

Approved: 01/15/99
OMB No.: 0920-0411
Exp. Date: 09/30/00

SECOND LONGITUDINAL STUDY OF AGING

WAVE 3

**Survivor Questionnaire
(Computer Assisted Telephone Interview)**

**Community Dweller - Self Respondent
Community Dweller - Proxy Respondent
Institutionalized - Self Respondent
Institutionalized - Proxy Respondent**

Version SF 2.1

October 2002

Study conducted by the National Center for Health Statistics, with funding from the National Institute on Aging and the Centers for Disease Control and Prevention.

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Introduction and Screening Questions

1. Is the place where you live a... (*Read all categories*)
 - 01 Single family house or townhouse, **not** part of a retirement community.
 - 02 Single family house, townhouse, or apartment, part of a retirement community
 - 03 Regular apartment
 - 04 Nursing home
 - 05 Convalescent or rest home
 - 06 Retirement home
 - 07 Supervised apartment
 - 08 Personal care or board and care home
 - 09 Assisted living facility
 - 10 Some other type of group residence or facility
 - 11 Something else

SECTION A

HOUSING, MIGRATION, AND LONG-TERM CARE

These first questions are about the place where you live.

1. Have you moved since (*month/year of last interview*)?

1 Yes

2 No (Skip to ITEM A1)

7 Refused (Skip to instructions before 4)

9 Don't know

2. In what month and year did you move the last time?

Month: _____ Year _____

9997 Refused

9999 Don't know

3. a. Why did you move at that time?

Mark (X) all that apply.

- 01 SP's health deteriorated
- 02 SP's health improved
- 03 Spouse's health deteriorated
- 04 Spouse's health improved
- 05 To move to different climate (better weather)
- 06 SP moved to a nursing home or other institution
- 07 Spouse moved to a nursing home or other institution
- 08 Spouse died
- 09 Divorced or separated from spouse or remarried
- 10 To live CLOSER to child/children
- 11 To live WITH child/children
- 12 To live with or closer to other relatives
- 13 Change in the people or availability of people who help or live with SP
- 14 To move to smaller house/apartment
- 15 Financial reasons; moved to a place that was less expensive to maintain
- 16 Because of structural limitations of the previous house
- 17 To move to a better or safer neighborhood
- 18 To move to a retirement home or retirement community
- 19 To move closer to a health facility
- 20 Other reasons
- 97 Refused
- 99 Don't know

If more than one reason given in a, ask b. Otherwise, skip to 4.

- b. What is the main reason? *(Record number from 3a)*

- 97 Refused
- 99 Don't know

If SP is institutionalized, skip to Item A1.

4. Is it NECESSARY to use any steps or stairs to get into your home from the outside?

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

5. Does your home have a bathroom, bedroom and kitchen ALL on the SAME floor or level?

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

ITEM A1 *Refer to question 21 in Introductory Script. If categories 1 or 3 marked, skip to question 8. If categories 4 or 5 marked AND categories 1, 7 or 9 marked in question A1, skip to question 6. If categories 4 or 5 marked AND category 2 marked in question A1, skip to question 8. If categories 2 or 6-11 marked AND category 2 marked in question A1, skip to question 8. Otherwise, if categories 2 or 6-11 marked AND categories 1, 7 or 9 marked in question A1, skip to question 6.*

6. a. Whether you use them or not, does the place where you live routinely provide services such as meals, help with housework or personal care, transportation, or recreation?

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

b. Whether you use them or not, does the place where you live routinely provide--

a. Group meals for residents?

1 Yes

2 No

7 Refused

9 Don't know

b. Nursing or medical care?

c. Help with shopping?

7. Does the place where you live provide the following types of privacy--

a. A separate bathroom for each room or apartment?

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

b. Lockable doors for each person's room or apartment?

c. Kitchen facilities in each room or apartment?

If SP is currently in any of these facilities, enter "yes" for question 8 for that facility and ask 9a-d as appropriate.

8. Since the last time we talked with you, that is (month/year), have you been a resident or patient in any of these types of places--

a. A nursing home?

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

b. A convalescent home, rest home, or any other residential care facility?

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

Ask 9a-d for each "yes" provided in 8a-b.

9. a. How many DIFFERENT TIMES have you been a resident or patient in (type of facility) since (month/year)?

_____ number of times

997 Refused

999 Don't know

- b. Since (month/year of last interview), how many months altogether did you spend in a (type of facility)?

1) _____ months

97 Refused

99 Don't know

If less than 1 month code as 1 month. Round fractions to nearest whole month (fractions of $\frac{1}{2}$ or more, round up, less than $\frac{1}{2}$, round down).

Example:

1 $\frac{1}{2}$ months = enter as 2 months

4 $\frac{1}{4}$ months = enter as 4 months

2) Interviewer: Did R answer "less than one month?"

1 Yes

2 No

7 Refused (Code when 9b1=Refused)

9 Don't know (Code when 9b1=Don't know)

If less than one month, number of months must be one!

- c. Who paid or will pay for your stay(s) in the (type of facility) since (month/year of last interview)?

Mark (X) all that apply.

- 01 Self or family in household
- 02 Family NOT in household
- 03 Private health insurance
- 04 Medicare
- 05 Medicaid
- 06 VA program, or other military
- 07 Other private source
- 08 Other public source
- 09 No one/Free (Skip to 9a for next facility or Section B)
- 97 Refused
- 99 Don't know

Ask d if more than one source given in c.

- d. Who paid or will pay the MOST for your stay(s) in the (type of facility) since (month/year of last interview)?

- 01 Self or family in household
- 02 Family NOT in household
- 03 Private health insurance
- 04 Medicare
- 05 Medicaid
- 06 VA program, or other military
- 07 Other private source
- 08 Other public source
- 97 Refused
- 99 Don't know

SECTION B

**FAMILY STRUCTURE, RELATIONSHIPS
AND LIVING ARRANGEMENTS**

If R was married at last interview, ask question 1. Otherwise, skip to 2.

1. a. Our records indicate that you were married when we last talked with you in (month/year). Are you still married?

- 1 Yes
- 2 No (Skip to 1c)
- 3 Discrepancy, SP wasn't married at last interview (Skip to 2)
- 7 Refused
- 9 Don't know (Skip to 3)

- b. Are you married to the same person as in (month/year)?

- 1 Yes (Skip to 3)
- 2 No
- 7 Refused (Skip to 3)
- 9 Don't know (Skip to 3)

- c. (Ask if necessary:) Did your (previous) spouse die, or were you divorced or separated?

- 1 Spouse died
- 2 Divorced
- 3 Separated
- 4 Other
- 7 Refused
- 9 Don't know (Skip to 3)

- d. In what month and year [were you (widowed/divorced/separated)/did your previous marriage end]?

____mo/____yr

- 9997 Refused
- 9999 Don't know

If R is remarried since last interview, ask 1e. Otherwise, skip to 3.

e. In what month and year were you remarried?

____ mo/ ____ yr

9997 Refused

9999 Don't know

If R was married at last interview, skip to question 3. Otherwise, continue with 2.

2. a. Our records indicate that you were NOT married when we last talked with you in (month/year). Have you gotten married since that time?

1 Yes

2 No (Skip to 3)

3 Discrepancy, SP was married at last interview (Skip to 1)

7 Refused

9 Don't know (Skip to 3)

b. In what month and year did you get married?

____ mo/ ____ yr

9997 Refused

9999 Don't know

c. Are you still married?

1 Yes (Skip to 3)

2 No

7 Refused (Skip to 3)

9 Don't know (Skip to 3)

d. (Ask if necessary:) Did that spouse die, or were you divorced or separated?

1 Spouse died

2 Divorced

3 Separated

4 Other

7 Refused

9 Don't know

- e. In what month and year [were you (widowed/divorced/separated)/did your marriage end]?

____ mo/ ____ yr

9997 Refused

9999 Don't know

If SP is institutionalized, skip to question 4.

3. a. Not counting yourself, how many people altogether live in this household?

00 SP only (Skip to instruction before question 4)

__ Number of household members

97 Refused

99 Don't know

- b. What are the names of all persons living in your household?

c. *If necessary, ask:* What is (name's) sex?

d. *If necessary, ask:* How is (name) related to you? *Record relationships to SP.*

e. What is (name's) age?

Ask f for all household members other than SP and SP's spouse.

f. In what year did you and XXX begin living together? Please refer to the last episode of living together. (Code "0" if have always lived together.)

3b. Name (first/middle/initial/last)	3d. Sex	3c. Relationship to SP	3e. Age	3f. Year Began Living Together
1.				-----
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				
19.				
20.				

If proxy interview and SP's spouse is the proxy respondent, skip to question 5, rewording questions 5a and 5b as appropriate to ask the proxy/spouse about his/her own health.

If SP is currently married but not living with spouse, ask 4. Otherwise, skip to instruction before question 5.

4. Is your spouse currently a resident in a nursing home or other long-term care facility?

- | | | |
|--------------|----|--|
| 1 Yes ---> | b. | How long has your spouse been a resident of this facility? |
| 2 No | | |
| 7 Refused | | |
| 9 Don't know | | |
| | | 01 __ Number |
| | | 02 __ Weeks |
| | | 03 __ Months |
| | | 04 __ Years |
| | | 97 Refused |
| | | 99 Don't know |

If SP is institutionalized, skip to question 7.

If SP is currently married, ask question 5a. Otherwise, skip to instruction before 6.

5. a. Would you say your spouse's health in general is excellent, very good, good, fair, or poor?

- 1 Excellent
- 2 Very good
- 3 Good
- 4 Fair
- 5 Poor
- 7 Refused
- 9 Don't know

If SP is married to the same person as at last interview (i.e., "yes" in 1b), ask 5b.

b. Compared with the last time we spoke with you, that is (month/year of last interview), would you say that your spouse's health is better now, about the same, or worse?

- 1 Better
- 2 About the same
- 3 Worse
- 7 Refused
- 9 Don't know

If SP married his/her current spouse since last interview, ask 5c.

- c. Compared with the time you and your spouse were married, that is (month/year of marriage from question 1e or 2b), would you say that your spouse's health is better now, about the same, or worse?

- 1 Better
- 2 About the same
- 3 Worse
- 7 Refused
- 9 Don't know

If SP lives with any adults other than his/her spouse, ask question 6. Otherwise, skip to 7.

6. a. (Other than your spouse) do you and ANY of the other adults in your household live together NOW because YOU need to save on living expenses?

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

- b. (Other than your spouse) do you and ANY of the other adults in your household live together NOW because ANY OF THEM needs to save on living expenses?

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

- c. (Other than your spouse) do you and ANY of the other adults in your household live together NOW because of a health or physical problem YOU have?

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

- d. (Other than your spouse) do you and ANY of the other adults in your household live together NOW because of a health or physical problem that ANY OF THEM has?

1 Yes
2 No
7 Refused
9 Don't know

7. a. Including step and adopted children, how many LIVING SONS do you have?

00 None
__ Number of sons
97 Refused
99 Don't know

- b. Including step and adopted children, how many LIVING DAUGHTERS do you have?

00 None
__ Number of daughters
97 Refused
99 Don't know

If SP has no children, skip to question 10.

Refer to household roster. If any of SP's children live in household, skip to question 9. Otherwise, ask questions 8a-c.

8. a. How quickly can [any of your children/your son/your daughter] get [to your home/here]?

__ Number
1 Minutes
2 Hours
3 Days
997 Refused
999 Don't know

b. How often do you see [any of your children/your son/your daughter]?

