ACN.440.010)

ACN.440 Are you blind or unable to see at all?

- >ABLIND< (1) Yes (ACN.451) (7) Refused (ACN.440.010)  
(2) No (ACN.440.010) (9) Don't know (ACN.440.010)

[ The next question is a periodic eyesight question. ]

ACN.440.010 **FR: SHOW CARD A4**

Even when wearing glasses or contact lenses, because of your eyesight, how difficult is it for you...

NOT AT ALL DIFFICULT (0)	ONLY A LITTLE DIFFICULT (1)	SOME- WHAT DIFFICULT (2)	VERY DIFFICULT (3)	CAN'T DO AT ALL (4)	REFUSED (7)	DON'T KNOW (9)
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- >NWS< ...To read ordinary print in newspapers?
- >CLS< ...To do work or hobbies that require you to see well up close such as cooking, sewing, fixing things around the house, or using hand tools?
- >NIT< ...To go down steps, stairs or curbs in dim light or at night?
- >DRV< ...To drive during daytime in familiar places?
- >PER< ...To notice objects off to the side while you are walking along?
- >CRD< ...Finding something on a crowded shelf?

ACN.451 Have you lost all of your upper and lower natural (permanent) teeth?

- >LUPPRT< (1) Yes (7) Refused  
(2) No (9) Don't know

ACN.471 **FR: SHOW CARD A5**

Now I am going to ask you some questions about feelings you may have experienced over the PAST 30 DAYS.

During the PAST 30 DAYS, how often did you feel...

ALL OF THE TIME (1)	MOST OF THE TIME (2)	SOME OF THE TIME (3)	A LITTLE OF THE TIME (4)	NONE OF THE TIME (5)	REFUSED (7)	DON'T KNOW (9)
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- >SAD< ... So sad that nothing could cheer you up?
- >NERVOUS< ... Nervous?
- >RESTLESS< ... Restless or fidgety
- >HOPELESS< ... Hopeless
- >EFFORT< ... That everything was an effort?
- >WORTHLS< ... Worthless?

[If any of the responses are 1 - 3, then go to ACN.471.010; Else, go to the ACN.530.]

[ The next 3 questions are periodic general mental health questions. ]

ACN.471.010 Thinking about the feelings I just asked about: altogether, did you have them MORE often during the past 30 days than is usual for you, LESS often, or about the same as usual?

- >MHFEMO< (1) More often (ACN.471.020) (7) Refused (ACN.530)  
(2) Less often (ACN.471.030) (9) Don't know (ACN.530)  
(3) About the same (ACN.530)

ACN.471.020 Is that a LOT more, SOMEWHAT, or only a LITTLE more often than usual?

- >MHFEMOMR< (1) A lot more (ACN.530) (7) Refused (ACN.530)  
(2) Somewhat more (ACN.530) (9) Don't know (ACN.530)  
(3) A little more (ACN.530)

ACN.471.030 Is that a LOT less, SOMEWHAT, or only a LITTLE less often than usual?

- >MHFEMOLS< (1) A lot less (7) Refused  
(2) Somewhat less (9) Don't know  
(3) A little less

[ End of periodic general mental health questions. ]

ACN.530 We just talked about a number of feelings you had during the PAST 30 DAYS. Altogether, how MUCH did these feelings interfere with your life or activities: a lot, some, a little, or not at all?

- >MHAMTMO< (1) A lot (ACN.530.010) (4) Not at all (ACN.530.030)  
(2) Some (ACN.530.010) (7) Refused (ACN.530.030)  
(3) A little (ACN.530.010) (9) Don't know (ACN.530.030)

[ The remaining 65 questions are periodic mental health questions. ]

ACN.530.010 During the past 30 days, HOW MANY DAYS were you TOTALLY UNABLE to (work or) carry out your usual activities because of these feelings?

- >MHFENWK< (01-29) 1-29 Days (ACN.530.020) (97) Refused (ACN.530.020)  
(30) 30 Days (ACN.530.030) (99) Don't know (ACN.530.020)

ACN.530.020 Besides [that day/those (number) days] when you were UNABLE to carry out your usual activities, how many days out of the past 30 did you have to CUT DOWN on what you did because of these feelings?

- >MHFECDA< (00-30) 0-30 Days  
(97) Refused  
(99) Don't know

ACN.530.030 During the past 12 months, was there ever a time when you felt sad, blue or depressed for two weeks or more in a row?

- >MHDSAD2W< (1) Yes (ACN.530.040)  
(2) No (ACN.530.230)  
(3) Volunteered: "I was on medication/anti-depressants" (ACN.530.230)  
(7) Refused (ACN.530.230)  
(9) Don't know (ACN.530.230)

For the next few questions, please think of the two-week period during the past 12 months when these feelings were the worst.

ACN.530.040 During that time did the feelings of being sad, blue, or depressed usually last all day long, most of the day, about half of the day or less than half of the day?

- >MHDSADDY< (1) All day long (ACN.530.050) (4) Less than half of the day (ACN.530.230)  
(2) Most of the day (ACN.530.050) (7) Refused (ACN.530.230)  
(3) About half of the day (ACN.530.050) (9) Don't know (ACN.530.230)

ACN.530.050 During those two weeks, did you feel this way every day, almost every day, or less often?

- >MHDSADLO< (1) Every day (ACN.530.060) (7) Refused (ACN.530.230)  
(2) Almost every day (ACN.530.060) (9) Don't know (ACN.530.230)  
(3) Less often (ACN.530.230)

ACN.530.060 During those two weeks, did you lose interest in most things?

- >MHDSADLI< (1) Yes (7) Refused  
(2) No (9) Don't know

ACN.530.070 Thinking about those same two weeks, did you feel more tired out or low on energy than is usual for you?

- >MHDSADTD< (1) Yes (7) Refused  
(2) No (9) Don't know

ACN.530.080 Did you gain or lose weight without trying, or did you stay about the same?

- >MHDSADWT< (1) Gain (ACN.530.090)  
(2) Lose (ACN.530.090)  
(3) Volunteered "both gained and lost weight" (ACN.530.090)  
(4) Stay about the same (ACN.530.120)  
(5) Volunteered "was on a diet" (ACN.530.120)  
(7) Refused (ACN.530.120)  
(9) Don't know (ACN.530.120)

ACN.530.090 About how much did [you gain/you lose/your weight change]?

- >MHDSADWC< (001-500) 1-500 Pounds (ACN.530.120)  
(997) Refused (ACN.530.120)  
(999) Don't know (ACN.530.110)

ACN.530.110 Did your weight change by 10 pounds or more?

- >MHDSADLB< (1) Yes (7) Refused  
(2) No (9) Don't know

ACN.530.120 During those two weeks, did you have more trouble falling asleep than you usually do?

- >MHDSADSP< (1) Yes (ACN.530.130) (7) Refused (ACN.530.140)  
(2) No (ACN.530.140) (9) Don't know (ACN.530.140)

ACN.530.130 Did that happen every night, nearly every night, or less often during those two weeks?

- >MHDSADNT< (1) Every night (7) Refused  
(2) Nearly every night (9) Don't know  
(3) Less often

ACN.530.140 During those two weeks, did you have a lot more trouble concentrating than usual?

- >MHDSADCN< (1) Yes (7) Refused  
(2) No (9) Don't know

ACN.530.150 People sometimes feel down on themselves, no good, or worthless. During that two week period, did you feel this way?

- >MHDSADWR< (1) Yes (7) Refused  
(2) No (9) Don't know

ACN.530.160 Did you think a lot about death -- either your own, someone else's, or death in general during those two weeks?

- >MHDSADDE< (1) Yes (7) Refused  
(2) No (9) Don't know

**Check item MHDSADDE CK1:** If any response ACN.530.060=1, ACN.530.070=1, ACN.530.090=10-500, ACN.530.110=1, ACN.530.130=1 or 2, ACN.530.140=1, ACN.530.150=1, ACN.530.160=1, go to ACN.530.170; Else go ACN.530.410.

To review, you had two weeks in a row during the past 12 months when you were sad, blue, or depressed and also had some other feelings or problems like:

**FR: READ UP TO THE FIRST THREE "YES" RESPONSES TO MHDSALI, MHDSADTD, MHDSADLB, MHDSASNT, MHDSADCN, MHDSASWR, MHDSADDE).**

ACN.530.170 About how many weeks altogether did you feel this way during the past 12 months?

- >MHDSADWY< (02-52) Number of weeks (97) Refused  
(96) Entire year (99) Don't know

ACN.530.180 Think about the most recent time when you had two weeks in a row when you felt this way. What month and year was this?

ACN.530.180A Month:

>MHDSAD\_M< (01) January (05) May (09) September  
(02) February (06) June (10) October  
(03) March (07) July (11) November  
(04) April (08) August (12) December

ACN.530.180B Year:

>MHDSAD\_Y< (1998-2000) 1998-2000  
(9997) Refused  
(9999) Don't know

ACN.530.190 Did you tell a doctor about these problems? (By "doctor" I mean either a medical doctor or osteopath, or a student in training to be either a medical doctor or osteopath.)

>MHDSADMD< (1) Yes (7) Refused  
(2) No (9) Don't know

ACN.530.200 Did you tell any other health professional (such as a psychologist, social worker, counselor, nurse, clergy, or other helping professional)?

>MHDSADHP< (1) Yes (7) Refused  
(2) No (9) Don't know

ACN.530.210 Did you take medication or use drugs or alcohol more than once for these problems?

>MHDSADAC< (1) Yes (7) Refused  
(2) No (9) Don't know

ACN.530.220 How much did these problems interfere with your life or activities--a lot, some, a little or not at all?

>MHDSADIA< (1) A lot (4) Not at all  
(2) Some (7) Refused  
(3) A little (9) Don't know

(Go to ACN.530.410)

ACN.530.230 During the past 12 months, was there ever a time lasting two weeks or more when you lost interest in most things like hobbies, work, or activities that usually give you pleasure?

>MHDINT2W< (1) Yes (ACN.530.240)  
(2) No (ACN.530.410)  
(3) Volunteered: "I was on medication/anti-depressants" (ACN.530.410)  
(7) Refused (ACN.530.410)  
(9) Don't know (ACN.530.410)

ACN.530.240 For the next few questions, please think of the two week period during the past 12 months when you had the most complete loss of interest in things. During that two week period, did the loss of interest usually last all day long, most of the day, about half the day, or less than half the day?

- >MHDINTDY< (1) All day long (ACN.530.250) (4) Less than half of the day (ACN.530.410)  
(2) Most of the day (ACN.530.250) (7) Refused (ACN.530.410)  
(3) About half of the day (ACN.530.250) (9) Don't know (ACN.530.410)

ACN.530.250 During those two weeks, did you feel this way every day, almost every day, or less often?