000 Less than once a year/never

___ Times per

1 Day

2 Week

3 Month

4 Year

997 Refused

999 Don't know

c. How often do you talk on the telephone with [any of your children/ son/daughter]?

000 Less than once a year/never

___ Times per

1 Day

2 Week

3 Month

4 Year

997 Refused

999 Don't know

9. a. [Do your children/Does your son/Does your daughter] routinely give you money to help with your living expenses or pay your bills?

1 Yes

2 No

7 Refused

9 Don't know

b. Do you routinely give money to [any of your children/your son/your daughter] to help with [their/his/her] living expenses or pay bills?

1 Yes

2 No

7 Refused

9 Don't know

10. a. Including step and adopted brothers, how many LIVING brothers do you have?

- 00 None
- __ Number
- 97 Refused
- 99 Don't know

b. Including step and adopted sisters, how many LIVING sisters do you have?

- 00 None
- __ Number
- 97 Refused
- 99 Don't know

If SP is institutionalized, skip to Section D. Otherwise, continue with question 11.

11. Now I'd like to ask you about assistance that you provide to people OUTSIDE YOUR HOUSEHOLD. Do you currently do any of the following tasks for friends, neighbors, or relatives, other than those living with you?

a. Gardening or yard work?

- 1 Yes
- 2 No
- 3 SP house-bound, bedridden, or otherwise incapacitated
(Skip to Section C)
- 7 Refused
- 9 Don't know

b. Shop for or assist someone in shopping?

c. Provide transportation?

d. Visit a homebound or sick friend, neighbor or relative?

e. Provide child care, including care for grandchildren?

f. Household tasks like cooking, cleaning, or laundry?

SECTION C
SOCIAL ACTIVITY

These next questions are about various activities you may have participated in.

1. DURING THE PAST 2 WEEKS, did you --
 - a. Get together socially with friends or neighbors?

1 Yes
2 No
7 Refused
9 Don't know
 - b. Talk with friends or neighbors on the telephone?
 - c. Get together with ANY relatives not including those living with you?
 - d. Talk with ANY relatives on the telephone not including those living with you?
 - e. Go to church, temple, or another place of worship for services or other activities?
 - f. Go to a show or movie, sports event, club meeting, class, or other group event?
 - g. Go out to eat at a restaurant?
 - h. Do any unpaid volunteer work, such as teaching, coaching, office work, or providing care? This could include volunteer work done at a local school, church or temple, or a hospital or nursing home.
 - i. Participate in Elderhostel?

2. How many days in the past 2 weeks did you leave your home for any reason?

00 None

_____ Days
(Number)

14 Every day

97 Refused

99 Don't know

If proxy respondent, skip to question 4.

3. Regarding your present social activities, do you feel that you are doing about enough, too much, or would you like to be doing more?

1 About enough

2 Too much

3 Would like to be doing more

7 Refused

9 Don't know

4. In the past 12 months, did you go to a senior center?

1 Yes

2 No

7 Refused

9 Don't know

If proxy respondent, skip to Section D.

5. a. DURING A TYPICAL WEEK, are you able to leave your home as often as you would like, or does something prevent you from getting out?

1 Able to leave as often as would like (Skip to Section D)

2 Able to leave as often as would like, but dependent on others
for transportation (Skip to Section D)

3 Something prevents SP from getting out as often as would like

7 Refused (Skip to Section D)

9 Don't know (Skip to Section D)

Interviewer: Is SP completely bedridden, unable to do anything?

Yes

No

b. What prevents you from leaving your home as often as you would like?

Mark (X) all that apply.

- 01 Transportation problem (none available, too expensive, no regular or dependable source)
- 02 Sample person's own health or physical impairment
- 03 Sample person's own mental/cognitive impairment
- 04 Spouse's health or physical impairment
- 05 Spouse's mental/cognitive impairment
- 06 Other household member's health or physical impairment
- 07 Other household member's mental/cognitive impairment
- 08 Concerned about safety
- 09 Bad weather (e.g., snow/ice, too cold, too hot, etc.)
- 10 No place to go/nothing to see or do
- 11 No one to go with
- 12 No time, too much to do at home
- 13 Providing child care
- 14 Financial reasons
- 15 Other (Specify:) _____
- 97 Refused
- 99 Don't know

SECTION D

ASSISTANCE WITH KEY ACTIVITIES

Interviewer: Is SP completely bedridden, unable to do anything?

Yes

No

The next questions are about how well you are able to do certain activities. Please tell me if you have ANY difficulty when you do the following.

Ask 1 a-g before asking 2.

1. By yourself and not using aids, do you have any difficulty -

Ask 2 for each "Yes" in 1 a-g.

2. How much difficulty do you have (activity), would you say some, a lot, or are you unable to do it?

Nagi Activity	1. Any difficulty	2. How much difficulty
a. Walking for a quarter of a mile (that is about 2 or 3 blocks)?	1 Yes 2 No 7 Refused 9 NA/Don't know	1 Some 2 A lot 3 Unable 7 Refused 9 Don't know
b. Walking up 10 steps without resting?	1 Yes 2 No 7 Refused 9 NA/Don't know	1 Some 2 A lot 3 Unable 7 Refused 9 Don't know
c. Stooping, crouching or kneeling?	1 Yes 2 No 7 Refused 9 NA/Don't know	1 Some 2 A lot 3 Unable 7 Refused 9 Don't know
By yourself and not using aids, do you have any difficulty--	1 Yes 2 No 7 Refused 9 NA/Don't know	1 Some 2 A lot 3 Unable 7 Refused 9 Don't know
d. Reaching up over your head?	1 Yes 2 No 7 Refused 9 NA/Don't know	1 Some 2 A lot 3 Unable 7 Refused 9 Don't know

e. Reaching out (as if to shake someone's hand)?	1 Yes 2 No 7 Refused 9 NA/Don't know	1 Some 2 A lot 3 Unable 7 Refused 9 Don't know
f. Using your fingers to grasp or handle?	1 Yes 2 No 7 Refused 9 NA/Don't know	1 Some 2 A lot 3 Unable 7 Refused 9 Don't know
g. Lifting or carrying something as heavy as 10 pounds?	1 Yes 2 No 7 Refused 9 NA/Don't know	1 Some 2 A lot 3 Unable 7 Refused 9 Don't know

Read to SP: These questions are about some other activities and how well you are able to do them by yourself and without using special equipment.

Ask questions 3 A-F before continuing with question 4.

3. Because of a health or physical problem, do you have ANY difficulty -

Ask if "Doesn't do": Is this because of a HEALTH or PHYSICAL problem? If "Yes", mark box 1; if "No" mark box 3.

A. Bathing or showering?

- 1 Yes
- 2 No
- 3 Doesn't do for other reason
- 7 Refused
- 9 Don't know

B. Dressing?

C. Eating?

D. Getting in and out of bed or chairs?

E. Walking?

F. Using the toilet, including getting to the toilet?

Ask question 4 for each activity A-F recorded "yes" in 3. If all "no" in 3, skip to ITEM D1.

4. By yourself and without using special equipment, how much difficulty do you have (activity), would you say some, a lot, or are you unable to do it?

- 1 Some
- 2 A lot
- 3 Unable
- 7 Refused
- 9 Don't know

If proxy respondent and SP "unable" on all ADLs, skip to 9.

ITEM D1 Refer to question 3 for each activity in turn.

- 1 Box 3 marked (Go to D1 for next activity)
- 2 All other (Go to 5)

5. a. Do you use any special equipment or aids in (activity)?

- 1 Yes
- 2 No (Go to D2 for next activity)
- 7 Refused (Go to D2 for next activity)
- 9 Don't know (Go to D2 for next activity)

- b. What special equipment or aids do you use?

Anything else?

Mark (X) all that apply.

For: Bathing or showering

- 01 Stool, seat, chair (including wheelchair), lift, or Hoyer lift
- 02 Handbar or rail
- 03 Stall shower
- 04 Sink bath
- 05 Bed bath
- 06 Handheld shower head
- 07 Other (Specify:) _____
- 97 Refused
- 99 Don't know

For: Dressing

- 01 Special clothes
- 02 Special fasteners
- 03 Cord, string, or zipper pull
- 04 Orthopedic shoes
- 05 Shoe horn / modified shoe horn
- 06 Garment grasper
- 07 Other (Specify:) _____
- 97 Refused
- 99 Don't know

For: Eating

- 01 Special or oversized eating equipment
- 02 Bed or lap tray
- 03 Covered cup / modified bowl or cup
- 04 Tube feeding / IV feeding equipment
- 05 Pureed or liquified food
- 06 Other (Specify:) _____
- 97 Refused
- 99 Don't know

For: Getting in and out of bed or chairs

- 01 Cane or walking stick
- 02 Walker
- 03 Extra / special cushions
- 04 Special "raising seat" chair / lift chair
- 05 Hospital bed
- 06 Trapeze / sling / lift / Hoyer lift
- 07 Ramp
- 08 Bed rails
- 09 Hand rails
- 10 Furniture (e.g., night stand, bed post, chair arms)
- 11 Wheelchair / stay in wheelchair all day
- 12 Other (Specify:) _____
- 97 Refused
- 99 Don't know

For: Walking

- 01 Cane or walking stick
- 02 Walker
- 03 Crutch or crutches
- 04 Wheelchair
- 05 Artificial leg
- 06 Brace
- 07 Guide dog
- 08 Oxygen / special breathing equipment
- 09 Ramp
- 10 Hand rail
- 11 Furniture (walls, tables, chairs)
- 12 Chair lift
- 13 Scooter
- 14 Other (Specify:) _____
- 97 Refused
- 99 Don't know

For: Using the toilet, including getting to the toilet

- 01 Cane or walking stick
- 02 Walker
- 03 Crutch or crutches
- 04 Wheelchair
- 05 Artificial leg
- 06 Brace
- 07 Guide dog
- 08 Bed pan
- 09 Raised toilet seat
- 10 Special toilet / portable toilet
- 11 Hand holds / rails near toilet
- 12 Other (Specify:) _____
- 97 Refused
- 99 Don't know

- ITEM D3 *Refer to question 3 for each activity.*
- 1 Box 3 marked (Go to D3 for next activity)
 - 2 All other (Go to 6)

Ask question 6-7 as appropriate for each activity before continuing to D3 for next activity.

6. Do you receive help from another person in (activity)?

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

7. a. Do you need MORE help with (activity)?

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

(Go to D3 for next activity)

b. Do you NEED help with (activity)?

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

(Go to D3 for next activity)

ITEM D6 *Refer to questions 3, 5a, and 6 for each activity.*

- 1 If "no" marked in 3 and any "yes" in 5a or 6 (Go to 8a)
- 2 All other (Go to D6 for next activity)

8. a. You mentioned earlier that you have no difficulty (activity). If you did not (have help and/or use equipment) while (activity), would you have ANY difficulty doing it?

- 1 Yes
- 2 No (Go to D6 for next activity)
- 3 Couldn't do it without help or equipment (Go to D6 for next activity)
- 7 Refused
- 9 Don't know (Go to D6 for next activity)

- b. How much difficulty would you have (activity) without (help and/or using equipment), would you say some, a lot, or would you be unable to do it?

- 1 Some
- 2 A lot
- 3 Unable
- 7 Refused
- 9 Don't know

(Go to D6 for next activity)

9. a. Are you often troubled with pain?

- 1 Yes
- 2 No (Skip to 10)
- 7 Refused (Skip to 10)
- 9 Don't know (Skip to 10)

(If proxy respondent, skip to 10.)

- b. How bad is the pain most of the time: mild, moderate or severe?

- 1 Mild
- 2 Moderate
- 3 Severe
- 7 Refused
- 9 Don't know

10. a. Do you have difficulty controlling urination?

- 1 Yes
- 2 No (Skip to 11)
- 7 Refused (Skip to 11)
- 9 Don't know (Skip to 11)

- b. How frequently do you have this difficulty - daily, several times a week, once a week, or less than once a week?

Mark (X) only one.

- 1 Daily
- 2 Several times a week
- 3 Once a week
- 4 Less than once a week
- 7 Refused
- 9 Don't know

If SP is institutionalized, skip to question 17.

Read to SP: These questions are about some other activities. Please tell me about doing them by yourself.

Ask questions 11 G-M before continuing with question 12.

11. Because of a health or physical problem, do you have ANY difficulty -

Ask if "Doesn't do": Is this because of a HEALTH or PHYSICAL problem? If "Yes", mark box 1; if "No" mark response code 3.

- G. Preparing your own meals?

- 1 Yes
- 2 No
- 3 Doesn't do for other reason
- 7 Refused
- 9 Don't know

- H. Shopping for groceries and personal items, such as toilet items or medicines?

- I. Managing your money, such as keeping track of expenses or paying bills?

- J. Using the telephone?

- K. Doing heavy housework, like scrubbing floors or washing windows?

- L. Doing light housework, like doing dishes, straightening up, or light cleaning?

- M. Managing your medication?

Ask question 12 for each activity G-M recorded “yes” in 11. If all “no” in 11, skip to ITEM D8.

12. By yourself, how much difficulty do you have (activity), would you say some, a lot, or are you unable to do it?

- 1 Some
- 2 A lot
- 3 Unable
- 7 Refused
- 9 Don’t know

If proxy respondent and SP “unable” on all IADLs, skip to 17.

ITEM D8 Refer to question 11 for each activity.
1 Box 3 marked (Go to D8 for next activity)
2 All other (Go to 13)

Ask question 13-14 as appropriate for each activity before continuing to D8 for next activity.

13. Do you receive help from another person in (activity)?

- 1 Yes
- 2 No (Skip to 14b)
- 7 Refused (Skip to 14b)
- 9 Don’t know (Skip to 14b)

14. a. Do you need MORE help with (activity)?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don’t know

(Go to D8 for next activity)

b. Do you NEED help with (activity)?

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

(Go to D8 for next activity)

ITEM D12 *Refer to questions 11 and 13 for each activity.*

- 1 If "no" marked in 11 and "yes" in 13 (Go to 15a)
- 2 All other (Go to D12 for next activity)

15. a. You mentioned earlier that you have no difficulty (activity). If you did not have help while (activity), would you have ANY difficulty doing it?

- 1 Yes
- 2 No (Go to D12 for next activity)
- 3 Couldn't do it without help or equipment (Go to D12 for next activity)
- 7 Refused (Go to D12 for next activity)
- 9 Don't know (Go to D12 for next activity)

b. How much difficulty would you have (activity) without help, would you say some, a lot, or would you be unable to do it?

- 1 Some
- 2 A lot
- 3 Unable
- 7 Refused
- 9 Don't know

(Go to D12 for next activity)

ITEM D13 *Refer to questions 1 and 3 for each activity listed in 16 below.*

- 1 If any "unable" marked in 2a, 2b, 4A, or 4D (Skip 16 for that activity)
- 2 All other (Go to 16)

Now I'd like to know whether your ability to do some of these activities has changed since the last time we talked with you. Please tell me whether it is now EASIER or HARDER for you to do each activity, or whether your ability to do it has stayed the same.

16. Compared with the last time we talked with you, that is (month/year of last interview), is it now EASIER or HARDER for you to (activity), or has your ability to (activity) stayed about the same as it was then?

a. Walk for a quarter of a mile

- 1 Easier
- 2 Harder
- 3 Remained the same
- 7 Refused
- 9 NA/Don't know

b. Walk up 10 steps without resting?

c. Bathe or shower?

d. Get in and out of bed or chairs?

For each “easier” reported in 16a-d above, ask question e. Else, skip to question 17.

e. Why has it become easier for you to (activity)?

Mark (X) all that apply.

01 Surgery/medical procedure

02 Physical therapy

03 Medication/vitamins/supplements

04 Exercise

05 Diet

06 Installed special features in or around home/workplace

07 Use special equipment, devices, or aids

09 Previous health condition/problem improved/cured (including recent and misc. conditions, surgery, accident, etc.)

08 Other (Specify:) _____

97 Refused

99 Don't know

17. a. Since the last time we talked with you, that is since (month/year of last interview), have you fallen?

- 1 Yes
- 2 No (Skip to instructions before 18a)
- 7 Refused (Skip to instructions before 18a)
- 9 Don't know (Skip to instructions before 18a)

b. Have you fallen more than once since (month/year of last interview)?

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

c. Were you injured as a result of the fall(s)?

- 1 Yes
- 2 No (Skip to 17e)
- 7 Refused (Skip to 17e)
- 9 Don't know (Skip to 17e)

d. What kind of injuries did you have - a fracture, bruise, scrape or cut; did you lose consciousness, or did you have some other injury?

Mark (X) all that apply.

- 1 Fracture
- 2 Bruise, cut, or scrape
- 3 Lost consciousness
- 4 Other
- 7 Refused
- 9 Don't know

e. [Did you fall/Were any of these falls] because you felt dizzy?

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

If SP is institutionalized, skip to Section E.

If proxy respondent:

(SP non-institutionalized): “unable” on ADLs and IADLS, go to 18a, otherwise, skip to ITEM D15.

18. a. Does SP receive help from another person in any of these activities:

- | | |
|---------------------------|------------------------------------|
| 01) bathing or showering? | 07) preparing [his/her] meals? |
| 1 Yes | 08) shopping? |
| 2 No | 09) managing [his/her] money? |
| 7 Refused | 10) using the telephone? |
| 9 Don't know | 11) doing heavy housework? |
| | 12) doing light housework? |
| | 13) managing [his/her] medication? |
- 02) dressing?
03) eating?
04) getting in/out of bed/chairs?
05) walking?
06) using the toilet?

ITEM D15 *Refer to questions 6, 13 and 18a.
(Receives help)
Mark (X) all that apply.*

- “Yes” in 6 or 18a for Bathing
- “Yes” in 6 or 18a for Dressing
- “Yes” in 6 or 18a for Eating
- “Yes” in 6 or 18a for Getting in/out of bed/chairs
- “Yes” in 6 or 18a for Walking
- “Yes” in 6 or 18a for Using the toilet
- “Yes” in 13 or 18a for Preparing your own meals
- “Yes” in 13 or 18a for Shopping
- “Yes” in 13 or 18a for Managing your money
- “Yes” in 13 or 18a for Using the telephone
- “Yes” in 13 or 18a for Doing heavy housework
- “Yes” in 13 or 18a for Doing light housework
- “Yes” in 13 or 18a for Managing your medication
- All others (Skip to Section E)

Insert marked activities when asking question 18b.

18. b. Who usually helps you with (activities marked in ITEM D15)? Anyone else?
Enter the name or description of each helper up to four helpers in a separate column.
Any Refused, Don't know, or no helper named, skip to Section E.

Ask 19-23 for each helper in 18.

19. *ASK OR VERIFY:* Which activities does (Helper) help you with?

Mark (X) all that apply.

- 01 Bathing or showering
- 02 Dressing
- 03 Eating
- 04 Getting in or out of bed/chairs
- 05 Walking
- 06 Using or getting to the toilet
- 07 Preparing your own meals
- 08 Shopping for groceries
- 09 Managing your money
- 10 Using the telephone
- 11 Doing heavy housework
- 12 Doing light housework
- 13 Managing your medications
- 97 Refused
- 99 Don't know

20. *Ask or verify.*

a. Which of these best describes (Helper)?

Read categories as necessary.

Mark (X) only one.

- 01 Spouse in household
- 02 Child in household
- 03 Parent in household
- 04 Spouse not in household
- 05 Child not in household
- 06 Parent not in household
- 07 Other relative in household
- 08 Other relative not in household
- 09 Non-relative in household
- 10 Friend/neighbor
- 11 Unpaid volunteer from organization/business
- 12 Paid employee of organization/business
- 13 Paid employee of yours
- 14 Other
- 97 Refused
- 99 Don't know

b. *Ask or verify:* Is (Helper) male or female?

- 1 Male
- 2 Female
- 7 Refused
- 9 Don't know

If parent, child, spouse, or unpaid volunteer in 20a, skip to 22; otherwise ask:

21. a. Is (Helper) paid?

- 1 Yes
- 2 No (Skip to 22)
- 7 Refused (Skip to 22)
- 9 Don't know (Skip to 22)

b. Who pays for this help? (*Read categories as necessary.*)

(Anyone else?)

Mark (X) all that apply.

- 01 Self or family in household
- 02 Family NOT in household
- 03 Private health insurance
- 04 Medicare
- 05 Medicaid
- 06 Rehabilitation program
- 07 Employer
- 08 School system
- 09 VA program
- 10 Other military
- 11 Other private source
- 12 Other public source
- 97 Refused
- 99 Don't know

22. DURING THE PAST 2 WEEKS, how many days did (Helper) help you?

- 00 None in past 2 weeks
__ (number of days)
- 97 Refused
- 99 Don't know

If more than one helper reported, ask 23. Otherwise, skip to Section E.

23. You said that (Read all helpers) assist you. Who helps you the most?

If 2 or more equally, ask the sample person to specify who he/she considers the main helper.

Helper No. _____
Name: _____

SECTION E

CONDITIONS AND IMPAIRMENTS

Now I'm going to ask some questions about vision, hearing, and dental problems. Please tell me if you have any of the following conditions, even if you have mentioned them before.

1. Do you NOW have:

a. Cataracts in one or both eyes?

1 Yes ---> Is that in one or both eyes?	1 One
2 No	2 Both
7 Refused	7 Refused
9 Don't know	9 Don't know

b. Glaucoma?

1 Yes
2 No
7 Refused
9 Don't know

c. Blindness in one or both eyes?

1 Yes --- >Is that in one or both eyes?	1 One
2 No	2 Both (Skip to 5)
7 Refused	7 Refused
9 Don't know	9 Don't know

If Sample Person used eyeglasses or contact lenses at last interview, skip to 3. Otherwise, continue with question 2.

2. Do you use eyeglasses or contact lenses? Include eyeglasses that just magnify.

1 Yes
2 No
7 Refused
9 Don't know

3. Do you NOW have any other trouble seeing with one or both eyes, EVEN when wearing glasses or contact lenses?

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

4. Compared to the last time we talked with you in (month/year), is your vision now better, worse, or is it about the same as it was then?

- 1 Better
- 2 Worse
- 3 About the same
- 7 Refused
- 9 Don't know

5. Do you NOW have:

Deafness in one or both ears?

- | | |
|---|--------------------|
| 1 Yes --- >Is that in one or both ears? | 1 One |
| 2 No | 2 Both (Skip to 7) |
| 7 Refused | 7 Refused |
| 9 Don't know | 9 Don't know |

6. Do you NOW have any (other) trouble hearing with one or both ears?

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

7. Do you use a hearing aid?

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

8. Compared with the last time we talked with you in (month/year), is your hearing now better, worse, or is it about the same as it was then?

- 1 Better
- 2 Worse
- 3 About the same
- 7 Refused
- 9 Don't know

9. Do you NOW have tooth or mouth problems that make it hard for you to eat? IF ASKED: This includes while wearing dentures or partial plates.