- >MHDINTLO< (1) Every day (ACN.530.260) (7) Refused (ACN.530.410)  
(2) Almost every day (ACN.530.260) (9) Don't know (ACN.530.410)  
(3) Less often (ACN.530.410)

ACN.530.260 During those two weeks, did you feel more tired out or low on energy than usual for you?

- >MHDINTTD< (1) Yes (7) Refused  
(2) No (9) Don't know

ACN.530.270 Did you gain or lose weight without trying, or did you stay about the same?

- >MHDINTWT< (1) Gain (ACN.530.280)  
(2) Lose (ACN.530.280)  
(3) Volunteered "both gained and lost weight"(ACN.530.280)  
(4) Stay about the same (ACN.530.300)  
(5) Volunteered "was on a diet"(ACN.530.300)  
(7) Refused (ACN.530.300)  
(9) Don't know (ACN.530.300)

ACN.530.280 About how much did [you gain/you lose/your weight change]?

- >MHDINTWC< (001-500) Pounds (ACN.530.300)  
(997) Refused (ACN.530.300)  
(999) Don't know (ACN.530.290)

ACN.530.290 Did your weight change by 10 pounds or more?

- >MHDINTLB< (1) Yes (7) Refused  
(2) No (9) Don't know

ACN.530.300 During those same two weeks, did you have more trouble falling asleep than you usually do?

- >MHDINTSP< (1) Yes (ACN.530.310) (7) Refused (ACN.530.320)  
(2) No (ACN.530.320) (9) Don't know (ACN.530.320)

ACN.530.310 Did that happen every night, nearly every night, or less often during those two weeks?

- >MHDINTNT< (1) Every night (7) Refused  
(2) Nearly every night (9) Don't know  
(3) Less often

ACN.530.320 During those two weeks, did you have a lot more trouble concentrating than usual?

>MHDINTCN< (1) Yes (7) Refused  
(2) No (9) Don't know

ACN.530.330 People sometimes feel down on themselves, no good, or worthless. During that two week period, did you feel this way?

>MHDINTWR< (1) Yes (7) Refused  
(2) No (9) Don't know

ACN.530.340 Did you think a lot about death--either your own, someone else's, or death in general during those two weeks?

>MHDINTDE< (1) Yes (7) Refused  
(2) No (9) Don't know

**Check item MHDINTDE CK1:** If any response to ACN.530.260=1, ACN.530.280=10-500, ACN.530.290=1, ACN.530.310=1 or 2, ACN.530.320=1, ACN.530.330=1, ACN.530.340=1, go to ACN.530.350; Else go to ACN.530.410.

To review, you had two weeks in a row during the past 12 months when you lost interest in most things and also had some other feelings or problems like:

**FR: READ UP TO THE FIRST THREE "Yes" RESPONSES TO MHDINTTD, MHDINTLB, MHDINTNT, MHDINTCN, MHDINTWR, MHDINTDE).**

ACN.530.350 About how many weeks altogether did you feel this way during the past 12 months?

>MHDINTWY< (02-52) Number of weeks (97) Refused  
(96) Entire year (99) Don't know

ACN.530.360 Think about this most recent time when you had two weeks in a row when you felt this way. In what month and year was this?

ACN.530.360A Month:

>MHDINT\_M< (01) January (05) May (09) September  
(02) February (06) June (10) October  
(03) March (07) July (11) November  
(04) April (08) August (12) December

ACN.530.360B Year:

>MHDINT\_Y< (1998-2000) 1998-2000  
(9997) Refused  
(9999) Don't know

ACN.530.370 Did you tell a doctor about these problems? (By “doctor” I mean either a medical doctor or osteopath, or a student in training to be either a medical doctor or osteopath.)

>MHDINTMD< (1) Yes (7) Refused  
(2) No (9) Don't know

ACN.530.380 Did you tell any other health professional (such as a psychologist, social worker, counselor, nurse, clergy, or other helping professional)?

>MHDINTHP< (1) Yes (7) Refused  
(2) No (9) Don't know

ACN.530.390 Did you take medication or use drugs or alcohol more than once for these problems?

>MHDINTAC< (1) Yes (7) Refused  
(2) No (9) Don't know

ACN.530.400 How much did these problems interfere with your life or activities -- a lot, some, a little or not at all?

>MHDINTIA< (1) A lot (4) Not at all  
(2) Some (7) Refused  
(3) A little (9) Don't know

ACN.530.410 During the past 12 months, did you ever have a period lasting one month or longer when most of the time you felt worried, tense or anxious?

>MHAXEVYR< (1) Yes (ACN.530.430) (7) Refused (ACN.530.420)  
(2) No (ACN.530.420) (9) Don't know (ACN.530.420)

ACN.530.420 People differ a lot in how much they worry about things. Did you have a time in the past 12 months when you worried a lot more than most people would in your situation?

>MHAXMO< (1) Yes (ACN.530.430) (7) Refused (ACN.530.590)  
(2) No (ACN.530.590) (9) Don't know (ACN.530.590)

ACN.530.430 Has that period ended or is it still going on?

>MHAXL< (1) Ended (ACN.530.440) (7) Refused (ACN.530.450)  
(2) Still going on (ACN.530.450) (9) Don't know (ACN.530.450)

ACN.530.440 How many months or years did it go on before it ended?

ACN.530.440A [ ] NUMBER:

>MHAXEN\_N< (01-94) 1-94 (ACN.530.440B)  
(95) 95+ (ACN.530.440B)  
(96) Volunteered “All my life/as long as I can remember” (ACN.530.440B)  
(97) Refused (ACN.530.451)  
(99) Don't know (ACN.530.451)

ACN.530.440B [ ] TIME PERIOD:

- >MHAXEN\_T< (1) Months (Check Item MHAXWST.CK)  
(2) Years (Check Item MHAXWST.CK)  
(6) Volunteered "All my life/as long as I can remember" (Check Item MHAXWST.CK)  
(7) Refused (ACN.530.451)  
(9) Don't know (ACN530.451)

ACN.530.450 How many months or years has it been going on?

ACN.530.450A [ ] NUMBER:

- >MHAXLN\_N< (01-94) 1-94 (ACN.530.450B)  
(95) 95+ (ACN.530.450B)  
(96) Volunteered "All my life/as long as I can remember" (ACN.530.450B)  
(97) Refused (ACN.530.451)  
(99) Don't know (ACN.530.451)

ACN.530.450B [ ] TIME PERIOD:

- >MHAXLN\_T< (1) Months (Check Item MHAXWST\_CK)  
(2) Years (Check Item MHAXWST\_CK)  
(6) Volunteered "All my life/as long as I can remember" (Check Item MHAXWST\_CK)  
(7) Refused (ACN.530.451)  
(9) Don't know (ACN.530.451)

ACN.530.451 [Did it last/Has it been] at least 6 months?

- >MHAX6MO< (1) Yes (7) Refused  
(2) No (9) Don't know

**Check item MHAXWST CK:** If ACN.530.440 is equal or greater than 6 months or ACN.530.450 is equal or greater than 6 months or ACN.530.451=1 go to ACN.530.460; Else go to ACN.530.590.

ACN.530.460 During that period, {has your worry been/was your worry} stronger than in other people?

- >MHAXWST< (1) Yes (7) Refused  
(2) No (9) Don't know

ACN.530.470 [Did/do] you worry most days?

- >MHAXWDYS< (1) Yes (7) Refused  
(2) No (9) Don't know

ACN.530.480 [Did/do] you usually worry about one particular thing, such as your job security or the failing health of a loved one, or more than one thing?

- >MHAXWI< (1) One thing (7) Refused  
(2) More than one thing (9) Don't know

ACN.530.490 [Did/do] you find it difficult to stop worrying?

- >MHAXDST< (1) Yes (7) Refused  
(2) No (9) Don't know

ACN.530.500 [Did/do] you ever have different worries on your mind at the same time?

- >MHAXW2< (1) Yes (7) Refused  
(2) No (9) Don't know

ACN.530.510 How often [was/is] your worry so strong that you [couldn't/can't] put it out of your mind no matter how hard you [tried/try]--often, sometimes, rarely or never?

- >MHAXWSTR< (1) Often (4) Never  
(2) Sometimes (7) Refused  
(3) Rarely (9) Don't know

ACN.530.520 How often [did/do] you find it difficult to control your worry - often, sometimes, rarely or never?

- >MHAXWCNT< (1) Often (4) Never  
(2) Sometimes (7) Refused  
(3) Rarely (9) Don't know

ACN.530.530 What sorts of things [did/do] you mainly worry about?

>MHAXWHAT< \_\_\_\_\_

ACN.530.540 When you [are/were] worried or anxious, [are/were] you also...

- (1) Yes (7) Refused  
(2) No (9) Don't know

>MHAX\_RST< ...Restless?

>MHAX\_EDG< ...[Are/Were] you keyed up or on the edge?

>MHAX\_IRR< ...[Are/Were] you more irritable than usual?

>MHAX\_HTP< ...[Does/Did] your heart pound or race?

>MHAX\_WTD< ...[Are/Were] you easily tired?

>MHAX\_WSP< ...[Do/Did] you have trouble falling asleep or staying asleep?

>MHAX\_WLH< ...[Do/Did] you feel dizzy or lightheaded?

**Check item ACNCCI3:** If any ACN.530.540=1, go to ACN.530.550; Else go to ACN.530.590.

ACN.530.550 Did you tell a doctor about your worry or about the problems it was causing? (By "doctor" I mean either a medical doctor or osteopath, or a student in training to be either a medical doctor or osteopath.)

- >MHAXWMD< (1) Yes (7) Refused  
(2) No (9) Don't know

ACN.530.560 Did you tell any other health professional (such as a psychologist, social worker, counselor, nurse, clergy, or other helping professional)?

>MHAXWHP< (1) Yes (7) Refused  
(2) No (9) Don't know

ACN.530.570 Did you take medication or use drugs or alcohol more than once for the worry or the problems it was causing?

>MHAXWAC< (1) Yes (7) Refused  
(2) No (9) Don't know

ACN.530.580 How much [did/does] the worry or anxiety interfere with your life or activities--a lot, some, a little or not at all?

>MHAXWTF< (1) A lot (4) Not at all  
(2) Some (7) Refused  
(3) A little (9) Don't know

ACN.530.590 During the past 12 months, did you ever have a spell or an attack when all of a sudden you felt frightened, anxious, or very uneasy?

>MHPEVYR< (1) Yes (ACN.530.600) (7) Refused (AHS.010)  
(2) No (AHS.010) (9) Don't know (AHS.010)

ACN.530.600 Did any of these attacks occur when you were in a life-threatening situation?