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

Now I'm going to ask about some other conditions. Again, please tell me if you have had any of these conditions, even if you mentioned them before.

10. Since the last time we talked with you, that is since (month/year), have you had a broken hip?

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

11. a. Do you NOW have osteoporosis?

- 1 Yes
- 2 No (Skip to 12)
- 7 Refused (Skip to 12)
- 9 Don't know (Skip to 12)

If SP had osteoporosis at last interview and “yes” in 11a, ask b. Otherwise, skip to 12.

- b. Our records from your last interview show that you had osteoporosis at that time. Compared with that time, that is (month/year of last interview) is your osteoporosis now better, worse, or about the same as it was then?

1 Better
2 Worse
3 About the same
5 Discrepancy-no osteoporosis at last interview
7 Refused
9 Don't know

12. a. Do you NOW have diabetes?

1 Yes
2 No (Skip to 13)
7 Refused (Skip to 13)
9 Don't know (Skip to 13)

- b. Are you currently under the care of a physician or other medical professional for your diabetes?

1 Yes
2 No
7 Refused
9 Don't know

If SP had diabetes at last interview and “yes” in 12a, ask c. Otherwise, skip to 13.

- c. Our records from your last interview show that you had diabetes at that time. Compared with that time, that is (month/year of last interview) is your diabetes now better, worse, or about the same as it was then?

1 Better
2 Worse
3 About the same
5 Discrepancy-no diabetes at last interview
7 Refused
9 Don't know

13. a. Do you NOW have arthritis?

- 1 Yes
- 2 No (Skip to 14)
- 7 Refused (Skip to 14)
- 9 Don't know (Skip to 14)

If SP had arthritis at last interview and "yes" in 13a, ask b. Otherwise, skip to 14.

b. Our records from your last interview show that you had arthritis at that time. Compared with that time, that is (month/year), is your arthritis better, worse, or about the same as it was then?

- 1 Better
- 2 Worse
- 3 About the same
- 5 Discrepancy-no arthritis at last interview
- 7 Refused
- 9 Don't know

14. a. Do you NOW have chronic bronchitis or emphysema?

- 1 Yes
- 2 No (Skip to 15)
- 7 Refused (Skip to 15)
- 9 Don't know (Skip to 15)

If SP had chronic bronchitis/emphysema at last interview and "yes" in 14a, ask b. Otherwise, skip to 15.

b. Our records from your last interview show that you had chronic bronchitis or emphysema at that time. Compared with that time, that is (month/year), is your chronic bronchitis or emphysema better, worse, or about the same as it was then?

- 1 Better
- 2 Worse
- 3 About the same
- 5 Discrepancy-no chronic bronchitis/emphysema at last interview
- 7 Refused
- 9 Don't know

15. a. Do you NOW have asthma?

- 1 Yes
- 2 No (Skip to 16)
- 7 Refused (Skip to 16)
- 9 Don't know (Skip to 16)

If SP had asthma at last interview and "yes" in 15a, ask b. Otherwise, skip to 16.

b. Our records from your last interview show that you had asthma at that time. Compared with that time, that is (month/year), is your asthma better, worse, or about the same as it was then?

- 1 Better
- 2 Worse
- 3 About the same
- 5 Discrepancy-no asthma at last interview
- 7 Refused
- 9 Don't know

16. a. Do you NOW have hypertension, sometimes called high blood pressure?

- 1 Yes
- 2 No (Skip to 17)
- 7 Refused (Skip to 17)
- 9 Don't know (Skip to 17)

b. Are you currently under the care of a physician or other medical professional for your hypertension?

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

If SP had hypertension at last interview and "yes" in 16a, ask c. Otherwise, skip to 17.

- c. Our records from your last interview show that you had hypertension at that time. Compared with that time, that is (month/year), is your hypertension better, worse, or about the same as it was then?

1 Better
2 Worse
3 About the same
5 Discrepancy-no hypertension at last interview
7 Refused
9 Don't know

17. a. Do you NOW have ANY type of heart disease, such as coronary heart disease, angina, congestive heart failure or any other heart disease?

1 Yes
2 No
7 Refused
9 Don't know

- b. Have you had a heart attack since (month/year of last interview)?

1 Yes
2 No
7 Refused
9 Don't know

If SP responds "yes" to 17a or 17b, ask 17c:

- c. Are you currently under the care of a physician or other medical professional for your heart condition?

1 Yes
2 No
7 Refused
9 Don't know

If SP had any heart disease at last interview and "yes" in 17a, ask d. Otherwise, skip to 18.

- d. Our records from your last interview show that you had some type of heart disease at that time. Compared with that time, that is (month/year), is your heart disease better, worse, or about the same as it was then?

1 Better
2 Worse
3 About the same
5 Discrepancy-no heart disease at last interview
7 Refused
9 Don't know

18. Since the last time we talked with you, that is since (month/year), have you had a stroke or cerebrovascular accident?

1 Yes
2 No
7 Refused
9 Don't know

19. a. Do you NOW have cancer of any kind?

1 Yes
2 No (Skip to 20)
7 Refused (Skip to 20)
9 Don't know (Skip to 20)

- b. What kind of cancer is this? Anything Else? (*Mark all that apply*)

1 Colon/rectal/bowel	10 Cervical
2 Skin - melanoma	11 Lung
3 Skin - nonmelanoma	12 Liver
4 Skin - unknown type	13 Pancreatic
5 Uterine/ovarian	14 Kidney
6 Prostate	15 Lymphoma
7 Stomach	16 Other
8 Leukemia	97 Refused
9 Breast	99 Don't know

If SP had cancer at last interview and "yes" in 19a, ask 19c for each cancer type in 19b that matches between last and current interview. Otherwise, skip to 20.

- c. Our records from your last interview show that you had (type of cancer) at that time. Compared with that time, that is (month/year), is your (type of cancer) better, worse, or about the same as it was then?

1 Better
2 Worse
3 About the same
5 Discrepancy-no (type of cancer) at last interview
7 Refused
9 Don't know

Ask questions 20a and 20b for persons who developed osteoporosis or arthritis during the interval. Others skip to 21.

20. a. You mentioned earlier that you have osteoporosis. Did a doctor ever tell you that you have osteoporosis?

1 Yes
2 No
7 Refused
9 Don't know

- b. You mentioned earlier that you have arthritis. Did a doctor ever tell you that you have arthritis?

1 Yes
2 No
7 Refused
9 Don't know

21. Has a doctor ever told you that you have high cholesterol?

1 Yes
2 No
7 Refused
9 Don't know

Since we last talked with you, in (month/year of last interview), have you had any of the following persistent or troublesome problems?

22. a. pain or cramps in your legs at night?

1 Yes

2 No

7 Refused

9 Don't know

b. persistent swelling in your feet or ankles?

c. shortness of breath while awake?

d. persistent dizziness or lightheadedness?

e. problems with balance?

f. back pain or problems?

g. corns, bunions or ingrown toenails?

SECTION F

HEALTH OPINIONS, BEHAVIORS AND NUTRITION

Now, I'd like to ask your personal opinion about health related matters.

1. Would you say your health in general is excellent, very good, good, fair, or poor?

- 1 Excellent
- 2 Very good
- 3 Good
- 4 Fair
- 5 Poor
- 7 Refused
- 9 Don't know

2. a. Compared with the last time we talked with you, that is (month/year), would you say that your health is better now, about the same, or worse?

- 1 Better
- 2 About same (Skip to 3)
- 3 Worse (Skip to 3)
- 7 Refused (Skip to 3)
- 9 Don't know (Skip to 3)

b. Why has your health improved?

Mark (X) all that apply.

- 01 Surgery/medical procedure
- 02 Physical therapy
- 03 Medication/vitamins/supplements
- 04 Exercise
- 05 Diet
- 06 Regular or additional medical care / change in provider / move to facility
- 07 Spouse moved to facility or died allowing SP relief from stress and caregiving
- 08 Move / Move to better climate
- 09 Attitude change / Stress management / More rest/ Stays active
- 10 Family member(s) now caring for SP or providing support to SP
- 11 Condition cured / previous health problem improved
- 12 Other (Specify:) _____
- 97 Refused
- 99 Don't know

If proxy respondent, skip to question 4.

3. a. In the past 12 months, how often did you feel sad or depressed? Would you say you were sad or depressed -- (*Read all categories*)

- 1 All of the time,
- 2 Some of the time,
- 3 A little of the time, or
- 4 None of the time?
- 7 Refused
- 9 Don't know

b. In the past 12 months, how often did you feel that you worried about things or people (including yourself) excessively?

- 1 All of the time,
- 2 Some of the time,
- 3 A little of the time, or
- 4 None of the time?
- 7 Refused
- 9 Don't know

- c. On a scale of 0 to 10, with 0 meaning strongly disagree and 10 meaning strongly agree, how would you rate your level of agreement to the following statement: "I have a strong will to live right now."

00 Strongly disagree
01-09
10 Strongly agree
97 Refused
99 Don't know

4. Compared to your own level of physical activity 1 year ago, would you say you are now more active, less active, or about the same as you were then?

Mark (X) only one.

1 More active
2 Less active
3 About the same
7 Refused
9 Don't know

5. Do you follow a REGULAR routine of physical exercise?

1 Yes
2 No
7 Refused
9 Don't know

If proxy respondent, skip to question 7.

6. About how much do you weigh without shoes?

_____ Pounds

997 Refused
999 Don't know

7. Since the last time we talked with you, that is (month/year), have you lost 10 or more pounds?

- 1 Yes
- 2 No (Skip to 10)
- 7 Refused (Skip to 10)
- 9 Don't know (Skip to 10)

8. Did you lose weight because you were trying to?

- 1 Yes, tried to lose weight (Skip to 10)
- 2 No, did not try to lose weight
- 7 Refused
- 9 Don't know

9. Was surgery, illness, or medication a major factor in your weight loss?

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

10. Have you had at least one drink of beer, wine, or liquor during the past year?

- 1 Yes
- 2 No (Skip to 13)
- 7 Refused (Skip to 13)
- 9 Don't know (Skip to 13)

11. During the past year, on average, on how many days did you drink alcoholic beverages, that is beer, wine, or liquor?

Number of days: _____

Per week, month or year:

- 1 per week
- 2 per month
- 3 per year
- 9997 Refused (Skip to 13)
- 9999 Don't know (Skip to 13)

Both items must be valid responses or both must be RF or DK!

12. On (the/those) day(s) when you drank, about how many drinks would you say you had?

_____ (number) Drinks

97 Refused

99 Don't know

13. a. How many servings of fruit do you usually eat or drink on an average day, including fresh, frozen, canned and juices?

1 None

2 1-2 servings

3 3-4 servings

4 5 or more

7 Refused

9 Don't know

b. How many servings of vegetables do you usually eat or drink on an average day, including fresh, frozen, canned, and juices? Do not include french fries.

1 None

2 1-2 servings

3 3-4 servings

4 5 or more

7 Refused

9 Don't know

14. Do you take any of the following on a regular basis?

a. Multi-vitamins and minerals

1 Yes

2 No

7 Refused

9 Don't know

b. Aspirin, not including aspirin substitutes

c. Calcium supplements or antacids containing calcium

d. Antioxidants or vitamin E supplements

If SP is currently institutionalized and was also institutionalized at last interview, skip to 16.

15. [In the past 12 months/In the 12 months prior to coming to this (type of institution)], did you have meals delivered to your home by an agency or organization like Meals on Wheels?

1 Yes
2 No
7 Refused
9 Don't know

16. a. Have you had your cholesterol checked during the past 12 months?

1 Yes
2 No
7 Refused
9 Don't know

- b. Have you had a flu shot during the past 12 months? A flu shot is usually given in the Fall and protects against influenza for the flu season.

1 Yes
2 No
7 Refused
9 Don't know

(If male skip to question 18; if female ask question 17.)

17. a. About how long has it been since you had a mammogram? Was it within the past year, between 1 and 2 years ago, or over 2 years ago?
(Read if necessary: A mammogram is an x-ray taken only of the breasts by a machine that presses the breast against a plate.)

1 Within the past year (Skip to 19)
2 1 to 2 years ago (Skip to 19)
3 Over 2 years ago
4 Never had a mammogram
7 Refused (Skip to 19)
9 Don't know (Skip to 19)

b. What is the most important reason why you haven't (ever) had a mammogram (within the past two years)?

- 01 Doctor did not suggest or recommend
- 02 Too expensive/cannot afford
- 03 Not covered by Medicare/Medicaid/other insurance
- 04 Have not gotten around to it
- 05 Did not know I needed it that often
- 06 Uncomfortable/unpleasant experience
- 07 Do not know where to go to get it done
- 08 Do not have place to go to get it done
- 09 Did not like person/place where had it done last time
- 10 Transportation problems
- 11 Have an appointment scheduled, but have not gone yet
- 12 Other
- 13 Do not feel I need it
- 97 Refused
- 99 Don't know

(Skip to 19)

Ask question 18 of males only.

18. About how long has it been since you've had an examination of your prostate to screen for cancer? Was it within the past year, between 1 and 2 years ago, or over 2 years ago?

- 1 Within the past year
- 2 1 to 2 years ago
- 3 Over 2 years ago
- 4 Never had prostate exam
- 5 Prostate removed
- 7 Refused
- 9 Don't know

If '5 Prostate removed', open comment box and record year prostate removed.

If proxy respondent, skip to Section G.2.

19. Next I have some questions about how likely you think various events might be. When I ask a question, I'd like for you to give me a number from 0 to 100, where "0" means that you think there is absolutely no chance, and "100" means that you think the event is absolutely sure to happen.

Let's try an example together and start with the weather.

What do you think the chances are that it will be sunny tomorrow? Remember: "0" means a 0 percent chance of sunny weather, and "100" means a 100 percent chance of sunny weather. And you can say any number from 0 to 100.

- 000 Absolutely no chance
- 001-099
- 100 Absolutely certain
- 997 Refused
- 999 Don't know

If SP age >= 93, skip to 21.

20. (Using a number from 0 to 100), what do you think are the chances :
NOTE: Each SP receives one question, depending on his/her age.

If SP age 73-77: that you will live to be at least 85?

000 Absolutely no chance
001-099
100 Absolutely certain
997 Refused
999 Don't know

If SP age 78-82: that you will live to be at least 90?

If SP age 83-87: that you will live to be at least 95?

If SP age 88-92: that you will live to be at least 100?

If SP is currently institutionalized, skip to Section G.1.

21. Of course nobody wants to go to a nursing home, but sometimes it becomes necessary. What do you think are the chances that you will move to a nursing home in the next 5 years?

000 Absolutely no chance
001-099
100 Absolutely certain
997 Refused
999 Don't know

SECTION G.1

COGNITIVE FUNCTIONING (Self Respondents)

If SP is institutionalized, skip to Section H.

If respondent is proxy, skip to Section G.2.

1. Part of this study is concerned with people's memory, and ability to think about things. First, how would you rate your memory at the present time? Would you say it is excellent, very good, good, fair or poor?

- 1 Excellent
- 2 Very good
- 3 Good
- 4 Fair
- 5 Poor
- 7 Refused
- 9 Don't know

2. I'll read a set of 10 words and ask you to recall as many as you can. We have purposely made this list long so that it will be difficult for anyone to recall all the words -- most people recall just a few. Please listen carefully as I read the set of words. When I finish, I will ask you to recall aloud as many words as you can, in any order. Do you have any questions?

Probe as needed for understanding of task.

Read the items at a slow, steady rate as they come up on the screen, approximately one word every two seconds.

If SP responds RF to question 2, skip to question 4.

Read words (List 1, 2, 3, 4)

SP is assigned randomly selected subset (1-10, 11-20, 21-30, 31-40)

3. Now please tell me the words you can recall.

Permit as much time as SP wishes -- up to about 2 minutes.

00	No words recalled	22	Corner
01	Book	23	Engine
02	Child	24	Girl
03	Gold	25	House
04	Hotel	26	Letter
05	King	27	Rock
06	Market	28	Shoes
07	Paper	29	Valley
08	River	30	Woman
09	Skin	31	Baby
10	Tree	32	Church
11	Butter	33	Doctor
12	College	34	Fire
13	Dollar	35	Garden
14	Earth	36	Palace
15	Flag	37	Sea
16	Home	38	Table
17	Machine	39	Village
18	Ocean	40	Water
19	Sky	97	Refused
20	Wife	99	Don't know
21	Blood		

Score of 10 word memory test:

0-10 Number of words correct

4. We're interested in how memory actually works. We find that even people with very good memories seem to forget some things from time to time. The next questions are a little different, but are often asked on studies about memory.

Do not probe DK/RF in Section G.1 (Cognition) .

Please tell me today's date.

Probe month, day, year, day of week.

The date is (current month)/(current day)/(current year).

The day is (current day text).

- 4a. Month:

1 Month OK
5 Month not OK
7 Refused
9 Don't know

- 4b. Day:

1 Date OK
5 Date not OK
7 Refused
9 Don't know

- 4c. Year:

1 Year OK
5 Year not OK
7 Refused
9 Don't know

- 4d. Day of Week:

1 Day OK
5 Day not OK
7 Refused
9 Don't know

5. For this next question, please try to count backward as quickly as you can from the number I will give you. Please start with: 20

As soon as SP starts to count backward, press:

Enter (BEGIN TIME STAMP)

Don't know

Refused (Skip to Q6)

As soon as SP stops counting backward, press:

Enter (END TIME STAMP)

Don't know

Refused

Thank you. (You may stop now.)

(CALCULATED TIME TO COUNT BACK.)

Code Correct if SP counted backward without error.

Code 'SP wants to try again' if applicable.

1 Correct (Skip to 5b)

5 Incorrect (Skip to 5b)

9 SP wants to try again

97 Refused - (Skip to 5b)

99 Don't know

5a. Let's try again. The number to count backward from is: 20

As soon as SP starts to count backward, press:

Enter (BEGIN TIME STAMP)

Don't know

Refused (Skip to Q6)

As soon as SP stops counting backward, press:

Enter (END TIME STAMP)

Don't know

Refused

Thank you. (You may stop now.)

(CALCULATED TIME TO COUNT BACK.)

Code Correct if SP counted backward without error.

1 Correct

5 Incorrect

7 Refused

9 Don't know

- 5b. Now please try counting backward from a different number. Remember to count as quickly as you can from the number I mention. The number to start from is: 86.

*If necessary: Tell respondent we will not ask them to count back all the way.
As soon as SP starts to count backward, press:*

Enter (BEGIN TIME STAMP)
Don't know
Refused (Skip to Q6)

When counting back from 86, listen until 76, stop sample person, code and continue with next question.

As soon as SP has finished counting down to 76, press:

Enter (END TIME STAMP)
Don't know
Refused

Thank you. (You may stop now.)

(CALCULATED TIME TO COUNT BACK.)

*Code Correct if SP counted backward without error.
Code 'SP wants to try again' if applicable.*

1 Correct (Skip to 6)
5 Incorrect (Skip to 6)
9 SP wants to try again
97 Refused - (Skip to 6)
99 Don't know

5c. Let's try again. The number to count backward from is: 86.

*If necessary: Tell respondent we will not ask them to count back all the way.
As soon as SP starts to count backward, press:*

Enter (BEGIN TIME STAMP)
Don't know
Refused (Skip to Q6)

When counting back from 86, listen until 76, stop sample person, code and continue with next question.

As soon as SP has finished counting down to 76, press:

Enter (END TIME STAMP)
Don't know
Refused

Thank you. (You may stop now.)

(CALCULATED TIME TO COUNT BACK.)

Code Correct if SP counted backward without error.

1 Correct
5 Incorrect
7 Refused
9 Don't know

6. Now I'm going to ask you for the names of some people and things.

What do people usually use to cut paper?

- 1 Scissors or shears only
- 5 Not correct
- 7 Refused
- 9 Don't know

7. What do you call the kind of prickly plant that grows IN the desert?

- 1 Cactus or name of kind of cactus
- 5 Not correct
- 7 Refused
- 9 Don't know

8. Who is the President of the United States right now?

Answer is Clinton.

Probe for last name.

- 1 Last name correct
- 5 Not correct
- 7 Refused
- 9 Don't know

9. Who is the Vice President?

Answer is Gore.

Probe for last name.

- 1 Last name correct
- 5 Not correct
- 7 Refused
- 9 Don't know

ITEM G.1.1 How often did (sample person) receive personal assistance with answers in Section G.1 - Cognitive Functioning?

- 1 Never
- 2 A few times
- 3 Most or all of the time

ITEM G.1.2 Did you feel that hearing problems negatively affected the (sample person's) performance on the word recall or on any other part of this section?

Mark (X) all that apply.

- 1 Yes, affected the word recall
- 2 Yes, affected other part(s) of the section
- 3 No

ITEM G.1.3 Did you feel the (sample person) was able to understand your reading or pronunciation of the words in the word recall list?

For example: The SP heard "knife" instead of "wife."

- 1 Yes
- 2 No

Self-respondents skip to Section H.

SECTION G.2

COGNITIVE FUNCTIONING (Proxy Respondents)

1. Part of this study is concerned with people's memory, and ability to think about things. First, how would you rate (NAME)'s memory at the present time? Would you say it is excellent, very good, good, fair, or poor?

- 1 Excellent
- 2 Very good
- 3 Good
- 4 Fair
- 5 Poor
- 7 Refused
- 9 Don't know

Now we want you to remember what (NAME) was like two years ago and to compare it with what (He/She) is like now. Two years ago was in (month/year). I will read situations where (NAME) has to use (His/Her) memory or intelligence and we would like you to indicate whether this has improved, stayed the same, or gotten worse in that situation over the past two years. Note the importance of comparing (His/Her) present performance with two years ago. So if two years ago (NAME) always forgot where (He/She) had left things, and (He/She) still does, then this would be considered not much change.

- 2a. Compared with two years ago, how is (NAME) at: remembering things about family and friends, such as occupations, birthdays, and addresses. Has this improved, not much changed, or gotten worse?

- 1 Improved
- 2 Not much changed (Skip to 3a)
- 3 Gotten worse (Skip to 2c)
- 7 Refused (Skip to 3a)
- 9 Don't know (Skip to 3a)

- 2b. Is it much improved or a bit improved?

- 1 Much improved
- 2 A bit improved
- 7 Refused
- 9 Don't know

If proxy answers 1 to question 2a, skip to question 3a.

2c. Is it much worse or a bit worse?

- 4 A bit worse
- 5 Much worse
- 7 Refused
- 9 Don't know

3a. Compared with two years ago, how is (NAME) at: remembering things that have happened recently? Has this improved, not much changed, or gotten worse?