>MHPLFTH< (1) Yes (ACN.530.610)  
(2) No (ACN.530.620)  
(3) Volunteered "wasn't in a life-threatening situation" (ACN.530.620)  
(7) Refused (ACN.530.620)  
(9) Don't know (ACN.530.620)

ACN.530.610 Did any of these attacks occur when you were not in a life-threatening situation?

>MHPNLFTH< (1) Yes (ACN.530.620) (7) Refused (AHS.010)  
(2) No (AHS.010) (9) Don't know (AHS.010)

ACN.530.620 About how many attacks did you have in the past 12 months?

>MHPANYR< (001-994) 1-994 Attacks (997) Refused  
(995) 995+ Attacks (999) Don't know

ACN.530.630 In what month and year did you have the most recent attack?

ACN.530.630A Month:

>MHPANDT1< (01) January (05) May (09) September  
(02) February (06) June (10) October  
(03) March (07) July (11) November  
(04) April (08) August (12) December

ACN.530.630B Year:

>MHPANDT2< (1998-2000) 1998-2000  
(9997) Refused  
(9999) Don't know

ACN.530.640 Did [this attack/all of these attacks] happen in a situation when you were not in danger or not the center of attention?

>MHPNODAN< (1) Yes (ACN.530.650) (7) Refused (AHS.010)  
(2) No (AHS.010) (9) Don't know (AHS.010)

ACN.530.650 When you have attacks...

(1) Yes (7) Refused  
(2) No (9) Don't know

>MHPA\_AHP< ...Does your heart pound?

>MHPA\_CST< ...Do you have chest tightness, pain, or discomfort in your chest or stomach?

>MHPA\_SWT< ...Do you sweat?

>MHPA\_SHK< ...Do you tremble or shake?

>MHPA\_FLA< ...Do you have hot flashes or chills?

>MHPA\_UNR< ...Do you, or things around you, seem unreal?

[ End of the periodic mental health questions. ]

(Go to next section--Health Status & Limitation of Activities)

**Section III -- HEALTH STATUS AND LIMITATION OF ACTIVITIES**

**Part A -- Health Indicators**

**[If FSD.050/DOINGLW ne (1) go to AHS.030; Else assign (0) to AHS,030/WRKLYR2 and go to AHS.040]**

AHS.030 Although you did not work last week, did you have a job or business at any time in the PAST 12 MONTHS?

>WRKLYR2< (1) Yes (AHS.040) (7) Refused (AHS.050)  
(2) No (AHS.050) (9) Don't Know (AHS.050)

AHS.040 During the PAST 12 MONTHS, that is, since { 12-month ref. date }, ABOUT how many days did you miss work at a job or business because of illness or injury (do not include maternity leave)?

>WKDAYR< (000) None (997) Refused  
(001-366) 1-366 days (999) Don't Know

AHS.050 During the PAST 12 MONTHS, that is, since { 12-month ref. date }, ABOUT how many days did illness or injury keep you in bed more than half of the day? (Include days while an overnight patient in a hospital).

>BEDDAYR< (000) None (997) Refused  
(001-366) 1-366 days (999) Don't Know (Go to AHS.060)

AHS.060 Compared with 12 MONTHS AGO, would you say your health is better, worse, or about the same?

>AHSTATYR< (1) Better (7) Refused  
(2) Worse (9) Don't Know  
(3) About the same

**Part B -- Limitation of Activities**

AHS.070 Do you now have any health problem that requires you to use special equipment, such as a cane, a wheelchair, a special bed, or a special telephone?

- >SPECEQ< (1) Yes (7) Refused  
 (2) No (9) Don't Know

AHS.091 **FR: SHOW CARD A4.**

The next questions ask about difficulties you may have doing certain activities because of a HEALTH PROBLEM. By "health problem" we mean any physical, mental, or emotional problem or illness (not including pregnancy).

By yourself, and without using any special equipment, how difficult is it for you to...

NOT AT ALL	ONLY A LITTLE	SOMEWHAT	VERY	CAN'T DO	REFUSED	Don't Know
DIFFICULT	DIFFICULT	DIFFICULT	DIFFICULT	AT ALL		
(0)	(1)	(2)	(3)	(4)	(7)	(9)

- >FLWALK< ... Walk a quarter of a mile - about 3 city blocks?  
 >FLCLIMB< ... Walk up 10 steps without resting?  
 >FLSTAND< ... Stand or be on your feet for about 2 hours?  
 >FLSIT< ... Sit for about 2 hours?  
 >FLSTOOP< ... Stoop, bend, or kneel?  
 >FLREACH< ... Reach up over your head?

AHS.141 By yourself, and without using any special equipment, how difficult is it for you to...

NOT AT ALL	ONLY A LITTLE	SOMEWHAT	VERY	CAN'T DO	REFUSED	Don't Know
DIFFICULT	DIFFICULT	DIFFICULT	DIFFICULT	AT ALL		
(0)	(1)	(2)	(3)	(4)	(7)	(9)

- >FLGRASP< ... Use your fingers to grasp or handle small objects?  
 >FLCARRY< ... Lift or carry something as heavy as 10 pounds such as a full bag of groceries?  
 >FLPUSH< ... Push or pull large objects like a living room chair?

AHS.171 **FR: SHOW CARD A6.**

**FR: READ LEAD-IN IF NECESSARY:**

By yourself, and without using any special equipment, how difficult is it for you to...

NOT AT ALL	ONLY A LITTLE	SOMEWHAT	VERY	CAN'T DO	DO NOT DO
DIFFICULT	DIFFICULT	DIFFICULT	DIFFICULT	AT ALL	THIS ACTIVITY
(0)	(1)	(2)	(3)	(4)	(6)
		(7) Refused	(9) Don't Know		

>FLSHOP< ... Go out to things like shopping, movies, or sporting events?

>FLSOCL< ... Participate in social activities such as visiting friends, attending clubs and meetings, going to parties...?

>FLRELAX< ... Do things to relax at home or for leisure (reading, watching TV, sewing, listening to music...)?

**Check item AHSCCI3:** If any of the above answers in AHS.091, AHS.141, or AHS.171 = 1-4 go to AHS.200; Else go to the next section.--Health Behaviors.

AHS.200 What condition or health problem causes you to have difficulty with {names of up to 3 specified activities/these activities}?

**FR: SHOW CARD A7. ENTER ALL THAT APPLY UP TO 5 (but do not probe). IF OLD AGE IS REPORTED, PROBE FOR SPECIFIC CONDITION(S) CAUSED BY OLD AGE.**

- |          |                                  |  |                               |
|----------|----------------------------------|--|-------------------------------|
| >AFLHCA< | (1) Vision/problem seeing        | (10) Diabetes  | (19) Other impairment/problem |
|          | (2) Hearing problem              | (11) Lung/breathing problem                          | (97) Refused                  |
|          | (3) Arthritis/rheumatism         | (12) Cancer  | (99) Don't Know               |
|          | (4) Back or neck problem         | (13) Birth defect                                    |                               |
|          | (5) Fractures, bone/joint injury | (14) Mental retardation                              |                               |
|          | (6) Other injury                 | (15) Other developmental problem (as cerebral palsy) |                               |
|          | (7) Heart problem                | (16) Senility  |                               |
|          | (8) Stroke problem               | (17) Depression/anxiety/emotional problem            |                               |
|          | (9) Hypertension/high blood      | (18) Weight problem pressure                         |                               |

[If answers = (1) - (12) and (14) - (18) then go to AHS.300; if answer = (19) and/or (20) go to AHS.201; Else go to next section -- Health Behaviors.]

AHS.201 **FR: THESE SHOULD BE NAMES OF SPECIFIC CONDITIONS THAT ARE NOT ON THE CONDITION LIST.**

>AFLSPEC1< First condition: \_\_\_\_\_

>AFLSPEC2< Second condition: \_\_\_\_\_

AHS.300 How long have you had {name the first condition >AFLHCA1<}?

>AFLHCLN< [ ] NUMBER

- |                  |                 |
|------------------|-----------------|
| (01-94) 1-94     | (97) Refused    |
| (95) 95+         | (99) Don't Know |
| (96) Since birth |                 |

>AFLHCLT< [ ] TIME PERIOD

- |            |                 |
|------------|-----------------|
| (1) Days   | (6) Since birth |
| (2) Weeks  | (7) Refused     |
| (3) Months | (9) Don't Know  |
| (4) Years  |                 |

AHS.301 How long have you had {name the second condition >AFLHCA2<}?

>AFLHCLN2< [ ] NUMBER

- |                  |                 |
|------------------|-----------------|
| (01-94) 1-94     | (97) Refused    |
| (95) 95+         | (99) Don't Know |
| (96) Since birth |                 |

>AFLHCLT2< [ ] TIME PERIOD

- |            |                 |
|------------|-----------------|
| (1) Days   | (6) Since birth |
| (2) Weeks  | (7) Refused     |
| (3) Months | (9) Don't Know  |
| (4) Years  |                 |

AHS.302 How long have you had {name the third condition >AFLHCA3<}?

>AFLHCLN3< [ ] NUMBER

- |                  |                 |
|------------------|-----------------|
| (01-94) 1-94     | (97) Refused    |
| (95) 95+         | (99) Don't Know |
| (96) Since birth |                 |

>AFLHCLT3< [ ] TIME PERIOD

- |            |                 |
|------------|-----------------|
| (1) Days   | (6) Since birth |
| (2) Weeks  | (7) Refused     |
| (3) Months | (9) Don't Know  |
| (4) Years  |                 |

AHS.303 How long have you had {name the fourth condition >AFLHCA4<}?

>AFLHCLN4< [ ] NUMBER

- |                  |                 |
|------------------|-----------------|
| (01-94) 1-94     | (97) Refused    |
| (95) 95+         | (99) Don't Know |
| (96) Since birth |                 |

>AFLHCLT4< [ ] TIME PERIOD

- |            |                 |
|------------|-----------------|
| (1) Days   | (6) Since birth |
| (2) Weeks  | (7) Refused     |
| (3) Months | (9) Don't Know  |
| (4) Years  |                 |

AHS.304 How long have you had {name the fifth condition >AFLHCA5<}?

>AFLHCLN5< [ ] NUMBER

- |                  |                 |
|------------------|-----------------|
| (01-94) 1-94     | (97) Refused    |
| (95) 95+         | (99) Don't Know |
| (96) Since birth |                 |

>AFLHCLT5< [ ] TIME PERIOD

- |            |                 |
|------------|-----------------|
| (1) Days   | (6) Since birth |
| (2) Weeks  | (7) Refused     |
| (3) Months | (9) Don't Know  |
| (4) Years  |                 |

**(Go to next section -- Health Behaviors)**



AHB.050 On the average, how many cigarettes do you now smoke a day?