- 1 Improved
- 2 Not much changed (Skip to 4a)
- 3 Gotten worse (Skip to 3c)
- 7 Refused (Skip to 4a)
- 9 Don't know (Skip to 4a)

3b. Is it much improved or a bit improved?

- 1 Much improved
- 2 A bit improved
- 7 Refused
- 9 Don't know

If proxy answers 1 to question 3a, skip to question 4a.

3c. Is it much worse or a bit worse?

- 4 A bit worse
- 5 Much worse
- 7 Refused
- 9 Don't know

4a. Compared with two years ago, how is (NAME) at: recalling conversations a few days later? Has this improved, not much changed, or gotten worse?

- 1 Improved
- 2 Not much changed (Skip to 5a)
- 3 Gotten worse (Skip to 4c)
- 7 Refused (Skip to 5a)
- 9 Don't know (Skip to 5a)

4b. Is it much improved or a bit improved?

- 1 Much improved
- 2 A bit improved
- 7 Refused
- 9 Don't know

If proxy answers 1 to question 4a, skip to question 5a.

4c. Is it much worse or a bit worse?

- 4 A bit worse
- 5 Much worse
- 7 Refused
- 9 Don't know

5a. Compared with two years ago, how is (NAME) at:
remembering (His/Her) address and telephone number?
Has this improved, not much changed, or gotten worse?

- 1 Improved
- 2 Not much changed (Skip to 6a)
- 3 Gotten worse (Skip to 5c)
- 7 Refused (Skip to 6a)
- 9 Don't know (Skip to 6a)

5b. Is it much improved or a bit improved?

- 1 Much improved
- 2 A bit improved
- 7 Refused
- 9 Don't know

If proxy answers 1 to question 5a, skip to question 6a.

5c. Is it much worse or a bit worse?

- 4 A bit worse
- 5 Much worse
- 7 Refused
- 9 Don't know

6a. Compared with two years ago, how is (NAME) at:
remembering what day and month it is?
Has this improved, not much changed, or gotten worse?

- 1 Improved
- 2 Not much changed (Skip to 7a)
- 3 Gotten worse (Skip to 6c)
- 7 Refused (Skip to 7a)
- 9 Don't know (Skip to 7a)

6b. Is it much improved or a bit improved?

- 1 Much improved
- 2 A bit improved
- 7 Refused
- 9 Don't know

If proxy answers 1 to question 6a, skip to question 7a.

6c. Is it much worse or a bit worse?

- 4 A bit worse
- 5 Much worse
- 7 Refused
- 9 Don't know

7a. Compared with two years ago, how is (NAME) at:
remembering where things are usually kept?
Has this improved, not much changed, or gotten worse?

- 1 Improved
- 2 Not much changed (Skip to 8a)
- 3 Gotten worse (Skip to 7c)
- 7 Refused (Skip to 8a)
- 9 Don't know (Skip to 8a)

7b. Is it much improved or a bit improved?

- 1 Much improved
- 2 A bit improved
- 7 Refused
- 9 Don't know

If proxy answers 1 to question 7a, skip to question 8a.

7c. Is it much worse or a bit worse?

- 4 A bit worse
- 5 Much worse
- 7 Refused
- 9 Don't know

8a. Compared with two years ago, how is (NAME) at:
making decisions on everyday matters?
Has this improved, not much changed, or gotten worse?

- 1 Improved
- 2 Not much changed (Skip to 9a)
- 3 Gotten worse (Skip to 8c)
- 7 Refused (Skip to 9a)
- 9 Don't know (Skip to 9a)

8b. Is it much improved or a bit improved?

- 1 Much improved
- 2 A bit improved
- 7 Refused
- 9 Don't know

If proxy answers 1 to question 8a, skip to question 9a.

8c. Is it much worse or a bit worse?

- 4 A bit worse
- 5 Much worse
- 7 Refused
- 9 Don't know

9a. Compared with two years ago, how is (NAME) at:
handling money for shopping?
Has this improved, not much changed, or gotten worse?

- 1 Improved
- 2 Not much changed (Skip to 10a)
- 3 Gotten worse (Skip to 9c)
- 7 Refused (Skip to 10a)
- 9 Don't know (Skip to 10a)

9b. Is it much improved or a bit improved?

- 1 Much improved
- 2 A bit improved
- 7 Refused
- 9 Don't know

If proxy answers 1 to question 9a, skip to question 10a.

9c. Is it much worse or a bit worse?

- 4 A bit worse
- 5 Much worse
- 7 Refused
- 9 Don't know

10a. Compared with two years ago, how is (NAME) at:
handling financial matters, that is, the pension or dealing with the bank?
Has this improved, not much changed, or gotten worse?

- 1 Improved
- 2 Not much changed (Skip to 11a)
- 3 Gotten worse (Skip to 10c)
- 7 Refused (Skip to 11a)
- 9 Don't know (Skip to 11a)

10b. Is it much improved or a bit improved?

- 1 Much improved
- 2 A bit improved
- 7 Refused
- 9 Don't know

If proxy answers 1 to question 10a, skip to question 11a.

10c. Is it much worse or a bit worse?

- 4 A bit worse
- 5 Much worse
- 7 Refused
- 9 Don't know

11a. Now, thinking about some current behaviors, does (NAME) ever get lost in a familiar environment?

- 1 Yes
- 5 No
- 7 Refused
- 9 Don't know

11b. Does (He/She) ever wander off and not return by (Himself/Herself)?

- 1 Yes
- 5 No
- 7 Refused
- 9 Don't know

11c. Can (He/She) be left alone for an hour or so?

- 1 Yes
- 5 No
- 7 Refused
- 9 Don't know

11d. Does (NAME) ever see or hear things that are not really there?

- 1 Yes
- 5 No
- 7 Refused
- 9 Don't know

SECTION H

HEALTH CARE UTILIZATION

Reminder: If SP is institutionalized, skip to question 2.

These next questions are about your sources of medical care.

1. a. Do you have a general practitioner, internist, or family doctor whom you see regularly?

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

- b. Have you seen this doctor in the past 12 months?

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

- c. In the past 3 months, how many times have you seen this doctor?

If need to probe with categories, use: none, 1, 2-3, 4-6, 7-9, 10-12, 13 or more. Ask R to give one number that comes closest to the number of times he/she has seen this doctor in the past three months.

00 none

_____ number of times

97 Refused
99 Don't know

- d. (Other than the doctor(s) you just mentioned,) have you seen any medical specialists during the past 12 months?

IF ASKED: Some examples of specialists include cardiologists, ophthalmologists, urologists, oncologists, and podiatrists, but there are many others as well.

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

- e. How many different medical specialists have you seen in the past 3 months?

- 0 None (Skip to 2)
- 1 1
- 2 2
- 3 3-4
- 4 5 or more
- 7 Refused (Skip to 2)
- 9 Don't know (Skip to 2)

- f. In the past 3 months, how many times have you seen this/these medical specialists?

- 00 none
- _____ number of times
- 97 Refused
- 99 Don't know

2. a. Since the last time that we talked with you, that is since (month/year), have you been a patient in a hospital overnight?

- 1 Yes
- 2 No (Skip to 3)
- 7 Refused (Skip to 3)
- 9 Don't know (Skip to 3)

- b. How many different times were you a patient in a hospital overnight since (month/year)?

Number of times _____

97 Refused

99 Don't know

- c. Altogether, how many nights were you a patient in a hospital since (month/year)?

Number of nights _____

997 Refused

999 Don't know

These next questions are about other services you may have received since we last talked with you.

3. a. Since (month/year of last interview) did you receive any health care services IN YOUR HOME? This would include skilled nursing care, physical or occupational therapy, assistance with medications or personal care needs, and any other services provided IN YOUR HOME by a visiting nurse, nursing assistant, home health aide, personal assistant, therapist, or homemaker?

1 Yes

2 No (Skip to 4)

7 Refused (Skip to 4)

9 Don't know (Skip to 4)

b. Which of the following services did you receive? Did you receive

(01) Skilled nursing care

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

(02) Physical therapy

(03) Occupational therapy

(04) Speech therapy

(05) Dialysis

(06) Tube feeding

(07) Personal assistant services

(08) Homemaker/companion services

(09) Nutritional counseling

(10) Oxygen / respiratory therapy

(11) Hospice care

(12) Any other services (Specify:)

If no "Yes" answered to any services in 3b, then skip to 4.

c. Did you receive any of these services during the past 3 months?

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

d. What was the total number of times you received any of these services in the past 3 months?

_____ number of times

- 997 Refused
- 999 Don't know

- e. Thinking about the home health services you received since (month/year of last interview), who paid or will pay for those services?

Mark (X) all that apply.

(Anyone else?)

- 01 Self or family in household
- 02 Family NOT in household
- 03 Private health insurance
- 04 Medicare
- 05 Medicaid
- 06 VA program, or other military
- 07 Administration on Aging
- 08 Other private source
- 09 Other public source
- 10 No one/Free (Skip to 3h)
- 97 Refused
- 99 Don't know

If more than one source in 3e, ask f. Otherwise, skip to 3g.

- f. Who paid or will pay most of the cost for the home health services that you received since (month/year of last interview)?

- 01 Self or family in household
- 02 Family NOT in household
- 03 Private health insurance
- 04 Medicare
- 05 Medicaid
- 06 VA program, or other military
- 07 Administration on Aging
- 08 Other private source
- 09 Other public source
- 97 Refused
- 99 Don't know

Ask 3g only if Medicare was not mentioned in 3e. Otherwise, skip to 3h.

g. Did Medicare pay for any part of these services?

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

h. Did you need more home health services than you received?

- 1 Yes
- 2 No (Skip to 5)
- 7 Refused (Skip to 5)
- 9 Don't know (Skip to 5)

i. Why didn't you receive all of the home health services you needed?

Mark (X) all that apply.

- 01 Provider thinks no longer needed
- 02 Did not receive referral/recommendation for continuation of service
- 03 Too expensive/cannot afford
- 04 Not covered by Medicare/Medicaid/other insurance
- 05 Medicare/other insurance no longer covers; coverage ran out
- 06 No longer on Medicaid
- 07 No provider available
- 08 Did not like provider
- 09 Other
- 97 Refused
- 99 Don't know

Ask 4a-b only if R did not receive home health services during interval. Otherwise skip to 5.

4. a. Did you NEED any home health services since (month/year of last interview)?

- 1 Yes
- 2 No (Skip to 5)
- 7 Refused
- 9 Don't know (Skip to 5)

b. Why didn't you receive home health services since (month/year of last interview)?

Code (X) all that apply.

- 00 Do not know how to find a provider
- 01 Received services before and provider thinks no longer needed
- 02 Did not receive referral/recommendation for service
- 03 Too expensive/cannot afford
- 04 Not covered by Medicare/Medicaid/other insurance
- 05 Medicare/other insurance no longer covers; coverage ran out
- 06 No longer on Medicaid
- 07 No home health services available
- 08 Received services before, but did not like provider
- 09 Institutionalized
- 10 Other
- 97 Refused
- 99 Don't know

The next questions are about different types of surgeries and examinations that you may have had at some time during your life.

5. Have you EVER had:

Ask a-e only if R has ever had any type of heart disease:

- a. Heart surgery or coronary bypass surgery
- b. Coronary or balloon angioplasty
- c. Coronary catheterization, also known as a cardiac catheterization test
- d. Surgery to insert a pacemaker
- e. Surgery to insert an artificial heart valve

Ask f-h only if R has ever had cancer:

- f. Chemotherapy
- g. Radiation therapy
- h. Surgery for cancer

Ask i-p of all sample persons:

- i. Hip replacement surgery?
- j. Knee replacement surgery?
- k. Foot surgery?
- l. A hernia operation?
- m. Kidney dialysis?
- n. A kidney transplant?
- o. A stress test?
- p. Cataract surgery? --- > Did you have surgery in one or both eyes?

- 1 One eye
- 2 Both eyes
- 7 Refused
- 9 Don't know

Ask q for females only:

- q. A hysterectomy?

For each "Yes" in 5a-p above, ask question 6. Do not ask for item q. If all "No," skip to 8.

6. Have you had (a/an) (fill in type of operation/procedure/test) since the last time we talked with you, that is since (month/year)?

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

If "yes" 5a, 5b, 5i, 5j, or 5p, continue with question 7 as appropriate. Otherwise, skip to 8.

7. a. *(If "yes" in 5a or 5b:)* As a result of the (heart surgery/angioplasty) did the pain or discomfort in your chest improve, stay the same, or did it get worse?

- 1 Improved
- 2 Stayed the same
- 3 Got worse
- 7 Refused
- 9 Don't know

- b. (If “yes” in 5a or 5b:) As a result of the (heart surgery/angioplasty) did your ability to do physical activities, such as walking, improve, stay the same, or get worse?

1 Improved
2 Stayed the same
3 Got worse
7 Refused
9 Don’t know

- c. (If “yes” in 5i or 5j:) As a result of the (knee/hip replacement) did your ability to perform activities such as walking and getting in and out of bed or chairs improve, stay the same, or get worse?

1 Improved
2 Stayed the same
3 Got worse
7 Refused
9 Don’t know

- d. (If “yes” in 5p:) As a result of the cataract surgery, did your vision (that eye) improve, stay the same or get worse?

1 Improved
2 Stayed the same
3 Got worse
7 Refused
9 Don’t know

If subject is female, ask question 8. Otherwise, skip to question 9.

8. a. Did you EVER take female hormones such as estrogen or premarin for reasons related to menopause or the change of life such as hot flashes, mood changes or bone loss?

1 Yes
2 No (Skip to 9)
7 Refused (Skip to 9)
9 Don’t know (Skip to 9)

b. In total, how many months or years did you take these pills?

____ Number of
 ____ Months
 ____ Years

997 Refused
999 Don't know

c. Are you currently taking hormone pills?

1 Yes
2 No
7 Refused
9 Don't know

If proxy respondent, skip to Section I.

9. On a scale from 0 to 10, where "0" means worst possible care and "10" means best possible care: Overall, what is your rating of the health care you've received?

00 Worst possible care
01-09
10 Best possible care
97 Refused
99 Don't know

SECTION I
HEALTH INSURANCE

These next questions are about health insurance.

Medicare coverage will be pre-loaded from previous interview. Sample persons who were covered by Medicare at last interview will skip to Item II. All others will start with question 1a.

1. a. There are several government programs that provide medical care or help pay medical bills. Medicare is the government health insurance program for people 65 years of age or older and for certain persons with disabilities. Are you currently covered by Medicare?

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

- b. In what month and year did your Medicare coverage start?

_____ Month/ _____ Year

- 9997 Refused
- 9999 Don't know

- ITEM II
- 1 Medicare number obtained previously (Skip to 3)
 - 2 Medicare number not obtained previously (Continue with 2)

Read if covered by Medicare at last interview: When we talked with you in (month/year of last interview), you mentioned that you were covered by Medicare.

2. May I please have the Health Insurance Claim Number on your Medicare card? This number is needed to allow Medicare records of the Health Care Financing Administration to be easily and accurately located and identified for statistical or research purposes. We may also need to link it with other records in order to re-contact you. Except for these purposes, NCHS will not release your Health Insurance Claim Number to anyone including any other government agency. Providing the Health Insurance Claim Number is voluntary and collected under the authority of the Public Health Service Act.

Whether the number is given or not, there will be no effect on your benefits. This number will be held in strict confidence.

Read if necessary: The Public Health Service Act is Title 42, United States Code, Section 242k.

H.I.C. number ____ - ____ - ____ - _

99999999997 Refused

99999999999 Don't know

3. Medicare now offers several different kinds of health insurance. We are interested in knowing more about the kind of Medicare health insurance you have and how it works for non-emergency care.
 - a. As part of your Medicare coverage, do you have to sign up with a certain doctor or group of doctors, or with a certain clinic, for your routine care? Or, are you allowed to see any doctor who accepts Medicare payment in your area?

1 Required to sign up with a certain doctor, group of doctors or clinic

2 Allowed to see any doctor in area

7 Refused

9 Don't know

- b. As part of your Medicare coverage, are you signed up with an HMO, that is a Health Maintenance Organization, or other type of managed care plan?

Probe: With an HMO or managed care plan you generally must receive care from the plan's own doctors or their network of hospitals; otherwise the expense is not covered unless you were referred by the HMO or there was a medical emergency.

- 1 Yes
- 2 No
- 7 Refused (Skip to 4)
- 9 Don't know (Skip to 4)

If "allowed to see any doctor" in 3a and "no" in 3b skip to 4; otherwise continue with 3c:

- c. What is the complete name of this plan?

ENTER NAME: _____

- 97 Refused
- 99 Don't know

4. Besides your Medicare plan, do you have any other health insurance plan that pays for some of the services that Medicare does not pay for? These plans are SOMETIMES called Medigap or Medicare supplements.

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

If "yes" in 4 continue with 5, otherwise skip to Item I2.

5. What is the complete name of the (first/second.../ninth) plan?

Any others?

ENTER NAME(S): _____

- 97 Refused
- 99 Don't know

- ITEM I2
- 1 SP has Medicare non-managed care only
 - 2 Medicare non-managed care + Medigap
 - 3 Medicare managed care
 - 4 Medicare managed care + Medigap

6. Thinking about your (Medicare/Medicare and Medigap/Medicare managed care plan/Medicare managed care and Medigap), please tell me does your current or previous employer help pay for (this/these) plan(s)?

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

7. In addition to Medicare, there are several other government health insurance programs. Please tell me if you are covered by any of the following programs:

a. Medicaid (or name of state plan)

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

b. Military health care, including VA, Champus, or CHAMP-VA

c. Any other public assistance program

If "yes" in 7a, 7b or 7c continue with 8, otherwise go to 9.

8. a. Does (plan type from 7) require you to sign up with a certain doctor or group of doctors or with a certain clinic for your routine care? Or are you allowed to see any doctor in your area?

- 1 Required to sign up with a certain doctor, group of doctors or clinic
- 2 Allowed to see any doctor in area
- 7 Refused
- 9 Don't know

- b. As part of your (plan type from 7) coverage or your other non-Medicare coverage, are you signed up with an HMO, that is, a Health Maintenance Organization or other type of managed care plan?

Read if SP hesitates or is uncertain: With an HMO or managed care plan you generally must receive care from the plan's own doctors or their network of hospitals; otherwise the expense is not covered unless you were referred by the HMO or there was a medical emergency.

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

9. (Aside from Medicaid/other government programs,) are you now covered by a health insurance policy which pays any part of a nursing home stay or long-term health care services in your home?

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

10. During the past 12 months, about how much did you or your family spend for your own medical care? Do NOT include the cost of health insurance premiums, over-the-counter remedies, or any costs for which you expect to be reimbursed.

- 00 Zero
- 01 Less than \$500
- 02 \$500-999
- 03 \$1,000-2,999
- 04 \$3,000 or more
- 97 Refused
- 99 Don't know

SECTION J

INCOME AND ASSETS

We are interested in how people are getting along financially these days. These next questions are about income you (or your husband/wife/partner) receive from various sources. [Who is the most knowledgeable about your income and finances, you or your spouse?]

If married couple residing at same address and both are in sample, interview person most knowledgeable.

1. Do you (or your husband/wife/partner) currently receive any income from (source)?
 - a. A job or business
 - 1 Yes
 - 2 No
 - 7 Refused
 - 9 Don't know
 - b. Social Security or Railroad Retirement
 - c. Supplemental Security Income or SSI
 - d. Veterans' benefits
 - e. Any other retirement or survivor pension
 - f. Any disability pension
 - g. Any public assistance or welfare payments
 - h. Interest from savings, bank accounts, money market funds, treasury notes, bonds, or interest from any other investments
 - i. Payments or withdrawals from IRAs or Keogh accounts
 - j. Dividend income from stocks or mutual funds, income from rental property, royalties, estates or trusts
 - k. Any other source

2. a. Altogether, about how much income in total before taxes and other deductions did you (and your husband/wife/partner) receive from (list all “yes” response categories from 1a-k/all sources) last year, that is (1998/1999)?

\$ _____ (Skip to 3)

0 No income (Skip to 3)

7 Refused

9 Don’t know

- b. Did it amount to more than \$25,000, less than \$25,000, or what?

1 More than \$25,000 (Skip to e)

2 Less than \$25,000

3 Equal to \$25,000 (Skip to 3)

7 Refused (Skip to 3)

9 Don’t know (Skip to 3)

- c. Was it \$10,000 or more?

1 Yes (Skip to 3)

2 No

7 Refused (Skip to 3)

9 Don’t know (Skip to 3)

- d. Was it \$5,000 or more?

1 Yes

2 No

7 Refused

9 Don’t know

(Skip to 3)

- e. Was it \$50,000 or more?

1 Yes

2 No (Skip to 3)

7 Refused (Skip to 3)

9 Don’t know (Skip to 3)

f. Was it \$100,000 or more?

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

If SP is institutionalized, skip to question 4.

3. Did you (or your spouse) (or other family members living with you) receive government food stamps last month, that is in (month)?

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

Now, I'd like to ask you about your primary residence.

4. a. Is the [house/townhouse/apartment] where you live now -

If SP is institutionalized, ask: Do you currently own or rent a home?

- 1 Owned or being bought by you (or your spouse)?
- 2 Owned or being bought by someone else in the household?
- 3 Rented for money (Skip to 5)
- 4 Occupied without payment of money rent? (Skip to 5)
- 5 Does not currently own or rent a home (Skip to 5)
- 7 Refused (Skip to 5)
- 9 Don't know (Skip to 5)

b. Do you have a mortgage or home equity loan on the property?

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

5. Do you or your spouse own ANY-- transportation equipment such as a car, a truck, recreational vehicle, motorcycle, or boat?

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

6. a. Has there been a major change in your (and your spouse's) income since the last time we talked with you, that is since (month/year)?

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

b. Has your income increased or decreased?

- 1 Increased
- 2 Decreased
- 7 Refused
- 9 Don't know

The next two questions are about how well you (and your spouse) are able to meet your expenses.

7. In general, how do your finances usually work out at the end of the month? Do you find that you usually end up with some money left over, just enough to make ends meet, or not enough money to make ends meet?

- 1 Some money left over
- 2 Just enough to make ends meet
- 3 Not enough to make ends meet
- 7 Refused
- 9 Don't know

8. How likely do you think it is that your medical expenses will use up all your (and your spouses) savings in the next five years? Would you say -- *(Read all categories)*

(Note: If SP doesn't have any savings enter "don't know" and add note in comment box.)

- 1 Not at all likely
- 2 Somewhat unlikely
- 3 Somewhat likely
- 4 Very likely
- 7 Refused
- 9 Don't know

(If Sample person's SS# obtained previously, skip to assigned module now. Otherwise, continue with question 9.)