**FR: IF LESS THAN "1", ENTER "1"**

>CIGSDA1< (01-94) 1-94 cigarettes (97) Refused  
(95) 95+ cigarettes (99) Don't Know (AHB.080)

AHB.060 On how many of the PAST 30 DAYS did you smoke a cigarette?

>CIGDAMO< (00) None (AHB.080) (97) Refused (AHB.070)  
(01-30) 1-30 Days (AHB.070) (99) Don't Know (AHB.070)

AHB.070 On the average, when you smoked during the PAST 30 DAYS, about how many cigarettes did you smoke a day?

**FR: IF LESS THAN "1", ENTER "1"**

>CIGSDA2< (01-94) 1-94 cigarettes (97) Refused  
(95) 95+ cigarettes (99) Don't Know

AHB.080 During the PAST 12 MONTHS, have you stopped smoking for more than one day BECAUSE YOU WERE TRYING TO QUIT SMOKING?

>CIGQTYR< (1) Yes (7) Refused  
(2) No (9) Don't Know

**Part B - Physical Activity**

AHB.090 The next questions are about physical activities (exercise, sports, physically active hobbies...) that you may do in your LEISURE time.

How often do you do VIGOROUS activities for AT LEAST 10 MINUTES that cause HEAVY sweating or LARGE increases in breathing or heart rate?

>VIGNO< [ ] NUMBER OF TIMES

- |  |                            |
|--|----------------------------|
| (000) Never (AHB.110)                              | (997) Refused (AHB.110)    |
| (001-995) 1-995 times (AHB.090B)                   | (999) Don't Know (AHB.110) |
| (996) Unable to do this type of activity (AHB.110) |                            |

AHB.090B

>VIGTP< [ ] TIME PERIOD

- |           |                                |
|-----------|--------------------------------|
| (0) Never | (4) Year                       |
| (1) Day   | (6) Unable to do this activity |
| (2) Week  | (7) Refused                    |
| (3) Month | (9) Don't Know                 |

AHB.100 About how long do you do these vigorous activities each time?

>VIGLNGNO< [ ] NUMBER

- (001-995) 1-995 (AHB.100B)  
(997) Refused (AHB.108)  
(999) Don't Know (AHB.110)

AHB.100B

>VIGLNGTP< [ ] TIME PERIOD

- |                       |                          |
|-----------------------|--------------------------|
| (1) Minutes (AHB.110) | (7) Refused (AHB.110)    |
| (2) Hours (AHB.110)   | (9) Don't know (AHB.108) |

AHB.108 Each time you do these vigorous activities, do you do them 20 minutes or more, or less than 20 minutes?

>VIGLONGD< (1) Less than 20 minutes (7) Refused  
(2) 20 Minutes or more (9) Don't know

AHB.110 How often do you do LIGHT OR MODERATE activities for AT LEAST 10 MINUTES that cause ONLY LIGHT sweating or a SLIGHT to MODERATE increase in breathing or heart rate?

**FR: IF NECESSARY, PROMPT WITH: HOW MANY TIMES PER DAY, PER WEEK, PER MONTH, OR PER YEAR DO YOU DO THESE ACTIVITIES?**

>MODNO< [ ] NUMBER OF TIMES per

(000) Never (AHB.130) (997) Refused (AHB.130)  
(001-995) 1-995 (AHB.110B) (999) Don't Know (AHB.130)  
(996) Unable to do this type activity (AHB.130)

AHB.110B

>MODTP< [ ] TIME PERIOD

(0) Never (AHB.130) (4) Year (AHB.120)  
(1) Day (AHB.120) (6) Unable to do this type activity (AHB.130)  
(2) Week (AHB.120) (7) Refused  
(3) Month (AHB.120) (9) Don't know

AHB.120 About how long do you do these light or moderate activities each time?

>MODLNGNO< [ ] NUMBER

(001-995) 1-995 (AHB.120B)  
(997) Refused (AHB.130)  
(999) Don't Know (AHB.128)

AHB.120B

>MODLNGTP< [ ] TIME PERIOD

(1) Minutes (AHB.130) (7) Refused  
(2) Hours (AHB.130) (9) Don't know

AHB.128 Each time you do these light or moderate activities, do you do them 20 minutes or more, or less than 20 minutes?

>MODLONGD< (1) Less than 20 minutes (7) Refused  
(2) 20 Minutes or more (9) Don't Know

AHB.130 How often do you do physical activities specifically designed to STRENGTHEN your muscles such as lifting weights or doing calisthenics? (Include all such activities even if you have mentioned them before.)

**FR: IF NECESSARY, PROMPT WITH: HOW MANY TIMES PER DAY, PER WEEK, PER MONTH, OR PER YEAR DO YOU DO THESE ACTIVITIES?**

>STRNGNO< [ ] NUMBER OF TIMES per

(000) Never (AHB.140)

(997) Refused (AHB.140)

(001-995) 1-995 (AHB.130B)

(999) Don't Know (AHB.140)

(996) Unable to do this type activity (AHB.140)

AHB.130B

>STRNGTP< [ ] TIME PERIOD

(0) Never

(6) Unable to do this type activity

(1) Day

(7) Refused

(2) Week

(9) Don't Know

(3) Month

(4) Year

**PART C - Alcohol**

AHB.140 These next questions are about drinking alcoholic beverages. Included are liquor such as whiskey or gin, beer, wine, winecoolers, and any other type of alcoholic beverage.

In ANY ONE YEAR, have you had at least 12 drinks of any type of alcoholic beverage?

- >ALC1YR< (1) Yes (AHB.160) (7) Refused (AHB.150)  
(2) No (AHB.150) (9) Don't Know (AHB.150)

AHB.150 In your ENTIRE LIFE, have you had at least 12 drinks of any type of alcoholic beverage?

- >ALCLIFE< (1) Yes (AHB.160) (7) Refused (AHB.190)  
(2) No (AHB.190) (9) Don't Know (AHB.190)

AHB.160 In the PAST YEAR, how often did you drink any type of alcoholic beverage?

- >ALC12MNO< [ ] NUMBER OF DAYS per  
(000) Never (997) Refused  
(001-365) 1-365 days (999) Don't Know

- >ALC12MTP< [ ] TIME PERIOD  
(0) Never/None (AHB.190) (7) Refused (AHB.190)  
(1) Week (AHB.170) (9) Don't Know (AHB.170)  
(2) Month (AHB.170)  
(3) Year (AHB.170)

AHB.170 In the PAST YEAR, on those days that you drank alcoholic beverages, on the average, how many drinks did you have?

- >ALCAMT< (01-94) 1-94 drinks (97) Refused  
(95) 95 and more (99) Don't Know

AHB.180 In the PAST YEAR, on how many DAYS did you have 5 or more drinks of any alcoholic beverage?

- >ALC5UPNO< [ ] NUMBER OF DAYS per  
(000) Never/none (997) Refused  
(001-365) 1-365 days (999) Don't Know

- >ALC5UPTP< [ ] TIME PERIOD  
(0) Never/None  
(1) Week  
(2) Month  
(3) Year  
(7) Refused  
(9) Don't Know

AHB.190 How tall are you without shoes?

**FR: ALLOW RESPONSES IN METRIC IF VOLUNTEERED.**

>**AHEIGHTF**< Feet \_\_\_\_\_

- (02-07) 2-7 feet
- (97) Refused
- (99) Don't Know
- (M) Reported in metric

AHB.190B

>**AHEIGHTI**< Inches \_\_\_\_\_

- (00-11) 0-11 inches
- (97) Refused
- (99) Don't Know

(AHB.200)

AHB.190C

>**AHEIGHTM**< Meters \_\_\_\_\_

- (0-2) 0-2 meters
- (7) Refused
- (9) Don't Know

AHB.190D

>**AHEIGHTC**< Centimeters \_\_\_\_\_

- (000-241) 0-241 centimeters
- (997) Refused
- (999) Don't Know

AHB.200 How much do you weigh without shoes?

**FR: ALLOW RESPONSES IN METRIC IF VOLUNTEERED.**

>**WT\_LB**< Pounds \_\_\_\_\_

- (050-500) 50-500 pounds
- (997) Refused
- (999) Don't Know
- (M) Reported in metric

(Go to next section)

AHB.200B

.>**WT\_KG**< Kilograms \_\_\_\_\_

- (0227-2268) 22.7-226.8 kilograms

**(Go to next section -- Health Care Access & Utilization)**

**Section V - HEALTH CARE ACCESS AND UTILIZATION**

AAU.020 The next questions are about health care.

Is there a place that you USUALLY go to when you are sick or need advice about your health?

- >AUSUALPL< (1) Yes (AAU.030) (7) Refused (AAU.037)  
(2) There is NO place (AAU.037) (9) Don't Know (AAU.037)  
(3) There is MORE THAN ONE place (AAU.030)

AAU.030 **[If AAU.020 = (1) read:]**

What kind of place is it - a clinic, doctor's office, emergency room, or some other place?

**[If AAU.020 = (3) read:]**

What kind of place do you go to most often - a clinic, doctor's office, emergency room, or some other place?

- >APLKIND< (1) Clinic or health center (AAU.030.010)  
(2) Doctor's office or HMO (AAU.030.010)  
(3) Hospital emergency room (AAU.030.010)  
(4) Hospital outpatient department (AAU.030.010)  
(5) Some other place (AAU.030.010)  
(6) Doesn't go to one place most often (AAU.037)  
(7) Refused (AAU.037)  
(9) Don't Know (AAU.037)

**[The next question is a periodic access to health care question]**

AAU.030.010 How long have you been going to this {fill place from AAU.030 >APLKIND<} for health care?

- >AQUSL< (1) 1 year or less (4) Hasn't been there yet  
(2) More than 1 year but not more than 3 years (7) Refused  
(3) More than 3 years (9) Don't know

**[End of the periodic access to health care question]**

AAU.035 Is that {fill name from AAU.030 >APLKIND<} the same place you USUALLY go when you need routine or preventive care, such as a physical examination or check up?

- >AHCPLROU< (1) Yes (AAU.037.010) (7) Refused (AAU.037)  
(2) No (AAU.037) (9) Don't Know (AAU.037)

AAU.037      What kind of place do you USUALLY go to when you need routine preventive care, such as a physical examination or check-up?

- >AHCPLKND<    (0) Doesn't get preventive care anywhere      (5) Some other place  
                  (1) Clinic or health center                    (6) Doesn't go to one place most often  
                  (2) Doctor's office or HMO                    (7) Refused  
                  (3) Hospital emergency room                 (9) Don't Know  
                  (4) Hospital outpatient department

**[The next 16 questions are periodic access to health care questions]**

AAU.037.010    Is there a particular doctor, nurse, or other health professional that you usually see when you get health care?

- >AQHP<        (1) Yes (AAU.037.020)                            (7) Refused (Check Item AAUCCI1)  
                  (2) No (Check Item AAUCCI1)                 (9) Don't know (Check Item AAUCCI1)

AAU.037.020    **FR:      READ ANSWER CATEGORIES BELOW IF NECESSARY**

What kind of health professional do you usually see--a doctor or nurse or some other health professional?

- >AQHPKIND<    (1) Doctor (Check Item AAUCCI0)  
                  (2) Nurse (Check Item AAUCCI1)  
                  (3) Nurse Practitioner (Check Item AAUCCI1)  
                  (4) Physician's assistant (Check Item AAUCCI1)  
                  (5) Chiropractor (Check Item AAUCCI1)  
                  (6) Other (AAU.037.021)  
                  (7) Refused (Check Item AAUCCI1)  
                  (9) Don't know (Check Item AAUCCI1)

AAU.037.021    **FR:      SPECIFIC KIND OF HEALTH PROFESSIONAL. THIS SHOULD BE A TYPE OF HEALTH PROFESSIONAL THAT IS NOT ON THE HEALTH PROFESSIONAL LIST.**

>AQHPSPEC<    Health Professional: \_\_\_\_\_

**Check item AAUCCI0:** If Sex is female go to AAU.037.030; Else go to AAU.037.031.

AAU.037.030    Does this doctor specialize in women's reproductive health (an obstetrician/gynecologist)?

- >AQMDGYN<    (1) Yes (Check Item AAUCCI1)                 (7) Refused (AAU.037.031)  
                  (2) No (AAU.037.031)                         (9) Don't know (AAU.037.031)

AAU.037.031 Which of the following best describes this doctor? A general doctor who treats a variety of illnesses; a doctor who specializes in a particular medical disease or problem?

- >AQMDGS<
- (1) General doctor treats a variety of illnesses (AAU.037.032)
  - (2) Doctor who specializes in a particular medical disease or problem (Other than obstetrician/gynecologist) (Check Item AAUCCI1)
  - (3) Some other kind of doctor (Check Item AAUCCI1)
  - (7) Refused (Check Item AAUCCI1)
  - (9) Don't know (Check Item AAUCCI1)

AAU.037.032 Does this doctor treat children and adults?

- >AQMDCA<
- (1) Yes
  - (2) No
  - (7) Refused
  - (9) Don't know

**Check item AAUCCI1:** If AAU.030 = 1-5, or AAU.037 = 1-5, or AAU.037.020 = 1-6, go to AAU.037.040; Else go to AAU.037.051.

AAU.037.040 These next questions refer to the {fill from kind of provider- - taken from APLKIND/AAU.030 or AHCPLKND/AAU.037, or AQHPKIND/AAU.037.020, in that order} that you usually go to if you are sick or need advice about your health.

During the PAST 12 MONTHS, did you go to this {fill from kind of provider- - taken from AAU.030, or AAU.037, or AAU.037.020 in that order}?

- >AQHPVI<
- (1) Yes
  - (2) No
  - (7) Refused
  - (9) Don't know

AAU.037.050 We want to know your rating of this {fill from kind of provider-- taken from AAU.030, or AAU.037.020, or AAU.037 in that order}. Use any number on a scale of 0 to 10, where 0 is the worst and 10 is the best.

How would you rate this {fill from kind of provider- - taken from AAU.030, or AAU.037.020, or AAU.037 in that order}?

- >AQHPRAT<
- (00-10) 0-10 (AAU.037.130)
  - (97) Refused (AAU.037.130)
  - (99) Don't know (AAU.037.130)

AAU.037.051 **FR: SHOW CARD A8**

What is the main reason you do not have a usual source of health care?

- >AQWHYNOT< (01) Seldom or never gets sick  
(02) Recently moved into the area  
(03) Don't know where to go for care  
(04) Usual source of medical care in this area is no longer available  
(05) Can't find provider who speaks my language  
(06) Likes to go to different places for healthcare needs  
(07) Just changed insurance plans  
(08) Don't use doctors/treat myself  
(09) Cost of medical care  
(10) Other reason  
(97) Refused  
(99) Don't know (Go to Check Item AAUCCI1A)

AAU.037.130 Does this {fill from kind of provider-- taken from AAU.030, or AAU.037.020, or AAU.037 in that order} have office hours at night or on weekends?

- >AQHPNHR< (1) Yes (7) Refused  
(2) No (9) Don't know

AAU.037.140 When you are SICK and your {fill from kind of provider-- taken from AAU.030, or AAU.037.020, or AAU.037 in that order} is closed, can you get advice from a doctor or nurse quickly over the phone?

- >AQHPTTEL< (1) Yes (7) Refused  
(2) No (9) Don't know  
(3) Provider open 24 hours

AAU.037.150 When you are SICK and need to see a doctor or health professional soon, how long do you usually have to wait to get an appointment at/with this {fill from kind of provider-- taken from AAU.030, or AAU.037.020, or AAU.037 in that order} ?

- >AQHPSINJ< (1) No appointment necessary  
(2) A day or two  
(3) More than 2 days, but not more than 1 week  
(4) More than 1 week, but not more than 2 weeks  
(5) More than 2 weeks, but not more than 1 month  
(6) More than 1 month  
(7) Refused  
(9) Don't know

AAU.037.160 During the PAST 12 MONTHS, when you needed REGULAR OR ROUTINE CARE, including routine care for any ongoing health problems, how long did you usually have to wait to get an appointment at/with this {fill from kind of provider-- taken from AAU.030, or AAU.037.020, or AAU.037 in that order} ?

- >AQHPRT<
- (0) No appointment necessary (AAU.037.220)
  - (1) Scheduled appointment well in advance (AAU.037.170)
  - (2) A day or two (AAU.037.170)
  - (3) More than 2 days, but not more than 1 week (AAU.037.170)
  - (4) More than 1 week, but not more than 2 weeks (AAU.037.170)
  - (5) More than 2 weeks, but not more than 1 month (AAU.037.170)
  - (6) More than 1 month (AAU.037.170)
  - (7) Refused (AAU.037.220)
  - (9) Don't know (AAU.037.220)

AAU.037.170 When you have an appointment, how long do you usually have to wait in the waiting room (at/for) this {fill from kind of provider-- taken from AAU.030, or AAU.037.020, or AAU.037 in that order} ?

- >AQHPWAIT<
- (1) 30 minutes or less
  - (2) More than 30 min, but not more than 1 hour
  - (3) More than an hour
  - (7) Refused
  - (9) Don't know

AAU.037.220 We want to know your rating of this {fill from kind of provider-- taken from AAU.030, or AAU.037.020, or AAU.037 in that order}'s professional staff. Use any number on a scale from 0 to 10, where 0 is the worst professional staff possible, and 10 is the best professional staff possible. How would you rate the professional staff?

- >AQUSCSAT<
- \_\_\_\_\_ (0-10)
  - (96) No professional staff/provider works alone
  - (97) Refused
  - (99) Don't know

AAU.037.230 Does this {fill from kind of provider-- taken from AAU.030, or AAU.037.020, or AAU.037 in that order} ? usually ask about prescription medications and treatments that other doctors may have given you?

- >AQPREMED<
- (1) Yes
  - (2) No
  - (7) Refused
  - (9) Don't Know

**[End of periodic access to health care questions]**

**Check Item AAUCC11A:** If AAU.020 = 2,7, or 9 go to AAU.061; Else go to AAU.040.

AAU.040 At any time in the PAST 12 MONTHS did you CHANGE the place(s) to which you USUALLY go for health care?

- >AHCCHGYR< (1) Yes (AAU.050) (7) Refused (AAU.061)  
(2) No (AAU.061) (9) Don't Know (AAU.061)

AAU.050 Was this change for a reason related to health insurance?

- >AHCCHGHI< (1) Yes (7) Refused  
(2) No (9) Don't Know

AAU.061 There are many reasons people delay getting medical care. Have you delayed getting care for any of the following reasons in the PAST 12 MONTHS?

- (1) Yes (7) Refused  
(2) No (9) Don't Know

- >AHCDLYR1< You couldn't get through on the telephone.  
>AHCDLYR2< You couldn't get an appointment soon enough.  
>AHCDLYR3< Once you get there, you have to wait too long to see the doctor.  
>AHCDLYR4< The (clinic/doctor's) office wasn't open when you could get there.  
>AHCDLYR5< You didn't have transportation.

AAU.111 During the PAST 12 MONTHS, was there any time when you needed any of the following but didn't get it because you couldn't afford it?

- (1) Yes (7) Refused  
(2) No (9) Don't Know

- >AHCAFYR1< Prescription medicines  
>AHCAFYR2< Mental health care or counseling  
>AHCAFYR3< Dental care (including check-ups)  
>AHCAFYR4< Eyeglasses

**Check Item AAUCCI2** If SEX= (1) (male) go to Check item AAUCCI4; Else if SEX= (2) (female) go to AAU.111.010.

**[The next 13 questions are periodic cancer screening questions.]**

AAU.111.010 Have you ever had a Pap smear test?

**FR: READ IF NECESSARY:**

A Pap smear is a routine gynecologic test in which the doctor examines the cervix and sends a cell sample to the lab.

- >PAP< (1) Yes (AAU.111.011) (7) Refused (AAU.111.030)  
(2) No (AAU.111.030) (9) Don't know (AAU.111.030)

AAU.111.011 When did you have your most recent Pap smear test?

>**RPAP1NO**< [ ] NUMBER

- (01-94) 01-94 (AAU.111.030)
- (95) 95+ (AAU.111.030)
- (97) Refused (AAU.111.020)
- (99) Don't know (AAU.111.020)

>**RPAP1TP**< [ ] TIME PERIOD

- (1) Days
- (2) Weeks
- (3) Months
- (4) Years
- (7) Refused
- (9) Don't know

AAU.111.020 **FR: SHOW CARD A9**

Was it a year ago or less, more than 1 year but not more than 2 years, more than 2 years but not more than 3 years, more than 3 years but not more than 5 years, or over 5 years ago?

>**RPAP2**<

- (1) A year ago or less
- (2) More than 1 year but not more than 2 years
- (3) More than 2 years but not more than 3 years
- (4) More than 3 years but not more than 5 years
- (5) Over 5 years ago
- (7) Refused
- (9) Don't know

AAU.111.030 A breast physical exam is when the breast is felt for lumps by a doctor or other health professional. Have you ever had a breast physical exam?

>**BEX**<

- (1) Yes (AAU.111.031)
- (2) No (Check Item AAUCCI3)
- (7) Refused (Check Item AAUCCI3)
- (9) Don't know (Check Item AAUCCI3)

AAU.111.031 When did you have your most recent breast physical exam?

>**RBEX1NO**< [ ] NUMBER

- (01-94) 01-94 (Check Item AAUCCI3)
- (95) 95+ (Check Item AAUCCI3)
- (97) Refused (AAU.111.040)
- (99) Don't know (AAU.111.040)

>**RBEX1TP**< [ ] TIME PERIOD

- (1) Days
- (2) Weeks
- (3) Months
- (4) Years
- (7) Refused
- (9) Don't know

AAU.111.040 **FR: SHOW CARD A9**

Was it a year ago or less, more than 1 year but not more than 2 years, more than 2 years but not more than 3 years, more than 3 years but not more than 5 years, or over 5 years ago?

- >**RBEX2**<
- |   |                      |
|---|----------------------|
| (1) A year ago or less                      | (5) Over 5 years ago |
| (2) More than 1 yr but not more than 2 yrs  | (7) Refused          |
| (3) More than 2 yrs but not more than 3 yrs | (9) Don't know       |
| (4) More than 3 yrs but not more than 5 yrs |                      |

**Check item AAUCCI3** Under age 30 go to AAU.135; Age 30 or over go to AAU.111.050

AAU.111.050 A mammogram is an x-ray taken only of the breast by a machine that presses the breast against a plate. Have you ever had a mammogram?

- >**MAM**<
- |                       |                          |
|-----------------------|--------------------------|
| (1) Yes (AAU.111.051) | (7) Refused (AAU.135)    |
| (2) No (AAU.135)      | (9) Don't know (AAU.135) |

AAU.111.051 When did you have your most recent mammogram?

>RMAMINO< [ ] NUMBER

- (01-94) 01-94 (AAU.135)
- (95) 95+ (AAU.135)
- (97) Refused (AAU.111.060)
- (99) Don't know (AAU.111.060)

>RMAMITP< [ ] TIME PERIOD

- (1) Days
- (2) Weeks
- (3) Months
- (4) Years
- (7) Refused
- (9) Don't know

AAU.111.060 **FR: SHOW CARD A9**

Was it a year ago or less, more than 1 year but not more than 2 years, more than 2 years but not more than 3 years, more than 3 years but not more than 5 years, or over 5 years ago?

>RMAM2< (1) A year ago or less (5) Over 5 years ago  
(2) More than 1 yr but not more than 2 yrs (7) Refused  
(3) More than 2 yrs but not more than 3 yrs (9) Don't know  
(4) More than 3 yrs but not more than 5 yrs (Go to AAU.135)

**Check Item AAUCCI4** If age lt <40> go to AAU.135; Else if Age is ge <40> go to AAU.111.070.

AAU.111.070 The PSA test is a blood test used to detect prostate cancer. Have you ever heard of a PSA test?

>PSAHRD< (1) Yes (AAU.111.080) (7) Refused (AAU.135)  
(2) No (AAU.135) (9) Don't know (AAU.135)

AAU.111.080 Have you ever had one?

>PSAEV< (1) Yes (AAU.111.081) (7) Refused (AAU.135)  
(2) No (AAU.135) (9) Don't know (AAU.135)

AAU.111.081 When did you have your most recent PSA test?

>**RPSA1NO**< [ ] NUMBER

- (01-94) 01-94 (AAU.135)
- (95) 95+ (AAU.135)
- (97) Refused (AAU.111.090)
- (99) Don't know (AAU.111.090)

>**RPSA1TP**< [ ] TIME PERIOD

- (1) Days
- (2) Weeks
- (3) Months
- (4) Years
- (7) Refused
- (9) Don't know

AAU.111.090 **FR: SHOW CARD A9**

Was it a year ago or less, more than 1 year but not more than 2 years, more than 2 years but not more than 3 years, more than 3 years but not more than 5 years, or over 5 years ago?

- >**RPSA2**<
- |   |                      |
|---|----------------------|
| (1) A year ago or less                      | (5) Over 5 years ago |
| (2) More than 1 yr but not more than 2 yrs  | (7) Refused          |
| (3) More than 2 yrs but not more than 3 yrs | (9) Don't know       |
| (4) More than 3 yrs but not more than 5 yrs |                      |

**[End of the periodic cancer screening questions.]**

**Part B - Dental Care**

AAU.135 **FR: SHOW CARD A10.**

About how long has it been since you last saw or talked to a dentist? Include all types of dentists, such as orthodontists, oral surgeons, and all other dental specialists, as well as dental hygienists.

- >ADNLONGR< (0) Never (AAU.135.020)  
(1) 6 months or less (AAU.135.010)  
(2) More than 6 months, but not more than 1 year ago (AAU.135.010)  
(3) More than 1 year, but not more than 2 years ago (AAU.135.020)  
(4) More than 2 years, but not more than 5 years ago (AAU.135.020)  
(5) More than 5 years ago (AAU.135.020)  
(7) Refused (Check Item AAUCCI5)  
(9) Don't Know (Check Item AAUCCI5)

**[The next 8 questions are the periodic dental questions]**

AAU.135.010 **FR: SHOW CARD A11**

What was the MAIN REASON that you last went to the dentist?

- >ADENREAS< (1) Went in on own for checkup, examination, or cleaning (AAU.135.030)  
(2) Was called in by the dentist for checkup, examination, or cleaning (AAU.135.030)  
(3) Something was wrong, bothering, or hurting you (AAU.135.030)  
(4) Went for treatment of a condition that dentist discovered at earlier checkup or examination (AAU.135.030)  
(5) Other (AAU.135.011)  
(7) Refused (AAU.135.030)  
(9) Don't know (AAU.135.030)

AAU.135.011 **FR: SPECIFY OTHER REASON FOR DENTAL VISIT. THIS SHOULD BE A REASON THAT IS NOT ON THE DENTAL REASON LIST.**

>AREASPEC< Dental reason: \_\_\_\_\_ (Go to AAU.135.030)

AAU.135.020 **FR: SHOW CARD A12**

**[If AAU.135 = 0 read :]**

What are the reasons that you have never gone to the dentist?

**[Else read:]**

What are the reasons that you have not visited a dentist in over 12 months?

Reason no dental visit...

- |            |  |  |
|------------|--|--|
| >ADENNOVS< | (01) Afraid (Check Item AAUCCI5)             | (09) No teeth (Check Item AAUCCI5)           |
|            | (02) Nervous (Check Item AAUCCI5)            | (10) Not important (Check Item AAUCCI5)      |
|            | (03) Needles (Check Item AAUCCI5)            | (11) Didn't think of it (Check Item AAUCCI5) |
|            | (04) Cost/no insurance (Check Item AAUCCI5)  | (12) Other (AAU.135.021)                     |
|            | (05) Don't know dentist (Check Item AAUCCI5) | (97) Refused (Check Item AAUCCI5)            |
|            | (06) Dentist too far (Check Item AAUCCI5)    | (99) Don't know (Check Item AAUCCI5)         |
|            | (07) Can't get there (Check Item AAUCCI5)    |  |
|            | (08) No problems (Check Item AAUCCI5)        |  |

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

AAU.135.021 **FR: SPECIFY OTHER REASON FOR NO DENTAL VISITS. THIS SHOULD BE A REASON THAT IS NOT ON THE NO DENTAL REASON LIST.**

>ANOVSPEC< No dental reason \_\_\_\_\_ (Go to Check Item AAUCCI5)

AAU.135.030 During the PAST 12 MONTHS, that is, since {fill 12-month date} a year ago, about how many visits did you make to a dentist?

- >ADENVIS<
- (01-94) 1-94 visits
  - (95) 95+ visits
  - (97) Refused
  - (99) Don't know

AAU.135.040 These next questions are about dental care received during the 2 weeks beginning Monday, {fill beginning date} and ending this past Sunday {fill ending date}.

During those 2 WEEKS did you go to a dentist? Include all types of dentists, such as orthodontists, oral surgeons, and all other dental specialists, as well as dental hygienists.

- >ADEN2W<
- |                                   |                                     |
|-----------------------------------|-------------------------------------|
| (1) Yes (AAU.135.050)             | (7) Refused (Check Item AAUCCI5)    |
| (2) No (Go to Check Item AAUCCI5) | (9) Don't know (Check Item AAUCCI5) |

AAU.135.050 During those 2 weeks, how many times did you go to a dentist?

>ADEN2WNO< (01-40) 1-40 two week dental visits  
(97) Refused  
(99) Don't know

**Check item AAUCCI5:** Does this sample adult have private health insurance coverage? If private\*=1 then go to AAU.135.060; Else go to AAU.141.

(\*This recode is based on responses to FHI.070 as well as responses to FHI.160, FHI.172, FHI.175, FHI.178, FHI.250, and FHI.280)

AAU.135.060 Earlier it was mentioned that you are covered by {fill name (s) of private health plan (s)}.

**[If respondent has one plan, read:]**

Does this plan pay for any part of the cost for dental care?

**[Else read:]**

Do any of these plans pay for any part of the cost for dental care?

>ADENINS< (1) Yes (7) Refused  
(2) No (9) Don't know

**[End of the periodic dental questions]**

**Part C - Health Care Provider Contacts**

AAU.141 During the PAST 12 MONTHS, that is since { 12 month ref. date }, have you seen or talked to any of the following health care providers about your own health?

- (1) Yes (7) Refused
- (2) No (9) Don't know

>AHCSYR1< ...a mental health professional such as a psychiatrist, psychologist, psychiatric nurse, or clinical social worker?

>AHCSYR2< ...an optometrist, optician, or eye doctor (someone who prescribes eyeglasses)?

>AHCSYR3< ...a foot doctor?

>AHCSYR4< ...a chiropractor?

>AHCSYR5< ...a physical therapist, speech therapist, respiratory therapist, audiologist, or occupational therapist?

>AHCSYR6< ...a nurse practitioner, physician assistant, or midwife?

**Check item AAUCCI5A:** If male then go to AAU.211; Else go to AAU.200.

AAU.200 **FR: READ LEAD-IN IF NECESSARY:**

During the PAST 12 MONTHS, that is since { 12 month ref.date }, have you seen or talked to any of the following health care providers about your own health?

- (1) Yes (7) Refused
- (2) No (9) Don't Know

>AHCSYR7< ... A doctor who specializes in women's health (an obstetrician/gynecologist)?

AAU.211 **FR: READ LEAD-IN IF NECESSARY:**

During the PAST 12 MONTHS, that is since { 12 month ref.date }, have you seen or talked to any of the following health care providers about your own health?

- (1) Yes (7) Refused
- (2) No (9) Don't Know

>AHCSYR8< ... A medical doctor who specializes in a particular medical disease or problem (other than obstetrician/gynecologist, psychiatrist, or ophthalmologist)?

- (1) Yes (AAU.230) (7) Refused (AAU.240)
- (2) No (AAU.240) (9) Don't Know (AAU.240)

>AHCSYR9< ... A general doctor who treats a variety of illnesses (a doctor in general practice, family medicine, or internal medicine)?

AAU.230 Does that doctor treat children and adults (a doctor in general practice or family medicine)?

- >AHCSYR10< (1) Yes (7) Refused
- (2) No (9) Don't Know

AAU.240 **FR: SHOW CARD A13.**

During the PAST 12 MONTHS, HOW MANY TIMES have you gone to a HOSPITAL EMERGENCY ROOM about your own health? (This includes emergency room visits that resulted in a hospital admission.)

- >AHERNOYR< (0) None (AAU.250) (4) 10-12 (AAU.240.010)  
(1) 1 (AAU.240.010) (5) 13 or more (AAU.240.010)  
(2) 2-3 (AAU.240.010) (7) Refused (AAU.250)  
(3) 4-9 (AAU.240.010) (9) Don't Know (AAU.250)

[This question is a periodic health care provider contact question]

AAU.240.010 **FR: SHOW CARD A14**

What was the main reason you last went to the emergency room?

- >AHERREAS< (01) You don't need an appointment there  
(02) Didn't know where else to go  
(03) They won't turn anyone away  
(04) No other place was open at that time  
(05) A doctor said to go there  
(06) It was a life or death situation requiring immediate attention  
(07) Other reason  
(97) Refused  
(99) Don't know

AAU.250 During the PAST 12 MONTHS, did you receive care AT HOME from a nurse or other health care professional?

- >AHCHYR< (1) Yes (AAU.260) (7) Refused (AAU.280)  
(2) No (AAU.280) (9) Don't Know (AAU.280)

AAU.260 During how many of the PAST 12 MONTHS did you receive care AT HOME from a health care professional

- >AHCHMOYR< (01-12) 1-12 months  
(97) Refused  
(99) Don't Know

AAU.270 **FR: SHOW CARD A15.**

What was the total number of home visits received during { that month/those months }?

- >AHCHNOYR< (1) 1 (5) 13 or more  
(2) 2-3 (7) Refused  
(3) 4-9 (9) Don't Know  
(4) 10-12

AAU.280 **FR: SHOW CARD A13.**

During the PAST 12 MONTHS, HOW MANY TIMES have you seen a doctor or other health care professional about your own health at a DOCTOR'S OFFICE, A CLINIC, OR SOME OTHER PLACE? DO NOT INCLUDE TIMES YOU WERE HOSPITALIZED OVERNIGHT, VISITS TO HOSPITAL EMERGENCY ROOMS, HOME VISITS, OR TELEPHONE CALLS.

- >AHCNOYR< (0) None (4) 10-12  
(1) 1 (5) 13 or more  
(2) 2-3 (7) Refused  
(3) 4-9 (9) Don't Know

AAU.290 During the PAST 12 MONTHS, have you had SURGERY or other surgical procedures either as an inpatient or outpatient?

**FR: READ IF NECESSARY:**

This includes both major surgery and minor procedures such as setting bones or removing growths.

- >ASRGYR< (1) Yes (AAU.300) (2) No (AAU.300.010)  
(7) Refused (AAU.300.010) (9) Don't Know (AAU.300.010)

AAU.300 **FR: ENTER 95 FOR 95 OR MORE TIMES.**

Including any times you may have already told me about, HOW MANY DIFFERENT TIMES have you had surgery during the PAST 12 MONTHS?

- >ASRGNOYR< (01-94) 1-94 times (97) Refused  
(95) 95+ times (99) Don't Know

**[The next 2 question are periodic access to health care questions.]**

AAU.300.010 Have you taken any prescription medication during the last 3 months?

- >APMED3MO< (1) Yes (AAU.300.020) (2) No (Check item AAUCCI5B)  
(7) Refused (Check item AAUCCI5B) (9) Don't Know (Check item AAUCCI5B)

AAU.300.020 Have you been taking any of these prescription medications regularly for at least 3 months?

- >APMEDREG< (1) Yes (2) No  
(7) Refused (9) Don't Know

**[End of the periodic access to health care questions.]**

**Check item AAUCCI5B:** If the sample adult has had a doctor visit in the last two weeks as indicated in the family core FAU.180 = (1) and FAU.190 = the adult sample person, then AAU.305 = (1) and go to AAU.310; Else go to AAU.305.

AAU.305      **FR:    SHOW CARD A10**

About how long has it been since you last saw or talked to a doctor or other health care professional about your own health? Include doctors seen while a patient in a hospital.

- >AMDLONGR< (0) Never (AAU.310)  
(1) 6 months or less (AAU.305.010)  
(2) More than 6 months but not more than 1 year ago (AAU.305.010)  
(3) More than 1 year, but not more than 2 years ago (AAU.310)  
(4) More than 2 years, but not more than 5 years ago (AAU.310)  
(5) More than 5 years ago (AAU.310)  
(7) Refused (AAU.305.010)  
(9) Don't Know (AAU.305.010)

**[This next question is a periodic access to health care question.]**

AAU.305.010      We want to know your rating of all your health care during the PAST 12 MONTHS from ALL DOCTORS AND OTHER HEALTH PROFESSIONALS. Use any number on a scale from 0 to 10, where 0 is the worst health care possible and 10 is the best health care possible. How would you rate your health care?

- >AQOVHC< (00-10) 0-10  
(97) Refused  
(99) Don't know

**[End of the periodic access to health care question.]**

**Part D - IMMUNIZATIONS**

AAU.310 During the PAST 12 MONTHS, have you had a flu shot? A flu shot is usually given in the fall and protects against influenza for the flu season.

>SHTFLUYR< (1) Yes (7) Refused  
(2) No (9) Don't Know

AAU.320 Have you EVER had a pneumonia vaccination, sometimes called a pneumonia shot? This shot is usually given only once in a person's lifetime and is different from the flu shot.

>SHTPNUYR< (1) Yes (7) Refused  
(2) No (9) Don't Know

**[This next question is a periodic immunization question.]**

AAU.320.010 During the past 10 years, have you had a tetanus shot?

>SHTTETYR< (1) Yes (7) Refused  
(2) No (9) Don't know

**[This question is a periodic alternative health question.]**

AAU.320.020 People may also use alternative health care services. I'd like to ask you about your use of some alternative kinds of therapies and treatments. During the PAST 12 MONTHS have you used...?

(1) Yes (7) Refused  
(2) No (9) Don't know

- >AHCACU< ...acupuncture
- >AHCREL< ...relaxation techniques
- >AHCMT< ...massage therapy
- >AHCIMA< ....imagery
- >AHCSPI< ....spiritual healing/prayer
- >AHCLSD< ....lifestyle diets
- >AHCHM< ....herbal medicine
- >AHCHOME< ...homeopathic treatment
- >AHCENE< ....energy healing
- >AHC BIO< ...biofeedback
- >AHCHYP< ....hypnosis
- >AHCOTH< ....other alternative therapy or treatment

**[If >AHCOTH< = (1) go to AAU.320.030]**

AAU.320.030 **FR: SPECIFY UP TO FIVE OTHER ALTERNATIVE THERAPIES OR TREATMENTS. ENTER (N) FOR NO MORE.**

You have mentioned that you use "other" alternative therapy or treatment...please specify up to five

**FR: SPECIFY THE FIRST OTHER ALTERNATIVE THERAPY OR TREATMENT**

>ALTH1< Specify: \_\_\_\_\_

**FR: SPECIFY THE SECOND OTHER ALTERNATIVE THERAPY OR TREATMENT**

>ALTH2< Specify: \_\_\_\_\_

**FR: SPECIFY THE THIRD OTHER ALTERNATIVE THERAPY OR TREATMENT**

>ALTH3< Specify: \_\_\_\_\_

**FR: SPECIFY THE FOURTH OTHER ALTERNATIVE THERAPY OR TREATMENT**

>ALTH4< Specify: \_\_\_\_\_

**FR: SPECIFY THE FIFTH OTHER ALTERNATIVE THERAPY OR TREATMENT**

>ALTH5< Specify: \_\_\_\_\_

(Go to next section -- Demographics)

**Section VI - DEMOGRAPHICS**

**Check item ASDCCI1:** If the respondent gave an answer to the question in the Family Core which asks what the sample Adult was doing last week (FSD.050/DOINGLW = 1-4), then go to ASD.050; Else go to the next section -- AIDS.

ASD.050 Earlier I recorded that in the last week you were {Fill answer code description from FSD.050}. Is that correct?

>**WRKVER**< (1) Yes (Check item ASDCCI3) (7) Refused (ADS.010)  
(2) No (ASD.060) (9) Don't Know (ADS.010)

**Check item ASDCCI3:** If the respondent indicated in the Family Core that the sample Adult had a job or business last week (FSD.050/DOINGLW = 1-2) then go to ASD.070; Else go to next section — AIDS.

ASD.060 What is your correct working status?

>**WRKCOR**< (1) Working at a job or business (ASD.070)  
(2) With a job or business but not at work (ASD.070)  
(3) Looking for work (ADS.010)  
(4) Not working at a job or business (ADS.010)  
(7) Refused (ADS.010)  
(9) Don't Know (ADS.010)

ASD.070 For whom did you work at your MAIN job or business? (Name of company, business, organization or employer)

>**WHOWRK**< Job or Business: \_\_\_\_\_  
  
(7) Refused  
(9) Don't Know

ASD.080 What kind of business or industry is this? (For example: TV and radio mgt., retail shoe store, State Department of Labor)

>**KINDIND**< Kind of Business: \_\_\_\_\_  
  
(7) Refused  
(9) Don't Know

ASD.090 What kind of work were you doing? (For example: farming, mail clerk, computer specialist.)

>**KINDWRK**< Kind of Work: \_\_\_\_\_  
  
(7) Refused  
(9) Don't Know

ASD.100 What were your most important activities on this job or business? (For example: sells cars, keeps account books, operates printing press.)

>IMPACT< Activities: \_\_\_\_\_

- (7) Refused
- (9) Don't Know

ASD.110 **FR: SHOW CARD A16.**

Looking at the card, which of these best describes your current job or work situation?

- >WRKCAT<
- (1) An employee of a PRIVATE company, business, or individual for wages, salary, or commission?
  - (2) A FEDERAL government employee
  - (3) A STATE government employee
  - (4) A LOCAL government employee
  - (5) Self-employed in OWN business, professional practice or farm
  - (6) Working WITHOUT PAY in family business or farm
  - (7) Refused
  - (9) Don't Know

ASD.120 **FR: SHOW CARD A17.**

Thinking about this MAIN job or business, how many people are employed there full and part time, including employees at all locations?

- >LOCALLNO<
- |                                  |                                       |
|----------------------------------|---------------------------------------|
| (01) 1- 9 employees (ASD.140)    | (06) 250-499 employees (ASD.130)      |
| (02) 10-24 employees (ASD.130)   | (07) 500-999 employees (ASD.130)      |
| (03) 25-49 employees (ASD.130)   | (08) 1000 employees or more (ASD.130) |
| (04) 50-99 employees (ASD.130)   | (97) Refused (ASD.130)                |
| (05) 100-249 employees (ASD.130) | (99) Don't Know (ASD.130)             |

ASD.130 **FR: SHOW CARD A17.**

Thinking about the particular location or facility where you worked last week, how many people are employed there full and part time?

- >LOCPRNO<
- |                        |                             |
|------------------------|-----------------------------|
| (01) 1- 9 employees    | (06) 250-499 employees      |
| (02) 10-24 employees   | (07) 500-999 employees      |
| (03) 25-49 employees   | (08) 1000 employees or more |
| (04) 50-99 employees   | (97) Refused                |
| (05) 100-249 employees | (99) Don't Know             |

ASD.140 About how long have you worked at this MAIN job or business?

>WRKLONG1< [ ] NUMBER

- (001-365)1-365
- (997) Refused (ASD.150)
- (999) Don't Know (ASD.145)

>WRKLONG2< [ ] TIME PERIOD

- (1) Day(s) (ASD.150)
- (2) Week(s) (ASD.150)
- (3) Month(s) (ASD.150)
- (4) Year(s) (ASD.140 if >WRKLONG1< = AGE; Else ASD.150)
- (7) Refused (ASD.150)
- (9) Don't Know (ASD.145)

ASD.145 Have you worked at this MAIN job or business for one year or less, or more than one year?

>WRKLONGD< (1) One year or less (7) Refused  
(2) More than one year (9) Don't Know

ASD.150 Are you paid by the hour on this MAIN job or business?

>HOURPD< (1) Yes (7) Refused  
(2) No (9) Don't Know

ASD.160 Do you have paid sick leave on this MAIN job or business?

>PDSICK< (1) Yes (7) Refused  
(2) No (9) Don't Know

ASD.170 Do you have more than one job or business?

>ONEJOB< (1) Yes (ASD.180) (7) Refused (ADS.010)  
(2) No (ADS.010) (9) Don't Know (ADS.010)

ASD.180 In your other jobs/businesses, do you work for an employer, are you self-employed, or both?

>WRKCATOT< (1) Employee only (ADS.010) (7) Refused (ADS.010)  
(2) Self-employed only (ASD.190) (9) Don't Know (ADS.010)  
(3) Both (ADS.010)

ASD.190 Is this business incorporated?

>BUSINC< (1) Yes (7) Refused  
(2) No (9) Don't Know

(Go to next section --AIDS)

**Section VII - AIDS**

ADS.010 Now, I am going to ask about giving blood donations to a blood bank such as the American Red Cross. This does NOT include blood drawn at a doctor's office for laboratory analysis.

Have you given blood since March 1985?

- >BLDGV< (1) Yes (ADS.020) (7) Refused (ADS.040)  
 (2) No(ADS.040) (9) Don't Know (ADS.040)

ADS.020 During the past 12 months, that is, since { 12-month ref. date }, have you donated blood?

- >BLDG12M< (1) Yes (7) Refused  
 (2) No (9) Don't Know

ADS.040 The next questions are about the test for the AIDS virus infection. No questions will ask what the results are of any tests that you may have had.

**[If ADS.010 = (1) read:]**

Except for tests you may have had as part of blood donations, have you ever been tested for the AIDS virus infection?

**[Else read:]**

Have you ever been tested for the AIDS virus infection?

- >AIDSTST< (1) Yes (ADS.060) (7) Refused (ADS.110)  
 (2) No (ADS.050) (9) Don't Know (ADS.110)

ADS.050 Is there any particular reason why you have not been tested?

**FR: IF "YES" ASK:** What is the reason? Any other?

- <WHYTSU< (01) No reason (ADS.110)  
 (02) Don't consider myself at risk of AIDS (ADS.110)  
 (03) Doctor/HMO did not recommend it (ADS.110)  
 (04) Don't believe test results are accurate (ADS.110)  
 (05) Don't believe anything can be done if I am positive (ADS.110)  
 (06) Don't like needles (ADS.110)  
 (07) Don't trust results to be confidential (ADS.110)  
 (08) Afraid of losing job, insurance, housing, friends, family, if people knew I was positive for AIDS infection (ADS.110)  
 (09) Other reason - specify(ADS.055)  
 (10) Other reason - specify(ADS.056)  
 (97) Refused (ADS.110)  
 (99) Don't Know (ADS.110)

- |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



ADS.067 Specify the additional reason for the last AIDS test.

>REASPEC1< First reason: \_\_\_\_\_

ADS.068 Specify the additional reason for the last AIDS test.

>REASPEC2< Second reason: \_\_\_\_\_

ADS.070 **[If ADS.020 = (1), then read:]**

Not including your blood donations, where did you have your last test for the AIDS virus?

**[Else read:]**

Where did you have your last test for the AIDS virus?

- >LASTST<
- (01) AIDS clinic/counseling/testing site (ADS.080)
  - (02) Community health clinic (ADS.080)
  - (03) Clinic run by employer (ADS.080)
  - (04) STD clinic (ADS.080)
  - (05) Family planning (ADS.080)
  - (06) Prenatal clinic (ADS.080)
  - (07) Other clinic (ADS.080)
  - (08) Doctor/HMO (ADS.080)
  - (09) Hospital/emergency room/outpatient clinic (ADS.080)
  - (10) Military induction, separation or military service site (ADS.080)
  - (11) Immigration site (ADS.080)
  - (12) At home/home visits by nurse/health worker (ADS.080)
  - (13) At home - self testing kit (ADS.080)
  - (14) Other location - specify (ADS.075)
  - (97) Refused (ADS.080)
  - (99) Don't Know (ADS.080)

ADS.075 Specify the location of the last test.

>LASTSPEC< Location: \_\_\_\_\_

ADS.080 Did you get the results of your last test?

- >ALTST<
- (1) Yes (ADS.090)
  - (2) No (ADS.110)
  - (3) Only notified if there was a problem (ADS.110)
  - (7) Refused (ADS.110)
  - (9) Don't Know (ADS.110)

ADS.090 Did a health professional talk with you about AIDS when you were GIVEN THE RESULTS of your last test?

- >TALKHP<
- (1) Yes
  - (2) No
  - (7) Refused
  - (9) Don't Know

ADS.100 Were the results given in person, by telephone, by mail, or in some other way?

- >RSGVN<
- |                  |                       |
|------------------|-----------------------|
| (1) In person    | (4) In some other way |
| (2) By telephone | (7) Refused           |
| (3) By mail      | (9) Don't Know        |

ADS.110 **[If ADS.040 = (1), then read:]**

Do you expect to have another test for the AIDS virus infection in the next 12 months, not including through blood donation?

**[Else, read:]**

Do you expect to have a test for the AIDS virus infection in the next 12 months, not including through blood donation?

- >EXTST12M<
- |                   |                          |
|-------------------|--------------------------|
| (1) Yes (ADS.120) | (7) Refused (ADS.140)    |
| (2) No (ADS.140)  | (9) Don't Know (ADS.140) |

ADS.120 I am going to read some reasons people might have the test for the AIDS virus infection.

**FR: SHOW CARD A19.**

Tell me which of these statements explain WHY YOU expect to have the test in the next 12 months?  
(Anything else?)

- >WHY12U< (01) Because you want to find out if you are infected (ADS.130)
- (02) Because it will be part of hospitalization or surgery you expect to have (ADS.130)
- (03) Because you expect to apply for life or health insurance (ADS.130)
- (04) Because you expect to apply for a job (ADS.130)
- (05) Because you expect to join the military (ADS.130)
- (06) Because of guidelines for health care workers (ADS.130)
- (07) Because it will be a required part of some other activity that includes automatic AIDS testing (ADS.130)
- (08) Because it is required in your non-health care employment (ADS.130)
- (09) Because you plan to have/begin sexual relationship (ADS.130)
- (10) Because you are pregnant or expect to become pregnant (ADS.130)
- (11) Other reason - specify (ADS.125)
- (12) Other reason - specify (ADS.126)
- (97) Refused (ADS.130)
- (99) Don't Know (ADS.130)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ADS.125 Specify the additional reason for the test.

>W12SPEC1< First reason: \_\_\_\_\_

ADS.126 Specify the additional reason for the test.

>W12SPEC2< Second reason: \_\_\_\_\_

ADS.130 Where will you have a test for the AIDS virus infection?

- >WHERTST<
- (1) AIDS clinic/counseling/testing site (ADS.140)
  - (2) Community Health Clinic (ADS.140)
  - (3) Clinic run by employer (ADS.140)
  - (4) STD clinic (ADS.140)
  - (5) Family planning (ADS.140)
  - (6) Prenatal clinic (ADS.140)
  - (7) Other clinic (ADS.140)
  - (8) Doctor/HMO (ADS.140)
  - (9) Hospital/emergency room/outpatient (ADS.140)
  - (10) Military induction/separation or military service site (ADS.140)
  - (11) Red Cross/blood bank/blood drive (ADS.140)
  - (12) At home/home visit by nurse/health practitioner (ADS.140)
  - (13) At home - self testing kit (ADS.140)
  - (14) Other location (specify) (ADS.135)
  - (97) Refused (ADS.140)
  - (99) Don't Know (ADS.140)

ADS.135 Specify the location of the test.

>WHERSPEC< Location: \_\_\_\_\_

ADS.140 What are your chances of GETTING the AIDS virus, would you say high, medium, low, or none?

- >CHNSADS<
- (1) High
  - (2) Medium
  - (3) Low
  - (4) None
  - (5) Already have AIDS or AIDS virus
  - (7) Refused
  - (9) Don't Know

**FR: SHOW CARD A20.**

ADS.150 Tell me if ANY of these statements is true for YOU. Do NOT tell me WHICH Statement or statements are true for you. Just IF ANY of them are.

- (a) You have hemophilia and have received clotting factor concentrations.
- (b) You are a man who has had sex with another man at some time since 1980, even one time.
- (c) You have taken street drugs by needle at any time since 1980.
- (d) You have traded sex for money or drugs at any time since 1980.
- (e) Since 1980, you are or have been the sex partner of any person who would answer "Yes" to (any of the items on this card/any of the items I have read).

- >STMTRU<
- (1) Yes to at least one statement
  - (2) No to all statements
  - (7) Refused
  - (9) Don't Know

**(Go to next section)**