Read to Sample Person: To conclude this section, we need [your/SP's] Social Security Number. Providing this number is voluntary and there will be no effect on your benefits if you do not provide it. The National Center for Health Statistics will use your Social Security Number to conduct health-related research by combining your survey data with vital statistics and data supplied by selected government agencies such as the Health Care Financing Administration (Medicare). We may also use it if we need to recontact you or your family. Except for these purposes, the National Center for Health Statistics will not release your Social Security Number to anyone. This number is collected under the authority of the Public Health Service Act.

Read if necessary: The Public Health Service Act is title 42, United States Code, section 242k.

9. What is your Social Security Number?

___ - __ - ____

- 999999997 Refused
- 999999999 Don't know

If proxy respondent or institutionalized SP, skip to Contact Person Update. Otherwise, go to introduction for assigned module.

SECTION K

CHILDHOOD HEALTH AND FAMILY LONGEVITY QUESTIONS

If proxy respondent or institutionalized, skip to Contact Person Update.

1. Would you say that your health as a child was excellent, very good, good, fair, or poor?

1 Excellent
2 Very good
3 Good
4 Fair
5 Poor
7 Refused
9 Don't know

2. a. Because of a health condition, were you ever confined to bed or home for one month or more?

1 Yes
2 No (Skip to 3)
7 Refused (Skip to 3)
9 Don't know (Skip to 3)

- b. What was the most serious health condition that caused these problems?

RECORD CONDITION: _____

97 Refused
99 Don't know

These next questions are about your parents' health. Please include information for biological parents ONLY. Please do NOT include information about adoptive or step-parents.

3. a. Is your father still living?
- 1 Yes (Skip to 3d)
 - 2 No
 - 7 Refused (Skip to 4a)
 - 9 Don't know (Skip to 4a)

- b. How old was your father when he died?

__ Years
97 Refused
99 Don't know

- c. What was the cause of your father's death?

Mark (X) all that apply.

- 01 Heart attack, stroke, cardiovascular disease, or any other heart condition
- 02 Cancer
- 03 Infectious disease (not including pneumonia)
- 04 Accident, violence, war casualty
- 05 Pneumonia
- 06 Emphysema/asthma/unspecified respiratory disease
- 07 Diabetes or complications due to diabetes
- 08 Old age
- 10 Alzheimer's disease
- 11 Alcoholism/cirrhosis of the liver
- 12 Appendicitis/ruptured appendix
- 13 Kidney/renal disease/failure
- 14 Parkinson's disease
- 09 Other (Specify:) _____
- 97 Refused
- 99 Don't know

(Skip to 4)

d. Would you say your father's health is excellent, very good, good, fair, or poor?

- 1 Excellent
- 2 Very good
- 3 Good
- 4 Fair
- 5 Poor
- 7 Refused
- 9 Don't know

4. a. Is your mother still living?

- 1 Yes (Skip to 4d)
- 2 No
- 7 Refused (Skip to 5)
- 9 Don't know (Skip to 5)

b. How old was your mother when she died?

- Years
- 97 Refused
- 99 Don't know

c. What was the cause of your mother's death?

Mark (X) all that apply.

- 01 Heart attack, stroke, cardiovascular disease, or any other heart condition
- 02 Cancer
- 03 Infectious disease (not including pneumonia)
- 04 Accident, violence, war casualty
- 05 Pneumonia
- 06 Complications due to or during childbirth
- 07 Emphysema/asthma/unspecified respiratory disease
- 08 Diabetes or complications due to diabetes
- 09 Old age
- 11 Alzheimer's disease
- 12 Alcoholism/cirrhosis of the liver
- 13 Appendicitis/ruptured appendix
- 14 Kidney/renal disease/failure
- 15 Parkinson's disease
- 10 Other (Specify:) _____
- 97 Refused
- 99 Don't know

(Skip to 5)

d. Would you say your mother's health is excellent, very good, good, fair, or poor?

- 1 Excellent
- 2 Very good
- 3 Good
- 4 Fair
- 5 Poor
- 7 Refused
- 9 Don't know

5. Now I would like you to think about all of your brothers and sisters.

READ INITIALLY AND REPEAT BELOW AS NECESSARY: Please include half-brothers and half-sisters, but do NOT include step-brothers, step-sisters, adopted brothers, or adopted sisters. ALSO, please include those brothers and sisters who are currently living, as well as those who have died.

- a. How many brothers and sisters do you have?
- b. What are the first names of all of your brothers and sisters?
- c. Is (sibling name) your brother or sister?
- d. Is (sibling name) now living?
If RF/DK, Skip to next sibling.
- e. *If currently living:* How old is (sibling name)?
If sibling dead: How old was (sibling name) when he/she died?

- 01 One year or less
___ Number of years
- 97 Refused
- 99 Don't know

Ask 5 f for each dead sibling:

f. What was (sibling name)'s cause of death?

Mark (X) all that apply.

- 01 Heart attack, stroke, cardiovascular disease
- 02 Cancer
- 03 Infectious disease (not including pneumonia)
- 04 Accident, violence, war casualty
- 05 Pneumonia
- 06 Complications due to or during childbirth
- 07 Emphysema/asthma/unspecified respiratory disease
- 08 Diabetes or complications due to diabetes
- 09 Old age
- 11 Alzheimer's disease
- 12 Alcoholism/cirrhosis of the liver
- 13 Appendicitis/ruptured appendix
- 14 Kidney/renal disease/failure
- 15 Parkinson's disease
- 10 Other (Specify:) _____
- 97 Refused
- 99 Don't know

Ask 5 g for each living sibling:

g. Would you say (sibling name)'s health is excellent, very good, good, fair, or poor?

- 1 Excellent
- 2 Very good
- 3 Good
- 4 Fair
- 5 Poor
- 7 Refused
- 9 Don't know

6. a. Was your father born in the United States?

- 1 Yes
- 2 No (Skip to 6c)
- 7 Refused (Skip to 7)
- 9 Don't know (Skip to 7)

b. In what state was your father born?

_____ name of state

- 7 Refused
- 9 Don't know

(Skip to 7)

c. In what country was your father born?

_____ name of country

- 7 Refused
- 9 Don't know

7. a. Was your mother born in the United States?

- 1 Yes
- 2 No (Skip to 7c)
- 7 Refused (Skip to 8)
- 9 Don't know (Skip to 8)

b. In what state was your mother born?

_____ name of state

- 7 Refused
- 9 Don't know

(Skip to 8)

c. In what country was your mother born?

_____ name of country

7 Refused

9 Don't know

8. Did your father attend 8 years or more of school?

1 Yes

2 No

7 Refused

9 Don't know

9. Did your mother attend 8 years or more of school?

1 Yes

2 No

7 Refused

9 Don't know

10. a. Did any of your grandparents live to be age 85?

1 Yes

2 No (Skip to Contact Person Update)

7 Refused (Skip to Contact Person Update)

9 Don't know (Skip to Contact Person Update)

b. Which grandparent lived to be age 85?

Mark (X) all that apply.

1 Maternal grandmother

2 Maternal grandfather

3 Paternal grandmother

4 Paternal grandfather

7 Refused

9 Don't know

CONTACT PERSON UPDATE

The National Center for Health Statistics may wish to contact you again to obtain additional health related information.

If contact person obtained at last interview, ask question 1a. Otherwise, skip to 1b.

1. a. The last time an interviewer from this project talked to you or your family, we were told that (Contact Person's name) will always know how to get in touch with you if we want to contact you again. Is (Contact Person) still the best person to contact if we are unable to reach you?

1 Yes (Verify CP's address and phone number. Record any changes)

2 No

7 Refused

9 Don't know

- b. The National Center for Health Statistics would like the name, address, and telephone number of two relatives or friends who would know where you could be reached in case we need additional health information in the future but cannot reach you. Please give me the name of someone else who is not currently living in the household.

*Record name (last, first, middle initial), address, telephone number for **TWO** contact persons.*

SP ADDRESS UPDATE

Interviewer: Are the address and telephone number shown above the permanent address and telephone number?

- 1) yes, it is permanent (Skip to Interviewer Observations)
- 2) no, not permanent or needs correction

Enter permanent address for SP:

SP Name/Institution:

Street:

City:

State:

Zip:

Telephone:

INTERVIEWER OBSERVATIONS

Ask or verify questions 1a-d below with the SP/proxy respondent as necessary.

ITEM 1: *Mark (X) the one that best represents the interview.*

1 Self response without assistance (Skip to 3)

2 Self response with assistance (Go to 1a)

3 Proxy (Skip to 1c)

1. a. How is (assistant) related to you?

01 Parent

02 Spouse

03 Son/daughter

04 Son-in-law/daughter-in-law

05 Grandchild/great grandchild

06 Brother/sister

07 Brother-in-law/sister-in-law

08 Aunt/uncle/cousin

09 Niece/nephew

10 Other relative

11 Roommate/friend/neighbor

12 Other non-relative

97 Refused

99 Don't know

b. Does (assistant) live here?

1 Yes

2 No

7 Refused

9 Don't know

(Skip to 2)

c. How are you related to (sample person)?

- 01 Parent
- 02 Spouse
- 03 Son/daughter
- 04 Son-in-law/daughter-in-law
- 05 Grandchild/great grandchild
- 06 Brother/sister
- 07 Brother-in-law/sister-in-law
- 08 Aunt/uncle/cousin
- 09 Niece/nephew
- 10 Other relative
- 11 Roommate/friend/neighbor
- 12 Other non-relative
- 97 Refused
- 99 Don't know

d. Do you live with (sample person)?

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

e. When did you last see (sample person)?

- 1 Within past week
- 2 Between one and two weeks ago
- 3 More than two weeks ago, but within past month
- 4 More than one month ago
- 7 Refused
- 9 Don't know

2. Mark each to indicate why a proxy/assistant was needed.

a. Sample person was hospitalized

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

b. Sample person institutionalized

c. Sample person's hearing problem

d. Sample person's speech problem

e. Sample person's language problem

f. Sample person's poor memory, senility, or confusion

g. Sample person's Alzheimer's disease

h. Sample person's other mental condition

i. Sample person's other physical illness and/or disability

j. Other non-health related reason

k. Sample person deceased

The "respondent" in the following items refers to the sample person if he/she answered questions with or without assistance, or to the proxy if the sample person was not interviewed. "You" refers to the interviewer.

3. Do you feel the --

a. Respondent was intellectually capable of responding?

- 1 Yes
- 2 No

b. Respondent's answers were reasonably accurate?

c. Respondent understood the questions?

4. How cooperative was the respondent in answering the questions?

- 1 Very cooperative
- 2 Somewhat cooperative
- 3 Not cooperative

5. How interested did the respondent seem to be in the content of the interview?

- 1 Very interested
- 2 Somewhat interested
- 3 Not interested

If very interested, indicate sections that were of most interest: _____

6. How tiring did the interview seem to be for the respondent?

- 1 Very tiring
- 2 A little tiring
- 3 Not tiring

7. Did the respondent have difficulty hearing you during the interview?

- 1 Yes
- 2 No (Skip to 9)

8. Did you feel the respondent's hearing difficulty affected the interview?

- 1 Yes
- 2 No

9. In what language was the interview conducted?

- 1 English
- 2 Spanish
- 3 Other

10. At any time in the interview, did (NAME) indicate that (he/she) was bedridden?

- 1 Yes
- 2 No

11. At any time in the interview, did (NAME) indicate that (he/she) was wheelchair bound?

- 1 Yes
- 2 No

12. At any time in the interview, did (NAME) indicate that (he/she) was otherwise incapacitated?

1 Yes

2 No (Skip to END)

If 'yes': Describe how (NAME) is otherwise incapacitated:
